


What Do Consumers and Family Members Say About Mental Health Services?



Partnership in the Wyoming MHSIP Surveys

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Follows National Model

Done in Partnership

Wyoming MHSIP Consumer Survey Reports



- ***Two Summary Reports***

- Adult Consumers
- Family/Caregivers of Children and Adolescents

- ***Two Detail Reports***

- Adult Consumers
- Family/Caregivers of Children and Adolescents

Adult Consumer Summary

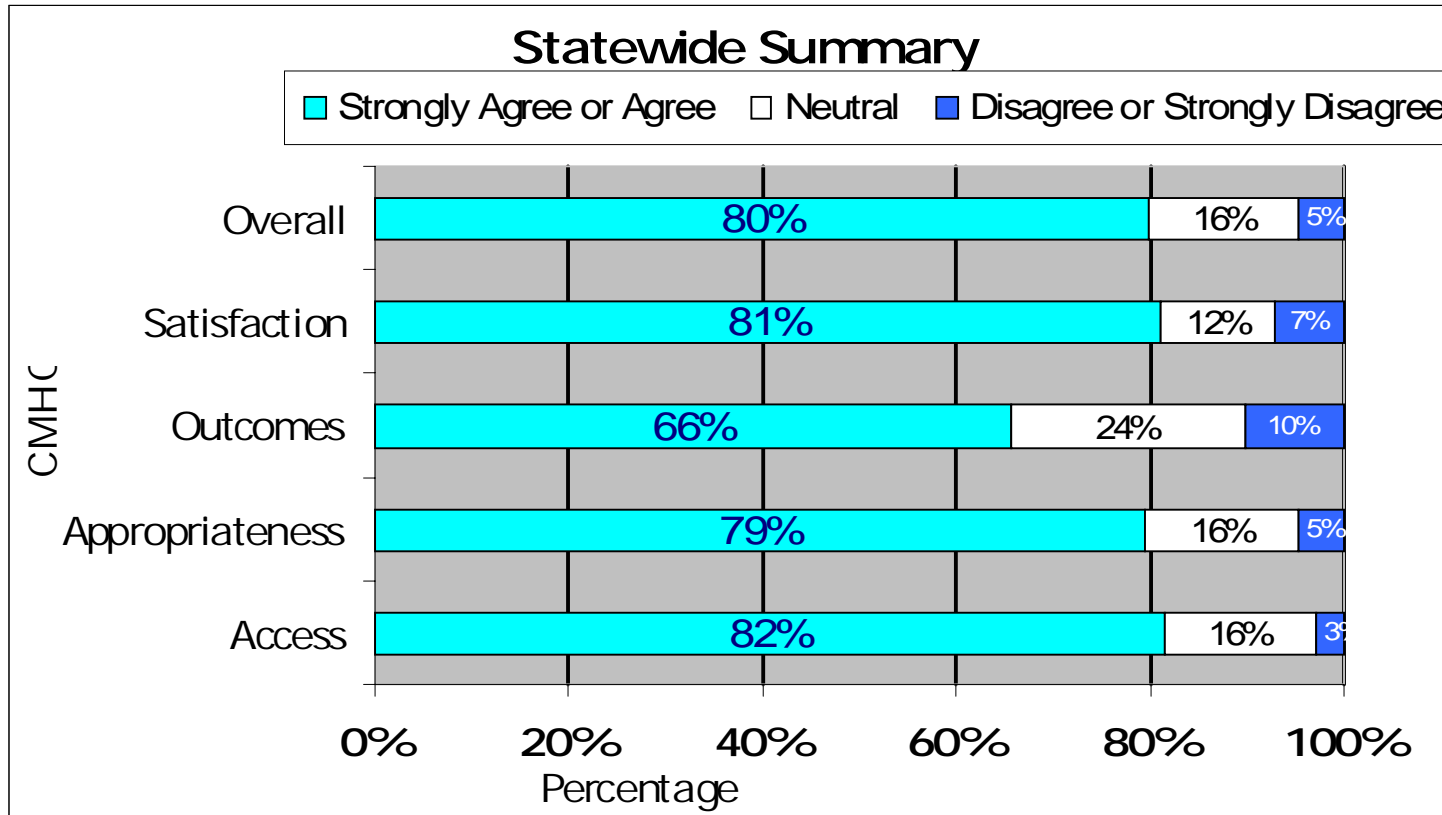
Method



- Over 1,000 surveys using the MHSIP questionnaire
- Were mailed (x2) to a random sample
- Of adult consumers with serious mental disabilities
- 295 surveys returned (return rates marred - > 30%)

Adult Consumer Summary

Results



Adult Consumer Summary

Analysis



- no evidence of need to risk adjust for demographics
- 80% of consumers evaluated services positively
- 10 CMHC's ranging in scores from 55% to 95%

Adult Consumer Summary

Challenges



- Discuss ways to analyze differences observed
- Incorporate qualitative data in analysis
- Consider possible explanations for differences
- Look for ways to improve services
- Develop a fuller picture using other sources of data



Mental Health Statistics Improvement Program (MHSIP)

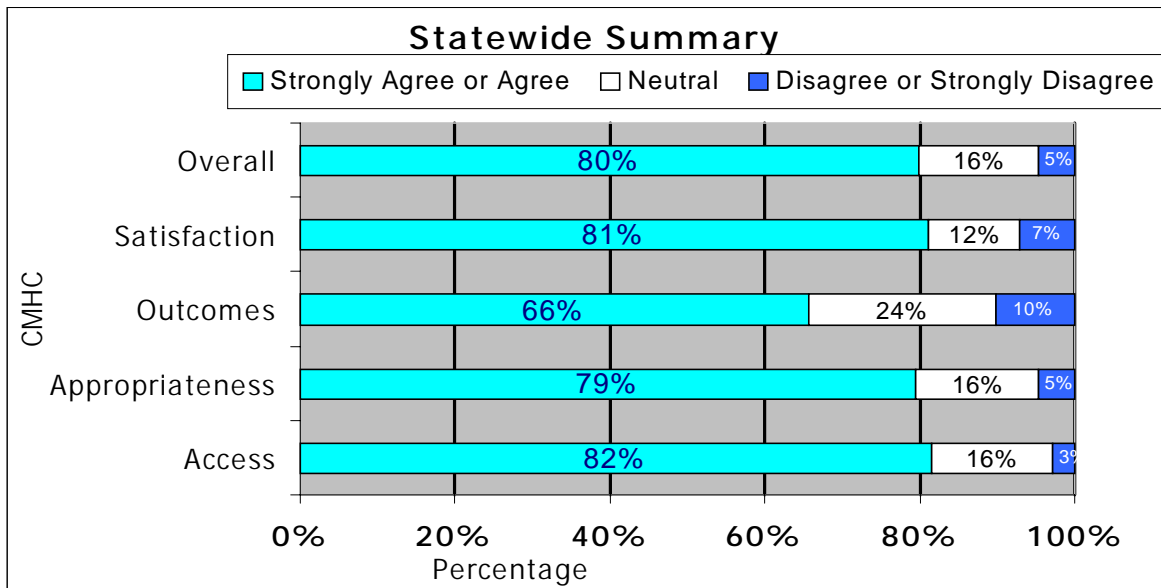
What Do Adult Consumers Say About Mental Health Services?

Summary

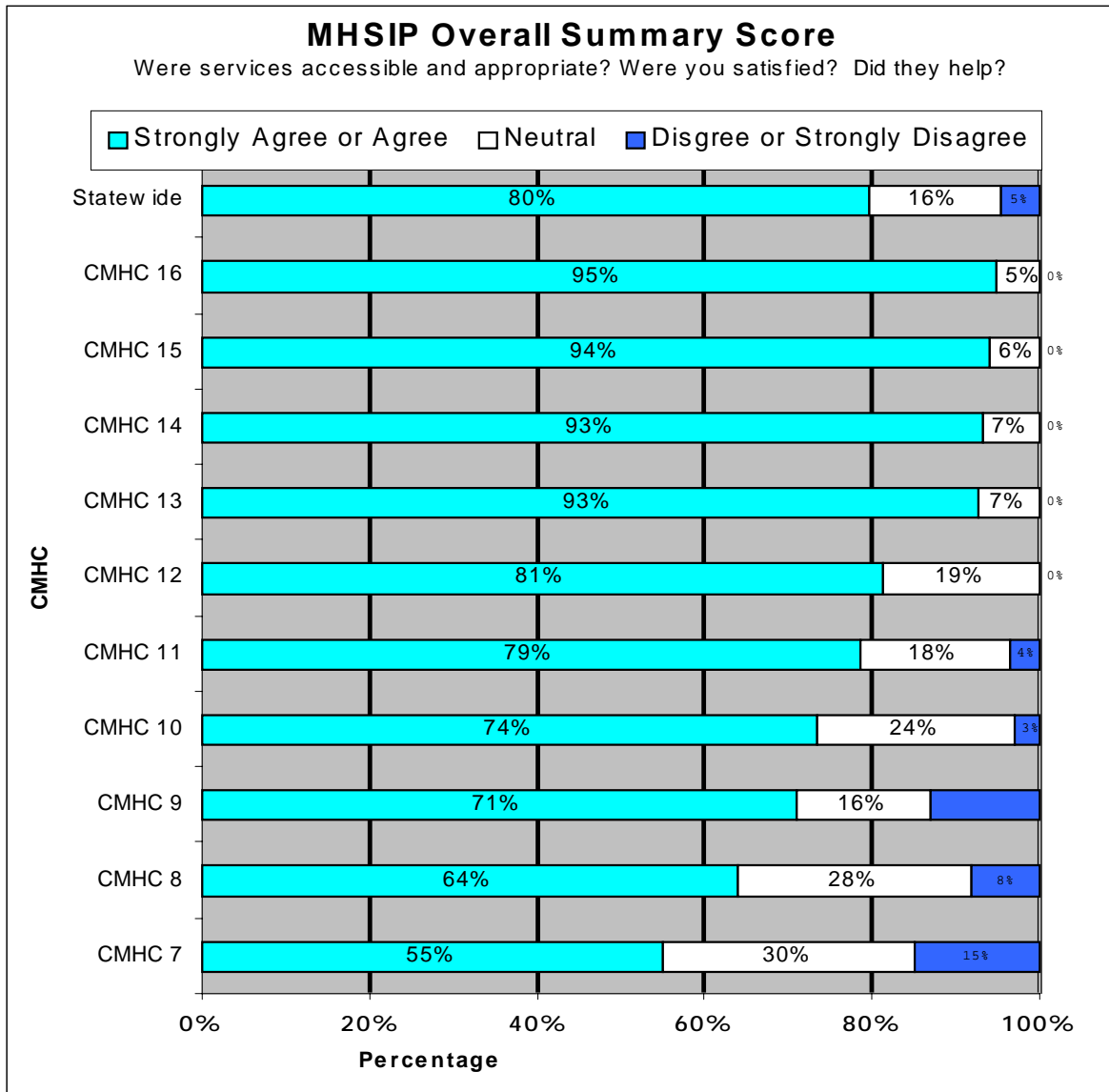
The Wyoming Mental Health Division initiated a project to obtain evaluations by consumers and family members of services received from local community mental health centers. The Division contracted with UPLIFT (a family-based organization) and WICHE (consultants) to strengthen the project. Survey instruments were based on national instruments being implemented in most states through MHSIP. The adult consumer instrument was largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.¹

This summary reports results from surveys adult consumers with serious mental disabilities. Seven community mental health centers volunteered to participate in a pilot project in 1999 and 15 centers in 2000. 295 returned Year 2000 surveys. Over 1,000 surveys were mailed to a random sample of adults. Return rates were not calculated since adequate records of uncompleted surveys returned through the mail due to bad addresses were not maintained.

Consumers were asked to agree or disagree on a 5-point scale with statements related to the ease and convenience with which they got services (access), the quality of services (appropriateness), effect of services (outcomes) and whether they liked the service they got (satisfaction). Summary scores were developed for each domain as well as an overall score for a Center.



Results were positive. Statewide, 80% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with 10 CMHC's ranging in scores from 55% to 95%. (6 CMHC's had too few respondents to compare, i.e., less than 15.) Low scores are not to be construed as negative reflections on CMHC's. In fact, all CMHC's are to be commended for participating in the development of these performance indicators



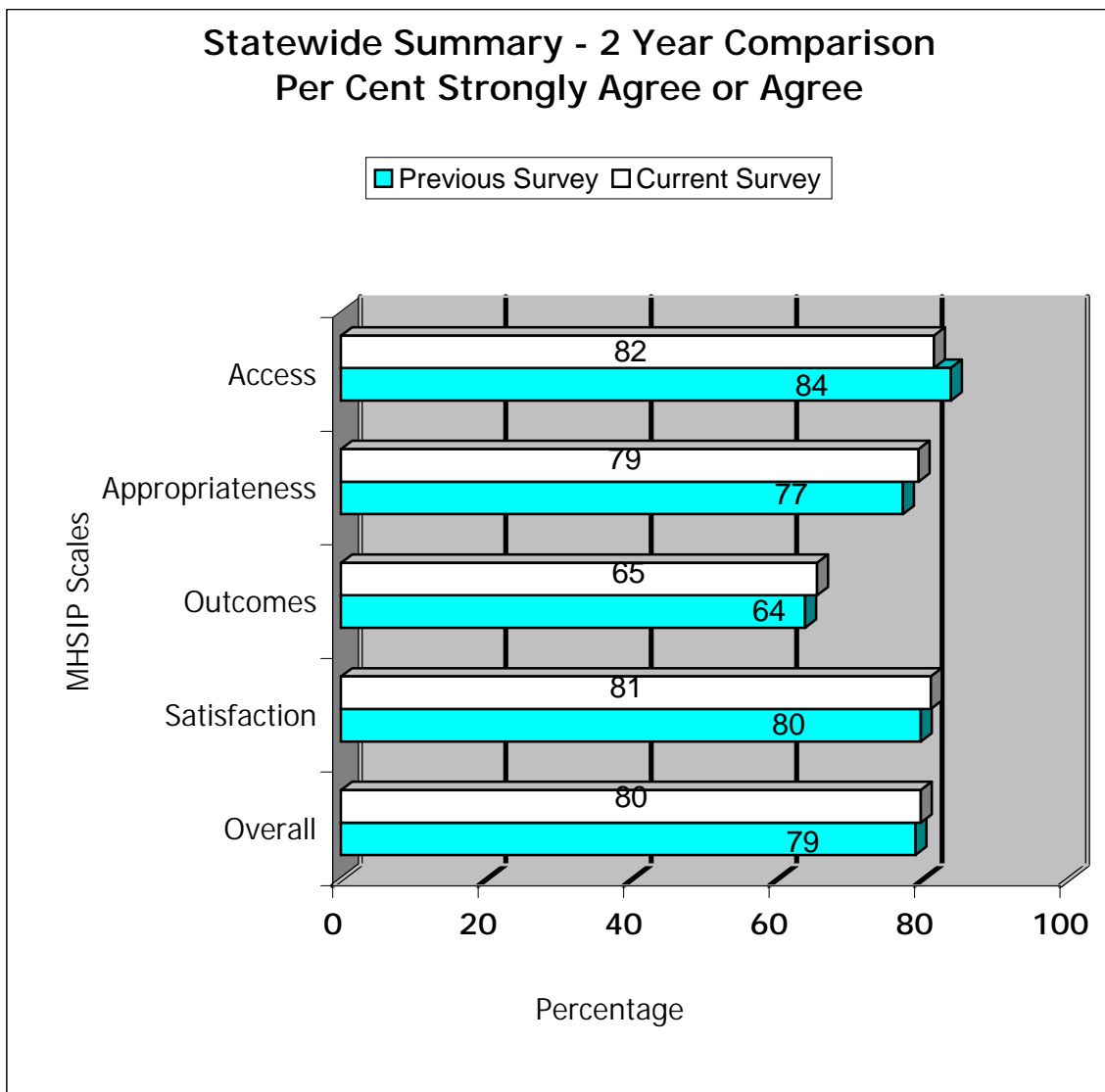
Comparing demographics, there was no evidence of a need to adjust scores based on characteristics of individuals served.

The Partnership is to be commended for implementing the MHSIP consumer survey, a national core set of performance indicators. Results serve as a baseline assessment of the quality and outcome of services for the State and are being used for quality assurance and statewide planning.

A challenge now is for CMHC's to discuss the differences, validate them if possible, consider possible explanations for differences, and look for ways to improve services. Another challenge is to develop a fuller picture by implementing performance indicators from other sources of data.

Results Compared with Previous Year

Results from the 2000 were the same as the first year with fewer Centers participating. Overall, 79.7% of individuals completing the survey strongly agreed, or agreed with the positive survey statements compared with 79.0% in the 1999 survey.



The most important observation about this project is that an open process is in place for consumers to evaluate the services they receive and Centers are listening and doing what they can to improve services they provide based on this evaluation.

ⁱ CARF (The Rehabilitation Commission), the Council on Accreditation for Children and Family Services (COA), the Council on Quality and Leadership in Support of Persons with Disabilities, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the National Committee for Quality Assurance (NCQA)



Mental Health Statistics Improvement Program (MHSIP)

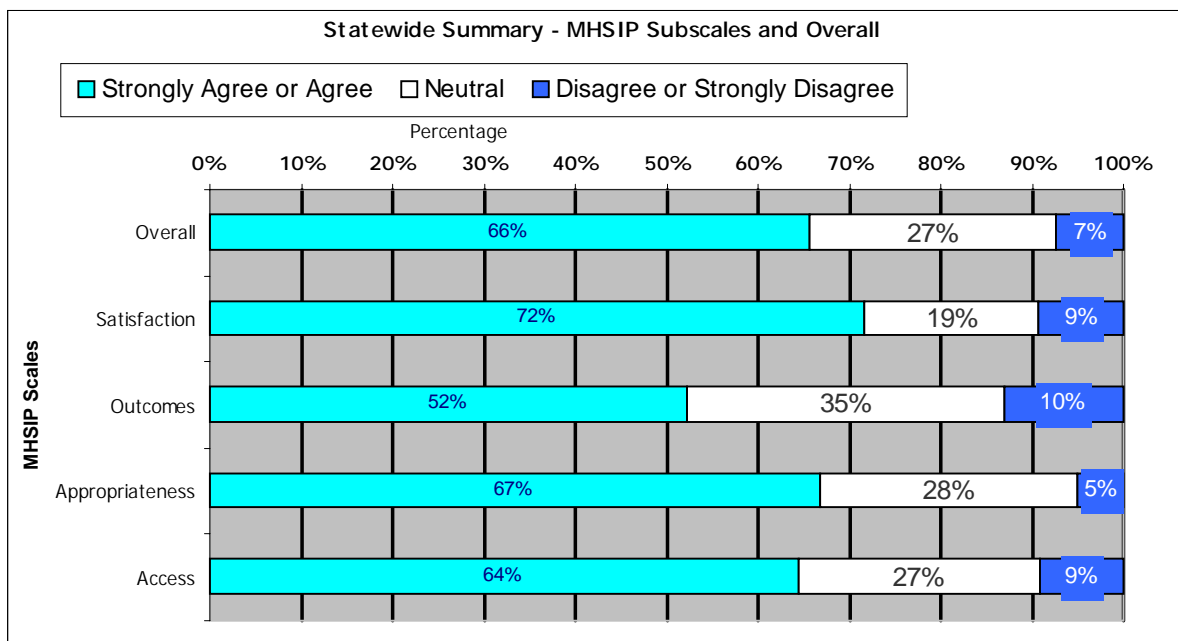
What Do Parents/Caregivers Say About Mental Health Services to Children and Adolescents?

Summary

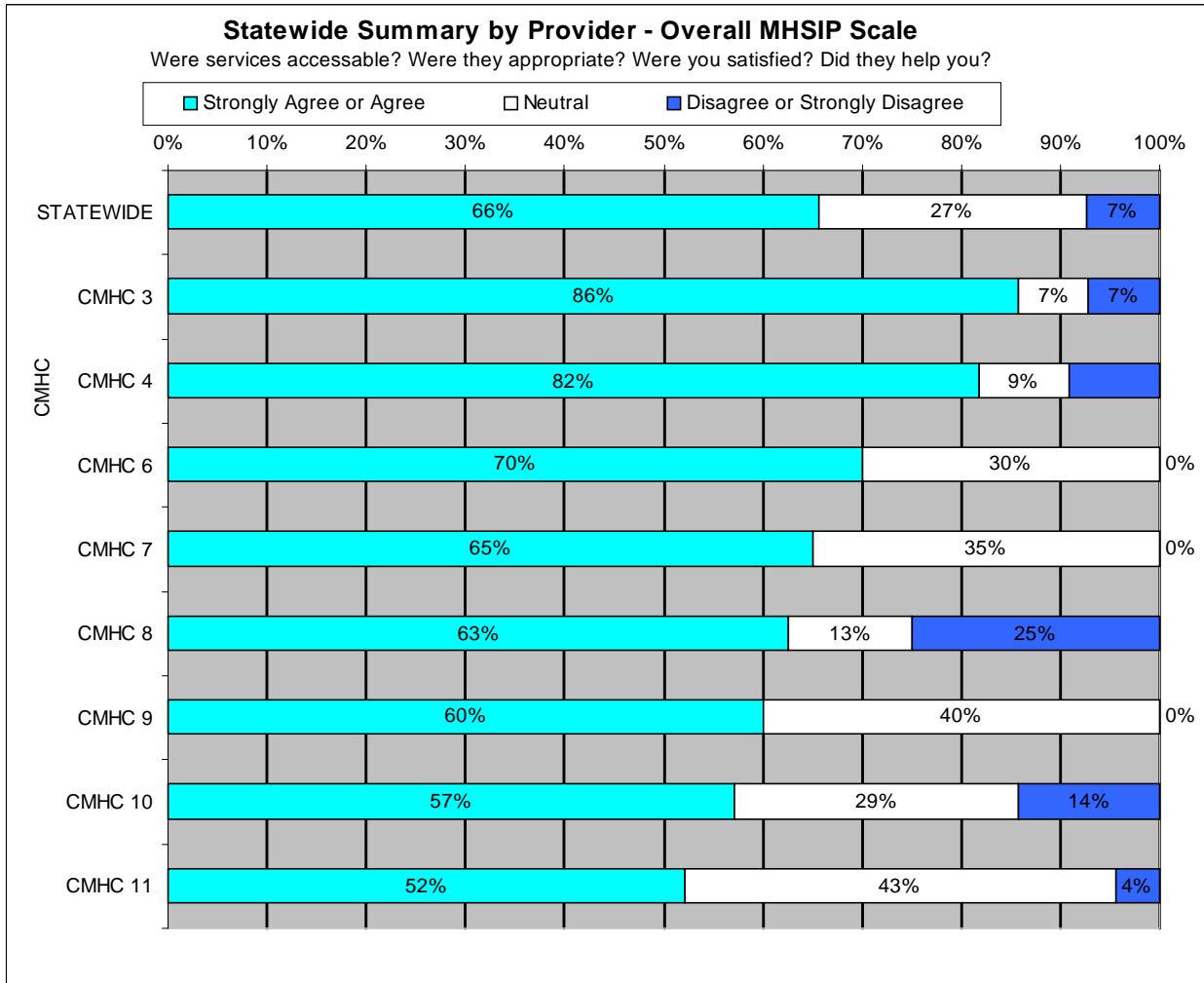
Consumers and family members are evaluating services received from local community mental health centers in a project initiated by The Wyoming Mental Health Division with partial funding from the Center for Mental Health Services. The Division, working in partnership with community mental health centers, contracted with UPLIFT (a family-based organization) and WICHE (consultants) to strengthen the project. Survey instruments were based on national instruments being implemented in most states through MHSIP. The adult consumer instrument was largely included in the recommendation by the American College of Mental Health Administration in collaboration with the nation's five leading accrediting organizations in behavioral health, to reach agreement on a core common set of performance indicators and measures for the field <http://www.acmha.org/work.htm>.¹

This summary reports results from surveys of parents/caregivers of children and adolescents with serious emotional disorders. Seven community mental health centers volunteered to participate in a pilot project in 1999 and 15 centers in 2000. One-hundred seventy-five (175) returned the Year 2000 mail survey. 1,098 surveys were mailed to a random sample of parents/caregivers. Return rates were not calculated since adequate records of uncompleted surveys returned through the mail due to bad addresses were not maintained.

Parents/caregivers of children and adolescents receiving mental health services were asked to agree or disagree with statements on a 5-point scale. Statements related to four domains, the ease and convenience with which they got services (access), the quality of services (appropriateness), effect of services (outcomes) and whether they liked the service they got (satisfaction). Summary scores were developed for each domain as well as an overall score.



Results were positive, more than half the respondents Strongly Agree or Agree with each domain and overall. Statewide, 66% of consumers evaluated services positively (strongly agreed or agreed with the positive survey statements), with 8 CMHC's ranging in scores from 52% to 86%. (7 CMHC's had too few respondents to compare, i.e., less than 15). Comparing CMHC's, there was no evidence of a need to adjust scores based on characteristics of individuals served. There was also no evidence of differences between CMHC's being evaluated by family/caregivers.



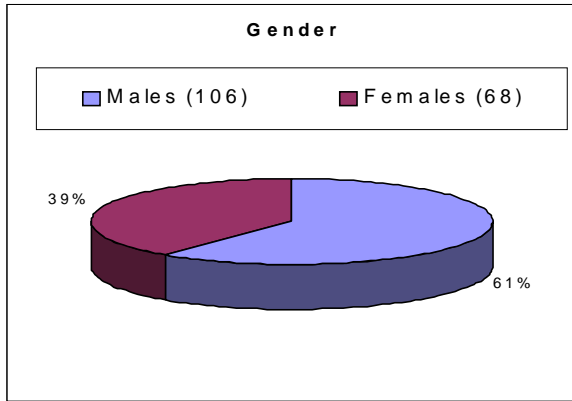
The Partnership is to be commended for implementing the MHSIP consumer survey, a national core set of performance indicators. Results serve as a baseline assessment of the quality and outcome of services for the State and are being used for quality assurance and statewide planning. One of the challenges for the State is to increase the number of surveys from parents/caregivers. This is necessary to obtain the power needed to make reliable comparisons among groups (e.g.,s demographic groups, CMHCS's). Another challenge is to develop a fuller picture by implementing performance indicators from other sources of data.

¹ CARF (The Rehabilitation Commission), the Council on Accreditation for Children and Family Services (COA), the Council on Quality and Leadership in Support of Persons with Disabilities, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the National Committee for Quality Assurance (NCQA).

Demographic Characteristics of Respondents

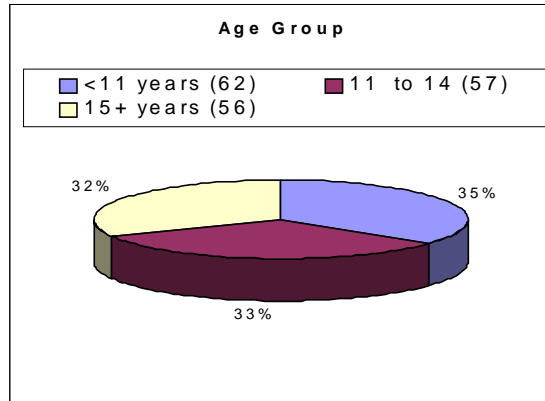
Gender

% Completing Surveys (excludes unknown)



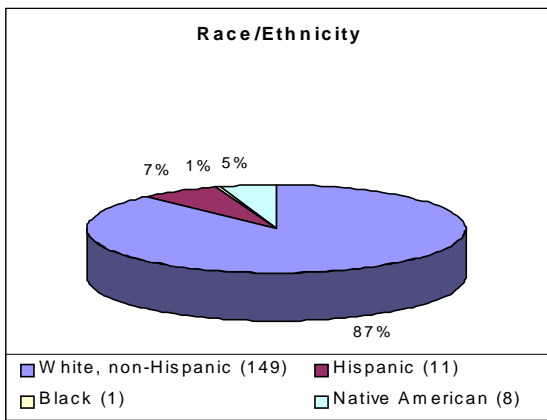
Age Group

% Completing Surveys (excludes unknown)



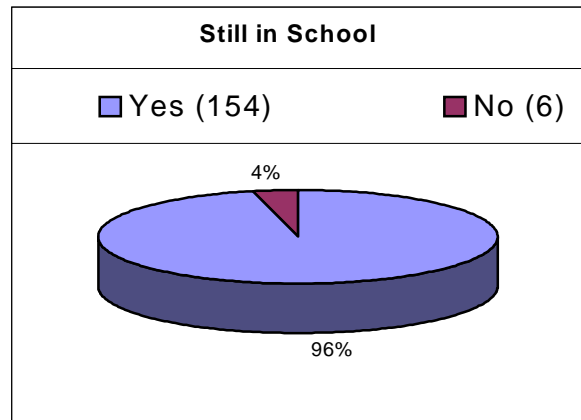
Race/Ethnicity

% Completing Surveys (excludes unknown)



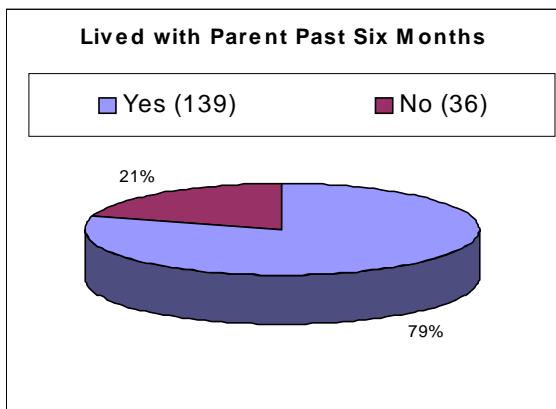
Whether Child Still in School

% Completing Surveys (excludes unknown)



Whether Child Lived with Parents in Past Six Months:

% Completing Surveys (excludes unknown)



Child on Medications for Behavioral or Emotional Problems:

% Completing Surveys (excludes unknown)

