



**ANNUAL REPORT OF CONSUMER SATISFACTION:
2008**

The Oakland County Community Mental Health Authority (OCCMHA) is pleased to provide you with an overview of our annual report of consumer satisfaction with the local public supports and services provided in Oakland County.

In partnership with our contracted community providers, we strive to continuously examine what we do, so we may do more of what we do well and seek opportunities where we can do better.

The Authority conducted two satisfaction surveys this year; one for the Michigan Department of Community Health (DCH) and one locally for The Oakland County Community Mental Health Authority (OCCMHA)

How was the satisfaction information gathered and reported?

The local consumer satisfaction effort was conducted by the Michigan Consumer Evaluation Team, Inc. (MCET), an independent state-wide, non-profit organization located right here in Oakland County.

Who is MCET?

MCET is an organization that recruits, trains, supports and compensates people with disabilities to conduct surveys, focus groups and other efforts intended on gaining insights to promote improvements in mental health and developmental disabilities supports and services.

LOCAL

Beginning the second week of January 2008 and finishing in April, MCET had an opportunity to speak with 497 adults and families with children with severe emotional disturbances or developmental disabilities. Some of these surveys were conducted by phone and others were conducted at provider sites in the community

People were asked to complete a brief survey. There were eleven statements consumers were asked to rate along a five point scale: Strongly Agree, Agree, Neither Agree or Disagree, Disagree and Strongly Disagree. These statements included matters related to quality of life, relationships with others, feeling respected by the providers and overall satisfaction with the supports and services they are receiving.

There were also two additional questions they could answer which were: What they liked about their services and what they would like to see changed.

Once all the information was collected, MCET compiled a report for OCCMHA identifying the percent of consumers in agreement with the statements.





STATE

The Department of Community Health (DCH) requested of all pre-paid Inpatient Health Plan (PIHP) to complete standardized consumer surveys with two populations identified by DCH. The two populations were consumers receiving Assertive Community Treatment (ACT) services and Home Based services (HB)

1. ACT is a set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary treatment team. The team also provides basic services and supports essential to maintaining the consumer's ability to function in community settings, including assistance with accessing basic needs through available community resources. ACT members were asked to complete the Mental Health Statistics Improvement Program (MHSIP).
2. The second population was consumers receiving home based services. Home based services are designed to provide intensive services to children (birth through age 17) and their families with multiple service needs who require access to an array of mental health services. This group was asked to respond to the Youth Satisfaction Survey for Families (YSSF-F)

These standardized consumer surveys were used across the state of Michigan and the OCCMHA provider network. By using these standardized surveys the Authority was able to obtain valid, reliable, and comparable information from the perspective of consumers.

To complete the survey, a two week period in June was identified as the collection period. Consumers in the identified groups were seen either at their homes or at the provider site and given surveys for completion. These surveys were then anonymously returned to the provider for tabulation.

Providers distributed 142 surveys to persons receiving ACT services and 53 surveys to families receiving home based services.

Consumers were asked to complete a 44 question survey. They were asked to rate along a five point scale: Strongly Agree, Agree, Neither Agree or Disagree, Disagree and Strongly Disagree. They rated statements in the areas of: access, appropriateness, participation in treatment planning, outcomes, and satisfaction.

Once all the information was collected, the OCCMHA sent the un-identified raw data to DCH for comparison with other PIHPs. OCCMHA distributed a report to its providers about what was learned and suggested ways they could use this information to benefit the people receiving mental health services.

Additional information about MHSIP and YSSF can be found at: <http://www.mhsip.org>

Participation for all surveys was voluntary. We are grateful to those individuals who took the time to give us their input.

What did we learn?

The Consumer satisfaction survey is just one measure the OCCMHA can use to assess if the OCCMHA goals are actualized at the most basic level of consumer satisfaction.

The 4 key areas to examine where the OCCMHA is putting 'principles into practice' are:

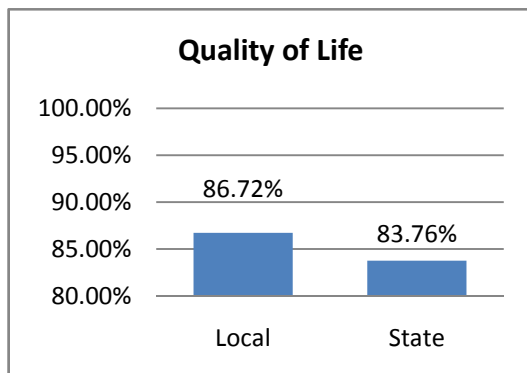
- I. Quality of Life Outcomes
- II. Strategies to Support Quality of Life Outcomes
- III. Effective, Consistent and Efficient Use of Resources
- IV. Infrastructure concerns

It is important to note the wide range of very "positive" findings in this evaluation. The consumer satisfaction survey can be a starting point to evaluate how effectively the OCCMHA is advancing these principles.

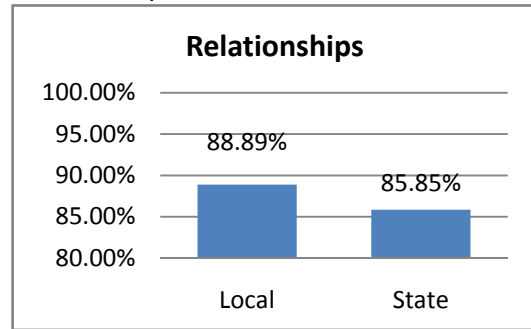
I. Quality of Life Outcomes

Quality of Life Outcomes are addressed in the following key areas that are typically represented in a Person Centered Plan (PCP). Considering "Agree" and "Disagree" responses only, agreement regarding these items ranged from a low of 86.72% ("QOL") to a high of 91.04% ("Knowledge").

- 1. Improved Quality of Life-- this serves as an aggregate across all life domains and related outcomes

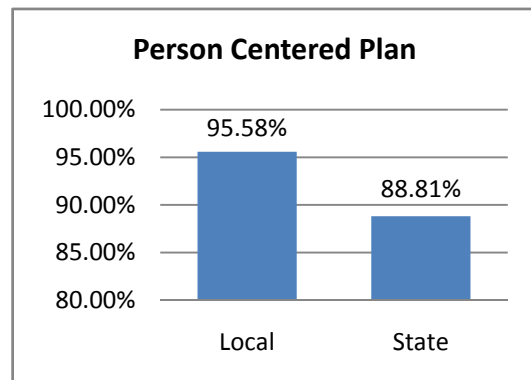


- 2. Relationships—reflect the critical need to develop and maintain mutually supportive relationships.



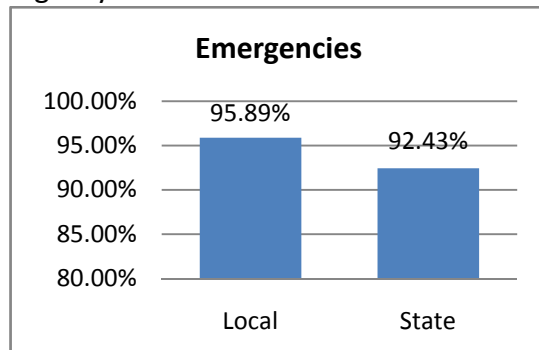
II. Strategies to Support Quality of Life Outcomes

These elements are captured with the Person Centered Plan items.



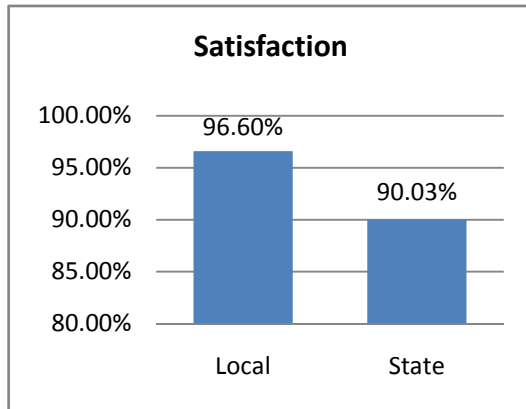
III. Effective, Consistent and Efficient Use of Resources

These elements are captured with the questions that address how well prepared the consumer feels they are able to manage in an emergency or crisis.



IV. Infrastructure concerns

These elements are captured with the questions that ask consumers to address if they are “Overall pleased with the supports and services provided”.



Through Continuous Quality Improvement (CQI) efforts, and with the active involvement of people with disabilities and their families, the learning from this survey will be used with other measures of performance, effectiveness and efficiency to identify and do two things:

1. Make known to the provider network agencies information regarding those areas that are producing positive results in order to improve the entire system; and
2. Prioritize and begin work on areas with the provider network agencies where opportunities for improvements are evident and needed.

Oakland County Community Mental Health Authority
2011 Executive Hills Boulevard
Auburn Hills, MI 48326-2944
(248) 858-1210

Where do we go from here?

A significant opportunity for improvement can be found in the area of supporting consumers with improving consumer ‘Outcomes’ in the community. The surveys asked consumers to respond to the statements “Compared to last year, the quality of my life has improved”. Consumers’ responses to these statements ranged from 86.72%--83.76%.

Another improvement opportunity exists in the area of outcomes in relationships. The surveys asked consumers to respond to the statements “Compared to last year, my relationships with others have improved” and “I am getting along better with my family”. Consumers’ responses to these statements ranged from 88.89% - 85.85%.