



**2009 Annual Consumer Survey
Report**

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YEAR 2009 ADULT CONSUMER SURVEY (ENGLISH AND SPANISH)

YEAR 2009 YOUTH CONSUMER SURVEY FOR FAMILIES (ENGLISH AND SPANISH)

I. Executive Summary

The statewide consumer survey was conducted during May, June and July 2009, jointly by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Tribal/Regional Behavioral Health Authorities (T/RBHAs) and contracted service providers across the state.

Two distinct surveys were administered based on the Substance Abuse and Mental Health Services Administration's (SAMSHA) Mental Health Statistics Improvement Program (MHSIP) consumer surveys:

- The Adult Consumer Survey; and
- The Youth Services Survey for Families (YSS-F).

The surveys solicit independent feedback from Title XIX/XXI adults and families of youth receiving services through Arizona's publicly funded behavioral health system. The surveys measure consumers' perceptions of behavioral health services in relation to the following domains:

- General Satisfaction
- Access to Services
- Service Quality/Appropriateness
- Participation in Treatment
- Outcomes
- Cultural Sensitivity
- Improved Functioning
- Social Connectedness

Positive findings from the 2009 Adult Consumer Survey and YSS-F include:

- *General Satisfaction* yielded an 84% positive response rate from adult respondents;
- *Participation in Treatment Planning* was perceived positively by respondents in both adult and child programming at 82% and 89%, respectively;
- *Service Quality and Appropriateness* remained positive at 90% for child programming and received a positive response rate of 89% for adults; and
- *Cultural Sensitivity* continued to be positively perceived by children's families at a rate of 90%

Consumers are reporting increased satisfaction with most survey domains. Perception of the quality and appropriateness of the services received remains positive, with both adults and the families of child behavioral health recipients indicating they are involved in the planning of their treatment and by an increase in general satisfaction for both populations.

The analyses of specific responses to each domain's questions in the Adult and YSS-F surveys are discussed in detail within the body of the report. 2009 Consumer Survey data is compared to findings from previous years for comparative purposes in both the adult and child analyses. A review of survey data from 2008 to 2009 indicates that families of children receiving services reported higher positive response rates to six of the seven domains and no change in one of the domains, with increases from two to eight percentage points. Adult respondents to the 2009

survey also indicated an increase in positive responses for four of the seven domains with no change in two of the domains and only one showing a decreased rate.

II. Survey Response Rates

The MHSIP Consumer Surveys were offered to a statewide sample of 5,800 RBHA- enrolled consumers. The response rate is calculated by dividing the number of surveys returned by the number of surveys in the sample. In previous years, the rate was calculated by dividing the number of surveys returned by the number of surveys *offered*. This change in calculation resulted in a lower response rate for 2009. The statewide response rate was 47%, with rates ranging from 28% to 63% per RBHA.

RBHA	Sample (a) Adult & Youth	Surveys Returned (b)	Response Rate (b) / (a)
Cenpatico-2	900	463	51%
Cenpatico-4	1000	276	28%
CPSA-3	900	442	49%
CPSA-5	1000	535	54%
Magellan	1000	374	37%
NARBHA	1000	627	63%
Statewide RBHA	5800	2717	47%

III. Introduction

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), the Regional Behavioral Health Authorities (RBHAs), in collaboration with their contracted providers, administered the statewide consumer survey May, June, and July 2009. As in the past survey cycles, the surveys are primarily based on the Adult Consumer Survey and Youth Services Survey for Families (YSS-F), recommended by the Mental Health Statistics Improvement Program (MHSIP).

The use of the survey data to inform service delivery is promoted through dissemination of the survey results throughout ADHS/DBHS; review of survey data in the ADHS/DBHS Quality Management (QM) Committee meeting; incorporation of monitoring of survey indicators in RBHA contracts and QM Plans; and dissemination of survey results to ADHS/DBHS stakeholders and consumers via the ADHS/DBHS website. Survey outcomes are reported to the National Association of State Mental Health Program Directors' (NASMHPD) National Research Institute (NRI), Western States Decision Support Group (WSDSG), and to the

Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Statistics Improvement Program (MHSIP).

IV. Methodology and Survey Administration

Two survey populations (sample frames) were identified:

1. Adults - defined as Title XIX/XXI behavioral health recipients who are 18 years of age or older, and are enrolled in any of the adult programs: Serious Mental Illness (SMI) and Drug/Alcohol or General Mental Health (Non-SMI).
2. Youth - defined as Title XIX/XXI behavioral health recipients under age 18 and enrolled in the Child/Adolescent program.

A total of 79,443 adult and 39,077 youth RBHA-enrolled Title XIX/XXI consumers were eligible to participate in the 2009 survey. Please refer to Attachment A, 2009 Consumer Survey Protocol, for details on sample frame development, inclusion/exclusion criteria, survey instruments, and survey administration guidelines.

V. Data Analysis

All completed surveys were entered by each RBHA and submitted in a database to ADHS/DBHS. RBHAs were provided with data files containing the survey responses of their respective consumers. Each RBHA analyzed its respective survey data using an SPSS script that was provided by ADHS/DBHS to ensure consistency in data analysis. Statewide survey data is analyzed as follows:

- By Domain;
- By Domain Line Item;
- Sub-group Analysis;
- ADHS/DBHS Performance Measure Questions; and
- Comparison to Past Survey Performance

VI. Statewide Survey Data Limitations

- The following circumstances may have negatively impacted the response rates for the 2009 survey: The survey was originally to be administered April through June 2009. ADHS/DBHS postponed the start date and the survey was conducted May through July. The revised timeframe placed the survey period outside of the school year when, historically, the RBHAs have found the Youth response rate is much better because they tend to have more appointments during the school year, thus increasing the opportunity to obtain a completed survey.
- It is generally felt that the length of the survey, increased in 2007 with the addition of new MHSIP domains, may discourage clients from participating. Therefore, ADHS/DBHS eliminated several state-added questions from the survey for the 2010 survey year.

VII. Survey Findings

MHSIP ADULT

Demographics

A total of 1,711 completed adult surveys were analyzed. Of the adult survey respondents:

- 63 % were female;
- 72 % were between the ages of 31-65 years;

- 77 % identified their ethnicity as Non Hispanic/Latino;
- 86 % identified their race as White;
- 47 % reported receiving behavioral health services for five or more years; and
- 56 % were enrolled as Seriously Mentally Ill (SMI) and 44% were in Non-SMI programs (General Mental Health or Substance Abuse services).

Please see Attachment B, 2009 Adult Demographics, for complete demographics information.

Domain Line Item Analysis

Line items are specific questions pertaining to each survey domain (see Attachment C, 2009 Adult Line Item). Analysis of answers to each domain specific line item indicates the aspects of service respondents reported as either positively or negatively affecting the overall domain score. The 2009 adult survey findings indicate:

- ***General Satisfaction:*** Respondents report liking the services they receive at their agency; that they would choose their current agency given other choices for service centers; and they would recommend the agency to a friend or family member.
- ***Service Access:*** Respondents report services were available at times that were good for them; felt staff were accessible and that the location of services was convenient. While the overall domain remained under 80%, there was a five percentage point increase in positive responses in this domain from the previous year.
 - Line item analysis indicates improvements can be made in timeliness of agency staff returning clients' phone calls; informing the consumer of the array of services available to them; and providing more scheduling time to see a psychiatrist.
- ***Participation in Treatment Planning:*** Respondents indicate feeling comfortable asking questions about their treatment and medications; report positively that they, and not staff, decided treatment goals and that they took the lead in deciding their treatment goals.
- ***Service Quality and Appropriateness:*** Respondents positively report receiving information on their rights; feeling that their staff encouraged personal responsibility and empowered growth, change and recovery; that staff were considerate of their cultural background; that they were informed of the side effects of their medications; the staff respected their wishes about who should and should not receive information on their treatment; and they were encouraged to utilize consumer run programs.
- ***Outcomes:*** This domain received a lower overall positive response rate than many of the other adult survey domains (70%). However, 2009 survey results indicate a two percentage point increase from the 2008 survey administration.
 - Areas for improvement include improving respondents' perceptions of their ability to deal effectively with daily problems; work/school situations, housing and symptoms management.
- ***Improved Functioning:*** Respondents report a lower positive response rate to this outcomes related domain as compared to the aforementioned Outcomes questions. The rate of positive responses to this survey domain is identical to that of the previous year.
 - Improvements can be made around symptom identification, education, and management.
- ***Social Connectedness:*** The rate of positive responses for Social Connectedness domain is identical to those reported in 2008 and mirrors those reported for the Outcomes domain questions.

- Areas for improvement include opportunities to increase social interactions and a sense of belonging and the identification of a natural support system for times of crisis.

Summary of 2009 Statewide Results for Adults

RBHA	General Satisfaction	Service Access	Participation in Treatment Planning	Service Quality & Appropriateness	Outcomes	Improved Functioning	Social Connectedness
Cenpatico-2	86%	81%	82%	89%	71%	67%	71%
Cenpatico-4	86%	83%	84%	89%	70%	64%	66%
CPSA-3	83%	79%	80%	88%	71%	71%	71%
CPSA-5	78%	69%	78%	87%	68%	65%	65%
Magellan	86%	82%	85%	90%	73%	71%	69%
NARBHA	84%	79%	80%	88%	64%	63%	68%
Statewide RBHA	84%	78%	82%	89%	70%	68%	68%

RBHA numbers and percentages are based on actual valid survey returns. Statewide RBHA numbers and percentages are based on weighted scores

ADHS/DBHS Performance Measures

In addition to evaluation of performance in the MHSIP domain areas, ADHS/DBHS assessed four Adult Performance Measures through the Survey in 2009. The Minimum Performance Standard (MPS) for the performance measures is 85%, with the exception of Cultural Competency, which has an MPS of 75%. Statewide results indicate none of these MPS were met. Results of the 2009 Survey Performance Measure questions indicate:

- **Symptomatic Improvement:** 63% of RBHA survey respondents reported positively that their symptoms were not bothering them as much.
 - Improvements can be made in symptoms education, identification and self management for behavioral health recipients; and supervision and training of clinicians in the assessment and documentation of symptoms management and target outcomes.
- **Informed Consent:** 83% reported positively that their doctor explained their prescribed medication benefits and risks as well as the alternatives to their prescriptions in a way they understood.
- **Member and Family Involvement:** 68% reported positively that their families were involved in their treatment.
 - Involvement of family members in adult consumers' treatment planning and services remains an area for improvement.
- **Cultural Competency:** 63% percent reported a positive response to the question designated to measure Cultural Competency, a decrease from the positive response rate

reported for the similar line item question under the *Service Quality and Appropriateness* domain that received an 89% positive response rate.

- Improvements can be made in the inclusion and/or consideration of cultural/race/ethnicity preferences in service planning for adults through training and education of clinical staff and adult consumers.

2009 Adult Consumer Survey, Number and Percentage of Positive Responses to Performance Measure Questions

T/RBHA	Symptomatic Improvement		Informed Consent		Member/Family Involvement		Cultural Competency	
	MPS: 85%		MPS: 85%		MPS: 85%		MPS: 75%	
	N	%	N	%	N	%	N	%
Cenpatico-2	179	69%	213	84%	164	70%	157	71%
Cenpatico-4	89	63%	107	78%	95	75%	68	61%
CPSA 3	160	68%	180	80%	139	68%	121	68%
CPSA 5	181	62%	235	81%	171	65%	131	56%
Magellan	115	64%	146	84%	104	66%	89	65%
NARBHA	163	56%	243	87%	195	77%	146	65%
Statewide RBHA	874	63%	1125	83%	838	68%	682	63%

T/RBHA numbers are based on actual valid survey returns. Statewide RBHA numbers are based on weighted scores. TRBHA scores are not included in statewide numbers due to TRBHA convenience sampling methodology.

Comparison to Past Performance

ADHS/DBHS has administered the Consumer Survey since 2001 and began yearly administration in 2005. The following table compares current survey performance across the survey domains to prior administrations. N/A indicates that the domain was not included in the SAMHSA survey that administration year.

2009 Consumer Survey

Statewide RBHA Domain Score Trends for Adult Respondents

Adult Domain	2001	2003	2005	2006	2007	2008	2009
General Satisfaction	80%	88%	80%	83%	86%	82%	84%
Service Access	71%	77%	75%	75%	77%	73%	78%
Participation in Treatment Planning	N/A	75%	71%	77%	79%	89%	82%
Service Quality	79%	88%	84%	84%	88%	84%	89%
Outcomes	58%	66%	63%	67%	74%	68%	70%
Improved Functioning	N/A	N/A	N/A	N/A	66%	68%	68%
Social Connectedness	N/A	N/A	N/A	N/A	65%	68%	68%

A review of positive responses attributed to the survey domains across the administration periods indicates that the 2009 survey garnered higher positive response rates for four domains; a lower positive response rate for one domain; and at the 2008 rates for two domains. Adult survey respondents indicated an increase in positive response rates for the domains of *General Satisfaction*, *Service Access*, *Service Quality* and *Outcomes* in 2009. Rates indicated a 7 percentage point lower positive perception to *Participation in Treatment Planning* this survey administration; however, these results remain higher than 2003 levels by 7 percentage points. Both *Improved Functioning* and *Social Connectedness* remained at 68% positive response rates for each domain in 2009. The *Outcomes* domain continues an upward trend in positive responses from the inaugural survey administration and improved by 2 percentage points over 2008.

MHSIP YSS-F

Demographics

A total of 1,352 completed youth surveys were analyzed. Of the youth survey respondents:

- 64 % were male;
- 92 % were 5-18 years of age;
- 57 % identified Non Hispanic/Latino as their ethnicity;
- 81 % identified White as their race; and
- 53% reported receiving behavioral health services for one to five years.

Please see Attachment D, 2009 YSS-F Respondent Demographics, for complete demographic data.

Domain Line Item Analysis

Line items are specific questions pertaining to each survey domain. Analysis of answers to each domain specific line item indicates the aspects of service delivery the respondents report as either positively or negatively affecting the overall domain score (Attachment E, 2009 YSS-F Line Item). 2009 YSS-F survey findings indicate:

- **General Satisfaction:** Respondents report satisfaction with their child's services; feeling continuously supported by staff; and that the services they receive are appropriate for their family.
- **Service Access:** Families felt that both the location and times allocated for service provision were convenient.
- **Participation in Treatment Planning:** The majority of respondents indicated participating in their child's treatment by choosing both their child's services and treatment goals.
- **Cultural Sensitivity:** Families indicated that staff spoke to them in a manner in which they understood, treated them with respect and respected their unique cultural/religious/spiritual beliefs and norms.
- **Outcomes:** This domain received a positive response rate of 68%, an improvement of 8 percentage points over 2008 rates.
 - Improvements can be made in educating and supporting families in coping skills training and development to increase satisfaction with family life and symptom management.
- **Improved Functioning:** Respondents reported the same response rate for this domain as for the Outcomes domain (68%); however, this rate indicates an increase of 8 percentage points from the previous year's administration.

- As indicated for the Outcomes domain, improvements can be made in educating and supporting families in coping skills training and development to increase satisfaction with family life and symptom management.
- **Social Connectedness:** Findings indicate that families feel comfortable talking with supports about their child's problems; the families have support systems available to them for crisis situations and opportunities for social activities. Positive response rates for this outcomes related domain received higher response rates than that of both Outcomes and Improved Functioning at 83%.

Summary of 2009 Statewide Results for Youth

RBHA	General Satisfaction	Service Access	Participation in Treatment Planning	Cultural Sensitivity	Outcomes	Improved Functioning	Social Connectedness
Cenpatico-2	81%	82%	94%	93%	62%	61%	85%
Cenpatico-4	85%	91%	98%	96%	66%	65%	87%
CPSA-3	75%	76%	88%	89%	66%	65%	78%
CPSA-5	82%	74%	86%	86%	72%	72%	84%
Magellan	77%	73%	88%	91%	68%	64%	82%
NARBHA	83%	79%	92%	93%	67%	66%	87%
Statewide RBHA	80%	76%	89%	90%	68%	66%	83%

T/RBHA numbers and percentages are based on actual valid survey returns. Statewide RBHA numbers and percentages are based on weighted scores. TRBHA scores are not included in statewide numbers due to TRBHA convenience sampling methodology.

ADHS/DBHS Performance Measures

In addition to the MHSIP questions, ADHS/DBHS has designated three Performance Measures questions to the 2009 YSS-F Survey. The Minimum Performance Standards (MPS) attributed to these measures are 85%, with the exception of Cultural Sensitivity, which has an MPS of 75%. The performance measures apply to the RBHAs only. Findings indicate:

- **Cultural Competency:** 87% of YSS-F survey respondents reported positively that staff were sensitive to their cultural/ethnic background. *Cultural Competency* is the only Performance Measure where the MPS was met statewide.
- **Symptomatic Improvement:** 62% of respondents indicated that their child's symptoms were not bothering their child as much.
 - As with adults, improvements can be made to families in symptom education, identification and self management as well as clinician assessment and documentation of symptom improvements.
- **Informed Consent:** 80% reported positively that their child's doctor explained the benefits, risks and alternatives to the medications prescribed to their child and they understood the information as presented.

2009 YSS-F, Number and Percentage of Positive Responses to Performance Measure Questions

T/RBHA	Cultural Competency		Symptomatic Improvement		Informed Consent	
	MPS: 75%		MPS: 85%		MPS: 85%	
	N	%	N	%	N	%
Cenpatico-2	145	90%	91	59%	121	86%
Cenpatico-4	106	94%	78	65%	88	87%
CPSA 3	155	88%	117	64%	132	78%
CPSA 5	165	83%	112	58%	132	79%
Magellan	133	87%	103	64%	114	78%
NARBHA	255	89%	181	58%	213	82%
Statewide RBHA	931	87%	686	62%	781	80%

RBHA numbers are based on actual valid survey returns. Statewide RBHA numbers are based on weighted scores.

Comparison to Past Performance

ADHS/DBHS has administered the Consumer Survey since 2001 and began yearly administration in 2005. The following table compares current survey performance across the survey domains to prior administrations. N/A indicates that the domain was not included in the SAMHSA survey that administration year.

2009 Consumer Survey Statewide RBHA Domain Score Trends for YSS-F Respondents

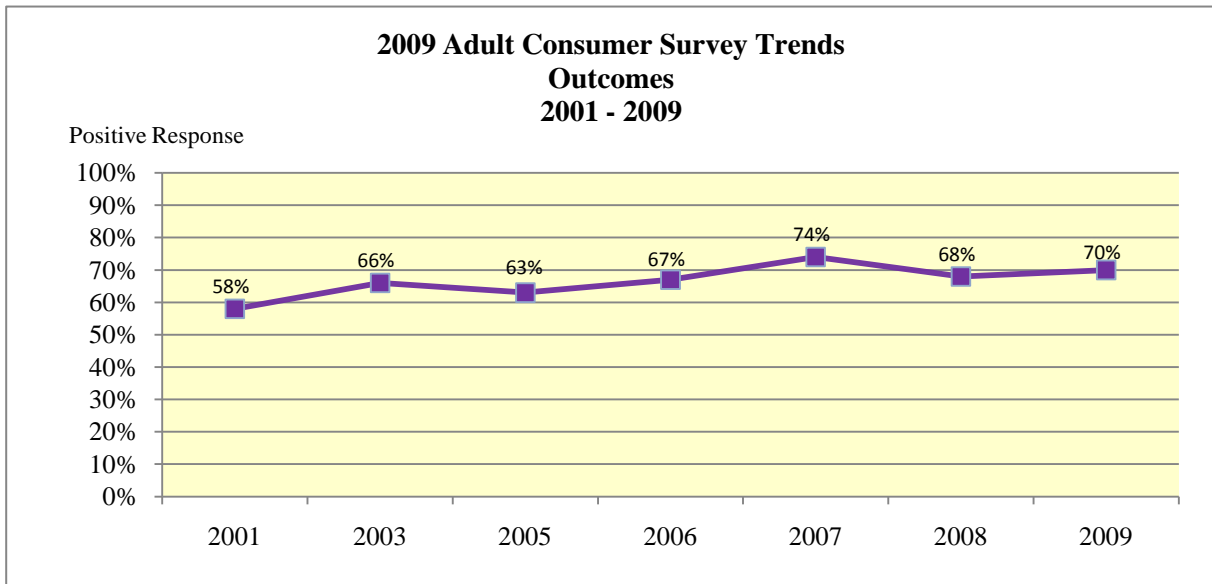
YSS-F Domain	2001	2003	2005	2006	2007	2008	2009
General Satisfaction	68%	80%	74%	78%	78%	77%	80%
Service Access	70%	78%	72%	75%	78%	73%	76%
Participation in Txt Planning	N/A	85%	84%	87%	90%	87%	89%
Service Quality	N/A	93%	92%	94%	92%	90%	90%
Outcomes	51%	62%	60%	62%	58%	60%	68%
Improved Functioning	N/A	N/A	N/A	N/A	61%	58%	66%
Social Connectedness	N/A	N/A	N/A	N/A	82%	79%	83%

Families reported higher rates of satisfaction across six of the seven YSS-F domains this year as compared to 2008, with the exception of *Service Quality and Appropriateness*, which remained at the 2008 rates of 90%. *Outcomes* and *Improved Functioning* increased by 8 percentage points from 2008 rates but as seen with the adult respondents, the *Outcomes* and *Improved Functioning* domains remain the lowest rates of satisfaction.

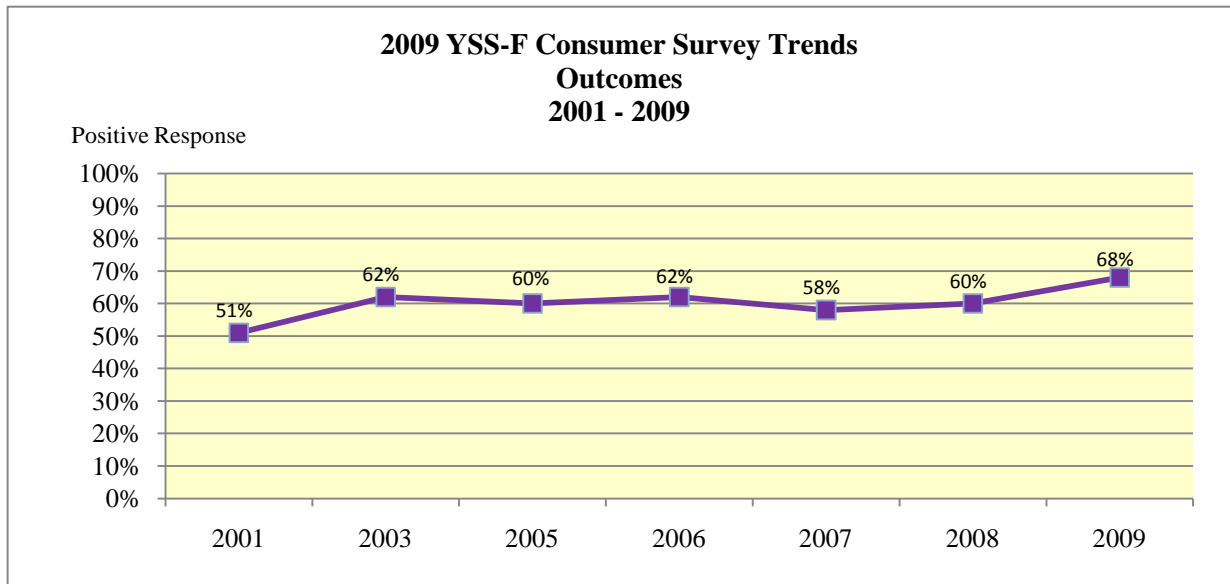
VI. Statewide Improvement Opportunities

ADHS/DBHS recognizes the need to identify targeted improvement efforts supported by the 2009 survey results. The following are ADHS/DBHS that address survey findings:

Outcomes – The survey data indicates improvements can be made in consumers’ perception and understanding of treatment and functional outcomes, as well as front line clinical staff assisting the consumers with identification and tracking of identified outcomes.



Adult Domain	2001	2003	2005	2006	2007	2008	2009
Outcomes	58%	66%	63%	67%	74%	68%	70%



YSS-F Domain	2001	2003	2005	2006	2007	2008	2009
Outcomes	51%	62%	60%	62%	58%	60%	68%

Below are ADHS/DBHS initiatives that address outcomes:

- ADHS/DBHS is currently using the Children's System of Care Practice Review (CSOCPR) beginning in early Fiscal Year 2010 (FY10). This revised review focuses on Child and Family Teams (CFTs) and includes outcomes focused questions to ensure the CFTs are identifying and tracking outcomes as well as evaluating the effectiveness of provided services. The CSOCPR provides valuable data for ADHS/DBHS and the RBHAs pertaining to children's outcomes.
- The ADHS/DBHS Adult System of Care Plan identifies several goals targeting outcomes such as: increasing employment, increasing peer and family supports, and the adoption and dissemination of adult recovery principles.
- ADHS/DBHS, along with family member and recipient input, is developing the ADHS/DBHS Outcomes Framework as a means to direct resources and develop initiatives based on family and recipient identified outcomes, the National Outcomes Measures (NOMs) and ADHS/DBHS performance metrics. The development of the Outcomes Framework is in direct response to the identified need for improved family, recipient and provider education and tracking of outcomes as a means to drive both individual recipient and program outcomes.

Access to Services - Survey data indicates improvements can be made in consumers' perception of ease of access to, and availability of, psychiatric and support services; and increased accessibility of support staff.

- ADHS/DBHS is implementing a new enrollment process that automatically provides any Arizona Health Care Cost Containment System (AHCCCS) member with a home RBHA based on area of residence. AHCCCS and ADHS/DBHS are implementing this process to eliminate potential administrative barriers to accessing behavioral health services in the publicly funded healthcare system.

VII. Conclusion

2009 findings indicate increases in overall positive response rates across the domains of both the Adult and YSS-F surveys from the previous survey administration. However, adults reported decreased involvement in their service planning and showed no change in their perceptions of improved functioning and social connectedness. The families of child behavioral health recipients feel supported by assigned staff, believe they are able to participate in their child's treatment planning, feel their cultural needs are assessed and respected and feel supported by family and friends. Similar to findings across survey periods, outcomes identification, tracking and monitoring continues to be an area for improvement, as well as behavioral health recipients feeling they can access the services they want, when they want.

ADHS/DBHS is committed to improving the tracking and utilization of outcomes data. Outcomes data is used by ADHS/DBHS to support quality initiatives, assess the viability of existing programming and improve services delivered to persons served in the ADHS/DBHS system of care. ADHS/DBHS believes that removing barriers to accessing available services and

assisting members in the identification and tracking of treatment outcomes is imperative to improving behavioral health recipients' overall perception of the quality of services they receive.