

Santa Barbara County Department of
Behavioral Wellness Consumer
Perception Survey Report
Fall 2015 & Spring 2016

Shereen Khatapoush, Ph.D.



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

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OVERVIEW

Santa Barbara County's Department of Behavioral Wellness is required by the California Department of Health Care Services to administer the Consumer Perception Survey (CPS). All Counties that receive Community Mental Health Services Block Grant (MHBG) funding conduct the survey and submit data in May and November of every calendar year. This report includes analyses of data collected in November 2015 and May 2016 in Santa Barbara County.

METHODS & LIMITATIONS

Participants

The CPS is intended for consumers from all county-operated and contracted providers accessing outpatient:

- Face to face mental health services
- Case management
- Day treatment, and
- Medication services

The CPS is *not* intended for consumers in:

- Acute hospitals
- Psychiatric health facilities
- Crisis services (intervention, stabilization & residential)
- Jail/jail hospital settings
- Long-term care institutional placements (i.e., State hospitals, IMDs)

Materials/Measures

The CPS includes four different instruments:

1. Adult: consumers aged 18-59
2. Older Adult: consumers aged 60+
3. Youth: consumers aged 13-17
4. Youth-Family: parents/caregivers of youth under the age of 18

The surveys are 4 to 5 pages in length and include more than 100 questions. The CPS includes measures of: general life satisfaction; functional status; clinical status, satisfaction with and benefit from services; access and cultural competency; adverse events, and the like. Some of the questions are the same across all surveys, but many differ. Generally, questions fall into the same conceptual domains, such as perception of access, but the particular wording varies as appropriate for the survey population. Finally, there are some questions that are only asked of a particular age group (for example, only youth are queried about school suspensions and expulsions). There are longer, optional surveys, for adults and older adults only, which include Lehman's Quality of Life (QOL) questions; they were designed to assess QOL for adults with SPMI. The quality of life scales were constructed per, "*Toolkit Evaluating Quality of Life for Persons With Severe Mental Illness To Be Used in Conjunction with the Lehman Quality of Life Interview*" (<http://tecathrsi.org>).

Procedure

The CPS administration was coordinated by a Quality Care Management Coordinator. English and Spanish versions of the paper instruments were sent to FedEx for printing. The surveys, along with enlarged posters describing the surveys, were distributed to sites one week prior to survey administration. Posters were placed in clinic lobbies to encourage participation. An email was sent to all managers and regional managers, which included the survey instructions, a letter to the consumer, a letter for staff, and sample posters. The surveys were

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administered over a one-week period in November 2015 and May 2016 (dates specified by the Department of Health Care Services). Surveys were collected and copied, and the number of surveys returned was documented. The original surveys were sent to the California Institute for Behavioral Health Solutions (CIBHS <http://www.cibhs.org>) for data processing. CIBHS scans and cleans the data, and uploads it to both the DHCS and to the eBHS¹ (electronic Behavioral Health Solutions) portal on their website (<http://www.cibhs.org/electronic-behavioral-health-solutions-ebhs>).

Limitations

The CPS is meant to be a census sample; that is, ideally, *all* clients receiving outpatient services during the survey administration week would have the opportunity to participate. However, while conducting the survey is mandatory for the county, individual participation is entirely voluntary/optional. Thus, while all clients are invited, many do not choose to participate. Moreover, survey respondents do not always answer every question (skip), or complete the survey (stop before finishing). Therefore, there can be substantial missing data, particularly for questions asked at the end of the survey. For these reasons, the results cannot be assumed to be representative of all of Santa Barbara County's outpatient mental health clients.

Domains, Scoring & Results

The eBHS includes standardized domains² and reports for Counties to utilize. The data are organized into seven (7) domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Quality and Appropriateness
4. Perception of Participation in Treatment (Tx) planning
5. Perception of Outcomes of Services
6. Perception of Social Connectedness
7. Perception of Functioning

Results are reported here by survey administration and domain; Fall and Spring data are compared, as are Santa Barbara County and California state (average) data.

Most questions on the CPS instruments have the same response scale, wherein:

N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0	1	2	3	4	5

Thus, the higher a number (such as an average), generally, the more positive the response.

¹ CIBHS, in collaboration with *eCenter Research Inc.*, has developed electronic Behavioral Health Solutions (eBHS), a web-based data platform that offers the capacity for flexible, real-time reporting and querying to support individual, population, and system improvement and outcome tracking. In addition, the system meets HIPAA and 42CFR compliance standards. eBHS is designed to support counties and CBOs to implement standardized measures to assess program evaluation and outcome assessment.

² See appendix for domain questions and scoring
Shereen Khatapoush, Ph.D.
June 30, 2017

Demographics

There were 348 surveys returned and 300 usable surveys in eBHS/CIBHS excel files in the Fall of 2015 (1,119 surveys distributed); there were 303 surveys returned and 202 usable surveys in eBHS/CIBHS excel files in the Spring of 2016 (1010 distributed).

Table 1	Fall 2015 (N=300)	Spring 2016 (N=202)
Female	53%	45%
Male	47%	55%
Mexican/Hispanic/Latino	54%	51%
White	50%	49%
Services 1yr+	55%	53%
County Operated	32%	38%
County Contracted CBO	69%	62%

In the Fall and Spring, the samples of survey respondents were proportionately similar in terms of gender, ethnicity, and length of service.

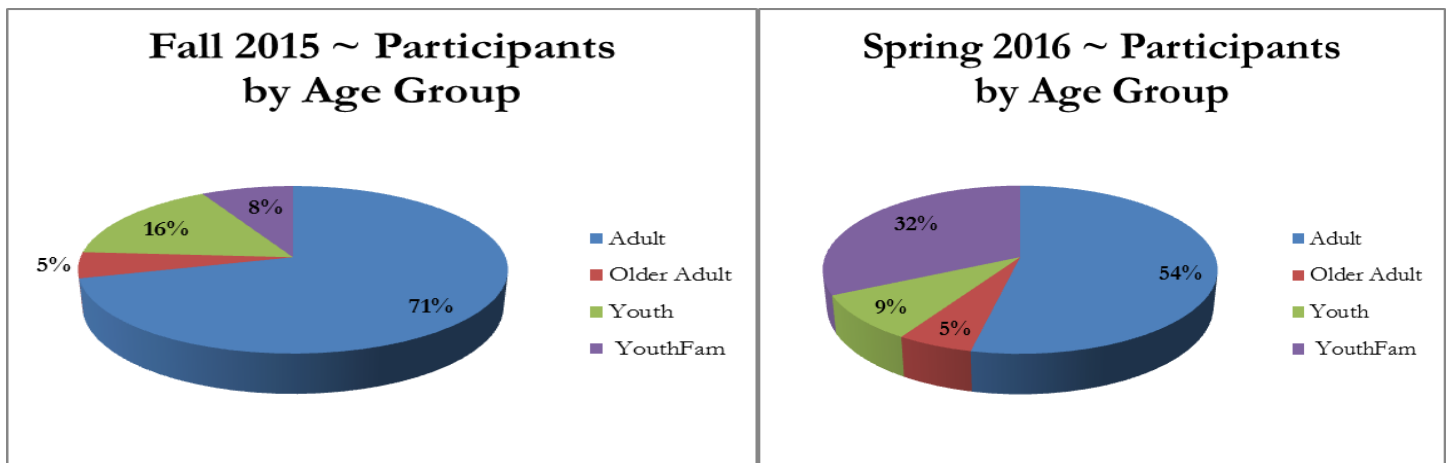
In both the Fall and Spring, respondents were nearly half male and female and were also nearly equally White and Latino.

Slightly more than half of all respondents have been receiving services for more than 1 year; thus, a little less than half of respondents were relatively new to our system of care.

In both the Fall and the Spring, many respondents were affiliated with County contracted community-based organizations (CBOs, as compared to respondents affiliated with clinics and programs directly operated by the County. The response rate was 52% in the Fall and 32% in the Spring. Survey respondents were generally representative of clients by age group:

	Unique Clients Served FY 15-16	CPS Respondents Average of Fall 2015 & Spring 2016
Youth	30%	32%
Adult	59.50%	62%
Older Adult	10%	5%

Survey participation did vary, however, by age group. In the Fall, a much larger percentage of respondents were adults (71%) than in the Spring (54%). In the Spring, a much larger portion of the sample (32%) were parents/guardians of youth, compared to the Fall (8%). In both the Fall and the Spring, older adults comprised just 5% of the survey sample.



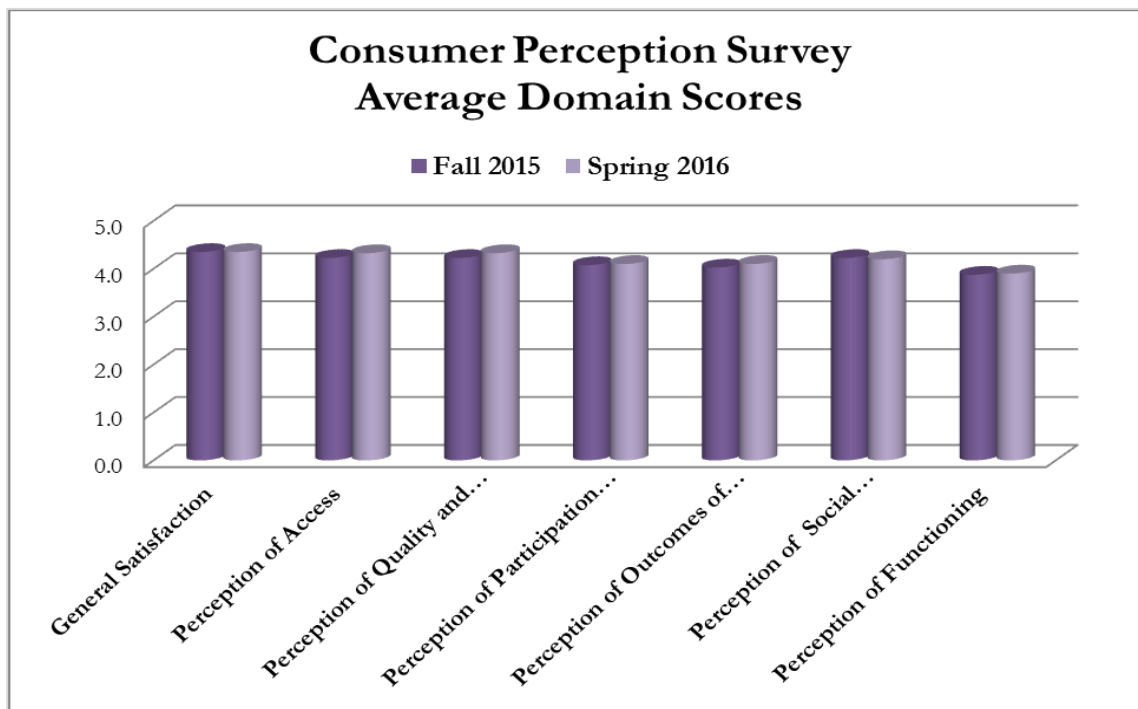
RESULTS

The scores reported here are the averages (mean) of all respondents' replies within each domain. For example, a score of 4.5 indicates that the average response to that domain was squarely between agree (4) and strongly agree (5). CIBHS eBHS categorizes scores as follows:

0-1	Low	N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1-2	Medium						
3-5	High	0	1	2	3	4	5

As can be seen below, the average scores, across all seven domains, are relatively high (positive) and they did not change appreciably between survey administrations. The average of all the domain scores was 4.1 in the Fall and 4.2 in the Spring. Though very small, the "largest" changes were in Perceptions of: Access and Quality& Appropriateness, (both with 2.3% change).

Average Domain Scores	Fall 2015	Spring 2016	Percent Change
General Satisfaction	4.4	4.4	0.0%
Perception of Access	4.2	4.3	2.3%
Perception of Quality and Appropriateness	4.2	4.3	2.3%
Perception of Participation in Treatment Planning	4.1	4.1	0.5%
Perception of Outcomes of Services	4.0	4.1	1.9%
Perception of Social Connectedness	4.2	4.2	-0.6%
Perception of Functioning	3.9	3.9	0.7%
<i>AVG</i>	<i>4.1</i>	<i>4.2</i>	<i>1.0%</i>



The CIBHS eBHS allows for comparison of our County data to (average) California data.

California Comparison: Average Domain Scores

In the Fall of 2015, the average domain scores for Santa Barbara County clients and clients across California were nearly identical.

Average Domain Scores, Fall 2015	Santa Barbara		Percent Difference³
	County	CA	
General Satisfaction	4.4	4.4	0.0%
Perception of Access	4.2	4.3	2.4%
Perception of Quality and Appropriateness	4.2	4.2	0.0%
Perception of Participation in Treatment Planning	4.1	4.1	0.0%
Perception of Outcomes of Services	4.0	4.1	2.5%
Perception of Social Connectedness	4.2	4.2	0.0%
Perception of Functioning	3.9	3.9	0.0%
<i>AVG</i>	<i>4.1</i>	<i>4.2</i>	<i>-7%</i>

In the Spring of 2016, the average domain scores for Santa Barbara County clients and clients across California were the same.

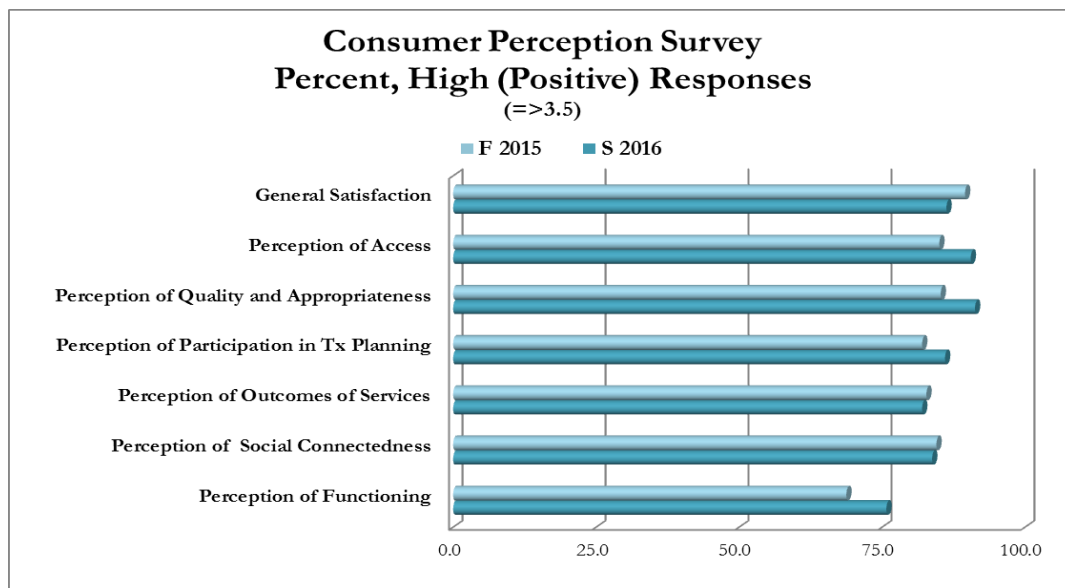
Average Domain Scores, Spring 2016	Santa Barbara		Percent Difference
	County	CA	
General Satisfaction	4.4	4.4	0.0%
Perception of Access	4.3	4.3	0.0%
Perception of Quality and Appropriateness	4.3	4.2	2.3%
Perception of Participation in Treatment Planning	4.1	4.1	0.0%
Perception of Outcomes of Services	4.1	4.1	0.0%
Perception of Social Connectedness	4.2	4.2	0.0%
Perception of Functioning	3.9	3.9	0.0%
<i>AVG</i>	<i>4.2</i>	<i>4.2</i>	<i>0.3%</i>

The CIBHS eBHS also allows for examination of the percentage of responses that were high (positive) - in this case, equal to or greater than 3.5.

In both the Fall and Spring, over 85% of clients report positively ($\Rightarrow 3.5$) across all seven domains. There was a positive change (4.2%) in the average between the Fall and Spring; the largest changes were in Perceptions of: Access (6.8% change); Quality & Appropriateness (7.5% change), and Functioning (14.1% change). There was a small negative change (-3.4) between the Fall and Spring in the percent of respondents who reported high general satisfaction (though still more than 85% in the Spring).

³ Difference: SB = x% higher/lower than CA

Percent, High (Positive) Responses			
	Fall 2015	Spring 2016	Percent Change
General Satisfaction	89.5	86.3	-3.4%
Perception of Access	85.0	90.5	6.8%
Perception of Quality and Appropriateness	85.3	91.3	7.5%
Perception of Participation in Treatment Planning	82.0	86.0	5.3%
Perception of Outcomes of Services	82.8	82.0	-0.7%
Perception of Social Connectedness	84.5	83.8	-0.5%
Perception of Functioning	68.8	75.8	14.1%
<i>AVG</i>	89.5	86.3	4.2%



California Comparison: % Domain Scores => 3.5

In the Fall of 2015, the percentage of Santa Barbara clients with high scores was generally higher (4.1% on average) than other California clients, particularly in general satisfaction (4.7% higher), participation in treatment planning (5.8%) and perceptions of outcomes of services (10%) and social connectedness (5.9%).

Percent, High (Positive) Responses, Fall 2015	Santa Barbara County	CA	Percent Difference
General Satisfaction	89.5	85.3	4.7%
Perception of Access	85.0	84.5	0.6%
Perception of Quality and Appropriateness	85.3	82.3	3.5%
Perception of Participation in Treatment Planning	82.0	77.3	5.8%
Perception of Outcomes of Services	82.8	74.5	10.0%
Perception of Social Connectedness	84.5	79.5	5.9%
Perception of Functioning	68.8	70.0	-1.8%
<i>AVG</i>	82.5	79.0	4.1%

In the Spring of 2016, the percentage of Santa Barbara clients with high scores, on average, was about the same as other California clients (85.1% and 84.6%). It is important to note that there was a large positive change for CA clients, on the whole, between the Fall and Spring.

Percent, High (Positive) Responses, Spring 2016	Santa Barbara County	CA	Percent Difference
General Satisfaction	86.3	90.8	-5.2%
Perception of Access	90.5	90.0	0.6%
Perception of Quality and Appropriateness	91.3	88.0	3.6%
Perception of Participation in Treatment Planning	86.0	81.8	4.9%
Perception of Outcomes of Services	82.0	82.3	-0.3%
Perception of Social Connectedness	83.8	85.3	-1.8%
Perception of Functioning	75.8	74.3	2.0%
AVG	85.1	84.6	0.5%

QUALITY OF LIFE SCALES

As previously mentioned, there are longer, optional surveys, only for adults and older adults (not youth or their families), which include Lehman's Quality of Life (QOL) questions. Santa Barbara County administered the surveys with the QOL questions in both Fall of 2015 and Spring, 2016

The QOL questions are organized (scaled with alphas) into six (6) domains, including:

1. General Satisfaction
2. Daily Activities & Functioning
3. Family
4. Living Situation
5. Legal and Safety
6. Health

The QOL response categories differ from the other CPS questions and are as follows:

Terrible	Unhappy	Mostly Unsatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1	2	3	4	5	6	7

Adults and Older Adults in our system of care, on average, reported being somewhere between (4) mixed and (5) mostly satisfied in both the Fall and the Spring. There was a small positive (3.6%) change between the average QOL in the Fall and the average QOL in the Spring.

Quality of Life	Fall 2015 (N=142)	Spring 2016 (N=108)	Percent Change
General Life Satisfaction	4.4	4.7	6.4%
Daily Activities & Fx	4.5	4.7	4.3%
Family	4.4	4.6	4.3%
Living Situation	4.9	4.8	-2.1%
Legal & Safety	4.7	4.8	2.1%
Health	4.1	4.4	6.8%
AVG	4.5	4.7	3.6%

COMMENTS

Comments were solicited from respondents on all survey instruments (comments written in Spanish were translated to English). Content analysis was conducted and comments were scored as negative, neutral or positive; comments were categorized by thematic content. Adult and Older Adult surveys included the following:

Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.

Youth and Youth-Family surveys included:

What has been the most helpful thing about the services you received over the last six months?

What would improve the services here?

Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.

Adults & Older Adults

Includes all Adult and Older Adult comments (Fall 2015 & Spring 2016): there were a total of 99 comments out of 354 respondents (28% commented; 72% were blank/missing/no comment). Most (60%) of the comments from adults and older adults were positive, 33% were neutral, 6% were negative and 1% refused to complete or wrote in “too long.”

Positive comments consisted mostly of words of gratitude and praise for services in general, and also for particular people and programs, for example:

“Staff and Doctor are great. I'm getting the help I need.”

“I thank Cares without Cares act I wouldn't Be alive. Thank you.”

Neutral comments were neither positive nor negative, and often consisted of a suggestion, for example:

“Need a facility in North/Central area of Santa Maria”

“Would like to go on outings”

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Negative comments were rare, and most often had to do with appointments with psychiatrists or expression of a concern/complaint, such as:

“Stay with same doctor for more than 2 sessions.”

“It’s hard not to think the staff are against me.”

Youth & Youth-Family

Includes all Youth and Youth-Family comments (Fall 2015 & Spring 2016).

What has been the most helpful thing about the services you received over the last six months?

There were a total of 211 comments out of 252 respondents (84% commented) and 94% of comments were positive. There were three major themes in these comments:

1. Gratitude for having someone to talk with, for being listened to, for feeling heard and supported:
“To have a person to talk to. My therapist gives me the time I need and the confidence to express myself.”
“Someone that actually listens”
2. Increased knowledge and understanding:
“Learning more about coping skills”
“Learning new and different ways to manage and express feelings”
3. Specific modalities and people:
“The intensive in home sessions were extremely helpful.”
“Having my therapist be there for me when no one else is. Thank you Kathy Griffin.”

The remaining comments (6 %) were neutral - most commonly, “n/a” or “only just started here”.

What would improve the services here?

There were a total of 155 comments out of 296 respondents (52% commented). The vast majority (69%) of comments were either: a) neutral (“n/a”) or positive in that clients said there was nothing to improve, (38%) or, b) they were positive comments, (31%):

“Nothing - I enjoy the services and they help”.

“I can’t think of anything, it’s already amazing”

“Everything is great!”

“For me, thank God and the staff, my daughter improved a lot - thank you all for the support”

Suggestions: 31% of the comments included suggestions for improvement, most of which fell into four categories:

1. Quantity and frequency of services:
“Probably seeing the children more time/days of the week.”
“Don’t know . . . Maybe a few longer sessions?”
“24/7 services. Anytime services. Weekend services”.

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2. Parents:

“Counseling for me”

“More services for parents”

“Childcare for our younger child. Parenting/Relationship counseling - a space for us adults to work out or talk at our challenges as a family or parents”.

3. Hours of operation and location:

“later time of appointment.”

“Maybe changing the location I live in Guadalupe and going to and from the clinic is hard”

4. Other: specific/particular, one-off suggestions:

“It would be nice to have more fun activities like go to the movies”

“alcohol, drug program”

Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.

There were 84 comments out of 294 youth and youth-family respondents (29% commented, 71% were blank/missing/no comment). Nearly all comments, 97%, were neutral to positive. Specifically, 74% were positive, 23% were neutral and 2% were negative.

Positive comments consisted mostly of words of gratitude and praise for services in general, and also for particular people and programs, for example:

“If it weren't for children's behavioral health, who knows where my son would be now?! He has goals now, a positive outlook, he has come a LONG way! I Love Love Love the staff!!”

“Thanks for everything and all your help and compassion.”

Neutral comments were neither positive nor negative (and most often were “n/a”); examples of other neutral comments include,

“I d know”

“I miss Sam”

There were only two negative comments – one regarding weight gain associated with a medication and the other,

“To not have a long waiting time to help the children with their emotional problems.”

SUMMARY AND DISCUSSION

Participation in the CPS decreased between the Fall of 2015 and the Spring of 2016. In both survey administrations, most respondents were adults in our care, followed by youth and their families; just 5% of respondents were older adults. In the Fall and Spring, the samples of survey respondents were proportionately similar in terms of gender, ethnicity, and length of service; they were nearly half male and female and were also nearly equally White and Latino. Slightly more than half of all respondents had been receiving services for more than 1 year; thus, a little less than half of respondents were relatively new to our system of care.

The CPS is organized into seven (7) conceptual domains, including: General Satisfaction, Perception of Access, Perception of Quality and Appropriateness, Perception of Participation in Treatment Planning, Perception of Outcomes of Services, Perception of Social Connectedness and Perception of Functioning. In both the Fall and Spring, Santa Barbara County Behavioral Wellness clients scored highly (positively) on all 7 domains. Whether examined by average domain score, or by the percent of high responses, results were relatively stable between the two survey administrations; responses were positive and strong across all domains, overtime. There was a small positive change between the average Quality of Life QOL adults and older adults reported in the Fall, compared to reports in the Spring. Additionally, Behavioral Wellness clients' responses are quite similar to and on average slighter better than those of clients across California. Finally, client comments were transcribed, coded and analyzed. The vast majority of client comments were favorable and provided an important vehicle for client feedback.

Looking forward: Behavioral Wellness will work to improve survey administration with the goals of increasing participation, increasing the number of usable surveys and improving the overall response rate.

APPENDIX**Mental Health Statistics Improvement Program - Domains and Scoring Instructions**

Domain	Survey Items	Scoring
General Satisfaction	1. I like the services that I received here. 2. If I had other choices, I would still get services from this agency. 3. I would recommend this agency to a friend or family member.	mean
Perception of Access	4. The location of services was convenient. 5. Staff were willing to see me as often as I felt it was necessary. 6. Staff returned my calls within 24 hours. 7. Services were available at times that were good for me. 8. I was able to get all the services I thought I needed. 9. I was able to see a psychiatrist when I wanted to.	mean
Perception of Quality and Appropriateness	10. Staff here believe that I can grow, change and recover. 12. I felt free to complain. 13. I was given information about my rights. 14. Staff encouraged me to take responsibility for how I live my life. 15. Staff told what side effects to watch for. 16. Staff respected my wishes about who is, and is not to be given information about my treatment. 18. Staff were sensitive to my cultural/ethnic background. 19. Staff helped me obtain the information needed so that I could take charge of managing my illness. 20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	mean
Perception of Participation in Treatment Planning	11. I felt comfortable asking questions about my treatment and medication. 17. I, not staff, decided my treatment goals.	mean
Perception of Outcomes of Services	21. I deal more effectively with daily problems. 22. I am better able to control my life. 23. I am better able to deal with crisis. 24. I am getting along better with my family. 25. I do better in social situations. 26. I do better in school and/or work. 27. My housing situation has improved. 28. My symptoms are not bothering me as much. <i>Note: The MHSIP Outcomes domain relies on 1 item (#28) that is also used in calculating the MHSIP "Functioning Domain".</i>	mean
Perception of Functioning*	29. I do things that are more meaningful to me. 30. I am better able to take care of my needs. 31. I am better able to handle things when they go wrong. 32. I am better able to do things that I want to do. 28. My symptoms are not bothering me as much. (<i>existing MHSIP Survey item</i>) <i>Note: The MHSIP Functioning domain relies on 1 item (#28) that is also used in calculating the MHSIP "Outcomes Domain".</i>	mean
Perception of Social Connectedness	33. I am happy with the friendships I have. 34. I have people with whom I can do enjoyable things. 35. I feel I belong in my community. 36. In a crisis, I would have the support I need from family or friends.	mean

Y/ Y-F Domains and Scoring Instructions

Domain	Survey Items	Scoring
General Satisfaction	1. Overall, I am satisfied with the services my child received 4. The people helping my child stuck with us no matter what. 5. I felt my child had someone to talk to when he/she was troubled. 7. The services my child and/or family received were right for us. 10. My family got the help we wanted for my child. 11. My family got as much help as we needed for my child.	mean
Perception of Access	8. The location of services was convenient for us. 9. Services were available at times that were convenient for us.	mean
Perception of Cultural Sensitivity	12. Staff treated me with respect. 13. Staff respected my family's religious/spiritual beliefs. 14. Staff spoke with me in a way that I understood. 15. Staff were sensitive to my cultural/ethnic background.	mean
Perception of Participation in Treatment Planning	2. I helped to choose my child's services. 3. I helped to choose my child's treatment goals. 6. I participated in my child's treatment.	mean
Perception of Outcomes of Services	16. My child is better at handling daily life. 17. My child gets along better with family members. 18. My child gets along better with friends and other people. 19. My child is doing better in school and/or work. 20. My child is better able to cope when things go wrong. 21. I am satisfied with our family life right now. <i>Note: The YSS-F Outcomes domain relies on 4 items (#16, 17, 18, 20) that are also used in calculating the YSS-F "Functioning Domain".</i>	mean
Perception of Functioning*	22. My child is better able to do things he or she wants to do. 16. My child is better at handling daily life. (existing YSS-F Survey item) 17. My child gets along better with family members. (existing YSS-F Survey item) 18. My child gets along better with friends and other people. (existing YSS-F Survey item) 20. My child is better able to cope when things go wrong. (existing YSS-F Survey item)	mean
Perception of Social Connectedness	23. I know people who will listen and understand me when I need to talk. 24. I have people that I am comfortable talking with about my child's problems. 25. In a crisis, I would have the support I need from family or friends. 26. I have people with whom I can do enjoyable things.	mean

Scoring:

- Step 1. Recode ratings of "not applicable" as missing values.
Step 2. Exclude respondents with more than 1/3rd of the items in that domain missing.
Step 3. Calculate the mean of the items for each respondent.

Note: SAMHSA's Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).

Numerator: Total number of respondents with an average scale score > 3.5.

Denominator: Total number of valid respondents.