Massachusetts Department of Mental Health

2015 Adult Consumer Satisfaction Survey

Statewide Summary Report

Prepared for:
Massachusetts Department of Mental Health

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Executive Summary

The Massachusetts Department of Mental Health (DMH) contracted with JSI Research & Training Institute, Inc. (JSI) of Boston, MA to conduct a consumer satisfaction survey in 2015 with adult clients receiving Community Based Flexible Support (CBFS) services through 51 DMH-contracted and operated sites. CBFS is the cornerstone of the DMH adult community-based system of care, serving over 60% of people authorized for DMH services. CBFS services support persons served as they increase their capacity for independent living and recover from mental illness. The flexible nature of CBFS cultivates resiliency and supports each person’s path to recovery. Service goals include rehabilitation, support, supervision, stable housing, participation in the community, self-management, self-determination, empowerment, wellness, improved physical health, and independent employment.

DMH has conducted an annual consumer satisfaction survey for more than a decade, utilizing a state-modified version of the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Mental Health Statistical Improvement Program (MHSIP) tool. The results of the survey provide DMH with important information that is used to continuously improve service quality and monitor performance of contracted and state-operated services. The survey results are also reported to SAMHSA as a requirement of the federal Community Mental Health Services Block Grant program.

JSI mailed surveys to all active clients as of April 2015 and included a $5 up-front incentive. The first surveys were sent out during June 11-16th and final reminder letters were mailed on July 28th. The last surveys were received in October 2015. The survey instrument includes 59 items measuring nine domains of satisfaction. Clients indicated the extent to which they agreed or disagreed with each survey item and were also given the option to select “not applicable”. The survey was translated into eight additional languages. Clients noted as requiring an interpreter for these languages were sent a translated survey in addition to the English version.

A total of 3,654 clients completed the survey for a statewide response rate of 44%. The response rates for individual CBFS-services ranged from 23% – 67% within contracted and state-operated services.

The overall statewide results of clients who reported positively across the nine satisfaction domains were as follows:
Approximately four out of five respondents (80%-84%) were satisfied with service access, person-centered planning, and quality and appropriateness of services. Almost three-quarter were satisfied in the areas of health and wellness and social connectedness and 80% responded positively about their self-determination. The areas of functioning and treatment outcomes were lower, with approximately 65% or two out of three respondents reporting positively.
Overview

The Massachusetts Department of Mental Health (DMH) contracted with JSI Research & Training Institute, Inc. (JSI) of Boston, MA to conduct a consumer satisfaction survey in 2015 with adult clients receiving Community Based Flexible Support (CBFS) services through 51 DMH-contracted and operated sites. JSI used a mail-only approach with a $5 up-front incentive. The first surveys were sent out during June 11-16th and final reminder letters were mailed on July 28th. The last surveys were received in October 2015 for an overall statewide response rate of 44%.

Methodology

Sampling Approach. This study employed a client census, rather than a sample design. All active adult clients as of April 2015 were included in the initial mailing (n=10,829). Any mailing to a client which resulted in a post-office returned “addressee unknown—no forwarding address” resulted in that client being deemed ineligible (n= 2,489) and hence the surveys were sent to 8,340 clients.

Questionnaire Design. The survey is a state-modified version of the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Mental Health Statistical Improvement Program (MHSIP) tool and includes 59 items that asked about specific elements of satisfaction. The items were written as agree-disagree items using a five point scale (strongly agree, agree, neutral, disagree and strongly disagree), along with an option of “not applicable”. The items were organized into nine thematic sections or satisfaction domains.

The English-version survey was translated into eight additional languages—Spanish, Portuguese, Cape Verdean, Haitian Creole, Chinese Simplified Text, Chinese Traditional Text, Khmer, and Vietnamese. For those persons noted in DMH records as “needing interpreter services”, both an English version and their native language version were included with the mailings. Chinese language speakers were sent the survey in English, Chinese Simplified Text and Chinese Traditional Text.

Data Collection Methods. JSI utilized a mail-only approach with the following steps: (1) A pre-notification letter was sent to all clients; (2) after excluding clients with “addressee unknown” notices, all remaining (“eligible”) clients were sent a survey packet which included a cover letter, a survey, a business reply return envelope, and $5 in cash; (3) after two weeks a reminder letter was sent only to those who had not responded; (4) after two more weeks a second survey packet was sent with a replacement survey; (5) after two more weeks a “last call” letter was sent.

Results

Response Rates. Complete surveys were returned by 3,654 clients for a state-wide response rate of 44%. Response rates across the state were consistent; all DMH Areas achieved response rates of at least 42%. Contract-level response rates ranged from 23% – 67%, with a median of 44%. There were no
statistically significant differences in response rates by Whites versus non-Whites, nor by English speakers versus non-English speakers. Females responded at higher rates than males (49% versus 40%). Clients responding at lower rates included Hispanics (39%), those under 35 years old (33%), and those receiving services for less than a year (36%).

All surveys were scanned and verified using TELEForm®, an automated scanning software used to read in survey responses.

**Analysis and Interpretation.** Clients responded to 59 items related to nine satisfaction domains. Additional questions focused on demographics (race/ethnicity), participation in social or community activities, parenting, employment, and experiences with police encounters and arrests.

![Chart showing 3,654 clients responded about satisfaction in 9 domains](chart.png)

The analyses followed MHSIP protocols. Overall scores for each of the nine satisfaction domains were based on respondents’ answers to a set of related items (questions) within that area. For example, the *general satisfaction* domain consisted of three items, while the *quality and appropriateness* domain consisted of nine items. Surveys with responses for at least two-thirds of the items within a domain were included in the calculation of the overall score. The individual item scores were averaged with an average score of less than 2.5 indicating a positive response for that domain. The percentages shown as domain scores represent the clients who responded “positively” for that domain. Item-specific scores shown represent the percentages of clients who agreed or strongly agreed to each survey item.

**Statewide domain scores** represent the percentages of clients who responded positively to the satisfaction domain and include only those clients who answered two-thirds or more of the items within the domain. A higher score indicates higher satisfaction in the domain.

**Item-specific scores** represent the percentages of all clients who strongly agreed or agreed to the statement or survey item. A higher percentage indicates higher satisfaction.

This report summarizes the aggregated survey data including all clients (3,654) from across the 51 CBFS sites.

In the first section of this report “About the 2015 MA DMH Adult Consumer Survey Respondents”, the characteristics of the clients who participated in the survey are described.

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1 The scores ranged from (1) strongly agree to (5) strongly disagree.
2 Statewide domain scores do not represent the average of the individual item scores.
Characteristics of the 2015 MA DMH Adult Consumer Survey Respondents

The 2015 satisfaction survey employed a census and allowed every CBFS client the opportunity to provide feedback about their experiences with services received and treatment outcomes. A high response rate and a wide range of clients participating helps to ensure that findings are representative of the views of the general CBFS client population. The characteristics of survey respondents are summarized below.

**Client gender**
Males and females were equally represented (50%), with a similar number responding to the survey.

**Client age**
Respondents were on average 48.6 years old (median: 51, range: 18-91). About 18% were under age 35, 27% between 35 and 49 and 55% were age 50 or over.

**Race/ethnicity**
Approximately 9% of respondents indicated they were Hispanic. Sixty-three percent identified as White, non-Hispanic, 10% were Black, non-Hispanic, and 3% were Asian, non-Hispanic. Five percent identified with more than one race. Another 8% were other non-Hispanic.
About the 2015 MA DMH Adult Consumer Survey Respondents (continued)

**Year first enrolled in DMH services**

The majority or about 1 in 2 respondents (54%) were enrolled in CBFS as of 2009 and about 1 in 4 first enrolled during 2013-2015.

**Additional DMH services**

In addition to CBFS, 30.6% of respondents also received case management services; 10.2% received Clubhouse services and 38.1% received both case management (CM) and Clubhouse (CLB) services.

Thirty-eight percent received both types of services.

Approximately **4.3% (157)** of respondents were documented as needing interpreter service.

**Clients who are parents of a child under 19**

About 1 in 5 respondents indicated being a parent of a child under age 19 (n=3,037)

Parent of a child under 19 who has physical custody of child (n=577) - 22.4%

Parent who answered ‘yes’ that they were getting the support needed to raise their child (n=483) - 33.5%

Parent who answered ‘yes’ that their child’s needs were being addressed by service providers (n=435) - 32.4%
Findings

Satisfaction with DMH services – Statewide Domain Scores

Scores related to satisfaction with accessibility, person-centered planning, and quality and appropriateness of services were higher as compared to scores in several other domains. Approximately 80%-84% of clients responded positively to these three areas, which focus on the process and the delivery of services – including staff accessibility, responsiveness, and respectfulness as well as service availability, appropriateness, and timeliness.

Almost three-quarters of respondents were satisfied in the areas of health and wellness (74.3%) and social connectedness (72.3%) and 80% were satisfied with their level of self-determination. These three areas reflect intermediate outcomes – including whether clients are leading a healthy lifestyle, have access to a supportive social network, and have the ability to choose and make decisions.

Satisfaction was lower in two other areas, functioning (65.2%) and treatment outcomes (64.8%). Overall, 80% or 4 out of five respondents were generally satisfied with services.

Results shown on the following pages present the specific items associated with each of the nine domains. Results are displayed in rank-order, with items achieving the highest satisfaction scores shown first.
Findings

Satisfaction with Access

Overall, 81% of clients were satisfied with service access. Of the six items measuring this domain, the highest percentage (82%) of clients agreed/strongly agreed that the location of services was convenient and services were available at times that were good for them. The lowest percentage was in the area of response times for return phone calls (74%).

Satisfaction with Person-Centered Planning

Overall, 84% of clients were satisfied with person-centered planning. Of the eight items measuring this domain, the highest satisfaction were related to staff respectfulness - over 80% agreed that staff respected their sexual orientation or gender identity (86%), respected them as a person (84%), and respected their beliefs in their treatment and treatment plan (81%). The lowest percentage was related to decisions on treatment goals - 63% of clients agreed that they decided on their treatment goals.
### Findings

**Satisfaction with Quality and Appropriateness of Services**

Overall, 80% of clients were satisfied with the quality and appropriateness of services. Of the nine items measuring this domain, 83% of clients agreed/strongly agreed that staff were sensitive to their cultural/ethnic background and 82% agreed that staff believed that they could grow, change, and recover and they were given information about their rights. The lowest satisfaction was related to whether staff informed the client about the side effects to look out for (61%).

![Quality and Appropriateness](chart)

**Satisfaction with Health and Wellness**

Overall, 74% of clients responded positively about their health and wellness. Of the five items measuring this domain, the highest satisfaction was that about 90% of clients agreed/strongly that they were able to meet with a primary care medical provider to discuss their physical well-being and 80% found that medications were helpful. Smaller percentages of clients reported that services helped them make changes with their diet, smoking cessation and level of physical activity.

![Health and Wellness](chart)
Findings

Satisfaction with Social Connectedness

Overall, 72% of clients were satisfied with their level of social connectedness. Of the six items measuring this domain, the highest satisfaction were in the areas related to clients knowing people they can call on when they need help right away (77%) and knowing people who listen and understand them when they need to talk (76%). A smaller percentage (58%) of clients felt that they belong to their community.

Satisfaction with Self-Determination

Overall, 80% of clients responded positively regarding self-determination. Of the six items measuring this domain, the highest satisfaction was related to clients having people in their lives who accept them for who they are (81%) and being able to freely choose the goals they want to pursue (80%). A smaller percentage (68%) of clients agreed that they have a say in what happens to them when they are in crisis.
Satisfaction with Functioning

Overall, 65% of clients were satisfied with their level of functioning. Of the eight items measuring this domain, the highest satisfaction were related to being better able to take care of needs and doing things that are more meaningful. A smaller percentage (53%) of clients felt their future was bright (does not seem dark).

Satisfaction with Treatment Outcomes

Overall, 65% of clients were satisfied with their treatment outcomes. Of seven items measuring this domain, the highest satisfaction were in the areas related to clients being able to deal effectively with daily problems (68.7%) and having better control of their life (68.1%). A smaller percentage (58.6%) of clients felt they do better in social situations and 55.8% felt they do better in school and/or work.
General Satisfaction with DMH Services

Overall, 80% of clients were generally satisfied with CBFS services. Three items were used to measure this domain. About 80% of clients liked the services received. About 77.6% would recommend the agency to a friend/family member and 77.4% would continue to get CBFS services even if they had other choices.
Outcomes: Reported Participation in Social & Community Activities and Police Encounters

In addition to reporting on satisfaction with services, respondents were also asked about any participation in social activities, parenting, employment, and school enrollment, which are positive outcomes. Only those who responded to each question, noted parenthetically, were included in the calculation of percentages.

**Participation in community or social activities**

CBFS services are individualized and delivered in partnership with each person served. One important aspect of the service is to work with the person to identify activities of interest to them and facilitate involvement. The majority of respondents (81.8%) reported involvement in at least one social or community activity. Nearly half (47.6%) reported involvement in religious and spiritual activities.

**Parenting**

DMH used the consumer survey to gather information on the percentage of people served by DMH who are parents as well as their experiences as a parent. Approximately 20% of respondents reported that they are a parent of a child under 19, yet only 22.4% of these parents reported that they had physical custody of their child. This initial data provide important information to DMH about this core life role.

**Clients who are parents of a child under 19**
School Enrollment and Employment

Participation in meaningful activities, including school and employment is an important component of the recovery process. CBFS providers support individuals in achieving goals related to education and work. Approximately 12% of survey respondents reported attending school and 15% reported being currently employed.

Police Encounters and Arrests

CBFS providers work with people served to live meaningful lives in the community. An important goal of services is to reduce encounters with the criminal justice system. Respondents were asked about arrests and how police encounters may have changed in the recent year. Specifically, they reported arrests during the current year (past 12 months) or prior year (13-24 months ago). ³ The majority of people (94%) were not arrested in the prior year (13-24 months ago) and 98% of these people were not arrested in the current year (past 12 months). Of those who were initially arrested, 67% were not arrested in the current year.

³ "Recent" refers to the last 12 months at the time of the survey. "Prior" refers to the 12 months before the recent 12 months. For the police encounters data shown, the total number of respondents included is 97; 32 out of the 129 respondents who were arrested in Time 1 did not answer the police encounters question or selected not applicable and were excluded.
Other Information Provided by Respondents

Respondents were given the opportunity to provide additional comments and feedback on their experiences with CBFS. The following quotes were selected to illustrate the major themes found.

**What services have been most helpful to you in your recovery?**

- Access to transportation and medication.
- Having someone else to talk to.
- A therapist who listens to me, understands that my depression is real, and helps me find ways to cope with my everyday struggles.
- The new "wrap around team" and program.
- The relationship I have with my DMH worker.
- Having a home and being off the streets, and being back in school.
- The skills I need to have on my own as well as being part of the community.

**What services have been the least helpful in your recovery?**

- Benefits of one-on-one therapy are limited because of the constant worker turnover.
- Emergency services hotline.
- Rep-payee service coordination is inconsistent. Bills are paid late or sometimes not at all.
- Goal setting: too much time is spent working on what goals we are going to pursue and not enough time is spent helping to achieve them.
- ...and other support organizations. I feel like they provide care based on their convenience and not the client's.
- All services have been helpful. Everyone has been dedicated to my care.
- Job support. I feel incapable of finding a job at this point in time.

Note: People icons are used only for visual effect and do not attribute a specific quote to any demographic characteristics. Quotes shown were selected to represent general themes overall, across all CBFS services statewide.
What changes would improve the services you have received?

- More respect, less treatment of “mental illness” as chronic and weakness and more encouragement, positive reinforcement, and respect.
- Have a worker that works on my goals with me and that is supportive and has motivation. I would like to be able to know and work with each person on the team according to my needs and goals.
- The use of 1:1 mentors to get me out in the community. I am isolated.
- I would like a little more structure and something more to do on a daily basis.
- Better communication and coordination between clients, therapists, and doctors.
- Less reliance on medication.
- Increase in availability of therapists.
- The skills I need to have on my own as well as being part of the community.

Comments, concerns or suggestions about this survey process:

- The survey helped me to think critically about the care I receive.
- The survey was too long. It could be more concise.
- Have more frequent surveys or have an ongoing forum in which we can give constant feedback.
- The survey should be online.
- It was nice to have the opportunity to share my experiences.
- The survey was thorough and easy to follow. I hope it brings about real change.

Other comments related to specific survey sections/domains:

- All Sections: Broad questions about care cannot be answered because overall mental/physical health status is affected by more than one service (e.g., DMH).
- Section G: When I complained about lack of resources they claimed they were “short staffed”.
- Section J: I have had encounters with the police, but they were not related to my mental health.
- Section A: There must be a someone available at all times in case of crisis.
- Section B: Staff has pressured me to do things in treatment that I was not ready to do.

Note: People icons are used only for visual effect and do not attribute a specific quote to any demographic characteristics. Quotes shown were selected to represent general themes overall, across all CBFS services statewide.