

Marin Community Mental Health Services

Strategic Planning Community Survey Results and Analysis: Overview

Draft – For Discussion Only – January 19, 2005

Between October 2004 and January 2005, a written survey, developed by CMHS staff, was widely distributed through e-mail, web-site links, and in person to clients, client family members, providers, contractors, referrers, CMHS staff, county employees, focus group participants, and the public. An advertisement was placed in the Marin Independent Journal, advertising the survey and the planning process. Hard copies of the surveys were available to be filled out in person and a web-based survey was available on-line. The survey was available in Spanish and Vietnamese as well. Pre-addressed return envelopes were provided for mailing responses to a dedicated P.O. Box address. A total of 529 surveys were submitted, 266 by mail and 263 on-line. One of the mail surveys was from the IJ advertisement. All the mail surveys were entered on-line to assure that all survey responses were tabulated the same way. Not all respondents answered every question and many questions offered the opportunity to provide more than one response. As such, the “Total Number of Respondents” and the “Total Number of Responses” for each question varies from question to question.

1. Person Completing Survey

Of the respondents who answered the first question (514), 42% (218 individuals) identified themselves as either mental health clients or family members of mental health clients. 34% of the survey respondents (174 individuals) described themselves as either mental health, social service, or drug and alcohol service providers. Other respondents, comprising 24% of the total group, described themselves as administrative staff, law enforcement, and other community providers and members (medical health providers, teachers and others).

2. Race/Ethnicity of Client(s) (for clients or family members only)

This question was asked only of consumers and family member respondents about the race/ethnicity of the client. The charts show the race and ethnicity by number and percentage of consumers as identified by themselves or their family members, compared to their percentage in the general Marin County population in the 2000 Census. The survey respondents closely match Marin County racial demographics. 85% of respondents identified themselves or their family member mental health client as white and 15% are identified as people of color.

The percentage of Hispanic-identified clients for consumer and family member respondents is slightly lower than the percentage in Marin County as a whole, suggesting that Hispanic consumers are slightly under-represented in the survey.

3. Age of client(s)

The distribution of ages of consumers represented by respondents are generally comparable to the Marin County population in the 2000 Census: 21% of the identified clients were 18 and under; 15% of identified clients were transition-aged youth (19-24); 54% were adults; and 9% were seniors (65 and older). For the most part, the client age distribution represented by survey respondents matches the age distribution in the general Marin County population, with a few exceptions: The survey has some over-sampling in the transition-aged (19-24) young adult group (15% vs. 4%) and under-sampling especially among seniors (9% vs. 19%) and in the 25-44 (26% vs. 31%) age group.

4. Adult Services

A list of 16 CMHS adult services/service categories was provided in the survey. Respondents checked all the services that they, their family members, or their clients have received. To obtain a better snapshot of the types of services the survey respondents had experience with, individual services with less than 150 responses were categorized into four larger groups: Outpatient, Inpatient, Peer-Operated and Supportive Services. PES (Psychiatric Emergency Services) was retained as its own category because it was the single service with the highest rate of reported use. A chart identifies how services were categorized and the number of respondents identifying services in use in three ways: consumers of adult services and their family members only; all other respondents only; and total respondents.

Adult Services Used

309 respondents provided answers to the question; 48% of these respondents were consumers and family members.

On average:

- *Consumer and family member respondents were three times more likely to have accessed outpatient rather than inpatient services.*
- *More than half of the consumer and family member respondents reported use of PES, as well as inpatient and supportive services.*
- *Psychiatric Emergency Services is the single service reporting the highest level of use: 54% of consumers and family member respondents report that they or their family member have received PES services; 72% of all other respondents report PES use.*

Number of Adult Services Used

- *While the largest group of consumers has used just one service (37%), respondents report client use of multiple outpatient services: 31% of consumers have used 5 or more services.*

5. Youth and Family Services

A list of 12 CMHS youth and family services/service categories was provided. Respondents checked all services that they, their family members, or their clients have received. To obtain a better snapshot of the types of services the survey respondents had experience with, individual services with less than 75 responses were categorized into four larger groups: Outpatient, Inpatient, Child/Youth Residential Placement Services and Supportive Services (services included in each group are listed below). PES (Psychiatric Emergency Services) was retained as its own category because it was the single service with the highest rate of reported use. Percentages were calculated based on the number of respondents. A chart identifies how services were categorized and the number of respondents identifying services in use in three ways: consumers of youth and family services only; all other respondents only; and total respondents.

Youth and Family Services Used

151 respondents provided answers to the question; 33% of these respondents were consumers and family members.

On average:

- *The overwhelming majority (86%) of the respondents who use youth and family services use outpatient services.*
- *26% of the respondents who use youth and family services have used PES and 10% of the respondents who use youth and family services have used inpatient services.*

Number of Youth and Family Services Used

- *While the largest group of youth and family service consumers has used just one service (50%), 28% of consumers have used 3 or more services.*

6. No Services

Respondents had the option of checking a box if they or their family member had not used any of the CMHS Adult or Youth or Family Services and to indicate if there were particular reasons why services had not been used. Forty-nine of all survey respondents provided some explanation for why services had not been used. These reasons included: having alternative insurance or mental health provider; not being eligible; being unaware of available services; and lack of services or quality services.

7. Individual Services Respondents Most Familiar With

Respondents were asked to identify the CMHS service they were most familiar with or had the most experience with: this service, then, framed respondents' assessments of 10 different dimensions of quality (Items 8A-E). 287 respondents answered the first part of this question, identifying one particular service. Eight unique services were identified by 10 or more respondents.

PES was the service mentioned by the greatest number of respondents as being the one they were the most familiar with, followed by the Adult Medication Clinic, Adult Case Management and Child Outpatient, and Adult Housing services.

8. Quality Measures

Respondents were asked to evaluate the quality of 10 dimensions of the CMHS service they had the most familiarity or experience with on a 5-point scale from "very poor" to "very good." Dimensions of quality covered a wide range, including accessibility, affordability, effectiveness, and skill of staff. A mean, or average, score was calculated for each of these 10 dimensions in the following ways: for the top eight most familiar services described above; across the entire group of respondents (Charts 8A and B); and within groups of respondents (Charts 8C, D and E) to see if different sub-populations viewed the service qualities in unique ways.

Please note: The mean score represents what is commonly called the "average." The mean is calculated by first assigning an arithmetic value to each level of response. A value from 1 to 5 was assigned to each level of quality, with the value of 1 assigned to the low end (i.e., "very poor") and 5 to the high end ("very good"). Don't Know" responses were not included in the calculation of the mean. The mean is derived by summing each of these values for all responses, and then dividing by the total number of responses. (For example, for the first dimension in Chart 8C, Accessibility, the mean was calculated as follows: 9 responses of value 1 (9 x 1), plus 25 responses at value 2 (25 X 2), plus 47 responses at value 3 (47 x 3), plus 107 responses at value 4 (107 x 4) plus 136 response at value 5 (136 x 5) divided by the total number of responses = 1,308/324 = 4.04)

8.A. Quality Measures: Overall Mean Score by Service

Of the eight most frequently mentioned and most familiar services described above in Item 7, Child Outpatient and the STAR program received the highest overall quality ratings (mean ratings for both = 4.18) and Adult Case Management received the lowest overall quality rating (mean rating = 3.45). Mean scores are listed in parentheses; scores could range from 1 (“very poor”) to 5 (“very good”).

Individual quality dimensions for the eight most frequently mentioned “most familiar” services

The four quality dimensions rated the highest were aspects of four different services. Those dimensions (with the particular service they refer to and the mean rating for each are listed in parentheses) are:

- *Affordability of service (Child Day Treatment; mean rating = 4.75)*
- *Affordability of service (Adult Medication; mean rating = 4.61)*
- *Skill of staff (Child Outpatient; mean rating = 4.60)*
- *Skill of staff (STAR; mean rating = 4.59)*

The four quality dimensions rated lowest were all, notably, aspects of Adult Case Management services:

- *Range of appropriate services (mean rating = 2.95)*
- *Involvement of clients and families in policy development and planning (mean rating = 3.00)*
- *Coordination of care and communication between agencies (mean rating = 3.16)*
- *Involvement of clients and families in treatment decisions and plans (mean rating = 3.18)*

8.B. Quality Measures: Specific Quality Dimensions by Service

375 respondents answered this question about the qualities of the one service with which they were most familiar.

Highest and lowest rated quality dimensions for the eight most frequently mentioned “most familiar” services

Averaging across all the services, and across all respondents, the three qualities with the HIGHEST rating (means in parentheses) were:

- *Affordability of service (4.35)*
- *Skill of Staff (4.23)*
- *Accessibility (4.04)*

Averaging across all the services, and across all respondents, the three qualities with the LOWEST rating (means in parentheses) were:

- *Family support and education (3.71)*
- *Coordination of care and communication between agencies (3.69)*
- *Involvement of clients and families in policy development and planning (3.36)*

8.C. Quality Measures: Quality of Service Dimensions for All Respondents

375 respondents answered this question about the qualities of the one service with which they were most familiar.

Averaging across all the services, and across all respondents, the three qualities with the HIGHEST rating (means in parentheses) were:

- *Affordability of service (4.35)*
- *Skill of Staff (4.23)*
- *Accessibility (4.04)*

Averaging across all the services, and across all respondents, the three qualities with the LOWEST rating (means in parentheses) were:

- *Family support and education (3.71)*
- *Coordination of care and communication between agencies (3.69)*

8.D. Quality Measures: Quality of Service Dimensions by Type of Respondent (Consumer and Family Member Respondent vs. All Others)

In this analysis of service qualities, the 375 respondents were split into two groups (consumer and family members and all others) to discern differences between them in perception of quality of the services with which respondents were the most familiar.

Generally, consumer/family members rank the services with which they are the most familiar slightly higher overall (3.97) than all other respondents (3.87).

Averaging across all the services, there is a significant agreement in quality assessments between the consumer/family member respondents and others:

- *Highest rated qualities: Affordability of service; Skill of staff.*
- *Lowest rated qualities: Involvement of clients/family members in policy development and planning; Coordination of care and communication between agencies.*

Averaging across all the services, there are some unique distinctions in quality assessments between the consumer/family member respondents and all others when analyzing the highest and lowest rated qualities:

- *Cultural sensitivity and non-English capacity: Consumers/family members rate higher (4.49) than all other respondents (3.77).*
- *Accessibility: Consumers/family members rate higher (4.19) than the other respondent group (3.87).*
- *Involvement of clients and families in treatment decisions: Consumers and family members rate lower (3.77) than all other respondents (4.02).*
- *Family Support and education: Consumers and family members rate lower (3.76) than all other respondents (4.02).*

8.E. Quality Measures: Quality of Service Dimensions by Race/Ethnicity of Client

In this analysis of service qualities, the consumer/family member respondents (the only respondents asked to identify client race/ethnicity) were split into two groups (white and people of color) to discern differences between them in perception of quality of the services with which respondents were the most familiar.

There are a few notable racial/ethnic similarities and differences in perception of quality.

- *Overall, people of color rate the quality of services as higher (4.01) than white consumers/family members (3.92)*
- *White consumers/family members rate “cultural sensitivity and non-English language capacity” as higher (4.48) than people of color (4.19).*
- *People of color rate quality of “family support and education” higher (4.00) than white consumers/family members (3.65).*