MEMBER SATISFACTION FY22 ANNUAL REPORT

Mid-State Health Network



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Executive Summary

The Mid-State Health Network (MSHN) Quality Assessment and Performance Improvement Program, as required by the Michigan Department of Health and Human Services (MDHHS), annually administers a survey to a representative group of individuals served. MSHN, in collaboration with the Community Mental Health Services Program (CMHSP) and their contracted providers, Substance Use Disorder Treatment Providers (SUDTP), and the Michigan Developmental Disabilities Institute (MIDDI) through contract with the Michigan Department of Health and Human Services (MDHHS) utilized the following survey/assessments to obtain feedback related to the perception of care for a representative sample of all served within the MSHN region:

- Mental Health Statistics Improvement Program Survey (MHSIP) for adults
- Youth Services Survey (YSS) for children and their families
- MSHN developed satisfaction survey for individuals receiving SUD services
- The National Core Indicator Survey for individuals receiving Long Term Supports and Services (LTSS)

The data obtained by each CMHSP participant and SUDTP was provided to MSHN for regional analysis with the opportunity to identify strengths, growth areas, and implement improvement within the region. The data from the National Core Indicator Survey was analyzed by MIDDI in coordination with MDHHS for statewide improvements.

The results of the surveys are reported to MSHN's Quality Improvement Council (QIC) and available to stakeholders on the MSHN Website and upon request. The survey data provides a snapshot of how the individuals perceive the care that is received. The findings are utilized to improve the quality, access and effectiveness of care received.

MHSIP was completed by adults, 18 years and older, with a mental illness(n=1444). Seven domains were analyzed for the MHSIP. The three subscales that scored the highest were the Perception of Quality and Appropriateness, Perception of Participation in Treatment, and the Perception of General Satisfaction. The Perception of Social Functioning and the Perception of Outcomes of Services subscales scored the lowest.

The YSS was completed by children and families who experience a severe emotional disorder(n=882). Seven domains were analyzed for the YSS. The two subscales that scored the highest were the Perception of Cultural Sensitivity and Perception of Access. The Perception of Outcomes of Services, and the Perception of Social Functioning subscales scored the lowest.

The SUD Satisfaction Survey was completed by individuals who received a service from a substance use disorder treatment provider(n=2131). Six subscales were analyzed for the SUD Survey. The two subscales that scored the highest were the Perception of Cultural/Ethnic Background, and the Perception of the Welcoming Environment. The Perception of the Appropriateness and Choice with Services, and the Perception of Coordination of Care/Referrals to Other Resources (demonstrated most improvement) subscales scored the lowest.



Methodology

The distribution method for the 2021 Satisfaction Survey included face to face, mailed, electronic, or phone surveys. Each survey included a list of statements that are categorized by subscales. The statement is rated using a Likert scale. Those statements that have a "Blank" or a response of "Not Applicable" were removed from the sample. Individuals who were missing more than 1/3 of total responses (blanks, or invalid response) were removed from the report. If one question was left blank, the responses of the remaining questions for that subscale were excluded from the calculations of that subscale. The mean of each individual question is calculated. The total number of respondents who were "in agreement" was divided by the total respondents.

Limitations

This report was developed utilizing voluntary self-reflective surveys. The information from this report is intended to support discussions on how the various provider practices may improve treatment offered to individuals. The information from this report should not be used to draw conclusions or make assumptions without further analysis. Accommodations made as a result of the regulatory changes related to the COVID Pandemic include modifications of the distribution method to include face to face, mailed, or phone surveys. Caution should be taken when using this data to make decisions. The results, therefore, are specific to the perception during that time, and when comparing to other measurement periods.

Survey Findings

MSHIP Findings_The satisfaction survey for adults with a mental illness was completed by two thousand, three hundred and thirty-two (2332) individuals in the MSHN region. The survey utilized a 5 point Likert scale with 1 strongly agree and 5 strongly disagree. The survey consisted of the following subscales: general satisfaction, perception of access, perception of participation treatment, perception of quality and appropriateness, perception of outcomes of services, perception of social connectedness, perception of social functioning.

MSHN 's performance standard includes an achievement of 80% or higher for subscales or an average below 2.50. Growth opportunities are in the areas of the perception of Social Functioning, Outcomes, and Social Connectedness.

Figure 1. MSHN MHSIP Subscale Percentage of Agreement

| Subscale | 2019/20 | FY20 U.S Rate | 2021 | 2022 |
|---|---------|---------------|------|------|
| Perception of Quality and Appropriateness | 92% | 90.8% | 92% | 93% |
| Perception of Participation in Treatment Planning | 92% | 86.9% | 93% | 88% |
| General Satisfaction | 92% | 90.1% | 92% | 93% |
| Perception of Access | 91% | 88.9% | 92% | 91% |
| Perception of Social Connectedness | 81% | 79.2% | 79% | 71% |
| Perception of Functioning | 77% | - | 76% | 69% |
| Perception of Outcome of Services | 75% | 79.6% | 71% | 70% |



YSSF Findings_The Youth Satisfaction Survey for Families was completed by eight hundred and eighty-two children (882) and/or families in the MSHN region. The survey utilized a 5 point Likert scale with 1 strongly disagree and 5 strongly agree. The survey consisted of the following subscales: perception of access, perception of access, perception participation treatment, perception of cultural sensitivity, appropriateness, perception of outcomes of services, perception of social connectedness, perception of social functioning.

MSHN 's performance standard includes an achievement of 80% or higher for subscales or an average equal to or above 3.50. Growth opportunities are in the areas of Perception of Outcomes of Services, and Perception of Social Functioning

Figure 2. MSHN YSSF 2022 Subscale Percentage of Agreement

| Subscale | MSHN 2020** | U.S 2020 | MSHN 2021 | MSHN 2022 |
|--|-------------|----------|-----------|-----------|
| Perception of Cultural Sensitivity | 98% | 94.6% | 99% | 98% |
| Perception of Access | 95% | 89.2% | 96% | 96% |
| Perception of Participation in Treatment | 94% | 89.4% | 93% | 94% |
| Perception of Social Connectedness | 92% | 88.4% | 92% | 92% |
| Perception of Appropriateness | 87% | 89.2% | 89% | 92% |
| Perception of Social Functioning | 65% | - | 71% | 68% |
| Perception of Outcomes | 62% | 74.6% | 68% | 66% |

SUDTP Satisfaction Survey Findings_The satisfaction survey for individuals receiving treatment for substance use disorder was completed by two thousand one-hundred and seventy-eight (2178) individuals within the MSHN region. The survey utilized a 5 point Likert scale with 1 strongly disagree and 5 strongly agree. MSHN demonstrated improvement in the total comprehensive score, the subscale comprehensive score, and each individual question. The subscale that exhibited illustrated the most improvement was Coordination of Care/Referrals to Other Resources. The subscale that scored the lowest was Appropriateness and Choice of Service, however, the score was an improvement over FY21. All scores were above 3.50 indicating agreement.

Figure 3. MSHN's performance ranked by subscale based on averages.

| , | , | | _ | | | | |
|--|------|------|------|------|------|------|------|
| Subscale | 2015 | 2016 | 2017 | 2018 | 2020 | 2021 | 2022 |
| Comprehensive Survey Total | 4.20 | 4.40 | 4.50 | 4.48 | 4.58 | 4.61 | 4.62 |
| Cultural /Ethnic Background | 4.50 | 4.59 | 4.61 | 4.60 | 4.66 | 4.68 | 4.69 |
| Welcoming Environment | 4.50 | 4.56 | 4.54 | 4.55 | 4.65 | 4.64 | 4.64 |
| Treatment Planning/Progress Towards Goal | 4.30 | 4.50 | 4.54 | 4.53 | 4.63 | 4.68 | 4.69 |
| Information on Recipient Rights | 4.38 | 4.49 | 4.49 | 4.47 | 4.56 | 4.57 | 4.57 |
| Coordination of Care/Referrals to Other | 3.40 | 4.40 | 4.43 | 4.39 | 4.52 | 4.57 | 4.60 |
| Resources | | | | | | | |
| Appropriateness and Choice with Services | 4.19 | 4.43 | 4.44 | 4.41 | 4.50 | 4.52 | 4.54 |



Annual Consumer Satisfaction Survey Summary

MSHN analyzed the data from satisfaction surveys representative of Adults and Children who experience a mental illness and individuals served by the SUD Treatment Providers in the MSHN region. MSHN met the desired threshold (80%) for fifteen (15) of the twenty (20) subscales within the MSHN Satisfaction Surveys. MSHN did not meet the desired threshold for the Perception of Outcomes (MHSIP and YSSF), Perception of Social Functioning (MHSIP and YSSF), and the Perception of Social Connectedness (MHSIP). MSHN did meet the desired threshold (3.5), demonstrating an increase each of the six (6) subscales for those receiving SUD services.

All population groups indicated they were

"treated with respect", "services were available when needed", and they were satisfied with the services received.

- Staff were courteous and respectful.
- They liked the services they received
- Services were available at times and locations that were good for them.
- They were involved in development of their treatment plan and goals.

Recommendations

- Distribute the 2022 Perception of Care Report to the CMHSP participants through the following committee/council review: Quality Improvement Council (QIC), Regional Consumer Advisory Committee (RCAC)
- Each CMHSP will review internally individual cases of dissatisfaction and establish an action plan identifying growth areas, barriers, interventions, and process to monitor effectiveness of interventions.
- MSHN and CMHSP interventions will be documented on the QIC action plan.
- QIC in collaboration with relevant MSHN committees/council will obtain additional feedback from consumer groups to identify barriers, and assist in development of relevant interventions, with measures of effectiveness for the following areas:
 - MHSIP and YSS-Social Functioning
 - MHSIP and YSS-Outcomes of Services
 - o MHSIP-Social Connectedness domains
 - o MSHN SUDTP Survey-No action needed at this time

Attachment 1 MSHN Member Satisfaction Survey Adults with a Mental Illness.

Attachment 2 MSHN Member Satisfaction Survey for Children with a Severe and Emotional Disorder.

Attachment 3 MSHN Member Satisfaction Survey for Individuals Receiving Substance Use <u>Treatment.</u>