Abstract:

Santa Barbara County Mental Health is charged with serving seriously emotionally disabled (SED) youth and adults with serious, persistent mental illness (SPMI) in our community. Twice annually, the County conducts satisfaction surveys (the Consumer Perception Survey, CPS) with our outpatient clients. This Report includes analyses of Fall 2014 and Spring 2015 CPS data. There were 579 respondents, most of whom (85%) were adults in our care and the parents/guardians of children in our system of care. Results include: participant demographics; satisfaction; access & cultural competence; recovery & resiliency; partnership & participation; functional status; clinical status; quality of life, finances; adverse events and client comments. On the whole, findings are positive and improving, and point to a few places for improvement. The report concludes with a summary of clients’ comments and feedback.

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OVERVIEW
Santa Barbara County’s Alcohol Drug and Mental Health Services (ADMHS) department 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 2014 and May 2015 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 surveys include measures of: general life satisfaction; functional status; clinical status, access to, satisfaction with and benefit from services; access and cultural competency; adverse events, and the like. Some of the questions are exactly the same across all surveys, but many differ. Generally, the questions fall into the same conceptual domains, such as clinical or functional status, 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, which were designed to assess QOL for adults with SPMI. Santa Barbara County ADMHS did not administer surveys with QOL items in November 2014 but did so in May 2015. 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://tecathrsri.org).

Procedure
The CPS administration was coordinated by an ADMHS 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 hung 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 administered over a one-week period in November 2014 and May 2015 (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, then upload it to the DHCS. Datasets become available to counties for download from DHCS approximately 6 months after survey administration.

Limitations
The CPS is meant to be a census sample; that is, ideally, all clients receiving outpatient services during the survey administration week would 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), nor do all 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.

RESULTS
Results include analyses of Fall 2014 and Spring 2015 CPS data. Results have been analyzed and organized into the following conceptual categories: participant demographics; satisfaction; access & cultural competence; recovery & resiliency; partnership & participation; functional status; clinical status; quality of life, finances; adverse events and comments. Items with substantial missing data were not included in the analyses, and data are reported if they were available. While some charts and graphs do include all four age groups, many do not because the question was not asked of all respondents. Analyzed survey questions can be found in the footnotes of this document.

Demographics
As can been seen in Table 1, there were 246 participants in the Fall of 2014 (1347 distributed); participation increased to 333 in the Spring of 2015 (1266 distributed).

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<thead>
<tr>
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<th>Fall 2014</th>
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<th>Spring 2015</th>
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<td>N</td>
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<tr>
<td>Total#</td>
<td>246</td>
<td>100%</td>
<td>333</td>
<td>100%</td>
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<tr>
<td>Female</td>
<td>115</td>
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<td>131</td>
<td>46%</td>
<td>136</td>
<td>37%</td>
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In both the Fall and Spring, respondents were nearly half male (53%) and female (47%).

In both the Fall and Spring, a little more than half of the respondents were White; Latino participation increased some in the Spring.

About 2/3 of respondents were relatively new to our system of care in the Fall (62% less than 1 year).

The sample in the Spring was more
evenly split between clients who'd been in our system less than or more than 1 year (55% and 45%, respectively). In both the Fall and the Spring, more survey participants were affiliated with County operated clinics and programs (as compared a County contracted CBO). On average, 58.5% of respondents were affiliated with clinics and programs directly operated by the County. The response rate was 44% in the Fall and improved to 52% in the Spring.

In both the Fall and the Spring, the largest percentage of respondents was Adults, followed by Youth-Family members (parents/guardians). Less than 15%, in both the Fall and Spring, were Youth or Older Adults. This is important to note, as 85% of results are from adults and the adult parent/guardians of children in our system of care.

**Client Satisfaction**

Clients reported on their satisfaction with services, whether they would choose our agency/services and whether they got all the help they wanted. Graphs indicate the % of clients who *agree to strongly agree*:

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1 Overall, I am satisfied with the services I received. I like the services that I receive here.
If I had other choices, I would still get services from this agency.
I/we was/were able to get all the help/services I thought I needed (for my child).
Overall, client satisfaction is high and has improved.
Most of our clients report that they would choose our services/agency, even if they had other options and that they got all the help they wanted.

**Access & Cultural Competence**
Overall, our clients report positively, and increasingly positively, on most measures of access. The majority of clients agree to strongly agree that our locations and service times are convenient. And, on average, 72% of our clients report being called back within 24 hours. Of all our measures of access, seeing a psychiatrist was lowest; on average, 62% of our clients reported being able to see a psychiatrist when they wanted to; and, there was a large, 28% positive increase among older adults.

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2. The location of services was convenient (parking, public transportation distance, etc.) Services were available at times that were good for me. Staff returned my call within 24 hours. Staff were sensitive to my cultural background (race, religion, language, etc.). Were the services you received in the language you prefer? Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?
Overall, clients report strong cultural sensitivity/competence within our system. Services and materials are largely reported to be available in their language of choice. And, respondents find our staff to be fairly culturally sensitive. Adults in our care reported the lowest staff cultural sensitivity at about 70%.

Recovery & Resiliency
All measures of recovery and resiliency are strong and improving.

Adults and older adults increasingly reported being encouraged to access consumer run programs.

Even higher percentages reported, and increasingly so, that staff believed they could grow, change and recover.

Youth and their families reported highly and increasingly that staff stuck with them, "no matter what."
Partnership & Participation
Adults & Older Adults
Adults and Older Adults, had strong, and for the most part, increasingly positive reports of partnership and participation in our system of care, as measured by feeling comfortable asking questions, feeling free to complain and also being given information on their rights.

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4 I felt comfortable asking questions about my treatment and medication. I felt free to complain. I was given information about my rights.
Youth & Families
Youth and their families were asked different questions, but also reported positively on measures of partnership and participation, including: helping to choose their or their child's services and treatment goals, as well as participating in treatment. All measures of partnership and participation increased between the Fall and the Spring.

Functional Status
Many respondents agree to strongly agree that as a direct result of services, they are getting along better with family members; and, this increased from Fall to Spring for all groups except Older Adults. Many respondents also report improved social functioning, as measured by doing better in social situations with friends and others; there was, however, a decrease between the Fall and Spring, for all but parental/guardian responses.

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5 I helped to choose my/my child's services. I helped to choose my/ my child's treatment goals. I participated in my own/my child's treatment.
6 As a direct result of services: I am/my child is getting along better with my family/family members; I/my child do/does better in social situations/with friends and other people; I have people with whom I can do enjoyable things; In a crisis, I would have the support I need from family or friends; I am/my child is better able to do things that I s/he want/s to do; My housing situation has improved.
Most respondent groups also had strong, positive indication of social connection, as measured by having people to do enjoyable things with. Adult reports were lowest at 56% in the Fall, but increased to 63% in the Spring. Respondents across groups reported, and increasingly so, that as direct result of services, they have the support they need in a crisis – 65% on average in the Fall and 75% in the Spring.

While on average, 70% agreed to strongly agreed to being better able to do what they wanted to do (self-efficacy) in the Fall, it dropped slightly to an average of 67.5% in the Spring. Housing appears to be an area of challenge for our clients. On average, 72% agreed to strongly agreed that their housing had improved in the Fall, but this dropped to an average of 55% in the Spring.
Clinical Status
On average, 62% of clients agreed to strongly agreed in the Fall that as a direct result of services, they were better able to cope/handle things when they went wrong; this increased to 67.5% in the Spring. In the Fall, 54% of clients agreed to strongly agreed that as a direct result of services, they found their symptoms less bothersome; this increased to 59.5% in the Spring.

Life ~ Satisfaction & Quality
The quality of life questions were not asked in the Fall and are only asked of adults and older adults; in the Spring, 43% of adults and 61% of older adults reported that they were mostly satisfied, pleased or delighted with their life.

As a direct result of services: I am/my child is better able to handle things when they go wrong; Youth I am better able to cope when things go wrong My symptoms are not bothering me as much.

Family (2): How do you feel about the way you and your family act toward one another? The way things are in general between you and your family? Daily Activities and FX (4) Think about how you spend your spare time. How do you feel about the way you spend your spare time? The chance you have to enjoy pleasant or beautiful things? The amount of fun you have? The amount of relaxation in your life? Health (3): How do you feel about your health in general? Your physical condition? Your emotional well-being? Living (3) How do you feel about the living arrangements where you live? The prospect of staying on where you currently live for a long period of time? Safety (3) How do you feel about how safe you are on the streets in your neighborhood? How safe you are where you live? The protection you have against being robbed or attacked? Social Relations (4) How do you feel about the things you do with other people? The amount of time you spend with other people? How safe you are in your neighborhood? The people you see socially? The amount of friendship in your life?
On all quality of life scales, which include Social Relations, Safety, Health, Daily Activities & Functioning, and Family, Adults and Older Adults in our system of care, on average, reported being somewhere between (4) mixed and (5) mostly satisfied (both average of 4.7 on all scales).

**Finances**

Questions about finances are only included in the adult QOL scale:

- 68% reported having enough $ for food
- 56% reported having enough $ for clothing
- 72% reported having enough $ for housing
- 59% reported having enough $ for getting around
- 42% reported having enough $ for social activities

**Adverse Events**

Past month adverse events - either being a victim of a crime or being arrested - are less than 20% for Adults (that is, less than 1 in 5 has had an adverse event in the last month) and there was less than 15% victimization and no arrests in the Older Adult population.

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10 During the past month, did you generally have enough money to cover the following items: Food? Clothing? Housing? Traveling around for things like shopping, medical appointments, or visiting friends and relatives? Social activities like movies or eating in restaurants?

11 In the past month, were you a victim of any violent crimes such as assault, rape, mugging or robbery? Any non-violent crimes such as burglary, theft of your property or money, or being cheated? In the past month, how many times have you been arrested for any crimes?
Comments ~ Feedback

Comments were solicited from respondents on each survey instrument.

Adults & Older Adults

Includes all Adult and Older Adult comments (Fall 2014 & Spring 2015); there were a total of 89 comments out of 337 respondents (26% commented). There were three major themes in the comments:

1) Gratitude & Praise – 45 of the 89 comments (50%) were words of gratitude and praise:
   “CARES has helped me so much and I am truly grateful.” “Thank You for saving my life. “I am blessed to have this clinic; the staff has really helped me here. I think that they have a lot of compassion.” “The staff is great here. Fantastic.”

2) Access to Doctors
   “I want to feel more welcome to get a Doctors referral.” “It takes way too long to get an appointment to see the doctor.” “I also liked my last Doctor I saw, I just pray you are able to get someone permanent that’s very understanding and friendly.”

3) Other: specific/particular, one-off suggestions and comments:
   “I had been refused to go to the Emergency Room. I had been refused to go to an urgent care. I had been refused to go to a doctor. The water was poisoned. I had not been given antidote.”
   “I would not have many options if things went bad. ACT would have to take care of me. I don’t like my family.” “I would like information on how to get detox.”

Youth & Youth-Family

Includes all Youth and Youth-Family comments (Fall 2014 & Spring 2015).

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12 Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback. Thank you for your time and cooperation in completing this questionnaire.

13 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.
What has been the most helpful thing about the services you received over the last six months?
There were a total of 100 comments out of 242 respondents (41% commented). There were three major themes in the comments:

1) Gratitude for being able to talk, for someone listening, for feeling heard and supported:
   "What has been most helpful is that we have someone we can trust & talk about what we’re going through.”  "The support, the trust during conversation and the therapy is very comfortable.”  "Talking to a therapist and getting the help I need.”

2) Learning - new information and skills:
   "Many things have really helped me out. For example, not only learning how to deal w/ feelings but why it happens.”  “Having fun being here learning.”

3) Specific modalities and people:
   "Javier, Maria & Lindsay have been GOD sent. They’re always there when I need them. They’re on speed dial.”  “A.R.T & DBT.”

What would improve the services here?
There were a total of 71 comments out of 242 respondents (30% commented). There were four major themes in the comments:

1) Neutral to Nothing – 39 of the 71 comments (55%) were either neutral ("n/a") or positive in that clients said there was nothing to improve:
   “Can’t think of anything.”  “Nothing, honestly, everything here is great.”  “You do things right.”

2) More – staff, services & availability:
   “More therapy.”  “Having support groups for every day of the week.”  “Have more employees.”

3) Connection to school:
   “We have been getting services for well over a year now. Just recently did we get to working towards getting an IEP at her school which we have been trying to get from the start.”  “More direct involvement with school – Adams.”

4) Other: specific/particular, one-off suggestions:
   “Help me find a place to live.”  “Snacks, movies.”

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 a total of 48 comments out of 242 respondents (20% commented). There were two themes in the comments:

1) Gratitude & praise – 36 of the 48 comments (75%) were words of gratitude and praise:
   “This program and mental health workers are so dedicated to their jobs & to help, I have never seen mental health clinics so dedicated, involved and helpful.”  “It has been a life changing experience.”  “Excellent.”

2) More – staff, services & availability:
   "More therapists for men who are Hispanic so they can understand the origin, the culture, and spirituality/ beliefs.”  “That there be more hours per week.”  “I like that to help my son, my son and I can do therapy. Our therapist didn’t really have times that worked for my son though so more direct staff would help.”
Summary ~Discussion

Overall, participation in the CPS increased from Fall 2014 to Spring 2015. Most respondents were adults in our care and the parents/guardians of youth in our care; just 15% of respondents were older adults and youth. Survey respondents were fairly evenly male and female and nearly equal proportions White and Latino. On average, 58.5% of respondents were relatively new to our system that is, clients less than 1 year (41.5% were clients for a year or more). In both the Fall and the Spring, more survey participants were affiliated with County operated clinics and programs (as compared a County contracted CBO).

On the whole, clients are highly satisfied with our services and find our times and locations convenient. Our greatest room for improvement is in responsiveness, both in terms of returning client calls and scheduling them with a psychiatrist in a timely manner. Responses indicate that we are doing a very good job of providing services to clients in their preferred language, and a good job in providing written materials in their preferred language; all but adults rate us quite highly in terms of cultural sensitivity. However, since adults are the majority of the population we serve and represent the highest proportion of survey respondents, this is an important finding.

All measures of recovery and resiliency have been strong and improving. Clients are highly encouraged to utilize peer services and find staff to be both hopeful and dedicated. Adults and older adults had strong, and for the most part, increasingly positive reports of partnership and participation in our system. Youth and their families were asked different questions, but also reported positively on measures of partnership and participation.

Measures of clinical and functional status were good on the whole, given the severity of mental health issues among our clients. There were some mixed results. Naturally, we would like to see higher self-reports of both clinical and functional status. On average, and as a direct result of services, a little more than half (57%) reported finding their symptoms less bothersome, and 64% reported that they were better able to handle things when they went wrong; we’d like to see better self-report of clinical status. In terms of functional status, about 61% of clients reported they were getting along better with family members; all but older adults reported increasingly so from the Fall to Spring. Many respondents also report better social functioning. However, there was a decrease between the Fall and Spring for all but parents/guardians. Reports of self-efficacy were high (70%) and dropped slightly in the Spring. Most respondent groups had strong, positive indication of social connection as measured by self-reports of having people with whom to do enjoyable things. Adult reports were lowest, but increased between the Fall and Spring. And, clients reported, and increasingly so, that as direct result of services, they have the support they need in a crisis – 65% in the Fall and 75% in the Spring.

On average, about half (of adults and older adults) say they are mostly satisfied, pleased or delighted with their life; the other half are mixed, mostly dissatisfied, unhappy or felt terrible about their life. On all quality of life scales, (Social Relations, Safety, Health, Daily Activities & Functioning, and Family), Adults and Older Adults in our system of care, on average, reported being somewhere between mixed and mostly satisfied.

Lack of financial resources appears to be a concern for many of our adult clients, among whom 32% reported not having enough money for food, 44% didn’t have enough for clothing, 28% for housing, 41% for getting around and 58% for social activities during the past month.
We sought to examine measures of adverse events, such as past year police encounters. However, for several such items, there was substantial missing data and the variables could not be included in analyses. We were able to examine past month victimization and arrest rates, both of which were relatively low.

Finally, client comments were analyzed for content and themes. Comments were, on the whole, quite positive and provided an important vehicle for client feedback.

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