

Santa Barbara County Department of
Behavioral Wellness Consumer
Perception Survey Report
Fall 2016 & Spring 2017

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

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 sensitivity; 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://tecathsri.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 2016 and May 2017¹. 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 Department of Health Care Services (DHCS) and to the electronic Behavioral Health Solutions (eBHS)² 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 (i.e., skip), or complete the survey (i.e., 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 domains³ and reports for Counties to utilize. The data are organized into eight (8) domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Quality and Appropriateness⁴
4. Perception of Participation in Treatment (Tx) planning
5. Perception of Outcomes of Services
6. Perception of Social Connectedness
7. Perception of Functioning
8. Perception of Cultural Sensitivity⁵

Results are reported here by survey administration and domain; Fall and Spring data are compared, and data from Santa Barbara County are compared to averages of California state 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 (e.g., average), generally, the more positive the response.

¹ Dates specified by the Department of Health Care Services

² 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.

³ See appendix for specific domain items and scoring

⁴ Scores for this domain are only collected from adult and older adult surveys

⁵ Scores for this domain are only collected from youth and youth-family surveys

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Demographics

Of the 877 surveys distributed in the Fall of 2016, there were 243 that were returned and usable. Of the 1419 surveys distributed in the Spring of 2017, 267 were returned and usable.

	Fall 2016 (N=243)	Spring 2017 (N=267)
Female	50%	46%
Male	40%	48%
Mexican/Hispanic/Latino	57%	47%
White	36%	51%
Services 1yr+	49%	45%
County Operated	35%	43%
County Contracted CBO	65%	57%

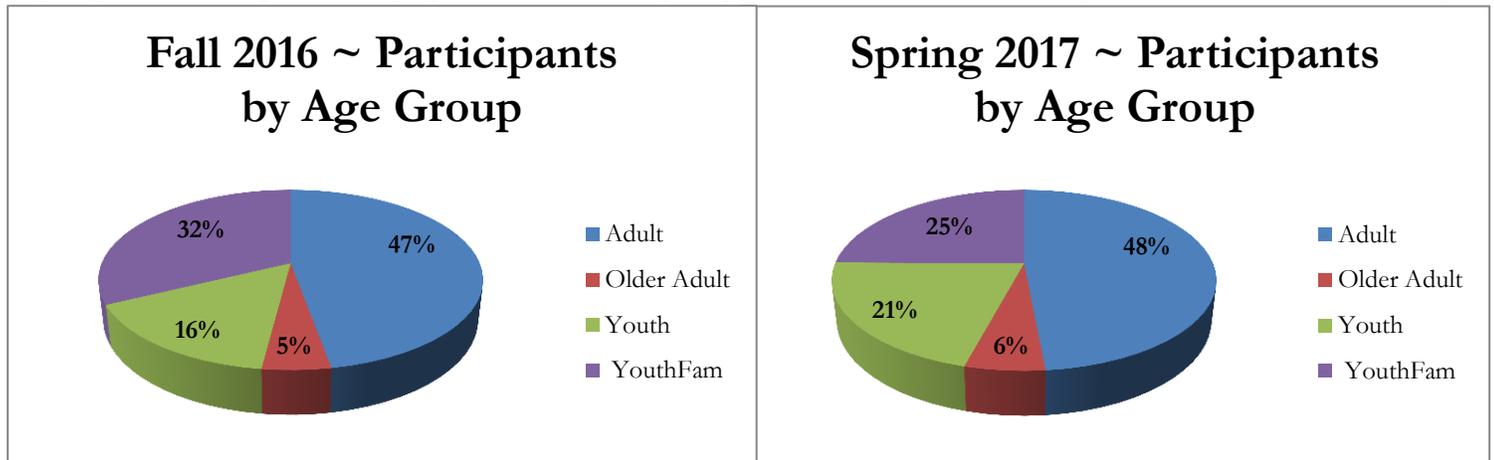
In the Fall and Spring, the samples of survey respondents were similar in terms of gender. Fewer than 5% of respondents across administration periods selected “Other” as their gender identity.

With regard to race/ethnicity, respondents were first asked if they were of Mexican/Hispanic/Latino descent. In addition, clients were asked to select their race. More than half of respondents during each administration period were of Mexican/Latino/Hispanic descent. Roughly half of respondents identified as white in the Spring compared to roughly a third in the Fall.

In both the Fall and the Spring, many respondents were receiving services from County contracted community-based organizations (CBOs), as compared to respondents served directly by County clinics and programs. The response rate was 34% in the Fall and 40% in the Spring. The overall response rate across Fall 2016 and Spring 2017 was 37%. Compared to the percentage of clients in our care, the CPS sample overrepresented youth, while adults and older adults were underrepresented.

	Unique Clients Served FY 16-17	CPS Respondents Average of Fall 2016 & Spring 2017
Youth/Youth Fam	32.2%	47%
Adult	57.5%	47.5%
Older Adult	10.2%	5.5%

Survey participation varied only slightly by age group between survey administrations. In the Fall, a slightly larger percentage of respondents were parents/guardians of youth (32%) than in the Spring (25%). In the Spring, a slightly larger portion of the sample (21%) were youth, compared to the Fall (16%). In both the Fall and the Spring, adults comprised roughly half of the survey respondents and older adults represented 5-6% of each sample.



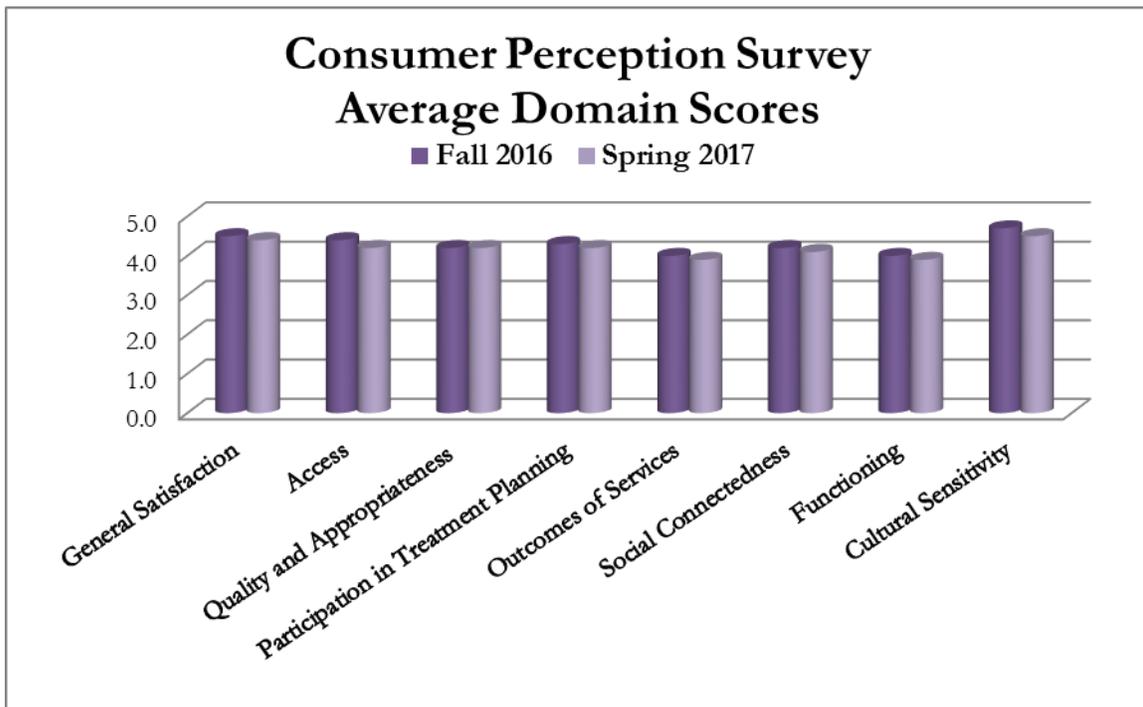
RESULTS

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

As represented in the table below, the average scores across all eight domains were relatively high (positive) between survey administrations. The average of all the domain scores was 4.2 in the Fall and 4.1 in the Spring. Scores across all domains were lower in the Spring than in the Fall with an average percent change of -2.7%. The most notable difference between administrations was a 4.8% decrease in Perception of Access from Fall to Spring.

Average Domain Scores	Fall 2016	Spring 2017	Percent Change Fall to Spring
General Satisfaction	4.5	4.4	-2.3%
Perception of Access	4.4	4.2	-4.8%
Perception of Quality and Appropriateness	4.2	4.2	0.0%
Perception of Participation in Treatment Planning	4.3	4.2	-2.4%
Perception of Outcomes of Services	4.0	3.9	-2.6%
Perception of Social Connectedness	4.2	4.1	-2.4%
Perception of Functioning	4.0	3.9	-2.6%
Perception of Cultural Sensitivity	4.7	4.5	-4.4%
<i>AVG</i>	<i>4.3</i>	<i>4.2</i>	<i>-2.7%</i>



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

California Comparison: Average Domain Scores

In the Fall of 2016, the average domain scores for Santa Barbara County clients and clients across California were similar. For all but one domain, Santa Barbara County average scores were slightly higher than average scores across California.

Average Domain Scores, Fall 2016	Santa Barbara County	CA	Percent Difference⁶ SB:CA
General Satisfaction	4.5	4.4	2.2%
Perception of Access	4.4	4.3	2.3%
Perception of Quality and Appropriateness	4.2	4.3	-2.4%
Perception of Participation in Treatment Planning	4.3	4.2	2.3%
Perception of Outcomes of Services	4.0	3.9	2.5%
Perception of Social Connectedness	4.2	4.1	2.4%
Perception of Functioning	4.0	3.9	2.5%
Perception of Cultural Sensitivity	4.7	4.5	4.3%
<i>AVG</i>	4.3	4.2	2.01%

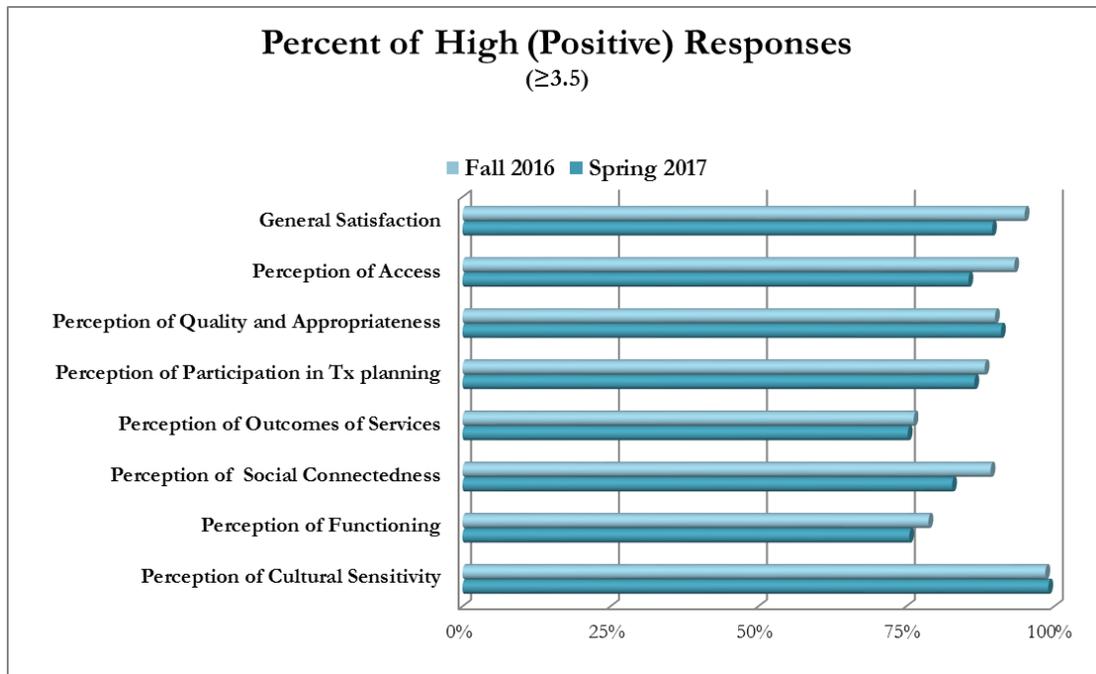
In the Spring of 2017, the average domain scores for Santa Barbara County clients and clients across California were similar. During this administration period, in the majority of domains, Santa Barbara County average scores were exactly the same as average scores across California.

Average Domain Scores, Spring 2017	Santa Barbara County	CA	Percent Difference SB: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	4.3	-2.4%
Perception of Participation in Treatment Planning	4.2	4.3	-2.4%
Perception of Outcomes of Services	3.9	3.9	0.0%
Perception of Social Connectedness	4.1	4.1	0.0%
Perception of Functioning	3.9	3.9	0.0%
Perception of Cultural Sensitivity	4.5	4.5	0.0%
<i>AVG</i>	4.2	4.2	-0.89%

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

In both the Fall and Spring, over 75% of clients report positively (≥ 3.5) across all eight domains. There was a decrease (-3.0%) in the percentage of positive responses between the Fall and Spring; the largest changes were in Perceptions of: Access (-7.8%), Social Connectedness -6.5%) and General Satisfaction (-5.5%). There was a small positive change (1.0%) between the Fall and Spring in the percent of respondents who reported high satisfaction in their Perception of Quality and Appropriateness.

⁶ Difference: SB = x% higher or lower than CA



Percent of High (Positive) Responses	Fall 2016 (%)	Spring 2017 (%)	Percent Change Fall to Spring
General Satisfaction	95.0	89.5	-5.5
Perception of Access	93.3	85.5	-7.8
Perception of Quality and Appropriateness	90.0	91.0	1.0
Perception of Participation in Treatment Planning	88.3	86.5	-1.8
Perception of Outcomes of Services	76.3	75.3	-1.0
Perception of Social Connectedness	89.3	82.8	-6.5
Perception of Functioning	78.8	75.5	-3.3
Perception of Cultural Sensitivity	98.5	99.0	0.5
AVG	88.7	85.6	-3.0

California Comparison: % Domain Scores ≥ 3.5

In the Fall of 2016, the percentage of Santa Barbara clients with high scores was generally greater (3.7% on average) compared to average scores of all California clients, particularly in Perception of Cultural Sensitivity (12.5% greater), Social Connectedness (7%) and General Satisfaction (4.3% greater).

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Percent, High (Positive) Responses, Fall 2016	Santa Barbara County (%)	CA (%)	Percent Difference SB:CA
General Satisfaction	95.0	90.8	4.3%
Perception of Access	93.3	90.0	3.3%
Perception of Quality and Appropriateness	90.0	90.0	0.0%
Perception of Participation in Treatment Planning	88.3	87.8	0.5%
Perception of Outcomes of Services	76.3	73.8	2.5%
Perception of Social Connectedness	89.3	82.3	7.0%
Perception of Functioning	78.8	79.0	-0.3%
Perception of Cultural Sensitivity	98.5	86.0	12.5%
<i>AVG</i>	88.7	84.9	3.7%

In the Spring of 2017, the percentage of Santa Barbara clients with high scores was nearly the same as other California clients (SB 1.7% higher). There were, however, some notable differences between Santa Barbara and California clients. The most notable difference was Perception of Cultural Sensitivity: clients in Santa Barbara reported experiencing 24% greater Cultural Sensitivity than the average CA client. Finally, Santa Barbara County clients, on average, had a lower Perception of Functioning (8.5% lower) than California clients.

Percent, High (Positive) Responses, Spring 2017	Santa Barbara County	CA	Percent Difference SB:CA
General Satisfaction	89.5	90.5	-1.0%
Perception of Access	85.5	89.8	-4.3%
Perception of Quality and Appropriateness	91.0	89.0	2.0%
Perception of Participation in Treatment Planning	86.5	88.0	-1.5%
Perception of Outcomes of Services	75.3	73.3	2.0%
Perception of Social Connectedness	82.8	81.8	1.0%
Perception of Functioning	75.5	84.0	-8.5%
Perception of Cultural Sensitivity	99.0	75.0	24.0%
<i>AVG</i>	85.6	83.9	1.7%

QUALITY OF LIFE SCALES

As previously mentioned, there are longer, optional surveys 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 2016 and Spring, 2017.

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

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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. On average, there was a positive (2.5%) change between the average QOL in the Fall and the average QOL in the Spring. The largest positive change was in health, which increased by 8.5% from the Fall to the Spring, followed by an 8% improvement in the Legal and Safety domain. There was a negative change of 8.7% in living situation.

Quality of Life	Fall 2016 (N=118)	Spring 2017 (N=193)	Percent Change Fall to Spring
General Life Satisfaction	4.5	4.8	6.3%
Daily Activities & Fx	4.8	4.8	0.0%
Family	4.4	4.4	0.0%
Living Situation	5.0	4.6	-8.7%
Legal & Safety	4.6	5.0	8.0%
Health	4.3	4.7	8.5%
AVG	4.6	4.7	2.5%

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 positive, neutral or negative and were further 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 the following:

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: there were a total of 33 comments out of 141 respondents (23% commented; 76% were blank/missing/no comment). Of those that commented, 63% were positive, 18% were neutral, 9% were negative and 9% commented on the length of the survey or dislike of surveys.

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

“I feel very fortunate that I have the ACT team. It is the best team. Your main goal is to help me be safe. I’m glad to have you guys.”

“Everyone has been outstanding, especially Dr. Rosen, Mavis, Fernando and Amenia. Dr. Rosen’s help has been invaluable. She got me out of crisis. Dr. Rosen is a saint!!!”

“There is the nicest case-manager – Miss Jones and Miss Maria, receptionist, I have ever known.”

Neutral comments were neither positive nor negative.

Negative comments were rare, and most often expression of a concern/complaint, such as:

“My PTSD is not being treated or acknowledge by my Dr. of Psych.”

“You need to be more patient with me, more understanding and more personable.”

Youth & Youth-Family

Includes all Youth and Youth-Family comments.

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

There were 227 comments out of 359 respondents (63% commented) and 72% of comments were positive. There were three major themes in these comments:

1. Appreciation for skills and support:

“Helpful tips on how to help my child with treatment.”

“Understanding my child’s emotions and feelings”

“That I am going to have better communication with my children.”

2. Appreciation for experiences and programs:

“Giant pizza party/eating contest!”

“Support and people always available.”

“It’s perfect.”

3. Specific modalities and people:

“Personally, I give thanks for the existence of programs like CALM and to have positive goals for all people.”

“My daughters current therapist as well as the previous therapist have made themselves available for additional appointments, both in person and on the phone when the need arises.”

About a third (34%) of the comments were neutral, many of which were suggestions such as:

“Having a snack for people who have not eaten.”

I would like if they would have some other type of furniture in the session rooms. It is a clinic for children, I would like them to have it decorated for children and adolescents.”

“Better services for private insurance.”

“Better computer/network system.”

The remaining comments concerned parents’ requests for more services:

“He needs more one on one time.”

“It is hard to see FSA services end. For a child with anxiety it is not easy to face the loss of a trusted adult.”

“More sessions at least for my son.”

There were a few negative (4%) comments, which focused on programmatic challenges or reports of poor progress:

“The waiting period. When I called there was only one person in charge of cases, and I waited many weeks waiting.”

“That you understand us in our language, which mine is Spanish.”

“In my case, I do not see that my son has changed his attitude for anything.”

SUMMARY AND DISCUSSION

The response rate was 34% in the Fall and improved to 40% in the Spring. Respondents were nearly equally split between adults (47.5%) and youth and their parents/guardians (47%); just 5-6% of respondents were older adults. The CPS sample overrepresented youth, while adults and older adults were underrepresented. In the Fall and Spring, the samples of survey respondents were generally similar in terms of gender, race, ethnicity, and length of service. Slightly less than half of all respondents had been receiving services for more than one year.

The CPS is organized into eight (8) 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, Perception of Functioning, and Perception of Cultural Sensitivity. In both the Fall and Spring, Santa Barbara County Behavioral Wellness clients scored highly (positively) on all eight 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. Perceptions of Outcomes of Services and Functioning were the two domains that consistently received the lowest scores. For the majority of domains across administration periods, Behavioral Wellness client responses were slighter greater, on average, 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.