



## Milwaukee County Behavioral Health Division 2015 Key Performance Indicators (KPI) Dashboard

# 2

Program	Measure	2015 Actual	2015 Status (1)	2015 Target	Benchmark Source	Formula
Community Access To Recovery Services	Number Served - AODA	6,254		5,529	BHD (2)	# of clients with at least one event in any substance abuse level of care
	Number Served - Mental Health	5,010		4,663	BHD (2)	# of clients with at least one event in any mental health level of care
	Comprehensive Community Service (CCS) Enrollees	233		236	BHD (2)	CCS program admissions
	Reduction in past 6 months psychiatric bed days, admission to six months after admission (5)	60.3%		64.0%	BHD (2)	Relative change in average # of psychiatric bed days six months after admission
	Reduction in past 30 days alcohol or drug use, admission to six months after admission (5)	82.5%		79.0%	BHD (2)	Relative change in # reporting abstinence from drugs or alcohol six months after admission
	Reduction in homeless or in shelters, admission to six months after admission (5)	77.3%		82.0%	BHD (2)	Relative change in # reporting living in shelters or homeless six months after admission
	Increase in employment, admission to six months after admission (5)	33.9%		54.0%	BHD (2)	Relative change in # reporting full or part time employment six months after admission
	Percent of clients returning to Detox within 30 days	19.6%		18.0%	BHD (2)	Percent of clients with a readmission within 30 days of discharge
Wraparound	Families served in Wraparound HMO (unduplicated count)	3,047		2,650	BHD (2)	Families served in Wraparound HMO (unduplicated count)
	Average level of Family Satisfaction (Rating scale of 1-5)	4.6		> = 4.0	BHD (2)	Average level of Family Satisfaction (Rating scale of 1-5)
	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)	62%		> = 75%	BHD (2)	Percentage of enrollee days in a home type setting (enrolled through Juvenile Justice system)
	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)	3.2		> = 3.0	BHD (2)	Average level of "Needs Met" at disenrollment (Rating scale of 1-5)
	Percentage of youth who have achieved permanency at disenrollment	58%		> = 70%	BHD (2)	Percentage of youth who have achieved permanency at disenrollment
	Percentage of Informal Supports on a Child and Family Team	42%		> = 50%	BHD (2)	Percentage of Informal Supports on a Child and Family Team
Crisis Service	Admissions	10,173		10,500	BHD (2)	PCS patient admissions
	Emergency Detentions	5,334		5,400	BHD (2)	PCS admissions where patient had a legal status of "Emergency Detention"
	Percent of patients returning to PCS within 3 days	8%		8%	BHD (2)	Percent of patient admissions occurring within 3 days of patient's prior discharge from the program
	Percent of patients returning to PCS within 30 days	25%		20%	CMS (4)	Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
	Percent of time on waitlist status	16%		10%	BHD (2)	PCS hours on Waitlist Status / Total hours in time period x 100
Acute Adult Inpatient Service	Admissions	965		1,125	BHD (2)	Acute Adult Inpatient Service patient admissions
	Mean Daily Census	47.2		52.0	BHD (2)	Sum of the midnight census for the time period / Days in time period
	Percent of patients returning to Acute Adult within 30 days	11%		7%	NRI (3)	Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
	Percent of patients responding positively to satisfaction survey	73%		74%	NRI (3)	Percent of patients selecting "Agree" or "Strongly Agree" to survey items
	If I had a choice of hospitals, I would still choose this one. (MHSIP Survey)	63%		65%	BHD (2)	Percent of patients selecting "Agree" or "Strongly Agree" to survey item
	HBIPS 2 - Hours of Physical Restraint Rate	7.2		1.21	CMS (4)	Total number of hours patients were in physical restraint per 1,000 inpatient hours
	HBIPS 3 - Hours of Locked Seclusion Rate	0.47		0.34	CMS (4)	Total number of hours patients were in locked seclusion per 1,000 inpatient hours
	HBIPS 4 - Patients discharged on multiple antipsychotic medications	18%		10%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications
	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	98%		26%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications with documented justification
	HBIPS 6 - Patients discharged with a continuing care plan	15%		74%	CMS (4)	Percent of patients for whom the post discharge continuing care plan is created and contains the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations
HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	15%		67%	CMS (4)	Percent of patients for whom the post discharge continuing care plan was transmitted to the next level of care	
Child / Adolescent Inpatient Service (CAIS)	Admissions	919		1,100	BHD (2)	CAIS patient admissions
	Mean Daily Census	9.8		11.0	BHD (2)	Sum of the midnight census for the time period / Days in time period
	Percent of patients returning to CAIS within 30 days	16%		11%	BHD (2)	Percent of patient admissions occurring within 30 days of patient's prior discharge from the program
	Percent of patients responding positively to satisfaction survey	71%		74%	BHD (2)	Percent of patients selecting "Agree" or "Strongly Agree" to survey items
	Overall, I am satisfied with the services I received. (CAIS Youth Survey)	74%		80%	BHD (2)	Percent of patients selecting "Agree" or "Strongly Agree" to survey item
	HBIPS 2 - Hours of Physical Restraint Rate	5.2		0.27	CMS (4)	Total number of hours patients were in physical restraint per 1,000 inpatient hours
	HBIPS 3 - Hours of Locked Seclusion Rate	0.42		0.30	CMS (4)	Total number of hours patients were in locked seclusion per 1,000 inpatient hours
	HBIPS 4 - Patients discharged on multiple antipsychotic medications	2%		3%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications
	HBIPS 5 - Patients discharged on multiple antipsychotic medications with appropriate justification	100%		41%	CMS (4)	Percent of patients discharged on 2 or more antipsychotic medications with documented justification
	HBIPS 6 - Patients discharged with a continuing care plan	4%		88%	CMS (4)	Percent of patients for whom the post discharge continuing care plan is created and contains the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations
HBIPS 7 - Post discharge continuing care plan transmitted to next level of care provider	4%		81%	CMS (4)	Percent of patients for whom the post discharge continuing care plan was transmitted to the next level of care	
Financial	Total BHD Revenue (millions)	\$120.5		\$120.5		
	Total BHD Expenditure (millions)	\$179.6		\$179.6		

**Notes:**

- (1) 2015 Status color definitions: Red (below 20% of benchmark), Yellow (within 20% of benchmark), Green (meets or exceeds benchmark)
- (2) Performance measure target was set using historical BHD trends
- (3) Performance measure target was set using National Association of State Mental Health Directors Research Institute national averages
- (4) Performance measure target was set using Centers for Medicare & Medicaid (CMS) Hospital Compare national averages
- (5) Due to missing data following transition from CMHC to Avatar, numbers above are limited to the first three quarters of 2015.

**Milwaukee County Behavioral Health Division  
Community Access to Recovery Services  
Annual Data Report – 2015**

<b>Individuals Served by Level of Care</b>							
Level of Care	2014					2015	
	Total	Q1	Q2	Q3	Q4	Total	Goal
Community Based Residential Facilities (CBRF)	159	144	143	139	131	173	162
Day Treatment	54	34	25	26	25	59	55
Community Support Program (CSP)	1392	1167	1158	1032	1279	1290	1419
Comprehensive Community Services (CCS)	23	70	113	171	217	233	236
Community Recovery Services (CRS)	140	61	56	48	44	62	61
Targeted Case Management (TCM)	1505	1406	1425	1212	1470	1738	1535
Community Linkages and Stabilization (CLASP)	243	109	76	91	63	165	247
AODA - Detox	1896	599	656	589	344*	1854	1858
AODA – Clinical	5474	1981	2092	1744	1323	4400	5583

*\*Reduction due to delay in implementation of new EHR at Detoxification facility and do not reflect actual volume.*

<b>New CCS Enrollments</b>						
	2014	2015				
		Q1	Q2	Q3	Q4	Total
<b>Total</b>	<b>23</b>	<b>48</b>	<b>46</b>	<b>86</b>	<b>48</b>	<b>251</b>

- The CCS provider network continues to grow; 8 agencies are now state certified branch offices, providing care coordination services.
- Each agency is expected to employ at least 2 FTE's for the provision of ancillary services.
- CARS now operates a dedicated phone line to respond to CCS inquiries and facilitate the referral process.

<b>Number of Requests for Service, by Level of Care</b>						
Level of Care	2014	2015				
	Total	Q1	Q2	Q3	Q4*	Total
CBRF	141	37	33	35	13	118
Day Treatment	149	30	42	26	20	118
CSP	422	126	138	143	50	457
CCS	67	91	109	133	124	457
TCM	818	242	178	159	80	659

\*Reduction in requests are likely due to errors and omissions as a result of transition to new EHR and may not reflect actual volume.

<b>Time (in Days) from Request to Admission, by Level of Care</b>						
Level of Care	2014	2015				
	Mean	Q1	Q2	Q3*	Q4**	Mean
CBRF	113.3	82.5	76.0		52.7	70.4
Day Treatment	38.8	72.6	67.4		43.3	61.1
CSP	87.4	107.9	81.9		54.9	81.6
CCS	19.0	48.5	81.0	58.9	51.4	59.9
TCM	72.4	78.1	64.8		27.0	56.6

\*Change in reporting methodology and inconsistent data elements across CMHC to Avatar led to period of time in Q3 where data converted from CMHC (the previous EHR) was unavailable.  
 \*\* Although these initial reductions are promising, they should be viewed as preliminary as they represent a limited sample and a new reporting methodology, as noted above.

## **CMS Performance Measures Beginning 7/1/16**

### **Transition Record with Specified Elements Received by Discharge Patients, Timely Transmission of Transition Record, Screening for Metabolic Disorders**

#### **Transition Record with Specified Elements Received by Discharge Patients (Acute Inpatient discharges)**

All of the eleven elements listed below must be captured to satisfy the measure:

1. Reason for inpatient admission
2. Major procedures and tests performed during inpatient stay and summary results
3. Principal diagnosis at discharge
4. Current medication list
5. Studies pending at discharge (e.g., laboratory, radiological)
6. Patient instructions
7. Advance directives or surrogate decision maker documented or documented reason for not providing advance care plan
8. 24-hour/7-day contact information including physician for emergencies related to inpatient stay
9. Contact information for obtaining results of studies pending at discharge
10. Plan for follow-up care
11. Primary physician, other healthcare professional, or site designated for follow-up care

#### **Timely Transmission of Transition Record**

Patients for whom a transition record was transmitted to the facility or primary physician or other healthcare professional designated for follow-up care within 24 hours of discharge

#### **Screening for Metabolic Disorders**

Patients who received a metabolic screening either prior to, or during, the inpatient psychiatric stay. The screening must contain four tests: (1) BMI; (2) blood pressure; (3) glucose or HbA1C; and (4) lipid panel – which includes total cholesterol (TC), triglycerides (TG), high density lipoprotein (HDL), and low density lipoprotein (LDL-C) levels. The screening must have been completed at least once in the 12 months prior to the patient's date of discharge.

Contracted Agency Performance Measures - DRAFT

Measure		Specific Item(s)	Source	Numerator/Denominator/ Exclusions	Reporting Frequency of Agencies to BHD	Analysis and Reporting Frequency by BHD
Acute Services						
	PCS	<ol style="list-style-type: none"> <li>1. Percent of individuals returning to PCS within 3 days</li> <li>2. Percent of individuals returning to PCS within 7 days</li> <li>3. Percent of individuals returning to PCS within 30 days</li> <li>4. Change in percent "voluntary" versus "involuntary" PCS visits</li> </ol>	Avatar Episodes	All PCS episodes within a given quarter	Ongoing	Quarterly
	Medical ER Visits	<ol style="list-style-type: none"> <li>1. Percent reporting that they had a medical ER visit in the last 30 days (yes/no)</li> </ol>	PPS Modules	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable), Ongoing	Quarterly
	Detox	<ol style="list-style-type: none"> <li>1. Percent of individuals returning to detox within 30 days</li> </ol>	Avatar Episodes	All detox episodes within a given quarter	Ongoing	Quarterly
	Mobile Contacts in Community	<ol style="list-style-type: none"> <li>1. Percent of individuals receiving visits from mobile crisis team</li> </ol>	Avatar Episodes	All mobile crisis visits within a given quarter	Ongoing	Quarterly
	Psychiatric Inpatient Utilization	<ol style="list-style-type: none"> <li>1. Number of admissions (BHD only)</li> <li>2. 30 day readmission rates (BHD only)</li> <li>3. Total bed days (estimated by provider)</li> <li>4. Percent reporting other psychiatric inpatient facility admissions in last 30 day (yes/no)</li> </ol>	Avatar Episodes  PPS Modules	All BHD inpatient episodes within a given quarter  All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable), Ongoing	Quarterly
	Medical Inpatient Utilization	<ol style="list-style-type: none"> <li>1. Percent reporting other medical inpatient facility admissions in last 30 day (yes/no)</li> </ol>	PPS Modules	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable), Ongoing	Quarterly

**Contracted Agency Performance Measures - DRAFT**

Behavioral Health Appointments Kept		<ol style="list-style-type: none"> <li>1. Outpatient psychiatry appointments kept in last 6 months (yes/no)</li> <li>2. Outpatient therapy appointments kept in last 6 months (yes/no)</li> </ol>	PPS Modules <i>(would need to add this)</i>	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable) Ongoing	Quarterly
Housing Status and Stability		<ol style="list-style-type: none"> <li>1. Housing status at time of PPS administration</li> </ol>	PPS Modules	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable) Ongoing	Quarterly
Employment/Educational Status (Children/Adolescents and Adults)		<ol style="list-style-type: none"> <li>1. Employment/Educational status at time of PPS administration</li> </ol>	PPS Modules	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable) Ongoing	Quarterly
Arrests		<ol style="list-style-type: none"> <li>1. Arrests in last 30 days</li> <li>2. Arrests last 6 months</li> </ol>	PPS Modules	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable) Ongoing	Quarterly
Satisfaction <sup>1</sup>		<ol style="list-style-type: none"> <li>1. Client recommendation:             <ol style="list-style-type: none"> <li>a. "I would recommend this agency to a friend or family member who wants this service."</li> </ol> </li> <li>2. Trauma-informed</li> <li>3. Person-centered</li> <li>4. Cultural intelligence</li> <li>5. Access to service</li> <li>6. Perception of quality</li> <li>7. Outcomes</li> <li>8. Recovery</li> <li>9. Recovery-oriented</li> </ol>	MHSIP, Other survey To Be Developed	<ol style="list-style-type: none"> <li>1. Sample drawn of adequate size to reflect population (of all TCMs), e.g., with 1468 TCM clients, approximately 305 are required at a confidence level of 95% and a confidence interval of +/- 5% (could also treat agencies as populations).</li> <li>2. Sample size drawn adequate to detect statistically significant difference from expected benchmark with 80% confidence (power of .80). E.g., with alpha of .05, at power of .8, approximately 34 clients are required from each agency to</li> </ol>	Quarterly	Quarterly

Contracted Agency Performance Measures - DRAFT

				detect statistically significant difference of 5 points, with expected mean of 75% and standard deviation of 10%. <sup>2</sup>		
"Level of Functioning" <sup>3</sup>		TBD	PPS Modules – or new assessment tool here?	All PPS's collected in a given quarter, based on a pre-specified time in treatment (e.g., all those who have been in treatment for 6 months, 12 months, etc.)	Intake, Discharge, Every 6 Months (As Applicable) Ongoing	Quarterly

<sup>1</sup> This indicator is to be comprised of several items, one of which assesses whether individuals "would recommend the service to a friend" or something to that effect, while the other items would assess client satisfaction with "Value-Based" elements of care (e.g., one question assessing whether a client was satisfied with the cultural intelligence of the care she/he received). One possible approach would be to have two scores for satisfaction, one for the item, "would you recommend this service...", while the other might be a composite score of the 3-4 value-based items which populate the rest of the satisfaction items (Recovery-Oriented, Trauma-Informed, Person-Centered, Culturally Intelligent, etc.). Another approach would simply be to combine all the satisfaction items into one composite score. Regardless, the entire satisfaction indicator itself would likely only be 4-6 items. The specific questions for this indicator have yet to be determined, but their development is in process.

<sup>2</sup> This assumes a known benchmark against which to compare an agency's satisfaction score. According to Dr. Nunley, from data collected in 2014 for TCMs (one of our higher satisfaction programs, remember), the "mean of means" for MHSIP satisfaction scores was 80.03 and the standard deviation was 7.56. However, there was greater variability in MHSIP subscale scores and even greater variability amongst individual items, all of which affect the standard deviation, which can have a considerable impact on sample size.

<sup>3</sup> As we do not currently have an ongoing assessment of level of functioning post-intake, this indicator will be gradually phased into the contract performance indicators process during the course of 2016

DRAFT

## MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION, COMMUNITY ACCESS TO RECOVERY SERVICES

## EXECUTIVE SUMMARY: CARS MHSIP CONSUMER SURVEY, 2015

The 13th annual collection of the MHSIP Consumer Satisfaction survey among those receiving mental health services administered by CARS (formerly SAIL) indicated overall high satisfaction levels with these services. Though this is not unusual—surveys have shown relatively high levels of satisfaction with community services programs for many years—the results from 2015 were particularly striking.

The MHSIP survey is a 36-item Likert format survey that presents positively-worded items with which respondents agree or disagree and sorts them into six distinct domains. This was the second year CARS has used a survey modified to meet a Mental Health Redesign SMART goal that incorporated six new items and allowed more open-ended comments; the names of some domains were also changed.

The table below presents results for each of four CARS programs by MHSIP domain. Results have also been analyzed to compare the performances of specific agencies or locations within each program and to identify any individual statements that received especially high or low levels of agreement.

All programs had at least 70% agree/strongly agree responses in all six domains, with one exception: residential programs (CBRFs) received only 68% agreement with items in the “Changes” domain, which asks about life improvements “as a direct result of services I received.” Respondents enrolled in TCM averaged over 80% agree/strongly agree responses in all six domains; those enrolled in CSP programs had 80% agreement in all but one domain, with 79% agreement in that one. Those receiving Day Treatment also averaged 80% agreement in all but one domain. TCM showed the highest rates of satisfaction that program has ever had in four of the six domains; CSP also had the highest satisfaction that program has ever had in four of six domains. Residential services received the highest ratings ever in the “Quality” domain (one of three domains not modified in the Mental Health Redesign revision).

Historically, the “Changes” and “Abilities” domains—in which all items are prefaced by the phrase “as a direct result of services I received...”—do not obtain as high levels of agreement, so it was gratifying to see all four programs above 75% agreement and three above 80% in the “Abilities” domain.

2015 CARS Domain Scores		Percent Agree/Strongly Agree Response					
Program	Surveys	Access Domain	Outcomes Domain = Changes	Quality and Appropriateness Domain = Quality	General Satisfaction Domain	Functioning Domain = Abilities	Person-Centered Domain
CSP	170	80	79	84	82	82	88
Day Treatment	23	96	74	90	87	84	90
Residential	67	75	68	77	72	76	74
TCM	212	86	85	83	92	82	89
CARS Total	488	83	80	83	87	81	86

The results for individual agencies providing services and individual items that did not have as high levels of agreement will be distributed and discussed at program operations meetings. Program managers and quality assurance staff are also informed about specific agencies or locations that receive appreciably worse satisfaction ratings so that the advisability of corrective action may be considered.

MILWAUKEE COUNTY  
BEHAVIORAL HEALTH DIVISION  
COMMUNITY ACCESS TO RECOVERY SERVICES

**CARS SUMMARY REPORT  
MHSIP CONSUMER SURVEY  
2015**

Submitted to:  
Milwaukee County Community Access to Recovery Services

Prepared by  
CARS Program Evaluation

Revised  
February 3, 2016

## Introduction

Milwaukee County Behavioral Health Division's Community Access to Recovery Services (CARS)—formerly the Community Services Branch (CSB)—has annually conducted a survey of persons receiving mental health services in its community-based programs. From 2010 to 2013, the CSB/CARS survey used the revised Mental Health Statistics Improvement Program (MHSIP) Consumer Survey (Draft version 1.2, February 17, 2006), to survey persons who were actively receiving services in five community mental health program areas: Community Support Programs (CSP), Targeted Case Management Programs (TCM), Community-Based Residential Facility Programs (CBRF), Day Treatment services (DT), and Outpatient services (OP). The surveys were intended to address a number of key questions.

1. What are the perceptions of persons receiving services of the appropriateness and quality of the mental health services they received in the last year?
2. What are the perceptions of persons receiving services of access to the mental health services they received in the last year?
3. What are the perceptions of persons receiving services of the outcomes of the mental health services they received in the last year?
4. What are perceptions of persons receiving services of their relationships with other persons, not including their mental health service providers?
5. To what extent are persons receiving services satisfied with the mental health services they received in the last year?

Community Access to Recovery Services has established a target range of at least 70-80% positive responses in all MHSIP domains, an expectation that was extended to the two additional domains of Improvement in Functioning and Improvement in Social Connectedness that were added in 2010 with the use of MHSIP version 1.2. For a time a target range of 65-75% positive responses was considered acceptable for a single item, "I, not staff, decided my treatment goals," but as part of an initiative to improve person-centered planning, a decision was made in 2012 to consider 70-80% agree/strongly agree responses to be the benchmark for this item as well.

## Method

### Sample

Separate sampling procedures were used for different CARS program areas. Procedures took into account logistical issues pertinent to data collection, with sampling procedures for each program area representing the most feasible approach to obtaining desirable sample sizes. The following approaches were used for each CARS program area:

- **Residential:** survey the total population of persons residing in community-based facilities who had been receiving residential services for at least three months as of September 2015 (N=67).

- **Community Support Programs:** survey a convenience sample of 10-20% from each provider of persons who had received CSP services for at least three months as of September 2015 (N=170).
- **Targeted Case Management:** survey a 20% random sample for each provider of persons who had received at least three months of TCM services as of September 2012 (N=212). To reduce the burden on respondents, all clients included in the random sample generated in 2014 were excluded from the random sample for 2015.
- **Day Treatment:** survey *all* persons receiving services throughout 2015 in one of the Day Treatment programs (DBT and Recovery) during 2015 (N=23) first after four weeks of services and at discharge from services. Discharge results are reported here; four week results are included in the separate Day Treatment Program Report.

### Data Collection Procedures

The consumer survey was conducted as a point-in-time measure of the perceptions of persons receiving mental health services of the particular program from which each received services in 2015. Trained surveyors from Vital Voices for Mental Health administered the MHSIP Consumer Survey utilizing a peer-to-peer methodology, and assisted individuals as necessary to complete the survey instrument in Residential, CSP and TCM programs. In-person administration was used in Day Treatment both four weeks after the start of services at a time convenient for the clients and at the time of discharge, with staff providing any needed assistance. Procedures were adopted in each setting to assure that survey respondents would not be identifiable. Due to changes related to the Affordable Care Act, Medicaid eligibility rules, and ongoing service contracts, too few surveys could be collected from those receiving Outpatient services to assure they would constitute a representative sample, and as a result Outpatient is excluded from the 2015 report.

### Instrument

The MHSIP Consumer Survey is a 36-item instrument designed to measure six major domains of mental health services: General Satisfaction, Access, Quality/Appropriateness, Outcomes, Functioning, and Social Connectedness. Respondents indicate their level of agreement / disagreement with statements about mental health services they have received. The response range utilizes a 5-point scale: strongly agree – agree – neutral – disagree – strongly disagree. Respondents may record an item as not applicable. Respondents also complete survey items to provide basic demographic data: age, gender, and ethnicity. Respondents may choose to provide written comments on the survey form about their responses or about areas not covered by the questionnaire, but these are not required.

One concern about the survey, which was designed in 2000 and revised in 2006, is that it has not kept pace with certain reforms in mental health services, in particular the increased emphases on recovery orientation and person-centered planning. As a result of this, and in response to objectives adopted by the Milwaukee County Mental Health Redesign and Implementation Task Force, a variant version of the survey was drafted and approved for use in 2014.

Given the utility of comparing current levels of satisfaction with past levels in the same programs or agencies, an effort was made to keep intact as much as possible of the existing

MHSIP survey. As a result, only six items that did not discriminate as well among stronger and weaker performing programs were eliminated and only six items added, the latter comprising a new six-item “Person-Centeredness” domain. Three domains were kept identical to the standard MHSIP: Quality and Appropriateness of Services, Outcomes of Services (retitled “Changes”), and Improvement in Functioning (retitled “Abilities”).

The Person-Centeredness domain, developed by a work group comprising members of the Mental Health Task Force’s Quality Action Team and its Person-Centered Care Action Team, selected questions that either focused on values the work group decided needed greater emphasis—such as programs being person-centered, recovery-oriented, and trauma-informed—or on issues that had been raised repeatedly in the comments of respondents to the traditional MHSIP in previous years, such as rule enforcement and money management.

Another important change was made in the way such individual comments were solicited. Instead of a single request for comments at the end of all the specific items, questions were divided into six titled domains and respondents were offered an opportunity to comment on each domain (as well as more generally). Survey revision was completed in early 2014 and implemented for the surveys conducted in the fall and winter of 2014-2015.

The following survey items comprise the six domains of the Milwaukee County’s modified MHSIP Consumer Survey:

#### Consumer Perception of **Access**

- The location of services was convenient.
- Staff were willing to see me as often as I felt was necessary.
- Staff returned my calls within 24 hours.
- I was able to see a psychiatrist when I wanted to.
- I was able to get all the services I thought I needed.

#### Consumer Perception of **Quality**

- Staff here believe that I can grow, change and recover.
- I felt comfortable asking questions about my treatment and medication.
- Staff told me what side effects to watch for.
- Staff respected my wishes about who is, and who is not, to be given information about my treatment.
- Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.).
- Staff helped me to obtain information so that I could take charge of managing my illness.
- I felt free to complain.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- I was encouraged to use consumer-run programs (support groups, crisis phone line, etc.).
- I, not staff, decided my treatment goals.

#### Consumer Perception of **Person-Centeredness**

- I felt the rules were fair and consistent.
- Staff encouraged me to have hope and high expectations for my life.
- Staff welcomed my thoughts about my medication.
- I am included in decisions about my money.
- Staff and I work together as a team to reach my life goals.
- Staff understand that I have been through a lot.

#### Consumer Perception of **General Satisfaction**

- I like the services that I received here.
- If I had other choices, I would still get services from this agency.

#### Consumer Perception of **Changes**

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My symptoms are not bothering me as much.
- My housing situation has improved.

#### Consumer Perception of **Abilities**

- I do things that are more meaningful to me.
- I am better able to take care of my needs.
- I am better able to handle things when they go wrong.
- I am better able to do things that I want to do.

### Results

This report of the 2015 CARS modified MHSIP Consumer Survey presents data from the thirteenth administration of a satisfaction survey for Community Access to Recovery Services programs. Data presented include results broken out for four CARS program areas. Results for two Day Treatment programs are aggregated in this report for ease in data analysis; they will be separated out in a companion report.

For purposes of quality improvement for operated and contract agencies, companion reports of the 2015 survey will also be prepared with data broken out by CARS program and individual provider organizations

Based on many years of conducting the MHSIP Consumer Survey, the CARS suggests the following guidelines when interpreting the percentage of agree/strongly agree (positive) responses. When utilizing these guidelines, however, it is critical to take into consideration response and sample sizes when evaluating results for individual providers. When reviewing

specific survey items, it also must be understood that particular items may be more germane to some program areas than to others.

- Percentages less than 70% can be considered '*relatively low*' and below 60% can be considered '*poor*'
- Percentages in the 70 - 79% range can be considered '*good*' or '*expected*'
- Percentages in the 80 - 89% range can be considered '*high*'
- Percentages above 90% can be considered '*exceptional*'

Results of the 2015 Consumer Survey are presented in tabular form on the next several pages. Table 1 (second page following) presents data on sample size, respondents, and response rate. The survey response rates ranged from a low of 59% for clients receiving Day Treatment services to a high of 87% for clients receiving TCM services. The total survey response rate for all CARS programs included in this report was 76%, which is consistent with research standards that indicate a reasonable goal for response rates for this type of survey is 50-60%. It is important to note that interpretation of results from this survey cannot account for perceptions of services for those who chose not to respond nor determine whether those who did respond represent consumers with comparatively more favorable or less favorable perceptions than those who did not respond.

Tables 2 and 3 (following page) present 2015 demographic data on the age, gender, and ethnicity of respondents. Demographic data from the 2015 survey are generally consistent with previous years. The average age of the population served by CARS programs has been remaining steady over time, with an overall average of 46 years in this year's sample. In general, the more intensive the service, the older the case mix. Males continued to outnumber females in all programs except Day Treatment, which at 86% had highest percentage of female respondents that Day Treatment has yet obtained. Overall, however, women comprised only 43% of all respondents from CARS programs included in this survey, continuing a long-term trend of declining female participation. The proportion of clients identifying themselves as Hispanic-Latino, which had shown steady increases between 2005 and 2011, now appears to be fluctuating from year to year. In 2015, 10% of respondents said they were Hispanic-Latino, similar to 2014. Native Americans comprised 2% of respondents in 2015, similar to prior years. At 1% the proportion whose ethnic identification is Asian decreased after increases over the last few years.

Table 4 (second page following) presents 2015 data for the Consumer Survey items organized by the six new domain titles of Access, Changes, Quality, General Satisfaction, Abilities, and Person-Centeredness for each Community Access to Recovery Services program in this report and for the total of all respondents in these CARS programs. (For those domains that have been retitled, the former domain name is also provided.) To facilitate year-over-year comparisons, Table 5 (also second page following) presents Consumer Survey domain scores for the six domains included in the last four years the MHSIP or modified MHSIP has been administered. It should be noted the data for Day Treatment is not truly comparable across years, since the sampling procedure was changed between 2011 and 2012 and modified again during 2014.

As discussed earlier, CARS expected each program area to be positively rated at 70% – 80% agree/strongly agree responses in each of the six modified MHSIP domains. Detailed results by CARS program are presented later in this report, and they will be further broken down, including results for each provider agency, in the companion 2015 CARS MHSIP Program Reports.

- All program areas met the target range for Access to services. Day Treatment (96%) and TCM (86%) both exceeded the target for Access.
- All program areas except Residential met the target range for Changes (formerly MHSIP “Outcomes”). TCM (85%) exceeded the target for Changes.
- All program areas met the target range for Quality of services (formerly MHSIP “Quality and Appropriateness”). Day Treatment (90%), TCM (83%) and CSP (84%) exceeded the target for Quality.
- All program areas met the target range for General Satisfaction with services. Day Treatment (87%), TCM (92%) and CSP (82%) exceeded the target for General Satisfaction.
- All program areas met the target range for Abilities (formerly MHSIP improvement in “Functioning”) CSP (82%), Day Treatment (84%), and TCM (82%) exceeded the target for Abilities.
- All program areas met the target range for Person-Centered services (which replaced “Social Connectedness” on the MHSIP). Day Treatment (90%), TCM (89%) and CSP (88%) exceeded the target for Person-Centeredness.

Table 1

Response Rate By Program			
Program	Number in Sample	Number of Respondents	Response Rate %
CSP	233	170	73%
Day Treatment	39	23	59%
Residential	103	67	65%
TCM	244	212	87%
<b>CSB Total</b>	<b>619</b>	<b>472</b>	<b>76%</b>

Table 2

Age and Gender of Respondents					
Program	Mean Age (Years)	Male		Female	
		N	%	N	%
CSP	46	95	57%	72	43%
Day Treatment	39	3	14%	19	86%
Residential	51	45	68%	21	32%
TCM	45	120	57%	90	43%
<b>Total</b>	<b>46</b>	<b>263</b>	<b>57%</b>	<b>202</b>	<b>43%</b>

Table 3

Ethnicity of Respondents*							
Program	Number Responding	African-American	Caucasian	Hispanic -Latino	Asian	Native American	Other
CSP	170	60%	28%	10%	2%	4%	6%
Day Treatment	22	32%	64%	4%	5%	0%	0%
Residential	61	33%	57%	16%	0%	5%	5%
TCM	196	54%	37%	9%	0%	1%	5%
<b>Total</b>	<b>449</b>	<b>52%</b>	<b>38%</b>	<b>10%</b>	<b>1%</b>	<b>2%</b>	<b>5%</b>

\*"Hispanic-Latino?" is a separate question, so percentages may not sum to 100%.

Table 4

2015 CARS Domain Scores		Percent Agree/Strongly Agree Response					
Program	Surveys	Access Domain	Outcomes Domain = Changes	Quality and Appropriateness Domain = Quality	General Satisfaction Domain	Functioning Domain = Abilities	Social Connectedness/ Person-Centered
CSP	170	80	79	84	82	82	88
Day Treatment	23	96	74	90	87	84	90
Residential	67	75	68	77	72	76	74
TCM	212	86	85	83	92	82	89
CARS Total	488	83	80	83	87	81	86

Table 5

2012-2015 CSB-CARS MHSIP Domain Scores**																								
Service	Access Domain				Outcomes Domain = Changes				Quality and Appropriateness Domain = Quality				General Satisfaction Domain				Functioning Domain = Abilities				Social Connectedness/ Person-Centered			
	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015	2012	2013	2014	2015
CSP	79	80	83	80	76	76	78	79	79	82	82	84	79	82	84	82	80	79	82	82	77	74	83	88
Day Treatment*	80	83	83	96	59	51	75	74	81	87	94	90	87	88	91	87	66	46	74	84	63	55	95	90
Residential	77	78	72	75	80	77	77	68	72	74	74	77	71	73	78	72	80	75	79	76	83	81	70	74
TCM	81	84	81	86	72	75	72	85	80	81	85	83	80	85	88	92	79	78	78	82	75	75	85	89

\*Day Treatment did not begin collecting items in the Functioning and Social Connectedness domains until mid-2011

\*\*For 2014, Outcomes, Quality & Appropriateness, and Functioning Domains were renamed but contain the same items; other domains were modified.

Results for the last four years (2011-2015) indicate high positive perceptions of Access to CARS mental health services across all programs. For all four years, consumer satisfaction with Targeted Case Management and Community Support Programs have consistently met targets in all six chosen domains. Consumer satisfaction with Residential (CBRF) services has met targets in five of six domains for all four years, with Changes in 2015 not meeting target at 68%. For Day Treatment, there were marked discrepancies in 2012 and 2013 between satisfaction related to the “process” domains of Access, Quality, and General Satisfaction—which have consistently met the targets—and domains related to perceived results, namely Changes, Abilities, and the former Social Connectedness—which fell short of the target rates. Further analysis determined that reporting on responses from the survey when it was administered four weeks into service did not provide sufficient time for eventual improvements to be realized, so the current report returns to the past practice of reporting only on results from the survey when it is administered at the time of client discharge from services. (The survey at four weeks is still administered to see how much improvement occurs between four weeks and discharge.)

Satisfaction with CSP, Residential, and Day Treatment services was mixed in 2015 compared to 2014. Satisfaction for clients receiving Targeted Case Management was higher in 2015 than in 2014 in all domains, except in Quality. Staff at agencies offering these services should be congratulated for the high levels of satisfaction they achieved in 2015.

### Combined CARS Programs

Positive ratings (percent agree or strongly agree) were obtained from respondents for all six domains of the MHSIP Survey for 2015. The aggregate CARS domain scores exceeded the target for satisfaction in all six domains: Access to services (83%), Quality of services (83%), Changes due to services (80%), General Satisfaction with services (87%), Person-Centered services (86%), and client improvement in Abilities (81%). The level of agreement in the four “process” domains—Quality, Person-Centeredness, Access and General Satisfaction—were especially high, with two of five domains above 85% agree/strongly agree. General Satisfaction and Changes due to services were both higher than they had been in any of the four previous years. Over several years, the all-CARS trend has been for steady improvement. That all six domains now have over 80% agreement for CARS as a whole is a remarkable achievement.

Ratings of individual items for all CARS consumer respondents should be considered with care. The sampling strategies for different programs were not the same, and some programs had a much larger number of survey respondents. Nonetheless, within-group differences between the highest- and lowest-scoring items are statistically significant and indicate that most consumers did differentiate among individual items rather offering a more global satisfaction response.

*Highest rated items across all CARS programs combined in 2015 were:*

- I like the services that I received here. (87.4)
- I felt comfortable asking questions about my treatment and medication. (87.3)

2014 MHSIP – All CARS

- Staff respected my wishes about who is, and who is 2t, to be given information about my treatment. (87.3)
- Staff understand that I have been through a lot. (86.8)
- Staff here believe that I can grow, change and recover. (86.8)
- Staff encouraged me to take responsibility for how I live my life. (86.8)
- Staff encouraged me to have hope and high expectations for my life. (86.8)
- Staff were willing to see me as often as I felt it was necessary. (86.6)
- Staff welcomed my thoughts about my medication. (86.4)
- Staff helped me to obtain information so that I could take charge of managing my illness. (85.9)
- I was given information about my rights. (85.8)
- If I had other choices, I would still get services from this agency. (85.6)
- Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.) (85.6)
- Staff and I work together as a team to reach my life goals. (85.4)
- The location of services was convenient. (85.4)
- Staff returned my call in 24 hours. (85.3)
- I felt free to complain. (85.0)
- I was encouraged to use consumer run programs (support groups, crisis phone line, etc.) (85.0)

All the items listed above had a percentage of “strongly agree” or “agree” responses in the 85-90% range considered “very high” by CARS. “My symptoms aren’t bothering me as much” was the only question to score under 80% (the “high” threshold) at 78.7.

In 2015 there were NO items across all CARS programs combined that were in the 60-70% range of agree/strongly agree responses considered “relatively low” by CARS. This followed a decrease from six such items in 2013 to only three in 2014. In 2015, the item “I, not staff, decided my treatment goals” had received less than 70% satisfaction from consumers across all CARS programs for seven years in a row; this year it scored 81.4! This has occurred in conjunction with high ratings on items related to person-centeredness, including “Staff and I work together as a team to reach my life goals” (85.4).

### Community Support Program

It was another very good year for consumer satisfaction with services in the Community Support Program. In 2015, Access to services (80%), Quality of services (84%), Changes due to services (79%), Person-centered services (88%), General Satisfaction with services (82%), and client improvement in Abilities (82%), all received percentages of agree/strongly agree responses that met or exceeded the target range of 70-80% for MHSIP domains. Five of the domains received agree/strongly agree responses in the 80-90% range considered “high” by CARS. Community Support Program agencies are also to be congratulated for eight consecutive years of satisfactory ratings in all the MHSIP domains.

Specific results from the 2015 survey revealed the following items were the most highly rated by consumers enrolled in Community Support Programs:

- I felt comfortable asking questions about my treatment and medication. (85.9)

- I was encouraged to use consumer run programs (support groups, crisis phone line, etc.) (85.4)
- I am better able to take care of my needs. (85.4)
- Staff here believe that I can grow, change and recover. (85.2)
- Staff respected my wishes about who is, and who is not, to be given information about my treatment. (85.2)
- Staff encouraged me to have hope and high expectations for my life. (85.1)
- Staff understand that I have been through a lot. (85.1)

Due to space considerations, not all items scoring above 80% were included in the above list. All the ones with 85% agree/strongly agree responses are included, but there were an additional 24 items that scored in the 80-85% range. In all, 31 of 36 items received a proportion of agree/strongly agree responses in at least the 80-90% range considered “high” by CARS. Items with “high” satisfaction were drawn from all six domains. That 31 items obtained over 80% agree/strongly agree responses is the highest number that have reached this level of satisfaction in all the years CSP satisfaction surveys have been administered.

The lowest rated item for CSP programs was:

- I do better in school and/or work. (77.7)

#### Residential: Community Based Residential Facilities

Satisfaction ratings from consumers in Community Based Residential Facilities (CBRFs)—continued in 2015 to follow a trend towards gradual improvement, although specific item scores varied considerably. Aggregating all surveys completed at CBRFs, the percentage of agree/strongly agree responses to positively worded statements achieved the 70-80% target range considered “good/acceptable” by CARS in five of six modified MHSIP domains: Access to services (75%), Quality of services (77%), Person-Centered services (74%), General Satisfaction with services (72%), and client improvement in Abilities (76%). The variation in individual items increases the importance of looking at item scores. It also shows the thoughtfulness of respondents, most of whom did not answer with a narrow response set. There also continued to be differences in satisfaction between locations, although with small numbers of clients in many of these locations, these scores are volatile and can be affected by only one or two clients expressing dissatisfaction. It is good to see most CBRF consumers are satisfied with their services. CBRF staff should be congratulated for obtaining satisfactory ratings in five of six MHSIP domains.

Specific results from the 2015 survey revealed the following were the highest rated items by consumers in Residential CBRF programs:

- I do things that are more meaningful to me. (84.6)
- I do better in school and/or work. (83.3)
- The location of services was convenient. (82.1)
- Staff here believe that I can grow, change and recover. (81.8)
- Staff respected my wishes about who is, and who is not, to be given information about my treatment. (81.2)
- I felt comfortable asking questions about my treatment and medication. (81.0)

- I was given information about my rights. (80.9)
- Staff welcomed my thoughts about my medication. (80.9)
- I am getting along better with my family. (80.6)
- I felt the rules were fair and consistent. (80.6)
- Staff encouraged me to take responsibility for how I live my life. (80.3)

All the items listed above received agree/strongly agree responses from CBRF consumers in the 80-90% range that is considered “high” by CARS. One item from the “Quality” domain that remained high both years, “Staff here believe that I can grow, change and recover” (81.8%) is a very important one for those receiving residential services, so it is good to see it is still perceived positively by persons residing in group homes.

Items rated low in 2015 by consumers in CBRF Residential programs included:

- I am included in decisions about my money. (75.3)
- If I had other choices, I would still get services from this agency. (75.2)
- I am better able to handle things when they go wrong. (75.2)
- I was encouraged to use consumer run programs (support groups, crisis phone line, etc.) (74.5)
- Staff told me what side effects to watch for. (71.2)

All of the above items were within the 70-80% target range of agree/strongly agree responses.

### Day Treatment

The two CARS-operated Day Treatment programs, DBT and Recovery, are combined in this report; they will receive separate analysis in the Day Treatment Programs report. In 2012 a new sampling strategy for consumer satisfaction surveys was implemented for Day Treatment programs, so this is the fourth year of using that strategy. Because the revisions to the MHSIP requested by the Milwaukee Mental Health Redesign Task Force were not implemented until mid-year and because Day Treatment programs survey clients throughout the year, not all respondents were asked the same questions. For this report, responses to the questions included on both versions are aggregated, while those that appeared on either the older or newer version include only responses from those who received the survey on which they appeared.

Before 2012, MHSIP consumer satisfaction surveys were completed only at the time of discharge from an episode of Day Treatment. Because a significant number of withdrawals from Day Treatment are unplanned, this sampling strategy resulted in low response rate for Day Treatment over several years, which made it difficult to interpret survey findings. As a consequence, CARS Program Evaluation and Day Treatment staff decided to invite recipients of Day Treatment services to complete satisfaction surveys at two different points: first at four weeks after admission into treatment and second at discharge from that treatment episode. This allowed surveys to be collected from clients who had received enough Day Treatment to have an opportunity to form opinions about various aspects of services but includes many of clients with unplanned discharges who might have been missed previously.

However, in analyzing results for the 2013 MHSIP report, it was noticed that in the four-week survey there were dramatic discrepancies in satisfaction between domains related to processes occurring in Day Treatment (Access, Quality, General Satisfaction) and domains related to results of those services (Outcomes, improvement in Functioning, improvement in Social Connectedness). There is good reason to believe that four weeks was not enough time in services for clients to begin to perceive improvements; in a way, the “results” areas were capturing something closer to a baseline from which later improvements might be expected. Thus, **although the four-week surveys continued to be collected in 2015 in order to provide this relative baseline, it is only results from the satisfaction surveys collected at discharge that are included in this report.**

In 2015, consumers who responded to discharge MHSIP surveys in the two Day Treatment programs combined exceeded the CARS target range of 70-80% agreement in all MHSIP domains: Access to services (96%), Quality of services (90%), General Satisfaction with services (87%), Changes due to services (74%), and improvement in Abilities (84%). In three domains, Access, Quality and Person Centeredness, the percentage responding “agree” or “strongly agree” reached the 90% and over range that is considered “exceptional” by CARS. The Abilities and General Satisfaction domains were rated in the 80-90% range considered “high.” The remaining domain “Changes”, which is related to results (with items phrased “As a result of services I received...”), was not quite as high as those related to processes, but it was still solidly within the target range.

Specific results from the 2015 survey had 14 items (of 36) which obtained responses in the 90% and above range considered “exceptional” by CARS:

- Staff understand that I have been through a lot. (94.5)
- Staff here believes that I can grow, change and recover. (93.0)
- Staff returned my calls within 24 hours. (92.7)
- Staff was sensitive to my cultural/ethnic background. (92.4)
- Staff encouraged me to have hope and high expectations for my life. (92.4)
- I felt comfortable asking questions about my treatment and medication. (92.2)
- Staff helped me to obtain information so that I could take charge of managing my illness. (92.2)
- Staff encouraged me to take responsibility for how I live my life. (92.2)
- I was encouraged to use consumer run programs. (92.2)
- I was able to see a psychiatrist when I wanted to. (91.8)
- Staff welcomed my thoughts about my medication. (90.9)
- If I had other choices, I would still get services from this agency. (90.9)
- Staff was willing to see me as often as I felt was necessary. (90.4)
- Staff respected my wishes about who is, and who is not, to be given information about my treatment. (90.0)

Another 21 not listed obtained agreement in the 80%-90% range, considered “high.” That means 35 items out of 36 possible were rated “high” or better.

Day Treatment staff should be congratulated that persons receiving Day Treatment recognize so quickly the value of the services being offered them, and maintain that high opinion right through to discharge.

Items in the “results” domains—Changes due to services and improvement in Abilities—are much more sensitive to differences between perceptions four weeks into treatment and perceptions of individuals surveyed at discharge. Though the “results” related items have been lower than the “process” items for many years, results in these domains at discharge are still good.

The item receiving the lowest percentages of agree/strongly agree responses from individuals receiving Day Treatment in both Day Treatment programs combined was:

- My housing situation has improved. (73.3)

This item is within the 70-80% target range of agree/strongly agree responses.

### Targeted Case Management

2015 was another in a long string of good years for consumer satisfaction with Targeted Case Management services. For the sixth consecutive year, consumer satisfaction reached at least the target range of 70-80% agree/strongly agree responses in all six MHSIP domains: Access to services (86%), Quality of services (83%), Person-Centered services (89%), General Satisfaction with services (92%), Changes due to services (85%), and improvement in Abilities (82%). In five domains—all except for Changes—consumer satisfaction reached the 80-90% level of agreement considered “high” by CARS. In general, recipients of TCM services remain very satisfied with nearly all aspects of their services.

Specific results from the 2015 survey revealed the following were the items rated most highly by individuals receiving Targeted Case Management:

- I like the services that I received here. (92.6)
- If I had other choices, I would still get services from this agency. (91.4)
- Staff respected my wishes about who is, and who is not, to be given information about my treatment. (90.7)
- Staff were willing to see me as often as I felt it was necessary. (90.4)
- I was given information about my rights. (90.3)
- Staff encouraged me to have hope and high expectations for my life. (90.3)
- Staff encouraged me to take responsibility for how I live my life. (90.2)
- I felt comfortable asking questions about my treatment and medication. (90.0)

In the interest of space, only items scoring in the 90s% agree/strongly agree responses are listed above; there were an additional 27 items that scored between 80% and 89%. In fact, only one item scored below 80%: “My symptoms aren’t bothering me as much” (79.0).

TCM staff should be congratulated for continuing to maintain impressively high levels of satisfaction on so many items we know are important to those receiving TCM services.

The item rated lowest by individuals receiving Targeted Case Management was:

- My symptoms aren’t bothering me as much (79.0)

## Summary

The Milwaukee County Behavioral Health Division's Community Access to Recovery Services (BHD-CARS) conducts an annual survey of persons receiving mental health services in CARS-administered programs to obtain information regarding perceptions of mental health services received. This report presents data from 2015, the thirteenth administration of the survey for CSP, TCM, and Residential programs and the twelfth for Day Treatment programs.

For 2015, the second year in which a CARS modified MHSIP was administered that included a Person-Centeredness domain, Community Access to Recovery Services programs maintained the target range of 70-80% positive responses for all our modified MHSIP domains except Residential's Changes domain at 68%. The list of domains include Access, Quality, Person-Centeredness, General Satisfaction, Changes, and Abilities.

Analyses of survey responses obtained for 2015 revealed:

- All CARS program areas met the target range for Access to services. Day Treatment and TCM exceeded the target for Access.
- All program areas met the target range for Quality of services. Day Treatment, TCM, and CSP all exceeded the target for Quality.
- All program areas met the target range for Person-Centered services. Day Treatment, TCM, and CSP exceeded the target for Person-Centeredness.
- All program areas met the target range for General Satisfaction with services. Day Treatment, TCM, and CSP exceeded the target for General Satisfaction.
- All program areas except Residential met the target range for perceptions of Changes due to provision of services. TCM exceeded the target for Changes.
- All program areas met the target range for improvement in Abilities due to provision of services. Day Treatment, TCM, and CSP exceeded the target for Abilities.
- For all CARS programs except for Residential's Abilities, the domains for Changes and Abilities—which are related to “results” of services, prefaced by the phrase “as a direct result of services I received...”--had lower levels of agreement than “process” domains such as Access, Quality, Person-Centeredness, and General Satisfaction.
- Three of four programs reviewed in this report had *higher* levels of satisfaction with Access to services in 2015 than in 2014.
- In the new Person-Centered services domain that appeared for the first time in 2014 on the CARS modified MHSIP, all four program areas had levels of satisfaction that were above 70% agreement on six positively-worded items. Three programs (all but Residential) were in the ranges considered “high” or “exceptional” by CARS.

- Results by domain for all programs comparing 2015 to 2014 were mixed. In the domain of Quality, Community Support Programs received the highest average satisfaction ratings they have received in the thirteen years of MHSIP survey administration. In the domain of Changes due to services (formerly “Outcomes”), Targeted Case Management programs received the highest average satisfaction rating that they have ever received over the same thirteen years.

Results for the last five years of the MHSIP survey indicate persons receiving CARS mental health services generally have positive perceptions of those services and high General Satisfaction with community services. Consumer perceptions of Access to services, Quality, and General Satisfaction with services have remained above 70% for all CARS programs for the past four years. Client perceptions of Changes in their lives and improved Abilities as the result of services they have received have not remained as high across all programs over the years, but in aggregate respondents have had generally positive views of the improvements that have occurred as a result of their participation in community services, and in 2015 their perception of such improvements was especially positive.

### Recommendations

The following are recommended based on the results of the 2015 Community Access to Recovery Services MHSIP Consumer Survey:

1. As a result of initiatives at a BHD divisional level, revise the consumer satisfaction process to (a) make it more uniform across programs, (b) reduce the number of questions asked, and (c) survey clients and report results on a quarterly rather than an annual basis.
2. Compose a press release on the results of the 2015 MHSIP to highlight the satisfaction expressed by the recipients of Community Access to Recovery Services.
3. Post aggregate results of the CARS MHSIP survey on the Behavioral Health Division Dashboard to make them accessible to the general Milwaukee community.
4. Review the 2015 survey results with providers to attempt to clarify and explain those domains and items that received lower ratings by individuals receiving services within each program and consider what actions should be taken at a programmatic level in response.
5. Encourage individual agencies to undertake NiaTx PDSA change projects that would be likely to impact domains or items where clients are less satisfied with the agency or program.
6. Utilize the 2015 survey results in discussions with BHD and CARS management, consumers, providers, and other stakeholders with the objective of identifying areas needing improvement and designing strategies to promote improvement.
7. Continue to consult with individuals receiving services of various kinds to allow their perceptions of satisfaction instruments, items, and results to inform decisions about how to make use of these indicators in continuous quality improvement efforts.

MHSIP  
Consumer  
Satisfaction  
Survey

Annual

2015

Prepared By:  
Quality  
Improvement  
Department

Created 1/5/16

## Overview

- In 2015, 502 of the 966 consumers discharged from Acute Adult Inpatient Service completed the MHSIP Survey, **yielding Acute Adult's highest response rate ever 52%**. For the past 2 years, Acute Adult Inpatient Service's MHSIP survey response rates have been below the target response rate of 40% (2013: 33.7%; 2014: 26.1%).
- Acute Adult Inpatient Service's survey item domain scores are above or within 4 percentage points of the published national averages.
- The survey results for 2015 revealed an **increased** positive rating for five of the six survey item domain categories in comparison to 2014's scores.
- The following are *general guidelines* for interpreting the inpatient consumer survey results based on thirteen years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:
  - Percentages less than 70% can be considered 'relatively low' and below 60% can be considered 'poor'
  - Percentages in the 70 - 79% range can be considered 'good' or 'expected'
  - Percentages in the 80 - 89% range can be considered 'high'
  - Percentages 90% and above can be considered 'exceptional'
- The results revealed "Good" response rates for 4 of the 6 survey item domains/categories: 78% for Dignity, 77% for Outcome, 77% for Participation, and 76% for Empowerment. Relatively low response rates were obtained for Environment of Care 69% and patient Rights 63%.
- Survey items with the highest positive response scores were:
  - I am better able to deal with crisis (83%)
  - My contact with nurses and therapists was helpful (83%)
  - I was encouraged to use self-help/support groups (82%)
  - I participated in planning my discharge (81%)
  - My contact with my doctor was helpful (79%)

## Introduction

The survey of Acute Adult Inpatient consumers is intended to obtain consumers' perceptions of services received during their inpatient episode of care. The survey is an ongoing performance improvement project that utilizes the information obtained to identify performance improvement initiatives for inpatient treatment. Consumers' perceptions of inpatient services are obtained regarding:

- Outcomes attained
- The environment in which services were provided
- Participation in treatment planning and discharge
- Protection of rights
- Being treated with dignity
- Empowerment
- Additional aspects of services received including cultural sensitivity, treatment choices, and medications

## Method

At the time of discharge, unit social workers present the survey to all consumers and emphasize that the BHD values consumer input to the evaluation of services provided in its programs. They also explain to consumers that survey participation is voluntary, and assure consumers that analyses of the information obtained is summarized and does not identify any individual's responses. Individuals with multiple inpatient episodes are provided opportunities to respond to the survey after each inpatient stay.

## Instrument

The MHSIP Inpatient Consumer Survey (2001) contains a total of 28 items. Twenty-one items are designed to measure six domains: *Outcome, Dignity, Rights, Participation, Environment and Empowerment*. Seven additional items ask respondents to rate other aspects of services received including treatment options, medications, cultural sensitivity, and staff. Respondents indicate their level of agreement/disagreement with statements about the inpatient mental health services they have received utilizing a 5-point scale: strongly agree – agree – neutral – disagree – strongly disagree. Respondents may also record an item as not applicable.

Additional survey items are completed to provide basic demographic and descriptive information: age, gender, marital status, ethnicity, length of stay, and legal status. Respondents may choose to provide written comments on the survey form about their responses or about areas not covered by the questionnaire. The following lists the consumer survey items.

## NRI/MHSIP Inpatient Consumer Survey (2001)

### **Outcome Domain:**

- I am better able to deal with crisis.
- My symptoms are not bothering me as much.
- I do better in social situations.
- I deal more effectively with daily problems.

### **Dignity Domain:**

- I was treated with dignity and respect.
- Staff here believe that I can grow, change and recover.
- I felt comfortable asking questions about my treatment and medications.
- I was encouraged to use self-help/support groups.

### **Rights Domain:**

- I felt free to complain without fear of retaliation.
- I felt safe to refuse medication or treatment during my hospital stay.
- My complaints and grievances were addressed.

### **Participation Domain:**

- I participated in planning my discharge.
- Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.
- I had the opportunity to talk with my doctor or therapist from the community prior to discharge.

### **Environment Domain:**

- The surroundings and atmosphere at the hospital helped me get better.
- I felt I had enough privacy in the hospital.
- I felt safe while in the hospital.
- The hospital environment was clean and comfortable.

### **Empowerment Domain:**

- I had a choice of treatment options.
- My contact with my doctor was helpful.
- My contact with nurses and therapists was helpful.

### **Other survey items:**

- The medications I am taking help me control symptoms that used to bother me.
- I was given information about how to manage my medication side effects.
- My other medical conditions were treated.
- I felt this hospital stay was necessary.
- Staff were sensitive to my cultural background.
- My family and/or friends were able to visit me.
- If I had a choice of hospitals, I would still choose this one.

## Results

The following presents the results of the Inpatient MHSIP Consumer survey completed by consumers of the Acute Adult Inpatient Service in 2015. Data from 2012 – 2014 administrations of the survey are also presented in select tables of this report to allow for comparisons.

The following are *general guidelines* for interpreting the inpatient consumer survey results based on twelve years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

- Percentages less than 70% can be considered 'relatively low' and below 60% can be considered 'poor'
- Percentages in the 70 - 79% range can be considered 'good' or 'expected'
- Percentages in the 80 - 89% range can be considered 'high'
- Percentages 90% and above can be considered 'exceptional'

## Response Rate

Completed surveys were obtained at discharge from **52%** of the 966 consumers discharged from the Acute Adult Inpatient service in 2015. For the past 2 years, the Acute Adult Inpatient service MHSIP survey response rate has been below the target response rate of 40%.

Table 1 presents data on response rate by unit and the total BHD Acute Adult Inpatient Service for 2013 - 2015.

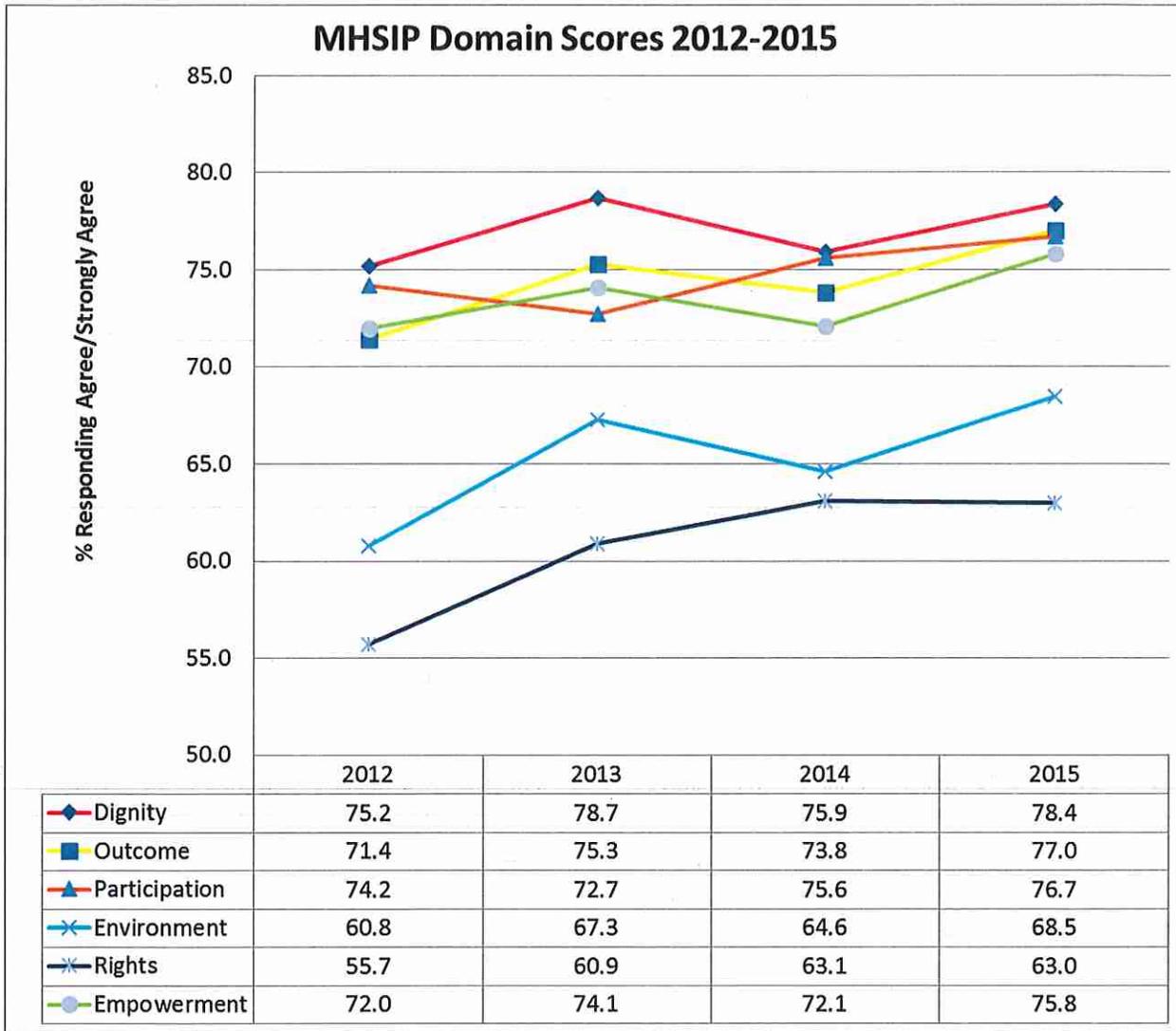
<b>Table 1. Inpatient MHSIP Consumer Survey - Response Rate by Unit</b>						
<b>Unit</b>	<b>2013</b>		<b>2014</b>		<b>2015</b>	
	<b>Completed Surveys</b>	<b>Response Rate</b>	<b>Completed Surveys</b>	<b>Response Rate</b>	<b>Completed Surveys</b>	<b>Response Rate</b>
43A - ITU	141	35.3%	48	19.6%	76	27.8%
43B - ATU	246	43.0%	143	29.7%	334	77.5%
43C - WTU	100	21.1%	94	25.7%	92	35.1%
<b>Total</b>	<b>487</b>	<b>33.7%</b>	<b>285</b>	<b>26.1%</b>	<b>502</b>	<b>52.0%</b>

## Acute Adult Inpatient Service

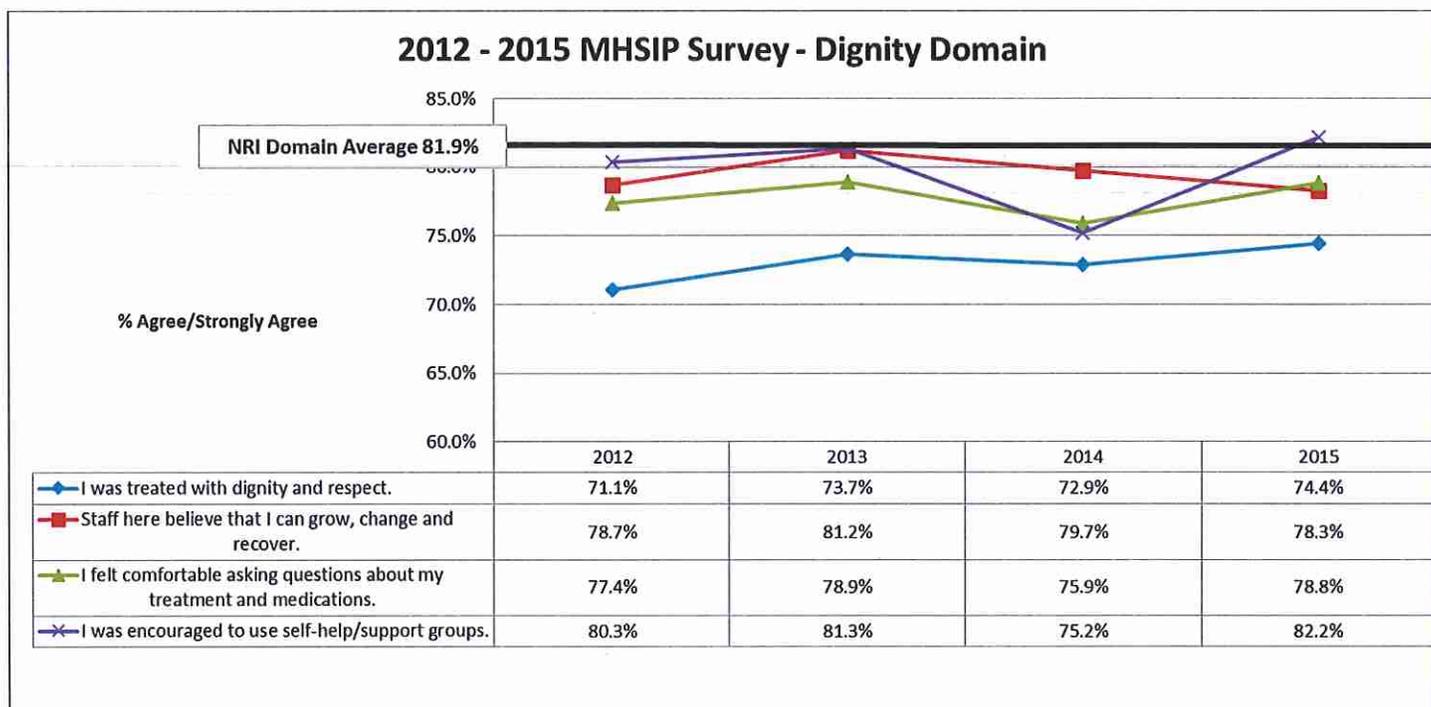
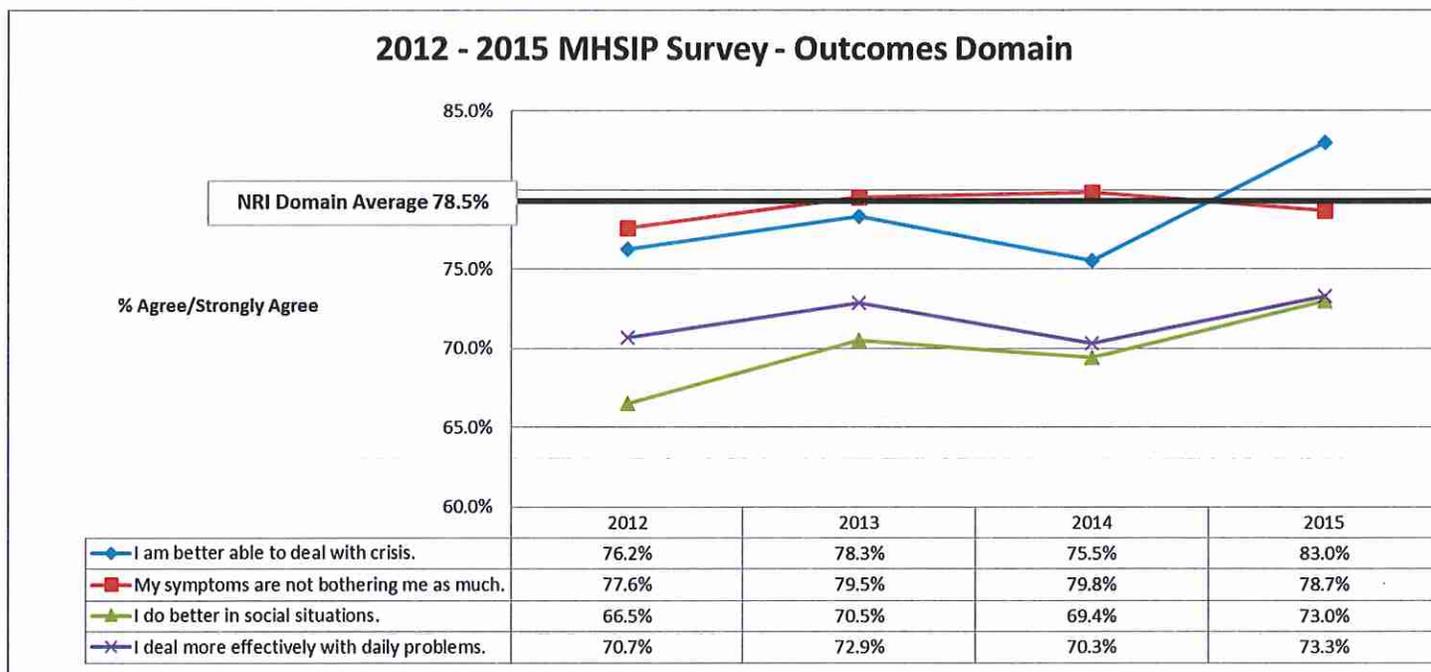
**Table 2** presents Acute Adult Inpatient Service’s consumer positive (agree/strongly agree) responses for 2012 – 2015. In 2015, the results revealed “Good” response rates for 4 of the 6 domains: 78% for Dignity, 77% for Outcome, 77% for Participation, and 76% for Empowerment. Relatively low response rates were obtained for Environment 69% and patient Rights 63%.

<b>Table 2. Inpatient MHSIP Consumer Survey - All Units</b>				
<b>Domains</b>	<b>Agree/Strongly Agree Response %</b>			
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Dignity	75.2%	78.7%	75.9%	78.4%
Outcome	71.4%	75.3%	73.8%	77.0%
Participation	74.2%	72.7%	75.6%	76.7%
Environment	60.8%	67.3%	64.6%	68.5%
Rights	55.7%	60.9%	63.1%	63.0%
Empowerment	72.0%	74.1%	72.1%	75.8%
<b>Additional Questions</b>				
My family and/or friends were able to visit me.	81.8%	79.0%	78.8%	78.6%
The Medications I am taking help me control my symptoms that used to bother me.	72.3%	73.2%	74.8%	77.0%
My other medical conditions were treated.	65.8%	72.4%	66.3%	68.1%
Staff were sensitive to my cultural background.	64.2%	61.9%	63.8%	67.4%
I felt this hospital stay was necessary.	66.7%	66.0%	68.4%	65.8%
I was given information about how to manage my medication side effects.	64.8%	64.7%	63.3%	72.1%
If I had a choice of hospitals, I would still choose this one.	58.1%	60.3%	55.3%	63.2%
<b>Surveys Completed</b>	484	487	285	502

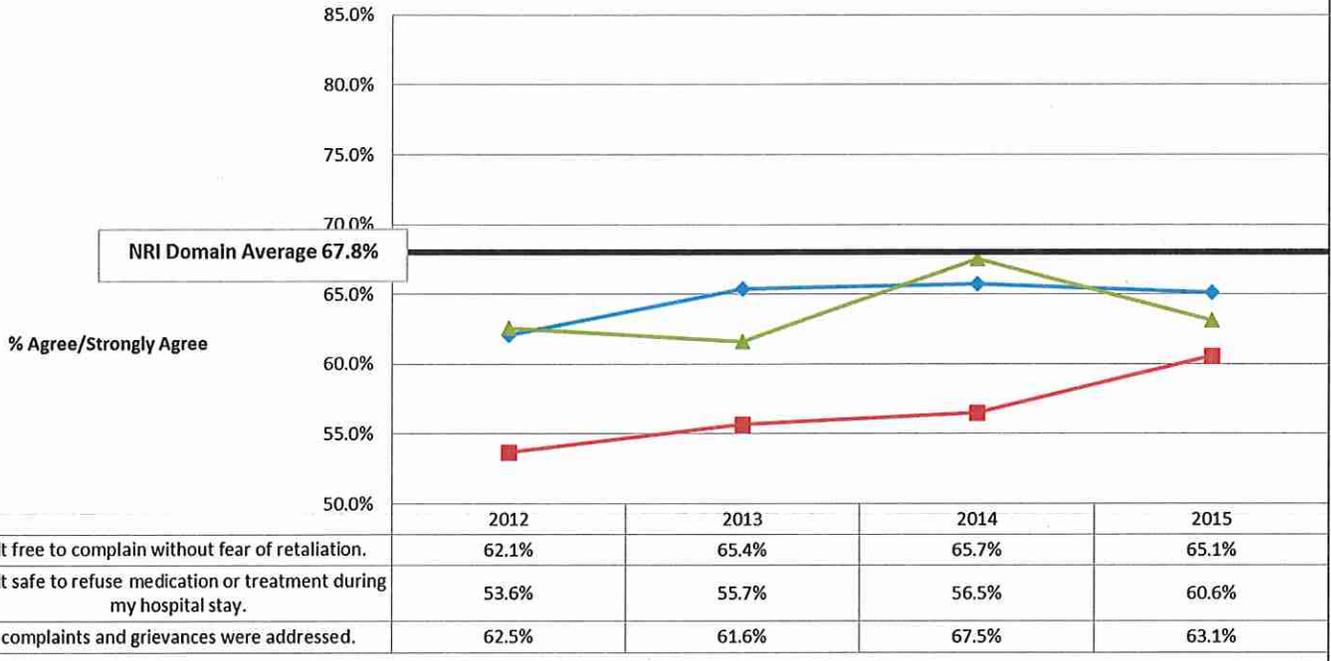
The following graph presents Acute Adult Inpatient Service's 2012-2015 positive (agree/strongly agree) Domain scores.



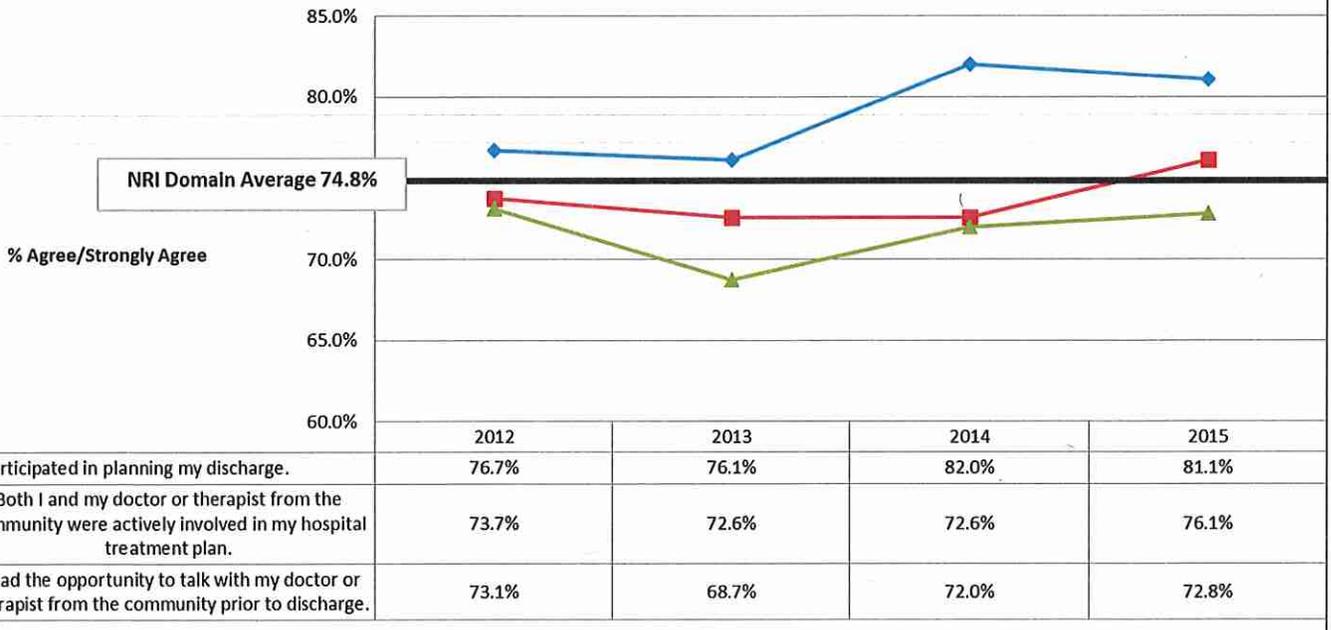
The following graphs present Acute Adult Inpatient Service's 2012-2015 positive (agree/strongly agree) survey item scores and NRI's domain average.



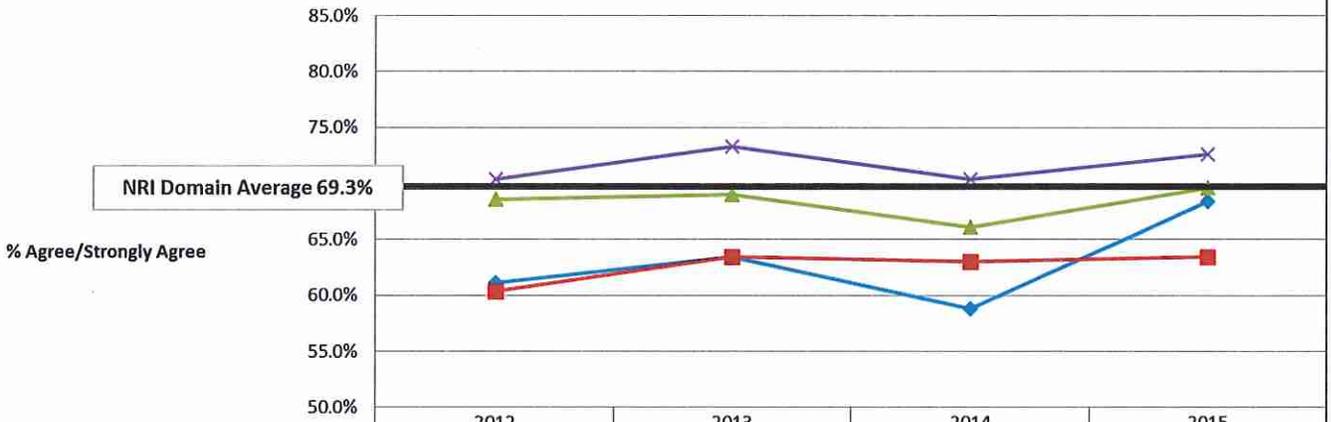
### 2012 - 2015 MHSIP Survey - Rights Domain



### 2012 - 2015 MHSIP Survey - Participation Domain

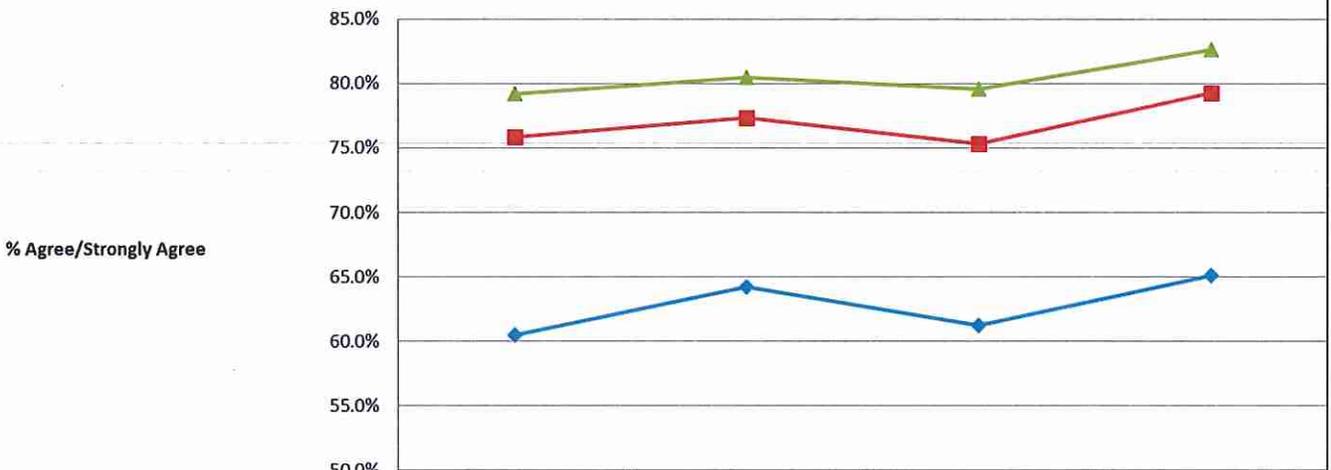


### 2012 - 2015 MHSIP Survey - Environment Domain



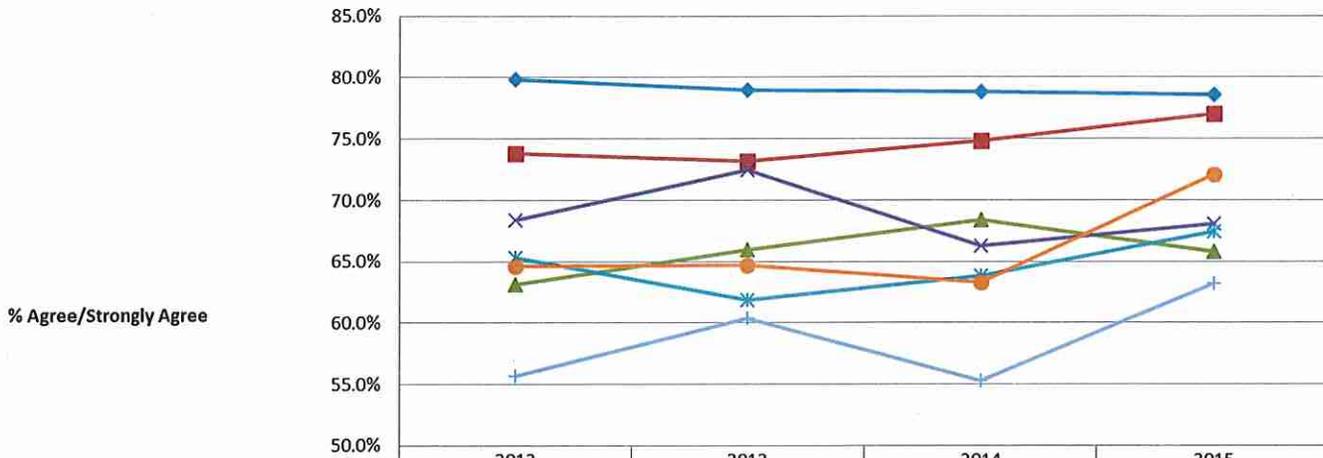
	2012	2013	2014	2015
◆ The surroundings and atmosphere at the hospital helped me get better.	61.2%	63.5%	58.8%	68.4%
■ I felt I had enough privacy in the hospital.	60.3%	63.4%	63.0%	63.4%
▲ I felt safe while in the hospital.	68.6%	69.0%	66.1%	69.6%
✕ The hospital environment was clean and comfortable.	70.3%	73.3%	70.4%	72.6%

### 2012 - 2015 MHSIP Survey - Empowerment Domain



	2012	2013	2014	2015
◆ I had a choice of treatment options.	60.5%	64.2%	61.2%	65.1%
■ My contact with my doctor was helpful.	75.8%	77.3%	75.3%	79.3%
▲ My contact with nurses and therapists was helpful.	79.2%	80.4%	79.6%	82.6%

### 2012 - 2015 MHSIP Survey - Other Items



	2012	2013	2014	2015
◆ My family and/or friends were able to visit me.	79.9%	79.0%	78.8%	78.6%
■ The medications I am taking help me control symptoms that used to bother me.	73.8%	73.2%	74.8%	77.0%
▲ I felt this hospital stay was necessary.	63.1%	66.0%	68.4%	65.8%
✕ My other medical conditions were treated.	68.4%	72.4%	66.3%	68.1%
✱ Staff were sensitive to my cultural background.	65.3%	61.9%	63.8%	67.4%
● I was given information about how to manage my medication side effects.	64.6%	64.7%	63.3%	72.1%
⊕ If I had a choice of hospitals, I would still choose this one.	55.7%	60.3%	55.3%	63.2%

The NRI published national public rates from approximately 70 state inpatient psychiatric facilities that include MHSIP data as part of its Behavioral Healthcare Performance Measurement System. Due to possible differences in organizational and patient population characteristics, these aggregate data may not appropriately compare to BHD data.

**Table 3. BHD Inpatient MHSIP Agree/Strongly Agree Domain Response Scores Comparison to NRI National Average**

Domains	National Average	2015 BHD	BHD/National Avg Variance
Dignity	81.9%	78.4%	-3.5%
Outcome	78.5%	77.0%	-1.5%
Participation	74.8%	76.7%	1.9%
Environment	69.3%	68.5%	-0.8%
Rights	67.8%	63.0%	-4.8%
Empowerment	Not Reported	75.8%	-

**Table 4** presents 2015 survey results for domain and additional items by each Acute Adult Inpatient Unit. The following summarizes these comparisons and should be interpreted as a *general* measure of a unit's performance based on consumers' perceptions of their inpatient stay:

<b>Table 4. 2015 Inpatient MHSIP Consumer Survey - By Unit</b>			
<b>Domains</b>	<b>Agree/Strongly Agree Response</b>		
	<b>43A</b>	<b>43B</b>	<b>43C</b>
Dignity	75.8%	79.9%	78.2%
Outcome	79.9%	75.6%	77.1%
Participation	74.4%	76.2%	77.8%
Environment	75.3%	66.6%	67.7%
Rights	63.4%	60.9%	64.1%
Empowerment	77.4%	74.0%	76.5%
<b>Additional Questions</b>			
My family and/or friends were able to visit me.	82.6%	75.3%	79.5%
The Medications I am taking help me control my symptoms that used to bother me.	78.4%	76.5%	76.8%
My other medical conditions were treated.	69.7%	68.0%	67.7%
Staff were sensitive to my cultural background	69.6%	66.2%	67.5%
I felt this hospital stay was necessary	66.7%	61.2%	68.7%
I was given information about how to manage my medication side effects	69.4%	73.3%	72.0%
If I had a choice of hospitals, I would still choose this one.	77.0%	57.5%	62.6%
<b>Surveys Completed</b>	76	334	92

## Appendix

*The comments below were written on surveys administered in 2015.*

### **43A - Positive Comments**

1. Even though my stay was involuntary I felt it helped me to adjust back to the community.
2. I really enjoyed the compassion of the medical staff. Security was top-notch and humble at the same time. The medicine, along with the good - prepared food, helped me cope during these trying times.
3. My stay on the unit 43A was helpful to me at this time in my life, sharp and focused for when I return to the public outside facility. Thanks for all of your help!
4. Good services
5. I want to personally thank the hospital and all workers who assisted me in my recovery. I love this hospital and the work they do even the security guards.

### **43A - Negative Comments**

1. Need to check people's cases more often.

### **43B - Positive Comments**

1. Dr. Singh and Dr. Holcom were very nice to me and the stay was short. And I appreciated everything they have done for me.
2. Excellent care, thank you deeply.
3. Great place to be for help!
4. Thank you deeply, love u all forever
5. Thank you!
6. This hospital has what's necessary to achieve goal but an upgrade in food, community events and freedom will make it heaven!!
7. This place was helpful in my treatment plan and future.
8. During this stay I was treated for the most part with respect. The peer support specialist was of the utmost kindness thoughtfulness and respect. Doctors were respectful.
9. Good stay.
10. I appreciate everything that has been done to help me while I was here. I appreciate all the encouragement and musical encouragement in every way necessary.
11. Everybody was great thank so much for helping me out.
12. It was good.
13. Thank you for the help I needed during my stay.
14. I enjoy my stay at this complex. The food was excellent and help me get in shape.
15. Very helpful stay. Looking into respite care per discharge Vital Voices.
16. I liked my stay here and am glad I came to get recovery.

### **43B - Negative Comments**

1. Food here is horrible. Staff here needs to be nice and better available to others. Hospital is always cold my stay here has been very unwelcomed. Patient here some are very dangerous to others security needs to be on call more often.
2. Maintenance and cleaning not kept up on. CNA staff do not help meet my dietary needs - nurse often doesn't come out to talk with me regarding my requests, or tells me I must have family bring items that kitchen would have.
3. Most nurses were rude until they found out that I know and have a good relationship with their boss Katie. Food was garbage/ate rarely during my stay.
4. Some of the staff was disrespectful, while others were respectful. I felt forced to take the PM Meds. I felt if I didn't take the meds I'd be held here longer than if did.
5. The nurses should be nicer helpful and do more where able instead of saying see your own nurse.
6. The only concern when I was here better communication from the nurses I felt sometimes the staff was not treated fairly.
7. The zones preclude staff to have more groups.
8. Sometimes I felt certain comments I would make would affect my discharge regardless of how I was doing.

### **43C - Positive Comments**

1. I love Dr. Burroughs so much.
2. Todd is a great OT teacher
3. I feel this stay was very helpful to get myself stabilize on my meds. 3 thumbs up to mental health staff.
4. I felt that the doctors and nurses did a good job and although at time they were a little tough on us, I feel that was very necessary in order to keep the patients safe. I appreciate all the help they gave me. I am so happy to have had such a wonderful staff here that really care about their patients. Love and god bless, miss Jane will miss you all!
5. Ms. Karen was the best. Mr. Todd was fun. Ms. Michelle was wonderful. Food of choice would be nice or being able to buy snacks.
6. The staff here are helpful and hardworking. I didn't initially want to be here but I am grateful for this stay and believe it changed me for the better.
7. Thanks for everything. Fix all dietary issues - organic, gluten-free, high protein, etc.
8. The staff that were the most helpful were nurse Angela, Tammy and Karen.

### **43C - Negative Comments**

1. Some of the C.N.A.'s rude...however I understand the amount of stress they are under. At certain times, depending upon the other patients I have at time not felt safe. Some of the behaviors were so severe and erratic. My social workers Christina went above and beyond in helping me also. I felt it was a miracle in how they helped me get better and I also think I have been hooked up to some very good community resources. I am not happy with daily programming. On the wall is listed all of these therapeutic programming that is supposed to be happening and most of it was not. (with the exception of Michele the music therapist and Joanne who did OT). Over the weekends we would have one OT session on Sat. and one on Sunday and that was all. I was referred to day hospital and that treatment was/is top-notch. Thank you for saving my life.
2. The food was horrible, didn't eat anything the entire time here.
3. I saw Rose C.N.A. eat the client's food off their trays.
3. Somewhat disappointed with MD's and medication prescribed.

# CAIS Youth Survey

Annual Report

# 2015

The CAIS Youth Survey collects demographic data about the age, gender, and race/ethnicity of respondents in addition to obtaining their opinions about the services received during the inpatient stay. In completing the youth survey, respondents indicate their level of agreement / disagreement with statements utilizing a 5-point scale: strongly agree- agree- neutral- disagree- strongly disagree. The CAIS Youth Survey contains 21 items measuring five aspects of the mental health services provided in the program:

- Access to Services
- Appropriateness of Treatment
- Participation in Treatment
- Cultural Sensitivity/ Respectful Treatment
- Outcomes

Prepared By:  
Quality  
Improvement  
Department

Created 1/21/16

## Overview

- In 2015, 618 of the 819 youth 13 years or older discharged from CAIS completed the CAIS Youth Survey, **yielding CAIS's highest response rate ever 75.5%**.
- The results revealed "Good" positive response scores for 3 of the 5 domains: 76% for Cultural Sensitivity/Respectful Treatment, 74% for Participation in Treatment, and 73% for Appropriateness of Treatment. Relatively low response rates were obtained for Access to Services (64%), and Outcomes (64%) domains.
- Currently, no national averages/benchmarks are publicly available for this survey. The following are *general guidelines* for interpreting the inpatient consumer survey results based on eight years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:
  - Percentages less than 70% can be considered 'relatively low' and below 60% can be considered 'poor'
  - Percentages in the 70 - 79% range can be considered 'good' or 'expected'
  - Percentages in the 80 - 89% range can be considered 'high'
  - Percentages 90% and above can be considered 'exceptional'
- Survey items with the highest positive response scores were:
  - Staff spoke with me in a way that I understood (82%)
  - I participated in my own treatment (81%)
  - I helped to choose my treatment goals (77%)
  - Overall, I am satisfied with the services I received (74%)
- The survey results for 2015 revealed a decline in all five domain categories in comparison to the past two years. Although domain scores have declined, please use caution when interpreting the downward trend due to low response/collection rates in prior years. In 2013, the response/completion rate was 18.6% while 2014's was 34.4%.
- The open ended survey item "Most helpful things you received during your stay" resulted in patients writing comments regarding: staff listening to patient (29%), caring, respectful staff (16%), groups (10%), medication received (9%), anger management techniques (9%), treatment received (8%), coping skills taught (8%), safe environment (6%), and other comments (5%).
- The open ended survey item "What would improve the program here" resulted in patients writing comments regarding: better food (43%), respectful staff (16%), more groups and activities (15%), no improvements needed (13%), treatment (6%), better communication between staff and patients (2%), and other comments (5%).

## Method

Youth served in CAIS were requested to participate in the CAIS Youth Survey prior to discharge. Staff administering the survey explained that the Milwaukee County Behavioral Health Division values their input in the evaluation of the CAIS program, and would use the information to help improve the program. The patients filled out the surveys understanding that it was voluntary, confidential and anonymous. Additionally, staff determined whether assistance was needed to complete the survey (e.g. reading comprehension, following instructions, etc.). Assistance was provided as necessary, while maintaining the confidentiality of the responses.

## Results

The following presents the results of the CAIS Youth Survey completed by consumers of the Child/Adolescent Inpatient Service in 2015. Data from 2012 – 2014 administrations of the survey are also presented in select tables of this report to allow for comparisons.

The following are *general guidelines* for interpreting the inpatient consumer survey results based on eight years of administering the survey. The percentage of agree/strongly agree (positive) responses may be interpreted as:

- Percentages less than 70% can be considered 'relatively low' and below 60% can be considered 'poor'
- Percentages in the 70 - 79% range can be considered 'good' or 'expected'
- Percentages in the 80 - 89% range can be considered 'high'
- Percentages 90% and above can be considered 'exceptional'

Responses were obtained from 618 of the 819 youth 13 years or older discharged from CAIS in 2015, **yielding CAIS's highest response rate ever 75.5%.**

**Table 1** presents Child/Adolescent Inpatient Service's consumer positive (agree/strongly agree) responses for 2012 – 2015. In 2015, the results revealed "Good" positive response scores for 3 of the 5 domains: 76% for Cultural Sensitivity/Respectful Treatment, 74% for Participation in Treatment, and 73% for Appropriateness of Treatment. Relatively low positive response scores were obtained for Access to Services (64%), and Outcomes (64%) domains.

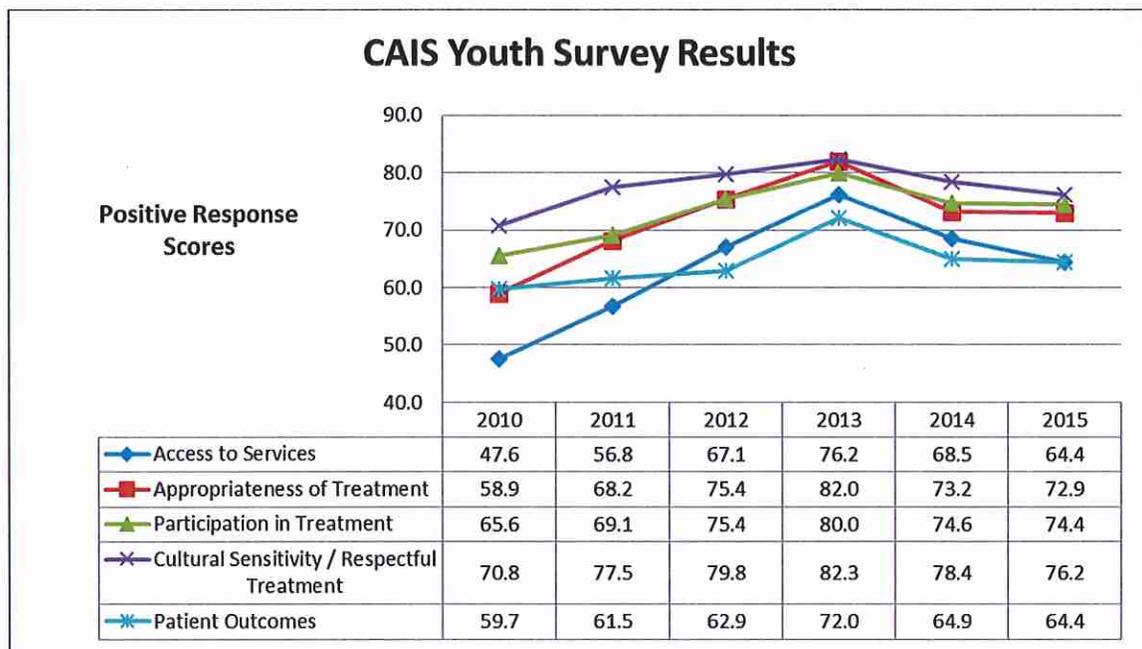
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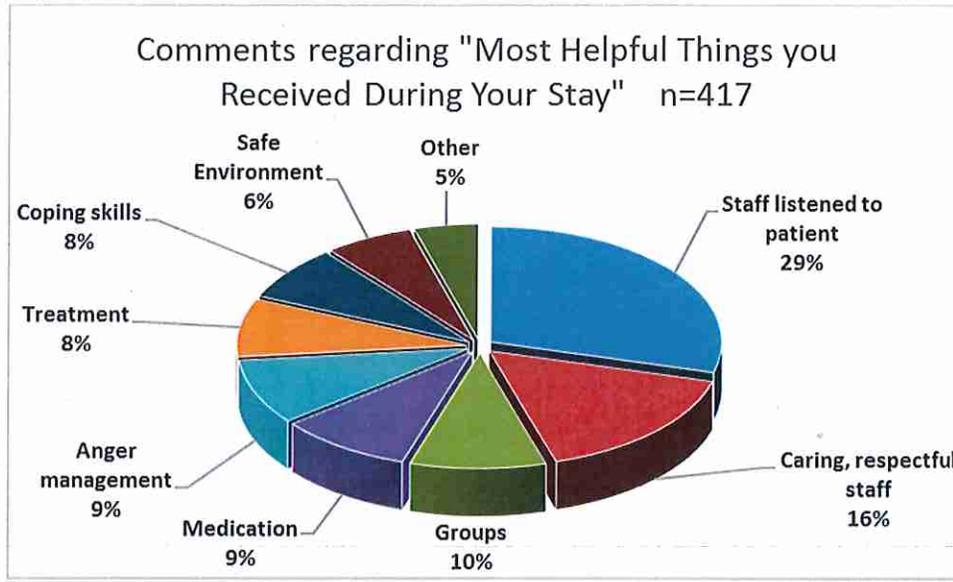
The survey results for 2015 revealed a decline in all five domain categories in comparison to the past two years. Although domain scores have declined, please use caution when interpreting the downward trend due to low response/collection rates in prior years.

**Table 1. 2012-2015 CAIS Youth Survey - Positive Response Rate Summary**

Survey Item	2012	2013	2014	2015	2014/2015
	N = 261	N = 112	N = 327	N = 618	Variance
The location of services was convenient	62.8	73.4	62.0	61.6	-0.4
Services were available at times that were convenient for me	71.3	78.9	75.0	67.2	-7.8
<b>Total Access to Services</b>	<b>67.1</b>	<b>76.2</b>	<b>68.5</b>	<b>64.4</b>	<b>-4.1</b>
Overall, I am satisfied with the services I received	74.3	80.4	72.8	74.0	1.2
The people helping me stuck with me no matter what	74.2	84.8	75.5	71.6	-3.9
I felt I had someone to talk to when I was troubled	76.8	80.4	74.9	72.6	-2.3
I received the services that were right for me	76.2	83.8	72.6	74.0	1.4
I got the help I wanted	76.4	82.9	71.0	72.0	1.0
I got as much help as I needed	74.2	79.8	72.6	73.1	0.5
<b>Total Appropriateness of Treatment</b>	<b>75.4</b>	<b>82.0</b>	<b>73.2</b>	<b>72.9</b>	<b>-0.4</b>
I helped to choose my services	68.5	70.3	64.6	65.5	0.9
I helped to choose my treatment goals	81.3	87.5	79.8	76.6	-3.2
I participated in my own treatment	76.4	82.1	79.4	81.2	1.8
<b>Total Participation in Treatment</b>	<b>75.4</b>	<b>80.0</b>	<b>74.6</b>	<b>74.4</b>	<b>-0.2</b>
Staff treated me with respect	84.7	85.7	73.6	72.2	-1.4
Staff respected my family's religious/spiritual beliefs	76.4	75.9	78.5	78.6	0.1
Staff spoke with me in a way that I understood	82.7	85.6	84.4	82.2	-2.2
Staff were sensitive to my cultural/ethnic background	75.2	82.0	77.0	71.9	-5.1
<b>Total Cultural Sensitivity / Respectful Treatment</b>	<b>79.8</b>	<b>82.3</b>	<b>78.4</b>	<b>76.2</b>	<b>-2.2</b>
<b>As a result of the services I received:</b>					
I am better at handling daily life	65.9	78.4	69.6	70.9	1.3
I get along better with family members	60.2	69.4	57.1	60.2	3.1
I get along better with friends and other people	73.0	78.0	75.7	70.5	-5.2
I am doing better in school and/or work	54.8	62.7	59.4	58.8	-0.6
I am better able to cope when things go wrong	66.8	74.5	69.1	65.1	-4.0
I am satisfied with my family life right now	56.4	69.1	58.6	60.9	2.3
<b>Total Outcomes</b>	<b>62.9</b>	<b>72.0</b>	<b>64.9</b>	<b>64.4</b>	<b>-0.5</b>



The comments below were written on surveys administered in 2015.



Category	Comments "Most Helpful Things You Received During Your Stay"
Anger management	A lot of trying getting along with other people to help me when I get mad.
	Anger management x 5
	Being calm.
	Controlling my anger.
	Help when I get mad.
	Help with anger.
	Help with my anger.
	Helped me with my anger.
	Helped with my anger.
	Helping and teaching me to stay calm.
	How to control my anger problems.
	How to control my anger they were really helpful especially Terry.
	How to control my anger.
	How to keep calm.
	How to not get mad and flip out.
	I learned to better control my anger.
	I realized that sometimes I have to keep calm and focus on one thing at a time.
	Learning how to stay calm.
	My anger and how to cope with it.
	My anger. X 2
My behavior	
That I could stay calm when things happen.	
The most helpful things to me were breathing techniques, walking away, and also learning to ignore people who are a nuisance.	
They help me a little to control my anger.	
They help me stay calm.	
They help me to calm myself down.	
They help me when I get mad.	
They help me with my anger and they gave me way to control it.	
They helped me with my anger and I learned stuff in school.	
To control my anger.	
Well I learned to worry about my self and not others, I also learned how to control my anger.	
When Amanda helped me stay under control.	
Working on my anger.	
Caring, Respectful Staff	All the kids was nice to me right away and the staff was so helpful to me.
	All the staff I needed.
	As much help as I can get.
	Being respected by staff and kids and got back on my meds.
	Friendly staff and medication.
	Friends helping with my issues.
	Having to meet nice staff and got meds.
	Help from my favorite Jessica.
	Help from nurse.
	How they treated me with respect.
	I learned that everybody needs help.
	I liked the fact that certain staff members especially Gabe, Matt, and the majority of CAIS treated me.
	I received a lot of help people talked to me and helped me when I needed it.
I received good respect from everybody here and got along.	
I received good treatment from my teachers/staff.	

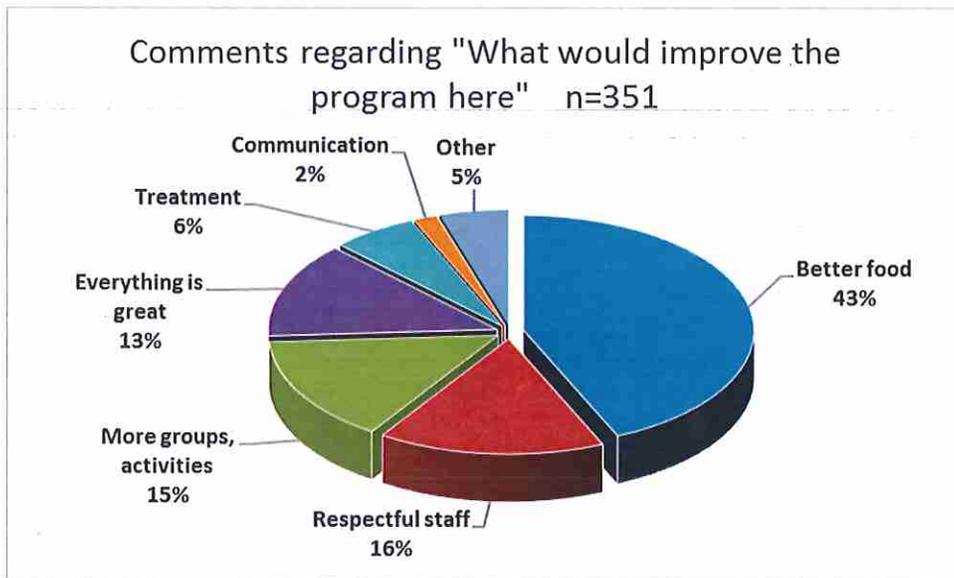
Category	Comments "Most Helpful Things You Received During Your Stay"
Caring, Respectful Staff	<p>Jessica and Jasmin most wonderful help! Sense of humor!  Like having a good time with everyone here.  Making friends.  Nurses, drawing and sleep.  People giving me respect.  People were nice here.  Respect.  Respect.  School / OT / Mr. Gabe RN.  Some nice people.  Some of the staff stuck with me and they was here with me though out the time I was here.  Staff / Doctors.  Staff helped.  Staff talking and understand.  Staff talking to me and respecting me.  Staff were always there when I needed somebody to talk too.  Support, help, good service, good staff and people to talk to.  Support.  Terry  That I knew the staff really cared and whenever I needed to talk they would be there.  That my doctor fought hard for me to leave.  That people understood my problems and helped me with it.  That they know what to do to assist me with whatever I needed assistance for.  That whenever something is wrong they treated me with the help I needed.  The CNAs  The constant checking on me by the doctors.  The doctors and OT group and talking to people that understand what I was talking about.  The entertainment, talks about music and arts.  The friendly people around me. That stuck up for me and made me smile.  The kindness and calmness of the overall stay.  The nice staff. X 2  The nurses and doctors and other employees were very helpful/respectful.  The nurses and workers.  The people I met.  The people trying to help me.  The people who I could relate to and cheer up.  The people.  The respect that the staff gave me.  The staff talking to me, and helping me get anger over  The staff was very nice and respectful.  The staff were great and understanding.  The staff were helpful.  The staff.  The support. Workers were nice and understanding.  They help me in a good way.  They made sure I had everything (clothes) I needed.  They was there for me.  They were great.  They were nice and tried their best at helping.  Well, I had to participate so I did and everyone treated me with respect and I liked it.  When nurse Gabe taught me ways to deal with things.</p>
Coping skills	<p>Being helped with all of my problems and working threw coping skills.  Coming up with ideas to cope.  Coping skills learning.  Coping skills, and talking to nurses.  Coping skills. X 7  Coping things like music.  Coping with stress.  Group, showed me some coping skills.  Help with coping.  How to control my attitude.  How to cope with others.  How to get along with people.  How to relate with my parents.  I can talk to people.  I learned how to get along with family better.  I learned new ways to cope with stress and anxiety.  I learned that doing art is a great way for me to cope.  I was able to cope with my emotions.  I was able to finally talk about my feelings and learn how to start coping with them.  It helped me open up more and not isolating.  Learned more coping skills.  Learning coping skills.  Learning how to deal with stress and not to worry to much.  The coping skills I learned and the medication change.  Using coping skills.  Working on some coping skills.</p>

Category	Comments "Most Helpful Things You Received During Your Stay
Food	<p>Food and water  Food. X 2  Snacks.  The juice.  The most helpful thing were the... The food and the music therapy  When I got some more food.</p>
Groups	<p>Art and someone to talk to.  Art class, music class.  Art therapy  Art therapy / someone to talk to.  Art  Being able to express myself in a artistic manner.  Coloring and drawing.  Drawing.  Going to Bible school.  Going to music group.  Going to the groups and being able to cope with staff and peers.  Group therapy.  Groups x 2  I learned that I can use art as a tool.  I really enjoyed the music groups because we got to play guitars and other fun instruments.  I think the OT groups were most helpful.  Music therapy and being social.  Music therapy.  My therapy group. (Ms. Fay).  O.T. x 7  O.T. group and snack time.  O.T. therapy and the people who talk to me.  OT Group was really fun.  The chance to go to OT groups.  The group activities.  The group sessions and other groups.  The group treat we went to.  The groups that they had were really helpful to me and made me think more about doing the right thing.  The most helpful thing was groups.  The programs helped stay focus.  We didn't really do anything besides sit and watch tv and do arts and crafts.  When I got to go to OT I was expressing some feelings and what was going on.  When we were creating things during school</p>
Medication	<p>Change in meds.  Getting meds.  Help with my meds.  I got my sleep medication that I needed and I got back in touch with my therapist.  I got onto medication.  I was helped greatly with my medication.  Just my meds.  Medication and treatment.  Medication -that I needed.  Medication to help me sleep.  Medicine and other children that go through similar problems.  Medicine change. x 2  Medicine.x 4  Meds helped.  My medication.  My meds so I can come down.  My meds. x 2  Receiving new medication.  Taking medicine  That they had changed my meds.  The change with my medicine.  The doctor changing my meds that was very helpful.  The fixage of medication.  The medication and the advise the doctors and the social worker gave me.  The medication help me improve and I got a lot of help.  The medicine and the fact that I could talk to anyone and they wouldn't tell my mom.  The medicine and the patients. They helped me to talk about my problems.  The medicine to help me at night and talking to other people who understood me a little.  The medicine. X 2  The medicine. The groups.  The most helpful thing to me was the new medicines because it calmed me down and makes me think before I do something.  The pills were a little helpful and they work...school helps me to...but I need to go.  When they gave me the pills</p>

Category	Comments "Most Helpful Things You Received During Your Stay"
Other	<p>Building a better relationship with my mom.  Everything x 5  Getting along with my family.  Hearing stories of other kids and being more grateful.  I got to be alone most of the time and that gave me a lot of time to think about what I did.  I was able to communicate with my mom on a whole new level.  My mom being there and me opening up.  My peers.</p>
Safe environment	<p>Being away from home.  Break from outside.  Clothing, therapy, food.  Getting a break from the outside to teach me something.  Getting a break from the outside.  Help me being safe and respect to others.  I got to get away from the ones who kept pressuring me and having me stress. I hate them.  I had my personal space, and peers to talk to, and relate to.  I received whatever I needed at the moment, even though I didn't feel like eating they made me eat.  I was able to get the things I needed like hygiene supplies / food.  I was able to rest as much as I needed.  Keep me safe.  Relaxation and sleeping.  Rest.  Sleep. X 4  Stay out of trouble.  Staying safe.  That I will be watched and helped whenever I needed anything.  The beds were comfortable.  The peace and quiet  The relaxation.  Took my mind off things.  Well most of the time I was here I slept.</p>
Staff listened to patient	<p>A lot of talking.  A nurse to talk to.  A person to talk to when I needed someone and medication.  Advice and help.  Advice from staff and doctors.  Advice on my life.  Advice, care and treatment.  Advice, people to talk to about what happens at home and relief from my problems.  Being able to talk my problems out and not having the staff or anyone judge me.  Being able to talk to people who actually listen to me.  Being able to talk to people.  Being able to talk to someone and open up about my issues/stressors.  Being able to think and be relaxed to thing about everything.  Being assured that there was always someone there to listen.  Being social and sharing my troubles with people that understand.  By talking to me and not to do wrong  Getting the chance to talk to many people.  Getting to know others.  Getting to talk to someone.  Having my doctors to talk to.  Having people to talk to all of the time instead of feeling alone and isolated.  Having people to talk to and get the help that was needed.  Having someone to talk to and respected me-Pat and others.  Having someone to talk to. X 3  Having the nurses to talk to.  Help, and people given me advice.  Help. X 3  Helped me figure out things I was going through.  I got to talk about my problems and I got along with everybody even with the kids.  I got to talk about my problems.  I got to talk to people that understand me so I got the help I wanted all along.  I got to talk to people.  I got to talk to some people when helped.  I had helpful people to talk too.  I had people to talk too.  I had someone to talk to.  I had staff and kids to talk to.  I received good advices.  I received good talks from staff/residents during my stay.  I received positive communication from staff and peers.  I talk to people to help me.  I talked to patients and found a connection with them.  I talked to the staff about my situation and they told me things that I would never forget.  I was able to talk things out.  Insight and good pep talks.</p>

Category	Comments "Most Helpful Things You Received During Your Stay"
Staff listened to patient	Jessica and Terry and Matthew taking time to listen.
	Kindness and someone to talk to I felt my stay had a positive impact on my life.
	My ability to converse freely with my one on one.
	New people to talk to
	Nice advice from some staff members and peer members.
	People to talk to about my problems.
	People to talk to really really helped me relax and think about what happened.
	People to talk to who will listen and understand.
	People to talk to. X 3
	People who actually listened and gave me advice.
	People who understood me.
	Someone to talk to and they listened.
	Someone to talk to.
	Someone to vent to.
	Speaking with my social worker Cindy, made me feel much better also OT time also helped me feel better.
	Talk.
	Talked to people about my problems.
	Talked to.
	Talking and learning how to communicate.
	Talking things over.
	Talking to doctors and social workers.
	Talking to doctors everyday.
	Talking to Gabe and seeing that some nurses go through things we have.
	Talking to me nicely.
	Talking to my doctors and making sure I was okay.
	Talking to others and people about what has had me stressed out.
	Talking to people. X 2
	Talking to someone.
	Talking to staff and doctors and o t and school and music.
	Talking to staff and drawing and talking to others.
	Talking to staff in general.
	Talking to the doctor.
	Talking to the doctors and nurses.
	Talking to the doctors and social workers and receiving medication.
	Talking to the doctors/social workers.
	Talking to the nurses and staff.
	Talking to the pastor.
	Talking with nurse Gabe.
	Talking with staff about my problems, keeping my mind off of stuff during the day.
	Talking with staff. X 2
	Talking with the doctor about my problems.
	Talking.
	Talks with staff, family members and wraparound team.
	Talks.
	That I always had somebody to talk to.
That I was able to talk to people when I got angry.	
That they talked to me and opened up.	
The attention.	
The fact that I had other people to talk to.	
The help I got from doctors and being able to talk to someone.	
The most helpful things here in this program is that I got to communicate with people.	
The most helpful things I received were talking with my team of nurses, social workers and doctors.	
The most helpful things were that I was talking.	
The talks and help I got.	
The talks people had with me.	
They talk to me.	
They talked to me and changed my medicine.	
They talked to me when I was feeling down.	
They tried talking to me about things and help me out.	
They understand things that am going through.	
They understood when I was feeling the way I feel.	
They were there when I needed to talk (staff).	
To have someone to talk to.	
Well one thing that was helpful for me was I had one nurse that could really talk to.	
When I just needed to talk.	
When I need someone to talk to.	
When staff would talk to me about my situation.	
When the doctors talked to me and the staff helped me out too.	
When the staff talk to me and my doctors.	

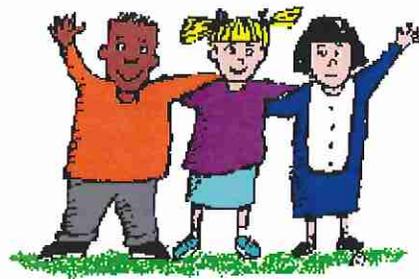
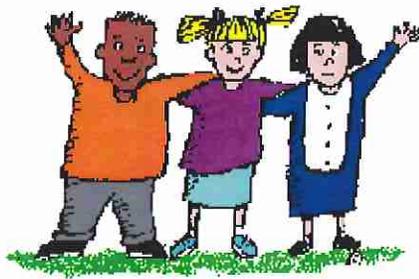
Category	Comments "Most Helpful Things You Received During Your Stay"
Treatment	Connections with therapy and social workers.
	Getting a better control with my anxiety.
	Giving me this treatment.
	Help that's needed.
	I feel better now.
	I get help for things I need help for.
	I got help.
	Knowing I'm getting help with therapy.
	My anxiety and depression.
	My treatment and medicine I received.
	Seeing the doctors and getting the help I needed.
	That I have a bright future a head of me.
	That there's more in life to live for.
	That they help me with a lot of new stuff.
	The ability to control my impulses.
	The counseling really helped me.
	The good treatment that I received and the medication they gave me.
	The help is needed and actual therapy.
	The most helpful things were that they helped me find weakness and my strengths.
	The treatment.
	Therapy and o.t. group.
	Therapy sessions.
	Therapy.
	Therapy. I think it get to the root of how I was feeling.
	They had the best treatment to me they helped me throughout my entire visit.
They helped me do the right things I need to do in life to get away from negative people.	
They helped me when I need them.	
They helped me with my problems.	
They helped me with the problems I had with other people here.	
They helped me.	
They treated great when I was hurt.	
Treatment x 2	
Treatment school.	



Category	Comments "What would improve the program here"
	Better food and a longer bedtime.
	Better food and access to phone calls more.
	Better food and better staff.
	Better food and books.
	Better food and different rules.
	Better food and good games.
	Better food and hair.
	Better food and hoodies.
	Better food and later bedtime, more books to read.
	Better food and less trying to help people who don't need it.
	Better food and staff that act as if they like their job and the kids here.
	Better food and unlocked bathrooms.
	Better food but other than that this place is just right.
	Better food and staff.
	Better food More groups
	Better food, 10pm bedtimes for ages 14 and up, less groups.
	Better food, basketball court, let us have phones, better games.
	Better food, more calls.
	Better food, more channels on tv, controller for xbox 360 and nice people.
	Better food, nicer staff.
	Better food, please.
	Better food, respectful staff, better communication.
	Better food, split up the little kids from the teenagers, have bedtime for teens 15 and up be 10:30pm instead of 9:00pm.
	Better food, staff that isn't disrespectful, more activities, get blood work only once a week, get to sleep in on the weekend.
	Better food. X 72
	Better food. Better snacks.
	Better food. More activities.
	Better food. The food is disgusting but if you want I can find someone to cure that problem.
	Better food. TV's in the rooms.
	Better listening, and better food.
	Better lunch and also staying up a little later.
	Better service like roommate and food.
	Food / staff.
	Food could be improved.
	Food that's edible, more staff.
	Food!
	Food, freedom.
	Food, more groups.
	Get better food and stop with the jail food
	Having tv in your room and better food to eat.
	Honestly, more effort in the food and more free will.
	I believe the food could improve it stopped a lot of people from eating.
	If the food was better and they respected my decisions.
	If we got better food but other than that I'm satisfied.
	If you guys would have better food.
	Kind of grass food.
	More food.
	More good food.
	More snacks. X 2
	Not being locked in everywhere. Better food. Not locking bathrooms.
	Not being restrained to certain areas and better food.
	The beds and food and things to do.
	The food and dental services.
	The food and music group.
	The food and respect from staff.
	The food and respect the staff need to give.
	The food and schedule.
	The food and some of the nurses attitudes.
	The food and staff
	The food and staff.
	The food and the bedtime
	The food and the bedtime can be later.
	The food could be better.
	The food dampens the mood.
	The food is so nasty.
	The food is very very bad.
	The food please.
	The food should be better.
	The food should be more improved and the beds.
	The food, and some of the services.
	The food, better rooms, no roommates.
	The food, more diverse activities, go outside.
	The food, setting, learning and bedding and flooring.
	The food, the activities after 3pm - 8pm.
	The food, the food!
	The food; its nasty.
	There food can be better and the way some of the staff talk to the kids.
	To have better food.
	We got better food.
	Yes, the food.
	You need better food and better beds and more food on tray.
Better food	

Category	Comments "What would improve the program here"
Communication	<p>Talk about stuff.  Talking about our problems.  Talking to any people ever.  Talking to somebody.  Talking to someone that has time to hear me out and say the right thing to help me better.  Talking to the staff, nurses about how to treat us and of course the food.</p>
Everything is great	<p>By going to school and listening to the nurses and doctors and I should be more respectful.  Honestly nothing. I like the way these programs is.  I enjoyed the programs they were kind of fun.  I feel I am now healthy in my mind again and that I am healthy to go on with my daily life.  I feel really happy that I am alive.  I get the help that I need it.  I have improved on my anger.  I like it.  I think it is good already.  I think it's excellent.  I think the program here is perfect I hope they never see me again unless it is needed.  I think there doing a nice job and they know what's right and what's wrong.  I want to stay here for one more day.  I will make better decisions.  I wouldn't improve anything.  If all the nurses were nice as Gabe.  It is very helpful.  It's fine as it is.  Its fine the way it is I like it.  It's fine the way it is.  It's fine the way it is.  Its good.  Keep doing what they doing.  Keep doing what your doing mark more social skills time for the kids.  Not much at all, yall doing great job.  Nothing it was good. X 14  Nothing it's fine.  Nothing its good all ready.  Nothing its perfect as it.  Nothing really it is a very nice place.  Nothing really. X 2  Nothing you guys were okay.  They do good here.</p>
More groups, activities	<p>Access to music.  Activities to do, food.  Activities.  Actually doing groups and having a good relationship with the patients instead of always yelling at us.  Animal therapy, basketball.  Art here.  Better selection of books , more options for meals, and allowing patients to use their own toiletries.  Games. X 2  Good things for us to do.  Group therapy other than O.T. I feel we all could benefit from talking to each other.  Having more thing to do fit to our ages.  I would like for the program to offer more ways to do physical activities / exercise.  If there was more to keep kids entertained.  If there were more activities to do.  If there were more things to keep kids entertained especially on weekends.  If they played more games with the kids and made them feel like they were at home.  If we can dance but not inappropriate.  If we could do more groups.  Let us go to the gym.  Let us to outside and get some air.  More activities so we learn how to treat each other at all times.  More activities, better food.  More activities. X 4  More art.  More free time an more therapy.  More fun activities and things to keep patients busy.  More fun things to do.  More games.  More group to do activities  More groups. X 5  More journals.  More OT groups throughout the day.  More outside time.  More than just OT to keep patients busy.  More therapy and counseling.  More therapy.  More things to do here.  More things to do in the room and going to bed later than we do also better food and staff.  More time in O.T. group.  More time outside.  School and better education.  Things to do.  Yoga class, more groups x 2</p>

Category	Comments "What would improve the program here?"
Other	<p>A little more privacy.  A TV in each room x 3  Allowing a phone call.  Calls to other people besides family.  Have TV in our room and let us be outside more often.  Having cell phones. Allowed wearing our own clothes and shoes from home, later bedtime.  If we could ask our nurses stuff after 9:00.  If we could pick what we wanted to do.  It took too long to get my home meds.  It would be improve if we got to stay up to 10:00 clock.  Less noise.  More calls to family.  More heat.  Shoes, not being split up from the girls.  Shoes/not being splitting us up.</p>
Respectful staff	<p>Better and more respectful nurses.  Better doctors who don't see stuff from there perspective.  Better nurses.  Better nurses. Better food. Calling more people than just your parents.  Better nursing staff because some are rude.  Better staff ASAPI  Better staff, better food, better treatment, communicating with people being able to get the same respect.  Better staff, food and a later bedtime, and more outside activities.  Better staff, some nurses were disrespectful and ignored me.  Better staff. X 6  C.N.A. staff can be very immature and disrespectful when being authority, takes things out of hand.  Everything fine here except for when we get split up others feel as if we did some wrong.  Fire Linda and Lorelane.  For the staff to listen to my needs.  Fresh air. Treat people like that aint stupid  Having more staff being respectful.  If staff had more time with the patients.  If staff would be more open minded with the patients. Also if the staff would give insight or on treatment plans.  If they hired less irritating nurses.  If they would show us some respect  If your staff was not rude or talking with a attitude.  Just to talk to kids more.  Listen to us.  More staff like Terry, Amanda, Sherise, Fioria and Leann and Latrice.  More staff members available.  More workers, because being low on workers, everybody needed somebody but can't help because low on workers.  Not treating everyone like they in jail, better food.  Nurses need to be nicer.  Offering help.  Patience and more cooperative staff.  People actually doing their job.  People treating you normally not like you have a problem.  Respectful staff and better food. x 2  Some of the nurses were a bit rude.  Staff attitudes x 8  Staff talking better to the people here.  Staff that is more respectful and understanding.  Staff to have less rules and to focus more on treatment.  The nurses and CNA's are the only things that I would improve.  The program was very good to me but maybe have more people asking kids what's wrong with them.  The staff should learn how to talk to children. Letting people do things were there most comfortable.  They need someone who would listen to us when we need it.  To have someone to talk to us everyday.  To not be disrespected and made fun of by staff.</p>
Treatment	<p>Coping skills  Focused, more coping skills.  Get me back on my meds and the treatment I need.  Goals  Having an actual treatment program here, it would be more convenient.  Having more one on one therapy here, better respectful staff.  Help kids more with there thoughts.  How to control my anger.  Like I have plenty of coping skills with anger.  More checkups with patients, one on one time.  More family meetings.  My anger and how I worked with other people.  My anger problems.  My anger really because I tend to get angry.  My anger X 2  My anger/getting mad.  My angry and control during problems.  My behavior and how I respect others patients and staff.  Not angry at anyone is here or any I was.  When I felt alone.</p>



CAIS YOUTH SURVEY

Please help CAIS be a better program by answering the following questions. Your answers are confidential.  
 Directions: Put a cross (X) in the box that best describes your answer. Thank you!

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. Overall, I am satisfied with the services I received.					
2. I helped to choose my services.					
3. I helped to choose my treatment goals.					
4. The people helping me stuck with me no matter what.					
5. I felt I had someone to talk to when I was troubled.					
6. I participated in my own treatment.					
7. I received services that were right for me.					
8. The location of CAIS was convenient.					
9. Services were available at convenient times for me.					
10. I got the help I wanted.					
11. I got as much help as I needed.					
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.					
<b>As a result of the CAIS program:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly Agree</b>
16. I am better at handling daily life.					
17. I get along better with family members.					
18. I get along better with friends and other people.					
19. I am doing better in school and/or work.					

20. I am better able to cope when things go wrong.					
21. I am satisfied with my family life right now.					

22. What were the most helpful things you received during your stay in the program? \_\_\_\_\_

23. What would improve the program here? \_\_\_\_\_

24. Other comments: \_\_\_\_\_

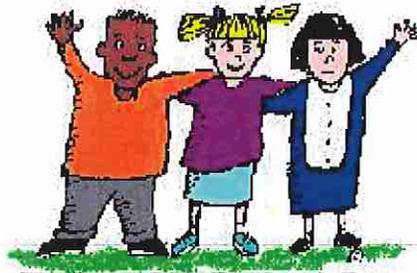
**Please answer the following questions to let us know a little about you.**

**Race / Ethnicity (mark with an X the category that applies to you):**

- American Indian/Alaskan Native  White (Caucasian)
- Black (African American)  Asian/Pacific Islander
- Spanish/Hispanic/Latino  Other

Age: \_\_\_\_\_ years old

Gender (mark with X):  Male  Female





Wraparound Milwaukee  
2015 Performance Improvement Project  
“Empowering Family Choice: An Overview”

**Background:**

One of the theoretical underpinnings of the Wraparound conceptual framework is to be family-centered. The underlying philosophy of wraparound is a change from “expert-driven” models as it places the family, not a mental health agency or the school, in the leadership role within the team process. The Wraparound model highlights the importance of family *voice & choice* which has recently evolved to a more defined *family driven* approach, a shift from parent satisfaction to parent empowerment; from family inclusion, to increased capacity to make informed choices; from consideration of the family perspective to the families as primary decision makers.

Furthermore, the Wraparound process emphasizes that services are identified and designed based on the needs of the families and youth rather than what the system has available. To support this service delivery approach, in 1999, a Provider Network Resource Guide was developed in Synthesis – Wraparound Milwaukee’s internet-based IT system, making it an accessible resource for Care Coordinators and families.

**Rationale:**

In order to gain a better understanding how the Wraparound families understand their role in identifying and utilizing the Wraparound Provider Network, two focus group were conducted with families. The outcomes revealed that families do not feel that they are always given opportunities to make personal choices regarding services and providers. In addition, the families reported that they are inexperienced with behaviors viewed as acts of empowerment and are unaware of the true array of provider options and choices. Baseline data revealed that only .009% of families accessed the Wraparound Milwaukee Provider Resource Guide in the 16 months prior to initiating the study (July 1, 2015).

This study addresses both the growth in knowledge and information about service options in the Wraparound Milwaukee Provider Network that results in an increased capacity for families to make informed choices, which in turn results in greater feelings of empowerment in directing the renewed well-being of their children.

**Objectives:**

1. The provision of enhanced/specific information about the Wraparound Provider Network and the Wraparound *Provider Network Resource Guide* will increase access of the Resource Guide by all families in Wraparound Milwaukee by 100% (from 18 to 36 individuals).
2. Newly enrolled families will feel more empowered to make provider choices (increase of 10% over the initial survey outcomes -baseline) after accessing the Wraparound Provider Network Resource Guide.

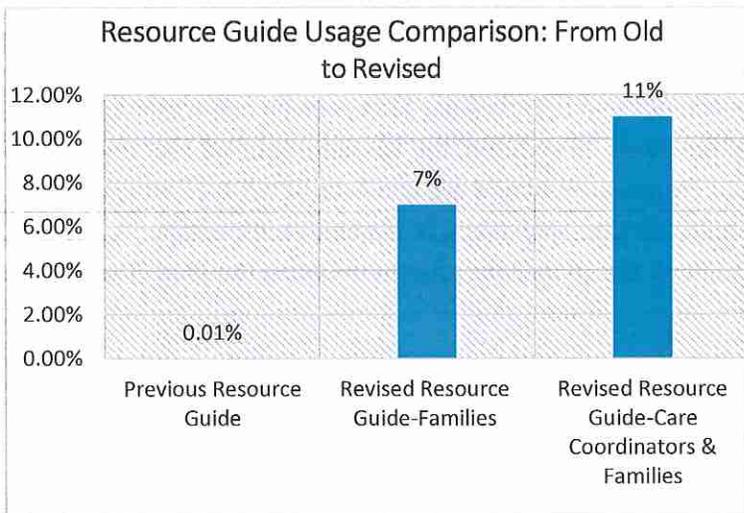
- 3. Twenty-five percent of newly enrolled families surveyed (n=71) will access and use the Wraparound Provider Network Resource Guide.

**Research Design:**

The three dependent variables in this study were: 1) Increased usage of the Provider Resource Guide, 2) Increased knowledge and feelings that encourages empowerment, and 3) Active choosing of providers that are deemed by the families as *best fit* for their children. Improvements made to the Provider Resource Guide, raising awareness, and training to the *Family Driven* approach and how to use the revised Resource Guide, were the independent variables contributing to potential changes of the dependent variables.

**Results:**

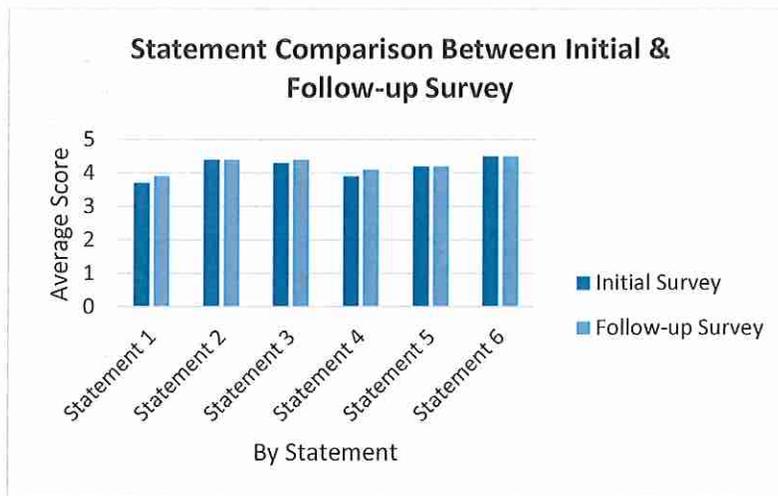
The development of the revised Provider Resource Guide, accompanied with promotion and training to all users, resulted in an immediate upsurge of access and usage (Increase of 416.6% in a 2 month period). Collectively, families (93) and Care Coordinators with families (148) represents 30% (241/814) of the total population that accessed the revised Provider Resource Guide.



**Stakeholders Access  
12/1/15 -1/31/15**

Families	93
Providers	100
Other	142
Care Coordinators & Families	148
Care Coordinators	331

The outcomes from Objectives 2 & 3, as measured by the initial and follow-up surveys (see attached), yielded little significant change. In both cases, the approach was to evaluate possible change in family decision making and feelings of empowerment.



Empowerment is a complex construct. The literature is replete with studies that dissect its dimensions and is understood to be a learned skill that must be shaped slowly across time especially for families that most likely have limited experiences with decision making and assertively controlling their life circumstances. The literature also supports the notion that empowerment and decision making are iterative processes that are dependent on what has occurred previously. So when parents have found that a single decision about their child resulted in some success, they are more likely to make another independent decision...and so on. This is a slow shaping process that takes multiple opportunities to try out new decision making skills. The intent is to move families along a continuum from Parents as Participants (sharing choice) to Parents as Experts (sharing knowledge) to finally Parents as Leaders (sharing power.)

With the skill to use the Provider Resource Guide as a source of information and the expanded knowledge about providers, families will hopefully begin to feel in control; experiencing **Self-efficacy** (a belief about one's personal abilities), **Knowledge** (understanding of the relevant social context, possible routes to goal attainment, resources needed and ways to obtain them) and **Competence** (having the skills to accomplish goals). This should result in **Action** (ability to behave / act), thereby playing an active role in promoting the well-being of their children and families.

Ongoing training of Care Coordinators, Care Coordination Supervisors and Leads, as well as the Providers themselves to the Family Driven approach will, across time, transform the Child & Family Team process, giving more direct decision making power to the families served by Wraparound.

Prepared By: Pnina Goldfarb PhD. – Wraparound Milwaukee Research Consultant

Interviewer \_\_\_\_\_

Wraparound Milwaukee

***I Have the Power to Choose Family Survey*****Initial Survey**Relationship:  Parent/Guardian Other \_\_\_\_\_

Date \_\_\_\_\_

Youth's Name \_\_\_\_\_

Interviewee Name \_\_\_\_\_

<b>Knowledge</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Does not apply to me</b>
1. I know how to access Wraparound Milwaukee's Provider Resource Guide, a listing of all providers.	5	4	3	2	1	X
2. I understand that I make the final decision when choosing providers for my family.	5	4	3	2	1	X
3. I am aware that I am able to change providers if I need to.	5	4	3	2	1	X
<b>Feelings</b>						
4. Before I choose a provider, I feel I have enough information about them to make a good choice for my child & family.	5	4	3	2	1	X
5. I have had the opportunity to talk with my team about what Providers are a <i>good fit</i> for me and my family (e.g. distance from home, male or female, work experience).	5	4	3	2	1	X
6. I feel comfortable requesting a change in Provider no matter what the reasons may be.	5	4	3	2	1	X

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

CRISIS SERVICE BRANCH

PLAN-DO-STUDY-ACT

SECLUSION & RESTRAINT REDUCTION IN OBSERVATION

Aim statement:

To continue decreasing Seclusion & Restraint (episode and time) in the Observation Unit.

Describe your first (or next) test of change	Person Responsible	When to be Done	Where to be done
Initiation of "Community Group" to review patient files after each episode of S&R and update on a regular basis. Nurses to be included in Treatment Planning Review Safety Plan.	Lauren Hubbard and Angela Post (Nurse Managers for PCS/OBS).	OBS	OBS
List the Tasks needed to set up this test of change	Person Responsible	When to be Done	Where to be done
Review of Seclusion and Restraint (episodes and time).	Andre Gilliam (Coordinator Quality Assurance Crisis Services). Lauren Hubbard and Angela Post (Nurse Managers for PCS/OBS)	February 2016	OBS
CNA(s) to facilitate group "Community Meeting".	Lauren Hubbard and Angela Post (Nurse Managers for PCS/OBS)	0830-0900 Daily	OBS

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds
20% reduction of Seclusion and Restraint (episodes and time)	Analysis of data

DO Describe what actually happened when you ran the test

Seclusion and Restraint (episodes and time) at the end of the 3<sup>rd</sup> quarter for 2015 were lower than the total for all of 2014:

1. 146 episodes of S&R in 2014 compared to 52 episodes of S&R at the end of the 3<sup>rd</sup> quarter for 2015.
2. 207 hours of restraint time in 2014 compared to 70 hours of restraint time at the end of the 3<sup>rd</sup> quarter for 2014

There were previous interventions prior to the implementation of "Community Group" that led to the current reduction of Seclusion & Restraint:

- Medical Director (Dr. Tony Thrasher) increased coverage for the doctors.
- There were more consistent staff members (Nurses & CNA's) available.
- Per nurse managers, CCT had a positive impact in reducing S&R.
- Patients are normally medicated prior to their placement in OBS.

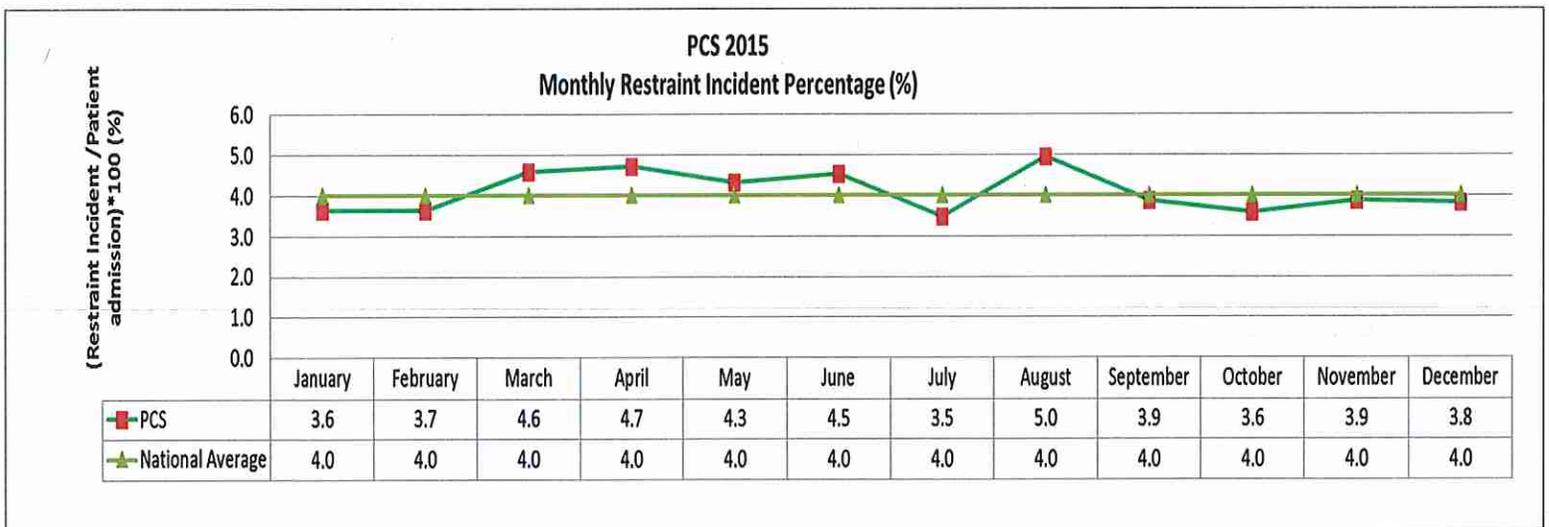
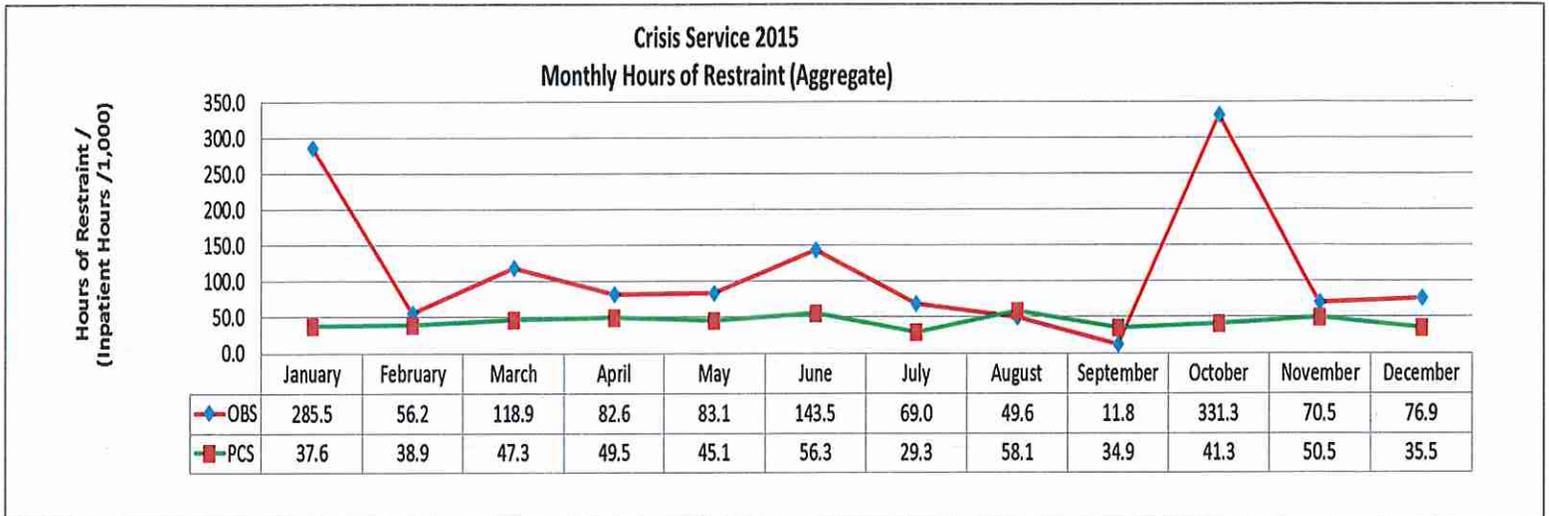
Although the overall numbers have decreased due to these interventions, there exists a significant spike in episodes of Seclusion & Restraint during the hour of 0900. To address this, a "Community Meeting" has been implemented. The community meeting guidelines are for CNA staff to begin Community Meeting at 0830-0900 when the rest of the treatment team goes in to report to the physicians. CNA staff are to encourage all patients to attend the meeting located in the day room/dining hall. Usually the CNA assigned to monitor "zone" or milieu is the designated group leader (See attached guidelines)

STUDY Describe the measured results and how they compared to the predictions

ACT Describe what modifications to the plan will be made for the next cycle from what you learned

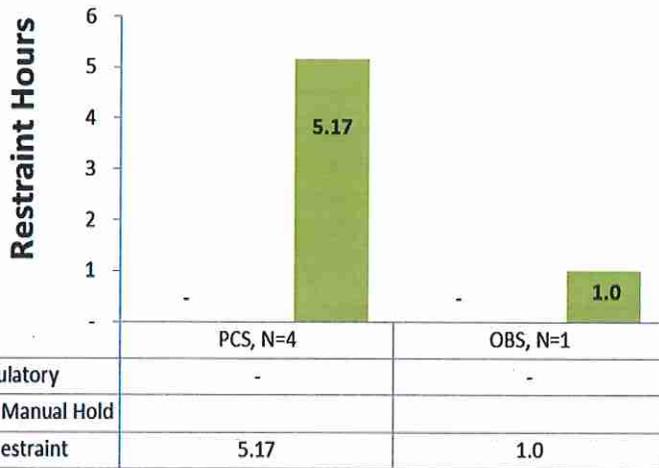
# Crisis Services

# Seclusion and Restraint Report (01/25/16 – 01/31/16)

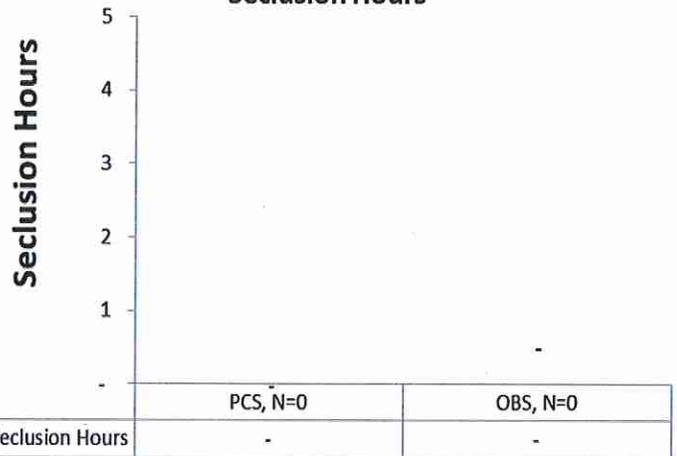


BHD Unit	Gender	Date S/R Initiated	Day of Week	Time Initiated	Length of S/R	Type of Intervention
PCS	Male	1/28/2016	Thursday	18:25	0.83	4pt Restraint
	Male	1/30/2016	Saturday	15:00	2.42	4pt Restraint
	Female	1/30/2016	Saturday	22:00	1	4pt Restraint
	Male	1/30/2016	Saturday	10:00	0.92	4pt Restraint
OBS	Male	1/31/2016	Sunday	10:30	1	Ambulatory

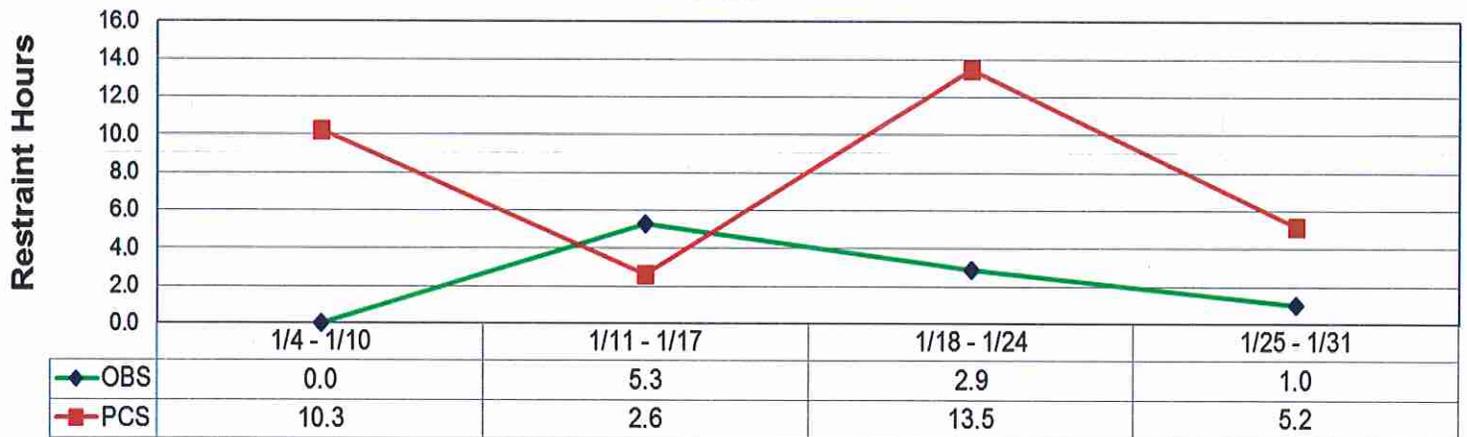
**Crisis Services  
January 25-31 Restraint Hours**



**Crisis Services  
January 25 - 31  
Seclusion Hours**



**Crisis Service  
Aggregate Weekly Restraint Hour Trend  
01/04/16 - 01/31/16  
N= 32**



October - December

**MCBHD Waitlist  
Usage Update**

**2015**

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Prepared by:  
Quality Improvement  
Department

Date: January 14, 2016

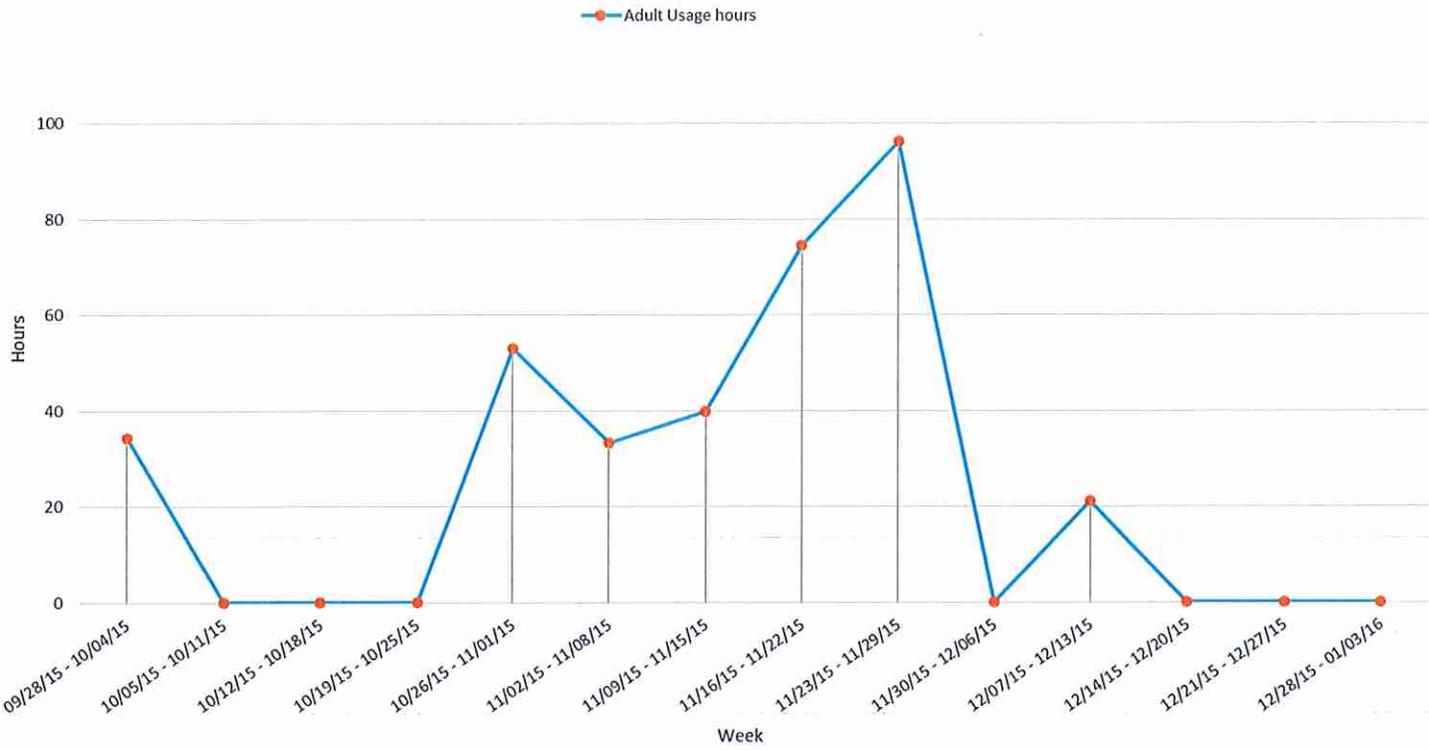
### Hospital Transfer Waitlist Status

<b>2015 BHD PCS Waitlist Status - Adult</b>					
Measure	October	November	December	Total for all three (3) months	MKE Area Average
Episodes of Waitlist	2	2	1	5	-
Number of Patient Waitlisted	8	53	3	64	-
Total Hours of Waitlist Per Month	65.8	226.4	21.1	313.3	-
Percent of Time on Waitlist Status	8.8%	31.4%	2.8%	14.2%	-
Average length of Waitlist (Hours)	10.14	7	8.1	8.4	-
Maximum Time any Patient Waitlisted	50.5	99.7	20.3	99.7	-
Number patient Diverted	0	0	0	0	-
Total length of Diversions of this Week	0	0	0	0	5.25%

<b>2015 BHD PCS Waitlist Status - Child</b>					
Measure	October	November	December	Total for all three (3) months	MKE Area Average
Episodes of Waitlist	1	0	0	1	-
Number of Patient Waitlisted	1	0	0	1	-
Total Hours of Waitlist Per Month	3.4	0	0	3.4	-
Percent of Time on Waitlist Status	0.5%	0.0%	0.0%	0.2%	-
Average length of Waitlist (Hours)	3.4	0	0	1.1	-
Maximum Time any Patient Waitlisted	3.4	0	0	3.4	-
Number patient Diverted	0	0	0	0	-
Total length of Diversions of this Week	0	0	0	0	5.25%

Week	Adult Usage hours	Adult Usage hours Percentage	Child Usage Hours	Child Usage Hours Percentages
09/28/15 - 10/04/15	34.3	20.4%	0	0.0%
10/05/15 - 10/11/15	0	0.0%	0	0.0%
10/12/15 - 10/18/15	0	0.0%	3.4	2.0%
10/19/15 - 10/25/15	0	0.0%	0	0.0%
10/26/15 - 11/01/15	53	31.5%	0	0.0%
11/02/15 - 11/08/15	33.3	19.8%	0	0.0%
11/09/15 - 11/15/15	39.9	23.8%	0	0.0%
11/16/15 - 11/22/15	74.5	44.3%	0	0.0%
11/23/15 - 11/29/15	96.3	57.3%	0	0.0%
11/30/15 - 12/06/15	0	0.0%	0	0.0%
12/07/15 - 12/13/15	21.1	12.5%	0	0.0%
12/14/15 - 12/20/15	0	0.0%	0	0.0%
12/21/15 - 12/27/15	0	0.0%	0	0.0%
12/28/15 - 01/03/16	0	0.0%	0	0.0%

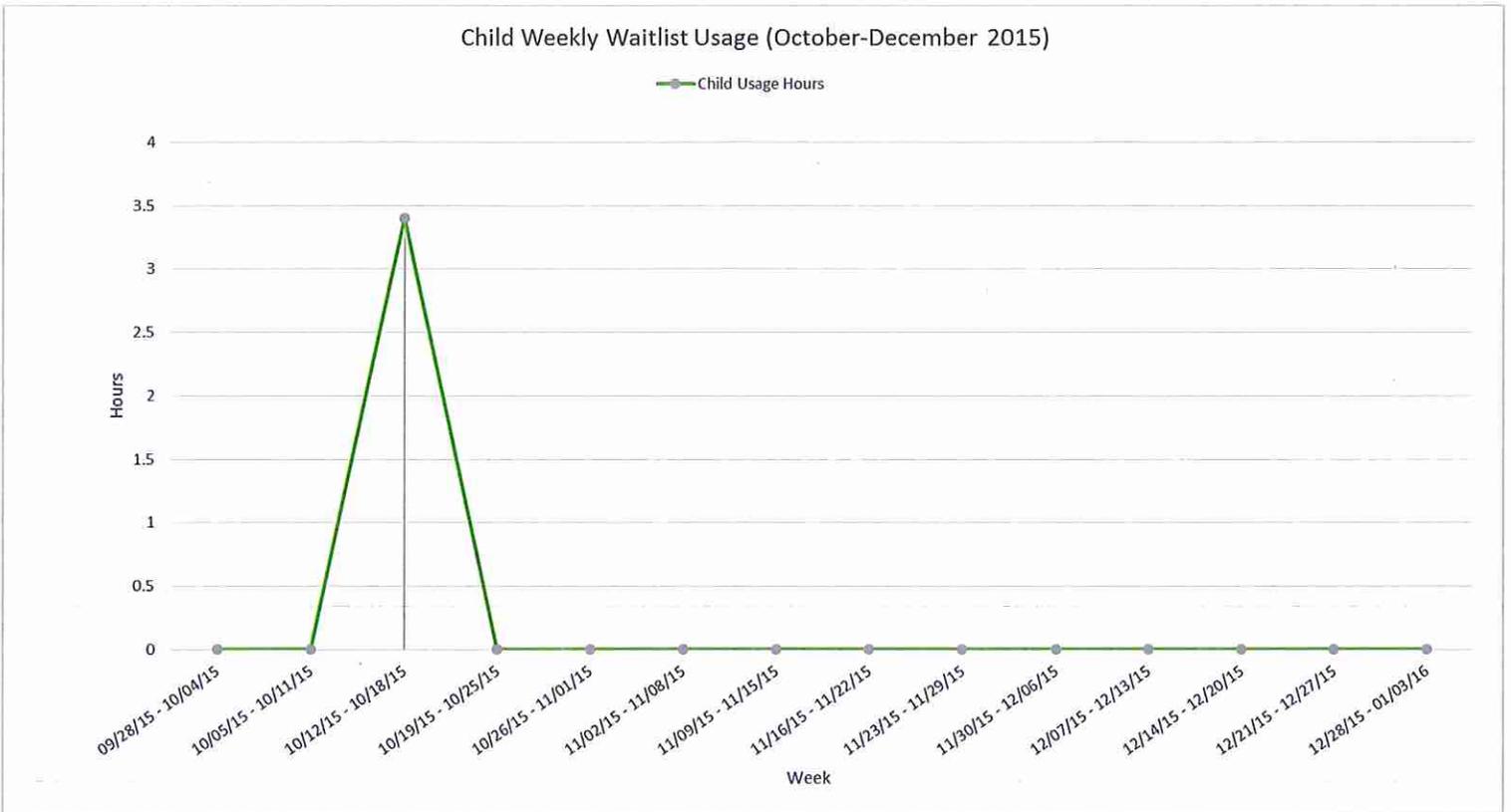
Adult Weekly Waitlist Usage (October-December 2015)



Adult Weekly Waitlist Usage Percentage (October-December 2015)



Child Weekly Waitlist Usage (October-December 2015)



Child Weekly Waitlist Usage (October-December 2015)

