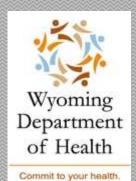
Hearing our Consumer Voice:

The 2010 Substance Abuse Consumer Survey



Produced by: Mariah J. Storey, M.S. and Marla M. Smith, M.A Wyoming Department of Health Mental Health and Substance Abuse Services Division 9/23/2010



Table of Contents

Executive Summary	3
Methodology	4
Sampling considerations	4
Sampling plan	4
Substance Abuse Domains	5
Results	6
Youth Survey	6
Adults Survey	6
Summary	12
Appendix A: Substance Abuse Adult Consumer Survey	14
Appendix B: Substance Abuse Youth Consumer Survey	14

Executive Summary

The Wyoming Department of Health, Mental Health and Substance Abuse Services Division (hereafter, the Division) provides funding to local treatment centers. These centers deliver a broad array of mental health and substance abuse services to meet the needs of citizens of Wyoming. These services are designed as a continuum of care to address each client's unique needs.

In order to provide continuous quality improvement, the Division utilizes client satisfaction surveys to ensure client access to care, quality of care, and client outcomes. The goal of this project is to perform an evaluation of the public community mental health and substance abuse services by surveying a representative sample of consumers. Surveys results are required for completion of the Substance Abuse and Mental Health Service Agency (SAMHSA) mental health block grant application. Survey results are also used to inform Wyoming's reporting of the National Outcome Measures (NOMS) for both mental health and substance abuse services (the original Mental Health Statistics Improvement Program (MHSIP) survey, designed only for mental health clients, has been modified to apply to substance abuse clients as well). The results of these surveys are used to identify areas that need improvement so that services are more responsive to the needs of Wyoming clients.

Overall, clients are satisfied with the substance abuse services they received from the Substance Abuse Centers (SAC) throughout Wyoming. The Division received 143 surveys from adults receiving substance abuse services. Survey respondents indicated positive responses in the areas of social connectedness, satisfaction, access, quality and appropriateness of services, and cultural sensitivity of staff.

Please note there is an accompanying report of those clients who received substance abuse services. An additional report on clients who received Medicaid funded services is also being produced as a part of this study.

Methodology

The consumer survey is an annual project and its goal is to obtain evaluations of public community mental health and substance abuse services by a representative sample of consumers. Survey results are required for SAMHSA Mental Health Block Grant Reporting through the Uniform Reporting System. Historically this project was contracted to a third party. The 2010 project was managed internally by the Division. Additionally, the scope of the project was expanded to include additional modules which captured clients receiving Medicaid funded services. Future surveys may also include clients receiving Court Supervised Treatment services.

To gain input from clients receiving services or who had received services from the Division's main treatment providers, client-level data from Wyoming Client Information System (WCIS) was used to create a stratified sample by community mental health and substance centers. Client cases were randomly selected to participate in the sampling frame. The Division provided a list of Client IDs to each SAC. Two centers, High Country Behavioral Health and Fremont Counseling Services transmitted via secure email, the client name and address for each ID. For these two centers, the Division mailed surveys to unique clients utilizing the provided names and addresses. The remaining centers were emailed the list of IDs and mailed materials to send out directly to the clients. Surveys were anonymous and were not matched to administrative databases. All survey responses were returned directly to the Division for data input and analysis.

Sampling considerations

- The sampling frame included all adults and adolescents served.
 - o Of all available data entered by March 31, 2010.
- Sample frame included both active and closed clients with a time frame including clients served within July 1, 2009 to March 31, 2010.
- Surveys were stratified by center and site location (as per historical practice) so that information was collected statewide and on an individual-center-basis.
- Separate instruments were used for youth over the age of 12 and adult consumers of substance abuse services.

Sampling plan

The Division generated a list of randomly selected Client IDs (based on stratification for each center) that were pulled from WCIS. Again, these IDs represented clients served between October 1, 2009 and March 31, 2010. This list was sent to providers and providers will then

cross-walk the Client IDs with client names and addresses. Two providers sent the cross-walked names to the Division and the remaining centers sent materials directly to the clients. Included in the mailing was stamped return envelope, a small insert with information on the confidentiality of the survey and how the Division did not directly mail clients, and a survey depending on identified client—mental health family/caregiver, adolescent, adult consumers or substance abuse adolescent or adult consumers.

Substance Abuse Domains

Survey instruments were adapted from the federal Mental Health Statistics Improvement Program (MHSIP) to make sure quality indicators of specific relevance to Wyoming's public mental health and substance abuse systems were measured, and to ensure data comparability with national benchmarks. Surveys were developed for both youth (12 and over) and adults (18 and over) receiving substance abuse treatment. Sample surveys can be found in Appendices A & B.

Survey respondents answered several demographic questions before answering survey questions. The questions were in the form of statements with a Likert scale rating on how much they agreed or disagreed with statements with an option for a neutral and a not applicable.

Questions were analyzed individually and by domains. Domain scores were calculated based on the national methods. As part of these methods, any domain had to have at least $2/3^{rd}$ of the domain completed and ratings of "not applicable" were recoded as missing values. A mean score of the domain was calculated as well as a count of the number of positive (scores above 3.5) neutral (scores in between 1.6 and 3.4) or negative (scores below 1.5).

Access: Questions regarding access to services, convenience of service location, and waiting time to get an initial appointment.

Cultural Sensitivity: Respondents provide feedback on the respect and sensitivity of the staff regarding the client's culture

Outcomes: Clients and family members provide information on whether the treatment they receive is helping them get along better with others, live in a safe and stable environment, obtain education or employment, and improve health.

Quality and Appropriateness of Services: Clients provide feedback on the quality of services and if the services met their needs.

Satisfaction: Questions in this domain provide a general overview of the client's and family members' satisfaction with services received.

Social connectedness: The statements provide information regarding the availability of a social support system and network of family and friends who are supportive of the client's recovery.

Substance Use: Respondents rate statements regarding alcohol and/or drug use.

Treatment planning: Information on the level of involvement with treatment planning provides feedback on the client and family member's participation in helping plan service goals and making decisions regarding treatment.

Results

Youth Survey

Very few youth (7 respondents of 292 mailed surveys with 19 returned bad surveys) responded to the survey. It is recommended that methods are developed to increase youth voice. One problem could have been a result of changes to the accompanying letter based on the decision of the Institutional Review Board (IRB). It was decided that the letter accompanying the survey be addressed to the parents or guardians of the youth instead of directly addressing the youth. This change may have lead to confusion and less participation. The Division will work with the IRB to make sure it meets its requirements while allowing for direct mailing to the participant. This strategy should help, but additional strategies will be reviewed to make sure a youth voice is represented in the next administration.

Adults Survey

The following pages show the results of the surveys completed by adult clients (ages 18+) who were receiving or received substance abuse services at Northern Wyoming Mental Health Center.

Statewide the Division and local CMHC/SACs mailed out 2836 with 324 returned with a bad address and 143 consumers participated in the survey for an overall response rate of 6%. Adults from each agency responded to this survey (see Figure 1). Cedar Mountain Center and Carbon County Counseling had the lowest response rate while Hot Springs County Counseling had the highest response rate. Centers below the black bar have a lower than statewide response rate while centers above the black bar have a higher than statewide response rate.

Figure 1
Percent of Adults by Agency FY 2010

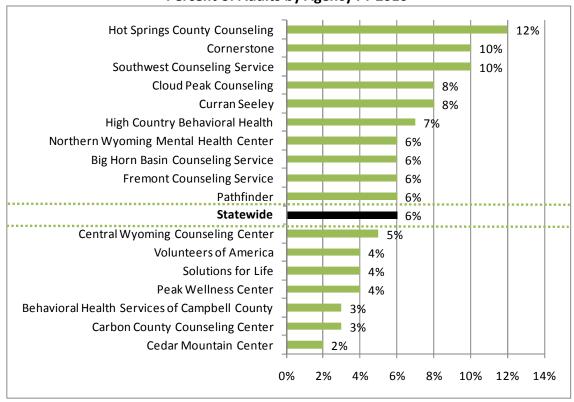


Figure 2 shows the percent of adult participants by age. All age categories are represented in these results with the largest participation from the middle age responder (25-34 years of age). There were three individuals who did not respond to the age question.

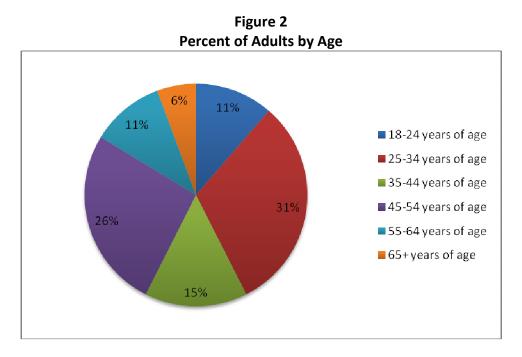


Figure 3 shows the percent of adult participants by gender. The split between males and females is about equal.

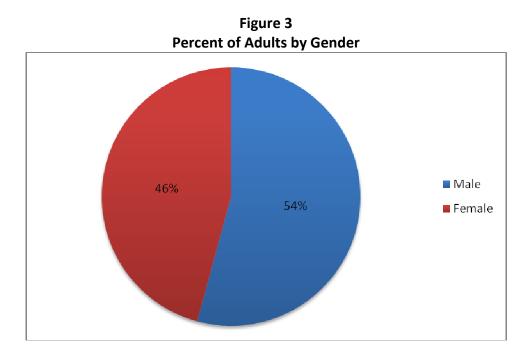


Figure 4 shows the survey results of adult participants by domains. Most domains had high level of agreement. The highest domain was social connectedness. The lowest domains were in substance use and treatment planning. Mean scores ranged from 3.54 to 4.33 (See figure 5).

Access 73% **Cultural Sensitivity** 71% General Satisfaction 74% Outcomes 18% Agree 78% ■ Neutral Quality & Appropriateness ■ Disagree 88% Social Connectedness 63% Substance Use 10%

Figure 4
Percent of Adult's Level of Agreement by Domain

Figure 5
Mean Score of Adults by Domain

40%

Treatment Planning

0%

20%

64%

80%

100%

60%

Domain	Mean Score	Standard Deviation
Access	3.95	1.06
Culture Sensitivity	4.04	1.03
General Satisfaction	3.85	1.35
Outcomes	4.16	.85
Quality and Appropriateness	4.04	.97
Social Connectedness	4.33	.77
Substance Use	3.83	1.16
Treatment Planning	3.54	1.07

Figure 6 shows the survey results of adult participants by question and the percentage who responded that they "agree" or "strongly agree" with each survey statement. The lowest percentage that agreed was in response to the statement "I, not staff, decided my treatment goals." The highest response was to "I have had interaction with family members or friends who are supportive of my recovery."

Figure 6
Percent of Adult's Level of Agreement by Question

Question	# of Adult Respondents	% of Adults who Agree
Access	,	3
Services were available at times that were good for me.	138	77%
Staff were willing to see me as often as I felt necessary.	135	78%
Culture Sensitivity		
Staff respected my family's religious/spiritual beliefs.	127	81%
Staff were sensitive to my cultural/ethnic background.	116	76%
Staff treat me with respect.	135	80%
General Satisfaction		
I like the services that I received here.	136	73%
Outcomes		
My symptoms are not bothering me as much.	134	82%
I am better able to handle things when they go wrong.	136	79%
I am better able to do things that I want to do.	135	79%
I am not likely to use alcohol and/or other drugs.	134	71%
I do better in school and/or work.	120	71%
I spend more time with people who do not use alcohol and/or	136	76%
drugs.		
I get along better with my boss.	102	63%
I get along better with my teachers.	74	61%
My housing situation has improved.	108	62%
Quality and Appropriateness		
Staff encourage me to use self-help programs.	131	80%
Staff here believe that I can grow, change, and recover.	133	83%
I was given information about different services that were available to me.	131	72%
I was given enough information to effectively handle my	139	80%
problems.		
Substance Use		
Using alcohol and/or drugs is a problem for me.	133	64%
I need to work on my problems with alcohol and/or drugs.	131	69%
It is important for me to never use alcohol and/or drugs.	133	75%

Question	# Adult Respondents	% of Adults who Agree
Social Connectedness		
I have someone who will listen to me when I need to talk.	141	89%
I have someone I can do things with (without using alcohol and/or drugs).	140	86%
I have friends who are clean and sober.	140	82%
I know people I can call when I need help right away.	138	89%
I have people in my life who are a positive influence.	138	88%
People count on me to help them when they have a problem.	138	86%
I have people who are close to me who motivate and encourage my recovery.	133	89%
I have had interaction with family members or friends who are supportive of my recovery.	135	90%
Treatment Planning		
I, not staff, decided my treatment goals.	132	52%
I believe staff see me as a partner in my treatment.	136	68%

Qualitative Results: Adults

Most respondents (125) commented on "What has been the most helpful thing about the services that you received over the last 6 months." Some of the respondents responded not applicable because they hadn't received service in the last six months. A few of the comments responded that nothing was helpful.

Comments were examined for general themes. A large amount of comments mentioned staff including counselor, doctor, and psychiatrist. Some of the comments mentioned specific people who impacted their treatment. Some of the comments were more general and stated that staff were friendly and wonderful. Several individuals mentioned that having an objective and nonjudgmental person to talk was helpful. Several mentioned the "support of the people who are helping me in my recovery [and] having people believe in me and who trust me" or other similar statements.

Similarly, several mentioned that they had learned how to cope with stressful situations, how to speak up for themselves and how to set goals. Clients expressed that they had learned about themselves and gained insight into their behaviors. Clients found the life skills they acquired was helpful.

Another helpful thing mentioned was groups and one-on-one sessions. Many individuals mentioned specific groups such as Dialectical Behavioral Therapy (DBT), support, and women's. Along a similar vein several individuals expressed that AA/NA or activities in the community

were helpful. Lastly, many individuals expressed thanks for financial aid for quality of life items such as rent, glasses, etc.

A majority of the participants (114) responded to what could be improved than was most helpful, as well. However, a majority of responses indicated that they didn't know or didn't have any suggestions. Many wanted to express their appreciation of the services and didn't have anything to change.

Similar to positive comments several comments focused on the staff. Some comments included specific people or job classifications. Several indicated that the staff were disorganized, punitive, rude, not understanding, and judgmental. A few comments also indicated a need for more psychiatrists and more therapists. Several comments indicated that staff turnover was frustrating because as they developed a rapport with someone they left and then had to start over with someone new. Many indicated this had hindered their ability to trust their therapist and show improvement.

Some comments focused on specific groups such as a separate women's and men's group, age specific group for 45-65 years of age, and a pain management group. Some expressed a need for more outside activities.

A few of the comments focused on the need for more responsiveness. Individuals expressed a need for more diverse hours, more time, more access, and more flexibility. Many indicated that more staff was needed. Lastly, many felt that more financial help was needed.

Summary

Overall, consumers are satisfied with the substance abuse services they received from the CMHC/SACs throughout Wyoming. The Division received 143 surveys from adults receiving substance abuse services. Participants reported the highest amount of agreement with social connectedness. Participants felt high level agreement with satisfaction, access, quality and appropriateness of services, and cultural sensitivity of staff.

A few areas of focus for improvement were revealed. Client outcomes were the lowest domain. This is common with other states and the reports from previous Wyoming surveys. The outcome domain must be interpreted with caution as clients at all levels in recovery were surveyed. However, an area of focus may be to examine housing situations as this question elicited the lowest about of agreement in outcomes.

Another area of improvement was in treatment planning. A little more than half (58%) of the participants felt that they did not decide treatment goals and just a few more participants (68%) felt they were partners in their treatment.

Staff were mentioned most often as helpers of therapy while staff was also mentioned several times as in need of improvement. Clients wanted staff to be organized, understanding, non-judgmental, and kind. Individuals expressed a need for more diverse hours, more time, more access, and more flexibility.

Overall, survey findings are similar to previous years. Client voices of services received is positive and reflect satisfaction with the services received. Few youth responded to the survey and it is recommended to develop strategies in the next administration to increase youth voice.

Appendix A: Substance Abuse Adult Consumer Survey

Appendix B: Substance Abuse Youth Consumer Survey