



**KALAMAZOO COMMUNITY**  
**Mental Health**  
**& Substance Abuse**  
**Services**

2016  
PROVIDER SATISFACTION SURVEY REPORT

## Introduction

Dear Providers,

We are pleased to present you with this report containing results from our 2016 Kalamazoo Community Mental Health and Substance Abuse Services (KCMHSAS) Bi-Annual Provider Satisfaction Survey. This survey is part of an effort to continually improve the services delivered by KCMHSAS. The specific intent of the survey is to obtain information that can be used by KCMHSAS to identify network strengths and opportunities for improvements, so we can better meet the needs of our community. In the following pages, analysis and results from the survey are provided. Upon request, we are available to review this report in detail with you. We welcome your feedback on how we can enhance this survey project, improve performance and strengthen our partnership.

Sincerely,

Sheila Hibbs MA, LPC, LBSW  
Director of Quality Management and Contract Services (KCMHSAS)  
And  
The KCMHSAS Provider Network Workgroup

## Survey Methodology

The survey was administered online via Survey Monkey from January 22, 2016 – February 27, 2016. The survey, which was developed by KCMHSAS with input from providers, consists of 3 domains: *Purchaser of Services*, *Manager of Behavioral Health Resources and Services*, and *KCMHSAS Services*. Respondents are asked to identify the primary and secondary service area populations they serve. The *Purchaser of Services* and *Manager of Behavioral Health Resources and Services* domains are completed twice by each respondent – once by rating the *primary* KCMHSAS service area with which they work, and a second time by rating the *secondary* KCMHSAS service area with which they work (the service area options provided are: Adults with Mental Illness, Adults with Developmental Disabilities, and Youth and Families).

In 2013, an additional question was added to the survey, asking respondents their primary job area – clinical services, finance or contracts and general administration. There were also four additional questions added that are used to assist with identifying KCMHSAS software (Streamline) training needs.

A five-point Likert response scale was used for questions, consisting of: strongly agree, agree, neutral, disagree and strongly disagree. A “Not applicable to me / don’t know” option was also provided. When reporting results, survey questions were scored by converting the Likert scale as follows: Strongly Disagree = 0, Disagree = 25, Neutral = 50, Agree = 75, Strongly Agree = 100 (responses of N/A or don’t know were not included). Responses to each item were summed then divided by the number of responses to that question to create a scale score that ranges from 0 to 100. This report includes comparisons of results from the past four administrations of the KCMHSAS Provider Network Survey (2010, 2011, 2013 and 2016 administrations. When interpreting past years’ results, please note that a slight scoring change occurred in 2011 [a neutral option was not provided in 2010, but was provided in 2011, 2013 and 2016). Additionally, in the 2010 survey, respondents rated only their primary service population area, while in 2011, 2013 and 2016 primary and secondary population areas were rated within the first two domains.

## Respondent Profile

The survey population consisted of providers whose email addresses are included on a list maintained by the KCMHSAS Quality Management Division (QMD). Prior to the start of the survey, the list was extended to the Provider Network Workgroup and other internal stakeholders for review, to ensure that it was up-to-date and complete. One hundred and thirty-one (131) service providers were invited to participate. Forty-seven percent (47%), 61 individuals responded to the invitation. From 2008 to 2013, response rates ranged from 17% to 32%. For the purpose of this project, it is important to have participants from all four service areas. The table below illustrates response rates broken down by service population areas (and, for 2013 and 2016, job areas) for each of the past four survey administrations.

**Table 1: Respondent Profiles**

<b>Respondents by Primary Service Type</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2013</b>	<b>2016</b>
<b>Adults with Mental Illness (MIA)</b>	27	26	26	31	24
<b>Adults with Developmental Disabilities (DDA)</b>	9	8	12	12	20
<b>Services for Youth and Families (Y&amp;F)</b>	8	6	22	19	17
<b>Substance Abuse Services (SA)</b>	6	8	12	16	N/A
<b>TOTAL RESPONDENTS</b>	<b>50</b>	<b>48</b>	<b>72</b>	<b>78</b>	<b>61</b>

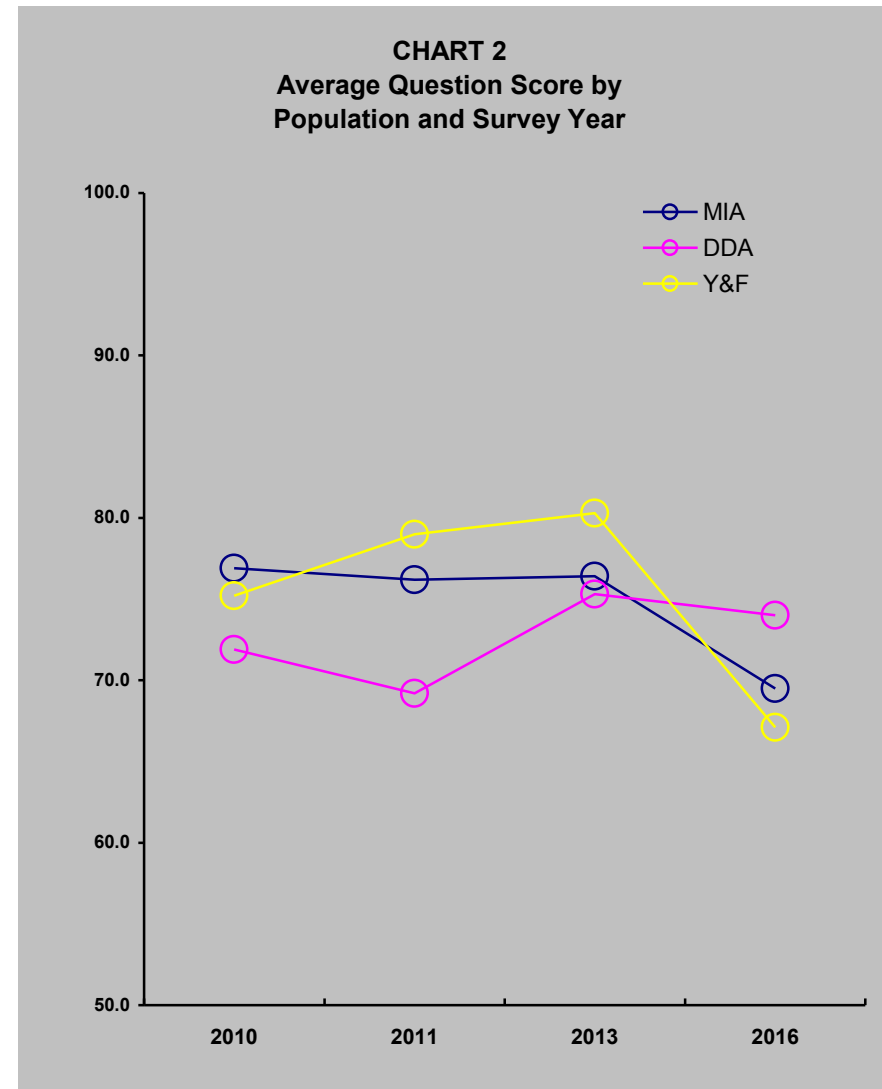
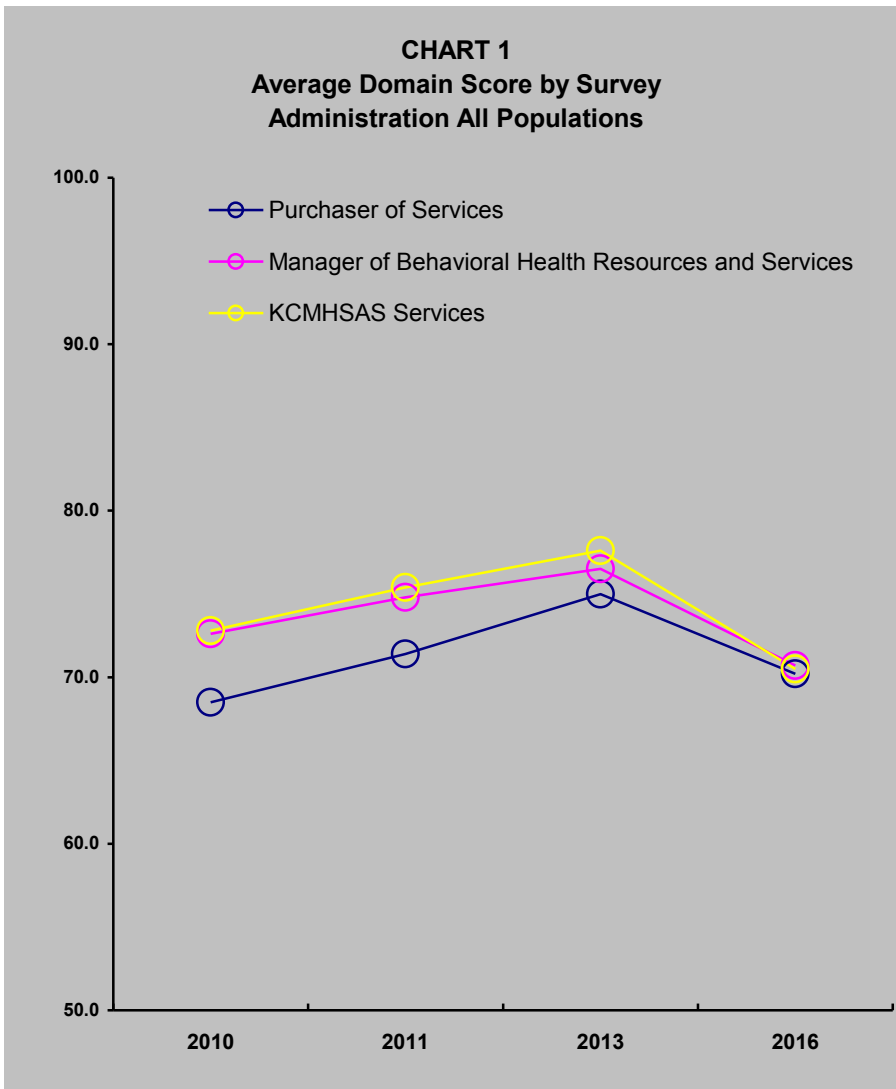
<b>Respondents by Secondary Service Type</b>	<b>2011</b>	<b>2013</b>	<b>2016</b>
<b>Adults with Mental Illness (MIA)</b>	12	23	13
<b>Adults with Developmental Disabilities (DDA)</b>	8	10	13
<b>Services Youth and Families (Y&amp;F)</b>	9	9	9
<b>Substance Abuse Services (SA)</b>	13	8	N/A
<b>Not Applicable</b>	30	28	28
<b>TOTAL RESPONDENTS</b>	<b>72</b>	<b>78</b>	<b>63</b>

<b>Respondents by Job Area</b>	<b>2013</b>	<b>2016</b>
<b>Clinical Services, including Management and Supervision</b>	43	35
<b>Finance</b>	11	3
<b>General Administration/Contracts</b>	24	25
<b>TOTAL RESPONDENTS</b>	<b>78</b>	<b>63</b>

## Summary of Results

Results from the 2016 KCMHSAS Provider Satisfaction Survey were unfavorable compared to past years' results. **Chart 1** displays KCMHSAS's overall performance by Survey Domain for the past four survey administrations. Each domain has been trending downward. The average survey item scores for the past four survey administrations were **72.0, 74.2, 76.4 and 70.4** for **2010, 2011, 2013 and 2016** respectively. When interpreting domain and question-specific results, it is helpful to compare scores to these mean scores. Additionally, survey-to-survey improvements or declines of 4.5 or more points are notable (the standard deviation across survey administrations was 2.6).

**Chart 2** displays the average survey question score by Population area for the past four survey administrations. The amount of variability between the Population area scores has been decreasing over the past four administrations.

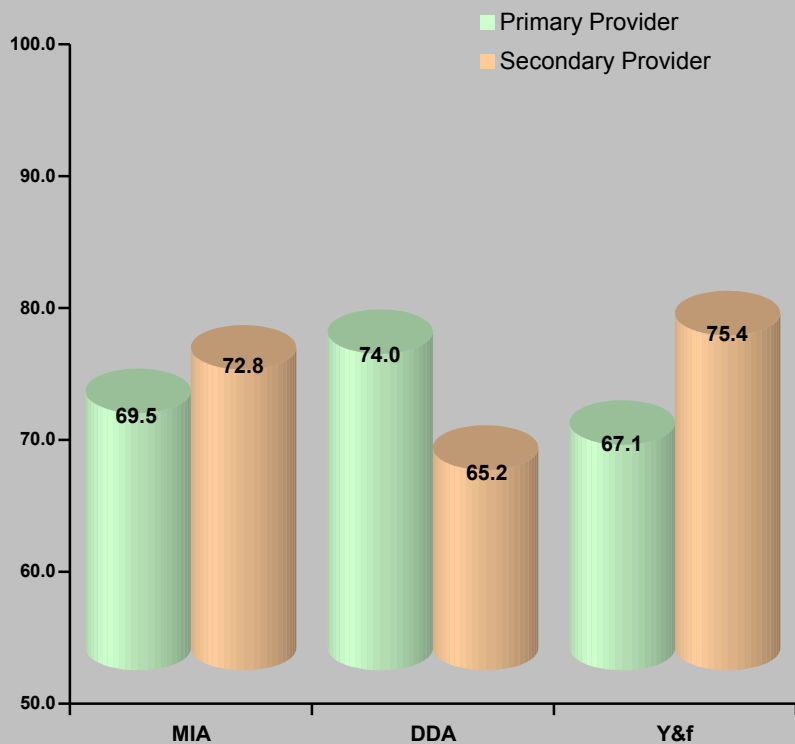


## Ratings by Respondent Types

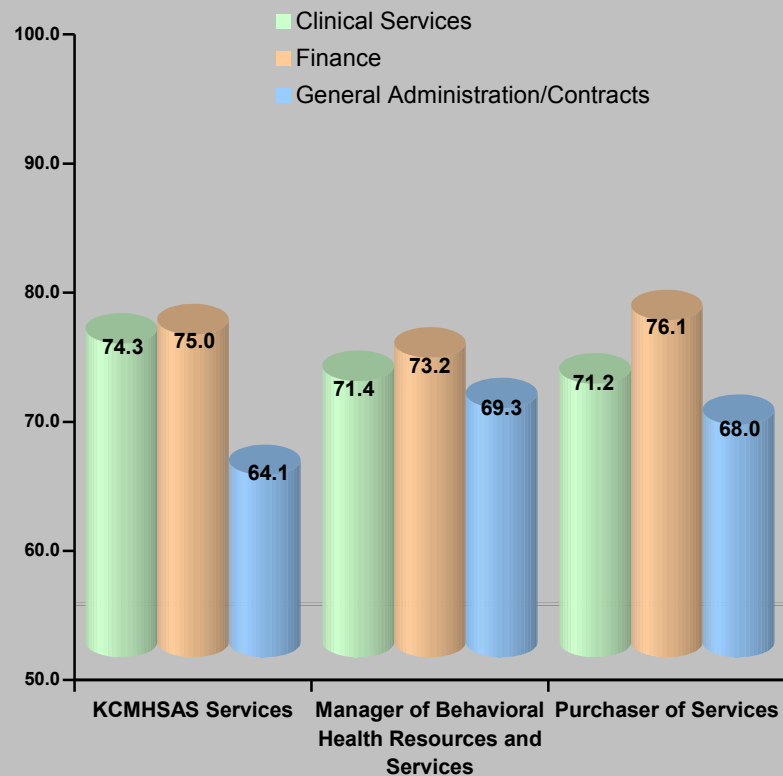
As noted previously, respondents rated the Manager of Behavioral Health Resources and Services and Purchaser of Services domains twice, once for the primary KCMHSAS population area their organization works with, and again for the secondary KCMHSAS population area their organization works with. **Chart 3** displays average item scores according to primary vs secondary population provider status. The I/DDA population showed the most discrepancies here, with primary service area respondents providing higher ratings than respondents who work with that department as their secondary population area.

The survey included a question about respondents' primary functional work areas. The choices for work areas were: Clinical Services (including management and supervision), Finance and General Administration/Contracts. Individuals who reported their primary work area as Clinical and General Administration/Contracts rated the Manager of Behavioral Health Resources and Services domain the highest, while individuals who reported their primary work area as Finance rated the Purchaser of Services domains highest. This leads to the potential observation that respondents rated questions more highly when more familiar with the areas to which the questions pertained, however, the difference in scoring was very slight, and did not hold true with the General Administration / Contracts respondents.

**CHART 3**  
Comparison of Average Scores Based on Primary or Secondary Population Provider

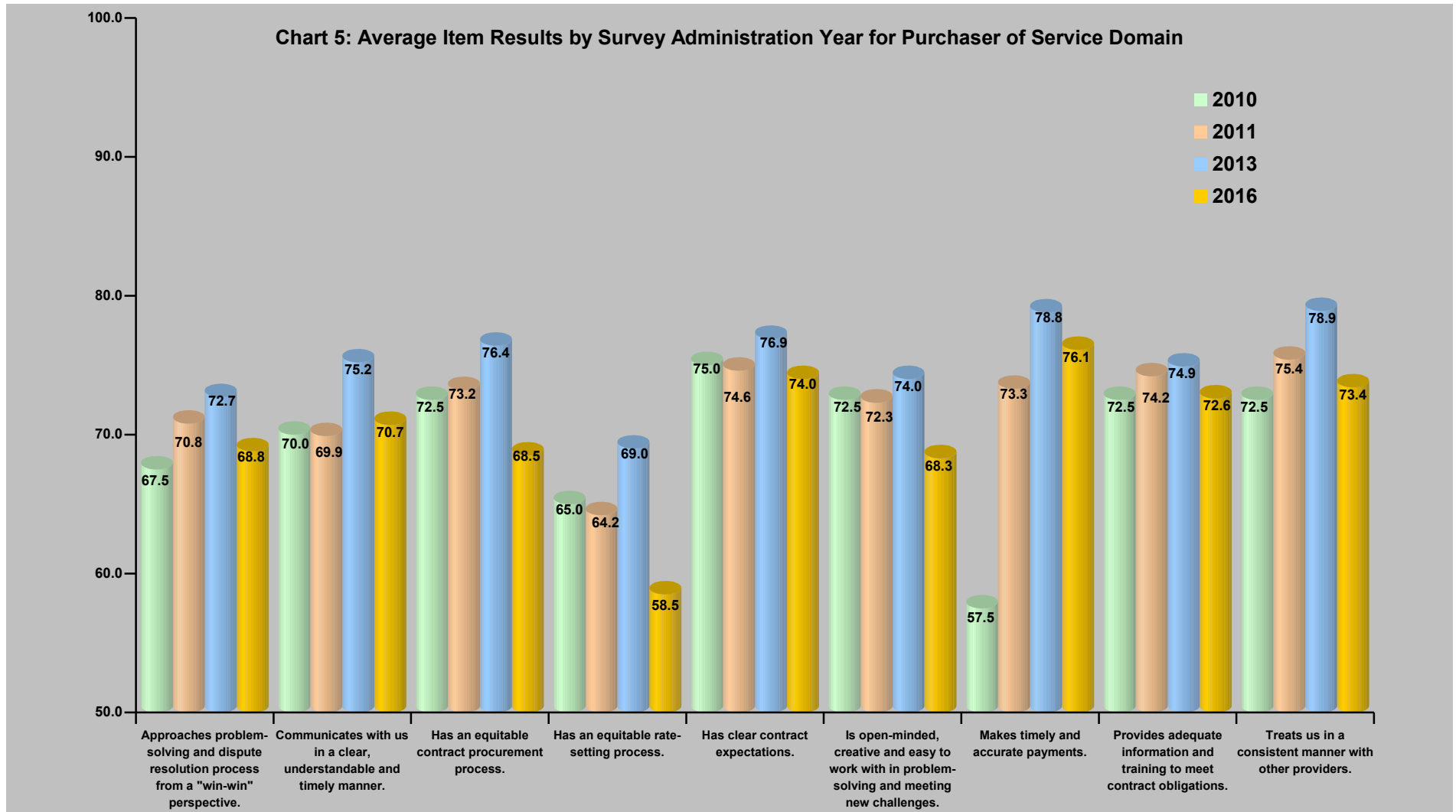


**CHART 4**  
Average Domain Scores Based on Respondent's Work Area



**Detailed Results by Domain**  
**Domain 1 – Purchaser of Services**

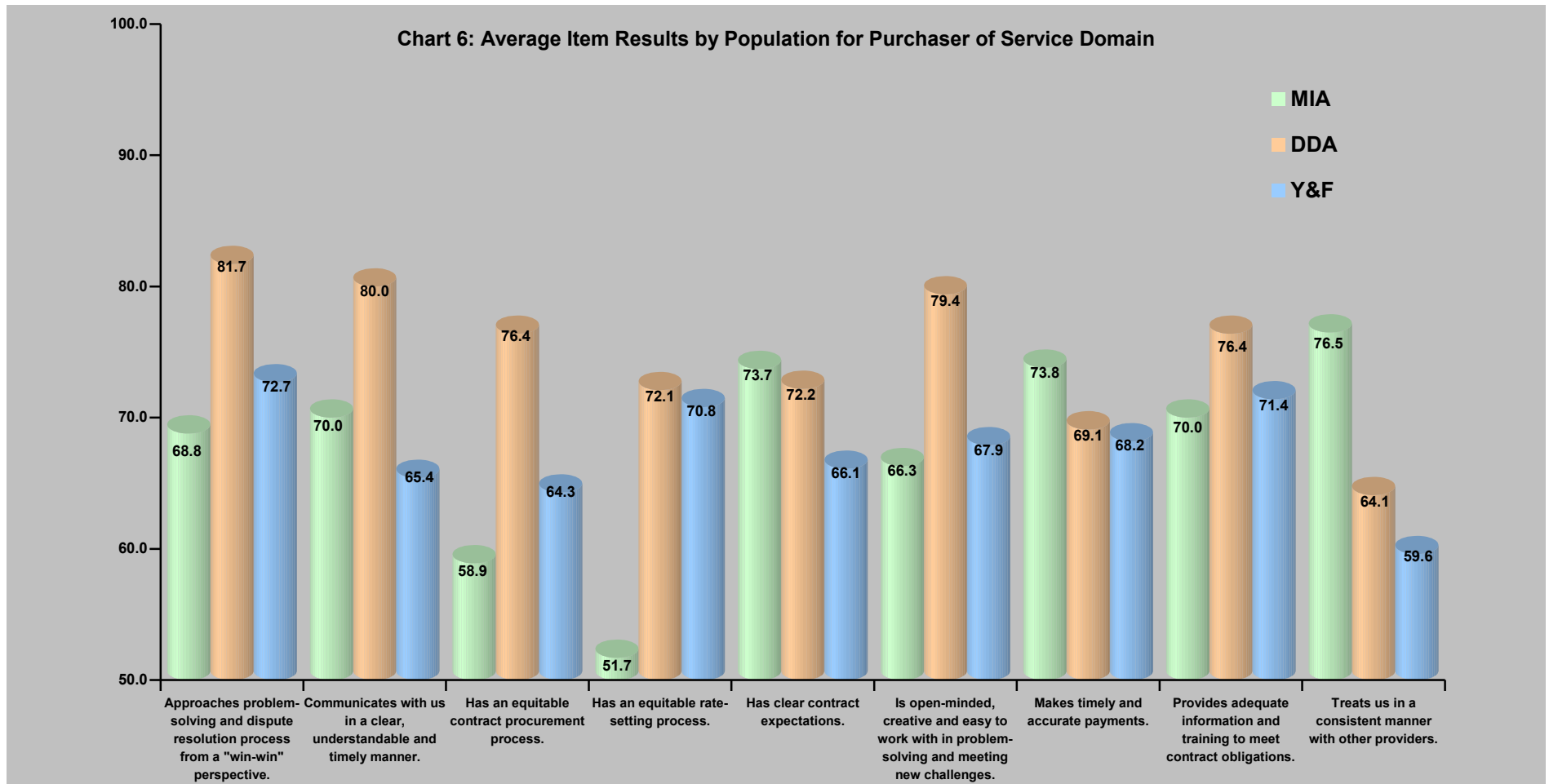
**Summary:** The first survey domain explores provider perceptions of KCMHSAS as a purchaser of services. Top-rated questions within this domain in 2016 were 1) Makes timely and accurate payments (76.1), 2) Has clear contract expectations (74.0) and 3) Treats us in a consistent manner with other providers (73.4). Questions that received the lowest ratings in this domain were 1) Has an equitable rate-setting process (58.5), 2) Is open-minded, creative and easy to work with in problem-solving and meeting new challenges (68.3) and 3) Has an equitable contract procurement process (68.5).



**Detailed Results by Domain**  
**Domain 1 – Purchaser of Services, continued**

**Table 2: Purchaser of Services average domain scores by year and by population.**

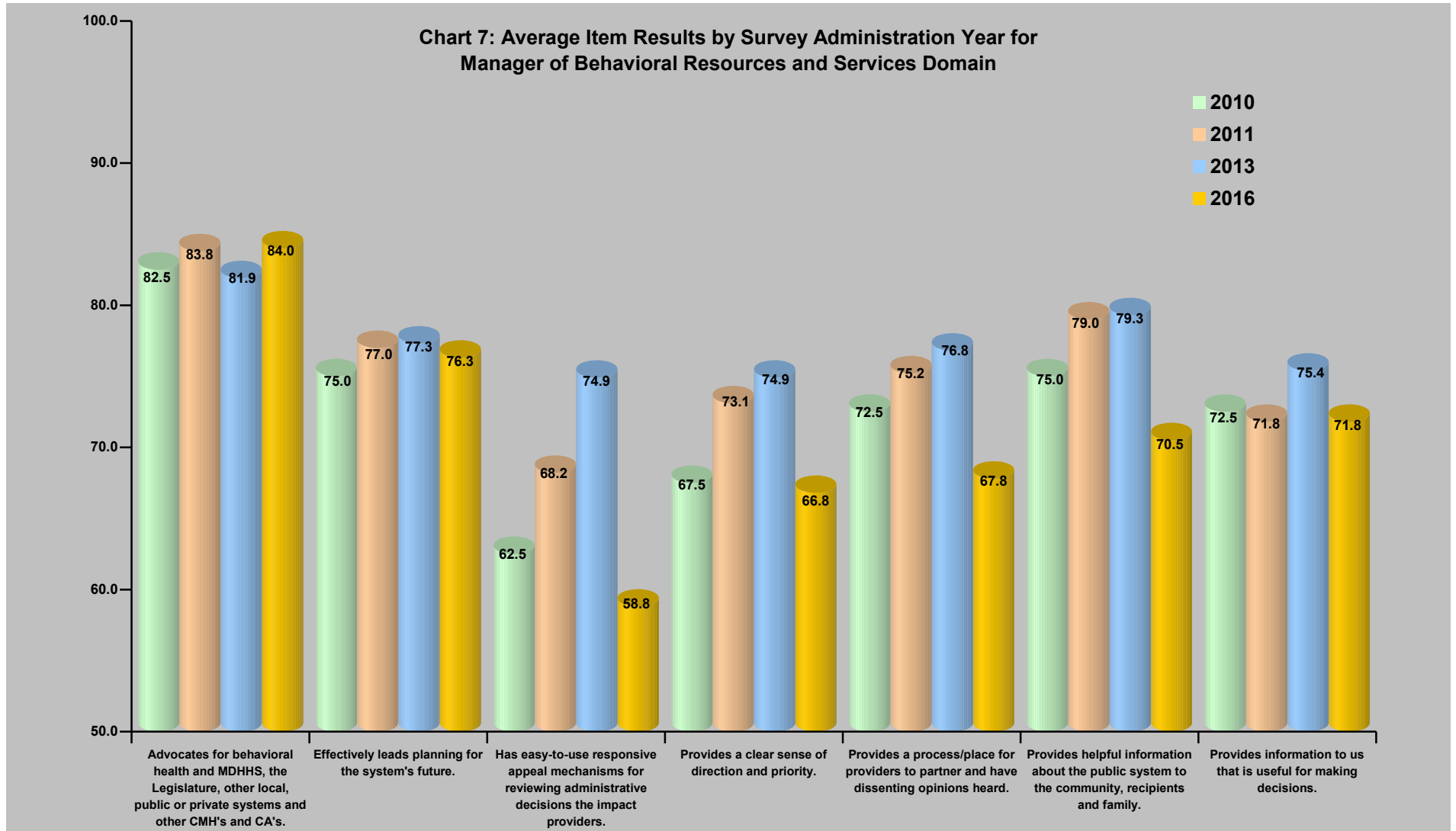
Average Survey Domain Scores by Year		I/DDA	MIA	Y&F	All
Purchaser of Services	2010	71.4	71.1	79.4	68.5
	2011	71.5	69.4	74.2	71.4
	2013	73.1	75.7	76.4	75.0
	2016	74.5	68.3	67.2	70.2



**Detailed Results by Domain**

**Domain 2 – Manager of Public Mental Health and Substance Abuse Resources and Services**

**Description and Comments:** The second survey domain looks at the job KCMHSAS is doing as the manager of behavioral health resources and services for the region. The highest-scoring items in this domain were 1) advocates for behavioral health and MDHHS, the Legislature, other local, public or private systems and other CMH's and CA's (84.0), 2) effectively leads planning for the system's future (76.3), and 3) provides information to us that is useful for making decisions (71.8). Questions that received the lowest ratings in this domain were 1) Has a easy to use responsive appeal mechanism for reviewing administrative decisions that impact providers (58.8), 2) Provides a clear sense of direction and priority (66.8) and 3) Provides a process/place for providers to partner and have dissenting opinions heard (67.8).

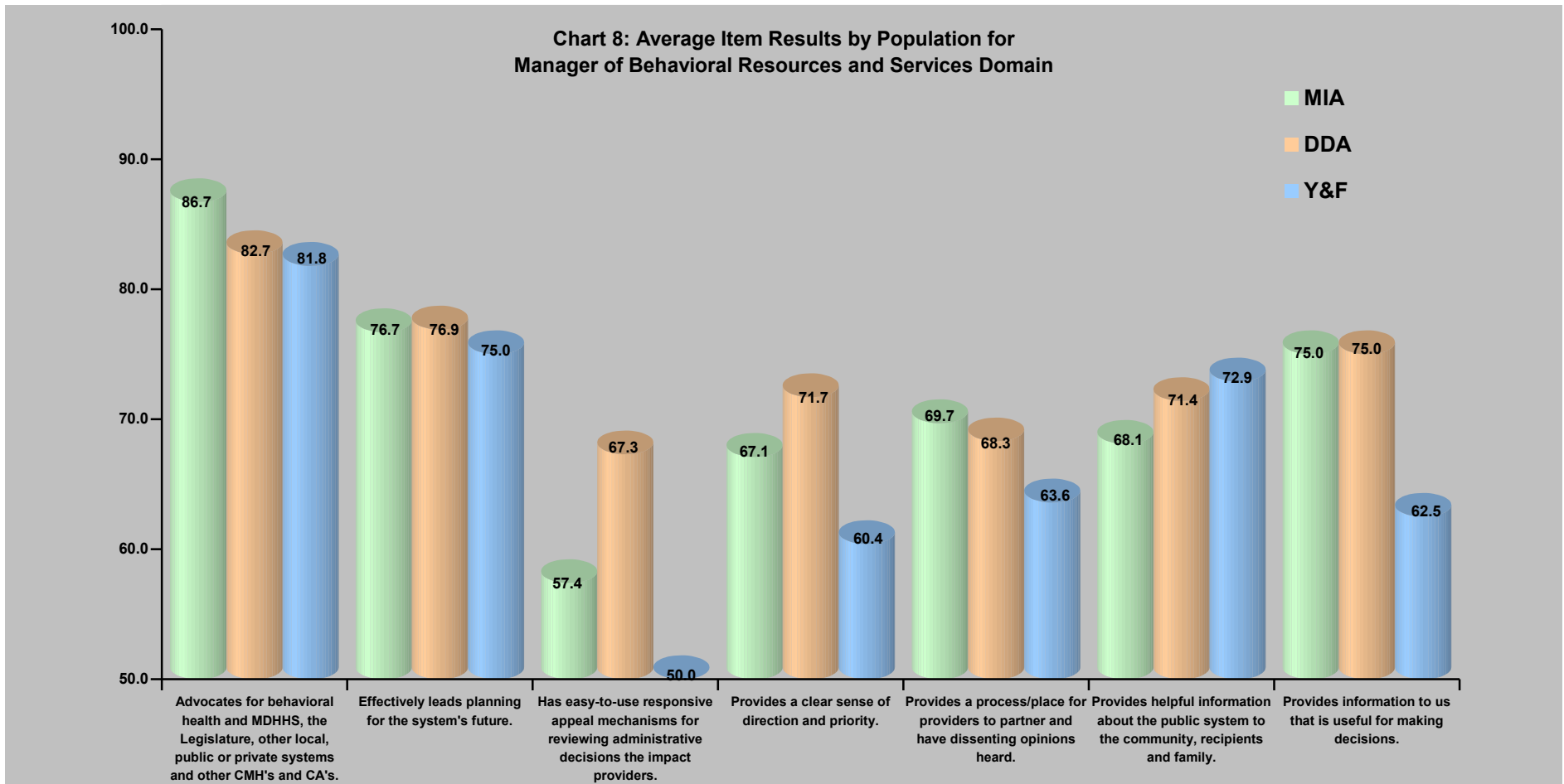




**Detailed Results by Domain**  
**Domain 2 – Manager of Behavioral Health Resources and Services (continued)**

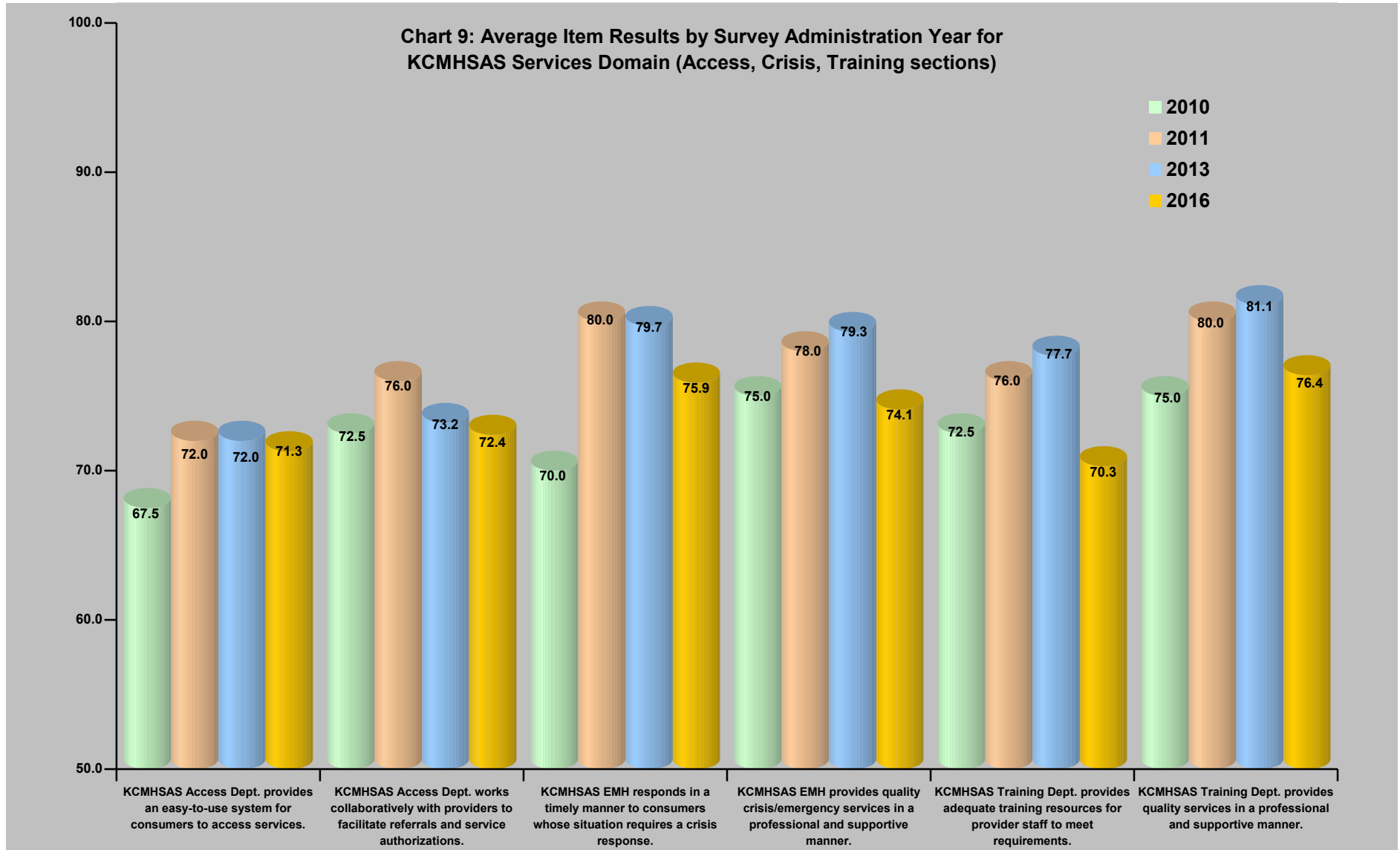
**Table 3: Manager of Resources domain scores by year and by population.**

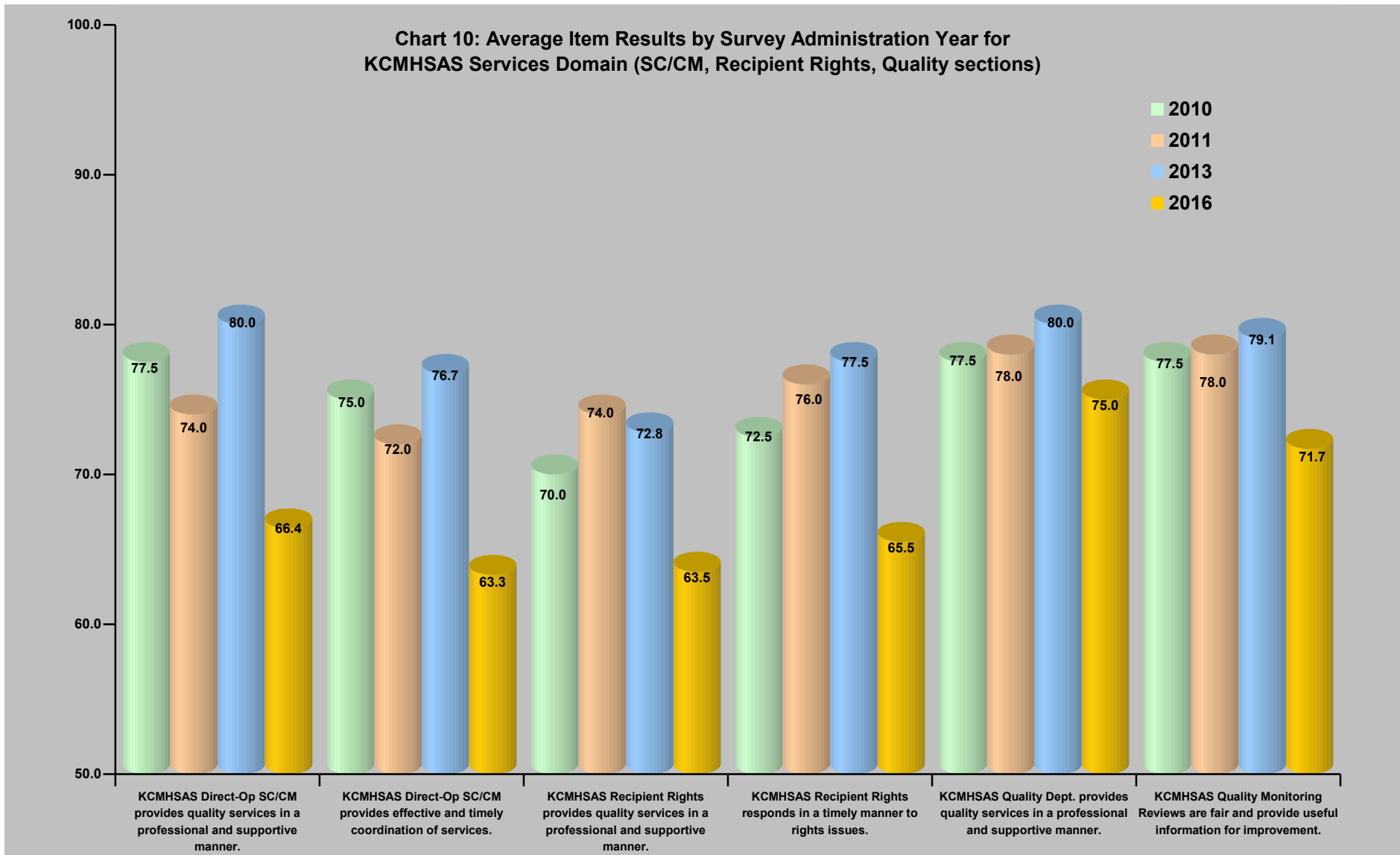
Survey Domain Scores by Year		DDA	MIA	Y&F	All
Manager of Resources	2010	73.9	72.5	85.7	72.6
	2011	76.0	72.6	77.9	74.8
	2013	76.0	77.5	77.0	76.5
	2016	73.2	71.1	66.9	70.7



**Detailed Results by Domain**  
**Domain 3 – Select KCMHSAS Services**

**Description and Comments:** This survey domain explores the quality of six specific services provided by KCMHSAS. This domain is broken into two groups in the charts below (Access, Crisis and Training; and SC/CM, Recipient Rights and Quality). Access, EMH, Training and Quality’s average ratings were between 70.3 and 76.4 for this 2016 survey. Direct-Operated Case Management/Supports Coordination and Recipient Rights’ scores were lowest.

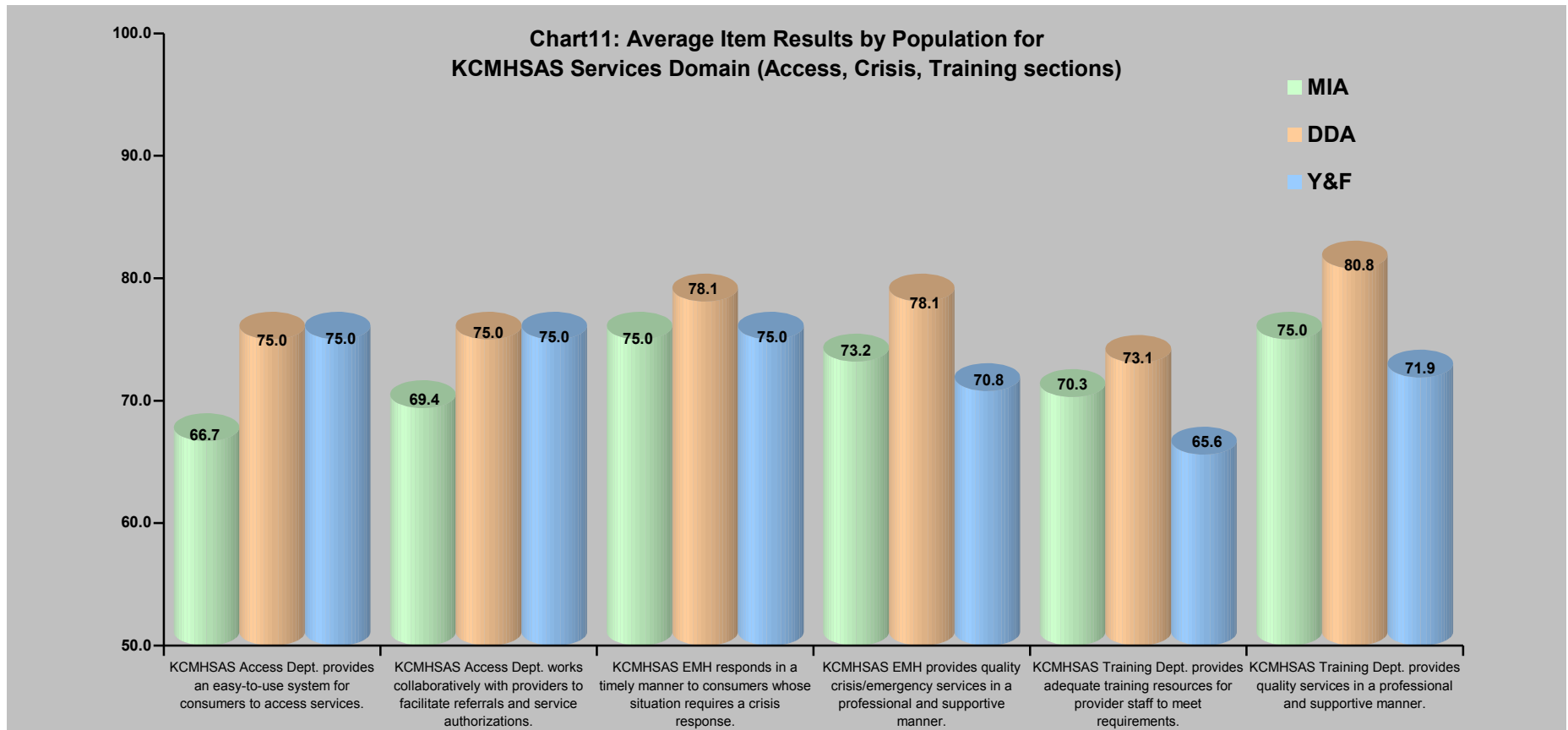


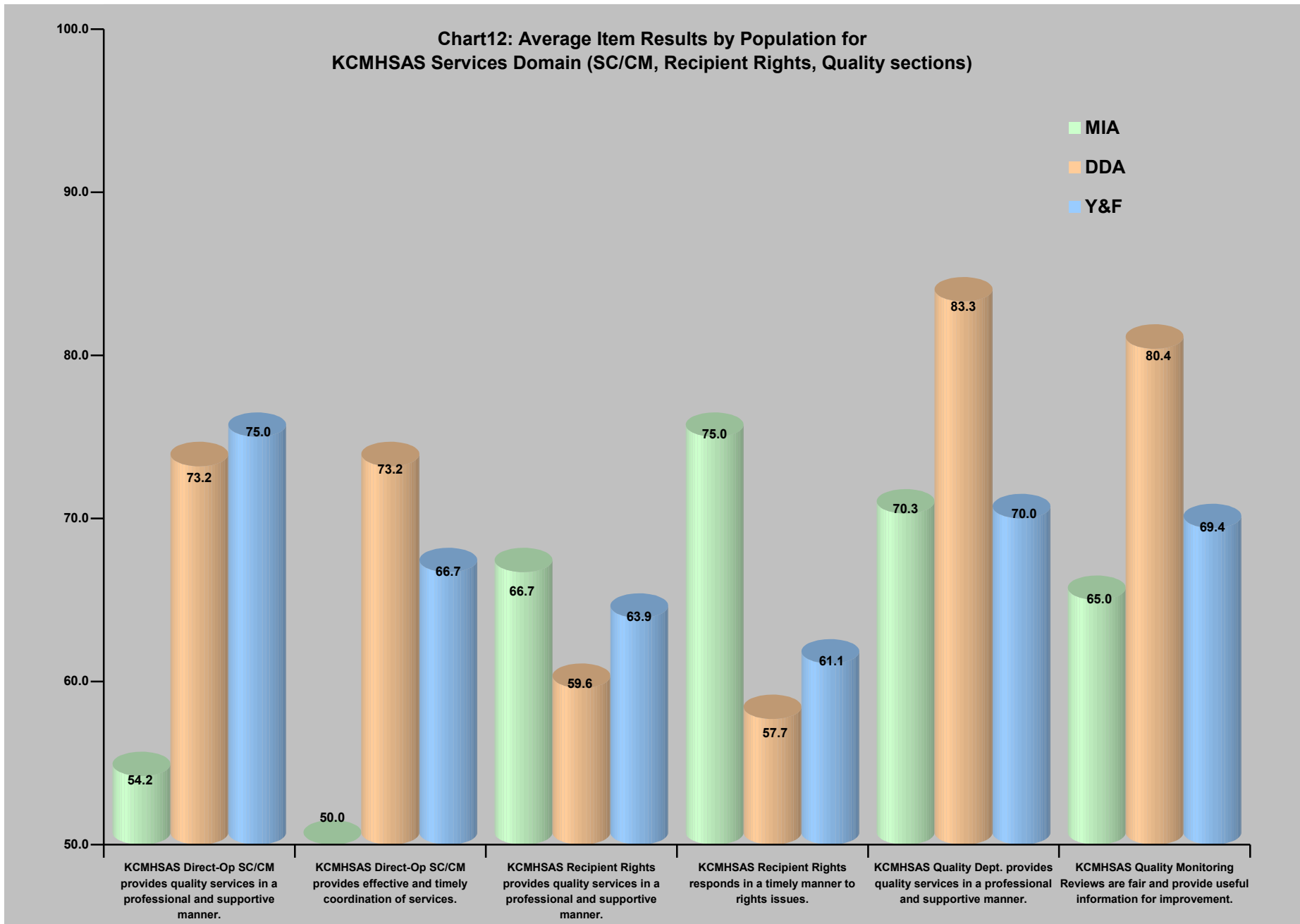


**Detailed Results by Domain**  
**Domain 3 – Select KCMHSAS Services (continued)**

**Table 4: KCMHSAS Services domain scores by year and by population.**

Survey Domain Scores by Year		DDA	MIA	Y&F	All
KCMHSAS Services	2010	71.9	76.9	75.2	72.8
	2011	69.2	76.2	79.0	75.4
	2013	75.3	76.4	80.3	77.6
	2016	76.5	71.5	72.0	73.3





## Summary and Highlights

### Strengths –

Providers are pleased with KCMHSAS's advocacy with various stakeholders and with the information provided to the public about services and benefits. The top-scoring item on the survey this year was "Advocates for mental health and substance abuse services with DCH, the Legislature, other local, public or private systems and other CMH's and CA's" (84.0) which is an increase from the survey administration in 2013. Another top-scoring item was "Effectively leads planning for the system's future" (76.3).

Survey comments included strengths such as "staff work hard to collaborate with us in positive ways," "appreciate the creativity of some staff and the concept that we are all working together for the sake of children," "well qualified training department. We are very lucky to have great trainers teaching our staff," and "you have made it easier for the small providers to work with you and discuss issues in a non-threatening manner. Thank you."

### Recommendations –

For the third consecutive survey administration, the lowest scoring item in the survey was "has an equitable rate-setting process" (58.5). There were many comments related to rate setting not keeping pace with the cost of service delivery and not through a standardized assessment. Comments requested increased input and consideration for program budgets.

The second to lowest score was "has easy to use responsive appeal mechanisms for reviewing administrative decisions that impact providers" (58.8). Comments noted that the current appeal mechanisms are cumbersome. It is recommended that this process be revisited with providers for feedback and suggestions for improvement.

The KCMHSAS Recipient Rights department scored relatively low (63.3 and 63.5) along with KCMHSAS Direct-Operated SC/CM (66.4 and 63.3). Comments regarding Recipient Rights noted concerns with interpretation of some requirements appearing to be overly rigid. Comments also noted that the ORR system was difficult to work with and there is a sense of lacking partnership between the ORR department and the provider network. Survey comments demonstrated a continued need for increased coordination between Primary and Ancillary service providers and increased teamwork when speaking to Direct-Operated SC/CM.

In response to feedback regarding the Office of Recipient Rights, KCMHSAS will invite MDHHS, Providers, and the ORR Advisory Council to a joint meeting for an in depth focus on discussing concerns, regulations, requirements, and expectations of MDHHS.

Another suggestion is to examine KCMHSAS's approach to problem solving, responsiveness/timeliness, and proactive communication with providers. Two of the lowest-scoring questions in the Purchaser of Services domain were related to KCMHSAS's problem-solving approach.