

Mission

To improve and promote the wellness and recovery of persons with, or at risk of, behavioral healthcare needs and/or intellectual/developmental disabilities, who reside in Newaygo County and surrounding communities, through the provision of integrated, person/family-centered, and trauma-informed services.

**Newaygo County Mental Health
2016 Customer Satisfaction Survey Results**

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Case Manager Satisfaction Survey
Survey of all Case Managers of residents residing in CMH Contracted Homes (August 2016)

Frequencies and Percentages

PROGRAM	# Mailed	# Returned	Return Rate (%)
NEWAYGO	22	21	95

Survey Questions	No		Not Sure		Yes	
	#	%	#	%	#	%
1. Does the staff treat residents with respect?	1	5	0	0	20	95
2. Does staff seem caring towards residents?	0	0	0	0	21	100
3. Does staff seem to know how to provide proper care?	1	5	0	0	20	95
4. Are there activities available for the residents to take part in or initiate?	1	5	2	10	18	85
5. Does staff assist residents when needed?	1	5	1	5	19	90
6. Are there residents appropriately dressed and clean or is this addressed in the treatment plan?	0	0	0	0	21	100
7. Does staff implement the person centered goal agreed upon?	1	5	1	5	19	90
8. Is the home easy to get in and out of? *	0	0	0	0	20	100
9. Does the house smell clean?	1	1	0	0	20	95
10. Is the home clean and neat?	1	1	0	0	20	95
11. Do you feel that your comments and suggestions about the operation of the home are welcome? *	0	0	0	0	20	100
12. Does home staff treat you with dignity and respect?	0	0	0	0	21	100
13. Is the house manager accessible to talk to you?	0	0	0	0	21	100
14. If applicable, do you receive sufficient information on how your client is doing?	1	5	0	0	20	95

**Contractor Satisfaction Survey
Survey of all CMH contracts (September 2016)**

Frequencies and Percentages

PROGRAM	# Mailed	# Returned	Return Rate (%)
NEWAYGO	55	11	20

Section I. How satisfied are you with CMH in the following areas related to clinical care? Please mark one box only.	Very Satisfied		Somewhat Satisfied		Somewhat Dissatisfied		Very Dissatisfied		No experience with this issue		Satisfaction Rate (of those with experience with this issue)
	N	%	N	%	N	%	N	%	N	%	%
1. How satisfied are you with the quality of the care authorization process at CMH.	4	80	1	20	0	0	0	0	6	54	100
2. How satisfied are you with access to consultations relative to a specific client or episode with CMH staff?	6	86	1	14	0	0	0	0	3	27	100
3. How satisfied are you with grievance and appeal procedures at CMH?	1	100	0	0	0	0	0	0	10	91	100
4. How satisfied are you with the customer service provided by CMH to clients and their families?	4	66	2	33	0	0	0	0	5	45	100
5. How satisfied are you with the customer service provided by CMH to contractors and office staff?	6	75	2	25	0	0	0	0	3	27	100
6. Do you feel that CMH clients are well informed about their rights as a mental health consumer?	6	86	1	14	0	0	0	0	4	36	100
Section II. How satisfied are you with CMH in the following areas related to administration and organization? If you do not have personal experience in one of these areas, please mark an experience with this issue											
7. How satisfied are you with the amount of paperwork required by CMH?	8	100	0	0	0	0	0	0	3	27	100
8. How satisfied are you with the timeliness of payment for your services from CMH?	7	88	1	12	0	0	0	0	3	27	100
9. How satisfied are you with the accuracy of payment for your services from CMH? *	8	100	0	0	0	0	0	0	3	27	100
10. How satisfied are you with the training provided by CMH to the staff of contractors?	3	75	1	25	0	0	0	0	7	64	100
11. How satisfied are you with your ability to participate in quality management or quality assurance activities?	3	100	0	0	0	0	0	0	8	72	100
12. How satisfied are you with the contract negotiation process used by CMH?	6	86	1	14	0	0	0	0	4	36	100
13. How satisfied are you with CMH's efforts to keep you informed about issues that may impact CMH or your organization (e.g., changes in funding, regulations)?	5	83	1	17	0	0	0	0	5	45	100
14. How satisfied are you with CMH's openness to your recommendations for changes in their contractual operations and their negotiations with your organization?	5	100	0	0	0	0	0	0	6	54	100

Family/Guardian Satisfaction Survey
Survey of all parent/guardians of residents residing in CMH Contracted Homes (August 2016)

Frequencies and Percentages

PROGRAM	# Mailed	# Returned	Return Rate (%)
NEWAYGO	38	33	87

Survey Questions	No		Not Sure		Yes	
	#	%	#	%	#	%
1. Are the staff caring and respectful toward residents?	0	0	0	0	33	100
2. Does staff seem to know how to provide proper care?	0	0	0	0	33	100
3. Are there activities available for the residents to take part in or initiate?	0	0	0	0	33	100
4. Does staff assist residents when needed?	0	0	0	0	33	100
5. Are there residents appropriately dressed and clean?	0	0	0	0	33	100
6. Do you feel safe, secure and comfortable in the house?*	0	0	0	0	32	100
7. Is the home easy to get in and out of?	1	3	0	0	32	97
8. Is the home clean and neat?	0	0	0	0	33	100
9. Do you feel welcome to visit the home?	0	0	0	0	33	100
10. Are visiting hours flexible and convenient for you?	0	0	0	0	33	100
11. Do you feel that your comments and suggestions about the operation of the home are welcome?*	0	0	0	0	32	100
12. Does home staff treat you with dignity and respect?***	0	0	0	0	30	100
13. Is the house manager accessible to talk to you?	0	0	0	0	33	100
14. If applicable, do you receive sufficient information on how your family member/friend/significant other is doing?	0	0	1	3	32	97
15. Do you know how to report a violation of the rights of your family member/friend/significant other who lives in this house?*	0	0	0	0	32	100
16. At this time, would you like your family member or friend to move to another housing option? (If yes, please explain on the back.)*	0	0	0	0	32	100

Referral Satisfaction Survey
Survey of all CMH referral sources (September 2016)

Frequencies and Percentages

PROGRAM	# Mailed	# Returned	Return Rate (%)
NEWAYGO	66	18	27

Survey Questions	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Satisfaction Rate
	n	%	n	%	n	%	n	%	n	%	%
1. CMH responded promptly to my request for service. **	1	6	2	13	1	6	9	56	3	19	75
2. CMH provided timely feedback regarding disposition of referrals or service contacts.*	1	6	2	12	5	29	7	41	2	12	63
3. CMH staff helped referred individuals get the right type of service for their problem.*	0	0	3	17	2	12	9	53	3	18	71
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.*	0	0	1	6	3	18	8	47	5	29	76
5. Communication with CMH on mutual clients has been satisfactory.*	0	0	3	18	4	23	7	41	3	18	59
6. In general, I (we) were satisfied with the services provided by CMH.*	1	6	2	12	3	18	7	41	4	23	64

**Residential satisfaction survey
Survey of all residents residing in CMH contracted homes (August 2016)**

Frequencies and Percentages

PROGRAM	# Mailed	# Returned	Return Rate (%)
NEWAYGO	45	27	60

➤ 9 Residents could not communicate answers

Survey Questions	Bad	OK	Good	% Satisfied
1. The food here is:	0	6	12	100
2. The rules here are:	0	10	8	100
3. Do you feel that the appearance and cleanliness of the house is:	0	2	16	100
4. The amount of privacy here is:	0	9	9	100
5. Do you feel that the amount of recreational facilities and activities here are:	2	4	12	89

Survey Questions	Almost Never	Sometimes	Often
6. Do you have someone to talk to, in the house, when you are unhappy with what is happening at the house?	0	6	12

Survey Questions	Not comfortable	Comfortable
7. How comfortable do you feel inviting friends to visit you in your home?	2	16

Survey Questions	No	Yes
8. Do you feel safe and secure in your home?	1	17
9. The staff here are friendly and helpful. *	0	17
10. Are you allowed to watch the television shows that you want to watch?	1	17
11. If you knew of someone looking for a residential care home, would you recommend this place?	1	17
12. Do you feel that your needs are taken care of here?	0	18
13. Are the staff following your person centered plan (PCP)?	0	18
14. Do you know how to report a violation of your rights?	1	17
15. Do you get to choose the type of activities offered by the house?	1	17

**Consumer Satisfaction Survey
Survey of all Open Consumers (DD) (October 2016)**

Frequencies and Percentages

PROGRAM	# Mailed	# Returned (completed)	Return Rate (%)
NEWAYGO	79	9	11

Survey Questions (DD)	No		Not Sure		Yes	
	#	%	#	%	#	%
1. CMH responded promptly to my request for services.	0	0	0	0	9	100
2. CMH staff are friendly and helpful.	0	0	0	0	9	100
3. The physical space of the organization (e.g. walls, paint color, room layout, and lighting) makes me feel safe, secure and comfortable.	0	0	5	56	4	44
4. In general, I am satisfied with the services provided by CMH.	0	0	2	22	7	78
5. CMH staff believe in me – that I can achieve my goals.	0	0	1	11	8	89
6. CMH staff have the knowledge and skills to serve me well.	0	0	1	11	8	89
7. I do not feel judged and criticized by the CMH staff.	0	0	0	0	9	100
8. The services I receive help me to function better in my life.	1	11	0	0	8	89
9. If I were to seek help again, I would come back to the same program.	1	11	0	0	8	89
10. CMH staff follows my person centered plan (PCP) or family centered plan. (PCP is the process or meeting you had to decide on your services and set goals)	0	0	0	0	9	100
11. CMH helped me identify natural supports. (Natural supports are people, places, and resources in your life and in the community, other than CMH, that you use to help you out)	0	0	1	11	8	89

**Consumer Satisfaction Survey
Survey of all Open Consumers (MI) (October 2016)**

Frequencies and Percentages

PROGRAM	# Mailed	# Returned	Return Rate (%)
NEWAYGO	678	130	19

➤ 1 Consumer returned survey choosing not to answer

Survey Questions (MI)	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree		Satisfaction Rate
	n	%	n	%	n	%	n	%	n	%	%
1. CMH responded promptly to my request for services.	2	.02	1	.01	3	.02	37	29	86	67	96
2. CMH staff are friendly and helpful.	2	.02	0	0	1	.01	28	22	98	76	98
3. The physical space of the organization (e.g. walls, paint color, room layout, and lighting) makes me feel safe, secure and comfortable.	2	.02	0	0	10	1	45	35	72	56	91
4. In general, I am satisfied with the services provided by CMH.	2	.02	1	.01	3	.02	37	29	86	67	96
5. CMH staff believe in me – that I can achieve my goals.	2	.02	1	.01	6	.05	31	24	89	69	93
6. CMH staff have the knowledge and skills to serve me well.	2	.02	1	.01	4	.03	39	30	83	64	94
7. I do not feel judged and criticized by the CMH staff.	2	.02	0	0	4	.03	30	23	93	72	95
8. The services I receive help me to function better in my life.	1	.01	1	.01	11	1	42	33	74	57	90
9. If I were to seek help again, I would come back to the same program.	2	.02	1	.01	4	.03	30	23	93	72	95
10. CMH staff follows my person centered plan (PCP) or family centered plan. (PCP is the process or meeting you had to decide on your services and set goals) *	1	.01	1	.01	6	1	43	34	77	60	94
11. CMH helped me identify natural supports. (Natural supports are people, places, and resources in your life and in the community, other than CMH, that you use to help you out) **	1	.01	2	.02	8	1	47	37	69	54	91

*** - Three surveys did not complete the question.

** - two surveys did not complete the question.

* - one survey did not complete the question.