

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued 7/234

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| SECTION Client Services | SUBJECT Satisfaction Surveys | | |
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I. APPLICATION:

- ~~SCCCMHASCCCMH~~ Board
- ~~SCCCMHASCCCMH~~ Providers &
- Subcontractors Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health ~~Authority~~ (~~SCCCMHASCCCMH~~) to conduct annual assessment of satisfaction of ~~SCCCMHASCCCMH~~ direct-operated and contracted programs.

III. DEFINITIONS:

- A. Providers: Professionals and organizations involved in the provision of Mental Health services: contract agencies, specialized residential foster care providers, and direct run programs.
- B. Satisfaction: Subjective evaluation of an individual's full range of experience with the ~~SCCCMHASCCCMH~~ system, based on his/her needs and expectations, and the extent to which these needs and expectations have been met.

IV. STANDARDS:

- A. Assessment shall reflect the following principles:
 1. Satisfaction surveys are "quality indicator dimensions" within the Performance Indicator System and a major component of the CARF-mandated Outcome-Based Evaluation System.
 2. Satisfaction surveys are indicators of quality mental health care. They are based on an alignment of a wide range of expectations between the provider and ~~SCCCMHASCCCMH~~ regarding resources, service linkages, service delivery, and service outcomes. Satisfaction information is most meaningfully understood and usefully integrated in Quality Improvement practices when analyzed across characteristics and service elements.
 3. Satisfaction survey information is recognized as an integral component of the agency's annual evaluation and planning activities.

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4. Satisfaction and on-going feedback opportunities are provided to individuals regarding, services, supports and treatments received and progress towards goal attainment. Collection of individuals comments regarding satisfaction are incorporated into the survey process. The management and assessment of on-going satisfaction is part of the MDHHS auditing activities and is to be addressed also as an informal practice during an individual's treatment plan. It is best practice to incorporate continual feedback, not just during standardized survey tools, to use satisfaction indicators for the improvement of direct-operated and contracted programs and the improvement of the survey tools themselves.

B. Data will be aggregated on an agency level.

C. All groups are identified as important sources of satisfaction information. However, it is recognized that certain individuals may not be able to fully participate in the assessment process. For these persons, alternative assessment procedures should be implemented.

V. PROCEDURES:

Satisfaction Surveys

Quality Improvement Specialist

1. Generates a list of recipients to be surveyed for a specific period of time.
2. Completes sampling.

Survey Team

3. Administers surveys to recipients using the following methods: self-administered (hardcopy), emailed survey tool link (Survey Monkey) or mailed survey (hardcopy).

Note: The survey team consists of ~~SCCCMH~~SCCCMH staff.

Quality Improvement Specialist

4. Aggregates survey results for analysis.
5. Analyzes data from all surveys; develops reports and presents reports to applicable Committees, Workgroups and Councils. Also, summary reports are made available on the ~~SCCCMH~~SCCCMH website and are posted on site.

VI. REFERENCES:

| CHAPTER | CHAPTER | SECTION | SUBJECT |
|------------------|----------------------|---------|---------|
| Service Delivery | 03 | 003 | 0065 |
| SECTION | SUBJECT | | |
| Client Services | Satisfaction Surveys | | |

- A. CMH Board Evaluation Plan
- B. CARF Behavioral Health Standards Manual
- C. MDHHS Site Review Protocols

VI. EXHIBITS:

None Available

VIII. REVISION HISTORY:

Dates issued 04/96, 06/96, 10/98, 08/99, 10/01, 10/03, 10/05, 10/07, 10/09, 12/11, 03/13, 05/14, 05/15, 05/16, 05/17, 05/18, 05/19, 11/19, 11/20, 07/22, 07/23.