

COMMUNITY MENTAL HEALTH AFFILIATION OF MID-MICHIGAN

Community Mental Health Authority - Clinton-Eaton-Ingham
Gratiot Community Mental Health Agency
Ionia Community Mental Health Services
Manistee-Benzie Community Mental Health
Newaygo Community Mental Health

2008 REFERRAL SOURCE SATISFACTION SURVEY

BY

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2008 Referral Source Satisfaction Survey

I. Summary

Referral source satisfaction surveys are a form of "feedback" from those who have referred persons for services (i.e., referral sources). Feedback may assume many forms, and the conclusions one can draw from feedback depend on the strength and type of controls placed over the collection of information. For example, comments from providers or referral sources can offer meaningful insights that can lead to the improvement of service delivery.

In general, the purpose of consumer satisfaction is to demonstrate how well an organization is progressing toward its goal of service improvement. By asking representative groups of customers about their level of satisfaction, the results can produce careful, quantitative ratings of performance over time. The purpose of this survey was to help the Community Mental Health Affiliation of Mid-Michigan (1) gauge the level of satisfaction among its providers and referral sources and (2) determine ways it could improve its practices to better serve its customers. This report describes the survey process, presents its results, and recommends actions that could be taken to address the significant issues identified by survey respondents.

The Referral Source Satisfaction Survey was developed by the Michigan Department of Community Health and intended to be a standardized and general measure of satisfaction for use by community mental health organizations in the state. Although the survey instrument has been used by CEI for over seven years, this was the fourth time that the survey process was used with all Affiliation members (CEI, Ionia, Gratiot, Newaygo and Manistee-Benzie CMHs). The instrument consists of six items, rated on five-point Likert-type scales that allow for neutral responses. The weights corresponding to responses for each item are summed over the six items

to yield a total score, with higher scores representing greater satisfaction with CMH services. (See Appendix D for a copy of the survey instrument). The instrument also allows for respondents to record any additional comments or suggestions. Appendix A shows the survey trends for selected items.

Each CMH compiled a listing of current referral sources for their organization. Each survey was coded by CMH (i.e., CEI, Ionia, Gratiot, Newaygo or Manistee-Benzie). Coded survey forms were then mailed by each CMH to their referral source listed. The mailing included an informational letter from the particular CMH, a survey form (with their organization's name on it) and a stamped self-addressed return envelope. Surveys were mailed by each CMH during end of September 2008 and returned to the CEI Evaluation Unit for data entry and analysis.

Each survey contained a section at the end to request direct contact from the CMH regarding their comments. When this section was completed by the respondent, a copy of the survey and identifying information was sent directly to the CMH's representative for follow-up.

II. Findings

Four hundred and ninety-four (n=486) referral source surveys were mailed. One hundred and sixty-one (n=161) surveys were completed and used in the data analysis. This was a return rate of 33% (up from 25% last year). Table 1 shows the return rates for Ionia (68%) and Manistee-Benzie (30%), Gratiot (41%), CEI (28%) and Newaygo at 17%.

Table 1: 2008 Affiliation Referral Source Survey Return Rates

PROGRAM	# Mailed	# Returned (completed)	Return Rate (%)
CEI	172	48	28
IONIA	50	34	68
GRATIOT	85	35	41
NEWAYGO	75	13	17
MANISTEE-BENZIE	104	31	30
TOTAL	486	161	33

Return rate is calculated on the following formula: [(# Returned Completed)/{(# mailed)-(# returned from P.O.)}] X 100

Demographic information showed that respondents were represented by administrators (n=54, 35%), representatives from law enforcement/ probation/judicial system (n=21, 14%), and clinicians (n=24, 16%). Referring agency respondents were also represented by representatives from educational institutions (n=27 18%), physicians (n=9, 6%), representatives from advocacy organizations (n=6, 4%), and other (n=13, 8%).

Many respondents (n=141, 90%) had referred a consumer to CMH during 2008. Six persons reported the last time they referred a client to CMH was in 2007 and three persons reported their last referral to be in 2006 or earlier. Six persons reported having no contact with CMH. (See Appendix E for frequencies to the demographic questions by each CMH).

In addition, respondents were asked about their frequency of referrals over the past year. Results showed that 41 respondents (27%) had referred eleven or more times over the past year, 75 (49%) indicated they referred 3-10 times, and 27 (18%) indicated that they referred 1-2 times. Eleven respondents (7%) indicated that they had not referred clients to CMH over the past year. Overall, respondents seem very familiar with each CMH within the Affiliation and their services.

III. Analysis of Findings

Overall, respondents gave a high provider satisfaction grade with Affiliation services and each of its five CMH organizations. The mean response score of all questions was calculated at 4.8 on a five-point scale. Many of the respondents were either administrators or clinicians from referring agencies who have had frequent contact with CMH over the past year. Most respondents expressed that they were satisfied with the prompt manner that CMH responds to request for services, that staff were courteous and helpful, and an overall satisfaction with the services provided by CMH.

The response frequencies to the six items of the Referral Source Satisfaction Survey are reported in Table 3. The means by CMH for each of the six survey items are reported in Table 4. Item means ranged from 3.73 to 4.33, indicating that they were in the "agree" range of response. From Table 5, most respondents expressed that they were most satisfied. Eighty-seven percent (n=136) responded "agree" or "strongly agree" to the question: "CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful." Eighty percent (n=122) responded "agree" or "strongly agree" to the question: "Communication with CMH on mutual clients has been satisfactory." Seventy-nine percent (n=123) responded "agree" or "disagree" to the question:

CMH responded promptly to my request for service. For question number 6: "In general, I (we) were satisfied with the services provided by CMH." Eighty-one percent (n=125) stated that they "agreed" or "strongly agreed" with this statement. (See Appendix B for frequencies by each CMH).

On the other hand, respondents expressed their lowest satisfaction level with question number 2. Sixty-seven percent (n=102) responded "agree" or "strongly agree" to the question: "CMH provided timely feedback regarding disposition of referrals or service contacts."

Table 3: Frequencies and Percentages for Survey Items for the CMH System

2008 Referral Source Satisfaction Survey										
Community Mental Health Affiliation of Mid-Michigan (CEI, Ionia, Gratiot, Newaygo, & Manistee-Benzie)										
	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	n	%	n	%	n	%	n	%	n	%
1. CMH responded promptly to my request for service.	4	3	11	7	17	11	79	51	44	28
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	4	3	17	11	29	19	68	45	34	22
3. CMH staff helped referred individuals get the right type of service for their problem.	4	3	17	11	26	17	81	53	25	16
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	2	1	6	4	13	8	53	34	83	53
5. Communication with CMH on mutual clients has been satisfactory.	3	2	13	9	15	10	69	45	53	35
6. In general, I (we) were satisfied with the services provided by CMH.	6	4	10	7	14	9	79	51	46	30

N=161 (Manistee-Benzie, n=31 Ionia, n=34 Gratiot, n=35 Newaygo, n=13 CEI, n=28)

To obtain an overall impression of provider satisfaction with CMH services, a total scale score (sum) was developed for the Affiliation mental health system and its five CMHs. The total scale score for the survey was formed by summing the six item scores.

The means and standard deviations derived from the total (sum) scale score of the satisfaction survey by CMH program are reported in Table 4. Total scale score means for programs ranged from 21.96 to 25.76, with the overall Affiliation mean being 23.77. Thus, Respondents from all Affiliation CMHs indicated a high level of satisfaction with each CMH's service delivery system.

Table 4: Means by CMH for Survey Items

Survey Item	CEI	Ionia	Newaygo	Manistee-Benzie	Gratiot	Total
1. CMH responded promptly to referrals and request for service.	3.66	4.36	3.75	3.71	4.23	3.95
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3.36	4.09	3.92	3.30	4.14	3.73
3. CMH staff helped referred individuals get the right type of service for their problem.	3.37	4.12	3.73	3.23	4.09	3.69
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	4.29	4.56	4.17	4.16	4.37	4.33
5. Communication with CMH on mutual clients has been satisfactory.	3.91	4.21	4.00	3.70	4.26	4.02
6. In general, I (we) were satisfied with the services provided by CMH.	3.70	4.33	4.08	3.62	4.20	3.96
Sum Score	22.34	25.76	23.50	21.96	25.29	23.77

(Total N=161) Range of item means = 3.23 to 4.37

Table 5: Percentages of “Agree/Strongly Agree” By Affiliation CMH for Survey Items

Survey Item	Percentage “Agree/Strongly Agree”					
	CEI	Ionia	Newaygo	Manistee-Benzie	Gratiot	Total
1. CMH responded promptly to referrals and request for service.	68	91	67	74	91	79
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	52	85	67	50	83	67
3. CMH staff helped referred individuals get the right type of service for their problem.	54	91	64	52	86	69
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	84	94	75	87	86	87
5. Communication with CMH on mutual clients has been satisfactory.	80	88	73	67	86	80
6. In general, I (we) were satisfied with the services provided by CMH.	70	94	83	72	89	81

IV. Use of Findings

The percentages by Affiliation and its member CMHs indicate areas in which referral source satisfaction is very positive (score of 4 and above), neutral (scores of 3), and not positive (scores of 2 or lower). Each CMH staff should use these findings along with the written comments to further initiate quality improvement efforts.

APPENDIX A

SURVEY TRENDS - SELECTED VARIABLES

CEI CMH SYSTEM

SURVEY TRENDS – Selected Variables Means for Survey Items by Year, Return Rates and Number of Respondents							
SURVEY ITEMS	2002	2003	2004	2005	2006	2007	2008
1. CMH responded promptly to my request for service.	3.62	3.67	3.66	3.26	3.55	3.66	3.66
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3.54	3.44	3.38	3.29	3.31	3.46	3.36
3. CMH staff helped referred individuals get the right type of service for their problem.	3.53	3.58	3.59	3.10	3.46	3.56	3.37
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	4.08	4.31	4.02	3.73	4.21	4.02	4.29
5. Communication with CMH on mutual clients has been satisfactory.	3.71	3.95	3.69	3.29	4.07	3.76	3.91
6. In general, I (we) were satisfied with the services provided by CMH.	3.43	3.76	3.52	3.22	3.78	3.68	3.70
SUM SCORE	22.00	22.65	21.78	19.79	22.41	22.15	22.34
RETURN RATE (%)	19%	21%	30%	22%	22%	20%	28%
RESPONDENTS TO SURVEY	53	57	63	42	43	41	48

IONIA CMH SYSTEM

SURVEY TRENDS — Selected Variables Means for Survey Items by Year, Return Rates and Number of Respondents							
SURVEY ITEMS	2002	2003	2004	2005	2006	2007	2008
1. CMH responded promptly to my request for service.	3.40	4.14	4.06	4.20	3.85	4.23	4.36
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3.30	4.00	3.75	3.80	3.54	3.85	4.09
3. CMH staff helped referred individuals get the right type of service for their problem.	3.40	3.63	3.76	3.80	3.85	4.15	4.12
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	3.80	4.38	4.33	4.50	4.31	4.54	4.56
5. Communication with CMH on mutual clients has been satisfactory.	3.50	4.00	3.94	4.05	3.85	4.15	4.21
6. In general, I (we) were satisfied with the services provided by CMH.	3.40	4.13	4.19	4.25	3.88	4.38	4.33
SUM SCORE	20.80	24.29	24.36	24.60	23.27	25.30	25.76
RETURN RATE (%)	25%	29%	45%	23%	28%	27%	68%
RESPONDENTS TO SURVEY	10	8	18	20	27	35	34

GRATIOT CMH SYSTEM

SURVEY TRENDS – Selected Variables Means for Survey Items by Year, Return Rates and Number of Respondents							
SURVEY ITEMS	2002	2003	2004	2005	2006	2007	2008
1. CMH responded promptly to my request for service.	3.73	3.33	3.76	3.96	4.27	4.07	4.23
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3.52	3.38	3.38	3.72	4.14	3.85	4.14
3. CMH staff helped referred individuals get the right type of service for their problem.	3.42	3.39	3.69	3.88	4.10	3.81	4.09
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	3.88	3.65	3.93	4.24	4.36	4.30	4.37
5. Communication with CMH on mutual clients has been satisfactory.	3.66	3.26	3.65	4.08	3.90	3.96	4.26
6. In general, I (we) were satisfied with the services provided by CMH.	3.63	3.22	3.85	4.04	4.09	3.88	4.20
SUM SCORE	21.90	20.71	22.43	23.88	24.81	23.88	25.29
RETURN RATE (%)	40%	28%	31%	29%	26%	31%	41%
RESPONDENTS TO SURVEY	34	24	27	25	22	27	35

NEWAYGO CMH SYSTEM

SURVEY TRENDS – Selected Variables Means for Survey Items by Year, Return Rates and Number of Respondents							
SURVEY ITEMS	2002	2003	2004	2005	2006	2007	2008
1. CMH responded promptly to my request for service.	4.00	3.70	4.12	4.22	4.13	3.44	3.75
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3.88	3.55	4.06	4.00	3.25	3.28	3.92
3. CMH staff helped referred individuals get the right type of service for their problem.	3.94	3.88	3.88	4.20	3.63	3.71	3.73
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	4.12	4.21	4.47	4.40	4.33	4.33	4.17
5. Communication with CMH on mutual clients has been satisfactory.	3.88	3.96	4.13	4.30	3.57	3.78	4.00
6. In general, I (we) were satisfied with the services provided by CMH.	4.12	3.88	4.13	4.30	3.75	3.82	4.08
SUM SCORE	24.31	23.95	24.81	25.78	22.43	22.29	23.50
RETURN RATE (%)	26%	41%	35%	13%	11%	24%	17%
RESPONDENTS TO SURVEY	18	25	17	10	9	18	13

MANISTEE-BENZIE CMH SYSTEM

SURVEY TRENDS – Selected Variables Means for Survey Items by Year, Return Rates and Number of Respondents							
SURVEY ITEMS	2002	2003	2004	2005	2006	2007	2008
1. CMH responded promptly to my request for service.	3.61	3.41	3.45	3.68	3.37	3.32	3.71
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3.28	2.82	3.30	3.42	3.56	3.35	3.30
3. CMH staff helped referred individuals get the right type of service for their problem.	3.61	3.35	3.60	3.47	3.39	3.39	3.23
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	3.94	4.00	4.03	4.26	4.42	4.13	4.16
5. Communication with CMH on mutual clients has been satisfactory.	3.61	3.47	3.87	3.79	3.78	3.78	3.70
6. In general, I (we) were satisfied with the services provided by CMH.	3.50	3.24	3.42	3.42	3.47	3.39	3.62
SUM SCORE	21.56	20.29	21.41	22.05	22.35	21.23	21.96
RETURN RATE (%)	48%	46%	38%	25%	26%	30%	30%
RESPONDENTS TO SURVEY	19	17	31	19	20	24	31

APPENDIX B

RESULTS By CMH

Referral Source Satisfaction Survey

CEI - 2008

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
1. CMH responded promptly to my request for service.	2	5	6	14	6	14	21	48	9	21
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	3	7	7	17	10	24	16	38	6	14
3. CMH staff helped referred individuals get the right type of service for their problem.	2	5	8	19	10	23	18	42	5	12
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	0	0	3	7	4	9	15	33	23	51
5. Communication with CMH on mutual clients has been satisfactory.	2	5	4	9	3	7	22	50	13	30
6. In general, I (we) were satisfied with the services provided by CMH.	4	9	1	2	9	20	23	50	9	20

Referral Source Satisfaction Survey

NEWAYGO - 2008

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
1. CMH responded promptly to my request for service.	0	0	2	17	2	17	5	42	3	25
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	0	0	1	8	3	25	4	33	4	33
3. CMH staff helped referred individuals get the right type of service for their problem.	0	0	1	9	3	27	5	46	2	18
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	0	0	0	0	3	25	4	33	5	42
5. Communication with CMH on mutual clients has been satisfactory.	0	0	1	9	2	18	4	36	4	36
6. In general, I (we) were satisfied with the services provided by CMH.	0	0	1	8	1	8	6	50	4	33

Referral Source Satisfaction Survey

GRATIOT - 2008

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
1. CMH responded promptly to my request for service.	0	0	1	3	2	6	20	57	12	34
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	0	0	1	3	5	14	17	49	12	34
3. CMH staff helped referred individuals get the right type of service for their problem.	0	0	1	3	4	11	21	60	9	26
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	0	0	1	3	4	11	11	31	19	54
5. Communication with CMH on mutual clients has been satisfactory.	0	0	2	6	3	9	14	40	16	46
6. In general, I (we) were satisfied with the services provided by CMH.	0	0	2	6	2	6	18	51	13	37

Referral Source Satisfaction Survey

IONIA - 2008

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
	1. CMH responded promptly to my request for service.	0	0	0	0	3	9	15	46	15
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	0	0	1	3	4	12	19	58	9	27
3. CMH staff helped referred individuals get the right type of service for their problem.	0	0	0	0	3	9	23	70	7	21
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	0	0	2	6	0	0	9	27	23	68
5. Communication with CMH on mutual clients has been satisfactory.	0	0	2	6	2	6	16	49	13	39
6. In general, I (we) were satisfied with the services provided by CMH.	0	0	2	6	0	0	16	49	15	46

Referral Source Satisfaction Survey

MANISTEE-BENZIE - 2008

	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
	1. CMH responded promptly to my request for service.	2	7	2	7	4	13	18	58	5
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	1	3	7	23	7	23	12	40	3	10
3. CMH staff helped referred individuals get the right type of service for their problem.	2	7	7	23	6	19	14	45	2	7
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	2	7	0	0	2	7	14	45	13	42
5. Communication with CMH on mutual clients has been satisfactory.	1	3	4	13	5	17	13	43	7	23
6. In general, I (we) were satisfied with the services provided by CMH.	2	7	4	14	2	7	16	55	5	17

Appendix C

Written Comments

Referral Source Satisfaction Survey – 2008 Comments

CEI

#3 - Clients testing positive and documented problems and staff saying substance abuse services are not needed.

#4 - help with providing us info but not helpful with providing services.

*Staff have not received any reports after assessments. No on-going progress reports so we do not know where things are going.

*Intake - referrals seemed to get screened out and no services provided to needed families.

I am very dissatisfied with services of CMH. It is impossible to have my severely mentally ill patients seen by an MD psychiatrist. I have patients with schizophrenia, psychotic depression; treatment resistant anxiety and bi-polar that can't get in. I do not have access to meds other than our Wal-Mart formulary. This is completely UNACCEPTABLE.

We have better services for CSDD side but are still experiencing frustration for our students on the MI side. The need for counseling, vocational, emotional supports, housing options (especially for our students with emotional impairments) are still of great concerns in Eaton County, The needs are many.

Been frustrated when clients were in family guidance and they really were in need of PIP (Parent Infant) and unable to access due to internal procedures. This took place twice with the same FG counselor. Perhaps this could be addressed as a policy change. Always had excellent results from PIP and PIC. Thank you.

Upon a person being certified by doctor, the delay in getting this person handled by CMH and taking over this process. The communication process seems delayed or confused. Most recent case HA Jr.

It is our impression that several staff could benefit with an overview of court involuntary mental health treatment system.

Most of our contact is with CSDD. I find the case managers and respite staff to be helpful and cooperative. However, the intake process, especially for adult clients can be frustrating and inconsistent, depending on who does the intake,

Sometimes it seems difficult to determine if a family qualifies for services and which service.

Our role with CMH is through the Child Care Expulsion Project. We are very appreciative and supportive of the work done in this program. We get 100% positive feedback from child care providers about KEEP and Foundations for Success.

We love our CMH contracts!

Mrs. does a great job at the Clinton County jail!

We are pleased to be able to refer clients to the Opening Doors Program. We will continue to advocate in the community and with legislatures to provide additional funding for CMH.

I rarely do a referral and when I do, I normally have contact with the client, not the agency.

Clinton Counseling Center has been very helpful with information and referrals. Able to assist and collaborate to the benefit of mutual clients.

We appreciate the collaborative spirit with which CMH is willing to work with all Eaton County programs and services.

CMH slow to act.

Info from staff: Some friendlier than others. Family guidance work general helpful-not helpful with referrals. On the phone, helpful – follow through is not very good. Eaton friendlier than Ingham.

GLHC does not make direct referrals to CMH.

I would appreciate your communication by CMH psychiatrists. I have had very poor/unprofessional contacts with 2 at CMH since transferring to a new position. I attempted to advocate for a mutual client/customer. The psychiatrist would not speak with me directly or return my calls – had the case manager communicate with me. I found this very frustrating. This issue was not HIPPA-related. It was really a matter of professional courtesy or lack thereof.

I have been very satisfied with your efforts to involve Lansing School District (and me) in your community efforts. I hope I can respond better in the future.

Our court refers many individuals to be seen in our county jail. After we refer the individual, it is difficult for us to know if that person has been seen and referred for services. It would be helpful if we could get some sort of confirmation such as a letter or an e-mail to confirm that the person has been seen and /or is receiving services. We appreciate all the hard work you do for our community,

Currently all services provided within the Detention Unit are going well.

The lack of treatment for individuals is lacking.

CMH does not take IHP-B and most of our patients have B. They are in dire need of mental health services. CMH services is a waste for us. Find a way to see IHP B clients.

I would only ask that services start sooner after a family is referred to ensure safety.

It was a challenge to have a professional relationship with some staff. Collaboration was on a mutual client with a complicated history. I was discouraged by the services available, as well as, collaboration efforts. I previously had excellent relationship with management at CMH.

The intake specialists were very helpful and patient with this worker re: the onset of a FGS referral. They were timely in their response when an appt was set up with the family. My interactions with the FGS workers were positive and we worked together in a team approach, Thank you for all your help.

It would be helpful if there was less of a waiting time to see a pediatric psychiatrist.

Gratiot

Although we believe it is both necessary and productive to collaborate with CMH, sometimes the space in our school is limited. I can not assure a space to meet with children. Would it be possible for us to meet in the fall and choose one day each week that would be our CMH day? I could block out an office space for that day so space would never be an issue like it is with “drop-by” appointments currently.

I feel that the staff tries to provide needed services, however, I don't feel like they are very effective long term. It definitely has improved regarding hospitalizing for suicidal and homicidal youth over the last few years. A few staff are effective. However, in my opinion a lot of them miss the real issues. It could be partly due to different philosophies.

Keep up the good work.

The contact that GI-RESP has with CMH is centered on students that are in our special education programs that also receive services from CMH. The relationship has been very positive.

It is wonderful to work with good staff who take their jobs seriously and are dedicated to helping clients and patients receive necessary services.

Renee Olson is always very helpful to me. We have set up a date for an in-service for the staff. Extremely nice!

GCMH does a great job. They are very helpful to us from a school setting. They service our students and family well.

We are in need of more home-based services for the children of this county as many need extensive family interventions and out patient services for children do not seem t be as effective. We would also like clinicians to work more loosely with the schools, as many kids are terminating from services when they are still having issues at school.

Would like to know for sure that they received our faxed referral when received.

We have an excellent working relationship with GCMH. We hope to maintain using Jail services, Emergency Services and jail diversion.. Their staff is excellent.

We have been asked to help with several mandated projects through CMH. Sometimes our staff can't participate because we are stretched too thin. Yet we are expected to assist. I wish the State would understand that if certain projects/documents/groups are mandated within the CMH system that is it not our responsibility to take on more projects that are not required through our funding sources.

I continue to have concerns regarding _____'s relationships with her clients, her ability to effect change, and the manner she goes about her profession. We are happy to work with all of your other staff at CMH.

The only delays we have are waiting for OBRA screenings to be completed – we need this turn around to be faster for hospitalized inpatients.

Ionia

Need to allow nursing staff the ability to complete paperwork to send with patient when they are transferred to another facility. In addition, allow nursing staff time/info for proper nurse to nurse report to be given/documented prior to any transfers.

.....does a great job of having a presence in our school. We truly appreciate her efforts.

Becky stops in from time to time and she is so pleasant and helpful.

.....has been a great help in getting communication between agencies smoothed out.

The “in-service” on Dementia with was very good!

I believe that ICMHS does an outstanding job in servicing its clients and the citizens of Ionia County. I believe that the services it provides to courts, law enforcement, jails and prisons is excellent and effective. I think that it is efficiently operated.

ICMH is doing a great job of providing professional service to the Ionia County Sheriff's Office and the community.

..... is awesome!

Awesome communication with – very knowledgeable!

I would like to see more assistance with residents in NH. and have been great – they truly are in it for the clients.

I really want to thank you for all the help and support that you provide.

Very helpful, keep up the good work!!

We work with often with MAYSI referrals. That is a great way to introduce services and offer help.

CMH has a wonderful working relationship with our district. The MAYSI referrals have been a valuable tool for our students.

Continue to look for ways to expand services within the schools. Groups have been very successful when they happen at school removing the transportation problem. Perhaps offering training or other services on county wide in-service days. Thanks for your efforts!

Our client liaison has really gone the extra mile. It has been very difficult however to obtain psychiatric services for children with Medicaid health insurance. We have a number of children with severe mental health issues that are impeding their education who are not able to find providers.

Newaygo

As an advocate of the community, I have a great deal of interaction with CMH. I find them to be understanding and professional. The only negative experiences I have are regarding the guidelines for accepting someone as a client. There have been times when one of my clients truly needs help, yet they don't qualify @ CMH. Very frustrating for all involved.

The most common complaint at the Post Level is after being requested to contact a client and to transport to the local ER, the lack of responding to the ER until after the client has been medically cleared. Most often there is not a medical issue to be dealt with other than a mental health issue.

I spoke with the clinicians here. None have made CMH referrals during the past year. Most have talked with clients about CMH services but leave it to clients to make contact with CMH when they are ready. My contacts, as well as clinicians' contacts, with CMH staff have been general in nature, not client-specific.

Good job CMH.

Temporary Counselor in the High School

Broaden criteria so services could be available to more students and their families.

It is a pleasure working with and

As we are contracted to provide services to group homes my contract with services is primarily with Case Manager and RN. There is a contract between CM and RN services it is hard for me to evaluate on one evaluation. The services with CM is improving,

Same old same old, we refer and you reject cause the problems aren't sever enough. By the time a referral is accepted at your agency, I would tend to think the problem may be so entrenched that impact of CMH intervention is limited. I know funds are low, but if more of your interventions could occur when things aren't so out of control with individuals and families, our community may be better off.

It seems that CMH responds to referrals but little gets done. We have been working with a boy for two years and have fought all the way to get services. If they are not bleeding or bruised, they don't get help.

Manistee-Benzie

Psychiatric consults at the hospital would be fantastic.

In our community, I feel there is tension between law enforcement and CMH. Law enforcement feel that CMH services are entirely budget-driven, to the point that public safety is compromised.

Better communication between law enforcement / corrections and CMH workers regarding referred clients would be beneficial. Working as a team to get clients all the services they require would serve all parties' needs.

Having worked in CMH (Lansing) prior to my medical practice, I believe I have a realistic sense of the types of services (and quality) which might be expected of our local CMH. Our services are abysmal and I specifically steer my patients away from our local CMH. My personal contacts with CMH personnel over the past few years have been very negative.

There is a severe disconnect between us and CMH. We often refer clients there only to find out from the client, not the agency, that they don't meet criteria for CMH services. There's rarely follow through from the agency after they assess someone we've referred. The meetings they host for community agencies are plentiful, the lunches they provide are always great, but their services are lacking.

Referral process still convoluted. Difficult to get patients seen.

Communication is prompt however your computer check list form may be user friendly and easy

to complete but it is definitely not reader friendly.

The CMH OBRA staff that I work with is very prompt and very thorough. They are available to consult with consistently and I don't hesitate to refer any of my residents to them, I am thankful for all of their assistance and support,

We have encountered a great deal of resistance in having patients seen in a timely fashion or for an urgent problem. Our patients voice a great deal of dissatisfaction with the care they report they receive there. There is a sense that CMH is "too busy" to provide adequate services, voiced by our patients.

Staff are always patient, friendly and helpful. Most clients speak highly of those that have worked with, My only concern is some clients say they have been turned away when coming in for Crisis Services (When I get information about it second hand, it is hard to know the whole story).

On several occasions I have referred clients to your agency for intervention and short/long term counseling needs. I was very disappointed as many of them were turned away for a variety of reasons. On one occasion, a female crisis worker refused to come out to assist but on 3 other occasions including trauma/loss we have been able to work with you.
.....and are excellent resources and provide prompt, professional patient centered care.

Very few services for children/teens. Hard to get them the help they need and only the most severe who qualify get help in a limited capacity, Sometimes it is better to do 1 or 2 things well than trying to do several poorly. I understand you are limited by funds and Medicaid eligibility, however kids have to come first.

Your organization is absolutely useless in that you accept Welfare patients only. The tax payers that work have insurance through employers cannot use your services.

Turnover of staff seems to be a problem within CMH. Money is an issue – not enough counseling time for clients to adequately address/resolve problems. Communication – coordination between CMH and school for programming (dealing w/behaviors) or behavior plans.

APPENDIX D

REFERRAL SOURCE SATISFACTION SURVEY

CLINTON-EATON-INGHAM COMMUNITY MENTAL HEALTH
Referral Source Satisfaction Survey

The Clinton-Eaton-Ingham Community Mental Health Board is committed to offering the best service possible. As a valued provider/referral source, you can help us by providing feedback regarding our services. By answering the following questions, you will help us in our commitment to bring you top-quality service.

Please answer questions 1 through 5 by "**circling**" the number next to each question that best describes your view.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. CMH responded promptly to referrals and request for service.	1	2	3	4	5
2. CMH provided timely feedback regarding disposition of referrals or service contacts.	1	2	3	4	5
3. CMH staff helped referred individuals get the right type of service for their problem.	1	2	3	4	5
4. CMH staff I (we) have dealt with have been courteous, knowledgeable and helpful.	1	2	3	4	5
5. Communication with CMH on mutual clients has been satisfactory.	1	2	3	4	5
6. In general, I (we) were satisfied with the services provided by CMH.	1	2	3	4	5

(Please check appropriate box):

7. In what capacity are you familiar with the services provided by the Clinton-Eaton-Ingham Community Mental Health?
- 1. As administrator at a referring agency
 - 2. As a clinician at a referring agency
 - 3. As a physician who refers persons
 - 4. As a representative of an advocacy organization
 - 5. As a representative of law enforcement/probation/judicial system
 - 6. As a representative of an educational institution
 - 7. Other (specify):

8. When was the last time you referred a client to the Clinton-Eaton-Ingham Community Mental Health Board for services?
- 1. 2008
 - 2. 2007
 - 3. 2006 (or earlier)
 - 4. Have not had contact

9. Over the past year, how often have you referred clients to CMH?
- 1. None
 - 2. 1-2 times
 - 3. 3-10 times
 - 4. 11 or more times

- OVER -

APPENDIX E

REFERRAL SOURCE SATISFACTION SURVEY

DEMOGRAPHIC QUESTIONS

In what capacity are you familiar with the services provided by...	CEI (N=48)		IONIA (N=34)		GRATIOT (N=35)		NEWAYGO (N=13)		MANISTEE-BENZIE (N=31)		TOTAL (N=161)	
	N	%	N	%	N	%	N	%	N	%	N	%
As administrator at a referring agency	20	46	16	47	8	24	5	39	5	16	54	35
As a clinician at a referring agency	6	14	2	6	11	32	1	8	4	13	24	16
As a physician who refers persons	0	0	1	3	2	6	0	0	6	19	9	6
As a representative of an advocacy organization	0	0	0	0	4	12	1	8	1	3	6	4
As a representative of law enforcement/ probation/judicial system	7	16	3	9	2	6	2	15	7	23	21	14
As a representative of an educational institution	8	18	8	24	4	12	2	15	5	16	27	18
Other	3	7	2	6	3	9	2	15	3	10	13	8
When was the last time you referred a client for services?												
2008	44	98	28	82	31	89	10	83	28	93	141	90
2007	0	0	4	12	2	7	0	0	0	0	6	4
2006 (or earlier)	0	0	1	3	0	0	0	0	2	7	3	2
Have not had contact	1	2	1	3	2	7	2	17	0	0	6	4
Over the past year, how often have you referred clients to CMH?												
None	1	2	4	12	2	6	2	17	2	7	11	7
1-2 times	7	15	8	24	6	17	0	0	6	21	27	18
3-10 times	26	54	15	46	16	46	4	33	14	48	75	49
11 or more times	11	29	6	18	11	31	6	50	7	24	41	27