

## Reporting Consumers' Satisfaction – Mental Health Providers Consumer Survey Procedure

### Survey Form

- The Consumer Survey provided can either be used as a stand alone survey or the questions on the survey including the open-ended questions (things I like best, things I'd like to see improved, and additional comments) can be incorporated into the provider's own consumer survey. Please use the appropriate Consumer Survey based on the contract type/type of services (e.g., Licensed Settings, Supported Employment, Community Living Supports, etc).
- Providers should insert their name at the top of the Consumer Survey in the space provided (and their logo if they wish). Providers must have a way of determining how many surveys sent and returned are for which type of service and for which specific licensed setting (if they have more than one licensed setting) – some suggestions for capturing this are either using different color paper for copying the surveys to be sent out for each type of service and each licensed setting or attaching a code at the bottom of the survey before sending out the surveys such as putting "CLS" on the bottom of the surveys for Community Living Supports and "LS – RH" for Licensed Setting Renaissance House (name of licensed setting).

### Distribution / Collection

- All consumers should be offered a survey. Surveys can be distributed any time during the second quarter – January, February, or March – either by mail or hand delivered. If the consumer is unable to fill out a survey even with assistance (see section below), survey should be sent to consumer's guardian or a parent/family member that can evaluate satisfaction with the services provided.
- Providers should keep track of the number of surveys sent (by contract type and by each licensed setting) and the number of surveys returned (by contract type and by each licensed setting) – please see section above for further information and suggestions about how to capture this.
- Surveys should be returned in a **sealed envelope** that is addressed to a designated staff at the provider agency – preferably an administrative or office staff (most neutral staff). If an administrative or office staff person is not available, then the envelope should be addressed to a staff at the supervisory level.
- Surveys should be returned by mail (provider to include self-addressed stamped envelope) or handed to an agency staff (not direct care staff) in the **sealed envelope**.

### Assistance

- Staff working directly with the consumer should not provide assistance with completing the survey.
- If a consumer needs assistance in filling out the survey, a guardian, parent, family member, or friend can assist. If none of these choices are available, a case manager, provider administrative staff, or provider supervisor can assist.
- Customer / Member Services at the CMH can be contacted if help is needed finding someone to assist the consumer in completing the survey.

### Reporting

- Consumer Survey data is **due annually by April 30<sup>th</sup>** (with 2<sup>nd</sup> quarter Performance Improvement Data reports).
- Providers shall submit aggregate data on Encompass (aggregate scores for each question and Encompass will calculate the percent satisfied with each question).
- Providers should address any aggregate scores that fall below 90% for each of the survey questions. The explanation shall provide an analysis of the causes of the scores below the 90% benchmark and provider agency plans for improvement.
- In addition please include a summary of comments (things I like best, things I'd like to see improved, and additional comments) in the comment section in Encompass.

**Consumer Satisfaction Survey for:            (Insert Provider Name)**

**Type of Service Provided: Fiscal Intermediary**

Please mark one box for each question below that best describes how you feel about services you are receiving from            (Insert name of Provider)           .

<u>Question</u>		<u>Strongly Agree</u> 4	<u>Agree</u> 3	<u>Disagree</u> 2	<u>Strongly Disagree</u> 1
1	This provider is helping me to employ my own staff.				
2	Provider staff are sensitive to my ethnic, religious, and cultural background.				
3	I am treated with dignity and respect by provider staff.				
4	I would recommend this provider to a friend or family member who wanted to use a fiscal intermediary/voucher.				
5	Overall, I am satisfied with the services I receive from this provider.				

Things I like best about this provider are:

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Things that I'd like to see improved are:

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Any additional comments:

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Completed by:  Consumer  Guardian / Parent  Other Family / Friend  Staff Assisted