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Survey Results

DMHA Consumer Services Review

CMHC Staff Survey

Tuesday, April 3, 2007
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Indiana Family and Social Services Administration
Division of Mental Health and Addiction
WebSurveyor Survey System
Report Name: SFY2007 CSR CMHC Staff Survey Report
Report Generated: 04/03/2007 (M. Connor)

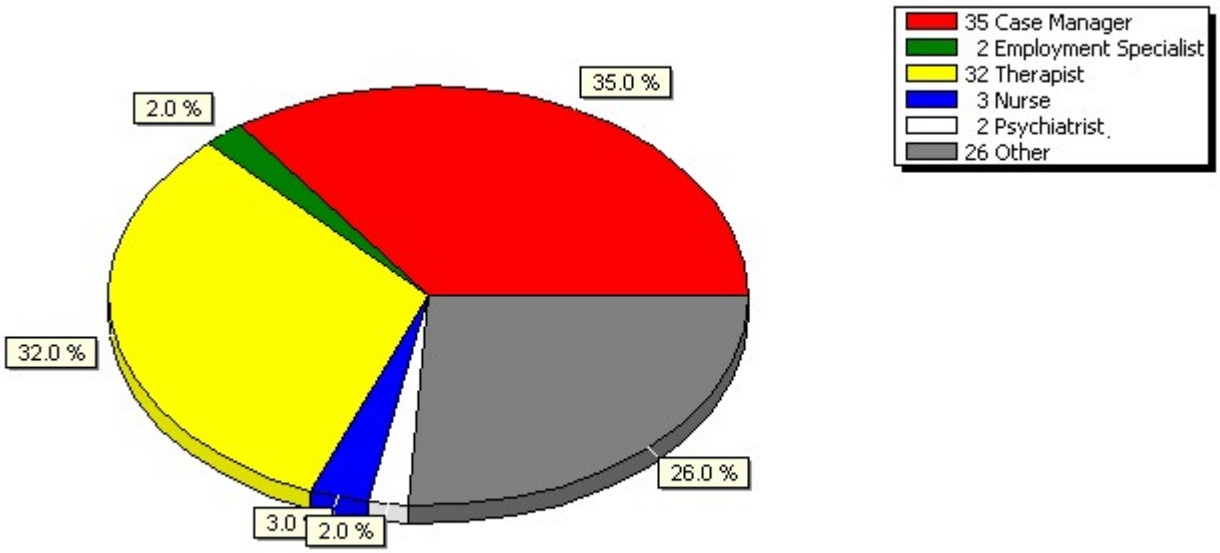
Survey Response

This report contains the results to the survey titled *DMHA Consumer Services Review CMHC Staff Survey*. The results analysis includes answers from all respondents who took the survey in the 35 day period from Thursday, February 22, 2007 to Wednesday, March 28, 2007. One hundred three (103) completed responses were received to the survey during this time, with 30 Community Mental Health Centers having participated in the reviews. Comments have not been edited, including any grammatical or typing errors.

Survey Results & Analysis

Survey: DMHA Consumer Services Review CMHC Staff Survey
Author: Gina Eckart
Filter:
Responses Received: 103

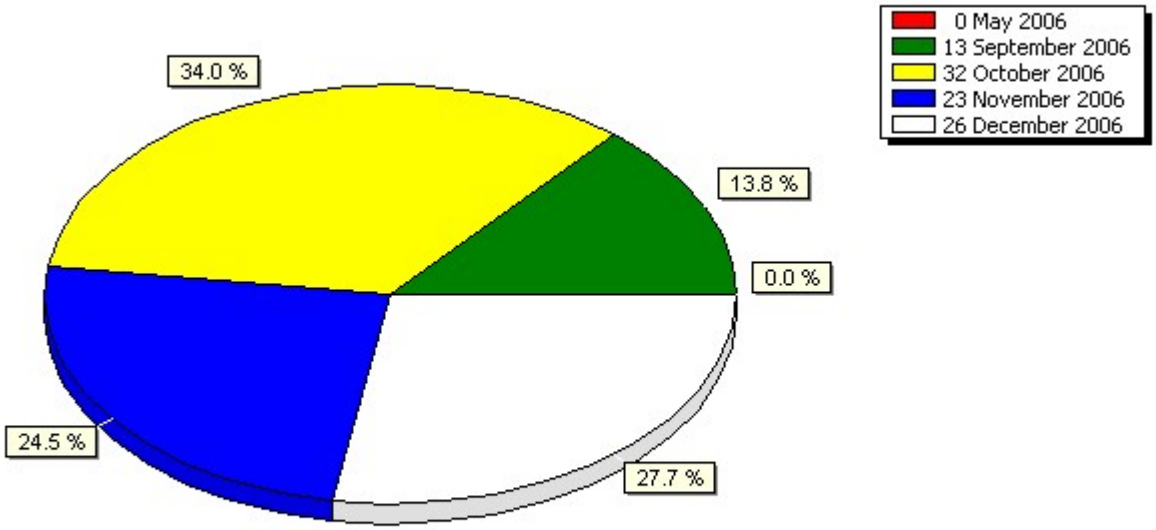
3) Position (please choose only one):



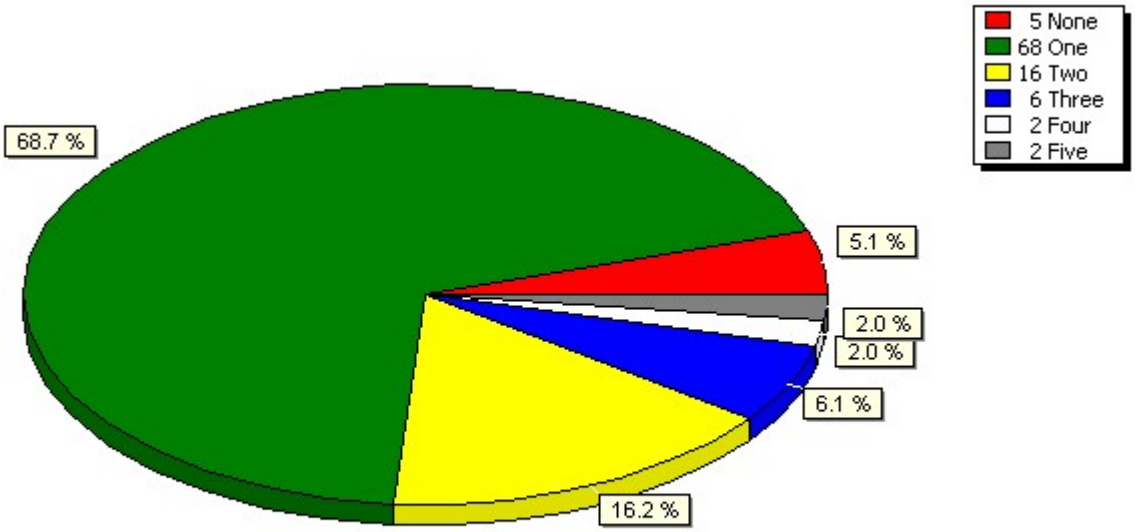
Other Responses:

supervisor and therapist
Wraparound Coordinator
Program supervisor
Supervisor
Residential Manager
Supervisor
Behavioral Health Technician III
Manager
case manager for day treatment program
Team Leader
Supervisor
Case Manager specialist
ACT Team Leader
Resource Facilitator - Systems of Care
Wrap Around Coordinator
C & A Day Tx Supervisor
CSP Coordinator
Supervisor
supervisor
Community Support Program Supervisor
Psychologist
CM Supervisor
Coordinator
Coordinator
Director
Director

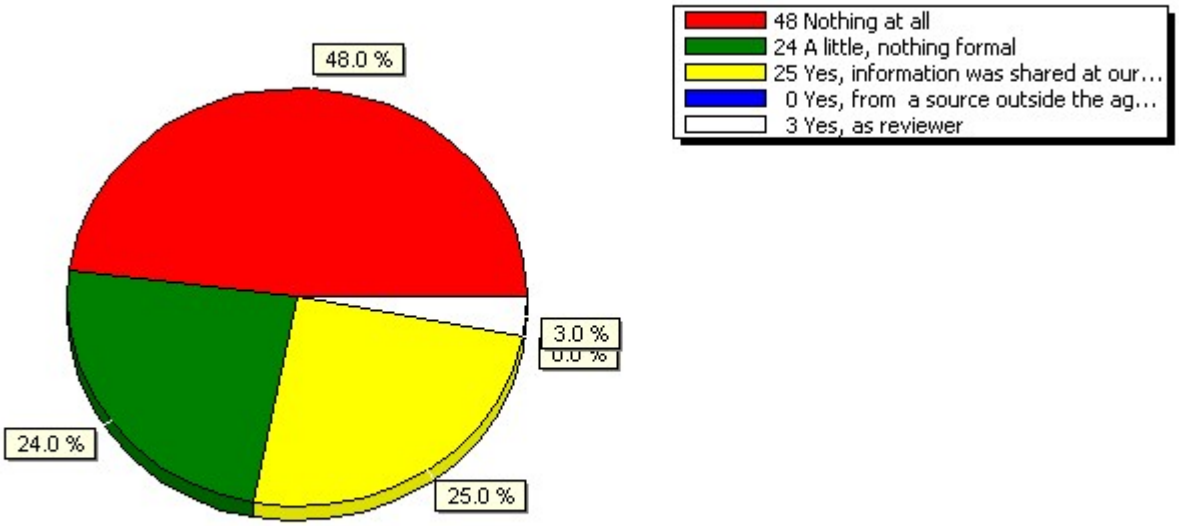
4) In what month was/were your case(s) reviewed?



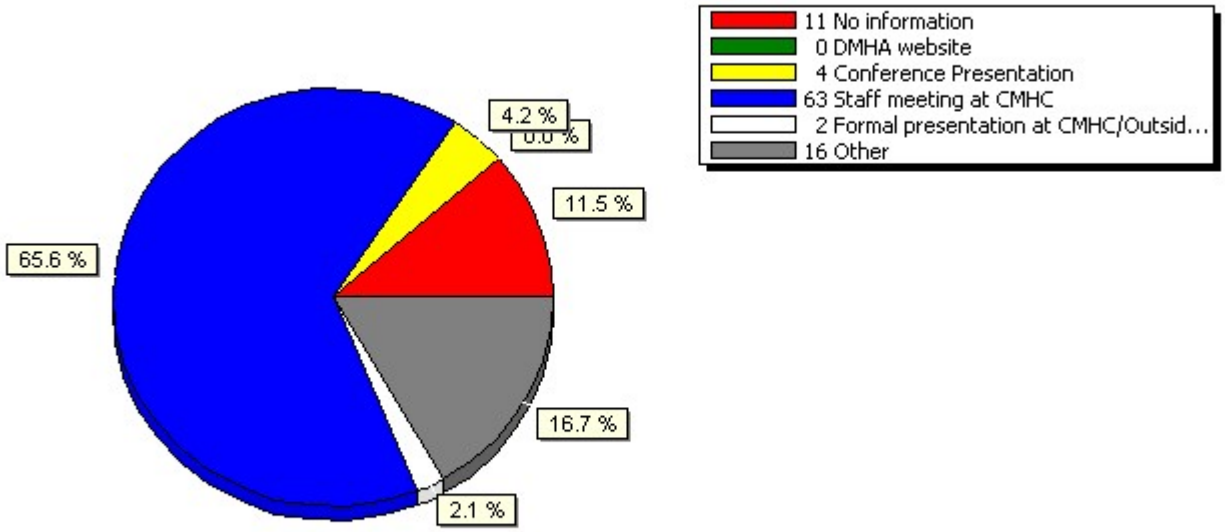
5) How many of your cases were reviewed?



6) Prior to your agency preparing for the review, had you heard of CSR?



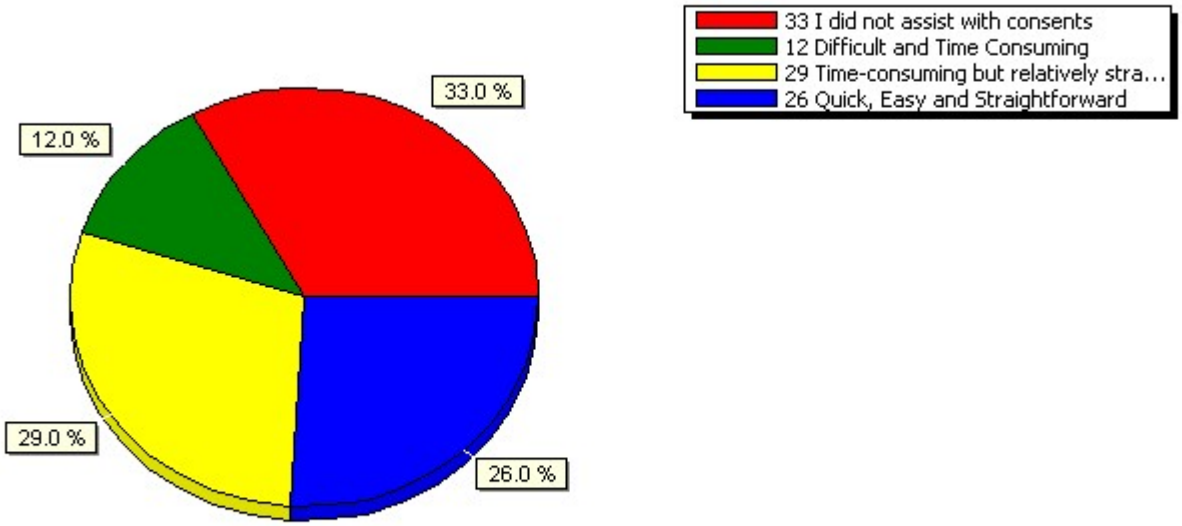
7) What was the format in which you have received information about CSR prior to the review?:



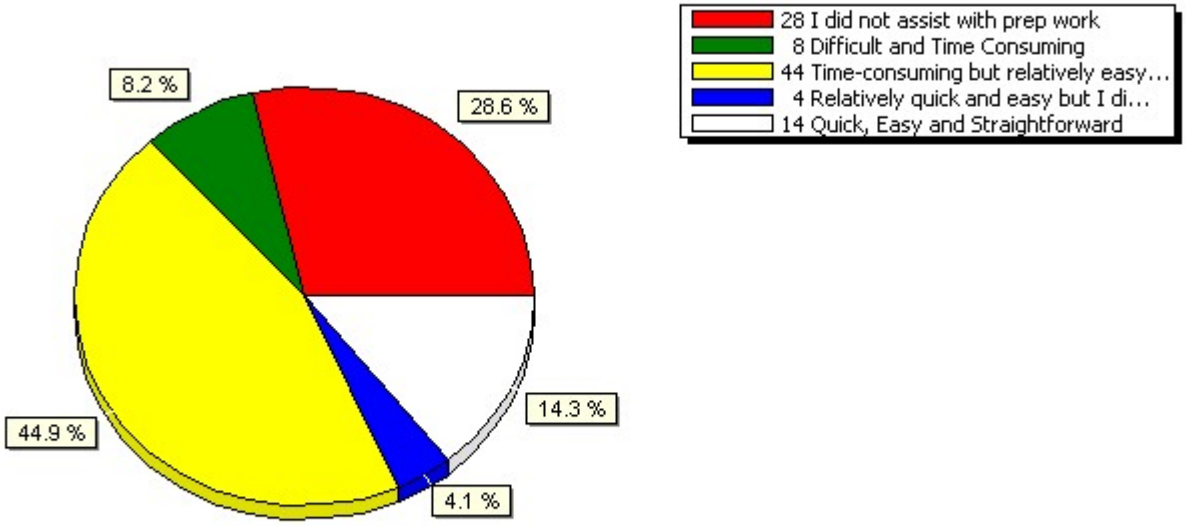
Other Responses:

emails from staff
emails from staff
I received information through e-mail.
e-mailed information from director
from facility coordinator
Cordinator provided information abou the process
supervisor informed
E-mail
QUESTIONS WERE ANSWERED BY THE DMHA STAFF ~ PRIOR TO THEM INTERVIEWING ME RE: THE CLT BEING REVIEWED.
From our training supervisor
Phone Call From 4CCC Staff Member
notified through email regarding case to be reviewed
Supervisor's meeting
Supervisor informed
Information from co-worker
Interoffice mail contacting packet
Internal staff meetings
Conversation, staff here told me

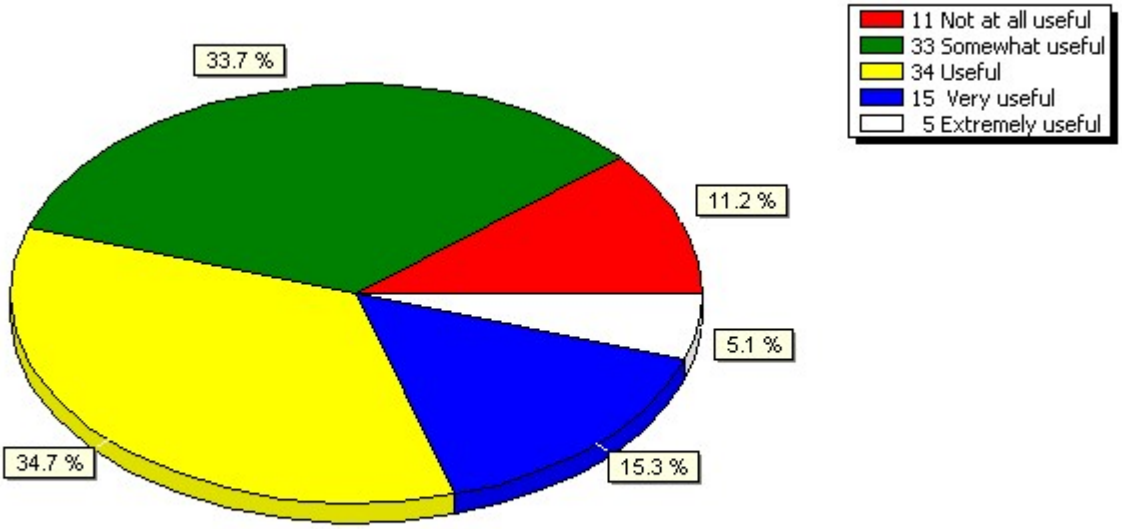
8) The process of getting consents for consumers to participate in CSR was:



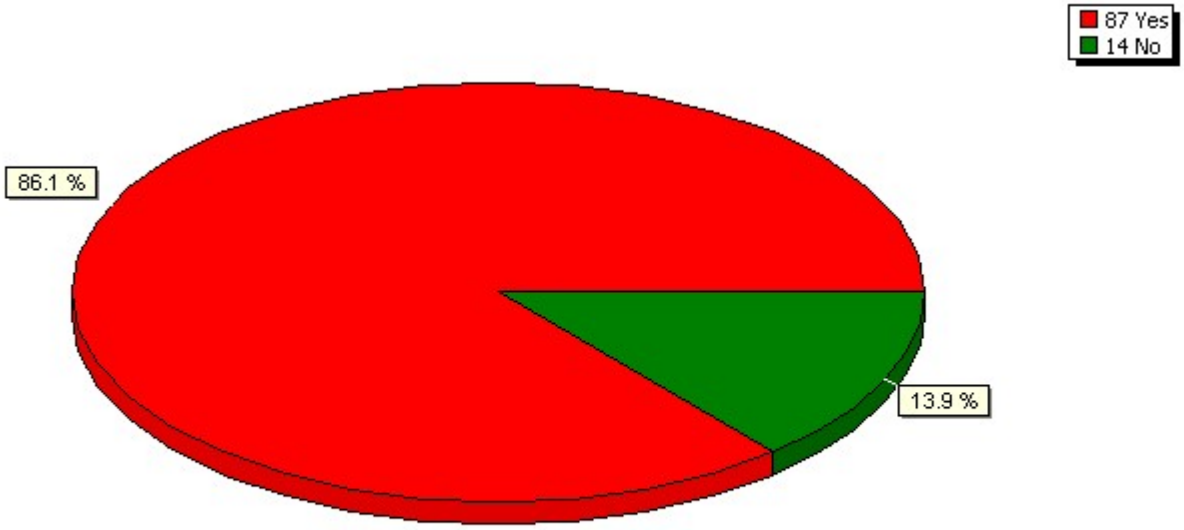
9) The case information (one page sample sheet/case packet) that was filled out prior to the review was:



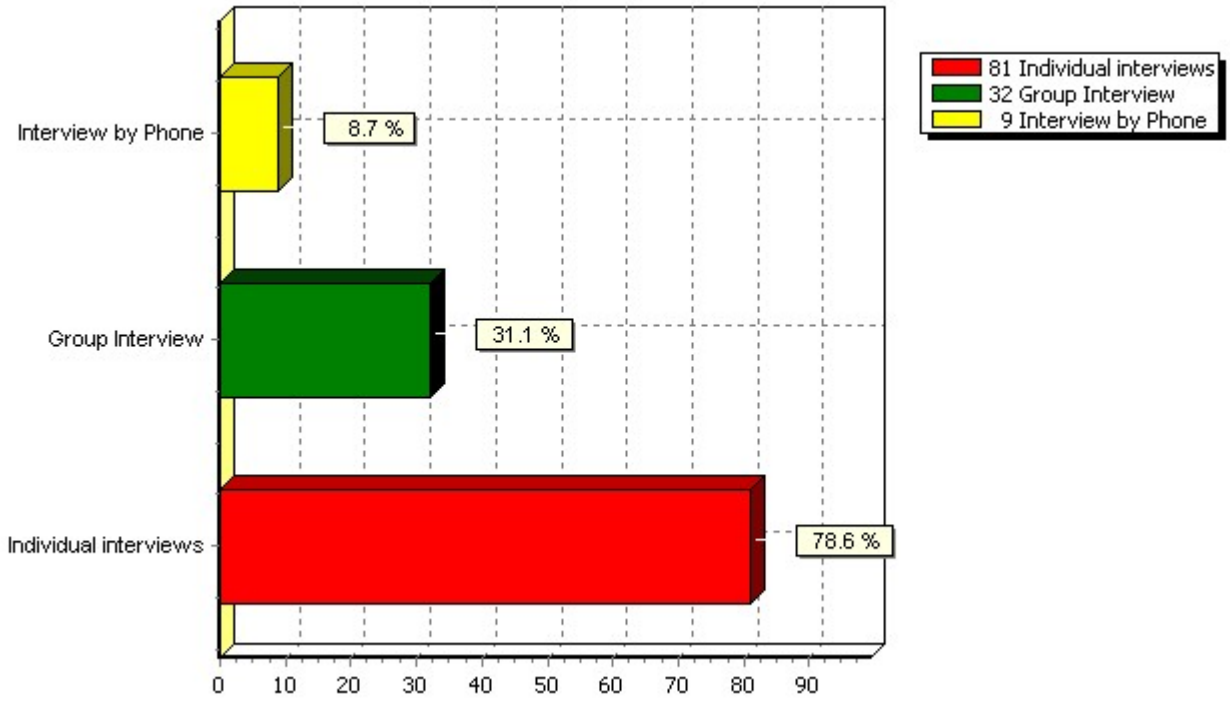
10) The following questions are specific to your opinions on the Consumer Service Review Process. Please indicate overall how useful you believe the CSR process was:



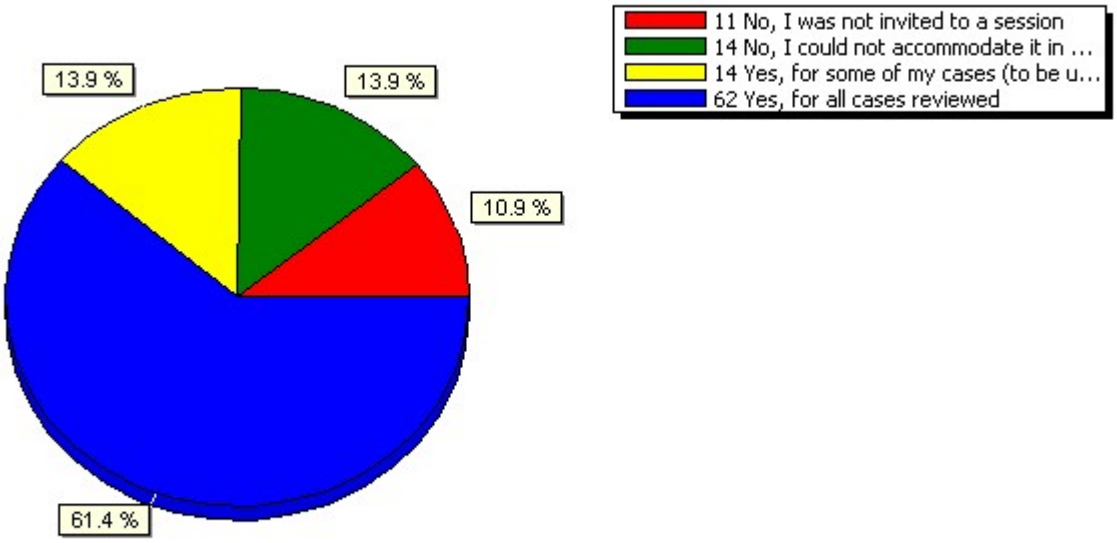
11) Did you participate in case specific interviews (this does NOT include the end of day case conferences)?



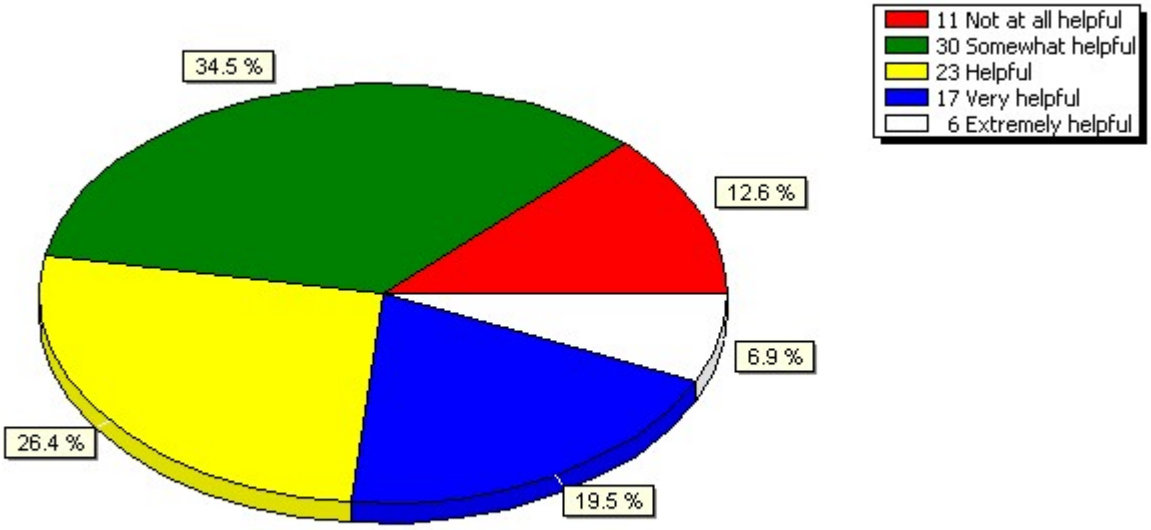
12) In regards to your interview(s), please check all that apply.



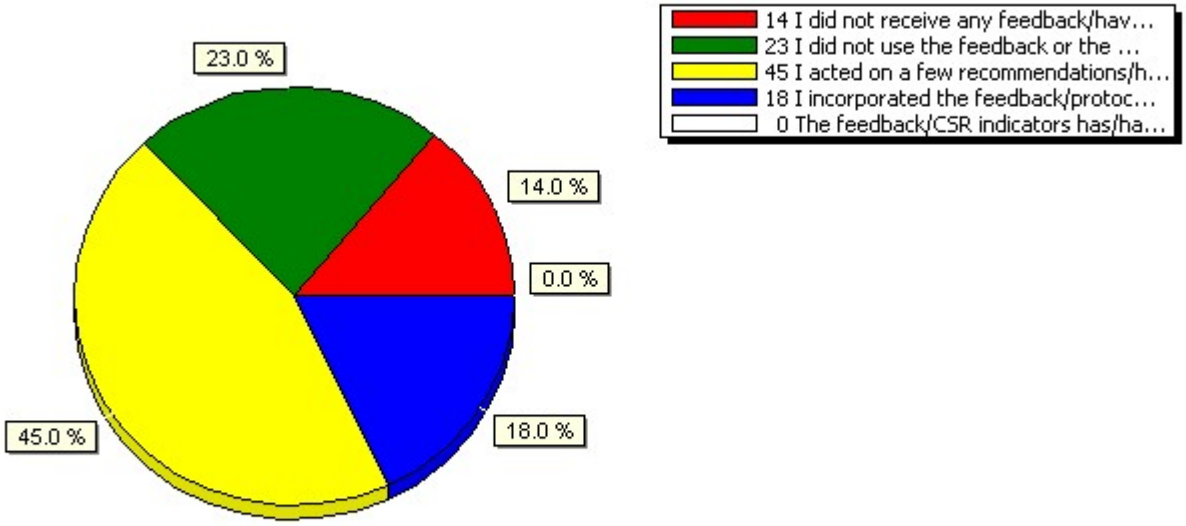
13) Did you participate in a feedback session at the end of the review day?



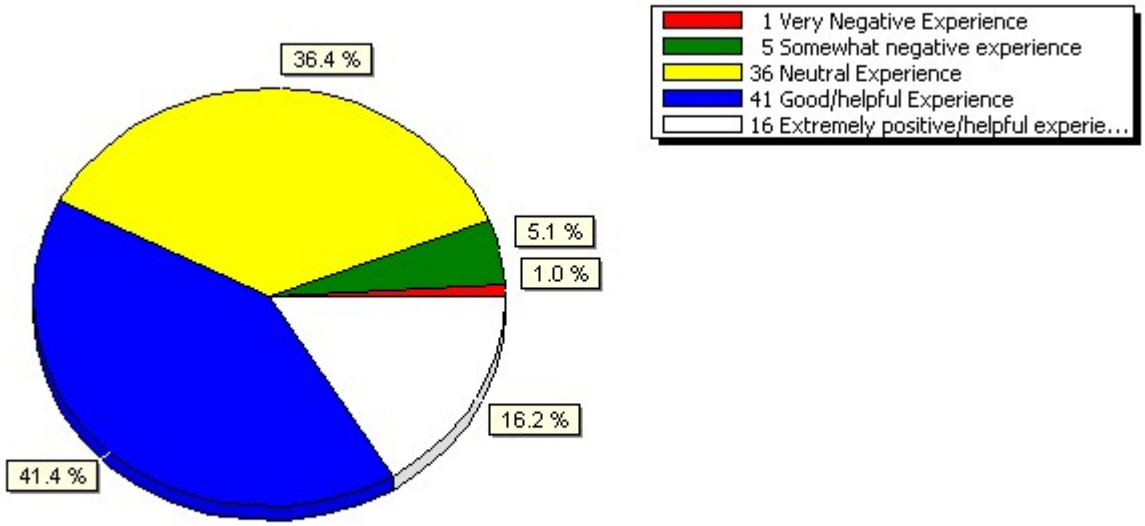
14) How helpful do you feel the feedback session was to you in working with this case or your work in general?



15) Have you personally used any of the CSR feedback or protocol materials in your practice following the review?



16) Please describe your overall experience with the CSR Reviewer.

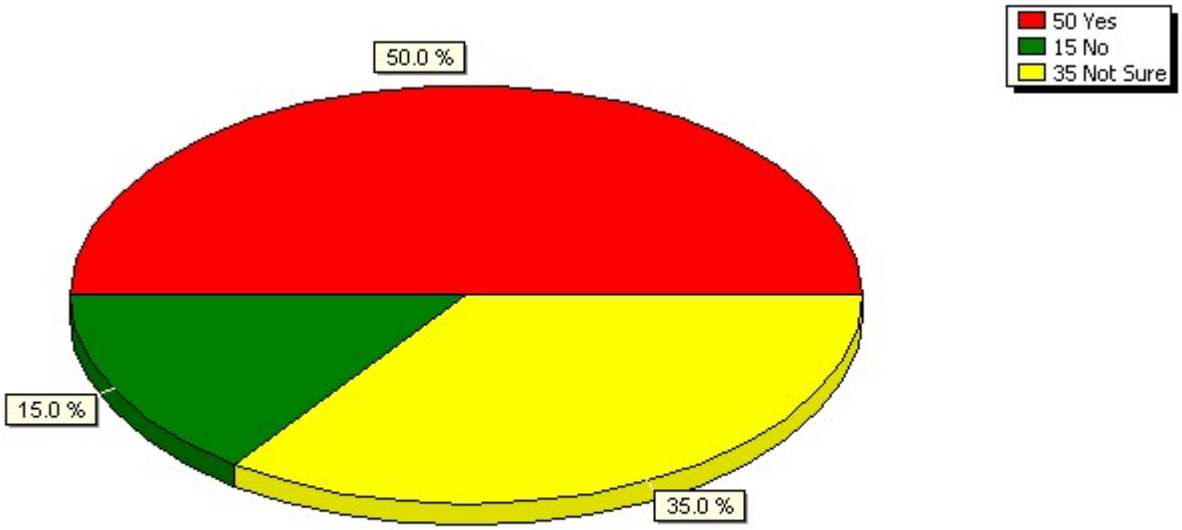


17) Please provide any detailed feedback you feel is important specific to the Reviewers you encountered during the survey.

Please provide any detailed feedback you feel is important specific to the Reviewers you encountered during the survey.
She was very nice and very supportive. She was professional and curtious.
I just wish I was able to have the exit interview experience.
the reviewer from Florida was very difficult to relate issues as she was VERY opinionated, bossy, critical. The Indiana rep was very nice, understanding, and very cooperative.
n/a
The reviewer listened carefully and developed case formulation, which confirmed much of my own thinking and efforts but also explored and expanded into new areas for treatment consideration. The experience was excellent supervision.
The reviewers brought their own very helpful attitude, experience, perspective to the process, while being objective. I thought that the overall format and the philosophy of the review process was sound, and helpful. The feedback was therefor good
Reviewers were more interested in helping us to improve as an agency, rather than finding mistakes or being critical. I appreciated that, as I did not feel belittled as sometimes can happen in situations similar to these. I felt helped.
I THOUGHT THAT THE PROCESS WAS AN EXTREMELY POSITIVE EXPERIENCE ... RE: AN OVERALL VIEW/VISION OF MH CARE IN THE STATE. THE REVIEWERS WERE OPEN AND KIND. THE FEEDBACK SESSION, FOR THE CASE I ATTENDED, WAS INTERESTING NOT HELPFUL.
Consumer stated that he felt very comfortable which help him answer more openly to the reviewer.
na
Response to # 9 - I don't remember
The reviewer was very friendly and made my client and her grandmother feel at ease and comfortable.
Complimented my work, it felt good
Reviewer seemed to promote his own bias.
Inconsiderate reviewer, preoccupied with personal business, late for all appts, messed up schedule, treated me like his secretary, talked more about his own accomplishments than offered suggestions, promised state $ to my client--never materialized.

Reviewer very personal -- easy to talk to - patient felt very comfortable with review
Lack of real world experience
Do not "identify" with patient;
Reviewer was from another state and not familiar with Indiana's resources
Feedback did not target our services Amount of staff time needed to accommodate reviewers & process was abusive considering the limited feedback we received.
One of the reviewers had inappropriate boundaries with outpatient, utilizing therapy techniques during the interview with the patient. She had difficulty staying in the reviewer role

18) Do you believe DMHA should continue use of the Consumer Services Review Process?



Not sure, feedback was not particularly helpful. One review suggested we get pizza and invite treatment providers and parents to collaborate with the idea that the pizza would get them to come. Another suggested that the mother be involved in her own treatment which wasn't particularly realistic being that she is a single mother with 2 jobs just trying to make ends meet.
No, I believe the review process could be helpful but not in its current form or purpose

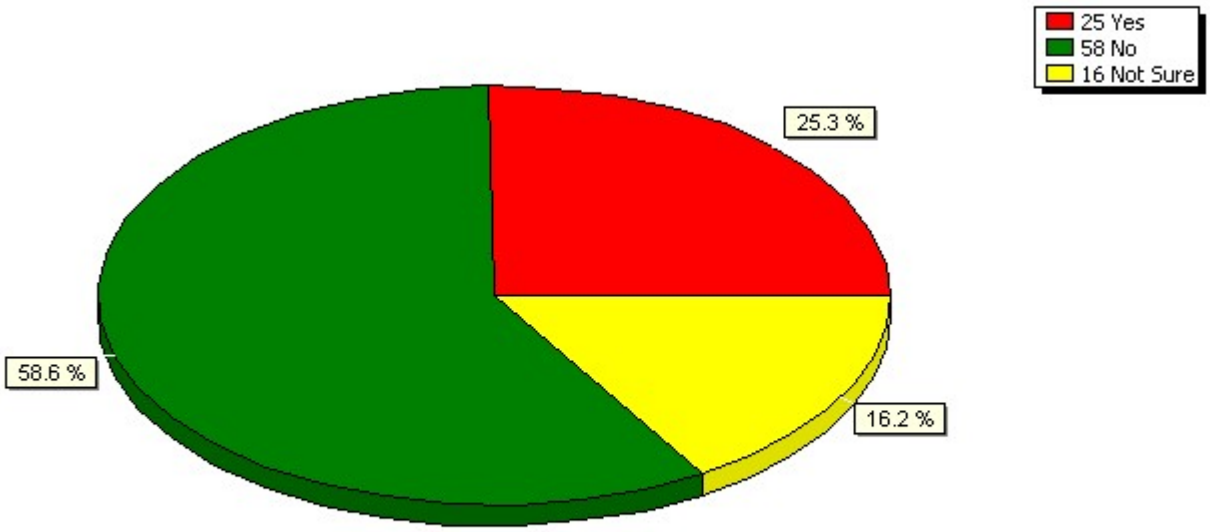
19) What changes would you recommend to the Process?

What changes would you recommend to the Process?
The process was very time consuming and I as a casemanager had to do all the work alone when there was other staff involved with this case.
Put more responsability on management to arrange meeting times and less on the Case manager.
none
if the DMHA wants us to follow certain recommnedations and provide services, they should be knowledgable of sevices prior to coming in and then also providing funds that we lack in order to help us provide the greatest level of independence.
none as a participant
clt and family's compliance or lack of compliance should be taken more into consideration when finalizing the review. We also had to request a wrap up session at the end of the day - I feel this should be part of the process regardless
Ir was difficult getting out
Make more allowances for phone interviews rather than mandating that individuals meet with reviewers at offices during times that are not convenient.
shorter paperwork to fill out
less lengthy pre-interview information
Need more informatin about the process
possible try to streamline the process of getting background information
more information given to the case manager following the interviews
Change how consumers are selected. All of our adults except 1 were ACT concumers. There were no substance abuse clients selected and the information gathered was on our most severely ill consumers.
more info and the impact
Preparing for the process is not made to be simple. Very time consuming and stressful for employees and clients. Trying to fit various agencies and service providers in to a small time slot is not realistic
More training on purpose of process.
Reduce the time involved in order to reduce the negative impact on clinician's productivity requirements.

I believe this process is useful, but is there any way this could be done and not affect productivity?
MORE SPECIFIC FEEDBACK ... IN WRITTEN FORM RE: THE AREAS OF STREGNTH AS WELL AS WEEKNESS. I WOULD LIKE TO KNOW HOW THE TEAM BEING REVIEWED DID...NOT JUST MY INDIVIDUAL INPUT. FOR A TEAM APPROACH ~MORE BLENDING INFO RE: OUR OVERALL CARE.
It would be helpful if the case manager were part of the interviews even if only there to observe.
The lengthy information that needed to be prepared prior to the review. The forms were very time consuming and I believe most of the information should be provided from a chart review.
nothing
Shorten the case packet prior to the interviews. It seems that the same information was provided verbally or was in the clt. chart for the reviewer to see.
none at this time
paperwork
not sure
DMHA to do all the prep work and interviews for agency efficiency and protocol reliability
Pre interview packet was difficult to understand some questions
None at this time
end it.
Make the time preparing billable
Not to use consultants with lack of experience and practicality
Less intensive paperwork prior to interview
Reviewers need to be more aware of individual state resources & practices
Use Indiana surveyors
Use time for something else
To better educate reviewers regarding MH and goals of survey or better educate MHC on goals of survey
The review was very time consuming, which ordinarily wouldn't have been an issue, however, with a full schedule all week I really struggled to maintain the workload of my job in order to fulfill the requirements of CSR. I was behind for several weeks because every free minute for the week prior and the week of the review I spent on the review. With the demands of Medicaid, my patient's needs and the preparation time for the review, the experience was overwhelming. The best suggestion I could give is to allow more time (like a month) to have an open schedule and allow arranging and participating

in the surgey. Multiple hours of time over several days would have been helpful. This may have been possible for us is I would have cancelled multiple patients. I try not to do this because my patient would have had to wait another month to be seen. There was not really any recommendations that pertained to mental health treatment of the patients, it was more of a systems critique that I had little control over as a therapist
If we spent that much time and money on reducing the caseloads of therapist, the paperwork of therapist and educating clients in the services available. Positive changes could take place.

20) Do you have interest in participating as a reviewer in future reviews?



21) Please share any other comments or suggestions in the space that follows:

Please share any other comments or suggestions in the space that follows:
I feel I have fulfilled my duty towards this and I am more than happy to allow some other clinicians the chance to experience this.
see number 19
as reviewer, please see my other survey in regards to the process.
only those that I have already mentioned
It was difficult getting our ACT clts to participate. It was very time consuming setting info just to have them decline in the process.
The process was one requiring much work to prepare for. It would have seemed more useful had I been included in the final review with agency management and CSR reviewers
None
THIS WAS A VALUABLE AND INTERESTING PROCESS. THE WOMEN THAT I INTERVIEWED WITH WERE VERY KIND AND PROFESSIONAL. THIS PROCESS IS VITAL TO MH, AND OUR ACCOUNTABILITY TO OUR COMMUNITIES! THANK YOU FOR PROVIDING THIS AREA ~ AND ADVOCATING FOR OUR CLTS
If CSR continues the review process should be standardized so that inter-rater reliability can be verified -- if not done already.
not worth my time, offered no benefit.
Good experience. I would be happy to participate again.
MHC staff put a lot of work into this process
My, possibly incorrect, assumption was that this process was to do a treatment review. The experience, however, seemed to be a review of systems and coordinating agencies. If the focus was not really about the treatment, to me, it would have made sense to hold the review with the DCFS Caseworker's office who is technically the coordinator of the cases. Also, one piece of helpful information pertaining to both cases, who were siblings, was that it seemed that Southwestern staff had taken on the role of the DCFS caseworker in doing all the coordination of the agencies. This has changed in the case and the kids have a new caseworker who is doing this. The reviewers provided positive feedback that our efforts to hold regular collateral meetings were a good thing. I expect that the review allowed other participants (family, foster care, schools) to provide positive or negative feedback and it likely allowed them to voice complaints if they choose to.