

May 2010

Results from the Consumer Survey

The Service Planning and Evaluation Survey (SPES) for Consumers

Project staff would like to extend a sincere **THANK YOU** to the survey respondents for participating in this very important part of the Milwaukee County Mental Health Redesign Project.

The Human Services Research Institute (HSRI), a partner in the Milwaukee County Mental Health System Redesign project, uses a data-driven approach to understand mental health service needs. The approach uses assessments of service need, survey data, service data from the state and county, key informant interviews, unit cost information, and a dynamic computer model. The approach provides deci-

sion makers with estimates of what service utilization, costs, and consumer outcomes to expect under different scenarios. This knowledge can then be used to develop a high-performance mental health system.

This spring, over 600 consumers of mental health services filled out a Service Planning and Evaluation Survey (SPES). Representatives from Disability Rights Wisconsin and

Warmline, Inc. helped to design and implement the survey. Consumers reported their current service needs, whether they got the right amount of services, and the reasons they didn't get the right amounts. The results of the survey are detailed in this report.

This survey is one important part of a comprehensive redesign project. The project team will also be collecting information from a number of other stakeholders and comparing county service utilization data to national data.

Who Took the Survey?

A total of 614 consumers filled out the survey, which was available in English and Spanish. Although an effort was made to reach out to all consumers, because the survey was lengthy, there may have been lower representation of persons with limited reading skills. The average age of survey respondents is 45 years. A little over half of the respondents (55%) are women. The respondents

are racially/ethnically diverse: 48% identify as white, 42% African American, and 5% Hispanic. Asians, Native Hawaiians, and American Indians are also represented. This demographic makeup is similar in diversity to the Mental Health Statistics Improvement Program (MHSIP) survey conducted each year by Vital Voices for Mental Health, an advocacy organization in Milwaukee County.



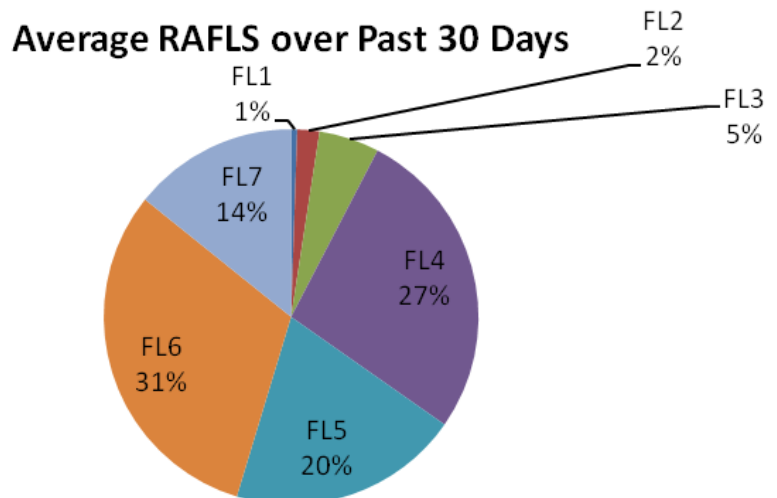
The Resource Associated Functional Level Scale (RAFLS)

HSRI's approach to planning services is based on consumer functional level. In order to assess consumer functional level, HSRI uses the Resource Associated Functional Level Scale (RAFLS) which identifies consumers at seven levels of functioning. The RAFLS does not measure personality traits or feelings. Rather, it measures a person's ability to do practical things at a certain point in time. The scale ranges from one to seven. A RAFLS level of 7 means that the person can get support from friends and family and does not need any professional mental health services at that time. A RAFLS level 1 indicates that a person is currently unable to control his or her behavior and is having a hard time getting help. For this survey, consumers rated their own functional level

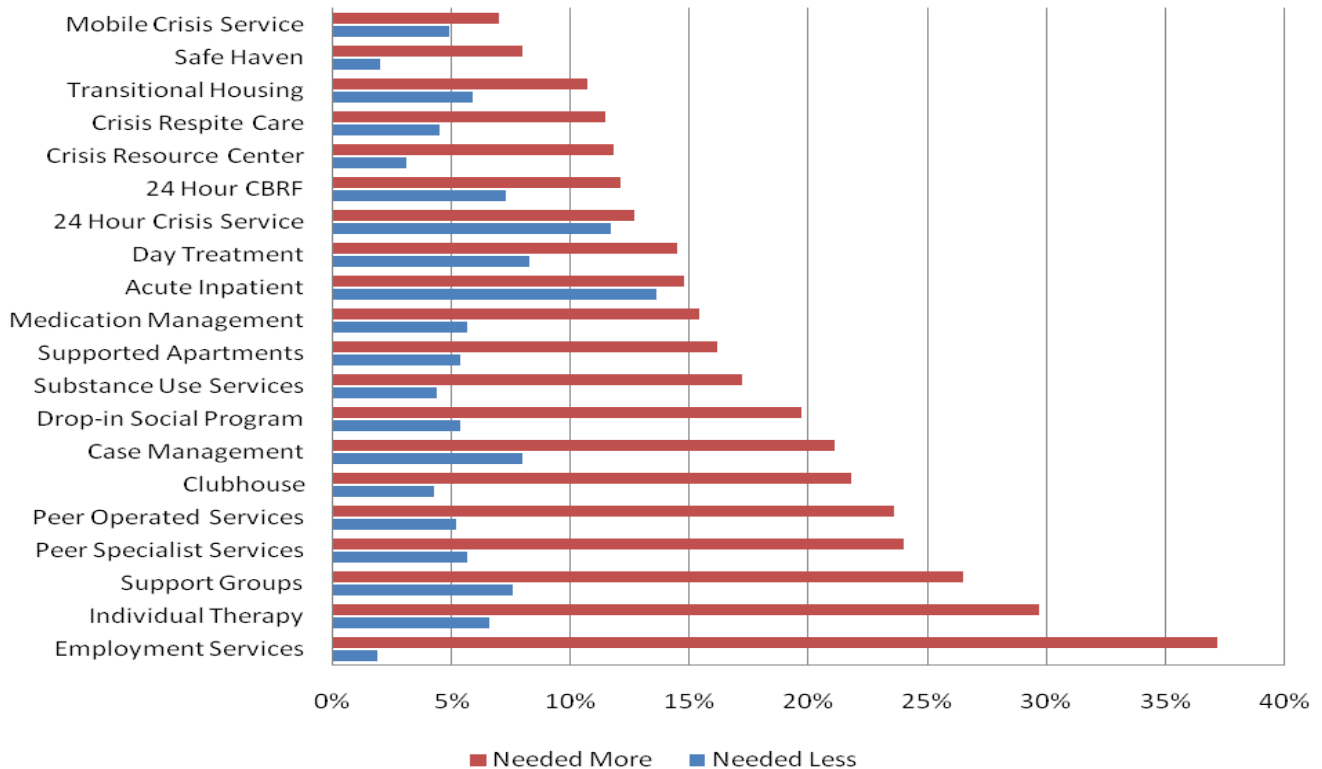
on the day they took the survey, 30 days before the survey, and to provide an average RAFLS level for the past 30 days. The graph shows how consumers reported their RAFLS levels. A total of 82 respondents reported that they were able to function independently of the mental health system. Another 179 individuals reported a RAFLS of 6, which indicates that they only need support for extreme or unusual stresses. 301 respondents rated themselves at a RAFLS level 3, 4, or 5, indicating that they use mental health services on a regular basis to cope with day to day stresses and to help with activities of daily living. Only a small number of respondents (14 in all) rated themselves at a RAFLS 1 or 2.

Thank you to the following organizations for assisting with the survey:

- Aurora Health Care
- Autumn West
- Bell Therapy
- Columbia St. Mary's
- Crisis Resource Center
- Disability Rights Wisconsin
- Fardale
- Grand Avenue Club
- Health Care for the Homeless
- Health Care Partnership
- IndependenceFirst
- Jewish Family Services
- Justice 2000
- Mental Health America of Wisconsin
- Milwaukee County BHD
- Milwaukee Mental Health Task Force
- NAMI Greater Milwaukee
- Our Space
- Project Access
- Transitional Living Services
- United House
- Warmline, Inc.
- Wisconsin Community Services



Service Needs: More, Less, or Just Right?



The SPES asked consumers whether they were getting the right amount of certain services. They ranged from emergency and crisis stabilization services to community-based and peer-operated supports. In general, consumer and patient surveys tend to be biased towards demonstrating more satisfaction with quality and amounts of services than may be accurate. It is important to the redesign effort to focus on what con-

sumers in the system need more and less of, and what needs to change, while not discounting that individuals may in fact be getting the right amount of some services some of the time.

Overall, consumers reported that they were getting the right amount of services about 75% of the time. However, reports of service needs varied depending on the type of service. 61% of consumers felt that they got the right amount of employment-related services, while 37% felt that they needed more. 30% of respondents said they needed more individual therapy, and 27% needed more support groups. Some con-

sumers also expressed a need for more peer services and clubhouse services. 14% of respondents felt that they received more acute inpatient services than they needed, although 15% felt that they did not receive enough acute inpatient supports. This pattern is similar with 24-hour crisis services, indicating that there are individualized needs for acute service needs amongst consumers. In general, consumers felt they needed more of community-based, recovery-oriented services such as employment services, individual therapy, and peer-delivered services, and less of crisis and inpatient services.

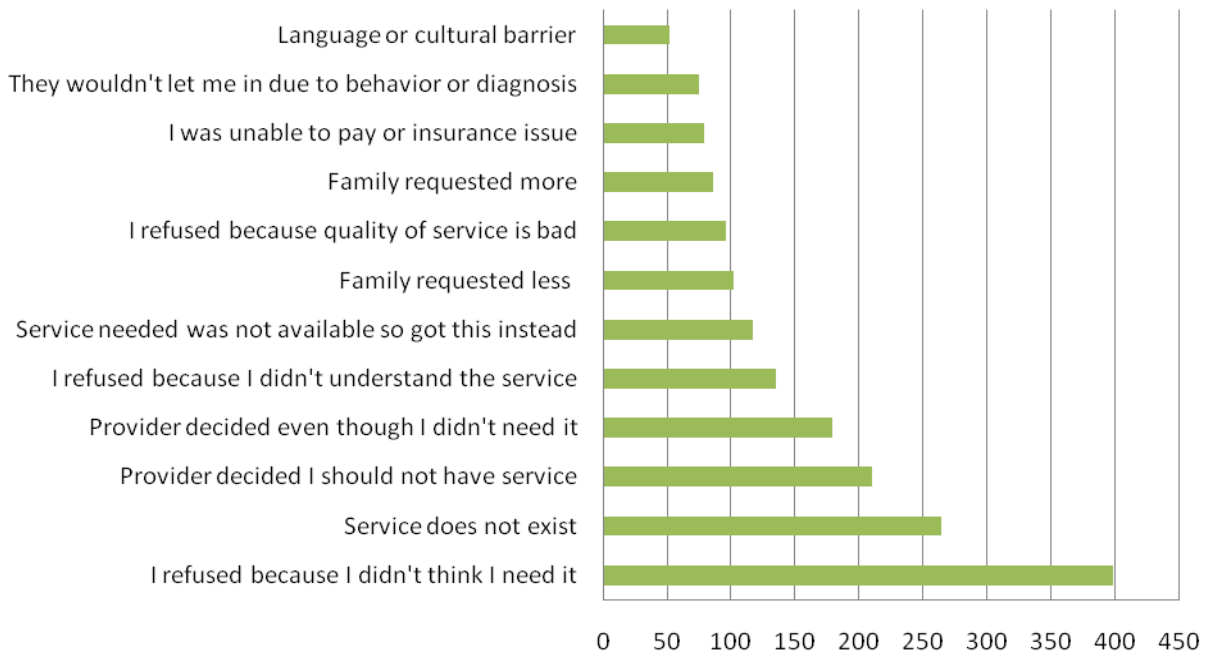
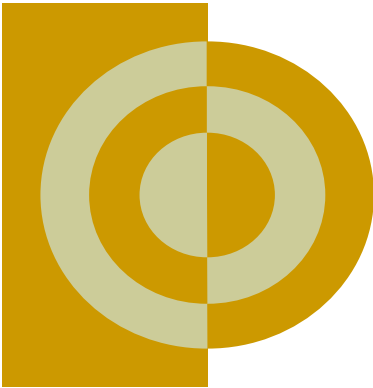


Reasons for Service Need Disparities

In addition to inquiring about service needs, the SPES also asked consumers to indicate why they were receiving too much or too little of a service. Some reasons were related to service availability, while others were related to provider and family recommendations. Some respondents identified barriers such as issues with insurance or issues with language and culture. Other respondents indicated that they refused services for various

reasons.

The most common reason for receiving too little of a service was that the person refused because he or she thought the service was not needed. It was also common for consumers to indicate that needed services were not available to them. The most common reason for receiving too much of a service was that the provider decided to enroll the person in the service even though the person felt that it was not needed.



Thank you for your participation!

The consumer SPES results are essential to understanding service use patterns, gaps in the appropriateness of service delivery, and consumer preferences and choice. The consumers who participated in this survey played an important role in the Milwaukee County Mental Health Redesign Project. Thank you to all who participated and who added their voice to the efforts to improve Milwaukee's mental health system.