

SUBJECT Satisfaction Surveys		CHAPTER 01	SECTION 04	SUBJECT 03
CHAPTER Administrative		SECTION Quality Management		
WRITTEN BY Kelly VanWormer	REVIEWED BY Christy Koons		AUTHORIZED BY PIHP Board	

I. APPLICATION:

- PIHP Staff
- SUD Providers
- CMH Providers
- CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that assessment of satisfaction of service delivery programs will be conducted annually.

III. DEFINITIONS:

Satisfaction: Subjective evaluation of an individual’s full range of experience with services 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.
2. Satisfaction surveys are indicators of quality care. They are based on an alignment of a wide range of expectations between the PIHP and the provider 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 PIHP’s annual evaluation and planning activities.
4. Satisfaction and on-going feedback opportunities are provided to individuals regarding services, supports and treatments received, as well as progress towards goal attainment. Collection of individuals’ comments regarding satisfaction shall be 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.

5. Assessments address issues of quality of care, availability of care and accessibility of care. As a result of the assessments the organization:
 - a. Takes specific action on individual cases as appropriate
 - b. Identifies and investigates sources of dissatisfaction
 - c. Outlines systematic action steps to follow-up on the findings
 - d. Informs practitioners, providers, beneficiaries, and the governing body of assessment results
 - e. Evaluates the effects of the above activities

- 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.

- D. The organization ensures the incorporation of consumers receiving long-term supports or services (persons receiving case management or supports coordination) into the review and analysis of the information obtained from quantitative and qualitative methods.

- E. Annual satisfaction reports summarizing satisfaction results from each CMH and their respective provider network, as well as an annual satisfaction report from each SUD provider are to be submitted to the PIHP.

V. PROCEDURES: N/A

VI. EXHIBITS:

1. Adult Survey Questions
2. Children Survey Questions
3. SUD Survey Questions



Region 10 PIHP Adult Customer Satisfaction Survey

Questions	Response	
1. I like the services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. As a result of services received, I deal more effectively with daily problems.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. As a result of services received, I am better able to control my life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. As a result of services received, I do better in social situations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. As a result of services received, my symptoms are not bothering me as much.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Staff were sensitive to my cultural/ethnic background and treated me with respect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Staff believed that I could grow, change, and recover.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Services were available at times that were convenient to me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I am happy with the quality of services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you had difficulty getting services due to any barriers? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain here:</i>		
11. What would make services better for you or the community as a whole? Please explain.		
12. Overall, I am satisfied with the services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you have any other comments, questions, or concerns? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please describe here:</i>		

Thank you for completing the Region 10 PIHP Adult Customer Satisfaction Survey.



Region 10 PIHP Children’s Customer Satisfaction Survey

Questions	Response	
1. As a result of services received, my child is better able to do the things he/she wants to do.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. As a result of services received, my child gets along better with family and others.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. As a result of services received, my child is better at handling everyday life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Services were available at times that were convenient for my family.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Staff were sensitive to my family’s cultural/ethnic background and treated us with respect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. My family got the help we needed for my child.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I am happy with the quality of services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you had difficulty getting services due to any barriers? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain here:</i>		
9. What would make services better for you or the community as a whole? Please explain.		
10. Overall, I am satisfied with the services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have any other comments, questions, or concerns? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please describe here:</i>		

Thank you for completing the Region 10 PIHP Children’s Customer Satisfaction Survey.



Region 10 PIHP Substance Use Disorder (SUD) Customer Satisfaction Survey

Questions	Response	
1. I like the services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. As a result of services received, I deal more effectively with daily problems.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. As a result of services received, I am better able to control my life.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. As a result of services received, I do better in social situations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. As a result of services received, my symptoms are not bothering me as much.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Staff were sensitive to my cultural/ethnic background and treated me with respect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Staff believed that I could grow, change, and recover.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Services were available at times that were convenient to me.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. I am happy with the quality of services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you had difficulty getting services due to any barriers? If yes, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please explain here:</i>		
11. Name one thing I like most about this program:		
12. Name one thing I think needs improvement in this program:		
13. Overall, I am satisfied with the services I have received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you have any other comments, questions, or concerns? If yes, please describe.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please describe here:</i>		
15. My age range is: <input type="checkbox"/> 7-23 <input type="checkbox"/> 24-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50+		
16. I identify my gender as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other		

Thank you for completing the Region 10 PIHP SUD Customer Satisfaction Survey.