



# ANNUAL QUALITY REPORT

March 14, 2005

---

## SOUTHWEST COLORADO MENTAL HEALTH CENTER, INC.

*Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution...* Will A. Foster

### SOUTHWEST COLORADO MENTAL HEALTH CENTER MISSION STATEMENT

*Southwest Colorado Mental Health Center makes a meaningful difference by delivering the highest quality mental health service to the community in the most appropriate, affordable, educational, and accessible manner.*

### QUALITY IMPROVEMENT PROGRAM VALUES

We believe that quality improvement requires a continuous process of evaluating the impact of our programs/services/efforts on the lives of consumers, their families, friends and support systems, and the communities in which they live.

The assessment of the impact of our programs/services/efforts requires a joint effort of consumers, family members, friends, support systems and community stakeholders.

The structure of our services, their delivery and impact – and hence this plan, is guided by the Center's six core values (see Exhibit A).

### INTENT OF THE QUALITY IMPROVEMENT PROGRAM

The intent of the Southwest Colorado Mental Health Center Quality Improvement Program is to objectively and systematically monitor and evaluate the appropriateness and quality of consumer care, pursue opportunities to continually improve consumer care and resolve identified problems. Included in these activities are those risk management functions related to clinical aspects of consumer care and safety issues. Consumers, family members and local agencies are critical parts of the evaluation of quality improvement activities and are involved in the evaluation of Center services and the design and implementation of best practice initiatives.

## QUALITY IMPROVEMENT PROGRAM STRUCTURE AND RESPONSIBILITIES

Southwest Colorado Mental Health Center's Quality Improvement Program is continuous and involves activities under two headings;

- *Identification of Problems and Improvement Opportunities, and*
- *Mechanisms to Improve Quality.*

### IDENTIFICATION OF PROBLEMS AND IMPROVEMENT OPPORTUNITIES

No system can rely upon a single source of input for improvement of service quality. Southwest Colorado Mental Health Center makes use of multiple mechanisms to ensure identification of problem areas of service and opportunities for improvement.

Quality Improvement Steering Committee (QISC). The QISC is the primary mechanism for identification of problem areas and improvement opportunities. The President/CEO of the Center is the chair of the QISC which is made up of staff members strategically selected to bring different skills and perspectives to the committee. Though not included at inception, representatives from community agencies, consumers and family members are planned to be included in QISC membership by the end of 2005.

The QISC meets monthly and reviews, at a minimum, the following:

- a. Progress on prior months' assigned actions/activities
- b. Grievances and Appeals (through to resolution)
- c. Critical Incident Reports
- d. New Policies and Procedures for approval
- e. All such reports that are due or are available including Qualifacts reports (Center Activity, Access to Service, Outcome, Capacity Management and Emergency & Residential Tracking), data related to service quality through other data contracts with both the Center and CBHC, the State MHSIP Consumer Satisfaction and such other reports as may, from time to time, be requested or available (e.g., Community Agency Satisfaction Survey, work group reports, practice variance reports, quarterly record review reports, etc.)
- f. Informal input from consumers, staff, or community members
- g. The Center's Annual Customer Service Report and the Annual Customer Service Plan for the coming year
- h. The Center's Annual Quality Report and the Quality Improvement Plan for the coming year

Customer Service. Southwest Colorado Mental Health Center recognizes that customer service is at the center of quality service and positive consumer outcomes – making a meaningful difference. The Center conducts an annual, comprehensive customer

service assessment to identify problem areas and opportunities (see Exhibit B). This document is reviewed and approved by the QISC.

Regular Reports. Problem areas and opportunities for improvement are also identified through regular data-based reports designed in the Center's Qualifacts system and through Center contracts with other data providers. These reports (not yet complete) will be available to all staff (management, support and direct service), and relevant reports will be reviewed monthly at the QISC.

Record Reviews. To ensure identification of problem areas and opportunities in clinical documentation, the Center's record review team audits 10 records each month (beginning in May of 2005) with regard to clinical services. The following components are reviewed at a minimum:

- a. Intake information - for thoroughness and appropriateness of diagnostic formulation
- b. Service Plan - for appropriateness of diagnosis, progress on goals and objectives and consumer participation in its construction
- c. Notes - in terms of their relation to Service Plan goals and objectives

Each quarter a report will be submitted for review to the QISC identifying both strengths of our records and plans to address any problem areas requiring correction.

Additional Mechanisms. The Center makes use of additional mechanisms to identify problem areas and opportunities. These include but are not limited to:

- a. *Leadership Committee.* Leadership is made up of staff members who are informal leaders in the Center. These are staff who other staff turn to for professional guidance and who have demonstrated an investment in, and contributed to the growth and improvement of, the Center. Staff convey to Leadership members concerns within the Center. Any concerns arising will be conveyed to QISC following each Leadership meeting.
- b. *Supervision Structure.* The Center's formal supervision structure makes use of formal lines of responsibility from staff through management. Supervision occurs both regularly and informally. Concerns and opportunities for improvement identified by supervisors in the context of supervision are conveyed to the QISC.
- c. *Informal Consumer Feedback.* The Center has several formal mechanisms for complaints, grievances and appeals related to services. These include a Grievance & Appeal process, the MHSIP Consumer Satisfaction Survey, and the Annual Customer Service Assessment. To ensure that no informal communication related to problem areas or opportunities for improvement is lost, all staff are expected to convey all consumer comments related to services to the QISC.

## **MECHANISMS TO ENSURE CHANGES AND SUPPORT IMPROVED CONSUMER OUTCOMES**

Southwest Colorado Mental Health Center has multiple mechanisms to ensure continual implementation of improvements in care and consumer outcomes.

Quality Improvement Steering Committee (QISC). The QISC ensures implementation of improvements in care and outcome through:

- a. *Assignment of Work Groups.* Quality Improvement Project Work Groups are established by the QISC to address or investigate specific QI issues. These work groups are project specific and time limited. In addition to providing critical quality information, they offer staff the opportunity to engage more meaningfully with the Center, increase staff buy-in to continuous QI, improve morale/Center pride, and to develop staff leadership and vision.
- b. Assessment of implementation impacts through:
  - System reports
  - Feedback from Leadership Committee
  - Informal communication to staff and through supervision

Training. The Center supports both in-service and external training opportunities to ensure staff understand policies and procedures and have the skills necessary for their implementation.

- a. The Center provides regular in-service training (through semi- annual All Staff Training) and irregular in-service training to staff on policies and procedures as well as skills necessary for continuous quality improvement. The Center makes maximum use of the skill sets of staff to provide in-service training opportunities for staff. Where skill sets are not present, the Center, from time to time and as need dictates, brings skilled outside trainers to the Center.
- b. The Center includes in its annual budget such sum as is prudent and practical to pay for training opportunities outside of the Center

Reports. Regular and special data reports available through Qualifacts and other contract services are used by the QISC, management and supervisors to assess the impact of quality improvement efforts.

Leadership Committee. The Leadership Committee is available to follow-up on quality improvement initiatives as appropriate for the specific initiative.

Supervision Structure. The supervision structure of the Center is critical for training, supervision and follow-up of quality improvement initiatives as appropriate.

Merit Bonus System. The Merit Bonus System provides a % bonus each year based upon specific Center performance indicators. In order to support continuous quality improvement, a minimum of 75% of the Merit Bonus performance indicators directly relate to improved care and consumer outcomes.

## QUALITY IMPROVEMENT ACTIVITIES AND FINDINGS - 2004

### QUALITY IMPROVEMENT STEERING COMMITTEE (QISC)

Complaint/Grievance/Appeals. In 2004 the QISC met on thirteen occasions. A total of 25 cases were reviewed under Complaint/Grievance/Appeals and monitored to their conclusion. Below is a table listing the Complaint/Grievance/Appeals by service and status of complaint/grievance (the one appeal was denied and is listed below as “Not Substantiated”).

Service	Substantiated	Not Substantiated	Not Formal Complaint/Grievance
<b>Crisis/Emergency Services</b>	3	3	2
<b>Detox Services</b>	2	1	4
<b>Jail Services</b>	0	1	1
<b>Mental Health</b>	2	2	2
<b>Residential</b>	0	1	0
<b>Other</b> (Cx not related to Center)	0	0	1
<b>TOTAL</b>	<b>7</b>	<b>8</b>	<b>10</b>

The Center actively encourages consumers to use the Complaint/Grievance/Appeals process but does not limit input and review to that formal process alone. This is reflected in the 10 Complaint/Grievances that were not formal. In one instance, the consumer (complaining about ER treatment) could not be located despite numerous attempts at contact. In five instances the consumer or family member was satisfied with our immediate response to the expressed concerns and did not wish to use the formal Complaint/Grievance process. In two instances the request was related to assisting with legal charges beyond our scope. In one instance the concern centered around a grievance with Social Services in Grand Junction, and in another it related to an unnamed consumer (via friend) who was concerned about handcuff use in transport by police.

The Center followed up on each of the seven substantiated (or partially substantiated) Complaint/Grievances. In two instances the complaint resulted in staff action. (In one of these cases the staff actions were reviewed with the offending staff and additional training provided, and in one instance the staff member was reprimanded and later resigned). As a result of three of the substantiated complaints, we changed Center procedure to better address consumer needs. In the remaining two cases, the Center made accommodations to the satisfaction of the consumer, and system or staff actions were not indicated.

Critical Incidents. In 2004 the Center had 27 Critical Incidents, all of which were reviewed at QISC. Five of the incidents involved the death of a consumer (4 by suicide and 1 by natural causes). In each of the 4 suicide cases the information was reviewed to determine if the Center could have foreseen the suicide and taken any steps to avert the suicide. There were no cases where we could reasonably have foreseen the suicides or expected staff to have been able to avert the suicide.

Of the 27 incidents, six involved medication errors. Five of these errors occurred in the Detox facility and one in Stepping Stone. These errors led directly to two changes in Detox medication policy and a revision of Stepping Stone medication administration policy.

Four incidents involved injury to a consumer, three of which were in Durango and one at the Cortez facility. All involved a slip of some kind reported by the consumer. None of the incidents involved similar hazards and no specific facility changes were recommended.

Of the remaining 8 incidents, four were either illnesses or assault/property damage at the Detox facility. Two incidents involved a consumer leaving a program unannounced, one involved an anonymous call (later identified) and one a confidentiality breach. Appropriate action was taken for each event.

Work Groups. In 2004 the QISC oversaw two work groups, one addressing Service Plans and the other addressing Customer Service. The Service Plan Work Group's task was to ensure that all consumers had up-to-date service plans that were developed jointly with consumers, strength based and contained measurable goals appropriate to the diagnosis and presenting problem. The Work Group accomplished the following:

- Thorough review of service plans in 47 records
- Modification of Qualifacts (management information system) to require service plans and support strength based, measurable goals along with Policies and Procedures for service plan development in Qualifacts
- Development of service plan templates on top 5 diagnoses
- Creation of a service plan work book to assist clinicians

The QISC also initiated a Customer Service Work Group. This work group, headed by the Director of Consumer and Family Affairs, was charged with completion of a comprehensive *Consumer Service Evaluation* and subsequent development of a *Customer Service Work Plan* to address deficiencies identified in the assessment. The assessment process was comprehensive and extensive. It involved consumers, staff, community organizations and community residents. We reviewed State MHSIP Consumer Satisfaction data, a Center MHSIP survey, a modified MHSIP we adapted for feedback from family members, and a community partners survey. Finally we incorporated all grievance/complaint data, billing complaint data and notes from various meetings attended by staff. The results may be found in Exhibit B, the *Customer Service Evaluation*.

Based upon this evaluation, the Director of Consumer and Family Affairs drafted an ambitious *Strategic Work Plan*. This plan was reviewed by participating consumers and family members, management staff at the Center and all staff at the quarterly training. Following these reviews, the *Strategic Work Plan* was reviewed in detail in the QISC, and refined and approved for implementation. The *Strategic Work Plan* may be found in Exhibit C, attached.

### Additional QISC Activities/Actions/Accomplishments.

- Web site recommendations to improve staff access to the most current forms and to improve access to our MIS system.
- Training and outreach to faith based organizations in Montezuma County.
- Updating of the Critical Incident Report form.
- Joint service planning with the regional developmental disabilities organization.
- Adoption of policies on Child and Adolescent Services.
- Inclusion of confidentiality issues in new staff orientation.
- Changes of policy and procedure regarding returning phone calls and e-mail messages in response to concerns from Community Connections, Inc. and San Juan Basin Health Department.
- Approval of Policies and Procedures for our Qualifacts (MIS) system.
- Initiation of a Qualifacts Complaint/Grievance/Appeal for better documentation and reporting.
- Review of MHSIP and EQRO findings for opportunities to improve services. Included findings from both in Customer Service Plan.
- Review/approval of *Customer Service Plan* in detail.
- Review and approval of the following policies and procedures:
  - Transportation Services
  - Coordination Of Information And Services Between Providers
  - Staff Qualifications/Competency
  - Payment And Past Due Accounts
  - Termination Of Consumer Relationships
- Review and action regarding informal concerns brought to QISC.
- Identification and follow-up on new policy and procedure regarding medications at the Detox.

### **CUSTOMER SERVICE**

Southwest Colorado Mental Health Center recognizes that customer service is at the center of quality service and positive consumer outcomes. In 2004 the Center engaged in a comprehensive customer service assessment to identify problem areas and opportunities (see Exhibit B). As a result of this assessment, a Customer Service Work Plan was developed (see Exhibit C). Due to their length and level of detail they are included as Exhibits, but represent a major Quality Improvement effort on the part of the Center.

## REGULAR REPORTS

Problem areas and opportunities for improvement are also identified through regular data-based reports designed in the Center's Qualifacts system and through Center contracts with other data providers. These reports (not yet complete) are available to all staff (management, support and direct service).

Qualifacts Reports. Three reports were completed in the Qualifacts management information system in 2004: Outpatient Census; Consumer Activity; and Complaint/Grievance. The Outpatient Census report is not useful for QISC review. It provides the consumer name, age, intake date, assign date, diagnosis, date next service plan is due, date of last kept contact, risk at last contact, payer source and current balance. This information is valuable for both direct service staff and supervisors in ensuring timely service, monitoring length of time since last service, risk issues and compliance with financial agreements.

The Consumer Activity report is not reviewed at QISC. However, it is a valuable quality tool for direct service staff and supervisors as it provides a chronological listing of services by consumer that *integrates all services* provided to a consumer.

The third report is the recently developed Complaint/Grievance form. Though scheduled for change by the State in the summer of 2005, this form provides a documentation base for all Center Complaints, Grievances and Appeals.

MTM Reports. Southwest Colorado Mental Health Center contracts directly with David Lloyd and MTM Services for monthly Center data reports, and through the Colorado Behavioral Healthcare Council (CBCH) indirectly with MTM Services for an additional set of data reports. Center reports provide data on service volumes, activities, payers, appointment codes, staff time, diagnoses and practice variance variables. Reports through CBHC allow the Center to compare its services and performance against the other 16 Colorado mental health centers in terms of payer profiles, ethnicity, age, diagnoses, and gender of consumers, service volumes, appointment codes and General Assessment of Functioning (GAF). Crisis Service volumes by time of day allowed us to develop a better Crisis Service staffing pattern. Though not fully de-bugged, the CBHC reports are providing the Center information on possible ways to serve diagnostic groups more effectively.

## RECORD REVIEWS

In 2004, 47 records were reviewed. These reviews assessed the quality and appropriateness of service plans. Beginning in May of 2005 the Center's record review team will audit 10 records each month with regard to clinical services to ensure identification of problem areas and opportunities in clinical documentation.

## TRAINING

The Center supports both in-service and external training opportunities to improve the quality of our services, and ensure that staff understand policies and procedures and have the skills necessary for their implementation. In-service training occurred at the quarterly All Staff meetings where staff from all programs and locations were required to attend. The following are a list of All Staff trainings provided in 2004:

- Changes to Employee Guidelines – Human Resources Director
- SAS 99 Notification to Staff – President/CEO
- Update on Qualifacts Procedures – Roxann Stettler
- Crisis Prevention and Management Techniques (all clinical Staff) – Don Raney & Ann Wetton
- Powerful Communication Skills (Admin & Support staff) – Andrea Korb & Rashena Jenkins
- New Policies & Procedures
- Crisis Prevention and Management Techniques for all staff – Don Raney & Ann Wetton
- Customer Satisfaction – Ellis Miller
- Customer Service – Delivery and Perception – Ellis Miller, Ann Wetton & Kris Ford
- Customer Service Delivery: Solution and Goals - Ellis Miller, Ann Wetton & Kris Ford
- Use of David Lloyd/MTM Reports

In addition to the above All Staff in-service training, the Center benefited from three “best practice” clinical trainings:

1. In partnership with the La Plata County Department of Human Services, Kenny Miller was brought in for the infant/toddler treatment model for Reactive Attachment Disorder. Mr. Miller is a nationally recognized expert in this treatment. He provided 8 days of training to our entire outpatient Child and Adolescent Team.
2. Pam Wise-Romero, Ph.D., is a nationally recognized expert in Dialectical Behavioral Therapy (DBT) and is on the Southwest Colorado Mental Health Center Staff. In addition to providing DBT training for Midwestern and Colorado West Mental Health Centers, she provided a one-day training for Pagosa Springs staff and a two-day training to each of the Durango and Cortez staff.
3. Through our BHO and partnership with Value Options, Dr. Wise-Romero and Marc Fallon-CYR, M.D. (child psychiatrist on staff at the Center) have begun a specialized training through Columbia University. The first of four modules addressed disruptive Behavior Disorders. Training for these two staff is in the training-the-trainers model and involved 2 days of intense training followed by an every other week phone consultation/supervision. Training of other Center staff will begin in the summer of 2005.

### **MERIT BONUS SYSTEM**

In 2003 and 2004 the Center made a strategic and concerted effort to increase salaries throughout the Center to bring them in line with the two other West Slope mental health centers. As a result of this effort, the staff team leading it made the recommendation to staff and management that a merit system be developed to keep staff salaries abreast of other centers on an ongoing basis.

The Southwest Colorado Mental Health Center Merit Bonus System is presented as part of the Annual Quality Report because it supports quality individual performance on the part of staff, and serves as a mechanism to focus the Center's attention and efforts on key quality variables. The domains have been selected, but 3 of the 4 target measurements (specific goals) themselves are awaiting completion of the reports that will be used to track progress and determine success. The reports are planned for completion in April of 2005.

The Merit Bonus system provides a % bonus each year based upon specific Center performance indicators. The domains selected in 2004 for the 2005 Merit Bonus are directly or indirectly related to improved care and consumer outcomes. They are Consumer Satisfaction (as measured by the State administered and nationally standardized MHSIP), cancellation/no show rates as measured on the Qualifacts Capacity Management Report, productivity (number of direct service and qualifying hours per staff compared to expected hours) as measured on the Qualifacts Capacity Management Report, and consumer outcomes as measured on the Qualifacts Outcome Report. Though this latter report has not been completed, the components that will feed the report have been established in the system.

Each of the four domains noted above directly or indirectly addresses service quality. Each of the four domains will account for 25% of the maximum merit bonus established as available at the start of the year.

# EXHIBIT A

## SOUTHWEST COLORADO MENTAL HEALTH CENTER Six Core Values

### ***Making a Meaningful Difference***

The sole purpose of our Center is to support our communities through the full and equal participation of all our residents in the quality of life available here. We do this by *Making a Meaningful Difference* in the lives of those who seek our assistance. The value of *Making a Meaningful Difference* requires that we measure the development of our resources, the delivery of our services and the organization of our Center against our capacity to *Make a Meaningful Difference*.

It is our responsibility to constantly modify and adapt our resources to make the greatest possible impact on consumers, family members of those with a substance abuse problem or mental illness, and those in the community for whom mental illness or substance abuse is limiting their capacity to fully participate in the quality of life.

### ***Supporting Family, Job and Intimate Relationships***

Greater therapeutic impact happens outside of the Center and its resources than within it. Families, job settings and intimate relationships provide the greatest therapeutic impact and enhance the impact of our service resources. A substantial portion of our resources should be committed to providing this support, which should not be limited to crisis support, but should extend to preventive and early interventive support.

### ***Engaging All Consumers and Family Members to the Best of Our Ability***

*ALL* persons challenged with a mental illness, their families and others who work and live with them are our responsibility. Our responsibility extends beyond enrolled consumers and enrolled family members.

We have an obligation to the broader community that requires us to work closely with, and serve as a resource for, all aspects of our community including but not limited to health, public safety, economic development, education and other human service resources.

Engaging *all* consumers and family members to the best of our ability requires a specific commitment to cultural competency and proficiency. This extends beyond minority language expertise to an active effort to make all groups feel comfortable and welcomed. Where possible we will employ staff at all levels with ethnic and cultural backgrounds consistent with those served by our Center. Where this is not feasible, we will make concerted efforts to train and educate our staff so that they may represent and deliver our services in as an effective, acceptable and user-friendly manner as possible.

## ***Consumer Partnership***

The value of consumer partnership means that we approach our services with respect for those challenged with a mental illness or substance abuse problem and with respect for their families. We take pride in our resources and their professional application but we recognize that that application must be guided and tailored in partnership with those we serve.

## ***Culture of Change***

Change is not our enemy, nor is it an obstacle. Change is not something we will get past, have settle down, or need to endure. ***Change is our opportunity.***

We will embrace change as the opportunity to make a more meaningful difference. We are the temporary stewards of our Center, its resources and its capacity to serve our community. Staff will change, demands on our system will change, technology will change (note web based applications decreasing center based operations), our community is constantly changing and our understanding of best practices will change. Only those who accept the constant nature of change and can use it to advantage will thrive in our environment.

## ***Commitment to Excellence***

Excellence is the achievement of outcome making best/most creative use of resources within professional and ethical guidelines. Excellence requires a commitment to the highest professional best practice standards, highest ethical standards, and the integrity to recognize when those standards are not met.

Excellence is not a specific practice, nor a specific application of resources. Excellence is determined by the unique outcome dictated through consumer/family identification of need, desired outcome, resources and limitations combined in partnership with the application of Center resources brought creatively to bear by staff and staff teams.

Excellence is not to be confused with perfection, which takes no risks. Excellence requires both risk and failure to be achieved.

## **EXHIBIT B**

**SOUTHWEST COLORADO MENTAL HEALTH CENTER  
Customer Service Evaluation Report**

# **CUSTOMER SERVICE EVALUATION SOUTHWEST COLORADO MENTAL HEALTH CENTER**

**July 1, 2004**

**Prepared by:**

**Ellis Miller  
Director of Consumer/Family Affairs  
Southwest Colorado Mental Health Center**

## Table of Contents

<b>Topic</b>	<b>Page</b>
Introduction	1
Data Collected	1
Results	2
Customer Satisfaction Surveys	2
Narrative Feedback	3
Conclusion	3

**Appendix A:**  
Supplementary MHSIP Data Tables

**Appendix B:**  
Community Partner Survey Detail

**Appendix C:**  
Customer Service Data, Miscellaneous Sources

# Southwest Colorado Mental Health Center

## CUSTOMER SERVICE EVALUATION

Southwest Colorado Mental Health Center (SWCMHC) has made a commitment at the staff, administrative and Board levels to become a world-class mental health resource for our communities. We cannot become a world-class resource without a full partnership with mental health consumers, families, referral and cooperative agencies and the community. The Center relies on these partnerships for the guidance necessary to achieve this goal.

The purpose of this report is to integrate data from as many sources as possible to guide customer service changes at SWCMHC. Two types of data were obtained; Formal feedback through administration of consumer satisfaction surveys and narrative feedback through grievances, complaints and statements in community meetings. The Consumer Satisfaction Surveys made use of the Mental Health Statistics Improvement Program (MHSIP) instrument, which has been used widely in several states including Colorado. Narrative information was drawn from the Community Partners Survey, formal grievances, our informal billing complaint log and from comments of consumers and community members in meeting settings.

A Customer Service Work Group, consisting of two SWCMHC staff, two family members, two consumers and one community member, was convened to steer the customer satisfaction process and contribute advisory input. The group met seven times between January 2004 and August 2004.

### Data Collection

#### Consumer Satisfaction Surveys

The results of four separate surveys were included in this report. Two surveys were given to Center consumers, one to family members of consumers and one to community agencies.

State MHSIP Survey. Each year the State of Colorado sends out the MHSIP Consumer Satisfaction survey by mail to a sample of Center consumers. In the summer of 2003, 149 consumers participated in this assessment.

SWCMHC Administered MHSIP. In order to update the State survey results and determine if Center administered surveys (rather than those administered via email) result in different findings, the Center administered the same MHSIP survey to 109 consumers in June of 2004.

Family Adapted MHSIP Survey. Using the MHSIP survey, but modifying language to make it appropriate for families, SWCMHC administered the survey to 22 families of Center consumers in June of 2004.

Community Partners Survey. Using a survey developed by a customer service work group to measure satisfaction within community agencies, SWCMHC administered the survey to agencies whose consumers access Center services in Montezuma, Dolores, Archuleta and La Plata Counties in June of 2004.

## **Narrative Feedback**

Community Partners Survey. The Community Partners Survey solicited narrative feedback as justification for the satisfaction ratings and to identify strengths and weakness of SWCMHC service delivery.

Review of Formal Grievances/Complaints. The Center has a Grievance/Complaint Officer who encourages and assists consumers to file formal grievances or complaints for concerns that are not readily resolved at the consumer staff level. These grievances or complaints are thoroughly investigated and result in a formal written response/ resolution. All 20 of the formal grievances or complaints made to the Center (from our entire service area) in fiscal year 2004 (July 1, 2003 – June 30, 2004) were reviewed for this report.

Billing Complaints. In addition to the formal Grievance/Complaint process, the Center's billing office keeps a running log of calls related to billing. Each of 202 calls occurring between January 1, 2004 and June 30, 2004 was reviewed with a total of 46 of these calls documenting substantiated complaints requiring resolution.

Meeting Notes. The Director of Consumer and Family Affairs regularly attends meetings in the community. Meeting notes from the following meetings were reviewed for information related to customer service and satisfaction beginning January 2004:

- Joint meeting of Archuleta County Social services and providers
- Montezuma/Dolores Community Summit
- Montezuma County Probation Staff Meetings
- Dolores County Health Clinic Staff Meetings
- Customer Service Work Group Meetings

## **Results**

### **Consumer Satisfaction Surveys**

Customer satisfaction serves as an indicator of the quality of services as perceived by consumers and the community, and provides information to guide the efforts of SWCMHC to provide world-class programs, partnerships and services.

The results of the three MHSIP measures were remarkably similar in their findings. General satisfaction with staff and services is shown to be the strongest domain. There was significant improvement in perceive support from SWCMHC staff and in the areas of cultural competency, confidentiality and informed consent, between the administration of the State survey in 2003 and the SWCMHC administration of 2004. (Appendix A, Tables A-1 and A-7)

The three MHSIP measures also agree that the most significant deficiency in SWCMHC customer satisfaction is in the perception by both consumers and families that positive life outcomes are not being successfully achieved. (Appendix A, Tables A-1 and A-7)

## **Narrative Feedback**

The narratives clearly indicate that the overriding strength in SWCMHC service delivery is a dedicated and committed staff. An appreciation of SWCMHC as a community resource is also indicated. (Appendix B and C).

The themes recurring most often in the dissatisfactions indicated by the respondents (see Appendix B and C for details) are:

- poor communication – delay in returning phone calls and e-mails, not attending community staffings,
- poor community image – we are seen as inaccessible, overburdened and distant – not engaged with the community, and
- frustration with crisis and emergency services – consumers and community agencies are not made clearly aware of what to expect from our staff and why, and our responses are viewed as labored and cumbersome.

## **Conclusion**

Arguably, the customer satisfaction deficiency that is most at odds with the mission and values of SWCMHC is the perception that consumers are not achieving positive life outcomes. Consumers perceive themselves as “subject to” the Center and not partners in their treatment plans and involvement with the Center. This is a reflection of an old paradigm of a caretaker model as opposed to current best practice of recovery and partnership.

SWCMHC has a community image problem. Throughout all of the measuring instruments and narratives the perception repeatedly emerges that SWCMHC is unresponsive, inaccessible, overburdened and deficient in service delivery to the medically indigent. Poor professional communication (returning phone calls and emails) is repeatedly cited by referring agencies, consumers and family members pertaining to SWCMHC staff at all levels, including administrative. Referral agencies often perceive SWCMHC as distant and unavailable to participate in collaborative efforts. While these perceptions have at times been justified, there is also significant indication that a high level of inaccurate and outdated information is impacting the Center’s credibility.

The recurring frustration with emergency and crisis services serves as a window to issues that exist throughout the Center. Many of the crisis/emergency concerns emerged from informal narrative, however, of the 20 grievances formally reviewed, 8 related in some way to crisis/emergency services. Of these 8 allegations, none were substantiated. The crisis teams are adhering to established protocols and practices and for the past year have been within appropriate time frames 100% of the time, yet their efforts are perceived as being unresponsive and uncaring. Consumers did not understand what was happening to them or why it was happening and the expectations of consumers and referral agencies were often vague and/or inconsistent with organizational procedures and expectations. The big picture is one of how expectations are managed and actions are communicated in a manner that will minimize the anxiety and frustration of all interactions with SWCMHC.

## Appendix A: MHSIP Overview and Data Tables

### **MHSIP (Mental Health Statistics Improvement Program) Survey: State Administered and SWCMHC Administered to Consumers.**

The MHSIP consumer survey consists of 28 items; each rated on a 5-point Likert scale (1-strongly agree to 5-strongly disagree, a “not applicable” option is also included). This survey has been standardized on a national level as part of the 16-State Performance Indicator Pilot and the current Data Infrastructure Grant.

The MHSIP is scored along five domains:

1. Consumer Perception of Access
2. Consumer Perception of Quality/Appropriateness
3. Consumer Perception of Outcomes
4. General Satisfaction
5. Participation in Service/Treatment Planning

The MHSIP survey was administered by SWCMHC June 1 – 21, 2004, via front desk contact at the Durango, Cortez and Pagosa Springs locations. The questions were taken directly from the State administered survey of 2003.

The survey was also administered at New Day Counseling Center, however, at New Day, the survey was incorporated into the group process, resulting in a disproportionately larger number of respondents in comparison to the other locations. Since New Day is a substance abuse treatment facility and many of the respondents were participating subject to court order, the dynamic is different than at the mental health treatment locations. Some questions pertaining specifically to mental health issues, such as medication education, access to psychiatrist and availability of services are less applicable.

The data from the MHSIP as administered by State of Colorado Mental Health Services contains data collected in the summer of 2003 and published in September of 2003. The State summaries can serve as a benchmark for comparison purposes, confirmation of general trends and monitoring progress.

The MHSIP, adapted for family input consisted of the eight questions in the outcomes domain. The wording was changed slightly to reflect outcomes as relates to “your family member”. The response to this survey was minimal, and while the data was informational, the value as an objective measurement is questionable.

The following tables present the number and percentage of Southwest Colorado Mental Health Center’s consumers who agree with each question (i.e., agreement is defined as 1 “strongly agree” and 2 “agree”) versus those who are either neutral or disagree. Please note that the “Not Satisfied” category does include neutral responses.

The shaded cells in the tables in Appendix A indicate a question where the percentage of satisfied responses at the SWCMHC facility ranked five or more points below the state average.

Table 1 represents the percentage of satisfied responses per domain from each SWCMHC location surveyed and the data from the 2003 State administered MHSIP Survey.

**Table A-1: MHSIP Analysis by Domain**

Categories	Dgo	Ctz	Pagosa	New Day	2004 SWCMHC Avg.	2003 State MHSIP (SWCMHC)	State Avg. 2003 MHSIP
Access	72.3	82.3	91.6	65.8	78.3	74.5	75.9
Appropriateness /Quality	80.6	87	84.5	73.9	81.4	70.1	73.5
Outcomes	69.4	55.1	51.3	53.6	57.4	55.1	63.5
Participation in Tx	74.3	78.6	100	74.3	81.8	70.9	76.7
General Satisfaction	79	85	100	71.3	83.9	74.8	77.3

**Table A-2: MHSIP comparison: 2003 State administered**

MHSIP 2003 Questions	Not Satisfied			Satisfied		
	SWCMHC			SWCMHC		State
				N	%	%
1. Liked Services	34	23.4	<b>19.7</b>	111	76.6	<b>80.3</b>
2. Remain with Agency	45	31.7	<b>26.5</b>	97	68.3	<b>73.5</b>
3. Would Recommend Agency	30	20.5	<b>22.0</b>	116	79.5	<b>78.0</b>
4. Location Convenient	32	22.4	<b>21.2</b>	111	77.6	<b>78.8</b>
5. Staff willing to See	34	23.8	<b>21.0</b>	109	76.2	<b>79.0</b>
6. Staff return Calls	40	29.4	<b>26.9</b>	96	70.6	<b>73.1</b>
7. Convenient times	30	20.3	<b>17.7</b>	118	79.7	<b>82.3</b>
8. Available Services	38	26.0	<b>23.6</b>	108	74.0	<b>76.4</b>
9. Psychiatry Available	44	31.0	<b>33.8</b>	98	69.0	<b>66.2</b>
10. Supportive Staff	41	29.3	<b>27.9</b>	99	70.7	<b>72.1</b>
11. Comfortable asking ?'s.	31	21.5	<b>17.5</b>	113	78.5	<b>82.5</b>
12. Free to Complain.	40	28.0	<b>26.6</b>	103	72.0	<b>73.4</b>
13. Informed Consent	30	21.0	<b>19.5</b>	113	79.0	<b>80.5</b>
14. Encouraged Responsibility.	40	28.8	<b>19.3</b>	99	71.2	<b>80.7</b>
15. Meds Education	42	30.7	<b>27.2</b>	95	69.3	<b>72.8</b>
16. Confidentiality	30	20.7	<b>17.1</b>	115	79.3	<b>82.9</b>
17. Self Guided Treatment.	52	36.9	<b>33.2</b>	89	63.1	<b>66.8</b>
18. Cultural Competency	43	35.8	<b>29.4</b>	77	64.2	<b>70.6</b>

19. Illness Education	51	35.2	<b>31.1</b>	94	64.8	<b>68.9</b>
20. Support Services	50	38.2	<b>32.7</b>	81	61.8	<b>67.3</b>
21. Daily Problem Coping	50	36.0	<b>27.9</b>	89	64.0	<b>72.1</b>
22. Life Control	59	43.7	<b>30.1</b>	76	56.3	<b>69.9</b>
23. Crises Coping	59	43.7	<b>35.2</b>	76	56.3	<b>64.8</b>
24. Positive Family	54	40.9	<b>32.3</b>	78	59.1	<b>67.7</b>
25. Social Function Increase	67	48.6	<b>40.2</b>	71	51.4	<b>59.8</b>
26. School/Work Function Increase	55	50.9	<b>45.6</b>	53	49.1	<b>54.4</b>
27. Housing Improvement	59	48.8	<b>40.9</b>	62	51.2	<b>59.1</b>
28. Symptoms Decreased	63	46.3	<b>39.9</b>	73	53.7	<b>60.1</b>

**Table A-3: MHSIP Data, Durango Location**

MHSIP Questions	% Unsatisfied Responses			% Satisfied Responses		
	Durango Location (2004)		State Avg. (2003)	Durango Location (2004)		State Avg. (2003)
	N	%	%	N	%	%
1. Liked Services	3	27	19.7	8	73	80.3
2. Remain with Agency	2	18	26.5	9	82	73.5
3. Would Recommend Agency	2	18	22.0	9	82	78.0
4. Location Convenient	3	27	21.2	8	73	78.8
5. Staff willing to See	3	27	21.0	8	73	79.0
6. Staff return Calls	2	29	26.9	5	71	73.1
7. Convenient times	2	20	17.7	8	80	82.3
8. Available Services	3	27	23.6	8	73	76.4
9. Psychiatry Available	4	36	33.8	7	64	66.2
10. Supportive Staff	1	10	27.9	9	90	72.1
11. Comfortable asking ?'s.	0	0	17.5	11	100	82.5
12. Free to Complain.	4	40	26.6	6	60	73.4
13. Informed Consent	0		19.5	10	100	80.5
14. Encouraged Responsibility.	3	27	19.3	8	73	80.7
15. Meds Education	3	27	27.2	8	73	72.8
16. Confidentiality	0	0	17.1	10	100	82.9
17. Self Guided Treatment.	5	50	33.2	5	50	66.8
18. Cultural Competency	3	27	29.4	8	73	70.6
19. Illness Education	2	18	31.1	9	82	68.9
20. Support Services	3	33	32.7	6	67	67.3
21. Daily Problem Coping	2	18	27.9	9	82	72.1
22. Life Control	4	36	30.1	7	64	69.9
23. Crises Coping	3	27	35.2	8	73	64.8
24. Positive Family	3	30	32.3	7	70	67.7

25. Social Function Increase	4	40	40.2	6	60	59.8
26. School/Work Function Increase	3	43	45.6	4	57	54.4
27. Housing Improvement	3	33	40.9	6	67	59.1
28. Symptoms Decreased	2	18	39.9	9	82	60.1

**Table A-4: MHSIP Data, Cortez Location**

MSHIP Questions	% Unsatisfied Responses			% Satisfied Responses		
	Cortez Location (2004)		State Avg. (2003)	Cortez Location (2004)		State Avg. (2003)
	N	%	%	N	%	%
1. Liked Services	1	5	19.7	19	95	80.3
2. Remain with Agency	6	30	26.5	14	70	73.5
3. Would Recommend Agency	2	10	22.0	18	90	78.0
4. Location Convenient	2	10	21.2	18	90	78.8
5. Staff willing to See	4	20	21.0	16	80	79.0
6. Staff return Calls	2	11	26.9	16	89	73.1
7. Convenient times	2	10	17.7	18	90	82.3
8. Available Services	5	25	23.6	15	75	76.4
9. Psychiatry Available	6	30	33.8	14	70	66.2
10. Supportive Staff	5	25	27.9	15	75	72.1
11. Comfortable asking ?'s.	4	20	17.5	16	80	82.5
12. Free to Complain.	6	33	26.6	12	67	73.4
13. Informed Consent	2	10	19.5	19	90	80.5
14. Encouraged Responsibility.	2	11	19.3	17	89	80.7
15. Meds Education	1	6	27.2	17	94	72.8
16. Confidentiality	0	0	17.1	19	100	82.9
17. Self Guided Treatment.	6	33	33.2	12	67	66.8
18. Cultural Competency	0	0	29.4	19	100	70.6
19. Illness Education	3	15	31.1	17	85	68.9
20. Support Services	3	15	32.7	17	85	67.3
21. Daily Problem Coping	4	22	27.9	14	78	72.1
22. Life Control	5	28	30.1	13	72	69.9
23. Crises Coping	7	37	35.2	12	63	64.8
24. Positive Family	7	42	32.3	9	56	67.7
25. Social Function Increase	13	68	40.2	6	32	59.8
26. School/Work Function Increase	9	60	45.6	6	40	54.4
27. Housing Improvement	10	56	40.9	8	44	59.1
28. Symptoms Decreased	8	44	39.9	10	56	60.1

**Table A-5: MHSIP Data, Pagosa Springs Location**

MSHIP Questions	% Unsatisfied Responses			% Satisfied Responses		
	Pagosa Location (2004)		State Avg. (2003)	Pagosa Location (2004)		State Avg. (2003)
	N	%	%	N	%	%
1. Liked Services	0	0	19.7	6	100	80.3
2. Remain with Agency	0	0	26.5	6	100	73.5
3. Would Recommend Agency	0	0	22.0	6	100	78.0
4. Location Convenient	1	17	21.2	5	83	78.8
5. Staff willing to See	0	0	21.0	6	100	79.0
6. Staff return Calls	0	0	26.9	6	100	73.1
7. Convenient times	0	0	17.7	6	100	82.3
8. Available Services	0	0	23.6	6	100	76.4
9. Psychiatry Available	2	33	33.8	4	67	66.2
10. Supportive Staff	1	17	27.9	5	83	72.1
11. Comfortable asking ?'s.	0	0	17.5	6	100	82.5
12. Free to Complain.	2	40	26.6	3	60	73.4
13. Informed Consent	0	0	19.5	4	100	80.5
14. Encouraged Responsibility.	0	0	19.3	6	100	80.7
15. Meds Education	1	17	27.2	5	83	72.8
16. Confidentiality	0	0	17.1	6	100	82.9
17. Self Guided Treatment.	0	0	33.2	5	100	66.8
18. Cultural Competency	0	0	29.4	5	100	70.6
19. Illness Education	0	0	31.1	5	100	68.9
20. Support Services	2	50	32.7	2	50	67.3
21. Daily Problem Coping	3	50	27.9	3	50	72.1
22. Life Control	3	50	30.1	3	50	69.9
23. Crises Coping	3	50	35.2	3	50	64.8
24. Positive Family	2	40	32.3	3	60	67.7
25. Social Function Increase	2	40	40.2	3	60	59.8
26. School/Work Function Increase	3	50	45.6	3	50	54.4
27. Housing Improvement	3	60	40.9	2	40	59.1
28. Symptoms Decreased	3	50	39.9	3	50	60.1

**Table A-6: MHSIP Data, New Day Counseling Center**

A review of the data from New Day should consider the fact that New Day is a substance abuse facility and some of the questions applying to mental illness issues may not apply (medications, psychiatrist). Also, some of the clients are court mandated.

MSHIP Questions	% Unsatisfied Responses			% Satisfied Responses		
	New Day Location (2004)		State Avg. (2003)	New Day Location (2004)		State Avg. (2003)
	N	%	%	N	%	%
1. Liked Services	21	29	19.7	51	71	80.3
2. Remain with Agency	20	28	26.5	51	72	73.5
3. Would Recommend Agency	21	29	22.0	51	71	78.0
4. Location Convenient	23	32	21.2	49	68	78.8
5. Staff willing to See	11	17	21.0	52	83	79.0
6. Staff return Calls	19	33	26.9	39	67	73.1
7. Convenient times	29	40	17.7	44	60	82.3
8. Available Services	21	30	23.6	49	70	76.4
9. Psychiatry Available	19	53	33.8	17	47	66.2
10. Supportive Staff	15	21	27.9	56	79	72.1
11. Comfortable asking ?'s.	16	24	17.5	50	76	82.5
12. Free to Complain.	16	23	26.6	55	77	73.4
13. Informed Consent	11	17	19.5	53	83	80.5
14. Encouraged Responsibility.	11	16	19.3	57	84	80.7
15. Meds Education	17	30	27.2	40	70	72.8
16. Confidentiality	13	20	17.1	52	80	82.9
17. Self Guided Treatment.	24	37	33.2	40	63	66.8
18. Cultural Competency	15	24	29.4	47	76	70.6
19. Illness Education	17	29	31.1	41	71	68.9
20. Support Services	24	45	32.7	29	55	67.3
21. Daily Problem Coping	23	34	27.9	45	66	72.1
22. Life Control	23	40	30.1	34	60	69.9
23. Crises Coping	25	38	35.2	41	62	64.8
24. Positive Family	33	52	32.3	31	48	67.7
25. Social Function Increase	34	51	40.2	33	49	59.8
26. School/Work Function Increase	34	54	45.6	29	46	54.4
27. Housing Improvement	36	59	40.9	25	41	59.1
28. Symptoms Decreased	24	42	39.9	33	58	60.1

**Table A-7: MHSIP Summary**

Center average rankings 5 or more percentage points below the 2003 state average are shaded. Rankings 5 or more percentage points above the 2003 state average are in bold print.

MHSIP Questions	Percentage of Satisfied Responses						
	2004 SWCMHC MHSIP Data					2003 State MHSIP Data	
	DGO 2004	Ctz 2004	Pagos a 2004	New Day 2004	SWCMHC Avg 2004	2003 Avg. SWCMHC	2003 State Avg.
1. Liked Services	73	95	100	71	77.0	76.6	80.3
2. Remain with Agency	82	70	100	72	74.7	68.3	73.5
3. Would Recommend Agency	82	90	100	71	78.5	79.5	78.0
4. Location Convenient	73	90	83	68	73.3	77.6	78.8
5. Staff willing to See	73	80	100	83	81.2	76.2	79.0
6. Staff return Calls	71	89	100	67	74.2	70.6	73.1
7. Convenient times	80	90	100	60	69.7	79.7	82.3
8. Available Services	73	75	100	70	72.8	74.0	76.4
9. Psychiatry Available	64	70	67	47	57.5	69.0	66.2
10. Supportive Staff	90	75	83	79	<b>79.4</b>	70.7	72.1
11. Comfortable asking ?'s.	100	80	100	76	80.6	78.5	82.5
12. Free to Complain.	60	67	60	77	73.0	72.0	73.4
13. Informed Consent	100	90	100	83	<b>86.9</b>	79.0	80.5
14. Encouraged Responsibility.	73	89	100	84	84.6	71.2	80.7
15. Meds Education	73	94	83	70	76.0	69.3	72.8
16. Confidentiality	100	100	100	80	<b>96.7</b>	79.3	82.9
17. Self Guided Treatment.	50	67	100	63	67.4	63.1	66.8
18. Cultural Competency	73	100	100	76	<b>81.4</b>	64.2	70.6
19. Illness Education	82	85	100	71	76.6	64.8	68.9
20. Support Services	67	85	50	55	62.8	61.8	67.3
21. Daily Problem Coping	82	78	50	66	61.2	64.0	72.1
22. Life Control	64	72	50	60	62.0	56.3	69.9
23. Crises Coping	73	63	50	62	62.7	56.3	64.8
24. Positive Family	70	56	60	48	51.0	59.1	67.7
25. Social Function Increase	60	32	60	49	52.2	51.4	59.8
26. School/Work Function Increase	57	40	50	46	46.7	49.1	54.4
27. Housing Improvement	67	44	40	41	44.1	51.2	59.1
28. Symptoms Decreased	82	56	50	58	59.8	53.7	60.1

**Table A-8: Family Survey Data: SWCMHC and New Day Counseling Center**

Family Survey Questions	New Day				SWCMHC			
	Not Satisfied		Satisfied		Not Satisfied		Satisfied	
	N	%	N	%	N	%	N	%
1. Daily Problem Coping	7	44	9	56	1	17	5	83
2. Life Control	7	44	9	56	1	17	5	83
3. Crises Coping	7	47	8	53	1	17	5	83
4. Positive Family	8	47	9	53	0	0	6	100
5. Social Function Increase	9	53	8	47	2	33	4	67
6. School/Work Function Increase	8	50	8	50	1	17	5	83
7. Housing Improvement	9	64	5	36	2	40	3	60
8. Symptoms Decreased	7	47	8	53	1	17	4	83

**Table A-9: Family Survey Data: Summary and Comparison**

Family Survey Questions	Percentage of Satisfied Answers		
	<u>N</u> <u>e</u> <u>w</u> <u>D</u> <u>ay</u>	<u>SWC</u> <u>MHC</u> <i>Treatment</i>	<u>Average</u>
1. Daily Problem Coping	56	83	<b>63.6</b>
2. Life Control	53	83	<b>63.6</b>
3. Crises Coping	53	83	<b>61.9</b>
4. Positive Family	53	100	<b>65.2</b>
5. Social Function Increase	47	67	<b>52.1</b>
6. School/Work Function Increase	50	83	<b>54.5</b>
7. Housing Improvement	36	60	<b>42.1</b>
8. Symptoms Decreased	53	83	<b>60</b>

**Appendix B: Community Partners Survey Detail**

The Community Partners Survey was developed by the SWCMHC Customer Service Work Group. The survey was administered by phone call to identified agencies informing of the customer service effort at SWCMHC and soliciting participation in the survey. An email followed which contained the survey. The participant would respond to the survey via reply to the email. There were also hard copies that were printed at some of the participating agencies, which were filled out and returned by mail.

The survey had two objectives. The first being to obtain data measuring overall satisfaction with SWCMHC, as well as the satisfaction with first or primary contact, programs or locations accessed and the image of SWCMHC in the community. These domains were rated using a 1 – 5 Likert scale, with a rating of 1 being poor and 5 being excellent.

The second objective was to obtain narrative in response to questions pertaining to reasons for ratings given, perceptions of SWCMHC in participating agency and community, reasons for those agency and community perceptions, strengths and barriers in service delivery, areas needing improvement and improvements needed.

Fourteen agencies responded, with the breakdown identified in the summary data. The numbers in the scored sections are the average scores. (Detailed summary data is available in Appendix B.)

### Summary: Community Partner Survey Spring 2004

**Interagency Cooperation** (includes formal agencies such as law enforcement, schools, DHS, Non-Profits etc, as well as informal, such as faith based, peer support organizations, 12 step groups, etc.)

<b><i>List Agency you represent (if not with a specific agency, indicate your connection as consumer, family, support group etc):</i></b>	<b><i>Rate satisfaction level with SWCMHC (1 poor, 5 excellent)</i></b>
Pagosa Springs Police Department San Juan Board of Cooperative Services La Plata Co. Dept of Human Services Human Services (adult protection) Escalante Middle School Elementary School Counselor Dolores County Health Association /Community Health Clinic San Juan Basin Health Probation (Ctz) (2 responses 1 exec, 1 staff) Community Connections SJ Basin Health HCBS-MI SJ Basin Health Adult services Southwest Memorial Hospital	<b>2.79</b>

<b>Describe the reason for your rating.</b>
Positive interaction with staff and agency (SWCMHC) (x3) Communication, phone calls and emails not returned (x3) Unacceptable wait time (x3) Turnover, lack of staff stability (x2) SWCMHC efforts toward improvement Frustration with rules and regs Change in client fees Poor access to information (Sub. Ab. Evals) Difficulty accessing services (adult protection) Staff overworked/overburdened Staff unavailable to collaborate or see patients Lack of services in outlying areas (Dove Creek) Poor interagency relationships Quality of care concerns Poor direction/ leadership Poor response to self pay and private ins. Clients Apparent inability of SWCMHC to address diverse client needs such as child/family therapy
<b>Describe the perception of SWCMHC within your group or agency.</b>
Necessary and valuable resource All right, not great, pretty good (2x) Access and wait times unacceptable (2x) Crisis situation resulting in ER experience Image causes parents to shy away from services (from school) Services not available in outlying areas (Dove Creek) Transportation issues Lack of staff support from SWCMHC leadership and board Reliability and quality of care concerns Crisis system ineffective SWCMHC seen as Medicaid provider, ill equipped to serve other populations/pay sources (self pay) as well as people with diverse needs such as child/family or marriage therapy.

**Contact Method: i.e. therapist referral, law enforcement call, emergency room, etc.**

<b>Describe your contact with SWCMHC (please specify location and/or program)</b>	<b>Please rate satisfaction with first contact (1 poor, 5 excellent)</b>
Police contact re: crisis or emergencies School staff referral Collaborative and administrative meetings Human Services, executive/administration School on call person Parent referral (schools) SWCMHC contact re: individual client Cortez Office Information collaboration (probation) Regular medication reviews Crisis situations often involving law enforcement Case Management collaboration HCBS-MI Case Management General referral to front desk Eval and referral to Cortez Contracted emergency evaluations and services	2.38

<b>If not satisfied with how your contact is handled or responded to, how could it be improved??</b>
Receptionist pleasant and helpful Better communication, follow-up and feedback (x4) Needed services not available (Dove Creek) Outdated phone system Better staff accessibility and availability

### **Facilities and Services:**

Please use the "Usage Status" column to Indicate your knowledge of or experience with SWCMHC facilities and services: write "0" if you have no experience, "1" if you have used the facility or service personally, "2" if you have referred from a community agency, "3" if your assessment is based on information from a third party.

<b>Facilities and Services</b>	<b>Usage Status</b>	<b>Rate satisfaction with each area (1 poor, 5 excellent)</b>
<i>Cortez Location</i>	2.17	2.83
<i>Durango Location</i>	2.2	3.13
<i>Pagosa Springs Location</i>	2.17	3.25
<i>Pinon Mesa</i>	2	3
<i>New Day Counseling Center</i>	2.17	2.3
<i>Substance Abuse / Detox</i>	2	3
<i>Stepping Stone</i>	2	3.33
<i>Front Desk / Reception</i>	2.17	3.42
<i>Finance and Billing</i>	2.33	2.67
<i>Medical Records</i>	2.2	3
<i>Emergency / Crisis Services</i>	2	2.38
<i>Medication Management / Doctors</i>	2.14	2.67
<i>Case Management</i>	2	2.8
<i>Consumer / Family Affairs</i>		
<i>Vocational</i>	2	4 (n=1)
<i>Out Patient Therapy</i>	2	1.83
<i>Child / Adolescent Services</i>	2.13	3.14

## Community Image

<b>How would you rate the image of SWCMHC in your community? (1 poor, 5 excellent)</b>
<b>2.35</b>
<b>What do you see as the reasons for this community image?</b>
<p>Excellent Staff (Bob M., Pam W. Scattie M.)            Positive change and growth            Positive community presence            Poor communication and follow-through (also Dr. to Dr.) <b>(x3)</b>            Staff overworked/overextended <b>(x3)</b>            Staff stability and turnover <b>(x2)</b>            Poor accessibility and long wait times <b>(x2)</b>            Lack of funding resulting in increased client fee <b>(x2)</b>            Quality of care concerns (questionable expertise – brain injuries) <b>(x2)</b>            Lack of available services            Staff under-appreciated, underpaid            Admin overpaid            Bureaucracy first, client care second.            Poor leadership: mgmt and board            Poor interagency relationships            Seen as Medicaid provider only</p>

### Appendix C: Customer Service Data: Misc. Sources

Subjective narrative information was used to define specific concerns and identify trends that might not be readily apparent in the quantitative data. Narrative information was obtained from the following sources:

1. The Community Partners Survey solicited narrative information in the areas of: Reason for general satisfaction rating, Perception of SWCMHC within the group or agency, Reason for dissatisfaction with primary contact, Reasons for perception of SWCMHC community image, Areas needing improvement and possible ways to improve, Strengths and barriers in SWCMHC service delivery.
2. The Office of Consumer/Family Affairs (OCFA) was assigned the duty of facilitating the grievance process in September of 2003. All grievances between September 24, 2003 and June 30, 2004 were reviewed.
3. Two complaint logs pertaining to billing were examined. The first was kept when SWCMHC was using the ECHO system. The second used data from the log kept starting January 2004 after accounts receivable were migrated to Qualifacts. Since ECHO is no longer in use, issues pertinent to that system were set aside.
4. Notes of meetings pertaining to the Dolores/Montezuma Summit, a joint meeting of Archuleta County Social Services and associated providers, Montezuma County Probation and Dolores County Health Clinic were reviewed. This information offered insight relating to areas outside the La Plata County service area.

A breakdown of the miscellaneous information is as follows:

### **Complaints and Grievance**

1. Confidentiality violation. Bill sent to person who was paying ins. Premium (father)
2. Alleged misdiagnosis causing unnecessary expenses in being transported to Pueblo. (Not founded)
3. Detox: Rude staff / mistreatment (x4) (none substantiated)
4. Sub Abuse Eval questioned
5. Treatment by ER/Crisis staff rude and disrespectful (x2) (none substantiated)
6. Crisis staff ordered transport to ER against her will
7. Stepping Stone not effective (misplaced expectations)
8. Crisis call ineffective. Staff not listening and were not concerned (see 5)
9. Inability to communicate with SWCMHC staff (unsubstantiated. There was a restraining order)
10. Detox: inadequate monitoring (documentation) of person in lockdown.
11. Therapy ineffective. Doesn't want to pay
12. Had to call to get sliding scale applied appropriately
13. Lack of adequate communication re: service plan, availability and use of Stepping Stone. Alleged complacency in med mgmt. Client taken to Lovelace in Albuquerque. Concern about cooperation in reestablishing interaction with SWCMHC.
14. Denial of request for therapist and change to a female case mgr.

**Billing Call Log:** The finance department maintains a log of calls relating to billing issues. This log was reviewed for the period spanning January 1, 2004 through June 30, 2004, reflecting a total of 202 calls. 46 of the calls reflected a substantiated complaint requiring resolution. These complaints fell into the following general categories.

1. Getting billed erroneously **(x14)**
2. Payment not applied or erroneously applied **(x7)**
3. Insurance billing questions **(x11)**
4. Sliding scale improperly applied **(x14)**

**Meeting Notes:** These concerns are comprised of issues raised in meetings pertaining to the Dolores/Montezuma Summit, Joint meeting of Archuleta County Social Services and associated providers, Dolores County Health Clinic. Therefore, much of the information relates to areas outside the La Plata County service area.

1. Various agencies are very compartmentalized, not good interaction or communication
2. Crisis line is slow and unresponsive. Long waits for in person response
3. Inaccurate, insufficient or outdated knowledge of SWCMHC.
4. Agencies and public not adequately aware of services available through SWCMHC
5. Admin staff seem to be overburdened, phone calls not returned
6. Communication with SWCMHC is cumbersome, often not talking to the same person and having to restate issues and start from scratch each time.
7. Transportation is a big issue in outlying areas
8. Shortage or absence of services and providers in outlying areas:
9. Long waits for appointments with psychiatrists.
10. Lack of support for caregivers

## EXHIBIT C

### SOUTHWEST COLORADO MENTAL HEALTH CENTER Customer Service Strategic Work Plan

<b>Goal # 1: Improve Consumer Outcomes</b>						
<b>Objective # 1: Raise MHSIP scores to levels above state average</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Consumer advisory group to define and clarify the MHSIP outcomes in a way that is better understood by staff and will have relevance to consumers.	Ellis / Advisory group	Identify consumers to participate  Target specific consumer groups already in place	2/1/05	4/15/05	
	Incorporate MHSIP outcome goals as defined by consumers into service planning.	Pam/Don/ Tom/Lori	Apply information from consumer groups to all SWCMHC systems Convey to applicable supervisors	3/1/2005	6/1/2005	Some aspects ongoing per Merit Bonus measurements.
	Incorporate MHSIP outcome goals into consumer group activities	Ellis / Craig		2/1/05	4/1/05	Ongoing
	Staff training on MHSIP outcome goals and assessment as per consumer advisory group.	Ellis / Craig Terry	Incorporate this training in all staff	2/1/05	6/15/2005	
<b>Objective # 2: Raise consumer and family awareness of recovery concepts</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Conduct peer support trainings minimum of quarterly	Ellis	Identify consumers Set dates for trainings	2/1/05	4/15/05	(First training cycle)
	Recovery training and presentations to NAMI, family groups and other community entities as needed	Ellis / Craig et. al.	Initiate opportunity for trainings and presentations by contacting subject organizations	2/1/05		Training developed, presentations ongoing
	Recovery brochure as a handout to consumers, families and community	Ellis / Pam		2/1/05	4/1/05	

	Recovery page on SWCMHC website with links to appropriate sources	Ellis Craig Brent	Ellis / Craig design page Meet with Brent to implement	2/1/05	4/30/05	
	Develop family support/education cells	NAMI / Ellis	Meet with NAMI to strategize	2/1/05	4/15/05	
<b>Goal # 1: Improve Consumer Outcomes (Continued)</b>						
<b>Objective # 3: Expand and integrate use of recovery concepts in SWCMHC treatment</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Continue training SWCMHC staff in recovery/rehabilitation skills	Craig	Schedule training at all staff and individual staff meetings	2/1/05	4/15/05	
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Integrate consumer driven services and peer support into treatment through the use of OCFA and peer specialists.	Pam / Linda / Don		Ongoing	Ongoing	This is an ongoing effort. We have consistently used this resource when possible with identified cases
	Integrate recovery based objectives in all treatment as appropriate	Linda / Pam	Continued development of staff awareness	Ongoing	Ongoing	
	Tie merit raise to service plan outcomes	Merit Com. Bern	Develop Qfax capacity to monitor service plan goal outcomes	2004	03/31/2005	Measurement incorporated in Service Plans. Report to be designed after Capacity Mgmt.
High	Develop (volunteer) follow-up program to track/monitor progress after termination	Ellis	Recruit volunteers Identify and train	3/15/05	6/1/05	

<b>Goal # 2: Improve Community Image</b>						
<b>Objective # 1: Improved community education and information</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Release a periodic newsletter to update applicable agencies and community entities.	Bern	Mail to appropriate agencies Post on website	06/01/05	07/01/05	Given thought but not yet started/designed.
Low	Develop and implement PR plan with advertising, education and media	TBD	Develop clear and strategic PR message			PR implemented through Crossroads campaign. Anticipate plan, Winter 05-06

<b>Objective # 2: Improved communication with partner and referral agencies</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Change or update phone system to fully support communication needs	Bern /Brent Shelly / Roxann	Review system at all sites		12/31/05	In process
<b>Goal # 2: (Continued) Improve Community Image</b>						
<b>Objective # 2: (Continued) Improved communication with partner and referral agencies</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Set phone and email access protocols and communicate them to other agencies	Ex Mgmt All Mgrs		3/1/2005	4/15/05	Developing. Will need confirmation of completed process
	Train staff in using phone system and make instruction manuals available to all staff.	Jackie /Roxann	Train staff Post manual on website	3/15/2005	6/30/05	Jackie will schedule training for June all staff. Web manual will be contingent on proposed phone system update
	Release of periodic newsletter to agencies and community agencies	Bern		06/01/05	07/01/05	Given thought but not yet started/designed.
	Staff to keep outgoing message up to date with clear instructions to incoming callers for leaving messages.	Supervisors		Oct 2004	ongoing	
	Take a targeted approach to topics of information, (or misinformation) and/or specific agency interaction.	Bern / Pam	Using feedback from Customer Service (Agency) survey and word of mouth, identify misinformation and respond immediately Identify targeted agencies Identify ways to maintain specific communication.	As arises	As arises	Have addressed caseloads in Cortez and general resources and capacity via open house in Pagosa on 2/16/05. Will address in DGO and Cortez via open houses as well.
	Periodic newsletter addressing updates, new staff, programs, general info, etc.	Bern		06/01/2005	07/01/05	Given thought but not yet started/designed.

	Identify high value collaborative meetings and designate staff to attend. (Localize when possible)	Linda / Pam		2/15/2005	4/15/05	Assessment is in progress
	Mechanism (Community Partners Survey) for monitoring and follow-up re: community satisfaction	Ellis	Administer Community Partners Survey minimum of yearly, more often if indicated.	7/1/05	10/15/05	
	Complete reorganization of contract monitoring system	Beth			Done	Applicable staff receive monthly updates.
<b>Goal # 2: (Continued) Improve Community Image</b>						
<b>Objective # 3: Engage the community in all SWCMHC geographic service areas</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Develop community advisory groups in Cortez, Pagosa, and Durango.	Ellis		2/1/05	5/1/05	
	Continued participation in community projects, summits and committees	Ellis / Bern / Mgmt & Staff	Inventory committees, groups etc Prioritize according to need and groups attended	2/1/05	4/1/05	Ongoing
	Increase outreach and access in Dove Creek, Silverton, Bayfield, Ignacio and Southern Ute and Ute Mt. Ute tribes.	Ellis / Pam / local staff	Coordinate efforts to build on Inpatient Task Force efforts			Ongoing through open houses, Community Summit and Consumer Advisory Committee
	Regular updates and presentations to service clubs etc.	Bern / Local Staff	<ul style="list-style-type: none"> <li>Prepare power point for general MH presentation.</li> <li>Present to Service Clubs on request</li> </ul>	06/01/2005 As arises	07/01/05 As arises	<ul style="list-style-type: none"> <li>Refine existing version.</li> <li>Durango Rotary and Kiwanis addressed yearly, Cortez Business Lunch Group monthly.</li> </ul>
	Staff will serve as ambassadors for SWCMHC	Jackie draft manual Merit Raise Committee / Terry	<ol style="list-style-type: none"> <li>Align merit bonus to support ambassador role</li> <li>Develop C/S manual for training and use by staff including C/S philosophy, knowledge and skills</li> <li>Schedule regular and ongoing trainings</li> </ol>	3/1/05 3/1/05	Ongoing 6/1/05 Ongoing	Per merit bonus committee  C/S module at March all-staff

<b>Goal # 3: Improve consumer access to SWCMHC services</b>						
<b>Objective # 1: Decrease wait times for psychiatric appointments and/or develop appropriate alternatives</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Develop block scheduling for specific agencies, emergency appts. & routine missed appts.	Dr. Lori			6/1/05	This has been tried without success. Needs to be revisited and organized
<b>Goal # 3 (Continued): Improve consumer access to SWCMHC services</b>						
<b>Objective # 1 (Continued): Decrease wait times for psychiatric appointments and/or develop appropriate alternatives</b>						
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Increase psychiatric clinical time as demands and funds dictate.	Executive Mgmt.	Manage physician's schedules more effectively		Contingent on resources	Continue close budget monitoring to determine when resources will allow increase
	Med staff to increase weekly intakes by two (40%)			1/1/05	6/1/05	Intakes have increased approx. 30% overall as of 3/1/05
	Explore support (training and consultation) with PCPs re: psychoactive medications – Expand PCP capacity to appropriately treat.			3/15/05	7/1/05	
<b>Objective # 2: Support front desk capability to improve customer service</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Update phone system to streamline and improve prompt access to staff	Bern / Leadership			12/31/2005	In process
	Establish consistent written routing protocols for incoming calls at all sites	Pam		2/1/2005	5/15/2005	
	Establish consistent written protocol to "trip" crisis process	Jackie / Pam	Define protocol Train appropriate staff	2/25/2005	4/1/2005	Incorporated in Emergency Services p & p revisions

	Ongoing training for front desk staff in customer service, phone techniques and de-escalation.	Jackie/Pam			Ongoing	Ongoing monthly staff meetings. Other trainings are being developed. Staff will attend DBT Training
<b>Objective # 3: Streamline intake process</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Review and revamp Triage and intake enrollment in all programs	Pam	Develop QISC Task Group (Scattie, Ann, Diane, Roxann, Terry Brown	1/3/05	3/31/05	In Process
<b>Goal # 3 (Continued): Improve consumer access to SWCMHC services</b>						
<b>Objective # 4: Improve crisis/emergency services processes</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Train crisis staff at all sites in process using detailed explanations as to what is occurring, including anticipation of upcoming or future events, and the reasons events are happening.	Kay / Pam		1/17/05	4/30/2005	
	Improve transition between crisis and other programs.	Kay / Don / Tom / Ann / Pam	Assign as task group item (Don to chair)	1/17/05	3/3/05	Two meetings held as of 3/1/2005
	Handout/brochure to be used at intake and as otherwise appropriate geared toward managing expectations.	Kay	Use La Plata Summit handout as model	2/1/05	4/30/05	
	Increased availability of crisis number (business cards, appt. cards etc.)	Beth	Bold print crisis # on all business cards, brochures and other handouts	2/1/05	3/31/05	Near completion except on business cards as they recycle

<b>Objective # 5: Expand service delivery to everyone in SWCMHC service area</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Increase staff to accommodate increased service	Ex. Mgmt	<ul style="list-style-type: none"> <li>Continue close budget monitoring to id when new staff can be added.</li> <li>Increase productivity using report feedback and Merit Bonus system</li> </ul>	Ongoing	Ongoing	<ul style="list-style-type: none"> <li>Continue close budget monitoring to id when new staff can be added.</li> <li>Increase productivity using report feedback and Merit Bonus system</li> </ul>
	Ensure access to all system resources in remote areas	Ellis / et. al.	Outreach to community agencies in outlying areas to determine and prioritize needs	2/1/05	4/30/05	Ongoing through Summit and community outreach efforts

<b>Goal # 4: Become a customer service centered organization</b>						
<b>Objective # 1: Engage consumers, families and other stakeholders in treatment partnership</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Develop criterion for proactive staffings and implement said staffings	All Mgrs	Dedicate time at All Managers Meeting	April 2005	May 2005	Not yet begun
<b>Goal # 4 (Continued): Become a customer service centered organization</b>						
<b>Objective # 1 (Continued): Engage consumers, families and other stakeholders in treatment partnership</b>						<b>Priority:</b>
	Develop community resource directory	Ellis / NAMI	Coordinate effort with other community agencies	2/1/05	6/1/05	
	Handout for family members showing relevant contacts, phone numbers, websites, etc.	Ellis	Design from resource directory Coordinate with NAMI, Montezuma and La Plata Summits	4/1/05	6/30/05	
	Utilize existing consumer/family organizations (NAMI, Empowerment Center, Clubhouse Group etc.) as a vehicle for building consumer – family – center partnerships	Ellis / Craig	501c3 for Kiva		501c3 for Kiva 6/1/2005	Ongoing and in process

Objective # 2: Improve communication within SWCMHC						Priority:
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Consolidate service plans	Pam / Dept supervisors	1. Terry, Roxann, Pam design mechanism. 2. Ensure implementation of integrated service plans.		7/1/05	In process. Wk group is meeting re: Qualifacts development
	Establish effective system for information exchange between front desk and billing (sliding scale)	Jackie / Marie?	Ongoing/ Review with Shelly as to relevance and progress	11/04	7/1/05	Ongoing, also relevant to ongoing cross-site coordination
	Complete email transition to web based system	Brent		8/1/2004	12/22/2004	Done
	Establish effective protocol for insurance authorizations	Marie/Jackie	Ongoing/ Review with Shelly as to relevance and progress	11/04	7/1/05	Ongoing, also relevant to ongoing cross-site coordination
	Improve use of supervisors as resources	Linda	1. Better use of technology/email (staff check 4 x daily) 2. Broader understanding of supervisory team; including consultation outside direct line of supervision 3. Supervisors respond to all inquiries whether or not they have a resolution 3. Call down list at all locations for supervision needs as determined by staff	3/1/05	4/1/05	Review in Mgrs Meeting every quarter

<b>Goal # 4 (Continued): Become a customer service centered organization</b>						
<b>Objective # 3: Establish top quality customer service as part of corporate culture via policies, orientation presentations and regular monitoring.</b>						<b>Priority:</b>
Priority	Strategy	Responsible Party	Action Steps	Start Date	Complete Date	Status
	Monitor employee satisfaction with job and work environment.	Leadership Committee	<ol style="list-style-type: none"> <li>1. Develop survey and administer annually</li> <li>2. Quarterly report to Mgmt. from Leadership Committee pertaining to concerns or self care needs at all sites</li> <li>3. Newsletter as resource to encourage staff to identify issues that will improve work environment.</li> </ol>	4/1/05	6/30/05	This will be an ongoing process. Newsletter is being done.
	Incorporate Customer Service Manual into orientation process	Pat R.		3/1/05	7/1/05	
	Align merit bonus process to support C/S via MHSIP and Community Partners survey.	Ellis	Provide regular feedback and tie merit bonus to C/S components of both surveys.	2/1/05	10/15/05	Contingent on MHSIP and Community Partner survey results