



Ongoing Impact of NC Mental Health Reform on Consumers and Staff/Providers in Forsyth County

February 2009

2008 Survey Conducted by:

The Mental Health Association in Forsyth County, Inc.

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Member Agency

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MHA 2008 Survey Executive Summary



The Mental Health Association in Forsyth County Inc.

2008 Survey

The Ongoing Impact of NC Mental Health Reform on Consumers and Staff/Providers in Forsyth County Executive Summary

Background/Purpose

In 2006 **The Mental Health Association in Forsyth County Inc (MHA)** conducted a survey of consumers and staff providers of the formerly public mental health system with the purpose of better understanding the impact of mental health reform on the quality of and access to mental health services in Forsyth County. The 2006 survey was conducted to gain information about the impact of these changes on those affected the most: consumers and staff/providers. For the past several years the MHA, in its position as an advocacy agency, has received a great deal of communication from consumers and providers of mental health services regarding the changes in what once was the public mental health system. These individuals reported that the changes that had taken place were extremely difficult on both those seeking and providing services. The Board and staff of the MHA felt strongly in 2006 that consumers and staff needed to be able to have their opinions heard. The Board decided that a survey of consumers and providers of publicly funded mental health services would provide an opportunity to better examine the impact of mental health reform on this community – particularly the most vulnerable individuals who rely on publicly funded mental health.

In 2006 the MHA made a commitment to provide ongoing assessment of satisfaction with services through a periodic survey of consumers and staff/providers. The decision was made to repeat our survey in the spring of 2008. The purpose of this 2008 survey was to gain additional information about the impact of changes to the mental health system, to provide ongoing assessment of satisfaction with services and compare, where appropriate, data collected in 2008 to data from our 2006 survey. In repeating this survey two years later, the MHA, in its position as an advocacy agency, is continuing our commitment to ongoing assessment of our local mental health system, and to gathering feedback and suggestions for improvement from consumers and staff/providers.

Methods

As one of the purposes of this survey was to gather data that could be compared, where appropriate, to survey data collected in 2006, every effort was made to duplicate the methods used two years ago. Surveys were administered to consumers and staff during April through June 2008. Consumers were surveyed at eight provider sites with survey volunteers informing consumers as to the purpose of the survey and inviting consumers to complete surveys if they would like. Consumers who wished to participate were handed the survey, completed it, and put the completed survey in a box on site. The survey volunteers were present to answer any questions, read surveys to those who requested the survey be read to them, and to provide assistance as needed. Volunteers each received a brief training to help ensure consistency across volunteers and survey sites.

With the support of the leadership of local mental health/substance abuse provider agencies, surveys were distributed to staff at seven agencies. Surveys were placed in staff mailboxes or otherwise distributed to staff. Staff who wished to participate completed the survey, had the option of sealing the survey in an envelope that was attached to the survey, and placed the completed survey in a box which was in their mailroom or other appropriate location. Survey boxes were picked up at an agreed upon date by an MHA representative. Staff/Providers were also given the option to mail their survey directly to MHA. Several surveys were mailed to the MHA office via the US Postal Service and one was received via email.

Both consumers and staff were informed that the survey was anonymous and that they did not need to put their name on the survey. Anonymous survey data were collected from 220 consumers at eight agencies and 83 staff/providers from seven behavioral health agencies in Forsyth County.

The survey data were compiled into this report using MHA staff and considerable volunteer effort.

Key Findings

Consumer Data

- **Sixty eight percent (68%) of consumers stated satisfaction with the services they currently receive.** Sixty- eight percent (68%) of consumers who answered the question, *“I like the services I currently receive”* strongly agreed or agreed to this statement. In 2006, 67.4% of consumers stated satisfaction with the services they currently received.
- **There was a 46% satisfaction rate with services in the current system being able to meet consumers’ needs.** Forty-six percent (46%) of consumers strongly agreed or agreed with the statement - *“Since reform...I think the services currently available meet my needs.”* In 2006, 55.3% of consumers stated satisfaction with this statement.
- **Case Management, Community support, and Individual Therapy/Counseling were all services that approximately 20% of consumers surveyed stated they need, but do not currently receive.** As well, approximately this same number stated they currently received this service in our community.
- **When asked the question, “In the past three years, how have the services you have needed changed?” 47.5% answered that services were somewhat improved or much improved.** Twenty-six point five percent (26.5%) stated no change, and 25.9% stated that services were somewhat worse or much worse. One hundred eighty one consumers answered this question.
- Throughout the survey an average of approximately 12% of consumers answered not applicable (N/A) to the last two pages of closed ended questions, and an average of just over 10% of consumers who completed other areas of the survey but did not answer these closed ended questions at all. Although this number varies from question to question, it largely reflects consumers who identified themselves as being in need of Mental Health services but not receiving any services at all and so were unable to answer these service specific questions. These consumers, for the most part, were those surveyed at the homeless shelter or soup kitchen.

Staff Data:

- **67.1% of staff stated satisfaction with the services they currently provide.** Sixty seven point one percent (67.1%) who answered the question “*I like the services I currently provide in the Mental Health system*” strongly agreed or agreed with this statement. In 2006, 74.3% of staff stated satisfaction with this statement.
- **Staff satisfaction with the current service system’s ability to meet consumers’ needs was very low at 12.2%.** When asked the question, “*Since mental health reform...I think the services currently available meet consumer needs*”, 12.2% of staff strongly agreed or agreed to this statement, 24.4% were neutral, and 46.4% of staff disagreed or strongly disagreed to this statement. In 2006, only 10.8% of staff were in agreement with the service system’s ability to meet consumers’ needs with an overwhelming number (62.6%) being dissatisfied.
- **Staff satisfaction with the current service system’s ability to meet their own needs as staff was also low at 10.8%.** When asked the question, “*Since Mental Health Reform... I think the currently available service system meets staff needs*”, 10.8% of staff responded positively, 27.7% were neutral, 38.6% disagreed or strongly disagreed to this statement. In 2006, only 7.2% of staff answered positively to this question.
- **Staff satisfaction with the question, “*Housing for mental health consumers in this county is adequate*” was low with only 10.1% of staff in agreement with this statement.** However, this is a slight improvement over the 2006 survey where only 4.8% of staff agreed with this statement.

Discussion/Recommendations

Overall, the MHA 2008 survey showed that there have been very minimal improvements in both consumer and staff satisfaction with services provided over the past two years when compared to our 2006 survey results. Consumer and provider satisfaction rates are virtually unchanged with rates below what would be expected for community mental health services. The MHA sees this as a grave concern as several years into our new mental health delivery system we would have anticipated that the satisfaction rate among consumers and providers would be much higher. Another concern is the very low satisfaction rates that staff gave to the currently available services system meeting their own and consumers’ needs (10.8% and 12.2% respectively). The low rate of agreement with this crucial question is an alert to the entire community that we need to advocate with decision makers and work locally on creative solutions to increase the ability of the service system to meet the needs of those who require services and as well, those who provide these needed services.

In 2008, due to the increasing focus our community has had on the needs of the homeless mentally ill, as well as MHA’s ongoing commitment, stemming from our 2006 survey, to continue to advocate for the needs of the homeless who suffer from mental illness, MHA expanded our survey to include distributing the survey at one lunch period to consumers at the Samaritan soup kitchen. The consumers at the soup kitchen who completed the survey had self identified mental health concerns. The needs of this population continue to be of concern to our community and require ongoing attention.

The needs identified in this report cannot be met by any one agency. In order to better serve consumers of mental health services in this county, we all need to work together to make positive changes in the system. The recommendations from The MHA in Forsyth County as a result of this survey are as follows:

- Study flow of consumers, satisfaction, and outcomes. This could take the form of a random sample selection of consumers which we would follow over time. Through following actual consumers we could determine where the actual gaps and barriers in services lie and through this, have additional data that will enable us to work towards addressing these gaps.
- Set goals for satisfaction with accountability measures. The MHA in Forsyth County feels it is important to set specific and measurable satisfaction goals to ensure that services are meeting the needs of consumers. An example of goal setting was given at the MHA survey presentation and is located on the MHA 2008 Survey Presentation PowerPoint slide number 58.
- Community collaborative to look at plan to address gaps in services. There are various community groups made up of talented and committed Forsyth County citizens. One of these groups is called the “Community Collaborative” and it is the recommendation of The MHA that this group look closely at a concrete plan to address gaps in services through specific and measurable goals.

Conclusion

Mental health reform in NC has had a tremendous effect on the services provided in our state and how these services are organized. Mental health consumers and staff have very strong opinions about the services they receive and provide. The staff and volunteers at the MHA feel strongly that it is extremely important to determine the needs of consumers and staff directly impacted by reform by continuing to ask them directly. It is our hope that through this survey our local community will continue to work on local solutions to ensure that the needs of some of our most vulnerable citizens are met.

For further information regarding this survey, or to receive a copy of the full survey report, please contact

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After March 15th please check the MHA website for a copy of this report: www.triadmentalhealth.org

Acknowledgements

The MHA in Forsyth County survey of consumers and staff in Forsyth County involved the efforts of many volunteers to help make the survey a reality. We would like to thank the agencies who participated in this project.

In addition, we would like to thank the MHA Board of Directors and the many dedicated volunteers involved in this effort.

MHA 2008 Survey Full Report

Introduction

Mental Health Reform/Transformation in North Carolina

North Carolina Mental Health Transformation (previously called mental health reform) began in 2001 after the creation and signing of House Bill 81: An Act to Phase in Implementation of Mental Health System Reform at the State and Local Level (MH/DD/SAS, 2001). The mission of Mental Health Transformation, as stated in the 2007 Division of Mental Health, Developmental Disabilities and Substance Abuse Services state strategic plan is that “North Carolina will provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment services and support they need to live successfully in communities of their choice” (DMH/DD/SAS, 2007, p. 0). Guiding principles of reform also include creating a system that is participant-driven, community based, prevention focused, recovery and/or self-determination outcome oriented, cost effective, and a system that reflects best treatments/support practices (DMH/DD/SAS, 2007).

Mental Health Transformation mandated that Local Area Programs (then providers) could either provide or manage services but could not do both. In North Carolina, counties decided to have the local program (now called the Local Management Entity or LME) manage services and the provision of direct services would be divested to independent providers. The LME for our local area, which includes Davie, Forsyth and Stokes Counties, is CenterPoint Human Services.

Locally, CenterPoint divested the entirety of its services to the developmentally disabled to private providers in 2003. In July 2004 mental health and substance abuse services were divested with the majority of the contracts going to a newly formed not for profit entity called “HopeRidge”. HopeRidge employed many of the same clinical staff as CenterPoint, was located in the building once occupied by CenterPoint, and was set up to be a seamless transition for consumers. By September 2005, HopeRidge was out of business and the services provided at 725 N. Highland Avenue in Winston-Salem were divided among five for profit and not for profit companies. Currently various providers agencies in our local area provide a variety of services for consumers.

The Mental Health Association in Forsyth County Inc.

The Mental Health Association (MHA) in Forsyth County is a 63 year-old non-profit, non-governmental agency that promotes mental health for all persons in our community through advocacy, outreach, education and support. The mission of the Association is *To improve the quality of life for people affected by mental illness through advocacy, education and support services*. The MHA in Forsyth County, although an independent not for profit, is affiliated with The Mental Health Association in North Carolina, and the National Mental Health Association (NMHA) (known as “Mental Health America”). The NMHA is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. The NMHA was established in 1909 by former psychiatric patient Clifford W. Beers. “During his stays in public and private institutions, Beers witnessed and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement that took shape as the National Mental Health Association” (NMHA, 2006, p.1). Thus, the MHA has had a long tradition of advocating for consumers of mental health services.

Purpose of this Project

Originally the MHA’s interest in conducting surveys began with an MHA Board and staff strategic planning session in December 2005. The idea was to better understand the impact of mental health reform on the quality of and access to mental health services in Forsyth County as well as the effect of these changes on consumers and staff. The MHA decided to survey consumer and staff/providers in the Spring of 2006. The results of this survey were distributed in a community presentation in February 2007.

Following the 2006 survey, the MHA thought it would be important to repeat this survey on an ongoing basis to continue to assess satisfaction with services and to assess progress toward improving local services. It was determined that two years would be a good time to repeat the survey and plans were made to repeat the project in 2008. As an advocacy agency, the MHA continues to feel very strongly that it is important that consumers and staff of provider agencies have their opinions heard. These data are particularly important given that the changes impact the most vulnerable individuals – those who rely on public mental health services (as opposed to those with private insurance).

Background

Mental health care has been under reform for many years throughout the country, and this reform process began in 2001 in the state of North Carolina. State reform is designed to transform our system into one which is, among other things, participant-driven, community based, prevention focused, recovery and/or self-determination outcome oriented, cost effective, and a system that reflects best treatments/support practices (DMH/DD/SAS, 2007). No one could argue with this vision. However, the existing literature points to some real gaps in services which are occurring as we work towards this ideal.

Change has been difficult across the state and in our local area. In the past several years there have been various state funded reports, reports from advocacy agencies and other groups, as well as many newspaper articles and news features from across the state that have outlined the difficulties faced by providers and consumers in this new system. In a recent series by the Raleigh News and Observer it was stated: “North Carolina’s mental-health reform was supposed to improve treatment for the mentally ill and provide good value for taxpayers. It has done neither” (Stith and Raynor, 2008, p.1). Another report states: “The reform was suppose to shift patients from hospitals and other state institutions to community programs, but the combination of privatizing services and a new confusing maze of regulations administered by Local Management Entities (LMEs) left thousands of people without services, while hospital admissions continued to rise.” (Fitzmon, 2008, p.1). Reform has been described as ambitious and well intended but the results have yet to “provide the hoped-for improvement in outcomes for those with serious mental illness” (Coletti, 2008, p. 2.).

Although reports of concerns have been frequent, and the gaps in services and ongoing issues need to be addressed, there have been some positive developments that have occurred in the last two years in our local area. The MHA in Forsyth County feels it is important that we recognize these accomplishments. The accomplishments the authors of this report have noted include: Mobile Crisis Management, various examples of positive community collaborations (such as Crisis Intervention Team (CIT)), homeless care coordination, jail care coordination, hospital care coordination, and an enhanced customer service component at CPHS designed to address consumer complaints.

Regardless of your perspective on NC Mental Health Reform, it is clear that to work towards ensuring that consumers have the services they need, consumers and family members, advocates, stakeholders, providers, LME staff, division staff, each of us, must all work together to ensure that needed services are available for those who need them.

Definition of Terms

A variety of terms are used in this report. The following are definitions of important terms used throughout this report:

Consumer: Person receiving mental health services

Staff/Provider: Employees of agencies who provide mental health services. The terms staff and staff/provider are used interchangeably throughout the report. We also include support staff of these agencies in our data.

Provider Agency: Agencies that provide services to consumers within the mental health system

LME: LME stands for Local Management Entity. The Local Management Entity oversees and endorses the providers, and provides monitoring and oversight of providers, manages state funds for indigent consumers (called IPRS funds), provides Screening, Triage and Referral Services, and works with the community to identify gaps in services and work towards a holistic system. CenterPoint is the LME for Davie, Forsyth and Stokes Counties.

Divestiture: The process by which formerly public mental health services have been contracted to private for profit and not for profit providers.

DMH/DD/SAS: This term refers to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The Division is the administrative office for this service and is physically located in Raleigh, NC. It is the role of DMH/DD/SAS to interpret legislation and provide structure, administration, and guidance to the LMEs across the state.

CenterPoint: Prior to July 2004, CenterPoint served both administrative and service roles for the public mental health system in Forsyth, Stokes and Davie counties. As part of the state's mental health restructuring plan begun in 2001, CenterPoint fully divested itself of the last of its clinical services in July 2004 and is now the Local Management Entity (LME) for Forsyth, Stokes and Davie counties in North Carolina.

HopeRidge: A not-for-profit organization developed to take over the clinical services which were offered by CenterPoint when CenterPoint divested itself of the remainder of its direct clinical services and became the LME for Forsyth, Stokes and Davie counties. HopeRidge provided clinical services from July 1, 2004 until August 31, 2005 when it went out of business and most of its services were divested to five separate private companies.

Methodology

In this section, we provide an overview of the survey methodology that involved collecting data from both consumers and providers of mental health services in Forsyth County.

Training on Survey Administration

In order to ensure consistency in the administration of the survey instrument (described below), training was held for volunteers who went to the sites and distributed the survey. The training covered guidelines for participant recruitment, survey administration, and responding to questions from participants. Each person involved in the MHA survey participated in this training either individually or in a group session held at the MHA office prior to the survey distribution.

Participant Recruitment: Consumers

On dates in April through June 2008 that were scheduled through each individual agency, staff and volunteers from the MHA visited each site to recruit participants to fill out the survey. On the day of the data collection, consumers at each agency were approached and asked if they would like to participate in a survey regarding "Mental Health Services in our area" being conducted by the MHA. Potential participants were told that the survey was anonymous and that survey participation was voluntary. Volunteers were available to answer any questions about the survey or read the questions to anyone who had difficulty reading the questions. Although

we did not collect data on the refusal rate, we estimate that the refusal rate was approximately 25% across agencies. Although no one was asked why they were refusing the survey, the main reasons volunteered by consumers for refusal were “not interested” and “don’t have the time”. No financial incentives for participation were provided, however, candy or refreshments were provided at each agency.

Participating Agencies for Consumer Survey

In order to most accurately duplicate the data collected in the previous survey every effort was made to survey consumers at those agencies surveyed in 2006. Due to the commitment the MHA made after our 2006 survey to assist with efforts targeting improved services for the homeless, we decided to add Samaritan Ministries soup kitchen as a survey site. Each provider agency was approached, in advance of the collection of the survey data, and asked permission for the MHA to survey their consumers. All of the agencies that were approached in 2006 were approached again and agreed to participate in the survey. The following agencies were approached and agreed to participate:

- Daymark Recovery Services
- Triumph
- Friendship Clubhouse (part of Triumph)
- Insight Human Services (a division of Partnership for a Drug Free NC)
- The Bethesda Center for the Homeless
- Samaritan Ministries
- The Department of Psychiatry and Behavioral Medicine at Wake Forest University Baptist Medical Center

In addition, data were collected from consumers from the MHA following several of our support groups.

Participant Recruitment: Providers

After obtaining the support of provider agencies, staff surveys were left in staff mailboxes at various agencies, or given to staff directly by management at their agency. Each survey had an envelope attached to it for staff to place their completed surveys, if they wished, to increase their sense of comfort in completing this survey. A box for completed surveys was placed in the agencies’ mailrooms or at another location as determined by the agency. At several agencies management distributed information to staff to let them know about the survey and its purpose. MHA staff and/or volunteers picked up the survey boxes from provider agencies at an agreed upon date. Staff/provider surveys were voluntary and anonymous.

Participating Agencies for Staff Surveys

As noted above, we tried to duplicate our 2006 data collection methods, including surveying providers at the same agencies surveyed in 2006. The only new provider added was Samaritan Ministries. The following agencies were approached and agreed to participate:

- Daymark Recovery Services
- Triumph
- Partnership for a Drug Free NC (now Insight Human Services)
- The Bethesda Center for the Homeless
- The Department of Psychiatry and Behavioral Medicine at Wake Forest University Baptist Medical Center
- Charles Hines and Son
- Samaritan Ministries (added in 2008)

The staff at The MHA in Forsyth County did not complete a survey due to being directly involved in the process. Charles Hines and Son participated in the staff survey although no consumers were surveyed from this company as Charles Hines and Son does not have a lobby where consumers wait for services (most services are provided in the community).

Survey Instrument

Two separate surveys were used for this project--one for consumers and one for staff. Both surveys were duplicates of the MHA 2006 survey with minimal changes made to questions. Many of the questions on the last two pages of the surveys were drawn originally from the North Carolina Consumer Satisfaction Survey (DMH/DD/SAS, 2003). Questions were edited to reflect the focus of the 2006 project and adapted slightly for 2008 to reflect the passage of two years. In addition to the questions adapted from the state survey, we added demographic questions and some open-ended questions that allowed staff and consumers to provide additional information about their experiences and opinions.

Data Analysis

Quantitative data were analyzed using standard descriptive statistical methods with Excel 2003. To analyze qualitative data from open-ended survey questions, we developed a standardized, explicit coding system using content analysis. Categories developed during our 2006 survey were used, and for the most part, continued to reflect common and relevant themes in the responses. However, additional categories were developed as additional themes became evident. An MHA volunteer typed all answers to open ended questions into a separate document. These documents were reviewed by three independent raters, all MHA volunteers. Each rater examined the responses and would identify which thematic category (or categories) best reflected the statement. In cases where there was not 100% agreement among the three raters, the responses were reviewed and a consensus reached through discussion.

Findings

Consumer Data

For a complete listing of findings please see “Appendix A: Consumer Data” at the end of this report. The following is a summary of some of the major findings.

In terms of consumers surveyed, this survey seemed to capture the opinions of those most affected by public mental health reform as 32.9% had Medicaid, 26.8% had Medicare, and 74 of the 220 consumer’s surveyed, or 33.6%, were uninsured. Forty nine point five percent (49.5%) of those surveyed stated they had depression and about one third reported a diagnosis of bipolar disorder or anxiety.

In regards to service needs, case management, community support, and individual therapy/counseling were all services that approximately 20% of consumers surveyed stated they needed, but did not currently receive. Overall rates of satisfaction showed a very slight improvement when compared to the results of the MHA 2006 survey (please see MHA 2006 survey report for full details. The MHA survey PowerPoint presentation also has some comparisons listed) however, the numbers remain basically unchanged, thus there seems to continue to be ample room for ongoing improvement. *“If I had other choices, I would still get services I currently receive.”* received a rate of agreement of 68.7%. *“I would recommend the mental health services I currently receive to a friend or family member”* received a rate of agreement of 71%. And when asked the question *“I like the services that I currently receive”* 68% of consumers who responded to this question answered positively.

In access to services there were also minimal improvements as compared to the 2006 results (please see MHA 2006 survey report for full details. The MHA survey PowerPoint presentation also has some comparisons listed). However, access remains a large concern for advocates, consumers and family members, and these concerns are supported by the low rates of positive responses in 2008. When asked the question *“I have been okay with the time I have had to wait to get a needed appointment with a provider”*, 59.9% answered positively. *“I have a choice of providers”* had a rate of agreement of 51.9%. And when asked the question: *“I am able to see a psychiatrist when I want to”*, 52.5% answered positively.

The ongoing effects of system reform are a significant concern to consumers. Although 64.7% strongly agreed or agreed to the statement *“I am able to get all the services I think I need”*, only 46% of consumers agreed with the statement *“Since mental health reform and the closing of Hope Ridge I think the services currently available meet my needs”*. Additionally only 43.8% of consumers answered positively to the question *“I am pleased with the changes I have seen to the mental health system in the past three years”*.

Staff/Provider Data

For a complete listing of findings please see “Appendix B: Staff/Provider data” at the end of this report. The following is a summary of some of the major findings.

Staff/provider data overall indicated that overall satisfaction rates with service provision and availability for consumers remained quite low and had dropped a bit when compared to the data collected from the MHA 2006 survey (please see MHA 2006 survey report for full details, the MHA survey PowerPoint presentation also has some comparisons listed). In 2008, 69.5% of staff/providers responded positively to *“If I had other choices, I would still recommend this service to clients”*. *“I would recommend currently available mental health services to a friend or family member”* resulted in a satisfaction response of 58.5%. And 67.1% of staff/providers stated they strongly agreed or agreed to the statement *“I like the services I currently provide in the Mental Health system”* a decrease from the 74.3% positive response to this question in 2006.

Access remains a very large concern to staff/providers and remained fairly consistent to the rates from our 2006 survey (please see MHA 2006 survey report for full details, the MHA survey PowerPoint presentation also has some comparisons listed). Only 18.5% of consumers responded positively to the statement *“The system is able to provide all the services consumers need”*. And although 65.9% of staff were in agreement with the statement *“I give clients a choice of providers”* only 28.9% agreed with the statement *“I have been pleased with the consistency of the providers I have seen or referred clients to”*.

In regards to overall systems changes, we saw a very small rise in staff satisfaction when compared to our 2006 survey (please see MHA 2006 survey report for full details, the MHA survey PowerPoint presentation also has some comparisons listed). *“I am pleased with the changes I have seen to services in the past three years.”* had a rate of agreement of 10.8%. While 12.2% of staff answered that they were in agreement with *“Since mental health reform and the closing of Hope Ridge I think the services currently available meet consumer needs”*. As well, when asked the question, *“Since mental health reform and the closing of Hope Ridge I think the services currently available meet staff needs”* only 10.8% were in agreement. Although there have been slight improvements with these questions when compared with the rates found in 2006, the satisfaction rates among staff/providers regarding systems change is alarmingly low.

Community Presentation: February 23, 2009

On February 23, 2009 The Mental Health Association in Forsyth County presented the major findings of the 2008 survey to the community. The community presentation was held at Family Services Inc. on Broad Street at 5:30pm. Ninety- six community members attended this survey presentation. The audience for this survey presentation was composed of people from a variety of consumer, advocacy, provider, management, staff, and family groups. It was clear that the room was full of dedicated local community members who are concerned about mental health care in our community and open to working towards local solutions. In another recently released but separate Forsyth County report it was noted that *“Forsyth County is blessed with incredible resources of people, funding, and talent”* (Mayer, Dufresne, & Buresh, p.17). The MHA fully supports this statement and the attendance, attention and respect shown at this community presentation illustrated the incredible resources our community possesses.

The community presentation overviewed the reasons behind conducting this survey, local mental health system accomplishments, the survey methods, survey results, limits of survey, unanswered questions, and recommendations. The recommendations from The MHA in Forsyth County are listed in the Discussion/Recommendation section of this report (next section). In addition to the recommendations The MHA has suggested as a result of the data collected through this survey, additional recommendations from the February 23rd presentation audience included creating a blog for fielding comments from the community, evaluating the physical health needs of mental-health patients, and expanding our survey and study to include children and families (Craver, 2009).

The presentation findings also showed little improvement in satisfaction scores in our community. Brief comparisons were made during the presentation to the results of the MHA 2006 survey as well as to results of identical questions from a consumer satisfaction survey of public mental health services in the state of Virginia. The comparisons with the MHA 2006 survey were made to point out the limited improvements we have seen in our County. The comparisons to the satisfaction scores from Virginia were made to give us all a view of a comparable system and to give us a benchmark for a comparable state.

Although the presentation presented findings that showed little improvement in regards to satisfaction scores in our community, it was stated, on a very positive note, that “the release of the survey results didn't come with the usual finger-pointing that has slowed progress on mental-health delivery” in our area. (Winston-Salem Journal Editorial Staff, 2009, p.1). Through working proactively together as a community the MHA agrees with the recent Forsyth County MHDDSAS Project that “...we have a real opportunity for significant progress.” (Mayer, Dufresne & Buresh, 2008, p.17).

Discussion/Recommendations

Overall, the MHA 2008 survey showed that there have been very minimal improvements in both consumer and staff satisfaction with services provided over the past two years when compared to our 2006 survey results. Consumer and provider satisfaction rates are virtually unchanged with rates below what would be expected for community mental health services. The MHA sees this as a grave concern as several years into our new mental health delivery system we would have anticipated that the satisfaction rate among consumers and providers would be much higher. Another concern is the very low satisfaction rates that staff gave to the currently available services system meeting their own and consumers' needs (10.8% and 12.2% respectively). The low rate of agreement with this crucial question is an alert to the entire community that we need to advocate with decision makers and work locally on creative solutions to increase the ability of the service system to meet the needs of those who require services and as well, those who provide these needed services.

In 2008, due to the increasing focus our community has had on the needs of the homeless mentally ill, as well as MHA's ongoing commitment, stemming from our 2006 survey, to continue to advocate for the needs of the homeless who suffer from mental illness, MHA expanded our survey to include distributing the survey at one lunch period to consumers at the Samaritan soup kitchen. The consumers at the soup kitchen who completed the survey had self identified mental health concerns. The needs of this population continue to be of concern to our community and require ongoing attention.

The needs identified in this report cannot be met by any one agency. In order to better serve consumers of mental health services in this county, we all need to work together to make positive changes in the system. The recommendations from The MHA in Forsyth County as a result of this survey are as follows:

- Study flow of consumers, satisfaction, and outcomes. This could take the form of a random sample selection of consumers which we would follow over time. Through following actual consumers we

could determine where the actual gaps and barriers in services lie and through this have additional data that will enable us to work towards addressing these gaps.

- Set goals for satisfaction with accountability measures. The MHA in Forsyth County feels it is important to set specific and measurable satisfaction goals to ensure that services are meeting the needs of consumers. An example of goal setting was given at the MHA survey presentation and is located on the MHA 2008 Survey Presentation PowerPoint slide number 58.
- Community collaborative to look at plan to address gaps in services. There are various community groups made up of talented and committed Forsyth County citizens. One of these groups is called the “Community Collaborative” and it is the recommendation of The MHA that this group look closely at a concrete plan to address gaps in services through specific and measurable goals.

Conclusion

Mental health reform in NC has had a tremendous effect on the services provided in our state and how these services are organized. Mental health consumers and staff have very strong opinions about the services they receive and work in. “It is about taking care of some of the most vulnerable people in the state. There may be some incremental progress at hand, but it still feels like the voices and the interests of the people most affected by the overdue debate are heard much too rarely in the halls where decisions are made.” (Fitzsimon, 2008, p.1) The staff and volunteers at the MHA feel strongly that it is extremely important to assess the needs of consumers and staff directly impacted by reform by asking them directly. This survey has uncovered a tremendous amount of local data for our community and, through presentation of this data, has illustrated that our community is ready to work together in a positive and proactive manner. It is our hope that this survey can be used as a starting point for discussions about how we can best improve services for those with mental illness in this community.

Acknowledgements

The MHA survey of consumers and staff/providers in Forsyth County involved the efforts of many volunteers to help make the survey a reality. We would like to thank each of these volunteers, the consumers and staff/providers who gave freely of their thoughts and opinions, and the agencies who participated in this project.

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Appendix A: Consumer Data

Consumer Data¹
N=220

Table 1: Agency Where Survey was Completed N=220

Agency	N (%)
Bethesda Center	17 (7.7%)
Samaritan (shelter or soup kitchen)	34 (15.4%)
Daymark	45 (20.4%)
Triumph	26 (11.8%)
Baptist OPD Clinic	3 (1.4%)
MHA	11 (5.0%)
Partnership for a Drug-Free NC	34 (15.4%)
Other	20 (9.1%)
No identified agency	30 (13.6%)

Note: "Other" also includes surveys that listed CenterPoint" or "Mental Health agency". Many of the respondents identified to the researchers that they were receiving services from more than one agency; the agency where they completed the survey is listed.

Table 2: Length of Time Receiving Services at Agency

Length of Time	N (%)
6 months or less	74(45.4%)
7 months to 1 year	21(12.9%)
1-2 years	18(11.0%)
Over 2 years - 5 years	26(16.0%)
More than 5 years	24(14.7%)

Table 3: Data Regarding Services and Benefits Received

Services or Benefit	N	Yes N (%)	No N (%)	Not sure what HR/CPHS is
Received services from HopeRidge in the past	190	39 (20.5%)	123(46.7%)	28(14.7%)
Received services from CenterPoint in the past	195	92(47.2%)	97(49.7%)	6(3.1%)

Services or Benefit	N	Yes N (%)	No N (%)
Resident of Forsyth County	201	188 (93.5%)	13 (6.5%)
Has Medicaid	207	68 (32.9%)	139 (67.1%)
Has Medicare	205	55 (26.8%)	150 (73.2%)
Has other insurance	178	19 (10.7%)	159 (89.3%)
Uninsured	74	74 (33.6%)	-----
Employed	212	36 (17.0%)	176 (83.0%)
Receiving disability	203	75 (36.9%)	128 (63.1%)

¹ Percentages for each item may vary due to missing data (some survey respondents not answering specific questions).

Table 4: Demographic Information

Variable	N (%)
Gender (N=217)	
Male	126 (58.1%)
Female	91 (41.9%)
Hispanic Ethnicity (N=220)	
Yes	9 (4.1%)
No	158 (71.8%)
Did not answer this question	53 (24.1%)
Race (N=213)	
Black	117 (54.9%)
White	85 (39.9%)
Biracial	4 (1.9%)
Native American	5 (2.3%)
Asian	0 (0.0%)
Other	2 (0.9%)
Age (N=215)	
18-25	25(11.6%)
26-35	38 (17.7%)
36-50	98 (45.6%)
51-65	52 (24.3%)
66+	2 (0.9%)
Marital Status (N=181)	
Single/never married	108 (53.7%)
Married/have partner	41 (20.4%)
Divorced	49 (24.4%)
Widowed	3 (1.5%)

Table 5: Current Self-Reported Mental Health Diagnosis(es) (N=220)

Note: consumers may have listed more than one co-occurring mental health disorder

Disorder	N	% of total
Depression	109	49.5%
Bipolar Disorder	69	31.4%
Anxiety	68	30.9%
Schizophrenia	35	15.9%
PTSD	22	10%
Substance Abuse	74	33.6%
Personality Disorder	29	13.2%
Other	26	11.8%

Table 6: Additional Background Information

Do you have a substance abuse problem? (n=220)	N (%)
Yes	89 (40.4%)
No	108 (49.1%)
Did not answer this question	23 (10.4%)
Have you ever been hospitalized in a psychiatric hospital, such as John Umstead? (n=220)	N (%)
Yes	88 (40%)
No	119 (54.1%)
Did not answer this question	13 (5.9%)
If Yes,	
how many times in your life? n=61	Median – 2.5 times
How many times in the last six months? n=13	Median – 1 time

Table 7 : Service Need and Receipt (N=220)

Service	Need but Not Receive	Currently Receive
Case Management	44 (20.0%)	46 (20.9%)
Community Support	43 (19.5%)	41 (18.6%)
Individual Therapy/Counseling	45 (20.4%)	50 (22.7%)
Family Counseling	38 (17.2%)	10 (4.5%)
Medication Management	30 (13.6%)	46 (20.9%)
Day Treatment	21 (9.5%)	25 (11.4%)
Substance Abuse Treatment	28 (12.7%)	46 (20.9%)
Support Group in the Community	38 (17.2%)	37 (16.8%)

Note: Some respondents checked only one area of service need or service receipt, others checked several need but not receive or currently receive areas , and some did not check any.

Table 8:

In the past three years, how have the services you have needed changed? (N= 181)

Much Improved	36 (19.9%)
Somewhat improved	50 (27.6%)
No Change	48 (26.5%)
Somewhat worse	29 (16.0%)
Much Worse	18 (9.9%)

Table 9: Responses to Closed-Ended Consumer Questions

Question	n	SA	A	N	D	SD	N/A
<i>I like the services I currently receive</i>	200	56(28.0%)	80(40.0%)	27(13.5%)	10(5.0%)	11(8.0%)	16(8.0%)
<i>If I had other choices, I would still get services I currently receive</i>	201	47(23.4%)	91(45.3%)	21(13.5%)	16(5.0%)	8(4.0%)	18(9.0%)
<i>I would recommend the mental health services I currently receive to a friend or family member</i>	201	59(29.4%)	83(41.3%)	24(11.9%)	5(2.5%)	8(4.0%)	22(10.9%)
<i>The location of services I currently receive are convenient</i>	214	51(23.8%)	74(34.6%)	39(18.2%)	16(7.5%)	10(4.7%)	24(11.2%)
<i>Staff are willing to see me as often as I feel is necessary</i>	201	51(25.4%)	79(39.3%)	31(15.4%)	14(7.4%)	8(4.0%)	18(9.0%)
<i>Staff return my calls in 24 hours</i>	200	37(18.5%)	68(34.0%)	39(19.5%)	22(11.0%)	7(3.5%)	27(13.5%)
<i>Services are available at times that are good for me</i>	200	56(28.0%)	80(40.0%)	27(13.5%)	16(8.0%)	6(3.0%)	15(7.5%)
<i>I am able to get all the services I think I need</i>	201	51(25.4%)	79(39.3%)	28(13.9%)	21(10.4%)	8(4.0%)	14(7.0%)
<i>Staff I see currently believe that I can grow, change, and recover</i>	201	56(27.9%)	83(41.3%)	27(13.4%)	9(4.5%)	6(3.0%)	20(10.0%)
<i>I feel free to complain</i>	202	44(21.8%)	92(45.5%)	27(13.4%)	15(7.4%)	7(3.5%)	17(8.4%)
<i>Staff told me what side effects to watch out for with my medication</i>	197	54(27.4%)	62(31.5%)	33(16.8%)	9(4.6%)	8(4.1%)	31(15.7%)
<i>Staff respect my wishes about who is, and who is not, to be given information about my treatment</i>	203	57(28.1%)	81(39.9%)	31(15.3%)	7(3.4%)	7(3.4%)	20(9.9%)
<i>Staff are sensitive to my cultural background</i>	201	48(23.9%)	69(34.3%)	42(20.9%)	12(6.0%)	7(3.5%)	23(11.4%)
<i>Staff help me obtain the information I need so that I can take charge of managing my illness</i>	201	50(24.9%)	84(41.8%)	27(13.4%)	12(6.0%)	6(3.0%)	22(10.9%)
<i>I am able to see a psychiatrist when I want to</i>	200	41(20.5%)	64(32.0%)	36(18.0%)	20(10.0%)	16(8.0%)	23(11.5%)
<i>I feel comfortable asking questions about my treatment and medication</i>	192	62(32.3%)	83(43.2%)	17(8.9%)	6(3.1%)	5(2.6%)	19(9.9%)
<i>I was given information about my rights</i>	193	53(27.5%)	84(43.5%)	22(11.4%)	8(4.1%)	7(3.6%)	19(9.8%)
<i>Staff encourage me to use consumer-run and community programs</i>	193	48(24.9%)	73(37.8%)	33(17.1%)	10(5.2%)	6(3.1%)	23(11.9%)
<i>Staff encourage me to take responsibility for how I live my life</i>	193	50(25.9%)	88(45.6%)	24(12.4%)	7(3.6%)	4(2.1%)	20(10.4%)
<i>I, not staff, decide my treatment goals</i>	190	36(18.9%)	71(37.4%)	38(20.0%)	15(7.9%)	11(5.8%)	19(10.0%)
<i>My housing is adequate to meet my needs</i>	192	48(25.0%)	66(34.4%)	21(10.9%)	22(11.5%)	19(9.9%)	16(8.3%)
<i>I have a choice of providers</i>	191	32(16.8%)	67(35.1%)	42(22.0%)	13(6.8%)	16(8.4%)	21(11.0%)
<i>I have been pleased with the consistency of the providers I have seen or worked with</i>	193	45(23.3%)	76(39.4%)	28(14.5%)	12(6.2%)	8(4.1%)	24(12.4%)
<i>I have been okay with the time I have had to wait to get a needed appointment with a provider</i>	192	28(14.6%)	87(45.3%)	22(11.5%)	20(10.4%)	12(6.3%)	23(12.0%)
<i>I have been okay with the time I have had to wait in the waiting room during the day of my appointment</i>	191	35(18.3%)	76(39.8%)	21(11.0%)	23(12.0%)	13(6.8%)	23(12.0%)
<i>I am familiar with the concept of mental health recovery</i>	194	44(22.7%)	88(45.4%)	28(14.4%)	11(5.7%)	6(3.1%)	17(8.8%)
<i>I would like to learn more about mental health recovery</i>	192	52(27.1%)	68(35.4%)	36(18.8%)	5(2.6%)	5(2.6%)	26(13.5%)
<i>Prior to mental health reform and the development of Hope Ridge (2004) I thought the services available met my needs</i>	191	16(8.4%)	55(28.8%)	51(26.7%)	16(8.4%)	5(2.6%)	48(25.1%)
<i>Since mental health reform and the closing of Hope Ridge(2005) I think the services currently available meet my needs</i>	189	24(12.7%)	63(33.3%)	45(23.8%)	11(5.8%)	6(3.2%)	40(21.2%)
<i>I am pleased with the changes I have seen to the mental health system in the past three years</i>	192	32(16.7%)	52(27.1%)	42(21.9%)	20(10.4%)	15(7.8%)	31(16.1%)

Note: percentages for each item may vary due to missing data (some survey respondents not answering specific questions)

Table 10: Response to Question: What other mental health services would you like to see in our community?
(N= 83)

Category	N	%
More services/support	16	19.3%
More substance abuse counseling/options	10	12%
Increase locations/overall options	8	9.6%
Support groups/peer run services/drop in center	8	9.6%
Help for the Homeless	6	7.2%
Mental health education/information/advocacy in the community	6	7.2%
Housing for people with disabilities/help with housing	4	4.8%
Funding/financial	4	4.8%
Insurance/ help getting insurance or disability	3	3.6%
Organized daily activities for people with MI/SA	2	2.4%
Crisis or emergency services	2	2.4%
More individual therapy	2	2.4%
More community support	2	2.4%
Increased services for youth/children	2	2.4%
More individual therapy	2	2.4%
Other	6	7.2%

Note: Responses with a frequency of 1 are included in "other."

Appendix B: Staff/Provider Data

Staff/Provider Data

N=83

Table 11: Employment and Demographic Information

Agency (n=81)	N (%)
Bethesda Center/Samaritan	7 (8.6%)
Daymark	16 (19.8%)
Triumph	19 (23.5%)
Baptist OPD	14 (17.3%)
Charles Hines and Son	12 (14.8%)
Insight	13 (16.0%)
Length of time working for agency (n=80)	
Less than six months	16 (20.0%)
six months to one year	10 (19.8%)
Over a year - two years	16 (23.5%)
Over two years - five years	26 (14.8%)
Over five years	12 (15.0%)
Worked at HopeRidge in the past (n=79)	
Yes	10 (12.6%)
No	69(87.3%)
Worked at CenterPoint in the past (n=78)	
Yes	11 (14.1%)
No	67(85.9%)
Number of years employed in the NC mental health system (n=75)	
Less than six months	2 (2.7%)
Six months to one year	12 (16%)
Over a year – two years	8 (10.7%)
Over two years – five years	19 (25.3%)
Over five years – ten years	19 (25.3%)
Over ten years	15 (20%)
Gender (n=80)	
Male	22 (27.5%)
Female	58 (72.5%)
Race (n=79)	
Black	31 (39.2%)
White	43 (54.4%)
Bi-racial	3 (3.8%)
Native American	0 (0.0%)
Asian	0 (0.0%)
Other	2 (2.5%)
Hispanic or Latino (n=72)	
Yes	3 (4.2%)
No	69 (95.8%)

¹ Percentages for each item may vary due to missing data (some survey respondents not answering specific questions).

Table 12: Staff Survey Table of Responses to Close-Ended Questions

Question	n	SA	A	N	D	SD	N/A
<i>I like the services I currently provide in the Mental Health system</i>	82	13(15.9%)	42(51.2%)	12(14.6%)	11(13.4%)	2(2.4%)	2(2.4%)
<i>If I had other choices, I would still recommend this service to clients</i>	82	21(25.6%)	36(43.9%)	8(9.8%)	12(14.6%)	3(3.7%)	2(2.4%)
<i>I would recommend currently available mental health services to a friend or family member</i>	82	11(13.4%)	37(45.1%)	11(13.4%)	13(15.9%)	8(9.8%)	2(2.4%)
<i>The location of services are convenient</i>	82	14(17.1%)	46(56.1%)	18(22.0%)	2(2.4%)	1(1.2%)	1(1.2%)
<i>I am able to see consumers as often as I feel is necessary</i>	81	6(7.4%)	22(27.2%)	12(14.8%)	14(17.3%)	19(23.5%)	8(9.9%)
<i>I am able to return calls within 24 hours</i>	82	15(18.3%)	39(47.6%)	10(12.2%)	9(11.0%)	3(3.7%)	6(7.3%)
<i>Services are available at good times for consumers</i>	82	9(11.0%)	39(47.6%)	15(18.3%)	14(17.1%)	4(4.9%)	1(1.2%)
<i>The system is able to provide all the services consumers need</i>	82	1(1.2%)	14(17.1%)	12(14.6%)	30(36.6%)	25(30.5%)	0(0.0%)
<i>I believe consumers can grow, change and recover</i>	82	36(43.9%)	37(45.1%)	6(7.3%)	3(3.7%)	0(0.0%)	0(0.0%)
<i>I feel consumers are free to complain</i>	83	33(39.8%)	43(51.8%)	2(2.4%)	5(6.0%)	0(0.0%)	0(0.0%)
<i>I have the time to tell consumers about medication side effects</i>	81	6(7.4%)	29(35.8%)	13(16.0%)	13(16.0%)	3(3.7%)	17(21.0%)
<i>I respect client's wishes about who is, and who is not, to be given information about their treatment</i>	82	60(73.2%)	20(24.4%)	1(1.2%)	0(0.0%)	0(0.0%)	1(1.2%)
<i>I have the training and support to enable me to be sensitive to consumers' cultural background</i>	82	34(41.5%)	36(43.9%)	4(4.9%)	3(3.7%)	3(3.7%)	2(2.4%)
<i>I have information available to give consumers about managing their illness</i>	82	18(22.0%)	41(50.0%)	8(9.8%)	7(8.5%)	1(1.2%)	7(8.5%)
<i>I am able to schedule clients to see a psychiatrist when they need it</i>	82	14(17.1%)	17(20.7%)	10(12.2%)	21(25.6%)	8(9.8%)	12(14.6%)
<i>I believe consumers feel comfortable asking questions about treatment and medication</i>	82	10(12.2%)	37(45.1%)	18(22.0%)	11(13.4%)	4(4.9%)	2(2.4%)
<i>I give consumers information about their rights</i>	83	26(31.3%)	42(50.6%)	6(7.2%)	3(3.6%)	0(0.0%)	6(7.2%)
<i>I encourage consumers to use community or consumer-run programs</i>	83	28(33.7%)	45(54.2%)	3(3.6%)	2(2.4%)	0(0.0%)	5(6.0%)
<i>I encourage consumers to take responsibility for how they live their lives</i>	83	42(50.6%)	34(41.0%)	2(2.4%)	0(0.0%)	0(0.0%)	5(6.0%)
<i>Consumers decide their own treatment goals</i>	83	19(22.9%)	38(45.8%)	19(22.9%)	1(1.2%)	3(3.6%)	3(3.6%)
<i>Housing for mental health consumers in this county is adequate</i>	81	1(1.2%)	8(9.9%)	11(13.6%)	29(35.8%)	28(34.6%)	4(4.9%)
<i>I give clients a choice of providers</i>	82	18(22.0%)	36(43.9%)	9(11.0%)	6(7.3%)	2(2.4%)	11(13.4%)
<i>I have been pleased with the consistency of the providers I have seen or referred clients to</i>	83	1(1.2%)	23(27.7%)	19(22.9%)	24(28.9%)	6(7.2%)	10(12.0%)
<i>I am familiar with the concept of mental health recovery</i>	82	23(28.0%)	52(63.4%)	6(7.3%)	1(1.2%)	0(0.0%)	0(0.0%)
<i>I would like to learn more about the concept of mental health recovery</i>	82	18(22.0%)	40(48.8%)	15(18.3%)	1(1.2%)	1(1.2%)	7(8.5%)
<i>Prior to mental health reform and the development of Hope Ridge(2004) I thought the services available met consumer needs</i>	83	12(14.5%)	16(19.3%)	24(28.9%)	13(15.7%)	0(0.0%)	18(21.7%)
<i>Since mental health reform and the closing of Hope Ridge (2005)I think the services currently available meet consumer needs</i>	82	0(0.0%)	10(12.2%)	20(24.4%)	24(29.3%)	14(17.1%)	14(17.1%)

<i>Prior to Mental Health reform and development of HopeRidge(2004) I thought the services system met staff needs</i>	83	5(6.0%)	22(26.5%)	23(27.7%)	7(8.4%)	2(2.4%)	24(28.9%)
<i>Since Mental Health Reform and the closing of HopeRidge(2005) I think the currently available service system meets staff needs</i>	83	0(0.0%)	9(10.8%)	23(27.7%)	16(19.3%)	16(19.3%)	19(22.9%)
<i>I am pleased with the changes I have seen to services in the past three years</i>	83	0(0.0%)	9(10.8%)	11(13.3%)	20(24.1%)	34(41.0%)	9(10.8%)

Note: percentages for each item may vary due to missing data (some survey respondents not answering specific questions)

Table 13: Response to Question: In the past three years, how have the service(s) you provide changed? (or) How has mental health reform impacted the services that you provide or that you have referred consumers to in the past three years? (N=115)

Category	N	%
Decreased services/limits to services	17	14.8%
Concerns over service quality/quality of care	14	12.2%
Excessive bureaucracy	12	10.4%
Problems with access to services	9	7.8%
Staff confusion/staff overwhelmed	8	6.9%
Money over patient/not person centered	8	6.9%
Poor planning	8	6.9%
Concerns around system management	7	6.1%
Problems with referrals	6	5.2%
Loss of staff	4	3.5%
More therapists and doctors are needed	4	3.5%
The services provided are beneficial	4	3.5%
Clients are not happy/clients confused	4	3.5%
Gaps in services	3	2.6%
Personal feelings of sadness/frustration/dissatisfaction	3	2.6%
There are more locations for service/service options	2	1.7%
Greater use of emergency services	2	1.7%

Note: Single responses, those that did not have at least two similar answers or fit into the above themes, were very minimal and not included in this table

Table 14: Response to question: In the past three years how have your own positions and employment changed? (or) How has mental health reform impacted your own positions and employment? (N=135)

Category	#	%
Negative impact of reform	24	17.8%
Unstable employment/instability/staff turnover	17	12.6%
Frustration/stress	16	11.8%
Changes in job duties/responsibilities	14	10.4%
Decrease in services – especially psychiatry	12	8.9%
More bureaucracy	11	8.14%
Multiple changes/lost job	7	5.2%
Chaos	5	3.7%
More emergency cases	5	3.7%
Change in general	4	3.0%
Staff confusion	4	3.0%
Less clinical time because of other demands	4	3.0%
Less pay	3	2.2%
Professional satisfaction – seems better	3	2.2%
Gaps in services	2	1.5%
More opportunities for employment	2	1.5%
Not much impact	2	1.5%

Note: Single responses, those that did not have at least two similar answers, were minimal and not included in this table

Table 15: Response to question: What other mental health services would you like to see in our community? (n=95)

Category	#	%
More housing services	12	12.6%
Increased therapy and case management services	10	10.5%
More day programs	10	10.5%
Improved services in general	10	10.5%
Increased substance abuse services	7	7.4%
Intensive services provided in the clients home/community	6	6.3%
Increased inpatient services	6	6.3%
Community education services	6	6.3%
24 hr emergency walk in clinic for mental health evaluations	5	5.3%
More dual diagnosis services	5	5.3%
Vocational training	4	4.2%
Better transportation and affordable services	4	4.2%
More parenting classes	4	4.2%
More group therapy availability	3	3.2%
More availability of professional services	3	3.2%

Note: Single responses, those that did not have at least two similar answers, were minimal and not included in this table