MHSOAC

Mental Health Services
Oversight and Accountability Commission

Stakeholder and Partner Views on the MHSOAC and Possible Improvements:

Quality Improvement Survey Response Summary

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TABLE OF CONTENTS

MESSAGE TO MENTAL HEALTH STAKEHOLDERS AND PARTNERS 3

1.0 OVERVIEW 4

1.1 Purpose 4

1.2 Definition 4

1.3 Format 4

1.4 QI Survey Response 5

2.0 SURVEY RESULT FINDINGS 6

2.1 Multiple-Choice Questions 6

2.2 Open-Ended Questions 15

2.3 Contact Information: Feedback 20

2.4 Demographic Information 21

3.0 OTHER FINDINGS 22

4.0 CONCLUSION AND NEXT STEPS 24

MESSAGE TO MENTAL HEALTH STAKEHOLERS AND PARTNERS

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), we want to share with you the results of our first Quality Improvement (QI) Survey conducted from April 11 through April 22, 2011. This report provides a summary of the MHSOAC QI survey responses as well as additional information from open-ended survey questions and follow-up phone calls.

The MHSOAC believes that seeking and sharing feedback from our stakeholders and partners is essential in our efforts to provide oversight, accountability and leadership, as mandated by the Mental Health Services Act (MHSA). Additionally, 'Priority Six' in the 'MHSOAC 2011 Work Plan Priorities and Tasks' calls for the "Review of MHSOAC Processes" for Stakeholder Involvement. To meet this objective the Commissioners requested that MHSOAC staff conduct a QI Survey to obtain feedback regarding the Commission's stakeholder engagement process as well as identifying what the MHSOAC is doing well and determining areas for improvement.

Mental Health Services Act (MHSA) service plans and policies are the result of the contributions of diverse people, including clients, family members, mental health partners, individuals from unserved and underserved racial/ethnic and cultural communities, and those at risk of serious mental illness across the lifespan. We wish to acknowledge this outstanding support. And, we want to express our appreciation to the 210 individual survey respondents for their generous contribution of time and effort in completing the questions and sharing narratives on the positive attributes of the MHSOAC and the possibilities for improvement.

The survey captured critical and complimentary perspectives from a wide range of participants. It is our intent to use this feedback to help shape the MHSOAC organizational efforts in order to expand and improve the quality of MHSA services provided to Californians.

Respectfully,

Larry Poaster, Ph.D.
MHSOAC Chair

Sherri Gauger
MHSOAC Executive Director

1.0 OVERVIEW

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)

California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA), in November 2004 to expand and improve public mental health services. The MHSA also established the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide oversight, accountability, and leadership on issues related to public mental health.

The MHSOAC is comprised of 16 Commissioners, who are appointed to three-year terms without compensation. Commissioners represent a wide-range of public entities and private institutions, and contribute their breadth of knowledge to mental health policy and administration, and ultimately the well being of the citizens of California.

1.1 Purpose

The MHSOAC Commissioners requested that the Executive Director conduct a Quality Improvement (QI) Survey to give mental health stakeholder and partners an opportunity to provide specific feedback on the MHSOAC and the implementation and administration of the MHSA. The primary focus areas were:

- What is the Commission doing well?
- What could the MHSOAC do differently or improve (e.g., stakeholder engagement, committees, operations)?

MHSOAC staff selected the web-based application 'Survey Monkey' to conduct the survey as it provided anonymity. It also simplified the information for users while improving the quality and usefulness of the information. MHSOAC staff summarized the results for this report.

1.2 Definition

QI is an approach to the analysis of performance and a systematic effort to improve organizational deficits or build upon strengths, involving both retrospective and prospective reviews. The heart of QI is improvement -- measuring where you are, and determining ways to make things better. It specifically attempts to avoid attributing blame and identifies steps to make things more efficient and effective.[1]

1.3 Format

The twenty-five (25) question QI Survey was comprised as follows:

- Eighteen (18) multiple choice questions with rating choices of 1) Poor, 2) Weak, 3) Neutral or Unknown, 4) Good, and 5) Excellent. The questions attempted to obtain QI information on engagement practices and on the Commission as an organization.

- Four (4) open-ended questions focused on how to improve advocacy efforts, access to helpful information, experiences with MHSOAC staff, and the experience of stakeholders and partners.

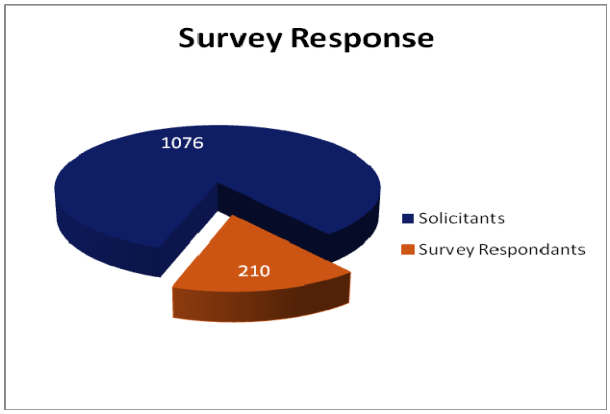
[1] 2005 Department of Community and Family Medicine, Duke University Medical Center

- One (1) optional contact information question was provided for participants who were interested in discussing their thoughts on MHSOAC improvements by phone or email.

- And, (2) demographic questions that included identifying individual affiliation in applicable categories (caretaker, community service provider staff, consumer or client, county staff, family member, legislative staff, member of unserved or underserved ethnic and cultural community, and professional or volunteer advocate) and ranges of the number of years individuals have been involved with mental and/or behavioral health.

1.4 QI Survey Responses

A solicitation invitation was sent to approximately 1,076 individuals who were part of the MHSOAC email distribution list, as well as past Commission meeting public attendees and other MHSA partners. A link was also posted on the MHSOAC Website and the twenty-five-question survey was made available from April 11, 2011 to April 22, 2011. A total of 210 surveys were submitted electronically. Fifty survey respondents provided optional contact information to discuss their thoughts for MHSOAC improvements by phone or email. Follow-up contacts were made to this group and twelve individuals agreed to provide information by phone.



2.0 Survey Result Findings

This section summarizes the results of the 25 MHSOAC QI Survey questions. The findings are grouped by question format. The number of each question displayed in the following tables corresponds to the original numbering used on the survey. The results of the multiple-choice questions (1-8, 10-15, 17-20) are reported together then followed by the open-ended questions (9, 16, 21, 22).

2.1 Multiple-Choice Questions

The 18 multiple-choice questions were designed to obtain QI information on the MHSOAC Committees, website, staff, and stakeholder engagement and advocacy practices.

The percentage associated with the individual response count for each of the 18 multiple-choice survey questions has been included to assist the reader. The total number of questions answered and the total number of skipped questions are also included.

A cumulative percentage is provided that combines the 'Poor' and 'Weak' ratings and the 'Good' and 'Excellent' categories as additional context.

The highlighted areas in dark blue identify the most popular answer for each question. The results displayed in the following tables indicate that in six of the 18 multiple-choice questions, the highest response cumulative percent was received in the 'Good' and 'Excellent' rating category (Questions 7, 8, 17, 18, 19 and 20). In 12 of the total 18 multiple-choice questions, respondents scored the highest response rate in the 'Neutral/Unknown' category. In 15 of the questions, the 'Good' and 'Excellent' categories received ratings higher than the 'Poor' or 'Weak' responses.

There were also three questions (Questions 5, 10 and 13) where the negative responses 'Poor' or 'Weak' exceeded the 'Good' or 'Excellent' ratings.

Question 1. Overall, how would you rate the MHSOAC's responsiveness to stakeholder concerns?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	26	12.4%	28.6%
Weak	34	16.2%	
Neutral/ Unknown	86	41.0%	41.0%
Good	51	24.3%	30.5%
Excellent	13	6.2%	
Answered:	210		
Skipped:	0		

Note: All respondents were required at a minimum to complete this initial question for successful submission of their survey, and therefore a 100 percent response rate with all 210 survey responders answering this question was received.

The responses to Multiple-Choice Question 1 indicate 41.0 percent or 86 of the 210 ratings received were scored in the 'Neutral/Unknown' category. There were more favorable than negative responses. Approximately 30.5 percent (64 respondents) rated the MHSOAC's responsiveness to stakeholder concerns as 'Good' or 'Excellent', compared with 28.6 percent (60 individuals) who felt it was 'Weak' or 'Poor'. However, twice as many people gave the most extreme negative response ('Poor', 12.4 percent)

as gave the most extreme positive response ('Excellent', 6.2 percent). This question received the second highest number of negative responses of all the multiple-choice questions.

Question 2. How helpful are Commission meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	18	8.7%	19.3%
Weak	22	10.6%	
Neutral/ Unknown	100	48.3%	48.3%
Good	54	26.1%	32.4%
Excellent	13	6.3%	
Answered:	207		
Skipped:	3		

The plurality of the ratings, 48.3 percent or 100 of the 207 responses, was in the 'Neutral/Unknown' rating category. For this question, there were again more favorable than negative responses. There were 32.4 percent (67 individuals) that rated the helpfulness of Commission meetings for obtaining information as 'Good' or 'Excellent', compared to 19.3 percent (40 individuals) who rated it as 'Weak' or 'Poor'.

Question 3. How helpful are Client and Family Leadership Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	13	6.4%	18.2%
Weak	24	11.8%	
Neutral/ Unknown	124	60.8%	60.8%
Good	32	15.7%	21.1%
Excellent	11	5.4%	
Answered:	204		
Skipped:	6		

Overall, 60.8 percent, or 124 of the 204 responses, were in the 'Neutral/Unknown' rating category. There were more positive than negative responses. The results indicate 21.1 percent (43 individuals) rated the helpfulness of Client and Family Leadership Committee meetings for obtaining information as 'Good' or 'Excellent', whereas 18.2 percent (37 respondents) rated it as 'Weak' or 'Poor'.

Question 4. How helpful are Evaluation Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	17	8.5%	19.9%
Weak	23	11.4%	
Neutral/ Unknown	119	59.2%	59.2%
Good	33	16.4%	20.9%
Excellent	9	4.5%	
Answered:	201		
Skipped:	9		

In summary 59.2 percent, or 119 of the 201 responses, were in the 'Neutral/Unknown' rating category. The remaining respondents were very closely split between satisfaction and dissatisfaction with the Evaluation Committee meetings' helpfulness in obtaining information. The results show 20.9 percent (42 individuals) gave positive responses ('Good' or 'Excellent'), compared to a very similar 19.9 percent (40 individuals) who responded negatively ('Poor' or 'Weak').

Question 5. How helpful are Funding and Policy Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	16	7.8%	21.0%
Weak	27	13.2%	
Neutral/ Unknown	122	59.8%	59.8%
Good	29	14.2%	19.1%
Excellent	10	4.9%	
Answered:	204		
Skipped:	6		

For this question, 59.8 percent, or 122 of the 204 responses, were in the 'Neutral/Unknown' rating category. As with the previous question, the number of polarized respondents in each group was very similar; however, slightly more people expressed dissatisfaction than satisfaction with the helpfulness of Funding and Policy Committee meetings for obtaining information. There were 21 percent (43 respondents) who gave a rating of 'Poor' or 'Weak', and 19.1 percent (39 respondents) provided ratings of 'Good' or 'Excellent'.

Question 6. How helpful are Services Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent

Poor	16	8.0%	18.1%
Weak	20	10.1%	
Neutral/ Unknown	116	58.3%	58.3%
Good	36	18.1%	23.6%
Excellent	11	5.5%	
Answered:	199		
Skipped:	11		

Overall, 58.3 percent, or 116 of the 199 responses, were in the 'Neutral/Unknown' rating category. In relation to other Committee meetings, the perceived helpfulness of Services Committee meetings in obtaining information received the highest number of positive responses and the lowest number of negative responses. Of the respondents, 23.6 percent, or 47 individuals, rated it as 'Good' or 'Excellent', compared to 18.1 percent, or 36 individuals, who rated it as 'Weak' or 'Poor'.

Question 7. How helpful is MHSOAC staff for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	10	5.0%	15.0%
Weak	20	10.0%	
Neutral/ Unknown	70	35.0%	35.0%
Good	60	30.0%	50.0%
Excellent	40	20.0%	
Answered:	200		
Skipped:	10		

The data from this question shows that half of the respondents felt that MHSOAC staff is helpful in obtaining information. Fifty percent, or 100 of 200 respondents, answered 'Good' or 'Excellent', compared to 15 percent (30 individuals) who responded 'Poor' or 'Weak' to this question. Four times as many people gave the most extreme positive response ('Excellent', 20.0 percent) as gave the most extreme negative response ('Poor', 5.0 percent). And, 35.0 percent or 70 of the responses were in the 'Neutral/Unknown' rating category.

Question 8. How helpful is the MHSOAC website for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent

Poor	9	4.3%	13.5%
Weak	19	9.2%	
Neutral/ Unknown	78	37.7%	37.7%
Good	79	38.2%	48.8%
Excellent	22	10.6%	
Answered:	207		
Skipped:	3		

The MHSOAC website also received high ratings. A substantial 48.8 percent, or 101 of the 207 respondents to this question, believed that the website's helpfulness in obtaining information was 'Good' or 'Excellent', compared to 13.5 percent, or 28 individuals, who felt it was 'Weak' or 'Poor'. More than twice as many individuals gave the most extreme positive response ('Excellent', 10.6 percent) as gave the most extreme negative response ('Poor', 4.3 percent). And, 37.7 percent, or 78 of the responses, were in the 'Neutral/Unknown rating category.

Question 10. How effective are Commission meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	27	13.2%	34.7%
Weak	44	21.5%	
Neutral/ Unknown	82	40.0%	40.0%
Good	42	20.5%	25.4%
Excellent	10	4.9%	
Answered:	205		
Skipped:	5		

Overall, 40.0 percent, or 82 of the 205 responses, were in the 'Neutral/Unknown' rating category. This question received the highest number of negative responses of all the multiple-choice questions. The results report 34.7 percent of respondents (71 individuals) felt that Commission meetings rated as 'Weak' or 'Poor' in their perceived effectiveness for advocacy. And, 25.4 percent (62 individuals) felt they rated as 'Good' or 'Excellent' for advocacy.

Question 11. How effective are Client and Family Leadership Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	15	7.5%	16.5%

Weak	18	9.0%	
Neutral/ Unknown	124	61.7%	61.7%
Good	33	16.4%	21.9%
Excellent	11	5.5%	
Answered:	201		
Skipped:	9		

There were 61.7 percent, or 124 of the 201 responses received, in the 'Neutral/Unknown' rating category. The majority of the other respondents were satisfied with the effectiveness of Client and Family Leadership Committee meetings for advocacy. 21.9 percent (44 respondents) gave 'Good' or 'Excellent' ratings, and 16.5 percent (33 respondents) gave 'Weak' or 'Poor' ratings.

Question 12. How effective are Cultural and Linguistic Competence Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	15	7.3%	18.5%
Weak	23	11.2%	
Neutral/ Unknown	112	54.6%	54.6%
Good	40	19.5%	26.8%
Excellent	15	7.3%	
Answered:	205		
Skipped:	5		

Among respondents, 54.6 percent, or 112 of the 205 responses, were in the 'Neutral/Unknown' rating category. As with the Client and Family Leadership Committee, the majority of respondents selecting a category other than 'Neutral/Unknown' respondents were satisfied with the effectiveness of the Cultural and Linguistic Competence Committee meetings for advocacy. There were 26.8 percent of the survey participants (45 respondents) who gave positive ratings of 'Good' or 'Excellent', compared to 18.5 percent (38 respondents) who gave negative ratings of 'Weak' or 'Poor'.

Question 13. How effective are Evaluation Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	20	10.0%	23.5%
Weak	27	13.5%	
Neutral/ Unknown	114	57.0%	57.0%

Good	30	15.0%	19.5%
Excellent	9	4.5%	
Answered:	200		
Skipped:	10		

There were 57 percent, or 114 of the 200 response received in the 'Neutral/Unknown' rating category. A greater percent of respondents were dissatisfied with the effectiveness of Evaluation Committee meetings for advocacy than those who were satisfied. The results indicate 23.5 percent of respondents (47 individuals) gave ratings of 'Weak' or 'Poor', compared to 19.5 percent (39 individuals) who gave ratings of 'Good' or 'Excellent'. More than twice as many people gave the most extreme negative rating ('Poor', 10.0 percent) than gave the most extreme positive rating ('Excellent', 4.5 percent).

Question 14. How effective are Funding and Policy Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	18	9.1%	19.8%
Weak	21	10.7%	
Neutral/ Unknown	116	58.9%	58.9%
Good	34	17.3%	21.4%
Excellent	8	4.1%	
Answered:	197		
Skipped:	13		

Overall, 58.9 percent, or 116 of the 197 responses, were in the 'Neutral/Unknown' rating category. A similar number of people were satisfied with the effectiveness of Funding and Policy Committee meetings for advocacy as were dissatisfied. For this question, 21.4 percent of respondents (42 individuals) gave 'Good' or 'Excellent' ratings, compared to 19.8 percent (39 individuals) who gave 'Weak' or 'Poor' ratings. Although the number of satisfied people is slightly greater than those who were dissatisfied, in the interest of QI, it should be noted that more than twice as many people gave the most extreme negative single category rating ('Poor', 9.1 percent) than gave the most extreme positive rating ('Excellent', 4.1 percent).

Question 15. How effective are Services Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	16	7.9%	18.2%
Weak	21	10.3%	
Neutral/Unknown	124	61.1%	61.1%

Good	34	16.7%	20.6%
Excellent	8	3.9%	
Answered:	203		
Skipped:	7		

Among respondents, 61.1 percent, or 124 of the 203 responses, were in the 'Neutral/Unknown' rating category. Similar to the Evaluation Committee and Funding and Policy Committee meetings, slightly more respondents were satisfied with the effectiveness of Services Committee meetings for advocacy than were dissatisfied. Also, 20.6 percent of the respondents to this question (42 individuals) gave ratings of 'Good' or 'Excellent', compared to 18.2 percent (37 individuals) who gave 'Weak' or 'Poor' ratings. Again, similar to the Evaluation and Funding and Policy committee meeting questions, twice as many people gave the most extreme negative rating ('Poor', 7.9 percent) as gave the most extreme positive rating ('Excellent', 3.9 percent).

Question 17. During your interactions with the MHSOAC, how well did staff listen to your concerns?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	9	4.5%	13.0%
Weak	17	8.5%	
Neutral/ Unknown	74	36.8%	36.8%
Good	64	31.8%	50.2%
Excellent	37	18.4%	
Answered:	201		
Skipped:	9		

The majority of respondents were satisfied with how well they felt MHSOAC staff listened to their concerns as 50.2 percent of respondents (101 of 201 individuals) gave positive ratings of 'Good' or 'Excellent'. Of the 201 responses to this question, 36.8 percent were in the 'Neutral/Unknown' rating category, compared with 13 percent (26 individuals) providing negative ratings of 'Weak' or 'Poor'. Furthermore, more than four times the number of people gave the most extreme positive response ('Excellent', 18.4 percent) than gave the most extreme negative response ('Poor', 4.5 percent).

Question 18. During your interactions with the MHSOAC, how well did staff answer your questions?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	9	4.4%	12.7%
Weak	17	8.3%	
Neutral/ Unknown	80	39.2%	39.2%
Good	64	31.4%	48.1%
Excellent	34	16.7%	

Answered:	204
Skipped:	6

A plurality of respondents were satisfied with how well MHSOAC staff answered their questions as 48.1 percent, or 98 of the 204 respondents, gave ratings of 'Good' or 'Excellent'. There were 39.2 percent, or 80 of the responses received in the 'Neutral/Unknown' category. And, 12.7 percent, or 26 individuals, gave ratings of 'Weak' or 'Poor'. Almost four times as many people gave the most extreme positive response ('Excellent', 16.7 percent) as gave the most extreme negative response ('Poor', 4.4 percent).

Question 19. During your interactions with the MHSOAC, how well did staff provide you with helpful information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	12	6.1%	13.7%
Weak	15	7.6%	
Neutral/ Unknown	81	40.9%	40.9%
Good	58	29.3%	45.5%
Excellent	32	16.2%	
Answered:	198		
Skipped:	12		

Again, a plurality of respondents assigned positive ratings to how well they felt staff provided them with helpful information as 45.5 percent (90 of 198 individuals) answered 'Good' or 'Excellent'. The results shows 40.9 percent, or 81 of the responses, were in the 'Neutral/Unknown' rating category. And, 13.7 percent (27 individuals) responded 'Weak' or 'Poor'. Almost three times as many people gave the most extreme positive rating ('Excellent', 16.2 percent) as gave the most extreme negative rating ('Poor', 6.1 percent).

Question 20. During your interactions with the MHSOAC, how well did staff treat you with courtesy and respect?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	6	2.9%	6.3%
Weak	7	3.4%	
Neutral/ Unknown	69	33.8%	33.8%
Good	63	30.9%	59.8%
Excellent	59	28.9%	
Answered:	204		

Skipped:	6

The majority of respondents answered that MHSOAC staff treated them with courtesy and respect. This question garnered the highest number of positive responses of any question on the survey, and the lowest number of negative response as 59.8 percent of the respondents to this question (122 of 204 individuals) gave ratings of 'Good' or 'Excellent', compared with just 6.3 percent (13 individuals) who gave ratings of 'Weak' or 'Poor'. This question also received the highest number of the most extreme positive rating ('Excellent', 28.9 percent) of any question on the survey, and the lowest number of the most extreme negative rating ('Poor', 2.9 percent). Almost ten times as many people responded 'Excellent' as responded 'Poor'. There were also 33.8 percent or 69 of the responses rated in the 'Neutral/Unknown' category.

2.2 Open-Ended Questions

The 4 Open-Ended Questions (Fill-in Survey Questions 9, 16, 21 and 22) permitted respondents to provide their own written comments. The total response percentage rate for these 4 questions averaged 49.0 percent of all the survey participants, a much lower rate than the 18 multiple-choice questions that ranged from a response rate of 94 percent to 100 percent.

The response comments to the four-open ended questions in Section 2.2 of this report have been grouped into distinct categories to assist the reader. Comments that are of a MHSOAC QI nature have been counted and categorized and include some of the responses for context. Some responses included comments on other areas beyond the MHSOAC organizational processes and will be included in Section 3.0 of the report titled "Other Findings".

Question 9. What one change would improve your ability to obtain information?

Category	Response Count	Response Percent
Communication	**54**	**42.2%**
More/improved communication	15	
Website organization	14	
Timely information	11	
Email updates	10	
Transparency	3	
Newsletter	1	
Stakeholder Inclusion	**31**	**24.2%**

Stakeholder inclusion	19	
Outreach/Inform public about MHSA	6	
More time for input	3	
Cultural and linguistic sensitivity/inclusion	3	
Accessibility	**20**	**15.6%**
Meeting accessibility	7	
Information/Document accessibility	7	
Staff/Commissioner accessibility	6	
Oversight and Accountability	**9**	**7.0%**
Respect	**5**	**3.9%**
Staff/Commissioner Knowledge	**3**	**2.3%**
No Improvement Needed	**3**	**2.3%**
Focus on Outcomes/Action Oriented	**1**	**0.8%**
Quality Improvement Survey Suggestions	**1**	**0.8%**
Issue Resolution Process	**1**	**0.8%**
Categorized Comments:	**128**	**100.0%**
Unclear/Uncategorized Responses:	**15**	
Answered:	**115**	
Skipped:	**95**	

One-hundred-fifteen people, or 54.8 percent of all survey participants, answered this open-ended question. Fifteen of the responses were not able to be categorized or represented additional information that will be summarized in Section 3.0 of this report. The remaining 100 responses were reviewed and organized by MHSOAC staff into the categories above. Because some people had several distinct comments within their response, responses were broken down into comments. Therefore, the number of categorized comments (128) is more than the number of responses with categorized comments (100).

Question 16. What one change would improve your opportunity for advocacy?

Category	Response Count	Response Percent
Stakeholder Participation	**43**	**45.3%**
Stakeholder inclusion	31	
Outreach/Inform public about MHSA	5	
More time for input	3	
Cultural and linguistic sensitivity/inclusion	3	
Communication	**23**	**24.2%**
More/improved communication	16	
Timely information	3	
Email updates	2	

Transparency	2	
Accessibility	**13**	**13.7%**
Meeting accessibility	11	
Information/Document accessibility	2	
Respect	**8**	**8.4%**
Oversight and Accountability	**7**	**7.4%**
Fear of MHSOAC Retaliation	**1**	**1.1%**
Categorized Comments:	**95**	**100.0%**
Unclear/Uncategorized Responses:	**22**	
Answered:	**103**	
Skipped:	**107**	

One-hundred-three people answered this question. Twenty-two of the responses were not able to be categorized. The remaining 81 responses were assessed for meaning and organized into the categories above. Because some people had several distinct comments within their response, responses were broken down into comments. Therefore, the number of categorized comments (95) is more than the number of responses with categorized comments (81).

Question 21. What one change would improve your experience with MHSOAC staff?

Category	Response Count	Response Percent
Positive Comments Regarding Staff	**21**	**23.9%**
Stakeholder Inclusion	**16**	**18.2%**
Stakeholder inclusion	11	
Cultural and linguistic sensitivity/inclusion	4	
More time for input	1	
Accessibility	**13**	**14.8%**
Information/Document accessibility	7	
Staff/Commissioner accessibility	4	
Meeting accessibility	2	
Respect	**12**	**13.6%**
Communication	**12**	**13.6%**
More/improved communication	8	
Timely information	2	
Transparency	2	
Staff/Commissioner Knowledge	**8**	**9.1%**
Oversight and Accountability	**3**	**3.4%**
Focus on Outcomes/Action Oriented	**3**	**3.4%**
Categorized Comments:	**88**	**100.0%**
Unclear/Uncategorized Responses:	**27**	
Answered:	**94**	
Skipped:	**116**	

Ninety-four people answered this question, for an overall response rate of 44.8 percent. Twenty-seven responses were not able to be categorized or represented additional information that will be summarized in section 3.0 of this report. The remaining 67 responses were reviewed and organized by MHSOAC staff into the categories above. Because some people had several distinct comments within their response, responses were broken down into comments. Therefore, the number of categorized comments (88) is more than the number of whole responses containing categorized comments (67).

Question 22. What one change would improve your experience as a stakeholder?

Category	Response Count	Response Percent

Stakeholder Inclusion	**41**	**40.6%**
Stakeholder inclusion	33	
Cultural and linguistic sensitivity/inclusion	6	
Outreach/Inform public about MHSA	1	
Communication	**24**	**23.8%**
More/improved communication	19	
Transparency	2	
Email updates	1	
Website organization	1	
Newsletter	1	
Respect	**18**	**17.8%**
Commissioner respect	10	
Staff/Commissioner respect	7	
Staff Respect	1	
Oversight and Accountability	**8**	**7.9%**
Accessibility	**4**	**4.0%**
Staff/Commissioner accessibility	2	
Information/Document accessibility	1	
Meeting accessibility	1	
Staff/Commissioner Knowledge	**3**	**3.0%**
Positive Comments	**2**	**2.0%**
Quality Improvement Survey Suggestions	**1**	**1.0%**
Categorized Comments:	**101**	**100.0%**
Unclear/Uncategorized Responses:	**23**	
Answered:	**100**	
Skipped:	**110**	

There were 100 individuals of the overall 210 survey participants who responded to this question for a total response rate of 47.6 percent. Twenty-three responses could not be categorized, and one comment represented additional information that will be summarized in Section 3.0 of this report. The remaining 77 responses were reviewed and organized by MHSOAC staff into categories above. Because some survey participants had several distinct comments within their response, responses were reviewed as separate comments for their response. Therefore, the number of categorized comments (101) s more than the number of responses containing categorized comments (77).

2.3 Contact Information: Feedback

The QI survey was anonymous, however Question 23 provided survey participants the opportunity to include contact information with a name and either a phone number or email address to discuss their thoughts on MHSOAC improvements. Feedback specific to QI suggestions are summarized here. Comments beyond the scope of the QI survey are captured in Section 3.0 "Other Findings."

Question 23. (Optional Question) - If you would like to further discuss your thoughts for MHSOAC improvements, please provide a name and either a phone number or email address.

Contact Information Response Count	
Answered:	50
Skipped:	160

Fifty survey participants (24 percent of all possible respondents) indicated that they would like to provide additional information. Of the fifty participants the MHSOAC attempted to reach, twelve (6 percent of all possible respondents) provided information by phone. Eight of these individuals also forwarded emails that augmented the information that was provided over the phone. The phone feedback related to MHSOAC QI is summarized into 4 areas below:

1. **Comments on the QI Survey Process:**
   - One caller was impressed that the MHSOAC would follow-up with a call and that input was sought.
   - Two of the twelve callers suggested a new survey commenting that the QI Survey questions should also focus on the Commission and Commissioners. A caller recommended that the QI Survey not be restricted to MHSOAC staff and committees. Another stated more questions on stakeholder engagement would have been helpful. And, one caller indicated the survey did not address veteran issues.
   - One caller commented the QI Survey would have benefited from being vetted through the Cultural and Linguistic Competence Committee (CLCC) and the Client and Family Leadership Committee (CFLC).

2. **Improving Stakeholder Involvement and Engagement:**
   - A caller shared that meaningful stakeholder involvement requires listening to concerns. Another mentioned that a larger net is needed to capture the perspectives of stakeholders, as this person did not feel represented by the usual attendees at Commission Meetings. Another caller shared the Commission needs to understand that it is not an "us versus them" type of environment and that stakeholder perspectives are valuable.
   - Another caller responded that the MHSOAC has lost sight of the MHSA mandate and has become too political and added the Commission needs to have greater input from clients and family members.
   - One caller asked what avenues will the MHSOAC use to ensure stakeholder input?
   - A phone respondent shared that improving stakeholder engagement cannot be accomplished when travel restrictions are imposed and this problem is further exacerbated when both MHSOAC and Committee meetings are reduced.

3. **Providing More Helpful Information:**

- One caller responded they would benefit from more information on mental health resources and supports. Another caller commented that not enough people know about the Mental Health Services Act.
- A caller responded that the MHSOAC would be more helpful in explaining what the system changes are in light of realignment.

4. Improving Evaluation:

- A responder commented that for evaluation purposes, the Commission needs to ask: What is being done right? The Commission needs to review, evaluate and report. Also, what steps is the Commission taking to ensure data accuracy and assurance of thorough report preparation produced by the Department of Mental Health includes up-to-date information?

2.4 Demographic Information

The final two survey questions Number 24 and 25 provided self-reporting information that identified respondents' years of involvement and affiliation with Mental Health and/or Behavioral Health Systems and summarized with the following tables and narratives.

Question 24. Number of years involved with Mental Health and/or Behavioral Health.

Mental Health Experience	Number of Respondents	Response Percent
Less than 1 year	4	1.9%
2 to 3 years	9	4.4%
3 to 5 years	19	9.2%
5 to 10 years	39	18.9%
10 to 15 years	50	24.3%
15 to 20 years	19	9.2%
More than 20 years	66	32.0%
Answered	206	
Skipped	4	

Responses to this question indicate that 32.0 percent or 66 of the respondents have more than 20 years of mental health experience and 1.9 percent or four of the respondents have less than one year of experience. In summary 84.5 percent of the survey participants identified as having five or more years to more than 20 years whereas 15.5 percent of the overall respondents have less than five years of experience involved with mental health and/or behavioral health**.**

Question 25. Optional Demographic Information - Do you consider yourself (list all that apply):

Demographic Type	Number of Responses	Response Percent
Caretaker	30	7.2%
Community Service Provider Staff	52	12.5%
Consumer or Client	57	13.7%
County Staff	74	17.8%
Family Member	72	17.3%
Legislative Staff	3	0.7%
Member of Unserved or Underserved Ethnic and Cultural Community	50	12.0%
Professional or Volunteer Advocate	77	18.6%
Total Number of Responses	415	
Answered	201	
Skipped	9	

There were 201 survey participants who answered this question with the option of checking all the categories that applied to their affiliation. On average each of the 201 respondents self indentified themselves in more than two categories as noted with the total of 415 responses. The results indicate a broad range of stakeholder participation that included consumers, providers, mental health partners, legislative staff, family members, and members of unserved/underserved and inappropriately served racial and ethnic communities. The four highest demographic categories selected were Professional or Volunteer Advocate: 18.6 percent, County Staff: 17.8 percent, Family Member: 17.3 percent and Consumer or Client: 13.7 percent, which showed balanced participation.

3.0 OTHER FINDINGS

This Section summarizes comments that respondents to open-ended and telephone questions provided that were beyond the scope and content of this QI survey. Some response duplication is possible as these open-ended comments may include telephone caller responses to the web-based survey questions.

3.1 Elimination of Plan Review and Quality Assurance:

Twenty-six comments (12 percent of all respondents) related to the area of quality assurance for mental health services. Some reported interest in understanding the MHSOAC's role with the recent action to eliminate plan review as well as concerns with possible elimination of the Department of Mental Health. Questions focused on enforcement mechanisms and quality assurance measures to guarantee local compliance without plan review.

3.2 Reorganization of State Mental Health Administration:

Twenty-five respondents (12 percent of all respondents) specifically mentioned AB 100, signed on March 24, 2011 amending the Mental Health Services Act (MHSA). They expressed concerns with the elimination of state review and approval of county MHSA plans, proposed elimination of the Department of Mental Health, and new state realignment of responsibility and resources. Respondents expressed concerns that without a public mental health system of checks and balances in place to regulate expenditures, there is a risk of waste, re-direction and/or supplanting of the MHSA funding.

3.3 Cultural and Linguistic Awareness:

Sixteen responses (7 percent of all survey respondents) related to cultural and linguistic awareness. While there was one response that the MHSOAC should do less in this area, overall the responses suggested the Commission do more to raise cultural and linguistic awareness. Respondents also identified as a problem that data capture techniques aggregate ethnic data making it impossible to obtain a clear picture and understanding of the different issues impacting racial/ethnic communities. It was recommended that the MHSOAC be proactive in suggesting steps to disaggregate data to better inform the public on mental health services for communities of color.

3.4 MHSOAC Role Definition:

Twelve respondents (6 percent of all respondents) mentioned issues of oversight of accountability. Defining the role of the MHSOAC was a primary concern for the callers. They also expressed a need for the Commission to help stakeholders understand: 1) the scope and meaning of 'oversight and accountability,' 2) new responsibilities as a consequence of plan review being removed, 3) the role the Department of Mental Health (DMH) and counties will play post AB 100, and 4) the check and balances that will be put in place to promote local level compliance.

3.5 Fear of local retaliation and Issue Resolution Process (IRP):

Twelve respondents (6 percent of all survey respondents) used the term "retaliation" in their comments, referencing concerns that stakeholders might be subject to retaliation when formal complaints are registered and asked what can be done to improve the process and ensure protection. These telephone survey participants also wanted to know who is responsible for ensuring that complaints are addressed and monitored. These respondents also expressed concerns with the current status of the Issue Resolution Process (IRP). They indicated that the IRP requires a system improvement to include a process for addressing issues not resolved at the local level. Additionally, the respondents indicated that "local retaliation" towards stakeholders is exacerbated by an ineffective IRP. The comments included retaliation allegations that mental health services can be taken away from anyone who voices concerns.

3.6 Two-Tier System:

Four respondents (2 percent of all survey respondents) asked what the MHSOAC is doing to address what they termed the 'Two-Tier System' where only new clients are receiving services while others who

were already in the system have been left without services. One respondent also mentioned that not all individuals placed in a Full Service Partnership need all the services being provided and that the MHSA monies must be monitored. Another commented that individuals already in the system are now treated as "second-class citizens."

3.7 Programs and Service Improvement:

One telephone caller (0.5 percent of all survey respondents) cited the need for the MHSA to have a self-help focus that fully embraces wellness and recovery. Patient rights and alternatives treatments also need to be discussed by mental health partners in a larger forum.

4.0 CONCLUSION AND RECOMMENDATIONS:

The intent of the survey is to improve the MHSOAC's operations and frame a potential QI process, which can include: 1) seeking continuous QI feedback from stakeholders and partners, 2) interpreting this feedback, 3) making the improvements where the MHSOAC has responsibility and capacity, and 4) sharing the results.

In broad terms the results show ratings that are more positive than negative. The QI ratings received suggest overall positive findings for MHSOAC staff as well as suggestions for improvement. These ratings also reflect QI opportunities for Commissioners, Commission Meetings, Committees, MHSOAC oversight and accountability, communication, providing more helpful information, as well as advocacy, accessibility, stakeholder inclusion, and cultural and linguistic sensitivity.

Other areas mentioned outside the MHSOAC QI survey process were role definition and public mental health quality assurance responsibilities with the recent enactment of AB 100, fear of local retaliation, possible supplantation, IRP, 'Two-Tier' System, lack of services, and a focus on quality services that embrace wellness and recovery.

4.1 RECOMMENDATIONS:

The MHSOAC can accomplish much to improve its operations using a QI approach that focuses on 'improvement' and not on 'blame' as a central theme – measuring where you are, and then determining ways to make it better In implementing the QI findings, the MHSOAC can consider the following recommendations:

1. Share survey results with stakeholders and partners.

2. Address the three multiple-choice questions (Questions 5, 10 and 13) where the negative responses 'Poor' or 'Weak' exceeded the 'Good' or 'Excellent' ratings regarding the Funding Committee for obtaining information, as well as the effectiveness of Commission Meetings and Evaluation Committee meetings for advocacy.

3. Identify methods for improving scores from ‘Poor,’ ‘Weak,’ ‘Neutral,’ or ‘Unknown’ to ‘Good’ or ‘Excellent.’

4. Implement the communications improvement that MHSOAC staff can make.

    a) Consider reorganizing the MHSOAC website, including: simplifying the design; making finding documents more intuitive; giving each committee its own page; making staff contact information more accessible and apparent; relocating the “Meetings” page to a more visible and apparent location; providing links to more resources, include the Department of Mental Health Prop 63 webpage.

    b) Update the MHSOAC’s email distribution list by utilizing the Commission sign-in sheet.

    c) Send more frequent email announcements to members of the distribution list. Consider including short summaries of documents that are posted with links to the full document.

5. Adjust response categories for next survey to capture improved data by not combining ‘unknown’ and ‘neutral’ categories.

6. Suggestions should be made for improving: 1) the rating categories, and 2) the wording of the questions, as well as 3) ensuring the survey questions address all the MHSOAC Committees appropriately. Consideration can also be given to reviewing the types of questions used and their effectiveness, for example, reducing the number of open-ended questions that averaged a 49 percent response rate compared to the over 94 percent response for the multiple-choice questions.

7. Improve MHSOAC survey technology. While there were no specific improvements suggested for the web-based Survey Monkey Application, staff will research other web-hosted applications for possible enhancements so more detailed statistical analyses may be run. The Survey Monkey Application did provide anonymity and user friendly simplicity to the survey participants.

8. Conduct a second MHSOAC stakeholder QI survey at least nine months after the initiation phase of the quality improvements to allow time for the changes to occur. Include questions to measure feedback on these QI changes.