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2007 ARMHS Consumer Satisfaction Survey Results Summary

Based on ARMHS 2007 Consumer Satisfaction Survey Report - Results and Statistical Analysis

The following information is a summary of the feedback provided by our ARMHS clients, their case managers, family, and other members of their support teams. It includes feedback for the regions of Duluth, Region 7E, and Northern St. Louis County.

The total number of surveys sent equals 241. Five of these surveys were returned blank, and sixty-six surveys were filled out and returned. The result is a response rate of 27.39%.

For the purpose of this summary, responses of "Excellent/Always/Very Much" and "Good/Usually/Somewhat" were combined into "Areas of Strength"; and responses of "Poor/Never/Not At All" and "Fair/Sometimes/A Little" were combined into "Areas Needing Improvement".

Areas of Strength:

Individual Treatment Plans (ITP's) are developed with our clients and members of their support teams. Feedback indicates that the ITP's meet our clients needs, and that the services provided to our clients are the services that are created, outlined and promised in the ITP's. The majority of responses indicate that client's personal goals were reflected in the goals and services established in the ITP's.

Respondents indicated that RSI's ARMHS services have helped our clients work towards their goals and/or become more independent.

On the more personal level of client/team assessment of the assigned ARMHS worker and the rest of RSI's leadership team, responses were favorable as well. Feedback indicates that the ARMHS managers, PC's and supervisors, as well as the rest of RSI staff and management, communicate with clients and teams about progress, activities, and changes. Clients and their teams feel that their needs, questions, and requests for help are responded to, and that staff and management are respectful, courteous, and polite. Respondents reported that they were treated with respect for their culture, spirituality and values; their rights as a client of RSI were clearly explained to them upon intake, and that overall they are very satisfied with RSI as their service provider.

Areas Needing Improvement:

The areas with the highest number of responses of the "Poor/Fair" variety were very low when compared with the favorable responses. It is interesting to note that the area with the highest indication of dissatisfaction was the clients' "Current quality of life", in which fifteen clients (or team members) reported their quality of life as "Fair" (11) to "Poor" (4). However, the person's current quality of life may not necessarily be attributable to the quality of RSI services. The individual's quality of life may be due to other circumstances they may be experiencing.

Several surveys were returned only partially filled out, with some areas responded to and some areas left blank. The area most often left blank, with 7 “No Answers”, was a request for an overall rating of RSI as their service provider.

Other areas reflecting dissatisfaction with RSI's ARMHS include: the services provided only somewhat matching what was developed in the ITP; little to no progress made towards reaching goals or increasing independence; only sometimes being provided the services and supports promised during development of the ITP; the services provided matching what was developed in the ITP a little or never; sometimes or never being explained their rights as a client of RSI; sometimes or never getting a response to needs, questions, and requests for help; a fair-to-poor rating of RSI as service provider, and other RSI staff and management sometimes or never being respectful, courteous, and polite.

Conclusion & Plans for Improvement:

RSI's ARMHS staff and management will continue to prioritize provision of client-centered services and involvement of our client's recovery support networks. The survey results have provided valuable feedback which is generally not available on a daily basis. Our client's quality of life or satisfaction with services are most often measured through staff observations or daily conversations.

The results of this survey indicate that while about half (54%) of our clients feel they have a “Good” quality of life, there are still a number who feel their quality of life is “Poor”. A priority for us in the coming year will be developing rapport with our clients and creating their ITP's which focus on providing supports and services related to increasing our client's view of their quality of life. There are many factors related to one's quality of life, among those the feeling that progress is being made towards personal goals, and that service providers demonstrate respect and courtesy for individual culture, ability, and areas of need.

Practitioners will be further trained to respond promptly and respectfully to requests for help; to create ITP's which are truly reflective of client's goals and strengths; and to regularly facilitate informal assessments of progress as well as inviting their client's view of RSI as an effective or ineffective provider of mental health -based services.

RSI's ARMHS management and other leadership staff must increase contact made with our client's support team members and communicate in a timely, courteous, and respectful manner. Reviews of ITP's created by practitioners with their clients will be more closely reviewed and compared to the functional assessments and diagnostic assessments, and monitored for applicability and relevance to the client's stated goals, areas of strength, and areas of need.