



## STAKEHOLDER SATISFACTION SURVEY 2009



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## STAKEHOLDER SATISFACTION SURVEY REPORT SEPTEMBER 2009

WOTCH Community Mental Health Services strives to obtain meaningful input from our stakeholders. Our organizations focus is to solicit, collect, analyze and use input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

WOTCH recognizes that the satisfaction of our Stakeholders is critical to the success of the organization and retention of funding and referrals are vital for the person's served and the continued good business practices of the organization. Therefore, we strive to obtain meaningful input from all Stakeholders.

One of the many mechanisms utilized to solicit, collect and discuss information from stakeholders is the Stakeholder Satisfaction Survey. Input is requested and collected from our funding sources, referral sources, other providers, families, collaborators, affiliates and community stakeholders, to help determine their expectations and preferences and to better understand how WOTCH is performing from their perspective. Surveying these stakeholders for their perception of services is one important means for assessing the quality of services.

The attached report represents the results of the stakeholder satisfaction survey conducted in August 2009. This report provides the analysis of this data, resulting response and method of integration into the business practices of the organization.

### **Survey**

The survey was sent to 60 stakeholders with a variety of backgrounds including but not limited to family members, referral sources, LHIN representatives, funders, other community mental health agencies, addiction services, hospital representatives and consumer initiative organizations.

The survey was administered via email to 46 stakeholders (with a Survey Monkey link) and land mail to 14 stakeholders. Each survey was prefaced with a request to forward to any colleagues who may have contact with WOTCH. Any paper surveys completed and returned were manually entered into Survey Monkey and kept in the Accreditation Coordinators office.

Of the 60 surveys via email (46) and land mail (14), 40 were completed representing a 67% response. This is equal to a 95% confidence rate with an error level of 8.9%.

33 out of 40 (87.5%) of responders completed the survey fully.

### **RECOMMENDATIONS:**

1. Increase education around WOTCH Services and programs to all stakeholders.
2. Expand current partnerships to meet the needs of our community.
3. Improve communication between staff and stakeholders when mutual clients are involved in WOTCH services.
4. Improve staffs awareness of all programs and services WOTCH offers.

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## **Results:**

The survey was broken down into 4 key areas: Services, Service Development, Health Promotion, Education and Policy and About You.

### **ABOUT YOU**

Of the 39 responses (1 skipped) received 31 (79.5%) were from the London area, 4 (10.3%) were from Huron Perth and 4 (10.3%) were from both London and Huron Perth.

Of the 33 responses received (7 skipped); 1 (3%) identified as a "WOTCH client or former client", 1 (3%) identified as other (Provincial I&R), 2 (6.1%) identified as a "family member", 3 (9.1%) identified as a "Physician, psychiatrist", 9 (27.3%) identified as other "hospital/medical clinic staff/board/volunteer", and 18 (54.5%) identified as "community-based mental health/addiction/social work".

32 responders skipped the question regarding groups they belong to or represent. Of the 8 responses 50% stated "low income persons", 37.5% stated "Lesbian, Gay, Bisexual, Transgender/Transsexual/Two-Spirited Queer/Questioning & Intersex", 25% stated "persons with disabilities", 25% stated "Aboriginal/First nations", 25% stated "Immigrant/refugee/es" and 12.5% stated "racialized community". 1 response stated "other" (family member of a person with mental illness).

### **SERVICES**

Of the 39 responses (1 skipped) received 21 (53.8%) indicated they were "very familiar and have regular contact with WOTCH" and 18 (46.2%) indicated they were "somewhat familiar with WOTCH with infrequent contact but familiar with services".

Of the 39 responses (1 skipped) received 28 (71.8%) had made a referral to WOTCH and 10 (25.6%) having not made a referral to WOTCH. 1 response was "I don't know"

Comments received:

1. refer to the housing, employment and community integration
2. Re: Housin
3. As I am an Executive Director in another agency, I have never personally made a referral, but I know that many of our staff have made referrals.
4. I am not a service provider.

The majority of respondents had been provided with "A written description of WOTCH services" (61.5%) with 28.2% not receiving a description and 10.3% not knowing.

The majority of respondents had been provided with "A clear idea of the type of client WOTCH serves" (74.4%) with 15.4% not receiving a description and 10.3% not knowing.

The majority of respondents had been provided with "A clear description of eligibility for service" (56.4%) with 30.8% not receiving a description and 12.8% not knowing.

The majority of respondents had been provided with "A timely response to their requests for service or referral" (60%) with 15.4% not receiving a description and 25.6% not knowing.

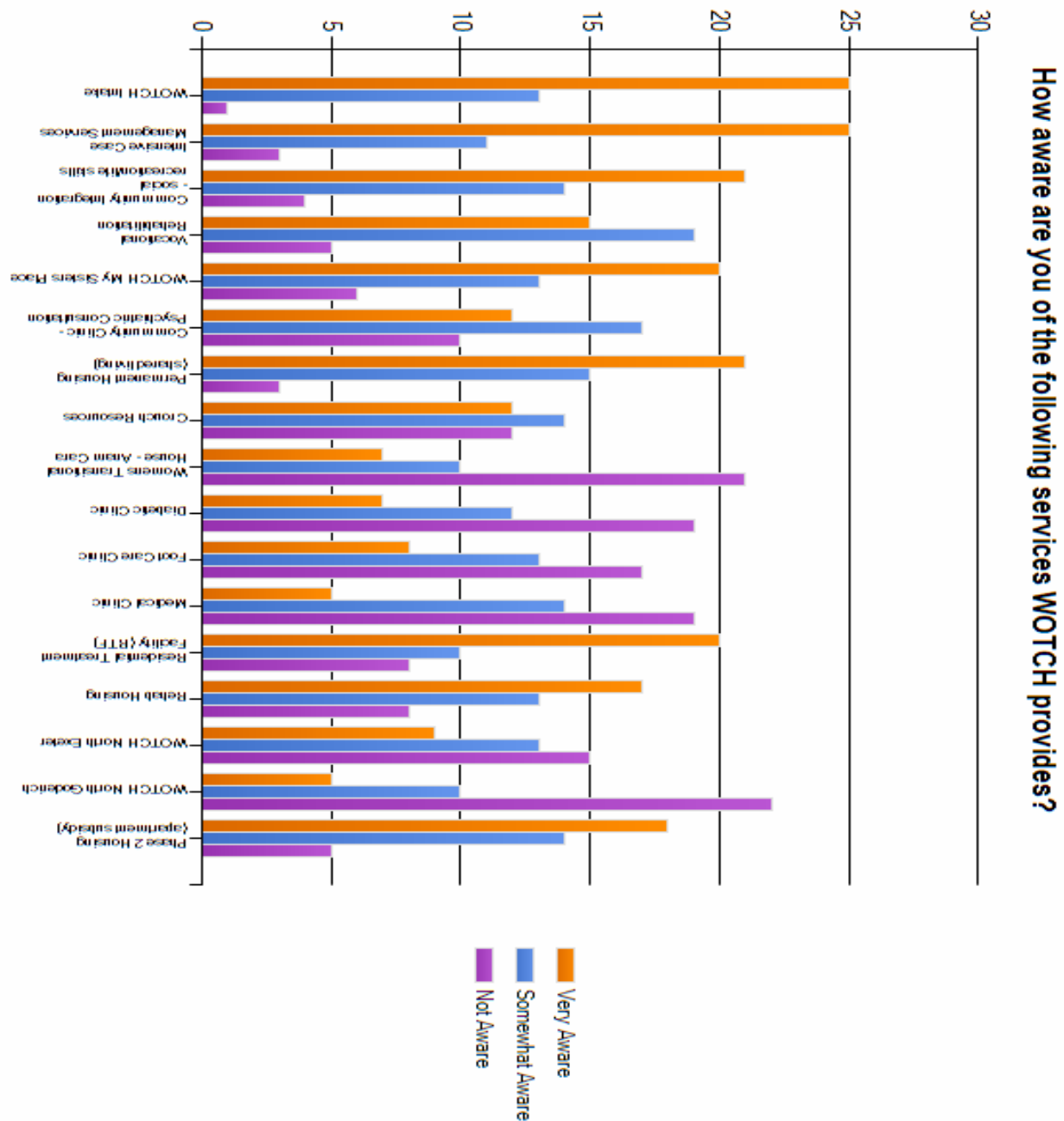
The majority stakeholder respondents were "Very Aware" of the following services: WOTCH Intake, Intensive Case Management, Community Integration, My Sisters Place, Phase 2 Housing, Permanent Housing, Residential Treatment Facility and Rehab Housing.

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The majority of stakeholder respondents were “Somewhat Aware” of the following services: Vocational Rehab, Crouch Resources and the Community Clinic-psychiatric.

The majority of stakeholder respondents were “Not Aware” of the following services; WOTCH North Exeter, WOTCH North Goderich, Anam Cara and the Diabetic, Footcare and Medical Clinics. With only 20% of responders being from Huron Perth it is expected that the responders would be unaware of the WOTCH North Programs. When filtering only respondents from Huron Perth or both London and Huron Perth, the majority of respondents were very aware of WOTCH North Exeter (62.5%) and WOTCH North Goderich (50%).

The following is a graphical representation of responses:



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### Clinical Services Quality of Care:

The majority of responses to the question “Please rate WOTCH’s Clinical Services based on the quality of care provided:” were “Don’t know” ranging from 56.4% (Family Support Program) to 82.1% (Foot Care Clinics) with a mode of 66.7%.

Eliminating the “Don’t Know” responses leaves the response count at 7-13 making the results less valid (where 1 response can equal 8%-14% of responses) however they are as follows: (note that the combined Good and Excellent responses range from 61% to 89%)

	Excellent	Good	Fair	Poor
Medical Clinics (13)	15%	46%	23%	15%
Nutrition Clinics (10)	2%	50%	20%	10%
Family Support Program (17)	53%	35%	0%	12%
Diabetes Support Clinics (London) (9)	22%	67%	0%	11%
Community Clinic (13)	31%	46%	15%	8%
Occupational Therapy (9)	11%	56%	22%	11%
Foot Care Clinics (London) (7)	43%	43%	0%	14%

### Women’s Mental Health Resources Quality of Care:

The majority of responses to the question “Please rate WOTCH’s Women’s Mental Health Resources based on the quality of care provided:” were “Don’t know” ranging from 48.7% (My Sisters Place) to 89.7% (Anam Cara).

Eliminating the “Don’t Know” responses leaves the response count at 4-20 making the results less valid (where 1 response can equal 5%-25% of responses) however they are as follows: (note that the combined Good and Excellent responses range from 50% to 95%)

	Excellent	Good	Fair	Poor
Anam Cara (4)	0%	50%	25%	25%
Crouch Site (12)	42%	42%	8%	8%
My Sisters Place (20)	60%	35%	0%	5%

### Treatment Services Quality of Care:

The majority of responses to the question “Please rate WOTCH’s Treatment Services based on the quality of care provided:” were “Don’t know” was 51.3% for both programs.

Eliminating the “Don’t Know” responses leaves the response count at 19 making the results less valid (where 1 response equals 5% of responses) however they are as follows: (note that the combined Good and Excellent responses range from 63% to 74%)

	Excellent	Good	Fair	Poor
Rehab Housing (19)	21%	42%	21%	16%
Residential Treatment Facility (19)	37%	37%	16%	11%

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### Housing Quality of Care:

The majority of responses to the question “Please rate WOTCH’s Housing based on the quality of care provided:” were “Don’t know” ranging from 56.4% (Permanent Housing London/Exeter) to 97.4% (Project 750/Justice Units).

Eliminating the “Don’t Know” responses leaves the response count at 1-17 making the results less valid (where 1 response can equal 6%-100% of responses) however they are as follows: (note that the combined Good and Excellent responses range from 72% to 87%-without Project 750)

	Excellent	Good	Fair	Poor
Project 750/Justice units (1)	0%	0%	0%	100%
Permanent Housing London/Exeter (17)	35%	47%	6%	12%
Phase 2 – apt. subsidy London/Goderich (15)	40%	47%	0%	13%
Phase 2 – Langarth Site (London) (7)	43%	29%	0%	29%

### Case Management Services Quality of Care:

The majority of responses to the question “Please rate WOTCH’s Case Management Services based on the quality of care provided:” were “Don’t know” ranging from 41% (ICM London) to 78.9% (Exeter and South Huron).

Eliminating the “Don’t Know” responses leaves the response count at 8 and 23 making the results less valid (where 1 response equals 4% or 13% of responses) however they are as follows: (note that the combined Good and Excellent responses are 65% to 88%)

	Excellent	Good	Fair	Poor
ICM London (23)	26%	39%	22%	13%
Exeter and South Huron (8)	50%	38%	0%	13%

### Community Programs Quality of Care:

The majority of responses to the question “Please rate WOTCH’s community Programs based on the quality of care provided:” were “Don’t know” ranging from 33.3% (community Integration) to 56.4% (Life Management Program).

Eliminating the “Don’t Know” responses leaves the response count at 17-26 making the results less valid (where 1 response can equal 4%-6% of responses) however they are as follows: (note that the combined Good and Excellent responses range from 61% to 65%)

	Excellent	Good	Fair	Poor
Community Integration (26)	38%	23%	27%	13%
Vocational Rehabilitation (18)	33%	33%	28%	6%
Life Management Program (17)	41%	24%	24%	12%

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Comments received regarding WOTCH Services were as follows:

1. The Inspiring Recovery Together Family Support Program is amazing.
2. Waiting list is long for intensive case management and RTF housing.
3. Experienced ongoing difficulty with WOTCH permanent housing program as staff seem to contact me when there is a problem rather than being proactive and working in a collaborative means right from the get go. It appears there is more emphasis on exclusion rather than inclusion. Communication with Permanent housing program staff is inconsistent towards myself and my clients and service delivery is fragmented and inconsistent.
4. Am aware of WOTCH but not fully aware of the services to make an objective comment.
5. Challenges to receiving updated information from WOTCH re any changes in programs or pre-requisites for programs.  
Unaware of rationale for changes and how they may or may not impact client

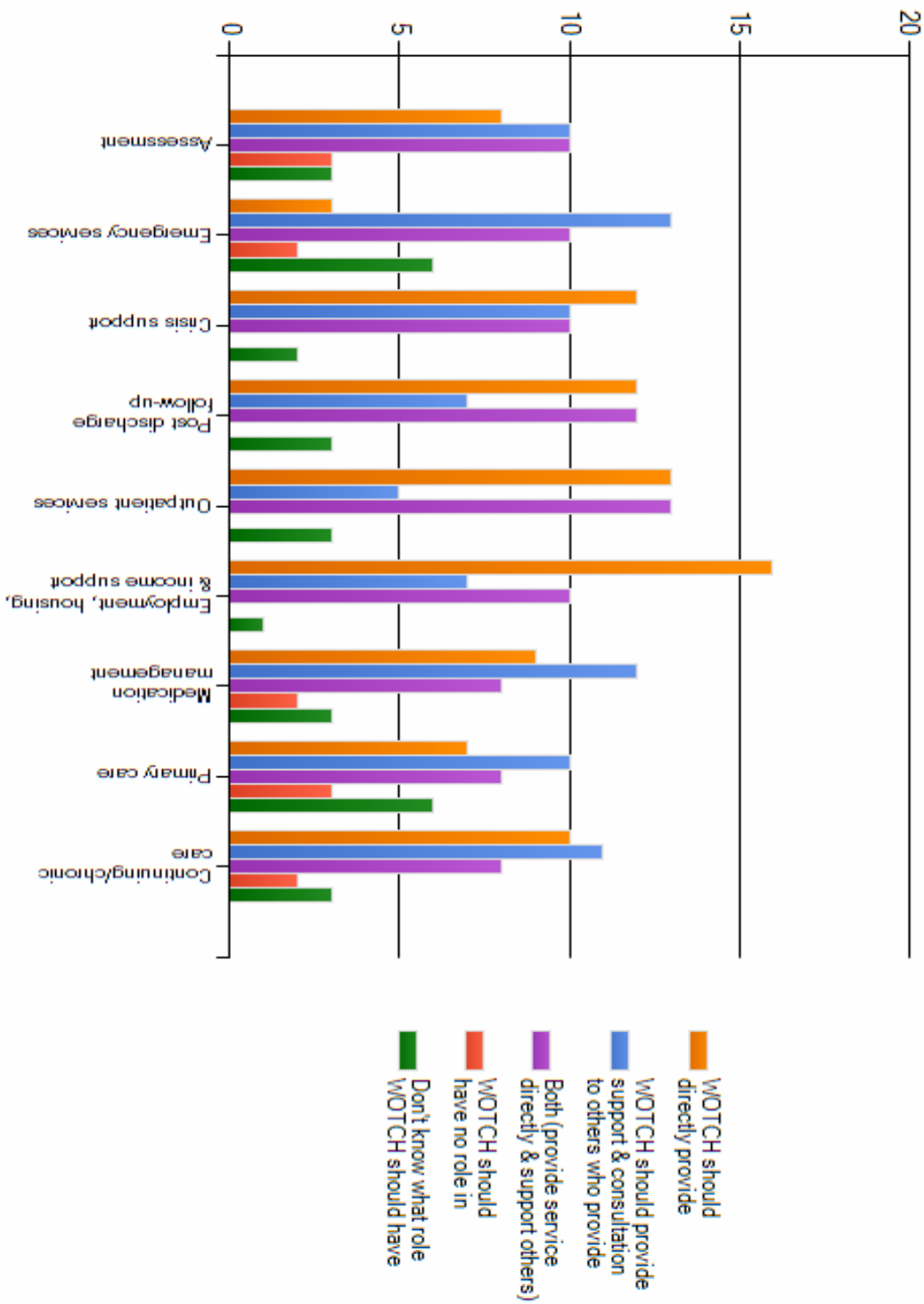
## SERVICE DEVELOPMENT:

When asked what role WOTCH should have in the following mental health services: Assessment, Emergency services, Crisis support, Post discharge follow-up, Outpatient services, Employment, housing and income support, Medication management, Primary care and Continuing/chronic care respondents clearly felt WOTCH should have a role but varied on whether it be direct, supportive or both. Responses were very low, 0-3, in WOTCH “should have no role” and low, 1-6 for “don’t know”.  
**See Chart on next Page.**

Emergency Services had the highest response rate for providing support and consultation to others (38.2%) with another 29.4% responding both direct and providing support and consultation. Employment, housing and income support had the highest response rate for providing direct service (47.1%) with another 29.4% responding both direct and providing support and consultation. Out Patient services and Post Discharge follow-up had equal response rates between providing direct service and providing both direct service and support and consultation to others with 38.2% and 35.3% respectively. Crisis Support had a 35.3% response rate for providing directly with a 29.4% response rate for both providing support and consultation to others and both direct and support and consultation. 47.1% (16 / 34) of respondents felt there were problems, gaps or weaknesses in the services WOTCH provided. The most frequently cited being the waitlists followed by the lengthy referral process and need for more employment supports. The following are the responses:

1. More help with companies when people are looking for a job
2. Integration to society - Networking with companies to find placements -
3. as previously stated, waiting lists are long. Re Intensive Case Management: Some clients are only visited by a WOTCH worker for one hour each week. This is insufficient for some people that have a chronic psychiatric illness. WOTCH should allow their workers to give more time to those who need it.
4. Don't have good ongoing relationships w fam does in community
5. Would be better to specialize in housing and case management services and improve the quality of support in the Permanent housing program
6. Lengthy waiting period
7. Referral process is arduous.
8. Referral and intake are time consuming and wait list is very long
9. Would like to see increased Case Management Services in South Huron to a broader population.
10. It is better now that Wotch is doing their own assessments - rather than when CMHA was doing them - that did not work so well. At times, there have also been wait lists that prevented clients from getting services when they moved.
11. Since the only option is yes or no, I put yes, but don't know.
12. The assessment skills are lacking of those individuals making decisions regarding life skills of clients and their readiness to transition to other housing.
13. Communication between staff seems to be an issue some staff are aware of issues others are not
14. Very little addiction support skills, not enough frequency in contact with clients.
15. Case management is not typically clinical (not available regularly for weekly visits) but not typically brokerage either; housing should accommodate comorbidities such as substance misuse better

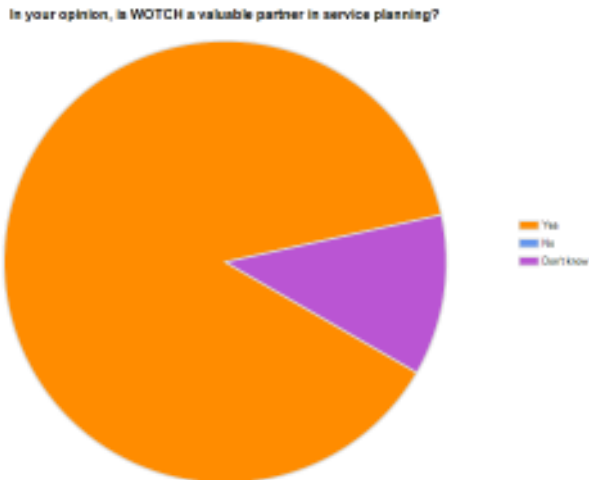
As our healthcare system evolves and increasingly experiences fiscal pressures, WOTCH needs to think more carefully than ever about our role in the healthcare system, where to focus our resources, and what services would be better provided by other organizations. In your opinion, what role should WOTCH have in the following mental health services?



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## WOTCH as a valuable partner in service planning:

34 of 40 respondents answered this question with 88.2% believing WOTCH is a valuable partner in service planning.



### Comments Received:

1. The need to develop collaborative relationships with community partners is important as we support client decisions
2. Always a willing partner; good community player.
3. in regard to the city of London services
4. That being said, as a community partner, I was VERY concerned to be mailed a "to whom it may concern" blank form letter asking us what services we could provide onsite at MSP. To be a true partner, this should have been a face to face dialogue
5. Again staff communication is important to share information about the client.
6. Wotch has the potential to be a very valuable member. As noted above in many "I don't know", there are too many clients on caseloads and poor accountability with services offered.

## Unmet Mental Health Needs in the Region:

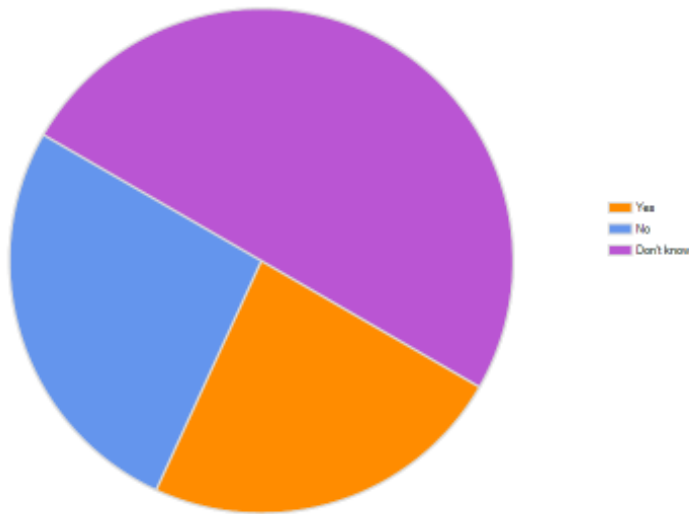
34 out of 40 respondents replied to this question with 50% of responses being "I don't know". 23.5% responded yes and 26.5% responded no. The comments are as follows:

1. Please ask in companies if they can be more flexible to accept people with mental disabilities.
2. As I mentioned before helping to integrate patients who are doing well to society example volunteer jobs, jobs placements and follow up
3. More involvement of families in the care of clients.
4. Concurrent disorders support and possibly treatment might be something to look at in the future

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5. From my perspective, WOTCH is always willing to look at gaps and services and works with other partners to meet needs.
6. Offering services to those with mental illnesses that aren't current clients.
7. WOTCH should focus on improving the services it does provide instead of looking to meet additional unmet needs with its existing thinly stretched resources
8. Hands on case management, increase ability to engage in therapeutic relationships. Have been finding that in rehab. house and RTF as long as the IRP is completed there is very little interaction in improving the overall quality of patients wellbeing and quality of life. In saying this, on a more positive note, it is possible that WOTCH steps back when other intensive services are provided such as ACTT and CDP OP.
9. Psychiatric follow up in the community; supported employment.

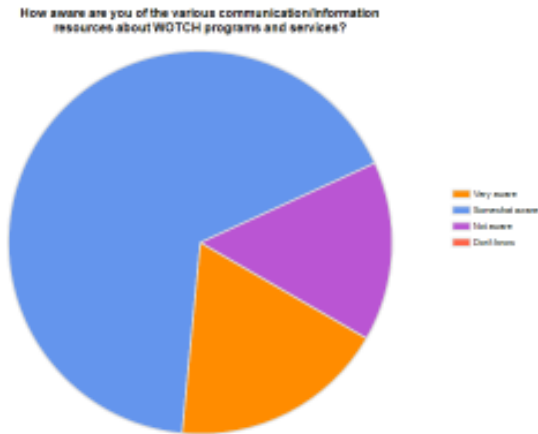
From your experience, are there any unmet mental health needs in your region that WOTCH could provide?



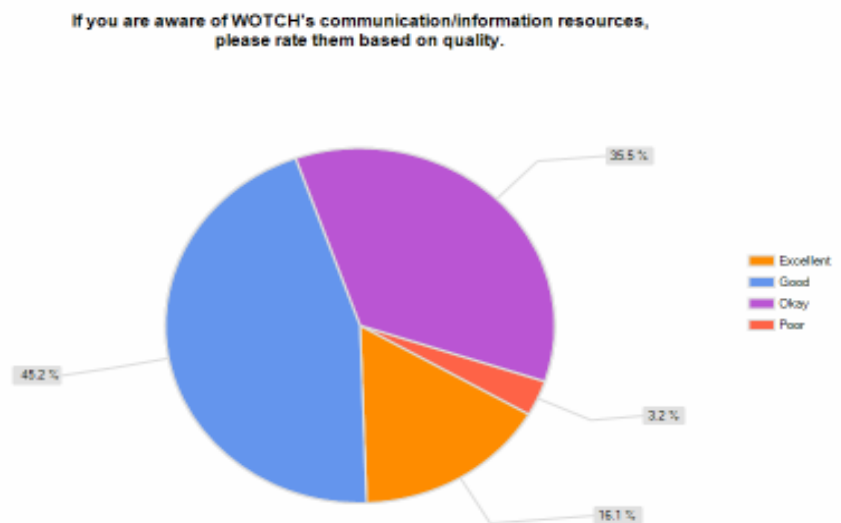
## HEALTH PROMOTION, EDUCATION AND POLICY

### Awareness of communication/information resources:

Of the 33 responses, 66.7% were somewhat aware of the various communication/information resources about WOTCH programs and services with 18.2% being very aware. 15.2% were not aware of these resources.



Of those that were aware of WOTCH's communication/information resources 45.2% felt the quality was good, 16.1% felt it was excellent and 35.5% felt the quality was okay. Only 3.2% felt the quality was poor (1 response).



### Comments Received:

1. I sometimes see flyers up in the rehab houses when I visit my clients....the flyers are often outdated and when questioned my clients seem to be unaware that a specific program was offered, even if it appeared to directly relate to my client's needs. I understand that WOTCH is working toward improving a client's independence by quick verbal cue to check a board if it seems appropriate to the client might be all that is needed.
2. Sometimes staff's goals become unrealistic client goals

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## Health Promotion, Education and Policy Mandates:

When asked how well WOTCH is meeting its health promotion, education and policy mandates in regards to: Working with partners to promote positive system change, Influencing the government's healthcare plans, Advocation on behalf of diverse and marginalized population groups and Public information re: how to access WOTCH programs and services, WOTCH's website etc. respondents replied as follows:

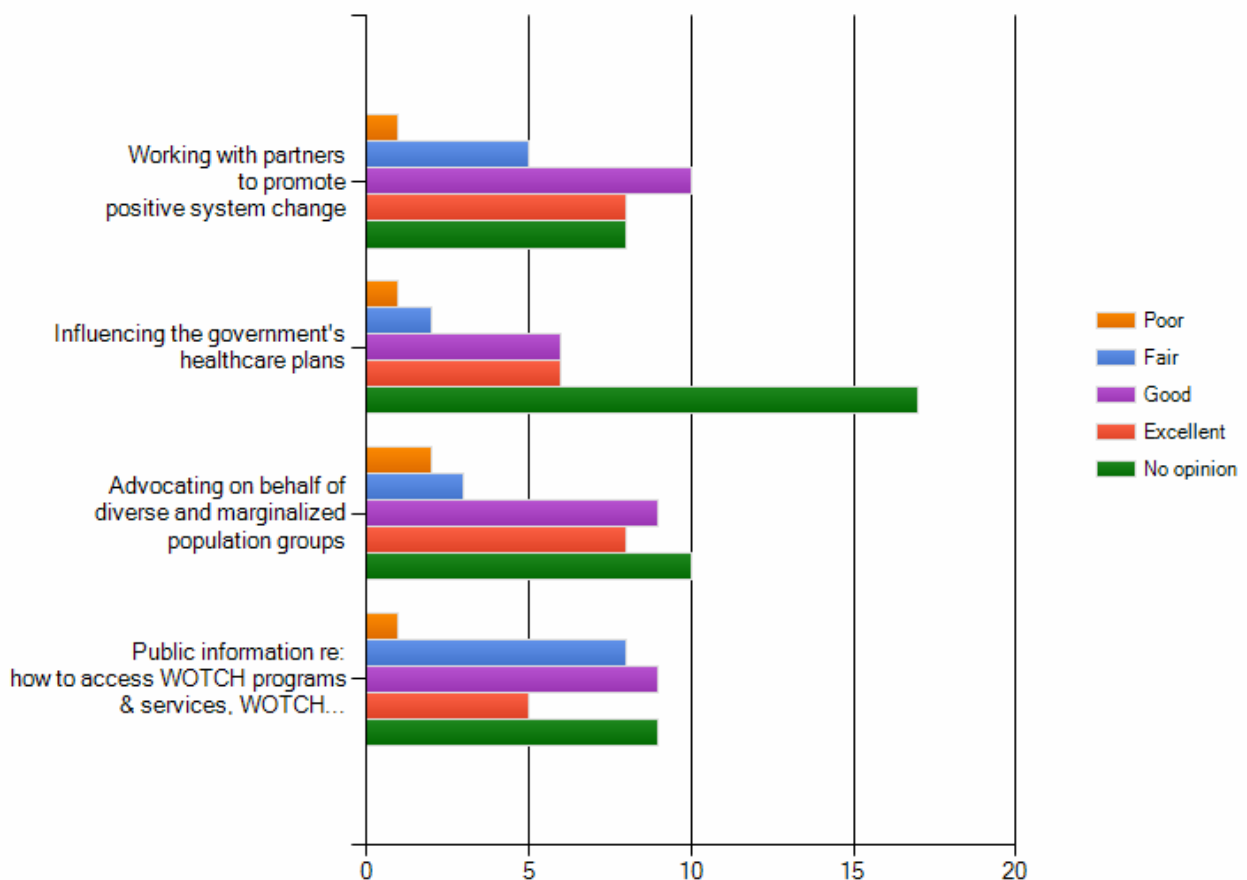
25% had no opinion on working with partners while 31.3% and 25% replied good or excellent respectively.

53.1% had no opinion on Influencing government while 18.8% replied both good and excellent.

31.3% had no opinion on advocacy on behalf of diverse and marginalized populations while 28.1% and 25% replied good or excellent respectively.

28.1% replied no opinion on public information while 28.1% and 15.6% replied good or excellent respectively.

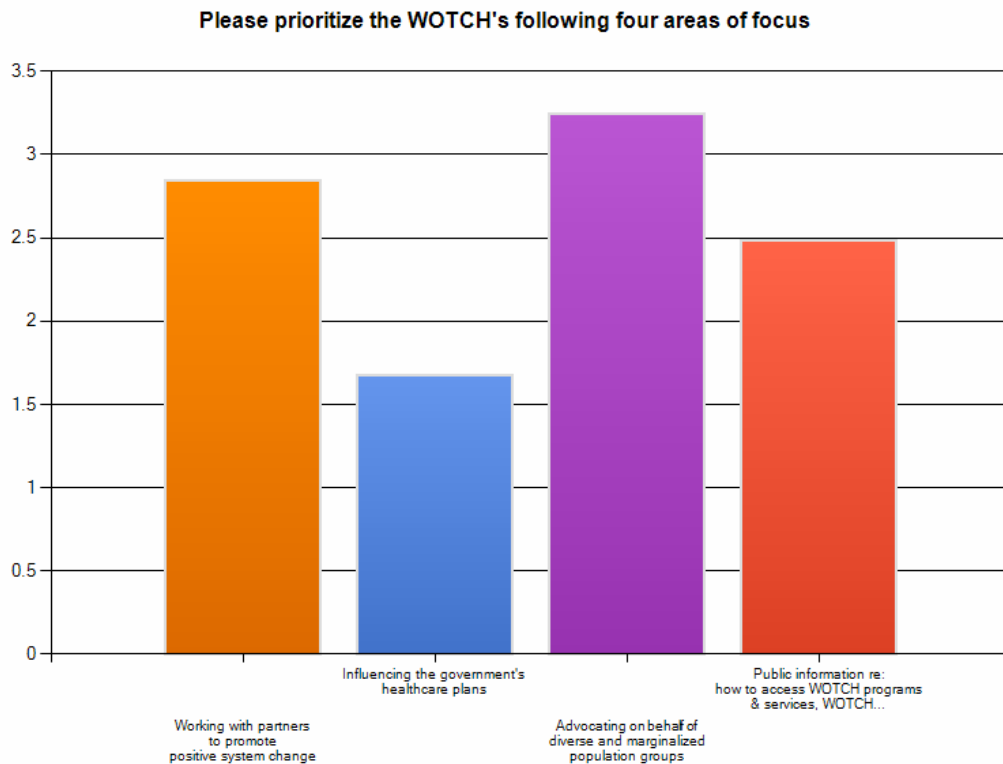
### **In your opinion, how well is WOTCH meeting its health promotion, education and policy mandates in regards to:**



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## Priority Area of Focus:

Advocacy on behalf of diverse and marginalized population groups was the first priority with 48.5% of the responses. Second and third priorities were Working with partners to promote positive system change and public information re: how to access WOTCH programs and services with 30.3% and 34.4% respectively. Responses were weighted more heavily for 1<sup>st</sup> priority and less for 2-4. This graph reflects those ratings:



## Rationale for 1<sup>st</sup> Priority:

1. There still isn't enough service
2. Because we need to advocate for people with mental disabilities. It's very difficult for them to take care of themselves and at the same time advocate for their cause.
3. WOTCH has much to offer and should ensure these services are well known.
4. I think that WOTCH is an organization that needs to be present in any company, example partnership with Human Resources in all the companies of London to provide awareness
5. Clients come first
6. In my experience, many clients & families are unaware of WOTCH when I discuss making a referral, so I assume more public info is needed.
7. Direct involvement w pts/clients should be first priority
8. Without clients we have no service to provide so political advocacy is #1. Revenue is needed to provide these services. Collaboration and co-operation is important to ensure all clients get what they need.
9. seems logical
10. You've got great services but if they are hard to navigate or find, they are not being used to their potential.
11. More people would appreciate the value of your service if public information was a first priority
12. We all need to work together and all the other areas will work out.

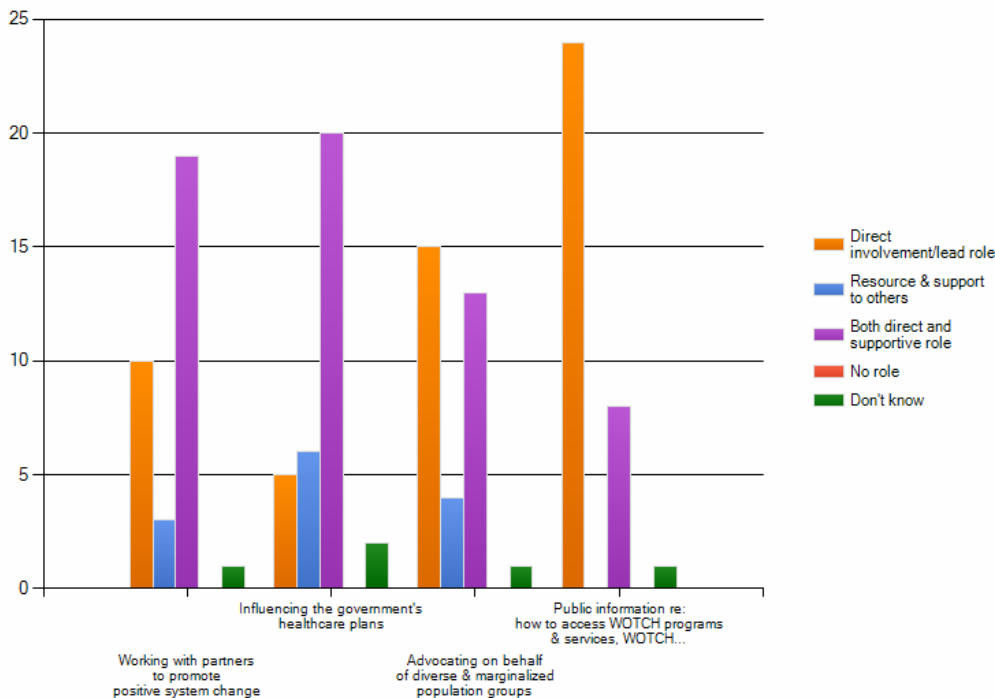
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13. They, the marginalized, are the first to be overlooked by government and have the smallest voice.
14. Clients First!
15. Clients are the reason for the work we do - they are teh #1 priority in my opinion.
16. WOTCH... depends on referrals from other agencies and developing partnerships is key to ensuring those who need assistance can receive it.
17. Limited resources make partnerships more important now than ever.
18. I think with the systemic focus on planning with LHINs, it is critical that community agencies find new and different ways of working with each other that is not about defending territory, but actually positive sytem change. This is critical and will help achieve all of the priorities that follow.
19. Resources for everybody are stretched too thin. WOTCH has some great potential but needs to work better with partners to decrease overalp of services and identify service gaps to improve the overall mental health system
20. The focus should be to access WOTCH services for clients who are struggling. Governments are constantly in flux and it is difficult to decide what the most effective strategy to deal with funding is.
21. WOTCH appears to have the resources necessary to greatly influence system changes in the entire region. What does not seem to happen from a partner's perspective is that what is on paper is not translated into practice. The entire program is based on a service to the marginalized in society, definitely more could be done to advocate and provide better care.
22. Clients should come first
23. Collaboration among partners re such promotion is key to relevant success.
24. Always need to be client centered

Role in health promotion, education and public policy:

The results were clear that WOTCH should definitely have a direct role in advocating on behalf of diverse and marginalized population groups (45.5%) and Public information re: how to access WOTCH (72.7%). It was also strongly felt that WOTCH should have both a direct and supportive and collaborative role in influencing the government’s healthcare plans (60.6%) and Working with partners to promote positive change (57.6%).

In your opinion, what role should WOTCH have in the following aspects of health promotion, education, and public policy?



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## **Suggestions about ways to improve/expand awareness of our programs and services:**

1. Presentations about reducing stigma available for companies to schedule for their staff.
2. Have representatives of WOTCH visit other service providers to explain your programs in more detail.
3. WOTCH is an excellent program and valued community partner. My patients are well served. Keep up the good work!
4. I am in regular contact with WOTCH staff through IRPs etc. This would may be a good opportunity to discuss programs as they relate to individual clients instead of finding out about them after they've happened by noticing an outdated poster on the wall.
5. The first thing that comes to mind is improving awareness with the WOTCH staff. While attending IRP meetings WOTCH staff could voice to partners available resources in the community that WOTCH provides. The entire system continues to function in their own capacity, each other having poor knowledge of what the other does. There have been many occasions that resources available are not mentioned in the IRP meeting, only to find out there are many options available after the fact.

### Website

63.6% of respondents had visited the website. Of the 6 responses one found it somewhat useful, one felt it could improve and the remainder felt it was good, helpful or useful.

## **RECOMMENDATIONS:**

1. Increase education around WOTCH Services and programs to all stakeholders.
2. Expand current partnerships to meet the needs of our community.
3. Improve communication between staff and stakeholders when mutual clients are involved in WOTCH services.
4. Improve staffs awareness of all programs and services WOTCH offers.

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