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Client Advocacy Needs Assessment at St. Peter Regional Treatment Center

Office of the Ombudsman for Mental Health and Mental Retardation

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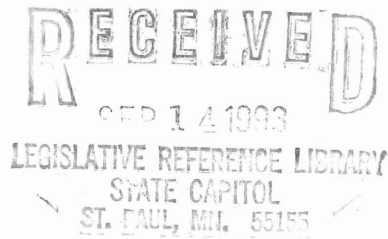
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Above all, the Office also wishes to thank the clients at SPRTC who participated in this review.



This information will be made available in alternative format. For example, large print, Braille, cassette tape, upon request.

EXECUTIVE BRIEF

The Office of the Ombudsman for Mental Health and Mental Retardation, in cooperation with the administration and staff at the St. Peter Regional Treatment Center, conducted a survey of 63 clients, to determine their advocacy needs. The results from this survey indicate that clients are more likely to rely on unit staff than outside advocacy because of the proximity and ready access clients have to unit staff. Moreover, the results suggest that current advocacy services provided by the Ombudsman Office are difficult to access by clients, and further, that clients express some dissatisfaction with the quality of advocacy services at St. Peter Regional Treatment Center. This study recommends, among several recommendations, that the Ombudsman Office and St. Peter Regional Treatment Center take action to make advocacy services at St. Peter more accessible to clients.

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I. Introduction

The Office of the Ombudsman was established to promote the highest attainable standards of treatment, competence, efficiency, and justice for persons receiving services or treatment for mental illness, developmental disabilities, chemical dependency, and emotional disturbance. Since its inception in 1987, the Ombudsman Office has continuously strived to meet the needs of clients relying on it for advocacy and mediation services. As part of this continuing goal of improving delivery of services to clients, the Ombudsman Office determined that a needs assessment survey should be undertaken to ascertain what clients think are their most pressing concerns, and where Ombudsman services can be most useful.

Ombudsman Regional Client Advocates serve geographic areas encompassing several counties throughout the state. Because Ombudsman Regional Client Advocates are housed on Regional Treatment Center campuses however, it was decided to conduct the first survey at the St. Peter Regional Treatment Center (SPRTC). The Office plans to replicate this survey in the future to other Regional Treatment Centers and community based facilities.

SPRTC was chosen because of recent changes in the Ombudsman Regional Client Advocate's responsibilities at SPRTC. These changes included the former Ombudsman Client Advocate at St. Peter moving to the central office to head up the Ombudsman medical review function, a mobility assignment developed for a former unit staff worker at St. Peter to be the temporary Client Advocate, and the development of the Patient Representative position at SPRTC. As indicated above, the Ombudsman Client Advocate based at SPRTC serves clients throughout a 12 county area stretching from Nicollet County to the southeastern border of the state.

The purposes of providing advocacy services to clients are twofold. First, it allows clients to have access to an identified Client Advocate with which they can discuss complaints or concerns about the services they are receiving, or about legal issues they might be encountering. The Client Advocate's primary role is to listen to the client and act on their behalf in resolving, to the extent possible, the client's complaint or concern.

Second, advocacy services provide a method for the facility to continuously review the quality of their services. Client complaints or concerns are often indicators of potential underlying problems with services. By identifying and reviewing client complaints, a facility can correct potential disputes before they lead to legal or regulatory complications.

In doing the present needs assessment, it is hoped that a clearer picture of client needs for advocacy services at St. Peter Regional Treatment Center will be identified. While advocacy as outlined above, as well as continuous quality improvement, needs to be the responsibility of both the Ombudsman Office and the Regional Treatment Centers, the results contained in this needs assessment will assist our agency in how best to provide services in a cooperative manner with SPRTC Administration.

II. Methodology

With the cooperation of the SPRTC Administration, the Ombudsman Office formed a work group to develop a survey to assess client's advocacy needs in September, 1992. A first draft of this survey was developed in early October, and reviewed by Phillip L. Kent, Psy.D, Director of Program Evaluation, SPRTC. Following review and revision, the survey was then piloted with clients on the Chemical Dependency Division on November 5, 1992. The purposes of the pilot were to identify if the survey was "user-friendly," and whether or not difficulties in wording existed. After further revision, a final version of the survey was developed for use in the Mental Health Division. Mental Health Division clients were surveyed during the week of November 30, 1992 through December 4, 1992.

All clients were informed of the purpose of the survey prior to its administration. Clients were also informed that participation was voluntary, that their responses would be analyzed in such a fashion to ensure anonymity, and that participation or lack thereof would in no way affect their treatment services.

Because of the difficulty of developing a meaningful survey for clients in the Developmental Disabilities Division, they were excluded from the present project. Minnesota Security Hospital clients also were excluded, because of their special needs. A means to survey these groups needs and to improve their advocacy services is being studied by Ombudsman Office staff to ensure that they too can have some input into whether they are receiving quality advocacy services.

The following is a brief description of the units surveyed. The Chemical Dependency Center is also known as Johnson Chemical Dependency Center; all other units are located in the Mental Health Division.

Johnson Chemical Dependency Center

Johnson Chemical Dependency Center provides in-house treatment services for chemically dependent adults. All clients are capable of self care skills, and are not experiencing illnesses requiring intense psychiatric or medical attention. 13 out of 22 clients participated in the survey.

Bartlett Hall 1 South

Bartlett Hall 1 South is licensed for 34 beds, and provides evaluation, assessment, and treatment services on a 24 hour, seven days a week, schedule to mentally ill, geriatric and disabled individuals. Most Bartlett Hall clients have multiple disabilities and impairments. The average age of clients served is 75 years. 5 out of 32 clients participated in the survey.

Pexton 1 North

Pexton 1 North is licensed for 38 beds, and treats adults who are suffering psychiatric impairment. Clients primarily carry a diagnosis of major mental illness, complicated by a variety of social skills deficits. Pexton 1 North is a primary discharge unit from SPRTC. 8 out of 29 clients participated in the survey.

Pexton 2 North

Pexton 2 North is licensed for 40 beds, and specialized in the provision of psychiatric treatment for adults experiencing episodes of illness that may require extended hospitalization. Clients are transferred to Pexton 2 North from other units at St. Peter. 13 out of 38 clients participated in the survey.

Pexton 1 South

Pexton 1 South is licensed for 28 beds and is the main admission unit to the Mental Health Division. It treats adults who present an acute danger to self or others. 7 out of 16 clients participated in the survey.

Pexton 2 South

Pexton 2 South is licensed for 36 beds and primarily treats clients who have serious and persistent mental illness. Most have a prolonged history of mental illness and are in need of extended hospitalization. 18 out of 27 clients participated in the survey.

Out of 164 clients in residence during the week of the survey, 64 or 39.02% voluntarily participated in the present project.

Scope and Delimitations

This study is limited in its scope and findings to the population surveyed at St. Peter Regional Treatment Center, and to the analysis used. Because of this, the results cannot be generalized to clients at other RTC's.

III. Results

It is significant to note that while 64 clients participated in the present survey, not all clients answered each and every question. As a result, the sample sizes may occasionally vary from 64 in the following discussion.

Q1: How long have you been a patient?

Table 1: Distribution of Client Length of Stay:

Length of Stay	Number of Patients	Percent of Sample
less than 1 month	17	26.56
1-6 months	23	35.93
6-12 months	10	15.62
1-3 years	4	6.25
3+ years	10	15.64
Totals	64	100%

As can be seen from Table 1, most survey participants had been hospitalized six months or less. 78.11% of the sample had been hospitalized one year or less. A significant portion of the sample were hospitalized three years or more.

Q2: Were you informed of your rights as a patient at admission?

Table 2: Informed of Rights at Admission:

N=59	Yes	No
Number	42	17
Percentage	71.18%	28.81%

59 clients answered Q2. 42 or 71.18% responded yes, and 17 or 28.81% responded no.

While the majority of the clients answered in the affirmative, it can be concluded that the process of informing clients at admission of their rights could be improved.

Q3: Have you been informed of your rights during your stay?

Table 3: Informed of Rights during Stay:

N=63	Yes	No
Number	35	28
Percentage	55.55%	44.44%

63 clients answered Q3. 35 or 55.55% responded yes, and 28 or 44.44% responded no.

The conclusion drawn from this question is that a fairly significant portion of SPRTC clients do not know what their rights are. Reminding clients of their rights during their stay may be an area for the Client Advocate and St. Peter Administration to target for future intervention.

Q4: Does SPRTC have a grievance procedure?

Table 4: Client knowledge of Grievance Procedure:

N=62	Yes	No
Number	38	24
Percentage	61.29 %	38.7 %

62 clients answered Q4. 38 or 61.29% responded yes, and 24 or 38.7% responded no. It would appear that the fact that SPRTC has a grievance procedure is not universally known by clients.

To conclude, while St. Peter Administration should have primary responsibility for informing their clients of their rights to a grievance procedure, the Client Advocate could work in cooperation with administration to ensure that this procedure is known.

Q5: Which of the following services have you used to get help with an advocacy problem? (circle as many as you wish)

It is significant to note that clients could circle more than one service listed in Table 5 (see below) if they wished. As a result, if one were to add up the total for the # **Clients Endorsing** column, the total would exceed 64.

Table 5: Services Used for Help with Advocacy Problems:

Service	# of Clients Endorsing	Rank Order
Unit Social Worker	29	1
Nurse LPN	21	2
Unit Director	20	3
Client Advocate	15	4
Clinical Staff (Psychiatrist, Psychologist)	14	5.5
Friend and Relative	14	5.5
None of the Above	13	7
Chaplain	12	8.5
Unit Care Staff (HST, 1 to 1)	12	8.5
Attorney	10	10
Outside Advocacy	8	11
Hospital Review Board	2	12.66
CEO/Administration	2	12.66
Other	2	12.66

Looking at Table 5, it is significant to note that the four highest rated services were Unit Social Worker, Nurse/LPN, Unit Director, and Client Advocate, respectively. A conclusion that can be drawn from this question is that the first three highest rated services are likely used because of proximity to the client, and the frequency with which they have contact with clients. Clients rarely go to an Attorney, Outside Advocacy, the Hospital Review Board, CEO/Administration, or others.

Q6: Do you think there are enough advocacy services at SPRTC available to help you?

Table 6: Advocacy Services Available:

N=62	Yes	No
Number	39	23
Percentage	62.9 %	37.1 %

62 clients answered Q6. 39 or 62.9% responded yes, and 23 or 37.1% responded no. It can be concluded from these numbers that approximately one-third of clients responding to Q6 presently feel underserved by advocacy services, suggesting a need for increased advocacy services at SPRTC.

Q7: Are advocacy services available when you need them?

Table 7: Availability of Advocacy Services:

Available when needed?	Number of Clients (N=52)	Percent
Always	15	28.84
Sometimes	18	34.61
Rarely	12	23.09
Never	7	13.46
Have not needed them	8	-

60 clients answered Q7. 8 clients or 13.33% of the total sample reported that they had not needed advocacy services. This suggests that over 86% of the sample of clients participating in the present survey **had a need** for advocacy services at SPRTC. Assuming the sample of clients who participated in the survey were somewhat representative of other SPRTC clients in Mental Health and Chemical Dependency, it can be concluded that the base rate of need for advocacy services at SPRTC is very high.

The percent column statistics are based only on the number of clients (N=52) responding to the first four items. For the present sample of clients, approximately one in four felt advocacy services were **always available**. Another quarter felt they were available **rarely**. One out of three feel advocacy services are only **sometimes available**. Approximately 13% feel they are **never available**.

It should be noted that Q7 is somewhat ambiguous. It is suggested it be reworded if the survey is used in the future.

Q8: How many times have you used advocacy services since your admission?

Table 8: Client Use of Advocacy Services:

N=58	# Clients	Percent
Not at all	31	53.44
A few times	16	27.58
About once a week	6	10.34
More than once a week	3	5.17
About once a month	2	3.44

58 clients answered Q8. Like Q7, Q8 should be reworded in future surveys to improve clarity and ease in interpretation.

Despite the apparent high need for advocacy services as suggested by client responses to Q7, over half those responding indicated that they had not used advocacy services at all. It is unknown if the lack of use is due to lack of access (as suggested by the data for Q7), or the way Q8 was worded. Since we know that clients go to their Unit Social Worker, Nurse, or Unit Director with greater frequency than they go to the Client Advocate (see Q5), it is possible that many client advocacy issues are resolved on a local level, resulting in no need for advocacy services (i.e., the Client Advocate) in many instances.

To conclude, the numbers indicate that approximately half the sample **had used** advocacy services since admission, again suggesting a high need for these services on campus.

Q9: Are your advocacy needs being met at SPRTC?

Table 9: Advocacy Needs Being Met:

N=62	Yes	No
Number	30	32
Percentage	48.38 %	51.61 %

62 clients answered Q9. 30 or 48.38% responded yes, and 32 or 51.61% responded no.

The conclusion drawn from the results of Q9 suggest that there is an increased need for advocacy services at SPRTC.

Q10: Is the Client Advocate helpful in meeting your advocacy needs?

Table 10: Is the Client Advocate Helpful?

N=62	Number
Yes	23
No Opinion	14
No	13
Never Heard of Client Advocate	12

62 clients responded to Q10. 12 or 19.35% of those responding indicated they had never heard of the Client Advocate. 14 or 22.58% of the sample expressed no opinion. Of the remaining 36, 23 or 63.88% responded yes to Q10, and 13 or 36.11% responded no.

Several conclusions could be drawn from this question. While the number of clients who had never heard of the Client Advocate was low as compared to the population surveyed, St. Peter Administration and the Ombudsman Office need to make clients more aware of the presence and function of the Client Advocate. The results also conclude that Client Advocates are seen as helpful approximately two-thirds of the time clients call on them. In light of the difficult issues and problems that the Client Advocate has to deal with, this "satisfaction rating" appears reasonable.

Q11: Who do you prefer to go to for advocacy services?

Table 11: Preference for Advocacy Services:

N=60	Number of Clients Endorsing	Rank Order
Unit Staff	20	1
Outside Advocacy	11	2.5
Client Advocate	11	2.5
Private Attorney	9	3.5
No Opinion	9	3.5

60 clients responded to Q11. 9 or 15% expressed no opinion when it came to a preference of who they would go to for services. Of the remaining 51, 20 or 39.21% preferred Unit Staff; 11 or 21.56% preferred to go to Outside Advocacy; 11 or 21.56% preferred to go to the Client Advocate; and 9 or 17.64% preferred to go to a Private Attorney.

Q12: Are advocacy services difficult to obtain at SPRTC?

Table 12: Advocacy Services Difficult to Obtain?

N=40	Number	Percentage
Yes	23	57.5
No	17	42.5
No Opinion	20	-

60 clients answered Q12. Of these clients, one third or 20 expressed no opinion. Of the remaining 40, 23 or 57.5% answered yes, and 17 or 42.5% answered no.

To conclude, while this survey does not take into account the 100 clients who did not participate, a significant number of the clients surveyed feel that advocacy services are difficult to obtain. This suggests that there is a need to improve access to advocacy services at SPRTC.

Q13: How would you rate the quality of SPRTC advocacy services?

Table 13: Quality of Advocacy Services:

N=49	Number	Percentage
No Opinion	12	-
Poor or Fair	28	55.1
Good or Very Good	21	42.57

61 clients answered Q13. Of these, 12 or 19.67% expressed no opinion. Of the remaining 49, 28 or 55.1% rated the service as either poor or fair, and 21 or 42.57% rated the service as either good or very good.

To conclude, again while this survey does not take into account the remainder of the clients not participating, the majority of clients surveyed questioned the quality of the advocacy services being provided them.

Q14: Please select the two most important areas where you may want the help of an advocate. (circle two)

Table 14: Client Area Preference For Advocate Help:

Area	# Clients	Rank Order
Discharge	37	1
Staff Attitudes	17	2
Assisting with grievances	13	3
Commitment	12	4
General Information about my rights	11	5
Behavior Program	9	6.5
Unit Restrictions	9	6.5
Other	6	8
Admissions	3	9.5
Representation at Meetings	3	9.5

As can be seen from Table 14, the five most important areas where clients want the help of an advocate are discharge, admission, assisting with grievances, commitment, and general information about rights.

Q15: Do you know how to file a grievance at SPRTC? If yes, was the procedure helpful?

Table 15: Know How to File a Grievance:

N=55	Yes	No
Percentage	35.54%	65.45%
Number	19	36

Because of the way Q15 was set up on the survey, it likely was confusing to respondents. For this reason, the second part of Q15 will be eliminated from the present analysis. 55 clients answered the first part. 19 or 34.54% responded yes, and 36 or 65.45% responded no. Assuming clients understood Q15, the results of the present survey would suggest that almost two thirds do not know how to file a grievance.

It is recommended that if the present survey is used in the future, Q15 be reworded to improve clarity and ease data analysis.

To conclude, a need for further education in this area is indicated.

Q16: Please list any recommendations you may have for improving advocacy services.

Client responses to Q16 have been incorporated into the recommendations. See Addendum 1.

IV. Conclusions and Recommendations

While not all SPRTC clients were surveyed, and while it is possible for the potential of multiple interpretations for some questions due to difficulty in controlling variables in this population, there is enough of a pattern so that significant conclusions and recommendations can be drawn from the above responses. In summary, the survey indicated that by and large clients utilize their unit staff for their advocacy needs. Likely this is because of the proximity and ready access clients have to unit staff. The responses further show that clients were somewhat dissatisfied with the quality of the advocacy services they are receiving. The following recommendations are made to improve advocacy services at SPRTC:

1. St. Peter Regional Treatment Center, through its internal Patient Representative, needs to be more accessible to clients. This should include:
 - a) regular office hours;
 - b) regular rounds on the units by the Patient Representative;
 - c) informing clients at SPRTC of when the Patient Representative is available; and
 - d) attendance at client council meetings to keep clients knowledgeable of the Patient Representative.
2. The Ombudsman Office, through its Client Advocate, also needs to be more accessible to its St. Peter clients. This should include:
 - a) regular office hours;
 - b) periodic (given the geographic responsibilities of the Client Advocate) rounds with the Patient Representative;
 - c) informing clients at SPRTC of when the Client Advocate is available; and
 - d) periodic attendance with the Patient Representative at client council meetings and at Regional Review Board meetings to keep clients knowledgeable of available advocacy services.
3. The Ombudsman Office should work closely and cooperatively with the SPRTC staff, including administration to insure that clients are aware of the Ombudsman Office Regional Client Advocate, client rights and procedures for access.
4. The Ombudsman Office and the Patient Representative should provide in-service training to SPRTC staff on client rights and the services provided by the Ombudsman Office.
5. St. Peter Administration and the Ombudsman Office should coordinate to prevent duplicate use of services, while insuring clients rights are protected.
6. Regarding the survey format, for future reports it is recommended that it be further revised to improve wording and clarity, and to eliminate redundancy.

V. Progress to Date

Since the date of the survey, several steps have occurred to address the advocacy concerns of SPRTC clients. These steps have included:

1. The establishment by SPRTC of an internal Patient Representative trained by the Office of the Ombudsman in patient rights;
2. The filling of the Ombudsman Client Advocate position by an experienced advocate to handle the St. Peter Regional Treatment Center and the accompanying geographic region; and
3. Reducing the geographic area served by the Client Advocate in the St. Peter region.

It is hoped that by these actions, and by the enactment of the previous recommendations, that SPRTC and the Ombudsman Office will have an opportunity to work in a collaborative effort to improve the quality and effectiveness of client advocacy services at St. Peter Regional Treatment Center.

Addendum 1

Q16: Please list any recommendations you have for improving advocacy services.

Client Responses:

1. I am not sure about recommendations, but I have not gotten anywhere with answers or questions or actions regarding my stay.
2. Freeing patients instead of making patients stay for a long time.
3. Just fine.
4. I would like to talk to a Client Advocate more often.
5. Fix potholes and put new tar on roads.
6. Have Client Advocates at monthly meetings.
7. Have TRP board available to refuse medication and commitment.
8. Get me discharged as I am a voluntary client.
9. To care about patient needs.
10. Please consider smoking indoors during winter months.