



MARYLAND
Department of Health

Maryland's Public Behavioral Health System

**Consumer Perception of Care Survey
2017**

Detailed Report

**MARYLAND'S PUBLIC BEHAVIORAL HEALTH SYSTEM
2017 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

The Maryland Department of Health (MDH) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the state's Medicaid 1115 waiver reform initiative. The 1115 waiver created a system whereby specialty mental health (MH) services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. Since the creation of the "carve-out", two additional major changes to the public system have occurred. The first was the formal merger of the Mental Hygiene Administration (MHA) with the Alcohol and Drug Abuse Administration (ADAA) in July 2014, creating an integrated Behavioral Health Administration (BHA). The second major change was the shift of substance use disorder (SUD) services from a managed care system to the "carve-out" system in January 2015, which is now referred to as the Public Behavioral Health System (PBHS). The system continues to serve Medicaid recipients and a subset of uninsured individuals eligible for public behavioral health services due to severity of illness and financial need. As a result of these major changes, individuals treated primarily for an SUD have also been included in this survey, starting with the 2016 Consumer Perception of Care (CPOC) survey.

Medicaid currently contracts with Beacon Health Options (Beacon) to provide administrative services, including evaluation activities, for the PBHS. One of the evaluation activities is the administration of consumer surveys to assess perception of care, including satisfaction with and outcomes of behavioral health services provided by the PBHS. Beacon subcontracted with Fact Finders, Inc. of Albany, New York to conduct data collection using telephone interviews, mailed questionnaires, and an online survey; collect and analyze the data; and document the findings. This report represents findings of the 2017 Consumer Perception of Care Survey, which is the seventeenth systematic, statewide survey since the inception of the PBHS (formerly PMHS).

The survey protocol, including methodology, sampling, administration, and data collection is reviewed annually by the MDH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that the rights, safety, and dignity of human subjects are protected (Appendix A).

This report contains detailed findings and analyses of the survey questions. Condensed versions of the findings may be found in the *2017 Consumer Perception of Care Survey - Executive Summary* and the brochures *2017 Consumer Perception of Care Survey - Maryland's Adult Consumers Rate Their Public Behavioral Health Services* and *2017 Consumer Perception of Care Survey - Maryland's Caregivers Rate Their Children's Public Behavioral Health Services*. To obtain a copy of any of these documents, visit the following website:
<https://bha.health.maryland.gov>.

II. METHODOLOGY

A. Survey Population

The potential survey population consisted of individuals for whom PBHS claims were received for outpatient behavioral health services rendered between January and December 2016. The sample was stratified by age and region of residence, and individuals were then randomly selected from among these groups for inclusion in the survey sample. Service types for adults included outpatient MH treatment services and/or outpatient SUD treatment services. Service types for children included outpatient MH treatment services. Individuals 16 years of age or older at the time of service responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16. The survey was administered by telephone, mail, and online with individuals who agreed to participate.

B. Notification of Survey Population

Pre-notification packets were mailed to a total of 50,000 individuals. In total, 15,000 of these packets were sent to the Adult-MH survey sample (Appendix B), 20,000 to the Adult-SUD survey sample (Appendix C), and 15,000 to the Child Caregiver (Child-MH) survey sample (Appendix D). Each of these packets included a pre-notification letter that informed the survey population about the survey, described the survey topics, and offered instructions for participating in the survey by telephone, by mail using the enclosed paper survey questionnaire and postage paid return envelope, or online using the enclosed URL or web address. The letters contained a toll-free telephone number that individuals could call to receive more information about the survey, ask questions, or provide notification of willingness or unwillingness to participate. A voicemail system captured calls made after business hours, and the database was updated daily based on these voicemail messages. The packets also included Frequently Asked Questions (FAQs), and a Notice of Non-Discrimination and Accessibility (Appendix H).

C. Survey Instruments

Separate survey instruments were used for adults and for child caregivers. Both of these instruments were adapted from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Perception of Care Survey (Appendix E) is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey (Appendix F) is based on the MHSIP Youth Services Survey for Families (YSS-F). In addition to the MHSIP items, both survey instruments included other selected items of interest.

II. METHODOLOGY (continued)

D. Interviewer Training and Supervision

Interviewers and supervisory staff received extensive project-specific training prior to beginning data collection. The training included project goals and guidelines, research methods, survey instruments, survey populations, and guided responses to anticipated questions from potential respondents. Interviewers were provided with a script and emergency numbers to use if they encountered a consumer experiencing a behavioral health crisis or needing immediate intervention. The interviewers were all experienced with the Computer Assisted Telephone Interviewing (CATI) software used and familiar with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines regarding protected health information (PHI). Supervision and quality control auditing were continuous for the duration of data collection.

E. Confidentiality, Consent, and Protection of Respondent Information

There were many mechanisms in place to inform clients, safeguard confidentiality, and protect respondent information:

- Potential respondents were assured that all survey responses would be confidential, and that their responses would not be linked to any identifying information.
- Potential respondents were given the opportunity to opt in or out of the survey, and were assured that opting out of the survey would not affect the services they receive.
- Potential respondents who declined to participate were removed from the sample and not contacted again.
- Potential respondents who wished to be contacted at a certain time were scheduled and called back at their preferred time.
- Messages were not left on answering machines or with individuals who were not the potential respondent.
- The CATI software is located on a password-protected server, with access limited to authorized interviewers and designated management staff.
- All interviewers and management staff who worked on this survey signed employee confidentiality agreements.

The oversight and monitoring of data collection were in accordance with the IRB-approved protocol and managed by Beacon's Quality Director and Fact Finders' senior staff.

F. Data Collection

This survey was conducted by mail, telephone, and online. CATI software, which ensures that survey questions and response options are worded consistently for all respondents, was used to administer the telephone portion of this survey. In order to give all individuals in each sample an opportunity to participate in this survey, all individuals were contacted by mail to request participation. The table below shows the number of surveys that were mailed out and the number of completed surveys by service population. The sampling target for each service population was a minimum of 500 responses.

SAMPLE	SAMPLE SIZE	COMPLETED SURVEYS
Adult outpatient mental health (MH) treatment services	15,000	534
Adult outpatient substance-related disorder (SUD) treatment services	20,000	440
Child outpatient mental health (MH) treatment services	15,000	520

II. METHODOLOGY (continued)

F. Data Collection (continued)

The survey samples were stratified by the geographic distributions of individuals served based on claims data. The regional breakdown of the survey sample and the final distributions of survey respondents are shown in the following table.

REGION	ADULT MH		ADULT SUD		CHILD/ CAREGIVER	
	ORIGINAL SAMPLE	SURVEY RESPONDENTS	ORIGINAL SAMPLE	SURVEY RESPONDENTS	ORIGINAL SAMPLE	SURVEY RESPONDENTS
Baltimore City	24.5%	23.0%	25.4%	38.9%	23.8%	16.0%
Eastern	11.9%	12.7%	15.7%	12.0%	13.2%	17.9%
Metropolitan	40.2%	39.7%	31.4%	29.3%	41.6%	38.8%
Suburban	12.9%	11.8%	15.0%	10.9%	11.7%	12.3%
Western	10.5%	12.7%	12.5%	8.9%	9.8%	15.0%

G. Data Analysis and Reporting

Data analyses were conducted using SPSS® analytic software. This report presents percentage distributions for each of the survey questions. As a result of rounding to the nearest tenth of a percent, totals may not equal exactly 100.0%. The total responses ("N") for each question reflects the total number of respondents who answered the specific question, which in many cases is a subsample of the total number of survey respondents.

The perception of care response categories are presented in tables that include the mean (average), standard deviation (the variability of the responses around the mean), and percent (%) of responses. Responses are based on the five-point Likert scale: "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." The percentages and means are calculated using only those respondents who answered within the context of the five-point Likert scale. Those respondents who responded "not applicable" or "don't know," or who declined to answer a particular survey question have been excluded from the analysis and presentation of that question. As a result, the number of respondents (N) for each survey question varies. In the survey findings, lower mean scores indicate more positive ratings, such as greater satisfaction.

H. Limitations

The main limitation of this survey is the challenge of encouraging individuals to participate in the survey. In this 2017 survey, for the first time, all individuals in the survey sample were given the option of participating by telephone, mail, or online. Despite this choice of data collection options, increasing the response rate continues to be both a goal and a challenge.

III. ADULT SURVEY RESULTS

A. Summary of Respondent Characteristics

Characteristics		MH		SUD	
		N	%	N	%
Gender	Female	367	68.7	215	48.9
	Male	167	31.3	225	51.1
	Total	534	100.0	440	100.0
Age	16 - 20	38	7.1	5	1.1
	21 - 30	68	12.7	62	14.1
	31 - 40	94	17.6	96	21.8
	41 - 50	91	17.0	83	18.9
	51 - 64	231	43.3	180	40.9
	65 and Older	12	2.2	14	3.2
	Total	534	100.0	440	100.0
Race	American Indian or Alaska Native	11	2.1	5	1.1
	Asian	10	1.9	1	0.2
	Black or African-American	176	33.0	143	32.5
	White or Caucasian	271	50.7	232	52.7
	Other	4	0.7	0	0.0
	Unknown	62	11.6	59	13.4
	Total	534	100.0	440	100.0
Ethnicity	Spanish, Hispanic, or Latino	40	7.5	29	6.6
	Not Spanish, Hispanic, or Latino	481	90.1	407	92.5
	Unknown	13	2.4	4	0.9
	Total	534	100.0	440	100.0

III. ADULT SURVEY RESULTS *(continued)*

B. Use of Behavioral Health Services

1. In the past year, did you go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor?

	MH		SUD	
	N	%	N	%
Yes	527	98.7	439	99.8
No	7	1.3	1	0.2
Total	534	100.0	440	100.0

2. In the past year, did you receive psychiatric rehabilitation services, such as a day program or PRP services?

	MH		SUD	
	N	%	N	%
Yes	158	29.6	143	32.5
No	316	59.2	248	56.4
Don't Know	51	9.6	45	10.2
Missing	9	1.7	4	0.9
Total	534	100.0	440	100.0

3. In the past year, did you participate in a mental health and/or substance use self-help group?

	MH		SUD	
	N	%	N	%
Yes	152	28.5	328	74.5
No	351	65.7	95	21.6
Don't Know	26	4.9	14	3.2
Missing	5	0.9	3	0.7
Total	534	100.0	440	100.0

III. ADULT SURVEY RESULTS *(continued)*

C. Use of Physical Health Services

4. Thinking about your physical health care, do you have a primary health care provider?

	MH		SUD	
	N	%	N	%
Yes	504	94.4	388	88.2
No	21	3.9	40	9.1
Don't Know	6	1.1	9	2.0
Missing	3	0.6	3	0.7
Total	534	100.0	440	100.0

5. To your knowledge, did your primary health care provider and your mental health and/or substance use provider speak with each other about your treatment?

	MH		SUD	
	N	%	N	%
Yes	152	28.5	138	31.4
No	178	33.3	125	28.4
Don't Know	165	30.9	121	27.5
Appropriately Skipped / Missing	39	7.3	56	12.7
Total	534	100.0	440	100.0

6. In the past year, did you see a medical professional for a check-up or because you were sick?

	MH		SUD	
	N	%	N	%
Yes	455	85.2	356	80.9
No	70	13.1	77	17.5
Don't Know	8	1.5	6	1.4
Missing	1	0.2	1	0.2
Total	534	100.0	440	100.0

D. Satisfaction with Outpatient Behavioral Health Treatment Services (Adult-MH)

To assess satisfaction with specific aspects of their outpatient behavioral health treatment services, respondents were asked to indicate the degree to which they agree or disagree with 23 statements about the services they received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I like the services that I receive.	530	1.76	0.94	46.8	38.9	8.5	3.0	2.8
If I had other choices, I would still get services from this provider.	523	1.89	1.06	43.4	37.9	8.6	6.1	4.0
I would recommend this provider to a friend or a family member.	528	1.85	1.01	43.9	38.3	10.0	4.0	3.8
The location of services was convenient.	529	1.87	1.04	46.1	32.7	12.9	4.7	3.6
Staff were willing to see me as often as I felt was necessary.	515	1.82	1.00	45.8	36.9	9.7	4.3	3.3
Staff returned my calls in 24 hours.	502	1.99	1.03	37.3	39.2	13.7	6.8	3.0
Services were available at times that were good for me.	527	1.81	0.90	42.3	42.1	9.7	4.2	1.7
I was able to get all the services I thought I needed.	527	1.92	1.03	40.0	41.7	8.3	6.3	3.6
I was able to see a psychiatrist when I wanted to.	503	2.11	1.16	35.6	38.0	12.5	7.8	6.2
Staff here believe that I can grow, change, and recover.	503	1.84	0.95	43.7	36.2	14.7	3.0	2.4
I felt comfortable asking questions about my treatment and medication.	521	1.72	0.90	48.4	38.2	8.3	3.1	2.1
I felt free to complain.	511	1.88	0.97	40.7	39.5	13.3	3.5	2.9
I was given information about my rights.	514	1.69	0.83	46.9	42.6	6.2	2.7	1.6
Staff encouraged me to take responsibility for how I live my life.	500	1.89	0.92	39.8	38.8	15.8	4.0	1.6
Staff told me what side effects to watch out for.	487	2.15	1.14	33.9	36.8	14.4	10.5	4.5
Staff respected my wishes about who is and is not to be given information about my treatment.	515	1.66	0.77	48.3	41.0	8.7	0.6	1.4
I, not staff, decided my treatment goals.	506	2.27	1.13	28.7	35.4	21.5	9.3	5.1
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	500	2.07	1.05	34.0	39.0	17.0	6.0	4.0
I was encouraged to use consumer-run programs such as support groups, drop-in centers, crisis phone line.	453	2.48	1.24	27.2	27.6	21.9	16.8	6.6
Staff were sensitive to my cultural or ethnic background.	436	1.93	0.88	36.5	39.4	20.4	2.3	1.4
Staff respected my family's religious or spiritual beliefs.	429	1.84	0.83	39.2	41.0	17.0	2.1	0.7
Staff treated me with respect.	524	1.60	0.76	52.1	40.1	5.0	1.9	1.0
Staff spoke with me in a way that I understood.	527	1.59	0.69	50.1	43.3	5.1	0.8	0.8

*Lower mean scores indicate higher satisfaction levels. These statements were asked of respondents who received outpatient and/or PRP services, therefore the maximum N is 534.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

E. Satisfaction with Outpatient Behavioral Health Treatment Services (Adult-SUD)

To assess satisfaction with specific aspects of their outpatient behavioral health treatment services, respondents were asked to indicate the degree to which they agree or disagree with 23 statements about the services they received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I like the services that I receive.	438	1.95	0.99	36.3	43.6	12.8	3.2	4.1
If I had other choices, I would still get services from this provider.	426	2.18	1.14	31.5	39.9	14.3	8.2	6.1
I would recommend this provider to a friend or a family member.	434	2.03	1.08	35.7	42.2	10.8	6.5	4.8
The location of services was convenient.	436	1.95	0.97	36.2	43.6	11.7	6.0	2.5
Staff were willing to see me as often as I felt was necessary.	433	2.01	1.07	36.7	41.3	11.1	6.2	4.6
Staff returned my calls in 24 hours.	399	2.31	1.14	26.3	39.8	16.0	12.5	5.3
Services were available at times that were good for me.	434	2.00	1.00	33.2	47.0	10.8	5.1	3.9
I was able to get all the services I thought I needed.	435	2.11	1.12	33.3	40.5	12.6	8.5	5.1
I was able to see a psychiatrist when I wanted to.	348	2.45	1.28	26.7	34.2	15.5	14.4	9.2
Staff here believe that I can grow, change, and recover.	425	1.76	0.94	47.3	38.6	7.5	4.0	2.6
I felt comfortable asking questions about my treatment and medication.	435	1.78	0.99	47.8	36.8	8.3	3.7	3.4
I felt free to complain.	430	2.06	1.06	33.7	41.9	13.5	6.5	4.4
I was given information about my rights.	431	1.90	1.00	38.3	45.5	7.7	4.6	3.9
Staff encouraged me to take responsibility for how I live my life.	428	1.83	0.94	42.8	39.7	11.0	4.4	2.1
Staff told me what side effects to watch out for.	423	2.10	1.16	36.2	38.3	11.3	7.8	6.4
Staff respected my wishes about who is and is not to be given information about my treatment.	430	1.79	0.98	46.3	39.1	7.9	3.0	3.7
I, not staff, decided my treatment goals.	425	2.26	1.15	29.9	36.0	17.6	11.3	5.2
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	427	2.06	1.07	34.2	42.2	11.9	7.3	4.4
I was encouraged to use consumer-run programs such as support groups, drop-in centers, crisis phone line.	420	2.24	1.12	28.1	39.8	17.1	9.8	5.2
Staff were sensitive to my cultural or ethnic background.	378	2.05	0.97	32.0	41.0	20.4	3.4	3.2
Staff respected my family's religious or spiritual beliefs.	367	1.97	0.87	32.2	43.9	20.4	1.6	1.9
Staff treated me with respect.	434	1.80	0.97	45.4	39.2	8.5	3.7	3.2
Staff spoke with me in a way that I understood.	432	1.73	0.86	44.2	45.1	6.0	2.3	2.3

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

F. Outcome Measures (Adult-MH)

To assess the benefits of the behavioral health services received, respondents were asked to indicate the degree to which they agree or disagree with 16 specific outcomes of services, using a 5-point Likert scale. Each question begins with the statement: "As a direct result of the services that I received" and was followed by the specific outcome of services.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
As a direct result of the services that I received . . .								
I deal more effectively with daily problems.	517	2.19	1.05	27.9	39.8	22.1	5.8	4.4
I am better able to control my life.	522	2.26	1.06	25.5	39.3	23.8	6.7	4.8
I am better able to deal with crisis.	519	2.38	1.09	22.4	37.0	25.8	9.8	5.0
I am getting along better with my family.	498	2.31	1.06	24.1	37.6	26.3	7.2	4.8
I do better in social situations.	501	2.48	1.12	21.0	33.5	28.3	11.2	6.0
I do better in school and/or work.	372	2.51	1.18	22.0	30.9	29.3	9.4	8.3
My housing situation has improved.	435	2.48	1.16	23.7	28.7	30.6	10.1	6.9
My symptoms are not bothering me as much.	521	2.65	1.19	17.7	31.5	27.6	14.2	9.0
I do things that are more meaningful to me.	518	2.34	1.08	22.0	41.3	22.6	8.9	5.2
I am better able to take care of my needs.	516	2.35	1.08	22.9	38.2	25.4	8.3	5.2
I am better able to handle things when they go wrong.	522	2.49	1.15	20.1	36.2	25.1	11.5	7.1
I am better able to do things that I want to do.	519	2.42	1.10	21.2	37.2	26.0	10.0	5.6

The next section asks about your relationships with persons other than your service providers.								
I am happy with the friendships that I have.	513	2.22	1.04	25.7	41.3	21.8	7.0	4.1
I have people with whom I can do enjoyable things.	518	2.17	1.06	28.4	42.5	17.2	7.7	4.2
I feel I belong in my community.	517	2.57	1.15	19.5	32.1	27.1	14.7	6.6
In a crisis, I would have the support I need from family or friends.	523	2.12	1.14	35.2	36.5	15.5	6.9	5.9

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

G. Outcome Measures (Adult-SUD)

To assess the benefits of the behavioral health services received, respondents were asked to indicate the degree to which they agree or disagree with 16 specific outcomes of services, using a 5-point Likert scale. Each question begins with the statement: "As a direct result of the services that I received" and was followed by the specific outcome of services.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
As a direct result of the services that I received . . .								
I deal more effectively with daily problems.	430	2.12	1.00	27.4	46.0	17.7	4.7	4.2
I am better able to control my life.	431	2.10	1.02	30.6	42.2	17.6	5.8	3.7
I am better able to deal with crisis.	430	2.18	1.10	28.6	43.3	16.0	6.0	6.0
I am getting along better with my family.	428	2.08	1.09	33.9	40.0	15.0	6.3	4.9
I do better in social situations.	429	2.34	1.12	23.5	40.6	20.7	9.1	6.1
I do better in school and/or work.	333	2.31	1.17	28.8	33.6	21.9	9.0	6.6
My housing situation has improved.	405	2.44	1.22	25.4	33.3	21.2	11.6	8.4
My symptoms are not bothering me as much.	425	2.49	1.27	24.0	36.0	17.4	12.2	10.4
I do things that are more meaningful to me.	431	2.18	1.08	28.8	42.0	16.9	7.4	4.9
I am better able to take care of my needs.	433	2.14	1.07	30.0	42.0	16.9	6.0	5.1
I am better able to handle things when they go wrong.	434	2.24	1.10	25.6	44.0	17.1	7.4	6.0
I am better able to do things that I want to do.	434	2.20	1.08	27.9	41.2	19.4	6.2	5.3

The next section asks about your relationships with persons other than your service providers.								
I am happy with the friendships that I have.	429	2.10	1.03	31.5	41.3	16.6	7.7	3.0
I have people with whom I can do enjoyable things.	432	2.02	1.00	33.8	43.1	13.4	7.2	2.5
I feel I belong in my community.	426	2.27	1.14	28.9	35.9	19.2	10.8	5.2
In a crisis, I would have the support I need from family or friends.	434	1.90	0.99	41.0	38.5	12.7	5.1	2.8

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

H. Overall Satisfaction with Outpatient Treatment Services (Adult-MH and Adult-SUD)

To assess overall satisfaction with their outpatient treatment services, respondents were asked to indicate the degree to which they agree or disagree with the statement, “Overall, I am satisfied with the services I received”, using a 5-point Likert scale.

STATEMENT: Overall, I am satisfied with the services that I received.	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Adult-MH	523	1.85	1.00	43.4	39.8	9.0	4.2	3.6
Adult-SUD	434	1.95	1.04	38.2	41.9	10.6	4.8	4.4

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Child Characteristics

Child Characteristics		N	%
Gender	Female	223	42.9
	Male	297	57.1
	Total	520	100.0
Age	1 – 4	12	2.3
	5 – 9	198	38.1
	10 – 14	259	49.8
	15	51	9.8
	Total	520	100.0
Race	American Indian or Alaska Native	13	2.5
	Asian	3	0.6
	Black or African-American	137	26.3
	White or Caucasian	284	54.6
	Other	4	0.8
	Unknown	79	15.2
	Total	520	100.0
Ethnicity	Spanish, Hispanic, or Latino	77	14.8
	Not Spanish, Hispanic, or Latino	436	83.8
	Unknown	7	1.4
	Total	520	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

B. Use of Mental Health Services

1. In the past year, did your child go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor?

	N	%
Yes	499	96.0
No	17	3.3
Don't Know	3	0.6
Missing	1	0.2
Total	520	100.0

2. In the past year, did your child receive psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	N	%
Yes	308	59.2
No	171	32.9
Don't Know	34	6.5
Missing	7	1.4
Total	520	100.0

3. In the past year, did your child see a pediatrician or any other medical professional for an emotional or behavioral problem?

	N	%
Yes	383	73.7
No	125	24.0
Don't Know	7	1.3
Missing	5	1.0
Total	520	100.0

4. In the past year, did your child participate in a mental health and/or substance use support or self-help group, such as peer counseling?

	N	%
Yes	188	36.2
No	303	58.3
Don't Know	24	4.6
Missing	5	1.0
Total	520	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

B. Use of Mental Health Services *(continued)*

5. In the past year, did you participate in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental health, substance use, or learning disorders?

	N	%
Yes	117	22.5
No	386	74.2
Don't Know	12	2.3
Missing	5	1.0
Total	520	100.0

6. Is your child on medication for emotional or behavioral problems?

	N	%
Yes	318	61.2
No	200	38.5
Missing	2	0.4
Total	520	100.0

7. *(If yes to Q6)* Did the doctor or nurse tell you and/or your child what side effects to watch for?

	N	%
Yes	279	87.7
No	31	9.8
Don't Know	7	2.2
Missing	1	0.3
Total	318	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

C. Use of Physical Health Services

8. Thinking about your child's physical health care, does your child have a primary health care provider?

	N	%
Yes	513	98.7
No	4	0.8
Don't Know	2	0.4
Missing	1	0.2
Total	520	100.0

9. *(If yes to Q8)* To your knowledge, did your child's primary health care provider and mental health and/or substance use provider speak with each other about your child's treatment?

	N	%
Yes	206	40.2
No	166	32.4
Don't Know	122	23.8
Missing	19	3.7
Total	513	100.0

10. In the past year, did your child see a pediatrician, other medical doctor, or nurse for a health check-up or because they were sick?

	N	%
Yes	451	86.7
No	63	12.1
Don't Know	4	0.8
Missing	2	0.4
Total	520	100.0

D. Satisfaction with Outpatient Mental Health Treatment Services

To assess satisfaction with specific aspects of the outpatient mental health treatment services his/her child received, caregivers were asked to indicate the degree to which they agree or disagree with 16 statements about the services his/her child received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Overall, I am satisfied with the services my child received.	516	1.85	0.90	39.5	43.6	10.7	4.7	1.6
I helped choose my child's services.	509	1.82	0.88	42.8	39.1	12.6	4.7	0.8
I helped choose my child's treatment goals.	500	1.79	0.86	43.0	40.2	12.4	3.4	1.0
The people helping my child stuck with us no matter what.	507	1.83	1.01	47.3	32.5	12.4	4.7	3.0
I felt my child had someone to talk to when he/she was troubled.	505	1.87	1.00	45.3	31.9	15.6	4.8	2.4
I participated in my child's treatment.	511	1.53	0.70	57.1	34.8	6.3	1.6	0.2
The services my child and/or family received were right for us.	513	1.85	0.97	44.6	34.9	13.6	4.7	2.1
The location of services was convenient for us.	515	1.81	1.04	50.5	29.9	10.3	6.8	2.5
Services were available at times that were convenient for us.	512	1.86	1.05	46.1	35.2	9.4	5.7	3.7
My family got the help we wanted for my child.	512	1.95	1.04	40.6	36.3	14.1	5.5	3.5
My family got as much help as we needed for my child.	508	2.12	1.13	35.8	34.3	15.9	9.8	4.1
Staff treated me with respect.	515	1.50	0.73	60.4	31.8	5.6	1.4	0.8
Staff respected my family's religious or spiritual beliefs.	427	1.52	0.68	57.6	34.0	8.0	0.0	0.5
Staff spoke with me in a way that I understood.	516	1.45	0.64	61.8	32.6	4.8	0.6	0.2
Staff were sensitive to my cultural or ethnic background.	408	1.60	0.78	54.7	33.3	9.8	1.5	0.7
I felt free to complain.	495	1.76	0.95	48.5	35.6	10.5	2.4	3.0

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation of Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding totals may not sum to 100%.

E. Outcome Measures

To assess the benefits of the mental health services his/her child received, caregivers were asked to indicate the degree to which they agree or disagree with 14 specific outcomes of services, using a 5-point Likert scale. Each question begins with the statement: "As a direct result of the services that my child and family received" and was followed by the specific outcome of services.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
As a direct result of the services that my child and family received . . .								
My child is better at handling daily life.	510	2.27	1.00	22.5	42.9	22.4	9.4	2.7
My child gets along better with family members.	509	2.28	0.99	21.8	43.2	22.8	9.6	2.6
My child gets along better with friends and other people.	507	2.34	0.97	19.7	41.6	25.8	11.0	1.8
My child is doing better in school and/or work.	498	2.32	1.06	25.7	32.9	28.5	9.6	3.2
My child is better able to cope when things go wrong.	506	2.56	1.12	19.0	32.0	28.9	14.8	5.3
I am satisfied with our family life right now.	511	2.37	1.07	23.1	35.2	26.0	12.5	3.1
My child is better able to do things he or she wants to do.	507	2.26	0.93	19.9	45.8	24.3	8.5	1.6
My child is better able to control his or her behavior.	508	2.52	1.09	17.5	36.2	28.0	13.0	5.3
My child is less bothered by his or her symptoms.	502	2.50	1.03	15.5	39.6	28.1	12.7	4.0
My child has improved social skills.	506	2.39	1.02	19.0	40.5	27.1	9.9	3.6

The next section asks about your relationships with persons other than your service providers.								
I know people who will listen and understand me when I need to talk.	515	1.83	0.89	40.4	43.9	10.1	3.9	1.7
I have people that I am comfortable talking with about my child's problems.	514	1.74	0.86	45.3	41.2	8.6	3.5	1.4
In a crisis, I would have the support I need from family or friends.	514	1.89	1.01	41.6	39.1	10.5	5.6	3.1
I have people with whom I can do enjoyable things.	514	1.78	0.85	42.8	42.2	10.3	3.5	1.2

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation of Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding totals may not sum to 100%.

F. Overall Satisfaction with Outpatient Treatment Services

To assess overall satisfaction with the outpatient treatment services, child caregivers were asked to indicate the degree to which they agree or disagree with the statement, "Overall, I am satisfied with the services that my child received", using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Overall, I am satisfied with the services that my child received.	515	1.87	0.94	41.2	39.2	11.8	6.8	1.0

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation of Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding totals may not sum to 100%.

V. SUMMARY

Statewide surveys were administered to assess individuals' perceptions of services received through Maryland's Public Behavioral Health System (PBHS). These surveys represent the 17th systematic, statewide assessment of outpatient mental health (MH) treatment services since 1997. Beginning in 2016, individuals who received outpatient substance use disorder (SUD) treatment services have also been included in this survey. Data collection, data analysis, and documentation of the survey findings were subcontracted through Fact Finders, Inc. on behalf of Beacon Health Options, and the Maryland Medicaid and Behavioral Health Administrations.

Highlights of Results

- Overall, all three service groups (Adult MH, Adult SUD, and Child Caregivers) reported a high level of satisfaction with PBHS outpatient treatment services, with 80% or more of respondents indicating satisfaction with the services that they or their child received.
- The Adult MH and SUD participants reported being most satisfied with being spoken to in ways that they could easily understand and being treated respectfully by staff. However, they reported less satisfaction with their level of participation in treatment planning and staff encouragement to use consumer run programs.
- Among the least positive experiences in the areas of outcomes of services reported by both the Adult MH and SUD participants are being less bothered by symptoms, doing better at work/school or in social situations, and connectedness to their community.
- Child Caregivers reported the highest degree of satisfaction with being spoken to in ways that were easy to understand, being treated with respect, and participation in treatment planning. However, they reported lower levels of satisfaction with their child receiving as much help as needed or wanted and feeling that their child had someone to talk to when he/she was troubled.
- Among the least positive experiences in the areas of outcomes of services reported by caregivers of children and adolescents, are being better able to cope when things go wrong, better able to control behavior, and being less bothered by symptoms.

VI. APPENDICES

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STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201
Carol Johnston, APRN, PMH, BC, Chairperson

June 20, 2017

Jarrell W. Pipkin JD, LPC
Director, Quality Management
Beacon Health Option
1099 Winterson Rd., Suite 200
Linthicum, MD 21060

REF: **Protocol # 98-13**

Dear Mr. Pipkin:

I have received the modification(s)/additional information for your protocol entitled, "Consumer Perception of Care Survey with Maryland's Public Behavioral Health System" as requested by the Institutional Review Board (IRB) during the continuing review of your protocol. Your protocol is approved. Your approval will expire on **June 15, 2018**. Please refer to the above reference protocol number in any future modifications or correspondence pertaining to this study.

You are reminded of the following requirements:

1. The IRB shall suspend or terminate approval of this research if the IRB finds it is not being conducted in accordance with the IRBs requirements or that it is associated with unexpected serious harm to subject.
2. The Principal Investigator shall notify the Chairperson of the IRB of contemplated substantive changes in the study that may affect the interests or rights of human subject and seek approval for the changes prior to implementing same.
3. Any project which extend beyond one year, the Principal Investigator is responsible for presenting to the Chairperson of the IRB, a completed form DHMH 2125, Annual Review Notice, forty-five days prior to the anniversary date of the approval of this project.

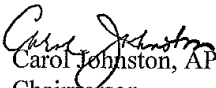
410-767-8448 □ Fax 410-333-7194
Toll Free 1-877-4MD-DHMH □ TYY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov/oig/irb

Jarrell W. Pipkin, JD, LPC
June 20, 2017
Page Two

4. The Principal Investigator shall promptly report new information of unanticipated problems involving possible risks to human subjects or others to the Chairperson.

If you have any questions, please call the IRB Administrator, Gay Hutchen. She can be reached at 410-767-8448.

Sincerely,


Carol Johnston, APRN, PMH, BC
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

410-767-8448 □ Fax 410-333-7194
Toll Free 1-877-4MD-DHMH □ TYY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmf.maryland.gov/oig/irb

APPENDIX B



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor — Boyd K. Rutherford, Lt. Governor — Dennis R. Schrader, Secretary
Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

July 2017

Dear Client:

This letter is being sent to introduce the consumer survey that the Maryland Behavioral Health Administration (BHA) is conducting. The purpose of this survey is to ask consumers for their opinions about the behavioral health services they receive. BHA will use the information from the survey to improve services that are provided.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

Please note that:

- Your participation in this survey and your responses will be anonymous.
- There is no risk to you in taking part in this survey.
- Your current behavioral health services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish or to take part in this survey. The decision is yours.
- You may stop the survey at any time.

You may participate in this survey by telephone, mail, or online. Please see the back of this letter for details on participation options, along with frequently asked questions about the survey, your rights as a participant, and services that you receive.

To participate by telephone, schedule a time to participate, or have your name removed from this survey please call Fact Finders at 1-800-895-3228 between 9:00 AM and 8:00 PM.

To participate online, type the following into your browser to access the online survey:
<http://StateMarylandMemberSurvey.questionpro.com>

Thank you very much for helping us by sharing your opinions.

Sincerely,

Barbara J. Bazron, Ph.D.
Deputy Secretary / Executive Director
Behavioral Health Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

FREQUENTLY ASKED QUESTIONS

Question 1: What can I do if I want to take part in this survey?

In the next few weeks you can anticipate a telephone call from Fact Finders asking you to participate in a telephone interview. Alternately, if you prefer, we invite you to participate in this survey by calling Fact Finders, by mailing back this questionnaire, or by completing the survey online.

Please participate in the method most convenient for you:

PHONE INTERVIEW:	Call Fact Finders at your convenience weekdays 9:00 AM to 8:00 PM at: (Toll-free) 1-800-895-3228
MAIL:	Complete the enclosed questionnaire and mail it to Fact Finders in the enclosed postage paid envelope.
ONLINE:	Complete the online survey at: http://StateMarylandMemberSurvey.questionpro.com

Question 2: What if I do not want to participate in the survey?

Please call Fact Finders at 1-800-895-3228 to request that your name be removed from the survey list. You can speak directly to a representative between the hours of 9:00 AM and 8:00 PM Monday through Friday, or you can leave a message.

Question 3: How long will it take to participate in the survey?

The survey will take between 10 and 15 minutes.

Question 4: When will the survey begin?

The survey will begin within the next few weeks.

Question 5: What if I have questions about the survey itself?

Call Jarrell Pipkin, Director of Quality, Beacon Health Options, at 1-410-691-4012.

Question 6: What if I have questions about my rights as a research participant?

Call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 1-410-767-8448.

Question 7: What if I have questions regarding the mental health or substance use services I receive?

Call Beacon Health Options at 1-800-888-1965.

APPENDIX C



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor — Boyd K. Rutherford, Lt. Governor — Dennis R. Schrader, Secretary
Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

July 2017

Dear Parent/Guardian:

This letter is being sent to introduce the survey that the Maryland Behavioral Health Administration (BHA) is conducting. The purpose of this survey is to ask parents/guardians for their opinions about the behavioral health (mental health and/or substance use) services their child receives. BHA will use the information from the survey to improve services that are provided.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

Please note that:

- Your participation in this survey and your responses will be anonymous.
- There is no risk to you in taking part in this survey.
- Your child's current services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish or to take part in this survey. The decision is yours.
- You may stop the survey at any time.

You may participate in this survey by telephone, mail, or online. Please see the back of this letter for details on participation options, along with frequently asked questions about the survey, your rights as a participant, and services that your child receives.

To participate by telephone, schedule a time to participate, or have your name removed from this survey please call Fact Finders at 1-800-895-3228 between 9:00 AM and 8:00 PM.

To participate online, type the following into your browser to access the online survey:
<http://StateMarylandCaregiverSurvey.questionpro.com>

Thank you very much for helping us by sharing your opinions.

Sincerely,

Barbara J. Bazron, Ph.D.
Deputy Secretary / Executive Director
Behavioral Health Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

FREQUENTLY ASKED QUESTIONS

Question 1: What can I do if I want to take part in this survey?

In the next few weeks you can anticipate a telephone call from Fact Finders asking you to participate in a telephone interview. Alternately, if you prefer, we invite you to participate in this survey by calling Fact Finders, by mailing back this questionnaire, or by completing the survey online.

Please participate in the method most convenient for you:

PHONE INTERVIEW:	Call Fact Finders at your convenience weekdays 9:00 AM to 8:00 PM at: (Toll-free) 1-800-895-3228
MAIL:	Complete the enclosed questionnaire and mail it to Fact Finders in the enclosed postage paid.
ONLINE:	Complete the online survey at: http://StateMarylandCaregiverSurvey.questionpro.com

Question 2: What if I do not want to participate in the survey?

Please call Fact Finders at 1-800-895-3228 to request that your name be removed from the survey list. You can speak directly to a representative between the hours of 9:00 AM and 8:00 PM Monday through Friday, or you can leave a message.

Question 3: How long will it take to participate in the survey?

The survey will take between 10 and 15 minutes.

Question 4: When will the survey begin?

The survey will begin within the next few weeks.

Question 5: What if I have questions about the survey itself?

Call Jarrell Pipkin, Director of Quality, Beacon Health Options, at 1-410-691-4012.

Question 6: What if I have questions about my rights as a research participant?

Call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 1-410-767-8448.

Question 7: What if I have questions regarding the behavioral health services I receive?

Call Beacon Health Options at 1-800-888-1965.

APPENDIX D

INTRODUCTION

Hello. My name is (Read Name) and we're doing a brief satisfaction survey for your health plan. May I please speak to {consumer's name}?

(Confirmation when consumer comes to the phone. . .)

Am I speaking to {consumer's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for Beacon Health Options along with the Maryland Behavioral Health Administration, or BHA. Our company, Fact Finders, is a health care research company. In order to provide the best possible services, Maryland's Public Behavioral Health System needs to know what you think about the outpatient mental health and/or substance use treatment services you received. Your responses are anonymous.

FAQs

"How did you get my name?"

The Maryland Behavioral Health Administration (BHA) surveys consumers about the quality of health care received. Your responses are anonymous, and the names of survey participants are not forwarded to BHA.

"Do I have to participate in this survey? / Is the survey required?"

Participation in this survey is completely voluntary. You may decide not to answer any question you wish, and you may choose to stop this survey at any time. There is no risk to you in taking part in this survey. Your current behavioral health services will not change in any way as a result of your participation.

"I need to speak with somebody about my mental health services."

If you have any questions about your behavioral health services, please call Beacon. I can give you the telephone number at any point during the survey.

Beacon Health Options Ph: 800-888-1965

"I have questions about this survey. "

For questions about the survey, please call:

Jarrell Pipkin, Director of Quality, Beacon Health Options. Ph: 410-691-4012

QUESTIONNAIRE

The first questions are about outpatient mental health or substance use treatment services.

1. **In the past year, did you go to an outpatient mental health and/or substance use treatment program or provider, such as psychiatrist or counselor?**
 - A. Yes
 - B. No
 - C. Don't know

2. **In the past year, did you receive psychiatric rehabilitation services such as a day program or PRP services?**
 - A. Yes
 - B. No (If "No" or "Don't Know" to both Q1 and Q2, end Interview.)
 - C. Don't Know (If "No" or "Don't Know" to both Q1 and Q2, end Interview.)

3. **In the past year, did you participate in a mental health or substance use self-help group?**
 - A. Yes
 - B. No
 - C. Don't Know

4. **Thinking about your physical health care, do you have a primary health care provider?**
 - A. Yes
 - B. No (Skip to Question 6)
 - C. Don't Know (Skip to Question 6)

5. **To your knowledge, did your primary health care provider and your mental health and/or substance use provider speak with each other about your treatment?**
 - A. Yes
 - B. No
 - C. Don't Know

6. **In the past year, did you see a medical professional for a check-up or because you were sick?**
 - A. Yes
 - B. No
 - C. Don't Know

Now, I am going to read you statements about the outpatient mental health or substance use treatment services you received. Please indicate your agreement or disagreement with each of the following statements using the scale strongly agree, agree, neutral, disagree, or strongly disagree. If the statement is about something you have not experienced, please tell me.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
7. I like the services that I received.								
8. If I had other choices, I would still get services from this provider.								
9. I would recommend this provider to a friend or a family member.								
10. The location of services was convenient.								
11. Staff were willing to see me as often as I felt it was necessary.								
12. Staff returned my calls in 24 hours.								
13. Services were available at times that were good for me.								
14. I was able to get all the services I thought I needed.								
15. I was able to see a psychiatrist when I wanted to.								
16. Staff here believe that I can grow, change, and recover.								
17. I felt comfortable asking questions about my treatment and medication.								
18. I felt free to complain.								
19. I was given information about my rights.								
20. Staff encouraged me to take responsibility for how I live my life.								
21. Staff told me what side effects to watch out for.								
22. Staff respected my wishes about who is and is not to be given information about my treatment.								
23. I, not staff, decided my treatment goals.								
24. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
25. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								

QUESTIONNAIRE (Continued / no break in CATI script)

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
26. Staff were sensitive to my cultural or ethnic background.								
27. Staff respected my family's religious or spiritual beliefs.								
28. Staff treated me with respect.								
29. Staff spoke with me in a way that I understood.								

The next section asks how you may have benefited from the services that you received. Please indicate your agreement or disagreement with each of the following statements using the scale strongly agree, agree, neutral, disagree, or strongly disagree. If the statement is about something you have not experienced, please tell me.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
30. I deal more effectively with daily problems.								
31. I am better able to control my life.								
32. I am better able to deal with crisis.								
33. I am getting along better with my family.								
34. I do better in social situations.								
35. I do better in school and/or work.								
36. My housing situation has improved.								
37. My symptoms are not bothering me as much.								
38. I do things that are more meaningful to me.								
39. I am better able to take care of my needs.								
40. I am better able to handle things when they go wrong.								
41. I am better able to do things that I want to do.								

The next section asks about your relationships with persons other than your service providers. Please indicate your agreement or disagreement with each statement.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
42. I am happy with the friendships I have.								
43. I have people with whom I can do enjoyable things.								
44. I feel I belong in my community.								
45. In a crisis, I would have the support I need from family or friends.								

Thinking, in general, about the outpatient treatment services you received, please indicate your agreement or disagreement with the following statement.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
46. Overall, I am satisfied with the services that I received.								

47. In the last year, did you call Beacon for any reason?

- A. Yes
- B. No (Skip to the end)
- C. Don't Know (Skip to the end)

48. How satisfied are you with the services you received when you called Beacon?

- A. Completely Satisfied
- B. Very Satisfied
- C. Somewhat Satisfied
- D. Somewhat Dissatisfied
- E. Very Dissatisfied
- F. Don't Know

This concludes the survey. Thank you for your time and cooperation.

APPENDIX E



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary
Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

Dear Client,

As you may know, Beacon Health Options manages the behavioral health (mental health and/or substance use) services of your health plan. Your opinions about these services are important to make sure that services meet your needs. The survey should take 5 to 10 minutes to complete and your responses are anonymous. Please answer the questions below and mail back your survey in the enclosed prepaid envelope.

Please answer all the questions by marking the box with blue or black ink, like this: .

OUTPATIENT MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES

In the past year...

- | | YES | NO | DON'T KNOW |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did you go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive psychiatric rehabilitation services such as a day program or PRP services? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you participate in a mental health and/or substance use self-help group? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PHYSICAL HEALTH SERVICES

- | | YES | NO | DON'T KNOW |
|--|--------------------------|--------------------------|--------------------------|
| 4. Thinking about your physical health care, do you have a primary health care provider? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If Yes, to your knowledge, did your primary health care provider and your mental health and/or substance use provider speak with each other about your treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past year, did you see a medical professional for a check-up or because you were sick? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STATEMENTS ABOUT OUTPATIENT MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES YOU RECEIVED

Please indicate your agreement or disagreement with each statement by checking either "strongly agree", "agree", "neutral", "disagree", or "strongly disagree". If the statement is about something you have not experienced, check "does not apply".

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
7. I like the services that I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If I had other choices, I would still get services from this provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I would recommend this provider to a friend or a family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff were willing to see me as often as I felt was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff returned my calls in 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I was able to see a psychiatrist when I wanted to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Staff here believe that I can grow, change, and recover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I felt comfortable asking questions about my treatment and medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I was given information about my rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Staff encouraged me to take responsibility for how I live my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Staff told me what side effects to watch out for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Staff respected my wishes about who is and is not to be given information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I, not staff, decided my treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Staff were sensitive to my cultural or ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Staff respected my family's religious or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Staff spoke with me in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS ABOUT HOW YOU MAY HAVE BENEFITED FROM THE SERVICES THAT YOU RECEIVED

As a direct result of the services that I received . . .

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
30. I deal more effectively with daily problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am better able to control my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I am better able to deal with crisis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I am getting along better with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I do better in social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I do things that are more meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I am better able to take care of my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS ABOUT RELATIONSHIPS WITH PERSONS OTHER THAN YOUR SERVICE PROVIDERS

Please indicate your agreement or disagreement with each statement.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
42. I am happy with the friendships that I have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. I feel I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY STATEMENTS

Thinking in general about the outpatient treatment services you received, please indicate your agreement or disagreement with the following statement.

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | STRONGLY AGREE | AGREE | NEUTRAL | DISAGREE | STRONGLY DISAGREE | DOES NOT APPLY |
| 46. Overall, I am satisfied with the services that I received. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-
- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | NO | DON'T KNOW |
| 47. In the last year, did you call Beacon for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-
- | | | | | | | |
|--|-----------------------------|--------------------------|---------------------------|------------------------------|--------------------------|--------------------------|
| | COMPLETELY SATISFIED | VERY SATISFIED | SOMEWHAT SATISFIED | SOMEWHAT DISSATISFIED | VERY DISSATISFIED | DON'T KNOW |
| 48. If Yes, how satisfied are you with the services you received when you called Beacon? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for your help.

Please mail in this survey in the enclosed prepaid envelope to our research partner:



2010 Western Avenue
Albany, NY 12203-5015

For questions about this survey, please call Fact Finders at: (800) 895-3228

APPENDIX F

INTRODUCTION

Hello. My name is (Read Name) and we're doing a brief satisfaction survey for your health plan. May I please speak to the parent or guardian of {child's name}?

(Confirmation when parent/guardian comes to the phone. . .)

Am I speaking to the parent or guardian of {child's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for Beacon Health Options along with the Maryland Behavioral Health Administration, or BHA. Our company, Fact Finders, is a health care research company. In order to provide the best possible services, Maryland's Public Behavioral Health System needs to know what you think about the outpatient mental health and/or substance use treatment services your child received. Your responses are anonymous.

FAQs

"How did you get my name?"

The Maryland Behavioral Health Administration (BHA) surveys consumers about the quality of health care received. Your responses are anonymous, and the names of survey participants are not forwarded to BHA.

"Do I have to participate in this survey? / Is the survey required?"

Participation in this survey is completely voluntary. You may decide not to answer any question you wish, and you may choose to stop this survey at any time. There is no risk to you in taking part in this survey. Your child's current behavioral health services will not change in any way as a result of your participation.

"I need to speak with somebody about my mental health services."

If you have any questions about your child's behavioral health services, please call Beacon. I can give you the telephone number at any point during the survey.

Beacon Health Options Ph: 800-888-1965

"I have questions about this survey. "

For questions about the survey, please call:

Jarrell Pipkin, Director of Quality, Beacon Health Options. Ph: 410-691-4012

QUESTIONNAIRE

The first questions are about mental health or substance use treatment services.

1. **In the past year, did your child go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor?**
 - A. Yes
 - B. No
 - C. Don't Know

2. **In the past year, did your child receive psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?**
 - A. Yes
 - B. No (If "No" or "Don't Know" to both Q1 and Q2, end Interview.)
 - C. Don't Know (If "No" or "Don't Know" to both Q1 and Q2, end Interview.)

3. **In the past year, did your child see a pediatrician or any other medical professional for an emotional or behavioral problem?**
 - A. Yes
 - B. No
 - C. Don't Know

4. **In the past year, did your child participate in a mental health and/or substance use support or self-help group, such as peer counseling?**
 - A. Yes
 - B. No
 - C. Don't Know

5. **In the past year, did you participate in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental health, substance use, or learning disorders?**
 - A. Yes
 - B. No
 - C. Don't Know

6. **Is your child on medication for emotional or behavioral problems?**
 - A. Yes
 - B. No (Skip to Question 8)
 - C. Don't know (Skip to Question 8)

7. **Did the doctor or nurse tell you and/or your child what side effects to watch for?**
 - A. Yes
 - B. No
 - C. Don't know

8. **Thinking about your child's physical health care, does your child have a primary health care provider?**
 - A. Yes
 - B. No (Skip to Question 10)
 - C. Don't know (Skip to Question 10)

9. **To your knowledge, did your child's primary health care provider and mental health and/or substance use provider speak with each other about your child's treatment?**
- A. Yes
 - B. No
 - C. Don't Know
10. **In the past year, did your child see a pediatrician, other medical doctor, or nurse for a health check-up or because they were sick?**
- A. Yes
 - B. No
 - C. Don't Know

Now, I am going to read you statements about the outpatient mental health or substance use treatment services your child received. Please indicate your agreement or disagreement with each of the following statements using the scale strongly agree, agree, neutral, disagree, or strongly disagree. If the statement is about something you have not experienced, please tell me.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
11. Overall, I am satisfied with the services my child received.								
12. I helped choose my child's services.								
13. I helped choose my child's treatment goals.								
14. The people helping my child stuck with us no matter what.								
15. I felt my child had someone to talk to when he/she was troubled.								
16. I participated in my child's treatment.								
17. The services my child and/or family received were right for us.								
18. The location of services was convenient for us.								
19. Services were available at times that were convenient for us.								
20. My family got the help we wanted for my child.								
21. My family got as much help as we needed for my child.								
22. Staff treated me with respect.								
23. Staff respected my family's religious or spiritual beliefs.								
24. Staff spoke with me in a way that I understood.								
25. Staff were sensitive to my cultural or ethnic background								
26. I felt free to complain.								

The next section asks how you and your child may have benefited from the outpatient treatment services that your child received. Please indicate your agreement or disagreement with each of the following statements, using the scale strongly agree, agree, neutral, disagree, or strongly disagree. If the statement is about something you have not experienced, please tell me.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
27. My child is better at handling daily life.								
28. My child gets along better with family members.								
29. My child gets along better with friends and other people.								
30. My child is doing better in school and/or work.								
31. My child is better able to cope when things go wrong.								
32. I am satisfied with our family life right now.								
33. My child is better able to do things he or she wants to do.								
34. My child is better able to control his or her behavior.								
35. My child is less bothered by his or her symptoms.								
36. My child has improved social skills.								

The next section asks about your relationships with persons other than your service providers. Please indicate your agreement or disagreement with each statement.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
37. I know people who will listen and understand me when I need to talk.								
38. I have people that I am comfortable talking with about my child's problems.								
39. In a crisis, I would have the support I need from family or friends.								
40. I have people with whom I can do enjoyable things.								

Thinking, in general, about the outpatient treatment services your child received please indicate your agreement or disagreement with the following statement.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
41. Overall, I am satisfied with the services that my child received.								

42. In the last year, did you call Beacon for any reason?

- A. Yes
- B. No (Skip to End)
- C. Don't Know (Skip to End)

42. How satisfied are you with the services you received when you called Beacon?

- A. Completely Satisfied
- B. Very Satisfied
- C. Somewhat Satisfied
- D. Somewhat Dissatisfied
- E. Very Dissatisfied
- F. Don't Know

This concludes the survey. Thank you for your time and cooperation.

APPENDIX G



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary
Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director

Dear Parent/Caregiver,

As you may know, Beacon Health Options manages the behavioral health (mental health and/or substance use) services of your health plan. Your opinions about these services are important to make sure that services meet your needs. The survey should take 5 to 10 minutes to complete and your responses are anonymous. Please answer the questions below and mail back your survey in the enclosed prepaid envelope.

Please answer all the questions by marking the box with blue or black ink, like this: .

OUTPATIENT MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES

In the past year...

	YES	NO	DON'T KNOW
1. Did your child go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past year...

	YES	NO	DON'T KNOW
2. Did your child receive psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did your child see a pediatrician or any other medical professional for an emotional or behavioral problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did your child participate in a mental health and/or substance use support or self-help group, such as peer counseling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you participate in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental health, substance use, or learning disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL HEALTH SERVICES

	YES	NO	DON'T KNOW
6. Is your child on medication for emotional or behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If Yes, did the doctor or nurse tell you and/or your child what side effects to watch for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Thinking about your child's physical health care, does your child have a primary health care provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If Yes, to your knowledge, did your child's primary health care provider and mental health and/or substance use provider speak with each other about your child's treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, did your child see a pediatrician, other medical doctor, or nurse for a health check-up or because they were sick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS ABOUT OUTPATIENT MENTAL HEALTH AND/OR SUBSTANCE USE SERVICES YOUR CHILD RECEIVED

Please indicate your agreement or disagreement with each statement by checking either "strongly agree", "agree", "neutral", "disagree", or "strongly disagree". If the statement is about something you have not experienced, check "does not apply".

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
11. Overall, I am satisfied with the services my child received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I helped choose my child's services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I helped choose my child's treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The people helping my child stuck with us no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt my child had someone to talk to when he/she was troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I participated in my child's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The services my child and/or family received were right for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The location of services was convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Services were available at times that were convenient for us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My family got the help we wanted for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. My family got as much help as we needed for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Staff respected my family's religious or spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Staff spoke with me in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Staff were sensitive to my cultural or ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS ABOUT HOW YOU AND YOUR CHILD MAY HAVE BENEFITED FROM SERVICES THAT YOU RECEIVED

As a direct result of the services that my child and family received . . .

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
27. My child is better at handling daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My child gets along better with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. My child gets along better with friends and other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. My child is doing better at school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. My child is better able to cope when things go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I am satisfied with our family life right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. My child is better able to do things he or she wants to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. My child is better able to control his or her behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My child is less bothered by his or her symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. My child has improved social skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENTS ABOUT RELATIONSHIPS WITH PERSONS OTHER THAN YOUR SERVICE PROVIDERS

Please indicate your agreement or disagreement with each statement.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
37. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I have people that I am comfortable talking with about my child's problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. In a crisis, I would have the support I need from family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY STATEMENTS

Thinking in general about the outpatient treatment services your child received, please indicate your agreement or disagreement with the following statement.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DOES NOT APPLY
41. Overall, I am satisfied with the services that my child received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	DON'T KNOW
42. In the last year, did you call Beacon for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	COMPLETELY SATISFIED	VERY SATISFIED	SOMEWHAT SATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	DON'T KNOW
43. If Yes, how satisfied are you with the services you received when you called Beacon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your help.

Please mail in this survey in the enclosed prepaid envelope to our research partner:



2010 Western Avenue
Albany, NY 12203-5015

For questions about this survey, please call Fact Finders at: (800) 895-3228

APPENDIX H

Notice of Non-Discrimination and Accessibility

Beacon Health Options (Beacon) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Beacon does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Beacon:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-888-1965.

If you believe that Beacon has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Complaints and Grievance Coordinator at:

Beacon Health Options
Attention: Complaints and Grievance Coordinator
1099 Winterson Road, Suite 200, Linthicum, MD 21090
Telephone: 410-691-4035; TTY (711) 866-835-2755
Fax: 877-381-5571
Email: Grievances@beaconhealthoptions.com

You can file a grievance by mail, fax or email. If you need help in filing grievance, our Complaints and Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-888-1965; TTY (711) 1-866-835-2755.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-888-1965; TTY (711) 1-866-835-2755。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-888-1965; TTY (711) 1-866-835-2755 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-888-1965; TTY: (711) 1-866-835-2755.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-888-1965; TTY (711) 1-866-835-2755.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-888-1965; TTY: (711) 1-866-835-2755.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-888-1965; телетайп: TTY: (711) 1-866-835-2755.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሳው ቁጥር ይደውሉ። 1-800-888-1965; መስማት ለተሳናቸው፡ TTY: (711) 1-866-835-2755.

ریپرک لہیں۔ کا باایسڈ نیم تہم تہامدخ کی کدم کی ک نابز وک آب و تہ، ریب سے تلوہ آب اردو رگدار: اریخ

1-800-888-1965; TTY: (711) 1-866-835-2755

امسہ یراد ناگیرا ورتصہ ی نابز تہلابیسڈ، دینک ی م وگتنگ ی سراف ناہز ہر رگا: **۴جوت**

فراہم می یاتسد۔ یا 1- 800-888-1965; TTY: (711) 1-866-835-2755 تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-888-1965; TTY: 1-(711) 1-866-835-2755.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-888-1965; TTY: 1-(711) 1-866-835-2755.

Dè dè nà ke dyédé gbo: ɔ̄ jũ ké m̄ [Bàsɔ̀ɔ̀-wùdù-po-nyò] jũ ní, níí, à wuɔ̄ kà kò d̄ò po-poò òèin m̄ gbo kpáa. Dá 1-800-888-1965; TTY: 1-(711) 1-866-835-2755.

Ntj: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-888-1965; TTY: 1-(711) 1-866-835-2755.

AKIYESI: Bi o ba nsọ èdè Yorùbú ofé ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-800-888-1965; TTY: 1-(711) 1-866-835-2755.

APPENDIX I

The following terminology and definitions are in relation to this document.

CATI (Computer Assisted Telephone Interviewing)

Computer software that manages sample maintenance and survey scripts and allows entry of survey responses directly into the computer.

Mean

Commonly called “the average,” the mean is calculated by dividing the sum of a set of numerical values by the number of values in the set.

“N”

The number of individuals who responded to a question.

Standard Deviation

A measure of the variability (dispersion or spread) of a set of numerical values about their mean (average). A lower standard deviation indicates less variability.

Stratified

Population separated into subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the survey.



MARYLAND Department of Health

Larry Hogan, Governor

Boyd K. Rutherford, Lt. Governor

Robert R. Neall, Secretary
Department of Health

Barbara J. Bazron, Ph.D., Deputy Secretary / Executive Director,
Behavioral Health Administration

Contact Information

Behavioral Health Administration
Spring Grove Hospital Center
Dix Building
55 Wade Avenue
Catonsville, Maryland 21228

bha.health.maryland.gov

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The Department, in compliance with the Americans with Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from MDH services, programs, benefits, and employment opportunities.