



MARYLAND
Department of Health

Maryland's Public Behavioral Health System

**Consumer Perception of Care Survey
2017**

Executive Summary

**MARYLAND'S PUBLIC BEHAVIORAL HEALTH SYSTEM
2017 CONSUMER PERCEPTION OF CARE SURVEY
TABLE OF CONTENTS**

I. Introduction 2

II. Methodology 3

III. Adult Survey Results 4

 Summary of Respondent Characteristics 4

 Use of Behavioral Health Services and Supports 5

 Outcome Measures 6

 Satisfaction with Outpatient Behavioral Health Treatment Services 7

IV. Child and Caregiver Survey Results 8

 Summary of Child Characteristics 8

 Use of Mental Health Services and Supports 9

 Outcome Measures 10

 Satisfaction with Outpatient Mental Health Treatment Services 11

V. Summary 12

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 surveying, 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.

This Executive Summary is a condensed version of the *2017 Consumer Perception of Care Survey-Detailed Report*. To obtain a copy of the detailed report and brochures, visit the following website: <https://bha.health.maryland.gov>.

II. METHODOLOGY

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.

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 is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey 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.

Responses to perception of care and outcome items are based on the five-point Likert scale: "strongly agree," "agree," "neutral," "disagree," and "strongly disagree" (Figures 3-5, 9, 10). Due to rounding, totals may not sum exactly to 100%.

The total responses ("N") for each question presented 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.

III. ADULT SURVEY RESULTS

This survey was conducted by mail, telephone, and online with adult individuals to assess perception of care, including satisfaction with and outcomes of services received through Maryland's PBHS. For this 2017 survey administration, the adult survey sample included adults who received outpatient behavioral health treatment services (MH or SUD) between January and December 2016.

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. A total of 35,000 adults were invited to participate in the survey, 15,000 from the Adult-MH group and 20,000 from the Adult-SUD group respectively. The sampling target for each service group was a minimum of 500 responses. 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. Of the 15,000 individuals in the Adult-MH survey sample, 534 completed the survey. Of the 20,000 individuals in the Adult-SUD survey sample, 440 completed the survey.

Figure 1 details the characteristics of the adult survey respondents.

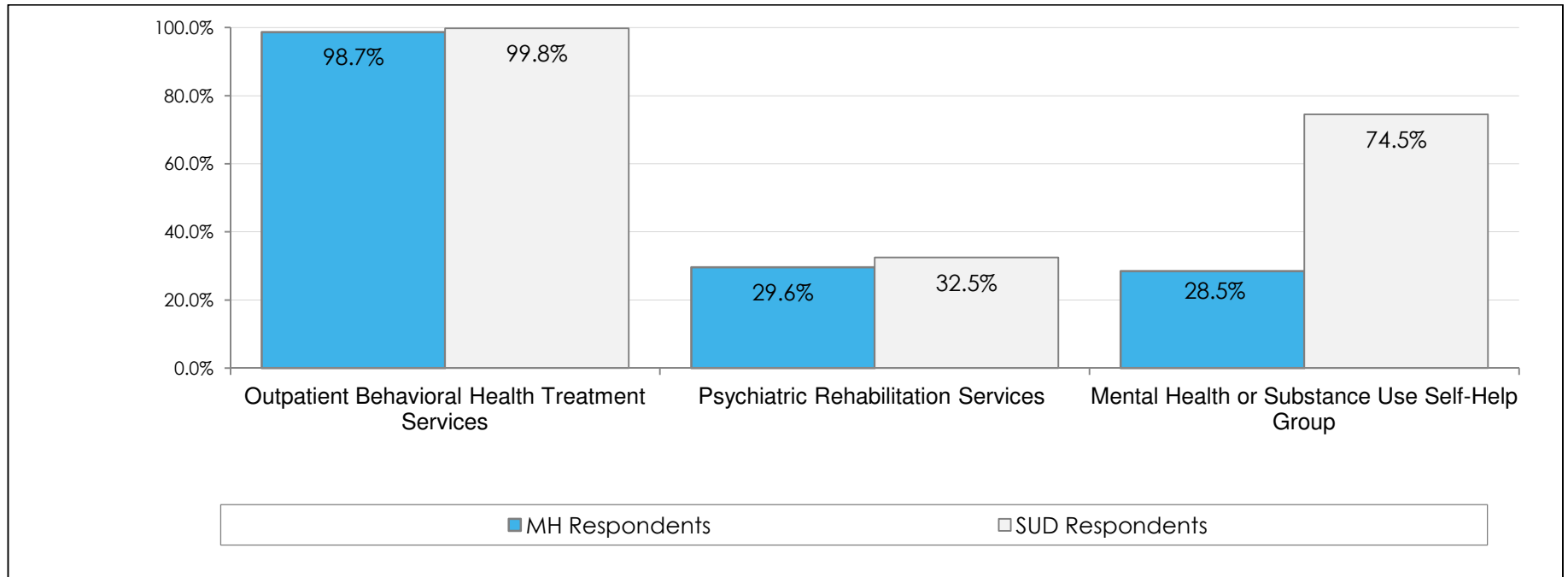
Figure 1: Summary of Respondent Characteristics

Characteristics		MH %	SUD %
Gender	Female	68.7	48.9
	Male	31.3	51.1
Age	16 – 20	7.1	1.1
	21 – 30	12.7	14.1
	31 – 40	17.6	21.8
	41 – 50	17.0	18.9
	51 – 64	43.3	40.9
	65 and Older	2.2	3.2
Race	American Indian or Alaska Native	2.1	1.1
	Asian	1.9	0.2
	Black or African-American	33.0	32.5
	White or Caucasian	50.7	52.7
	Other	0.7	0.0
	Unknown	11.6	13.4
Ethnicity	Spanish, Hispanic, or Latino	7.5	6.6
	Not Spanish, Hispanic, or Latino	90.1	92.5
	Unknown	2.4	0.9

SERVICE USE: ADULTS

As seen in Figure 2, nearly all respondents reported receiving outpatient behavioral health treatment services. Almost 30% of the MH and nearly 33% of the SUD respondents reported receiving psychiatric rehabilitation (PRP) services. About 29% of the MH and approximately 75% of the SUD respondents participated in a mental health or substance use self-help group.

Figure 2: Use of Behavioral Health Services and Supports



OUTCOME MEASURES: ADULTS

To assess the benefits of the behavioral health services received, respondents (MH and SUD) were asked to indicate the degree to which they agree or disagree with 16 specific outcomes of services, as shown in Figure 3. Each question begins with the statement: “As a direct result of all the services that I received” and was followed by the specific outcome of services.

Figure 3. Outcome of Services

SERVICE OUTCOME	STRONGLY AGREE/ AGREE		NEUTRAL		STRONGLY DISAGREE/ DISAGREE	
	MH	SUD	MH	SUD	MH	SUD
I deal more effectively with daily problems.	67.7%	73.5%	22.1%	17.7%	10.3%	8.8%
I am better able to control my life.	64.8%	72.9%	23.8%	17.6%	11.5%	9.5%
I am better able to deal with crisis.	59.3%	71.9%	25.8%	16.0%	14.8%	12.1%
I am getting along better with my family.	61.6%	73.8%	26.3%	15.0%	12.0%	11.2%
I do better in social situations.	54.5%	64.1%	28.3%	20.7%	17.2%	15.2%
I do better in school and/or work.	53.0%	62.5%	29.3%	21.9%	17.7%	15.6%
My housing situation has improved.	52.4%	58.8%	30.6%	21.2%	17.0%	20.0%
My symptoms are not bothering me as much.	49.1%	60.0%	27.6%	17.4%	23.2%	22.6%
I do things that are more meaningful to me.	63.3%	70.8%	22.6%	16.9%	14.1%	12.3%
I am better able to take care of my needs.	61.0%	72.1%	25.4%	16.9%	13.6%	11.1%
I am better able to handle things when they go wrong.	56.3%	69.6%	25.1%	17.1%	18.6%	13.4%
I am better able to do things that I want to do.	58.4%	69.1%	26.0%	19.4%	15.6%	11.5%

The next section asks about your relationships with persons other than your service providers.

I am happy with the friendships I have.	67.1%	72.7%	21.8%	16.6%	11.1%	10.7%
I have people with whom I can do enjoyable things.	70.8%	76.9%	17.2%	13.4%	12.0%	9.7%
I feel I belong in my community.	51.6%	64.8%	27.1%	19.2%	21.3%	16.0%
In a crisis, I would have the support I need from family or friends.	71.7%	79.5%	15.5%	12.7%	12.8%	7.8%

SATISFACTION WITH OUTPATIENT BEHAVIORAL HEALTH TREATMENT SERVICES: ADULTS

To assess satisfaction with specific aspects of their outpatient behavioral health treatment services, respondents (MH and SUD) were asked to indicate the degree to which they agree or disagree with 23 statements about the services they received (Figure 4).

Figure 4. Satisfaction with Outpatient Behavioral Health Treatment Services

STATEMENT	STRONGLY AGREE/ AGREE		NEUTRAL		STRONGLY DISAGREE/ DISAGREE	
	MH	SUD	MH	SUD	MH	SUD
I like the services that I received.	85.7%	79.9%	8.5%	12.8%	5.8%	7.3%
If I had other choices, I would still get services from this provider.	81.3%	71.4%	8.6%	14.3%	10.1%	14.3%
I would recommend this provider to a friend or a family member.	82.2%	77.9%	10.0%	10.8%	7.8%	11.3%
The location of services was convenient.	78.8%	79.8%	12.9%	11.7%	8.3%	8.5%
Staff were willing to see me as often as I felt it was necessary.	82.7%	78.1%	9.7%	11.1%	7.6%	10.9%
Staff returned my calls in 24 hours.	76.5%	66.2%	13.7%	16.0%	9.8%	17.8%
Services were available at times that were good for me.	84.4%	80.2%	9.7%	10.8%	5.9%	9.0%
I was able to get all the services I thought I needed.	81.8%	73.8%	8.3%	12.6%	9.9%	13.6%
I was able to see a psychiatrist when I wanted to.	73.6%	60.9%	12.5%	15.5%	13.9%	23.6%
Staff here believe that I can grow, change, and recover.	79.9%	85.9%	14.7%	7.5%	5.4%	6.6%
I felt comfortable asking questions about my treatment and medication.	86.6%	84.6%	8.3%	8.3%	5.2%	7.1%
I felt free to complain.	80.2%	75.6%	13.3%	13.5%	6.5%	10.9%
I was given information about my rights.	89.5%	83.8%	6.2%	7.7%	4.3%	8.6%
Staff encouraged me to take responsibility for how I live my life.	78.6%	82.5%	15.8%	11.0%	5.6%	6.5%
Staff told me what side effects to watch out for.	70.6%	74.5%	14.4%	11.3%	15.0%	14.2%
Staff respected my wishes about who is and is not to be given information about my treatment.	89.3%	85.3%	8.7%	7.9%	1.9%	6.7%
I, not staff, decided my treatment goals.	64.0%	65.9%	21.5%	17.6%	14.4%	16.5%
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	73.0%	76.3%	17.0%	11.9%	10.0%	11.7%
I was encouraged to use consumer-run programs.	54.7%	67.9%	21.9%	17.1%	23.4%	15.0%
Staff were sensitive to my cultural or ethnic background.	75.9%	73.0%	20.4%	20.4%	3.7%	6.6%
Staff respected my family's religious or spiritual beliefs.	80.2%	76.0%	17.0%	20.4%	2.8%	3.5%
Staff treated me with respect.	92.2%	84.6%	5.0%	8.5%	2.9%	6.9%
Staff spoke with me in a way that I understood.	93.4%	89.4%	5.1%	6.0%	1.5%	4.6%

IV. CHILD AND CAREGIVER SURVEY RESULTS

This survey was conducted by mail, telephone, and online with the child caregivers to assess their perception of care, including satisfaction with and outcomes of outpatient behavioral health services received through Maryland's PBHS between January through December 2016. In order to give all individuals in this sample an opportunity to participate in this survey, all 15,000 caregivers in the child/caregivers survey sample were contacted by mail to request participation. The sampling target for each service group was a minimum of 500 responses and 520 completed the survey.

Figure 5 details the characteristics of the children.

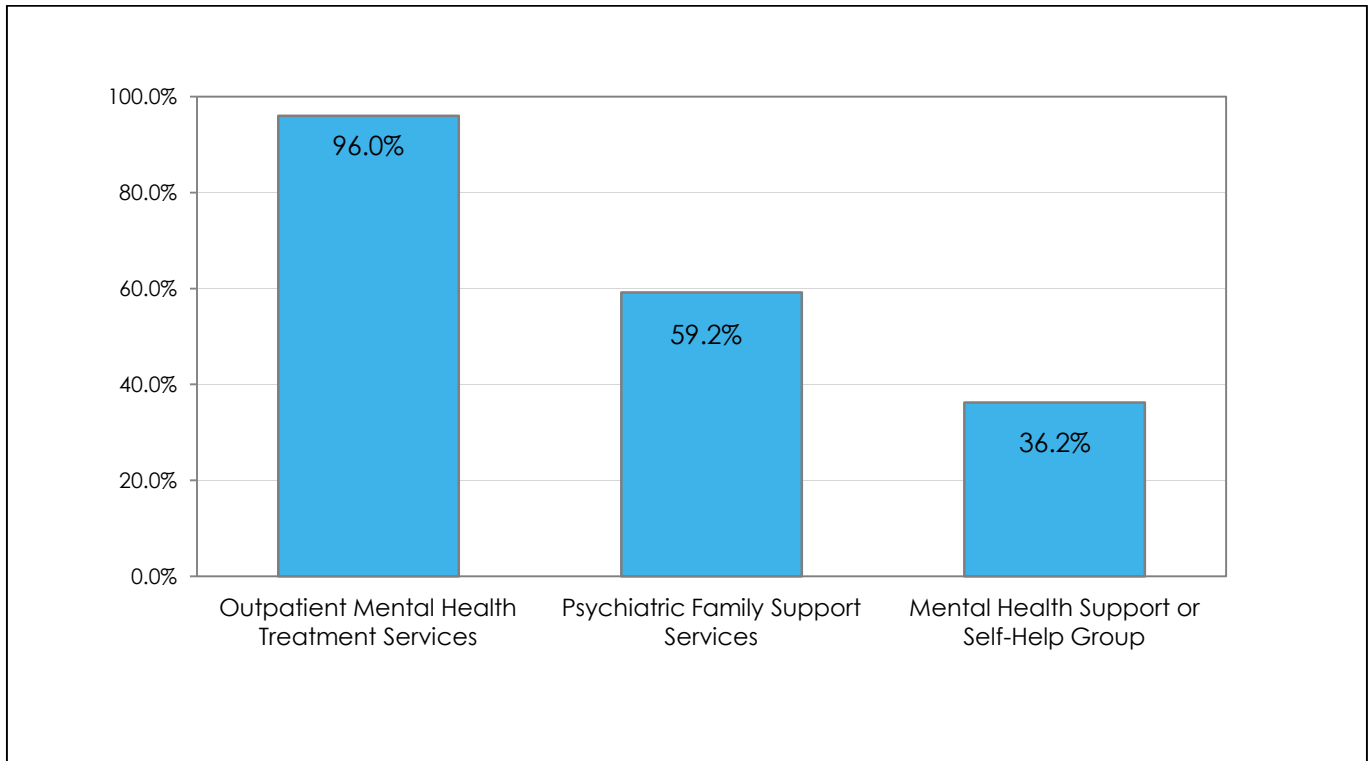
Figure 5: Summary of Child Characteristics

Characteristics		%
Gender	Female	42.9
	Male	57.1
Age	1 – 4	2.3
	5 – 9	38.1
	10 –14	49.8
	15	9.8
Race	American Indian or Alaska Native	2.5
	Asian	0.6
	Black or African-American	26.3
	White or Caucasian	54.6
	Other	0.8
	Unknown	15.2
Ethnicity	Spanish, Hispanic, or Latino	14.8
	Not Spanish, Hispanic, or Latino	83.8
	Unknown	1.4

SERVICE USE: CHILDREN

Child caregiver respondents were asked about their child's recent use of mental health services. As seen in Figure 6, nearly all child caregivers (96%) reported that their child received some type of outpatient mental health treatment service. Nearly six in ten (59%) child caregivers reported that their child used psychiatric family support services. Thirty-six percent (36%) of child caregivers reported that their child participated in a mental health support or self-help group, such as peer counseling.

Figure 6: Use of Mental Health Services and Supports



OUTCOME MEASURES: CHILDREN

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 (Figure 7). 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.

Figure 7. Outcome Measures

SERVICE OUTCOME	STRONGLY AGREE/ AGREE	NEUTRAL	STRONGLY DISAGREE/ DISAGREE
My child is better at handling daily life.	65.5%	22.4%	12.2%
My child gets along better with family members.	65.0%	22.8%	12.2%
My child gets along better with friends and other people.	61.3%	25.8%	12.8%
My child is doing better in school and/or work.	58.6%	28.5%	12.9%
My child is better able to cope when things go wrong.	51.0%	28.9%	20.2%
I am satisfied with our family life right now.	58.3%	26.0%	15.7%
My child is better able to do things he or she wants to do.	65.7%	24.3%	10.1%
My child is better able to control his or her behavior.	53.7%	28.0%	18.3%
My child is less bothered by his or her symptoms.	55.2%	28.1%	16.7%
My child has improved social skills.	59.5%	27.1%	13.4%

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.	84.3%	10.1%	5.6%
I have people that I am comfortable talking with about my child's problems.	86.6%	8.6%	4.9%
In a crisis, I would have the support I need from family or friends.	80.7%	10.5%	8.8%
I have people with whom I can do enjoyable things.	85.0%	10.3%	4.7%

SATISFACTION WITH OUTPATIENT MENTAL HEALTH TREATMENT SERVICES: CHILDREN

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, as shown in Figure 8.

Figure 8. Satisfaction with Outpatient Mental Health Treatment Services

STATEMENT	STRONGLY AGREE/ AGREE	NEUTRAL	STRONGLY DISAGREE/ DISAGREE
Overall, I am satisfied with the services my child received.	83.1%	10.7%	6.2%
I helped choose my child's services.	81.9%	12.6%	5.5%
I helped choose my child's treatment goals.	83.2%	12.4%	4.4%
The people helping my child stuck with us no matter what.	79.9%	12.4%	7.7%
I felt my child had someone to talk to when he/she was troubled.	77.2%	15.6%	7.1%
I participated in my child's treatment.	92.0%	6.3%	1.8%
The services my child and/or family received were right for us.	79.5%	13.6%	6.8%
The location of services was convenient for us.	80.4%	10.3%	9.3%
Services were available at times that were convenient for us.	81.2%	9.4%	9.4%
My family got the help we wanted for my child.	77.0%	14.1%	9.0%
My family got as much help as we needed for my child.	70.1%	15.9%	14.0%
Staff treated me with respect.	92.2%	5.6%	2.1%
Staff respected my family's religious or spiritual beliefs.	91.6%	8.0%	0.5%
Staff spoke with me in a way that I understood.	94.4%	4.8%	0.8%
Staff were sensitive to my cultural or ethnic background.	88.0%	9.8%	2.2%
I felt free to complain.	84.0%	10.5%	5.5%

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.



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

The services and facilities of the Maryland Department of Health (MDH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

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.