



STATE OF MARYLAND

DHMH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION

MARYLAND'S PUBLIC MENTAL
HEALTH SYSTEM

CONSUMER PERCEPTION OF CARE SURVEY
2011

DETAILED REPORT

MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM
2011 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

The Department of Health and Mental Hygiene (DHMH), Mental Hygiene Administration (MHA) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the state's Medicaid 1115 waiver reform initiative. Specialty mental health services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. The system serves Medicaid recipients and a subset of uninsured individuals eligible for public mental health services due to severity of illness and financial need. Evaluation of consumer perception of care, including satisfaction with and outcomes of mental health services, is a requirement of the waiver and Code of Maryland Regulations. Findings provide MHA with valuable consumer input that may be used to improve the PMHS.

MHA currently contracts with ValueOptions[®], Inc. to provide administrative services, including evaluation activities, for the PMHS. One of the evaluation activities is the administration of consumer surveys to assess consumer perception of care, including satisfaction with and outcomes of mental health services provided by the PMHS. ValueOptions[®], Inc. subcontracted with Fact Finders, Inc. of Albany, New York to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2011 Consumer Perception of Care Survey, which is the eleventh systematic, statewide consumer perception survey since the inception of the PMHS.

The survey protocol, including methodology, sampling, administration, and data collection is reviewed annually by the DHMH 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 *2011 Consumer Perception of Care Survey - Executive Summary* and the brochures *2011 Consumer Perception of Care Survey - Maryland's Adult Consumers Rate Their Public Mental Health Services* and *2011 Consumer Perception of Care Survey - Maryland's Caregivers Rate Their Children's Public Mental Health Services*. To obtain a copy of any of these documents, visit the following Web site: www.dhmh.state.md.us/mha, or contact MHA.

II. METHODOLOGY

A. Survey Population

The potential survey population consisted of PMHS consumers for whom claims were received for outpatient mental health services rendered between January and December 2010. The sample was stratified by age and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health services or psychiatric rehabilitation services. Service types for children included outpatient mental health

services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite 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 with individuals who agreed to participate.

B. Notification of Survey Population

Sixteen thousand (16,000) notification letters were mailed ten (10) days prior to survey administration; 8,000 letters were to the adult survey sample (Appendix B), and 8,000 were to the child/caregiver survey sample (Appendix C). The letter informed the survey population of the upcoming survey, described the survey topics, and offered general instructions. The letter contained a toll-free telephone number that a potential respondent could call twenty-four hours a day to receive more information about the survey, ask questions, or provide notification of their willingness or unwillingness to participate. A voicemail system captured calls made during non-business hours. The database was updated daily based on these voicemail messages.

C. Survey Instruments

Separate survey instruments were used for adults and for caregivers. The adult and the caregiver instruments both originated 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 D) is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey (Appendix E) is based on the MHSIP Youth Services Survey for Families (YSS-F). In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, education, and coordination of care.

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 mental health crisis or needing immediate intervention. The interviewers were all experienced with the Computer Assisted Telephone Interviewing (CATI) software used and familiar with 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 are a number of mechanisms in place to safeguard confidentiality and to protect respondent information:

- Potential respondents were assured that all survey responses were confidential.
- Potential respondents were able to opt in or out of the survey.
- Potential respondents were assured that their responses would not affect the services they receive.
- Potential respondents were assured that opting out of the survey would not affect the services they receive.
- Individuals who declined to participate were not contacted again.
- Individuals 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 participant.
- The CATI software is located on a password-protected server, with access limited to authorized interviewers and designated management staff.
- Completed surveys were not linked to consumer-identifying information.
- Employee Confidentiality Agreement forms were signed by all interviewers assigned to this project.

The oversight and monitoring of data collection were in accordance with the IRB-approved protocol and managed by the ValueOptions[®], Inc. Quality Improvement Director and Fact Finders senior staff.

F. Data Collection

CATI software was used to collect survey responses. This software ensures that survey questions and response choices are worded consistently for all respondents.

Of the 8,000 consumers selected for the adult sample, 1,532 were successfully contacted to request participation in the survey; 503 completed the survey for a response rate of 32.8%. Of the 8,000 child/caregiver consumers selected for the sample, 1,425 were successfully contacted to request participation in the survey; 594 completed the survey for a response rate of 41.7%.

The potential survey sample was stratified by the geographic distribution of consumers served, based on claims data. The regional breakdown of the potential survey sample and final distribution of survey respondents are shown in the following table.

Geographic Distribution of Original Sample	Adult	Child/ Caregiver	Geographic Distribution of Survey Respondents	Adult	Child/ Caregiver
Baltimore City	26.4%	22.2%	Baltimore City	28.2%	28.2%
Eastern	13.1%	15.3%	Eastern	13.0%	13.0%
Metropolitan	35.8%	34.7%	Metropolitan	36.5%	36.5%
Suburban	12.5%	14.6%	Suburban	12.2%	12.2%
Western	12.1%	13.1%	Western	10.1%	10.1%

G. Data Analysis and Reporting

Data analyses were conducted using SPSS® analytic software. This report presents frequency distributions of survey questions. As a result of rounding percentages to tenths, totals may not equal exactly 100.0% (+/- 0.2%). The total for each question reflects the total number of respondents who answered the question, which in some 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 (S.D., 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 who responded “not applicable” or “don’t know,” or who refused to answer a particular question, were excluded from the analysis of that item. As a result, the number of respondents (N) for each item may vary. Lower mean scores indicate either greater satisfaction or more positive outcomes.

H. Limitations

The main limitation of this survey is the poor quality of consumer telephone numbers. The sample of potential respondents was drawn from consumers for whom there was a phone number provided in the database; therefore, consumers with no phone number in the database were not given an opportunity to participate. Of the 8,000 adult consumers selected to be in the sample, 3,543 (44.3%) had inaccurate (not in service, or the consumer not at that number) telephone numbers. Of the 8,000 child consumers selected to be in the sample, 2,989 (37.3%) had inaccurate telephone numbers.

III. ADULT SURVEY RESULTS

A. Summary of Respondent Characteristics

Characteristic		%
Gender	Female	66.0
	Male	34.0
Age	Under 21	10.1
	21-30	20.9
	31-40	17.7
	41-50	26.6
	51-60	19.7
	61 and older	5.0
Race	Black or African-American	33.0
	White or Caucasian	56.1
	More than one race reported	6.2
	Refused/Don't Know/Other	4.8
Ethnicity	Spanish, Hispanic, or Latino	5.4
Marital Status	Married or cohabitating	15.3
	Widowed	3.6
	Divorced	18.7
	Separated	7.4
	Never Married	52.9
	Refused/Don't Know	2.2
Education	Completed less than high school degree	29.6
	Completed high school degree or GED	30.6
	Some vocational school or training	4.4
	Some college (no degree)	22.7
	Completed Bachelor's/advanced degree	11.9
	Refused/Don't Know/Never Attended	0.8
Living Situation	House/apartment alone	19.5
	House/apartment with family/friends	73.4
	Residential Rehabilitation Program	3.8
	Boarding home/foster care home	1.2
	Refused/Don't Know/Other	2.2
Employment	Unemployed	30.2
	Employed full-time	8.2
	Employed part-time	10.1
	Permanently disabled, not working	30.8
	Homemaker	2.4
	Student/volunteer	6.6
	Refused/Don't Know/Other	11.7

B. Detail of Respondent Demographic and Social Characteristics

1. Gender

	Frequency	Percent
Female	171	66.0
Male	332	34.0
Total	503	100.0

2. How old are you?

	Frequency	Percent
<21	51	10.1
21-30	105	20.9
31-40	89	17.7
41-50	134	26.6
51-60	99	19.7
>60	25	5.0
Total	503	100.0
Range	20 to 61	
Mean	35.9	

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	2	0.4
Asian	1	0.2
Black or African-American	166	33.0
White or Caucasian	282	56.1
More than one race	31	6.2
Some other race	16	3.2
Don't Know/Refused	5	1.0
Total	503	100.0

4. Are you of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	27	5.4
Not Hispanic	471	93.6
Don't Know/Refused	5	1.0
Total	503	100.0

5. What is your marital status?

	Frequency	Percent
Now Married	59	11.7
Living as Married	18	3.6
Widowed	18	3.6
Divorced	94	18.7
Separated	37	7.4
Never Married	266	52.9
Don't Know/Refused	11	2.2
Total	503	100.0

6. What is the highest grade of school you have ever completed?

	Frequency	Percent
Completed grade 8 or less	27	5.4
Some high school	122	24.3
Completed high school or GED	154	30.6
Some vocational school or training	22	4.4
Some college (no degree)	114	22.7
Completed Bachelor's degree	47	9.3
Completed graduate/professional degree	13	2.6
Never attended	1	0.2
Don't Know/Refused	3	0.6
Total	503	100.0

C. Living Situation

7. What is your current living situation?

	Frequency	Percent
House or apartment alone	98	19.5
House or apartment with family/friends	369	73.4
Residential Rehabilitation Program	19	3.8
Boarding home or foster care home	6	1.2
Hospital or nursing home	1	0.2
Streets or shelter	2	0.4
Other	6	1.2
Don't Know/Refused	2	0.4
Total	503	100.0

8. With the statement, “I feel I had a choice in selecting where I live,” would you...?

	Frequency	Percent
Strongly Agree	118	23.5
Agree	211	41.9
Neutral	65	12.9
Disagree	76	15.1
Strongly Disagree	29	5.8
N/A	2	0.4
Don't Know/Refused	2	0.4
Total	503	100.0

9. With the statement, “I am satisfied with my overall housing situation,” would you...?

	Frequency	Percent
Strongly Agree	98	19.5
Agree	229	45.5
Neutral	72	14.3
Disagree	68	13.5
Strongly Disagree	33	6.6
N/A	1	0.2
Don't Know/Refused	2	0.4
Total	503	100.0

D. Employment Status

10. What is your current employment situation?

	Frequency	Percent
Working full-time	41	8.2
Working part-time	51	10.1
Unemployed-looking for work	152	30.2
Permanently disabled, not working	155	30.8
Sheltered employment	1	0.2
Retired	15	3.0
Homemaker	12	2.4
Student	30	6.0
Volunteer	3	0.6
Other	31	6.2
Don't Know/Refused	12	2.4
Total	503	100.0

E. Use of Mental Health Services

First, thinking about the kinds of mental health services that you may have received.

1. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	496	98.6
No	7	1.4
Total	503	100.0

2. (If yes to Q1) How long have you received these mental health services?

	Frequency	Percent
Less than 1 year	143	28.8
1 year or more	353	71.2
Total	496	100.0

3. In the past 12 months, have you received psychiatric rehabilitation services such as day program or PRP services?

	Frequency	Percent
Yes	115	22.9
No	357	71.0
Don't Know/Refused	31	6.2
Total	503	100.0

4. (If yes to Q3) How long have you received psychiatric rehabilitation services?

	Frequency	Percent
Less than 1 year	26	22.6
1 year or more	88	76.5
Don't Know/Refused	1	0.9
Total	115	100.0

5. In the past 12 months, have you received residential rehabilitation services or RRP services?

	Frequency	Percent
Yes	59	11.7
No	412	81.9
Don't Know/Refused	32	6.4
Total	503	100.0

6. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?

	Frequency	Percent
Yes	158	31.4
No	343	68.2
Don't Know/Refused	2	0.4
Total	503	100.0

7. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem or a problem with your nerves?

	Frequency	Percent
Yes	78	15.5
No	422	83.9
Don't Know/Refused	3	0.6
Total	503	100.0

8. In the past 12 months, have you participated in a mental health self-help group? (e.g., On Our Own, depression support group, family support group, etc.)

	Frequency	Percent
Yes	118	23.5
No	383	76.1
Don't Know/Refused	2	0.4
Total	503	100.0

F. Substance Abuse Services

Now, I would like to ask you about the kinds of services that you have received for a substance abuse problem, such as an alcohol or drug use problem.

1. In the past 12 months, did you attempt to get or were you referred for substance abuse services?

	Frequency	Percent
Yes	84	16.7
No	414	82.3
Don't Know/Refused	5	1.0
Total	503	100.0

2. (If yes to Q1) Were you able to receive substance abuse services?

	Frequency	Percent
Yes	78	92.9
No	6	7.1
Total	84	100.0

3. (If yes to Q2) Were you satisfied with your substance abuse services?

	Frequency	Percent
Yes	71	91.0
No	5	6.4
Don't Know/Refused	2	2.6
Total	78	100.0

4. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	29	5.8
No	473	94.0
Don't Know/Refused	1	0.2
Total	503	100.0

G. Physical Health Services

Thinking about your physical health care.

1. Do you have a primary health care provider?

	Frequency	Percent
Yes	454	90.3
No	46	9.1
Don't Know/Refused	3	0.6
Total	503	100.0

2. (If yes to Q1) To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health or mental health?

	Frequency	Percent
Yes	150	33.0
No	216	47.6
Don't Know/Refused	88	19.4
Total	454	100.0

3. In the past 12 months, did you see a medical professional for a health check-up or because you were sick?

	Frequency	Percent
Yes	406	80.7
No	96	19.1
Don't Know/Refused	1	0.2
Total	503	100.0

4. In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?

	Frequency	Percent
Yes	113	22.5
No	389	77.3
Don't Know/Refused	1	0.2
Total	503	100.0

H. Arrests and Police Encounters

Consumers receiving services for less than 1 year (N=137)

Thinking about your legal history,

1. Were you arrested since you began to receive mental health services?

	Frequency	Percent
Yes	11	8.0
No	126	92.0
Total	137	100.0

2. Were you arrested during the 12 months prior to that?

	Frequency	Percent
Yes	17	12.4
No	119	86.9
Don't Know/Refused	1	0.7
Total	137	100.0

3. Since you began to receive mental health services, have your encounters with the police...

	Frequency	Percent
Been reduced	15	10.9
Stayed the same	6	4.4
Increased	1	0.7
N/A (had no police encounters this year or last year)	114	83.2
Don't Know/Refused	1	0.7
Total	137	100.0

Consumers receiving services for 1 year or more (N=366)

Thinking about your legal history,

1. Were you arrested during the past 12 months?

	Frequency	Percent
Yes	26	7.1
No	339	92.6
Don't Know/Refused	1	0.3
Total	366	100.0

2. Were you arrested during the 12 months prior to that?

	Frequency	Percent
Yes	20	5.5
No	346	94.5
Total	366	100.0

3. Over the past year, have your encounters with police...

	Frequency	Percent
Been reduced	13	3.6
Stayed the same	20	5.5
Increased	7	1.9
N/A (had no police encounters this year or last year)	322	88.0
Don't Know/Refused	4	1.1
Total	366	100.0

I. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all respondents (496 = 98.6%) reported receiving some type of outpatient mental health treatment service. Respondents were asked how much they agreed or disagreed with 23 statements regarding the outpatient services they received. Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received.	491	1.8	.90	38.7	49.7	5.1	3.7	2.9
If I had other choices, I would still get services from this provider.	492	2.0	1.0	35.6	46.1	6.5	9.1	2.6
I would recommend this provider to a friend or a family member.	490	1.9	1.0	39.4	45.5	5.5	6.1	3.5
The location of services was convenient.	492	1.9	0.8	33.3	56.3	2.8	6.3	1.2
Staff were willing to see me as often as I felt it was necessary.	494	1.8	0.9	36.6	53.2	2.8	5.3	2.0
Staff returned my calls in 24 hours.	478	2.0	1.0	32.2	50.2	4.4	10.3	2.9
Services were available at times that were good for me.	496	1.8	0.8	35.7	55.8	3.4	4.0	1.0
I was able to get all the services I thought I needed.	495	2.1	1.1	29.1	52.9	4.0	8.1	5.9
I was able to see a psychiatrist when I wanted to.	479	2.0	1.0	29.4	53.2	4.0	10.4	2.9
Staff here believe that I can grow, change, and recover.	478	1.8	0.8	33.3	56.7	5.6	2.9	1.5
I felt comfortable asking questions about my treatment and medication.	487	1.7	0.8	41.3	51.1	2.1	3.7	1.8
I felt free to complain.	487	1.9	0.9	33.7	53.8	4.3	5.5	2.7
I was given information about my rights.	485	1.8	0.8	35.3	57.5	1.4	4.5	1.2
Staff encouraged me to take responsibility for how I live my life.	486	1.9	0.8	32.7	56.6	4.7	4.9	1.0
Staff told me what side effects to watch out for.	462	2.1	1.0	29.7	53.0	2.8	11.0	3.5
Staff respected my wishes about who is and is not to be given information about my treatment.	482	1.7	0.7	41.7	54.4	1.5	1.2	1.2
I, not staff, decided my treatment goals.	473	2.2	0.9	22.4	51.8	14.2	10.4	1.3
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	476	1.9	0.8	29.0	59.2	4.6	5.5	1.7
I was encouraged to use consumer-run programs.	463	2.4	1.1	18.4	49.9	11.4	16.6	3.7
Staff were sensitive to my cultural or ethnic background.	435	1.9	0.8	26.0	62.3	7.1	3.4	1.1
Staff respected my family's religious or spiritual beliefs.	426	1.9	0.7	27.9	61.7	7.7	1.9	0.7
Staff treated me with respect.	490	1.7	0.7	42.2	52.7	3.3	1.0	0.8
Staff spoke with me in a way that I understood.	496	1.7	0.7	38.9	56.7	2.4	1.4	0.6

*Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

**Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

J. Satisfaction with Psychiatric Rehabilitation Program Services

Less than one-quarter (115 = 22.9%) of survey respondents reported receiving psychiatric rehabilitation services. Respondents were asked how much they agreed or disagreed with 21 statements regarding the psychiatric rehabilitation services they received. Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services I received.	115	1.8	0.9	40.9	47.8	5.2	4.3	1.7
If I had other choices, I would still get services from this provider.	112	1.8	0.9	39.3	46.4	8.0	4.5	1.8
I would recommend this provider to a friend or a family member.	113	1.9	0.9	34.5	50.4	8.0	6.2	0.9
The location of services was convenient.	114	1.9	0.8	28.1	60.5	5.3	4.4	1.8
Staff were willing to see me as often as I felt it was necessary.	113	1.8	0.8	34.5	57.5	2.7	4.4	0.9
Staff returned my calls in 24 hours.	113	1.9	0.8	30.1	58.4	2.7	8.8	0.0
Services were available at times that were good for me.	114	1.9	0.7	28.1	62.3	4.4	5.3	0.0
I was able to get all the services I thought I needed.	114	2.0	0.8	27.2	56.1	8.8	7.9	0.0
Staff here believe that I can grow, change, and recover.	113	1.8	0.8	32.7	58.4	4.4	3.5	0.9
I felt comfortable asking questions about my rehabilitation.	114	1.8	0.7	32.5	61.4	2.6	3.5	0.0
I felt free to complain.	115	1.9	0.8	27.8	57.4	7.8	7.0	0.0
I was given information about my rights.	113	1.8	0.6	29.2	66.4	1.8	2.7	0.0
Staff encouraged me to take responsibility for how I live my life.	114	1.8	0.7	31.6	62.3	2.6	3.5	0.0
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	113	1.7	0.6	34.5	62.8	0.0	2.7	0.0
I, not staff, decided my rehabilitation goals.	113	2.0	0.8	22.1	60.2	11.5	4.4	1.8
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	112	1.8	0.7	30.4	61.6	3.6	4.5	0.0
I was encouraged to use consumer-run programs.	113	2.0	0.9	28.3	56.6	5.3	8.8	0.9
Staff were sensitive to my cultural or ethnic background.	110	1.8	0.7	27.3	65.5	3.6	3.6	0.0
Staff respected my family’s religious or spiritual beliefs.	109	1.8	0.6	28.4	65.1	3.7	2.8	0.0
Staff treated me with respect.	114	1.7	0.7	35.1	58.8	4.4	0.9	0.9
Staff spoke with me in a way that I understood.	113	1.7	0.6	32.7	61.9	3.5	1.8	0.0

*Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

K. Overall Satisfaction with Mental Health Services

Overall satisfaction with all mental health services received was assessed using the same Likert scale as was used throughout the survey. Respondents were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services I received.” Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services I received.	503	2.0	0.9	23.9	60.0	8.7	4.8	2.6

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, row may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

L. Outcome Measures

Respondents were asked how they benefited from the mental health services they received. Each question begins with the statement: “As a direct result of all the mental health services I received” and was followed by the specific outcome of services. Respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems.	488	2.1	0.9	24.0	54.1	11.7	8.2	2.0
I am better able to control my life.	493	2.1	0.9	22.9	54.2	13.6	7.9	1.4
I am better able to deal with crisis.	492	2.3	1.0	19.5	51.6	15.7	10.6	2.6
I am getting along better with my family.	481	2.2	0.9	20.4	53.0	16.6	7.9	2.1
I do better in social situations.	482	2.4	1.0	16.6	48.5	18.9	11.8	4.1
I do better in school and/or work.	350	2.4	1.0	17.4	46.9	17.4	14.9	3.4
My housing situation has improved.	459	2.5	1.1	17.4	44.4	18.1	14.8	5.2
My symptoms are not bothering me as much.	492	2.6	1.2	16.3	44.7	14.6	16.7	7.7
I do things that are more meaningful to me.	496	2.3	1.0	17.9	54.0	15.5	9.3	3.2
I am better able to take care of my needs.	498	2.2	0.9	19.3	55.6	14.5	7.8	2.8
I am better able to handle things when they go wrong.	501	2.4	1.0	16.0	50.3	17.6	12.4	3.8
I am better able to do things that I want to do.	497	2.4	1.0	14.7	49.7	18.3	13.7	3.6
I am happy with the friendships I have.	485	2.1	0.9	22.3	58.1	11.3	6.8	1.4
I have people with whom I can do enjoyable things.	496	2.2	0.9	20.8	56.3	12.1	8.9	2.0
I feel I belong in my community.	495	2.3	1.0	19.2	51.7	15.4	11.3	2.4
In a crisis, I would have the support I need from family or friends.	498	2.1	0.9	24.3	55.4	10.4	7.0	2.8

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate more positive outcomes.

*** S.D. is an abbreviation for Standard Deviation.

M. Additional Statistical Analyses

Statistical analysis of survey results was conducted to determine if survey responses differ across demographic categories of respondents. The level of significance indicates the likelihood that observed differences between populations reflect actual differences in opinion, rather than chance. For this report, a significance level of ($p < .05$) is considered statistically significant, which indicates that there is a less than 5% chance that observed differences are based on chance. Please note that the presence of a statistically significant relationship between survey measures does not necessarily imply causation.

The following differences are statistically significant.

Demographics

Respondents of Spanish, Hispanic or Latino origin are:

- Younger, on average, than non-Latino (mean age of Latino respondents: 32.7 vs. 40.2).
- More likely than non-Latino to be employed (40.9% employed vs. 19.9%).

Respondents who completed high school are older, on average, than those with less than a high school education (mean age of high school graduates: 40.7 vs. 37.4).

Employed respondents are younger, on average, than unemployed (mean age of employed respondents: 35.3 vs. 39.7).

Use of Mental Health and Other Services

Respondents over age 40 are more likely than those age 40 and younger to have:

- Been in outpatient treatment for one year or longer (75.8% vs. 66.3%).
- Received psychiatric rehabilitation services (27.1% vs. 18.4%).
- Seen another mental health professional (36.8% vs. 25.7%).
- Reported that primary care physician and mental health services provider communicated with each other (40.8% vs. 24.3%).
- Seen a medical professional for a health check-up or illness (86.0% vs. 75.1%).
- Spent at least one night in the hospital due to physical illness (26.7% vs. 18.0%).

Non-Black/African-American respondents are more likely than Black/African-American respondents to have:

- Spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem (8.0% vs. 1.7%).

Non-White/Caucasian respondents are more likely than White/Caucasian respondents to have:

- Received psychiatric rehabilitation services (27.2% vs. 20.1%).

Male respondents are more likely than female respondents to have:

- Received psychiatric rehabilitation services (31.6% vs. 18.4%).
- Received residential rehabilitation services (19.9% vs. 7.5%).

- Spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem (22.2% vs. 12.2%).
- Participated in a mental health self-help group (33.3% vs. 18.4%).
- Attempted to get or been referred for substance abuse services (23.5% vs. 13.4%).
- Spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem (11.1% vs. 3.0%).
- Reported that primary care physician and mental health services provider communicated with each other (42.2% vs. 28.7%).

Respondents who did not complete high school are more likely than high school graduates to have:

- Attempted to get or been referred for substance abuse services (22.1% vs. 14.5%).

Unemployed respondents are more likely than employed respondents to have:

- Reported that primary care physician and mental health services provider communicated with each other (33.2% vs. 25.3%).

Police Encounters

There are no statistically significant differences in reported police encounters by race, ethnicity, marital status, education, or employment.

Respondents age 40 and younger are more likely than those over age 40 to have:

- Been arrested during the past 12 months (or since beginning services, if in treatment less than 1 year) (10.2% vs. 4.7%).

Male respondents are more likely than female respondents to have:

- Been arrested during the past 12 months (or since beginning services, if in treatment less than 1 year) (12.9% vs. 4.5%).

Satisfaction with Outpatient Mental Health Treatment Services

Note: Responses to *Satisfaction with Outpatient Mental Health Treatment Services* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating stronger agreement with the statement.

There are no statistically significant differences in *Satisfaction with Outpatient Mental Health Services* by gender or employment.

Black/African-American respondents are more satisfied than non-Black/African-American respondents with the statements:

- I felt comfortable asking questions about my treatment and medication (1.6 vs. 1.8).
- I was given information about my rights (1.7 vs. 1.9).
- Staff told me what side effects to watch out for (1.9 vs. 2.2).
- I was encouraged to use consumer-run programs, such as support groups, drop-in centers, and crisis phone line (2.2 vs. 2.5).

Latino respondents are less satisfied than non-Latino respondents with the statement:

- Services were available at times that were good for me (2.1 vs. 1.8).

Latino respondents are more satisfied than non-Latino respondents with the statement:

- I was able to see a psychiatrist when I wanted to (1.6 vs. 2.1).

Unmarried respondents are more satisfied than married respondents with the statements:

- Staff were willing to see me as often as I felt it was necessary (1.8 vs. 2.0).
- Services were available at times that were good for me (1.8 vs. 2.0).
- I was able to get all the services I thought I needed (2.1 vs. 2.4).
- I was able to see a psychiatrist when I wanted to (2.0 vs. 2.3).

Respondents who did not finish high school are more satisfied than high school graduates with the statements:

- I was able to see a psychiatrist when I wanted to (1.9 vs. 2.1).

Satisfaction with Psychiatric Rehabilitation Services

Note: Responses to *Satisfaction with Psychiatric Rehabilitation Services* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating stronger agreement with the statement.

There are no statistically significant differences in *Satisfaction with Psychiatric Rehabilitation Services* by age, race, marital status, education, or employment.

Males are more satisfied than females with the statement:

- I was encouraged to use consumer-run programs, such as support groups, drop-in centers, and crisis phone line (1.8 vs. 2.2).

Non-Latino respondents are more satisfied than Latino respondents with the statement:

- Staff were sensitive to my cultural or ethnic background (1.8 vs. 2.4).

Overall Satisfaction

There are no statistically significant differences in *Overall Satisfaction with the Mental Health Services* by gender, age, race, ethnicity, education, or employment.

Non-married respondents are more satisfied with their overall mental health services than married respondents (2.0 vs. 2.2).

Outcome Measures

Responses to *Outcome Measures* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating more positive outcomes.

There are no statistically significant differences in *Outcome Measures* by gender, ethnicity, or marital status.

Black/African-American respondents agree more than non-Black/African-American respondents with the statements:

- My housing situation has improved (2.3 vs. 2.6).
- I do things that are more meaningful to me (2.1 vs. 2.3).

Employed respondents agree more than unemployed respondents with the statements:

- My symptoms are not bothering me as much (2.3 vs. 2.6).
- I am better able to take care of my needs (2.0 vs. 2.2).
- I am better able to do things that I want to do (2.2 vs. 2.5).
- I have people with whom I can do enjoyable things (2.0 vs. 2.2).

Respondents age 40 and younger agree more than those over 40 with the statements:

- I deal more effectively with daily problems (2.0 vs. 2.2).
- I am better able to take care of my needs (2.1 vs. 2.3).
- I am better able to do things that I want to do (2.3 vs. 2.5).
- I have people with whom I can do enjoyable things (2.0 vs. 2.3).

High school graduates are more satisfied than those who did not finish high school with the statements:

- I am better able to do things that I want to do (2.4 vs. 2.6).
- I am happy with the friendships I have (2.0 vs. 2.2).

N. Qualitative Measures

In an open-ended line of inquiry, adult respondents were asked if they had anything else to share about their experiences. A total of 503 comments were recorded and are categorized below.

Comment	Frequency
No answer/“nothing”	318
Positive comment about provider or services	53
Need more services	33
I have improved / Services have helped	22
Negative comment about provider	20
Staff turnover	8
Appointments: Inconvenient, scheduling	8
Provider network issues	7
Consumer involvement in care/treatment	7
Location: Inconvenient, distance	4
Other / Not related to mental health services	23
Total	503

IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Caregiver Respondent Characteristics

Characteristic		%
Gender	Female	89.7
	Male	10.3
Age	20-50	72.1
	51-70	19.9
	71 and older	2.9
	Refused/Don't Know	5.2
Race	Black or African-American	40.4
	White or Caucasian	47.8
	More than one race reported	2.7
	Other	7.6
	Refused/Don't Know	1.5
Ethnicity	Spanish, Hispanic, or Latino	6.7
Relationship to Child	Parent	80.1
	Grandparent	12.6
	Other relative	5.4
	Other/Refused/Don't Know	1.9

B. Summary of Child Characteristics

Characteristic		%
Gender	Female	38.9
	Male	61.1
Age	1-4	4.2
	5-9	35.4
	10-14	51.3
	15 and older	9.1
Race	Black or African-American	40.4
	White or Caucasian	41.6
	More than one race reported	10.1
	Other	5.7
	Refused/Don't Know	2.2
Ethnicity	Spanish, Hispanic, or Latino	11.4
Education	Currently in school	96.5
	• Regular classroom	73.6
	• Special education, all or part day	22.3
	• Other classroom setting	4.0
	Have repeated a grade	20.4

C. Detail of Caregiver Respondents Demographic and Social Characteristics

1. Parent/caregiver gender

	Frequency	Percent
Female	533	89.7
Male	61	10.3
Total	594	100.0

2. Parent/caregiver age?

	Frequency	Percent
Under 21	1	0.2
21-30	85	14.3
31-40	199	33.5
41-50	143	24.1
51-60	82	13.8
61-70	36	6.1
>70	17	2.9
Don't Know/Refused	31	5.2
Total	594	100.0

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	7	1.2
Asian	4	0.7
African-American or Black	240	40.4
Native Hawaiian or Pacific Islander	4	0.7
White or Caucasian	284	47.8
More than one race reported	16	2.7
Other	30	5.1
Don't Know/Refused	9	1.5
Total	594	100.0

4. Are you of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	40	6.7
Not Hispanic	546	91.9
Don't Know/Refused	8	1.3
Total	594	100.0

5. What is your relationship to (child)?

	Frequency	Percent
Biological, adoptive, foster parent, or stepparent	476	80.1
Grandparent	75	12.6
Sibling	1	0.2
Other biological relative, acting as guardian	31	5.2
Family friend, acting as guardian	3	0.5
Legal guardian (where none of the others apply)	7	1.2
Don't Know/Refused	1	0.2
Total	594	100.0

D. Detail of Child Demographic and Social Characteristics

1. Child's gender

	Frequency	Percent
Female	231	38.9
Male	363	61.1
Total	594	100.0

2. Child's age

	Frequency	Percent
1-4	25	4.2
5-9	210	35.4
10-14	305	51.3
>14	54	9.1
Total	594	100.0

3. What is (child's) race?

	Frequency	Percent
American Indian or Alaska Native	2	0.3
Asian	3	0.5
African-American or Black	240	40.4
Native Hawaiian or Pacific Islander	2	0.3
White or Caucasian	247	41.6
More than one race reported	60	10.1
Other	27	4.5
Don't Know/Refused	13	2.2
Total	594	100.0

4. Is (child) of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Yes	68	11.4
No	517	87.0
Don't Know/Refused	9	1.5
Total	594	100.0

5. Is (child) currently living with you?

	Frequency	Percent
Yes	584	98.3
No	10	1.7
Total	594	100.0

6. (If no to Q5) Is (child) currently in an out-of-home residential placement, such as a group home, foster care or residential treatment center?

	Frequency	Percent
Yes	1	10.0
No	9	90.0
Total	10	100.0

7. Has (child) lived in any of the following places in the last 12 months? (accept multiple responses)

	Frequency	Percent
With one or both parents	473	73.3
With another family member	139	21.6
Foster home	3	0.5
Therapeutic foster home	2	0.3
Homeless shelter	3	0.5
Group home	1	0.2
Residential treatment center	6	0.9
Hospital	9	1.4
Local jail or detention facility	2	0.3
Other	7	1.1
Total	645	100.0

*The frequency and percentage is greater than the total number of respondents because more than one answer can be given.

8. Is (child) currently going to school?

	Frequency	Percent
Yes	573	96.5
No	21	3.5
Total	594	100.0

8a. (If yes to Q8) At school, what type of classroom is (child) is currently enrolled in?

	Frequency	Percent
Regular classroom	422	73.6
Special education all day	69	12.0
Special education part of day	59	10.3
Other	22	3.8
Don't Know/Refused	1	0.2
Total	573	100.0

8b. (If no to Q8) Why is (child) not currently going to school?

	Frequency	Percent
Too young for school	11	52.4
Dropped out	1	4.8
Suspended	1	4.8
Sick or hospitalized	4	19.0
Other	4	19.0
Total	21	100.0

9. Has (child) ever repeated a grade?

	Frequency	Percent
Yes	119	20.4
No	464	79.5
Don't Know/Refused	1	0.2
Total	584	100.0

E. Use of Mental Health Services

Thinking about the kinds of mental health services that (child) may have received.

1. In the past 12 months, has (child) been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	573	96.5
No	19	3.2
Don't Know/Refused	2	0.3
Total	594	100.0

2. (If yes to Q1) How long has (child) received these mental health services?

	Frequency	Percent
<1 month	27	4.7
1 month-5months	102	17.8
6 months-<1year	107	18.7
1 year or more	336	58.6
Don't Know/Refused	1	0.2
Total	573	100.0

3. In the past 12 months, has (child) received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	Frequency	Percent
Yes	227	38.2
No	344	57.9
Don't Know/Refused	23	3.9
Total	594	100.0

4. (If yes to Q3) How long has (child) received psychiatric family support services?

	Frequency	Percent
Less than 1 year	92	40.5
1 year or more	134	59.0
Don't Know/Refused	1	0.4
Total	227	100.0

5. In the past 12 months, has (child) seen a pediatrician or any other medical professional for an emotional or behavioral problem?

	Frequency	Percent
Yes	276	46.5
No	317	53.4
Don't Know/Refused	1	0.2
Total	594	100.0

6. In the past 12 months, has (child) seen a school counselor?

	Frequency	Percent
Yes	337	57.8
No	227	38.9
Don't Know/Refused	19	3.3
Total	583	100.0

7. In the past 12 months, has (child) spent at least one night in a hospital, emergency room, or crisis bed because of an emotional or behavioral problem?

	Frequency	Percent
Yes	47	7.9
No	545	91.8
Don't Know/Refused	2	0.3
Total	594	100.0

8. In the past 12 months, has (child) participated in a mental health support or self-help group such as peer counseling?

	Frequency	Percent
Yes	154	25.9
No	430	72.4
Don't Know/Refused	10	1.7
Total	594	100.0

9. In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning or behavioral disorders?

	Frequency	Percent
Yes	128	21.5
No	464	78.1
Don't Know/Refused	2	0.3
Total	594	100.0

10. (If no or don't know to Q9) Would you like to participate in such a support group?

	Frequency	Percent
Yes	183	39.3
No	263	56.4
Don't Know/Refused	20	4.3
Total	466	100.0

11. Is (child) on medication for emotional or behavioral problems?

	Frequency	Percent
Yes	329	55.4
No	264	44.4
Don't Know/Refused	1	0.2
Total	594	100.0

12. (If yes to Q11) Did the doctor or nurse tell you and/or (child) what side effects to watch for?

	Frequency	Percent
Yes	289	87.8
No	36	10.9
Don't Know/Refused	4	1.2
Total	329	100.0

13. Are any of (child)'s siblings receiving mental health services?

	Frequency	Percent
Yes	221	38.7
No	338	59.2
Don't Know/Refused	12	2.1
Total	571	100.0

F. Substance Abuse Services

1. In the past 12 months, did (child) attempt to get or was he/she referred for substance abuse services?

	Frequency	Percent
Yes	11	1.9
No	580	97.6
Don't Know/Refused	3	0.5
Total	594	100.0

2. (If yes to Q1) Was (child) able to receive substance abuse services?

	Frequency	Percent
Yes	11	100.0
No	0	0.0
Total	11	100.0

3. (If yes to Q2) Were you satisfied with (child's) substance abuse services?

	Frequency	Percent
Yes	10	90.9
No	1	9.1
Total	11	100.0

4. Has (child) spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	6	1.0
No	588	99.0
Total	594	100.0

G. Physical Health Services

1. Does (child) have a primary health care provider?

	Frequency	Percent
Yes	585	98.5
No	7	1.2
Don't Know/Refused	2	0.3
Total	594	100.0

2. (If yes to Q1) To your knowledge, has (child)'s primary health care provider and (child)'s mental health provider spoken with each other about (child)'s health or mental health?

	Frequency	Percent
Yes	197	33.7
No	281	48.0
Don't Know/Refused	107	18.3
Total	585	100.0

3. In the past 12 months, did (child) see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?

	Frequency	Percent
Yes	536	90.2
No	57	9.6
Don't Know/Refused	1	0.2
Total	594	100.0

4. In the past 12 months, has (child) spent at least one night in a hospital because of a physical illness or health problem?

	Frequency	Percent
Yes	46	7.7
No	548	92.3
Total	594	100.0

5. Does (child) have Medicaid Insurance?

	Frequency	Percent
Yes	491	82.7
No	63	10.6
Don't Know/Refused	40	6.7
Total	594	100.0

H. Arrests, Police Encounters, School Suspensions, and School Expulsions

Consumers receiving services for less than 1 year (N = 237)

1. Was (child) arrested since beginning to receive mental health services?

	Frequency	Percent
Yes	3	1.3
No	232	97.9
Don't Know/Refused	2	0.8
Total	237	100.0

2. Was (child) arrested during the 12 months prior to that?

	Frequency	Percent
Yes	3	1.3
No	234	98.7
Total	237	100.0

3. Since (child) began receiving mental health services, have their encounters with the police...

	Frequency	Percent
Been reduced	6	2.5
Stayed the same	4	1.7
Increased	1	0.4
N/A (had no police encounters this year or last year)	225	94.9
Don't Know/Refused	1	0.4
Total	237	100.0

(Skip Q4 through Q6 if child is too young for school)

4. Was (child) expelled or suspended since beginning services?

	Frequency	Percent
Yes	32	14.1
No	193	85.0
Don't Know/ Refused	2	0.9
Total	227	100.0

5. Was (child) expelled or suspended during the 12 months prior to that?

	Frequency	Percent
Yes	28	12.3
No	198	87.2
Don't Know/Refused	1	0.4
Total	227	100.0

6. Since starting to receive services, is the number of days (child) was in school:

	Frequency	Percent
Greater	39	17.2
About the same	97	42.7
Less	20	8.8
Does not apply	67	29.5
Don't Know/Refused	4	1.8
Total	227	100.0

Does not apply category detail:

Did not have a problem with attendance before starting services	52	73.2
Home schooled	2	2.8
Other	8	11.3
Don't Know/Refused	9	12.7
Total	71	100.0

Arrests, Police Encounters, School Suspensions, and School Expulsions

Consumers receiving services one year or more (N = 357)

7. Was (child) arrested during the past 12 months?

	Frequency	Percent
Yes	12	3.4
No	345	96.6
Total	357	100.0

8. Was (child) arrested during the 12 months prior to that?

	Frequency	Percent
Yes	11	3.1
No	345	96.6
Don't Know/Refused	1	0.3
Total	357	100.0

9. Since (child) began receiving mental health services, have their encounters with the police...

	Frequency	Percent
Been reduced	23	6.4
Stayed the same	9	2.5
Increased	9	2.5
N/A (had no police encounters this year or last year)	314	88.0
Don't Know/Refused	2	0.6
Total	357	100.0

(Skip Q10 through Q12 if child is too young for school)

10. Was (child) expelled or suspended during the past 12 months?

	Frequency	Percent
Yes	81	22.8
No	275	77.2
Total	356	100.0

11. Was (child) expelled or suspended during the 12 months prior to that?

	Frequency	Percent
Yes	65	18.3
No	287	80.6
Don't Know/Refused	4	1.1
Total	356	100.0

12. Over the past year, is the number of days (child) was in school:

	Frequency	Percent
Greater	78	21.9
About the same	171	48.0
Less	43	12.1
Does not apply	56	15.7
Don't Know/Refused	8	2.2
Total	356	100.0

Does not apply category detail:

Did not have a problem with attendance before starting services	46	71.9
Home schooled	2	3.1
Dropped out of school	1	1.6
Other	5	7.8
Don't Know/Refused	10	15.6
Total	64	100.0

I. Satisfaction with Outpatient Mental Health Treatment Services Received by Children

Nearly all caregiver respondents (573 = 96.5%) reported his/her child had received some type of outpatient mental health treatment service. Caregiver respondents were asked how much they agreed or disagreed with 16 statements regarding the outpatient service his/her child received. Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	572	1.9	0.9	33.2	52.4	5.9	6.3	2.1
I helped choose my child's services.	567	1.9	0.9	32.8	54.7	4.6	6.5	1.4
I helped choose my child's treatment goals.	561	1.9	0.8	31.9	55.4	6.1	5.7	0.9
The people helping my child stuck with us no matter what.	563	2.0	1.0	33.4	50.1	6.7	6.7	3.0
I felt my child had someone to talk to when he/she was troubled.	558	1.9	0.8	31.2	55.4	6.6	5.6	1.3
I participated in my child's treatment.	567	1.6	0.6	43.6	52.7	1.8	1.8	0.2
The services my child and/or family received were right for us.	566	2.0	0.9	29.0	54.1	9.2	5.8	1.9
The location of services was convenient for us.	572	2.0	1.0	32.2	52.3	5.4	6.8	3.3
Services were available at times that were convenient for us.	570	2.0	0.9	28.8	56.7	5.6	6.5	2.5
My family got the help we wanted for my child.	570	2.1	1.0	27.2	52.3	10.4	7.5	2.6
My family got as much help as we needed for my child.	569	2.2	1.1	24.1	48.9	11.1	12.7	3.3
Staff treated me with respect.	572	1.7	0.7	43.0	52.4	1.9	1.9	0.7
Staff respected my family's religious or spiritual beliefs.	519	1.7	0.6	37.4	58.6	3.3	0.4	0.4
Staff spoke with me in a way that I understood.	569	1.7	0.6	39.9	56.9	1.4	1.8	0.0
Staff were sensitive to my cultural or ethnic background.	506	1.7	0.7	35.0	58.7	4.2	2.0	0.2
I felt free to complain.	558	1.8	0.7	30.5	62.0	3.9	3.0	0.5

*Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

**Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

J. Satisfaction with Child/Family Support Services

Slightly more than one third of caregiver respondents (227 = 38.2%) reported that his/her child had received some type of child/family support service. Caregiver respondents were asked how much they agreed or disagreed with 16 statements regarding the child/family support services his/her child received. Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	226	1.9	0.9	29.6	57.1	6.2	5.3	1.8
I helped choose my child’s services.	225	1.9	0.8	29.8	56.9	6.7	6.7	0.0
I helped choose my child’s service goals.	225	1.8	0.7	28.4	62.7	5.8	3.1	0.0
The people helping my child stuck with us no matter what.	224	1.9	0.9	35.3	51.3	5.4	5.4	2.7
I felt my child had someone to talk to when he/she was troubled.	225	1.9	0.8	31.1	56.4	7.1	2.7	2.7
I participated in my child’s services.	226	1.7	0.6	39.8	54.9	3.5	1.8	0.0
The services my child received were right for us.	226	2.0	0.9	28.3	57.1	6.2	5.8	2.7
The location of services was convenient for us.	224	1.9	0.8	32.6	57.1	4.0	4.5	1.8
Services were available at times that were convenient for us.	224	1.9	0.8	29.5	59.4	4.0	6.3	0.9
My family got the help we wanted for my child.	224	2.0	0.9	24.6	58.0	7.6	7.6	2.2
My family got as much help as we needed for my child.	224	2.2	1.0	22.8	55.4	7.6	11.2	3.1
Staff treated me with respect.	224	1.6	0.6	41.5	54.9	3.1	0.0	0.4
Staff respected my family’s religious or spiritual beliefs.	211	1.7	0.6	37.4	57.3	5.2	0.0	0.0
Staff spoke with me in a way that I understood.	225	1.7	0.6	37.3	60.0	2.2	0.0	0.4
Staff were sensitive to my cultural or ethnic background.	212	1.7	0.6	36.8	58.5	4.2	0.5	0.0
I felt free to complain.	225	1.8	0.7	31.1	60.0	6.2	2.2	0.4

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

***S.D. is an abbreviation for Standard Deviation.

K. Overall Satisfaction with Mental Health Services

Overall caregiver respondent satisfaction with the mental health services received by his/her child was assessed using the same Likert scale as was used throughout the survey. Caregiver respondents were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services my child received.” Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services my child received.	593	2.1	0.9	20.1	62.4	7.9	7.1	2.5

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, row may not sum to 100%.

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

L. Outcome Measures

Caregiver respondents were asked how his/her child had benefited from the mental health treatment services received. Each question begins with the statement: “As a direct result of the mental health services my child received” and was followed by the specific outcome of services. Caregiver respondents indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My child is better at handling daily life.	582	2.4	1.1	18.7	47.1	18.9	10.3	5.0
My child gets along better with family members.	572	2.4	1.0	15.0	50.2	20.1	10.5	4.2
My child gets along better with friends and other people.	572	2.4	1.0	15.0	49.1	21.0	11.9	3.0
My child is doing better in school and/or work.	565	2.3	1.0	20.0	46.4	17.9	12.4	3.4
My child is better able to cope when things go wrong.	587	2.6	1.1	12.3	42.6	23.5	16.2	5.5
I am satisfied with our family life right now.	592	2.3	1.0	17.4	49.7	17.2	12.7	3.0
My child is better able to do things he or she wants to do.	583	2.3	0.9	13.9	57.1	16.8	9.6	2.6
My child is better able to control his or her behavior.	578	2.6	1.1	13.1	43.3	19.7	16.8	7.1
My child is less bothered by his or her symptoms.	576	2.5	1.0	12.3	47.2	20.1	16.3	4.0
My child has improved social skills.	570	2.4	1.0	15.4	50.2	19.5	11.9	3.0
As a direct result of all the mental health services my child and family received: (Please answer for relationships with persons other than your mental health providers.)								
I know people who will listen and understand me when I need to talk.	586	2.0	0.8	23.2	60.9	9.7	4.9	1.2
I have people that I am comfortable talking with about my child’s problems.	590	1.9	0.8	26.9	62.0	5.3	4.9	0.8
In a crisis, I would have the support I need from family or friends.	591	1.9	0.8	30.6	57.5	5.4	5.2	1.2
I have people with whom I can do enjoyable things.	590	1.9	0.7	28.6	62.7	4.4	3.6	0.7

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, rows may not sum to 100%.

** Lower mean scores indicate more positive outcomes.

*** S.D. is an abbreviation for Standard Deviation.

M. Additional Statistical Analyses

Statistical analysis of survey results was conducted to determine if survey responses differ across demographic categories of respondents. The level of significance indicates the likelihood that observed differences between populations reflect actual differences in opinion, rather than chance. For this report, a significance level of ($p < .05$) is considered statistically significant, which indicates that there is a less than 5% chance that observed differences are based on chance. Please note that the presence of a statistically significant relationship between survey measures does not necessarily imply causation.

The following differences are statistically significant.

Demographics

Caregivers of Spanish, Hispanic or Latino origin are:

- More likely than non-Latino caregivers to be male (22.5% vs. 9.3%).
- More likely than non-Latino caregivers to be the child's biological or adoptive parent (92.5% vs. 76.7%).

Non-Black/African-American caregivers are more likely than Black/African-American caregivers to be male (12.9% vs. 6.7%).

Caregivers who are the child's biological or adoptive parent are younger, on average, than caregivers who are not the child's biological or adoptive parent (mean age 41.2 vs. 59.1).

There are no statistically significant differences in the proportion of children with Medicaid insurance by caregiver gender, age, race, ethnicity, or caregiver relationship to the child. There are no statistically significant differences in the proportion of children with Medicaid insurance by child gender, age, race, or ethnicity.

Use of Mental Health Services

Caregivers over age 40 are more likely than those age 40 and younger to report that:

- The child received family support services (42.4% vs. 34.7%).

Black/African-American caregivers are more likely than non-Black/African-American caregivers to report that:

- The child received family support services (44.8% vs. 33.3%).
- They participated in a support group for parents (25.0% vs. 19.0%).

Non-Latino caregivers are more likely than Latino caregivers to report that:

- The child was on medication for emotional or behavioral problems (56.6% vs. 40.0%).

Caregivers who are not the child's biological or adoptive parent are more likely than caregivers who are a biological or adoptive parent to report that:

- The child received family support services (45.5% vs. 36.2%).

Caregivers of Black/African-American children are more likely than caregivers of non-Black/African-American children to report that:

- The child received family support services (45.2% vs. 31.5%).
- The caregiver participated in a support group for parents (25.7% vs. 17.5%).

Caregivers of female children are more likely than caregivers of male children to report that:

- The child had an inpatient stay for emotional or behavioral problems (10.8% vs. 6.1%).

Caregivers of male children are more likely than caregivers of female children to report that:

- The child was on medication for emotional or behavioral problems (60.9% vs. 46.8%).

Children who receive medication for emotional or behavioral problems are older, on average, than children who do not receive medication (mean age: 10.7 vs. 9.6).

Caregivers of Latino children are more likely than caregivers of non-Latino children to report that:

- The child had an inpatient stay for emotional or behavioral problems (14.7% vs. 7.2%).

Children who participated in a mental health support group are older, on average, than children who did not participate (mean age: 11.0 vs. 9.9).

Use of Substance Abuse Services

There are no statistically significant differences in access to substance abuse services, satisfaction with substance abuse services, or use of inpatient substance abuse services, by caregiver gender, age, race, ethnicity, or relationship to child. There are no statistically significant differences in access to substance abuse services, satisfaction with substance abuse services, or use of inpatient substance abuse services, by child gender, age, race, or ethnicity.

Caregivers over age 40 are more likely than caregivers age 40 and younger to report that:

- The child sought substance abuse services (2.9% vs. 0.7%).

Children who sought substance abuse services are older, on average, than children who did not seek substance abuse services (mean age 14.6 vs. 10.1).

Physical Health Care

Female caregivers are more likely than male caregivers to report that:

- The child had a primary health care provider (99.4% vs. 93.4%).

Non-Latino caregivers are more likely than Latino caregivers to report that:

- The child had a primary health care provider (99.3% vs. 92.5%).

Caregivers of Non-Latino children are more likely than caregivers of Latino children to report that:

- The child had a primary health care provider (99.2% vs. 95.6%).

Caregivers over age 40 are more likely than caregivers age 40 and younger to report that:

- The child's primary health care and mental health providers communicated with each other (38.7% vs. 29.1%).

Latino caregivers are more likely than non-Latino caregivers to report that:

- The child's primary health care and mental health providers communicated with each other (37.8% vs. 33.1%).
- The child had an inpatient stay due a physical illness or problem (17.5% vs. 7.0%).

Caregivers who are not the child's biological or adoptive parent are more likely than caregivers who are a biological or adoptive parent to report that:

- The child's primary health care and mental health providers communicated with each other (41.5% vs. 31.4%).

White/Caucasian caregivers are more likely than non-White/Caucasian caregivers to report that:

- The child had a primary care visit in the past year (93.5% vs. 87.1%).

Caregivers of White/Caucasian children are more likely than caregivers of non-White/Caucasian children to report that:

- The child had a primary care visit in the past year (93.9% vs. 86.7%).

Police Encounters

There are no statistically significant differences in reported police encounters by caregiver gender, age, race, ethnicity, or relationship to child. There are no statistically significant differences in reported police encounters by child gender, race, or ethnicity.

Caregivers of children age 10 and older are more likely than caregivers of children under age 10 to report that:

- The child had been arrested during the past 12 months (or since beginning services, if in treatment less than 1 year) (4.2% vs. 0.0%).
- The child's police encounters had been reduced during the past 12 months (or since beginning services, if in treatment less than 1 year) (62.8% vs. 22.2%).

Satisfaction with Outpatient Mental Health Treatment Services

Note: Responses to *Satisfaction with Outpatient Mental Health Treatment Services* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating stronger agreement with the statement.

There are no statistically significant differences in *Satisfaction with Outpatient Mental Health Services* by child gender, age, or ethnicity.

Female caregivers agree more than male caregivers with the statements:

- I helped choose my child's services (1.9 vs. 2.2).

- I participated in my child's treatment (1.6 vs. 1.9).

Caregivers over age 40 agree more than caregivers age 40 and younger with the statements:

- Overall, I am satisfied with the services my child received (1.8 vs. 2.0).
- The services my child and/or family received were right for us (1.9 vs. 2.0).
- The location of services was convenient for us (1.9 vs. 2.0).
- Services were available at times that were convenient for us (1.8 vs. 2.1).
- My family got the help we wanted for my child (1.9 vs. 2.1).

Caregivers age 40 and younger agree more than caregivers over age 40 with the statement:

- I participated in my child's treatment (1.6 vs. 1.7).

Non-Black/African-American caregivers agree more than Black/African-American caregivers with the statement:

- I participated in my child's treatment (1.6 vs. 1.7).

Latino caregivers agree more than non-Latino caregivers with the statements:

- The services my child and/or family received were right for us (1.7 vs. 2.0).
- My family got as much help as we needed for my child (1.9 vs. 2.3).

Caregivers who are the child's biological or adoptive parent agree more than caregivers who are not the biological or adoptive parent with the statement:

- I participated in my child's treatment (1.6 vs. 1.8).

Caregivers of White/Caucasian children agree more than caregivers of non-White/Caucasian children with the statement:

- I participated in my child's treatment (1.5 vs. 1.7).

Satisfaction with Family Support Services

Note: Response to *Satisfaction with Family Support Services* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating stronger agreement with the statement.

There are no statistically significant differences in *Satisfaction with Family Support Services* by caregiver gender, age, ethnicity, or relationship to child. There are no statistically significant differences in *Satisfaction with Family Support Services* by child gender.

White/Caucasian caregivers agree more than non-White/Caucasian caregivers with the statement:

- The services my child received were right for us (1.8 vs. 2.1).

Caregivers of children age 10 and older agree more than caregivers of children under age 10 with the statements:

- Staff treated me with respect (1.6 vs. 1.7).
- Staff respected my family's religious or spiritual beliefs (1.6 vs. 1.8).

- Staff were sensitive to my cultural or ethnic background (1.6 vs. 1.8).

Caregivers of White/Caucasian children agree more than caregivers of non-White/Caucasian children with the statements:

- The services my child received were right for us (1.8 vs. 2.1).
- My family got the help we wanted for my child (1.9 vs. 2.2).

Caregivers of non-Latino children agree more than caregivers of Latino children with the statement:

- Staff spoke with me in a way that I understood (1.6 vs. 1.9).

Overall Satisfaction

There is no statistically significant difference in *Overall Satisfaction with the Mental Health Services* by caregiver gender, race, ethnicity, or relationship to child. There is no statistically significant difference in *Overall Satisfaction with the Mental Health Services* by child gender, age, race, or ethnicity.

Caregivers over age 40 are more satisfied, overall, with the child's mental health services than caregivers age 40 or younger (2.0 vs. 2.2).

Outcome Measures

Responses to *Outcome Measures* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating more positive outcomes.

There are no statistically significant differences in *Outcome Measures* by child gender or age.

Male caregivers agree more than female caregivers with the statements:

- My child gets along better with friends and other people (2.1 vs. 2.4).
- My child has improved social skills (2.1 vs. 2.4).

White/Caucasian caregivers agree more than non-White/Caucasian caregivers with the statement:

- In a crisis, I would have the support I need from family or friends (1.8 vs. 2.0).

Non-White/Caucasian caregivers agree more than White/Caucasian caregivers with the statement:

- I am satisfied with our family life right now (2.3 vs. 2.4).

Latino caregivers agree more than non-Latino caregivers with the statements:

- My child gets along better with family members (1.9 vs. 2.4).
- My child gets along better with friends and other people (2.0 vs. 2.4).
- My child is better able to cope when things go wrong (2.2 vs. 2.6).
- My child is better able to do things he or she wants to do (2.0 vs. 2.3).
- My child is better able to control his or her behavior (2.2 vs. 2.6).

Caregivers older than 40 agree more than those age 40 and younger with the statements:

- My child is better at handling daily life (2.3 vs. 2.4).
- My child gets along better with family members (2.3 vs. 2.5).
- My child gets along better with friends and other people (2.3 vs. 2.5).
- My child is better able to cope when things go wrong (2.4 vs. 2.8).
- My child is better able to control his or her behavior (2.5 vs. 2.8).
- My child is less bothered by his or her symptoms (2.4 vs. 2.6).
- My child has improved social skills (2.3 vs. 2.5).

Caregivers who are not the child’s biological or adoptive parent agree more than caregivers who are a biological or adoptive parent with the statements:

- My child is better able to cope when things go wrong (2.4 vs. 2.7).
- My child is better able to control his or her behavior (2.4 vs. 2.7).

Caregivers of Black/African-American children agree more than caregivers of non-Black/African-American children with the statement:

- I am satisfied with our family life right now (2.3 vs. 2.4).

Caregivers of White/Caucasian children agree more than caregivers of non-White/Caucasian children with the statements:

- In a crisis, I would have the support I need from family or friends (1.8 vs. 2.0).
- I have people with whom I can do enjoyable things (1.8 vs. 1.9).

Caregivers of Latino children agree more than caregivers of non-Latino children with the statements:

- My child is better able to do things he or she wants to do (2.1 vs. 2.3).

N. Qualitative Measures

In an open-ended line of inquiry, caregiver respondents were asked if they had anything else to share about their or their child’s experiences. A total of 594 caregiver comments were recorded and are categorized below.

Comment	Frequency
No answer/“nothing”	374
Positive comment about provider or services	46
Child has improved / Services have helped	43
Need more services	42
Negative comment about provider	17
Caregiver involvement in care/treatment	17
Provider network issues	15
Appointments: Inconvenient, scheduling	9
Location: Inconvenient, distance	8
Staff turnover	7
Other / Not related to mental health services	16
Total	594

V. SUMMARY

Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Mental Health System. These surveys represent the eleventh systematic, statewide assessment of consumer perception of care since 1997. Data collection, data analysis, and documentation of the survey findings were subcontracted through Fact Finders on behalf of ValueOptions[®], Inc. and the Maryland Mental Hygiene Administration.

The potential survey population consisted of PMHS consumers for whom claims were received for outpatient services rendered between January and December 2010. The sample was stratified by age and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health services or psychiatric rehabilitation services. Service types for children and adolescents included outpatient mental health services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite 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.

Of the 1,532 adult consumers who were successfully contacted and asked to participate, 503 completed the telephone interview for a response rate of 32.8%. Of the 1,425 caregivers who were successfully contacted and asked to participate, 594 completed the telephone interview for a response rate of 41.7%.

Both adults and caregivers were satisfied overall with the mental health services they or their children received: 83.9% of adults and 82.5% of caregivers of children agreed or strongly agreed that, "Overall I am satisfied with the mental health services I (my child) received." Regarding satisfaction with specific aspects of outpatient mental health treatment services, over 81% of adults responded positively for 21 of the 23 survey items (range 68.3% to 96.1%). Regarding satisfaction with specific aspects of psychiatric rehabilitation services, over 82% of adults responded positively for all 21 survey items (range of 82.3% to 97.3%). Regarding satisfaction with specific aspects of outpatient services for children, 83% or more caregivers responded positively for 14 of the 16 survey items (range of 72.9% to 96.8%). Regarding satisfaction with specific aspects of family support services for children, over 82% of caregivers responded positively for 15 of the 16 survey items (range of 78.1% to 97.3%).

Responses to the 16 adult survey items that assess outcomes of care ranged from 61.0% to 80.4% agreement. Responses to the 10 caregiver survey items that assess outcomes of care for children ranged from 54.9% to 71.0% agreement. Over 84% of caregivers responded positively to each of the four outcomes items assessing "social connectedness" of the caregivers themselves.

It is hoped that these survey findings will be used to identify opportunities for improvement in the PMHS.

VI. APPENDICES

APPENDIX A:

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

APPENDIX B:

NOTIFICATION LETTER ADULT

APPENDIX C:

NOTIFICATION LETTER CHILD/CAREGIVER

APPENDIX D:

SURVEY INSTRUMENT ADULT

APPENDIX E:

SURVEY INSTRUMENT CHILD/CAREGIVER

APPENDIX F:

DEFINITIONS AND TERMINOLOGY

Appendix A



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201
Patricia M. Alt, Ph.D., Chairperson

May 21, 2010

Jarrell W. Pipkin
Director, Quality Management
Value Options Maryland
P.O. Box 618
Hanover, MD 21076

REF: **Protocol # 98-13**

Dear Mr. Pipkin:

The Maryland Department of Health and Mental Hygiene's Institutional Review Board (IRB) conducted a review of your protocol entitled "Consumer Satisfaction with Maryland Public Mental Health System" for continuous approval. The IRB meeting was held on May 20, 2010. Your protocol has been approved. This approval will expire on **June 15, 2011**. Please refer to the above referenced protocol number in any future modifications or correspondence pertaining to the above named study.

Please be reminded that all of the requirements of the original approval letter remain in effect. Thank you for your continued responsiveness to the IRB requirements and we wish you continued success in your efforts.

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

Sincerely,

Patricia M. Alt, PhD
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

410-767-8448 ☐ Fax 410-333-7194
Toll Free 1-877-4MD-DHMH ☐ TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.cha.state.md.us/irb

Appendix B



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building

55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor

Joshua M. Sharfstein, M.D., Secretary

Brian M. Hepburn, M.D., Executive Director

March 4, 2011

En esta carta se le pide que participe voluntariamente en un estudio acerca del sistema publico de la salud mental. Si desea recibir esta información en español, por favor llame al numero 1-800-895-3228.

Dear Consumer:

The Maryland Mental Hygiene Administration (MHA) wants to know about your experiences with the public mental health services you have received. We have been asked to obtain information about a group of people regarding (1) their current health and (2) how they feel about their services. MHA has asked ValueOptions[®] Maryland along with Ashlin Management and Fact Finders to do this telephone survey. Your experiences are important to us and we hope you will take part in this survey. We will use the information to make services better.

If you feel that this letter has been sent to you in error, please disregard and discard this document.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you in taking part in this survey.
- Your current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question you wish.
- You may stop the survey at any point.

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

Frequently Asked Questions:

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

- You do not have to do anything. We will call you.
Or
- You may speak directly with a representative between 8:30 a.m. and 9 p.m., Monday through Friday, or you may leave a message on the Fact Finders line at 1-800-895-3228.
- When you speak with a representative directly, the representative will schedule a convenient time for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message, a representative from Fact Finders, on behalf of ValueOptions[®] Maryland, will call you to schedule a convenient time for you to complete the phone interview.

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

- Please call us at 1-800-895-3228.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9 p.m., Monday through Friday.
Or
- You may leave us a message at 1-800-895-3228 requesting that your name be removed from the survey.
- If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20-30 minutes.

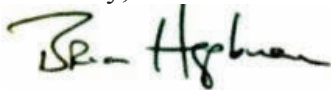
Question 4: When will the survey begin?

- We will begin the survey in the next few weeks.

If you have any questions about the survey, please call Jarrell Pipkin, Director of Quality Management, at 410-691-4012. If you have any questions about your rights as a research participant, please call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 410-767-8448. If you have other questions regarding the mental health services you received, call ValueOptions[®] Maryland at 1-800-888-1965.

Thank you for your help.

Sincerely,



Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Appendix C



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor
Joshua M. Sharfstein, M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

March 4, 2011

En esta carta se le pide que participe voluntariamente en un estudio acerca del sistema publico de la salud mental. Si desea recibir esta información en español, por favor llame al numero 1-800-895-3228.

Dear Parent/Guardian:

The Maryland Mental Hygiene Administration (MHA) wants to know about your child's experiences with the public mental health services your child has received. We have been asked to obtain information about a group of people regarding (1) their current health and (2) how they feel about their services. MHA has asked ValueOptions[®] Maryland along with Ashlin Management and Fact Finders, Inc. to do this telephone survey. Your experiences are important to us and we hope you will take part in this survey. We will use the information to make services better.

If you feel that this letter has been sent to you in error, please disregard and discard this document.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you or your child in taking part in this survey.
- Your child's current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question you wish.
- You may stop the survey at any point.

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

Frequently Asked Questions:

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

- You do not have to do anything. We will call you.
Or
- You may speak directly with a representative between 8:30 a.m. and 9 p.m., Monday through Friday, or you may leave a message on the Fact Finders line at 1-800-895-3228. Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258. *Web Site:* www.dhmh.state.md.us
- When you speak with a representative directly, the representative will schedule a convenient time for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message, a representative from Fact Finders, on behalf of ValueOptions[®] Maryland, will call you to schedule a convenient time for you to complete the phone interview.

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

- Please call us at 1-800-895-3228.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9 p.m., Monday through Friday.
Or
- You may leave us a message at 1-800-895-3228 requesting that your child's name be removed from the survey.
- If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20-30 minutes.

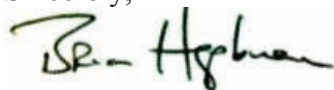
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If you have any questions about the survey, please call Jarrell Pipkin, Director of Quality Management, at 410-691-4012. If you have any questions about your rights as a research participant, please call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 410-767-8448. If you have other questions regarding the mental health services you received, call ValueOptions[®] Maryland at 1-410-691-4000.

Thank you for your help.

Sincerely,



Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Appendix D

INTRODUCTION

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

(Confirmation when respondent 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 ValueOptions[®] Maryland along with the Maryland Mental Hygiene Administration or MHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your experiences with the Maryland Public Mental Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Mental Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

"How did you get my name?"

The Maryland Mental Hygiene Administration (MHA) asked ValueOptions[®] to do this survey. The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. Maryland MHA are conducting the survey in order to evaluate how well the Maryland's Public Mental Health System is operating.

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

Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time. Your answers will be kept private. Your name will be kept separate from your responses. There is no risk to you in taking part in this survey. Your current mental health services will not change in any way as a result of your participation.

"How do I know this is real? / Who can I talk to?"

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her telephone number and address at any point during the survey.

[Gay Hutchen, 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448]

If you have any questions about your mental health services, please call ValueOptions[®]. I can give you the telephone number at any point during the survey.

[ValueOptions[®] Maryland (410) 691-4000]

(Note: Moved demographics to end of survey, but kept original question numbering).

First, thinking about the kinds of mental health services that you may have received.

12. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist or therapist?

- A. Yes [*Ask Q#14*]
- B. No [*Skip to Q#15*]
- C. Don't know [*Skip to Q#15*]
- D. Refused [*Skip to Q#15*]

14. How long have you received these mental health services?

- A. **Less than 1 year**
- B. **1 year or more**

15. In the past 12 months, have you received psychiatric rehabilitation services such as day program or PRP services?

- A. Yes [*Ask Q#17*]
- B. No [*If Q#12 is "Yes," skip to Q#18. If Q#12 is "No/Don't Know/Refused," then terminate – disposition = no services*]
- C. Don't know [*If Q#12 is "Yes," skip to Q#18. If Q#12 is "No/Don't Know/Refused," then terminate – disposition = no services*]
- D. Refused [*If Q#12 is "Yes," skip to Q#18. If Q#12 is "No/Don't Know/Refused," then terminate – disposition = no services*]

17. How long have you received psychiatric rehabilitation services?

- A. **Less than 1 year**
- B. **1 year or more**

18. In the past 12 months, have you received residential rehabilitation or RRP services?

- A. Yes
- B. No
- C. Don't know
- D. Refused

19. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?

- A. Yes
- B. No
- C. Don't know
- D. Refused

20. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem or a problem with your nerves?

- A. Yes

- B. No
- C. Don't know
- D. Refused

21. **In the past 12 months, have you participated in a mental health self-help group? (If respondent asks, clarify), such as On Our Own, depression support group, family support group.**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Now, I would like to ask you about the kinds of services that you have received for a substance abuse problem, such as an alcohol or drug use problem.

22. **In the past 12 months, did you attempt to get or were you referred for substance abuse services?**

- A. Yes
- B. No *[Skip to Q#25]*
- C. Don't know *[Skip to Q#25]*
- D. Refused *[Skip to Q#25]*

23. **Were you able to receive substance abuse services?**

- A. Yes
- B. No *[Skip to Q#25]*
- C. Don't know *[Skip to Q#25]*
- D. Refused *[Skip to Q#25]*

24. **Were you satisfied with your substance abuse services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

25. **In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Thinking about your physical health care,

26. **Do you have a primary health care provider?**

- A. Yes
- B. No *[Skip to Q#28]*

- C. Don't know [*Skip to Q#28*]
- D. Refused [*Skip to Q#28*]

27. **To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health or mental health?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

28. **In the past 12 months, did you see a medical professional for a health check-up or because you were sick?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

29. **In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

[Answer Q#30-Q#32, if respondent responded A on Q#14, or A on Q#17 if Q#14 is missing; i.e. services < 1 year.]

Thinking about your legal history,

30. **Were you arrested since you began to receive mental health services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

31. **Were you arrested during the 12 months prior to that?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

32. **Since you began to receive mental health services, have your encounters with the police,**

- A. **Been reduced, for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program**
- B. **Stayed the same**
- C. **Increased**

D. **Not applicable, you had no police encounters this year or last year**

[Answer Q#33-Q#35, if respondent responded B on either Q#14 or Q#17; i.e. services > 1 year.]

Thinking about your legal history,

33. **Were you arrested during the past 12 months?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

34. **Were you arrested during the 12 months prior to that?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

35. **Over the last year, have your encounters with the police ...**

- A. **Been reduced, for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program**
- B. **Stayed the same**
- C. **Increased**
- D. **Not applicable, you had no police encounters this year or last year**

(Ask Q#36 – Q#58 if Q#12 = yes, received outpatient services)

Now, I am going to read a series of statements.

If the statement does not apply to your circumstances, please tell me.

Please refer only to the outpatient mental health services you received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
36. I like the services that I received.								
37. If I had other choices, I would still get services from this provider.								
38. I would recommend this provider to a friend or a family member.								
39. The location of services was convenient.								
40. Staff were willing to see me as often as I felt it was necessary.								
41. Staff returned my calls in 24 hours.								

	<i>READ CHOICES</i>					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
42. Services were available at times that were good for me.								
43. I was able to get all the services I thought I needed.								
44. I was able to see a psychiatrist when I wanted to.								
45. Staff here believe that I can grow, change, and recover.								
46. I felt comfortable asking questions about my treatment and medication.								
47. I felt free to complain.								
48. I was given information about my rights.								
49. Staff encouraged me to take responsibility for how I live my life.								
50. Staff told me what side effects to watch out for.								
51. Staff respected my wishes about who is and is not to be given information about my treatment.								
52. I, not staff, decided my treatment goals.								
53. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
54. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								
55. Staff were sensitive to my cultural or ethnic background.								
56. Staff respected my family's religious or spiritual beliefs.								
57. Staff treated me with respect.								
58. Staff spoke with me in a way that I understood.								

(Ask Q#59 – Q#79 if Q#15 = yes (received psychiatric rehabilitation services))

(If asked Q#36 – Q#58, i.e., if received outpatient services:) **Now I am going to read another series of statements.**

(If did not ask Q#36 – Q#58, i.e., no outpatient services:) **Now I am going to read a series of statements.**

If the statement does not apply to your circumstances, please tell me.

Please refer only to the psychiatric rehabilitation services (PRP) you received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>READ CHOICES</i>					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
59. I like the services I received.								
60. If I had other choices, I would still get services from this provider.								
61. I would recommend this provider to a friend or a family member.								
62. The location of services was convenient.								
63. Staff were willing to see me as often as I felt it was necessary.								
64. Staff returned my calls in 24 hours.								
65. Services were available at times that were good for me.								
66. I was able to get all the services I thought I needed.								
67. Staff here believe that I can grow, change, and recover.								
68. I felt comfortable asking questions about my rehabilitation.								
69. I felt free to complain.								
70. I was given information about my rights.								
71. Staff encouraged me to take responsibility for how I live my life.								
72. Staff respected my wishes about who is and is not to be given information about my rehabilitation.								

	READ CHOICES					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
73. I, not staff, decided my rehabilitation goals.								
74. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
75. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								
76. Staff were sensitive to my cultural or ethnic background.								
77. Staff respected my family's religious or spiritual beliefs.								
78. Staff treated me with respect.								
79. Staff spoke with me in a way that I understood.								

The next section asks how you may have benefited from the mental health services that you received.

If the statement does not apply to your circumstances, please tell me.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

As a direct result of all the mental health services I received:

	<i>READ CHOICES</i>					<i>DON'T KNOW</i>	<i>REFUSED</i>	<i>DOES NOT APPLY</i>
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE			
80. I deal more effectively with daily problems.								
81. I am better able to control my life.								
82. I am better able to deal with crisis.								
83. I am getting along better with my family.								
84. I do better in social situations.								
85. I do better in school and/or work.								
86. My housing situation has improved.								
87. My symptoms are not bothering me as much.								
88. I do things that are more meaningful to me.								
89. I am better able to take care of my needs.								
90. I am better able to handle things when they go wrong.								
91. I am better able to do things that I want to do.								

Next, thinking about your relationships with persons other than your mental health provider(s).

As a direct result of the mental health services you received:

	<i>READ CHOICES</i>							
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSE	DOES NOT APPLY
92. I am happy with the friendships I have.								
93. I have people with whom I can do enjoyable things.								
94. I feel I belong in my community.								
95. In a crisis, I would have the support I need from family or friends.								

Thinking about your overall satisfaction with all the mental health services you have received, do you agree or disagree with the following statement.

	<i>READ CHOICES</i>							
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSE	DOES NOT APPLY
96. Overall, I am satisfied with the mental health services I received.								

(Note: Moved these questions from the beginning, but retained the original question numbers.)

Next, a few general questions about you.

1. **Are you male or female?**
 - A. Male
 - B. Female
 - C. Refused

2. **What is your date of birth?**
 - A. Click to enter date of birth
 - B. Don't know
 - C. Refused

3. *Date of birth of respondent*

4. **What is your race? (Accept multiple responses)**
 - A. American Indian or Alaska native
 - B. Asian
 - C. Black or African-American

- D. **Native Hawaiian or other Pacific Islander**
 - E. **White or Caucasian**
 - F. **Some other race** (*specify other _____*)
 - G. Don't know
 - H. Refused
5. **Are you of Spanish, Hispanic, or Latino origin?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
6. **What is your marital status?**
- A. **Now married**
 - B. **Living as married, including cohabitating or living together**
 - C. **Widowed**
 - D. **Divorced**
 - E. **Separated**
 - F. **Never married**
 - G. Don't know
 - H. Refused
7. **What is the highest grade of school you have ever completed?**
- A. **Completed grade 8 or less**
 - B. **Some high school**
 - C. **Completed high school or GED**
 - D. **Some vocational school or training**
 - E. **Some college, no degree**
 - F. **Completed Bachelor's degree**
 - G. **Completed graduate or professional degree, Master's degree or higher**
 - H. **Never attended**
 - I. Don't know
 - J. Refused
8. **What is your current living situation?**
- A. **In a house or apartment alone**
 - B. **In a house or apartment with family or friends**
 - C. **In an RRP or residential rehabilitation program**
 - D. **In a boarding home or a foster care home**
 - E. **In a hospital or nursing home**
 - F. **In jail or prison**
 - G. **On the streets or in a shelter**
 - H. Other
 - I. Refused
9. **With the statement, "I feel I had a choice in selecting where I live," would you...**

- A. **Strongly agree**
- B. **Agree**
- C. **I am neutral**
- D. **Disagree**
- E. **Strongly disagree**
- F. N/A
- G. Don't know
- H. Refused

10. **With the statement, "I am satisfied with my overall housing situation," would you...**

- A. **Strongly agree**
- B. **Agree**
- C. **I am neutral**
- D. **Disagree**
- E. **Strongly disagree**
- F. N/A
- G. Don't know
- H. Refused

11. **What is your current employment situation?**

- A. **Working full-time**
- B. **Working part-time**
- C. **Unemployed, but looking for work**
- D. **Permanently disabled, not working**
- E. **Sheltered employment**
- F. **Retired**
- G. **Homemaker**
- H. **Student**
- I. **Volunteer**
- J. Other
- K. Don't know
- L. Refused

97. **Finally, do you have any suggestions you would like to share with us about your experiences with the mental health system in the past 12 months?**

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

Appendix E

INTRODUCTION

Hello. My name is *(Read Name)* and we're doing a brief consumer 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 ValueOptions[®] Maryland along with the Maryland Mental Hygiene Administration or MHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your and {child's name} experiences with the Maryland Public Mental Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Mental Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

"How did you get my name?"

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Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time. Your answers will be kept private. Your name will be kept separate from your responses. There is no risk to you and/or your child in taking part in this survey. You and {child's name}'s current mental health services will not change in any way as a result of your participation.

"How do I know this is real? / Who can I talk to?"

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her telephone number and address at any point during the survey.

[Gay Hutchen, 201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448.]

If you have any questions about your mental health services, please call ValueOptions[®]. I can give you the telephone number at any point during the survey.

[ValueOptions[®] Maryland (410) 691-4000].

(Note: moved demographics to end of survey, but kept original question numbering).

First, thinking about the kinds of mental health services that {child's name} may have received,

19. In the past 12 months, has {child's name} been to an outpatient mental health program or provider, psychiatrist, or therapist?

- A. Yes *[Ask Q#21]*
- B. No *[Skip to Q#22]*
- C. Don't know *[Skip to Q#22]*
- D. Refused *[Skip to Q#22]*

21. How long has {child's name} received these mental health services?

- A. **Less than 1 month**
- B. **1 month through 5 months**
- C. **6 months to 1 year**
- D. **1 year or more**

22. In the past 12 months, has {child's name} received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

- A. Yes *[Ask Q#24]*
- B. No *[If Q#19 = Yes, Skip to Q25;
If Q#19 = B, C, or D, Terminate – Disposition = No Services]*
- C. Don't know *[If Q#19 = Yes, Skip to Q25;
If Q#19 = B, C, or D, Terminate – Disposition = No Services]*
- D. Refused *[If Q#19 = Yes, Skip to Q25;
If Q#19 = B, C, or D, Terminate – Disposition = No Services]*

24. How long has {child's name} received psychiatric family support services?

- A. **Less than 1 year**
- B. **1 year or more**

25. In the past 12 months, has {child's name} seen a pediatrician or any other medical professional for an emotional or behavioral problem?

- A. Yes
- B. No
- C. Don't know
- D. Refused

15. Is {child's name} currently going to school?

- A. Yes
- B. No *[Skip to Q#17]*
- C. Don't know *[Skip to Q#18]*
- D. Refused *[Skip to Q#18]*

16. **At school, what type of classroom is {child's name} currently enrolled in?**
A. **Regular classroom** *[Skip to Q#18]*
B. **Special education, all day** *[Skip to Q#18]*
C. **Special education, part of day** *[Skip to Q#18]*
D. **Other** *[Skip to Q#18]*
E. **Don't know** *[Skip to Q#18]*
F. **Refused** *[Skip to Q#18]*
17. **Why is {child's name} not currently going to school?**
A. **Too young for school** *[Skip to Q#27]*
B. **Dropped out**
C. **Expelled**
D. **Suspended**
E. **Sick or hospitalized**
F. **Other**
G. **Don't know**
H. **Refused**
18. **Has {child's name} ever repeated a grade?**
A. **Yes**
B. **No**
C. **Don't know**
D. **Refused**
26. **In the past 12 months, has {child's name} seen a school counselor?**
A. **Yes**
B. **No**
C. **Don't know**
D. **Refused**
E. *Too young for school (filled from Q#17)*
27. **In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of an emotional/behavioral problem?**
A. **Yes**
B. **No**
C. **Don't know**
D. **Refused**
28. **In the past 12 months, has {child's name} participated in a mental health support or self-help group, such as peer counseling?**
A. **Yes**
B. **No**
C. **Don't know**
D. **Refused**

29. **In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders?** *(If respondent asks, clarify, such as On Our Own, depression support group, family support group, parenting group)*

- A. Yes *[Skip to Q#31]*
- B. No
- C. Don't know
- D. Refused

30. **Would you like to participate in such a support group?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

31. **Is {child's name} on medication for emotional or behavioral problems?**

- A. Yes
- B. No *[Skip to Q#33]*
- C. Don't know *[Skip to Q#33]*
- D. Refused *[Skip to Q#33]*

32. **Did the doctor or nurse tell you and/or {child's name} what side effects to watch for?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

33. **Are any of {child's name}'s siblings receiving mental health services?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Now, I would like to ask you about the kinds of services that {child's name} has received for a substance abuse problem, such as an alcohol or drug use problem.

34. **In the past 12 months, did {child's name} attempt to get or was he/she referred for substance abuse services?**

- A. Yes
- B. No *[Skip to Q#37]*
- C. Don't know *[Skip to Q#37]*
- D. Refused *[Skip to Q#37]*

35. **Was {child's name} able to receive substance abuse services?**

- A. Yes

- B. No *[Skip to Q#37]*
- C. Don't know *[Skip to Q#37]*
- D. Refused *[Skip to Q#37]*

36. **Were you satisfied with {child's name}'s substance abuse services?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

37. **In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of a substance abuse problem?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

Thinking about {child's name} physical health care,

38. **Does {child's name} have a primary health care provider?**
- A. Yes
 - B. No *[Skip to Q#40]*
 - C. Don't know *[Skip to Q#40]*
 - D. Refused *[Skip to Q#40]*

39. **To your knowledge, has {child's name}'s primary health care provider and {child's name}'s mental health provider spoken with each other about {child's name}'s health or mental health?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

40. **In the past 12 months, did {child's name} see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

41. **In the past 12 months, has {child's name} spent at least one night in a hospital because of a physical illness or health problem?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

42. **Does {child's name} have Medicaid insurance?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

[Answer Q#43-Q#48, if participant responded A, B, or C on Q#21, or A on Q#24 if Q#21 is missing; i.e. services < 1 year.]

Thinking about {child's name}'s legal history,

43. **Was {child's name} arrested since beginning to receive mental health services?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

44. **Was {child's name} arrested during the 12 months prior to that?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

45. **Since {child's name} began to receive mental health services, have their encounters with the police...**
- A. **Been reduced, for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program**
 - B. **Stayed the same**
 - C. **Increased**
 - D. **Not applicable, they had no police encounters this year or last year**

[If Q#17 = "too young for school", skip to Q#55, i.e., don't ask school or police questions]

46. **Was {child's name} expelled or suspended since beginning services?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
 - E. *Too young for school (filled from Q#17)*

47. **Was {child's name} expelled or suspended during the 12 months prior to that?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
 - E. *Too young for school (filled from Q#17)*

48. **Since starting to receive services, is the number of days {child's name} was in school**

- A. **Greater**
- B. **About the same**
- C. **Less**
- D. **Does not apply**

Please select why this does not apply

1. {child's name} did not have a problem with attendance before starting services.
2. {child's name} is too young to be in school. *(also filled from Q#17)*
3. {child's name} was expelled from school.
4. {child's name} is home schooled.
5. {child's name} dropped out of school.
6. Some other reason *(Specify other _____)*

[Ask Q#49-Q#54, if participant responded D on Q#21, or B on Q#24, if Q#21 is missing; i.e. services > 1 year.]

Thinking about {child's name}'s legal history,

49. **Was {child's name} arrested during the past 12 months?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

50. **Was {child's name} arrested during the 12 months prior to that?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

51. **Since {child's name} began to receive mental health services, have their encounters with the police,**

- A. **Been reduced, for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program**
- B. **Stayed the same**
- C. **Increased**
- D. **Not applicable, they had no police encounters this year or last year**

52. **Was {child's name} expelled or suspended during the past 12 months?**

- A. Yes
- B. No
- C. Don't know
- D. Refused
- E. *Too young for school (filled from Q#17)*

53. **Was {child's name} expelled or suspended during the 12 months prior to that?**

- A. Yes
- B. No

- C. Don't know
- D. Refused
- E. *Too young for school (filled from Q#17)*

54. **Over the past year, is the number of days {child's name} was in school**

- A. **Greater**
- B. **About the same**
- C. **Less**
- D. **Does not apply**

Please select why this does not apply

1. **{child's name} did not have a problem with attendance before starting services.**
2. **{child's name} is too young to be in school. *(also filled from Q#17)***
3. **{child's name} was expelled from school.**
4. **{child's name} is home schooled.**
5. **{child's name}dropped out of school.**
6. **Some other reason *(Specify other _____)***

(Ask Q#55 – Q#70 if Q#19 = Yes, received outpatient services)

Now, I am going to read a series of statements.

If the statement does not apply to your circumstances, please tell me.

Please refer only to the outpatient mental health services {child's name} received.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
55. Overall, I am satisfied with the services my child received.								
56. I helped choose my child's services.								
57. I helped choose my child's treatment goals.								
58. The people helping my child stuck with us no matter what.								
59. I felt my child had someone to talk to when he/she was troubled.								
60. I participated in my child's treatment.								
61. The services my child and/or family received were right for us.								
62. The location of services was convenient for us.								
63. Services were available at times that were convenient for us.								
64. My family got the help we wanted for my child.								
65. My family got as much help as we needed for my child.								
66. Staff treated me with respect.								
67. Staff respected my family's religious or spiritual beliefs.								
68. Staff spoke with me in a way that I understood.								
69. Staff were sensitive to my cultural or ethnic background								
70. I felt free to complain.								

(Ask Q#71 – Q#86 if Q#22 = Yes (received family support services))

(If asked Q#71-Q#86, i.e., received outpatient services:) **Now I am going to read another series of statements.**

(If did not ask Q#71-Q#86, i.e., no outpatient services:) **Now I am going to read a series of statements.**

If the statement does not apply to your circumstances, please tell me. Please refer only to the family support services {child’s name} and your family received. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
71. Overall, I am satisfied with the services my child received.								
72. I helped choose my child’s services.								
73. I helped choose my child’s service goals.								
74. The people helping my child stuck with us no matter what.								
75. I felt my child had someone to talk to when he/she was troubled.								
76. I participated in my child’s services.								
77. The services my child received were right for us.								
78. The location of services was convenient for us.								
79. Services were available at times that were convenient for us.								
80. My family got the help we wanted for my child.								
81. My family got as much help as we needed for my child.								
82. Staff treated me with respect.								
83. Staff respected my family’s religious or spiritual beliefs.								
84. Staff spoke with me in a way that I understood.								
85. Staff were sensitive to my cultural or ethnic background								
86. I felt free to complain.								

The next section asks how you and {child's name} may have benefited from the mental health services that {child's name} received.

If the statement does not apply to your circumstances, please tell me.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

As a direct result of all the mental health services my child and family received:

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
87. My child is better at handling daily life.								
88. My child gets along better with family members.								
89. My child gets along better with friends and other people.								
90. My child is doing better in school and/or work.								
91. My child is better able to cope when things go wrong.								
92. I am satisfied with our family life right now.								
93. My child is better able to do things he or she wants to do.								
94. My child is better able to control his or her behavior.								
95. My child is less bothered by his or her symptoms.								
96. My child has improved social skills.								

Next, thinking about your relationships with persons other than your mental health provider(s).

As a direct result of the mental health services my child and family received:

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
97. I know people who will listen and understand me when I need to talk.								
98. I have people that I am comfortable talking with about my child's problems.								
99. In a crisis, I would have the support I need from family or friends.								
100. I have people with whom I can do enjoyable things.								

Thinking about your overall satisfaction with all the mental health services {child's name} has received, do you agree or disagree with the following statement.

	<i>Read Choices</i>					<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree			
101. Overall, I am satisfied with the mental health services my child received.								

(Note: Moved these questions from the beginning, but retained the original question numbers.)

Next, a few general questions about you.

1. **Are you male or female?** (Caregiver)
 - A. Male
 - B. Female
 - C. Refused

2. **What is your date of birth?** (Caregiver)
 - A. Click to enter date of birth
 - B. Don't know
 - C. Refused

3. *Date of Birth of Caregiver*

4. **What is your race?** (Caregiver) *(accept multiple responses)*
 - A. **American Indian or Alaska Native**

- B. **Asian**
- C. **Black or African-American**
- D. **Native Hawaiian or other Pacific Islander**
- E. **White or Caucasian**
- F. **Some other race** (*Specify other _____*)
- G. Don't know
- H. Refused

5. **Are you of Spanish, Hispanic, or Latino origin?** (Caregiver)
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

Now, I would like to ask a few questions about {child's name}.

6. **What is your relationship to {child's name}?**
- A. **Biological or adoptive parent**
 - B. **Step-parent**
 - C. **Grandparent**
 - D. **Foster parent**
 - E. **Sibling**
 - F. **Other biological relative acting as guardian** (*includes aunt, uncle*)
 - G. **Family friend acting as guardian**
 - H. **Legal guardian** (*where none of the above apply*)
 - I. **Some other relationship** (*Specify other _____*)
 - J. N/A
 - K. Don't know
 - L. Refused
7. **Is {child's name} male or female?**
- A. Male
 - B. Female
 - C. Refused
8. **What is the date of birth of {child's name}?**
- A. *Click to enter birth date*
 - B. *Don't know*
 - C. *Refused*
9. *Date of Birth of Child*
10. **What is {child's name}'s race?** (*accept multiple responses*)
- A. **American Indian or Alaska Native**
 - B. **Asian**
 - C. **Black or African-American**

- D. **Native Hawaiian or other Pacific Islander**
- E. **White or Caucasian**
- F. **Some other race** (*Specify other* _____)
- G. Don't know
- H. Refused

11. **Is {child's name} of Spanish, Hispanic, or Latino origin?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

12. **Is {child's name} currently living with you?**

- A. Yes [*Skip to Q#14*]
- B. No
- C. Don't know
- D. Refused

13. **Is {child's name} currently in an out-of-home residential placement, such as a group home, foster care, or residential treatment center?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

14. **Has {child's name} lived in any of the following places in the last 12 months?**

(*accept multiple responses*)

- A. **With one or both parents**
- B. **With another family member**
- C. **Foster home**
- D. **Therapeutic foster home**
- E. **Crisis shelter**
- F. **Homeless shelter**
- G. **Group home**
- H. **Residential treatment center**
- I. **Hospital**
- J. **Local jail or detention facility**
- K. **State correctional facility**
- L. **Runaway/homeless/on the streets**
- M. **Some other place** (*Specify other* _____)

102. **Finally, do you have any suggestions that you would like to share with us about your child's experiences with the mental health system in the previous year?**

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

Appendix F

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

CATI (Computer Assisted Telephone Interviewing)

Computer software that manages sample maintenance and survey scripts and allows entry of survey responses directly to 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 participants who responded to a question.

Open Ended Question

Designed to elicit spontaneous and unguided responses.

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 different subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the study.



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