

STATE OF MARYLAND

DHMH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION

**MARYLAND'S PUBLIC MENTAL
HEALTH SYSTEM**

CONSUMER PERCEPTION OF CARE SURVEY
2010

EXECUTIVE SUMMARY REPORT

**MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM
2010 CONSUMER PERCEPTION OF CARE SURVEY**

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I. INTRODUCTION

The Department of Health and Mental Hygiene's (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 various 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 The Crider Group to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2010 Consumer Perception of Care Survey, which is the tenth 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.

This report is a condensed version of the *Detailed Report of Survey Findings*. To obtain a copy of this detailed document or brochures, you may contact the Mental Hygiene Administration or visit the following Web site: www.dhmh.state.md.us/mha.

II. METHODOLOGY

The potential survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2009. The sample was stratified by age, service types, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment 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). Adults (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 under the age of 16.

Separate survey instruments were used, one for adults and one for children/caregivers. The adult and the child/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 Consumer Perception of Care Survey is based on the MHSIP Consumer Survey, while the Maryland Child and Family Consumer Perception of Care Survey is based on the MHSIP Youth Services Survey for Families (YSS-F). Both survey instruments were revised in 2006 to reflect modified URS requirements; however, it was not necessary to make additional changes for this 2010 survey. In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, schooling, and coordination of care.

III. ADULT SURVEY RESULTS

Telephone interviews were conducted with adults to assess their perception of care, including satisfaction with and outcomes of services received through Maryland’s PMHS. These adults had received outpatient mental health treatment and/or psychiatric rehabilitation services between January and December 2009. A total of 3,840 were successfully contacted to request participation in the survey; 701 completed the survey for a response rate of 18%.

DEMOGRAPHIC CHARACTERISTICS

Table 1 presents demographic and social characteristics of adult survey participants:

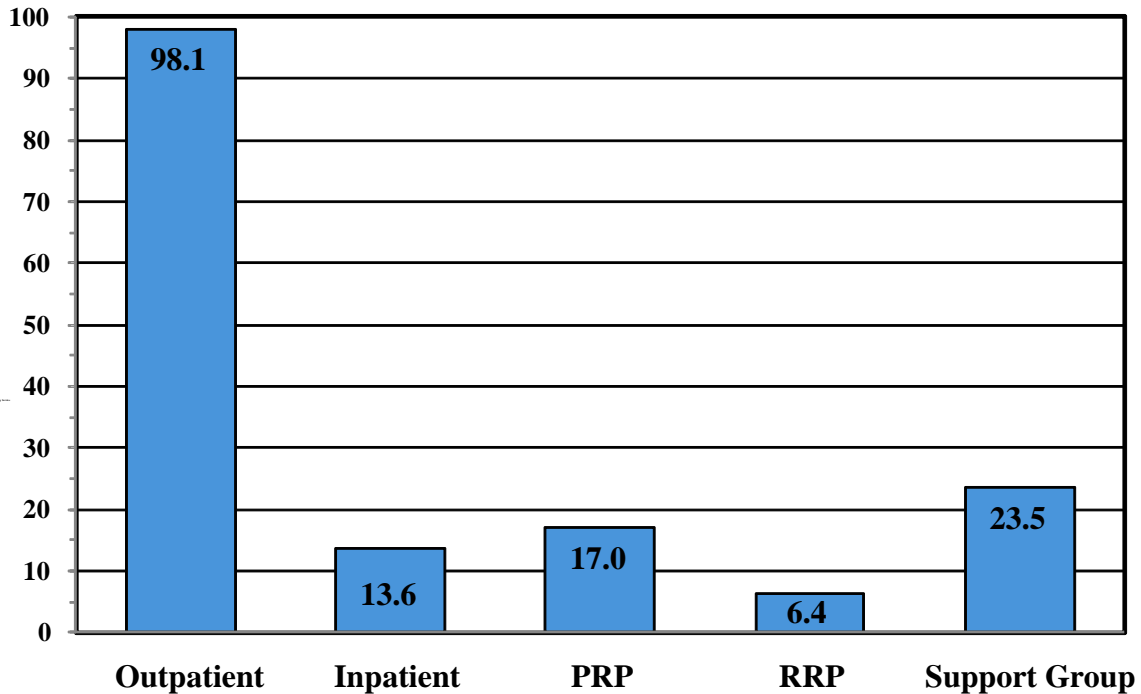
Table 1. Demographic Characteristics of Adult Survey Participants

Characteristic		%
Gender	Female	70.8
	Male	28.8
Age	Under 21	8.9
	21-30	17.4
	31-40	15.5
	41-50	26.4
	51-60	20.0
	61 and older	8.4
	Refused/Don’t Know	3.4
Race	Black or African-American	37.5
	White/Caucasian	55.9
	More than one race reported	1.1
	Refused/Don’t Know/Other	5.5
Ethnicity	Spanish, Hispanic, or Latino	2.4
Marital Status	Married or cohabitating	9.7
	Widowed	4.1
	Divorced	20.5
	Separated	8.0
	Never Married	56.2
	Refused/Don’t Know	1.5
Education	Completed less than high school degree	30.8
	Completed high school degree or GED	37.5
	Some vocational school or training	2.9
	Some college (no degree)	22.8
	Completed Bachelor’s/advanced degree	4.1
	Refused/Don’t Know/Never Attended	1.8
Living Situation	House/apartment alone	35.4
	House/apartment with family/friends	58.5
	RRP/Boarding home/foster care home	3.0
	Don’t Know/Refused/Other	3.1
Employment	Unemployed	27.4
	Employed full-time	5.3
	Employed part-time	8.7
	Permanently disabled, not working	42.5
	Homemaker /Student/volunteer	10.0
	Refused/Don’t Know/Other	6.1

Note: Due to rounding, totals may not equal exactly 100%.

SERVICE USE

Figure 1: Reported Use of Services and Supports by Adult Survey Participants



Service use was assessed by asking participants about their recent use of mental health services and supports. As seen in Figure 1, nearly all participants (98.1%) reported receiving some type of outpatient mental health treatment service. Inpatient mental health treatment was reported by 13.6% of participants. Seventeen percent (17%) of participants reported utilizing services from a psychiatric rehabilitation program (PRP), 6.4% reported utilizing a residential rehabilitation program (RRP), and 23.5% reported participating in a mental health self-help group for support (e.g., On Our Own, depression support group, family support group, etc.).

OUTCOME MEASURES

Participants were asked how they had benefited from the mental health services received. Each question started with the statement, “As a direct result of the mental health services I received” and was followed by the specific outcome of service. Participants 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.” The percentage of agreement ranged from 61.5% to 84.3% across outcome measures, as seen in Figure 2. Employed survey participants reported a higher level of agreement than unemployed participants with 13 of 16 outcome statements. The 2008 and 2009 survey results are also included in the table for comparison purposes, although analyses for statistically significant differences were not conducted.

Figure 2. Outcome Measures

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2010	2009	2008	2010	2009	2008	2010	2009	2008
I deal more effectively with daily problems.*	75.7	79.7	77.0	14.0	10.4	11.9	10.3	9.8	11.2
I am better able to control my life.*	75.2	76.3	75.6	14.3	13.6	12.6	10.6	10.1	11.8
I am better able to deal with crisis.*	69.9	72.0	70.8	16.8	14.6	12.9	13.3	13.4	16.2
I am getting along better with my family.	71.1	73.7	75.2	17.1	14.0	14.0	11.9	12.3	10.9
I do better in social situations.*	63.2	67.6	67.2	17.9	16.3	15.9	18.8	16.1	16.9
I do better in school and/or work.*	70.5	68.9	73.0	15.9	14.2	11.9	13.6	16.9	15.1
My housing situation has improved.*	61.5	62.3	63.0	20.2	17.6	17.4	18.2	20.0	19.6
My symptoms are not bothering me as much.*	62.0	62.7	60.3	15.7	13.9	12.7	22.2	23.4	27.0
I do things that are more meaningful to me.	76.8	73.6	77.3	11.1	13.5	10.7	12.0	13.0	12.0
I am better able to take care of my needs.*	78.5	75.5	77.0	12.1	13.3	11.7	9.4	11.2	11.3
I am better able to handle things when they go wrong.*	66.3	67.8	68.3	19.4	17.2	14.6	14.3	15.0	17.1
I am better able to do things that I want to do.*	69.4	66.9	69.0	15.6	16.3	14.6	15.0	16.8	16.3
I am happy with the friendships I have.*	77.0	81.1	76.0	9.8	7.9	10.8	13.2	11.1	13.2
I have people with whom I can do enjoyable things.	83.5	82.7	78.7	7.1	7.4	8.5	9.3	9.9	12.8
I feel I belong in my community.*	74.8	71.0	73.6	11.4	13.7	11.3	13.8	15.3	15.1
In a crisis, I would have the support I need from family or friends.*	84.3	84.1	83.5	6.2	7.1	6.7	9.5	8.8	9.8

Note: Due to rounding, totals may not equal exactly 100%.

**Employed survey participants reported a higher level of agreement than unemployed participants with 13 of the 16 outcome statements.*

OVERALL SATISFACTION

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used for the outcome measures. A majority of the participants (86.8%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services I received.” This suggests a relatively high degree of overall satisfaction with mental health services provided by the PMHS to these adults.

SATISFACTION WITH SPECIFIC SERVICES

Participants were asked about their satisfaction with multiple aspects of the outpatient mental health treatment and psychiatric rehabilitation services they received, using the same Likert scale as was used for the outcome measures. Participants were generally satisfied with the services provided, as Figures 3 and 4 indicate. The percent of agreement for items addressing outpatient mental health treatment services satisfaction exceeded 83.5% for all items except, “I, not staff, decided my treatment/rehabilitation goals” (61.7%) and “I was encouraged to use consumer-run programs” (73.2%). The percent of agreement for all items addressing satisfaction with psychiatric rehabilitation services exceeded 80%. Similar to Figure 2, the 2008 and 2009 survey results are provided in Figures 3 and 4 for comparison purposes, although analyses for statistically significant differences were not conducted.

REFERRAL AND ACCESS TO SUBSTANCE ABUSE SERVICES

Only 10.4% of the survey participants reported that they attempted to get or had been referred for substance abuse services. Of those, 93.2% reported they were able to access substance abuse services.

COORDINATION OF CARE

A majority of survey participants (92.2%) reported having a primary health care provider. Of those, 31.7% answered, “yes” to the question, “To your knowledge, have your primary care provider and your mental health provider spoken with each other about your health?” This response is similar to the response from the 2009 survey (31.3%).

POLICE ENCOUNTERS AND ARRESTS

Most respondents (91.7%) reported that they had no police encounters, including arrests, since beginning to receive mental health services. For those respondents, however, who reported they had police encounters, 84.2% reported that those police encounters had either been reduced (63.1%) or stayed the same (21.1%) during the previous 12 months (or since beginning to receive mental health services, if they had been receiving mental health services for less than 12 months).

Figure 3. Satisfaction with Outpatient Mental Health Treatment Services

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2010	2009	2008	2010	2009	2008	2010	2009	2008
I like the services that I received here.	89.4	85.8	84.6	4.5	6.6	7.4	6.1	7.6	8.0
If I had other choices, I would still get services from this provider.	83.5	82.0	80.7	3.9	4.8	6.5	12.6	13.1	12.8
I would recommend this provider to a friend or family member.	88.3	85.4	81.4	2.8	4.2	5.2	8.9	10.4	13.4
The location of services was convenient.	87.9	85.3	84.3	3.6	5.3	5.8	8.5	9.4	9.9
Staff were willing to see me as often as I felt it was necessary.	90.0	88.8	86.0	2.9	3.3	5.2	7.0	7.9	8.8
Staff returned my calls in 24 hours.	84.7	82.1	79.7	5.1	5.0	5.5	10.3	12.9	14.8
Services were available at times that were good for me.	92.1	89.1	87.4	2.3	4.6	5.2	5.6	6.3	7.4
I was able to get all the services I thought I needed.	83.6	81.1	80.9	4.8	4.8	5.2	11.5	14.1	13.9
I was able to see a psychiatrist when I wanted to.	83.7	81.1	78.2	4.1	4.2	5.9	12.2	14.6	15.9
Staff here believe that I can grow, change, and recover.	87.7	88.7	81.5	7.0	5.1	9.4	5.2	6.2	9.0
I felt comfortable asking questions about my treatment and medication.	93.8	89.6	87.3	2.5	3.6	5.2	3.6	6.7	7.5
I felt free to complain.	92.9	87.3	85.3	3.1	4.6	4.7	4.0	8.1	10.1
I was given information about my rights.	95.9	91.8	89.3	1.2	2.8	4.5	2.9	5.4	6.2
Staff encouraged me to take responsibility for how I live my life.	90.8	88.7	85.6	3.9	4.9	4.7	5.2	6.4	9.7
Staff told me what side effects to watch out for.	84.9	82.4	79.8	3.1	4.7	4.9	12.1	13.0	15.3
Staff respected my wishes about who is and is not to be given information about my treatment.	95.1	90.7	89.5	1.5	4.2	4.2	3.4	5.1	6.3
I, not staff, decided my treatment goals.	61.7	77.5	76.5	29.1	9.8	9.1	9.1	12.7	14.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	89.2	84.4	81.1	4.5	6.6	8.9	6.3	8.9	10.0
I was encouraged to use consumer-run programs.	73.2	73.3	69.5	5.6	8.4	7.2	21.2	18.3	23.3
Staff were sensitive to my cultural/ethnic background.	92.6	85.3	86.6	3.4	8.4	7.1	3.9	6.3	6.3
Staff respected my family's religious/spiritual beliefs.	94.3	90.0	89.6	3.7	6.7	6.9	2.1	3.3	3.5
Staff treated me with respect.	97.1	92.7	92.8	1.3	4.1	3.9	1.6	3.3	3.3
Staff spoke with me in a way that I understood.	96.8	94.7	93.9	2.0	2.0	2.8	1.2	3.3	3.3

Note: Due to rounding, totals may not equal exactly 100%.

Figure 4. Satisfaction with Psychiatric Rehabilitation Program Services

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2010	2009	2008	2010	2009	2008	2010	2009	2008
I like the services that I received here.	89.5	89.2	84.1	4.4	3.3	5.7	6.2	7.5	10.2
If I had other choices, I would still get services from this provider.	86.0	81.7	83.8	1.8	6.2	5.7	12.2	12.1	10.6
I would recommend this provider to a friend or family member.	86.8	84.3	82.3	3.5	4.9	5.7	9.6	10.8	12.1
The location of services was convenient.	88.6	85.2	88.9	2.6	5.9	4.6	8.8	8.9	6.5
Staff were willing to see me as often as I felt it was necessary.	93.0	85.2	84.3	2.6	4.6	6.9	4.4	10.2	8.8
Staff returned my calls in 24 hours.	90.1	80.1	82.5	0.9	7.4	6.7	8.9	12.5	10.7
Services were available at times that were good for me.	91.3	89.2	87.1	1.8	4.3	6.8	7.0	6.6	6.1
I was able to get all the services I thought I needed.	85.0	84.0	83.0	4.4	5.2	6.1	10.6	10.8	11.0
Staff here believe that I can grow, change, and recover.	93.6	91.0	88.3	1.9	3.3	5.1	4.7	5.6	6.6
I felt comfortable asking questions about my rehabilitation.	93.0	88.9	89.4	3.5	3.6	4.2	3.6	7.5	6.5
I felt free to complain.	91.9	86.7	84.0	1.8	5.0	7.6	6.3	8.3	8.4
I was given information about my rights.	96.4	92.1	87.5	0.0	3.0	6.1	3.6	4.9	6.5
Staff encouraged me to take responsibility for how I live my life.	90.2	89.4	87.0	2.7	4.0	6.9	7.1	6.6	6.1
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	92.9	92.6	88.2	6.2	2.3	5.7	0.9	5.0	6.1
I, not staff, decided my rehabilitation goals.	81.4	78.9	78.5	9.7	7.0	10.0	8.9	14.0	11.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	90.1	88.7	81.1	2.7	4.3	10.2	7.2	7.0	8.7
I was encouraged to use consumer-run programs.	87.3	82.9	78.1	5.5	3.8	6.5	7.3	13.4	15.4
Staff were sensitive to my cultural/ethnic background.	92.8	89.1	86.1	3.4	2.8	7.1	3.9	8.1	6.7
Staff respected my family's religious/spiritual beliefs.	96.1	90.7	87.8	2.9	4.3	7.5	1.0	5.0	4.7
Staff treated me with respect.	92.1	92.2	91.4	4.4	4.6	4.1	3.5	3.3	4.5
Staff spoke with me in a way that I understood.	94.6	92.5	92.1	1.8	3.6	3.4	3.6	3.9	4.5

Note: Due to rounding, totals may not equal exactly 100%.

IV. CHILD AND CAREGIVER SURVEY RESULTS

Telephone interviews were conducted with the caregivers of children served by Maryland’s PMHS to assess their perception of care, including satisfaction with and outcomes of services rendered. These children had received outpatient mental health treatment and/or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite care) between January and December 2009. A total of 4,326 caregivers were successfully contacted to request participation in the survey. Of those contacted, 799 completed the survey for a response rate of 19%.

DEMOGRAPHIC CHARACTERISTICS

Table 2 presents demographic characteristics of the children served.

Table 2. Characteristics of Children

Characteristic		%
Gender	Female	43.3
	Male	56.7
Age	1-4	2.4
	5-9	26.7
	10-14	44.3
	15 and older	19.9
	Refused/Don’t Know	6.8
Race	Black or African-American	32.9
	White/Caucasian	49.6
	More than one race reported	4.9
	Other	11.2
	Refused/Don’t Know	1.4
Ethnicity	Spanish, Hispanic, or Latino	7.0
Education	Currently in school	95.9
	• Regular classroom	72.7
	• Special education, all or part day	23.3
	• Other classroom setting	3.3
	Have repeated a grade	20.7

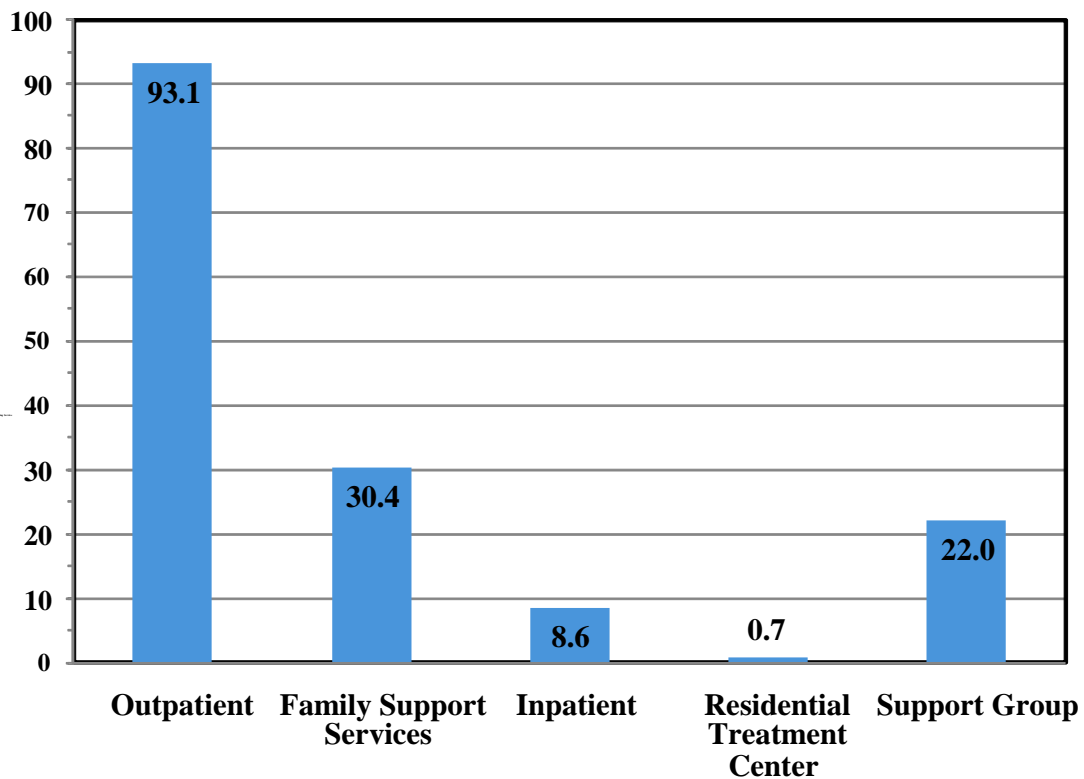
Table 3 presents demographic characteristics of the caregiver participants of the children served.

Table 3. Characteristics of Caregiver Participants

Characteristic		%
Gender	Female	91.1
	Male	8.8
	Refused	0.1
Age	21-50	64.7
	51-70	24.2
	71 and older	4.1
	Refused/Don't Know	7.0
Race	Black or African-American	33.9
	White/Caucasian	57.7
	More than one race reported	1.1
	Other	6.3
	Refused/Don't Know	1.0
Ethnicity	Spanish, Hispanic, or Latino	5.4
Relationship to Child	Parent	74.4
	Grandparent	20.2
	Other relative	3.6
	Other	1.8

SERVICE USE

Figure 5: Caregivers Report of Services Used by Child Consumers



Caregiver participants were asked about their child’s recent use of mental health services. As seen in Figure 5, nearly all of the caregiver participants (93.1%) indicated their child had received some type of outpatient service. In addition, 30.4% reported receiving family support services, 13.6% indicated their child had stayed overnight in a hospital for an emotional or behavioral problem, 0.7% had utilized residential treatment centers, and 22.0% reported that their child had participated in a mental health support group (e.g., peer counseling).

OUTCOME MEASURES

Caregiver participants were asked how their child had benefited from the mental health services received. Each question started with the statement, “As a direct result of all of the mental health services my child received” and was followed by the specific outcome of services. Caregiver participants 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.” The percent of agreement ranged from 65.5% to 79.4% across child outcome measures, as seen in Figure 6. The 2008 and 2009 survey results are also included in the table for comparison purposes, although analyses for statistically significant differences were not conducted.

Four additional questions assess the “social connectedness” of caregivers of children. The range of agreement for these questions is 92.6% to 94.2%, which is slightly higher than the 2009 survey results (90.8% to 93.0%).

Figure 6. Outcome Measures

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2010	2009	2008	2010	2009	2008	2010	2009	2008
My child is better at handling daily life.	77.9	69.3	69.0	10.8	15.3	17.1	11.3	15.4	13.9
My child gets along better with family members.	73.4	69.2	66.1	13.5	15.5	20.1	13.1	15.3	13.9
My child gets along better with friends and other people.	77.4	68.1	67.0	12.0	17.8	19.2	10.5	14.1	13.7
My child is doing better in school and/or work.	75.0	67.0	67.0	10.7	16.5	17.8	14.3	16.5	15.2
My child is better able to cope when things go wrong.	65.5	60.3	57.4	15.5	18.7	20.7	18.9	21.0	21.9
I am satisfied with our family life right now.	76.5	73.0	70.5	10.1	13.7	15.3	13.3	13.2	14.2
My child is better able to do things he or she wants to do.	79.4	73.0	71.4	8.7	13.3	15.6	11.9	13.6	13.0
My child is better able to control his or her behavior.	66.3	56.9	53.7	14.2	20.6	21.5	19.5	22.5	24.8
My child is less bothered by his or her symptoms.	70.1	63.3	60.0	14.1	20.0	18.8	15.8	16.7	21.2
My child has improved social skills	77.4	70.0	68.9	10.0	16.4	15.9	12.6	13.6	15.2
As a direct result of all the mental health services my child and family received:									
I know people who will listen and understand me when I need to talk.	92.8	90.8	88.8	2.1	4.2	5.4	5.0	4.9	5.7
I have people that I am comfortable talking with about my child's problems.	94.2	92.7	92.0	1.6	2.8	4.2	4.3	4.4	3.8
In a crisis, I would have the support I need from family or friends.	92.6	90.8	88.8	2.9	4.7	6.5	4.5	4.4	4.6
I have people with whom I can do enjoyable things.	93.6	93.0	92.2	2.9	4.1	5.2	3.6	2.9	2.6

Note: Due to rounding, totals may not equal exactly 100%.

OVERALL SATISFACTION

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used for the outcome measures. A majority of the caregiver participants (86.6%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services my child received.” This finding suggests a relatively high degree of overall caregiver participant satisfaction with mental health services provided by the PMHS to their children.

SATISFACTION WITH SPECIFIC SERVICES

Caregiver participants were asked about their satisfaction with multiple aspects of the outpatient mental health treatment and family support services that their children received, using the same Likert scale as was used for the outcome measures. Caregiver participants were generally satisfied with the services provided, as Figures 7 and 8 indicate. The percent of agreement for items addressing outpatient mental health treatment services satisfaction exceeded 85.2% for all items except, “My family got as much help as we needed for my child” (79.9%). Likewise, the percent of agreement for items addressing family support services satisfaction exceeded 89.6%. Similar to Figure 6, the 2008 and 2009 survey results are provided in Figures 7 and 8 for comparison purposes, although analyses for statistically significant differences were not conducted.

REFERRAL AND ACCESS TO SUBSTANCE ABUSE SERVICES

Only 3.1% of the caregiver participants reported that their child had attempted to get or had been referred for substance abuse services. Of those children, caregiver participants reported that 88.0% were able to get access to substance abuse services.

COORDINATION OF CARE

A majority of caregiver participants (96.5%) reported that their child has a primary health care provider. Likewise, a majority of caregiver participants (87.2%) reported that their child had seen their primary care provider in the previous year. More than one-third (36.3%) of caregiver participants responded “yes” to the question, “To your knowledge, have your child’s primary care medical care provider and mental health provider spoken with each other about your child’s health?” This represents a slight increase from the 2009 survey (34.2%).

POLICE ENCOUNTERS AND ARRESTS

Most caregiver participants (89.5%) report that their child had no police encounters, including arrests, since beginning to receive mental health services. For those caregiver participants, however, who reported that their child had police encounters, 87.8% reported that those police encounters had either been reduced (41.9%) or stayed the same (45.9%) during the previous 12 months (or since beginning to receive mental health services, if the child had been receiving mental health services for less than 12 months).

Figure 7. Satisfaction with Outpatient Mental Health Treatment Services

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2010	2009	2008	2010	2009	2008	2010	2009	2008
Overall, I am satisfied with the services my child received.	90.5	86.2	86.0	2.3	5.3	4.6	7.3	8.6	9.4
I helped choose my child’s services.	89.6	87.7	86.3	2.3	4.0	4.9	8.0	8.4	8.8
I helped choose my child’s treatment goals.	90.7	88.4	87.6	2.7	4.0	4.5	6.6	7.7	7.9
The people helping my child stuck with us no matter what.	89.7	83.9	84.9	2.2	5.4	4.9	8.1	10.7	10.2
I felt my child had someone to talk to when he/she was troubled.	91.2	88.6	85.8	2.2	4.1	5.3	6.5	7.2	8.9
I participated in my child’s treatment.	96.9	95.9	96.7	1.4	1.1	1.9	1.8	3.0	1.4
The services my child and/or family received were right for us.	87.8	83.5	83.4	4.2	7.0	7.2	8.0	9.5	9.4
The location of services was convenient for us.	87.6	88.0	86.0	3.5	4.1	4.4	8.9	7.9	9.5
Services were available at times that were convenient for us.	87.8	86.2	83.5	4.0	6.2	5.7	8.1	7.5	10.8
My family got the help we wanted for my child.	85.2	80.6	80.4	5.0	8.2	7.6	9.9	11.2	12.0
My family got as much help as we needed for my child.	79.9	74.3	72.2	6.8	10.4	10.6	13.4	15.3	17.2
Staff treated me with respect.	96.6	95.2	93.4	1.5	2.4	3.6	1.9	2.4	3.0
Staff respected my family’s religious/spiritual beliefs.	96.9	96.4	93.8	2.5	2.6	4.2	0.5	1.0	2.1
Staff spoke with me in a way that I understood.	97.8	97.2	96.1	1.1	1.2	1.9	1.1	1.6	1.9
Staff were sensitive to my cultural/racial background.	97.3	96.0	93.7	1.8	2.4	3.3	0.9	1.6	3.0
I felt free to complain.	94.8	93.1	91.9	1.6	3.0	3.4	3.5	3.9	4.7

Note: Due to rounding, totals may not equal exactly 100%.

Figure 8. Satisfaction with Family Support Services

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2010	2009	2008	2010	2009	2008	2010	2009	2008
Overall, I am satisfied with the services my child received.	93.5	86.8	82.6	3.0	5.6	5.8	3.4	7.6	11.6
I helped choose my child’s services.	92.7	90.2	86.5	4.3	3.6	6.2	3.0	6.3	7.3
I helped choose my child’s service goals.	94.3	91.7	87.3	2.2	3.0	7.3	3.5	5.3	5.5
The people helping my child stuck with us no matter what.	92.6	86.0	86.1	3.0	3.9	4.0	4.4	10.1	9.9
I felt my child had someone to talk to when he/she was troubled.	95.1	87.1	86.0	1.8	4.5	8.1	3.1	8.4	5.9
I participated in my child’s services.	97.5	96.4	94.9	1.3	1.8	1.8	1.3	1.8	3.3
The services my child and/or family received were right for us.	93.9	83.2	84.7	3.5	8.0	6.5	2.6	8.8	8.7
The location of services was convenient for us.	93.5	88.2	86.9	2.6	2.9	3.6	3.9	8.8	9.5
Services were available at times that were convenient for us.	94.4	86.3	84.4	2.6	5.0	4.7	3.1	8.8	10.9
My family got the help we wanted for my child.	89.6	79.7	80.0	6.5	8.8	8.0	3.9	11.5	12.0
My family got as much help as we needed for my child.	89.6	76.1	74.7	6.5	9.4	9.5	3.9	14.5	15.8
Staff treated me with respect.	95.3	94.4	93.5	2.6	2.1	2.9	2.1	3.5	3.6
Staff respected my family’s religious/spiritual beliefs.	96.5	94.9	93.1	2.2	2.8	4.6	1.3	2.2	2.3
Staff spoke with me in a way that I understood.	97.8	96.5	96.4	1.3	2.4	1.4	0.9	1.2	2.2
Staff were sensitive to my cultural/racial background.	96.9	96.5	92.6	2.6	2.9	3.5	0.4	0.6	3.9
I felt free to complain.	97.9	94.7	93.1	0.4	2.1	1.8	1.7	3.3	5.1

Note: Due to rounding, totals may not equal 100%.

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 tenth systematic, statewide assessment of consumer perception of care since 1997. Data collection, data analysis, and documentation of the survey findings were subcontracted through The Crider Group on behalf of ValueOptions, Inc. and the Maryland Mental Hygiene Administration.

The survey population consisted of PMHS consumers for whom claims were received for mental health services rendered between January and December 2009. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment services or psychiatric rehabilitation services. Service types for children included outpatient mental health treatment services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult telephone survey on their own behalf, while parents or caregivers responded to the child telephone survey on behalf of children under the age of 16.

Of the 3,840 adult consumers who were successfully contacted and asked to participate, 701 completed the telephone interview for a response rate of 18%. Of the 4,326 caregivers who were successfully contacted and asked to participate, 799 completed the telephone interview for a response rate of 19%.

Both adults and caregivers were generally satisfied with the mental health services they or their children received: 86.8% of adults and 86.6% of caregivers of children agreed or strongly agreed with the statement, "Overall I am satisfied with the mental health services I (my child) received." Furthermore, satisfaction with specific services was quite positive. The percent of agreement in the adult survey for 21 of the 23 items assessing satisfaction with outpatient mental health treatment services exceeded 83.5% (range of 61.7% to 97.1%) and the percent of agreement in the adult survey for all 21 items assessing satisfaction with psychiatric rehabilitation services exceeded 81.4% (range of 81.4% to 96.4%). The responses of caregivers of children receiving mental health services indicated similar levels of satisfaction. The percent of agreement for 15 of the 16 items assessing satisfaction with outpatient mental health treatment services exceeded 85.2% (range of 79.9% to 97.8%) and the percent of agreement for all 16 items assessing satisfaction with family support services exceeded 89.6%.

Responses to the 16 adult survey items that assess contribution of mental health services to positive outcomes of care were more modest and ranged from 61.5% to 84.3% agreement. While the responses to the 11 caregiver survey items that assess contribution of mental health services to positive outcomes of care for their children ranged from 65.5% to 79.4% agreement, the percent of agreement with the 4 outcomes items assessing "social connectedness" of the caregiver participants themselves was much higher, all exceeding 92.6%.

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



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