



Maryland's Public Behavioral Health System

**Consumer Perception of Care Survey  
2015**

---

**DETAILED REPORT**

**MARYLAND’S PUBLIC BEHAVIORAL HEALTH SYSTEM**  
**2015 CONSUMER PERCEPTION OF CARE SURVEY**  
 ~TABLE OF CONTENTS~

I.	Introduction .....	1
II.	Methodology .....	2
	A. Survey Population .....	2
	B. Notification of Survey Population.....	2
	C. Survey Instruments.....	2
	D. Interviewer Training and Supervision .....	2
	E. Confidentiality, Consent, and Protection of Respondent Information .....	3
	F. Data Collection.....	3
	G. Data Analysis and Reporting.....	4
	H. Limitations.....	4
III.	Adult Survey Results.....	5
	A. Summary of Respondent Characteristics.....	5
	B. Detail of Respondent Demographic and Social Characteristics.....	6
	C. Employment Status.....	6
	D. Use of Mental Health Services .....	7
	E. Substance Use Services .....	8
	F. Physical Health Services .....	8
	G. Satisfaction with Outpatient Mental Health Treatment Services .....	9
	H. Satisfaction with Psychiatric Rehabilitation Program Services .....	10
	I. Overall Satisfaction with Mental Health Services.....	11
	J. Outcome Measures .....	12
	K. Additional Statistical Analyses.....	13
IV.	Child and Caregiver Survey Results .....	15
	A. Summary of Caregiver Respondent Characteristics.....	15

B.	Summary of Child Characteristics.....	15
C.	Detail of Caregiver Respondent Demographic and Social Characteristics .....	16
D.	Detail of Child Demographic and Social Characteristics.....	17
E.	Use of Mental Health Services .....	18
F.	Substance Use Services .....	19
G.	Physical Health Services .....	20
H.	Satisfaction with Outpatient Mental Health Treatment Services .....	21
I.	Satisfaction with Child/Family Support Services.....	22
J.	Overall Satisfaction with Mental Health Services.....	23
K.	Outcome Measures .....	24
L.	Additional Statistical Analyses.....	25
V.	Summary .....	27
VI.	Appendices .....	28
	Appendix A: Institutional Review Board Approval Letter.....	29
	Appendix B: Notification Letter Adult.....	30
	Appendix C: Notification Letter Child/Caregiver .....	32
	Appendix D: Survey Instrument Adult.....	34
	Appendix E: Survey Instrument Child/Caregiver.....	44
	Appendix F: Definitions and Terminology.....	54

## I. INTRODUCTION

The Department of Health and Mental Hygiene (DHMH) launched Maryland’s Public Mental Health System (PMHS) in July 1997 as part of the state’s Medicaid 1115 waiver reform initiative. The 1115 waiver created a system whereby specialty mental health services are delivered through a “carve-out” arrangement that manages public mental health funds under a single payer system. During the past 18 months, two major changes to the public system have occurred. The first was the formal merger of the Mental Hygiene Administration (MHA) with the Alcohol and Drug Abuse Administration (ADAA) in July 2014, creating an integrated Behavioral Health Administration (BHA). The second major change was the shift of substance-related disorder (SRD) services from a managed care system to the Medicaid 1115 waiver “carve-out” system, which is now referred to as the Public Behavioral Health System (PBHS). The system continues to serve Medicaid recipients and a subset of uninsured individuals eligible for public behavioral health services due to severity of illness and financial need. Evaluation of consumer perception of care, including satisfaction with and outcomes of behavioral health services, is a requirement of the waiver and Code of Maryland Regulations. Because of the timing of these major changes, individuals treated primarily for a substance-related disorder were not able to be included in this 2015 Consumer Perception of Care (CPOC) survey effort.

Medicaid currently contracts with ValueOptions<sup>®</sup>, Inc. to provide administrative services, including evaluation activities, for the PBHS. One of the evaluation activities is the administration of consumer surveys to assess consumer perception of care, including satisfaction with and outcomes of behavioral health services provided by the PBHS. ValueOptions<sup>®</sup>, 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 2015 Consumer Perception of Care Survey, which is the fifteenth systematic, statewide mental health consumer survey since the inception of the PBHS (formerly 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 *2015 Consumer Perception of Care Survey - Executive Summary* and the brochures *2015 Consumer Perception of Care Survey - Maryland’s Adult Consumers Rate Their Public Behavioral Health Services* and *2015 Consumer Perception of Care Survey - Maryland’s Caregivers Rate Their Children’s Public Behavioral Health Services*. To obtain a copy of any of these documents, visit the following Web site: [bha.dhmh.maryland.gov](http://bha.dhmh.maryland.gov).

## II. METHODOLOGY

### A. Survey Population

The potential survey population consisted of PBHS consumers for whom claims were received for outpatient mental health services rendered between January and December 2014. 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 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). 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

Thirty-four thousand (34,000) notification letters were mailed ten (10) days prior to survey administration; 20,000 letters were sent to the adult survey sample (Appendix B), and 14,000 were sent 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<sup>®</sup>, 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 20,000 consumers selected for the adult sample, 2,480 were successfully contacted to request participation in the survey; 817 completed the survey for a response rate of 32.9%. Of the 14,000 child/caregiver consumers selected for the sample, 2,072 were successfully contacted to request participation in the survey; 753 completed the survey for a response rate of 36.3%.

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	27.5%	27.3%	Baltimore City	27.7%	27.2%
Eastern	12.2%	13.0%	Eastern	11.8%	13.0%
Metropolitan	37.2%	39.0%	Metropolitan	36.2%	39.0%
Suburban	12.6%	11.4%	Suburban	13.5%	11.4%
Western	10.6%	9.3%	Western	10.9%	9.3%

## 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 20,000 adult consumers selected to be in the sample, 3,800 (19.0%) had inaccurate (not in service, or the consumer not at that number) telephone numbers. Of the 14,000 child consumers selected to be in the sample, 2,594 (18.5%) had inaccurate telephone numbers.

### III. ADULT SURVEY RESULTS

#### A. Summary of Respondent Characteristics

Characteristic		%
Gender	Female	62.3
	Male	37.7
Age	Under 21	4.4
	21-30	15.9
	31-40	19.7
	41-50	24.7
	51-60	27.8
	61 and older	7.5
Race	Black or African-American	40.8
	White or Caucasian	55.2
	Other	4.0
Ethnicity	Spanish, Hispanic, or Latino	7.6
Employment	Unemployed	29.6
	Employed full-time	11.9
	Employed part-time	10.5
	Permanently disabled, not working	33.2
	Homemaker	2.2
	Student/Volunteer	6.2
	Refused/Don't Know/Other	6.4



## B. Detail of Respondent Demographic and Social Characteristics

### 1. Gender

	Frequency	Percent
Female	508	62.3
Male	308	37.7
<b>Total</b>	<b>817</b>	<b>100.0</b>

### 2. How old are you?

	Frequency	Percent
<21	36	4.4
21-30	130	15.9
31-40	161	19.7
41-50	202	24.7
51-60	227	27.8
>60	61	7.5
<b>Total</b>	<b>817</b>	<b>100.0</b>
Range	16 to 75	
Mean	43.3	

### 3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	9	1.1
Asian	11	1.3
Black or African-American	333	40.8
White or Caucasian	451	55.2
Other	13	1.5
<b>Total</b>	<b>817</b>	<b>100.0</b>

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

	Frequency	Percent
Hispanic	62	7.6
Not Hispanic	755	92.4
<b>Total</b>	<b>817</b>	<b>100.0</b>

## C. Employment Status

### 5. What is your current employment situation?

	Frequency	Percent
Working full-time	97	11.9
Working part-time	86	10.5
Unemployed (looking for work and not looking for work)	242	29.6
Permanently disabled, not working	271	33.2
Retired	22	2.7
Homemaker	18	2.2
Student	41	5.0
Volunteer	10	1.2
Other	26	3.2
Don't Know/Refused	4	0.5
<b>Total</b>	<b>817</b>	<b>100.0</b>

## D. 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	810	99.1
No	7	0.9
Total	817	100.0

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

	Frequency	Percent
Less than 1 year	222	27.4
1 year or more	586	72.3
Don't Know/Refused	2	0.2
Total	810	100.0

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

	Frequency	Percent
Yes	145	17.7
No	618	75.6
Don't Know/Refused	54	6.6
Total	817	100.0

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

	Frequency	Percent
Less than 1 year	37	25.5
1 year or more	106	73.1
Don't Know/Refused	2	1.4
Total	145	100.0

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

	Frequency	Percent
Yes	50	6.1
No	713	87.3
Don't Know/Refused	54	6.6
Total	817	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	229	28.0
No	579	70.9
Don't Know/Refused	9	1.1
Total	817	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	129	15.8
No	686	84.0
Don't Know/Refused	2	0.2
Total	817	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	168	20.6
No	645	78.9
Don't Know/Refused	4	0.5
Total	817	100.0

## E. Substance Use Services

Now, I would like to ask you about the kinds of services that you have received for a substance use 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 use services?

	Frequency	Percent
Yes	126	15.4
No	689	84.3
Don't Know/Refused	2	0.2
<b>Total</b>	<b>817</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	118	93.7
No	7	5.6
Don't Know/Refused	1	0.8
<b>Total</b>	<b>126</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	108	91.5
No	8	6.8
Don't Know/Refused	2	1.7
<b>Total</b>	<b>118</b>	<b>100.0</b>

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 use problem?

	Frequency	Percent
Yes	33	4.0
No	782	95.7
Don't Know/Refused	2	0.2
<b>Total</b>	<b>817</b>	<b>100.0</b>

## F. Physical Health Services

Thinking about your physical health care.

1. Do you have a primary health care provider?

	Frequency	Percent
Yes	749	91.7
No	64	7.8
Don't Know/Refused	4	0.5
<b>Total</b>	<b>817</b>	<b>100.0</b>

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	280	37.4
No	314	41.9
Don't Know/Refused	155	20.7
<b>Total</b>	<b>749</b>	<b>100.0</b>

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	676	82.7
No	138	16.9
Don't Know/Refused	3	0.4
<b>Total</b>	<b>817</b>	<b>100.0</b>

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	185	22.6
No	624	76.4
Don't Know/Refused	8	1.0
<b>Total</b>	<b>817</b>	<b>100.0</b>

### G. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all respondents (810 = 99.1%) 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.	804	1.8	0.9	38.1	49.9	6.2	3.2	2.6
If I had other choices, I would still get services from this provider.	795	2.0	1.0	34.3	48.3	6.7	7.0	3.6
I would recommend this provider to a friend or a family member.	803	1.9	1.0	38.6	47.6	4.2	6.4	3.2
The location of services was convenient.	805	1.9	0.9	35.7	49.9	6.2	6.1	2.1
Staff were willing to see me as often as I felt it was necessary.	802	1.9	0.9	35.0	51.0	5.4	6.1	2.5
Staff returned my calls in 24 hours.	769	2.1	1.0	28.9	51.9	5.1	11.1	3.1
Services were available at times that were good for me.	804	1.8	0.8	33.8	56.0	4.5	4.4	1.4
I was able to get all the services I thought I needed.	806	2.0	1.0	30.9	51.1	4.6	10.3	3.1
I was able to see a psychiatrist when I wanted to.	763	2.1	1.1	27.7	50.1	6.2	12.3	3.8
Staff here believe that I can grow, change, and recover.	762	1.8	0.8	36.6	53.0	5.2	3.9	1.2
I felt comfortable asking questions about my treatment and medication.	795	1.8	0.8	39.1	51.2	3.6	4.2	1.9
I felt free to complain.	791	1.9	0.9	33.5	53.4	4.7	6.4	2.0
I was given information about my rights.	791	1.8	0.8	36.5	54.0	3.2	5.1	1.3
Staff encouraged me to take responsibility for how I live my life.	791	1.8	0.8	33.8	56.8	4.6	4.4	0.5
Staff told me what side effects to watch out for.	766	2.0	1.0	31.6	50.7	4.4	10.7	2.6
Staff respected my wishes about who is and is not to be given information about my treatment.	778	1.7	0.7	42.7	51.0	2.8	2.4	1.0
I, not staff, decided my treatment goals.	779	2.1	0.9	26.1	53.0	10.9	9.0	1.0
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	783	1.9	0.9	30.4	55.4	6.1	6.3	1.8
I was encouraged to use consumer-run programs.	749	2.3	1.1	21.9	49.3	8.3	18.3	2.3
Staff were sensitive to my cultural or ethnic background.	730	2.0	0.8	26.8	58.1	8.9	5.5	0.7
Staff respected my family’s religious or spiritual beliefs.	709	1.8	0.7	29.3	60.6	7.3	1.7	1.0
Staff treated me with respect.	808	1.7	0.7	40.2	53.5	2.8	2.1	1.4
Staff spoke with me in a way that I understood.	808	1.7	0.7	38.1	57.2	1.4	2.1	1.2

\*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.

\*\*\*SD is an abbreviation for Standard Deviation.

## H. Satisfaction with Psychiatric Rehabilitation Program Services

Approximately one-fifth (145 = 17.7%) 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.	145	1.7	0.9	44.8	46.9	2.1	4.1	2.1
If I had other choices, I would still get services from this provider.	144	1.8	0.9	36.8	52.1	3.5	5.6	2.1
I would recommend this provider to a friend or a family member.	145	1.8	0.9	41.4	46.9	4.8	4.8	2.1
The location of services was convenient.	144	1.8	0.8	41.0	50.7	1.4	6.3	0.7
Staff were willing to see me as often as I felt it was necessary.	144	1.8	0.9	39.6	47.9	5.6	4.2	2.8
Staff returned my calls in 24 hours.	140	2.0	1.0	35.0	47.1	5.7	9.3	2.9
Services were available at times that were good for me.	144	2.0	0.9	34.0	54.9	2.8	6.3	2.1
I was able to get all the services I thought I needed.	145	2.0	1.0	33.8	48.3	8.3	6.9	2.8
Staff here believe that I can grow, change, and recover.	141	1.7	0.7	38.3	55.3	3.5	1.4	1.4
I felt comfortable asking questions about my rehabilitation.	143	1.8	0.8	39.9	50.3	3.5	4.9	1.4
I felt free to complain.	143	2.0	0.9	31.5	53.1	9.1	3.5	2.8
I was given information about my rights.	144	1.8	0.8	36.8	55.6	1.4	4.2	2.1
Staff encouraged me to take responsibility for how I live my life.	141	1.8	0.8	39.0	52.5	3.5	3.5	1.4
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	143	1.8	0.9	39.2	52.4	2.1	3.5	2.8
I, not staff, decided my rehabilitation goals.	143	2.0	1.0	32.2	51.0	7.0	7.0	2.8
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	143	1.9	0.9	36.4	50.3	6.3	5.6	1.4
I was encouraged to use consumer-run programs.	142	2.0	1.0	31.0	49.3	7.7	9.2	2.8
Staff were sensitive to my cultural or ethnic background.	135	1.9	0.9	35.6	50.4	5.9	5.9	2.2
Staff respected my family’s religious or spiritual beliefs.	136	1.8	0.8	39.0	49.3	6.6	3.7	1.5
Staff treated me with respect.	145	1.7	0.8	42.1	53.1	1.4	1.4	2.1
Staff spoke with me in a way that I understood.	145	1.8	0.8	38.6	54.5	1.4	3.4	2.1

\*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.

\*\*\* SD is an abbreviation for Standard Deviation.

## I. 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.	816	2.0	0.9	26.3	58.7	6.2	5.1	3.6

\* 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.

\*\*\* SD is an abbreviation for Standard Deviation.

## J. 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.	803	2.1	1.0	24.4	52.1	12.8	8.3	2.4
I am better able to control my life.	807	2.2	1.0	24.8	48.1	15.1	9.9	2.1
I am better able to deal with crisis.	803	2.2	1.0	22.9	49.2	13.6	12.0	2.4
I am getting along better with my family.	773	2.2	1.0	24.2	47.3	16.7	8.4	3.4
I do better in social situations.	783	2.4	1.0	18.6	46.0	18.8	13.9	2.7
I do better in school and/or work.	575	2.4	1.1	18.3	43.3	18.4	16.9	3.1
My housing situation has improved.	733	2.5	1.1	17.2	41.1	19.8	16.8	5.2
My symptoms are not bothering me as much.	797	2.6	1.2	15.2	42.2	15.3	20.2	7.2
I do things that are more meaningful to me.	800	2.2	1.0	20.5	52.5	13.6	11.6	1.8
I am better able to take care of my needs.	804	2.2	0.9	19.3	53.9	14.4	11.2	1.2
I am better able to handle things when they go wrong.	808	2.3	1.0	17.3	51.4	17.2	11.8	2.4
I am better able to do things that I want to do.	805	2.4	1.0	16.1	47.2	18.9	15.8	2.0
I am happy with the friendships I have.	793	2.2	1.0	20.9	52.3	14.4	9.7	2.6
I have people with whom I can do enjoyable things.	805	2.2	1.0	22.9	54.3	10.1	10.6	2.2
I feel I belong in my community.	798	2.4	1.0	16.0	48.9	17.5	13.4	4.1
In a crisis, I would have the support I need from family or friends.	807	2.1	1.0	26.5	50.2	10.4	9.8	3.1

\* 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.

\*\*\* SD is an abbreviation for Standard Deviation.

## **K. 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**

Employed respondents are younger, on average, than unemployed (mean age of employed respondents: 38.0 vs. 44.0).

### **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 (77.3% vs. 65.3%).
- Participated in a mental health self-help group (22.9% vs. 17.1%).
- A primary health care provider (95.9% vs. 86.4%).
- Received psychiatric rehabilitation services (20.6% vs. 13.5%).
- Received residential rehabilitation, or RRP, services (8.0% vs. 3.4%).
- Reported that the primary care physician and mental health services provider have spoken with each other (52.5% vs. 39.0%).
- Seen a medical professional for a health check-up or illness (85.5% vs. 78.6%).
- Spent a night in a hospital because of a physical illness or health problem (25.3% vs. 18.7%).

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

- Received psychiatric rehabilitation services (21.3% vs. 15.3%).

White/Caucasian respondents are more likely than other respondents to have:

- Been in outpatient treatment for one year or longer (75.2% vs. 69.3%).
- Seen a medical professional for a mental or emotional problem (31.3% vs. 24.0%).

Male respondents are more likely than female respondents to have:

- Reported that the primary care physician and mental health services provider have spoken with each other (53.2% vs. 43.6%).
- Attempted to get or were referred to substance use services (22.1% vs. 11.4%).

Female respondents are more likely than male respondents to have:

- Seen a medical professional for a health check-up or illness (86.2% vs. 76.9%).



Unemployed respondents are more likely than employed respondents to have:

- A primary health care provider (93.6% vs. 86.9%).
- Been in outpatient treatment for one year or longer (74.3% vs. 67.6%).
- Received psychiatric rehabilitation services (19.6% vs. 10.9%).
- Participated in a mental health self-help group (22.9% vs. 12.6%).
- Received residential rehabilitation, or RRP, services (7.0% vs. 2.2%).
- Reported that the primary care physician and mental health services provider have spoken with each other (49.2% vs. 39.1%).
- Been satisfied with their substance use services (96.5% vs. 84.0%).
- Seen a medical professional for a health check-up or illness (84.4% vs. 76.5%).
- Seen a medical professional for a mental or emotional problem (30.1% vs. 19.1%).
- Spent a night in a hospital because of a physical illness or health problem (25.6% vs. 12.0%).
- Spent a night in a hospital because of a mental or emotional problem (18.8% vs. 7.7%).

## 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.

Employed respondents agree more than unemployed respondents with all 16 outcome statements:

- I deal more effectively with daily problems (2.2 vs. 2.0).
- I am better able to control my life (2.2 vs. 2.0).
- I am better able to deal with crisis (2.3 vs. 2.0).
- I am getting along better with my family (2.2 vs. 2.1).
- I do better in social situations (2.4 vs. 2.1).
- I do better in school and/or work (2.6 vs. 2.1).
- My housing situation has improved (2.6 vs. 2.2).
- My symptoms are not bothering me as much (2.7 vs. 2.3).
- I do things that are more meaningful to me (2.3 vs. 2.0).
- I am better able to take care of my needs (2.3 vs. 1.9).
- I am better able to handle things when they go wrong (2.4 vs. 2.0).
- I am better able to do things that I want to do (2.5 vs. 2.1).
- I am happy with the friendships I have (2.3 vs. 2.1).
- I have people with whom I can do enjoyable things (2.2 vs. 1.9).
- I feel I belong to my community (2.5 vs. 2.2).
- In a crisis, I would have the support I need from family or friends (2.2 vs. 1.9).

## IV. CHILD AND CAREGIVER SURVEY RESULTS

### A. Summary of Caregiver Respondent Characteristics

Characteristic		%
Gender	Female	90.8
	Male	9.2
Age	19-50	71.7
	51-70	20.8
	71 and older	0.9
	Refused/Don't Know	6.5
Race	Black or African-American	45.3
	White or Caucasian	41.4
	More than one race reported	3.5
	Other	7.8
	Refused/Don't Know	2.0
Ethnicity	Spanish, Hispanic, or Latino	9.0

### B. Summary of Child Characteristics

Characteristic		%
Gender	Female	37.2
	Male	62.8
Age	1-4	3.9
	5-9	36.5
	10-14	49.7
	15 and older	10.0
Race	Black or African-American	52.2
	White or Caucasian	40.4
	Other	7.4
Ethnicity	Spanish, Hispanic, or Latino	14.1
Education	Currently in school	95.2
	Have repeated a grade	14.6

### C. Detail of Caregiver Respondent Demographic and Social Characteristics

1. Parent/caregiver gender?

	Frequency	Percent
Female	684	90.8
Male	69	9.2
<b>Total</b>	<b>753</b>	<b>100.0</b>

2. Parent/caregiver age?

	Frequency	Percent
Under 21	1	0.1
21-30	93	12.4
31-40	287	38.1
41-50	159	21.1
51-60	111	14.7
61-70	46	6.1
>70	7	0.9
Don't Know/Refused	49	6.5
<b>Total</b>	<b>753</b>	<b>100.0</b>

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	6	0.8
Asian	4	0.5
Black or African-American	341	45.3
Native Hawaiian or Pacific Islander	2	0.3
White or Caucasian	312	41.4
More than one race reported	26	3.5
Other	47	6.2
Don't Know/Refused	15	2.0
<b>Total</b>	<b>753</b>	<b>100.0</b>

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

	Frequency	Percent
Hispanic	68	9.0
Not Hispanic	680	90.3
Don't Know/Refused	5	0.7
<b>Total</b>	<b>753</b>	<b>100.0</b>

## D. Detail of Child Demographic and Social Characteristics

### 1. Child's gender

	Frequency	Percent
Female	280	37.2
Male	473	62.8
<b>Total</b>	<b>753</b>	<b>100.0</b>

### 2. Child's age

	Frequency	Percent
1-4	29	3.9
5-9	275	36.5
10-14	374	49.7
>14	75	10.0
<b>Total</b>	<b>753</b>	<b>100.0</b>

### 3. What is (child's) race?

	Frequency	Percent
American Indian or Alaska Native	2	0.3
Asian	10	1.3
Black or African-American	393	52.2
White or Caucasian	304	40.4
Other	44	5.8
<b>Total</b>	<b>753</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	106	14.1
No	647	85.9
<b>Total</b>	<b>753</b>	<b>100.0</b>

### 5. Is (child) currently going to school?

	Frequency	Percent
Yes	716	95.2
No	34	4.5
Don't Know/Refused	3	0.4
<b>Total</b>	<b>753</b>	<b>100.0</b>

### 6. Has (child) ever repeated a grade?

	Frequency	Percent
Yes	110	14.6
No	641	85.1
Don't Know/Refused	2	0.3
<b>Total</b>	<b>753</b>	<b>100.0</b>

## 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	715	95.0
No	37	4.9
Don't Know/Refused	1	0.1
<b>Total</b>	<b>753</b>	<b>100.0</b>

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

	Frequency	Percent
Less than 1 year	246	34.4
1 year or more	468	65.5
Don't Know/Refused	1	0.1
<b>Total</b>	<b>715</b>	<b>100.0</b>

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	235	31.2
No	487	64.7
Don't Know/Refused	31	4.1
<b>Total</b>	<b>753</b>	<b>100.0</b>

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

	Frequency	Percent
Less than 1 year	73	31.1
1 year or more	161	68.5
Don't Know/Refused	1	0.4
<b>Total</b>	<b>235</b>	<b>100.0</b>

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	318	42.2
No	431	57.2
Don't Know/Refused	4	0.5
<b>Total</b>	<b>753</b>	<b>100.0</b>

6. 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	63	8.4
No	690	91.6
<b>Total</b>	<b>753</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	203	27.0
No	533	70.8
Don't Know/Refused	17	2.3
<b>Total</b>	<b>753</b>	<b>100.0</b>

8. 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	156	20.7
No	595	79.0
Don't Know/Refused	2	0.3
<b>Total</b>	<b>753</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	387	51.4
No	362	48.1
Don't Know/Refused	4	0.5
<b>Total</b>	<b>753</b>	<b>100.0</b>

10. (If yes to Q9) Did the doctor or nurse tell you and/or (child) what side effects to watch for?

	Frequency	Percent
Yes	343	88.6
No	41	10.6
Don't Know/Refused	3	0.8
<b>Total</b>	<b>387</b>	<b>100.0</b>

11. Does (child's name) have any siblings?

	Frequency	Percent
Yes	635	84.3
No	115	15.3
Don't Know/Refused	3	0.4
<b>Total</b>	<b>753</b>	<b>100.0</b>

12. (If yes to Q11) Are any of (child)'s siblings receiving mental health services?

	Frequency	Percent
Yes	205	27.3
No	395	52.5
Don't Know/Refused	38	4.9
No siblings	115	15.3
<b>Total</b>	<b>753</b>	<b>100.0</b>

## F. Substance Use Services

Consumers age 13 and older (N = 251)

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

	Frequency	Percent
Yes	14	5.6
No	234	93.2
Don't Know/Refused	3	1.2
<b>Total</b>	<b>251</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	14	100.0
<b>Total</b>	<b>14</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	11	78.6
No	2	14.3
Don't Know/Refused	1	7.1
<b>Total</b>	<b>14</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	11	4.4
No	239	95.2
Don't Know/Refused	1	0.4
<b>Total</b>	<b>251</b>	<b>100.0</b>

## G. Physical Health Services

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

	Frequency	Percent
Yes	741	98.4
No	12	1.6
Don't Know/Refused	0	0.0
Total	753	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	269	36.3
No	335	45.2
Don't Know/Refused	137	20.1
Total	741	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	655	87.0
No	95	12.6
Don't Know/Refused	3	0.4
Total	753	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	56	7.4
No	697	92.6
Total	753	100.0

## H. Satisfaction with Outpatient Mental Health Treatment Services Received by Children

Nearly all caregiver respondents (715 = 95.0%) 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.	714	1.9	0.9	33.9	51.5	7.0	4.9	2.7
I helped choose my child’s services.	710	1.8	0.9	36.9	53.2	2.8	5.5	1.5
I helped choose my child’s treatment goals.	701	1.9	0.9	35.4	52.9	4.6	6.0	1.1
The people helping my child stuck with us no matter what.	697	1.9	0.9	35.7	49.2	5.2	8.0	1.9
I felt my child had someone to talk to when he/she was troubled.	688	1.8	0.9	36.8	50.6	6.4	4.8	1.5
I participated in my child’s treatment.	707	1.6	0.6	47.2	49.6	1.0	2.0	0.1
The services my child and/or family received were right for us.	707	1.9	0.9	34.7	52.2	6.4	5.7	1.1
The location of services was convenient for us.	714	1.9	1.0	34.7	50.1	5.6	5.9	3.6
Services were available at times that were convenient for us.	712	1.9	0.9	34.3	49.6	7.2	7.4	1.5
My family got the help we wanted for my child.	710	2.0	0.9	32.5	50.4	7.5	8.0	1.5
My family got as much help as we needed for my child.	706	2.1	1.0	28.2	47.9	10.5	11.0	2.4
Staff treated me with respect.	712	1.6	0.6	48.3	49.0	1.5	0.6	0.6
Staff respected my family’s religious or spiritual beliefs.	649	1.6	0.6	42.8	53.5	3.4	0.3	0.0
Staff spoke with me in a way that I understood.	708	1.6	0.6	46.5	51.1	1.3	0.8	0.3
Staff were sensitive to my cultural or ethnic background.	643	1.7	0.6	41.4	53.2	4.5	0.9	0.0
I felt free to complain.	690	1.8	0.7	36.4	55.5	4.3	2.8	1.0

\*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.

\*\*\*SD is an abbreviation for Standard Deviation.



## I. Satisfaction with Child/Family Support Services

Approximately one-third of caregiver respondents (235= 31.2%) 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.	233	1.9	0.8	32.2	54.9	8.2	3.4	1.3
I helped choose my child’s services.	234	1.9	0.8	29.9	58.5	3.0	7.7	0.9
I helped choose my child’s service goals.	233	1.9	0.8	31.8	56.2	5.2	6.4	0.4
The people helping my child stuck with us no matter what.	232	1.8	0.8	33.6	55.2	6.9	3.0	1.3
I felt my child had someone to talk to when he/she was troubled.	231	1.9	0.8	32.5	57.6	3.5	4.3	2.2
I participated in my child’s services.	232	1.7	0.6	40.9	55.6	1.7	1.3	0.4
The services my child received were right for us.	231	1.9	0.8	32.0	55.8	6.1	5.2	0.9
The location of services was convenient for us.	234	2.0	1.0	33.8	48.3	8.1	6.8	3.0
Services were available at times that were convenient for us.	234	2.0	0.9	34.2	50.9	5.6	8.1	1.3
My family got the help we wanted for my child.	232	2.0	0.8	30.2	54.3	8.2	6.5	0.9
My family got as much help as we needed for my child.	233	2.0	1.0	25.8	54.5	7.7	9.0	3.0
Staff treated me with respect.	233	1.6	0.6	47.2	50.6	0.9	0.9	0.4
Staff respected my family’s religious or spiritual beliefs.	217	1.6	0.6	42.9	53.0	2.8	1.4	0.0
Staff spoke with me in a way that I understood.	234	1.6	0.6	44.4	54.7	0.0	0.4	0.4
Staff were sensitive to my cultural or ethnic background.	215	1.7	0.6	41.4	53.0	5.1	0.5	0.0
I felt free to complain.	231	1.7	0.7	36.4	58.4	2.6	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.

\*\*\*SD is an abbreviation for Standard Deviation.

**J. 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.	752	2.1	0.9	24.3	58.5	6.8	8.1	2.3

\* 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.

\*\*\* SD is an abbreviation for Standard Deviation.

## K. 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.	728	2.2	1.0	22.0	49.2	15.7	10.0	3.2
My child gets along better with family members.	731	2.2	1.0	21.2	49.2	16.3	10.4	2.9
My child gets along better with friends and other people.	734	2.2	0.9	18.3	53.4	15.7	10.6	2.0
My child is doing better in school and/or work.	718	2.3	1.2	23.8	42.9	12.5	15.7	5.0
My child is better able to cope when things go wrong.	740	3.0	1.1	14.1	44.1	18.4	18.9	4.6
I am satisfied with our family life right now.	752	2.2	1.0	25.4	50.4	10.4	10.6	3.2
My child is better able to do things he or she wants to do.	734	2.2	0.9	18.3	54.6	17.2	8.3	1.6
My child is better able to control his or her behavior.	743	2.7	1.1	13.2	42.3	20.3	18.3	5.9
My child is less bothered by his or her symptoms.	719	2.5	1.0	13.9	47.4	20.3	15.0	3.3
My child has improved social skills.	712	2.3	1.0	19.5	50.1	15.7	11.7	2.9
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.	743	1.9	0.8	30.4	55.9	8.5	4.0	1.2
I have people that I am comfortable talking with about my child’s problems.	747	1.8	0.8	33.2	56.0	5.8	3.7	1.3
In a crisis, I would have the support I need from family or friends.	750	1.8	0.8	38.1	52.7	3.9	3.9	1.5
I have people with whom I can do enjoyable things.	749	1.7	0.7	37.1	57.0	3.1	2.0	0.8

\* 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.

\*\*\* SD is an abbreviation for Standard Deviation.

## **L. 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.

### **Use of Mental Health Services**

Caregivers over age 40 are more likely than those under age 40 to report:

- The child received psychiatric family support services (35.3% vs. 28.3%).

Caregivers under age 40 are more likely than those over age 40 to report:

- The child spent a night in a hospital because of a physical illness (9.4% vs. 4.6%).

Caregivers who are Black/African-American are more likely than other caregivers to report:

- The child received psychiatric family support services (36.2% vs. 26.6%).

Caregivers who are White/Caucasian are more likely than other caregivers to report:

- The child saw a pediatrician for a health check-up (91.7% vs. 84.0%).

Caregivers who are male are more likely than female caregivers to report:

- The child's primary care physician and mental health services provider have spoken with each other (61.2% vs. 43.1%).

Caregivers of White/Caucasian children are more likely than caregivers of other children to report:

- The child saw a pediatrician for a health check-up (91.8% vs. 84.3%).

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

- The child received psychiatric family support services (37.2% vs. 24.7%).

Caregivers of Spanish/Hispanic/Latino children are more likely than caregivers of other children to report:

- The child's siblings are receiving mental health services (32.4% vs. 28.1%).
- The child spent a night in a hospital, emergency room or crisis bed (14.2% vs. 7.4%).

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

- The child spent a night in a hospital, emergency room or crisis bed (12.1% vs. 6.1%).

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

- The child is on medication for emotional or behavioral problems (57.9% vs. 40.4%).
- The child's siblings are receiving mental health services (29.9% vs. 26.6%)
- The child's primary care physician and mental health services provider have spoken with each other (49.2% vs. 37.1%)

Caregivers of children age 10 and older are more likely than caregivers of children age 9 and under to report:

- The child spent a night in a hospital because of an emotional problem (10.9% vs. 4.6%).
- The child spent a night in a hospital because of a substance use problem (2.7% vs. 0.3%).
- The child participated in a mental health support group (31.0% vs. 21.1%).
- The child attempted to get or was referred for substance use services (3.6% vs. 1.0%).
- The child was able to receive substance use services (100% vs. 33.3%)

Caregivers of children age 9 and under are more likely than caregivers of children age 10 and older to report that:

- The child spent a night in a hospital because of a physical illness (10.2% vs. 5.6%).

## V. SUMMARY

Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Behavioral Health System. These surveys represent the fifteenth 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, Inc. on behalf of ValueOptions<sup>®</sup>, Inc. and the Maryland Behavioral Health Administration (formerly the Mental Hygiene Administration).

The potential survey population consisted of PBHS consumers for whom claims were received for outpatient mental health services rendered between January and December 2014. 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 treatment services or psychiatric rehabilitation services. Service types for children and adolescents included outpatient mental health treatment 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 20,000 consumers selected for the adult sample, 2,480 were successfully contacted to request participation in the survey; 817 completed the survey for a response rate of 32.9%. Of the 14,000 child/caregiver consumers selected for the sample, 2,072 were successfully contacted to request participation in the survey; 753 completed the survey for a response rate of 36.3%.

Both adults and caregivers were satisfied overall with the mental health services they or their children received: 85.0% of adults and 82.8% 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 71.0% of adults responded positively for all 23 survey items (range 71.2% to 95.3%). Regarding satisfaction with specific aspects of psychiatric rehabilitation services, over 80.0% of adults responded positively for all 21 survey items (range of 80.3% to 95.2%). Regarding satisfaction with specific aspects of outpatient mental health treatment services for children, over 76.0% of caregivers responded positively for all 16 survey items (range of 76.1% to 97.6%). Regarding satisfaction with specific aspects of family support services for children, over 80.0% of caregivers responded positively for all 16 survey items (range of 80.3% to 99.1%).

Responses to the 16 adult survey items that assess outcomes of care ranged from 57.3% to 77.1% agreement. Responses to the 10 caregiver survey items that assess outcomes of care for children ranged from 55.5% to 75.8% agreement. Over 86.0% 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 PBHS.

## **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  
Carol Johnston, APRN, PMH, BC, Chairperson

May 21, 2015

Jarrell W. Pipkin JD, LPC  
Director, Quality Management  
ValueOptions of Maryland  
1099 Winterson Rd., Suite 200  
Linthicum, MD 21060

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 Perception of Care Survey with Maryland's Public Mental Health System" for continuous approval. The IRB meeting was held on May 21, 2015. Your protocol has been approved. This approval will expire on **June 15, 2016**. 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,

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

cc: IRB Members  
Gay Hutchen

410-767-8448 Fax 410-333-7194

Toll Free 1-877-4MD-DHMH TYY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.maryland.gov/oig/irb](http://www.dhmh.maryland.gov/oig/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

February 2015

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 from a group of people regarding (1) their current health and (2) how they feel about their mental health services. MHA has asked ValueOptions<sup>®</sup> Maryland along with Fact Finders to do this telephone survey. We will use the information to make services better.

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

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 that you wish.
- You may stop the survey at any time.

**To participate, schedule a time to participate or have your name removed from this survey please call:**

- **Fact Finders at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m.**

Please see the back of this letter for frequently asked questions about the survey, your rights as a participant and mental health services you receive.

Thank you for your help.

Sincerely,

Brian Hepburn, MD  
Executive Director  
Mental Hygiene Administration

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

## FREQUENTLY ASKED QUESTIONS

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

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message before 8:30 a.m. or after 9:00 p.m., Monday through Friday, a representative from Fact Finders, on behalf of ValueOptions<sup>®</sup> Maryland, will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

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

- Please call Fact Finders at 1-800-895-3228 to request that your name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.
- 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 10-20 minutes.

### **Question 4: When will the survey begin?**

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

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

- Call Jarrell Pipkin, Director of Quality, ValueOptions<sup>®</sup> Maryland at 410-691-4012.

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

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

### **Question 7: What if I have other questions regarding the mental health services I receive?**

- Call ValueOptions<sup>®</sup> Maryland at 1-800-888-1965.

## 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

February 2015

Dear Parent/Guardian:

The Maryland Mental Hygiene Administration (MHA) wants to know about your experiences with the public mental health services your child has received. We have been asked to obtain information from a group of people regarding (1) their child's current health and (2) how they feel about their child's mental health services. MHA has asked ValueOptions<sup>®</sup> Maryland along with Fact Finders to do this telephone survey. We will use the information to make services better.

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

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 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 that you wish.
- You may stop the survey at any time.

**To participate, schedule a time to participate or have your name removed from this survey please call:**

- **Fact Finders at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m.**

Please see the back of this letter for frequently asked questions about the survey, your rights as a participant and mental health services you receive.

Thank you for your help.

Sincerely,

Brian Hepburn, MD  
Executive Director  
Mental Hygiene Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)

## FREQUENTLY ASKED QUESTIONS

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

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message before 8:30 a.m. or after 9:00 p.m., Monday through Friday, a representative from Fact Finders, on behalf of ValueOptions<sup>®</sup> Maryland, will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

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

- Please call Fact Finders at 1-800-895-3228 to request that your child's name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.
- 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 10-20 minutes.

### **Question 4: When will the survey begin?**

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

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

- Call Jarrell Pipkin, Director of Quality, ValueOptions<sup>®</sup> Maryland at 410-691-4012.

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

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

### **Question 7: What if I have other questions regarding the mental health services I receive?**

- Call ValueOptions<sup>®</sup> Maryland at 1-800-888-1965.

## 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 consumer comes to the phone. . .)*

**Am I speaking to {consumer's name}?**

*(If not available)*

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

**We're conducting this survey for ValueOptions<sup>®</sup> 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<sup>®</sup> to do this survey. The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. Maryland MHA is 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<sup>®</sup>. I can give you the telephone number at any point during the survey.**

[ValueOptions<sup>®</sup> Maryland (800) 888-1965]

*(Note: While the question order of some questions has changed between 2011 and 2015, the original (2011) question numbering has been maintained).*

**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 Q14]*
- B. No *[Skip to Q15]*
- C. Don't know *[Skip to Q15]*
- D. Refused *[Skip to Q15]*

*[Note: All of the <1 year / >1 year skips will be based on this question (outpatient services length) and not the length of time for any of the other services.]*

**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 Q17]*
- B. No *[If Q12 is "Yes," skip to Q18. If Q12 is "No/Don't Know/Refused," then terminate – disposition = no services]*
- C. Don't know *[If Q12 is "Yes," skip to Q18. If Q12 is "No/Don't Know/Refused," then terminate – disposition = no services]*
- D. Refused *[If Q12 is "Yes," skip to Q18. If Q12 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 use 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 use services?**

- A. Yes
- B. No *[Skip to Q25]*
- C. Don't know *[Skip to Q25]*
- D. Refused *[Skip to Q25]*

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

- A. Yes
- B. No *[Skip to Q25]*
- C. Don't know *[Skip to Q25]*
- D. Refused *[Skip to Q25]*

24. **Were you satisfied with your substance use 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 use 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 Q28]*
  - C. Don't know *[Skip to Q28]*
  - D. Refused *[Skip to Q28]*
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



(Ask Q36 – Q58 if Q12 = yes, received outpatient services)

Now, I am going to read a series of statements. Please answer thinking only about the outpatient mental health treatment services 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.

	READ CHOICES					[These are Not Read]		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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.								
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.								

	READ CHOICES					[These are Not Read]		
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 Q59 – Q79 if Q15 = yes (received psychiatric rehabilitation services))

(If asked Q36 – Q58, i.e., if received outpatient services:) **Now I am going to read you the same series of statements again.**

(If did not ask Q36 – Q58, i.e., no outpatient services:) **Now I am going to read a series of statements.**

**Please answer thinking only about the psychiatric rehabilitation services (PRP) 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.**

	READ CHOICES					[These are Not Read]		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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.								

	<b>READ CHOICES</b>					<i>[These are Not Read]</i>		
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.								
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>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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:**

	<b>READ CHOICES</b>					<i>[These are Not Read]</i>		
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
92. <b>I am happy with the friendships I have.</b>								
93. <b>I have people with whom I can do enjoyable things.</b>								
94. <b>I feel I belong in my community.</b>								
95. <b>In a crisis, I would have the support I need from family or friends.</b>								

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

	<b>READ CHOICES</b>					<i>[These are Not Read]</i>		
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
96. <b>Overall, I am satisfied with the mental health services I received.</b>								

*[Note: We received the following demographics (Q1, 2, 5, 4) in the database; we asked these questions only if these database fields were not available.]*

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

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

**Next, a general question about you.**

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. **Unemployed, not looking for work**
  - F. **Retired**
  - G. **Homemaker**
  - H. **Student**
  - I. **Volunteer**
  - J. Other
  - K. Don't know
  - L. Refused

**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<sup>®</sup> 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?"*

**The Maryland Mental Hygiene Administration (MHA) asked ValueOptions<sup>®</sup> to do this survey. The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. Maryland MHA is 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 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<sup>®</sup>. I can give you the telephone number at any point during the survey.**

[ValueOptions<sup>®</sup> Maryland (800) 888-1000].

*(Note: While the question order of some questions has changed between 2011 and 2015, the original (2011) question numbering has been maintained).*

**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 Q21]*
- B. No *[Skip to Q22]*
- C. Don't know *[Skip to Q22]*
- D. Refused *[Skip to Q22]*

*[Note: All of the <1 year / >1 year skips will be based on this question (outpatient services length) and not length of time for any of the other services.]*

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

- A. Less than 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 Q24]*
- B. No *[If Q19 = Yes, Skip to Q25; If Q19 = B, C, or D, Terminate – Disposition = No Services]*
- C. Don't know *[If Q19 = Yes, Skip to Q25; If Q19 = B, C, or D, Terminate – Disposition = No Services]*
- D. Refused *[If Q19 = Yes, Skip to Q25; If Q19 = 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

**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, say) such as On Our Own, depression support group, family support group, parenting 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 QNew1]*
- C. Don't know *[Skip to QNew1]*
- D. Refused *[Skip to QNew1]*

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

New 1. **Does {child's name} have any siblings?**

- A. Yes
- B. No *[Skip to Q34]*
- C. Don't know *[Skip to Q34]*
- D. Refused *[Skip to Q34]*

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 use 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 use services?

- A. Yes
- B. No *[Skip to Q37]*
- C. Don't know *[Skip to Q37]*
- D. Refused *[Skip to Q37]*

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

- A. Yes
- B. No *[Skip to Q37]*
- C. Don't know *[Skip to Q37]*
- D. Refused *[Skip to Q37]*

36. Were you satisfied with {child's name}'s substance use 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 use 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 Q40]*
- C. Don't know *[Skip to Q40]*
- D. Refused *[Skip to Q40]*

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

*Education/ Legal Section For Outpatient Services < 1 year.*

*[Ask Q15,Q18,Q46,Q47,Q48,Q43,Q44,Q45 if responded A,B,C on Q21, i.e. outpatient services < 1 year.]*

**Now, thinking about {child's name}'s school,**

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

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

18. **Has {child's name} ever repeated a grade?**

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

(Ask Q55 – Q70 if Q19 = Yes, received outpatient services)

Now, I am going to read a series of statements. Please answer thinking only about the outpatient mental health treatment services {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.

	<i>Read Choices</i>					<i>[These are Not Read]</i>		
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
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 Q71 – Q86 if Q22 = Yes (received family support services))

(If asked Q71-Q86, i.e., received outpatient services:) **Now I am going to read you the same series of statements again.**

(If did not ask Q71-Q86, i.e., no outpatient services:) **Now I am going to read a series of statements.**

**Please answer thinking about the family support services {child’s name} and your family 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.**

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

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

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

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

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

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

*[Note: We received the following demographics (Q7, 8, 10, 11) in the database; we asked these questions only if these database fields were not available.]*

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*
11. **Is {child's name} of Spanish, Hispanic, or Latino origin?**
- A. Yes
  - B. No
  - C. Don't know
  - D. Refused
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

**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.

**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.



Larry Hogan, Governor

Boyd K. Rutherford, Lt. Governor

Van T. Mitchell, Secretary,  
Department of Health and Mental Hygiene

Al Zachik, M.D., Acting Executive Director,  
Behavioral Health Administration

#### **Contact Information**

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

[bha.dhmf.maryland.gov](http://bha.dhmf.maryland.gov)

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

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