



STATE OF MARYLAND

DHMH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION

MARYLAND'S PUBLIC MENTAL
HEALTH SYSTEM

CONSUMER PERCEPTION OF CARE SURVEY
2010

DETAILED REPORT

MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM
2010 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

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

MHA currently contracts with ValueOptions, Inc. to provide administrative services, including evaluation activities, for the PMHS. One of the evaluation activities is the administration of consumer surveys to assess consumer perception of care, including satisfaction with and outcomes of mental health services provided by the PMHS. ValueOptions subcontracted with The Crider Group of Washington, DC to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2010 Consumer Perception of Care Survey, which is the tenth systematic, statewide consumer perception survey since the inception of the PMHS.

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

This report contains detailed findings and analyses of the survey questions. Condensed versions of the findings may be found in the Executive Summary report and the brochures. To obtain a copy of any of these documents, visit the following Web site: www.dhmh.state.md.us/mha, or contact MHA.

II. METHODOLOGY

A. Survey Population

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

parents or caregivers responded to the child survey on behalf of children under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

B. Notification of Survey Population

Sixteen thousand (16,000) notification letters were mailed 10 (ten) days prior to survey administration. Of the 16,000 letters, 8,000 were to the adult survey sample (Appendix B) and 8,000 were to the child/caregiver survey sample (Appendix C). The letter informed the survey population of the upcoming survey, described the survey topics, and offered general instructions. The letter contained a toll-free telephone number that a potential respondent could call twenty-four hours a day to receive more information about the survey, ask questions, or provide notification of their willingness or unwillingness to participate. A voice-answering system captured calls that were not made during business hours. This system was checked regularly and the database was updated daily, based on information contained in received messages.

C. Survey Instruments

Separate survey instruments were used, one for adults and one for children/caregivers. The adult and the child/caregiver instruments both originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Perception of Care Survey is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey is based on the MHSIP Youth Services Survey for Families (YSS-F). Both survey instruments were revised in 2006 to reflect modified URS requirements; however, it was not necessary to make additional changes for this 2010 survey. In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, schooling, and coordination of care. The adult questionnaire (Appendix D) was administered to adults, age 16 and over, who received services. The child questionnaire (Appendix E) was administered to caregivers of children who were under 16 years of age at the time they received public mental health services.

D. Interviewer Training and Supervision

Interviewers and supervisory staff received extensive training prior to the commencement of data collection. The training included a review of project goals and guidelines, research methods, survey instruments, Computer Assisted Telephone Interviewing (CATI) software, and survey populations. Role playing was a critical part of training provided and was effective in preparing interview staff to respond to consumer questions and concerns. Interview staff was provided with a script to use if they encountered a consumer that may have been in a mental health crisis. They were also given a list of emergency numbers to use in the event that the consumer needed immediate intervention. Interviewers also used the survey instrument to role-play interviews prior to live data collection. In recognition of the importance of strict adherence to HIPAA protocols, a section on HIPAA was included in the training. Supervision and quality control auditing occurred throughout the duration of data collection.

E. Confidentiality, Consent, and Protection of Participant Information

There are a number of mechanisms in place to safeguard confidentiality and to protect participant information:

- Potential participants were assured of the confidentiality of their opinions.
- Potential participants were also assured that their opinions would not impact the services they receive.
- Individuals who indicated they did not wish to participate had their names or the names of their child/children removed from the list of potential participants and were not contacted again.
- Individuals who wished to be contacted to participate at a certain time were scheduled and called back at their preferred time.
- Everyone contacted via telephone received another explanation of the survey during the survey introduction and were offered another opportunity to opt in or out of participation.
- Messages were not left on answering machines or with individuals who were not the potential participant.
- The use of Computer Assisted Telephone Interviewing (CATI) and Automated Digital Dialing for telephone numbers served a dual purpose. The first purpose is to protect participant confidentiality by limiting interviewer access to identifying information. Additionally, the interviewing software is located on a password-protected server. This limits access only to authorized interviewers and designated management staff.
- Policies and practices for the storage, access, and disposal of participant records were designed to protect personal information and maintain confidentiality.
- Employee Confidentiality Policy and Agreement forms were completed prior to any participation in this project.

The oversight and monitoring of interviewers and calls were in accordance with the IRB approved protocol and implemented collaboratively by the ValueOptions Quality Improvement Director and The Crider Group senior staff.

F. Data Collection

Collection of participant responses was accomplished utilizing the CATI software package. One of the benefits of this software is that all survey questions and response choices are loaded directly into a protected electronic environment. This allows for consistency of survey questions and response choices. An additional benefit is that participant responses are electronically captured immediately, eliminating the need for duplicate data entry.

Of the 8,000 consumers selected for the adult sample, 3,840 were successfully contacted to request participation in the survey; 701 completed the survey for a response rate of 18%. Of the 8,000 child/caregiver consumers selected for the sample, 4,326 were successfully contacted to request participation in the survey; 799 completed the survey for a response rate of 19%.

The potential survey sample was stratified with respect to the geographic distribution of consumers served based on claims data. The regional breakdown of the potential survey sample and final distribution of survey participants are shown in the following table.

Geographic Distribution of Original Sample	Adult	Child/ Caregiver	Geographic Distribution of Survey Participants	Adult	Child/ Caregiver
Baltimore	28%	28%	Baltimore	19%	23%
Eastern	13%	14%	Eastern	7%	11%
Metropolitan	36%	37%	Metropolitan	48%	42%
Suburban	12%	11%	Suburban	18%	16%
Western	11%	10%	Western	9%	8%

The respondents did not parallel the geographic distribution of consumers served as closely as in previous surveys. The number of incorrect telephone numbers, number of no answers, number of respondents determined to be ineligible for participation (determined by factors such as types of services received, age of respondent, and number of survey questions completed), and number of those who made appointment but were subsequently unreachable for the return call may contribute to this disparity.

G. Data Analysis and Reporting

Data analyses were conducted using SPSS® Version 16.0 analytic software, and included both univariate and multivariate analytic techniques. Univariate analyses, which consist of considering one question or variable at a time, included frequencies, means, standard deviations, and significance testing. Multivariate analyses, which look at several questions or variables simultaneously, included bivariate frequencies with Pearson’s chi-square tests. Data in this report are largely presented in tabular format. As a result of rounding percentages to tenths, totals may not equal exactly one-hundred percent (+/- 0.2%). The total for each item reflects the total number of respondents for that item, which in some cases, is a subset of the total number of survey participants.

The perception of care response categories are presented in tables that include the mean (or arithmetic average), standard deviation (S.D., which is the variability of the responses around the mean), and percent (%) of responses. These responses are based on a five-point Likert scale and include: “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percentages and means are calculated using only those participants 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 the particular question were excluded from the analysis of that item. In addition, participants were able to skip questions or stop the interview at any point during the data collection process. As a result, the number of respondents (N) for each item may vary. Lower mean scores indicate either greater satisfaction or outcomes that are more positive.

H. Limitations

There are always limitations to the administration of a survey. The following is a discussion of three significant limitations experienced during the administration of the current telephone survey.

- When attempting to assess perception of care among a sample population, a telephone survey methodology has both advantages and disadvantages. One of the advantages is that the time needed for data collection is far less than what would be needed for either face-to-face interviews or a mailed survey. An additional advantage is that it provides a way to collect data, in a far more cost effective manner than face-to-face interviewing, from individuals who are visually impaired or who have trouble processing the written word. The major disadvantage to telephonic methodology is that consumers are eliminated from the survey if they have no access to a telephone or if the available telephone number is inaccurate. Additionally, in order to protect privacy, interviewers were unable to leave call back numbers for consumers to call back during times that were most convenient to them.
- During the administration of the current surveys, the completeness and accuracy of addresses and telephone numbers were extremely problematic. Although there was a significant increase in the number of potential respondents reached compared to previous years, interviewers were still not able to reach approximately 52% (N = 4,160) of potential adult survey participants and 46% (N = 3,674) of potential child/caregiver survey participants.
- As stated previously, the response rate for adults was 18% and the response rate for caregivers was 19%. Under the current IRB approved protocol, there is no way of knowing how or if those who declined to participate and those who could not be reached statistically differ from those who were willing to participate.

III. ADULT SURVEY RESULTS

A. Summary of Participant Characteristics

Characteristic		%
Gender	Female	70.8
	Male	28.8
	Refused	0.4
Age	Under 21	8.9
	21-30	17.4
	31-40	15.5
	41-50	26.4
	51-60	20.0
	61 and older	8.4
	Refused/Don't Know	3.4
Race	Black or African-American	37.5
	White/Caucasian	55.9
	More than one race reported	1.1
	Refused/Don't Know/Other	5.5
Ethnicity	Spanish, Hispanic, or Latino	2.4
Marital Status	Married or cohabitating	9.7
	Widowed	4.1
	Divorced	20.5
	Separated	8.0
	Never Married	56.2
	Refused/Don't Know	1.5
Education	Completed less than high school degree	30.8
	Completed high school degree or GED	37.5
	Some vocational school or training	2.9
	Some college (no degree)	22.8
	Completed Bachelor's/advanced degree	4.1
	Refused/Don't Know/Never Attended	1.8
Living Situation	House/apartment alone	35.4
	House/apartment with family/friends	58.5
	Residential Rehabilitation Program	0.9
	Boarding home/foster care home	2.1
	Don't Know/Refused/Other	3.1
Employment	Unemployed	27.4
	Employed full-time	5.3
	Employed part-time	8.7
	Permanently disabled, not working	42.5
	Homemaker	1.6
	Student/volunteer	8.4
	Refused/Don't Know/Other	6.1

B. Detail of Participant Demographic and Social Characteristics

1. Gender

	Frequency	Percent
Female	496	70.8
Male	202	28.8
Don't Know/Refused	3	0.4
Total	701	100.0

2. How old are you?

	Frequency	Percent
<21	62	8.9
21-30	122	17.4
31-40	109	15.5
41-50	185	26.4
51-60	140	20.0
>60	59	8.4
Don't Know/Refused	24	3.4
Total	701	100.0
Range	16 to 84	
Mean	41.9	

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	7	1.0
Asian	0	0.0
Black and/or African American	263	37.5
White (Caucasian)	392	55.9
More than one race	8	1.1
Other	23	3.3
Don't Know/Refused	8	1.2
Total	701	100.0

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

	Frequency	Percent
Hispanic	17	2.4
Not Hispanic	678	96.7
Don't Know/Refused	6	0.8
Total	701	100.0

5. What is your marital status?

	Frequency	Percent
Now Married	64	9.1
Living as Married	4	0.6
Widowed	29	4.1
Divorced	144	20.5
Separated	56	8.0
Never Married	394	56.2
Don't Know/Refused	10	1.5
Total	701	100.0

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

	Frequency	Percent
Completed grade 8 or less	28	4.0
Some high school	188	26.8
Completed high school or GED	263	37.5
Some vocational school or training	20	2.9
Some college (no degree)	160	22.8
Completed Bachelor's degree	21	3.0
Completed graduate/professional degree	8	1.1
Never attended	3	0.4
Don't Know/Refused	10	1.4
Total	701	100.0

C. Housing Situation

7. What is your current living situation?

	Frequency	Percent
House or apartment alone	248	35.4
House or apartment with family/friends	410	58.5
Residential Rehabilitation Program	6	0.9
Boarding home or foster care home	15	2.1
Hospital or nursing home	2	0.3
Streets or homeless shelter	3	0.4
Other	10	1.4
Don't Know/Refused	7	1.0
Total	701	100.0

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

	Frequency	Percent
Strongly Agree	87	12.4
Agree	395	56.3
Neutral	51	7.3
Disagree	128	18.3
Strongly Disagree	21	3.0
N/A	3	0.4
Don't Know/Refused	16	2.3
Total	701	100.0

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

	Frequency	Percent
Strongly Agree	68	9.7
Agree	426	60.8
Neutral	41	5.8
Disagree	117	16.7
Strongly Disagree	26	3.7
N/A	2	0.3
Don't Know/Refused	21	3.0
Total	701	100.0

D. Employment Status

10. What is your current employment situation?

	Frequency	Percent
Working full-time	37	5.3
Working part-time	61	8.7
Unemployed-looking for work	192	27.4
Permanently-disabled, not working	298	42.5
Sheltered employment	5	0.7
Retired	12	1.7
Homemaker	11	1.6
Student	55	7.8
Volunteer	4	0.6
Other	18	2.6
Don't Know/Refused	8	1.1
Total	701	100.0

E. Use of Mental Health Services

Now I would like to ask you about the kinds of mental health services you have received in the past 12 months for a mental or emotional problem, or a problem with your nerves.

1. Have you been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	688	98.1
No	12	1.7
Don't Know/Refused	1	0.2
Total	701	100.0

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

	Frequency	Percent
Less than 1 year	184	26.7
1 year or more	502	73.0
Don't Know/Refused	2	0.3
Total	701	100.0

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

	Frequency	Percent
Yes	119	17.0
No	578	82.5
Don't Know/Refused	4	0.5
Total	701	100.0

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

	Frequency	Percent
Less than 1 year	26	21.8
1 year or more	91	76.5
Don't Know/Refused	2	1.7
Total	119	100.0

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

	Frequency	Percent
Yes	45	6.4
No	652	93.0
Don't Know/Refused	4	0.6
Total	701	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	100	14.3
No	597	85.2
Don't Know/Refused	4	0.5
Total	701	100.0

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

	Frequency	Percent
Yes	95	13.6
No	602	85.9
Don't Know/Refused	4	0.5
Total	701	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	165	23.5
No	533	76.0
Don't Know/Refused	3	0.5
Total	701	100.0

F. Substance Abuse Services

In the past 12 months...

1. Did you attempt to get or were you referred for substance abuse services?

	Frequency	Percent
Yes	73	10.4
No	625	89.2
Don't Know/Refused	3	0.4
Total	701	100.0

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

	Frequency	Percent
Yes	68	93.2
No	5	6.8
Don't Know/Refused	0	0.0
Total	73	100.0

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

	Frequency	Percent
Yes	65	95.6
No	3	4.4
Don't Know/Refused	0	0.0
Total	68	100.0

4. Have you spent at least one night in a hospital emergency room (ER) or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	16	2.3
No	682	97.3
Don't Know/Refused	3	0.4
Total	701	100.0

G. Physical Health Services

1. Do you have a primary care provider?

	Frequency	Percent
Yes	646	92.2
No	53	7.6
Don't Know/Refused	2	0.2
Total	701	100.0

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

	Frequency	Percent
Yes	205	31.7
No	257	39.8
Don't Know/Refused	184	28.5
Total	646	100.0

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

	Frequency	Percent
Yes	599	85.4
No	98	14.0
Don't Know/Refused	4	0.6
Total	701	100.0

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

	Frequency	Percent
Yes	154	22.0
No	543	77.5
Don't Know/Refused	4	0.5
Total	701	100.0

H. Arrests and Police Encounters

Consumers receiving services for less than 1 year (N=184)

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

	Frequency	Percent
Yes	13	7.1
No	169	91.8
Don't Know/Refused	2	1.1
Total	184	100.0

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

	Frequency	Percent
Yes	11	6.0
No	171	92.9
Don't Know/Refused	2	1.1
Total	184	100.0

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

	Frequency	Percent
Been reduced	13	7.1
Stayed the same	4	2.2
Increased	4	2.2
N/A (had no police encounters this year or last year)	163	88.5
Total	184	100.0

Consumers receiving services for 1 year or more (N=502)

1. Were you arrested during the past 12 months?

	Frequency	Percent
Yes	14	2.8
No	482	96.0
Don't Know/Refused	6	1.2
Total	502	100.0

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

	Frequency	Percent
Yes	16	3.2
No	479	95.4
Don't Know/Refused	7	1.4
Total	502	100.0

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

	Frequency	Percent
Been reduced	23	4.6
Stayed the same	8	1.6
Increased	5	1.0
N/A (had no police encounters this year or last year)	466	92.8
Total	502	100.0

I. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all participants (688 = 98.3%) reported receiving some type of outpatient mental health treatment service.* Participants were asked how much they agreed or disagreed with 23 statements regarding the outpatient services they received. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** SD	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received here.	686	1.8	0.8	34.3	55.1	4.5	5.2	0.9
If I had other choices, I would still get services from this provider.	684	2.0	1.0	28.2	55.3	3.9	10.8	1.8
I would recommend this provider to a friend or family member.	685	1.9	0.9	29.3	59.0	2.8	7.4	1.5
The location of services was convenient.	685	1.9	0.9	28.5	59.4	3.6	7.2	1.3
Staff were willing to see me as often as I felt it was necessary.	681	1.9	0.8	27.2	62.8	2.9	6.0	1.0
Staff returned my calls in 24 hours.	653	2.0	0.9	25.1	59.6	5.1	8.9	1.4
Services were available at times that were good for me.	686	1.9	0.7	26.4	65.7	2.3	5.0	0.6
I was able to get all the services I thought I needed.	683	2.1	0.9	23.3	60.3	4.8	10.8	0.7
I was able to see a psychiatrist when I wanted to.	662	2.1	0.9	22.4	61.3	4.1	10.4	1.8
Staff here believe that I can grow, change, and recover.	657	1.9	0.8	25.6	62.1	7.0	5.0	0.2
I felt comfortable asking questions about my treatment and medication.	679	1.9	0.6	25.3	68.5	2.5	3.5	0.1
I felt free to complain.	679	1.9	0.7	23.4	69.5	3.1	3.4	0.6
I was given information about my rights.	681	1.8	0.6	23.5	72.4	1.2	2.8	0.1
Staff encouraged me to take responsibility for how I live my life.	667	1.9	0.7	22.3	68.5	3.9	5.2	0.0
Staff told me what side effects to watch out for.	653	2.1	0.9	21.0	63.9	3.1	11.8	0.3
Staff respected my wishes about who is and is not to be given information about my treatment.	673	1.8	0.6	26.7	68.4	1.5	3.3	0.1
I, not staff, decided my treatment goals.	676	2.3	0.8	14.1	47.6	29.1	8.4	0.7
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	673	2.0	0.7	19.2	70.0	4.5	5.9	0.4
I was encouraged to use consumer-run programs.	640	2.3	1.0	15.2	58.0	5.6	20.6	0.6
Staff were sensitive to my cultural/ethnic background.	596	2.0	0.7	17.6	75.0	3.4	3.7	0.2
Staff respected my family’s religious/spiritual beliefs.	591	1.9	0.5	16.8	77.5	3.7	1.9	0.2
Staff treated me with respect.	687	1.8	0.6	25.9	71.2	1.3	1.2	0.4
Staff spoke with me in a way that I understood.	686	1.8	0.5	25.5	71.3	2.0	0.9	0.3

*Outpatient mental health treatment services may have been provided through an outpatient mental health program or provider; psychiatrist, or therapist.

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

***Lower mean scores indicate higher satisfaction levels.

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

J. Satisfaction with Psychiatric Rehabilitation Program Services

Less than one-quarter (119 = 17.0%) of survey participants reported receiving either psychiatric rehabilitation services and/or residential rehabilitation services.* Participants were asked how much they agreed or disagreed with 21 statements regarding the psychiatric rehabilitation services they received. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** SD	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services I received here.	114	1.8	0.8	34.2	55.3	4.4	4.4	1.8
If I had other choices, I would still get services from this provider.	114	1.9	1.0	36.0	50.0	1.8	9.6	2.6
I would recommend this provider to a friend or a family member.	114	1.9	1.0	36.8	50.0	3.5	6.1	3.5
The location of services was convenient.	114	1.9	0.9	33.3	55.3	2.6	7.0	1.8
Staff were willing to see me as often as I felt it was necessary.	114	1.8	0.7	32.5	60.5	2.6	3.5	0.9
Staff returned my calls in 24 hours.	112	1.9	0.9	33.0	57.1	0.9	7.1	1.8
Services were available at times that were good for me.	114	1.8	0.8	32.5	58.8	1.8	6.1	0.9
I was able to get all the services I thought I needed.	113	2.0	0.9	30.1	54.9	4.4	8.8	1.8
Staff here believe that I can grow, change, and recover.	108	1.8	0.8	34.3	59.3	1.9	2.8	1.9
I felt comfortable asking questions about my rehabilitation.	113	1.8	0.7	31.9	61.1	3.5	1.8	1.8
I felt free to complain.	112	1.8	0.8	33.9	58.0	1.8	4.5	1.8
I was given information about my rights.	112	1.8	0.7	33.0	63.4	0.0	1.8	1.8
Staff encouraged me to take responsibility for how I live my life.	112	1.8	0.8	34.8	55.4	2.7	6.2	0.9
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	113	1.7	0.6	35.4	57.5	6.2	0.9	0.0
I, not staff, decided my rehabilitation goals.	113	2.0	0.9	31.0	50.4	9.7	8.0	0.9
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	111	1.9	0.9	27.0	63.1	2.7	4.5	2.7
I was encouraged to use consumer-run programs.	110	2.0	0.8	27.3	60.0	5.5	5.5	1.8
Staff were sensitive to my cultural/ethnic background.	104	1.8	0.6	17.6	75.2	3.4	3.7	0.2
Staff respected my family’s religious/spiritual beliefs.	104	1.8	0.6	29.8	66.3	2.9	1.0	0.0
Staff treated me with respect.	114	1.8	0.8	33.3	58.8	4.4	0.0	3.5
Staff spoke with me in a way that I understood.	113	1.8	0.7	32.7	61.9	1.8	2.7	0.9

*Psychiatric rehabilitation services may have been provided through a psychiatric rehabilitation/day program or residential rehabilitation program.

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

*** Lower mean scores indicate higher satisfaction levels.

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

K. Overall Satisfaction with Mental Health Services

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

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with all the mental health services I received.	699	1.9	0.9	30.3	56.5	6.3	4.1	2.7

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

** Lower mean scores indicate higher satisfaction levels.

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

L. Outcome Measures

Participants were asked how they had benefited from the mental health services 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. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems.	693	2.2	0.8	14.7	61.0	14.0	9.7	0.6
I am better able to control my life.	692	2.2	0.8	13.9	61.3	14.3	10.0	0.6
I am better able to deal with crisis.	691	2.3	0.9	11.1	58.8	16.8	12.0	1.3
I am getting along better with my family.	673	2.3	0.9	13.7	57.4	17.1	10.1	1.8
I do better in social situations.	680	2.5	1.0	11.6	51.6	17.9	16.2	2.6
I do better in school and/or work.	264	2.3	0.9	12.5	58.0	15.9	13.6	0.0
My housing situation has improved.	644	2.5	1.0	9.0	52.5	20.2	14.8	3.4
My symptoms are not bothering me as much.	693	2.6	1.0	9.8	52.2	15.7	17.7	4.5
I do things that are more meaningful to me.	692	2.2	0.9	13.4	63.4	11.1	10.7	1.3
I am better able to take care of my needs.	688	2.2	0.8	12.8	65.7	12.1	8.7	0.7
I am better able to handle things when they go wrong.	692	2.4	0.9	10.4	55.9	19.4	12.6	1.7
I am better able to do things that I want to do.	688	2.4	0.9	10.0	59.4	15.6	13.8	1.2
I am happy with the friendships I have.	681	2.2	0.9	18.4	58.6	9.8	11.6	1.6
I have people with whom I can do enjoyable things.	692	2.1	0.8	16.9	66.6	7.1	7.9	1.4
I feel I belong in my community.	690	2.3	0.9	12.0	62.8	11.4	11.3	2.5
In a crisis, I would have the support I need from family or friends.	695	2.0	0.9	22.6	61.7	6.2	7.9	1.6

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

** Lower mean scores indicate more positive outcomes.

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

M. Additional Statistical Analyses

Bivariate demographic statistics were calculated, as well as Pearson's chi-square tests for percentages, to determine statistically significant relationships in the survey population ($p < 0.05$). The responses to the use of mental health services questions were also tested to determine if there are any statistically significant demographic differences in mental health services usage. Chi-square tests were used for all relationships except for age, where t-tests were calculated to determine statistically significant differences ($p < 0.05$).

The response to each of the perception of care survey items was coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means were calculated for each item, with lower mean scores indicating either greater satisfaction or more positive outcomes. Survey participants were grouped based on similar characteristics in order to compare between-group differences. T-tests were then performed to determine if there were statistically significant differences ($p < 0.05$) on survey items among the grouped participants with different characteristics.

The following relationships or differences are statistically significant.

Demographics

Non-Black/African American respondents reported having a high school diploma more than Black/African American participants (37.4% vs. 27.4%).

Non-Black/African American participants report being married more than Black/African American participants (12.2% vs. 6.1%).

Employed respondents report their race as non-Black/African American more than unemployed respondents (68.8% vs. 58.2%).

Respondents who are currently unemployed report not having a high school diploma more than employed participants (34.3% vs. 12.4%).

Use of Mental Health Services

Participants who are older are more likely to have:

- Received psychiatric rehabilitation services (44.2 vs. 41.3 years).
- Received residential rehabilitation services (46.3 vs. 41.4 years).
- Spent at least one night in the hospital due to physical illness (44.5 vs. 40.9 years).
- Reported that physician and mental health services provider communicated with each other (45.7 vs. 39.6 years).
- Seen a medical professional for a health check-up or illness (42.4 vs. 37.9).

Participants who are younger are more likely to report having been arrested in the last year (37.0 vs. 44.4 years).

Non-Black/African American participants are more likely to spend at least one night in a hospital, emergency room (ER), or crisis bed because of a mental or emotional problem or a problem with nerves (16.2% vs. 9.9%).

Male participants are more likely to have:

- Spent at least one night in a hospital emergency room (ER) or crisis bed because of a mental or emotional problem or a problem with nerves (18.9% vs. 11.6%).
- Attempted to get or been referred for substance abuse services (16.1% vs. 8.3%).
- Been arrested during the past 12 months (6.8% vs. 1.6%).
- Been arrested during the 12 months prior to beginning services (12.5% vs. 2.9%).

Female participants are more likely to have a primary care provider (94.2% vs. 89.0%).

Currently unemployed participants are more likely to have:

- Used psychiatric rehabilitation services (18.1% vs. 10.2%).
- Used residential rehabilitation services (7.3% vs. 2.0%).
- Spent at least one night in a hospital because of a physical illness or health problem (23.5% vs. 14.3%).

Satisfaction with Outpatient Mental Health Treatment Services

Females are more satisfied than males with the following statements:

- I would recommend this provider to a friend or a family member (1.9 vs. 2.1).
- Staff here believe that I can grow, change, and recover (1.9 vs. 2.1).

Black/African American participants are less satisfied than non-Black/African American participants with the following statement:

- I was able to get all the services I thought I needed (2.2 vs. 2.0).

Employed participants are more satisfied than unemployed participants with the following statements:

- I like the services that I received here (1.7 vs. 1.9).
- I would recommend this provider to a friend or a family member (1.8 vs. 2.0).
- I was able to see a psychiatrist when I wanted to (1.9 vs. 2.1).
- Staff here believe that I can grow, change, and recover (1.8 vs. 2.0).
- Staff respected my wishes about who is and is not to be given information about my treatment (1.7 vs. 1.8).
- Staff spoke with me in a way that I understood (1.7 vs. 1.8).
- The location of services was convenient (1.8 vs. 2.0).
- I was able to get all the services I thought I needed (1.9 vs. 2.1).

Participants with at least a high school diploma are more satisfied than participants without a high school diploma with the following statements:

- I like the services that I received here (1.8 vs. 2.0).
- Staff here believe that I can grow, change, and recover. (1.9 vs. 2.0).
- I, not staff, decided my treatment goals (2.3 vs. 2.5).
- The staff encouraged me to take responsibility for how I live my life (1.9 vs. 2.0).

Participants who have received psychiatric rehabilitation program services in the last year are more satisfied than participants who have not received psychiatric rehabilitation program services with the following statements:

- Staff encouraged me to take responsibility for how I live my life (1.8 vs. 2.0).
- Staff respected my wishes about who is and is not to be given information about my treatment (1.7 vs. 1.9).
- I, not staff, decided my treatment goals (2.2 vs. 2.4).
- Staff helped me obtain the information I needed so that I could take charge of managing my illness (1.8 vs. 2.0).
- I was encouraged to use consumer-run programs (2.1 vs. 2.4).
- Staff respected my family's religious/spiritual beliefs (1.8 vs. 1.9).

Satisfaction with PRP Services

Males are more satisfied than females with the following statements:

- I like the services that I received here (1.7 vs. 2.1).
- Staff respected my family's religious/spiritual beliefs (1.7 vs. 2.1).

Black/African American participants are less satisfied than non-Black/African American participants with the following statements:

- I was given information about my rights (2.2 vs. 1.7).
- Staff were sensitive to my cultural/ethnic background (2.3 vs. 1.8).
- Staff respected my family's religious/spiritual beliefs (2.2 vs. 1.8).
- Staff spoke with me in a way that I understood (2.3 vs. 1.8).
- Staff respected my wishes about who is and is not to be given information about my rehabilitation (2.2 vs. 1.8).

Participants who have received psychiatric rehabilitation program services in the last year are more satisfied than participants who have not received psychiatric rehabilitation program services with the following statements:

- I like the services I received here (1.9 vs. 2.7).
- If I had other choices, I would still get services from this provider (2.0 vs. 2.6).
- I would recommend this provider to a friend or a family member (2.0 vs. 2.7).
- Staff respected my family's religious/spiritual beliefs (1.9 vs. 2.1).
- I felt free to complain (1.9 vs. 2.5).
- I, not staff, decided my rehabilitation goals (2.1 vs. 2.8).
- Staff spoke with me in a way that I understood (1.9 vs. 2.6).

Overall Satisfaction

There were no statistically significant differences in response to the statement "Overall I am satisfied with the mental health services I received."

Outcome Measures

Males agree more than females with the following statements:

- I am better able to control my life (2.1 vs. 2.3).
- I am better able to deal with crisis (2.2 vs. 2.4).
- I am getting along better with my family (2.2 vs. 2.4).
- I do better in social situations (2.3 vs. 2.5).
- My symptoms are not bothering me as much (2.4 vs. 2.6).
- I am better able to take care of my needs (2.1 vs. 2.2).
- I am better able to handle things when they go wrong (2.2 vs. 2.5).
- In a crisis, I would have the support I need from family or friends (1.9 vs. 2.1).

Black/African American participants agree more than non-Black/African American participants with the following statement:

- I do better in social situations (2.4 vs. 2.6).

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

- I am happy with the friendships I have (2.1 vs. 2.3).

Employed participants tend to agree that they have more positive outcomes when compared with the responses of unemployed participants (i.e., 13 of the 16 outcome measures were rated more positively):

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

Participants 30 years old and younger agree more than participants 31 years old and older with the following statements:

- I am better able to take care of my needs (2.1 vs. 2.2).
- I am better able to do things that I want to do (2.3 vs. 2.4).
- I am happy with the friendships I have (2.1 vs. 2.2).
- I have people with whom I can do enjoyable things (2.0 vs. 2.2).
- In a crisis, I would have the support I need from family or friends (1.9 vs. 2.1).

Participants with at least a high school diploma agree more than participants without a high school diploma with the following statements:

- I deal more effectively with daily problems (2.2 vs. 2.3).
- I do better in school and/or work (2.3 vs. 2.6).
- I do things that are more meaningful to me (2.2 vs. 2.3).

Participants who have received psychiatric rehabilitation program services in the last year agree more than participants who have not received psychiatric rehabilitation program services with the following statements:

- I deal more effectively with daily problems (2.1 vs. 2.3).
- I do better able to control my life (2.1 vs. 2.3).
- I am better able to deal with a crisis (2.1 vs. 2.4).
- I am better able to take care of my needs (2.0 vs. 2.2).

N. Qualitative Measures

In an open-ended line of inquiry, adult participants were asked if they had anything else to share about their experiences. A total of 701 comments were recorded and are categorized below.

Comment	Frequency
No answer/"nothing"	469
Satisfied (general)	71
Not enough services	28
Life has improved/I am getting better	24
Dissatisfied (general)	17
Comment unrelated to services	13
Satisfied with services/therapy	12
Dissatisfied with services/therapy	11
Dissatisfied with staff, doctors, clinicians	6
Need more resources/education/information	4
Other*	22
Total	701

* Other category is comprised of responses that have a frequency of <3.

IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Caregiver Participant Characteristics

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

B. Summary of Child Characteristics

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

C. Detail of Caregiver Participant Demographic and Social Characteristics

1. Parent/caregiver gender

	Frequency	Percent
Female	728	91.1
Male	70	8.8
Refused	1	0.1
Total	799	100.0

2. Parent/caregiver age?

	Frequency	Percent
21-30	102	12.8
31-40	252	31.5
41-50	163	20.4
51-60	122	15.3
61-70	71	8.9
>70	33	4.1
Don't Know/ Refused	56	7.0
Total	799	100.0

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	1	0.1
Asian	3	0.4
African American and/ or Black	271	33.9
Native Hawaiian or Pacific Islander	2	0.3
White (Caucasian)	461	57.7
More than one race reported	9	1.1
Other	44	5.5
Don't Know/Refused	8	1.0
Total	799	100.0

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

	Frequency	Percent
Hispanic	43	5.4
Not Hispanic	749	93.7
Don't Know/Refused	7	0.9
Total	799	100.0

5. What is your relationship to (child)?

	Frequency	Percent
Biological, adoptive, foster parent, or stepparent	594	74.4
Grandparent	161	20.2
Sibling	1	0.1
Other biological relative, acting as guardian	28	3.5
Family friend, acting as guardian	1	0.1
Legal guardian (where none of the others apply)	13	1.6
N/A	1	0.1
Don't Know/Refused	0	0.0
Total	799	100.0

D. Detail of Child Demographic and Social Characteristics

1. Child's gender

	Frequency	Percent
Female	346	43.3
Male	453	56.7
Refused	0	0.0
Total	799	100.0

2. Child's age

	Frequency	Percent
1-4	19	2.4
5-9	213	26.7
10-14	354	44.3
>14	159	19.9
Refused	54	6.8
Total	799	100.0

3. What is (child's) race?

	Frequency	Percent
American Indian or Alaska Native	1	0.1
Asian	5	0.6
African-American and/or Black	263	32.9
Native Hawaiian or Pacific Islander	3	0.4
White (Caucasian)	396	49.6
More than one race reported	39	4.9
Other	81	10.1
Don't Know/Refused	11	1.4
Total	799	100.0

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

	Frequency	Percent
Yes	56	7.0
No	736	92.1
Don't Know/Refused	7	0.9
Total	799	100.0

5. Is child currently living with you?

	Frequency	Percent
Yes	781	97.7
No	18	2.3
Don't Know/Refused	0	0.0
Total	799	100.0

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

	Frequency	Percent
Yes	8	44.5
No	9	50.0
Don't Know/Refused	1	5.5
Total	18	100.0

7. Has your child lived in any of the following places in the last 12 months? (check all that apply*)

	Frequency	Percent
With one or both parents	650	80.2
With another family member	116	14.3
Foster home	5	0.6
Therapeutic foster home	2	0.3
Homeless shelter	1	0.1
Group home	2	0.3
Residential treatment center	6	0.7
Hospital	3	0.4
Local jail or detention facility	1	0.1
Other	24	3.0
Total	810	100.0

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

8. Is (child) currently going to school?

	Frequency	Percent
Yes	766	95.9
No	31	3.9
Don't Know/Refused	2	0.3
Total	799	100.0

8a. (If yes to Q8) What type of classroom would you say (child) is currently enrolled in.

	Frequency	Percent
Regular classroom	558	72.7
Special education all day	114	14.9
Special education part of day	64	8.4
Other	25	3.3
Don't Know/Refused	5	0.7
Total	766	100.0

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

	Frequency	Percent
Too young for school	17	54.8
Dropped out	1	3.2
Suspended	1	3.2
Sick or hospitalized	2	6.5
Other	10	32.3
Don't Know/Refused	0	0.0
Total	31	100.0

9. Has (child) ever repeated a grade?

	Frequency	Percent
Yes	165	20.7
No	602	75.3
Don't Know/Refused	32	4.0
Total	799	100.0

E. Use of Mental Health Services

Now I would like to ask you about the kinds of mental health services (child) has received in the past 12 months for a mental or emotional problem, or a problem with your nerves.

1. Has (child) been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	744	93.1
No	53	6.6
Don't Know/Refused	2	0.3
Total	799	100.0

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

	Frequency	Percent
<1 month	18	2.4
1 month-5months	83	11.2
6 months-<1year	160	21.5
1 year or more	482	64.8
Don't Know/Refused	1	0.1
Total	744	100.0

In the past 12 months...

3. Has (child) been to or received family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	Frequency	Percent
Yes	243	30.4
No	547	68.5
Don't Know/Refused	9	1.1
Total	799	100.0

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

	Frequency	Percent
Less than 1 year	93	38.3
1 year or more	150	61.7
Total	243	100.0

5. Has (child) seen a pediatrician or any other medical professional for an emotional or behavioral problem?

	Frequency	Percent
Yes	285	35.7
No	507	63.5
Don't Know/Refused	7	0.9
Total	799	100.0

6. Has (child) seen a school counselor?

	Frequency	Percent
Yes	454	56.8
No	296	37.0
Don't Know/Refused	49	6.2
Total	799	100.0

7. Has (child) spent at least one night in a hospital, emergency room (ER), or crisis bed because of an emotional or behavioral problem?

	Frequency	Percent
Yes	69	8.6
No	721	90.2
Don't Know/Refused	9	1.2
Total	799	100.0

8. Has (child) participated in a mental health support or self-help group (e.g., peer counseling)?

	Frequency	Percent
Yes	176	22.0
No	595	74.5
Don't Know/Refused	28	3.5
Total	799	100.0

9. Have you ever participated in a support or self-help group for parents/caregivers with children or adolescents who have emotional, mental, learning or behavioral disorders?

	Frequency	Percent
Yes	152	19.0
No	642	80.4
Don't Know/Refused	5	0.6
Total	799	100.0

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

	Frequency	Percent
Yes	176	22.0
No	443	55.4
Don't Know/Refused	180	22.5
Total	799	100.0

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

	Frequency	Percent
Yes	464	58.1
No	331	41.4
Don't Know/Refused	4	0.5
Total	799	100.0

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

	Frequency	Percent
Yes	176	22.0
No	443	55.4
Don't Know/Refused	180	22.5
Total	799	100.0

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

	Frequency	Percent
Yes	296	37.0
No	471	58.9
Don't Know/Refused	32	4.0
Total	799	100.0

F. Substance Abuse Services

In the past 12 months...

1. Did (child) attempt to get or was he/she referred for substance abuse services?

	Frequency	Percent
Yes	25	3.1
No	771	96.5
Don't Know/Refused	3	0.4
Total	799	100.0

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

	Frequency	Percent
Yes	22	88.0
No	3	12.0
Total	25	100.0

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

	Frequency	Percent
Yes	20	90.9
No	1	4.5
Don't Know/Refused	1	4.5
Total	22	100.0

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

	Frequency	Percent
Yes	7	0.9
No	786	98.4
Don't Know/Refused	6	0.8
Total	799	100.0

G. Physical Health Services

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

	Frequency	Percent
Yes	771	96.5
No	13	1.6
Don't Know/Refused	15	1.9
Total	799	100.0

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

	Frequency	Percent
Yes	280	36.3
No	291	37.8
Don't Know/Refused	200	25.9
Total	771	100.0

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

	Frequency	Percent
Yes	697	87.2
No	91	11.4
Don't Know/Refused	11	1.4
Total	799	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	64	8.0
No	726	90.9
Don't Know/Refused	9	1.1
Total	799	100.0

5. Does your child have Medicaid Insurance?

	Frequency	Percent
Yes	714	89.4
No	63	7.9
Don't Know/Refused	22	2.8
Total	799	100.0

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

Consumers receiving services for less than 1 year (N = 261)

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

	Frequency	Percent
Yes	6	13.0
No	251	96.2
Don't Know/Refused	4	1.5
Total	261	100.0

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

	Frequency	Percent
Yes	7	2.7
No	249	95.4
Don't Know/Refused	5	1.9
Total	261	100.0

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

	Frequency	Percent
Been reduced	12	4.6
Stayed the same	19	7.3
Increased	4	1.5
N/A (had no police encounters this year or last year)	222	85.1
Don't Know/Refused	4	1.5
Total	261	100.0

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

	Frequency	Percent
Yes	34	13.0
No	220	84.3
Don't Know/ Refused	7	2.7
Total	261	100.0

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

	Frequency	Percent
Yes	21	8.0
No	233	89.3
Don't Know/Refused	7	2.7
Total	261	100.0

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

	Frequency	Percent
Greater	39	14.9
About the same	150	57.5
Less	13	5.0
Does not apply	54	20.7
Don't Know/Refused	5	1.9
Total	261	100.0

Does not apply category detail:

Did not have a problem with attendance before starting services	42	77.8
Refused	11	20.4
Too young for school	1	1.9
Total	54	100.0

Arrests, Police Encounters, School Suspensions, and School Expulsions

Consumers receiving services one year or more (N = 482)

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

	Frequency	Percent
Yes	21	4.4
No	460	95.4
Don't Know/Refused	1	0.2
Total	482	100.0

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

	Frequency	Percent
Yes	14	2.9
No	467	96.9
Don't Know/Refused	1	0.2
Total	482	100.0

9. Over the past year, have their encounters with the police...

	Frequency	Percent
Been reduced	19	3.9
Stayed the same	15	3.1
Increased	5	1.0
N/A (had no police encounters this year or last year)	443	91.9
Don't Know/Refused	0	0.0
Total	482	100.0

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

	Frequency	Percent
Yes	109	22.6
No	368	76.3
Don't Know/Refused	5	1.0
Total	482	100.0

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

	Frequency	Percent
Yes	102	21.2
No	376	78.0
Don't Know/Refused	4	0.8
Total	482	100.0

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

	Frequency	Percent
Greater	99	20.5
About the same	252	52.3
Less	38	7.9
Does not apply	93	19.3
Total	482	100.0

Does not apply category detail:

	Frequency	Percent
Did not have a problem with attendance before starting services	76	81.7
Too young for school	7	7.5
Other	9	1.1
Don't Know/Refused	1	9.7
Total	93	100.0

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

Nearly all caregiver participants (744 = 93.1%) reported his/her child had received some type of outpatient mental health treatment service.* Caregiver participants were asked how much they agreed or disagreed with 16 statements regarding the outpatient service his/her child received. Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** SD	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	743	1.8	0.9	36.1	54.4	2.3	5.4	1.9
I helped choose my child’s services.	737	1.8	0.9	35.5	54.1	2.3	6.8	1.2
I helped choose my child’s treatment goals.	731	1.8	0.8	34.3	56.4	2.7	5.5	1.1
The people helping my child stuck with us no matter what.	735	1.8	0.9	36.2	53.5	2.2	6.9	1.2
I felt my child had someone to talk to when he/she was troubled.	733	1.8	0.8	34.2	57.0	2.2	5.3	1.2
I participated in my child’s treatment.	737	1.6	0.6	41.4	55.5	1.4	1.8	0.0
The services my child and/or family received were right for us.	738	1.9	0.9	31.7	56.1	4.2	6.8	1.2
The location of services was convenient for us.	741	1.9	0.9	34.8	52.8	3.5	7.8	1.1
Services were available at times that were convenient for us.	741	1.9	0.9	31.3	56.5	4.0	6.2	1.9
My family got the help we wanted for my child.	733	2.0	0.9	29.5	55.7	5.0	7.0	2.9
My family got as much help as we needed for my child.	736	2.1	1.0	27.7	52.2	6.8	10.1	3.3
Staff treated me with respect.	739	1.7	0.6	39.8	56.8	1.5	1.5	0.4
Staff respected my family’s religious/spiritual beliefs.	679	1.6	0.6	39.5	57.4	2.5	0.4	0.1
Staff spoke with me in a way that I understood.	737	1.6	0.6	40.4	57.4	1.1	0.8	0.3
Staff were sensitive to my cultural/racial background.	670	1.7	0.6	36.4	60.9	1.8	0.6	0.3
I felt free to complain.	736	1.7	0.7	36.4	58.4	1.6	2.3	1.2

*Outpatient mental health treatment services may have been provided through an outpatient mental health program or provider, psychiatrist, or therapist.

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

***Lower mean scores indicate higher satisfaction levels.

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

J. Satisfaction with Child/Family Support Services

Slightly less than one third of caregiver participants (243 = 30.4%) reported that his/her child had received some type of child/family support service.* Caregiver participants were asked how much they agreed or disagreed with 16 statements regarding the child/family support services his/her child received. Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** SD	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	231	1.7	0.8	39.0	54.5	3.0	1.7	1.7
I helped choose my child’s services.	230	1.7	0.7	37.0	55.7	4.3	2.6	0.4
I helped choose my child’s treatment goals.	228	1.7	0.7	36.0	58.3	2.2	3.1	0.4
The people helping my child stuck with us no matter what.	231	1.8	0.7	37.2	55.4	3.0	3.5	0.9
I felt my child had someone to talk to when he/she was troubled.	228	1.7	0.7	36.8	58.3	1.8	0.9	2.2
I participated in my child’s treatment.	232	1.7	0.7	39.7	57.8	1.3	0.9	0.4
The services my child and/or family received were right for us.	231	1.7	0.7	35.5	58.4	3.5	1.7	0.9
The location of services was convenient for us.	231	1.7	0.8	38.5	55.0	2.6	2.2	1.7
Services were available at times that were convenient for us.	232	1.7	0.7	37.9	56.5	2.6	2.2	0.9
My family got the help we wanted for my child.	230	1.8	0.8	34.8	54.8	6.5	2.6	1.3
My family got as much help as we needed for my child.	230	1.8	0.8	35.7	53.9	6.5	2.6	1.3
Staff treated me with respect.	231	1.7	0.7	39.0	56.3	2.6	1.7	0.4
Staff respected my family’s religious/spiritual beliefs.	225	1.7	0.6	36.9	59.6	2.2	1.3	0.0
Staff spoke with me in a way that I understood.	231	1.6	0.6	39.8	58.0	1.3	0.9	0.0
Staff were sensitive to my cultural/racial background.	227	1.7	0.6	37.0	59.9	2.6	0.4	0.0
I felt free to complain.	232	1.6	0.6	40.1	57.8	0.4	1.3	0.4

* Child/Family support services may have been provided through psychiatric rehabilitation, mobile treatment, case management, and/or respite services.

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

***Lower mean scores indicate higher satisfaction levels.

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

K. Overall Satisfaction with Mental Health Services

Overall caregiver participant 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 participants were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services my child received.” Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” “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.	798	1.9	0.9	31.6	55.0	5.9	5.1	2.4

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

** Lower mean scores indicate higher satisfaction levels.

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

L. Outcome Measures

Caregiver participants 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 participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My child is better at handling daily life.	787	2.1	0.9	23.1	54.8	10.8	9.1	2.2
My child gets along better with family members.	778	2.2	1.0	20.8	52.6	13.5	10.0	3.1
My child gets along better with friends and other people.	777	2.1	0.9	21.2	56.2	12.0	8.6	1.9
My child is doing better in school and/or work.	763	2.2	1.0	26.2	48.8	10.7	11.0	3.3
My child is better able to cope when things go wrong.	793	2.4	1.1	19.0	46.5	15.5	15.1	3.8
I am satisfied with our family life right now.	793	2.2	1.0	21.3	55.2	10.1	11.2	2.1
My child is better able to do things he or she wants to do.	784	2.1	0.9	20.9	58.5	8.7	10.2	1.7
My child is better able to control his or her behavior.	789	2.4	1.1	17.4	48.9	14.2	14.7	4.8
My child is less bothered by his or her symptoms.	780	2.3	1.0	16.7	53.4	14.1	12.6	3.2
My child has improved social skills.	783	2.2	1.0	20.6	56.8	10.0	9.8	2.8
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.	798	1.8	0.7	29.9	62.9	2.1	4.5	0.5
I have people that I am comfortable talking with about my child’s problems.	799	1.8	0.7	32.2	62.0	1.6	3.8	0.5
In a crisis, I would have the support I need from family or friends.	797	1.8	0.7	34.5	58.1	2.9	4.0	0.5
I have people with whom I can do enjoyable things.	798	1.8	0.7	32.7	60.9	2.9	2.8	0.8

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

** Lower mean scores indicate more positive outcomes.

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

M. Additional Statistical Analyses

Bivariate demographic statistics were calculated, as well as Pearson's chi-square tests for percentages, to determine statistically significant relationships in the survey population ($p < 0.05$). The responses to the use of mental health services questions were also tested to determine if there are any statistically significant demographic differences in mental health services usage. Chi-square tests were used for all relationships except for age, where t-tests were calculated to determine statistically significant differences ($p < 0.05$).

The response to each of the perception of care survey items was coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means were calculated for each item, with lower mean scores indicating either greater satisfaction or more positive outcomes. Survey participants were grouped based on similar characteristics in order to compare between-group differences. T-tests were then performed to determine if there were statistically significant differences ($p < 0.05$) on survey items among the grouped participants with different characteristics.

The following relationships or differences are statistically significant.

Demographics

Older caregiver participants are more likely to:

- Be a caregiver for a child who lives with another family member (55.6 vs. 43.0 years).
- Be a caregiver for a child who attends special education classes all day (47.2 vs. 44.2 years).
- Be female (48.9 vs. 44.6 years).
- Be a caregiver for child who has repeated a grade (47.2 vs. 44.5 years).
- Be a caregiver for child who has seen a school counselor (46.7 vs. 42.2 years).
- Be a caregiver for a child who has attempted to get or was referred for substance abuse services (51.7 vs. 44.8 years).
- Be a caregiver for a child who was expelled or suspended at some time in last year (49.5 vs. 44.8 years).
- Not be biological or adoptive parents (58.7 vs. 40.0 years).

Children who are older are more likely to:

- Have lived with another family member (12.3 vs. 11.5 years).
- Be in school (11.8 vs. 9.0 years).
- Have repeated a grade (13.4 years vs. 11.4 years).
- Have received psychiatric family support services (12.2 vs. 11.5 years).
- Have spent at least one night in a hospital, emergency room (ER), or crisis bed because of an emotional/behavioral problem (12.8 vs. 11.6 years).
- Have attempted to get or been referred for substance abuse services (14.2 vs. 11.6 years).
- Have been arrested since beginning mental health services (14.6 vs. 11.2 years).
- Have been arrested during the 12 months prior to beginning mental health services. (15.4 vs. 11.8 years).
- Have been arrested at some time in the last year (15.4 vs. 11.8 years).
- Have been arrested at some time before last year (14.9 vs. 11.9 years).
- Have been expelled or suspended since beginning mental health services (12.9 vs. 11.1 years).

- Have been expelled or suspended during the 12 months prior to beginning mental health services (13.5 vs. 11.1 years).
- Have been expelled or suspended at some time in the last year (13.8 vs. 11.4 years).
- Have been expelled or suspended at some time before last year (13.5 vs. 11.5 years).
- Have not seen a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick (12.6 vs. 11.6 years).
- Not be a child who has lived with their biological or adoptive parents (12.2 vs. 11.5 years).

Black/African American caregiver participants are more likely to:

- Be a caregiver for a child who has lived with another family member at some time in last year (19.4% vs. 13.0%).
- Be a caregiver for a child who has repeated a grade (26.7% vs. 18.6%).
- Be a caregiver for a child who has been expelled or suspended during the 12 months prior to beginning services (14.6% vs. 4.7%).
- Be a caregiver for a child who has been expelled or suspended at some time in last year (30.0% vs. 17.1%).
- Be a caregiver for a child who has been expelled or suspended prior to the past 12 months (27.1% vs. 16.7%).
- Report that their child is not on medication for emotional/behavioral problems (48.9% vs. 37.6 %).

Black/African American child participants are more likely to:

- Have received psychiatric family support services less than one year (46.7% vs. 33.8%).
- Not be on medication for emotional/behavioral problems (47.6% vs. 38.0%).
- Have been expelled or suspended during the 12 months prior to beginning services (13.7% vs. 4.8%).
- Have been expelled or suspended at some time in last year (29.5 vs. 17.1%).
- Have been expelled or suspended prior to the past 12 months (26.0% vs. 16.7%).
- Not live with their biological or adoptive parents (34.8% vs. 23.9%).
- Have not seen a pediatrician, other medical doctor, or nurse for a health check-up at some time in the last year (15.8% vs. 9.5%).

Male caregiver participants are more likely to be non-Black/African American (84.3% vs. 63.5%).

Male child participants are more likely to:

- Live with another family member (17.5% vs. 12.0%).
- Be in special education classroom all day (27.2% vs. 18.0%).
- Be on medication for emotional/behavioral problems (62.2% vs. 53.3%).
- Have been expelled or suspended since beginning services (20.1% vs. 10.8%).
- Have been expelled or suspended during the 12 months prior the past year (24.2% vs. 14.5%).

Female caregiver participants are more likely to be Black and/or African-American (84.3% vs. 63.5%).

Female child participants are more likely to have siblings receiving mental health services (44.9% vs. 33.8%).

Satisfaction with Outpatient Mental Health Treatment Services

Female caregivers agree more than male caregivers with the following statements:

- I helped choose my child's services (1.8 vs. 2.2).
- I helped choose my child's treatment goals (1.8 vs. 2.0).
- I participated in my child's treatment (1.6 vs. 1.8).

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

- I helped choose my child's services (1.8 vs. 2.0).
- I felt my child had someone to talk to when he/she was troubled (1.8 vs. 1.9).
- I participated in my child's treatment (1.6 vs. 1.7).
- The services my child and/or family received were right for us (1.8 vs. 2.0).
- Staff spoke with me in a way that I understood (1.6 vs. 1.7).

Caregiver participants who are 50 years old and younger agree more than caregivers 51 years old and older with the following statement:

- I helped choose my child's services (1.8 vs. 2.0).

Caregiver participants who are 51 years old and older agree more than caregivers 50 years old and younger with the following statement:

- My family got the help we wanted for my child (1.9 vs. 2.0).

Caregiver participants who have not received family support services are more satisfied than caregiver participants who have received family support services with the following statements:

- I helped choose my child's services (1.7 vs. 1.9).
- I helped choose my child's treatment goals (1.7 vs. 1.9).

Caregiver participants who have received family support services are more satisfied than caregiver participants who have not received family support services with the following statement:

- The people helping my child stuck with us no matter what (1.7 vs. 1.9).

Satisfaction with Family Support Services

Female caregivers agree more than male caregivers with the following statements:

- I helped choose my child's services (1.7 vs. 2.1).
- The services were available at times that were convenient for us (1.7 vs. 2.0).
- I participated in my child's services (1.6 vs. 2.0).
- Staff spoke with me in a way that I understood (1.6 vs. 1.9).
- Staff was sensitive to my cultural or ethnic background (1.6 vs. 2.0).
- I felt free to complain (1.6 vs. 1.9).

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

- I participated in my child's services (1.6 vs. 1.8).
- Staff respected my family's religious or spiritual beliefs (1.6 vs. 1.8).

Caregiver participants who have not received family support services agree more than caregiver participants who have received family support services with the following statements:

- The people helping my child stuck with us no matter what (1.5 vs. 1.8).
- My family got as much help as we needed for my child (1.5 vs. 1.8).
- Staff treated me with respect (1.5 vs. 1.7).
- Staff respected my family's religious or spiritual beliefs (1.5 vs. 1.7).

Overall Satisfaction

Caregiver participants who are 51 years old and older agree more than caregivers 50 years old and younger with the statement, "Overall, I am satisfied with the mental health services my child received" (1.8 vs. 2.0).

Outcome Measures

Male caregivers agree more than female caregivers with the following statements:

- My child is better able to cope when things go wrong (2.2 vs. 2.4).
- My child is less bothered by his or her symptoms (2.1 vs. 2.4).
- My child is better able to do things he or she wants to do (2.0 vs. 2.2).
- My child has improved social skills (2.0 vs. 2.2).

Female caregivers agree more than male caregivers with the following statement:

- I have people that I am comfortable talking with about my child's problems (1.8 vs. 1.9).

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

- My child is better at handling daily life (2.0 vs. 2.3).
- My child gets along better with friends and other people (2.1 vs. 2.2).
- My child is better able to cope when things go wrong (2.3 vs. 2.5).
- My child is less bothered by his or her symptoms (2.3 vs. 2.5).
- My child is better able to do things he or she wants to do (2.0 vs. 2.3).
- My child is better able to control his or her behavior (2.3 vs. 2.6).

Caregivers 51 years old and older agree more than caregivers 50 years old and younger with the following statements:

- My child is less bothered by his or her symptoms (2.2 vs. 2.4).
- My child gets along better with friends and other people (2.0 vs. 2.2).

N. Qualitative Measures

In an open-ended line of inquiry, caregiver participants were asked if they had anything else to share about their or their child's experiences. A total of 799 caregiver comments were recorded and are categorized below.

Comment	Frequency
No answer/"nothing"	509
Satisfied (general)	104
Not enough services	53
Dissatisfied (general)	33
Life has improved	32
Need more resources	11
Comment unrelated to services	10
Satisfied with staff, doctors, therapy	8
Not satisfied with staff, doctors, therapy	8
Work in progress	6
Other*	25
Total	799

* Other category is comprised of responses that have a frequency of <3.

V. SUMMARY

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

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

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

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

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

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

VI. APPENDICES

APPENDIX A:

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

APPENDIX B:

NOTIFICATION LETTER ADULT

APPENDIX C:

NOTIFICATION LETTER CHILD/CAREGIVER

APPENDIX D:

SURVEY INSTRUMENT ADULT

APPENDIX E:

SURVEY INSTRUMENT CHILD/CAREGIVER

APPENDIX F:

DEFINITIONS AND TERMINOLOGY

Appendix A



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201

Patricia M. Alt, Ph.D., Chairperson

May 21, 2010

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

REF: **Protocol # 98-13**

Dear Mr. Pipkin:

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

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

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

Sincerely,

Patricia M. Alt, PhD
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

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

Appendix B

STATE OF MARYLAND
DHMH



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

March 1, 2010

En esta carta se le pide que participe voluntariamente en un estudio acerca del sistema publico de la salud mental. Si desea recibir esta información en español, por favor llame al numero 1-877-523-0248.

Dear Consumer:

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

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

Please note that:

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

Frequently Asked Questions:

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

- You do not have to do anything. We will call you.
Or
- You may speak directly with a representative between 8 a.m. and 5 p.m., Monday through Friday, or you may leave a message on the ValueOptions[®] Maryland line at 1-877-523-0248.
- When you speak with a representative directly, the representative will schedule a convenient time for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message, a representative from The Crider Group, on behalf of ValueOptions[®] Maryland, will call you to schedule a convenient time for you to complete the phone interview.

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

- Please call us at 1-877-523-0248.
- You may speak directly to a representative between the hours of 8 a.m. and 5 p.m., Monday through Friday.
Or
- You may leave us a message at 1-877-523-0248 requesting that your name be removed from the survey.
- If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20-30 minutes.

Question 4: When will the survey begin?

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

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

Thank you for your help.

Sincerely,



Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Appendix C



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene

Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building

55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

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

March 1, 2010

En esta carta se le pide que participe voluntariamente en un estudio acerca del sistema publico de la salud mental. Si desea recibir esta información en español, por favor llame al numero 1-877-523-0248.

Dear Parent/Guardian:

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

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

Please note that:

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

Frequently Asked Questions:

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

- You do not have to do anything. We will call you.
Or
- You may speak directly with a representative between 8 a.m. and 5 p.m., Monday through Friday, or you may leave a message on the ValueOptions[®] Maryland line at 1-877-523-0248. Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258. *Web Site:* www.dhmh.state.md.us
- When you speak with a representative directly, the representative will schedule a convenient time for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message, a representative from The Crider Group, on behalf of ValueOptions[®] Maryland, will call you to schedule a convenient time for you to complete the phone interview.

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

- Please call us at 1-877-523-0248.
- You may speak directly to a representative between the hours of 8 a.m. and 5 p.m., Monday through Friday.
Or
- You may leave us a message at 1-877-523-0248 requesting that your child's name be removed from the survey.
- If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20-30 minutes.

Question 4: When will the survey begin?

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

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

Thank you for your
help. Sincerely,



Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Appendix D

INTRODUCTION I: (For individuals from whom ValueOptions along with The Crider Group did not receive a contact call)

Hello, my name is _____. May I speak with _____?

I work for ValueOptions along with The Crider Group. You were recently sent a letter about a confidential survey on satisfaction with mental health services. Do you remember receiving this letter? (Pause)

If they ask how we got their name: **We received your name from Maryland Mental Hygiene Administration (MHA). (Pause) The Maryland Mental Hygiene Administration asked ValueOptions along with The Crider Group to do this survey.**

Are you willing to take part in this survey? If no, address their concerns and see if they change their mind.

If they ask what letter or what survey: **The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. The survey asks about your experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you are with the mental health services you received during this time. (Pause) The information you give us will be used to improve services. Your participation is important because we need to include the opinions of as many people as possible.**

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

- 1. 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.**
- 2. Your answers will be kept private. Your name will be kept separate from your responses.**
- 3. 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.**

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.

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

If you have any questions about your mental health services, please call ValueOptions. I can give you the telephone number at any point during the survey. ValueOptions (410) 691-4000.

Could we go through the questions now?

01 Yes 02 No If no: **When would be a better time to get back to you?**

Date: Time: | | AM/PM

Thanks. One of my colleagues from The Crider Group will call you back on (Date) and (Time) (am/pm).

Thank you for your help.

INTRODUCTION II: (For individuals who left messages to participate in the survey through the 1-800-Survey Information Line.)

Hello, my name is _____. May I speak with _____?

I work for ValueOptions along with The Crider Group. We understand from our Survey Line voicemail that you would like to take part in our confidential survey on satisfaction with mental health services. (Pause)

Is now a good time to talk with you? If no, see below.

If they ask about the survey: **We are doing interviews to find out how consumers feel about the public mental health services they receive. (Pause) The survey asks about your experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you are with the mental health services you received during this time. (Pause) The Maryland Mental Hygiene Administration (MHA) asked ValueOptions along with The Crider Group to do this survey.**

If they ask how we got their name: **We received your name from Maryland Mental Hygiene Administration. ValueOptions along with The Crider Group are conducting the survey in order to evaluate how well the Maryland's public mental health system is operating.**

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

- 1. 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.**
- 2. Your answers will be kept private. Your name will be kept separate from your responses.**
- 3. 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.**

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.

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

If you have any questions about your mental health services, please call MAPS-MD. I can give you the telephone number at any point during the survey.

MAPS-MD (410) 277-0513

Could we go through the questions now?

01 Yes 02 No *If no:* **When would be a better time to get back to you?**

Date: _____ **Time:** |:| | A M / P M

Thanks. One of my colleagues from REDA International, Inc will call you back on (Date) and (Time) (am/pm).

Thank you for your help.

2010 Consumer Perception of Care Survey
Adult Survey Instrument

Introduction

This survey consists of three parts including: (1) basic information about you; (2) the mental health services you have received; and (3) your level of satisfaction with these services. Your responses will play an important role in helping to improve the quality of care provided by the Maryland Public Mental Health System. Please give the best answer you can. If you are unsure about a question, I can repeat the question for you. Do you have any questions before we begin?

I would like to start by asking a few questions about you. We ask these questions of everyone participating in the survey.

1. Are you male or female?

- a. Male
- b. Female
- c. Refused

2. What is your date of birth?

- a. Click to enter date of birth
- b. Don't know
- c. Refused

3. Date of Birth of Respondent

4. What is your race? [Check all that apply. If more than one race is checked, the response is calculated as "more than one race reported.]

- a. American Indian or Alaska Native
- b. Asian
- c. Black and/or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White (Caucasian)
- f. Other
- i. Specify other race
- g. Don't know
- h. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

6. What is your marital status?
 - a. Now married
 - b. Living as married (includes cohabitating or living together)
 - c. Widowed
 - d. Divorced
 - e. Separated
 - f. Never married
 - g. Don't know
 - h. Refused

7. What is the highest grade of school you have ever completed?
 - a. Completed grade 8 or less
 - b. Some high school
 - c. Completed high school or GED
 - d. Some vocational school or training
 - e. Some college (no degree)
 - f. Completed Bachelor's degree
 - g. Completed graduate/professional degree (Master's degree or higher)
 - h. Never attended
 - i. Don't know
 - j. Refused

8. What is your current living situation?
 - a. In a house or apartment alone
 - b. IN a house or apartment with family or friends
 - c. In an RRP (Residential Rehabilitation Program)
 - d. In a boarding home or a foster care home
 - e. In a hospital or nursing home
 - f. In jail or prison
 - g. On the streets or in a shelter
 - h. Other
 - i. Refused

9. With the statement, "I feel I had a choice in selecting where I live," would you...
 - a. Strongly agree
 - b. Agree
 - c. I am neutral
 - d. Disagree
 - e. Strongly disagree
 - f. N/A
 - g. Don't know
 - h. Refused

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

- a. Strongly agree
- b. Agree
- c. I am neutral
- d. Disagree
- e. Strongly disagree
- f. N/A
- g. Don't know
- h. Refused

11. What is your current employment situation?

- a. Working full-time
- b. Working part-time
- c. Unemployed, but looking for work
- d. Permanently disabled, not working
- e. Sheltered employment
- f. Retired
- g. Homemaker
- h. Student
- i. Volunteer
- j. Other
- k. Don't know
- l. Refused

Now, I would like to ask you about the kinds of mental health services that you have received for a mental or emotional problem, or problem with your nerves.

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

- a. Yes [Skip to #14]
- b. No
- c. Don't know [Skip to #13b]
- d. Refused [Skip to #13c]

13. Verification Question #1

a. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months you have not been to an outpatient mental health program or provider, psychiatrist or therapist. This includes psychiatric rehabilitation services (day program or PRP services) and residential rehabilitation services (RRP). Is that correct? [dependent on a "No" to #12]

b. I just want to confirm that I coded your answer correctly. You have said that you don't know whether in the past 12 months you have not been to an outpatient mental health program or provider, psychiatrist or therapist. This includes psychiatric rehabilitation services (day program or PRP services) and residential rehabilitation services (RRP). Is that correct? [dependent on a

“Don’t know” to #12]

c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether in the past 12 months you have not been to an outpatient mental health program or provider, psychiatrist or therapist. This includes psychiatric rehabilitation services (day program or PRP services) and residential rehabilitation services (RRP). Is that correct?
[dependent on a “Refused” to #12]

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

i. Yes [Proceed to #14]

ii. No [Skip to #15]

iii. Don’t know [Skip to #15]

iv. Refused [Skip to #15]

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

a. Less than 1 year

b. 1 year or more (at least 12 months)

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

a. Yes [Skip to #17]

b. No [If #12 is “Yes,” skip to #18. If #12 is “No,” “Don’t know,” or “Refused,” and #13d is “Yes,” skip to #18. Otherwise, skip to #16a.]

c. Don’t know [If #12 is “Yes,” skip to #18. If #12 is “No,” “Don’t know,” or “Refused,” and #13d is “Yes,” skip to #18. Otherwise, skip to #16b.]

d. Refused [If #12 is “Yes,” skip to #18. If #12 is “No,” “Don’t know,” or “Refused,” and #13d is “Yes,” skip to #18. Otherwise, skip to #16c.]

16. Verification Question #2

a. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, you have not received any psychiatric rehabilitation services (day program or PRP services). Is that correct? [If “Yes,” then survey ends. If “No,” skip to #16d.]

b. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, you are not sure if you have received any psychiatric rehabilitation services (day program or PRP services). Is that correct? [If “Yes,” then survey ends. If “No,” skip to #16d.]

c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether you have not received any psychiatric rehabilitation services in the past 12 months. Is that correct? [If “Yes,” then survey ends. If “No,” skip to #16d.]

d. In the past 12 months, have you received psychiatric rehabilitation services (day program or PRP services)?

i. Yes [Proceed to #17]

- ii. No [Survey ends]
- iii. Don't know [Survey ends]
- iv. Refused [Survey ends]

17. How long have you received psychiatric rehabilitation services?

- a. Less than 1 year
- b. 1 year or more (at least 12 months)

18. In the past 12 months, have you received residential rehabilitation services (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 (ER)? 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? (e.g. On Our Own, depression support group, family support group, etc?)

- a. Yes
- b. No
- c. Don't know
- d. Refused

Now, I would like to ask you about the kinds of services that you have received for a substance abuse problem (i.e., alcohol or drug use problem).

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

- a. Yes

- b. No [Skip to #25]
- c. Don't know [Skip to #25]
- d. Refused [Skip to #25]

23. Were you able to receive substance abuse services?

- a. Yes
- b. No [Skip to #25]
- c. Don't know [Skip to #25]
- d. Refused [Skip to #25]

24. Were you satisfied with your substance abuse services?

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- 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 your physical health care.

26. Do you have a primary health care provider?

- a. Yes
- b. No [Skip to #28]
- c. Don't know [Skip to #28]
- d. Refused [Skip to #28]

27. To your knowledge, have your primary healthcare 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

Now, I would like to ask you a few questions about your legal history. [Answer #30, 31, and 32 if participant responded "less than 1 year" to #14 and #17, or either one alone if one of them is missing.]

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- b. Stayed the same
- c. Increased
- d. Not applicable (you had no police encounters this year or last year)

Answer #33, 34, and 35 if participant responded "1 year or more (at least 12 months)" to #14 or #17

33. Were you arrested during the past 12 months?

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

35. Over the last year, have your encounters with the police...
- a. Been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 - b. Stayed the same
 - c. Increased
 - d. Not applicable (you had no police encounters this year or last year)

Now, I am going to read a series of statements. Please answer them thinking only about the outpatient mental health services you received. For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply. [Don't know and Refused are also choices on the screen. If participant did not answer "Yes" to #12 or #13d, skip to #59]

- 36. I like the services that I received here.
- 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. (parking, public transportation, distance, etc.).
- 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.
- 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 (support groups, drop-in centers, crisis phone line, etc.).
- 55. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).
- 56. Staff respected my family's religious/spiritual beliefs.
- 57. Staff treated me with respect.
- 58. Staff spoke with me in a way that I understood.

[If participant did not answer "Yes" to #15, #16d or #18, skip to #80.]

Now I am going to read (a/another) series of statements. Please answer them thinking only about the psychiatric rehabilitation services (PRP) you received. (Interviewer: Psychiatric rehabilitation services include: individual and group psychiatric rehabilitation, medication monitoring, housing and vocational services, and can be delivered in a facility, home or in the community).

For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply.

[Don't know and Refused are also choices on the screen.]

59. I like the services I received here.
60. If I had other choices, I would still get services from this provider.
61. I would recommend this provider to a friend or a family member.
62. The location of services was convenient. (parking, public transportation, distance, etc.).
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 (support groups, drop-in centers, crisis phone line, etc.).
76. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).
77. Staff respected my family's religious/spiritual beliefs.
78. Staff treated me with respect.
79. Staff spoke with me in a way that I understood.

Now, I would like to ask you some questions about how you may have benefited from the mental health services you received. For each of the following statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply. [Don't know and Refused are also choices on the screen]

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

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.

As a direct result of all the mental health services you received, please answer the following 4 questions for relationships with persons other than your mental health provider(s).

- 92. I am happy with the friendships I have.
- 93. I have people with whom I can do enjoyable things.
- 94. I feel I belong in my community.
- 95. In a crisis, I would have the support I need from family or friends.

This last section will ask you about your overall satisfaction with all the mental health services you have received. Using the same scale as for the previous questions, please tell me the extent to which you agree or disagree with the following statement.

[Don't know and Refused are also choices on the screen]

- 96. Overall, I am satisfied with the mental health services I received. Would you...?
- 97. We have come to the end of our survey. Do you have anything else you would like to share with us about your experiences with the mental health system in the past 12 months?

I'd like to thank you for taking the time to speak with us today. Your responses will be joined with the responses of others who have taken part in this survey and will be very useful in shaping changes within Maryland's Public Mental Health System.

Have a good afternoon/evening.

Appendix E

INTRODUCTION I: (For individuals from whom ValueOptions along with The Crider Group did not receive a contact call)

Hello, my name is . May I speak with the parent or guardian of {child's name}. I work for ValueOptions along with The Crider Group. You were recently sent a letter about a confidential survey on satisfaction with mental health services. Do you remember receiving this letter? (Pause)

If they ask how we got their name: **We received your name from Maryland Mental Hygiene Administration (MHA).**

(Pause) **The Maryland Mental Hygiene Administration (MHA) asked ValueOptions along with The Crider Group to do this survey.**

Are you willing to take part in this survey? If no, address their concerns and see if they change their mind.

If they ask what letter or what survey: **The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. The survey asks about you and {child's name} experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you and your child are with the mental health services you and your child have received during this time. (Pause) The information you give us will be used to improve services. Your participation is important because we need to include the opinions of as many people as possible.**

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

- 1. 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.**
- 2. Your answers will be kept private. Your name will be kept separate from your responses.**
- 3. 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.**

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.

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

If you have any questions about your mental health services, please call ValueOptions. I can give you the telephone number at any point during the survey.
ValueOptions (410 691-4000).

Could we go through the questions now?

01 Yes 02 No *If no:* **When would be a better time to get back to you?**
Date: Time: |:| AM/PM

INTRODUCTION II: (For individuals who left messages to participate in the Survey through the 1-800-Survey Information Line.)

Hello, my name is . May I speak with the parent or guardian of {child's name}. I work for ValueOptions along with The Crider Group. We understand from our Survey Line voicemail that you would like to take part in our confidential survey on satisfaction with mental health services. (Pause)

Is now a good time to talk with you? If no, see below.

If they ask about the survey: **We are doing interviews to find out how you and your child feel about the public mental health services they have received. (Pause) The survey asks about you and {child's name} experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you and your child are with the mental health services your child received during this time. (Pause) The Maryland Mental Hygiene Administration (MHA) asked ValueOptions along with The Crider Group to do this survey.**

If they ask how we got their child's name: **We received your name from Maryland Mental Hygiene Administration. ValueOptions along with The Crider Group are conducting the survey in order to evaluate how well the Maryland's public mental health system is operating.**

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

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

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.

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

If you have any questions about your mental health services, please call ValueOptions. I can give you the telephone number at any point during the survey. MAPS-MD (410 691-4000).

Could we go through the questions now?

01 Yes 02 No *If no:* **When would be a better time to get back to you?**

Date: Time: |:| AM/PM

Thanks. One of my colleagues from The Crider Group will call you back on (Date) and (Time) (am/pm).

Thank you for your help.

2010 Consumer Perception of Care Survey
Child/Caregiver Survey Instrument

Introduction

This survey consists of three parts including: (1) basic information about you and your child; (2) the mental health services your child has received; and (3) you and your child's level of satisfaction with these services. Your responses will play an important role in helping to improve the quality of care provided by the Maryland Public Mental Health System. Please give the best answer you can. If you are unsure about a question, I can repeat the question for you. Do you have any questions before we begin?

I would like to start by asking a few questions about you. We ask these questions of everyone participating in the survey.

1. Are you male or female? (Caregiver)

- a. Male
- b. Female
- c. Refused

2. What is your date of birth? (Caregiver)

- a. Click to enter date of birth
- b. Don't know
- c. Refused

3. Date of Birth of Caregiver

4. What is your race? (Caregiver) [Check all that apply. If more than one race is checked, the response is calculated as "more than one race reported.]

- a. American Indian or Alaska Native
- b. Asian
- c. Black and/or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White (Caucasian)
- f. Other
- i. Specify other race
- g. Don't know
- h. Refused

5. Are you of Spanish, Hispanic or Latino origin? (Caregiver)

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

6. What is your relationship to {child's name}?

- a. Biological or adoptive parent
- b. Step-parent
- c. Grandparent
- d. Foster parent
- e. Sibling
- f. Other biological relative acting as guardian (aunt, uncle)
- g. Family friend acting as guardian
- h. Legal guardian (where none of the above apply)
- i. Other
- i. Specify
- j. N/A
- k. Don't know
- l. Refused

7. Is {child's name} male or female?

- a. Male
- b. Female
- c. Refused

8. What is the date of birth of {child's name}?

- a. Click to enter birth date
- b. Don't know
- c. Refused

9. Date of Birth of Child

- a. Verification Question #1: Is {child's name} currently 18 years or older? (if "Yes," end survey)

10. What is {child's name}'s race?

- a. American Indian or Alaska Native
- b. Asian
- c. Black and/or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White (Caucasian)
- f. Other
- i. Specify other race
- g. Don't know
- h. Refused

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

- a. Yes
- b. No
- c. Don't know

d. Refused

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

a. Yes [Skip to #14]

b. No

c. Don't know

d. Refused

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

a. Yes

b. No

c. Don't know

d. Refused

14. Has {child's name} lived in any of the following places in the last 12 months? (check all that apply)

a. With one or both parents

b. With another family member

c. Foster home

d. Therapeutic foster home

e. Crisis shelter

f. Homeless shelter

g. Group home

h. Residential treatment center

i. Hospital

j. Local jail or detention facility

k. State correctional facility

l. Runaway/homeless/on the streets

m. Other

i. Specify other living situation

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

a. Yes

b. No [Skip to #17]

c. Don't know [Skip to #19]

d. Refused [Skip to #19]

16. At school, what type of classroom is {child's name} currently enrolled in? [Select the answer that best describes and then skip to #18]

a. Regular classroom

b. Special education, all day

c. Special education, part of day

d. Other

e. Don't know

f. Refused

17. Why is {child's name} not currently going to school? (Select answer that best describes)

- a. Too young for school [Skip to #19]
- b. Dropped out
- c. Expelled
- d. Suspended
- e. Sick or hospitalized
- f. Other
- g. Don't know
- h. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

Now, I would like to ask you about the kinds of mental health services that {child's name} has 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 [Skip to #21]
- b. No [Proceed to #20a]
- c. Don't know [Skip to #20b]
- d. Refused [Skip to #20c]

20. Verification Question #2

a. I just want to confirm that I coded your answer correctly. You have said that {child's name} has not been to a psychiatrist, outpatient mental health provider, program or therapist. Is that correct? [If "Yes," skip to #22. If "No," skip to #20d.]

b. I just want to confirm that I coded your answer correctly. You have said that you don't know if {child's name} has been to a psychiatrist, outpatient mental health provider, program or therapist. Is that correct? [If "Yes," skip to #22. If "No," skip to #20d.]

c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether {child's name} has been to a psychiatrist, outpatient mental health provider, program or therapist. Is that correct? [If "Yes," skip to #22. If "No," skip to #20d.]

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

- i. Yes [Proceed to #21]
- ii. No [Skip to #22]
- iii. Don't know [Skip to #22]
- iv. Refused [Skip to #22]

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

- a. Less than 1 month

- b. 1 month through 5 months
- c. 6 months to 1 year
- d. 1 year or more

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

- a. Yes [Skip to #24]
- b. No [If #19 is "Yes," skip to #25. If #19 is "No," "Don't know" or "Refused," and #20d is "Yes," skip to #25. Otherwise, skip to #23a.]
- c. Don't [If #19 is "Yes," skip to #25. If #19 is "No," "Don't know" or "Refused," and #20d is "Yes," skip to #25. Otherwise, skip to #23b.]
- d. Refused [If #19 is "Yes," skip to #25. If #19 is "No," "Don't know" or "Refused," and #20d is "Yes," skip to #25. Otherwise, skip to #23c.]

23. Verification Question #3

a. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, {child's name} has not received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services. Is that correct? [If "Yes," then survey ends. If "No," skip to #23d.]

b. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, you are not sure if {child's name} has received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services. Is that correct? [If "Yes," then survey ends. If "No," skip to #23d.]

c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether {child's name} has received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services in the past 12 months. Is that correct? [If "Yes," then survey ends. If "No," skip to #23d.]

d. 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?

- i. Yes [Proceed to #24]
- ii. No [Survey ends]
- iii. Don't know [Survey ends]
- iv. Refused [Survey ends]

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

- a. Less than 1 year
- b. 1 year or more (at least 12 months)

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

26. In the past 12 months, has {child's name} seen a school counselor? [If #17 is "a," fill in "No" for #26]

- 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 (ER), 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 (e.g., 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/caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders? (e.g., On Our Own, depression support group, family support group, parenting, etc.)

- a. Yes [Skip to #31]
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No [Skip to #33]
- c. Don't know [Skip to #33]
- d. Refused [Skip to #33]

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

- a. Yes
- b. No

- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

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

- a. Yes
- b. No [Skip to #37]
- c. Don't know [Skip to #37]
- d. Refused [Skip to #37]

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

- a. Yes
- b. No [Skip to #37]
- c. Don't know [Skip to #37]
- d. Refused [Skip to #37]

36. Were you satisfied with {child's name}'s substance abuse services?

- a. Yes
- b. No
- c. Don't know
- d. Refused

37. In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room (ER), or crisis bed because of a substance abuse problem?

- 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 his/her physical health care.

38. Does {child's name} have a primary health care provider?

- a. Yes
- b. No [Skip to #40]
- c. Don't know [Skip to #40]

d. Refused [Skip to #40]

39. To your knowledge, has {child's name}'s primary health care provider and {child's name}'s mental health provider spoken with each other about {child's name}'s health or mental health?

- a. Yes
- b. No
- c. Don't know
- d. Refused

40. In the past 12 months, did {child's name} see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?

- a. Yes
- b. No
- c. Don't know
- d. Refused

41. In the past 12 months, has {child's name} spent at least one night in a hospital because of a physical illness or health problem?

- a. Yes
- b. No
- c. Don't know
- d. Refused

42. Does {child's name} have Medicaid insurance?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Now, I would like to ask you a few questions about {child's name}'s legal history. [Answer #43-#48, if participant responded "a", "b," or "c" on #21, or "a" on #24 if #21 is missing; i.e. services < 1 year.]

43. Was {child's name} arrested since beginning to receive mental health services?

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- b. Stayed the same
- c. Increased
- d. Not applicable (they had no police encounters this year or last year)

46. Was {child's name} expelled or suspended since beginning services? [If #17 is "a," fill in "no" for #46 & #47, "does not apply" (d) for #48, and "too young" (2) for #48di. Then skip to #55.]

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Greater
- b. About the same
- c. Less
- d. Does not apply

i. Please select why this does not apply

- 1. {child's name} did not have a problem with attendance before starting services.
- 2. {child's name} is too young to be in school.
- 3. {child's name} was expelled from school.
- 4. {child's name} is home schooled.
- 5. {child's name} dropped out of school.

6. Other

- a. Specify

Answer #49-#54, if participant responded "d" on #21, or "b" on #24, if #21 is missing; i.e. services 1 year.

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused.

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

- a. Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
- b. Stayed the same
- c. Increased
- d. Not applicable (they had no police encounters this year or last year)

52. Was {child's name} expelled or suspended during the past 12 months? [If #17 is "a," fill in "no" for #52 & #53, "does not apply" for #54 (d), and "too young" (2) for #54di.]

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Yes
- b. No
- c. Don't know
- d. Refused

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

- a. Greater
- b. About the same
- c. Less
- d. Does not apply

i. Please select why this does not apply

1. {child's name} did not have a problem with attendance before starting services.
2. {child's name} is too young to be in school.
3. {child's name} was expelled from school.
4. {child's name} is home schooled.

5. {child's name} dropped out of school.

6. Other

a. Specify

Now, I am going to read a series of statements. Please refer only to the outpatient mental health services {child's name} received. For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances. Please let me know if the statement does not apply.

[Don't know and Refused are also choices on the screen. If participant did not answer "Yes" to #19 or #20d, skip to #71.]

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 (race, religion, language, etc.).

70. I felt free to complain. [If participant did not answer "Yes" to #22 or #23d, skip to #87.]

Now I am going to read (a/another) series of statements. Please refer only to the family support services {child's name} and your family received. (Interviewer: Family support services included: in-home services, in-home respite, etc.)

For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply.

[Don't know and Refused are also choices on the screen.]

71. Overall, I am satisfied with the services my child received.

72. I helped choose my child's services.

73. I helped choose my child's service goals.

74. The people helping my child stuck with us no matter what.

75. I felt my child had someone to talk to when he/she was troubled.

76. I participated in my child's services.

77. The services my child received were right for us.

78. The location of services was convenient for us.

79. Services were available at times that were convenient for us.

80. My family got the help we wanted for my child.

81. My family got as much help as we needed for my child.

82. Staff treated me with respect.

83. Staff respected my family's religious or spiritual beliefs.

84. Staff spoke with me in a way that I understood.

85. Staff were sensitive to my cultural or ethnic background (race, religion, language, etc.).

86. I felt free to complain.

The next section asks how you and {child's name} may have benefited from the mental health services that {child's name} received. For each of these statements, please indicate

whether you strongly agree, agree, are neutral, disagree, or strongly disagree. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply. [Don't know and Refused are also choices on the screen.]

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

87. My child is better at handling daily life.

88. My child gets along better with family members.

89. My child gets along better with friends and other people.

90. My child is doing better in school and/or work.

91. My child is better able to cope when things go wrong.

92. I am satisfied with our family life right now.

93. My child is better able to do things he or she wants to do.

94. My child is better able to control his or her behavior.

95. My child is less bothered by his or her symptoms.

96. My child has improved social skills.

As a direct result of the mental health services my child and family received: please answer for your relationships with persons other than your mental health provider(s). (applies to next four questions)

97. I know people who will listen and understand me when I need to talk.

98. I have people that I am comfortable talking with about my child's problems.

99. In a crisis, I would have the support I need from family or friends.

100. I have people with whom I can do enjoyable things.

This last section will ask about your overall satisfaction with all the mental health services {child's name} has received. Using the same scale as for the previous questions, please tell me the extent to which you agree or disagree with the following statement.

101. Overall, I am satisfied with the mental health services my child received. Would you...?

102. We have come to the end of our survey. Do you have anything else that you would like to share with us about your child's experiences with the mental health system in the previous

year?

I'd like to thank you for taking the time to speak with us today. Your responses will be joined with the responses of others who have taken part in this survey and will be very useful in shaping changes within Maryland's Public Mental Health System.

Have a good afternoon/evening.

Appendix F

Definitions: The following terminology and definitions have been defined in relation to this document only.

CATI (Computer Assisted Telephone Interviewing)

The process of increasing the speed and accuracy (reliability and validity) of conducting telephone interviews by the use of computers.

Mean

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

Multivariate Analysis

Statistical analysis across multiple dimensions while taking into account the effects of all variables on the response of interest.

“N”

The number of participants who responded to each respective question.

Open Ended Question

Permitting or designed to permit spontaneous and unguided responses.

Pearson’s Chi Square

A test statistic used to determine the relationship between variables when participants are classified on two or more discrete (nominal or ordinal) variables that result in either frequencies and/or percents.

Standard Deviation

In statistics, a measure of the variability (dispersion or spread) of any set of numerical values about their arithmetic mean (average). It is specifically defined as the root mean square deviation of the values from their mean.

Stratified

Population separated into different subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the study

T-Test

A statistical test for the difference between the means of two normally distributed subgroups which are assumed to be equal in the distribution. The test statistic for this difference has a T distribution, and is used to either confirm or reject the assumption.

Univariate

Characterized by or depending on only one random variable.



Martin O'Malley, Governor

Anthony G. Brown, Lt. Governor

Joshua M. Sharfstein, M.D., Secretary,
Department of Health and Mental Hygiene

Renata J. Henry, Deputy Secretary,
Behavioral Health and Disabilities

Brian Hepburn, M.D., Executive Director,
Mental Hygiene Administration

Contact Information

Mental Hygiene Administration
Spring Grove Hospital Center
Dix Building - Public Relations
55 Wade Avenue
Catonsville, Maryland 21228
410-402-8300

www.dhmf.state.md.us/mha

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