

MHSIP Consumer Survey Executive Summary

Fiscal Year 2009

A Report from the Colorado Department of Human Services

Division of Behavioral Health



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About this Report

In 2009 and 2010, the Colorado Division of Behavioral Health (DBH) conducted its thirteenth annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2009 (July 1, 2008-June 30, 2009). Consistent with national trends in performance measurement, DBH administers the MHSIP Consumer Survey to assess perceptions of public behavioral health services provided in Colorado. This executive summary describes the results of this year's survey.

The MHSIP Consumer Survey

The MHSIP Consumer Survey consists of 36 items; each using a Likert scale. Standardized at a national level (http://www.mhsip.org/MHSIP_Adult_Survey.pdf), the survey comprises the following five domains using 28 items: Access, Quality/Appropriateness, Participation, Outcomes, and General Satisfaction. The survey also includes an item assessing perceived provider sensitivity to cultural/ethnic issues, multiple items assessing demographic information, and open-ended questions about the most and least preferred aspects of services received.

FY 2009 Survey Procedure Changes

In order to address concerns from previous years, three main changes were made in the procedures used to collect FY 2009's MHSIP data including: surveys were given directly to consumers coming in for an appointment rather than mailed to them, incentives were used whereby participants could enter a drawing for a gift card, and all consumers were offered the survey regardless of payor source.

Results

Response Rate. During the three-week data collection period, 3,218 surveys were offered to consumers. A total of 576 consumers declined to participate. The Division received a total of 2,642 completed or partially completed surveys, representing an 82.1% return rate, comparable to the 20.4% return rate of the FY 2008 MHSIP.

Demographics of Interest. Below is a brief description of respondent demographics.

- 60.9% were female, 32.1% males, 0.3% transgendered
- 69.9% identify as heterosexual, 15.1% preferred not to answer, 3.6% as bisexual, and 3.2% as lesbian/gay
- 15% identified their ethnicity as Hispanic
- 64.8% identified as White/Caucasian followed by 4.5% who identified as Black/African American
- 49.2% reported living within 5 miles of the mental health center
- 62.0% were 31-64 years old.
- 82.1% were fluent in English followed by 9.8% who were bi- or multi-lingual
- 52.9% of the sample reported having one disability (excluding mental health) and 19.9% identified as having multiple disabilities.
- 68.5% reported not having worked at a paid job in the three months prior to the survey; however, 24.8% of the sample indicated having volunteered in this time frame
- 72.2% indicated having seen a physician or nurse for a health check-up, physical exam, or for an illness during the past year
- The majority of respondents (67.5%) indicated being single, divorced, separated, or widowed.
- 17.6% of respondents reported that they are required by someone else (e.g., social services, court-ordered) to attend sessions.
- The majority of respondents (72.9%) reported that they were receiving medication treatment through their agency at the time of survey completion.

Respondent Sample Versus the Population. The respondent group differed significantly from the population of individuals receiving state funded mental health services on several demographic variables including Gender, Age, Race, Ethnicity, Marital Status, and Employment Status. Such differences may be attributed to the discrepant sample vs. population size. That said, here is a review of the notable differences:

- 18.7% of the MHSIP sample consisted of 21-31 year olds compared to 25.3% in the CCAR population.
- 22.2%¹ of the MHSIP sample identified as Hispanic compared to 17.1% in the CCAR population
- 28.2% of the MHSIP reported having paid employment compared to 45.6% in the CCAR population

Domain Scores. Table 1 reports total domain scores in Colorado for fiscal year 2009. Domain results are reported as a percentage (with 95% confidence intervals) of respondents agreeing with the domain. The domains are calculated following national standards and recommendations. For a complete description as well as in depth analyses by domain, please refer to the MHSIP FY 2009 Technical Report.

Table 1

Valid Percent Agreement by Fiscal Year

Fiscal Year	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
2009	83.9 (82.5-85.3)	86.0 (84.7-87.3)	64.0 (62.1-65.9)	75.4 (73.7-77.1)	87.6 (86.3-88.9)

Demographics and Domain Agreement. Several statistically significant domain agreement results were evident with respect to demographic variables in the MHSIP respondent sample. Some examples of demographics found to significantly impact domain agreement include:

- Quality/Appropriateness, Participation, and Satisfaction domains were rated higher by participants who identified ethnically as Hispanic relative to other participants.
- Higher levels of agreement were found for employed versus unemployed respondents for the Outcome domain.
- Distance from center was related to agreement on the Access domain whereby agreement became progressively lower the greater the distance a person lived from a mental health center.
- A statistically significant difference was found for the percent agreement on the Outcomes domain between those with and without the presence of a disability, with respondents without a disability reporting higher outcomes.

Discussion and Implications

Overall, it appears that the majority of respondents indicated that their perceptions of Access, Quality/Appropriateness, Participation and General Satisfaction were generally satisfactory. The Outcomes domain was noted as having the lowest levels of agreement. However, this domain had a higher percentage of “Neutral” responses compared to the other domains. Further, there was not a high level of disagreement with improved outcomes. Rather, respondents reported higher levels of feeling neutral about the impact that services had on their daily lives as compared to the other domains.

In summary, the MHSIP 2009 provides invaluable data regarding consumer perceptions and supports the ideals of a consumer-driven model; this information can inform change and highlight strengths for individual mental health centers and for the state as a whole.

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¹ Note that the percentages for MHSIP and CCAR comparisons differ slightly from MHSIP percentages because “Missing” values or options that were not analogous from the MHSIP and CCAR were not included for these analyses.