

MHSIP Consumer Survey Executive Summary

Fiscal Year 2010/2011

A Report from the Colorado Department of Human Services

Division of Behavioral Health



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About this Report

In 2010 and 2011, the Colorado Division of Behavioral Health (DBH) conducted its fourteenth annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2010 (July 1, 2009-June 30, 2010).¹ 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

The MHSIP Procedure was changed for FY2009 and FY2010. In order to address concerns from previous years, three main changes were made in the procedures used to collect FY 2009's and FY2010'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, 2,959 surveys were offered to consumers. A total of 632 consumers declined to participate. The Division received a total of 2,327 completed or partially completed surveys, representing an 78.6% return rate, a slight decrease from the 82.1% return rate of the FY 2009 MHSIP.

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

- 62.8% were female, 31.4% males, 0.1% identified as transgender
- 67.5% identify as heterosexual, 11.9% preferred not to answer, 4.3% as bisexual, and 3.4% as lesbian/gay
- 16% identified their ethnicity as Hispanic/Latino(a)
- 69.4% identified as White/Caucasian followed by 5.9% who identified as American Indian/Alaska Native
- 48.4% reported living within 5 miles of the mental health agency
- 60.8% were 31-64 years old.
- 91.4% were fluent in English followed by 11% who were bi- or multi-lingual
- 63.2% of the sample reported having one disability (excluding mental health) and 19.5% identified as having multiple disabilities.
- 70% reported not having worked at a paid job in the three months prior to the survey; however, 23.9% of the sample indicated having volunteered in this time frame
- 61.8% indicated having seen a physician or nurse for a health check-up, physical exam, or for an illness during the past year
- 42.9% indicated being single, 19.8% reported being married, and 25.6% were divorced or separated.
- 18.9% of respondents reported that they are required by someone else (e.g., social services, court-ordered) to attend sessions.
- The majority of respondents (62.9%) reported that they were receiving medication treatment through their agency at the time of survey completion.

Respondent Sample Versus the Population. The respondent demographics were examined in comparison to demographics for the CCAR population. The two samples were compared on gender, age, race, ethnicity, marital status, and paid employment. In general, the two samples are demographically similar: more women receiving services than men, adults

¹ This report is entitled 2010/2011 to help align the data collection and report title more accurately. The next report title will be 2012.

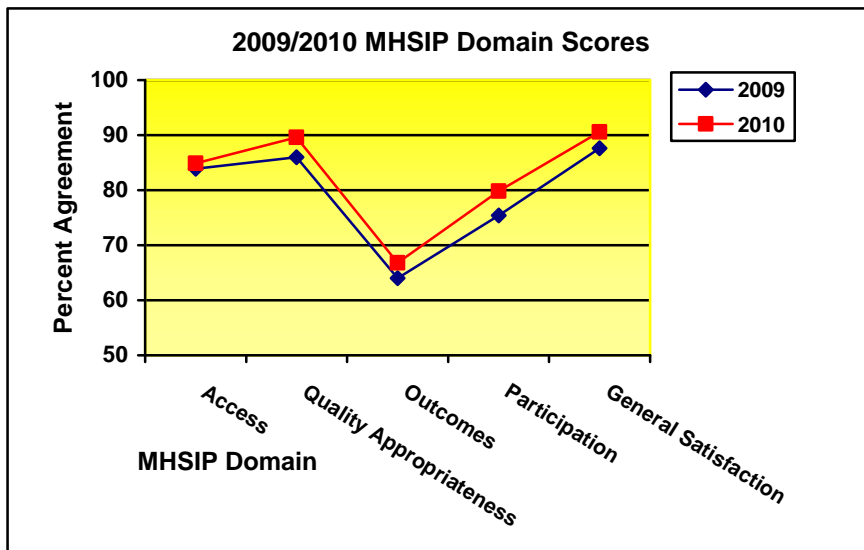
(21-65) as the primary age group served, and a primarily White/Caucasian racial background. Respondents identifying as Hispanic/Latino(a) in both samples was similar with 16% on the MHSIP and 17.6% on the CCAR. The demographic variable that differed the most was paid employment with MHSIP respondents reporting a higher level of employment. This may be a result of the CCAR having many more choices regarding employment status than the MHSIP, which is a yes/no question. It may also be that clinicians are not always aware of a client's work status and that self-report impacted this variable. For a complete description as well as in depth analyses by domain, please refer to the MHSIP FY 2010/2011 Technical Report.

Table 1

Valid Domain Percent Agreement for Fiscal Year 2010/2011

Fiscal Year	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
2010	84.9	89.6	66.8	79.8	90.6
(95%CI)	(83.4-86.4)	(88.3-90.9)	(64.8-68.8)	(78.1-81.5)	(89.4-91.8)
(n)	(1951)	(2016)	(1467)	(1759)	(2098)

Figure 1. Domain Scores for 2009 and 2010



Demographics and Domain Agreement. Some examples of demographics found to significantly impact domain agreement include:

- Non-Medicaid clients had a higher level of agreement with the Access Domain than Medicaid clients.
- Higher levels of agreement were found for employed versus unemployed respondents for the Outcome domain.

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 was still at a two-thirds percent agreement.

In summary, the MHSIP 2010/2011 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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