

MHSIP Consumer Survey Technical Report

Fiscal Year 2010/2011

A Report from the Colorado Department of Human Services

Division of Behavioral Health



This report was prepared by:

Gina B. Lasky, Ph.D.
Division of Behavioral Health, Data and Evaluation

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 report describes data collection, sample selection, and results of this year's survey. This information can be used to inform future change and to provide examination of domains at the State level. DBH is committed to the inclusion of consumer participation at multiple levels of behavioral health services and perceives the MHSIP survey as one way of meeting this ongoing goal.

It is important to note that the MHSIP survey has been developed at a national level in part to promulgate data standards that allow for valid results to better inform policy and decisions (for a full description of MHSIP and the survey's underlying values, please visit <http://www.mhsip.org/>). MHSIP work groups include consumers and families with the seminal aim of such groups being the promotion of consumer-oriented services through data. DBH has a vested interest in promoting these values in Colorado as the state moves toward a recovery-oriented behavioral health system. Continuing the national-state MHSIP partnership is key to this endeavor. As evidence of the weight that DBH has placed on the promotion of consumer-driven services, it is notable that the MHSIP has been incorporated into multiple levels of operations, including a federal grant application and statewide mental health center contracts. The MHSIP survey continues to provide an excellent opportunity for DBH to partner on both national and statewide levels to shape future services through data.

Thank you to all who assisted in the data collection of the MHSIP survey. Agency collaboration is instrumental to the success of the survey and DBH acknowledges and appreciates the hard work of the mental health centers and clinics in this process.

What is the MHSIP Survey?

The MHSIP Consumer Survey consists of 36 items, each answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree; see Appendix A). Standardized at a national level (http://www.mhsip.org/MHSIP_Adult_Survey.pdf), the survey comprises the five following domains (see Appendix B):

- Access: six items that assess perceptions about service accessibility
- Quality/Appropriateness: nine items that assess perceptions of quality and appropriateness
- Outcomes: eight items that assess perceptions of outcomes as a result of services
- Participation: two items that assess perceptions of consumer involvement in treatment
- General Satisfaction: three items that assess satisfaction with services received

Additionally, one item assesses perceived provider sensitivity to cultural/ethnic backgrounds of consumers. The questionnaire also contains items pertaining to demographic information (e.g. age, ethnicity). In addition, two open-ended questions are included in order to gather opinions about the most and least preferred aspects of services received. DBH distributes the MHSIP Consumer Survey in both English and Spanish.

Survey Procedures

Although this is the fourteenth year of the MHSIP survey in Colorado, it is only the second year of the convenience sample procedure. In late 2008, a work group of stakeholders was formed in order to address

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.

a number of concerns raised by Colorado's mental health centers about the MHSIP survey project. This work group consisted of representatives from DBH, Colorado's Department of Health Care Policy and Financing, Behavioral Health Organizations, and various mental health centers across the state. Meeting regularly, the workgroup addressed several concerns from previous years including: a low number of respondents per mental health center, delayed feedback of consumers from time of service to time of data collection, high administrative and financial costs, and resulting data that was not representative of the population served. DBH would like to express our gratitude to the members of the workgroup for their hard work and dedication to improving the MHSIP methods and procedures.

New Procedure

These new procedures were used to collect both FY 2009 and FY2010's MHSIP data. Surveys were given directly to consumers who were currently receiving services rather than mailed to current and discharged consumers. Additionally, consumers who chose to complete the MHSIP survey were eligible to enter a drawing to win a \$10 gift card for a local grocery or convenient stores. And lastly, all consumers were included in the survey regardless of payor source. This was different from previous years that included only the consumers who were indigent or on Medicaid in the sample (see Appendix C).

Sample

The Division used a convenience sampling method whereby each of the 17 community mental health centers and the two specialty clinics, Asian Pacific and Servicios de la Raza, were provided with surveys to hand out to consumers who were receiving services during a three week period. Consumers who were attending a first appointment or an intake were excluded from the sample.

Survey Administration

DBH contracted with the State of Colorado Central Services, Integrated Document Solutions (IDS) department to prepare, mail, receive, and enter data for the FY 2010 survey period. Based on evidence from the FY 2009 MHSIP survey administration that too many surveys were sent to collection sites, a new survey number was calculated for the FY 2010 distribution. For each collection site, the number of surveys mailed was based on a 20% increase from the FY 2009 response rate for that specific site (see Appendix D for number of surveys given to each site). IDS mailed this pre-determined number of MHSIP packets (including a cover letter, a MHSIP survey, and a lottery ticket to enter the gift card drawing) to each of the 17 community mental health centers and the two specialty clinics. During the three-week data collection period, consumers were offered the opportunity to complete the MHSIP survey and a lottery ticket for entering a gift card drawing. Consumers could choose to mail the survey directly to IDS in a postage-paid return envelope or could drop (completed and refused) surveys in a secure box located at the center. At the end of the data collection period, centers shipped all surveys (completed and refused) to IDS where they were sorted and processed. Data from the completed surveys were then entered and forwarded to DBH by IDS.

Results

The unit of analysis for this report is at a state level. Although, DBH previously computed domain scores at the agency level, this approach was stopped because it may undermine DBH's goal to foster a collaborative and learning environment amongst Colorado's public mental health system. Rather, scores are computed at the state level and individual agencies are given the data for their specific agency for further analysis.

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 a 78.6% return rate (see Appendices D), a slight decrease from the 82.1% return rate

of the FY 2009 MHSIP. Because of the change in sampling procedure in 2009, response rate may no longer be the most appropriate method of measuring response. The number of people declining the survey is more difficult to accurately measure and thus response rates here should be viewed as approximations.

Respondent Demographics

The majority of the MHSIP respondents were female (62.8%), compared to 31.4% males and 0.1% transgender (5.8% preferred not to answer, reported other, or did not report gender). Respondents were generally middle aged with 30% between 31-45 years old and another 30.8% between 46-64 years old. Regarding sexual orientation, respondents were asked to indicate which sexual orientation identity(ies) describe themselves. The majority of respondents identify as heterosexual (67.5%) followed by other sexual orientation (4.4%), bisexual orientation (4.3%), and lesbian or gay (3.4%). Many 11.9% of respondents marked “Prefer not to Answer” and the item was left blank by 8.5% of respondents.

Following national guidelines, race and ethnicity were separated into two questions on the survey. Hispanic/Latino(a) was the sole choice for ethnicity, and 16% of respondents endorsed this item. However, 26.2% of the responses were missing and another 8.9% preferred not to answer. Race had the following choices: American Indian/Alaska Native, White/Caucasian, Black/African American, Native Hawaiian/Pacific Islander, Asian, Other, and Prefer not to Answer. If a respondent chose more than one race, their racial identification was coded as Multiracial. Most respondents identified with only one racial group (78%). The majority of respondents identified as White/Caucasian (69.4%) followed by American Indian/Alaska Native (5.9%) and Prefer not to Answer (5.5%; see Appendix E). With respect to place of residence, 48.4% of respondents indicated that they lived within 5 miles of the mental health center, 24.1% lived 6-10 miles away, 14.2% lived 11 to 20 miles away, and 7.9% lived more than 20 miles away (5.4% did not respond to the item). Relationship Status and Military Service are also presented in Appendix E.

Language. Regarding language fluency, 11% of respondents were bi- or multi-lingual while the majority of respondents spoke one language fluently (82.9%). Of those respondents that spoke one language, most often the language was English (91.4%) followed by Spanish (10%). For more language usage, see Appendix E.

Disability. Over half of the respondents in this survey (63.2%) reported having at least one type of disability (excluding mental health) and almost one-fifth of respondents (19.5%) identified as having multiple disabilities. Most frequently, respondents reported having a physical disability (24.6%) and/or a learning disability (17.1%).

Employment. Regarding employment, 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.

Criminal Background. In 2010, 10.4% of survey respondents reported having been arrested in the past 12 months with a slightly higher proportion (15.2%) indicating having been arrested in the 12 months prior to that time frame. Please note that the vast majority of respondents did not answer these questions (1,872 or 80.4% regarding the last year and 1,934 or 83.1% regarding the previous 12 months).

Payor Source. On this year’s survey, there were two ways of collecting data regarding respondents’ payor source. There was a specific item on the survey: “Do you currently receive Medicaid” with a yes/no answer. In addition, agency staff was asked to mark the payor source of the respondent on the survey when handing it to them. According to respondents answering the survey question, 51.6% were currently receiving Medicaid at the time of survey completion (with only 6.4% of respondents missing data on this item). This was similar to data reported by the agency staff indicating that 41.9% of respondents were enrolled in Medicaid and another 7.5% were receiving Medicare. Agency data indicated that after Medicaid/Medicare, most respondents pay for services themselves (9.8%), while some receive Indigent funding (7.1%) and Third Party Insurance (4.8%). According to the agency reported data, 12.3% of respondents receive funding from multiple sources. Please note that payor source data reported by agency

staff was missing for 19.7% of respondents across all agencies. See Appendix C for more detail on payor source.

Health Services Utilization and Treatment Duration. Among 2010 MHSIP respondents, 61.8% indicated having seen a physician or nurse for a health check-up, physical exam, or for an illness during the past year and an additional 11.3% indicated having seen a physician or nurse in an emergency room visit. Respondents were asked to report the number of sessions they had attended in the last six months ranging from 0 to 26 or more sessions. Most frequently, respondents had attended 1-5 session(s) (28.1%) or 6-11 sessions (20.3%). However, 14.7% of MHSIP respondents attended 12-18 sessions, 8.6% attended 19-25 sessions, and 14.0% attended 26 or more sessions. Additionally, 18.9% of respondents reported that they are required by someone else (e.g., social services, court-ordered) to attend sessions. Lastly, a majority of respondents (68.9%) reported that they were receiving medication treatment through their agency at the time of survey completion.

2009-2010 Demographic Comparison. In terms of comparing MHSIP respondent demographics from year to year, the demographics of FY2010 are similar to FY2009 demonstrating that the populations are highly comparable in terms of demographic information. See Figure 1 and 2 for demographic data.

Figure 1 Gender and age of respondents by percentage

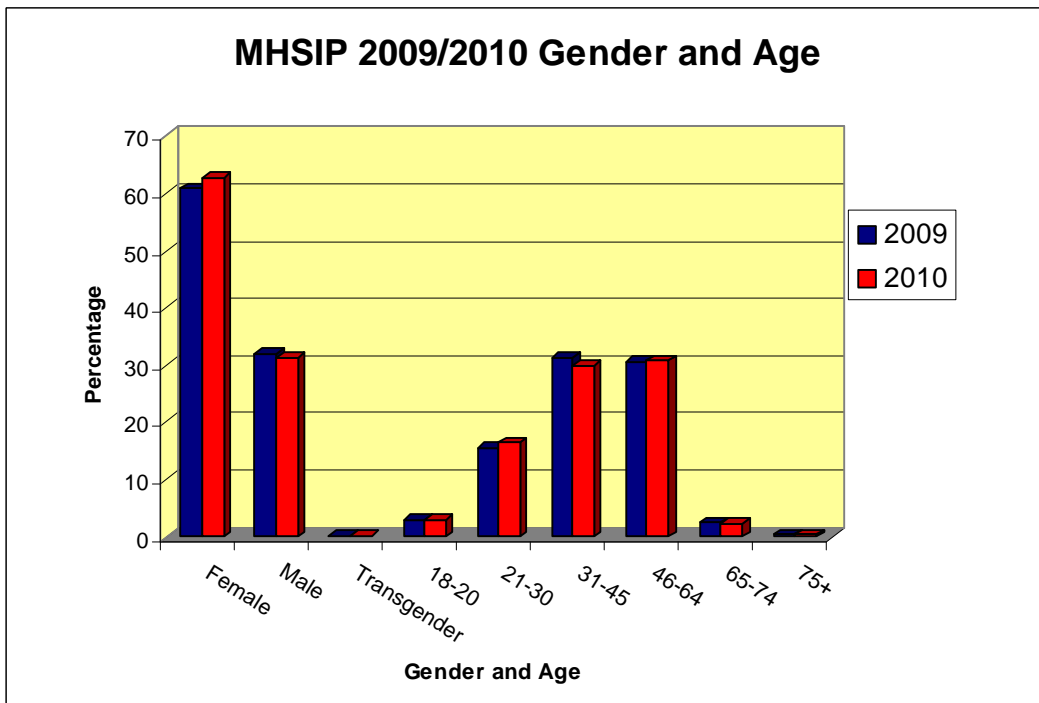
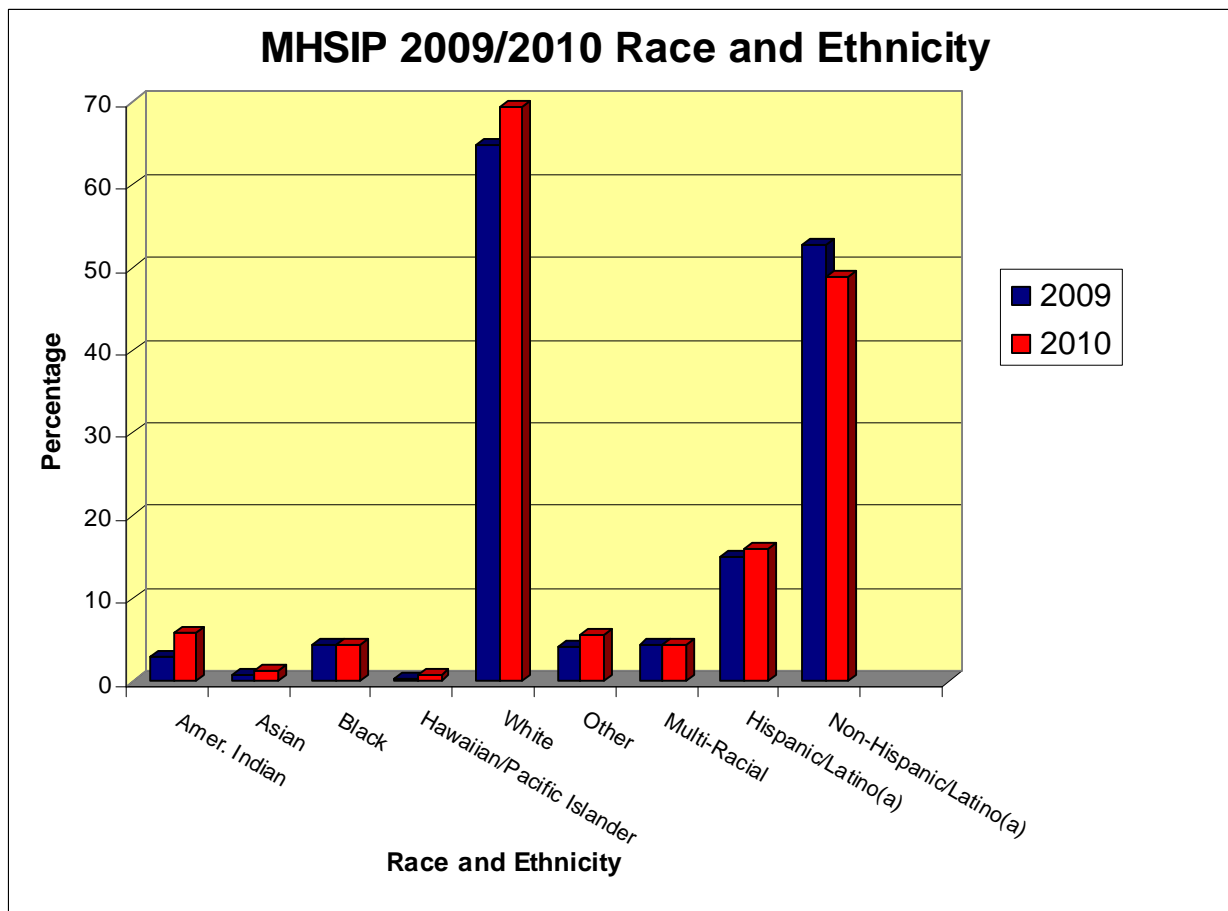


Figure 2. Race and ethnicity of respondents by percentage



MHSIP respondents compared to the CCAR population

The MHSIP respondents’ demographics were examined in comparison to demographics for the CCAR population. The CCAR measure is a more complete and thus more representative sample of people receiving mental health services within the state. Therefore, the samples were compared to explore whether the MHSIP sample is representative of this larger group. Statistical comparisons were not made as the sample sizes vary greatly in size and the instruments measure demographics slightly differently and are completed by different people (the MHSIP is self-report and the CCAR is clinician report). Instead, the comparison was an overall examination of trends of demographic similarity.

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 (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. Please see Appendix F for CCAR and MHSIP demographic data.

Overall Domain Results

DBH computes domain scores reflecting the percentage of agreement versus disagreement for the State of Colorado. Agreement is defined as a mean that ranges from 1 to 2.49 whereas disagreement is defined as a mean that ranges from 2.50 to 5. Respondents who do not answer at least 2/3 of domain items do not receive a domain score. This method of computation follows national recommendations. Below in Table 1 are the corresponding items for each domain.

Table 1

MHSIP Domain Items

<p>Access Domain (6) <i>-The location of services was convenient.</i> <i>-Staff were willing to see me as often as necessary.</i> <i>-Staff returned my calls within 24 hours.</i> <i>-Services were available at times that were good for me.</i> <i>-I was able to get all the services I thought I needed.</i> <i>-I was able to see a psychiatrist when I wanted to.</i></p> <p>Quality/Appropriateness Domain (9) <i>-Staff here believe I can grow, change, and recover.</i> <i>-I felt free to complain.</i> <i>-I was given information about my rights.</i> <i>-Staff encouraged me to take responsibility for how I live my life.</i> <i>-Staff told me what side effects to watch for.</i> <i>-Staff respected my wishes about who is, and is not able to be given information about my treatment.</i> <i>-Staff were sensitive to my cultural/ethnic background.</i> <i>-Staff helped me obtain information so that I could take charge of managing my illness.</i> <i>-I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).</i></p>	<p>Participation in Service/Treatment Planning (2) <i>-I, not staff, decided my treatment goals.</i> <i>-I felt comfortable asking questions about my treatment and medication.</i></p> <p>Consumer Perception of Outcomes (8) <i>-I deal more effectively with daily problems.</i> <i>-I am better able to control my life.</i> <i>-I am better able to deal with crisis.</i> <i>-I am getting along better with my family.</i> <i>-I do better in social situations.</i> <i>-I do better in school and/or work.</i> <i>-My housing situation has improved.</i> <i>-My symptoms are not bothering me as much.</i></p> <p>General Satisfaction (3) <i>-I like the services that I received here.</i> <i>-If I had other choices, I would still get services from this agency.</i> <i>-I would recommend this agency to a friend or family member.</i></p>
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Table 2 presents summary results in percentages with confidence intervals (95%) for the total scores for the 2010 fiscal year as well as for 2008 and 2009. Looking at the trends over time, the 2010 fiscal year levels of agreement remained relatively stable or slightly higher for all domains compared to fiscal year 2009. Please refer to Appendix G where percentages of endorsement for the full Likert scale are presented by item within each domain.

Table 2

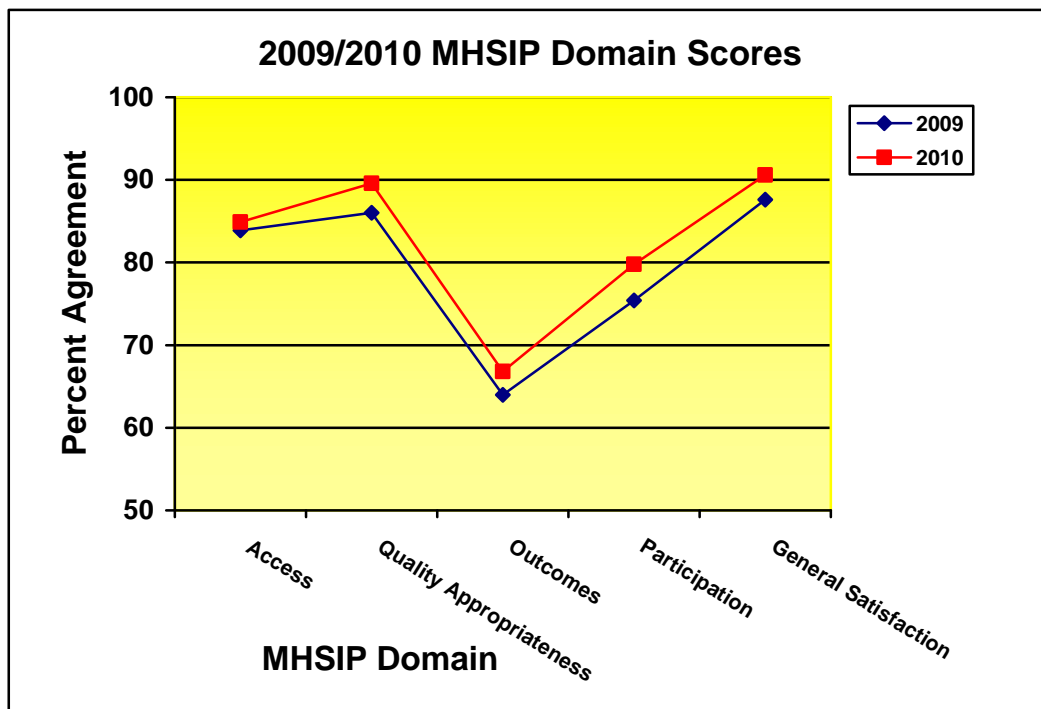
Valid Domain Percent Agreement by Fiscal Year

Fiscal Year	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
2008	76.5 (73.6-78.5)	74.6 (72.5-77.5)	63.1 (60.2-65.8)	79.7 (77.7-82.3)	74.7 (72.5-77.5)
2009*	83.9 (95% CI) (n)	86.0 (84.7-87.3) (2272)	64.0 (62.1-65.9) (1692)	75.4 (73.7-77.1) (1993)	87.6 (86.3-88.9) (2315)
2010	84.9 (95%CI) (n)	89.6 (88.3-90.9) (2016)	66.8 (64.8-68.8) (1467)	79.8 (78.1-81.5) (1759)	90.6 (89.4-91.8) (2098)

*Note: A new sampling method was created for Fiscal Year 2009 and this same procedure was used in 2010. Because of this, comparisons between 2009/2010 and 2008 is cautioned.

Because the procedure for 2009 and 2010 were consistent, it is possible to begin to examine trends in domain scores from year to year. Figure 3 demonstrates that the domain scores for these two years are consistent and follow the same overall trend in percent agreement.

Figure 3. Domain scores for 2009 and 2010



Demographics and Domain Agreement

Analysis of variance was conducted examining relations between domain agreement and the demographic and other variables recorded on the MHSIP. To help correct for the high number of statistical tests run, a conservative approach was used for the interpretation of significance ($p < .001$). Specifically, the variables of Gender, Age Group, Ethnicity, Race, Employment Status, Sexual Orientation, Relationship Status, Disability Status, Language, and Payor Source were examined with relation to domain agreement.

Gender

Analysis of Variance results indicate significant differences between scores on the Satisfaction domain by gender using a significance level of $p < .001$. Specifically, Males and Female respondents rated the Satisfaction domain significantly higher than the respondents who Preferred Not to Answer Gender. It is important to note that there are large differences in sample size between Prefer Not To Answer and Men and Women and this may be a factor in this significant difference. See Table 3 for percent agreement for all domains by gender.

Table 3

Valid Percent Agreement by Gender

Gender (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Female (1390)	85.5	91.3	65.1	82.0	92.4
Male (697)	85.6	87.6	70.4	76.9	88.8
Transgender (3)	66.7	100	66.7	66.7	100
PNTA (19)	63.2	73.7	50.0	63.2	60.0

Note. The reported *n* of each gender category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Age

Analysis of variance results did not find any overall significant difference between scores on the domains by Age Group using a significance level of $p < .001$. It is important to note that, when respondents were divided by age group, the sample sizes of each group became relatively small and may have influenced results.

Table 4

Valid Percent Agreement by Age Group

Age Group (n)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
18-20 (63)	81.2	87.0	66.7	79.4	85.5
21-30 (372)	85.0	90.1	67.2	81.2	91.1
31-45 (676)	85.9	91.8	68.9	82.2	89.7
46-64 (673)	83.5	87.2	63.6	75.7	91.3
65-74 (45)	88.2	94.0	68.9	87.5	98.0
75+ (9)	90.0	77.8	66.7	66.7	100

Note. The reported *n* of each age category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Ethnicity

Significant differences were not found between scores on domains by Ethnicity using a significance level of $p < .001$. See Table 5 for percent agreement across domains by Ethnicity groups.

Table 5

Valid Percent Agreement by Ethnicity

Ethnicity (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Hispanic (356)	90.5	93.2	69.7	83.4	91.9
Non-Hispanic (1079)	84.6	90.4	66.2	80.3	91.6
PNTA (197)	80.6	84.2	61.4	74.4	88.9

Note. The reported *n* of each ethnicity category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Race

Results did not find any overall significant difference between scores on domains by Race using a significance level of $p < .001$.

Table 6

Valid Percent Agreement by Race

Race (n)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
American Indian/Alaska Native (125)	83.1	87.4	61.9	76.9	90.6
Asian (26)	96.4	96.4	80.8	92.9	100
Black/African American (96)	86.4	90.2	70.6	78.1	88.5
White/Caucasian (1536)	84.1	89.4	66.4	79.6	90.6
Native Hawaiian/Pacific Islander (15)	94.4	94.4	73.3	75.0	100
Multiracial (89)	81.2	86.9	58.2	73.5	87.3
Other (123)	85.4	85.3	73.2	82.2	88.4
PNTA (121)	85.7	89.6	59.5	77.9	89.1

Note. The reported n of each race category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Sexual Orientation

Results did not find any overall significant difference between scores on domains by Sexual Orientation identity using a significance level of $p < .001$. See Table 9 for the percent agreement of all domains by sexual orientation.

Table 9

Valid Percent Agreement by Sexual Orientation

Sexual Orientation (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Bisexual (94)	79.8	87.9	59.4	78.7	87.9
Lesbian/Gay (72)	84.4	92.3	61.3	79.2	94.9
Heterosexual (1494)	85.9	90.1	68.4	81.1	91.5
Other (97)	82.5	92.2	64.4	79.4	86.4
PNTA	81.3	86.5	63.2	72.6	86.3

Note. The reported n of each sexual orientation category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Disability

Analysis of Variance Results did not indicate significant differences between scores on domains by Disability at a significance level of $p < .001$. See Table 11 comparisons of percent agreement for all domains by disability.

Table 11

Valid Percent Agreement by Disability

Disability (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Blind/Partially Sighted	82.4	88.1	62.5	74.4	91.7

(80)					
Deaf/Hard of Hearing (120)	80.8	89.8	66.7	76.2	90.8
Developmental (232)	86.3	91.1	68.2	77.2	90.9
Learning (359)	86.4	89.5	63.4	76.8	90.2
None (740)	88.2	91.0	72.2	84.2	91.8
Physical (548)	84.7	90.0	61.9	77.7	92.1
TBI (142)	79.2	91.8	57.0	74.3	91.3
Multiple Disabilities (434)	82.9	90.0	61.1	76.3	92.1
Other (245)	81.1	87.9	60.8	78.0	92.3
PNTA (185)	80.5	87.5	61.3	71.9	85.2

Note. The reported *n* of each disability category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Employment

Employment status in the three months prior to completing the survey related to a significant difference between levels of agreement in the Outcomes domain. Specifically, employed respondents endorsed a 76.9% agreement with the Outcome domain compared to 63.0% for the unemployed group, indicating higher levels of agreement for employed respondents for Outcome domain items.

Table 7

Valid Percent Agreement by Employment Status within past three months

Employment (<i>n</i>)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
Employed (551)	87.1	91.9	76.9	83.7	90.7
Unemployed (1553)	84.4	89.2	63.0	78.5	90.9

Note. The reported *n* of each employment category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Language

Analysis of Variance Results did not indicate significant differences between scores on domains by Language at a significance level of $p < .001$. See Table 12 comparisons of percent agreement for all domains by disability.

Table 12

Valid Percent Agreement by Language

Language (<i>n</i>)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
English (2026)	84.9	89.7	66.5	79.6	90.7
Spanish (219)	88.3	94.8	75.0	82.6	94.3
Bilingual (205)	86.4	90.5	69.4	83.4	93.4
Multi-Lingual (30)	76.9	92.3	78.4	87.2	73.7

Note. The reported *n* of each gender category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

Payor Source

Analysis of Variance examining differences in valid percent agreement on domains for agency reported payor source found no significant differences among domains scores among various payor sources.

However, independent T-Test indicated a significant difference between self-report Medicaid and Non-Medicaid respondents' responses to the Access Domain², with Non-Medicaid respondents having a higher percent agreement on the Access Domain. No other differences were statistically significant. See Table 13 for comparisons of percent agreement for all domains by Payor Source.

Table 13

Valid Percent Agreement by Payor Source³

Payor Source (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Medicaid-Self-Report (1149)	83.9	89.9	65.9	79.8	90.6
Non-Medicaid-Self Report (914)	86.9	89.8	68.3	80.2	91.0
Medicaid-Agency (936)	84.4	89.2	66.6	78.6	90.4
Medicare (162)	84.8	87.9	66.5	78.4	89.1
3 rd Party Payor (96)	87.4	90.5	61.5	83.5	91.8
Self-Pay (215)	86.5	90.0	68.4	79.1	91.6
Indigent (152)	86.1	92.7	70.5	80.3	93.3

Note. The reported *n* of each distance to agency category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a small amount.

The Self-Report regarding Medicaid is likely the more accurate measure of Medicaid status as agency data was missing 19.7% of the time. The self-report is a designated question on the survey and only had 6.4% missing data.

Qualitative Comments

Two open-ended survey questions queried consumers about their two most and least liked aspects of the services they received. In response to these questions, approximately 82% of respondents provided written comments to one or both of the questions. The Division of Behavioral Health provides this qualitative data to each site's executive director and consumer and family affairs officer. The Division's Data and Evaluation Section along with the Consumer and Family Affairs fielded phone calls regarding the survey, referring complaints and service requests to the Program Quality staff. For the FY2010/2011 survey period, The Consumer and Family Affairs officer received one consumer complaint, which was that he/she had been offered a survey.

Generally, the content of the qualitative comments reflects the MHSIP domains of Access, Quality/Appropriateness, Outcome, Participation, and General Satisfaction. For example, location was often mentioned as important either positively or negatively. Consumers frequently commented that their lack of outcomes or improvement on symptoms was a concern for them. This also fits with the quantitative data for the State with Outcome domain scores being lower than other domains. Consumers reflected Quality and Appropriateness and Participation domains when they described positive and negative experiences with being given information about rights, medications, being involved in treatment goal planning, and a sense of being encouraged towards recovery. Lastly, consumers described feeling a general sense of satisfaction/dissatisfaction: "I wouldn't change anything here!" "I love this place" and "I would not be here if I didn't have to be."

² Significant difference between self-report Medicaid and Non-Medicaid clients on Access Domain: $t(2155) = -1.988, p < .000$.

³ This data includes only those with one payor source.

In addition to comments that followed the overall domains, there are many consumers who gave specific positive feedback regarding their clinician/therapist or doctor. In fact, the data would seem to support the well-established research finding that the relationship between therapist and client is instrumental to satisfaction and outcome⁴. Consumers frequently described the “two things they liked the **most**” as factors relating to this relationship such as: a strong sense of trust, having a good relationship, feeling understood, feeling safe, and feeling respected by the therapist. This notion was also supported by the data on the “two things they liked **least** in treatment” with statements regarding lack of trust, having a poor relationship with their therapist/clinician/doctor, lack of respect, and a sense of anxiety about working with the person. Another common theme among the comments was consumers’ descriptions of the importance of feeling both well educated and listened to regarding prescription medications. This included consumers describing the significant negative outcomes they had experienced when these did not occur. Finally, consumers indicated specific therapeutic techniques that were helpful to them (e.g., groups, Dialectical Behavior Therapy, crisis line, etc.).

Inpatient MHSIP at Colorado Mental Health Institute at Fort Logan (CMHI-FL)⁵

Although the survey process at CMHI-FL is entirely separate from DBH’s community MHSIP project, it is an opportunity to explore consumer satisfaction in various settings within the State. The National Association of State Mental Health Program Directors (NASMHPD) Research Institute (NRI) adapted the MHSIP for use in inpatient settings in 2000. The questions on the survey largely remain the same as the outpatient version, however some items are changed to reflect setting. For example: “I, not staff, decided my treatment goals” became “Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.” In addition, a few specific hospital items were added. For example, “I felt safe to refuse medication or treatment during my hospital stay” or “I participated in planning my discharge.” The inpatient version has 25 items with the same 5-point Likert scale ranging from Strongly Disagree to Strongly Agree with Does not Apply as an option, the same as the community version. CMHI-FL has added some additional items including demographic information and an item asking: “Overall, I am satisfied with the care I received here.”

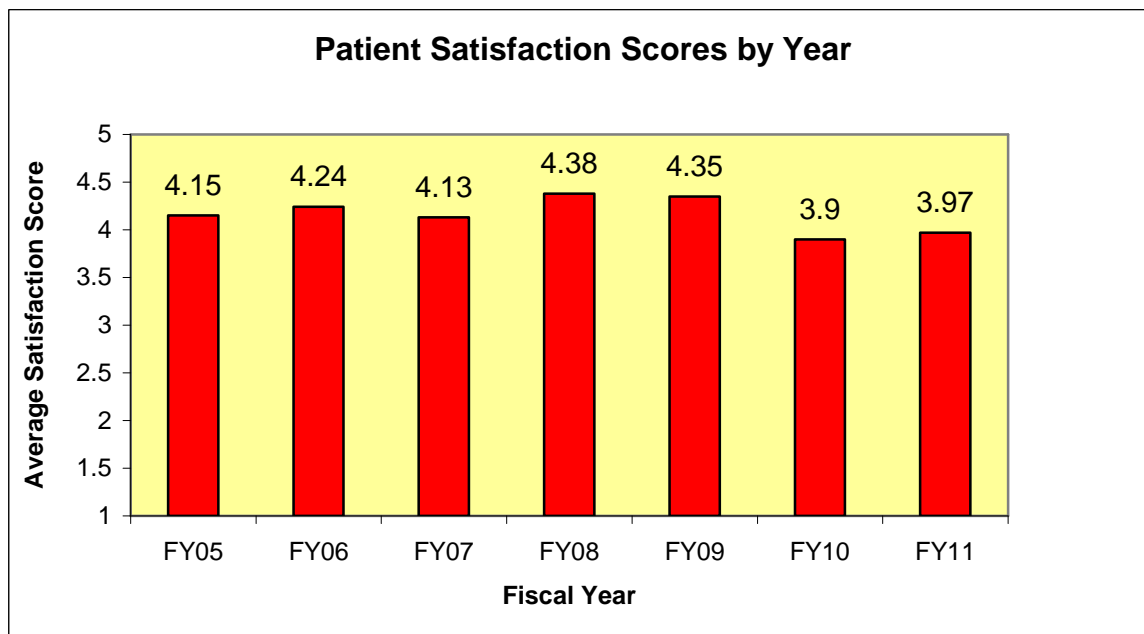
CMHI-FL has two samples of MHSIP data collection. Each patient is offered the survey upon discharge and once a year, the hospital does a “point in time” survey offering all current patients. Data is analyzed both quarterly and annually with annual data including both samples (discharge and point in time). For fiscal year 2009-2010, the total number of surveys completed was 338. The majority (n=286) of those surveys were completed at discharge (31% of the 919 discharges for the year). Another 52 surveys were completed at the “point in time” survey collection sampling the longer-term patient perspective (51% of the average daily attendance of 101 patients for the week the survey was conducted). The mean satisfaction score for the surveys administered at discharge was 4.35, while the mean score for satisfaction for the point in time surveys was 3.31.⁶ The data from FY2005 to FY2011 YTD demonstrate consistent patient satisfaction scores by year (see Figure 4).

⁴ Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37-69). New York: Oxford University Press. Horvath A.O. and Symonds B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology* 38 (2), 139-149.

⁵ We would like to thank Mary Ginder and CMHI-FL administration for sharing their MHSIP data and in helping to expand the technical report to include an inpatient setting.

⁶ CMHI-FL uses average rating as compared to percent agreement.

Figure 4. CMHI-FL Average Patient Satisfaction Scores by Year



Note. The closing of the Children’s Unit in 2009 had an impact on the response rate and Patient Satisfaction Average score. The Children’s Unit was responsible for 59% of all hospital surveys returned, and the mean score of those surveys was 4.60. 2011 data is year to date.

CMHI-FL also examines the lowest scored question and the highest scored question for each quarter and year. For fiscal year 2010-2011 YTD, for all surveys aggregated, the lowest scored question was: “If I had a choice of hospitals, I would chose this one” at 3.50. The highest scored question was “Staff here believed that I could grow, change, and recover” at 4.38. For Fiscal Year 2009/2010, the overall mean for the question “overall, I am satisfied with the care I received here” was 3.90 (neutral to agree).

Discussion and Implications

The MHSIP Consumer Survey offers valuable information on consumer perspectives of Colorado behavioral health services. Although the measure has limitations, the use of the survey in both community mental health and inpatient settings allows for a broad spectrum of mental health consumer satisfaction. However, it is important to interpret these findings with its limitations in mind. For example, it is important to note that the sampling method used for the community project only samples consumers who are attending sessions at a mental health agency. This data does not capture the opinions of consumers who have discontinued service with the agency for whatever reason or those unable to access services at all. Additionally, there is no information on who declines to complete the survey and how they may differ from those who did respond. Similarly, there are unique challenges to examining limitations to sampling patients as they leave an inpatient setting or as they continue to live in inpatient setting. The population sampled in this inpatient setting may not be representative of the entire population consuming mental health services.

Despite some limitations, the FY10/11 MHSIP outpatient data provide very rich information that may be helpful for informing future behavioral health services. Overall, 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, which is consistent with previous MHSIP outpatient surveys in the past in Colorado. However, it is important to note that despite outcome scores being lower than other domains, two-thirds of respondent still rate outcome positively. One possible explanation for the consistent finding that although positive, it is lower, is that people who have positive outcomes leave treatment and therefore are not sampled. Of interest is that respondents who were employed at the time of the survey had a higher percent agreement with the

outcome domain than respondents who were unemployed. This is consistent with literature on the importance and benefits of work in recovery from mental illnesses⁷.

In summary, the MHSIP 2010/2011 inpatient and community agency data provides invaluable information 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.

For information regarding this report please contact Gina B.Lasky, Ph.D. at the Division of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, 303-866-7400/gina.lasky@state.co.us.

⁷ Lehman, A.F., Goldberg, R., Dixon, L.B., McNary, S., Postrado, L., Hackman, A., et al. (2002). Improving employment outcomes for persons with severe mental illness. *Archives of General Psychiatry*, 59, 165-172.

Appendix A

COLORADO DIVISION OF BEHAVIORAL HEALTH MHSIP SURVEY

For Office Use Only:

PAYOR CODE (Check all that apply):

IND CHP MD MR TPI SP N O

Please indicate your agreement with each of the following statements by circling the number that best represents your opinion. Please answer all questions. If the question is about something you have not experienced, circle the number 9, to indicate that this item is "not applicable" to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1 I liked the services that I received here.	1	2	3	4	5	9
2 If I had other choices, I would still get services from this agency.	1	2	3	4	5	9
3 I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4 The location of services was convenient (parking, public transportation, distance, etc).	1	2	3	4	5	9
5 Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6 Staff returned my calls within 24 hours.	1	2	3	4	5	9
7 Services were available at times that were good for me.	1	2	3	4	5	9
8 I was able to get the services I thought I needed.	1	2	3	4	5	9
9 I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	9
10 Staff here believe I can grow, change and recover.	1	2	3	4	5	9
11 I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	9
12 I felt free to complain.	1	2	3	4	5	9
13 I was given information about my rights.	1	2	3	4	5	9
14 Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	9
15 Staff told me what side-effects to watch for.	1	2	3	4	5	9
16 Staff respected my wishes about who is, and is not to be given information about my treatment.	1	2	3	4	5	9
17 I, not staff, decided my treatment goals.	1	2	3	4	5	9
18 Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5	9
19 Staff helped me obtain information so that I could take charge of managing my illness.	1	2	3	4	5	
20 I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9

	AS A DIRECT RESULT OF SERVICES I RECEIVED:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
--	---	----------------	-------	--------------	----------	-------------------	----------------

21	I deal more effectively with daily problems.	1	2	3	4	5	9
22	I am better able to control my life.	1	2	3	4	5	9
23	I am better able to deal with crises.	1	2	3	4	5	9
24	I am getting along better with my family.	1	2	3	4	5	9
25	I do better in social situations.	1	2	3	4	5	9
26	I do better in school and/or work.	1	2	3	4	5	9
27	My housing situation has improved.	1	2	3	4	5	9
28	My symptoms are not bothering me as much.	1	2	3	4	5	9
29	In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9
30	I am happy with the friendships I have.	1	2	3	4	5	9
31	I have people with whom I can do enjoyable things.	1	2	3	4	5	9
32	I feel I belong in my community.	1	2	3	4	5	9
33	I do things that are more meaningful to me.	1	2	3	4	5	9
34	I am better able to take care of my needs.	1	2	3	4	5	9
35	I am better able to handle things when they go wrong.	1	2	3	4	5	9
36	I am better able to do things that I want to do.	1	2	3	4	5	9

37. What two things do you like the **most** about the services you receive?

38. What two things do you like the **least** about the mental health services you receive?

Please answer the following questions to let us know how you are doing.

39. Approximately how many mental health sessions have you attended through this Center in the **past six months (26 weeks), not including today?**

- 0 1-5 6-11 12-18 19-25 26+

EMPLOYMENT

40. During the past 3 months did you work at a paid job? Yes No

41. During the past 3 months have you spent time doing volunteer work? Yes No

42. In the last year, did you see a medical doctor (or nurse) for a health check up or because you were sick? (Check one)

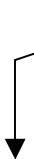
- Yes, in a clinic, office, or home visit Yes, but only in a hospital emergency room No Do not remember

43. Are you being prescribed medication from this Center? Yes No

43a. If yes, did the doctor or nurse tell you what side effects to watch for? Yes No

44. How long have you received mental health services from this Center?

- a. Less than a year (less than 12 months) (*continue to Question 45*)
 b. 1 year or more (at least 12 months) (*Skip to Question 48*)



45. Were you arrested since you began to receive mental health services from this Center?

- Yes No

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

- Yes No

47. Since you began to receive mental health services from this Center, have your encounters with the police...

- a. been reduced (for example, I 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 (I had no police encounters this year or last year)

48. Were you arrested during the last 12 months?

- Yes No

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

- Yes No

50. Over the last year, have your encounters with the police...

- a. been reduced (for example, I 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 (I had no police encounters this year or last year)

51. Are you required by someone else to attend mental health sessions (e.g., social services, court-ordered)?

- Yes No

Please answer the following questions to let us know a little about you.

52. Gender: Woman Man Transgender I prefer not to answer Other: _____

53. Distance from your home to this mental health center: (Please choose one.)

- 0-5 miles 6-10 miles 11-20 miles 20+ miles

54. Do you currently receive Medicaid (Please choose one): Yes No

55. Age Group: 18-20 21-30 31-45 46-64 65-74 75+

56. Ethnicity: I am Hispanic/Latino/a I prefer not to answer
 I am not Hispanic/Latino/a

57. Race: (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I prefer not to answer | |

58. Have you ever served in the U.S. Armed Forces? (Please choose one.): Yes No

59. Are you currently serving in the U.S. Armed Forces including National Guard or Reserves? (Please choose one.):
 Yes No

60. In what branch (branches) of the Armed Forces did you serve or are you currently serving? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Army | <input type="checkbox"/> Air National Guard or Reserve |
| <input type="checkbox"/> Army National Guard or Reserve | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Coast Guard Reserve |
| <input type="checkbox"/> Navy Reserves | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Marine Corp Reserve |

61. In which language(s) do you speak fluently? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese (Mandarin or Cantonese) |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> German | <input type="checkbox"/> Italian |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> I prefer not to answer |

62. Do you identify yourself as any of the following? (Mark all that apply)

- Person who is deaf or hard of hearing
- Person who is blind or partially sighted
- Person with a physical disability
- Person with a developmental disability
- Person with a learning disability
- Person with a traumatic brain injury
- None
- Other _____
- I prefer not to answer

63. How do you describe your sexual orientation?

- Heterosexual
- Lesbian/Gay
- Bisexual
- I prefer not to answer

64. Current Marital/Relationship Status:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Living with Significant Other | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | |

Appendix B: Domain Items

Access Domain (6)

The location of services was convenient.
Staff were willing to see me as often as necessary.
Staff returned my calls within 24 hours.
Services were available at times that were good for me.
I was able to get all the services I thought I needed.
I was able to see a psychiatrist when I wanted to.

Quality/Appropriateness Domain (9)

Staff here believe I can grow, change, and recover.
I felt free to complain.
I was given information about my rights.
Staff encouraged me to take responsibility for how I live my life.
Staff told me what side effects to watch for.
Staff respected my wishes about who is, and is not able to be given information about my treatment.
Staff were sensitive to my cultural/ethnic background.
Staff helped me obtain information so that I could take charge of managing my illness.
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).

Participation in Service/Treatment Planning (2)

I, not staff, decided my treatment goals.
I felt comfortable asking questions about my treatment and medication.

Consumer Perception of Outcomes (8)

I deal more effectively with daily problems.
I am better able to control my life.
I am better able to deal with crisis.
I am getting along better with my family.
I do better in social situations.
I do better in school and/or work.
My housing situation has improved.
My symptoms are not bothering me as much.

General Satisfaction (3)

I like the services that I received here.
If I had other choices, I would still get services from this agency.
I would recommend this agency to a friend or family member.

Appendix C: Payor Status

MHSIP Respondents		
Number of Payors	%	<i>n</i>
One	80.3	1868
Two	11.9	276
<i>Missing</i>	<i>19.7</i>	<i>459</i>
Payor Source ⁸		2642
Indigent	7.1	165
Medicaid⁹ (Self Report)	51.6	1201
Medicaid (Agency Report)	41.9	976
Medicare	7.5	174
Third Party Insurance	4.8	111
Self Pay	9.8	228
Sliding Scale/None	4.6	107
Other	4.4	102
<i>Missing</i>	<i>19.7</i>	<i>459</i>

⁸This data includes only those with one payor source.

⁹ This is the more reliable number regarding Medicaid funding. It is answered by the respondent, whereas the agency data was collected by staff and procedures for collecting this data varied widely and are considered incomplete.

Appendix D: Survey Counts/Response Rate by Agency¹⁰

Agency	Blank Surveys	Completed	Rejected*	Total	Response Rate
Arapahoe/Douglas	250	68	9	77	88.3%
Asian Pacific	50	9	12	21	42.9%
Aurora	350	162	52	214	75.7%
Centennial	250	96	39	135	71.1%
Colorado West	250	127	29	156	81.4%
Community Reach	350	148	42	190	77.9%
Jefferson	350	277	87	364	76.1%
Larimer	350	165	83	248	66.5%
Mental Health Partners	250	124	51	175	70.9%
MHCD	350	155	35	190	81.6%
Midwestern	150	74	23	97	76.3%
North Range	350	222	43	265	98.6%
Aspen Pointe	150	214	61	275	77.8%
San Luis Valley	50	43	4	47	91.5%
Servicios de la Raza	50	38	1	39	97.4%
Southeast	150	67	16	83	80.7%
Axis Health System	175	107	13	120	89.2%
Spanish Peaks	250	150	7	157	95.5%
West Central	250	81	25	106	76.4%
<i>Total</i>	<i>4375</i>	<i>2327</i>	<i>632</i>	<i>2959</i>	<i>78.6%</i>

*Refused or rejected counts are not exact due to procedural difficulties in counting. Response rates should be viewed as approximate.

¹⁰ Response rate calculations should be viewed with caution. Because it is difficult to know with accuracy how many people were offered the survey, it is difficult to calculate an accurate response rate. These numbers are based on rejected survey numbers provided by agency staff and the procedures for obtaining/recording this information varied widely between agencies.

Appendix E: Demographic Information of 2010 MHSIP Respondents

	MHSIP	Respondents
Gender	%	<i>n</i>
Female	62.8	1461
Male	31.4	730
Transgender	.1	3
Other	.4	9
Prefer Not To Answer	.9	20
<i>Missing</i>	4.5	104
Race*	%	<i>n</i>
American Indian/Alaska Native	5.9	138
Asian	1.2	28
Black/African American	4.5	104
Native Hawaiian/Pacific Islander	.8	18
White/Caucasian	69.4	1615
Other	5.6	130
Multi-Racial	4.4	102
Prefer Not To Answer	5.5	129
<i>Missing</i>	6.1	142
Ethnicity	%	<i>n</i>
Hispanic/Latina(o)	16	373
Non-Hispanic/Latina(o)	48.8	1136
Prefer Not To Answer	8.9	208
<i>Missing</i>	26.2	610
Age	%	<i>n</i>
18-20	3	70
21-30	16.5	384
31-45	30	699
46-64	30.8	716
65-74	2.2	51
75+	.4	10
<i>Missing</i>	17.1	397
Sexual Orientation*	%	<i>n</i>
Bisexual	4.3	99
Heterosexual	67.5	1571
Lesbian/Gay	3.4	78
Other	4.4	103
Prefer Not To Answer	11.9	278
<i>Missing</i>	8.5	198
Relationship Status	%	<i>n</i>
Divorced	19.3	450
Living with a Significant Other	6.1	143
Married	19.8	460
Separated	6.3	147
Single	42.9	999
Widowed	2.6	61
Other	2.0	47
Prefer Not To Answer	2.0	47
<i>Missing</i>	7.2	167

* These are not mutually exclusive categories.

	MHSIP	Respondents
Disability*	%	<i>n</i>
Blind/Partially Sighted	3.7	85
Deaf/Hard of Hearing	5.6	131
Developmental Disability	10.5	245
Learning Disability	17.1	398
Physical Disability	24.6	572
Traumatic Brain Injury	6.4	149
Other	11.3	262
Multiple Disabilities	19.5	457
No Disability	33.4	777
Prefer Not To Answer	8.5	198
<i>Missing</i>	<i>17.1</i>	<i>399</i>
Military Service*	%	<i>n</i>
Ever Served /Armed Forces	5.8	135
Currently Serving / Armed Forces	.7	16
Army	2.7	62
Army NG or Reserve	.8	18
Navy	1.2	27
Navy Reserve	.1	3
Marine Corps	.9	20
Air National Guard	.4	10
Cost Guard	.1	2
Coast Guard Reserve	.2	4
Air Force	.9	21
Marine Corps Reserve	.1	3
Served Multiple Branches	.6	15
Prefer Not To Answer	8.2	191
<i>Missing</i>	<i>12.7</i>	<i>295</i>
Language Spoken*	%	<i>n</i>
American Sign	.6	14
Arabic	.3	6
Chinese	.3	7
English	91.4	2128
French	1.3	30
German	1.2	29
Italian	.4	10
Japanese	.3	7
Korean	.3	6
Polish	.3	7
Russian	.4	9
Spanish	10	233
Tagalog	.1	3
Vietnamese	.3	6
Other	1.2	28
Multiple Languages	11	256
<i>Prefer Not To Answer</i>	<i>1.3</i>	<i>30</i>

* These are not mutually exclusive categories.

Appendix F: Comparison of Demographic Information of 2010 MHSIP to 2010 CCAR Respondents

Gender	MHSIP Respondents		CCAR Respondents	
	%	<i>n</i>	%	N
Female	62.8	1461	61.4	47970
Male	31.4	730	38.6	30178
Age Group				
18-21 years	3	70	7.5	5830
21-31 years	16.5	384	25.4	19818
31-45 years	30	699	33.2	25977
46-65 years	30.8	716	29.3	22925
65-75 years	2.2	51	3.3	2547
75+ years	.4	10	1.3	1051
Race				
American Indian/Alaska Native	5.9	138	2.9	2281
Asian	1.2	28	1.1	887
Black/African American	4.5	104	6.8	5292
Multi-Racial	4.4	102	2.6	2036
Native Hawaiian/Pacific Islander	.8	18	.3	250
Other	5.6	130	16.9	13171
White/Caucasian	69.4	1615	75.8	59100
Ethnicity¹¹				
Non-Hispanic/Latina/o	48.8	1136	82.4	64370
Hispanic/Latina/o	16	373	17.6	13778
Marital Status¹²				
Single/Never Married	42.9	999	47.1	36834
Divorced	19.3	450	24.5	19142
Married	19.8	460	18.4	14342
Widowed	2.6	61	2.9	2277
Separated	6.3	147	7.1	5527
Paid Employment¹³				
Yes	25.2	587	9.9	7734
No	70.0	1628	37.1	29024

¹¹ The difference here may be a result of missing data on the MHSIP. 26.2% of respondents did not answer regarding ethnicity.

¹² The option "Living with Significant Other" was removed from this analysis because the CCAR does not have an analogous option

¹³ The significant differences here may be a result of the CCAR having many more choices for employment (part time, etc.) than on the MHSIP, which is a yes/no, question.

Appendix G: Percent Endorsement of MHSIP Domains by Item

Access Domain Item Endorsement

Access Item (N)	Percent Endorsement					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The location of services was convenient (2305).	49.3	31.1	11.7	4.9	1.4	.6
Staff were willing to see me as often as necessary (2302).	54.7	30.0	7.7	3.7	1.2	1.6
Staff returned my calls within 24 hours (2307).	46.7	27.4	11.6	5.8	2.2	5.5
Services were available at times that were good for me (2302).	54.6	32.8	8.3	2.4	.4	.4
I was able to get all the services I thought I needed (2314).	52.9	34.2	8.3	2.8	.7	.6
I was able to see a psychiatrist when I wanted to (2295).	37.6	29.9	14.4	7.0	2.8	6.9

Quality/Appropriateness Domain Item Endorsement

Quality/Appropriateness Item (N)	Percent Endorsement					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Staff here believe I can grow, change, and recover (2300).	56.3	29.7	9.5	1.2	.5	1.7
I felt free to complain (2300).	45.4	31.9	12.9	3.8	1.5	3.2

I was given information about my rights (2301).	56.6	31.6	6.8	1.8	.7	1.4
Staff encouraged me to take responsibility for how I live my life (2296).	54.4	32.7	7.3	1.5	.5	2.4
Staff told me what side effects to watch for (2289).	40.6	29.4	13.0	5.5	2.0	8.0
Staff respected my wishes about who is, and is not able to be given information about my treatment (2301).	58.4	28.6	7.4	1.6	.7	2.1
Staff were sensitive to my cultural/ethnic background (2287).	45.6	25.8	15.1	1.5	.6	9.7
Staff helped me obtain information so that I could take charge of managing my illness (2301).	46.2	33.6	10.8	2.5	1.1	4.5
I was encouraged to use consumer-run programs (2287).	44.2	29.3	13	4.0	1.0	6.8

Participation Domain Item Endorsement

Participation Item (N)	Percent Endorsement					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
I felt comfortable asking questions about my treatment and medication (2308).	56.5	31.4	6.9	2.0	.6	1.9
I, not staff, decided my treatment goals (2294).	42.2	33.0	14.5	5.0	1.7	2.2

Outcome Domain Item Endorsement

Outcome Item (N)	Percent Endorsement					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
I deal more effectively with daily problems (2280).	35.8	39.7	16.1	3.8	1.3	1.3
I am better able to control my life (2282).	34.0	38.8	18.8	4.0	1.2	1.2
I am better able to deal with crisis (2278).	31.4	36.9	21.1	5.5	1.6	1.4
I am getting along better with my family (2275).	32.3	32.0	20.5	6.2	2.1	4.7
I do better in social situations (2273).	27.9	33.0	23.6	8.4	2.3	2.4
I do better in school and/or work (2247).	21.2	22.0	24.0	6.8	1.7	20.8
My housing situation has improved (2254).	28.5	23.5	22.7	7.7	3.7	10.7
My symptoms are not bothering me as much (2267).	24.6	32.3	22.2	11.7	4.1	2.5

General Satisfaction Domain Item Endorsement

Satisfaction Item (N)	Percent Endorsement					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
I like the services that I received here (2319).	61.7	30.5	5.7	.8	.5	.5
If I had other choices, I would still get services from this agency (2315).	52.9	30.3	10.7	3.1	1.4	1.1
I would recommend this agency to a friend or family member (2305).	59.5	28.8	7.9	1.4	.7	.7