

MHSIP Consumer Survey Technical Report Fiscal Year 2012

A Report from the Colorado Department of Human Services

Division of Behavioral Health



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About this Report

In 2011, the Colorado Division of Behavioral Health (DBH) conducted its fifteenth annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2012 (July 1, 2011-June 30, 2012). 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 collection and evaluation.

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, gender, and ethnicity), as well as two open-ended questions 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 fifteenth year of the MHSIP survey in Colorado, it is only the third year of the convenience sample procedure. In late 2008, a work group of stakeholders was formed in order to address 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 FY 2012's MHSIP data, as well as FY 2009 and FY 2010/2011¹'s data. Surveys were given directly to consumers when they arrived for their appointment, meaning that these consumers were currently receiving services. In previous survey administrations, the surveys were 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. Lastly, all consumers were included in the survey regardless of payor source. This was modified from previous years that included only the consumers who were indigent or on Medicaid (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 in September/October 2011. Consumers who were attending their first appointment, or 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 2012 survey period. IDS mailed a 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 or refused) surveys in a secure box located at the center. At the end of the data collection period, centers shipped all surveys (completed or 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 since it undermined 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

This year, the agencies provided feedback on collecting response rate. Some reported that it was difficult for the front desk staff to keep track the number of surveys that were offered and rejected as well as the number of surveys that were offered and completed. Instead, it was proposed that each agency report the number of consumers with scheduled appointments during the MHSIP survey period. Then, response rate could be calculated by taking the number of surveys completed from each agency divided by the number of consumers scheduled for appointments. When calculating response rate in this way, it is assumed that every consumer was offered the survey and either declined or accepted. There is no way to verify that this process actually happened. The Division received a total of 2,396 completed or partially completed surveys. Soon after the survey administration, agencies were asked for the number of consumers that were seen during the survey period. All agencies responded with their numbers, but the numbers were not broken down into adult and youth numbers, as the Division did not ask for these separate

¹ Last year's report was named FY 2010/2011 in order to help align the data collection and report title more accurately. Please see the MHSIP Consumer Survey Technical Report Fiscal Year 2010/2011 for more information.

numbers. As analyses were conducted, it became apparent that adult and youth numbers needed to be reported separately in order to calculate response rate. The Division then asked agencies for these separate numbers, and all responded except for 2 agencies (see Appendix D). In order to complete the report, the response rate is calculated without these two agencies' responses. For the 17 agencies that reported numbers, 2,151 surveys were completed or partially completed, and 18, 877 adult consumers were reportedly seen during the 3-week survey period, representing a 11.4% return rate (see Appendix D). This percentage is significantly different from the last couple of years (FY 2010/2011, 78.6%; FY 2009, 82.1%), however the number of surveys completed is consistent with last year's numbers (2,327).

This year's survey process was not significantly different from the two previous years, and the number of surveys completed this year was similar to the number completed last year (2,396 and 2,327, respectively). Therefore, it is likely that the change in the methodology of calculating response rate significantly contributed to the wide discrepancy rather than a true difference in response rate this year compared to previous years.

Respondent Demographics

The majority of the MHSIP respondents who reported gender were female (64.6%). Respondents were generally middle aged with 36.2% between 31-45 years old and another 35.6% between 46-64 years old. Regarding sexual orientation, respondents were asked to indicate which sexual identity(ies) they identified themselves. Of those who chose a sexual orientation, the majority identified as heterosexual (84.9%) followed by other sexual orientation (5.5%), bisexual (5.1%), and lesbian or gay (3.6%). A small percentage (.9%) chose more than one sexual orientation. Many respondents (19.4%) either left the item blank or marked "Prefer not to Answer."

Following national guidelines, race and ethnicity were separated into two questions on the survey. Hispanic/Latino(a) was the sole choice for ethnicity, and 21.5% of respondents endorsed this item. However, 32.3% of the responses were missing or marked "Prefer 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 (94%). The majority of respondents identified as White/Caucasian (79.0%) followed by African American/Black (5.3%) and American Indian/Alaska Native (3.0%). Refer to Appendix E for all responses. Approximately 16% left this item blank or chose "Prefer not to Answer." With respect to place of residence, 49.9% of respondents indicated that they lived within 5 miles of the mental health center, 27.5% lived 6-10 miles away, 14.8% lived 11 to 20 miles away, and 7.8% lived more than 20 miles away. Relationship Status and Military Service are also presented in Appendix E.

Language. Regarding language fluency, 11.4% of respondents were bi- or multi-lingual while the majority of respondents spoke one language fluently (88.3%). Of those respondents that spoke one language, most often the language was English (86.6%) followed by Spanish (1.3%). For additional information, see Appendix E.

Disability. Over half of the respondents in this survey left these items blank or chose "Prefer not to Answer." Of those who chose other responses, (58.8%) reported having at least one type of disability (excluding mental health, although those who chose "Other" may have filled in a mental health disability). Almost one-fourth of respondents (23.5%) identified as having multiple disabilities. Of those with one disability endorsed, the highest reported were a physical disability (10.1%) and other (9.0%). Regardless of number of disabilities endorsed, the highest reported were physical disability (22.1%) and learning disability (17.6%).

Employment. Regarding employment, 28.4% were employed within the three months prior to the survey, whereas 71.6% reported not having worked at a paid job during that time period; however, 27.6% of those unemployed consumers indicated they volunteered during this time frame.

Criminal Background. In 2011 (FY 2012), the survey asked about criminal background (arrests) for respondents who had received services for more than one year and for those who had received services for less than one year. For respondents who had received services for more than one year, 9.2% of survey respondents reported having been arrested in the past 12 months with a slightly higher proportion (10.3%) indicating having been arrested in the 12 months prior to that time frame. For those who had received services for less than one year, 10.5% reported having been arrested in the past 12 months with a slightly higher proportion (17.7%) having been arrested in the 12 months

prior to that time frame. Please note that a significant percentage (43.0%, 43.8%, 38.9%, and 39.9%, respectively) did not answer these questions at all.

Payor Source. On this year's survey, there were two ways of collecting data regarding respondents' payor source. There were three specific items on the survey: "Do you currently receive Medicaid" with a yes/no answer; "What other form of insurance do you have?" with multiple options; and "What form of payment best describes your payment plan for services here?" with multiple options. In addition, agency staff was asked to mark up to three payor sources of the respondent on the survey when handing it to them. According to respondents answering the survey question, 55.3% were currently receiving Medicaid at the time of survey completion (with only 5.0% of respondents missing data on this item). The next highest endorsed option was "no insurance," with 34.1% of the respondents endorsing this choice. The option of "Medicaid/Medicare co-pay" was the most frequently chosen response (43.6%) to the payment plan for services, followed by "no payment" (16.2%). The agency data are not seen as an accurate representation of payor source this year, as 78.5% were not filled out in the designated spot by staff on the surveys. It may be that staff members provided the payor code on the cover page of the survey instead of in the designated spot on the first page of the survey, and the cover page was removed for all surveys before IDS processed them. See Appendix C for more detail on payor source.

Health Services Utilization and Treatment Duration. Among FY 2012 MHSIP respondents, 67.3% 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 9.1% 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 sessions (30.1%) or 6-11 sessions (24.0%). However, a little over 40% received 12 or more sessions, with 17.1% of MHSIP respondents attended 12-18 sessions, 10.5% attended 19-25 sessions, and 14.8% attended 26 or more sessions. Additionally, 19.1% of respondents reported that they are required by someone else (e.g., social services, court-ordered) to attend sessions. Lastly, a majority of respondents (71.4%) reported that they were receiving medication treatment through their agency at the time of survey completion.

Consumer Input for Future Surveys. On this year's survey, there was a question asking MHSIP respondents for input into future surveys. Specifically, the question was, "In the future, would you like to complete this survey online?" Approximately 60% of respondents reported they would like to do so, and approximately 40% reported that they would not like to do so.

FY 2010/2011 and 2012 Demographic Comparison. In terms of comparing MHSIP respondent demographics from year to year, the demographics of FY 2010/2011 are similar to FY 2012 demonstrating that the populations are highly comparable in terms of demographic information. See Figure 1 and 2 for demographic data.

Figure 1. Age of respondents by percentage

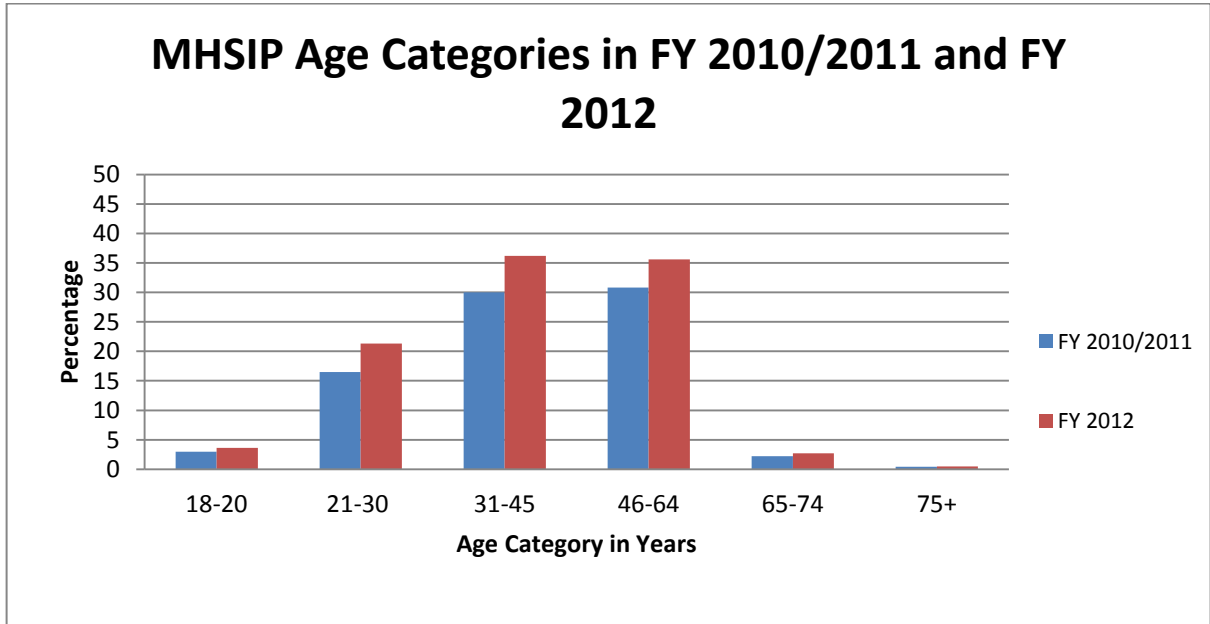
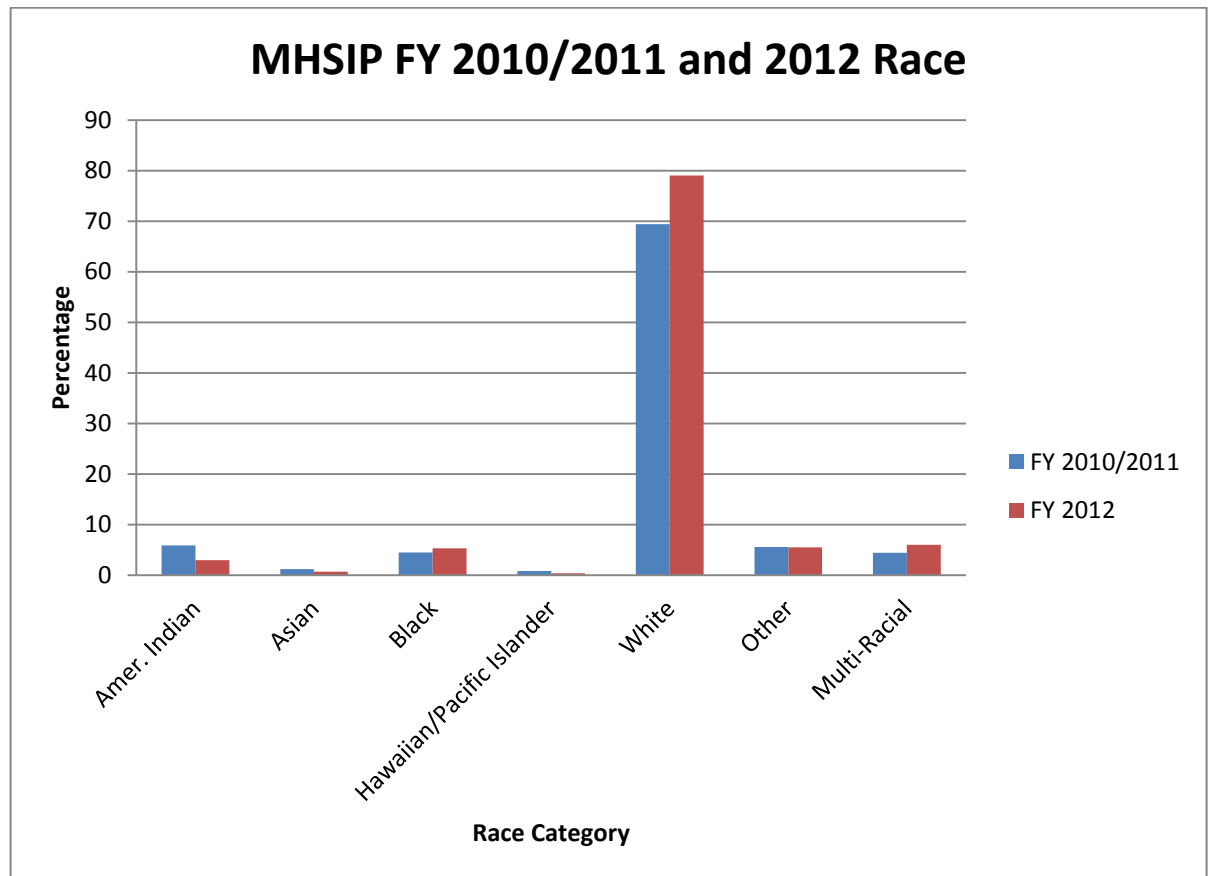


Figure 2. Race of respondents by percentage (Single Race Category)



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 completed for all publicly funded consumers 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, single/never married as the primary marital status, and adults (21-65) were the primary age group served. Respondents identifying as Hispanic/Latino(a) in both samples were similar with 22% on the MHSIP and 18% on the CCAR. The two demographic variables that differed the most (percentage-wise) was paid employment. For paid employment, MHSIP respondents reported a higher level of employment. This may be a result of the CCAR having many more choices regarding employment status than the MHSIP, which has a yes/no question. It may also be that clinicians are not always aware of a consumer'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 on a Likert scale 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. A higher percentage of agreement reflects greater satisfaction in each domain.

Table 1. *MHSIP Domain Items*

<p>Access Domain (6)</p> <ul style="list-style-type: none">▪ <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>Quality/Appropriateness Domain (9)</p> <ul style="list-style-type: none">▪ <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>Participation in Service/Treatment Planning (2)</p> <ul style="list-style-type: none">▪ <i>I, not staff, decided my treatment goals.</i>▪ <i>I felt comfortable asking questions about my treatment and medication.</i> <p>Consumer Perception of Outcomes (8)</p> <ul style="list-style-type: none">▪ <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>General Satisfaction (3)</p> <ul style="list-style-type: none">▪ <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>
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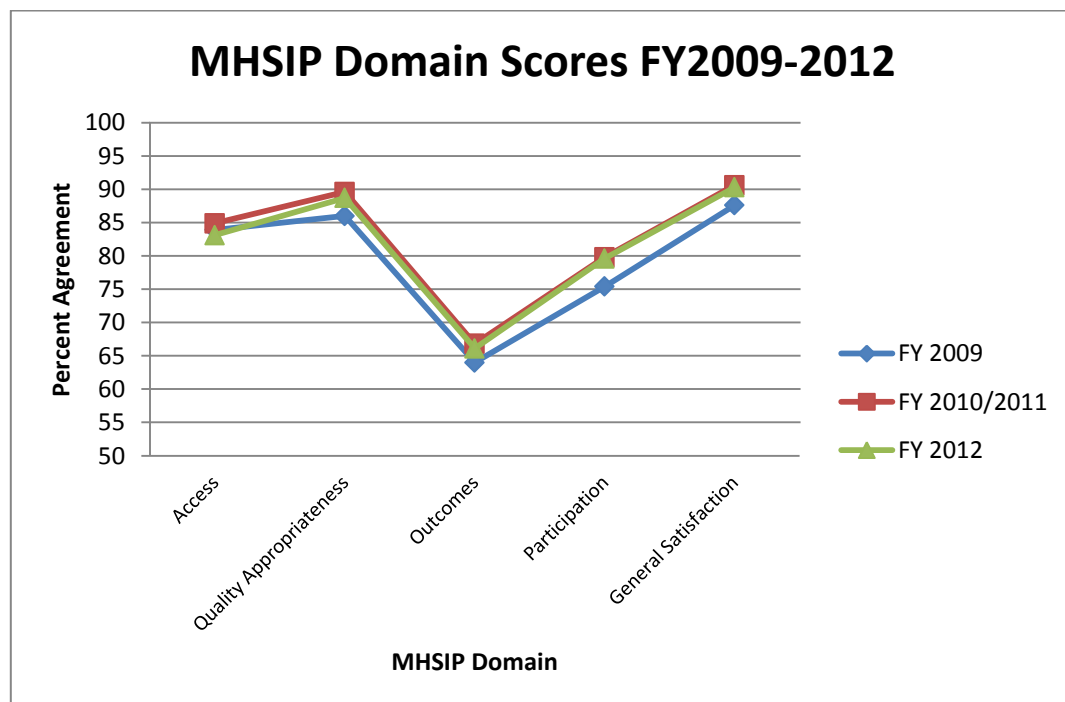
Table 2 presents summary results in percentages with confidence intervals (95%) for the total scores for the 2012 fiscal year as well as for 2009 and 2010/2011. Looking at the trends over time, the 2012 fiscal year levels of agreement remained relatively stable for all domains compared to fiscal years 2009 and 2010/2011. 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
2009	83.9	86.0	64.0	75.4	87.6
95% CI	82.5-85.3	84.7-87.3	62.1-65.9	73.7-77.1	86.3-88.9
n	2217	2272	1692	1993	2315
2010/2011	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
2012	83.1	88.7	66.1	79.6	90.3
95% CI	81.6-84.6	87.5-89.9	64.2-68.0	78.0-81.2	89.2-91.4
n	1973	2069	1506	1812	2150

Because the procedure since 2009 has been 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 three years are consistent and follow the same overall trend in percent agreement.

Figure 3. Domain scores for FY 2009, 2010/2011, and 2012



Demographics and Domain Agreement

Analysis of variance tests were 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. Due to the large differences in sample size between “Prefer Not to Answer” and the other response choices for some of the questions, the demographic variables were analyzed without this response choice.

Gender

Analysis of Variance results did not find any overall significant differences between scores on the on the domains by gender using a significance level of $p < .001$. However, the Outcome domain neared statistical significance [$F(3, 2199) = 4.7, p = .003$].

Table 3. *Valid Percent Agreement by Gender*

Gender (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Woman (1,418)	82	89	65	81	91
Man (753)	85	89	69	78	90
Transgender (9)	90	80	56	70	80
Other (14)	67	93	27	79	71

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 (<i>n</i>)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
18-20 (66)	85	94	68	86	90
21-30 (383)	84	91	68	80	91
31-45 (653)	82	89	64	82	90
46-64 (635)	83	88	67	77	91
65-74 (46)	84	81	65	74	96
75+ (8)	89	75	88	50	90

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

A significant difference was found between scores on the Access domains by Ethnicity using a significance level of $p < .001$. A t-test was used for this analysis because there are only two response choices [$t(646) = 3.3, p = .001$; equal variance not assumed as Levene’s test was significant]. See Table 5 for percent agreement across domains by Ethnicity groups.

Table 5. *Valid Percent Agreement by Ethnicity*

Ethnicity (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Hispanic (334)	89	90	66	81	92
Non-Hispanic (1,216)	82	90	65	81	91

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

Significant differences were not found between scores on domains by Race using a significance level of $p < .001$. See Table 6 for percent agreement across domains by Race groups.

Table 6. *Valid Percent Agreement by Race*

Race (<i>n</i>)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
American Indian/Alaska Native (58)	82	80	62	74	83
Asian (14)	79	80	60	67	80
Black/African American (102)	85	89	64	80	88
White/Caucasian (1,520)	83	90	67	80	91
Native Hawaiian/Pacific Islander (9)	78	89	67	67	100
Multiracial (114)	83	91	62	80	92
Other (103)	89	88	68	79	89

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 7 for the percent agreement of all domains by sexual orientation.

Table 7. *Valid Percent Agreement by Sexual Orientation*

Sexual Orientation (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Bisexual (94)	81	95	61	78	90
Heterosexual (1,561)	84	90	67	80	91
Lesbian/Gay (68)	79	81	60	69	87
Multiple Responses (17)	100	100	76	100	94
Other (103)	86	89	66	83	90

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 indicate significant differences between scores on the Outcome domain by Disability at a significance level of $p = .001$ [$F(8) = 3.231$, $p = .001$]. Specifically, there was a significant difference between those who identify as having no disability and as those who identify as having multiple disabilities on the Outcome

domain (79% and 52% agreement, respectively.). See Table 8 comparisons of percent agreement for all domains by disability.

Table 8. *Valid Percent Agreement by Disability*

Disability (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Blind/Partially Sighted (30)	90	87	77	83	87
Deaf/Hard of Hearing (38)	81	80	73	76	81
Developmental (57)	83	93	74	79	91
Learning (139)	87	91	70	85	92
None (770)	85	90	72	82	92
Physical (186)	86	90	68	84	92
TBI (44)	89	87	64	79	91
Multiple Disabilities (451)	81	88	59	77	90
Other (173)	84	93	63	82	93

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 did not relate to a significant difference between levels of agreement in the Outcomes domain. See Table 9 for percent agreement on all domains by employment status.

Table 9

Valid Percent Agreement by Employment Status within past three months

Employment (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Employed (628)	84	89	71	80	91
Unemployed (1,576)	83	88	64	79	90

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 10 comparisons of percent agreement for all domains by language.

Table 10. *Valid Percent Agreement by Language²*

Language (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
English (1,861)	83	90	66	80	91
Spanish (26)	82	85	70	78	86
Bilingual (208)	86	86	67	76	88
Multi-Lingual (35)	84	86	70	80	92

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.

² All other language choices had 10 or fewer responses and were not included in the table.

Medicaid Status

Analysis of Variance examining differences in valid percent agreement on domains for agency-reported payor source was not conducted due to the large amount of missing data. However, analyses were conducted between self-reported Medicaid and Non-Medicaid respondents. No significant differences were found at the $p < .001$ level. See Table 11 comparisons of percent agreement for all domains by self-reported Medicaid status.

Table 11. *Valid Percent Agreement by Self-reported Medicaid Status*

Medicaid Status (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Medicaid (1,199)	83	89	66	81	90
Non-Medicaid (972)	84	89	67	79	91

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 81% 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 responses to the open-ended question of "What two things do you like most about the services you receive?" were reviewed for common themes. The following themes were found from the responses:

- Positive experiences and perceptions of staff
 - Front desk and office staff, specific therapists, and general "staff" were mentioned as being caring, kind, warm, and respectful. In addition, respondents felt "confident" and "comfortable" with staff. One respondent said, "Staff have treated me with respect, kindness and sincere consideration, all which I am most grateful for."
 - Specific therapists were named many times as one of the things the respondents liked most about the services. Data would seem to support the well-established research finding that the relationship between therapist and consumer is instrumental to satisfaction and outcome³.
- Appreciation of non-judgmental listening
 - Many respondents commented that the therapists listened to them and did not criticize or judge them. For example, "They listen to me and don't judge me."
- Feel needs are being met
 - Many respondents' comments reflected a satisfaction that their needs were being met, whether it was that the therapist listened and helped or getting the right medication in a timely manner.
- Location, cost, and convenience of services

³ 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.

- Access to services through low or no cost was frequently mentioned by the respondents, as well as the convenient and nice facilities. In addition, others stated they appreciated the ease of being able to schedule their appointments at convenient times.
- Outcomes
 - Respondents commented that the services they received improved the way they felt or thought about things. Here are several examples of comments within this theme:
 - “The staff – they have helped me when I thought it’d be best to die. I don’t feel that way now.”
 - “I’m learning new ways to handle life.”
 - “Being able to deal with depression, cope with everyday life.”
 - “They helped me gain stability, and they saved my life!”
 - “The second thing that I like most is that through this center and its staff, I have been given a future, and a fighting chance for happiness.”

The responses to the open-ended question of “What two things do you like least about the services you receive?” were also reviewed for common themes. The following themes were found within the responses:

- Nothing
 - Many of the respondents said that there was nothing they liked least about the services. Examples include, “can’t complain,” “nothing! I love everything about it.” “I am content.” and “I am very satisfied with the services I receive.”
- Want longer sessions
 - Many respondents’ comments reflected a desire for longer sessions. For example, “I don’t like it when the groups end so fast. I don’t like it when my sessions end too fast, especially after we really get going.”
- Difficulty getting appointments or calls back
 - Comments about difficulty getting appointments were across different types of providers, such as therapists, case managers, and psychiatrists. Many respondents also stated that providers did not return their phone calls or were delayed in returning phone calls (3 days or more). Below are some quotes from respondents within this theme:
 - “That my therapist is so overloaded with cases that scheduling weekly appointments is difficult. And scheduling them at the same time each week is even harder.”
 - “The case managers are overburdened. You need to hire more case managers to lessen their workload. As a result, I don’t see my case manager enough and she is stressed.”
 - “Unable to get appointment with psychiatrist in a timely manner – long delays.”
- Cost of services
 - Some respondents stated that they didn’t have enough money for the services. Others’ comments were more to do with inconsistent billing and just the general cost of services.
- Location and environment
 - Respondents who commented about location stated that the center was too far from their home. Others mentioned environmental concerns, such as parking issues; wanting more magazines, color in the rooms, and food and drink.

- Related to no-smoking environments, several respondents listed that they needed more frequent smoke breaks.
- Switching therapists too often – turnover
 - The turnover of staff was another theme reflected in the responses. For example, “There is no guarantee that you will have the same counselor for a while. It seems that they all come, then leave after 6-8 months. It sucks!” and “I wish I could have had the doctor I liked longer. I don’t like changing so many doctors.”
- Outcome
 - Fewer respondents discussed outcome explicitly in their responses. Some were not satisfied with the lack or rate of progress.
 - “I would like to see more progress...”
 - “I’m not better as I thought I would be.”

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 community mental health 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. Lastly, the method of calculating response rate does not appear to be an accurate measure, as this year’s response rate was significantly lower than in previous years, even though the number of surveys completed was consistent across the years.

Despite some limitations, the FY 12 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 are the differences between self-identified Non-Hispanic and Hispanic respondents on the Access domain and between self-identified respondents with no disabilities and respondents with multiple disabilities on the Outcome domain.

In summary, the MHSIP 2012 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.

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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 Other: _____ I prefer not to answer

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

54a. What other form of insurance do you have (Mark all that apply):

Medicare Third Party Insurance (not Medicaid) No Insurance

54b. What form of payment best describes your payment plan for services here (Please choose one):

Sliding Scale Self-Pay No Payment
 Medicaid/Medicare Co-pay Third Party Insurance Co-pay

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)

American Indian/Alaska Native (Tribal Affiliation _____)
 Black/African American Native Hawaiian/Pacific Islander
 White/Caucasian Other: _____
 Asian 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)

Army Navy Reserves Air Force
 Army National Guard or Reserve Coast Guard Air National Guard or Reserve
 Navy Coast Guard Reserve Marine Corps
 Marine Corp Reserve

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

English Chinese (Mandarin or Cantonese) Korean
 Spanish Russian Vietnamese
 American Sign Language Japanese Tagalog
 German Italian Arabic
 French Polish I prefer not to answer
 Other _____

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

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

63. How do you describe your sexual orientation?

Heterosexual Other: _____
 Lesbian/Gay I prefer not to answer
 Bisexual

64. Current Marital/Relationship Status:

Single Living with Significant Other Other: _____
 Married Separated I prefer not to answer
 Divorced Widowed

65. In the future, would you complete this survey online? Yes No

THANK YOU!

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 ⁴	%	<i>n</i>
None	20.9	108
One	66.3	342
Two	12.8	66
<i>Missing</i>	78.5	1660
Insurance ⁵	%	<i>n</i>
Medicaid	55.3	1260
No Insurance	34.1	816
Medicare	28.9	692
Third Party	11.6	279
Don't Know	7.0	167
Payment Plan for Services	%	<i>n</i>
Medicaid/Medicare Co-pay	43.6	974
No payment	16.2	361
Sliding scale	14.6	326
Don't know	10.5	234
Self-pay	9.4	209
Third-party co-pay	5.9	131
Missing	6.7	161

⁴ This data represents provided payor source for less than ¼ of the respondents. Over 75% of the data for this question were missing.

⁵ Numbers are not mutually exclusive. This is the more reliable number regarding Medicaid funding. It is answered by the respondent and only 5% of the data was missing. The agency data was provided by staff and over 75% of that data was missing. Due to the large percentage of missing data, these numbers are not provided.

Appendix D: Survey Counts/Response Rate by Agency⁶

Agency	Completed	Number of Adult Consumers Seen	Response Rate
Arapahoe/Douglas	114	1,894	6.0%
Asian Pacific	5	72	6.9%
Aspen Pointe	300	2,308	13.0%
Aurora	171	2,312	7.4%
Axis Health System	92	425	21.7%
Centennial	152	582	26.1%
Colorado West	123	2,027	6.0%
Community Reach ⁷	119	Not Provided	Not Calculated
Jefferson	128	1,910	6.7%
Larimer ⁸	126	Not Provided	Not Calculated
Mental Health Partners	278	1,330	20.9%
Mental Health Center of Denver	164	1,436	11.4%
Midwestern	53	993	5.3%
North Range	232	994	23.3%
San Luis Valley	21	358	5.9%
Servicios de la Raza	6	37	16.2%
Southeast	53	184	28.8%
Spanish Peaks	169	1565	10.8%
West Central	90	450	20.0%
<i>Total</i>	<i>2,151⁹</i>	<i>18,877</i>	<i>11.4%</i>

⁶ These numbers are based on agency-reported numbers of adults seen during the survey time period.

⁷ Not included in the calculation of response rates

⁸ Not included in the calculation of response rates

⁹ This number does not include Community Reach or Larimer, as they did not provide numbers for adult consumers seen during the survey period.

Appendix E: Demographic Information of FY 2012 MHSIP Respondents

MHSIP Respondents		
Gender	%	n
Female	64.6	1,489
Male	34.3	791
Other	0.7	15
Transgender	0.4	10
<i>Prefer Not To Answer</i>	.3	8
<i>Missing</i>	3.5	83
Race*	%	N
White/Caucasian	79	1,592
Multi-Racial	6	121
Other	5.5	111
Black/African American	5.3	107
American Indian/Alaska Native	3	61
Asian	0.7	15
Native Hawaiian/Pacific Islander	0.4	9
<i>Prefer Not To Answer</i>	.2	4
<i>Missing</i>	6.1	145
Ethnicity	%	n
Non-Hispanic/Latina(o)	78.5	1,272
Hispanic/Latina(o)	21.5	349
<i>Prefer Not To Answer</i>	8.6	207
<i>Missing</i>	23.7	568
Age	%	n
18-20	3.6	68
21-30	21.3	401
31-45	36.2	683
46-64	35.6	672
65-74	2.7	51
75+	0.5	10
<i>Missing</i>	21.3	511
Sexual Orientation	%	N
Heterosexual	84.9	1,638
Other	5.5	106
Bisexual	5.1	99
Lesbian/Gay	3.6	70
Multiple Responses	0.9	17
<i>Prefer Not To Answer</i>	12.1	291
<i>Missing</i>	19.2	461
Relationship Status	%	n
Single	45.1	1,011
Married	19	426
Divorced	17.4	390
Living with a Significant Other	6.1	137
Separated	4.8	108
Multiple Responses	3.2	72
Widowed	3.1	69
Other	1.3	30
<i>Prefer Not To Answer</i>	2.7	64
<i>Missing</i>	6.3	152

* These are not mutually exclusive categories.

	MHSIP	Respondents
Disability*	%	<i>n</i>
No Disability	34	814
Multiple Disabilities	23.5	464
Physical Disability	22.1	529
Learning Disability	17.6	421
Other	13.2	317
Developmental Disability	9.3	223
Traumatic Brain Injury	6.6	159
Deaf/Hard of Hearing	5.2	125
Blind/Partially Sighted	3.6	87
<i>Prefer Not To Answer</i>	9.5	227
<i>Missing</i>	17.2	412
Military Service*	%	<i>n</i>
Ever Served /Armed Forces	6.1	138
Currently Serving / Armed Forces	1.8	40
Army	3.7	88
Army NG or Reserve	0.8	20
Navy	0.9	22
Navy Reserve	0.2	4
Marine Corps	0.4	9
Air National Guard	0.1	3
Coast Guard	0.1	3
Coast Guard Reserve	0.1	2
Air Force	0.6	15
Marine Corps Reserve	0.2	4
Served Multiple Branches		
<i>Prefer Not To Answer</i>	4.7	112
<i>Missing</i>	5.9	141
Language Spoken*	%	<i>n</i>
English	92.2	2,208
Spanish	8.4	202
Multiple Languages	1.7	38
Other	1.5	37
American Sign Language	1.2	28
German	1.2	28
French	0.9	22
Italian	0.3	8
Russian	0.3	7
Arabic	0.2	5
Korean	0.2	4
Chinese	0.1	2
Japanese	0.1	3
Polish	0.1	2
Tagalog	0.1	2
Vietnamese	0	1
<i>Prefer Not To Answer</i>	1.7	40
<i>Missing</i>	6.1	145

* These are not mutually exclusive categories.

Appendix F: Comparison of Demographic Information of FY 2012 MHSIP to FY 2012 CCAR¹³ Respondents

	MHSIP Respondents		CCAR Respondents	
	%	<i>n</i>	%	N
Gender¹⁰				
Woman	65.3	1,489	61.8	28,982
Man	34.7	791	38.2	17,887
Age Group				
18-20years	3.6	68	6.8	3,186
21-30 years	21.3	401	24.2	11,364
31-45 years	36.2	683	34.3	16,061
46-64 years	35.6	672	30.2	14,172
65-74 years	2.7	51	3.4	1,600
75+ years	.5	10	1.0	486
Race				
American Indian/Alaska Native	3.0	61	1.5	593
Asian	.7	15	1.1	422
Black/African American	5.3	107	8.5	3,249
Multi-Racial	6.0	121	4.6	1,764
Native Hawaiian/Pacific Islander	.4	9	.2	81
Other	5.5	111	3.4	1,293
White/Caucasian	79.0	1,592	80.7	31,033
Ethnicity				
Non-Hispanic/Latina/o	78.5	1,272	82.0	38,435
Hispanic/Latina/o	21.5	349	18.0	8,434
Marital Status¹¹				
Single/Never Married	50.4	1,011	47.9	22,430
Divorced	19.5	390	24.1	11,309
Married	21.3	426	18.3	8,592
Widowed	3.4	69	2.9	1,350
Separated	5.4	108	6.8	3,188
Paid Employment¹²				
Yes	28.4	658	20.8	9,734
No	71.6	1,656	79.2	37,135

¹⁰ The MHSIP options of “Transgender” and “Other” were removed from this analysis because the CCAR does not have analogous options.

¹¹ The MHSIP options “Living with Significant Other,” “Other” and multiple responses were removed from this analysis because the CCAR does not have analogous options.

¹² The options from CCAR included in paid employment are full-time, part-time, supported, and armed forces. The MHSIP question only has two options, which are “yes” and “no” for paid employment.

¹³ The CCAR data represent CCARs given from July 1st, 2011 – April 13th, 2012. The end date is April 13th, 2012 because that is when the data was pulled to write this technical report.

Appendix G: Percent Endorsement of MHSIP Domains by Item¹⁴

Access Domain Item Endorsement

Access Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The location of services was convenient (2363).	46.6	33.9	12.4	5.5	1.6
Staff were willing to see me as often as necessary (2350).	54.9	32.0	8.1	3.5	1.4
Staff returned my calls within 24 hours (2216).	48.7	29.9	12.6	5.8	3.0
Services were available at times that were good for me (2364).	51.9	36.5	7.7	2.4	1.5
I was able to get all the services I thought I needed (2374).	52.6	34.1	8.9	3.0	1.4
I was able to see a psychiatrist when I wanted to (2209).	40.1	31.5	16.1	7.9	4.4

Quality/Appropriateness Domain Item Endorsement

Quality/Appropriateness Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff here believe I can grow, change, and recover (2336).	55.6	33.3	9.3	1.1	.7
I felt free to complain (2321).	45.8	34.8	13.4	4.1	1.8
I was given information about my rights (2352).	56.8	34.1	6.3	2.1	.7
Staff encouraged me to take responsibility for how I live my life (2322).	54.3	35.4	8.3	1.4	.5
Staff told me what side effects to watch for (2369).	40.3	30.5	13.5	6.0	2.5

¹⁴ “Not Applicable” was an additional response choice; those responses are not included in the overall percentages provided in this table

Staff respected my wishes about who is, and is not able to be given information about my treatment (2368).	56.5	31.3	7.5	1.2	1.2
Staff were sensitive to my cultural/ethnic background (2363).	44.6	28.9	14.9	1.4	1.3
Staff helped me obtain information so that I could take charge of managing my illness (2372).	46.9	33.8	11.6	3.1	1.4
I was encouraged to use consumer-run programs (2370).	43.2	32.2	14.3	3.3	1.4

Participation Domain Item Endorsement

Participation Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt comfortable asking questions about my treatment and medication (2334).	56.7	33.4	6.9	2.1	.9
I, not staff, decided my treatment goals (2362).	41.8	34.3	16.0	3.8	1.9

Outcome Domain Item Endorsement

Outcome Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems (2367).	35.1	41.4	17.0	4.2	1.2
I am better able to control my life (2358).	33.9	39.6	20.0	4.3	1.2
I am better able to deal with crisis (2335).	31.6	38.2	21.0	6.3	1.4

I am getting along better with my family (2352).	31.4	34.5	20.8	6.6	2.7
I do better in social situations (2349).	27.3	34.7	24.3	8.3	3.4
I do better in school and/or work (2327).	21.0	23.9	25.5	7.0	2.5
My housing situation has improved (2329).	27.4	26.1	23.2	7.2	4.9
My symptoms are not bothering me as much (2325).	24.6	33.6	21.9	12.1	4.8

General Satisfaction Domain Item Endorsement

Satisfaction Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received here (2377).	59.3	32.6	6.6	1.2	.3
If I had other choices, I would still get services from this agency (2362).	52.5	32.0	11.2	2.6	1.7
I would recommend this agency to a friend or family member (2367).	58.0	32.0	7.3	1.8	1.0
