

MHSIP Consumer Survey Executive Summary

Fiscal Year 2013

A Report from the Colorado Department of Human Services

Office of Behavioral Health



This report was prepared by:

Adrienne Jones, M.A., Researcher, Data and Evaluation Unit, Community Programs
Office of Behavioral Health

About this Report

In 2012, the Colorado Office of Behavioral Health (OBH) conducted its sixteenth annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2013 (July 1, 2012 - June 30, 2013). Consistent with national trends in performance measurement, OBH 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. OBH 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.

The MHSIP Consumer Survey

The MHSIP Consumer Survey consists of 36 items; each answered using a 5-point Likert scale ranging from one (strongly agree) to five (strongly disagree). Standardized at a national level (http://www.mhsip.org/MHSIP_Adult_Survey.pdf), the survey comprises the following five domains using 28 items: Access, Quality/Appropriateness, Participation, Outcomes, and General Satisfaction. The survey also includes an item assessing perceived provider sensitivity to cultural/ethnic issues, multiple items assessing demographic information, and open-ended questions about the most and least preferred aspects of services received.

FY2013 Survey Procedure

A convenience sample has been used since 2008 where 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 (prior to FY2009). 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. All consumers were included in the survey regardless of payor source.

Who Received the Survey?

The Office 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 conducted between October 8th and October 26th 2012. Consumers who were attending a first appointment or an intake were excluded from the sample.

Results

Response Rate

Response rate was 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.. The Office received a total of 3,338 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 and 21,240 adult consumers were reportedly seen during the 3-week survey period, representing a 15.7% return rate (see Appendix C). This percentage is higher than FY2012, which had a response rate of 11.4%. This year's survey process was not significantly different from the three previous years, and the number of surveys completed this year was higher than numbers in recent years (2,396; 2,327; and 2,642 respectively).

Demographics of Interest

Below is a brief description of respondent demographics:

- 63.2% were female, 35.9% males, 0.3% identified as transgender, 0.2 responded as other
- 85.2% identify as heterosexual, 11.5% preferred not to answer, 5.0% as bisexual, and 3.7% as lesbian/gay
- 21.3% identified their ethnicity as Hispanic/Latino(a)
- 78.2% identified as White/Caucasian followed by 6.9% who identified as Multi-Racial and 4.6% African American/Black
- 48.9% reported living within 5 miles of the mental health agency
- 73.4% were 31-64 years old

- 91.7% were fluent in English followed by 11.8% who spoke Spanish
- 23.8% of the sample reported having a physical disability and 19.8% identified as having multiple disabilities
- 69.7% reported not having worked at a paid job in the three months prior to the survey; however, 25.5% of the sample indicated having volunteered in this time frame
- 66.2% indicated having seen a physician or nurse for a health check-up, physical exam, or for an illness during the past year
- 43.1% indicated being single, 18.8% reported being married, and 18.2% were divorced or separated
- 18.0% of respondents reported that they are required by someone else (e.g., social services, court-ordered) to attend sessions
- The majority of respondents (68.0%) reported that they were receiving medication treatment through their agency at the time of survey completion

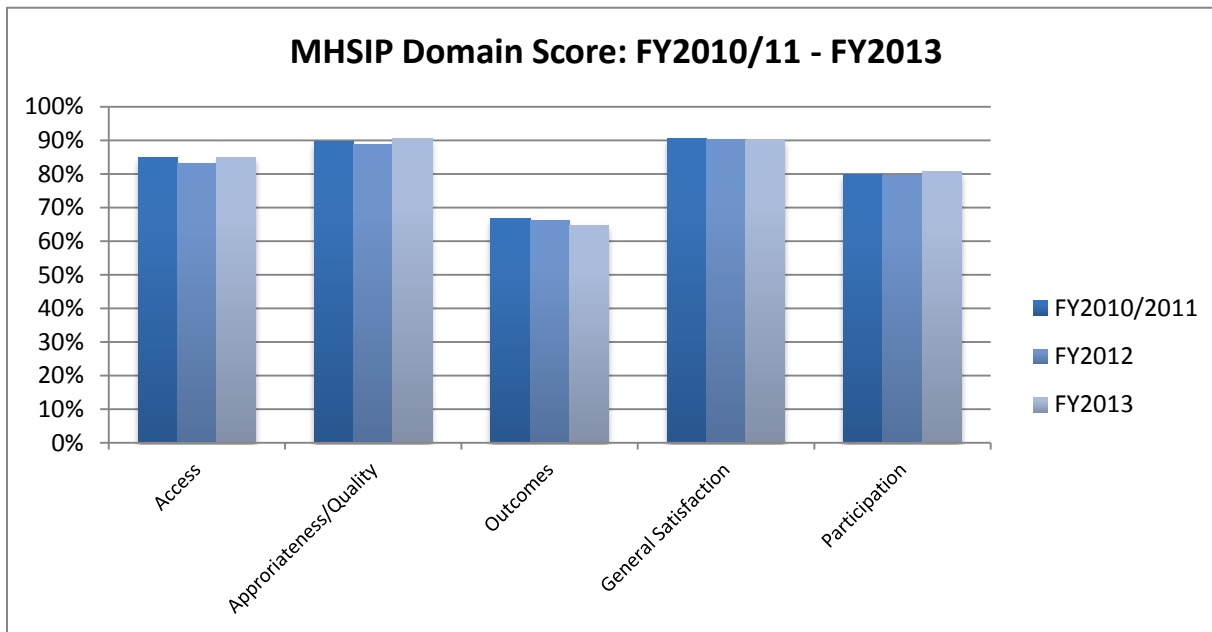
Respondent Sample versus the Population

The two samples were compared on gender, age, race, ethnicity, marital status, and paid employment. In general, the two samples are demographically similar: more women receiving services than men, single/never married as the primary marital status, and adults (21-65) as the primary age group served. Respondents identifying as Hispanic/Latino(a) in both samples was similar with 21.3% on the MHSIP and 20.0% on the CCAR. The demographic variable 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 only. It may also be that clinicians are not always aware of a consumer’s work status and that self-report impacted this variable.

Table 1. *Valid Domain Percent Agreement by Fiscal Year*

Fiscal Year	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
2010/2011 (95%CI) (n)	84.9 (83.4-86.4) (1951)	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)
2012 (95% CI) (n)	83.1 (81.6-84.6) (1973)	88.7 (87.5-89.9) (2069)	66.1 (64.2-68.0) (1506)	79.6 (78.0-81.2) (1812)	90.3 (89.2-91.4) (2150)
2013 (95%CI) (n)	84.8 (83.6-86.1) (3301)	90.7 (89.7-91.7) (3246)	64.7 (63.1-66.4) (3180)	80.8 (79.5-82.2) (3178)	90.1 (89.1-91.1) (3315)

Figure 1. Domain Scores for Fiscal Year 2010/11 through 2013



Demographics and Domain Agreement

Some examples of demographics found to significantly impact domain agreement include:

- Consumers who reported identifying as males and females had higher levels of agreement with Access, Quality/Appropriateness, and the Participation Domains compared to those who identified as Transgendered or Other.
- Consumers who identified as Hispanic/Latino(a) experienced a higher level of agreement with all of the Domains compared to those who identified as “Not Hispanic/Latino,” with the exception of the Outcome Domain, where the “Not Hispanic/Latino” group had a slightly higher level of agreement.
- Reported ethnicity had an impact on agreement on items within the Access Domain, with consumers identifying as Multiracial reporting the lowest levels and the consumers identifying as Asian with the highest levels of agreement.
- Consumers with multiple disabilities showed a lower level of agreement with the Outcome Domain than those consumers with no disability.

Discussion and Implications

Overall, it appears that the majority of respondents indicated that their perceptions of Access, Quality/Appropriateness, Participation and General Satisfaction were generally satisfactory. The Outcomes domain was noted as having the lowest levels of agreement, however was still at a two-thirds percent agreement.

In summary, the MHSIP 2013 provides invaluable data regarding consumer perceptions and supports the ideals of a consumer-driven model; this information can inform change and highlight strengths for individual mental health centers and for the state as a whole.

For information regarding this report please contact Adrienne Jones at the Office of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, 303-866-7435/adrienne.jones@state.co.us.