

MHSIP Consumer Survey Technical Report Fiscal Year 2013

A Report from the Colorado Department of Human Services

Office of Behavioral Health, Community Programs



This report was prepared by:

Adrienne Jones, M.A., Researcher, Data and Evaluation Unit, Community Programs

Office of Behavioral Health

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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.

It is important to note that the MHSIP survey has been developed at a national level in part to promote 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.nri-inc.org/projects/SDICC/tech_assist.cfm). MHSIP work groups include consumers and families with the seminal aim of such groups being the promotion of consumer-oriented services through data. OBH 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 OBH 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 OBH 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 OBH acknowledges and appreciates the hard work of the mental health centers and clinics in this process. OBH would also like to extend a special thanks to Angie Lawson, Ph.D. for her help on this report.

What is the MHSIP 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; see Appendix A). Standardized at a national level, the survey comprises the five following domains:

- 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). Two open-ended questions are also included in order to gather opinions about the most and least preferred aspects of services received. OBH distributes the MHSIP Consumer Survey in both English and Spanish.

Survey Procedures

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. This was different from previous years that included only the consumers who were classified as indigent or receiving Medicaid. For more information on Payor Source, please see Appendix B.

Sample

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.

Survey Distribution

OBH contracted with the State of Colorado Central Services, Integrated Document Solutions (IDS) department to prepare, mail, and receive surveys as well as enter data for the FY2013 survey period. IDS mailed a pre-determined number of MHSIP packets (including a cover letter, survey, and a lottery ticket) 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 OBH by IDS.

Results

The unit of analysis for this report is at a state level. Although OBH previously computed domain scores at the agency level, this approach was stopped because it undermined OBH'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 upon request for their specific agency for further analysis.

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).

Respondent Demographics

The majority of the MHSIP respondents who reported gender were female (63.2%) and 35.9% were male. Respondents were generally middle aged with 29.3% between 31-45 years old and another 25.4% between 46-64 years old. Regarding sexual orientation, respondents were asked to self-identify their sexual orientation. Of those who chose a sexual orientation, the majority identified as "heterosexual" (75.4%) followed by "bisexual" (4.4%), "other" (4.1%), and "lesbian or gay" (3.2%). A small percentage (1.3%) chose more than one sexual orientation. Many respondents (11.5%) either left the item blank or marked "Prefer not to Answer."

Race and Ethnicity: Following national guidelines, race and ethnicity were separated into two questions on the survey. Hispanic/Latino(a) was the sole choice for ethnicity and 21.3% of respondents endorsed this item. However, 30.9% 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 (87.6%). The majority of respondents identified as White/Caucasian (73.5 followed by Multiracial (6.5%), Other (5.1%), African American/Black (4.3%) and American Indian/Alaska Native (3.2%); (see Appendix D for all responses). Approximately 17.3% left this item blank or chose "Prefer not to Answer."

Place of Residence: With respect to place of residence, 48.9% of respondents indicated that they lived within 5 miles of the mental health center, 28.1% lived 6-10 miles away, 15.9% lived 11 to 20 miles away, and 7.1% lived more than 20 miles away. Relationship Status and Military Service are presented in Appendix D.

Language: Regarding language fluency, 13.7% of respondents were bi- or multi-lingual while the majority of respondents spoke one language fluently (85.4%). Of those respondents that spoke one language, most often the language was English (83.3%) followed by Spanish (1.7%). For more languages spoken information, see Appendix D.

Disability: Sixteen percent of the respondents in this survey left these items blank or chose “Prefer not to Answer,” which represents a substantial change from last year’s respondents, of which over half left the item blank or chose “Prefer not to Answer.” Of those who chose other responses, (54.3%) 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 (21.2%) identified as having multiple disabilities. Of those with one disability endorsed, the highest reported were a physical disability (12.2%), followed by learning disability (6.6%). Regardless of number of disabilities endorsed, the highest reported were physical disability (23.8%) and learning disability (17.8%).

Employment: Regarding employment, 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.

Criminal Background: FY2013, the survey asked about criminal background (i.e., 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, 10.4% of survey respondents reported having been arrested in the past 12 months with a slightly lower proportion (9.0%) indicating having been arrested in the 12 months prior to that time frame. For those who had received services for less than one year, 8.4% reported having been arrested since beginning mental health services. A slightly higher proportion (16.9%) were arrested in the 12 months prior to beginning mental health services. Please note that a significant percentage (43.9%, 45.2%, 34.4%, and 35.0%, respectively) did not answer these questions at all.

Payor Source: On this year’s survey, there were three 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 were 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, 59.7% were currently receiving Medicaid at the time of survey completion (with only 7.1% of respondents missing data on this item). The next highest endorsed option was “no insurance,” with 35.7% of the respondents endorsing this choice. The option of “Medicaid/Medicare co-pay” was the most frequently chosen response (48.2%) to the payment plan for services, followed by “no payment” (14.9%). The agency data are not seen as an accurate representation of payor source this year, as 42.2% were not filled out in the designated spot by staff on the surveys.

Health Services Utilization and Treatment Duration: Among FY2013 MHSIP respondents, 66.2% 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 10.7% 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 (33.3%) or 6-11 sessions (24.2%). However, a little over 39.4% received 12 or more sessions, with 17.0% of MHSIP respondents attended 12-18 sessions, 9.7% attended 19-25 sessions, and 12.7% attended 26 or more sessions. Additionally, 18.0% of respondents reported that they are required by someone else (e.g., social services, court-ordered) to attend sessions. Lastly, a majority of respondents (68.0%) 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. For FY2014, an online survey option will be available to consumers.

FY2012 and 2013 Demographic Comparison: In terms of comparing MHSIP respondent demographics from year to year, the demographics of FY2012 are similar to FY2013 demonstrating that the populations are highly comparable. See Figures 1 and 2 for demographic data.

Figure 1. Age of respondents by percentage, FY2012-FY2013

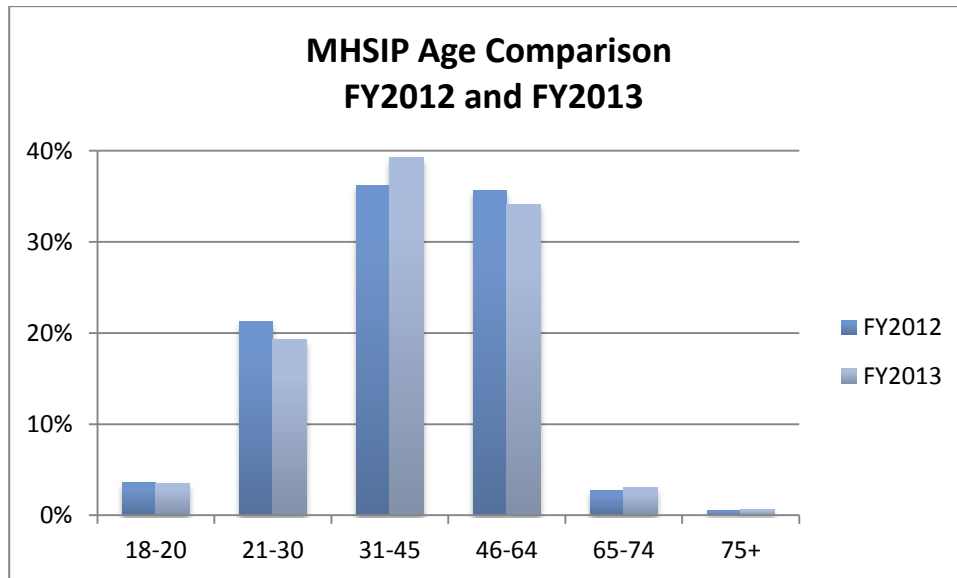
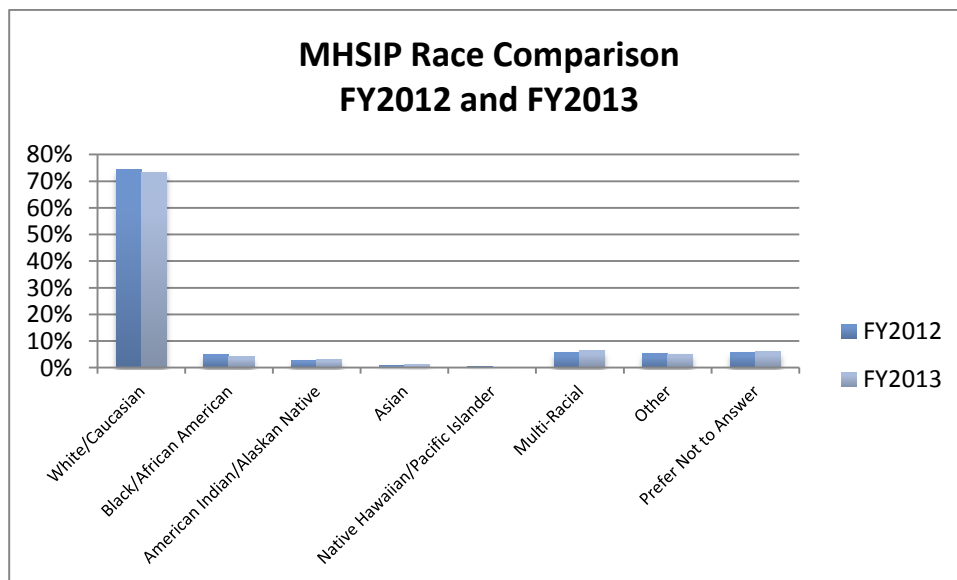


Figure 2. Race of respondents by percentage, FY2012-FY2013



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 individuals (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) 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. Please see Appendix E for CCAR and MHSIP demographic data.

Overall Domain Results

OBH 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 did not answer at least 2/3 of domain items did not receive a domain score. This method of computation follows national recommendations. Figure 3 represents the MHSIP questions by each domain.

Figure 3. MHSIP Domain Items



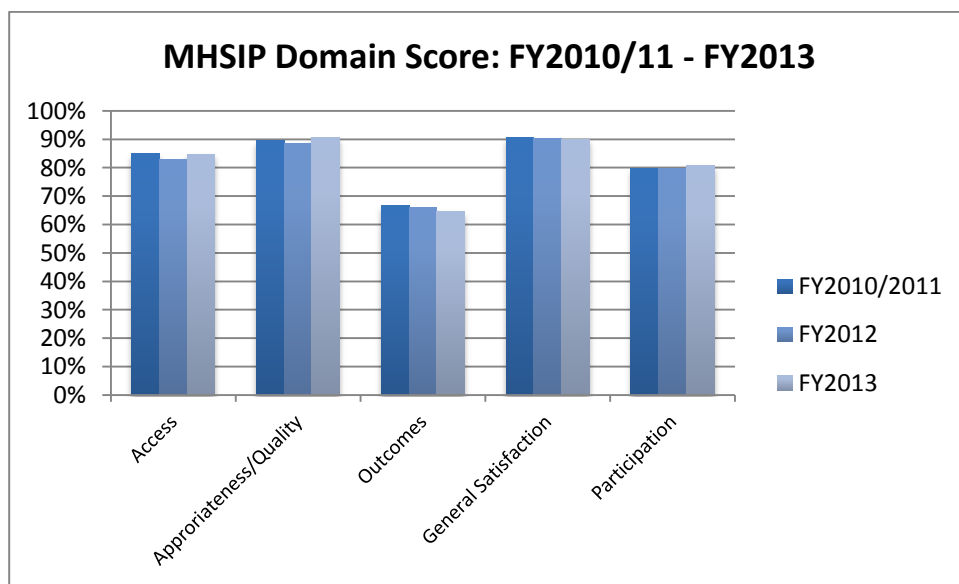
Table 1 presents summary results in percentages with confidence intervals (95%) for the total scores for FY2013, as well as for 2010/2011 and 2012. Looking at the trends over time, FY2013 levels of agreement remained relatively stable for all domains compared to FY2010/2011 and 2012. Please refer to Appendix F where percentages of endorsement for the 5-point Likert scale are presented by item within each domain.

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

Fiscal Year	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
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)
2013	84.8	90.7	64.7	80.8	90.1
(95%CI)	(83.6-86.1)	(89.7-91.7)	(63.1-66.4)	(79.5-82.2)	(89.1-91.1)
(n)	(3301)	(3246)	(3180)	(3178)	(3315)

Due to consistent methodology, it is possible to examine trends in domain scores from year to year. Figure 4 demonstrates that the domain scores for these three years are consistent and follow the same overall trend in percent agreement.

Figure 4. MHSIP Domain Scores, FY2010/11 through FY2013



Demographics and Domain Agreement

Analysis of variance (ANOVA) 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

ANOVA results found that gender had a statistically significant impact on Access [F(4, 3187) 4.75, p=.001], Quality/Appropriateness [F(4, 3154) 5.67, p=.000], and Participation [F(4, 3194) 5.16, p=.000].

Table 2. *Valid Percent Agreement by Gender*

Gender (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Woman (1,946)	85	89	62	83	91
Man (1,096)	86	87	67	79	90
Transgender (<10)	78	79	63	78	78
Other (<10)	80	80	80	80	100

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

ANOVA 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 3. *Valid Percent Agreement by Age Group*

Age Group (n)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
18-20 (84)	86	88	68	73	90
21-30 (450)	85	88	67	82	88
31-45 (934)	83	88	62	83	90
46-64 (810)	86	87	64	80	90
65-74 (67)	69	90	76	87	95
75+ (<10)	100	94	60	94	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

A significant difference was found between scores on all domains by ethnicity using a significance level of $p \leq .01$. A t-test was used for this analysis because there are only two response choices (See Table 4 for percent agreement across domains by Ethnicity groups). Significance score are as follows:

- Access: $t(2291)=3.15, p=.002$
- Quality/Appropriateness: $t(2294)=5.62, p=.000$
- Outcomes: $t(2260)=-22.6, p=.000$
- Participation: $t(2294)=5.62, p=.000$
- General Satisfaction: $t(2296) =12.13, p=.000$

Table 4. *Valid Percent Agreement by Ethnicity*

Ethnicity (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Hispanic (538)	88	91	63	81	92
Non-Hispanic (1698)	85	90	63	84	89

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

Statistical significance in the race category was only found within the Access domain [$F(6, 2733) 3.69, p=.001$]. See Table 5 for percent agreement across domains by Race groups.

Table 5. *Valid Percent Agreement by Race*

Race (<i>n</i>)	Access	Quality/ Appropriateness	Outcomes	Participation	General Satisfaction
American Indian/Alaska Native (91)	87	89	77	79	94
Asian (25)	97	94	68	89	91
Black/African American (124)	84	88	62	80	89
White/Caucasian (2060)	86	89	64	82	91
Native Hawaiian/Pacific Islander (<10)	80	80	80	80	80
Multiracial (190)	78	83	69	80	86
Other (151)	84	87	60	79	92

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

ANOVA results found significance between sexual orientation and Access [$F(4, 2649)=4.41, p=.001$] as well as sexual orientation and Outcome [$F(4, 2616) 4.78 p=.001$]. See Table 6 for the percent agreement of all domains by sexual orientation.

Table 6. *Valid Percent Agreement by Sexual Orientation*

Sexual Orientation (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Bisexual (94)	76	83	50	74	84
Heterosexual (2211)	86	89	65	83	91
Lesbian/Gay (93)	88	93	62	86	93
Multiple Responses (36)	82	87	64	87	87
Other (120)	87	92	65	79	96

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

ANOVA results indicate significant differences between scores on the Outcome domain by disability [$F(8, 2721)11.21 p=.000$]. See Table 7 comparisons of percent agreement for all domains by disability.

Table 7. *Valid Percent Agreement by Disability*

Disability (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Blind/Partially Sighted (30)	87	86	67	70	90
Deaf/Hard of Hearing (47)	98	92	57	84	92
Developmental (85)	85	85	65	78	87
Learning (192)	89	89	63	85	92
None (770)	87	90	73	84	92
Physical (363)	86	89	64	82	89
TBI (56)	79	86	67	79	77
Multiple Disabilities (615)	82	87	54	80	90
Other (185)	82	88	60	81	89

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 showed a significant difference between levels of agreement in the Outcome ($p= .000$) and Satisfaction ($p= .001$) domains. See Table 8 for percent agreement on all domains by employment status.

Table 8. *Valid Percent Agreement by Employment Status within past three months*

Employment (<i>n</i>)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Employed (919)	85	90	73	84	90
Unemployed (2157)	85	88	60	80	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

ANOVA Results did not indicate significant differences between scores on domains by language at a significance level of $p < .001$. See Table 9 comparisons of percent agreement for all domains by language.

Table 9. *Valid Percent Agreement by Language*¹

Language (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
English (2519)	86	89	64	82	91
Spanish (52)	95	98	83	89	98
Bilingual (320)	85	89	63	78	88
Multi-Lingual (46)	80	85	69	76	89

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.

Medicaid Status

ANOVAs 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, a t-test was conducted between self-reported Medicaid and Non-Medicaid respondents. Statistical significance was found among all domains $p \leq .001$ level. See Table 10 comparisons of percent agreement for all domains by self-reported Medicaid status.

Table 10. *Valid Percent Agreement by Self-reported Medicaid Status*

Medicaid Status (n)	Access	Quality/Appropriateness	Outcomes	Participation	General Satisfaction
Medicaid (1773)	84	87	62	81	90
Non-Medicaid (1182)	86	90	66	82	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 Office 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, "I like staff and services, I can express my feelings and feel better and safe."
 - 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 outcome².

¹ All other language choices had 10 or fewer responses and were not included in the table.

² 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.

- *Appreciation of non-judgmental listening*
 - Many respondents commented that the therapists listened to them and did not criticize or judge them.
 - “Not being judged, they listen to me.”
 - “I’ve established trust with my therapist, to be completely open and not feel criticized.”
- *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*
 - 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:
 - “Knowing that my illness is controlled as much as possible.”
 - “I feel better emotionally.”
 - “[My therapist] has a straight forward approach...she very strongly encourages me to handle my life issues head on, gives me skills to do so, and doesn’t let me cop out.”
 - “Belief that I can change.”
 - “I feel much less depressed and have more self-esteem since I started treatment.”

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: “Cannot think of anything,” “Everything is good!”
- *Feeling judged or not in control of their treatment*
 - Many respondents’ felt they had little control of their treatment or services or that they were being judged by professionals and staff.
 - “There have been a few times from one certain individual that I feel not listened to and no matter what I say, their mind is already made up.”
 - “I felt like others had more control of my life than I did.”
 - “I want to be seen as a person, not an illness by all staff members.”

- “Felt judged by doctor, did not feel supported in attaining proper medications for mental health issues.”
- *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. Below are some quotes from respondents within this theme:
 - “I hate that wellness services/class essentially end at 5 p.m. WE are trying to lead more normal lives, yet if we work, we would have to miss time to attend a session.”
 - “Rescheduling appointments is difficult because my calls are rarely returned.”
 - “I have to wait too long to see a psychiatrist. No psychologist available.”
- *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.
 - “Limited money right now, so any costs causes additional stress (financial).”
 - “Co-pays, it is really hard to come up with the money although I need therapy weekly.”
- *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.
- *Staff Turnover/Staff Overload*
 - The turnover of staff was another theme reflected in the responses.
 - “Therapist has overloaded work schedule.”
 - “Changes in [doctor] so much.”
 - “Changing therapist every 6 months to a year.”
- *Outcome*
 - Fewer respondents discussed outcome explicitly in their responses. Some were not satisfied with the lack or rate of progress.
 - “...I would like to be further along with my progress.”
 - “I wish I understood more about my own mental issues. I want to get better and I can’t.”

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 convenience 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.

Despite some limitations, the FY2013 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 Colorado MHSIP outpatient surveys. 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 of lower Outcome domain levels of agreement is that consumers who are currently receiving services are not able to assess outcomes as well as they could had they completed treatment. It is also notable that a higher percentage of individuals chose “I am neutral” for Outcome items compared to other domains. Taking this into consideration, another explanation could be that most respondents are able to easily identify their opinions about components of treatment, but have a harder time identifying how those components translate into impacting their lives, as many factors not measured by the survey continue to impact them as well.

In summary, the MHSIP 2013 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 Adrienne Jones at the Office of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, 303-866-7435/adrienne.jones@state.co.us.

Appendix A: MHSIP Survey
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

Appendix B: Payor Status

MHSIP Respondents		
Number of Payors	%	<i>n</i>
None	15.4	298
One	70.7	1364
Two	13.8	267
<i>Missing</i>	42.2	1409
Self-Reported Insurance ³	%	<i>n</i>
Medicaid	59.7	1851
No Insurance	35.7	1191
Medicare	28.6	954
Third Party	10.8	360
<i>Don't Know</i>	7.8	261
Payment Plan for Services	%	<i>n</i>
Medicaid/Medicare Co-pay	48.2	1506
No payment	14.9	466
Sliding scale	14.2	445
Don't know	8.2	257
Self-pay	9.2	289
Third-party co-pay	5.2	163
<i>Missing</i>	6.4	212

³ Numbers are not mutually exclusive. This is the more reliable number regarding Medicaid funding. It is answered by the respondent and only 7.8% of the data was missing. The agency data was provided by staff and over 42% of that data was missing. Due to the large percentage of missing data, these numbers are not provided.

Appendix C: Response Rate by Agency⁴

Agency	Completed Surveys	Number of Adult Consumers Seen	Response Rate
Arapahoe/Douglas	137	1842	7.4%
Asian Pacific	19	100	19%
Aspen Pointe	196	2470	7.9%
Aurora	238	2583	9.2
Axis Health System	66	439	15%
Centennial	182	545	33.3%
Colorado West	193	593	3.3%
Community Reach	202	1784	11.3
Jefferson	285	1568	18.2%
Touchstone	253	521	48.5%
Mental Health Partners	395	1254	31.5%
Mental Health Center of Denver	179	2338	7.7%
Midwestern	55	1850	3.0%
North Range	149	1505	10.0%
San Luis Valley	117	554	21.1%
Servicios de la Raza	11	22	50%
Southeast	39	217	18.0%
Spanish Peaks	415	527	78.7%
West Central	207	528	39.2%
<i>Total</i>	<i>3,338</i>	<i>21,240</i>	<i>15.7%</i>

⁴ These numbers are based on agency-reported numbers of adults seen during the survey time period.

Appendix D: Demographic Information of FY2013 MHSIP Respondents

	MHSIP Respondents	
Gender	%	n
Female	63.2	2,034
Male	35.9	1,155
Other	0.2	<10
Transgender	0.3	<10
<i>Prefer Not To Answer</i>	<i>0.4</i>	<i>14</i>
<i>Missing</i>	<i>3.6</i>	<i>121</i>
Race*	%	n
White/Caucasian	73.5	2,158
Multi-Racial	6.5	190
Other	5.1	151
Black/African American	4.3	126
American Indian/Alaska Native	3.2	94
Asian	1.3	37
Native Hawaiian/Pacific Islander	0.2	<10
<i>Prefer Not To Answer</i>	<i>6.0</i>	<i>177</i>
<i>Missing</i>	<i>12.0</i>	<i>400</i>
Ethnicity	%	n
Non-Hispanic/Latina(o)	67.7	1,755
Hispanic/Latina(o)	21.3	552
<i>Prefer Not To Answer</i>	<i>11.0</i>	<i>285</i>
<i>Missing</i>	<i>22.3</i>	<i>746</i>
Age	%	n
18-20	3.5	88
21-30	19.3	481
31-45	39.3	977
46-64	34.1	848
65-74	3.0	75
75+	0.7	17
<i>Missing</i>	<i>25.5</i>	<i>852</i>
Sexual Orientation	%	n
Heterosexual	75.4	2,282
Other	4.1	125
Bisexual	4.4	134
Lesbian/Gay	3.2	98
Multiple Responses	1.3	38
<i>Prefer Not To Answer</i>	<i>11.5</i>	<i>349</i>
<i>Missing</i>	<i>9.3</i>	<i>312</i>
Relationship Status	%	n
Single	42.2	1,344
Married	18.4	585
Divorced	17.8	568
Living with a Significant Other	7.0	222
Separated	4.8	152
Multiple Responses	3.6	116
Widowed	2.8	89
Other	1.4	44
<i>Prefer Not To Answer</i>	<i>2.0</i>	<i>64</i>
<i>Missing</i>	<i>4.6</i>	<i>154</i>

* These are not mutually exclusive categories.

	MHSIP	Respondents
Disability*	%	<i>n</i>
No Disability	38.5	1,156
Multiple Disabilities	21.2	638
Physical Disability	12.2	368
Learning Disability	6.6	198
Other	6.6	197
Developmental Disability	3.0	89
Traumatic Brain Injury	2.1	63
Deaf/Hard of Hearing	1.7	51
Blind/Partially Sighted	1.0	30
<i>Prefer Not To Answer</i>	7.2	215
<i>Missing</i>	10.0	333
Military Service*	%	<i>n</i>
Ever Served /Armed Forces	5.8	185
Currently Serving / Armed Forces	0.5	17
Army	2.7	89
Army NG or Reserve	1.0	35
Navy	1.0	35
Navy Reserve	0.1	<10
Marine Corps	0.8	27
Air National Guard	0.2	<10
Coast Guard	0.2	<10
Coast Guard Reserve	0.1	<10
Air Force	0.8	27
Marine Corps Reserve	0.3	<10
Served Multiple Branches	0.8	24
<i>Prefer Not To Answer</i>	1.2	39
<i>Missing</i>	5.2	172
Language Spoken*	%	<i>n</i>
English	83.3	2,636
Spanish	1.7	55
Multiple Languages	1.6	50
Other	1.5	50
American Sign Language	0.2	<10
German	0.1	<10
French	0.0	0
Italian	0.0	0
Russian	0.0	<10
Arabic	0.0	0
Korean	0.0	<10
Chinese	0.0	0
Japanese	0.0	0
Polish	0.1	<10
Tagalog	0.0	<10
Vietnamese	0.0	<10
<i>Prefer Not To Answer</i>	0.9	30
<i>Missing</i>	5.2	172

* These are not mutually exclusive categories.

Appendix E: Comparison of Demographic Information of FY2013 MHSIP to FY2013 CCAR⁸ Respondents

Gender ⁵	MHSIP Respondents		CCAR Respondents	
	%	<i>n</i>	%	N
Female	63.7	2034	60.7	36,901
Male	36.2	1155	39.3	23,856
Age Group				
18-20 years	3.5	88	6.7	4,096
21-30 years	19.3	481	23.5	14,302
31-45 years	39.3	977	34.3	20,844
46-64 years	34.1	848	30.7	18,656
65-74 years	3.0	75	3.7	2,225
75+ years	0.7	17	1.0	634
Race				
American Indian/Alaska Native	3.2	94	1.2	736
Asian	1.3	37	1.0	583
Black/African American	4.3	126	7.0	4,270
Multi-Racial	6.5	190	4.1	2,510
Native Hawaiian/Pacific Islander	0.2	<10	0.2	102
Other	5.1	151	2.2	1,341
White/Caucasian	73.5	2,158	64.3	39,074
Ethnicity				
Non-Hispanic/Latina/o	67.7	1,755	80.0	48,616
Hispanic/Latina/o	21.3	552	20.0	12,141
Marital Status⁶				
Single/Never Married	49	1344	47.9	29,111
Divorced	20.7	568	24.5	14,863
Married	21.4	585	18.1	10,999
Widowed	3.3	89	2.8	1,707
Separated	5.6	152	6.7	4,077
Paid Employment⁷				
Yes	30.3	975	21.6	13,132
No	69.7	2,248	67.8	41,206

⁵ The MHSIP options of “Transgender” and “Other” were removed from this analysis because the CCAR does not have analogous options.

⁶ The MHSIP options “Living with Significant Other,” “Other” and multiple responses were removed from this analysis because the CCAR does not have analogous options.

⁷ 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.

⁸ The CCAR data represent CCARs given during FY2013 (July 1, 2012 – June 30, 2013).

Appendix F: Percent Endorsement of MHSIP Domains by Item⁹

Access Domain Item Endorsement

Access Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The location of services was convenient (3286).	49.7	33.1	11.0	4.5	1.8
Staff were willing to see me as often as necessary (3276).	54.0	32.7	8.4	3.4	1.4
Staff returned my calls within 24 hours (3081).	49.5	32.7	11.4	4.7	1.8
Services were available at times that were good for me (3301).	54.3	34.4	7.8	2.7	0.6
I was able to get all the services I thought I needed (3292).	53.7	33.6	8.8	2.6	1.3
I was able to see a psychiatrist when I wanted to (3091).	40.7	32.7	15.5	7.4	3.7

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 (3263).	58.4	30.9	9.2	0.8	0.7
I felt free to complain (3215).	48.2	32.5	13.7	4.1	1.5
I was given information about my rights (3272).	58.7	33.4	5.4	1.7	0.8
Staff encouraged me to take responsibility for how I live my life (3236).	53.7	34.9	9.4	1.4	0.6

⁹ “Not Applicable” was an additional response choice; those responses are not included in the overall percentages provided in this table

Staff told me what side effects to watch for (2992).	45.8	31.4	15.3	5.4	2.1
Staff respected my wishes about who is, and is not able to be given information about my treatment (3227).	59.5	31.5	6.9	1.2	0.9
Staff were sensitive to my cultural/ethnic background (2965).	51.9	31.2	14.9	1.0	1.0
Staff helped me obtain information so that I could take charge of managing my illness (3194).	50.1	34.9	11.4	2.5	1.2
I was encouraged to use consumer-run programs (3098).	47.6	33.6	13.8	3.5	1.5

Participation Domain Item Endorsement

Percent Endorsement

Participation Item (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt comfortable asking questions about my treatment and medication (3266).	57.5	34.0	5.6	2.1	0.9
I, not staff, decided my treatment goals (3217).	45.1	33.1	15.2	4.6	2.0

Outcome Domain Item Endorsement

Percent Endorsement

Outcome Item (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems (3255).	35.8	39.0	19.0	5.0	1.2
I am better able to control my life (3250).	34.1	38.4	20.6	5.9	1.1

I am better able to deal with crisis (3250).	31.3	37.9	22.0	6.8	2.0
I am getting along better with my family (3154).	32.1	34.7	23.8	6.7	2.6
I do better in social situations (3178).	28.0	34.4	25.6	8.7	3.2
I do better in school and/or work (2578).	28.0	28.0	32.5	7.8	3.6
My housing situation has improved (2898).	29.6	27.6	27.2	9.4	6.2
My symptoms are not bothering me as much (3188).	25.4	31.5	22.7	14.2	6.2

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 (3310).	60.9	30.8	6.7	0.7	0.8
If I had other choices, I would still get services from this agency (3290).	53.7	30.4	10.9	3.2	1.9
I would recommend this agency to a friend or family member (3290).	60.2	30.8	6.7	1.3	1.1