



STATE OF MARYLAND

DHMH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION

MARYLAND'S PUBLIC MENTAL
HEALTH SYSTEM

CONSUMER PERCEPTION OF CARE SURVEY
2008

DETAILED REPORT

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2008 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

The Department of Health and Mental Hygiene (DHMH), Mental Hygiene Administration (MHA) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the state's Medicaid 1115 waiver reform initiative. Specialty mental health services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. The system serves Medicaid recipients and a subset of uninsured individuals eligible for public mental health services due to severity of illness and financial need. Evaluation of consumer perception of care, including satisfaction with and outcomes of mental health services, is a requirement of the waiver and Code of Maryland Regulations. Findings provide MHA with valuable consumer input that may be used to improve the PMHS.

MHA contracted with MAPS-MD of APS Healthcare, Inc. to provide administrative services, including evaluation activities, for the PMHS. One of the evaluation activities is the administration of consumer surveys to assess consumer perception of care, including satisfaction with and outcomes of mental health services provided by the PMHS. MAPS-MD subcontracted with REDA International of Silver Spring, Maryland to conduct telephone interviews and collect data. MAPS-MD performed the data analyses and documented the findings. The partnership of organizations ensures the neutrality of data collection and analysis. This report represents findings of the eighth systematic, statewide consumer perception of care survey since the inception of the PMHS.

The survey protocol, including methodology, sampling, administration, and data collection is reviewed annually by the DHMH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that the rights, safety, and dignity of human subjects are protected (Appendix A).

This report contains detailed findings and analyses of the survey questions. Condensed versions of the findings may be found in the Executive Summary report and brochures. To obtain a copy of any of these documents, contact the MHA or visit the following Web sites: www.dhmh.state.md.us/mha or www.maps-md.com.

II. METHODOLOGY

A. Survey Population

The potential survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2007. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service type for adults included outpatient mental health treatment services or psychiatric rehabilitation services. Service types for children included outpatient mental health treatment services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult survey on

their own behalf, while parents or caregivers responded to the child survey on behalf of children under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

B. Notification of Survey Population

Ten thousand three (10,003) notification letters were mailed 10 days prior to survey administration. Of the 10,003 letters, 5,002 were to the adult survey sample (Appendix B) and 5,001 were to the child/caregiver survey sample (Appendix C). Letter content informed the survey population of the upcoming survey, described the survey topics, and offered general instructions. The letter contained a toll-free telephone number that a potential respondent could call twenty-four hours a day to receive more information about the survey, ask questions, or offer notification of their willingness or unwillingness to participate. A voice-answering system captured calls that were not made during business hours. This system was checked regularly and the database was updated daily, based on information contained in received messages.

C. Survey Instruments

Separate survey instruments were used, one for adults and one for children/caregivers. The adult and the child/caregiver instruments both originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Perception of Care Survey is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Survey is based on the MHSIP Youth Services Survey for Families (YSS-F). Both survey instruments were revised in 2006 to reflect modified URS requirements; however, it was not necessary to make additional changes for this 2008 survey. In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, schooling, and coordination of care.

The adult questionnaire (Appendix D) was administered to adults, age 16 and over, who received services. The child questionnaire (Appendix E) was administered to caregivers of children who were under 16 years of age at the time they received public mental health services.

D. Interviewer Training and Supervision

Interviewers and supervisory staff received extensive training prior to the commencement of data collection. The training included a review of project goals and guidelines, research methods, survey instruments, Computer Assisted Telephone Interviewing (CATI) software, survey populations, and the emergency call protocol. Interviewers also used the survey instrument to role-play interviews prior to live data collection. Supervision and quality control auditing occurred throughout the duration of data collection.

E. Confidentiality, Consent, and Protection of Participant Information

There are a number of mechanisms in place to safeguard confidentiality and to protect participant information:

- Potential participants were assured of the confidentiality of their opinions.
- Potential participants also were assured that their opinions would not impact the services they are currently receiving.
- Individuals who indicated they did not wish to participate had their names or the names of the child removed from the list of potential participants and were not contacted again. Individuals who wished to be contacted to participate at a certain time were scheduled and called at their preferred time.
- Everyone contacted via telephone received another explanation of the survey during the survey introduction and were given another opportunity to opt in or out of participation.
- No messages were left on answering machines or with individuals who were not potential participants.
- Use of Computer Assisted Telephone Interviewing (CATI) and Automated Digital Dialing for telephone numbers served a dual purpose. The first purpose is to protect participant confidentiality by limiting interviewer access to identifying information. Additionally, the interviewing software is located on a password-protected server. This limits access only to authorized interviewers and management staff.
- Policies and practices for the storage, access, and disposal of participant records were designed to protect personal information and maintain confidentiality.
- *Employee Confidentiality Policy and Agreement* forms were completed prior to any participation in this project conducted on behalf of the MHA and MAPS-MD.

The oversight and monitoring of interviewers and calls were in accordance with the IRB approved protocol and implemented in collaboration by the MAPS-MD study Director and REDA International senior staff.

F. Data Collection

Collection of participant responses was accomplished utilizing the CATI software package. One of the benefits of this software is that all survey questions and response choices are loaded directly into a protected electronic environment. This allows for consistency of survey questions and response choices. An additional benefit is that participant responses are electronically captured immediately, eliminating the need for duplicate data entry.

Of the 5,002 adults selected for the sample, 1,890 were successfully contacted to request participation in the survey; 549 completed the survey, resulting in a 29% response rate. Of the 5,001 caregivers selected for the sample, 1,836 were successfully contacted to request participation in the child/caregiver survey; 738 completed the survey, resulting in a 40% response rate.

The regional breakdown of the survey participants, which closely parallels the geographic distribution of the mental health consumer base, is as follows:

Regions	Adult		Child/Caregiver	
	Frequency	%	Frequency	%
Baltimore City	125	22.8	197	26.7
Eastern (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester)	68	12.4	98	13.3
Metropolitan (Anne Arundel, Baltimore, Montgomery, and Prince George's)	207	37.7	245	33.2
Suburban (Calvert, Carroll, Charles, Harford, Howard, and St. Mary's)	81	14.8	112	15.2
Western (Allegany, Frederick, Garrett, and Washington)	68	12.4	86	11.7
Total	549	100.0	738	100.0

G. Data Analysis and Reporting

Data analyses were conducted using SAS® Version 9.1.3, and incorporated both univariate and multivariate analytical techniques. Univariate analyses, which consist of considering one question or variable at a time, included frequencies, means, standard deviations, and significance testing. Multivariate analyses, which look at several questions or variables simultaneously, included regression and bivariate frequencies with chi-square tests.

Data in this report are largely presented in tabular format. As a result of rounding percentages to tenths, totals may not equal exactly one-hundred percent (+/- 0.2%). The total for each item reflects the total number of respondents for that item, which in some cases, is a subset of the total number of survey participants.

The perception of care response categories are presented in tables that include the mean (or arithmetic average), standard deviation (S.D., which is the variability of the responses around the mean), and percent (%) of responses. These responses are based on a five-point Likert scale and include: “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percentages and means are calculated using only those participants who answered within the context of the five-point Likert scale. Those who responded “not applicable” or “don’t know,” or who refused to answer the particular question were excluded from the analysis of that item. In addition, participants were able to skip questions or stop the interview at any point during the data collection process. As a result, the number of respondents (N) for each item may vary. Lower mean scores indicate either greater satisfaction or more positive outcomes.

H. Limitations

There are always limitations to the administration of a survey. The following is a discussion of three significant limitations experienced during the administration of the current telephone survey.

- When attempting to assess perception of care among a sample population, a telephone survey methodology has both advantages and disadvantages. One of the advantages is that the time needed for data collection is far less than what would be needed for either face-to-face interviews or a mailed survey. An additional advantage is that it provides a way to collect data, in a far more cost effective manner than face-to-face interviewing, from individuals who are visually impaired or who have trouble processing the written word. The major disadvantage to telephonic methodology is that consumers are eliminated from the survey if they have no access to a telephone or if the available telephone number is inaccurate.
- During the administration of the current surveys, the completeness and accuracy of addresses and telephone numbers were extremely problematic. As a result, it was not possible to reach approximately 62.2% (N = 3,112) of potential adult survey participants and 63.3% (N = 3,165) of potential child/caregiver survey participants.
- As stated previously, the response rate for adults was 29% and the response rate for caregivers was 40%. Under the current IRB approved protocol, there is no way of knowing how or if the non-respondents statistically differ from those who were willing to participate.

III. ADULT SURVEY RESULTS

A. Summary of Participant Characteristics

Characteristic	%	
Gender	Male	42.1
	Female	57.6
	Refused	0.4
Age	Under 21	14.9
	21-30	16.8
	31-40	12.9
	41-50	25.5
	51-60	21.3
	61 and older	6.6
	Refused/Don't Know	2.0
Race	White/Caucasian	53.2
	Black or African-American	39.3
	Other	5.5
	More than one race reported	1.8
	Refused/Don't Know	0.2
Ethnicity	Spanish, Hispanic, or Latino	2.6
Marital Status	Married or cohabitating	10.0
	Widowed	4.2
	Divorced	17.5
	Separated	5.3
	Never married	62.1
	Refused/Don't Know	0.9
Education	Completed less than high school degree	33.9
	Completed high school degree or GED	34.8
	Some vocational school or training	1.8
	Some college (no degree)	21.3
	Completed Bachelor's/advanced degree	6.9
	Refused/Don't Know/Never attended	1.3
Living Situation	House/apartment alone	24.2
	House/apartment with family/friends	67.0
	Residential Rehabilitation Program	3.1
	Shelter/homeless	0.5
	Other	5.1
Employment	Unemployed	66.1
	Employed full-time	7.8
	Employed part-time	13.7
	Homemaker	1.1
	Student/volunteer	5.5
	Other	5.3
	Refused/Don't Know	0.5

B. Detail of Participant Demographic and Social Characteristics

1. Gender

	Frequency	Percent
Male	231	42.1
Female	316	57.6
Refused	2	0.4
Total	549	100.0

2. How old are you?

	Frequency	Percent
<21	82	14.9
21-30	92	16.8
31-40	71	12.9
41-50	140	25.5
51-60	117	21.3
61-70	28	5.1
>70	8	1.5
Don't Know	1	0.2
Refused	10	1.8
Total	549	100.0
Range	16 to 101	
Mean	40.1	

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	6	1.1
Asian	10	1.8
Black and/or African-American	216	39.3
Native Hawaiian or Pacific Islander	1	0.2
White (Caucasian)	292	53.2
Other	13	2.4
More than one race reported	10	1.8
Refused	1	0.2
Total	549	100.0

4. Are you of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	14	2.6
Not Hispanic	531	96.7
Don't Know	4	0.7
Total	549	100.0

5. What is your marital status?

	Frequency	Percent
Now Married	48	8.7
Living as Married	7	1.3
Widowed	23	4.2
Divorced	96	17.5
Separated	29	5.3
Never Married	341	62.1
Don't Know	3	0.5
Refused	2	0.4
Total	549	100.0

6. What is the highest grade of school you have ever completed?

	Frequency	Percent
Completed grade 8 or less	37	6.7
Some high school	149	27.1
Completed high school or GED	191	34.8
Some vocational school or training	10	1.8
Some college (no degree)	117	21.3
Completed Bachelor's Degree	26	4.7
Completed graduate/professional degree	12	2.2
Never attended	1	0.2
Don't Know	6	1.1
Total	549	100.0

C. Housing Situation

7. What is your current living situation?

	Frequency	Percent
House or apartment alone	133	24.2
House or apartment with family/friends	368	67.0
Residential Rehabilitation Program	17	3.1
Boarding home or foster care home	8	1.5
Hospital or nursing home	4	0.7
Streets or homeless shelter	3	0.5
Other	16	2.9
Total	549	100.0

8. With the statement, “I feel I had a choice in selecting where I live,” would you...

	Frequency	Percent
Strongly Agree	140	25.5
Agree	252	45.9
Neutral	39	7.1
Disagree	81	14.8
Strongly Disagree	29	5.3
N/A	5	0.9
Don't Know	3	0.5
Total	549	100.0

9. With the statement, “I am satisfied with my overall housing situation,” would you...?

	Frequency	Percent
Strongly Agree	138	25.1
Agree	258	47.0
Neutral	56	10.2
Disagree	62	11.3
Strongly Disagree	31	5.6
N/A	3	0.5
Don't Know	1	0.2
Total	549	100.0

D. Employment Status

10. What is your current employment situation?

	Frequency	Percent
Working full-time	43	7.8
Working part-time	74	13.5
Unemployed - looking for work	185	33.7
Permanently disabled, not working	167	30.4
Sheltered employment	1	0.2
Retired	11	2.0
Homemaker	6	1.1
Student	27	4.9
Volunteer	3	0.5
Other	29	5.3
Don't Know	2	0.4
Refused	1	0.2
Total	549	100.0

E. Use of Mental Health Services

Now, I would like to ask you about the kinds of mental health services you have received in the past 12 months for a mental or emotional problem, or a problem with your nerves.

1. Have you been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	547	99.6
No	2	0.4
Total	549	100.0

1a. How long have you received these mental health services?

	Frequency	Percent
Less than 1 year	125	22.8
1 year or more	424	77.2
Total	549	100.0

2. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?

	Frequency	Percent
Yes	170	31.0
No	373	67.9
Don't Know	6	1.1
Total	549	100.0

3. In the past 12 months, have you received psychiatric rehabilitation services (day program or PRP services)?

	Frequency	Percent
Yes	259	47.2
No	282	51.4
Don't Know	8	1.5
Total	549	100.0

4. In the past 12 months, have you received residential rehabilitation services (RRP)?

	Frequency	Percent
Yes	96	17.5
No	442	80.5
Don't Know	11	2.0
Total	549	100.0

5. In the past 12 months, have you spent at least one night in a hospital, emergency room (ER), or crisis bed because of a mental or emotional problem or a problem with your nerves?

	Frequency	Percent
Yes	132	24.0
No	409	74.5
Don't Know	7	1.3
Refused	1	0.2
Total	549	100.0

6. In the past 12 months, have you participated in a mental health self-help group? (e.g., On Our Own, depression support group, family support group, etc.)

	Frequency	Percent
Yes	160	29.1
No	384	69.9
Don't Know	5	0.9
Total	549	100.0

F. Substance Abuse Services

In the past 12 months...

1. Did you attempt to get or were you referred for substance abuse services?

	Frequency	Percent
Yes	84	15.3
No	465	84.7
Total	549	100.0

2. Were you able to receive substance abuse services?

	Frequency	Percent
Yes	73	86.9
No	11	13.1
Total	84	100.0

3. Were you satisfied with your substance abuse services?

	Frequency	Percent
Yes	64	87.7
No	8	11.0
Don't Know	1	1.4
Total	73	100.0

4. Have you spent at least one night in a hospital, emergency room (ER), or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	41	7.5
No	507	92.3
Don't Know	1	0.2
Total	549	100.0

G. Physical Health Services

1. Do you have a primary health care provider?

	Frequency	Percent
Yes	467	85.1
No	75	13.7
Don't Know	7	1.3
Total	549	100.0

2. To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health?

	Frequency	Percent
Yes	189	40.5
No	175	37.5
Don't Know	103	22.1
Total	467	100.0

3. In the past 12 months, did you see a medical professional for a health check-up or because you were sick?

	Frequency	Percent
Yes	410	74.7
No	137	25.0
Don't Know	2	0.4
Total	549	100.0

4. In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?

	Frequency	Percent
Yes	136	24.8
No	409	74.5
Don't Know	4	0.7
Total	549	100.0

H. Arrests and Police Encounters

Consumers in services for less than 1 year (N=125)

1. Were you arrested since you began to receive mental health services?

	Frequency	Percent
Yes	15	12.0
No	110	88.0
Total	125	100.0

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

	Frequency	Percent
Yes	22	17.6
No	103	82.4
Total	125	100.0

3. Since you began to receive mental health services, have your encounters with the police...

	Frequency	Percent
Been reduced	17	13.6
Stayed the same	7	5.6
Increased	4	3.2
N/A (had no police encounters this year or last year)	97	77.6
Total	125	100.0

Consumers in services for 1 year or more (N=424)

1. Were you arrested during the past 12 months?

	Frequency	Percent
Yes	27	6.4
No	395	93.2
Don't Know	2	0.5
Total	424	100.0

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

	Frequency	Percent
Yes	29	6.8
No	390	92.0
Don't Know	5	1.2
Total	424	100.0

3. Over the past year, have your encounters with police...

	Frequency	Percent
Been reduced	35	8.3
Stayed the same	15	3.5
Increased	10	2.4
N/A (had no police encounters this year or last year)	364	85.8
Total	424	100.0

I. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all participants (547 = 99.6%) reported receiving some type of outpatient mental health treatment service. * Participants were asked how much they agreed or disagreed with 23 statements regarding the outpatient services they received. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** S.D.	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received here.	538	1.9	1.0	34.9	49.6	7.4	4.6	3.3
If I had other choices, I would still get services from this provider.	538	2.0	1.0	30.9	49.8	6.5	10.0	2.8
I would recommend this provider to a friend or a family member.	537	2.0	1.0	34.1	47.3	5.2	10.1	3.4
The location of services was convenient.	536	1.9	1.0	33.2	51.1	5.8	7.5	2.4
Staff were willing to see me as often as I felt it was necessary.	537	1.9	0.9	33.1	52.9	5.2	6.3	2.4
Staff returned my calls in 24 hours.	513	2.1	1.1	31.0	48.7	5.5	11.1	3.7
Services were available at times that were good for me.	538	1.9	0.9	30.7	56.7	5.2	5.6	1.9
I was able to get all the services I thought I needed.	540	2.1	1.0	28.7	52.2	5.2	10.6	3.3
I was able to see a psychiatrist when I wanted to.	528	2.1	1.1	28.4	49.8	5.9	12.5	3.4
Staff here believe that I can grow, change, and recover.	520	2.0	0.9	30.0	51.5	9.4	6.7	2.3
I felt comfortable asking questions about my treatment and medication.	535	1.9	0.9	33.5	53.8	5.2	5.8	1.7
I felt free to complain.	537	2.0	1.0	31.8	53.4	4.7	7.3	2.8
I was given information about my rights.	534	1.9	0.8	32.6	56.7	4.5	4.9	1.3
Staff encouraged me to take responsibility for how I live my life.	528	2.0	0.9	29.2	56.4	4.7	8.5	1.1
Staff told me what side effects to watch out for.	511	2.1	1.0	26.6	53.2	4.9	12.7	2.5
Staff respected my wishes about who is and is not to be given information about my treatment.	523	1.8	0.8	33.7	55.8	4.2	4.6	1.7
I, not staff, decided my treatment goals.	519	2.2	1.0	22.5	53.9	9.1	11.9	2.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	529	2.1	0.9	25.5	55.6	8.9	7.4	2.6
I was encouraged to use consumer-run programs.	489	2.3	1.1	22.5	47.0	7.2	19.6	3.7
Staff were sensitive to my cultural/ethnic background.	493	1.9	0.8	29.0	57.6	7.1	4.9	1.4
Staff respected my family’s religious/spiritual beliefs.	479	1.9	0.8	29.6	59.9	6.9	1.5	2.1
Staff treated me with respect.	540	1.8	0.7	35.7	57.0	3.9	1.9	1.5
Staff spoke with me in a way that I understood.	542	1.8	0.7	33.8	60.1	2.8	2.4	0.9

*Outpatient mental health treatment services may have been provided through an outpatient mental health program or provider, psychiatrist, or therapist.

**Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

***Lower mean scores indicate higher satisfaction levels.

****S.D. is an abbreviation for Standard Deviation.

J. Satisfaction with Psychiatric Rehabilitation Program Services

Slightly more than half (279 = 50.8%) of survey participants reported receiving either psychiatric rehabilitation services and/or residential rehabilitation services. * Participants were asked how much they agreed or disagreed with 21 statements regarding the psychiatric rehabilitation services they received. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** S.D.	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services I received here.	264	2.0	1.0	29.9	54.2	5.7	6.4	3.8
If I had other choices, I would still get services from this provider.	265	2.0	1.0	29.8	54.0	5.7	7.2	3.4
I would recommend this provider to a friend or a family member.	265	2.1	1.0	27.9	54.3	5.7	8.7	3.4
The location of services was convenient.	262	1.9	0.8	29.4	59.5	4.6	5.3	1.1
Staff were willing to see me as often as I felt it was necessary.	261	2.0	0.9	28.0	56.3	6.9	5.7	3.1
Staff returned my calls in 24 hours.	252	2.1	0.9	24.6	57.9	6.7	7.9	2.8
Services were available at times that were good for me.	264	1.9	0.8	26.5	60.6	6.8	5.3	0.8
I was able to get all the services I thought I needed.	264	2.0	0.9	25.8	57.2	6.1	8.3	2.7
Staff here believe that I can grow, change, and recover.	256	1.9	0.8	27.3	60.9	5.1	4.7	2.0
I felt comfortable asking questions about my rehabilitation.	263	1.9	0.8	28.5	60.8	4.2	5.3	1.1
I felt free to complain.	262	2.0	0.9	27.1	56.9	7.6	7.3	1.1
I was given information about my rights.	263	1.9	0.8	28.9	58.6	6.1	5.3	1.1
Staff encouraged me to take responsibility for how I live my life.	261	1.9	0.8	29.9	57.1	6.9	5.0	1.1
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	262	1.9	0.8	30.9	57.3	5.7	5.0	1.1
I, not staff, decided my rehabilitation goals.	260	2.1	0.9	20.0	58.5	10.0	10.0	1.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	264	2.0	0.9	27.7	53.4	10.2	7.2	1.5
I was encouraged to use consumer-run programs.	247	2.2	1.0	23.5	54.7	6.5	13.8	1.6
Staff were sensitive to my cultural/ethnic background.	252	2.0	0.8	25.4	60.7	7.1	6.3	0.4
Staff respected my family's religious/spiritual beliefs.	255	1.9	0.8	25.1	62.7	7.5	3.5	1.2
Staff treated me with respect.	266	1.8	0.7	29.3	62.0	4.1	3.8	0.8
Staff spoke with me in a way that I understood.	266	1.8	0.7	28.9	63.2	3.4	3.8	0.8

*Psychiatric rehabilitation services may have been provided through a psychiatric rehabilitation/day program or residential rehabilitation program.

**Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

*** Lower mean scores indicate higher satisfaction levels.

**** S.D. is an abbreviation for Standard Deviation

K. Overall Satisfaction with Mental Health Services

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used throughout the survey. Participants were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the services I received.” Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** S.D.	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services I received.	546	2.0	1.0	28.6	53.8	7.9	6.0	3.7

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

L. Outcome Measures

Participants were asked how they had benefited from the mental health services received. Each question begins with the statement: “As a direct result of all the mental health services I received” and was followed by the specific outcome of services. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** S.D.	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems.	538	2.1	0.9	21.9	55.0	11.9	9.1	2.0
I am better able to control my life.	533	2.2	0.9	22.0	53.7	12.6	10.1	1.7
I am better able to deal with crisis.	542	2.3	1.0	18.8	52.0	12.9	12.9	3.3
I am getting along better with my family.	516	2.2	0.9	20.3	54.8	14.0	8.3	2.5
I do better in social situations.	528	2.4	1.0	17.4	49.8	15.9	13.1	3.8
I do better in school and/or work.	371	2.2	1.0	21.0	52.0	11.9	11.9	3.2
My housing situation has improved.	511	2.4	1.1	17.6	45.4	17.4	15.7	3.9
My symptoms are not bothering me as much.	529	2.6	1.2	17.2	43.1	12.7	20.6	6.4
I do things that are more meaningful to me.	534	2.2	0.9	19.3	58.1	10.7	10.1	1.9
I am better able to take care of my needs.	539	2.2	0.9	20.2	56.8	11.7	9.5	1.9
I am better able to handle things when they go wrong.	533	2.4	1.0	16.7	51.6	14.6	14.1	3.0
I am better able to do things that I want to do.	533	2.3	1.0	15.6	53.5	14.6	13.5	2.8
I am happy with the friendships I have.	530	2.2	1.0	20.0	56.0	10.8	10.0	3.2
I have people with whom I can do enjoyable things.	539	2.2	0.9	20.8	57.9	8.5	11.1	1.7
I feel I belong in my community.	531	2.3	1.0	18.3	55.4	11.3	11.7	3.4
In a crisis, I would have the support I need from family or friends.	540	2.0	0.9	26.9	56.7	6.7	7.0	2.8

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

** Lower mean scores indicate more positive outcomes.

*** S.D. is an abbreviation for Standard Deviation.

M. Additional Statistical Analyses

Bivariate demographic statistics were calculated, as well as chi-square tests for percentages, to determine statistically significant relationships in the survey population ($p < 0.05$). The responses to the use of mental health services questions were also tested to determine if there are any statistically significant demographic differences in mental health services usage. Chi-square tests were used for all relationships except for age, where t-tests were calculated to determine statistically significant differences ($p < 0.05$).

The response to each of the perception of care survey items was coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means were calculated for each item, with lower mean scores indicating either greater satisfaction or more positive outcomes. T-tests were then performed to determine if there are statistically significant differences ($p < 0.05$) on items among survey participants with different characteristics.

The following relationships or differences are statistically significant.

Demographics

Female survey participants are older than males (42.4 vs. 37.0 years). Fewer Black/African American participants are married (5.9% vs. 13.0%), and Black/African American participants have less education (55.2% have high school diploma vs. 61.2%) than non-Black/African American participants.

Use of Mental Health Services

Participants who are older are more likely to have:

- Received mental health services for more than a year (41.8 vs. 31.5 years)
- Received PRP services in the past year (43.2 vs. 37.4 years)
- Participated in a self-help group (43.7 vs. 38.6 years)
- Spent at least one night in the hospital due to physical illness (45.3 vs. 38.4 years)
- Reported that physician and mental health services provider communicated with each other (42.5 vs. 38.5 years)

Participants arrested at least once are:

- More likely to be male (59.7% vs. 40.3%)
- Younger (32.6 vs. 41.2 years)

Currently married participants have not spent a night in the ER or crisis bed for substance abuse when compared to participants not currently married (0% vs. 8.4%), and more females than males have seen a physician for a health check-up or sick visit (82.2% vs. 64.8%).

Satisfaction with Outpatient Mental Health Treatment Services

Males are less satisfied than females with the following statements:

- The location of services was convenient (2.1 vs. 1.9)
- Staff were willing to see me as often as I felt it was necessary (2.0 vs. 1.8)
- Staff respected my wishes about who is and is not to be given information about my treatment (1.9 vs. 1.8)
- Staff respected my family's religious/spiritual beliefs (2.0 vs. 1.8)

Currently married participants are less satisfied than not currently married participants with the following statements:

- Staff helped me obtain the information I needed so that I could take charge of managing my illness (2.4 vs. 2.0)
- Staff spoke with me in a way that I understood (1.9 vs. 1.7)

Satisfaction with PRP Services

Participants using PRP and/or RRP services were more satisfied than those not receiving PRP and/or RRP services with the following statements:

- I was encouraged to use consumer-run programs (2.2 for those receiving PRP vs. 2.5 for those not receiving PRP)
- I was encouraged to use consumer-run programs (2.1 for those receiving RRP vs. 2.4 for those not receiving RRP)

Currently married participants are less satisfied than not currently married participants with the following statements:

- Services were available at times that were good for me (2.3 vs. 1.9)
- Staff here believe that I can grow, change, and recover (2.3 vs. 1.9)

Employed participants are more satisfied than unemployed participants with the following statements:

- Staff here believe that I can grow, change, and recover (1.7 vs. 2.0)*
- Staff encouraged me to take responsibility for how I live my life (1.7 vs. 1.9)*

Overall Satisfaction

There were no statistically significant differences in response to the statement, "Overall I am satisfied with the mental health services I received."

Outcome Measures

Employed participants agree more than unemployed participants with the following statements:

- I deal more effectively with daily problems (2.0 vs. 2.2)
- I am better able to control my life (2.0 vs. 2.2)
- I am better able to deal with crisis (2.1 vs. 2.3)*
- I am getting along better with my family (2.0 vs. 2.2)
- I do better in social situations (2.1 vs. 2.4)*
- I do better in school and/or work (1.9 vs. 2.4)*
- My symptoms are not bothering me as much (2.3 vs. 2.6)
- I am better able to handle things when they go wrong (2.1 vs. 2.4)*
- I am better able to do things that I want to do (2.0 vs. 2.4)*
- I have people with whom I can do enjoyable things (2.0 vs. 2.2)
- In a crisis, I would have the support I need from family or friends (1.8 vs. 2.1)

Employed participants are more often male (52% vs. 40% for unemployed), are less often receiving services for a year or more (71% vs. 79% for unemployed), and are less often receiving PRP services (40% vs. 50% for unemployed).

Participants under 21 years of age agree more than older participants with the following statements:

- I do things that are more meaningful to me (2.0 vs. 2.6)
- I am better able to do things that I want to do (2.2 vs. 2.6)
- I have people with whom I can do enjoyable things (1.9 vs. 2.3)*
- In a crisis, I would have the support I need from family or friends (1.9 vs. 2.2)

** Results similar to the 2007 survey results*

N. Qualitative Measures

In an open-ended line of inquiry, adult participants were asked what has been most helpful about the mental health services they received. A total of 567 comments were recorded and are categorized below.

Comment	Frequency
Therapist or therapy (kind, compassionate, like)	78
Proper medication	55
Help in general, general statements	49
Having someone to talk to	46
Medication/therapy combination	36
I am doing better, improvement of some kind	29
“Nothing”	25
Clinical staff, non-clinical staff and quality	23
Adequate or good services	21
Don't know or no answer	20
Availability of staff/clinician	20
Group therapy	18
Offer encouragement, support	18
Convenient	14
Education - sharing information with me, better understand illness and situation	13
Attention to personal situation	13
I am better, happier, self-confidence has improved	10
Treated well, with respect	10
Completely satisfied	7
Understanding	5
Variety of services	5
Help with insurance/paperwork/transportation	5
Medication and problem solving	4
Communication/rapport between consumer and doctor	4
Affordable	4
Counseling beneficial and/or advice beneficial	4
Day programs	4
Negative comment	4
Communication between therapists and physician/Case management	3
Other*	20
Total	567

* Other category is comprised of responses that have a frequency of <3

In another open-ended line of inquiry, adult participants were asked what they liked least about the services they received. A total of 565 comments were recorded and are categorized below.

Comment	Frequency
“Nothing”	174
Don’t know or no answer	85
Medication issues	40
Treated poorly by staff/clinicians	40
Comment unrelated to services	23
Not satisfied (general) or multiple issues	22
Appointments/scheduling is difficult	22
Inconvenient, transportation issues	17
Staff turnover	16
Don’t agree with therapy goals/plan	13
Services could use improvement (general)	12
They do not listen	10
Staff not available	9
Being told what to do/being forced into program	8
Good services (general)	8
Insurance, coverage issues	8
Facility or hospital issues	8
Services should be made more readily available, low availability	7
Confidentiality/privacy issues	7
Not enough time with doctor/clinician	6
Still need more help	6
Doctor/consumer issues, poor rapport	5
Lack of follow-up, poor communication	4
Treatment team does not communicate with consumer/other doctors	4
Other*	11
Total	565

In a final open-ended question, adult participants were asked if they had anything else to share about their experiences. A total of 575 comments were recorded and are categorized below.

Comment	Frequency
No answer/”nothing”	370
Satisfied (general)	54
Work in progress	27
Dissatisfied with services/therapy	26
Satisfied with services/therapy	25
Dissatisfied (general)	12
Life has improved/I am getting better	12
Need more resources/education/information	11
Comment unrelated to services	10
More public support needed	7
Not enough services offered	5
Dissatisfied with medication	5
Doctors/clinicians are great	3
Other*	8
Total	575

* Other category is comprised of responses that have a frequency of <3.

IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Caregiver Participant Characteristics

Characteristic		%
Gender	Male	8.8
	Female	91.2
Age	21-50	69.2
	51-70	22.6
	71 and older	2.7
	Refused/Don't Know	5.4
Race	White/Caucasian	47.2
	Black or African-American	45.8
	More than one race reported	1.5
	Other	4.3
	Refused	1.2
Ethnicity	Spanish, Hispanic, or Latino	4.2
Relationship to Child	Parent	78.0
	Grandparent	15.9
	Other relative	4.2
	Other	1.9

B. Summary of Child Characteristics

Characteristic		%
Gender	Male	63.6
	Female	36.4
Age	1-4	1.1
	5-9	28.3
	10-14	48.0
	15 and older	18.8
	Refused/Don't Know	3.8
Race	White/Caucasian	42.0
	Black or African-American	48.1
	More than one race reported	4.6
	Other	4.5
	Refused/Don't Know	0.8
Ethnicity	Spanish, Hispanic, or Latino	6.1
Education	Currently in school	96.2
	■ Regular classroom	64.5
	■ Special education, all or part day	31.1
	■ Other classroom setting	3.5
	Have repeated a grade	27.7

C. Detail of Caregiver Participant Demographic and Social Characteristics

1. Parent/caregiver gender

	Frequency	Percent
Male	65	8.8
Female	673	91.2
Total	738	100.0

2. Parent/caregiver age

	Frequency	Percent
21-30	93	12.6
31-40	257	34.8
41-50	161	21.8
51-60	106	14.4
61-70	61	8.3
>70	20	2.7
Don't Know	5	0.7
Refused	35	4.7
Total	738	100.0

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	3	0.4
Asian	4	0.5
Black and/or African-American	338	45.8
Native Hawaiian or Pacific Islander	1	0.1
White (Caucasian)	348	47.2
Other	24	3.3
More than one race reported	11	1.5
Refused	9	1.2
Total	738	100.0

4. Are you of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	31	4.2
Not Hispanic	701	95.0
Don't Know	3	0.4
Refused	3	0.4
Total	738	100.0

5. What is your relationship to (child)?

	Frequency	Percent
Biological or adoptive parent	552	74.8
Stepparent	8	1.1
Grandparent	117	15.9
Foster parent	16	2.2
Sibling	3	0.4
Other biological relative acting as guardian	28	3.8
Family friend acting as guardian	2	0.3
Legal guardian (where none of the others apply)	11	1.5
Other	1	0.1
Total	738	100.0

D. Detail of Child Demographic and Social Characteristics

1. Child's gender

	Frequency	Percent
Male	469	63.6
Female	269	36.4
Total	738	100.0

2. Child's age

	Frequency	Percent
1-4	8	1.1
5-9	209	28.3
10-14	354	48.0
>14	139	18.8
Don't Know	2	0.3
Refused	26	3.5
Total	738	100.0

3. What is (child's) race?

	Frequency	Percent
American Indian or Alaska Native	3	0.4
Asian	2	0.3
Black and/or African-American	355	48.1
Native Hawaiian or Pacific Islander	1	0.1
White (Caucasian)	310	42.0
Other	27	3.7
More than one race reported	34	4.6
Refused	6	0.8
Total	738	100.0

4. Is (child) of Spanish, Hispanic, or Latino origin?

	Frequency	Percent
Hispanic	45	6.1
Not Hispanic	689	93.4
Don't Know	4	0.5
Total	738	100.0

5. Is (child) currently living with you?

	Frequency	Percent
Yes	699	94.7
No	38	5.1
Don't Know	1	0.1
Total	738	100.0

6. Is (child) currently in an out-of-home residential placement, such as a group home, foster care, or residential treatment center?

	Frequency	Percent
Yes	15	38.5
No	24	61.5
Total	39	100.0

7. Has your child lived in any of the following places in the last 12 months? (check all that apply*)

	Frequency	Percent
With one or both parents	617	76.5
With another family member	112	13.9
Foster home	21	2.6
Therapeutic foster home	7	0.9
Crisis shelter	2	0.2
Homeless shelter	2	0.2
Group home	8	1.0
Residential treatment center	11	1.4
Hospital	9	1.1
Local jail or detention facility	5	0.6
Runaway/homeless/on streets	3	0.4
Other	7	0.9
Don't know	1	0.1
Refused to answer	2	0.2
Total	807	100.0

* The frequency and percentage is greater than the total number of respondents because more than one answer can be given.

8. Is (child) currently going to school?

	Frequency	Percent
Yes	710	96.2
No	27	3.7
Don't Know	1	0.1
Total	738	100.0

8a. (If yes to Q8) What type of classroom would you say (child) is currently enrolled in?

	Frequency	Percent
Regular classroom	458	64.5
Special education, all day	118	16.6
Special education, part of day	103	14.5
Other	25	3.5
Don't Know	6	0.8
Total	710	100.0

8b. (If no to Q8) Why is (child) not currently going to school?

	Frequency	Percent
Too young for school	4	14.3
Expelled	2	7.1
Suspended	2	7.1
Sick or hospitalized	1	3.6
Other	18	64.3
Don't Know	1	3.6
Total	28	100.0

9. Has (child) ever repeated a grade?

	Frequency	Percent
Yes	203	27.7
No	530	72.2
Don't Know	1	0.1
Total	734	100.0

E. Use of Mental Health Services

Now, I would like to ask you about the kinds of mental health services (child) received within the past 12 months.

1. Has (child) been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	730	98.9
No	8	1.1
Total	738	100.0

1a. How long has (child) received these mental health services?

	Frequency	Percent
< 1 month	31	4.2
1 month - 5 months	121	16.4
6 months - < 1 year	139	18.8
1 year or more	447	60.6
Total	738	100.0

In the past 12 months...

2. Has (child) seen a pediatrician or any other medical professional for an emotional or behavioral problem?

	Frequency	Percent
Yes	284	38.5
No	450	61.0
Don't Know	4	0.5
Total	738	100.0

3. Has (child) seen a school counselor?

	Frequency	Percent
Yes	405	54.9
No	296	40.1
Don't Know	37	5.0
Total	738	100.0

4. Has (child) been to or received family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	Frequency	Percent
Yes	301	40.8
No	436	59.1
Don't Know	1	0.1
Total	738	100.0

5. Has (child) spent at least one night in a hospital, emergency room (ER), or crisis bed because of an emotional or behavioral problem?

	Frequency	Percent
Yes	59	8.0
No	679	92.0
Total	738	100.0

6. Has (child) received services in a residential treatment center?

	Frequency	Percent
Yes	44	6.0
No	691	93.6
Don't Know	3	0.4
Total	738	100.0

7. Has (child) participated in a mental health support or self-help group (e.g., peer counseling)?

	Frequency	Percent
Yes	177	24.0
No	547	74.1
Don't Know	14	1.9
Total	738	100.0

8. Have you ever participated in a support or self-help group for parents/caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders?

	Frequency	Percent
Yes	151	20.5
No	585	79.3
Don't Know	2	0.3
Total	738	100.0

8a. Would you like to participate in such a support group?

	Frequency	Percent
Yes	167	28.4
No	383	65.2
Don't Know	36	6.1
Refused	1	0.2
Total	587	100.0

9. Is (child) on medication for emotional/behavioral problems?

	Frequency	Percent
Yes	426	57.7
No	310	42.0
Don't Know	2	0.3
Total	738	100.0

9a. Did the doctor or nurse tell you and/or (child) what side effects to watch for?

	Frequency	Percent
Yes	376	88.3
No	42	9.9
Don't Know	8	1.9
Total	426	100.0

10. Are any of (child's) siblings receiving mental health services?

	Frequency	Percent
Yes	216	29.3
No	483	65.4
Don't Know	39	5.3
Total	738	100.0

F. Substance Abuse Services

In the past 12 months...

1. Did (child) attempt to get or was he/she referred for substance abuse services?

	Frequency	Percent
Yes	20	2.7
No	713	96.6
Don't Know	4	0.5
Refused	1	0.1
Total	738	100.0

2. Was (child) able to receive substance abuse services?

	Frequency	Percent
Yes	13	65.0
No	6	30.0
Don't Know	1	5.0
Total	20	100.0

3. Were you satisfied with (child's) substance abuse services?

	Frequency	Percent
Yes	9	69.2
No	3	23.1
Don't Know	1	7.7
Total	13	100.0

4. Has (child) spent at least one night in a hospital, emergency room (ER), or crisis bed because of a substance abuse problem?

	Frequency	Percent
Yes	2	0.3
No	735	99.6
Don't Know	1	0.1
Total	738	100.0

G. Physical Health Services

1. Does (child) have a primary health care provider?

	Frequency	Percent
Yes	730	98.9
No	8	1.1
Total	738	100.0

2. To your knowledge, have your child's primary care provider and mental health provider spoken with each other about your child's health?

	Frequency	Percent
Yes	286	39.2
No	300	41.1
Don't Know	144	19.7
Total	730	100.0

3. In the past 12 months, did (child) see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?

	Frequency	Percent
Yes, in a clinic or office	637	86.3
Yes, but only in a hospital ER	24	3.3
No	76	10.3
Don't Know	1	0.1
Total	738	100.0

4. In the past 12 months, has (child) spent at least one night in a hospital because of a physical illness or health problem?

	Frequency	Percent
Yes	61	8.3
No	676	91.6
Don't Know	1	0.1
Total	738	100.0

5. Does your child have Medicaid insurance?

	Frequency	Percent
Yes	616	83.5
No	96	13.0
Don't Know	26	3.5
Total	738	100.0

H. Arrests, Police Encounters, School Suspensions, and School Expulsions
Patients in services less than 1 year
(N=291)

1. Was (child) arrested since beginning to receive mental health services?

	Frequency	Percent
Yes	16	5.5
No	274	94.2
Refused	1	0.3
Total	291	100.0

2. Was (child) arrested during the 12 months prior to that?

	Frequency	Percent
Yes	4	1.4
No	285	97.9
Don't Know	2	0.7
Total	291	100.0

3. Since (child) began receiving mental health services, have their encounters with the police:

	Frequency	Percent
Been reduced	9	3.1
Stayed the same	10	3.4
Increased	5	1.7
N/A (had no police encounters this year or last year)	267	91.8
Total	291	100.0

4. Was (child) expelled or suspended since beginning services?

	Frequency	Percent
Yes	46	15.8
No	242	83.2
Don't Know	2	0.7
Refused	1	0.3
Total	291	100.0

5. Was (child) expelled or suspended during the 12 months prior to that?

	Frequency	Percent
Yes	52	17.9
No	235	80.8
Don't Know	4	1.4
Total	291	100.0

6. Since starting to receive services, the number of days (child) was in school is:

	Frequency	Percent
Greater	80	27.5
About the same	141	48.5
Less	35	12.0
Does not apply	35	12.0
Total	291	100.0
Does not apply category detail:		
Did not have a problem with attendance before starting services	20	6.9
Too young to be in school	8	2.7
Home schooled	3	1.0
Other	4	1.4

Arrests, Police Encounters, School Suspensions, and School Expulsions Patients in services one year or more (N=447)

7. Was (child) arrested during the past 12 months?

	Frequency	Percent
Yes	14	3.1
No	433	96.9
Total	447	100.0

8. Was (child) arrested during the 12 months prior to that?

	Frequency	Percent
Yes	9	2.0
No	437	97.8
Don't Know	1	0.2
Total	447	100.0

9. Over the past year, have their encounters with the police...

	Frequency	Percent
Been reduced	17	3.8
Stayed the same	23	5.1
Increased	8	1.8
N/A (had no police encounters this year or last year)	399	89.3
Total	447	100.0

10. Was (child) expelled or suspended during the past 12 months?

	Frequency	Percent
Yes	124	27.7
No	323	72.3
Total	447	100.0

11. Was (child) expelled or suspended during the 12 months prior to that?

	Frequency	Percent
Yes	95	21.3
No	342	76.5
Don't Know	10	2.2
Total	447	100.0

12. Over the past year, the number of days (child) was in school is:

	Frequency	Percent
Greater	143	32.0
About the same	220	49.2
Less	47	10.5
Does not apply	37	8.3
Total	447	100.0
Does not apply category detail:		
Did not have a problem with attendance before starting services	28	6.3
Too young to be in school	2	0.4
Expelled from school	1	0.2
Home schooled	5	1.1
Other	1	0.2

I. Satisfaction with Outpatient Mental Health Treatment Services Received by Children

Nearly all caregiver participants (730 = 98.9%) reported his/her child had received some type of outpatient mental health treatment service.* Caregiver participants were asked how much they agreed or disagreed with 16 statements regarding the outpatient service his/her child received. Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** S.D.	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	723	1.9	0.9	35.0	51.0	4.6	7.1	2.4
I helped choose my child's services.	717	1.9	0.9	30.7	55.6	4.9	7.5	1.3
I helped choose my child's treatment goals.	711	1.9	0.9	31.9	55.7	4.5	6.8	1.1
The people helping my child stuck with us no matter what.	716	1.9	0.9	33.4	51.5	4.9	8.0	2.2
I felt my child had someone to talk to when he/she was troubled.	711	1.9	0.9	31.5	54.3	5.3	7.0	1.8
I participated in my child's treatment.	722	1.6	0.6	42.5	54.2	1.9	1.1	0.3
The services my child and/or family received were right for us.	724	2.0	0.9	29.1	54.3	7.2	7.5	1.9
The location of services was convenient for us.	724	1.9	0.9	33.8	52.2	4.4	7.7	1.8
Services were available at times that were convenient for us.	722	2.0	0.9	28.9	54.6	5.7	9.0	1.8
My family got the help we wanted for my child.	724	2.1	1.0	26.1	54.3	7.6	9.3	2.8
My family got as much help as we needed for my child.	716	2.2	1.1	23.9	48.3	10.6	14.2	2.9
Staff treated me with respect.	724	1.7	0.7	37.7	55.7	3.6	2.1	1.0
Staff respected my family's religious/spiritual beliefs.	673	1.8	0.6	33.3	60.5	4.2	1.9	0.1
Staff spoke with me in a way that I understood.	727	1.7	0.6	34.7	61.5	1.9	1.5	0.4
Staff were sensitive to my cultural/racial background.	668	1.8	0.7	30.2	63.5	3.3	2.4	0.6
I felt free to complain.	716	1.8	0.7	29.9	62.0	3.4	3.6	1.1

*Outpatient mental health treatment services may have been provided through an outpatient mental health program or provider, psychiatrist, or therapist.

**Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

***Lower mean scores indicate higher satisfaction levels.

****S.D. is an abbreviation for Standard Deviation.

J. Satisfaction with Child/Family Support Services

Nearly forty-one percent of caregiver participants (301 = 40.8%) reported that his/her child had received some type of child/family support service. * Caregiver participants were asked how much they agreed or disagreed with 16 statements regarding the child/family support services his/her child received. Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”**

Statement	** N	*** Mean	**** S.D.	Likert Scale Percentages**				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	276	2.0	1.0	30.4	52.2	5.8	7.6	4.0
I helped choose my child's services.	275	1.9	0.8	27.6	58.9	6.2	5.8	1.5
I helped choose my child's service goals.	275	1.9	0.8	29.5	57.8	7.3	4.0	1.5
The people helping my child stuck with us no matter what.	273	2.0	0.9	30.4	55.7	4.0	7.7	2.2
I felt my child had someone to talk to when he/she was troubled.	272	1.9	0.8	29.8	56.3	8.1	4.0	1.8
I participated in my child's services.	274	1.7	0.7	35.8	59.1	1.8	1.5	1.8
The services my child received were right for us.	275	2.0	1.0	26.9	57.8	6.5	4.4	4.4
The location of services was convenient for us.	274	2.0	0.9	29.9	56.9	3.6	6.9	2.6
Services were available at times that were convenient for us.	275	2.0	0.9	25.1	59.3	4.7	9.1	1.8
My family got the help we wanted for my child.	275	2.1	1.0	25.1	54.9	8.0	8.7	3.3
My family got as much help as we needed for my child.	273	2.2	1.1	24.2	50.5	9.5	12.1	3.7
Staff treated me with respect.	276	1.8	0.7	35.1	58.3	2.9	2.2	1.4
Staff respected my family's religious/spiritual beliefs.	260	1.8	0.7	31.9	61.2	4.6	1.2	1.2
Staff spoke with me in a way that I understood.	277	1.7	0.6	33.2	63.2	1.4	1.4	0.7
Staff were sensitive to my cultural/racial background.	257	1.8	0.8	29.2	63.4	3.5	1.6	2.3
I felt free to complain.	276	1.8	0.7	29.3	63.8	1.8	4.0	1.1

* Child/Family support services may have been provided through psychiatric rehabilitation, mobile treatment, case management, and/or respite services.

** Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

*** Lower mean scores indicate higher satisfaction levels.

**** S.D. is an abbreviation for Standard Deviation.

K. Overall Satisfaction with Mental Health Services

Overall caregiver participant satisfaction with the mental health services received by his/her child was assessed using the same Likert scale as was used throughout the survey. Caregiver participants were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services my child received.” Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” “and strongly disagree.”*

Statement	* N	** Mean	*** S.D.	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services my child received.	734	2.0	1.0	31.2	49.7	8.4	7.5	3.1

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

** Lower mean scores indicate higher satisfaction levels.

*** S.D. is an abbreviation for Standard Deviation.

L. Outcome Measures

Caregiver participants were asked how his/her child had benefited from the mental health services received. Each question begins with the statement: “As a direct result of the mental health services my child received” and was followed by the specific outcome of services. Caregiver participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.”*

Statement	* N	** Mean	*** S.D.	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My child is better at handling daily life.	719	2.3	1.0	18.4	50.6	17.1	11.0	2.9
My child gets along better with family members.	713	2.3	1.0	18.2	47.8	20.1	12.1	1.8
My child gets along better with friends and other people.	713	2.3	1.0	17.1	49.9	19.2	11.8	2.0
My child is doing better in school and/or work.	712	2.3	1.0	21.6	45.4	17.8	12.2	2.9
My child is better able to cope when things go wrong.	726	2.6	1.1	13.2	44.2	20.7	18.0	3.9
I am satisfied with our family life right now.	732	2.3	1.0	20.2	50.3	15.3	10.9	3.3
My child is better able to do things he or she wants to do.	724	2.3	0.9	16.0	55.4	15.6	12.2	0.8
My child is better able to control his or her behavior.	722	2.7	1.1	11.4	42.4	21.5	19.4	5.4
My child is less bothered by his or her symptoms.	703	2.5	1.0	11.5	48.5	18.8	18.2	3.0
My child has improved social skills.	718	2.3	1.0	15.0	53.9	15.9	12.4	2.8
As a direct result of the mental health treatment services my child and family received: (Please answer for relationships with persons other than your mental health providers.)								
I know people who will listen and understand me when I need to talk.	734	1.9	0.8	26.3	62.5	5.4	4.8	1.0
I have people that I am comfortable talking with about my child's problems.	733	1.8	0.7	29.7	62.2	4.2	3.3	0.5
In a crisis, I would have the support I need from family or friends.	733	1.9	0.8	31.4	57.4	6.5	3.7	1.0
I have people with whom I can do enjoyable things.	732	1.8	0.7	29.0	63.3	5.2	2.2	0.4

* Not all respondents answered each statement. Likert scale percentages are calculated using the individual N. Due to rounding, totals may not add up to 100%.

** Lower mean scores indicate more positive outcomes.

*** S.D. is an abbreviation for Standard Deviation.

M. Additional Statistical Analyses

Bivariate demographic statistics were calculated, as well as chi-square tests for percentages, to determine statistically significant relationships in the survey population ($p < 0.05$). The responses to the use of mental health services questions were also tested to determine if there are any statistically significant demographic differences in mental health services usage. Chi-square tests were used for all relationships except for age, where t-tests were calculated to determine statistically significant differences ($p < 0.05$).

The response to each of the perception of care survey items was coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means were calculated for each item, with lower mean scores indicating either greater satisfaction or more positive outcomes. T-tests were then performed to determine if there are statistically significant differences ($p < 0.05$) on items among survey participants with different characteristics.

The following relationships or differences are statistically significant.

Demographics

Caregiver participants who are parents (biological or adoptive) are younger than caregiver participants who are not parents (39.4 vs. 55.5 years). Black/African American caregiver participants are older than non-Black/African American caregiver participants (44.8 vs. 41.9 years), and more non-Black/African American caregiver participants are biological or adoptive parents than Black/African American caregiver participants (79.2% vs. 70.0%).

Use of Mental Health Services

Child participants who are older are more likely to:

- Not currently live with their caregivers (12.6 vs. 11.1 years)
- Have repeated a grade in school (12.5 vs. 10.8 years)
- Have received psychiatric family support services (11.6 vs. 11.0 years)
- Have not seen a medical professional for an emotional/behavioral problem (11.4 vs. 10.9 years)
- Have seen a school counselor (11.5 vs. 10.8 years)
- Have spent at least one night in hospital, ER, or crisis bed for an emotional/behavioral problem (12.6 vs. 11.1 years)
- Have participated in a mental health support or self-help group (11.8 vs. 11.0 years)
- Have attempted to receive or were referred for substance abuse services (14.6 vs. 11.1 years)
- Have spent at least one night in hospital, ER, or crisis bed for substance abuse (15.0 vs. 11.2 years)
- Have been arrested (14.2 vs. 11.0 years)

Child participants who have been suspended or expelled from school are:

- More likely to be male (76.1% vs. 32.9%)
- More likely to be Black/African American (60.2% vs. 39.8%)
- Older (12.5 vs. 10.6 years)

More males than females:

- Are in a special education classroom (36.3% vs. 25.8%)
- Have repeated a grade (30.6% vs. 22.6%)
- Have received services for a year or more (64.2% vs. 54.3%)

Satisfaction with Outpatient Mental Health Treatment Services

Caregiver participants are more satisfied with the following statements when the child is female than when the child is male:

- Overall, I am satisfied with the services my child received (1.8 vs. 2.0)
- The people helping my child stuck with us no matter what (1.8 vs. 2.0)
- I felt my child had someone to talk to when he/she was troubled (1.8 vs. 2.0)
- I participated in my child's treatment (1.6 vs. 1.8)
- The services my child and/or family received were right for us (1.9 vs. 2.1)
- My family got the help we wanted for my child (1.9 vs. 2.2)
- My family got as much help as we needed for my child (2.1 vs. 2.3)
- Staff treated me with respect (1.6 vs. 1.8)
- Staff respected my family's religious/spiritual beliefs (1.7 vs. 1.8)
- Staff spoke with me in a way that I understood (1.6 vs. 1.8)
- Staff were sensitive to my cultural/racial background (1.7 vs. 1.8)
- I felt free to complain (1.8 vs. 1.9)

Female children are more likely to have been receiving services less than a year than male children (46% vs. 36% for males), and female children are less likely than male children to have a parent as caregiver (71% vs. 77% for males).

Caregiver participants who are parents (biological or adoptive) are more satisfied than caregiver participants who are not parents with the following statements:

- I helped choose my child's services (1.9 vs. 2.1)
- I participated in my child's treatment (1.6 vs. 1.7)

Satisfaction with Family Support Services

Caregiver participants are more satisfied with the following statements when the child is female than when the child is male:

- Overall, I am satisfied with the services my child received (1.9 vs. 2.1)
- The people helping my child stuck with us no matter what (1.8 vs. 2.0)
- I felt my child had someone to talk to when he/she was troubled (1.8 vs. 2.0)
- Staff spoke with me in a way that I understood (1.6 vs. 1.8)

Overall Satisfaction

Caregiver participants are more likely to agree with the statement, “Overall I am satisfied with the mental health services my child received” when the child is female than when the child is male (1.9 vs. 2.1)*.

Outcome Measures

Caregiver participants are more in agreement with the following statements when the child is female than when the child is male:

- I know people who will listen and understand me when I need to talk (1.8 vs. 2.0)
- I have people with whom I can do enjoyable things (1.8 vs. 1.9)

Caregiver participants are more in agreement with the following statement when the child is 14 years or younger than when the child is over 14 years old:

- My child is doing better in school and/or work (2.2 vs. 2.6)

Caregiver participants are more in agreement with the following statement when the child is 5-14 years old than when the child is older or younger:

- My child has improved social skills (2.3 vs. 2.6)

Caregiver participants are less in agreement with the following statements when the child is receiving family support services than when the child is not receiving family support services:

- My child is better at handling daily life (2.4 vs. 2.2)
- I am satisfied with our family life right now (2.5 vs. 2.1)*
- My child is better able to do things he or she wants to do (2.4 vs. 2.2)
- My child is better able to control his or her behavior (2.7 vs. 2.6)
- My child has improved social skills (2.4 vs. 2.3)

** Results similar to the 2007 survey results*

N. Qualitative Measures

In an open-ended line of inquiry, caregiver participants were asked what has been most helpful about the mental health services their child received. A total of 767 caregiver comments were recorded and are categorized below.

Comment	Frequency
Therapists (kind, compassionate, like)	107
Overall helpfulness/generally likes services	90
Having someone to talk to	76
Proper medication	51
Availability, accessibility of therapist	40
“Nothing”	38
Learn to control anger, improved behavior	31
Don’t know or no answer	28
Therapy	23
Medication and therapy	22
Learn how to deal, cope with difficulties	21
Build communication, social skills	20
Doctors, travel to work, school, home	18
Feel better overall	16
Better in school	15
Child understands problems better	15
Convenient, location, hours	13
School is helpful	13
Not helpful, negative comment	12
Improved life	10
Communication between consumer, parent/family	10
They listen	10
Quality of doctors/clinicians	10
Parent understands child’s problems better	9
Better relationship with friends, peers	6
Offer encouragement, support	6
Consistent sessions	6
Not related to services	6
Education received, resources available	5
Child can talk freely	5
Counseling	5
Proper diagnosis	4
Insurance/payment/Medicaid	4
Likes particular facility or ‘going’ in general	4
Family counseling/involvement	3
Rapport with doctor	3
Type of therapy used	3
Gain confidence/self-esteem	3
Other*	6
Total	767

* Other category is comprised of responses that have a frequency of <3

In another open-ended line of inquiry, caregiver participants were asked what they liked least about the services their child received. A total of 758 caregiver comments were recorded and are categorized below.

Comment	Frequency
“Nothing”	278
Don’t know or no answer	79
Scheduling, appointments, waiting time	54
Location inconvenient, hours, transportation	50
Dissatisfied with type of program/service	35
Issues with medications, side effects	32
Poor quality doctors and therapists	28
Changing doctors and staff	20
Not helpful overall	20
Not enough time with doctor, therapist	18
Poor communication	17
Lack of choice in providers/services	16
Trouble with health insurance	16
Atmosphere, conditions of facility	13
Treated badly	12
Progress too slow/no progress	11
Schools being uncooperative	11
Problems with child unrelated to services	8
Misdiagnosis, no diagnosis	7
Amount of sessions, meetings, programs	6
Poor follow-up	5
Still needs help	5
Not listening	4
Other*	13
Total	758

In a final open-ended question, caregiver participants were asked if they had anything else to share about their or their child’s experiences. A total of 750 caregiver comments were recorded and are categorized below.

Comment	Frequency
No answer/“nothing”	496
Satisfied (general)	58
Child is doing better/happy	48
Not happy about therapy plan/methods/results	31
Satisfied with staff, doctors, therapy	26
Not satisfied with staff, doctors, therapy	22
Helpful	18
General improvement needed	9
Services should be made more readily available	7
Not service related	5
Insurance, coverage issues	5
Inconvenient	5
Medication issues	5
More information sharing across lines school/parent/providers	4
Other*	11
Total	750

* Other category is comprised of responses that have a frequency of <3

V. SUMMARY

Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Mental Health System. These surveys represent the eighth systematic, statewide assessment of consumer perception of care since 1997. Data collection was performed by subcontractor, REDA International, Inc., on behalf of MAPS-MD. MAPS-MD performed the data analysis and documented the findings.

The survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2007. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment or psychiatric rehabilitation services. Service types for children included outpatient mental health treatment or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children under the age of 16.

A total of 1,890 adults was successfully contacted to request participation in the survey; 549 completed the telephone interview, resulting in a 29% response rate. A total of 1,836 caregivers was successfully contacted to request participation in the child and family survey; 738 completed the telephone interview, resulting in a 40% response rate.

Overall satisfaction with services was relatively high: 82.4% of adults and 80.9% of caregivers indicated agreement with the statement, "Overall, I am satisfied with the mental health services I/my child received." Furthermore, satisfaction with specific services was quite positive. The percent of agreement in the adult survey for items addressing satisfaction with adult outpatient mental health treatment services exceeded 76% for all items except, "I was encouraged to use consumer-run programs" (69.5%). The percent of agreement for items addressing psychiatric rehabilitation services satisfaction exceeded 78% for all items. The percent of agreement for caregiver participants of children for items addressing satisfaction with outpatient mental health treatment services exceeded 80% for all items except, "My family got as much help as we needed for my child" (72.2%). Likewise, the percent of agreement for items addressing family support services exceeded 80% for all items except, "My family got the help we wanted for my child" (74.7%).

Adult consumers' assessment of the contribution of treatment to positive outcomes of care ranged from 60.3% agreement with the statement, "My symptoms are not bothering me as much" to 83.5% agreement with the statement, "In a crisis, I would have the support I need from family or friends." Caregiver participants' assessments of their child's improvement were more modest and ranged from 53.7% agreement with the statement, "My child is better able to control his/her behavior" to 71.4% agreement with the statement, "My child is better able to do things he or she wants to do." However, the range of agreement with the four measures assessing "social connectedness" of the caregiver participants themselves was quite high (88.8% to 92.2%).

Further research would contribute to a better understanding of how the wide range of variables impact satisfaction and outcomes. Additionally, this survey will be shared with the MHA Office of Consumer Affairs Advisory Council with the hope that these findings will be used to identify opportunities for improvement in the PMHS.

VI. APPENDICES

APPENDIX A:

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

APPENDIX B:

NOTIFICATION LETTER (ADULT)

APPENDIX C:

NOTIFICATION LETTER (CHILD/CAREGIVER)

Appendix A



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201
Patricia M. Alt, Ph.D., Chairperson

May 16, 2008

Mary I. Martin
MAPS – MD
21 Governor's Court
Suite # 100
Baltimore, Maryland 21244

REF: **Protocol # 98-13**

Dear Ms. Martin:

The Maryland Department of Health and Mental Hygiene's Institutional Review Board (IRB) conducted a review of your protocol entitled "Consumer Satisfaction with Maryland Public Mental Health System" for continuous approval. The IRB meeting was held on Thursday, May 15, 2008. Your protocol has been approved. **This approval will expire on June 15, 2009.** Please refer to the above referenced protocol number in any future modifications or correspondence pertaining to the above named study.

Please be reminded that all of the requirements of the original approval letter remain in effect. Thank you for your continued responsiveness to the IRB requirements and we wish you continued success in your efforts.

If you have any questions, please call the IRB Administrator, Mrs. Gay Hutchen. She can be reached at 410-767-8448.

Sincerely,

Patricia M. Alt, PhD
Chairperson
Institutional Review Board

Cc: IRB Members
Gay Hutchen

Appendix B



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene Mental Hygiene Administration

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

February 2008

En esta carta se le pide que participe voluntariamente en un estudio acerca del sistema publico de la salud mental. Si desea recibir esta información en español, por favor llame al numero 1-800-929-7332.

Dear Consumer:

The Maryland Mental Hygiene Administration (MHA) wants to know about your experiences with the public mental health services you have received. We have been asked to obtain information about a group of people regarding (1) their current health and (2) how they feel about their services. MHA has asked MAPS-MD along with REDA International to do this telephone survey. If you have caller ID, you may see REDA International. Your experiences are important to us and we hope you will take part in this survey. We will use the information to make services better.

If you feel that this letter has been sent to you in error, please disregard and discard this document.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you in taking part in this survey.
- Your current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question you wish.
- You may stop the survey at any point.

Frequently Asked Questions:

Question 1: What can I do if I want to take part in this survey?

- You do not have to do anything. We will call you.

Or

- You may speak directly with a representative between 9 a.m. and 9 p.m., Monday through Friday, or you may leave a message on the MAPS-MD/REDA International Information Line at 1-800-929-7332.

- When you speak with a representative directly, the representative will schedule a convenient time for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message, a representative from REDA International on behalf of MAPS-MD will call you to schedule a convenient time for you to complete the phone interview.

Question 2: What if I *do not* want to participate in the survey?

- Please call us at 1-800-929-7332.
 - You may speak directly to a representative between the hours of 9 a.m. and 9 p.m., Monday through Friday.
- Or
- You may leave us a message at 1-800-929-7332 requesting that your name be removed from the survey.
 - If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20 and 30 minutes.

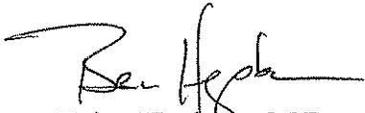
Question 4: When will the survey begin?

- We will begin the survey in the next few weeks.

If you have any questions about the survey, please call Mary Martin, Manager of Evaluation Services, MAPS-MD, at 1-800-888-1965, ext. 4778. If you have any questions about your rights as a research participant, please call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, 3rd floor, Baltimore, Maryland 21201, at 410-767-8448. If you have other questions regarding the mental health services you received, call MAPS-MD at 1-800-888-1965, option 3.

Thank you for your help.

Sincerely,



Brian Hepburn, M.D.
Executive Director
Mental Hygiene Administration

Appendix C



STATE OF MARYLAND
DHMH

**Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration**

Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Brian M. Hepburn, M.D., Executive Director

February 2008

En esta carta se le pide que participe voluntariamente en un estudio acerca del sistema publico de la salud mental. Si desea recibir esta información en español, por favor llame al numero 1-800-929-7332.

Dear Parent/Guardian:

The Maryland Mental Hygiene Administration (MHA) wants to know about your child's experiences with the public mental health services your child has received. We have been asked to obtain information about a group of people regarding (1) their current health and (2) how they feel about their services. MHA has asked MAPS-MD along with REDA International to do this telephone survey. If you have caller ID, you may see REDA International. Your experiences are important to us and we hope you will take part in this survey. We will use the information to make services better.

If you feel that this letter has been sent to you in error, please disregard and discard this document.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you or your child in taking part in this survey.
- Your child's current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question you wish.
- You may stop the survey at any point.

Frequently Asked Questions:

Question 1: What can I do if I want to take part in this survey?

- You do not have to do anything. We will call you.

Or

- You may speak directly with a representative between 9 a.m. and 9 p.m., Monday through Friday, or you may leave a message on the MAPS-MD/REDA International Information Line at 1-800-929-7332.

- When you speak with a representative directly, the representative will schedule a convenient time for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message, a representative from REDA International, on behalf of MAPS-MD, will call you to schedule a convenient time for you to complete the phone interview.

Question 2: What if I *do not* want to participate in the survey?

- Please call us at 1-800-929-7332.
 - You may speak directly to a representative between the hours of 9 a.m. and 9 p.m., Monday through Friday.
- Or
- You may leave us a message at 1-800-929-7332 requesting that your child's name be removed from the survey.
 - If you leave a message to say you do not want to take part in the survey, no one will call you back.

Question 3: How long will the survey take?

- The survey will take between 20 and 30 minutes.

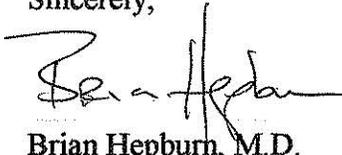
Question 4: When will the survey begin?

- We will begin the survey in the next few weeks.

If you have any questions about the survey, please call Mary Martin, Manager of Evaluation Services, MAPS-MD, at 1-800-888-1965, ext. 4778. If you have any questions about your rights as a research participant, please call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, 3rd floor, Baltimore, Maryland 21201, at 410-767-8448. If you have other questions regarding the mental health services your child received, call MAPS-MD at 1-800-888-1965, option 3.

Thank you for your help.

Sincerely,



Brian Hepburn, M.D.
Executive Director
Mental Hygiene Administration



APPENDIX D:
SURVEY INSTRUMENT (ADULT)



INTRODUCTION II: (For individuals who left messages to participate in the survey through the 1-800-Survey Information Line.)

Hello, my name is _____. May I speak with _____ ?

I work for MAPS-MD along with REDA International, Inc. We understand from our Survey Line voicemail that you would like to take part in our confidential survey on satisfaction with mental health services. (Pause)

Is now a good time to talk with you? If no, see below.

If they ask about the survey: We are doing interviews to find out how consumers feel about the public mental health services they receive. (Pause) The survey asks about your experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you are with the mental health services you received during this time. (Pause) The Maryland Mental Hygiene Administration (MHA) asked MAPS-MD along with REDA International, Inc to do this survey.

If they ask how we got their name: We received your name from Maryland Mental Hygiene Administration. MAPS-MD along with REDA International, Inc are conducting the survey in order to evaluate how well the Maryland's public mental health system is operating.

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

1. Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time.
2. Your answers will be kept private. Your name will be kept separate from your responses.
3. There is no risk to you in taking part in this survey. Your current mental health services will not change in any way as a result of your participation.

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her teletelephone number and address at any point during the survey.

201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448.

If you have any questions about your mental health services, please call MAPS-MD. I can give you the teletelephone number at any point during the survey.

MAPS-MD (410) 277-0513

Could we go through the questions now?

01 Yes 02 No *If no:* When would be a better time to get back to you?

Date: _____ Time: | | | | A M / P M

Thanks. One of my colleagues from REDA International, Inc will call you back on (Date) and (Time) (am/pm).

Thank you for your help.

INTRODUCTION

This survey consists of three parts including: (1) basic information about you; (2) the mental health services you have received; and (3) your level of satisfaction with these services. Your responses will play an important role in helping to improve the quality of care provided by the Maryland public mental health system. Please give the best answer you can. If you are unsure about a question, I can repeat the question for you.

Do you have any questions before we begin?

I. DEMOGRAPHIC INFORMATION

I would like to start by asking a few questions about you. We ask these questions of everyone participating in the survey.

<p>1. Are you male or female?</p> <p>1 Male 2 Female 99 Refused</p>	<p>2. What is your date of birth?</p> <p>__/__/__</p> <p>88 Don't Know 99 Refused</p> <p>* Please code so that dob is converted and reported as age to be reflected in tables for brochures and reports.</p>
<p>3. What is your race? (Check all that apply; also check 7 when more than one race is selected.)</p> <p>1 American Indian or Alaska Native 2 Asian 3 Black and/or African-American 4 Native Hawaiian or Other Pacific Islander 5 White (Caucasian) 6 Other: Describe 7 More than one race reported 88 Don't Know 99 Refused</p> <p>(Unique count Only: If more than one race is checked, counts as N=1)</p>	<p>4. Are you of Spanish, Hispanic, or Latino origin?</p> <p>1 Yes 2 No 88 Don't Know 99 Refused</p>
<p>5. What is your marital status?</p> <p>1 Now Married 2 Living as Married (includes cohabitating or living together) 3 Widowed 4 Divorced 5 Separated 6 Never Married 88 Don't Know 99 Refused</p>	<p>6. What is the highest grade of school you have ever completed?</p> <p>1 Completed grade 8 or less 2 Some high school 3 Completed high school or GED 4 Some vocational school or training 5 Some college (no degree) 6 Completed Bachelor's Degree 7 Completed graduate/professional degree (Master's degree or higher) 8 Never attended 88 Don't Know 99 Refused</p>

7. What is your current living situation? (select the one that best describes)	
a. In a house or apartment alone	(1)
b. In a house or apartment with family or friends	(2)
c. In an RRP (Residential Rehabilitation Program)	(3)
d. In a boarding home or a foster care home	(5)
e. In a hospital or nursing home	(6)
f. In jail or prison	(7)
g. On the streets or in a shelter for the homeless	(8)
h. Other	(9)
i. Refused	(99)

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
8. With the statement, "I feel I had a choice in selecting where I live," would you								
9. With the statement, "I am satisfied with my overall housing situation," would you								
10. What is your current employment situation?								
<i>INTERVIEWERS: Read each choice below until interviewee chooses one; if the interviewee immediately provides a category, read subcategories to interviewee.</i>								
(EMPLOYED)	1 Working full-time 2 Working part-time							
(UNEMPLOYED)	3 Unemployed, but looking for work							
(NOT IN LABOR FORCE)	4 Permanently disabled, not working 5 Sheltered employment 6 Retired 7 Homemaker 8 Student 9 Volunteer 10 Other							
(NO DATA AVAILABLE)	88 Don't Know 99 Refused							

II. SERVICES AND ARRESTS

A. Mental Health Services

Now, I would like to ask you about the kinds of mental health services that you have received in the past 12 months for a mental or emotional problem, or problem with your nerves.

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Have you been to an outpatient mental health program or provider, psychiatrist, or therapist?	<i>Ask Q 1a.</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>
1a. How long have you received these mental health services?	<i>See Ra and Rb</i>	<i>See Ra and Rb</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>
Ra. Less than 1 year (less than 12 months)			<i>Not an option</i>	<i>Not an option</i>
Rb. 1 year or more (at least 12 months)			<i>Not an option</i>	<i>Not an option</i>
2. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?				
3. In the past 12 months, have you received psychiatric rehabilitation services (day program or PRP services)?				
4. In the past 12 months, have you received residential rehabilitation services (RRP)?				
5. In the past 12 months, have you spent at least one night in a hospital, emergency room (ER), or crisis bed because of a mental or emotional problem or a problem with your nerves?				
6. In the past 12 months, have you participated in a mental health self-help group? (Example, On Our Own, depression support group, family support group, etc.).				

B. Substance Abuse Services

Now, I would like to ask you about the kinds of services that you have received in the past 12 months for a substance abuse problem (i.e., alcohol or drug use problem).

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Did you attempt to get or were you referred for substance abuse services?		<i>Skip to Q4</i>	<i>Skip to Q4</i>	<i>Skip to Q4</i>
2. Were you able to receive substance abuse services?				
3. Were you satisfied with your substance abuse services?				
4. Have you spent at least one night in a hospital, emergency room (ER) or crisis bed because of a substance abuse problem?				

C. Physical Health Services

Now, I would like to ask you about the kinds of services that you have received in the past 12 months for your physical health care.

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Do you have a primary health care provider?		<i>Skip to Q2</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>
1a. To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health?				
2. In the past 12 months, did you see a medical professional for a health check-up or because you were sick?				
3. In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?				

D. Arrests - Only for respondents who answered “yes” to Section II, A, Q1a, Ra

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Were you arrested since you began to receive mental health services?				
2. Were you arrested during the 12 months prior to that?				
3. Since you began to receive mental health services, have your encounters with police... <ul style="list-style-type: none"> a. been reduced (for example, you 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 (you had no police encounters this year or last year) 				

E. Arrests - Only for respondents who answered “yes” to Section II, A, Q1a, Rb

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Were you arrested during the past 12 months?				
2. Were you arrested during the 12 months prior to that?				
3. Over the past year, have your encounters with police... <ul style="list-style-type: none"> a. been reduced (for example, you 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 (you had no police encounters this year or last year) 				

Interviewer Instructions:

- *Only participants who answer “Yes” to questions 1, 3, and/or 4 in Section II, A, will continue beyond this point.*
- *If questions 2, and/or 5, and/or 6 were the only questions checked “Yes”, go to Closing in section VII.*

If participant answered yes to section II A:

- *Only Question 1, then go to Section III, V, VI and VII*
- *Only Question 3, then go to Section IV, V, VI and VII*
- *Only Question 4, then go to Section IV, V, VI and VII*
- *Combination of Question 1 and Q3 and/or Q4, proceed with all remaining sections*
- *Combination of Question 3 and Q4, proceed to Section IV, V, VI and VII*

III. SATISFACTION WITH OUTPATIENT SERVICES

Now, I am going to read a series of statements. Please answer them thinking only about *the outpatient mental health services* you received. For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
1. I like the services that I received here								
2. If I had other choices, I would still get services from this provider								
3. I would recommend this provider to a friend or a family member								
4. The location of services was convenient (parking, public transportation, distance, etc.)								
5. Staff were willing to see me as often as I felt it was necessary								
6. Staff returned my calls in 24 hours								
7. Services were available at times that were good for me								
8. I was able to get all the services I thought I needed								
9. I was able to see a psychiatrist when I wanted to								
10. Staff here believe that I can grow, change, and recover								
11. I felt comfortable asking questions about my treatment and medication								
12. I felt free to complain								

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
13. I was given information about my rights								
14. Staff encouraged me to take responsibility for how I live my life								
15. Staff told me what side effects to watch out for								
16. Staff respected my wishes about who is and is not to be given information about my treatment								
17. I, not staff, decided my treatment goals								
18. Staff helped me obtain the information I needed so that I could take charge of managing my illness								
19. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)								
20. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)								
21. Staff respected my family's religious/spiritual beliefs								
22. Staff treated me with respect								
23. Staff spoke with me in a way that I understood								

IV. SATISFACTION WITH PSYCHIATRIC REHABILITATION SERVICES

Now I am going to read (a/another) series of statements. Please answer them thinking only about the *psychiatric rehabilitation services (PRP)* you received. (Interviewer: *Psychiatric rehabilitation services include: individual and group psychiatric rehabilitation, medication monitoring, housing and vocational services, and can be delivered in a facility, home, or in the community*). For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
1. I like the services I received here								
2. If I had other choices, I would still get services from this provider								
3. I would recommend this provider to a friend or a family member								
4. The location of services was convenient (parking, public transportation, distance, etc.)								
5. Staff were willing to see me as often as I felt it was necessary								
6. Staff returned my calls in 24 hours								
7. Services were available at times that were good for me								
8. I was able to get all the services I thought I needed								
9. Staff here believe that I can grow, change and recover								
10. I felt comfortable asking questions about my rehabilitation								
11. I felt free to complain								
12. I was given information about my rights								

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
13. Staff encouraged me to take responsibility for how I live my life								
14. Staff respected my wishes about who is and is not to be given information about my rehabilitation								
15. I, not staff, decided my rehabilitation goals								
16. Staff helped me obtain the information I needed so that I could take charge of managing my illness								
17. I was encouraged to use consumer- run programs (support groups, drop- in centers, crisis phone line, etc.)								
18. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.)								
19. Staff respected my family's religious/spiritual beliefs								
20. Staff treated me with respect								
21. Staff spoke with me in a way that I understood								

V. OVERALL OUTCOMES

Now, I would like to ask you some questions about how you may have benefited from the mental health services you received. For each of the following statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
As a direct result of all of the mental health services you received:								
1. I deal more effectively with daily problems								
2. I am better able to control my life								
3. I am better able to deal with crisis								
4. I am getting along better with my family								
5. I do better in social situations								
6. I do better in school and/or work								
7. My housing situation has improved								
8. My symptoms are not bothering me as much								
9. I do things that are more meaningful to me								
10. I am better able to take care of my needs								
11. I am better able to handle things when they go wrong								
12. I am better able to do things that I want to do								

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
As a direct result of all the mental health services you received, please answer the following 4 questions for relationships with persons other than your mental health provider(s)								
13. I am happy with the friendships I have								
14. I have people with whom I can do enjoyable things								
15. I feel I belong in my community								
16. In a crisis, I would have the support I need from family or friends								

VI. OVERALL SATISFACTION

This last section will ask about your overall satisfaction with all the mental health services you have received. Using the same scale as for the previous questions, please tell me the extent to which you agree or disagree with the following statement.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
1. "Overall, I am satisfied with the mental health services I received," would you								
2. What has been most helpful about the mental health services you have received?								
3. What did you like least about the mental health services you received?								

VII. CLOSING

We have come to the end of our survey. Do you have anything else that you would like to share with us about your experiences with the mental health system in the past 12 months?

I'd like to thank you for taking the time to speak with us today. Your responses will be joined with the responses of others who have taken part in this survey and will be very useful in shaping changes within Maryland's Public Mental Health System. Have a good rest of the afternoon/evening. Good bye.



APPENDIX E:
SURVEY INSTRUMENT (CHILD/CAREGIVER)



Appendix E

INTRODUCTION I: (For individuals from whom MAPS-MD along with REDA International, Inc did not receive a contact call)

Hello, my name is _____. May I speak with the parent or guardian of {child's name}.

I work for MAPS-MD along with REDA International, Inc. You were recently sent a letter about a confidential survey on satisfaction with mental health services. Do you remember receiving this letter? (Pause)

If they ask how we got their name: We received your name from Maryland Mental Hygiene Administration (MHA). (Pause) The Maryland Mental Hygiene Administration (MHA) asked MAPS-MD along with REDA International, Inc to do this survey.

Are you willing to take part in this survey? If no, address their concerns and see if they change their mind.

If they ask what letter or what survey: The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. The survey asks about you and {child's name} experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you and your child are with the mental health services you and your child have received during this time. (Pause) The information you give us will be used to improve services. Your participation is important because we need to include the opinions of as many people as possible.

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

1. Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time.
2. Your answers will be kept private. Your name will be kept separate from your responses.
3. There is no risk to you and/or your child in taking part in this survey. You and {child's name}'s current mental health services will not change in any way as a result of your participation.

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her telephone number and address at any point during the survey.

201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448.

If you have any questions about your mental health services, please call MAPS-MD. I can give you the telephone number at any point during the survey.

MAPS-MD (410 277-0513

Could we go through the questions now?

01 Yes 02 No *If no: When would be a better time to get back to you?*

Date: _____ **Time:** | :| | AM/PM

Thanks. One of my colleagues will call you back on (date) (time) (am/pm). Thank you for your help.

INTRODUCTION II: (For individuals who left messages to participate in the Survey through the 1-800-Survey Information Line.)

Hello, my name is _____. May I speak with the parent or guardian of {child's name}.

I work for MAPS-MD along with REDA International, Inc. We understand from our Survey Line voicemail that you would like to take part in our confidential survey on satisfaction with mental health services. (Pause)

Is now a good time to talk with you? *If no, see below.*

If they ask about the survey: We are doing interviews to find out how you and your child feel about the public mental health services they have received. (Pause) The survey asks about you and {child's name} experiences with the Maryland public mental health system in the past 12 months. (Pause) We are interested in finding out how satisfied you and your child are with the mental health services your child received during this time. (Pause) The Maryland Mental Hygiene Administration (MHA) asked MAPS-MD along with REDA International, Inc to do this survey.

If they ask how we got their child's name: We received your name from Maryland Mental Hygiene Administration. MAPS-MD along with REDA International, Inc are conducting the survey in order to evaluate how well the Maryland's public mental health system is operating.

The interview should take 20 to 30 minutes. There are three things to keep in mind as we go through the survey.

1. Participation in this study is completely voluntary. You may decide not to take part in this study, not to answer any question you wish, and you may choose to stop this survey at any time.
2. Your answers will be kept private. Your child's name will be kept separate from your responses.
3. There is no risk to you and/or your child in taking part in this study. You and {child's name}'s current mental health services will not change in any way as a result of your participation.

If you have any questions about your rights as a research participant, please call Gay Hutchen at the Institutional Review Board. I can give you her telephone number and address at any point during the survey.

201 W. Preston Street, 3rd Floor, Baltimore, MD 21201, (410) 767-8448.

If you have any questions about your mental health services, please call MAPS-MD. I can give you the telephone number at any point during the survey.

MAPS-MD (410 277-0513

Could we go through the questions now?

01 Yes 02 No *If no: When would be a better time to get back to you?*

Date: _____ Time: |_____|:|_____| AM/PM

Thanks. One of my colleagues from REDA International, Inc will call you back on (Date) and (Time) (am/pm).

Thank you for your help.

INTRODUCTION

This survey consists of three parts including: (1) basic information about you and your child; (2) the mental health services your child has received; and (3) you and your child’s satisfaction with these services. Your responses will play an important role in helping to improve the quality of care provided by the Maryland public mental health system. Please give the best answer you can. If you are unsure about a question, I can repeat the question for you.

Do you have any questions before we begin?

I. DEMOGRAPHIC INFORMATION

A. Caregiver

<p>I would like to start by asking a few questions about you. We ask these questions of everyone participating in the survey.</p>	
<p>1. Are you male or female?</p> <p>1 Male 2 Female 99 Refused</p>	<p>2. What is your date of birth?</p> <p>__/__/____</p> <p>88 Don’t Know 99 Refused</p> <p>* Please code so that dob is converted and reported as age to be reflected in tables for brochures and reports.</p>
<p>3. What is your race? (Check all that apply; also check 7 when more than one race is selected.)</p> <p>1 American Indian or Alaska Native 2 Asian 3 Black and/or African-American 4 Native Hawaiian or Other Pacific Islander 5 White (Caucasian) 6 Other: Describe _____ 7 More than one race reported 88 Don’t Know 99 Refused</p> <p>(Unique count Only: If more than one race is checked, counts as N=1)</p>	<p>4. Are you of Spanish, Hispanic, or Latino origin?</p> <p>1 Yes 2 No 88 Don’t Know 99 Refused</p>
<p>5. What is your relationship to {child’s name}?</p> <p>1 Biological or adoptive parent 2 Stepparent 3 Grandparent 4 Foster parent 5 Sibling 6 Other biological relative acting as guardian (aunt, uncle)</p> <p>7 Family friend acting as guardian 8 Legal guardian (where none of the above apply) 9 Other (specify) _____ 77 N/A 88 Don’t Know 99 Refused</p>	

B. Child

Now, I would like to ask a few questions about {child's name}.

<p>1. Is {child's name} male or female [Confirm with respondent].</p> <p>1 Male 2 Female 9 Refused</p>	<p>2. What is the date of birth of {child's name}?</p> <p>___ / ___ / _____</p> <p>88 Don't Know 99 Refused</p> <p>* Please code so that dob is converted and reported as age to be reflected in tables for brochures and reports.</p>
<p>3. What is {child's name} race?</p> <p>1 American Indian or Alaska Native 2 Asian 3 Black and/or African-American 4 Native Hawaiian or Other Pacific Islander 5 White (Caucasian) 6 Other: Describe _____ 7 More than one race reported 88 Don't Know 99 Refused</p> <p>(Unique count Only: If more than one race is checked, counts as N=1)</p>	<p>4. Is {child's name} Spanish, Hispanic, or Latino origin?</p> <p>1 Yes 2 No 88 Don't Know 99 Refused</p>

	Yes	No	Don't Know	Refused														
	(1)	(2)	(88)	(99)														
<p>5. Is {child's name} currently living with you ?</p>	<p><i>Skip to Q7</i></p>																	
<p>6. Is {child's name} currently in an out-of-home residential placement, such as a group home, foster care or residential treatment center?</p>																		
<p>7. Has your child lived in any of the following places in the last 12 months? (CHECK ALL THAT APPLY)</p> <table data-bbox="293 1682 1325 1896"> <tr> <td>a. With one or both parents</td> <td>g. Group home</td> </tr> <tr> <td>b. With another family member</td> <td>h. Residential treatment center</td> </tr> <tr> <td>c. Foster home</td> <td>i. Hospital</td> </tr> <tr> <td>d. Therapeutic foster home</td> <td>j. Local jail or detention facility</td> </tr> <tr> <td>e. Crisis Shelter</td> <td>k. State correctional facility</td> </tr> <tr> <td>f. Homeless shelter</td> <td>l. Runaway/homeless/on the streets</td> </tr> <tr> <td></td> <td>m. Other (describe):</td> </tr> </table>					a. With one or both parents	g. Group home	b. With another family member	h. Residential treatment center	c. Foster home	i. Hospital	d. Therapeutic foster home	j. Local jail or detention facility	e. Crisis Shelter	k. State correctional facility	f. Homeless shelter	l. Runaway/homeless/on the streets		m. Other (describe):
a. With one or both parents	g. Group home																	
b. With another family member	h. Residential treatment center																	
c. Foster home	i. Hospital																	
d. Therapeutic foster home	j. Local jail or detention facility																	
e. Crisis Shelter	k. State correctional facility																	
f. Homeless shelter	l. Runaway/homeless/on the streets																	
	m. Other (describe):																	

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
8. Is [child's name] currently going to school?	<i>Proceed to Q 8a</i>	<i>Skip to Q 8b</i>	<i>Skip to Q 9</i>	<i>Skip to Q 9</i>

8a. If yes, at school, what type of classroom would you say {child's name} is currently enrolled in?
 (Select the answer that best describes and then skip to Q9)

1 Regular classroom
 2 Special education, all day
 3 Special education, part of day
 4 Other
 88 Don't Know
 99 Refused

8b. If no, why is {child's name} not currently going to school? (select answer that best describes):

1 Too young for school (*skip to section II A*)
 2 Dropped out
 3 Expelled
 4 Suspended
 7 Sick or Hospitalized
 8 Other
 88 Don't Know
 99 Refused

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
9. Has {child's name} ever repeated a grade?				

II. SERVICES, ARRESTS, AND SCHOOL PARTICIPATION

A. Mental Health Services

Now, I would like to ask you about the kinds of mental health services that {child's name} received within the past 12 months.				
	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Has {child's name} been to an outpatient mental health program or provider, psychiatrist, or therapist?	<i>Ask Q 1a.</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>
1a. How long has {child's name} received these mental health services?	<i>See Ra, Rb, Rc, and Rd</i>	<i>See Ra, Rb, Rc, and Rd</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>
Ra. Less than 1 month			<i>Not an option</i>	<i>Not an option</i>
Rb. 1 month through 5 months			<i>Not an option</i>	<i>Not an option</i>
Rc. 6 months to 1 year			<i>Not an option</i>	<i>Not an option</i>
Rd. 1 year or more			<i>Not an option</i>	<i>Not an option</i>
2. In the past 12 months, has {child's name} seen a pediatrician or any other medical professional for an emotional or behavioral problem?				
3. In the past 12 months, has {child's name} seen a school counselor?				
4. In the past 12 months, has {child's name} received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis or case management services?				
5. In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room (ER), or crisis bed because of an emotional or behavioral problem?				
6. In the past 12 months, has {child's name} received services in a residential treatment center?				
7. In the past 12 months, has {child's name} participated in a mental health support or self-help group (e.g., peer counseling)?				

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
8. In the past 12 months, have you participated in a support or self-help group for parents/caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders? (Example, On Our Own, depression support group, family support group, parenting, etc.).	<i>Skip to Q9</i>			
8a. Would you like to participate in such a support group?				
9. Is {child's name} on medication for emotional/behavioral problems?		<i>Skip to Q10</i>	<i>Skip to Q10</i>	<i>Skip to Q10</i>
9a. Did the doctor or nurse tell you and/or {child's name} what side effects to watch for?				
10. Are any of {child's name} siblings receiving mental health services?				

B. Substance Abuse Services

Now, I would like to ask you about the kinds of services that {child's name} has received in the past 12 months for a substance abuse problem (i.e., alcohol or drug use problem).

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Did {child's name} attempt to get or was he/she referred for substance abuse services?		<i>Skip to Q4</i>	<i>Skip to Q4</i>	<i>Skip to Q4</i>
2. Was {child's name} able to receive substance abuse services?		<i>Skip to Q4</i>	<i>Skip to Q4</i>	<i>Skip to Q4</i>
3. Were you satisfied with {child's name} substance abuse services?				
4. In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room (ER) or crisis bed because of a substance abuse problem?				

C. Physical Health Services

Now, I would like to ask you about the kinds of services that {child's name} have received in the past 12 months for their physical health care.

	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Does {child's name} have a primary health care provider?		<i>Skip to Q2</i>	<i>Skip to Q2</i>	<i>Skip to Q2</i>
1a. To your knowledge, has your child's primary health care provider and {child's name} mental health provider spoken with each other about your child's health?				
2. Did your child see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?	<i>See Ra and Rb</i>	<i>Skip to Q4</i>	<i>Skip to Q4</i>	<i>Skip to Q4</i>
Ra. Yes, in a clinic or office	<i>Skip to Q4</i>	<i>Skip to Rb</i>	<i>Not an option</i>	<i>Not an option</i>
Rb. Yes, but ONLY in a hospital emergency room		<i>Not an option</i>	<i>Not an option</i>	<i>Not an option</i>
3. In the past 12 months, has {child's name} spent at least one night in a hospital because of a physical illness or health problem?				
4. Does your child have Medicaid insurance?				

D. Arrests, School Suspensions and School Expulsions - Only for respondents who answered “yes” to Section II, A, Q1a, Ra, Rb, or Rc (i.e., services < 1 year).

Arrests	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Was {child's name} arrested since beginning to receive mental health services?				
2. Was {child's name} arrested during the months prior to that?				
3. Since {child's name} began to receive mental health services, have their encounters with the police..... a. been reduced (for example, they 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 (They had no police encounters this year or last year)				

Suspensions and Expulsions	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
4. Was {child's name} expelled or suspended since beginning services?				
5. Was {child's name} expelled or suspended during the 12 months prior to that?				
6. Since starting to receive services, the number of days {child's name} was in school is: Ra. Greater Rb. About the same Rc. Less Rd. Does not apply. (Please select why this does not apply) {child's name} did not have a problem with attendance before starting services {child's name} is too young to be in school {child's name} was expelled from school {child's name} is home schooled {child's name} dropped out of school Other (Specify _____)				

E. Arrests, School Suspensions and School Expulsions - Only for respondents who answered “yes” to Section II, A, Q1a, Rd (i.e., services ≥ 1 year).

Arrests	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
1. Was {child's name} arrested during the past 12 months?				
2. Was {child's name} arrested during the 12 months prior to that?				
<p>3. Over the past year, have their encounters with the police.....</p> <p>a. been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)</p> <p>b. stayed the same</p> <p>c. increased</p> <p>d. not applicable (They had no police encounters this year or last year)</p>				

Suspensions and Expulsions	Yes	No	Don't Know	Refused
	(1)	(2)	(88)	(99)
4. Was {child's name} expelled or suspended during the past 12 months?				
5. Was {child's name} expelled or suspended during the 12 months prior to that?				
<p>6. Over the past year, the number of days {child's name} was in school is:</p> <p>Ra. Greater</p> <p>Rb. About the same</p> <p>Rc. Less</p> <p>Rd. Does not apply.</p> <p>(Please select why this does not apply)</p> <p>{child's name} did not have a problem with attendance before starting services</p> <p>{child's name} is too young to be in school</p> <p>{child's name} was expelled from school</p> <p>{child's name} is home schooled</p> <p>{child's name} is dropped out of school</p> <p>Other (Specify: _____)</p>				

Interviewer Instructions:

- *Only participants who answer “Yes” to questions 1 and/or 4 in Section II, A, will continue beyond this point.*
- *If questions 2, 3, 5, 6, 7, 8, 8a, 9, 9a, and/or 10 were the only questions checked “Yes”, go to Closing in section VII.*

If participant answered yes to section II A:

- *Only Question 1, then go to Section III, V, VI and VII*
- *Only Question 4, then go to Section IV, V, VI and VII*
- *Combination of Question 1 and Q4, proceed with all remaining sections*

III. SATISFACTION WITH OUTPATIENT MENTAL HEALTH SERVICES

Now, I am going to read a series of statements. Please refer only to the outpatient mental health services {child's name} received. For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances. Please let me know if the statement does not apply.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
1. Overall, I am satisfied with the services my child received								
2. I helped choose my child's services								
3. I helped choose my child's treatment goals								
4. The people helping my child stuck with us no matter what								
5. I felt my child had someone to talk to when he/she was troubled								
6. I participated in my child's treatment								
7. The services my child and/or family received were right for us								
8. The location of services was convenient for us								
9. Services were available at times that were convenient for us								
10. My family got the help we wanted for my child								
11. My family got as much help as we needed for my child								
12. Staff treated me with respect								
13. Staff respected my family's religious/spiritual beliefs								
14. Staff spoke with me in a way that I understood								
15. Staff were sensitive to my cultural/ethnic background								
16. I felt free to complain								

IV. SATISFACTION WITH FAMILY SUPPORT SERVICES

Now I am going to read a series of statements. Please refer only to the *family support services* {child’s name} and your family received. (Interviewer: Family support services include: in home services, in home respite, etc.) For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree with these statements. In some cases, the statement may not apply to your circumstances. Please let me know if the statement does not apply.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don’t Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
1. Overall, I am satisfied with the service my child received								
2. I helped to choose my child’s services								
3. I helped to choose my child’s service goals								
4. The people helping my child stuck with us no matter what								
5. I felt my child had someone to talk to when he/she was troubled								
6. I participated in my child’s services								
7. The services my child received were right for us								
8. The location of services was convenient for us								
9. Services were available at times that were convenient for us								
10. My family got the help we wanted for my child								
11. My family got as much help as we needed for my child								
12. Staff treated me with respect								

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
13. Staff respected my family's religious/spiritual beliefs								
14. Staff spoke with me in a way that I understood								
15. Staff were sensitive to my cultural/ethnic background								
16. I felt free to complain								

V. OVERALL OUTCOMES

The next section asks how you and {child’s name} may have benefited from the mental health services that {child’s name} received. For each of these statements, please indicate whether you strongly agree, agree, are neutral, disagree, or strongly disagree. In some cases, the statement may not apply to your circumstances, and you should then tell me that the statement does not apply

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don’t Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
As a direct result of all the mental health services my child and family received:								
1. My child is better at handling daily life								
2. My child gets along better with family members								
3. My child gets along better with friends and other people								
4. My child is doing better in school and/or work								
5. My child is better able to cope when things go wrong								
6. I am satisfied with our family life right now.								
7. My child is better able to do things he or she wants to do								
8. My child is better able to control his/her behavior								
9. My child is less bothered by his/her symptoms								
10. My child has improved social skills								

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
As a direct result of the mental health services my child and family received: please answer for your relationships with persons other than your mental health provider(s)								
11. I know people who will listen and understand me when I need to talk								
12. I have people that I am comfortable talking with about my child's problems								
13. In a crisis, I would have the support I need from family or friends								
14. I have people with whom I can do enjoyable things								

VI. OVERALL SATISFACTION

This last section will ask about your overall satisfaction with all the mental health services [child's name] has received. Using the same scale as for the previous questions, please tell me the extent to which you agree or disagree with the following statement.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N/A	Don't Know	Refused
	(1)	(2)	(3)	(4)	(5)	(77)	(88)	(99)
1. "Overall, I am satisfied with the mental health services {child's name} received," would you...								
2. What has been most helpful about the mental health services {child's name} has received?								
3. What did you like least about the mental health services {child's name} has received?								

VII. CLOSING

We have come to the end of our survey. Do you have anything else that you would like to share with us about {child's name} experiences with the mental health system in the previous year?

I'd like to thank you for taking the time to speak with us today. Your responses will be joined with the responses of others who have taken part in this survey and will be very useful in shaping changes within Maryland's Public Mental Health System. Have a good rest of the afternoon/evening. Good bye.



APPENDIX F:
DEFINITIONS AND TERMINOLOGY



Appendix F

Definitions: The following terminology and definitions have been defined in relation to this document only.

CATI (Computer Assisted Teletelephone Interviewing)

The process of increasing the speed and accuracy (reliability and validity) of conducting teletelephone interviews by the use of computers.

Mean

Commonly called “the average”, it is a value that is calculated by dividing the sum of a set of numerical values by the number of values in the set.

Multivariate Analysis

Statistical analysis across multiple dimensions while taking into account the effects of all variables on the response of interest.

“N”

The number of participants who responded to each respective question.

Open Ended Question

Permitting or designed to permit spontaneous and unguided responses.

Regression Analysis

A statistical technique used for the modeling and analysis of numerical data consisting of values of a dependent variable (response variable) and of one or more independent variables (explanatory variables). The dependent variable in the regression equation is modeled as a function of the independent variables.

Standard Deviation

In statistics, a measure of the variability (dispersion or spread) of any set of numerical values about their arithmetic mean (average). It is specifically defined as the root mean square deviation of the values from their mean.

Stratified

Population separated into different subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the study.

T-Test

A statistical test for the difference between the means of two normally distributed subgroups which are assumed to be equal. The test statistic for this difference has a T distribution, and is used to either confirm or reject the assumption.

Univariate

Characterized by or depending on only one random variable.



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