



STATE OF MARYLAND

DHMH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
MENTAL HYGIENE ADMINISTRATION

MARYLAND'S PUBLIC MENTAL  
HEALTH SYSTEM

CONSUMER PERCEPTION OF CARE SURVEY  
2009

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DETAILED REPORT



**MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM**  
**2009 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 treatment 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 treatment services due to severity of illness and financial need. Evaluation of consumer perception of care, including satisfaction with and outcomes of mental health treatment 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 ninth 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 site: [www.dhmh.state.md.us/mha](http://www.dhmh.state.md.us/mha).

## 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 2008. 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**

Sixteen thousand and one (16,001) notification letters were mailed 10 days prior to survey administration. Of the 16,001 letters, 7,999 were to the adult survey sample (Appendix B) and 8,002 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 Perception of Care 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 2009 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 7,999 adults selected for the sample, 2,929 were successfully contacted to request participation in the survey; 814 completed the survey, resulting in a 28% response rate. Of the 8,002 caregivers selected for the sample, 2,965 were successfully contacted to request participation in the child/caregiver survey; 1,007 completed the survey, resulting in a 34% 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	%
<b>Baltimore City</b>	183	22.5	268	26.6
<b>Eastern (Caroline, Cecil, Dorchester, Kent, Queen Anne, Somerset, Talbot, Wicomico, and Worcester)</b>	96	11.8	148	14.7
<b>Metropolitan (Anne Arundel, Baltimore, Montgomery, and Prince George's)</b>	318	39.1	348	34.6
<b>Suburban (Calvert, Carroll, Charles, Harford, Howard, and St. Mary's)</b>	105	12.9	135	13.4
<b>Western (Allegany, Frederick, Garrett, and Washington)</b>	112	13.8	108	10.7
<b>Total</b>	<b>814</b>	<b>100.0</b>	<b>1,007</b>	<b>100.0</b>

## 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 63% (N = 5,070) of potential adult survey participants and 64% (N = 5,137) of potential child/caregiver survey participants.
- As stated previously, the response rate for adults was 28% and the response rate for caregivers was 34%. 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		%
<b>Gender</b>	Male	40.7
	Female	59.3
<b>Age</b>	Under 21	14.5
	21-30	18.2
	31-40	15.7
	41-50	23.5
	51-60	19.9
	61 and older	5.9
	Refused/Don't Know	2.3
<b>Race</b>	White/Caucasian	54.4
	Black or African-American	38.5
	Other	4.2
	More than one race reported	2.2
	Refused/Don't Know	0.7
<b>Ethnicity</b>	Spanish, Hispanic, or Latino	4.6
<b>Marital Status</b>	Married or cohabitating	9.8
	Widowed	4.4
	Divorced	19.2
	Separated	5.4
	Never married	60.6
	Refused/Don't Know	0.6
<b>Education</b>	Completed less than high school degree	32.8
	Completed high school degree or GED	34.3
	Some vocational school or training	2.0
	Some college (no degree)	21.3
	Completed Bachelor's/advanced degree	9.0
	Refused/Don't Know/Never attended	0.7
<b>Living Situation</b>	House/apartment alone	18.3
	House/apartment with family/friends	71.9
	Residential Rehabilitation Program	4.2
	Shelter/homeless	0.9
	Boarding home/foster care home	2.6
	Other	2.2
<b>Employment</b>	Unemployed	63.0
	Employed full-time	8.2
	Employed part-time	10.9
	Homemaker	1.2
	Student/volunteer	8.0
	Other	8.1
	Refused/Don't Know	0.5

## B. Detail of Participant Demographic and Social Characteristics

### 1. Gender

	Frequency	Percent
Male	331	40.7
Female	483	59.3
<b>Total</b>	<b>814</b>	<b>100.0</b>

### 2. How old are you?

	Frequency	Percent
<21	118	14.5
21-30	148	18.2
31-40	128	15.7
41-50	191	23.5
51-60	162	19.9
61-70	44	5.4
>70	4	0.5
Don't Know	3	0.4
Refused	16	2.0
<b>Total</b>	<b>814</b>	<b>100.0</b>
Range	15 to 80	
Mean	39.1	

### 3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	7	0.9
Asian	7	0.9
Black and/or African-American	313	38.5
Native Hawaiian or Pacific Islander	2	0.2
White (Caucasian)	443	54.4
Other	18	2.2
More than one race reported	18	2.2
Don't Know	1	0.1
Refused	5	0.6
<b>Total</b>	<b>814</b>	<b>100.0</b>

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

	Frequency	Percent
Hispanic	37	4.5
Not Hispanic	769	94.6
Don't Know	6	0.7
Refused	2	0.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

### 5. What is your marital status?

	Frequency	Percent
Now Married	72	8.8
Living as Married	8	1.0
Widowed	36	4.4
Divorced	156	19.2
Separated	44	5.4
Never Married	493	60.6
Don't Know	3	0.4
Refused	2	0.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

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

	Frequency	Percent
Completed grade 8 or less	30	3.7
Some high school	237	29.1
Completed high school or GED	279	34.3
Some vocational school or training	16	2.0
Some college (no degree)	173	21.3
Completed Bachelor's Degree	57	7.0
Completed graduate/professional degree	16	2.0
Never attended	4	0.5
Don't Know	2	0.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

### C. Housing Situation

#### 7. What is your current living situation?

	Frequency	Percent
House or apartment alone	149	18.3
House or apartment with family/friends	585	71.9
Residential Rehabilitation Program	34	4.2
Boarding home or foster care home	21	2.6
Hospital or nursing home	1	0.1
Streets or homeless shelter	7	0.9
Other	15	1.8
Refused	2	0.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

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

	Frequency	Percent
Strongly Agree	209	25.7
Agree	349	42.9
Neutral	84	10.3
Disagree	98	12.0
Strongly Disagree	53	6.5
N/A	12	1.5
Don't Know	8	1.0
Refused	1	0.1
<b>Total</b>	<b>814</b>	<b>100.0</b>

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

	Frequency	Percent
Strongly Agree	218	26.8
Agree	323	39.7
Neutral	98	12.0
Disagree	117	14.4
Strongly Disagree	49	6.0
N/A	8	1.0
Don't Know	1	0.1
<b>Total</b>	<b>814</b>	<b>100.0</b>

### D. Employment Status

#### 10. What is your current employment situation?

	Frequency	Percent
Working full-time	67	8.2
Working part-time	89	10.9
Unemployed - looking for work	239	29.4
Permanently disabled, not working	252	31.0
Retired	22	2.7
Homemaker	10	1.2
Student	63	7.7
Volunteer	2	0.2
Other	66	8.1
Don't Know	1	0.1
Refused	3	0.4
<b>Total</b>	<b>814</b>	<b>100.0</b>

### 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	795	97.7
No	19	2.3
<b>Total</b>	<b>814</b>	<b>100.0</b>

#### 2. How long have you received these mental health services?

	Frequency	Percent
Less than 1 year	237	29.8
1 year or more	558	70.2
<b>Total</b>	<b>795</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	308	37.8
No	506	62.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

**4. How long have you received psychiatric rehabilitation services?**

	Frequency	Percent
Less than 1 year	89	28.9
1 year or more	219	71.1
<b>Total</b>	<b>308</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	120	14.7
No	648	79.6
Don't Know	44	5.4
Refused	2	0.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

**6. 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	242	29.7
No	562	69.0
Don't Know	9	1.1
Refused	1	0.1
<b>Total</b>	<b>814</b>	<b>100.0</b>

**7. 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	151	18.6
No	658	80.8
Don't Know	4	0.5
Refused	1	0.1
<b>Total</b>	<b>814</b>	<b>100.0</b>

**8. 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	235	28.9
No	567	69.7
Don't Know	10	1.2
Refused	2	0.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

## 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	113	13.9
No	695	85.4
Don't Know	3	0.4
Refused	3	0.4
<b>Total</b>	<b>814</b>	<b>100.0</b>

**2. Were you able to receive substance abuse services?**

	Frequency	Percent
Yes	101	89.4
No	12	10.6
<b>Total</b>	<b>113</b>	<b>100.0</b>

**3. Were you satisfied with your substance abuse services?**

	Frequency	Percent
Yes	95	94.1
No	5	5.0
Don't Know	1	1.0
<b>Total</b>	<b>101</b>	<b>100.0</b>

**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	36	4.4
No	771	94.7
Don't Know	4	0.5
Refused	3	0.4
<b>Total</b>	<b>814</b>	<b>100.0</b>

## G. Physical Health Services

### 1. Do you have a primary health care provider?

	Frequency	Percent
Yes	693	85.1
No	105	12.9
Don't Know	16	2.0
<b>Total</b>	<b>814</b>	<b>100.0</b>

### 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	255	31.3
No	314	38.6
N/A	121	14.9
Don't Know	124	15.2
<b>Total</b>	<b>814</b>	<b>100.0</b>

### 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	645	79.2
No	162	19.9
Don't Know	6	0.7
Refused	1	0.1
<b>Total</b>	<b>814</b>	<b>100.0</b>

### 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	195	24.0
No	616	75.7
Don't Know	2	0.2
Refused	1	0.1
<b>Total</b>	<b>814</b>	<b>100.0</b>

## H. Arrests and Police Encounters (N=231) Consumers in services for less than 1 year

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

	Frequency	Percent
Yes	23	10.0
No	206	89.2
Don't Know	1	0.4
Refused	1	0.4
<b>Total</b>	<b>231</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	35	15.2
No	195	84.4
Refused	1	0.4
<b>Total</b>	<b>231</b>	<b>100.0</b>

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

	Frequency	Percent
Been reduced	31	13.4
Stayed the same	17	7.4
Increased	3	1.3
N/A (had no police encounters this year or last year)	180	77.9
<b>Total</b>	<b>231</b>	<b>100.0</b>

## Consumers in services for 1 year or more (N=583)

### 1. Were you arrested during the past 12 months?

	Frequency	Percent
Yes	40	6.9
No	541	92.8
Refused	2	0.3
<b>Total</b>	<b>583</b>	<b>100.0</b>

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

	<b>Frequency</b>	<b>Percent</b>
<b>Yes</b>	41	7.0
<b>No</b>	538	92.3
<b>Don't Know</b>	3	0.5
<b>Refused</b>	1	0.2
<b>Total</b>	<b>583</b>	<b>100.0</b>

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

	<b>Frequency</b>	<b>Percent</b>
<b>Been reduced</b>	60	10.3
<b>Stayed the same</b>	31	5.3
<b>Increased</b>	7	1.2
<b>N/A (had no police encounters this year or last year)</b>	485	83.2
<b>Total</b>	<b>583</b>	<b>100.0</b>

### I. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all participants (795 = 97.7%) 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.	789	1.9	0.9	38.9	46.9	6.6	5.4	2.2
If I had other choices, I would still get services from this provider.	784	2.0	1.1	34.7	47.3	4.8	9.3	3.8
I would recommend this provider to a friend or a family member.	789	1.9	1.0	36.2	49.2	4.2	7.4	3.0
The location of services was convenient.	791	1.9	0.9	33.4	52.0	5.3	7.2	2.1
Staff were willing to see me as often as I felt it was necessary.	785	1.8	0.9	37.3	51.5	3.3	6.1	1.8
Staff returned my calls in 24 hours.	739	2.0	1.0	33.6	48.6	5.0	10.3	2.6
Services were available at times that were good for me.	790	1.8	0.8	35.3	53.8	4.6	5.4	0.9
I was able to get all the services I thought I needed.	789	2.0	1.0	31.8	49.3	4.8	11.7	2.4
I was able to see a psychiatrist when I wanted to.	758	2.0	1.0	31.1	50.0	4.2	12.1	2.5
Staff here believe that I can grow, change, and recover.	759	1.8	0.8	35.6	53.1	5.1	4.5	1.7
I felt comfortable asking questions about my treatment and medication.	772	1.8	0.8	36.9	52.7	3.6	5.8	0.9
I felt free to complain.	778	1.9	0.9	36.5	50.8	4.6	6.6	1.5
I was given information about my rights.	777	1.8	0.8	34.6	57.1	2.8	4.6	0.8
Staff encouraged me to take responsibility for how I live my life.	762	1.9	0.8	33.6	55.1	4.9	5.0	1.4
Staff told me what side effects to watch out for.	748	2.0	1.0	30.7	51.6	4.7	10.7	2.3
Staff respected my wishes about who is and is not to be given information about my treatment.	764	1.8	0.8	38.9	51.8	4.2	4.2	0.9
I, not staff, decided my treatment goals.	764	2.1	1.0	24.6	52.9	9.8	11.0	1.7
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	771	2.0	0.9	28.3	56.2	6.6	8.0	0.9
I was encouraged to use consumer-run programs.	705	2.2	1.0	22.3	51.1	8.4	16.3	2.0
Staff were sensitive to my cultural/ethnic background.	700	1.9	0.8	27.7	57.6	8.4	4.9	1.4
Staff respected my family’s religious/spiritual beliefs.	668	1.8	0.7	31.7	58.2	6.7	2.4	0.9
Staff treated me with respect.	790	1.7	0.7	38.4	54.3	4.1	2.2	1.1
Staff spoke with me in a way that I understood.	790	1.7	0.7	38.2	56.5	2.0	2.8	0.5

\*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

Less than half (328 = 40.1%) 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.	306	1.9	0.9	33.3	55.9	3.3	4.6	2.9
If I had other choices, I would still get services from this provider.	306	2.0	1.0	32.0	49.7	6.2	8.2	3.9
I would recommend this provider to a friend or a family member.	305	2.0	1.0	32.5	51.8	4.9	7.2	3.6
The location of services was convenient.	305	1.9	0.9	31.1	54.1	5.9	6.9	2.0
Staff were willing to see me as often as I felt it was necessary.	304	2.0	0.9	29.9	55.3	4.6	8.2	2.0
Staff returned my calls in 24 hours.	296	2.1	1.0	29.1	51.0	7.4	10.8	1.7
Services were available at times that were good for me.	305	1.9	0.8	32.5	56.7	4.3	4.9	1.6
I was able to get all the services I thought I needed.	306	2.0	1.0	29.1	54.9	5.2	7.8	2.9
Staff here believe that I can grow, change, and recover.	301	1.8	0.8	33.9	57.1	3.3	4.3	1.3
I felt comfortable asking questions about my rehabilitation.	305	1.9	0.9	34.8	54.1	3.6	5.9	1.6
I felt free to complain.	301	1.9	0.9	32.9	53.8	5.0	6.0	2.3
I was given information about my rights.	304	1.8	0.7	31.9	60.2	3.0	4.3	0.7
Staff encouraged me to take responsibility for how I live my life.	302	1.8	0.9	34.8	54.6	4.0	4.6	2.0
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	298	1.8	0.8	34.9	57.7	2.3	3.4	1.7
I, not staff, decided my rehabilitation goals.	299	2.1	1.0	22.7	56.2	7.0	12.4	1.7
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	301	1.9	0.8	31.2	57.5	4.3	6.0	1.0
I was encouraged to use consumer-run programs.	292	2.0	1.0	28.4	54.5	3.8	11.0	2.4
Staff were sensitive to my cultural/ethnic background.	285	1.9	0.9	33.7	55.4	2.8	6.3	1.8
Staff respected my family's religious/spiritual beliefs.	281	1.8	0.7	32.0	58.7	4.3	4.6	0.4
Staff treated me with respect.	306	1.8	0.7	34.0	58.2	4.6	2.3	1.0
Staff spoke with me in a way that I understood.	305	1.8	0.7	35.4	57.0	3.6	3.0	1.0

\*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 Treatment Services

Overall satisfaction with mental health treatment 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.	810	1.9	0.9	32.6	53.6	5.7	6.7	1.5

\* 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.	795	2.1	0.9	24.8	55.0	10.4	8.2	1.6
I am better able to control my life.	800	2.1	0.9	23.1	53.1	13.6	8.5	1.6
I am better able to deal with crisis.	785	2.2	1.0	23.1	48.9	14.6	11.3	2.0
I am getting along better with my family.	764	2.2	1.0	26.3	47.4	14.0	9.6	2.7
I do better in social situations.	777	2.3	1.0	19.7	47.9	16.3	12.6	3.5
I do better in school and/or work.	514	2.3	1.0	20.2	48.6	14.2	13.4	3.5
My housing situation has improved.	714	2.4	1.1	18.5	43.8	17.6	17.1	2.9
My symptoms are not bothering me as much.	786	2.5	1.1	18.1	44.7	13.9	18.7	4.7
I do things that are more meaningful to me.	787	2.2	1.0	23.1	50.4	13.5	11.4	1.5
I am better able to take care of my needs.	788	2.2	0.9	20.8	54.7	13.3	9.5	1.6
I am better able to handle things when they go wrong.	795	2.3	1.0	19.0	48.8	17.2	12.8	2.1
I am better able to do things that I want to do.	797	2.3	1.0	18.1	48.8	16.3	14.8	2.0
I am happy with the friendships I have.	787	2.1	0.9	23.9	57.2	7.9	9.8	1.3
I have people with whom I can do enjoyable things.	798	2.0	0.9	24.9	57.8	7.4	8.8	1.1
I feel I belong in my community.	791	2.3	1.0	18.3	52.7	13.7	12.6	2.7
<b>In a crisis, I would have the support I need from family or friends.</b>	805	2.0	0.9	30.9	53.2	7.1	7.3	1.5

\* 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**

More Black/African American participants report not having a high school diploma (38.2% vs. 29.8%) than non-Black/African American participants.

### **Use of Mental Health Services**

Participants who are older are more likely to have:

- 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 nerves (41.5 vs. 38.0 years)
- Participated in self-help group (42.6 vs. 37.6 years)
- Spent at least one night in the hospital due to physical illness (42.9 vs. 38.0 years)
- Reported that physician and mental health services provider communicated with each other (41.7 vs. 38.6 years)
- Seen a medical professional for a health check-up or illness (39.8 vs. 36.4)

Black/African American participants are more likely to:

- Have used psychiatric rehabilitation services (42.5% vs. 35.2%)
- Have used mental health services for less than one year (36.5% vs. 26.0%)

Male participants are more likely to:

- Have used psychiatric rehabilitation services (42.9% vs. 34.4%)
- Have used residential rehabilitation services (19.4% vs. 13.0%)
- Have participated in a self-help group (35.4% vs. 25.1%)
- Have sought referral for substance abuse (17.0% vs. 11.9%)

Female participants are more likely to:

- Have a primary care provider (90.5% vs. 81.5%)
- Have seen a medical professional for a health check-up or illness (84.5% vs. 72.2%)

Participants arrested at least once are:

- More likely to be male (57.3% vs. 42.7%)
- Younger (33.4 vs. 40.1 years)
- Less likely to have a high school diploma (42.7% vs. 57.3%)

Currently married participants are less likely to use residential rehabilitation services (4.0% vs. 17.0%)

### **Satisfaction with Outpatient Mental Health Treatment Services**

Males are less satisfied than females with the following statements:

- I felt comfortable asking questions about my treatment and medication. (1.9 vs. 1.7)
- I, not staff, decided my treatment goals. (2.2 vs. 2.1)

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

- Staff returned my calls in 24 hours. (1.8 vs. 2.0)
- Staff here believe that I can grow, change, and recover. (1.7 vs. 1.9)
- Staff encouraged me to take responsibility for how I live my life. (1.7 vs. 1.9)

Black/African American participants are less satisfied than non-Black/African American participants with the following statements:

- The location of services was convenient (parking, public transportation, distance, etc.). (2.0 vs. 1.9)
- Staff were willing to see me as often as I felt it was necessary. (1.9 vs. 1.8)
- Staff returned my calls in 24 hours. (2.1 vs. 1.9)
- Services were available at times that were good for me. (1.9 vs. 1.8)

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

- The location of services was convenient (parking, public transportation, distance, etc.). (1.8 vs. 2.0)
- Staff here believe that I can grow, change, and recover. (1.7 vs. 1.9)

Participants 30 years old and younger are more satisfied with the following statements:

- I like the services that I received here. (2.6 vs. 4.1)
- I would recommend this provider to a friend or a family member. (2.6 vs. 4.2)
- Services were available at times that were good for me. (2.6 vs. 4.1)

### **Satisfaction with PRP Services**

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

- I was able to get all the services I thought I needed. (1.8 vs. 2.0)
- Staff encouraged me to take responsibility for how I live my life. (1.6 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)

Participants who have received residential rehabilitation services are less satisfied than those who have not received RRP services with the following statement:

- Staff treated me with respect. (1.9 vs. 1.7)

Black/African American participants are less satisfied than non-Black/African American participants with the following statement:

- The location of services was convenient. (2.1 vs. 1.8)

### **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**

Males agree more than females with the following statements:

- I am getting along better with my family. (2.1 vs. 2.2)
- I do better in social situations. (2.2 vs. 2.4)
- I do things that are more meaningful to me. (2.1 vs. 2.3)

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

- I deal more effectively with daily problems (1.9 vs. 2.1)
- I am better able to control my life (1.8 vs. 2.2)
- I am better able to deal with crisis (2.0 vs. 2.3)
- I am getting along better with my family (1.9 vs. 2.2)
- I do better in social situations (2.1 vs. 2.4)
- I do better in school and/or work (2.0 vs. 2.4)
- My symptoms are not bothering me as much (2.2 vs. 2.5)
- I do things that are more meaningful to me. (1.8 vs. 2.2)
- I am better able to take care of my needs. (1.9 vs. 2.2)
- 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)
- In a crisis, I would have the support I need from family or friends (1.8 vs. 2.0)

Participants with at least a high school diploma agree more than participants without a high school diploma with the following statements:

- I deal more effectively with daily problems (2.1 vs. 2.4)
- I am better able to control my life (2.1 vs. 2.4)
- I am better able to deal with crisis (2.3 vs. 2.6)
- I am better able to handle things when they go wrong (2.3 vs. 2.6)

## N. Qualitative Measures

In an open-ended line of inquiry, adult participants were asked if they had anything else to share about their or their experiences. A total of 616 comments were recorded and are categorized below.

<b>Comment</b>	<b>Frequency</b>
No answer/“nothing”	279
Satisfied (general)	95
Work in progress	72
Dissatisfied with services/ therapy	36
Satisfied with services/therapy	24
Dissatisfied (general)	21
Life has improved/I am getting better	11
Need more resources/ education/information	11
Comment unrelated to services	11
More public support needed	10
Not enough services offered	8
Dissatisfied with medication	5
Doctors/clinicians are great	3
Other*	30
<b>Total</b>	<b>616</b>

\* *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	10.9
	Female	89.1
Age	21-50	72.0
	51-70	22.3
	71 and older	2.4
	Refused/Don't Know	3.3
Race	White/Caucasian	47.8
	Black or African-American	44.5
	More than one race reported	1.8
	Other	5.3
	Refused/Don't Know	0.7
Ethnicity	Spanish, Hispanic, or Latino	4.8
Relationship to Child	Parent	77.3
	Grandparent	15.3
	Other relative	5.4
	Other	2.1

### B. Summary of Child Characteristics

Characteristic		%
Gender	Male	61.1
	Female	38.9
Age	1-4	4.3
	5-9	32.3
	10-14	46.5
	15 and older	14.4
	Refused/Don't Know	2.6
Race	White/Caucasian	42.3
	Black or African-American	44.9
	More than one race reported	7.1
	Other	5.0
	Refused/Don't Know	0.7
Ethnicity	Spanish, Hispanic, or Latino	6.4
Education	Currently in school	95.3
	■ Regular classroom	67.9
	■ Special education, all or part day	28.3
	■ Other classroom setting	3.2
	Have repeated a grade	22.4

**C. Detail of Caregiver Participant Demographic and Social Characteristics**

**1. Parent/caregiver gender**

	Frequency	Percent
Male	110	10.9
Female	897	89.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**2. Parent/caregiver age**

	Frequency	Percent
21-30	155	15.4
31-40	305	30.3
41-50	265	26.3
51-60	138	13.7
61-70	87	8.6
>70	24	2.4
Don't Know	2	0.2
Refused	31	3.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**3. What is your race?**

	Frequency	Percent
American Indian or Alaska Native	6	0.6
Asian	9	0.9
Black and/or African-American	448	44.5
Native Hawaiian or Pacific Islander	5	0.5
White (Caucasian)	481	47.8
Other	33	3.3
More than one race reported	18	1.8
Refused	7	0.7
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Hispanic	48	4.8
Not Hispanic	951	94.4
Don't Know	2	0.2
Refused	6	0.6
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**5. What is your relationship to (child)?**

	Frequency	Percent
Biological or adoptive parent	746	74.1
Stepparent	11	1.1
Grandparent	154	15.3
Foster parent	21	2.1
Sibling	1	0.1
Other biological relative acting as guardian	53	5.3
Legal guardian (where none of the others apply)	19	1.9
Other	1	0.1
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**D. Detail of Child Demographic and Social Characteristics**

**1. Child's gender**

	Frequency	Percent
Male	615	61.1
Female	392	38.9
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**2. Child's age**

	Frequency	Percent
1-4	43	4.3
5-9	325	32.3
10-14	468	46.5
>14	145	14.4
Don't Know	8	0.8
Refused	18	1.8
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**3. What is (child's) race?**

	Frequency	Percent
American Indian or Alaska Native	7	0.7
Asian	7	0.7
Black and/or African-American	452	44.9
Native Hawaiian or Pacific Islander	5	0.5
White (Caucasian)	426	42.3
Other	31	3.1
More than one race reported	72	7.1
Don't Know	2	0.2
Refused	5	0.5
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Hispanic	64	6.4
Not Hispanic	933	92.7
Don't Know	6	0.6
Refused	4	0.4
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**5. Is (child) currently living with you?**

	Frequency	Percent
Yes	968	96.1
No	38	3.8
Don't Know	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**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
<b>Total</b>	<b>39</b>	<b>100.0</b>

**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	800	71.8
With another family member	199	17.9
Foster home	29	2.6
Therapeutic foster home	11	1.0
Crisis shelter	1	0.1
Homeless shelter	1	0.1
Group home	12	1.1
Residential treatment center	16	1.4
Hospital	18	1.6
Local jail or detention facility	6	0.5
Runaway/homeless/on streets	3	0.3
Other	7	0.6
Don't know	6	0.5
Refused to answer	6	0.5
<b>Total</b>	<b>1115</b>	<b>100.0</b>

*\* 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	960	95.3
No	46	4.6
Don't Know	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Regular classroom	652	67.9
Special education, all day	156	16.3
Special education, part of day	116	12.1
Other	31	3.2
Don't Know	5	0.5
<b>Total</b>	<b>960</b>	<b>100.0</b>

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

	Frequency	Percent
Too young for school	15	32.6
Dropped out	3	6.5
Suspended	2	4.3
Sick or hospitalized	5	10.9
Other	21	45.7
<b>Total</b>	<b>46</b>	<b>100.0</b>

**9. Has (child) ever repeated a grade?**

	Frequency	Percent
Yes	226	22.4
No	760	75.5
Too young for school	15	1.5
Don't Know	5	0.5
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**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	976	96.9
No	31	3.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**2. How long has (child) received these mental health services?**

	Frequency	Percent
< 1 month	51	5.2
1 month - 5 months	178	18.2
6 months - < 1 year	189	19.4
1 year or more	558	57.2
<b>Total</b>	<b>976</b>	<b>100.0</b>

In the past 12 months...

**3. 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	346	34.4
No	661	65.6
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**4. How long has (child) received these psychiatric family support services?**

	Frequency	Percent
Less than 1 year	142	41.0
1 year or more	204	59.0
<b>Total</b>	<b>346</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	385	38.2
No	618	61.4
Don't Know	3	0.3
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**6. Has (child) seen a school counselor?**

	Frequency	Percent
Yes	574	57.0
No	374	37.1
Too young for school	15	1.5
Don't Know	41	4.1
Refused	3	0.3
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**7. 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	111	11.0
No	892	88.6
Don't Know	3	0.3
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	258	25.6
No	718	71.3
Don't Know	30	3.0
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**9. 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	193	19.2
No	811	80.5
Don't Know	2	0.2
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	236	23.4
No	546	54.2
	193	19.2
Don't Know	31	3.1
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	567	56.3
No	437	43.4
Don't Know	2	0.2
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	505	89.1
No	55	9.7
Don't Know	7	1.2
<b>Total</b>	<b>567</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	284	28.2
No	646	64.2
Don't Know	76	7.5
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**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	23	2.3
No	979	97.2
Don't Know	3	0.3
Refused	2	0.2
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	17	73.9
No	6	26.1
<b>Total</b>	<b>23</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	10	58.8
No	4	23.5
Don't Know	3	17.6
<b>Total</b>	<b>17</b>	<b>100.0</b>

**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	11	1.1
No	993	98.6
Don't Know	1	0.1
Refused	2	0.2
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**G. Physical Health Services**

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

	Frequency	Percent
Yes	987	98.0
No	16	1.6
Don't Know	3	0.3
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

**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	338	34.2
No	492	49.8
Don't Know	157	15.9
<b>Total</b>	<b>987</b>	<b>100.0</b>

**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	891	88.5
No	108	10.7
Don't Know	7	0.7
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

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	92	9.1
No	909	90.3
Don't Know	5	0.5
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

5. Does your child have Medicaid insurance?

	Frequency	Percent
Yes	805	79.9
No	151	15.0
Don't Know	50	5.0
Refused	1	0.1
<b>Total</b>	<b>1007</b>	<b>100.0</b>

H. Arrests, Police Encounters, School Suspensions, and School Expulsions  
Patients in services less than 1 year  
(N=434)

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

	Frequency	Percent
Yes	14	3.2
No	418	96.3
Don't Know	1	0.2
Refused	1	0.2
<b>Total</b>	<b>434</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	15	3.5
No	415	95.6
Don't Know	3	0.7
Refused	1	0.2
<b>Total</b>	<b>434</b>	<b>100.0</b>

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

	Frequency	Percent
Been reduced	18	4.1
Stayed the same	11	2.5
Increased	5	1.2
N/A (had no police encounters this year or last year)	400	92.2
<b>Total</b>	<b>434</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	71	16.4
No	351	80.9
Too young for school	12	2.8
<b>Total</b>	<b>434</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	61	14.1
No	356	82.0
Too young for school	12	2.8
Don't Know	4	0.9
Refused	1	0.2
<b>Total</b>	<b>434</b>	<b>100.0</b>

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

	Frequency	Percent
Greater	75	17.3
About the same	222	51.2
Less	40	9.2
Does not apply	85	19.6
Too young for school	12	2.8
<b>Total</b>	<b>434</b>	<b>100.0</b>
<b>Does not apply category detail:</b>		
Did not have a problem with attendance before starting services	71	16.3
Expelled from school	2	0.5
Home schooled	2	0.5
Other	10	2.3

Arrests, Police Encounters, School Suspensions, and School Expulsions Patients in services one year or more (N=573)

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

	Frequency	Percent
Yes	31	5.4
No	541	94.4
Don't Know	1	0.2
<b>Total</b>	<b>573</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	21	3.7
No	549	95.8
Don't Know	3	0.5
<b>Total</b>	<b>573</b>	<b>100.0</b>

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

	Frequency	Percent
Been reduced	31	5.4
Stayed the same	14	2.4
Increased	16	2.8
N/A (had no police encounters this year or last year)	512	89.4
<b>Total</b>	<b>573</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	124	21.6
No	443	77.3
Too young for school	3	0.5
Don't Know	3	0.5
<b>Total</b>	<b>573</b>	<b>100.0</b>

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

	Frequency	Percent
Yes	115	20.1
No	445	77.7
Too young for school	3	0.5
Don't Know	10	1.7
<b>Total</b>	<b>573</b>	<b>100.0</b>

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

	Frequency	Percent
Greater	142	24.8
About the same	294	51.3
Less	64	11.2
Does not apply	70	12.2
Too young for school	3	0.5
<b>Total</b>	<b>573</b>	<b>100.0</b>
<b>Does not apply category detail:</b>		
Did not have a problem with attendance before starting services	57	9.9
Expelled from school	1	0.2
Home schooled	5	0.9
Other	7	1.2

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

Nearly all caregiver participants (976 = 96.9%) 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.	968	1.9	0.9	38.0	48.1	5.3	5.9	2.7
I helped choose my child's services.	958	1.9	0.9	33.8	53.9	4.0	6.9	1.5
I helped choose my child's treatment goals.	953	1.9	0.8	32.0	56.3	4.0	6.3	1.4
The people helping my child stuck with us no matter what.	949	1.9	1.0	36.9	47.0	5.4	8.1	2.6
I felt my child had someone to talk to when he/she was troubled.	941	1.8	0.9	35.9	52.7	4.1	5.3	1.9
I participated in my child's treatment.	965	1.7	0.7	42.4	53.5	1.1	2.4	0.6
The services my child and/or family received were right for us.	967	2.0	0.9	33.0	50.5	7.0	7.2	2.3
The location of services was convenient for us.	968	1.9	0.9	35.2	52.8	4.1	6.6	1.2
Services were available at times that were convenient for us.	967	1.9	0.9	32.8	53.5	6.2	5.6	2.0
My family got the help we wanted for my child.	958	2.0	1.0	31.2	49.4	8.2	8.7	2.5
My family got as much help as we needed for my child.	957	2.2	1.0	27.2	47.1	10.4	12.4	2.8
Staff treated me with respect.	967	1.7	0.7	41.3	54.0	2.4	1.3	1.0
Staff respected my family's religious/spiritual beliefs.	880	1.7	0.6	38.1	58.3	2.6	0.6	0.5
Staff spoke with me in a way that I understood.	963	1.7	0.6	38.0	59.2	1.2	1.0	0.5
Staff were sensitive to my cultural/racial background.	865	1.7	0.6	33.2	62.8	2.4	1.3	0.3
I felt free to complain.	939	1.8	0.7	34.5	58.6	3.0	2.9	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

Slightly more than one third of caregiver participants (346 = 34.4%) 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.	341	1.8	0.9	37.8	49.0	5.6	6.2	1.5
I helped choose my child's services.	336	1.9	0.8	28.3	61.9	3.6	5.7	0.6
I helped choose my child's service goals.	338	1.9	0.7	28.1	63.6	3.0	4.7	0.6
The people helping my child stuck with us no matter what.	336	2.0	0.9	30.7	55.4	3.9	7.7	2.4
I felt my child had someone to talk to when he/she was troubled.	333	1.9	0.9	31.2	55.9	4.5	6.9	1.5
I participated in my child's services.	338	1.7	0.6	35.8	60.7	1.8	1.8	0.0
The services my child received were right for us.	339	2.0	0.9	30.4	52.8	8.0	8.0	0.9
The location of services was convenient for us.	340	1.9	0.9	30.6	57.6	2.9	7.4	1.5
Services were available at times that were convenient for us.	342	2.0	0.8	27.2	59.1	5.0	8.5	0.3
My family got the help we wanted for my child.	340	2.1	1.0	27.4	52.4	8.8	9.4	2.1
My family got as much help as we needed for my child.	339	2.1	1.0	27.4	48.7	9.4	12.1	2.4
Staff treated me with respect.	339	1.7	0.7	36.6	57.8	2.1	2.4	1.2
Staff respected my family's religious/spiritual beliefs.	316	1.7	0.7	36.1	58.9	2.8	0.9	1.3
Staff spoke with me in a way that I understood.	339	1.7	0.6	37.5	59.0	2.4	0.6	0.6
Staff were sensitive to my cultural/racial background.	311	1.7	0.6	38.6	57.9	2.9	0.3	0.3
I felt free to complain.	338	1.7	0.7	35.8	58.9	2.1	3.0	0.3

\* 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 Treatment Services

Overall caregiver participant satisfaction with the mental health treatment 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.	1005	1.9	0.9	31.9	53.6	6.5	5.7	2.3

\* 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 treatment 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.	981	2.3	1.0	21.4	47.9	15.3	12.4	3.0
My child gets along better with family members.	956	2.3	1.0	17.5	51.8	15.5	13.0	2.3
My child gets along better with friends and other people.	957	2.3	1.0	17.7	50.5	17.8	12.3	1.8
My child is doing better in school and/or work.	946	2.3	1.0	22.8	44.2	16.5	14.0	2.5
My child is better able to cope when things go wrong.	984	2.5	1.0	15.0	45.2	18.7	18.1	2.9
I am satisfied with our family life right now.	990	2.2	1.0	20.1	52.9	13.7	10.5	2.7
My child is better able to do things he or she wants to do.	982	2.2	0.9	17.4	55.6	13.3	12.2	1.4
My child is better able to control his or her behavior.	984	2.6	1.1	13.2	43.7	20.6	17.4	5.1
My child is less bothered by his or her symptoms.	950	2.4	1.0	13.3	50.0	20.0	13.8	2.9
My child has improved social skills.	962	2.3	0.9	15.3	54.7	16.4	11.1	2.5
<b>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.)</b>								
I know people who will listen and understand me when I need to talk.	991	1.9	0.7	28.2	62.7	4.2	4.2	0.7
I have people that I am comfortable talking with about my child's problems.	993	1.8	0.7	31.7	61.0	2.8	3.8	0.6
In a crisis, I would have the support I need from family or friends.	994	1.8	0.7	33.5	57.3	4.7	3.7	0.7
I have people with whom I can do enjoyable things.	998	1.8	0.7	30.3	62.7	4.1	2.4	0.5

\* 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**

Black/African American caregiver participants are more likely to:

- Be female (91.2% vs. 87.3%)
- Not be biological or adoptive parents (77.3% vs. 71.0%)
- Be a caregiver for a child going to school (97.5% vs. 93.8%)
- Be a caregiver for a child who has repeated a grade (26.9% vs. 19.0%)
- Be a caregiver for a child who has not lived with one or both parents (at some time in last year) (24.6% vs. 17.2%)
- Be a caregiver for a child who has lived with another family member (at some time in last year) (23.2% vs. 17.2%)
- Not be a caregiver for a child who has lived in a group home (at some time in last year) (0.2% vs. 1.8%)

Black/African American child participants are more likely to:

- Currently be in school (97.3% vs. 94.0%)
- Have repeated a grade in school (27.1% vs. 18.8%).

Male child participants are more likely to:

- Be Black/African American (64.4% vs. 58.2%)
- Have repeated a grade in school (25.5% vs. 18.8%)
- Be in special education classroom for at least part of the day (31.5% vs. 19.9%)

### **Satisfaction with Outpatient Mental Health Treatment Services**

Female caregiver participants are more satisfied with the following statement than male caregiver participants:

- I participated in my child's treatment (1.6 vs. 1.8)

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)

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

- I felt free to complain. (2.1 vs. 2.5)

Caregiver participants who receive family support services are more satisfied than caregiver participants who do not receive family support services with the following statement:

- I participated in my child's treatment. (1.6 vs. 1.7)

Caregiver participants are more satisfied with the following statements when the child is 5-14 years old than when the child is 15-years old or greater:

- I helped choose my child's services (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. 2.2)
- My family got as much help as we needed for my child. (2.1 vs. 2.3)
- Staff respected my family's religious or spiritual beliefs. (1.6 vs. 1.9)

### **Satisfaction with Family Support Services**

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

- I helped choose my child's services. (1.8 vs. 2.1)

Caregiver participants are more satisfied with the following statements when the child is 5-14 years old than when the child is 15-years old or greater:

- Overall, I am satisfied with the services my child received. (1.8 vs. 2.1)
- I participated in my child's services. (1.7 vs. 1.9)
- The services my child received were right for us. (1.9 vs. 2.3)
- Staff respected my family's religious or spiritual beliefs. (1.7 vs. 2.0)
- Staff spoke with me in a way that I understood. (1.6 vs. 1.8)
- I felt free to complain. (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 my child received."

### **Outcome Measures**

Caregiver participants who do not receive family support services are more in agreement with the following statements than caregiver participants who receive family support services:

- My child gets along better with friends and other people. (2.3 vs. 2.4)

- My child gets along better with friends and other people. (2.3 vs. 2.4)
- I am satisfied with our family life right now. (2.1 vs. 2.4)
- My child is better able to do things he or she wants to do. (2.2 vs. 2.4)

Female caregiver participants are more in agreement with the following statement than male caregiver participants:

- I have people that I am comfortable talking with about my child's problems. (1.8 vs. 1.9)

Male caregiver participants are more in agreement with the following statement than female caregiver participants:

- My child is better able to cope when things go wrong. (2.3 vs. 2.5)

Both non-Black/African American caregivers, and caregivers with non-Black/African American children, are more in agreement with the following statement than Black/African American caregivers and caregivers with Black/African American children:

- In a crisis, I would have the support I need from family or friends. (1.7 vs. 1.9)

Caregiver participants are more satisfied with the following statements when the child is under 10-years old than when the child is 10-14 years old:

- My child is better at handling daily life. (2.2 vs. 2.3)
- My child gets along better with family members. (2.2 vs. 2.4)
- My child gets along better with friends and other people. (2.2 vs. 2.4)
- My child is doing better in school and/or work. (2.1 vs. 2.4)
- I am satisfied with our family life right now. (2.1 vs. 2.3)
- My child is better able to do things he or she wants to do. (2.1 vs. 2.3)
- My child has improved social skills. (2.2 vs. 2.4)
- I have people that I am comfortable talking with about my child's problems. (1.7 vs. 1.8)

## N. Qualitative Measures

In an open-ended line of inquiry, caregiver participants were asked if they had anything else to share about their or their child's experiences. A total of 741 caregiver comments were recorded and are categorized below.

<b>Comment</b>	<b>Frequency</b>
No answer/"nothing"	300
Satisfied (general)	112
Child is doing better/happy	48
Not happy about therapy plan/ methods/results	40
Satisfied with staff, doctors, therapy	64
Not satisfied with staff, doctors, therapy	47
General improvement needed	10
Services should be made more readily available	31
Insurance, coverage issues	14
Inconvenient	13
Medication issues	17
More information sharing across lines school/parent/providers	6
Other*	39
<b>Total</b>	<b>741</b>

\* 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 ninth 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 2008. 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 2,929 adults was successfully contacted to request participation in the survey; 814 completed the telephone interview, resulting in a 28% response rate. A total of 2,965 caregivers was successfully contacted to request participation in the child and family survey; 1,007 completed the telephone interview, resulting in a 34% response rate.

Overall satisfaction with services was relatively high: 86.2% of adults and 85.6% 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 82.0% for all items except, "I was encouraged to use consumer-run programs" (73.3%) and "I, not staff, decided my treatment goals" (77.5%). The percent of agreement for items addressing psychiatric rehabilitation services satisfaction exceeded 80.0% for all items except, "I, not staff, decided my rehabilitation goals" (78.9%). The percent of agreement for caregiver participants of children for items addressing satisfaction with outpatient mental health treatment services exceeded 80.6% for all items except, "My family got as much help as we needed for my child" (74.3%). Likewise, the percent of agreement for items addressing family support services exceeded 83.0% for all items except, "My family got as much help as we needed for my child" (76.1%) and "My family got the help we wanted for my child" (79.7%).

Adult consumers' assessment of the contribution of treatment to positive outcomes of care ranged from 62.3% agreement with the statement, "My housing situation has improved" to 84.1% 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 60.3% agreement with the statement, "My child is better able to cope when things go wrong" to 73.0% agreement with the statement, "My child is better able to do things he or she wants to do." and "I am satisfied with our family life right now." However, the range of agreement with the four measures assessing "social connectedness" of the caregiver participants themselves was quite high (90.8% to 93.0%).

It is hoped that these survey 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 27, 2009

Mary I. Martin, Director  
Evaluation Services and Quality Improvement  
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 21, 2009. Your protocol has been approved. **This approval will expire on June 15, 2010.** 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**

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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 2009

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 20-30 minutes.

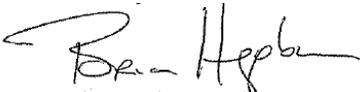
**Question 4: When will the survey begin?**

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

If you have any questions about the survey, please call Mary Martin, Director 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, 3<sup>rd</sup> 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 5.

Thank you for your help.

Sincerely,



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

CS 2009 A-LTR

## Appendix C



STATE OF MARYLAND  
**DHMH**

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### 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 2009

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 20-30 minutes.

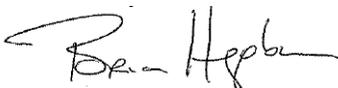
**Question 4: When will the survey begin?**

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

If you have any questions about the survey, please call Mary Martin, Director 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, 3<sup>rd</sup> 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 5.

Thank you for your help.

Sincerely,



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

CS 2009 C&A-LTR





**APPENDIX D:**  
SURVEY INSTRUMENT (ADULT)





## Appendix D

**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 \_\_\_\_\_?**

**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 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 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 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 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 telephone number and address at any point during the survey.**

201 W. Preston Street, 3<sup>rd</sup> 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 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 telephone number and address at any point during the survey.

201 W. Preston Street, 3<sup>rd</sup> 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: |    |    | 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.

## 2009 Consumer Perception of Care Survey Adult Survey Instrument

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

1. Are you male or female?
  - a. Male
  - b. Female
  - c. Refused
2. What is your date of birth?
  - a. Click to enter date of birth
  - b. Don't know
  - c. Refused
3. Date of Birth of Respondent
4. What is your race? [Check all that apply. If more than one race is checked, the response is calculated as "more than one race reported."]
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black and/or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White (Caucasian)
  - f. Other
    - i. Specify other race
  - g. Don't know
  - h. Refused
5. Are you of Spanish, Hispanic or Latino origin?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
6. What is your marital status?
  - a. Now married
  - b. Living as married (includes cohabitating or living together)
  - c. Widowed
  - d. Divorced
  - e. Separated
  - f. Never married
  - g. Don't know
  - h. Refused
7. What is the highest grade of school you have ever completed?
  - a. Completed grade 8 or less
  - b. Some high school
  - c. Completed high school or GED
  - d. Some vocational school or training
  - e. Some college (no degree)
  - f. Completed Bachelor's degree
  - g. Completed graduate/professional degree (Master's degree or higher)
  - h. Never attended
  - i. Don't know
  - j. Refused
8. What is your current living situation?
  - a. In a house or apartment alone
  - b. IN a house or apartment with family or friends
  - c. In an RRP (Residential Rehabilitation Program)
  - d. In a boarding home or a foster care home
  - e. In a hospital or nursing home
  - f. In jail or prison
  - g. On the streets or in a shelter
  - h. Other
  - i. Refused
9. With the statement, "I feel I had a choice in selecting where I live," would you...
  - a. Strongly agree
  - b. Agree
  - c. I am neutral
  - d. Disagree
  - e. Strongly disagree
  - f. N/A
  - g. Don't know
  - h. Refused
10. With the statement, "I am satisfied with my overall housing situation," would you...
  - a. Strongly agree
  - b. Agree
  - c. I am neutral
  - d. Disagree
  - e. Strongly disagree
  - f. N/A

**2009 Consumer Perception of Care Survey  
Adult Survey Instrument**

- g. Don't know
  - h. Refused
11. What is your current employment situation?
- a. Working full-time
  - b. Working part-time
  - c. Unemployed, but looking for work
  - d. Permanently disabled, not working
  - e. Sheltered employment
  - f. Retired
  - g. Homemaker
  - h. Student
  - i. Volunteer
  - j. Other
  - k. Don't know
  - l. Refused

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

12. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist, or therapist?
- a. Yes [Skip to #14]
  - b. No
  - c. Don't know [Skip to #13b]
  - d. Refused [Skip to #13c]
13. Verification Question #1
- a. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months you have not been to an outpatient mental health program or provider, psychiatrist or therapist. This includes psychiatric rehabilitation services (day program or PRP services) and residential rehabilitation services (RRP). Is that correct? [dependent on a "No" to #12]
  - b. I just want to confirm that I coded your answer correctly. You have said that you don't know whether in the past 12 months you have not been to an outpatient mental health program or provider, psychiatrist or therapist. This includes psychiatric rehabilitation services (day program or PRP services) and residential rehabilitation services (RRP). Is that correct? [dependent on a "Don't know" to #12]

- c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether in the past 12 months you have not been to an outpatient mental health program or provider, psychiatrist or therapist. This includes psychiatric rehabilitation services (day program or PRP services) and residential rehabilitation services (RRP). Is that correct? [dependent on a "Refused" to #12]
  - d. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist or therapist?
    - i. Yes [Proceed to #14]
    - ii. No [Skip to #15]
    - iii. Don't know [Skip to #15]
    - iv. Refused [Skip to #15]
14. How long have you received these mental health services?
- a. Less than 1 year
  - b. 1 year or more (at least 12 months)
15. In the past 12 months, have you received psychiatric rehabilitation services (day program or PRP services)?
- a. Yes [Skip to #17]
  - b. No [If #12 is "Yes", skip to #18. If #12 is "No", "Don't know", or "Refused", and #13d is "Yes", skip to #18. Otherwise, skip to #16a.]
  - c. Don't know [If #12 is "Yes", skip to #18. If #12 is "No", "Don't know", or "Refused", and #13d is "Yes", skip to #18. Otherwise, skip to #16b.]
  - d. Refused [If #12 is "Yes", skip to #18. If #12 is "No", "Don't know", or "Refused", and #13d is "Yes", skip to #18. Otherwise, skip to #16c.]
16. Verification Question #2
- a. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, you have not received any psychiatric rehabilitation services (day program or PRP services). Is that correct? [If "Yes", then survey ends. If "No", skip to #16d.]

**2009 Consumer Perception of Care Survey  
Adult Survey Instrument**

- b. I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, you are not sure if you have received any psychiatric rehabilitation services (day program or PRP services). Is that correct? [If “Yes”, then survey ends. If “No”, skip to #16d.]
  - c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether you have not received any psychiatric rehabilitation services in the past 12 months. Is that correct? [If “Yes”, then survey ends. If “No”, skip to #16d.]
  - d. In the past 12 months, have you received psychiatric rehabilitation services (day program or PRP services)?
    - i. Yes [Proceed to #17]
    - ii. No [Survey ends]
    - iii. Don’t know [Survey ends]
    - iv. Refused [Survey ends]
17. How long have you received psychiatric rehabilitation services?
- a. Less than 1 year
  - b. 1 year or more (at least 12 months)
18. In the past 12 months, have you received residential rehabilitation services (RRP services)?
- a. Yes
  - b. No
  - c. Don’t know
  - d. Refused
19. In the past 12 months, have you seen any other medical professional for a mental or emotional problem or a problem with your nerves?
- a. Yes
  - b. No
  - c. Don’t know
  - d. Refused [
20. 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?
- a. Yes
  - b. No
  - c. Don’t know
  - d. Refused

21. 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?)
- a. Yes
  - b. No
  - c. Don’t know
  - d. Refused

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

22. In the past 12 months, did you attempt to get or were you referred for substance abuse services?
- a. Yes
  - b. No [Skip to #25]
  - c. Don’t know [Skip to #25]
  - d. Refused [Skip to #25]
23. Were you able to receive substance abuse services?
- a. Yes
  - b. No [Skip to #25]
  - c. Don’t know [Skip to #25]
  - d. Refused [Skip to #25]
24. Were you satisfied with your substance abuse services?
- a. Yes
  - b. No
  - c. Don’t know
  - d. Refused
25. In the past 12 months, have you spent at least one night in a hospital, emergency room (ER) or crisis bed because of a substance abuse problem?
- a. Yes
  - b. No
  - c. Don’t know
  - d. Refused

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

26. Do you have a primary health care provider?
- a. Yes
  - b. No [Skip to #28]
  - c. Don’t know [Skip to #28]

**2009 Consumer Perception of Care Survey  
Adult Survey Instrument**

- d. Refused [Skip to #28]
27. To your knowledge, have your primary healthcare provider and your mental health provider spoken with each other about your health or mental health?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
28. In the past 12 months, did you see a medical professional for a health check-up or because you were sick?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
29. In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused

**Now, I would like to ask you a few questions about your legal history. [Answer #30, 31, and 32 if participant responded "less than 1 year" to #14 and #17, or either one alone if one of them is missing.]**

30. Were you arrested since you began to receive mental health services?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
31. Were you arrested during the 12 months prior to that?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
32. Since you began to receive mental health services, have your encounters with the police...
- 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)

**Answer #33, 34, and 35 if participant responded "1 year or more (at least 12 months)" to #14 or #17**

33. Were you arrested during the past 12 months?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
34. Were you arrested during the 12 months prior to that?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
35. Over the last year, have your encounters with the police...
- 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)

**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. [Don't know and Refused are also choices on the screen. If participant did not answer "Yes" to #12 or #13d, skip to #59]**

36. I like the services that I received here.
37. If I had other choices, I would still get services from this provider.
38. I would recommend this provider to a friend or a family member.
39. The location of services was convenient. (parking, public transportation, distance, etc.).

## 2009 Consumer Perception of Care Survey Adult Survey Instrument

40. Staff were willing to see me as often as I felt it was necessary.
41. Staff returned my calls in 24 hours.
42. Services were available at times that were good for me.
43. I was able to get all the services I thought I needed.
44. I was able to see a psychiatrist when I wanted to.
45. Staff here believe that I can grow, change, and recover.
46. I felt comfortable asking questions about my treatment and medication.
47. I felt free to complain.
48. I was given information about my rights.
49. Staff encouraged me to take responsibility for how I live my life.
50. Staff told me what side effects to watch out for.
51. Staff respected my wishes about who is and is not to be given information about my treatment.
52. I, not staff, decided my treatment goals.
53. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
54. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
55. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).
56. Staff respected my family's religious/spiritual beliefs.
57. Staff treated me with respect.
58. Staff spoke with me in a way that I understood.  
[If participant did not answer "Yes" to #15, #16d or #18, skip to #80.]

**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.** [Don't know and Refused are also choices on the screen.]

59. I like the services I received here.
60. If I had other choices, I would still get services from this provider.
61. I would recommend this provider to a friend or a family member.
62. The location of services was convenient. (parking, public transportation, distance, etc.).
63. Staff were willing to see me as often as I felt it was necessary.
64. Staff returned my calls in 24 hours.
65. Services were available at times that were good for me.
66. I was able to get all the services I thought I needed.
67. Staff here believe that I can grow, change, and recover.
68. I felt comfortable asking questions about my rehabilitation.
69. I felt free to complain.
70. I was given information about my rights.
71. Staff encouraged me to take responsibility for how I live my life.
72. Staff respected my wishes about who is and is not to be given information about my rehabilitation.
73. I, not staff, decided my rehabilitation goals.
74. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
75. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
76. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).
77. Staff respected my family's religious/spiritual beliefs.
78. Staff treated me with respect.
79. Staff spoke with me in a way that I understood.

**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**

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**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.** [Don't know and Refused are also choices on the screen]

**As a direct result of the mental health services you received:**

80. I deal more effectively with daily problems.
81. I am better able to control my life.
82. I am better able to deal with crisis.
83. I am getting along better with my family.
84. I do better in social situations.
85. I do better in school and/or work.
86. My housing situation has improved.
87. My symptoms are not bothering me as much.
88. I do things that are more meaningful to me.
89. I am better able to take care of my needs.
90. I am better able to handle things when they go wrong.
91. I am better able to do things that I want to do.

**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).**

92. I am happy with the friendships I have.
93. I have people with whom I can do enjoyable things.
94. I feel I belong in my community.
95. In a crisis, I would have the support I need from family or friends.

**This last section will ask you 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.** [Don't know and Refused are also choices on the screen]

96. Overall, I am satisfied with the mental health services I received. Would you...?
97. We have come to the end of our survey. Do you have anything else 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 afternoon/evening.**



**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, 3<sup>rd</sup> 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

**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, 3<sup>rd</sup> 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.

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

1. Are you male or female? (Caregiver)
  - a. Male
  - b. Female
  - c. Refused
2. What is your date of birth? (Caregiver)
  - a. Click to enter date of birth
  - b. Don't know
  - c. Refused
3. Date of Birth of Caregiver
4. What is your race? (Caregiver) [Check all that apply. If more than one race is checked, the response is calculated as "more than one race reported.]
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black and/or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White (Caucasian)
  - f. Other
    - i. Specify other race
  - g. Don't know
  - h. Refused
5. Are you of Spanish, Hispanic or Latino origin? (Caregiver)
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused

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

6. What is your relationship to {child's name}?
  - a. Biological or adoptive parent
  - b. Step-parent
  - c. Grandparent
  - d. Foster parent
  - e. Sibling
  - f. Other biological relative acting as guardian (aunt, uncle)
  - g. Family friend acting as guardian
  - h. Legal guardian (where none of the above apply)
  - i. Other
    - i. Specify
  - j. N/A
  - k. Don't know
  - l. Refused
7. Is {child's name} male or female?
  - a. Male
  - b. Female
  - c. Refused
8. What is the date of birth of {child's name}?
  - a. Click to enter birth date
  - b. Don't know
  - c. Refused
9. Date of Birth of Child
  - a. Verification Question #1: Is {child's name} currently 18 years or older? (if "Yes", end survey)
10. What is {child's name}'s race?
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black and/or African American
  - d. Native Hawaiian or Other Pacific Islander
  - e. White (Caucasian)
  - f. Other
    - i. Specify other race
  - g. Don't know
  - h. Refused
11. Is {child's name} of Spanish, Hispanic, or Latino origin?
  - a. Yes
  - b. No
  - c. Don't know
  - d. Refused
12. Is {child's name} currently living with you?
  - a. Yes [Skip to #14]

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- b. No
  - c. Don't know
  - d. Refused
13. Is {child's name} currently in an out-of-home residential placement, such as a group home, foster care, or residential treatment center?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
14. Has {child's name} lived in any of the following places in the last 12 months? (check all that apply)
- a. With one or both parents
  - b. With another family member
  - c. Foster home
  - d. Therapeutic foster home
  - e. Crisis shelter
  - f. Homeless shelter
  - g. Group home
  - h. Residential treatment center
  - i. Hospital
  - j. Local jail or detention facility
  - k. State correctional facility
  - l. Runaway/homeless/on the streets
  - m. Other
    - i. Specify other living situation
15. Is {child's name} currently going to school?
- a. Yes
  - b. No [Skip to #17]
  - c. Don't know [Skip to #19]
  - d. Refused [Skip to #19]
16. At school, what type of classroom is {child's name} currently enrolled in? [Select the answer that best describes and then skip to #18]
- a. Regular classroom
  - b. Special education, all day
  - c. Special education, part of day
  - d. Other
  - e. Don't know
  - f. Refused
17. Why is {child's name} not currently going to school? (Select answer that best describes)
- a. Too young for school [Skip to #19]
  - b. Dropped out
  - c. Expelled
  - d. Suspended
  - e. Sick or hospitalized
  - f. Other

- g. Don't know
  - h. Refused
18. Has {child's name} ever repeated a grade?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused

**Now, I would like to ask you about the kinds of mental health services that {child's name} has received.**

19. In the past 12 months, has {child's name} been to an outpatient mental health program or provider, psychiatrist, or therapist?
- a. Yes [Skip to #21]
  - b. No [Proceed to #20a]
  - c. Don't know [Skip to #20b]
  - d. Refused [Skip to #20c]
20. Verification Question #2
- a. I just want to confirm that I coded your answer correctly. You have said that {child's name} has not been to a psychiatrist, outpatient mental health provider, program or therapist. Is that correct? [If "Yes", skip to #22. If "No", skip to #20d.]
  - b. I just want to confirm that I coded you answer correctly. You have said that you don't know if {child's name} has been to a psychiatrist, outpatient mental health provider, program or therapist. Is that correct? [If "Yes", skip to #22. If "No", skip to #20d.]
  - c. I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether {child's name} has been to a psychiatrist, outpatient mental health provider, program or therapist. Is that correct? [If "Yes", skip to #22. If "No", skip to #20d.]
  - d. In the past 12 months, has {child's name} been to an outpatient mental health program or provider, psychiatrist or therapist?
    - i. Yes [Proceed to #21]
    - ii. No [Skip to #22]
    - iii. Don't know [Skip to #22]
    - iv. Refused [Skip to #22]

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21. How long has {child's name} received these mental health services?
- Less than 1 month
  - 1 month through 5 months
  - 6 months to 1 year
  - 1 year or more
22. 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?
- Yes [Skip to #24]
  - No [If #19 is "Yes", skip to #25. If #19 is "No", "Don't know" or "Refused", and #20d is "Yes", skip to #25. Otherwise, skip to #23a.]
  - Don't [If #19 is "Yes", skip to #25. If #19 is "No", "Don't know" or "Refused", and #20d is "Yes", skip to #25. Otherwise, skip to #23b.]
  - Refused [If #19 is "Yes", skip to #25. If #19 is "No", "Don't know" or "Refused", and #20d is "Yes", skip to #25. Otherwise, skip to #23c.]
23. Verification Question #3
- I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, {child's name} has not received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services. Is that correct? [If "Yes", then survey ends. If "No", skip to #23d.]
  - I just want to confirm that I coded your answer correctly. You have said that in the past 12 months, you are not sure if {child's name} has received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services. Is that correct? [If "Yes", then survey ends. If "No", skip to #23d.]
  - I just want to confirm that I coded your answer correctly. You have said that you do not want to state whether {child's name} has received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services in the past 12 months. Is that correct? [If "Yes", then survey ends. If "No", skip to #23d.]
  - 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?
    - Yes [Proceed to #24]
    - No [Survey ends]
    - Don't know [Survey ends]
    - Refused [Survey ends]
24. How long has {child's name} received psychiatric family support services?
- Less than 1 year
  - 1 year or more (at least 12 months)
25. In the past 12 months, has {child's name} seen a pediatrician or any other medical professional for an emotional or behavioral problem?
- Yes
  - No
  - Don't know
  - Refused
26. In the past 12 months, has {child's name} seen a school counselor? [If #17 is "a", fill in "No" for #26]
- Yes
  - No
  - Don't know
  - Refused
27. 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/behavioral problem?
- Yes
  - No
  - Don't know
  - Refused
28. 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

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- c. Don't know
  - d. Refused
29. 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? (e.g., On Our Own, depression support group, family support group, parenting, etc.)
- a. Yes [Skip to #31]
  - b. No
  - c. Don't know
  - d. Refused
30. Would you like to participate in such a support group?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
31. Is {child's name} on medication for emotional/behavioral problems?
- a. Yes
  - b. No [Skip to #33]
  - c. Don't know [Skip to #33]
  - d. Refused [Skip to #33]
32. Did the doctor or nurse tell you and/or {child's name} what side effects to watch for?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
33. Are any of {child's name}'s siblings receiving mental health services?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused

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

34. In the past 12 months, did {child's name} attempt to get or was he/she referred for substance abuse services?
- a. Yes
  - b. No [Skip to #37]
  - c. Don't know [Skip to #37]

- d. Refused [Skip to #37]
35. Was {child's name} able to receive substance abuse services?
- a. Yes
  - b. No [Skip to #37]
  - c. Don't know [Skip to #37]
  - d. Refused [Skip to #37]
36. Were you satisfied with {child's name}'s substance abuse services?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
37. 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?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused

**Now, I would like to ask you about the kinds of services that {child's name} has received for his/her physical health care.**

38. Does {child's name} have a primary health care provider?
- a. Yes
  - b. No [Skip to #40]
  - c. Don't know [Skip to #40]
  - d. Refused [Skip to #40]
39. To your knowledge, has {child's name}'s primary health care provider and {child's name}'s mental health provider spoken with each other about {child's name}'s health or mental health?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
40. In the past 12 months, did {child's name} see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused

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41. 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?
- Yes
  - No
  - Don't know
  - Refused
42. Does {child's name} have Medicaid insurance?
- Yes
  - No
  - Don't know
  - Refused

**Now, I would like to ask you a few questions about {child's name}'s legal history.** [Answer #43-#48, if participant responded "a", "b", or "c" on #21, or "a" on #24 if #21 is missing; i.e. services < 1 year.]

43. Was {child's name} arrested since beginning to receive mental health services?
- Yes
  - No
  - Don't know
  - Refused
44. Was {child's name} arrested during the 12 months prior to that?
- Yes
  - No
  - Don't know
  - Refused
45. Since {child's name} began to receive mental health services, have their encounters with the police...
- Been reduced (for example, they have not been arrested, hassled by police, taken by police to a shelter or crisis program)
  - Stayed the same
  - Increased
  - Not applicable (they had no police encounters this year or last year)
46. Was {child's name} expelled or suspended since beginning services? [If #17 is "a", fill in "no" for #46 & #47, "does not apply" (d) for #48, and "too young" (2) for #48di. Then skip to #55.]
- Yes
  - No
  - Don't know
  - Refused

47. Was {child's name} expelled or suspended during the 12 months prior to that?
- Yes
  - No
  - Don't know
  - Refused
48. Since starting to receive services, the number of days {child's name} was in school is:
- Greater
  - About the same
  - Less
  - 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

**Answer #49-#54, if participant responded "d" on #21, or "b" on #24, if #21 is missing; i.e. services ≥ 1 year.**

49. Was {child's name} arrested during the past 12 months?
- Yes
  - No
  - Don't know
  - Refused
50. Was {child's name} arrested during the 12 months prior to that?
- Yes
  - No
  - Don't know
  - Refused.

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51. 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)
52. Was {child's name} expelled or suspended during the past 12 months? [If #17 is "a", fill in "no" for #52 & #53, "does not apply" for #54 (d), and "too young" (2) for #54di.]
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
53. Was {child's name} expelled or suspended during the 12 months prior to that?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refused
54. Over the past year, the number of days {child's name} was in school is:
- a. Greater
  - b. About the same
  - c. Less
  - d. Does not apply
    - i. Please select why this does not apply
      1. {child's name} did not have a problem with attendance before starting services.
      2. {child's name} is too young to be in school.
      3. {child's name} was expelled from school.
      4. {child's name} is home schooled.
      5. {child's name} dropped out of school.
      6. Other
        - a. Specify

**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.** [Don't know and Refused are also choices on the screen. If participant did not answer "Yes" to #19 or #20d, skip to #71.]

55. Overall, I am satisfied with the services my child received.
56. I helped choose my child's services.
57. I helped choose my child's treatment goals.
58. The people helping my child stuck with us no matter what.
59. I felt my child had someone to talk to when he/she was troubled.
60. I participated in my child's treatment.
61. The services my child and/or family received were right for us.
62. The location of services was convenient for us.
63. Services were available at times that were convenient for us.
64. My family got the help we wanted for my child.
65. My family got as much help as we needed for my child.
66. Staff treated me with respect.
67. Staff respected my family's religious or spiritual beliefs.
68. Staff spoke with me in a way that I understood.
69. Staff were sensitive to my cultural or ethnic background (race, religion, language, etc.).
70. I felt free to complain. [If participant did not answer "Yes" to #22 or #23d, skip to #87.]

**Now I am going to read (a/another) series of statements. Please refer only to the family support services {child's name} and your family received. (Interviewer: Family support services included: 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,**

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**the statement may not apply to your circumstances, and you should then tell me that the statement does not apply.** [Don't know and Refused are also choices on the screen.]

71. Overall, I am satisfied with the services my child received.
72. I helped choose my child's services.
73. I helped choose my child's service goals.
74. The people helping my child stuck with us no matter what.
75. I felt my child had someone to talk to when he/she was troubled.
76. I participated in my child's services.
77. The services my child received were right for us.
78. The location of services was convenient for us.
79. Services were available at times that were convenient for us.
80. My family got the help we wanted for my child.
81. My family got as much help as we needed for my child.
82. Staff treated me with respect.
83. Staff respected my family's religious or spiritual beliefs.
84. Staff spoke with me in a way that I understood.
85. Staff were sensitive to my cultural or ethnic background (race, religion, language, etc.).
86. I felt free to complain.

**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.** [Don't know and Refused are also choices on the screen.] **As a direct result of all the mental health services my child and family received:**

87. My child is better at handling daily life.
88. My child gets along better with family members.
89. My child gets along better with friends and other people.
90. My child is doing better in school and/or work.
91. My child is better able to cope when things go wrong.

92. I am satisfied with our family life right now.
93. My child is better able to do things he or she wants to do.
94. My child is better able to control his or her behavior.
95. My child is less bothered by his or her symptoms.
96. My child has improved social skills.

**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).** (applies to next four questions)

97. I know people who will listen and understand me when I need to talk.
98. I have people that I am comfortable talking with about my child's problems.
99. In a crisis, I would have the support I need from family or friends.
100. I have people with whom I can do enjoyable things.

**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.**

101. Overall, I am satisfied with the mental health services my child received. Would you...?
102. We have come to the end of our survey. Do you have anything else that you would like to share with us about your child's 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 afternoon/evening.**





**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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