



Maryland's Public Mental Health System

**Consumer Perception of Care Survey
2014**

DETAILED REPORT

MARYLAND’S PUBLIC MENTAL HEALTH SYSTEM
2014 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

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

BHA currently contracts with ValueOptions[®], 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. ValueOptions[®], Inc. subcontracted with Fact Finders, Inc. of Albany, New York to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2014 Consumer Perception of Care Survey, which is the fourteenth systematic, statewide consumer 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 *2014 Consumer Perception of Care Survey - Executive Summary* and the brochures *2014 Consumer Perception of Care Survey - Maryland's Adult Consumers Rate Their Public Mental Health Services* and *2014 Consumer Perception of Care Survey - Maryland's Caregivers Rate Their Children's Public Mental Health Services*. To obtain a copy of any of these documents, visit the following Web site: 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 outpatient mental health services rendered between January and December 2013. The sample was stratified by age and county of residence. Individuals were then randomly selected from among these groups. Service types 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). Individuals (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 and adolescents under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

B. Notification of Survey Population

Twenty eight thousand (28,000) notification letters were mailed ten (10) days prior to survey administration; 20,000 letters were to the adult survey sample (Appendix B), and 8,000 were to the child/caregiver survey sample (Appendix C). The letter 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 provide notification of their willingness or unwillingness to participate. A voicemail system captured calls made during non-business hours. The database was updated daily based on these voicemail messages.

C. Survey Instruments

Separate survey instruments were used for adults and for caregivers. The adult and the 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 (Appendix D) is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey (Appendix E) is based on the MHSIP Youth Services Survey for Families (YSS-F). In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, employment, education, and coordination of care.

D. Interviewer Training and Supervision

Interviewers and supervisory staff received extensive project-specific training prior to beginning data collection. The training included project goals and guidelines, research methods, survey instruments, survey populations, and guided responses to anticipated questions from potential respondents. Interviewers were provided with a script and emergency numbers to use if they encountered a consumer experiencing a mental health crisis or needing immediate intervention. The interviewers were all experienced with the Computer Assisted Telephone Interviewing (CATI) software used and familiar with HIPAA guidelines regarding protected health information (PHI). Supervision and quality control auditing were continuous for the duration of data collection.

E. Confidentiality, Consent, and Protection of Respondent Information

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

- Potential respondents were assured that all survey responses were confidential.
- Potential respondents were able to opt in or out of the survey.
- Potential respondents were assured that their responses would not affect the services they receive.
- Potential respondents were assured that opting out of the survey would not affect the services they receive.
- Individuals who declined to participate were not contacted again.
- Individuals who wished to be contacted at a certain time were scheduled and called back at their preferred time.
- Messages were not left on answering machines or with individuals who were not the potential participant.
- The CATI software is located on a password-protected server, with access limited to authorized interviewers and designated management staff.
- Completed surveys were not linked to consumer-identifying information.
- Employee Confidentiality Agreement forms were signed by all interviewers assigned to this project.

The oversight and monitoring of data collection were in accordance with the IRB-approved protocol and managed by the ValueOptions[®], Inc. Quality Improvement Director and Fact Finders senior staff.

F. Data Collection

CATI software was used to collect survey responses. This software ensures that survey questions and response choices are worded consistently for all respondents.

Of the 20,000 consumers selected for the adult sample, 2,982 were successfully contacted to request participation in the survey; 1,010 completed the survey for a response rate of 33.9%. Of the 8,000 child/caregiver consumers selected for the sample, 2,316 were successfully contacted to request participation in the survey; 870 completed the survey for a response rate of 37.6%.

The potential survey sample was stratified by the geographic distribution of consumers served, based on claims data. The regional breakdown of the potential survey sample and final distribution of survey respondents are shown in the following table.

Geographic Distribution of Original Sample	Adult	Child/ Caregiver	Geographic Distribution of Survey Respondents	Adult	Child/ Caregiver
Baltimore City	28.6%	26.1%	Baltimore City	29.5%	24.6%
Eastern	12.0%	13.8%	Eastern	12.9%	16.1%
Metropolitan	36.9%	38.7%	Metropolitan	35.3%	33.7%
Suburban	11.9%	11.8%	Suburban	10.3%	13.1%
Western	10.5%	9.7%	Western	12.0%	12.5%

G. Data Analysis and Reporting

Data analyses were conducted using SPSS® analytic software. This report presents frequency distributions of survey questions. As a result of rounding percentages to tenths, totals may not equal exactly 100.0% (+/- 0.2%). The total for each question reflects the total number of respondents who answered the question, which in some cases is a subsample of the total number of survey respondents.

The perception of care response categories are presented in tables that include the mean (average), standard deviation (S.D., the variability of the responses around the mean), and percent (%) of responses. Responses are based on the five-point Likert scale: “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percentages and means are calculated using only those respondents 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 a particular question, were excluded from the analysis of that item. 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

The main limitation of this survey is the poor quality of consumer telephone numbers. The sample of potential respondents was drawn from consumers for whom there was a phone number provided in the database; therefore, consumers with no phone number in the database were not given an opportunity to participate. Of the 20,000 adult consumers selected to be in the sample, 5,711 (28.6%) had inaccurate (not in service, or the consumer not at that number) telephone numbers. Of the 8,000 child consumers selected to be in the sample, 2,771 (34.6%) had inaccurate telephone numbers.

III. ADULT SURVEY RESULTS

A. Summary of Respondent Characteristics

Characteristic		%
Gender	Female	62.5
	Male	37.5
Age	Under 21	4.8
	21-30	16.4
	31-40	17.9
	41-50	27.4
	51-60	27.0
	61 and older	6.4
Race	Black or African-American	46.1
	White or Caucasian	50.4
	More than one race reported	0.1
	Other	3.4
Ethnicity	Spanish, Hispanic, or Latino	6.3
Employment	Unemployed	26.0
	Employed full-time	8.9
	Employed part-time	11.9
	Permanently disabled, not working	36.9
	Homemaker	3.1
	Student/Volunteer	5.7
	Refused/Don't Know/Other	7.4

B. Detail of Respondent Demographic and Social Characteristics

1. Gender

	Frequency	Percent
Female	631	62.5
Male	379	37.5
Total	1010	100.0

2. How old are you?

	Frequency	Percent
<21	48	4.8
21-30	166	16.4
31-40	181	17.9
41-50	277	27.4
51-60	273	27.0
>60	65	6.4
Total	1010	100.0
Range	16 to 74	
Mean	43.1	

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	3	0.3
Asian	12	1.2
Black or African-American	466	46.1
White or Caucasian	509	50.4
More than one race	1	0.1
Other	19	1.9
Total	1010	100.0

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

	Frequency	Percent
Hispanic	64	6.3
Not Hispanic	946	93.7
Total	1010	100.0

C. Employment Status

10. What is your current employment situation?

	Frequency	Percent
Working full-time	90	8.9
Working part-time	120	11.9
Unemployed (looking for work and not looking for work)	263	26.0
Permanently disabled, not working	373	36.9
Retired	23	2.3
Homemaker	31	3.1
Student	51	5.0
Volunteer	7	0.7
Other	30	3.0
Don't Know/Refused	22	2.2
Total	1010	100.0

D. Use of Mental Health Services

First, thinking about the kinds of mental health services that you may have received.

1. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	999	98.9
No	11	1.1
Total	1010	100.0

2. (If yes to Q1) How long have you received these mental health services?

	Frequency	Percent
Less than 1 year	240	24.0
1 year or more	751	75.2
Don't Know/Refused	8	0.8
Total	999	100.0

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

	Frequency	Percent
Yes	192	19.0
No	758	75.0
Don't Know/Refused	60	5.9
Total	1010	100.0

4. (If yes to Q3) How long have you received psychiatric rehabilitation services?

	Frequency	Percent
Less than 1 year	47	24.5
1 year or more	143	74.5
Don't Know/Refused	2	1.0
Total	192	100.0

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

	Frequency	Percent
Yes	74	7.3
No	890	88.1
Don't Know/Refused	46	4.6
Total	1010	100.0

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	300	29.7
No	704	69.7
Don't Know/Refused	6	0.6
Total	1010	100.0

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

	Frequency	Percent
Yes	171	16.9
No	832	82.4
Don't Know/Refused	7	0.7
Total	1010	100.0

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	244	24.2
No	761	75.3
Don't Know/Refused	5	0.5
Total	1010	100.0

E. Substance Use Services

Now, I would like to ask you about the kinds of services that you have received for a substance use problem, such as an alcohol or drug use problem.

1. In the past 12 months, did you attempt to get or were you referred for substance use services?

	Frequency	Percent
Yes	163	16.1
No	841	83.3
Don't Know/Refused	6	0.6
Total	1010	100.0

2. (If yes to Q1) Were you able to receive substance use services?

	Frequency	Percent
Yes	153	93.9
No	10	6.1
Total	163	100.0

3. (If yes to Q2) Were you satisfied with your substance use services?

	Frequency	Percent
Yes	133	86.9
No	19	12.4
Don't Know/Refused	1	0.7
Total	153	100.0

4. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance use problem?

	Frequency	Percent
Yes	49	4.9
No	957	94.8
Don't Know/Refused	4	0.4
Total	1010	100.0

F. Physical Health Services

Thinking about your physical health care.

1. Do you have a primary health care provider?

	Frequency	Percent
Yes	928	91.9
No	76	7.5
Don't Know/Refused	6	0.6
Total	1010	100.0

2. (If yes to Q1) To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health or mental health?

	Frequency	Percent
Yes	360	38.8
No	387	41.7
Don't Know/Refused	181	19.5
Total	928	100.0

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

	Frequency	Percent
Yes	830	82.2
No	172	17.0
Don't Know/Refused	8	0.8
Total	1010	100.0

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

	Frequency	Percent
Yes	251	24.9
No	752	74.5
Don't Know/Refused	7	0.7
Total	1010	100.0

G. Satisfaction with Outpatient Mental Health Treatment Services

Nearly all respondents (999 = 98.9%) reported receiving some type of outpatient mental health treatment service. Respondents were asked how much they agreed or disagreed with 23 statements regarding the outpatient services they received. Respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received.	994	1.8	0.9	41.8	43.7	7.7	4.0	2.8
If I had other choices, I would still get services from this provider.	984	2.0	1.1	38.4	42.0	7.4	8.5	3.7
I would recommend this provider to a friend or a family member.	991	1.9	1.0	39.8	44.0	5.2	7.3	3.7
The location of services was convenient.	994	1.9	0.9	38.3	48.0	5.9	5.7	2.0
Staff were willing to see me as often as I felt it was necessary.	991	1.8	0.9	39.6	47.4	4.7	6.5	1.8
Staff returned my calls in 24 hours.	940	2.0	1.1	34.4	44.7	8.2	8.8	3.9
Services were available at times that were good for me.	991	1.8	0.9	38.4	50.2	5.0	4.6	1.7
I was able to get all the services I thought I needed.	996	2.0	1.1	34.8	46.6	5.0	10.3	3.2
I was able to see a psychiatrist when I wanted to.	958	2.1	1.1	31.2	45.4	7.8	12.2	3.3
Staff here believe that I can grow, change, and recover.	955	1.8	0.8	37.4	50.4	8.4	2.8	1.0
I felt comfortable asking questions about my treatment and medication.	984	1.7	0.8	42.1	47.9	4.4	5.2	0.5
I felt free to complain.	973	1.9	0.9	36.0	50.5	5.1	5.9	2.6
I was given information about my rights.	981	1.8	0.8	40.0	51.5	2.7	4.7	1.2
Staff encouraged me to take responsibility for how I live my life.	964	1.8	0.8	36.8	50.4	6.8	5.1	0.8
Staff told me what side effects to watch out for.	946	2.0	1.0	33.2	48.9	6.3	8.9	2.6
Staff respected my wishes about who is and is not to be given information about my treatment.	962	1.7	0.8	44.3	47.8	4.1	2.8	1.0
I, not staff, decided my treatment goals.	960	2.1	1.0	28.2	48.8	12.1	9.4	1.6
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	970	1.9	0.9	31.5	54.4	6.2	6.4	1.4
I was encouraged to use consumer-run programs.	936	2.2	1.1	25.4	47.4	10.0	13.6	3.5
Staff were sensitive to my cultural or ethnic background.	904	2.0	0.8	31.0	53.7	8.2	6.3	0.9
Staff respected my family’s religious or spiritual beliefs.	885	1.8	0.8	34.2	54.0	7.8	3.6	0.3
Staff treated me with respect.	997	1.7	0.7	44.0	49.8	3.4	2.4	0.3
Staff spoke with me in a way that I understood.	996	1.7	0.6	42.2	53.2	2.4	2.1	0.1

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

**Lower mean scores indicate higher satisfaction levels.

***SD is an abbreviation for Standard Deviation.

H. Satisfaction with Psychiatric Rehabilitation Program Services

Approximately one-fifth (192 = 19.0%) of survey respondents reported receiving psychiatric rehabilitation services. Respondents were asked how much they agreed or disagreed with 21 statements regarding the psychiatric rehabilitation services they received. Respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services I received.	190	1.9	0.9	37.4	49.5	5.8	4.2	3.2
If I had other choices, I would still get services from this provider.	188	2.0	1.1	31.4	50.0	4.3	10.1	4.3
I would recommend this provider to a friend or a family member.	190	1.9	1.0	35.3	52.6	3.2	5.3	3.7
The location of services was convenient.	191	1.9	0.9	39.3	47.1	5.2	6.3	2.1
Staff were willing to see me as often as I felt it was necessary.	190	1.9	1.0	38.4	48.4	2.6	6.8	3.7
Staff returned my calls in 24 hours.	182	2.0	1.1	34.1	46.7	6.6	8.8	3.8
Services were available at times that were good for me.	188	1.9	0.8	30.9	53.7	10.1	3.7	1.6
I was able to get all the services I thought I needed.	191	1.9	0.9	34.6	50.8	6.3	5.8	2.6
Staff here believe that I can grow, change, and recover.	188	1.8	0.7	35.6	55.9	4.8	2.7	1.1
I felt comfortable asking questions about my rehabilitation.	189	1.8	0.7	37.0	55.6	3.2	3.7	0.5
I felt free to complain.	188	2.0	1.0	30.3	54.3	3.7	9.0	2.7
I was given information about my rights.	191	1.8	0.8	37.2	53.9	2.1	5.2	1.6
Staff encouraged me to take responsibility for how I live my life.	190	1.8	0.7	35.3	55.3	5.8	3.2	0.5
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	184	1.8	0.8	35.9	54.3	5.4	2.2	2.2
I, not staff, decided my rehabilitation goals.	182	2.1	1.0	28.0	49.5	11.5	8.2	2.7
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	189	1.8	0.8	37.0	51.9	5.3	4.8	1.1
I was encouraged to use consumer-run programs.	183	2.0	0.9	28.4	56.8	4.9	7.7	2.2
Staff were sensitive to my cultural or ethnic background.	176	1.8	0.6	29.5	64.8	2.3	3.4	0.0
Staff respected my family’s religious or spiritual beliefs.	170	1.7	0.7	35.3	60.0	2.4	1.8	0.6
Staff treated me with respect.	191	1.7	0.8	42.4	50.8	3.7	0.5	2.6
Staff spoke with me in a way that I understood.	190	1.7	0.7	40.5	54.2	2.1	2.6	0.5

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

** Lower mean scores indicate higher satisfaction levels.

*** SD is an abbreviation for Standard Deviation.

I. Overall Satisfaction with Mental Health Services

Overall satisfaction with all mental health services received was assessed using the same Likert scale as was used throughout the survey. Respondents were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services I received.” Respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services I received.	1005	2.0	0.9	29.2	53.5	8.4	6.5	2.5

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

** Lower mean scores indicate higher satisfaction levels.

*** SD is an abbreviation for Standard Deviation.

J. Outcome Measures

Respondents were asked how they benefited from the mental health services they 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. Respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems.	985	2.2	1.0	23.4	48.9	16.1	9.7	1.8
I am better able to control my life.	990	2.2	0.9	22.4	50.2	16.9	8.9	1.6
I am better able to deal with crisis.	986	2.3	1.0	20.5	49.9	16.4	10.8	2.4
I am getting along better with my family.	945	2.2	1.0	23.2	47.8	17.2	9.5	2.2
I do better in social situations.	965	2.5	1.1	17.4	45.0	18.2	14.4	5.0
I do better in school and/or work.	686	2.4	1.1	18.5	44.6	18.1	13.4	5.4
My housing situation has improved.	891	2.5	1.1	20.0	39.6	20.2	16.0	4.2
My symptoms are not bothering me as much.	981	2.6	1.2	16.8	40.2	16.9	18.5	7.6
I do things that are more meaningful to me.	986	2.3	1.0	19.2	50.6	16.3	12.0	1.9
I am better able to take care of my needs.	990	2.2	1.0	19.7	52.6	16.3	8.8	2.6
I am better able to handle things when they go wrong.	992	2.4	1.0	17.4	47.9	17.6	13.1	3.9
I am better able to do things that I want to do.	995	2.4	1.0	16.8	48.4	18.1	13.1	3.6
I am happy with the friendships I have.	975	2.1	1.0	24.5	49.8	15.5	7.9	2.3
I have people with whom I can do enjoyable things.	988	2.1	0.9	24.6	54.8	10.7	7.9	2.0
I feel I belong in my community.	984	2.3	1.0	21.2	47.9	16.2	11.0	3.8
In a crisis, I would have the support I need from family or friends.	988	2.1	1.0	28.8	49.6	10.6	8.0	2.9

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

** Lower mean scores indicate more positive outcomes.

*** SD is an abbreviation for Standard Deviation.

K. Additional Statistical Analyses

Statistical analysis of survey results was conducted to determine if survey responses differ across demographic categories of respondents. The level of significance indicates the likelihood that observed differences between populations reflect actual differences in opinion, rather than chance. For this report, a significance level of ($p < .05$) is considered statistically significant, which indicates that there is a less than 5% chance that observed differences are based on chance. Please note that the presence of a statistically significant relationship between survey measures does not necessarily imply causation.

The following differences are statistically significant.

Demographics

Employed respondents are younger, on average, than unemployed (mean age of employed respondents: 38.6 vs. 43.9).

Use of Mental Health and Other Services

Respondents over age 40 are more likely than those age 40 and younger to have:

- Been in outpatient treatment for one year or longer (79.1% vs. 70.7%).
- Participated in a mental health self-help group (28.1% vs. 18.0%).
- A primary health care provider (95.4% vs. 87.5%).
- Reported that primary care physician and mental health services provider communicated with each other (53.1% vs. 39.9%).
- Seen a medical professional for a health check-up or illness (85.2% vs. 77.5%).
- Spent a night in the hospital because of a physical illness or health problem (27.6% vs. 20.5%).

Black/African-American respondents are more likely than other respondents to have:

- Received psychiatric rehabilitation services (24.4% vs. 14.4%).
- Participated in a mental health self-help group (28.9% vs. 20.1%).
- Spent a night in the hospital because of a physical illness or health problem (28.7% vs. 21.5%).

Male respondents are more likely than female respondents to have:

- Received residential rehabilitation, or RRP, services (10.8% vs. 5.2%).
- Reported that primary care physician and mental health services provider communicated with each other (53.9% vs. 45.0%).
- Spent a night in the hospital because of a physical illness or health problem (22.1% vs. 14.0%).
- Attempted to get or were referred to substance use services (23.9% vs. 11.6%).

Female respondents are more likely than male respondents to have:

- A primary health care provider (94.7% vs. 88.3%).
- Seen a medical professional for a health check-up or illness (84.8% vs. 77.8%).

Unemployed respondents are more likely than employed respondents to have:

- Been in outpatient treatment for one year or longer (77.9% vs. 66.7%).
- Received psychiatric rehabilitation services (22.3% vs. 10.5%).
- A primary health care provider (93.2% vs. 87.9%)
- Reported that primary care physician and mental health services provider communicated with each other (51.3% vs. 36.7%).

Outcome Measures

Responses to *Outcome Measures* survey items are coded into an ordinal scale ranging from 1 (strongly agree) to 5 (strongly disagree). Means are calculated for each item, with lower mean scores indicating more positive outcomes.

Employed respondents agree more than unemployed respondents with all 16 outcome statements:

- I deal more effectively with daily problems (2.2 vs. 2.0).
- I am better able to control my life (2.2 vs. 2.0).
- I am better able to deal with crisis (2.3 vs. 2.0).
- I am getting along better with my family (2.3 vs. 2.1).
- I do better in social situations (2.5 vs. 2.2).
- I do better in school and/or work (2.6 vs. 2.0).
- My housing situation has improved (2.5 vs. 2.3).
- My symptoms are not bothering me as much (2.7 vs. 2.3).
- I do things that are more meaningful to me (2.4 vs. 2.0).
- I am better able to take care of my needs (2.3 vs. 1.9).
- I am better able to handle things when they go wrong (2.5 vs. 2.0).
- I am better able to do things that I want to do (2.5 vs. 2.0).
- I am happy with the friendships I have (2.2 vs. 1.9).
- I have people with whom I can do enjoyable things (2.2 vs. 1.8).
- I feel I belong to my community (2.4 vs. 2.0).
- In a crisis, I would have the support I need from family or friends (2.1 vs. 1.9).

IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Caregiver Respondent Characteristics

Characteristic		%
Gender	Female	89.4
	Male	10.6
Age	20-50	70.9
	51-70	17.9
	71 and older	2.5
	Refused/Don't Know	8.6
Race	Black or African-American	36.3
	White or Caucasian	49.9
	More than one race reported	2.6
	Other	8.6
	Refused/Don't Know	2.5
Ethnicity	Spanish, Hispanic, or Latino	8.6

B. Summary of Child Characteristics

Characteristic		%
Gender	Female	38.5
	Male	61.5
Age	1-4	4.3
	5-9	39.0
	10-14	46.1
	15 and older	10.7
Race	Black or African-American	45.7
	White or Caucasian	45.5
	More than one race reported	1.1
	Other	7.5
	Refused/Don't Know	0.1
Ethnicity	Spanish, Hispanic, or Latino	9.4
Education	Currently in school	95.9
	Have repeated a grade	14.6

C. Detail of Caregiver Respondent Demographic and Social Characteristics

1. Parent/caregiver gender

	Frequency	Percent
Female	778	89.4
Male	92	10.6
Total	870	100.0

2. Parent/caregiver age?

	Frequency	Percent
Under 21	0	0.0
21-30	114	13.1
31-40	303	34.8
41-50	200	23.0
51-60	111	12.8
61-70	45	5.2
>70	22	2.5
Don't Know/Refused	75	8.6
Total	870	100.0

3. What is your race?

	Frequency	Percent
American Indian or Alaska Native	9	1.0
Asian	8	0.9
African-American or Black	316	36.3
Native Hawaiian or Pacific Islander	4	0.5
White or Caucasian	434	49.9
More than one race reported	23	2.6
Other	54	6.2
Don't Know/Refused	22	2.5
Total	870	100.0

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

	Frequency	Percent
Hispanic	75	8.6
Not Hispanic	772	88.7
Don't Know/Refused	23	2.6
Total	870	100.0

D. Detail of Child Demographic and Social Characteristics

1. Child's gender

	Frequency	Percent
Female	335	38.5
Male	535	61.5
Total	870	100.0

2. Child's age

	Frequency	Percent
1-4	37	4.3
5-9	339	39.0
10-14	401	46.1
>14	93	10.7
Total	870	100.0

3. What is (child's) race?

	Frequency	Percent
American Indian or Alaska Native	4	0.5
Asian	9	1.0
African-American or Black	398	45.7
Native Hawaiian or Pacific Islander	1	0.1
White or Caucasian	396	45.5
More than one race reported	10	1.1
Other	51	5.9
Don't Know/Refused	1	0.1
Total	870	100.0

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

	Frequency	Percent
Yes	82	9.4
No	788	90.6
Total	870	100.0

5. Is (child) currently going to school?

	Frequency	Percent
Yes	834	95.9
No	34	3.9
Don't Know/Refused	2	0.2
Total	870	100.0

6. Has (child) ever repeated a grade?

	Frequency	Percent
Yes	127	14.6
No	741	85.2
Don't Know/Refused	2	0.2
Total	870	100.0

E. Use of Mental Health Services

Thinking about the kinds of mental health services that (child) may have received.

1. In the past 12 months, has (child) been to an outpatient mental health program or provider, psychiatrist, or therapist?

	Frequency	Percent
Yes	831	95.5
No	39	4.5
Total	870	100.0

2. (If yes to Q1) How long has (child) received these mental health services?

	Frequency	Percent
Less than 1 year	262	31.5
1 year or more	557	67.0
Don't Know/Refused	12	1.4
Total	831	100.0

3. In the past 12 months, has (child) received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	Frequency	Percent
Yes	266	30.6
No	562	64.6
Don't Know/Refused	42	4.8
Total	870	100.0

4. (If yes to Q3) How long has (child) received psychiatric family support services?

	Frequency	Percent
Less than 1 year	86	32.3
1 year or more	179	67.3
Don't Know/Refused	1	0.4
Total	266	100.0

5. In the past 12 months, has (child) seen a pediatrician or any other medical professional for an emotional or behavioral problem?

	Frequency	Percent
Yes	377	43.3
No	487	56.0
Don't Know/Refused	6	0.7
Total	870	100.0

6. In the past 12 months, has (child) spent at least one night in a hospital, emergency room, or crisis bed because of an emotional or behavioral problem?

	Frequency	Percent
Yes	71	8.2
No	798	91.7
Don't Know/Refused	1	0.1
Total	870	100.0

7. In the past 12 months, has (child) participated in a mental health support or self-help group such as peer counseling?

	Frequency	Percent
Yes	234	26.9
No	610	70.1
Don't Know/Refused	26	3.0
Total	870	100.0

8. In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning or behavioral disorders?

	Frequency	Percent
Yes	197	22.6
No	669	76.9
Don't Know/Refused	4	0.4
Total	870	100.0

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

	Frequency	Percent
Yes	475	54.6
No	391	44.9
Don't Know/Refused	4	0.4
Total	870	100.0

10. (If yes to Q9) Did the doctor or nurse tell you and/or (child) what side effects to watch for?

	Frequency	Percent
Yes	433	91.2
No	34	7.2
Don't Know/Refused	8	1.7
Total	475	100.0

11. Does (child's name) have any siblings?

	Frequency	Percent
Yes	708	81.4
No	158	18.2
Don't Know/Refused	4	0.5
Total	870	100.0

12. (If yes to Q11) Are any of (child)'s siblings receiving mental health services?

	Frequency	Percent
Yes	230	26.4
No	450	51.7
Don't Know/Refused	32	3.7
No siblings	158	18.2
Total	870	100.0

F. Substance Use Services

Consumers age 13 and older (N = 270)

1. In the past 12 months, did (child) attempt to get or was he/she referred for substance use services?

	Frequency	Percent
Yes	16	5.9
No	253	93.7
Don't Know/Refused	1	0.4
Total	270	100.0

2. (If yes to Q1) Was (child) able to receive substance use services?

	Frequency	Percent
Yes	12	75.0
No	3	18.8
Don't Know/Refused	1	6.3
Total	16	100.0

3. (If yes to Q2) Were you satisfied with (child's) substance use services?

	Frequency	Percent
Yes	9	75.0
No	3	25.0
Total	12	100.0

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

	Frequency	Percent
Yes	5	1.9
No	263	97.4
Don't Know/Refused	2	0.7
Total	270	100.0

G. Physical Health Services

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

	Frequency	Percent
Yes	859	98.7
No	9	1.0
Don't Know/Refused	2	0.2
Total	870	100.0

2. (If yes to Q1) To your knowledge, has (child)'s primary health care provider and (child)'s mental health provider spoken with each other about (child)'s health or mental health?

	Frequency	Percent
Yes	326	38.0
No	374	43.5
Don't Know/Refused	159	18.5
Total	859	100.0

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

	Frequency	Percent
Yes	779	89.5
No	82	9.4
Don't Know/Refused	9	1.0
Total	870	100.0

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

	Frequency	Percent
Yes	57	6.6
No	811	93.2
Don't Know/Refused	2	0.2
Total	870	100.0

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

Nearly all caregiver respondents (831 = 95.5%) reported his/her child had received some type of outpatient mental health treatment service. Caregiver respondents were asked how much they agreed or disagreed with 16 statements regarding the outpatient service his/her child received. Caregiver respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	829	1.9	0.9	33.7	50.1	9.5	4.8	1.9
I helped choose my child’s services.	821	1.8	0.8	36.8	51.5	6.0	4.3	1.5
I helped choose my child’s treatment goals.	815	1.8	0.8	35.1	54.7	3.7	5.3	1.2
The people helping my child stuck with us no matter what.	807	1.9	0.9	39.3	46.8	6.1	5.5	2.4
I felt my child had someone to talk to when he/she was troubled.	809	1.9	0.9	35.2	51.3	6.6	5.4	1.5
I participated in my child’s treatment.	824	1.6	0.7	47.8	48.8	1.2	1.2	1.0
The services my child and/or family received were right for us.	822	1.9	0.9	33.3	51.9	8.3	4.0	2.4
The location of services was convenient for us.	827	2.0	1.0	34.9	48.2	6.7	7.1	3.0
Services were available at times that were convenient for us.	828	1.9	0.9	31.9	53.6	5.3	6.6	2.5
My family got the help we wanted for my child.	815	2.0	0.9	31.9	50.7	9.4	5.6	2.3
My family got as much help as we needed for my child.	809	2.2	1.1	27.7	47.0	11.1	10.4	3.8
Staff treated me with respect.	828	1.6	0.6	48.3	48.1	2.3	0.7	0.6
Staff respected my family’s religious or spiritual beliefs.	749	1.6	0.6	43.3	51.4	4.1	0.9	0.3
Staff spoke with me in a way that I understood.	825	1.6	0.6	46.7	51.2	1.2	0.8	0.1
Staff were sensitive to my cultural or ethnic background.	743	1.7	0.6	41.0	54.4	3.6	0.7	0.3
I felt free to complain.	798	1.8	0.8	37.8	54.6	3.3	3.3	1.0

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

**Lower mean scores indicate higher satisfaction levels.

***SD is an abbreviation for Standard Deviation.

I. Satisfaction with Child/Family Support Services

Approximately one-third of caregiver respondents (266 = 30.6%) reported that his/her child had received some type of child/family support service. Caregiver respondents were asked how much they agreed or disagreed with 16 statements regarding the child/family support services his/her child received. Caregiver respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the services my child received.	264	1.8	0.8	41.7	45.1	6.8	6.1	0.4
I helped choose my child’s services.	262	1.8	0.8	39.7	48.9	6.5	4.6	0.4
I helped choose my child’s service goals.	259	1.7	0.7	41.3	51.4	3.5	3.9	0.0
The people helping my child stuck with us no matter what.	263	1.8	0.9	42.6	45.6	5.3	5.7	0.8
I felt my child had someone to talk to when he/she was troubled.	260	1.8	0.8	38.5	50.4	6.5	4.2	0.4
I participated in my child’s services.	263	1.6	0.6	47.9	47.9	2.7	1.1	0.4
The services my child received were right for us.	263	1.8	0.8	37.3	49.0	8.4	4.9	0.4
The location of services was convenient for us.	265	1.8	0.8	37.4	48.3	8.7	5.3	0.4
Services were available at times that were convenient for us.	265	1.9	0.9	33.6	53.2	4.9	6.4	1.9
My family got the help we wanted for my child.	263	1.9	0.9	35.4	49.0	7.6	7.6	0.4
My family got as much help as we needed for my child.	259	2.0	1.0	30.9	46.3	11.2	11.2	0.4
Staff treated me with respect.	265	1.6	0.6	45.7	50.9	1.5	1.5	0.4
Staff respected my family’s religious or spiritual beliefs.	234	1.7	0.7	42.7	50.9	4.7	1.3	0.4
Staff spoke with me in a way that I understood.	265	1.6	0.6	46.4	49.8	1.9	1.5	0.4
Staff were sensitive to my cultural or ethnic background.	238	1.7	0.7	43.7	49.6	5.0	1.7	0.0
I felt free to complain.	257	1.6	0.6	44.0	50.2	4.7	0.8	0.4

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

**Lower mean scores indicate higher satisfaction levels.

***SD is an abbreviation for Standard Deviation.

J. Overall Satisfaction with Mental Health Services

Overall caregiver respondent satisfaction with the mental health services received by his/her child was assessed using the same Likert scale as was used throughout the survey. Caregiver respondents were asked how much they agreed or disagreed with the statement, “Overall, I am satisfied with the mental health services my child received.” Caregiver respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Overall, I am satisfied with the mental health services my child received.	864	2.0	0.9	27.1	57.6	6.5	7.1	1.7

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

** Lower mean scores indicate higher satisfaction levels.

*** SD is an abbreviation for Standard Deviation.

K. Outcome Measures

Caregiver respondents 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 respondents 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	*** SD	Likert Scale Percentages*				
				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My child is better at handling daily life.	840	2.2	1.0	22.3	47.6	17.9	9.6	2.6
My child gets along better with family members.	824	2.2	0.9	20.8	53.5	15.5	8.0	2.2
My child gets along better with friends and other people.	824	2.2	0.9	19.5	54.4	16.4	8.4	1.3
My child is doing better in school and/or work.	818	2.3	1.1	23.5	44.7	17.1	10.9	3.8
My child is better able to cope when things go wrong.	845	2.5	1.0	14.3	45.4	21.2	15.6	3.4
I am satisfied with our family life right now.	863	2.2	1.0	24.0	50.3	13.8	10.2	1.7
My child is better able to do things he or she wants to do.	835	2.2	0.9	19.3	57.0	14.6	7.5	1.6
My child is better able to control his or her behavior.	842	2.5	1.1	14.6	45.1	20.5	15.4	4.3
My child is less bothered by his or her symptoms.	817	2.5	1.0	14.1	46.3	22.4	14.2	3.1
My child has improved social skills.	801	2.2	1.0	19.4	51.7	16.7	10.1	2.1
As a direct result of all the mental health services my child and family received: (Please answer for relationships with persons other than your mental health providers.)								
I know people who will listen and understand me when I need to talk.	854	1.9	0.8	32.9	53.5	7.4	4.8	1.4
I have people that I am comfortable talking with about my child’s problems.	864	1.8	0.8	35.4	55.1	4.7	3.7	1.0
In a crisis, I would have the support I need from family or friends.	865	1.8	0.8	38.7	48.3	7.2	4.5	1.3
I have people with whom I can do enjoyable things.	860	1.8	0.7	36.2	55.7	5.3	2.3	0.5

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

** Lower mean scores indicate more positive outcomes.

*** SD is an abbreviation for Standard Deviation.

L. Additional Statistical Analyses

Statistical analysis of survey results was conducted to determine if survey responses differ across demographic categories of respondents. The level of significance indicates the likelihood that observed differences between populations reflect actual differences in opinion, rather than chance. For this report, a significance level of ($p < .05$) is considered statistically significant, which indicates that there is a less than 5% chance that observed differences are based on chance. Please note that the presence of a statistically significant relationship between survey measures does not necessarily imply causation.

The following differences are statistically significant.

Use of Mental Health Services

Caregivers over age 40 are more likely than those under the age of 40 to report that:

- They participated in a support group for parents (27.9% vs. 17.6%).

Caregivers of White/Caucasian children are more likely than caregivers of other children to report that:

- The child was on medication for emotional or behavioral problems (58.1% vs. 51.7%).

Caregivers of Black/African-American children are more likely than caregivers of other children to report that:

- The child received psychiatric family support services (36.5% vs. 25.4%).
- The child participated in a mental health support group (31.4% vs. 23.0%).
- The child's siblings were receiving mental health services (29.7% vs. 25.5%).

Caregivers of Spanish/Hispanic/Latino children are more likely than caregivers of other children to report that:

- The child's siblings were receiving mental health services (28.2% vs. 20.3%).

Caregivers of female children are more likely than caregivers of male children to report that:

- The child spent a night in a hospital, emergency room or crisis bed (10.4% vs. 6.7%).

Caregivers of male children are more likely than caregivers of female children to report that:

- The child was on medication for emotional or behavioral problems (59.7% vs. 46.6%).

Caregivers of children ages 10 and older are more likely than children age 9 and under to report that:

- The child spent a night in a hospital, emergency room or crisis bed (11.3% vs. 4.0%).
- The child participated in a mental health support group (31.2% vs. 21.3%).
- The child was on medication for emotional or behavioral problems (59.2% vs. 48.7%).
- The child attempted to get or was referred for substance use services (3.7% vs. 0.5%).

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 fourteenth systematic, statewide assessment of consumer perception of care since 1997. Data collection, data analysis, and documentation of the survey findings were subcontracted through Fact Finders, Inc. on behalf of ValueOptions[®], Inc. and the Maryland Behavioral Health Administration (formerly the Mental Hygiene Administration).

The potential survey population consisted of PMHS consumers for whom claims were received for outpatient services rendered between January and December 2013. The sample was stratified by age and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health treatment services or psychiatric rehabilitation services. Service types for children and adolescents included outpatient mental health treatment services or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Individuals (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 and adolescents under the age of 16.

Of the 20,000 consumers selected for the adult sample, 2,982 were successfully contacted to request participation in the survey; 1,010 completed the survey for a response rate of 33.9%. Of the 8,000 child/caregiver consumers selected for the sample, 2,316 were successfully contacted to request participation in the survey; 870 completed the survey for a response rate of 37.6%.

Both adults and caregivers were satisfied overall with the mental health services they or their children received: 82.7% of adults and 84.7% of caregivers of children agreed or strongly agreed that, "Overall I am satisfied with the mental health services I (my child) received." Regarding satisfaction with specific aspects of outpatient mental health treatment services, over 72.8% of adults responded positively for all 23 survey items (range 72.8% to 95.4%). Regarding satisfaction with specific aspects of psychiatric rehabilitation services, all adults responded positively for all 21 survey items (range of 77.5% to 95.3%). Regarding satisfaction with specific aspects of outpatient mental health treatment services for children, over 74.7% of caregivers responded positively for all 16 survey items (range of 74.7% to 97.9%). Regarding satisfaction with specific aspects of family support services for children, over 77.2% of caregivers responded positively for all 16 survey items (range of 77.2% to 96.6%).

Responses to the 16 adult survey items that assess outcomes of care ranged from 57.0% to 79.4% agreement. Responses to the 10 caregiver survey items that assess outcomes of care for children ranged from 59.7% to 76.3% agreement. Over 86.4% of caregivers responded positively to each of the four outcomes items assessing "social connectedness" of the caregivers themselves.

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 D:

SURVEY INSTRUMENT ADULT

APPENDIX E:

SURVEY INSTRUMENT CHILD/CAREGIVER

APPENDIX F:

DEFINITIONS AND TERMINOLOGY

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 20, 2014

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ValueOptions of Maryland
1099 Winterson Rd., Suite 200
Linthicum, MD 21060

REF: **Protocol # 98-13**

Dear Mr. Pipkin:

The Maryland Department of Health and Mental Hygiene's Institutional Review Board (IRB) conducted a review of your protocol entitled "Consumer Perception of Care Survey with Maryland's Public Mental Health System" for continuous approval. The IRB meeting was held on May 15, 2014. Your protocol has been approved. This approval will expire on **June 15, 2015**. 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, Ms. Gay Hutchen. She can be reached at (410) 767-8448.

Sincerely,



Patricia M. Alt, PhD
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

410-767-8448 Fax 410-333-7194

Toll Free 1-877-4MD-DHMH TYY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov/oig/irb

Appendix B



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

February 2014

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 from a group of people regarding (1) their current health and (2) how they feel about their mental health services. MHA has asked ValueOptions[®] Maryland along with Fact Finders to do this telephone survey. We will use the information to make services better.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

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 that you wish.
- You may stop the survey at any time.

To participate, schedule a time to participate or have your name removed from this survey please call:

- **Fact Finders at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m.**

Please see the back of this letter for frequently asked questions about the survey, your rights as a participant and mental health services you receive.

Thank you for your help.

Sincerely,

Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

FREQUENTLY ASKED QUESTIONS

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

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message before 8:30 a.m. or after 9:00 p.m., Monday through Friday, a representative from Fact Finders, on behalf of ValueOptions[®] Maryland, will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

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

- Please call Fact Finders at 1-800-895-3228 to request that your name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.
- 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 10-20 minutes.

Question 4: When will the survey begin?

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

Question 5: What if I have questions about the survey itself?

- Call Jarrell Pipkin, Director of Quality, ValueOptions[®] Maryland at 410-691-4012.

Question 6: What if I have questions about my rights as a research participant?

- Call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 410-767-8448.

Question 7: What if I have other questions regarding the mental health services I receive?

- Call ValueOptions[®] Maryland at 1-800-888-1965.

Appendix C



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration

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

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Brian M. Hepburn, M.D., Executive Director

February 2014

Dear Parent/Guardian:

The Maryland Mental Hygiene Administration (MHA) wants to know about your experiences with the public mental health services your child has received. We have been asked to obtain information from a group of people regarding (1) their child's current health and (2) how they feel about their child's mental health services. MHA has asked ValueOptions[®] Maryland along with Fact Finders to do this telephone survey. We will use the information to make services better.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

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 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 that you wish.
- You may stop the survey at any time.

To participate, schedule a time to participate or have your name removed from this survey please call:

- **Fact Finders at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m.**

Please see the back of this letter for frequently asked questions about the survey, your rights as a participant and mental health services you receive.

Thank you for your help.

Sincerely,

Brian Hepburn, MD
Executive Director
Mental Hygiene Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

FREQUENTLY ASKED QUESTIONS

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

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you decide you would like to take part in the survey and leave a message before 8:30 a.m. or after 9:00 p.m., Monday through Friday, a representative from Fact Finders, on behalf of ValueOptions® Maryland, will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

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

- Please call Fact Finders at 1-800-895-3228 to request that your child's name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.
- 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 10-20 minutes.

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- Call Jarrell Pipkin, Director of Quality, ValueOptions® Maryland at 410-691-4012.

Question 6: What if I have questions about my rights as a research participant?

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Question 7: What if I have other questions regarding the mental health services I receive?

- Call ValueOptions® Maryland at 1-800-888-1965.

Appendix D

INTRODUCTION

Hello. My name is *(Read name)* and we're doing a brief consumer satisfaction survey for your health plan. May I please speak to {consumer's name}?

(Confirmation when consumer comes to the phone. . .)

Am I speaking to {consumer's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for ValueOptions[®] Maryland along with the Maryland Mental Hygiene Administration or MHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your experiences with the Maryland Public Mental Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Mental Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

"How did you get my name?"

The Maryland Mental Hygiene Administration (MHA) asked ValueOptions[®] to do this survey. The Maryland Mental Hygiene Administration sent you a letter to notify you about this survey. Maryland MHA is conducting the survey in order to evaluate how well the Maryland's Public Mental Health System is operating.

"Do I have to participate in this survey? / Is the survey required?"

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. Your answers will be kept private. Your name will be kept separate from your responses. 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.

"How do I know this is real? / Who can I talk to?"

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.

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

If you have any questions about your mental health services, please call ValueOptions[®]. I can give you the telephone number at any point during the survey.

[ValueOptions[®] Maryland (800) 888-1965]

(Note: While the question order of some questions has changed between 2011 and 2014, the original (2011) question numbering has been maintained).

First, thinking about the kinds of mental health services that you may have received.

12. In the past 12 months, have you been to an outpatient mental health program or provider, psychiatrist or therapist?

- A. Yes *[Ask Q14]*
- B. No *[Skip to Q15]*
- C. Don't know *[Skip to Q15]*
- D. Refused *[Skip to Q15]*

[Note: All of the <1 year / >1 year skips will be based on this question (outpatient services length) and not the length of time for any of the other services.]

14. How long have you received these mental health services?

- A. **Less than 1 year**
- B. **1 year or more**

15. In the past 12 months, have you received psychiatric rehabilitation services such as day program or PRP services?

- A. Yes *[Ask Q17]*
- B. No *[If Q12 is "Yes," skip to Q18. If Q12 is "No/Don't Know/Refused," then terminate – disposition = no services]*
- C. Don't know *[If Q12 is "Yes," skip to Q18. If Q12 is "No/Don't Know/Refused," then terminate – disposition = no services]*
- D. Refused *[If Q12 is "Yes," skip to Q18. If Q12 is "No/Don't Know/Refused," then terminate – disposition = no services]*

17. How long have you received psychiatric rehabilitation services?

- A. **Less than 1 year**
- B. **1 year or more**

18. In the past 12 months, have you received residential rehabilitation or 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, 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? (If respondent asks, clarify such as On Our Own, depression support group, family support group.)**

- 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 use problem, such as an alcohol or drug use problem.

22. **In the past 12 months, did you attempt to get or were you referred for substance use services?**

- A. Yes
- B. No *[Skip to Q25]*
- C. Don't know *[Skip to Q25]*
- D. Refused *[Skip to Q25]*

23. **Were you able to receive substance use services?**

- A. Yes
- B. No *[Skip to Q25]*
- C. Don't know *[Skip to Q25]*
- D. Refused *[Skip to Q25]*

24. **Were you satisfied with your substance use 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, or crisis bed because of a substance use problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Thinking about your physical health care,

26. **Do you have a primary health care provider?**
- A. Yes
 - B. No *[Skip to Q28]*
 - C. Don't know *[Skip to Q28]*
 - D. Refused *[Skip to Q28]*
27. **To your knowledge, have your primary health care 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

(Ask Q36 – Q58 if Q12 = yes, received outpatient services)

Now, I am going to read a series of statements. Please answer thinking only about the outpatient mental health treatment services you received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					[These are Not Read]		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
36. I like the services that I received.								
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.								
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.								

	READ CHOICES					[These are Not Read]		
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, such as support groups, drop-in centers, crisis phone line.								
55. Staff were sensitive to my cultural or ethnic background.								
56. Staff respected my family's religious or spiritual beliefs.								
57. Staff treated me with respect.								
58. Staff spoke with me in a way that I understood.								

(Ask Q59 – Q79 if Q15 = yes (received psychiatric rehabilitation services))

(If asked Q36 – Q58, i.e., if received outpatient services:) **Now I am going to read you the same series of statements again.**

(If did not ask Q36 – Q58, i.e., no outpatient services:) **Now I am going to read a series of statements.**

Please answer thinking only about the psychiatric rehabilitation services (PRP) you received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					[These are Not Read]		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
59. I like the services I received.								
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.								

	READ CHOICES					<i>[These are Not Read]</i>		
62. The location of services was convenient.								
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, such as support groups, drop-in centers, crisis phone line.								
76. Staff were sensitive to my cultural or ethnic background.								
77. Staff respected my family's religious or spiritual beliefs.								
78. Staff treated me with respect.								
79. Staff spoke with me in a way that I understood.								

The next section asks how you may have benefited from the mental health services that you received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree?

As a direct result of all the mental health services I received:

	<i>READ CHOICES</i>					<i>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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.								

Next, thinking about your relationships with persons other than your mental health provider(s).

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

	READ CHOICES					[These are Not Read]		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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.								

Thinking about your overall satisfaction with all the mental health services you have received, do you agree or disagree with the following statement?

	READ CHOICES					[These are Not Read]		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
96. Overall, I am satisfied with the mental health services I received.								

[Note: We received the following demographics (Q1, 2, 5, 4) in the database; we asked these questions only if these database fields were not available.]

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

5. Are you of Spanish, Hispanic, or Latino origin?
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

4. What is your race? (Accept multiple responses)
 - A. American Indian or Alaska native
 - B. Asian

- C. **Black or African-American**
- D. **Native Hawaiian or other Pacific Islander**
- E. **White or Caucasian**
- F. **Some other race** (*Specify Other*)
- G. Don't know
- H. Refused

Next, a general question about you.

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**
 - New. **Unemployed, not looking for work**
 - F. **Retired**
 - G. **Homemaker**
 - H. **Student**
 - I. **Volunteer**
 - J. Other
 - K. Don't know
 - L. Refused

This concludes the survey. Thank you for your time and cooperation.

Appendix E

INTRODUCTION

Hello. My name is *(Read Name)* and we're doing a brief consumer satisfaction survey for your health plan. May I please speak to the parent or guardian of {child's name}?

(Confirmation when parent/guardian comes to the phone. . .)

Am I speaking to the parent or guardian of {child's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for ValueOptions[®] Maryland along with the Maryland Mental Hygiene Administration or MHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your and {child's name} experiences with the Maryland Public Mental Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Mental Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

"How did you get my name?"

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"Do I have to participate in this survey? / Is the survey required?"

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. Your answers will be kept private. Your name will be kept separate from your responses. 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.

"How do I know this is real? / Who can I talk to?"

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.

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

If you have any questions about your mental health services, please call ValueOptions[®]. I can give you the telephone number at any point during the survey.

[ValueOptions[®] Maryland (800) 888-1000].

(Note: While the question order of some questions has changed between 2011 and 2014, the original (2011) question numbering has been maintained).

First, thinking about the kinds of mental health services that {child's name} may have 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 *[Ask Q21]*
- B. No *[Skip to Q22]*
- C. Don't know *[Skip to Q22]*
- D. Refused *[Skip to Q22]*

[Note: All of the <1 year / >1 year skips will be based on this question (outpatient services length) and not length of time for any of the other services.]

21. How long has {child's name} received these mental health services?

- A. Less than 1 year
- D. 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?

- A. Yes *[Ask Q24]*
- B. No *[If Q19 = Yes, Skip to Q25; If Q19 = B, C, or D, Terminate – Disposition = No Services]*
- C. Don't know *[If Q19 = Yes, Skip to Q25; If Q19 = B, C, or D, Terminate – Disposition = No Services]*
- D. Refused *[If Q19 = Yes, Skip to Q25; If Q19 = B, C, or D, Terminate – Disposition = No Services]*

24. How long has {child's name} received psychiatric family support services?

- A. Less than 1 year
- B. 1 year or more

25. In the past 12 months, has {child's name} seen a pediatrician or any other medical professional for an emotional or behavioral problem?

- A. Yes
- B. No
- C. Don't know
- D. Refused

27. In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of an emotional/behavioral problem?

- A. Yes
- B. No

- C. Don't know
- D. Refused

28. **In the past 12 months, has {child's name} participated in a mental health support or self-help group, such as peer counseling?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

29. **In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders? (If respondent asks, say) such as On Our Own, depression support group, family support group, parenting group)**

- A. Yes
- B. No
- C. Don't know
- D. Refused

31. **Is {child's name} on medication for emotional or behavioral problems?**

- A. Yes
- B. No *[Skip to QNew1]*
- C. Don't know *[Skip to QNew1]*
- D. Refused *[Skip to QNew1]*

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

New 1. **Does {child's name} have any siblings?**

- A. Yes
- B. No *[Skip to Q34]*
- C. Don't know *[Skip to Q34]*
- D. Refused *[Skip to Q34]*

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 use problem, such as an 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 use services?**

- A. Yes
- B. No *[Skip to Q37]*
- C. Don't know *[Skip to Q37]*
- D. Refused *[Skip to Q37]*

35. **Was {child's name} able to receive substance use services?**

- A. Yes
- B. No *[Skip to Q37]*
- C. Don't know *[Skip to Q37]*
- D. Refused *[Skip to Q37]*

36. **Were you satisfied with {child's name}'s substance use 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, or crisis bed because of a substance use problem?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Thinking about {child's name} physical health care,

38. **Does {child's name} have a primary health care provider?**

- A. Yes
- B. No *[Skip to Q40]*
- C. Don't know *[Skip to Q40]*
- D. Refused *[Skip to Q40]*

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

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?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

Education/ Legal Section For Outpatient Services < 1 year.

[Ask Q15,Q18,Q46,Q47,Q48,Q43,Q44,Q45 if responded A,B,C on Q21, i.e. outpatient services < 1 year.]

Now, thinking about {child's name}'s school,

15. **Is {child's name} currently going to school?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

18. **Has {child's name} ever repeated a grade?**

- A. Yes
- B. No
- C. Don't know
- D. Refused

(Ask Q55 – Q70 if Q19 = Yes, received outpatient services)

Now, I am going to read a series of statements. Please answer thinking only about the outpatient mental health treatment services {child’s name} received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>Read Choices</i>					<i>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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.								
70. I felt free to complain.								

(Ask Q71 – Q86 if Q22 = Yes (received family support services))

(If asked Q71-Q86, i.e., received outpatient services:) **Now I am going to read you the same series of statements again.**

(If did not ask Q71-Q86, i.e., no outpatient services:) **Now I am going to read a series of statements.**

Please answer thinking about the family support services {child’s name} and your family received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	<i>Read Choices</i>					<i>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
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.								
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. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

As a direct result of all the mental health services my child and family received:

	<i>Read Choices</i>					<i>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<i>Don't Know</i>	<i>Refused</i>	<i>Does not Apply</i>
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.								

Next, thinking about your relationships with persons other than your mental health provider(s), as a direct result of the mental health services my child and family received:

	<i>Read Choices</i>					<i>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
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.								

Thinking about your overall satisfaction with all the mental health services {child's name} has received, do you agree or disagree with the following statement.

	<i>Read Choices</i>					<i>[These are Not Read]</i>		
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know	Refused	Does not Apply
101. Overall, I am satisfied with the mental health services my child received.								

Next, a few general questions about you.

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

5. Are you of Spanish, Hispanic, or Latino origin? (Caregiver)
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

4. **What is your race? (Caregiver) (Accept multiple responses)**
- A. **American Indian or Alaska Native**
 - B. **Asian**
 - C. **Black or African-American**
 - D. **Native Hawaiian or other Pacific Islander**
 - E. **White or Caucasian**
 - F. **Some other race (Specify other)**
 - G. Don't know
 - H. Refused

[Note: We received the following demographics (Q7, 8, 10, 11) in the database; we asked these questions only if these database fields were not available.]

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*
11. **Is {child's name} of Spanish, Hispanic, or Latino origin?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
10. **What is {child's name}'s race? (Accept multiple responses)**
- A. **American Indian or Alaska Native**
 - B. **Asian**
 - C. **Black or African-American**
 - D. **Native Hawaiian or other Pacific Islander**
 - E. **White or Caucasian**
 - F. **Some other race (Specify other)**
 - G. Don't know
 - H. Refused

This concludes the survey. Thank you for your time and cooperation.

Appendix F

The following terminology and definitions are in relation to this document only.

CATI (Computer Assisted Telephone Interviewing)

Computer software that manages sample maintenance and survey scripts and allows entry of survey responses directly to computer.

Mean

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

“N”

The number of participants who responded to a question.

Standard Deviation

A measure of the variability (dispersion or spread) of a set of numerical values about their mean (average). A lower standard deviation indicates less variability.

Stratified

Population separated into different subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the study.



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