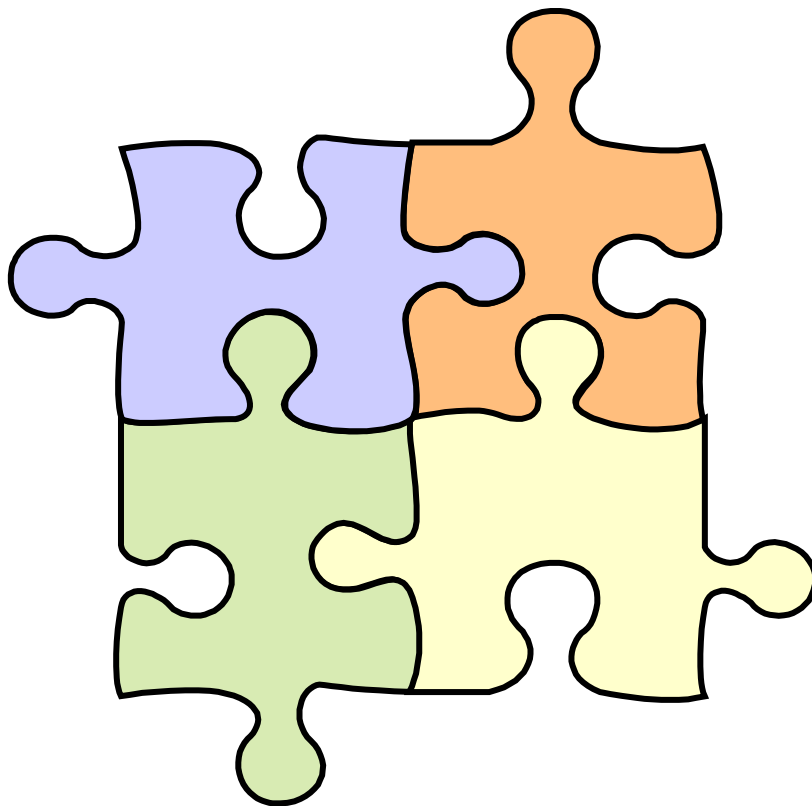


# Nebraska 2010 Behavioral Health Consumer Survey

## Summary of Results



Nebraska Department of Health and Human Services  
Division of Behavioral Health  
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## Nebraska 2010 Behavioral Health Consumer Surveys Summary of Results

### Introduction

During the spring and summer of 2010, the Department of Health and Human Services' (DHHS) Division of Behavioral Health conducted the annual Behavioral Health Consumer Surveys. The purpose of the surveys was to solicit input from persons receiving mental health and/or substance abuse services from the publicly-funded, community-based behavioral health system in Nebraska on the quality and impact of services received. The survey instruments used were:

- a) the **28-Item Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey** (augmented with 11 questions on improved functioning and social connectedness and one question on quality of life),
- b) the **MHSIP Youth Services Survey (YSS)**, and
- c) the **MHSIP Youth Services Survey for Families (YSS-F)**.

[Note: These survey instruments have been designated by the federal Center for Mental Health Services to meet the Federal Community Mental Health Services Block Grant, Uniform Reporting System requirements for Table 9: Social Connectedness & Improved Functioning and Table 11: Summary Profile of Client Evaluation of Care.]

### Methodology and Sample

The Division of Behavioral Health contracted with the University of Nebraska Medical Center - College of Public Health (UNMC) to conduct the 2010 Behavioral Health Consumer Surveys.<sup>1</sup>

The sample for the surveys included persons receiving mental health and/or substance abuse services from the Nebraska community-based Behavioral Health System. Magellan Behavioral Health supplied a list of names, addresses and phone numbers of current mental health/substance abuse consumers to UNMC. UNMC conducted the telephone interviews and entered responses from the phone and mail surveys into the survey database. Data from the surveys were compiled and analyzed by the Research and Performance Measurement unit in DHHS – Financial Services - Operations.

A letter to the consumer was prepared by the Division of Behavioral Health which introduced the survey and explained how the UNMC would be contacting them by phone to solicit their participation in the survey. The phone number of the consumer was included in the introductory letter. The letter was sent to the consumers in the sample, providing them with three options: 1) to be interviewed over the telephone by a professional interviewer; 2) to be sent a mail survey; or 3) to decline participation in the survey. The consumer was given a toll-free number to indicate their choice to participate, by phone or mail, or to decline participation.

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<sup>1</sup> Questions regarding the 2010 Behavioral Health Consumer Surveys should be directed to Jim Harvey, Department of Health and Human Services, Division of Behavioral Health at: 402-471-7824 or email: jim.harvey@nebraska.gov.

If the consumer did not respond to the letter, they were contacted by phone, when they were again given an opportunity to decline participation.

Interviewers for the Behavioral Risk Factor Surveillance System (BRFSS) conducted the telephone interviews. Consumers electing to receive a mail survey were sent a survey. If they did not respond within the designated time, they were sent a follow-up survey.

Of the 5,790 persons in the adult sample, nearly 800 declined to participate. An incorrect or non-working telephone number, or an incorrect address, had been provided for some consumers, so they could not be contacted. In all, 1,124 adult consumer surveys were completed, a 3% increase over 2009. (The confidence interval for the Adult survey was +/- 2.86% at the 95% confidence level.) Of the 701 youth (or parents) in the sample, 232 completed the survey. (The confidence interval for the Youth survey was +/- 6.21% at the 95% confidence level.)

Again in 2010 the Department incorporated questions from the Behavioral Health Risk Factor Surveillance System (BRFSS)<sup>2</sup>, a national survey of adults in all 50 states, into the consumer survey. These questions were added to gauge the physical health status of behavioral health consumers.

Survey data were analyzed by race, gender, age, type of services received, and service location (metro vs non-metro). In addition, the responses to multiple survey questions were combined into the following seven scales or “domains” (see Appendix A for the questions included in each scale, an explanation of the calculation of scale scores, and information on scale reliability):

- Access
- Quality and Appropriateness of Services
- Outcomes
- Participation in Treatment Planning
- General Satisfaction
- Functioning
- Social Connectedness

## **Survey Results**

### ***Adult Survey – Summary of Results***

Over half (55%) of the adult respondents in 2010 were female. The respondents ranged in age from 19 to 83, with an average age of 41 years. Most (85.8%) were White, 4.0% were Black and 2.9% were American Indian. About seven percent were Hispanic or Latino.

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<sup>2</sup>The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone health survey of adults ages 18 and over which has collected information on health conditions, health risk behaviors, preventive health practices and health care access in the U.S. since 1984. The BRFSS is used in all 50 states, the District of Columbia, Puerto Rico, Guam and the Virgin Islands. Over 350,000 persons are interviewed by the BRFSS each year, making it the largest telephone survey in the world.

Generally speaking, consumers appeared to be satisfied with the services they received from community mental health and/or substance abuse programs in Nebraska. In the area of **General Satisfaction**, most adult respondents (84.8%) were satisfied with services (Table 1). About 6.7% percent were dissatisfied with services, and 8.6% were neutral. More than three-fourths (80.3%) were satisfied with their level of involvement in treatment planning. Three-fourths (75.6%) responded positively to questions on the **Outcomes** scale. Most (88.7%) responded positively to the questions related to the **Quality and Appropriateness** of services, and 82.4% thought that the services were **Accessible**. Most consumers felt that the services they received improved their level of **Functioning** (81.6%) and **Social Connectedness** (78.5%).

While males tended to respond more positively than females on several of the scales (**Outcomes, Functioning** and **Social Connectedness**), none of the differences were statistically significant. Both males and females responded significantly more positively to questions in the **Quality/Appropriateness** domain than to questions in the **Outcomes, Participation in Treatment Planning**, and **Social Connectedness** domains.

Persons aged 65 and older tended to respond more positively to the survey than the other age groups. Persons aged 65 and older responded significantly more positively than persons ages 25-44 on the **General Satisfaction** scale, and significantly more positively than all other age groups (19-24, 25-44, 45-64) on the **Participation in Treatment Planning** scale.

There were no significant differences between responses for White, non Hispanic adults versus non-White or Hispanic adults. Consumers who were White, Non-Hispanic responded significantly more positively to the questions regarding **Appropriateness/Quality** of services than they did to questions regarding **Outcomes, Social Connectedness** and **Functioning**. There were no significant differences among the scales for persons who were non-White or Hispanic.

**TABLE 1: Agreement Rates by Consumer Characteristics/Services Received/Provider Location**

	Access	Quality/ Approp	Outcomes	Participation in Treatment Planning	Gen Satis	Func	Soc Conn
<b>All Respondents</b>	<b>82.4%</b>	<b>88.7%</b>	<b>75.6%</b>	<b>80.3%</b>	<b>84.8%</b>	<b>81.6%</b>	<b>78.5%</b>
<b>Gender</b>							
Male	82.2%	88.6%	77.6%	80.3%	84.0%	82.7%	80.2%
Female	82.5%	88.8%	73.9%	80.3%	85.4%	80.7%	77.0%
<b>Age</b>							
19-24 years	79.8%	91.4%	69.6%	78.9%	82.8%	85.3%	84.8%
25-44 years	82.8%	90.2%	78.6%	83.2%	84.5%	85.4%	79.9%
45-64 years	83.0%	87.1%	74.3%	76.6%	86.1%	77.6%	76.4%
65+ years	90.0%	92.9%	86.2%	100.0%	93.5%	86.7%	86.7%
<b>Race/Ethnicity:</b>							
White, non Hispanic	82.4%	89.2%	75.0%	80.5%	85.1%	81.5%	78.0%
Non-White or Hispanic	83.7%	87.1%	79.4%	80.5%	83.2%	82.6%	81.8%

### ***Mental Health versus Substance Abuse Services***

Respondents were asked the type of services they had received in the last 12 months. Persons receiving **both** mental health and substance abuse services in the last 12 months tended to respond more positively on all seven scales than persons receiving mental health services only (Table 2).

In addition, persons receiving substance abuse services only responded significantly more positively than persons receiving mental health services only on two scales: **Social Connectedness** and **Functioning**. There were also some significant differences for individual survey questions. For example, persons receiving substance abuse services responded significantly more positively than persons receiving mental health services to the following questions:

*As a result of the services received:*

*26. I do better in school and/or work.*

*28. My symptoms are not bothering me as much.*

*31. I am better able to handle things when they go wrong.*

*34. I have people with whom I can do enjoyable things.*

*35. I feel I belong in my community.*

**TABLE 2: Agreement Rates by Type of Services Received in Last 12 Months**

	Access	Quality/ Approp	Outcomes	Participation in Treatment Planning	Gen Satis	Func	Soc Conn
<b>Services Received Last 12 Months:</b>							
MH Only	83.4%	86.4%	72.3%	78.6%	85.8%	76.2%	72.7%
SA Only	82.6%	93.0%	84.2%	82.1%	85.5%	88.0%	89.2%
Both MH and SA	87.1%	94.4%	82.6%	85.5%	89.4%	87.9%	84.8%
No Services	79.1%	88.7%	74.0%	79.3%	82.1%	83.0%	78.7%

### ***Behavioral Health Region/Metro – Non-Metro Service Providers***

Although the response rates for some of the Behavioral Health Regions were too low to report on separately, there did not appear to be any significant differences among the six Regions on any of the seven scales; however, there appeared to be some significant differences *among the seven scales within* some Regions. For example, in Region 2, consumers responded significantly more positively to questions about the **Appropriateness/Quality** of services than to questions about **Outcomes** or **Social Connectedness**. Consumers in Regions 4, 5 and 6 also responded more positively to questions about **Appropriateness/Quality** of services than to questions about **Outcomes**. Consumers in Region 5 responded significantly more positively to questions about **Functioning** than to questions about **Social Connectedness**.

Responses for metro providers (those located in the Omaha/Lincoln metro areas) were compared to responses for non-metro providers (those outside the Omaha/Lincoln metro areas). Respondents receiving services from non-metro providers responded more positively than respondents receiving services from metro providers to questions on six of the seven scales, although none of the differences were statistically significant (Table 3).

**TABLE 3: Agreement Rates by Location of Service Provider**

	Access	Quality/ Approp	Outcomes	Participation in Treatment Planning	Gen Satis	Func	Soc Conn
<b>Provider Location:</b>							
Metro	79.9%	87.8%	76.2%	79.2%	84.4%	80.5%	78.0%
Non-Metro	84.9%	89.7%	75.0%	81.5%	85.1%	82.8%	78.9%

### *Length of Time Receiving Services*

The length of time a person received services had an effect on their overall satisfaction with services. Persons who had received services for a year or more responded significantly more positively to the questions about **General Satisfaction**; however, they responded significantly **less** positively to questions about **Functioning**.

Overall, in 2010, consumers responded significantly **more** positively than in 2009 to the following survey questions:

I am happy with the friendships I have.

I feel I belong in my community.

In a crisis, I would have the support I need from family or friends.

### *Scale Summaries – 2006-2010*

Table 4 compares the responses from the 2006 to 2010 adult surveys for each of the seven MHSIP domains (scales). The responses were more positive for six of the seven domains from the 2009 survey to the 2010 survey. In 2010, the responses to five of the domains were more positive than for any of the previous five years: **Access, Quality/Appropriateness, Outcomes, Participation in Treatment Planning, and Functioning**.

**TABLE 4: Agreement Rate by Scale – 2006-2010**

	2006	2007	2008	2009	2010
<b>Access</b>	77.1%	81.4%	76.3%	82.1%	82.4%
<b>Quality/Appropriateness</b>	82.2%	84.9%	81.9%	87.8%	88.7%
<b>Outcomes</b>	68.4%	72.9%	72.0%	71.5%	75.6%
<b>General Satisfaction</b>	78.6%	81.1%	75.9%	86.3%	84.8%
<b>Participation in Treatment Planning</b>	73.0%	78.1%	73.1%	79.8%	80.3%
<b>Functioning</b>	71.4%	77.4%	80.4%	73.7%	81.6%
<b>Social Connectedness</b>	87.7%	74.5%	76.3%	75.2%	78.5%

A summary of the responses to the 28-item MHSIP survey for adults for 2010, plus the eight questions related to improved Functioning and Social Connectedness, can be found in Appendix B.

### ***Physical Health Status of Adult Behavioral Health Consumers***

To measure the presence of chronic physical health conditions among behavioral health clients, six questions from the Behavioral Health Risk Factor Surveillance System (BRFSS) were included on the consumer survey in 2010:

*Has a doctor, nurse, or other health professional ever told you that:*

- a) you had a heart attack (also called a myocardial infarction)?*
- b) you had angina or coronary heart disease?*
- c) you had a stroke?*
- d) your blood cholesterol was high?*
- e) you had high blood pressure?*
- f) you had diabetes?*

The most common chronic health conditions among behavioral health consumers were high blood cholesterol (31.9%) and high blood pressure (31.7%). One in nine (11.6%) had Diabetes. Fewer than one in 25 behavioral health consumers reported having been told by a health care professional that they had angina or coronary heart disease (3.6%), a heart attack (3.2%), or a stroke (3.0%).

When asked whether they smoked cigarettes, half (50.2%) indicated that they did not smoke, 41.3% reported that they smoked every day, and 8.2% reported that they smoked “some days”.

When asked to assess their general health, 10.1% rated their general health as “Excellent”; 23.0% rated their general health as “Very Good”; 39.1% rated their general health as “Good”; 19.9% rated their general health as “Fair”; and 7.3% rated their general health as “Poor”.

Adult consumers were then asked two questions about the number of days in the previous 30 days that their physical or mental health was not good:

- 1) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?*
- 2) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?*

Respondents reported an average of 6.3 days in the previous 30 days that their physical health was not good, down from 8.1 days in 2009. Consumers reported an average of 8.1 days in the previous 30 days that their mental health was not good, down from an average of 9.5 days in 2009.

Consumers were then asked how many days during the past 30 days that poor physical or mental health kept them from doing their usual activities. Over one-third (39.1%) reported that



there were no days in the past 30 days when poor physical or mental health kept them from doing their usual activities. The average number of days when poor physical or mental health kept them from doing their usual activities was 7.3 days.

Differences were noted between persons admitted primarily for a mental health problem versus those admitted primarily for a substance abuse problem. Table 5 shows the differences between the two groups for selected questions.

Persons receiving mental health services were more likely than persons receiving substance abuse services to have high cholesterol and diabetes. Persons receiving mental health services reported more days when their physical and mental health were not good, and more days when poor physical or mental health kept them from doing their usually activities. Persons receiving mental health services were more likely than persons receiving substance abuse services to be obese (41.3% vs 28.7%, respectively), and to be underweight, while persons receiving substance abuse services were more likely to be of normal weight. Persons receiving substance abuse services were more likely to be smokers and to report their general health status as Good, Very Good, or Excellent.

Responses to the health questions on the consumer survey were compared to responses to the BRFSS for the general adult population in Nebraska for the latest year available. Those comparisons are shown in Table 5. Behavioral health consumers were slightly more likely than the general adult population to report having high blood pressure. Mental health consumers were about twice as likely as the general population to report having Diabetes. Behavioral health consumers, especially those receiving substance abuse services, were much more likely than the general population to report smoking cigarettes on a daily basis. The general population rated their health status significantly better than the behavioral health consumers. Behavioral health consumers experienced significantly more days in the past 30 days when their physical and/or mental health were not good, as compared to the general population.

**TABLE 5: Differences on BRFSS Questions Between Persons Receiving Mental Health versus Substance Abuse Services and the General Adult Population in Nebraska**

	Primary Reason for Admission		Nebraska General Population
	MH	SA	
<b>Physical Health Conditions:</b>			
Heart Attack or Myocardial Infarction	3.3%	4.9%	<b>3.9%</b>
Angina or Coronary Heart Disease	4.2%	2.6%	<b>4.0%</b>
Stroke	3.3%	2.6%	<b>2.4%</b>
High Blood Cholesterol	36.6%	26.0%	<b>36.6%</b>
High Blood Pressure	35.8%	31.3%	<b>26.5%</b>
Diabetes	15.3%	6.8%	<b>7.4%</b>
<b>Cigarette Smoking:</b>			
Every Day	41.6%	58.6%	<b>14.0%</b>
Some Days	7.6%	8.6%	<b>5.2%</b>
Does Not Smoke	50.8%	32.7%	<b>80.8%</b>
<b>General Health Status:</b>			
Excellent	8.5%	12.8%	<b>20.5%</b>
Very Good	21.9%	25.9%	<b>36.6%</b>
Good	38.7%	42.5%	<b>30.9%</b>
Fair	23.1%	13.5%	<b>9.2%</b>
Poor	7.8%	5.3%	<b>2.8%</b>
<b>In the Past 30 Days:</b>			
Average Days Physical Health Not Good	7.0	4.3	<b>2.8</b>
Average Days Mental Health Not Good	9.3	6.5	<b>2.5</b>
Average Days Poor Health Prevented Usual Activities	8.1	6.6	<b>3.3</b>
Average Days of Binge Drinking	0.8	1.6	<b>NA</b>
<b>Body Mass Index Category:</b>			
Obese	41.3%	28.7%	<b>27.3%</b>
Overweight	32.7%	33.3%	<b>37.0%</b>
Normal Weight	25.1%	36.4%	<b>35.7%</b>
Underweight	0.9%	1.6%	

### ***Youth Survey***

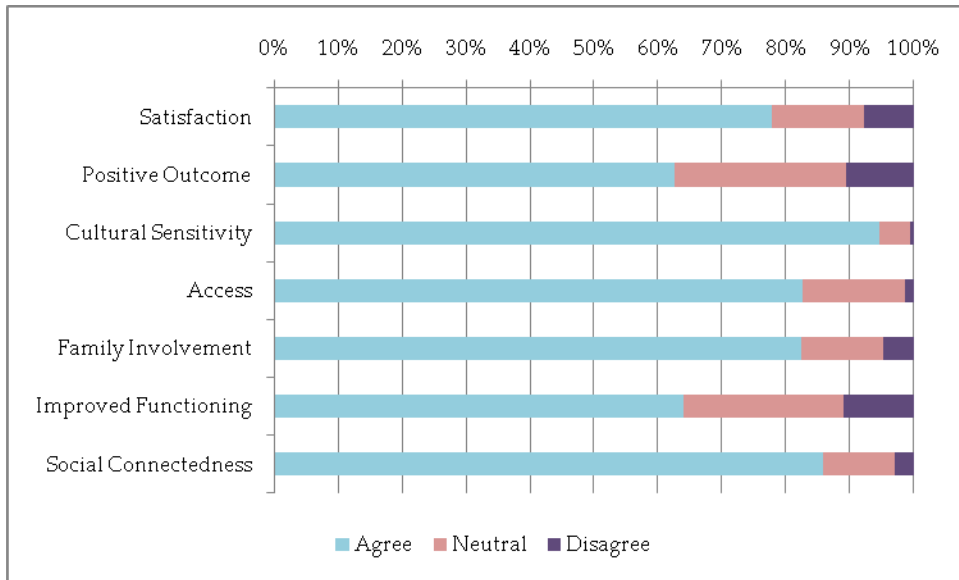
A total of 232 MHSIP youth surveys were completed in 2010, up from 131 in 2009. In most cases, a parent or guardian responded on behalf of the child receiving services. More surveys were completed for boys (62.5%) than for girls (37.5%). The youth's ages ranged from 4 years to 19 years, with an average age of 14.1 years. Most of the respondents were White, non Hispanic (72%); 28% were non-White or Hispanic. Half (51%) have Medicaid coverage. Over half (56%) had not received services in the past 12 months; 30% had received community mental health services in the past 12 months, and 13% had received community alcohol or drug abuse services in the past 12 months.

For the Youth survey, responses for multiple questions were combined into the following five scales or "domains" (see Appendix A for the questions included in each): Satisfaction, Positive Outcome, Cultural Sensitivity, Access and Family Involvement.

**Youth Survey – Summary of Results<sup>3</sup>**

Most of the respondents (77.9%) to the Youth Survey indicated that they were satisfied with the services their child received (Figure 1). Eight percent (7.8%) were dissatisfied with the services their child received, and 14.3% were neutral. The most positive responses were in the **Cultural Sensitivity** domain – 94.6% responded positively. The responses to the 2010 survey were more positive than responses to the 2009 survey on all scales except the **Social Connectedness** scale.

**Figure 1**  
**Statewide Summary – MHSIP Scales – Youth**



A summary of the responses to the MHSIP survey for youth for 2010 can be found in Table 3, Appendix B.

**Physical Health Status of Youth Behavioral Health Consumers**

The youth/parents were asked some of the same health questions from the BRFSS as the adults. When asked to rate the youth’s general health, about one-third (32.3%) rated their general health as Excellent, 30.5% rated their general health as Very Good, and 25.9% rated their general health as Good. One in nine (9.5%) rated their general health as either Fair or Poor.

The youth reported an average of 1.2 days in the past 30 days that their physical health was not good, 7.5 days when their mental health was not good, and 2.4 days when poor physical or mental health kept them from doing their usual activities. When asked whether the child, in the past 30 days, participated in any physical activity or exercises such as running, sports, swimming, PE or walking for exercise, 84.1% said “yes”, 12.1% said “no”, and 3.4% weren’t sure.

<sup>3</sup> Because of the small sample size, and the large confidence interval (+/-6.2%), caution should be exercised in interpreting the results of the Youth Survey.

The youth's weight, height, gender, and age were used to determine their weight status. Three percent were considered underweight, over half (56.5%) were considered to have healthy weight, 15.5% were classified as overweight, and 25.0% were classified as obese.

### Quality of Life Question

One question was added to the 2010 surveys to gauge the impact of services on the quality of life for consumers: *The services you received at [Provider Name] has improved your quality of life.* Most adults (82.2%) responded positively to this question. Nearly three-fourths (72.2%) of the youth responded positively to this question.

Table 6 provides a summary of the responses to this question for the adult and youth surveys. Persons receiving both mental health and substance abuse services responded more positively to this question than persons receiving only mental health or only substance abuse services. Persons receiving services for a year or more also responded more positively to this question than persons receiving services for less than one year. For the adults, the responses were more positive in the older age groups than in the younger age groups. For youth, the responses were the most positive for children under six years of age.

**TABLE 6: Summary of Responses to the Quality of Life Question**

	Adult Survey	Youth Survey
<b>All Respondents</b>	<b>82.2%</b>	<b>72.2%</b>
<b>Type of Services Received:</b>		
Mental Health Services Only	84.4%	66.1%
Substance Abuse Services Only	83.0%	80.0%
Both MH and SA Services	86.2%	100.0%
No Services Last 12 Months	78.0%	70.1%
<b>Length of Time Receiving Services:</b>		
Less Than One Year	77.8%	67.8%
One Year or More	85.7%	78.9%
<b>Gender:</b>		
Male	82.3%	74.3%
Female	82.2%	68.6%
<b>Race/Hispanic Origin:</b>		
White, non-Hispanic	82.3%	71.9%
Non-White, or Hispanic	81.7%	73.0%
<b>Age:</b>		
< 6 Years	NA	83.3%
6-9 Years	NA	73.9%
10-14 Years	NA	69.0%
15-18 Years	NA	74.6%
19-24 Years	77.4%	NA
25-44 Years	81.6%	NA
45-64 Years	83.8%	NA
65+ Years	93.3%	NA

### Survey Sample and Response Rates

Table 7 shows a summary of sample size and response rates for the last six years. The response rate for the Adult survey increased from 29% in 2009 to 37% in 2010. For the Youth survey, the response rate increased from 32% in 2009 to 57% in 2010.

**TABLE 7: Survey Sample Size and Response Rates – 2005-2010**

Adult Survey	2005	2006	2007	2008	2009	2010
a. How many Surveys were Attempted (sent out or calls initiated)?	4,821	3,592	5,198	5,980	8,407	5,790
b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	1,567	1,471	2,145	3,238	3,748	3,001
c. How many surveys were completed? (survey forms returned or calls completed)	749	795	1,173	1,019	1,090	1,124
d. What was your response rate? (number of Completed surveys divided by number of Contacts)	48%	54%	55%	31%	29%	37%
Youth Survey	2005	2006	2007	2008	2009	2010
a. How many Surveys were Attempted (sent out or calls initiated)?	768	1,567	1,037	784	928	701
b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)	497	880	537	306	423	410
c. How many surveys were completed? (survey forms returned or calls completed)	235	465	254	128	135	232
d. What was your response rate? (number of Completed surveys divided by number of Contacts)	47%	53%	47%	42%	32%	57%

Table 8 shows a summary of the data reported by the Division of Behavioral Health to the Center for Mental Health Services for the Federal Community Mental Health Services Block Grant, Uniform Reporting System Table 11: Summary Profile of Client Evaluation of Care for 2008 through 2010. For the adult survey the responses in 2010 were more positive than the responses in 2009 for four of the five domains: **Access, Quality and Appropriateness, Outcomes, and Participation in Treatment Planning**. The responses for the fifth domain – **General Satisfaction** – were slightly lower in 2010 than in 2009. For the Youth Survey, improvement from 2009 to 2010 was seen in all five domains reported: **General Satisfaction, Outcomes, Participation in Treatment Planning and Cultural Sensitivity**.

**TABLE 8: Summary Profile of Client Evaluation of Care/Nebraska Consumer Survey Results (URS Table 11)**

Report Year (Year Survey was Conducted)	2008			2009			2010		
	Number of Positive Responses	Responses	Percent	Number of Positive Responses	Responses	Percent	Number of Positive Responses	Responses	Percent
<b>Adult Consumer Survey Results:</b>									
1. Percent Reporting Positively About <b>Access</b> .	743	974	76.3%	870	1,060	82.1%	918	1,114	82.4%
2. Percent Reporting Positively About <b>Quality and Appropriateness</b> for Adults.	793	968	81.9%	918	1,046	87.8%	978	1,102	88.7%
3. Percent Reporting Positively About <b>Outcomes</b> .	688	955	72.0%	739	1,033	71.5%	822	1,087	75.6%
4. Percent of Adults Reporting on <b>Participation in Treatment Planning</b> .	638	873	73.1%	788	988	79.8%	849	1,057	80.3%
5. Percent of Adults Reporting Positively about <b>General Satisfaction</b> with Services.	767	1,010	75.9%	928	1,075	86.3%	951	1,122	84.8%
<b>Child/Adolescent Consumer Survey Results:</b>									
1. Percent Reporting Positively About <b>Access</b> .	100	128	78.1%	101	135	74.8%	190	230	82.6%
2. Percent Reporting Positively About <b>General Satisfaction</b> for Children.	86	127	67.7%	98	134	73.1%	180	231	77.9%
3. Percent Reporting Positively About <b>Outcomes</b> for Children.	73	125	58.4%	80	132	60.6%	143	228	62.7%
4. Percent of Family Members Reporting on <b>Participation in Treatment Planning</b> For Their Children.	85	127	66.9%	100	134	74.6%	188	228	82.5%
5. Percent of Family Members Reporting High <b>Cultural Sensitivity</b> of Staff. (Optional)	105	128	82.0%	115	134	85.8%	211	223	94.6%

### Summary

There were a number of areas of improvement in 2010. For example, the survey response rates in 2010 were higher than in 2009 for both the adult and youth surveys. In addition, the confidence interval for the adult surveys was +/- 2.86% at the 95% confidence level in 2010, about the same as in 2009; however, the confidence interval for the youth surveys was +/-6.21% in 2010, compared to +/- 7.9% in 2009, a reflection of the higher response rate in 2010.

For the adult survey, responses to many of the questions on the survey were more positive in 2010 than in 2009, especially for the **Outcomes**, **Functioning** and **Social Connectedness**. However, the responses for the **Outcomes** and **Social Connectedness** domains continue to be the lowest of the seven domains.

There were some positive improvements in physical health conditions from 2009 to 2010. For example, fewer persons reported having had a heart attack, angina, high blood pressure, or diabetes in 2010 than in 2009. On the other hand, more people reported smoking cigarettes on a daily basis in 2010 than in 2009. Also, fewer persons reported being obese in 2010, but more persons reported being overweight.

In general, consumers reported that the services they received from community-based mental health and/or substance abuse programs had improved the quality of their lives. This was true especially for persons who received both mental health and substance abuse services. This is consistent with the results reported in Table 2, suggesting that when consumers are dealing with both mental health and substance abuse issues, receiving services that address both issues yields more positive results.

## Appendix A

### Adult Survey Questions<sup>1</sup> and MHSIP Scales

The 28 items on the MHSIP Adult Survey were grouped into five scales. The grouping of the items into the five scales is consistent with the groupings required for the national Center for Mental Health Services' Uniform Reporting System. Below are the five scales and the survey questions included in each scale.

#### Access:

1. The location of services was convenient (parking, public transportation, distance, etc.).
2. Staff were willing to see me as often as I felt it was necessary.
3. Staff returned my call in 24 hours.
4. Services were available at times that were good for me.
5. I was able to get all the services I thought I needed.
6. I was able to see a psychiatrist when I wanted to.

#### Quality and Appropriateness:

1. I felt free to complain.
2. I was given information about my rights.
3. Staff encouraged me to take responsibility for how I live my life.
4. Staff told me what side effects to watch out for.
5. Staff respected my wishes about who is and who is not to be given information about my treatment.
6. Staff here believe that I can grow, change and recover.
7. Staff were sensitive to my cultural background (race, religion, language, etc.).
8. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
9. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.)

#### Outcomes:

As a Direct Result of Services I Received:

1. I deal more effectively with daily problems.
2. I am better able to control my life.
3. I am better able to deal with crisis
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and/or work.
7. My housing situation has improved.
8. My symptoms are not bothering me as much.

#### Participation in Treatment Planning:

1. I felt comfortable asking questions about my treatment and medication.
2. I, not staff, decided my treatment goals.

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<sup>1</sup> Possible Responses: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree



**General Satisfaction:**

1. I like the services that I received here.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.

Two additional scales (and the questions included in each) were included in the 2010 survey.

**Functioning:**

As a Direct Result of Services I Received:

1. My symptoms are not bothering me as much.
2. I do things that are more meaningful to me.
3. I am better able to take care of my needs.
4. I am better able to handle things when they go wrong.
5. I am better able to do the things that I want to do.

**Social Connectedness:**

1. I am happy with the friendships I have.
2. I have people with whom I can do enjoyable things.
3. I feel I belong to my community.
4. In a crisis, I would have the support I need from family or friends.

**Youth Survey Questions and MHSIP Scales**

The Youth survey questions and MHSIP scales were:

**Satisfaction:**

1. Overall I am satisfied with the services my child received.
2. The people helping my child stuck with us no matter what.
3. I felt my child had someone to talk to when he/she was troubled.
4. The services my child and/or family received were right for us.
5. My family got the help we wanted for my child.
6. My family got as much help as we needed for my child.

**Positive Outcome:**

As a result of the services my child and/or family received:

1. My child is better at handling daily life.
2. My child gets along better with family members.
3. My child gets along better with friends and other people.
4. My child is doing better in school and/or work.
5. My child is better able to cope when things go wrong.
6. I am satisfied with our family life right now.

**Cultural Sensitivity:**

1. Staff treated me with respect
2. Staff respected my family's religious/spiritual beliefs.
3. Staff spoke with me in a way that I understood.

4. Staff were sensitive to my cultural/ethnic background.

**Access:**

1. The location of services was convenient for us.
2. Services were available at times that were convenient for us.

**Family Involvement:**

1. I helped to choose my child's services.
2. I helped to choose my child's treatment goals.
3. I participated in my child's treatment.

**Improved Functioning:**

As a result of the services my child and/or family received:

1. My child is better at handling daily life.
2. My child gets along better with family members.
3. My child gets along better with friends and other people.
4. My child is doing better in school and/or work.
5. My child is better able to cope when things go wrong.

**Social Connectedness:**

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

***Calculation of Survey Scale Scores***

The following methodology was used to calculate the survey scale scores:

1. Respondents with more than 1/3<sup>rd</sup> of the items in the scale either missing or marked "not applicable" were excluded.
2. For those respondents remaining, an average score for all items in the scale was calculated
3. For each scale, the number of average scores from Step 2 that were 2.49 or lower were counted (scores that, when rounded, represent "Agree" or "Strongly Agree" responses).
4. For each scale, the count from Step 3 was divided by the count of "remaining" records from Step 1 to obtain a percent of positive responses.

For example:

1. Of the 1,124 Adult surveys, 10 had more than 1/3<sup>rd</sup> of the items in the **Access** scale either missing or marked "not applicable". Those 10 surveys were excluded from the calculation of the **Access** scale, leaving 1,114 surveys to be included in the calculation.
2. Average scale scores were calculated for each of the 1,114 surveys
3. Of the 1,114 remaining surveys:

- 918 had average scores of 2.49 or lower (Agree/Strongly Agree)  
 155 had average scores between 2.50 and 3.49 (Neutral)  
 41 had average scores of 3.50 or higher (Disagree/Strongly Disagree)
4. The percent of “positive” responses for the **Access** scale was 918 (from Step 3) divided by 1,114 (from Step 1) = **82.4**.

### Scale Reliability

Cronbach’s alpha was used to measure internal consistency among the items in each scale. With the exception of the Adult **Participation in Treatment Planning** scale and the Youth **Access** scale, the results show consistency in measurement (reliability) among the items included in each scale.

<b>Adult Scales (# of Items)</b>	<b>Alphas</b>
Access (6)	.863
Quality and Appropriateness (9)	.917
Outcomes (8)	.921
Participation in Treatment Planning (2)	.684
General Satisfaction (3)	.893

<b>Additional Adult Scales (# of Items)</b>	<b>Alphas</b>
Improved Functioning (5)	.907
Social Connectedness (4)	.849

<b>Youth Scales (# of Items)</b>	<b>Alphas</b>
Satisfaction (6)	.931
Positive Outcome (6)	.927
Cultural Sensitivity (4)	.879
Access (2)	.611
Family Involvement (3)	.809

<b>Additional Youth Scales (# of Items)</b>	<b>Alphas</b>
Improved Functioning (5)	.936
Social Connectedness (4)	.824

## **Appendix B**

**Table 1**  
**2010 Adult Consumer Survey**  
**Summary of Results**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/ Strongly Agree
1. I like the services that I received here.	475	514	65	30	36	4	88.3%
2. If I had other choices, I would still get services from this agency.	403	489	73	100	40	19	80.7%
3. I would recommend this agency to a friend or family member.	496	478	63	50	31	6	87.1%
4. The location of services was convenient (parking, public transportation, distance, etc.).	372	564	65	71	29	23	85.0%
5. Staff were willing to see me as often as I felt it was necessary.	449	523	57	43	26	26	88.5%
6. Staff returned my calls within 24 hours.	357	503	62	71	27	104	84.3%
7. Services were available at times that were good for me.	419	589	36	46	23	11	90.6%
8. I was able to get all the services I thought I needed.	410	527	59	81	40	7	83.9%
9. I was able to see a psychiatrist when I wanted to.	302	432	81	83	42	184	78.1%
10. Staff here believe that I can grow, change and recover.	466	491	74	26	22	45	88.7%
11. I felt comfortable asking questions about my treatment and medication.	453	524	51	34	17	45	90.5%
12. I felt free to complain.	366	569	71	67	18	33	85.7%
13. I was given information about my rights.	428	584	44	30	14	24	92.0%
14. Staff encouraged me to take responsibility for how I live my life.	435	539	64	32	18	36	89.5%
15. Staff told me what side effects to watch out for.	340	504	67	68	27	118	83.9%
16. Staff respected my wishes about who and who is not to be given information about my treatment.	490	520	47	19	19	29	92.2%
17. I, not staff, decided my treatment goals.	341	538	98	83	30	34	80.6%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	383	556	66	16	16	87	90.5%
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	388	580	57	45	24	30	88.5%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	298	512	95	82	20	17	80.4%
As a result of the services received:							
21. I deal more effectively with daily problems.	368	550	99	58	23	26	83.6%
22. I am better able to control my life.	355	567	96	61	18	27	84.0%
23. I am better able to deal with crisis.	311	580	123	61	18	31	81.5%
24. I am getting along better with my family.	310	530	141	58	17	68	79.5%
25. I do better in social situations.	268	532	157	88	24	55	74.8%
26. I do better in school and/or work.	217	425	131	60	21	270	75.2%
27. My housing situation has improved.	247	432	162	97	24	162	70.6%
28. My symptoms are not bothering me as much.	280	514	122	129	32	47	73.7%
29. I do things that are more meaningful to me.	313	577	116	74	10	34	81.7%
30. I am better able to take care of my needs.	316	606	104	54	14	30	84.3%
31. I am better able to handle things when they go wrong.	299	572	121	77	21	34	79.9%
32. I am better able to do the things that I want to do.	285	574	131	82	17	35	78.9%
33. I am happy with the friendships I have.	341	606	85	69	13	10	85.0%
34. I have people with whom I can do enjoyable things.	351	610	81	59	12	11	86.3%
35. I feel I belong in my community.	295	562	151	76	28	12	77.1%
36. In a crisis, I would have the support I need from family or friends.	431	556	78	42	11	6	88.3%
36a. The services you received at [Provider Name] has improved your quality of life.	340	548	111	48	33	44	82.2%

**Table 2**  
**2009 and 2010 Adult Consumer Surveys**  
**Confidence Intervals (CI)**

1 = Strongly Agree; 5 = Strongly Disagree	2009			2010		
	Mean	SD	95% CI	Mean	SD	95% CI
1. I like the services that I received here.	1.71	0.862	1.66-1.76	1.78	0.912	1.73-1.83
2. If I had other choices, I would still get services from this agency.	1.87	0.965	1.81-1.93	1.99	1.058	1.93-2.05
3. I would recommend this agency to a friend or family member.	1.73	0.891	1.68-1.78	1.79	0.940	1.73-1.85
4. The location of services was convenient.	1.84	0.918	1.78-1.90	1.93	0.942	1.87-1.99
5. Staff were willing to see me as often as I felt it was necessary.	1.76	0.869	1.71-1.81	1.79	0.888	1.74-1.84
6. Staff returned my calls within 24 hours.	1.90	0.996	1.84-1.96	1.93	0.961	1.87-1.99
7. Services were available at times that were good for me.	1.77	0.862	1.72-1.82	1.80	0.849	1.75-1.85
8. I was able to get all the services I thought I needed.	1.90	1.012	1.84-1.96	1.94	1.015	1.88-2.00
9. I was able to see a psychiatrist when I wanted to.	2.08	1.091	2.01-2.15	2.08	1.076	2.01-2.15
10. Staff here believe that I can grow, change and recover.	1.77	0.844	1.72-1.82	1.75	0.846	1.70-1.80
11. I felt comfortable asking questions about my treatment and medication.	1.75	0.890	1.70-1.80	1.74	0.817	1.69-1.79
12. I felt free to complain.	1.93	0.980	1.87-1.99	1.90	0.886	1.85-1.95
13. I was given information about my rights.	1.75	0.830	1.70-1.80	1.74	0.767	1.69-1.79
14. Staff encouraged me to take responsibility for how I live my life.	1.77	0.812	1.72-1.82	1.77	0.820	1.72-1.82
15. Staff told me what side effects to watch out for.	2.01	0.982	1.95-2.07	1.94	0.956	1.88-2.00
16. Staff respected my wishes about who and who is not to be given information about my treatment.	1.69	0.827	1.64-1.74	1.68	0.785	1.63-1.73
17. I, not staff, decided my treatment goals.	1.99	0.924	1.93-2.05	2.01	0.978	1.95-2.07
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	1.76	0.801	1.71-1.81	1.77	0.763	1.72-1.82
19. Staff helped me obtain information that I needed so that I could take charge of managing my illness.	1.84	0.881	1.79-1.89	1.85	0.863	1.80-1.90
20. I was encouraged to use consumer-run programs (support groups, drop-in clinics, crisis phone line, etc.)	2.00	0.965	1.94-2.06	2.02	0.946	1.96-2.08
<b>As a result of the services received:</b>						
21. I deal more effectively with daily problems.	1.93	0.886	1.88-1.98	1.92	0.906	1.87-1.97
22. I am better able to control my life.	1.96	0.896	1.91-2.01	1.92	0.881	1.87-1.97
23. I am better able to deal with crisis.	2.03	0.931	1.97-2.09	1.99	0.877	1.94-2.04
24. I am getting along better with my family.	2.04	0.986	1.98-2.10	2.00	0.890	1.95-2.05
25. I do better in social situations.	2.22	1.027	2.16-2.28	2.13	0.956	2.07-2.19
26. I do better in school and/or work.	2.21	1.021	2.14-2.28	2.11	0.948	2.05-2.17
27. My housing situation has improved.	2.22	1.020	2.15-2.29	2.19	1.009	2.13-2.25
28. My symptoms are not bothering me as much.	2.28	1.087	2.21-2.35	2.18	1.043	2.12-2.24
29. I do things that are more meaningful to me.	2.06	0.919	2.00-2.12	1.98	0.865	1.93-2.03
30. I am better able to take care of my needs.	1.99	0.878	1.94-2.04	1.94	0.833	1.89-1.99
31. I am better able to handle things when they go wrong.	2.13	0.973	2.07-2.19	2.04	0.917	1.99-2.09
32. I am better able to do the things that I want to do.	2.13	0.958	2.07-2.19	2.06	0.906	2.01-2.11
33. I am happy with the friendships I have.*	2.05	0.947	1.99-2.11	1.93	0.855	1.88-1.98
34. I have people with whom I can do enjoyable things.	2.01	0.968	1.95-2.07	1.90	0.829	1.85-1.95
35. I feel I belong in my community.*	2.24	1.069	2.17-2.31	2.08	0.946	2.02-2.14
36. In a crisis, I would have the support I need from family or friends.*	1.91	0.991	1.85-1.97	1.79	0.806	1.74-1.84

\* Consumers responded significantly more positively to this question in 2010 than in 2009.

**Table 3**  
**2010 Youth Consumer Survey**  
**Summary of Results**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/Strongly Agree
1. Overall, I am satisfied with the services my child received.	88	104	18	15	3	4	84.2%
2. I helped to choose my child's services.	82	105	15	24	2	4	82.0%
3. I helped to choose my child's treatment goals.	76	113	13	19	4	7	84.0%
4. The people helping my child stuck with us no matter what.	100	94	19	11	4	4	85.1%
5. I felt my child had someone to talk to when he/she was troubled.	74	110	20	15	5	8	82.1%
6. I participated in my child's treatment.	92	113	11	10	1	5	90.3%
7. The services my child and/or family received were right for us.	76	109	21	19	6	1	80.1%
8. The location of services was convenient for us.	84	122	7	13	4	2	89.6%
9. Services were available at times that were convenient for us.	83	125	12	9	3	0	89.7%
10. My family got the help we wanted for my child.	73	105	19	23	11	1	77.1%
11. My family got as much help as we needed for my child.	62	102	24	27	14	3	71.6%
12. Staff treated me with respect.	104	116	5	5	1	1	95.2%
13. Staff respected my family's religious/spiritual beliefs.	92	115	11	2	0	12	94.1%
14. Staff spoke with me in a way that I understood.	92	128	8	1	1	2	95.7%
15. Staff were sensitive to my cultural/ethnic background.	80	127	12	2	0	11	93.7%
<b>As a result of the services my child and/or family received:</b>							
16. My child is better at handling daily life.	57	104	28	26	15	2	70.0%
17. My child gets along better with family members.	53	103	40	24	7	5	68.7%
18. My child gets along better with friends and other people.	47	113	42	17	6	7	71.1%
19. My child is doing better in school and/or work.	58	92	41	28	9	4	65.8%
20. My child is better able to cope when things go wrong.	43	101	40	34	10	4	63.2%
21. I am satisfied with our family life right now.	53	104	29	32	14	0	67.7%
22. My child is better able to do the things he/she wants to do.	45	116	38	27	5	1	69.7%
23. I know people who will listen and understand me when I need to talk.	48	142	18	15	2	7	84.4%
24. I have people that I am comfortable talking with about my child's problems.	66	137	12	9	3	5	89.4%
25. In a crisis, I have the support I need from family or friends.	71	144	10	4	2	1	93.1%
26. I have people with whom I can do enjoyable things.	72	145	9	4	1	1	93.9%