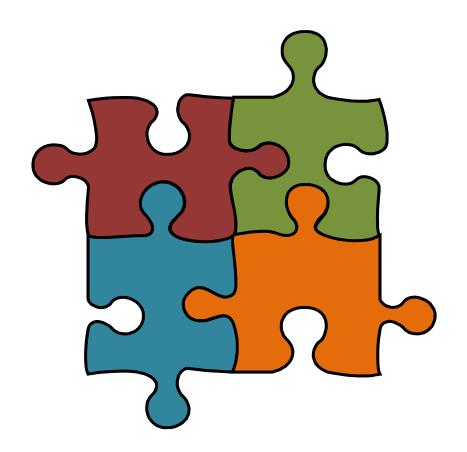
DHHS-DBH 2013 Behavioral - Health Consumer Survey -

Summary of Results -



Nebraska Department of Health and Human Services Division of Behavioral Health October 2013 AA/EOE/ADA

Executive Summary -

During the first and second quarters of 2013, the Department of Health and Human Services' Division of Behavioral Health (DBH) conducted the annual Behavioral Health Consumer Survey. This survey solicits input from adult and youth consumers receiving mental health and/or substance use disorder services from the publicly-funded, community-based behavioral health system in Nebraska. The adult survey consists of sixty-two questions, forty five of which intend to assess the quality and impact of the services received by measuring seven domains: Access, Quality and Appropriateness, Outcomes, Participation in Treatment Planning, General Satisfaction, Functioning and Social Connectedness.

The DBH contracted with the University of Nebraska Medical Center - College of Public Health (UNMC) to conduct the survey. Using both mail and telephone modes, UNMC fielded the interviews and entered responses into the survey database, which was analyzed by the DBH data team. A total of 1,658 adults (43% response rate) and 313 youth caregivers (45% response rate) completed the survey.

The DBH data team analyzed the seven domains at the state level and compared outcomes longitudinally to previous iterations of the Consumer Survey dating back to 2010. Domains were also analyzed at the regional level, and by consumer race/ethnicity, gender, age, service type, and length of stay. In addition to the service domains, physical health status of consumers was also examined.

Primary Findings

Few differences were observed between each of the six Regional Behavioral Health Authorities of Nebraska regarding the domains, but at the state level, responses to three out of the seven domains were less positive in 2013 than in 2012. **Social Connectedness** is noted for having the sharpest decline of all domains compared to last year's rates.

Quality and Appropriateness, followed by **General Satisfaction** and **Access** continue to receive the highest positive attitudes of all domains for the last four years. Notable differences were also seen between service type. Substance use disorder consumers indicated significantly higher positive attitudes on **Outcomes, Functioning** and **Social Connectedness** compared to mental health consumers.

Consumers who received services for a year or more tended to respond more positively while there were mixed results based on age groups. Males tended to respond more positively than females. No significant differences between consumer race or ethnicity groups were observed.

The Consumer Survey also replicated several physical health questions administered within the 2012 Behavioral Risk Factor Surveillance System (BRFSS). These questions allow for comparisons between behavioral health consumers and the Nebraska general population. Mental health consumers have increased prevalence rates for diabetes compared to consumers of substance use disorder services and the general population. Additionally, the prevalence of obesity among mental health consumers occurs at over one-and-a-half times the rate observed within the general population.

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DHHS-DBH 2013 Behavioral Health Consumer Survey - Summary of Results -

Introduction

The Department of Health and Human Services' (DHHS) Division of Behavioral Health (DBH) provides funding, oversight and technical assistance to the six Behavioral Health Regions across Nebraska. The Regions contract with local programs to provide public inpatient, outpatient, emergency services, community mental health, and substance use disorder services. During the spring and summer of 2013, the DBH conducted the annual Behavioral Health Consumer Survey. The purpose of the survey was to solicit input from persons receiving mental health and/or substance use disorder 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) **28-Item Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey** (augmented with 8 questions on improved functioning and social connectedness)
- b) MHSIP Youth Services Survey (YSS)
- c) 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 DBH contracted with the University of Nebraska Medical Center - College of Public Health (UNMC) to conduct the 2013 Behavioral Health Consumer Survey. The DBH supplied a list of names, addresses and phone numbers of recent behavioral health consumers to UNMC. UNMC conducted the interviews and entered responses from the phone and mail surveys into the survey database. Data from the surveys were compiled and analyzed by the DBH.

The sample for the survey included behavioral health consumers receiving mental health and/or substance use disorder services from the DBH Community-based System in Nebraska between July and December of 2012 with a few exceptions. Adults who were homeless and those who received their last service from the list below were ineligible to participate.

- Assessment
- Assessment Addendum
- Children's Partial
- Civil Protective Custody (CPC)
- Emergency Protective Custody (EPC)
- Family and Group Therapy
- Intensive Residential Mental Health Treatment
- Residential Detoxification (Social Detox)
- Medicaid-paid Services (including outpatient substance use disorder services).

¹ Questions regarding the 2013 Behavioral Health Consumer Survey should be directed to Heather Wood, Department of Health and Human Services, Division of Behavioral Health at: 402-471-1423 or email: heather.wood@nebraska.gov.

A letter to the consumer was prepared by the DBH which introduced the survey and explained how the UNMC would be contacting them by telephone or mail to solicit their participation in the survey. 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 participation preference. Consumers who designated a mode preference or declined participation as provided by the pre-notification letter had their choice honored. If the consumer did not respond to the letter, they were subsequently placed into one of two experimental conditions. Consumers in the first condition were contacted by telephone initially, then by mail if the telephone contacts were unsuccessful. A consumer in the second condition was first contacted by mail and then by telephone if no response was received from the mailings. Consumers without valid phone numbers only received mail solicitations.

Considering our eligibility criteria, an estimated 17,091 adults received mental health and/or substance use disorder services. Of that population, 5,616 consumers (33%) were randomly selected for the 2013 survey sample. An incorrect address had been provided for some consumers (n=1,755), preventing a successful contact. With the remaining sample, 2,203 respondents chose not to participate. In all, 1,658 adult consumer surveys were completed. For youth, 953 youths received services following the same eligibility definitions as the adult sample. Of that population, 785 youth caregivers (50%) were sampled, with 313 completing the survey. Due to the small number of consumers served in some regions, it was necessary to oversample those locations in order to ensure that reliable comparisons could be made.

Table 1 shows a summary of sample size and response rates for the last four years. The response rate for the Adult Survey decreased from 50% in 2012 to 43% in 2013. For the Youth Survey, the response rate decreased from 52% in 2012 to 45% in 2013.

TABLE 1: Survey Sample Size and Response Rates – 2010-2013

Adult Survey	2010	2011	2012	2013
a. How many surveys were attempted (sent out or calls initiated)?	5,790	5,773	6,241	5,616
b. How many survey contacts were made? (surveys to valid phone numbers or addresses)	3,001	3,257	4293	3,861
c. How many surveys were completed? (survey forms returned or calls completed)	1,124	1,404	2,153	1,658
d. What was your response rate? (number of completed surveys divided by number of contacts)	37%	43%	50%	43%
Youth Survey	2010	2011	2012	2013
Youth Survey a. How many surveys were attempted (sent out or calls initiated)?	2010 701	2011 353	2012 558	2013 785
·				1
a. How many surveys were attempted (sent out or calls initiated)? b. How many survey contacts were made? (surveys to valid phone	701	353	558	785

Again, in 2013, the DBH incorporated questions from the Behavioral Health Risk Factor Surveillance System (BRFSS)², 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. 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

Just over half (57.1%) of the adult consumers in 2013 were female. The consumers ranged in age from 18 to 92, with an average age of 42.1 years. The majority (83.8%) was white, followed by 4.2% who were black and 1.6% were American Indian. About 7.2% were Hispanic or Latino.

Generally speaking, consumers reported being satisfied with the services they received from community mental health and/or substance use disorder programs funded by DBH. In the area of **General Satisfaction**, most adult consumers (85.0%) were satisfied with services (Table 2). More than three-fourths (78.9%) were satisfied with their level of involvement in **Treatment Planning.** More than two-thirds (69.8%) responded positively to questions on the **Outcomes** scale. Most (86.2%) responded positively to the questions related to the **Quality and Appropriateness** of services, and 82.3% thought that the services were **Accessible**. Most consumers felt that the services they received improved their level of **Functioning** (71.2%) and **Social Connectedness** (68.7%).

While males tended to respond more positively than females on several of the scales (Quality & Appropriateness, Outcomes, Functioning and Social Connectedness), only Functioning and Social Connectedness were observed to be different by a statistically significant margin.

²The 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.

Consumers aged 45 to 64 responded significantly less positively for questions on **Outcomes**, **Functioning** and **Social Connectedness**. The opposite trend was observed when looking at **General Satisfaction** and **Participation in Treatment Planning**.

No significant difference was observed between consumers who are white, non-Hispanic adults, and consumers who are non-white or Hispanic adults.

TABLE 2: Agreement Rates by Consumer Characteristics

	Access	Quality/ Approp	Outcomes	Participat ion Tx Planning	Gen Satis	Func	Soc Conn
All Adult Consumers:	82.3%	86.2%	69.8%	78.9%	85.0%	71.2%	68.7%
Gender:							
Male, n=711	81.9%	86.7%	71.6%	78.8%	83.7%	74.1%*	71.9%**
Female, n=947	82.6%	85.8%	68.4%	79.0%	86.1%	69.0%*	66.2%**
Age:							
18-24 years, n=235	84.2%	85.9%	69.4%	77.0%	81.4%*	75.0%**	73.0%**
25-44 years, n=695	80.6%	86.2%	73.0%**	80.5%*	84.0%	74.4%**	72.9%**
45-64 years, n=674	83.3%	86.8%	66.8%**	78.8%*	87.6%*	66.7%**	62.8%**
65+ years, n=54	84.6%	78.8%	66.7%	68.1%*	83.0%	70.6%	69.2%
Race/Ethnicity:							
White, non-Hisp, n=1332	82.5%	86.8%	70.0%	79.4%	86.0%	71.9%	69.5%
Non-white, Hisp, n=311	82.5%	84.4%	69.3%	79.1%	82.1%	69.0%	65.9%

Note: * Significant difference at .05

Mental Health versus Substance Use Disorder Services

Comparing positive attitudes between types of the last service they received in 2012, consumers receiving only substance use disorder services reported statistically higher positive attitudes on **Outcomes, Functioning** and **Social Connectedness** than did consumers receiving mental health services only (Table 3).

There were also several significant differences for individual survey questions. Consumers receiving substance use disorder services responded significantly more positively than consumers receiving mental health services to the following questions at the .01 significance level:

As a result of the services received:

- Staff encouraged me to take responsibility for how I live my life.
- Staff told me what side effects to watch out for.
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.

^{**} Significant difference at .01

- My legal situation has stabilized or improved.
- My symptoms are not bothering me as much.
- I do things that are more meaningful to me.
- I am better able to handle things when they go wrong.
- I am better able to do the things that I want to do.
- I have friends in my neighborhood.
- I have people with whom I can do enjoyable things.
- I feel I belong in my community.
- In a crisis, I would have the support I need from family or friends.

Services Received

Consumers who had received non-residential services responded significantly more positively to the questions about **Access, Outcomes** and **Functioning**. Inpatient consumers were significantly unsatisfied with the **Outcomes** and **Functioning**.

Length of Time Receiving Services

The length of time a person received services had an effect on their overall satisfaction with services. Consumers who had received services for a year or more responded significantly more positively to the questions about **Outcomes** and **General Satisfaction**.

TABLE 3: Agreement Rates by Services Received

	Access	Quality/ Approp	Outcomes	Participat ion Tx Planning	Gen Satis	Func	Soc Conn
Type of Services Received:							
MH Only, n=1326	82.7%	85.2%	67.8%**	78.0%	84.9%	69.1%**	65.9%**
SUD Only, n=332	80.5%	90.1%	77.7%**	82.7%	85.5%	79.7%**	79.8%**
Services Received:							
Emergency, n=26	65.4%	80.8%	56.0%	75.0%	73.1%	60.0%	69.2%
Inpatient, n=15	86.7%	66.7%	26.7%	60.0%	73.3%	46.7%	60.0%
Non-Residential, n=1574	83.2%	86.6%	70.4%	79.5%	85.6%	71.4%	68.6%
Residential, n=43	57.1%	79.1%	71.4%	68.3%	76.7%	78.6%	72.1%
Length of Time Receiving							
Services:							
Less Than One Year, n=640	79.7%	85.1%	67.2%*	76.3%	81.9%**	71.0%	69.9%
More Than One Year, n=977	83.7%	87.0%	71.4%*	80.6%	87.3%**	71.3%	67.7%

Note: * Significant difference at .05

Because of the small sample size, caution should be exercised in interpreting the results of the services received

Behavioral Health Regions

Significant differences were observed across the domains *between* the highest and lowest rated Regions. While some differences occur in isolation, two patterns are still present. Region 3 consumers responded significantly more positively to questions on **Social Connectedness** than did consumers from Region 4. Region 6 consumers had significantly lower positive attitudes on

^{**} Significant difference at .01

Outcomes and **Functioning** than consumers in other Regions. No significant difference was found on **Access, Quality & Appropriateness,** and **Participation in Treatment Planning** domains among Regions.

Responses from metro areas (those who lived in Omaha, Lincoln, and Grand Island) were compared to responses from non-metro areas (those outside the Omaha, Lincoln, and Grand Island areas). Consumers from non-metro areas responded significantly more positively than consumers from metro areas to questions on **Outcomes** and **Functioning** domains. Additionally, the percent of positive responses to questions in the adult survey for each region can be found in Appendix B, Table 10.

TABLE 4: Agreement Rates by Region of Service Provider

Location	n	Access	Quality/ Approp	Outcomes	Participati on Tx Planning	Gen Satis	Func	Soc Conn
Region 1	146	80.7%	84.0%	68.1%	79.7%	80.7%	79.0%	72.9%
Region 2	200	83.8%	89.2%	78.3%	83.1%	90.5%	74.5%	69.1%
Region 3	242	84.7%	89.8%	77.4%	82.7%	86.0%	78.4%	75.6%
Region 4	290	81.7%	87.5%	67.1%	76.7%	85.6%	68.7%	65.8%
Region 5	409	82.7%	84.3%	70.9%	76.0%	84.9%	70.9%	66.3%
Region 6	371	80.5%	84.1%	61.6%	79.1%	82.9%	63.9%	67.0%
Metro	678	82.3%	84.2%	66.1%**	77.9%	84.6%	67.3%**	66.3%
Non-Metro	980	82.3%	87.5%	72.3%**	79.6%	85.4%	73.9%**	70.3%

Note: * Significant difference at .05

Scale Summaries – 2010-2013

Table 5 compares the responses from the 2010 to 2013 adult surveys for each of the seven MHSIP domains (scales). In 2010, positive attitudes were observed at their highest rates for 6 of 7 domains. Positive attitudes for 4 domains showed an increase from 2012 to 2013. However, for the remaining 3 domains, **Outcomes, Functioning** and **Social Connectedness,** fell approximately 5 points from what had been observed in 2012.

TABLE 5: Agreement Rate by Scale – 2010-2013

	2010	2011	2012	2013
Access	82.4%	80.3%	80.5%	82.3%
Quality/Appropriateness	88.7%	86.3%	86.0%	86.2%
Outcomes	75.6%	74.5%	74.2%	69.8%
General Satisfaction	84.8%	83.6%	83.6%	85.0%
Participation in Treatment Planning	80.3%	79.9%	76.7%	78.9%
Functioning	78.5%	77.0%	76.1%	71.2%
Social Connectedness	81.6%	77.7%	74.7%	68.7%

^{**} Significant difference at .01

A summary of the responses to the MHSIP survey for adults for 2013, 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

Responses to the health questions on the consumer survey were compared to responses to the 2012 BRFSS for the general adult population in Nebraska. Those comparisons are shown in Table 6.

TABLE 6: Differences on BRFSS Questions between Consumers Receiving Mental Health Versus Substance Use Disorder Services and the General Adult Population in Nebraska

	Primary R Admi		2012 Nebraska General Population
	МН	SA	
Physical Health Conditions:			
Heart Attack or Myocardial Infarction	5.0%	3.3%	4.1%
Angina or Coronary Heart Disease	4.3%	2.7%	3.9%
Stroke	4.8%	2.7%	2.4%
Diabetes	14.8%	7.8%	8.1%
Cigarette Smoking:			
Every Day	39.1%	54.8%	14.5%
Some Days	6.9%	12.0%	5.2%
Does Not Smoke	54.0%	33.1%	80.3%
General Health Status:			
Excellent	6.5%	10.3%	17.7%
Very Good	17.4%	23.0%	35.8%
Good	37.0%	43.5%	32.1%
Fair	28.5%	16.6%	11.3%
Poor	10.7%	6.6%	3.2%
In the Past 30 Days:			
Average Days Physical Health Not Good	8.0	5.2	NA
Average Days Mental Health Not Good	11.0	6.8	NA
Average Days Poor Health Prevented Usual Activities	9.4	6.5	NA
Average Days of Binge Drinking	0.9	1.5	NA
Body Mass Index Category:			
Obese	45.6%	29.0%	28.6%
Overweight	28.2%	34.3%	36.4%
Normal Weight	24.1%	35.2%	33.3%
Underweight	2.1%	1.6%	1.7%

Note: Most recent data for Nebraska general population is from 2012.

To measure the presence of chronic physical health conditions among behavioral health consumers, four questions from the Behavioral Health Risk Factor Surveillance System (BRFSS) were included on the consumer survey in 2013:

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) you had diabetes? -

The most common chronic health condition among behavioral health consumers is diabetes. More than one in seven (14.8%) mental health consumers reported a diabetes diagnosis, nearly twice the rate of the general population (8.1%). The percent of diagnosed chronic health conditions for substance use disorder consumers was lower than the rates for mental health consumers for all 4 conditions, and lower than general population rates for all conditions except for stroke.

When asked whether they smoke cigarettes, more than a third (39.1%) of mental health consumers indicated that they smoke every day, and 54.0% reported not smoking. Likewise, over half (54.8%) of substance use disorder consumers reported smoking every day and 33.1% reported not smoking. However, only 14.5% of the general population reported smoking every day, while 80.3% reported that they do not smoke.

When asked to assess their general health, approximately one-fourth (23.9%) of mental health consumers rated their general health as excellent or very good, while 10.7% rated their general health as poor. Similarly, 33.3% of substance use disorder consumers rated their general health as excellent or very good, and 6.6% rated their general health as poor. More than half (53.5%) of the general population rated their general health as excellent or very good, and only 3.2% rated their general health as poor.

Adult consumers were then asked three 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, 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, how many days during the past 30 days was your mental health not good?
- 3) During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, work or recreation?

Mental health consumers reported an average of 8.0 days in the previous 30 days that their physical health was not good, compared to 5.2 days for substance use disorder consumers. Consumers of mental health services indicate an average of 11.0 days in the previous 30 days that their mental health was not good, compared to 6.8 days for substance use disorder consumers. The 2012 Nebraska general population estimates were not available for comparison.

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. Consumers of mental health services reported an average of 9.4 days in the previous 30 days that their poor health prevented usual activities compared to 6.5 days for substance use disorder consumers. Over one-fourth (32.2%) of all consumers reported that there were <u>no days</u> in the past 30 days when poor physical or mental health kept them from doing their usual activities. These estimates remain relatively unchanged compared to 2012. Consumers receiving mental health services reported more days when their physical health and mental health were not good, and more days when poor physical or mental health kept them from doing their usual activities.

Consumers receiving mental health services were more likely than consumers receiving substance use disorder services to be obese (45.6% vs. 29.0%, respectively). Conversely, consumers receiving substance use disorder services were more likely to be overweight (34.3%) compared to consumers of mental health services (28.2%).

In summary, mental health consumers were about twice as likely as the general population to report having diabetes, and over one-and-a-half times more likely to be obese. Behavioral health consumers, especially those receiving substance use disorder services, were much more likely than the general population to report smoking cigarettes on a daily basis. While mental health consumers tend to have higher rates of poor health status and lower rates of very good and excellent health status compared to the general population, substance use disorder consumers tend to have rates reported in-between those of mental health consumers and the general population.

DBH Questions

The adult consumer survey included questions to gauge the quality of interactions between consumers and service providers, based on the recommendation from the DBH Statewide Quality Improvement Team.

- 1) Staff treated me with respect and dignity. -
- 2) My treatment (or service) goals were based on my strengths and needs. -

Most adult consumers (92.2%) responded positively to the Respect and Dignity question. Similarly, 87.2% responded positively to the Treatment Goal question. Narrow differences between treatment groups can be observed with respect to the questions.

The adult survey included one question to examine the impact of services on the quality of life for consumers.

1) The services you received at [Provider Name] have improved your quality of life.

Most adult consumers (80.0%) responded positively to the QOL (Quality of Life) question. No clear differences were observed between type of service among adult consumers.

In 2013, six new questions were added to the adult survey. Table 7 provides a summary of the responses to these questions.

- 1) The program was sensitive to any experienced or witnessed trauma in my life. -
- 2) I felt safe to open up about abuse or trauma in this program. -
- 3) My financial situation has stabilized or improved. -
- 4) My legal situation has stabilized or improved. -
- 5) I have friends in my neighborhood. -
- 6) I am an active member of my community. -

For the two trauma-related questions, no significant difference has been found between mental health and substance use disorder services. 83.9% of the consumers agreed that the program

was sensitive to any experienced or witnessed trauma in their life. Most adult consumers (82.7%) also felt safe to open up about abuse or trauma in this program.

When asked about their financial and legal situations, mental health consumers responded significantly less positively than substance use disorder consumers. Only half (53.8%) of the mental health consumers thought that their financial situation has stabilized or improved, compared to 61.9% for substance use disorder consumers. 60.7% of the mental health consumers agreed that their legal situation has stabilized or improved, compared to 72.5% for substance use disorder consumers.

In order to better understand the reasons why improvement in housing situation had the lowest positive attitude of all the questions for the last several years, two questions related to community were added. It was found that 59.2% for mental health consumers and 66.5% for substance use disorder consumers (p=0.02) positively agreed they have friends in their neighborhood. When asked about whether they are an active member of their community, 41.4% of mental health consumers positively agreed compared to 56.3% of those consumers with substance use disorders (p<.0001).

In sum, for all the newly added questions, substance use disorder consumers were more likely to give positive responses than mental health consumers.

TABLE 7: Summary of Responses to the DBH Questions

Question	МН	SUD	P Value
The services at have improved your quality of life.	78.9%	82.6%	0.1458
Staff treated me with respect and dignity.	92.0%	92.1%	0.9797
My treatment goals were based on my strength and needs.	86.3%	89.4%	0.1349
The program was sensitive to any experienced or witnessed trauma in my life.	82.9%	85.7%	0.2413
I felt safe to open up about abuse or trauma in this program.	81.5%	85.8%	0.0719
My financial situation has stabilized or improved.*	53.8%	61.9%	0.0113
My legal situation has stabilized or improved.**	60.7%	72.5%	0.0003
I have friends in my neighborhood.*	59.2%	66.5%	0.0193
I am an active member of my community.**	41.4%	56.3%	<.0001

Note: * Significant difference at .05

^{**} Significant difference at .01

Youth Survey - Summary of Results³

A total of 313 out of 695 (45%) MHSIP youth surveys were completed in 2013. While total completes increased compared to 2012, response rate decreased by 7%. A caregiver or guardian responded on behalf of the child receiving services. More surveys were completed for boys (62.0%, n=194) than for girls (38.0%, n=119). The youths' ages ranged from 3 years to 17 years, with an average age of 12.9 years. Most of the consumers were white, non-Hispanic (73.8%); 24.9% were non-white or Hispanic. About two-fifths (39.3%) had Medicaid coverage.

For the Youth Survey, responses for multiple questions were combined into the following seven scales or "domains" (see Appendix A for the questions included in each): Social Connectedness, Improved Functioning, Family Involvement, Access, Cultural Sensitivity, Outcome and Satisfaction.

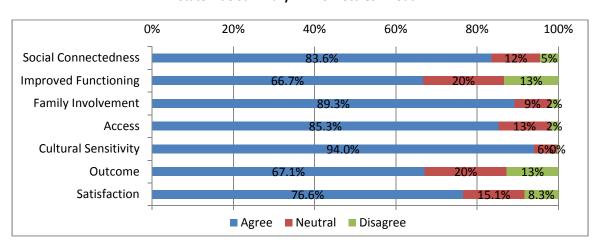


Figure 1 - Statewide Summary – MHSIP Scales – Youth -

Most caregivers (76.6%) in the Youth Survey indicated that they were satisfied with the services their child received (Figure 1) while 8.3% were dissatisfied with the services their child received, and 15.1% were neutral. The most positive responses were in the **Cultural Sensitivity** domain – 94.0% responded positively. The responses to the 2013 survey were more positive than responses to the 2012 survey on four domains: **Family Involvement**, **Cultural Sensitivity** and **Functioning**, and **Social Connectedness**.

Results from the Youth Survey indicated that positive attitudes increased for five domains while **Access** and **General Satisfaction** appear relatively the same, indicating less than a 2% difference from 2012. A summary of the responses to the MHSIP survey for youth for 2013 can be found in Appendix B, Table 14.

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³ Because of the small sample size, and the large confidence interval (+/-4.54%), caution should be exercised in interpreting the results of the Youth Survey.

TABLE 8: Youth Survey Agreement Rate by Scale - 2010-2013 -

	2010	2011	2012	2013
Access	82.6%	75.9%	87.4%	85.3%
General Satisfaction	77.9%	70.4%	79.0%	76.6%
Outcomes	62.7%	65.8%	63.8%	67.1%
Family Involvement	82.5%	82.4%	86.3%	89.3%
Cultural Sensitivity	94.6%	87.9%	91.9%	94.0%
Functioning	64.0%	66.5%	63.4%	66.7%
Social Connectedness	85.8%	79.1%	81.0%	83.6%

While caregivers of girls tended to respond more positively than caregivers of boys on most of the scales, only **Functioning** and **General Satisfaction** were observed to be different by a statistically significant margin.

No significant difference was observed between consumers who are white, non-Hispanic youth, and consumers who are non-white or Hispanic youth.

Comparing positive attitudes between types of the last service they received in 2012, substance use disorder consumers tended to have positive responses than consumers receiving mental health services only on most of the domains. However, none of them were statistically significant.

TABLE 9: Agreement Rates by Youth Characteristics

	Access	Culture Sensitive	Outcomes	Family Involve	Gen Satis	Func	Soc Conn
All Youth Consumers:	85.3%	94.0%	67.1%	89.3%	76.6%	66.7%	83.6%
Gender:							
Boy, n=194	84.7%	93.1%	64.4%	90.5%	73.1%*	62.6%*	81.8%
Girl, n=119	86.3%	95.5%	71.6%	87.2%	82.4%*	73.3%*	86.6%
Race/Ethnicity:							
White, non-Hisp, n=231	85.9%	94.2%	64.8%	89.9%	76.1%	64.3%	84.3%
Non-white, Hisp, n=78	82.9%	93.2%	72.4%	86.8%	76.9%	72.0%	80.5%
Type of Services Received:							
MH Only, n=271	84.2%	93.5%	66.8%	89.8%	75.2%	66.8%	82.9%
SUD Only, n=42	92.9%	97.4%	69.0%	85.4%	85.7%	65.9%	88.1%

Note: * Significant difference at .05

Physical Health Status of Youth Behavioral Health Consumers

The caregivers were asked some of the same health questions from the BRFSS as in the Adult Consumer Survey. When asked to rate the youth's general health, approximately 29.4% rated their general health as excellent, 27.8% rated their general health as very good, and 32.3% rated their general health as good. About one in ten (9.6%) rated their youth's general health as

^{**} Significant difference at .01

either fair or poor. Youth with a general health status of excellent or very good dropped by 4.5% compared to 2012 estimates.

TABLE 10: BRFSS Questions for Youth Consumers

	Youth
General Health Status:	
Excellent	29.4%
Very Good	27.8%
Good	32.3%
Fair	8.3%
Poor	1.3%
In the Past 30 Days:	
Average Days Physical Health Not Good	1.8
Average Days Mental Health Not Good	8.3
Average Days Poor Health Prevented Usual Activities	4.9
Body Mass Index Category:	
Obese	23.1%
Overweight	14.1%
Normal Weight	57.8%
Underweight	5.1%

Parents reported an average of 1.8 days in the past 30 days that their youth's physical health was not good, 8.3 days when their mental health was not good, and 4.9 days when poor physical or mental health kept them from doing their usual activities. When asked whether the youth, in the past 30 days, participated in any physical activity or exercises such as running, sports, swimming, PE or walking for exercise, 86.6% said yes, 11.2% said no, and 2.2% were not sure.

The youths' weight, height, gender and age were used to determine their weight status. In looking at the valid (missing data excluded) youth sample, 5.1% are considered underweight compared to 6.6% in 2012; over half (57.8%) are considered to have a healthy weight range compared to 53.1% in 2012, 14.1% are characterized as overweight compared to 14.6% in 2012, while 23.1% are obese compared to 25.7% in 2012.

Summary

There were a number of areas of improvement in 2013. Beginning with design and estimation, the youth survey benefitted from larger samples. The confidence interval for the adult survey was +/- 2.29% at the 95% confidence level in 2013 and +/- 4.54% for the youth surveys. The confidence interval for the youth survey has improved over the 2012 interval (+/- 5.48%) primarily due to the increase in the number of responses in 2013.

For the adult survey, responses to three out of the seven domains were less positive in 2013 than in 2012, and have been decreasing every year since 2010. Social Connectedness is noted for having the sharpest decline of all domains compared to last year's rates. In view of service type, consumers in substance use disorder services indicated increased positive attitudes on Outcomes, Functioning and Social Connectedness compared to mental health consumers. However, despite these differences, the Outcomes domain, for the entire adult sample, has continued to receive the lowest positive response of all domains for seven consecutive years. Quality and Appropriateness, followed by General Satisfaction and Access to the services received continues to receive the highest positive attitudes for the last four years.

Substance use disorder consumers have reduced prevalence rates of physical health conditions compared to consumers in mental health services. In all cases except for stroke, substance use disorder consumers even have lower rates than Nebraska's general population. Despite this finding, substance use disorder consumers are noted for higher smoking rates than those in mental health services, and are over 3.8 times more likely to smoke everyday than someone in the general population. Furthermore, the prevalence of diabetes and obesity among mental health consumers is higher, with each occurring at over one-and-a-half times the rate observed within the general population.

Regionally, very minor differences were observed between each of the six regions regarding the domains. Only when comparing the highest and lowest rated region within each domain do statistically significant results appear.

Results from the Youth Survey indicated that positive attitudes increased for five domains while **Access** and **General Satisfaction** appear relatively the same, indicating less than a 2% difference from 2012. When examining overall physical health, youth consumers, compared to 2012, had an estimated 5% decrease in monthly physical activity participation and had their general health condition rated slightly down as well. The proportion of youth consumers who are considered to have a healthy weight range increased by 4.7% compared to 2012. Youth consumers also experience about an additional half-day on average, per month, for which poor physical or mental health kept them from doing their usual activities, compared to reports from 2012.

Appendix A

Adult Survey Questions¹ 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.

¹ Possible Responses: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and Not Applicable.

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 2011 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.
- 6. My child is better able to do things he or she wants to do.

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 one third 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:

- Of the 1,658 adult surveys, 20 had more than one third of the items in the Access scale either missing or marked not applicable. Those 20 surveys were excluded from the calculation of the Access scale, leaving 1,638 surveys to be included in the calculation.
- 2. Average scale scores were calculated for each of the 1,638 surveys.
- 3. Of the 1,638 remaining surveys:
 - 1,348 had average scores of 2.49 or lower (Agree/Strongly Agree).
 - 233 had average scores between 2.50 and 3.49 (Neutral).

- 57 had average scores of 3.50 or higher (Disagree/Strongly Disagree).
- 4. The percent of "positive" responses for the **Access** scale was 1,348 (from Step 3) divided by 1,638 (from Step 1) = **82.3.**

Scale Reliability

Cronbach's alpha was used to measure internal consistency among the items in each scale. The results show consistency in measurement (reliability) among the items included in each scale.

Adult Scales (# of Items)	Alphas
Access (6)	0.868
Quality and Appropriateness (9)	0.919
Outcomes (8)	0.922
Participation in Treatment Planning (2)	0.698
General Satisfaction (3)	0.897

Additional Adult Scales (# of Items)	Alphas
Improved Functioning (5)	0.915
Social Connectedness (4)	0.848

Youth Scales (# of Items)	Alphas
Satisfaction (6)	.933
Positive Outcome (6)	.940
Cultural Sensitivity (4)	.886
Access (2)	.667
Family Involvement (3)	.783

Additional Youth Scales (# of Items)	Alphas
Improved Functioning (6)	.949
Social Connectedness (4)	.862

Table 11 2013 Adult Consumer Survey Summary of Results (n=1658)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/ Strongly Agree
1. I like the services that I received there.	778	670	106	51	34	19	88.3%
2. If I had other choices, I would still get services from	652	676	136	104	57	33	81.7%
3. I would recommend to a friend or family member.	735	696	101	51	46	29	87.8%
4. The location of services was convenient (parking, public transportation,							
distance, etc.).	649	748	110	84	29	38	86.2%
5. Staff were willing to see me as often as I felt it was necessary.	721	701	102	65	34	35	87.6%
6. Staff returned my calls within 24 hours.	607	677	120	90	36	128	83.9%
7. Services were available at times that were good for me.	679	774	105	50	27	23	88.9%
8. I was able to get all the services I thought I needed.	614	705	132	119	58	30	81.0%
9. I was able to see a psychiatrist when I wanted to.	473	619	144	118	67	237	76.8%
10. Staff at believe that I can grow, change and recover.	716	678	135	44	21	64	87.5%
11. I felt comfortable asking questions about my treatment and medication.	696	708	85	60	33	76	88.7%
12. I felt free to complain.	572	728	155	94	43	66	81.7%
13. I was given information about my rights.	675	795	78	44	21	45	91.1%
14. Staff encouraged me to take responsibility for how I live my life.	662	744	133	40	20	59	87.9%
15. Staff told me what side effects to watch out for.	494	641	145	134	46	198	77.7%
16. Staff respected my wishes about who and who is not to be given information							
about my treatment.	732	698	88	37	27	76	90.4%
17. I, not staff, decided my treatment goals.	498	745	187	116	32	80	78.8%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	620	722	135	32	18	131	87.9%
19. Staff helped me obtain the information that I needed so that I could take							
charge of managing my illness.	581	766	137	72	36	66	84.6%
20. I was encouraged to use consumer-run programs.	483	683	164	131	45	152	77.4%
21. Staff treated me with respect and dignity.	811	694	67	39	22	25	92.2%
22. My treatment (or service) goals were based on my strengths and needs.	601	806	130	50	27	44	87.2%
23. The program was sensitive to any experienced or witnessed trauma in my life.	583	725	140	75	36	99	83.9%
24. I felt safe to open about abuse or trauma in this program.	576	696	152	77	38	119	82.7%
As a result of the services received:			1	1	1	ı	1
25. I deal more effectively with daily problems.	496	777	208	85	35	57	79.5%
26. I am better able to control my life.	503	766	230	96	28	35	78.2%
27. I am better able to deal with crisis.	453	764	238	113	30	60	76.2%
28. I am getting along better with my family.	463	713	242	90	45	105	75.7%
29. I do better in social situations.	363	713	302	153	54	73	67.9%
30. I do better in school and/or work.	311	565	265	100	36	381	68.6%
31. My housing situation has improved.	361	584	314	125	53	221	65.8%
32. My financial situation has improved.	263	584	324	230	118	139	55.8%
33. My legal situation has stabilized or improved.	267	512	270	113	56	440	64.0%
34. My symptoms are not bothering me as much.	353	711	234	220	70	70	67.0%
35. I do things that are more meaningful to me.	408	815	239	106	32	58	76.4%
36. I am better able to take care of my needs.	420	833	241	86	30	48	77.8%
37. I am better able to handle things when they go wrong.	378	807	260	134	36	43	73.4%
38. I am better able to do the things that I want to do.	371	796	256	142	38	55	72.8%
39. The services you received at have improved your quality of life. Relationships with people other than your mental health provider(s):	530	758	205	82	36	47	80.0%
40. I have friends in my neighborhood.	265	660	264	260	72	137	60.8%
41. I am an active member of my community.	191	510	395	385	85	92	44.8%
42. I am happy with the friendships I have.	379	863	203	127	39	47	77.1%
43. I have people with whom I can do enjoyable things.	426	862	188	99	43	40	77.1%
44. I feel I belong in my community.	293	724	304	210	71	56	63.5%
45. In a crisis, I would have the support I need from family or friends.	524	801	159	93	43	38	81.8%
45. If a crisis, I would have the support Theed Hoff Tailing of Therius. Note: The margin of error for the 2012 Adult Survey was ±/, 2,20% at the 05% confidence.		001	133	, ,,,	43	30	01.0/0

Note: The margin of error for the 2013 Adult Survey was +/- 2.29% at the 95% confidence level.

Table 12 -2013 Adult Consumer Survey -Positive Response by Region -

Percent positive response: Strongly Agree or Agree	Region1	Region 2	Region 3	Region 4	Region 5	Region 6
Number of respondents	n=146	n=200	n=242	n=290	n=409	n=371
1. I like the services that I received there.	88.2%	91.9%	87.5%	88.4%	87.4%	87.0%
2. If I had other choices, I would still get services from .	76.4%	87.4%	82.4%	80.6%	80.7%	79.7%
3. I would recommend to a friend or family member.	84.7%	91.4%	90.4%	87.3%	87.2%	84.9%
4. The location of services was convenient (parking, public transportation, distance, etc.).	81.3%	85.6%	89.9%	86.9%	90.8%	80.0%
5. Staff were willing to see me as often as I felt it was necessary.	89.7%	89.7%	88.7%	89.0%	87.5%	82.2%
6. Staff returned my calls within 24 hours.	83.2%	82.2%	88.9%	82.6%	83.6%	81.0%
7. Services were available at times that were good for me.	90.3%	86.9%	89.6%	86.0%	90.3%	87.4%
8. I was able to get all the services I thought I needed.	82.5%	81.7%	81.7%	83.3%	80.3%	76.6%
9. I was able to see a psychiatrist when I wanted to.	72.1%	78.7%	81.1%	71.4%	77.6%	77.5%
10. Staff at believe that I can grow, change and recover.	88.8%	88.0%	92.7%	88.6%	83.1%	85.8%
11. I felt comfortable asking questions about my treatment and medication.	89.3%	90.2%	91.4%	87.9%	88.6%	86.4%
12. I felt free to complain.	83.9%	81.7%	85.5%	80.4%	80.6%	78.5%
13. I was given information about my rights.	92.4%	94.9%	90.4%	94.3%	88.5%	89.0%
14. Staff encouraged me to take responsibility for how I live my life.	87.4%	92.7%	91.1%	87.2%	84.3%	87.0%
15. Staff told me what side effects to watch out for.	77.0%	82.3%	78.5%	76.5%	75.2%	77.8%
16. Staff respected my wishes about who and who is not to be given information about my	,,.0,0	02.370	70.570	, 5.570	, 3.2/0	, ,
treatment.	90.8%	93.5%	93.2%	92.1%	87.7%	87.9%
17. I, not staff, decided my treatment goals.	82.5%	84.4%	84.5%	75.0%	76.5%	75.1%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	88.2%	90.0%	90.7%	86.0%	87.9%	85.3%
19. Staff helped me obtain the information that I needed so that I could take charge of	00.270	30.070	30.770	00.070	07.1370	00.070
managing my illness.	82.5%	92.3%	87.6%	82.5%	83.7%	81.2%
20. I was encouraged to use consumer-run programs.	79.7%	81.1%	78.2%	80.8%	73.3%	74.2%
21. Staff treated me with respect and dignity.	87.6%	96.9%	92.6%	93.3%	91.3%	90.6%
22. My treatment (or service) goals were based on my strengths and needs.	85.4%	93.2%	88.9%	86.1%	86.0%	84.6%
23. The program was sensitive to any experienced or witnessed trauma in my life.	82.9%	88.6%	85.3%	85.6%	81.0%	80.9%
24. I felt safe to open about abuse or trauma in this program.	76.4%	86.8%	85.9%	82.3%	81.4%	81.4%
As a result of the services received:					l .	
25. I deal more effectively with daily problems.	80.9%	86.5%	83.6%	77.1%	78.8%	74.5%
26. I am better able to control my life.	79.9%	85.0%	81.2%	76.0%	77.6%	73.5%
27. I am better able to deal with crisis.	74.8%	83.0%	80.6%	76.0%	76.0%	68.7%
28. I am getting along better with my family.	75.7%	81.4%	82.3%	73.7%	72.5%	71.3%
29. I do better in social situations.	66.9%	76.3%	70.6%	67.5%	68.4%	59.6%
30. I do better in school and/or work.	62.8%	80.7%	73.2%	69.8%	67.7%	60.7%
31. My housing situation has improved.	71.5%	69.4%	68.1%	64.8%	65.9%	59.5%
32. My financial situation has improved.	56.3%	54.5%	57.1%	56.7%	57.0%	52.1%
33. My legal situation has stabilized or improved.	60.7%	73.8%	63.0%	64.3%	65.2%	56.8%
34. My symptoms are not bothering me as much.	63.1%	74.1%	76.7%	64.0%	65.0%	60.6%
35. I do things that are more meaningful to me.	79.7%	82.2%	81.7%	74.7%	75.8%	70.1%
36. I am better able to take care of my needs.	86.7%	80.4%	79.7%	76.1%	79.5%	70.1%
37. I am better able to take care of my freeds.	77.6%	75.1%	81.8%	73.5%	71.4%	65.9%
38. I am better able to handle things when they go wrong.			75.9%			67.0%
39. The services you received at have improved your quality of life.	77.6% 84.5%	76.6% 85.1%	75.9% 82.3%	71.1% 76.3%	72.7% 81.0%	74.0%
	84.5%	85.1%	82.3%	70.3%	81.0%	74.0%
Relationships with people other than your mental health provider(s):		1	T	T	1	1
40. I have friends in my neighborhood.	62.1%	64.4%	67.4%	62.5%	59.2%	53.8%
41. I am an active member of my community.	41.4%	49.5%	53.2%	39.7%	43.3%	41.9%
42. I am happy with the friendships I have.	82.5%	82.1%	80.7%	74.6%	75.3%	73.0%
43. I have people with whom I can do enjoyable things.	83.4%	80.3%	83.5%	80.2%	77.0%	76.7%
44. I feel I belong in my community.	65.5%	65.6%	68.6%	58.7%	61.0%	62.5%
45. In a crisis, I would have the support I need from family or friends.	85.5%	84.1%	83.7%	79.3%	81.8%	78.9%

Note: The margin of error for the 2013 Adult Survey was +/- 2.29 % at the 95% confidence level.

Table 13 -2012 and 2013 Adult Consumer Surveys -Confidence Intervals (CI) -

	2012 (n=2153)			2013 (n=1658)			
1 = Strongly Agree; 5 = Strongly Disagree	Mean	SD	95% CI	Mean	SD	95% CI	
1. I like the services that I received there.	1.77	0.918	1.73-1.81	1.72	0.884	1.68-1.77	
2. If I had other choices, I would still get services from	1.94	1.045	1.89-1.98	1.93	1.038	1.88-1.98	
3. I would recommend to a friend or family member.	1.80	0.964	1.76-1.84	1.77	0.922	1.73-1.82	
4. The location of services was convenient (parking, public transportation, distance, etc.).	1.87	0.920	1.83-1.91	1.83	0.898	1.79-1.87	
5. Staff were willing to see me as often as I felt it was necessary.	1.82	0.928	1.78-1.86	1.77	0.9	1.73-1.82	
6. Staff returned my calls within 24 hours.	1.93	0.990	1.89-1.98	1.88	0.959	1.84-1.93	
7. Services were available at times that were good for me.	1.79	0.877	1.75-1.83	1.77	0.843	1.73-1.81	
8. I was able to get all the services I thought I needed.	1.95	1.058	1.91-2.00	1.97	1.039	1.92-2.02	
9. I was able to see a psychiatrist when I wanted to.	2.08	1.099	2.03-2.14	2.08	1.088	2.03-2.14	
10. Staff at believe that I can grow, change and recover.	1.76	0.865	1.72-1.79	1.74	0.837	1.7-1.78	
11. I felt comfortable asking questions about my treatment and medication.	1.76	0.887	1.72-1.80	1.76	0.882	1.72-1.8	
12. I felt free to complain.	1.96	0.988	1.92-2.00	1.95	0.974	1.9-2	
13. I was given information about my rights.	1.75	0.825	1.71-1.78	1.73	0.789	1.69-1.77	
14. Staff encouraged me to take responsibility for how I live my life.	1.73	0.810	1.70-1.77	1.77	0.813	1.73-1.81	
15. Staff told me what side effects to watch out for.	2.01	1.035	1.96-2.05	2.05	1.052	2-2.1	
16. Staff respected my wishes about who and who is not to be given information about my							
treatment.	1.70	0.813	1.66-1.73	1.70	0.824	1.66-1.74	
17. I, not staff, decided my treatment goals.	2.01	0.996	1.96-2.05	2.01	0.954	1.97-2.06	
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	1.77	0.795	1.73-1.80	1.77	0.796	1.73-1.81	
19. Staff helped me obtain the information that I needed so that I could take charge of							
managing my illness.	1.84	0.893	1.80-1.87	1.89	0.915	1.84-1.93	
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis							
phone line, etc.).	2.00	0.996	1.96-2.05	2.06	1.029	2.01-2.12	
21. Staff treated me with respect and dignity.	1.66	0.834	1.63-1.70	1.64	0.793	1.6-1.68	
22. My treatment (or service) goals were based on my strengths and needs.	1.81	0.849	1.77-1.84	1.83	0.844	1.79-1.87	
23. The program was sensitive to any experienced or witnessed trauma in my life.	-	-	-	1.89	0.931	1.85-1.94	
24. I felt safe to open about abuse or trauma in this program.	-	-	-	1.91	0.948	1.86-1.96	
As a result of the services received:				•	•		
25. I deal more effectively with daily problems.	1.95	0.901	1.91-1.99	2.00	0.921	1.95-2.04	
26. I am better able to control my life.	1.93	0.901	1.89-1.97	2.00	0.921	1.96-2.05	
	-			1	-		
27. I am better able to deal with crisis.	2.02	0.948	1.98-2.06 1.95-2.04	2.07	0.94 0.973	2.03-2.12	
28. I am getting along better with my family. 29. I do better in social situations.	2.00			1			
		1.009	2.13-2.22	2.27	1.028	2.22-2.32	
30. I do better in school and/or work.	2.16	1.011	2.11-2.20	2.21	0.988	2.15-2.26	
31. My housing situation has improved.	2.16	1.042	2.12-2.21	2.26	1.043	2.21-2.32	
32. My financial situation has improved.	-	-	-	2.58	1.168	2.53-2.64	
33. My legal situation has stabilized or improved.	- 2.21	1 000	- 2.46.2.26	2.34	1.066	2.28-2.4	
34. My symptoms are not bothering me as much.**	2.21	1.080	2.16-2.26	2.35	1.104	2.29-2.4	
35. I do things that are more meaningful to me.	2.02	0.928	1.98-2.06	2.09	0.919	2.05-2.14	
36. I am better able to take care of my needs.**	1.97	0.872	1.93-2.01	2.06	0.889	2.02-2.1	
37. I am better able to handle things when they go wrong.	2.08	0.964	2.04-2.13	2.17	0.95	2.12-2.22	
38. I am better able to do the things that I want to do.**	2.07	0.937	2.03-2.11	2.19	0.967	2.14-2.23	
39. The services you received at have improved your quality of life.	1.95	0.963	1.90-1.99	1.98	0.93	1.93-2.02	
Relationships with people other than your mental health provider(s):							
40. I have friends in my neighborhood.	-	-	-	2.49	1.111	2.44-2.55	
41. I am an active member of my community.	-	-	-	2.80	1.11	2.74-2.85	
42. I am happy with the friendships I have.**	1.97	0.900	1.93-2.00	2.13	0.94	2.08-2.17	
43. I have people with whom I can do enjoyable things.**	1.96	0.909	1.92-2.00	2.06	0.93	2.02-2.11	
44. I feel I belong in my community.**	2.21	1.054	2.16-2.25	2.41	1.065	2.36-2.47	
45. In a crisis, I would have the support I need from family or friends.**	1.84	0.936	1.80-1.88	1.98	0.946	1.93-2.02	

Note: The margin of error for the 2013 Adult Survey was +/- 2.29% at the 95% confidence level.

Table 14 -2013 Youth Consumer Survey -Summary of Results (n=313) -

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/ Strongly Agree
Overall, I am satisfied with the services my child received.	116	156	18	13	7	3	87.7%
2. I helped to choose my child's services.	102	166	13	22	4	6	87.3%
3. I helped to choose my child's treatment goals.	120	158	12	15	1	7	90.8%
4. The people helping my child stuck with us no matter what.	135	121	21	21	10	5	83.1%
5. I felt my child had someone to talk to when he/she was troubled.	106	141	22	32	7	5	80.2%
6. I participated in my child's treatment.	140	148	10	8	1	6	93.8%
7. The services my child and/or family received were right for us.	113	141	31	18	8	2	81.7%
8. The location of services was convenient for us.	123	153	20	10	4	3	89.0%
9. Services were available at times that were convenient for us.	102	176	18	9	3	5	90.3%
10. My family got the help we wanted for my child.	99	139	34	28	11	2	76.5%
11. My family got as much help as we needed for my child.	85	132	37	45	11	3	70.0%
12. Staff treated me with respect.	156	136	12	7	1	1	93.6%
13. Staff respected my family's religious/spiritual beliefs.	124	144	21	1	2	21	91.8%
14. Staff spoke with me in a way that I understood.	140	161	8	2	0	2	96.8%
15. Staff were sensitive to my cultural/ethnic background.	116	154	24	1	0	18	91.5%
As a result of the services my child and/or family received:							
16. My child is better at handling daily life.	82	135	42	36	10	8	71.1%
17. My child gets along better with family members.	72	144	51	29	9	8	70.8%
18. My child gets along better with friends and other people.	72	147	49	33	6	6	71.3%
19. My child is doing better in school and/or work.	86	118	45	42	11	11	67.5%
20. My child is better able to cope when things go wrong.	60	146	46	47	8	6	67.1%
21. I am satisfied with our family life right now.	74	151	43	32	9	4	72.8%
22. My child is better able to do the things he/she wants to do.	63	152	50	35	6	7	70.3%
23. The services your child received at have improved his/her quality of life.	88	137	48	27	8	5	73.1%
Relationships with people other than your mental health provider(s):							
24. I know people who will listen and understand me when I need to talk.	79	172	32	19	4	7	82.0%
25. I have people that I am comfortable talking with about my child's problems.	89	184	15	20	3	2	87.8%
26. In a crisis, I have the support I need from family or friends.	89	181	21	17	3	2	86.8%
27. I have people with whom I can do enjoyable things.	87	198	20	6	1	1	91.3%

Note: The margin of error for the 2013 Youth Survey was +/- 4.54% at the 95% confidence level. Because of the small sample size, and the large confidence interval, caution should be exercised in interpreting the results of the Youth Survey.

Table 15 -2013 Youth Consumer Survey -Positive Response by Region -

	Region1	Region 2	Region 3	Region 4	Region 5	Region 6
Number of respondents	n=35	n=19	n=77	n=30	n=83	n=69
1. Overall, I am satisfied with the services my child received.	85.7%	89.5%	86.8%	83.3%	90.4%	88.1%
2. I helped to choose my child's services.	85.3%	94.7%	85.5%	96.6%	81.9%	90.9%
3. I helped to choose my child's treatment goals.	88.6%	100.0%	89.5%	96.7%	90.4%	88.9%
4. The people helping my child stuck with us no matter what.	79.4%	84.2%	81.8%	83.3%	85.5%	83.1%
5. I felt my child had someone to talk to when he/she was troubled.	68.6%	77.8%	77.9%	75.9%	84.1%	86.6%
6. I participated in my child's treatment.	91.4%	100.0%	93.5%	100.0%	88.9%	97.0%
7. The services my child and/or family received were right for us.	68.6%	78.9%	80.3%	89.7%	83.1%	85.5%
8. The location of services was convenient for us.	68.6%	84.2%	90.8%	96.7%	91.6%	92.5%
9. Services were available at times that were convenient for us.	85.3%	84.2%	88.3%	96.7%	90.2%	93.9%
10. My family got the help we wanted for my child.	65.7%	68.4%	76.6%	75.9%	77.1%	83.8%
11. My family got as much help as we needed for my child.	62.9%	61.1%	60.5%	75.9%	74.7%	78.3%
12. Staff treated me with respect.	88.6%	84.2%	97.4%	93.3%	95.1%	92.8%
13. Staff respected my family's religious/spiritual beliefs.	87.5%	88.9%	94.4%	100.0%	86.4%	95.2%
14. Staff spoke with me in a way that I understood.	100.0%	94.7%	98.7%	100.0%	96.3%	92.8%
15. Staff were sensitive to my cultural/ethnic background.	90.6%	94.4%	92.8%	93.1%	88.9%	92.4%
As a result of the services my child and/or family received:						
16. My child is better at handling daily life.	55.9%	72.2%	76.0%	65.5%	71.1%	75.8%
17. My child gets along better with family members.	64.7%	78.9%	72.0%	67.9%	69.5%	73.1%
18. My child gets along better with friends and other people.	61.8%	73.7%	73.3%	72.4%	69.9%	74.6%
19. My child is doing better in school and/or work.	58.8%	83.3%	68.0%	65.5%	65.1%	71.4%
20. My child is better able to cope when things go wrong.	55.9%	73.7%	71.1%	65.5%	65.1%	69.7%
21. I am satisfied with our family life right now.	80.0%	63.2%	77.3%	58.6%	73.2%	72.5%
22. My child is better able to do the things he/she wants to do.	62.9%	68.4%	77.0%	62.1%	68.7%	72.7%
23. The services your child received at have improved his/her quality of life.	65.7%	78.9%	71.6%	73.3%	69.9%	80.6%
Relationships with people other than your mental health provider(s):						
24. I know people who will listen and understand me when I need to talk.	71.4%	84.2%	80.0%	86.2%	82.9%	86.4%
25. I have people that I am comfortable talking with about my child's problems.	85.7%	78.9%	87.0%	90.0%	89.2%	89.6%
26. In a crisis, I have the support I need from family or friends.	80.0%	78.9%	90.8%	86.7%	89.0%	85.5%
27. I have people with whom I can do enjoyable things.	88.6%	88.9%	87.0%	100.0%	91.6%	94.2%

Note: The margin of error for the 2013 Youth Survey was +/- 4.54% at the 95% confidence level. Because of the small sample size, and the large confidence interval, caution should be exercised in interpreting the results of the Youth Survey.

Table 16 -2012 and 2013 Youth Consumer Surveys -Confidence Intervals (CI) -

	2012 (n=248)				2013 (n=313	3)
	Mean	SD	95% CI	Mean	SD	95% CI
Overall, I am satisfied with the services my child received.	1.88	0.900	1.77-2.00	1.84	0.88	1.74-1.93
2. I helped to choose my child's services.	1.89	0.940	1.78-2.01	1.89	0.88	1.79-1.99
3. I helped to choose my child's treatment goals.	1.85	0.890	1.74-1.97	1.75	0.77	1.67-1.84
4. The people helping my child stuck with us no matter what.	1.83	1.010	1.70-1.95	1.86	1.03	1.75-1.98
5. I felt my child had someone to talk to when he/she was troubled.	1.93	1.000	1.81-2.06	2.00	1.02	1.89-2.12
6. I participated in my child's treatment.	1.71	0.870	1.60-1.82	1.64	0.70	1.56-1.72
7. The services my child and/or family received were right for us. *	1.92	0.940	1.81-2.04	1.93	0.96	1.82-2.04
8. The location of services was convenient for us.	1.75	0.800	1.65-1.85	1.77	0.81	1.68-1.86
9. Services were available at times that were convenient for us. *	1.73	0.770	1.64-1.83	1.81	0.75	1.73-1.9
10. My family got the help we wanted for my child.	2.05	1.070	1.91-2.18	2.08	1.05	1.96-2.19
11. My family got as much help as we needed for my child.	2.25	1.140	2.11-2.40	2.24	1.11	2.12-2.37
12. Staff treated me with respect.	1.60	0.720	1.50-1.69	1.59	0.70	1.51-1.67
13. Staff respected my family's religious/spiritual beliefs.	1.65	0.670	1.56-1.73	1.67	0.68	1.6-1.75
14. Staff spoke with me in a way that I understood.	1.60	0.680	1.52-1.69	1.59	0.58	1.52-1.65
15. Staff were sensitive to my cultural/ethnic background.	1.66	0.710	1.57-1.75	1.69	0.63	1.62-1.77
As a result of the services my child and/or family received:						
16. My child is better at handling daily life.	2.27	1.150	2.13-2.42	2.20	1.07	2.08-2.32
17. My child gets along better with family members.	2.31	1.050	2.17-2.44	2.21	1.00	2.1-2.32
18. My child gets along better with friends and other people.	2.22	0.970	2.10-2.35	2.20	0.98	2.09-2.31
19. My child is doing better in school and/or work.	2.33	1.090	2.19-2.47	2.25	1.12	2.12-2.38
20. My child is better able to cope when things go wrong.	2.46	1.120	2.32-2.60	2.34	1.04	2.22-2.46
21. I am satisfied with our family life right now.	2.23	1.000	2.10-2.35	2.19	1.01	2.08-2.31
22. My child is better able to do the things he/she wants to do.	2.23	1.000	2.10-2.35	2.25	0.97	2.14-2.35
23. The services your child received at have improved his/her quality of life.	2.23	1.040	2.10-2.36	2.12	1.01	2.01-2.24
Relationships with people other than your mental health provider(s):						
24. I know people who will listen and understand me when I need to talk.	1.94	0.800	1.84-2.04	2.01	0.86	1.91-2.11
25. I have people that I am comfortable talking with about my child's problems.	1.83	0.700	1.74-1.92	1.92	0.82	1.83-2.01
26. In a crisis, I have the support I need from family or friends.	1.99	0.940	1.87-2.11	1.92	0.81	1.83-2.01
27. I have people with whom I can do enjoyable things.	1.87	0.760	1.78-1.97	1.83	0.65	1.76-1.91

Note: The margin of error for the 2013 Youth Survey was +/- 4.54% at the 95% confidence level. Because of the small sample size, and the large confidence interval, caution should be exercised in interpreting the results of the Youth Survey.

^{**}Consumers responded significantly <u>less</u> positively to this question in 2013 than in 2012. -