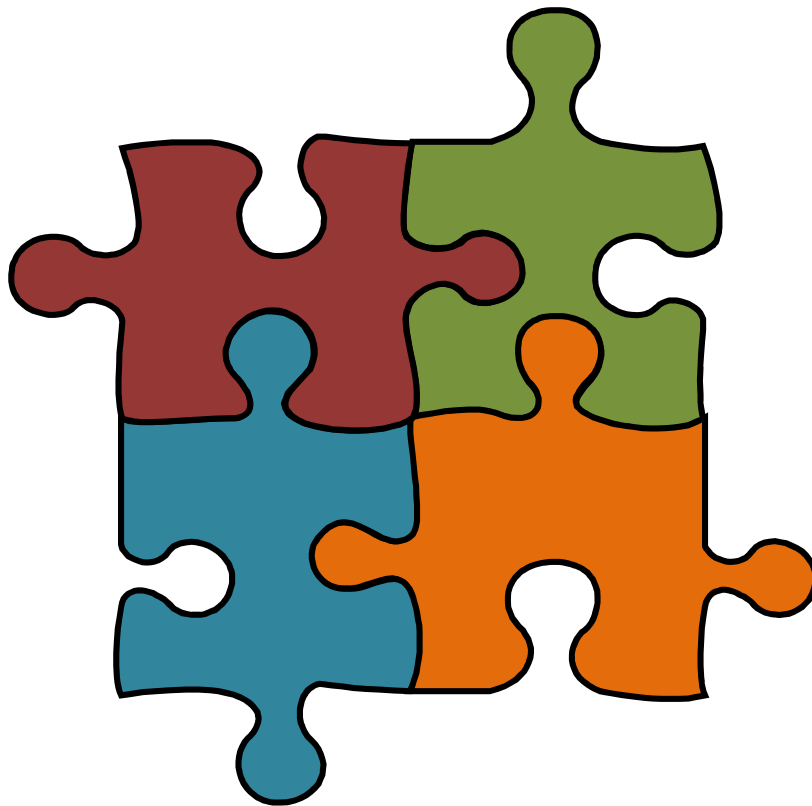


DHHS-DBH 2014 Behavioral - Health Consumer Survey -

Summary of Results -



**Nebraska Department of Health and Human Services -
Division of Behavioral Health -
December 2014 -
AA/EOE/ADA**

Executive Summary

During the first, second and third quarters of 2014, 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.

DBH initially contracted with the University of Nebraska Medical Center - College of Public Health (UNMC) to conduct the survey and finished data collection and analysis internally using DHHS resources. The survey was conducted through both mail and telephone modes. UNMC fielded the interviews and entered responses into the survey database. With the closure of the UNMC survey center, collection of the data was switched to internal project management within DBH. DBH handled survey mailing and double data entry. All data analysis was performed by the DBH data team. A total of 1,608 adults (39% response rate) and 403 youth caregivers (51% response rate) completed the survey.

The DBH data team analyzed the seven domains at the state level and compared outcomes to previous iterations of the Consumer Survey dating back to 2011. Domains were also analyzed at the regional level, and by consumer race/ethnicity, gender, age, service type, and length of stay. Physical health status of consumers was also examined.

Primary Findings

Few differences were observed between the six Regional Behavioral Health Authorities of Nebraska regarding domains of care. Respondents were mostly consistent regarding their positivity across the domains between 2013 and 2014. Of the 7 domains, **Participation in Treatment Planning, Functioning and Social Connectedness** were marginally higher in 2014, while **Satisfaction** was marginally lower in 2014 compared to 2013.

Quality and Appropriateness, followed by **Participation in Treatment Planning** and **Access** received the highest positive attitudes for 2014. Notable differences were seen between respondents by service type. Substance use disorder consumers indicated higher positive attitudes on **Outcomes, Functioning and Social Connectedness** than mental health consumers.

Those who had been in treatment for one year or more were significantly more positive in their ratings of **Access, General Satisfaction** and **Participation in Treatment Planning**. There were no significant differences between men and women who received treatment. No significant differences by consumer race or ethnic groups were observed.

The Consumer Survey replicated physical health questions administered by the Behavioral Risk Factor Surveillance System. Mental health consumers have higher prevalence of stroke, diabetes, obesity and poor self-rated health relative to substance use consumers.

Table of Contents -

	Page
Introduction	4
Methodology and Sample	4
Survey Results - Adult Survey	6
Summary of Results	6
Mental Health versus Substance Use Disorder Services	7
Type of Services Received	8
Services Received	8
Length of Time Receiving Services	8
Behavioral Health Regions	9
Scale Summaries – 2011-2014	9
Physical Health Status of Adult Behavioral Health Consumers	10
DBH Questions	12
Survey Results – Youth Survey	14
Summary of Results	14
Physical Health Status of Youth Behavioral Health Consumers	15
Summary	16
Appendix A – Survey Scales and Calculation of Scale Scores	17
Appendix B	
Table 11 – 2014 Adult Consumer Survey – Summary of Results	20
Table 12 – 2014 Adult Consumer Survey – Positive Response by Region	21
Table 13 – 2013 and 2014 Adult Consumer Surveys – Confidence Intervals	22
Table 14 – 2014 Youth Consumer Survey – Summary of Results	23
Table 15 – 2014 Youth Consumer Survey – Positive Response by Region	24
Table 16 – 2013 and 2014 Youth Consumer Surveys – Confidence Intervals	25

DHHS-DBH 2014 Behavioral Health Consumer Survey -

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, community mental health, and substance use disorder services to people who are uninsured by private health insurance or Medicaid.

During the spring and summer of 2014, 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) **Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey** (augmented with 11 questions on improved functioning and social connectedness, 9 Behavioral Risk Factor Surveillance System questions and 6 DBH specific questions)
- 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 and Improved Functioning, Table 11: Summary Profile of Client Evaluation of Care, and Table 11a: Consumer Evaluation of Care by Consumer Characteristics.]

Methodology and Sample

The DBH initially contracted with the University of Nebraska Medical Center - College of Public Health (UNMC) to conduct the 2014 Behavioral Health Consumer Survey.¹ The DBH supplied a list of names, addresses and phone numbers of recent behavioral health consumers to UNMC. UNMC conducted phone interviews and entered responses from the phone and mailed surveys into the survey database. After the UNMC data center unexpectedly ended operations, the DBH used internal resources to continue data collection and entry for the remainder of the sample using a final mailing approach. Data from the surveys were compiled and analyzed by the DBH.

The sample for the survey included behavioral health consumers receiving services from the DBH Community-based System in Nebraska between July and December of 2013 with a few exceptions. Adults who were incarcerated, homeless, or those who received their last service from the following list of services were ineligible to participate.

¹ Questions regarding the 2014 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.

Excluded Services:

- 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)

DBH prepared a letter to consumers which introduced the survey and explained that they would be contacted via telephone or mail to solicit their participation. The letter provided respondents 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. Consumers were contacted by telephone initially, then by mail if the telephone contacts were unsuccessful. After data collection ended at UNMC, individuals who had not responded were sent a final copy of the survey in the mail with a letter emphasizing the importance of their responses.

Considering eligibility criteria, an estimated 16,576 adults received mental health and/or substance use disorder services between July and December, 2013. Of that population, 5,917 consumers (35%) were randomly selected for the 2014 survey sample. Incorrect addresses had been provided for some consumers (n=1,810), preventing a successful contact. Within the remaining sample, 2,499 respondents chose not to participate. In all, 1,608 adult consumer surveys were completed. For youth, 1,368 youths received services following the same eligibility definitions as the adult sample. Of that population, 795 valid survey attempts were made, with 403 completing the survey (51%). 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 43% in 2013 to 39% in 2014. For the Youth Survey, the response rate increased from 45% in 2013 to 51% in 2014.

TABLE 1: Survey Sample Size and Response Rates – 2011-2014

Adult Survey	2011	2012	2013	2014
a. How many surveys were attempted (sent out or calls initiated)?	5,773	6,241	5,616	5,917
b. How many survey contacts were made? (surveys to valid phone numbers or addresses)	3,257	4,293	3,861	4,107
c. How many surveys were completed? (survey forms returned or calls completed)	1,404	2,153	1,658	1,608
d. What was your response rate? (number of completed surveys divided by number of contacts)	43%	50%	43%	39%
Youth Survey	2011	2012	2013	2014
a. How many surveys were attempted (sent out or calls initiated)?	353	558	785	1,191
b. How many survey contacts were made? (surveys to valid phone numbers or addresses)	243	475	695	795
c. How many surveys were completed? (survey forms returned or calls completed)	161	248	313	403
d. What was your response rate? (number of completed surveys divided by number of contacts)	66%	52%	45%	51%

DBH incorporated questions from the Behavioral Health Risk Factor Surveillance System (BRFSS)², a national survey of adults in all 50 states and 3 territories, into the Consumer Survey. These questions were added to gauge the physical health status of behavioral health consumers.

Survey data were analyzed by race/ethnicity, 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 (53%) of the adult consumers in 2014 were female. The consumers ranged in age from 18 to 94, with an average age of 42.3 years. The majority (85.3%) were white, 5.1% were black and 1.5% were American Indian. About 18% 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 (79%) were satisfied with services (Table 2). The majority (84%) were satisfied with their level of involvement in **Treatment Planning**. Seven in ten respondents (72%) responded positively to questions on the **Outcomes** scale. Most (85%) responded positively to the questions related to the **Quality and Appropriateness** of services, and 81% thought that the services were **Accessible**. The majority of consumers felt that the services they received improved their level of **Functioning** (74%) and **Social Connectedness** (71%).

Consumers aged 45 to 64 responded significantly less positively for questions on **Outcomes**, **Functioning** and **Social Connectedness**.

While males tended to respond more positively than females on several of the scales (**Access**, **Outcomes**, **Functioning** and **Social Connectedness**), none of these observed differences were statistically significant. No significant differences were observed for race/ethnicity.

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.

TABLE 2: Agreement Rates by Consumer Characteristics and Question Domains -

	Access	Quality/ Approp	Outcomes	Particip Tx Planning	Gen Satis	Func	Soc Conn
All Adult Consumers:	81.4%	84.8%	71.5%	83.7%	78.8%	74.3%	71.3%
Gender:							
Male, n=748	84.7%	86.4%	78.6%	85.7%	83.0%	77.6%	81.1%
Female, n=858	83.6%	88.9%	72.1%	87.9%	85.1%	69.1%	78.6%
Age:							
19-24 years, n=108	82.4%	89.9%	80.2%**	80.2%	84.1%	89.5%**	82.2%**
25-44 years, n=569	80.0%	84.0%	71.5%**	80.5%	80.8%	77.0%**	74.8%**
45-64 years, n=732	83.6%	85.5%	70.3%**	78.0%	87.2%	69.4%**	66.8%**
65+ years, n=66	89.4%	74.2%	74.2%**	75.8%	87.7%	79.4%**	72.1%**
Race/Ethnicity:							
White, non-Hisp, n=1222	82.6%	85.4%	72.2%	79.4%	83.6%	74.8%	71.7%
Non-white, Hisp, n=275	77.8%	82.1%	68.8%	76.4%	86.2%	71.7%	68.1%

Note: ** Significant difference at .01

Mental Health versus Substance Use Disorder Services

Comparing positive attitudes between types of the last service they received in 2013, 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 question items. Consumers receiving substance use disorder services responded significantly more positively than consumers receiving mental health services to the following statements (.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.*
- *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.*

Type of Services Received

Results showed that mental health and substance use disorder consumers had statistically significant differences in their rates of agreement with regard to **Outcomes, Functioning, and Social Connectedness** (Table 3). More substance use disorder consumers responded positively to questions in these domains than did mental health consumers.

Services Received

The vast majority of adult consumers received non-residential services (Table 3). Consumers who received inpatient services responded much less positively to questions about **Access, Quality and Appropriateness, Participation in Treatment Planning, and General Satisfaction** than consumers receiving other services. However, with questions about **Outcomes**, inpatient agreement rates were comparable to rates for all other services. Interestingly, agreement rates for **Functioning and Social Connectedness** were much higher among consumers receiving inpatient services. Because there were far fewer inpatient, emergency, and residential services survey participants, these results should be interpreted with some caution.

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 generally responded more positively to the questions about all domains except for **Social Connectedness** (Table 3). The differences in rates of positive response between consumers who were in service less than a year and those in service more than a year were statistically significant for questions about **Access, Participation in Treatment Planning, and General Satisfaction**.

TABLE 3: Agreement Rates by Services Received

	Access	Quality/ Approp	Outcomes	Particip Tx Planning	Gen Satis	Func	Soc Conn
Type of Services Received:							
MH Only, n=1293	81.7%	84.6%	69.8%*	83.8%	79.2%	72.1%*	68.5%*
SUD Only, n=291	79.7%	85.8%	79.2%*	83.4%	77.3%	84.1%*	83.7%*
Services Received:							
Emergency, n=48	79.2%	86.7%	68.1%	84.6%*	85.7%	72.7%	69.0%
Inpatient, n=12	60.0%	66.7%	72.7%	72.7%*	75.0%	90.0%	91.7%
Non-Residential, n=1405	84.5%	87.7%	75.6%	87.3%*	84.3%	74.6%	79.9%
Residential, n=58	81.8%	94.6%	70.9%	81.5%*	81.0%	71.7%	80.4%
Length of Time Receiving Services:							
Less Than One Year, n=554	80.9%*	86.2%	73.5%	83.4%*	79.1%**	74.3%	82.5%
More Than One Year, n=886	86.9%*	88.8%	77.2%	88.9%*	88.0%**	75.4%	78.5%

Note: * Significant difference at .05

** Significant difference at 0.01

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

Behavioral Health Regions

Comparisons of Behavioral Health regions revealed that Region 1 consumers were more positive about **Quality and Appropriateness** of treatment than respondents from Region 5. Region 6 consumers were significantly less satisfied with **Outcomes** than Region 4. Region 4 had the most positive attitudes on **Outcomes**. No significant differences were found for **Access, Participation in Treatment Planning, General Satisfaction, Functioning, or Social Connectedness** domains among Regions (Table 4).

TABLE 4: Agreement Rates by Region of Service Provider

Location	n	Access	Quality/ Approp	Outcomes	Particip Tx Planning	Gen Satis	Func	Soc Conn
Region 1	129	79.8%	90.6%*	70.5%	82.4%	86.9%	75.2%	69.1%
Region 2	170	77.6%	84.8%	71.6%	79.9%	86.5%	74.4%	67.5%
Region 3	236	86.0%	87.1%	73.1%	79.8%	80.8%	74.7%	70.4%
Region 4	330	82.1%	84.9%	76.3%*	80.0%	86.1%	78.1%	75.0%
Region 5	213	80.8%	80.8%*	69.1%	75.6%	80.8%	70.3%	73.0%
Region 6	394	80.5%	84.5%	68.6%*	77.9%	83.5%	73.9%	69.5%

Note: * Significant difference at .05

Scale Summaries – 2011-2014

Table 5 compares the responses from the 2011 to 2014 adult surveys for each of the seven MHSIP domains (scales). Positive attitudes for **General Satisfaction** decreased from 2013 to 2014; however, there were more positive attitudes for **Participation in Treatment Planning**. For the other domains, there were only modest changes in positive attitudes.

TABLE 5: Agreement Rate by Scale – 2011-2014

	2011	2012	2013	2014
Access	80.3%	80.5%	82.3%	81.4%
Quality/Appropriateness	86.3%	86.0%	86.2%	84.8%
Outcomes	74.5%	74.2%	69.8%	71.5%
General Satisfaction	83.6%	83.6%	85.0%	78.8%
Participation in Treatment Planning	79.9%	76.7%	78.9%	83.7%
Functioning	77.0%	76.1%	71.2%	74.3%
Social Connectedness	77.7%	74.7%	68.7%	71.3%

Physical Health Status of Adult Behavioral Health Consumers

Responses to the health questions on the 2014 Consumer Survey were compared to responses from the 2012 BRFSS for the general adult population in Nebraska (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

	(Consumer Survey) Primary Reason for Admission		(BRFSS) 2012 Nebraska General Population
	MH	SUD	
Physical Health Conditions:			
Heart Attack or Myocardial Infarction	4.5%	2.2%	4.1%
Angina or Coronary Heart Disease	4.3%	1.8%	3.9%
Stroke	4.8%	0.7%	2.4%
Diabetes	13.9%	5.9%	9.2%
Cigarette Smoking:			
Every Day	36.8%	52.4%	14.5%
Some Days	6.5%	9.9%	5.2%
Does Not Smoke	56.7%	37.7%	80.3%
General Health Status:			
Excellent	6.7%	14.2%	17.7%
Very Good	18.6%	29.2%	35.8%
Good	38.8%	38.0%	32.1%
Fair	26.3%	13.9%	11.3%
Poor	9.7%	4.7%	3.2%
In the Past 30 Days:			
Average Days Physical Health Not Good	8.38	3.91	-
Average Days Mental Health Not Good	10.37	5.14	-
Average Days Poor Health Prevented Usual Activities	8.59	4.35	-
Average Days of Binge Drinking	0.79	1.54	-
Body Mass Index Category:			
Obese	46.9%	27.5%	28.6%
Overweight	27.2%	34.1%	36.4%
Normal Weight	24.7%	37.0%	33.3%
Underweight	1.1%	1.5%	1.7%

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

To understand physical health factors, questions were added to the Consumer Survey to address comorbid conditions, including smoking status, general health status, physical health status and mental health status. The prevalence of specific chronic physical health conditions was measured using four questions from the Behavioral Health Risk Factor Surveillance System (BRFSS)

- 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 eight (13.9%) mental health consumers reported a diabetes diagnosis, significantly more than the general population. 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.

When asked whether they smoke cigarettes, more than a third (36.8%) of mental health consumers indicated that they smoke every day, and 56.7% reported not smoking. Over half (52.4%) of substance use disorder consumers reported smoking every day and 37.7% reported not smoking. Both consumer groups show higher rates of smoking than the general population; 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 (25.3%) of mental health consumers rated their general health as excellent or very good, while 9.7% rated their general health as poor. In comparison, 43.4% of substance use disorder consumers rated their general health as excellent or very good, and 4.7% 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. Mental health consumers reported an average of 8.4 days in the previous 30 days that their physical health was not good, compared to 3.9 days for substance use disorder consumers. Consumers of mental health services indicate an average of 10.4 days in the previous 30 days that their mental health was not good, compared to 5.1 days for substance use disorder consumers. There are no comparable estimates for Nebraska's general population.

Consumers were 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 8.6 days in the previous 30 days that their poor health prevented usual activities, compared to 4.4 days for substance use disorder consumers. 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 (46.9% vs. 27.5%, respectively). Conversely, consumers receiving substance use disorder services were more likely to be overweight (34.1%) compared to consumers of mental health services (27.2%).

In summary, mental health consumers were about one-and-a-half times 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 report rates 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 mental health services and substance use disorder services consumers responded positively to the Respect and Dignity question (92.1% and 88.7%, respectively). Similarly, 86.7% of mental health services consumers and 87.4% of substance use disorder services consumers responded positively to the Treatment Goal question. Marginally significant differences between treatment groups can be observed with respect to other questions as further described in Table 7.

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 mental health services and substance use disorder services consumers responded positively to the Quality of Life question (78.6% and 81.4%, respectively), however, no statistical differences were observed between the two groups (Table 7).

Table 7 provides a summary of responses to the above questions and those below that were added to the survey in 2013.

- 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. Approximately 85.5% of mental health services consumers and 84.0% of substance use disorder services consumers agreed that the program was sensitive to any experienced or witnessed trauma in their life. Also, most consumers of both service types 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 services consumers. Only half (54.2%) of the mental health consumers thought that their financial situation has stabilized or improved, compared to 66.4% for substance use disorder services consumers. Similarly, less mental health consumers agreed that their legal situation has stabilized or improved (65.9%), compared to substance use disorder services consumers (76.7%).

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 59.6% for mental health services consumers and 69.0% for substance use disorder services consumers positively agreed they have friends in their neighborhood. When asked about whether they are an active member of their community, 45.1% of mental health consumers positively agreed compared to 66.4% of those consumers of substance use disorder services.

In summary, substance use disorder consumers were more positive about improvement in their financial and legal situations, they reported having more friends in their community and they were more likely to respond that they are active members of their communities.

TABLE 7: Summary of Responses to the DBH Questions

Question	MH	SUD	P Value
The services at ____ have improved your quality of life.	78.6%	81.4%	0.854
Staff treated me with respect and dignity.	92.1%	88.7%	0.099
My treatment goals were based on my strength and needs.	86.7%	87.4%	0.057
The program was sensitive to any experienced or witnessed trauma in my life.	85.5%	84.0%	0.456
I felt safe to open up about abuse or trauma in this program.	82.3%	84.0%	0.409
My financial situation has stabilized or improved.**	54.2%	66.4%	<0.001
My legal situation has stabilized or improved.*	65.9%	76.7%	0.023
I have friends in my neighborhood.**	59.6%	69.0%	0.007
I am an active member of my community.**	45.1%	66.4%	<0.001

Note: * Significant difference at .05

** Significant difference at .01

Survey Results – Youth Survey

Summary of Results³

A total of 403 out of 795 (51%) MHSIP youth surveys were completed in 2014. This represents a 6% increase in the overall response rate compared with 2013, possibly due to a stronger survey effort and more surveys being sent out. For the surveys, a caregiver or guardian was instructed to respond on behalf of the child receiving services. More surveys were completed for boys (63.5%, n=504) than for girls (36.5%, n=290). 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 (78.8%); 21.2% were non-white or Hispanic.

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.

Most caregivers (77.9 %) in the Youth Survey were satisfied with the services their child received (Table 8). The most positive responses were in the **Cultural Sensitivity** domain – 92.8% responded positively. The responses to the 2014 survey were consistent with findings from 2013 regarding satisfaction with **Access, General Satisfaction, Family Involvement, Cultural Sensitivity, and Social Connectedness**. Results indicated that positive attitudes decreased slightly for **Functioning** and **Outcomes**. A summary of the responses to the MHSIP survey for youth for 2014 can be found in Appendix B, Table 14.

TABLE 8: Youth Survey Agreement Rate by Scale – 2011-2014

	2011	2012	2013	2014
Access	75.9%	87.4%	85.3%	84.2%
General Satisfaction	70.4%	79.0%	76.6%	77.9%
Outcomes	65.8%	63.8%	67.1%	61.6%
Family Involvement	82.4%	86.3%	89.3%	88.2%
Cultural Sensitivity	87.9%	91.9%	94.0%	92.8%
Functioning	66.5%	63.4%	66.7%	62.7%
Social Connectedness	79.1%	81.0%	83.6%	84.3%

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

Non-white, Hispanic youth reported significantly higher positivity regarding **Outcomes** and **Functioning** compared with consumers who are white, non-Hispanic youth.

Comparing positive attitudes between types of the last service they received in 2013, caregivers of substance use disorder consumers and mental health disorder consumers tended to report

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.

similarly across domains, with the exception of **Cultural Sensitivity**. Caregivers of mental health disorder consumers were significantly more positive regarding **Cultural Sensitivity** relative to caregivers of substance use disorder consumers.

TABLE 9: Agreement Rates by Youth Characteristics

	Access	Culture Sensitive	Outcomes	Family Involve	Gen Satis	Func	Soc Conn
All Youth Consumers:	84%	93%	62%	88%	78%	63%	84%
Gender:							
Girls, n=147	87%*	92%	66%*	90%	80%	67%*	85%
Boys, n=256	78%*	93%	54%*	85%	75%	56%*	83%
Race/Ethnicity:							
White, non-Hisp, n=298	85%	93%	58%*	87%	77%	60%*	85%
Non-white, Hisp, n=80	81%	91%	75%*	92%	80%	72%*	83%
Type of Services Received:							
MH Only, n=352	85%	94%*	62%	88%	78%	63%	84%
SUD Only, n=51	80%	85%*	61%	88%	78%	63%	84%

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 29.1% rated their general health as excellent, 32.5% rated their general health as very good, and 28.1% rated their general health as good. About one in ten (10.2%) rated their youth’s general health as either fair or poor. Youth with a general health status of excellent or very good dropped by 4.5% compared to 2013 estimates.

TABLE 10: BRFSS Questions for Youth Consumers

	Youth
General Health Status:	
Excellent	29.1%
Very Good	32.5%
Good	28.1%
Fair	9.7%
Poor	0.5%
In the Past 30 Days:	
Average Days Physical Health Not Good	2.17
Average Days Mental Health Not Good	8.47
Average Days Poor Health Prevented Usual Activities	4.87
Body Mass Index Category:	
Obese	21.2
Overweight	22.3
Normal Weight	49.6
Underweight	6.9

Parents reported an average of 2.17 days in the past 30 days that their youth's physical health was not good, 8.47 days when their mental health was not good, and 4.87 days when poor physical or mental health kept them from doing their usual activities.

The youths' weight, height, gender and age were used to determine their weight status. In looking at the valid (missing data excluded) youth sample, 6.9% are considered underweight compared to 5.1% in 2013; nearly half (49.6%) are considered to have a healthy weight range compared to 57.8% in 2013. Approximately 22.3% are characterized as overweight compared to 14.1% in 2013, while 21.2% are characterized as obese compared to 23.1% in 2013.

Summary

The 2014 implementation of the Consumer Survey used a mixed mode design, attempting to reach consumers via phone and by mail to complete the survey. The adult and youth survey response rates were historically consistent with response rates over the last 5 years. The response rates for the youth survey were higher in 2014, possibly owing to a larger number of survey attempts. Just under half (46%) reported a preference for mail survey mode, with the next largest category (32%) reporting a preference for phone. There were 13% of consumers who would have preferred completing the survey over the internet and 9% who would have preferred taking the survey in-person. Less than half (45%) of respondents reported having internet access at home. Taken together, these data suggest that web mode may not be a good option for the Consumer Survey in the near future. Future surveys should further evaluate potential effectiveness of a web mode option.

Since 2011, respondents have reported consistent levels of satisfaction with **Access and Quality and Appropriateness**. Respondents were less positive about their **General Satisfaction**, relative to 2013. However, respondents in 2014 indicated that they were more positive about **Participation in Treatment Planning**. Positive increases were also shown in 2014 for **Outcomes, Functioning and Social Connectedness** than in 2013, reversing downward trends in those domains since 2011. The lowest positive domain overall was **Social Connectedness** (71% positive), which was just slightly lower than **Outcomes**, (72% positive). The highest positive domain was **Quality and Appropriateness** (85% positive).

Consumers in substance use disorder services indicated relatively more positive attitudes than mental health consumers. Substance use disorder consumers reported lower prevalence of physical health conditions compared to consumers in mental health services. Mental health consumers were at significantly higher risk for stroke and diabetes relative to substance use disorder consumers. Mental health consumers also reported significantly higher rates of obesity compared with substance use disorder consumers. Mental health consumers reported more days when their physical and mental health were poor. Substance use disorder consumers reported higher incidence of binge drinking behavior.

Youth Survey results were relatively unchanged from 2013 to 2014 for **Access, General Satisfaction, Family Involvement, Cultural Sensitivity and Social Connectedness**. Respondents were less positive about **Functioning and Outcomes** in 2014 compared to 2013. Youth consumers reported consistent participation in monthly physical activity relative to 2013, and obesity rates for youth were also consistent from 2013.

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, when reviewing 2014 data, results indicated that of the 1,608 adult surveys, 37 surveys were missing responses or marked "not applicable" for more than one-third of the items in the Access scale. Those 37 surveys were excluded from the calculation, leaving 1,571 surveys to be included in the calculation. Average scale scores were calculated for each of the 1,571 surveys. Of those surveys, 1,278 had average scores of 2.49 or lower (Agree/Strongly Agree); 221 had average scores between 2.50 and 3.49 (Neutral); and 72 had average scores of 3.50 or higher (Disagree/Strongly Disagree). Therefore, the percent of positive responses for the Access scale is calculated as being 1,278 positive responses divided 1,571 surveys with completed Access items, or 81.4%.

Appendix B -

**Table 11 -
2014 Adult Consumer Survey -
Summary of Results (n=1608) -**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/Strongly Agree
1. I like the services that I received there.	781	602	106	60	38	21	87.1%
2. If I had other choices, I would still get services from ____.	650	613	127	118	52	48	81.0%
3. I would recommend ____ to a friend or family member.	721	619	104	75	45	44	85.7%
4. The location of services was convenient (parking, public transportation, distance, etc.).	643	683	124	84	18	56	85.4%
5. Staff were willing to see me as often as I felt it was necessary.	683	666	111	72	31	44	86.3%
6. Staff returned my calls within 24 hours.	593	624	447	99	23	152	83.6%
7. Services were available at times that were good for me.	643	738	108	60	26	33	87.7%
8. I was able to get all the services I thought I needed.	630	654	112	120	51	41	81.9%
9. I was able to see a psychiatrist when I wanted to.	443	535	153	130	61	286	74.0%
10. Staff at ____ believe that I can grow, change and recover.	679	669	127	32	17	87	88.5%
11. I felt comfortable asking questions about my treatment and medication.	653	653	113	60	27	102	86.7%
12. I felt free to complain.	561	681	145	102	36	83	81.4%
13. I was given information about my rights.	672	731	78	47	11	69	91.2%
14. Staff encouraged me to take responsibility for how I live my life.	661	680	111	54	16	86	88.1%
15. Staff told me what side effects to watch out for.	482	586	135	132	34	239	77.8%
16. Staff respected my wishes about who and who is not to be given information about my treatment.	709	658	86	48	20	87	89.9%
17. I, not staff, decided my treatment goals.	519	679	171	106	30	103	79.6%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	620	661	124	30	13	160	88.5%
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	580	677	147	70	29	105	83.6%
20. I was encouraged to use consumer-run programs.	483	649	165	97	37	177	79.1%
21. Staff treated me with respect and dignity.	776	635	73	38	21	65	91.4%
22. My treatment (or service) goals were based on my strengths and needs.	591	740	123	59	20	75	86.8%
23. The program was sensitive to any experienced or witnessed trauma in my life.	584	654	120	65	29	156	85.3%
24. I felt safe to open up about abuse or trauma in this program.	567	624	137	80	34	166	82.6%

As a result of the services received:

25. I deal more effectively with daily problems.	482	711	198	94	26	97	79.0%
26. I am better able to control my life.	476	742	186	94	27	83	79.9%
27. I am better able to deal with crisis.	443	707	222	115	21	100	76.3%
28. I am getting along better with my family.	437	623	253	104	35	156	73.0%
29. I do better in social situations.	374	629	273	148	41	143	68.5%
30. I do better in school and/or work.	323	509	209	119	27	421	70.1%
31. My housing situation has improved.	354	529	268	128	51	278	66.4%
32. My financial situation has improved.	284	502	293	223	88	218	56.5%
33. My legal situation has stabilized or improved.	274	487	222	89	42	494	68.3%
34. My symptoms are not bothering me as much.	352	655	227	184	49	141	68.6%
35. I do things that are more meaningful to me.	414	726	228	98	21	121	76.7%
36. I am better able to take care of my needs.	419	753	205	90	22	119	78.7%
37. I am better able to handle things when they go wrong.	374	748	229	120	25	112	75.0%
38. I am better able to do the things that I want to do.	363	739	215	136	34	121	74.1%
39. The services you received at ____ have improved your quality of life.	507	687	191	82	41	100	79.2%

Relationships with people other than your mental health provider(s):

40. I have friends in my neighborhood.	249	604	257	217	62	219	61.4%
41. I am an active member of my community.	213	487	338	313	74	183	49.1%
42. I am happy with the friendships I have.	401	749	198	109	27	124	77.5%
43. I have people with whom I can do enjoyable things.	414	776	171	103	27	117	79.8%
44. I feel I belong in my community.	294	669	288	159	62	136	65.4%
45. In a crisis, I would have the support I need from family or friends.	516	714	140	90	33	115	82.4%

Appendix B -

**Table 12 -
2014 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 = 132	n = 175	n = 243	n = 336	n = 321	n = 399
1. I like the services that I received there.	87.8%	88.2%	84.3%	88.5%	85.6%	88.2%
2. If I had other choices, I would still get services from ____.	86.0%	86.2%	79.8%	81.7%	77.3%	79.9%
3. I would recommend ____ to a friend or family member.	91.3%	90.5%	83.4%	87.2%	80.6%	85.9%
4. The location of services was convenient (parking, public transportation, distance, etc.).	82.0%	86.5%	86.0%	88.2%	88.1%	81.3%
5. Staff were willing to see me as often as I felt it was necessary.	88.3%	86.9%	88.6%	86.1%	84.1%	85.7%
6. Staff returned my calls within 24 hours.	86.9%	82.2%	85.7%	87.3%	78.0%	82.9%
7. Services were available at times that were good for me.	89.9%	88.1%	88.1%	87.3%	86.9%	87.4%
8. I was able to get all the services I thought I needed.	79.5%	81.0%	84.7%	84.1%	78.4%	82.4%
9. I was able to see a psychiatrist when I wanted to.	75.5%	74.1%	76.5%	71.8%	72.1%	75.2%
10. Staff at ____ believe that I can grow, change and recover.	87.8%	88.1%	88.7%	88.0%	85.7%	91.1%
11. I felt comfortable asking questions about my treatment and medication.	90.4%	87.7%	85.5%	86.3%	84.9%	87.6%
12. I felt free to complain.	86.2%	81.1%	83.2%	80.4%	78.5%	82.2%
13. I was given information about my rights.	93.8%	93.4%	90.2%	92.5%	88.3%	90.9%
14. Staff encouraged me to take responsibility for how I live my life.	91.1%	87.3%	89.7%	87.7%	85.2%	89.1%
15. Staff told me what side effects to watch out for.	77.4%	76.0%	83.7%	78.1%	73.0%	78.6%
16. Staff respected my wishes about who and who is not to be given information about my treatment.	92.9%	89.6%	92.1%	91.0%	87.7%	88.3%
17. I, not staff, decided my treatment goals.	82.9%	80.4%	80.3%	81.8%	75.3%	79.2%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	94.3%	87.2%	89.9%	89.2%	87.4%	86.4%
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	86.0%	83.8%	84.4%	85.3%	77.5%	85.5%
20. I was encouraged to use consumer-run programs.	79.5%	80.4%	80.0%	83.5%	70.5%	80.7%
21. Staff treated me with respect and dignity.	93.8%	92.1%	91.0%	91.3%	89.6%	92.2%
22. My treatment (or service) goals were based on my strengths and needs.	91.5%	87.7%	86.5%	87.4%	83.7%	87.0%
23. The program was sensitive to any experienced or witnessed trauma in my life.	89.0%	84.4%	88.7%	85.1%	81.3%	85.7%
24. I felt safe to open about abuse or trauma in this program.	83.6%	77.6%	80.7%	84.8%	79.8%	85.6%

As a result of the services received:

25. I deal more effectively with daily problems.	77.6%	81.5%	76.2%	82.6%	75.9%	79.3%
26. I am better able to control my life.	80.8%	78.7%	79.7%	81.6%	78.3%	79.9%
27. I am better able to deal with crisis.	74.8%	75.8%	77.6%	80.6%	73.6%	74.5%
28. I am getting along better with my family.	72.7%	74.8%	71.6%	74.5%	73.2%	71.7%
29. I do better in social situations.	66.4%	68.2%	70.8%	71.6%	68.6%	65.0%
30. I do better in school and/or work.	72.6%	68.4%	69.8%	76.3%	67.1%	67.3%
31. My housing situation has improved.	69.3%	63.6%	70.9%	69.0%	62.8%	64.4%
32. My financial situation has improved.	58.8%	50.7%	62.1%	59.2%	53.3%	55.1%
33. My legal situation has stabilized or improved.	70.1%	62.5%	71.6%	73.9%	67.4%	64.1%
34. My symptoms are not bothering me as much.	64.5%	69.1%	71.3%	69.3%	69.2%	67.1%
35. I do things that are more meaningful to me.	77.0%	74.1%	73.8%	80.2%	74.3%	78.3%
36. I am better able to take care of my needs.	77.5%	78.1%	77.7%	82.5%	76.1%	78.8%
37. I am better able to handle things when they go wrong.	71.8%	75.2%	75.2%	78.9%	71.4%	75.4%
38. I am better able to do the things that I want to do.	73.8%	74.5%	74.0%	77.1%	72.3%	73.0%
39. The services you received at ____ have improved your quality of life.	83.7%	77.3%	78.7%	81.2%	74.3%	80.9%

Relationships with people other than your mental health provider(s):

40. I have friends in my neighborhood.	60.9%	66.0%	65.3%	63.8%	60.9%	55.5%
41. I am an active member of my community.	45.8%	44.3%	44.7%	53.5%	51.8%	49.0%
42. I am happy with the friendships I have.	75.0%	77.5%	76.2%	81.1%	78.5%	75.3%
43. I have people with whom I can do enjoyable things.	76.4%	77.5%	77.2%	83.4%	83.3%	77.7%
44. I feel I belong in my community.	59.5%	61.9%	64.3%	67.0%	68.6%	65.6%
45. In a crisis, I would have the support I need from family or friends.	82.1%	75.6%	80.4%	85.0%	83.2%	83.6%

Appendix B -

Table 13 -
2013 and 2014 Adult Consumer Surveys -
Confidence Intervals (CI) -

1 = Strongly Agree; 5 = Strongly Disagree	2013 (n=1658)			2014 (n=1608)		
	Mean	SD	95% CI	Mean	SD	95% CI
1. I like the services that I received there.	1.72	0.884	1.68-1.77	1.722	0.921	1.68-1.77
2. If I had other choices, I would still get services from _____.	1.93	1.038	1.88-1.98	1.916	1.046	1.86-1.97
3. I would recommend _____ to a friend or family member.	1.77	0.922	1.73-1.82	1.788	0.966	1.74-1.84
4. The location of services was convenient (parking, public transportation, distance, etc.).	1.83	0.898	1.79-1.87	1.809	0.883	1.76-1.85
5. Staff were willing to see me as often as I felt it was necessary.	1.77	0.9	1.73-1.82	1.787	0.910	1.74-1.83
6. Staff returned my calls within 24 hours.	1.88	0.959	1.84-1.93	1.856	0.939	1.81-1.90
7. Services were available at times that were good for me.	1.77	0.843	1.73-1.81	1.786	0.856	1.74-1.83
8. I was able to get all the services I thought I needed.	1.97	1.039	1.92-2.02	1.920	1.033	1.87-1.97
9. I was able to see a psychiatrist when I wanted to.	2.08	1.088	2.03-2.14	2.116	1.117	2.06-2.18
10. Staff at _____ believe that I can grow, change and recover.	1.74	0.837	1.70-1.78	1.713	0.795	1.67-1.75
11. I felt comfortable asking questions about my treatment and medication.	1.76	0.882	1.72-1.80	1.775	0.883	1.73-1.82
12. I felt free to complain.	1.95	0.974	1.90-2.00	1.932	0.969	1.88-1.98
13. I was given information about my rights.	1.73	0.789	1.69-1.77	1.697	0.763	1.66-1.73
14. Staff encouraged me to take responsibility for how I live my life.	1.77	0.813	1.73-1.81	1.741	0.823	1.70-1.78
15. Staff told me what side effects to watch out for.	2.05	1.052	2.00-2.10	2.028	1.063	1.97-2.08
16. Staff respected my wishes about who and who is not to be given information about my treatment.	1.70	0.824	1.66-1.74	1.693	0.821	1.65-1.73
17. I, not staff, decided my treatment goals.	2.01	0.954	1.97-2.06	1.969	0.959	1.92-2.02
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	1.77	0.796	1.73-1.81	1.726	0.776	1.69-1.77
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	1.89	0.915	1.84-1.93	1.863	0.909	1.82-1.91
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	2.06	1.029	2.01-2.12	1.991	0.978	1.94-2.04
21. Staff treated me with respect and dignity.	1.64	0.793	1.60-1.68	1.634	0.799	1.59-1.67
22. My treatment (or service) goals were based on my strengths and needs.	1.83	0.844	1.79-1.87	1.811	0.838	1.77-1.85
23. The program was sensitive to any experienced or witnessed trauma in my life.	1.89	0.931	1.85-1.94	1.830	0.903	1.78-1.88
24. I felt safe to open about abuse or trauma in this program.	1.91	0.948	1.86-1.96	1.884	0.954	1.83-1.93

As a result of the services received:

25. I deal more effectively with daily problems.	2.00	0.921	1.95-2.04	1.988	0.924	1.94-2.03
26. I am better able to control my life.	2.01	0.917	1.96-2.05	1.986	0.917	1.94-2.03
27. I am better able to deal with crisis.	2.07	0.94	2.03-2.12	2.048	0.933	2.00-2.09
28. I am getting along better with my family.	2.07	0.973	2.03-2.12	2.089	0.986	2.04-2.14
29. I do better in social situations.	2.27	1.028	2.22-2.32	2.217	1.025	2.16-2.27
30. I do better in school and/or work.	2.21	0.988	2.15-2.26	2.173	1.012	2.12-2.23
31. My housing situation has improved.	2.26	1.043	2.21-2.32	2.243	1.068	2.19-2.30
32. My financial situation has improved.	2.58	1.168	2.53-2.64	2.517	1.166	2.46-2.58
33. My legal situation has stabilized or improved.	2.34	1.066	2.28-2.40	2.226	1.027	2.17-2.29
34. My symptoms are not bothering me as much.	2.35	1.104	2.29-2.40	2.266	1.062	2.21-2.32
35. I do things that are more meaningful to me.	2.09	0.919	2.05-2.14	2.049	0.906	2.00-2.10
36. I am better able to take care of my needs.	2.06	0.889	2.02-2.10	2.021	0.891	1.98-2.07
37. I am better able to handle things when they go wrong.	2.17	0.95	2.12-2.22	2.114	0.928	2.07-2.16
38. I am better able to do the things that I want to do.	2.19	0.967	2.14-2.23	2.152	0.968	2.10-2.20
39. The services you received at _____ have improved your quality of life.	1.98	0.93	1.93-2.02	1.981	0.962	1.93-2.03

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	2.452	1.090	2.39-2.51
41. I am an active member of my community.	2.80	1.11	2.74-2.85	2.683	1.126	2.62-2.74
42. I am happy with the friendships I have.	2.13	0.94	2.08-2.17	2.065	0.926	2.02-2.11
43. I have people with whom I can do enjoyable things.	2.06	0.93	2.02-2.11	2.030	0.912	1.98-2.08
44. I feel I belong in my community.	2.41	1.065	2.36-2.47	2.338	1.045	2.28-2.39
45. In a crisis, I would have the support I need from family or friends.	1.98	0.946	1.93-2.02	1.935	0.936	1.89-1.98

Appendix B -

**Table 14 -
2014 Youth Consumer Survey -
Summary of Results (n=403) -**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/ Strongly Agree
1. Overall, I am satisfied with the services my child received.	151	190	28	21	10	5	84.2%
2. I helped to choose my child's services.	139	193	28	21	8	16	82.0%
3. I helped to choose my child's treatment goals.	142	202	23	14	7	17	84.9%
4. The people helping my child stuck with us no matter what.	163	169	25	17	13	18	82.0%
5. I felt my child had someone to talk to when he/she was troubled.	130	174	36	36	12	17	75.1%
6. I participated in my child's treatment.	178	188	12	7	4	16	90.4%
7. The services my child and/or family received were right for us.	132	176	37	32	11	17	76.0%
8. The location of services was convenient for us.	148	198	15	23	2	19	85.4%
9. Services were available at times that were convenient for us.	149	196	22	16	5	17	85.2%
10. My family got the help we wanted for my child.	122	174	37	35	17	20	73.1%
11. My family got as much help as we needed for my child.	113	173	36	44	21	18	70.6%
12. Staff treated me with respect.	199	166	12	7	5	16	90.1%
13. Staff respected my family's religious/spiritual beliefs.	161	182	23	3	0	36	84.7%
14. Staff spoke with me in a way that I understood.	175	201	6	4	0	19	92.8%
15. Staff were sensitive to my cultural/ethnic background.	152	185	25	1	2	40	83.2%

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

16. My child is better at handling daily life.	74	171	64	50	22	24	60.5%
17. My child gets along better with family members.	69	187	55	50	14	30	63.2%
18. My child gets along better with friends and other people.	62	191	60	49	11	32	62.5%
19. My child is doing better in school and/or work.	75	185	57	44	17	27	64.2%
20. My child is better able to cope when things go wrong.	52	182	70	55	20	26	57.8%
21. I am satisfied with our family life right now.	74	193	58	48	12	20	65.9%
22. My child is better able to do the things he/she wants to do.	59	202	63	38	14	29	64.4%
23. The services your child received at ___ have improved his/her quality of life.	84	188	50	39	15	29	67.2%

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.	99	229	30	19	2	26	81.0%
25. I have people that I am comfortable talking with about my child's problems.	112	236	17	14	4	22	85.9%
26. In a crisis, I have the support I need from family or friends.	116	212	29	21	6	21	81.0%
27. I have people with whom I can do enjoyable things.	105	226	35	14	3	22	81.7%

Because of the small sample size, and the large confidence intervals of the statistics presented, caution should be exercised in interpreting the results of the Youth Survey.

Appendix B -

**Table 15 -
2014 Youth Consumer Survey -
Positive Response by Region -**

	Region1	Region 2	Region 3	Region 4	Region 5	Region 6
Number of respondents	n = 23	n = 33	n = 98	n = 53	n = 91	n = 102
1. Overall, I am satisfied with the services my child received.	90.0%	90.6%	85.6%	84.3%	82.4%	85.7%
2. I helped to choose my child's services.	95.0%	90.9%	86.6%	96.1%	87.9%	85.4%
3. I helped to choose my child's treatment goals.	90.0%	96.9%	85.6%	90.0%	82.4%	82.5%
4. The people helping my child stuck with us no matter what.	80.0%	81.8%	71.9%	84.0%	85.7%	73.5%
5. I felt my child had someone to talk to when he/she was troubled.	100.0%	100.0%	91.7%	98.0%	96.7%	88.9%
6. I participated in my child's treatment.	80.0%	81.8%	76.3%	84.0%	84.3%	74.7%
7. The services my child and/or family received were right for us.	95.0%	93.9%	94.7%	88.0%	88.8%	83.8%
8. The location of services was convenient for us.	80.0%	87.9%	92.7%	90.0%	86.7%	88.9%
9. Services were available at times that were convenient for us.	85.0%	87.5%	68.8%	79.6%	80.9%	74.7%
10. My family got the help we wanted for my child.	85.0%	81.8%	69.8%	71.4%	81.1%	67.7%
11. My family got as much help as we needed for my child.	95.0%	97.0%	91.7%	96.0%	93.3%	94.0%
12. Staff treated me with respect.	94.7%	100.0%	93.5%	95.9%	95.3%	85.6%
13. Staff respected my family's religious/spiritual beliefs.	95.0%	100.0%	97.9%	100.0%	98.9%	93.9%
14. Staff spoke with me in a way that I understood.	95.0%	96.9%	92.4%	91.7%	95.2%	87.6%
15. Staff were sensitive to my cultural/ethnic background.	82.6%	78.8%	84.7%	92.5%	87.9%	81.4%

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

16. My child is better at handling daily life.	65.0%	66.7%	63.0%	60.0%	58.9%	61.5%
17. My child gets along better with family members.	80.0%	75.0%	67.8%	68.0%	67.8%	64.5%
18. My child gets along better with friends and other people.	70.0%	68.8%	67.4%	64.0%	68.5%	66.7%
19. My child is doing better in school and/or work.	75.0%	78.8%	67.4%	68.0%	69.3%	65.3%
20. My child is better able to cope when things go wrong.	65.0%	63.6%	60.9%	62.0%	60.7%	62.1%
21. I am satisfied with our family life right now.	80.0%	69.7%	70.2%	68.0%	71.1%	65.3%
22. My child is better able to do the things he/she wants to do.	65.0%	78.8%	66.3%	68.0%	71.1%	68.1%
23. The services your child received at _____ have improved his/her quality of life.	85.0%	78.8%	68.1%	76.0%	76.1%	66.0%

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.	90.0%	87.5%	79.3%	94.0%	90.9%	84.5%
25. I have people that I am comfortable talking with about my child's problems.	95.0%	100.0%	86.2%	94.0%	94.3%	86.7%
26. In a crisis, I have the support I need from family or friends.	90.0%	90.9%	79.8%	92.0%	85.2%	84.8%
27. I have people with whom I can do enjoyable things.	80.0%	93.9%	83.0%	92.0%	86.2%	85.9%

Note: Because of the small sample size caution should be exercised in interpreting the results of the Youth Survey.

Appendix B -

**Table 16 -
2013 and 2014 Youth Consumer Surveys -
Confidence Intervals (CI) -**

	2013 (n=313)			2014 (n=403)		
	Mean	SD	95% CI	Mean	SD	95% CI
1. Overall, I am satisfied with the services my child received.	1.84	0.88	1.74-1.93	1.873	0.932	1.78-1.96
2. I helped to choose my child's services.	1.89	0.88	1.79-1.99	1.884	0.905	1.79-1.97
3. I helped to choose my child's treatment goals.	1.75	0.77	1.67-1.84	1.820	0.837	1.74-1.90
4. The people helping my child stuck with us no matter what.	1.86	1.03	1.75-1.98	1.832	0.969	1.76-1.93
5. I felt my child had someone to talk to when he/she was troubled.	2.00	1.02	1.89-2.12	2.036	1.039	1.93-2.14
6. I participated in my child's treatment.	1.64	0.70	1.56-1.72	1.640	0.724	1.57-1.71
7. The services my child and/or family received were right for us.	1.93	0.96	1.82-2.04	2.005	1.012	1.90-2.11
8. The location of services was convenient for us.	1.77	0.81	1.68-1.86	1.790	0.815	1.71-1.87
9. Services were available at times that were convenient for us.	1.81	0.75	1.73-1.9	1.794	0.826	1.71-1.88
10. My family got the help we wanted for my child.	2.08	1.05	1.96-2.19	2.094	1.081	1.99-2.20
11. My family got as much help as we needed for my child.	2.24	1.11	2.12-2.37	2.191	1.138	2.08-2.30
12. Staff treated me with respect.	1.59	0.70	1.51-1.67	1.594	0.753	1.52-1.67
13. Staff respected my family's religious/spiritual beliefs.	1.67	0.68	1.6-1.75	1.642	0.636	1.58-1.71
14. Staff spoke with me in a way that I understood.	1.59	0.58	1.52-1.65	1.583	0.581	1.52-1.64
15. Staff were sensitive to my cultural/ethnic background.	1.69	0.63	1.62-1.77	1.674	0.663	1.61-1.74

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

16. My child is better at handling daily life.	2.20	1.07	2.08-2.32	2.409	1.115	2.30-2.52
17. My child gets along better with family members.	2.21	1.00	2.1-2.32	2.341	1.042	2.24-2.45
18. My child gets along better with friends and other people.	2.20	0.98	2.09-2.31	2.346	1.001	2.24-2.45
19. My child is doing better in school and/or work.	2.25	1.12	2.12-2.38	2.320	1.058	2.21-2.43
20. My child is better able to cope when things go wrong.	2.34	1.04	2.22-2.46	2.496	1.065	2.39-2.60
21. I am satisfied with our family life right now.	2.19	1.01	2.08-2.31	2.301	1.017	2.20-2.40
22. My child is better able to do the things he/she wants to do.	2.25	0.97	2.14-2.35	2.324	0.980	2.23-2.42
23. The services your child received have improved his/her quality of life.	2.12	1.01	2.01-2.24	2.237	1.038	2.13-2.34

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.	2.01	0.86	1.91-2.11	1.934	0.765	1.86-2.01
25. I have people that I am comfortable talking with about my child's problems.	1.92	0.82	1.83-2.01	1.856	0.747	1.78-1.93
26. In a crisis, I have the support I need from family or friends.	1.92	0.81	1.83-2.01	1.930	0.857	1.84-2.02
27. I have people with whom I can do enjoyable things.	1.83	0.65	1.76-1.91	1.914	0.759	1.84-1.99

Note: Because of the small sample size, and the large confidence interval, caution should be exercised in interpreting the results of the Youth Survey.