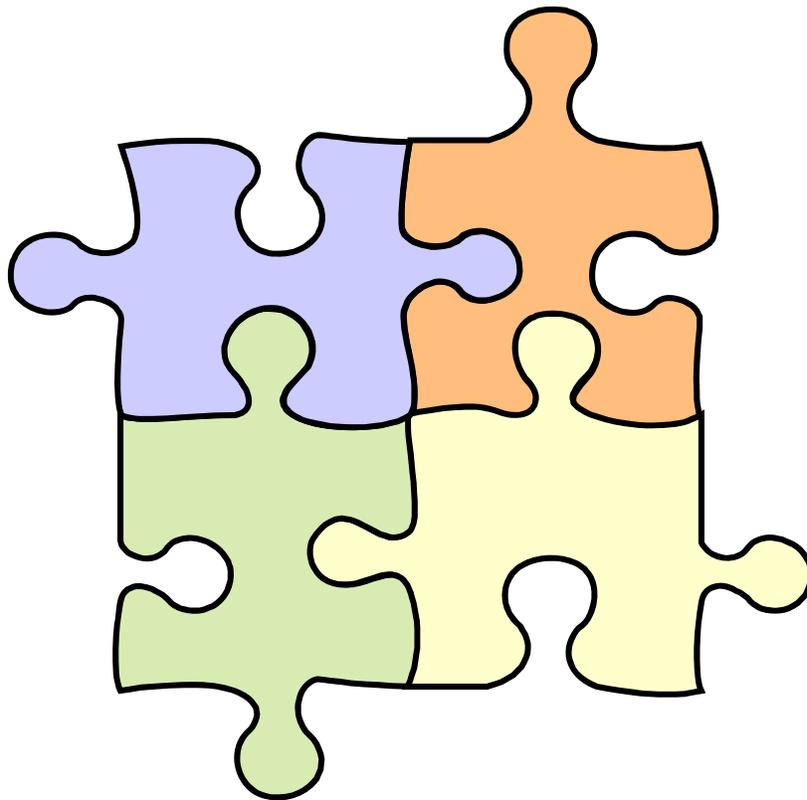


DHHS-DBH 2012 Behavioral Health Consumer Survey

Summary of Results



**Nebraska Department of Health and Human Services
Division of Behavioral Health
December 2012
AA/EOE/ADA**

Executive Summary

During the first and second quarters of fiscal year 2012, 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 abuse (substance use disorder) services from the publicly funded, community-based behavioral health system in Nebraska. The adult survey consists of forty questions and aims 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 2,153 adults (50% response rate) and 558 youth caregivers (52% 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 2006. 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 five out of the seven domains were less positive in 2012 than in 2011, and have been decreasing every year since 2010. **Participation in Treatment Planning** and **Social Connectedness** are 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 abuse consumers indicated increased positive attitudes on **Quality and Appropriateness**, **Outcomes**, **Functioning** and **Social Connectedness** compared to mental health consumers.

Consumers aged 45 and over reported higher levels of **General Satisfaction** compared to younger consumers. Also, those who received services for a year or more had increased positivity to the questions about **Access**, **Quality/Appropriateness**, **Outcomes** and **General Satisfaction**. Most domains showed no significant differences between consumer race/ethnicity and gender.

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 heart disease, heart attack, stroke and diabetes compared to consumers of substance abuse services and the general population. Additionally, the prevalence of diabetes and obesity among mental health consumers each occur at over one and half times the rate observed within the general population.

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DHHS-DBH 2012 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, substance abuse and gambling services. During the spring and summer of 2012, 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 abuse services from the publicly funded, community-based behavioral health system in Nebraska on the quality and impact of services received. The survey instruments used were:

- a) **28-Item Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey** (augmented with 11 questions on improved functioning and social connectedness and one question on quality of life)
- b) **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 2012 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 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 abuse services from the DBH Community-based System in Nebraska between July and December of 2011 with a few exceptions. Adults who were homeless and those who received their last service from the below list 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 abuse services).

¹ Questions regarding the 2012 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 20,743 adults received mental health and/or substance abuse services. Of that population, 6,241 consumers (30%) were sampled. An incorrect address had been provided for some consumers (n=1,948), preventing a successful contact. With the remaining sample, 2,140 respondents chose not to participate. In all, 2,153 adult consumer surveys were completed, a 53% increase over 2011. 1,105 youths received services following the same eligibility definitions as the adult sample. Of that population, 558 youth caregivers (50%) were sampled, with 248 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.

Again, in 2012, 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

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.

Survey Results

Adult Survey – Summary of Results

Just over half (54.5%) of the adult consumers in 2012 were female. The consumers ranged in age from 18 to 90, with an average age of 42.4 years. Most (85.0%) were white, 4.4% were black and 1.9% were American Indian. About 6.4% were Hispanic or Latino.

Generally speaking, consumers reported being satisfied with the services they received from community mental health and/or substance abuse programs funded by DBH. In the area of **General Satisfaction**, most adult consumers (83.6%) were satisfied with services (Table 1). About 6.5% were dissatisfied with services, and 9.9% were neutral. More than three-fourths (76.7%) were satisfied with their level of involvement in treatment planning. Three-fourths (74.2%) responded positively to questions on the **Outcomes** scale. Most (86.0%) responded positively to the questions related to the **Quality and Appropriateness** of services, and 80.5% thought that the services were **Accessible**. Most consumers felt that the services they received improved their level of **Functioning** (76.1%) and **Social Connectedness** (74.7%).

While males tended to respond more positively than females on several of the scales (**Access, Quality/Appropriateness, Outcomes, Functioning** and **Social Connectedness**), only **Social Connectedness** was observed to be different by a statistically significant margin. Both males and females responded significantly more positively to questions in the **Quality/Appropriateness** and **General Satisfaction** domain than to questions in the **Outcomes, Participation in Treatment Planning, Functioning** and **Social Connectedness** domains.

Consumers aged 19 to 24 tended to respond more positively than all other age groups (25-44, 45-64, 65+) for questions on **Participation in Treatment Planning, Functioning** and **Social Connectedness**. Consumers aged 45-64 reported the least positivity for four of the seven domains. Consumers aged 45 and over reported higher levels of **General Satisfaction** compared to consumers who are 44 years of age and under. The opposite trend was observed when looking at **Social Connectedness** and **Participation in Treatment Planning**.

A significant difference was observed for the **Access** domain between consumers who are white, non-Hispanic adults, and consumers who are non-white or Hispanic adults. Looking within consumers who are white, non-Hispanic, the questions regarding **Quality/Appropriateness** and **General Satisfaction** of services received significantly more positive responses than questions regarding **Access, Outcomes, Participation in Treatment Planning, Functioning** and **Social Connectedness**. Additionally, significant differences are observed among the scales for consumers who are non-white or Hispanic. Non-white or Hispanic consumers responded significantly more positively to questions within the **Access, Quality/Appropriateness** and **General Satisfaction** domains compared to **Outcomes** and **Participation in Treatment Planning, Functioning** and **Social Connectedness** domains.

TABLE 1: Agreement Rates by Consumer Characteristics

	Access	Quality/ Approp	Outcomes	Participation Tx Planning	Gen Satis	Func	Soc Conn
All Adult Consumers:	80.5%	86.0%	74.2%	76.7%	83.6%	76.1%	74.7%
Gender:							
Male, n=980	82.0%	86.4%	74.8%	75.2%	83.1%	77.7%	76.8%*
Female, n=1173	79.3%	85.6%	73.6%	78.0%	84.1%	74.8%	73.0%*
Age:							
19-24 years, n=298	79.2%	87.4%	76.1%	80.8%	83.8%	79.9%	81.9%
25-44 years, n=872	79.8%	88.3%	75.0%	78.2%	82.3%	78.5%	76.3%
45-64 years, n=896	81.0%	84.1%	72.2%	74.5%	84.9%	72.1%	72.4%
65+ years, n=87	90.6%	88.8%	77.2%	77.2%	91.7%	78.2%	63.9%
Race/Ethnicity:							
White, non-Hisp, n=1756	79.7%*	85.6%	73.8%	76.5%	83.4%	75.5%	74.7%
Non-white or Hisp, n=388	85.0%*	88.3%	76.3%	78.3%	85.3%	79.3%	75.9%

Note: * Significant difference at .05

Mental Health versus Substance Abuse Services

Consumers were asked about the type of services they had received in the last 12 months. Comparing positive attitudes between type of service, consumers receiving only substance abuse services reported statistically higher positive attitudes on **Outcomes, Functioning and Social Connectedness** than did consumers receiving mental health services only (Table 2).

Looking across domains within service types, consumers only receiving substance abuse services indicated significantly lower positive attitudes on **Participation in Treatment Planning** compared to other domains. Conversely, significantly higher positive attitudes were observed for **Quality/Appropriateness** of services among consumers of substance abuse treatment. Similarly, consumers receiving mental health services also reported significantly higher positive attitudes on **Quality/Appropriateness**. However, **Outcomes, Functioning and Social Connectedness** all received significantly lower positive attitudes among mental health consumers.

There were also several significant differences for individual survey questions. Consumers receiving substance abuse 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.*
- *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 am happy with the friendships I have.*
- *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.*

Only one question was observed to be significantly more positive at the .01 level for consumers receiving mental health services versus those receiving substance abuse services:

- *Services were available at times that were good for me.*

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 **Access, Quality/Appropriateness, Outcomes** and **General Satisfaction**; however, they responded significantly less positively to questions about **Social Connectedness**.

TABLE 2: Agreement Rates by Services Received

	Access	Quality/ Approp	Outcomes	Participation Tx Planning	Gen Satis	Func	Soc Conn
Type of Services Received							
Last 12 Months:							
MH Only	81.1%	85.3%	72.8%**	77.2%	84.3%	74.2%**	72.0%**
SA Only	78.4%	88.5%	79.5%**	75.1%	81.4%	83.4%**	84.8%**
Length of Time Receiving Services:							
Less Than One Year	78.2%*	83.9%*	71.8%*	76.1%	80.9%**	76.5%	77.7%**
More Than One Year	82.7%*	87.7%*	76.1%*	77.3%	86.2%**	76.6%	72.7%**

Note: * Significant difference at .05; ** Significant difference at .01

Behavioral Health Regions

Significant differences were observed across the domains *between* the highest and lowest rated Regions. While some differences occur in isolation, a couple patterns are still present. Region 2 consumers responded significantly more positively to questions on **Outcomes, General Satisfaction, Participation in Treatment Planning** and **Functioning** than did consumers from Region 6. Region 6 consumers also had significantly lower positive attitudes than Region 3 consumers on **Outcomes, Functioning** and **Social Connectedness**. Region 6 was also observed to have significantly lower positive attitudes than Region 1 on **Participation in Treatment Planning**.

From a different perspective, some significant differences were also observed on the seven domains *within* some Regions. For example, at the .001 significance level, **Quality/Appropriateness** received significantly higher positive attitudes than **Outcomes** and **Participation in Treatment Planning** for Regions 4, 5 and 6. In addition, consumers of Regions 4 and 6 also indicated significantly higher positive attitudes on **Quality/Appropriateness** than **Functioning** and **Social Connectedness**.

TABLE 3: Agreement Rates by Region of Service Provider

Provider Location	n	Access	Quality/ Approp	Outcomes	Participation Tx Planning	Gen Satis	Func	Soc Conn
Region 1	170	82.8%	87.1%	75.0%	82.5%	84.0%	72.8%	74.1%
Region 2	250	81.2%	89.4%	77.6%	82.5%	86.9%	80.1%	74.3%
Region 3	270	82.4%	87.5%	79.2%	78.1%	85.5%	78.7%	81.0%
Region 4	396	81.7%	89.1%	75.8%	77.5%	85.6%	78.2%	73.1%
Region 5	527	80.8%	83.1%	72.6%	73.3%	82.7%	77.1%	75.8%
Region 6	540	77.4%	83.7%	70.1%	74.3%	80.6%	71.5%	72.0%

Scale Summaries – 2006-2012

Table 4 compares the responses from the 2006 to 2012 adult surveys for each of the seven MHSIP domains (scales). In 2010, positive attitudes were observed at their highest rates since this study began for 5 of 7 domains. However, positive attitudes for 5 domains have been decreasing every year since this time. Most notably, **Participation in Treatment Planning** and **Social Connectedness** fell approximately 3 points from their 2011 estimates.

TABLE 4: Agreement Rate by Scale – 2006-2012

	2006	2007	2008	2009	2010	2011	2012
Access	77.1%	81.4%	76.3%	82.1%	82.4%	80.3%	80.5%
Quality/Appropriateness	82.2%	84.9%	81.9%	87.8%	88.7%	86.3%	86.0%
Outcomes	68.4%	72.9%	72.0%	71.5%	75.6%	74.5%	74.2%
General Satisfaction	78.6%	81.1%	75.9%	86.3%	84.8%	83.6%	83.6%
Participation in Treatment Planning	73.0%	78.1%	73.1%	79.8%	80.3%	79.9%	76.7%
Functioning	71.4%	77.4%	80.4%	73.7%	78.5%	77.0%	76.1%
Social Connectedness	87.7%	74.5%	76.3%	75.2%	81.6%	77.7%	74.7%

A summary of the responses to the MHSIP survey for adults for 2012, 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 2011 BRFSS for the general adult population in Nebraska. Those comparisons are shown in Table 5.

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 2012:

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 six (16.1%) mental health consumers reported a diabetes diagnosis, nearly twice the rate of the general population (8.4%). The percent of diagnosed chronic health conditions for substance abuse 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 (39.8%) of mental health consumers indicated that they smoke every day, and 52.6% reported not smoking. Likewise, over half (55.8%) of substance abuse consumers reported smoking every day and 35.8% reported not smoking. However, only 15% of the general population reported smoking every day, while 80.0% reported that they do not smoke.

When asked to assess their general health, approximately one-fourth (26.7%) of mental health consumers rated their general health as excellent or very good, while 10.1% rated their general health as poor. Similarly, 40.0% of substance abuse consumers rated their general health as excellent or very good, and 5.6% rated their general health as poor. More than half (54.0%) of the general population rated their general health as excellent or very good, and only 3.0% rated their general health as poor.

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

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

Mental health consumers reported an average of 7.8 days in the previous 30 days that their physical health was not good, compared to 5.5 days for substance abuse 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 5.8 days for substance abuse consumers. 2011 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 8.8 days in the previous 30 days that their poor health prevented usual activities compared to 6.7 days for substance abuse consumers. Over one-fourth (28.4%) of all consumers reported that there were no days 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 2011.

Consumers receiving mental health services are over twice as likely as consumers receiving substance abuse services to report having diabetes or coronary heart disease in their lifetime. 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 abuse services to be obese (45.9% vs. 26.4%, respectively). Conversely, consumers receiving substance abuse services were more likely to be overweight (37.7%) compared to consumers of mental health services (27.7%). Consumers receiving substance abuse services were also more likely to report their general health status as very good or excellent (40%) compared to mental health consumers (26.7%).

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 abuse 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 abuse consumers tend to have rates reported in-between those of mental health consumers and the general population.

TABLE 5: Differences on BRFSS Questions between Consumers Receiving Mental Health Versus Substance Abuse Services and the General Adult Population in Nebraska

	Primary Reason for Admission		2011 Nebraska General Population
	MH	SA	
Physical Health Conditions:			
Heart Attack or Myocardial Infarction	5.0%	3.1%	4.3%
Angina or Coronary Heart Disease	4.9%	2.0%	3.9%
Stroke	4.5%	3.5%	2.6%
Diabetes	16.1%	6.8%	8.4%
Cigarette Smoking:			
Every Day	39.8%	55.8%	15.0%
Some Days	7.6%	8.4%	5.0%
Does Not Smoke	52.6%	35.8%	80.0%
General Health Status:			
Excellent	7.5%	15.3%	18.0%
Very Good	19.2%	24.7%	36.0%
Good	37.2%	37.1%	32.0%
Fair	26.0%	17.3%	11.0%
Poor	10.1%	5.6%	3.0%
In the Past 30 Days:			
Average Days Physical Health Not Good	7.8	5.5	NA
Average Days Mental Health Not Good	10.4	5.8	NA
Average Days Poor Health Prevented Usual Activities	8.8	6.7	NA
Average Days of Binge Drinking	0.7	1.3	NA
Body Mass Index Category:			
Obese	45.9%	26.4%	28.0%
Overweight	27.7%	37.7%	37.0%
Normal Weight/Underweight	26.4%	35.9%	36.0%

Note: Most recent data for Nebraska general population is from 2011.

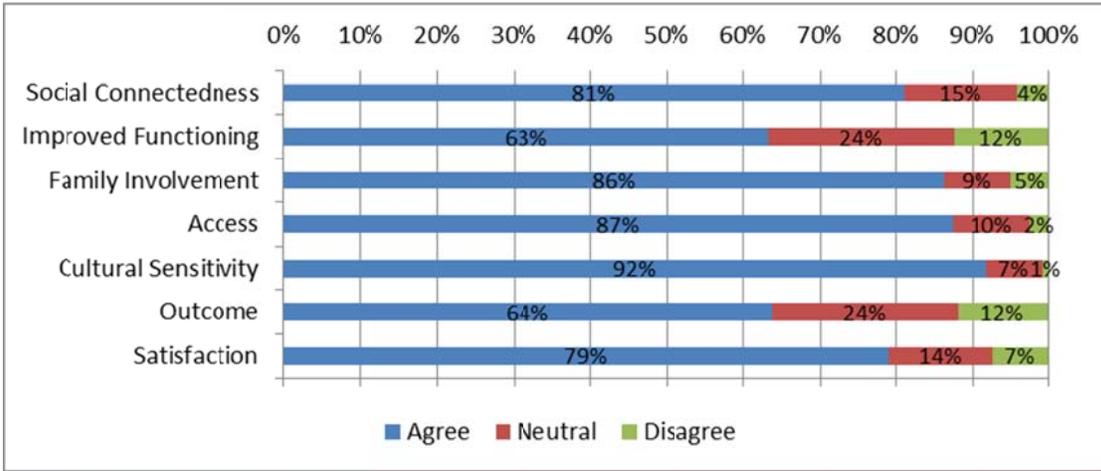
Youth Survey – Summary of Results³

A total of 248 out of 475 (52%) MHSIP youth surveys were completed in 2012. While total completes increased compared to 2011, response rate decreased by 14%. A caregiver or guardian responded on behalf of the child receiving services. More surveys were completed for boys (56.5%) than for girls (43.6%). The youths' ages ranged from 2 years to 18 years, with an average age of 13.1 years. Most of the consumers were white, non-Hispanic (74.6%); 25.4% were non-white or Hispanic. Over two-fifths (44.4%) 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.

³ Because of the small sample size, and the large confidence interval (+/-5.48%), caution should be exercised in interpreting the results of the Youth Survey.

Figure 1
Statewide Summary – MHSIP Scales – Youth



Most caregivers (79.0%) in the Youth Survey indicated that they were satisfied with the services their child received (Figure 1). 7.3% were dissatisfied with the services their child received, and 13.7% were neutral. The most positive responses were in the **Cultural Sensitivity** domain – 91.9% responded positively. The responses to the 2012 survey were more positive than responses to the 2011 survey on four domains: **Family Involvement, Access, Cultural Sensitivity** and **Satisfaction**. Positive response rates for the other domains remain relatively unchanged compared to 2011.

A summary of the responses to the MHSIP survey for youth for 2012 can be found in Appendix B, Table 11.

Physical Health Status of Youth Behavioral Health Consumers

The caregivers were asked some of the same health questions from the BRFSS as the Adult Survey. When asked to rate the youth’s general health, approximately 30.2% rated their general health as excellent, 31.5% rated their general health as very good, and 30.2% rated their general health as good. About one in twelve (8.1%) rated their youth’s general health as either fair or poor. Youth with a general health status of excellent dropped by 4.6% compared to 2011 estimates. However an increase of 7.3% was observed among youth rated as having very good general health. Taken together, caregivers reported youth as having a health status of excellent or very good - an increase of 2.7% over last year.

Parents reported an average of 2 days in the past 30 days that their youth’s physical health was not good, 8.4 days when their mental health was not good, and 5.2 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, 92.0% said yes, 7.7% said no, and .4% 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, 6.6% are considered underweight

compared to 4.4% in 2011; over half (53.1%) are considered to have a healthy weight range compared to 55.1% in 2011, 14.6% are characterized as overweight compared to 17.6% in 2011, while 25.7% are obese compared to 22.7% in 2011.

Respect and Dignity, Treatment Goals, and Quality of Life Questions

The adult consumer survey also 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 (90.8%) responded positively to the Respect and Dignity question. Similarly, 86.3% responded positively to the Treatment Goal question. Narrow differences between treatment and demographic groups can be observed with respect to the questions. Nevertheless, consumers receiving services for more than a year tended to respond more favorably towards both questions.

Both the adult and youth surveys included one question to examine the impact of services on the quality of life for consumers.

- 1) *The services you received at [Provider Name] has improved your quality of life. (ADULT SURVEY)*
- 2) *The services your child received at [Provider Name] has improved his/her quality of life. (YOUTH SURVEY)*

Most adult consumers (80.2%) responded positively to the QOL (Quality of Life) question and over two-thirds (71.5%) of youth consumers were rated positively. No clear differences were observed between type of service among adult consumers, but youth consumers of mental health services were rated more favorably than youth consumers of substance abuse services. Youth and adult consumers receiving services for a year or more also responded more positively to this question than those receiving services for less than one year. Looking at demographics, male youths were rated more positively than their counterparts, and positive response decreased as age increased among youth consumers.

Table 6 provides a summary of the responses to these questions for the adult and youth surveys.

TABLE 6: Summary of Responses to the Quality of Life Question, Respect and Dignity, and Treatment Goals

	Quality of Life		Respect and Dignity	Treatment Goal
	Adult Survey	Youth Survey	Adult Survey	Adult Survey
All Consumers	80.2%	71.5%	90.8%	86.3%
Type of Services Received:				
Mental Health Services Only	79.9%	72.7%	90.8%	85.9%
Substance Abuse Services Only	81.1%	64.9%	90.9%	87.4%
Length of Time Receiving Services:				
Less Than One Year	75.7%	67.6%	88.8%	83.7%
One Year or More	83.8%	75.7%	93.0%	88.2%
Gender:				
Male	80.4%	75.0%	91.4%	85.5%
Female	80.0%	67.0%	90.3%	86.9%
Race/Hispanic Origin:				
White, non-Hispanic	79.9%	71.0%	90.5%	86.1%
Non-white or Hispanic	82.2%	73.0%	92.4%	87.4%
Age:				
< 6 Years	NA	85.7%	NA	NA
6-9 Years	NA	79.3%	NA	NA
10-14 Years	NA	77.1%	NA	NA
15-18 Years	NA	63.0%	NA	NA
19-24 Years	80.4%	NA	89.3%	85.3%
25-44 Years	80.7%	NA	91.1%	87.5%
45-64 Years	80.3%	NA	90.6%	85.1%
65+ Years	73.8%	NA	95.3%	89.0%

Survey Sample and Response Rates

Table 7 shows a summary of sample size and response rates for the last seven years. The response rate for the Adult Survey increased from 43% in 2011 to 50% in 2012. For the Youth Survey, the response rate decreased from 66% in 2011 to 52% in 2012.

TABLE 7: Survey Sample Size and Response Rates – 2006-2012

Adult Survey	2006	2007	2008	2009	2010	2011	2012
a. How many surveys were attempted (sent out or calls initiated)?	3,592	5,198	5,980	8,407	5,790	5773	6241
b. How many survey contacts were made? (surveys to valid phone numbers or addresses)	1,471	2,145	3,238	3,748	3,001	3257	4293
c. How many surveys were completed? (survey forms returned or calls completed)	795	1,173	1,019	1,090	1,124	1404	2153
d. What was your response rate? (number of completed surveys divided by number of contacts)	54%	55%	31%	29%	37%	43%	50%
Youth Survey	2006	2007	2008	2009	2010	2011	2012
a. How many surveys were attempted (sent out or calls initiated)?	1,567	1,037	784	928	701	353	558
b. How many survey contacts were made? (surveys to valid phone numbers or addresses)	880	537	306	423	410	243	475
c. How many surveys were completed? (survey forms returned or calls completed)	465	254	128	135	232	161	248
d. What was your response rate? (number of completed surveys divided by number of contacts)	53%	47%	42%	32%	57%	66%	52%

Table 8 shows a summary of the data reported by the DBH to the Center for Mental Health Services for the Federal Community Mental Health Services Block Grant, Summary Profile of Client Evaluation of Care for 2010 through 2012 (Uniform Reporting System Table 11).

For the Adult Survey, the responses in 2012 were approximately the same as responses in 2011 for four of the five domains and have remained relatively stable since 2010. However, a 3.2% decrease in positive responses from the 2011 estimate was observed for the **Participation in Treatment Planning** domain among adult consumers.

For the Youth Survey, four out the five domains showed a clear increase in positive responses compared to results from 2011. Examining the strength of the increase, **Access, General Satisfaction, Participation in Treatment Planning** and **Cultural Sensitivity** all increased by an average of 7% since 2011.

TABLE 8: Summary Profile of Client Evaluation of Care/DHHS-DBH Consumer Survey Results (URS Table 11)

Report Year (Year Survey was Conducted)	2010			2011			2012		
Adult Consumer Survey Results:	Positive Responses	Responses	Percent	Positive Responses	Responses	Percent	Positive Responses	Responses	Percent
1. Percent Reporting Positively About Access .	918	1,114	82.4%	1111	1384	80.3%	1698	2109	80.5%
2. Percent Reporting Positively About Quality and Appropriateness for Adults.	978	1,102	88.7%	1182	1370	86.3%	1782	2073	86.0%
3. Percent Reporting Positively About Outcomes .	822	1,087	75.6%	1019	1368	74.5%	1544	2082	74.2%
4. Percent of Adults Reporting on Participation in Treatment Planning .	849	1,057	80.3%	1049	1313	79.9%	1526	1989	76.7%
5. Percent of Adults Reporting Positively about General Satisfaction with Services.	951	1,122	84.8%	1167	1396	83.6%	1775	2122	83.6%
Youth Consumer Survey Results:	Positive Responses	Responses	Percent	Positive Responses	Responses	Percent	Positive Responses	Responses	Percent
1. Percent Reporting Positively About Access .	190	230	82.6%	120	158	75.9%	215	246	87.4%
2. Percent Reporting Positively About General Satisfaction for Children.	180	231	77.9%	112	159	70.4%	196	248	79.0%
3. Percent Reporting Positively About Outcomes for Children.	143	228	62.7%	104	158	65.8%	155	243	63.8%
4. Percent of Family Members Reporting on Participation in Treatment Planning For Their Children.	188	228	82.5%	131	159	82.4%	214	248	86.3%
5. Percent of Family Members Reporting High Cultural Sensitivity of Staff. (Optional)	211	223	94.6%	138	157	87.9%	226	246	91.9%

Summary

There were a number of areas of improvement in 2012. Beginning with design and estimation, the adult and youth surveys both benefitted from larger samples. The confidence interval for the adult survey was +/- 2.00% at the 95% confidence level in 2012 and +/- 5.48% for the youth surveys. The confidence interval for the youth survey has improved over the 2011 interval (+/- 7.38%) primarily due to the increase in the number of responses in 2012.

For the adult survey, responses to five out of the seven domains were less positive in 2012 than in 2011, and have been decreasing every year since 2010. **Participation in Treatment Planning** and **Social Connectedness** are noted for having the sharpest decline of all domains compared to last year’s rates. In view of service type, consumers in substance abuse services indicated increased positive attitudes on **Quality and Appropriateness**, **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 abuse consumers have reduced prevalence rates of physical health conditions compared to consumers in mental health services. In all cases except for stroke, substance abuse consumers even have lower rates than Nebraska's general population. Despite this finding, substance abuse consumers are noted for higher smoking rates than those in mental health services, and are over 3.5 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 four domains while **Social Connectedness**, **Functioning** and **Outcomes** appear relatively the same, indicating less than a 3% difference from 2011. When examining overall physical health, youth consumers, compared to 2011, had an estimated 5% increase in monthly physical activity participation and had their general health condition rated slightly better as well. The proportion of youth consumers who are overweight dropped by 3% compared to 2011, yet a 3% increase in obesity was also observed. Youth consumers also experience at least 1.5 additional days on average, per month, for which poor physical or mental health kept them from doing their usual activities, compared to reports from 2011. Additionally, the Quality of Life question in 2012 for each youth age group (<6, 6-9, 10-14, 15-18) received less positive response compared to 2011.

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:

1. Of the 2,153 adult surveys, 44 had more than one third of the items in the **Access** scale either missing or marked not applicable. Those 44 surveys were excluded from the calculation of the **Access** scale, leaving 2,109 surveys to be included in the calculation.
2. Average scale scores were calculated for each of the 2,109 surveys.
3. Of the 2,109 remaining surveys:
1,698 had average scores of 2.49 or lower (Agree/Strongly Agree).
318 had average scores between 2.50 and 3.49 (Neutral).

- 93 had average scores of 3.50 or higher (Disagree/Strongly Disagree).
4. The percent of “positive” responses for the **Access** scale was 1,698 (from Step 3) divided by 2,109 (from Step 1) = **80.5**.

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)	.876
Quality and Appropriateness (9)	.923
Outcomes (8)	.929
Participation in Treatment Planning (2)	.683
General Satisfaction (3)	.898

Additional Adult Scales (# of Items)	Alphas
Improved Functioning (5)	.919
Social Connectedness (4)	.849

Youth Scales (# of Items)	Alphas
Satisfaction (6)	.930
Positive Outcome (6)	.915
Cultural Sensitivity (4)	.897
Access (2)	.736
Family Involvement (3)	.786

Additional Youth Scales (# of Items)	Alphas
Improved Functioning (6)	.928
Social Connectedness (4)	.856

Appendix B

Table 9
2012 Adult Consumer Survey
Summary of Results (n=2153)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/Strongly Agree
1. I like the services that I received there.	960	855	169	80	49	40	85.9%
2. If I had other choices, I would still get services from _____.	834	868	181	137	82	51	81.0%
3. I would recommend _____ to a friend or family member.	941	864	132	94	65	57	86.1%
4. The location of services was convenient (parking, public transportation, distance, etc.).	789	949	179	109	42	85	84.0%
5. Staff were willing to see me as often as I felt it was necessary.	889	891	164	101	46	62	85.1%
6. Staff returned my calls within 24 hours.	744	851	194	122	57	185	81.0%
7. Services were available at times that were good for me.	878	959	149	80	41	46	87.2%
8. I was able to get all the services I thought I needed.	829	887	154	160	83	40	81.2%
9. I was able to see a psychiatrist when I wanted to.	610	759	204	147	88	345	75.7%
10. Staff at _____ believe that I can grow, change and recover.	909	862	191	51	39	101	86.3%
11. I felt comfortable asking questions about my treatment and medication.	908	888	135	84	39	99	87.4%
12. I felt free to complain.	740	927	206	133	60	87	80.7%
13. I was given information about my rights.	871	977	125	66	31	83	89.3%
14. Staff encouraged me to take responsibility for how I live my life.	887	939	152	51	28	96	88.8%
15. Staff told me what side effects to watch out for.	676	829	183	162	60	243	78.8%
16. Staff respected my wishes about who and who is not to be given information about my treatment.	948	907	124	55	29	90	89.9%
17. I, not staff, decided my treatment goals.	693	895	261	133	60	111	77.8%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	803	926	190	38	24	172	87.3%
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	804	944	171	88	40	106	85.4%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	662	865	219	152	49	206	78.4%
21. Staff treated me with respect and dignity.	1037	877	106	46	42	45	90.8%
22. My treatment (or service) goals were based on my strengths and needs.	825	971	185	68	33	71	86.3%
As a result of the services received:							
23. I deal more effectively with daily problems.	689	1005	255	109	36	59	80.9%
24. I am better able to control my life.	719	995	234	111	40	54	81.7%
25. I am better able to deal with crisis.	646	986	264	146	42	69	78.3%
26. I am getting along better with my family.	679	889	277	117	53	138	77.8%
27. I do better in social situations.	542	905	356	190	54	106	70.7%
28. I do better in school and/or work.	464	693	317	133	46	500	70.0%
29. My housing situation has improved.	534	746	350	149	63	311	69.5%
30. My symptoms are not bothering me as much.	559	878	298	225	79	114	70.5%
31. I do things that are more meaningful to me.	623	1005	283	135	39	68	78.1%
32. I am better able to take care of my needs.	626	1059	250	120	25	73	81.0%
33. I am better able to handle things when they go wrong.	585	1000	284	172	44	68	76.0%
34. I am better able to do the things that I want to do.	565	1035	294	136	48	75	77.0%
35. The services you received at _____ have improved your quality of life.	753	922	241	122	51	64	80.2%
Relationships with people other than your mental health provider(s):							
36. I am happy with the friendships I have.	677	996	270	123	29	58	79.9%
37. I have people with whom I can do enjoyable things.	682	1037	221	132	35	46	81.6%
38. I feel I belong in my community.	563	885	367	201	75	62	69.2%
39. In a crisis, I would have the support I need from family or friends.	868	910	182	95	52	46	84.4%

Note: The margin of error for the 2012 Adult Survey was +/- 2.00 % at the 95% confidence level.

Appendix B

Table 10
2012 Adult Consumer Survey
Positive Response by Region

Percent positive response: Strongly Agree or Agree	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Number of respondents	170	250	270	396	527	540
1. I like the services that I received there.	83.4%	88.9%	86.0%	88.6%	85.6%	83.6%
2. If I had other choices, I would still get services from _____.	84.5%	84.8%	83.1%	82.7%	79.3%	77.3%
3. I would recommend _____ to a friend or family member.	88.5%	89.6%	86.9%	86.6%	85.0%	84.1%
4. The location of services was convenient (parking, public transportation, distance, etc.).	84.8%	87.1%	87.2%	87.8%	84.9%	77.3%
5. Staff were willing to see me as often as I felt it was necessary.	91.7%	88.2%	84.7%	84.2%	84.8%	82.8%
6. Staff returned my calls within 24 hours.	82.1%	82.7%	86.7%	78.0%	81.6%	78.8%
7. Services were available at times that were good for me.	88.7%	91.0%	87.5%	86.4%	87.4%	85.1%
8. I was able to get all the services I thought I needed.	78.0%	81.9%	83.5%	84.1%	80.7%	79.2%
9. I was able to see a psychiatrist when I wanted to.	78.7%	79.7%	77.0%	77.2%	73.0%	74.0%
10. Staff at _____ believe that I can grow, change and recover.	87.0%	91.4%	90.0%	87.7%	82.7%	84.5%
11. I felt comfortable asking questions about my treatment and medication.	92.7%	88.5%	89.4%	89.6%	84.1%	86.0%
12. I felt free to complain.	81.3%	88.7%	82.1%	78.3%	79.2%	79.3%
13. I was given information about my rights.	89.1%	95.0%	90.2%	90.2%	86.5%	88.2%
14. Staff encouraged me to take responsibility for how I live my life.	91.9%	90.4%	91.0%	90.4%	87.0%	86.5%
15. Staff told me what side effects to watch out for.	81.6%	81.3%	85.4%	78.5%	75.9%	76.4%
16. Staff respected my wishes about who and who is not to be given information about my treatment.	91.5%	91.9%	92.3%	91.4%	88.5%	87.7%
17. I, not staff, decided my treatment goals.	80.7%	84.2%	78.5%	79.5%	74.7%	75.2%
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	87.8%	92.0%	91.3%	86.1%	84.5%	86.4%
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	85.7%	86.7%	88.3%	86.4%	84.4%	83.6%
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	79.3%	79.5%	81.7%	80.8%	78.7%	74.1%
21. Staff treated me with respect and dignity.	94.0%	91.7%	91.4%	91.4%	88.6%	90.7%
22. My treatment (or service) goals were based on my strengths and needs.	87.8%	91.6%	89.2%	87.2%	84.6%	82.9%
As a result of the services received:						
23. I deal more effectively with daily problems.	78.9%	87.8%	80.4%	82.9%	79.5%	78.6%
24. I am better able to control my life.	78.8%	85.7%	84.3%	82.0%	81.2%	79.6%
25. I am better able to deal with crisis.	79.0%	81.0%	82.4%	78.8%	77.5%	75.2%
26. I am getting along better with my family.	78.3%	79.5%	79.6%	80.3%	76.9%	75.0%
27. I do better in social situations.	70.6%	73.4%	76.3%	71.5%	68.0%	68.7%
28. I do better in school and/or work.	72.8%	73.5%	76.3%	74.8%	65.6%	65.1%
29. My housing situation has improved.	71.6%	72.8%	73.0%	69.7%	70.9%	63.9%
30. My symptoms are not bothering me as much.	66.9%	73.0%	73.2%	71.3%	71.0%	68.0%
31. I do things that are more meaningful to me.	76.5%	82.1%	82.5%	76.6%	78.8%	74.9%
32. I am better able to take care of my needs.	79.0%	84.6%	85.2%	81.3%	81.3%	77.4%
33. I am better able to handle things when they go wrong.	73.0%	79.3%	76.2%	79.8%	75.4%	73.1%
34. I am better able to do the things that I want to do.	73.2%	79.2%	78.8%	81.3%	76.2%	73.9%
35. The services you received at _____ have improved your quality of life.	76.6%	84.7%	81.8%	82.8%	78.5%	78.1%
Relationships with people other than your mental health provider(s):						
36. I am happy with the friendships I have.	80.0%	83.9%	81.6%	77.7%	80.6%	77.9%
37. I have people with whom I can do enjoyable things.	81.4%	81.7%	88.8%	81.0%	82.7%	77.3%
38. I feel I belong in my community.	65.7%	64.9%	76.8%	65.2%	70.5%	70.3%
39. In a crisis, I would have the support I need from family or friends.	83.0%	85.8%	88.1%	85.8%	83.9%	81.8%

Note: The margin of error for the 2012 Adult Survey was +/- 2.00 % at the 95% confidence level.

Appendix B

Table 11
2011 and 2012 Adult Consumer Surveys
Confidence Intervals (CI)

1 = Strongly Agree; 5 = Strongly Disagree	2011 (n=1404)			2012 (n=2153)		
	Mean	SD	95% CI	Mean	SD	95% CI
1. I like the services that I received there.	1.79	0.956	1.74-1.84	1.77	0.918	1.73-1.81
2. If I had other choices, I would still get services from _____.	1.96	1.090	1.91-2.02	1.94	1.045	1.89-1.98
3. I would recommend _____ to a friend or family member.	1.85	1.036	1.80-1.91	1.80	0.964	1.76-1.84
4. The location of services was convenient (parking, public transportation, distance, etc.).	1.92	0.930	1.87-1.97	1.87	0.920	1.83-1.91
5. Staff were willing to see me as often as I felt it was necessary.	1.81	0.948	1.76-1.86	1.82	0.928	1.78-1.86
6. Staff returned my calls within 24 hours.	1.94	1.005	1.88-1.99	1.93	0.990	1.89-1.98
7. Services were available at times that were good for me.	1.79	0.854	1.75-1.84	1.79	0.877	1.75-1.83
8. I was able to get all the services I thought I needed.	1.96	1.046	1.91-2.02	1.95	1.058	1.91-2.00
9. I was able to see a psychiatrist when I wanted to.	2.08	1.092	2.02-2.14	2.08	1.099	2.03-2.14
10. Staff at _____ believe that I can grow, change and recover.	1.73	0.854	1.69-1.78	1.76	0.865	1.72-1.79
11. I felt comfortable asking questions about my treatment and medication.	1.77	0.928	1.72-1.82	1.76	0.887	1.72-1.80
12. I felt free to complain.	1.93	0.981	1.88-1.99	1.96	0.988	1.92-2.00
13. I was given information about my rights.	1.74	0.794	1.69-1.78	1.75	0.825	1.71-1.78
14. Staff encouraged me to take responsibility for how I live my life.	1.73	0.789	1.69-1.77	1.73	0.810	1.70-1.77
15. Staff told me what side effects to watch out for.	2.03	1.047	1.98-2.09	2.01	1.035	1.96-2.05
16. Staff respected my wishes about who and who is not to be given information about my treatment.	1.68	0.803	1.64-1.73	1.70	0.813	1.66-1.73
17. I, not staff, decided my treatment goals.	1.99	0.970	1.94-2.04	2.01	0.996	1.96-2.05
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	1.75	0.781	1.71-1.80	1.77	0.795	1.73-1.80
19. Staff helped me obtain the information that I needed so that I could take charge of managing my illness.	1.88	0.935	1.83-1.93	1.84	0.893	1.80-1.87
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	2.02	0.989	1.97-2.08	2.00	0.996	1.96-2.05
21. Staff treated me with respect and dignity.	1.72	0.874	1.67-1.76	1.66	0.834	1.63-1.70
22. My treatment (or service) goals were based on my strengths and needs.	1.83	0.873	1.78-1.88	1.81	0.849	1.77-1.84
As a result of the services received:						
23. I deal more effectively with daily problems.	2.00	0.981	1.95-2.05	1.95	0.901	1.91-1.99
24. I am better able to control my life.	1.96	0.919	1.91-2.01	1.93	0.913	1.89-1.97
25. I am better able to deal with crisis.	2.00	0.929	1.95-2.05	2.02	0.948	1.98-2.06
26. I am getting along better with my family.	2.01	0.969	1.96-2.06	2.00	0.972	1.95-2.04
27. I do better in social situations.	2.18	1.016	2.13-2.24	2.17	1.009	2.13-2.22
28. I do better in school and/or work.	2.15	1.006	2.09-2.20	2.16	1.011	2.11-2.20
29. My housing situation has improved.	2.23	1.061	2.17-2.29	2.16	1.042	2.12-2.21
30. My symptoms are not bothering me as much.	2.22	1.095	2.16-2.28	2.21	1.080	2.16-2.26
31. I do things that are more meaningful to me.	2.05	0.950	2.00-2.10	2.02	0.928	1.98-2.06
32. I am better able to take care of my needs.	2.00	0.900	1.95-2.05	1.97	0.872	1.93-2.01
33. I am better able to handle things when they go wrong.	2.07	0.928	2.02-2.12	2.08	0.964	2.04-2.13
34. I am better able to do the things that I want to do.	2.10	0.965	2.05-2.15	2.07	0.937	2.03-2.11
35. The services you received at _____ have improved your quality of life.	2.01	1.008	1.96-2.06	1.95	0.963	1.90-1.99
Relationships with people other than your mental health provider(s):						
36. I am happy with the friendships I have.	1.99	0.869	1.94-2.03	1.97	0.900	1.93-2.00
37. I have people with whom I can do enjoyable things.	1.92	0.870	1.88-1.97	1.96	0.909	1.92-2.00
38. I feel I belong in my community.	2.12	0.952	2.07-2.17	2.21	1.054	2.16-2.25
39. In a crisis, I would have the support I need from family or friends.	1.84	0.874	1.79-1.88	1.84	0.936	1.80-1.88

Note: The margin of error for the 2012 Adult Survey was +/- 2.00% at the 95% confidence level.

Appendix B

Table 12
2012 Youth Consumer Survey
Summary of Results (n=248)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Other	% Agree/Strongly Agree
1. Overall, I am satisfied with the services my child received.	86	127	15	12	6	2	86.6%
2. I helped to choose my child's services.	89	121	15	15	6	2	85.4%
3. I helped to choose my child's treatment goals.	89	129	11	12	6	1	88.3%
4. The people helping my child stuck with us no matter what.	112	94	20	11	9	2	83.7%
5. I felt my child had someone to talk to when he/she was troubled.	87	121	8	21	7	4	85.2%
6. I participated in my child's treatment.	113	111	7	10	5	2	91.1%
7. The services my child and/or family received were right for us.	88	116	21	18	4	1	82.6%
8. The location of services was convenient for us.	99	126	10	9	3	1	91.1%
9. Services were available at times that were convenient for us.	100	126	10	9	2	1	91.5%
10. My family got the help we wanted for my child.	83	107	19	26	8	5	78.2%
11. My family got as much help as we needed for my child.	67	108	25	34	12	2	71.1%
12. Staff treated me with respect.	123	110	7	5	2	1	94.3%
13. Staff respected my family's religious/spiritual beliefs.	103	126	8	2	2	7	95.0%
14. Staff spoke with me in a way that I understood.	116	121	6	3	2	0	95.6%
15. Staff were sensitive to my cultural/ethnic background.	105	119	9	6	1	8	93.3%
As a result of the services my child and/or family received:							
16. My child is better at handling daily life.	66	101	36	26	15	4	68.4%
17. My child gets along better with family members.	48	117	39	25	11	8	68.8%
18. My child gets along better with friends and other people.	47	126	38	19	8	10	72.7%
19. My child is doing better in school and/or work.	54	109	36	34	10	5	67.1%
20. My child is better able to cope when things go wrong.	39	122	29	38	15	5	66.3%
21. I am satisfied with our family life right now.	48	138	25	26	9	2	75.6%
22. My child is better able to do the things he/she wants to do.	50	131	28	28	7	4	74.2%
23. The services your child received at _____ have improved his/her quality of life.	58	118	34	28	8	2	71.5%
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.	63	147	19	7	5	7	87.1%
25. I have people that I am comfortable talking with about my child's problems.	73	153	12	8	1	1	91.5%
26. In a crisis, I have the support I need from family or friends.	75	133	12	24	4	0	83.9%
27. I have people with whom I can do enjoyable things.	70	155	9	10	3	1	91.1%

Note: The margin of error for the 2012 Youth Survey was +/- 5.48% 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.

Appendix B

Table 13
2011 and 2012 Youth Consumer Surveys
Confidence Intervals (CI)

	2011 (n=161)			2012 (n=248)		
	Mean	SD	95% CI	Mean	SD	95% CI
1. Overall, I am satisfied with the services my child received.	2.07	1.135	1.89-2.25	1.88	0.900	1.77-2.00
2. I helped to choose my child's services.	2.14	1.041	1.98-2.30	1.89	0.940	1.78-2.01
3. I helped to choose my child's treatment goals.	2.01	0.965	1.86-2.16	1.85	0.890	1.74-1.97
4. The people helping my child stuck with us no matter what.	2.06	1.209	1.87-2.25	1.83	1.010	1.70-1.95
5. I felt my child had someone to talk to when he/she was troubled.	2.17	1.117	1.99-2.34	1.93	1.000	1.81-2.06
6. I participated in my child's treatment.	1.73	0.824	1.60-1.86	1.71	0.870	1.60-1.82
7. The services my child and/or family received were right for us. *	2.24	1.103	2.07-2.41	1.92	0.940	1.81-2.04
8. The location of services was convenient for us.	1.96	0.917	1.82-2.11	1.75	0.800	1.65-1.85
9. Services were available at times that were convenient for us. *	2.03	0.971	1.88-2.18	1.73	0.770	1.64-1.83
10. My family got the help we wanted for my child.	2.32	1.171	2.14-2.50	2.05	1.070	1.91-2.18
11. My family got as much help as we needed for my child.	2.46	1.213	2.27-2.65	2.25	1.140	2.11-2.40
12. Staff treated me with respect.	1.75	0.832	1.62-1.88	1.60	0.720	1.50-1.69
13. Staff respected my family's religious/spiritual beliefs.	1.82	0.686	1.71-1.93	1.65	0.670	1.56-1.73
14. Staff spoke with me in a way that I understood.	1.78	0.699	1.67-1.89	1.60	0.680	1.52-1.69
15. Staff were sensitive to my cultural/ethnic background.	1.83	0.702	1.71-1.94	1.66	0.710	1.57-1.75
As a result of the services my child and/or family received:						
16. My child is better at handling daily life.	2.40	1.187	2.21-2.59	2.27	1.150	2.13-2.42
17. My child gets along better with family members.	2.36	1.104	2.19-2.54	2.31	1.050	2.17-2.44
18. My child gets along better with friends and other people.	2.32	1.072	2.15-2.49	2.22	0.970	2.10-2.35
19. My child is doing better in school and/or work.	2.38	1.152	2.20-2.56	2.33	1.090	2.19-2.47
20. My child is better able to cope when things go wrong.	2.47	1.093	2.30-2.64	2.46	1.120	2.32-2.60
21. I am satisfied with our family life right now.	2.37	1.105	2.20-2.54	2.23	1.000	2.10-2.35
22. My child is better able to do the things he/she wants to do.	2.25	0.997	2.09-2.41	2.23	1.000	2.10-2.35
23. The services your child received at _____ have improved his/her quality of life.	2.35	1.167	2.16-2.53	2.23	1.040	2.10-2.36
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.	2.14	0.916	2.00-2.28	1.94	0.800	1.84-2.04
25. I have people that I am comfortable talking with about my child's problems.	2.02	0.707	1.91-2.13	1.83	0.700	1.74-1.92
26. In a crisis, I have the support I need from family or friends.	2.06	0.860	1.93-2.20	1.99	0.940	1.87-2.11
27. I have people with whom I can do enjoyable things.	1.96	0.768	1.83-2.08	1.87	0.760	1.78-1.97

Note: The margin of error for the 2012 Youth Survey was +/- 5.48% 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 less positively to this question in 2012 than in 2011.