



Department of Behavioral Health

Mental Health Statistics Improvement
Program (MHSIP) and Youth Services
Survey for Families
(YSS-F) Narrative Report

Perceptions of Public Mental Health Services
in the District of Columbia among Adults and
Caregivers of Children and Youth

2014

Applied Research and Evaluation
Office of Programs and Policy

Executive Summary

The Applied Research and Evaluation (ARE) Unit of the Office of Programs and Policy, in the Department of Behavioral Health for the District of Columbia, implemented and completed an analysis of both the annual Mental Health Statistics Improvement Program Survey (MHSIP) for Adults and the Youth Services Survey for Families (YSS-F). Each year, the Department of Behavioral Health (DBH), as well as other states, is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they received from the community mental health system. The results from this survey are reported annually to CMHS as part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and other states, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes.

From a random sample of adult consumers (N = 1801) who received at least two mental health services in the past fiscal year (October 1, 2013 through September 30, 2014), 445 completed the MHSIP survey. Quantitative and qualitative analyses of the seven domains were conducted. Two domains had the highest scores: *General Satisfaction* (82%) and *Quality and Appropriateness* (86%). *Outcomes* was the lowest scoring domain (69%).

A random sample of child and youth consumers (N = 1517), who received at least two mental health services in the past fiscal year (October 1, 2013 through September 30, 2014), was pulled. From these eligible respondents, 416 caregivers completed the YSS-F survey. The two domains with the highest scores were *Cultural Sensitivity* (93%) and *Social Connectedness* (89%). For both MHSIP and YSS-F, *Outcomes* was the lowest scoring domain (66%).

The following report provides a more detailed, narrative analysis of the MHSIP data. Implications for clinical practice and policies for behavioral health are discussed.

ACKNOWLEDGEMENTS

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Respondents: *Special thanks to the consumers and caregivers for their participation; sharing their unique experience is instrumental in shaping the direction of system and quality improvement strategies for the District of Columbia's Department of Behavioral Health.*

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INTRODUCTION

Each year, the Department of Behavioral Health (DBH), along with other states, is required by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they received from the community mental health system. The results from this survey are reported annually to CMHS as part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and other states, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes. The DC Department of Behavioral Health Applied Research and Evaluation (ARE) Unit utilized both the annual Mental Health Statistics Improvement Program Survey (MHSIP) for Adults and the Youth Services Survey for Families (YSS-F).

The MHSIP survey presents statements about services within seven domains and asks respondents to state to what degree they agree or disagree with them. The domains and a sample question from each are shown in Table 1.

Domain	Sample Statement
Access	"The location of services was convenient."
Participation in Treatment Planning	"I, not staff, decided my treatment goals."
Quality and Appropriateness	"Staff helped me obtain the information needed so I could take charge of managing my illness."
Social Connectedness	"I am happy with the friendships I have."
Functioning	"I do things that are more meaningful to me."
Outcomes	"I deal more effectively with daily problems."
General Satisfaction	"I liked the services that I received here."

The YSS-F survey presents statements related to children's services within a similar set of seven domains and asks the parents or caregivers to report to what degree they agree or disagree. The domains and sample questions are reported in Table 2.

Domain	Sample Statement
Access	"The location of services was convenient for us."
Participation in Treatment Planning	"I helped choose my child's services."
Cultural Sensitivity	"Staff respected my family's religious/spiritual beliefs."
Social Connectedness	"I have people that I am comfortable talking with about my child's problems."
Functioning	"My child gets along better with family"

	members.”
Outcomes	“My child is better at handling daily life.”
General Satisfaction	“Overall, I am satisfied with the services my child received.”

The outcomes of the MHSIP and YSS-F function as a “report card” on how satisfied consumers are with community mental health services and provide insight for what is needed to enhance quality and continuity of care. The perspective of the consumer is valuable in that it provides a unique opportunity for DBH to determine what changes may be needed for delivery, to foster collaboration with provider agencies, and to enhance service delivery and implementation strategies.

The following report provides details on sampling, data collection, quantitative and qualitative findings, and discussion.

METHODOLOGY

The MHSIP survey includes a total of 36 items which are divided into seven domains, seen below in Table 3.

Table 3. MHSIP Domains	
Domain	Survey Item Numbers
General Satisfaction	1, 2, 3
Access	4, 5, 6, 7, 8, 9
Quality and Appropriateness	10, 12, 13, 14, 15, 16, 18, 19, 20
Participation in Treatment Planning	11, 17
Outcomes	21, 22, 23, 24, 25, 26, 27, 28
Functioning	28, 29, 30, 31, 32
Social Connectedness	33, 34, 35, 36

The content of the domains in the MHSIP instrument (see Appendix A) has been designed for the adult mental health population. Each item on the MHSIP is answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree). Items in a domain are summed and divided by the total number of items, and scores less than 2.5 are reported in the positive range for the domain. Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey included a comment section for each question to allow consumers to elaborate about their particular service experience.

The YSS-F survey includes a total of 26 items, which are divided into seven domains, shown in Table 4.

Table 4. YSS-F Domain	
Domain	Survey Item Numbers
General Satisfaction	1, 4, 5, 7, 10, 11
Participation in Treatment Planning	2, 3, 6
Access	8, 9
Cultural Sensitivity	12, 13, 14, 15
Social Connectedness	23, 24, 25, 26
Outcomes	16, 17, 18, 19, 20, 21
Functioning	16, 17, 18, 19, 20, 22

The content of the domains in the YSS-F instrument (see Appendix B) has been designed for the child mental health population. Each item on the YSS-F is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain. Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey included two questions that asked consumers to share 1) what has been most helpful about the services and 2) what would improve services.

Sampling and Data Collection

The Department of Behavioral Health served 18,663 adult consumers in fiscal year 2014. From this general population, a random sample of 1801 adult consumers who received at least two mental health services within the past year in the District was selected to participate in the survey. These consumers were extracted from the DBH claims database. Four hundred forty-five consumers (n = 445) completed the MHSIP survey.

There were 4,245 child and youth consumers served in fiscal year 2014. From this general population, a random sample of 1517 consumers who received at least two mental health services within the past year in the District was selected to participate in the survey. Four hundred sixteen consumers (n = 416) completed the YSS-F survey.

The data were collected between July 2014 and September 2014. Surveyors were trained in interviewing techniques, phone protocol, guidelines for confidentiality, as well as data entry.

Consumers selected as respondents were mailed a postcard to inform them of their inclusion. Respondents had the option of completing the survey by phone with a surveyor, online, in person, or by mail. All consumers and caregivers provided consent to participate, and they received a \$15 gift card as a token of appreciation. Data were aggregated and narrative findings were analyzed using content analysis.

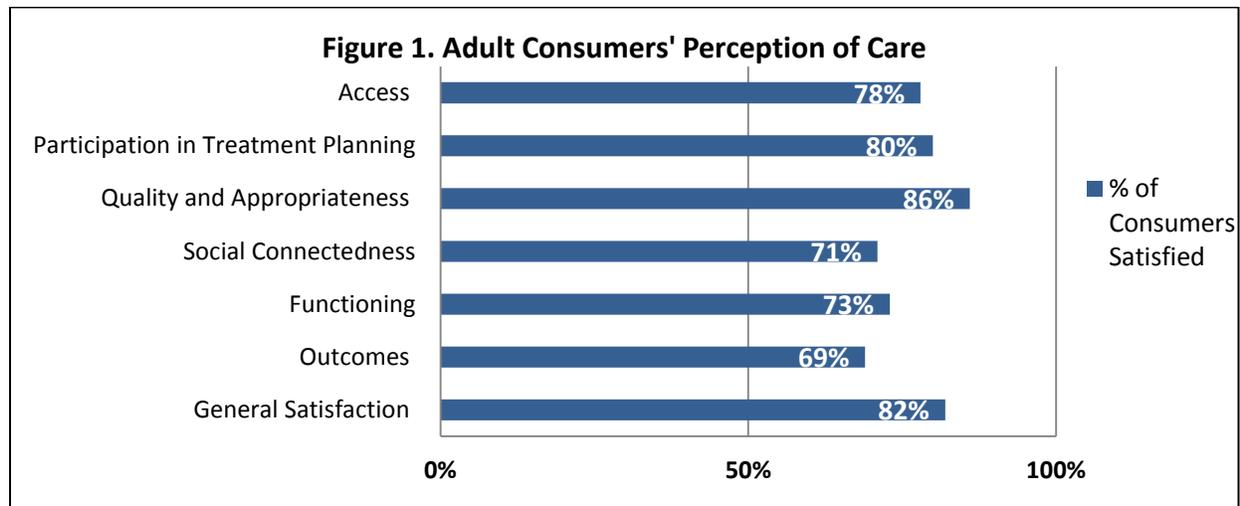
Scoring and Analysis

Descriptive analysis of demographic characteristics (i.e. age, gender, race, ethnicity, and length of service) provided context for the qualitative and quantitative analysis for the consumer's responses (see Appendix C). Domains required at least two-thirds of the items answered in order to be included in the analysis. Quantitative analyses using chi-square and correlations were utilized to examine the possible relationships between each domain and age, gender, and length of service for adult consumers.

Content analysis was used to analyze consumers' comments to determine if there were themes or trends that emerged from the open-ended questions. NVivo © software was used to organize and code the data. MHSIP comments were coded as positive, negative, neutral, or not applicable. Codes were then, if appropriate, categorized by emergent themes. Relationships between the themes were then identified. Items with very few comments for the sample as well as items with a majority of not applicable responses were not analyzed. Two staff members independently coded the comments for agreement and reliability.

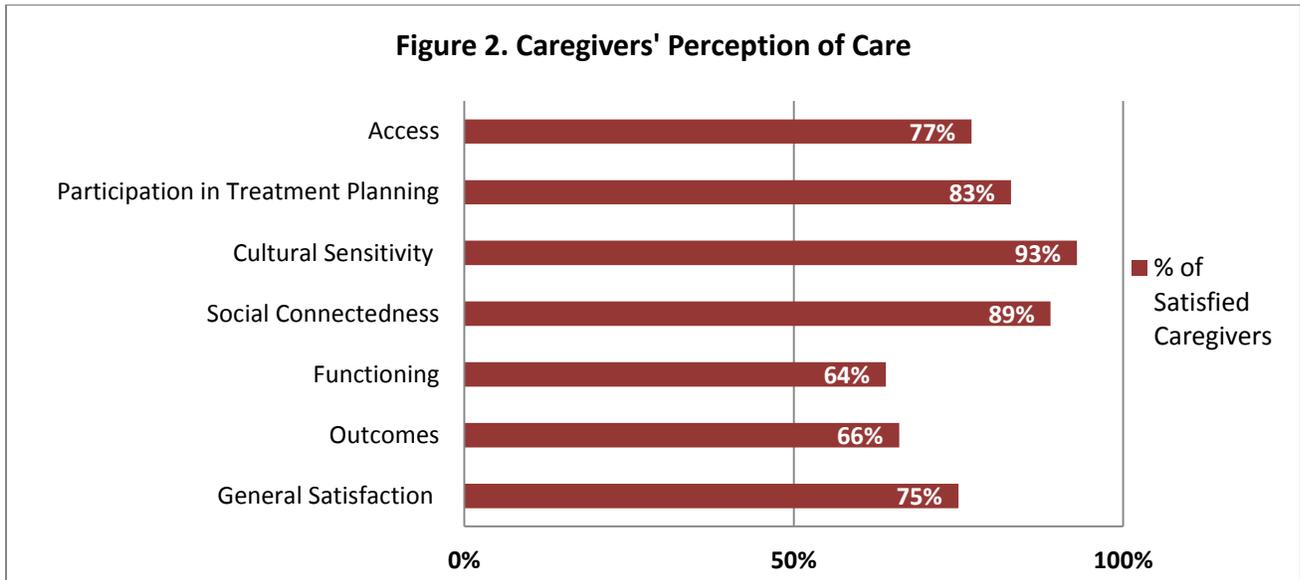
FINDINGS

The findings present outcomes from the sample of adult consumer surveys. The following figure (Figure 1) shows the percentage of consumers who were satisfied overall with each domain.



Quality and Appropriateness was the domain with the highest satisfaction rating, while *Outcomes* was the domain with which consumers reported the lowest satisfaction.

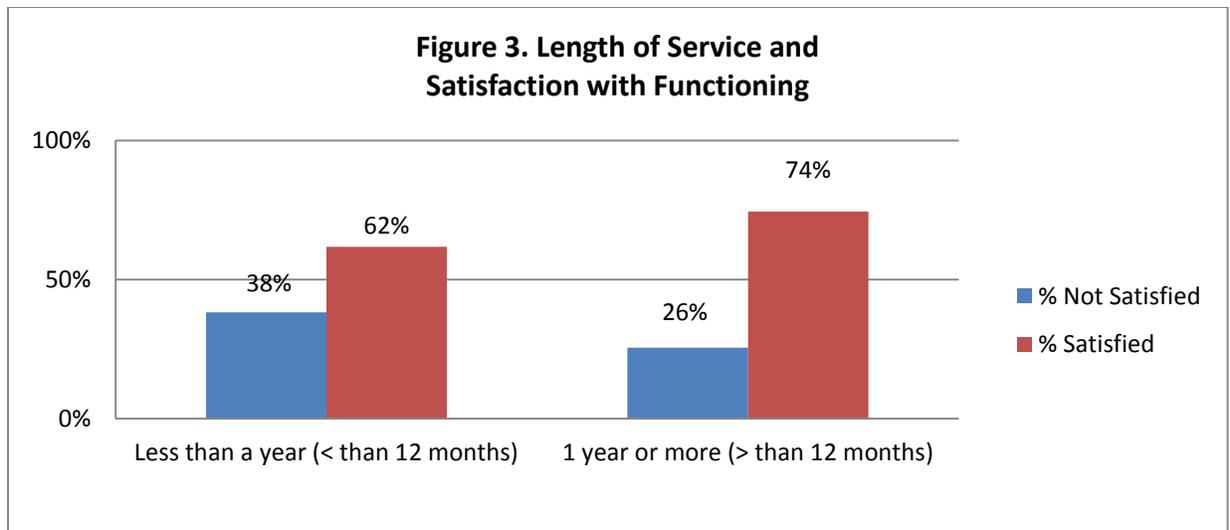
Figure 2 shows the percentage of caregivers who were satisfied overall with each domain.



Overall, caregivers were most satisfied with cultural sensitivity (93%) and their own level of social connectedness (89%). Caregivers, however, were least satisfied with their child’s functioning (64%) and outcomes (66%).

Length of Service and Functioning

Chi-square analyses were performed to explore whether adults’ length of service (less than one year vs. one year or more) was associated with each domain. It was found that the consumers’ time within the mental health system was associated with functioning ($X^2 = 4.649$, $df = 1$, $p = .031$). Consumers who were in treatment for one year or more were more satisfied with their level of functioning than consumers who were in treatment for less than one year (see Figure 3). Note that a total of 68 consumers received services within the last year and 372 consumers received services for one year or more.



General Satisfaction and Demographic Characteristics

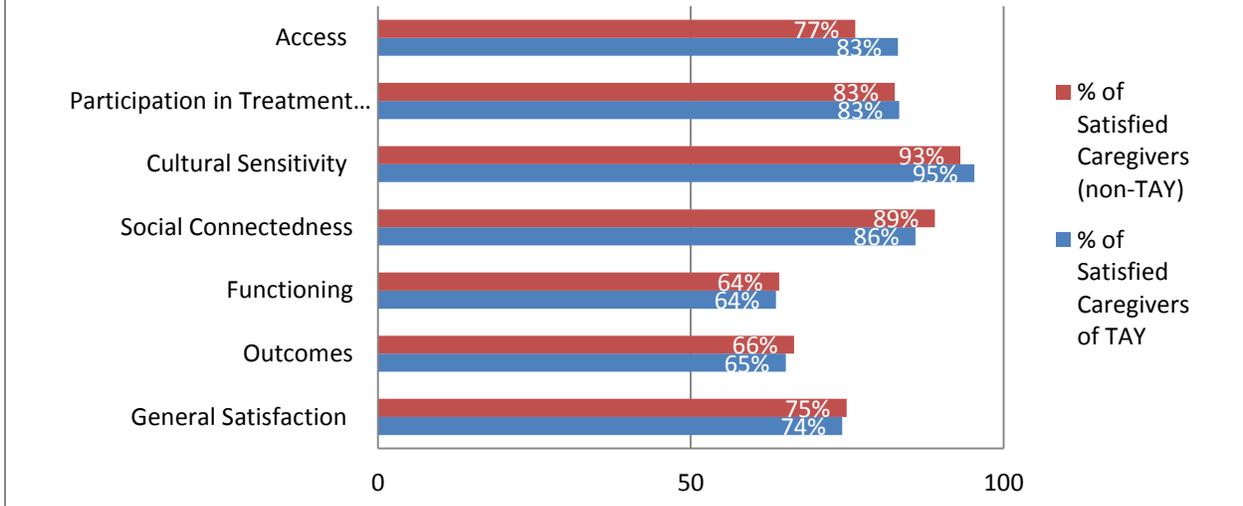
Consumers’ general satisfaction with services was 82%. Quantitative analyses were conducted to determine if there were any relationships between each domain and demographic characteristics (i.e., age, gender, length of service). Correlation coefficients determined weak relationships between age and consumers’ satisfaction with functioning ($r_{pb} = .104, p = .029$), satisfaction with outcomes ($r_{pb} = .118, p = .014$), and general satisfaction ($r_{pb} = .096, p = .043$). Consumers who report satisfaction with functioning, outcomes, and general satisfaction were older than those who reported not being satisfied. All other analyses were non-significant.

Transition-Age Youth

As a subset of the population, transition-age youth (TAY) are those who have unique needs and require different types of programs due to their transitional period into adulthood. Transition-age youth are those between the ages of 16 and 25. This group is included in both the population surveyed by the YSS-F and the MHSIP. Caregivers of 16 and 17-year-olds responded to the YSS-F, while those 18-25 responded for themselves on the MHSIP. For this reason, it is difficult to draw conclusions about young adults’ experiences in DBH’s mental health system, but there were notable findings regarding the differences between this population and other age groups.

Transition-age youth made up 16% ($n=66$) of the YSS-F sample. Their caregivers’ responses to survey questions were not significantly different than those of other caregivers (see Figure 4).

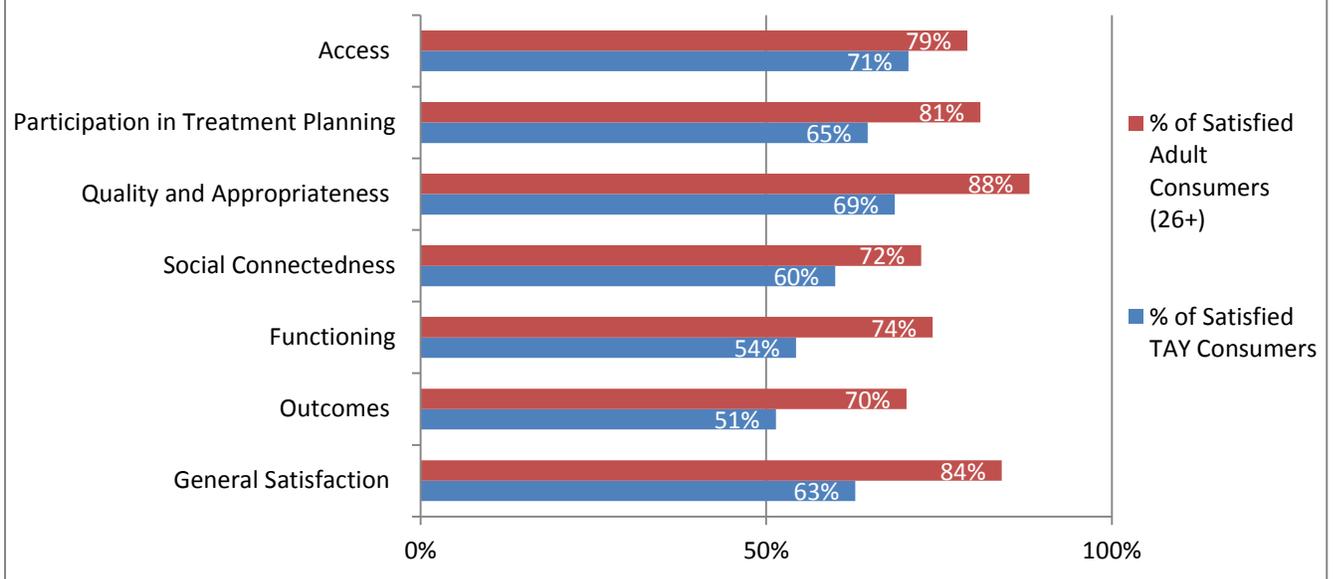
Figure 4. Caregivers of TAY Perception of Care



There were 35 (10% of the sample) transition-age youth who responded to the MHSIP survey. Although not a sizable portion of the sample, it is interesting to note that the responses of transitional youth (18-25) were significantly different than adults age 26 and older.

The following figure (Figure 5) compares the overall scores for the transitional age to the adult population; there were significantly lower ratings on all domains. Unfortunately, transition-age consumers did not provide narrative comments that would indicate the reasons for their lower levels of satisfaction.

Figure 4. Transition-Age Youth Perceptions of Care



Consumer Comments

The following includes comments from consumers. Content analysis was used to examine the open-ended questions and provide context to the analyses of the various domains. Using open-ended questions gives researchers and practitioners additional information that they may not garner from multiple choice questions. This also helps uncover trends that may be occurring within or across particular groups.

Adults

The following findings present the overall percentage of adult consumers who were satisfied for each MHSIP domain as scored on the Likert scale, as well as relevant comments that give some description of their overall perception and experience.

A small portion of consumers surveyed (approximately 25 per question) gave comments within each domain, so those who commented are a subset of the 445 consumers surveyed. Their feedback is useful to better understand why they felt satisfied or not satisfied with their services, though it cannot be taken as representative of the sample as a whole. Consumers' comments provide insight into ways the system can improve practice.

Access (78%) refers to consumers' access to the location of services and availability of services. Although there was general satisfaction with services, consumers expressed concerns with having access to the Core Service Agency (CSA), such as "*Not convenient to parking or buses blocks away*" or "*Couldn't get transportation.*" Other concerns cited were long wait times to see clinicians, limited responsiveness from provider staff, and the need for additional services. Of those who commented, a significant number expressed concerns around their housing needs and the housing services available to them.

Participation in Treatment Planning (80%) indicates consumers' active involvement in their treatment, services and treatment goals. The majority of consumers' comments indicated that treatment planning was mostly a joint or mutual effort with the staff member. The few who had negative comments stated either they did not make treatment planning decisions or the services were not "*suitable.*"

Quality and Appropriateness (86%), the domain with the highest rating, is defined as the consumers' perception of the standard of care received and the degree to which their relationship and interactions with staff members were satisfactory. Most of the comments in this domain were positive. However, there were services or programs that consumers did not know about or understand side effects of medications. There was also concern cited with the dissemination of accurate and/or timely information. In addition, consumers reported feeling that they had the freedom to communicate their complaints and encouragement to participate in consumer-centered programs.

Social Connectedness (71%) describes how consumers perceive their relationship status with family and friends as a direct result of the services received from their CSA. Consumers who commented stated they had very few friendships and/or relationships; however, they felt that they would have support in the event of a crisis. While the stigma of mental health was noted, most consumers expressed a desire to have more friends and develop relationships with others.

Functioning (73%) is defined as the consumers' perception of overall improvement in their level of functioning. Overall, the majority of consumers who commented felt that their confidence had improved in day to day issues and problems. Many noted that God and spirituality were important to them.

Outcomes (69%) is defined as the perception of the benefits received from clinical treatment. The majority of the consumers' comments revealed that they felt that they were able to control their life and deal with daily problems more effectively since going into treatment, *"As long as I have support," "To a certain degree, living better and feel better emotionally," "Still need therapy and doctor's care, but not to the extreme as before."* Others cited still being challenged by symptoms, strained relationships with family members, housing conditions, and the ability to deal with crisis situations.

General Satisfaction (82%) measures the consumer's perception of whether they liked or disliked their services. Consumers' comments revealed that although the majority of consumers would recommend their CSA to a family member or friend, some expressed that they would change CSAs if they had other choices. Some of the reasons cited were: *"Had 5 CSWs and it's hard to establish relationships," and "Within a year, have had 4 different agencies and 3 different case managers..."*

Children/Youth

The following findings present the major themes based on caregiver comments concerning what they considered to be most helpful about services and their suggestions for improving services. Two open-ended questions were asked regarding what services were most helpful and what improvements the respondent would suggest.

Not all caregivers surveyed answered the questions (approximately 335 and 245 responded for questions regarding helpful services and improvements to services, respectively), so those who commented are a subset of the 416 caregivers surveyed. Their feedback is useful to better understand what was helpful and what could improve services, though it cannot be taken as representative of the entire population. Consumers' comments provide insight into ways the system can improve practice.

What Was Most Helpful about Services?

Caregivers reported five aspects of services that have been the most helpful for them and their families. That is, individualized services provided by their provider agencies, their relationships with their child's mental health treatment team members, positive changes in their child's mood or behavior, availability of staff and services, and having someone to talk to.

Individualized Services: Caregivers reported that home and school visits; individual, group, and family therapy; and mentoring services were primarily helpful. For example, *"They would come to his school and talk with the teachers," "group therapy was very helpful," and "I appreciate the mentor who checks on my child's progress."* Consumers also noted that resources for food, bills, housing, and summer job employment for their children were helpful.

Relationship with Staff: Caregivers reported that their relationships with their mental health treatment team have been helpful. Specifically, case managers, caseworkers, therapists, and doctors were noted. Some comments included, *"His case manager has been a big support as far as dealing with him. He has been my support"* and *"In-home aid, who has become like a family member and can contact him on the job and off the job hours..."*

Improvements in Mood or Behavior: Many caregivers noted that they saw improvements in their child's anger or aggression and ability to express their feelings or *"open up."* Some of the responses included, *"He's able to handle his anger much better now"* and *"They help my daughter open up and be more confident in herself."* Other caregivers noted specific skills learned, such as *"learning how to control the way he speaks to people when he doesn't get his way"* and *"teaching him how to resolve problems."*

Availability of Staff and Services: Caregivers expressed satisfaction with the ease of contacting their mental health staff. For example, *"Being able to come when you wanted to come. They always had time available," "Freedom to talk to case worker when needed. Ease of contacting caseworker"* and *"They are always there when you need them. The line of communication is always open."* They also noted that the availability of transportation has been helpful, that is, *"When I call in, the transportation is reliable."*

Someone to talk to: Being able to confide in someone was highlighted by many caregivers. For example, *"Having someone for [daughter] to talk to and express feelings"* and *"...that my child had another person to vent to when he didn't want to share with me."* It was helpful to talk to *"a mentor," "to their therapist," "the caseworker"* and *"CSW."* Caregivers noted that it was helpful for them, as well, to have someone to talk to. One caregiver stated, *"Support from people that I can talk to that will listen and try to solve the problem."*

What Would Improve Services?

Professional Staff: Caregivers commented on the need for improved relationships with staff, consistency of staff members, and availability of staff members. It was noted that, *"better*

communication with the family as far as the appointments [is needed]" and "they don't call, keep up, and keep things up-to-date." A need for staff to "listen more," "[be] more understanding...more patient," "pay more attention," "and more professional and courteous" was expressed. Additionally, high turnover was a concern for caregivers, who prefer that "workers stayed the same" and expressed that "when kids get comfortable they would warn their clients they are leaving." One caregiver suggested, "being more reliable for [my] son." Lastly, caregivers requested the availability of specific staff members, which ranged from "more available psychologists," "more men mentors for him," "more therapists for the children," "more case workers" and "more community support workers."

Tailored Services: While some caregivers suggested the need for "more therapy" in general terms, other caregivers were more specific. Most notably were group therapy and support programs for parents. Caregivers noted, *"They need to have more group therapy for teenage girls. They have some, but not a lot," "...more toward males, better therapeutic services like camps" and "if he can get in a boy group to participate in daily."* Further, *"support/assistant for the parents of children with mental health behavior issues" and "more participation with staff to help me cope with my child"* were cited by caregivers. Lastly, access to services, such as, *"transportation," "parking" and "location of services"* was noted as a challenge for some caregivers.

Timing of Services: Caregivers expressed the need for more time with mental health professionals. Specifically, *"The psychiatrist should talk to the child a little bit more," "I think that if patients could see their doctors more than once a month would be better" and "the counselors coming to talk to him more."* Additionally, the need for evening and weekend hours were noted, that is, *"better if had late night hours for working mom," and "...more open times to work with kids, maybe Saturdays."* Lastly, caregivers noted *"the time length of having to wait for appointments"* can be improved. One consumer noted, *"You got more clients than staff. You have long waiting periods...or are overbooked; you wait for hours when waiting for the doctor."*

IMPLICATIONS FOR PRACTICE

ADULT

ACCESS	Providers can improve services by focusing on the timeliness of services and responsiveness to phone calls. This includes scheduling, follow-up, wait times, and providing housing information.
PARTICIPATION IN TREATMENT PLANNING	Providers should continue to partner with consumers to plan for treatment and services, remaining committed to the collaborative efforts made by staff to involve consumers in their treatment planning process and throughout treatment delivery.
QUALITY AND APPROPRIATENESS	Explore ways to enhance the quality of interactions between staff members and consumers (e.g., establish, implement, and review standards of professional conduct). Providers must also share

SOCIAL CONNECTEDNESS	important information, such as medication side effects, in a timely manner and in a way that is understandable to the consumer. Providers can improve consumers' social connectedness by investing in developing the quality and quantity of consumers' social support network (family, friends, coworkers, church members). Providers can explore consumers' support systems during assessments and throughout treatment. They can work with consumers to develop friendships and strengthen relationships with family and friends.
FUNCTIONING	There is a need to take into consideration the mental, social, spiritual, future aspirations, and physical needs of the consumer at various points during the course of treatment. A thorough assessment can help to inform a more relevant treatment plan and ongoing needs of the consumer.
OUTCOMES	Consumers' comparably lower level of satisfaction with outcomes demonstrates that services may be positive, but they may not lead to change. An objective functional assessment would assist providers with tracking consumers' progress over time and give an opportunity to better understand where interventions are needed.
GENERAL SATISFACTION	Providers should develop effective staff retention strategies to reduce high turnover, strengthen the consumer-staff relationship bond, and increase continuity of care for consumers (i.e., uninterrupted services).

CHILD – MOST HELPFUL

INDIVIDUALIZED SERVICES	Providers should continue to offer an array of individualized services for caregivers of child consumers to ensure a goodness of fit with services.
RELATIONSHIP WITH STAFF	The relationship between the family and staff can create a strong working bond, not only for the child, but for the caregiver. This relationship should be nurtured throughout the initial engagement and treatment process.
IMPROVEMENTS IN MOOD AND BEHAVIOR	Caregivers expressed satisfaction in observing positive changes in their child's overall well-being. Changes in anger, attitude, and social skills were mostly noted.
AVAILABILITY OF STAFF AND SERVICES	Being available is essential to supporting families and their children. Providers can explore ways to maintain consumers' level of satisfaction with accessing staff and services.
SOMEONE TO TALK	Having someone for the child to talk to and listen to was important to

TO caregivers. Caregivers, in turn, benefited from services by having a team of support and problem-solvers to assist them throughout the treatment process. While the child may be the identified consumer for treatment, families may have unidentified needs that may need to be explored.

CHILD – IMPROVE SERVICES

PROFESSIONAL STAFF To address this issue, providers should review agency standards with all staff to ensure quality services are being provided (e.g., timely communication, professional code of conduct). Retention strategies should also be employed in an effort to maintain the therapeutic bond and process between the staff and consumers. Providers should also consider recruitment strategies (e.g., pool of professionals) that can ensure availability of staff. The staff-family relationship is the foundation to build a healthy working relationship and efforts should be made to enhance the interactions between staff and families.

TAILORED SERVICES Providers should explore caregivers' need for "more" services. This may include a particular service, for example, group therapy or parent support. Any barriers to accessing services should also be assessed at the initial stage of treatment and throughout the course of care.

TIMING OF SERVICES Critical to serving children and their families is the ability to provide available treatment services that can meet their needs. Providers should consult with caregivers and their children to determine any preferred service needs, for example, increase in frequency of visits and best days and times to accommodate a family's schedule. Further, agencies should review their appointment scheduling practices to ensure that families avoid long waiting periods.

LIMITATIONS

The MHSIP sample size was 445 consumers, a number large enough to be considered representative of the system as a whole; however, a very small group of consumers provided comments. The YSS-F sample size was 416 caregivers of child consumers, also a representative size; similarly, the number of caregivers who provided comments was not as large. Content analysis includes only those consumers who provided a written comment on the survey or shared a comment with a surveyor by phone. Surveys that had a preponderance of missing data or were not filled out correctly were deleted from the sample. Additionally, although consumers shared their satisfaction with functioning and outcomes, this information is not equivalent to data from an objective functional assessment.

SUMMARY

The MHSIP and YSS-F consumer satisfaction surveys are valuable tools that provide an assessment of how the public mental health system is perceived and what changes may be needed. Comments and suggestions from consumers and caregivers can help to enhance services and provide needed insight for service providers and other relevant stakeholders. The recommendations discussed in this report can be implemented with the collaborative efforts of the DC Department of Behavioral Health and provider agencies. These recommendations are in line with the strategic goals of DBH and support the mission and vision of the provider agencies.

Greater emphasis on transition-aged youth is needed, as reflected by their significantly low scores once they move to the adult system. To address the needs of this special population, the DC Transition Age Youth Initiative has been launched and will provide age-specific care planning, wraparound, evidence-based practices and recovery support. Specially trained Transition Specialists have been employed to help diagnose and assess and provide customized, individual plans of care to assist during their transitional phase into adulthood.

As DBH works to improve the lives of the District's most vulnerable populations, the goal continues to be improved functioning, outcomes, and satisfaction for consumers. The District will continue to seek consumers' and caregivers' perception of their service experience to inform the growth of a strong, efficient and effective service delivery system.

APPENDIX A. MHSIP Survey Items

General Satisfaction	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
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.							
Access to Services	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
4. The location of services was convenient (parking, public transportation, distance, etc.).							
5. Staff was willing to see me as often as I felt it was necessary.							
6. Staff returned my calls within 24 hours.							
7. Services were available at times that were good for me.							
8. I was able to get all the services I thought I needed.							
9. I was able to see a psychiatrist when I wanted to.							
Quality and Appropriateness of Services	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
10. Staffs here believe that I can grow, change, and recover.							
11. I felt comfortable asking questions about my treatment and medication.							
12. I felt free to complain.							
13. I was given information about my rights.							
14. Staff encouraged me to take responsibility for how I live my life.							
15. Staff told me what side effects to watch out for.							
16. Staff respected my wishes about who is and who is not to be given information about my treatment.							

17. I, not staff, decided my treatment goals.							
18. Staff was sensitive to my cultural background (race, religion, language, etc.)							
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.							
20. I was encouraged to use consumer-run programs (i.e. support groups, drop-in centers, crisis phone line, etc.).							
Consumer Perception of Outcomes	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
21. I deal more effectively with daily problems.							
22. I am better able to control my life.							
23. I am better able to deal with crisis.							
24. I am getting along better with my family.							
25. I do better in social situations.							
26. I do better in school and/or work.							
27. My housing situation has improved.							
28. My symptoms are not bothering me as much.							
29. I do things that are more meaningful to me.							
30. I am better able to take care of my needs.							
31. I am better able to handle things when they go wrong.							
32. I am better able to do things that I want to do.							
Social Connectedness	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
For questions 33-36 please answer for relationships with persons other than your mental health provider(s)							
33. I am happy with the friendships I have.							
34. I have people with whom I can do enjoyable things.							
35. I feel I belong in my community.							
36. In a crisis, I would have the support I need from family or friends.							

APPENDIX B: YSS-F Survey Items

For each item, mark one box only.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
1. Overall, I am satisfied with the services my child received.							
2. I helped to choose my child's services.							
3. I helped to choose my child's treatment goals.							
4. The people helping my child stuck with us not matter what.							
5. I felt my child had someone to talk to when he/she was troubled.							
6. I participated in my child's treatment.							
7. The services my child and/or family received were right for us.							
8. The location of services was convenient for us.							
9. Services were available at times that were convenient for us.							
10. My family got the help we wanted for my child.							
11. My family got as much help as we needed for my child.							
12. Staff treated me with respect.							
13. Staff respected family religious/spiritual beliefs.							
14. Staff spoke with me in a way that I understood.							
15. Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.).							
16. My child is better at handling daily life.							
17. My child gets along better with family members.							
18. My child gets along better with friends and other people.							
19. My child is doing better in school and/or work.							
20. My child is better able to cope when things go wrong.							
21. I am satisfied with our family life right now							
22. My child is better able to do things he or she wants to do.							

As a result of the services my child and/or family received:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable	I do not wish to answer
23. I know people who will listen and understand me when I need to talk.							
24. I have people that I am comfortable talking with about my child's problems.							
25. In a crisis, I would have the support I need from family or friends.							
26. I have people with whom I can do enjoyable things.							
27. What has been the most helpful thing about the services you and your child received over the last 6 months?							
28. What would improve the services here?							

APPENDIX C

Demographics

Table 3.

	Race/Ethnicity			
	Adults		Children/Youth	
	Frequency	Percentage	Frequency	Percentage
American Indian or Alaska Native	1	.2	1	.2
Asian			2	.5
Black (African-American)	390	87.6	382	91.8
Mixed Race	23	5.1	15	3.6
Native Hawaiian or Other Pacific Islander	1	.2	1	.2
Other/Not Available	14	3.1	12	2.9
White (Caucasian)	16	3.6	3	.7
Total	445	100.0	416	100

Note: The average age for MHSIP consumers surveyed was 45, and 29 (7%) consumers identified Spanish/Latino origin. The average age for children/youth was 12, and 26 (6.5%) consumers were identified as Spanish/Latino origin.

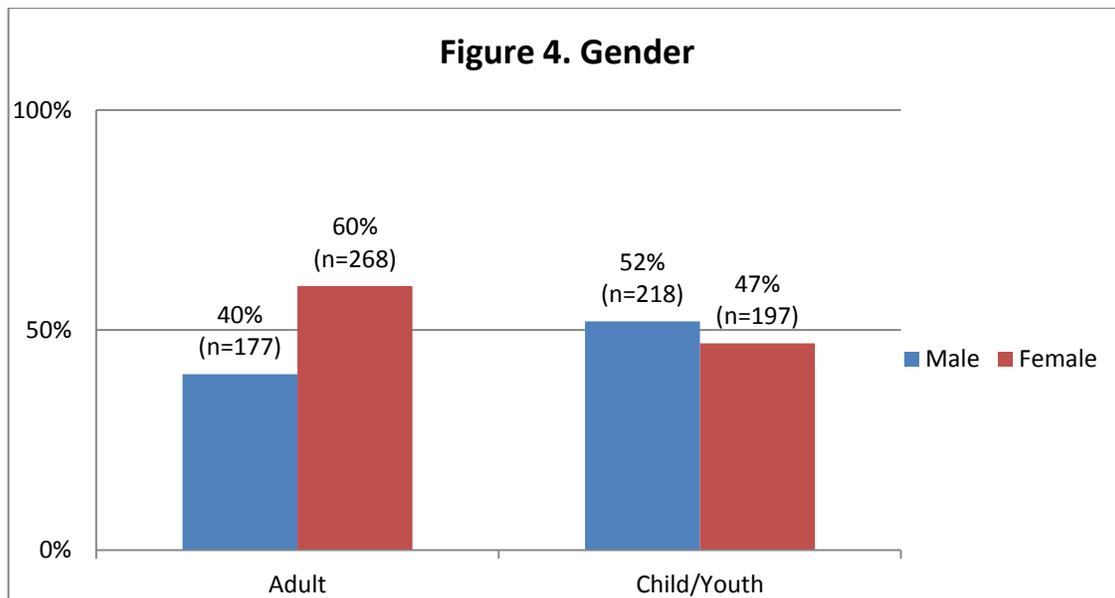
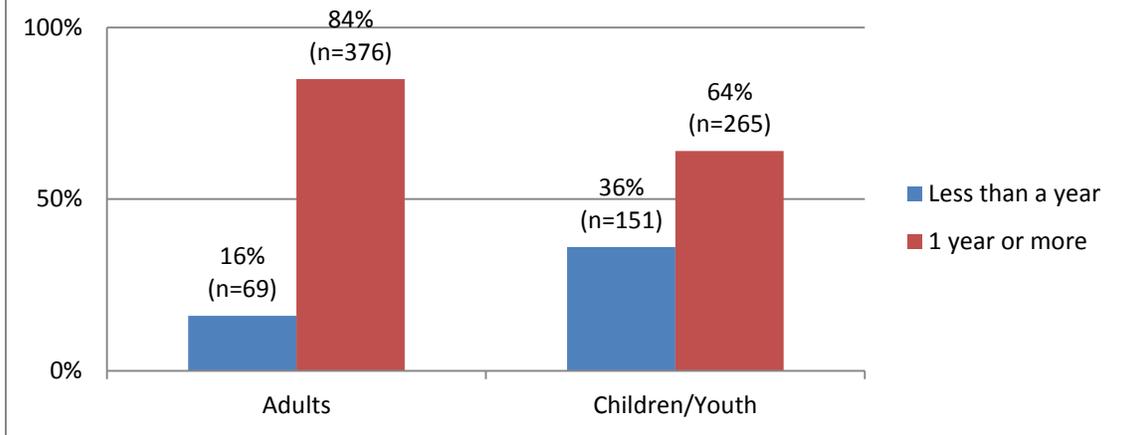


Figure 5. Consumers' Length of Service with CSA



APPENDIX D

Transition-Age Youth Demographics

