

Department of Behavioral Health

Behavioral Health Satisfaction Survey

Mental Health Statistics Improvement Program
(MHSIP)

Youth Services Survey for Families
(YSS-F)

Substance Use Satisfaction Survey
(SUD)

Perceptions of Public Behavioral Health Services
in the District of Columbia among Consumers,
Caregivers of Children and Youth, and Clients

FY 2023

Data and Performance Measurement
Data, Quality, and Compliance Administration

Table of Contents

EXECUTIVE SUMMARY	2
ACKNOWLEDGEMENTS	4
INTRODUCTION	5
METHODOLOGY	5
Sampling and Data Collection	7
Scoring and Analysis.....	8
LIMITATIONS	8
FINDINGS.....	9
Satisfaction Scores	9
Satisfaction Scores by Length of Service.....	11
Respondents' Comments and Major Themes.....	13
SUMMARY	15
APPENDIX A. MHSIP SURVEY ITEMS	18
APPENDIX B. YSS-F SURVEY ITEMS.....	20
APPENDIX C. SUD SURVEY ITEMS.....	22

EXECUTIVE SUMMARY

The DC Department of Behavioral Health (DBH) Data and Performance Measurement (DPM) division within the Data, Quality, and Compliance Administration partnered with the Consumer and Family Affairs (CFA) division to support survey data collection efforts. The DPM Division completed analysis of the Mental Health Statistics Improvement Program Survey (MHSIP) for Adults, the Youth Services Survey for Families (YSS-F), and the Substance Use Disorder (SUD) Satisfaction Survey¹ for clients receiving substance use services. Each year, DBH 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 receive from the community mental health system. The results from these surveys (only the MHSIP and YSS-F) are reported annually to CMHS as a part of the requirements for the Mental Health Block Grant. Collecting data nationwide allows SAMHSA, and the other states that participate in the survey, the opportunity to compare system strengths and challenges on a national level, identify areas for improvement, and work to implement changes.

The surveys present statements about services within eight domains and ask respondents to state to what degree they agree or disagree with each statement. The eight domains include Access, Participation in Treatment Planning, Person-Centered Care Planning, Quality and Appropriateness (or Cultural Sensitivity), Social Connectedness, Functioning, Outcomes, and General Satisfaction. The survey also includes two open-ended questions asking respondents to provide feedback on what has been helpful and what could improve services.

A random sample of adult consumers (N = 2596) and child and youth consumers (N = 2099) who had at least four mental health visits in the past six months and clients who received at least two outpatient substance use services in the past three months (N = 1613) within the fiscal year of 2023 (October 1, 2022 through September 30, 2023) was selected². Of the valid contacts³, 406 (32%) completed the MHSIP Survey (Adult), 395 (35%) completed the YSS-F Survey (caregiver of child and youth), and 156 (18%) completed the SUD Survey (substance use).

Quantitative and qualitative analyses of the eight domains were conducted. For adult mental health consumers, the domains with the highest scores were *Participation in Treatment Planning* (78%) and *Quality and Appropriateness* (76%). The lowest scoring domains were *Person-Centered Care Planning* (66%) and *Outcomes* (62%). For caregivers of child and youth mental health consumers, the domains with the highest scores were *Cultural Sensitivity* (96%), *Participation in Treatment Planning* (84%), and *Social Connectedness* (84%). The lowest scoring

¹ The Mental Health Statistics Improvement Program Survey (MHSIP) for Adults, the Youth Services Survey for Families (YSS-F), and the SUD Survey fall under the umbrella of Behavioral Health Satisfaction Survey (BHSS). This report will refer to the surveys as MHSIP, YSS-F, and SUD.

² Note that individuals receiving mental health services will be referred to as 'consumers' and those receiving substance use services will be referred to as 'clients.'

³ Valid contacts = number of completed surveys/number of valid phone numbers or addresses – Adult (406/1270), Child (395/1126), SUD (156/860).

domains were *Functioning* (62%) and *Outcomes* (63%). For clients receiving substance use services, the domains with the highest scores were *Functioning* (92%), *Quality & Appropriateness* (90%), and *Social Connectedness* (90%). The lowest scoring domains were *Person-Centered Care Planning* (82%) and *Access* (82%).

Adult consumers and caregivers of youth consumers receiving mental health services, and clients receiving substance use services provided recommendations to improve the service system. There were three themes that overlapped all three groups: 1) Staff Communication, 2) Access (Need for Staff or Services), and 3) Services (Counseling, Therapy, Group).

The following report provides a more detailed, narrative analysis of the MHSIP, YSS-F, and SUD survey results. Respondents' feedback on improvements to the system is also included in the report.

ACKNOWLEDGEMENTS

Principal Lead: Crystal Williams, Ph.D., Program Analyst

BHSS Project Work Team: Colin Billett (Quality Improvement Coordinator); Trina Logan (Director, Consumer and Family Affairs Administration); Laura Heaven (Chief, Data and Performance Measurement Division), Nikiya Ford-Jackson (Continuous Quality Improvement Program Analyst), and Cory Chow (Continuous Quality Improvement Program Analyst).

Surveyors: Sabrina Slater, Norman Jones III, Sierra Hunter, Karen Thompson

Respondents: *Special thanks to the consumers, clients, and caregivers of the youth for their participation and for sharing their unique experience as this is instrumental in shaping the direction of system and quality improvement strategies for the District's behavioral health system.*

FOR MORE INFORMATION CONTACT:

Laura Heaven
Director, Data and Performance Measurement
Department of Behavioral Health
(202) 671-4147
laura.heaven@dc.gov

INTRODUCTION

Each year, the DC 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 DBH Data and Performance Measurement (DPM) Division analyzed both the annual Mental Health Statistics Improvement Program Survey (MHSIP) for Adults and the Youth Services Survey for Families (YSS-F). Data were also collected from clients receiving substance use services (i.e., SUD Survey) to better understand their unique perceptions of their service experience and identify opportunities for quality improvement.

The results from the MHSIP, YSS-F, and SUD survey function as a measure of how satisfied consumers, clients, and caregivers are with community mental health and substance use services and provide insight into what is needed to enhance quality and continuity of care. The perspectives of these individuals are valuable in that they provide DBH with the opportunity to determine what changes are needed for service delivery, collaboration with provider agencies, and implementation strategies. The following provides details on sampling, data collection, quantitative and qualitative findings, and a summary of the overall results and next steps.

METHODOLOGY

The MHSIP survey is comprised of 41 items (see Appendix A), which are divided into eight domains (see Table 1). The content of the domains in the MHSIP survey (see Appendix A) has been designed for the adult mental health population. Each item on the MHSIP survey 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 (i.e., percent satisfied). Surveys with domains where more than one-third of items were missing were not included in the final analysis. Lastly, there were two open-ended questions that asked adult consumers to share 1) most helpful aspects of services and 2) recommendations to improve services.

Domain	Sample Statement
Access	The location of services was convenient (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I, not staff, decided my treatment goals.
Person-Centered Care Planning	In my plan, I can see how I'll use my strengths to work on my goals.

Quality and Appropriateness	Staff helped me obtain the information I 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 includes a total of 31 items (see Appendix B), which are divided into eight domains (see Table 2). The content of the domains in the YSS-F survey (see Appendix B) has been designed for the child and adolescent 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 (i.e., percent satisfied)⁴. Surveys with domains where more than one-third of items were missing were not included in the final analysis. Lastly, the survey included two open-ended questions that asked the parent or caregiver to share 1) most helpful aspects of services and 2) recommendations to improve services.

Domain	Sample Statement
Access	The location of services was convenient for us (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I helped to choose my child’s services.
Person-Centered Care Planning	In my child’s plan, I can see how my child’s strengths will be used to work on his/her goals.
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 SUD survey includes a total of 39 items (see Appendix C), which are divided into eight domains (see Table 3). The content of the domains in the SUD survey (see Appendix C) has been

⁴ Note: Per national standards, the scale and scoring for adults and caregivers are reversed. That is, for adults, the scale range is 1 = Strongly Agree to 5 = Strongly Disagree and satisfaction is indicated by scores less than 2.5. For caregivers, the scale range is 1 = Strongly Disagree to 5 = Strongly Agree and satisfaction is indicated by scores greater than 3.5.

designed for clients receiving substance use services. Each item on the SUD survey 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 (i.e., percent satisfied)⁵. Surveys with domains where more than one-third of items were missing were not included in the final analysis. Additionally, the survey included two open-ended questions that asked clients to share 1) most helpful aspects of services and 2) recommendations to improve services.

Domain	Sample Statement
Access	The location of services was convenient (parking, public transportation, distance, etc.).
Participation in Treatment Planning	I, not staff, decided my treatment goals.
Person-Centered Care Planning	In my plan, I can see how I'll use my strengths to work on my goals.
Quality and Appropriateness	Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.
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 like the services that I received here.

Sampling and Data Collection

In Fiscal Year 2023, DBH delivered mental health services to 38,346 adult consumers. From this general population, a random sample of 2,596⁶ adult consumers who had at least four mental health visits within the past six months was selected to participate in the survey. These consumers were identified from the DBH claims database. Four-hundred six (406) consumers completed the MHSIP survey and were served by 38 providers.

There were 5,081 child and adolescent consumers that received mental health services from the DBH service system. From this general population, a random sample of 2,099 consumers who had at least four mental health visits within the past six months was selected to participate in the survey. Three-hundred ninety-five (395) caregivers completed the YSS-F survey and were served by 17 providers.

⁵ Note: The scale and scoring for the SUD survey is the same as the scale and scoring for the YSS-F survey.

⁶ Sample sizes were determined by calculating the confidence level (95%), confidence interval (5) and general consumer population (e.g., 40,000). This estimated sample size was multiplied by seven to oversample and account for expected rate of return. Thus, a random sample of 2,600 consumers were selected.

There were 4,950 adult clients receiving substance use services in fiscal year 2023. From this general population, a random sample of 1,613 clients⁷ who had at least two claims within the past 90 days or three months was selected to participate in the survey. One-hundred fifty-six (156) clients completed the SUD survey and are represented 13 providers.

The data were collected between December 2022 and September 2023. DBH's Consumer and Family Affairs Administration managed the data collection process and provided training to the surveyors. Surveyors were trained in telephone etiquette, interviewing techniques, ensuring confidentiality, adhering to survey scripts, data quality standards, as well as data entry.

Consumers, clients, and caregivers of child consumers selected as respondents had the option of completing the survey by phone with a surveyor or by mail. Surveys were also available in Spanish for Spanish-speaking respondents. All respondents provided consent to participate. Respondents did not receive any monetary incentive for participation. Of the 406 adult respondents, 369 (91%) completed the survey by phone and 37 consumers (9%) completed the survey by mail. Of the 395 caregiver respondents, 392 (99%) completed the survey by phone and 3 consumers (1%) completed the survey by mail. Of the 156 clients receiving substance use services, 139 (89%) completed the survey by phone and 17 (11%) clients completed the survey by mail.

Scoring and Analysis

Quantitative data were aggregated and descriptive analyses were performed to assess respondents' satisfaction with services (by each domain) over the past three years. Domains required at least two-thirds of the items answered to be included in the analysis.

Content analysis was used to analyze respondents' comments to determine if there were major themes or trends that emerged from the open-ended questions. Pre-set categories were used to code the data (e.g., staff, services, housing, etc.) and emergent themes, if any, were then identified within each code (e.g., staff communication). Not applicable or missing responses were not analyzed. Two staff members independently coded the comments, compared results, and resolved any differences.

LIMITATIONS

The findings from this report are based on self-report. Consumers, clients, and caregivers may have varied reasons for their responses (e.g., social desirability). Additionally, responses are from those who responded to the survey and do not account for those who did not respond due to dissatisfaction with services or other reasons. Further, the sample selection criteria for mental health consumers included those with at least four billable mental health rehabilitation

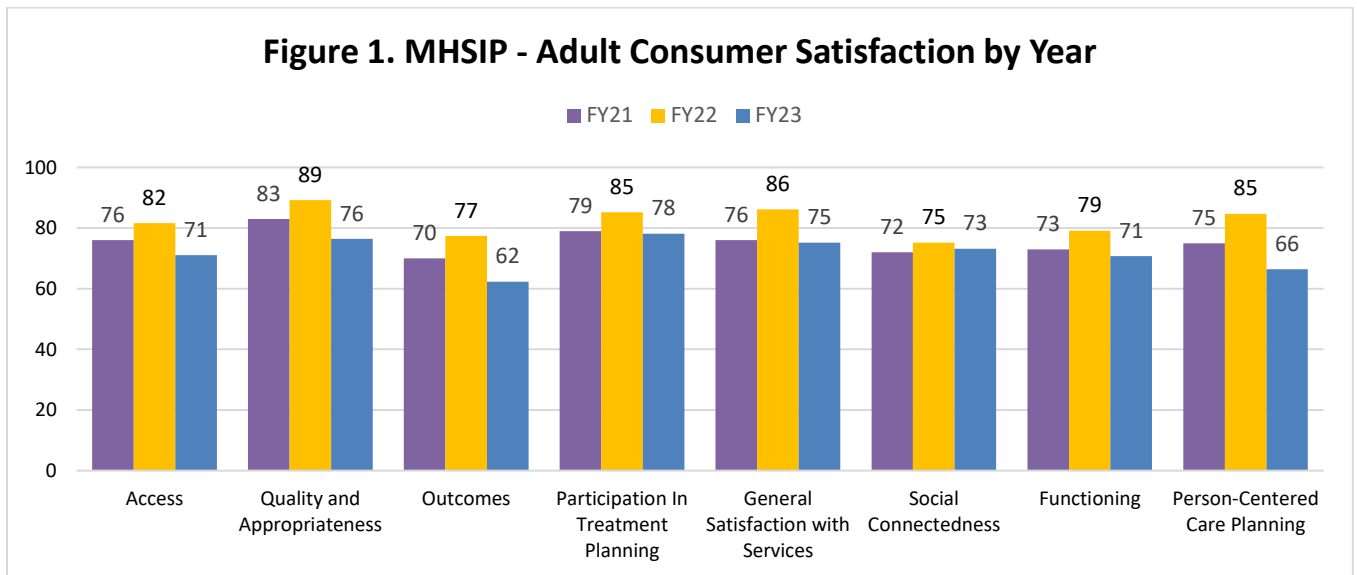
⁷ Clients receiving outpatient, residential, and Medication-Assistance Treatment (MAT) substance use services were included in the sample, while those receiving drug testing, assessment services, nursing services, Access to Recover (ATR) services, and recovery services were excluded from the sample.

visits within the past six months. For substance use, the sample selection criteria included clients with at least two billable visits within the last three months. These consumers and clients may experience the DBH service system differently than other consumers and clients. Thus, interpretation of the findings of this report should be considered within this context. The content analysis of the open-ended comments includes only those respondents 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 removed from the sample. Additionally, although respondents shared their level of satisfaction with functioning and outcomes, this information is not equivalent to data from an objective functional assessment or measure.

FINDINGS

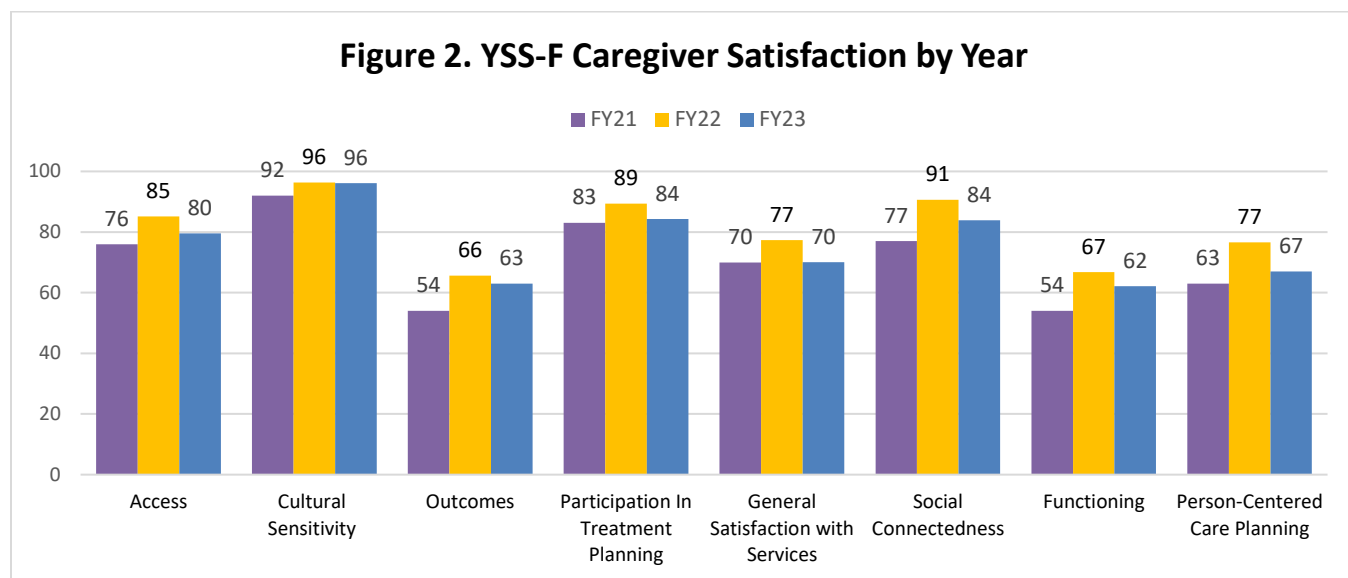
Satisfaction Scores

Figure 1 provides a comparative analysis of satisfaction scores (percentages) over the past three years for adult consumers receiving mental health services. Overall, domain scores show a decline over the past year. For FY23, adults were most satisfied with Participation in Treatment Planning (78%), Quality and Appropriateness (76%), and General Satisfaction (75%). Adults, however, were least satisfied with Outcomes⁸ (62%), and Person-Centered Care Planning (66%). *Note: Most of the adult consumers were African American (86%), female (61%), and, on average, 46 years of age.*



⁸ Outcomes are the consumers' perception of the benefits received from clinical treatment.

For caregivers of youth (see Figure 2), there was a decrease in each domain score over the past two years, with the exception of Cultural Sensitivity. Functioning and Outcome domain scores remain persistently low. For FY23, caregivers were most satisfied with Cultural Sensitivity⁹ (96%), Participation in Treatment Planning (84%), and Social Connectedness (84%). Caregivers, however, were least satisfied with their child’s Functioning (62%) and Outcomes¹⁰ (63%). *Note: Most of the youth of the caregivers were African American (80%), male (54%), and, on average, 13 years of age.*

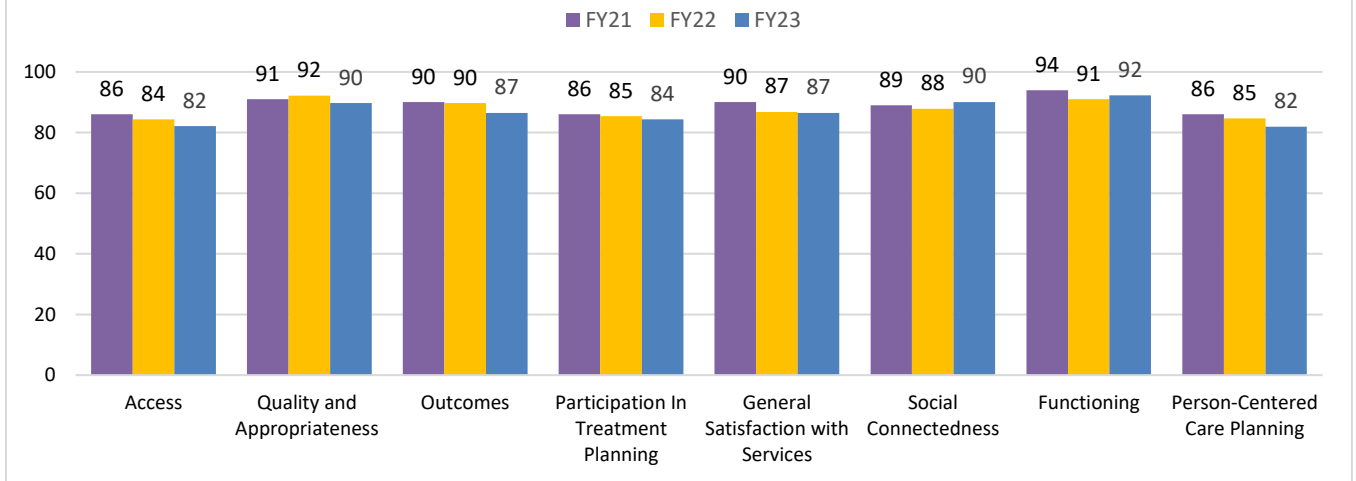


For clients receiving substance use services, (see Figure 3), the majority of the domain scores show a slight decline over the past two years. For FY23, clients were most satisfied with Functioning (92%), Social Connectedness (90%), and Quality & Appropriateness (90%). Clients, however, were least satisfied with Person-Centered Care Planning (82%) and Access (82%). *Note: Most of the clients receiving substance use services were African American (76%), male (57%), and, on average, 55 years of age.*

⁹ Cultural Sensitivity refers to the staff being culturally sensitive to the consumer and family (e.g., respected religious/spiritual beliefs).

¹⁰ Outcomes are the caregivers’ perception of the benefits received from the child’s clinical treatment, with the addition of caregivers’ perception of satisfaction with family life.

Figure 3. SUD - Satisfaction with Substance Use Services

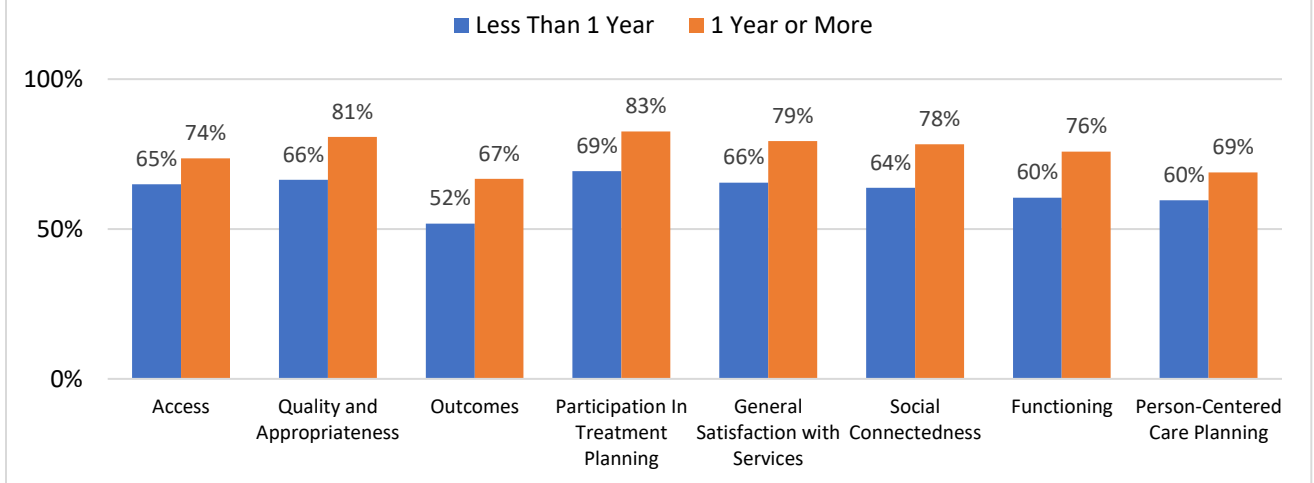


Satisfaction Scores by Length of Service

ADULT CONSUMERS

Overall, adult consumers receiving mental health services for one year or more reported higher satisfaction than adult consumers receiving services for less than one year (see Figure 4). Most notable, is the much higher score in Functioning (76% vs 60%), Outcomes (67% vs 52%), and Social Connectedness (78% vs 64%) for those in service for one year or more compared to those in service for less than one year. *Note: Approximately 113 consumers received services for less than one year and approximately 278 consumers received services for one year or more.*¹¹

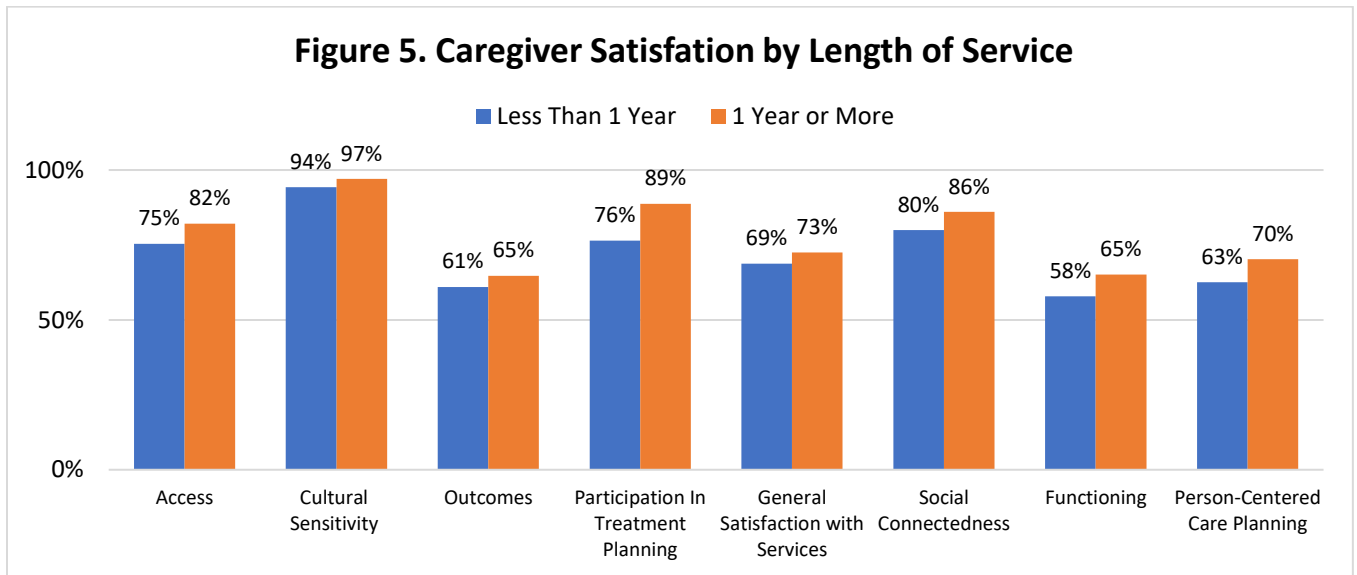
Figure 4. ADULT Satisfaction by Length of Service



¹¹ Sample sizes indicate approximation due to missing data per domain.

CAREGIVERS OF YOUTH

Overall, caregivers of youth receiving mental health services for one year or more year reported higher ratings of satisfaction compared to caregivers of youth receiving services for less than one year (see Figure 5). As discussed previously, domain scores for Outcomes and Functioning are persistently low, however there is a slight difference between caregivers with children receiving one year of service or more compared to those in service for less than one year. *Note: Approximately 148 child and youth consumers received services for less than one year and approximately 241 consumers received services for one year or more.*¹²



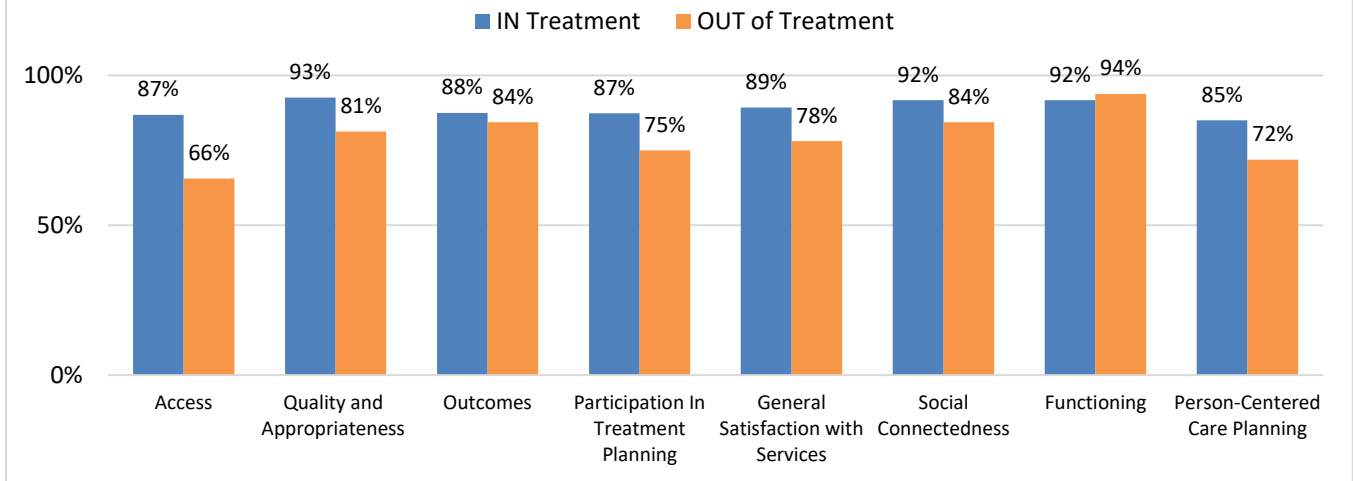
SUD

Overall, clients currently receiving substance use services reported higher satisfaction than clients not currently receiving substance use services (see Figure 6). Most notable, is the much higher score in Access (87% vs 66%), Person-Centered Care Planning (85% vs 72%), and Participation in Treatment Planning (87% vs 75%) for those currently in treatment compared to those currently out of treatment. *Note: Approximately 121 clients were currently receiving substance use services (i.e., in treatment) and approximately 32 clients were not receiving services (i.e., out of treatment).*¹³

¹² Sample sizes indicate approximation due to missing data per domain.

¹³ Sample sizes indicate approximation due to missing data per domain.

Figure 6. SUD Satisfaction by IN or OUT of Treatment



Respondents’ Comments and Major Themes

This section highlights major themes from adult consumers (mental health), adult clients (substance use), and caregivers of youth (mental health) about their service experience. Content analysis was used to examine the two open-ended questions to identify major themes and provide context for the satisfaction scores. The two questions asked respondents for their feedback on aspects of service that were helpful and areas for quality improvement. Using open-ended questions gives leadership and decision-makers 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 (e.g., adult vs. child). Not all respondents surveyed answered the open-ended questions – only a subset of adult consumers receiving mental health services, adult clients receiving substance use services, and caregivers of youth receiving mental health services. Their feedback is useful to better understand what was helpful and what could improve services. These major themes (e.g., staff support, staff consistency) provide insight into ways the system can improve practice and policy and should aid the agency’s understanding on ways to improve the District’s mental health and substance use service delivery system.

What have been some of the **most helpful** things about the services you received?

ADULT (Mental Health) – MOST HELPFUL

- **Staff Members** – Consumers stated that staff members were the most helpful. More specifically, community support workers, psychiatrists, and therapists. Additionally, consumers appreciated consistent communication (i.e., routine check-ins) and the support/care (e.g., going above and beyond) received from their respective team members.

- **Services (Medication & Medication Management)** – Consumers identified medication and medication management as the most helpful aspects of their service. Some consumers noted that medication has been helpful in improving symptoms, while others identify medication management as a helpful plan to adhere to.
- **Consumer Has Someone to Talk to** – “Just having someone to talk to” was helpful to consumers. Consumers noted that talking with a professional allowed them to express their feelings and confide and relate to someone.

CAREGIVERS (Mental Health) – MOST HELPFUL

- **Staff Members & Communication** – Caregivers of youth mostly noted that staff members were extremely helpful, for example, community support workers, therapists, case managers, and doctors. When staff conduct wellness checks, return phone calls immediately, and provide the caregiver with updates, caregivers report a helpful experience.
- **Medication & Counseling Services** – Caregivers report that medication and medication management were helpful aspects of their child’s services. Counseling services, specifically, therapy services, were also noted as helpful to their child’s improvement. Additionally, mentoring support was noted as a useful resource for youth.
- **Child Improvement** – Caregivers reported that their child’s communication skills and coping skills have improved (e.g., managing anger). Additionally, caregivers report that their children are doing better in school and school activities (e.g., completing homework, staying focused).
- **Child Has Someone to Talk to** – It was reported that having someone to talk to, for example, “a third-party” or “other than a parent” was quite beneficial to the child (and family). Caregivers also noted that having a professional that understands and listens to the child is helpful.

ADULT (SUD) – MOST HELPFUL

- **Services (Counseling, Therapy, Group) & Medication** – Counseling services, such as small group therapy and the detox program, were noted as helpful. Clients were able to discuss their problems and share experiences with those with “commonalities.” Clients also appreciated the “powerful facilitators.” Medication was also noted as helpful.
- **Staff Support/Care** – Clients described staff as compassionate, understanding, attentive, and empathetic. They noted that they offered moral support and played a significant role in their “successful treatment.”
- **Client Improvement** – Clients identified the following improvements – having a better understanding of self, being safe and happy, learning money management skills, and avoiding drinking and smoking.

What would **improve** the services that you received?

ADULT (Mental Health) – IMPROVE SERVICES

- **Staff Communication** – Consumers requested that staff members call them more often and be consistent in phone communications. Additionally, consumers stated that returning phone calls and following-up would improve services.
- **Access - Need for Staff** – Consumers noted the need for professional help. For example, some consumers were waiting to be assigned a psychiatrist or therapist, while others were waiting for a new psychiatrist or therapist (i.e., a replacement).
- **Housing** – Consumers identified the need for a housing coordinator or liaison, prompt assistance with housing support (i.e., “faster help”), and access to housing resources.
- **Services** – Consumers requested “more services” (e.g., “besides give me medication”; hands-on services; case management).

CAREGIVERS (Mental Health) – IMPROVE SERVICES

- **Staff Communication & Consistency** – Caregivers requested improved communication. This includes more communication with the parents and consistent communication with the family. Caregivers would also appreciate consistent staff in working with the family.
- **Access - Need for Staff or Services** – Caregivers expressed the need to be assigned to a case worker, community support worker, therapist, and psychiatrist. Some caregivers noted that they have been on a waiting list and recommend hiring additional staff.
- **Services (Counseling, Therapy, Group)** – In addition to requesting “more therapy,” caregivers would like alternative services and activities, such as family nights, support groups, mentoring, and wraparound services. Caregivers would also like “more face-to-face interaction.”

ADULT (SUD) – IMPROVE SERVICES

- **Access – Need for Staff or Services** – Clients reported a need for more counselors, case workers, therapists, and nurses. Specifically, a “head nurse to move everything along” was noted. Clients also requested more group sessions.
- **Staff Communication** – Clients expressed the need for better communication between staff and clients (e.g., follow-up calls and clear directions). Clients also requested that staff improve professionalism when working with clients (e.g., compassion and patience).
- **Services (Counseling, Therapy, Group)** – Some clients requested money management classes, longer meetings, setting more goals with caseworkers, and to split the NA (Narcotics Anonymous) and AA (Alcoholic Anonymous) into separate groups.

Major Theme Yearly Comparison

MOST HELPFUL - MAJOR THEME YEARLY COMPARISON		
	FY23	FY22
ADULT CONSUMERS	- Staff Members - Services (Medication & Medication Management)	- Staff Professionals - Services (Counseling, Therapy, Group) & Medication

	<ul style="list-style-type: none"> - Consumer Has Someone to Talk to 	<ul style="list-style-type: none"> - Consumer Has Someone to Talk to
CAREGIVERS OF YOUTH	<ul style="list-style-type: none"> - Staff Members & Communication - Medication & Counseling Services - Child Improvement - Child Has Someone to Talk to 	<ul style="list-style-type: none"> - Staff Communication & Support/Care - Child Improvement - Child Has Someone to Talk to - Counseling Services & Medication
SUD CLIENTS	<ul style="list-style-type: none"> - Services (Counseling, Therapy, Group) & Medication - Staff Support/Care - Client Improvement 	<ul style="list-style-type: none"> - Staff Support/Care - Services (Counseling, Therapy, Group) & Medication Management - Client Improvement

IMPROVEMENT RECOMMENDATIONS - MAJOR THEME YEARLY COMPARISON		
	FY23	FY22
ADULT CONSUMERS	<ul style="list-style-type: none"> - Staff Communication - Access - Need for Staff - Housing - Services 	<ul style="list-style-type: none"> - Staff Communication & General Professionalism - Housing - Access - Need for Staff - Services (Counseling, Therapy, Group)
CAREGIVERS OF YOUTH	<ul style="list-style-type: none"> - Staff Communication & Consistency - Access - Need for Staff or Services - Services (Counseling, Therapy, and Group) 	<ul style="list-style-type: none"> - Staff Communication & Consistency - Services (Counseling, Therapy, Group) - Access - Need for Staff or Services
SUD CLIENTS	<ul style="list-style-type: none"> - Access – Need for Staff or Services - Staff Communication - Services (Counseling, Therapy, Group) 	<ul style="list-style-type: none"> - Access – Need for Staff or Services - Services (Counseling, Therapy, Group) - Staff Communication

SUMMARY

This report highlights the findings from the MHSIP, YSS-F, and SUD satisfaction surveys. The data provide valuable information on consumer, client, and caregiver experience with the mental health and substance use service system. Because these experiences are based on a select sample of consumers and clients, at one point in time, it is important to assess

satisfaction and agency performance via multiple methods. For example, including these data in combination with the key agency performance indicators can help create a performance profile of the DBH system at-large. Over time, this performance profile can help DBH better understand how consumers and clients experience the service system and guide DBH on the best ways to move forward in improving service delivery throughout the public behavioral health system. Further, assessing satisfaction at the provider level may offer a different picture of consumer and client satisfaction, and thus establishing a system to continuously collect and monitor these data at the agency-level is also critical (e.g., continuous quality improvement system). The District values feedback and will continue to assess satisfaction within the mental health and substance use service system. It is imperative to incorporate stakeholders' feedback into system-wide efforts to inform the growth of a strong, efficient, and effective service delivery system.

APPENDIX A. MHSIP SURVEY ITEMS

MHSIP Survey Items by Domain (ADULTS 18 or older)	
Access	<ol style="list-style-type: none">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 calls within 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.
Participation in Treatment Planning	<ol style="list-style-type: none">1. I felt comfortable asking questions about my treatment and medication.2. I, not staff, decided my treatment goals.
Quality and Appropriateness	<ol style="list-style-type: none">1. Staff here believe that I can grow, change, and recover.2. I felt free to complain.3. I was given information about my rights.4. Staff encouraged me to take responsibility for how I live my life.5. Staff respected my wishes about who is and who is not to be given information about my treatment.6. Staff were sensitive to my cultural background (race, religion, language, etc.).7. Staff helped me obtain the information I needed so I could take charge of managing my illness.8. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).9. Staff told me what side effects to watch out for.
Social Connectedness	<ol style="list-style-type: none">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 in my community.

- | | |
|-------------------------------|---|
| | <ol style="list-style-type: none">4. In a crisis, I would have the support I need from family or friends. |
| Functioning | <ol style="list-style-type: none">1. I do things that are more meaningful to me.2. I am better able to take care of my needs.3. I am better able to handle things when they go wrong.4. I am better able to do things that I want to do.5. My symptoms are not bothering me as much. |
| Outcomes | <ol style="list-style-type: none">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 symptoms are not bothering me as much (repeat).8. My housing situation has improved. |
| General Satisfaction | <ol style="list-style-type: none">1. I like the services that I received here.2. If I had other choices, I would still get services at this agency.3. I would recommend this agency to a friend or family member. |
| Person-Centered Care Planning | <ol style="list-style-type: none">1. In my plan, I can see how I'll use my strengths to work on my goals.2. I feel like staff support me in working on things like getting a job and managing my money, even if I still have other issues.3. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.4. I have a chance to review and make changes to my plan.5. I get a copy of my plan to keep. |

APPENDIX B. YSS-F SURVEY ITEMS

YSS-F Survey Items by Domain (CAREGIVERS OF YOUTH 17 or Younger)

Access	<ol style="list-style-type: none">1. The location of services was convenient for us (parking, public transportation, distance, etc.).2. Services were available at times that were convenient for us.
Participation in Treatment Planning	<ol style="list-style-type: none">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.
Cultural Sensitivity	<ol style="list-style-type: none">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 (race, religion, language, etc.).
Social Connectedness	<ol style="list-style-type: none">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 would have the support I need from family or friends.4. I have people with whom I can do enjoyable things.
Functioning	<ol style="list-style-type: none">1. My child is better able to do things he or she wants to do.2. My child is better at handling daily life.3. My child gets along better with family members.4. My child gets along better with friends and other people.

5. My child is doing better in school and/or work.
6. My child is better able to cope when things go wrong.

Outcomes

Includes all of the items for functioning. However, "My child is better able to do things he or she wants to do" is replaced with "I am satisfied with our family life right now."

General 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.

Person-Centered Care Planning

1. In my child's plan, I can see how my child's strengths will be used to work on his/her goals.
 2. I feel like staff support my child in working on things like school-related issues (e.g., classwork, homework, tutoring, IEP/504 planning)
 3. It is clear to me in my child's plan how certain interventions/treatments will help my child achieve his/her goals.
 4. I have a chance to review and make changes to my child's plan.
 5. I get a copy of my child's plan to keep.
-

APPENDIX C. SUD SURVEY ITEMS

SUD Survey Items by Domain (ADULTS 18 or older)	
Access	<ol style="list-style-type: none">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 calls within 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.
Participation in Treatment Planning	<ol style="list-style-type: none">1. I felt comfortable asking questions about my treatment.2. I, not staff, decided my treatment goals.
Quality and Appropriateness	<ol style="list-style-type: none">1. Staff believe that I can grow, change, and recover.2. I felt free to complain.3. I was given information about my client rights.4. Staff encouraged me to take responsibility for how I live my life.5. Staff respected my wishes about who is and who is not to be given information about my treatment.6. Staff were sensitive to my cultural background (race, religion, language, etc.).7. Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.8. I was encouraged to use consumer-run programs (self-help support groups, Alcohol Anonymous – AA, Narcotics Anonymous – NA).

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 in my community.
4. In a crisis, I would have the support I need from family, friends or my network.

Functioning

1. I do things that are more meaningful to me.
2. I am better able to take care of my needs.
3. I am better able to handle things when they go wrong.
4. I am better able to do things that I want to do.
5. I am less likely to use drugs and/or alcohol (repeat).

Outcomes

1. I deal more effectively with daily problems.
2. I am better able to manage 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. I am less likely to use drugs and/or alcohol (repeat).

General Satisfaction

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

Person-Centered Care Planning

1. In my plan, I can see how I'll use my strengths to work on my goals.
 2. I feel like staff support me in working on things like getting a job and
-

managing my money, even if I still have other issues.

3. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.
 4. I have a chance to review and make changes to my plan.
 5. I get a copy of my plan to keep.
-