

Department of Behavioral Health

Behavioral Health Satisfaction Survey

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

2016

Applied Research and Evaluation
Data and Performance Management

EXECUTIVE SUMMARY

The Applied Research and Evaluation (ARE) Unit of Data and Performance Management, 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)¹. 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 = 2600) who received at least two mental health services in the past six months within the fiscal year of 2016 (October 1, 2015 through September 30, 2016), 390 completed the MHSIP survey. Quantitative and qualitative analyses of the seven domains were conducted. Two domains had the highest scores: *Quality and Appropriateness* (82%) and *Satisfaction* (79%). *Social Connectedness* (63%) and *Outcomes* (67%) were the lowest scoring domains.

Out of a random sample of child and youth consumers (N = 2600), who received at least two mental health services in the past six months within the fiscal year of 2016 (October 1, 2015 through September 30, 2016), 410 of their caregivers completed the YSS-F survey. The two domains with the highest scores were *Cultural Sensitivity* (92%) and *Participation in Treatment Planning* (85%). *Functioning* (55%) and *Outcomes* (55%) were the lowest scoring domains.

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

¹ As of the writing of this report, the Mental Health Statistics Improvement Program Survey (MHSIP) for Adults and the Youth Services Survey for Families (YSS-F) now fall under the umbrella of Behavioral Health Satisfaction Survey (BHSS). This report will refer to the surveys as MHSIP and YSS-F; however, note that in future reports, the surveys will be referred to as BHSS-MHSIP and BHSS-YSS-F.

ACKNOWLEDGEMENTS

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Respondents: *Special thanks to the consumers and caregivers of the youth 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 analyzed 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 statement from each domain 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 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 presents statements related to child and adolescent services with 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 statements are reported in Table 2.

Domain	Sample Statement
Access	The location of services was convenient for us.
Participation in Treatment Planning	I helped to 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 provides details on sampling, data collection, quantitative and qualitative findings, and implications for practice.

METHODOLOGY

The MHSIP survey includes a total of 36 items, which are divided into seven domains (see Table A1 in Appendix A). The content of the domains in the MHSIP instrument (see Appendix B) 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 (i.e., satisfied). Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey included two open-ended questions that asked consumers to share 1) what has been most helpful about the services and 2) what would improve services.

The YSS-F survey includes a total of 26 items, which are divided into seven domains (see Table A2 in Appendix A). The content of the domains in the YSS-F instrument (see Appendix C) 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., satisfied). Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey included two open-ended questions that asked caregivers 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 19,599 adult consumers in fiscal year 2016. From this general population, a random sample of 2,600 adult consumers who received at least two mental health services within the past six months was selected to participate in the survey. These consumers were extracted from the DBH claims database. Three-hundred ninety consumers completed the MHSIP survey.

There were 4,404 child and adolescent consumers served in fiscal year 2016. From this general population, a random sample of 2,600 consumers who received at least two mental health services within the past six months in the District was selected to participate in the survey. Four-hundred ten caregivers completed the YSS-F survey.

The data were collected between March 2016 and September 2016. Surveyors were trained in telephone etiquette, interviewing techniques, ensuring confidentiality, adhering to survey scripts, data quality standards, as well as data entry.

Adult consumers and caregivers of child 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. Respondents did not receive any monetary incentive for participation. Data were aggregated and narrative findings were analyzed using content analysis.

Scoring and Analysis

Descriptive analysis of demographic characteristics (i.e., race/ethnicity, age, gender, and length of service) provided context for the qualitative and quantitative analysis of the consumers' responses (see Appendix D). 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. For significant findings, phi coefficient was computed to determine the strength of the relationship between the demographic variable and domain variable.

Content analysis was used to analyze consumers' comments to determine if there were major themes or trends that emerged from the open-ended domain questions. Quickbase © was used to organize and code the data. A priori codes (i.e., pre-set categories) were used to code the data. Emergent themes, if any, were then identified within each code. Not applicable or missing responses were not analyzed. Two staff members independently coded the comments for agreement and reliability.

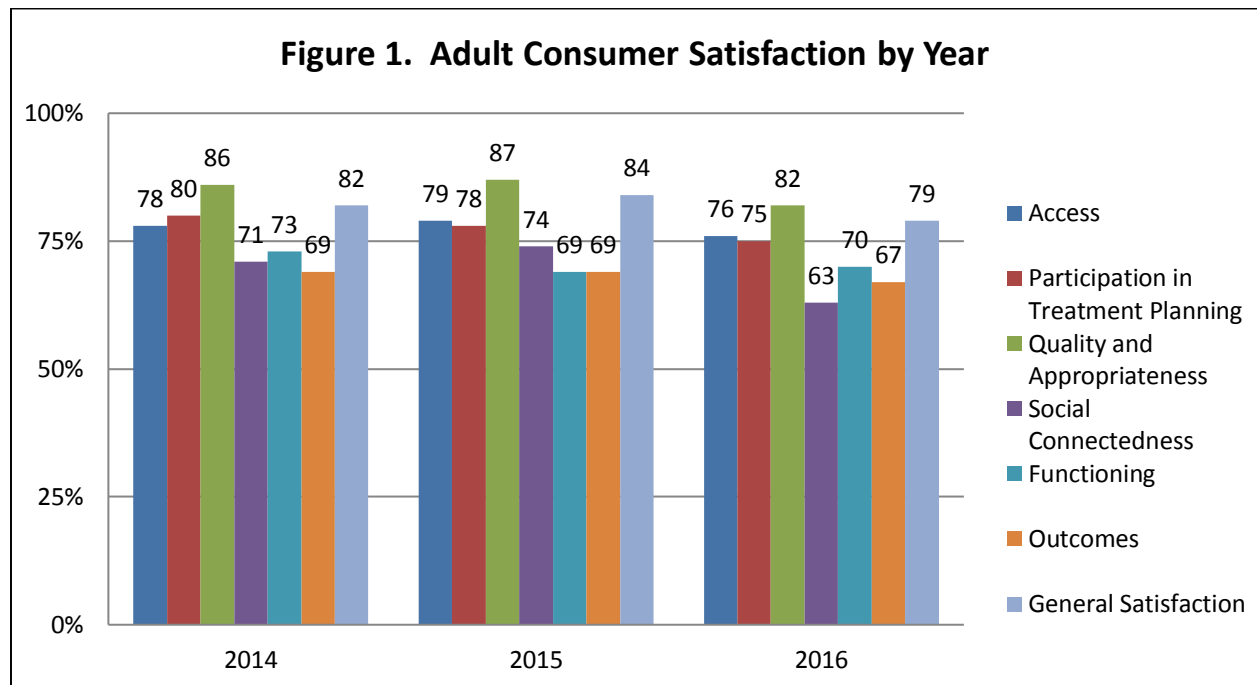
LIMITATIONS

The findings from this report are based on consumer self-report. Consumers may have varied reasons for their responses (e.g., social desirability). Further, as mandated by SAMHSA, the survey asks adult consumers and caregivers of child consumers about arrest history. Caregivers are also asked about their child's school attendance. These data are incomplete, as many respondents reported 'not applicable'. Additionally, consumers must recall this information within the past year and beyond; consumers are also asked to recall their service experience within the past six months. Survey results may be affected by recall limitations. Thus, interpretation of the findings of this report should be read with caution. The content analysis of

the open-ended questions 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 consumers shared their level of satisfaction with functioning and outcomes, this information is not equivalent to data from an objective functional assessment.

FINDINGS

Figures 1 and 2 provide a comparative analysis of satisfaction scores (percentages) over the past 3 years. For the adult consumers, there is a slight decline in all domain scores over the past two years. However, most notable, is the persistently low scores for functioning² and outcomes³ (see Figure 1) and a steep decline in social connectedness scores. Focusing on the 2016 findings, adults were most satisfied with *Quality and Appropriateness* (82%) and *General Satisfaction* (79%). Adults, however, were least satisfied with their *Social Connectedness* (63%) and *Outcomes* (67%).



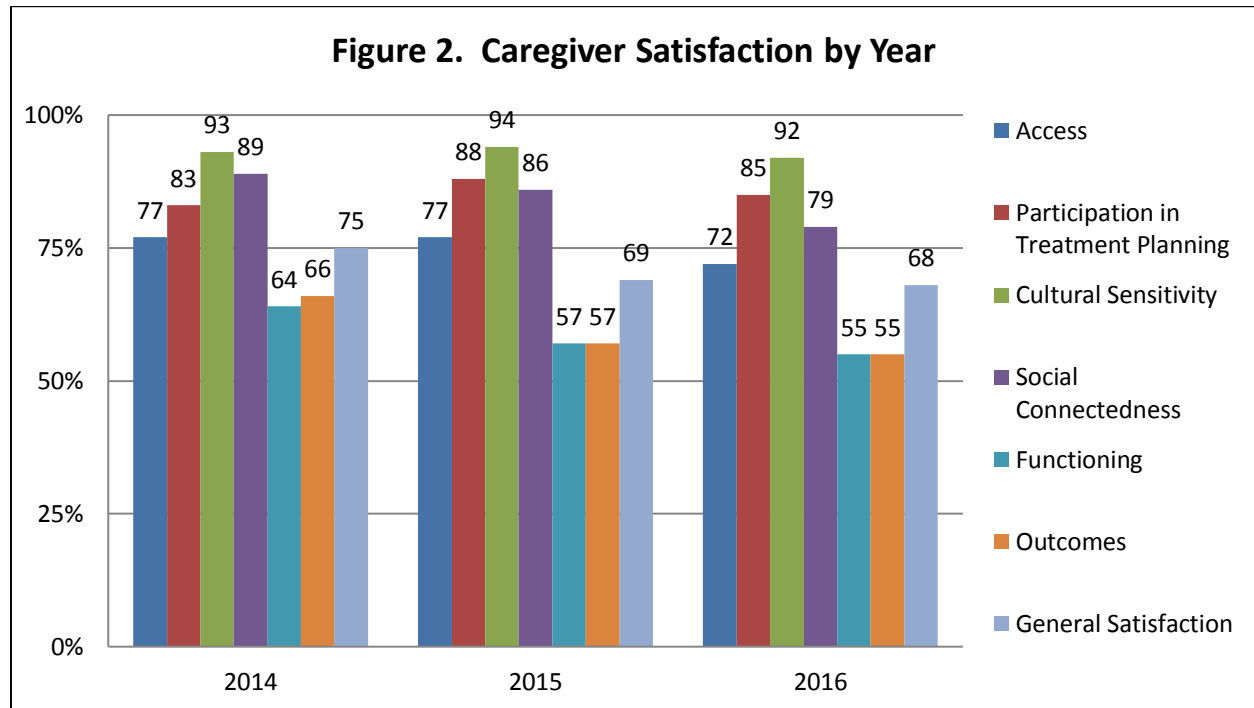
For the caregivers of youth, again, there is a slight decline in all domain scores over the past two years. Further, functioning and outcome domain scores remain persistently low (see Figure 2). Focusing on the 2016 findings, caregivers were most satisfied with *Cultural Sensitivity*⁴ (92%)

² Functioning is the perception of overall improvement in mental health and social well-being.

³ Outcomes are the consumers' perception of the benefits received from clinical treatment.

⁴ Cultural Sensitivity refers to the staff being culturally sensitive to the consumer and family (e.g., respected religious/spiritual beliefs).

and *Participation in Treatment Planning* (85%). Caregivers, however, were least satisfied with their child's *Functioning* (55%) and *Outcomes*⁵ (55%).



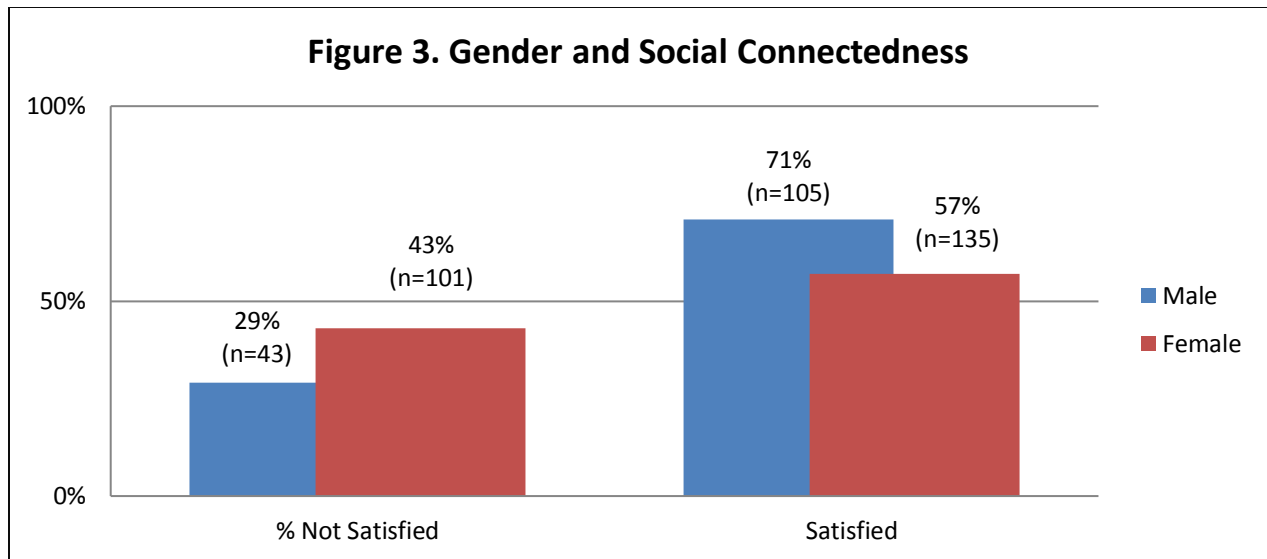
Domains and Demographic Variables

Quantitative analyses were conducted to determine if there were any relationships between each domain and demographic characteristics (i.e., length of service, gender, and age).

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 service system was not associated with any of the seven domains. Note that a total of 64 consumers received services within the last year and 291 consumers received services for one year or more.

Chi-square analyses were performed to explore whether gender (male vs. female) was associated with each domain. It was found that gender was associated with social connectedness ($\chi^2 = 7.329, df = 1, p < .05$). Consumers who were male were more satisfied with their level of social connectedness than consumers who were female (see Figure 3). Note that there was a weak relationship between gender and outcomes ($\phi = .138$).

⁵ 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.



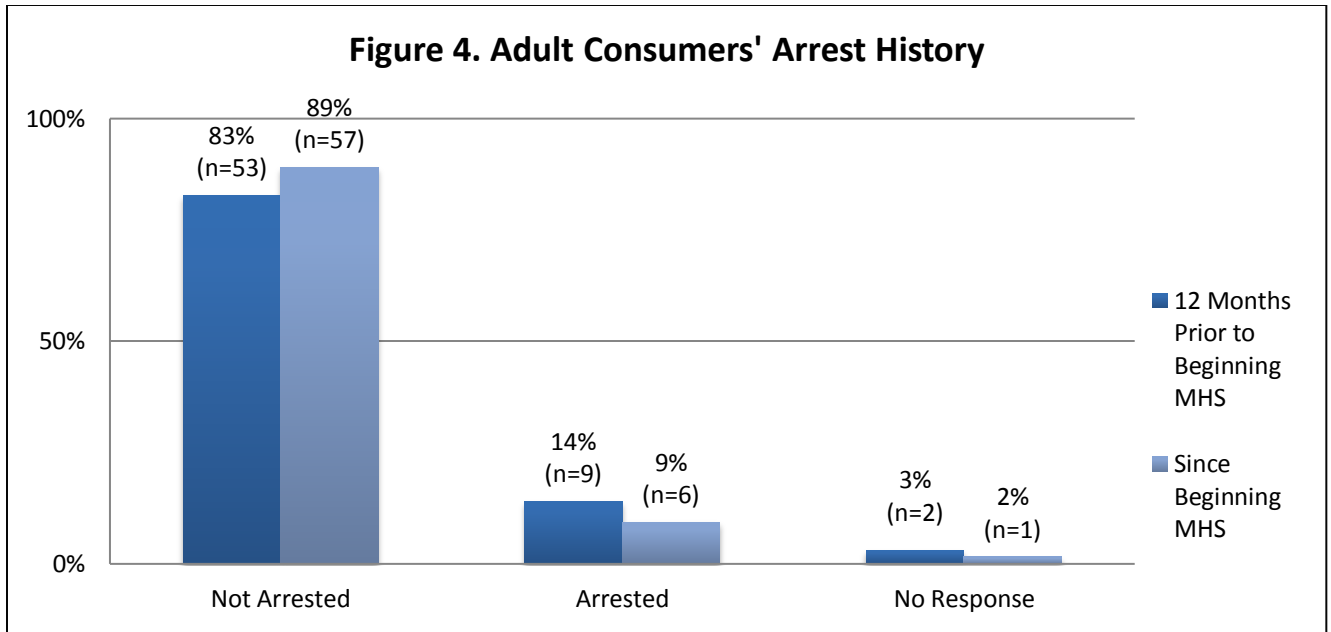
Correlation coefficients determined weak relationships between age and consumers' satisfaction with social connectedness ($r_{pb} = .102, p = .047$) and general satisfaction ($r_{pb} = .128, p = .011$). Consumers who reported satisfaction with social connectedness and general satisfaction were older than those who reported not being satisfied.

Adult Arrest History - Less than a Year of Services

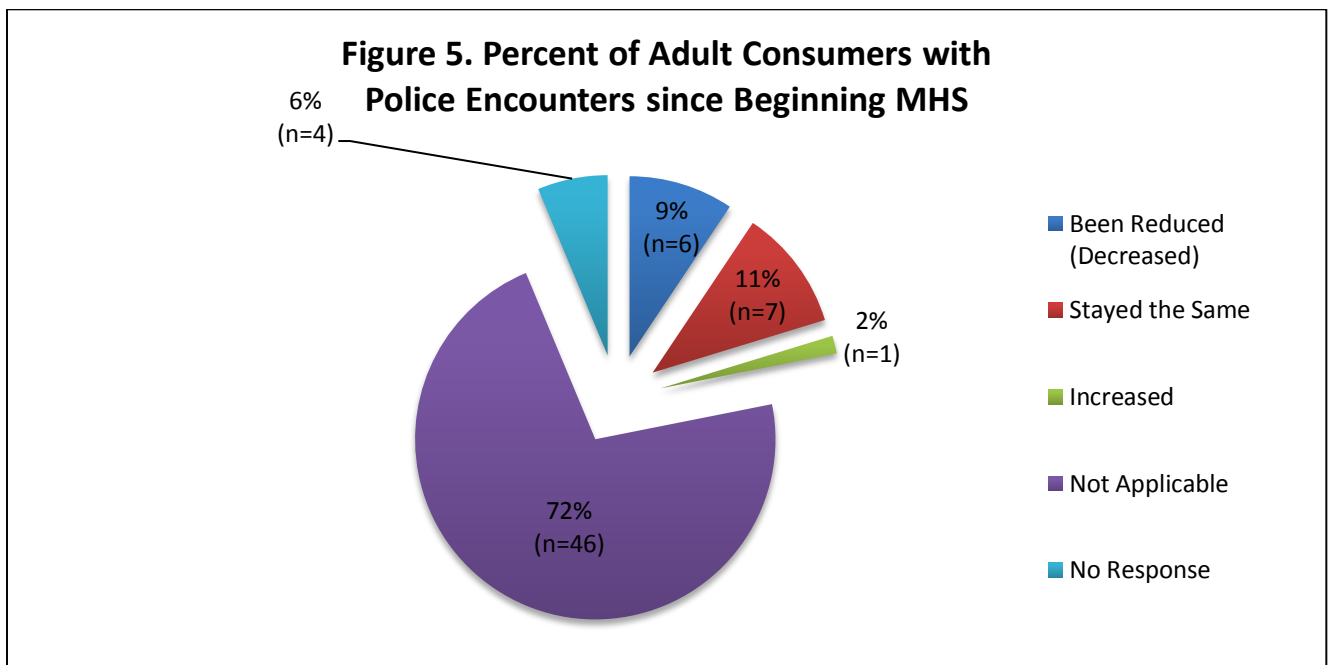
The survey asked consumers questions about their arrest history. The collection of these data is mandated by SAMHSA. For varied reasons, consumers may be cautious about self-reporting their legal history. Thus, the data may be unreliable and the reader should exercise caution when interpreting these findings.

The survey questions ask consumers about how long they have received mental health services (i.e., less than a year/less than 12 months or 1 year or more/at least 12 months), prior arrests (i.e., yes or no), and encounters with the police over the past 12 months (i.e., been reduced – I have not been arrested, hassled by police, taken by police to a shelter or crisis program; stayed the same; increased; or not applicable – I had no police encounters this year or last year).

Of the adult consumers who received services for *less than a year* ($n=64$), it was reported that 14% of the adults were arrested within the 12 months prior to beginning services; nine percent (9%) reported being arrested when they were receiving services (Figure 4). Out of the nine consumers arrested prior to beginning services, two consumers were re-arrested since beginning services.



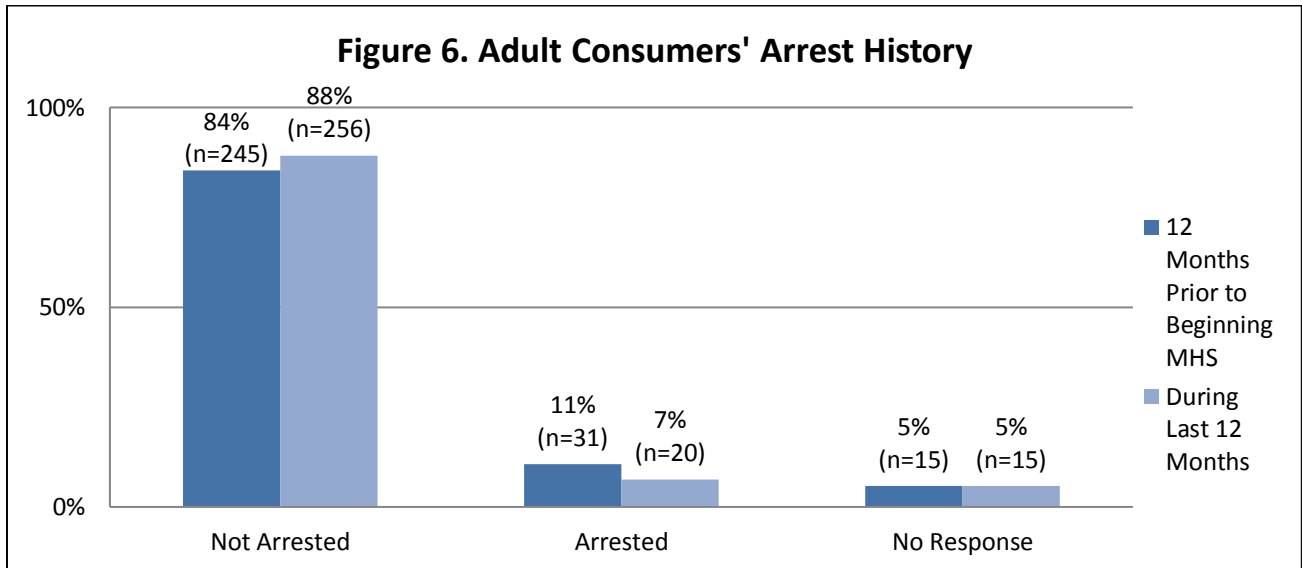
Of the adult consumers who received services for *less than a year* (n=64), 9% of the respondents reported a decrease in encounter(s) with police (Figure 5). Seventy-two percent reported 'not applicable'.⁵



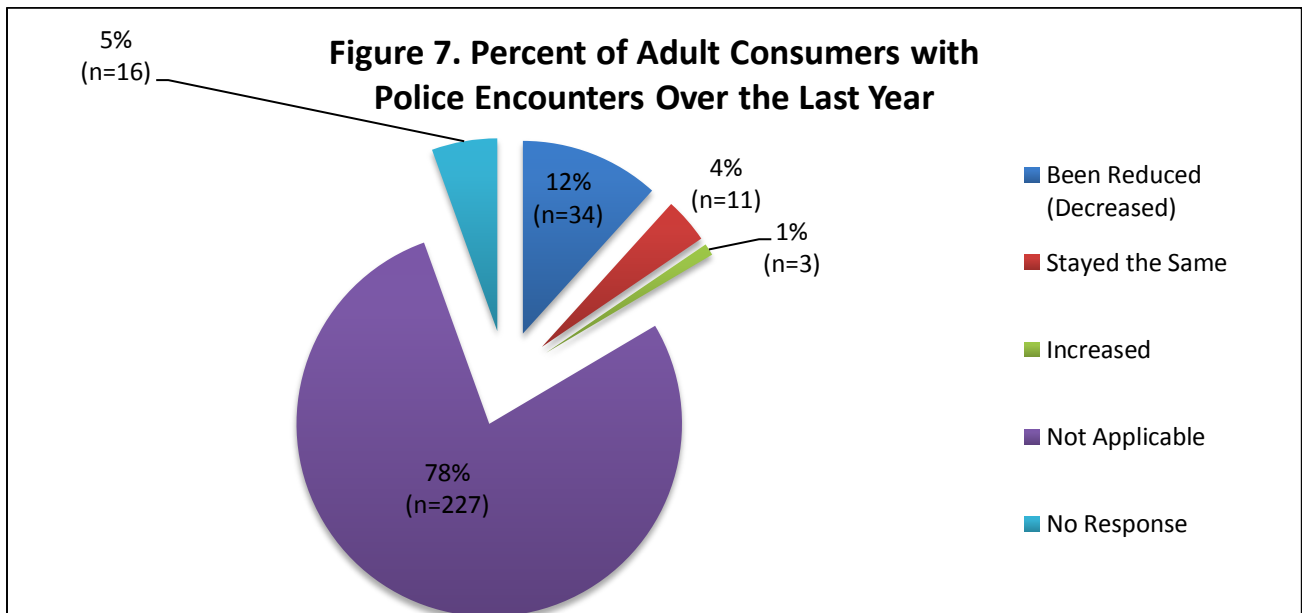
⁵Note the limitations of this self-report arrest history data.

Adult Arrest History - 1 year or More

Of the adult consumers who received services for *1 year or more* (n=291), 11% reported that they were arrested during the 12 months prior to the year of receiving mental health services; 7% reported being arrested while receiving services during the 12 month period (Figure 6). Out of the 31 consumers arrested prior to beginning services, seven were re-arrested within the last 12 months of receiving services.



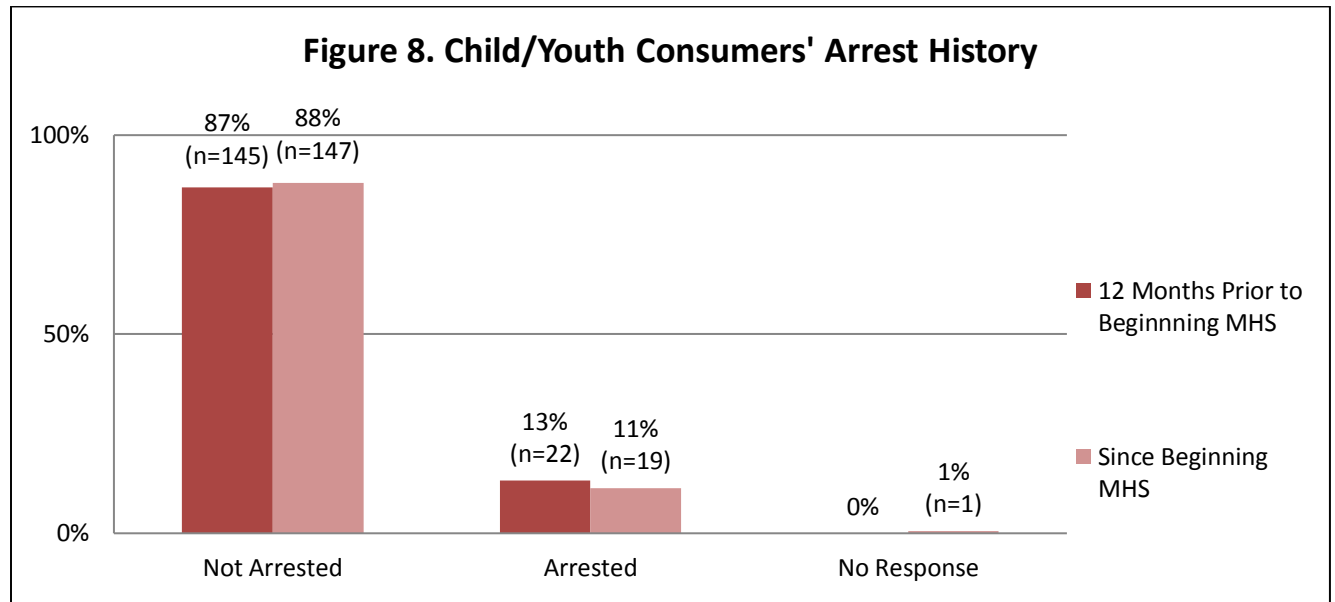
Of the adult consumers who received services for *1 year or more* (n=291), 12% of the respondents reported a decrease in encounter(s) with police (Figure 7.) Seventy-eight percent reported 'not applicable'.⁶



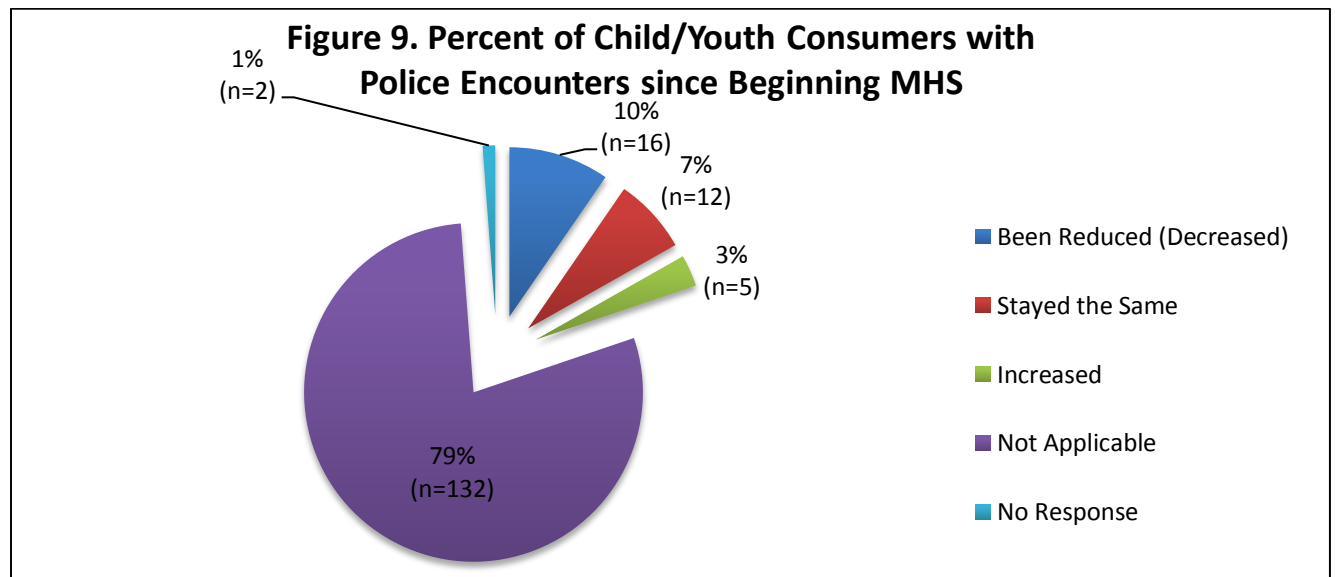
⁶Note the limitations of this self-report arrest history data.

Child/Youth Consumers' Arrest History – 1 Year or Less of Services

Of the child consumers who received services for *1 year or less* (n=167), 13% of the caregivers reported that their child was arrested within 12 months prior to beginning services; 11% of the respondents reported that their child was arrested since starting treatment (Figure 8). Out of the 22 youth arrested prior to beginning services, 14 were re-arrested since receiving services.



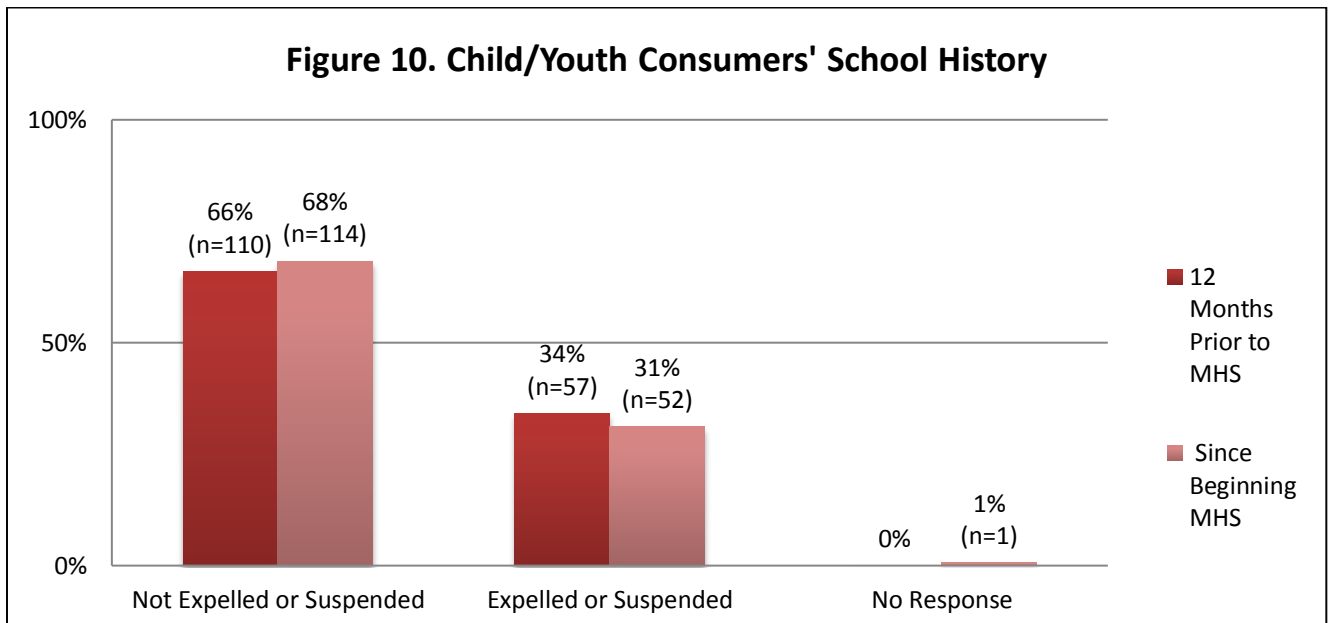
For child/youth consumers who received services for *1 year or less* (n=167), 10% of caregivers reported that their child had a decrease in encounters with police (Figure 9). Seventy-nine percent reported 'not applicable'.⁷



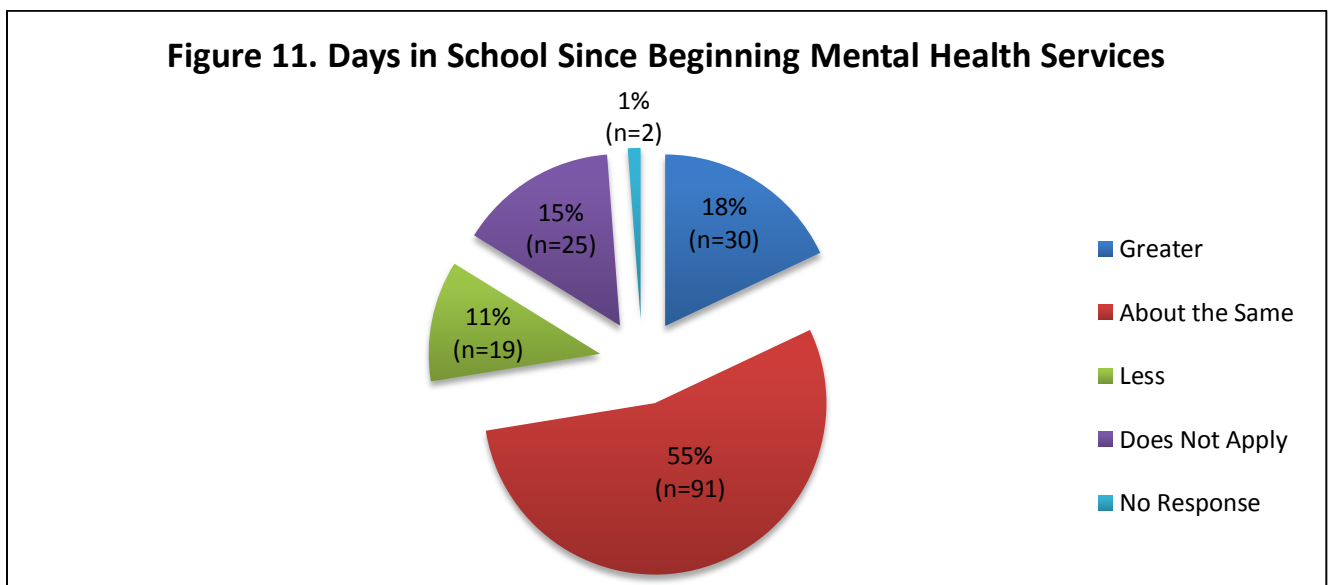
⁷Note the limitations of this self-report arrest history data.

Child/Youth Consumers' School History – One Year or Less

Of the child consumers who received services for *1 year or less* (n=167), 34% of caregivers reported that their child was expelled or suspended within 12 months prior to beginning services; however, 31% of respondents reported that their child was expelled or suspended since beginning services, see Figure 10. Out of the 57 youth expelled or suspended prior to services, 37 were re-expelled or re-suspended.

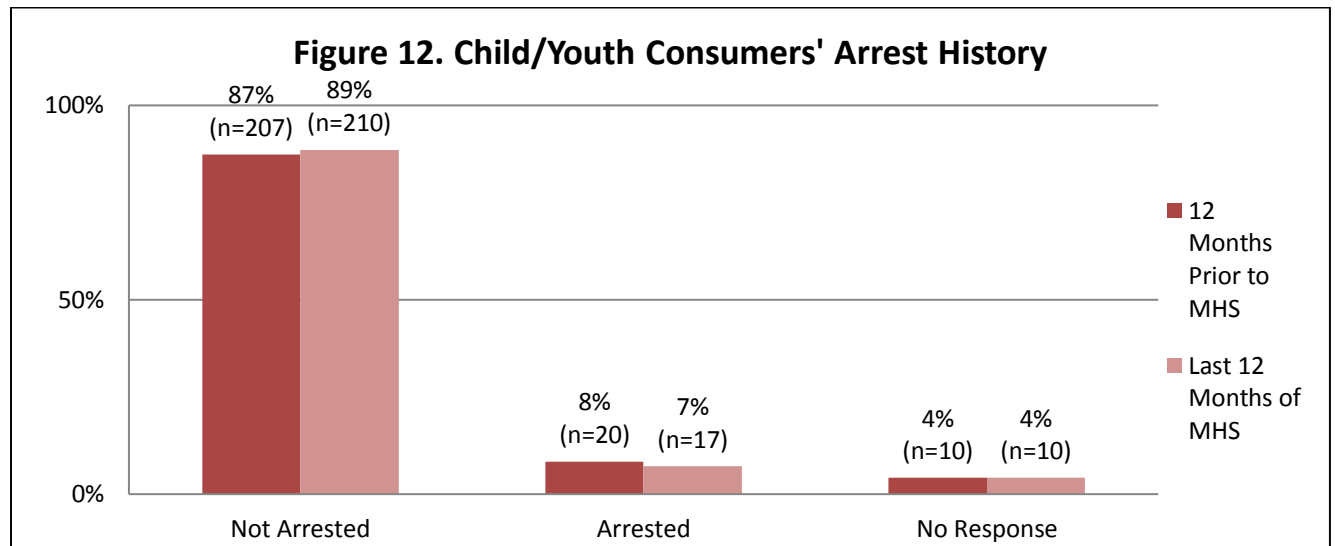


Of the child consumers who received services for *1 year or less* (n=167), it was reported that 18% of the youth showed greater attendance since beginning mental health services, see Figure 11.

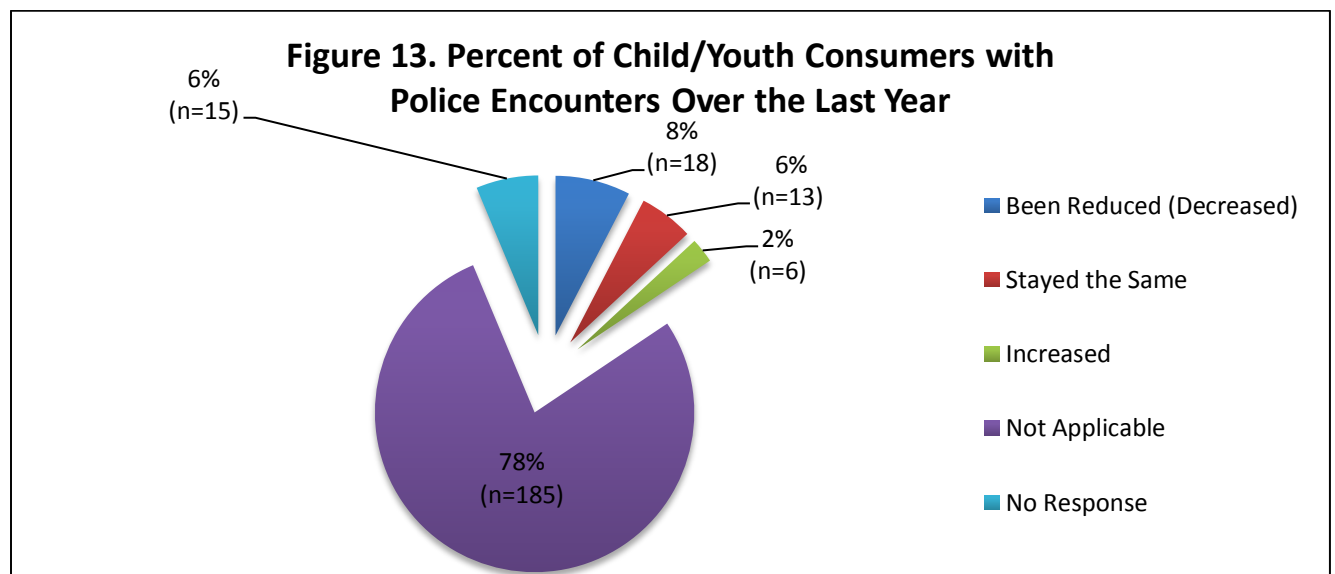


Child/Youth Consumers' Arrest History – More than 1 Year

For child consumers who received services for *more than 1 year* (n=237), it was reported that 8% were arrested during the 12 months prior to the year of receiving mental health services. During the year of service reported, 7% of caregivers reported that their child was arrested (Figure 12). Out of the 20 arrested prior to beginning services, five were re-arrested since receiving services.



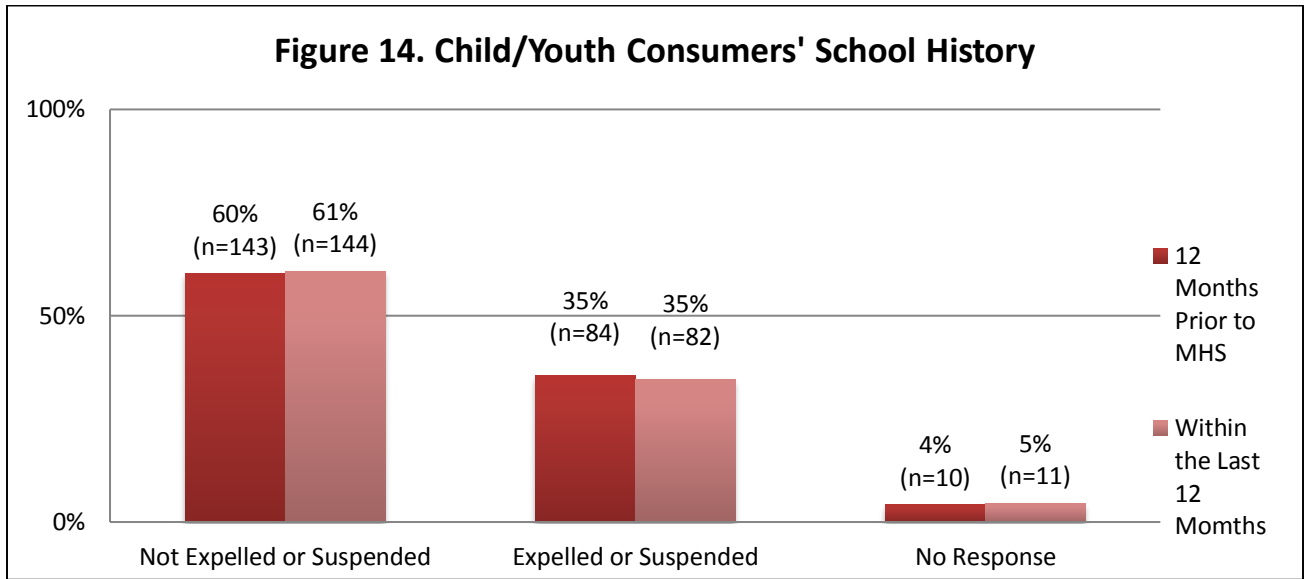
Of the child/youth consumers who received services for *more than 1 year* (n=237), 8% of caregivers reported that their child had a decrease in encounters with police (Figure 13).⁸



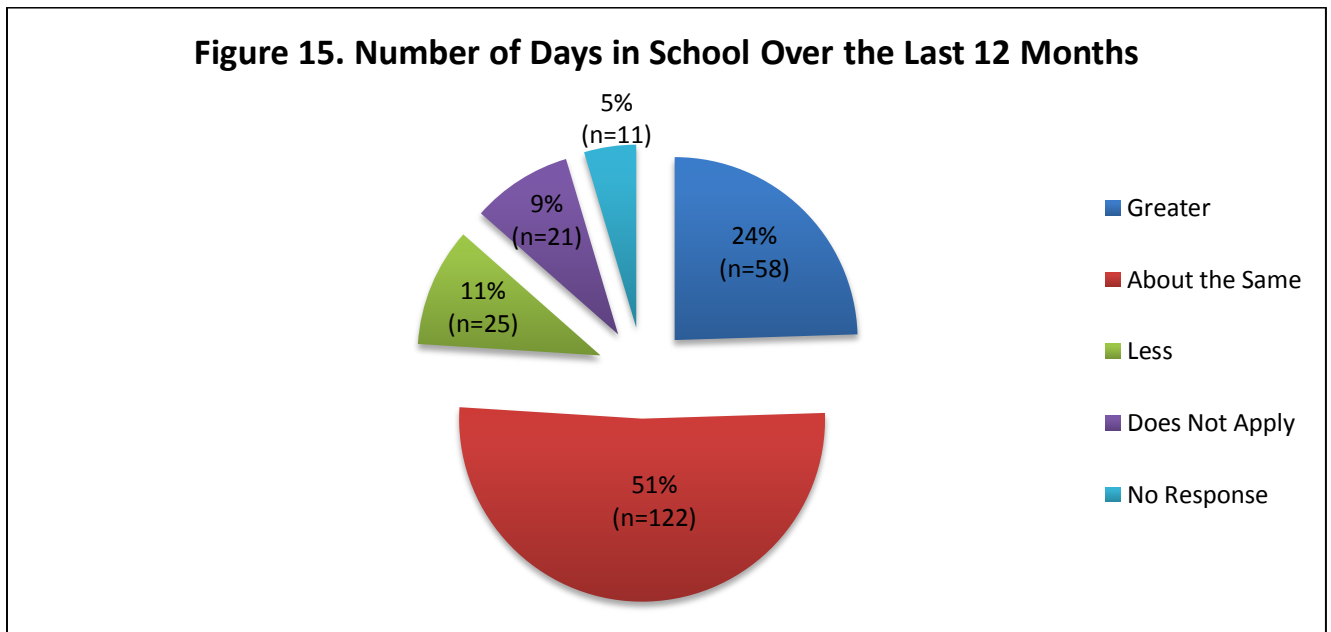
⁸Note the limitations of this self-report arrest history data.

Child/Youth Consumers' School History – More than 1 Year

Of the child consumers who received services for *more than 1 year* (n=237), it was reported that 35% of the youth were expelled or suspended within 12 months prior to the year of beginning services. During the 12-month period of receiving services, 35% of caregivers reported that their child was expelled or suspended (Figure 14). Out of the 84 youth expelled or suspended prior to services, 58 were re-expelled or re-suspended.



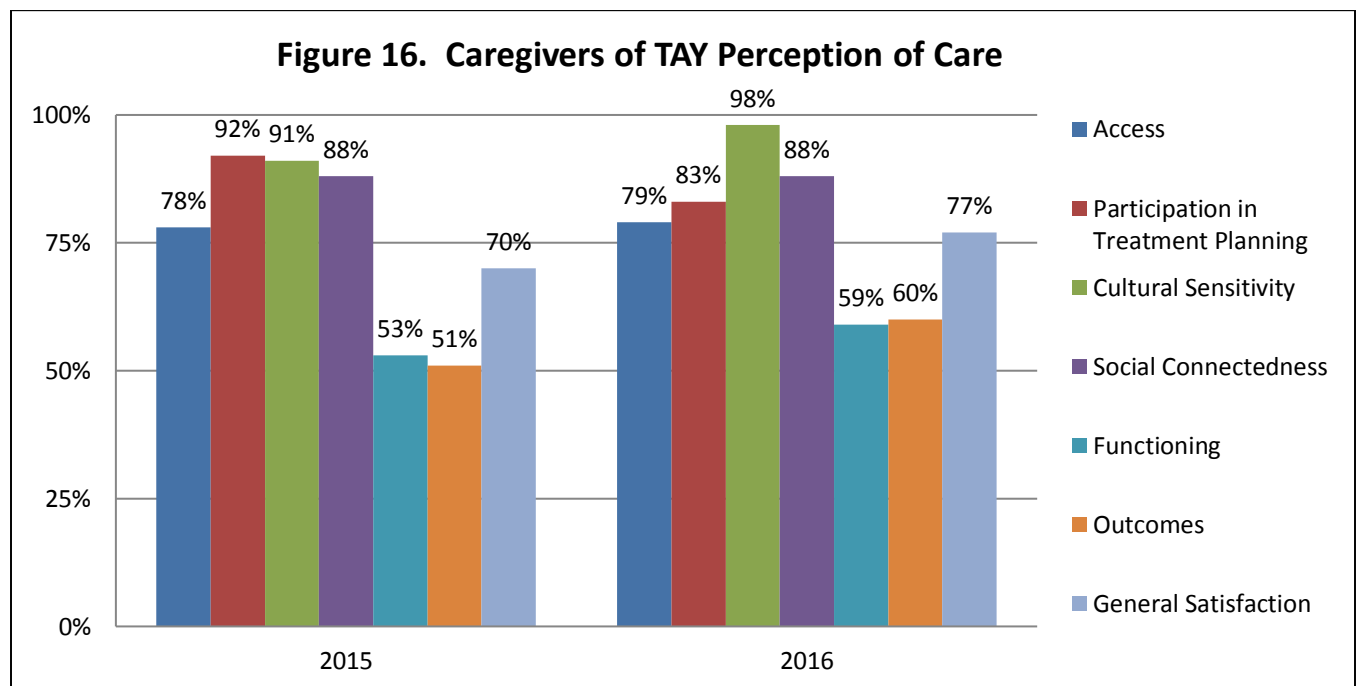
Of the child consumers who received services for *more than 1 year* (n=237), 24% of the caregivers reported an increase in attendance over the last 12 months that their child received services (Figure 15).



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 surveys. Caregivers of 16 and 17-year-olds responded to the YSS-F, while those 18-25 self-reported 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 some notable differences in the domain scores over the past two years for these transitional-age youth.

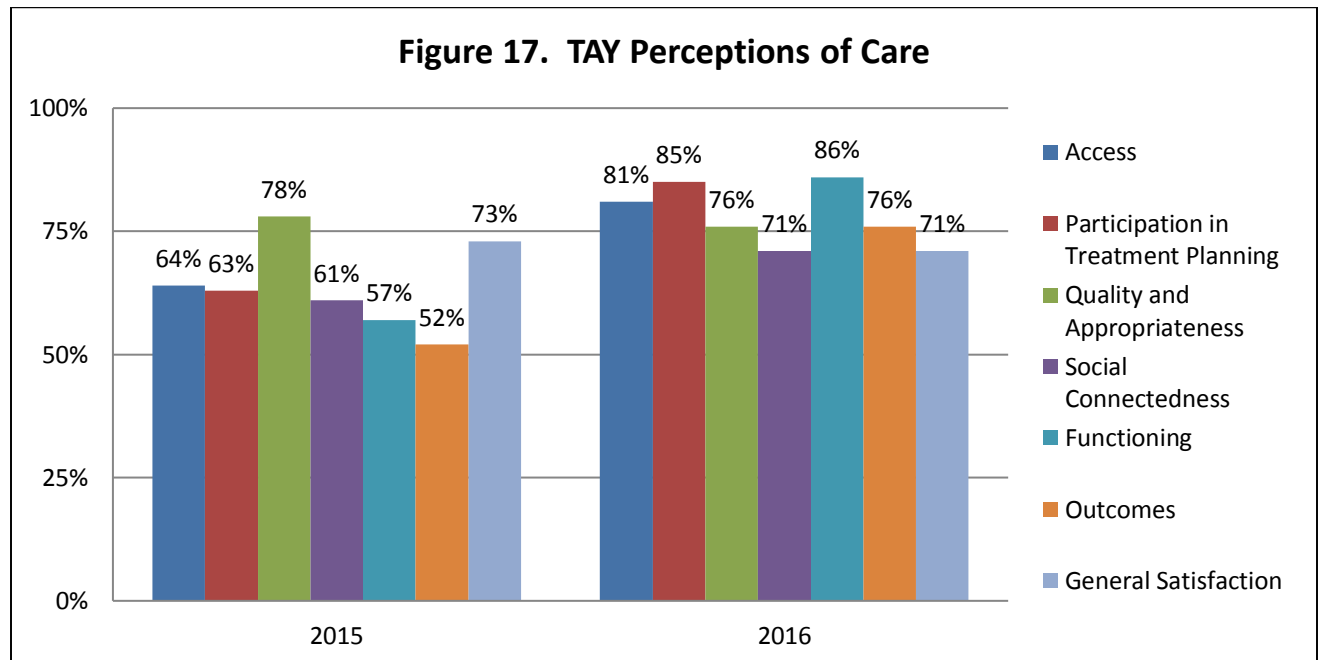
Transition-age youth made up 13% (n=54) of the YSS-F sample; last year they made up 18% (n=61). Based on Figure 16 (below), the majority of the satisfaction scores increased over the past two years⁶. Specifically, caregivers expressed greater satisfaction with cultural sensitivity, functioning, outcomes, and general satisfaction. There were no notable changes for access or social connectedness. Interestingly, caregivers' satisfaction with participation in treatment planning decreased considerably, given the district's move toward person-centered care planning.



There were 21 (5% of the sample) transition-age youth who responded to the MHSIP survey; last year 23 (7% of the sample) responded. Although not a sizable portion of the sample, the responses of this age group (18-25) have changed notably over the past two years. Figure 17 compares the satisfaction scores from 2015 and 2016. In general, while there were no notable

⁶ Note that this figure shows data from the past two years and not three years (as compared to the adult and child data reported earlier) as transition-age youth data were not analyzed in FY 2014. This applies to Figure 17, as well.

changes in quality and appropriateness or general satisfaction scores, there were great gains for the majority of the domain scores - including access, participation in treatment planning, social connectedness, functioning, and outcomes.



Analysis of Respondents' Comments

This section highlights comments from adult consumers and caregivers of youth about their mental health 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 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 (e.g., adult vs. child population). Not all respondents surveyed answered the open-ended questions, so those who commented are a subset of the 390 adult consumers and 410 caregivers surveyed. Their feedback is useful to better understand what was helpful and what could improve services. Respondents' comments provide insight into ways the system can improve practice and policy.

The following findings focus on the respondents' comments from the two open-ended questions: (1) What have been some of the most helpful things about the services you received over the last 6 months? and (2) What would improve the services that you receive from the agency you receive your mental health services? As noted earlier, comments were coded based on a list of pre-determined categories (e.g., staff, services, facilities). The themes within the categories should aid our understanding of adult consumers' and caregivers' service experience. Relevant and illustrative quotes are presented to give some detail description of their overall perception and experience.

What have been some of the **most helpful** things about the services you received over the last 6 months?

ADULT – MOST HELPFUL

STAFF

Support/Care (1) ..has gone beyond, what I expected. They have done so many things for me. (2) CSW goes above and beyond. (3) They really put a lot of effort into helping me. (4) I pray with staff. (5) Dr. is very concerned, doesn't rush me.

Team Members (1) Working with my CSW. (2) He (therapist) is the only good thing. (3) My psychiatrist is good. (4) My case manager is very helpful in providing resources. (5) I have a great caseworker. (6) They are nice, patient, comfortable.

Available/Accessible (1) ...the ability to get in touch with the doctor when I need to. (2) Just there for me when I need them. (3) Just that my case manager is there at all times. (4) My CSW - any time I need her, she is there.

SERVICES

Counseling/Therapy (1) ..the Sister's Empowerment Piece was very helpful to me. The discussions were in bipolar, symptoms, relationship issues and other things outside of our diagnosis. (2) Peers and counseling - helpful with feedback...

Medication (1) I get medication to calm me down to keep me in the right state of mind. (2) The medication has been helpful. (3) I am getting the medication management that I need.

Resources (1) They provide transportation to their service center. (2) My case worker has given me a place to get food and other helpful tips. (3) When they helped me with the cleaning of my apartment.

IMPROVEMENT

Skills Learned ...learned something called self-help...helps me to deal more effectively with myself, and not to try to change others...

Awareness The in-depth introspective look of myself. The way they helped me look at myself helped me change myself for the better.

Coping ...better cope with situations, I learned how to cope with people. I look a certain type of way and I learned not to care about what they think.

Housing Them helping me with my apt, and housing. They helped get an inspector to fix the needs in the apt. They were great and I have no qualms.

CONSUMER HAS SOMEONE TO TALK TO

Listening (1) They are an ear to listen and point me in the right direction. (2) I get to say how I feel and they do good listening to me when I have problems.... (3) Having someone that listens and helps me to meet my needs...

Venting Being able to come and vent, talk about situations, they don't judge you. They make you feel comfortable and give you good advice. Being there when no one else is.

Makes it better Talking to someone, it makes it better, and knowing that it is private. Talking to someone about my problems.

CAREGIVERS – MOST HELPFUL

STAFF

Support/Care (1) He [CSW] is always open and listens to me and my son whenever there is a problem and we need to talk. We make a great team. Without him, I don't know where we would be. (2) Really seemed to care about my son. (3) They go above and beyond as far as his school performance; how to handle different things. (4) ...It's not just a job. (5) ...sincerely concerned with my child's well-being.

Available/Accessible (1) Their availability, that I can depend on them to show for appointments, truly concerned about his health and well-being. (2) ... Always available when I need them. (3) The staff was really helpful and they were there whenever. (4) They are most convenient, reliable, dependable, and when you need them they are always around. (5) The one thing I appreciate is their physical presence. They're there, like having a hospital in a war zone.

IMPROVEMENT

Skills/Coping (1) He learned how to control himself as far as anger. He does a lot of talking. He interacts with other kids. (2) Coping skills, dealing with anger, problem-solving. (3) How to get along with people, attitude is better. (4) ...helped her cope with her trauma. (5) Therapy has taught him how to calm himself down when he needs to - both at school and at home. (6) He is doing a little better in school.

Expression (1) ...He is better able to express his feelings. (2) ...my child went from being shut down to communicating effectively. (3) He is better able to express himself and his needs. (4) My child has been able to apply her coping skills as well as having the confidence in speaking to staff regarding her feelings and able to ask for the help she needs. (5) ...she can explain herself better than she could before. (6) He is able to open up and talk about his feelings more.

SERVICES

Counseling, Therapy (1) Counseling and therapy was helpful, sessions with the doctor. (2) 1-on-1 counseling with community service worker and psychiatrist. (3) Therapy is the most helpful service. (4) The individual therapy my son has received helped him pinpoint where his anger is coming from. (5) They offer the CBI therapy, that really helped him. (6) His family counseling has been helpful with expressing issues within the family.

Medication (1) The medication has been helpful. (2) The medication has been working wonders. It has her on the right path. (3) ...The medication helped her calm down. (4) Medication helps him control his emotional outbursts. (5) The medicine work good for him, it keeps him focus and positive. (6) The medicine he's taking keeps him more focused. He has not been suspended and is able to be redirected.

ACCESS

Home Visits (1) The helpful things are to have someone to come to your home for a crisis. (2) How they come up to the house to bring services. (3) Home visits. We sit down and talked about problems that my daughter is having. (4) The home visits are good. Instead of us going to the office they come to us for home visits and observe the whole family and the environment. (5) I like how the caseworker comes to the home to talk to me and his siblings.

School Visits (1) I like that they go to the school, the counselors communicate with the teacher. (2)...I like when she comes to school to work with them. (3) I like having them come to the school. It's a big plus. (4) Some of what was most helpful is that [CSA] was in her school. (5) They are available to talk with him at school when he is around his peers, where he has more problems.

What would **improve** the services that you receive from the agency you receive your mental health services?

ADULT – IMPROVE SERVICES

STAFF

Support/Care (1) Employees need to have a heart and love their jobs. (2) That services could have been a little more kinder when it came to be my turn. (3) Everybody should be treated equally...staff could be more professional.

Available/Accessible (1) More case managers and longer hours for the doctors. (2) ...They don't have enough therapists; they have enough CSWs. (3) It would be helpful if they had more case workers and psychiatrists.

Communication (1) ... trouble remembering appointments. Call them [clients] a couple of days before to remind them. (2) My CSW should call me back sooner when I call. (3) Wish they called back on time. (4) Better system for returning calls.

Consistency (1) There are so many people leaving, turnover. You get comfortable, then BAM, they're gone! ...No stability there. (2) I've had about 10 CSWs since I've been there ...discouraging to get to know a new one all over again.

SERVICES

Housing (1) More prompt attention to my housing needs. (2) I've been waiting for housing for about 8 years and DHS just contacted me saying that I might have to wait 8 more years. (3) Instead of all these condos being built up, they need to build a project for mental health. Make it a small community of its own and the real ones can get the help they need. (4) The housing piece is not helpful. Why aren't they helping me with that? (5) Find better housing for people with mental illness. (6) ...I'm still homeless. (7) Finding me my own place to live.

More Programs (1) More activities, computer learning, GED programs, educational programs, outdoor programs. Sometimes it's hard to be there and listen to other people's problems. (2) There should be more programs, day classes, that would help with education, or fun things to do to keep you busy. They could use a part-time jobs program. (3) More diverse support groups with different subject matters. (4) ...It would help if they could help me find another job too. (5) ...assist me into getting back in to school so I can better my life.

ACCESS

Appointment Times (1) The wait time to see the doctor. Don't overtax the doctor. Don't schedule all these people on the same day. (2)...when you have to see a psychiatrist, they're a little slow. The waits are too long. (3) Different hours, so I don't have to miss work and could see them on the weekend or something that fits my schedule. (4) To be more flexible during the weekends.

Transportation (1) I need more help as far as transportation is concerned. (2) if they would help with transportation money to get there. (3) I wish they had a van to pick up clients. It takes me three buses to get there... (4) Having more tokens available. (5) If the people that I see can come out to see me.

Need for Staff or Services (1) I'm still waiting for a counselor. Caseworker visited home only once. (2) I went over therapy hours. They told me I can't get services and that caused a lot of anxiety. Having to limit my services made me regress and panic... (3) Get me a case manager! I'm very frustrated. I have to do a lot of things alone. It's too much. (4) ...get the side effect medication .

CAREGIVERS – IMPROVE SERVICES

STAFF

Consistency (1) Consistency, because they don't make appointments on a regular basis and they don't always keep the appointments they make. (2) The CSWs are constantly leaving and changing. It seems like my child has a new CSW every month. (3) ...he hasn't adapted to the change. Consistency. (4) My daughter's therapist keeps changing. And, once that happens, her behavior changes and this behavior, it goes back in to her school. (5) Keep the same worker. (6) Keep a full permanent staff.

Available, Accessible (1) More males interactions with these boys. Mentors etc. (2) They need more therapists... (3) More than once a month. (4) More time.

Communication (1) Sometimes no one even calls me to let me know how she is doing. (2) More communication. (3) Keep in contact. (4) Don't return calls.

Support, Care (1) Better customer service skills... (2) ...More stricter, helpful, and empathetic. (3) ...More polite and friendlier when people come in the office, and the way they talk to patients. (4) Need to listen to the parents more. (5) Have a desire to work there. (5) ...Not just treat [consumers] like they all are the same.

ACCESS

Appointment Times (1) Scheduling services to see the psychiatrist was difficult and getting time to have dialogue with them was hard. (2) The hours of operation, they need Saturday hours because people work. (3) Improve wait time to see the doctor. (4) Closing to early. (5) I had to wait four weeks just to get an appointment. (6) Make services available when the family is available. (7) ...They call to reschedule constantly.

Need for Staff or Services (1) She needs a CBI worker, and needs help with her anger and her outbursts. (2) If they could give him a therapist. (3) I'm waiting for counseling and an evaluation. (4) He doesn't have a CSW, many have called, but only one followed up. (5) We have been waiting for over four months to regain a therapist, or social worker because the other one left.

Agency Location/Home Visits (1) ...a CSA that is closer to SE. The one on NY Avenue is too far. (2) I like the other location better. The new place is too congested. (3) If the facility was closer it would be easier to get services more regularly. (4) The location has no parking. It's too far.

SERVICES

Counseling, Therapy (1) The social worker needs to be more hands-on and able to deal with my child on a daily basis. (2) ...have continued [continuity] of care, as well as family therapy, with anger as well. (3) I would think you could take the kids out for one-on-one sessions, not always have the parent around, so they can open up more. (4) ...sometimes the intake process is long, if they could streamline that it would make it a little bit easy. (5) It would be helpful if they started some sort of group therapy.

SUMMARY

This report highlights the findings from the MHSIP and YSS-F consumer satisfaction surveys. The data provide valuable information on adult consumer and caregiver mental health service experiences and can direct DBH on best ways to move forward in improving service delivery throughout the public mental health system. The District values consumer feedback and will continue to assess consumers' and caregivers' satisfaction with their mental health services and service experience. 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. Survey Domains

Table A1. MHSIP Domains	
	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

Table A2. YSS-F Domains	
	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

APPENDIX B. MHSIP Survey Items

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
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.						
4. The location of services was convenient (parking, public transportation, distance, etc.).						
5. Staff were 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.						
10. Staff 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 were 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.).						
As a direct result of the services I received,						
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.						
As a direct result of services I received,						
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.						
What have been some of the most helpful things about the services you received over the last 6 months?						
What would improve the services that you receive from the agency you receive your mental health services?						

APPENDIX C. YSS-F Survey Items

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
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 (parking, public transportation, distance, etc.).						
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 my family's religious/spiritual beliefs.						
14. Staff spoke with me in a way that I understood.						
15. Staff were 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:						
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.						
What have been some of the most helpful things about the services you and your child received over the last 6 months?						
What would improve the services that you and your child receive from the agency your child receives mental health services?						

APPENDIX D. Demographics

Table D1.

	Race/Ethnicity			
	Adults		Children/Youth	
	Frequency	Percentage	Frequency	Percentage
American Indian/Eskimo/Aleut	2	.5	-	-
Black (African-American)	342	87.7	325	79.3
Spanish/Latino Origin	1	.3	1	.2
More than one race	1	.3	-	-
Other/Not Available	34	8.7	84	20.5
White (Caucasian)	10	2.6	-	-
Total	390	100.0	410	100

Note: The average age for MHSIP adult consumers surveyed was 48 and 11 for children/youth.

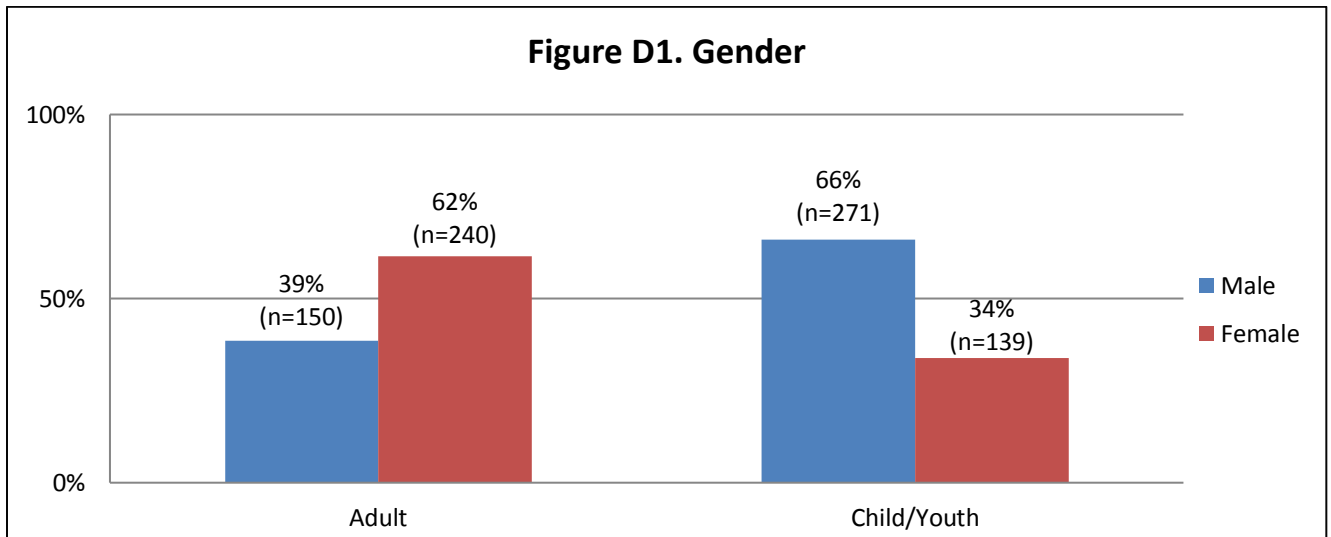
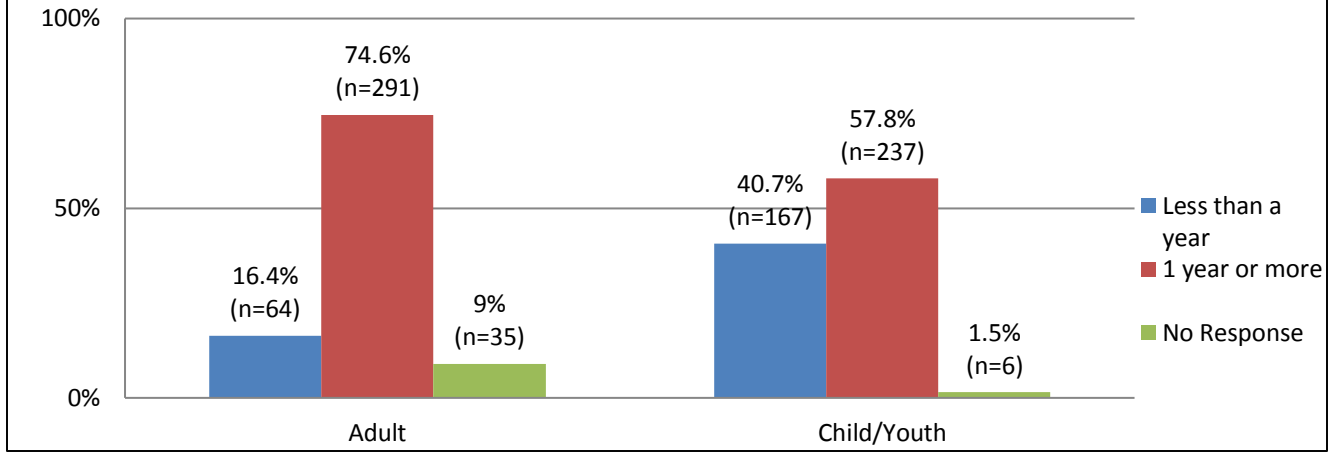


Figure D2. Consumers' Length of Service with CSA



APPENDIX E. Transition-Age Youth Demographics

