

Department of Behavioral Health

Behavioral Health Satisfaction Survey

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

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

2017

Applied Research and Evaluation Unit
Data and Performance Management Branch

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EXECUTIVE SUMMARY

The DC Department of Behavioral Health (DBH) Applied Research and Evaluation (ARE) Branch within the Data and Performance Management Division worked in support of the survey data collection efforts conducted by the agency's Consumer and Family Affairs Administration (CFAA). The ARE Branch completed an 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) Survey¹ (a survey 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 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 asks respondents to state to what degree they agree or disagree with them. 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 = 2547) and child and youth consumers (N = 2256) 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 = 799) within the fiscal year of 2017 (October 1, 2016 through September 30, 2017) was identified². Of these, 437 (17%) completed the MHSIP Survey (Adult), 428 (19%) completed the YSS-F Survey (caregiver of child and youth), and 126 (16%) completed the SUD Survey (substance use).

Quantitative and qualitative analyses of the eight domains were conducted. For adult mental health consumers, three domains had the highest scores: *Quality and Appropriateness* (84%), *General Satisfaction* (76%), and *Person-Centered Care Planning* (76%). *Functioning* (64%), *Outcomes* (64%), and *Social Connectedness* (66%) were the lowest scoring domains. For caregivers of child mental health consumers, the two domains with the highest scores were *Cultural Sensitivity* (94%) and *Participation in Treatment Planning* (86%). *Functioning* (51%) and *Outcomes* (51%) were the lowest scoring domains. For clients receiving substance use services, two domains had the highest scores: *Quality and Appropriateness* (95%) and *General*

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'.

Satisfaction (94%). Participation in Treatment Planning (83%) and Social Connectedness (86%) were the lowest scoring domains.

Consumers (mental health), clients (substance use), and caregivers of youth recommended suggestions to improve the service system. There were five themes that overlapped all three samples: (1) Staff Communication, (2) Staff Availability/Accessibility, (3) Services (Counseling, Therapy, Group), (4) Access (Need for Staff or Services), and (5) Access (Appointment Times).

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

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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.*

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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 Applied Research and Evaluation (ARE) Branch 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 perceptions of their service experience and to identify opportunities for quality improvement within that system.

The results from the MHSIP, YSS-F, and SUD survey function as a measure on how satisfied consumers, clients, and caregivers are with community mental health and substance use disorder services and provide insight for what is needed to enhance quality and continuity of care. The perspectives of these individuals are valuable in that they provide a unique opportunity for DBH to determine what changes may be needed for service 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 a summary on the overall results and next steps.

METHODOLOGY

The MHSIP survey includes a total of 41 items (see Appendix A, Table A1), which are divided into eight domains (see Table 1). 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., percent satisfied). Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey asks adult consumers of mental health services about their arrest history. Lastly, there were two open-ended questions that asked consumers to share 1) what has been most helpful about the services and 2) what would 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 A, Table A2), which are divided into eight domains (see Table 2). 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., percent satisfied)³. Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey asks caregivers of child consumers about their child's arrest history and school attendance. Lastly, the survey included two open-ended questions that asked the parent or caregiver to share 1) what has been most helpful about the services and 2) what would 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.

³ 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.

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; data findings are also presented on this population.

The SUD survey includes a total of 39 items (see Appendix A, Table A3), which are divided into eight domains (see Table 3). The content of the domains in the SUD instrument (see Appendix D) has been 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)⁴. 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 clients to share 1) what has been most helpful about the services and 2) what would 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

DBH delivered mental health services to 21,133 adult consumers in Fiscal Year 2017. From this general population, a random sample of 2,547⁵ adult consumers who had at least four mental health visits within the past six months was selected to participate in the survey. These

⁴ Note: The scale and scoring for the SUD survey is the same as the scale and scoring for the YSS-F survey.

⁵ Sample sizes were determined by calculating the confidence level (95%), confidence interval (5) and general consumer population (e.g., 20,000). This estimated sample size was multiplied by five to oversample and account for expected rate of return. Thus, a random sample of 650 consumers was selected per quarter (i.e., a total of 2600 consumers).

consumers were identified from the DBH claims database. Four-hundred thirty seven consumers completed the MHSIP survey and represented twenty-one providers.

There were 4,058 child and adolescent consumers receiving mental health services in fiscal year 2017. From this general population, a random sample of 2,256 consumers who had at least four mental health visits within the past six months in the District was selected to participate in the survey. Four-hundred twenty eight caregivers completed the YSS-F survey and represented eighteen providers.

There were 5,711 adult clients receiving substance use services in fiscal year 2017. From this general population, a random sample of 799 clients⁶ who had at least two outpatient visits within the past 90 days or three months was selected to participate in the survey. One-hundred twenty six clients completed the SUD survey and represented eleven providers.

The data were collected between December 2016 and September 2017. 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 were mailed a postcard to inform them of their inclusion in the survey process. Respondents had the option of completing the survey by phone with a surveyor, online via the internet (with the exception of the SUD survey), in-person, 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.

Scoring and Analysis

Quantitative data were aggregated and descriptive analyses were performed to assess respondents' satisfaction with services (by each domain) over time. Domains required at least two-thirds of the items answered in order to be included in the analysis. Additionally, chi-square and correlations were utilized to examine the possible relationships between each domain and demographic characteristic (i.e., length of service, gender, and age) for adult consumers. For statistically significant findings, the phi coefficient was computed to determine the strength of the relationship between the demographic variable and domain variable.

Content analysis was used to analyze respondents' comments to determine if there were major themes or trends that emerged from the open-ended questions. *A priori* codes (i.e., pre-set categories) were used to code the data. Emergent themes, if any, were then identified within

⁶ Clients receiving outpatient substance use services were included in the sample, while those receiving drug testing, assessment services, nursing services, Access to Recover (ATR) services, residential, recovery, or Medication-Assistance Treatment (MAT) services were excluded from the sample.

each code. Not applicable or missing responses were not analyzed. Two staff members independently coded the comments, compared results, and adjudicated 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 does not account for those who did not respond due to dissatisfaction with services or other reasons. Further, as mandated by SAMHSA, the survey asks adult consumers of mental health services 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, respondents must recall this information within the past year and beyond; respondents are also asked to recall their service experience within the past six months (for mental health) and three months (for substance use). Thus, survey results may be affected by recall limitations. Further, the sample selection criteria for mental health consumers included those with at least four billable mental health rehabilitation 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.

FINDINGS

Sample Demographics

The racial demographic profiles for the sample respondents for the MHSIP, YSS-F, and SUD surveys are shown in Table 4. The majority of the respondents were Black/African American.

Race	Adult (MHSIP) n (%)	Child (YSS-F) n (%)	Adult (SUD) n (%)
Black (African-American)	372 (85%)	311 (73%)	107 (85%)
White (Caucasian)	8 (2%)	-	4 (3%)
Other/Not Available	57 (13%)	117 (27%)	15 (12%)
Total	437 (100%)	428 (100)	126 (100%)

Additionally, the majority of adult respondents receiving mental health services were female, while the majority of adult clients receiving substance use services were male. Caregivers completed the child survey for mostly male children (see Table 5).

Table 5. Sample Demographics - Gender			
Gender	Adult (MHSIP) n (%)	Child (YSS-F) n (%)	Adult (SUD) n (%)
Female	261 (60%)	159 (37%)	28 (22%)
Male	176 (40%)	269 (63%)	98 (78%)
Total	437 (100%)	428 (100%)	126 (100%)

The majority of adult and child consumers had been receiving mental health services for one year or more (see Table 6).

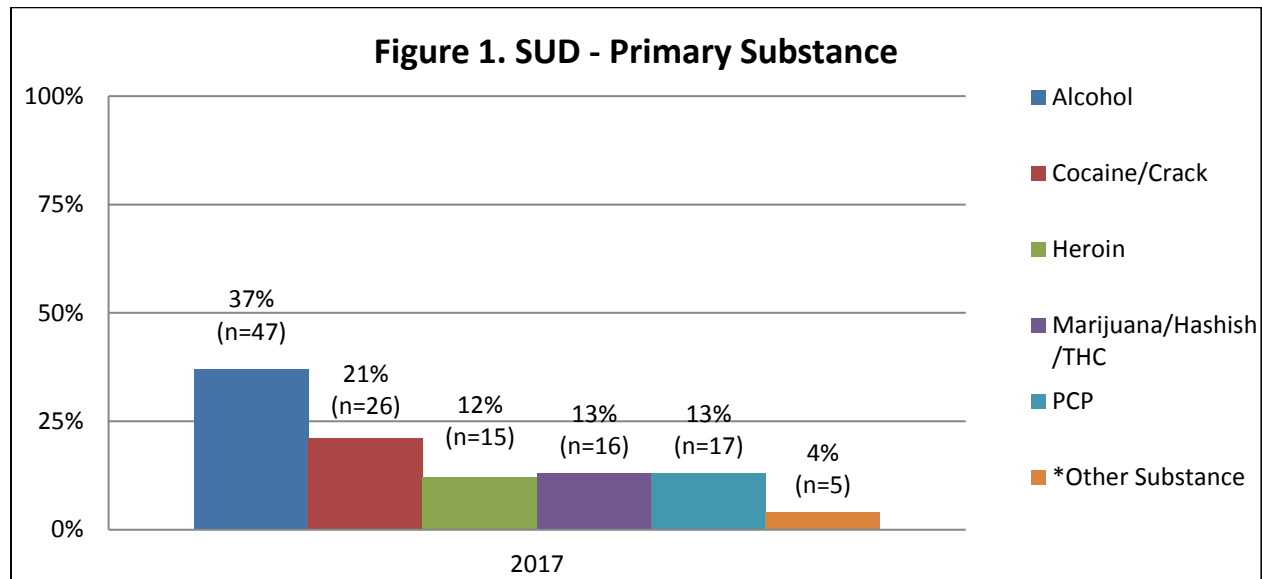
Table 6. Sample Demographics – Consumers’ Length of Service with CSA		
Length of Service	Adult (MHSIP) n (%)	Child (YSS-F) n (%)
Less than a year	99 (23%)	141 (33%)
One year or more	328 (75%)	282 (66%)
No response	10 (2%)	5 (1%)
Total	437 (100%)	428 (100%)

Note: This question is not asked for clients receiving substance use services.

The average age for MHSIP adult consumers surveyed was 48 and 12 for children/youth. The average age for clients receiving SUD services was 47 (see Table 7).

Table 7. Sample Demographics - Age			
Age	Adult (MHSIP) n (%)	Child (YSS-F) n (%)	Adult (SUD) n (%)
Average Age	48	12	47

The primary substance for clients receiving substance use services was alcohol (37%), followed by Cocaine/Crack (21%) (see Figure 1)⁷. Note that ‘other substance’ consists of Methamphetamine (n = 1), Non-Prescription Methadone (n = 1), Other Hallucinogens (n = 1), Other Opiates and Synthetics (n = 1), and Other Stimulants (n = 1).



Satisfaction Scores

Figure 2 provides a comparative analysis of satisfaction scores (percentages) over the past three years for adult consumers receiving mental health services. There is a slight decline (not significant⁸) in several domain scores over the past two years. Most notable, is the decline (and persistently low scores) for functioning⁹ and outcomes¹⁰ and steady decline in general satisfaction scores. Focusing on the 2017 findings, adults were most satisfied with *Quality and Appropriateness* (84%), *General Satisfaction* (76%), and *Person-Centered Care Planning* (76%)¹¹. Adults, however, were least satisfied with their *Social Connectedness* (66%), *Functioning* (64%), and *Outcomes* (64%).

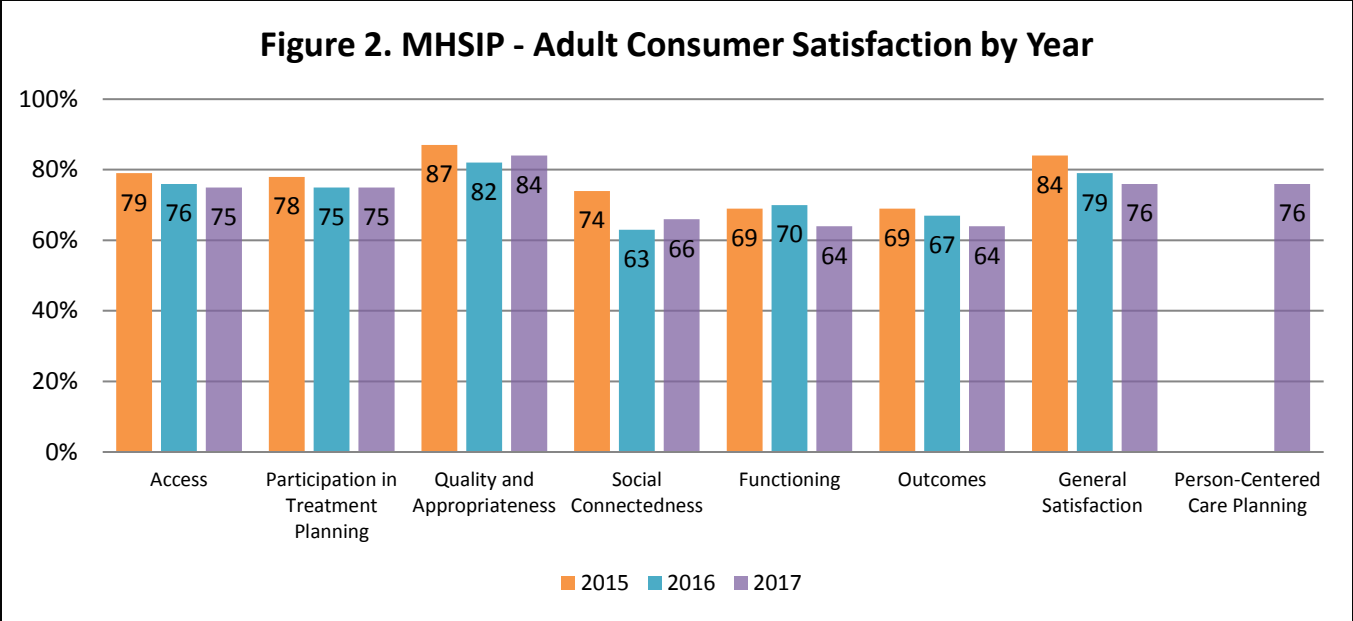
⁷ As a reminder, MAT treatment was excluded from the sample, thus data related to heroin are not representative of the overall SUD treatment population.

⁸ Access (p = .289); Participation in Treatment Planning (p = .642); Quality and Appropriateness (p = .214); Social Connectedness (p = .907); Functioning (p = .576); Outcomes (p = .505); General Satisfaction (p = .090)

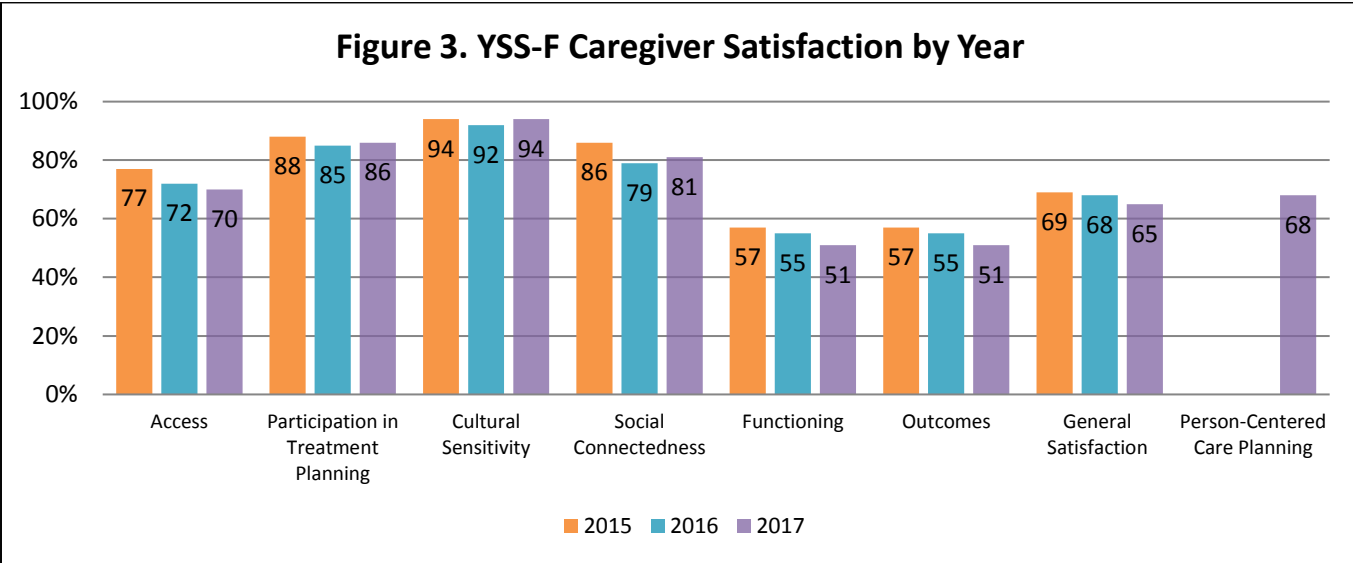
⁹ Functioning is the perception of overall improvement in mental health and social well-being.

¹⁰ Outcomes are the consumers' perception of the benefits received from clinical treatment.

¹¹ Person-Centered Care Planning is a domain added in FY17, thus scores are not available before this time.



For the caregivers of youth (see Figure 3), again, there was a slight decline in several domain scores over the past two years¹². Further, functioning and outcome domain scores declined and remain persistently low. Focusing on the 2017 findings, caregivers were most satisfied with *Cultural Sensitivity*¹³ (94%) and *Participation in Treatment Planning* (86%). Caregivers, however, were least satisfied with their child’s *Functioning* (51%) and *Outcomes*¹⁴ (51%).

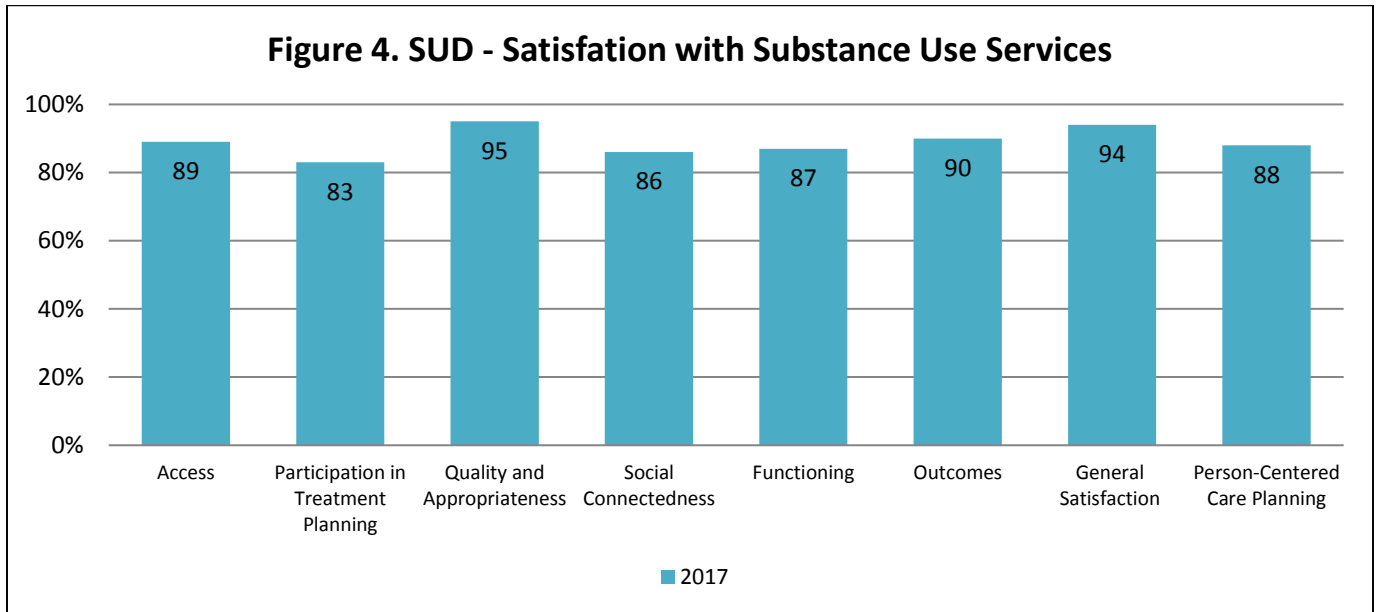


¹² Statistical analyses not performed for caregiver data due to siblings in data; caregivers completing more than one survey (i.e., lack of independence of observations).

¹³ Cultural Sensitivity refers to the staff being culturally sensitive to the consumer and family (e.g., respected religious/spiritual beliefs).

¹⁴ 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.

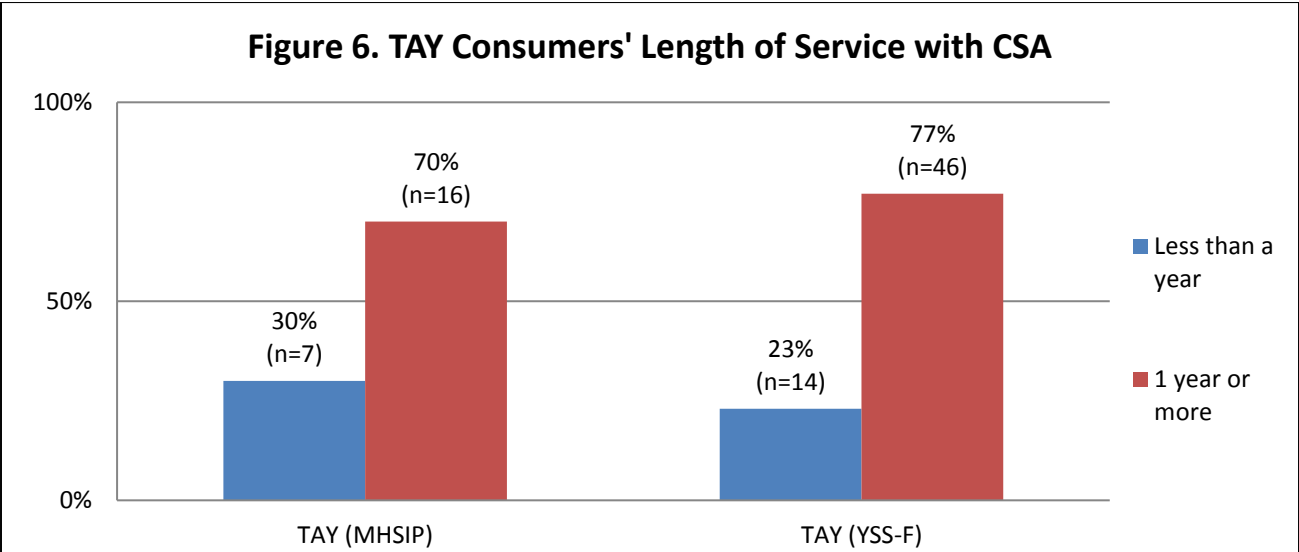
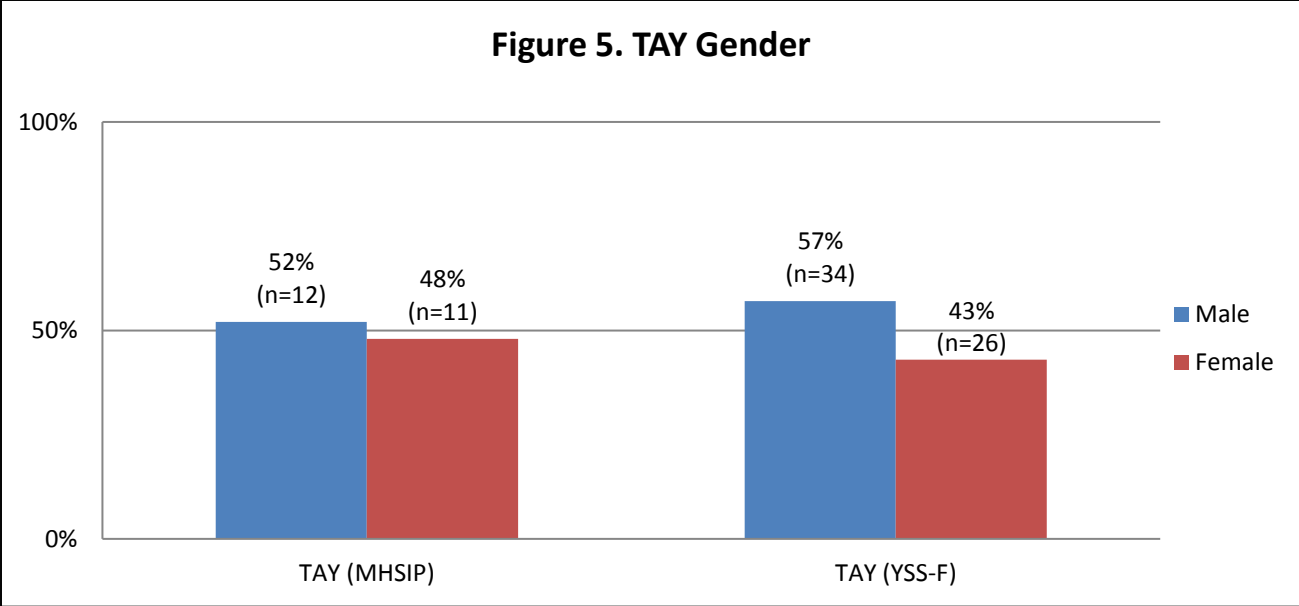
For the clients receiving substance use services, (see Figure 4), they were most satisfied with *Quality and Appropriateness* (95%) and *General Satisfaction* (94%). Clients, however, were least satisfied with their *Participation in Treatment Planning* (83%).



Transition-Age Youth

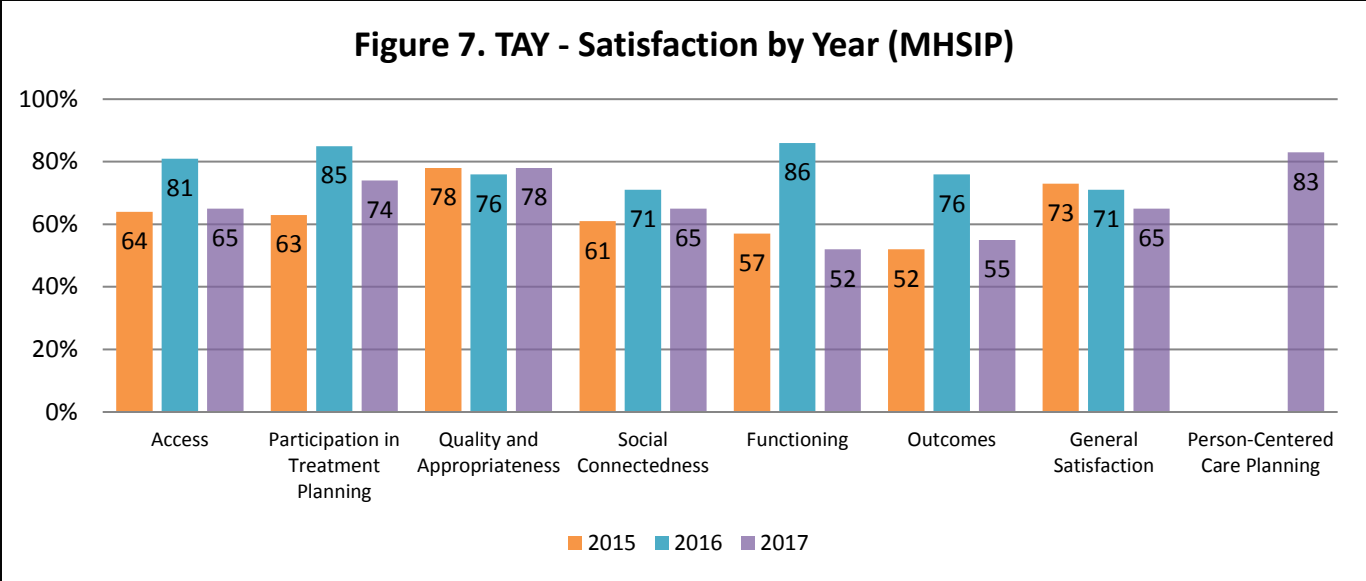
Because caregivers of 16 and 17-year-olds responded to the YSS-F, while those 18-25 self-reported on the MHSIP, it is difficult to draw conclusions about young adults' service experience in DBH's mental health system, but there were some notable differences in the satisfaction scores over the past two years for these transitional-age youth (discussed shortly).

Transition-age youth made up 14% (n=60) of the YSS-F sample; they made up 13% (n=54) in Fiscal Year 2016. There were 23 (5% of the sample) transition-age youth who responded to the MHSIP survey; 21 (5% of the sample) responded in Fiscal Year 2016. Eighty-percent of TAY consumers were Black (African American), while twenty-percent reported 'Other' or 'Not Available'. Further, the majority of the TAY were male and had been receiving services for at least a year or more (see Figures 5 and 6).

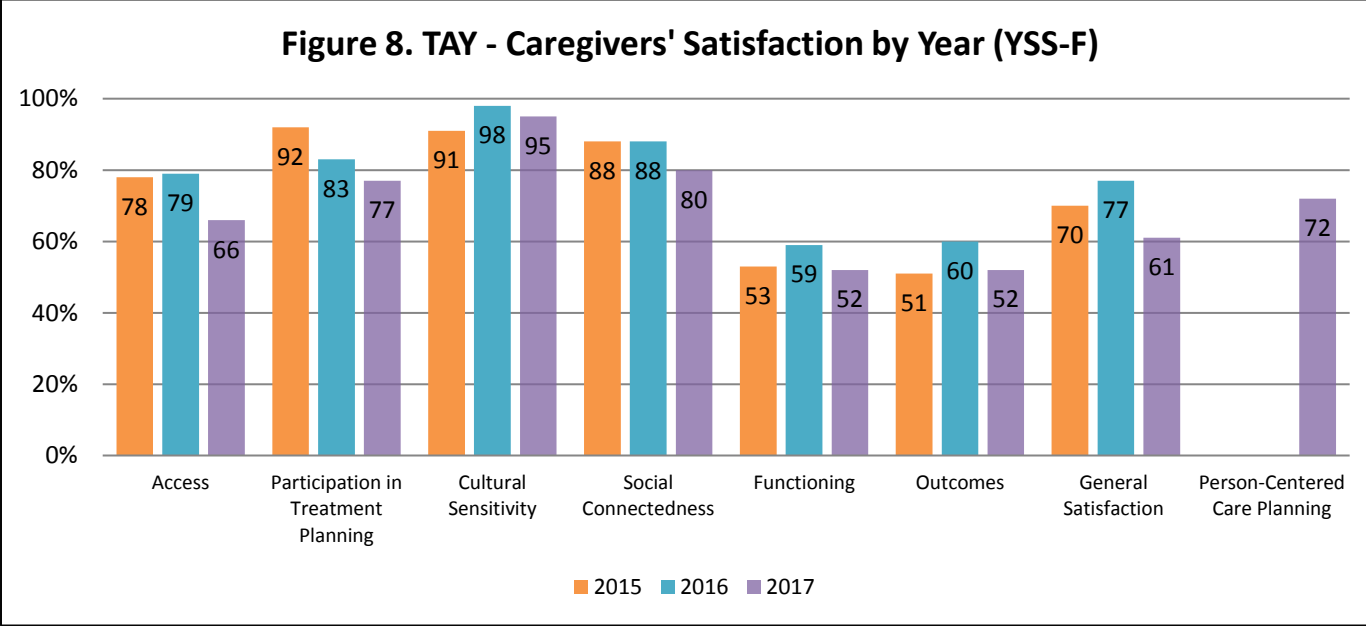


For adult TAY consumers, (see Figure7), satisfaction scores decreased (not significantly¹⁵) over the past two years. Most notably, there was a steep decrease in TAY’s perception of their access, participation in treatment planning, social connectedness, functioning, outcomes, and general satisfaction. Quality and Appropriateness shows a slight increase. Note that the person-centered care planning domain is the newest addition to the survey. Consumers expressed general satisfaction with the planning of their services.

¹⁵ Access (p = .281); Participation in Treatment Planning (p = .509); Quality and Appropriateness (p = .228); Social Connectedness (p = .631); Functioning (p = .229); Outcomes (p = 1.000); General Satisfaction (p = 1.000). Due to small sample size, interpret with caution.



For caregivers of TAY, (see Figure 8), satisfaction scores decreased¹⁶ over the past two years. Specifically, caregivers expressed dissatisfaction with access, participation in treatment planning, functioning, outcomes, and general satisfaction. Cultural sensitivity remained the highest ranking satisfaction domain. The person-centered care planning domain was a new addition to the survey. Caregivers expressed moderate satisfaction with the planning of their child’s services.



¹⁶Statistical analyses not performed for caregiver data due to siblings in data; caregivers completing more than one survey (i.e., lack of independence of observations).

Satisfaction Scores by Demographic Variables

MHSIP- Adult Satisfaction Scores by Demographic Variables

Quantitative chi-square analyses were conducted to determine if there were any relationships between satisfaction in each domain and demographic characteristics (i.e., length of service, gender, and age) for adults receiving mental health services.

Consumers' time within the mental health service system was associated with three domains: social connectedness ($\phi = .124, p = .012$), functioning ($\phi = .166, p = .001$), outcomes ($\phi = .152, p = .002$), and general satisfaction ($\phi = .098, p = .042$); however, the correlations were relatively weak. That is, consumers who received services for more than one year were more satisfied within each of these domains than consumers who received services for less than a year (see Figures 9-12).

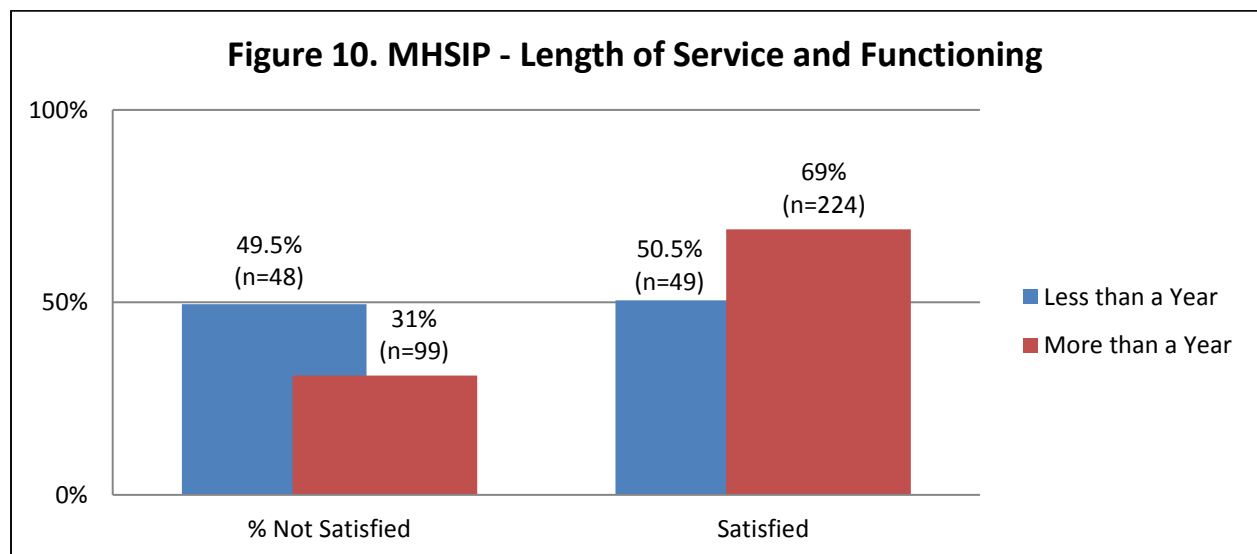
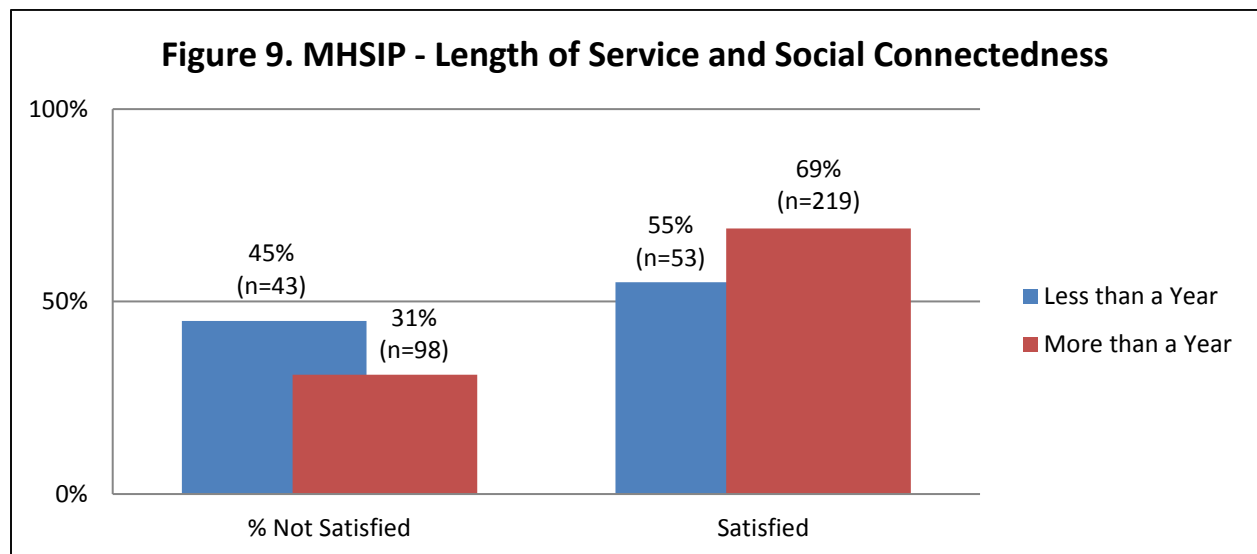


Figure 11. MHSIP - Length of Service and Outcomes

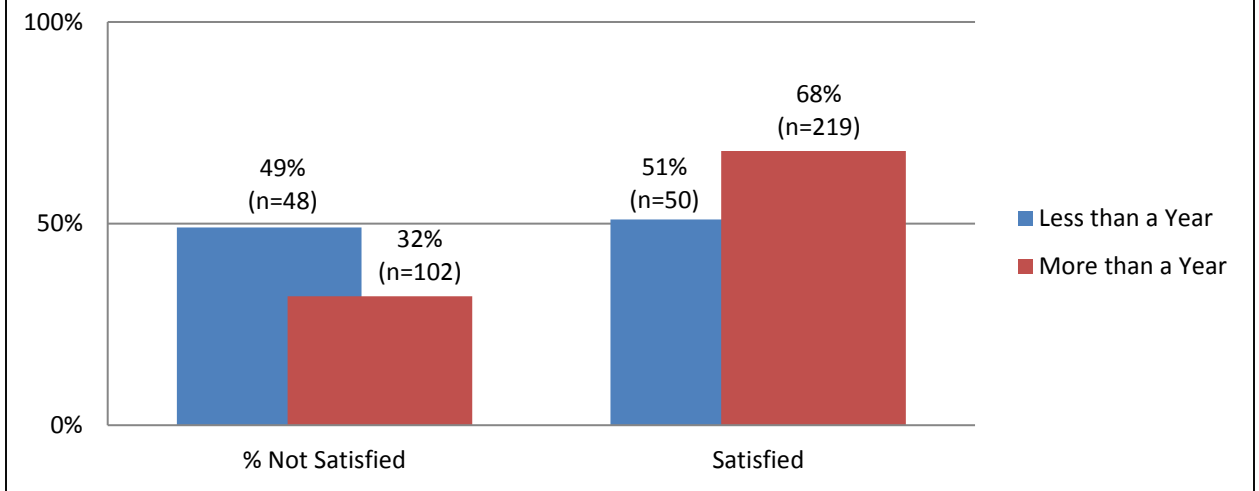
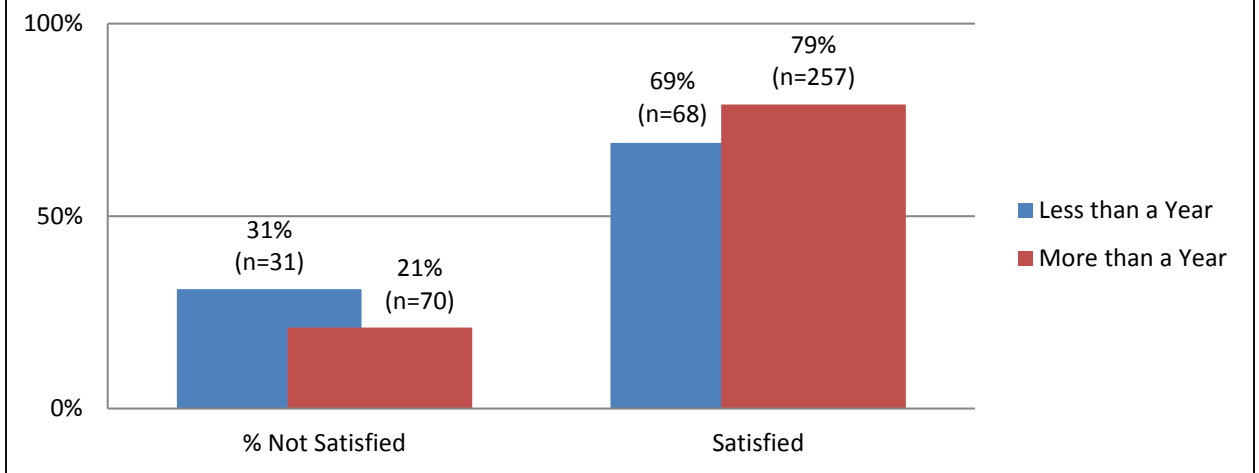
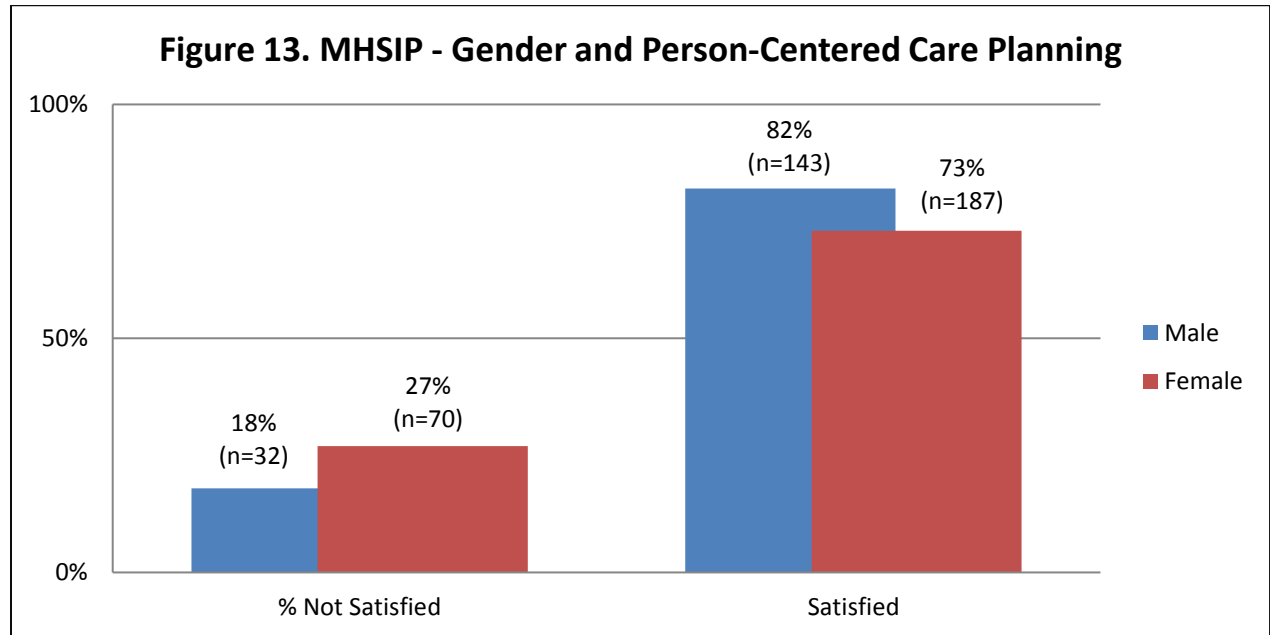


Figure 12. MHSIP - Length of Service and General Satisfaction



Gender (male vs. female) was associated with person-centered care planning, but the correlation was weak ($\phi = .103, p = .032$). Male consumers were more satisfied with their person-centered care planning than female consumers (see Figure 13).

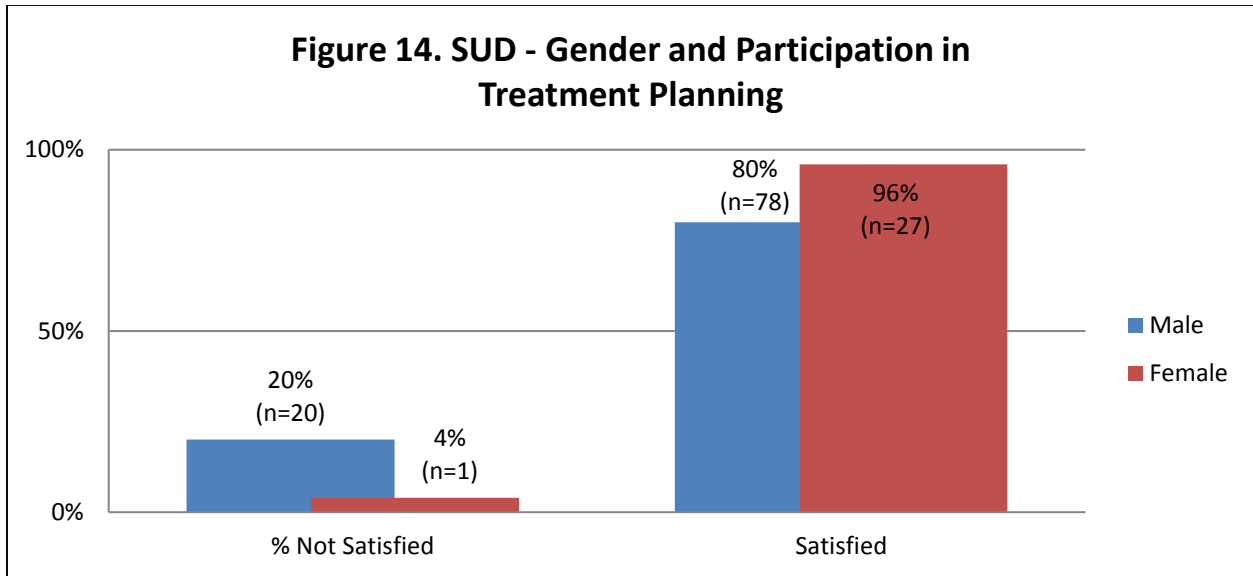


Consumers who were older ($M = 49$) were more satisfied with their functioning ($r_{pb} = .135, p = .005$) and outcomes ($r_{pb} = .160, p = .001$) than those who were not satisfied ($M = 45$), however, these were relatively weak relationships.

SUD - Satisfaction Scores by Demographic Variables

DBH serves clients experiencing a substance use disorder. As noted above, according to the results of the SUD survey (see Figure 4), clients were mostly satisfied with their services. The highest scoring domains were Quality and Appropriateness (95%), General Satisfaction (94%), and Outcomes (90%). The lowest scoring domain was Participation in Treatment Planning (83%).

Chi-square analyses were performed to explore whether gender was associated with each domain. Gender was associated with participation in treatment planning ($p = .035$). That is, clients who were female were more satisfied with their participation in treatment planning than clients who were male (see Figure 14). Note that there was a weak relationship between gender and participation in treatment planning ($\phi = -.188$).



Correlation coefficients determined no relationships between age and any of the eight satisfaction domains (i.e., access, participation in treatment planning, quality and appropriateness, social connectedness, functioning, outcomes, general satisfaction, and person-centered care planning).

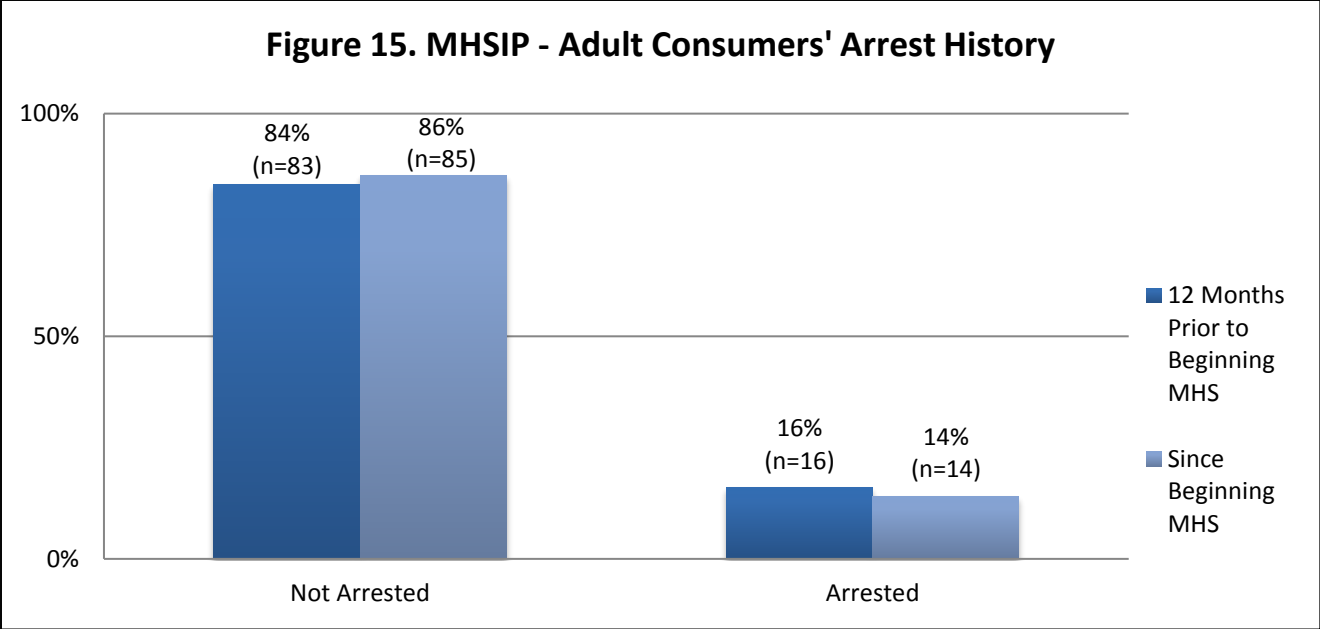
Outcome Results

MHSIP - Adult Arrest History - Less than a Year of Services

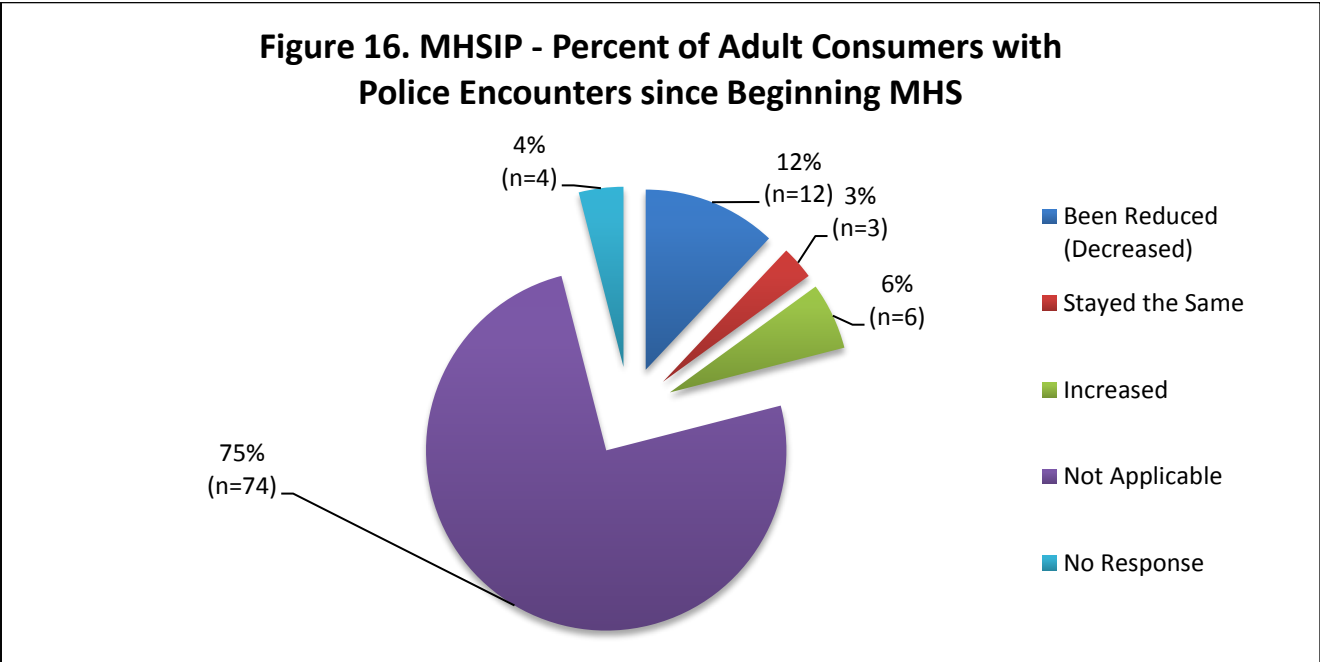
The MHSIP survey asked consumers questions about their arrest history. The collection of these data is mandated by SAMHSA. For varied reasons, consumers may be cautious about self-reporting their legal history. Thus, the data may be unreliable and the reader should bear that in mind when interpreting 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=99), it was reported that 16% of the adults were arrested within the 12 months prior to beginning services, while 14% reported being arrested when they were receiving services (Figure 15). Out of the 16 consumers arrested prior to beginning services, six consumers were re-arrested since beginning services.



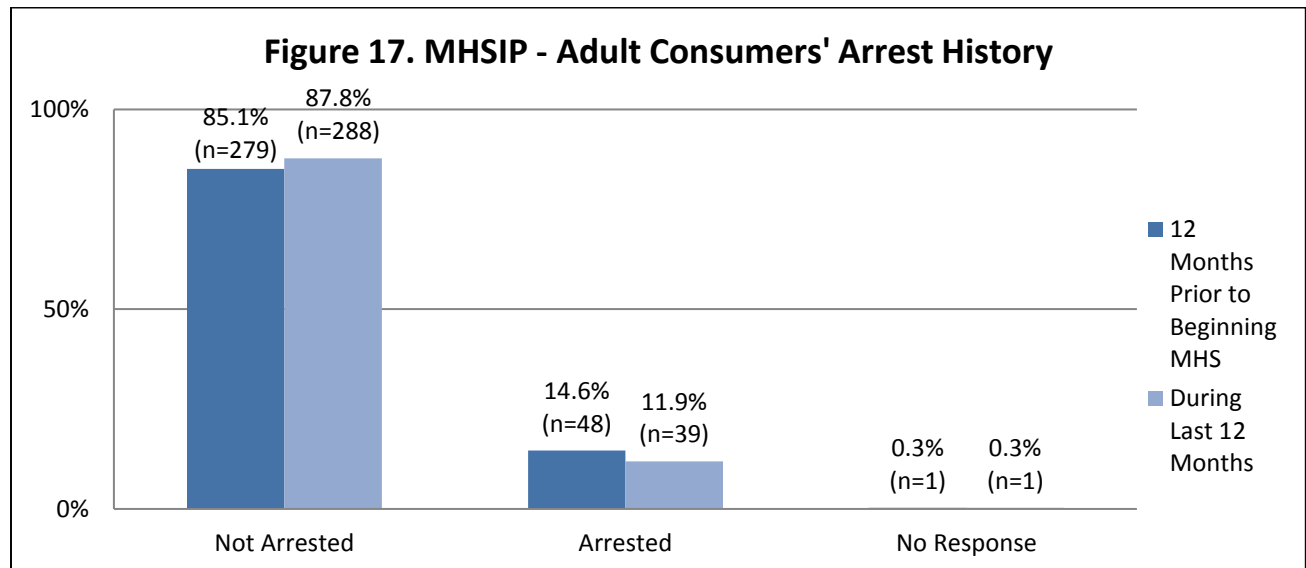
Of the adult consumers who received services for *less than a year* (n=99), 12% of the respondents reported a decrease in encounter(s) with police (Figure 16). Seventy-five percent reported 'not applicable'.⁵



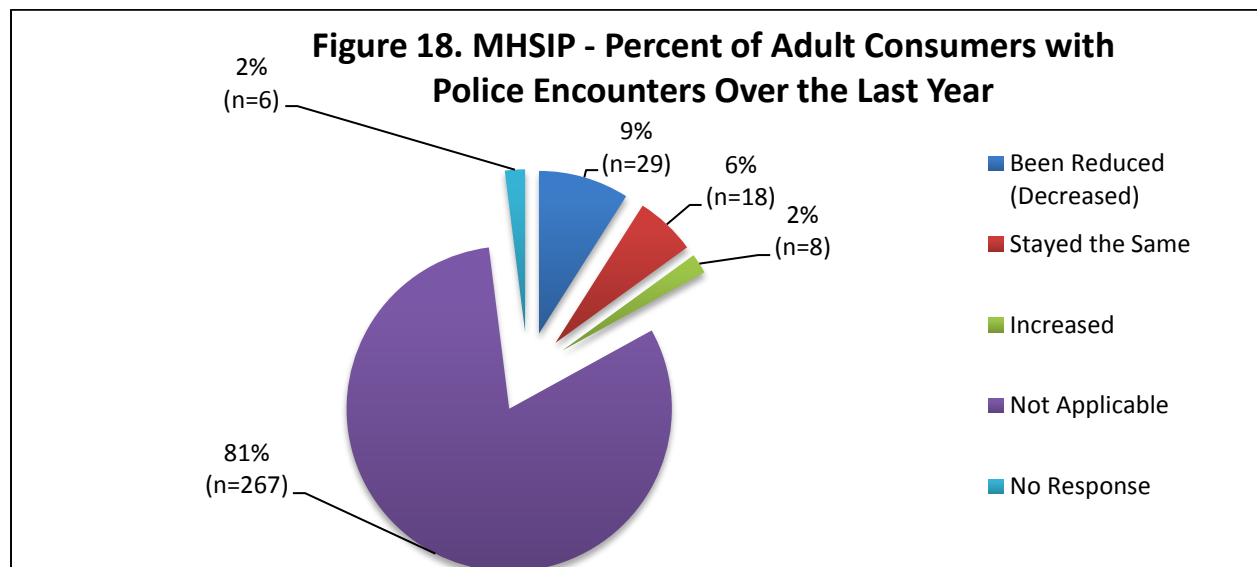
⁵Note the limitations of this self-report arrest history data.

MHSIP - Adult Arrest History - One Year or More

Of the adult consumers who received services for *one year or more* (n=328), 15% reported that they were arrested during the 12 months prior to the year of receiving mental health services; 12% reported being arrested while receiving services during the 12-month period (Figure 17). Out of the 48 consumers arrested prior to beginning services, 15 were re-arrested within the last 12 months of receiving services.



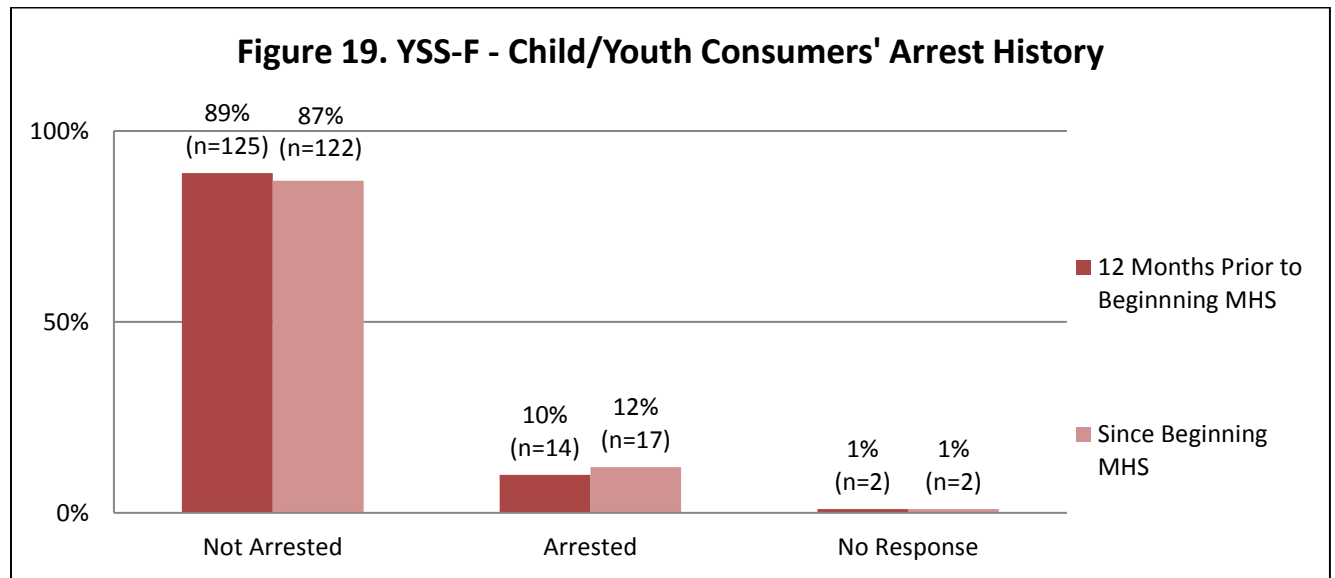
Of the adult consumers who received services for *one year or more* (n=328), 9% of the respondents reported a decrease in encounter(s) with police (Figure 18). Eighty-one percent reported 'not applicable'.⁶



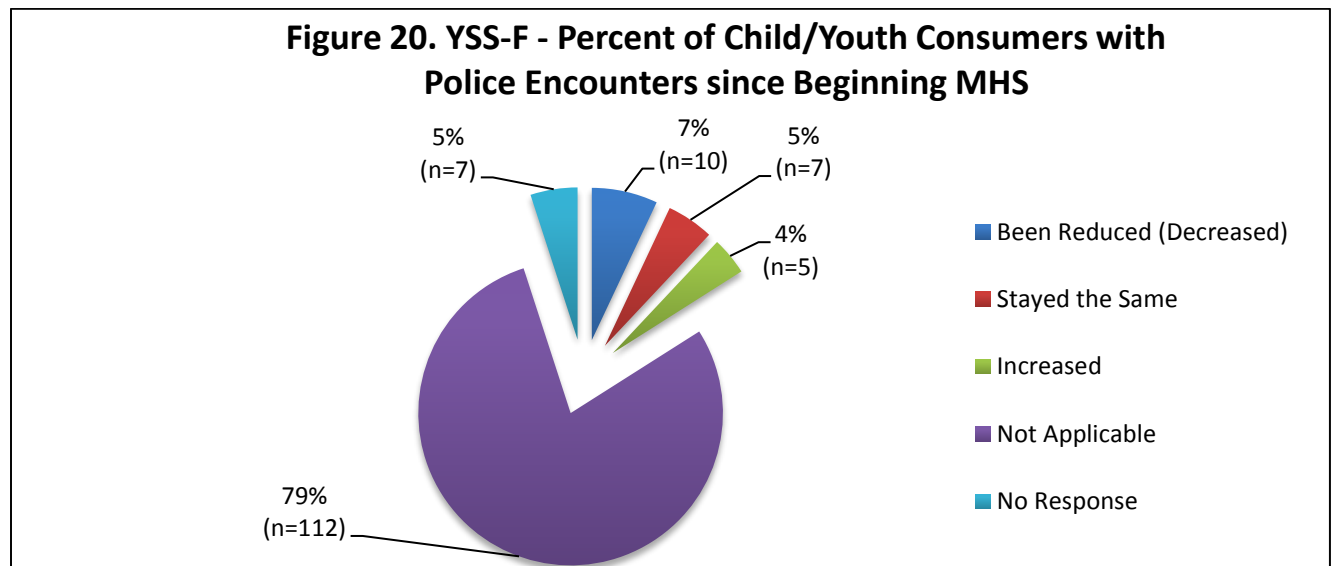
⁶Note the limitations of this self-report arrest history data.

YSS-F - Child/Youth Consumers' Arrest History – One Year or Less of Services

Of the child consumers who received services for *one year or less* (n=141), 10% of the caregivers reported that their child was arrested within 12 months prior to beginning services; 12% of the respondents reported that their child was arrested since starting treatment (Figure 19). Out of the 14 youth arrested prior to beginning services, nine were re-arrested since receiving services.



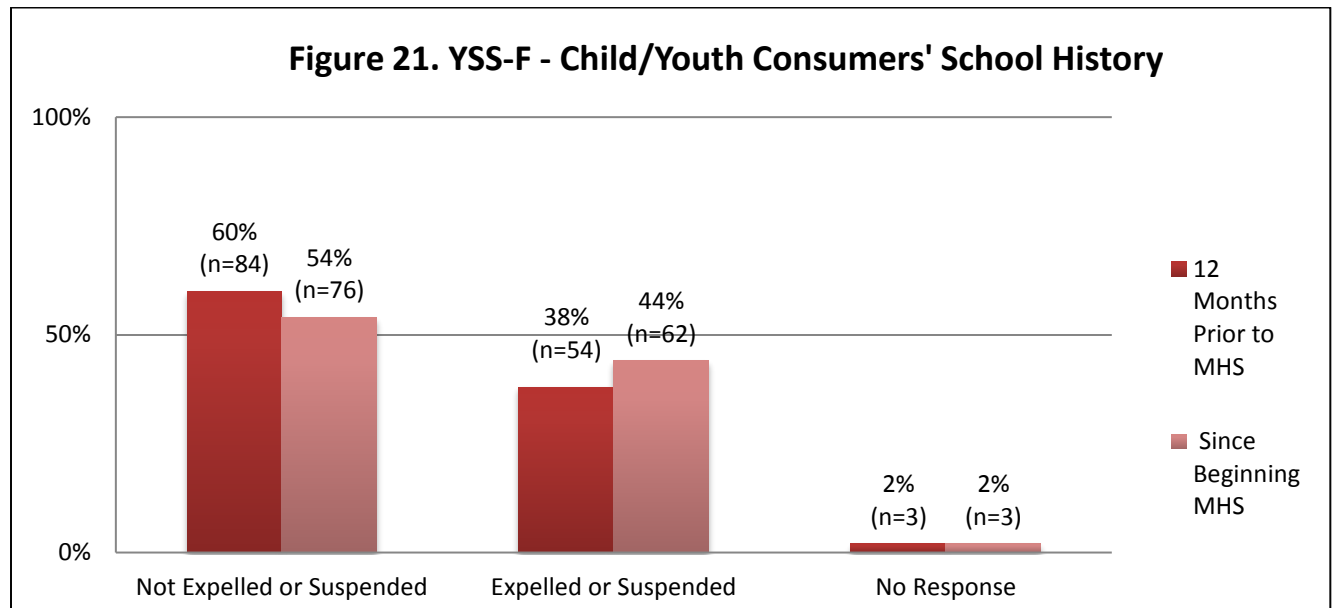
For child/youth consumers who received services for *one year or less* (n=141), 7% of caregivers reported that their child had a decrease in encounters with police (Figure 20). Seventy-nine percent reported 'not applicable'.⁷



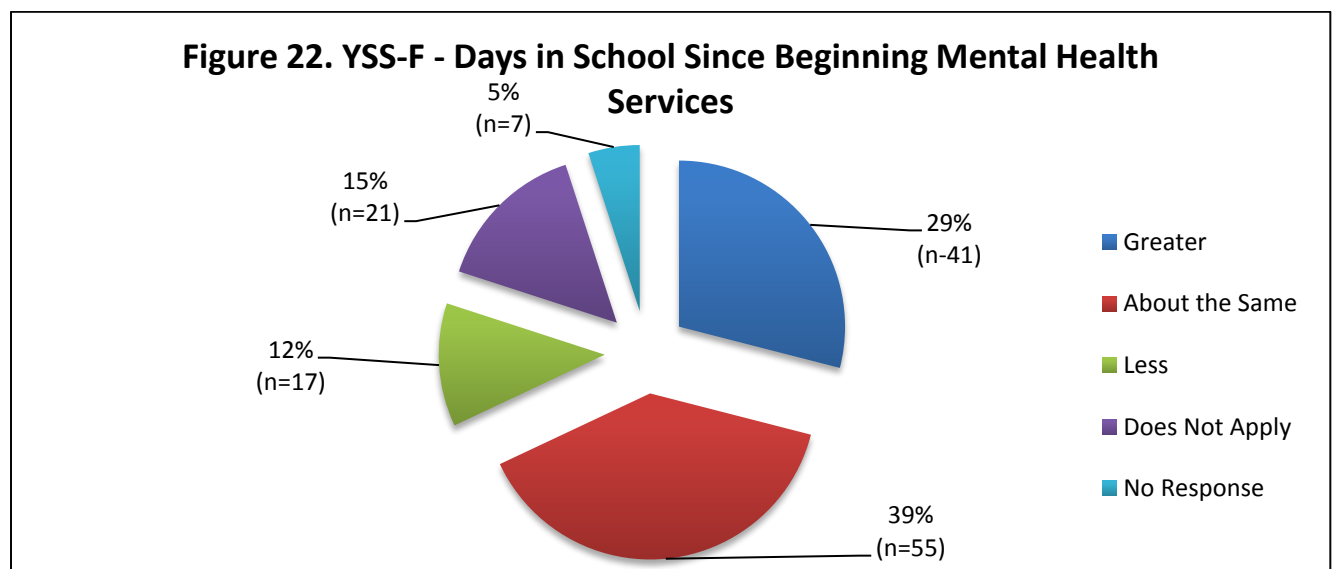
⁷Note the limitations of this self-report arrest history data.

YSS-F - Child/Youth Consumers' School History – One Year or Less of Services

Of the child consumers who received services for *one year or less* (n=141), 38% of caregivers reported that their child was expelled or suspended within 12 months prior to beginning services; however, 44% of respondents reported that their child was expelled or suspended since beginning services (see Figure 21). Out of the 54 youth expelled or suspended prior to services, 42 were re-expelled or re-suspended.

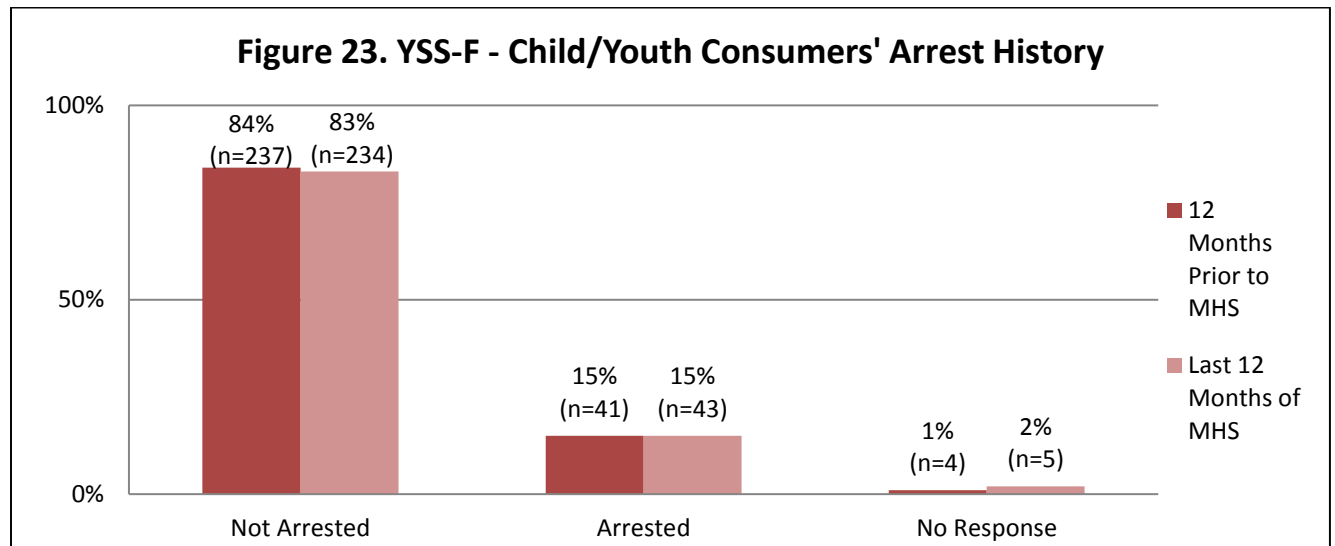


Of the child consumers who received services for *one year or less* (n=141), it was reported that 29% of the youth showed greater attendance since beginning mental health services (see Figure 22).

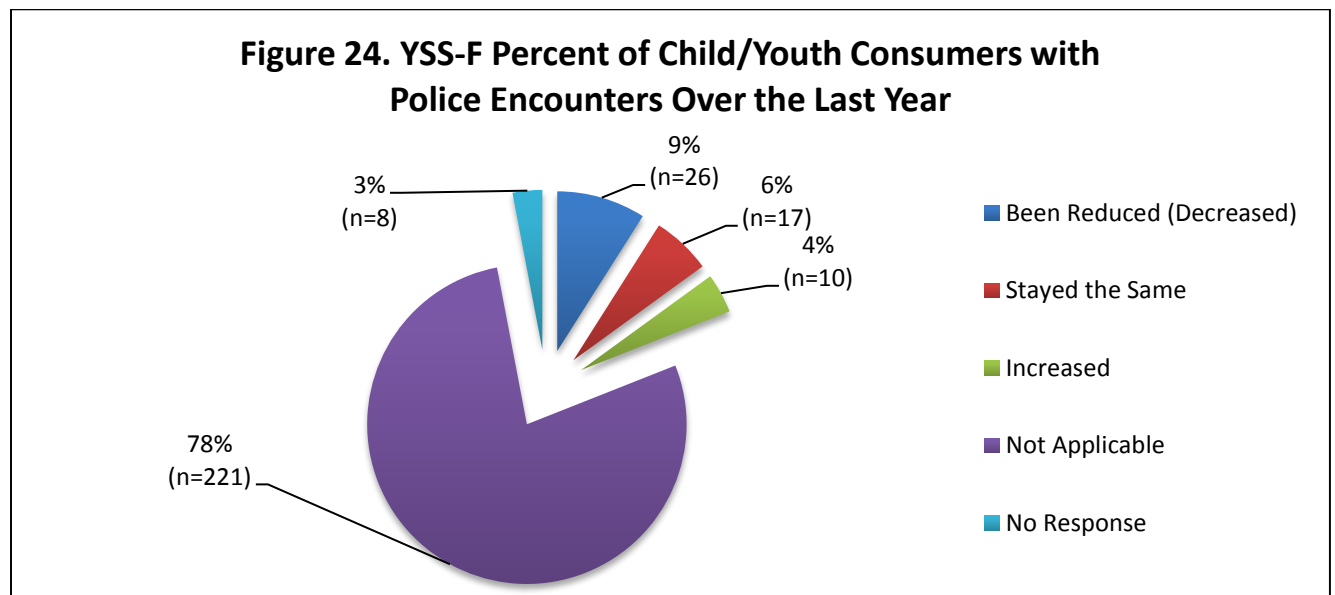


YSS-F - Child/Youth Consumers' Arrest History – More than One Year

For child consumers who received services for *more than one year* (n=282), it was reported that 15% were arrested during the 12 months prior to the year of receiving mental health services. During the year of service reported, 15% of caregivers reported that their child was arrested (see Figure 23). Out of the 41 arrested prior to beginning services, 27 were re-arrested since receiving services.



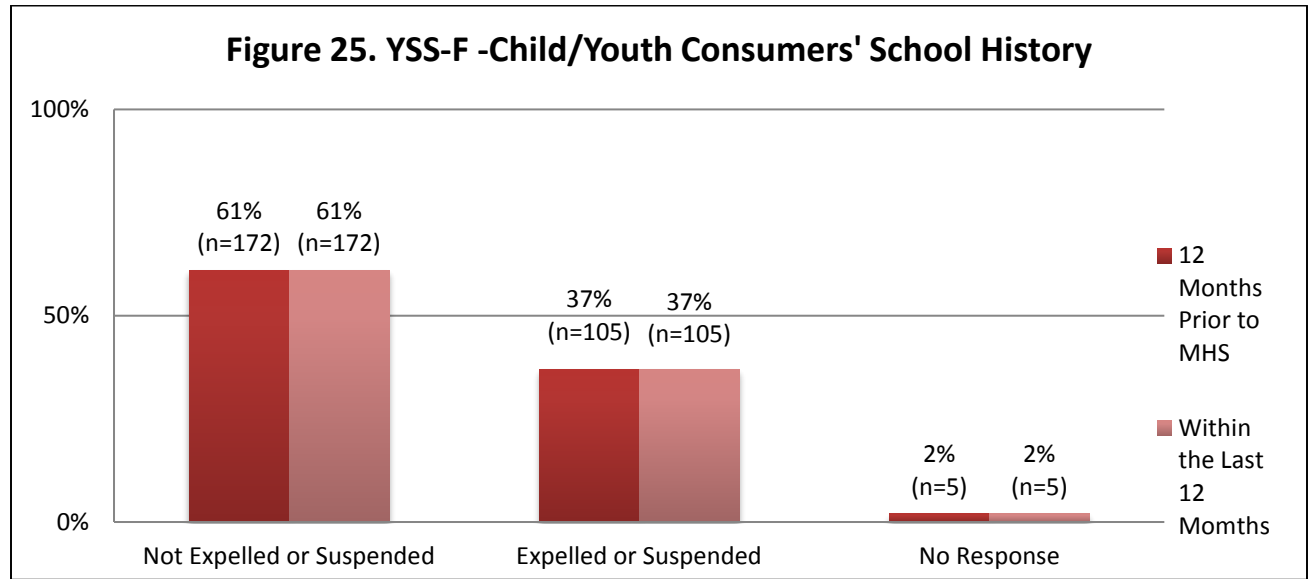
Of the child/youth consumers who received services for *more than one year* (n=282), 9% of caregivers reported that their child had a decrease in encounters with police (see Figure 24).⁸



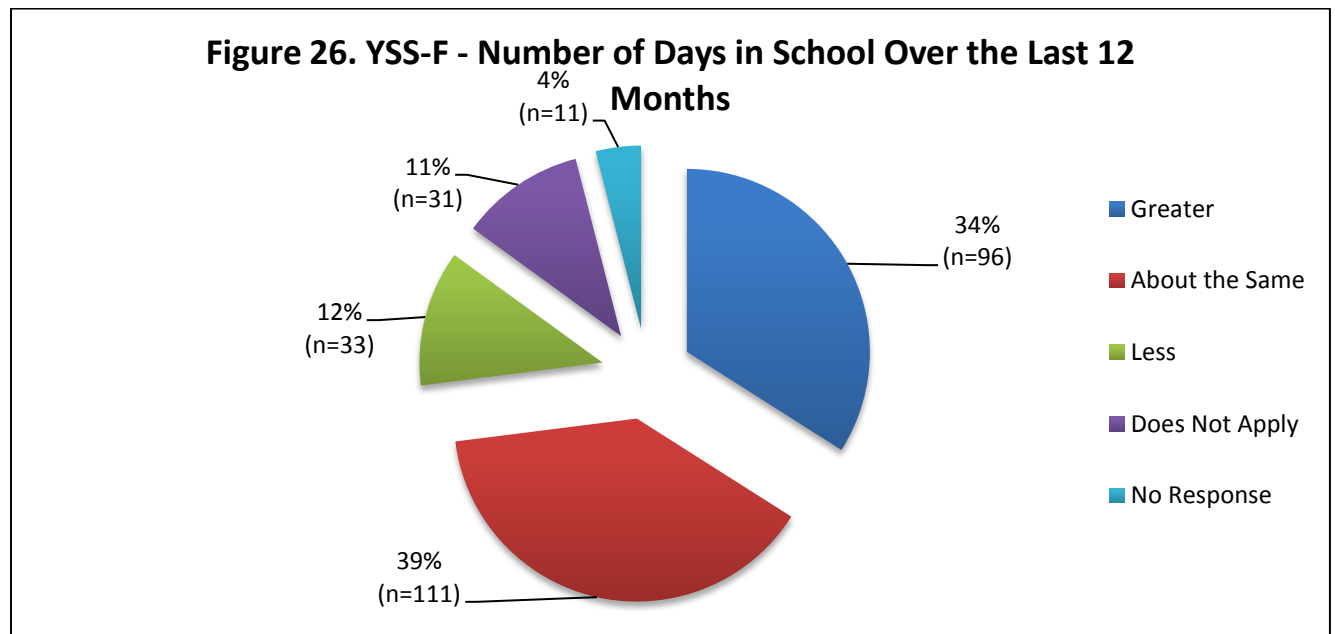
⁸Note the limitations of this self-report arrest history data.

YSS-F - Child/Youth Consumers' School History – More than One Year

Of the child consumers who received services for *more than one year* (n=282), it was reported that 37% 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, 37% of caregivers reported that their child was expelled or suspended (Figure 25). Out of the 105 youth expelled or suspended prior to services, 67 were re-expelled or re-suspended.



Of the child consumers who received services for *more than one year* (n=282), 34% of the caregivers reported an increase in attendance over the last 12 months that their child received services (Figure 26).



Analysis of Respondents' Comments

This section highlights comments 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 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). Not all respondents surveyed answered the open-ended questions, so those who commented are a subset of the 437 adult consumers receiving mental health services, 128 adult clients receiving substance use services, and 428 caregivers of youth receiving mental health services. 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. 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 on ways to improve the District's mental health and substance use service delivery system. Relevant and illustrative quotes are presented to give some detail description of respondents' overall perception and experience.

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

ADULT (Mental Health) – MOST HELPFUL

STAFF

Support/Care (1) They take time to listen to me and help with any problems that I have. (2) They are very supportive. My caseworker, the team, they are understanding. (3) ...She does not tell me what to do, she gives me options...

Team Members (1) The community support that I received from my CSW was helpful. (2) They had a psychiatrist who was helpful. (3) When I did not have a case worker, I was able to seek help from another employee within the same agency.

Available/Accessible (1) They were just there for you when you needed them. (2) The [psychiatrists], the therapist, and the case manager - the three people I see and who help me when I need help. (3) I can contact my therapist 24/7, 365.

SERVICES

Counseling/Therapy (1) The one-on-one sessions are good...(2) Seeing the psychiatrist and therapist and talking to my support team. (3) Attending group therapy sessions have been helpful to me. It gives me a chance to listen and relate...

Medication (1) The medicine they gave me. (2) Receiving the medication. (3) My medication (it calms me down and helps me). I don't trouble with my medication anymore...they helped me with that. (4) Giving me my medication on time.

Resources (1) The food is good that they give us. (2) My CSW gives me info on schools and other information about how to access services. (3) Just referrals to other services. (4) When they cut me an emergency check for my rent.

IMPROVEMENT

Skills Learned/Coping (1) Not to act off emotion and to think first. (2) ...learning to deal with anxiety through centering myself and deep breathing. (3) ...communicate... (4) ...I am coping much better with life. (2) I've really learned how to control my anger. (3) ...able to cope with things better...dealing with stress better.

Awareness (1) I have realized that I have to take responsibility for my life. (2) ...kept me aware of my feelings and emotions... (3) They gave me an outlook to live.

Housing (1) So far they have helped me with housing ... (2) They helped me get an apartment... (3) Obtained housing from staying in a shelter for 10 years.

CONSUMER HAS SOMEONE TO TALK TO

General Helpfulness (1) Being able to talk to someone about my issues... (2) Me talking to my CSW, sharing. (3) Just having someone there to talk to and listen. (4) They have helped me out by listening and being available to communicate with, if there is a problem. (5) Always having someone to talk to and who supports me. (6) Talking to my therapist helped get through a lot. Having someone to listen really took a load off of me. (7) Having someone to talk to. Interventions. Support system. (8) I like seeing the social worker on a daily basis. I had someone to talk to... (9) Just being able to sit down with someone who will listens and let me vent is very helpful... (10) Being able to express my opinion and people listening to me... (11) My case manager is good. I can talk to him and he listens.

CAREGIVERS (Mental Health) – MOST HELPFUL

STAFF

Support/Care (1) ...[Staff] went above and beyond... (2) The CSW, her therapist and their commitment to make sure she does better. (3) The CSW is wonderful. (4) They are caring and they listen and support us. (5) The CSW's are very compassionate and interacts with me and my child. (6) They respected us and our wishes...

Communication (1) When they do communicate with us they are very helpful. (2) The communication of the CSW and therapist have been excellent. (3) ...She always keeps me informed about what is going on... (4) ...appropriately explained...

Available/Accessible (1) The psychiatrist's availability...been to court twice to represent him for the adoption. (2) She has been there when she has a scheduled appointment and when it has not been scheduled. (3) That they are there when we need them. (4) Case manager, therapist, they're hands-on all the time.

ACCESS

Home Visits (1) The convenience of coming to the home.... (2) ...Comes to the home to check on myself and son... (3) ...Also, the CSW makes home visits that are very helpful as well. (4) Home services was pretty good. (5) That they come to you. They talk one-on-one. (6) The CSW has been very helpful.. He comes by a lot to see us and even works around my schedule when we can't make it to the office for an appointment. (7) ...that they come to the home and they're able to go wherever my child is, whether at her auntie's house, or wherever.

School Visits (1) ...Her CSW comes to the school. (2) ...She goes up to his school... (3) When I wasn't able to be at home for a home visit - it was helpful that the CSW could go to the school and meet with my child... (4) ...[CSW] goes to his school and has conversations with his teachers, she stays on top of the IEP goals...

SERVICES

Counseling, Therapy, Group (1) The regular one-on-one visits with his community support worker. (2) They have something call CBI. .. (3) Sitting down as a family talking over his experiences of his downfalls with the counselor and the family. (4) They offer help, not just from the medicine. (5) ...solution-oriented therapy...

Medication (1) The medicine - the child got a good night sleep. (2) Just getting her on her medication. The medication prescribed to her helped her focus. (3) Medication management...the medication she is getting is helping her.

Resources (1) The resources that the counselor gave us, such as food, clothing... (2) The transportation tokens... (3) Information. (4) I like the fact that they do provide ...little incentives...wellness checkups for good grades, they get a little gift card.

IMPROVEMENT

Skills Learned/Coping (1) The coping skills and to be assertive... (2) ...She is learning how to deal with her symptoms better now. (3) My son is able to cope with his emotions. He used to get really angry and hit. (4) They talk with him and he has calmed down a lot. He used to be upset and get into fights a lot. (5) Getting him to where he can rely on himself, and do what he's supposed to do to succeed in life.

Expression (1) They helped him to open up more. He seems a lot calmer, he doesn't just trip out. (2) They help us to communicate with each other. (3) He's more open now than he was before. He's better at talking with people about why he gets angry when he does. (4) ...she talks more and expresses her feelings more...

School (1) ...The school saw a difference in his behavior. (2) ...his reading improved

What have been some of the **most helpful** things about the outpatient substance use services you received over the last three months?

ADULT (SUD) – MOST HELPFUL

SERVICES

Counseling, Therapy, Group (1) Therapy... (2) The teachers gave us insight and feedback, I like that part. (3) The videos. The classes. The conversations. Everything was helpful. (4) As far as the daily readings, they were helpful. Going over what we did on the weekend and becoming verbally involved by discussing our addiction and relapse. The counselor gave us a lot of important movies and handouts to use. (5) ...The documentaries they showed about other people's experiences and success and...the effects of substance abuse are helpful. (6) Maybe talking about my problems. The groups, and the one on one with counselors. (7) ...The sessions... (8) Going to meetings is the best thing. Hearing other people's pain and them hearing your pain. Each one teach one. Putting that program together was a great thing to help people deal with their problems. (9) The feedback that I get from my group peers and from the facilitator. (10) Talking to the one-on-one counselor was great. I've never really been good in groups but when it comes to one on one counseling, I'm a really good listener. (11) One-on-one with counselors...

IMPROVEMENT

Drug and Alcohol-Free (1) Services are keeping me away from drugs and helping me stay out of trouble... (2) I think the most important thing is that they helped me stop drinking... (3) ...no drug use... (4) ... I'm doing well - no relapses. I'm doing pretty well. (5) ...It helped me improve my addictions. (6) I am stronger today, than I was three months ago. I don't want ever to use drugs again in my life. (6) ...easier for me to say no and I've developed the ability to stay away from drugs and alcohol. (7) ...Helping me to not go backwards...

Personal Growth (1) ...learning your responsible for your own decisions. (2) ...They taught me how to control my anger instead of turning to drugs and alcohol when I get upset. (3) ...This program has changed my life. (4) ...Learning how to communicate with people and the awareness of drinking and driving. (5) ... I learned that substance use treatment and mental health go hand in hand. (6) ...Because of [agency] I'm employable and I like my job. I'm also more involved in my community. (7) It did help get my life back on track. I am more productive...

STAFF

Support/Care (1) The uncut candidness of my facilitator; she was very upfront, very open... (2) ...case worker she is excellent on an emotional and practical level dealing with daily tasks. (3) The professionalism that staff displayed... (4) ...They just saw potential in everyone, and that was refreshing... (5) I was constantly encouraged to stay strong and not use. (6) The counselors are excellent. They make you feel at ease, make you want to participate; they are key. (7) ...she was very nice, very informative...she got straight to the point.

General Comments (1) The different counselors were great... (2) I have someone I can talk to, to keep me from smoking. I have friends in the program that I can call, the leaders of the program. (3) ...counselors are helpful... (4) The staff willing to assist, giving me other avenues to utilize as far as my recovery... (5) I have a young lady who is my counselor. I like her. She gets in touch with her clients, she does not rush them, she checks in with them. (6) The facilitators are very accessible - I can sit down and talk to them...it's confidential...

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

ADULT (Mental Health) – IMPROVE SERVICES

STAFF

Communication (1) ...He never contacts me or it's been three weeks since the last time I spoke to him... (2) I have a new case manager, I haven't seen her yet... (3) ...let the consumer know in advance if they are going to get someone new, instead of leaving us alone... (4) ...When I call I need someone to respond to me immediately...

Support/Care (1) They need to listen to you. If they don't listen they can't help... (2) ...Talk to us with respect... (3) More compassionate people; people with more experience... (4) ...more sensitive to the patients' concerns. (5) ...more gentle, and kind... (5) If they would treat you like a person, instead of a case... (6)...more proactive

Consistency (1) ...I've had five different case managers... (2) To screen the people they hire to see how long they are going to stay with the agency... (3) ...got so attached to them and it hurt when they left without telling me... (4) Less turnover...

Available/Accessible (1) The CSW and psychiatrist are never available when I need them... (2) ...More time with my CSW. (3) More time to talk to the therapist.

SERVICES

Housing (1) My number one issue is housing... (2) I've been on the waiting list since 2012. (3) ...I'm in dire need of shelter.... (4) If the housing process was faster. (5) I think they should strongly concentrate on the housing situation, as far as housing protection and helping us with staying safe in the area we live in... (6) Try a little harder helping you with housing. (7) Honestly housing. I am in dire need of housing.

Resources (1) If I get a part-time job and my own place... (2) To get a job... (3) ...wish they could have helped me more with getting my disability check... (4) Them actually helping me get SSI or SSDI... (5) More recreational programs for the patients, like a cookout, volleyball games. (6) ...rent assistance... (7) Maybe field trips, computer services. tutorial services. and money management. and legal classes...

Counseling, Therapy, Group (1) They could have had more groups. (2) Groups in relation to trauma for my age group. (3) I don't like seeing too many people in one day (nurse, doctor, social worker)... (4) More help with symptom management, more community help in the drop-in center, and a WRAP group would be helpful too.

ACCESS

Need for Staff or Services (1) ...I need a social worker. (2) I don't have a psychologist... (3) ...I would love to sit in a group and talk about my experiences to learn how to deal with them. (4) ...They need to get a therapist. I don't have one. (5) I just need a caseworker... (6) I still haven't seen a therapist because they are all booked... (7) ...I want to get into the day program... (8) I think that they should have more than one psychiatrist on board...

Appointment Times (1) The doctor needs to be on time for...appointments. (2) You wait hours for appointment times. (3) ...don't have me to wait from a 9:00 am appointment to 12 noon. (4) The doctor is only available for appointments after 5 o'clock and he has so many patients to see that everybody is rushed in and out. (5) Seeing the clients at a faster pace. (6) ... Punctuality (7) ...The appointments should be longer, at least 45 minutes to an hour. (8) ...not having to wait for long periods of time. Then when they see you they only have 5 minutes to see you. (9) Getting access to services takes too long. (10) Sometimes they are late. (11) Weekend services

CAREGIVERS (Mental Health) – IMPROVE SERVICES

STAFF

Consistency (1) The system overall, too many people coming and going in our lives He gets attached to them and then they are gone. (2) ...The therapist that was seeing my son when we first began receiving services was temporary and I was not aware of that. It was difficult for me and my son to get used to a new therapist. (3) ...Not disappearing and then popping up six months later. (4) ...[CSW] stop coming after one month. (5) ...It's hard on the child...

Communication (1) I would have the worker communicate more with what's going on as to when they can or can't be available. (2) They need to respond and call back in a timely manner. (3) Reach out to the client when there is a change - like doctors and therapists, case managers, and follow-up. (4) More written information and documentation or updates about her progress. (5) Remind people of appointments

Available/Accessible (1) ...my son needs someone else that he can better relate to...closer to his age. (2) ...He needs a strong male person. (3) ...more doctors there to provide services. (4) Seeing my daughter more... (5) ...would be better if sessions with her therapist were longer. (6) ...more counseling, more sessions... (7) ...not as young...

ACCESS

Appointment Times (1) ...better scheduling system too. They book too many patients at a time... (2) ...scheduling issues, double booking; giving grace periods when a few minutes late. Giving priority to the needs for medication refills, even if they are late for their appointments. (3) ...There are no services in the summer for children... (4) ...We have extremely long wait times... (5) ...access to the building on Saturdays... (6) Shorter wait times... (7) ...they always reschedule... (8) ...if they open later this would be great - because I get off late. Then I would not have to take off.

Need for Staff or Services (1) She needs a therapist, one that is going to be there and show up. (2) ...He has not had a CSW since he has been there. (3) We haven't received family counseling... (4) ...He was supposed to be assigned to another psychiatrist and CSW, but we are still waiting. (5) ...He also needs tutoring for some classes that he can't seem to grasp... (6) ...She was supposed to receive a higher intensity of services, but she still hasn't been assigned to anyone else for treatment... (7) If my daughter could get a therapist. (8) She needs a new case worker ASAP. I'm afraid that she might go into withdrawal if she doesn't get help soon.

SERVICES & RESOURCES NEEDED

Counseling, Therapy, Group (1) She would do better in a smaller group setting where she is not influenced by the other children as much. She tends to mimic the other kids. (2) If kids could have a retreat with kids that have like diagnosis. (3) The only thing is if they did overnight camp. (4) Them spending more time trying to understand what he does at home. [CSW] more concerned with his behavior at school than at home. (5) It would be good if they gave therapy twice a week. (6) For them to talk more... (7) If they had a teenage building and not combine with the adult population. A place for teenagers and kids...(8) more support groups...for teens...

Mentoring (1) ...they need to implement...mentors for our youth. (2) He needs a mentor who can come out and talk to him. (3) ...Think he needs a mentor or male role model. (4) ...more mentoring. (5) I would like to have tutoring in the afternoon as well as study help. (6) ...her having a mentor would help. (7) ...he needs mentoring... (8) ...My son needs a mentor instead who can help him learn how to be around people who are a positive influence on him. (9)He also needs a mentor to help with male issues or becoming a young man...

How could the outpatient substance use services you received over the last three months **be improved?**

ADULT (SUD) – IMPROVE SERVICES

SERVICES

Counseling, Therapy, Group (1) They could have talked more to me on a one-on-one basis, instead of a group session, because everything is not for every body. (2) To improve groups. (3) I think it probably needs to be more comprehensive. (4) They should tell the people that the only way they can stop is if they want to stop for themselves. They have to want to change for themselves. (5) ...should determine whether people need a psych evaluation and refer them for assessments; some people are using drugs because they are mentally ill. (6) To go more than 2 times a week, make it 5 times a week. (7) ...Personalized group topics... (8) More sessions... (9) ...let the alumni speak to the new consumers on how they made it through...

Resources (1) Social activities after the meeting. For example: Going bowling, to the movies, or Smithsonian museum. (2) ...If they had more stuff for us to do, instead of us just watching movies... (3) Just have more funds available for housing programs and job programs... (4) ...provide transportation for people...coffee for people...

STAFF

Communication (1) ...If they would keep us abreast of when they change the rules. I went up there for nothing sometimes, and found out they had cancelled classes, it was a waste of money. (2) ...I've tried to contact them but have had no contact from my case manager or their supervisor. (3)...Answer the phone a bit more.

Support/Care (1) ...More sensitivity to the consumers' needs at a customer service level. (2) Care more for the clients. Treat clients how you want to be treated back, like you would treat your family if they were in this situation... (3) Understanding me a little more, being more receptive to the recovering person.

Available/Accessible (1) ...have more one-on-ones. (2) Have more therapists for individual counseling. (3) More staff diversity... (4) More hands-on with the individual's problems. (5) ...They need to provide more teachers there. (6) ...they are short of staff. (7) ...more visits from the counselors...they should meet with them at least 2-3 times a week. if needed.

ACCESS

Appointment Times (1) Better class times (2) The time frame should be from 10:30am- 11:30am... (3) ...If you got to work, the program is Monday, Tuesday and Friday, you should not be put out especially if you have a job, that's the only problem I was having... (4) Be more accommodating to my work schedule. (5) The cut-off time being extended for the time allowed to get in, to be seen. (6) If they had services on weekends. (7) They could offer more sessions on Saturday. (8) To make sure the hours available are good for working people too. (9)...classes everyday-except Sunday

Need for Services/Staff (1) Initially, to get into the program faster. More space to help more people. People had to wait for a bed. (2) ... to come in the communities and open a facility. That's the only way I can see them improving. They have so much knowledge and resources to offer people; it's a very successful program. (3) The timing and my disability ran out. I had to go to a shelter. (4) A Doctor. I would like to have another Doctor.

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 Community Services Review (CSR) and Program Integrity data 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. 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	26, 27, 28, 29, 30, 31, 32, 33
Functioning	33, 34, 35, 36, 37
Social Connectedness	38, 39, 40, 41
Person-Centered Care Planning	21, 22, 23, 24, 25

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	17, 18, 19, 20
Social Connectedness	28, 29, 30, 31
Outcomes	21, 22, 23, 24, 25, 26
Functioning	21, 22, 23, 24, 25, 27
Person-Centered Care Planning	12, 13, 14, 15, 16

Table A3. SUD Domains	
	Survey Item Numbers
General Satisfaction	1, 2, 3
Access	4, 5, 6, 7, 8
Quality and Appropriateness	9, 11, 12, 13, 14, 16, 17, 18
Participation in Treatment Planning	10, 15
Outcomes	24, 25, 26, 27, 28, 29, 30, 31
Functioning	32, 33, 34, 35
Social Connectedness	36, 37, 38, 39
Person-Centered Care Planning	19, 20, 21, 22, 23

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.).						
21. In my plan, I can see how I'll use my strengths to work on my goals.						
22. 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.						
23. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.						
24. I have a chance to review and make changes to my plan.						
25. I get a copy of my plan to keep.						
As a direct result of the services I received,						
26. I deal more effectively with daily problems.						
27. I am better able to control my life.						
28. I am better able to deal with crisis.						
29. I am getting along better with my family.						
30. I do better in social situations.						
31. I do better in school and/or work.						
32. My housing situation has improved.						

33. My symptoms are not bothering me as much.						
34. I do things that are more meaningful to me.						
35. I am better able to take care of my needs.						
36. I am better able to handle things when they go wrong.						
37. I am better able to do things that I want to do.						
As a direct result of services I received,						
38. I am happy with the friendships I have.						
39. I have people with whom I can do enjoyable things.						
40. I feel I belong in my community.						
41. In a crisis, I would have the support I need from family or friends.						
What would improve the services that you receive from the agency you receive your mental health services?						
What have been some of the most helpful things about the services you received over the last 6 months?						

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. In my child's plan, I can see how my child's strengths will be used to work on his/her goals.						
13. I feel like staff support my child in working on things like school-related issues (e.g., classwork, homework, tutoring, IEP/504 planning).						
14. It is clear to me in my child's plan how certain interventions/treatments will						

help my child achieve his/her goals.						
15. I have a chance to review and make changes to my child's plan.						
16. I get a copy of my child's plan to keep.						
17. Staff treated me with respect.						
18. Staff respected my family's religious/spiritual beliefs.						
19. Staff spoke with me in a way that I understood.						
20. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).						
21. My child is better at handling daily life.						
22. My child gets along better with family members.						
23. My child gets along better with friends and other people.						
24. My child is doing better in school and/or work.						
25. My child is better able to cope when things go wrong.						
26. I am satisfied with our family life right now.						
27. 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:						
28. I know people who will listen and understand me when I need to talk.						
29. I have people that I am comfortable talking with about my child's problems.						
30. In a crisis, I would have the support I need from family or friends.						

31. I have people with whom I can do enjoyable things.						
What would improve the services that you and your child receive from the agency your child receives mental health services?						
What have been some of the most helpful things about the services you and your child received over the last 6 months?						

APPENDIX D. SUD 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 provider.						
3. I would recommend this provider 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 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. Staff believe that I can grow, change, and recover.						
10. I felt comfortable asking questions about my treatment.						
11. I felt free to complain.						
12. I was given information about my rights.						
13. Staff encouraged me to take responsibility for how I live my life.						
14. Staff respected my wishes about who is and who is not to be given information about my treatment.						
15. I, not staff, decided my treatment goals.						
16. Staff were sensitive to my cultural background (race, religion, language, etc.)						

17. Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.						
18. I was encouraged to use consumer-run programs (self-help support groups, Alcohol Anonymous - AA, Narcotics Anonymous - NA).						
19. In my plan, I can see how I'll use my strengths to work on my goals.						
20. 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.						
21. It is clear to me in my plan how certain interventions/treatments will help me achieve my goals.						
22. I have a chance to review and make changes to my plan.						
23. I get a copy of my plan to keep.						
As a direct result of the services I received,						
24. I deal more effectively with daily problems.						
25. I am better able to manage my life.						
26. I am better able to deal with crisis.						
27. I am getting along better with my family.						
28. I do better in social situations.						
29. I do better in school and/or work.						
30. My housing situation has improved.						
31. I am less likely to use drugs and/or alcohol.						
32. I do things that are more meaningful to me.						

33. I am better able to take care of my needs.						
34. I am better able to handle things when they go wrong.						
35. I am better able to do things that I want to do.						
As a direct result of services I received,						
36. I am happy with the friendships I have.						
37. I have people with whom I can do enjoyable things.						
38. I feel I belong in my community.						
39. In a crisis, I would have the support I need from family, friends, or my network.						
How could the outpatient substance use services you received over the last 3 months be improved?						
What have been some of the most helpful things about the outpatient substance use services you received over the last 3 months?						