Department of Behavioral Health

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

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

2015

Applied Research and Evaluation
Office of Programs and Policy

64 New York Avenue, NE, Washington, DC 20002

EXECUTIVE SUMMARY

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

From a random sample of adult consumers (N = 1492) who received at least two mental health services in the past six months within the fiscal year of 2015 (October 1, 2014 through September 30, 2015), 337 completed the MHSIP survey. Quantitative and qualitative analyses of the seven domains were conducted. Two domains had the highest scores: *General Satisfaction* (84%) and *Quality and Appropriateness* (87%). *Functioning* (69%) and *Outcomes* (69%) were the lowest scoring domains.

Out of a random sample of child and youth consumers (N = 1348), who received at least two mental health services in the past six months within the fiscal year of 2015 (October 1, 2014 through September 30, 2015), 340 of their caregivers completed the YSS-F survey. The two domains with the highest scores were *Cultural Sensitivity* (94%) and *Social Connectedness* (85%). Similar to MHSIP, *Functioning* (57%) and *Outcomes* (57%) 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.

ACKNOWLEDGEMENTS

Principal Investigator: Crystal Williams, Ph.D., Senior Research Analyst

Consumer Satisfaction Project Work Team: Cemone Bynum, MHIT, Data and Project Management Specialist; Colin Billett, MHSIP Project Manager

Surveyors: Dorothy Adams, Zora Barclay, James Foote, Gregory Foote, Jamie Gage Olabanji Olaniyan, Gerard Thomas, RaSha Richardson

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.*

FOR MORE INFORMATION CONTACT:

Denise Wright, Ph.D.
Manager, Applied Research and Evaluation
Department of Behavioral Health
(202) 299-5868
Denise.Wright@dc.gov

Laura Heaven, LICSW
Director of Organizational Development
Department of Behavioral Health
(202) 671-4147
Laura.Heaven@dc.gov

Table of Contents

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 are shown in Table 1, along with the open-ended questions.

Table 1. MHSIP Domains and Sample Statements

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

The YSS-F survey presents statements related to children's services 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, along with the open-ended questions.

Table 2. YSS-F Domains and Sample Statements

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

Functioning	"My child gets along better with family members."
Outcomes	"My child is better at handling daily life."
General Satisfaction	"Overall, I am satisfied with the services my child received."

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

The following report provides details on sampling, data collection, quantitative and qualitative findings, and 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. Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey included a comment section for each domain to allow consumers to elaborate on that particular service experience and two additional 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 mental health population. Each item on the YSS-F is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain. Cases with domains where more than one-third of items are missing were not included in the final analysis. Additionally, the survey included a comment section for each domain to allow consumers to elaborate on that particular service experience and two additional questions that asked consumers to share 1) what has been most helpful about the services and 2) what would improve services.

Sampling and Data Collection

The Department of Behavioral Health served 19,117 adult consumers in fiscal year 2015. From this general population, a random sample of 1492 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 thirty-seven consumers completed the MHSIP survey.

There were 4,273 child and youth consumers served in fiscal year 2015. From this general population, a random sample of 1348 consumers who received at least two mental health services within the past six months in the District was selected to participate in the survey. Three hundred forty caregivers completed the YSS-F survey.

The data were collected between April 2015 and September 2015. Surveyors were trained in interviewing techniques, phone protocol, guidelines for confidentiality, 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 and they received a $15 gift card as a token of appreciation. Data were aggregated and narrative findings were analyzed using content analysis.

Scoring and Analysis

Descriptive analysis of demographic characteristics (i.e., age, gender, race, ethnicity, and length of service) provided context for the qualitative and quantitative analysis for the consumer's responses (see Appendix 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. Microsoft Excel © software was used to organize and code the data. MHSIP comments were coded as positive, negative, or not applicable. Codes were then, if appropriate, categorized by emergent themes. Relationships between the themes were then identified. Not applicable or missing responses were not analyzed. Two staff members independently coded the comments for agreement and reliability.

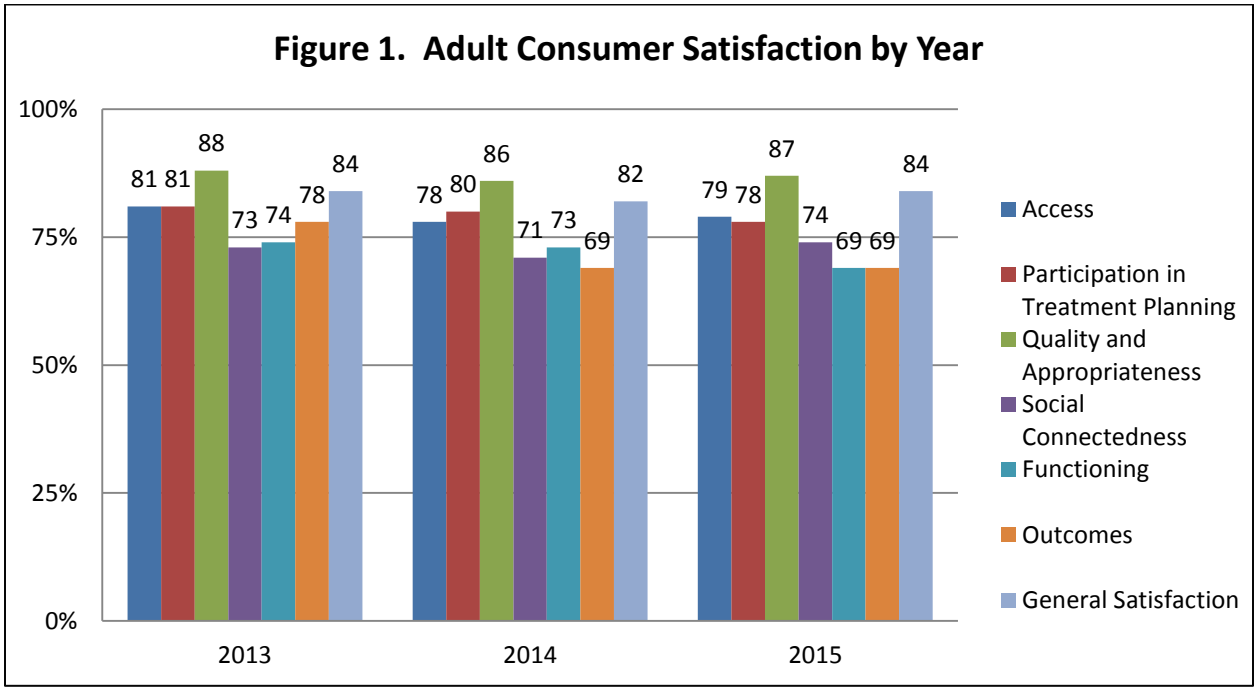
LIMITATIONS

The findings from this study 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 domain 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 satisfaction with functioning and outcomes, this information is not equivalent to data from an objective functional assessment.

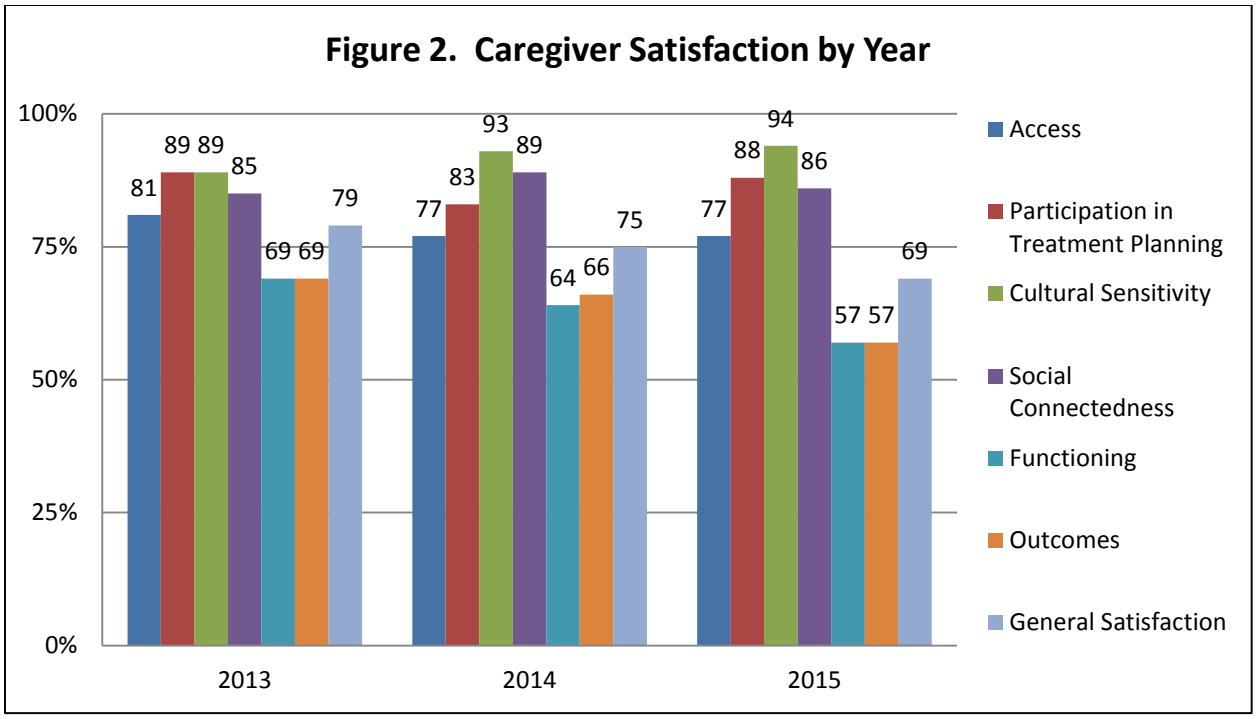
FINDINGS

Figures 1 -2 provide a comparative analysis of satisfaction scores (percentages) over the past 3 years. For the adult consumers, scores remained fairly consistent throughout the years. However, most notably, is the decline in functioning[1] and outcome[2] scores (see Figure 1), which will be discussed later in the report.



For the caregivers of youth, scores have remained fairly consistent throughout the years, with the exception of functioning, outcomes, and general satisfaction (see Figure 2). A discussion about these low scoring domains will be presented later in the report.

[1] Functioning is the perception of overall improvement in mental health and social well-being.
[2] Outcomes are the consumers' perception of the benefits received from clinical treatment.



Focusing on the 2015 findings, the following Figure 3 shows the percentage of consumers who were satisfied overall with each domain. Overall, adults were most satisfied with *Quality and Appropriateness* (87%) and *General Satisfaction* (84%). Adults, however, were least satisfied with their *Functioning* (69%) and *Outcomes* (69%).

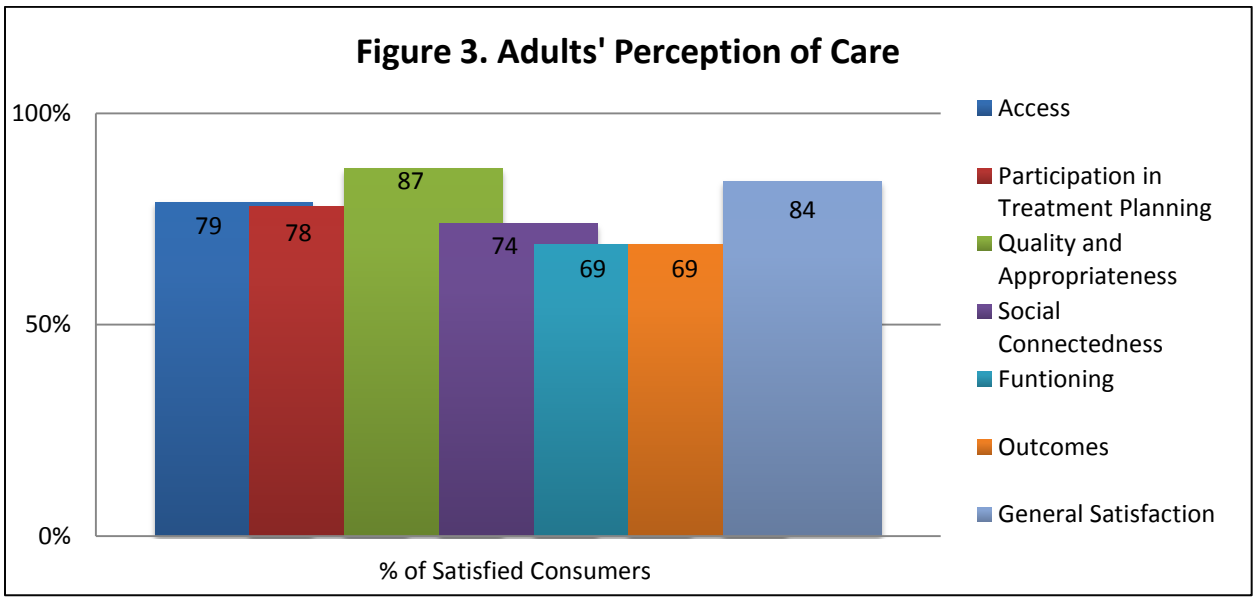
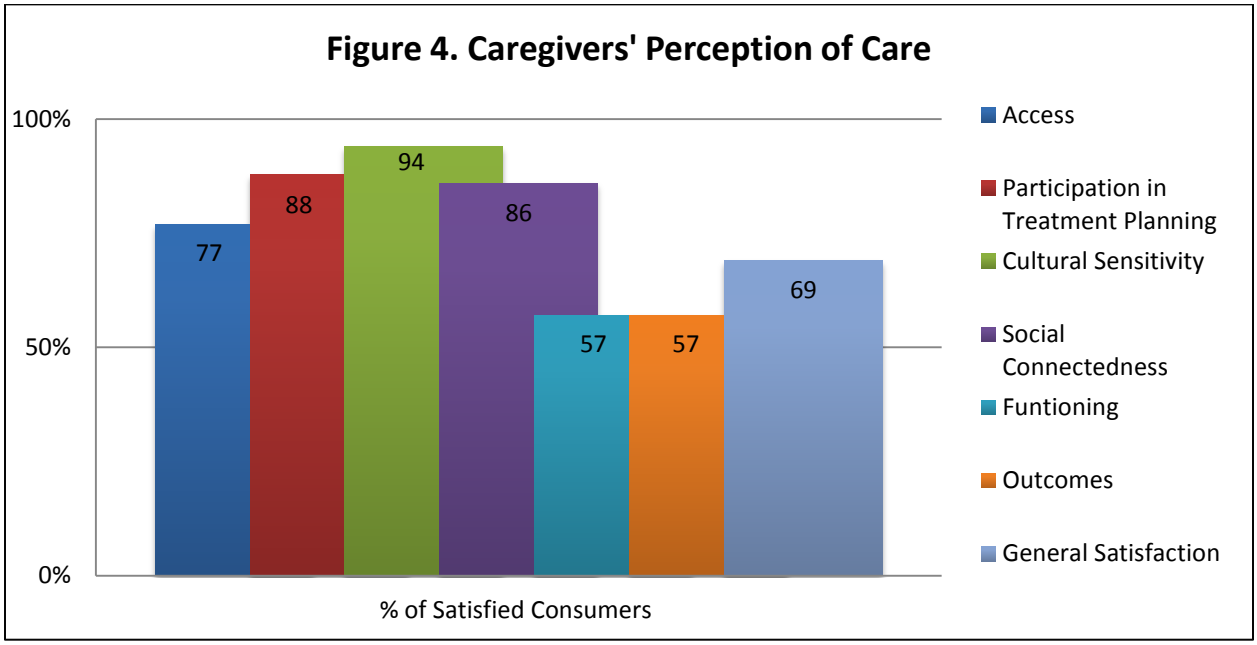


Figure 4 shows the percentage of caregivers who were satisfied overall with each domain. Overall, caregivers were most satisfied with *Cultural Sensitivity*[3] (94%) and *Participation in Treatment Planning* (88%). Caregivers, however, were least satisfied with their child's *Functioning* (57%) and *Outcomes*[4] (57%).



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 system was associated with social connectedness ($\chi^2 = 12.653$ *df* = 1, $p < .05$), functioning ($\chi^2 = 17.382$, *df* = 1, $p < .05$), and outcomes ($\chi^2 = 15.407$, *df* = 1, $p < .05$). From this sample, the analysis indicates that consumers who were in treatment for one year or more were more satisfied with social connectedness, functioning, and outcomes than consumers who were in treatment for less than one year (see Figures 5-7). It is important to note that the strength of the relationship between length of service and each domain was weak, (phi = .198, .232, .218 respectively). Note that a total of 50 consumers received services within the last year and 277 consumers received services for one year or more.

[3] Cultural Sensitivity refers to the staff being culturally sensitive to the consumer and family (e.g., respected religious/spiritual beliefs).
[4] Outcomes are the caregivers' perception of the benefits received from the child's clinical treatment, with the addition of caregivers' perception of satisfaction with family life.

Figure 5. Length of Service and Satisfaction with Social Connectedness

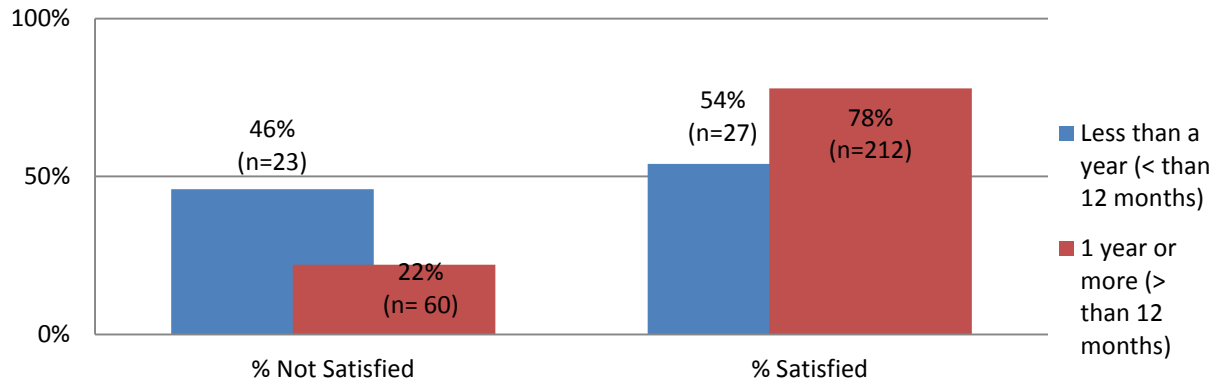


Figure 6. Length of Service and Satisfaction with Functioning

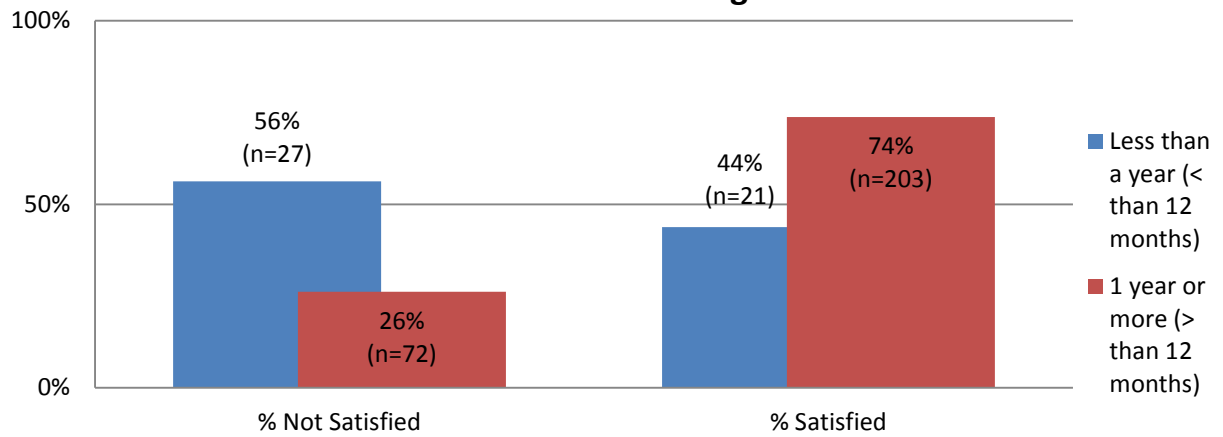
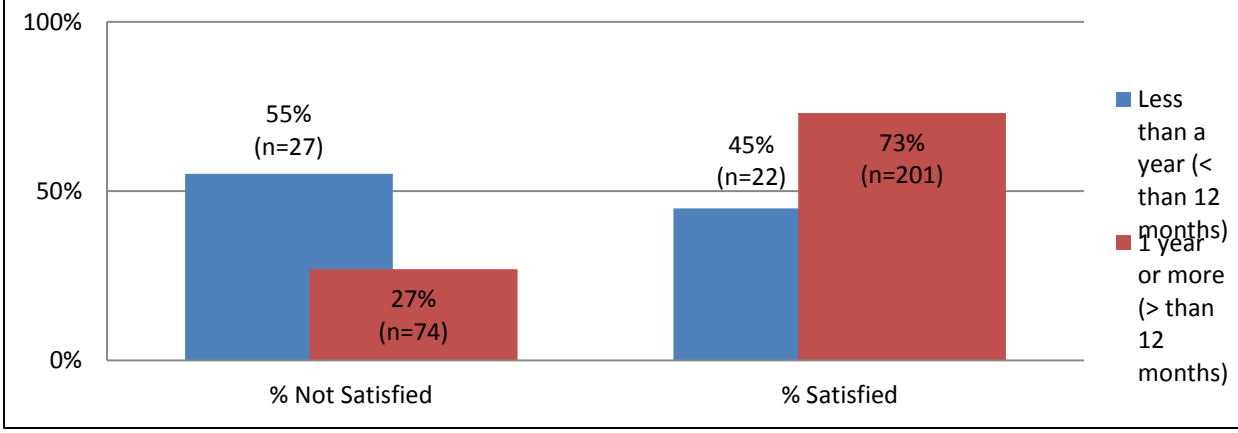
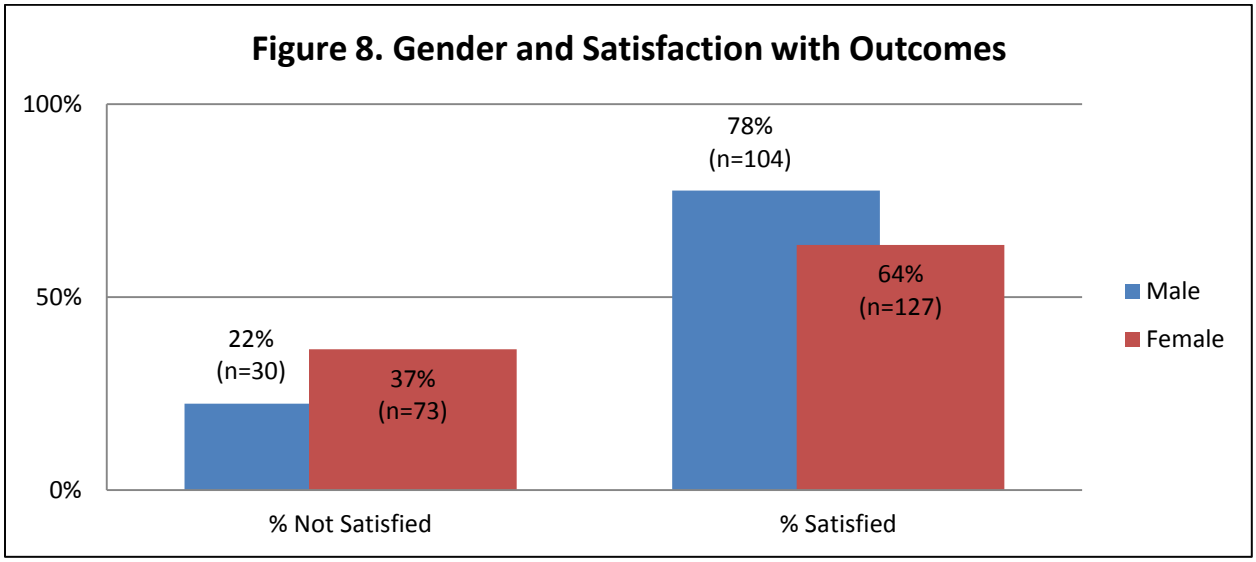


Figure 7. Length of Service and Satisfaction with Outcomes



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 satisfaction with outcomes ($\chi^2 = 7.492$, $df = 1$, $p < .05$). Consumers who were male were more satisfied with their level of outcomes than consumers who were female (see Figure 8). Note that there was a weak relationship between gender and outcomes (phi = .150).



Correlation coefficients determined weak relationships between age and consumers' satisfaction with social connectedness ($r_{pb} = .165$, $p = .003$), satisfaction with functioning ($r_{pb} = .126$, $p = .022$), and outcomes ($r_{pb} = .207$, $p < .05$). Consumers who reported satisfaction with social connectedness, functioning, and outcomes were older than those who reported not being satisfied.

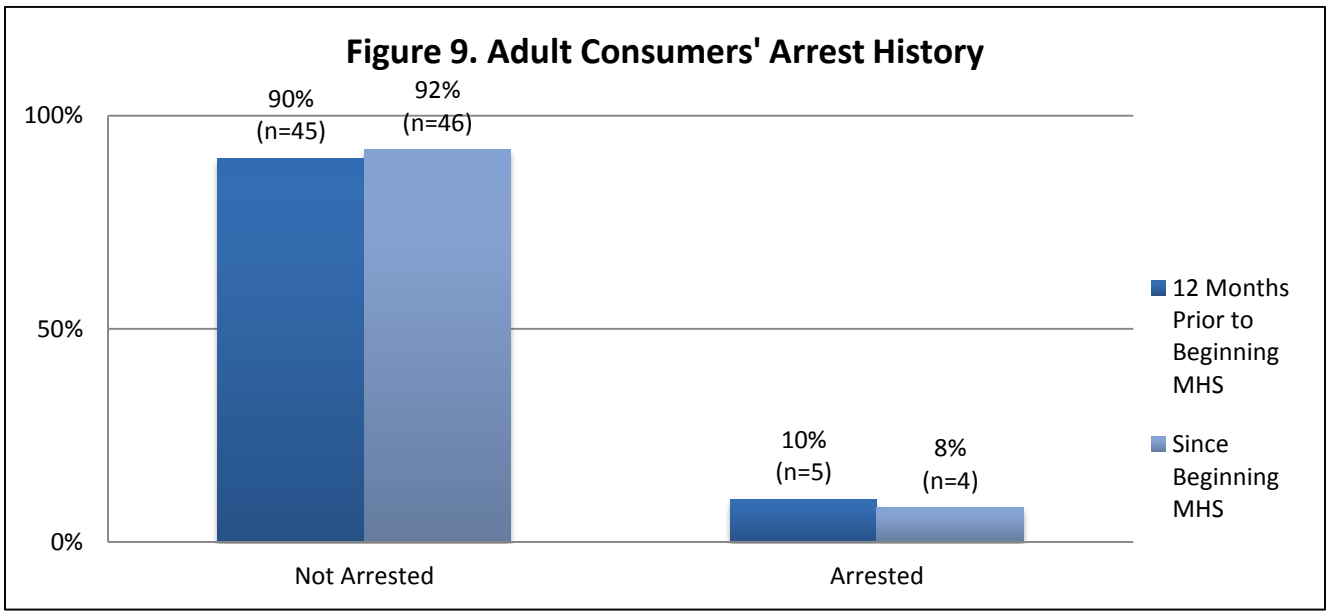
Adult Arrest History - Less than a Year of Services

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.

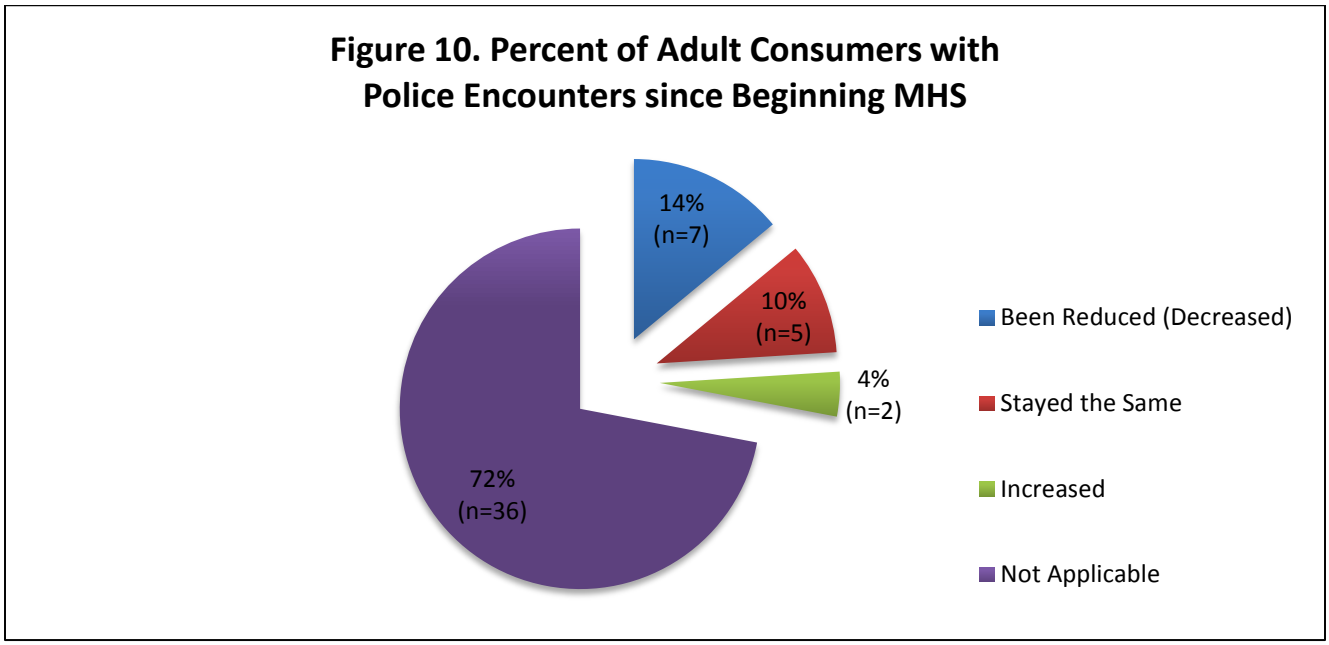
The survey questions ask consumers about how long they have received mental health services (i.e., less than a year/less than 12 months or 1 year or more/at least 12 months), prior arrests (i.e., yes or no), and encounters with the police over the past 12 months (i.e., been reduced – I have not been 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=50), it was reported that 10% of the adults were arrested within the 12 months prior to beginning services; eight percent (8%) reported being arrested when they were receiving services (Figure 9). Out of the five

consumers arrested prior to beginning services, one consumer was re-arrested since beginning services.



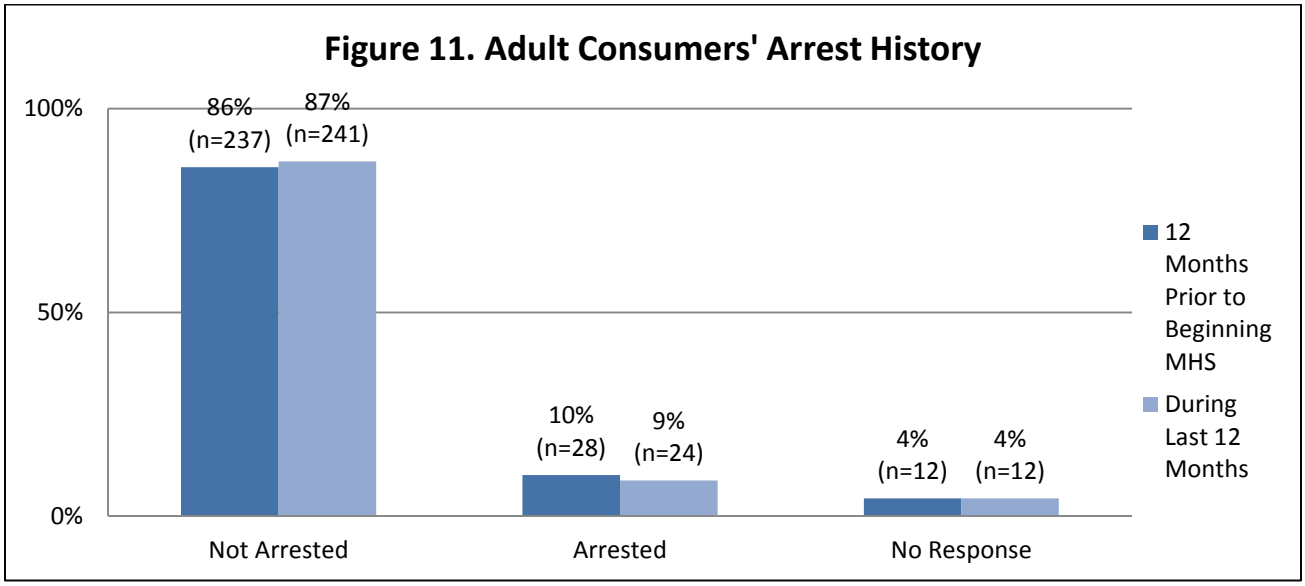
Of the adult consumers who received services for *less than a year* (n=50), 14% of the respondents reported a decrease in encounter(s) with police (Figure 10). Seventy-two percent reported 'not applicable'.[5]



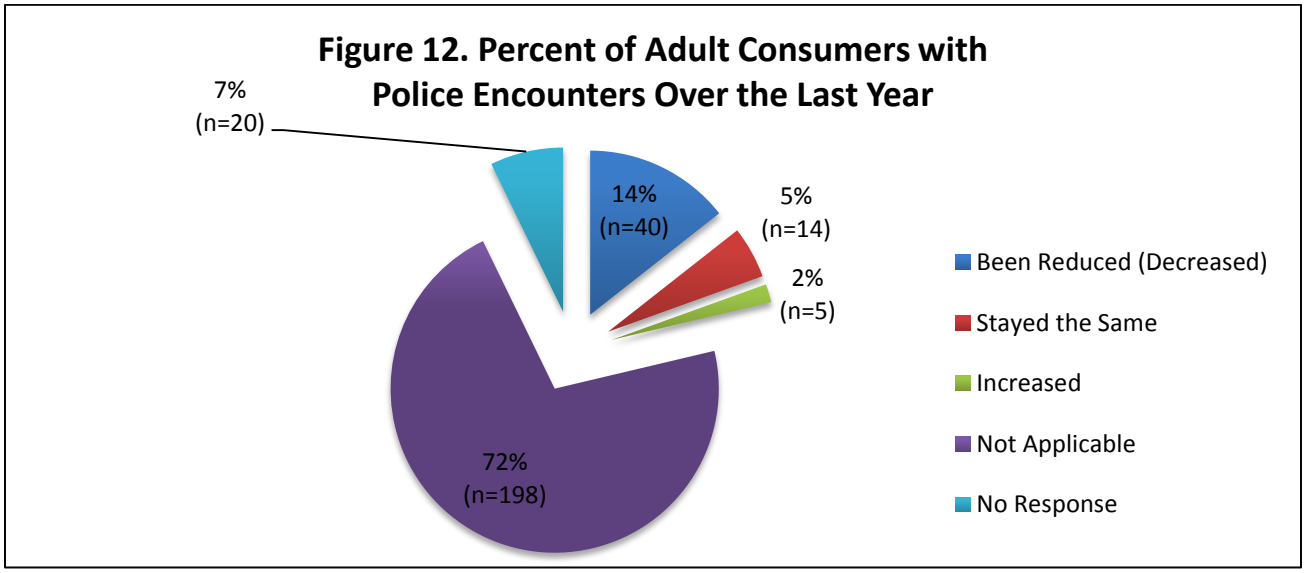
[5]Note the limitations of this self-report arrest history data

Adult Arrest History - 1 year or More

Of the adult consumers who received services for *1 year or more* (n=277), 10% reported that they were arrested during the 12 months prior to the year of receiving mental health services; 9% reported being arrested while receiving services during the 12 month period (Figure 11). Out of the 28 consumers arrested prior to beginning services, four were re-arrested within the last 12 months of receiving services.



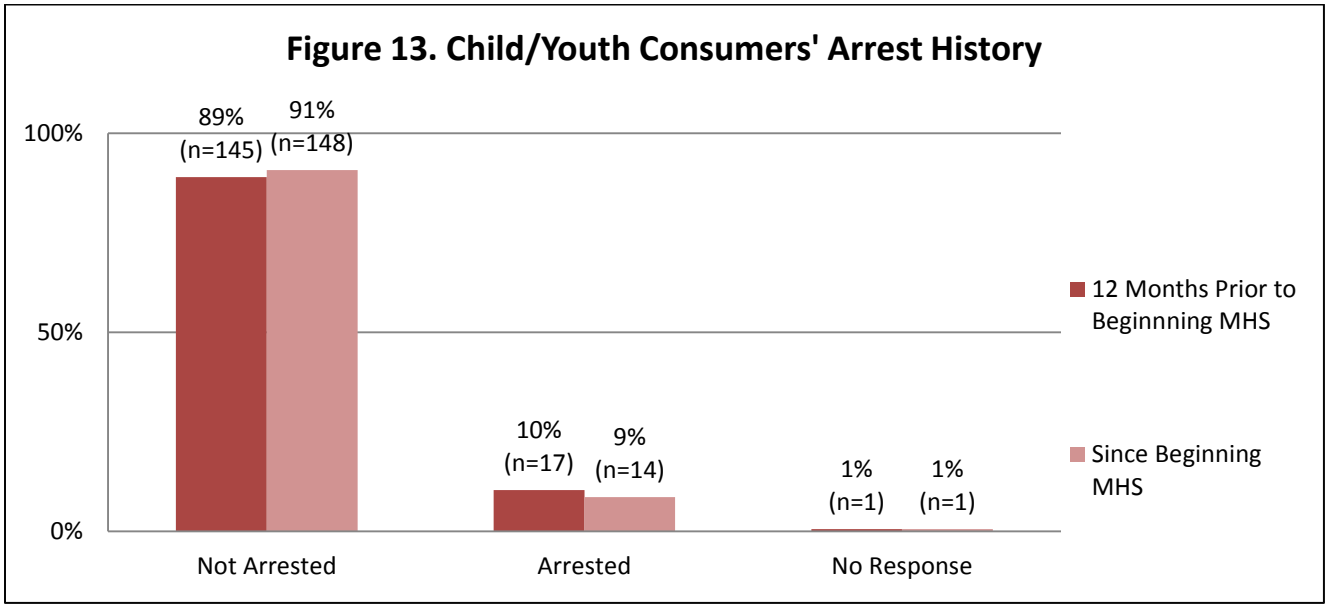
Of the adult consumers who received services for *1 year or more* (n=277), 14% of the respondents reported a decrease in encounter(s) with police (Figure 12.) Seventy-two percent reported 'not applicable'.[6]



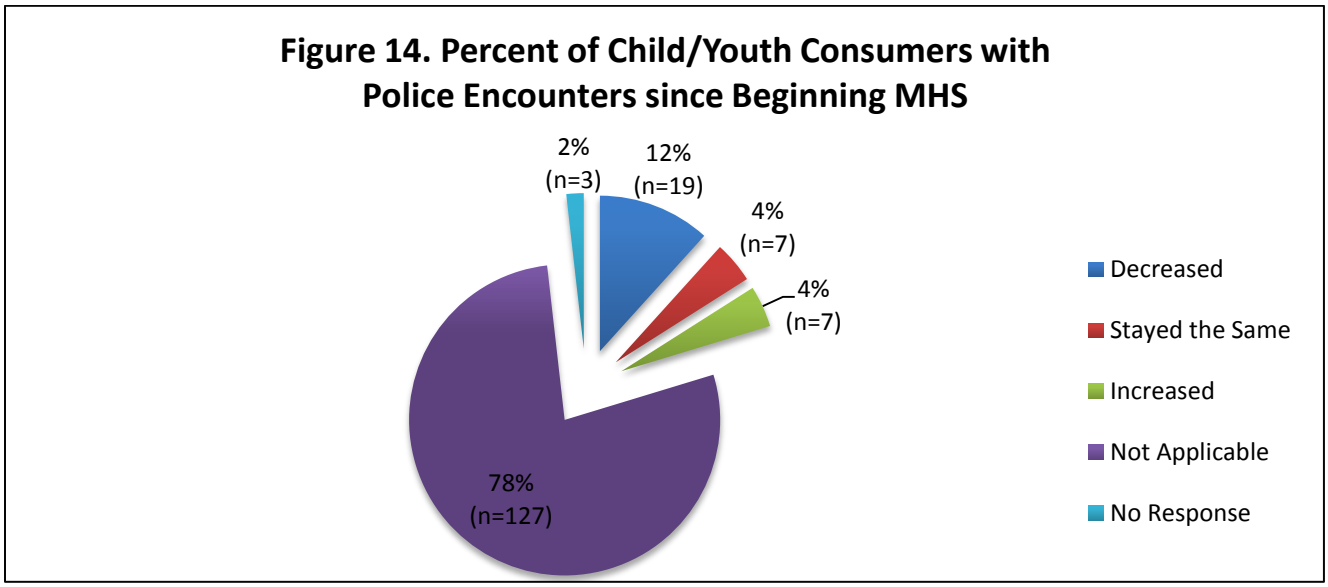
[6]Note the limitations of this self-report arrest history data.

Child/Youth Consumers' Arrest History – Less Than a Year of Services

Of the child consumers who received services for *less than a year* (n=163), 10% of the caregivers reported an arrest within 12 months prior to beginning services; 9% of the respondents reported that their child was arrested since starting treatment (Figure 13). Out of the 17 youth arrested prior to beginning services, seven were re-arrested since receiving services.



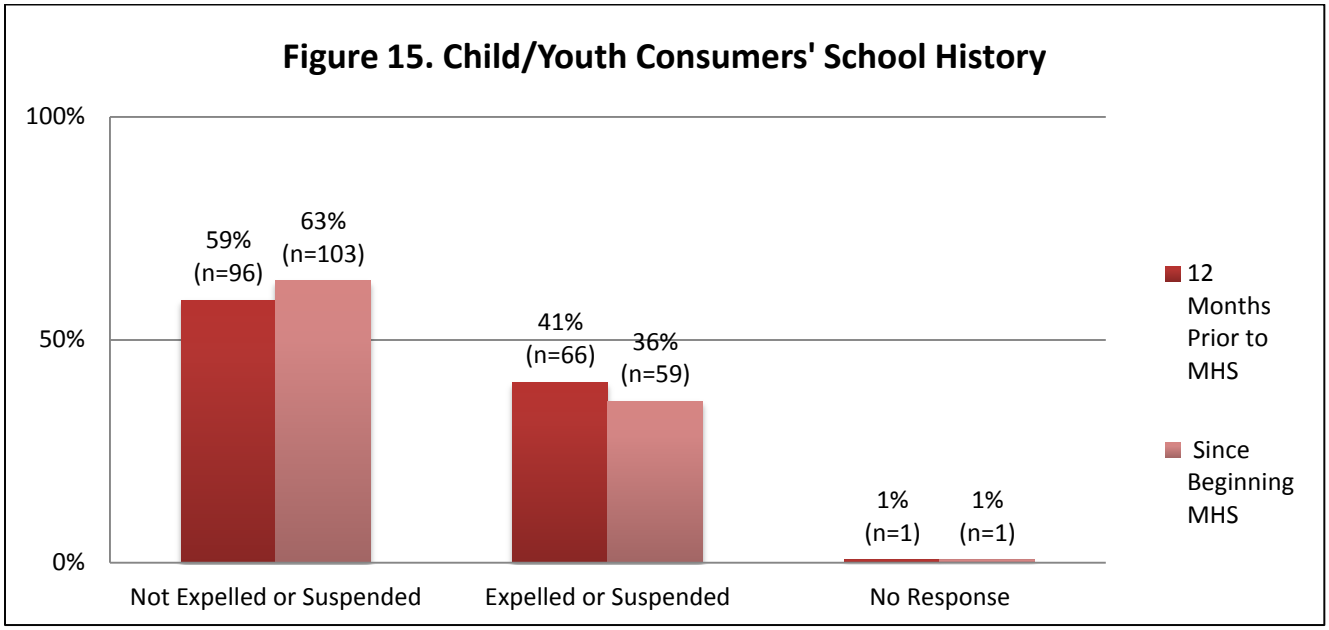
For child/youth consumers who received services for *less than a year* (n=163), 11.7% of caregivers reported that their child had a decrease in encounters with police (Figure 14). Seventy-eight percent reported 'not applicable'.[7]



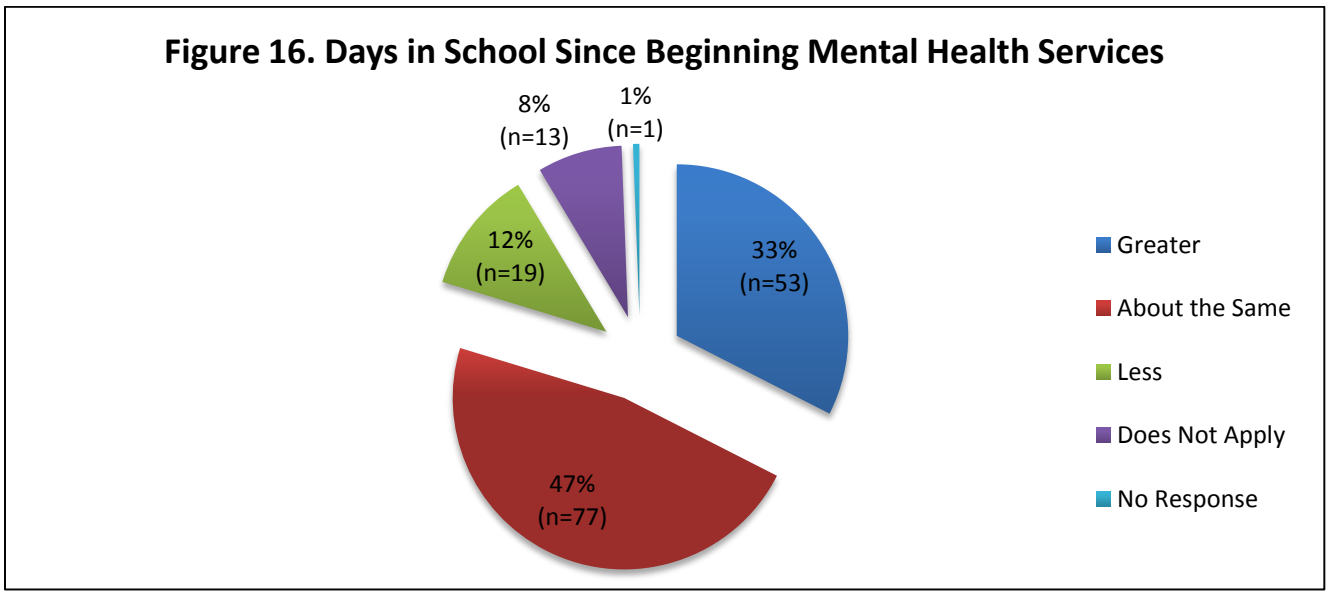
[7]Note the limitations of this self-report arrest history data.

Child/Youth Consumers' School History

Of the child consumers who received services for *less than a year* (n=163), 41% of the sample reported that their child/youth was expelled or suspended within 12 months prior to beginning services; however, 36% of respondents reported that their child/youth was expelled or suspended since beginning services , see Figure 15. Out of the 66 youth expelled or suspended prior to services, 44 were re-expelled or re-suspended.

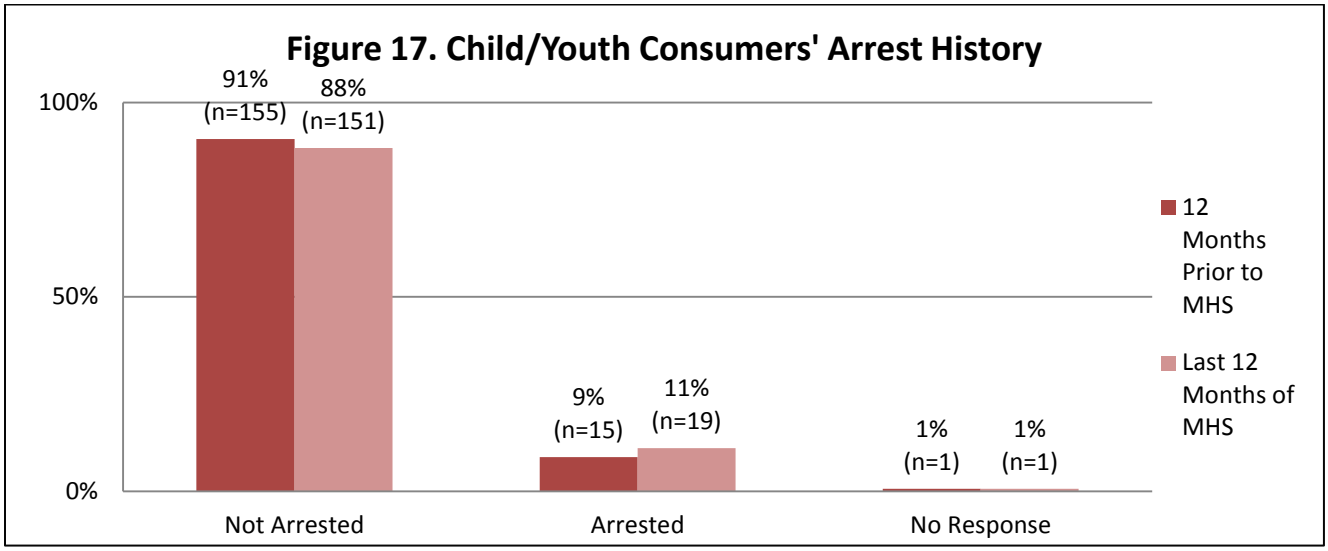


Of the child consumers who received services for *less than a year* (n=163), it was reported that 33% of the youth showed greater attendance since beginning mental health services, see Figure 16.

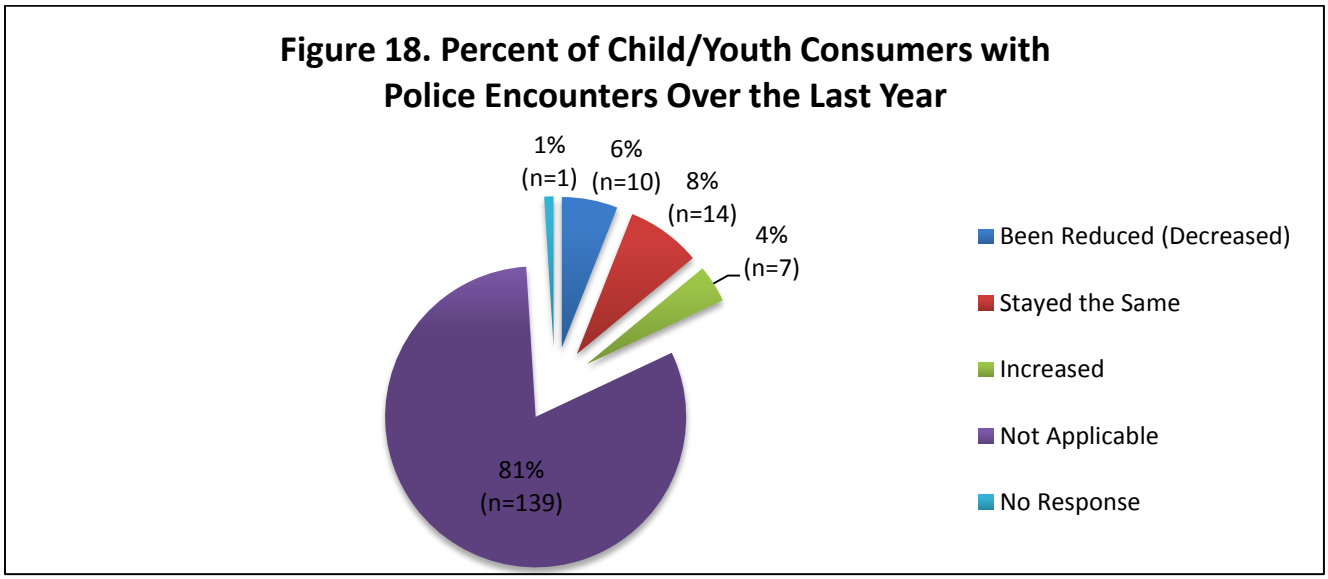


Child/Youth Consumers' Arrest History – 1 Year or More of Services

For child consumers who received services for *1 year or more* (n=171), it was reported that 9% were arrested during the 12 months prior to the year of receiving mental health services. During the year of service reported, 11% of caregivers reported that their child was arrested (Figure 17). Out of the 15 arrested prior to beginning services, six were re-arrested since receiving services.



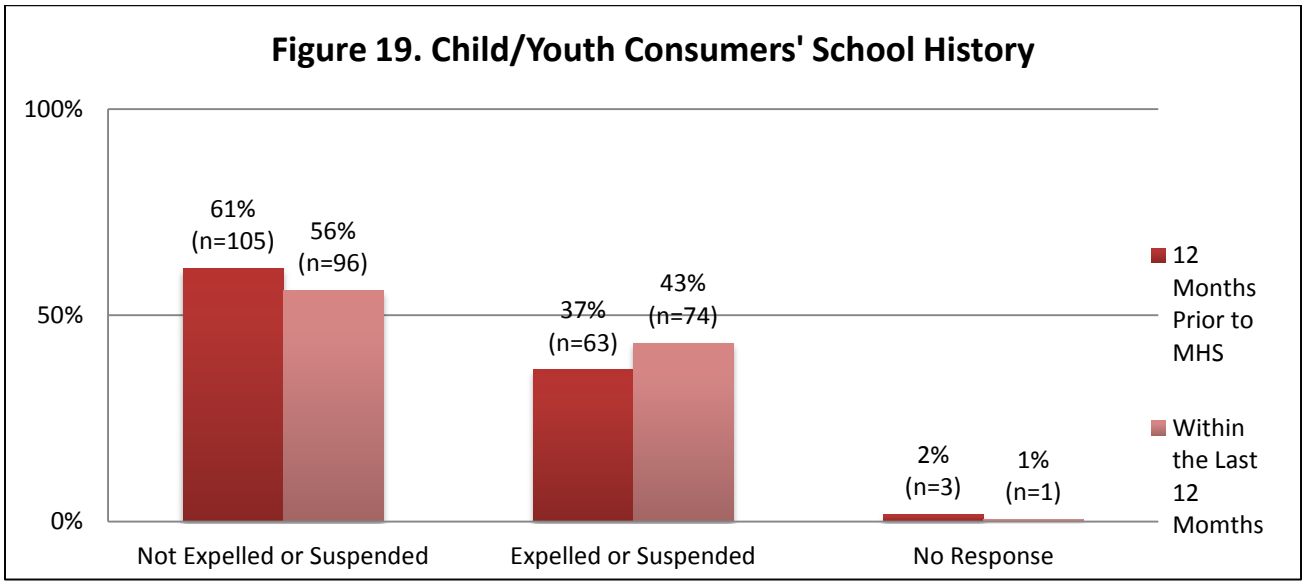
Of the child/youth consumers who received services for *1 year or more* (n=171), 6% of caregivers reported that their child had a decrease in encounters with police (Figure 18).[8]



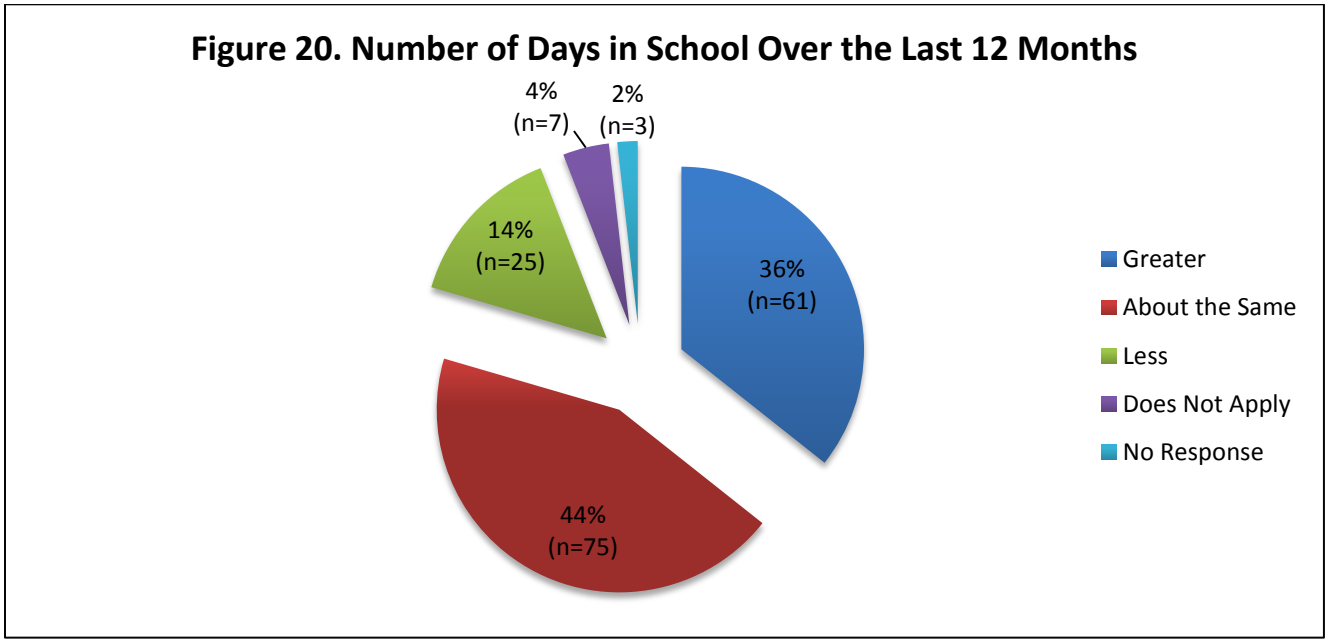
[8]Note the limitations of this self-report arrest history data.

Child/Youth Consumers' School History

Of the child consumers who received services for *1 year or more* (n=171), 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, 43% of caregivers reported that their child was expelled or suspended (Figure 19). Out of the 63 arrested prior to beginning services, 45 were re-arrested since receiving services.



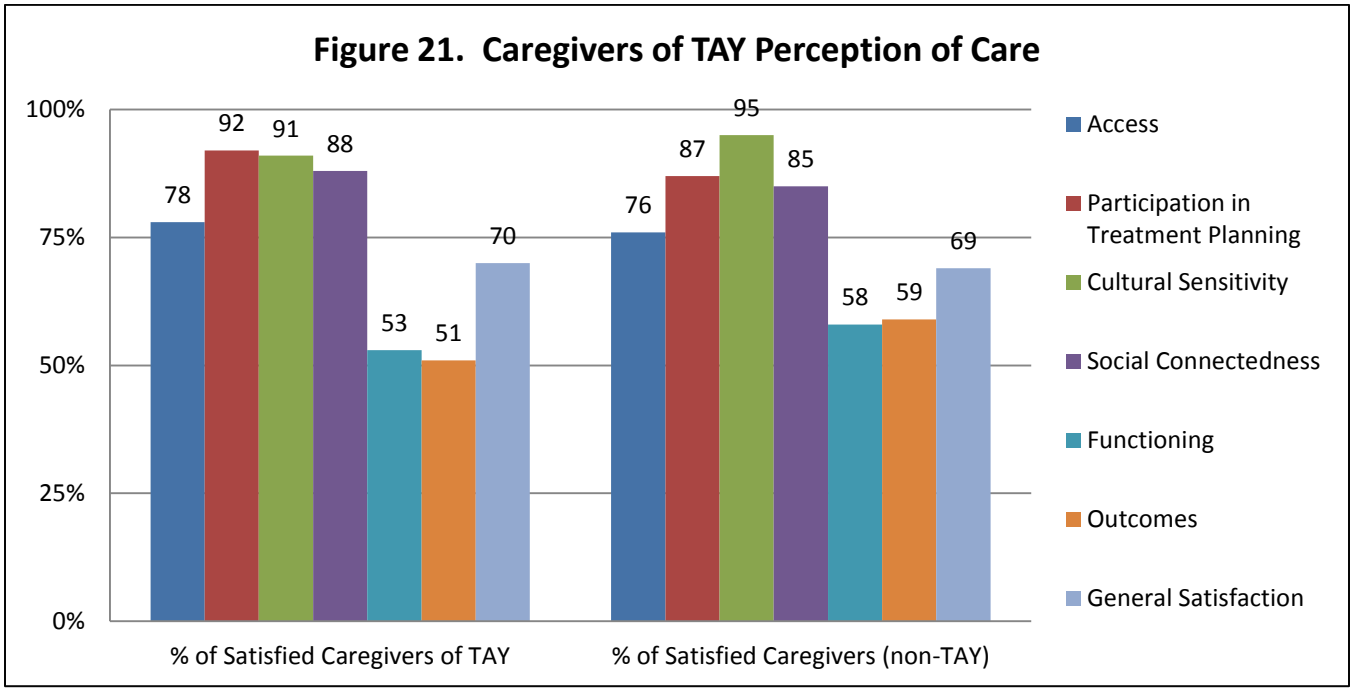
Of the child consumers who received services for *1 year or more* (n=171), 36% of the caregivers reported an increase in attendance over the last 12 months that their child received services (Figure 20).



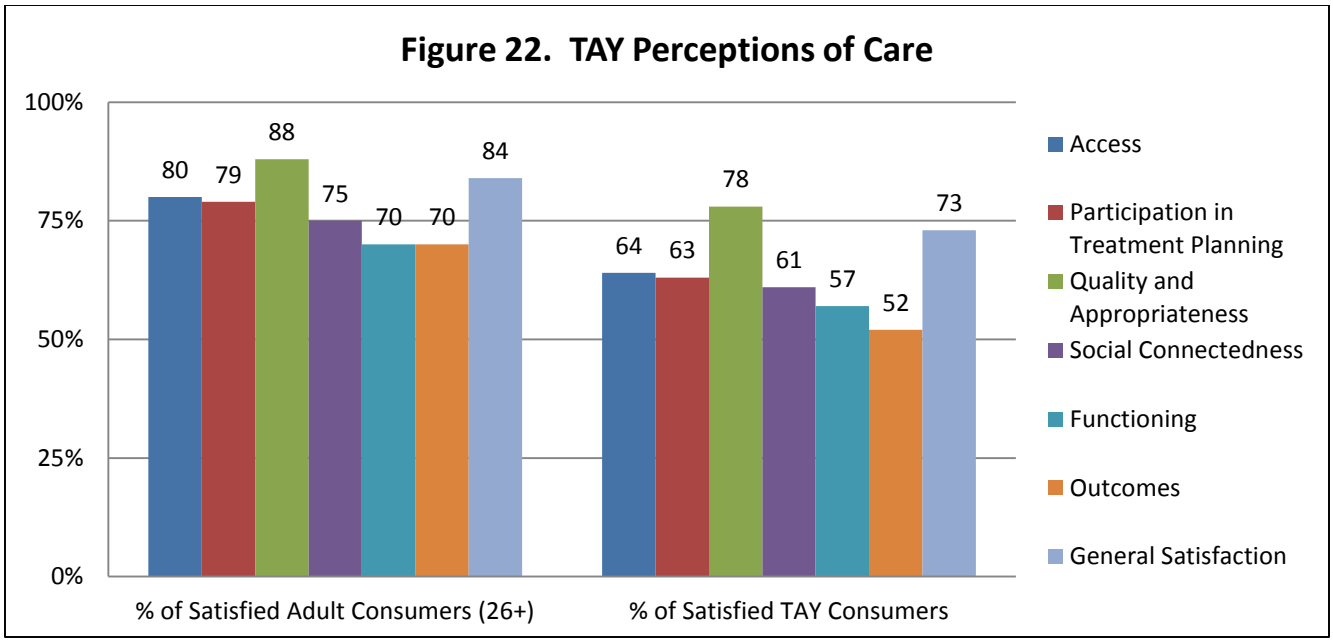
Transition-Age Youth

As a subset of the population, transition-age youth (TAY) are those who have unique needs and require different types of programs due to their transitional period into adulthood. Transition-age youth are those between the ages of 16 and 25. This group is included in both the population surveyed by the YSS-F and the MHSIP. Caregivers of 16 and 17-year-olds responded to the YSS-F, while those 18-25 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 notable findings regarding the differences between this population and other age groups.

Transition-age youth made up 18% (n=61) of the YSS-F sample. Their caregivers' responses to survey statements were not notably different than those of other caregivers, with the exception of satisfaction with functioning and outcomes (see Figure 21).



There were 23 (7% of the sample) transition-age youth who responded to the MHSIP survey. Although not a sizable portion of the sample, it is interesting to note that the responses of this age group (18-25) were notably distinctive than adults aged 26 and older. The following figure (Figure 22) compares the overall scores for the transitional age youth to the adult population; there were considerably lower ratings on all domains. Although, transition-age youth provided narrative comments, they were comparable to the rest of the respondents. Thus, their comments are combined with other consumers.



Analysis of Respondents' Comments

The following includes comments from adult consumers and caregivers of youth about their mental health service experience. Content analysis was used to examine the open-ended domain questions to identify major themes and provide context to the analyses of the various domains. Using open-ended questions gives researchers and practitioners additional information that they may not garner from multiple-choice questions. This also helps uncover trends that may be occurring within or across particular groups. Not all respondents surveyed answered the open-ended questions, so those who commented are a subset of the 337 adult consumers and 340 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.

Domain-Specific Comments

The following findings focus on the lowest scoring domains (i.e., below 80%) to better understand consumers' service experience. The domain name is presented with the percentage of satisfied adult consumers and the percentage of satisfied caregivers of youth (refer to Figures 3 – 4). Relevant and illustrative comments are noted to give some description of their overall perception and experience based on positive comments and negative comments (i.e., areas for improvement).

ADULT CONSUMERS

ACCESS (79%)

Tell us about your experience with the location of your CSA.

Positive	***Convenient*** "Not far from house – very convenient." "It's great, it's walking distance. I can see her whenever I want." "I work close by and see the doctor after lunch." ***Metro Accessible*** "Great location. Metro accessible."
Areas for Improvement	***Distance*** **"**It's far from my house and the metro is far." ***Parking*** "Parking was difficult. No parking in the building." ***Facilities*** "…The facility stays crowded inside and out." ***Transportation*** "It was hostile and frustrating because I had to take the bus."

PARTICIPATION IN TREATMENT PLANNING (78%)

Tell us about how decisions were made about your treatment at your CSA.

Positive	***Mutual or Joint Effort*** "After talking with staff, we decided together." "We both came up with the treatment plan."
Areas for Improvement	***Decisions by Staff*** "I discuss my issues and she chooses what's best for me" "My treatment is made by the supervisor."

SOCIAL CONNECTEDNESS (74%)

Tell us about any changes in your relationships with family or friends as a result of services received from your CSA.

Positive	***Communication Improved*** "Now I talk about my feelings and tell my family how I feel." ***Bonds Emerged*** "Family is tighter from support of therapy." ***Social Interactions Increased*** "I have many friends now."
Areas for Improvement	***Strained or Limited Relationships*** "I did try to have a talk with my father and help him understand what I'm going through and it turned out bad so [we] don't talk at all." "I don't talk to my family and I don't have friends." "They are very much worse, family wise…friendships seem to be falling apart, too…" ***No Changes*** "It's the same…doesn't feel the happiness with them" "…everything is still the same. Wish the service could help [me] with dealing with family issues."

FUNCTIONING (69%) AND OUTCOMES (69%)

Tell us about your changes in your behavior or mood as a result of the services you received from your CSA.

Positive	***Improvements*** "I had an attitude problem and it made me aware of that. I can communicate better with people" "I have learned how to cope better with situations and not let my anger control me. Before I make decisions, I stop and think." ***Medication*** "With the medicine I am more focused."
Areas for Improvement	***No changes*** "Not much has changed." "Still the same – nothing has changed." "No changes in my behavior or mood as a result of the services I received from my CSA."

CAREGIVERS OF CHILD/YOUTH CONSUMERS

ACCESS (77%)

Tell us about your experience with the location of your child's CSA.

Positive	***Convenient*** "It was easy to get to" "It was close to home." ***Metro-accessible*** "Metro accessible and not far." "It was walking distance…one stop away on the metro." ***Flexible Locations (In-Home and School Service)*** "They would work with us any time I was late. And they mostly came to me and to the house so that was helpful." "They were usually on-site at my daughter's school, which was convenient." ***Had Transportation*** "His caseworker comes and gets him." "Community support worker takes me to and from the place."
Areas for Improvement	***Distance*** "It is a little far. It takes about 30-40 minutes." "Takes about 45 minutes to hour. I have to catch three buses." "The location was in NE and we live in SE. Long time to travel." "It's far. You have to get on a bus, then a train, then after that you have to get on another bus." ***Parking*** "Parking was bad." "It's on a busy street. Nowhere to really park." "It was easy getting to, but there wasn't a lot of parking and they were quick to ticket and tow you.

FUNCTIONING (57%) AND OUTCOMES (57%)

Tell us about any changes in your child's behavior or mood as a result of services received from your child's CSA.

Positive	***Improvements in Child's Behavior or Mood*** "More talkative, opens up more, and is not as angry." "He's not aggressive. Not harming himself. More calm. Better academics." "He is able to cope with things better."
Areas for Improvement	***No Changes*** "It's still been the same. Sill very aggressive and still agitated." "It hasn't been any changes. He is easily upset. He still throws tantrums. Still fights in school." ***Worsened*** "She is getting worse. She isn't getting any better." "She's been shoplifting more, anger issue, mood swings." "It is getting worse. Flipping over desks and chairs."

GENERAL SATISFACTION (69%)

How would you describe your overall experience with your child's CSA?

Positive	***General Satisfaction*** "It was great. I feel like everyone there was concerned and willing to help out in any way they could." "Everyone was welcoming and they are helping me understand what my child is going through." ***Staff Professional Conduct*** "Wonderful. He is always there for her." "I like the effort the worker showed."

Areas for Improvement	***Need for More Services*** "The overall experience is okay, but [son] needs additional services. He needs additional assistance." ***Inconsistent Staff*** "I didn't like the frequency change in employees." "We've changed therapists way too many times for the kids to build a relationship." ***Professionalism*** "…the new doctors don't listen to anything we say." "…not prompt and attentive." ***Better Staff-Caregiver Communication*** "I was satisfied until the doctor quit and I was not informed." "There's not a lot of communication. I need to ask them to know certain things." "…meeting with [child] at her school without my knowledge." ***Caregiver Expectations Not Met*** "I was expecting more." "The therapist is not the way I think it should be."

IMPLICATIONS FOR PRACTICE

ADULT	
ACCESS	Providers can improve services by discussing access to services with the consumer. Inquiring about the convenience of the location and any challenges with distance, transportation, and parking early on in the engagement phase, may alleviate and remedy any concerns with satisfaction with access to services.
PARTICIPATION IN TREATMENT PLANNING	Person-centered care planning is critical to upholding the core principle that decision between the consumer and mental health treatment team should be a shared-decision making process. Providers should monitor how decisions are being made concerning treatment planning, interventions and other support services. Consumers should be encouraged to be an active participant in their treatment and vocal about their needs and desires. Including consumers in the treatment process can inspire a partnership, and thus a consumers' commitment to the process.

FUNCTIONING/OUTCOMES	Providers should employ an adult measure of functioning and outcomes and discuss the results with consumers. This discussion should include the consumers' perspective of their own level of improvement. Addressing barriers to improvement and any needed supportive services may shed light on best ways to improve the overall well-being of consumers.
SOCIAL CONNECTEDNESS	Improving consumers' social connectedness with family and friends must be integral to the treatment plan process. Providers can incorporate ways to develop consumers' social support network (family, friends, coworkers, church members) or social interactions by completing a thorough assessment prior to treatment and discussing ways to create opportunities to enhance a consumer's social life.
CHILD	
ACCESS	Convenient access to services is critical to appropriate, timely, and quality care. Providers should assess any barriers to services (i.e., distance, parking, transportation) prior to beginning treatment and throughout the course of care. If barriers are noted, providers should determine the best remedy to accommodate the child and their family.
FUNCTIONING/OUTCOMES	Providing the Child and Adolescent Functioning Assessment Scale (CAFAS) results in combination with caregivers' perception of their child's functioning and outcomes to the caregiver may provide insight on how to close the gap in any discrepancies in caregiver satisfaction with these indicators. Providers should develop a protocol to match the child's level of need with the appropriate clinical intervention(s). Including the voice of the caregiver and the child could prove beneficial.
GENERAL SATISFACTION	Providers should explore caregivers' expectations for quality service delivery. This can be done in the initial stage of assessment and throughout the course of treatment. Further, providers should provide consistent and professional care to children and their families. Allowing them to voice their preferences for specific services and expectations, may improve general satisfaction.

SUMMARY

The MHSIP and YSS-F consumer satisfaction surveys provide valuable information and can direct DBH on best ways to move forward in improving service delivery throughout the public mental health system. The recommendations for quality practice improvement are suggested

strategies that should be implemented in partnership with provider agencies. Consequently, there will be meetings held with individual agencies to discuss the findings, quality improvement practices, and implementation strategies to enhance the delivery of care.

Given the need to better serve transition-age youth, the DC Transition Age Youth Initiative has launched and is in the process of implementing vital programs to improve the life trajectories for youth and young adults ages 16-25. The initiative will provide age-specific care planning, wraparound, evidence-based practices and recovery support. In FY15, DBH partnered with Child and Family Services Agency (CFSA) to open Wayne Place, a 40-bed housing program to provide TAY with educational and employment opportunities, along with other life skills. Additionally, provider agencies have been trained in the evidence-supported model, Transition to Independence Process (TIP), to learn the skills necessary to provide TAY with specific services and supports. In addition to these initial accomplishments, the initiative has several components and implementation efforts are underway. Further, there is a need to explore the unique challenges faced by older transition-age youth (18-25), as the scores suggest that they are less satisfied than the younger transition-age youth (16-17). A better understanding of their experiences will aid the system in implementing services that can address their unmet needs.

The District 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. Currently, DBH is partnering with provider agencies to share provider-specific data results. Consequently, DBH and provider agencies can discuss and create innovative ways to implement necessary changes to move the service system in a positive and progressive direction.

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.						
How would you describe your overall experience with your CSA?						
4. The location of services was convenient (parking, public transportation, distance, etc.).						
5. Staff was willing to see me as often as I felt it was necessary.						
6. Staff returned my calls within 24 hours.						
7. Services were available at times that were good for me.						
8. I was able to get all the services I thought I needed.						
9. I was able to see a psychiatrist when I wanted to.						
Tell us about your experience with the location of your CSA.						
Tell us about your experience with the availability of staff and services from your CSA.						
10. Staffs here believe that I can grow, change, and recover.						
11. I felt comfortable asking questions about my treatment and medication.						
12. I felt free to complain.						
13. I was given information about my rights.						
14. Staff encouraged me to take responsibility for how I live my life.						
15. Staff told me what side effects to watch out for.						
16. Staff respected my wishes about who is and who is not to be given information about my treatment.						
17. I, not staff, decided my treatment goals.						

18. Staff was sensitive to my cultural background (race, religion, language, etc.)						
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.						
20. I was encouraged to use consumer-run programs (i.e. support groups, drop-in centers, crisis phone line, etc.).						
Tell us about your relationship with your CSA staff.						
Tell us about how decisions were made about your treatment at your CSA.						
As a direct result of 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.						
Tell us about your changes in your behavior or mood as a result of the services you received from your CSA.						
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.						
Tell us about any changes in your relationship with family or friends as a result of services received from your CSA.						
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 your CSA?						

APPENDIX C. YSS-F SURVEY ITEMS

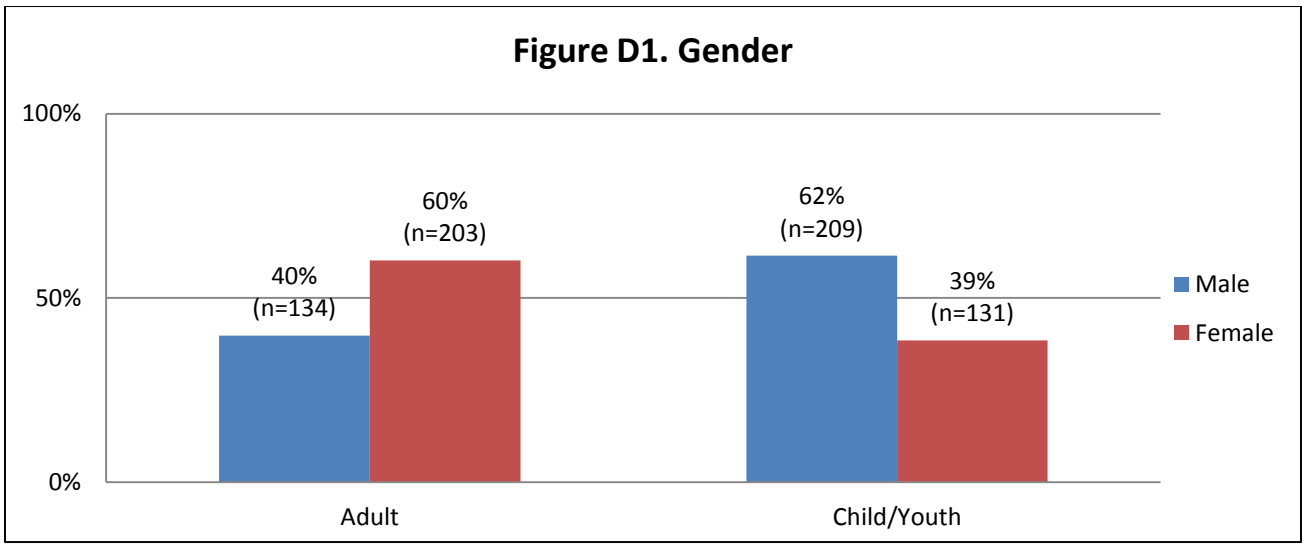
	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. Overall, I am satisfied with the services my child received.						
2. I helped to choose my child's services.						
3. I helped to choose my child's treatment goals.						
4. The people helping my child stuck with us not matter 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.						
How would you describe your overall experience with your child's CSA?						
Tell us about your experience with the availability of staff and services from your child's CSA.						
8. The location of services was convenient for us.						
9. Services were available at times that were convenient for us.						
Tell us about your experience with the location of your child's CSA?						
Tell us about your experience with the availability of staff and services from your child's CSA?						
10. My family got the help we wanted for my child.						
11. My family got as much help as we needed for my child.						
12. Staff treated me with respect.						
13. Staff respected family religious/spiritual beliefs.						
14. Staff spoke with me in a way that I understood.						
15. Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.).						

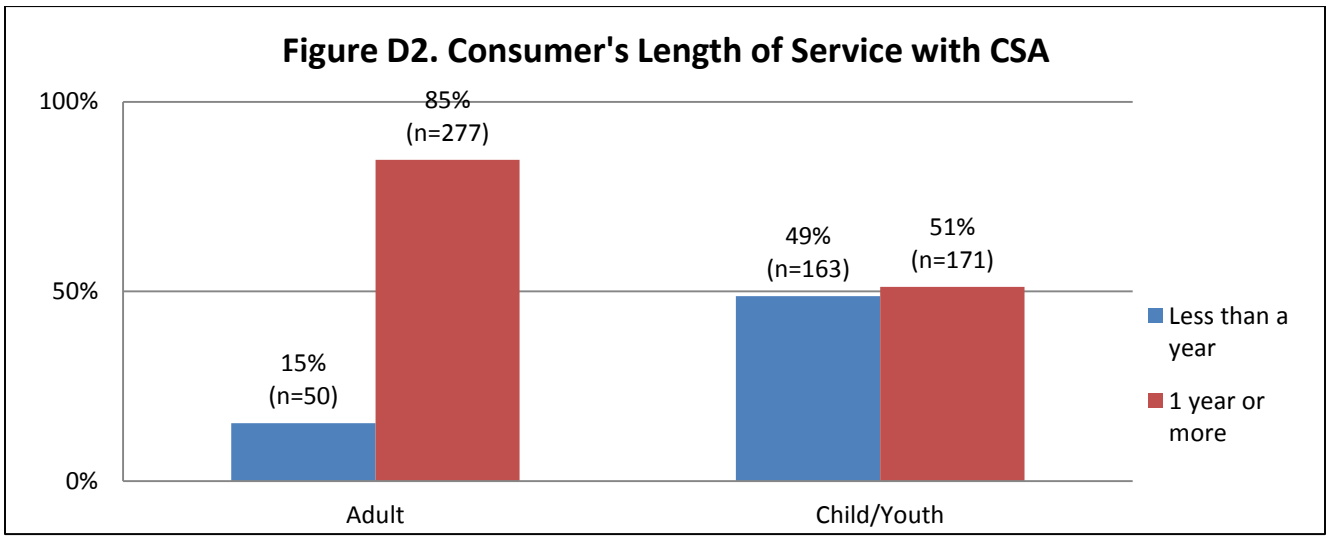
Tell us about your relationship with your child's CSA staff.						
16. My child is better at handling daily life.						
17. My child gets along better with family members.						
18. My child gets along better with friends and other people.						
19. My child is doing better in school and/or work.						
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.						
Tell us about any changes in your child's behavior or mood as a result of services received from your child's CSA.						
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.						
Tell us about any changes in your relationships with family or friends as result of services from your child's CSA.						
27. What have been some of the most helpful things about the services you received over the last 6 months?						
28. What would improve the services that you receive from your child's CSA?						

APPENDIX D. Demographics

Table D1.	Race/Ethnicity			
	Adults		Children/Youth	
	Frequency	Percentage	Frequency	Percentage
Asian	1	.3	-	-
Black (African-American)	314	93.2	335	98.5
Spanish/Latino Origin	11	3.3	3	.9
Other/Not Available	2	.6	1	.3
White (Caucasian)	9	2.7	1	.3
Total	**337**	**100.0**	**340**	**100**

Note: The average age for MHSIP adult consumers surveyed was 47 and 12 for children/youth.





APPENDIX E. Transition-Age Youth Demographics