



Maryland's Public Behavioral Health System

**Consumer Perception of Care Survey
2016**

Detailed Report

**MARYLAND'S PUBLIC BEHAVIORAL HEALTH SYSTEM
2016 CONSUMER PERCEPTION OF CARE SURVEY
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I. INTRODUCTION

The Department of Health and Mental Hygiene (DHMH) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the state's Medicaid 1115 waiver reform initiative. The 1115 waiver created a system whereby specialty mental health (MH) services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payer system. Since the creation of the "carve-out", two additional major changes to the public system have occurred. The first was the formal merger of the Mental Hygiene Administration (MHA) with the Alcohol and Drug Abuse Administration (ADAA) in July 2014, creating an integrated Behavioral Health Administration (BHA). The second major change was the shift of substance-related disorder (SRD) services from a managed care system to the "carve-out" system in January 2015, which is now referred to as the Public Behavioral Health System (PBHS). The system continues to serve Medicaid recipients and a subset of uninsured individuals eligible for public behavioral health services due to severity of illness and financial need. As a result of these major changes, individuals treated primarily for an SRD have for the first time been included in this 2016 Consumer Perception of Care (CPOC) survey.

Medicaid currently contracts with Beacon Health Options (Beacon) to provide administrative services, including evaluation activities, for the PBHS. One of the evaluation activities is the administration of consumer surveys to assess perception of care, including satisfaction with and outcomes of behavioral health services provided by the PBHS. Beacon subcontracted with Fact Finders, Inc. of Albany, New York to conduct telephone interviews, collect and analyze data, and document the findings. This report represents findings of the 2016 Consumer Perception of Care Survey, which is the sixteenth systematic, statewide survey since the inception of the PBHS (formerly PMHS).

The survey protocol, including methodology, sampling, administration, and data collection is reviewed annually by the DHMH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that the rights, safety, and dignity of human subjects are protected (Appendix A).

This report contains detailed findings and analyses of the survey questions. Condensed versions of the findings may be found in the *2016 Consumer Perception of Care Survey - Executive Summary* and the brochures *2016 Consumer Perception of Care Survey - Maryland's Adult Consumers Rate Their Public Behavioral Health Services* and *2016 Consumer Perception of Care Survey - Maryland's Caregivers Rate Their Children's Public Behavioral Health Services*. To obtain a copy of any of these documents, visit the following Web site: bha.dhmh.maryland.gov.

II. METHODOLOGY

A. Survey Population

The potential survey population consisted of individuals for whom PBHS claims were received for outpatient behavioral health services rendered between January and December 2015. The sample was stratified by age and county of residence, and individuals were then randomly selected from among these groups for inclusion in the survey sample. Service types for adults included outpatient MH treatment services, outpatient SRD treatment services, and/or psychiatric rehabilitation program (PRP) services. Service types for children included outpatient MH treatment services and family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Individuals aged 16 years of age or older at the time of service responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

B. Notification of Survey Population

A total of 38,954 prenotification letters were mailed ten days prior to survey administration; 10,908 letters were sent to the adult MH survey sample (Appendix B), 14,046 to the SRD survey sample (Appendix C), and 14,000 were sent to the child/caregiver survey sample (Appendix D). The letters informed the survey population of the upcoming survey, described the survey topics, included Frequently Asked Questions (FAQs), and offered general instructions. The letters also contained a toll-free telephone number that a potential respondent could call to receive more information about the survey, ask questions, or provide notification of willingness or unwillingness to participate. A voicemail system captured calls made after business hours. The database was updated daily based on these voicemail messages.

C. Survey Instruments

Separate survey instruments were used for adults and for caregivers. Both of these instruments originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Perception of Care Survey (Appendix E) is based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Perception of Care Survey (Appendix F) is based on the MHSIP Youth Services Survey for Families (YSS-F). In addition to the MHSIP items, both survey instruments included demographic items, service-specific sections, and other selected items of interest.

D. Interviewer Training and Supervision

Interviewers and supervisory staff received extensive project-specific training prior to beginning data collection. The training included project goals and guidelines, research methods, survey instruments, survey populations, and guided responses to anticipated questions from potential respondents. Interviewers were provided with a script and emergency numbers to use if they encountered a consumer experiencing a mental health crisis or needing immediate intervention. The interviewers were all experienced with the Computer Assisted Telephone Interviewing (CATI) software used and familiar with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines regarding protected health information (PHI). Supervision and quality control auditing were continuous for the duration of data collection.

II. METHODOLOGY (continued)

E. Confidentiality, Consent, and Protection of Respondent Information

There were many mechanisms in place to inform clients, safeguard confidentiality, and protect respondent information:

- Potential respondents were assured that all survey responses would be confidential, and that their responses would not be linked to any identifying information.
- Potential respondents were given the opportunity to opt in or out of the survey, and were assured that opting out of the survey would not affect the services they receive.
- Potential respondents who declined to participate were removed from the sample and not contacted again.
- Potential respondents who wished to be contacted at a certain time were scheduled and called back at their preferred time.
- Messages were not left on answering machines or with individuals who were not the potential respondent.
- The CATI software is located on a password-protected server, with access limited to authorized interviewers and designated management staff.
- All interviewers and management staff who worked on this survey signed employee confidentiality agreements.

The oversight and monitoring of data collection were in accordance with the IRB-approved protocol and managed by Beacon's Quality Director and Fact Finders' senior staff.

F. Data Collection

CATI software was used to administer this survey. This software ensures that survey questions and response options are worded consistently for all respondents.

Of the 10,908 individuals in the adult MH sample, 1,233 were successfully contacted to request participation in the survey, and 403 completed the survey for a response rate of 32.7%. Of the 14,046 individuals in the SRD sample, 1,786 were successfully contacted to request participation in the survey, and 234 completed the survey for a response rate of 13.1%. Of the 14,000 child/caregivers in the child sample, 2,008 caregivers were successfully contacted to request participation in the survey, and 751 completed the survey for a response rate of 37.4%.

The survey samples were stratified by the geographic distributions of individuals served based on claims data. The regional breakdown of the survey sample and the final distributions of survey respondents are shown in the following table.

REGION	ADULT MH		ADULT SRD		CHILD/ CAREGIVER	
	ORIGINAL SAMPLE	SURVEY RESPONDENTS	ORIGINAL SAMPLE	SURVEY RESPONDENTS	ORIGINAL SAMPLE	SURVEY RESPONDENTS
Baltimore City	27.2%	27.3%	27.3%	35.9%	26.0%	25.8%
Eastern	11.9%	11.9%	18.3%	13.7%	13.2%	13.4%
Metropolitan	38.0%	37.7%	28.2%	29.9%	40.0%	39.9%
Suburban	12.8%	12.9%	15.4%	11.1%	11.4%	11.5%
Western	10.1%	10.2%	10.8%	9.4%	9.4%	9.3%

II. METHODOLOGY *(continued)*

G. Data Analysis and Reporting

Data analyses were conducted using SPSS® analytic software. This report presents frequency distributions for each of the survey questions. As a result of rounding to the nearest tenth of a percent, totals may not equal exactly 100.0%. The total responses ("N") for each question reflects the total number of respondents who answered the specific question, which in many cases is a subsample of the total number of survey respondents.

The perception of care response categories are presented in tables that include the mean (average), standard deviation (the variability of the responses around the mean), and percent (%) of responses. Responses are based on the five-point Likert scale: "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." The percentages and means are calculated using only those respondents who answered within the context of the five-point Likert scale. Those respondents who responded "not applicable" or "don't know," or who declined to answer a particular survey question have been excluded from the analysis and presentation of that question. As a result, the number of respondents (N) for each survey question varies. In the survey findings, lower mean scores indicate more positive ratings, such as greater satisfaction.

H. Limitations

The main limitations of this survey are the poor quality of telephone numbers in the database and the reliance on a single data collection methodology (telephone). The sample of potential respondents was drawn from a database of individuals for whom a telephone number existed in the database. Individuals without a telephone number in the database had no opportunity to participate; individuals with an incorrect telephone number could participate only by calling Fact Finders in response to the prenotification letter. Of the individuals with telephone numbers selected for the sample, 17.3% of adults in the MH sample, 26.4% of adults in the SRD sample, and 18.5% of children/caregivers had inaccurate telephone numbers (telephone not in service or incorrect number). Given the inability to reach by telephone a significant portion of potential respondents, the addition of mail and online participation options may increase the response rate.

III. ADULT SURVEY RESULTS

A. Summary of Respondent Characteristics

Characteristics		MH		SRD	
		N	%	N	%
Gender	Female	254	63.0	93	39.7
	Male	149	37.0	140	59.9
	Unknown	0	0	1	0.4
	Total	403	100.0	234	100.0
Age	Under 21	19	4.7	8	3.4
	21 – 30	78	19.4	48	20.5
	31 – 40	67	16.6	51	21.8
	41 – 50	76	18.9	54	23.1
	51 – 64	155	38.5	69	29.5
	65 and Older	8	2.0	4	1.7
	Total	403	100.0	234	100.0
Race	American Indian or Alaska Native	9	2.2	1	0.4
	Asian	8	2.0	1	0.4
	Black or African-American	163	40.4	104	44.4
	White or Caucasian	220	54.6	126	53.9
	Other/Unknown	3	0.7	2	0.9
	Total	403	100.0	234	100.0
Ethnicity	Spanish, Hispanic, or Latino	33	8.2	17	7.3
	Not Spanish, Hispanic, or Latino	370	91.8	217	92.7
	Total	403	100.0	234	100.0
Employment	Unemployed	124	30.8	66	28.2
	Employed Full-Time	59	14.6	50	21.4
	Employed Part-Time	40	9.9	34	14.5
	Permanently Disabled	130	32.3	50	21.4
	Retired	14	3.5	11	4.7
	Homemaker	8	2.0	8	3.4
	Student	11	2.7	7	3.0
	Volunteer	5	1.2	2	0.9
	Other/Unknown	12	3.0	6	2.6
	Total	403	100.0	234	100.0

III. ADULT SURVEY RESULTS (continued)

B. Use of Behavioral Health Services

First, thinking about the kinds of behavioral health services, including both mental health services and/or substance use services, that you may have received.

1. In the past 12 months, have you been to an outpatient behavioral health program or provider, psychiatrist, or therapist?

	MH		SRD	
	N	%	N	%
Yes	392	97.3	233	99.6
No	11	2.7	1	0.4
Total	403	100.0	234	100.0

2. (If yes to Q1) How long have you received these behavioral health services?

	MH		SRD	
	N	%	N	%
Less than 1 year	87	22.2	102	43.8
1 year or more	300	76.5	130	55.8
Don't Know/Refused	5	1.3	1	0.4
Total	392	100.0	233	100.0

3. In the past 12 months, have you received psychiatric rehabilitation services, such as day program or PRP services?

	MH		SRD	
	N	%	N	%
Yes	93	23.1	40	17.1
No	281	69.7	179	76.5
Don't Know/Refused	29	7.2	15	6.4
Total	403	100.0	234	100.0

4. (If yes to Q3) How long have you received psychiatric rehabilitation services?

	MH		SRD	
	N	%	N	%
Less than 1 year	22	23.7	13	32.5
1 year or more	71	76.3	26	65.0
Don't Know/Refused	0	0	1	2.5
Total	93	100.0	40	100.0

5. In the past 12 months, have you received residential rehabilitation services or RRP services?

	MH		SRD	
	N	%	N	%
Yes	28	6.9	25	10.7
No	342	84.9	197	84.2
Don't Know/Refused	33	8.2	12	5.1
Total	403	100.0	234	100.0

III. ADULT SURVEY RESULTS (continued)

B. Use of Behavioral Health Services (continued)

6. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem or a problem with your nerves?

	MH		SRD	
	N	%	N	%
Yes	60	14.9	37	15.8
No	342	84.9	196	83.8
Don't Know/Refused	1	0.2	1	0.4
Total	403	100.0	234	100.0

7. In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance use problem?

	MH		SRD	
	N	%	N	%
Yes	21	5.2	35	15.0
No	381	94.5	197	84.2
Don't Know/Refused	1	0.2	2	0.9
Total	403	100.0	234	100.0

8. In the past 12 months, have you participated in a behavioral health self-help group? (If respondent asks, clarify such as On Our Own, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Maryland Recovery Organization Connecting Communities, depression support group, family support group.)

	MH		SRD	
	N	%	N	%
Yes	97	24.1	132	56.4
No	302	74.9	102	43.6
Don't Know/Refused	4	1.0	0	0.0
Total	403	100.0	234	100.0

III. ADULT SURVEY RESULTS (continued)

C. Physical Health Services

Thinking about your physical health care.

9. Do you have a primary health care provider?

	MH		SRD	
	N	%	N	%
Yes	373	92.6	199	85.0
No	26	6.5	34	14.5
Don't Know/Refused	4	1.0	1	0.4
Total	403	100.0	234	100.0

10. (If yes to Q9) To your knowledge, have your primary health care provider and your behavioral health provider spoken with each other about your health, mental health, and/or substance use?

	MH		SRD	
	N	%	N	%
Yes	129	34.6	83	41.7
No	152	40.8	77	38.7
Don't Know/Refused	92	24.7	39	19.6
Total	373	100.0	199	100.0

11. In the past 12 months, did you see a medical professional for a health check-up or because you were sick?

	MH		SRD	
	N	%	N	%
Yes	335	83.1	180	76.9
No	66	16.4	52	22.2
Don't Know/Refused	2	0.5	2	0.9
Total	403	100.0	234	100.0

12. In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?

	MH		SRD	
	N	%	N	%
Yes	105	26.1	53	22.6
No	296	73.4	181	77.4
Don't Know/Refused	2	0.5	0	0.0
Total	403	100.0	234	100.0

D. Satisfaction with Outpatient Behavioral Health Treatment Services (Adult-MH)

To assess satisfaction with specific aspects of their outpatient behavioral health treatment services, respondents were asked to indicate the degree to which they agree or disagree with 23 statements about the services they received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I like the services that I received.	388	1.82	0.98	43.3	42.3	7.0	3.9	3.6
If I had other choices, I would still get services from this provider.	389	1.88	1.01	42.7	39.3	8.7	6.2	3.1
I would recommend this provider to a friend or a family member.	391	1.88	1.10	46.5	35.0	6.6	7.4	4.3
The location of services was convenient.	391	1.73	0.85	44.8	44.0	5.4	4.9	1.0
Staff were willing to see me as often as I felt it was necessary.	390	1.85	1.02	42.6	43.1	4.9	5.4	4.1
Staff returned my calls in 24 hours.	372	2.04	1.13	38.4	38.2	8.6	10.5	4.3
Services were available at times that were good for me.	390	1.80	0.91	42.3	44.4	6.2	5.4	1.8
I was able to get all the services I thought I needed.	391	1.95	1.09	39.9	41.9	5.9	7.7	4.6
I was able to see a psychiatrist when I wanted to.	374	2.09	1.20	36.6	40.6	5.6	11.8	5.3
Staff here believe that I can grow, change, and recover.	376	1.69	0.81	46.0	44.7	5.1	2.9	1.3
I felt comfortable asking questions about my treatment and medication.	385	1.64	0.83	50.1	42.9	2.3	2.6	2.1
I felt free to complain.	385	1.78	0.95	45.5	41.6	4.2	6.8	2.1
I was given information about my rights.	385	1.79	0.91	41.3	47.8	3.4	5.2	2.3
Staff encouraged me to take responsibility for how I live my life.	381	1.77	0.83	40.9	48.3	5.2	4.2	1.3
Staff told me what side effects to watch out for.	368	1.98	1.03	37.2	43.2	6.3	11.4	1.9
Staff respected my wishes about who is and is not to be given information about my treatment.	378	1.65	0.85	50.0	42.6	2.1	3.2	2.1
I, not staff, decided my treatment goals.	380	1.96	0.92	33.4	46.3	12.6	6.1	1.6
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	381	1.87	0.94	37.5	49.1	5.5	5.0	2.9
I was encouraged to use consumer-run programs.	367	2.22	1.15	29.7	42.2	9.5	13.9	4.6
Staff were sensitive to my cultural or ethnic background.	357	1.89	0.88	33.9	52.4	7.0	4.8	2.0
Staff respected my family's religious or spiritual beliefs.	352	1.76	0.77	38.4	51.1	7.7	1.4	1.4
Staff treated me with respect.	392	1.60	0.75	49.7	45.2	2.0	1.5	1.5
Staff spoke with me in a way that I understood.	392	1.59	0.70	48.7	46.4	2.6	1.3	1.0

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

E. Satisfaction with Outpatient Behavioral Health Treatment Services (Adult-SRD)

To assess satisfaction with specific aspects of their outpatient behavioral health treatment services, respondents were asked to indicate the degree to which they agree or disagree with 23 statements about the services they received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I like the services that I received.	231	1.91	1.00	37.2	47.2	7.8	3.0	4.8
If I had other choices, I would still get services from this provider.	231	2.01	1.05	33.8	47.2	7.4	7.4	4.3
I would recommend this provider to a friend or a family member.	232	1.98	1.04	33.6	50.9	4.3	6.0	5.2
The location of services was convenient.	233	2.03	0.95	28.8	51.9	9.0	8.2	2.1
Staff were willing to see me as often as I felt it was necessary.	231	1.99	1.00	33.8	47.6	6.9	9.1	2.6
Staff returned my calls in 24 hours.	224	2.16	1.07	25.4	53.1	6.3	10.3	4.9
Services were available at times that were good for me.	233	2.01	0.98	29.2	54.9	4.7	7.7	3.4
I was able to get all the services I thought I needed.	232	2.14	1.12	29.3	48.7	6.5	9.9	5.6
I was able to see a psychiatrist when I wanted to.	200	2.42	1.21	24.5	39.5	10.5	20.5	5.0
Staff here believe that I can grow, change, and recover.	225	1.74	0.83	41.8	49.3	4.4	2.2	2.2
I felt comfortable asking questions about my treatment and medication.	230	1.79	0.94	41.7	48.7	2.6	3.0	3.9
I felt free to complain.	229	1.95	1.04	34.5	52.0	2.6	5.7	5.2
I was given information about my rights.	231	1.91	0.91	32.0	55.4	4.3	5.6	2.6
Staff encouraged me to take responsibility for how I live my life.	229	1.82	0.86	36.2	54.6	3.1	3.5	2.6
Staff told me what side effects to watch out for.	224	1.95	0.96	31.7	54.9	4.0	5.8	3.6
Staff respected my wishes about who is and is not to be given information about my treatment.	231	1.73	0.85	43.7	47.6	3.0	3.5	2.2
I, not staff, decided my treatment goals.	228	2.22	1.04	23.2	50.0	11.4	12.3	3.1
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	228	1.93	0.95	33.3	53.1	4.8	5.3	3.5
I was encouraged to use consumer-run programs.	222	1.96	0.97	32.4	52.3	4.5	8.1	2.7
Staff were sensitive to my cultural or ethnic background.	213	1.97	0.90	28.2	58.2	4.7	6.6	2.3
Staff respected my family's religious or spiritual beliefs.	210	1.83	0.75	32.4	56.7	6.7	3.8	0.5
Staff treated me with respect.	233	1.78	0.90	40.8	50.6	2.1	3.0	3.4
Staff spoke with me in a way that I understood.	231	1.72	0.73	38.1	57.1	0.9	2.6	1.3

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation for Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding, totals may not sum to 100%.

F. Satisfaction with Psychiatric Rehabilitation Program Services (Adult-MH)

Almost one-quarter (93 = 23%) of the adult MH survey respondents reported receiving psychiatric rehabilitation program (PRP) services. To assess satisfaction with specific aspects of the PRP services, respondents were asked to indicate the degree to which they agree or disagree with 21 statements about the services they received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I like the services that I received.	93	1.85	1.00	40.9	46.2	4.3	4.3	4.3
If I had other choices, I would still get services from this provider.	92	1.84	0.98	41.3	45.7	4.3	5.4	3.3
I would recommend this provider to a friend or a family member.	92	1.85	1.04	42.4	44.6	4.3	3.3	5.4
The location of services was convenient.	92	1.78	0.81	38.0	52.2	4.3	4.3	1.1
Staff were willing to see me as often as I felt it was necessary.	91	1.91	0.89	33.0	52.7	5.5	7.7	1.1
Staff returned my calls in 24 hours.	86	2.02	1.07	38.4	37.2	9.3	14.0	1.2
Services were available at times that were good for me.	92	1.90	0.87	33.7	50.0	9.8	5.4	1.1
I was able to get all the services I thought I needed.	92	1.96	1.08	38.0	45.7	3.3	8.7	4.3
Staff here believe that I can grow, change, and recover.	92	1.73	0.77	41.3	48.9	6.5	2.2	1.1
I felt comfortable asking questions about my rehabilitation.	91	1.80	0.86	38.5	50.5	5.5	3.3	2.2
I felt free to complain.	92	2.02	1.09	33.7	48.9	4.3	7.6	5.4
I was given information about my rights.	91	1.90	0.93	35.2	50.5	5.5	6.6	2.2
Staff encouraged me to take responsibility for how I live my life.	91	1.77	0.76	37.4	52.7	6.6	2.2	1.1
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	89	1.65	0.76	44.9	49.4	3.4	0.0	2.2
I, not staff, decided my rehabilitation goals.	91	1.99	0.95	31.9	49.5	7.7	9.9	1.1
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	92	1.83	0.83	34.8	55.4	4.3	3.3	2.2
I was encouraged to use consumer-run programs.	92	1.93	0.88	30.4	55.4	5.4	7.6	1.1
Staff were sensitive to my cultural or ethnic background.	86	1.85	0.85	34.9	53.5	4.7	5.8	1.2
Staff respected my family's religious or spiritual beliefs.	88	1.84	0.83	35.2	52.3	6.8	4.5	1.1
Staff treated me with respect.	92	1.68	0.69	40.2	54.3	3.3	1.1	1.1
Staff spoke with me in a way that I understood.	92	1.70	0.72	40.2	54.3	2.2	2.2	1.1

*Lower mean scores indicate higher satisfaction levels.

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G. Satisfaction with Psychiatric Rehabilitation Program Services (Adult-SRD)

Less than one-fifth (40 = 17%) of the adult SRD survey respondents reported receiving psychiatric rehabilitation (PRP) services. To assess satisfaction with specific aspects of the PRP services, respondents were asked to indicate the degree to which they agree or disagree with 21 statements about the services they received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I like the services that I received.	40	2.00	1.06	35.0	45.0	10.0	5.0	5.0
If I had other choices, I would still get services from this provider.	38	1.95	1.04	39.5	39.5	10.5	7.9	2.6
I would recommend this provider to a friend or a family member.	40	1.93	1.00	35.0	50.0	7.5	2.5	5.0
The location of services was convenient.	40	2.00	0.88	25.0	60.0	7.5	5.0	2.5
Staff were willing to see me as often as I felt it was necessary.	40	1.98	1.00	30.0	57.5	2.5	5.0	5.0
Staff returned my calls in 24 hours.	39	2.00	1.03	30.8	53.8	5.1	5.1	5.1
Services were available at times that were good for me.	40	1.90	0.78	25.0	67.5	2.5	2.5	2.5
I was able to get all the services I thought I needed.	40	2.15	1.10	25.0	55.0	7.5	5.0	7.5
Staff here believe that I can grow, change, and recover.	40	1.70	0.52	32.5	65.0	2.5	0.0	0.0
I felt comfortable asking questions about my rehabilitation.	40	1.83	0.90	37.5	52.5	2.5	5.0	2.5
I felt free to complain.	40	1.98	0.97	32.5	50.0	7.5	7.5	2.5
I was given information about my rights.	39	1.67	0.70	43.6	48.7	5.1	2.6	0.0
Staff encouraged me to take responsibility for how I live my life.	38	1.68	0.62	36.8	60.5	0.0	2.6	0.0
Staff respected my wishes about who is and is not to be given information about my rehabilitation.	37	1.76	0.60	29.7	67.6	0.0	2.7	0.0
I, not staff, decided my rehabilitation goals.	39	2.26	1.07	20.5	53.8	10.3	10.3	5.1
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	37	1.78	0.92	37.8	56.8	0.0	0.0	5.4
I was encouraged to use consumer-run programs.	39	1.82	0.82	33.3	59.0	2.6	2.6	2.6
Staff were sensitive to my cultural or ethnic background.	38	1.79	0.58	26.3	71.1	0.0	2.6	0.0
Staff respected my family's religious or spiritual beliefs.	34	1.71	0.46	29.4	70.6	0.0	0.0	0.0
Staff treated me with respect.	40	1.78	0.80	37.5	52.5	7.5	0.0	2.5
Staff spoke with me in a way that I understood.	40	1.85	0.86	35.0	52.5	7.5	2.5	2.5

*Lower mean scores indicate higher satisfaction levels.

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H. Outcome Measures (Adult-MH)

To assess the benefits of the behavioral health services received, respondents were asked to indicate the degree to which they agree or disagree with 16 specific outcomes of services, using a 5-point Likert scale. Each question begins with the statement: "As a direct result of all the behavioral health services I received" and was followed by the specific outcome of services.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I deal more effectively with daily problems.	393	2.01	0.96	32.6	45.0	13.2	7.1	2.0
I am better able to control my life.	396	2.08	0.97	30.1	43.9	15.9	8.6	1.5
I am better able to deal with crisis.	398	2.15	1.00	27.4	45.0	14.6	11.6	1.5
I am getting along better with my family.	374	2.21	1.05	24.9	46.5	15.5	8.8	4.3
I do better in social situations.	385	2.37	1.07	20.3	44.7	16.6	15.1	3.4
I do better in school and/or work.	279	2.31	1.12	24.0	43.4	15.8	11.5	5.4
My housing situation has improved.	361	2.44	1.17	22.2	39.6	16.3	15.8	6.1
My symptoms are not bothering me as much.	396	2.62	1.26	21.0	34.3	15.4	20.5	8.8
I do things that are more meaningful to me.	393	2.21	0.98	23.4	46.8	16.3	12.2	1.3
I am better able to take care of my needs.	399	2.13	0.97	27.1	46.4	14.8	10.5	1.3
I am better able to handle things when they go wrong.	397	2.25	0.99	21.9	46.3	18.1	11.8	1.8
I am better able to do things that I want to do.	395	2.33	1.05	21.3	44.6	15.9	15.9	2.3
I am happy with the friendships I have.	396	2.09	0.99	29.0	47.2	12.1	9.3	2.3
I have people with whom I can do enjoyable things.	400	2.05	0.98	30.3	48.8	9.3	9.8	2.0
I feel I belong in my community.	394	2.29	1.10	23.9	44.2	15.5	11.7	4.8
In a crisis, I would have the support I need from family or friends.	398	2.10	1.08	31.2	45.5	9.8	9.0	4.5

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I. Outcome Measures (Adult-SRD)

To assess the benefits of the behavioral health services received, respondents were asked to indicate the degree to which they agree or disagree with 16 specific outcomes of services, using a 5-point Likert scale. Each question begins with the statement: "As a direct result of all the behavioral health services I received" and was followed by the specific outcome of services.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
I deal more effectively with daily problems.	230	2.08	1.03	29.1	48.7	11.3	6.5	4.3
I am better able to control my life.	231	2.00	0.91	28.6	51.9	12.6	4.3	2.6
I am better able to deal with crisis.	231	2.10	0.97	27.3	49.4	12.1	9.1	2.2
I am getting along better with my family.	225	2.00	0.99	32.4	47.1	11.6	5.3	3.6
I do better in social situations.	227	2.20	1.04	25.6	46.7	11.9	13.7	2.2
I do better in school and/or work.	197	2.14	1.01	26.4	48.2	13.2	9.1	3.0
My housing situation has improved.	215	2.40	1.17	23.3	40.0	16.7	13.5	6.5
My symptoms are not bothering me as much.	227	2.39	1.09	18.5	47.6	15.4	13.7	4.8
I do things that are more meaningful to me.	230	2.01	0.89	28.7	50.9	11.7	7.8	0.9
I am better able to take care of my needs.	229	2.00	0.86	26.6	55.5	11.4	4.8	1.7
I am better able to handle things when they go wrong.	230	2.17	0.97	23.9	49.1	16.1	8.3	2.6
I am better able to do things that I want to do.	229	2.23	0.98	20.5	51.1	16.6	8.3	3.5
I am happy with the friendships I have.	230	2.09	0.95	26.5	50.4	12.2	9.1	1.7
I have people with whom I can do enjoyable things.	230	1.96	0.89	30.0	54.3	7.4	6.5	1.7
I feel I belong in my community.	233	2.14	1.03	26.2	49.8	11.6	8.6	3.9
In a crisis, I would have the support I need from family or friends.	232	1.88	0.94	37.1	48.3	6.9	4.7	3.0

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J. Overall Satisfaction with Outpatient Behavioral Health Services (Adults-MH & SRD)

To assess overall satisfaction with their outpatient behavioral health services, respondents were asked to indicate the degree to which they agree or disagree with the statement, "Overall, I am satisfied with the behavioral health services I received", using a 5-point Likert scale.

STATEMENT: Overall, I am satisfied with the behavioral health services I received.	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Adult-MH	400	1.95	1.01	34.0	51.8	4.3	5.3	4.8
Adult-SRD	234	2.09	1.05	26.9	54.7	6.8	5.6	6.0

*Lower mean scores indicate higher satisfaction levels.

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IV. CHILD AND CAREGIVER SURVEY RESULTS

A. Summary of Caregiver Characteristics

Caregiver Characteristics		N	%
Gender	Female	659	87.7
	Male	92	12.3
	Total	751	100.0
Age	Under 21	0	0.0
	21 – 30	95	12.7
	31 – 40	281	37.4
	41 – 50	196	26.1
	51 – 64	103	13.7
	65 and Older	30	4.0
	Unknown	46	6.1
	Total	751	100.0
Race	American Indian or Alaska Native	12	1.6
	Asian	15	2.0
	Black or African-American	315	41.9
	White or Caucasian	302	40.2
	More than One Race Reported	30	4.0
	Other	55	7.3
	Unknown	22	3.0
	Total	751	100.0
Ethnicity	Spanish, Hispanic, or Latino	76	10.1
	Not Spanish, Hispanic, or Latino	664	88.4
	Unknown	11	1.5
	Total	751	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

B. Summary of Child Characteristics

Child Characteristics		N	%
Gender	Female	309	41.1
	Male	442	58.9
	Total	751	100.0
Age	1 – 4	29	3.9
	5 – 9	248	33.0
	10 – 14	385	51.3
	15 and Older	89	11.9
	Total	751	100.0
Race	American Indian or Alaska Native	6	0.8
	Asian	13	1.7
	Black or African-American	377	50.2
	White or Caucasian	344	45.8
	Other	11	1.5
	Total	751	100.0
Ethnicity	Spanish, Hispanic, or Latino	111	14.8
	Not Spanish, Hispanic, or Latino	640	85.2
	Total	751	100.0
Education	Currently in School	717	95.5
	Not in School	33	4.4
	Unknown	1	0.1
	Total	751	100.0
Grade Repetition	Have Repeated a Grade	129	17.2
	Have Not Repeated a Grade	615	81.9
	Unknown	7	0.9
	Total	751	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

C. Use of Mental Health Services

First, thinking about the kinds of mental health services that (child) may have received.

1. In the past 12 months, has (child) been to an outpatient mental health program or provider, psychiatrist, or therapist?

	N	%
Yes	708	94.3
No	41	5.5
Don't Know/Refused	2	0.3
Total	751	100.0

2. *(If yes to Q1)* How long has (child) received these mental health services?

	N	%
Less than 1 year	224	31.6
1 year or more	482	68.1
Don't Know/Refused	2	0.3
Total	708	100.0

3. In the past 12 months, has (child) received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?

	N	%
Yes	285	37.9
No	432	57.5
Don't Know/Refused	34	4.5
Total	751	100.0

4. *(If yes to Q3)* How long has (child) received psychiatric family support services?

	N	%
Less than 1 year	77	27.0
1 year or more	204	71.6
Don't Know/Refused	4	1.4
Total	285	100.0

5. In the past 12 months, has (child) seen a pediatrician or any other medical professional for an emotional or behavioral problem?

	N	%
Yes	337	44.9
No	406	54.1
Don't Know/Refused	8	1.1
Total	751	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

C. Use of Mental Health Services *(continued)*

6. In the past 12 months, has (child) spent at least one night in a hospital, emergency room, or crisis bed because of an emotional or behavioral problem?

	N	%
Yes	66	8.8
No	682	90.8
Don't Know/Refused	3	0.4
Total	751	100.0

7. In the past 12 months, has (child) spent at least one night in a hospital, emergency room, or crisis bed because of a substance use problem?

	N	%
Yes	16	2.1
No	735	97.9
Total	751	100.0

8. In the past 12 months, has (child) participated in a mental health support or self-help group, such as peer counseling?

	N	%
Yes	213	28.4
No	511	68.0
Don't Know/Refused	27	3.6
Total	751	100.0

9. In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders?

	N	%
Yes	159	21.2
No	584	77.8
Don't Know/Refused	8	1.1
Total	751	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

C. Use of Mental Health Services *(continued)*

10. Is (child) on medication for emotional or behavioral problems?

	N	%
Yes	378	50.3
No	365	48.6
Don't Know/Refused	8	1.1
Total	751	100.0

11. *(If yes to Q10)* Did the doctor or nurse tell you and/or (child) what side effects to watch for?

	N	%
Yes	348	92.1
No	27	7.1
Don't Know/Refused	3	0.8
Total	378	100.0

12. Does (child) have any siblings?

	N	%
Yes	616	82.0
No	133	17.7
Don't Know/Refused	2	0.3
Total	751	100.0

13. *(If yes to Q12)* Are any of (child)'s siblings receiving mental health services?

	N	%
Yes	204	33.1
No	373	60.6
Don't Know/Refused	39	6.3
Total	616	100.0

IV. CHILD AND CAREGIVER SURVEY RESULTS *(continued)*

D. Physical Health Services

14. Does (child) have a primary health care provider?

	N	%
Yes	741	98.7
No	9	1.2
Don't Know/Refused	1	0.1
Total	751	100.0

15. *(If yes to Q14)* To your knowledge, has (child)'s primary health care provider and (child)'s your mental health provider spoken with each other about (child)'s health or mental health?

	N	%
Yes	252	34.0
No	328	44.3
Don't Know/Refused	161	21.7
Total	741	100.0

16. In the past 12 months, did (child) see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?

	N	%
Yes	642	85.5
No	108	14.4
Don't Know/Refused	1	0.1
Total	751	100.0

17. In the past 12 months, has (child) spent at least one night in a hospital because of a physical illness or health problem?

	N	%
Yes	37	4.9
No	710	94.5
Don't Know/Refused	4	0.5
Total	751	100.0

E. Satisfaction with Outpatient Mental Health Treatment Services Received by Children

To assess satisfaction with specific aspects of the outpatient mental health treatment services, caregivers were asked to indicate the degree to which they agree or disagree with 16 statements about the services his/her child received, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Overall, I am satisfied with the services my child received.	705	1.93	0.97	35.9	46.5	9.1	5.4	3.1
I helped choose my child's services.	698	1.83	0.89	39.0	48.1	5.4	5.9	1.6
I helped choose my child's treatment goals.	701	1.79	0.84	39.7	48.9	5.1	5.4	0.9
The people helping my child stuck with us no matter what.	696	1.89	1.00	39.9	43.8	6.2	7.3	2.7
I felt my child had someone to talk to when he/she was troubled.	695	1.87	0.94	38.7	46.9	5.5	6.9	2.0
I participated in my child's treatment.	707	1.58	0.66	49.1	46.8	1.8	2.0	0.3
The services my child and/or family received were right for us.	702	1.89	0.93	37.2	46.9	8.1	5.6	2.3
The location of services was convenient for us.	706	1.83	0.91	39.2	48.9	4.4	5.1	2.4
Services were available at times that were convenient for us.	708	1.90	0.94	35.9	49.0	6.2	6.6	2.3
My family got the help we wanted for my child.	702	2.03	1.02	32.9	46.4	9.0	8.5	3.1
My family got as much help as we needed for my child.	703	2.19	1.11	30.0	41.7	11.7	12.9	3.7
Staff treated me with respect.	707	1.57	0.61	47.9	48.9	2.1	0.6	0.4
Staff respected my family's religious or spiritual beliefs.	646	1.63	0.65	44.4	49.4	5.0	1.1	0.2
Staff spoke with me in a way that I understood.	708	1.56	0.56	46.3	51.7	1.1	0.8	0.0
Staff were sensitive to my cultural or ethnic background.	654	1.69	0.66	40.2	52.6	5.7	1.4	0.2
I felt free to complain.	696	1.74	0.80	41.1	49.6	3.9	4.7	0.7

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F. Satisfaction with Child/Family Support Services

Over one-third of caregivers (285 = 38%) reported that the child had received some type of child/family support service. To assess satisfaction with specific aspects of the child/family support services, caregivers were asked to indicate the degree to which they agree or disagree with 16 statements about the services, using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Overall, I am satisfied with the services my child received.	278	1.94	1.00	36.3	46.8	6.5	7.2	3.2
I helped choose my child's services.	276	1.89	0.91	36.6	48.6	5.1	9.1	0.7
I helped choose my child's service goals.	272	1.77	0.82	40.4	48.9	3.7	7.0	0.0
The people helping my child stuck with us no matter what.	277	1.87	0.99	40.8	44.0	5.8	6.5	2.9
I felt my child had someone to talk to when he/she was troubled.	273	1.81	0.90	40.3	48.0	4.8	4.8	2.2
I participated in my child's services.	277	1.62	0.70	46.9	48.0	1.4	3.6	0.0
The services my child received were right for us.	277	1.87	0.96	39.0	46.6	5.4	6.5	2.5
The location of services was convenient for us.	278	1.79	0.89	41.4	47.5	4.3	4.7	2.2
Services were available at times that were convenient for us.	277	1.82	0.88	39.0	48.7	5.1	5.8	1.4
My family got the help we wanted for my child.	276	1.99	1.03	34.8	46.4	6.9	8.7	3.3
My family got as much help as we needed for my child.	276	2.19	1.14	30.4	42.0	9.8	13.4	4.3
Staff treated me with respect.	278	1.53	0.55	49.3	48.9	1.4	0.4	0.0
Staff respected my family's religious or spiritual beliefs.	253	1.60	0.57	44.3	52.2	3.2	0.4	0.0
Staff spoke with me in a way that I understood.	277	1.56	0.50	44.4	55.2	0.4	0.0	0.0
Staff were sensitive to my cultural or ethnic background.	252	1.63	0.58	41.7	54.4	3.6	0.4	0.0
I felt free to complain.	273	1.65	0.71	44.0	51.3	1.8	1.8	1.1

*Lower mean scores indicate higher satisfaction levels.

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G. Outcome Measures

To assess the benefits of the mental health services his/her child received, caregivers were asked how much they agree or disagree with 14 statements about specific outcomes of services, using a 5-point Likert scale.

STATEMENT	N	*	**	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
As a direct result of all the mental health services my child and family received . . .								
My child is better at handling daily life.	736	2.34	1.04	19.8	45.5	18.9	12.1	3.7
My child gets along better with family members.	716	2.28	0.96	19.1	47.9	21.4	8.9	2.7
My child gets along better with friends and other people.	723	2.31	0.97	19.8	44.0	24.1	10.1	2.1
My child is doing better in school and/or work.	716	2.32	1.11	24.0	41.5	17.0	13.0	4.5
My child is better able to cope when things go wrong.	736	2.58	1.07	13.7	41.8	21.2	19.0	4.2
I am satisfied with our family life right now.	743	2.23	1.00	21.4	50.9	13.6	11.3	2.8
My child is better able to do things he or she wants to do.	735	2.24	0.95	18.9	52.2	17.6	8.6	2.7
My child is better able to control his or her behavior.	733	2.63	1.10	13.0	40.4	23.5	17.2	6.0
My child is less bothered by his or her symptoms.	723	2.51	1.05	14.4	45.2	19.2	17.7	3.5
My child has improved social skills.	714	2.31	1.01	19.2	48.9	16.8	12.0	3.1

Thinking about your relationships with persons other than your mental health provider(s), as a direct result of the mental health services my child and family received . . .								
I know people who will listen and understand me when I need to talk.	742	1.92	0.82	29.0	57.5	7.5	4.4	1.5
I have people that I am comfortable talking with about my child's problems.	749	1.84	0.79	33.9	54.2	6.5	4.8	0.5
In a crisis, I would have the support I need from family or friends.	745	1.86	0.84	33.8	53.8	5.9	5.1	1.3
I have people with whom I can do enjoyable things.	747	1.78	0.71	34.5	56.4	6.2	2.5	0.4

*Lower mean scores indicate higher satisfaction levels.

**SD is an abbreviation of Standard Deviation.

***LSPs are calculated using the number of respondents answering the individual statement; due to rounding totals may not sum to 100%.

H. Overall Satisfaction with Outpatient Mental Health Services

To assess overall satisfaction with the outpatient mental health services, caregivers were asked to indicate the degree to which they agree or disagree with the statement, "Overall, I am satisfied with the mental health services my child received", using a 5-point Likert scale.

STATEMENT	N	* MEAN	** SD	LIKERT SCALE PERCENTAGES (LSPs)***				
				STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Overall, I am satisfied with the mental health services my child received.	742	2.09	.96	25.6	54.0	8.9	8.9	2.6

**Lower mean scores indicate higher satisfaction levels.*

***SD is an abbreviation of Standard Deviation.*

****LSPs are calculated using the number of respondents answering the individual statement; due to rounding totals may not sum to 100%.*

V. SUMMARY

Statewide telephone surveys were administered to assess individuals' perception of services received through Maryland's Public Behavioral Health System (PBHS). These surveys represent the 16th systematic, statewide assessment of outpatient mental health (MH) services since 1997; however, recipients of outpatient substance-related disorder (SRD) services were added to the survey for the first time in 2016. Data collection, data analysis, and documentation of the survey findings were subcontracted through Fact Finders, Inc. on behalf of Beacon Health Options, and the Maryland Medicaid and Behavioral Health Administrations.

The potential survey population consisted of individuals for whom PBHS claims were received for outpatient behavioral health services rendered between January and December 2015. Three separate samples were constructed: adult MH, adult SRD, and child MH. Service types for adults included outpatient MH treatment services, outpatient SRD treatment services, and psychiatric rehabilitation program (PRP) services. Service types for children included outpatient MH treatment services and family support services. Individuals (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16. The following table displays the response rates for each group:

SAMPLE	SAMPLE SIZE	SUCCESSFULLY COMPLETED	COMPLETED INTERVIEWS	RESPONSE RATE
MH	10,908	1,233	403	33%
SRD	14,046	1,786	234	13%
Child/Caregiver	14,000	2,008	751	37%

Results of the question, "Overall, I am satisfied with the behavioral health services I (my child) received", indicate a high degree of satisfaction with PBHS outpatient services: Adult MH - 86%; Adult SRD - 82%; and child/caregiver - 80%. The survey respondents were also asked a number of specific questions related to satisfaction with, as well as outcomes of, the services they received. The table below summarizes the range of percentages of positive responses (i.e., "Strongly Agree", "Agree") within each category and group:

GROUP	SATISFACTION		OUTCOMES*	
	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM
Adult MH	71.9%	95.2%	55.3%	79.0%
Adult SRD	64.0%	95.2%	63.3%	85.3%
Adult MH PRP	75.6%	94.6%	N/A	N/A
Adult SRD PRP	74.4%	100.0%	N/A	N/A
Child MH	71.7%	98.0%	53.3%	72.3%
Child Family Support	72.5%	99.6%	N/A	N/A

**The results for the outcome questions were asked with respect to all services received and are therefore only shown for the full groups.*

VI. APPENDICES

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STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
INSTITUTIONAL REVIEW BOARD

201 W. Preston Street • Baltimore Maryland 21201
Carol Johnston, APRN, PMH, BC, Chairperson

May 24, 2016

Jarrell W. Pipkin JD, LPC
Director, Quality Management
Beacon Health Options
1099 Winterson Rd., Suite 200
Linthicum, MD 21060

REF: **Protocol # 98-13**

Dear Mr. Pipkin:

The Maryland Department of Health and Mental Hygiene's Institutional Review Board (IRB) conducted a review of your protocol entitled "Consumer Perception of Care Survey with Maryland's Public Behavioral Health System" for continuous approval. The IRB meeting was held on May 19, 2016. Your protocol has been approved. This approval will expire on **June 15, 2017**. Please refer to the above referenced protocol number in any future modifications or correspondence pertaining to the above named study.

Please be reminded that all of the requirements of the original approval letter remain in effect. Thank you for your continued responsiveness to the IRB requirements and we wish you continued success in your efforts.

If you have any questions, please call the IRB Administrator, Ms. Gay Hutchen. She can be reached at (410) 767-8448.

Sincerely,

Carol Johnston, APRN, PMH, BC
Chairperson
Institutional Review Board

cc: IRB Members
Gay Hutchen

410-767-8448 Fax 410-333-7194

Toll Free 1-877-4MD-DHMH TYY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmv.maryland.gov/oig/irb



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Behavioral Health Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

*Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary
Gayle Jordan-Randolph, M.D., Deputy Secretary – Barbara J. Bazron, Ph.D., Executive Director*

March 2016

Dear Consumer:

The Maryland Behavioral Health Administration (BHA) wants to know about your experiences with the public behavioral health services you have received. We have been asked to obtain information from a group of people regarding (1) their current health and (2) how they feel about their behavioral health services. BHA has asked Beacon along with Fact Finders to do this telephone survey. We will use the information to make services better.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you in taking part in this survey.
- Your current behavioral health services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish.
- You may stop the survey at any time.

To participate, schedule a time to participate, or have your name removed from this survey please call:

- **Fact Finders at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m.**

Please see the back of this letter for frequently asked questions about the survey, your rights as a participant, and behavioral health services you receive.

Thank you for your help.

Sincerely,

Barbara J. Bazron, Ph.D.
Executive Director
Behavioral Health Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

FREQUENTLY ASKED QUESTIONS

Question 1: What can I do if I want to take part in this survey?

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
- If you call before 8:30 a.m. or after 9:00 p.m., Monday through Friday, you can leave a message and a representative from Fact Finders will call you to schedule a time that is convenient for you to complete the phone interview.
- Or, you do not have to do anything and we will call you.

Question 2: What if I do not want to participate in the survey?

- Please call Fact Finders at 1-800-895-3228 to request that your name be removed from the survey list.
- You may speak directly to a representative between the hours of 8:30 a.m. and 9:00 p.m., Monday through Friday, or you may leave a message.

Question 3: How long will the survey interview take?

- The survey will take between 10-20 minutes.

Question 4: When will the survey begin?

- We will begin the survey in a few weeks.

Question 5: What if I have questions about the survey itself?

- Call Jarrell Pipkin, Director of Quality, Beacon Health Options, at 410-691-4012.

Question 6: What if I have questions about my rights as a research participant?

- Call Gay Hutchen, Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 21201 at 410-767-8448.

Question 7: What if I have questions regarding the behavioral health services I receive?

- Call Beacon Health Options at 1-800-888-1965.

APPENDIX C



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Behavioral Health Administration • Spring Grove Hospital Center • Dix Building
55 Wade Avenue • Catonsville, Maryland 21228

*Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary
Gayle Jordan-Randolph, M.D., Deputy Secretary – Barbara J. Bazron, Ph.D., Executive Director*

March 2016

Dear Parent/Guardian:

The Maryland Behavioral Health Administration (BHA) wants to know about your experiences with the public behavioral health services your child has received. We have been asked to obtain information from a group of people regarding (1) their child's current health and (2) how they feel about their child's behavioral health services. BHA has asked Beacon along with Fact Finders to do this telephone survey. We will use the information to make services better.

If you feel this has been sent to you by mistake, please disregard and discard this letter.

Please note that:

- You may decide not to take part in this survey. The decision is yours.
- Your answers will be kept private.
- There is no risk to you in taking part in this survey.
- Your child's current mental health services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish.
- You may stop the survey at any time.

To participate, schedule a time to participate, or have your name removed from this survey please call:

- **Fact Finders at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m.**

Please see the back of this letter for frequently asked questions about the survey, your rights as a participant, and mental health services you receive.

Thank you for your help.

Sincerely,

Barbara J. Bazron, Ph.D.
Executive Director
Behavioral Health Administration

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.maryland.gov

FREQUENTLY ASKED QUESTIONS

Question 1: What can I do if I want to take part in this survey?

- You can call the Fact Finders line at 1-800-895-3228 between 8:30 a.m. and 9:00 p.m., Monday through Friday, and schedule a time that is convenient for you to complete the phone interview.
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Question 7: What if I have questions regarding the behavioral health services I receive?

- Call Beacon Health Options at 1-800-888-1965.

APPENDIX D

INTRODUCTION

Hello. My name is *(Read Name)* and we're doing a brief consumer satisfaction survey for your health plan. May I please speak to {consumer's name}?

(Confirmation when consumer comes to the phone. . .)

Am I speaking to {consumer's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for Beacon Health Options along with the Maryland Behavioral Health Administration or BHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your experiences with the Maryland Public Behavioral Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Behavioral Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

FAQs

"How did you get my name?"

The Maryland Behavioral Health Administration (BHA) asked Beacon Health Options to do this survey. The Maryland BHA sent you a letter to notify you about this survey. Maryland BHA is conducting the survey in order to evaluate how well Maryland's Public Behavioral Health System is operating.

"Do I have to participate in this survey? / Is the survey required?"

Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time. Your answers will be kept private. Your name will be kept separate from your responses. There is no risk to you in taking part in this survey. Your current behavioral health services will not change in any way as a result of your participation.

"I need to speak with somebody about my mental health services."

If you have any questions about your behavioral health services, please call Beacon. I can give you the telephone number at any point during the survey.

Beacon Health Options Ph: 800-888-1965

"I have questions about this survey. "

For questions about the survey, please call:

Jarrell Pipkin, Director of Quality, Beacon Health Options. Ph: 410-691-4012

QUESTIONNAIRE

First, thinking about the kinds of behavioral health services, including both mental health services and /or substance use services, that you may have received.

1. **In the past 12 months, have you been to an outpatient behavioral health program or provider, psychiatrist or therapist?**
 - A. Yes [Ask Q2]
 - B. No [Skip to Q3]
 - C. Don't know [Skip to Q3]
 - D. Refused [Skip to Q3]
2. **How long have you received these behavioral health services?**
 - A. Less than 1 year
 - B. 1 year or more
3. **In the past 12 months, have you received psychiatric rehabilitation services such as day program or PRP services?**
 - A. Yes [Ask Q4]
 - B. No [If Q1="Yes" skip to Q5. If Q1="No/Don't Know/Refused", Terminate, Disposition = No Services]
 - C. Don't know [If Q1="Yes" skip to Q5. If Q1="No/Don't Know/Refused", Terminate, Disposition = No Services]
 - D. Refused [If Q1="Yes" skip to Q5. If Q1="No/Don't Know/Refused", Terminate, Disposition = No Services]
4. **How long have you received psychiatric rehabilitation services?**
 - A. Less than 1 year
 - B. 1 year or more
5. **In the past 12 months, have you received residential rehabilitation or RRP services?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused
7. **In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a mental or emotional problem or a problem with your nerves?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused
12. **In the past 12 months, have you spent at least one night in a hospital, emergency room, or crisis bed because of a substance use problem?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused
8. **In the past 12 months, have you participated in a behavioral health self-help group? (If respondent asks, clarify such as On Our Own, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Maryland Recovery Organization Connecting Communities, depression support group, family support group.)**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

Thinking about your physical health care,

13. **Do you have a primary health care provider?**
- A. Yes
 - B. No *[Skip to Q15]*
 - C. Don't know *[Skip to Q15]*
 - D. Refused *[Skip to Q15]*
14. **To your knowledge, have your primary health care provider and your behavioral health provider spoken with each other about your health, mental health, and/or substance use?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
15. **In the past 12 months, did you see a medical professional for a health check-up or because you were sick?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
16. **In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

(Ask Q17 – Q39 if Q1 = yes, received outpatient services)

Now, I am going to read a series of statements. Please answer thinking only about the outpatient behavioral health treatment services you received for mental health and/or substance use issues. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
17. I like the services that I received.								
18. If I had other choices, I would still get services from this provider.								
19. I would recommend this provider to a friend or a family member.								
20. The location of services was convenient.								
21. Staff were willing to see me as often as I felt it was necessary.								
22. Staff returned my calls in 24 hours.								
23. Services were available at times that were good for me.								
24. I was able to get all the services I thought I needed.								
25. I was able to see a psychiatrist when I wanted to.								
26. Staff here believe that I can grow, change, and recover.								
27. I felt comfortable asking questions about my treatment and medication.								
28. I felt free to complain.								
29. I was given information about my rights.								
30. Staff encouraged me to take responsibility for how I live my life.								
31. Staff told me what side effects to watch out for.								
32. Staff respected my wishes about who is and is not to be given information about my treatment.								
33. I, not staff, decided my treatment goals.								
34. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
35. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
36. Staff were sensitive to my cultural or ethnic background.								
37. Staff respected my family's religious or spiritual beliefs.								
38. Staff treated me with respect.								
39. Staff spoke with me in a way that I understood.								

(Ask Q40–Q60 if Q3 = Yes (received psychiatric rehabilitation services))

(If asked Q17–Q39, i.e., received outpatient services:) **Now I am going to read you the same series of statements again.**

(If did not ask Q17–Q39, i.e., no outpatient services:) **Now I am going to read a series of statements.**

Please answer thinking only about the psychiatric rehabilitation services (PRP) you received.

If the statement does not apply to your circumstances, please tell me.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
40. I like the services I received.								
41. If I had other choices, I would still get services from this provider.								
42. I would recommend this provider to a friend or a family member.								
43. The location of services was convenient.								
44. Staff were willing to see me as often as I felt it was necessary.								
45. Staff returned my calls in 24 hours.								
46. Services were available at times that were good for me.								
47. I was able to get all the services I thought I needed.								
48. Staff here believe that I can grow, change, and recover.								
49. I felt comfortable asking questions about my rehabilitation.								
50. I felt free to complain.								
51. I was given information about my rights.								
52. Staff encouraged me to take responsibility for how I live my life.								
53. Staff respected my wishes about who is and is not to be given information about my rehabilitation.								

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
54. I, not staff, decided my rehabilitation goals.								
55. Staff helped me obtain the information I needed so that I could take charge of managing my illness.								
56. I was encouraged to use consumer-run programs, such as support groups, drop-in centers, crisis phone line.								
57. Staff were sensitive to my cultural or ethnic background.								
58. Staff respected my family's religious or spiritual beliefs.								
59. Staff treated me with respect.								
60. Staff spoke with me in a way that I understood.								

The next section asks how you may have benefited from the behavioral health services that you received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree?
As a direct result of all the behavioral health services I received:

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
61. I deal more effectively with daily problems.								
62. I am better able to control my life.								
63. I am better able to deal with crisis.								
64. I am getting along better with my family.								
65. I do better in social situations.								
66. I do better in school and/or work.								
67. My housing situation has improved.								
68. My symptoms are not bothering me as much.								
69. I do things that are more meaningful to me.								
70. I am better able to take care of my needs.								
71. I am better able to handle things when they go wrong.								
72. I am better able to do things that I want to do.								

**Next, thinking about your relationships with persons other than your behavioral health provider(s).
As a direct result of the behavioral health services you received:**

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
73. I am happy with the friendships I have.								
74. I have people with whom I can do enjoyable things.								
75. I feel I belong in my community.								
76. In a crisis, I would have the support I need from family or friends.								

NEW1. In the last year, did you call Beacon for any reason?

- A. Yes
- B. No (Skip to Q77)
- C. No Opinion (Skip to Q77)

NEW2. How satisfied are you with the services you received when you called Beacon?

- A. Completely Satisfied
- B. Very Satisfied
- C. Somewhat Satisfied
- D. Somewhat Dissatisfied
- E. Very Dissatisfied
- E. No Opinion

Thinking about your overall satisfaction with all the behavioral health services you have received, do you agree or disagree with the following statement.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
77. Overall, I am satisfied with the behavioral health services I received.								

Next, a general question about you.

78. What is your current employment situation?

- A. Working full-time
- B. Working part-time
- C. Unemployed, but looking for work
- D. Permanently disabled, not working
- E. Unemployed, not looking for work
- F. Retired
- G. Homemaker
- H. Student
- I. Volunteer
- J. Other
- K. Don't know
- L. Refused

This concludes the survey. Thank you for your time and cooperation.

APPENDIX E

INTRODUCTION

Hello. My name is *(Read Name)* and we're doing a brief consumer satisfaction survey for your health plan. May I please speak to the parent or guardian of {child's name}?

(Confirmation when parent/guardian comes to the phone. . .)

Am I speaking to the parent or guardian of {child's name}?

(If not available)

When would be the best time to call back to speak with him/her? *(Record callback appointment.)*

We're conducting this survey for Beacon Health Options along with the Maryland Behavioral Hygiene Administration or BHA. Our company, Fact Finders, is an independent health care research company. The survey asks about your and {child's name} experiences with the Maryland Public Behavioral Health System. The information you give us will be used to improve the quality of care provided by the Maryland Public Behavioral Health System. Your participation is important because we need to include the opinions of as many people as possible. Your responses are anonymous. Your name will be kept separate from your responses.

FAQs

"How did you get my name?"

The Maryland Behavioral Health Administration (BHA) asked Beacon Health Options to do this survey. The Maryland BHA sent you a letter to notify you about this survey. Maryland BHA is conducting the survey in order to evaluate how well Maryland's Public Behavioral Health System is operating.

"Do I have to participate in this survey? / Is the survey required?"

Participation in this survey is completely voluntary. You may decide not to take part in this survey, not to answer any question you wish, and you may choose to stop this survey at any time. Your answers will be kept private. Your name will be kept separate from your responses. There is no risk to you in taking part in this survey. Your current behavioral health services will not change in any way as a result of your participation.

"I need to speak with somebody about my mental health services."

If you have any questions about your behavioral health services, please call Beacon. I can give you the telephone number at any point during the survey.

Beacon Health Options Ph: 800-888-1965

"I have questions about this survey. "

For questions about the survey, please call:

Jarrell Pipkin, Director of Quality, Beacon Health Options. Ph: 410-691-4012

First, thinking about the kinds of mental health services that {child's name} may have received,

1. **In the past 12 months, has {child's name} been to an outpatient mental health program or provider, psychiatrist, or therapist?**
 - A. Yes [Ask Q2]
 - B. No [Skip to Q3]
 - C. Don't know [Skip to Q3]
 - D. Refused [Skip to Q3]

2. **How long has {child's name} received these mental health services?**
 - A. Less than 1 year
 - B. 1 year or more

3. **In the past 12 months, has {child's name} received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services?**
 - A. Yes [Ask Q4]
 - B. No [If Q1 = Yes, Skip to Q5; If Q1 = B, C, or D, Terminate – Disposition = No Services]
 - C. Don't know [If Q1 = Yes, Skip to Q5; If Q1 = B, C, or D, Terminate – Disposition = No Services]
 - D. Refused [If Q1 = Yes, Skip to Q5; If Q1 = B, C, or D, Terminate – Disposition = No Services]

4. **How long has {child's name} received psychiatric family support services?**
 - A. Less than 1 year
 - B. 1 year or more

5. **In the past 12 months, has {child's name} seen a pediatrician or any other medical professional for an emotional or behavioral problem?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

6. **In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of an emotional/behavioral problem?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

16. **In the past 12 months, has {child's name} spent at least one night in a hospital, emergency room, or crisis bed because of a substance use problem?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

7. **In the past 12 months, has {child's name} participated in a mental health support or self-help group, such as peer counseling?**
 - A. Yes
 - B. No
 - C. Don't know
 - D. Refused

8. **In the past 12 months, have you participated in a support or self-help group for parents or caregivers with children or adolescents who have emotional, mental, learning, or behavioral disorders?** *(If respondent asks, say) such as On Our Own, depression support group, family support group, parenting group)*
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
9. **Is {child's name} on medication for emotional or behavioral problems?**
- A. Yes
 - B. No *[Skip to Q11]*
 - C. Don't know *[Skip to Q11]*
 - D. Refused *[Skip to Q11]*
10. **Did the doctor or nurse tell you and/or {child's name} what side effects to watch for?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
11. **Does {child's name} have any siblings?**
- A. Yes
 - B. No *[Skip to Q13]*
 - C. Don't know *[Skip to Q13]*
 - D. Refused *[Skip to Q13]*
12. **Are any of {child's name}'s siblings receiving mental health services?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

Thinking about {child's name} physical health care,

17. **Does {child's name} have a primary health care provider?**
- A. Yes
 - B. No [Skip to Q19]
 - C. Don't know [Skip to Q19]
 - D. Refused [Skip to Q19]
18. **To your knowledge, has {child's name}'s primary health care provider and {child's name}'s mental health provider spoken with each other about {child's name}'s health or mental health?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
19. **In the past 12 months, did {child's name} see a pediatrician, other medical doctor, or nurse for a health check-up or because he/she was sick?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
20. **In the past 12 months, has {child's name} spent at least one night in a hospital because of a physical illness or health problem?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

Now, thinking about {child's name}'s school,

21. **Is {child's name} currently going to school?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused
22. **Has {child's name} ever repeated a grade?**
- A. Yes
 - B. No
 - C. Don't know
 - D. Refused

(Ask Q23 – Q38 if Q1 = Yes, received outpatient services)

Now, I am going to read a series of statements. Please answer thinking only about the outpatient mental health treatment services {child's name} received. If the statement does not apply to your circumstances, please tell me.

For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
23. Overall, I am satisfied with the services my child received.								
24. I helped choose my child's services.								
25. I helped choose my child's treatment goals.								
26. The people helping my child stuck with us no matter what.								
27. I felt my child had someone to talk to when he/she was troubled.								
28. I participated in my child's treatment.								
29. The services my child and/or family received were right for us.								
30. The location of services was convenient for us.								
31. Services were available at times that were convenient for us.								
32. My family got the help we wanted for my child.								
33. My family got as much help as we needed for my child.								
34. Staff treated me with respect.								
35. Staff respected my family's religious or spiritual beliefs.								
36. Staff spoke with me in a way that I understood.								
37. Staff were sensitive to my cultural or ethnic background								
38. I felt free to complain.								

(Ask Q39 – Q54 if Q3 = Yes (received family support services))

(If asked Q23-Q38, i.e., received outpatient services:) **Now I am going to read you the same series of statements again.**

(If did not ask Q23-Q38, i.e., no outpatient services:) **Now I am going to read a series of statements.**

Please answer thinking only about the family support services {child's name} and your family received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
39. Overall, I am satisfied with the services my child received.								
40. I helped choose my child's services.								
41. I helped choose my child's service goals.								
42. The people helping my child stuck with us no matter what.								
43. I felt my child had someone to talk to when he/she was troubled.								
44. I participated in my child's services.								
45. The services my child received were right for us.								
46. The location of services was convenient for us.								
47. Services were available at times that were convenient for us.								
48. My family got the help we wanted for my child.								
49. My family got as much help as we needed for my child.								
50. Staff treated me with respect.								
51. Staff respected my family's religious or spiritual beliefs.								
52. Staff spoke with me in a way that I understood.								
53. Staff were sensitive to my cultural or ethnic background								
54. I felt free to complain.								

The next section asks how you and {child's name} may have benefited from the mental health services that {child's name} received. If the statement does not apply to your circumstances, please tell me. For each of these statements, do you strongly agree, agree, are neutral, disagree, or strongly disagree.

As a direct result of all the mental health services my child and family received:

		READ CHOICES					[THESE ARE NOT READ]		
		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
55.	My child is better at handling daily life.								
56.	My child gets along better with family members.								
57.	My child gets along better with friends and other people.								
58.	My child is doing better in school and/or work.								
59.	My child is better able to cope when things go wrong.								
60.	I am satisfied with our family life right now.								
61.	My child is better able to do things he or she wants to do.								
62.	My child is better able to control his or her behavior.								
63.	My child is less bothered by his or her symptoms.								
64.	My child has improved social skills.								

Next, thinking about your relationships with persons other than your mental health provider(s), as a direct result of the mental health services my child and family received:

		READ CHOICES					[THESE ARE NOT READ]		
		STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
65.	I know people who will listen and understand me when I need to talk.								
66.	I have people that I am comfortable talking with about my child's problems.								
67.	In a crisis, I would have the support I need from family or friends.								
68.	I have people with whom I can do enjoyable things.								

NEW1. **In the last year, did you call Beacon for any reason?**

- A. Yes
- B. No *(Skip to Q69)*
- C. No Opinion *(Skip to Q69)*

NEW2. **How satisfied are you with the services you received when you called Beacon?**

- A. Completely Satisfied
- B. Very Satisfied
- C. Somewhat Satisfied
- D. Somewhat Dissatisfied
- E. Very Dissatisfied
- E. No Opinion

Thinking about your overall satisfaction with all the mental health services {child's name} has received, do you agree or disagree with the following statement.

	READ CHOICES					[THESE ARE NOT READ]		
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED	DOES NOT APPLY
69. Overall, I am satisfied with the mental health services my child received.								

Next, a few general questions about you.

70. **Are you male or female?** *(Caregiver)*

- A. Male
- B. Female
- C. Refused

71. **What is your date of birth?** *(Caregiver)*

- A. *Click to enter birth date*
- B. *Don't know*
- C. *Refused*

72. **Are you of Spanish, Hispanic, or Latino origin?** *(Caregiver)*

- A. Yes
- B. No
- C. Don't know
- D. Refused

73. **What is your race?** *(Caregiver) (Accept multiple responses)*

- A. **American Indian or Alaska Native**
- B. **Asian**
- C. **Black or African-American**
- D. **Native Hawaiian or other Pacific Islander**
- E. **White or Caucasian**
- F. **Some other race** *(Specify other)*
- G. Don't know
- H. Refused

This concludes the survey. Thank you for your time and cooperation.

APPENDIX F

The following terminology and definitions are in relation to this document.

CATI (Computer Assisted Telephone Interviewing)

Computer software that manages sample maintenance and survey scripts and allows entry of survey responses directly to computer.

Mean

Commonly called “the average,” the mean is calculated by dividing the sum of a set of numerical values by the number of values in the set.

“N”

The number of participants who responded to a question.

Standard Deviation

A measure of the variability (dispersion or spread) of a set of numerical values about their mean (average). A lower standard deviation indicates less variability.

Stratified

Population separated into subgroups for sampling or analysis.

Survey Population

The group of people targeted to participate in the study.



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