MHSIP Consumer Survey Technical Report

2007

A Report from the Colorado Department of Human Services

Behavioral Health Services / Division of Mental Health

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About this Report

In 2007 the Colorado Division of Mental Health (DMH) conducted its tenth annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2006 (July 1, 2005-June 30, 2006). Consistent with national trends in performance measurement, DMH administers the MHSIP Consumer Survey to assess perceptions of public mental health services provided in Colorado. This report, to be disseminated to all mental health centers, describes data collection, sample selection, and results of this year's survey.

An aim of the yearly survey process is to provide information about consumer perceptions to the mental health centers from which they receive services. This information can be used to inform future change within individual centers and can provide a catalyst for more in-depth study of particular domains at the center level. DMH is committed to the inclusion of consumer participation at multiple levels of mental health services and perceives the MHSIP survey as one way of meeting this ongoing goal.

It is important to note that the MHSIP survey has been developed at a national level in part to promulgate data standards that allow for valid results that better inform policy and decisions (for a full description of MHSIP and the survey's underlying values, please visit http://www.mhsip.org/). MHSIP work groups include consumers and families with a seminal aim of such groups being the promotion of consumer-oriented services through data. DMH has a vested interest in promoting these values in Colorado as the state moves toward a recovery-oriented mental health system; continuing the national-state MHSIP partnership is key to this endeavor. As evidence of the weight that DMH has placed on the promotion of consumer-driven services, it is notable that the MHSIP has been incorporated into multiple levels of operations including a federal grant application, statewide mental health center contracts, and performance incentives. The MHSIP survey continues to provide an excellent opportunity for DMH to partner on both national and state-wide levels to shape future services through data.

Thank you to all who assisted in the data collection of the MHSIP survey. Center collaboration is instrumental to the success of the survey and DMH acknowledges and appreciates the hard work of the mental health centers and clinics in this process.

What is the MHSIP Survey?

The MHSIP Consumer Survey consists of 36 items, each answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree). (See Appendix A which contains a copy of the survey.) Standardized at a national level (http://www.nri-inc.org/Profiles01/16StateStudyFinalReport.pdf), the survey comprises the five following domains (See Appendix B for domain items.):

- Access: four items that assess perceptions about service accessibility
- Quality/Appropriateness: six items that assess perceptions of quality and appropriateness
- Participation: two items that assess perceptions of consumer involvement in treatment
- Outcomes: seven items that assess perceptions of outcomes as a result of services
- General Satisfaction: three items that assess satisfaction with services received

Additionally, one item assesses perceived provider sensitivity to cultural/ethnic backgrounds of consumers. The questionnaire also includes items that assess demographic information (e.g. age, ethnicity) and two open-ended questions to gather opinions about the most and least preferred aspects of services received. DMH distributes the MHSIP Consumer Survey in both English and Spanish.

Who Received the Survey?

DMH sampled from an unduplicated file of FY 2005-2006 Colorado Client Assessment Record (CCAR) records to create a random sample of adult consumers. The CCAR is a standardized clinical outcomes instrument that assesses cognitive and behavioral functioning. The MHSIP sample was narrowed to those who had a recorded encounter with the mental health system in the latter half of FY 2005-2006. The Division sampled at a rate of 450 individuals from each of the seventeen community mental health centers and sampled the entire populations of the two specialty clinics (n = 50 and n = 56 respectively).

How Was the Survey Sent?

DMH mailed a cover letter, survey, and postage-paid return envelope to each consumer in the sample. A second wave of surveys was sent to the same sample of consumers (excluding those for whom surveys were returned due to bad addresses, deaths, or refusals) approximately seven weeks following the original mailing. Completed surveys were sent to the State of Colorado Central Services, which forwarded them to DMH. One mental health center sent surveys directly to their non-Medicaid consumer sample and forwarded completions to DMH upon receipt; Medicaid consumer surveys for this agency were sent from DMH. Please refer to Appendix C for complete mailing data for 2006.

What about Consumer Comments?

Two open-ended survey questions queried consumers about their two most and least liked aspects of the services they received. In response to these questions, approximately 83% of respondents provided written comments. DMH sent each center its consumers' comments in addition to the raw quantitative data. The Division's Data and Evaluation Section fielded phone calls regarding the survey, referring complaints and service requests to the Program Quality Department.

Results

DMH sent the 2007 (FY2005-2006) MHSIP survey to 7,652 individuals. A possible 6,062 respondents remained after 1,590 were eliminated due to incorrect addresses, client refusals, and deaths. In return, the Division received a total of 2,064 completed or partially completed surveys, representing a 34.0% return rate, an increase compared to the 28.6% return rate of the 2006 (FY 2004-2005) MHSIP. Please refer to Appendix C for complete mailing data that determined the response rate statistics.

Overall Domain Results

DMH computes domain scores for each mental health center and specialty clinic, as well as for the overall sample. Results reflect the percentage of respondents who agree with each of the five domains, with agreement defined as a mean that is less than 2.5 (1 = strongly agree). Respondents who do not answer at least 50% of domain items, do not receive a domain score. This method of computation follows national recommendations as does the format of Table 1 which presents summary results in percentages with confidence intervals (95%) for the total scores. Differences from last year's domain agreement percentages are not statistically significant. Please refer to Appendix D where percentages of endorsement for the full Likert scale are presented by item within each domain.

Table 1

Valid Percent Agreement with Domains across Agencies

Agency (N)	Domains				
	Access	Appropriate/ Quality	Participation	Outcomes	General Satisfaction
Arapahoe (143)	70.7	75.2	74.8	70.1	80.7
Asian Pacific (14)	78.6	78.6	35.7	42.9	78.6
Aurora (96)	77.2	76.8	66.7	63.3	85.1
Centennial (113)	63.2	63.8	61.4	59.3	69.5
Colorado West (108)	71.2	62.3	61.1	47.8	70.3
Community Reach (116)	72.1	65.9	60.3	57.5	73.8
Jefferson (142)	61.0	70.3	59.2	63.4	82.2
Larimer (78)	79.3	76.8	71.8	74.1	82.9
MHCBBC (101)	62.3	70.5	65.3	62.1	77.9
MHCD (123)	67.7	72.9	60.6	67.5	72.0
Midwest (128)	77.2	72.9	70.3	59.7	79.3
Northrange (90)	75.8	74.5	70.0	52.1	80.9
Pikes Peak (104)	57.4	61.7	52.9	52.3	69.1
San Luis Valley (98)	80.8	78.6	73.5	72.1	85.3
Servicios (11)	81.8	81.8	54.5	72.7	90.9
Southeast (99)	72.4	65.4	56.6	59.2	74.5
Southwest (106)	68.1	67.9	66.0	61.9	74.6
Spanish Peaks (111)	81.0	83.6	69.4	62.4	84.5
West Central (124)	79.9	76.5	70.2	65.2	82.4
Total	71.5	71.6	65.0	61.8	77.9
	(69.5-73.4)	*(69.6-73.6)*	*(62.8-67.1)*	*(59.6-63.9)*	*(76.1-79.7)*

Note. The reported N of each agency reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a very small amount.

Respondent Demographics

Close to two thirds of MHSIP respondents were female (65.3%), compared to 33.2% males (1.5% did not report gender). Ethnic and age distributions are presented in Tables 2 and 3.

Table 2

Ethnic Distribution of 2007 MHSIP Respondents

Ethnicity	MHSIP Respondents	
	P	*n*
American Indian/Alaskan	5.3	124
Asian	1.7	41
Black/African American	3.4	79
Caucasian	70.6	1,631
Hawaiian/Pacific Islander	0.3	8
Hispanic	11.4	262
Other	5.2	122
Total	100.0	2,308

Note. The total N is larger than the sample of respondents due to some respondents endorsing more than one race/ethnicity.

Table 3

Age Distribution of 2007 MHSIP Respondents

	MHSIP Respondents	
Age Group in Years	*P*	*n*
18-20	1.6	32
21-30	11.8	243
31-45	29.2	603
45-64	46.3	956
65-74	6.1	125
75+	2.4	50
Missing	2.7	55
Total	100.0	2,064

Regarding employment, 72.1% reported not having worked at a paid job in the three months prior to the survey, however, 21.5% of the sample indicated having volunteered in this time frame. With respect to place of residence, 69.6% of respondents indicated living in an urban setting and 23.2% in a rural setting, with 7.4% not responding to the item. Slightly less than half of the sample reported being single at the time of survey completion (45%). Please refer to Table 4 for the distribution of responses regarding marital status.

Table 4

Marital Status of 2007 MHSIP Respondents

	MHSIP Respondents	
Marital Status	*P*	*n*
Single	44.5	919
Divorced	24.2	500
Married	18.3	378
Widowed	4.7	98
Living with Significant Other	3.8	78
Separated	3.3	69
Missing	1.1	22
Total	100	2,064

Health Services Utilization and Treatment Duration

Descriptive statistics were employed to investigate health services utilization. Over half (56.1%) of the sample of respondents indicated receiving Medicaid at the time of survey completion. Among 2007 MHSIP respondents, 78.6% indicated having seen a physician or nurse for a health check-up, physical exam, or due to being ill.

A majority of respondents (79.3%) reported that they were still receiving treatment at the time of survey completion. Respondents reported treatment durations ranging from less than one month to 600 months

(50 years), with an overall mean of 64.3 months and a median of 25 months. Because of the considerable influence that outliers exert on arithmetic means, the median may be a better index of central tendency. Table 5 presents treatment duration means and medians for each agency across this year and last year's respondents. As shown in Table 5, the overall mean and median decreased 19.8 and 29 months respectively compared to treatment durations reported by 2006 MHSIP respondents. This is a departure from the past five years of MHSIP Consumer Survey data collection in which overall means and medians had increased successively by year.

Table 5

Mean and Median Treatment Duration in Months

	2007		2006		Duration Change	
Agency	Mean	Median	Mean	Median	Mean	Median
Arapahoe	61.6	36.0	95.0	72.0	-33.4	-36.0
Asian Pacific	40.2	10.5	61.7	36.0	-21.5	-25.5
Aurora	54.3	36.0	72.3	60.0	-18.0	-24.0
Centennial	53.3	18.0	64.3	36.0	-11.0	-18.0
Colorado West	30.8	12.0	85.1	48.0	-54.3	-36.0
Community Reach	74.6	30.0	87.4	48.0	-12.8	-18.0
Jefferson	73.5	48.0	75.3	48.0	-1.8	0.0
Larimer	81.1	48.0	54.1	36.0	27.0	12.0
MHCBBC	88.8	60.0	87.1	48.0	1.7	12.0
MHCD	90.3	48.0	117.4	72.0	-27.1	-24.0
Midwest	49.2	18.0	61.8	36.0	-12.6	-18.0
Northrange	65.2	36.0	72.5	36.0	-7.3	0.0
Pikes Peak	63.4	22.0	108.0	60.0	-44.6	-38.0
San Luis Valley	59.5	24.0	111.7	69.0	-52.2	-45.0
Servicios	59.0	36.0	88.9	60.0	-29.9	-24.0
Southeast	47.7	11.0	70.1	36.0	-22.4	-25.0
Southwest	55.1	36.0	69.7	48.0	-14.6	-12.0
Spanish Peaks	96.7	60.0	114.9	72.0	-18.2	-12.0
West Central	54.6	24.0	61.6	36.0	-7.0	-12.0
Total	64.3	25.0	84.2	54.0	-19.8	-29.0

Criminal Justice

A small minority (4.3%) of 2007 survey respondents reported having been arrested in the past 12 months and a smaller minority (3.4%) endorsed having been arrested in the 12 months prior to that time frame.

MHSIP respondents compared to the CCAR population

Chi-square tests compared survey respondents on demographic variables to the population of Colorado adult mental health consumers as reported by FY 2006 CCAR data. Overall, the respondent group differed significantly from the population; analyses indicating significant differences are described below.

MHSIP respondents were significantly more likely to be female as compared to the overall population (66.3% vs. 57.0%); conversely they were less likely to be male (33.7% vs. 43.0%), ($\chi 2 = 69.43$, $p < .001$). Respondents also differed significantly from the general population with regard to adult versus older adult (65+ years) age categorization ($\chi 2 = 17.41$, $p < .001$); 91.3% of MHSIP respondents were in the adult age range versus 93.6% of those in the population. With regard to ethnicity (white versus non-white), the difference between the MHSIP respondents and the population was significant, ($\chi 2 = 52.41$, $p < .001$). A large majority (79%) of the respondents endorsed Caucasian as their race in comparison to 71.2% of the CCAR population.

Regarding marital status, differences between the respondents and the population were again significant ($\chi 2 = 17.58$, $p < .001$), with respondents less likely to be single (45.0% vs. 48.7% respectively) and more likely to be married (18.5% vs. 15.3%). Furthermore, the group of respondents differed significantly from the population with respect to employment status ($\chi 2 = 12.47$, $p < .001$); specifically, 27.2% of the respondents endorsed current employment in comparison to 23.7% of the CCAR population. Volunteerism also differed significantly ($\chi 2 = 817.20$, $p < .001$), with 21.9% of the respondents endorsing participation in volunteerism compared to 4.3% in the CCAR population.

The respondents from the MHSIP also differed significantly from the CCAR population with regard to place of residence (urban vs. rural) ($\chi 2 = 86.10$, $p < .001$). Respondents reported higher percentages of rural living than the population (24.9% vs. 16.8% respectively) and lower percentages of urban living (75.1% vs. 83.1% respectively). Lastly, MHSIP survey respondents were significantly more likely to self-identify as recipients of Medicaid ($\chi 2 = 239.91$, $p < .001$) with 56.1% of respondents endorsing receipt of Medicaid in comparison to 39.2% of the CCAR population.

A possible explanation for the large number of statistical differences may be explained by a respondent set with a higher level of functioning than the general CCAR population (as indicated by the higher percentages of employment and marital status in comparison to the population). Higher levels of functioning likely affect the ability to respond to the MHSIP and may relate to a stronger sense of empowerment, which may motivate individuals to provide feedback to the mental health system. Additionally individuals who are higher functioning may also have more stable addresses than their lower functioning counterparts. A percentage of the latter, more transient group, may not have received and therefore submitted surveys due to survey administrators having out-dated mailing information.

Demographics and Domain Agreement

Chi-square analyses assessed relations between domains and the demographic and other (e.g., criminal justice involvement) variables recorded on the MHSIP. The variables of gender, Medicaid status (as reported by the respondents), residence (urban vs. rural), and physical health (i.e., visiting a doctor or nurse for physical health reasons) did not relate to percent agreement with any of the five domains. Relations for the remaining variables are given below, with chi-squares presented only for statistically significant results.

Age

Consistent with previous years, age was one of the strongest correlates of domain agreement, with statistically significant relations between age and all five domains including Access ($\chi^2 = 30.32$, $p < .001$), Appropriateness/Quality ($\chi^2 = 21.03$, $p = .002$), Outcomes ($\chi^2 = 26.29$, $p < .001$), Participation ($\chi^2 = 17.06$, $p = .009$), and General Satisfaction ($\chi^2 = 38.18$, $p < .001$).

As shown in Table 6, percent agreement increased with age. Notably, the youngest set of responders was less likely to endorse agreement on any domain than any other age group. Conversely, individuals 75 and older endorsed the highest percent agreement across all domains compared to all other age groups.

Table 6

Age and Domain Agreement

Age Group (N)	Valid Percent Agreement				
	Access	Appropriateness/ Quality	Outcomes	Participation	General Satisfaction
18-20 (31)	45.2	45.2	35.5	41.9	48.4
21-30 (225)	63.4	70.9	60.1	64.0	70.9
31-45 (563)	69.6	67.9	59.6	61.8	75.0
46-64 (890)	73.6	73.6	61.5	66.1	80.7
65-74 (120)	77.2	76.2	75.0	74.2	84.6
75+ (36)	86.4	80.9	80.0	75.0	91.1

Note. The reported N of each age category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a very small amount.

Marital Status

Significant marital status differences emerged for percent agreement with the Satisfaction and Appropriateness domains, ($\chi^2 = 13.35$, $p = .020$ and $\chi^2 = 13.83$, $p = .017$, respectively). Post-hoc analyses revealed that widowed persons responded with the highest percent agreement (89.1%) of all other marital groups (percentages ranged from 74.4-81.1%) to the Satisfaction domain. This same group of widowed respondents responded with the highest percent agreement (81.1%) in comparison to other marital categories in the Appropriateness domain with percentages ranging from 67.9-74.0%.

Employment

Having had paid employment in the three months prior to completing the survey related to respondents' agreement with the Outcomes ($\chi^2 = 15.34$, $p < .001$) domain. Specifically, employed respondents endorsed a 68.8% agreement with the Outcomes domain compared to 59.1% for the unemployed group. Similarly, having volunteered in that same time frame impacted percent agreement with the Outcomes domain ($\chi^2 = 22.06$, $p < .001$); of those endorsing volunteerism, there was 71.4% agreement with the Outcomes domain compared to 58.9% agreement among those not endorsing volunteerism.

Ethnicity

Statistically significant ethnic differences in percent agreement emerged for two of the five domains: Appropriateness/Quality ($\chi^2 = 16.55$, $p = .021$), and Participation ($\chi^2 = 15.15$, $p = .034$). As shown in Table 7, Asian respondents reported higher agreement within the Appropriateness domain, and within the Participation domain, respondents who identified their ethnicity as "Other" reported lower agreement with these domains than did respondents of other ethnic groups.

Table 7

Ethnicity and Domain Agreement

Ethnicity (N)	Valid Percent Agreement				
	Access	Appropriateness/ Quality	Participation	Outcomes	General Satisfaction
Am. Indian/Alaskan (42)	59.6	62.5	61.9	53.2	69.6
African American (61)	60.6	59.1	54.0	65.6	71.2
Asian (31)	71.9	84.4	51.6	64.5	84.4
Caucasian (1397)	72.2	72.8	66.4	63.0	78.7
Hispanic (119)	74.0	70.1	59.7	60.0	77.5
Native Hawaiian (6)	50.0	66.7	50.0	50.0	83.3
Other (37)	80.5	75.0	75.7	65.8	80.0

Note. The reported N of each ethnicity reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a very small amount.

Criminal Justice Involvement

Criminal justice involvement, defined as having been arrested one or more times in the past year, related to percent agreement across four of five domains: Access ($\chi^2 = 14.69$, $p < .001$), Appropriateness/Quality ($\chi^2 = 9.88$, $p = .002$), Outcomes ($\chi 2 = 3.89$, $p = .049$), and General Satisfaction ($\chi^2 = 14.67$, $p < .001$). The Participation domain did not reflect significant differences in percent agreement by criminal justice involvement. These relations emerged despite arrested individuals comprising a very small percentage (4.3%, n = 90) of MHSIP respondents. Table 8 reflects the percentage of domain agreement by criminal justice involvement.

Table 8

Criminal Justice and Percent Domain Agreement

Arrested in Past Year (N)	Valid Percent Agreement				
	Access	Appropriateness/ Quality	Participation	Outcomes	General Satisfaction
Arrested (86)	53.4	56.8	60.5	51.7	61.4
Not Arrested (1824)	72.3	72.3	65.2	62.2	78.7

Note. The reported N of each category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a very small amount.

Treatment Duration and Treatment Status

To assess relations between length of treatment and agreement with domains, the following two groups were computed based on treatment duration: respondents who had been in treatment less than one year, and those who had been treated for one year or longer. This variable significantly related to percent agreement for four of the five domains: Access ($\chi^2 = 6.47$, $p = .011$), Appropriateness/Quality ($\chi^2 = 6.55$, $p = .010$), Outcomes ($\chi^2 = 7.93$, $p = .005$), and Satisfaction ($\chi^2 = 13.51$, $p < .001$). Participation was the only domain in which a difference was not reflected between those in treatment over versus under one year. Table 9 reflects that, generally, consumers who have been in treatment for longer than one year have greater percentages of agreement on the domains.

Table 9

Treatment Duration and Domain Agreement

Years in Treatment (N)	Valid Percent Agreement				
	Access	Appropriateness/ Quality	Participation	Outcomes	General Satisfaction
< 1 year (402)	68.3	69.0	63.7	57.2	73.2
≥ 1 years (1247)	74.6	75.3	68.7	64.9	82.3

Note. The reported N of each category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a very small amount.

Similarly, the relations between treatment status (i.e., the endorsement of remaining in treatment at the time of survey completion) and the domains were examined with all five domains differing significantly based on treatment status. Significant differences in percent agreement are reflected in the following chi square statistics: Access ($\chi^2 = 30.72$, $p < .001$), Appropriateness/Quality ($\chi^2 = 52.78$, $p < .000$), Outcomes ($\chi^2 = 10.88$, $p = .001$), Satisfaction ($\chi^2 = 121.07$, $p < .001$), and Participation ($\chi^2 = 44.73$, $p < .001$). Table 10 reflects that consumers who remain in treatment have greater percentages of agreement on the domains than their counterparts who were no longer in treatment.

Table 10

Treatment Status and Domain Agreement

Treatment Status (N)	Valid Percent Agreement				
	Access	Appropriateness/ Quality	Participation	Outcomes	General Satisfaction
No longer in treatment (337)	59.6	55.9	49.3	53.9	56.4
Currently in treatment (1546)	74.1	75.0	68.4	63.4	82.9

Note. The reported N of each category reflects the smallest number of total respondents on any one domain. The number of respondents across domains fluctuated by a very small amount.

It is important to note that treatment status and treatment duration are likely confounded variables. There are a number of potential hypotheses as to why individuals who remain in treatment and those who have been in treatment for over one year may respond more positively than their counterparts. It is possible that individuals who remain in treatment for a longer period of time or who continue to engage in treatment generally are having their mental health needs met to a greater degree than those who are in treatment for a shorter period of time or who are no longer in treatment. Another explanation may be that those who have been in treatment for shorter periods of time are adjusting to a mental health diagnosis or to the manner in which services are conducted at their particular mental health center and this period of adjustment may skew their responses in a negative manner. It is also possible that those who remain in treatment or who are in treatment for longer periods of time respond more positively to avoid cognitive dissonance related to participating in treatment and perceiving that it is not helpful. Treatment status and duration represent rich areas for mental health centers to potentially explore within their own populations.

Discussion and Implications

The MHSIP Consumer Survey offers valuable information on consumer perspectives of Colorado mental health services. This year's sample differed in multiple ways from the overall population of Colorado mental health consumers and seemed to represent a sample of individuals with higher levels of functioning as evidenced by greater percentages of married and employed persons. These variables (among a number of others) were also positively correlated with domain agreement. Although the sample does not seem to be an exact representation of the population of mental health consumers, the data provide very rich information from which future mental health services can be informed.

This year's total domain agreement percentages did not differ significantly from those reported over the past six years. That said, the duration of treatment of the MHSIP 2007 sample represents a decrease from the previous year and a departure from a five-year trend of increased treatment duration. There are multiple hypotheses to explain this change (e.g., a state-wide move to more recovery-oriented services, the impact of budgetary cuts, a sample-specific anomaly, etc.), however it is difficult to make strong assertions. Research is recommended to investigate the stability of the observed decrease in treatment duration as well as reasons for this result.

In summary, this year's MHSIP data show consumer perceptions of mental health services in Colorado to be comparable to those reported for the previous five years with respect to survey domains but represents a notable departure in treatment duration. Study is recommended to ascertain reasons for the decrease in treatment duration. The MHSIP 2007 provides invaluable data regarding consumer perceptions and supports the ideals of a consumer driven model; this information can inform change and highlight strengths for individual mental health centers and for the state as a whole.

Appendix A: COLORADO DIVISION OF MENTAL HEALTH SURVEY 007 (FY 2005-2006)

COLORADO DIVISION OF MENTAL HEALTH SURVEY FY 2005-2006

Otro lado por Espanol

The Division of Mental Health would like to know what you think about the services you are receiving. This survey will only take a few minutes of your time. It is voluntary, so you don't have to complete the survey if you don't want to. It is confidential, so your name will not be used at all, and your answers will not become part of your clinical record. Your opinions count! Both positive and negative answers can really help improve services.

DEMOGRAPHICS

Gender: ___Female ___Male

Residence: ___Urban (In a city) ___ Rural (In the country)

Age Group: ____18-20 ____21-30 ____31-45 ____46-64 ____65-74 ____75+

Ethnicity: Are you Spanish? ___ **Yes**, I am Spanish/Hispanic/Latino
___ No, I am not Spanish/Hispanic/Latino

Race: (Check all that apply)
___ American Indian/Alaska Native
___ White/Caucasian
___ Black/African-American
___ Native Hawaiian/Pacific Islander
___ Asian
___ Other _____

Marital/ Relationship Status: ___ Single ___ Married ___ Divorced ___ Living with Significant Other ___ Separated ___ Widowed

EMPLOYMENT

During the past 3 months did you work at a paid job? _____Yes _____No
During the past 3 months have you spent time doing volunteer work? _____Yes _____No

CRIMINAL JUSTICE

How many times were you arrested in the last 12 months? _____
How many times were you arrested in the same 12 months last year? _____

HEALTH

Do you currently receive Medicaid? _____Yes _____No
How long have you been in treatment at your community mental health center? _____
Are you still receiving treatment at this community mental health center? _____Yes _____No

In the last year, other than going to a hospital emergency room, did you see a doctor or nurse for a health check-up, physical exam, or because you were sick?

_____Yes _____No _____Do not remember

Please indicate your agreement with each of the following statements by circling the number that best represents your opinion. Please answer all questions. If the question is about something you have not experienced, circle the number 9, to indicate that this item is "not applicable" to you.

		Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1	I liked the services that I received here.	1	2	3	4	5	9
2	If I had other choices, I would still get services from this agency.	1	2	3	4	5	9
3	I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4	The location of services was convenient (parking, public transportation, distance, etc).	1	2	3	4	5	9
5	Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6	Staff returned my calls within 24 hours.	1	2	3	4	5	9
7	Services were available at times that were good for me.	1	2	3	4	5	9
8	I was able to get the services I thought I needed.	1	2	3	4	5	9
9	I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	9
10	Staff here believe I can grow, change and recover.	1	2	3	4	5	9
11	I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	9
12	I felt free to complain.	1	2	3	4	5	9
13	I was given information about my rights.	1	2	3	4	5	9
14	Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	9
15	Staff told me what side-effects to watch for.	1	2	3	4	5	9
16	Staff respected my wishes about who is, and is not to be given information about my treatment.	1	2	3	4	5	9
17	I, not staff, decided my treatment goals.	1	2	3	4	5	9
18	Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5	9
19	Staff helped me obtain information so that I could take charge of managing my illness.	1	2	3	4	5	
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9

	AS A DIRECT RESULT OF SERVICES I RECEIVED:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21	I deal more effectively with daily problems.	1	2	3	4	5	9
22	I am better able to control my life.	1	2	3	4	5	9
23	I am better able to deal with crises.	1	2	3	4	5	9
24	I am getting along better with my family.	1	2	3	4	5	9
25	I do better in social situations.	1	2	3	4	5	9
26	I do better in school and/or work.	1	2	3	4	5	9
27	My housing situation has improved.	1	2	3	4	5	9
28	My symptoms are not bothering me as much.	1	2	3	4	5	9
29	In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9
30	I am happy with the friendships I have.	1	2	3	4	5	9
31	I have people with whom I can do enjoyable things.	1	2	3	4	5	9
32	I feel I belong in my community.	1	2	3	4	5	9
33	I do things that are more meaningful to me.	1	2	3	4	5	9
34	I am better able to take care of my needs.	1	2	3	4	5	9
35	I am better able to handle things when they go wrong.	1	2	3	4	5	9
36	I am better able to do things that I want to do.	1	2	3	4	5	9

37. What two things do you like the ***most*** about the services you receive?

38. What two things do you like the ***least*** about the mental health services you receive?

Thank you!

Appendix B: Domain Items

Access Domain

The location of services was convenient.
Staff were wiling to see me as often as necessary.
Staff returned my calls within 24 hours.
Services were available at times that were good for me.

Quality/Appropriateness Domain

Staff here believe I can grow, change, and recover.
I felt free to complain.
Staff told me what side effects to watch for.
Staff respected my wishes about who is, and is not able to be given information about my treatment.
Staff were sensitive to my cultural/ethnic background.
Staff helped me obtain information so that I could take charge of managing my illness.

Participation in Service/Treatment Planning

I, not staff, decided my treatment goals.
I felt comfortable asking questions about my treatment and medication.

Consumer Perception of Outcomes

I deal more effectively with daily problems.
I am better able to control my life.
I am better able to deal with crisis.
I am getting along better with my family.
I do better in social situations.
I do better in school and/or work.
My symptoms are not bothering me as much.

General Satisfaction

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

Appendix C: Return Rates

Agency	First Wave			Second Wave		
	Sent	Returned	Completed	Sent	Returned	Completed
Arap/Douglas	447	33	51	414	8	79
Asian Pacific	50	11	28	39	4	8
Aurora	449	96	40	316	6	39
Centennial	444	56	67	386	12	60
CO West	443	65	61	378	12	58
Community Reach	450	43	63	407	20	66
Jefferson	436	41	81	395	18	67
Larimer	437	174	46	263	16	37
MHCBBC	447	70	56	377	21	54
MHCD	448	163	69	385	18	71
Midwestern	450	151	72	399	9	66
North Range	449	55	48	394	19	47
Pikes Peak	432	49	52	383	15	60
San Luis	446	33	59	413	16	52
Southeast	449	50	47	399	14	63
Sevicios	54	21	7	33	2	5
Southwest	440	97	60	343	23	59
Spanish Peaks	437	75	58	362	22	66
West Central	444	41	63	403	11	75
Total	7652	1324	1028	6489	266	1036

Appendix D: Percent Endorsement of MHSIP Domains by Item

Access Domain Item Endorsement

Access Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The location of services was convenient (1,975)	40.7	36.9	11.5	7.1	3.9
Staff were wiling to see me as often as necessary (1,984)	40.5	36.0	11.9	6.7	4.9
Staff returned my calls within 24 hours (1,895)	37.0	34.0	14.5	8.9	5.6
Services were available at times that were good for me (1,997)	39.8	40.4	10.9	5.9	3.1

Quality/Appropriateness Domain Item Endorsement

Quality/Appropriateness Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff here believe I can grow, change, and recover (1,921)	37.5	36.1	19.7	3.6	3.0
I felt free to complain (1,949)	35.3	35.1	16.7	8.1	4.8
Staff told me what side effects to watch for (1,881)	33.9	35.5	16.0	9.4	5.2
Staff respected my wishes about who is, and is not able to be given information about my treatment (1,946)	43.1	39.1	12.3	2.8	2.7
Staff were sensitive to my cultural/ethnic background (1,671)	36.3	34.6	23.4	2.9	2.7
Staff helped me obtain information so that I could take charge of managing my illness (1,971)	32.5	36.9	17.8	8.1	4.8

Participation Domain Item Endorsement

Participation Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt comfortable asking questions about my treatment and medication (1,985)	42.5	38.2	10.9	5.4	2.9
I, not staff, decided my treatment goals (1,935)	29.5	35.2	22.6	8.1	4.6

Outcome Domain Item Endorsement

Outcome Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems (1,965)	29.2	40.6	19.6	7.3	3.2
I am better able to control my life (1,963)	27.8	40.2	20.6	7.8	3.6
I am better able to deal with crisis (1,953)	25.0	38.9	22.0	10.0	4.1
I am getting along better with my family (1,888)	26.0	39.3	22.7	7.9	4.0
I do better in social situations (1,921)	22.2	36.4	24.9	10.8	5.6
I do better in school and/or work (1,338)	22.2	29.6	30.7	11.4	6.1
My symptoms are not bothering me as much (1,929)	22.9	34.6	21.3	13.5	7.7

General Satisfaction Domain Item Endorsement

Satisfaction Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I like the services that I received here (2,005)	41.9	38.8	12.0	4.5	2.8
If I had other choices, I would still get services from this agency (1,973)	39.3	34.4	13.5	6.9	5.8
I would recommend this agency to a friend or family member (1,987)	42.4	36.6	11.3	5.0	4.7