

MHSIP Consumer Survey Technical Report

Fiscal Year 2007

A Report from the Colorado Department of Human Services

Division of Behavioral Health



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About this Report

In 2008 the Colorado Division of Behavioral Health (DBH) conducted its eleventh annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2007 (July 1, 2006-June 30, 2007). Consistent with national trends in performance measurement, DBH 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. This information can be used to inform future change and can act as a catalyst for more in-depth study of particular domains at the center level. DBH 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 to 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 the seminal aim of such groups being the promotion of consumer-oriented services through data. DBH 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 DBH 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 and statewide mental health center contracts. The MHSIP survey continues to provide an excellent opportunity for DBH to partner on both national and statewide 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 DBH 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). Standardized at a national level (<http://www.nri-inc.org/Profiles01/16StateStudyFinalReport.pdf>), the survey comprises the five following domains (see Appendix B):

- Access: four items that assess perceptions about service accessibility
- Quality/Appropriateness: six items that assess perceptions of quality and appropriateness
- Outcomes: seven items that assess perceptions of outcomes as a result of services
- Participation: two items that assess perceptions of consumer involvement in treatment
- 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 contains items pertaining to demographic information (e.g. age, ethnicity). In addition, two open-ended questions are included in order to gather opinions about the most and least preferred aspects of services received. DBH distributes the MHSIP Consumer Survey in both English and Spanish.

Who Received the Survey?

DBH sampled from an unduplicated file of FY 2007 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 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 = 27 and n = 54 respectively).

How Was the Survey Sent?

A cover letter, survey, and postage-paid return envelope were mailed to each consumer in the sample by the State of Colorado Central Services. A second wave of surveys was sent to the same sample of consumers (excluding those for whom surveys were completed or returned due to bad addresses, deaths, or refusals) approximately six weeks following the original mailing. Data from the completed surveys were then entered and forwarded to the DBH by the State of Colorado Central Services.

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 81% of respondents provided written comments. Upon request, DBH is happy to send each center its consumers' comments in addition to the raw quantitative data. The Division's Data and Evaluation Section along with the Consumer and Family Affairs fielded phone calls regarding the survey, referring complaints and service requests to the Program Quality Department.

Results

Response Rate

DBH obtained a sample of 7,731 individuals from the FY 07 CCAR. A possible 6,274 respondents remained after 1,457 were eliminated due to incorrect addresses, client refusals, and deaths. In return, the Division received a total of 1,225 completed or partially completed surveys, representing a 20.0% return rate, a decrease compared to the 34.0% return rate of the FY 2006 MHSIP.

The significant reduction in response rate may be related to the time period in which the surveys were distributed. While surveys are usually sent out shortly after the fiscal year ends, this year's survey was sent out approximately eleven months after FY 07 ended as the state participated in a work group aimed at improving the methodological procedures utilized for this survey. Upon the commencement of the work group, the survey process began utilizing that group's recommendations. The delay caused by creating and implementing the new procedures may have related to poorer accuracy of addresses as well as a lessened likelihood of responding (e.g., participants feeling it was not relevant), thereby resulting in a lessened response rate. At the same time, the number of completed surveys goes well beyond the threshold of 379 needed to compromise a representative sample (<http://www.surveysystem.com/sscalc.htm>).

Respondent Demographics

The majority of the MHSIP respondents were female (60.0%), compared to 37.0% males (3.0% did not report gender). Most respondents were Caucasian (71.3%) followed by Hispanic (12.9%; see Table 1). With respect to place of residence, 66.4% of respondents indicated living in an urban setting and 22.9% in a rural setting, with 10.7% not responding to the item. Age Distribution as well as Marital Status are also presented in Table 1.

Employment. Regarding employment, 73.2% reported not having worked at a paid job in the three months prior to the survey; however, 21.1% of the sample indicated having volunteered in this time frame.

Criminal Background. A small minority (6.0%) of 2007 survey respondents reported having been arrested in the past 12 months with a similar proportion (6.0%) indicating having been arrested in the 12 months prior to that time frame.

Health Services Utilization and Treatment Duration. Descriptive statistics were employed to investigate health services utilization. Over half (53.1%) of the sample of respondents indicated receiving Medicaid at the time of survey completion. Among 2007 MHSIP respondents, 77.7% indicated having seen a physician or nurse for a health check-up, physical exam, or due to illness during the past year.

A majority of respondents (72.7%) reported that they were still receiving treatment at the time of survey completion. Respondents reported treatment durations ranging from less than one month to 780 months (65 years), with an overall mean of 58.59 months and a median of 12 months. Because of the considerable influence that outliers exert on arithmetic means, the median may be a better index of central tendency.

MHSIP respondents compared to the CCAR population

Chi-square tests compared survey respondents on demographic variables to Colorado adult mental health consumers as reported by FY 2007 Colorado Client Assessment Record's (CCAR) database. The MHSIP population significantly differed from the CCAR population in terms of Ethnicity, Marital Status, Employment Status, Medicaid Status, as well as Age Distribution.

It is important to note that statistically significant differences may not represent meaningful differences. For instance, percentage distribution among the dimensions of Ethnicity and Marital Status were relatively similar, suggesting that differences may in fact be due to the large population size from the CCAR population (n= 48,076; see Table 2).

Furthermore, the MHSIP group of respondents differed significantly from the CCAR population with respect to employment status ($\chi^2 = 669.59$, $p < .001$); specifically, 25.6% of the respondents endorsed current employment in comparison to 62.7% of the CCAR population. It should be noted that employment status of CCAR participants is calculated using a variable termed "Current Primary Role." Comparing two different variables may have lead to the differences in percentages.

Similarly, in terms of Medicaid Status, the MHSIP population significantly differed from the larger population with 54.3% indicating receiving Medicaid versus 34.9% of the CCAR population. Like employment status, Medicaid Status is calculated using a variable dissimilar from the MHSIP question, thus leading to possible discrepancies.

In terms of Age Distribution, 50.8% of the MHSIP sample consisted of 46-64 year olds, whereas only 31.0% of the CCAR sample represented the same age group, ($\chi^2 = 329.18$, $p < .001$).

No differences were noted in terms of gender.

Overall Domain Results

DBH computes domain scores reflecting the percentage of agreement versus disagreement for the State of Colorado. Agreement is defined as a mean that ranges from 1 to 2.49 whereas disagreement is defined as a mean that ranges from 2.50 to 5. Respondents who do not answer at least 2/3 of domain items do not receive a domain score. This method of computation follows national recommendations.

Table 3 presents summary results in percentages with confidence intervals (95%) for the total scores for the 2007 fiscal year as well as for 2005 and 2006. Looking at the trends over time, it appears that the Access and Appropriateness/Quality and Participation domains are moving in a positive direction. Moreover, the percentage of agreement on the Participation domain for FY 07 was found to be significantly higher than in previous years. Finally, it appears that in regards to General Satisfaction and Outcomes, levels of agreement remained relatively stable. Please refer to Appendix C where percentages of endorsement for the full Likert scale are presented by item within each domain.

It should be noted that previously, DBH computed scores at the agency level; however, due to small sample sizes at the agency or clinic level, this was not deemed appropriate (see Appendix D). Instead, scores were computed at the state level.

Table 3

Valid Percent Agreement by Fiscal Year

Fiscal Year	Access	Appropriateness/ Quality	Outcomes	Participation	General Satisfaction
2005	72.3 (70.3-74.3)	71.5 (69.5-73.6)	64.1 (61.9-66.3)	60.4 (58.5-62.3)	76.8 (74.6-79.0)
2006	71.5 (69.5-73.4)	71.6 (69.6-73.6)	65.0 (62.8-67.1)	61.8 (59.6-63.9)	77.9 (76.1-79.7)
2007	76.0 (73.93-78.07)	75.5 (72.44-77.56)	64.0 (62.17-65.83)	78.7 (75.54-80.46)	74.3 (71.47-76.53)

Demographics and Domain Agreement

Analysis of variance was conducted examining relations between domains and the demographic and other (e.g., criminal justice involvement) variables recorded on the MHSIP. Due to the number of analyses conducted, a stringent significance level was utilized ($p < .001$). The variables of Ethnicity, Medicaid status (as reported by the respondents), Residence (urban vs. rural), Marital Status, Criminal Justice and Length of Treatment did not relate to percent agreement with any of the five domains. Relations for the remaining variables are given below, with results presented only for statistically significant results.

Gender

Males and females significantly differed on the domain of Participation, with Females demonstrating higher levels of agreement indicating they perceived higher levels of involvement in service.

Table 4

Valid Percent Agreement by Gender

Gender (N)	Access	Appropriateness/Quality	Outcomes	Participation	General Satisfaction
Male (411)	73.35	70.50	64.20	72.99	70.56
Female (657)	77.51	78.43	63.15	81.74	75.93

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.

Age

Analysis of variance results indicated a significant difference between scores on the domains of Access and General Satisfaction by Age group. Post-hoc analysis determined significant differences between the 18-20 year old age group and the 65-74, and 75+ age groups, with older age groups indicating higher perceptions of access to service as well as higher levels of satisfaction.

Table 5

Valid Percent Agreement by Age Group

Age Group (N)	Access	Appropriateness/ Quality	Outcomes	Participation	General Satisfaction
18-20 (15)	50.00	62.50	53.33	64.71	50.00
21-30 (120)	74.80	68.85	60.98	75.00	65.04
31-45 (293)	71.91	74.83	65.35	77.47	72.58
46-64 (548)	77.08	76.90	63.55	80.11	76.38
65-74 (65)	86.49	80.00	63.08	81.82	80.26
75+ (28)	94.59	92.86	70.97	86.21	84.62

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.

Employment

Being employed in the three months prior to completing the survey related to higher levels of agreement in the Outcomes domain. Specifically, employed respondents endorsed a 73.97% agreement with the Outcomes domain compared to 60.37% for the unemployed group.

Table 6

Valid Percent Agreement by Employment Status within past three months

Employment (N)	Access	Appropriateness/ Quality	Outcomes	Participation	General Satisfaction
Employed (284)	77.44	79.30	73.97	80.63	75.00
Unemployed (800)	75.65	74.07	60.37	77.88	74.03

Discussion and Implications

The MHSIP Consumer Survey offers valuable information on consumer perspectives of Colorado mental health services. While the response rate was significantly lower than in years past, 1,225 respondents goes well beyond the 379 participations needed for adequate representation. At the same time, there were some significant demographic differences between the CCAR mental health population and MSHIP sample, with MHSIP participants reporting higher levels of unemployment as well as Medicaid use. In addition, the MHSIP population was slightly older than the CCAR population.

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. Overall the majority of respondents indicated that their perceptions of Access, Appropriateness/Quality, Participation and General Satisfaction were generally satisfactory. The Outcomes domain was noted as having the lowest levels of agreement. This may suggest that participants perceive services as accessible, appropriate, involving their input, yet not resulting in significant positive outcomes within their daily lives.

In terms of patterns over the past three fiscal years, FY07's domain agreement percentages showed stability within the General Satisfaction and Outcomes domains, with some indication of increased levels of agreement for the Access, Appropriateness/Quality and Participation domains. Significant improvement was noted in the Participation domain over the previous two fiscal years. This suggests that Colorado's mental health consumers perceive higher levels of participation in their treatment than in years past.

Finally, it appears levels of agreement are mediated by a number of demographic characteristics. For instance, it appears that higher levels of agreement are exhibited among participants that are employed, female, and 65 years and older. Reasons for these effects may warrant further study.

In summary, 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.

For information regarding this report please contact Angie Lawson at the Division of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, 303-866-7400.

Table 1

Demographic Information of 2007 MHSIP Respondents

MHSIP Respondents		
Ethnicity	%	<i>n</i>
Caucasian	71.3	874
Hispanic	12.9	158
Multi-Racial	4.3	53
Black/African American	3.5	43
Other	2.6	32
Missing	2.5	31
American Indian/Alaskan	1.7	21
Asian	1.1	13
Age Group in Years	%	<i>n</i>
18-20	1.5	18
21-30	10.6	130
31-45	25.6	313
45-64	49.4	605
65-74	6.8	83
75+	3.4	42
Missing	2.8	34
Marital Status	%	<i>n</i>
Single	37.9	464
Divorced	21.3	261
Married	18.2	223
Widowed	4.7	57
Living with Significant Other	4.5	55
Separated	2.7	33
Missing	10.8	132

Table 2

Comparison of Demographic Information of 2007 MHSIP to 2007 CCAR Respondents

Ethnicity	MHSIP Respondents		CCAR Respondents	
	%	<i>n</i>	%	<i>n</i>
Caucasian	73.2	874	61.37	29503
Hispanic	13.23	158	15.53	7467
Missing	0	0	9.96	4788
Black/African American	3.6	43	5.75	2765
Other	2.68	32	3.27	1572
Multi-Racial	4.44	53	1.86	892
Asian	1.09	13	1.13	543
American Indian/Alaskan	1.76	21	0.97	467
Pacific Islander	0	0	0.16	79
Marital Status				
Single	47.48	519	44.43	21291
Divorced	23.88	261	25.32	12133
Married	20.40	223	20.24	9699
Widowed	5.22	57	3.32	1589
Separated	3.02	33	6.69	3205

Appendix A

COLORADO DIVISION OF MENTAL HEALTH SURVEY

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

Marital/Relationship Status: Single Living with significant Other Married Separated Divorced 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 marking the number that best represents your opinion. Please answer all questions. If the question is about something you have not experienced, mark the number 9, to indicate that this item is "not applicable" to you.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N o t 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	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9
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

AS A DIRECT RESULT OF SERVICES I RECEIVED:	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	N o t Applicable
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 services you receive?

Thank you

Appendix C: 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 (1143).	34.4	42.3	11.6	7.0	4.6
Staff were willing to see me as often as necessary (1132).	37.4	39.8	11.0	7.9	4.1
Staff returned my calls within 24 hours (1071).	34.4	38.9	13.2	8.8	4.8
Services were available at times that were good for me (1149).	35.9	45.3	9.5	5.7	3.7
I was able to get all the services I thought I needed (1143).	34.4	41.4	10.5	7.1	6.6
I was able to see a psychiatrist when I wanted to (1059).	27.1	37.5	16.1	11.0	8.3

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 (1102).	34.5	38.4	20.1	3.5	3.4
I felt free to complain (1116).	31.0	39.2	17.5	7.1	5.3
I was given information about my rights (1126).	40.0	46.0	9.1	3.6	1.4

Staff encouraged me to take responsibility for how I live my life (1103).	34.6	43.6	14.4	4.7	2.6
Staff told me what side effects to watch for (1074).	30.3	38.4	15.9	10.9	4.6
Staff respected my wishes about who is, and is not able to be given information about my treatment (1110).	40.6	41.9	11.0	3.2	3.3
Staff were sensitive to my cultural/ethnic background (1970).	30.5	34.4	27.8	3.3	3.9
Staff helped me obtain information so that I could take charge of managing my illness (1072).	29.3	38.6	19.5	7.6	4.9
I was encouraged to use consumer-run programs (1046).	28.6	36.4	20.3	9.5	5.3

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 (1132).	41.2	40.0	9.6	5.2	4.0
I, not staff, decided my treatment goals (1111).	27.1	38.2	21.1	8.5	5.2

Outcome Domain Item Endorsement

Outcome Item (N)	Percent Endorsement				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems (1134).	28.2	40.7	17.7	8.4	5.0
I am better able to control my life (1138).	29.5	38.1	20.1	6.6	5.6
I am better able to deal with crisis (1159).	23.6	41.2	20.4	9.1	5.6
I am getting along better with my family (1123).	25.7	40.2	21.1	7.0	6.0
I do better in social situations (1335).	19.2	37.4	23.9	12.8	6.7
I do better in school and/or work (770).	17.5	31.2	33.2	10.0	8.1
My housing situation has improved (982).	24.3	30.3	27.9	10.1	7.3
My symptoms are not bothering me as much (1151).	16.9	38.4	21.6	14.1	8.9

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 (1156).	36.9	40.5	13.3	4.2	5.2

If I had other choices, I would still get services from this agency (1130).	34.2	34.9	15.0	8.3	7.6
I would recommend this agency to a friend or family member (1147).	38.8	35.6	14.3	5.2	6.1

Appendix D: Return Rates

Agency	Sampled	Able to be Sent	Needed	Completed	Difference
Arapahoe/Douglas	450	370	303	87	216
Aurora	450	274	318	38	280
Centennial	450	401	245	72	173
CHARG	27	27	25	0	25
CO West	450	363	260	2	258
Community Reach	450	377	306	74	232
Jefferson	450	360	326	75	251
Larimer	450	347	292	64	228
MHCBBC	450	365	288	76	212
MHCD	450	374	328	111	217
Midwestern	450	384	261	80	181
North Range	450	324	299	65	234
Pikes Peak	450	377	336	69	267
San Luis Valley	450	388	259	74	185
Southeast	450	399	234	82	152
Servicios de la Raza	54	38	47	6	41
Southwest	450	346	259	59	200
Spanish Peaks	450	310	300	69	231
West Central	450	450	261	0	261
Colorado State	7731	6274	379	1125	-746

Note. West Central was included in the second mailing only.