



COLORADO

Department of Human Services

Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey

Annual Report FY2014

This report was prepared by:
Adrienne Jones, M.A., Researcher
Data and Evaluation, Community Programs
Office of Behavioral Health, CDHS



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About this Report

In 2013, the Colorado Office of Behavioral Health (The Office) conducted its seventeenth annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey with a focus on services provided in State Fiscal Year 2014 (July 1, 2013 - June 30, 2014; FY2014). Consistent with national trends in performance measurement, the Office administers the MHSIP Consumer Survey to assess various consumer perceptions of public behavioral health services provided in Colorado. This report describes data collection, sample selection, and results of this year's survey. The Office is committed to the inclusion of consumer participation at multiple levels of behavioral health services and perceives the MHSIP survey as one way of meeting this ongoing goal.

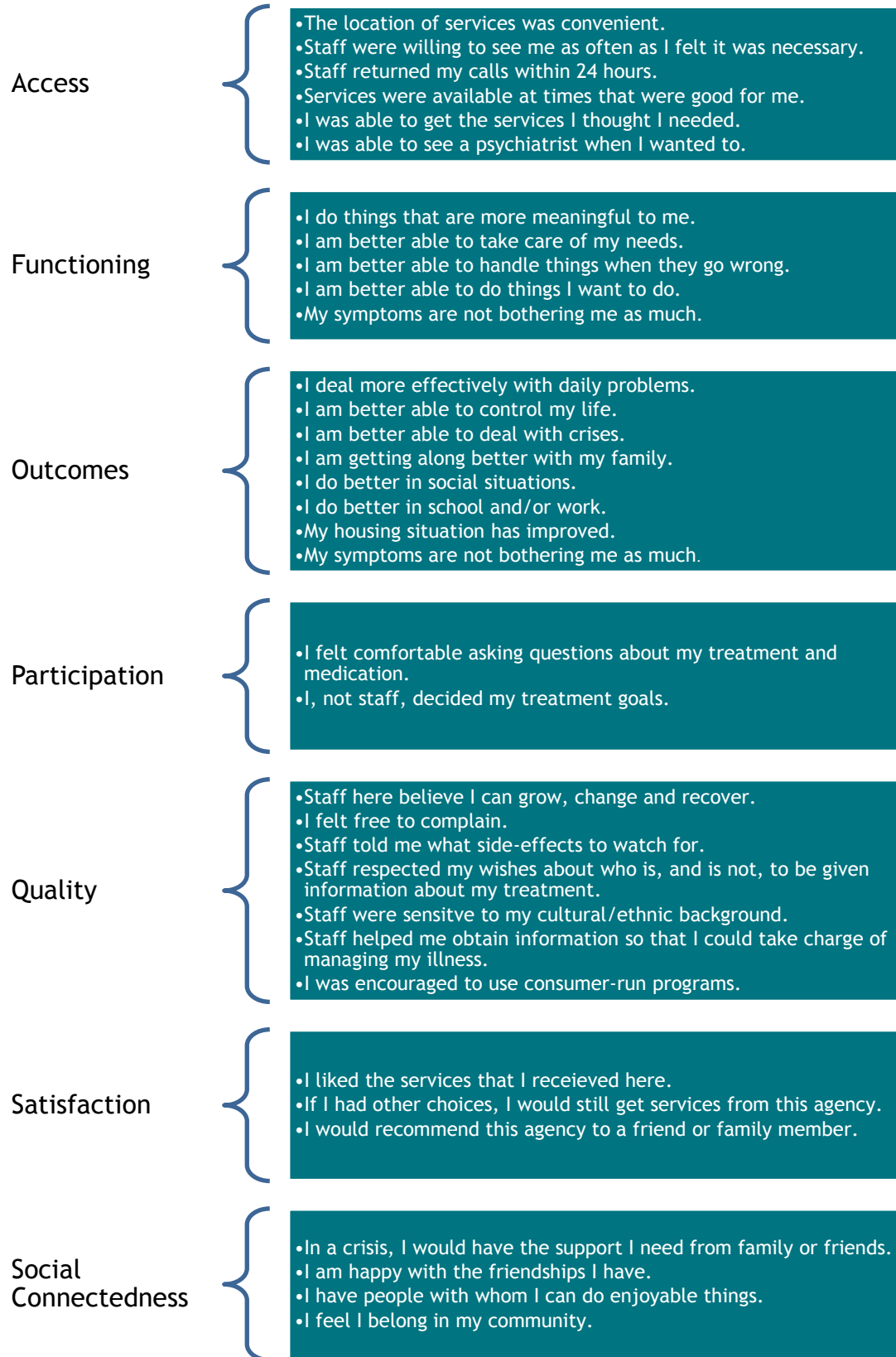
It is important to note that the MHSIP survey has been developed at a national level in part to promote data standards that allow for valid results to better inform policy and decisions (for a full description of MHSIP and the survey's underlying values, please visit: http://www.nri-inc.org/projects/SDICC/tech_assist.cfm). MHSIP work groups include consumers and families with the goal of such groups being the promotion of consumer-oriented services through data.

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

What is the MHSIP Survey?

The MHSIP Consumer Survey consists of 36 items, each answered using a 5-point Likert scale ranging from one (strongly agree) to five (strongly disagree). These questions create seven domains, which are used to measure different aspects of customer satisfaction with public behavioral health services. Figure 1 details the specific questions that comprise each of the seven domains: Satisfaction, Access, Quality, Participation, Outcomes, Social Connectedness, and Functioning.

Figure 1. MHSIP Domain Items



The Functioning and Social Connectedness domains were added to the MHSIP survey in 2006. While these items have been collected in Colorado in prior years, FY2014 is the first year these items have been included in this report. These domains were included in an attempt to provide further insight on consumer's perceptions of their behavioral health treatment and its impact on their daily lives.

The MHSIP survey also contains items pertaining to demographic information (e.g., age, gender, race/ethnicity, arrests, and payor source), as well as two open-ended questions are also included in order to gather opinions about the most and least preferred features of services received.

Lastly, the MHSIP survey was modified this year to exclude demographic information that while informative, were not required by federal reporting standards and considerably increased the length of the survey. Such variables included, but are not limited to: disability information, sexual orientation, spoken languages, and armed service. Please see Appendix A for a copy of the MHSIP survey as it was presented to consumers for FY2014.

Survey Procedures

Since 2008, a convenience sample has been used where surveys were given directly to consumers when they arrived for their appointment, meaning the MHSIP only captures those who are currently receiving services. Additionally, consumers who chose to complete the MHSIP survey were eligible to enter a drawing to win a \$10 gift card for a local grocery or convenience store. All consumers were included in the survey regardless of payor source. This was different from previous years that included only the consumers who were classified as indigent or receiving Medicaid. For FY2014, the option of completing the survey online was offered via Survey Monkey with a link to the survey being provided in the survey cover letter handed out to consumers with the paper survey. The online survey was designed to mimic the paper survey as closely as possible and provide the convenience of online completion. The online survey option was offered in both English and Spanish. Despite Office efforts, only seven English surveys were completed via Survey Monkey.

Sample

The Office used a convenience sampling method whereby each of the 17 community mental health centers and the two specialty clinics, Asian Pacific and Servicios de la Raza, were provided with surveys to hand out to consumers who were receiving services during a three week period conducted between October 28th and November 15th 2013. Consumers who were attending their first appointment, or intake, were excluded from the sample.

Survey Distribution

The Office contracted with the State of Colorado Central Services, Integrated Document Solutions (IDS) to prepare, mail, and receive surveys as well as enter data for the FY2014 survey period. IDS mailed a pre-determined number of MHSIP packets

(including a cover letter, survey, and a lottery ticket) to each of the 17 community mental health centers and the two specialty clinics. During the three-week data collection period, consumers were offered the opportunity to complete the MHSIP survey and lottery ticket to enter the gift card drawing. Consumers could choose to mail the survey directly to IDS in a postage-paid return envelope or could drop (completed and refused) surveys in a secure box located at the center. At the end of the data collection period, centers shipped all surveys to IDS where they were sorted and processed. Data from the completed surveys were then entered into Excel and sent to the Office by IDS.

Response Rate

Data were analyzed at the state level. While the Office previously reported agency level data, this approach was discontinued because it undermined the Office's goal to foster a collaborative environment among Colorado's public behavioral health providers. The Office provides raw agency data to each community mental health center and specialty clinic should they want to conduct their own analyses. Response rate was calculated by taking the number of surveys completed from each agency divided by the number of consumers scheduled for appointments. When calculating response rate in this way, it is assumed that every consumer was offered the survey and either declined or accepted.

The Office received a total of 3,676 completed or partially completed MHSIP surveys. Soon after the survey administration, agencies were asked for the number of consumers that were seen during the survey period. All agencies responded and 22,248 adult consumers were reportedly seen during the 3-week survey period, representing a 16.5% return rate (see Appendix B). This percentage is higher than FY2013, which had a response rate of 15.7%. This year's survey process was not significantly different from the three previous years, and the number of surveys completed this year was higher than past years (2,327; 2,642; 3,338 respectively).

Respondent Demographics

The majority of the MHSIP respondents who reported gender were female (64.7%) and 34.4% were male. Respondents were generally middle aged with 36.6% between 31-45 years old and another 37.1% between 46-64 years old.

Race and Ethnicity: Following national guidelines, race and ethnicity were separated into two questions on the survey. Hispanic/Latino(a) was the sole choice for ethnicity and 20.2% of respondents endorsed this item. However, 22.2% of the responses were missing or marked "Prefer not to Answer." Race had the following choices: American Indian/Alaska Native, White/Caucasian, Black/African American, Native Hawaiian/Pacific Islander, Asian, Other, and Prefer not to Answer. If a respondent chose more than one race, their racial identification was coded as Multiracial. Most respondents identified with only one racial group (83.1%). The majority of respondents identified as White/Caucasian (65.9%) followed by Multiracial (4.4%), Other (6.9%), African American/Black (3.6%) and American Indian/Alaska Native

(3.8%). Approximately 17.3% left this item blank or chose “Prefer not to Answer.” Please see Appendix C for all responses.

Criminal Background: FY2014, the survey asked about criminal background (*i.e.*, arrests) for respondents who had received services for more than one year and for those who had received services for less than one year. For respondents who had received services for more than one year, 7.6% of survey respondents reported having been arrested in the past 12 months with a slightly higher proportion (10.1%) indicating having been arrested in the 12 months prior to that time frame. For those who had received services for less than one year, 5.4% reported having been arrested since beginning behavioral health services. A slightly higher proportion (18.1%) was arrested in the 12 months prior to beginning behavioral health services. Please note that a significant percentage (77.2% and 78.6% respectively) did not answer the last two questions.

Payor Source: On this year’s survey, two survey questions addressed payor source. There were two specific items on the survey: “Do you currently receive Medicaid?” with a yes/no answer and “What form of payment best describes your payment plan for services here?” with multiple options. For those who responded to the Medicaid questions, 60.1% were currently receiving Medicaid at the time of survey completion (with only 2.2% of respondents missing data on this item). The next highest endorsed option was “Medicaid/Medicare co-pay” was the most frequently chosen, followed by “no payment” (16.2%) and “sliding scale” (13.7%). Please see Appendix D for all responses.

FY2012 and 2013 Demographic Comparison: Each year, the Office compares the current respondent demographics to prior years. This is done for two reasons - to ensure data integrity and to look at demographic trends across time. FY2013 data are similar to FY2014’s, demonstrating that the populations are highly comparable. See Figures 2 and 3 for FY2013 and FY2014 for demographic comparisons of age and race/ethnicity data.

Figure 2. Age of respondents by percentage, FY2013-FY214

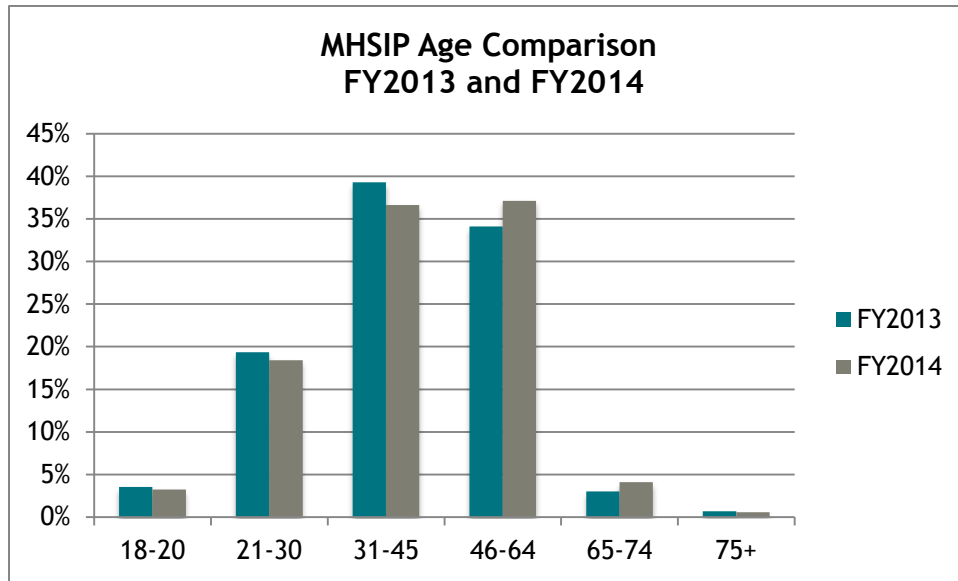
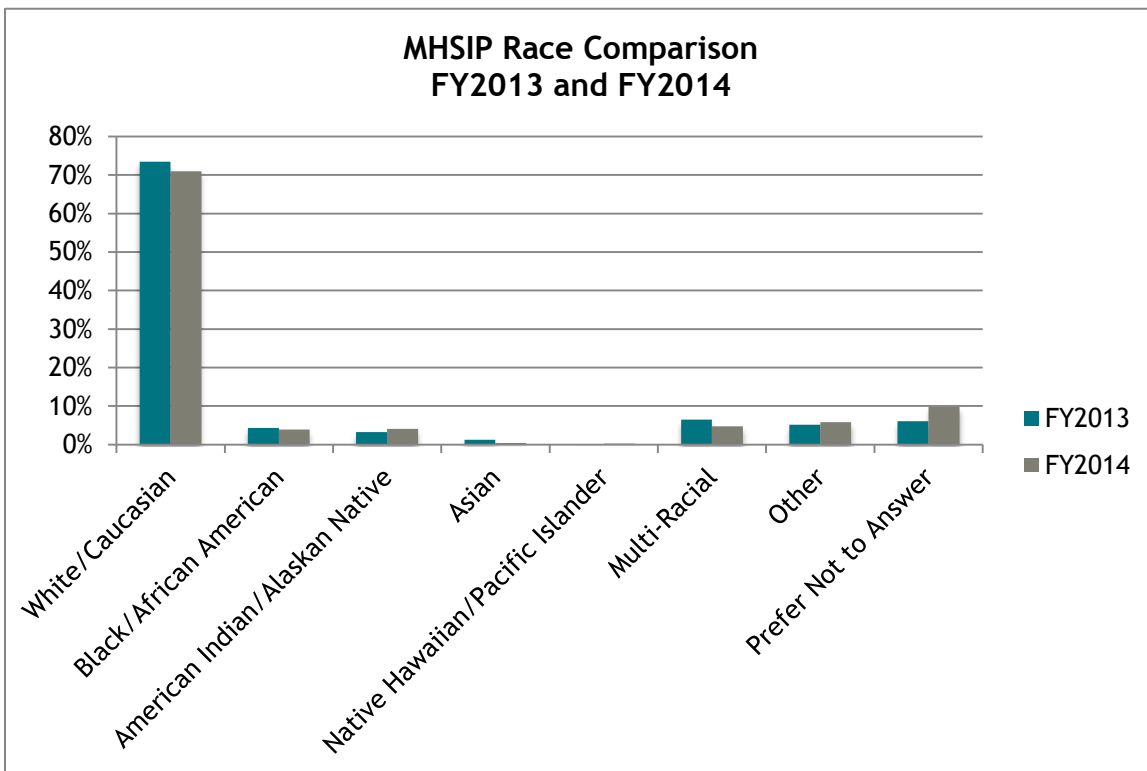


Figure 3. Race of respondents by percentage, FY2013-FY2014



MHSIP Respondents Compared to the CCAR Population

The MHSIP respondents' demographics were also examined in comparison to demographics for the Colorado Client Assessment Record (CCAR) population. Any individual who receives treatment at a public behavioral health center or specialty clinic has a CCAR completed by a clinician. The CCAR demographic measures are more complete and are thus a more representative sample of people receiving behavioral health services within the state. As such, the samples were compared to explore whether the MHSIP sample is representative of this larger group. Statistical comparisons were not conducted as the sample sizes vary greatly in size, the instruments measure demographics slightly differently, and are completed by different individuals (*i.e.*, the MHSIP is self-report and the CCAR is clinician report). Furthermore, The Office implemented changes to both the race and ethnicity variables starting in January 2014. This led to FY2014 year data containing two different race and ethnicity measures for half the year. Every attempt was made to reconcile the data and present, as accurately as possible, a portrait of demographic information from the CCAR population.

The two samples were compared on gender, age, ethnicity, and race. In general, the two samples are demographically similar: more women receiving services than men, and adults (21-65) as the primary age group served. Respondents identifying as Hispanic/Latino(a) in both samples was similar with 20.2% on the MHSIP and 21% on the CCAR. These data show the CCAR population continues to be comparable to the MHSIP population. Please see Appendix E for a detailed comparison of CCAR and MHSIP demographic data.

Overall Domain Results

The Office computes domain scores for the seven domains captured on the MHSIP survey. Using the five point Likert-scale, 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 did not answer at least two-thirds of the domain items did not receive a domain score and were excluded from analysis. This method of computation follows national recommendations from the Substance Abuse Mental Health Service Administration (SAMHSA).

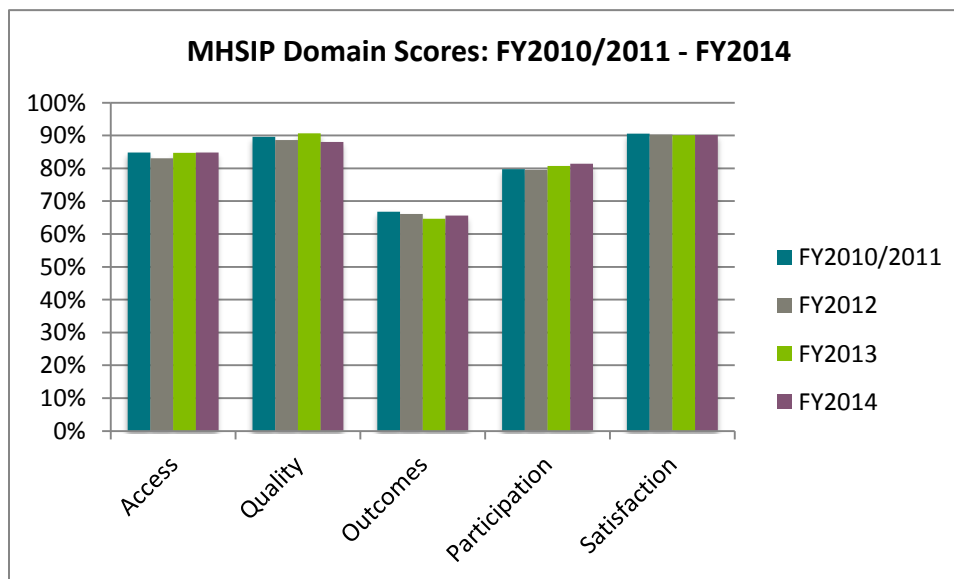
Table 1 presents the total mean score results, in percentages, for FY2014, as well as for FY2010/2011, FY2012 and FY2013. Looking at the trends over time, FY2014 levels of agreement remained relatively stable for all domains compared to prior years. Please refer to Appendix F where percentages of agreement/disagreement for the 5-point Likert scale are presented by item within each domain.

Table 1. Valid Domain Percent Agreement by Fiscal Year

Domain	FY2010/2011	FY2012	FY2013	FY2014
Access (n)	84.9 (1951)	83.1 (1973)	84.8 (3301)	84.9 (3095)
Functioning (n)	N/A	N/A	N/A	68.8 (2408)
Outcomes (n)	66.8 (1467)	66.1 (1506)	64.7 (3180)	65.7 (2216)
Participation (n)	79.8 (1759)	79.6 (1812)	80.8 (3178)	81.4 (2957)
Quality (n)	89.6 (2016)	88.7 (2069)	90.7 (3246)	88.1 (2965)
Satisfaction (n)	90.6 (2098)	90.3 (2150)	90.1 (3315)	90.2 (3295)
Social Connectedness (n)	N/A	N/A	N/A	63.8 (2224)

Due to consistent methodology, it is possible to examine trends in domain scores from year to year. Figure 4 demonstrates that the domain scores for these four years are consistent and follow the same overall trend in percent agreement.

Figure 4. MHSIP Domain Scores, FY2010/11 through FY2014



Population Characteristics and Domain Agreement

Parametric statistics were used to analyze mean difference for gender, age, ethnicity, race, and Medicaid groups for all MHSIP domains. When appropriate, certain response choices (*i.e.*, Prefer Not to Answer), with small sample sizes, were removed before analysis.

Gender¹

Independent sample t-tests results found statistically significant mean differences between men and women for three domains. Lower scores were reported by men than women across the following domains:

- Quality: [t (3393) 3.73, $p = .000$]
- Satisfaction: [t (3537) 4.21, $p = .000$]
- Participation: [t (3524) 4.47, $p = .000$]

For all other demographic groups there were no statistically significant mean differences. In the past, previous statistical methodologies were used to analyze these group differences; however, the Office has since adopted a more conservative methodology leading to the decrease in differences reported this year.

Qualitative 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 76% of respondents provided written comments to one or both of the questions.

What Consumers Like Most

The responses to the open-ended question of “What two things do you like most about the services you receive?” were reviewed for common themes. The following themes were found from the responses:

Positive Experiences with Staff

There were numerous comments regarding the friendliness of staff, including therapists, psychiatrists, and support staff. Many individuals mentioned specific CMHC employees by name.

“Everyone is helpful and upbeat.”

¹ Responses of “Transgender” and “Don’t Know” were removed from analysis due to small number of responses.

“Clinician/Therapist is genuinely interested and concerned about my well-being. She encourages me to do what is best for me.”

“Courteous, professional, and caring service across the board...”

Non-Judgmental and Feeling Heard

Comments on not feeling judged or being listened to were also common.

“I feel I am being listened to and heard.”

“I don’t feel like I’m being judged or like a sick person.”

“The therapist’s ability to listen and understand my concerns when I feel I barely know what to say.”

Treatment Goals

Another common theme was consumers expressing appreciation that they were included in the treatment planning process. They could decide what they wanted their goals and outcomes to be and not have it dictated by their therapist.

“I am able to participate in my treatment plan and meds.”

“I like the way I can make my own decision about my treatment.”

“I am involved in my treatment plan and staff are very positive in believing that I can grow, change and recover.”

Services/Groups

The specific services being offered were also mentioned frequently. Many consumers commented they appreciated the amount of services available and many specifically mentioned group therapy or specific therapies by name (*i.e.*, dialectical behavioral therapy).

What Consumers Like Least

The responses to the open-ended question of “What two things do you like least about the services you receive?” were also reviewed for common themes. Many were the opposite of those found in the positive comments.

Feeling Judged or Not in Control of Their Treatment

“The [doctors] make you feel bad about yourself.”

Difficulty Scheduling Appointments

Comments about difficulty getting appointments were across different types of providers, such as therapists, case managers, and psychiatrists. Many respondents also stated that providers did not return their phone calls or were delayed in returning phone calls.

“I am not able to get an appointment in a timely manner when I need one.”

“It is sometimes difficult to get in to be seen.”

“When I call to make appointments, cannot reach anyone.”

Cost of Services

Some respondents stated that they didn't have enough money for the services. Other comments were regarding inconsistent billing and the general cost of services.

"My mental health can't be improved on in this income"

"It is way too expensive at \$35!"

Location and Environment

Respondents who commented about location stated that the center was too far from their home and difficult to attend on a regular basis. There were also complaints about the overall environment.

"Parking is not good"

"The bad smell"

"Not enough tea flavors."

"Building atmosphere does not have a warm feeling here."

Staff Turnover/Staff Overload

The turnover of staff was another theme reflected in the responses.

"There's been too much turn-over lately and good clinicians, psychiatrist have left."

"Would like more consistent availability of doctors (psychiatrists, etc.); not so much of people in and out of center (jobwise at the center)."

Outcomes

Fewer respondents discussed outcome explicitly in their responses. Some were not satisfied with the lack or rate of progress.

"I am having difficulty making meaningful changes...sometimes it feels like I can't move forward."

"I feel that they need more treatment options."

Discussion and Implications

The MHSIP Consumer Survey offers valuable information on consumer perspectives of Colorado behavioral health services. Although the MHSIP survey has limitations, the use of the survey in community behavioral health settings allows for feedback across a broad spectrum of behavioral health consumers regarding satisfaction. However, it is important to interpret these findings with its limitations in mind. Limitations include the following:

- The convenience sampling method used for the MHSIP survey only samples consumers who are currently attending sessions at a public behavioral health agency. These data do not capture the opinions of consumers who have discontinued services with the agency for whatever reason or those unable to access services.

- There is no information on who declines to complete the survey and how they may differ from those who responded.
- The Office is unable to capture those individuals who successfully completed treatment/services and how their responses might differ.

Despite these limitations, the MHSIP provides rich information that may be helpful for informing future behavioral health services. Overall, the majority of respondents indicated that their perceptions of Access, Quality/Appropriateness, Participation and General Satisfaction were generally satisfactory. The Outcomes, Functioning, and Social Connectedness domains were noted as having the lowest levels of agreement. However, it is important to note that despite outcome scores being lower than other domains, two-thirds of respondent still rate these domains positively. One possible explanation for the consistent finding of lower levels of agreement for these domains is that consumers who are currently receiving services are not able to assess outcomes as well as they could after they have completed treatment. Another explanation could be that most respondents are able to easily identify their opinions about components of treatment, but have a harder time identifying how those components translate into impacting their lives.

In summary, the MHSIP Consumer Survey for FY2014 agency data provides invaluable information regarding consumer perceptions and supports the ideals of a consumer-driven model; this information can inform change and highlight strengths for individual behavioral health centers and for the state as a whole.

For information regarding this report please contact Adrienne Jones, M.A., MHSIP Project Coordinator at the Office of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, 303-866-7400/adrienne.jones@state.co.us.

Appendix A: FY2014 MHSIP Survey

Adult Consumer Satisfaction Survey – MHSIP

Please help our agency make services better by answering some questions about the services you received OVER THE LAST 6 MONTHS. Please fill in the circle that best represent how you feel about each statement. If the question does not apply to you, please mark “Not Applicable.” Please fill out the circle completely. Example: ●

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1. I liked the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Staff respected my wishes about who is, and is not, to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural/ethnic background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain information so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AS A DIRECT RESULT OF SERVICES I RECEIVED HERE...

21. I deal more effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and/or work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. In a crisis, I would have the support I need from family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am happy with the friendships I have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I have people with whom I can do enjoyable things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel I belong in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I do things that are more meaningful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am better able to take care of my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. I am better able to handle things when they go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following two questions request your feedback regarding your experiences with this center. We value your comments, but they are optional. Should you choose to write comments, please **DO NOT include your name** or any information that would identify you. Your comments will be shared with the center exactly as you write them.

37. What two things do you like the MOST about the mental health services you receive?

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

Please answer the following questions to let us know a little about you.

39. Do you currently receive Medicaid (Please choose one)?	Yes	No	Don't know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. What form of payment best describes your payment plan for services here (Please choose one)?	Sliding Scale	Self-Pay	Medicaid/Medicare Co-Pay	Third Party Insurance Co-Pay	No Payment	Don't know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Gender	Male	Female	Transgender	Don't Know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify):				

42. Age	18-20	21-30	31-45	46-64	65-74	75+
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. Ethnicity	I am Hispanic/Latino(a)	I am NOT Hispanic/Latino(a)	I prefer not to answer
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Race-Mark all that apply to you.	American Indian/Alaskan Native	Black/African American	White/Caucasian	Asian	Native Hawaiian/Pacific Islander	I prefer not to answer
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify):						
Tribal Affiliation (Specify):						

45. How long have you been receiving services at this center?	Less Than a Year (Skip to Question 46-48)	More Than a Year (Skip to Question 49-51)
	<input type="radio"/>	<input type="radio"/>



46. Were you arrested since beginning services from this center?	Yes	No
	<input type="radio"/>	<input type="radio"/>
47. Were you arrested during the 12 months prior to that?	Yes	No
	<input type="radio"/>	<input type="radio"/>

49. Were you arrested during the last 12 months?	Yes	No
	<input type="radio"/>	<input type="radio"/>
50. Were you arrested during the 12 months prior to that?	Yes	No
	<input type="radio"/>	<input type="radio"/>

48. Since you began to receive services from this center, have your encounters with the police....	
Been reduced (not been arrested or hassled by police)	<input type="radio"/>
Stayed the same	<input type="radio"/>
Increased	<input type="radio"/>
Does not apply – I have had no police encounters	<input type="radio"/>

51. Over the last year, have your encounters with the police...	
Been reduced (not been arrested or hassled by police)	<input type="radio"/>
Stayed the same	<input type="radio"/>
Increased	<input type="radio"/>
Does not apply – I have had no police encounters	<input type="radio"/>

Appendix B: Response Rate by Agency for FY2014²

Agency	Completed Surveys	Number of Adult Consumers Seen	Response Rate
Arapahoe/Douglas Mental Health Network	46	712	6%
Asian Pacific Development Center	8	111	7%
AspenPointe Health Services	208	2074	10%
Aurora Comprehensive Community Mental Health Center	209	2876	7%
Axis Health Systems	132	473	28%
Centennial Mental Health Center	268	526	51%
Community Reach Center	267	2312	12%
Jefferson Center for Mental Health	432	1917	22%
Mental Health Center of Denver	240	938	26%
Mental Health Partners	287	1230	23%
Ming Springs Inc. (formerly Colorado West)	204	1492	14%
North Range Behavioral Health	223	2658	8%
San Luis Valley Comprehensive Community	86	364	24%

² These numbers are based on agency-reported numbers of adults seen during the survey period, excluding intake consumers.

Mental Health Center			
Servicios de la Raza, Inc.	8	27	30%
Southeast Mental Health Services	105	194	54%
Spanish Peaks Mental Health Center	518	1674	31%
The Center for Mental Health (formerly Midwestern MHC)	115	1040	11%
Touchstone Health Partners	168	1250	13%
West Central Mental Health Center, Inc.	149	380	39%
Total ³	3673	22248	16.5%

³ Three online responses did not include agency affiliation.

Appendix C: Demographic Information of FY2014 MHSIP Respondents⁴

	MHSIP	Respondents
Gender	%	<i>n</i>
Female	63.2	2317
Male	33.6	1231
Don't Know	0.4	14
Transgender	0.5	19
Missing	2.4	88
Race ⁵	%	<i>n</i>
White/Caucasian	65.9	2419
Multi-Racial	4.4	162
Other	5.4	199
Black/African American	3.6	133
American Indian/Alaska Native	3.8	139
Asian	0.4	15
Native Hawaiian/Pacific Islander	0.2	<10
Prefer Not To Answer	9.1	333
Missing	12.5	459
Ethnicity	%	<i>n</i>
Non-Hispanic/Latina(o)	59.5	2184

⁴ Reported percents include missing counts (valid percent).

⁵ These are not mutually exclusion categories.

Hispanic/Latina(o)	18.2	668
Prefer Not To Answer	12.6	463
Missing	9.6	354
Age Group	%	<i>n</i>
18-20 years	3.1	113
21-30 years	17.6	644
31-45 years	34.9	1282
46-64 years	35.4	1299
65-74 years	3.9	143
75+ years	0.5	19
Missing	4.6	169

Appendix D: Payor Status for FY2014 MHSIP

MHSIP Respondents		
Self-Reported Medicaid	%	<i>n</i>
Yes	58.8	2159
No	36.2	1330
Don't Know	2.8	101
Missing	2.2	79
Self-Reported Payment Plan for Services ⁶	%	<i>n</i>
Medicaid/Medicare Co-pay	43.5	1596
Self Pay	7.6	280
Sliding scale	13.7	502
Don't Know	10.1	371
No Payment	16.2	596
Third-party Co-Pay	5.2	189
Missing	3.7	135

⁶ Respondents were asked to select only one choice.

Appendix E: Comparison of Demographic Information of FY2014 MHSIP to FY2014 CCAR⁷ Respondents

	MHSIP Respondents		CCAR Respondents ⁸	
	%	<i>n</i>	%	<i>n</i>
Gender⁹				
Female	64.7	2317	59.3	41627
Male	34.4	1231	40.7	28571
Age Group	%	<i>n</i>	%	<i>n</i>
18-20 years	3.2	113	6.4	4491
21-30 years	18.4	644	23.3	16373
31-45 years	36.6	1282	34.7	24357
46-64 years	37.1	1299	30.9	21700
65-74 years	4.1	143	3.7	2565
75+ years	0.5	19	1.0	712
Race¹⁰	%	<i>n</i>	%	<i>n</i>
American Indian/Alaska Native	4.8	139	1.8	1195
Asian	0.5	15	1.1	709
Black/African American	4.6	133	6.9	4629
Multi-Racial	5.6	162	19.1 ¹¹	12766
Native Hawaiian/Pacific	0.3	<10	0.2	132

⁷ The CCAR data represent CCARs given during FY2014 (July 1, 2013 - June 30, 2014).

⁸ These numbers represent unduplicated counts.

⁹ The MHSIP options of “Transgender” and “Don’t know” were removed from this analysis because the CCAR does not have analogous options.

¹⁰ These are not mutually exclusive categories.

¹¹ The Multiracial response is inflated compared to FY2013 due to the change in the CCAR demographic variables.

Islander				
Other	6.9	199	1.7	1108
White/Caucasian	84.1	2419	69.3	46406
Ethnicity	%	<i>n</i>	%	<i>n</i>
Non-Hispanic/Latina/o	76.6	2184	79.0	54390
Hispanic/Latina/o	23.4	668	21.0	14419

Appendix F: Percent Positive Endorsement of MHSIP Domains by Item¹²

Access Items (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The location of services was convenient (3628).	49.9	33.3	11.8	3.8	1.2
Staff were willing to see me as often as necessary (3625).	53.7	33.9	8.1	3.1	1.1
Staff returned my calls within 24 hours (3406).	47.1	32.9	12.9	5.6	1.6
Services were available at times that were good for me (3637).	51.0	37.8	7.5	2.8	0.9
I was able to get all the services I thought I needed (3621).	50.9	37.4	7.9	2.7	1.1
I was able to see a psychiatrist when I wanted to (3393).	39.2	32.1	17.1	8.1	3.6

Functioning Item (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I do things that are more meaningful to me (3476).	30.6	38.6	22.6	6.5	1.8
I am better able to take care of my needs (3494).	30.5	42.7	20.4	4.9	1.5
I am better able to handle things when they go wrong (3505).	27.2	41.1	22.2	7.2	2.3
I am better able to do things I want to do (3499).	28.8	38.6	22.3	7.7	2.5

¹² “Not Applicable” was an additional response choice; those responses are not included in the overall percentages provided in these tables.

My symptoms are not bothering me as much (3464).	24.9	35.8	23.2	11.3	4.7
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Outcome Items (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I deal more effectively with daily problems (3513).	35.4	41.9	18.1	3.8	0.9
I am better able to control my life (3501).	33.8	40.8	20.5	4.0	1.3
I am better able to deal with crisis (3498).	31.7	40.0	21.7	5.3	1.3
I am getting along better with my family (3398).	32.0	36.3	23.7	5.4	2.6
I do better in social situations (3445).	27.4	34.6	27.1	8.3	2.6
I do better in school and/or work (2785).	26.9	30.7	31.8	8.0	2.6
My housing situation has improved (3104).	29.2	28.8	28.8	8.9	4.4
My symptoms are not bothering me as much (3464).	24.9	35.8	23.2	11.3	4.7

Participation Items (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I felt comfortable asking questions about my treatment and medication (3584).	57.5	33.3	6.8	1.7	0.6
I, not staff, decided my treatment goals (3551).	44.3	35.0	15.6	3.7	1.4

Quality Items (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Staff here believe I can grow, change, and recover (3598).	55.8	33.2	9.5	0.9	0.6
I felt free to complain (3534).	46.9	34.2	13.4	3.9	1.6
I was given information about my rights (3603).	58.1	34.0	5.3	1.8	0.7
Staff encouraged me to take responsibility for how I live my life (3572).	54.4	34.9	8.7	1.4	0.6
Staff told me what side effects to watch for (3343).	43.9	32.5	15.6	5.7	2.2
Staff respected my wishes about who is, and is not able to be given information about my treatment (3555).	58.9	31.6	7.5	1.0	1.0
Staff were sensitive to my cultural/ethnic background (3263).	49.5	33.8	14.6	1.3	0.7
Staff helped me obtain information so that I could take charge of managing my illness (3473).	47.7	37.2	12.2	2.3	0.5
I was encouraged to use consumer-run programs (3382).	47.0	33.3	15.6	3.6	0.6

Satisfaction Items (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I liked the services that I received here (3650).	60.1	32.5	5.9	0.9	0.5
If I had other choices, I would still get services from this agency (3624).	52.1	32.6	10.7	3.3	1.4
I would recommend this agency to a friend or family member (3635).	58.5	32.0	6.8	1.9	0.9

Social Connectedness Items (N)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
In a crisis, I would have the support I need from family or friends (3492).	36.0	35.4	17.2	7.2	4.2
I am happy with the friendships I have (3465).	33.5	35.1	20.8	7.5	3.1
I have people with whom I can do enjoyable things (3477).	33.7	38.0	17.9	7.3	3.1
I feel I belong in my community (3452).	27.2	30.7	27.1	9.7	5.2