

# **A Report on California's Community Mental Health Performance Outcomes**

*Fiscal Year 2007-08*

**In Response to**

**AB 1288, Bronzan  
Chapter 89, Statutes of 1991**

**(Welfare and Institutions Code Section 5613)**



**C A L I F O R N I A   D E P A R T M E N T   O F**  
**Mental Health**

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**March 2009**

# **A Report on California's Community Mental Health Performance Outcomes**

*Fiscal Year 2007-08*

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## EXECUTIVE SUMMARY

This report summarizes data obtained through the administration of the Consumer Perception Survey to individuals receiving services through California's Community Mental Health system over FY 2006-07 and FY 2007-08. Findings are as follows:

- The majority of youth and family members/caregivers of youth reported improvement in family life and connectedness, coping ability, school functioning, social connectedness/competency, and general life functioning as a result of the mental health services they received. This group was also generally satisfied with public mental health services. Generally, youth reported slightly better outcomes and slightly lower satisfaction with services than family members/ caregivers.
- Both adults and older adults reported improvements across several life domains as a result of services including work and school functioning, increased social connectedness, increased family connectedness, improved ability in dealing with crises, improved ability to deal effectively with daily problems, and improved ability to control one's life. Older adults reported a slight decrease in satisfaction with their housing situation. While only slight, this may be due to the current economic downturn occurring in California and across the nation.
- As seen in past analyses, older adults generally indicated greater satisfaction with services across all domains as compared to adults. Adults indicated slight increases in satisfaction with mental health services as measured across four dimensions: Access to services, appropriateness of care, participation in treatment, and general satisfaction with services. For older adults, there were slight increases in satisfaction with appropriateness of care, participation in treatment and general satisfaction with services. Older adults maintained their level of satisfaction across survey periods for the Access to Services dimension.
- Throughout SFY 2008-09 and 2009-10, DMH will be actively working with counties to improve data quality and reporting by increased transparency regarding data collection and reporting issues, and through providing technical assistance, training and education to improve data quality across the state.

## BACKGROUND

The Department of Mental Health (DMH) oversees public sector mental health service delivery throughout the State of California. State, county and community-level mental health service delivery organizations are accountable for the receipt of mental health service dollars to provide appropriate, cost-effective, and efficient solutions for individuals with serious mental illness, and those at risk for serious emotional disturbance.

DMH views accountability and quality improvement as critical components in achieving its mission. DMH, as well as local mental health systems, acknowledge that performance measurement is a multifaceted and complex process. Measurement of consumer and system outcomes requires a sustained commitment to the continuous quality improvement process. Consumers and family members, services providers, County and DMH Policy and Operations Units, Fiscal Auditors, the Mental Health Services Oversight and Accountability Commission, the California Mental Health Planning Council, and local (county) mental health boards and commissions have all played key roles in the establishment of performance indicators, quality improvement strategies, and assurances of accountability.

## OBJECTIVE

The objective of this report is to summarize consumers of public mental health services' ratings of perceived satisfaction with services provided through California's county-based mental health programs.

## STUDY METHODOLOGY

Consumer Perception Survey data was obtained over two fiscal years, FY 2006-07 and FY 2007-08. Consumers who received face-to-face community mental health services from county-operated and contract providers completed the nationally developed Youth Services Survey (YSS), Youth Services Survey for Families (YSS-F), Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as well as California- adapted Quality of Life (QOL) measures. Family members/caregivers of youth, youth of sufficient age to reliably complete a survey (at least age 13), adults (age 18-59) and older adults (age 60+) receiving community mental health services completed surveys that measured their satisfaction and perception of the impact of services on their functioning and quality of life. These surveys were administered during four sampling periods over two fiscal years: November 1-15, 2006, May 2-13, 2007, November 1-15, 2007 and May 1-14 2008 and were available in English, Spanish, Russian, Chinese, Tagalog and Vietnamese.

The survey data was reported to the California Department of Mental Health (DMH) using the integrated Web-Based Data Reporting System (WBDRS). This system provides counties with several internet-based options for data submission including direct key entry, paper form scanning or batch submission option via DMH's secure online website. This technology, in place for more than five years, continues to be a reliable option for counties collecting and

submitting data to DMH and has improved data quality while providing flexibility for accommodating survey item changes.

## FINDINGS

### Description of Populations

The following tables show gender and race/ethnicity information for the samples of children, youth, adult, and older adults who were surveyed across the two fiscal years covered in this report.

The tables also display gender and race/ethnicity percentages of the broader mental health services population<sup>1</sup> and the general California population<sup>2</sup> within each age group. These side-by-side comparisons allow us to see the extent to which survey respondents were representative of the populations from which they were sampled, and thus, how generalizable these results are to the larger mental health population. These data may also be used as a rough measure of the degree to which the mental health system is meeting community needs with respect to gender, race, ethnicity and age, thereby informing mental health system strategic planning. Parity among all demographic groupings with respect to service access is a critical objective for mental health service delivery in California.

#### Gender

The three tables below show gender distributions across age groups in the survey sample, in the mental health services population and in the general California population. The survey sample numbers for all age groups are very consistent with the mental health services population. Overall, with respect to gender, the findings of this report should be considered generally representative of the larger mental health services population.

The tables also demonstrate some differences in gender between the general California population and the mental health services population. For example, there is relatively greater representation of males in the youth services population as compared to the general population (Table 1). This finding has been consistent across all report periods.<sup>3</sup> This may be attributable to the tendency for male children and youth to exhibit emotional disorders externally (e.g., aggressive acting out, delinquency) making them more likely to come to the attention of mental health professionals<sup>3</sup> while the emotional disorders exhibited by female children and youth tend to be more internal (e.g., withdrawal, depression).

For adults (Table 2), and especially older adults (Table 3), the pattern differs such that the percentage of females in the service population is larger than that of the general California population. Also consistent with previous results,<sup>3</sup> this finding may be attributed to women, and particularly women in older generations, being more likely to verbalize emotional distress and seek services than their male counterparts. In older adults, this difference may also be the result of a shorter life expectancy for males as compared to females which is also supported by the California population data.

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1 Data for the broader mental health services population are obtained from the Client and Services Information (CSI) system.

2 Data compiled from the California Department of Finance website  
([http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData\\_2000-2050.php](http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData_2000-2050.php)).

3 Similar results have been discussed in previous reports of this nature (<http://www.dmh.ca.gov/POQI/reports.asp>).

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<b>Table 1 - Youth</b>				
<b>Gender</b>	<b>In Survey Sample</b>		<b>All Served</b>	<b>California Population</b>
	<b>FY 2006/07</b> n = 34,103*	<b>FY 2007/08</b> n = 32,884*	<b>FY 2006/07</b> n = 196,465	<b>CENSUS 2007</b> n = 10,007,501*
<b>Female</b>	40.7%	40.8%	38.9%	48.9%
<b>Male</b>	59.1%	59.1%	61.1%	51.1%
<b>Other</b>	0.2%	0.1%	0.0%	N/A
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

\*Completed Responses Only

<b>Table 2 - Adults</b>				
<b>Gender</b>	<b>In Survey Sample</b>		<b>All Served</b>	<b>California Population</b>
	<b>FY 2006/07</b> n = 37,021*	<b>FY 2007/08</b> n = 37,874*	<b>FY 2006/07</b> n = 347,038*	<b>CENSUS 2007</b> n = 22,055,091*
<b>Female</b>	55.0%	54.8%	53.6%	49.2%
<b>Male</b>	44.9%	45.1%	46.4%	50.8%
<b>Other</b>	0.1%	0.1%	0.0%	NA
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

\*Completed Responses Only

<b>Table 3 - Older Adults</b>				
<b>Gender</b>	<b>In Survey Sample</b>		<b>All Served</b>	<b>California Population</b>
	<b>FY 2006/07</b> n = 4,009*	<b>FY 2007/08</b> n = 4,481*	<b>FY 2006/07</b> n = 36,781*	<b>CENSUS 2007</b> n = 5,747,990*
<b>Female</b>	65.1%	63.8%	63.9%	55.4%
<b>Male</b>	34.8%	36.1%	36.1%	44.6%
<b>Other</b>	0.1%	0.1%	0.0%	N/A
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

\*Completed Responses Only

**Race/Ethnicity**

Tables 4-6 display the percentages of race/ethnicity for each age group of sample respondents, the corresponding mental health services population and the general California population. Some differences in relative percentages of race/ethnicity groups in the mental health services populations versus the general state population are evident, including lower percentages in Hispanic and Asian/Pacific Islander youth and adults served, and higher percentages in African-Americans served across all age groups.

Overall, the aggregated survey findings in this report are interpreted as being roughly representative of the mental health services population in terms of race/ethnicity and thus are considered generalizable to the larger mental health service population.

<b>Table 4 - Youth</b>				
<b>Race/Ethnicity</b>	<b>In Survey Sample</b>		<b>All Served</b>	<b>California Population</b>
	<b>FY 2006/07 n = 33,563*</b>	<b>FY 2007/08 n = 31,881*</b>	<b>FY 2006/07 n = 178,849*</b>	<b>CENSUS 2007 n = 10,007,501*</b>
<b>African American</b>	13.3%	12.7%	17.0%	6.0%
<b>Asian/Pacific Islander</b>	2.7%	2.4%	2.9%	9.9%
<b>Hispanic</b>	48.9%	51.1%	40.9%	48.5%
<b>Native American</b>	0.9%	1.0%	0.8%	0.5%
<b>White</b>	25.2%	24.7%	27.9%	31.4%
<b>Other</b>	2.2%	1.9%	4.2%	N/A
<b>More than 1 Race</b>	6.8%	6.2%	6.3%	3.8%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

\*Completed Responses Only

<b>Table 5 - Adults</b>				
<b>Race/Ethnicity</b>	<b>In Survey Sample</b>		<b>All Served</b>	<b>California Population</b>
	<b>FY 2006/07 n = 33,563*</b>	<b>FY 2007/08 n = 37,600*</b>	<b>FY 2006/07 N = 323,980*</b>	<b>CENSUS 2007 n = 22,055,091*</b>
<b>African American</b>	12.7%	13.1%	15.6%	6.2%
<b>Asian/Pacific Islander</b>	6.9%	6.7%	7.2%	13.0%
<b>Hispanic</b>	25.9%	27.3%	21.1%	34.8%
<b>Native American</b>	1.6%	1.7%	0.9%	0.7%
<b>White</b>	45.2%	42.9%	46.6%	43.8%
<b>Other</b>	3.0%	3.3%	4.0%	N/A
<b>More than 1 Race</b>	4.7%	5.0%	4.6%	1.5%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

\*Completed Responses Only

<b>Table 6 - Older Adults</b>				
<b>Race/Ethnicity</b>	<b>In Survey Sample</b>		<b>All Served</b>	<b>California Population</b>
	<b>FY 2006/07</b> n = 3,858*	<b>FY 2007/08</b> n = 4,444*	<b>FY 2006/07</b> n = 33,543*	<b>CENSUS 2007</b> n = 5,747,890*
<b>African American</b>	8.9%	9.5%	10.3%	5.1%
<b>Asian/Pacific Islander</b>	9.6%	10.3%	14.0%	12.5%
<b>Hispanic</b>	18.9%	19.6%	15.6%	17.7%
<b>Native American</b>	1.1%	1.2%	0.6%	0.6%
<b>White</b>	54.8%	52.4%	51.7%	62.9%
<b>Other</b>	3.2%	3.2%	4.5%	N/A
<b>More than 1 Race</b>	3.5%	3.8%	3.3%	1.2%
<b>Total</b>	100.0%	100.0%	100.0%	100.0%

\*Completed Responses Only

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## **Consumer Improvement, Quality of Life, and Satisfaction**

Family members/caregivers of youth, youth of sufficient age to reliably complete a survey (at least age 13), adults (age 18-59) and older adults (age 60+) receiving community mental health services were surveyed during four sampling periods over the two fiscal years.

As has been found in analyses of similar data in previous years, there is relative consistency among survey periods in the percentages of those reporting improvement, quality of life and satisfaction. The relative uniformity of results reported here are to be expected, especially considering the broad-spectrum, large-scale nature of state-level measurement and analysis.

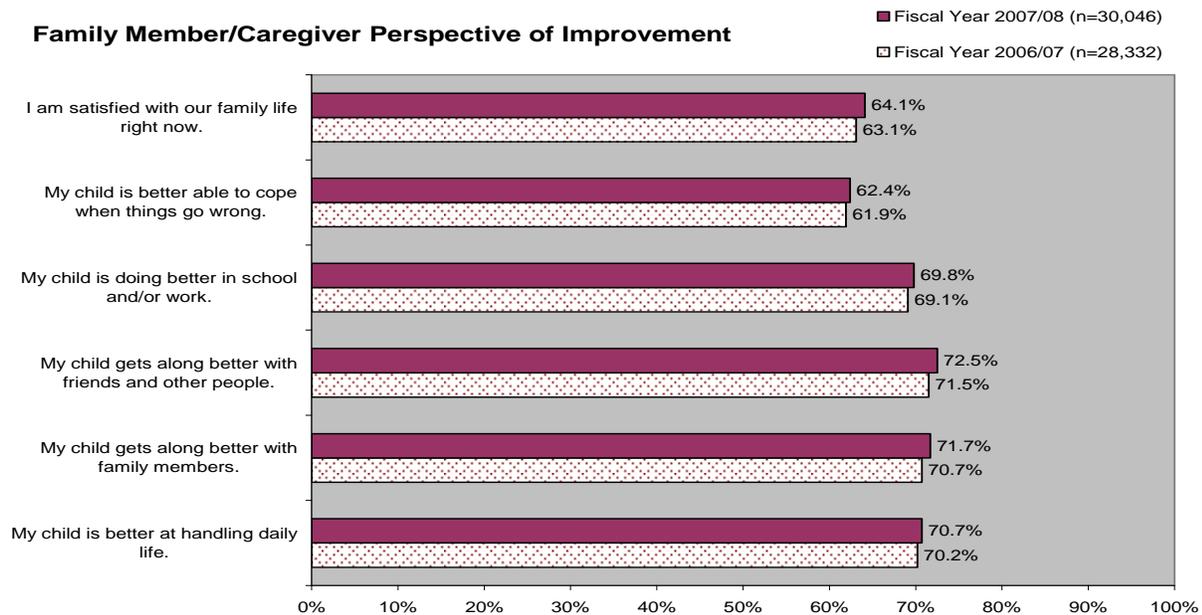
Greater variation in data and potential differences in percentages of individuals reporting improvement/satisfaction are likely to be more evident at the local or county level. Impacts of local variations in service priorities, direction of resources, and quality improvement strategies are often better detected through smaller-scale studies and local evaluation projects.

**Youth Improvement:**

Figures 1 and 2, illustrate the percentages of family members/caregivers of children and youth consumers, and youth consumers themselves, who reported improvement in six areas of personal functioning (family life and family connectedness, coping ability, school functioning, social connectedness/competency, and general life functioning)<sup>1</sup>. The results over both survey years are fairly consistent (less than two percent variation between years) with the majority of both family members/caregivers and youth reporting improvement in all six areas. According to both youth and family members/caregivers services consistently showed the greatest positive impact on child/youth ability to get along with friends/other people (i.e., social connectedness/competency).

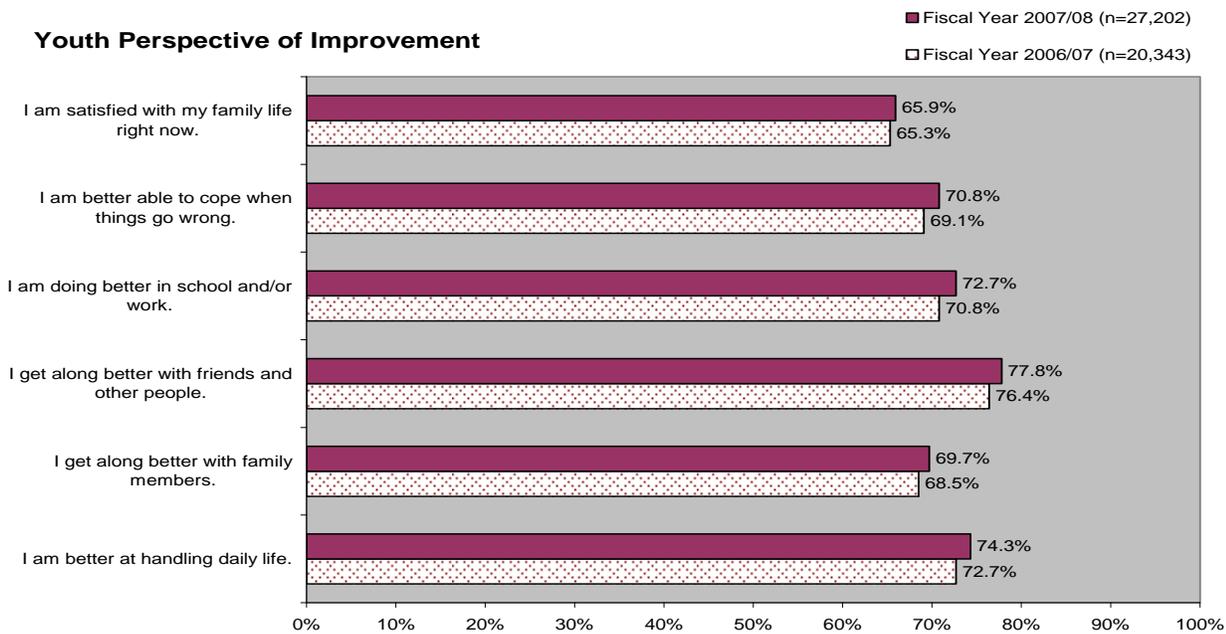
Slightly different perceptions of improvement were evident between youth and family members/caregivers. Caregivers reported a slightly greater ability of youth to get along with family members than youth did themselves, while youth expressed slightly higher improvement than caregivers in all other areas measured. Although the percentage-point differences are small and should not be over-interpreted, it may be that youths' internal experience of improvement as the result of services are felt more keenly than are those of their families/caregivers, thus they may perceive improvements internally that are not evident to their families. Additionally, the lower appraisal by youth regarding their ability to get along with family members may be associated with adolescent perceptions of family tensions consistent with their maturational processes.

**Figure 1. Family Member/Caregiver Evaluation of Youth Outcomes**



<sup>1</sup> Child/youth functioning as a result of services was assessed with the Youth Services Survey for Families (YSS-F) and the Youth Services Survey for Youth (YSS). Results reflect the percentage of respondents with respect to each survey period who indicated that they 'Agreed' or 'Strongly Agreed' with each item.

**Figure 2. Youth Evaluation of Outcomes**



**Adult/Older Adult Improvement:**

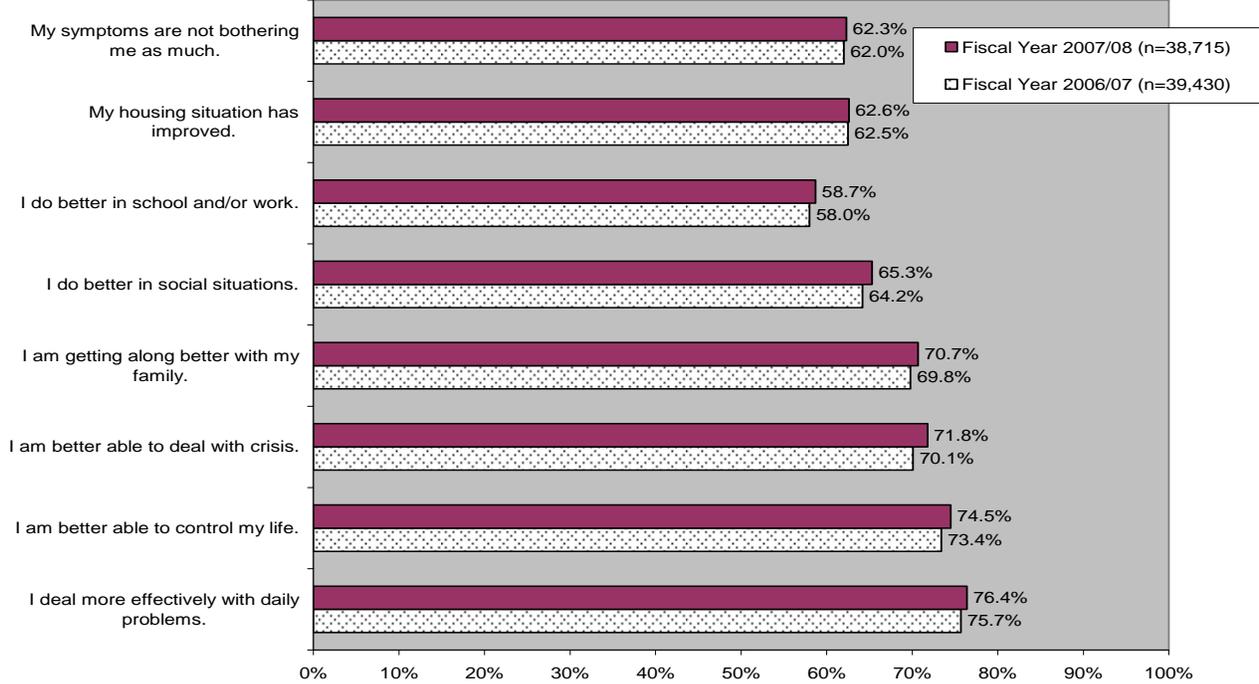
Figures 3 and 4 illustrate that a substantial majority of adults and older adults surveyed across both survey years reported improvements in most of the eight outcome areas as a result of mental health services<sup>1</sup>. For adults, there were very slight improvements in reduced symptoms and housing, and slightly greater improvements in work and school functioning, social and family connectedness, the ability to deal with crises and daily problems, and the ability to control one’s life.

Across survey years, older adults surveyed indicated a slight decrease in improvement in housing situation. This may be due to the current economic downturn occurring in California and across the nation which may impact older adults more acutely because of their reduced income earning potential. There was a slight increase in improvement in school and work functioning, social and family connectedness, and the ability to better deal with crises. There was no change across survey years in symptom improvement or the ability to deal more effectively with daily problems.

<sup>1</sup> Data were collected using the 28-item MHSIP Consumer Perception Survey for adults and older adults. Results reflect the percentage of respondents with respect to each survey period who indicated that they ‘Agreed’ or ‘Strongly Agreed’ with each item.

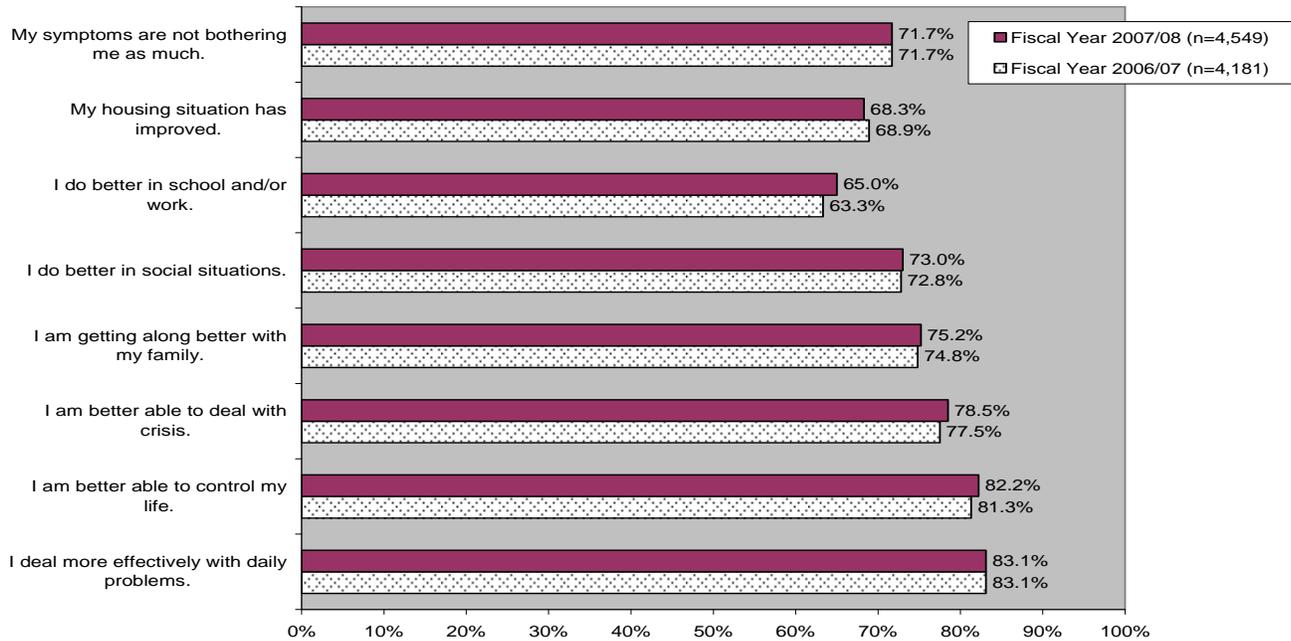
**Figure 3. Adult Outcomes**

**Adult Perspective of Improvement**



**Figure 4. Older Adult Outcomes**

**Older Adult Perspective of Improvement**

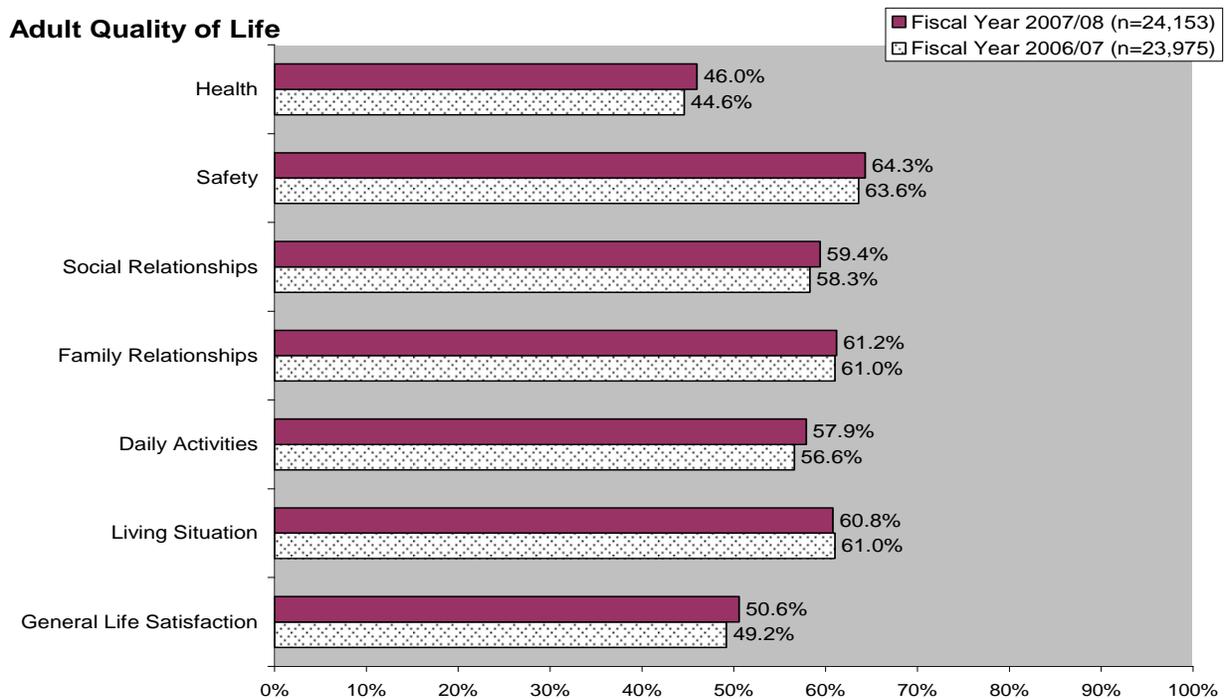


**Quality of Life:**

Figures 5 and 6 illustrate the extent of satisfaction across seven quality of life domains for adult and older adult consumers that received six months or more of mental health services. The domains included general life satisfaction, living situation, daily activities, family relationships, social relationships, safety issues and health.<sup>1</sup> For both age groups, the largest percentages of consumers were satisfied with safety, living situation and family relationships. Considerably fewer consumers in each age group reported general life satisfaction and satisfaction with their health with results on the other quality of life domains falling somewhere in between.

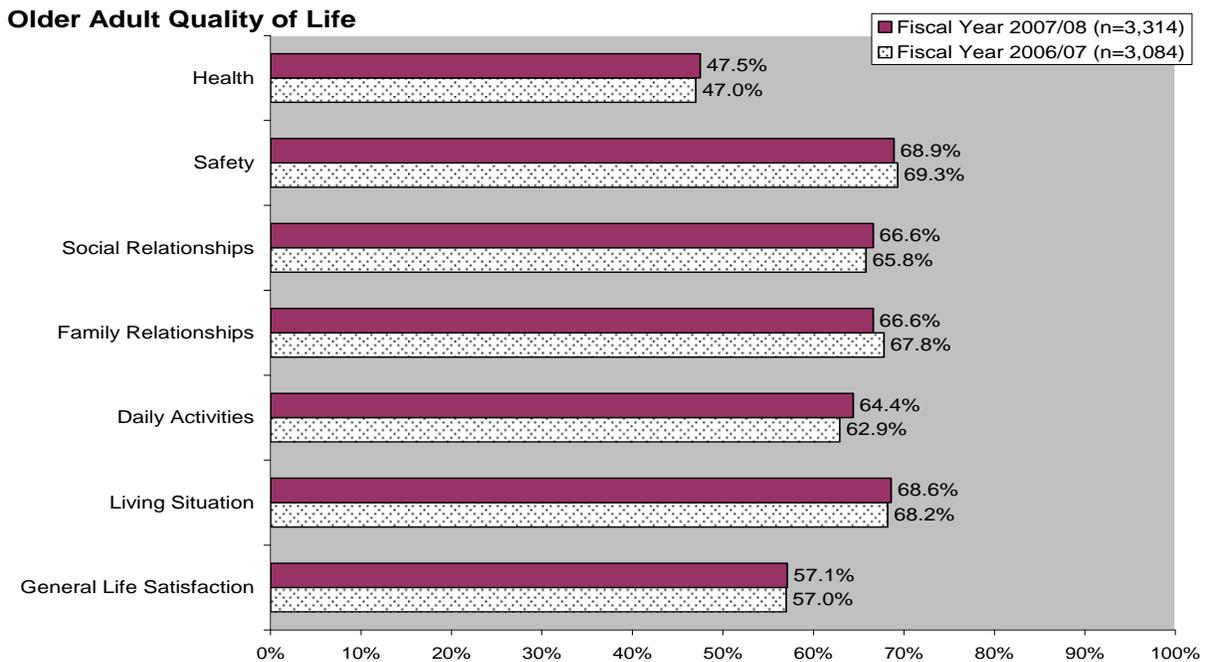
Comparisons across fiscal years indicate that there is slight increased satisfaction for adults and older adults in the areas of health, social relationships, daily activities and general life satisfaction. While adults indicated a slight increased satisfaction with family relationships and safety, older adults showed a slight decrease in satisfaction in these two areas. These very slight fluctuations will be monitored over the next few years to determine whether these decreases represent a trend towards decreased life satisfaction in these areas or a temporal artifact.

**Figure 5: Adult Perception of Quality of Life**



<sup>1</sup> The Quality of Life (QOL) instrument provides information about consumers' satisfaction across several quality of life areas. A seven-point scale is subjectively scored such that 1 = 'Terrible,' 2 = 'Unhappy,' 3 = 'Mostly Dissatisfied,' 4 = 'Mixed,' 5 = 'Mostly Satisfied,' 6 = 'Pleased' and 7 = 'Delighted.' The QOL results presented in Figures 5 and 6 show the percentages of adult and older adult consumers who rated the quality of life areas with a score of "5" or higher.

**Figure 6: Older Adult Perception of Quality of Life**



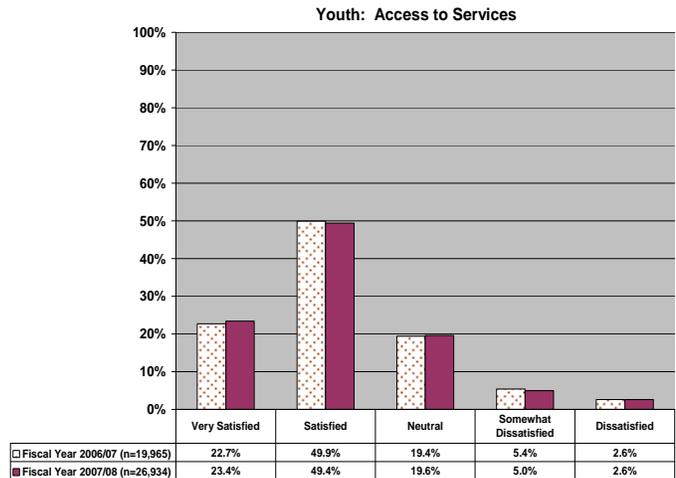
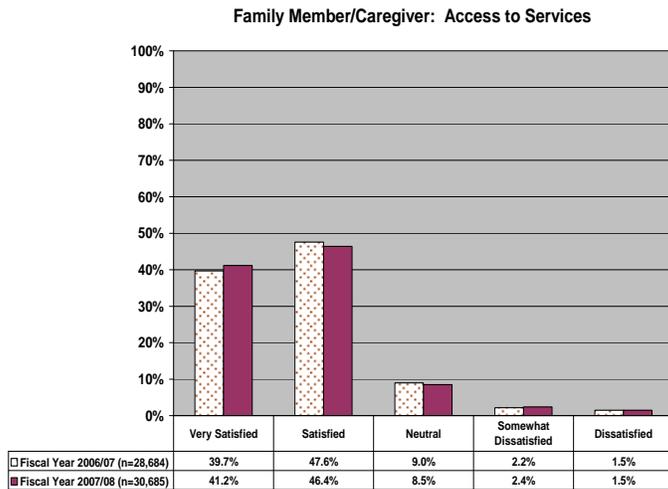
**Satisfaction with Child/Youth Services:**

The majority of family members/caregivers and youth who responded to the survey were satisfied with services. Figures 7-16, below, reflect survey results along the following four dimensions: access to services, cultural appropriateness, treatment involvement and participation, and general satisfaction with services. The first four sets of figures (7-14) show the percentages of family members/caregivers and youth who were “very satisfied,” “satisfied,” “neutral,” “somewhat dissatisfied” or “dissatisfied” with respect to the four dimensions. Figures 15 and 16 show the average scores obtained for family members/caregivers and youth along the four dimensions<sup>1</sup>.

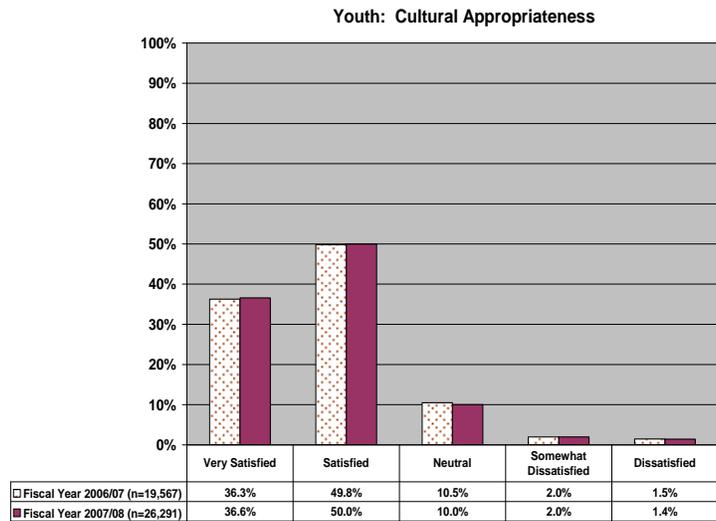
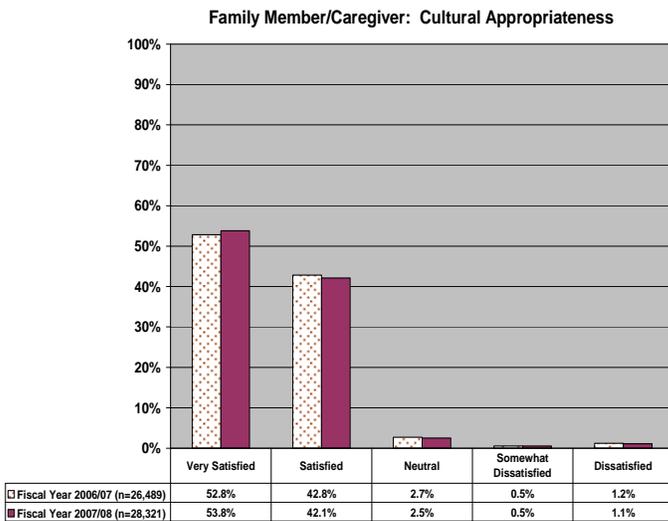
Results are consistently positive across survey periods. The distributions shown in Figures 7-14, as well as the average scores depicted in Figures 15 and 16, demonstrate a consistent tendency for family members/caregivers to report somewhat higher satisfaction with services than youth. These differences are interesting because slightly higher proportions of youth reported positive outcomes (described in the previous section; see Figures 1 and 2) as compared to family members/caregivers. One explanation of this finding is that the higher self-appraisal of functioning found among youth is associated with a lesser perceived need for, and therefore, satisfaction with treatment.

<sup>1</sup> The Youth Services Survey for Families (YSS-F) and Youth Services Survey for Youth (YSS) items are rated on a five-point scale where “5” indicates the greatest satisfaction. Averages are presented in Figures 15 and 16 for each dimension on both the YSS-F and YSS surveys across survey periods. As a general guideline determined by the Center for Mental Health Services at the Federal Substance Abuse and Mental Health Services Administration, an overall scale score over 3.5 indicates consumer/caregiver satisfaction with mental health services.

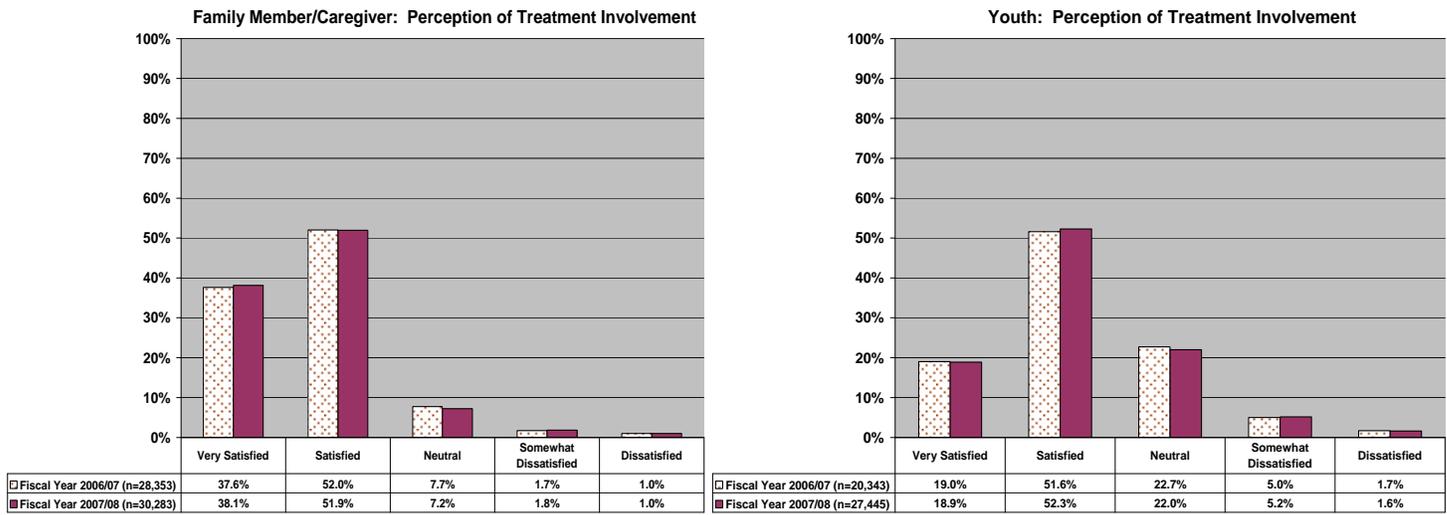
**Figures 7 and 8: Family Member/Caregiver and Youth Results on Access to Services**



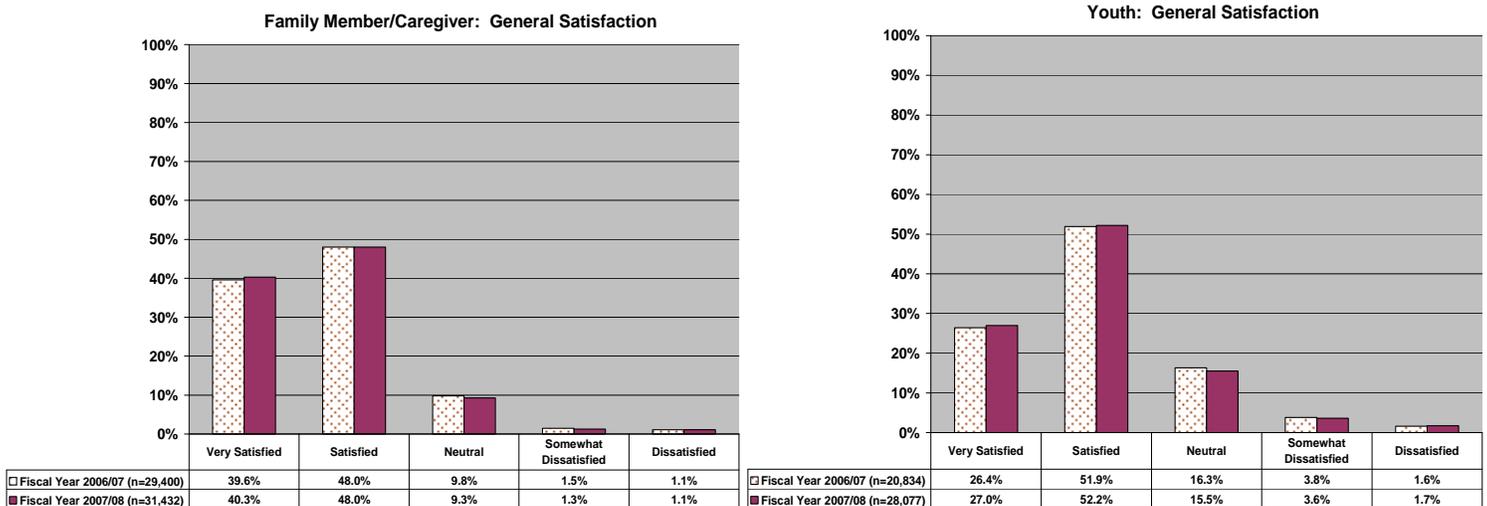
**Figures 9 and 10: Family Member/Caregiver and Youth Results on Cultural Appropriateness**



**Figures 11 and 12: Family Member/Caregiver and Youth Results on Treatment Involvement/Participation**

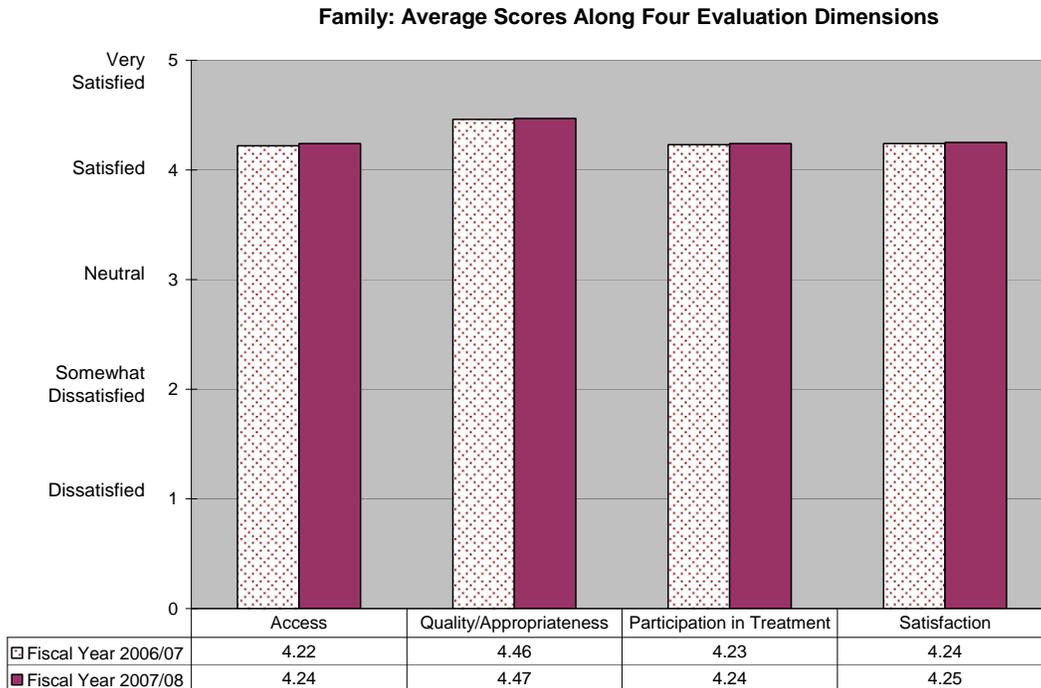


**Figures 13 and 14: Family Member/Caregiver and Youth Results on General Satisfaction**

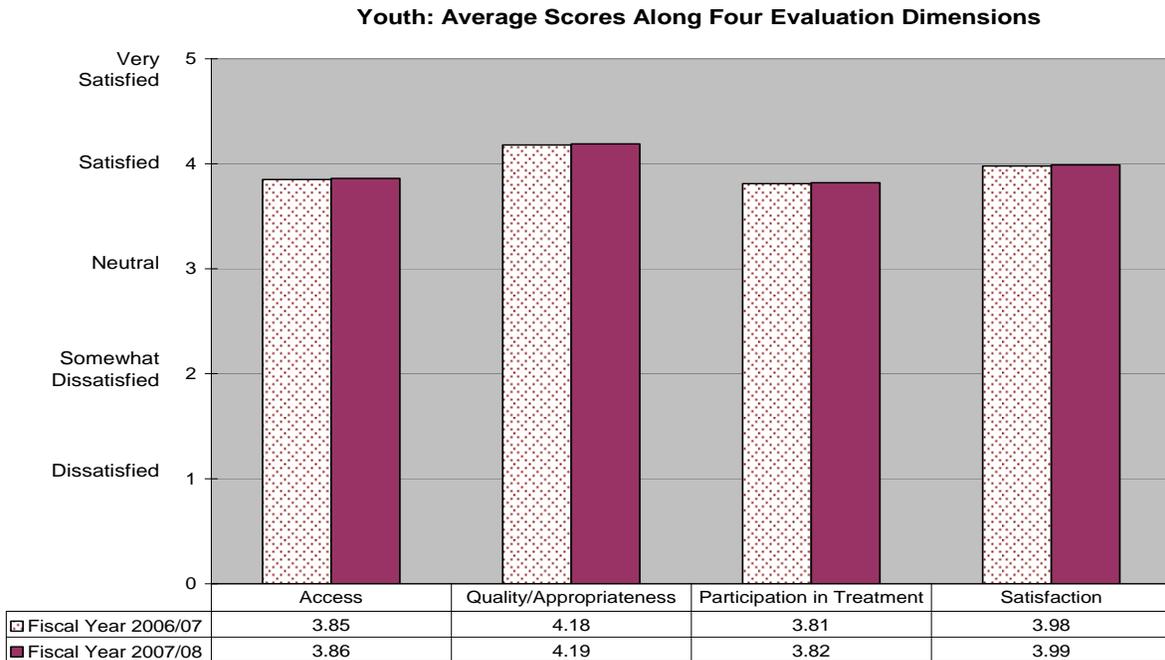


Both family members/caregivers and youth reported the greatest satisfaction with the quality/appropriateness of care as depicted in Figures 15 and 16 below. The other three dimensions were also rated quite high, with youth responses showing slightly more variation than those of family members/caregivers.

**Figure 15: Family Member/Caregiver Average Scores Across Four Evaluation Dimensions<sup>1</sup>**



**Figure 16: Youth Average Scores Across Four Evaluation Dimensions**



<sup>1</sup> See Figures 7-14 for the number of family member/caregiver and youth survey responses included in each of the four dimension averages for each survey period. The numbers of survey responses used to compute the average scores in Figures 15 and 16 are identical to the numbers used to compute the percentages in the previous figures.

**Table 7. Family Member/Caregiver and Youth Satisfaction Item-Analysis<sup>1</sup>**

INDIVIDUAL ITEMS		FAMILY MEMBER / CAREGIVER		YOUTH	
		Average Score		Average Score	
		FY 2006/07	FY 2007/08	FY 2006/07	FY 2007/08
ACCESS TO SERVICES	The location of services was convenient for us.	4.29	4.31	3.98	3.99
	Services were available at times that were convenient for us.	4.32	4.34	3.96	3.97
CULTURAL APPROPRIATENES	Staff treated me with respect.	4.56	4.56	4.27	4.29
	Staff respected my family's religious/spiritual beliefs.	4.44	4.46	4.23	4.21
	Staff spoke with me in a way that I understood.	4.52	4.53	4.25	4.27
	Staff were sensitive to my cultural/ethnic background.	4.42	4.43	4.13	4.14
PARTICIPATION IN TREATMENT	I helped to choose my/my child's services.	4.14	4.15	3.52	3.52
	I helped to choose my/my child's treatment goals.	4.24	4.25	3.93	3.93
	I participated in my/my child's treatment.	4.36	4.37	4.02	4.03
GENERAL SATISFACTION	Overall, I am satisfied with the services I/my child received.	4.39	4.39	4.12	4.13
	The people helping me/my child stuck with us no matter what.	4.33	4.35	4.06	4.07
	I felt I/my child had someone to talk to when I/he/she was troubled.	4.31	4.33	4.04	4.05
	The services I/my child and/or family received were right for us.	4.28	4.29	4.01	4.02
	I/my family got the help we wanted (for my child).	4.23	4.25	3.97	4.01
	I/my family got as much help as we needed (for my child).	4.12	4.14	3.93	3.96

<sup>1</sup> The Youth Services Survey for Families (YSS-F) and Youth Services Survey for Youth (YSS) items are rated on a five-point scale; "5" indicates the greatest satisfaction. As a general guideline, an average item score over 3.5 indicates consumer/caregiver satisfaction with mental health services.

An analysis of individual survey items (Table 7) reveals that the average ratings on all items were relatively high (scores ranged from 3.52 to 4.56 out of a possible score of 5). DMH is particularly interested in examining issues for which average scores are less than 4.00 (shaded in Table 7). It is noteworthy that youth tend to be slightly less satisfied with services as compared to family members/caregivers. It is also noteworthy that there is slight improvement in the average scores for youth on some of the items where the average score was less than 4.00.

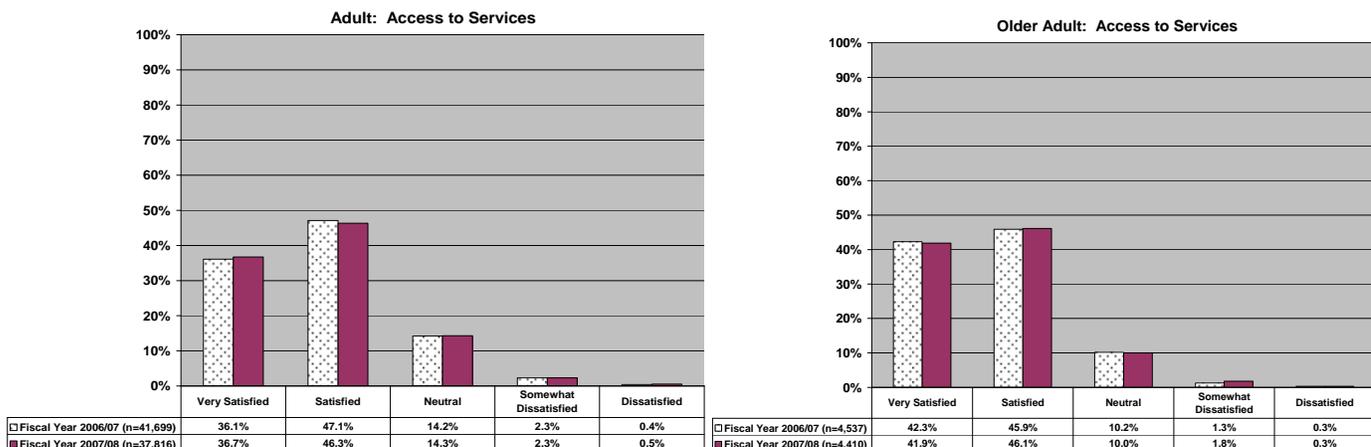
These improved scores may indicate improved services strategies including providing services and supports in more natural settings, at atypical hours and by adults or peers who have specific expertise in youth issues and needs. This is consistent with youth recommendations obtained through Mental Health Services Act (MHSA) stakeholder input processes and subsequent MHSA program development and implementation.

**Satisfaction with Adult and Older Adult Services**

Results shown in Figures 17-26 indicate that overall, the large majority of consumers positively evaluated the mental health services they received. These figures show adult and older adult consumers' evaluations of mental health services during FY 2006-07 and FY 2007-08 along four dimensions: access to services, appropriateness of care, participation in treatment, and satisfaction with services. The first four sets of figures, below, show the percentages of adults and older adults who were "very satisfied," "satisfied," "neutral," "somewhat dissatisfied," or "dissatisfied" with respect to the four dimensions.

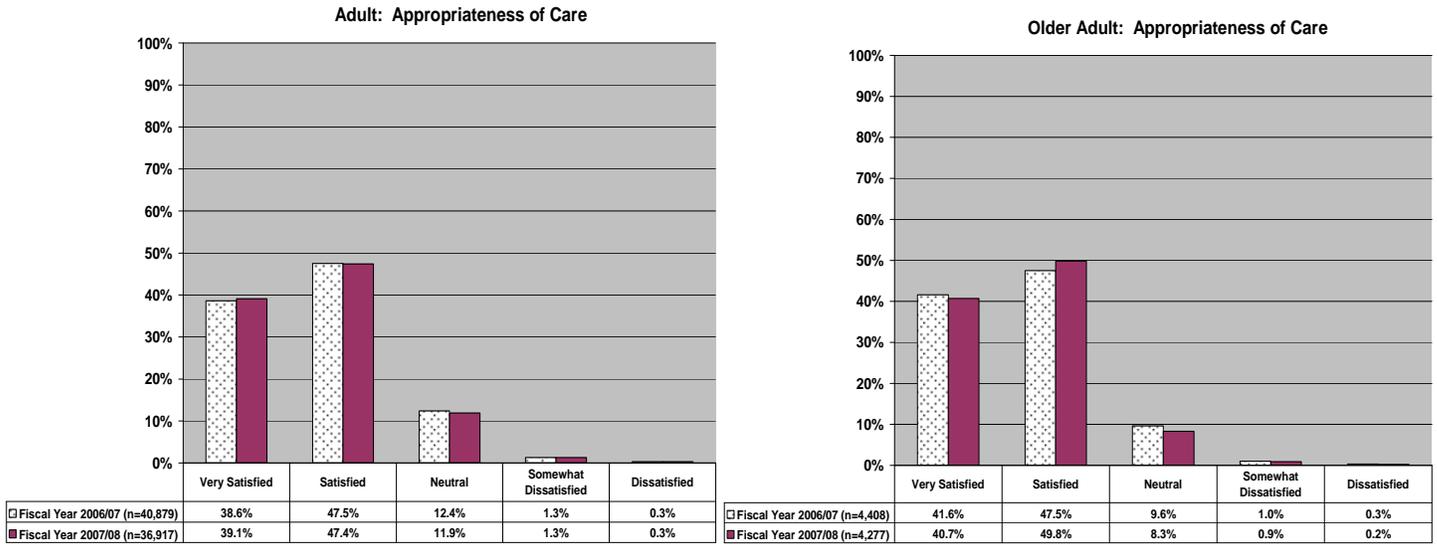
Figures 25 and 26 show the average scores obtained from adult and older adult consumers along the same four dimensions<sup>1</sup>. Consistent with findings from previous years, a greater percentage of older adults compared to adults rated services positively. The "satisfaction with services" dimension was rated most positively by consumers in both the adult and older adult consumer groups.

**Figures 17 and 18: Adult and Older Adult Results on Access to Services**

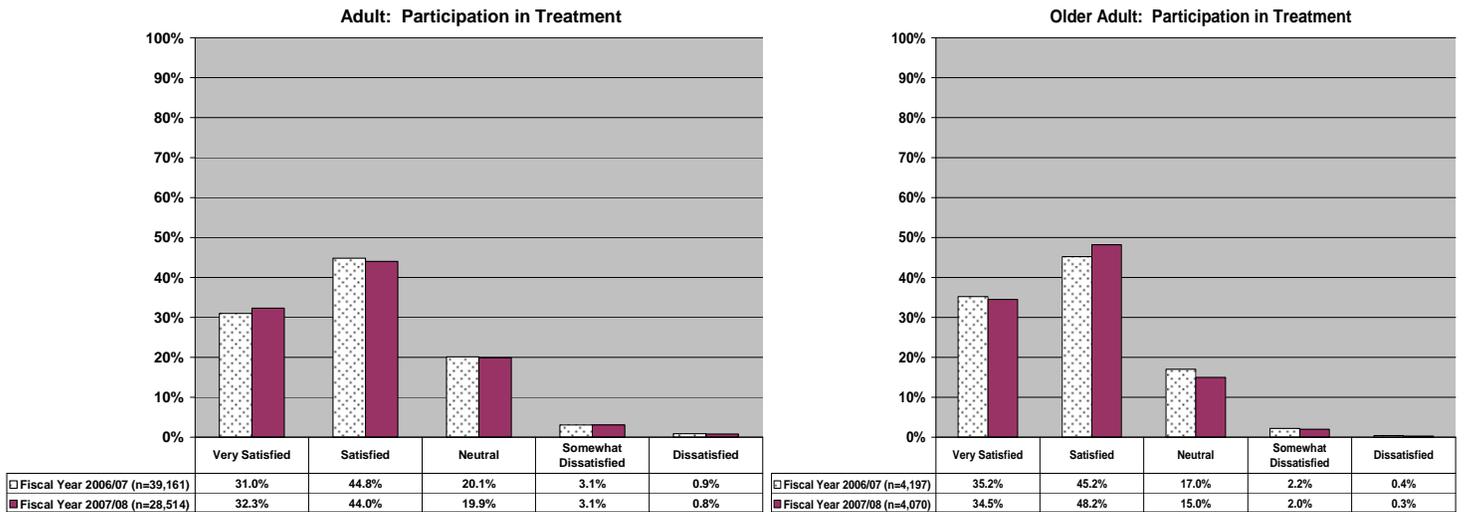


1 The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey is a 28-item public domain instrument. The MHSIP items are rated on a five-point scale with "5" indicating the greatest satisfaction. Averages are presented in Figures 25 and 26 for each dimension on the MHSIP survey across survey periods. As a general guideline, determined by the Center for Mental Health Services at the Federal Substance Abuse and Mental Health Services Administration, an overall scale score over 3.5 indicates consumer satisfaction with mental health services.

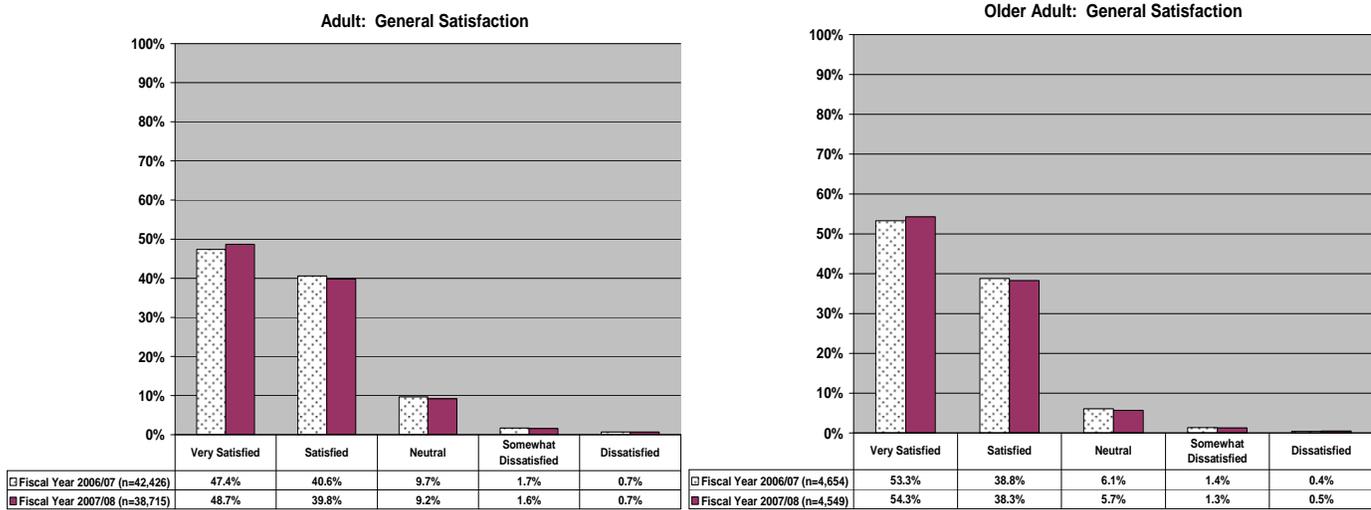
**Figures 19 and 20: Adult and Older Adult Results on Appropriateness of Care**



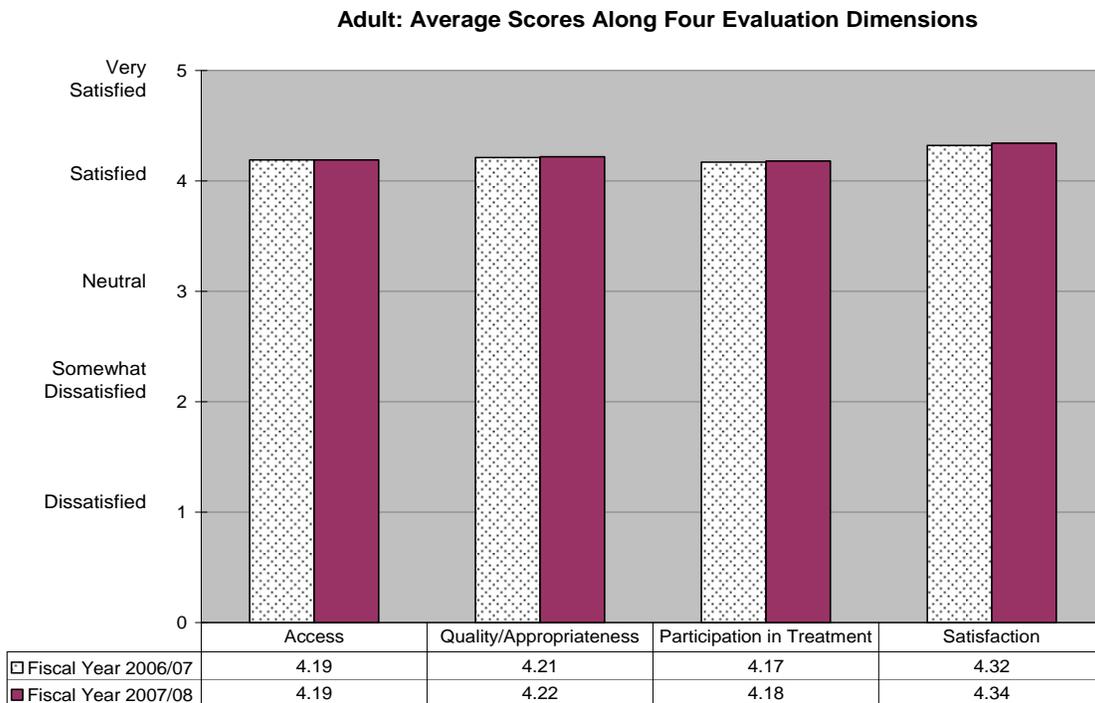
**Figures 21 and 22: Adult and Older Adult Results on Participation in Treatment**



**Figures 23 and 24: Adult and Older Adult Results on General Satisfaction**

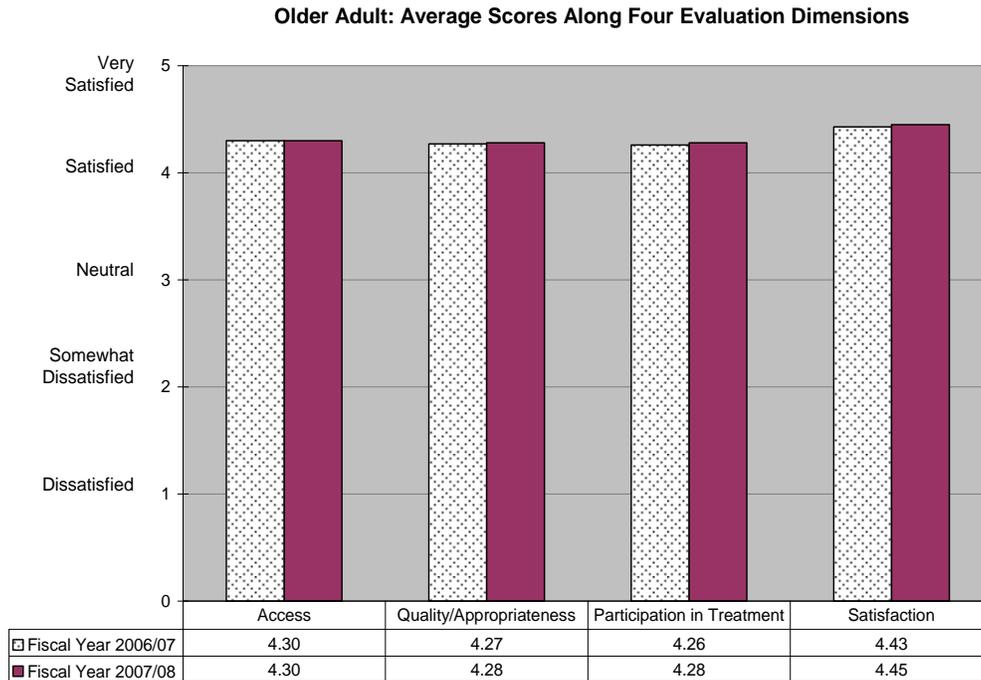


**Figure 25: Adult Average Scores across Four Evaluation Dimensions<sup>1</sup>**



<sup>1</sup> See Figures 17-24 for the number of adult and older adult survey responses included in each of the four dimension averages for each survey period. The numbers of survey responses used to compute the average scores in Figures 25 and 26 are identical to the numbers used to compute the percentages in the previous figures.

**Figure 26: Older Adult Average Scores across Four Evaluation Dimensions**



An analysis of individual survey items (Table 8) reveals that the average ratings on all items were relatively high (scores ranged from 4.01 to 4.52 out of a possible score of 5). Generally, DMH focuses on average scores less than 4.00 to identify areas for future quality improvement strategies and program development. As shown in Table 8, all items received a score of 4.00 or higher indicating a high degree of satisfaction across a variety of service areas. In past reports, the item, “I, not staff, decided my treatment goals” was noted to be of concern for adults because it tended to be less than 4.00; however, beginning in FY 2006-07 this score improved to 4.01 and this improvement was maintained in FY 2007-08. Although only a slight increase, this score may reflect the implementation of recovery and wellness philosophies as set forth by the Mental Health Services Act. It is hoped that the focus on recovery-oriented service planning and delivery will result in continued increases in consumer-directed care and greater satisfaction with services.

**Table 8. Adult / Older Satisfaction Item-Analysis<sup>1</sup>**

INDIVIDUAL ITEMS		ADULT		OLDER ADULT	
		Average Score		Average Score	
		FY 2006/07	FY 2007/08	FY 2006/07	FY 2007/08
ACCESS TO SERVICES	The location of services was convenient.	4.19	4.20	4.29	4.26
	Staff members were willing to help as often as I felt it was necessary.	4.27	4.27	4.37	4.36
	Staff returned my calls within 24 hours.	4.12	4.12	4.25	4.23
	Services were available at times that were good for me.	4.29	4.31	4.40	4.39
	I was able to get all the services I thought I needed.	4.19	4.20	4.31	4.31
	I was able to see a psychiatrist when I wanted to.	4.05	4.05	4.21	4.22
APPROPRIATENESS OF CARE	Staff here believed that I could grow, change, and recover.	4.30	4.32	4.29	4.33
	I felt free to complain.	4.13	4.13	4.27	4.30
	I was given information about my rights.	4.29	4.29	4.36	4.36
	Staff encouraged me to take responsibility for how I live my life.	4.27	4.28	4.31	4.32
	Staff told me what side effects to watch for.	4.08	4.09	4.13	4.17
	Staff respected my wishes about who is, and is not, to be given information about my treatment.	4.32	4.33	4.36	4.37
	Staff members were sensitive to my cultural/ethnic background.	4.21	4.22	4.30	4.32
	Staff helped me obtain the information needed so I could take charge of managing my illness.	4.20	4.21	4.28	4.29
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	4.08	4.10	4.12	4.08
PARTICIPATION IN TREATMENT	I felt comfortable asking questions about my treatment and medication.	4.32	4.33	4.41	4.42
	I, not staff, decided my treatment goals.	4.01	4.03	4.11	4.15
GENERAL SATISFACTION	I like the services that I received here.	4.41	4.43	4.50	4.52
	If I had other choices, I would still choose to get services from this agency.	4.23	4.25	4.36	4.37
	I would recommend this agency to a friend or family member.	4.34	4.36	4.43	4.46

<sup>1</sup> The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey items are rated on a five-point scale; "5" indicates the greatest satisfaction. As a general guideline, an average item score over 3.5 indicates consumer satisfaction with mental health services.

## **IMPLICATIONS AND FUTURE DIRECTIONS**

### **Implications**

A substantial majority of mental health consumers and/or their family members/caregivers reported being satisfied with the services they received across all service dimensions, and indicated that those services led to improvements in key aspects of their functioning and quality of life. As expected, data comparisons across the fiscal years (FY 2006-07 and FY 2007-08) showed considerable consistency in outcomes over time when aggregated statewide. The aggregated data does not reflect any potential variation in county level data. It is for this reason that DMH encourages counties to examine the data at the local level and implement quality improvement strategies based on county-specific results.

### **Future Directions**

DMH is focusing on improving the quality, quantity and consistency of the data collected throughout its various information technology systems including the Client Services Information system (CSI), the Data Collection and Reporting system (DCR), the MHSA Quarterly Reporting system and the Web-Based Data and Reporting system (WBDRS). DMH recognizes the need to develop and refine business processes that improve our ability to describe the public mental health services population, the services they receive and the impacts of these services. Throughout SFY 2008-09 and 2009-10, DMH will be actively working with counties to improve data quality and reporting by increased transparency regarding data collection and reporting issues, and through providing technical assistance, training and education to improve data quality across the state.