

Older Adult Survey Results
Bay Area Region Summary Report
for the
November 2004 Data Collection Period

OLDER ADULT PERFORMANCE OUTCOMES



**Broad-Based Evaluation
Consumer Perception Survey**

MARCH 2005

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Purpose of this report

The purpose of this report is to provide data on consumer perception of mental health services (using items from the 28-item Mental Health Statistics Improvement Program Consumer Perception Survey (MHSIP)) and quality of life (QOL), as measured by the California State Department of Mental Health's Older Adult Survey. This report is a REGIONAL summary of the Older Adult Survey (see Attachment A) data that were collected during the November 1-15, 2004 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County tables can be downloaded from each county's Information Technology Web Services (ITWS) folder, accessible to authorized ITWS users at <https://mhhitws.cahwnet.gov/>.

Consumer Demographic & Descriptive Items

Summary Report

The following tables reflect aggregated REGIONAL data and highlight the Older Adult Survey demographic items, as well as several additional descriptive items, that were reported by consumers who received services during the November 1-15, 2004, survey period. Results of these Older Adult Survey consumer-completed items are highlighted in yellow, and exclude surveys that had no responses for either the MHSIP portion of the Older Adult Survey, the QOL portion, or both. **Out of 856 Bay Area Region Older Adult Surveys, a total of 556 had at least one response to MHSIP or QOL sections.**

TOTAL NUMBER OF SURVEYS SUBMITTED (BAY AREA REGION)

A total of 856 Older Adult Surveys were submitted for the Bay Area Region.

Region

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bay Area Region	856	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your gender?” – 61.9% identified themselves as Female, 37.9% as Male and 0.2% as Other. Additionally, 11.3% of the consumers did not respond to this item.

What is your gender?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	305	54.9	61.9	61.9
	Male	187	33.6	37.9	99.8
	Other	1	.2	.2	100.0
	Total	493	88.7	100.0	
No Response		63	11.3		
Total		556	100.0		

AGE CATEGORY *

For the consumers who responded to the question – “What is your date of birth?” – 18.6% were under age 60, 49.4% were 60-69, 26.1% were 70-79, 5.4% were 80-89 and 0.5% were age 90-99. Additionally, 22.8% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 60	80	14.4	18.6	18.6
	60-69	212	38.1	49.4	68.1
	70-79	112	20.1	26.1	94.2
	80-89	23	4.1	5.4	99.5
	90-99	2	.4	.5	100.0
	Total	429	77.2	100.0	
No Response		127	22.8		
Total		556	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long have you received services here?” –2.8% reported that they had had more than one visit, but that they had received services for less than one month; 3.1% reported having received services for 1-2 months; 6.8% reported having received services for 3-5 months; 13.4% reported receiving services for 6 months to 1 year and 73.8% reported receiving services for more than one year. Additionally, 36.9% of the consumers did not respond to this item.

How long have you received services here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	> 1 visit, but < one month	10	1.8	2.8	2.8
	1 to 2 months	11	2.0	3.1	6.0
	3 to 5 months	24	4.3	6.8	12.8
	6 months to 1 year	47	8.5	13.4	26.2
	More than 1 year	259	46.6	73.8	100.0
	Total	351	63.1	100.0	
No Response		205	36.9		
Total		556	100.0		

* Although Older Adults are defined as being 60 years of age and older, this table reflects that DMH received “older adult” surveys from consumers younger than age 60. Consumers may have, inadvertently, been given the wrong survey form to complete, or may have unintentionally filled out the item with an invalid date of birth. There were also a number of surveys for which there was no response for the “date of birth” item.

MEXICAN / HISPANIC / LATINO ORIGIN

On the Older Adult Survey, 15.1% of the consumers identified themselves as being “of Mexican / Hispanic / Latino Origin.”

Are you of Mexican / Hispanic / Latino origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	354	63.7	63.7	63.7
	Yes	84	15.1	15.1	78.8
	Unknown	118	21.2	21.2	100.0
Total		556	100.0	100.0	

RACE

Consumers were permitted to identify as many race categories as they felt were applicable; therefore, each race category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each race category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Older Adult Survey and “no” if the consumer did not mark the bubble.

On the Older Adult Survey, 58.6% of the consumers identified themselves as being “White / Caucasian.”

Is your race White / Caucasian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	230	41.4	41.4	41.4
	Yes	326	58.6	58.6	100.0
Total		556	100.0	100.0	

On the Older Adult Survey, 9.5% of the consumers identified themselves as being “Black / African American.”

Is your race Black / African American?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	503	90.5	90.5	90.5
	Yes	53	9.5	9.5	100.0
Total		556	100.0	100.0	

On the Older Adult Survey, 10.6% of the consumers identified themselves as being “Asian.”

Is your race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	497	89.4	89.4	89.4
	Yes	59	10.6	10.6	100.0
	Total	556	100.0	100.0	

On the Older Adult Survey, 5.8% of the consumers identified themselves as being “American Indian / Alaskan Native.”

Is your race American Indian / Alaskan Native?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	524	94.2	94.2	94.2
	Yes	32	5.8	5.8	100.0
	Total	556	100.0	100.0	

On the Older Adult Survey, 2.2% of the consumers identified themselves as being “Hawaiian / Other Pacific Islander.”

Is your race Native Hawaiian / Other Pacific Islander?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	544	97.8	97.8	97.8
	Yes	12	2.2	2.2	100.0
	Total	556	100.0	100.0	

On the Older Adult Survey, 9.0% of the consumers identified themselves as being of another race.

Other race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	506	91.0	91.0	91.0
	Yes	50	9.0	9.0	100.0
	Total	556	100.0	100.0	

On the Older Adult Survey, 0.4% of the consumers were not able to identify their race.

Unknown race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	554	99.6	99.6	99.6
	Yes	2	.4	.4	100.0
	Total	556	100.0	100.0	

LANGUAGE OF SURVEY

On the Older Adult Survey, 89.0% of the consumers responded using the English version of the Older Adult Survey; 0.2% used the Chinese version; 10.1% used the Spanish version and 0.7% used the Tagalog version of the Older Adult Survey.

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chinese	1	.2	.2	.2
	English	495	89.0	89.0	89.2
	Spanish	56	10.1	10.1	99.3
	Tagalog	4	.7	.7	100.0
	Total	556	100.0	100.0	

PREFERRED LANGUAGE

On the Older Adult Survey, 96.8% of the consumers responded that the services they received were provided in the language they preferred and 95.1% responded that written information was available in their preferred language. Additionally, 14.7% and 18.7% of the consumers did not respond to these items, respectively.

Were the services you received provided in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	15	2.7	3.2	3.2
	Yes	459	82.6	96.8	100.0
	Total	474	85.3	100.0	
No Response		82	14.7		
Total		556	100.0		

Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	22	4.0	4.9	4.9
	Yes	430	77.3	95.1	100.0
	Total	452	81.3	100.0	
No Response		104	18.7		
Total		556	100.0		

PRIMARY REASON INVOLVED WITH PROGRAM

For the consumers who responded to the question – “What was the primary reason you became involved with this program?” – 24.6% reported that they decided to come in on their own, 71.2% reported that someone else recommended that they come in and 4.1% reported that they came in against their will. Additionally, 17.4% of the consumers did not respond to this item.

What was the primary reason you became involved with this program?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I decided to come in on my own	113	20.3	24.6	24.6
	Someone else recommended that I come in.	327	58.8	71.2	95.9
	I came in against my will.	19	3.4	4.1	100.0
	Total	459	82.6	100.0	
No Response		97	17.4		
Total		556	100.0		

ASSISTANCE COMPLETING SURVEY

Consumers were permitted to identify all of the individuals who assisted them in completing the Older Adult Survey; therefore, more than one person may have provided assistance and, due to potential overlap, the numbers will not collectively add up to 100%. Each category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Older Adult Survey and “no” if the consumer did not mark the bubble.

For the November 2004 survey period, 51.3% of the consumers responded that they did not need any help in completing the Older Adult Survey.

I did not need any help.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	271	48.7	48.7	48.7
	Yes	285	51.3	51.3	100.0
	Total	556	100.0	100.0	

For the November 2004 survey period, 3.8% of the consumers responded that a mental health advocate / volunteer helped them complete the Older Adult Survey.

A mental health advocate / volunteer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	535	96.2	96.2	96.2
	Yes	21	3.8	3.8	100.0
	Total	556	100.0	100.0	

For the November 2004 survey period, 2.9% of the consumers responded that another mental health consumer helped them complete the Older Adult Survey.

Another mental health consumer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	540	97.1	97.1	97.1
	Yes	16	2.9	2.9	100.0
	Total	556	100.0	100.0	

For the November 2004 survey period, 6.8% of the consumers responded that a member of their family helped them complete the Older Adult Survey.

A member of my family helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	518	93.2	93.2	93.2
	Yes	38	6.8	6.8	100.0
	Total	556	100.0	100.0	

For the November 2004 survey period, 0.9% of the consumers responded that a professional interviewer helped them complete the Older Adult Survey.

A professional interviewer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	551	99.1	99.1	99.1
	Yes	5	.9	.9	100.0
	Total	556	100.0	100.0	

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For the November 2004 survey period, 12.2% of the consumers responded that a clinician / case manager helped them complete the Older Adult Survey.

My clinician / case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	488	87.8	87.8	87.8
	Yes	68	12.2	12.2	100.0
Total		556	100.0	100.0	

For the November 2004 survey period, 15.5% of the consumers responded that a staff member other than their clinician or case manager helped them complete the Older Adult Survey.

A staff member other than my clinician or case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	470	84.5	84.5	84.5
	Yes	86	15.5	15.5	100.0
Total		556	100.0	100.0	

For the November 2004 survey period, 4.3% of the consumers responded that someone else helped them complete the Older Adult Survey.

Someone else helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	532	95.7	95.7	95.7
	Yes	24	4.3	4.3	100.0
Total		556	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (*if applicable*)

County staff were expected to complete a “Reason” item if a consumer who met the criteria for the target population did not complete an Older Adult Survey. Of the 856 consumers who were expected to complete an Older Adult Survey, 300 (35.0%) did not. Of these, 20.1% were reported to have Refused the survey, 36.1% were reported to have had an Impairment, 33.3% did not have a survey available in their Language and 10.5% were marked as having an “Other” reason for non-completion. Additionally, 2.0% of the Older Adult Surveys that were not completed did not have a “Reason” response.

If the instrument is not completed, the PRIMARY reason must be indicated.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	59	19.7	20.1	20.1
	Impairment	106	35.3	36.1	56.1
	Language	98	32.7	33.3	89.5
	Other	31	10.3	10.5	100.0
	Total	294	98.0	100.0	
No Response		6	2.0		
Total		300	100.0		

MHSIP Consumer Survey

Summary Report

About the MHSIP Consumer Survey

The MHSIP is a 28-item consumer-completed survey designed to obtain participant perceptions of 1) access to services, 2) quality and appropriateness of services received, 3) consumer participation in treatment planning, 4) service outcomes and 5) general satisfaction. The MHSIP was developed through the collaborative efforts of the federally funded Mental Health Statistics Improvement Program (www.mhsip.org), that included the direct assistance and feedback of consumers, their families, and mental health advocates. The MHSIP Consumer Survey is currently used in a number of states across the United States.

It is important to remember that the ratings on the MHSIP represent a participant's perceptions. Some data exist to suggest that satisfaction with services, in and of itself, does not necessarily correlate with outcomes. However, the MHSIP provides a good source of information to ensure that consumers have the opportunity to shape and improve their services.

The following tables present REGIONAL data that were collected and aggregated from the MHSIP portion of the November 2004 Older Adult Survey. The MHSIP items are rated on a five-point scale, with "5" indicating the greatest satisfaction.

The items that comprise each of the MHSIP subscales (i.e., access to services, quality and appropriateness of services received, consumer participation in treatment planning, service outcomes and general satisfaction) were averaged and then grouped into the following categories: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied' and 4.5001 - 5 = 'Very Satisfied'. As a general guideline, for interpretation, the national benchmark for satisfaction is an overall scale score above 3.5.

The average scores for each of the MHSIP subscales are reported below.

For the tables reflecting categorical groupings of MHSIP averages and MHSIP subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. Averages were only calculated for those Older Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response). The results are highlighted in yellow.

The average scores for each of the MHSIP subscales are reported below.

PERCEPTION OF ACCESS TO SERVICES

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Access to Services” subscale, 44.6% reported that they were Very Satisfied, 47.0% reported they were Satisfied, 7.4% were Neutral and 1.0% were Somewhat Dissatisfied. Additionally, for 5.6% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Access to Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Dissatisfied	5	.9	1.0	1.0
	Neutral	39	7.0	7.4	8.4
	Satisfied	247	44.4	47.0	55.4
	Very Satisfied	234	42.1	44.6	100.0
	Total	525	94.4	100.0	
No Response		31	5.6		
Total		556	100.0		

PERCEPTION OF QUALITY & APPROPRIATENESS

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Quality and Appropriateness” subscale, 40.6% reported that they were Very Satisfied, 49.0% reported they were Satisfied, 9.6% were Neutral and 0.8% were Somewhat Dissatisfied. Additionally, for 7.9% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Quality & Appropriateness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Dissatisfied	4	.7	.8	.8
	Neutral	49	8.8	9.6	10.4
	Satisfied	251	45.1	49.0	59.4
	Very Satisfied	208	37.4	40.6	100.0
	Total	512	92.1	100.0	
No Response		44	7.9		
Total		556	100.0		

PERCEPTION OF PARTICIPATION IN TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Participation in Treatment Planning” subscale, 34.0% reported that they were Very Satisfied, 44.7% reported they were Satisfied, 17.9% were Neutral, 2.9% were Somewhat Dissatisfied and 0.4% were Dissatisfied. Additionally, for 14.4% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Participation in Treatment Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	2	.4	.4	.4
	Somewhat Dissatisfied	14	2.5	2.9	3.4
	Neutral	85	15.3	17.9	21.2
	Satisfied	213	38.3	44.7	66.0
	Very Satisfied	162	29.1	34.0	100.0
	Total	476	85.6	100.0	
No Response		80	14.4		
Total		556	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 28.2% reported that they were Very Satisfied, 50.0% reported they were Satisfied, 20.0% were Neutral, 1.6% were Somewhat Dissatisfied and 0.2% were Dissatisfied. Additionally, for 12.6% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	1	.2	.2	.2
	Somewhat Dissatisfied	8	1.4	1.6	1.9
	Neutral	97	17.4	20.0	21.8
	Satisfied	243	43.7	50.0	71.8
	Very Satisfied	137	24.6	28.2	100.0
	Total	486	87.4	100.0	
No Response		70	12.6		
Total		556	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 54.8% reported that they were Very Satisfied, 38.3% reported they were Satisfied, 5.4% were Neutral, 1.3% were Somewhat Dissatisfied and 0.2% were Dissatisfied. Additionally, for 3.2% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

General Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	1	.2	.2	.2
	Somewhat Dissatisfied	7	1.3	1.3	1.5
	Neutral	29	5.2	5.4	6.9
	Satisfied	206	37.1	38.3	45.2
	Very Satisfied	295	53.1	54.8	100.0
	Total	538	96.8	100.0	
No Response		18	3.2		
Total		556	100.0		

AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the surveys within which at least 2/3 of the items that comprise each of the subscales were completed. Overall, respondents indicated that they were “Satisfied” with Access to Services (indicated by a subscale score of 4.37; 525 responses), the Quality & Appropriateness of treatment (indicated by a subscale score of 4.28; 512 responses), Participation in Treatment Planning (indicated by a subscale score of 4.23; 476 responses), Outcomes (indicated by a subscale score of 4.05; 486 responses) and services generally (General Satisfaction; indicated by a subscale score of 4.45; 538 responses).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	525	1.67	5.00	4.37	.60
Average: Perception of Quality & Appropriateness	512	1.89	5.00	4.28	.60
Average: Perception of Treatment Planning	476	1.00	5.00	4.23	.73
Average: Outcomes	486	1.00	5.00	4.05	.69
General Satisfaction	538	1.00	5.00	4.45	.64
Valid N (listwise)	433				

Quality of Life (QOL) Summary Report

About the QOL

The QOL is designed to measure quality of life from a consumer's self-reported perspective. The subscales measured include: general life satisfaction, living situation, daily activities and functioning, family and social relationships, legal and safety, and health.

It is important to remember that the ratings on the QOL represent a consumer's perceptions. A variety of factors can affect a consumer's quality of life and many of these are out of the control of service providers. However, in our efforts to continually improve services, the QOL can be used as a source of information on issues that are important to consumers.

The following tables present REGIONAL data that were collected and aggregated from the QOL portion of the November 2004 Older Adult Survey. Most of the QOL items are rated on a seven-point scale, with "7" indicating the greatest satisfaction regarding quality of life. Some of the results reflect frequencies of ratings for particular QOL items while others reflect averages of the items that comprise each of the QOL subscales (i.e., general life satisfaction, living situation, daily activities and functioning, family and social relationships, legal and safety, and health). Using the seven-point response options as a guide, the QOL subscale results can be interpreted using the following: 1 – 2.5 = 'Very Dissatisfied', 2.5001 – 3.5 = 'Dissatisfied', 3.5001 – 4.5 = 'Mixed', 4.5001 – 5.5 = 'Satisfied' and 5.5001 – 7.0 = 'Very Satisfied'. As a general guideline, an overall scale score over 4.5 indicates that consumers were satisfied. For the tables reflecting the QOL subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. Averages were only calculated for those Older Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response).

All QOL results are highlighted in yellow.

GENERAL LIFE SATISFACTION

For the consumers who responded to the question – "How do you feel about your life in general?" – 5.5% were Delighted, 19.8% were Pleased, 32.4% were Mostly Satisfied, 28.4% were Mixed, 4.7% were Mostly Dissatisfied, 7.1% were Unhappy and 2.0% were Terrible. Additionally, 11.9% of the consumers did not respond to this item.

QOL_1. How do you feel about your life in general?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Terrible	10	1.8	2.0	2.0
	Unhappy	35	6.3	7.1	9.2
	Mostly Dissatisfied	23	4.1	4.7	13.9
	Mixed	139	25.0	28.4	42.2
	Mostly Satisfied	159	28.6	32.4	74.7
	Pleased	97	17.4	19.8	94.5
	Delighted	27	4.9	5.5	100.0
	Total	490	88.1	100.0	
No Response		66	11.9		
Total		556	100.0		

LIVING SITUATION

For the consumers who completed at least 2/3 of the items that comprise the “Living Situation” subscale, an average score of 4.85 (503 responses) was calculated, indicating “Satisfied” feelings regarding living situation.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Living Situation	503	1.00	7.00	4.85	1.30
Valid N (listwise)	503				

DAILY ACTIVITIES & FUNCTIONING

For the consumers who completed at least 2/3 of the items that comprise the “Daily Activities & Functioning” subscale, an average score of 4.73 (487 responses) was calculated, indicating “Satisfied” feelings regarding daily activities & functioning.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Daily Activities & Functioning	487	1.00	7.00	4.73	1.14
Valid N (listwise)	487				

FAMILY RELATIONS

For the consumers who completed at least 2/3 of the items that comprise the “Family Relations” subscale, an average score of 4.88 (415 responses) was calculated, indicating “Satisfied” feelings regarding family relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Family Relations	415	1.00	7.00	4.88	1.40
Valid N (listwise)	415				

SOCIAL RELATIONS

For the consumers who completed at least 2/3 of the items that comprise the “Social Relations” subscale, an average score of 4.88 (457 responses) was calculated, indicating “Satisfied” feelings regarding social relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Social Relations	457	1.00	7.00	4.88	1.20
Valid N (listwise)	457				

LEGAL & SAFETY

For the November 2004 survey period, 95.5% of the consumers who responded to the relevant survey items reported that they were NOT a victim of any violent crimes in the month prior to completing the Older Adult Survey. Additionally, 11.7% of the consumers did not respond to this item.

QOL_9A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	469	84.4	95.5	95.5
	Yes	22	4.0	4.5	100.0
	Total	491	88.3	100.0	
No Response		65	11.7		
Total		556	100.0		

For the November 2004 survey period, 90.6% of the consumers who responded to the relevant survey items reported that they were NOT a victim of any non-violent crimes in the month prior to completing the Older Adult Survey. Additionally, 12.1% of the consumers did not respond to this item.

QOL_9B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	443	79.7	90.6	90.6
	Yes	46	8.3	9.4	100.0
	Total	489	87.9	100.0	
No Response		67	12.1		
Total		556	100.0		

For the November 2004 survey period, 98.3% of the consumers who responded to the relevant survey items reported that they had NOT been arrested for any crimes in the month prior to completing the Older Adult Survey. Additionally, 17.1% of the consumers did not respond to this item.

QOL_10. In the past month, how many times have you been arrested for any crimes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No arrests	453	81.5	98.3	98.3
	1 arrest	5	.9	1.1	99.3
	2 arrests	1	.2	.2	99.6
	3 arrests	1	.2	.2	99.8
	4 or more arrests	1	.2	.2	100.0
	Total	461	82.9	100.0	
No Response		95	17.1		
Total		556	100.0		

Average Quality of Life Indicator: Legal & Safety

For the consumers who completed at least 2/3 of the items that comprise the “Legal & Safety” subscale, an average score of 4.98 (492 responses) was calculated, indicating “Satisfied” feelings regarding legal & safety issues.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Legal & Safety	492	1.00	7.00	4.98	1.22
Valid N (listwise)	492				

HEALTH

For the consumers who responded completed the question – “In general, would you say your health is” – 8.8% were Excellent, 14.7% were Very Good, 29.0% were Good, 36.1% were Fair and 11.3% were Poor. Additionally, 20.7% of the consumers did not respond to this item.

QOL_9. In general, would you say your health is ____?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	39	7.0	8.8	8.8
	Very Good	65	11.7	14.7	23.6
	Good	128	23.0	29.0	52.6
	Fair	159	28.6	36.1	88.7
	Poor	50	9.0	11.3	100.0
	Total	441	79.3	100.0	
No Response	9	115	20.7		
Total		556	100.0		

For the consumers who completed at least 2/3 of the items that comprise the “Health” subscale, an average score of 4.36 (492 responses) was calculated, indicating “Mixed” feelings regarding health status.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Health	492	1.00	7.00	4.36	1.24
Valid N (listwise)	492				

OLDER ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.**

Please fill in the circle completely. EXAMPLE: Correct ● Incorrect ✗ ✓

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

START HERE → **Approximately, how long have you received services here?**

- This is my first visit here. 1 - 2 Months More than 1 year
- I have had more than one visit but I have received services for less than one month. 3 - 5 Months 6 months to 1 year

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

*This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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CSI County Client Number
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	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>					
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>					
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>					

As a direct result of the services I received:

21. I deal more effectively with daily problems.	<input type="radio"/>					
22. I am better able to control my life.	<input type="radio"/>					
23. I am better able to deal with crisis.	<input type="radio"/>					
24. I am getting along better with my family.	<input type="radio"/>					
25. I do better in social situations.	<input type="radio"/>					
26. I do better in school and /or work.	<input type="radio"/>					
27. My housing situation has improved.	<input type="radio"/>					
28. My symptoms are not bothering me as much.	<input type="radio"/>					

29. Please provide comments here and /or on the back of this form, if needed. We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	<input type="radio"/>						

Living Situation	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
2. Think about your current living situation. How do you feel about:							
A. The living arrangements where you live?	<input type="radio"/>						
B. The privacy you have there?	<input type="radio"/>						
C. The prospect of staying on where you currently live for a long period of time?	<input type="radio"/>						

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CSI County Client Number
Must be entered on EVERY page



Daily Activities & Functioning

3. Think about how you spend your spare time.
How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. The way you spend your spare time?	<input type="radio"/>						
B. The chance you have to enjoy pleasant or beautiful things?	<input type="radio"/>						
C. The amount of fun you have?	<input type="radio"/>						
D. The amount of relaxation in your life?	<input type="radio"/>						

Family

4. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The way you and your family act toward each other?	<input type="radio"/>							
B. The way things are in general between you and your family?	<input type="radio"/>							

Social Relations

5. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted	Not Applicable
A. The things you do with other people?	<input type="radio"/>							
B. The amount of time you spend with other people?	<input type="radio"/>							
C. The people you see socially?	<input type="radio"/>							
D. The amount of friendship in your life?	<input type="radio"/>							

Legal & Safety

6. In the past MONTH, were you a victim of:

	No	Yes
A. Any violent crimes such as assault, rape, mugging or robbery?	<input type="radio"/>	<input type="radio"/>
B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated?	<input type="radio"/>	<input type="radio"/>

7. In the past MONTH, how many times have you been arrested for any crimes?
 No arrests 1 arrest 2 arrests 3 arrests 4 or more arrests

8. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. How safe you are on the streets in your neighborhood?	<input type="radio"/>						
B. How safe you are where you live?	<input type="radio"/>						
C. The protection you have against being robbed or attacked?	<input type="radio"/>						

Health

9. In general, would you say your health is:
 excellent very good good fair poor

10. How do you feel about:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
A. Your health in general?	<input type="radio"/>						
B. Your physical condition?	<input type="radio"/>						
C. Your emotional well-being?	<input type="radio"/>						

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CSI County Client Number
Must be entered on EVERY page



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

- 1. What is your gender? Female Male Other
- 2. Are you of Mexican / Hispanic / Latino origin? Yes No Unknown
- 3. What is your race? **(Please check all that apply.)**
 - White / Caucasian American Indian / Alaskan Native Unknown
 - Black / African American Native Hawaiian / Other Pacific Islander
 - Asian Other
- 4. What is your date of birth? **(Write it in the boxes AND fill in the circles that correspond. See Example.)**

Date of Birth (mm-dd-yyyy)

		-			-				
0	<input type="radio"/>								
1	<input type="radio"/>								
2	<input type="radio"/>								
3	<input type="radio"/>								
4	<input type="radio"/>								
5	<input type="radio"/>								
6	<input type="radio"/>								
7	<input type="radio"/>								
8	<input type="radio"/>								
9	<input type="radio"/>								

EXAMPLE: Date of birth on April 30, 1937:

1. Write in your date of birth → **04 - 30 - 1937**

2. Fill in the corresponding circles

		-			-				
0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

- 5. Were the services you received provided in the language you prefer? Yes No
- 6. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? Yes No
- 7. What was the primary reason you became involved with this program? **(Choose one):**
 - I decided to come in on my own.
 - Someone else recommended that I come in.
 - I came in against my will.
- 8. Please identify who helped you complete any part of this survey **(Choose all that apply):**
 - I did not need any help.
 - A mental health advocate / volunteer helped me.
 - Another mental health consumer helped me.
 - A member of my family helped me.
 - A professional interviewer helped me.
 - My clinician / case manager helped me.
 - A staff member other than my clinician or case manager helped me.
 - Someone else helped me.

Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

- -

Reason (if applicable):

Ref Imp Lan Oth

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number
Must be entered on EVERY page

Optional County Questions:

County Question #1 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #2 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

County Question #3 (mark only ONE bubble):

01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20

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