Service Participant Satisfaction with Mental Health Services

2015 Report

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

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Table of Contents

This report is a publication of the Mental Health Services and Performance Management Section of the Bureau of Prevention Treatment and Recovery (BPTR), Division of Care and Treatment Services (DCTS), Wisconsin Department of Health Services (DHS).

Executive Summary

Wisconsin's 2015 Mental Health Statistical Improvement Project (MHSIP) service participant satisfaction surveys were administered in early 2016. A total of 1,855 surveys were sent out asking respondents to rate their mental health services in 2015. Adults were asked to rate their own services and caregivers of youth[1] were asked to rate their youth's services. Overall, response rates were similar to the previous year's survey solicitations with 43% of respondents who received a survey completing and returning the survey. Compared to the previous year's survey response rates, adults responded at a higher rate than expected and caregivers responded at a lower rate than expected. Adults identifying as white and age 36 years or older were somewhat more likely to respond than racial or ethnic minorities or younger adults.

Over the past five years (2010-2015), satisfaction with services has varied across adults and caregivers.

Adult respondents have been more satisfied with access to services, the quality and appropriateness of services, and services, overall. Adults have been less satisfied with their participation in service planning, outcomes of services, improved functioning as a result of services, and improved social connectedness as a result of those services.

Caregivers have been highly satisfied with the cultural sensitivity of their youth's providers and fairly satisfied with their participation in their youth's service planning. Caregivers have been less satisfied with their youth's outcomes of services and improved functioning resulting from services. Recent efforts to expand enrollment in Comprehensive Community Services to youth in Wisconsin's public mental health system, may improve satisfaction in these areas. In addition, satisfaction with access to services has improved among caregivers since 2013. During this same time period, caregivers feel that among all of their natural supports, their youth's services have helped them most with having someone to talk with about their child's problems, having others with whom they can do enjoyable things, and knowing that they would have support from family or friends in a crisis.

Pooled satisfaction data across 2013, 2014, and 2015 reveals that certain participant characteristics matter for satisfaction with services.

Adults recently involved in the criminal justice system, compared to those who were not, were less satisfied with their services overall and with participation in service planning. Caregivers of youth recently arrested, compared to those who were not, were less likely to be satisfied with their youth's outcomes of services, improved functioning resulting from services, participation in their youth's service planning, and general satisfaction with services.

Both adults and caregivers of youth who identified as a racial or ethnic minority, compared to white, non-Hispanic, were less satisfied with their/their youth's participation in services, improved social connectedness as a result of services, and participation in their youth's service planning.

[1] For the purposes of simplicity, unless otherwise noted, caregivers of youth in mental health services will be termed caregivers in later sections of this report.

Caregivers of older youth, compared to younger, were less satisfied with their level of participation in their youth's services and older adults, compared to younger, were less satisfied with improvements in their level of functioning as a result of their services.

Adults receiving services at the time of the survey, compared to those who were not, were more likely to be satisfied with access to services, quality and appropriateness of services, and outcomes of services.

Caregivers of youth receiving services at the time of the survey, compared to those who were not, but had in the past 12 months, were more likely to be satisfied with participation in their youth's service planning, and their services, in general.

Pooled satisfaction data across 2013, 2014, and 2015 also reveals that pre-service expectations matter for one's satisfaction with the outcomes of services. Adults with expectations for improvements on several outcome scale items corresponded with greater satisfaction with those items. Expectations for improvements in their youth's services mattered for caregivers only when 2014 was examined independent of the other years and only when examining whether their youth was doing "better in school or work." These results suggest that, in contrast to adults, caregivers without expectations for improvements may be more likely to be satisfied with the outcomes of their youth's services than those with expectations.

Introduction

Background

In 1976, the National Institute on Mental Health initiated MHSIP to evolve data standards reflecting current developments in mental health services. The MHSIP Satisfaction Surveys for adults and youth were developed to provide states a standard method of measuring service participant satisfaction with mental health services. These MHSIP surveys are now recommended by the Center for Mental Health Services, within the federal Department of Health and Human Services, as the preferred tool for reporting client perception of care. This survey is one of the standardized national outcome measures required for federal reporting to the Center for Mental Health Services. It is used by Substance Abuse and Mental Health Services Administration for state-by-state comparisons.

Methods

Every year the DHS Division of Care and Treatment Services distributes the federally approved MHSIP satisfaction surveys to a random sample of qualifying recipients served by the county mental health system for at least six months in the previous calendar year. A survey is distributed among adult (age 18 years and above) and youth (age 17 years and below) service recipients. For a conservative measure of satisfaction, qualifying adults must have been diagnosed with a serious mental illness and qualifying youth must have been diagnosed with a serious emotional disorder. The survey design consisted of three mailings: a full mailing to all 1,855 participants (including a cover letter, survey, and business reply envelope), a postcard reminder to participants, and two additional full mailings to participants who had not responded to the previous mailings.

Adult service participants were asked to fill out the survey based on their personal experiences with the state's mental health service system. If an adult was unable to fill out a survey on his or her own, then that individual was considered ineligible for the survey; no one else is authorized to fill out the survey on an adult's behalf. Caregivers were asked to fill out surveys on behalf of youth service participants. Service participants were not directed to respond to survey items with regard to any particular service type (for example, medication management) or program (for example, Comprehensive Community Services or Coordinated Services Teams (CST) initiatives).[2] Instead, survey results represent a global sense of service participants' perceptions of Wisconsin's public mental health system by including all services and programs a participant may receive.

While survey items can be evaluated on an individual basis, a statistical method called factor analysis can be used to group survey items that are similar. Briefly, factor analysis is a technique that identifies groups of related items based on their high correlation (or association) with each other and is used by researchers to reduce the number of measures needed to describe participant responses by combining items together into summative scales or domains. Across the adult and youth surveys, eight scales or domains exist:

- Access to services (*Access*).
- Participation in treatment planning (*Participation*).[3]
- Social connectedness (*Social Connect*).[4]
- Treatment outcomes (*Outcomes*).

[2] DHS periodically solicits satisfaction data from participants in Comprehensive Community Services and CST Initiatives. This data is used for local quality monitoring and improvement. It is also published in reports posted to the DHS website.

[3] For youth, the participation items ask the parent or guardian to rate their own participation in their youth's treatment planning, rather than the youth's participation in their own treatment planning.

[4] For youth, the social connectedness items ask the parent or guardian to respond based on their own social connectedness, rather than the connectedness of the youth receiving services.

- General satisfaction with services (*General*).
- Improved level of functioning as a result of treatment (*Functioning*).
- Quality and appropriateness of services of adults only (*Quality*).
- Cultural sensitivity of staff providers of youth only (*Culture*).

While survey results are meant to be illustrative, it is also important to understand the limitations of the MHSIP survey data. Because the survey sampled service participants with serious mental health concerns and extended service histories, this report cannot speak to the experiences of individuals who may have low-level needs and short-term experiences with the public mental health system. In addition, this report looks only at the public mental health system; it does not examine participant satisfaction with private providers. Furthermore, more itinerant individuals are less likely to be given the opportunity to complete a survey because of their increased likelihood to have an unknown or changed address.

Response Rates

Each year DHS calculates the number of surveys that must be returned with valid data to represent service participant satisfaction statewide. This estimate is based on the reported number of people served by Wisconsin's public mental health services system in the year of interest. In 2015, 18,442 people were served according to Program Participation System. The Program Participation System is used by DHS to track mental health client data. Counties and tribes submit demographic and service data for services they authorize.

After accounting for anticipated nonresponses, such as refusals to participate or invalid addresses, 1,855 surveys were sent to a random sample of adults and caregivers of youth who had received mental health services in 2015. Overall, 43% of respondents receiving a survey completed and returned the survey or 36% of all surveys mailed due to invalid addresses. Among age groups receiving the survey, 45% of adults and 42% of youth completed surveys (36% and 41% of all surveys mailed, respectively). Compared to previous years, 2015 response rates were approximately three percentage points above the rate expected for adults and two percentage points below the rate expected for youth.

Although response rates were close to previous years, variation in response rates across demographic groups suggests some groups may be underrepresented in the 2015 data. Basic demographic data from the Program Participation System was used to examine whether response rates varied across race, ethnicity, gender, and age groups. For this analysis, distributions of these characteristics were examined across all people targeted to receive surveys, and the survey respondent group, to determine if any disparities in response rates existed across characteristic groups in the final MHSIP data. For instance, if our targeted group of surveys contained 15% of people identifying as an American Indian or Alaska Native, then a 15% distribution of American Indian or Alaska Native people in the respondent group would indicate that no disparity in response rates exists.

Potential differences in characteristics across each of the targeted and respondent groups were tested for statistically significant differences, or whether any apparent differences were highly unlikely to be due to random chance.[5] Tables 1, 2 and 3 contain data on variations in response rates across groups only where significant relationships were found.[6] The significance level or p-value is presented at the bottom of each table of data. A p-value less than .01 ($p<.01$) is more significant than a p-value less than .05 ($p<.05$) or, in other words, the smaller the p-value the higher the probability that your relationship being described is not due to chance.

The following sections present data with tables featuring distributions of a characteristic among each of the targeted and respondent groups and the difference or potential disparity in response rates across these groups for each characteristic's different categories. Differences or disparities in response rates are identified by cells with red dots and text if they are lower than would be expected (in other words, the difference represents a negative value) and green stripes and text if higher than expected (in other words, difference represents a positive value) given their representation in the target group.

[5] These tests were conducted using the chi-square test of the independence of two categorical variables: the categorized demographic characteristic of interest among each of the targeted and (actual) respondent groups of respondents.

[6] Response rates among the targeted and respondent groups were also examined across gender (categories of male or female) and Blue Ribbon Commission Target Population (high intensity, ongoing or low intensity, ongoing need) or a level of service need at time of survey completion, and yielded no significant results.

Adults

Across the racial categories reported in the Program Participation System, people identifying as white responded at a higher rate than would be expected given their representation in the targeted group whereas all people identifying as being any non-white racial category responded at lower rates than expected (Table 1).

Table 1: Adult Response Rates (%) across Racial Categories among Expected and Respondent Survey Completers, 2015

Racial Category	Targeted	Respondent	Targeted - Respondent*
American Indian or Alaska Native	1.2	0.6	-0.6
Asian	2.2	0.6	-1.6
Black or African American	10.0	6.8	-3.2
Multiracial	2.3	1.7	-0.6
Pacific Islander or Native Hawaiian	0.1	0.0	-0.1
White	84.3	90.4	6.1

* P<.05
N =19,594 (Targeted respondent); 354 (Actual respondent)
Sources: Program Participation System and MHSIP Adult 2015 Survey

Response rates did not significantly differ among those reporting an ethnicity of Hispanic or Latino when compared to those who did not; although it is worth noting that there was a high proportion of "unknown" ethnicities for people seeking mental health services in Program Participation System: 13% among the targeted group and 10% among the respondent group. This may suggest that more than one in 10 people have no known ethnicity reported in the Program Participation System and that those with an unknown ethnicity are more likely to respond to this survey.

When compared to non-Hispanic whites, people identifying as being in a minority race or Hispanic or Latino ethnicity were significantly less likely to respond to the survey (p<.01).

Table 2: Adult Response Rates (%) across Racial or Ethnic Minority Status among Targeted and Respondent Survey Completers, 2015

Racial or Ethnic Minority Status	Targeted	Respondent	Targeted - Respondent*
Racial or Ethnic Minority**	18.0	12.3	-5.7
White, only	82.0	86.6	4.6

* P<.01
**Grouped category for those identifying as any non-white race, Hispanic or Latino ethnicity, or both
N =19,594 (Targeted respondent); 354 (Actual respondent)
Sources: Program Participation System and MHSIP Adult 2015 Survey

A person's age also mattered for survey response rates. The average age among those targeted to receive the survey was 45.7 years, whereas actual survey respondents had an average age of 48.5 years. Young adults were significantly less likely to respond when compared to middle-age or older adults.

Table 3: Adult Response Rates (%) across Age Groups among Targeted and Respondent Survey Completers, 2015

Adult Age Group	Targeted	Respondent	Targeted - Respondent*
Young Adult (17-35)	27.9	18.6	**-9.3**
Middle-Age Adult (36-55)	43.5	47.0	**3.5**
Older Adult (56 and above)	28.6	34.4	**5.8**

* P<.01
N =19,594 (Targeted respondent); 354 (Actual respondent)
Sources: Program Participation System and MHSIP Adult 2015 Survey

In summary, these results suggest that some disparities in adult response rates do exist. Those who identified as white (compared to all racial or ethnic minorities and all other races regardless of Hispanic or Latino ethnicity) and who are 36 years old or older (compared to adults aged 17 to 35) responded to this survey at a higher rate than would be expected given the distribution of these characteristics among those targeted to receive this survey.

Caregivers of Youth

For caregivers, response rates were not significantly different across the targeted survey group and respondents for any of the characteristics examined.[7] However, there was a high percentage of people with an unknown Hispanic or Latino ethnicity (13% for the targeted group and 8% for respondents). Furthermore, similar to adult survey respondents, those caregivers with youth service participants reported as an unknown ethnicity were 5% less likely to respond to the survey, suggesting that there is something unique about these people that results in their caregivers being less likely to respond to the satisfaction surveys.

[7] The demographic groups examined were race (Asian, American Indian or Alaska Native, Black or African American, multiracial, Pacific Islander or Native Hawaiian, and white), Hispanic or Latino ethnicity (yes or no), white, non-Hispanic (not identifying as any non-white racial category or Hispanic or Latino ethnicity), age groups (14 years and younger or 15 years and older), gender (male or female), and Blue Ribbon Commission target population (high intensity, ongoing need or low intensity, ongoing need).

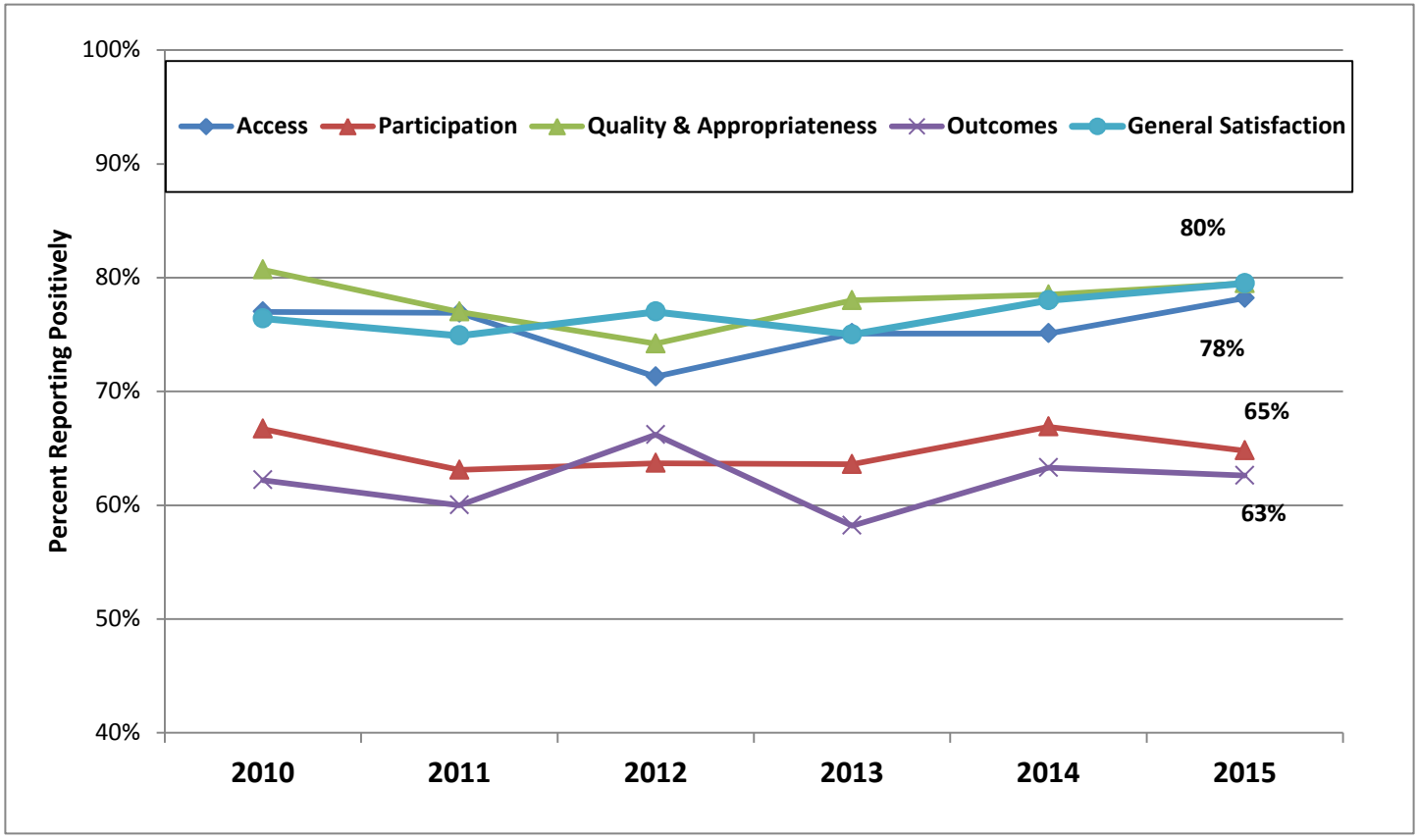
Overall Scale Scores and Trends, 2010-2015

For each item on the MHSIP surveys, the respondent was given a range of response options (from 1=Strongly Agree to 5=Strongly Disagree). Wording on all statements in the adult survey were positively phrased, so a value closer to one represents a more positive experience (the participant was more satisfied), while a value closer to five represents a less positive experience (the participant was less satisfied).[8] The responses were then summarized across seven satisfaction scales.[5]

Adults

As shown in Figures 1 and 2, trends in satisfaction levels for adults have remained fairly steady through time. Satisfaction appears higher in the categories of access to services, the quality and appropriateness of those services, and general satisfaction with those services. Overall, the percent of adults reporting positively has been lower in the areas of treatment outcomes, participation in treatment planning, improved functioning, and social connectedness.

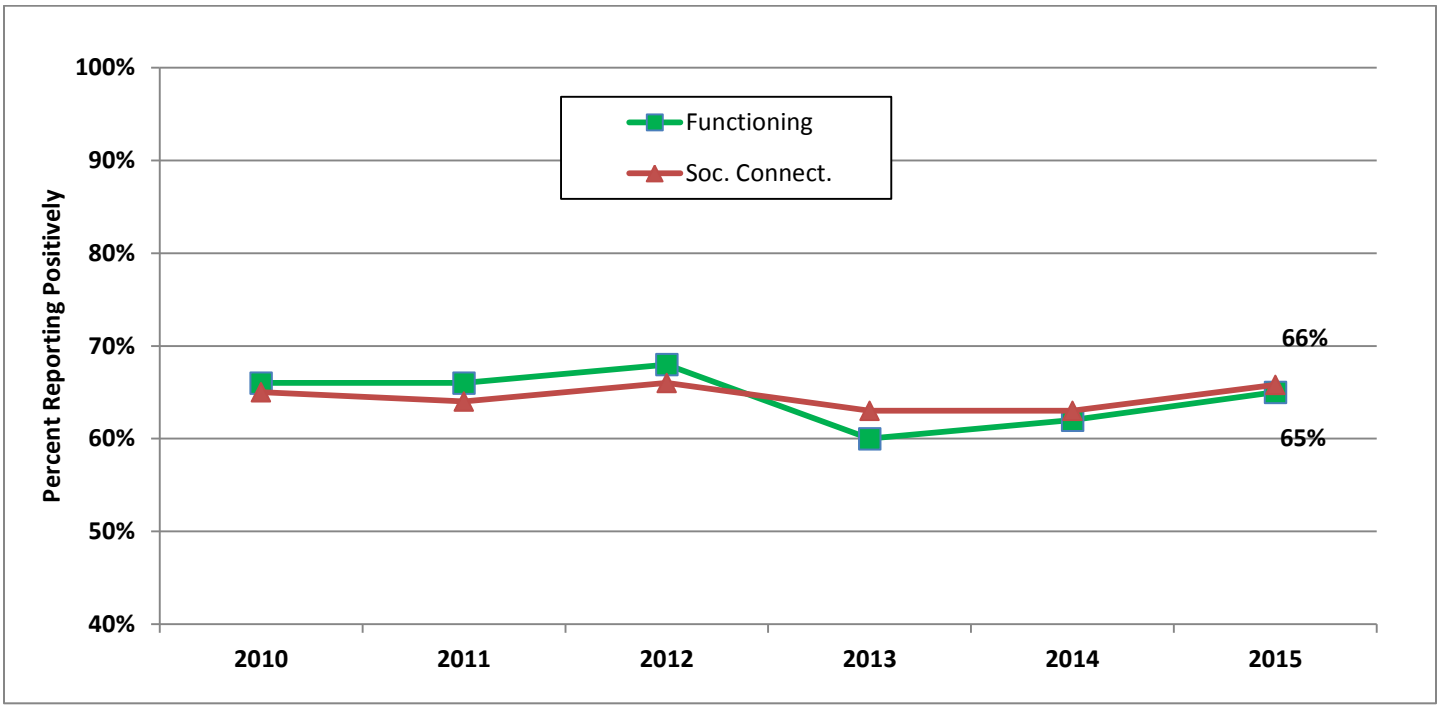
Figure 1: Adult Positive Perceptions of Mental Health Services by Domain and Year, 2010-2015



Source: Annual MHSIP Satisfaction Surveys

[8] Ratings of satisfaction were transformed from a five-point numeric scale into binary categories of either: 1) the percent reporting positively or "strongly agree" (1) or "agree" (2) and 2) the percent reporting negatively or "neutral" (3), "disagree" (4), or "strongly disagree"(5) for each respective scale. The same transformation in the opposite direction was conducted for negatively worded scales.

Figure 2: Adult Positive Perceptions of Mental Health Services by Domain and Year, Continued, 2010-2015

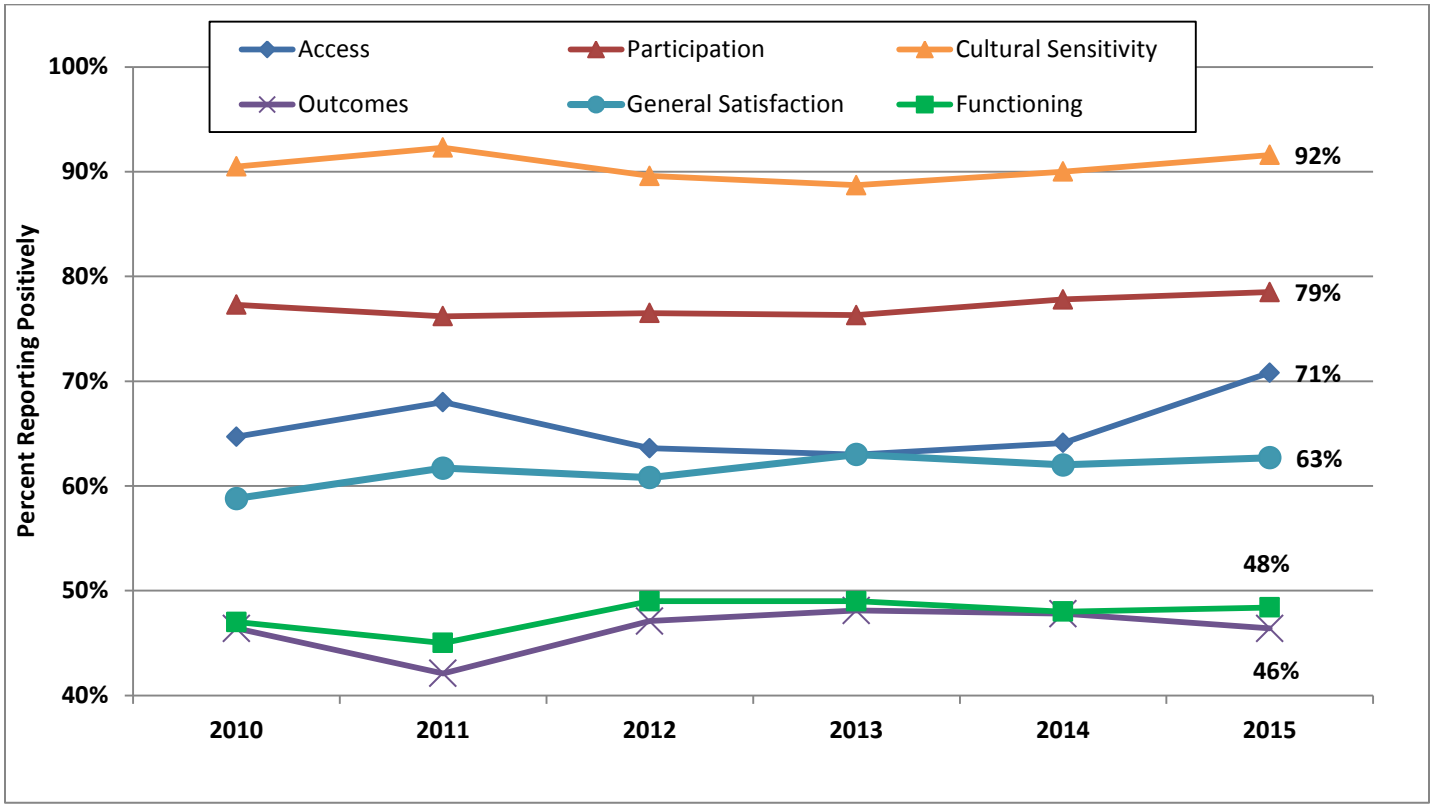


Source: Annual MHSIP Satisfaction Surveys

Caregivers of Youth

As demonstrated in Figure 3, caregivers show fairly steady trends in satisfaction levels through time, although relative satisfaction levels across each of the domains are rather variable. While perceived satisfaction with the cultural sensitivity of mental health service providers is rather high, satisfaction with improved functioning and the outcomes of these services is relatively low. Also relative to other domains, satisfaction with access to care is relatively moderate in level, but has increased from 2014 to 2015.

Figure 3: Caregivers' Positive Perceptions of Mental Health Services by Domain and Year, 2010-2015



Source: Annual MHSIP Satisfaction Surveys

DHS has made efforts to improve care for youth with ongoing mental health care needs served by the public mental health system. Comprehensive Community Services is a program for adults and youth with ongoing moderate to low intensity mental health needs. Program Participation System data from 2015 shows 32% of CCS participants were youth compared to 17% of public mental health system participants.[9] More youth participating in Coordinated Services Teams Initiatives are being co-enrolled into Comprehensive Community Services to improve access to supports that promote resiliency. An analysis of satisfaction data specific to caregivers of youth in Comprehensive Community Services suggest that caregivers may be more satisfied with youth services and supports than the general public mental health services population featured in this report. For instance, across the satisfaction domains of functioning and outcomes, Comprehensive Community Services caregivers were 62% and 59% satisfied whereas the MHSIP statewide sample was 48% and 46% satisfied, respectively.[10] These factors together offer some possible explanation for the more recent uptick in

[9] This includes CCS participants.

[10] The Comprehensive Community Services caregiver satisfaction survey is solicited from caregivers of youth aged 12 years and younger only, whereas the MHSIP statewide sample is solicited from caregivers of youth age 17 years and younger. Despite this distinction, Comprehensive Community Services youth aged 13-17 self-reported satisfaction with functioning and outcomes was 70% and 68%, respectively.

caregiver satisfaction with access to care. They also suggest that caregiver satisfaction with mental health services may improve in the future, if more youth in the public mental health services system and in Coordinated Services Teams Initiatives are co-enrolled in Comprehensive Community Services.

Comparisons of the aforementioned satisfaction levels across adults (Figures 1 and 2) to caregivers (Figure 3) reveal that adults are approximately 10% less likely to feel as though they are participating in their services, while caregivers are approximately 20% less likely to feel as though their child's outcomes are improving as a result of their services and approximately 15% less likely to have been generally satisfied with their child's services. Also, caregivers' satisfaction with improvement in levels of functioning is approximately 15 percentage points lower than adults on the same measure.

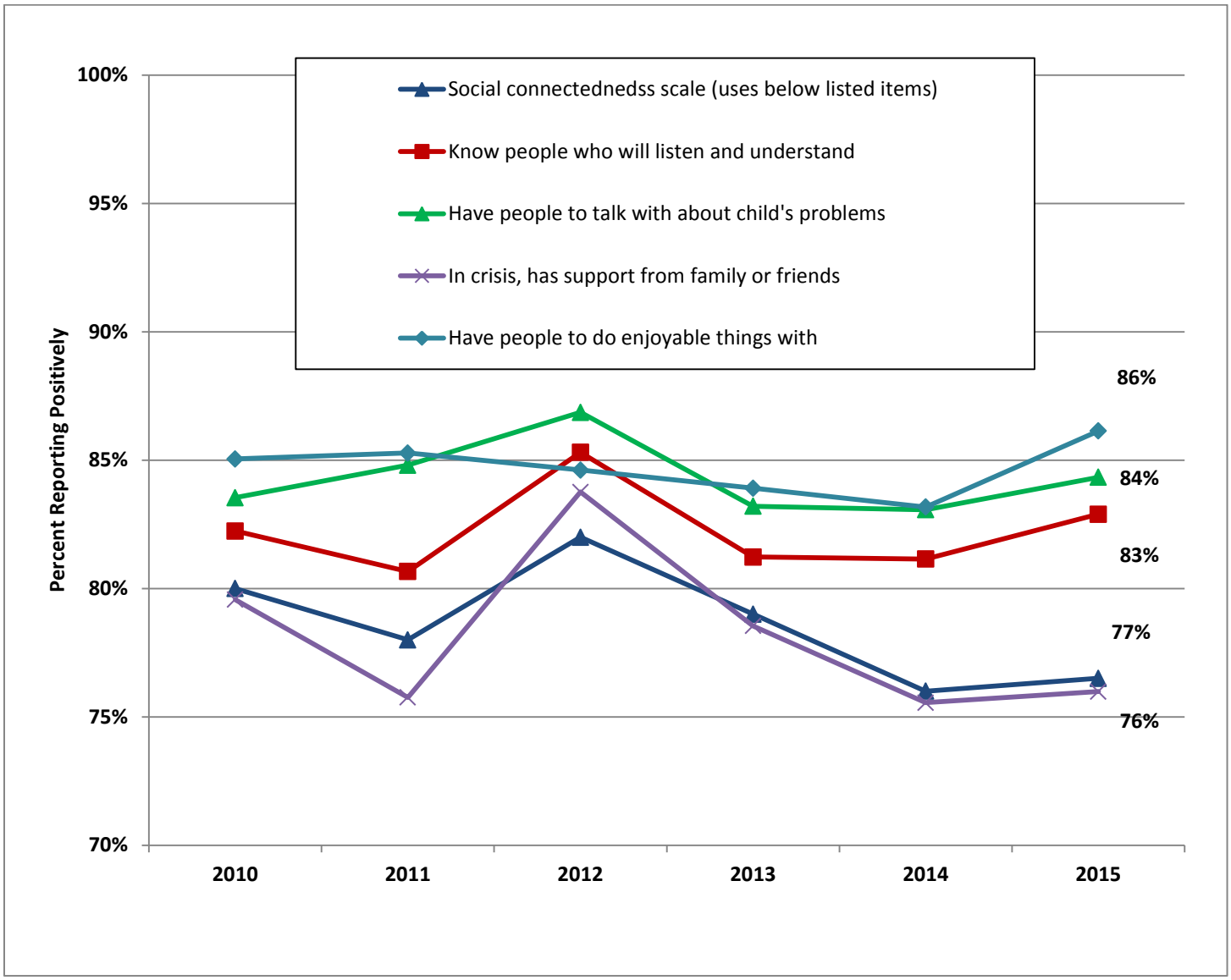
Caregiver Satisfaction with Own Social Connectedness

Although items on the youth survey are primarily focused on satisfaction related to care and outcomes for the youth themselves, the items on the social connectedness scale also investigate how a youth's mental health services may impact the possible support experienced by caregivers. The extra responsibilities associated with caregiving for a youth in recovery from a mental health disorder may prevent caregivers from forming and maintaining adequate social supports for their own well-being. This may impede a caregiver's ability to provide a supportive environment for their youth that would best promote recovery. Social connectedness items from the youth survey related to caregiver supports were preceded by the introductory statement, "As a direct result of the mental health services my child and/or family member received in the last 12 months" and followed by these items:

- "I have people with whom I can do enjoyable things." (Corresponding item on the adult survey)
- "In a crisis, I would have the support I need from family or friends." (Corresponding item on the adult survey)
- "I know people who will listen and understand me when I need to talk."
- "I have people that I am comfortable talking with about my child's problems."

Overall, caregivers are satisfied with the ability of their youth's mental health services to impact possible supports in their lives (Figure 4). Of all supports, caregivers feel most satisfied with having someone to talk with about their child's problems and having others with whom they can do enjoyable things. Caregivers indicated that they were least satisfied with knowing that they would have support from family or friends if they were in a crisis. Although the social connectedness scales are not comprised of identical items across adults and caregivers, they represent similar ideas and thus may be somewhat comparable. Across most years, caregivers reported being more satisfied with overall social connectedness (Figure 4) when compared to the social connectedness of adults who were personally receiving mental health services (Figure 2) (approximately 77% versus 66%, respectively). This finding may not be surprising given that, unlike respondents completing the adult survey, most caregivers are likely not in recovery from a severe mental health condition and thus may have had more social supports in their lives before seeking services for their youth.

Figure 4: Caregivers' Positive Perceptions of Own Social Connectedness by Year, 2010-2015



Source: Annual MHSIP Satisfaction Surveys

Differences in Participant Satisfaction with Mental Health Services Across Different Characteristic Groups, Pooled Data Across 2013-2015

This section examines whether there are potential disparities in the effectiveness and quality of mental health services across various social and demographic groups. Data was pooled, or combined with the MHSIP surveys across 2013, 2014, and 2015, to examine associations of various participant characteristics with perceived satisfaction for each respective domain represented in the MHSIP surveys. Similar to the above analyses, a binary outcome is analyzed for each participant satisfaction domain (in other words, "satisfied" at all versus "not satisfied" at all or "neutral"). A chi-square test of independence was performed to determine if participant characteristics and participant satisfaction status are significantly related. If a statistically significant relationship was found, cross-tabulations of results are displayed in graphical format along with significance levels reported in parentheses (for example, $p<.05$).

Adults

For adults the total sample consisted of 1,075 surveys. Although fairly infrequent, some adult surveys had missing or incomplete data and thus were not included in all calculations. Across each scale the percent of missing values ranged from approximately 2% to 7&.

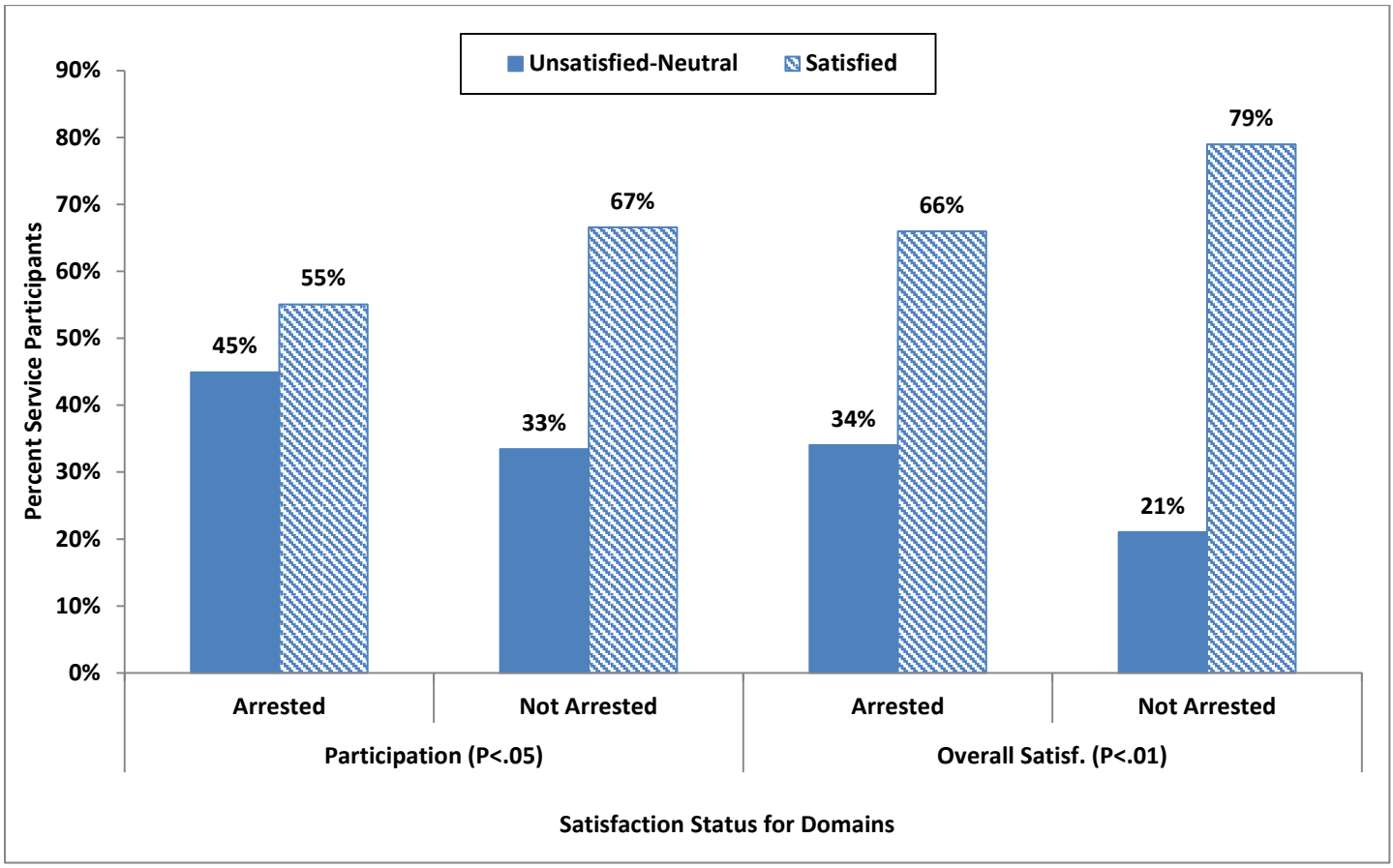
Gender

Gender was reported through Program Participation System as male or female. A higher percent of adult respondents were female (56%), which is slightly larger than that expected in the general Wisconsin population or the public mental health services population (both close to 50% in 2015), suggesting that males may be slightly underrepresented in this satisfaction data. Regardless, no significant results were found suggesting that male and female adult participants do not have substantially different perceptions of satisfaction with their mental health services.

Criminal Justice Status

Criminal justice status was indicated in a survey item asking whether the participant had been arrested for committing any offense in the last two years. Results suggested that there is a significant association between criminal justice system involvement and participant satisfaction (Figure 5). Participants who reported being arrested in the past two years were less likely to be satisfied with their participation in service planning ($p<.05$). This association is even more likely when we examined general levels of satisfaction ($p<.01$).

Figure 5: Adult Satisfaction with Mental Health Services by Criminal Justice Status, Pooled Data 2013-2015*



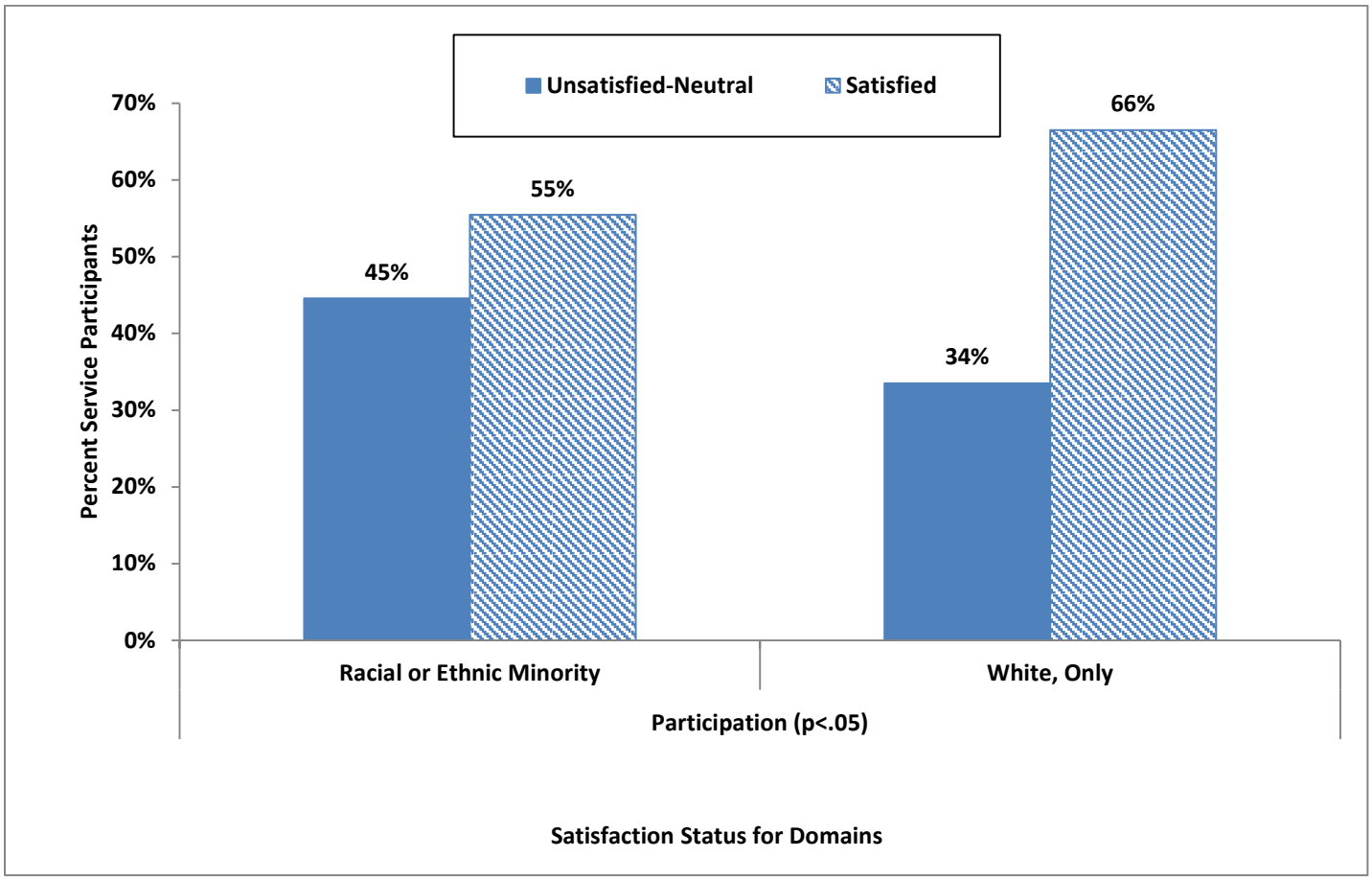
Source: Annual MHSIP Satisfaction Surveys
Note: n = 977 (Participation); 1,026 (Overall Satisfaction)
*Excludes domains not statistically significant

Racial or Ethnic Minority Status

Racial and ethnic categories were reported through the Program Participation System as Asian, African American or Black, Native American, Pacific Islander, Hispanic or Latino, or white, non-Hispanic. Importantly, response rates among identified minority racial or ethnic groups combined (Asian, African American or Black, Native American, Pacific Islander, Hispanic or Latino) were low (10% or 101 people of the total 1,002 analyzed) in comparison to the distribution racial and ethnic minorities in Wisconsin's public mental health services populations (both near 18% in 2015 according to the U.S. Census and Program Participation System).

The smaller minority representation among survey respondents combined with the greater number of categories across racial and ethnic groups prevented cross-group comparisons any lower than at the racial or ethnic minority level across satisfaction domains. Regardless, as shown in Figure 6, the smaller minority representation still provided large enough numbers to conclude that a significant association existed among people identifying as either a racial minority or Hispanic or Latino (white or non-white), whereby racial or ethnic minorities were less likely to feel as if they were a participant in their service planning ($p<.05$). The low representation of minority racial and ethnic groups in these surveys suggests that additional investigation is needed to better understand why individuals in these groups are less likely to complete a survey.

Figure 6: Adult Satisfaction with Mental Health Services by Racial or Ethnic Minority Status, Pooled Data 2013-2015*

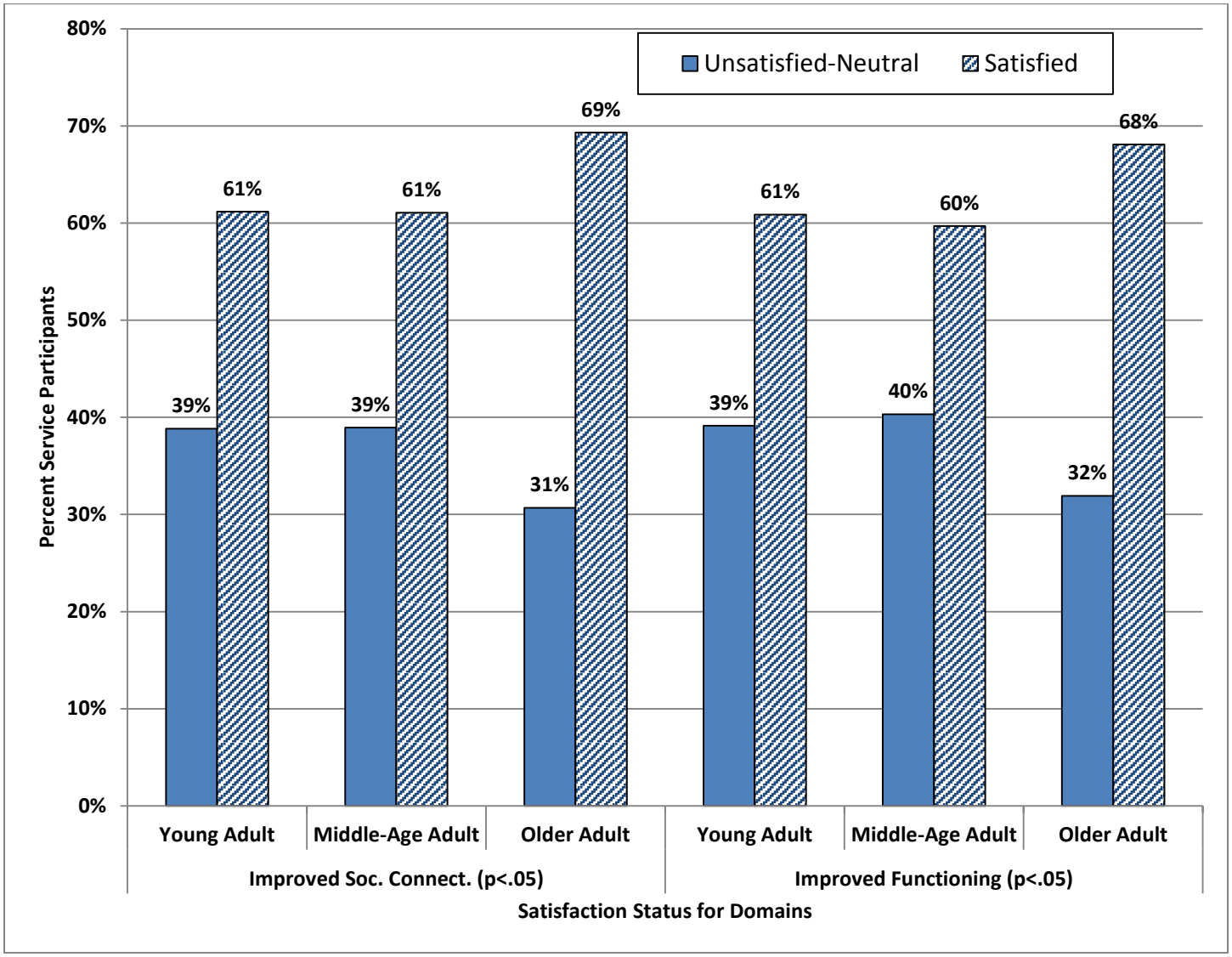


Source: Annual MHSIP Satisfaction Surveys
Note: n = 101 (Minority); 901 (White)
*Excludes domains not statistically significant

Adult Age Group

Age was calculated using Program Participation System data.[11] As shown in Figures 7 and 8, results suggest that there was a significant association between the adult age group and participant satisfaction, whereby young adults (followed by middle-aged adults) are the least likely to have improved social connection or improved functioning as a result of their services (Figure 7, p<.05). This association was even more likely when we examined access to services, improved outcomes, or general levels of satisfaction (Figure 8, p<.01).

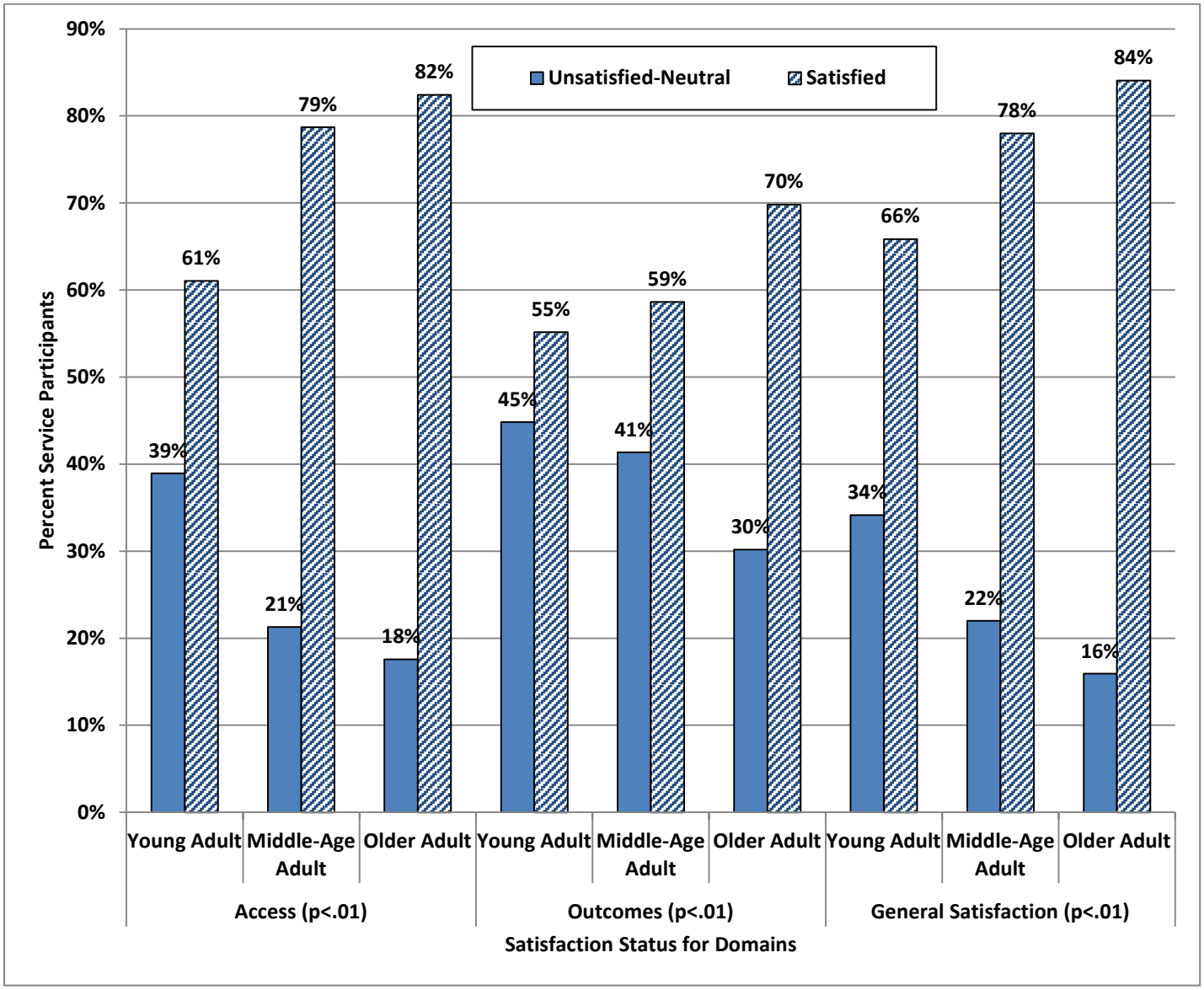
Figure 7: Adult Satisfaction with Mental Health Services among Statistically Significant Domains by Adult Age Group, Pooled Data Across 2013-2015*



Source: Annual MHSIP Satisfaction Surveys
Note: n = 1,038 (Social Connectedness); 1,042 (Functioning)
*Excludes domains not statistically significant

[11] Age groups were calculated using the dates of birth of service participants as reported through the Program Participation System and defined as the participant's age at the approximate time of survey administration for each respective survey. The three age categories included young adult (aged 18-25), middle-aged adults (aged 26-55), and older adults (aged 56 and older).

Figure 8: Additional Scales for Adult Satisfaction with Mental Health Services by Adult Age Group, Pooled Data 2013-2015*

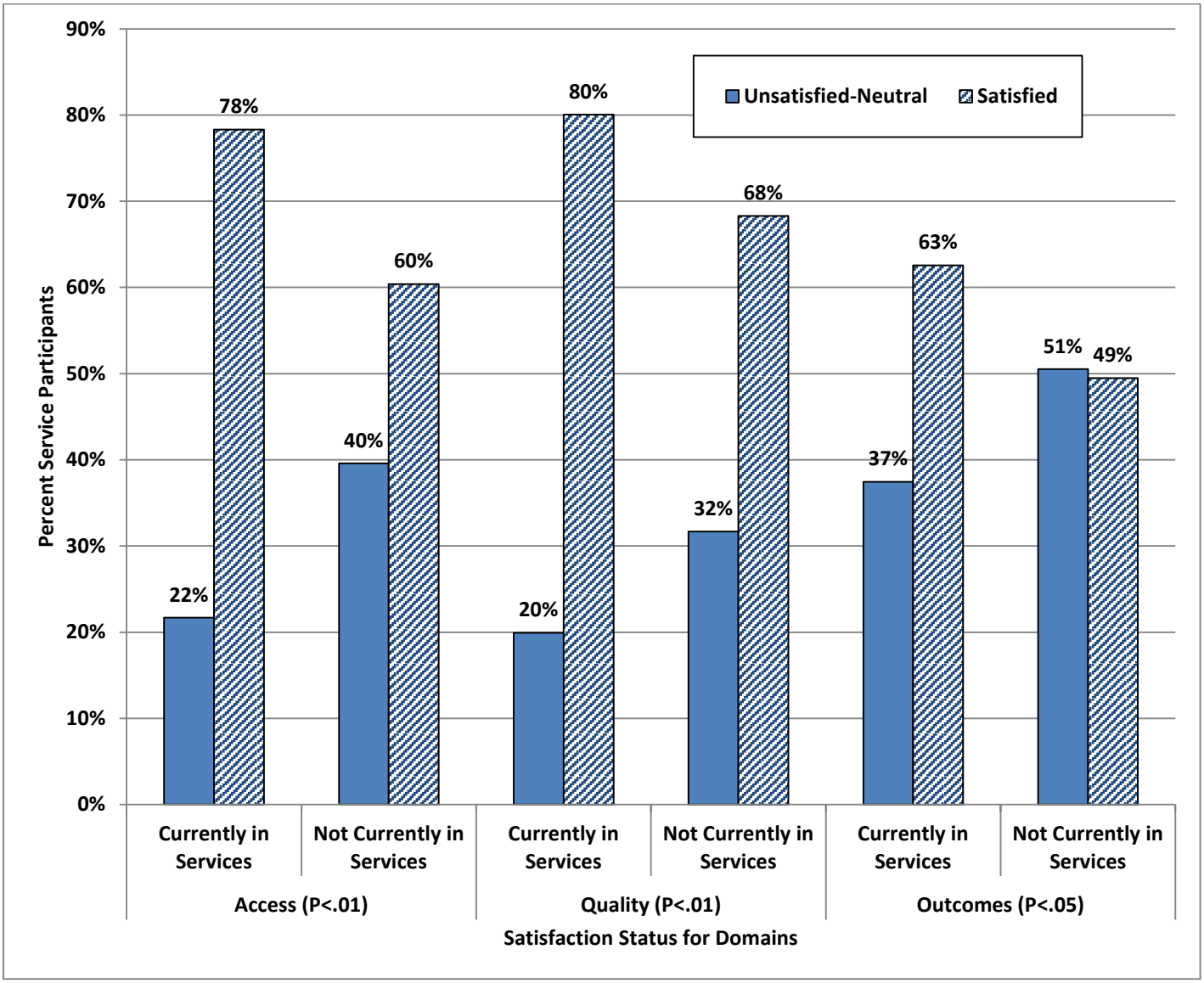


Source: Annual MHSIP Satisfaction Surveys
Note: n = 1,050 (Access); 994 (Outcomes); 1,059 (General Satisfaction)
*Excludes domains not statistically significant

Service Participation Status

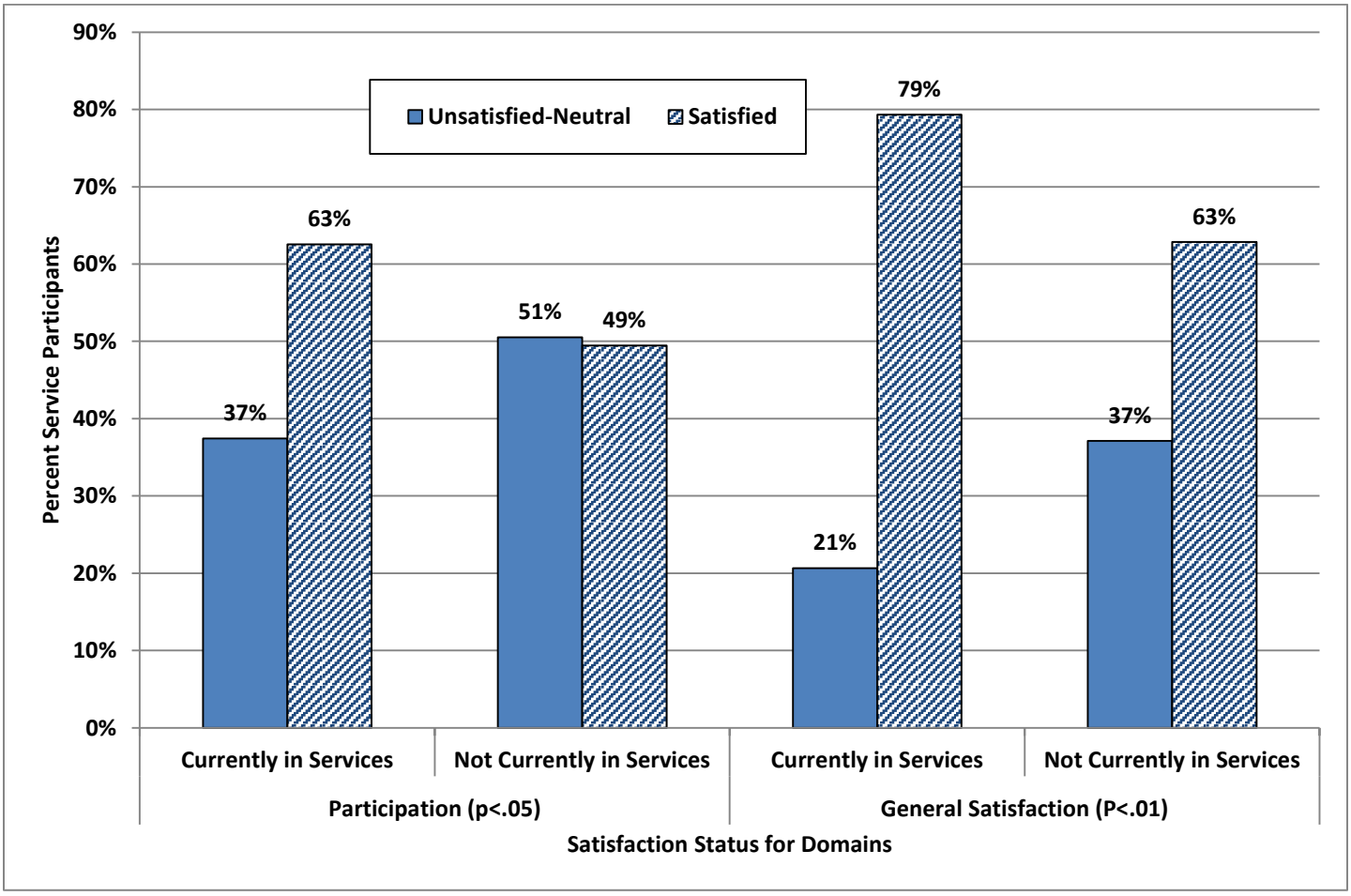
Service participation status was indicated in a survey item asking whether a respondent was receiving services at the time of the survey (compared to those not receiving services anymore, but had in the past 12 months). As shown in Figures 9 and 10, results suggest that there were significant differences between those currently receiving and not receiving services for several of the satisfaction domains such that those not receiving services were less likely to be satisfied with these domains. Specifically, the strongest associations suggest that those who were not in services at the time of completing the survey were less likely to be satisfied with their access to services and the quality and appropriateness of these services (p<.01). Significant findings also suggest that those who were not in services were less likely to be satisfied with the outcomes of these services, their level of participation in these services, and with these services overall (p<.05).

Figure 9: Adult Satisfaction with Mental Health Services by Service Participation Status, Pooled Data 2013-2015*



Source: Annual MHSIP Satisfaction Surveys
Note: n = 1,019 (Access); 994 (Quality); 965(Outcomes); 981 (Participation); 1,029 (General Satisfaction)
*Excludes domains not statistically significant

Figure 10: Additional Scales for Adult Satisfaction with Mental Health Services by Service Participation Status, Pooled Data 2013-2015*



Source: Annual MHSIP Satisfaction Surveys
Note: n = 981 (Participation); 1,029 (General Satisfaction)
*Excludes domains not statistically significant

In summary, these results suggest that the most satisfied adult respondents identified as white only. They were older, not involved in the criminal justice system, and involved in services at the time they completed the survey.

Caregivers of Youth

A total of 890 caregivers responded to the MHSIP survey solicitation across 2013, 2014, and 2015. Although infrequent, some surveys may have missing or incomplete data and thus may not be included in all calculations. This is particularly true when caregivers reported on the cultural sensitivity of the staff serving their youth with just over 18% of cases not having complete data for this scale. All other scales had no more than 2% missing data.

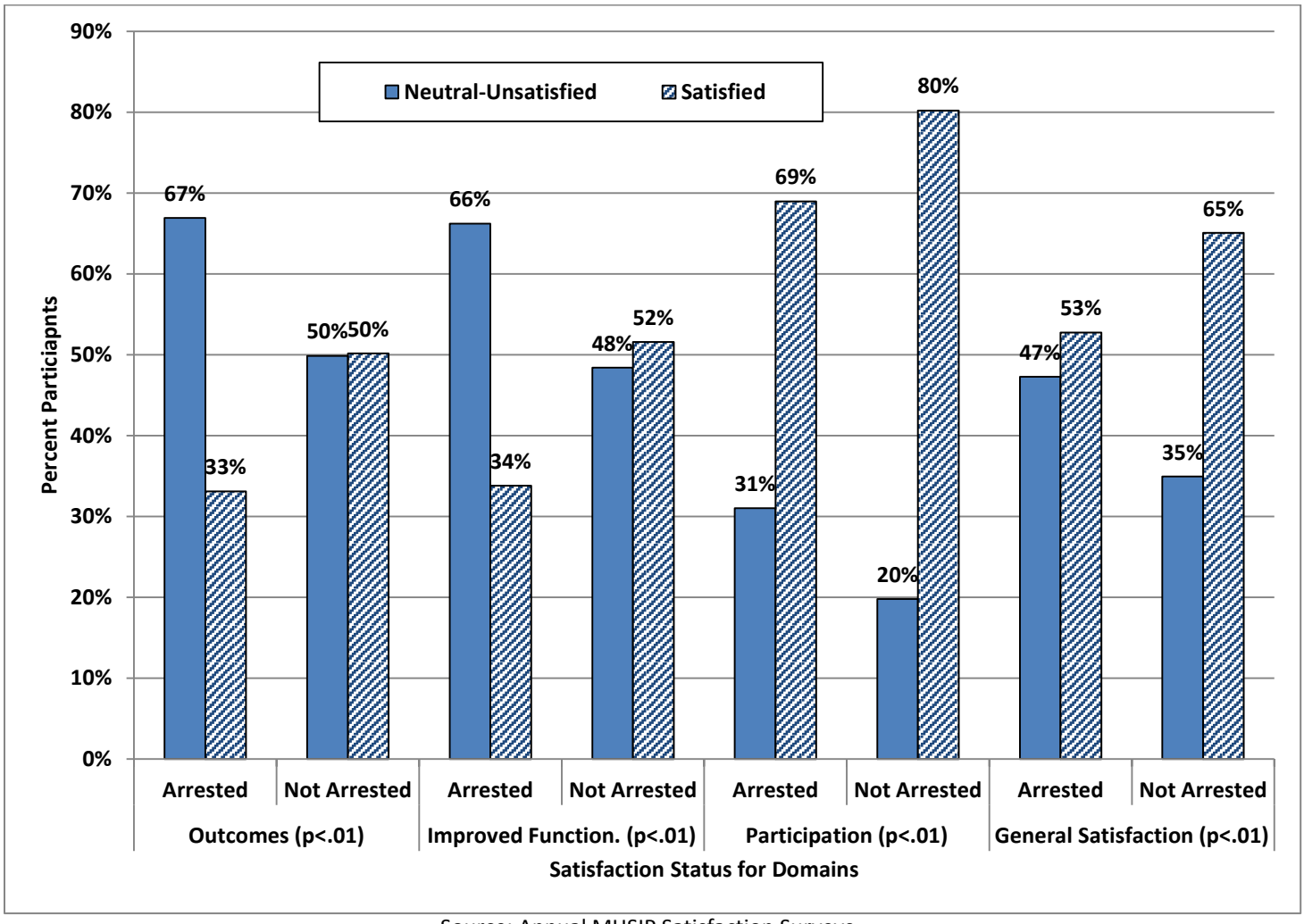
Gender

Gender was reported through Program Participation System as male or female. A substantially lower percentage of respondents were caregivers of female youth (46%) when compared to that expected in the general Wisconsin population or the public mental health services population (both close to 50% in 2015). Barring this caveat with representation, no significant differences in satisfaction rates were found across gender of youth service recipients.

Criminal Justice Status

Criminal justice status was indicated in survey items asking whether a participant had ever been arrested up to two years prior to survey completion date. Approximately 17% of youth were reported by their caregivers as being arrested at least once. Results suggest that there was a significant association between a youth's arrest history and their caregiver's satisfaction with their youth's services (Figure 11). Furthermore, caregivers with arrest histories were significantly less likely to be satisfied with their youth's services across several domains (statistically significant at p<.01). Specifically, caregivers of arrested youth were less likely to be satisfied with the outcomes or levels of functioning resulting from mental health services. This same association holds when considering levels of participation of the caregiver in their youth's service planning and overall satisfaction with general services.

Figure 11: Caregivers' Satisfaction with Mental Health Services by Criminal Justice Status, Pooled Data 2013-2015*



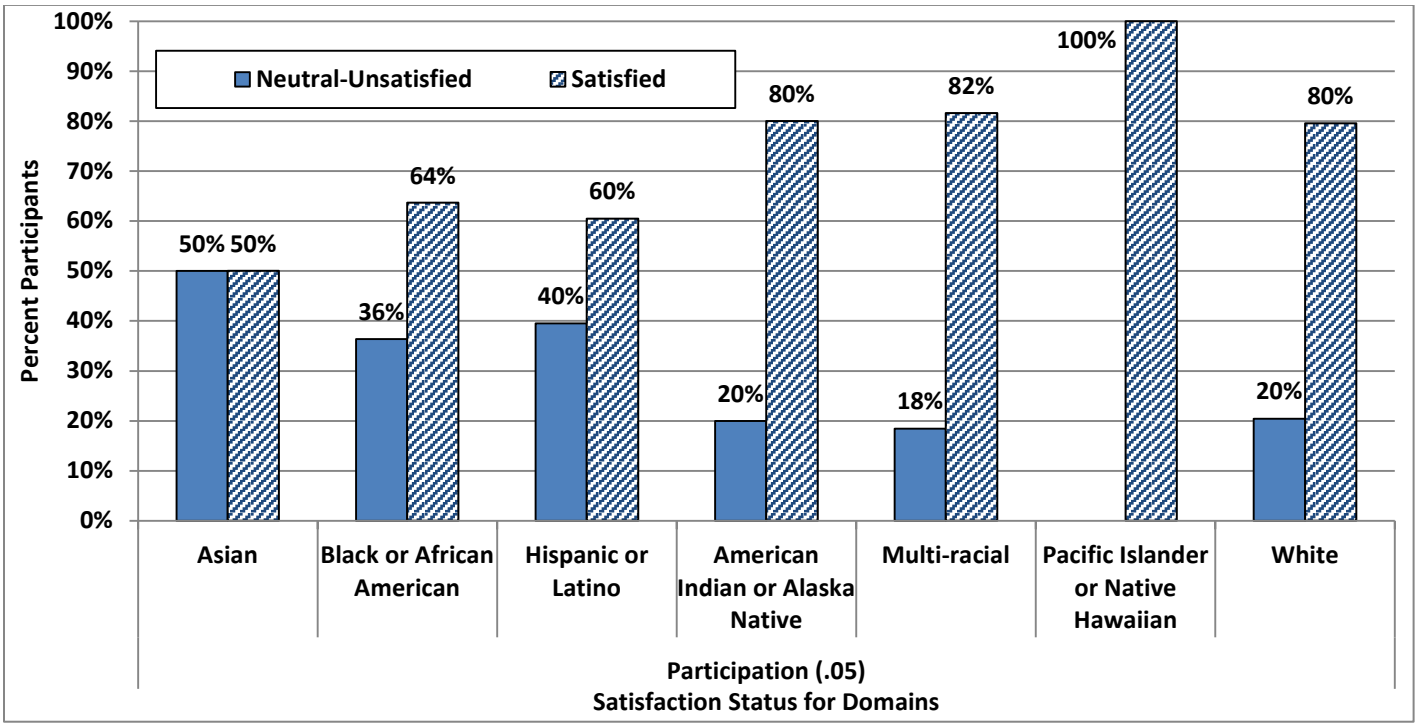
Source: Annual MHSIP Satisfaction Surveys
Note: n = 805 (Outcomes); 806 (Function); 802 (Participation); 813 (General Satisfaction)
*Excludes domains not statistically significant

Racial or Ethnic Group

Racial and ethnic categories were reported on youth participants through the Program Participation System as Asian, African American, Native American, Pacific Islander, Hispanic, or white, non-Hispanic. Unlike the adult MHSIP sample, the youth sample's response rates among the identified minority racial ethnic groups (Asian, African American or Black, Native American, Pacific Islander, or non-white Hispanic) were on par (18% respondents analyzed with data on race or ethnicity) with the distribution of these groups in Wisconsin's general population and mental health service population (both near 18% in 2015 according to the U.S. Census and the Program Participation System).

Similar to adult respondents, the satisfaction of caregivers with participation was significantly different across different racial and ethnic groups (Figure 12). In particular, satisfaction scores for the participation domain were significantly different across exclusive racial groups ($p<.05$), suggesting that a youth's specific racial or ethnic status is associated with their caregiver's satisfaction with participation or that at least one of the racial or ethnic groups are significantly different from another racial or ethnic group.[12] This finding alone is different from the corresponding analysis of adult data, which found that satisfaction with participation varied only among those grouped into a single category of any racial or ethnic minority status and compared to those identifying exclusively as whites.

Figure 72: Caregivers' Satisfaction with Mental Health Services by Racial or Ethnic Group, Pooled Data 2013-2015 (See Footnote 11)*



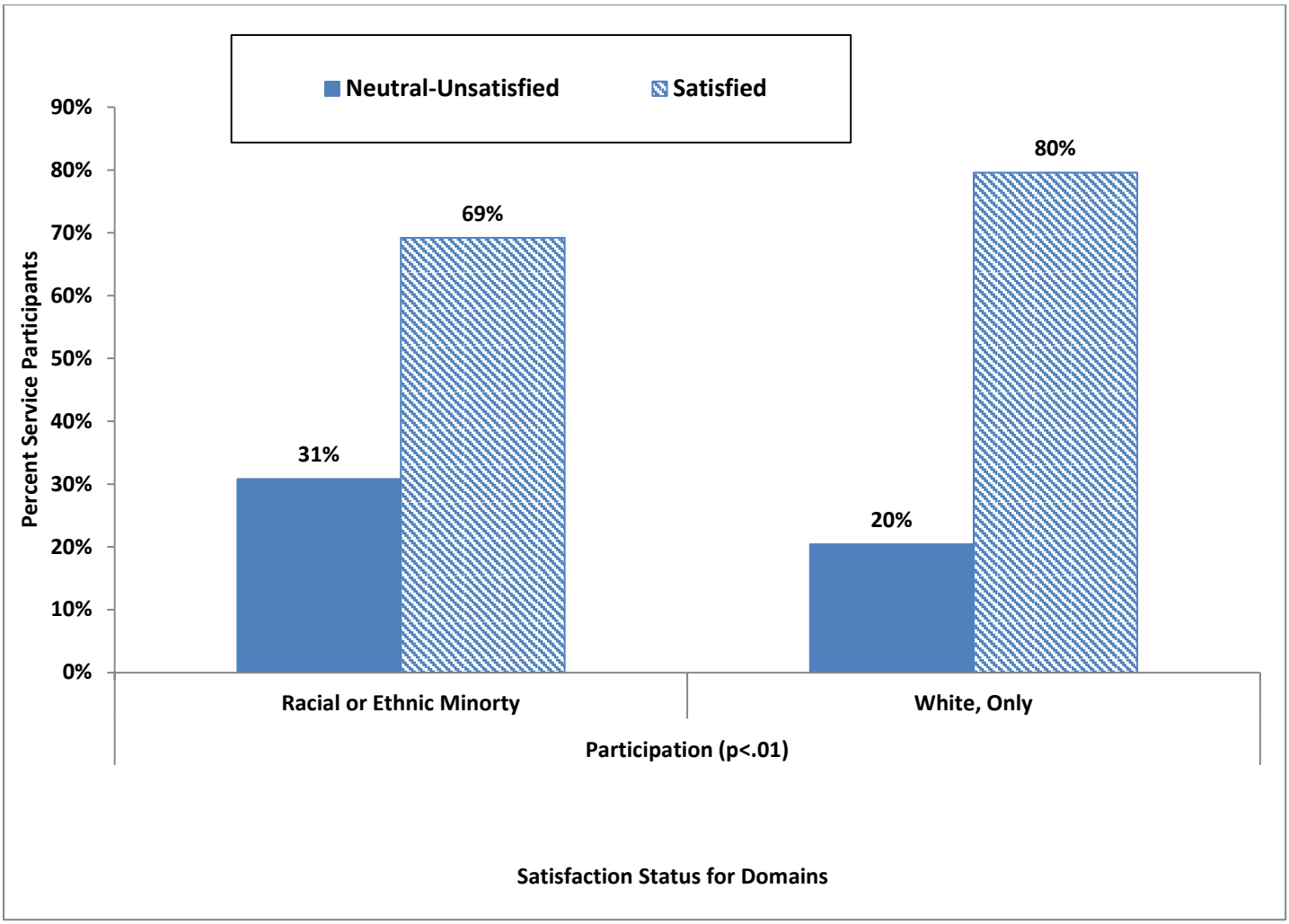
Source: Annual MHSIP Satisfaction Surveys
Note: n = 2 (Asian); 55 (African American or Black); 43 (Hispanic or Latino); 20 (American Indian or Alaskan Native); 1 Pacific Islander or Native Hawaiian; 705 (White)
*Excludes domains not statistically significant

[12] It is important to note that in this analysis some racial or ethnic groups may not be significantly different or have too small of a sample size to reveal statistically significant differences from other racial or ethnic groups (for example, Asian and Pacific Islander or Native Hawaiian).

Racial or Ethnic Minority Status

Similar to adults and in agreement with the previous section of this report, caregivers of white youth were more satisfied with participation than caregivers of racial or ethnic minority youth (p<.01)(Figure 13).

Figure 13: Caregivers' Satisfaction with Mental Health Services by Racial or Ethnic Minority Status, Pooled Data 2013-2015*

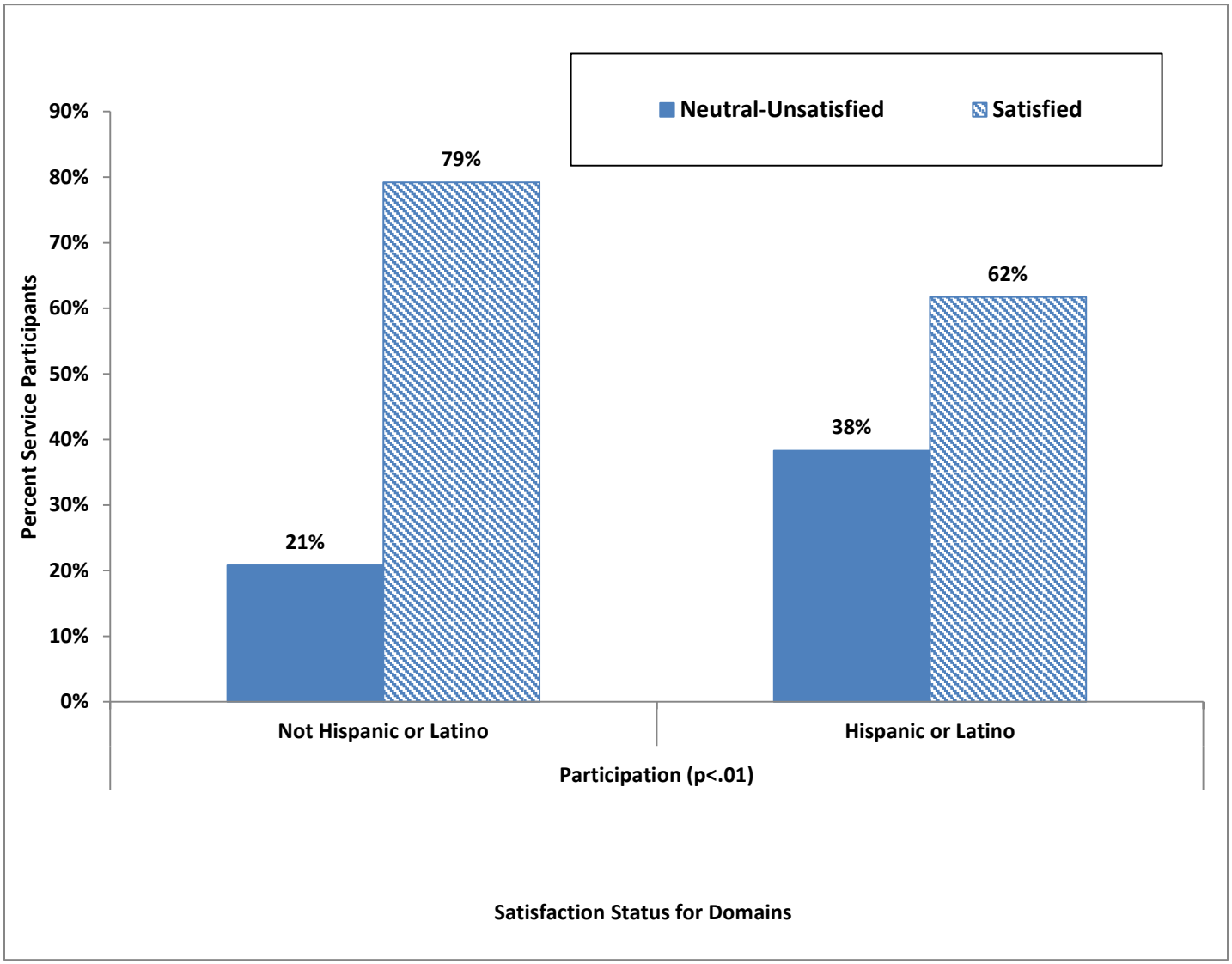


Source: Annual MHSIP Satisfaction Surveys
Note: n = 159 (Racial or Ethnic Minority); 705 (White, only)
*Excludes domains not statistically significant

Hispanic or Latino Ethnicity Status

Analysis of youth responses also identified a significant difference in satisfaction with participation for caregivers of youth identifying as Hispanic or Latino ethnicity compared to youth who do not identify as Hispanic or Latino (p< .01) (Figure 14). Those youth identifying as Hispanic or Latino are also less likely to have caregivers who are satisfied with their participation in their youth's service planning.

Figure 84: Caregivers' Satisfaction with Mental Health Services by Hispanic or Latino Ethnicity Status, Pooled Data 2013-2015*

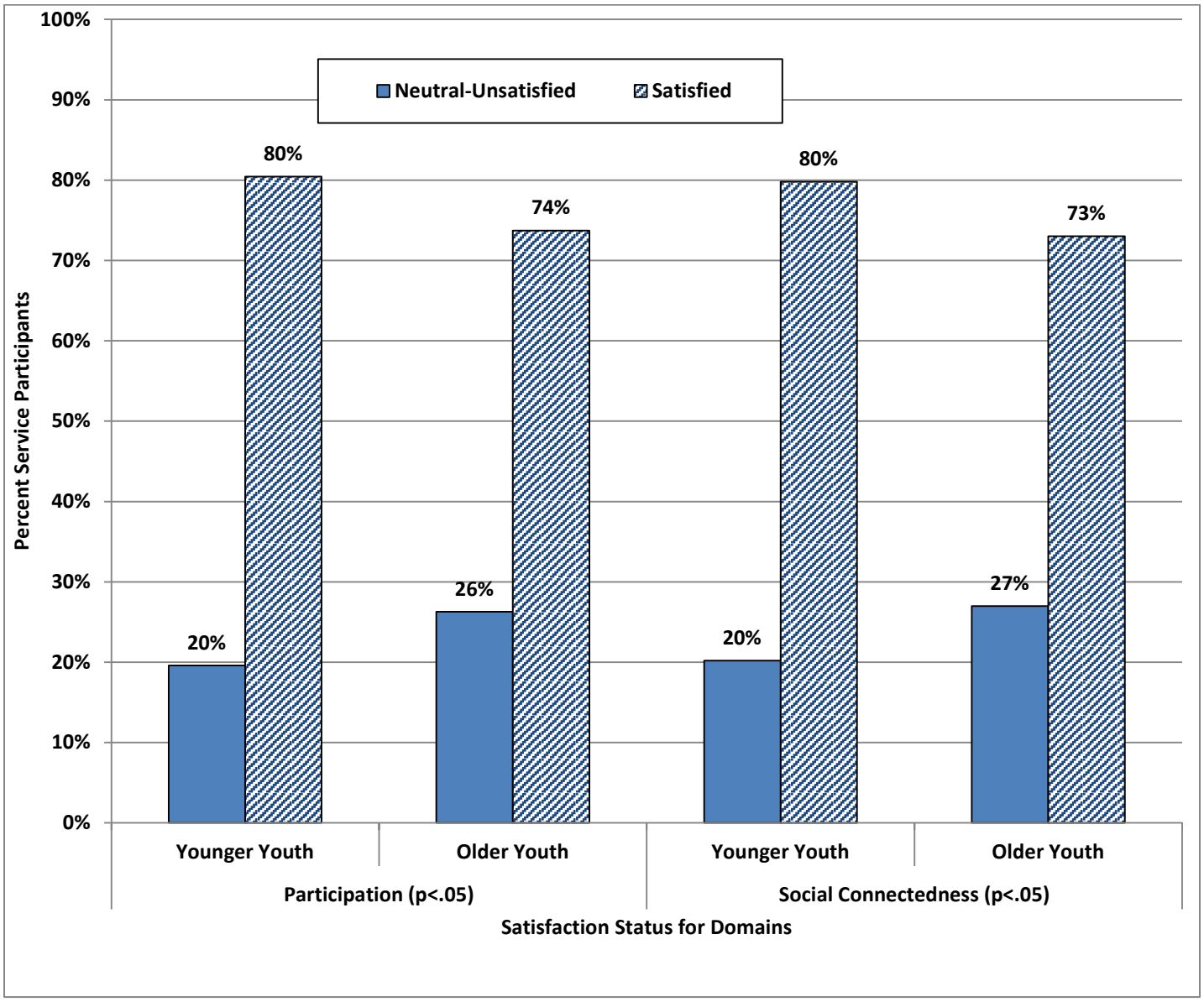


Source: Annual MHSIP Satisfaction Surveys
Note: n = 47 (Hispanic or Latino); 774 (Not Hispanic or Latino)
*Excludes domains not statistically significant

Age Groups

The fourth group examined was across youth age groups (Figure 15).[13] Satisfaction scales were examined across younger youth (aged 4-14) and older youth (aged 15-18). This categorization was based upon the sample's median age of 14 years old and included one youth reporting as age 18 at the time of the survey. Results suggest that there was a significant association between age group and service participant satisfaction whereby caregivers of young youth were more likely to feel satisfied with their levels of participation in their youth's service planning and were more likely to feel improved social connection or natural supports for themselves (p<.05).

Figure 95: Caregivers' Satisfaction with Mental Health Services by Youth Age Group, Pooled Data 2013-2015*



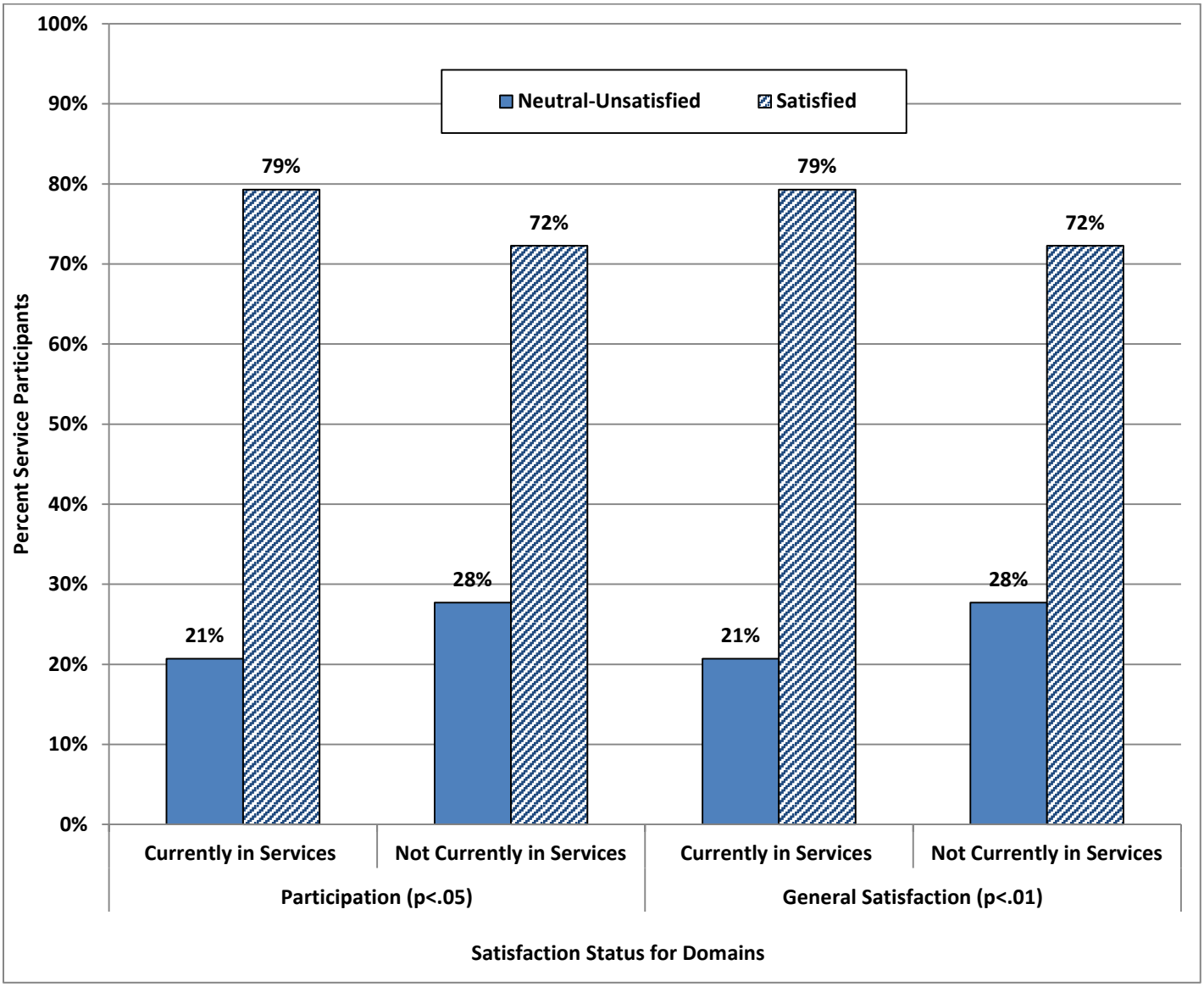
Source: Annual MHSIP Satisfaction Surveys
Note: n = 835 (Participation); 842 (Social Connection)
*Excludes domains not statistically significant

[13] Age groups were calculated using service participants' dates of birth as reported through PPS and defined as a service participant's age at the approximate time of survey administration for each respective survey.

Service Participation Status

The fifth characteristic examined for differences in caregiver satisfaction scores was among groups of youth reported by their caregivers as receiving services at the time of the survey compared to those not receiving services anymore, but had in the past 12 months. As shown in Figure 16, there is a significant association between currently receiving services and caregivers' overall satisfaction with services (p<.01) and satisfaction with their participation in the youth's services (p<.05), whereby youth not receiving services had caregivers who were less likely to be satisfied for these domains.

Figure 106: Caregivers' Satisfaction with Mental Health Services by Service Participation Status, Pooled Data 2013-2015*



Source: Annual MHSIP Satisfaction Surveys
Note: n = 860 (Participation); 874 (General Satisfaction)
*Excludes domains not statistically significant

In summary, these results suggest that the most satisfied caregiver respondents had youth who identified as white only. They did not identify as Hispanic or Latino, were younger, were not involved in the criminal justice system, and were in services at the time the survey was completed.

Outcomes Expectations

The adult and caregiver surveys contain items on possible outcomes that may change for a person as a result of the mental health services they received. While it is often expected that mental health services will have some effect on a person's general outcomes, such as increasing quality of life, these improvements may occur in different areas or come in different forms. Similarly, a person may not believe that mental health services are capable of helping to improve certain outcomes. For instance, a person who is suffering from a mental health disorder may be doing quite well in school or have a steady, fulfilling occupation and thus not expect to see any positive changes in school or employment outcomes as a result of their services. Similarly, the same person may not believe that mending severed connections with their family is possible because they are not in touch with anyone in their family anymore. In this scenario, this service participant may logically answer that they "disagree" when asked on the survey if they are doing "better" in school or work or getting along "better" with their family due to services. For this person, these outcomes were not their goals of treatment. Their survey score on this item would be calculated to be "unsatisfied" and skew the scores negatively. If so, the implication could be to only examine satisfaction levels for participants who expected to see improvement.

Starting in 2013, items were added to the satisfaction surveys that asked respondents to estimate the extent to which they anticipated their outcomes to change as a direct result of their (or their youth's) services in the previous year. The intention of asking these items was to distinguish survey respondents among those who expected to see certain differences in their outcomes as a result of their services and those who did not, thus allowing for an analysis of data for each respective outcome item[14] on the survey across these groups. One such benefit of this analysis was to understand the extent to which satisfaction with an outcome, such as expecting "to do better in social situations," may have been more possible or likely when a respondent thought that doing better in social situations was something they expected to improve upon or thought was possible to improve upon as a result of their services.

Each of the following sections on adult and caregivers present pooled data across 2013, 2014, and 2015 on satisfaction levels grouped similarly to previous sections of this report.[15] Satisfaction data was examined across those with and without pre-service expectations[16] across each outcome item from the survey.[17] In order to examine the possible significance of having expectations across all outcome scale items and the overall outcomes scale score, a total count of expectations for improvements, across the eight total respective outcome expectation items, was also analyzed in a bivariate correlation and tested for significance for each of the adult and youth groups. While the following tables display the grouped satisfaction levels for people indicating they were "not sure" what to expect from their outcomes, those unsure were not compared for significant differences in grouped satisfaction levels to either of groups indicating that they did ("yes") or did not ("no") have expectations for outcomes. If a person left the expectation item blank, then their responses were not included in the analysis or displayed. Similar to the analyses in previous sections in this report, only items that presented a statistically significant difference in grouped satisfaction levels or an observed

[14] For an item-by-item description of the outcomes scale; reflective of each respective item on pre-service expectations, see *Appendix I – MHSIP Scales*.

[15] As a binary outcome by grouping of the binary version of the response options for each outcomes scale where "strongly agree" and "agree" represent "satisfied" and "undecided," "disagree," and "strongly disagree" represent "unsatisfied-neutral."

[16] As a binary version of the response options for the expectation items across "yes" and "no" for having expectations on each respective outcome item (excluding "unsure" of expectations).

[17] For item-level examinations, tests of significance were conducted using the chi-square test of the independence of two categorical variables. Specifically, this compared the binary satisfaction variable (satisfied versus unsatisfied-neutral) with the binary expectation variable (Yes, expected changes versus No, did not expect changes).

difference that is highly unlikely to be due to random chance, are presented below. The significance level or p-value is presented at the bottom of each table of data. A p-value less than .01 ($p<.01$) is more significant than a p-value less than .05 ($p<.05$) or, in other words, displayed relationships are even more likely to be actually occurring when a p-value is less than .01.

Adults

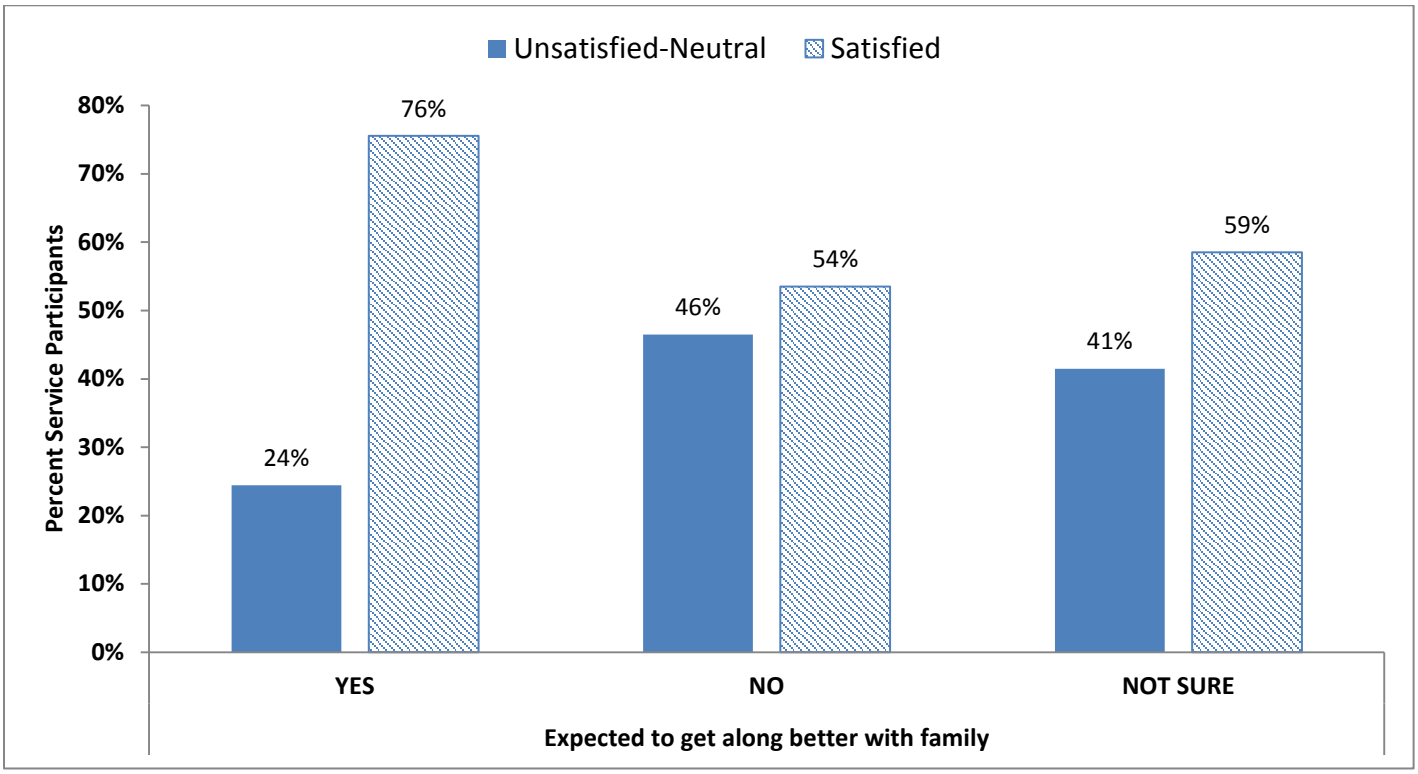
The following presents an analysis of adult satisfaction data across groups with different expectations[18] for possible outcomes from their mental health services. These analyses of pooled 2013, 2014, 2015, and individual yearly data revealed several statistically significant differences for several outcome items. Because trends in satisfaction rates did not vary greatly across years, and for ease of reporting, only analysis results from data pooled across all years are presented below.

[18] Differences in satisfaction rates across pre-service expectations were examined for the statements, "I deal more effectively with daily problems," "I am better able to control my life," and "I am better able to deal with crisis," as well as for the combination of these items, as the outcomes scale, but yielded no significant results.

Pooled Data across 2013 -2015

Overall, all adults surveyed from 2013 to 2015 were more likely to report being satisfied with their ability to get along better with their family as a result of their services as opposed to feeling unsatisfied or neutral with this outcome (68% versus 32%, respectively). Interestingly, and as shown in Figure 17, adults reporting that they had expected this outcome to improve at the forefront of their services were significantly more likely to report that it did improve or that they were more satisfied with their ability to get along better with their family as a result of their services.

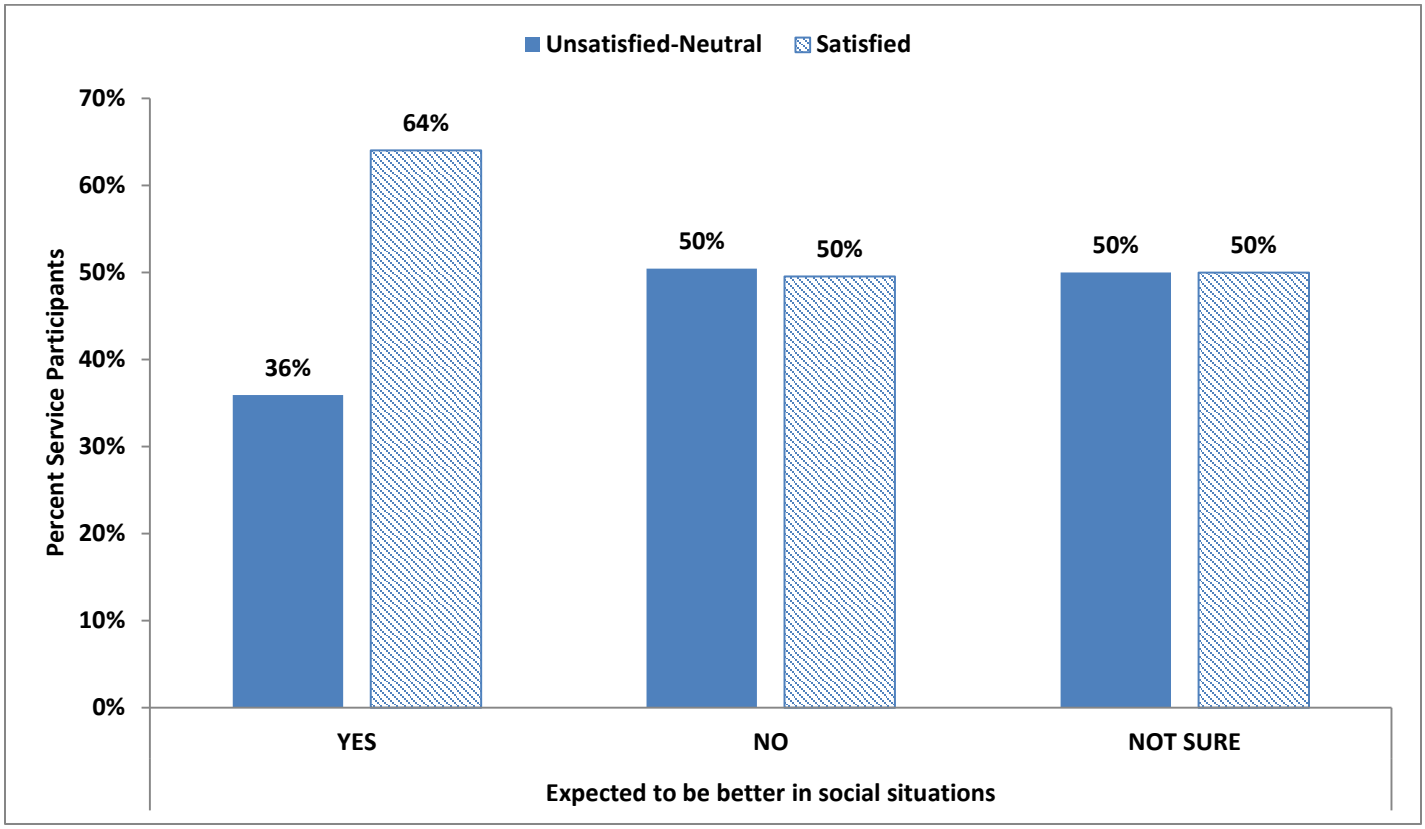
Figure 17: Adult Satisfaction with the Statement "I am getting along better with my family" by Pre-service Expectations, 2013-2015



Notes: P<.01 (comparison across "Yes, expected" and "No, did not expect" groups only)
n = 602 (Yes, expected); 213 (No, did not expect); 147 (Not sure what to expect)

Overall, all adult survey respondents were also more likely to report being satisfied with their ability to do better in social situations as a result of their services as opposed to feeling unsatisfied or neutral with this outcome (58% versus 42%, respectively). Once again, and as shown in Figure 18, adults reporting that they had expected this outcome to improve at the forefront of their services were significantly more likely to report that it did improve or that they were more satisfied with this outcome.

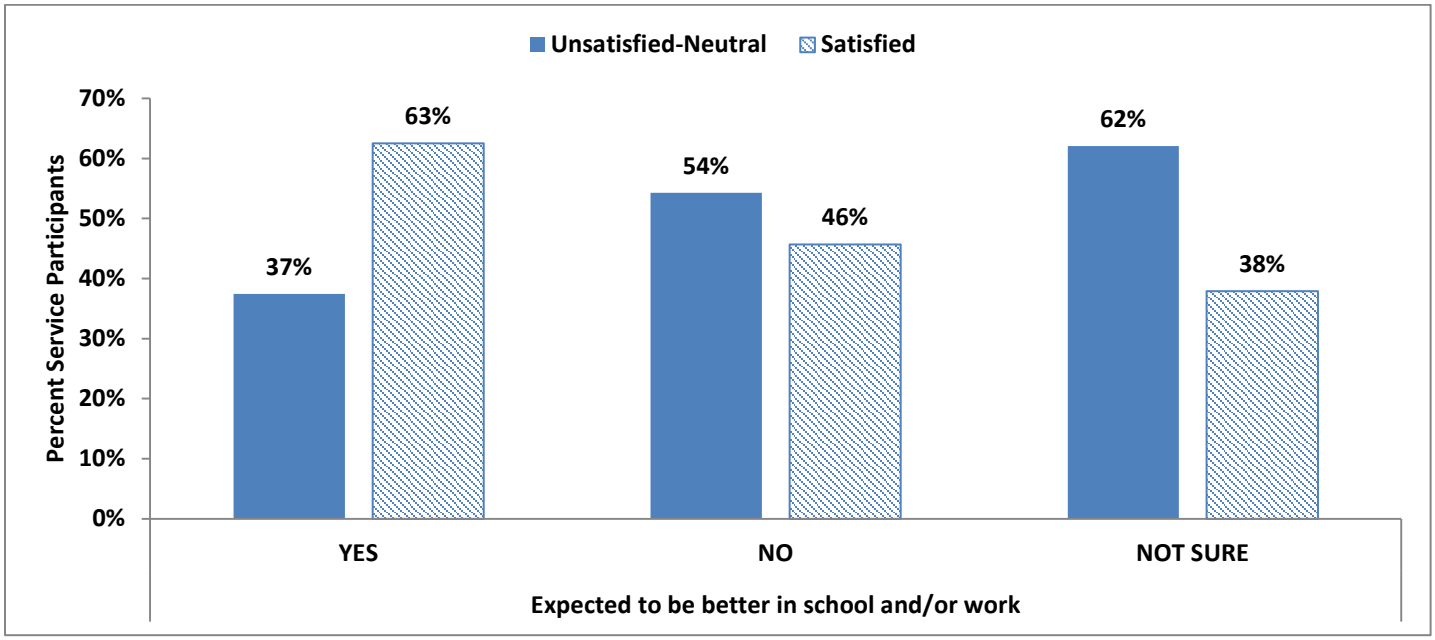
Figure 118: Adult Satisfaction with the Statement "I do better in social situations" by Pre-service Expectations, 2013-2015



Notes: P<.01 (comparison across "Yes, expected" and "No, did not expect" groups only)
n = 590 (Yes, expected); 220 (No, did not expect); 182 (Not sure what to expect)

In general, all adults were more satisfied with their ability to do better in school or work as an outcome of their services (54% versus 46%, respectively). Although, and as shown in Figure 19, once examined across groups with various expectations for this outcome, this trend only holds for the group with expectations for improvement. That is, those not expecting this outcome were more likely to be unsatisfied or neutral than satisfied with this outcome.

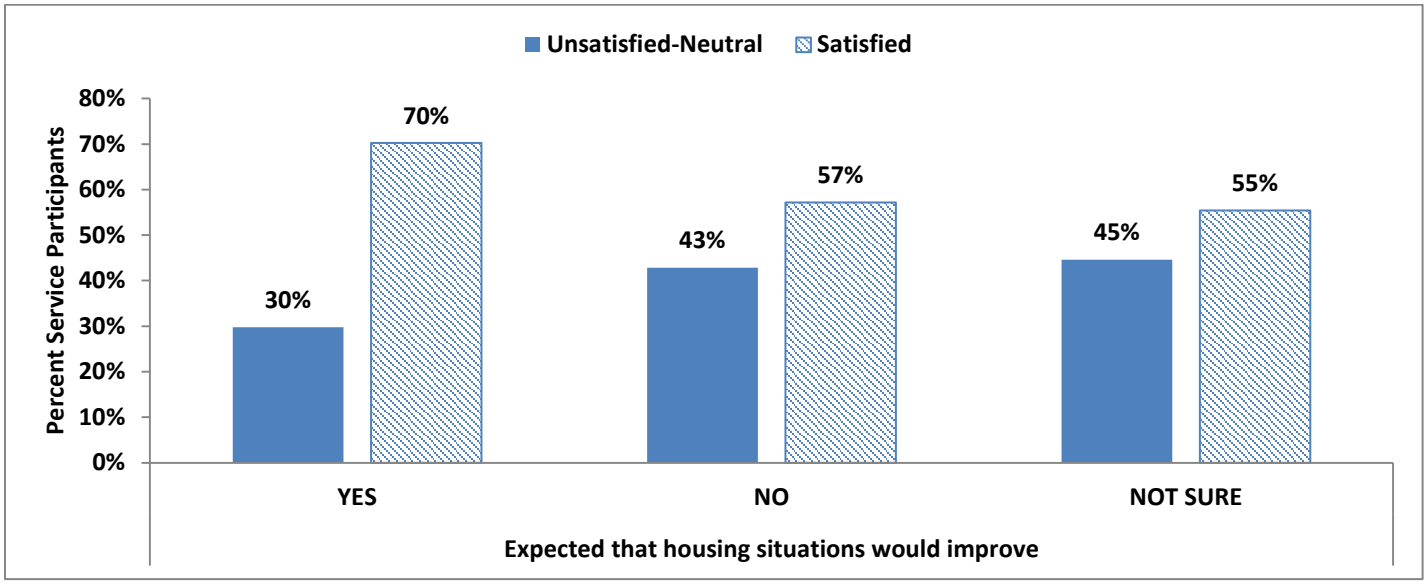
Figure 129: Adult Satisfaction with the Statement "I do better in school and/or work" by Pre-service Expectations, 2013-2015



Notes: P<.01 (comparison across "Yes, expected" and "No, did not expect" groups only)
n = 382 (Yes, expected); 140 (No, did not expect); 124 (Not sure what to expect)

Overall, all adults were more satisfied with the improvement of their housing situation as an outcome of their services (64% versus 36%, respectively). Once again, and as shown in Figure 20, adults were significantly more likely to be satisfied with this outcome if they had expected it to improve as a result of their services.

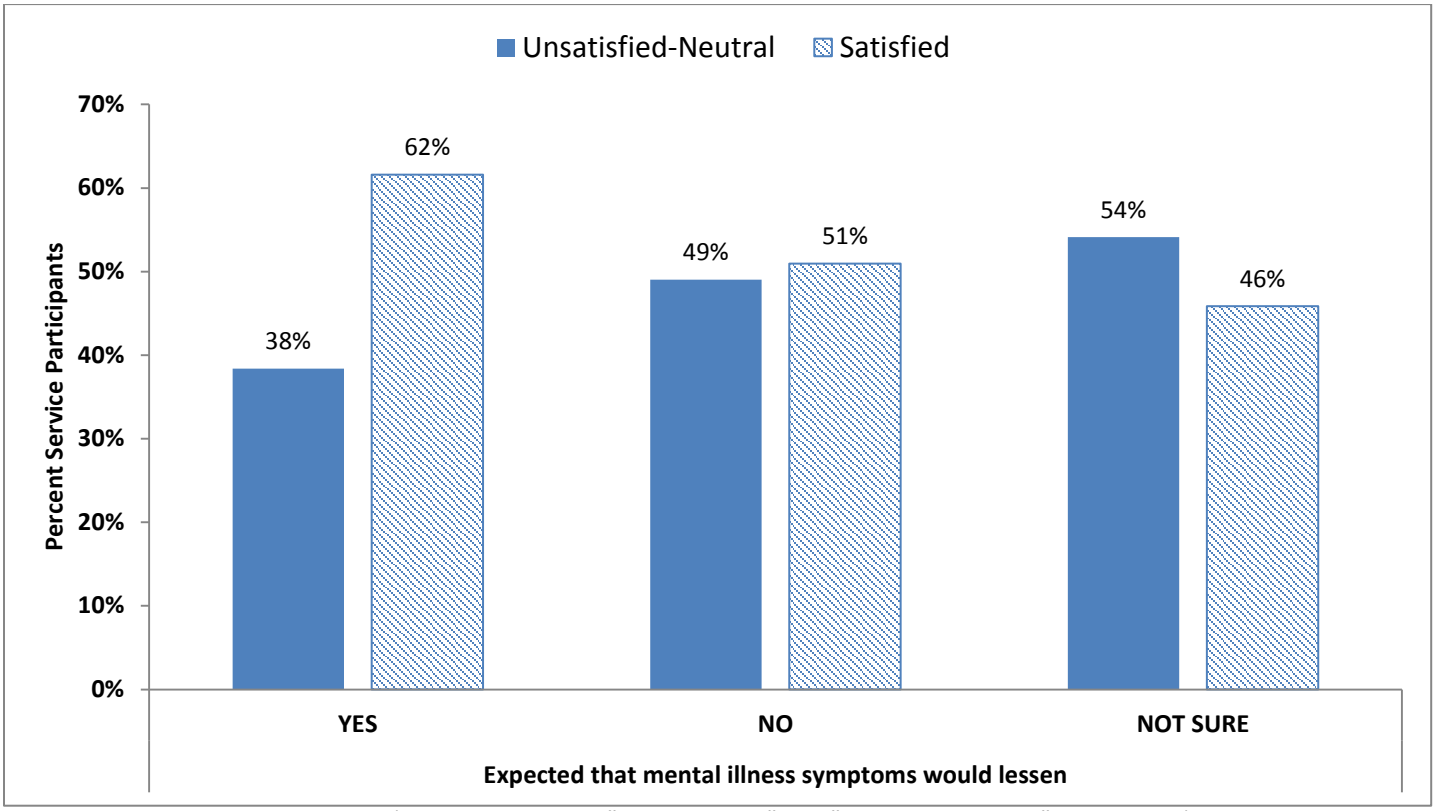
Figure 2013: Adult Satisfaction with the Statement "My housing situation has improved" by Pre-service Expectations, 2013-2015



* P<.01 (comparison across "Yes, expected" and "No, did not expect" groups only)
n = 470 (Yes, expected); 231 (No, did not expect); 148 (Not sure what to expect)
Note: Satisfaction item 16% (n=169) "not applicable" answers.

In general, all adults were more satisfied with the lessening of their symptoms as an outcome of their services (57% versus 43%, respectively). Once again, adults were significantly more likely to be satisfied with this outcome if they had expected it to improve as a result of their services. Those without expectations on this outcome were nearly as likely to be satisfied as not with this outcome.

Figure 21: Adult Satisfaction with the Statement "My mental illness symptoms are not bothering me as much" by Pre-service Expectations, 2013-2015



Notes: P<.01 (comparison across "Yes, expected" and "No, did not expect" groups only)
n = 638 (Yes, expected); 208 (No, did not expect); 157 (Not sure what to expect)

The count of a respondent's expectations across all eight of the outcome items may also matter for their overall outcomes scale mean score. To examine this, for each respondent a total count of expectations for improvements across all (up to eight) outcome items was calculated and then compared to that respondent's mean outcomes scale score to produce a bivariate correlation. This brief examination revealed a highly statistically significant (P<.01) but very weak negative correlation (-.09 with -1.00 being the strongest) between the count of expectations adults had for the outcome items and the overall outcomes scale mean score. In other words, the more outcome items a respondent had expectations for improvements on, the more likely they were to be satisfied with their outcomes overall. This finding further supports the results from the analysis of each of the individual outcome scale items and respective expectations items presented earlier.

In summary, these results suggest that adult satisfaction with outcomes should be reported across groups of people with different expectations for these outcomes. Specifically, adult respondents had greater satisfaction with getting along better with family, doing better in social situations, doing better in school or work, their housing situation, and their mental illness sysmptoms bothering them less when they had pre-service expectations for improvements among these outcome items. Regardless, the analysis of expectations across different individual outcome items presented earlier are not entirely consistent and thus do not uniformly

support the importance of expectations for outcomes. Specifically, of the eight items about expectations for the outcomes of services, three items did not reveal a relationship between a participant's initial expectation and resulting satisfaction with services: "I deal more effectively with daily problems," "I am better able to control my life," and "I am better able to deal with crisis." These three items may be considered qualitatively different from the rest of the items because they are less specific to tangible and more typical outcomes of services or treatment (for example, housing and work) and are referring more specifically to a general situation or circumstance, both of which may be more difficult for a person to see as a changeable outcome from their mental health services.

There are several plausible explanations as to why adults who had expectations of outcome improvements had, in general, higher levels of satisfaction. For instance, those who reported that they expected to be more satisfied as a result of services may have been uniquely motivated for change and progress in their treatment. Survey design and methodology may also play some part in this phenomenon. In particular, participants were asked their pre-service expectations as well as their post-service satisfaction at the same time and the same survey. This might introduce bias because of inaccurate recall or a bias towards having agreeing pre and post responses.

As explained at the forefront of this report section, there may be less room for improvement in participant outcomes throughout services either due to a barrier to improvement on the outcome or because there was no need for improvement in that outcome area. This may explain why participants who did not have expectations with their outcomes as a result of their services experienced lower satisfaction scores in several realms.

The analysis results also do not provide further information to point toward any of the aforementioned causal mechanisms. Further understanding the processes contributing towards service satisfaction and its relationships with expectations is needed. Future work may include analysis of qualitative data and gathering further input from service providers and participants on outcomes of care.

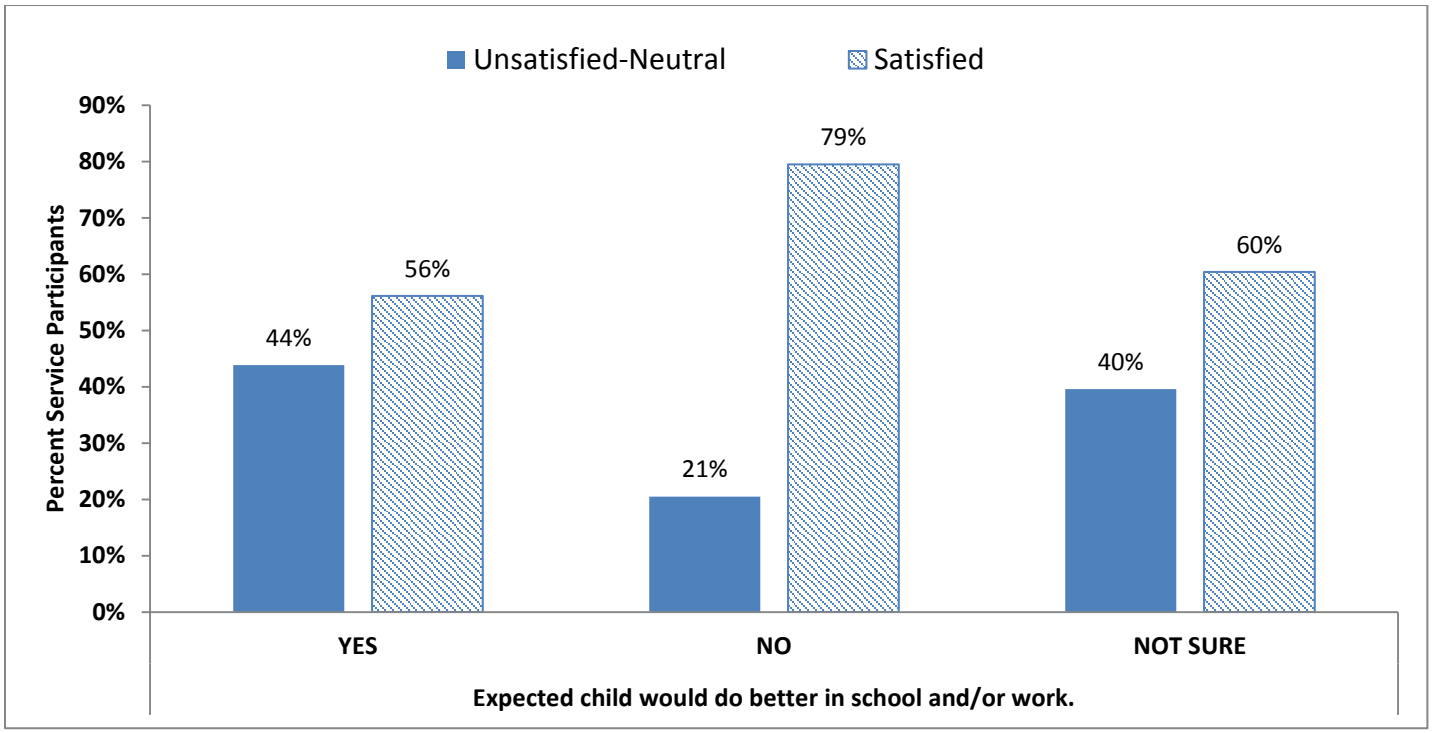
Caregivers of Youth

The following presents an analysis of caregiver satisfaction data across groups with different expectations for possible outcomes from their mental health services. With one exception in 2014 noted below, these analyses of pooled 2013, 2014, 2015, and individual yearly data did not reveal statistically significant differences among outcome items. A similar analysis of this pooled data for a correlation with the count of a respondent's expectations across all eight of the outcome items also did not reveal a statistically significant relationship. Barring these findings, the direction of the relationship between expectations and satisfaction rates was in the opposite direction shown with similar adult satisfaction data presented earlier in this report.

2014 Data

In 2014 only, a significant difference in caregiver satisfaction with their child doing better in school or work as a result of their mental health services was found across caregivers with and without expectations for this outcome (Figure 22). While, in general, all caregivers of youth were more likely to be satisfied than not, on this outcome (60% versus 40%, respectively), parents who did not have expectations for these improvements in school or work were substantially more likely to be satisfied with this outcome when compared to those who indicated they had expected to see these improvements.

Figure 142: Satisfaction with the Statement "My child is doing better in school and/or work" by Pre-service Expectations, 2014



* P<.01 (comparison across "Yes, expected" and "No, did not expect" groups only)
n = 219 (Yes, expected); 39 (No, did not expect); 48 (Not sure what to expect)

This finding, coupled with overall nonsignificant, but opposite relationship between expectations and satisfaction rates of caregiver respondents, is in contrast to trends shown for adults; adults were overall more likely to have satisfaction with their outcomes if they had pre-service expectations for improvement. At least in 2014, caregivers appear to have been pleasantly surprised with the improvement in their youth's school or work performance following receiving mental health services. Perhaps the most likely factor is that the caregiver survey is not truly a survey of self-reported perceptions, as the adult survey is, but rather those perceptions of youth service recipient's caregivers. For this reason, caregivers may have higher expectations

for the impact of mental health services that are harder to meet than a respondent reporting on their own experiences. Therefore, the reported expectations and satisfaction scores may be different simply because of the potential mismatch in a caregiver's perspective from that of their youth.

In summary, analysis results suggest that, in general, reported expectations for an improvement in outcomes of services matters more often for adults than for caregivers. This fact holds despite the differences in available scales and variation in some survey items across these two groups. Although this variation also suggests that different mechanisms may be driving perceptions of satisfaction following services across the adult and caregiver groups.

Appendix I – MHSIP Scales

Adults
All the items on the MHSIP adult survey fall into one of these seven scales.

Satisfaction: These items describe an adults overall level of satisfaction with their services. The satisfaction scale was constructed for all individuals who responded to at least two of the following items, identified by number:
1. I like the mental health services that I received.
2. If I had other choices, I would still get mental health services from the same agency.
3. I would recommend the same agency to a friend or family member.

Participation: These items describe how well an adult was integrated into treatment planning. The participation scale was constructed for all individuals who responded to both of these items:
11. I felt comfortable asking questions about my mental health treatment and medication.
17. I, not staff, decided my mental health treatment goals.

Access: These items describe the perceived ease with which an adult obtained their mental health services. The access scale was constructed for all individuals who responded to at least four of these items:
4. The location of mental health services was convenient (parking, public transportation, distance, etc.).
5. Staff was willing to see me as often as I felt it was necessary.
6. Staff returned my calls in 24 hours.
7. Mental health services were available at times that were good for me.
8. I was able to get all the mental health services I thought I needed.
9. I was able to see a psychiatrist when I wanted to.

Outcomes: These items are prefaced with the following phrase: "As a direct result of the mental health or substance abuse services I received,…" and describe the treatment-related improvements in an adult's life. The outcomes scale was constructed for all individuals who responded to at least six of these items:
21. I deal more effectively with daily problems.
22. I am better able to control my life.
23. I am better able to deal with crisis.
24. I am getting along better with my family.
25. I do better in social situations.
26. I do better in school and/or work.
27. My housing situation has improved.
28. My mental illness symptoms are not bothering me as much.

Functioning: This functioning scale is conceptually very similar to and overlaps with the outcomes scale, but is sufficiently distinct to merit its own domain. The functioning scale was constructed for all individuals who responded to at least three of these items:
28. My mental illness symptoms are not bothering me as much.
29. I do things that are more meaningful to me.
30. I am better able to take care of my needs.
31. I am better able to handle things when they go wrong.
32. I am better able to do things that I want to do.

Connectedness: These items describe the extent to which youth are socially connected, have "natural supports" in place—family, friends, and acquaintances—to help bolster and sustain recovery. The connectedness scale was constructed for all individuals who responded to at least three of these items:
33. I am happy with the friendships I have.
34. I have people with whom I can do enjoyable things.
35. I feel I belong in my community.
36. In a crisis, I would have the support I need from family or friends.

Quality: These items describe the perceived cultural sensitivity of providers. The culture scale was constructed for all individuals who responded to at least six of these items:
10. Staff believed that I could grow, change and recover.
12. I felt free to complain.
13. I was given information about my rights.
14. Staff encouraged me to take responsibility for how I live my life.
15. Staff told me what side effects to watch out for.
16. Staff respected my wishes about who is and who is not to be given information about my treatment.
18. Staff were sensitive to my cultural background (race, religion, language, etc.).
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental illness.
20. I was encouraged to use consumer-run programs (support groups, drop in centers, crisis phone line, etc.).

Caregivers of Youth

All the items on the MHSIP youth survey fall into one of these seven scales.

Satisfaction: These items describe a caregiver's overall level of satisfaction with the services their youth received. The satisfaction scale was constructed for all individuals who responded to at least four of the following items, identified by item number:
1. Overall, I am satisfied with the mental health services my child received.
4. The people helping my child stuck with us no matter what.
5. I felt my child had someone to talk to when he or she was troubled.
7. The mental health services my child and/or family received were right for us.
10. My family got the help we wanted for my child.
11. My family got as much help as we needed for my child.

(Caregiver's) Participation: These items describe how well a caregiver was integrated into their youth's treatment planning. The participation scale was constructed for all individuals who responded to at least two of these items:
2. I helped to choose my child's mental health services.
3. I helped to choose my child's mental health treatment goals.
6. I participated in my child's mental health treatment.

Access: These items describe the perceived ease with which a caregiver and their youth obtained their mental health and/or substance abuse services. The access scale was constructed for all individuals who responded to both of these items:
8. The location of mental health services was convenient for us.
9. Mental health services were available at times that were convenient for us.

Outcomes: These items are prefaced with the following phrase: "As a direct result of the mental health services my child and/or family member received in the last 12 months…" and describe the perceived treatment-related improvements in a youth's life. The outcomes scale was constructed for all individuals who responded to at least four of these items:
16. My child is better at handling daily life.
17. My child gets along better with family members.
18. My child gets along better with friends and other people.
19. My child is doing better in school and/or work.
20. My child is better able to cope when things go wrong.
21. I am satisfied with our family life right now.

Functioning: This functioning scale is conceptually very similar to and overlaps with the outcomes scale, but is sufficiently distinct to merit its own domain. The functioning scale was constructed for all individuals who responded to at least four of these items:
16. My child is better at handling daily life.
17. My child gets along better with family members.
18. My child gets along better with friends and other people.
19. My child is doing better in school and/or work.
20. My child is better able to cope when things go wrong.
22. My child is better able to do things he or she wants to do.

(Caregiver's) Connectedness: These items describe the extent to which a caregiver is socially connected, or has "natural supports" in place—family, friends, and acquaintances—to help bolster and sustain recovery. The connectedness scale was constructed for all caregivers who responded to at least three of these items:
23. I know people who will listen and understand me when I need to talk.
24. I have people that I am comfortable talking with about my child's problems.
25. In a crisis, I would have the support I need from family or friends.
26. I have people with whom I can do enjoyable things.

Culture: These items describe the cultural sensitivity of providers from the caregiver's perspective. The culture scale was constructed for all individuals who responded to at least three of these items:
12. Staff treated me with respect.
13. Staff respected my family's religious or spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural or ethnic background.

Appendix II – MHSIP Instruments

Adults

CONSUMER SATISFACTION SURVEY

In order to provide the best possible mental health services, we need to know what you think about the mental health services you received in the last 12 months, the people who provided them, and the results. You may have also received care for physical health issues in the last year, but please respond to this survey only about the mental health care you received in the last 12 months.

Please indicate how much you agree or disagree with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle "N/A" to indicate that this item is not applicable to you.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
1. I like the mental health services that I received.	1	2	3	4	5	N/A
2. If I had other choices, I would still get mental health services from the same agency.	1	2	3	4	5	N/A
3. I would recommend the same agency to a friend or family member.	1	2	3	4	5	N/A
4. The location of mental health services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5. Staff was willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6. Staff returned my calls in 24 hours.	1	2	3	4	5	N/A
7. Mental health services were available at times that were good for me.	1	2	3	4	5	N/A
8. I was able to get all the mental health services I thought I needed.	1	2	3	4	5	N/A
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10. Staff believed that I could grow, change and recover.	1	2	3	4	5	N/A
11. I felt comfortable asking questions about my mental health treatment and medication.	1	2	3	4	5	N/A
12. I felt free to complain.	1	2	3	4	5	N/A
13. I was given information about my rights.	1	2	3	4	5	N/A
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	N/A
15. Staff told me what side effects to watch out for.	1	2	3	4	5	N/A
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	N/A
17. I, not staff, decided my mental health treatment goals.	1	2	3	4	5	N/A
18. Staff was sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	N/A

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental illness.	1	2	3	4	5	N/A
20. I was encouraged to use consumer-run programs (support groups, drop in centers, crisis phone line, etc.).	1	2	3	4	5	N/A

For questions 21-32: As a direct result of the mental health services I received in the last 12 months...

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
21. I deal more effectively with daily problems.	1	2	3	4	5	N/A
22. I am better able to control my life.	1	2	3	4	5	N/A
23. I am better able to deal with crisis.	1	2	3	4	5	N/A
24. I am getting along better with my family.	1	2	3	4	5	N/A
25. I do better in social situations.	1	2	3	4	5	N/A
26. I do better in school and/or work.	1	2	3	4	5	N/A
27. My housing situation has improved.	1	2	3	4	5	N/A
28. My mental illness symptoms are not bothering me as much.	1	2	3	4	5	N/A
29. I do things that are more meaningful to me.	1	2	3	4	5	N/A
30. I am better able to take care of my needs.	1	2	3	4	5	N/A
31. I am better able to handle things when they go wrong.	1	2	3	4	5	N/A
32. I am better able to do things that I want to do.	1	2	3	4	5	N/A

For questions 33-36: Please answer about the current relationships you have with persons other than your mental health provider(s).

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
33. I am happy with the friendships I have.	1	2	3	4	5	N/A
34. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A
35. I feel I belong in my community.	1	2	3	4	5	N/A
36. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A

37. Confidential state records show that you were participating in mental health services in 2015. When did you begin receiving these mental health services?

☐☐ / ☐☐ / ☐☐☐☐ (month / day / year)

38. Are you currently receiving mental health services?

☐ Yes
☐ No → Go to question 38a

38a. When did you stop receiving these services? ☐☐ / ☐☐ / ☐☐☐☐ (month / day / year)

These next two questions are to help determine any possible impact of mental health services on involvement with the police.

39. Have you been arrested for committing any offense(s) in the last two years? Please include both minor and major offenses.

☐ Yes → Go to question 39a
☐ No

39a. Please list the month and year for each arrest that occurred in the last two years.

Month / Year ☐☐ / ☐☐☐☐		Month / Year ☐☐ / ☐☐☐☐	
Month / Year ☐☐ / ☐☐☐☐		Month / Year ☐☐ / ☐☐☐☐	
Month / Year ☐☐ / ☐☐☐☐		Month / Year ☐☐ / ☐☐☐☐	
Month / Year ☐☐ / ☐☐☐☐		Month / Year ☐☐ / ☐☐☐☐	
Month / Year ☐☐ / ☐☐☐☐		Month / Year ☐☐ / ☐☐☐☐	

For each of the following, please tell us whether or not you expected each to happen <u>before</u> you started treatment from your current or most recent mental health provider?

	Yes	No	Not Sure
40. Did you expect to deal more effectively with your daily problems?	☐	☐	☐
41. Did you expect to be better able to control your life?	☐	☐	☐
42. Did you expect to be better able to deal with crises?	☐	☐	☐
43. Did you expect to get along better with your family?	☐	☐	☐
44. Did you expect to do better in social situations?	☐	☐	☐
45. Did you expect to do better in school or work?	☐	☐	☐
46. Did you expect that your housing situation would improve?	☐	☐	☐
47. Did you expect that your mental illness symptoms would not bother you as much?	☐	☐	☐
48. Did you expect some other type of outcome not listed above? If yes, please tell us what outcome you expected on the next page.	☐	☐	☐

48a. If yes, what other outcome did you expect? ☐

The next set of questions is about your overall health.

49. What is your height? ☐ feet and ☐ inches

50. How much do you weigh? ☐ pounds

51. Do you currently smoke cigarettes?

☐ Yes
☐ No

52. If a doctor, nurse, or other health professional has ever told you that you had any of the following health conditions, place a check in the appropriate box.

☐ Diabetes
☐ Asthma
☐ Angina or coronary artery disease
☐ Heart Attack
☐ Stroke
☐ High cholesterol
☐ High Blood Pressure
☐ Cancer

53. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
Please enter one number between 0 and 30. ☐ days

54. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?
Please enter one number between 0 and 30. ☐ days

55. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?
Please enter one number between 0 and 30. ☐ days

56. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

☐ Yes
☐ No

57. The last question below is to help us understand how best to contact people.
Do you have regular access to the internet at your home?

☐ Yes
☐ No

Thank you for your time and cooperation in completing this questionnaire! Please return it in the postage paid self addressed envelope provided to the UW Survey Center at:
475 N Charter Street Room B607, Madison, WI 53706-1507

Caregivers of Youth

YOUTH SERVICES SURVEY FOR FAMILIES

In order to provide the best possible mental health services, we need to know what you think about the mental health services your child received in the last 12 months, the people who provided them, and the results. The parent or guardian who had the most contact with your child's mental health service provider(s) in the last 12 months should fill out this survey. Your answers are confidential and will not influence the mental health services your child receives.

Please indicate how much you agree or disagree with each of the following statements by circling the number that best represents your opinion. If the question is about something you or your child have not experienced, circle "N/A" to indicate that this item is not applicable to you.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
1. Overall, I am satisfied with the mental health services my child received.	1	2	3	4	5	N/A
2. I helped to choose my child's mental health services.	1	2	3	4	5	N/A
3. I helped to choose my child's mental health treatment goals.	1	2	3	4	5	N/A
4. The people helping my child stuck with us no matter what.	1	2	3	4	5	N/A
5. I felt my child had someone to talk to when he or she was troubled.	1	2	3	4	5	N/A
6. I participated in my child's mental health treatment.	1	2	3	4	5	N/A
7. The mental health services my child and/or family received were right for us.	1	2	3	4	5	N/A
8. The location of mental health services was convenient for us.	1	2	3	4	5	N/A
9. Mental health services were available at times that were convenient for us.	1	2	3	4	5	N/A
10. My family got the help we wanted for my child.	1	2	3	4	5	N/A
11. My family got as much help as we needed for my child.	1	2	3	4	5	N/A
12. Staff treated me with respect.	1	2	3	4	5	N/A
13. Staff respected my family's religious or spiritual beliefs.	1	2	3	4	5	N/A
14. Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
15. Staff was sensitive to my cultural or ethnic background.	1	2	3	4	5	N/A

For questions 16-22: As a direct result of the mental health services my child and/or family member received in the last 12 months…

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
16. My child is better at handling daily life.	1	2	3	4	5	N/A
17. My child gets along better with family members.	1	2	3	4	5	N/A

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
18. My child gets along better with friends and other people.	1	2	3	4	5	N/A
19. My child is doing better in school and/or work.	1	2	3	4	5	N/A
20. My child is better able to cope when things go wrong.	1	2	3	4	5	N/A
21. I am satisfied with our family life right now.	1	2	3	4	5	N/A
22. My child is better able to do things he or she wants to do.	1	2	3	4	5	N/A

For questions 23-26: Please answer about current relationships you have with persons other than your child's and/or family's mental health provider(s).

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
23. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24. I have people that I am comfortable talking with about my child's problems.	1	2	3	4	5	N/A
25. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

Please answer the following questions to let us know how your child is doing.

27. **Is your child currently receiving mental health services?**

☐ Yes

☐ No → Go to question 27a

27a. When did your child stop receiving mental health services? ____ / ____ / ____ (month / day / year)

28. **Confidential state records show that your child was participating in mental health services in 2015. Did these mental health services begin more than one year ago or less than one year ago?**

☐ More than one year ago → Go to question 35 on the next page

☐ Less than one year ago

Please answer questions 29 to 34 if your child began receiving mental health services less than one year ago.

29. **Has your child been arrested since these mental health services began?**

☐ Yes

☐ No

30. **Was your child arrested during the 12 months before these mental health services began?**
- ☐ Yes
- ☐ No

31. **Since your child began receiving these mental health services, have his/her encounters with the police been reduced, stayed the same, or increased?**
- ☐ Been reduced (For example, he/she has not been arrested, hassled by police, taken by police to a shelter or crisis program.)
- ☐ Stayed the same
- ☐ Increased
- ☐ Not applicable (He/she had no police encounters this year or last year.)

32. **Has your child been expelled or suspended since these mental health services began?**
- ☐ Yes
- ☐ No

33. **Was your child expelled or suspended during the 12 months before these mental health services began?**
- ☐ Yes
- ☐ No

34. **Since your child began receiving these mental health services, have the number of days he/she has been in school been greater, about the same, or less?**

- ☐ Greater → Go to question 41
- ☐ About the same → Go to question 41
- ☐ Less → Go to question 41
- ☐ Does not apply → *Please select why this does not apply.*
  - ☐ Child did not have a problem with attendance before starting services →
  - ☐ Child is too young to be in school → Go to question 41
  - ☐ Child was expelled from school → Go to question 41
  - ☐ Child is home schooled → Go to question 41
  - ☐ Child dropped out of school → Go to question 41
  - ☐ Other: [ ] → Go to question 41

Please answer questions 35 to 40 if your child began receiving mental health services more than one year ago.

35. **Was your child arrested during the last 12 months?**
- ☐ Yes
- ☐ No

36. **Was your child arrested during the 12 months prior to that?**
- ☐ Yes
- ☐ No

37. **In the last 12 months, have his/her encounters with the police been reduced, stayed the same, or increased?**
- ☐ Been reduced (For example, he/she has not been arrested, hassled by police, taken by police to a shelter or crisis program.)
- ☐ Stayed the same
- ☐ Increased
- ☐ Not applicable (He/she had no police encounters this year or last year.)

Go to Q41

38. Was your child expelled or suspended during the last 12 months?
- ☐ Yes
- ☐ No

39. Was your child expelled or suspended during the 12 months prior to that?
- ☐ Yes
- ☐ No

40. In the last 12 months, have the number of days he/she has been in school been greater, about the same, or less?
- ☐ Greater
- ☐ About the same
- ☐ Less
- ☐ Does not apply → *Please select why this does not apply.*
  - ☐ Child did not have a problem with attendance before starting services
  - ☐ Child is too young to be in school
  - ☐ Child was expelled from school
  - ☐ Child is home schooled
  - ☐ Child dropped out of school
  - ☐ Other: _____

For each of the following, please tell us whether or not you expected each to happen before your child started treatment from their current or most recent mental health provider.

	Yes	No	Don't Know
41. Did you expect that your child would be better at handling daily life?	☐	☐	☐
42. Did you expect that your child would get along better with family members?	☐	☐	☐
43. Did you expect that your child would get along better with friends and other people?	☐	☐	☐
44. Did you expect that your child would do better in school and/or work?	☐	☐	☐
45. Did you expect that your child would be better able to cope when things go wrong?	☐	☐	☐
46. Did you expect that you would be more satisfied with your family life?	☐	☐	☐
47. Did you expect that your child would be better able to do things he or she wants to do?	☐	☐	☐
48. Did you expect some other type of outcome not listed above?	☐	☐	☐

If yes, what other outcome did you expect? _____

Please provide the following information about yourself.

49. Is your child currently living with you?
- ☐ Yes
- ☐ No

50. Do you have regular access to the internet at your home?
- ☐ Yes
- ☐ No

Thank you for your time and cooperation in completing this questionnaire!
Please return it in the postage paid self addressed envelope provided to the UW Survey Center at:
475 N Charter Street Room B607, Madison, WI 53706-1507