



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
MENTAL HYGIENE ADMINISTRATION

# MARYLAND'S PUBLIC MENTAL HEALTH SYSTEM

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## 2006 CONSUMER SATISFACTION & OUTCOMES SURVEY FINDINGS

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EXECUTIVE SUMMARY REPORT  
PUBLISHED DECEMBER 2006



## TABLE OF CONTENTS

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	Page
I. Introduction.....	1
II. Methodology.....	1
III. Adult Survey Results.....	2
Demographic Characteristics.....	2
Service Use.....	3
Overall Outcomes.....	3
Outcome Measures.....	4
Overall Satisfaction.....	5
Satisfaction with Specific Services.....	5
Referral and Access to Substance Abuse Services.....	5
Coordination of Care.....	5
Police Encounters and Arrests.....	5
Adult Outpatient Services Satisfaction.....	6
Adult Psychiatric Rehabilitation Services Satisfaction.....	7
IV. Child and Caregiver Survey Results.....	8
Demographic Characteristics.....	8
Characteristics of Children.....	8
Characteristics of Caregiver Participants.....	9
Service Use.....	10
Overall Outcomes.....	10
Outcome Measures.....	11
Overall Satisfaction.....	12
Satisfaction with Specific Services.....	12
Referral and Access to Substance Abuse Services.....	12
Coordination of Care.....	12
Police Encounters and Arrests.....	12
Child Outpatient Services Satisfaction.....	13
Child Family Support Services Satisfaction.....	14
V. Summary.....	15

## I. INTRODUCTION

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The Department of Health and Mental Hygiene (DHMH), Mental Hygiene Administration (MHA) launched Maryland's Public Mental Health System (PMHS) in July 1997 as part of the State's Medicaid 1115 waiver reform initiative. Specialty mental health services are delivered through a "carve-out" arrangement that manages public mental health funds under a single payor system. The system serves Medicaid recipients and a subset of uninsured individuals eligible for public mental health services due to severity of illness and financial need. Evaluation of consumer satisfaction with and outcomes of mental health services is a requirement of the waiver and Code of Maryland Regulations. Findings provide MHA with valuable consumer input that may be used to improve the PMHS.

MHA contracted with MAPS-MD of APS Healthcare, Inc. to provide various administrative services, including evaluation activities, for the PMHS. One of the evaluation activities is the administration of consumer surveys to assess satisfaction with and outcomes of mental health services provided by the PMHS. MAPS-MD subcontracted with REDA International of Silver Spring, Maryland to conduct telephone interviews, collect and analyze the survey data, and document the findings. The partnership of organizations ensures the neutrality of collected data and analysis. This report represents findings of the sixth systematic, Statewide survey of consumer satisfaction and outcomes since the inception of the PMHS.

The survey protocol, including methodology, sampling, administration, and data collection, is reviewed annually by the DHMH Institutional Review Board (IRB). The IRB is responsible for reviewing research protocols to ensure that rights, safety, and dignity of human subjects are protected.

This report is a condensed version of the *Detailed Report of Survey Findings*. To obtain a copy of this detailed document or brochures, you may contact the Mental Hygiene Administration or visit the following websites: [www.dhmh.state.md.us/mha](http://www.dhmh.state.md.us/mha) or [www.maps-md.com](http://www.maps-md.com).

## II. METHODOLOGY

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The survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2005. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health or psychiatric rehabilitation services. Service types for children included outpatient mental health or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

Separate survey instruments were used, one for adults and one for children/caregivers. The adult and the child/caregiver instruments both originated from a Federal initiative, the Mental Health Statistics Improvement Project (MHSIP) - Consumer Surveys. Items from these surveys are incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting. The Maryland Adult Satisfaction and Outcomes Survey was based on the MHSIP Adult Consumer Survey, while the Maryland Child and Family Satisfaction and Outcomes Survey was based on the MHSIP Youth Services Survey for Families (YSS-F). Both survey instruments were revised from previous years' versions, as a result of current URS guidelines. In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, income, employment, schooling, and coordination of care.

### III. ADULT SURVEY RESULTS

Telephone interviews were conducted with adults to assess their satisfaction with and outcomes of services received through Maryland’s PMHS. These adults had received outpatient mental health and/or psychiatric rehabilitation services between January and December 2005. A total of 2,806 adults were successfully contacted to request participation in the survey; 764 completed the telephone interview, resulting in a 27.2% response rate.

#### DEMOGRAPHIC CHARACTERISTICS

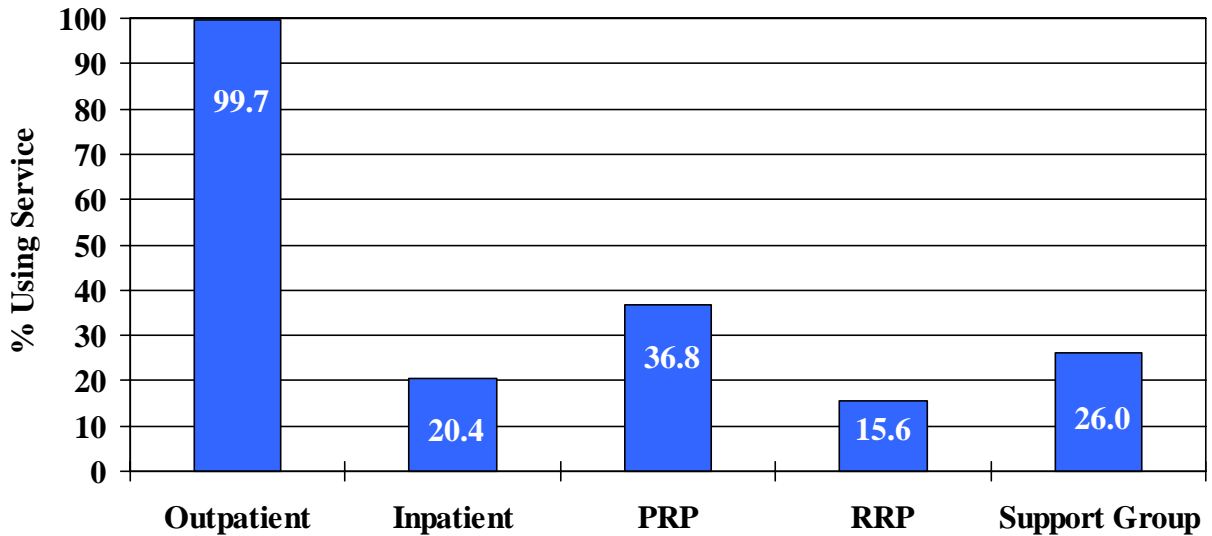
Table 1 presents demographic and social characteristics of adult survey participants:

**Table 1. Demographic Characteristics of Adult Survey Participants**

	Characteristic	%
Gender	• Male	38.4
	• Female	61.6
Age	• Under 21	10.9
	• 21 - 30	15.1
	• 31 - 40	15.8
	• 41 - 50	28.3
	• 51 - 60	23.4
	• 61 and over	5.1
	• Refused	1.4
Race	• White	60.9
	• Black or African American	33.0
	• More than one race reported	2.0
	• Other	3.8
	• Refused	0.3
Ethnicity	• Spanish, Hispanic, or Latino	2.5
Marital Status	• Married or cohabitating	8.8
	• Widowed	3.9
	• Divorced	22.8
	• Separated	6.0
	• Never Married	58.4
	• Refused	0.1
Education	• Completed less than high school degree	28.2
	• Completed high school degree or GED	39.9
	• Some vocational school or training	1.4
	• Some college (no degree)	21.2
	• Completed Bachelor’s or Advanced degree	8.9
	• Never attended or “Don’t Know”	0.4
Living Situation	• House/apartment alone	24.5
	• House/apartment with family or friends	67.3
	• Residential rehabilitation program	4.8
	• Other or Refused	3.4
Employment	• Unemployed	69.9
	• Employed full-time	8.6
	• Employed part-time	12.7
	• Homemaker	1.7
	• Student, Volunteer, or Other	7.1

## SERVICE USE

**Figure 1. Reported Use of Services and Supports by Adult Survey Participants**



Service use was assessed by asking participants about their recent use of mental health services and supports. A majority of participants, 99.7%, reported receiving some type of outpatient mental health service. Inpatient mental health treatment was reported by 20.4% of participants. Over one-third, 36.8%, of participants reported utilizing services from a psychiatric rehabilitation program (PRP), 15.6% reported utilizing a residential rehabilitation program (RRP), and 26.0% reported participating in a mental health self-help group for support (e.g., On Our Own, depression support group, family support group, etc.).

## OVERALL OUTCOMES

Participants were asked how they had benefited from the mental health services received. Each question started with the statement: “As a direct result of all the mental health services I received” and was followed by the specific outcome of services. Participants indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percentage of agreement ranged from 64.8% to 80.4% across outcomes items, as seen in Figure 2. The 2005 survey results for those items included in both years are also included in Figure 2 for comparison purposes, although analyses for statistically significant differences were not conducted. A “dash mark” in Figure 2 indicates that the question was not asked in 2005.

**Figure 2. Outcome Measures**

Statement	Strongly Agree/Agree		Neutral		Strongly Disagree/Disagree	
	2006	2005	2006	2005	2006	2005
I deal more effectively with daily problems	76.3	69.8	11.6	15.1	12.0	15.1
I am better able to control my life	76.7	72.7	12.1	13.4	11.2	13.9
I am better able to deal with crisis	73.6	67.3	12.0	16.7	14.3	16.0
I am getting along better with my family	74.6	66.5	10.7	17.0	14.7	16.5
I do better in social situations	66.3	62.4	16.3	19.4	17.4	18.2
I do better in school and/or work	70.4	69.1	11.7	16.4	17.9	14.5
My housing situation has improved	64.8	53.4	15.1	18.3	20.0	28.3
My symptoms are not bothering me as much	65.3	57.9	12.1	15.8	22.7	26.3
I do things that are more meaningful to me	75.8	-	12.0	-	12.2	-
I am better able to take care of my needs	77.0	-	12.2	-	10.8	-
I am better able to handle things when they go wrong	69.9	-	15.0	-	15.2	-
I am better able to do things that I want to do	69.9	-	14.1	-	16.0	-
I am happy with the friendships I have	75.6	-	11.6	-	13.0	-
I have people with whom I can do enjoyable things	77.0	-	10.1	-	13.0	-
I feel I belong in my community	70.2	-	11.0	-	18.8	-
In a crisis, I would have the support I need from family or friends	80.4	-	8.1	-	11.5	-

Note: A “dash mark” indicates the question was not asked in 2005.

Note: Due to rounding, totals may not equal exactly 100%.

## **OVERALL SATISFACTION**

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used for the overall outcome items. A majority of the participants (83.3%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services I received.” This finding suggests a relatively high degree of overall satisfaction with mental health services provided by the PMHS to these adults.

## **SATISFACTION WITH SPECIFIC SERVICES**

Participants were asked about their satisfaction with multiple aspects of the outpatient and psychiatric rehabilitation services they received, using the same Likert scale as was used for the overall outcomes and satisfaction items. Participants were generally satisfied with the services provided, as Figures 3 and 4 indicate. The percent of agreement for items addressing outpatient services satisfaction exceeded 77.0% for all measures except, “I was encouraged to use consumer-run programs” (69.1%). The percent of agreement for items addressing psychiatric rehabilitation services satisfaction exceeded 81.2% for all of the measures except, “I, not staff, decided my rehabilitation goals” (79.0%). Similar to Figure 2, the 2005 survey results are provided in Figures 3 and 4 for comparison purposes, although analyses for statistically significant differences were not conducted.

## **REFERRAL AND ACCESS TO SUBSTANCE ABUSE SERVICES**

Less than one-fifth (15.3%) of participants reported that they attempted to get or had been referred for substance abuse services. Of those, 91.5% reported they were able to access substance abuse services.

## **COORDINATION OF CARE**

A majority of survey participants (85.3%) reported having a primary health care provider. Of those, 37.6% answered “yes” to the question, “To your knowledge, have your primary care provider and your mental health provider spoken with each other about your health?”

## **POLICE ENCOUNTERS AND ARRESTS**

Most respondents (84.6%) reported that they had no police encounters, including arrests, either before or since beginning to receive mental health services. For those respondents, however, who reported that they had police encounters, 87.2% reported that those police encounters had either been reduced (57.3%) or stayed the same (29.9%) during the previous 12 months (or since beginning to receive mental health services, if they had been receiving mental health services for less than 12 months).

**Figure 3. Adult Outpatient Services Satisfaction**

Statement	Strongly Agree/Agree		Neutral		Strongly Disagree/Disagree	
	2006	2005	2006	2005	2006	2005
	I like the services that I received here	83.5	84.1	8.6	5.0	8.0
If I had other choices, I would still get services from this provider	81.3	77.5	6.4	6.4	12.3	16.1
I would recommend this provider to a friend or a family member	82.8	79.9	6.0	7.5	11.2	12.6
The location of services was convenient	86.4	79.9	5.5	5.7	8.1	14.4
Staff were willing to see me as often as I felt it was necessary	85.4	82.7	4.9	7.3	9.7	10.0
Staff returned my calls in 24 hours	79.3	75.7	8.1	7.5	12.6	16.8
Services were available at times that were good for me	87.0	83.3	5.2	5.3	7.8	11.4
I was able to get all the services I thought I needed	79.8	76.8	7.7	5.9	12.5	17.3
I was able to see a psychiatrist when I wanted to	80.8	74.8	6.3	6.7	12.8	18.5
Staff here believe that I can grow, change, and recover	83.9	84.1	10.2	7.5	5.9	8.4
I felt comfortable asking questions about my treatment and medication	88.8	85.4	4.8	4.2	6.4	10.4
I felt free to complain	86.5	82.9	4.7	4.6	8.8	12.5
I was given information about my rights	90.1	87.7	3.0	2.3	6.9	10.0
Staff encouraged me to take responsibility for how I live my life	85.6	83.4	8.0	7.1	6.4	9.5
Staff told me what side effects to watch out for	78.3	81.1	6.2	3.7	15.5	15.2
Staff respected my wishes about who is and is not to be given information about my treatment	89.5	87.5	4.0	6.1	6.6	6.4
I, not staff, decided my treatment goals	77.0	70.1	11.9	13.4	11.1	16.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness	83.8	77.7	7.2	9.1	9.1	13.2
I was encouraged to use consumer-run programs	69.1	63.9	9.0	9.5	22.0	26.6
Staff were sensitive to my cultural/ethnic background	84.5	78.0	8.4	11.8	7.2	10.2
Staff respected my family's religious/spiritual beliefs	87.8	82.8	7.5	10.8	4.6	6.4
Staff treated me with respect	93.1	90.6	3.8	3.0	3.1	6.4
Staff spoke with me in a way that I understood	95.4	90.0	2.6	3.6	2.0	6.4

*Note: Due to rounding, totals may not equal exactly 100%.*

**Figure 4. Adult Psychiatric Rehabilitation Program Services Satisfaction**

Statement	Strongly Agree/Agree		Neutral		Strongly Disagree/Disagree	
	2006	2005	2006	2005	2006	2005
I like the services that I received here	85.3	90.7	6.9	2.8	7.9	6.5
If I had other choices, I would still get services from this provider	81.6	87.0	6.3	1.9	12.1	11.1
I would recommend this provider to a friend or a family member	84.6	85.1	4.6	6.5	10.8	8.4
The location of services was convenient	86.2	89.8	5.9	2.8	7.9	7.4
Staff were willing to see me as often as I felt it was necessary	89.5	89.7	4.3	5.6	6.3	4.7
Staff returned my calls in 24 hours	83.4	84.7	7.8	4.8	8.8	10.5
Services were available at times that were good for me	86.8	91.7	5.6	1.8	7.6	6.5
I was able to get all the services I thought I needed	84.6	83.3	5.6	6.5	9.9	10.2
Staff here believe that I can grow, change, and recover	87.1	92.3	7.8	5.8	5.0	1.9
I felt comfortable asking questions about my rehabilitation	88.2	90.7	5.6	3.7	6.3	5.6
I felt free to complain	86.7	86.9	4.3	3.7	8.9	9.4
I was given information about my rights	89.2	94.3	4.0	1.9	7.0	3.8
Staff encouraged me to take responsibility for how I live my life	89.4	94.3	4.3	3.8	6.3	1.9
Staff respected my wishes about who is and is not to be given information about my rehabilitation	91.5	91.5	2.7	4.7	5.8	3.8
I, not staff, decided my rehabilitation goals	79.0	76.5	10.5	11.8	10.5	11.7
Staff helped me obtain the information I needed so that I could take charge of managing my illness	84.4	87.7	7.3	4.7	8.3	7.6
I was encouraged to use consumer-run programs	81.2	86.6	4.9	3.8	13.9	9.6
Staff were sensitive to my cultural/ethnic background	87.6	89.2	5.5	5.4	7.0	5.4
Staff respected my family's religious/spiritual beliefs	89.2	91.2	6.3	5.5	4.4	3.3
Staff treated me with respect	91.8	95.3	3.6	1.0	4.6	3.7
Staff spoke with me in a way that I understood	91.8	95.3	4.6	1.9	3.6	2.8

*Note: Due to rounding, totals may not equal exactly 100%.*

## IV. Child and Caregiver Survey Results

Telephone interviews were conducted with the caregivers of children served by Maryland's PMHS to assess their satisfaction with and outcomes of services rendered. These children had received outpatient and/or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite care) between January and December 2005. A total of 2,130 caregivers were successfully contacted to request participation in the child and family survey; 759 completed the telephone interview, resulting in a 35.6% response rate.

### DEMOGRAPHIC CHARACTERISTICS

Table 2 presents demographic characteristics of the children served:

**Table 2. Characteristics of Children**

	Characteristic	%
Gender	• Male	64.2
	• Female	35.8
Age	• 1-4	2.1
	• 5-9	31.6
	• 10-14	48.2
	• 15 and older	16.2
	• Refused	1.9
Race	• White	46.8
	• Black or African American	43.1
	• Other	7.2
	• More than one race reported	2.1
	• Refused or "Don't Know"	0.8
Ethnicity	• Spanish, Hispanic, or Latino	5.0
Education	• Currently in School	96.0
	◆ Regular classroom	64.3
	◆ Special Education, all or part day	30.5
	◆ Other classroom setting	4.8
	◆ "Don't Know"	0.4
	• Have repeated a grade	25.1

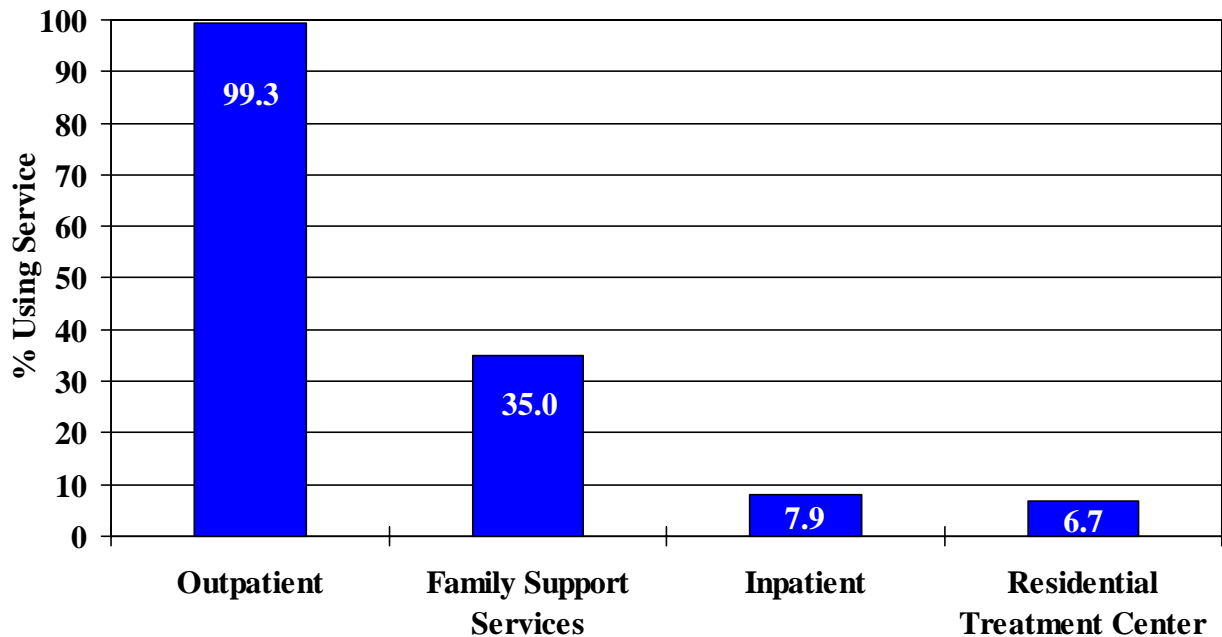
Table 3 presents demographic characteristics of the caregivers of the children served:

**Table 3. Characteristics of Caregiver Participants**

	Characteristic	%
Gender	• Male	7.4
	• Female	92.6
Age	• 18-50	71.0
	• 51-70	23.9
	• 71 and older	2.2
	• Refused	2.9
Race	• White	52.2
	• Black or African American	42.4
	• Other	3.7
	• More than one race reported	0.7
	• Refused or “Don’t Know”	1.0
Ethnicity	• Spanish, Hispanic, or Latino	3.4
Relationship to Child	• Parent	72.2
	• Grandparent	19.2
	• Other relative	5.3
	• Other	3.3

## SERVICE USE

**Figure 5. Caregivers Report of Services Used by Child Consumers**



Caregivers were asked about their child’s recent use of mental health services. Nearly all of the participants (99.3%) indicated their child had received some type of outpatient service. In addition, 35.0% reported receiving family support services, 7.9% indicated their child had stayed overnight in a hospital for an emotional or behavioral problem, and 6.7% had utilized residential treatment centers.

## OVERALL OUTCOMES

Caregivers were asked how their child had benefited from the mental health services received. Each question started with the statement, “As a direct result of all the mental health services my child received” and was followed by the specific outcome of services. Caregivers indicated the degree to which they agreed or disagreed with the statement using a five-point Likert scale of “strongly agree,” “agree,” “neutral,” “disagree,” and “strongly disagree.” The percent of agreement ranged from 52.5% to 70.0% across child outcome items, as seen in Figure 6. Four additional outcome items assessed the “social connectedness” of caregivers of children. The range of agreement for these questions was relatively high (84.9% to 90.9%). The 2005 survey results for those items included in both years are also included in Figure 6 for comparison purposes, although analyses for statistically significant differences were not conducted. A “dash mark” in Figure 6 indicates the question was not asked in 2005.

**Figure 6. Outcome Measures**

Statement	Strongly Agree/Agree		Neutral		Strongly Disagree/Disagree	
	2006	2005	2006	2005	2006	2005
My child is better at handling daily life	65.2	64.2	18.4	14.6	16.4	21.2
My child gets along better with family members	64.9	62.4	18.3	20.8	16.8	16.8
My child gets along better with friends and other people	66.8	66.1	17.0	18.6	16.2	15.3
My child is doing better in school and/or work	65.5	63.3	16.3	18.1	18.1	18.6
My child is better able to cope when things go wrong	54.4	55.0	22.5	20.5	23.2	24.5
I am satisfied with our family life right now	66.7	65.7	15.7	13.8	17.6	20.5
My child is better able to do things he or she wants to do	70.0	-	14.8	-	15.1	-
My child is better able to control his or her behavior	52.5	54.7	21.4	19.2	26.0	26.1
My child is less bothered by his or her symptoms	58.4	57.0	21.1	19.1	20.5	23.9
My child has improved social skills	64.5	65.6	17.9	15.8	17.6	18.6
<b><i>As a direct result of the mental health services my child and family received:</i></b>						
I know people who will listen and understand me when I need to talk	84.9	-	6.8	-	8.3	-
I have people that I am comfortable talking with about my child's problems	88.7	-	4.4	-	6.9	-
In a crisis, I would have the support I need from family or friends	86.6	-	6.0	-	7.5	-
I have people with whom I can do enjoyable things	90.9	-	4.1	-	4.9	-

Note: A "dash mark" indicates the question was not asked in 2005.

Note: Due to rounding, totals may not equal exactly 100%.

## **OVERALL SATISFACTION**

Overall satisfaction with mental health services received was assessed using the same Likert scale as was used for the overall outcome items. A majority of the caregivers (77.9%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services my child received.” This finding suggests a moderate degree of overall caregiver satisfaction with mental health services provided by the PMHS to their children.

## **SATISFACTION WITH SPECIFIC SERVICES**

Caregivers were asked about their satisfaction with multiple aspects of the outpatient and family support services that their children received, using the same Likert scale as was used for the overall outcomes and satisfaction items. Caregivers were generally satisfied with the services provided, as Figures 7 and 8 indicate. The percent of agreement for items addressing outpatient services satisfaction exceeded 75.7% for all measures except, “My family got as much help as we needed for my child” (68.6%). Likewise, the percent of agreement for items addressing family support services satisfaction exceeded 80.4% for all measures except, “My family got as much help as we needed for my child” (71.8%). Similar to Figure 6, the 2005 survey results are provided in Figures 7 and 8 for comparison purposes, although analyses for statistically significant differences were not conducted.

## **REFERRAL AND ACCESS TO SUBSTANCE ABUSE SERVICES**

Only 4.3% of caregivers reported that their child had attempted to get or had been referred for substance abuse services. Of those children, caregivers reported that 81.8% were able to access substance abuse services.

## **COORDINATION OF CARE**

A majority of caregivers (98.8%) reported that their child has a primary health care provider. Likewise, a majority of caregivers (89.9%) reported that their child had seen their primary health care provider in the past year. Slightly less than a third (31.7%) of caregivers responded “yes” to the question, “To your knowledge, have your child’s primary health care provider and mental health provider spoken with each other about your child’s health?”

## **POLICE ENCOUNTERS AND ARRESTS**

Most caregivers (88.9%) reported that their child had no police encounters, including arrests, either before or since beginning to receive mental health services. For those caregivers, however, who reported that their children had police encounters, 77.4% reported that those police encounters had either been reduced (52.4%) or stayed the same (25.0%) during the previous 12 months (or since beginning to receive mental health services, if the child had been receiving mental health services for less than 12 months).

**Figure 7. Child Outpatient Services Satisfaction**

Statement	Strongly Agree/Agree		Neutral		Strongly Disagree/Disagree	
	2006	2005	2006	2005	2006	2005
I am satisfied with the services my child received	79.4	78.5	8.5	6.6	12.0	14.9
I helped choose my child's services	85.6	83.3	4.6	3.8	9.7	12.9
I helped choose my child's treatment goals	86.2	80.7	5.4	5.6	8.4	13.7
The people helping my child stuck with us no matter what	83.0	79.7	5.4	4.8	11.6	15.5
I felt my child had someone to talk to when he/she was troubled	81.2	82.4	5.6	4.1	13.2	13.5
I participated in my child's treatment	95.0	90.4	3.1	2.1	1.9	7.5
The services my child and/or family received were right for us	79.7	79.8	7.6	5.9	12.7	14.3
The location of services was convenient for us	83.3	83.1	6.1	4.0	10.5	12.9
Services were available at times that were convenient for us	82.4	81.9	7.5	6.1	10.1	12.0
My family got the help we wanted for my child	75.7	77.1	10.4	6.5	13.9	16.4
My family got as much help as we needed for my child	68.6	67.7	12.2	10.4	19.2	21.9
Staff treated me with respect	93.9	91.0	2.5	2.3	3.6	6.7
Staff respected my family's religious/spiritual beliefs	94.4	91.1	4.4	4.5	1.2	4.4
Staff spoke with me in a way that I understood	96.9	92.1	1.5	1.6	1.6	6.3
Staff were sensitive to my cultural/ethnic background	92.5	90.0	6.1	4.9	1.3	5.1
I felt free to complain	89.8	89.6	4.1	2.1	6.2	8.3

*Note: Due to rounding, totals may not equal exactly 100%.*

**Figure 8. Child Family Support Services Satisfaction**

Statement	Strongly Agree/Agree		Neutral		Strongly Disagree/Disagree	
	2006	2005	2006	2005	2006	2005
I am satisfied with the services my child received	84.1	77.6	4.1	10.3	11.9	12.1
I helped choose my child's services	85.1	82.9	8.2	5.5	6.6	11.6
I helped choose my child's treatment goals	85.1	82.8	6.2	4.9	8.7	12.3
The people helping my child stuck with us no matter what	82.0	81.7	6.5	6.7	11.4	11.6
I felt my child had someone to talk to when he/she was troubled	83.3	83.4	6.3	6.8	10.4	9.8
I participated in my child's treatment	94.2	93.2	2.9	2.5	2.9	4.3
The services my child and/or family received were right for us	84.5	83.5	6.1	4.9	9.4	11.6
The location of services was convenient for us	84.7	85.5	7.0	3.0	8.3	11.5
Services were available at times that were convenient for us	87.2	87.3	4.5	4.2	8.2	8.5
My family got the help we wanted for my child	80.4	78.6	8.6	6.7	11.0	14.7
My family got as much help as we needed for my child	71.8	67.1	11.0	13.7	17.1	19.2
Staff treated me with respect	95.5	95.8	2.0	1.2	2.4	3.0
Staff respected my family's religious/spiritual belief	96.8	93.3	2.7	4.0	0.5	2.7
Staff spoke with me in a way that I understood	98.8	96.4	0.8	0.6	0.4	3.0
Staff were sensitive to my cultural/ethnic background	95.4	93.3	4.1	2.7	0.5	4.0
I felt free to complain	92.6	89.3	3.7	3.1	3.7	7.6

*Note: Due to rounding, totals may not equal exactly 100%.*

## V. SUMMARY

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Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Mental Health System. These surveys represent the sixth systematic, Statewide assessment of consumer satisfaction and outcomes since 1997. Data collection and analysis were performed by subcontractor, REDA International, Inc., on behalf of MAPS-MD.

The survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2005. The sample was stratified by age, service type, and county of residence. Individuals were then randomly selected from among these groups. Service types for adults included outpatient mental health or psychiatric rehabilitation services. Service types for children included outpatient mental health or family support services (i.e., psychiatric rehabilitation, mobile treatment, case management, and/or respite services). Adults (16 years of age or older at the time of service) responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children under the age of 16. The survey was administered by telephone with individuals who agreed to participate.

A total of 2,806 adults were successfully contacted to request participation in the survey; 764 completed the telephone interview, resulting in a 27.2% response rate. A total of 2,130 caregivers were successfully contacted to request participation in the child and family survey; 759 completed the telephone interview, resulting in a 35.6% response rate.

Overall satisfaction with services was relatively high: 83.3% of adults and 77.9% of caregivers indicated agreement with the statement, "Overall, I am satisfied with the mental health services I/my child received." Furthermore, satisfaction with specific services was quite positive. The percent of agreement in the adult survey for items addressing outpatient services satisfaction exceeded 77.0% for all measures except, "I was encouraged to use consumer-run programs" (69.1%). The percent of agreement for items addressing psychiatric rehabilitation services satisfaction exceeded 81.2% for all of the measures except, "I, not staff, decided my rehabilitation goals" (79.0%). The percent of agreement for caregivers responding on behalf of their children for items addressing outpatient services satisfaction exceeded 75.7% for all measures except, "My family got as much help as we needed for my child" (68.6%). Likewise, the percent of agreement for items addressing family support services satisfaction exceeded 80.4% for all measures except, "My family got as much help as we needed for my child" (71.8%).

Adult consumers' assessment of the contribution of treatment to positive outcomes of care ranged from 64.8% agreement with the statement, "My housing situation has improved," to 80.4% agreement with the statement, "In a crisis, I would have the support I need from family or friends." Caregivers' assessment of their child's improvement was more modest and ranged from 52.5% agreement with the statement, "My child is better able to control his or her behavior," to 70.0% agreement with the statement, "My child is better able to do things he or she wants to do." Four additional outcome items assessed the "social connectedness" of caregivers of children. The range of agreement for these items was relatively high (84.9% to 90.9%).

Further research would contribute to a better understanding of how the wide range of variables impact satisfaction and outcomes. Additionally, the Mental Hygiene Administration's Consumer and Provider Quality Improvement Subcommittees, and IntraSystem Quality Council will be invited to review survey findings and identify opportunities for improvement in the PMHS.



Robert L. Ehrlich, Jr., Governor

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Public Health Services

Brian Hepburn, M.D., Executive Director,  
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To obtain a copy of the detailed report of survey results, contact:

**Mental Hygiene Administration**

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Or visit the following websites:

[www.dhmh.state.md.us/mha](http://www.dhmh.state.md.us/mha)  
[www.maps-md.com](http://www.maps-md.com)

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