



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MENTAL HYGIENE ADMINISTRATION

MARYLAND'S PUBLIC MENTAL HEALTH SYSTEM

2007 CONSUMER
SATISFACTION & OUTCOMES
SURVEY FINDINGS

EXECUTIVE SUMMARY REPORT
PUBLISHED DECEMBER 2007

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I. INTRODUCTION

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 payer 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 and collect data. The APS Informatics Consulting Unit performed the data analyses and documented the findings. The partnership of organizations ensures the neutrality of data collection and analysis. This report represents findings of the seventh 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 Web sites: www.dhmh.state.md.us/mha or www.maps-md.com.

II. METHODOLOGY

The potential survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2006. 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.

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 for the 2006 survey to reflect modified URS requirements; however, it was not necessary to make additional changes for this 2007 survey. In addition to the MHSIP items, both survey instruments include demographic items, service-specific sections, and selected items of interest regarding living situation, 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 2006. A total of 2,221 adults were successfully contacted to request participation in the survey; 743 completed the telephone interview, resulting in a 33.5% response rate.

DEMOGRAPHIC CHARACTERISTICS

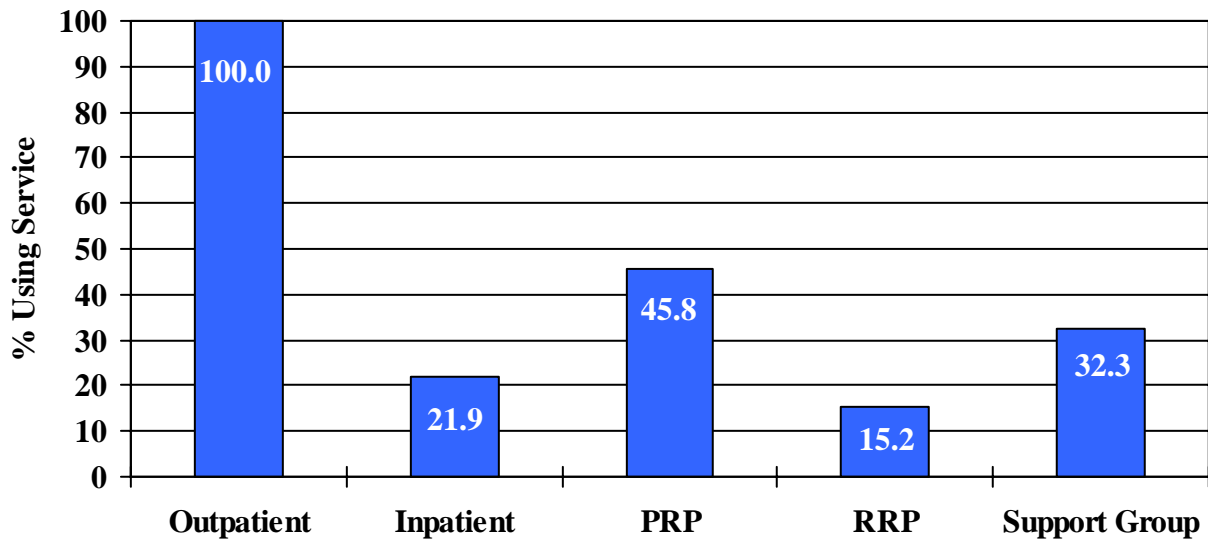
Table 1 presents demographic and social characteristics of adult survey participants:

Table 1. Demographic Characteristics of Adult Survey Participants

	Characteristic	%
Gender	• Male	37.3
	• Female	62.7
Age	• Under 21	11.0
	• 21 - 30	17.5
	• 31 - 40	17.5
	• 41 - 50	24.0
	• 51 - 60	19.2
	• 61 and older	6.7
	• Refused/Don’t Know	4.1
Race	• White/Caucasian	52.1
	• Black or African American	41.3
	• More than one race reported	3.1
	• Other	2.9
	• Refused/Don’t Know	0.5
Ethnicity	• Spanish, Hispanic, or Latino	3.6
Marital Status	• Married or cohabitating	8.8
	• Widowed	5.0
	• Divorced	13.7
	• Separated	8.1
	• Never married	63.5
	• Refused/Don’t Know	0.8
Education	• Completed less than high school degree	32.4
	• Completed high school degree or GED	35.8
	• Some vocational school or training	1.3
	• Some college (no degree)	21.1
	• Completed Bachelor’s or advanced degree	8.5
	• Refused/Don’t Know/never attended	0.8
Living Situation	• House/apartment alone	22.6
	• House/apartment with family or friends	67.8
	• Residential rehabilitation program	4.3
	• Other or refused	5.3
Employment	• Unemployed	64.7
	• Employed full-time	7.3
	• Employed part-time	14.5
	• Homemaker	1.1
	• Student, volunteer, or other	12.3

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. All participants, 100%, reported receiving some type of outpatient mental health service. Inpatient mental health treatment was reported by 21.9% of participants. Almost one-half, 45.8%, of participants reported utilizing services from a psychiatric rehabilitation program (PRP), 15.2% reported utilizing a residential rehabilitation program (RRP), and 32.3% reported participating in a mental health self-help group for support (e.g., On Our Own, depression support group, family support group, etc.).

OUTCOME MEASURES

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 64.5% to 83.6% across outcome measures, as seen in Figure 2. The 2005 and 2006 survey results for those items that were asked both years are also included in the table 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		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
I deal more effectively with daily problems	81.3	76.3	69.8	10.9	11.6	15.1	7.7	12.0	15.1
I am better able to control my life	78.8	76.7	72.7	12.1	12.1	13.4	9.1	11.2	13.9
I am better able to deal with crisis	72.2	73.6	67.3	14.4	12.0	16.7	13.3	14.3	16.0
I am getting along better with my family	75.5	74.6	66.5	13.9	10.7	17.0	10.6	14.7	16.5
I do better in social situations	69.9	66.3	62.4	16.6	16.3	19.4	13.5	17.4	18.2
I do better in school and/or work	69.1	70.4	69.1	16.9	11.7	16.4	14.0	17.9	14.5
My housing situation has improved	64.5	64.8	53.4	18.0	15.1	18.3	17.5	20.0	28.3
My symptoms are not bothering me as much	68.1	65.3	57.9	14.5	12.1	15.8	17.5	22.7	26.3
I do things that are more meaningful to me	80.4	75.8	-	10.5	12.0	-	9.1	12.2	-
I am better able to take care of my needs	80.4	77.0	-	9.9	12.2	-	9.6	10.8	-
I am better able to handle things when they go wrong	71.6	69.9	-	15.4	15.0	-	13.1	15.2	-
I am better able to do things that I want to do	73.3	69.9	-	13.4	14.1	-	13.3	16.0	-
I am happy with the friendships I have	78.8	75.6	-	10.4	11.6	-	10.8	13.0	-
I have people with whom I can do enjoyable things	81.9	77.0	-	9.7	10.1	-	8.5	13.0	-
I feel I belong in my community	72.3	70.2	-	13.3	11.0	-	14.5	18.8	-
In a crisis, I would have the support I need from family or friends	83.6	80.4	-	6.5	8.1	-	9.7	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 outcome measures. A majority of the participants (86.8%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services I received.” This represents an increase from 83.3% in 2006 and 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 outcome measures 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 80.5% for all items except, “I was encouraged to use consumer-run programs” (74.5%) and “I, not staff, decided my treatment goals” (76.4%). The percent of agreement for items addressing psychiatric rehabilitation services exceeded 80.7% for all of the items. Similar to Figure 2, the 2005 and 2006 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 (17.9%) of participants reported that they attempted to get or had been referred for substance abuse services. Of those, 93.2% reported they were able to access substance abuse services.

COORDINATION OF CARE

A majority of survey participants (86.9%) reported having a primary health care provider. Of those, 40.0% 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?” This represents an increase from 37.6% in the 2006 survey.

POLICE ENCOUNTERS AND ARRESTS

Most respondents (86.9%) 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 they had police encounters, 89.2% reported that those police encounters had either been reduced (70.9%) or stayed the same (18.3%) 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		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
I like the services that I received here	88.6	83.5	84.1	5.0	8.6	5.0	6.4	8.0	10.9
If I had other choices, I would still get services from this provider	80.6	81.3	77.5	5.6	6.4	6.4	13.8	12.3	16.1
I would recommend this provider to a friend or a family member	85.2	82.8	79.9	3.5	6.0	7.5	11.3	11.2	12.6
The location of services was convenient	87.0	86.4	79.9	5.6	5.5	5.7	7.4	8.1	14.4
Staff were willing to see me as often as I felt it was necessary	88.7	85.4	82.7	4.2	4.9	7.3	7.1	9.7	10.0
Staff returned my calls in 24 hours	81.6	79.3	75.7	5.8	8.1	7.5	12.6	12.6	16.8
Services were available at times that were good for me	90.1	87.0	83.3	3.4	5.2	5.3	6.5	7.8	11.4
I was able to get all the services I thought I needed	82.7	79.8	76.8	5.6	7.7	5.9	11.7	12.5	17.3
I was able to see a psychiatrist when I wanted to	81.1	80.8	74.8	6.9	6.3	6.7	12.1	12.8	18.5
Staff here believe that I can grow, change, and recover	87.5	83.9	84.1	7.4	10.2	7.5	5.1	5.9	8.4
I felt comfortable asking questions about my treatment and medication	90.8	88.8	85.4	3.3	4.8	4.2	5.9	6.4	10.4
I felt free to complain	87.7	86.5	82.9	5.3	4.7	4.6	7.0	8.8	12.5
I was given information about my rights	91.9	90.1	87.7	3.0	3.0	2.3	5.0	6.9	10.0
Staff encouraged me to take responsibility for how I live my life	88.6	85.6	83.4	5.6	8.0	7.1	5.8	6.4	9.5
Staff told me what side effects to watch out for	84.7	78.3	81.1	4.1	6.2	3.7	11.2	15.5	15.2
Staff respected my wishes about who is and is not to be given information about my treatment	92.0	89.5	87.5	2.9	4.0	6.1	5.2	6.6	6.4
I, not staff, decided my treatment goals	76.4	77.0	70.1	12.2	11.9	13.4	11.4	11.1	16.5
Staff helped me obtain the information I needed so that I could take charge of managing my illness	87.0	83.8	77.7	5.3	7.2	9.1	7.5	9.1	13.2
I was encouraged to use consumer-run programs	74.5	69.1	63.9	6.5	9.0	9.5	18.9	22.0	26.6
Staff were sensitive to my cultural/ethnic background	86.0	84.5	78.0	7.4	8.4	11.8	6.6	7.2	10.2
Staff respected my family's religious/spiritual beliefs	90.6	87.8	82.8	6.1	7.5	10.8	3.3	4.6	6.4
Staff treated me with respect	92.8	93.1	90.6	3.2	3.8	3.0	3.9	3.1	6.4
Staff spoke with me in a way that I understood	94.8	95.4	90.0	3.0	2.6	3.6	2.2	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		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
I like the services that I received here	85.9	85.3	90.7	8.0	6.9	2.8	6.2	7.9	6.5
If I had other choices, I would still get services from this provider	84.0	81.6	87.0	6.8	6.3	1.9	9.2	12.1	11.1
I would recommend this provider to a friend or a family member	84.9	84.6	85.1	5.3	4.6	6.5	9.8	10.8	8.4
The location of services was convenient	90.3	86.2	89.8	3.8	5.9	2.8	5.9	7.9	7.4
Staff were willing to see me as often as I felt it was necessary	85.2	89.5	89.7	5.6	4.3	5.6	9.2	6.3	4.7
Staff returned my calls in 24 hours	85.7	83.4	84.7	3.4	7.8	4.8	10.9	8.8	10.5
Services were available at times that were good for me	87.9	86.8	91.7	3.2	5.6	1.8	8.8	7.6	6.5
I was able to get all the services I thought I needed	84.0	84.6	83.3	5.4	5.6	6.5	10.7	9.9	10.2
Staff here believe that I can grow, change, and recover	88.2	87.1	92.3	5.8	7.8	5.8	6.1	5.0	1.9
I felt comfortable asking questions about my rehabilitation	89.3	88.2	90.7	3.6	5.6	3.7	7.2	6.3	5.6
I felt free to complain	86.3	86.7	86.9	5.4	4.3	3.7	8.4	8.9	9.4
I was given information about my rights	92.0	89.2	94.3	2.7	4.0	1.9	5.4	7.0	3.8
Staff encouraged me to take responsibility for how I live my life	89.9	89.4	94.3	4.2	4.3	3.8	6.0	6.3	1.9
Staff respected my wishes about who is and is not to be given information about my rehabilitation	90.7	91.5	91.5	3.6	2.7	4.7	5.7	5.8	3.8
I, not staff, decided my rehabilitation goals	80.8	79.0	76.5	10.8	10.5	11.8	8.3	10.5	11.7
Staff helped me obtain the information I needed so that I could take charge of managing my illness	87.6	84.4	87.7	5.1	7.3	4.7	7.2	8.3	7.6
I was encouraged to use consumer-run programs	82.1	81.2	86.6	5.5	4.9	3.8	12.4	13.9	9.6
Staff were sensitive to my cultural/ethnic background	92.3	87.6	89.2	4.3	5.5	5.4	3.4	7.0	5.4
Staff respected my family's religious/spiritual beliefs	91.7	89.2	91.2	5.2	6.3	5.5	3.1	4.4	3.3
Staff treated me with respect	93.2	91.8	95.3	4.4	3.6	1.0	2.4	4.6	3.7
Staff spoke with me in a way that I understood	94.4	91.8	95.3	4.1	4.6	1.9	1.5	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 2006. A total of 2,418 caregivers were successfully contacted to request participation in the child and family survey; 935 completed the telephone interview, resulting in a 38.7% response rate.

DEMOGRAPHIC CHARACTERISTICS

Table 2 presents demographic characteristics of the children served:

Table 2. Characteristics of Children

	Characteristic	%
Gender	• Male	63.3
	• Female	36.7
Age	• 1-4	2.0
	• 5-9	27.9
	• 10-14	47.4
	• 15 and older	18.3
	• Refused/Don't Know	4.4
Race	• White/Caucasian	43.7
	• Black or African American	46.0
	• Other	5.6
	• More than one race reported	3.5
	• Refused/Don't Know	1.1
Ethnicity	• Spanish, Hispanic, or Latino	4.6
Education	• Currently in School	95.0
	◆ Regular classroom	68.0
	◆ Special education, all or part day	27.6
	◆ Other classroom setting	4.2
	• Have repeated a grade	29.1

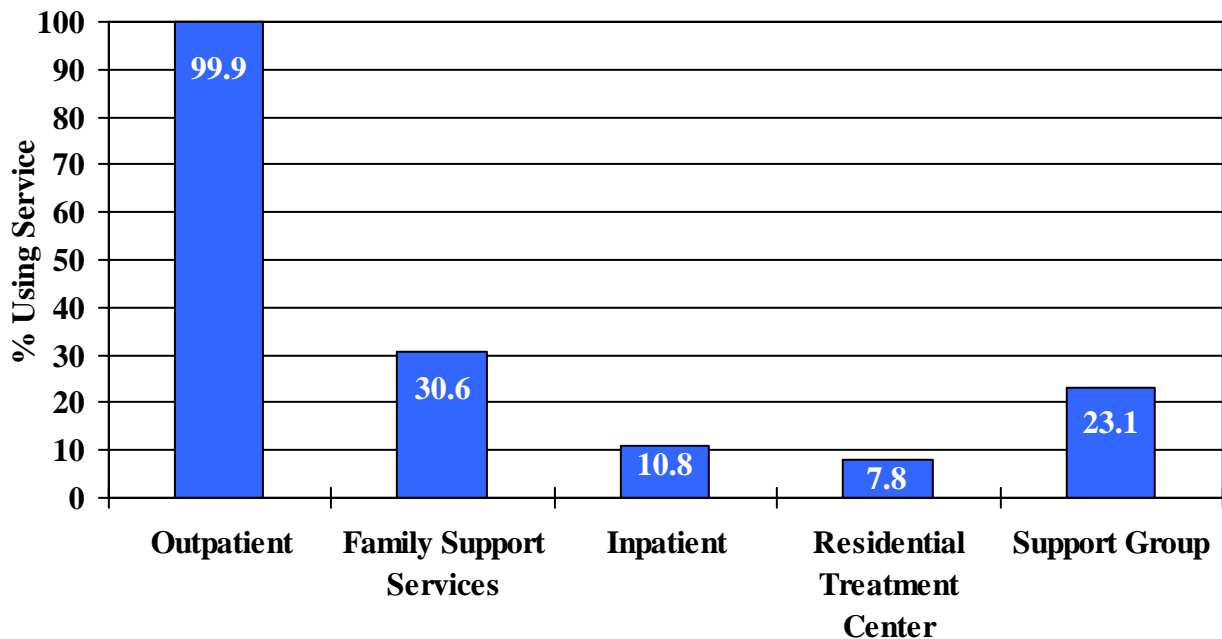
Table 3 presents demographic characteristics of the caregiver participants of the children served:

Table 3. Characteristics of Caregiver Participants

	Characteristic	%
Gender	• Male	8.8
	• Female	91.2
Age	• 21-50	69.1
	• 51-70	24.1
	• 71 and older	2.6
	• Refused/Don't Know	4.3
Race	• White/Caucasian	43.7
	• Black or African American	46.0
	• Other	5.6
	• More than one race reported	3.5
	• Refused/Don't Know	1.2
Ethnicity	• Spanish, Hispanic, or Latino	2.8
Relationship to Child	• Parent	73.2
	• Grandparent	17.8
	• Other relative	4.8
	• Other	4.2

SERVICE USE

Figure 5. Caregivers Report of Services Used by Child Consumers



Caregiver participants were asked about their child’s recent use of mental health services. Nearly all of the caregiver participants (99.9%) indicated their child had received some type of outpatient service. In addition, 30.6% reported receiving family support services, 10.8% indicated their child had stayed overnight in a hospital for an emotional or behavioral problem, 7.8% had utilized residential treatment centers, and 23.1% reported that their child had participated in a mental health support group (e.g., peer counseling).

OUTCOME MEASURES

Caregiver participants 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. Caregiver 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 percent of agreement ranged from 52.1% to 71.4% across child outcome measures, as seen in Figure 6. The 2005 and 2006 survey results for those items that were asked both years are also included in the table 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.

Per modified Federal reporting requirements, four pilot questions were added in 2006 to assess the “social connectedness” of caregivers of children. The range of agreement for these questions in 2006 was relatively high (84.9% to 90.9%) and the 2007 survey results were similar (88.7% to 91.5%).

Figure 6. Outcome Measures

Statement	Strongly Agree/Agree			Neutral			Strongly Disagree/Disagree		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
My child is better at handling daily life	66.1	65.2	64.2	16.9	18.4	14.6	16.9	16.4	21.2
My child gets along better with family members	67.7	64.9	62.4	17.1	18.3	20.8	15.3	16.8	16.8
My child gets along better with friends and other people	69.6	66.8	66.1	17.4	17.0	18.6	12.9	16.2	15.3
My child is doing better in school and/or work	64.7	65.5	63.3	16.0	16.3	18.1	19.4	18.1	18.6
My child is better able to cope when things go wrong	56.2	54.4	55.0	20.0	22.5	20.5	23.8	23.2	24.5
I am satisfied with our family life right now	66.0	66.7	65.7	14.5	15.7	13.8	19.5	17.6	20.5
My child is better able to do things he or she wants to do	71.4	70.0	-	13.5	14.8	-	15.1	15.1	-
My child is better able to control his or her behavior	52.1	52.5	54.7	23.7	21.4	19.2	24.3	26.0	26.1
My child is less bothered by his or her symptoms	59.1	58.4	57.0	17.7	21.1	19.1	23.2	20.5	23.9
My child has improved social skills	71.0	64.5	65.6	14.0	17.9	15.8	14.9	17.6	18.6
<i>As a direct result of the mental health services my child and family received:</i>									
I know people who will listen and understand me when I need to talk	88.7	84.9	-	3.7	6.8	-	7.7	8.3	-
I have people that I am comfortable talking with about my child's problems	91.5	88.7	-	2.8	4.4	-	5.7	6.9	-
In a crisis, I would have the support I need from family or friends	87.8	86.6	-	4.5	6.0	-	7.6	7.5	-
I have people with whom I can do enjoyable things	90.3	90.9	-	3.9	4.1	-	5.8	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 outcome measures. A majority of the caregiver participants (81.0%) reported agreement or strong agreement with the statement, “Overall, I am satisfied with the mental health services my child received.” This finding suggests a relatively high degree of overall caregiver participant satisfaction with mental health services provided by the PMHS to their children.

SATISFACTION WITH SPECIFIC SERVICES

Caregiver participants 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 outcome measures and satisfaction items. Caregiver participants were generally satisfied with the services provided, as Figures 7 and 8 indicate. The percent of agreement for items addressing outpatient services satisfaction exceeded 82.1% for all items except, “My family got as much help as we needed for my child” (71.0%) and “My family got the help we wanted for my child” (78.6%). Likewise, the percent of agreement for items addressing family support services satisfaction exceeded 80.4% for all items except, “My family got as much help as we needed for my child” (73.2%) and “My family got the help we wanted for my child” (77.0%). Similar to Figure 6, the 2005 and 2006 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 3.0% of caregiver participants reported that their child had attempted to get or had been referred for substance abuse services. Of those children, caregiver participants reported that 75.0% were able to access substance abuse services.

COORDINATION OF CARE

A majority of caregiver participants (96.4%) reported that their child has a primary health care provider. Likewise, a majority of caregiver participants (84.5%) reported that their child had seen their primary health care provider in the previous year. More than one-third (38.5%) of caregiver participants responded “yes” to the question, “To your knowledge, have your child’s primary medical care provider and mental health provider spoken with each other about your child’s health?” This represents an increase from 31.7% in the 2006 survey.

POLICE ENCOUNTERS AND ARRESTS

Most caregiver participants (92.4%) reported that their child had no police encounters, including arrests, either before or since beginning to receive mental health services. For those caregiver participants, however, who reported that their child had police encounters, 68.0% reported that those police encounters had either been reduced (45.8%) or stayed the same (22.2%) 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		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
I am satisfied with the services my child received	84.5	79.4	78.5	4.5	8.5	6.6	10.9	12.0	14.9
I helped choose my child's services	84.1	85.6	83.3	4.6	4.6	3.8	11.2	9.7	12.9
I helped choose my child's treatment goals	87.8	86.2	80.7	3.3	5.4	5.6	8.9	8.4	13.7
The people helping my child stuck with us no matter what	85.2	83.0	79.7	5.1	5.4	4.8	9.8	11.6	15.5
I felt my child had someone to talk to when he/she was troubled	86.3	81.2	82.4	4.4	5.6	4.1	9.3	13.2	13.5
I participated in my child's treatment	95.4	95.0	90.4	1.9	3.1	2.1	2.7	1.9	7.5
The services my child and/or family received were right for us	82.2	79.7	79.8	7.7	7.6	5.9	10.1	12.7	14.3
The location of services was convenient for us	88.1	83.3	83.1	3.8	6.1	4.0	8.2	10.5	12.9
Services were available at times that were convenient for us	85.8	82.4	81.9	4.5	7.5	6.1	9.6	10.1	12.0
My family got the help we wanted for my child	78.6	75.7	77.1	8.3	10.4	6.5	13.0	13.9	16.4
My family got as much help as we needed for my child	71.0	68.6	67.7	10.9	12.2	10.4	18.1	19.2	21.9
Staff treated me with respect	94.8	93.9	91.0	2.9	2.5	2.3	2.3	3.6	6.7
Staff respected my family's religious/spiritual beliefs	96.2	94.4	91.1	2.4	4.4	4.5	1.4	1.2	4.4
Staff spoke with me in a way that I understood	96.8	96.9	92.1	1.3	1.5	1.6	1.9	1.6	6.3
Staff were sensitive to my cultural/ethnic background	96.4	92.5	90.0	1.9	6.1	4.9	1.7	1.3	5.1
I felt free to complain	93.3	89.8	89.6	2.4	4.1	2.1	4.4	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		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
I am satisfied with the services my child received	84.6	84.1	77.6	4.5	4.1	10.3	10.9	11.9	12.1
I helped choose my child's services	84.7	85.1	82.9	4.5	8.2	5.5	10.7	6.6	11.6
I helped choose my child's treatment goals	86.5	85.1	82.8	5.3	6.2	4.9	8.1	8.7	12.3
The people helping my child stuck with us no matter what	83.3	82.0	81.7	6.5	6.5	6.7	10.2	11.4	11.6
I felt my child had someone to talk to when he/she was troubled	83.7	83.3	83.4	7.9	6.3	6.8	8.4	10.4	9.8
I participated in my child's treatment	92.7	94.2	93.2	4.0	2.9	2.5	3.2	2.9	4.3
The services my child and/or family received were right for us	80.5	84.5	83.5	10.1	6.1	4.9	9.3	9.4	11.6
The location of services was convenient for us	87.5	84.7	85.5	5.6	7.0	3.0	6.8	8.3	11.5
Services were available at times that were convenient for us	85.1	87.2	87.3	6.9	4.5	4.2	8.0	8.2	8.5
My family got the help we wanted for my child	77.0	80.4	78.6	10.9	8.6	6.7	12.1	11.0	14.7
My family got as much help as we needed for my child	73.2	71.8	67.1	10.5	11.0	13.7	16.2	17.1	19.2
Staff treated me with respect	95.6	95.5	95.8	1.6	2.0	1.2	2.8	2.4	3.0
Staff respected my family's religious/spiritual beliefs	95.3	96.8	93.3	3.8	2.7	4.0	0.9	0.5	2.7
Staff spoke with me in a way that I understood	95.6	98.8	96.4	2.8	0.8	0.6	1.6	0.4	3.0
Staff were sensitive to my cultural/ethnic background	93.2	95.4	93.3	4.6	4.1	2.7	2.1	0.5	4.0
I felt free to complain	93.2	92.6	89.3	2.0	3.7	3.1	4.8	3.7	7.6

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

V. SUMMARY

Statewide telephone surveys were administered to assess consumers' perceptions of services received through Maryland's Public Mental Health System. These surveys represent the seventh systematic, statewide assessment of consumer satisfaction and outcomes since 1997. Data collection was performed by subcontractor, REDA International, Inc., on behalf of MAPS-MD. The APS Informatics Consulting Unit performed the data analysis and documented the findings.

The survey population consisted of PMHS consumers for whom claims were received for services rendered between January and December 2006. 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.

A total of 2,221 adults was successfully contacted to request participation in the survey; 743 completed the telephone interview, resulting in a 33.5% response rate. A total of 2,418 caregivers was successfully contacted to request participation in the child and family survey; 935 completed the telephone interview, resulting in a 38.7% response rate.

Overall satisfaction with services was relatively high: 86.8% of adults and 81.0% 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 80.5% for all items except, "I was encouraged to use consumer-run programs" (74.5%) and "I, not staff, decided my treatment goals" (76.4%). The percent of agreement for items addressing psychiatric rehabilitation services satisfaction exceeded 80.7% for all items. The percent of agreement for caregiver participants of children for items addressing outpatient services satisfaction exceeded 82.1% for all items except, "My family got the help we wanted for my child" (78.6%) and "My family got as much help as we needed for my child" (71.0%). Likewise, the percent of agreement for items addressing family support services exceeded 80.4% for all items except, "My family got the help we wanted for my child" (77.0%) and "My family got as much help as we needed for my child" (73.2%).

Adult consumers' assessment of the contribution of treatment to positive outcomes of care ranged from 64.5% agreement with the statement, "My housing situation has improved" to 83.6% agreement with the statement, "In a crisis, I would have the support I need from family or friends." Caregiver participants' assessment of their child's improvement was more modest and ranged from 52.1% agreement with the statement, "My child is better able to control his/her behavior" to 71.4% agreement with the statement, "My child is better able to do things he or she wants to do." However, the range of agreement with the four measures assessing "social connectedness" of the caregiver participants themselves was quite high (87.8% to 91.5%).

Further research would contribute to a better understanding of how the wide range of variables impact satisfaction and outcomes. Additionally, the MHA/MAPS-MD 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.



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