What Do Clients Say About Mental Health Services?

As Reported by Adults, Youths, and Parents/Guardians of Children and Youth

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FY 2014 Executive Summary

Overview

As part of federal Block Grant requirements, each year the South Dakota Division of Behavioral Health (DBH) asks individuals who participated in mental health services to evaluate the services they received through a standardized survey, the Mental Health Statistics Improvement Program (MHSIP) Survey. The MHSIP survey measures concerns that are important to clients of publically funded mental health services in the areas of Access, Quality/Appropriateness, Outcomes, Overall Satisfaction and Participation in treatment. In South Dakota, three separate surveys are conducted, one for adult clients, one for youth clients, and one for family members of clients including parents, guardians, and caretakers.

The MHSIP Survey targets a random sample of individuals across South Dakota that received publically funded mental health services, stratified by provider. The Survey includes 20 questions about the respondent's perception of general satisfaction with services, voice in service delivery, satisfaction with staff, perception of outcome of services, access to services, and staff cultural sensitivity. Questions are divided into the following 5 domains.

- Access to services
- Quality or appropriateness of services
- Participation in treatment planning
- Outcomes in treatment planning
- General satisfaction with services (adults) or cultural sensitivity (youth and family)

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The *Statewide Highlights* is comprised of analysis and charts reviewing the percentage of clients whose evaluations indicate if they are satisfied, neutral, or unsatisfied with services received in 2014 compared to previous years.

Statewide Highlights

Overall Summary

Findings in 2014 were consistent with previous surveys and continue to be positive. When comparing overall ratings in 2014 with the previous five years for adults and youth respondents, there was no difference found. However, there are small positive meaningful differences for families of children and youth. This group reported a high level of overall satisfaction compared to previous years.

In 2014, respondents rated overall services as follows:

- 80% of **adult** respondents rated services positively
- 75% of **youth** respondents rated services positively
- 89% of **family of children and youth** respondents rated services positively

General Satisfaction for adults and Cultural Sensitivity for youth and family members of youth were scored the highest of the five domains.

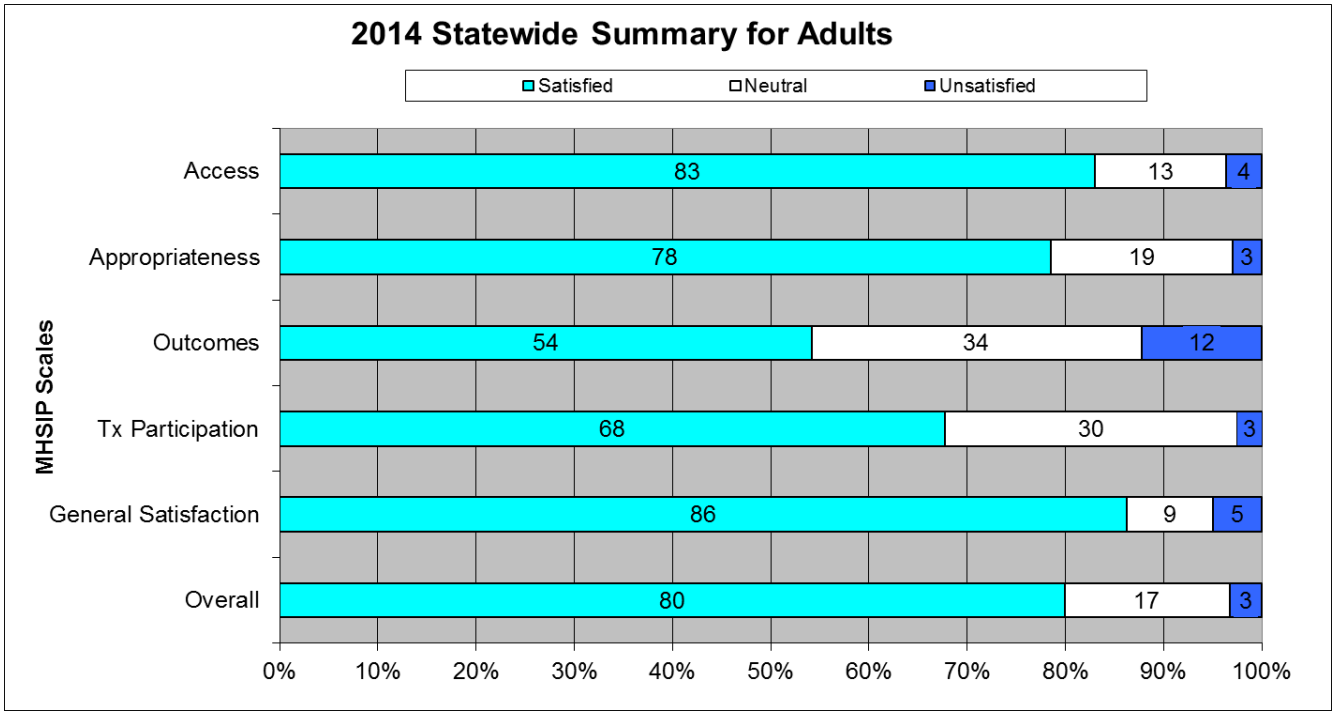
- 86% of **adult** respondents rated services positively
- 94% of **youth** respondents rated services positively
- 93% of **family of children and youth** respondents rated services positively

The domain of Outcomes had lower satisfaction rates for all respondent groups.

- 54% of **adult** respondents had positive satisfaction with outcomes, 34% were neutral and 12% were dissatisfied
- 58% of **youth** respondents had positive satisfaction with outcomes, 37% were neutral and 5% were dissatisfied
- 69% of **family of children and youth** respondents had positive satisfaction with outcomes, 24% were neutral and 7% were dissatisfied

For the domain of Outcomes it may also be useful to look at the percentage of respondents that were not satisfied, as they indicate that very few people were dissatisfied. Only 12% of adults, 5% of youth, and 7% of family of children and youth were not satisfied. The Outcomes domain does not measure actual client outcomes, but instead shows how satisfied clients are with how their services have contributed to their outcomes. The percent not satisfied for the other domains was even lower.

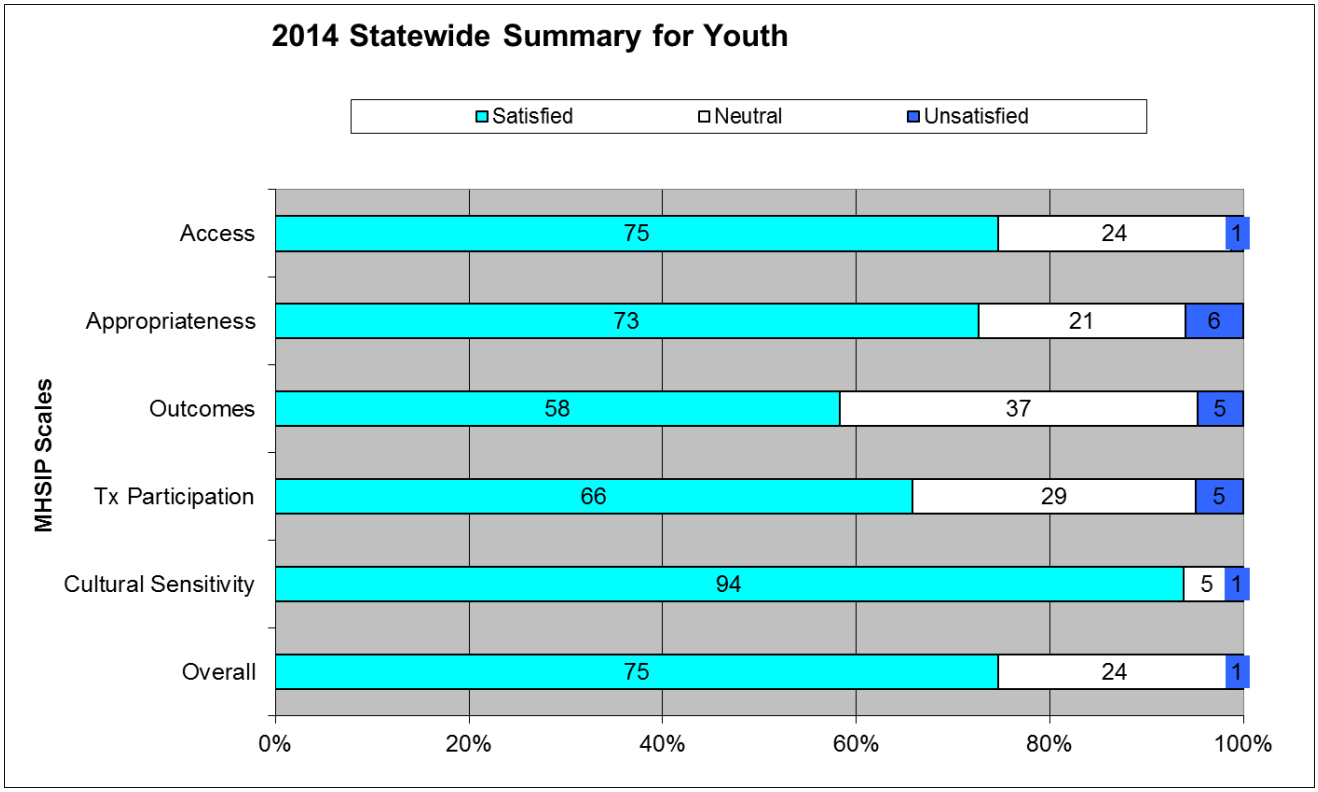
Adult Findings Statewide



According to the 2014 Statewide Summary for Adults, 80% of adults indicated overall satisfaction with the mental health services they had received. Of the five domains, General Satisfaction had the highest percentage of satisfaction amongst adults at 86% followed by Access at 83%, Appropriateness at 78%, Treatment Participation at 68%, and Outcomes at 54%.

No meaningful differences were found when comparing 2014 ratings with ratings combined from the previous five years.

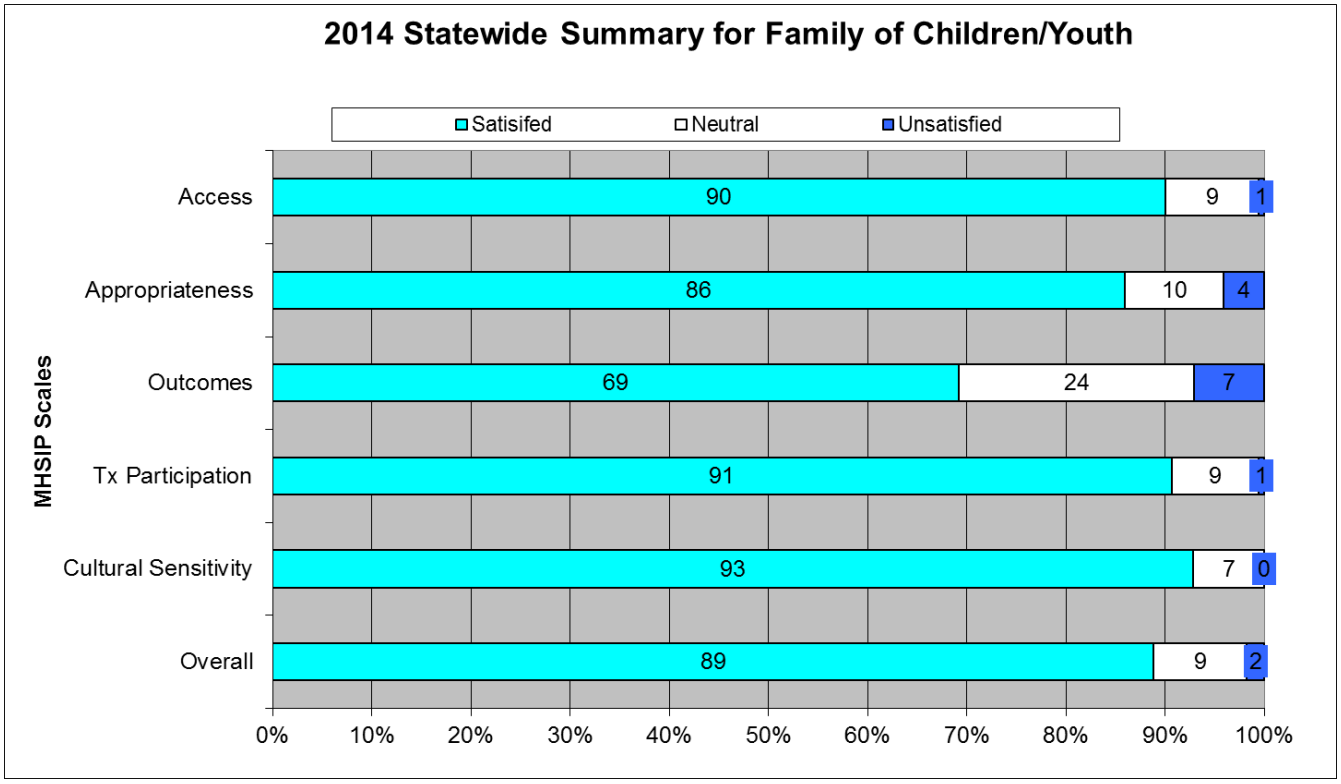
Youth Findings Statewide



According to the 2014 Statewide Summary for Youth, 75% of youth indicated overall satisfaction with the mental health services they had received. Of the five domains, Cultural Sensitivity had the highest percentage of satisfaction amongst youth at 94% followed by Access at 75%, Appropriateness at 73%, Treatment Participation at 66%, and Outcomes at 58%.

Youths' average ratings are the same in 2014 as compared with the prior five years. However, in 2014 youths rated each domain more positively when compared to 2013. The domains with the largest percent increase are Access (+10%), Treatment Participation (+9%), and Cultural Sensitivity (+12%). Overall, youths rated services 7% more positive in 2014.

Family Findings Statewide



According to the 2014 Statewide Summary for Family of Children and Youth, 89% of the family members, guardians, and caregivers of children and youth indicated overall satisfaction with the mental health services they had received. Of the five domains, Cultural Sensitivity was rated the most positive with 93% satisfied, followed by Treatment Participation at 91%, Access at 90%, Appropriateness at 86%, and Outcomes at 69%.

Family of Children and Youth's average ratings were significantly more positive this year compared to the last five years. Three of the six measures showed a small meaningful effect. Compared to 2013, the percent satisfied also increased. The domains with the largest percent increase in 2014 compared to 2013, are Access (+7%), Appropriateness (+10%), Outcomes (+6%), and Treatment Participation (+7%). Overall, family members, guardians, and caregivers of children and youth saw an increase in satisfaction of services by 10% for 2014.

Adult Health Conditions

Two questions on the adult survey ask respondents to rate the number of days in the last month that their physical health was not good, and make the same rating for mental health. These questions were developed by the Center for Disease Control (CDC) and are used in the annual population telephone survey in S.D. Compared with the general population, adult clients surveyed reported

- more than five times the mentally unhealthy days.
- about four times the physically unhealthy days.

This is significant because it demonstrates

- poorer health of clients than general population indicating appropriateness of treatment.
- health issues among clients including chronic health conditions such as diabetes and obesity and health risk behaviors such as binge drinking, smoking, and lack of health plans.

The average unhealthy days for both Physical Health Days and Mental Health Days were 10.0 and 12.4 days respectively. This represents a small increase for this year, 2014, compared to 2013, especially for Mental Health Days (increase from 2013 to 2014 of 1.5 days). However, this difference is neither statistically reliable nor is its effect size meaningful, however.

Findings by Demographic and Other Factors

Demographic variables including race/ethnicity, age group, and gender were analyzed to assess disparities in care. The majority of the demographic variables analyzed did not show meaningful differences among its groups. No major concerns were found concerning disparities in care.

Differences in other factors discriminate, such as whether a respondent was or was not forced to receive services. Clients who reported that they “chose” to receive services were substantially more satisfied. Similarly, clients who reported that they were still receiving services were also substantially more satisfied compared to those no longer receiving services.

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Introduction

The annual client survey presents findings statewide, then by, Community Mental Health Centers (s), and various demographic variables and other measures of interest, and discusses the implications of the findings. In administering the 2014 survey, respondents were sent an individual questionnaire, but were also provided an opportunity to respond to the questionnaire through an online survey platform, Survey Monkey. Figure 1 on page 2 presents a regional map of each of the eleven South Dakota CMHCs. In practice, very few respondents took advantage of the online survey.

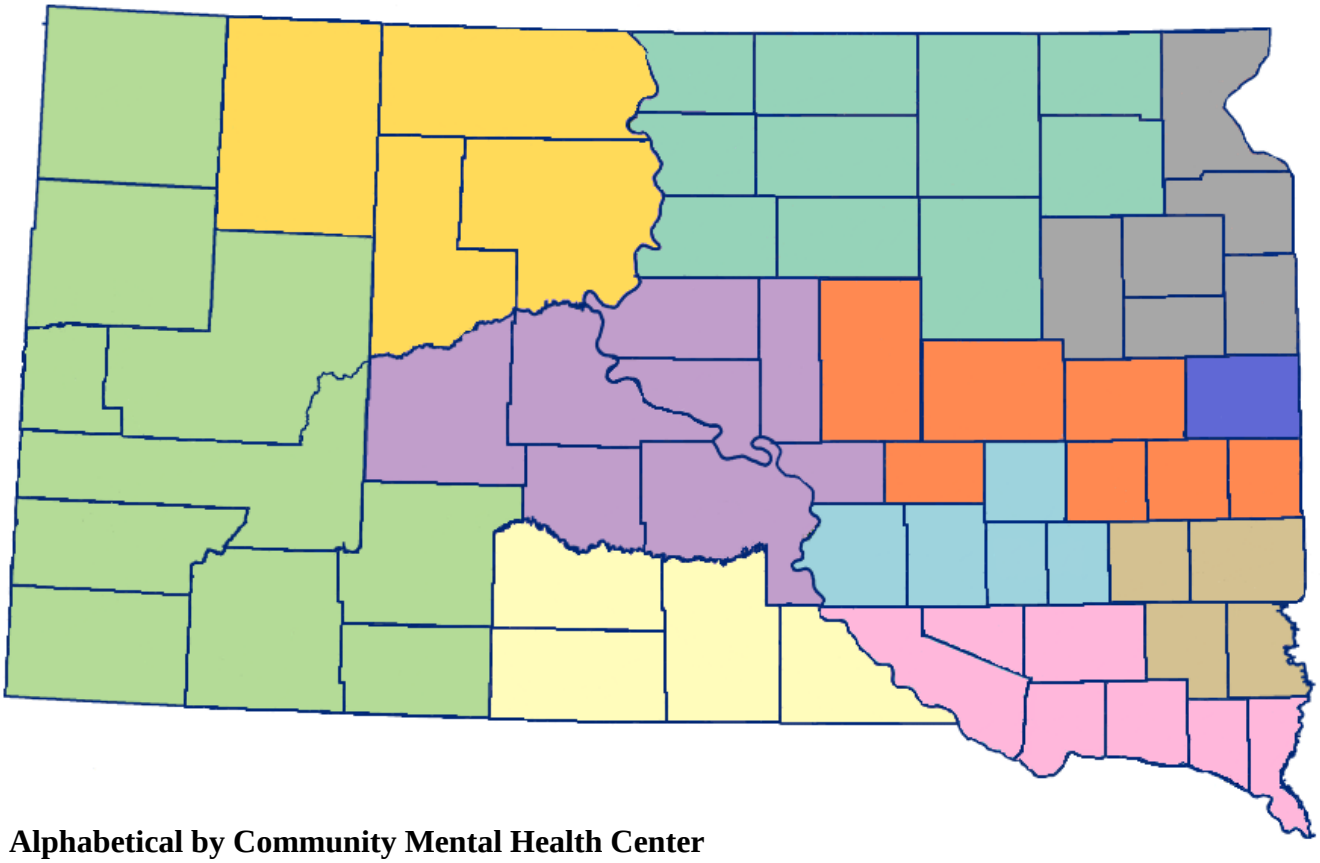
The section titled Findings Statewide contains charts representing the percentage of clients whose evaluations indicate that they are satisfied, neutral, or unsatisfied. Then for each respondent group averages are presented for each of the MHSIP domain scores and the measure MHSIP Overall for the current survey year. An analysis is then presented indicating whether and to what extent the 2014 domain scores differed from the previous five years combined.

The sections Demographic Analyses and Other Performance-Related Factors discuss a new strategy for analyzing the respondent. This method was first used in the 2013 MHSIP report. The sections present results for differences for variables like gender and race/ethnicity along with other measures known to be important for understanding MHSIP domain differences like whether a client is still receiving services at the CMHC or was forced to come receive services at the CMHC. The average responses of each level of each factor (e.g., males and females for gender) on all MHSIP measures can be found in the same section as this analysis.

The Discussion section describes the value of these client surveys and how they can be used by stakeholders. The report provides a quantitative basis for stakeholders to discuss and identify

- other indicators that would increase validity of findings.
- characteristics of high and low performing providers.

Figure 1: Regional Map of the Eleven South Dakota CMHCs



Alphabetical by Community Mental Health Center

- Behavior Management System
- Capital Area Counseling Services
- Community Counseling Services
- Dakota Counseling Institute
- East Central Mental Health Center
- Human Service Agency
- Lewis & Clark Behavioral Health Services
- Northeastern Mental Health Center
- Southeastern Behavioral HealthCare
- Southern Plains Behavioral Health Services
- Three Rivers Mental Health Center

Survey Distribution and Returns

For 2014, each of the three samples was drawn from all active clients with at least one mental health service for the three months of November 2013 through January 2014. All adult clients were identified as having a serious mental illness (SMI). All children and youth clients were identified as having a serious emotional disorder (SED). Three CMHCs, Behavioral Management System, Lewis and Clark Behavioral Health Services, and Southeastern Behavioral Healthcare, are relatively large with over 1,000 clients represented in the sample frame. Two CMCH, East Central Behavioral Health and Three Rivers MH CD Center, are relatively small with fewer than 200 clients in the sample frame. All other CMHCs had between 300 and 600 clients represented in the three distinct sample frames.

Survey instruments for adults were based on a instrument that has been implemented in many states through the MHSIP. The instrument asks clients to agree or disagree with 28 statements related to the ease and convenience with which they got services (used to compute the domain of Access), the appropriateness and quality of services (used to compute the domain of Appropriateness), the results of services (used to compute Outcomes), the client's ability to direct their own course of treatment (used to compute Treatment Participation, and whether they liked the service they got (used to compute General Satisfaction). Finally, an Overall MHSIP score is defined from the average client response to all MHSIP items.

The survey instruments sent to youth and family of children and youth were based on a version of an instrument designed for youth and for family members/caretakers of youth that has been implemented in many states through the MHSIP. The two survey instruments are identical except for wording changes that made it clear that the youth were answering questions about themselves, while the respondent to the Family of Children and Youth Survey were answering questions about "their" child or youth. Thus youth clients along with family of children and youth were asked to agree or disagree with 21 statements related to the ease and convenience with which they received services (Access), the quality of services (Appropriateness, renamed from Satisfaction), results of services (Outcomes), ability to direct their own course of treatment (Treatment Participation) and staff sensitivity to their background/culture (Cultural Sensitivity). Like the Adult Surveys, an Overall MHSIP score for each client is computed as well as a score for each of the five MHSIP domains. A MHSIP score is computed only if two-thirds or more of the questions that comprise the score were answered, otherwise that scale was left blank.

Adult Survey scores range from a low of one (the most positive response) to a score of five (the least positive response). The Youth Survey scale was reversed, with one being the least positive and five being the most positive response. For this report, youth scores have been transformed for consistency of presentation. Thus for all three surveys a client whose domain score was less than 2.5 was defined as having been 'satisfied' with respect to that domain. A client with a score of 2.5 to 3.5 on a scale was defined as 'neutral', and a client with a score higher than 3.5 was considered unsatisfied with respect to that domain.

Adult Sample

For adult clients of mental health services, 1,040 surveys were sent out to a potential population of 4,029 clients who were 18 years of age or older and met the criteria for SMI. Adult clients at 62 different addresses were not included, either because the nature of their residence made them ineligible for the survey or because they had requested that they not be mailed a survey.

Of the 1,040 surveys sent, 182 were returned as undeliverable because of a bad address; some of these were subsequently forwarded to a new address. If half of these were forwarded this would mean that there were 949 possible returns. Surveys were returned by 279 individuals, including 10 adults who filled out the questionnaire online using Survey Monkey. This is a return rate of netting a return rate of 29.3%. This was a very respectable return rate, about 2% higher than 2013 and about the same as 2012. See Table 1 below for information about returns for this and for previous years.

Adult clients were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains. Of those 279 mental health clients who returned the survey, 265 met this additional set of criteria. This included 7 of the 10 respondents who filled out the questionnaire online.

Thus overall the return completion rate was 27.9%. This is about 4.5% higher than last year's percentage.

Table 1: Adult Sample of Survey Statistics by CMHC through 2014

CMHC	Years 1999-2008 Total	Year 2011 Usable Returns	Year 2012 Usable Returns	Year 2013 Usable Returns	Year 2014 Mailed Surveys	Year 2014 Delivered Surveys (estimated)	Year 2014 Usable Returns	2014 % Completed Usable Surveys
Behavior Management Systems	237	34	29	19	100	90	29	32.2%
Capital Area Counseling Services	224	30	25	12	100	96	30	31.3%
Community Counseling Services	256	30	18	25	100	93	20	21.5%
Dakota Counseling Institute	182	29	20	19	100	86	21	24.4%
East Central Behavioral Health	179	12	21	11	100	82	15	18.3%
Human Service Agency	211	33	21	24	100	98	27	27.6%
Lewis & Clark Behavioral Health Services	188	22	27	30	100	92	31	33.7%
Northeastern Mental Health Center	234	18	35	31	100	92	31	33.7%
Southeastern Behavioral HealthCare	267	36	23	28	100	91	32	35.2%
Southern Plains Behavioral Health Services	200	16	27	11	100	90	18	20.0%
Three Rivers Mental Health Center	72	20	14	7	40	39	11	28.2%
Totals	225/av	280	260	217	1,040	949	265	27.9%

Table 1 shows the number of completed surveys from those who were SMI only for each CMHC. For the year 2014 the number of completed surveys varied from 11 to 31 (see column *Year 2014 Usable Returns*). The completion percentages varied from a low of 18.3% to a high of 33.7%. As can be seen from comparing the numbers of usable returns for the past few years, results were a more even distribution than in 2013.

All surveys were connected to a CMHC. With one exception, all CMHCs had at least 15 returns (the minimum preferred).

Youth Sample

In 2014, 753 clients were sampled out of a client population of 947 youth who were 13 to 17 years of age while receiving services. Youth clients at 27 different addresses were not included, either because the nature of their residence made them ineligible for the survey or because they had requested that they not be mailed a survey.

Out of 753 surveys sent out 116 surveys were returned as undeliverable because of a bad address; some of these were subsequently forwarded to a new address. If half of these were forwarded, this would mean that there were 695 possible returns. Surveys were returned by 88 youth, for a return rate of 12.7%, an increase of about 1% from last year. None of these surveys were filled out using Survey Monkey.

Youth were included in the subsequent analyses only if they had completed sufficient items to compute at least two of the MHSIP domains or at a minimum the domain of Outcomes. 85 youth, all but three of the 88 respondents, met at least one of the two criteria. This represents a return completion rate of 12.2%, an increase of about 2% from last year.

Table 2: Youth Sample of Survey Statistics by CMHC through 2014

CMHC	Years 2001 – 20010 Usable[1]	Year 2011 Use-able	Year 2012 Use-able	Year 2013 Use-able	Year 2014 Mailed	Year 2014 Delivered (estimated)	Year 2014 Use-able	Year 2014 % Use-able
Behavior Management Systems	132	9	13	10	100	92	11	12.0%
Capital Area Counseling Services	81	7	9	5	99	93	11	11.8%
Community Counseling Services	79	5	7	6	58	55	10	18.2%
Dakota Counseling Institute	163	9	19	5	25	23	4	17.4%
East Central Behavioral Health	29	1	4	1	21	19	2	10.5%
Human Service Agency	93	7	4	8	67	66	5	7.6%
Lewis & Clark Behavioral Health Services	172	12	12	5	100	89	10	11.2%
Northeastern Mental Health Center	150	13	8	5	92	83	9	10.8%
Southeastern Behavioral HealthCare	101	11	9	8	100	90	7	7.8%
Southern Plains Behavioral Health Services	79	7	9	9	71	65	12	18.5%
Three Rivers Mental Health Center	40	6	8	5	20	19	4	21.1%
Totals	112/av	87	102	67	725	694	85	12.2%

Table 2 shows the number of surveys completed for each CMHC for the fourteen years the youth survey has been conducted. Of those delivered this year, CMHC completion rates varied from a low of 7.6% to a high of 21.1%. None of the CMHCs had 15 or more usable returns from their clients. East Central Behavioral Health was the CMHC with the second smallest youth client population (n = 21) behind Three Rivers Mental Health Center. East Central Behavioral Health had the smallest number of surveys that were deliverable (n = 19 estimated) and had only 2 usable surveys returned.

[1] Information on the returns for years 2001 thru 2010 was collapsed. See reports from previous years to see the exact counts for each year.

Family of Children and Youth Sample

In 2014, 985 child and youth clients were chosen out of a client population of 2,865. Parents/Guardians of children and youth at 30 different addresses were not included, either because the nature of their residence made them ineligible for the survey or because they had requested that they not be mailed a survey.

Out of these 985 surveys sent out, 164 surveys were returned as undeliverable because of a bad address; some of these were subsequently forwarded to a new address. If half of these were forwarded this would mean that there were 903 possible returns. Surveys were returned by 179 family members, a return rate of 20.4%. This included 8 respondents who filled out the questionnaire using Survey Monkey. This represents about a 3% increase compared to the return rate from last year; this is an excellent return rate for this population.

Returns were included in the subsequent analyses only if the family member or caretaker had completed sufficient items to compute at least two of the MHSIP domains. One-hundred seventy-two (172) respondents did this, netting a return completion rate of 19.0%, a substantial increase from last year. Four of the eight respondents using Survey Monkey completed the survey.

Table 3 Family Sample of Survey Statistics by CMHC through 2014

CMHC	Years 2003 – 2008 Useable[2]	Year 2009 Usable	Year 2010 Usable	Year 2011 Usable	Year 2012 Usable	Year 2013 Usable	Year 2014 Mailed	Year 2014 Delivered (est.)	Year 2014 Usable	Year 2014% Usable
Behavior Management Systems	146	17	24	13	10	15	100	93	20	21.5%
Capital Area Counseling Services	121	15	15	13	8	11	100	92	10	10.9%
Community Counseling Services	147	22	22	16	12	12	100	92	23	25.0%
Dakota Counseling Institute	106	11	21	22	26	17	83	74	21	28.4%
East Central Behavioral Health	38	4	7	9	6	2	47	38	1	2.6%
Human Service Agency	111	12	13	9	12	16	100	97	22	22.7%
Lewis & Clark Behavioral Health Services	158	15	16	12	25	13	100	96	16	16.7%
Northeastern Mental Health Center	152	18	17	27	11	11	100	97	17	17.5%
Southeastern Behavioral HealthCare	138	11	9	13	9	9	100	90	12	13.3%
Southern Plains Behavioral Health Services	86	16	24	19	11	16	100	88	15	17.0%
Three Rivers Mental Health Center	108	14	17	14	13	14	55	53	15	28.3%
Total	218/av	155	185	167	143	136	985	910	172	18.9%

Table 3 shows the number of surveys completed for each CMHC for Years 2003 through 2014. CMHC completion rates this year varied from 2.6% to 28.4%.

Three of the eleven CMHCs had fewer than 15 usable returns from their clients, with East Central Behavioral Health having only one usable return.

Survey Distribution and Returns Summary

Return rates for adult and family of children and youth surveys were very acceptable. Return rates for the youth survey showed a small improvement but remained below 15%.

Precise estimates of sample response rates were not available for the last two years because the figures on surveys returned included an unknown number of surveys in each sample whose survey was forwarded to a new address after being returned.

[2] Information on the returns for years 2003 thru 2008 was collapsed. See reports from previous years to see the exact counts for each year.

There were an estimated 949 Adults Surveys delivered and 279 surveys returned providing a very respectable 29.3 % return rate. Of the 279 mental health clients who returned the survey, 265 filled out enough of the MHSIP items to be included in the final sample for a return completion rate of 27.9%.

For youth clients, there were an estimated 695 youth in the sample and only 88 returned, resulting in a return rate of 12.7%. While the response rate for the youth sample has shown a generally downward trajectory over the last number of years, this year showed an increased response rate. The number of surveys returned (88) and usable (85) showed an improvement from last year of 10 surveys returned and 18 usable surveys.

The Family of Children and Youth Surveys had an estimated sample of 903 delivered surveys and 179 surveys returned for a return rate of 20.4%. Of these 172 completed enough MHSIP items to be usable, for a return completion rate of 19.0%. This is a very respectable return rate for this population.

The number of respondents who elected to fill out the questionnaire online was very low for all three surveys. The number who completed online questionnaires was also lower than would be considered ideal.

Statewide MHSIP Summary

The statewide findings from the three MHSIP Surveys for 2014 indicate that clients are generally satisfied with services received. Adult clients reported approximately 80% satisfaction overall, family of children and youth respondents close to 90%, and youth around 75% general satisfaction overall.

For the two client groups of survey respondents, adults and youth, a comparison of 2014 with the preceding five years for the three survey groups shows no meaningful difference in levels of satisfaction on any of the MHSIP domains or on MHSIP Overall. Family of children and youth respondents, however, did show a small, meaningful positive difference on most of the MHSIP domains and on MHSIP Overall. That is, their degree of satisfaction was more positive this year than was the case over the preceding five years.

Adult Assessment of Services Statewide

Figure 2: Adult Assessment of Services Statewide

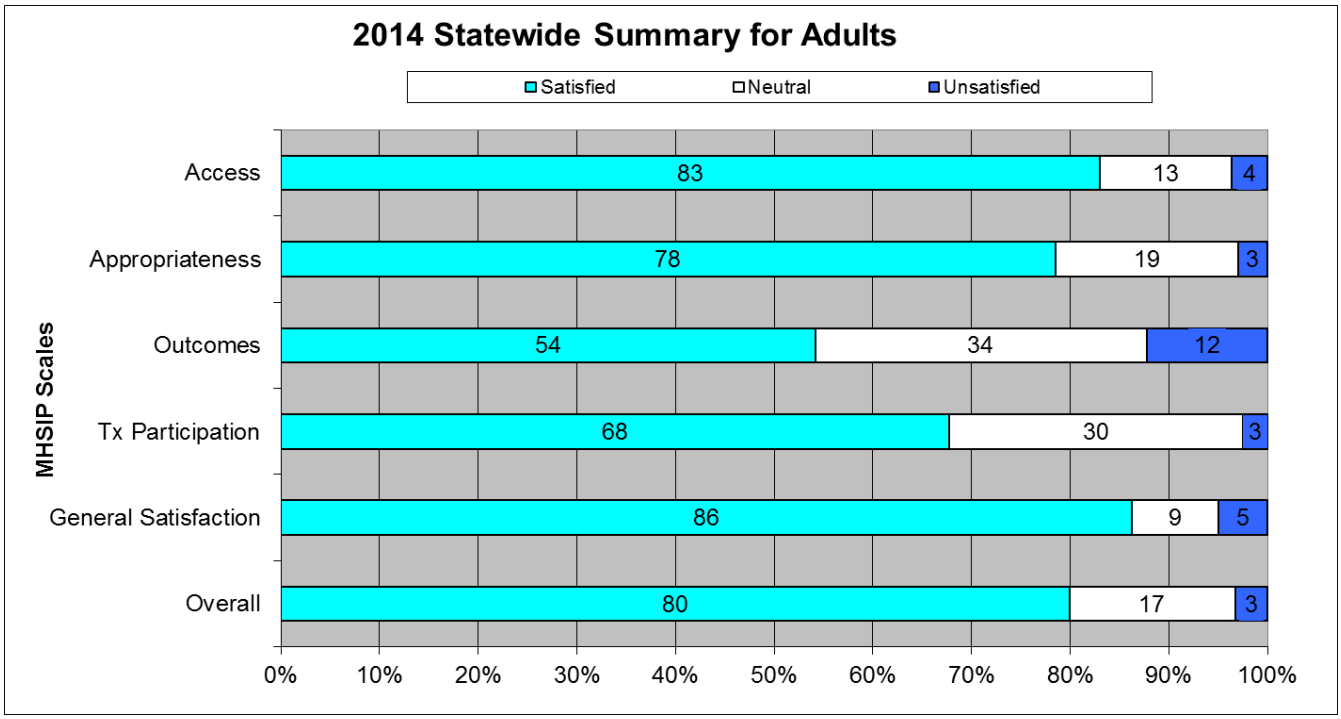


Figure 2 presents adult client evaluations for the 265 respondents in 2014. This chart summarizes the percentage of respondents whose evaluations indicated that they were satisfied, neutral, or unsatisfied for each of the MHSIP domains. Adults reported positive evaluations overall and for all five domains, and are especially positive for General Satisfaction (86% positive). The domain of Outcomes is the lowest rated domain (54% positive) followed by Treatment Participation (68% positive).

Table 4: Adult Responses in 2014 Compared with the Prior Five Years

	Average Score			Std. Dev.	
Adults	2014	5 Preceding Years	Difference	5 Years	p-value / effect size
Access	1.95	1.91	-0.04	0.77	Non-significant
Appropriateness	2.01	1.98	-0.03	0.73	Non-significant
Outcomes	2.48	2.36	-0.12	0.84	p<.05 / not meaningful
Participation in Tx Planning	2.01	2.01	+0.00	0.81	Non-significant
Satisfaction	1.78	1.82	+0.05	0.91	Non-significant
Overall	2.10	2.05	-0.05	0.67	Non-significant

While percentages are intuitively easier to understand, average scores are used to make comparisons among these areas of interest. The averages for the current year are shown in the second column of Table 4. Adult clients consistently have rated the Outcomes domain least positively. The domain of General Satisfaction has generally been rated the most positive or close to the most positive. All other domain scores do not differ from each other.

Do Adults Evaluate Services Differently in 2014 Compared with Prior Years? Table 4 compares the average scores for 2014 with the average over the prior five years. Columns Average Score and Difference show the averages and difference between 2014 and the preceding five years. A plus indicates greater satisfaction this year compared to the previous five years while a minus indicates less satisfaction this year compared to previous years.

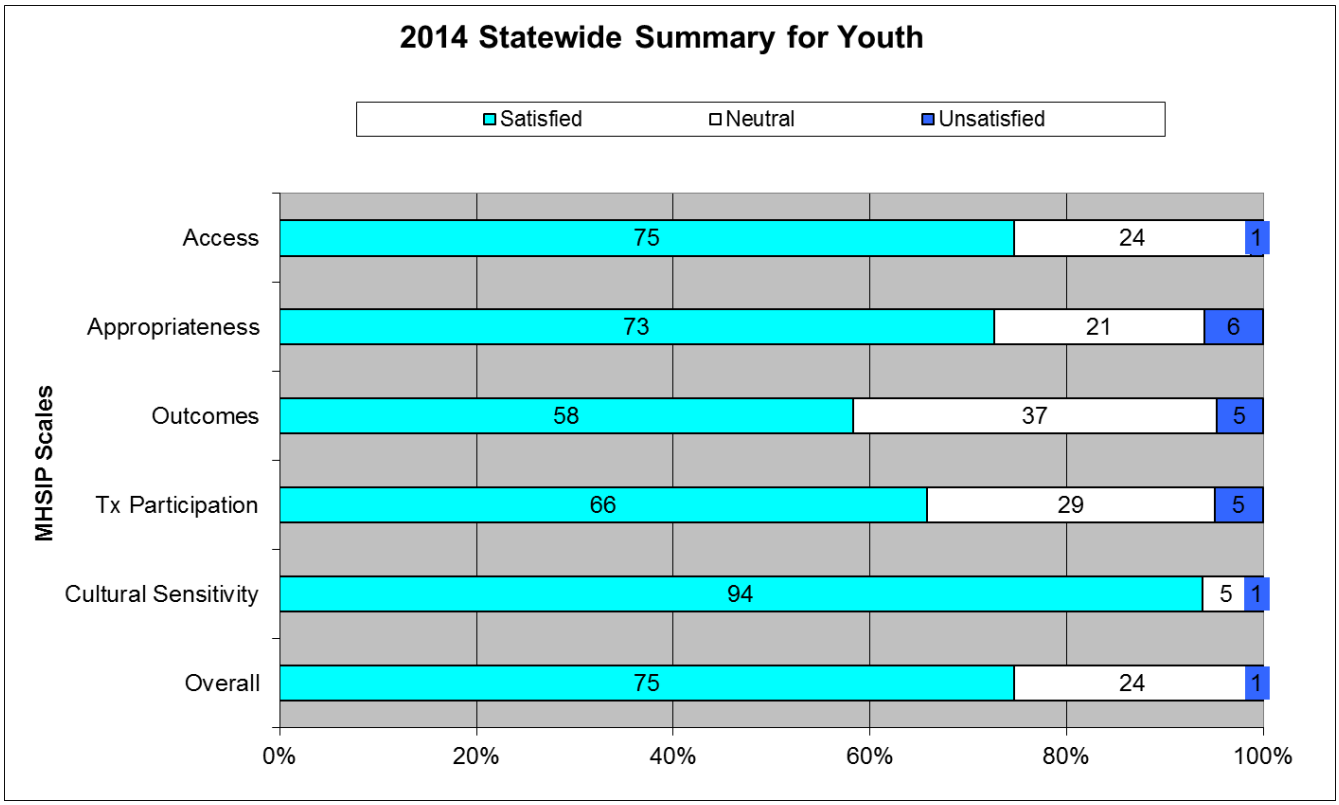
In order to answer whether adults evaluate services differently in 2014 compared to prior years, the average domain scores in 2014 were compared with the previous five years combined. The differences between ratings for the current year and the preceding five years are very small ranged from -0.12 to +0.05. As shown in Table 4 on page 9, there are no statistically significant differences between 2014 domain ratings and the average of the previous five years for any of the domains with the exception of Outcomes.

There were reliable differences in the domain of Outcomes. The average scores for this domain for this year's respondents compared to those for the preceding five years were 2.48 vs. 2.36 respectively. This is statistically significant ($p<.05$), though it does not represent a clinically meaningful difference.

Youth Assessment of Services Statewide

Before presenting the results for this year's assessment of youth we should point out that while the number of youth respondents rose, the number is still quite small. This year 85 youth met the criteria of having scores for at least two of the five domains necessary for being included in the analysis or at least had a score in the domain of Outcomes. Given the low number of youth respondents, youth with scores in only the Outcome domain from all years were again included in the analyses below. None of the other domains showed a similar pattern of having a score in that one domain only.

Figure 3: Youth Assessment of Services Statewide



Using this strategy on the youth sample resulted in a relatively substantial addition of respondents. Since none of the other two sample groups showed a similar pattern, no other adjustments were made.

Figure 3 presents youth evaluations for respondents in 2014. This chart summarizes the percentage of respondents whose evaluations indicated that they were satisfied, neutral, or unsatisfied for each of the MHSIP domains. Youths report positive evaluations overall and for all five domains. They are especially positive about Cultural Sensitivity (94% positive). Outcomes is the lowest rated domains (58% positive) followed by Treatment Participation (66% positive). There is little difference in the ratings among the other three domains (Access, Quality/ Appropriateness, and Cultural Sensitivity).

Table 5: Youth Responses in 2014 Compared with the Prior Five Years

	Average Score			Std. Dev.	
Youth	2014	5 Years	Difference	5 Years	p-value
Access	1.95	1.98	+.03	0.43	Non-significant
Appropriateness	2.10	1.99	-0.11	0.77	Non-significant
Outcomes	2.36	2.29	-0.07	0.76	Non-significant
Participation in Tx Planning	2.21	2.20	-0.01	0.82	Non-significant
Cultural Sensitivity	1.68	1.75	+.07	0.69	Non-significant
Overall	2.10	2.06	-0.04	0.62	Non-significant

The averages for the current year are shown in the second column of Table 5.

Do Youth Evaluate Services Differently in 2014 Compared with Prior Years? In order to answer whether youths evaluate services differently in 2014 compared with prior years, the average domain scores in 2014 were compared with the previous five years combined. The magnitude of the differences ranged from – 0.11 to 0.07. Given these small differences, a statistical comparison indicates there are no significant differences. Thus youth were not reliably more positive or more negative on the MHSIP measures in 2014 compared with the prior five years.

Family of Children and Youth Assessment of Services Statewide

Figure 4: Family of Children and Youth Assessment of Services Statewide

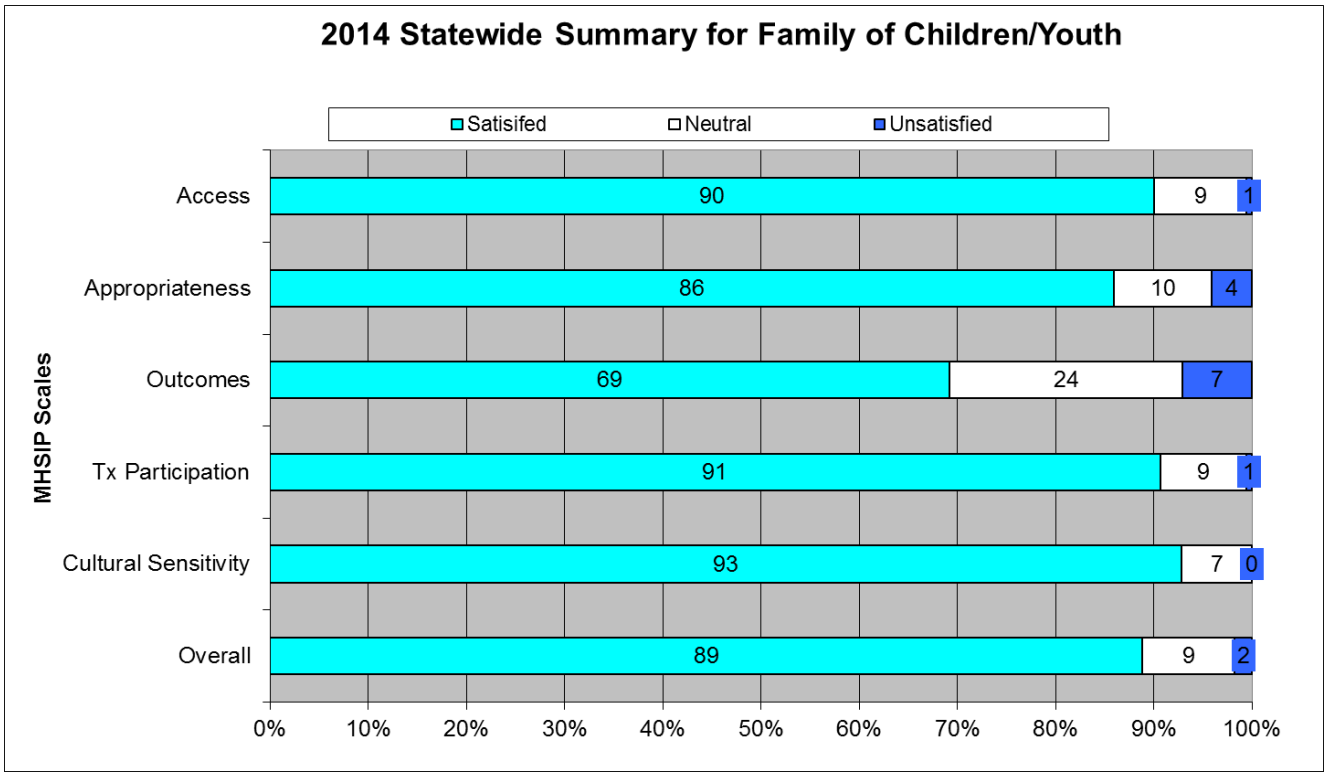


Figure 4 presents family of children and youth client evaluations for respondents for 2014. This chart summarizes the percentage of respondents whose evaluations indicated that they were satisfied, neutral, or unsatisfied for each of the MHSIP domains. Family members reported positive evaluations overall and for all five domains, and are especially positive for Cultural Sensitivity (93% positive). The domain of Outcomes is the lowest rated domain (69% positive).

Table 6: Family Responses in 2014 Compared with the Prior Five Years

	Average Score			Std. Dev.	
Family	2014	5 Years	Difference	5 Years	p-value/effect size
Access	1.58	1.76	+0.18	0.90	<.01/small effect
Appropriateness	1.80	1.94	+0.14	0.80	<.05
Outcomes	2.13	2.35	+0.22	0.84	<.01/small effect
Participation in Tx Planning	1.65	1.86	+0.21	0.77	<.01/small effect
Cultural Sensitivity	1.53	1.63	+0.10	0.63	non-significant
Overall	1.81	1.97	+0.16	0.62	<.01/small effect

The averages for the current year are shown in the second column of Table 6.

Do Family Members Evaluate Services Differently in 2014 Compared with Prior Years? Table 6 compares the average scores for 2014 with average scores over the prior five years. In order to answer whether family of children and youth evaluated services differently in 2014, the average domain

scores in 2014 were compared with the previous 5 years of data. The difference between ratings from the current year and the proceeding five years ranged from +0.10 to +0.22.

As shown in Table 6 on page12, all differences were reliably different with the exception of the domain of Cultural Sensitivity, and were more positive in 2014 compared with the prior five years.

Adult Health-related Quality of Life

Four items in the adult survey questionnaire assess health-related quality of life (HRQOL). The HRQOL measure was developed by the federal Center for Disease Control (CDC) and is used in the annual population telephone survey in the state (the Behavioral Risk Factor Surveillance System http://www.cdc.gov/hrqol). Respondents are asked to 1) rate their general health on a 5-point scale from 1 = 'excellent' to 5 = 'poor', 2) rate the number of days in the last month that their physical health was not good, 3) make the same rating for mental health, and 4) rate the number of days in the last month that poor physical or mental health kept the respondent from doing their usual activities.

The HRQOL measures allow for comparison between client responses and the general household population. The average unhealthy days reported in the survey are compared with the CDC BRFSS survey for South Dakota in Table 7. South Dakota mental health clients show

- more than three times the physically unhealthy days as the general population.
- almost five times the mentally unhealthy days as the general population.

This is significant notwithstanding the differences in survey methods. The significance is twofold;

1. Findings demonstrate the poorer health of clients compared with the general population indicating appropriateness of treatment, and
2. Findings point towards health issues among clients, including chronic health conditions and health risk behaviors.

These findings identify health issues among clients through extensive BRFSS research associating increased mentally unhealthy days with chronic health conditions such as diabetes and obesity as well as health risk behaviors such as binge drinking, smoking, and lack of health plans.

The results of the findings since 2010 can be found in Table 7 below. The average unhealthy days for both Physical Health Days and Mental Health Days increased this year, especially for Mental Health Days (increase from 2013 to 2014 of 1.5 days). This difference is neither statistically reliable nor is its effect size meaningful, however.

Table 7: Unhealthy Physical and Mental Days

	Client Survey			CDC BRFSS Survey for S.D.		
		Unhealthy Days			Unhealthy Days	
Year	Number of Respondents	Mean Physical	Mean Mental	Number of Respondents	Mean Physical	Mean Mental
2010	263	9.4	12.2	6,429	2.7	2.3
2011	279	9.2	11.3	N/A		
2012	260	9.4	11.8			
2013	217	9.8	10.9			
2014	258	10.0	12.4			

Demographics and Other Performance-Related Factors

Demographic survey data are analyzed each year for possible disparities in care for all three respondent samples. If one group of clients reported different access to services, or outcomes for instance, then stakeholders would want to discuss why that might be and whether some intervention was needed.

Other performance related factors are also considered in this section. These include reasons identified by clients for getting services, whether still receiving services, and for adults, work status. These data show differences among groups that are difficult to interpret and may in fact be uninterpretable. They provide data for discussion among stakeholders.

This year these indicators will, for the second time, be analyzed in a way analogous to the analyses done above for CMHCs. That is, they will be analyzed to see whether various groups differ to a meaningful extent when compared with the state mean. An example of this, described in the following section for adult clients, is whether either of the two gender groups differs from the state mean on any of the measures. The average scores for each group will be included in the same table as the effect sizes to make it easier to interpret the finding being reported.

The Effect Size of a Difference

The Effect Size is a standardized score widely used to assess if differences are or are not meaningful in a “clinical” sense or in the “real world”. In the case of comparing two means to each other the Effect Size is calculated by computing the mean difference found between two groups of interest and then dividing by the pooled Standard Deviation. By convention there are cutoffs that indicate the magnitude of the difference. An Effect Size (ES) of 0.20 indicates a small but meaningful difference; an ES of 0.50 indicates a medium difference, and ES of 0.80 indicates a large difference.

What is meant by the terms 'small', 'medium' and 'large' referred to above? In Cohen's terminology, a small effect size is one in which there is a real effect -- i.e., something is really happening in the world -- but which you can only see through careful study. One common example given to illustrate this is the difference in height between 15-year old and 16-year old girls. This is a real difference but is probably not large enough to be readily noticeable.

A 'medium' effect size is an effect which is big enough, and/or consistent enough, that you may be able to see it “with the naked eye”. One commonly used illustration is the difference in height, on average, between 14-year old and 18-year old girls.

A large effect size “hits you between the eyes”. For example, just by looking at a room full of people, you'd probably be able to tell that on average, the men were taller than the women -- this is what is meant by an effect which “hits you between the eyes”. A large effect size is one which is very substantial.

Data Analysis Steps

The most recent six years of survey data was again used for the analysis. This means that compared to last year’s survey data, the oldest year was dropped and data from this current year’s survey was added.

The Effect Size of the difference between the CMHC and the Statewide Average is generated for each measure and each client sample by

- calculating the difference between the CMHC and the Statewide average scores.
- dividing the difference by the Statewide standard deviation.

Adult Clients

Evaluation of Services by Gender:

Table 8 shows the average scores for males and females on each of the MHSIP domain scores and MHSIP overall. The first two rows show the standard scores for each measure and the approximate number of valid scores for each gender (this varies by measure). The subsequent rows show the average score for each measure by gender and for the total sample.

Small differences from the state average exist, alternating between males and females. None of these effects are meaningful (the magnitude of the largest effect size is less than .10). That is, no difference was found on MHSIP measures for the comparison of males and females when compared to the state average. As expected the average differences between males and females are small as well.

Table 8: Adult MHSIP Difference by Gender by Standard Scores and Averages

Gender	Access	Appro-priateness	Outcomes	Part. in Tx Planning	General Satisfaction	MHSIP Overall
Male (n ≈ 625)	0.04	-0.03	0.05	-0.08	-0.03	0.01
Female (n ≈ 885)	-0.03	0.02	-0.04	0.06	0.02	-0.01
Male averages	1.88	2.00	2.34	2.08	1.84	2.06
Female averages	1.94	1.97	2.41	1.96	1.80	2.07
Total sample	1.92	1.98	2.38	2.01	1.81	2.06

Evaluation of Services by Age Group:

Table 9 shows the average scores for the three adult age groups on each of the MHSIP domain scores and MHSIP Overall. The first three rows show the standard scores for each measure and the approximate number of valid scores for each age group (this varies by measure). The subsequent rows show the average score for each measure by age group and for the total sample.

The 65+ age group consistently reports scores that indicate this group is more satisfied (scores on average above the state mean). In particular for this group the domains of Access and Outcomes and the measure MHSIP Overall are all substantially more positive than respondents in the other two age groups. By contrast none of the standard scores for the other two age groups come close to meaningful deviating from the state average; as would be expected the means for these two age groups are quite similar to each other as well.

Table 9: Adult MHSIP Differences by Age Group by Standard Scores and Averages

Age Group	Access	Appro-priateness	Outcomes	Part. in Tx Planning	General Satisfaction	MHSIP Overall
18 – 34+ (n ≈ 236)	-0.04	0.06	0.02	0.06	-0.09	0.00
35 – 64+ (n ≈ 1126)	-0.02	-0.02	-0.04	-0.01	0.00	-0.03
65 on up n ≈ 152)	**0.21**	0.08	**0.28**	0.00	0.14	**0.22**
18 – 34+	1.95	1.94	2.36	1.97	1.89	2.06
35 – 64+	1.93	2.00	2.41	2.02	1.82	2.08
65 on up	**1.75**	1.92	**2.14**	2.01	1.69	**1.91**
Total Sample	1.92	1.98	2.38	2.01	1.81	2.06

Evaluation of Services by Race/Ethnicity Group:

Table 10 on page 16 shows the average scores for the three adult race/ethnicity categories (White non-Hispanic, Native American, other non-White) on each of the MHSIP domain scores and MHSIP Overall. The first three rows show the standard scores for each measure and the approximate number of valid scores for each age group (this varies by measure). The subsequent rows show the average score for each measure by race/ethnicity group and for the total sample.

White non-Hispanics, by far the largest group of respondents, have average scores that hover right around 0; this would be expected given that they represent by far the largest part of the respondent population. Each group's averages in the Table 10 on page 16 provide an additional way to see how these three groups differ.

Depending on the measure Native Americans, the second largest group, score on both sides of the state mean. None of these mean standard scores are meaningful effect sizes, however. The Other non-White group, the smallest group with only 71 respondents, also appeared on both sides of the state means. The only difference of interest is that both Native Americans and Other non-white respondents reported that they were more satisfied with their outcomes on average than White non-Hispanics. These differences were slightly below the number needed to conclude that there was a small but meaningful effect size. Nor were the average differences between groups statistically reliable.

Table 10: Adult MHSIP Differences by Race/Ethnicity by Standard Scores and Averages

Race/ Ethnicity	Access	Appro-priateness	Outcomes	Part. in Tx Planning	General Satisfaction	MHSIP Overall
White non-Hispanic (n ≈ 1338)	0.01	0.00	-0.02	0.01	0.01	0.00

Native American (n ≈ 105)	-0.14	0.05	0.17	-0.07	-0.02	0.04
Other non-While (n ≈ 71)	-0.03	-0.11	0.16	-0.06	-0.12	-0.02
White non-Hispanic	1.91	1.98	2.40	2.01	1.81	2.06
Native American	2.02	1.95	2.24	2.07	1.82	2.04
Other non-While	1.94	2.06	2.25	2.06	1.92	2.07
Total Sample	1.92	1.98	2.38	2.01	1.81	2.06

Evaluation of Services by Work Status:

Table 11 on page 18 shows the average scores based on whether the respondent reports working for money for each of the MHSIP domain scores and MHSIP Overall.

Those who report working for money consistently score above the state average on all six measures. This is, of course, reflected in the averages of the measures for these two groups as well.

There was only one domain where the magnitude of the effect size was large enough (e.s. = 0.19) to state that there was a meaningful difference between the two groups. For the Outcomes domain those who reported that they were working reported meaningfully higher satisfaction with their outcomes than did the substantially larger group who was not working. The differences on average between the two groups was also substantial (means of 2.24 and 2.43 respectively, $p<.001$).

Table 11: Adult MHSIP Differences by Whether Working for Money by Standard Score and Averages

Reports Working for Money	Access	Appro-priateness	Outcomes	Participa-tion in Tx Planning	General Satisfaction	MHSIP Overall
Yes (n ≈392)	0.09	0.13	**0.19**	0.09	0.08	0.14
No (n ≈ 1109)	-0.04	-0.04	-0.05	-0.04	-0.03	-0.05
Yes	1.85	1.89	**2.24**	1.94	1.75	1.97
No	1.94	2.01	**2.43**	2.04	1.84	2.09
Total Sample	1.92	1.98	2.38	2.02	1.81	2.06

Evaluation of Services by Whether Still Receiving Services:

Table 12 on page 19 shows the average scores for each of the MHSIP domain scores and MHSIP overall based on whether the respondents reported that they were still receiving services from their provider.

As has been true in past years, those who reported that they were no longer receiving services were substantially below the state average on all six measures. As shown in Table 12 on page 19, the magnitude of these effect sizes was primarily medium, with the effect size for General Satisfaction between medium and large.

Also shown in Table 12 are the mean differences between these two groups. This statistic varied from one-quarter of a scale point to over one-half a scale point. The differences between these two groups are substantial. They represent both a very strong effect size and a highly reliable finding ($p<.001$ for all measures).

During this six year period, the group who reported that they were no longer receiving services represented about 6% of the respondents who responded on this question. It would seem to imply that the majority of adults who report they are no longer receiving services are substantially less satisfied with the services received than the typical client who is still receiving services.

Table 12: Adult MHSIP Difference by Whether Still Receiving Services by Standard Scores and Averages

Still Receiving Services	Access	Appro-priateness	Outcomes	Participa-tion in Tx Planning	General Satisfaction	MHSIP Overall
Yes (n ≈ 1,380)	0.04	0.03	0.04	0.02	0.05	0.04
No (n ≈ 88)	**-0.52**	**-0.41**	**-0.54**	**-0.28**	**-0.63**	**-0.58**
Yes	**1.89**	**1.96**	**2.35**	**2.00**	**1.77**	**2.04**
No	**2.31**	**2.28**	**2.82**	**2.24**	**2.39**	**2.45**
Total Sample	1.91	1.98	2.38	2.01	1.81	2.06

Evaluation of Services by Reason for Getting Mental Health Services:

Table 13 on page 20 shows the average scores for each of the MHSIP domain scores and MHSIP Overall based on how the respondents respond to the question of their reason for getting mental health services. Those who reported that they either decided on their own or followed a suggestion from others are considered as having made a voluntary decision. Those who reported that they were forced to come are considered to have made a non-voluntary decision.

Analyses done in previous years have shown that for adult respondents the key issue is whether their decision is "voluntary". Those classified as voluntary have had much more positive responses than those who reported that they made a non-voluntary decision (e.g., reported that they were "forced" to receive services).

As has been true in past reports those who reported that they were voluntary clients of their CMHC had average responses that were either above or barely below the state average. Those who reported they were non-voluntary were on average below the state mean. For all measures except the domain of Outcomes these differences represented a small-to-medium effect, with the domain of General Satisfaction having an effect size close to the medium effect size range.

An examination of the means shows that in general the average response provided by the two groups of voluntary clients is quite similar over the six measures. This is especially the case when the scores of these two groups are contrasted with the scores of those who were non-voluntary (e.g. those who reported that they were forced to come).

Table 13: Adult MHSIP Difference by Reason for Getting Services by Standard Scores and Averages

Reason for Getting Services	Access	Appro-priateness	Outcomes	Participa-tion in Tx Planning	General Satisfaction	MHSIP Overall
Decided on Own (n ≈ 616)	0.10	0.11	0.05	0.15	0.15	0.12
Suggested by Others (n ≈ 667)	0.01	0.00	-0.01	-0.03	0.00	0.00
Forced to Come n ≈ 175)	**-0.33**	**-0.37**	-0.15	**-0.36**	**-0.44**	**-0.38**
Decided on own	1.84	1.90	2.34	1.89	1.68	1.98
Suggested by others	1.91	1.98	2.39	2.03	1.80	2.06
Forced to come	**2.17**	**2.25**	2.51	**2.30**	**2.24**	**2.31**
Total Sample	1.91	1.98	2.38	2.01	1.80	2.06

Family Respondents for Children and Youth Clients

Evaluation of Services by Gender:

Table 14 shows the average scores for males and females on each of the MHSIP domain scores and MHSIP Overall. The first two rows show the standard scores for each measure and the approximate number of valid scores for each gender (this varies by measure). The subsequent rows show the average score for each measure by gender and for the total sample.

Small positive and negative differences from the state average alternate between males and females and none of these effects are meaningful (the magnitude of the largest effect size is .11 or less). That is, no difference was found on MHSIP measures for the comparison of males and females when compared to the state average. As expected mean differences between the two groups are small as well.

Table 14: Family MHSIP Difference by Gender by Standard Scores and Averages

Gender	Access	Appro-priateness	Outcomes	Part. in Tx Planning	Cultural Sensitivity	MHSIP Overall
Male (n ≈ 535)	0.01	0.04	-0.03	0.08	0.02	0.02
Female (n ≈ 422)	-0.02	-0.05	0.03	-0.11	-0.03	-0.03
Male	1.72	1.88	2.33	1.76	1.60	1.93
Female	1.74	1.96	2.28	1.90	1.62	1.96
Total Sample	1.73	1.92	2.31	1.82	1.61	1.95

Evaluation of Services by Race/Ethnicity Group:

Table 15 on page 22 shows the average scores for the three race/ethnicity categories for family of children and youth respondents on each of the MHSIP domain scores and MHSIP Overall. The first three rows show the standard scores for each measure and the approximate number of valid scores for each group (this varies by measure). The subsequent rows show the average score for each measure by race/ethnicity group and for the total sample.

White non-Hispanics, two-thirds of the total group, have average scores that hover right around 0; this would be expected given that they represent by far the largest part of the respondent population. Each group's averages in Table 15 on page 22 provide an additional way to see how these three groups differ.

Depending on the measure Native American respondents, representing about one-quarter of the respondents, score on both sides of the state mean. None of these mean standard scores are meaningful effect sizes, however.

The Other non-White group, the smallest group with about 68 respondents, generally is above the state means. The only difference of interest is that Other non-White respondents reported that they were

more satisfied with their participation in treatment planning than White non-Hispanics and Native Americans. This difference represented a small but meaningful effect.

Table 15: Family MHSIP Differences by Race/Ethnicity by Standard Scores and Averages

Race/ Ethnicity	Access	Appro-priateness	Outcomes	Part. in Tx Planning	Cultural Sensitivity	MHSIP Overall
White non-Hispanic (n ≈ 629)	0.00	-0.02	-0.04	0.00	-0.04	-0.02
Native American (n ≈ 251)	0.01	0.03	0.06	-0.08	0.07	0.02
Other non-White n ≈ 68)	-0.04	0.10	0.14	**0.26**	0.13	0.15
White non-Hispanic	1.73	1.93	2.34	1.82	1.64	1.96
Native American	1.72	1.89	2.26	1.87	1.56	1.93
Other non-White	1.76	1.84	2.19	**1.66**	1.52	1.85
Total Sample	1.73	1.92	2.31	1.82	1.61	1.95

Evaluation of Services by Whether Still Receiving Services:

Table 16 on page 23 shows the average scores for each of the MHSIP domain scores and MHSIP overall based on whether family respondents for children and youth report that they are still receiving services from their CMHC.

As has been true in past years, those who reported that their family member was still receiving services were more satisfied on all six measures when compared to the state average. The much smaller group who reported that they were no longer receiving services reported average standard scores below the state average. As shown in Table 16 on page 23, the standard scores for the domains of Access and Quality/Appropriateness and MHSIP Overall represented a small, meaningful effect size.

Table 16: Family MHSIP Difference by Whether Still Receiving Services by Standard Scores and Averages

Whether Still Receiving Services	Access	Appro-priateness	Outcomes	Participa-tion in Tx Planning	Cultural Sensitivity	MHSIP Overall
Yes (n ≈ 742)	0.06	0.08	0.02	0.05	0.04	0.06
No (n ≈ 176)	**-0.20**	**-0.26**	-0.09	-0.13	-0.18	**-0.21**
Yes	1.68	1.86	2.29	1.78	1.58	1.91
No	**1.88**	**2.13**	2.38	1.92	1.72	**2.08**
Total Sample	1.72	1.91	2.31	1.81	1.61	1.94

Evaluation of Services by Reason for Getting Mental Health Services:

Table 17 on page 24 shows the average scores for each of the MHSIP domain scores and MHSIP Overall based on how the families of children and youth respondents respond to the question of their reason for getting mental health services for their child or youth. Those who reported that they either decided on their own or followed a suggestion from others are considered as having made a voluntary decision. Those who reported that they were forced to come are considered to have made a non-voluntary decision.

Results from past years have shown that the key issue is whether their decision was "voluntary". Those classified as voluntary have had much more positive responses than those who reported that they made a non-voluntary decision (e.g., reported that they were "forced" to receive services).

As has been true in past years, those who reported that they were voluntary clients of their CMHC had average responses that indicated more satisfaction than the state average. These two groups were very similar on both the standard scores and mean responses.

Those who reported that their child or youth were non-voluntary were on average below the state mean, indicating less satisfaction. For all measures except the domain of Cultural Sensitivity these differences represented a small and meaningful effect. These differences were statistically reliable as well ($p<.01$). Mean differences between the voluntary and non-voluntary groups were just about one-fifth of a scale point on all the measures that were statistically significant.

Note, however, that there is a difference between the Family and the Adult respondents. There are about the same number of adult respondents who reported that they "decided on their own" as compared to started services because it was "suggested by others". By contrast almost three times as many family respondents indicated that their child or youth started services because it was suggested by others rather than "deciding on their own". Like adult respondents the findings for these two groups were very similar.

Table 17: Family MHSIP Differences by Reason for Getting Services by Standard Scores and Averages

Reason for Getting Services	Access	Appro-priateness	Outcomes	Participa-tion in Tx Planning	Cultural Sensitivity	MHSIP Overall
Decided on Own (n ≈ 183)	0.08	0.08	0.02	0.10	0.05	0.07
Suggested by Others (n ≈ 522)	0.07	0.06	0.09	0.07	0.05	0.09
Forced to Come n ≈ 180)	**-0.19**	**-0.19**	**-0.24**	**-0.23**	-0.13	**-0.24**
Decided on Own	1.67	1.85	2.29	1.76	1.57	1.90
Suggested by Others	1.68	1.87	2.23	1.77	1.58	1.89
Forced to Come	**1.87**	**2.06**	**2.51**	**1.99**	1.68	**2.09**
Total Sample	1.71	1.91	2.30	1.81	1.60	1.93

Youth Clients

Evaluation of Services by Gender:

Table 18 shows the average scores for males and females on each of the MHSIP domain scores and MHSIP Overall. The first two rows show the standard scores for each measure and the approximate number of valid scores for each gender (this varies by measure). The subsequent rows show the average score for each measure by gender and for the total sample.

Small positive and negative differences from the state average alternate between males and females and none of these effects are meaningful. That is, no difference was found on MHSIP measures for the comparison of males and females when compared to the state average. As expected, mean differences between the two groups are relatively small.

Table 18: Youth MHSIP Differences by Gender by Standard Scores and Averages

Gender	Access	Appro-priateness	Outcomes	Part. in Tx Planning	Cultural Sensitivity	MHSIP Overall
Male (n ≈ 267)	-0.13	0.11	0.01	-0.14	-0.16	-0.13
Female (n ≈ 260)	0.13	0.11	0.01	0.15	0.16	0.13
Male	1.68	1.87	2.23	1.77	1.58	1.89
Female	1.87	2.06	2.51	1.99	1.68	2.09
Total Sample	1.71	1.91	2.30	1.81	1.60	1.93

Youth Evaluation of Services by Race/Ethnicity Group:

Table 19 on page 26 shows the average scores for the three race/ethnicity categories for youth respondents on each of the MHSIP domain scores and MHSIP overall. The first three rows show the standard scores for each measure and the approximate number of valid scores for each group (this varies by measure). The subsequent rows show the average score for each measure by race/ethnicity group and for the total sample.

White non-Hispanics represent about 70% of this group. The average scores for this group hover right around 0 with one minor exception; this would be expected given that they represent the largest part of the respondent population. Each group's averages in Table 19 on page 26 provide an additional way to see how these three groups differ.

Native Americans represent almost a quarter (22%) of this demographic. Depending on the measure, Native Americans score on both sides of the state mean. None of the mean standard scores represent meaningful effect sizes, however.

The Other non-White group, the smallest group with about 42 respondents (8%), is uniformly below the state means, indicating that as a group they are less satisfied than the other two groups. This group

has small meaningful effects for all measures exception for the domains of Outcomes and Cultural Sensitivity.

Table 19: Youth MHSIP Differences by Race/Ethnicity by Standard Scores and Averages

Race/ Ethnicity	Access	Appro-priateness	Outcomes	Part. in Tx Planning	Cultural Sensitivity	MHSIP Overall
White non-Hispanic (n ≈ 361)	0.03	0.01	-0.01	0.04	0.07	0.03
Native American (n ≈ 115)	-0.02	0.04	0.06	-0.04	-0.14	-0.01
Other non-White n ≈ 42)	**-0.22**	**-0.22**	-0.09	**-0.27**	-0.21	**-0.27**
White non-Hispanic	1.95	2.00	2.30	2.17	1.69	2.05
Native American	1.99	1.99	2.26	2.23	1.85	2.07
Other non-White	**2.16**	**2.18**	2.37	**2.41**	1.79	**2.24**
Total Sample	2.16	2.18	2.37	2.41	1.79	2.24

Evaluation of Services by Whether Still Receiving Services:

Table 20 on page 27 shows the average scores for each of the MHSIP domain scores and MHSIP overall based on whether Youth respondents report that they are still receiving services from their CMHC.

As has been true in past years, those Youth who reported that they were still receiving services were more satisfied on all six measures compared to the state average. The much smaller group who reported that they were no longer receiving services reported was substantially less satisfied. As shown in Table 20 on page 27 the standard scores for all measures except for the domain of Outcomes represented a small to small-to-medium effect size. All mean differences on these measures are at least one-fifth of a scale point; these differences are highly statistically reliable ($p<.01$).

Table 20: Youth MHSIP Differences by Whether Still Receiving Services by Standard Scores and Averages

Whether Still Receiving Services	Access	Appro-priateness	Outcomes	Participa-tion in Tx Planning	Cultural Sensitivity	MHSIP Overall
Yes (n ≈ 409)	0.07	0.09	0.02	0.07	0.07	0.08
No (n ≈ 92)	**-0.25**	**-0.38**	-0.13	**-0.24**	**-0.22**	**-0.30**
Yes	1.91	1.94	2.28	2.15	1.68	2.02
No	**2.19**	**2.31**	2.40	**2.38**	**1.88**	**2.25**
Total Sample	1.96	2.01	2.30	2.19	1.72	2.06

Evaluation of Services by Reason for Getting Mental Health Services:

Table 21 on page 28 shows the average scores for each of the MHSIP domain scores and MHSIP overall based on how Youth responded to the question of their reason for getting mental health services. Those who reported that they either decided on their own or followed a suggestion from others are considered to have made a voluntary decision. Those who reported that they were forced to come are considered to have made a non-voluntary decision.

Analyses from past years have shown that the key issue is whether their decision is "voluntary". Those classified as voluntary have had much more positive responses than those who reported that they made a non-voluntary decision (e.g., reported that they were "forced" to receive services). But while this distinction has been true for adult clients and family of children and youth, respondents the pattern has been somewhat less consistent for Youth clients.

In one way, youth receiving mental health services are a bit different than adult respondents and more similar to family of children and youth respondents. Like family respondents the most common reason for starting mental health services were because it was suggested (50%). The smallest group was those who said that they chose to come (15%). The remaining 35% reported that they were forced to come (e.g., non-voluntary).

The pattern of results for these three groups of youth is somewhat different as well. That is, the group who was most similar to the State average on satisfaction was those Voluntary Youth for whom services were suggested. Their standard scores were around 0.0 and their average scores on each of the six measures were between the other two groups.

Those Youth who reported that they were non-voluntary were below the state mean on all measures, indicating less satisfaction. For the domains of Appropriateness, Participation in TX Planning, and on MHSIP Overall these differences represented a small and meaningful effect. These differences were statistically reliable as well ($p<.01$).

Those Youth who reported that they had "Decided on Own" to get services were substantially more satisfied on all measures. These differences represented a small to a moderate effect. Mean differences when comparing them to the non-Voluntary group ranged from almost one-quarter of a scale point to over half a scale point for the domain of Participation in Treatment Planning.

Table 21: Youth MHSIP Differences by Reason for Getting Services by Standard Scores and Averages

Reason for Getting Services	Access	Appro-priateness	Outcomes	Participation in Tx Planning	Cultural Sensitivity	MHSIP Overall
Decided on Own (n ≈ 72)	**0.24**	**0.42**	**0.34**	**0.52**	**0.24**	**0.45**
Suggested by Others (n ≈ 244)	0.05	0.06	0.01	0.10	-0.03	0.05
Forced to Come n ≈ 180)	-0.15	**-0.24**	-0.17	**-0.32**	-0.06	**-0.24**
Decided on Own	**1.78**	**1.68**	**2.02**	**1.82**	**1.59**	**1.78**
Suggested by Others	1.93	1.97	2.29	2.11	1.75	2.04
Forced to Come	2.10	**2.20**	2.43	2.45	1.77	**2.22**
Total Sample	1.97	2.01	2.30	2.19	1.74	2.07

Summary of Analyses of Demographics and Other Factors

This section discusses two types of analyses, one compares MHSIP scores for demographic groups, and the other analysis provides MHSIP scores for other factors. The purpose differs for these analyses. The purpose for the analysis of demographic groups is to assess disparities in care. This is done by comparing race/ethnic groups, gender, and age groups in each survey sample. The purpose for the analysis of other factors is to identify which factors are related to MHSIP scores. For instance, voluntary clients report more positive MHSIP scores than clients who were coerced into receiving services.

Differences found among the demographic groups were minor. These differences do not raise serious concerns regarding disparities in care. One race/ethnic difference was found for youths. One age-group difference was found for adults. No gender differences were found for any respondent group.

The demographic differences found are

- youths identifying themselves as Other non-White on the survey show small positive differences on all MHSIP measures but Outcomes and Cultural Sensitivity.
- family who reported that their child or youth should be categorized as Other non-White showed a small but meaningful positive effect in the domain of Participation in Treatment Planning.
- adults ages 65 and older reported meaningful positive difference on three of the six MHSIP measures, including the domain of Outcomes.

Several other factors were found to have a relationship with MHSIP scores. These are not as directly interpretable as the demographic variables and warrant a discussion by stakeholders about what meaning they might have regarding mental health services. The majority of the variables analyzed did not show meaningful differences among its groups. Table 22 summarizes the results for those factors where a meaningful difference was found for at least one group in at least one of the three samples.

Table 22: CMHC Differences from the State for Other Factors

Factor	Adult Respondents	Family Respondents	Youth Respondents
Whether Still Receiving Services	There were meaningful negative differences ranging from small to medium on all measures for those reporting that they no longer receive services.	There was one small meaningful negative difference for the domain of Appropriateness for those reporting that they no longer receive services.	There were small meaningful negative differences on all but one measure (Tx Participation) for those reporting that they no longer receive services.
Reason for Receiving Services	There were meaningful negative differences ranging from small to medium on all measures but Outcomes for those reporting that they were forced to receive services.	There were three small meaningful negative differences, on Outcomes, Tx. Participation, and MHSIP Overall, for those reporting that they were forced to receive services.	There were small meaningful negative differences on about half the measures for those reporting that they were forced to receive services. There were meaningful positive differences ranging from small to medium on all measures but Cultural Sensitivity for those reporting that they decided to receive services on their own.

Analysis of Items Added this Year to the MSHIP Survey

There were items added to the Adult and to the Youth surveys this year. The results for each of these items will be presented to the community mental health centers.

Adult Survey

Several of the questions added to this year's adult version of the MHSIP Survey related to clients' treatment plan. The first two of these new questions were also related to the MHISP domain Participation in Treatment Planning.

1. Question: "My treatment plan builds upon my personal strengths."
    a. The average response for this item was 2.0; this is virtually identical to the average response to the domain Participation in Treatment Planning.
    b. Other results include:
        i. The rating of 77% of respondents indicated they were satisfied on this issue.
        ii. The correlation between this item and the corresponding MHSIP domain was 0.60.
2. Question: "I was given a copy of my treatment plan, could understand it, and approve of it"
    a. The average response for this item was 2.33, indicating the average respondent was one-third of a scale point less satisfied on this measure compared to the domain Participation in Treatment Planning. This is also more negative than the average satisfaction response for the item "I, not staff, decided treatment goals"; its average rating was 2.21.
    b. Other results include:
        i. The rating of 66% of respondents indicated they were satisfied on this issue.
        ii. The correlation between this item and the MHSIP domain was 0.47.
3. Question: "My counselor emphasized being hopeful about my struggles"
    a. The average response for this item was 1.86, a quite positive response on average.
    b. Other results include the rating of 84% of respondents indicating they were satisfied on this issue.
4. Question: "I have this much concern about my alcohol or drug use (rated on a 4-point scale from none to lots)
    a. The average response for this item was 1.25, indicating the average respondent was much closer to "no concern" on average than the next choice offered - "a little" concern.
5. Question: "I was asked about alcohol or drug use at this mental health center"
    a. 54% of respondents indicated that they were asked, while 46% indicated that they were not asked about this issue.
6. Question: "I have received treatment for substance use by another provider in the last 12 months."
    a. Eleven of 271 respondents indicated that they had received treatment from another provider.

b. Twenty respondents indicated that they had received treatment from their current provider. Of these, twenty-five reported that they had also received treatment from another provider.

Youth Survey

Several questions were added to this year's youth version of the MHSIP Survey.

1. Question: "I have this much concern about my alcohol or drug use (rated on a 4-point scale from none to lots)
    a. The average response for this item was 1.12, indicating the average respondent was much closer to "no concern" on average than the next possible rating, "a little" concern. 78 out of 84 respondents (93%) reported that they had no concern.
    b. Provider differences: There was no evidence of reliable differences among providers (p=0.90). The majority of providers had all of their (small number of) respondents indicating that they had no concern.
2. Question: "I was asked about alcohol or drug use at this mental health center"
    a. 48% of respondents indicated that they were asked, while 52% indicated that they were not asked about this issue. These are very similar percentages when compared to the adult sample.
3. Question: "I received treatment for alcohol or drug use at this mental health center"
    a. A relatively small number of respondents (3 out of 84) responded affirmatively to this question.
4. Question: "I have received treatment for substance use by another provider in the last 12 months."
    a. Again, a relatively small number of respondents (four out of 84) responded affirmatively to this question. One of these respondents had also received treatment with their current provider.
    b. This means that there were a total of six respondents reporting that they had received treatment for substance abuse.
5. Question: "I have been hospitalized for drug or alcohol use in the last year."
    a. Only 1 of the 84 respondents reported that they had been hospitalized for drug or alcohol use in the last year.
    b. As was the case with adult respondents, an analysis was done to see whether there were any differences between those few youth who had reported that they had received treatment for alcohol or drug use, and those who had reported they had not received treatment. No evidence for differences was found between these two groups.

Family of Children and Youth Survey

There were no new items on this year's family of children and youth survey

Discussion

The Division of Behavioral Health and contracting CMHCs show that they value input from clients by asking them to evaluate services. Implementing these surveys follows guidelines of accrediting organizations and fulfills federal Block Grant requirements. In addition to demonstrating accountability to stakeholders the goal is to learn from responses about what works for whom and ultimately use that information to improve services.

Respondents asked to take the survey this year were given the option of taking the MHSIP survey online or filling out the paper-and-pencil questionnaire. Few respondents in any of the three respondent groups chose this new option.

Overall findings are consistent with previous surveys and are quite positive. On the Overall summary score, the percentage of respondents rating services positively in 2014 are as follows:

- 80% of **adult** respondents rated services positively
- 75% of **youth** respondents rated services positively
- 89% of **family of children and youth** respondents rated services positively

No differences were found in ratings this year when compared with the previous five years for adult or youth respondents. Family of children and youth reported a small, meaningful increase in satisfaction for four of the six measures, including the domains of Outcomes and Participation in Treatment Planning.

Several new items were added to the Adult and to the Youth questionnaires. Several of these related to issues related to a respondent's satisfaction with participation with their treatment. The results for each item, both Statewide and in many cases by center, can be found in the report.

These comparisons among providers can lead to useful stakeholder discussion to identify

- other indicators that would increase validity of findings.
- characteristics of high performing providers.

Appendices

Appendix A: MHSIP Questions in Each Domain

Adult Clients

Question	Domain
The location of services was convenient (parking, public transportation, distance, etc.).	Access
Services were available at times that were good for me.	Access
Staff returned my calls within 24 hours.	Access
Staff were willing to see me as often as I felt necessary.	Access
I was able to see a psychiatrist when I want to.	Access
I was able to get all the services I thought I need.	Access
I felt comfortable asking questions about my treatment and medication.	Tx Participation
I, not staff, have decided my treatment goals.	Tx Participation
I felt free to complain.	Quality/Appropriateness
Staff here believe that I can grow, change, and recover.	Quality/Appropriateness
Staff encouraged me to take responsibility for how I live my life.	Quality/Appropriateness
Staff are sensitive to my cultural/ethnic background.	Quality/Appropriateness
I was given information about my rights	Quality/Appropriateness
The staff told me what medication side effects to watch for.	Quality/Appropriateness
Staff respected my wishes about who is, and is not, to be given information about my treatment.	Quality/Appropriateness
Staff helped me obtain the information I needed so that I could take charge of managing my illness	Quality/Appropriateness
I was encouraged to use client-run programs (support groups, drop-in centers, crisis phone line, etc.).	Quality/Appropriateness
As a direct result of services I have received from this community mental health center:	
I can deal more effectively with daily problems.	Outcomes
I am getting along better with my family.	Outcomes

I am better able to control my life	Outcomes
I am better able to deal with crisis	Outcomes
I do things that are more meaningful to me.	Outcomes
I am better able to take care of my needs.	Outcomes
I am better able to handle things when they go wrong.	Outcomes
I am better able to do things that I want to do.	Outcomes

I like the services that I received here.	Satisfaction
I would recommend this agency to a friend or family member	Satisfaction
If I had other choices, I would still get services from this agency.	Satisfaction

Youth Clients

Question	Domain
As a direct result of services I have received from this community mental health center:	
I am better at handling daily life.	Outcomes
I get along better with family members.	Outcomes
I get along better with friends and other people.	Outcomes
I am doing better in school and/or work.	Outcomes
I am better able to cope when things go wrong.	Outcomes
I am satisfied with my family life right now.	Outcomes

I helped to choose my services.	Treatment Participation
I helped to choose my treatment goals.	Treatment Participation
The people helping me stuck with me no matter what.	Appropriateness
I felt I had someone to talk to when I was troubled.	Appropriateness
I participated in my own treatment.	Treatment Participation
I received services that were right for me.	Appropriateness
The location of services was convenient.	Access
Services were available at times that were convenient for me.	Access
I got the help I wanted.	Appropriateness
I got as much help as I needed.	Appropriateness
Staff treated me with respect.	Cultural Sensitivity
Staff respected my family's religious/spiritual beliefs.	Cultural Sensitivity
Staff spoke with me in a way that I understood.	Cultural Sensitivity
Staff were sensitive to my cultural/ethnic background.	Cultural Sensitivity
Overall, I am satisfied with the services I received.	Appropriateness

Family of Children and Youth Respondents for Children and Youth Clients

Question	Domain
As a direct result of services I have received from this community mental health center:	
My child is better at handling daily life.	Outcomes
My child gets along better with family members.	Outcomes
My child gets along better with friends and other people.	Outcomes
My child is doing better in school and/or work.	Outcomes
My child is better able to cope when things go wrong.	Outcomes
I am satisfied with our family life right now.	Outcomes

I helped to choose my child's services.	Treatment Participation
I helped to choose my child's treatment goals.	Treatment Participation
The people helping my child stuck with us no matter what.	Appropriateness
I felt my child had someone to talk to when he/she was troubled.	Appropriateness
I was frequently involved in my child's treatment.	Treatment Participation
The services my child and/or family received were right for us.	Appropriateness
The location of services was convenient for us.	Access
Services were available at times that were convenient for us.	Access
My family got the help we wanted for my child.	Appropriateness
My family got as much help as we needed for my child.	Appropriateness
Staff treated me with respect.	Cultural Sensitivity
Staff respected my family's religious/spiritual beliefs.	Cultural Sensitivity
Staff spoke with me in a way that I understood.	Cultural Sensitivity
Staff were sensitive to my cultural/ethnic background.	Cultural Sensitivity
Overall, I am satisfied with the services my child received.	Appropriateness