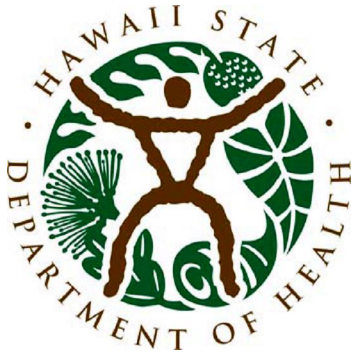
2012 Hawai`i Annual Adult Community Mental Health Services Consumer Satisfaction Survey



Adult Mental Health Division

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The authors would like to thank the Administrators, Managers and staff of the Community Mental Health Centers and Purchase of Service Providers for their assistance and cooperation in conducting this statewide survey.

EXECUTIVE SUMMARY

This report details the statewide results of the FY2013 Hawai`i Annual Adult Community Mental Health Services Consumer Survey administered from August 1, 2012 through October 12, 2012. A total of 673 consumers were randomly selected to participate in this survey from among those who had received at least one Adult Mental Health Division (AMHD) funded clinical or case management service at a Community Mental Health Center (CMHC) or Purchase of Service Provider (POS) during the first half of FY20112. Of those, 69 were unreachable, 304 refused or did not respond, and 300 completed a valid survey yielding a response rate of 50% (Table 1).

Among the larger providers, those with the highest response rates were: Kalihi-Palama Health Center (88%) and North Shore Mental Health (83%). Among the CMHCs, those with the highest response rates were: Windward Oahu (70%), Central Oahu (65%), and East Hawaii (56%).

The survey instrument is used by mental health programs throughout the United States and is endorsed by the Substance Abuse Mental Services Administration's (SAMHSA) Mental Health Statistics Improvement Program (MHSIP). Survey results are incorporated annually into SAMHSA's *Community Block Grant* initiative, which is comprised of National Outcome Measures (NOMS) and the related Universal Reporting System (URS) tables. The survey instrument includes 39 statements addressing eight domains: 1) Satisfaction with Services; 2) Access to Services; 3) Appropriateness of Services; 4) Participation in Treatment Planning; 5) Outcomes of Services; 6) Functioning; 7) Social Connectedness; and four statements added to the survey by the State of Hawai`i. Participants rate each statement on a five-point scale ranging from "Strongly Agree," "Agree," "Neutral," "Disagree," to "Strongly Disagree."

For the past three years, results showed that consumers were more satisfied with culturally appropriate services, service appropriateness and quality than they were with the outcomes as a result of receiving services or their level of functioning. They rated most positively those factors related to their interaction with clinicians (i.e., Appropriateness of Services, Satisfaction with Services), but indicated less satisfaction with domains that relate directly to their day-to-day lives (i.e., Functioning, Outcomes, and Social Connectedness). This report also examines consumer responses based on sex, age, and diagnosis.

Adult Survey Highlights

- Participating providers: 15
- Surveys distributed: 673 surveys
- Gender: 161 Males
  129 Females
  10 (not specified)
- Survey Response Rate: 300 surveys (50%) **

Scale Scores*

- Hawai‘i specific questions: 93%
- Appropriateness/Quality of Services: 92%
- Access to Services: 90%
- Satisfaction with Services: 90%
- Participation in Treatment Planning: 84%
- Functioning: 80%
- Improved Outcomes from Services: 79%
- Social Connectedness: 72%

*Scale Scores = For each item of the eight domains, the frequency of responses was calculated based on the cumulative percent of positive responses “Strongly Agree” and “Agree.” For example, a score of 89% indicates that the sample either strongly agreed or agreed with the statement.

** It should be noted that the response rate for the FY2012 sample was significantly lower than previous years in part because the Community Mental Health Centers were tasked with completing surveys for both this annual survey initiative and for a larger survey sample during the same period.

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INTRODUCTION

The Adult Mental Health Division (AMHD) is committed to the inclusion of consumer participation at multiple levels of its services. One way to meet this goal is through the Mental Health Statistics Improvement Project (MHSIP) Consumer Survey. The AMHD surveys consumers across the State of Hawai`i on an annual basis. The present report summarizes the results of the FY2012 annual consumer satisfaction survey of randomly selected consumers including some who were discharged during the 2012 fiscal year. The survey compares FY2012 survey data with FY2011 and FY2010 survey data.

Background

The FY2012 Hawai`i Adult Community Mental Health Consumer Survey (HACMHCS) was distributed to 673 randomly selected consumers who had received at least one treatment or case management service from state-operated Community Mental Health Center (CMHC) or purchase of service (POS) provider between July 1 and December 31, 2011. To help improve response rates, the case management leads coordinated survey distribution, completion, and return within their CMHC or POS agency. As a result, 300 surveys were completed. Consumers unable to attend the meet and greet (including those who had been discharged) were sent their survey through the mail.

Analysis of Response Rates

In Tables 3 and 4, both CMHCs and POS providers are ranked in order from highest response rates to lowest. Response rates are based on completed surveys/contact made and not the initial sample selected. In other words, consumers who did not have the opportunity to refuse to fill out a survey were not counted as having responded. Overall, the POS providers had a higher response rate than the CMHCs.

Appendix A, shows the statements used to assess each domain and the sequence (number of the statements) in which they appear in the survey instrument. Consumers were asked to rate their agreement or disagreement with each statement using a 5-point Likert-type scale which includes “Strongly Agree,” “Agree,” “Neutral,” “Disagree” and “Strongly Disagree” with an option of “Does Not Apply.” Lower scores indicate higher levels of agreement with statements, which translate to more favorable perceptions of services provided.

The General Satisfaction with Services domain is covered in the first three statements and the Access domain includes statements four through nine. There are nine statements within the Appropriateness domain (statements 10, 12 to 16, 18 to 20), two statements within the Treatment Planning domain (statements 11 and 17), eight statements within the Outcomes domain (statements 24 to 31), four statements within the Functioning domain (statements 32 to 35), four statements within the Social Connectedness domain (statements 36 to 39), and, lastly, three statements within the Hawai`i-specific domain (statements 21 to 23).

Table 1. 2010-2012 Comparison of Response Rates[1] for Consumers Served by AMHD

Statewide	2010				
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	467	230	132	105	63.5%
POS	333	383	131	49	53.9%
Total	**800**	**443**	**263**	**154**	**59.3%**

Statewide	2011				
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	286	166	83	37	66.7%
POS	446	277	94	75	74.7%
Total	**732**	**443**	**177**	**112**	**71.5%**

Statewide	2012				
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	274	89	143	42	38.4%
POS	399	211	161	27	56.7%
Total	**673**	**300**	**304**	**69**	**49.7%**

[1] Response rate is the quotient of the number of completed surveys divided by the number of consumers who were contacted (i.e. list of consumers minus the number who were unreachable).

Table 2. Percentage of Responders Reporting Positively on the Eight Domain Scores by Survey Year

Statewide	2010	2011	2012
Hawaii-Specific	91.0%	90.8%	93.2%
Appropriateness	90.5%	92.2%	91.8%
Satisfaction	88.3%	87.7%	90.3%
Treatment Planning	83.8%	85.9%	84.3%
Access	82.4%	89.6%	90.2%
Functioning	79.5%	81.1%	79.5%
Treatment Outcomes	76.6%	79.9%	78.9%
Social Connectedness	70.2%	71.7%	72.0%

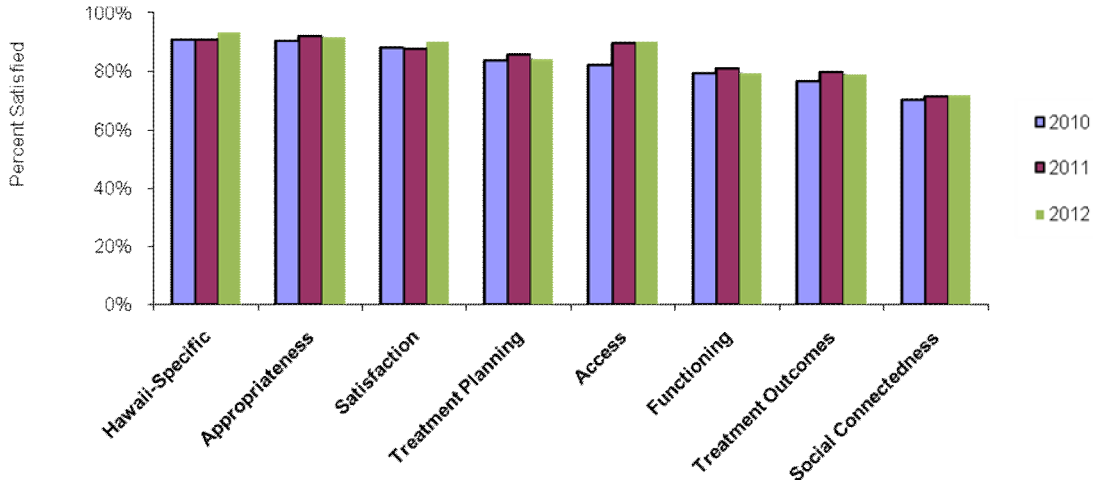
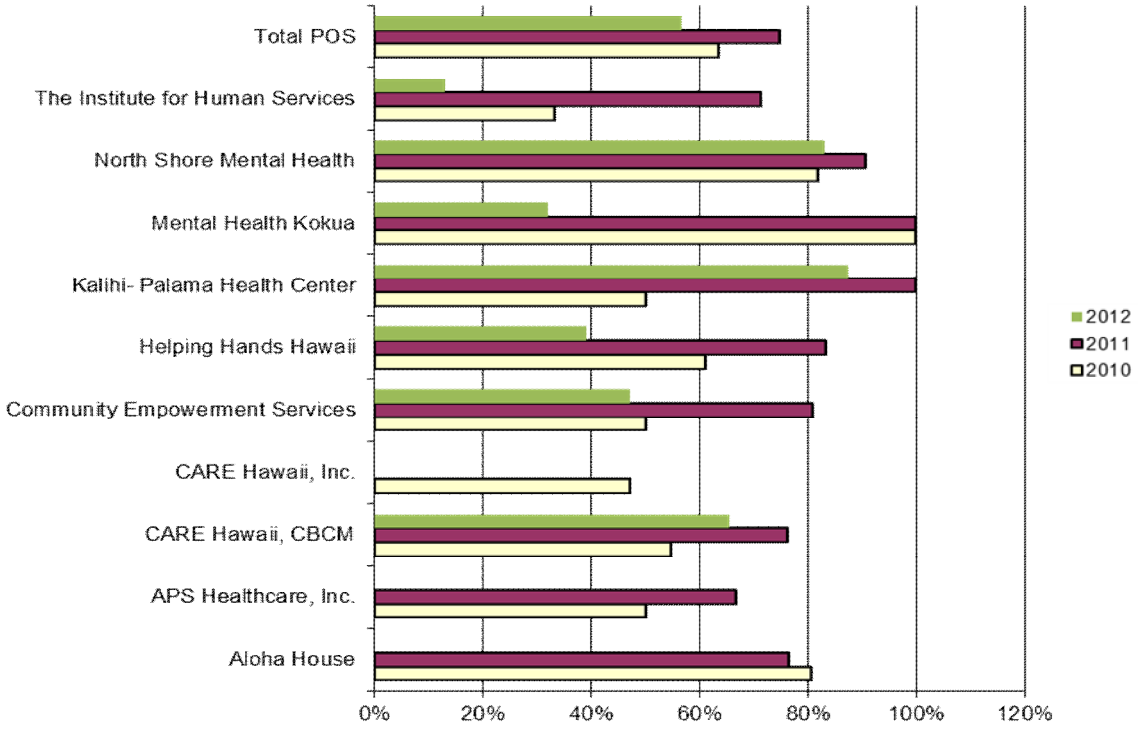


Table 3. Hawai`i Adult Community Mental Health Consumer Survey Response Rates – Purchase of Service Providers (POS) by Survey Year

POS	2010	2011	2012
Aloha House	80.6%	76.5%	0%
APS Healthcare, Inc.	50.0%	66.7%	n/a
CARE Hawaii, CBCM	54.7%	76.1%	65.5%
[2]CARE Hawaii, Inc.	47.1%	*	*
Community Empowerment Services	50.0%	80.8%	47.1%
Helping Hands Hawaii	61.1%	83.3%	39.1%
Kalihi-Palama Health Center	50.0%	100.0%	87.5%
Mental Health Kokua	100.0%	100.0%	32.0%
North Shore Mental Health	81.8%	90.5%	83.2%
The Institute for Human Services	33.3%	71.4%	13.1%
Total POS	**63.5%**	**74.7%**	**56.72%**



[2] For 2011, CARE Hawaii, Inc. surveys were combined with CARE Hawaii CBCM.

Table 4. 2010-2012 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Centers (CMHCs)

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Maui County	46	18	24	4	47.83%
Moloka`i	3	3	0	0	100.00%
Lana`i	2	2	0	0	100.00%
Wailuku	41	13	24	4	41.46%
Honolulu County	123	52	37	15	54.47%
Kalihi-Palama	38	16	19	3	50.00%
KP Fitness Restoration	1	0	1	0	0%
KP Lanakila	30	11	16	3	46.67%
Makaha Clinic	7	5	2	0	71.43%
Central-O`ahu CMHC	26	14	9	3	65.38%
Central Jail Diversion	1	1	0	0	100.00%
Pearl City	9	5	1	3	88.89%
Wahiawa	13	7	6	0	53.85%
Wahiawa Med Mgmt.	3	1	2	0	33.33%
Windward-O`ahu CMHC	25	12	7	6	72.00%
Kane`ohe	20	8	6	6	70.00%
Hale Imua Program	5	4	1	0	80.00%
Diamond Head	34	10	21	3	38.24%
Hawai`i County	72	14	35	23	51.39%
East Hawai`i CMHC	46	6	20	20	56.52%
Waimea	1	0	1	0	0%
Puna	14	1	6	7	57.1%
East HI Jail Diversion	1	0	2	0	0%
Hilo Clinic & Med Ctr.	29	5	11	13	62.07%
West Hawai'i CMHC	26	8	15	3	42.31%
Ka`u Med Mgmt.	1	1	0	0	100.00%
Kona Med Mgmt.	4	1	3	0	75.00%
West Hawaii Mental Health	21	6	12	3	42.86%
Kaua`i County	33	5	28	0	15.15%
Kaua`i CMHC	33	5	28	0	15.15%
All CMHCs	274	89	143	42	47.81%

METHOD

Sample

For this survey, 673 consumers were randomly selected to participate. These consumers received at least one clinical or case management service between July 1 and December 31, 2011, at state-operated Community Mental Health Centers (CMHCs) or Purchase of Service (POS) providers.

Instrument

The survey instrument, the "Hawai`i Mental Health Services Consumer Survey 2012," is a modified version of the satisfaction survey developed by the Mental Health Statistical Improvement Program (MHSIP). The MHSIP Consumer Survey, which was developed and recommended by a national workgroup of consumers and mental health providers, focuses on the care received by adult mental health consumers in community settings. The survey is provided in Appendix A. The two parts that comprise the survey instrument include:

Part 1: Thirty-nine statements that participants are asked to rate based on their experiences at their agency during the prior three months. These 39 statements address eight domains: 1. Satisfaction with Services, 2. Access to Services, 3. Appropriateness of Services, 4. Participation in Treatment Planning, 5. Outcomes of Services, 6. Functioning, 7. Social Connectedness, and statements added to the survey by the State of Hawai`i, or 8. Hawai`i-Specific domain. Participants rated each statement on a five-point scale ranging from "Strongly Agree," "Agree," "Neutral," "Disagree," to "Strongly Disagree." There was also an option of selecting, "Does Not Apply," which was treated as a non-response.

Part 2: Participants for whom we did not have demographic data were asked to provide information such as race/ethnicity, gender, and date of birth.

PROCEDURE

Survey Distribution: Surveys were collated and distributed to each provider. Each provider was tasked with distributing, collecting and returning surveys to AMHD.

Survey Collection: The survey period was August 1, 2012 through October 12, 2012. The case management leads were responsible for collecting all completed surveys. AMHD staff was responsible for checking the secured drop boxes and transporting surveys back to the AMHD Waimano Office for data entry. Self-addressed stamped envelopes were provided for consumers who preferred to return their completed surveys directly to AMHD via mail. Additionally, consumers who had been discharged were mailed the MHSIP with a self-addressed stamped envelope.

Data Entry: Two AMHD staff coordinated data entry with a team of Hawaii Certified Peer Specialists and one practicum student. Each survey was double-entered to ensure data accuracy. If discrepancies were discovered, the differences were identified and resolved by checking the original survey and re-entering the survey.

Analysis: The data were analyzed using the Statistical Package for Social Scientists (SPSS) statistical program. Based on the recommendation of the MHSIP Policy Group, domain scores (Satisfaction of Services, Access to

Services, Appropriateness of Services, Participation in Treatment Planning, Outcomes of Services, Functioning, Social Connectedness, and Hawai'i-Specific) were calculated only if two-thirds of the statements comprising each domain were completed. All 39 items in Part 1 of the survey were scored on a 5-point Likert-type scale ranging from 1 for "Strongly Agree," 2 for "Agree," 3 for "Neutral," 4 for "Disagree," and 5 for "Strongly Disagree." The option, "Does Not Apply" was treated as a non-response. Lower scores indicated more favorable experiences with the specific agency or service.

Two methods of analysis were used. The primary method of analyzing the data involved calculating the percent of positive and negative responses for each domain. Percentages of mean score responses less than 2.5 were considered positive responses and percentages of mean score responses greater than 3.5 were considered negative responses (the higher the percentages, the higher the numbers of positive or negative responses). The second method involved calculating mean scores of the responses to individual statements on the survey. Lower mean scores indicated higher levels of agreement with the survey items. These mean scores are shown in Appendix E and F, Rank-Order Analysis of Individual Item Means and Percent Positive and Negative Responses. The "Does Not Apply," responses were recorded as" "missing." Although Appendix C and D show both the percentages of positive and negative responses, the primary method of analysis and the only one reported in the tables presented in this report is the percentage of positive responses as per national MHSIP reporting standards.

RESULTS

The results are segmented by sex, age and diagnosis, and whether the survey was completed at the provider location or mailed at a later time. While the report focuses on domain scores, overall statewide analysis of individual means and percent of positive responses for each of the 39 statements are presented in Appendix C and D. Note that all Tables for 2012 present the domain from highest ranked domain to lowest ranked domain.

Demographics: Of the 300 consumers who completed a survey, respondents' sex was available for all consumers. Therefore, the FY2012 table was not necessary. Of these 300, 54% were male and 43% were female. Three percent of the surveys had no gender designation.

Statewide Positive Responses by Domains: Table 2 shows the positive responses to each of the survey domain areas.

- Hawai`i Specific Questions: Three questions in the survey pertain to the extent to which consumers felt that services were provided with respect and in a culturally appropriate manner. The overall score was 93%.

- Appropriateness: Nine questions in the survey focused on *Appropriateness* (Appendix B). The overall score for this domain was 92% representing an average score based on nine questions.

- Access: Six questions in the survey gathered information regarding *Access* (Appendix B). This domain scored at 90% based on an average score of six questions. Although there was a slight increase from 2011, the AMHD will pursue initiatives to continue to improve access to services. Line item analysis indicates improvements can be made in timeliness of agency staff returning consumers' phone calls and the hiring of psychiatrists in rural areas of the State.

- Satisfaction: Three questions were asked in the survey to ascertain *Satisfaction* (Appendix B). The overall score for this domain was 90% which is an average score based on the three questions.

- Treatment Planning: The survey comprised two questions to indicate *Treatment Planning* (Appendix B). The overall score for this domain was 84%. There was an increase in the domain score from 2010.

- Functioning: Five questions indicate respondent's impressions of *Functioning* (Appendix B). The overall score for this domain was 80%. The *Functioning* score decreased slightly compared to the 2011 score. AMHD will continue to implement initiatives to improve this domain.

- Treatment Outcomes: Eight questions were asked to get consumers' perceptions on *Outcome* (Appendix C). The overall score for this domain was 79%.

- Social Connectedness: Four questions were asked in the survey to ascertain *Social Connectedness* (Appendix B). The score for this domain was 72%. *Social Connectedness* continues to lag behind other domains. Areas for improvement include opportunities to increase a sense of belonging for consumers in their communities. United Self Help, a group in Honolulu which is run by consumers, has increased social activities for consumers and has increased their efforts in advertising these activities. Anecdotally, many consumers attend these activities, which are encouraged through word-of-mouth.

Statewide, consumers reported positively in most domain areas; however, a historic pattern was repeated again this year showing that consumers were more satisfied with service provision and cultural appropriateness rather than with the outcomes of their services. Further, consumers rated most positively on factors related to their interaction with clinicians (i.e., Appropriateness of Services, Satisfaction), and gave slightly lower marks to the treatment planning which should involve both clinicians and consumers while giving the lowest marks to measures that relate directly to their lives (i.e., Outcomes, Functioning, and Social Connectedness). Survey findings will continue to guide the AMHD's ongoing efforts to improve the quality of mental health services for adults, while expanding existing services.

SEX

Tables five through six, report the MHSIP positive responses by sex. Results show that over the three-year period, females like males have responded more positively on the services they receive, and focus less on their own daily functioning.

Table 5. 2010-2012 Domain Scores by Gender - Male

Statewide	2010	2011	2012
Hawaii-Specific	92.4%	89.6%	91.4%
Appropriateness	93.4%	90.2%	90.2%
Satisfaction	89.5%	85.5%	89.0%
Treatment Planning	83.1%	85.3%	81.1%
Access	83.9%	87.7%	91.5%
Functioning	84.1%	81.3%	81.1%
Treatment Outcomes	79.3%	78.8%	76.1%
Social Connectedness	75.4%	69.0%	70.5%

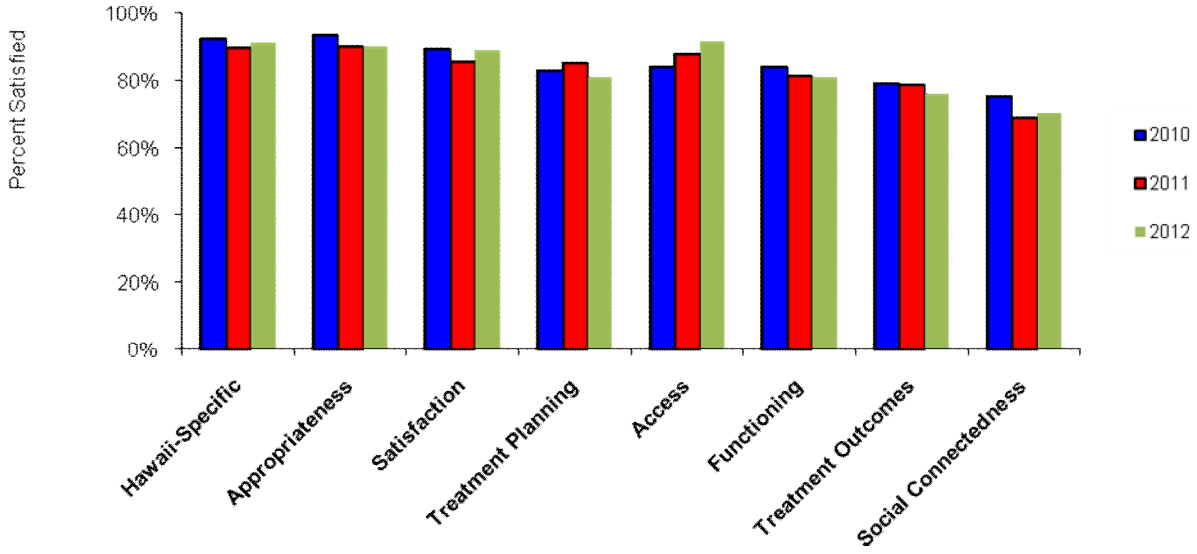
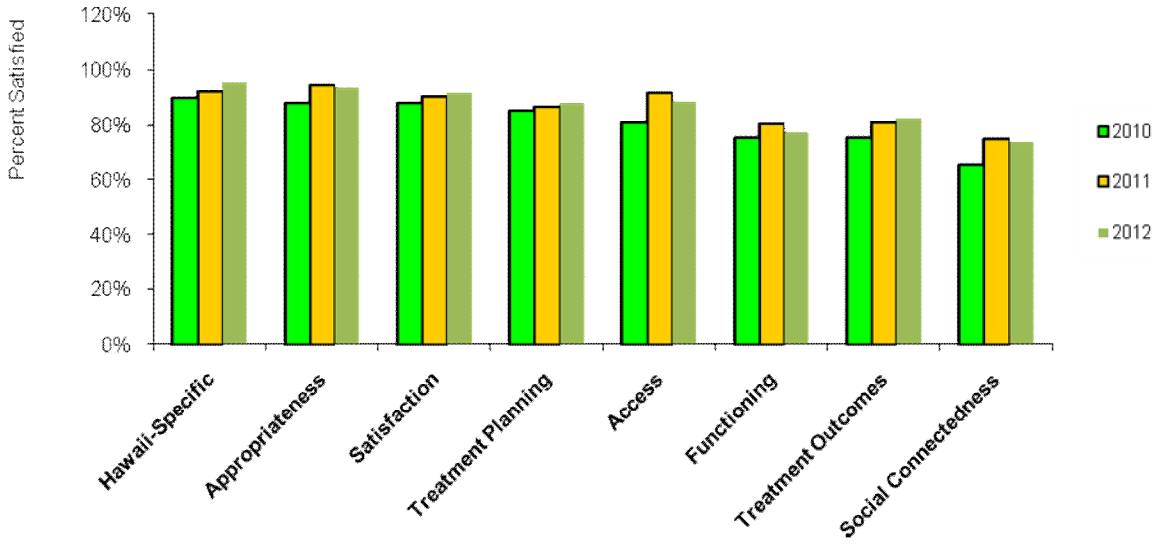


Table 6. 2010-2012 Domain Scores by Gender, Female

Statewide	2010	2011	2012
Hawaii-Specific	89.9%	92.2%	95.5%
Appropriateness	88.2%	94.6%	93.8%
Satisfaction	87.9%	90.2%	91.7%
Treatment Planning	85.2%	86.7%	88.2%
Access	80.9%	91.7%	88.5%
Functioning	75.8%	80.8%	77.3%
Treatment Outcomes	75.6%	81.2%	82.5%
Social Connectedness	65.4%	74.9%	73.6%



AGE

Tables 7 through 10 report the domain scores in three age groups: 18-34 years of age, 35-64 years, 65 years of age and over. Results suggest that consumers 65 and over and the younger generation are more positive about Access to Services and Service Appropriateness than the middle aged-group (35-64).

Table 7. 2010-2012 Domain Scores by Age: 18-34

Statewide	2010	2011	2012
Hawaii-Specific	95.2%	93.3%	95.9%
Appropriateness	95.2%	85.0%	90.0%
Satisfaction	88.7%	83.1%	84.0%
Treatment Planning	83.6%	83.3%	75.0%
Access	79.0%	85.0%	82.0%
Functioning	75.8%	79.7%	76.0%
Treatment Outcomes	81.7%	79.7%	76.0%
Social Connectedness	70.5%	73.3%	72.0%

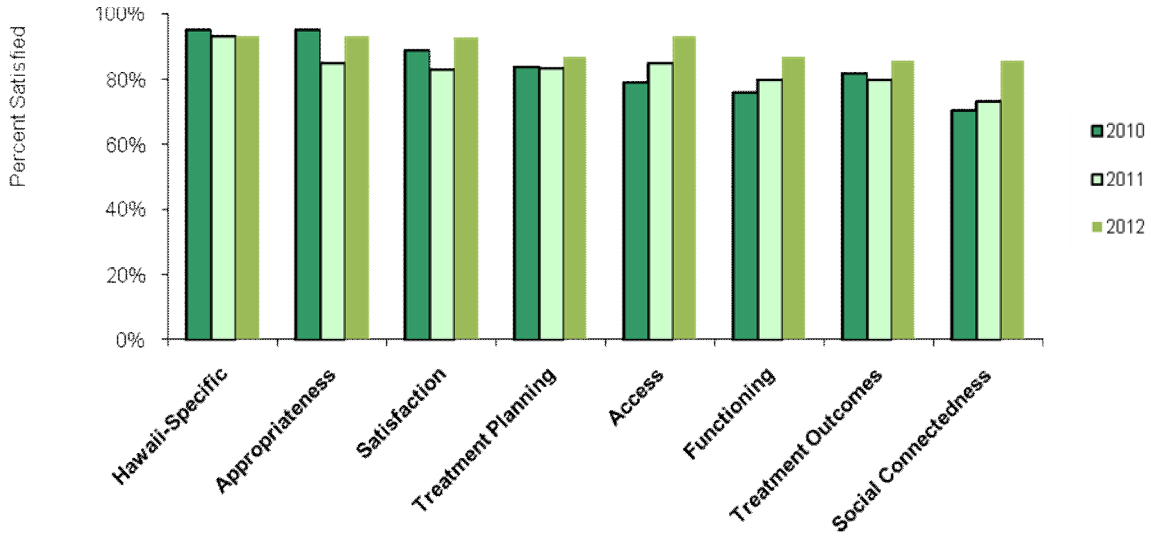


Table 8. 2010-2012 Domain Scores by Age: 35-64

Statewide	2010	2011	2012
Hawaii-Specific	90.3%	90.4%	92.7%
Appropriateness	89.2%	89.2%	92.1%
Satisfaction	89.1%	87.9%	91.5%
Treatment Planning	83.4%	86.1%	86.2%
Access	82.1%	89.2%	91.8%
Functioning	80.4%	81.4%	79.7%
Treatment Outcomes	76.1%	80.7%	79.2%
Social Connectedness	69.1%	71.2%	71.2%

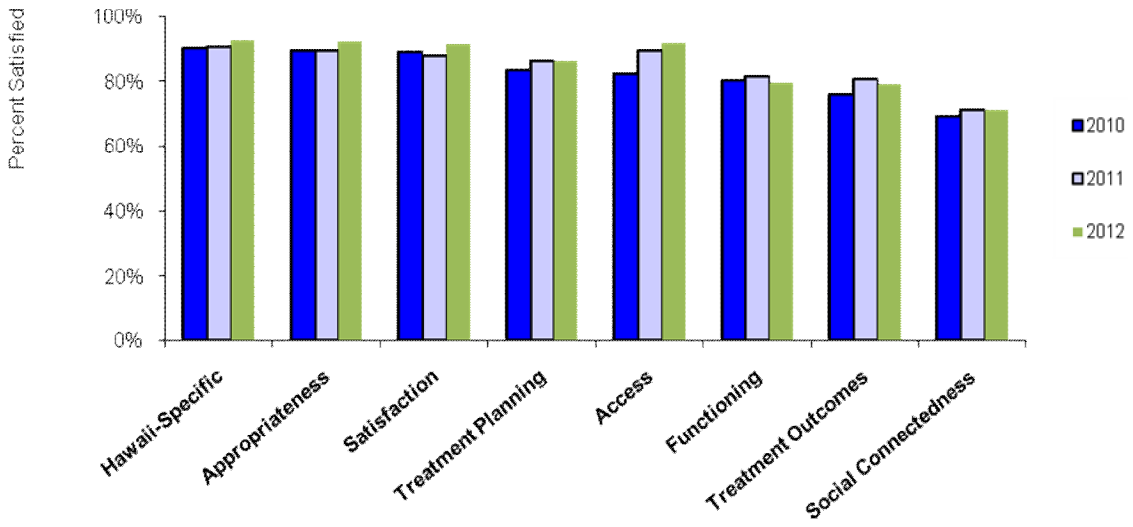


Table 9. 2010-2012 Domain Scores by Age: 65+

Statewide	2010	2011	2012
Hawaii-Specific	90.3%	94.6%	93.3%
Appropriateness	96.6%	100.0%	93.3%
Satisfaction	86.7%	94.6%	92.9%
Treatment Planning	93.1%	94.6%	86.7%
Access	90.0%	100.0%	93.3%
Functioning	82.8%	83.8%	86.7%
Treatment Outcomes	81.5%	80.6%	85.7%
Social Connectedness	82.8%	77.8%	85.7%

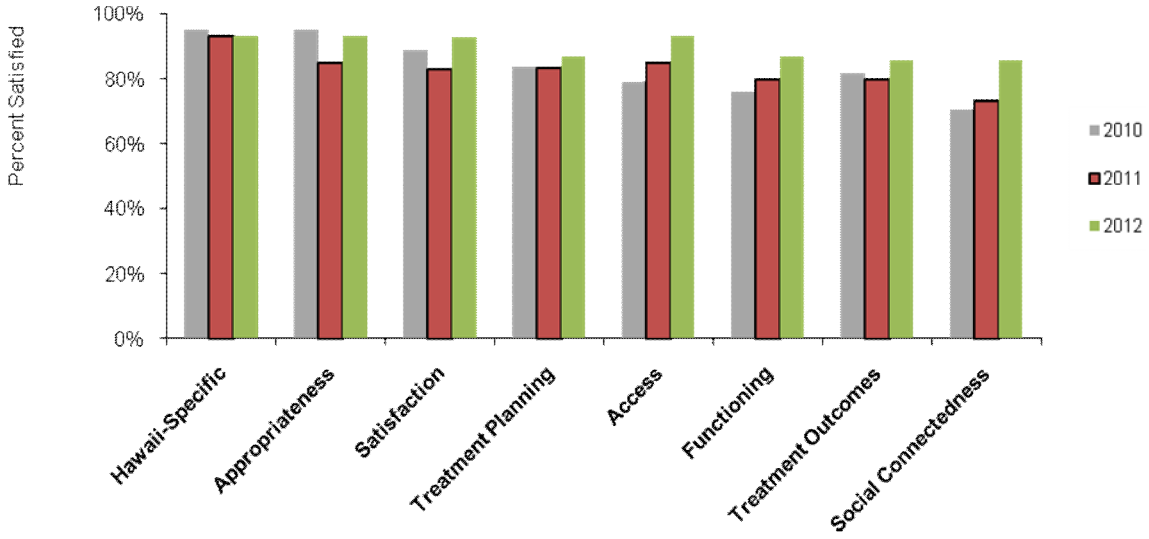
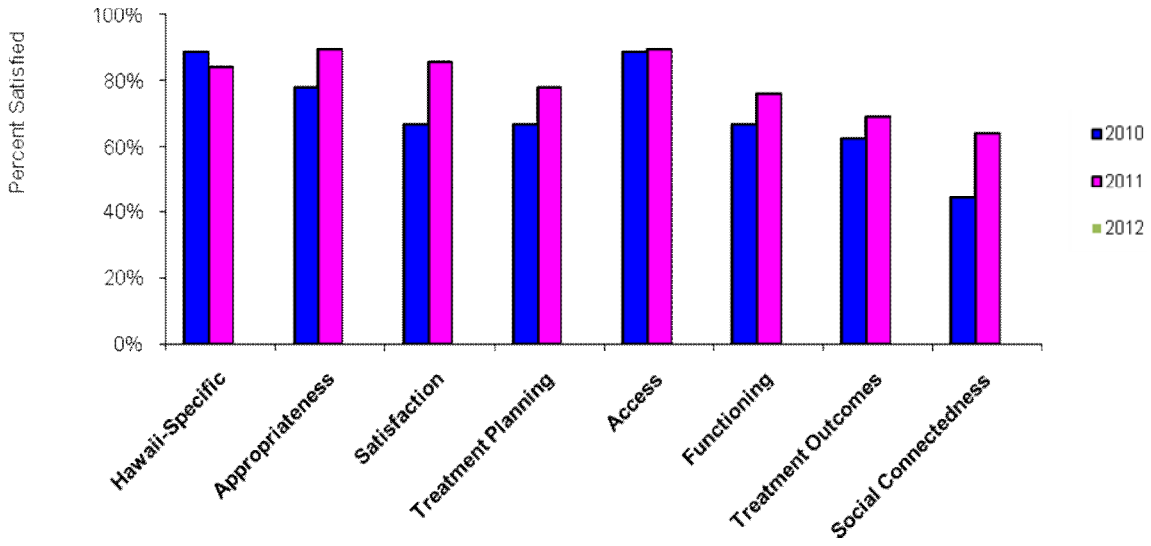


Table 10. 2010-2012 Domain Scores by Age: Age not Available

Statewide	2010	2011	2012
Hawaii-Specific	88.9%	84.0%	n/a
Appropriateness	77.8%	89.3%	n/a
Satisfaction	66.7%	85.7%	n/a
Treatment Planning	66.7%	77.8%	n/a
Access	88.9%	89.3%	n/a
Functioning	66.7%	76.0%	n/a
Treatment Outcomes	62.5%	69.2%	n/a
Social Connectedness	44.4%	64.0%	n/a



MAJOR DIAGNOSTIC CATEGORIES

Tables 11 and 12 display the 2010 and 2012 sample domain scores by the responder's diagnoses. Scores were only available for responders in two categories: (a) Schizophrenia and related Disorders and (b) Bipolar and Mood disorders. For 2012, scores for consumers with Schizophrenia and Related Disorders appeared to be more satisfied with access to services than consumers with Bipolar and Mood disorders. The responses of consumers with either Schizophrenia or Bipolar and Mood disorders in the other domains responded very much alike.

Table 11. 2010-2012 MHSIP Positive Responses for Consumers Served by AMHD: Schizophrenia and Related Disorders

Statewide	2010	2011	2012
Hawaii-Specific	89.2%	91.0%	92.0%
Appropriateness	88.5%	90.0%	90.1%
Satisfaction	84.9%	87.6%	88.3%
Treatment Planning	81.4%	83.7%	81.1%
Access	88.9%	90.0%	91.4%
Functioning	77.9%	84.4%	79.1%
Treatment Outcomes	77.0%	82.9%	79.6%
Social Connectedness	71.0%	75.1%	76.0%

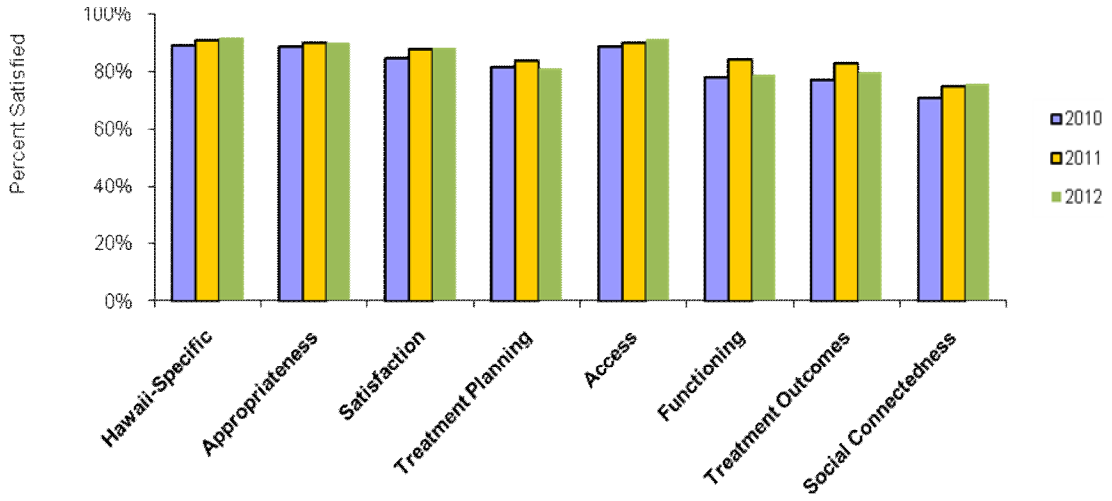
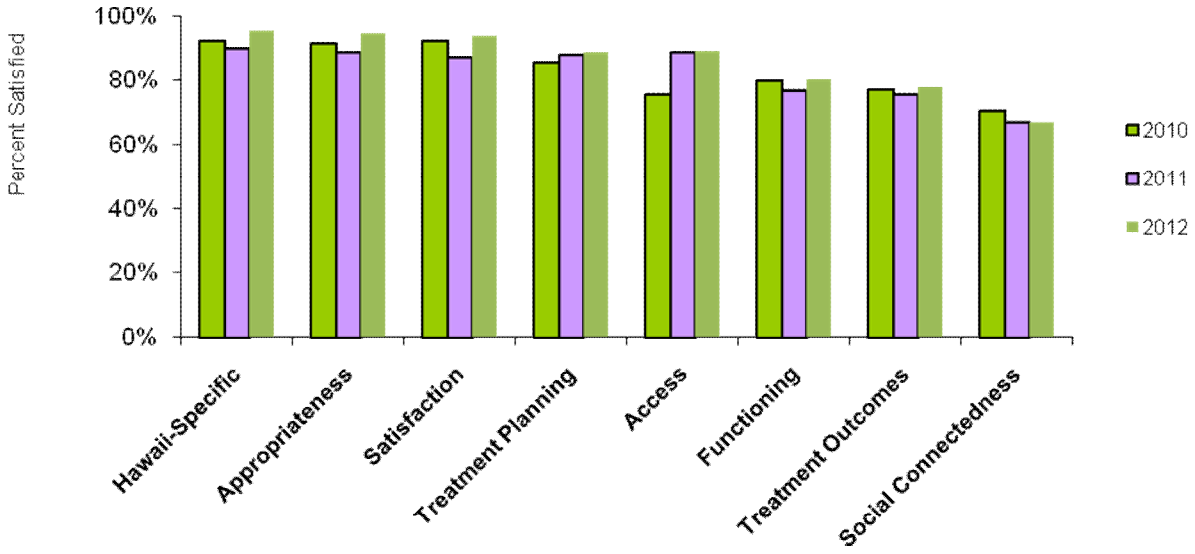


Table 12. 2010-2012 MHSIP Positive Responses for Consumers Served by AMHD: Bipolar and Mood Disorders

Statewide	2010	2011	2012
Hawaii-Specific	92.1%	90.0%	95.2%
Appropriateness	91.5%	88.6%	94.5%
Satisfaction	92.2%	87.2%	93.7%
Treatment Planning	85.3%	88.0%	88.7%
Access	75.5%	88.6%	88.9%
Functioning	79.8%	76.8%	80.2%
Treatment Outcomes	77.0%	75.8%	77.9%
Social Connectedness	70.5%	67.1%	66.9%



DISCUSSION

Statewide, for FY2012, consumers generally reported an overall satisfaction in most domains including the Hawai`i-Specific question as well as, the Appropriateness and Access to Services domain indicating over 90% satisfaction positive. The pattern found in prior MHSIP administrations remains: Consumers were more satisfied with service provision than with the outcomes of services. They rated most positively those factors related to their interaction with clinicians (i.e., Appropriateness, Satisfaction), but indicated less satisfaction with domains that relate directly to their lives (i.e., Outcomes, Functioning, and Social Connectedness).

Consumers also expressed the most dissatisfaction with dealing with symptoms, getting the services they thought they needed and their sense of belonging in the community (Appendix B). Despite Outcome and Social Connectedness scores indicating lower satisfaction, than the other domains, many consumers still rated these outcomes positively. One possible explanation is that consumers who have positive outcomes about themselves and about the services they receive are more likely to leave treatment and therefore survey responses for these consumers may not be represented.

While this year's methodology included a convenience sample (N= 2,557) in addition to the random sample, the response rates for all CMHC and POS providers were markedly lower than the two previous years. It is also important to note that surveys have limitations and this survey only captured the perspectives of those consumers who agreed to participate. It is possible that these responses may differ from those who chose not to participate. However, we are confident that the findings can be generalized to the entire AMHD population served.

The 2012 Hawai`i Consumer Survey is a modified version of the nationally accepted MHSIP Consumer Survey, and is a reliable survey instrument for collecting information about consumers' perception of services provided by Hawai`i's public mental health system. It is important to examine domains that were scored higher or lower to determine strengths and deficits in the current public mental health system (CMHC's case management area). Mental health service providers should look at these relatively positive results not only as an indication of a job well done, but as a clear call for improvements in certain areas.

Finally, it is important to note that the information garnered from the survey is invaluable regarding consumer perceptions that will support the ideals of a consumer-driven model. The feedback reflects the value of consumer involvement in the mental health system, which will inform policy and will highlight strengths for community mental health centers, providers and for the state as a whole.

REFERENCES

Mental Health Statistics Improvement Project (MHSIP): www.mhsip.org

The MHSIP Quality Report Toolkit: A Companion Document for the MHSIP Quality Report (2005)

Annual Consumer Survey-Hawai`i (1995, 1997, 2002, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012)

APPENDIX A:

Hawai‘i Mental Health Services Consumer Survey 2012

Date Survey was completed (MM/DD/YY): _____

Thank you for agreeing to participate in this survey.
Please take a moment to review this page for information and instructions.

Purpose of this Survey

Your answers and those of others will tell us what people think of their mental health care. This information will help us to identify areas of strengths and areas in which improvements would help us provide the best possible services. In Part 1 of this survey, we ask you to rate the services you received from this agency during the last **3 months**. In Part 2, we ask you about your access to care and your oral health; and in Part 3, we ask about demographic information, such as your age and ethnicity.

Voluntary and Confidential

- Å Your participation is voluntary.
- Å Your answers will be confidential and will not affect your services at this agency.
- Å This agencyôs staff will NOT have access to your individual responses. Only authorized personnel from the Department of Health will see your answers.

Instructions

- Please read the instructions for each part of this survey (Parts 1, 2, and 3) before completing each section.
- **After you complete this survey, drop it in the locked mailbox.**
- **If you prefer to complete this survey at a later time, please ask for a prepaid return envelope and mail your completed survey to us.**

Hawai'i Mental Health Services Consumer Survey 2012

Instructions (Part 1): Please rate your level of agreement with each statement from ñ*Strongly Agree*ò to ñ*Strongly Disagree*,ò by circling the **one** response that best fits your experience with this agency during the last 3 months. If the statement does not apply to you, please circle ñ*Does Not Apply*.ò

1. I like the services that I received here.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
2. If I had other choices, I would still get services from this agency.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
3. I would recommend this agency to a friend or family member.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
4. The location of services was convenient (for example, for parking, to public transportation, the distance, etc.).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
5. Staff were willing to see me as often as I felt it was necessary.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
6. Staff returned my call in 24 hours.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
7. Services were available at times that were good for me.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
8. I was able to get all the services I thought I needed.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
9. I was able to see a psychiatrist when I wanted to.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
10. Staff here believes that I can grow, change and recover. (Recovery is having a life that is meaningful to you ï a home, a job, a loving partner, friends, children, hobbies, transportation.)	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
11. I felt comfortable asking questions about my treatment and medication.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
12. I felt free to complain.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
13. I was given information about my rights.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
14. Staff encouraged me to take responsibility for how I live my life.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
15. Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
17. I, not staff, decided my treatment goals.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**

18. Staff were sensitive to my cultural background (such as race, religion, language, traditions, etc.).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
20. I was encouraged to use consumer-run programs (such as support groups, drop-in centers, crisis phone line, peer specialist, etc.).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
21. I received services, including medications, in a timely manner, that is, there were no delays.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
22. Staff asked me about my physical health (such as medical problems, illnesses, health problems).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
23. Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
24. As a direct result of services I received, I deal more effectively with daily problems.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
25. As a direct result of services I received, I am better able to control my life (that is, being in charge of, managing my life).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
26. As a direct result of services I received, I am better able to deal with crisis.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
27. As a direct result of services I received, I am getting along better with my family.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
28. As a direct result of services I received, I do better in social situations.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
29. As a direct result of services I received, I do better in school and/or work.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
30. As a direct result of services I received, my housing situation has improved.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
31. As a direct result of services I received, my symptoms are not bothering me as much.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
32. As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance).	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
33. As a direct result of services I received, I am better able to take care of my needs.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
34. As a direct result of services I received, I am better able to handle things when they go wrong.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**

35. As a direct result of services I received, I am better able to do things I want to do.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
36. Thinking about people in my life other than mental health staff, I am happy with the friendships I have.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
37. Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
38. Thinking about people in my life other than mental health staff, I feel I belong in my community.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**
39. Thinking about people in my life other than mental health staff, when in a crisis I would have the support I need from family or friends.	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Does Not Apply**

--Please continue on to next page--

Hawai'i Mental Health Services Consumer Survey 2012

Instructions (Part 3): Please complete the following demographic information.

46. What is your race or ethnicity (check all that apply)?

- ☐ ***Alaska Native (322)***
- ☐ ***American Indian (400)***
- ☐ ***Black or African American (11)***
- ☐ ***White or Caucasian (10)***
- ☐ ***Portuguese (323)***

NATIVE HAWAIIAN AND PACIFIC ISLANDER

- ☐ ***American Samoan (16)***
- ☐ ***Chamorro/CNMI (500)***
- ☐ ***Chamorro/Guam (501)***
- ☐ ***Chuukese (502)***
- ☐ ***CNMI/Carolinian (503)***
- ☐ ***Hawaiian (404)***
- ☐ ***Kosraean (505)***
- ☐ ***Marshallese (506)***
- ☐ ***Palauan (507)***
- ☐ ***Phonpeian (508)***
- ☐ ***Yapese (509)***
- ☐ ***Other Pacific Islander (317)***

ASIAN

- ☐ ***Asian Indian (410)***
- ☐ ***Chinese (318)***
- ☐ ***Filipino (325)***
- ☐ ***Japanese (320)***
- ☐ ***Korean (319)***
- ☐ ***Vietnamese (321)***
- ☐ ***Other Asian (407)***

HISPANIC OR LATINO**

- ☐ Cuban (402)
- ☐ Mexican (405)
- ☐ Puerto Rican (324)
- ☐ Other Hispanic or Latino (408)

** If Hispanic or Latino, also select a race (these are in the bold italics)

OTHER

- ☐ Other (14)
- ☐ Adopted--don't know (410)
- ☐ Unknown (411)
- ☐ Prefer not to answer (99)

47. Which race/ethnicity group do you PRIMARILY identify with? _____

48. What is your gender? ☐ Male ☐ Female

49. What is your date of birth? _____(MM/DD/YY)

APPENDIX B:
Overview of the Eight Domains Addressed by the 2012 Hawaii Adult Community Mental Health Survey

Domains	Survey
Satisfaction *Overall satisfaction with services received*	1. I like the services that I received here.
	2. If I had other choices, I would still get services from this agency
	3. I would recommend this agency to a friend or family members.
Access *Entry into mental health services is timely and convenient*	4. The location of the services was convenient.
	5. Staff were willing to see me as often as I felt it was necessary
	6. Staff returned my call within 24 hours
	7. Services were available at times that were good for me.
	8. I was able to get all the services I thought I needed.
	9. I was able to see a psychiatrist when I wanted to.
Appropriateness *Each consumer is treated as an individual, with a treatment plan that addresses strengths as well as weaknesses, proper ethno-cultural context, and consumer goals*	10. Staff here believes that I can grow, change and recover.
	12. I feel free to complain.
	13. I was given information about my rights
	14. Staff encouraged me to take responsibility for how I live my life
	15. Staff told me what side effects to watch out for.
	16. Staff respected my wishes about who is and who is not to be given information about my treatment.
	18. Staff was sensitive to my cultural background.
	19. Staff helped me obtain the information needed so that I could take charge of managing my illness.
	20. I was encouraged to use consumer-run programs.
Treatment Planning *The extent to which consumers felt that they participated in their treatment planning process*	11. I felt comfortable asking questions about my treatment and medication.
	17. I, not staff, decided my treatment goals.
Outcome *The extent to which mental health treatment had a positive effect on wellbeing, relationship, life circumstances, and potential recovery*	24. As a direct result of services I received, I deal more effectively with daily problems.
	25. As a direct result of services I received, I am better able to control my life.
	26. As a direct result of services I received, I am better to deal with crisis.
	27. As a direct result of services I received, I am getting along better with my family.
	28. As a direct result of services I received, I do better in social situations.

Domains	Survey
	29. As a direct result of services I received, I do better in school and /or work.
	30. As a direct result of services I received, my housing situation has improved.
	31. As a direct result of services I received, my symptoms are not bothering me as much.
Functioning *The extent to which mental health treatment had a positive effect on daily functioning*	32. As a direct result of services I received, I do things that are more meaningful to me.
	33. As a direct result of services I received, I am better able to take care of my needs.
	34. As a direct result of services I received, I am better able to handle things when they go wrong.
	35. As a direct result of services I received, I am better able to do things that I want to do.
Social Connectedness *The extent to which mental health treatment had a positive effect on one's sense of belongingness*	36. Thinking about people in my life other than mental health staff, I am happy with the friendships I have.
	37. Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things.
	38. Thinking about people in my life other than mental health staff, I feel I belong in my community.
	39. Thinking about people in my life other than mental health staff, when in a crisis I would have the support I need from family or friends.
Hawai'i-specific *The extent to which consumers felt that services were provided with respect and in a culturally appropriate manner*	21. I received services, including medications, in a timely manner, that is, there were no delays.
	22. Staff asked about my physical health.
	23. Staff expressed an understanding of my values in developing my treatment plan.

APPENDIX C:
Rank-Order Analysis of Positive Individual Items

MHSIP Items Rank ordered Positive, highest to lowest	N	Mean	SD	% Positive	% Negative
7. Services were available at times that were good for me.	298	1.11	0.436	94.0	1.3
14. Staff encouraged me to take responsibility for how I live my life.	295	1.10	0.408	93.6	2.7
10. Staff here believes that I can grow, change and recover. (Recovery is having a life that is meaningful to you – a home, a job, a loving partner, friends, children, hobbies, transportation.)	291	1.12	0.465	93.5	1.0
22. Staff asked me about my physical health (such as medical problems, illnesses, health problems).	299	1.13	0.460	92.3	2.7
1. I like the services that I receive here.	298	1.13	0.471	92.3	2.3
13. I was given information about my rights.	296	1.13	0.473	92.2	2.4
23. Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan.	294	1.14	0.493	92.2	1.7
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	292	1.13	0.465	92.1	2.7
3. I would recommend this agency to a friend or family member.	297	1.16	0.523	90.2	3.0
5. Staff is willing to see me as often as I felt it is necessary.	296	1.17	0.532	90.2	2.7
11. I felt comfortable asking questions about my treatment and medication.	297	1.21	0.600	89.2	1.0
19. Staff helped me obtain the information I needed so that I can take charge of managing my illness.	296	1.20	0.578	89.2	2.0
21. I received services, including medications, in a timely manner, that is, there were no delays.	283	1.19	0.556	89.0	3.2
18. Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.).	289	1.21	0.594	88.6	2.1
8. I was able to get all the services I thought I needed.	294	1.22	0.602	87.8	2.7
2. If I had other choices, I would still get services from this agency.	299	1.23	0.621	87.3	2.3
6. Staff returned my call within 24 hours.	290	1.23	0.616	86.9	3.1
12. I felt free to complain.	290	1.23	0.610	86.6	3.8
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.).	290	1.25	0.639	86.2	2.8
9. I am able to see a psychiatrist when I wanted to.	280	1.27	0.653	84.6	3.9

17. I, not staff, decided my treatment goals.	291	1.29	0.683	84.5	2.4
33. As a direct result of services I received, I am better able to take care of my needs.		1.28	0.665	84.3	3.7
4. The location of services was convenient (for example, for parking, to public transportation, the distance, etc.).	289	1.29	0.680	84.1	3.1
24. As a direct result of services I received, I deal more effectively with daily problems.	294	1.30	0.694	84.0	2.4
26. As a direct result of services I received, I am better able to deal with crisis.	298	1.29	0.686	83.9	3.0
15. Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.).	285	1.29	0.668	82.8	5.3
25. As a direct result of services I received, I am better able to control my life (that is, being in charge of, managing my life).	293	1.32	0.711	82.6	3.1
35. As a direct result of services I received, I am better able to do things I want to do.	289	1.34	0.724	81.0	4.2
36. Thinking about people in my life other than mental health staff, I am happy with the friendships I have.	285	1.36	0.751	80.0	3.5
32. As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance).	292	1.36	0.740	79.8	4.5
37. Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things.	286	1.37	0.756	79.4	3.8
34. As a direct result of services I received, I am better able to handle things when they go wrong.	297	1.39	0.769	78.1	4.4
30. As a direct result of services I received, my housing situation has improved.	269	1.42	0.786	76.6	4.8
28. As a direct result of services I received, I do better in social situations.	294	1.44	0.806	76.2	3.7
38. Thinking about people in my life other than mental health staff, I feel I belong in my community.	289	1.42	0.765	74.7	8.3
27. As a direct result of services I received, I am getting along better with my family.	285	1.45	0.802	74.7	5.6
31. As a direct result of services I received, my symptoms are not bothering me as much.	294	1.50	0.829	72.1	6.1
39. Thinking about people in my life other than mental health staff, when in a crisis I would have the support I need from family or friends.	289	1.49	0.808	70.6	9.3
29. As a direct result of services I received, I do better in school and/or work.	198	1.58	0.879	68.7	5.1

APPENDIX D:
Rank-Order Analysis of Negative Individual Items

MHSIP Items Rank ordered Negative highest to lowest	N	Mean	SD	% Positive	% Negative
38. Thinking about people in my life other than mental health staff, I feel I belong in my community.	289	1.49	0.808	70.6	9.3
38. Thinking about people in my life other than mental health staff, I feel I belong in my community.	289	1.42	0.765	74.7	8.3
31. As a direct result of services I received, my symptoms are not bothering me as much.	294	1.50	0.829	72.1	6.1
27. As a direct result of services I received, I am getting along better with my family.	285	1.45	0.802	74.7	5.6
15. Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.).	285	1.29	0.668	82.8	5.3
29. As a direct result of services I received, I do better in school and/or work.	198	1.58	0.879	68.7	5.1
30. As a direct result of services I received, my housing situation has improved.	269	1.42	0.786	76.6	4.8
32. As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance).	292	1.36	0.740	79.8	4.5
34. As a direct result of services I received, I am better able to handle things when they go wrong.	297	1.39	0.769	78.1	4.4
35. As a direct result of services I received, I am better able to do things I want to do.	289	1.34	0.724	81.0	4.2
9. I am able to see a psychiatrist when I wanted to.	280	1.27	0.653	84.6	3.9
37. Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things.	286	1.37	0.756	79.4	3.8
12. I felt free to complain.	290	1.23	0.610	86.6	3.8
28. As a direct result of services I received, I do better in social situations.	294	1.44	0.806	76.2	3.7
33. As a direct result of services I received, I am better able to take care of my needs.	300	1.28	0.665	84.3	3.7
36. Thinking about people in my life other than mental health staff, I am happy with the friendships I have.	285	1.36	0.751	80.0	3.5
21. I received services, including medications, in a timely manner, that is, there were no delays.	283	1.19	0.556	89.0	3.2
4. The location of services was convenient (for example, for parking, to public transportation, the distance, etc.).	289	1.29	0.680	84.1	3.1
6. Staff returned my call within 24 hours.	290	1.23	0.616	86.9	3.1
25. As a direct result of services I received, I am better able to control my life (that is, being in charge of, managing my life).	293	1.32	0.711	82.6	3.1

3. I would recommend this agency to a friend or family member.	297	1.16	0.523	90.2	3.0
26. As a direct result of services I received, I am better able to deal with crisis.	298	1.29	0.686	83.9	3.0
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.).	290	1.25	0.639	86.2	2.8
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	292	1.13	0.465	92.1	2.7
8. I was able to get all the services I thought I needed.	294	1.22	0.602	87.8	2.7
14. Staff encouraged me to take responsibility for how I live my life.	295	1.10	0.408	93.6	2.7
5. Staff is willing to see me as often as I felt it is necessary.	296	1.17	0.532	90.2	2.7
22. Staff asked me about my physical health (such as medical problems, illnesses, health problems).	299	1.13	0.460	92.3	2.7
17. I, not staff, decided my treatment goals.	291	1.29	0.683	84.5	2.4
24. As a direct result of services I received, I deal more effectively with daily problems.	294	1.30	0.694	84.0	2.4
13. I was given information about my rights.	296	1.13	0.473	92.2	2.4
1. I like the services that I receive here.	298	1.13	0.471	92.3	2.3
2. If I had other choices, I would still get services from this agency.	299	1.23	0.621	87.3	2.3
18. Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.).	289	1.21	0.594	88.6	2.1
19. Staff helped me obtain the information I needed so that I can take charge of managing my illness.	296	1.20	0.578	89.2	2.0
23. Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan.	294	1.14	0.493	92.2	1.7
7. Services were available at times that were good for me.	298	1.11	0.436	94.0	1.3
10. Staff here believes that I can grow, change and recover. (Recovery is having a life that is meaningful to you – a home, a job, a loving partner, friends, children, hobbies, transportation.)	291	1.12	0.465	93.5	1.0
11. I felt comfortable asking questions about my treatment and medication.	297	1.21	0.600	89.2	1.0