Fiscal Year 2016 and 2017 Hawai`i Adult Community Mental Health Services Consumer Satisfaction Survey

Adult Mental Health Division

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EXECUTIVE SUMMARY

This report details the statewide results of the FY2016 and FY2017 Hawaii Annual Adult Community Mental Health Services Consumer Survey administered from August 1, 2016 through October 1, 2016 and August 1, 2017 through October 1, 2017, respectively. A total of 667 (2016) and 685 (2017) consumers were selected, based on a random stratified sample, 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 Branch (CMHC) or Purchase of Service Provider (POS) during their respective fiscal years. Response rates were 77% for FY2016 and 64% for FY2017.

Response rates have varied a great deal across years and providers. FY2016 had the highest response rate among all providers for all the years presented here and FY2017 had one of the lowest. Several providers maintain high response rates across the years while others remain quite low. Yet a third group vacillates from low to high rates from one year to the next.

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 8) four statements added to the survey by the State of Hawai`i (Hawaii-Specific). Participants rate each statement on a five-point scale ranging from "Strongly Agree," "Agree," "Neutral," "Disagree," to "Strongly Disagree."

Results for the past four years show consistently high levels of satisfaction within four domains: culturally appropriate services (Hawaii-Specific), service appropriateness, overall satisfaction with services (Satisfaction), and access to services. Respondents are consistently less satisfied with their participation in treatment planning, level of functioning because of treatment, overall treatment outcomes, and feeling connected with those people in their social world. This report also examines consumer responses based on sex, age, and diagnosis.

There are also several Recommendations and Observations that appear throughout the narrative portion of this report.

Survey Highlights FY2016

Participating providers	15
Surveys distributed	667
Survey contacts	488
Survey Response Rate	374 (77%)

Domain Scores[1]

Satisfaction with Services:	94.3%
Hawai'i specific questions:	95.9%
Appropriateness/Quality of Services:	93.7%
Access to Service:	91.5%
Participation in Treatment Planning:	87.8%
Functioning:	83.9%
Improved Outcomes from Services:	84.9%
Social Connectedness:	78.2%

Survey Highlights FY2017

Participating providers	16
Surveys distributed	685
Survey contacts	514
Survey Response Rate	327 (64%)

Domain Scores

Satisfaction with Services:	92.3%
Hawai'i specific questions:	95.3%
Appropriateness/Quality of Services:	95.3%
Access to Service:	92.3%
Participation in Treatment Planning:	86.2%
Functioning:	80.3%
Improved Outcomes from Services:	81.1%
Social Connectedness:	74.0%

[1]The values presented here were calculated based on the percent of consumers who responded "Strongly Agree" or "Agree" for each item within the eight survey domains. For example, a score of 92% indicates that 92% of the sample either strongly agreed or agreed, on average, with the statements within that domain.

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INTRODUCTION

Each year the Adult Mental Health Division (AMHD) is required by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Center for Mental Health Services (CMHS) to conduct a survey of consumers' perceptions of the mental health care they received from the public community mental health system. One way to meet this goal is through the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey[2] which is used by all states and territories that receive Mental Health Block Grant funding. The Adult Mental Health Division (AMHD) surveys consumers on an annual basis across the state. Results from the survey are reported to CMHS and shared with purchase of service (POS) providers' and community mental health center branches' (CMHCs) staff members. The present report summarizes the results of the FY2016 and FY2017 annual consumer satisfaction surveys including consumers who were discharged during those fiscal years. The report also compares FY2016 and FY2017 survey data with those from FY2013 to FY2015.

Background

The 2016 Hawai`i Adult Community Mental Health Consumer Survey (HACMHCS: See Appendix A) was distributed to 665 randomly selected consumers who had received at least one treatment or case management service from state-operated CMHCs or purchase of service (POS) providers between November 1, 2015 and April 20, 2016. In 2017 686 surveys were distributed to consumers who were served between November 1, 2016 and April 20, 2017. To help improve response rates, the case management leads coordinated survey distribution, completion, and return within their CMHCs or POS agency. As a result, 374 and 327 surveys were completed in FY2016 and FY2017 respectively representing 77% and 64% of consumers known to have been contacted for survey completion in each year. Consumers unable to complete the survey at the time of its distribution (including those who had been discharged) were sent the survey through the mail.

RESPONSE RATES

Table 1 shows the response rates for POS providers and CMHCs from FY2013 to FY2017. The response rate is determined by subtracting all people from the starting sample who were unreachable (either mail was returned to the sender or the consumer could not be located). This remainder is then divided into the number of completed surveys and that ratio, expressed as a percent, is the response rate. These rates are highly variable both between provider sources (POS vs CMHCs) and over the years. This current year, FY2017, has a response rate similar to those of past years while FY2016 had a remarkably high response rate for POS providers. Recognition of this high response rate, however, must be tempered by the elevated number of individuals who had been identified as unreachable by providers, a trend that has persisted since FY2014. Not using respondents deemed to be unreachable in response rate computation can artificially inflate such rates if concerted efforts are not used to reach all selected potential respondents. Also, many unreachable prospective respondents can introduce biases into survey findings because it might not be clear as to why particular respondents were not reachable. For example, they might have less stable living arrangements than other respondents, thus somewhat mitigating the supposedly random nature of the selected sample.

[2]Teague G B, Ganju V, Hornik J A, et al. The MHSIP Mental Health Report Card. A Consumer-Oriented Approach to Monitoring the Quality-Appropriateness of Mental Health Plans. Mental Health Statistics Improvement Program. Evaluation Review.1997; 21(3): 330–341.

Table 1. FY2013-FY2017 Comparison of Response Rates[3] for Consumers Served by AMHD

2013					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	235	112	97	26	53.6%
POS	495	169	286	40	37.1%
Total	**730**	**281**	**383**	**66**	**42.3%**

2014					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	440	250	117	73	68.1%
POS	97	56	24	17	70.0%
Mailed	133	15	52	66	22.4%
Total	670	321	193	156	**62.5%**

2015					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	249	137	29	83	82.5%
POS	272	168	21	83	88.9%
Mailed	167	8	125	34	6.0%
Total	688	313	175	200	**64.1%**

2016					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	356	208	53	95	79.7%
POS	225	164	8	53	95.3%
Mailed	86	2	53	31	3.6%
Total	667	374	114	179	**76.6%**

[3] Response rate is the quotient of the number of completed surveys divided by the number of consumers who were contacted (i.e. all the consumers selected for survey administration minus the number who were unreachable).

2017					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	362	196	54	112	78.4%
POS	188	126	37	25	77.3%
Mailed	135	5	96	34	5%
Total	685	327	187	171	**63.6%**

Recommendation 1

Providers should be encouraged to make more than a token effort to contact their selected respondents. Perhaps some incentive system could be developed to promote more vigorous location efforts. Additionally, the overall annual response rate is sharply diminished by the very low response rate for mailed surveys. Some thought should be given to the survey administration options for future surveys as the payoff of these mailed surveys appears to be exceedingly low.

Starting in 2014, mailed surveys have been removed from providers' response rate calculations to obtain a more accurate portrayal of providers' rates as it was reasoned that they should not be held accountable for the return rates of consumers who had received surveys in the mail. Anecdotal evidence suggests that the methods of contacting and engaging respondents, in person and through the mail, has varied over the past five years and this could be a major factor in producing fluctuating response rates.

Recommendation 2

Future survey administrations should be documented and standardized. Also, surveyors should focus on decreasing the number of individuals who are lost to the survey process (e.g., unreachable, returned to sender) because their absence from the results can introduce a degree of uncertainty into the findings.

Demographic Characteristics Associated with Survey Completion Status. An analysis of the differential completion status (completed, refused, or unreachable) of respondents based on sex, age, race, Hispanic ethnicity, diagnosis, and substance use problems showed that in **2016** there were disproportionate rates of completion and failure to complete due to both age (χ^2 (4) = 17.5, $p < .005$, $\phi = .162$)[4] and diagnosis (χ^2 (4) =

[4] Chi-square effect sizes were estimated post hoc using phi (ϕ) and interpreting values of .10 as small, .39 as medium, and .50 as large.

10.4, $p < .05$, $\phi = .126$). Older (age 45-64: 59%, n = 217; age 65+: 63%, n = 76) respondents were more likely to have completed surveys than those who were younger (age 18-44: 45%, n = 81). The younger group was almost twice more likely to have refused participation than those older than them (18-44: 25%, n = 45; 45-64: 14%, n = 51; 65+: 14%, n = 17). People who have schizophrenia and other psychotic disorders (57%, n = 223) and those who have bipolar and mood disorders (59%, n = 140) were more likely to have completed surveys than those who have other types or deferred diagnoses (36%, n = 10).

In **2017** differential rates of completion were found due to race (χ^2 (10) = 45.6, $p < .001$, $\phi = .258$) and Hispanic ethnicity (χ^2 (2) = 12.7, $p < .005$, $\phi = .136$). People who are of unknown race (11%, n = 6) were less likely to complete surveys than those who are Black/African American (57%, n = 13), Asian (51%, n = 101), Native Hawaiian or Other Pacific Islander (58%, n = 52), or of two or more races (56%, n=62). People of unknown race (53%, n = 28) or Black/African American (39%, n = 9) were more likely to refuse to complete the survey while those who are of two or more races (20%, n = 22) or Native Hawaiian or Other Pacific Islander (19%, n = 17) were less likely to do so. People of unknown race were the group by far the most likely to be unreachable (36%, n = 19) while people of the other races were not more notably unreachable. People who have Hispanic ethnicity (72%, n = 36) were more likely to complete the survey than those who do not (46%, n = 291). The differences between these two groups were not noteworthy with regard to refusal to participate or unreachability.

Recommendation 3

It appears that people who have clear cut diagnoses or more complete information about their race and ethnicity, in other words people who are better known to their providers, have higher rates of completion. While unsurprising, this finding suggests that the amount of contact a consumer has with providers might be a factor of interest in interpreting survey completion rates and, perhaps, their responses to the survey questions. Future surveys might need to be distributed to two identifiable subgroups: those who have had long term continuing contact with their providers and those who have had only short-term contact of only one to three sessions.

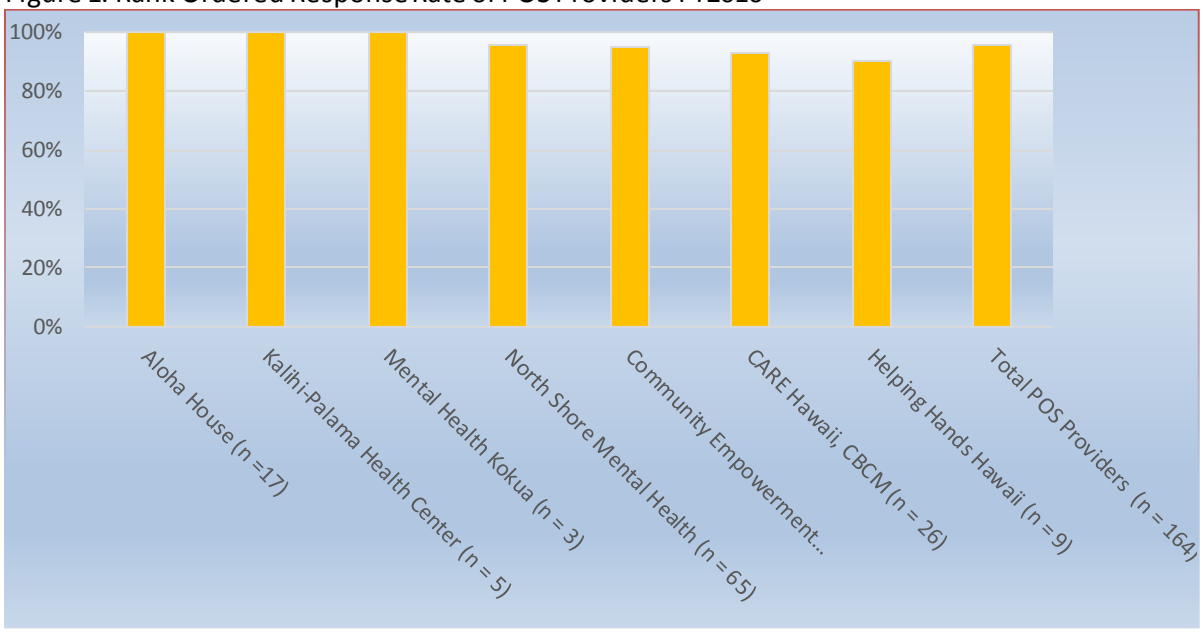
POS providers are ordered from highest response rates to lowest for FY2016 and FY2017 in Figures 1 and 2. The values used to determine these response rates can be found in Tables 2 and 3. CMHCs response rates are ordered from highest to lowest within county for FY2016 and FY2017 in Figures 3 and 4 while the values used to determine their rates can be found in Tables 4 and 5. Response rates are based on completed surveys or contacts 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. POS providers had a much higher response rate in 2016 (95.3%) than 2017 (77.6%). This appears to be, in part, due to a more than double number of unreachable respondents in 2016 versus 2017. CMHCs, on the other hand, had a similar response rate and a similar number of unreachable respondents in both years. Table 6 and Figure 5 show POS provider response rates from 2013 to 2017 and Table 7 and Figure 6 show CMHCs provider response rates for this same period. There has been a great deal of variability within individual providers across years in response rates with 2016 being the overall best for POS providers and 2015 the best for CMHCs. Response rate variability across all POS providers from FY2013 to FY2017 was over twice as large as it was for all CMHC

providers (POS SD[5] = .227; CMHC SD = .109). While this difference was not significant due to too few data points (n = 5), it does indicate further that some type of standardization among all providers regarding engaging respondents would be worthwhile. Starting in 2014 provider response rates were estimated without inclusion of those consumers to whom surveys were mailed. Table 8 contains data for mailed survey response rates from FY2014 to FY2017 for POS providers and CMHCs. Mailed survey response rates across provider groups and years are quite low. It is not clear if computation of response rate adjustments for mailed surveys were made in prior years. Inspection of FY2013 response rates suggest that such adjustments were not made. Future analyses should continue to estimate provider response rates without including mailed surveys.

Recommendation 4

Response rate calculations should continue to separate out respondents to whom surveys are mailed if such surveys continue to be used. Independent of the contribution of mailed surveys to lower response rates, there is a great deal of variability among providers about their survey completion rates. Some providers achieve very high response rates (> 80%) and others have very low rates. It would be useful to ask more successful providers what strategies they use to achieve their high completion rates

Figure 1. Rank Ordered Response Rate of POS Providers FY2016



[5] SD = Standard Deviation.

Figure 2. Rank Ordered Response Rate of POS Providers FY2017

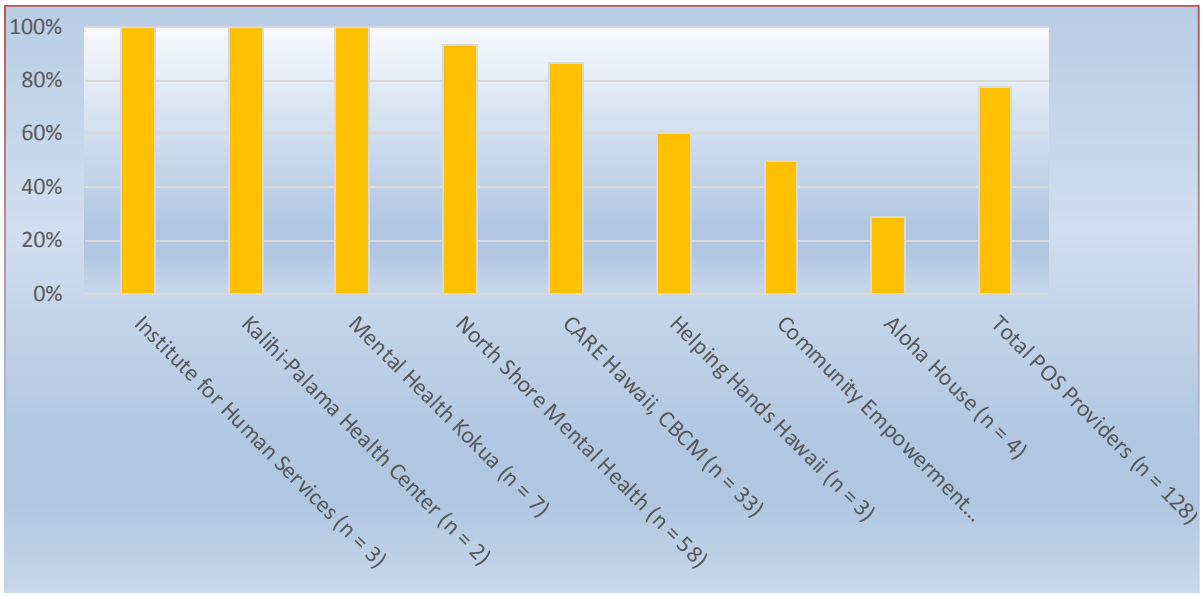


Table 2. FY2016 Hawaii Adult Mental Health Consumer Survey Response Rates – Purchase of Service (POS) Providers

POS	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Aloha House	22	17	0	5	100.00%
Kalihi-Palama Health Center	7	5	0	2	100.00%
Mental Health Kokua	4	3	0	1	100.00%
North Shore Mental Health	78	65	3	10	95.60%
Community Empowerment Resources	52	39	2	11	95.10%
CARE Hawaii, CBCM	51	26	2	23	92.90%
Helping Hands Hawaii	11	9	1	1	90.00%
Total POS Providers	**225**	**164**	**8**	**53**	**95.30%**

Table 3. FY2017 Hawaii Adult Mental Health Consumer Survey Response Rates – Purchase of Service (POS) Providers

POS	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Mental Health Kokua	8	7	0	1	100.0%
Kalihi-Palama Health Center	4	2	0	2	100.0%

POS	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Institute for Human Services	3	3	0	0	100.0%
North Shore Mental Health	66	58	4	4	93.5%
CARE Hawaii, CBCM	46	33	5	8	86.8%
Helping Hands Hawaii	5	3	2	0	60.0%
Community Empowerment Resources	42	16	16	10	50.0%
Aloha House	14	4	10	0	28.6%
Total POS Providers	**190**	**128**	**37**	**25**	**77.6%**

Observation 1

Several POS providers have consistently high response rates (greater than 80%), particularly in FY2016 when POS providers, as a group, had their highest recorded response rate for the year. However, this is in part related to a larger number of unreachable consumers that year. Response rates should be closely monitored in future years to identify exemplary providers and develop plans to help those who are not as successful.

Figure 3. Rank Ordered Response Rate of CMHC Branches FY2016

Figure 4. Rank Ordered Response Rate of CMHC Branches FY2017

Table 4. FY2016 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Center Branches

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Maui CMHC Branch	62	52	2	8	96.3%
Oahu CMHC Branch	200	111	46	43	70.7%
West Honolulu Treatment Services Section (TSS)	43	32	0	11	100.0%
Central-Leeward Oahu TSS	82	51	17	14	75.0%
Windward TSS	25	12	6	7	66.7%
East Honolulu TSS	50	16	23	11	41.0%
Hawaii County CMHC Branch	69	39	2	28	95.1%
West Hawaii Mental Health Clinic Section	19	6	0	13	100.0%
East Hawaii Mental Health Clinic Section	50	33	2	15	94.3%
Kauai CMHC Branch	25	6	3	16	66.7%
All CMHC Branches	356	208	53	95	79.7%

Table 5. FY2017 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Center Branches

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Maui CMHC Branch	46	41	2	3	95.3%
Oahu CMHC Branch	195	98	38	59	72.1%
Windward Treatment Services Section (TSS)	36	19	0	17	100.0%
Central-Leeward TSS	68	54	11	3	83.1%
East Honolulu TSS	45	15	11	19	57.7%
West Honolulu TSS	46	10	16	20	38.5%
Hawaii County CMHC Branch	56	36	6	14	85.7%
West Hawaii Mental Health Clinic Section	17	9	1	7	90.0%
East Hawaii Mental Health Clinic Section	39	27	5	7	84.4%
Kauai CMHC Branch	25	6	3	16	66.7%
All CMHC Branches	322	181	49	92	78.7%

Observation 2

Community Mental Health Center Branches, while more consistent from year to year, as a group have consistently lower response rates than POS providers. Some Branches have consistently low response rates from year to year while others have consistently high ones. As with POS providers, response rates should be closely monitored in future years to identify exemplary providers and develop plans to help those who are not as successful.

Table 6. Hawai`i Adult Community Mental Health Consumer Survey Response Rates – Purchase of Service Providers (POS) by Survey Year

POS	2013	2014	2015	2016	2017
Aloha House	27.2%	100%	88.9%	100%	28.6%
Breaking Boundaries	33.3%	100%	n/a	n/a	n/a
CARE Hawaii, CBCM	23.4%	69.2%	89.1%	92.9%	86.8%
Community Empowerment Resources	48.2%	83.3%	89.1%	95.1%	50%
Helping Hands Hawaii	48.4%	20%	50%	90%	60%
Institute for Human Services	100%	0%	n/a	n/a	100%
Kalihi-Palama Health Center	61.5%	100%	100%	100%	100%
Mental Health Kokua	36.4%	0%	90.9%	100%	100%
North Shore Mental Health	90.5%	90.9%	90.6%	95.6	93.5%
Total POS	**37.1%**	**70.0%**	**88.9%**	**95.3**	**77.6%**

Figure 5. Response Rate of POS Providers by Survey Year

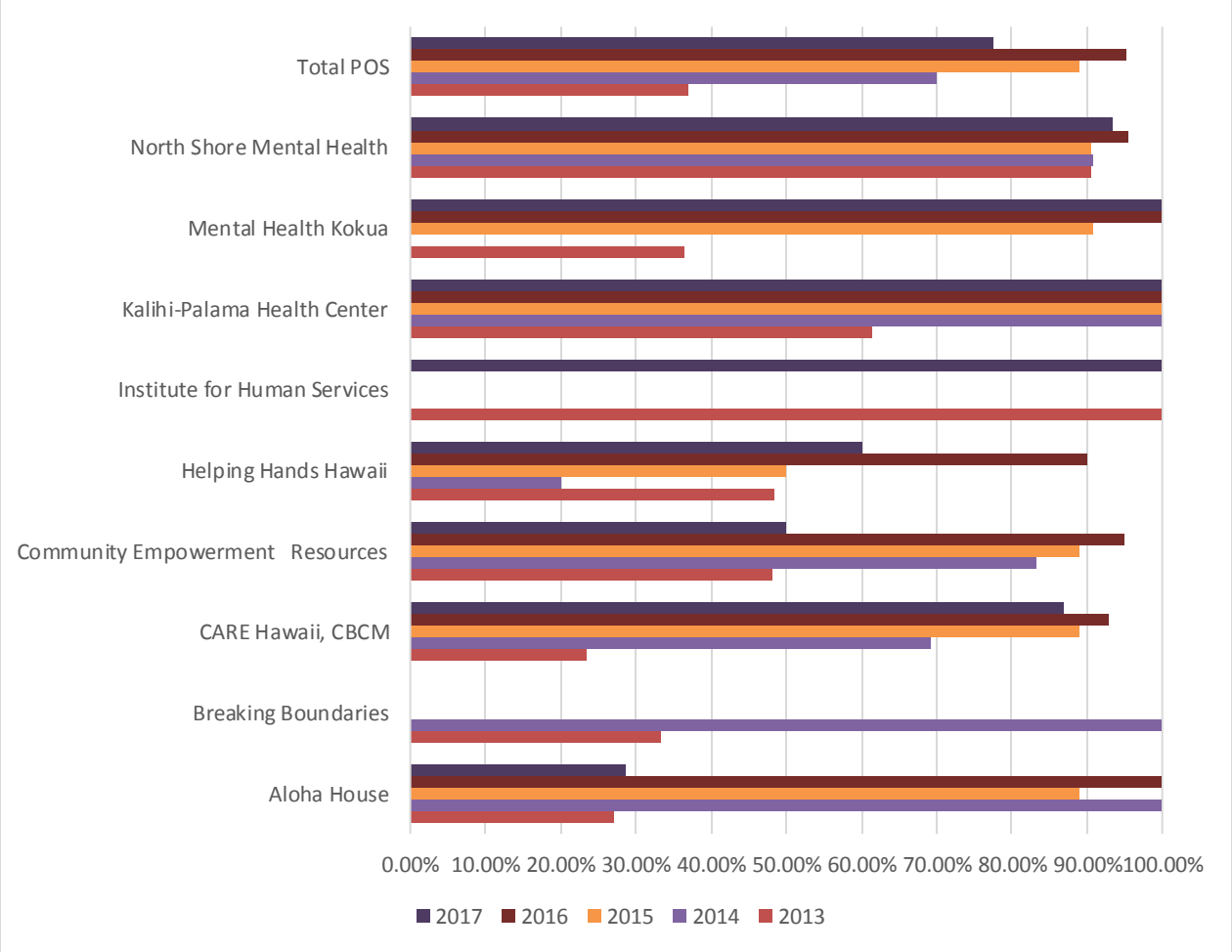


Table 7. Hawai`i Adult Mental Health Community Mental Health Consumer Survey Response Rates - Community Mental Health Center Branches by Survey Year FY2013-FY2017

CMHCs	2013	2014	2015	2016	2017
Maui CMHC Branch	55.6%	93.2%	90%	96.3%	95.3%
West Honolulu TSS	64.1%	84.1%	93.3%	100%	38.5%
Central-Leeward Oahu TSS	63.3%	61.3%	95.1%	75%	83.1%
Windward TSS	86.7%	100%	70.6%	66.7%	100%
East Honolulu TSS	18.2%	36%	60%	41%	57.7%
East Hawaii Mental Health Clinic Section	68%	65.8%	87.5%	94.3%	84.4%
West Hawaii Mental Health Clinic Section	60%	83.3%	100%	100%	90%
Kauai CMHC Branch	27.8%	38.6%	66.7%	66.7%	66.7%
All CMHC Branches	**53.6%**	**68.1%**	**82.5%**	**75.5%**	**74.8%**

Figure 6. Response Rate of CMHC Branches by Survey Year

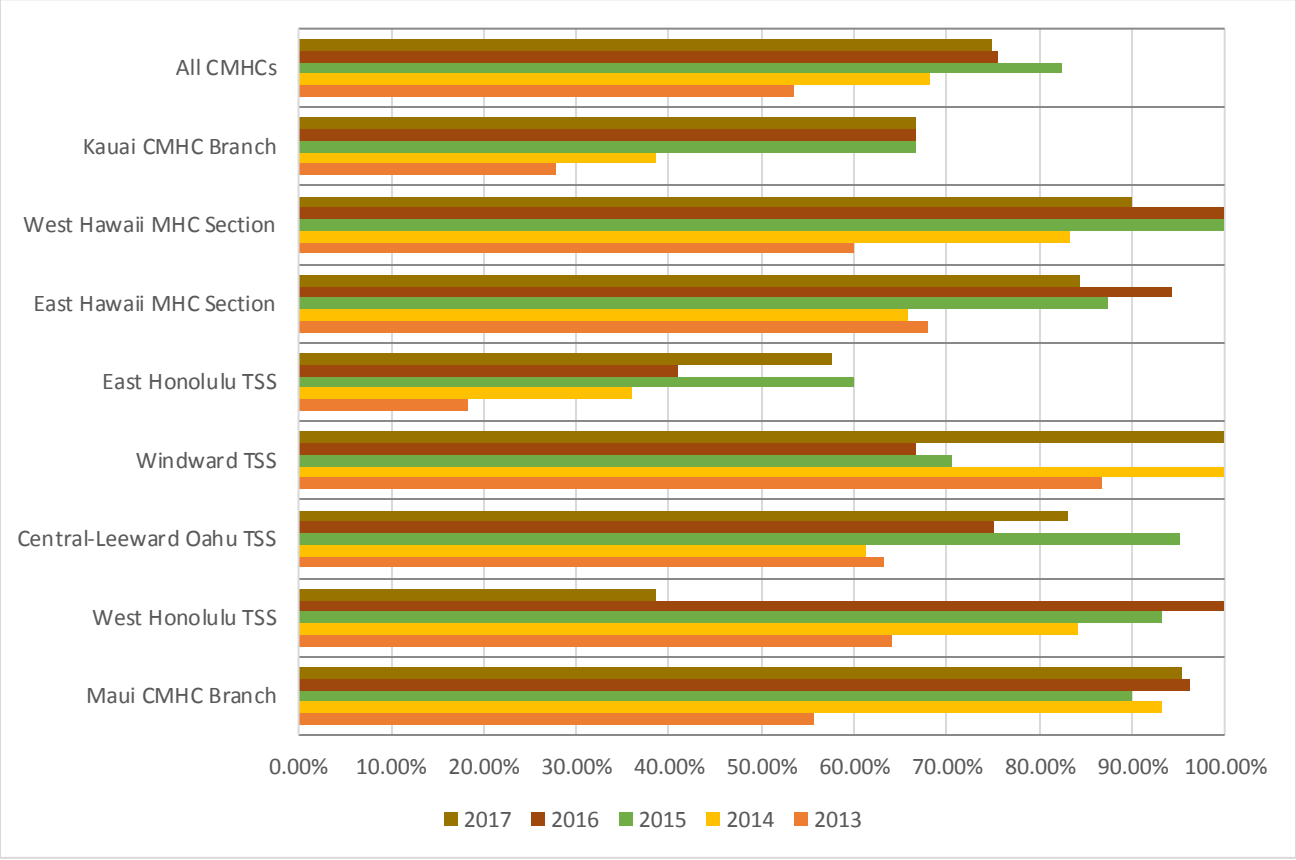


Table 8. Hawai`i Adult Mental Health Community Mental Health Consumer Survey Response Rates – Mailed Surveys FY2014-FY2017

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs 2014	54	7	21	26	25.00%
POS 2014	79	8	31	40	20.51%
Total 2014	**133**	**15**	**52**	**66**	**22.39%**
CMHCs 2015	50	4	35	11	10.3%
POS 2015	117	4	90	23	4.3%
Total 2015	**167**	**8**	**125**	**34**	**6.0%**
CMHCs 2016	24	0	18	6	0.0%
POS 2016	62	2	35	25	5.4%
Total 2016	**86**	**2**	**53**	**31**	**3.6%**
CMHCs 2017	80	4	64	12	5.9%
POS 2017	55	1	32	22	3.0%
Total 2017	**135**	**5**	**96**	**34**	**5.0%**

METHOD

Sample

Six hundred sixty- seven consumers were randomly selected to participate in this survey in 2016 and 685 were selected in 2017. All those selected received at least one clinical or case management service between November 1 and April 20 of the fiscal year at state-operated Community Mental Health Center Branches (CMHCs) or Purchase of Service (POS) providers.

Instrument

The survey instrument, the "Hawai`i Mental Health Services Consumer Survey (2016 or 2017)," 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. 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 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. Appendix B shows which items are included in each domain.

The 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), five statements within the Functioning domain (statements 31 to 35; Item 31 is used for both the Outcomes and Functioning domains), 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).

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: Prior to distribution, providers were able to preview a list of consumers to let AMHD know which consumers were no longer receiving services from them. Consumers who were no longer receiving services from their providers and those who had been discharged were mailed the MHSIP survey with a self-addressed stamped envelope. Surveys were collated and distributed to each provider for the rest of the sample. Providers were responsible for distributing, collecting, and returning surveys to AMHD.

Survey Collection: The survey period was August 1 through October 1 of the survey calendar year (e.g., August 1, 2016 for FY2016). The case management leads were responsible for collecting all completed surveys. AMHD staff members were responsible for data entry. Self-addressed stamped envelopes were provided for consumers who preferred to return their completed surveys directly to AMHD via mail.

Staff Training: AMHD staff provided written guidance to the Branches and the POS providers who were assigned to distribute and collect the surveys and discussed the survey process. This gave these individuals more confidence in administering the surveys and ensured that they were supported by AMHD Administration.

Data Entry: An AMHD staff member coordinated data entry with the assistance of a 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-double entering the disputed entry.

Analysis: The data were analyzed using the Statistical Package for Social Scientists (SPSS). 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," to 5 for "Strongly Disagree." A sixth option, "Does Not Apply" was treated as a non-response. Lower scores indicated more favorable experiences with the specific agency or service. Data were analyzed separately for each of the two-fiscal year under consideration in this report.

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 indicate higher levels of agreement with the survey items. These mean scores are shown in Appendices C and D, Rank-Order Analysis of Individual Item Means and Percent Positive and Negative Responses. The "Does Not Apply," responses were recorded as "missing." Although these Appendices 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 which is consistent with national MHSIP reporting standards. Data are presented separately for FY2016 and FY2017 in these appendices.

RESULTS

The survey results are presented here by sex, age, race, ethnicity, diagnosis, and co-occurring substance use problem. While this report focuses mainly on domain scores, overall statewide analysis of the percent of positive and negative responses for each of the 39 survey items for FY2016 and FY2017 are presented in Appendices C and D.

Demographic Characteristics

Table 9 contains demographic and clinical characteristics of the consumers who completed the 2016 and 2017 surveys[6]. Of the consumers who completed a survey in FY2016, 55% were male (n = 206) and 45% (n = 168) were female and in FY2017 57% (n = 185) were male and 43% (n = 142) were female. Ten percent of respondents in FY2016 were 18 to 34 years old (n = 37), 70% were 35 to 64 years old (n = 261), and 20% were 65 years or older (n = 76). In FY2017 11% (n = 37) were 18 to 34 years old, 75% were 35 to 64 years old (n = 244), and 14% were 65 years or older (n = 46). In FY2016 32% of consumers reported that they were of Asian ancestry (n = 119), 4% were Black or African American (n = 13), 13% were Native Hawaiian or other Pacific Islander (NHOPI; n = 49), 33% were White (n = 124), and 18% were two or more races (n = 67)[7]. In FY2017 32% of consumers reported that they were of Asian ancestry (n = 101), 4% were Black or African American (n = 13), 16% were Native Hawaiian or other Pacific Islander (NHOPI; n = 52), 29% were White (n = 92), and 19% were two or more races (n = 62). In FY2016 5% of respondents were of Hispanic ancestry (n = 10) while the remaining 95% were not (n = 355) while in FY2017 7% of respondents were of Hispanic ancestry (n = 18) while the remaining 93% were not (n = 291). In FY2016 people who have schizophrenia and related disorders represented the most respondents (60%, n = 223) while 38% were people who have bipolar and mood disorders (n = 140) and the remaining 3% were people who have other or deferred diagnoses (n = 10). The distribution of respondents' diagnoses was essentially the same in 2017 with 57% (n = 185) of consumers having a schizophrenia spectrum disorder diagnosis, 38% (n = 124) having a bipolar or mood disorder diagnosis, and 6% (n = 18) with some other diagnosis. Finally, slightly more than half (51%; n = 189) of the consumers completing the survey in 2016 had co-occurring substance use problems and, similarly, 51% (n = 158) had such problems in 2017. Chi-square analyses showed that there were no differences in the distribution of these demographic and clinical characteristics between FY2016 and FY2017 suggesting that the survey population is likely quite stable over time and remains representative of the consumer population.

Observation 3

The samples selected for the FY2016 and FY2017 surveys are demographically similar to one another thus allowing some degree of generalization of findings across years.

[6] There were 4 respondents in 2016FY2016 and 11 in 2017FY2017 for whom some type of demographic information was not available. Thus, the respondent totals for several characteristics may not add up to the number of respondents for that year. Also, summations of category percentages may exceed 100% in places because of rounding error

[7] The category of American Indian or Alaskan Native was not included in any summaries because of low counts.

Table 9. Survey Respondents' Demographic and Clinical Characteristics for FY2016 and FY2017

		Year				Year to Year Comparison	
		2016		2017			
		N	%	N	%	χ^2 (df)	*p*
Sex	Male	206	55.1%	185	56.6%	.02 (1)	*ns*
	Female	168	44.9%	142	43.4%		
Age	18-34	37	9.9%	37	11.3%	4.8 (2)	*ns*
	35-64	261	69.8%	244	74.6%		
	65+	76	20.3%	46	14.1%		
Race	Asian	119	32.0%	101	31.6%	2.6 (4)	*ns*
	Black or African American	13	3.5%	13	4.1%		
	Native Hawaiian or Other Pacific Islander	49	13.2%	52	16.3%		
	White	124	33.3%	92	28.8%		
	Two or More Races	67	18.0%	62	19.4%		
Ethnicity	Hispanic Origin	10	5.4%	18	7.3%	2.0 (1)	*ns*
	Not of Hispanic Origin	355	94.6%	291	92.7%		
Diagnosis	Schizophrenia and Related Disorders	223	59.8%	185	56.6%	3.8 (2)	*ns*
	Bipolar and Mood Disorders	140	37.5%	124	37.9%		
	All Other Diagnoses	10	2.7%	18	5.5%		
Substance Use Problem (SUP) [8]	Yes	189	50.5%	165	51.1%	.02 (1)	*ns*
	No	185	49.5%	158	48.9%		
Total							

Tables 10 and 11 show the comparison of demographic characteristics of those who completed the MHSIP with the larger population of people served by AMHD for FY2016 and FY2017 respectively. While there were significant differences between the MHSIP sample and the larger population for both years, their effect sizes (ϕ) were small. The significant findings are due, for the most part, to the large sample size for the AMHD population. However, it is interesting that in FY2016 MHSIP completers were disproportionately more middle aged and older people who were more likely to have schizophrenia and related diagnoses and a substance abuse problem. In FY2017 the same was true for age, diagnosis, and substance abuse with additional differences in that the completers were more likely to be Asian and Native Hawaiian or Other Pacific Islanders and of Hispanic ethnicity. It is likely that the characteristics that emerged as differences here are also those that are associated with more frequent contact with service providers thus increasing the chances that these consumers would complete the MHSIP survey.

[8] A Substance Use Problem is determined by having a co-occurring substance use disorder diagnosis or a score on a substance disorder screening measure that indicates the presence of such a problem.

Observation 4

Those consumers who completed the MHSIP in both FY2016 and FY2017 are slightly demographically different from the larger population of people served by AMHD. The survey completers are likely more closely affiliated with their service providers and have more frequent contact with them.

Table 10. Comparison of Survey Respondents' Demographic and Clinical Characteristics for FY2016 with All Served by AMHD That Year

		Group				Comparison		
		All Served		MHSIP Completers				
		N	%	N	%	χ^2 (df)	*P* <	ϕ[9]
Sex	Male	4183	56.9%	205	54.8%	.61 (1)	*ns*	
	Female	3174	43.1%	169	45.2%			
Age	18-34	1678	22.8%	38	10.2%			
	35-64	4901	66.5%	270	72.2%	42.4 (2)	*.001*	.074
	65+	794	10.8%	66	17.6%			
Race	Asian	1243	26.0%	119	32.0%			
	Black or African American	123	2.6%	13	3.5%			
	Native Hawaiian or Other Pacific Islander	736	15.4%	49	13.2%	8.2 (4)	*ns*	
	White	1720	36.0%	124	33.3%			
	Two or More Races	952	19.9%	67	18.0%			
Ethnicity	Hispanic Origin	324	4.7%	38	5.7%	1.2 (1)	*ns*	
	Not of Hispanic Origin	6520	95.3%	627	94.3%			
Diagnosis	Schizophrenia and Related Disorders	2895	40.2%	223	59.6%	*93.3 (2)*	*.001*	.111
	Bipolar and Mood Disorders	2729	37.9%	140	37.4%			
	All Other Diagnoses	1573	21.9%	11	2.9%			
Substance Use Problem (SUP)	Yes	2136	29.6%	168	44.9%	*39.6 (1)*	*.001*	.072
	No	5087	70.4%	206	55.1%			
Total								

[9] Chi-square effect sizes were estimated post hoc using phi (ϕ) and interpreting values of .10 as small, .39 as medium, and .50 as large.

Table 11. Comparison of Survey Respondents' Demographic and Clinical Characteristics for FY2017 with All Served by AMHD That Year

		Group				Comparison		
		All Served		MHSIP Completers				
		N	%	N	%	χ^2 (df)	*P <*	ϕ
Sex	Male	3861	56.6%	185	56.6%	0 (1)	*ns*	
	Female	2960	43.4%	142	43.4%			
Age	18-34	1642	24.1%	37	11.3%			
	35-64	4344	63.7%	244	74.6%	28.3 (2)	*.001*	.063
	65+	830	12.2%	46	14.1%			
Race	Asian	1160	25.4%	87	31.5%			
	Black or African American	142	3.1%	9	3.3%			
	Native Hawaiian or Other Pacific Islander	673	14.8%	49	17.8%	9.7 (4)	*.05*	.045
	White	1730	37.9%	84	30.4%			
	Two or More Races	857	18.8%	47	17.0%			
Ethnicity	Hispanic Origin	282	6.0%	36	12.7%	20.1 (1)	*.001*	.064
	Not of Hispanic Origin	4413	94.0%	247	87.3%			
Diagnosis	Schizophrenia and Related Disorders	2586	38.0%	185	56.6%	*74.4 (2)*	*.001*	.102
	Bipolar and Mood Disorders	2568	37.8%	124	37.9%			
	All Other Diagnoses	1647	24.2%	18	5.5%			
Substance Use Problem (SUP)	Yes	2356	40.0%	169	52.3%	*19.1 (1)*	*.001*	.056
	No	3528	60.0%	154	47.7%			
Total								

Table 12 shows the results of the cross-tabulations among the demographic and clinical characteristics for FY2016 and Table 13 shows these results for FY2017. Significant chi-square analyses are highlighted in light green. The disproportionalities that contributed to the significant chi-square tests are described in the following two sub-sections.

Table 12. Cross-tabulations of demographic and clinical characteristics for FY2016

		FY2016				
		Age	Race	Ethnicity	Diagnosis	SUP
Sex	χ^2 (df)	7.2 (2)	1.6 (4)	0.001 (1)	8.3 (2)	12.3 (1)

		FY2016				
		Age	Race	Ethnicity	Diagnosis	SUP
	$p <$	.05	ns	ns	0.05	0.001
	ϕ	.139			0.149	0.182
Age	χ^2 (df)		18.4 (8)	3.7 (2)	20.4 (4)	22.7 (2)
	$p <$		0.05	ns	0.001	0.001
	ϕ		0.222		0.234	0.246
Race	χ^2 (df)			9.2 (4)	23.2 (8)	15.9 (4)
	$p <$			ns	0.005	0.005
	ϕ				0.25	0.207
Ethnicity	χ^2 (df)				4.5 (2)	3.5 (1)
	$p <$				ns	ns
	ϕ					
Diagnosis	χ^2 (df)					8.1 (2)
	$p <$					0.05
	ϕ					0.147

Table 13. Cross-tabulations of demographic and clinical characteristics for FY2017

		FY2017				
		Age	Race	Ethnicity	Diagnosis	SUP
Sex	χ^2 (df)	4.1 (2)	2.5 (4)	1.7 (1)	2.9 (2)	14.6 (1)
	$p <$	ns	ns	ns	ns	0.001
	ϕ					0.213
Age	χ^2 (df)		13.7 (8)	4.9 (2)	1.4 (4)	7.2 (2)
	$p <$		ns	ns	ns	0.05
	ϕ					0.149
Race	χ^2 (df)			9.2 (4)	19.1 (8)	21.8 (4)
	$p <$			ns	0.05	0.001
	ϕ				0.244	0.263

		FY2017				
		Age	Race	Ethnicity	Diagnosis	SUP
Ethnicity	χ^2 (df)				0.58 (2)	3.4 (1)
	$p <$				ns	ns
	ϕ					
Diagnosis	χ^2 (df)					8.2 (2)
	$p <$					0.05
	ϕ					0.159

FY2016 Cross-tabulations. In FY2016 women (26.2%; n = 44) were almost twice as more likely to be in the 65+ age category than were men (15.5%; n = 32) while men were more likely to be in the younger age categories than were the women. Men were more likely than women to have a schizophrenia related diagnosis (men: 64.4%, n = 132; women: 54.2%, n = 91) while women were more likely than men to have a bipolar or mood disorder diagnosis (women: 44.6%, n = 75; men: 31.7%, n = 65). Men (58.7%, n = 121) were more likely to have a co-occurring substance use problem than were women (40.5%, n = 68). Consumers who are White are more likely to be in the 65+ age category (white: 29.8%, n =37 are 65+) than people of the other racial groupings (average of all other races: 15.7% are 65+) while people who are Native Hawaiian or Other Pacific Islander (89.8% are 18-64 years old) and of two or more races (91% are 18-64 years old) are more likely to be among the younger respondents than the other racial groups. Younger people (age 18-34: 75.7%, n = 28; 35-64: 62.7%, n = 163) are more likely to have schizophrenia and related disorders than older people (65+: 42.1%, n = 32) while those who are older are more likely to have bipolar and mood disorders than those who are younger. Younger people are more likely to have co-occurring substance use problems than older consumers (age 18-34: 78.4%, n = 29; 35-64: 52.1%, n = 136; 65+: 31.6%, n = 24). Over half of the White respondents had a bipolar or mood disorder (52.4%, n = 65) while people from the other racial categories were more likely to have schizophrenia spectrum disorder diagnoses than any other type of diagnosis (67.2% of people of other races have a schizophrenia spectrum disorder). Black or African American (61.5%, n = 8) and Native Hawaiian or Other Pacific Islander (67.3%, n = 33) people were more likely to have a substance use problem than not while people of Asian ancestry (37%, n = 44) were less likely to have such a problem. People who are White (53.2%, n = 66) or of two or more races (55.2%, n = 37) were roughly equally likely to have a substance use problem than not.

FY2017 Cross-tabulations. In FY2017 men (60.4%, n = 110) were more likely to have a co-occurring substance use problem than were women (39%, n = 55). The youngest respondents (18-34 years old: 78.4%, n = 29) were most likely to have a substance use problem than were the other two age groups (35-64 years old: 52.1%, n = 136; 65+: 31.6%, n = 24). Disproportionately more white respondents were diagnosed with bipolar and mood disorders (52.4%, n = 65) than schizophrenia spectrum disorders (45.2%, n = 56) while the reverse was true for Asian (schizophrenia disorders: 73.9%, n = 88; bipolar/mood disorders: 23.5%, n = 28) and Native Hawaiian or Other Pacific Islander respondents (schizophrenia disorders: 61.2%, n = 30; bipolar/mood disorders: 34.7%, n = 17). Substantially fewer people of Asian ancestry had substance use problems (41.4%, n = 41) than the other racial categories (Black/African American: 46.2%, n = 6; Native Hawaiian/Other Pacific Islander: 80.4%, n = 41; White: 50.5%, n = 46; two or more races: 46.8%, n = 29). Most notable is that over 80% people of Native Hawaiian or Other Pacific Islander ancestry had a co-occurring substance use problem. Finally, people who

Recommendation 5

All the significant chi-square analyses had small to medium-small effect sizes and should not be the source of serious speculation about the composition of the survey sample. Having a co-occurring substance use problem is the most consistently co-related clinical or demographic characteristic. The most highly co-related cluster of characteristics with substance use problems appears to be younger men who are of Hawaiian or Other Pacific Islander ancestry and who have schizophrenia spectrum disorders. Further attention should be given to people with such a profile of characteristics, particularly about their satisfaction with services as well as the outcomes of their participation in services.

have schizophrenia spectrum disorders (55.2%, n = 123) are more likely to have co-occurring substance use problems than those who have bipolar or mood disorders (41.4%, n = 58).

Statewide Positive Responses by Domains

Table 14 shows the positive responses to each of the survey domain areas for the past five years as well as their average over those years. Figure 7 depicts these data graphically. Table 15 summarizes an analysis of the differences in positive responding across domains between FY2016 and FY2017. Most domains showed slight, but not statistically significant, decreases in positive responding from F2016 to F2017. While they vary somewhat from year to year, the scores on each of the subscales have remained relatively consistent over time.

Table 14. Percentage of Consumers Reporting Positively on the Eight Domain Scores by Survey Year

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	93.4%	92.7%	92.2%	95.9%	95.3%	93.9%
Appropriateness	93.3%	89.9%	92.5%	93.7%	95.3%	92.9%
Satisfaction	94.5%	90.8%	92.0%	94.3%	92.3%	92.8%
Treatment Planning	86.3%	79.5%	83.5%	87.8%	86.2%	84.7%
Access	90.5%	87.7%	91.0%	91.5%	92.3%	90.6%
Functioning	79.6%	79.8%	78.5%	83.9%	80.3%	80.4%
Treatment Outcomes	80.3%	76.6%	82.3%	84.9%	81.1%	81.0%
Social Connectedness	75.9%	73.1%	72.3%	78.2%	74.0%	74.7%

Figure 7. Percentage of Consumers Reporting Positively on the Eight Domain Scores by Survey Year

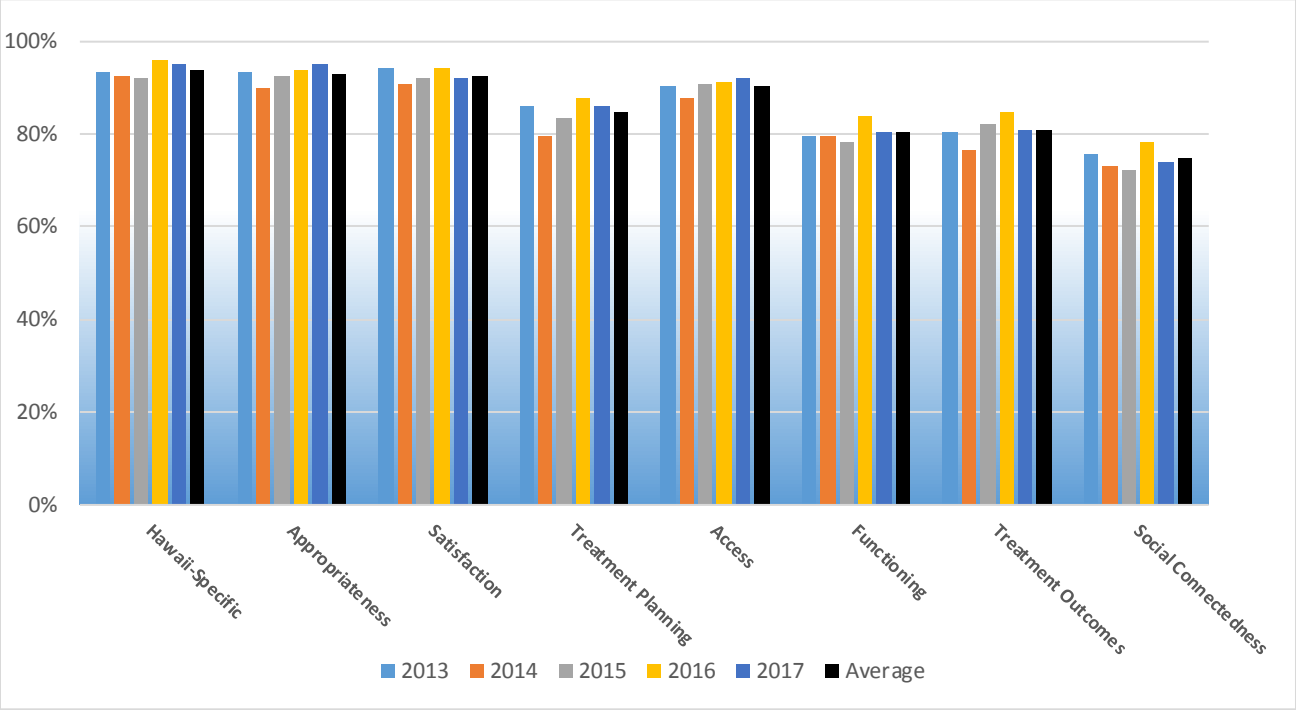


Table 15. Comparison of Percent Positive: FY2016 and FY2017[10]

	2016	2017	Difference	Joint Confidence Interval	Statistically Significant Difference?
Hawaii-Specific	95.9%	95.3%	0.6%	3.1%	No
Appropriateness	93.7%	95.3%	-1.5%	3.4%	No
Satisfaction	94.3%	92.3%	2.1%	3.7%	No
Treatment Planning	87.8%	86.2%	1.6%	5.1%	No
Access	91.5%	92.3%	-0.8%	4.1%	No
Functioning	87.0%	83.8%	3.2%	5.8%	No
Treatment Outcomes	84.9%	81.1%	3.8%	5.7%	No
Social Connectedness	78.2%	74.0%	4.2%	6.4%	No

The **Hawaii-Specific** domain ascertains the extent to which consumers felt that their services were provided with respect and in a culturally appropriate manner. This score has been relatively stable since 2013. Its average over the past six years shows it to be the most positive among the MHSIP subscales indicating that respondents consistently feel respected and engaged in a culturally appropriate manner.

[10] The two years were compared using a comparative error or joint confidence interval. This joint confidence interval is determined at the 95% confidence level using the standard error for the difference in proportions. An Excel spreadsheet was developed to estimate confidence intervals for this purpose based on formulae presented on the following web site: http://www.thecalculator.co/math/Statistical-Significance-Calculator-786.html.

The **Appropriateness** domain accesses consumers' sense that providers perceive them as goal directed individuals with plans that address their strengths as well as weaknesses within the proper ethno-cultural context. This is another among the highest average subscales and it, too, has been consistently high in the last three years

Satisfaction refers to consumers' overall satisfaction with the services they have received. It has remained above a 90% positive rate since 2013 with a slight decrease from last year to this year.

The **Treatment Planning** domain addresses consumers' sense that they have participated in their treatment planning process. While this domain was notably low in 2014 it has shown some rebound in the last three years. When compared to other domains, it appears that consumers feel less involved in their treatment than they should. Providers would be well advised to identify ways in which consumers can better participate in their treatment planning.

The **Access** domain measures the timeliness and convenience of consumers' use of mental health services. While it reached its lowest positive level in 2014, it has remained above 90% since then.

The **Functioning** domain refers to consumers' perception that their mental health treatment has had a positive impact on their daily functioning. While reaching a low in 2015, it has remained above 80% since then. This domain should, however, be considered a proxy measure of self-reported community functioning and, as such, might benefit from further inspection among consumers as to what steps might lead to its improvement.

Treatment Outcomes is an index of consumers' estimation of the positive effect their treatment has had on their well-being, relationships, life circumstances, and recovery. Like Functioning, it has consistently been among the lower domains since 2013. The lower levels of positivity for this domain and Functioning should be a matter of great concern as, taken together, they represent consumers' perceptions of the benefits they receive from their engagement in the mental health system. In consideration with the other domains' more positive ratings, it might be concluded that consumers are satisfied with their treatment programs and care providers, but they do not feel as positive about what they get from their care.

Social Connectedness continues to be the least positively rated domain. It is a measure of the extent to which treatment has had a positive effect on consumers' sense of belonging both among their family and peers and in their community. This is probably as much a reflection of consumers' sense of stigmatization and being socially ostracized as it is of any shortcoming of the mental health system. These consistently low scores should prompt care providers to focus on strategies to engage consumers within their worlds.

Recommendation 6

In general, consumers are quite satisfied with the services they receive and believe that they are treated in a culturally sensitive and respectful manner by their providers. However, they do not feel as positive about the impact these services are having on the level of functioning in their day to day lives or in the way that they are socially connected to their communities.

In the analyses that follow, the statistical significance of differences between proportions of those who responded positively was determined by the computation of joint confidence intervals as described above in Footnote 7. Testing was done at the 95% confidence level. A statistically significant difference was determined when the percent difference between the comparators was greater than the joint confidence interval (JCI) meaning that the two proportions being compared were different at the $p < .05$ level of statistical significance.

Gender

Tables 16 and 17 and Figures 8 and 9 contain the MHSIP positive responses for male and female consumers from FY2013 to FY2017 and the average positive rate across those years. Male consumers had a sharp increase in positive responding in FY2016 which was somewhat sustained in FY2017. Female consumers, on the other hand, show a relatively stable rate of positivity across the years. With the exception for men in FY2016 just noted, all ratings for both men and women have remained relatively stable with just minor ups and downs. The sharp increase in FY2016 for men is especially noteworthy because several MHSIP subscales were statistically significantly different both from year to year and between men and women. For men, when comparing FY2016 to FY2017, there were significant decreases from FY2016 to FY2017 for the Hawaii-Specific (-3.9%) and Satisfaction (-6.8%) scales. On the other hand, the differences for men between FY2015 and FY2016 showed marked significant increases from one year to the next for four subscales, Hawaii-Specific (+6.5%), Satisfaction (+6.5%), Functioning (+9.4%), and Social Connectedness (+10.3%). In FY2017 men were significantly more positive about Access (+8.8%) than were women and in FY2016 men were significantly more positive than women with the Hawaii-Specific +6.9%), Satisfaction (+8.2%), Access (+7.7%), and Treatment Outcomes (+7.8%) subscales. This sharp increase in the percent of positive responders in FY2016 for men is somewhat inexplicable. The underlying data for these analyses were scrutinized and double checked to rule out any possible computational errors. The rise appears to be real, but it was unsustained for the most part into FY2017.

Table 16. FY2013-FY2017 Domain Scores by Sex: Male

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	94.1%	91.2%	92.5%	99.0%	95.1%	94.4%
Appropriateness	92.7%	90.7%	93.0%	95.5%	96.7%	93.7%
Satisfaction	94.8%	91.2%	91.6%	98.0%	91.3%	93.4%
Treatment Planning	85.0%	78.0%	84.3%	89.0%	85.4%	84.3%
Access	93.5%	87.1%	89.9%	95.0%	96.2%	92.3%
Functioning	78.8%	80.2%	80.0%	89.6%	85.3%	82.8%
Treatment Outcomes	81.3%	76.9%	81.7%	88.4%	83.5%	82.4%
Social Connectedness	72.6%	72.1%	71.0%	81.3%	74.9%	74.4%

Figure 8. Percentage of Male Consumers Reporting Positively on the Eight Domain Scores for FY2013-FY2017

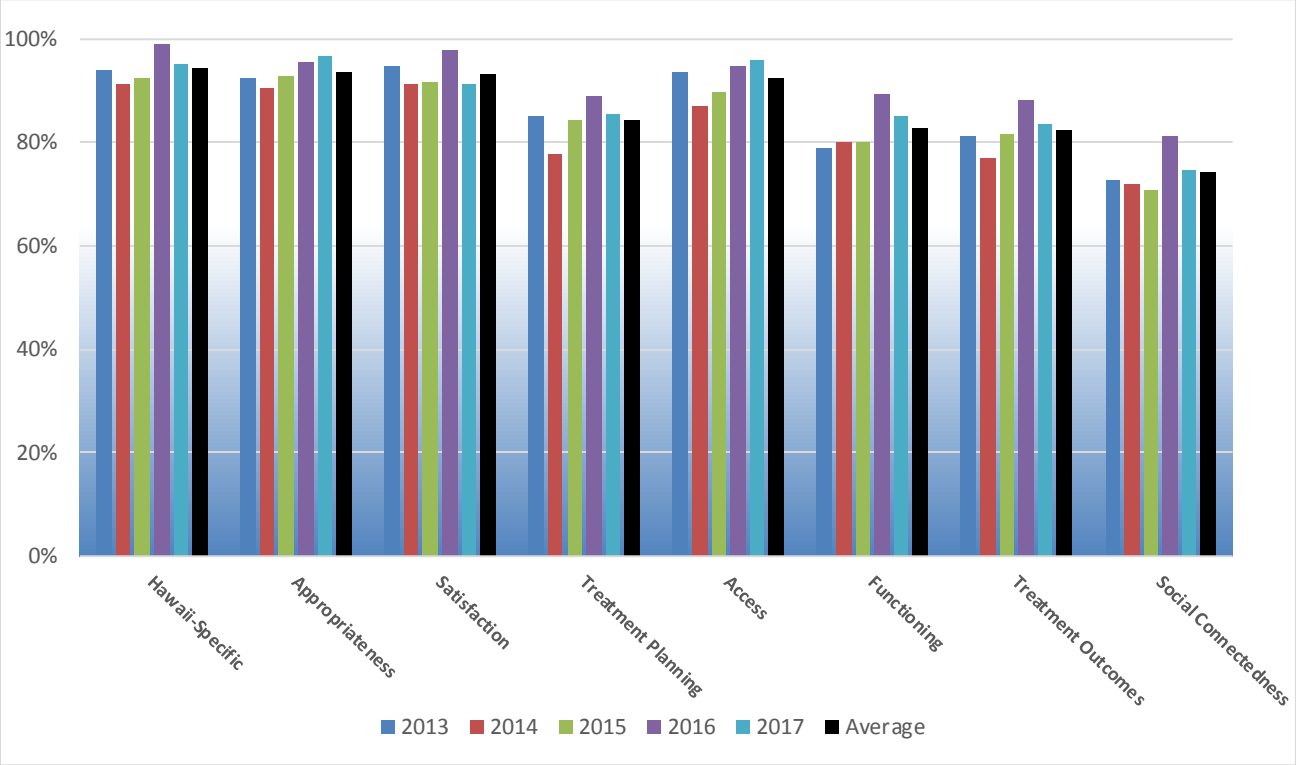
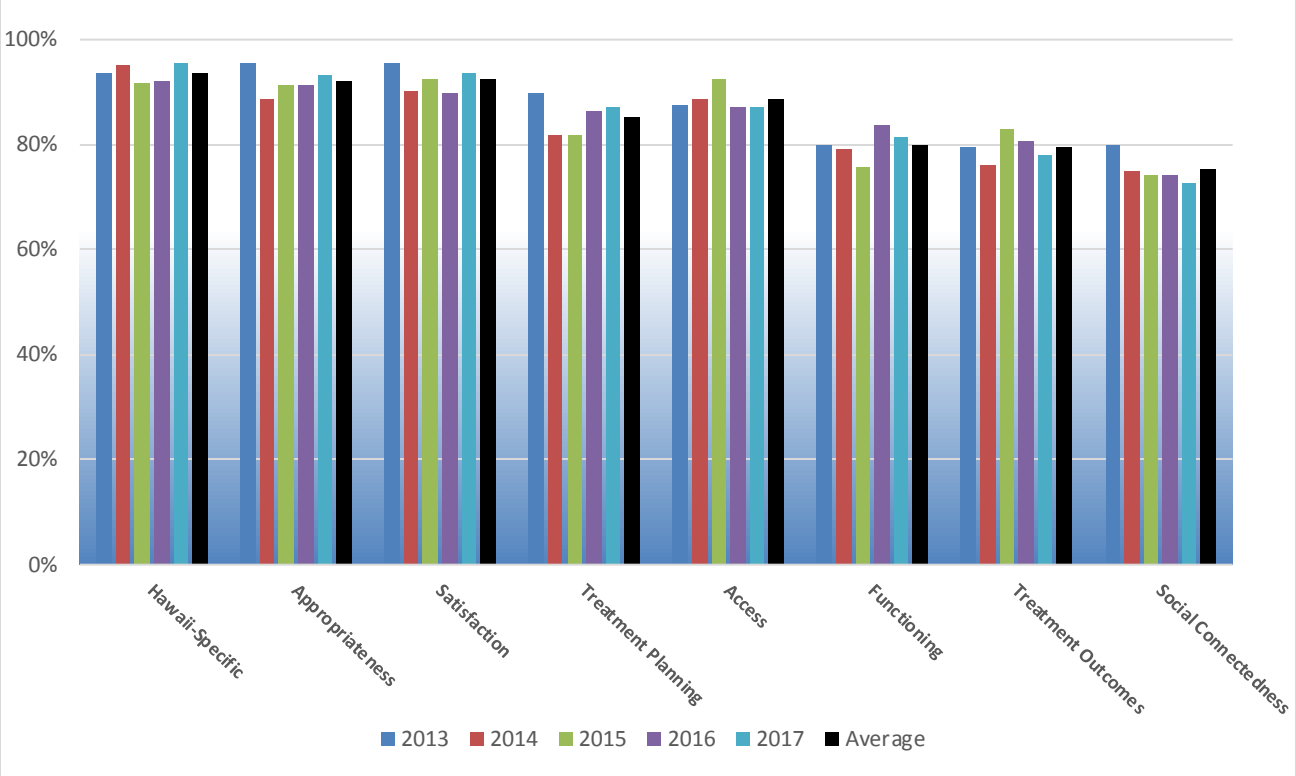


Table 17. FY2013-FY2017 Domain Scores by Sex: Female

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	93.8%	95.1%	91.6%	92.1%	95.6%	93.65%
Appropriateness	95.5%	88.6%	91.5%	91.5%	93.4%	92.11%
Satisfaction	95.6%	90.2%	92.5%	89.8%	93.6%	92.35%
Treatment Planning	89.9%	81.8%	81.7%	86.3%	87.3%	85.41%
Access	87.5%	88.5%	92.5%	87.3%	87.3%	88.62%
Functioning	80.0%	79.2%	75.9%	83.8%	81.6%	80.11%
Treatment Outcomes	79.4%	76.1%	83.0%	80.6%	77.9%	79.41%
Social Connectedness	79.8%	74.8%	74.4%	74.4%	72.8%	75.24%

Figure 9. Percentage of Female Consumers Reporting Positively on the Eight Domain Scores for FY2013-FY2017



Age

Tables 18 through 20 and Figures 10 through 12 contain the percent of positive responses for three age groups, 18-34 years of age, 35-64 years, and 65 years of age and older, from FY2013 to FY2017 and the average positive rate across those years. From FY2015 to FY2017, 18 to 34-year-old respondents showed marked instability in percent positive scores for all subscales except Appropriateness. For the most part, scores moved much higher in 2016 and then sharply dropped in FY2017. While noteworthy, none of these differences reached statistical significance because of the relatively small sample size for this age group. Consumers aged 35 to 64 years showed somewhat less volatility from FY2015 to FY2017, but they did have increases in domain scores from FY2015 to FY2016 with subsequent declines in some domains from FY2016 to FY2017. This age group had significant increases in Functioning (+7.8%) and Social Connectedness (+9.2%) from FY2015 to FY2016. There were no significant changes from FY2016 to FY2017. Consumers who were 65 years of age and older showed no significant year to year changes. Finally, there were no significant differences among the three age groups in both FY2016 and FY2017.

Table 18. FY2013-FY2017 Domain Scores by Age: 18-34

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	96.3%	91.7%	87.5%	94.6%	89.2%	91.9%
Appropriateness	88.9%	97.2%	90.0%	91.9%	89.2%	91.4%
Satisfaction	88.9%	91.7%	90.0%	91.9%	83.8%	89.3%
Treatment Planning	85.2%	66.7%	77.5%	91.7%	82.9%	80.8%
Access	85.2%	91.7%	87.5%	91.7%	83.8%	88.0%
Functioning	76.0%	75.0%	77.5%	78.4%	86.5%	78.7%
Treatment Outcomes	72.0%	71.4%	87.2%	81.1%	75.7%	77.5%
Social Connectedness	66.7%	77.8%	80.0%	72.2%	68.6%	73.1%

Figure 10. Percentage of Consumers Ages 18 to 34 Reporting Positively on the Eight Domain Scores for FY2013-FY2017

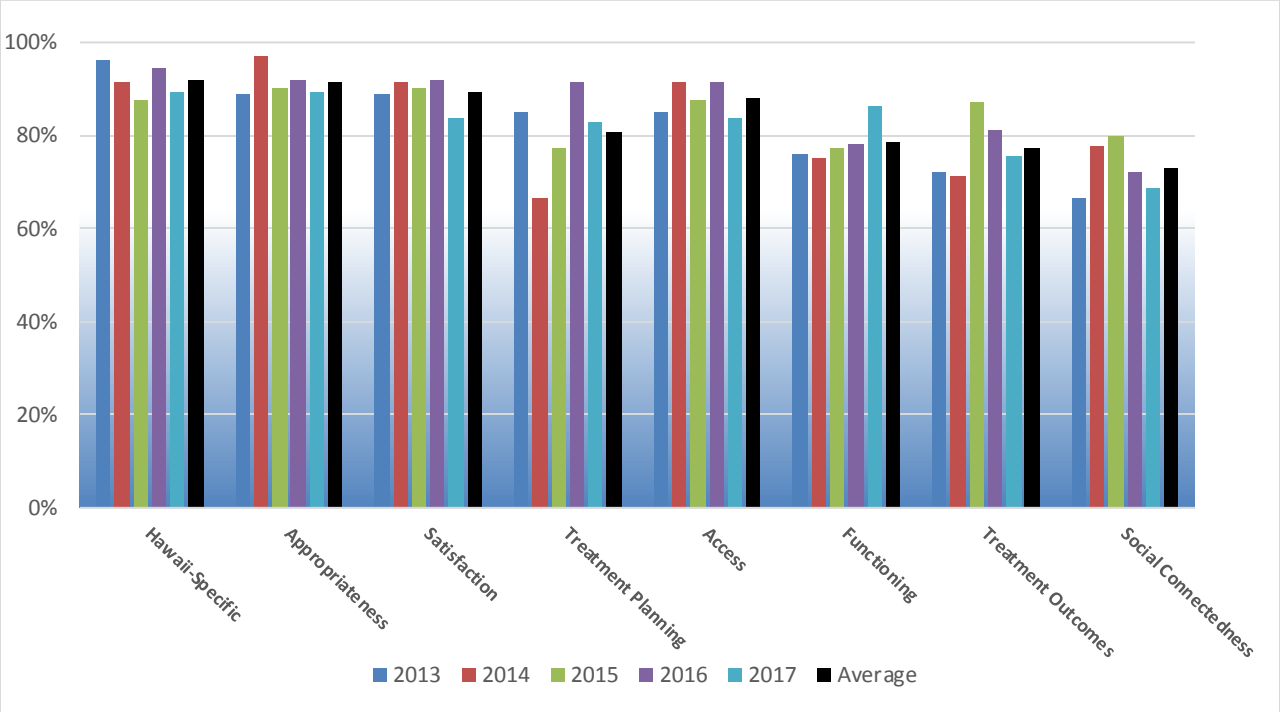


Table 19. FY2013-FY2017 Domain Scores by Age: 35-64

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	93.1%	92.5%	93.0%	96.8%	95.8%	94.2%
Appropriateness	94.1%	89.2%	93.0%	93.8%	95.8%	93.2%
Satisfaction	95.2%	91.7%	91.8%	94.6%	93.0%	93.3%
Treatment Planning	86.8%	80.3%	84.7%	87.7%	86.8%	85.3%
Access	93.1%	86.7%	92.6%	91.4%	93.8%	91.5%
Functioning	78.0%	80.3%	79.7%	88.6%	82.7%	81.9%
Treatment Outcomes	78.9%	78.2%	81.4%	85.8%	81.8%	81.2%
Social Connectedness	74.6%	71.5%	71.7%	81.0%	73.8%	74.5%

Figure 11. Percentage of Consumers Ages 35 to 64 Reporting Positively on the Eight Domain Scores for FY2013-FY2017

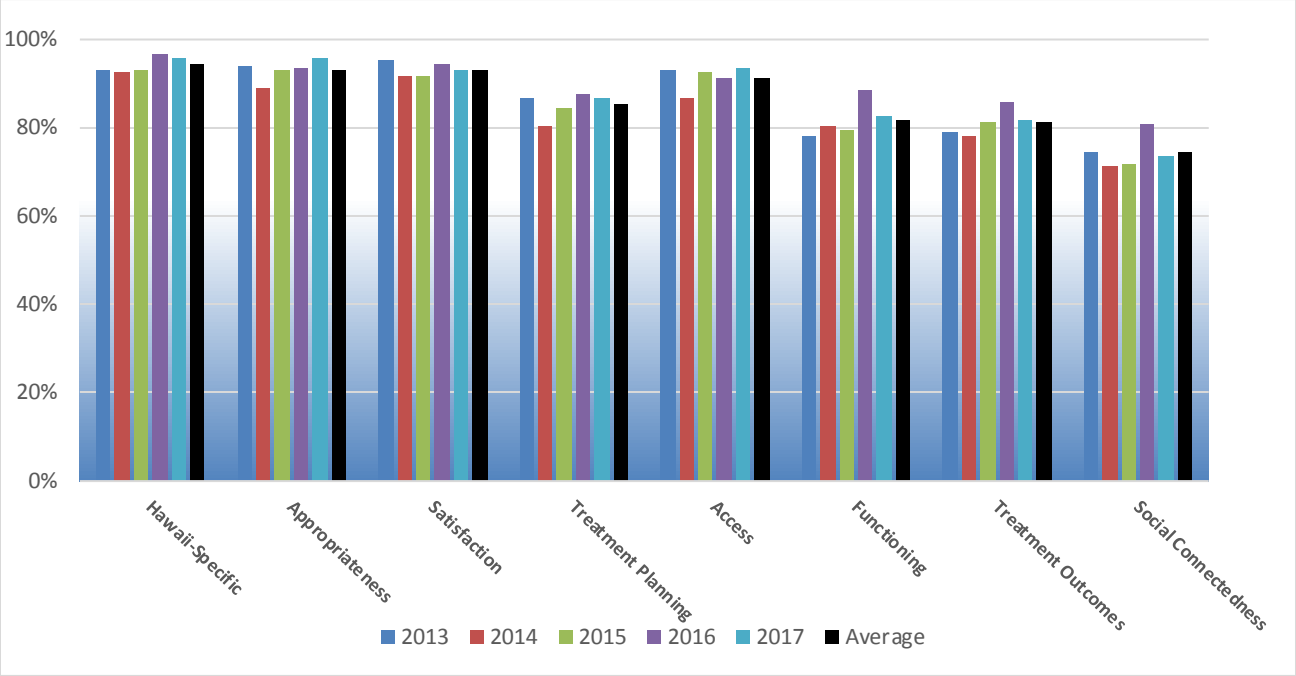
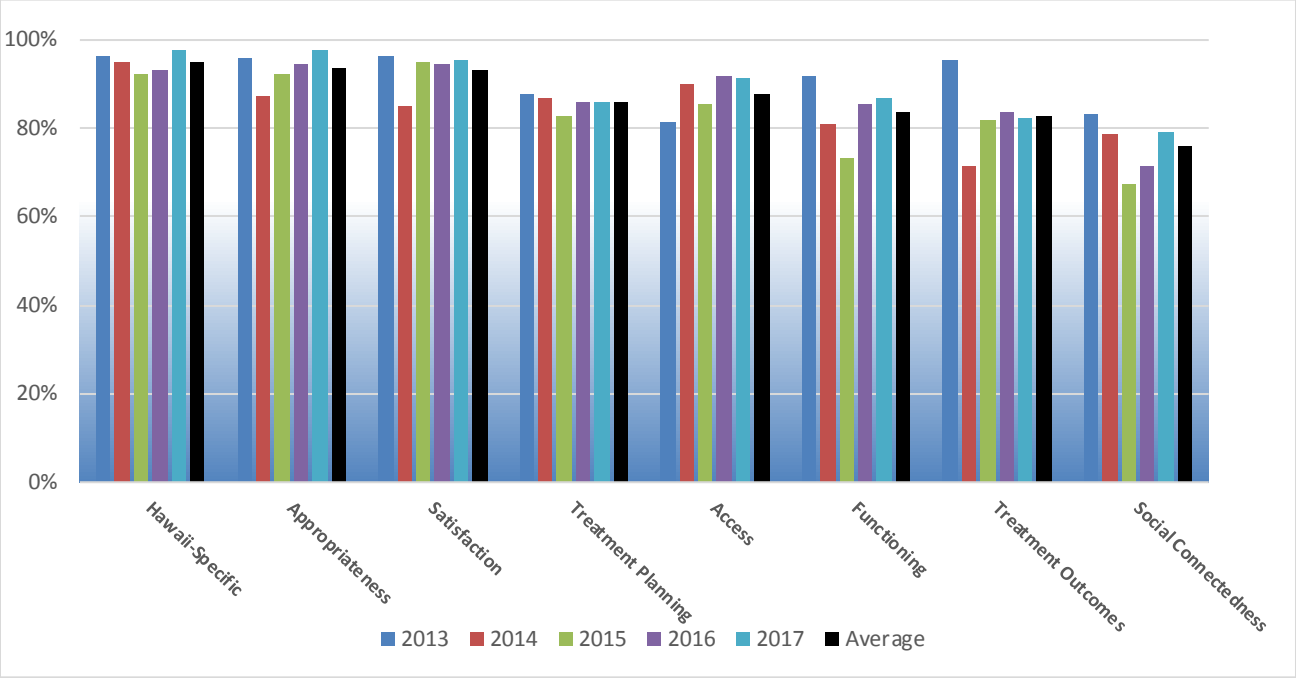


Table 20. FY2013-FY2017 Domain Scores by Age: 65+

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	96.2%	94.9%	92.3%	93.3%	97.8%	94.9%
Appropriateness	96.0%	87.5%	92.5%	94.5%	97.7%	93.6%
Satisfaction	96.2%	85.0%	95.1%	94.7%	95.6%	93.3%
Treatment Planning	88.0%	86.8%	82.9%	86.1%	86.0%	86.0%
Access	81.5%	90.0%	85.4%	91.9%	91.3%	88.0%
Functioning	92.0%	81.1%	73.2%	85.5%	87.0%	83.8%
Treatment Outcomes	95.5%	71.4%	82.1%	83.8%	82.2%	83.0%
Social Connectedness	83.3%	78.9%	67.5%	71.6%	79.1%	76.1%

Figure 12. Percentage of Consumers 65 Years and Older Reporting Positively on the Eight Domain Scores for FY2013-FY2017



Major Diagnostic Categories

Tables 21 to 23 and Figures 13 and 15 contain the FY2013 to FY2017 domain scores subdivided by consumers' diagnoses and the average positive rate across those years. Scores are presented here for respondents in three categories: Schizophrenia and Related disorders, Bipolar and Mood disorders and all Other disorders. Consumers did not show any statistically significant changes in percent positive responses from FY2016 to FY2017 in any of the three diagnostic groups. People who have bipolar and other mood disorders did have significantly higher positive ratings in FY2016 than those who have schizophrenia and related disorders for the Appropriateness (+3.3%) and Treatment Planning (+10.2%) subscales. In FY2017 these two groups significantly differed only on the Treatment Planning subscale with people who have bipolar and related disorders being more positive (+11.6%) than those who have schizophrenia and related disorders. People who have other disorders were significantly more positive than people who have schizophrenia and related disorders in both FY2016 and FY2017 for the Hawaii Specific (2016: +5.5%; 2017: +6.7%) and Appropriateness (2016: +8.7%; 2017: +6.7%) domains. Finally, for FY2016 to FY2017 comparisons, people who have other disorders were significantly more positive in the Hawaii Specific domain (+2.9%) than were people who have bipolar and other mood disorders in FY2016. One statistically significant difference for one subscale in each diagnostic grouping was found when comparing FY2015 with FY2016. People who have schizophrenia were more positive about their Social Connectedness (+9.8%) in FY2016 than in FY2015; people with bipolar and other mood disorders were more positive on the Hawaii Specific subscale (+6.8%); and people who have other disorders also were more positive in that domain as well (+11.8%).

Table 21. FY2013-FY2017 MHSIP Positive Responses for Consumers Served by AMHD: Schizophrenia and Related Disorders

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	94.6%	92.5%	94.3%	94.5%	93.3%	93.8%
Appropriateness	89.2%	85.6%	90.8%	91.3%	93.3%	90.0%
Satisfaction	91.1%	91.3%	91.6%	93.2%	90.3%	91.5%
Treatment Planning	80.7%	76.0%	79.9%	83.8%	81.7%	80.4%
Access	90.3%	86.7%	93.7%	90.2%	90.8%	90.3%
Functioning	81.5%	83.5%	82.1%	86.8%	83.9%	83.5%
Treatment Outcomes	81.1%	79.4%	83.9%	82.5%	83.2%	82.0%
Social Connectedness	76.2%	76.2%	70.1%	79.9%	73.7%	75.2%

Figure 13. Percentage of Consumers who have Schizophrenia and Related Disorders Reporting Positively on the Eight Domain Scores for FY2013-FY2017

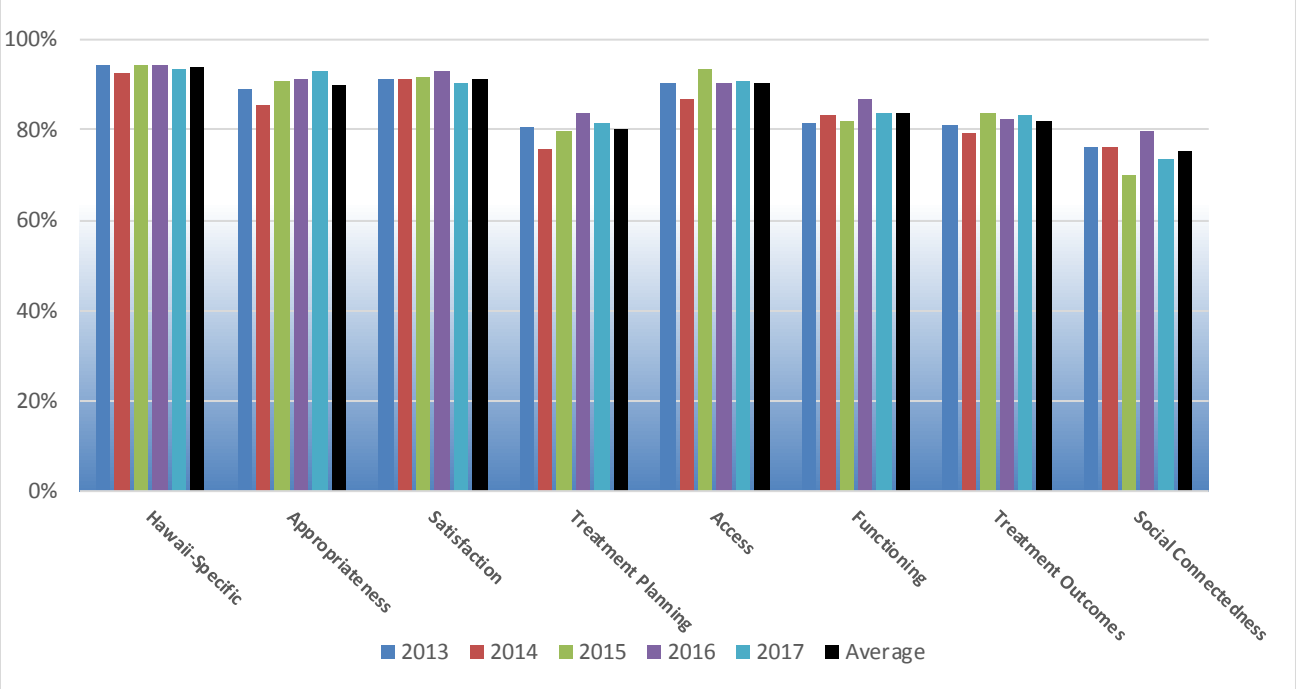


Table 22. FY2013-FY2017 MHSIP Positive Responses for Consumers Served by AMHD: Bipolar and Mood Disorders

Statewide	2013	2014	2015	2016	2017	Avg.
Hawaii-Specific	95.0%	96.0%	91.0%	97.8%	97.6%	95.5%
Appropriateness	96.6%	96.1%	93.9%	97.1%	97.5%	96.2%
Satisfaction	99.2%	88.3%	92.6%	96.4%	95.1%	94.3%

Treatment Planning	91.2%	83.0%	87.9%	94.0%	93.3%	89.9%
Access	92.4%	90.3%	89.6%	93.5%	95.1%	92.2%
Functioning	81.7%	73.5%	78.6%	87.1%	84.4%	80.6%
Treatment Outcomes	83.9%	70.7%	79.8%	88.2%	81.0%	80.7%
Social Connectedness	76.7%	67.0%	73.5%	75.4%	74.6%	73.4%

Figure 14. Percentage of Consumers who have Bipolar and Mood Disorders Reporting Positively on the Eight Domain Scores for FY2013-FY2017

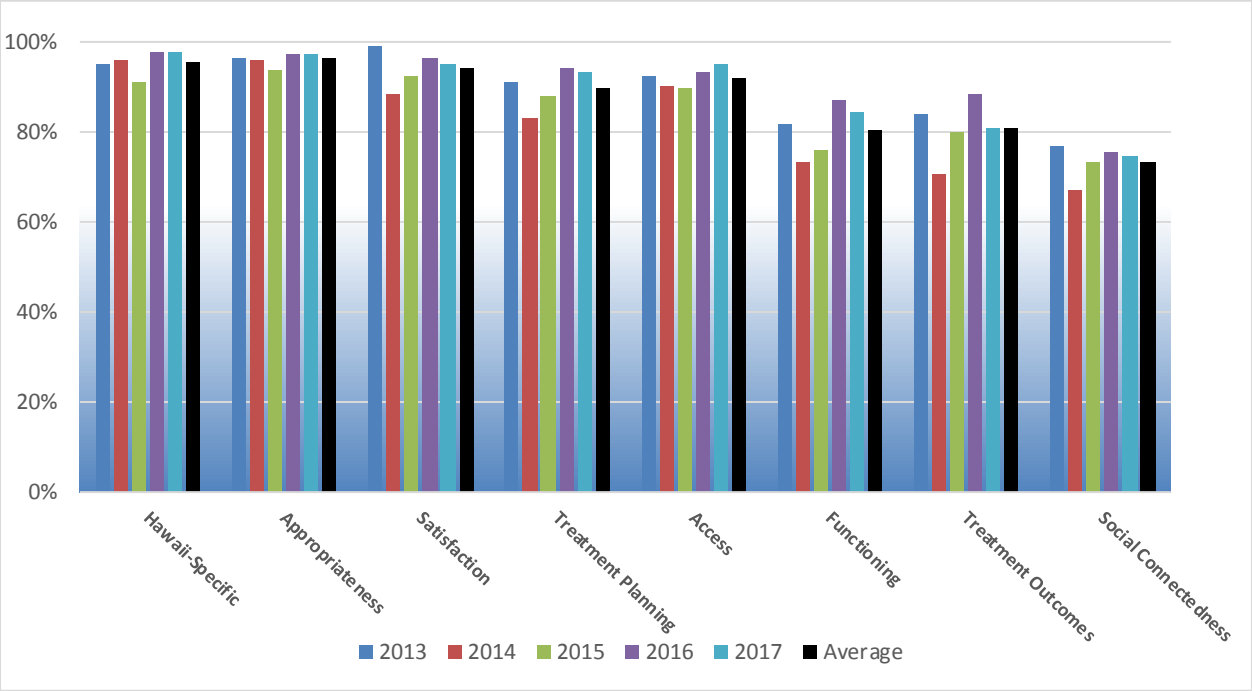
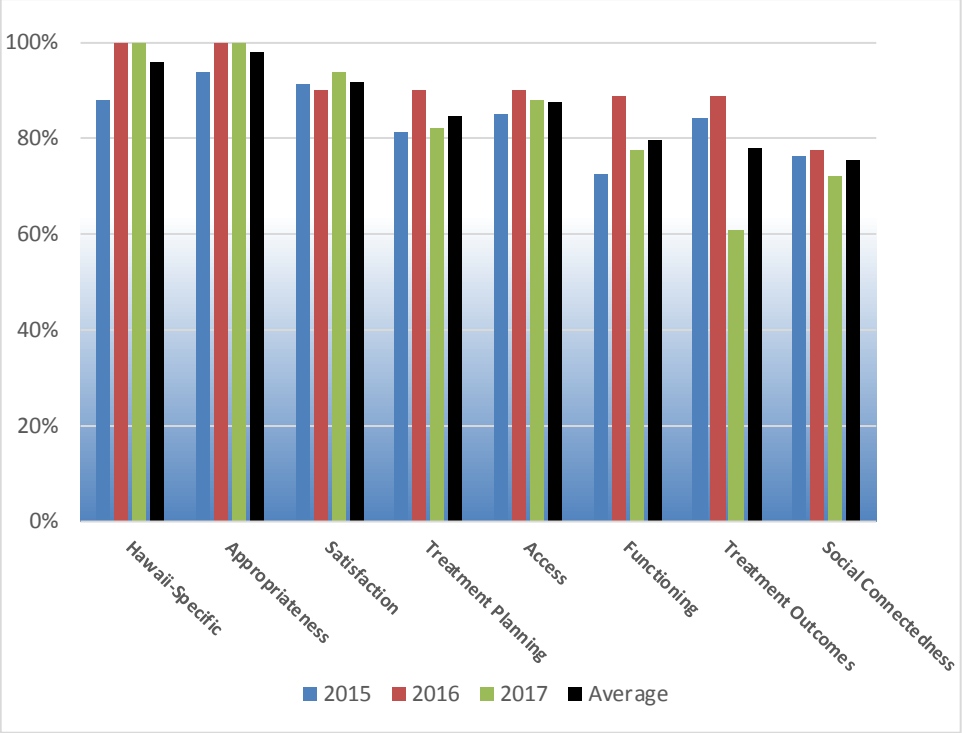


Table 23. FY2015-FY2017 MHSIP Positive Responses for Consumers Served by AMHD: Other Disorders

Statewide	2015	2016	2017	Average
Hawaii-Specific	88.20%	100.0%	100.0%	96.1%
Appropriateness	94.10%	100.0%	100.0%	98.0%
Satisfaction	91.40%	90.0%	94.1%	91.8%
Treatment Planning	81.30%	90.0%	82.4%	84.6%
Access	85.30%	90.0%	88.2%	87.8%
Functioning	72.70%	88.9%	77.8%	79.8%
Treatment Outcomes	84.40%	88.9%	61.1%	78.1%
Social Connectedness	76.50%	77.8%	72.2%	75.5%

Figure 15. Percentage of Consumers who have Other Disorders Reporting Positively on the Eight Domain Scores for FY2015-FY2017



DISCUSSION

The HACMHCS is a modified version of the nationally administered MHSIP Consumer Survey and is a psychometrically sound survey instrument for collecting information about consumers' perception of services provided by public mental health systems. It is important to examine domains that were scored higher or lower to determine strengths and deficits in the current public mental health system.

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. Mental health service policy makers and 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.

The major finding from the FY2016 and FY2017 Consumer Satisfaction surveys will now be discussed in brief.

- **Response rates** show a great deal of variability over the years. While FY2015 and FY2016 had response rate improvement it was achieved in the face of a disappointingly large number of selected consumers who could not be located for survey administration. It appears that people who have clear cut diagnoses or more complete information about their race and ethnicity, in other words people who are better known to their providers, have higher rates of completion. While unsurprising in itself, this finding suggests that the amount of contact a consumer has with providers might be a factor of interest in interpreting survey completion rates and, perhaps, their responses to the survey questions. Future surveys might need to be distributed to two identifiable subgroups: those who have had long term continuing contact with their providers and those who have had only short-term contact of only one to three sessions.

- A disproportionate response rate can easily introduce a degree of bias. ***Greater effort should be made in future surveys to reach all sub-populations.*** Also, the response rate for ***mailed surveys*** is consistently, unacceptably low. Additional effort should be made to check for the most current addresses for consumers before mailing the surveys.

- ***Satisfaction scores*** among the eight survey domains have remained relatively stable over the past four years. ***Access, satisfaction with services, and service appropriateness, cultural and recovery focused***, consistently remain among the domains achieving the ***highest degree of satisfaction***. However, the domains focused on ***desired outcomes for mental health service (treatment outcomes, functioning, and social connectedness) remain consistently low***. Consumers who are representative of those who are highly and not as highly satisfied with their service outcomes could be profiled in more depth to see if there might be conditions associated with greater and lesser satisfaction.

APPENDIX A: *Hawai'i Mental Health Services Consumer Survey 2016*

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

- Your participation is voluntary.
- Your answers will be confidential and will not affect your services at this agency.
- This agency's 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 2016

Instructions (Part 1): Please rate your level of agreement with each statement from "*Strongly Agree*" to "*Strongly Disagree*," 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 "*Does Not Apply*."

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 – 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 to next page--

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 2016 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	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*	31. As a direct result of services I received, my symptoms are not bothering me as much.
	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*	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*	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 FY2017

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2017
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	318	1.56	0.621	95.9%
1	I like the services that I receive here	324	1.52	0.636	94.1%
21	I received services, including medications, in a timely manner, that is, there were no delays	314	1.57	0.656	93.6%
7	Services were available at times that were good for me	325	1.62	0.686	93.5%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	319	1.56	0.660	93.4%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	319	1.63	0.679	92.5%
3	I would recommend this agency to a friend or family member	320	1.61	0.691	91.9%
13	I was given information about my rights	319	1.63	0.723	91.8%
5	Staff is willing to see me as often as I felt it is necessary	322	1.61	0.716	91.6%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	309	1.62	0.713	91.6%
11	I felt comfortable asking questions about my treatment and medication	321	1.59	0.716	91.3%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	317	1.62	0.704	91.2%
6	Staff returned my call within 24 hours	305	1.67	0.715	91.1%
2	If I had other choices, I would still get services from this agency	321	1.66	0.794	91.0%
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)	319	1.63	0.770	90.6%
8	I was able to get all the services I thought I needed	324	1.69	0.766	90.4%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2017
14	Staff encouraged me to take responsibility for how I live my life	319	1.62	0.698	90.3%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	310	1.70	0.686	89.0%
24	As a direct result of services, I received, I deal more effectively with daily problems	317	1.73	0.774	88.6%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	315	1.72	0.747	87.9%
9	I am able to see a psychiatrist when I wanted to	313	1.74	0.804	87.2%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	303	1.74	0.785	86.8%
17	I, not staff, decided my treatment goals	313	1.72	0.794	85.6%
12	I felt free to complain	314	1.74	0.823	85.0%
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)	321	1.77	0.790	85.0%
26	As a direct result of services, I received, I am better able to deal with crisis	322	1.79	0.839	84.2%
35	As a direct result of services, I received, I am better able to do things I want to do	316	1.86	0.833	84.2%
33	As a direct result of services, I received, I am better able to take care of my needs	322	1.86	0.849	82.9%
34	As a direct result of services, I received, I am better able to handle things when they go wrong	319	1.88	0.884	82.1%
28	As a direct result of services, I received, I do better in social situations	319	1.90	0.890	80.3%
31	As a direct result of services, I received, my symptoms are not bothering me as much	318	1.93	0.887	79.2%
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	315	1.98	0.977	79.0%
32	As a direct result of services, I received, I do things that are more meaningful to me (that is, greater worth and importance)	316	1.90	0.854	78.8%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2017
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	315	2.00	0.948	77.1%
27	As a direct result of services, I received, I am getting along better with my family	307	1.92	0.940	76.5%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	314	1.99	0.944	76.1%
30	As a direct result of services, I received, my housing situation has improved	293	1.96	0.959	75.4%
29	As a direct result of services, I received, I do better in school and/or work	222	1.97	0.960	74.8%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	316	2.04	0.928	74.1%

APPENDIX C: Rank-Order Analysis of Positive Individual Items FY2016

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2016
1	I like the services that I receive here	366	1.53	0.604	96.4%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	364	1.58	0.595	96.2%
7	Services were available at times that were good for me	364	1.61	0.670	93.7%
11	I felt comfortable asking questions about my treatment and medication	367	1.61	0.688	93.7%
14	Staff encouraged me to take responsibility for how I live my life	364	1.63	0.665	93.7%
13	I was given information about my rights	371	1.64	0.643	93.5%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	367	1.67	0.696	93.5%
3	I would recommend this agency to a friend or family member	363	1.61	0.691	93.4%
21	I received services, including medications, in a timely manner, that is, there were no delays	352	1.63	0.672	93.2%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	366	1.66	0.649	92.9%
2	If I had other choices, I would still get services from this agency	365	1.61	0.731	92.6%
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)	363	1.59	0.672	92.3%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	364	1.64	0.704	92.3%
5	Staff is willing to see me as often as I felt it is necessary	365	1.62	0.719	91.5%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	350	1.63	0.689	90.9%
6	Staff returned my call within 24 hours	356	1.66	0.738	90.7%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2016
8	I was able to get all the services I thought I needed	367	1.68	0.761	90.2%
33	As a direct result of services, I received, I am better able to take care of my needs	367	1.77	0.746	89.9%
9	I am able to see a psychiatrist when I wanted to	349	1.73	0.804	88.3%
12	I felt free to complain	363	1.75	0.748	88.2%
17	I, not staff, decided my treatment goals	365	1.75	0.765	87.9%
24	As a direct result of services, I received, I deal more effectively with daily problems	365	1.74	0.760	87.7%
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)	365	1.73	0.746	86.6%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	347	1.73	0.822	86.5%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	352	1.79	0.767	86.1%
26	As a direct result of services, I received, I am better able to deal with crisis	364	1.77	0.802	86.0%
35	As a direct result of services, I received, I am better able to do things I want to do	355	1.83	0.827	85.9%
34	As a direct result of services, I received, I am better able to handle things when they go wrong	365	1.86	0.808	84.9%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	360	1.87	0.834	83.6%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	343	1.85	0.808	83.4%
32	As a direct result of services, I received, I do things that are more meaningful to me (that is, greater worth and importance)	365	1.87	0.849	83.3%
31	As a direct result of services, I received, my symptoms are not bothering me as much	361	1.94	0.831	82.5%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	361	1.93	0.883	82.5%
28	As a direct result of services, I received, I do better in social situations	358	1.93	0.798	79.6%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2016
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	365	1.95	0.899	78.9%
27	As a direct result of services, I received, I am getting along better with my family	336	1.92	0.925	78.0%
30	As a direct result of services, I received, my housing situation has improved	337	1.94	0.929	77.2%
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	358	2.02	0.979	76.5%
29	As a direct result of services, I received, I do better in school and/or work	257	2.00	0.904	72.8%

APPENDIX D: Rank-Order Analysis of Negative Individual Items FY2017

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2017
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	315	1.98	0.977	8.6%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	315	2.00	0.948	7.6%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	314	1.99	0.944	6.7%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	316	2.04	0.928	6.6%
30	As a direct result of services, I received, my housing situation has improved	293	1.96	0.959	6.5%
29	As a direct result of services, I received, I do better in school and/or work	222	1.97	0.960	6.3%
27	As a direct result of services, I received, I am getting along better with my family	307	1.92	0.940	5.5%
28	As a direct result of services, I received, I do better in social situations	319	1.90	0.890	5.3%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2017
34	As a direct result of services, I received, I am better able to handle things when they go wrong	319	1.88	0.884	5.0%
31	As a direct result of services, I received, my symptoms are not bothering me as much	318	1.93	0.887	4.7%
35	As a direct result of services, I received, I am better able to do things I want to do	316	1.86	0.833	4.4%
33	As a direct result of services, I received, I am better able to take care of my needs	322	1.86	0.849	4.0%
32	As a direct result of services, I received, I do things that are more meaningful to me (that is, greater worth and importance)	316	1.90	0.854	3.8%
2	If I had other choices, I would still get services from this agency	321	1.66	0.794	3.7%
9	I am able to see a psychiatrist when I wanted to	313	1.74	0.804	3.5%
12	I felt free to complain	314	1.74	0.823	3.2%
8	I was able to get all the services I thought I needed	324	1.69	0.766	3.1%
26	As a direct result of services, I received, I am better able to deal with crisis	322	1.79	0.839	3.1%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	303	1.74	0.785	3.0%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	315	1.72	0.747	2.9%
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)	319	1.63	0.770	2.8%
24	As a direct result of services, I received, I deal more effectively with daily problems	317	1.73	0.774	2.8%
17	I, not staff, decided my treatment goals	313	1.72	0.794	2.6%
6	Staff returned my call within 24 hours	305	1.67	0.715	2.3%
7	Services were available at times that were good for me	325	1.62	0.686	2.2%
13	I was given information about my rights	319	1.63	0.723	2.2%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2017
5	Staff is willing to see me as often as I felt it is necessary	322	1.61	0.716	2.2%
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)	321	1.77	0.790	2.2%
3	I would recommend this agency to a friend or family member	320	1.61	0.691	1.9%
11	I felt comfortable asking questions about my treatment and medication	321	1.59	0.716	1.9%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	309	1.62	0.713	1.6%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	317	1.62	0.704	1.6%
21	I received services, including medications, in a timely manner, that is, there were no delays	314	1.57	0.656	1.0%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	310	1.70	0.686	1.0%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	318	1.56	0.621	0.9%
1	I like the services that I receive here	324	1.52	0.636	0.9%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	319	1.56	0.660	.9%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	319	1.63	0.679	0.9%
14	Staff encouraged me to take responsibility for how I live my life	319	1.62	0.698	0.9%

APPENDIX D: Rank-Order Analysis of Negative Individual Items FY2016

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2016
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	358	2.02	0.979	8.9%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	361	1.93	0.883	6.6%
30	As a direct result of services, I received, my housing situation has improved	337	1.94	0.929	6.5%
27	As a direct result of services, I received, I am getting along better with my family	336	1.92	0.925	6.3%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	365	1.95	0.899	6.0%
31	As a direct result of services, I received, my symptoms are not bothering me as much	361	1.94	0.831	5.5%
29	As a direct result of services, I received, I do better in school and/or work	257	2.00	0.904	5.4%
32	As a direct result of services, I received, I do things that are more meaningful to me (that is, greater worth and importance)	365	1.87	0.849	5.2%
35	As a direct result of services, I received, I am better able to do things I want to do	355	1.83	0.827	4.8%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	343	1.85	0.808	4.4%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	347	1.73	0.822	4.3%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	360	1.87	0.834	4.2%
34	As a direct result of services, I received, I am better able to handle things when they go wrong	365	1.86	0.808	4.1%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2016
9	I am able to see a psychiatrist when I wanted to	349	1.73	0.804	4.0%
26	As a direct result of services, I received, I am better able to deal with crisis	364	1.77	0.802	3.8%
28	As a direct result of services, I received, I do better in social situations	358	1.93	0.798	3.6%
8	I was able to get all the services I thought I needed	367	1.68	0.761	3.3%
12	I felt free to complain	363	1.75	0.748	3.3%
17	I, not staff, decided my treatment goals	365	1.75	0.765	3.0%
24	As a direct result of services, I received, I deal more effectively with daily problems	365	1.74	0.760	3.0%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	364	1.64	0.704	2.7%
5	Staff is willing to see me as often as I felt it is necessary	365	1.62	0.719	2.7%
33	As a direct result of services, I received, I am better able to take care of my needs	367	1.77	0.746	2.7%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	367	1.67	0.696	2.5%
2	If I had other choices, I would still get services from this agency	365	1.61	0.731	2.5%
6	Staff returned my call within 24 hours	356	1.66	0.738	2.5%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	352	1.79	0.767	2.3%
3	I would recommend this agency to a friend or family member	363	1.61	0.691	2.2%
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)	365	1.73	0.746	2.2%
21	I received services, including medications, in a timely manner, that is, there were no delays	352	1.63	0.672	2.0%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2016
11	I felt comfortable asking questions about my treatment and medication	367	1.61	0.688	1.9%
7	Services were available at times that were good for me	364	1.61	0.670	1.6%
14	Staff encouraged me to take responsibility for how I live my life	364	1.63	0.665	1.6%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	366	1.66	0.649	1.4%
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)	363	1.59	0.672	1.4%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	350	1.63	0.689	1.4%
13	I was given information about my rights	371	1.64	0.643	1.3%
1	I like the services that I receive here	366	1.53	0.604	1.1%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	364	1.58	0.595	0.8%