Fiscal Year 2018 Hawai`i Adult Community Mental Health Services Consumer Satisfaction Survey

Adult Mental Health Division

Prepared By: John J. Steffen, Ph.D., Judith M. Clarke, M.S.A, Stacy K.Y. Haitsuka, M.P.A., M.P.H., and Chad Sakagawa, B.A.

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EXECUTIVE SUMMARY

This report details the statewide results of the FY2018 Hawaii Annual Adult Community Mental Health Services Consumer Survey administered from August 1, 2018 through October 1, 2018. A total of 629 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 Branches (CMHCs) or Purchase of Service Provider (POS) between November 1, 2017 and April 20, 2018. The response rate was 83% for FY2018.

Response rates have varied a great deal across years and providers. FY2016 and FY2018 had the highest response rates 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 six 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 appear to be more engaged in treatment planning and appear to feel better about their functioning than in the past. Unfortunately, consumers still feel less connected to people in their social circle. This report also examines consumer responses based on sex, age, race, ethnicity, diagnosis, and substance abuse.

Survey Highlights FY2018

Participating providers	15
Surveys distributed	629
Survey contacts	207
Completed Surveys	172
Response rate	83%

Domain Scores[1]

Satisfaction with Services:	93.6%
Hawai‘i specific questions:	96.4%
Appropriateness/Quality of Services:	95.2%
Access to Service:	94.7%
Participation in Treatment Planning:	89.8%
Functioning:	84.9%
Improved Outcomes from Services:	85.9%
Social Connectedness:	76.5%

[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 staff at the community mental health center branches (CMHCs). The present report summarizes the results of the FY2018 annual consumer satisfaction survey including consumers who were discharged during the survey year. The report also compares FY2018 survey data with those from FY2014 to FY2017.

Background

The 2018 Hawai`i Adult Community Mental Health Consumer Survey (HACMHCS: See Appendix A) was distributed to 629 randomly selected consumers who received at least one treatment or case management service from state-operated CMHC or purchase of service (POS) provider between November 1, 2017 and April 20, 2018. To help improve response rates, the case management leads coordinated survey distribution, completion, and return within their CMHC or POS agency. As a result, 172 surveys were completed in FY2018 representing 83% of consumers known to have been contacted for survey completion in that 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, if a current mailing address was available.

RESPONSE RATES

Table 1 shows the response rates for POS providers and CMHCs from FY2013 to FY2018. A response rate is an estimate of the proportion of consumers selected to complete a survey who actually do so. It is presented as a percent with possible scores ranging from 0% to 100%. The higher the score, the more of those selected completed the survey. Selected respondents are not counted in the denominator (survey selectees) if they cannot be contacted. So, the actual rate is determined by subtracting all consumers from the starting sample who were unreachable (i.e., mail was returned to the sender or the consumer could not be located). This remainder was 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) over the years. For example, the FY2018 had the highest response rate since 2013 but some of this elevation may be due to the removal of mailed surveys (see Footnote 4). Recognition of this high response rate, however, must be tempered by the number of consumers who had been identified as unreachable by providers, a trend that has persisted since FY2014 and has reached its highest point in FY2018 (396 unreachable/606 drawn sample = 65%). 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

[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.

arrangements than other respondents, thus somewhat mitigating the supposedly random nature of the selected sample.

Table 1. FY2013-FY2018 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%**

2018					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	230	89	24	117	78.8%
POS	399	83	11	305	88.3%
Total[4]	**629**	**172**	**35**	**422**	**83.1%**

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. Either mailed surveys should not be used in future administrations or a better system should be used to maintain contact with service recipients once they leave their provider.

From 2014 to 2017, mailed surveys were removed from providers' response rate calculations to obtain a more accurate portrayal of providers' response 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. Mailed surveys were removed altogether this year because they were not tracked in a fashion that allowed their identification in the survey database. Anecdotal evidence suggested 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.

[4] Due to a miscommunication, mailed surveys this year were not identified as such when they were returned completed to AMHD. Respondents who were mailed surveys by AMHD are not included in this year's analyses.

Recommendation 2

Future survey administrations should be documented. Also, surveyors should focus on decreasing the number of consumers 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 **2018** there were disproportionate rates of completion and failure to complete due to age (χ^2 (4) = 38.6, $p < .001$, $\phi = .248$)[5], race (χ^2 (10) = 60.3, $p < .001$, $\phi = .311$) , ethnicity (χ^2 (4) = 11.4, $p < .05$, $\phi = .134$), and diagnosis (χ^2 (4) = 17.0, $p < .01$, $\phi = .164$). The youngest (age 18-34: 86%, n = 79) respondents were far more likely to be unreachable than those who were oldest (age 65+: 44%, n = 37). The older group was also more likely to have completed the survey than those younger than them (65+: 49%, n = 42; 45-64: 27%, n = 121; 18-34: 10%, n = 9). An almost higher percent of people with an unknown race (92%, n=98) were not contacted as well. Those who are Asian (40%, n = 55), Native Hawaiian and Other Pacific Islander (32%, n = 22), and White (35%, n = 66) were the most likely to complete the survey. Providers were least likely to contact those of Hispanic (80%, n=28) or unknown ethnicity (76%, n=92) than those who were not Hispanic (64%, n = 302). Consumers diagnosed with schizophrenia and other psychotic disorders (30%, n = 95) and those who live with bipolar and mood disorders (29%, n = 68) were more likely to have completed surveys than those who have other types or deferred diagnoses (11%, n = 9).

In **2016** there were disproportionate rates of completion and failure to complete due to both age (χ^2 (4) = 17.5, $p < .005$, $\phi = .162$) and diagnosis (χ^2 (4) = 10.4, $p < .05$, $\phi = .126$). Older (45-64: 59%, n = 217; 65+: 63%, n = 76) respondents were more likely to have completed surveys than those who were younger (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). Consumers 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, $p < .005$, $\phi = .136$). Consumers 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). Consumers 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. Consumers 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. Consumers who have Hispanic ethnicity (72%, n = 36) were more likely to complete the survey than those who do not

[5] 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.

(46%, n = 291). The differences between these two groups were not noteworthy about refusal to participate or unreachability.

Recommendation 3

It appears that consumers who have clear cut diagnoses or more complete information about their race and ethnicity. In other words, consumers 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 using more targeted methods: 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.

Observation 1

It is important to underscore the fact that response rates, at least for the past three years, appear to be related to demographic characteristics such as race and age, among others. At least in FY2018, it appears that there are clearly some racial and ethnic differences associated with response rates.

POS providers are ordered from highest response rates to lowest for FY2018 in Figure 1. The values used to determine these response rates can be found in Table 2. CMHC response rates are ordered from highest to lowest within county for FY2018 in Figure 2 while the values used to determine their rates can be found in Table 3. 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 very high response rate in 2018 (88.3%). This appears to be, in part, due to a distressingly high number of unreachable respondents (305 out of 399 selected, or 76%). CMHCs, on the other hand, had a slightly smaller response rate than POS providers (78.8%) with a smaller proportion of unreachable respondents (117 unreachable out of 230 selected, 51%). ***The very high proportion of unreachable consumers for the POS providers is a matter of serious concern and places doubt on the validity of the current MHSIP findings for these providers.*** On the other hand, the slightly better rates of respondent engagement in the survey for the CMHCs is more encouraging. Table 4 shows POS provider response rates from 2014 to 2018 and Table 5 shows CMHCs provider response rates for this same time 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[6] to FY2018 was much larger than that for all CMHC providers (POS SD[7] = .212; CMHC SD = .137). While this difference was not significant due to too few data points (n = 6), it does indicate further that some type of standardization among all providers about engaging respondents would be worthwhile. Starting in

[6] Provider specific data for FY2013 are not included in this report but are available in the FY2016-2017 MHSIP report.
[7] SD = Standard Deviation.

2014 provider response rates were estimated without inclusion of those consumers to whom surveys were mailed. Mailed survey response rates across provider groups and years were 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. If mailed surveys continue to be used, 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 this distribution method continues. Independent of the contribution of mailed surveys to lower response rates, there is a great deal of variability among providers regarding 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 FY2018

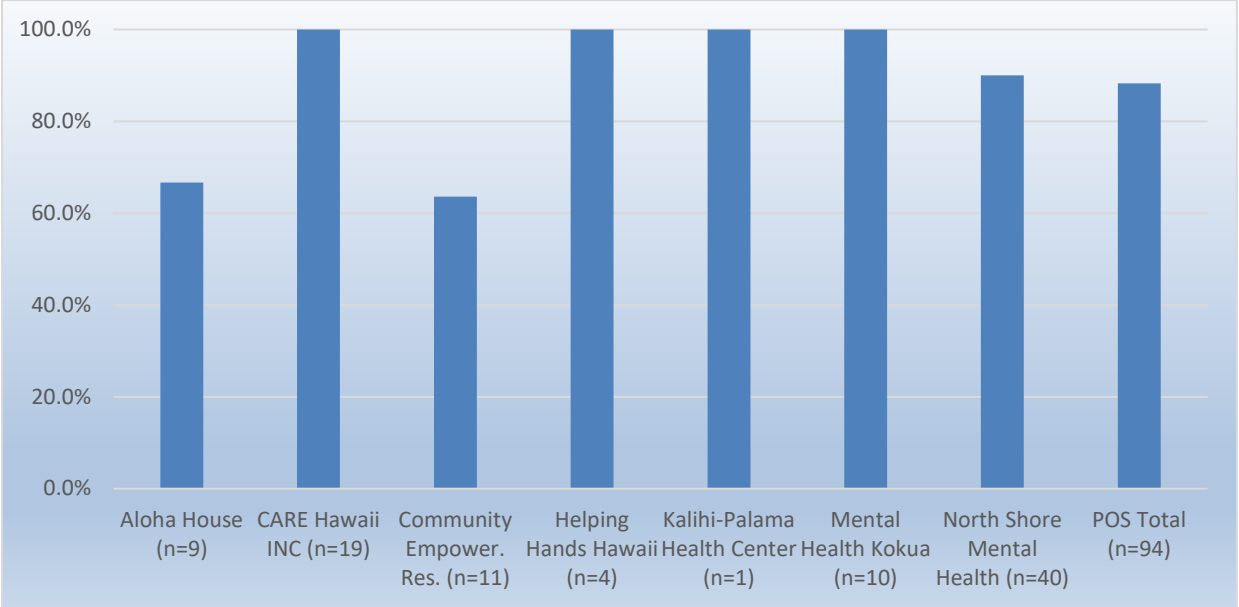


Table 2. FY2018 Hawaii Adult Mental Health Consumer Survey Response Rates – Purchase of Service (POS) Providers

POS	Sample	Completed	Refused/No Response	Unreachable	% Reached[8]	Response Rate
Aloha House (n=9)	34	6	3	25	26%	66.7%
CARE Hawaii INC (n=19)	138	19	0	119	14%	100.0%
Community Empower. Res. (n=11)	15	7	4	4	73%	63.6%
Helping Hands Hawaii (n=4)	103	4	0	99	4%	100.0%
Kalihi-Palama Health Center (n=1)	2	1	0	1	50%	100.0%
Mental Health Kokua (n=10)	63	10	0	53	16%	100.0%
North Shore Mental Health (n=40)	44	36	4	4	91%	90.0%
POS Total (n=94)	**399**	**83**	**11**	**305**	**24%**	**88.3%**

Observation 2

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. As noted earlier, the very high proportion of unreachable consumers for the POS providers is a matter of serious concern and places doubt on the validity of the current MHSIP findings for these providers.

[8] Percent reached is a percent of those sampled who were reached for survey participation by the provider.

Figure 2. Rank Ordered Response Rate of CMHC Branches FY2018

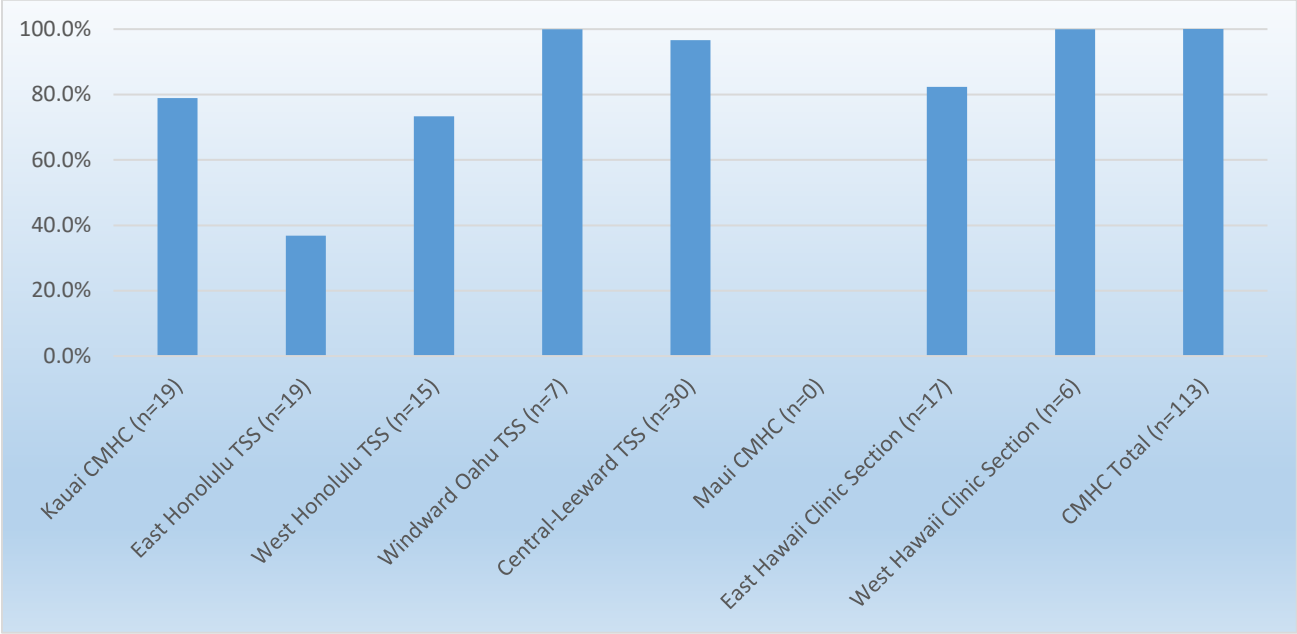


Table 3. FY2018 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Center Branches

CMHCs	Sample	Completed	Refused/No Response	Unreachable	% Reached	Response Rate
Kauai CMHC Branch Total	71	15	4	52	27%	78.9%
Oahu CMHC Branch Total	96	54	17	25	74%	76.1%
East Honolulu TSS	27	7	12	8	70%	36.8%
West Honolulu TSS	22	11	4	7	68%	73.3%
Windward Oahu TSS	10	7	0	3	70%	100.0%
Central-Leeward Oahu TSS	37	29	1	7	81%	96.7%
Maui CMHC Branch Total	8	0	0	8	0%	NA
Hawaii County CMHC Branch Total	55	20	3	32	42%	87.0%
East Hawaii Mental Health Clinic Section	33	14	3	16	52%	82.4%
West Hawaii Mental Health Clinic Section	22	6	0	16	27%	100.0%
All CMHCs	**230**	**89**	**24**	**117**	**49%**	**78.8%**

Observation 3

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 4. Hawai`i Adult Community Mental Health Consumer Survey Response Rates – Purchase of Service Providers (POS) by Survey Year FY2014-FY2018

POS	2014	2015	2016	2017	2018
Aloha House	100%	88.9%	100%	28.6%	66.7%
Breaking Boundaries	100%	n/a	n/a	n/a	n/a
CARE Hawaii Inc.	69.2%	89.1%	92.9%	86.8%	100%
Community Empowerment Resources	83.3%	89.1%	95.1%	50.0%	63.6%
Helping Hands Hawaii	20.0%	50.0%	90.0%	60.0%	100%
Institute for Human Services	0%	n/a	n/a	100%	n/a
Kalihi-Palama Health Center	100%	100%	100%	100%	100%
Mental Health Kokua	0%	90.9%	100%	100%	100%
North Shore Mental Health	90.9%	90.6%	95.6%	93.5%	90.0%
Total POS	**70.0%**	**88.9%**	**95.3%**	**77.6%**	**88.3%**

Table 5. Hawai`i Adult Mental Health Community Mental Health Consumer Survey Response Rates - Community Mental Health Center Branches by Survey Year FY2014-FY2018

CMHCs	2014	2015	2016	2017	2018
Kauai CMHC Branch	38.6%	66.7%	66.7%	66.7%	78.9%
East Honolulu TSS	36.0%	60.0%	41.0%	57.7%	36.8%
West Honolulu TSS	84.1%	93.3%	100%	38.5%	73.3%
Windward Oahu TSS	100%	70.6%	66.7%	100%	100.0%
Central-Leeward Oahu TSS	61.3%	95.1%	75.0%	83.1%	96.7%
Maui CMHC Branch	93.2%	90.0%	96.3%	95.3%	n/a
East Hawaii Mental Health Clinic Section	65.8%	87.5%	94.3%	84.4%	82.4%
West Hawaii Mental Health Clinic Section	83.3%	100%	100%	90.0%	100.0%
All CMHC Branches	**68.1%**	**82.5%**	**75.5%**	**74.8%**	**76.1%**

METHOD

Sample

Six hundred twenty-nine consumers were randomly selected to participate in this survey in 2018. 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 (2018)," 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 respondents 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, and 8) Hawai`i-Specific domain. Respondents 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: Consumers were asked to provide demographic data information such as race/ethnicity, gender, and date of birth.

Procedure

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

Survey Collection: The survey period was August 1 through October 1, 2018. The case management leads were responsible for collecting all completed surveys. AMHD staff 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 CMHCs 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. 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.

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 FY2018 are presented in Appendices C and D.

Demographic Characteristics

Table 6 contains demographic and clinical characteristics of the consumers who completed the 2018 and 2017 surveys[9]. Of the consumers who completed a survey in FY2018, 61% were male (n = 104) and 40% (n = 68) were female and in FY2017, 57% (n = 185) were male and 43% (n = 142) were female. Five percent of respondents in FY2018 were 18 to 34 years old (n = 9), 70% were 35 to 64 years old (n = 121), and 24% were 65 years or older (n = 42). 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 FY2018 32% of consumers reported that they were of Asian ancestry (n = 55), 13% were Native Hawaiian or other Pacific Islander (NHOPI; n = 22), 38% were White (n = 66), and 13% were two or more races (n = 29)[10]. 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 FY2018 4% of respondents were of Hispanic ancestry (n = 6), 81% were not (n = 139), and 16% were of unknown ethnicity (n =27). In FY2017, 7% of respondents were of Hispanic ancestry (n = 18) while the remaining 93% were not (n = 291). In FY2018, people who have schizophrenia and related disorders represented the most respondents (55%, n = 95) while 40% were people who have bipolar and mood disorders (n = 68) and the remaining 5% were people who have other or deferred diagnoses (n = 9). 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 (52%; n = 90) of the consumers completing the survey in 2018 had co-occurring substance use problems and, similarly, 51% (n = 158) had such problems in 2017. Chi-square analyses showed that there were statistically significant differences in the distribution of age, race, and ethnicity between FY2017 and FY2018 suggesting that the survey sample is not quite stable over time. The 2018 sample skewed older than in 2017 with more 65+ and fewer 18-34-year-old respondents. The 2018 sample had more whites and fewer Native Hawaiian and Other Pacific Islander and people of two or more races than in 2017. There were also fewer people with a Hispanic ethnicity in 2018 than in 2017.

[9] Summations of category percentages may exceed 100% in places because of rounding error.

[10] The categories of American Indian or Alaskan Native (AI/AN) and Black or African American were not included in the 2018 summary and AI/AN in the 2017 summary because there were either no or very few respondents in those categories.

Observation 4

The samples selected for the FY2017 and FY2018 surveys are demographically dissimilar to one another for age, race, and ethnicity suggesting some sampling bias might be present in one or both years. The 2017 and 2018 samples' demographic characteristics will be compared with those of the larger populations served in those years in the next section of this report.

Table 6. Survey Respondents' Demographic and Clinical Characteristics for FY2017 and FY2018

		Year				Comparison		
		2018		2017				
		N	%	N	%	χ^2 (df)	*P<*	ϕ[11]
Sex	Male	104	60.5%	185	56.6%	.7 (1)	*ns*	
	Female	68	39.5%	142	43.4%			
Age	18-34	9	5.2%	37	11.3%			
	35-64	121	70.3%	244	74.6%	11.7 (2)	*.01*	*.153*
	65+	42	24.4%	46	14.1%			
Race	Asian	55	32.0%	101	31.6%			
	Black or African American	0	0%	13	4.1%			
	Native Hawaiian or Other Pacific Islander	22	12.8%	52	16.3%	14.7 (5)	*.05*	*.172*
	White	66	38.4%	92	28.8%			
	Two or More Races	23	13.4%	62	19.4%			
	Unknown	6	3.5%	0	0%			
Ethnicity	Hispanic Origin	6	3.5%	18	7.3%			
	Not of Hispanic Origin	139	80.8%	291	92.7%	59.8 (1)	*.001*	*.346*
	Unknown	27	15.7%	0	0%			
Diagnosis	Schizophrenia and Related Disorders	95	55.2%	185	56.6%			
	Bipolar and Mood Disorders	68	39.5%	124	37.9%	.1 (2)	*ns*	
	All Other Diagnoses	9	5.2%	18	5.5%			
Substance Use Problem (SUP) [12]	Yes	90	52.3%	165	51.1%			
	No	81	47.1%	158	48.9%	.6 (2)	*ns*	
	Unknown	1	.6%	0	0%			

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

[12] 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 5

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.

Tables 7 and 8 show the comparison of demographic characteristics of those who completed the MHSIP with the larger population of people served by AMHD for FY2018 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. In FY2017, the same was true for age, race, diagnosis, and substance abuse. Completers in 2017 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.

Table 7. Comparison of Survey Respondents' Demographic and Clinical Characteristics for FY2018 with All Served by AMHD That Year

		Group				Comparison		
		All Served		MHSIP Completers				
		N	%	N	%	χ^2 (df)	*P* <	ϕ
Sex	Male	4252	57%	104	54.8%			
	Female	3206	43%	68	45.2%	.89 (1)	*ns*	
	Unknown	3	0%	0	0%			
Age	18-34	1753	23.5%	9	5.2%			
	35-64	4773	64%	121	70.3%	44.9 (3)	*.001*	*.077*
	65+	923	10.8%	42	24.4%			
	Unknown	12	.2%	0	0%			
Race	American Indian or Alaskan Native	49	.7%	0	0%			
	Asian	1254	16.8%	55	32.0%			
	Black or African American	199	2.7%	0	0%			
	Native Hawaiian or Other Pacific Islander	805	10.8%	22	12.8%	76.7 (6)	*.001*	*.100*
	White	1966	26.4%	66	38.4%			
	Two or More Races	1018	13.6%	23	13.4%			
	Unknown	2170	29.1%	6	3.5%			
Ethnicity	Hispanic Origin	299	4.0%	6	3.5%			
	Not of Hispanic Origin	5048	67.7%	139	80.8%	14.0 (2)	*.001*	.043
	Unknown	2114	28.3%	27	15.7%			

		Group				Comparison		
		All Served		MHSIP Completers				
		N	%	N	%	χ^2 (df)	*P* <	ϕ
Diagnosis	Schizophrenia and Related Disorders	2868	38.4%	95	55.2%			
	Bipolar and Mood Disorders	2548	34.2%	68	39.5%	*44.4 (3)*	*.001*	.076
	All Other Diagnoses	1983	26.6%	9	5.2%			
	No or Deferred Diagnosis	62	.8%	0	0%			
Substance Use	Yes	2924	39.2%	90	52.3%			
Problem (SUP)	No	4216	56.5%	81	47.1%	*15.5 (2)*	*.001*	.045
	Unknown	321	4.3%	1	.6%			
Total								

Table 8. 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%			
	Yes	2356	40.0%	169	52.3%	*19.1 (1)*	*.001*	.056

		Group				Comparison		
		All Served		MHSIP Completers				
		N	%	N	%	χ^2 (df)	*P* <	ϕ
Substance Use Problem (SUP)	No	3528	60.0%	154	47.7%			
Total								

Statewide Positive Responses by Domains

Table 9 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 10 summarizes an analysis of the differences in positive responding across domains between FY2017 and FY2018. All but one domain showed slight, but not statistically significant, increases in positive responding from F2017 to F2018. While they vary somewhat from year to year, the scores on each of the subscales have remained relatively consistent over time.

Table 9. Percentage of Consumers Reporting Positively on the Eight Domain Scores by Survey Year

Statewide	2014	2015	2016	2017	2018	Average
Hawaii-Specific	92.7%	92.2%	95.9%	95.3%	96.4%	94.5%
Appropriateness	89.9%	92.5%	93.7%	95.3%	95.2%	93.3%
Satisfaction	90.8%	92.0%	94.3%	92.3%	93.6%	92.6%
Treatment Planning	79.5%	83.5%	87.8%	86.2%	89.8%	85.4%
Access	87.7%	91.0%	91.5%	92.3%	94.7%	91.4%
Functioning	79.8%	78.5%	83.9%	80.3%	84.9%	81.5%
Treatment Outcomes	76.6%	82.3%	84.9%	81.1%	85.9%	82.2%
Social Connectedness	73.1%	72.3%	78.2%	74.0%	76.5%	74.8%

Figure 3. Percentage of Consumers Reporting Positively on the Eight Domain Scores by Survey Year

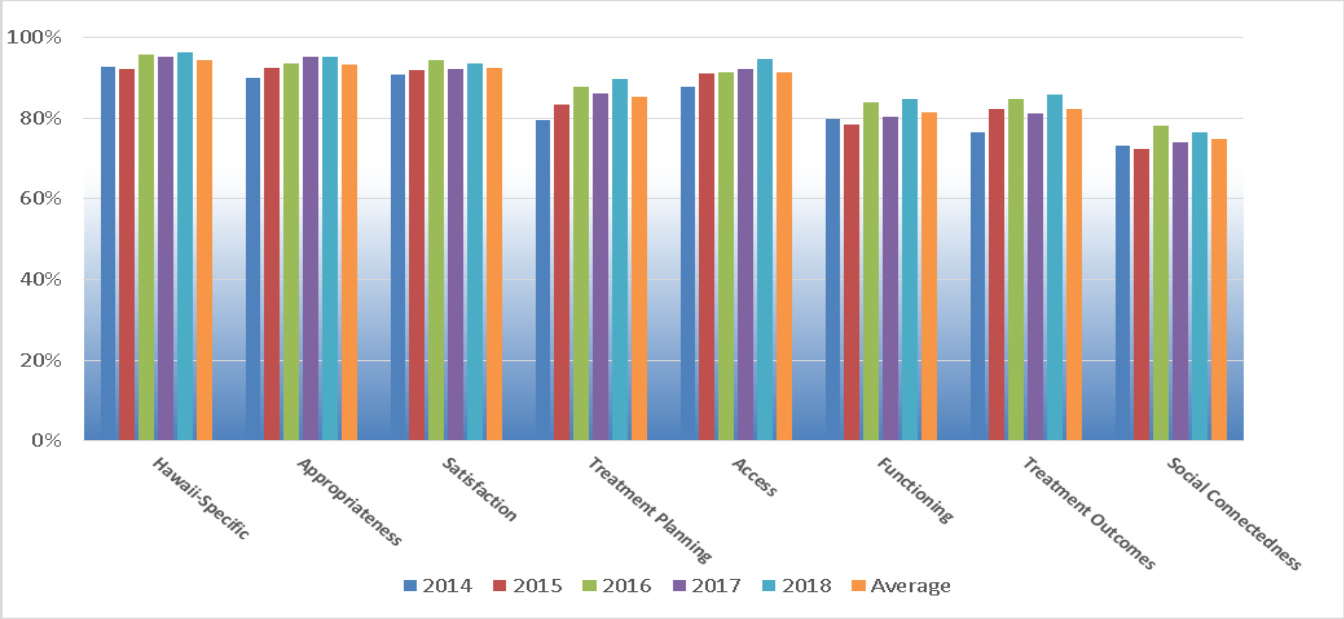


Table 10. Comparison of Percent Positive: FY2017 and FY2018[13]

	2017	2018	Difference	Joint Confidence Interval	Statistically Significant Difference?
Hawaii-Specific	95.3%	96.4%	-1.1%	3.1%	No
Appropriateness	95.3%	95.2%	0.1%	3.4%	No
Satisfaction	92.3%	93.6%	-1.3%	3.7%	No
Treatment Planning	86.2%	89.8%	-3.5%	5.1%	No
Access	92.3%	94.7%	-2.5%	4.1%	No
Functioning	83.8%	84.9%	-1.2%	5.8%	No
Treatment Outcomes	81.1%	85.9%	-4.8%	5.7%	No
Social Connectedness	74.0%	76.5%	-2.5%	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 five 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.

[13] The two years were compared using a comparative error or joint confidence interval (JCI). 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 domain among the highest average subscales and it, too, has been consistently high in the last four years.

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

The **Treatment Planning** domain addresses consumers' sense that they participated in their treatment planning process. While this domain was notably low in 2014 it has shown some rebound since then. 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 2014. 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.

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 1. 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 11 and 12 and Figures 4 and 5 contain the MHSIP positive responses for male and female consumers from FY2014 to FY2018 and the average positive rate across those years. Male consumers had a sharp increase in positive responses 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

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 un-sustained for the most part into FY2017.

Table 11. FY2014-FY2018 Domain Scores by Sex: Male

Statewide	2014	2015	2016	2017	2018	Average
Hawaii-Specific	91.2%	92.5%	99.0%	95.1%	98.0%	95.2%
Appropriateness	90.7%	93.0%	95.5%	96.7%	95.1%	94.2%
Satisfaction	91.2%	91.6%	98.0%	91.3%	96.2%	93.7%
Treatment Planning	78.0%	84.3%	89.0%	85.4%	90.2%	85.4%
Access	87.1%	89.9%	95.0%	96.2%	95.1%	92.6%
Functioning	80.2%	80.0%	89.6%	85.3%	85.0%	84.0%
Treatment Outcomes	76.9%	81.7%	88.4%	83.5%	85.3%	83.2%
Social Connectedness	72.1%	71.0%	81.3%	74.9%	77.0%	75.3%

Figure 4. Percentage of Male Consumers Reporting Positively on the Eight Domain Scores for FY2014-FY2018

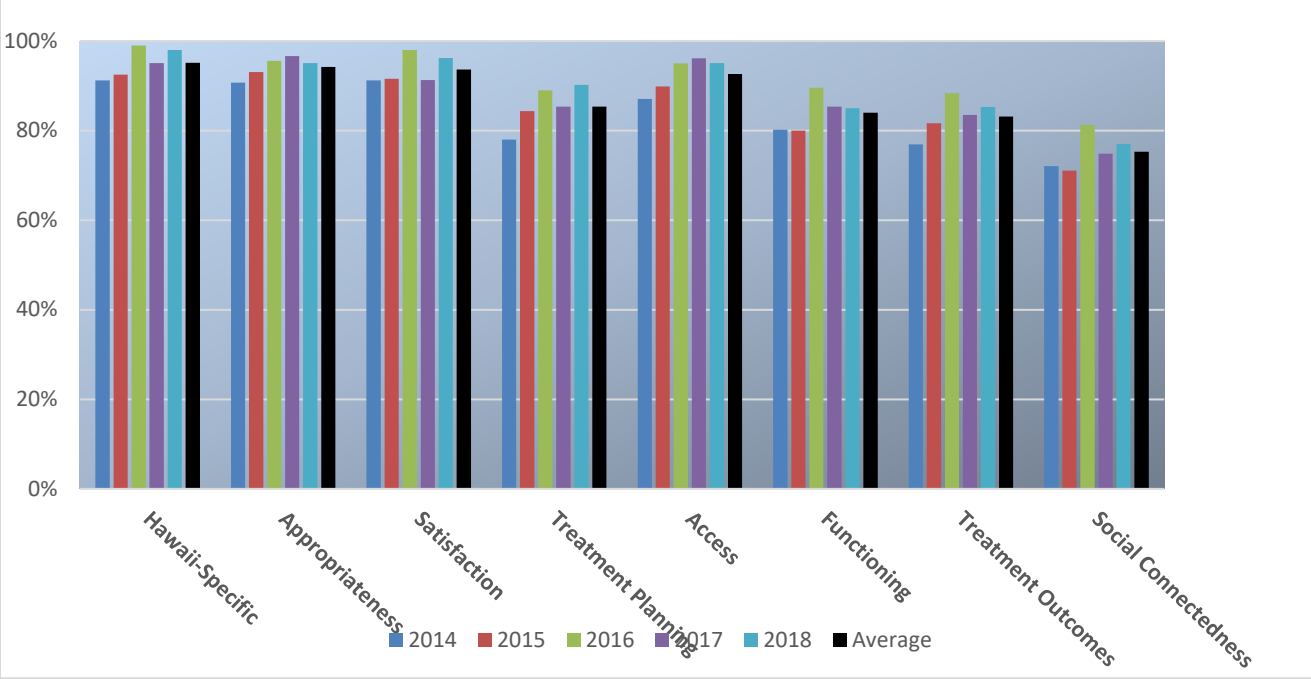
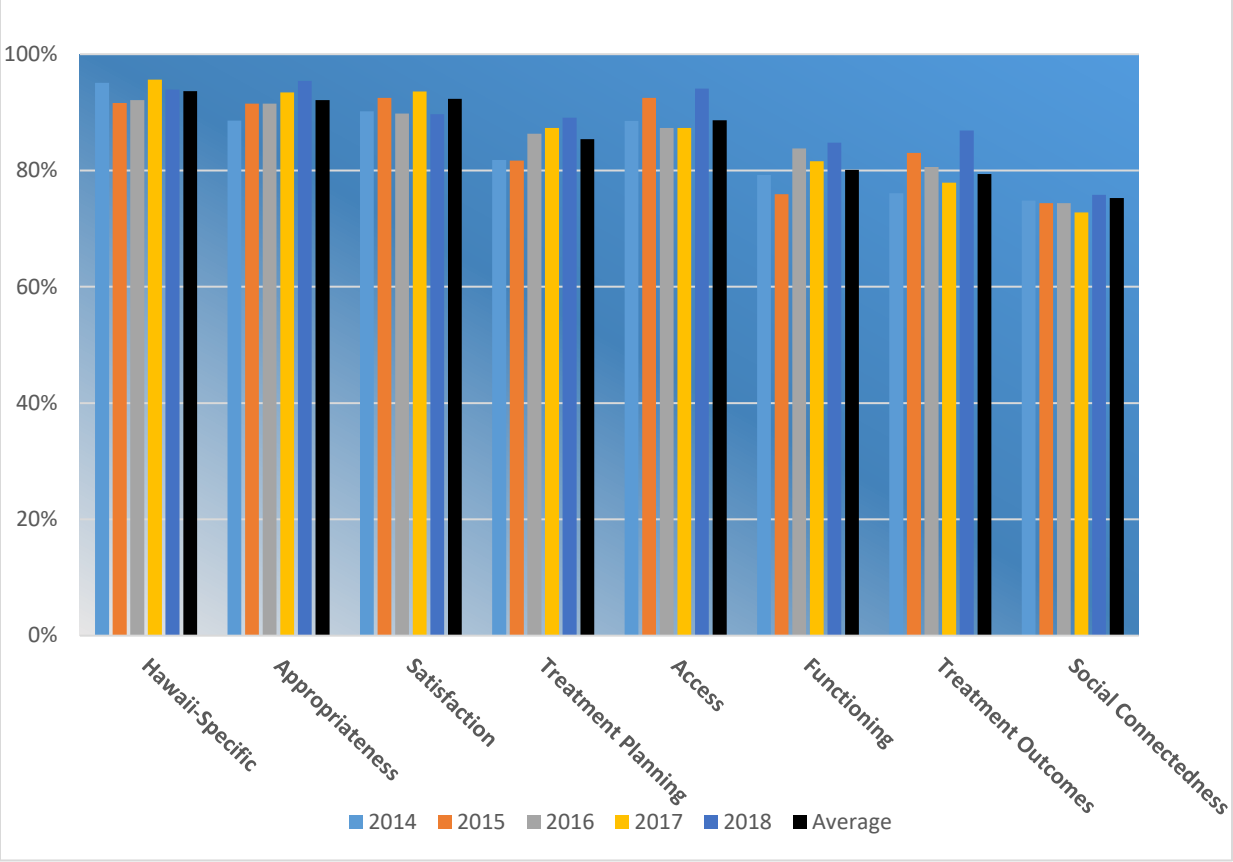


Table 12. FY2014-FY2018 Domain Scores by Sex: Female

Statewide	2014	2015	2016	2017	2018	Avg.
Hawaii-Specific	95.10%	91.60%	92.1%	95.6%	93.9%	93.7%
Appropriateness	88.60%	91.50%	91.5%	93.4%	95.4%	92.1%
Satisfaction	90.20%	92.50%	89.8%	93.6%	89.7%	91.2%
Treatment Planning	81.80%	81.70%	86.3%	87.3%	89.1%	85.2%
Access	88.50%	92.50%	87.3%	87.3%	94.1%	89.9%
Functioning	79.20%	75.90%	83.8%	81.6%	84.8%	81.1%
Treatment Outcomes	76.10%	83.00%	80.6%	77.9%	86.9%	80.9%
Social Connectedness	74.80%	74.40%	74.4%	72.8%	75.8%	74.4%

Figure 5. Percentage of Female Consumers Reporting Positively on the Eight Domain Scores for FY2014-FY2018



Age

Tables 13 through 15 and Figures 6 through 8 contain the percent of positive responses, from FY2014 to FY2018 for three age groups, 18-34 years of age, 35-64 years, and 65 years of age and older and the average positive rate across those years. From FY2015 to FY2018, 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. This lability continued in 2018. While noteworthy,

because of the relatively small sample size for this age group, none of these differences reached statistical significance except for the Hawaii-Specific subscale difference between 2017 and 2018 (2017-2018 difference = -10.81; JCI = 10). Consumers aged 35 to 64 years showed somewhat less volatility from FY2015 to FY2018, but they did have increases in domain scores from FY2015 to FY2016 with subsequent declines in some domains from FY2016 to FY2017 and a rebound in scores in FY2018. This age group had significant increases in Functioning (+7.8%) and Social Connectedness (+9.2%) from FY2015 to FY2016 but no significant changes from 2016 to 2017 and 2017 to 2018. There were no significant changes from FY2016 to FY2017. Consumers who were 65 years of age and older, while showing some variability over the years, had no significant year to year changes. Finally, there were no significant differences among the three age groups in FY2018 except for a significant difference on the Hawaii-Specific subscale between 18 to 34-year old and 35 to 64-year-old (17 to 34 years - 35 to 64 years difference = -4.27; JCI = 3.7).

Table 13. FY2014-FY2018 Domain Scores by Age: 18-34

Statewide	2014	2015	2016	2017	2018	Avg.
Hawaii-Specific	91.7%	87.5%	94.6%	89.2%	100.00%	92.6%
Appropriateness	97.2%	90.0%	91.9%	89.2%	88.89%	91.4%
Satisfaction	91.7%	90.0%	91.9%	83.8%	77.78%	87.0%
Treatment Planning	66.7%	77.5%	91.7%	82.9%	87.50%	81.2%
Access	91.7%	87.5%	91.7%	83.8%	77.78%	86.5%
Functioning	75.0%	77.5%	78.4%	86.5%	77.78%	79.0%
Treatment Outcomes	71.4%	87.2%	81.1%	75.7%	66.67%	76.4%
Social Connectedness	77.8%	80.0%	72.2%	68.6%	88.89%	77.5%

Figure 6. Percentage of Consumers Ages 18 to 34 Reporting Positively on the Eight Domain Scores for FY2014-FY2018

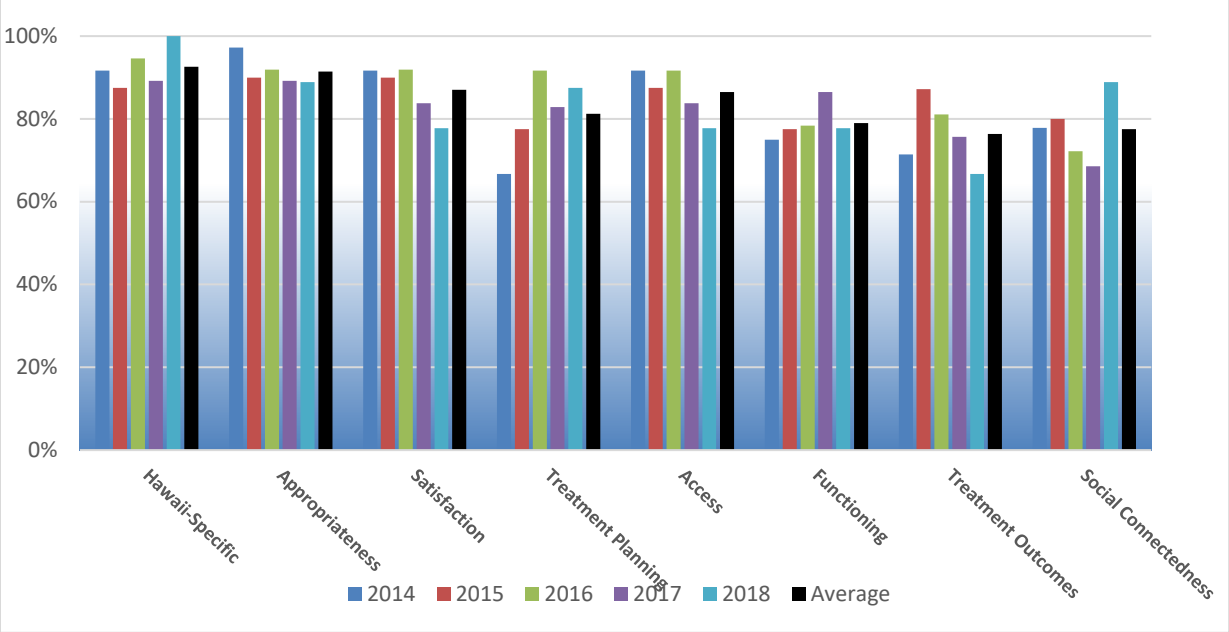


Table 14. FY2014-FY2018Domain Scores by Age: 35-64

Statewide	2014	2015	2016	2017	2018	Avg.
Hawaii-Specific	92.5%	93.0%	96.8%	95.8%	95.7%	94.8%
Appropriateness	89.2%	93.0%	93.8%	95.8%	94.9%	93.3%
Satisfaction	91.7%	91.8%	94.6%	93.0%	96.7%	93.6%
Treatment Planning	80.3%	84.7%	87.7%	86.8%	89.0%	85.7%
Access	86.7%	92.6%	91.4%	93.8%	95.0%	91.9%
Functioning	80.3%	79.7%	88.6%	82.7%	83.5%	83.0%
Treatment Outcomes	78.2%	81.4%	85.8%	81.8%	88.9%	83.2%
Social Connectedness	71.5%	71.7%	81.0%	73.8%	76.5%	74.9%

Figure 7. Percentage of Consumers Ages 35 to 64 Reporting Positively on the Eight Domain Scores for FY2014-FY2018

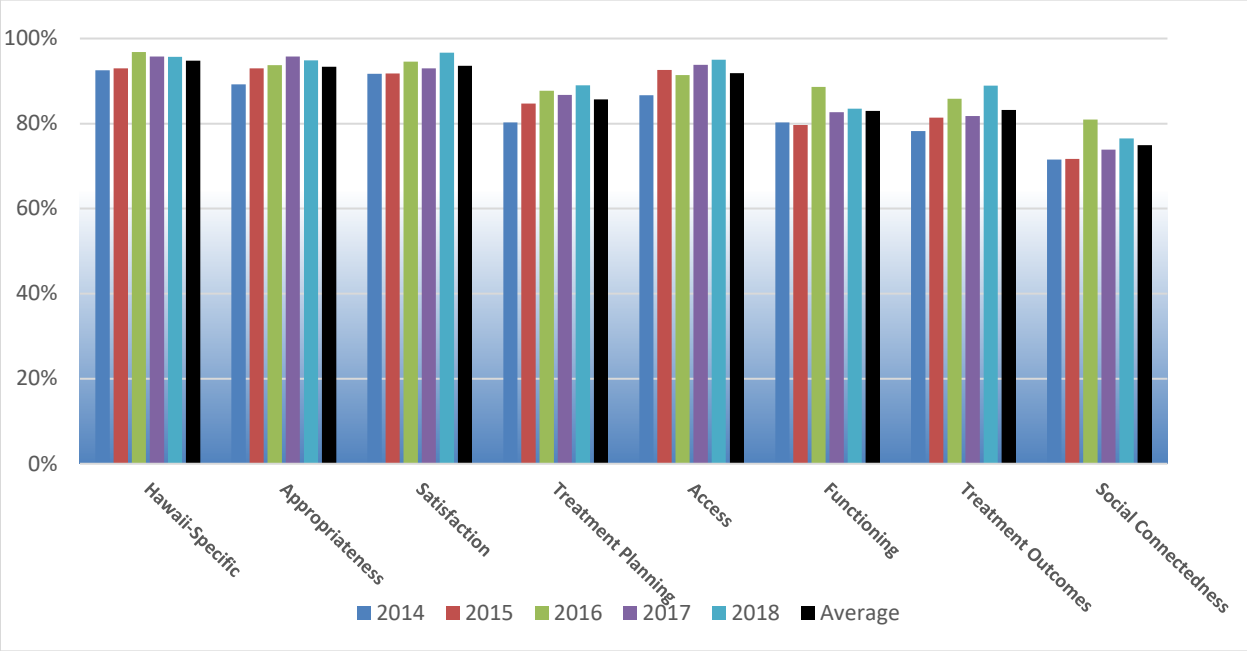
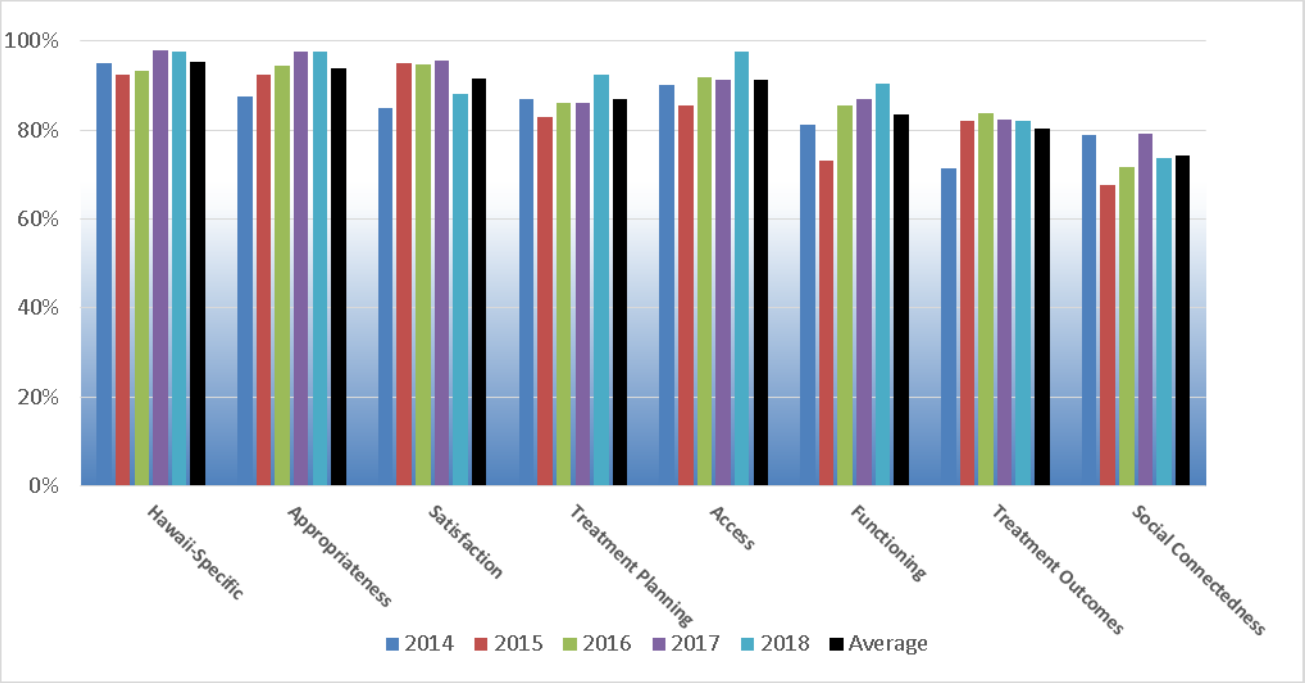


Table 15. FY2014-FY2018Domain Scores by Age: 65+

Statewide	2014	2015	2016	2017	2018	Avg.
Hawaii-Specific	94.9%	92.3%	93.3%	97.8%	97.6%	95.2%
Appropriateness	87.5%	92.5%	94.5%	97.7%	97.6%	94.0%
Satisfaction	85.0%	95.1%	94.7%	95.6%	88.1%	91.7%
Treatment Planning	86.8%	82.9%	86.1%	86.0%	92.5%	86.9%
Access	90.0%	85.4%	91.9%	91.3%	97.6%	91.2%
Functioning	81.1%	73.2%	85.5%	87.0%	90.5%	83.5%
Treatment Outcomes	71.4%	82.1%	83.8%	82.2%	82.1%	80.3%
Social Connectedness	78.9%	67.5%	71.6%	79.1%	73.8%	74.2%

Figure 8. Percentage of Consumers 65 Years and Older Reporting Positively on the Eight Domain Scores for FY2014-FY2018



Major Diagnostic Categories

Tables 16 to 18 and Figures 9 to 11 contain the FY2014 to FY2018 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 (including consumers who do not yet have a diagnosis). Consumers did not show any statistically significant changes in percent positive responses from FY2017 to FY2018 in any of the schizophrenia and bipolar/mood disorder diagnostic groups. People who have other disorders had significantly higher positive ratings in FY2018 than those who have schizophrenia and related disorders for the Hawaii-Specific (+4.4%), Appropriateness (+5%), Treatment Planning (+6.5%), Functioning (+16.1%), and Treatment Outcomes (+14.9%) subscales. People who have other disorders were significantly more positive than people who have bipolar and mood disorders for the Treatment Planning (+9.4%), Functioning (+15.4%), and Treatment Outcomes (+14.3%) domains.

Table 16. FY2014-FY2018 MHSIP Positive Responses for Consumers Served by AMHD: Schizophrenia and Related Disorders

Statewide	2014	2015	2016	2017	2018	Avg.
Hawaii-Specific	92.5%	94.3%	94.5%	93.3%	95.7%	94.0%
Appropriateness	85.6%	90.8%	91.3%	93.3%	93.5%	90.9%
Satisfaction	91.3%	91.6%	93.2%	90.3%	94.7%	92.2%
Treatment Planning	76.0%	79.9%	83.8%	81.7%	88.3%	81.9%
Access	86.7%	93.7%	90.2%	90.8%	93.6%	91.0%
Functioning	83.5%	82.1%	86.8%	83.9%	83.9%	84.0%
Treatment Outcomes	79.4%	83.9%	82.5%	83.2%	85.1%	82.8%
Social Connectedness	76.2%	70.1%	79.9%	73.7%	81.5%	76.3%

Figure 9. Percentage of Consumers who have Schizophrenia and Related Disorders Reporting Positively on the Eight Domain Scores for FY2014-FY2018

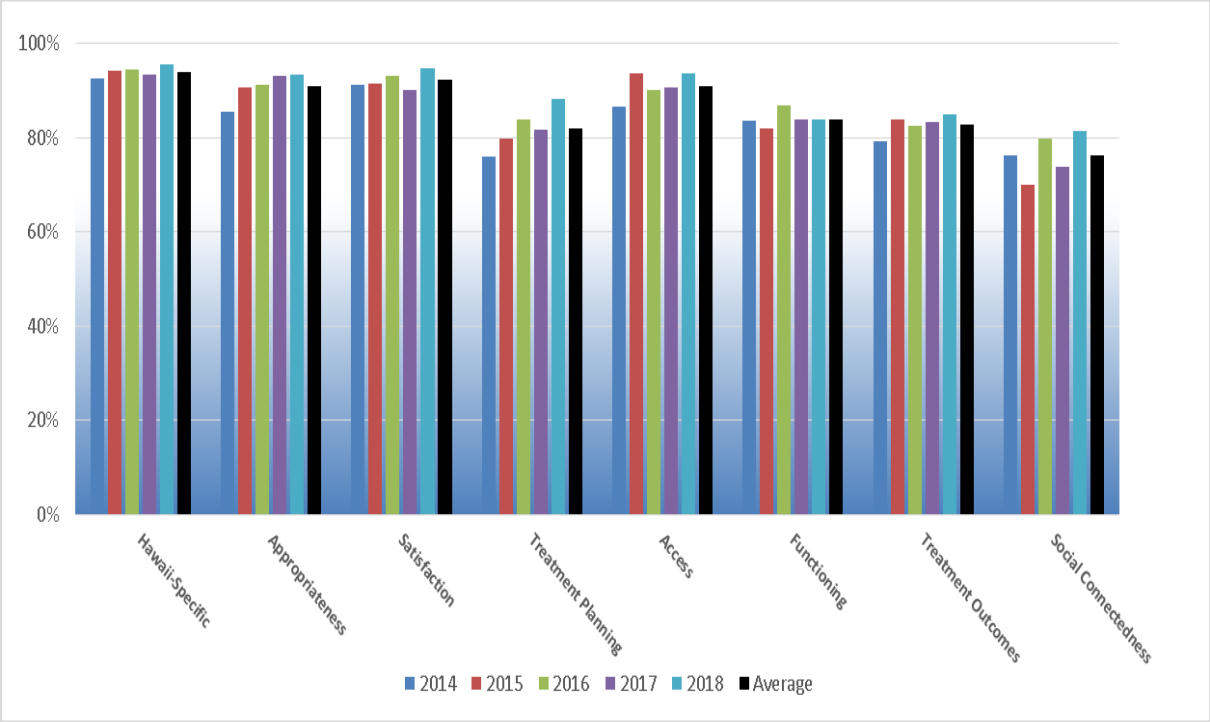


Table 17. FY2014-FY2018 MHSIP Positive Responses for Consumers Served by AMHD: Bipolar and Mood Disorders

Statewide	2014	2015	2016	2017	2018	Avg.
Hawaii-Specific	96.00%	91.0%	97.8%	97.6%	97.1%	95.9%
Appropriateness	96.10%	93.9%	97.1%	97.5%	97.0%	96.3%
Satisfaction	88.30%	92.6%	96.4%	95.1%	92.6%	93.0%
Treatment Planning	83.00%	87.9%	94.0%	93.3%	90.6%	89.8%
Access	90.30%	89.6%	93.5%	95.1%	97.1%	93.1%
Functioning	73.50%	76.2%	87.1%	84.4%	84.6%	81.2%
Treatment Outcomes	70.70%	79.8%	88.2%	81.0%	85.7%	81.1%
Social Connectedness	67.00%	73.5%	75.4%	74.6%	68.2%	71.7%

Figure 10. Percentage of Consumers who have Bipolar and Mood Disorders Reporting Positively on the Eight Domain Scores for FY2014-FY2018

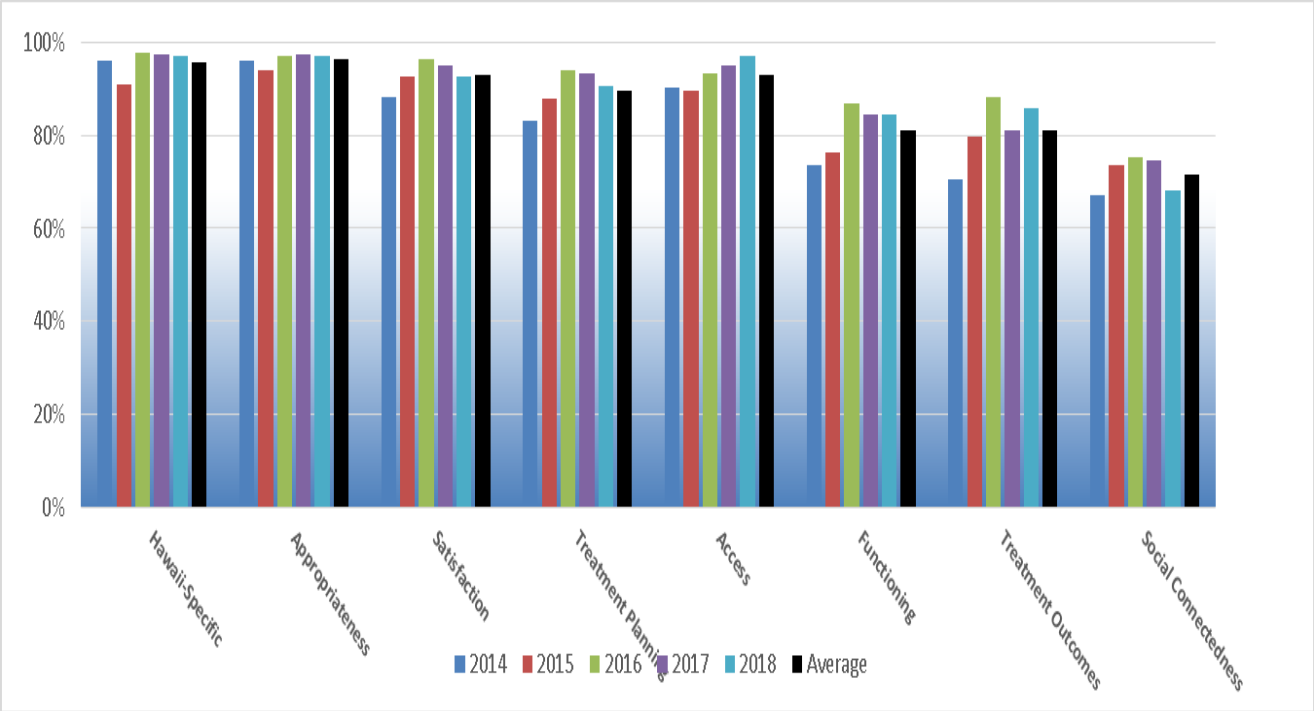
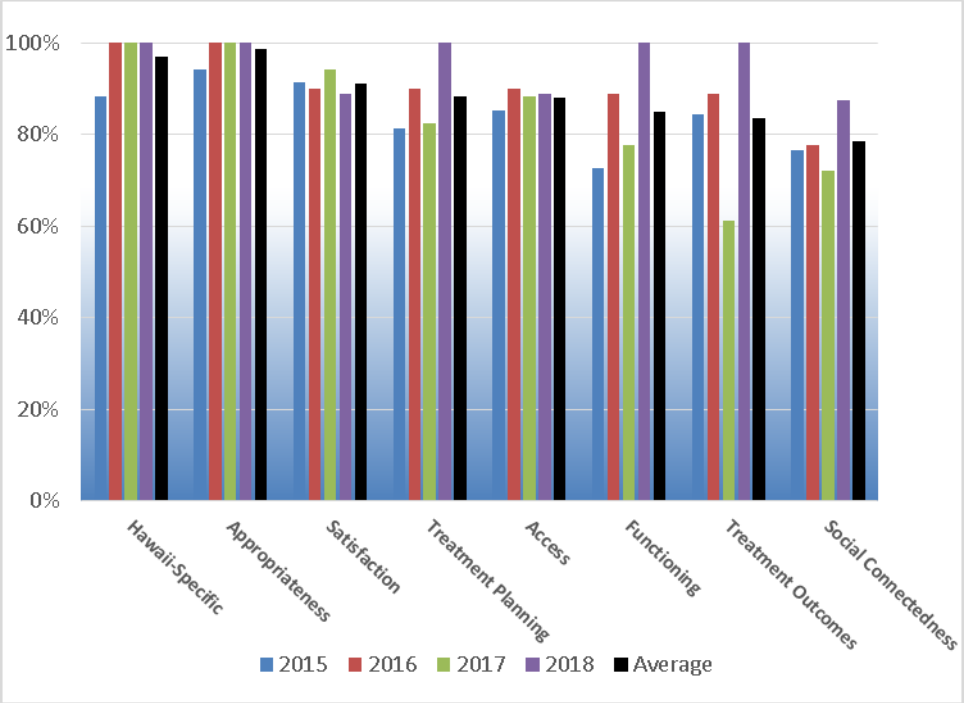


Table 18. FY2015-FY2018 MHSIP Positive Responses for Consumers Served by AMHD: Other Disorders

Statewide	2015	2016	2017	2018	Average
Hawaii-Specific	88.20%	100.0%	100.0%	100.0%	97.1%
Appropriateness	94.10%	100.0%	100.0%	100.0%	98.5%
Satisfaction	91.40%	90.0%	94.1%	88.9%	91.1%
Treatment Planning	81.30%	90.0%	82.4%	100.0%	88.4%
Access	85.30%	90.0%	88.2%	88.9%	88.1%
Functioning	72.70%	88.9%	77.8%	100.0%	84.8%
Treatment Outcomes	84.40%	88.9%	61.1%	100.0%	83.6%
Social Connectedness	76.50%	77.8%	72.2%	87.5%	78.5%

Figure 11. Percentage of Consumers who have Other Disorders Reporting Positively on the Eight Domain Scores for FY2015-FY2018



Provider Type

Table 19 contains the FY2018 domain scores of all CMHCs and all POS providers. There are slight but not statistically significant differences between both groups. The largest difference is for social connectedness with consumers perceiving CMHCs as providing more social connectedness than the POS providers. On the other hand, consumers saw POS providers as providing better access to services than did the CMHCs.

Table 19. Percentage of Consumers Reporting Positively on the Eight Domain Scores by Provider Type

Statewide	POS	CMHC	POS-CMHC	JCI	Significant?
Hawaii-Specific	96.39%	96.47%	-0.09%	5.6%	No
Appropriateness	95.06%	95.35%	-0.29%	6.5%	No
Satisfaction	92.77%	94.38%	-1.61%	7.3%	No
Treatment Planning	89.87%	89.66%	0.22%	9.2%	No
Access	96.34%	93.26%	3.08%	6.6%	No
Functioning	85.00%	84.88%	0.12%	10.9%	No
Treatment Outcomes	85.53%	86.25%	-0.72%	10.9%	No
Social Connectedness	73.75%	79.07%	-5.32%	12.9%	No

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. 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 findings from the FY2018 Consumer Satisfaction Surveys:

- **Response rates** show a great deal of variability over the years. While FY2018 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.

- ***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***. A larger percentage of male than female respondents reported positive perceptions in Social Connectedness, while a large percentage of male respondents reported positive Outcomes and Functioning. Further, the trend highlighted in FY2018 shows that a lower perception of personal engagement in treatment correlates with a lower perception of social perception.

- In the overall satisfaction domain, respondents were satisfied with the treatment received. Ninety-six percent of respondents said that they liked the services they received, and ninety-two percent said that they would recommend the agency to a friend or family member.

APPENDIX A: *Hawai'i Mental Health Services Consumer Survey 2018*

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 2018

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 on 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 2018 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 FY2018

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2018
1	I like the services that I receive here	169	1.50	0.647	95.9%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	168	1.49	0.638	95.8%
7	Services were available at times that were good for me	172	1.53	0.596	94.8%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	166	1.51	0.667	94.6%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	167	1.57	0.698	94.6%
13	I was given information about my rights	166	1.59	0.688	94.0%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	165	1.59	0.707	93.9%
5	Staff is willing to see me as often as I felt it is necessary	171	1.56	0.712	93.6%
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)	168	1.55	0.740	93.5%
21	I received services, including medications, in a timely manner, that is, there were no delays	163	1.60	0.700	93.3%
3	I would recommend this agency to a friend or family member	171	1.55	0.679	92.4%
11	I felt comfortable asking questions about my treatment and medication	168	1.58	0.729	92.3%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	161	1.63	0.747	91.9%
8	I was able to get all the services I thought I needed	170	1.64	0.735	91.8%
14	Staff encouraged me to take responsibility for how I live my life	170	1.59	0.735	91.8%
17	I, not staff, decided my treatment goals	170	1.65	0.724	90.6%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2018
2	If I had other choices, I would still get services from this agency	172	1.65	0.821	90.1%
25	As a direct result of services, I received, I am better able to control my life (that is, being in charge of, managing my life)	168	1.70	0.832	89.3%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	155	1.69	0.752	89.0%
33	As a direct result of services, I received, I am better able to take care of my needs	163	1.71	0.735	89.0%
9	I am able to see a psychiatrist when I wanted to	159	1.67	0.752	88.7%
6	Staff returned my call within 24 hours	160	1.66	0.753	88.1%
26	As a direct result of services, I received, I am better able to deal with crisis	165	1.75	0.837	87.9%
12	I felt free to complain	162	1.69	0.776	87.7%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	154	1.76	0.856	87.0%
24	As a direct result of services, I received, I deal more effectively with daily problems	167	1.75	0.834	85.6%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	156	1.75	0.808	85.3%
32	As a direct result of services, I received, I do things that are more meaningful to me (that is, greater worth and importance)	163	1.88	0.804	82.8%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	164	1.82	0.874	82.3%
34	As a direct result of services, I received, I am better able to handle things when they go wrong	161	1.82	0.843	82.0%
35	As a direct result of services, I received, I am better able to do things I want to do	167	1.88	0.870	82.0%
29	As a direct result of services, I received, I do better in school and/or work	88	1.91	0.978	80.7%
31	As a direct result of services, I received, my symptoms are not bothering me as much	161	1.89	0.906	80.7%
39	Thinking about people in my life other than mental health staff, when in a crisis I would	168	1.93	1.000	79.8%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2018
	have the support I need from family or friends				
28	As a direct result of services, I received, I do better in social situations	163	1.90	0.869	79.1%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	166	1.94	1.001	77.7%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	165	2.02	0.987	76.4%
27	As a direct result of services, I received, I am getting along better with my family	149	1.99	0.926	74.5%
30	As a direct result of services, I received, my housing situation has improved	143	1.96	0.911	72.7%

APPENDIX D: Rank-Order Analysis of Negative Individual Items FY2018

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2018
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	166	1.94	1.001	9.60%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	165	2.02	0.987	8.50%
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	168	1.93	1.000	7.70%
29	As a direct result of services, I received, I do better in school and/or work	88	1.91	0.978	6.80%
31	As a direct result of services, I received, my symptoms are not bothering me as much	161	1.89	0.906	5.60%
27	As a direct result of services, I received, I am getting along better with my family	149	1.99	0.926	5.40%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	154	1.76	0.856	5.20%
30	As a direct result of services, I received, my housing situation has improved	143	1.96	0.911	4.90%
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)	168	1.70	0.832	4.80%
26	As a direct result of services, I received, I am better able to deal with crisis	165	1.75	0.837	4.80%
28	As a direct result of services, I received, I do better in social situations	163	1.90	0.869	4.30%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	164	1.82	0.874	3.70%
24	As a direct result of services, I received, I deal more effectively with daily problems	167	1.75	0.834	3.60%
35	As a direct result of services, I received, I am better able to do things I want to do	167	1.88	0.870	3.60%
2	If I had other choices, I would still get services from this agency	172	1.65	0.821	3.50%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	155	1.69	0.752	3.20%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2018
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	156	1.75	0.808	3.20%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	161	1.63	0.747	3.10%
32	As a direct result of services, I received, I do things that are more meaningful to me (that is, greater worth and importance)	163	1.88	0.804	3.10%
34	As a direct result of services, I received, I am better able to handle things when they go wrong	161	1.82	0.843	3.10%
6	Staff returned my call within 24 hours	160	1.66	0.753	2.50%
12	I felt free to complain	162	1.69	0.776	2.50%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	167	1.57	0.698	2.40%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	165	1.59	0.707	2.40%
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)	168	1.55	0.740	2.40%
11	I felt comfortable asking questions about my treatment and medication	168	1.58	0.729	2.40%
14	Staff encouraged me to take responsibility for how I live my life	170	1.59	0.735	2.40%
5	Staff is willing to see me as often as I felt it is necessary	171	1.56	0.712	2.30%
9	I am able to see a psychiatrist when I wanted to	159	1.67	0.752	1.90%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	168	1.49	0.638	1.80%
13	I was given information about my rights	166	1.59	0.688	1.80%
21	I received services, including medications, in a timely manner, that is, there were no delays	163	1.60	0.700	1.80%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2018
8	I was able to get all the services I thought I needed	170	1.64	0.735	1.80%
17	I, not staff, decided my treatment goals	170	1.65	0.724	1.80%
33	As a direct result of services, I received, I am better able to take care of my needs	163	1.71	0.735	1.80%
1	I like the services that I receive here	169	1.50	0.647	1.20%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	166	1.51	0.667	1.20%
3	I would recommend this agency to a friend or family member	171	1.55	0.679	0.60%
7	Services were available at times that were good for me	172	1.53	0.596	0.00%