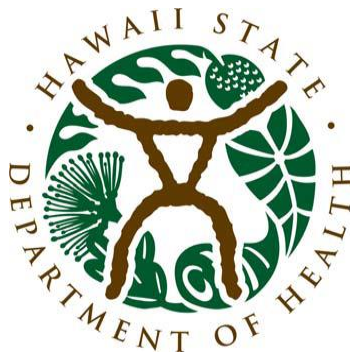


2014 Hawai`i Annual Adult Community Mental Health Services Consumer Satisfaction Survey



Adult Mental Health Division

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EXECUTIVE SUMMARY

This report details the statewide results of the FY2014 Hawaii Annual Adult Community Mental Health Services Consumer Survey administered from September 17, 2014 through October 31, 2014. A total of 670 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 (CMHC) or Purchase of Service Provider (POS) between November 1, 2013 and April 30, 2014. Of those, 156 were unreachable, 193 refused or did not respond, and 321 completed a valid survey yielding a response rate of 62.5% (Table 1).

Among POS providers who had five or more respondents, North Shore Mental Health (90%) had the highest response rate followed by Community Empowerment Resources (83%). Four of the eight CMHCs had response rates over 80%: Windward (100%), Maui (93%), Kalihi-Palama (84%), and West Hawaii (83%).

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

Results for the past four years indicate that rates are highly variable between providers, the community mental health system and among years. Between FY2013 and FY2014, all domains showed decreased positive responses with the exception of the Function domain. Conversely, there was statistically significant decrease in responses for the Treatment Planning domain. Respondents in the age range of 65 years and older were more likely to complete the survey than in the lesser age groups. Over the FY2011 to FY2014 period, males and females responses showed a moderate drop in Treatment Planning and Access to Services in FY2014. For the diagnoses domain, results showed that consumers who have bipolar and mood disorders reported more positively in the Appropriateness domain than those with schizophrenia spectrum disorders. For the Social Connectedness domain, responses continue to lag behind all the other domains.

Adult Survey Highlights

- Participating providers: 17
- Surveys distributed: 670
- Survey contacts: 514
- Survey Response Rate: 321 (62.5%)
- Gender: 196 Males (61%)
125 Females (39%)

Scale Scores*

- Satisfaction with Services: 91%
- Hawai'i specific questions: 93%
- Appropriateness/Quality of Services: 90%
- Access to Services: 88%
- Participation in Treatment Planning: 80%
- Functioning: 80%
- Improved Outcomes from Services: 77%
- Social Connectedness: 73%

*Scale Scores = For each item of the eight domains, the frequency of responses was calculated based on the cumulative percent of positive responses "Strongly Agree" and "Agree." For example, a score of 86% indicates that the sample either strongly agreed or agreed with the statement.

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INTRODUCTION

Since the early 1990s, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), has mandated states to collect data on mental health programs. One type of outcome indicator that measures consumer satisfaction with services received from the public mental health system is the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey. This tool is used by all states and territories that receive Mental Health Block Grant funding. Therefore, on an annual basis, the Adult Mental Health Division (AMHD) uses this tool to measure consumers' satisfaction. Results from the survey are reported to CMHS and shared with the purchase of service (POS) providers and the community mental health centers' (CMHCs) staff. The present report summarizes the results of the FY2014 annual consumer satisfaction survey including consumers that were discharged during the 2014 fiscal year. The report also compares FY2014 survey data with those from FY2011 to FY2013.

Background

The FY2014 Hawai'i Adult Community Mental Health Consumer Survey (HACMHCS) was distributed to 670 randomly selected consumers who had received at least one treatment or case management service from state-operated Community Mental Health Centers (CMHC) or purchase of service (POS) providers between November 1, 2013 and April 30, 2014. To help improve response rates, the case management leads coordinated survey distribution, completion, and return within their CMHC or POS agency. As a result, 321 surveys were completed. Consumers unable to complete their survey due to being discharged from their case management provider after the random sample was selected were asked to complete the survey and return it through the mail in a self-addressed stamped envelope.

Analysis of Response Rates

Table 1 shows the response rates for POS providers and CMHCs from FY2011 to FY2014. These rates are highly variable both between provider sources (POS vs CMHC) and among years. The best rate of return over the years was in FY2011 while the worst was in FY2013. However, FY2014 was close to FY2011 in its rate with the overall annual value being diminished primarily by the very low response rate for mailed surveys. It should be noted that FY2014 is the only year in this table that shows mailed surveys broken out from those administered directly by providers. This was done to provide a more accurate portrayal of providers' response rates as it was reasoned that they should not be held accountable for the return rates of their consumers who had received surveys in the mail. Anecdotal evidence suggests that the methods of contacting and engaging respondents has varied over the past four years and this is likely the major factor in producing the fluctuating response rates. At the least, future survey administrations should attempt to replicate the efforts of the current year and document activities used to enhance responding to the survey. Also, surveyors should focus on decreasing the number of individuals who are lost to the survey process (e.g., unreachable, returned to sender) as their absence from the results is likely introducing a degree of uncertainty into the findings. For example, an analysis of the differential completion status (completed, refused, or unreachable) of respondents based on age showed that younger respondents (18-34 years old) were more likely to be unreachable than either those aged 35-64 or 65 and older whereas those 65 and older were less likely to refuse to complete the survey than those in the other two age groups ($\chi^2(4) = 23.4, p < .001, \phi = .188$)¹.

¹ 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 1. FY2011-FY2014 Comparison of Response Rates² for Consumers Served by AMHD

FY2011					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	286	166	83	37	66.7%
POS	446	277	94	75	74.7%
Total	732	443	177	112	71.5%

FY2012					
	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHCs	274	89	143	42	38.4%
POS	399	211	161	27	56.7%
Total	673	300	304	69	49.7%

FY2013					
	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%

FY2014					
	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%

² Response rate is the quotient of the number of completed surveys divided by the number of consumers who were contacted (i.e. list of consumers minus the number who were unreachable).

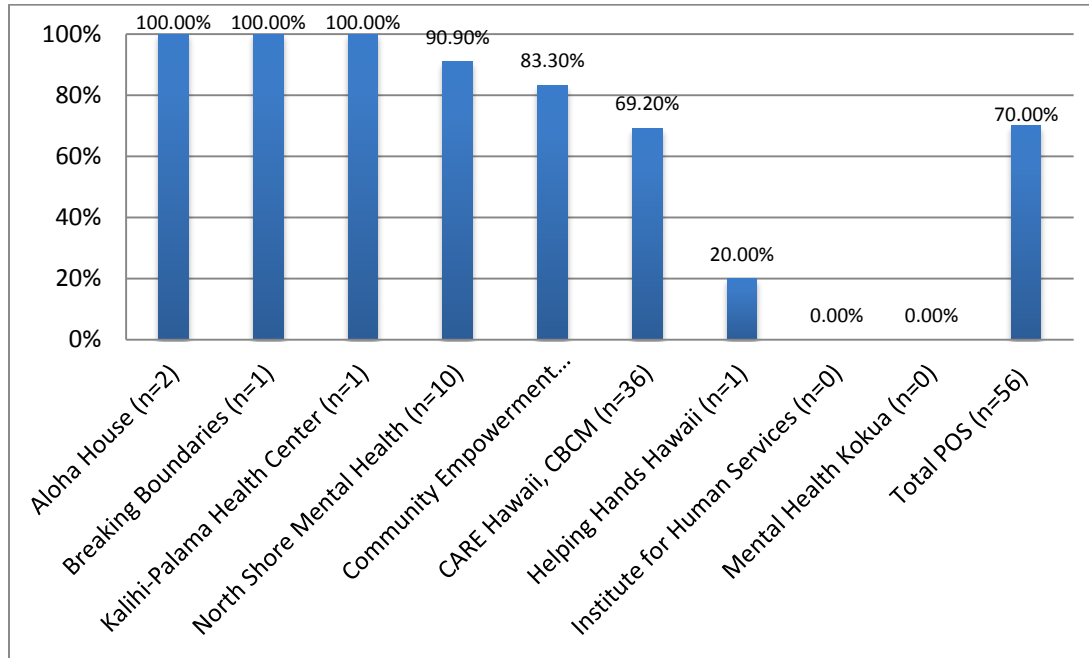
POS providers and CMHCs are ordered from highest response rates to lowest in Figures 1 and 3, respectively. The values used to determine these response rates can be found in Tables 2 and 4. Response rates are based on completed surveys or contacts made and not the initial sample selected. In other words, consumers who did not have the opportunity to refuse to fill out a survey were not counted as having responded. POS providers had a slightly higher overall response rate (70% versus 68%) but a wider degree of variability among its constituents. POS provider and CMHC response rates from FY2011 to FY2013 are shown in Tables 3 and 5, and Figures 2 and 4. These rates have dropped for both groups from the highs reached in FY2011. However, they appear to be on an upward course in FY2014, with most providers coming close to, and some exceeding, the FY2011 rates.

Among POS providers, Helping Hands Hawaii showed the most decrease from 83% in FY2011 to 20% in FY2014. The other providers in this group appear close to their FY2011 rates. Among CMHCs, Kauai had the sharpest drop from 95% in FY2011 to 39% in FY2014. These year-to-year comparisons, however, should be made with caution as inspection of Table 6 indicates. This year (FY2014), provider response rates were estimated without inclusion of those consumers to whom surveys were mailed. It can be seen that the mailed survey response rates are quite low. It is not clear if such adjustments were made in the past years to response rate computation. It is recommended that future analyses continue to estimate provider response rates without including mailed surveys.

Table 2. FY2014 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rate – Purchase of Service (POS) Providers

POS	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Aloha House	3	2	0	1	100.0%
Breaking Boundaries	2	1	0	1	100.0%
CARE Hawaii, CBCM	56	36	16	4	69.2%
Community Empowerment Resources	12	5	1	6	83.3%
Helping Hands Hawaii	5	1	4	0	20.0%
Institute for Human Services	3	0	2	1	0.0%
Kalihi-Palama Health Center	1	1	0	0	100.0%
Mental Health Kokua	2	0	0	2	0.0%
North Shore Mental Health	13	10	1	2	90.9%
Total POS Providers	97	56	24	17	70.0%

Figure 1. Rank Ordered Response Rate of POS Providers



Note: number of completed surveys in parentheses

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

POS	FY2011	FY2012	FY2013	FY2014
Aloha House	76.5%	0%	27.2%	100%
APS Healthcare, Inc.	66.7%	n/a	n/a	n/a
Breaking Boundaries	n/a	n/a	33.3%	100.0%
CARE Hawaii, CBCM	76.1%	65.5%	23.4%	69.2%
Community Empowerment Resources	80.8%	47.1%	48.2%	83.3%
Helping Hands Hawaii	83.3%	39.1%	48.4%	20.0%
Institute for Human Services	71.4%	13.1%	100.0%	0.0%
Kalihi-Palama Health Center	100.0%	87.5%	61.5%	100.0%
Mental Health Kokua	100.0%	32.0%	36.4%	0.0%
North Shore Mental Health	90.5%	83.2%	90.5%	90.9%
Total POS	74.7%	56.7%	37.1%	70.0%

*Consumers discharged from the POS providers were taken out of the sample prior to distribution.

Figure 2. Response Rate of POS Providers by Survey Year

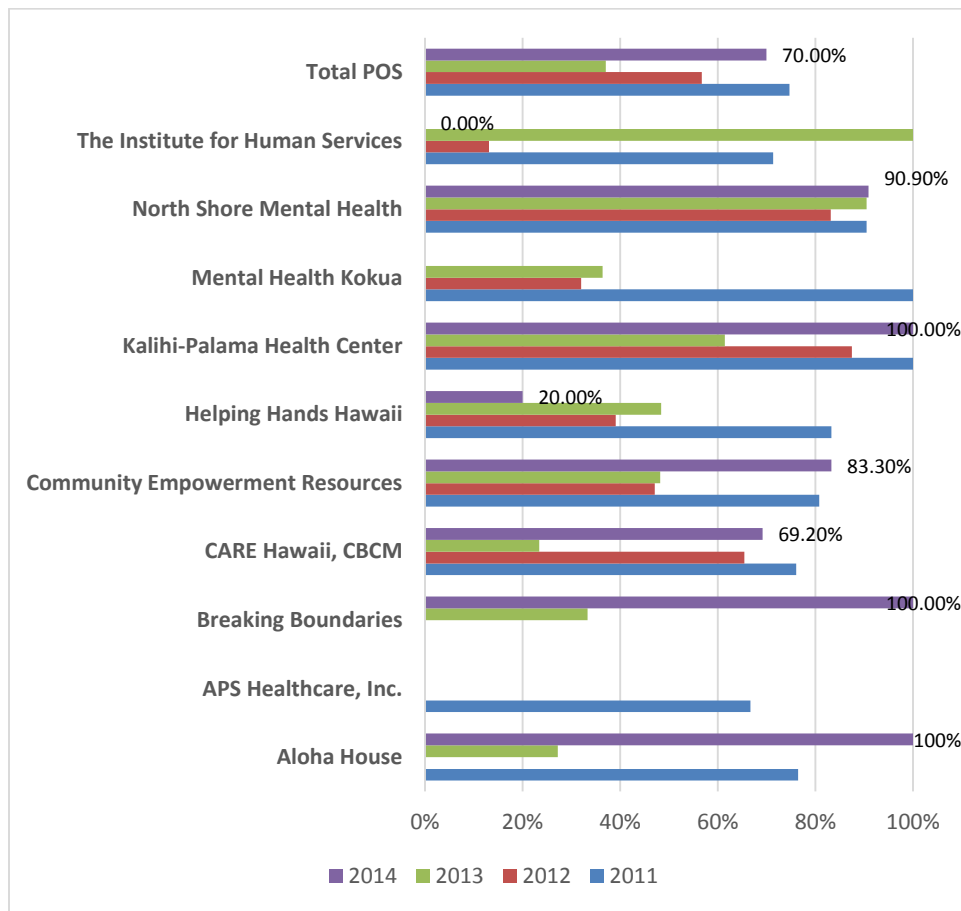


Table 4. FY2014 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Centers (CMHCs)

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Maui CMHC	63	55	4	4	93.2%
Honolulu CMHC	231	128	68	35	65.3%
Kalihi-Palama CMHC	49	37	7	5	84.1%
Central-Oahu CMHC	86	46	29	11	61.3%
Windward-Oahu CMHC	28	27	0	1	100.0%
Diamond Head CMHC	68	18	32	18	36.0%
Hawaii County	78	50	18	10	73.5%
East Hawaii CMHC	43	25	13	5	65.8%
West Hawaii CMHC	35	25	5	5	83.3%
Kauai CMHC	68	17	27	24	38.6%
All CMHCs	440	250	117	73	68.1%

Figure 3. Rank Ordered Response Rate of CMHCs

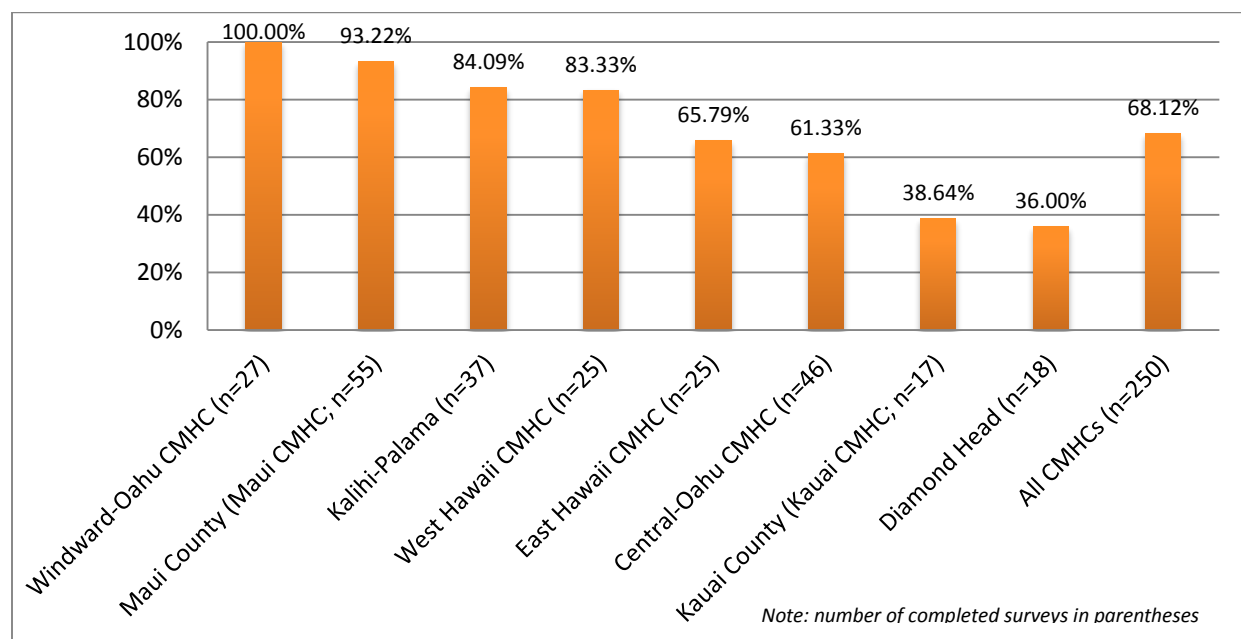


Table 5. Hawai'i Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Centers (CMHCs) by Survey Year*

CMHCs	FY2011	FY2012	FY2013	FY2014
Maui CMHC	93.3%	47.8%	55.6%	93.2%
Kalihi-Palama CMHC	86.3%	50.0%	64.1%	84.1%
Central-Oahu CMHC	64.1%	65.4%	63.3%	61.3%
Windward-Oahu CMHC	63.2%	72.0%	86.7%	100.0%
Diamond Head CMHC	42.3%	38.2%	18.2%	36.0%
East Hawaii CMHC	76.2%	56.5%	68.0%	65.8%
West Hawaii CMHC	69.2%	42.3%	60.0%	83.3%
Kauai CMHC	94.7%	15.2%	27.8%	38.6%
All CMHCs	74.8%	47.8%	53.6%	68.1%

*Consumers discharged from the CMHCs were taken out of the sample prior to distribution.

Figure 4. Response Rate of CMHCs by Survey Year

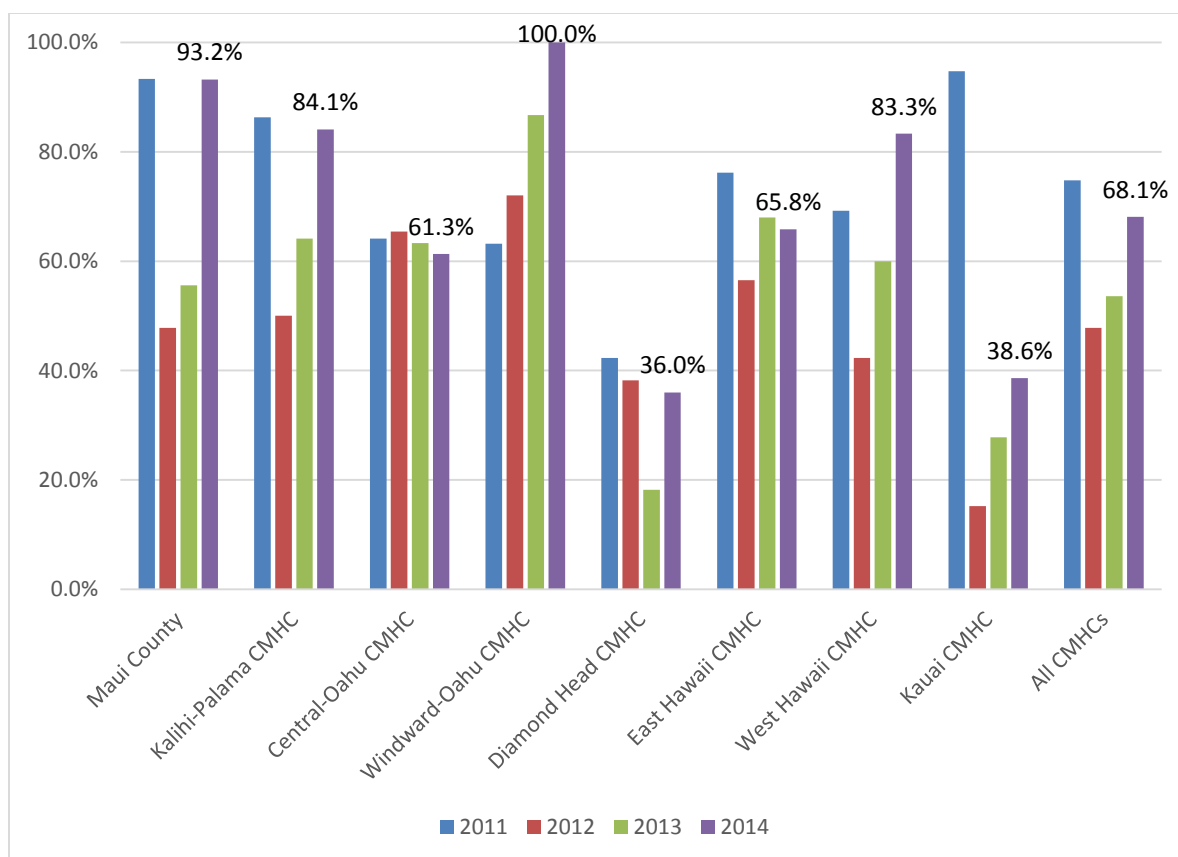


Table 6. Hawai'i Adult Mental Health Community Mental Health Consumer Survey Response Rates – Mailed Surveys

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHC	54	7	21	26	25.00%
POS	79	8	31	40	20.51%
Total	133	15	52	66	22.39%

METHOD

Sample

For this survey, 670 consumers were randomly selected to participate. These consumers received at least one clinical or case management service between November 1, 2013 and April 30, 2014, at state-operated Community Mental Health Centers (CMHCs) or Purchase of Service (POS) providers.

Instrument

The survey instrument, the “Hawai'i Mental Health Services Consumer Survey 2014,” 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: Surveys were collated and distributed to each provider. Providers were responsible for distributing, collecting, and returning surveys to AMHD.

Survey Collection: The survey period was September 1, 2014 through October 17, 2014. 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. Additionally, consumers who had been discharged were mailed their survey with a self-addressed stamped envelope.

Staff Training: Since most of the providers administering the survey had been trained during prior years, there was no formal training this year. However, providers were able to call the AMHD staff for support and consultation.

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-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," and 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.

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 Appendix 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.

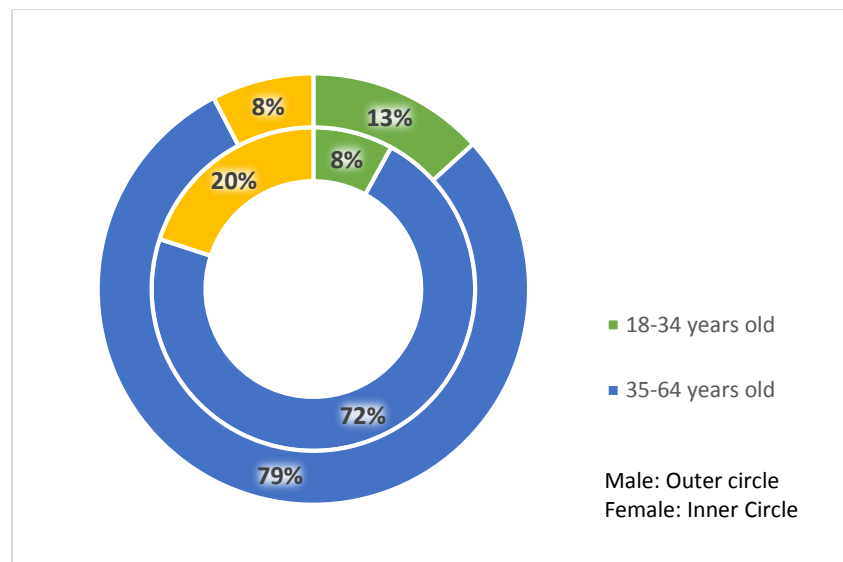
RESULTS

The results are segmented by gender, age, and diagnosis. While the report focuses on domain scores, overall statewide analysis of individual means and percent of positive and negative responses for each of the 39 statements are presented in Appendices C and D.

Demographics

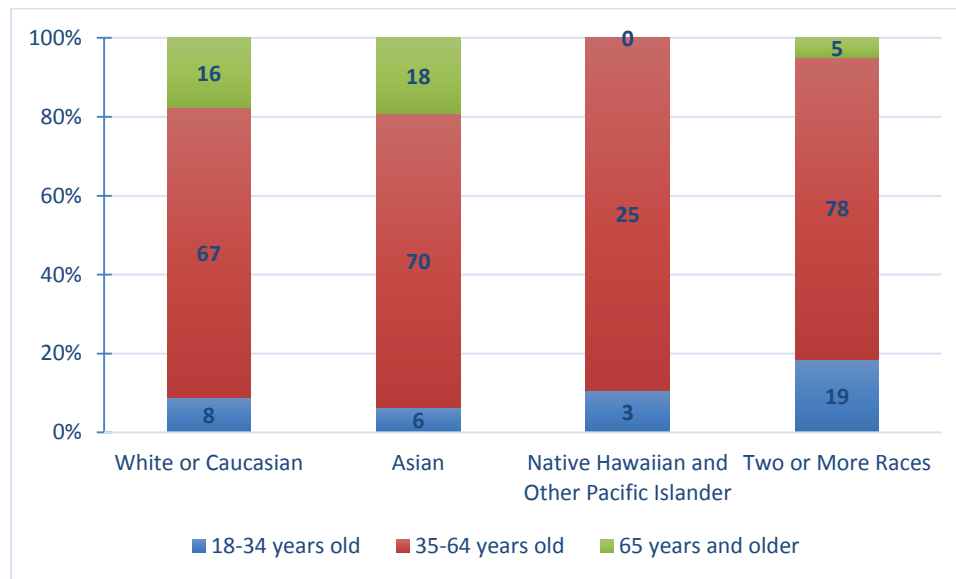
Of the 321 consumers, who completed a survey, 61% were male ($n = 196$) and 39% were female ($n = 125$). Eleven percent were 18 to 34 years old ($n = 36$), 76% were 35 to 64 years old ($n = 245$), and 13% were 65 years or older ($n = 40$). There was an unequal distribution of men and women across the age categories ($\chi^2(2) = 11.7, p < .005, \phi = .191$). Figure 5 shows the distribution of male and female respondents sub-divided by age. There were more men in the 18 to 34 and 35 to 64 year old categories while there were proportionately more women 65 years and older. Thirty-two percent of consumers reported that they were two or more races ($n = 102$), 29% were of Asian ancestry ($n = 94$), 28% were White ($n = 91$), 9% were Native Hawaiian or other Pacific Islander ($n = 28$), 1% were black ($n = 4$), and race was not available for two (.6%) individuals. Eleven percent of respondents were of Hispanic ancestry ($n = 36$) while the remaining 89% were not ($n = 285$). Men and women were proportionately divided among the racial groups ($\chi^2(3) = .1, ns$)³. However, groups differed with regard to the distribution of age across race ($\chi^2(6) = 21.6, p < .001, \phi = .262$). More people of two or more races were aged 18-34 than the other racial groups while fewer of this group and no Native Hawaiian or other Pacific Islanders were 65 years of age and older. Conversely, more Whites and Asians were 65 years and older (see Figure 6).

Figure 5. Male and Female Respondents by Age



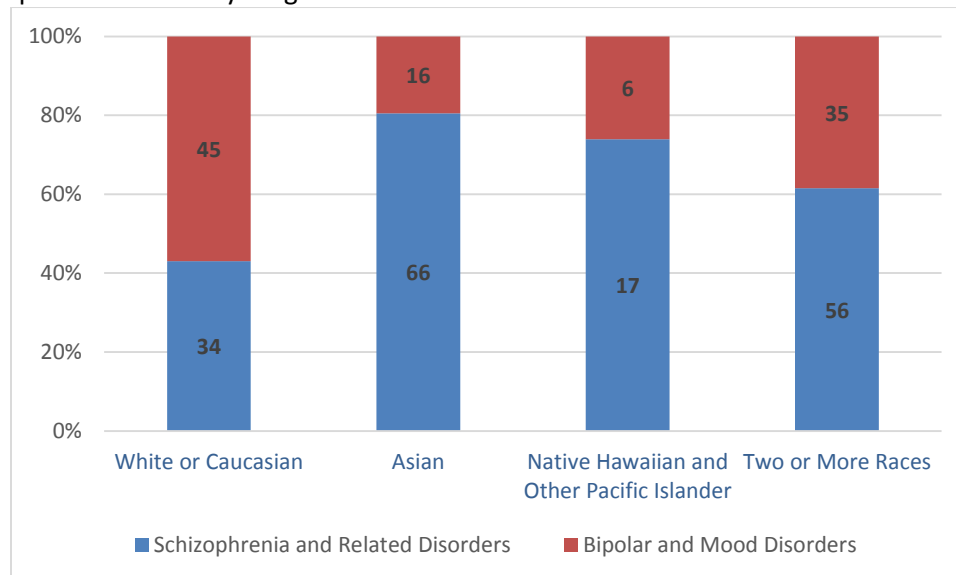
³ The categories of Black or African American and Race not Available were not included in any chi-square (χ^2) analyses that use race because of their low counts.

Figure 6. Respondents' Race by Age⁴



People who have schizophrenia and related disorders represented the majority of respondents (55%, n = 176) and 32% were people who have bipolar and mood disorders (n = 103). The remaining 13% were people who have other or deferred diagnoses (n = 37). Diagnoses were unequally distributed across the races ($\chi^2(3) = 25.5, p < .0001, \phi = .304$). In Figure 7 it can be seen that people who are of Asian or Native Hawaiian or other Pacific Islander ancestry were more likely to have schizophrenia spectrum disorder diagnoses while those who are white were more likely to have bipolar or mood disorder diagnoses.

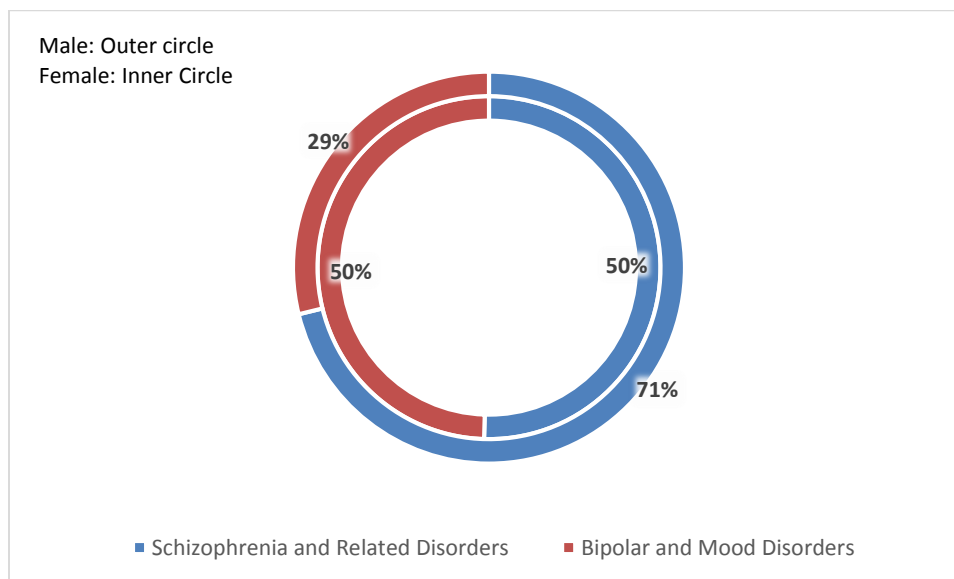
Figure 7. Respondents' Race by Diagnosis⁵



⁴ The numbers within the bars are counts, not percentages. Specific percentages within each racial group can be estimated from the Y-Axis.

Diagnosis was also disproportionate across sex ($\chi^2(1) = 12.2, p < .001, \phi = .209$) with men more likely to have schizophrenia spectrum disorders and women to have bipolar or mood disorders. Diagnoses were equally distributed across age groups ($\chi^2(2) = .18, ns$).

Figure 8. Respondents' Gender by Diagnosis



All of the significant chi-square analyses had, at best, small effect sizes and should not be the source of great speculation about the composition of the survey sample.

Statewide Positive Responses by Domains

Table 7 shows the positive responses to each of the survey domain areas for the past four years. Figure 9 depicts these data graphically. Table 8 summarizes an analysis of the differences in positive responding across domains between FY2013 and FY2014. Generally, all domains showed decreased positive responding from FY2013 to FY2014 with the exception of the Functioning domain. None of these differences were statistically significant with the exception of a decrease in positive responding in the Treatment Planning domain.

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

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	90.8%	93.2%	93.4%	92.7%
Appropriateness	92.2%	91.8%	93.3%	89.9%
Satisfaction	87.7%	90.3%	94.5%	90.8%
Treatment Planning	85.9%	84.3%	86.3%	79.5%
Access	89.6%	90.2%	90.5%	87.7%
Functioning	81.1%	79.5%	79.6%	79.8%
Treatment Outcomes	79.9%	78.9%	80.3%	76.6%
Social Connectedness	71.7%	72.0%	75.9%	73.1%

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

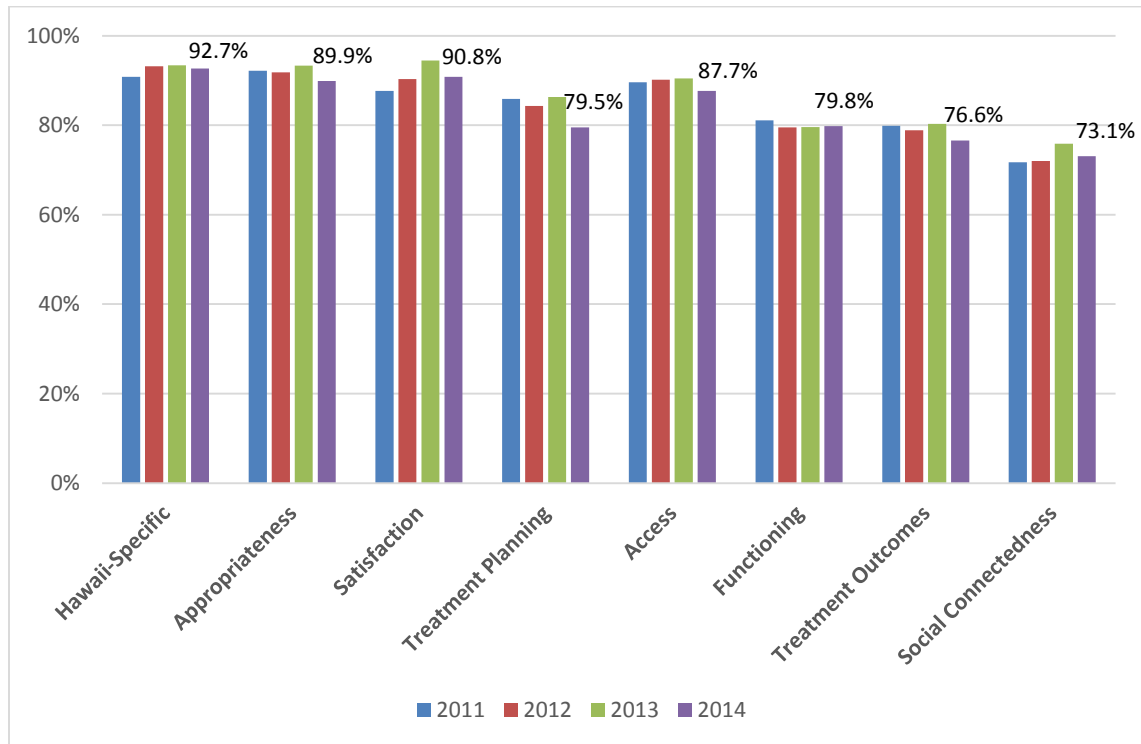


Table 8. Comparison of Percent Positive: FY2013 and FY2014⁵

	2013	2014	Difference	Joint Confidence Interval	Statistically Significant Difference?
Hawai'i-specific	93.4%	92.7%	-0.7%	4.2%	No
Appropriateness	93.3%	89.9%	-3.4%	4.6%	No
Satisfaction	94.5%	90.8%	-3.7%	4.3%	No
Treatment Planning	86.3%	79.5%	-6.8%	6.3%	Yes
Access	90.5%	87.7%	-2.8%	5.0%	No
Functioning	79.6%	79.8%	0.2%	6.6%	No
Outcomes	80.3%	76.6%	-3.7%	7.1%	No
Social Connectedness	75.9%	73.1%	-2.8%	7.4%	No

The **Hawaii-Specific** domain determines the extent to which consumers felt that their services were provided with respect and in a culturally appropriate manner. This score remained essentially unchanged from FY2013 and has been relatively stable since FY2011. It is the most positive domain this year and indicates that consumer's feel respected and engaged in a culturally appropriate manner.

The **Appropriateness** domain accesses consumers' perception of their treatment by care staff as goal directed individuals with plans that address their strengths as well as weaknesses within the proper ethno-cultural context. Appropriateness reached its least positive point since FY2011 this year. However, the year to year change from FY2013 was not statistically significant.

Satisfaction refers to consumers' overall satisfaction with the services they have received. It, too, showed a decline from the past two years although that change was not statistically significant. The year to year drop from FY2013 suggests that some attention should be directed this year as to what factors may have led to a decline in overall satisfaction.

The **Treatment Planning** domain addresses consumers' sense that they have participated in their treatment planning process. This domain is markedly lower from FY2013 and is also at its lowest level since FY2011. Clearly consumers feel less involved in their treatment this year than they have in the past. It should be made a priority for care providers to determine what factors might have contributed to this decline.

The **Access** domain measures the timeliness and convenience of consumers' use of mental health services. While it reached its lowest positive level in FY2014, this decline is not statistically significant.

The **Functioning** domain refers to consumers' perception that their mental health treatment has had a positive impact on their daily functioning. While remaining comparatively low in FY2014, it has shown a

⁵ 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.stat.wmich.edu/s216/book/node85.html>.

similar level since FY2011. 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 scored among the lower domains since FY2011. 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 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. That being said, these historically low scores should prompt care providers to focus on strategies to engage consumers within their worlds.

GENDER

Male and female positive responses are shown in Tables 9 and 10 and Figures 10 and 11. Male consumers report roughly similar positive ratings from FY2013 to FY2014 with the exception of the Treatment Planning (-7%) and Access (-6.4%) domains, both of which had moderately sized drops on this year to year comparison. Over the FY2011 to FY2014 time period, both domains reached their lowest levels in FY2014. Women had large year to year drops in Appropriateness (-6.9%) and Treatment Planning (-8.1%) with FY2014 also being the lowest for them over the four year time span. While the appropriate data were not available to test the statistical significance of these year to year drops, they do appear to be noteworthy and warrant further exploration. Data were available to test the differences between men and women across domains in FY2014 and no comparison reached statistical significance.

Table 9. FY2011-FY2014 Domain Scores by Gender: Male

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	89.6%	91.4%	94.1%	91.2%
Appropriateness	90.2%	90.2%	92.7%	90.7%
Satisfaction	85.5%	89.0%	94.8%	91.2%
Treatment Planning	85.3%	81.1%	85.0%	78.0%
Access	87.7%	91.5%	93.5%	87.1%
Functioning	81.3%	81.1%	78.8%	80.2%
Treatment Outcomes	78.8%	76.1%	81.3%	76.9%
Social Connectedness	69.0%	70.5%	72.6%	72.1%

Figure 10. Percentage of Male Consumers Reporting Positively on the Eight Domain Scores for FY2011-FY2014

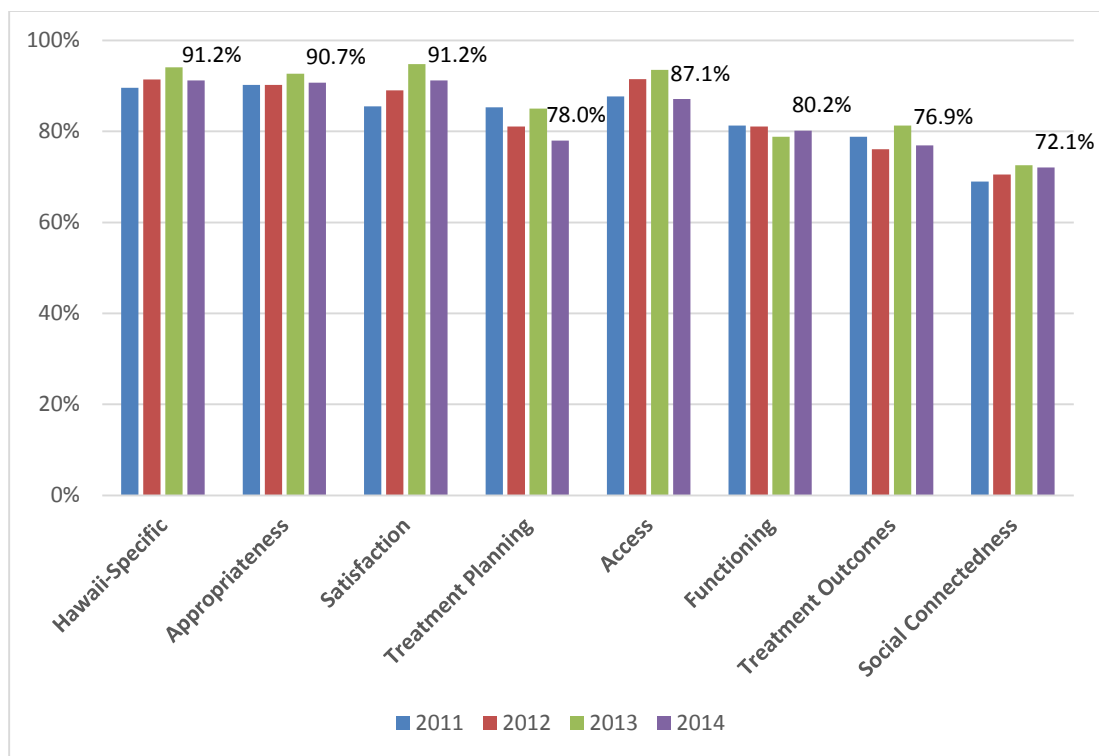
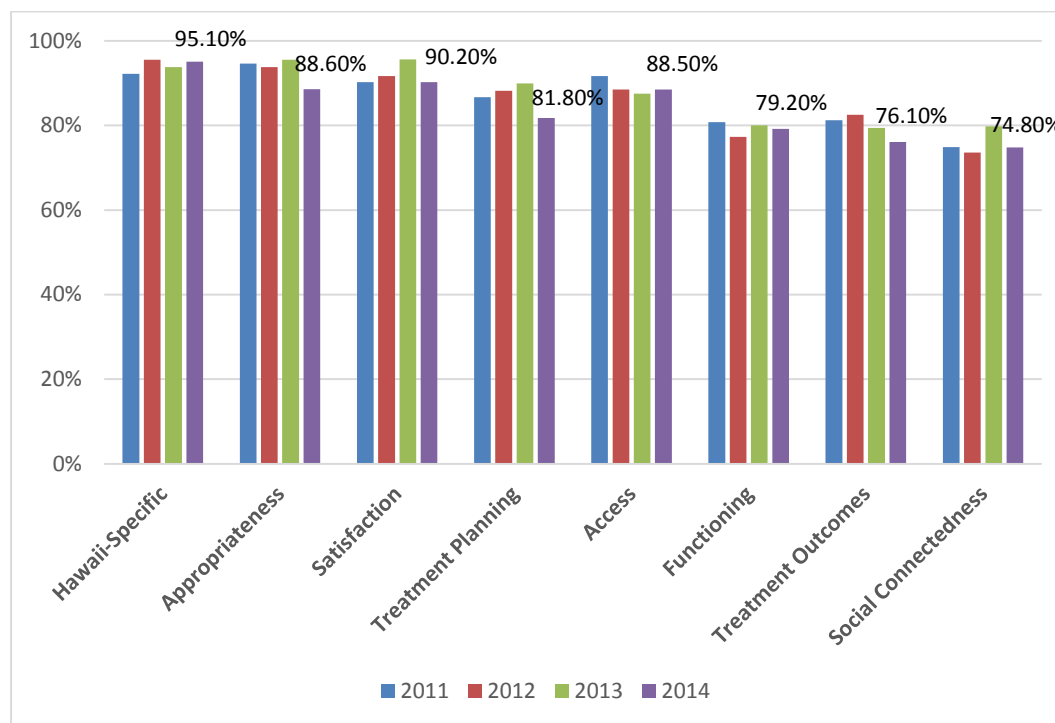


Table 10. 2011-2014 Domain Scores by Gender: Female

Statewide	FY2011	FY2012	FY013	FY2014
Hawaii-Specific	92.2%	95.5%	93.8%	95.1%
Appropriateness	94.6%	93.8%	95.5%	88.6%
Satisfaction	90.2%	91.7%	95.6%	90.2%
Treatment Planning	86.7%	88.2%	89.9%	81.8%
Access	91.7%	88.5%	87.5%	88.5%
Functioning	80.8%	77.3%	80.0%	79.2%
Treatment Outcomes	81.2%	82.5%	79.4%	76.1%
Social Connectedness	74.9%	73.6%	79.8%	74.8%

Figure 11. Percentage of Female Consumers Reporting Positively on the Eight Domain Scores for FY2011-FY2014



Age

Tables 11 through 13 and Figures 12 through 14 show the domain scores from FY2011 to FY2014 in three age groups: 18-34 years of age, 35-64 years, and 65 years of age and older. From FY2013 to FY2014, 18 to 34 year old respondents showed marked increases in Social Connectedness (+11.1%) and Appropriateness (+8.3%), an increase in Access (+6.5%), and a sharp decline in Treatment Planning (-18.5%). Consumers aged 35 to 64 years showed decreases in Treatment Planning (-6.5%) and Access (-6.4%). People who were 65 years or older reported a precipitous drop in Outcomes (-24.1%) and less

marked but still sharp drops in Satisfaction (-11.2%), Functioning (-10.9%), and Appropriateness (-8.5%). On the other hand, they reported an increase in Access (+8.5%). Quite clearly, these changes for older consumers should be a cause for concern. While the appropriate data were not available to test the statistical significance of these year to year drops, they warrant further exploration. Comparisons were made among the age groups within FY2014 and found the following significant differences: 18-34 higher than 35-64 for Appropriateness (-8%) and 18-34 lower than 65+ for Treatment Planning (-20.2%). No differences were found in comparisons between those aged 35 to 64 and 65 or older.

Table 11. FY2011-FY2014 Domain Scores by Age: 18-34

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	93.3%	95.9%	96.3%	91.7%
Appropriateness	85.0%	90.0%	88.9%	97.2%
Satisfaction	83.1%	84.0%	88.9%	91.7%
Treatment Planning	83.3%	75.0%	85.2%	66.7%
Access	85.0%	82.0%	85.2%	91.7%
Functioning	79.7%	76.0%	76.0%	75.0%
Treatment Outcomes	79.7%	76.0%	72.0%	71.4%
Social Connectedness	73.3%	72.0%	66.7%	77.8%

Figure 12. Percentage of Consumers Ages 18 to 34 Reporting Positively on the Eight Domain Scores for FY2011-FY2014

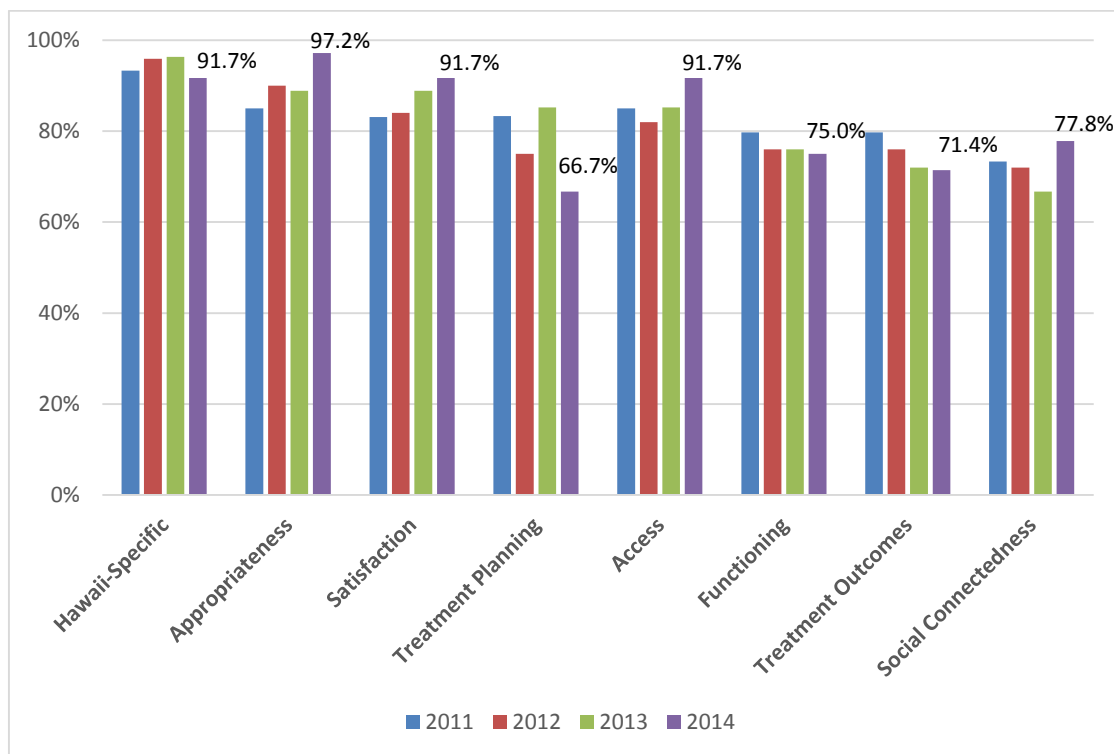


Table 12. FY2011-FY2014 Domain Scores by Age: 35-64

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	90.4%	93.3%	93.1%	92.5%
Appropriateness	89.2%	93.3%	94.1%	89.2%
Satisfaction	87.9%	92.9%	95.2%	91.7%
Treatment Planning	86.1%	86.7%	86.8%	80.3%
Access	89.2%	93.3%	93.1%	86.7%
Functioning	81.4%	86.7%	78.0%	80.3%
Treatment Outcomes	80.7%	85.7%	78.9%	78.2%
Social Connectedness	71.2%	85.7%	74.6%	71.5%

Figure 13. Percentage of Consumers Ages 35 to 64 Reporting Positively on the Eight Domain Scores For FY2011-FY2014

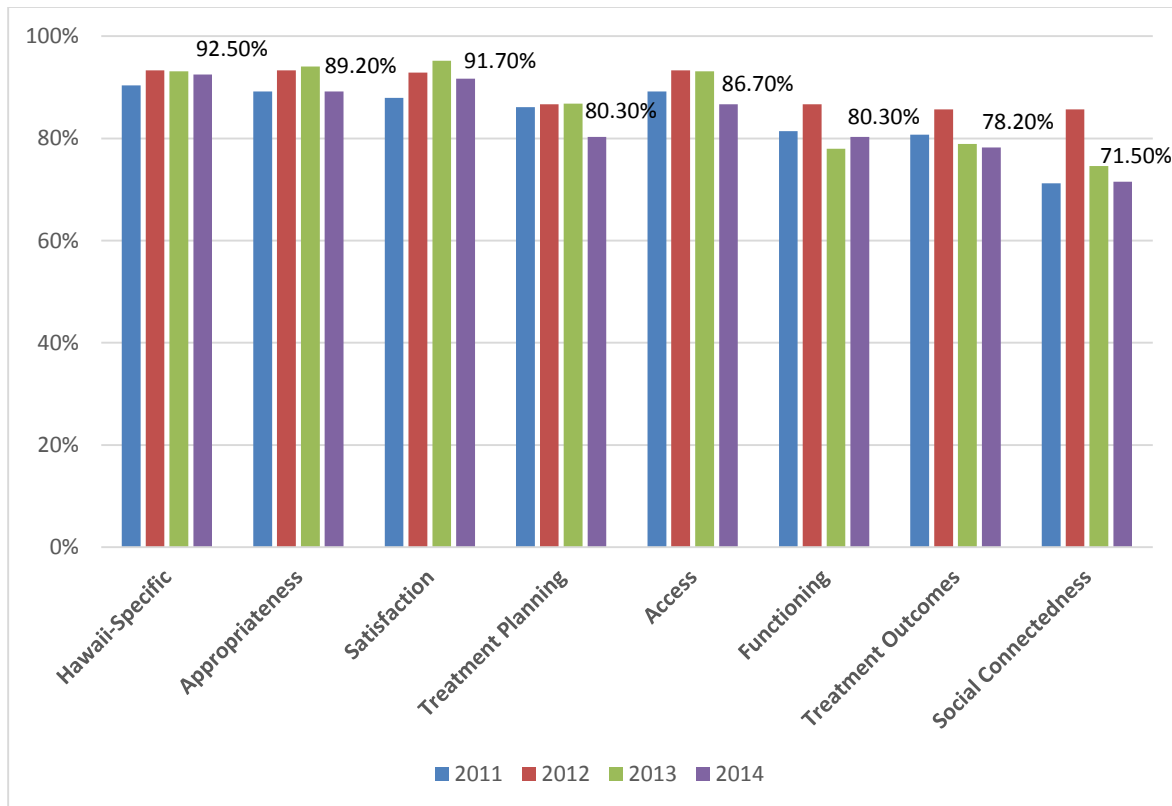
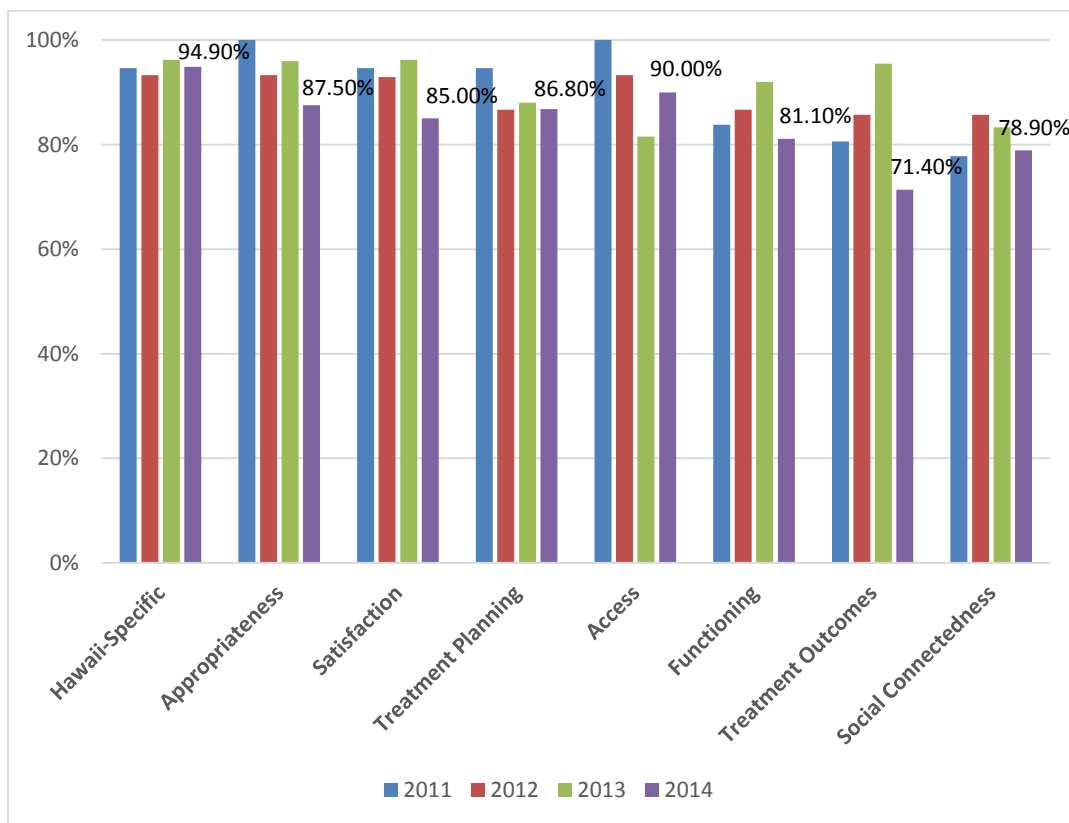


Table 13. FY2011-FY2014 Domain Scores by Age: 65+

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	94.6%	93.3%	96.2%	94.9%
Appropriateness	100.0%	93.3%	96.0%	87.5%
Satisfaction	94.6%	92.9%	96.2%	85.0%
Treatment Planning	94.6%	86.7%	88.0%	86.8%
Access	100.0%	93.3%	81.5%	90.0%
Functioning	83.8%	86.7%	92.0%	81.1%
Treatment Outcomes	80.6%	85.7%	95.5%	71.4%
Social Connectedness	77.8%	85.7%	83.3%	78.9%

Figure 14. Percentage of Consumers 65 Years and Older Reporting Positively on the Eight Domain Scores For FY2011-FY2014



Major Diagnostic Categories

Tables 14 and 15 and Figures 15 and 16 contain the FY2011 to FY2014 domain scores subdivided by consumers' diagnoses. Scores were available for respondents in two categories: Schizophrenia and Related Disorders and Bipolar and Mood disorders. For FY2014, consumers who have Schizophrenia and Related Disorders showed little change from 2013. Those respondents who have bipolar and mood disorders reported declines in five of the eight domains: Outcomes (-13.2%), Satisfaction (-10.9%), Social Connectedness (-9.7%), Treatment Planning (-8.2%), and Functioning (-8.2%). The report of positive experiences for people who have schizophrenia spectrum disorders has remained relatively stable between FY2011 and FY2014. Whereas those people who have bipolar and mood disorders show greater variability over time, particularly for those domains that had FY2013 to FY2014 declines in positivity. Direct comparisons between the two diagnostic groups for FY2014 showed that they differed in the Appropriateness domain with people who have bipolar and mood disorders reporting more positively than did those who have schizophrenia spectrum disorders (+10.4%).

Table 14. FY2011-FY2014 MHSIP Positive Responses for Consumers Served by AMHD: Schizophrenia and Related Disorders

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	91.0%	92.0%	94.6%	92.5%
Appropriateness	90.0%	90.1%	89.2%	85.6%
Satisfaction	87.6%	88.3%	91.1%	91.3%
Treatment Planning	83.7%	81.1%	80.7%	76.0%
Access	90.0%	91.4%	90.3%	86.7%
Functioning	84.4%	79.1%	81.5%	83.5%
Treatment Outcomes	82.9%	79.6%	81.1%	79.4%
Social Connectedness	75.1%	76.0%	76.2%	76.2%

Figure 15. Percentage of Consumers who have Schizophrenia and Related Disorders Reporting Positively on the Eight Domain Scores for FY2011-FY2014

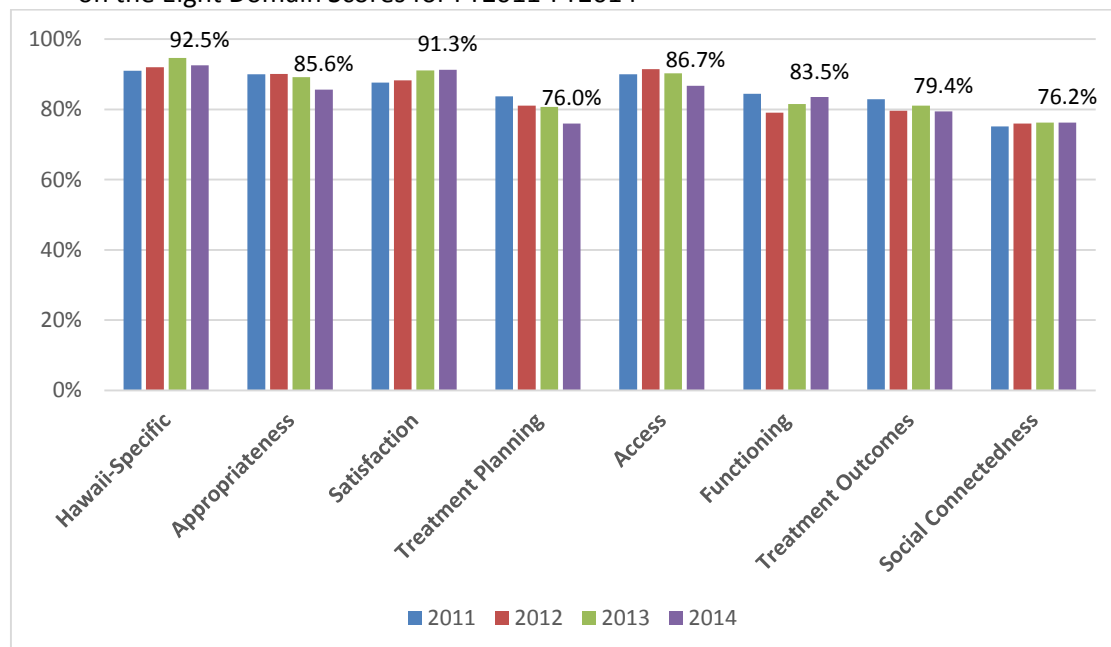
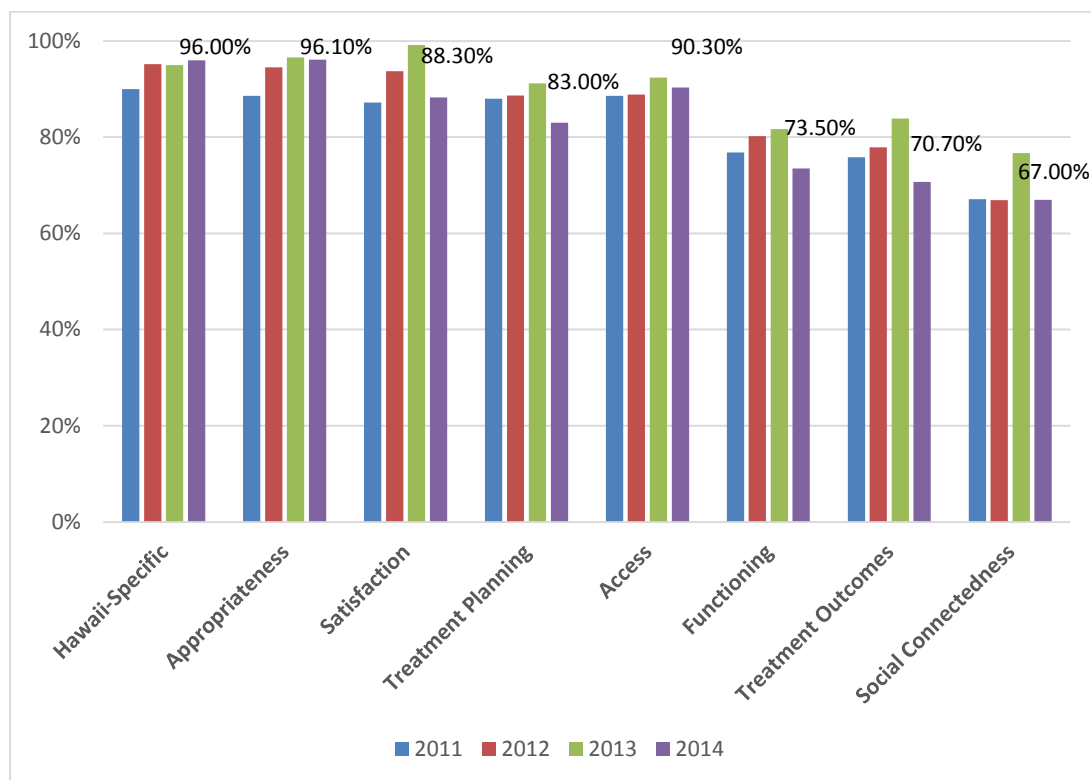


Table 15. FY2011-FY2014 MHSIP Positive Responses for Consumers Served by AMHD: Bipolar and Mood Disorders

Statewide	FY2011	FY2012	FY2013	FY2014
Hawaii-Specific	90.0%	95.2%	95.0%	96.0%
Appropriateness	88.6%	94.5%	96.6%	96.1%
Satisfaction	87.2%	93.7%	99.2%	88.3%
Treatment Planning	88.0%	88.7%	91.2%	83.0%
Access	88.6%	88.9%	92.4%	90.3%
Functioning	76.8%	80.2%	81.7%	73.5%
Treatment Outcomes	75.8%	77.9%	83.9%	70.7%
Social Connectedness	67.1%	66.9%	76.7%	67.0%

Figure 16. Percentage of Consumers who have Bipolar and Mood Disorders Reporting Positively on the Eight Domain Scores for FY2011-FY2014



DISCUSSION

Statewide, for FY2014, consumers generally reported an overall satisfaction in all domains compared to previous years. The pattern found for all four years remains the same that consumers were more satisfied with service provision than with the outcomes of services. They rated most positively those factors related to their interaction with clinicians (i.e., Appropriateness, Satisfaction), but indicated less satisfaction with domains that relate directly to their lives (i.e., Outcomes, Functioning, and Social Connectedness).

Consumers also expressed the most dissatisfaction with dealing with symptoms, getting the services they thought they needed and their sense of belonging in the community (Appendix B). Despite Outcome and Social Connectedness scores indicating lower satisfaction, than the other domains, many consumers still rated these outcomes positively.

The limitations of this survey are that the responses received only captured the perspectives of those consumers who agreed to participate in the survey. As a result, responses may differ from those who chose not to participate. Although the survey is designed to be a self-report instrument that consumers can complete without assistance, some consumers do require help due to literacy challenges or language barriers. In the future, the administrative staff with the CMHCs and POS provider agencies will be encouraged to utilize peer specialists' assistance instead of case managers or social workers when feasible.

The FY2014 HACMHCS is a modified version of the nationally accepted MHSIP Consumer Survey, and is a reliable survey instrument for collecting information about consumers' perception of services provided by Hawai'i's public mental health system. Results from the survey provide valuable insights to initiate needed changes to the mental health system and information regarding consumer perceptions that will support the ideals of a consumer-driven model. The feedback also reflects the value of consumer involvement in the mental health system, which can be used to better align services to actual consumer needs.

Areas of Improvement in administering the FY2015 HACMHCS to be taken under advisement: 1) Select the sample to be surveyed earlier in the year to ensure consumers are still receiving services and are still assigned to the CMHCs or POS providers. 2) Due to the frequent movement of consumers staff will be encouraged to update demographic information about consumers in their caseload on a semi-annual basis into the mental health database. 3) Print the survey in different languages. In FY2014, AMHD secured translation costs for different languages. However, it was difficult to choose the more prevalent language beside English among stakeholders. Administration staff will revisit this in FY2015.

REFERENCES

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

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

Annual Consumer Survey-Hawai'i (FY1995, FY1997, FY2002, FY2005 – FY2013, FY2014)

APPENDIX A:
Hawai'i Mental Health Services Consumer Survey 2014

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 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 and 2) before completing each section.

Hawai'i Mental Health Services Consumer Survey 2014

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

Hawai'i Mental Health Services Consumer Survey 2014

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

Hawai'i Mental Health Services Consumer Survey 2014

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

--Please continue on to next page--

Hawai'i Mental Health Services Consumer Survey 2014

Instructions (Part 2): 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 2014 Hawaii Adult
Community Mental Health Survey**

Satisfaction <i>Overall satisfaction with services received</i>	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 <i>Entry into mental health services is timely and convenient</i>	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.
Appropriateness <i>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</i>	9. I was able to see a psychiatrist when I wanted to.
	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 <i>The extent to which consumers felt that they participated in their treatment planning process</i>	11. I felt comfortable asking questions about my treatment and medication.
	17. I, not staff, decided my treatment goals.
Outcome <i>The extent to which mental health treatment had a positive effect on wellbeing, relationship, life circumstances, and potential recovery</i>	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.
	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 <i>The extent to which mental health treatment had a positive effect on daily functioning</i>	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 <i>The extent to which mental health treatment had a positive effect on one's sense of belongingness</i>	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 <i>The extent to which consumers felt that services were provided with respect and in a culturally appropriate manner</i>	21. I received services, including medications, in a timely manner, that is, there were no delays.
	22. Staff asked about my physical health.
	23. Staff expressed an understanding of my values in developing my treatment plan.

APPENDIX C:
Rank-Order Analysis of Positive Individual Items

	MHSIP Items Rank Ordered Positive, Highest to Lowest	N	Mean	SD	Percent Positive 2013	Percent Positive 2014
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	313	1.71	0.63	92.6%	93.9%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	317	1.71	0.64	93.9%	92.4%
1	I like the services that I receive here	316	1.67	0.7	95.6%	92.1%
21	I received services, including medications, in a timely manner, that is, there were no delays	307	1.7	0.66	89.7%	91.9%
14	Staff encouraged me to take responsibility for how I live my life	317	1.77	0.69	91.8%	91.5%
5	Staff is willing to see me as often as I felt it is necessary	316	1.73	0.69	91.2%	91.1%
3	I would recommend this agency to a friend or family member	315	1.72	0.72	93.4%	91.1%
11	I felt comfortable asking questions about my treatment and medication	318	1.75	0.7	90.9%	90.6%
2	If I had other choices, I would still get services from this agency	313	1.76	0.77	91.9%	89.5%
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)	312	1.74	0.69	91.1%	89.4%
7	Services were available at times that were good for me	315	1.77	0.72	91.6%	88.6%
8	I was able to get all the services I thought I needed	315	1.81	0.76	89.7%	88.6%
13	I was given information about my rights	314	1.81	0.73	91.2%	88.5%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	314	1.8	0.7	86.2%	87.6%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	312	1.82	0.68	93.4%	87.2%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	290	1.78	0.77	93.1%	86.6%

	MHSIP Items Rank Ordered Positive, Highest to Lowest	N	Mean	SD	Percent Positive 2013	Percent Positive 2014
6	Staff returned my call within 24 hours	297	1.85	0.76	89.9%	86.2%
9	I am able to see a psychiatrist when I wanted to	302	1.85	0.72	81.0%	84.4%
24	As a direct result of services I received, I deal more effectively with daily problems	308	1.85	0.76	83.3%	82.8%
26	As a direct result of services I received, I am better able to deal with crisis	309	1.9	0.79	81.7%	82.5%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	303	1.9	0.76	86.2%	82.5%
17	I, not staff, decided my treatment goals	314	1.93	0.81	87.5%	81.8%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	312	1.84	0.76	84.1%	81.7%
33	As a direct result of services I received, I am better able to take care of my needs	311	1.95	0.76	84.9%	80.7%
12	I felt free to complain	310	1.93	0.82	87.4%	80.6%
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)	312	1.9	0.75	84.5%	80.4%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	305	1.98	0.79	79.1%	79.7%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	303	2	0.81	83.3%	77.9%
35	As a direct result of services I received, I am better able to do things I want to do	295	2.01	0.87	77.5%	77.6%
34	As a direct result of services I received, I am better able to handle things when they go wrong	311	2.04	0.87	78.9%	77.2%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	306	2.05	0.87	81.3%	77.1%
27	As a direct result of services I received, I am getting along better with my family	286	1.99	0.83	74.8%	76.9%
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	310	2.07	0.92	77.5%	76.5%

	MHSIP Items Rank Ordered Positive, Highest to Lowest	N	Mean	SD	Percent Positive 2013	Percent Positive 2014
31	As a direct result of services I received, my symptoms are not bothering me as much	304	2.01	0.85	75.9%	75.7%
32	As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance)	306	2.04	0.9	81.7%	73.9%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	310	2.11	0.91	75.6%	71.6%
28	As a direct result of services I received, I do better in social situations	303	2.12	0.83	78.2%	71.3%
30	As a direct result of services I received, my housing situation has improved	274	2.14	0.93	72.9%	69.7%
29	As a direct result of services I received, I do better in school and/or work	205	2.18	0.83	63.5%	64.9%

APPENDIX D:
Rank-Order Analysis of Negative Individual Items

	MHSIP Items Rank Ordered Negative, Highest to Lowest	N	Mean	SD	Percent Negative 2013	Percent Negative 2014
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	310	2.07	0.92	7.8%	8.4%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	310	2.11	0.91	8.5%	7.4%
34	As a direct result of services I received, I am better able to handle things when they go wrong	311	2.04	0.87	4.8%	7.4%
30	As a direct result of services I received, my housing situation has improved	274	2.14	0.93	8.0%	7.3%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	306	2.05	0.87	6.1%	6.9%
32	As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance)	306	2.04	0.9	3.8%	6.2%
35	As a direct result of services I received, I am better able to do things I want to do	295	2.01	0.87	5.3%	5.8%
28	As a direct result of services I received, I do better in social situations	303	2.12	0.83	4.9%	5.6%
27	As a direct result of services I received, I am getting along better with my family	286	1.99	0.83	4.4%	4.9%
31	As a direct result of services I received, my symptoms are not bothering me as much	304	2.01	0.85	6.0%	4.6%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	305	1.98	0.79	5.7%	4.6%
12	I felt free to complain	310	1.93	0.82	4.1%	4.5%
17	I, not staff, decided my treatment goals	314	1.93	0.81	3.4%	4.5%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	303	2	0.81	6.2%	4.3%
8	I was able to get all the services I thought I needed	315	1.81	0.76	2.6%	3.8%
26	As a direct result of services I received, I am better able to deal with crisis	309	1.9	0.79	2.6%	3.6%

	MHSIP Items Rank Ordered Negative, Highest to Lowest	N	Mean	SD	Percent Negative 2013	Percent Negative 2014
2	If I had other choices, I would still get services from this agency	313	1.76	0.77	4.0%	3.5%
29	As a direct result of services I received, I do better in school and/or work	205	2.18	0.83	6.6%	3.4%
6	Staff returned my call within 24 hours	297	1.85	0.76	3.0%	3.4%
33	As a direct result of services I received, I am better able to take care of my needs	311	1.95	0.76	3.7%	3.2%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	303	1.9	0.76	3.1%	3.0%
13	I was given information about my rights	314	1.81	0.73	2.9%	2.9%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	290	1.78	0.77	2.3%	2.8%
11	I felt comfortable asking questions about my treatment and medication	318	1.75	0.7	1.9%	2.5%
3	I would recommend this agency to a friend or family member	315	1.72	0.72	2.2%	2.2%
7	Services were available at times that were good for me	315	1.77	0.72	2.2%	2.2%
1	I like the services that I receive here	316	1.67	0.7	1.5%	2.2%
5	Staff is willing to see me as often as I felt it is necessary	316	1.73	0.69	2.9%	2.2%
9	I am able to see a psychiatrist when I wanted to	302	1.85	0.72	5.8%	2.0%
24	As a direct result of services I received, I deal more effectively with daily problems	308	1.85	0.76	3.0%	1.9%
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)	312	1.9	0.75	2.2%	1.9%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	312	1.84	0.76	5.5%	1.6%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	312	1.82	0.68	1.5%	1.6%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	314	1.8	0.7	3.1%	1.6%

	MHSIP Items Rank Ordered Negative, Highest to Lowest	N	Mean	SD	Percent Negative 2013	Percent Negative 2014
14	Staff encouraged me to take responsibility for how I live my life	317	1.77	0.69	1.9%	1.6%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	313	1.71	0.63	1.5%	1.3%
10	Staff here believes that I can grow, change and recover (Recovery is having a life that is meaningful to you - a home, a job, a loving partner, friends, children, hobbies, transportation)	312	1.74	0.69	0.7%	1.0%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	317	1.71	0.64	1.5%	.9%
21	I received services, including medications, in a timely manner, that is, there were no delays	307	1.7	0.66	1.2%	.7%