2015 Hawai`i Annual Adult Community Mental Health Services Consumer Satisfaction Survey

Adult Mental Health Division

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

EXECUTIVE SUMMARY

This report details the statewide results of the FY2015 Hawaii Annual Adult Community Mental Health Services Consumer Survey administered from August 1, 2015 through October 1, 2015. A total of 688 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, 2014 and April 20, 2015 (FY2015). Of those, 200 were unreachable, 175 refused or did not respond, and 313 completed a valid survey yielding a response rate of 64.1% (Table 1).

Among POS providers who had five or more respondents, Kalihi Palama Health Center (100%) had the highest response rate with all other providers near 90% with one exception. Five of the eight CMHCs had response rates near or over 90%: West Hawaii (100%), Central Oahu (95%), Kalihi-Palama (93%), Maui CMHC (90%), and East Hawaii (88%).

The survey instrument is used by mental health programs throughout the United States and is endorsed by the Substance Abuse Mental Services Administration's (SAMHSA) Mental Health Statistics Improvement Program (MHSIP). Survey results are incorporated annually into SAMHSA's *Community Block Grant* initiative, which is comprised of National Outcome Measures (NOMS) and the related Universal Reporting System (URS) tables. The survey instrument includes 39 statements addressing eight domains: 1) Satisfaction with Services; 2) Access to Services; 3) Appropriateness of Services; 4) Participation in Treatment Planning; 5) Outcomes of Services; 6) Functioning; 7) Social Connectedness; and 8) four statements added to the survey by the State of Hawai`i (Hawaii-Specific). Participants rate each statement on a five-point scale ranging from "Strongly Agree," "Agree," "Neutral," "Disagree," to "Strongly Disagree."

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

Adult Survey Highlights

- Participating providers: 16
- Surveys distributed: 688
- Survey contacts: 488
- Survey Response Rate: 313 (64%)

- Gender 190 Males
  120 Females
  3 Unknown

Domain Scores[1]

- Satisfaction with Services: 92.0%
- Hawai'i specific questions: 92.2%
- Appropriateness/Quality of Services: 92.5%
- Access to Service: 91.0%
- Participation in Treatment Planning: 83.5%
- Functioning: 78.5%
- Improved Outcomes from Services: 82.3%
- Social Connectedness: 72.3%

[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), Center for Mental Health Services (CMHS), to conduct a survey of consumers' perceptions of the mental health care they received from the public community health system. One way to meet this goal is through the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey which is used by all states and territories that receive Mental Health Block Grant funding. The Adult Mental Health Division (AMHD) surveys consumers on an annual basis across the state. Results from the survey are reported to CMHS and shared with purchase of service (POS) providers' and community mental health centers' (CMHCs) staff. The present report summarizes the results of the FY2015 annual consumer satisfaction survey including consumers that were discharged during the 2015 fiscal year. The report also compares FY2015 survey data with those from FY2012 to FY2014.

Background

The FY2015 Hawai`i Adult Community Mental Health Consumer Survey (HACMHCS) was distributed to 688 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, 2014 and April 20, 2015. To help improve response rates, the case management leads coordinated survey distribution, completion, and return within their CMHC or POS agency. As a result, 313 surveys were completed. Consumers unable to complete the survey at the time of survey distribution (including those who had been discharged) were sent the survey through the mail.

RESPONSE RATES

Table 1 shows the response rates for POS providers and CMHCs from 2011 to 2015. These rates are highly variable both between provider sources (POS vs CMHC) and among years although they seem to have reached some stability in the last two years. This current year, 2015, has the best response rate, by far, over the past years for CMHC and POS providers. Recognition of this high response rate, however, must be tempered by the markedly elevated number of individuals who were identified this year as unreachable by the providers. The response rate is determined by subtracting all people from the starting sample who had proven to be unreachable (either mail was returned to the sender or the consumer could not be located). This remainder is then divided into the number of completed surveys and that ratio, expressed as a percent, is the response rate. This year's high response rate, then, is partly artifactual.

Providers should be encouraged to make more than a token effort to contact their potential respondents. Perhaps some incentive system could be developed to promote more vigorous location efforts. This overall annual response rate is sharply diminished by the very low response rate for mailed surveys. Some thought should be given to the design of next year's survey methodology as the payoff of these mailed surveys appears to be exceedingly low. 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 a major factor in producing the fluctuating response rates.

At the least, future survey administrations should attempt to replicate the efforts of the current years 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 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 gender, age, race, Hispanic ethnicity, and diagnosis showed there were disproportionate rates of completion and failure to complete due to both race (χ^2 (6) = 20,0 p < .001, $\phi = .200$)[2] and ethnicity (χ^2 (2) = 42.7, p < .0001, $\phi = .249$). White (59%, n = 91) and Asian (68%, n = 94) respondents were more likely to have completed surveys than those who were of Native Hawaiian and Other Pacific Islander (NHOPI) ancestry (48%, n = 23) or reported two or more races (45%, n = 94). These latter two groups were more likely to be unreachable (NHOPI: 31%, n = 15); Two or More: 29%, n = 62) than either Whites (24%, n = 37) or Asians (14%, n = 20). It is noteworthy that consumers of Asian ancestry were far more reachable than any of the other racial groups. Surprisingly, all those who reported Hispanic ethnicity (100%, n =34) completed the survey versus only 43% (n = 279) of those without such ethnicity. It would be worthwhile to explore specific outreach strategies for people from those groups that appear to be less responsive to the survey solicitation.

Table 1. 2011-2015 Comparison of Response Rates[3] for Consumers Served by AMHD

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

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

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%**

[2] 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.

[3] 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).

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%

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 (89% versus 83%) and CMHCs had a wider degree of variability among its constituents. While response rates were excellent this year, providers should also focus on how they can improve their consumers' receptivity to the survey. Tables 3 and 5 and Figures 2 and 4 show POS provider and CMHC response rates from 2011 to 2015. There has been a great deal of variability for individual providers across years in response rates but this year represents the best year with regard to overall response rates. Among POS providers, Helping Hands showed the most precipitous drop from 83% in 2011 to 20% in 2014 and 50% in 2015. The other providers in this group appear close to their 2011 rates. Year-to-year comparisons, however, should be made with caution as inspection of Table 6 indicates. Starting last year (2014), 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 past years to response rate computation. It is recommended that future analyses continue to estimate provider response rates without including mailed surveys.

Table 2. 2015 Hawaii Adult Mental Health Consumer Survey Response Rates – Purchase of Service (POS) Providers

POS	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Aloha House	29	8	1	20	88.9%
CARE Hawaii, CBCM	73	41	5	27	89.1%
Community Empowerment Resources	62	41	5	16	89.1%
Helping Hands Hawaii	11	3	3	5	50.0%
Institute for Human Services	1	0	0	1	0.0%
Kalihi-Palama Health Center	9	7	0	2	100.0%
Mental Health Kokua	13	10	1	2	90.9%
North Shore Mental Health	74	58	6	10	90.6%
Total POS Providers	272	168	21	83	88.9%

Figure 1. Rank Ordered Response Rate of POS Providers

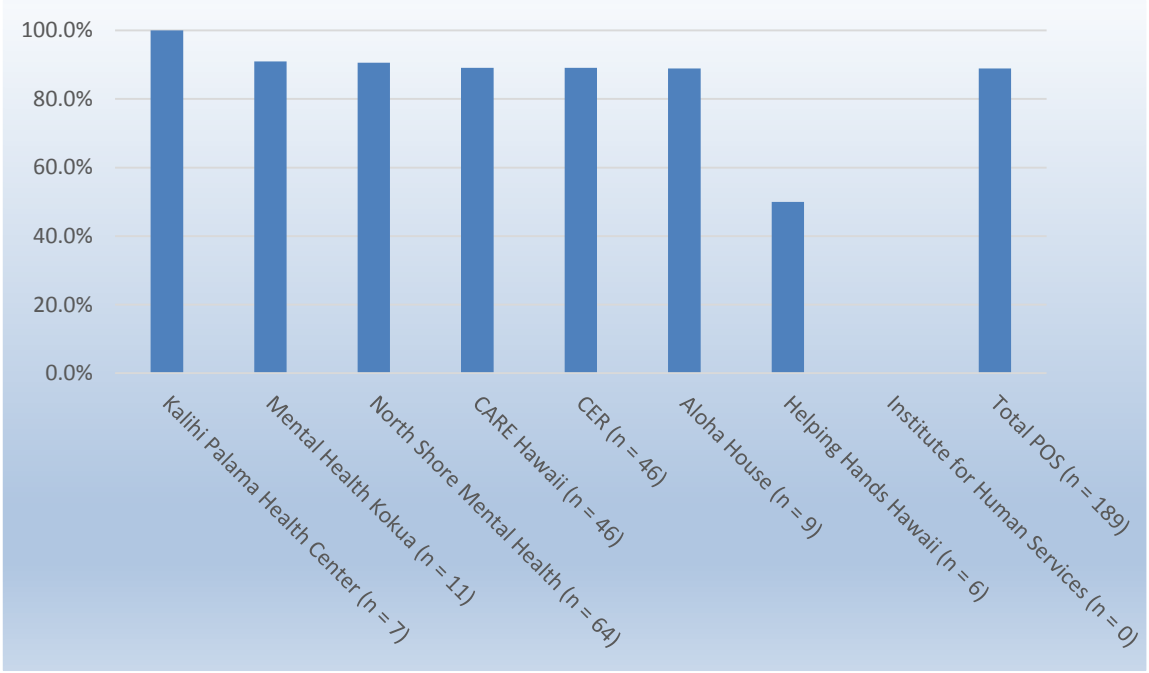


Table 3. Hawai`i Adult Community Mental Health Consumer Survey Response Rates – Purchase of Service Providers (POS) by Survey Year

POS	2011	2012	2013	2014	2015
Aloha House	76.5%	0%	27.2%	100%	88.9%
APS Healthcare, Inc.	66.7%	n/a	n/a	n/a	n/a
Breaking Boundaries	n/a	n/a	33.3%	100%	n/a
CARE Hawaii, CBCM	76.1%	65.5%	23.4%	69.2%	89.1%
Community Empowerment Resources	80.8%	47.1%	48.2%	83.3%	89.1%
Helping Hands Hawaii	83.3%	39.1%	48.4%	20%	50%
Institute for Human Services	71.4%	13.1%	100%	0%	n/a
Kalihi-Palama Health Center	100%	87.5%	61.5%	100%	100%
Mental Health Kokua	100%	32%	36.4%	0%	90.9%
North Shore Mental Health	90.5%	83.2%	90.5%	90.9%	90.6%
Total POS	**74.7%**	**56.7%**	**37.1%**	**70.0%**	**88.9%**

Figure 2. Response Rate of POS Providers by Survey Year

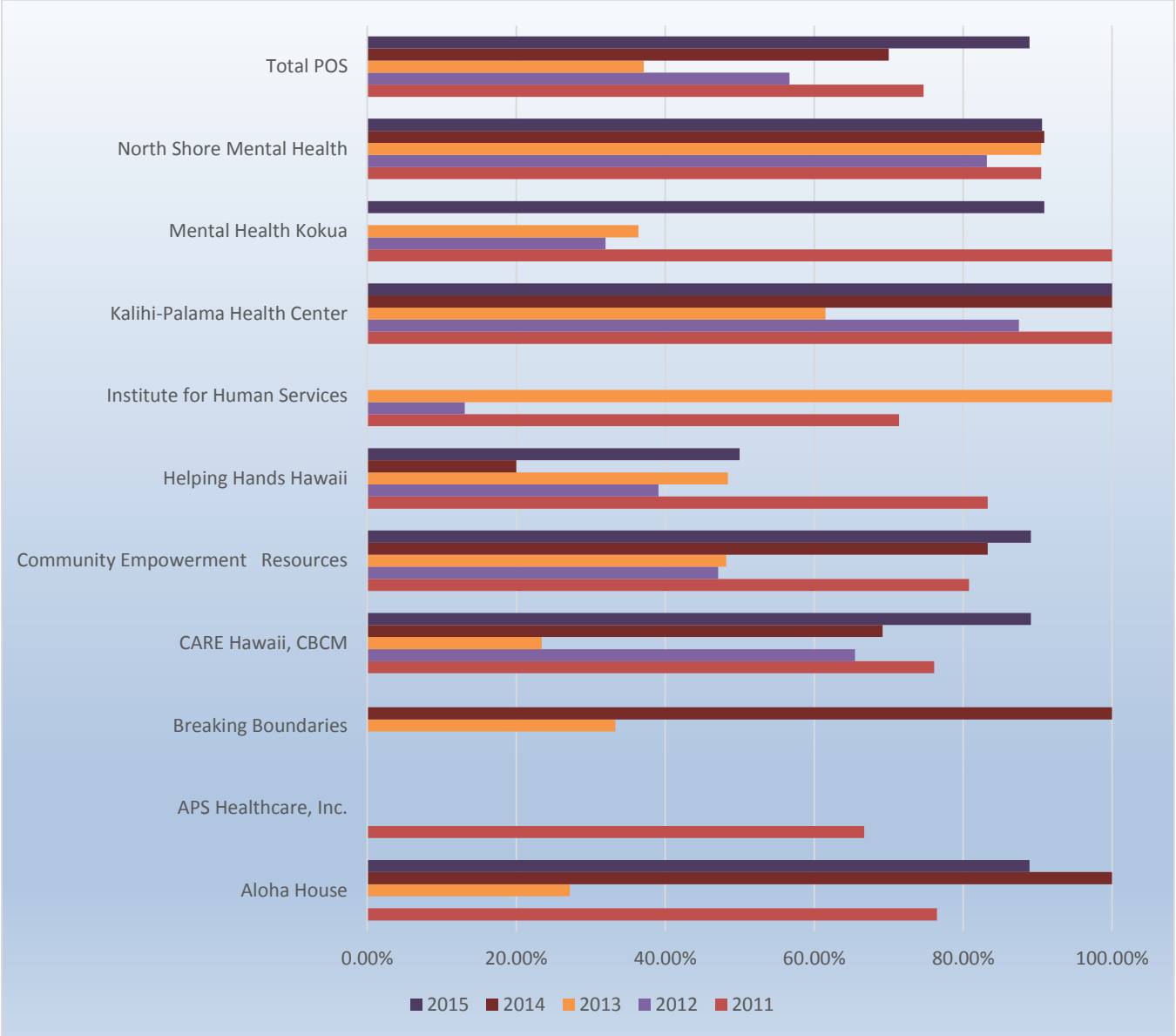


Table 4. 2015 Hawaii Adult Mental Health Community Mental Health Consumer Survey Response Rates – Community Mental Health Centers (CMHCs)

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
Maui County (Maui CMHC)	22	18	2	2	90.0%
Honolulu County	249	146	35	68	80.7%
Kalihi-Palama	17	14	1	2	93.3%
Central-Oahu CMHC	60	39	2	19	95.1%
Windward-Oahu CMHC	21	12	5	4	70.6%
Diamond Head	35	15	10	10	60.0%
Hawaii County	81	33	3	45	91.7%
East Hawaii CMHC	41	21	3	17	87.5%
West Hawaii CMHC	20	6	0	14	100.0%
Kauai County (Kauai CMHC)	33	12	6	15	66.7%
All CMHCs	249	137	29	83	82.5%

Figure 3. Rank Ordered Response Rate of CMHCs

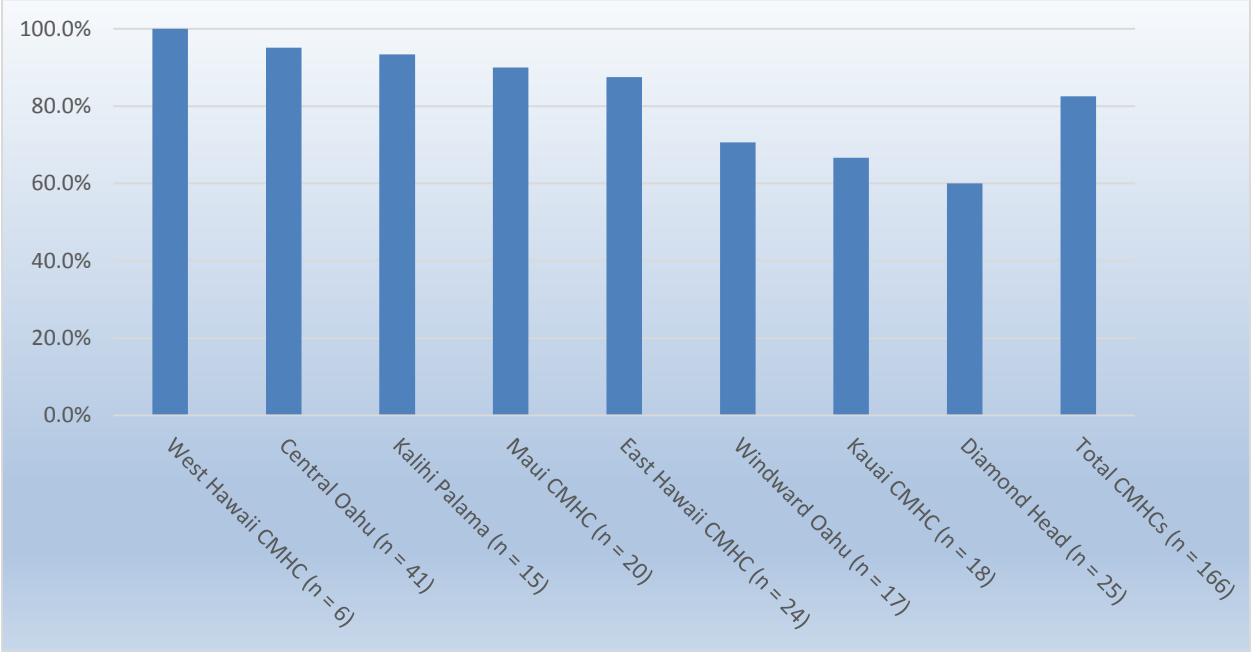


Table 5. Hawai`i Adult Mental Health Community Mental Health Consumer Survey Response Rates - Community Mental Health Centers (CMHCs) by Survey Year

CMHCs	2011	2012	2013	2014	2015
Maui County	93.3%	47.8%	55.6%	93.2%	90.0%
Kalihi-Palama CMHC	86.3%	50.0%	64.1%	84.1%	93.3%
Central-Oahu CMHC	64.1%	65.4%	63.3%	61.3%	95.1%
Windward-Oahu CMHC	63.2%	72.0%	86.7%	100.0%	70.6%
Diamond Head CMHC	42.3%	38.2%	18.2%	36.0%	60.0%
East Hawaii CMHC	76.2%	56.5%	68.0%	65.8%	87.5%
West Hawaii CMHC	69.2%	42.3%	60.0%	83.3%	100.0%
Kauai CMHC	94.7%	15.2%	27.8%	38.6%	66.7%
All CMHCs	**74.8%**	**47.8%**	**53.6%**	**68.1%**	**82.5%**

Figure 4. Response Rate of CMHCs by Survey Year

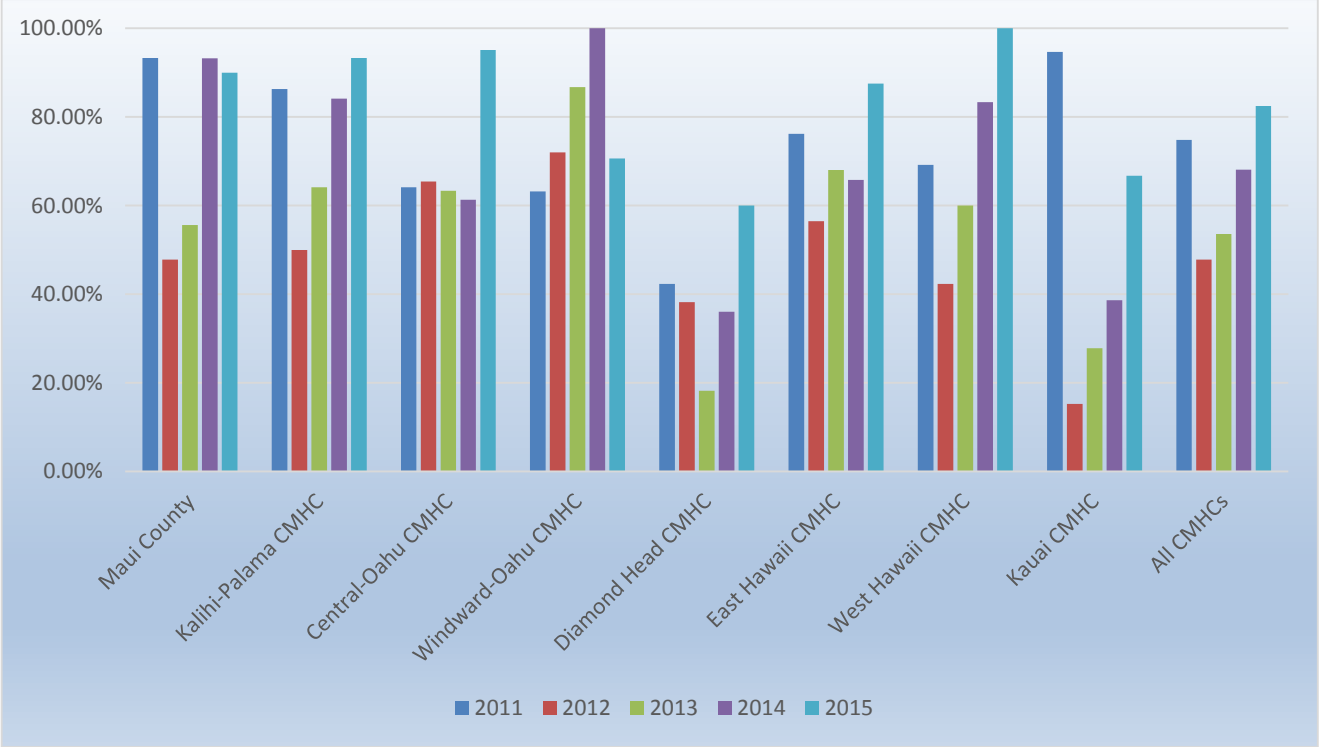


Table 6. Hawai`i Adult Mental Health Community Mental Health Consumer Survey Response Rates – Mailed Surveys

CMHCs	Sample	Completed	Refused/No Response	Unreachable	Response Rate
CMHC 2014	54	7	21	26	25.00%
POS 2014	79	8	31	40	20.51%
Total 2014	**133**	**15**	**52**	**66**	**22.39%**
CMHC 2015	50	4	35	11	10.3%
POS 2015	117	4	90	23	4.3%
Total 2015	**167**	**8**	**125**	**34**	**6.0%**

METHOD

Sample

Six hundred eighty-eight consumers were randomly selected to participate in this survey. These consumers received at least one clinical or case management service between November 1, 2014 and April 20, 2015 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 2015," is a modified version of the satisfaction survey developed by the Mental Health Statistical Improvement Program (MHSIP). The MHSIP Consumer Survey, which was developed and recommended by a national workgroup of consumers and mental health providers, focuses on the care received by adult mental health consumers in community settings. The survey is provided in Appendix A. Consumers were asked to rate their agreement or disagreement with each statement using a 5-point Likert-type scale which includes "Strongly Agree," "Agree," "Neutral," "Disagree", and "Strongly Disagree" with an option of "Does Not Apply." Lower scores indicate higher levels of agreement with statements, which translate to more favorable perceptions of services provided. The two parts that comprise the survey instrument include:

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

The Satisfaction with Services domain is covered in the first three statements and the Access domain includes statements four through nine. There are nine statements within the Appropriateness domain (statements 10, 12 to 16, 18 to 20), two statements within the Treatment Planning domain

(statements 11 and 17), eight statements within the Outcomes domain (statements 24 to 31), five statements within the Functioning domain (statements 31 to 35; Item 31 is used for both the Outcomes and Functioning domains), four statements within the Social Connectedness domain (statements 36 to 39), and, lastly, three statements within the Hawai`i-specific domain (statements 21 to 23).

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

Procedure

Survey Distribution: Prior to distribution, providers were able to preview a list of consumers to let AMHD know which consumers were no longer receiving services from them. For consumers no longer receiving services from each provider. Additionally, consumers who had been discharged were mailed the MHSIP with a self-addressed stamped envelope. This was noted on the spreadsheet. For the rest of the sample, 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 August 1, 2015 through October 1, 2015. The case management leads were responsible for collecting all completed surveys. AMHD staff members were responsible for data entry. Self-addressed stamped envelopes were provided for consumers who preferred to return their completed surveys directly to AMHD via mail.

Staff Training: On two separate occasions, 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 with the assistance of a practicum student. Each survey was double-entered to ensure data accuracy. If discrepancies were discovered, the differences were identified and resolved by checking the original survey and re-double entering the disputed entry.

Analysis: The data were analyzed using the Statistical Package for Social Scientists (SPSS). Based on the recommendation of the MHSIP Policy Group, domain scores (Satisfaction of Services, Access to Services, Appropriateness of Services, Participation in Treatment Planning, Outcomes of Services, Functioning, Social Connectedness, and Hawai'i-Specific) were calculated only if two-thirds of the statements comprising each domain were completed. All 39 items in Part 1 of the survey were scored on a 5-point Likert-type scale ranging from 1 for "Strongly Agree," 2 for "Agree," 3 for "Neutral," 4 for "Disagree," 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.

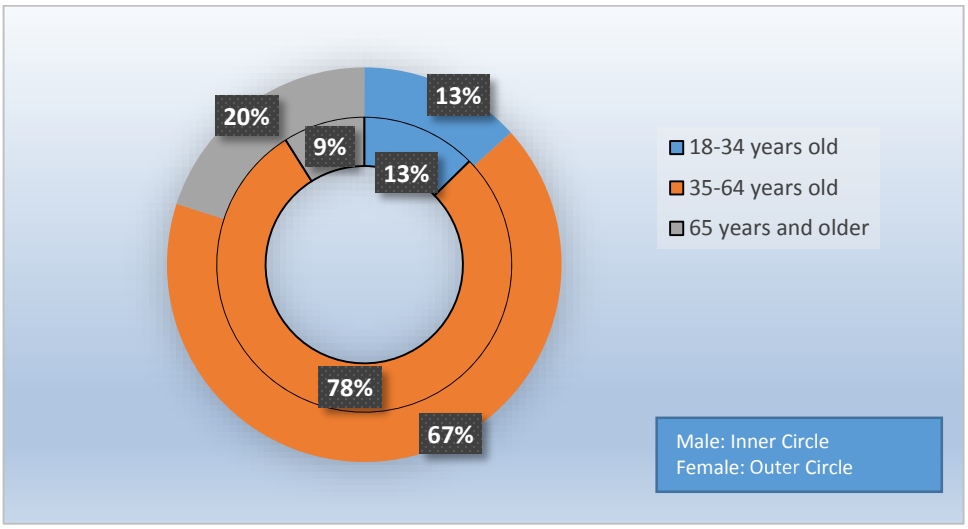
RESULTS

The survey results are presented here by gender, age, and diagnosis. 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 are presented in Appendices C and D.

Demographic Characteristics

Of the 313 consumers, who completed a survey, 61% were male (n = 190), 38% were female (n = 120), and 1% (n=3) had no information as to their gender[4]. Thirteen percent were 18 to 34 years old (n = 40), 74% were 35 to 64 years old (n = 232), and 13% were 65 years or older (n = 41). There was an unequal distribution of men and women across the age categories (χ^2 (2) = 8.2, $p < .05$, $\phi = .163$). Figure 5 shows the distribution of male and female respondents sub-divided by age. There were proportionately more men in the 35 to 64 year old category while there were more women 65 years and older. There were no gender differences in the proportions of people aged 18 to 34 years. Thirty percent of consumers reported that they were of Asian ancestry (n = 94), 30% were two or more races (n =93), 29% were White (n = 90), 7% were Native Hawaiian or other Pacific Islander (NHOPI; n = 23), 2% were black (n = 5), 1% were American Indian or Alaskan Native (n = 2), and race was not available for three (1%) individuals. Eleven percent of respondents were of Hispanic ancestry (n = 34) while the remaining 89% were not (n = 279). Men and women were proportionately divided among the racial groups (χ^2 (3) = 1.8, *ns*)[5]. Groups did not differ with regard to the distribution of age across race (χ^2 (6) = 5.8, *ns*). Hispanic ethnicity was not disproportionate due to gender (χ^2 (1) = .01, *ns*) or age (χ^2 (2) = 5.8, *ns*) but did show an unequal distribution among races with people of two or more races more likely to be Hispanic than the other racial groups (χ^2 (3) = 22.3, $p < .0001$, $\phi = .271$).

Figure 5. Male and Female Respondents by Age

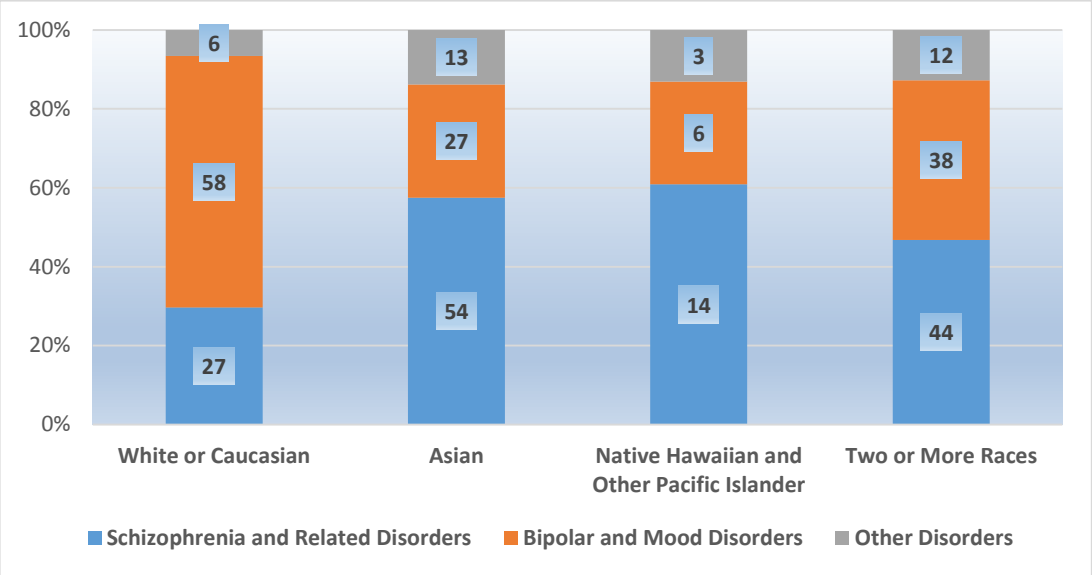


People who have schizophrenia and related disorders represented the most respondents (46%, n = 143) while 43% were people who have bipolar and mood disorders (n = 132). The remaining 11% were people who have

[4] These three respondents were omitted from any analyses of demographics that included respondent's gender.
[5] The categories of Black or African American, American Indian or Alaskan Native, and Race not Available were not included in any chi-square (χ^2) analyses that used race because of their low counts.

other or deferred diagnoses (n = 35). Men and women did not differ with regard to diagnosis (χ^2 (2) = 5.8, *ns*) and diagnoses were equally distributed across age groups (χ^2 (2) = .18, *ns*). Diagnoses were unequally distributed across the races (χ^2 (3) = 25.5, $p < .0001$, $\phi = .304$). In Figure 6 it can be seen that people who are of Asian and NHOPI ancestry or were of two or more races were more likely to have schizophrenia spectrum disorder diagnoses than whites while those who are white were more likely to have bipolar or mood disorder diagnoses. Diagnoses were proportionately distributed between people with and without Hispanic ancestry (χ^2 (2) = .78, *ns*).

Figure 6. Respondents' Race by Diagnosis[6]



All of the significant chi-square analyses, but one, had at best small effect sizes and should not be the source of great speculation about the composition of the survey sample. The exception was the disproportionate distribution of diagnoses across racial groups. This finding shows that people who are Asian, Native Hawaiian or other Pacific Islander, or two or more races are more likely to have schizophrenia spectrum disorder diagnoses than those who are White. It suggests that some attention, especially with regard to resource allocation, should be directed toward the socio-demographic factors associated with race and diagnosis, particularly among Hawaii's extensive multi-ethnic population.

Statewide Positive Responses by Domains

Table 7 shows the positive responses to each of the survey domain areas for the past four years. Figure 7 depicts these data graphically. Table 8 summarizes an analysis of the differences in positive responding across domains between 2014 and 2015. Most domains showed slight, but not statistically significant, increases in positive responding from 2014 to 2015.

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

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

Statewide	2012	2013	2014	2015
Hawaii-Specific	93.2%	93.4%	92.7%	92.2%
Appropriateness	91.8%	93.3%	89.9%	92.5%
Satisfaction	90.3%	94.5%	90.8%	92.0%
Treatment Planning	84.3%	86.3%	79.5%	83.5%
Access	90.2%	90.5%	87.7%	91.0%
Functioning	79.5%	79.6%	79.8%	78.5%
Treatment Outcomes	78.9%	80.3%	76.6%	82.3%
Social Connectedness	72.0%	75.9%	73.1%	72.3%

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

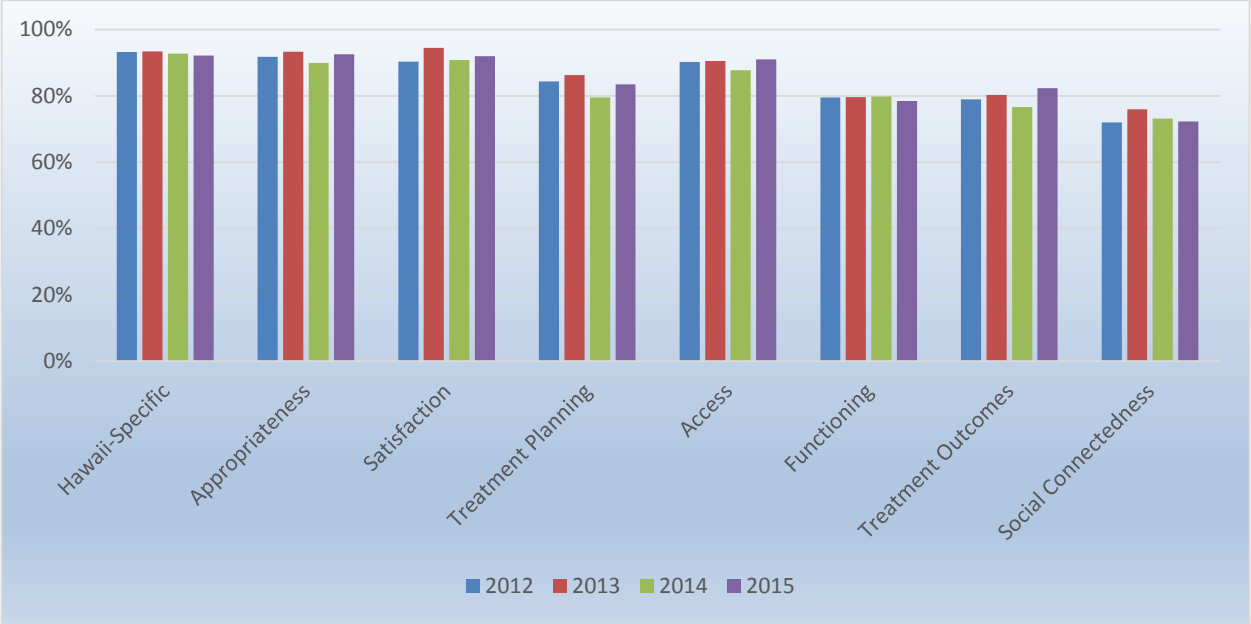


Table 8. Comparison of Percent Positive: 2014 and 2015[7]

	2014	2015	Difference	Joint Confidence Interval	Statistically Significant Difference?
Hawaii-Specific	92.7%	92.2%	0.5%	4.1%	No
Appropriateness	89.9%	92.5%	-2.6%	4.4%	No
Satisfaction	90.8%	92.0%	-1.2%	4.4%	No
Treatment Planning	79.5%	83.5%	-4.0%	6.1%	No
Access	87.7%	91.0%	-3.3%	4.8%	No
Functioning	79.8%	78.5%	1.3%	6.6%	No
Treatment Outcomes	76.6%	82.3%	-5.7%	6.5%	No
Social Connectedness	73.1%	72.3%	0.8%	7.1%	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 remained essentially unchanged from 2014 and has been relatively stable since 2012. It is among the most positive domains this year and indicates that respondents feel respected and engaged in a culturally appropriate manner.

The **Appropriateness** domain accesses consumers' sense that care staff perceive them as goal directed individuals with plans that address their strengths as well as weaknesses within the proper ethno-cultural context. After a slight dip last year, appropriateness returned this year to a level similar to those of past years.

Satisfaction refers to consumers' overall satisfaction with the services they have received. It has remained above a 90% positive rate since 2012 with a slight increase from last year to this year.

The **Treatment Planning** domain addresses consumers' sense that they have participated in their treatment planning process. While this domain was markedly lower in 2014 it has shown some rebound this year. 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, this decline reversed this year.

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 2015, it has shown a similar level since 2012. 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.

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

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 2012. 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. That being said, 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 7. Testing was done at the 95% confidence level. A statistically significant difference was determined when the percent difference between the comparators was greater than the joint confidence interval (JCI).

Gender

Tables 9 and 10 and Figures 8 and 9 report the MHSIP positive responses for male and female consumers. Male consumers report roughly similar positive ratings from 2014 to 2015 with the exception of the Treatment Planning (+6.3 %) and Treatment Outcomes (+4.8 %) domains, both of which had moderate increases in this year to year comparison. Over the 2012 to 2015 time period, all other domains have remained relatively stable with minor ups and downs. None of the 2014 to 2015 changes reached statistical significance. Women had year to year increases in Access (+4%) and Treatment Outcomes (+6.9%) with minor fluctuations in the other domains. The Hawaii-Specific, Treatment Planning, and Functioning domains were at their lowest levels in 2015 over the four year comparison period. However, none of the domains had statistically significant changes from 2014 to 2015. There were no statistically significant differences between men and women across domains in 2015.

Table 9. 2012-2015 Domain Scores by Gender: Male

Statewide	2012	2013	2014	2015
Hawaii-Specific	91.4%	94.1%	91.2%	92.5%
Appropriateness	90.2%	92.7%	90.7%	93.0%
Satisfaction	89.0%	94.8%	91.2%	91.6%
Treatment Planning	81.1%	85.0%	78.0%	84.3%
Access	91.5%	93.5%	87.1%	89.9%
Functioning	81.1%	78.8%	80.2%	80.0%
Treatment Outcomes	76.1%	81.3%	76.9%	81.7%
Social Connectedness	70.5%	72.6%	72.1%	71.0%

Figure 8. Percentage of Male Consumers Reporting Positively on the Eight Domain Scores for 2015

Table 10. 2012-2015 Domain Scores by Gender: Female

Statewide	2012	2013	2014	2015
Hawaii-Specific	95.5%	93.8%	95.1%	91.6%
Appropriateness	93.8%	95.5%	88.6%	91.5%
Satisfaction	91.7%	95.6%	90.2%	92.5%
Treatment Planning	88.2%	89.9%	81.8%	81.7%
Access	88.5%	87.5%	88.5%	92.5%
Functioning	77.3%	80.0%	79.2%	75.9%
Treatment Outcomes	82.5%	79.4%	76.1%	83.0%
Social Connectedness	73.6%	79.8%	74.8%	74.4%

Figure 9. Percentage of Female Consumers Reporting Positively on the Eight Domain Scores for 2015

Age

Tables 11 through 13 and Figures 10 through 12 show the domain scores from 2012 to 2015 in three age groups: 18-34 years of age, 35-64 years, and 65 years of age and older. From 2014 to 2015, 18 to 34 year old respondents showed marked increases in Treatment Planning (+10.8 %) and Treatment Outcomes (+15.8 %) and decreases in the Hawaii-Specific (-4.2%) and Appropriateness (-7.2%) domains. While noteworthy, none of these differences reached statistical significance because of the relatively small sample size for this age group. Consumers aged 35 to 64 years showed slight to moderate increases in all domains from 2014 to 2015 except for Functioning which remained essentially unchanged. Due to its larger sample size, the year to year change in the Access domain (+5.9%) for those aged 35 to 64, however, was statistically significant (JCI = 5.5%). People who were 65 years or older reported increases in Satisfaction (+10.1%) and Treatment Outcomes (+9.7%) and decreases in Social Connectedness (-11.4%) and Functioning (-7.9%). However, a small sample size and sampling error led to rather large joint confidence intervals and, consequently, no year to year changes reached statistical significance. Rather wide fluctuations in many domains for older consumers between 2013 and 2015, however, should be a cause for concern. It is unclear why these changes are so dramatic from year to year. Perhaps older consumer respondents require some assistance in their completion of surveys. Comparisons were made among the age groups and found no significant differences for any domain in 2015.

Table 11. 2012-2015 Domain Scores by Age: 18-34

Statewide	2012	2013	2014	2015
Hawaii-Specific	95.9%	96.3%	91.7%	87.5%
Appropriateness	90.0%	88.9%	97.2%	90.0%
Satisfaction	84.0%	88.9%	91.7%	90.0%
Treatment Planning	75.0%	85.2%	66.7%	77.5%
Access	82.0%	85.2%	91.7%	87.5%
Functioning	76.0%	76.0%	75.0%	77.5%
Treatment Outcomes	76.0%	72.0%	71.4%	87.2%
Social Connectedness	72.0%	66.7%	77.8%	80.0%

Figure 10. Percentage of Consumers Ages 18 to 34 Reporting Positively on the Eight Domain Scores for 2015

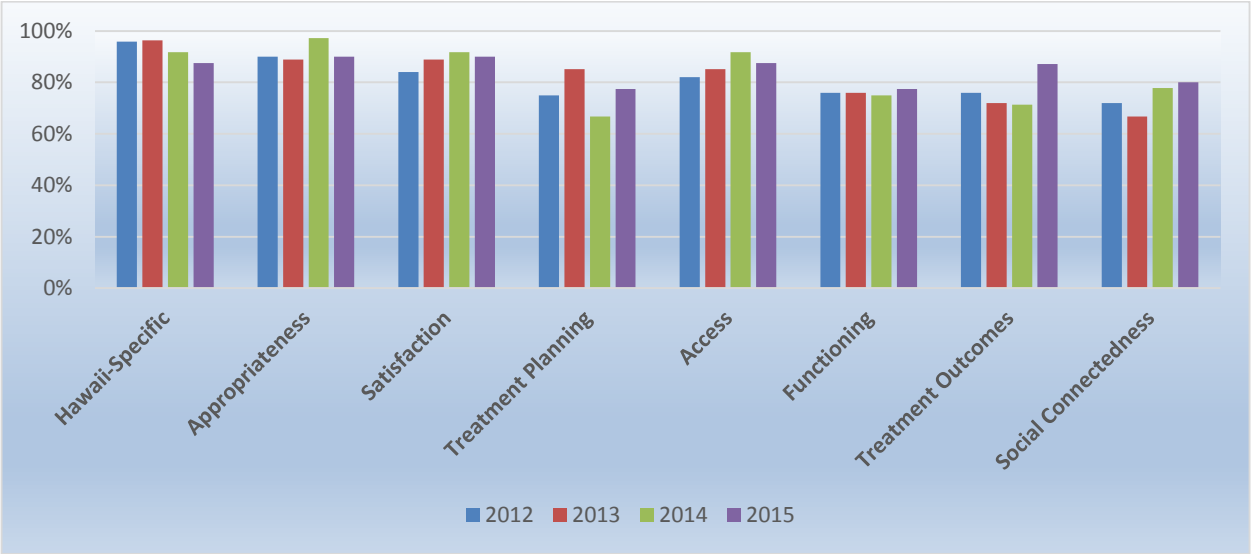


Table 12. 2012-2015 Domain Scores by Age: 35-64

Statewide	2012	2013	2014	2015
Hawaii-Specific	93.3%	93.1%	92.5%	93.0%
Appropriateness	93.3%	94.1%	89.2%	93.0%
Satisfaction	92.9%	95.2%	91.7%	91.8%
Treatment Planning	86.7%	86.8%	80.3%	84.7%
Access	93.3%	93.1%	86.7%	92.6%
Functioning	86.7%	78.0%	80.3%	79.7%
Treatment Outcomes	85.7%	78.9%	78.2%	81.4%
Social Connectedness	85.7%	74.6%	71.5%	71.7%

Figure 11. Percentage of Consumers Ages 35 to 64 Reporting Positively on the Eight Domain Scores for 2015

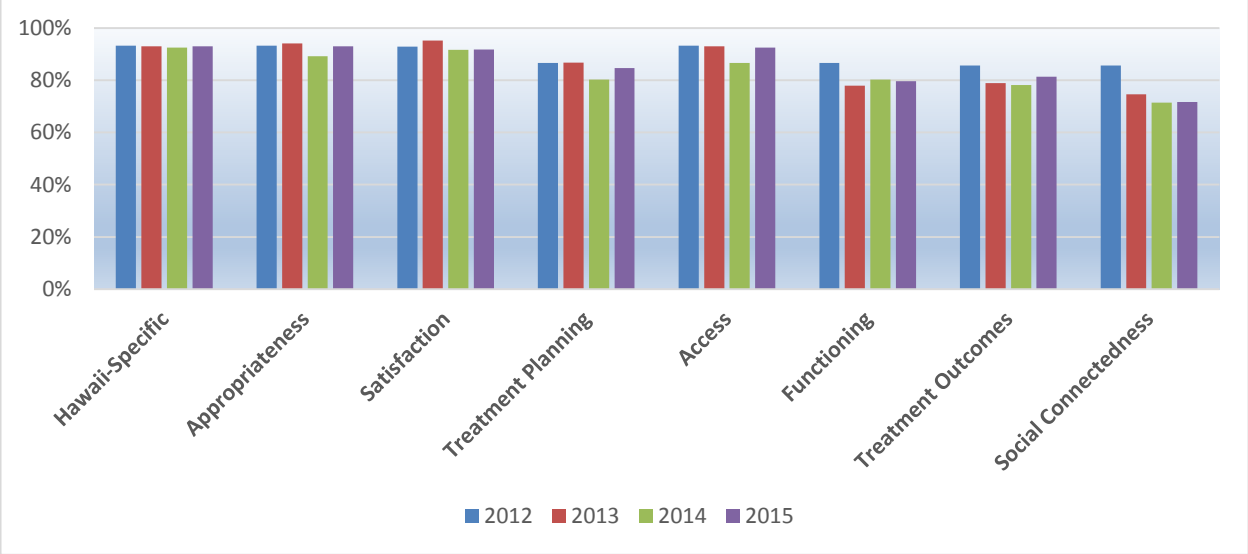
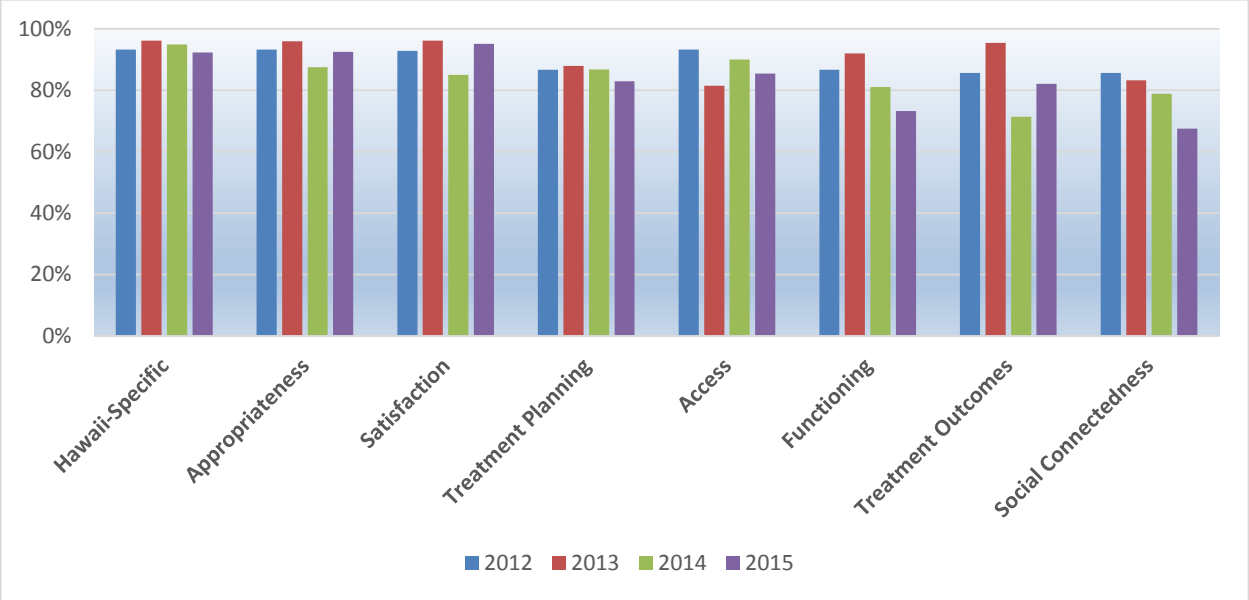


Table 13. 2012-2015 Domain Scores by Age: 65+

Statewide	2012	2013	2014	2015
Hawaii-Specific	93.3%	96.2%	94.9%	92.3%
Appropriateness	93.3%	96.0%	87.5%	92.5%
Satisfaction	92.9%	96.2%	85.0%	95.1%
Treatment Planning	86.7%	88.0%	86.8%	82.9%
Access	93.3%	81.5%	90.0%	85.4%
Functioning	86.7%	92.0%	81.1%	73.2%
Treatment Outcomes	85.7%	95.5%	71.4%	82.1%
Social Connectedness	85.7%	83.3%	78.9%	67.5%

Figure 12. Percentage of Consumers 65 Years and Older Reporting Positively on the Eight Domain Scores for 2015



Major Diagnostic Categories

Tables 14 and 15 and Figures 13 and 14 contain the 2012 to 2015 domain scores subdivided by consumers' diagnoses. Scores are presented here for respondents in two categories: Schizophrenia and Related Disorders and Bipolar and Mood disorders. The scores for those people who have other disorders or deferred diagnoses are not presented because their sample sizes have been consistently low over the past years of this survey and no comparative data are available. For 2015, consumers who have Schizophrenia and Related Disorders reported increases in Appropriateness (+5.2%), Access (+7%), and Treatment Outcomes (+4.5%) and a decrease in Social Connectedness (-6.1%) from 2014. The change in Access from 2014 to 2015 reached statistical significance (JCI = 6.5%). None of the other differences were statistically significant. Those respondents who have bipolar and mood disorders reported increases in five of the eight domains with Treatment Outcomes (+9.1%), Social Connectedness (+6.5%), Functioning (+5.1%), and Treatment Planning (+4.9%) having the largest changes. The Hawaii Specific domain had the largest decrease in positive responding (-5%). None of these differences, however, reached statistical significance. The report of positive experiences for people who have schizophrenia spectrum disorders has remained relatively stable between 2012 and 2015. Whereas those people who have bipolar and mood disorders have shown greater variability over time, particularly for those domains that had 2013 to 2014 declines in positivity which appear to have rebounded somewhat in 2015. Direct comparisons between the two diagnostic groups for 2015 showed that they differed in the Treatment Planning domain with people who have bipolar and mood disorders reporting more positively than did those who have schizophrenia spectrum disorders (+8%). This difference, however, was not statistically significant.

Table 14. 2012-2015 MHSIP Positive Responses for Consumers Served by AMHD: Schizophrenia and Related Disorders

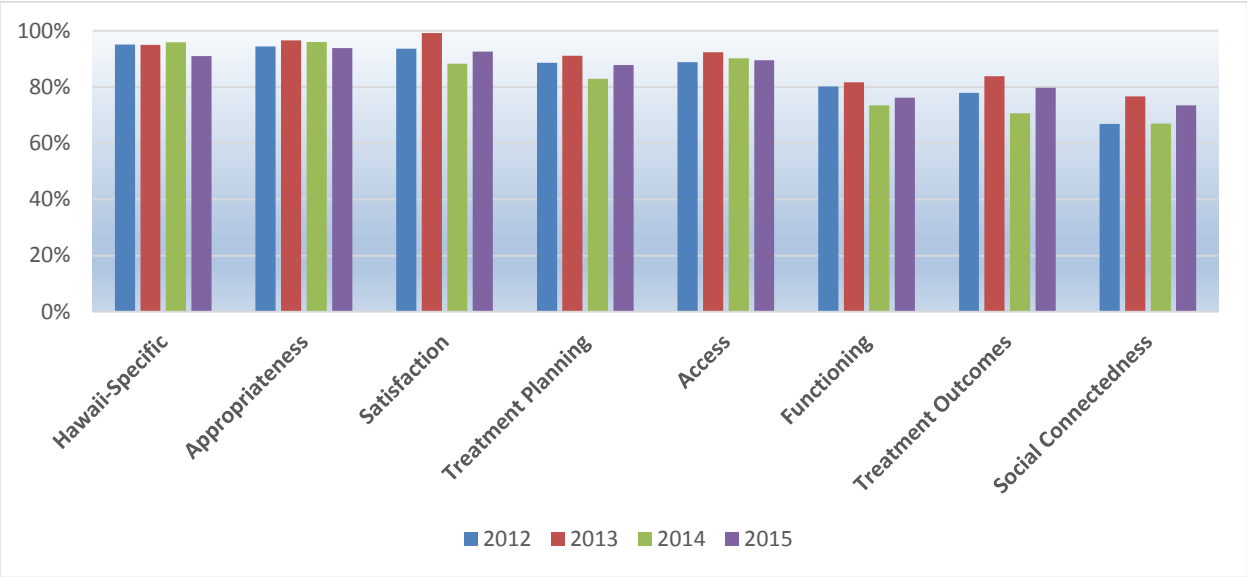
Statewide	2012	2013	2014	2015
Hawaii-Specific	92.0%	94.6%	92.5%	94.3%
Appropriateness	90.1%	89.2%	85.6%	90.8%
Satisfaction	88.3%	91.1%	91.3%	91.6%
Treatment Planning	81.1%	80.7%	76.0%	79.9%
Access	91.4%	90.3%	86.7%	93.7%
Functioning	79.1%	81.5%	83.5%	82.1%
Treatment Outcomes	79.6%	81.1%	79.4%	83.9%
Social Connectedness	76.0%	76.2%	76.2%	70.1%

Figure 13. Percentage of Consumers who have Schizophrenia and Related Disorders Reporting Positively on the Eight Domain Scores for 2015

Table 15. 2012-2015 MHSIP Positive Responses for Consumers Served by AMHD: Bipolar and Mood Disorders

Statewide	2012	2013	2014	2015
Hawaii-Specific	95.2%	95.0%	96.0%	91.0%
Appropriateness	94.5%	96.6%	96.1%	93.9%
Satisfaction	93.7%	99.2%	88.3%	92.6%
Treatment Planning	88.7%	91.2%	83.0%	87.9%
Access	88.9%	92.4%	90.3%	89.6%
Functioning	80.2%	81.7%	73.5%	78.6%
Treatment Outcomes	77.9%	83.9%	70.7%	79.8%
Social Connectedness	66.9%	76.7%	67.0%	73.5%

Figure 14. Percentage of Consumers who have Bipolar and Mood Disorders Reporting Positively on the Eight Domain Scores for 2015



DISCUSSION

The FY2015 HACMHCS is a modified version of the nationally administered MHSIP Consumer Survey, and is a psychometrically sound survey instrument for collecting information about consumers' perception of services provided by public mental health systems. It is important to examine domains that were scored higher or lower to determine strengths and deficits in the current public mental health system.

It is important to note that the information garnered from the survey is invaluable regarding consumer perceptions that will support the ideals of a consumer-driven model. The feedback reflects the value of consumer involvement in the mental health system which will inform policy and will highlight strengths for community mental health centers, providers, and for the state as a whole. Mental health service policy makers and providers should look at these relatively positive results not only as an indication of a job well done, but as a clear call for improvements in certain areas.

The major finding from the 2015 Consumer Satisfaction survey will now be discussed in brief.

- **Response rates** had a dramatic increase this year over past years. This improvement was achieved, however, in the face of a disappointingly large number of selected consumers who could not be located for survey administration. Inspection of the demographic characteristics of the survey sample found that consumers who were of Native Hawaiian or Other Pacific Islander ancestry or two or more races were more likely to be unreachable. This disproportionate response rate can easily introduce a degree of bias in the findings, particularly because people who report two or more races are from the second largest ethnic grouping in the sample. ***Greater effort should be made in future surveys to reach these populations***. For the 2016 Consumer Satisfaction Survey, the AMHD team will re-visit the need to translate the survey into different languages to make it more culturally and linguistically accessible. Also, the response rate for ***mailed surveys*** was 6% this year. Additional effort will be made to check for the most current addresses for consumers before mailing the surveys. This will hopefully increase the response rate.

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

APPENDIX A: *Hawai'i Mental Health Services Consumer Survey 2015*

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 2015

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 2015 Hawaii Adult Community Mental Health Survey

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

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

APPENDIX C: Rank-Order Analysis of Positive Individual Items

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2014	Percent Positive 2015
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	307	1.65	0.676	92.6%	93.9%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	307	1.67	0.719	93.9%	92.4%
1	I like the services that I receive here	313	1.58	0.661	95.6%	92.1%
21	I received services, including medications, in a timely manner, that is, there were no delays	295	1.69	0.793	89.7%	91.9%
14	Staff encouraged me to take responsibility for how I live my life	308	1.71	0.72	91.8%	91.5%
5	Staff is willing to see me as often as I felt it is necessary	312	1.65	0.714	91.2%	91.1%
3	I would recommend this agency to a friend or family member	305	1.66	0.744	93.4%	91.1%
11	I felt comfortable asking questions about my treatment and medication	306	1.62	0.657	90.9%	90.6%
2	If I had other choices, I would still get services from this agency	312	1.69	0.819	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)	307	1.7	0.741	91.1%	89.4%
7	Services were available at times that were good for me	311	1.67	0.674	91.6%	88.6%
8	I was able to get all the services I thought I needed	311	1.75	0.767	89.7%	88.6%
13	I was given information about my rights	311	1.68	0.666	91.2%	88.5%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	303	1.76	0.722	86.2%	87.6%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	307	1.76	0.751	93.4%	87.2%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	295	1.73	0.796	93.1%	86.6%
6	Staff returned my call within 24 hours	301	1.71	0.724	89.9%	86.2%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2014	Percent Positive 2015
9	I am able to see a psychiatrist when I wanted to	289	1.83	0.894	81.0%	84.4%
24	As a direct result of services I received, I deal more effectively with daily problems	306	1.84	0.824	83.3%	82.8%
26	As a direct result of services I received, I am better able to deal with crisis	305	1.87	0.822	81.7%	82.5%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	293	1.84	0.808	86.2%	82.5%
17	I, not staff, decided my treatment goals	308	1.89	0.896	87.5%	81.8%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	298	1.8	0.801	84.1%	81.7%
33	As a direct result of services I received, I am better able to take care of my needs	305	1.9	0.794	84.9%	80.7%
12	I felt free to complain	304	1.77	0.754	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)	308	1.82	0.795	84.5%	80.4%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	297	2	0.872	79.1%	79.7%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	287	1.94	0.871	83.3%	77.9%
35	As a direct result of services I received, I am better able to do things I want to do	301	1.94	0.848	77.5%	77.6%
34	As a direct result of services I received, I am better able to handle things when they go wrong	306	1.94	0.77	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	301	2.02	0.9	81.3%	77.1%
27	As a direct result of services I received, I am getting along better with my family	287	1.99	0.964	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	302	1.98	0.933	77.5%	76.5%
31	As a direct result of services I received, my symptoms are not bothering me as much	302	2.04	0.885	75.9%	75.7%

MHSIP Items Rank Ordered Positive, Highest to Lowest		N	Mean	SD	Percent Positive 2014	Percent Positive 2015
32	As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance)	302	2	0.863	81.7%	73.9%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	303	2	0.891	75.6%	71.6%
28	As a direct result of services I received, I do better in social situations	303	2.01	0.873	78.2%	71.3%
30	As a direct result of services I received, my housing situation has improved	274	2.01	0.926	72.9%	69.7%
29	As a direct result of services I received, I do better in school and/or work	213	2.05	0.92	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 2014	Percent Negative 2015
31	As a direct result of services I received, my symptoms are not bothering me as much	302	2.04	0.885	4.6%	7.9%
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	302	1.98	0.933	8.4%	7.6%
30	As a direct result of services I received, my housing situation has improved	274	2.01	0.926	7.3%	7.3%
27	As a direct result of services I received, I am getting along better with my family	287	1.99	0.964	4.9%	7.0%
37	Thinking about people in my life other than mental health staff, I have people with whom I can do enjoyable things	301	2.02	0.9	6.9%	7.0%
9	I am able to see a psychiatrist when I wanted to	289	1.83	0.894	2.0%	6.6%
38	Thinking about people in my life other than mental health staff, I feel I belong in my community	303	2	0.891	7.4%	6.6%
36	Thinking about people in my life other than mental health staff, I am happy with the friendships I have	297	2	0.872	4.6%	6.1%
17	I, not staff, decided my treatment goals	308	1.89	0.896	4.5%	5.8%
29	As a direct result of services I received, I do better in school and/or work	213	2.05	0.92	3.4%	5.6%
35	As a direct result of services I received, I am better able to do things I want to do	301	1.94	0.848	5.8%	5.3%
28	As a direct result of services I received, I do better in social situations	303	2.01	0.873	5.6%	5.0%
26	As a direct result of services I received, I am better able to deal with crisis	305	1.87	0.822	3.6%	4.9%
32	As a direct result of services I received, I do things that are more meaningful to me (that is, greater worth and importance)	302	2	0.863	6.2%	4.6%
15	Staff told me what side effects to watch out for (for example: dry mouth, drooling, itching, etc.	287	1.94	0.871	4.3%	4.5%
2	If I had other choices, I would still get services from this agency	312	1.69	0.819	3.5%	4.2%
24	As a direct result of services I received, I deal more effectively with daily problems	306	1.84	0.824	1.9%	4.2%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2014	Percent Negative 2015
34	As a direct result of services I received, I am better able to handle things when they go wrong	306	1.94	0.77	7.4%	4.2%
20	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, peer specialist, etc.	293	1.84	0.808	3.0%	4.1%
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)	308	1.82	0.795	1.9%	3.9%
4	The location of services was convenient (for example, for parking, to public transportation, the distance, etc.	298	1.8	0.801	1.6%	3.7%
21	I received services, including medications, in a timely manner, that is, there were no delays	295	1.69	0.793	.7%	3.7%
33	As a direct result of services I received, I am better able to take care of my needs	305	1.9	0.794	3.2%	3.6%
12	I felt free to complain	304	1.77	0.754	4.5%	3.0%
8	I was able to get all the services I thought I needed	311	1.75	0.767	3.8%	2.9%
10	Staff here believes that I can grow, change and recover (Recovery is having a life that is meaningful to you - a home, a job, a loving partner, friends, children, hobbies, transportation)	307	1.7	0.741	1.0%	2.9%
23	Staff expressed an understanding of my values (your likes or dislikes, beliefs and ideas) in developing my treatment plan	307	1.76	0.751	1.6%	2.9%
18	Staff was sensitive to my cultural background (such as race, religion, language, traditions, etc.	295	1.73	0.796	2.8%	2.7%
19	Staff helped me obtain the information I needed so that I can take charge of managing my illness	303	1.76	0.722	1.6%	2.6%
14	Staff encouraged me to take responsibility for how I live my life	308	1.71	0.72	1.6%	2.3%
16	Staff respected my wishes about who is and who is not to be given information about my treatment	307	1.67	0.719	.9%	2.3%
5	Staff is willing to see me as often as I felt it is necessary	312	1.65	0.714	2.2%	2.2%

MHSIP Items Rank Ordered Negative, Highest to Lowest		N	Mean	SD	Percent Negative 2014	Percent Negative 2015
3	I would recommend this agency to a friend or family member	305	1.66	0.744	2.2%	2.0%
6	Staff returned my call within 24 hours	301	1.71	0.724	3.4%	2.0%
1	I like the services that I receive here	313	1.58	0.661	2.2%	1.6%
7	Services were available at times that were good for me	311	1.67	0.674	2.2%	1.6%
13	I was given information about my rights	311	1.68	0.666	2.9%	1.6%
11	I felt comfortable asking questions about my treatment and medication	306	1.62	0.657	2.5%	1.3%
22	Staff asked me about my physical health (such as medical problems, illnesses, health problems)	307	1.65	0.676	1.3%	1.3%