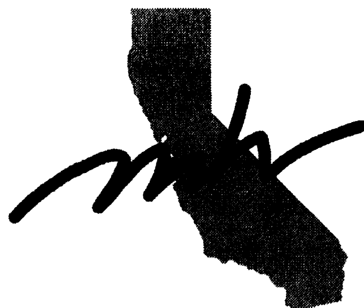
California's Community Mental Health Performance Outcome Report

Fiscal Year 2003-04

A Report to the Legislature in Response to

AB 1288, Bronzan
Chapter 89, Statutes of 1991

(Welfare and Institutions Code Section 5613)



CALIFORNIA DEPARTMENT OF
Mental Health

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California's Community Mental Health Performance Outcome Report

Fiscal Year 2003–04

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EXECUTIVE SUMMARY

This document provides a summary of data on county performance in response to AB 1288, Bronzan (Chapter 89, Statutes of 1991), Welfare and Institutions Code (WIC) 5613. In particular, the report provides data on consumer perception surveys that were captured using DMH's new Web-Based Data Reporting System, described in the previous year's Community Mental Health Performance Outcome Report for FY 2002-03 (http://www.dmh.ca.gov/POQI/reports.asp). The new system was successful in that it streamlined data collection and submission processes from the county level, and provided quality data for use in this report.

The major findings are as follows:

1. Results of comparisons between the mental health services population and the general California population (evaluated by age group: children/youth, adults and older adults) reflect relative differences with regard to gender, and race/ethnicity groupings. These differences are likely to be a function of service access and outreach, culture-specific issues, and individual propensity toward service utilization.

2. Overall, performance measurement results obtained from a sample of consumer/caregiver surveys are quite positive, and are generally representative of the larger, community mental health services population.

    A. The majority of family members/caregivers of youth and youth themselves reported improvement in family life functioning, school functioning, family connectedness, social connectedness, coping ability, and general life functioning as a result of the mental health services they received. Youth generally reported greater improvements than family members/caregivers, which is likely to be a function of differential goals, expectations and developmental levels between the two groups.

    B. Across the eight outcome areas listed below, 56.1% to 75.1% of adults, and 63.5% to 84.5% of older adults surveyed reported improvement as a result of services received.

        - ✓ Improved housing
        - ✓ Reduction in symptoms
        - ✓ Improved work/school functioning
        - ✓ Increased social connectedness
        - ✓ Increased family connectedness
        - ✓ Improved ability in dealing with crises
        - ✓ Dealing more effectively with daily problems
        - ✓ Improved ability to control one's life

    Service impact was greatest on both adult and older adult consumers' ability to deal with daily problems. Across all outcome areas, a greater relative

percentage of older adults reported improvement. This finding is corroborated by results from other older adult studies, and suggests that older adults benefit substantially from mental health services and supports.

C. The majority of adults and older adults surveyed who received services for six months or longer indicated satisfaction with five out of seven key quality of life indicators:

- ✓ Safety
- ✓ Living situation
- ✓ Daily activities
- ✓ Family relationships
- ✓ Social relationships

Slightly less than half of the consumers surveyed reported satisfaction with the remaining two indicators, "Health" and "Life in General", which may be more difficult for mental health services to impact directly. The recent increase in inter-agency coordination, co-location, and integration of mental health services with health services (and other partnering agencies), will hopefully lead to improved physical health outcomes, and generally improved quality of life for individuals with mental illness.

D. Survey results along the following four dimensions - access to services, general satisfaction with services, perception of cultural appropriateness and perception of treatment involvement - showed that the majority of youth and family members/caregivers of youth were satisfied with services they received.

- 67% of youth and 85% of caregivers were satisfied or very satisfied with access to services.

- 74% of youth and 86% of caregivers were satisfied or very satisfied with services generally.

- 83% of youth and 96% of caregivers were satisfied or very satisfied with the cultural appropriateness of services.

- 65% of youth and 88% of caregivers were satisfied or very satisfied with their level of treatment involvement.

Generally, youth reported relatively lower satisfaction with services than family members/caregivers, and the dimension with the lowest satisfaction was "perception of treatment involvement". Information gleaned from the youth survey items suggest a need for non-traditional youth services and supports, available in more normalized/natural settings, at atypical hours, and provided by people (and perhaps peers) who have a better understanding of youth issues and needs.

E. Adult and older adult consumers' evaluation of mental health services along four dimensions: access to services, appropriateness of services, participation in treatment, and satisfaction with services showed that a large majority of consumers positively evaluated the mental health services they received.

- 83% of adults and 91% of older adults were satisfied or very satisfied with access to services.
- 88% of adults and 94% of older adults were satisfied or very satisfied with services generally.
- 85% of adults and 91% of older adults were satisfied or very satisfied with the appropriateness of services.
- 73% of adults and 81% of older adults were satisfied or very satisfied with their level of treatment involvement.

Consistent with other findings in this report, more older adults (compared to adults) rated services positively. Though still quite positively rated, the "participation in treatment" dimension received the lowest satisfaction score, and this finding may benefit from further exploration. With the current emphasis on recovery and wellness philosophies, active participation of consumers in services and supports delivery should become the norm. Evidence of the development of partnerships between consumers and services/support providers should be apparent in future evaluations.

F. Although DMH changed data collection measures, methods, and supporting technology, some consistency within the data collection process was maintained in order to provide some meaningful comparisons during the data transition process. Comparative findings are as follows:

- A larger percentage of adult/older adult consumers in FY 2003-04 versus FY 2001-02 reported improved functioning in all areas measured (see areas of personal functioning listed in number 2B, above. All but the housing area were comparably measured between the two fiscal years).
- Adults/older adults remained consistent in their positive appraisal of access to services between fiscal years.
- Adult/older adult satisfaction with "services generally" increased between fiscal years, with the largest percentage of survey respondents (48%) endorsing the highest, "very satisfied" category.

3. DMH's new data capture methods and supporting web-based technology provided quality data for use in this report. Additionally, the flexibility/adaptability of the new performance measurement system to changes and new directions, make it a point of departure for the design of measurement systems that capture information with regard to mental health system transformational agendas (e.g., Presidents New Freedom Commission Report on Mental Illness and the California Mental Health Service Act - Proposition 63).

ISSUE STATEMENT

This document is a report to the Legislature as required by AB1288 (Bronzan, Chapter 89, Statutes of 1991), WIC Section 5613 which stipulates the following:

> *The Director of Mental Health shall annually make available to the Legislature data on county performance with regard to the performance measures established pursuant to WIC Section* 5612.

BACKGROUND

DMH oversees public sector mental health service delivery throughout the State of California. State, county and community-level mental health service delivery organizations are expected to demonstrate accountability for the receipt of mental health service dollars by providing appropriate, cost-effective, and efficient solutions for individuals with serious mental illness, and those at risk for serious emotional, and consequent functional impairment.

DMH views accountability as a critical component in achieving its mission. The Department is accountable to all stakeholders, including the California Legislature, consumers and their family members, taxpayers, communities, funding agencies, and service providers - and is dedicated to achieving a balance in addressing stakeholder priorities. Fiscal, administrative and service oversight is accomplished through the work of multiple entities within (and in affiliation with) DMH. DMH Performance Outcomes, Medi-Cal Oversight, and County Policy and Operations Units, Fiscal Auditors, State Quality Improvement Council, California Mental Health Planning Council, and local (county) mental health boards and commissions all have a role in the establishment of performance indicators and assurance of accountability.

This report summarizes Consumer Perception Survey data that were captured using DMH's new Web-Based Data Reporting System (WBDRS)[1]. A product of DMH's commitment to the quality improvement process, the WBDRS was developed to enhance data management processes and improve upon the legacy performance measurement system. An integrated technology solution, the WBDRS, has been very successful in

[1] Please see the California Community Mental Health Performance Outcome Report for FY 2002-03 for more information on the Web-Based Data Reporting System: http://www.dmh.ca.gov/POQI/reports.asp.

streamlining data collection and submission processes from the county level, thereby improving data quality for more accurate reporting.

OBJECTIVE

The objective of this Annual Report is to provide the Legislature with detailed information regarding the results of performance outcome measurements in accordance with Welfare and Institutions Code Section 5613.

STUDY METHODOLOGY

The Fiscal Year 2002-03 Community Mental Health Performance Outcome Report to the Legislature described DMH's implementation of a new data collection methodology, new performance outcome instruments, and an integrated Web-Based Data Reporting System (WBDRS). These achievements resulted in successful data capture for the current reporting period.

The integrated WBDRS provides on-line, internet-based, data capture methods that allow direct key-pad data entry, and provide a paper-form scanning and verification option for larger volume, direct data submission. DMH also recognizes that because performance outcomes measurement is tied to a continuous quality improvement process, data elements and methods of evaluation are necessarily subject to change. As such, the new technology also provides low-cost flexibility to changes in data elements and reporting requirements over time. This streamlined process for data collection and submission has improved the quality of the data received by DMH.[1]

In addition to the streamlined data collection and submission process for fiscal year (FY) 2003-04, DMH also successfully implemented performance measures for older adults. These measures parallel the adult performance measures but allow DMH to study older adult outcomes separate from adult outcomes, so that greater insight into the special needs of older adults can be obtained.

From November 3-17, 2003, counties collected data regarding consumer/caregiver perceptions of services using the most recent versions of the national Youth Services Survey for Youth (YSS-Youth), Youth Services Survey for Families (YSS-Families), Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as well as Quality of Life (QOL) measures. Consumers receiving face-to-face community mental health services from county-operated and contract providers during the sampling period were included in the survey process.

[1] Because options and flexibility increase feasibility and likelihood of data capture/reporting, a county may continue to collect the new data items according to the new twice-per-year methodology using a local method, and then submit data files to DMH.

FINDINGS

This section provides a description of the characteristics of consumers surveyed in FY 2003-04 with respect to the larger public mental health services consumer population, and the general population. Performance outcome survey results on consumer improvement, satisfaction, and quality of life are also presented. Findings are interpreted within the quality improvement process and in light of existing knowledge with regard to service utilization and delivery.

Description of Populations

The following tables show descriptive gender and race/ethnicity category information for the samples of children/youth, adults, and older adults surveyed. The tables provide comparisons among the consumers surveyed, the mental health services population, and the general population for each age group. The degree to which the survey sample is representative of the entire mental health services population can be determined by examining the sample's demographic distributions with respect to those of the service population. Such comparisons are important toward understanding the generalizability of the data presented in this report to the larger mental health services population in California.[1] Also, the degree to which the mental health system is meeting need with respect to population demographic dimensions may be used as a guide for mental health system strategic planning. Efforts are continually applied to provide access to services/supports relative to need and the demographic distributions within the population.

Gender

Tables 1, 2, and 3, below, show similarities between gender distributions of the sample of mental health consumers surveyed, and the mental health services population. These similarities suggest that the sample is representative of the mental health services population with regard to gender, and allow some degree of generalizability of sample findings to the larger, mental health services population.

The tables also demonstrate some differences with respect to gender between the general California population and the mental health services population. For example, there is relatively greater representation of males in the youth services population compared to the general population. This finding may be explained by the fact that emotional disorders in male children/youth are often exhibited externally (e.g., aggressive acting out, delinquency) and, consequently, are more likely to come to the attention of mental health professionals than those emotional disorders exhibited by female children/youth, which tend to be more internal (e.g., withdrawal, depression)[2].

For adults, and in particular, older adults, there is a larger percentage of females in the service population compared to the general population. This finding may be influenced by

[1] With respect to most of the demographic dimensions collected for this report, the samples are generally representative of the larger mental health service population. Where more substantial differences exist between the sample and the service population, their impact on the generalizability of the findings is discussed.

[2] Although the differential expression of mental health issues by female and male children/youth is generally consistent in aggregate, a particular child/youth may exhibit internalizing and/or externalizing symptoms regardless of gender.

the general fact that women, and, in particular, those of the older generations, are more likely to verbalize emotional distress and seek services than their male counterparts.

Table 1. YOUTH DEMOGRAPHICS: GENDER						
Gender	Youth in Survey Sample (FY 2003–04)		All Youth Served (FY 2002–03)		California Population Youth (Census 2002)	
	Number	*Percent*	Number	*Percent*	Number	*Percent*
Female	5,637	38.3%	78,451	38.5%	4,602,915	48.8%
Male	8,958	60.9%	125,054	61.4%	4,833,560	51.2%
Other	19	0.1%	7	0.0%	N/A	N/A
Unknown/No Response	86[1]	0.6%	151	0.1%	N/A	N/A
Total	14,700	100%[2]	203,663	100%[2]	9,436,475	100%[2]

Table 2. ADULT DEMOGRAPHICS: GENDER						
Gender	Adults in Survey Sample (FY 2003–04)		All Adults Served (FY 2002–03)		California Population Adults (Census 2002)	
	Number	*Percent*	Number	*Percent*	Number	*Percent*
Female	9,398	54.4%	217,369	52.1%	10,237,854	49.3%
Male	7,761	45.0%	199,741	47.8%	10,549,200	50.7%
Other	11	0.1%	31	0.0%	N/A	N/A
Unknown/No Response	93[1]	0.5%	379	0.1%	N/A	N/A
Total	17,263	100%[2]	417,520	100%[2]	20,787,054	100%[2]

[1] Gender categorization is based upon consumer-reported information. Consumers have the option of choosing not to answer questions related to gender and other demographics; therefore, there are small percentages in the "unknown/no response" categories within the gender tables.
[2] Total percentage may not equal precisely 100% due to rounding.

Table 3.	OLDER ADULT DEMOGRAPHICS: GENDER					
Gender	**Older Adults in Survey Sample (FY 2003–04)**		**All Older Adults Served (FY 2002–03)**		**California Population Older Adults (Census 2002)**	
	Number	***Percent***	**Number**	***Percent***	**Number**	***Percent***
Female	1,205	66.6%	24,587	64.1%	2,870,226	56.1%
Male	590	32.6%	13,714	35.8%	2,245,052	43.9%
Other	0	0.0%	1	0.0%	N/A	N/A
Unknown/No Response	15[1]	0.8%	46	0.1%	N/A	N/A
Total	1,810	100%[2]	38,348	100%[2]	5,115,278	100%[2]

Race/Ethnicity

Tables 4, 5, and 6, below, show relative percentages of race/ethnicity groups in the survey sample, the mental health services population, and the general California population for each age group. The percentages for each race/ethnicity group for the sample are generally similar to the mental health services population for each table when data collection differences are taken into consideration[1]. The aggregated findings in this report may be interpreted as being generally representative of the mental health services population. The exception may be the generalizability of the older adult survey sample, where findings may somewhat under-represent the Asian/Pacific Islander population in that age group[2].

Differences in relative percentages of race/ethnicity groups in the mental health services populations versus the general state population are evident. Most notable are the lower percentages of Hispanic and Asian/Pacific Islander youth and older adults, and higher percentages of African-American/Black youth, adults and older adults that are in the service populations relative to their percentages in the general population. These percentage differences are likely to be a function of a number of variables, including access to services, degree of cultural competency of service providers, as well as culture-specific and individual consumer propensity toward service utilization.

[1] It should be noted that the surveys captured detailed information on race/ethnicity, including multiple race categories and a Hispanic/Latino ethnicity designation, whereas that level of detail was not captured within the larger Client and Services Information (CSI) system which tracks the mental health services population. (The survey followed the race/ethnicity data capture methodology specified by the Federal Office of Management and Budget: http://www.whitehouse.gov/omb/fedreg/1997standards.html). Therefore, apparent over or under-representation of particular races/ethnicities in the survey sample (e.g., fewer African-American/Black youth and adults and more Hispanic/Latino youth and older adults in the sample populations compared to the mental health service populations) may be a function of the different data capture formats. The "more than one race" category for the survey sample, may also address some of the discrepancies between the sample and service population percentages, as individuals who were only able to indicate one race in a single-choice situation (i.e., CSI) may have self-identified as being of more than one race when presented with more options (i.e., in the surveys). The CSI system is migrating to the same data format that the surveys currently use for the capture of race/ethnicity information. When this is achieved, more direct comparisons between the survey sample and the larger mental health services population race/ethnicity characteristics will be made.

[2] The Asian/Pacific Islander under-representation in the older adult survey sample compared to the mental health service population is likely to be a function of the degree to which Asian-language translations of the survey are available (in addition to the race/ethnicity issues described above). Older adults of Asian/Pacific Islander origin may be more likely than their younger counterparts to require the survey in their native language, and the survey is currently only available in three Asian/Pacific Islander languages (Chinese, Tagalog, and Korean). The survey will be translated into more languages in the future so that sample data will be increasingly more representative of the diverse services population.

Table 4.	YOUTH DEMOGRAPHICS: ETHNICITY					
Race/Ethnicity	**Youth in Survey Sample (FY 2003–04)**		**All Youth Served (FY 2002–03)**		**California Population Youth (Census 2002)**	
	Number	***Percent***	**Number**	***Percent***	**Number**	***Percent***
African American	2,036	13.9%	38,411	18.9%	683,394	7.2%
Asian/Pacific Islander	384	2.6%	6,826	3.4%	923,600	9.8%
Hispanic	5,753	39.1%	68,872	33.8%	4,285,445	45.4%
Native American	170	1.2%	2,204	1.1%	61,983	0.7%
White	4,735	32.2%	70,998	34.9%	3,149,885	33.4%
Other	313	2.1%	2,057	1.0%	N/A	N/A
More than 1 race indicated	1,189	8.1%	N/A	N/A	332,168	3.5%
Unknown/No Response	120[1]	0.8%	14,295	7.0%	N/A	N/A
Total	14,700	100%[2]	203,663	100%[2]	9,436,475	100%[2]

Table 5.	ADULT DEMOGRAPHICS: ETHNICITY					
Race/Ethnicity	**Adults in Survey Sample (FY 2003–04)**		**All Adults Served (FY 2002–03)**		**California Population Adults (Census 2002)**	
	Number	***Percent***	**Number**	***Percent***	**Number**	***Percent***
African American	2,074	12.0%	71,805	17.2%	1,359,110	6.6%
Asian/Pacific Islander	905	5.2%	27,761	6.6%	2,530,766	12.3%
Hispanic	3,855	22.3%	84,812	20.3%	6,911,839	33.5%
Native American	310	1.8%	4,283	1.0%	145,484	0.7%
White	8,549	49.5%	199,764	47.8%	9,370,599	45.4%
Other	434	2.5%	6,494	1.6%	N/A	N/A
More than 1 race	964	5.6%	N/A	N/A	321,601	1.6%
Unknown/No Response	172[1]	1.0%	22,601	5.4%	N/A	N/A
Total	17,263	100%[2]	417,520	100%[2]	20,639,399	100%[2]

[1] Race/Ethnicity categorization is based upon consumer-reported information. Consumers have the option of choosing not to answer questions related to race/ethnicity; therefore, there are small percentages in the "unknown/no response" categories within the race/ethnicity tables.
[2] Total percentage may not equal precisely 100% due to rounding.

Table 6. OLDER ADULT DEMOGRAPHICS: ETHNICITY						
Race/Ethnicity	**Older Adults in Survey Sample (FY 2003–04)**		**All Older Adults Served (FY 2002–03)**		**California Population Older Adults (Census 2002)**	
	Number	***Percent***	**Number**	***Percent***	**Number**	***Percent***
African American	177	9.8%	3,902	10.2%	278,801	5.5%
Asian/Pacific Islander	62	3.4%	4,707	12.3%	571,184	11.2%
Hispanic	378	20.9%	5,636	14.7%	779,986	15.2%
Native American	14	0.8%	195	0.5%	27,964	0.5%
White	1,008	55.7%	19,890	51.9%	3,406,336	66.6%
Other	49	2.7%	1,145	3.0%	N/A	N/A
More than 1 race	105	5.8%	N/A	N/A	51,007	1.0%
Unknown/No Response	17[1]	0.9%	2,873	7.5%	N/A	N/A
Total	1,810	100%[2]	38,348	100%[2]	5,115,278	100%[2]

Consumer Improvement and Satisfaction: Fiscal Year 2003-04

Family members/caregivers of youth, youth of sufficient age to reliably complete a survey (at least age 13), adults (age 18-59) and older adults (age 60+) receiving community mental health services were surveyed from November 3-17, 2003. The results from these surveys are presented below.

Youth Improvement:

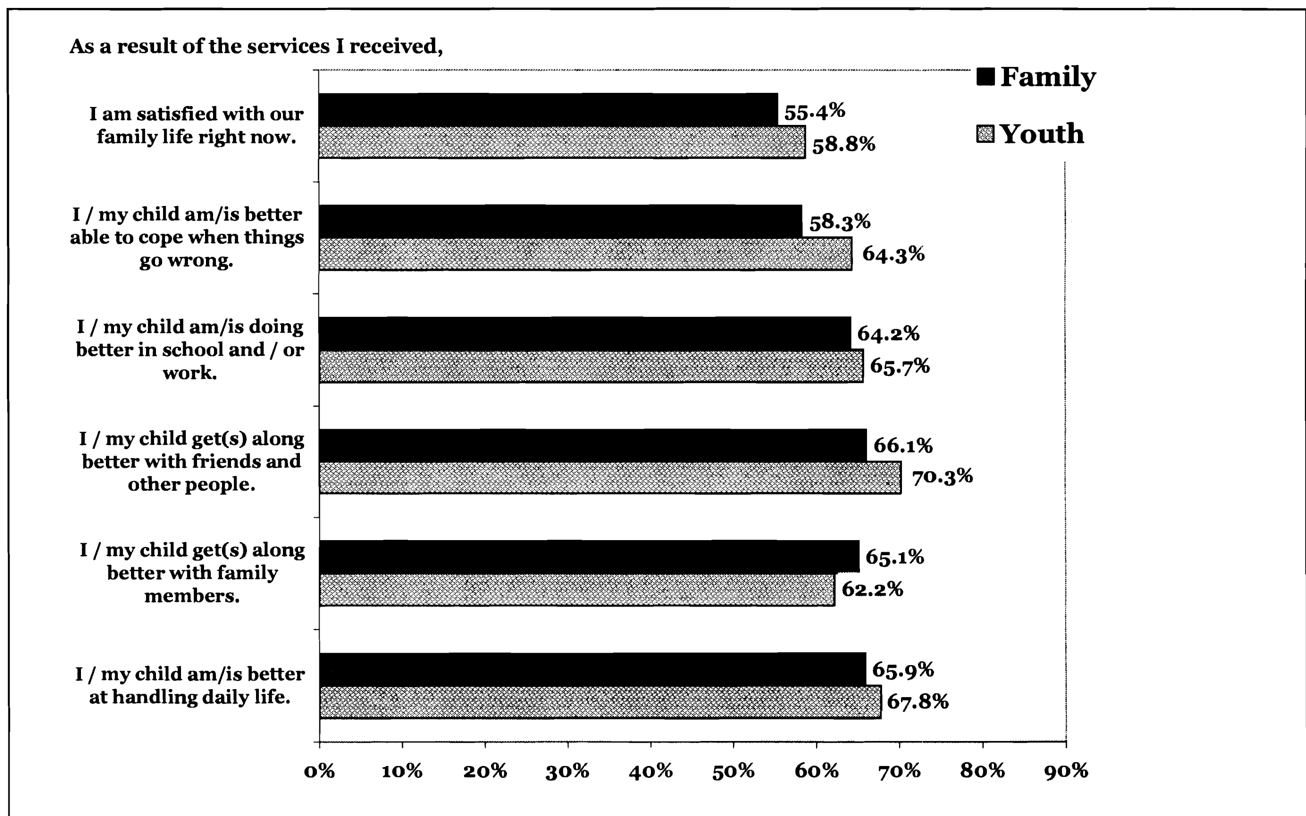
Figure 1, below, illustrates the percentages of family members/caregivers of child/youth consumers, and youth consumers themselves, who reported improvement with respect to six areas of the child's/youth's personal functioning (i.e. family life functioning, school functioning, family connectedness, social connectedness, coping ability, and general life functioning).[3] The majority of both family members/caregivers and youth reported improvement in all six areas. Depending on the area of functioning, 55.4% to 66.1% of family members/caregivers, and 58.8% to 70.3% of youth reported improvement as a

[1] Race/Ethnicity categorization is based upon consumer-reported information. Consumers have the option of choosing not to answer questions related to race/ethnicity; therefore, there are small percentages in the "unknown/no response" categories within the race/ethnicity tables.
[2] Total percentage may not equal precisely 100% due to rounding.
[3] Child/youth functioning, as a result of services, was assessed with the Youth Services Survey for Families (YSS-Families; N=10,605) and the Youth Services Survey for Youth (YSS-Youth; N=7,760). Results reflect the percentage of respondents who indicated that they 'Agreed' or 'Strongly Agreed' with each item.

result of services received. According to both youth and family members/caregivers, services showed the greatest positive impact on the child's/youth's ability to get along with friends/other people, and ability to handle daily life.

Some differences in perception of improvement were evident between the youth and family member/caregiver reported information, with more youth expressing improvement in each area, with the exception "family connectedness". These findings may be explained by the fact that youth may underestimate their own problems, and/or may have service goals that are less ambitious than those of their families/caregivers. As a result, youth may perceive improvements where their families do not. The lower percentage of youth rating family relationships positively may be associated with the general developmentally-based conflict that exists between adolescents and their parents/caregivers.

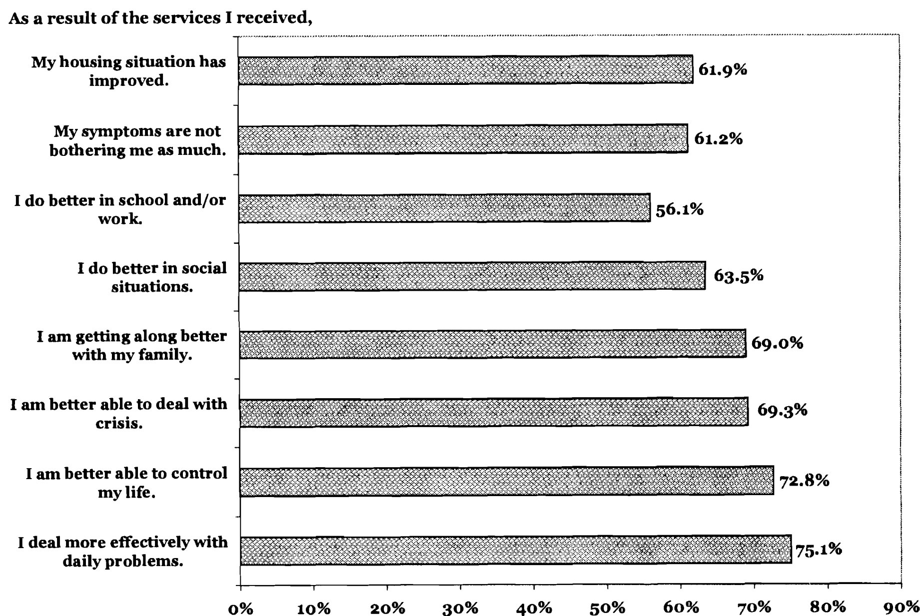
Figure 1. FY 2003-04 Family & Youth Outcomes



Adult/Older Adult Improvement:

Figures 2 and 3 illustrate improvement in eight outcome areas as a result of services for the majority of adults and older adults surveyed[1]. Outcomes include improved housing, reduction in symptoms, improved work/school functioning, social and family connectedness, ability to deal with crises and daily problems, and ability to control one's life. Across the eight outcome areas, 56.1% to 75.1% of adults, and 63.5% to 84.5% of older adults surveyed reported improvement as a result of services received. A very similar pattern exists between adult and older adult results across the eight outcome areas, with services showing the greatest positive impact on consumers' ability to deal with daily problems, followed by ability to control their lives, ability to deal with crises, and family and social connectedness. Across all outcome areas, however, a greater relative percentage of older adults reported improvement. This finding is corroborated by other evaluations of older adult service impact[2], and suggests that older adults are able to benefit substantially from mental health services and supports.

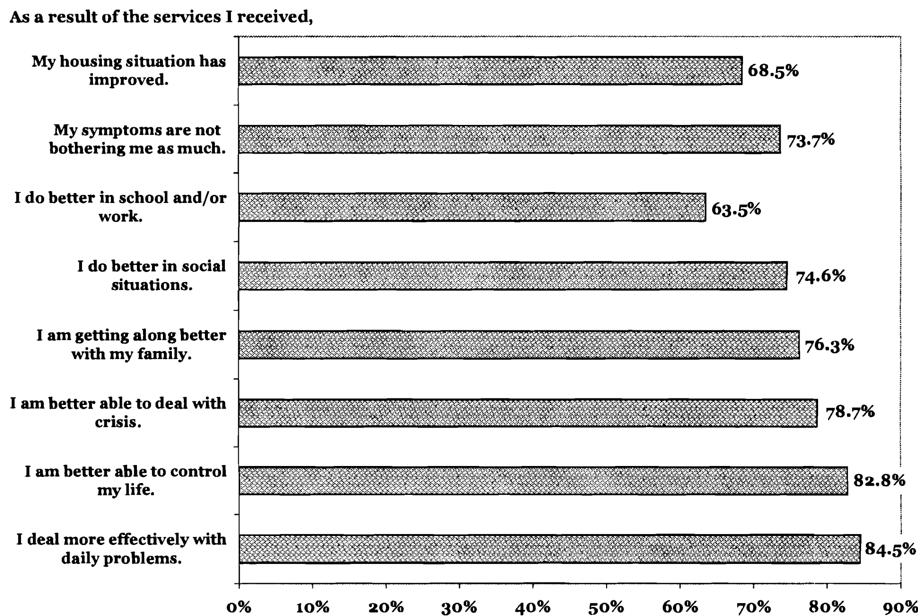
Figure 2. FY 2003-04 Adult Outcomes



[1] Data were collected during FY 2003-04 using the revised 28-item MHSIP Consumer Perception Survey for adults (N=17,263) and older adults (N=1,810). Results reflect the percentage of respondents who indicated that they 'Agreed' or 'Strongly Agreed' with each item.

[2] See Older Adult Demonstration Project Results: www.dmh.ca.gov/AOAPP/OASOC/reports.asp.

Figure 3. FY 2003-04 Older Adult Outcomes



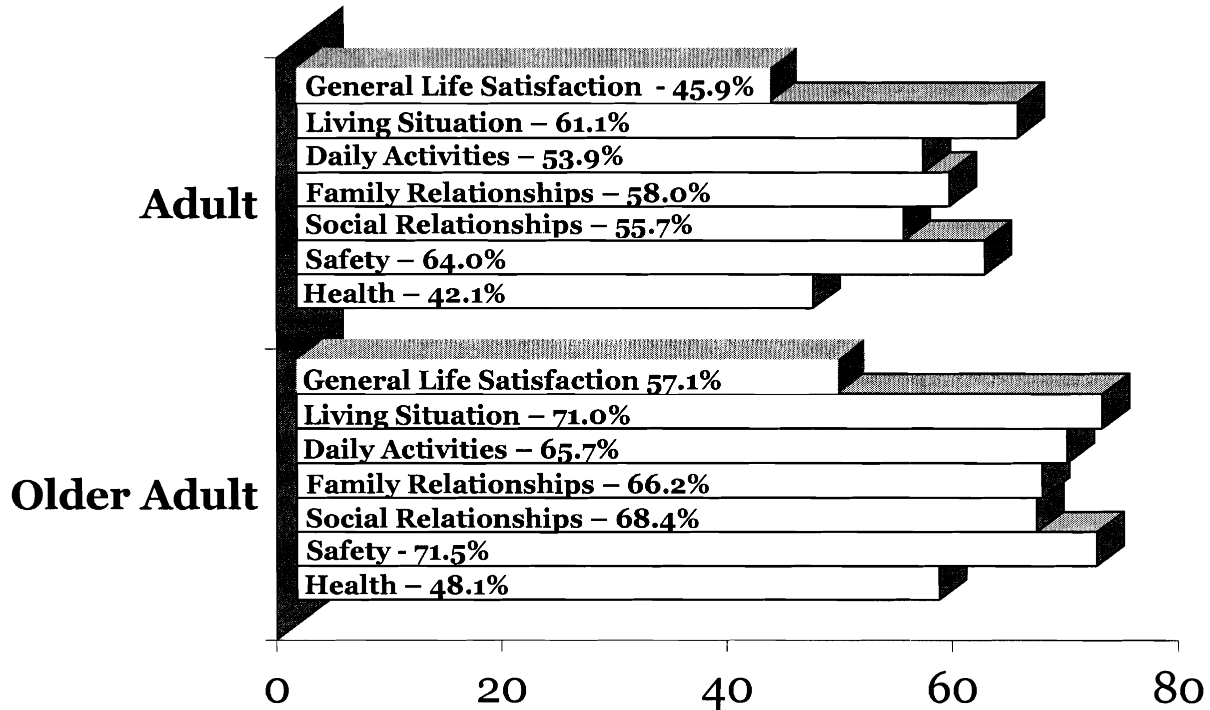
Quality of Life:

Figure 4, below, shows the percentages of adult and older adult consumers, who after receiving six months (or more) of mental health services, reported satisfaction with respect to seven quality of life domains (i.e., general life satisfaction, living situation, daily activities, family and social relationships, safety issues and health).[1] Consistent with the outcome results reported above, the pattern of quality of life results for adults and older adults are similar to one another. Also consistent with the above results is the fact that a greater percentage of older adults compared to adults reported satisfaction across all quality of life domains. For both age groups the greatest percentage of consumers was satisfied with living situation and safety. Relatively fewer consumers in each age group reported general life satisfaction and satisfaction with their health. It is likely that the mental health system's recent emphasis on supportive housing for mental health consumers positively impacts consumers' living situation and consequent feelings of safety. Because general life satisfaction is a broad concept, and is variable as a result of a number of life circumstances, it may be more difficult to impact with mental health services. With respect to health status, many mental health services consumers experience poor health in combination with, and as a result of mental illness, poverty and homelessness. The recent increase in inter-agency coordination, co-location, and integration of mental health services with health services (and other partnering agencies), will hopefully lead to improved

[1] The Quality of Life (QOL) instrument provides information about consumers' satisfaction with several quality of life areas. Subjective scales use a seven-point scale: 1 = 'Terrible', 2 = 'Unhappy', 3 = 'Mostly Dissatisfied', 4 = 'Mixed', 5 = 'Mostly Satisfied', 6 = 'Pleased', and 7 = 'Delighted'. An average domain score above 4 is considered a "satisfied" response. The QOL results presented in Figure 5 reflect adult consumers (N=8,612) and older adult consumers (N=1,122) who reported having received services for at least six months.

physical health outcomes, and generally improved quality of life for individuals with mental illness.

Figure 4. Adult & Older Adult Quality of Life



Satisfaction with Child/Youth Services:

The majority of family members/caregivers and youth who responded to the survey were satisfied with the services they or their children received during FY 2003-04. Tables 7-10, below, reflect survey results along the following four dimensions: access to services, general satisfaction with services, perception of cultural appropriateness, and perception of treatment involvement. Overall, youth reported lower satisfaction with services than family members/caregivers, which is the opposite of the result obtained for service outcomes (above) where more youth reported positive outcomes than did family members/caregivers. Although these results would at first appear to be inconsistent, they actually complement one another. Youth's relatively lower satisfaction with services and associated lower desire to be in treatment is consistent with a more positive self-appraisal of functioning that would necessitate a lesser need for treatment.

Both family members/caregivers and youth reported the greatest amount of satisfaction on the cultural appropriateness dimension, indicating that they felt staff were respectful and sensitive to their beliefs and backgrounds. Family members/caregivers rated the other three dimensions somewhat similarly, while youth ratings along those dimensions were somewhat more variable, with the lowest youth satisfaction rating being associated with "perception of treatment involvement".

Fiscal Year 2003-04 Family Member/Caregiver and Youth Results[1]

Table 7. **Access to Services**

	Family		**Youth**		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	3,828	37.1	1,380	18.9	Very Satisfied
	4,926	47.8	3,529	48.2	Satisfied
	1,150	11.2	1,624	22.2	Neutral
	283	2.7	521	7.1	Somewhat Dissatisfied
	126	1.2	266	3.6	Dissatisfied
Total[2]	10,313	100%	7,320	100%	
	Average Score = 4.27 "Satisfied"		**Average Score = 3.86 "Satisfied"**		

[1] The Youth Services Survey for Families (YSS-Families) and Youth Services Survey for Youth (YSS-Youth) items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response ranges were calculated as follows: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied', and 4.5001 - 5 = 'Very Satisfied'. Means are presented for each dimension on both the YSS-Families (N=10,605) and YSS-Youth (N=7,760) surveys used in FY 2003-04. As a general guideline, an overall scale score over 3.50 indicates consumer/caregiver satisfaction with mental health services.

[2] Total frequencies may be different across survey sub-categories if consumers did not complete all survey items that make up the sub-category. Also, total percentages may not equal precisely 100% due to rounding.

Fiscal Year 2003-04 Family Member/Caregiver and Youth Results (cont.)

Table 8. **General Satisfaction**

	Family		Youth		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	4,070	38.4	1,833	23.6	Very Satisfied
	5,050	47.6	3,884	50.1	Satisfied
	1,208	11.4	1,442	18.6	Neutral
	190	1.8	403	5.2	Somewhat Dissatisfied
	87	0.8	198	2.6	Dissatisfied
Total[1]	10,605	100%	7,760	100%	
	Average Score = 4.25 "Satisfied"		**Average Score = 3.92 "Satisfied"**		

Table 9. **Perception of Cultural Appropriateness**

	Family		Youth		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	4,870	52.4	2,413	33.5	Very Satisfied
	4,021	43.2	3,575	49.7	Satisfied
	298	3.2	878	12.2	Neutral
	38	0.4	198	2.8	Somewhat Dissatisfied
	73	0.8	132	1.8	Dissatisfied
Total[1]	9,300	100%	7,196	100%	
	Average Score = 4.49 "Satisfied"		**Average Score = 4.15 "Satisfied"**		

Table 10. **Perception of Treatment Involvement**

	Family		Youth		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	3,725	36.5	1,161	15.5	Very Satisfied
	5,303	51.9	3,729	49.7	Satisfied
	892	8.7	1,928	25.7	Neutral
	208	2.0	511	6.8	Somewhat Dissatisfied
	80	0.8	176	2.3	Dissatisfied
Total[1]	10,208	100%	7,505	100%	
	Average Score = 4.23 "Satisfied"		**Average Score = 3.71 "Satisfied"**		

[1] Total frequencies may be different across survey sub-categories if consumers did not complete all survey items that make up the sub-category. Also, total percentages may not equal precisely 100% due to rounding.

The items that make up the four dimension scores reported above may be examined individually, and thereby provide greater detail into specific areas where satisfaction is relatively lower. Table 11, below, shows the results for these individual items. For example, the content of items that make up the "participation in treatment planning" dimension (e.g., "I helped choose my services," and "I helped choose my treatment goals") may help to explain why youth rated their satisfaction with this dimension lower than the others. It is evident that youth may experience a sense of diminished control in the treatment process, especially if services are sought for them by their family members and/or other caregivers. Additionally, youth goals may be less practical than those of adults, and may therefore be somewhat inconsistent with the typical treatment process. Knowing the survey item content as well as typical responses of youth to traditional services, provides a rationale for the youth survey responses obtained. Most important, however, is the information gleaned from the youth survey items (especially those for which the average score is less than 4.0, shaded below)[1] that suggest a need for non-traditional services and supports, available in more normalized/natural settings, at atypical hours, and provided by people (and perhaps peers) who have a better understanding of youth issues and needs.

[1] Although average scores of 3.5 and higher are generally considered a "satisfied" response, DMH is interested in examining and potentially addressing through a quality improvement process, issues for which average scores are less than 4.0.

Table 11. **Family and Youth Satisfaction Item-Analysis**[1]

	Individual Items	Family	Youth
		Average Score	
Access to Services	The location of services was convenient for us.	4.26	3.86
	Services were available at times that were convenient for us.	4.27	3.84
Appropriateness of Care	Staff treated me with respect.	4.56	4.20
	Staff respected my family's religious/spiritual beliefs.	4.45	4.19
	Staff spoke with me in a way that I understood.	4.53	4.18
	Staff were sensitive to my cultural/ethnic background.	4.41	4.07
Participation in Treatment	I helped to choose my/my child's services.	4.10	3.36
	I helped to choose my/my child's treatment goals.	4.22	3.83
	I was frequently involved in my/my child's treatment.	4.37	3.91
Services Generally	Overall, I am satisfied with the services I/my child received	4.39	4.02
	The people helping me/my child stuck with us no matter what.	4.31	3.96
	I felt I/my child had someone to talk to when I/he/she was troubled.	4.30	3.94
	The services I/my child and/or family received were right for us.	4.25	3.90
	I/my family got the help we wanted (for my child).	4.20	3.87
	I/my family got as much help as we needed (for my child).	4.07	3.82

[1] The Youth Services Survey for Families (YSS-Families) and Youth Services Survey for Youth (YSS-Youth) items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response ranges were calculated as follows: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied', and 4.5001 - 5 = 'Very Satisfied'. Means are presented for each dimension on both the YSS-Families (N=10,605) and YSS-Youth (N=7,760) surveys used in FY 2003-04. As a general guideline, an overall scale score over 3.50 indicates consumer/caregiver satisfaction with mental health services.

Satisfaction with Adult and Older Adult Services:

Tables 12-15, below, show adult and older adult consumers' evaluation of mental health services along four dimensions: access to services, appropriateness of services, participation in treatment, and satisfaction with services[1]. Results indicate that overall, the large majority of consumers positively evaluated the mental health services they received. Consistent with previous sections of this report, more older adults (compared to adults) rated services positively as reflected in the four dimensions. The "satisfaction with services" dimension was rated most positively by consumers in both the adult and older adult consumer groups. Though still quite positively rated, the "participation in treatment" dimension received the lowest score, and may benefit from further exploration. (See item analysis, below.)

Fiscal Year 2003-04 Adult and Older Adult Results[1]

Table12. Access to Services

	Adult		Older Adult		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	5,980	35.3	764	43.6	Very Satisfied
	8,050	47.5	822	46.9	Satisfied
	2,417	14.2	143	8.2	Neutral
	426	2.5	22	1.3	Somewhat Dissatisfied
	89	0.5	3	0.2	Dissatisfied
Total[2]	16,962	100%	1,754	100%	
	Average Score = 4.17 "Satisfied"		**Average Score = 4.33 "Satisfied"**		

Table 13. Services Generally

	Adult		Older Adult		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	8,180	47.4	1,008	55.7	Very Satisfied
	7,011	40.6	685	37.8	Satisfied
	1,626	9.4	89	4.9	Neutral
	307	1.8	21	1.2	Somewhat Dissatisfied
	139	0.8	7	0.4	Dissatisfied
Total[2]	17,263	100%	1,810	100%	
	Average Score = 4.32 "Satisfied"		**Average Score = 4.47 "Satisfied"**		

[1] The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey is a 28-item public domain instrument. The MHSIP items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response ranges were calculated as follows: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied', and 4.5001 – 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates consumer satisfaction with mental health services.

[2] Total frequencies may be different across survey sub-categories if consumers did not complete all survey items that make up the sub-category. Also, total percentages may not equal precisely 100% due to rounding.

Fiscal Year 2003-04 Adult and Older Adult Results[1] (cont.)

Table 14. **Appropriateness of Care**

	Adult		Older Adult		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	6,055	36.5	707	42.0	Very Satisfied
	8,037	48.5	824	49.0	Satisfied
	2,178	13.1	135	8.0	Neutral
	246	1.5	11	0.7	Somewhat Dissatisfied
	65	0.4	6	0.4	Dissatisfied
Total[2]	16,581	100%	1,683	100%	
	Average Score = 4.18 "Satisfied"		**Average Score = 4.29 "Satisfied"**		

Table 15. **Participation in Treatment**

	Adult		Older Adult		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	4,685	29.6	546	34.0	Very Satisfied
	6,943	43.8	755	47.0	Satisfied
	3,505	22.1	267	16.6	Neutral
	550	3.5	30	1.9	Somewhat Dissatisfied
	162	1.0	10	0.6	Dissatisfied
Total[2]	15,845	100%	1,608	100%	
	Average Score = 4.13 "Satisfied"		**Average Score = 4.26 "Satisfied"**		

[1] The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey is a 28-item public domain instrument. The MHSIP items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response ranges were calculated as follows: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied', and 4.5001 – 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates consumer satisfaction with mental health services.

[2] Total frequencies may be different across survey sub-categories if consumers did not complete all survey items that make up the sub-category. Also, total percentages may not equal precisely 100% due to rounding.

An item analysis of the satisfaction dimensions (see Table 16, below) allows DMH to identify issues worthy of further examination (i.e., items where the average is less than 4.0). One item (shaded in the table) is associated with an average score less than 4.0: "I, not staff, decided my treatment goals." This is also the lowest scored item for adults, and one of the lowest for youth (as indicated previously). With the current emphasis on recovery and wellness philosophies, goals should likely be the result of partnerships between consumers and services/support providers. Evidence of the development of such partnerships should be apparent in future evaluations.

Table 16. **Adult / Older Adult Satisfaction Item-Analysis**[1]

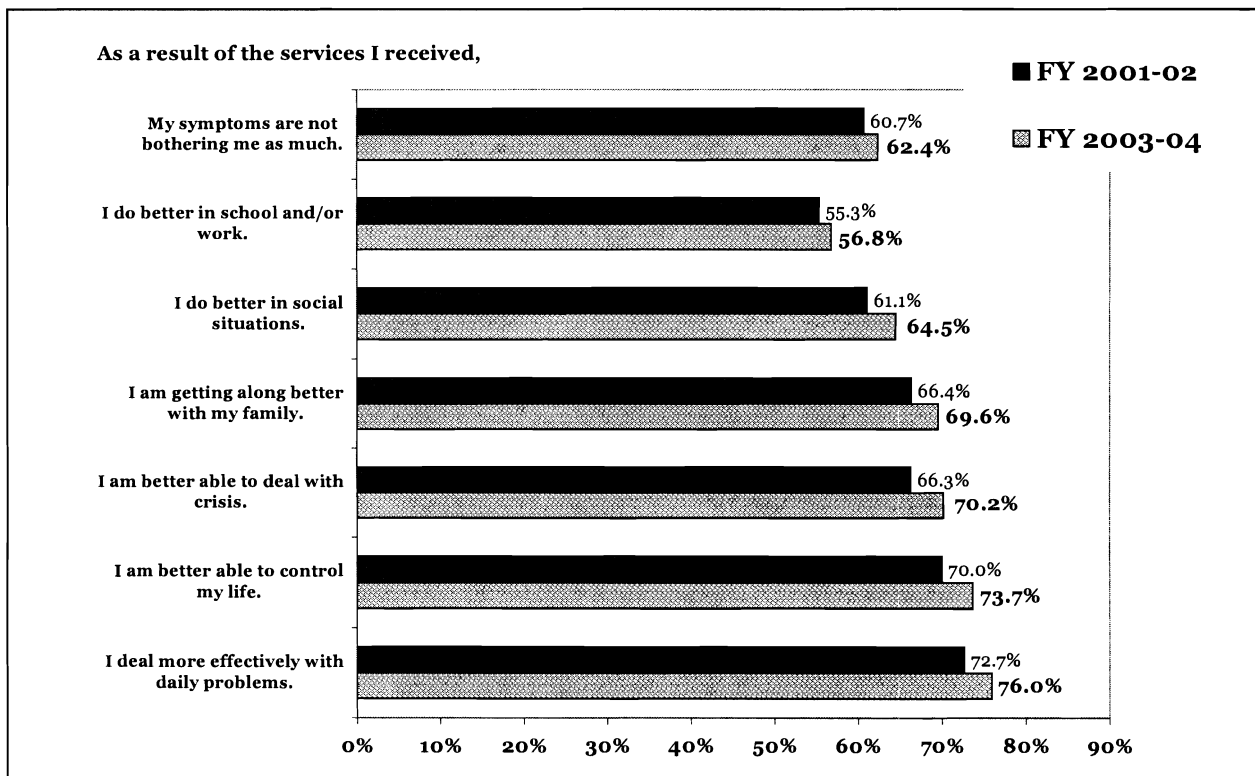
	Individual Items FY 2003-04	Average Score	
		Adult	Older Adult
Access to Services	The location of services was convenient.	4.16	4.25
	Staff were willing to help as often as I felt it was necessary.	4.26	4.40
	Staff returned my calls within 24 hours.	4.12	4.31
	Services were available at times that were good for me.	4.30	4.45
	I was able to get all the services I thought I needed.	4.17	4.34
	I was able to see a psychiatrist when I wanted to.	4.02	4.23
Appropriateness of Care	Staff here believed that I could grow, change, and recover.	4.26	4.30
	I felt safe to raise questions or complain.	4.09	4.31
	Staff told me what side effects to watch for.	4.05	4.17
	Staff respected my wishes about who is, and is not, to be given information about my treatment.	4.30	4.39
	Staff were sensitive to my cultural/ethnic background.	4.18	4.31
	Staff helped me so that I could manage my life and recover.	4.15	4.28
	I felt comfortable asking questions about my treatment and medication.	4.30	4.42
	I, not the staff, decided my treatment goals.	3.95	4.09
	I was given information about my rights.	4.28	4.37
	Staff encouraged me to take responsibility for how I live my life.	4.24	4.34
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	4.05	4.13
Services Generally	I like the services that I received here.	4.40	4.54
	If I had others choices, I would still choose to get services from this agency.	4.23	4.41
	I would recommend this agency to a friend or family member.	4.34	4.47

[1] The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey is a 28-item public domain instrument. The MHSIP items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response ranges were calculated as follows: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied', and 4.5001 – 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates consumer satisfaction with mental health services.

FY 2001-02 and FY 2003-04 Comparisons

Although DMH changed data collection measures, methods, and supporting technology, some consistency within the data collection process was maintained in order to provide some meaningful comparisons during the data transition process. Where data were comparable between the previous data collection period (FY 2001-02) and the current reporting period (FY 2003-04), comparison data are provided, below.[1] With respect to nearly all of the comparable indicators, improvement is evident between the years. For example, Figure 5 illustrates the percentages of adult/older adult consumers who reported improvement with respect to seven areas of personal functioning[2]. A larger percentage of adult/older adult consumers in FY 2003-04 versus FY 2001-02 showed improved functioning in all areas measured.

Figure 5. FY 2001-02 Compared to FY 2003-04 Adult & Older Adult Outcomes



Tables 17 and18, below, compare consumer data obtained from the legacy system (FY 2001-02) with those obtained from the current system (FY 2003-04) along two dimensions: access to services and general satisfaction with services.

[1] In FY 2002-03, DMH directed resources towards the planning and implementation of more efficient evaluation methods and a state-of-the-art, Internet-based system aimed at improving data quality and facilitating data submission by counties. See FY 2002-03 Community Mental Health Performance Outcome Report: http://www.dmh.ca.gov/POQI/reports.asp. Therefore, the latest data available for comparison are those collected during FY 2001-02. Comparable data for children/youth services evaluation are not available due to the fact that new, rather that revised measures, were implemented for those age groups.

[2] Participant functioning as a result of services was assessed with the Mental Health Statistics Improvement Program (MHSIP) Consumer Survey. The seven MHSIP items that are shown in Figure 6 reflect those items that are comparable between the fiscal years (FY 2001-02; N= 20,514) and (FY 2003-04; N=19,948). Though collected separately in FY 2003-04, Adult and Older Adult data have been combined for presentation in Figure 2 to maintain comparability to data collected in FY 2001-02. Improvement was calculated based on those respondents who indicated that they 'Agreed' or 'Strongly Agreed' with each item.

On the access to services dimension, adults/older adults remained consistent in their positive appraisal of access to services (with some slight variation in the frequency of responses among the response options; see the distribution of percentages among "very satisfied", "satisfied", "neutral", "somewhat dissatisfied" and "dissatisfied" categories). In terms of adult/older adult satisfaction with "services generally", satisfaction increased between the fiscal years, with the largest percentage of survey respondents endorsing the "very satisfied" category.

Comparison Between FY 2001-02 and FY 2003-04[1]

Table 17. **Access to Services**

	FY 2001-02		**FY 2003-04**		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	7,645	37.4	7,622	39.6	Very Satisfied
	10,291	50.4	8,859	46.0	Satisfied
	2,094	10.3	2,298	11.9	Neutral
	335	1.6	380	2.0	Somewhat Dissatisfied
	53	0.3	79	0.4	Dissatisfied
Total[2]	20,418	100%	19,238	100%	
	Average Score = 4.21 "Satisfied"		**Average Score = 4.21 "Satisfied"**		

Table 18. **Services Generally**

	FY 2001-02		**FY 2003-04**		
	Frequency	**Percentage**	**Frequency**	**Percentage**	
	8,522	41.5	9,584	48.0	Very Satisfied
	9,510	46.4	8,056	40.4	Satisfied
	2,017	9.8	1,812	9.1	Neutral
	340	1.7	342	1.7	Somewhat Dissatisfied
	125	0.6	154	0.8	Dissatisfied
Total[2]	20,514	100%	19,948	100%	
	Average Score = 4.26 "Satisfied"		**Average Score = 4.33 "Satisfied"**		

[1] The MHSIP items are rated on a five-point scale; "5" indicates the greatest satisfaction. Response ranges were calculated as follows: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied', and 4.5001 – 5 = 'Very Satisfied'. As a general guideline, an overall scale score over 3.5 indicates consumer satisfaction with mental health services.

[2] Total frequencies may be different across survey sub-categories if consumers did not complete all survey items that make up the sub-category. Also, total percentages may not equal precisely 100% due to rounding.

IMPLICATIONS AND FUTURE DIRECTIONS

DMH's new data capture methods and supporting web-based technology have been successful in providing more standardized and accurate data for reporting and quality improvement processes. Results show positive performance of the California public mental health system and positive impact of services on consumer outcomes. Presented in greater detail in the body of this report, FY 2003-04 data showed that the majority of mental health consumers and/or their family members/caregivers reported satisfaction across all service dimensions, and indicated a positive impact of services on most quality of life indicators and all functioning outcomes. Where data comparisons across fiscal years could be made, greater satisfaction and relatively more positive results of services were reported in FY 2003-04 compared to the previous data collection period, indicating a positive quality improvement trend.

The new performance measurement system has also been successful in that it is sensitive to differences and changes with regard to service performance and outcomes. This sensitivity allows the impact of quality improvement interventions to be appropriately measured, and progress toward clinical and management goals to be tracked. As more data are collected in subsequent assessments with the improved accuracy and flexibility of the new Web-Based Data Reporting System (WBDRS), an increasing amount of valuable decision support information will become available. Additionally, the flexibility and adaptability of this performance measurement system to changes and new directions make it a point of departure for the design of measurement systems that capture information with regard to mental health system transformational agendas (as outlined in the Presidents New Freedom Commission Report on Mental Illness[1] and the California Mental Health Service Act - Proposition 63[2]).

[1] www.mentalhealthcommission.gov/reports/reports.htm
[2] http://www.dmh.ca.gov/MHSA/docs/meeting/12-17-2004/Mental_Health_Services_Act_Full_Text.pdf