A Report on California's Community Mental Health Performance Outcomes

Fiscal Year 2006-07

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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Director

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EXECUTIVE SUMMARY

This report summarizes data obtained through the administration of the Consumer Perception Survey over FY 2005-06 and FY 2006-07 and includes an update on the progress of data collection and reporting of consumers participating in Mental Health Services Act (MHSA) Full Service Partnerships. Findings are as follows:

- The majority of youth and family members/caregivers of youth reported improvement in family life and connectedness, coping ability, school functioning, social connectedness/competency, and general life functioning as a result of the mental health services they received. This group was also generally satisfied with public mental health services. Generally, youth reported slightly better outcomes and slightly lower satisfaction with services than family members/ caregivers.
- Both adults and older adults reported improvement as a result of services received, including improved housing, reduction in symptoms, improved work/school functioning, increased social connectedness, increased family connectedness, improved ability in dealing with crises, improved ability to deal effectively with daily problems, and improved ability to control one's life.
- Adult and older adult levels of satisfaction with quality of life were measured across the following indicators: General life satisfaction, living situation, daily activities, family relationships, social relationships, safety, and health. The largest percentages of consumers were most satisfied with living situation, safety and family relationships. The large majority these two age groups also positively evaluated mental health services as measured across four dimensions: Access to services, appropriateness of care, participation in treatment, and general satisfaction with services.
- DMH has continued to collect client-level assessment data for the MHSA Full Service Partnership (FSP) programs. Future reports will compare baseline data with changes in key quality of life indicators to determine the impacts of participation in Full Service Partnerships on consumers' quality of life. Consumer Perception Survey and Client and Services Information (CSI) data will be integrated with FSP outcomes data to provide a more comprehensive view of individual outcomes and services received through the MHSA FSP programs.
- DMH will continue towards the goal of aligning information technology with business processes to improve flexibility for local reporting needs.

BACKGROUND

The Department of Mental Health (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 be accountable for the receipt of mental health service dollars and provide appropriate, cost-effective, and efficient solutions for individuals with serious mental illness, and those at risk for serious emotional disturbance, and consequent functional impairment.

DMH views accountability and quality improvement as critical components in achieving its mission. The passage of the Mental Health Services Act (MHSA), with its focus on accountability, has put additional emphasis on measuring the effects of transformative strategies and programs. DMH, as well as local mental health systems, have embraced the spirit of the MHSA while realizing that performance measurement is a multifaceted and complex process. Measurement of consumer and system outcomes requires a sustained commitment to the continuous quality improvement process, and multi-stakeholder involvement. Consumers and family members, services providers, County and DMH Policy and Operations Units, Fiscal Auditors, the Mental Health Services Oversight and Accountability Commission, the Performance Measurement Advisory Committee, the State Quality Improvement Council, the California Mental Health Planning Council, and local (county) mental health boards and commissions have all played key roles in the establishment of performance indicators, quality improvement strategies, and assurances of accountability.

This report describes findings obtained through surveys and other data collection processes. The report also provides an overview of some of the more recent developments in performance measurement strategies, as well as information technology solutions that have been developed to better support these new efforts.

OBJECTIVE

The object of this report is to summarize performance information regarding California’s county-based mental health programs.

STUDY METHODOLOGY

This portion of the report summarizes performance outcomes data obtained over two fiscal years, FY 2005-06 and FY 2006-07. During each semi-annual, two-week sampling period, consumers who received face-to-face community mental health services from county-operated and contract providers completed surveys which measured their satisfaction and perception of the impact of services on their functioning and quality of life. The specific surveys administered during these sampling periods included the nationally developed Youth Services Survey for Youth (YSS-Y), Youth Services Survey for Families (YSS-F), Mental Health Statistics Improvement Program (MHSIP) Consumer Survey, as well as California-adapted Quality of Life (QOL) measures.

In May 2005, the surveys were available in the following languages: English, Spanish, Tagalog, Chinese, Korean and Vietnamese and DMH added Russian translations of the survey forms for the November 2006 survey period. Due to recent revisions set forth by the Center for Mental Health Services at the Federal Substance Abuse and Mental Health Administration (SAMHSA), the revised surveys were available in English, Spanish, Russian and Chinese for the May 2007 survey period. Beginning with the November 2007 survey period, DMH also released revised translations of the survey forms in Tagalog and Vietnamese and plans to introduce additional language translations in California's other threshold languages as feasible in the future.

Most counties and providers reported the survey data to the California Department of Mental Health (DMH) using the integrated Web-Based Data Reporting System (WBDRS). This system provides counties with several internet-based options for data submission including direct key entry, paper form scanning and verification option for large volume, direct data submissions and a batch submission option that is available to those counties who wish to capture this data using their own technology for submission via DMH's secure online website. This technology, in place for nearly five years, continues to be a reliable option for counties collecting and submitting data to DMH and has improved data quality while providing flexibility for accommodating survey item changes. Due to its ongoing success, DMH is in the process of upgrading this system in the near future in order to be responsive to increasing accountability demands and quality assessment needs.

FINDINGS

Description of Populations

The following tables show gender and race/ethnicity information for the samples of children/youth, adult, and older adults who were surveyed across the two fiscal years covered in this report.

The tables also display gender and race/ethnicity percentages of the broader mental health services population[1] and the general California population[2] within each age group. These side-by-side comparisons allow us to see the extent to which survey respondents were representative of the populations from which they were sampled, and thus, how generalizable these results are to the larger mental health population. These data may also be used as a rough measure of the degree to which the mental health system is meeting community needs with respect to gender, race, ethnicity and age, thereby informing mental health system strategic planning. Parity among all demographic groupings with respect to service access is a critical objective for mental health service delivery in California.

Gender

The three tables below show gender distributions across age groups in the survey sample, in the mental health services population and in the general California population. The youth survey sample numbers are very consistent with the youth mental health services population. The adult and older adult samples have slightly higher numbers of females versus males than the mental health services populations, which may be due to women being more willing than men to participate in the survey process. Overall, with respect to gender, the findings of this report should be considered generally representative of the larger mental health services population.

The tables also demonstrate some differences in 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 as compared to the general population (Table 1). This has been a consistent finding in our report series.[3] This finding may be attributable to the tendency for male children/youth to exhibit emotional disorders externally (e.g., aggressive acting out, delinquency) which makes them more likely to come to the attention of mental health professionals[3] while the emotional disorders exhibited by female children/youth tend to be more internal (e.g., withdrawal, depression).

For adults (Table 2), and especially older adults (Table 3), the pattern differs such that the percentage of females in the service population is larger than that of the general California population. Also consistent with previous results,[3] this finding may attributed to women, in particular, those of older generations, being more likely to verbalize emotional distress and seek services than their male counterparts. In older adults, this difference could also be the result of a shorter life expectancy of males as compared to females which is also supported by the California population data.

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1 Data for the broader mental health services population are obtained from the Client and Services Information (CSI) system, which is in the process of migrating to the race/ethnicity reporting requirements set forth by the Center for Mental Health Services at the Federal Substance Abuse and Mental Health Administration (SAMHSA). Consequently, the most complete fiscal year for which data are available is FY 2005-06.

2 Data compiled from the California Department of Finance website (http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData_2000-2050.php).

3 Similar results have been discussed in previous reports of this nature (http://www.dmh.ca.gov/POQI/reports.asp).

Table 1

Gender	Youth in Survey Sample		All Youth Served	California Population Youth
	FY 2005/06 n=34,717*	FY 2006/07 n=34,103*	(FY 2005-06) n=209,942*	(Census 2006) N=9,988,199*
Female	40.2%	40.7%	39.3%	48.9%
Male	59.6%	59.1%	60.7%	51.1%
Other	0.2%	0.2%	0.0%	N/A
% of Total Completed Responses	100.0%	100.0%	100.0%	100.0%

* Completed Responses Only

Table 2

Gender	Adults in Survey Sample		All Adults Served	California Population Adults
	FY 2005/06 n=38,711*	FY 2006/07 n=37,021*	(FY 2005-06) n=397,511*	(Census 2006) N=21,838,501*
Female	55.8%	55.0%	51.4%	49.2%
Male	44.1%	45.0%	48.6%	50.8%
Other	0.1%	0.1%	0.0%	N/A
% Total of Completed Responses	100.0%	100.0%	100.0%	100.0%

* Completed Responses Only

Table 3

Gender	Older Adults in Survey Sample		All Older Adults Served	California Population Older Adults
	FY 2005/06 n=3,961*	FY 2006/07 n=4,009*	(FY 2005-06) n=39,408*	(Census 2006) N=5,554,170*
Female	65.1%	64.4%	63.1%	55.6%
Male	34.8%	35.6%	36.9%	44.4%
Other	0.1%	0.0%	0.0%	N/A
% of Total Completed Responses	100.0%	100.0%	100.0%	100.0%

* Completed Responses Only

Race/Ethnicity

Tables 4-6 display the percentages of race/ethnicity for each age group of sample respondents, the corresponding mental health services population and the general California population. Some differences in relative percentages of race/ethnicity groups in the mental health services populations versus the general state population are evident, including lower percentages in Hispanic and Asian/Pacific Islander youth and adults served, and higher percentages in African-Americans served across all age groups. Over time, the effect of culturally appropriate services and culture-specific outreach strategies, which are emphasized by the Mental Health Services Act (MHSA), may change these percentage differences.

Overall, the aggregated survey findings in this report are interpreted as being roughly representative of the mental health services population in terms of race/ethnicity and thus are considered generalizable to the larger service population.

Table 4

Race/Ethnicity	Youth in Survey Sample		All Youth Served	California Population Youth
	FY 2005/06 n = 34,088*	FY 2006/07 n = 33,563*	FY 2005-06 n = 177,468*	Census 2006 N = 9,988,199*
African American	14.3%	13.3%	20.2%	6.1%
Asian/Pacific Islander	2.7%	2.7%	3.4%	9.8%
Hispanic	46.5%	48.9%	40.7%	48.0%
Native American	0.9%	0.9%	1.1%	0.5%
White	26.3%	25.2%	33.3%	31.9%
Other	2.2%	2.2%	1.3%	N/A
More than 1 race indicated	7.0%	6.8%	N/A	3.8%
% of Total Completed Responses	100.0%	100.0%	100.0%	100.0%

* Completed Responses Only

Table 5

Race/Ethnicity	Adults in Survey Sample		All Adults Served	California Population Adults
	FY 2005/06 n = 37,883*	FY 2006/07 n = 35,758*	FY 2005-06 n = 356,532*	Census 2006 N = 21,838,501*
African American	13.1%	12.7%	19.3%	6.2%
Asian/Pacific Islander	7.1%	6.9%	6.9%	12.9%
Hispanic	24.7%	25.9%	23.1%	34.2%
Native American	1.5%	1.6%	1.1%	0.6%
White	46.3%	45.2%	47.9%	44.5%
Other	2.8%	3.0%	1.8%	N/A
More than 1 race indicated	4.6%	4.7%	N/A	1.5%
% of Total Completed Responses	100.0%	100.0%	100.0%	100.0%

* Completed Responses Only

Table 6

Race/Ethnicity	Older Adults in Survey Sample		All Older Adults Served	California Population Older Adults
	FY 2005/06 n = 3,847*	FY 2006/07 n = 3,858*	FY 2005-06 n = 33,720*	Census 2006 N = 5,554,170*
African American	8.7%	8.9%	11.8%	5.2%
Asian/Pacific Islander	11.4%	9.6%	14.1%	12.3%
Hispanic	19.5%	18.9%	16.9%	17.4%
Native American	1.0%	1.1%	0.7%	0.6%
White	52.4%	54.8%	53.1%	63.4%
Other	2.4%	3.2%	3.4%	N/A
More than 1 race indicated	4.6%	3.5%	N/A	1.1%
% of Total Completed Responses	100.0%	100.0%	100.0%	100.0%

* Completed Responses Only

Consumer Improvement, Quality of Life, and Satisfaction

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 during two sampling periods each fiscal year: November 1-15, 2005, May 2-13, 2006, November 1-15, 2006; and May 1-14 2007. For the May 2007 survey period, DMH updated these surveys based on minor additions set forth by the Substance Abuse and Mental Health Administration (SAMHSA).

Items were added to the surveys to capture information on the consumer's perception of functioning and social connectedness, involvement in the criminal or juvenile justice system, and school attendance (family and youth surveys only). Comparative analysis and reporting on these new data elements will be reserved until additional data are captured from future sample periods. For the purpose of this report, comparative results will be presented for those survey items that appeared during all sample periods. The data collected during the two sample periods in each fiscal year are averaged for ease of interpretation.

As has been found in analyses of similar data in previous years, there is relative consistency among survey periods in the percentages of those reporting improvement, quality of life and satisfaction. The relative uniformity of results reported here are to be expected, especially considering the broad-spectrum, large-scale nature of state-level measurement and analysis.

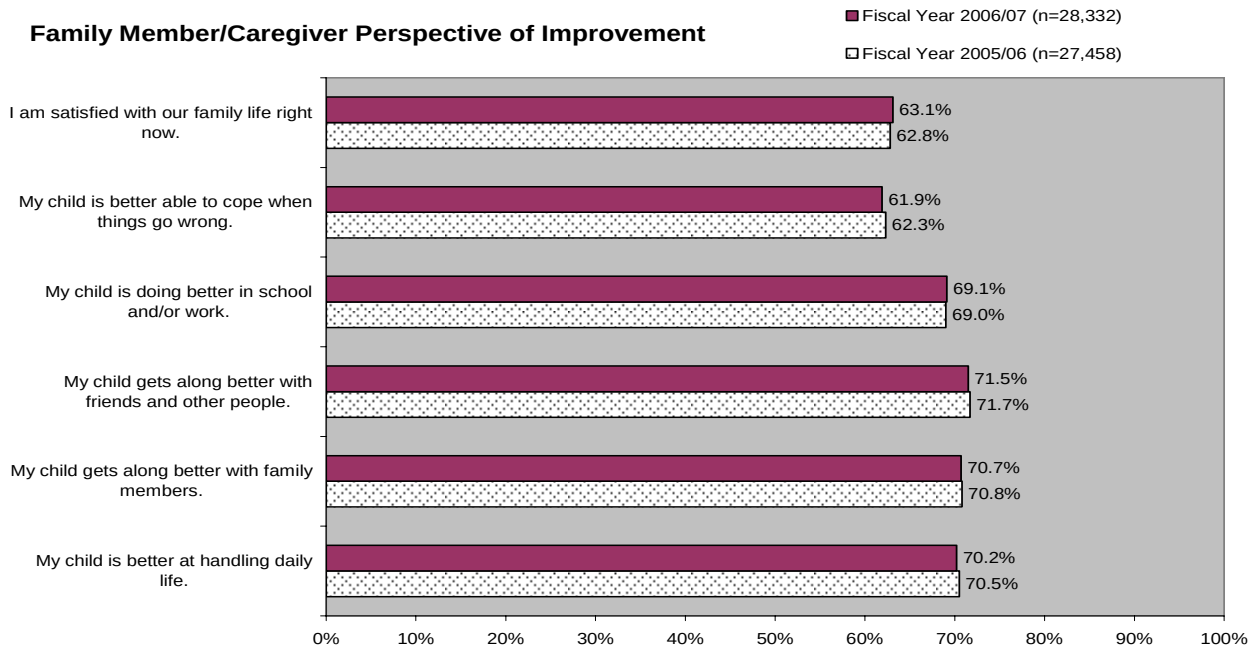
Greater variation in data and potential differences in percentages of individuals reporting improvement/satisfaction are likely to be more evident at the local or county level. Impacts of local variations in service priorities, direction of resources, and quality improvement strategies are often better detected through smaller-scale studies and local evaluation projects.

Youth Improvement:

Figures 1 and 2, illustrate the percentages of family members/caregivers of child/youth consumers, and youth consumers themselves, who reported improvement in six areas of child/youth personal functioning (family life and family connectedness, coping ability, school functioning, social connectedness/competency, and general life functioning)[1]. The results over both survey years are quite consistent (less than two percent variation between years), with the majority of both family members/caregivers and youth reporting improvement in all six areas. Overall, family members/caregivers and youth reported improvement as a result of services received. According to both youth and family members/caregivers, over time, services consistently showed the greatest positive impact on child/youth ability to get along with friends/other people (i.e., social connectedness/competency).

Slightly different perceptions of improvement were evident between youth and family members/caregivers. Caregivers reported a slightly greater ability of youth to get along with family members than youth did themselves, while youth expressed slightly higher improvement than caregivers in all other areas measured. Although the percentage-point differences are small and should not be over-interpreted, it may be that some youth have service goals that are less ambitious than those of their families/caregivers, and as a result they may have a slight tendency to perceive improvements where their families do not. Additionally, the lower appraisal by youth regarding their ability to get along with family members may be associated with adolescent perceptions of family tensions consistent with their maturational processes.

Figure 1. Family Member/Caregiver Evaluation of Youth Outcomes



1 Child/youth functioning, as a result of services, was assessed with the Youth Services Survey for Families (YSS-F) and the Youth Services Survey for Youth (YSS). Results reflect the percentage of respondents with respect to each survey period who indicated that they 'Agreed' or 'Strongly Agreed' with each item.

Figure 2. Youth Evaluation of Outcomes

Adult/Older Adult Improvement:

Figures 3 and 4 illustrate that a substantial majority of adults and older adults surveyed across both survey years reported improvement in eight outcome areas as a result of mental health services[1]. The areas with positive outcomes are 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 and survey years, adults surveyed reported improvement as a result of services received while older adults surveyed indicated a slight decrease in improvement overall from FY 2005/06 to FY 2006/07. Although some variability exists among the eight outcome areas in terms of adult versus older adult improvement, respondents in both age groups reported the greatest positive impact on their ability to deal with daily problems and to control their lives.

1 Data were collected using the 28-item MHSIP Consumer Perception Survey for adults and older adults. Results reflect the percentage of respondents with respect to each survey period who indicated that they 'Agreed' or 'Strongly Agreed' with each item.

Figure 3. Adult Outcomes

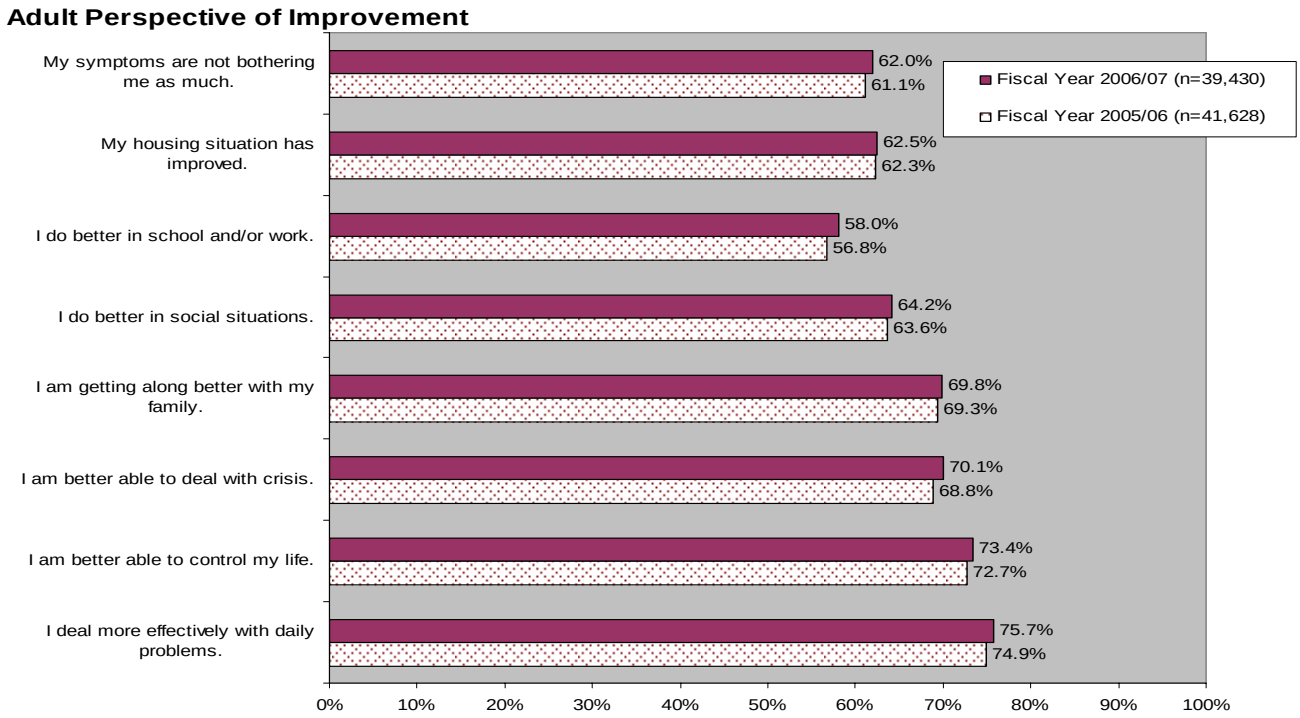
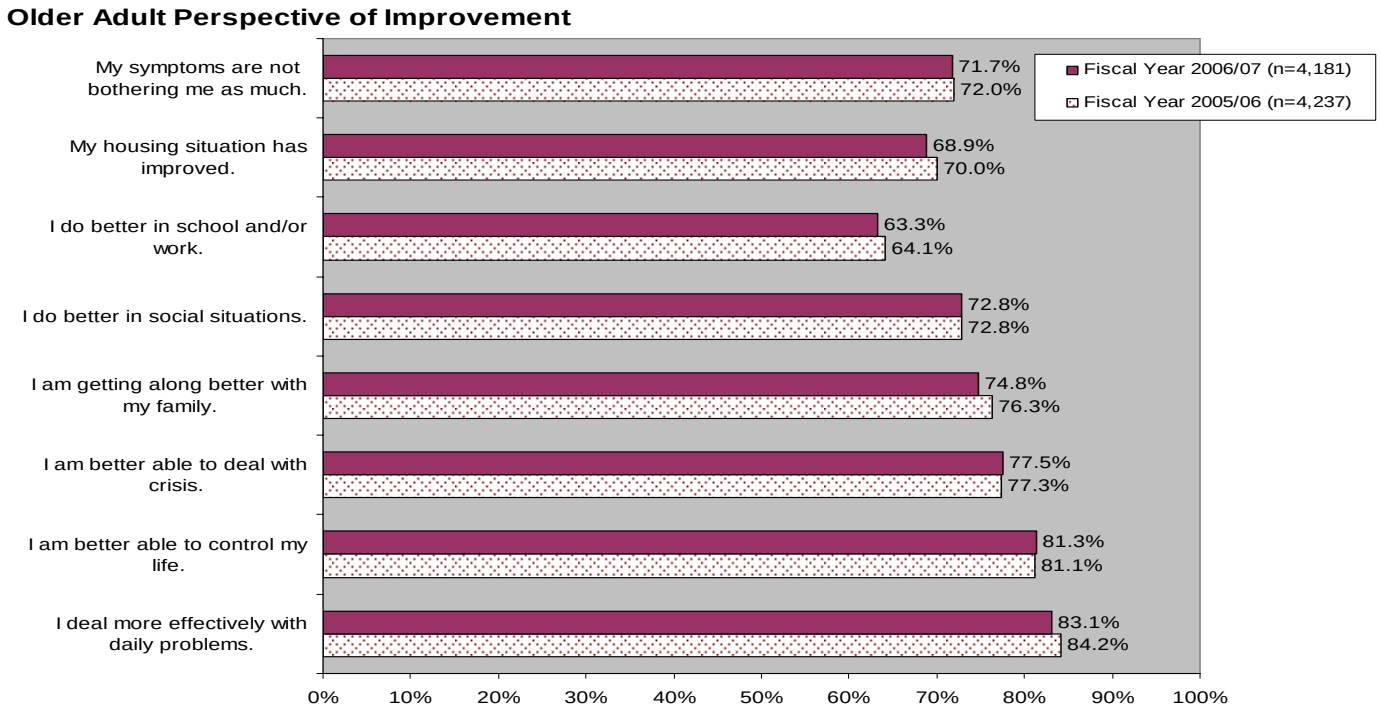


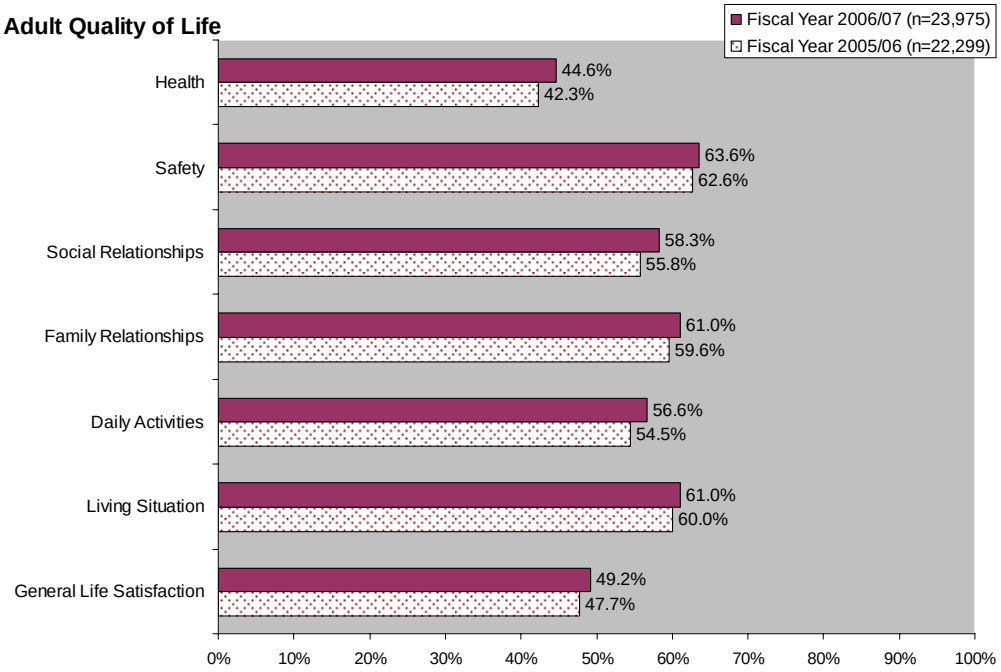
Figure 4. Older Adult Outcomes



Quality of Life:

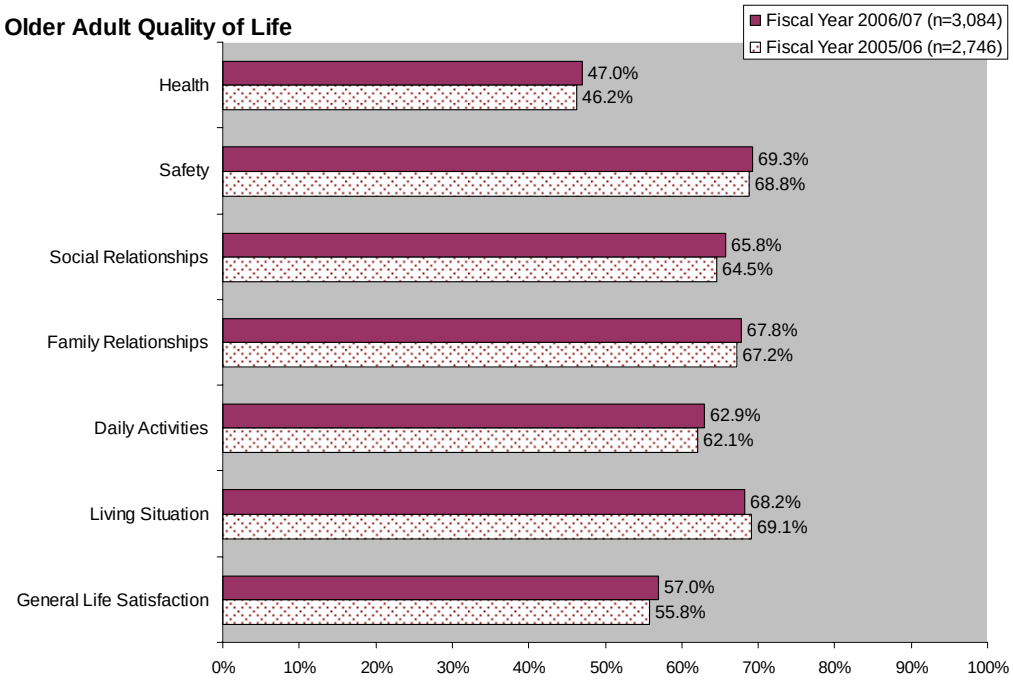
Figures 5 and 6 show the extent to which adult and older adult consumers, who received six months or more of mental health services, reported satisfaction across seven quality of life domains. These domains included general life satisfaction, living situation, daily activities, family relationships, social relationships, safety issues and health.[1] Consistent with the above results is the finding that slightly greater percentages of older adults compared to adults reported satisfaction across all quality of life domains and survey time frames. However, there were similar patterns in the way the two age groups responded. For both age groups, the largest percentages of consumers were satisfied with living situation, safety and family relationships. Considerably fewer consumers in each age group reported general life satisfaction and satisfaction with their health – with results on the other quality of life domains falling somewhere in between. An emphasis on housing and supportive housing services for mental health consumers may be influencing the relatively more positive results obtained for consumers' living situation and consequent feelings of safety. Similarly, satisfaction with family relationships may be attributed to an increased focus on family involvement and support as an important component of treatment.

Figure 5: Adult Perception of Quality of Life



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.' The QOL results presented in Figures 5 and 6 show the percentages of adult and older adult consumers who rated the quality of life areas with a score of "5" or higher.

Figure 6: Older Adult Perception of Quality of Life



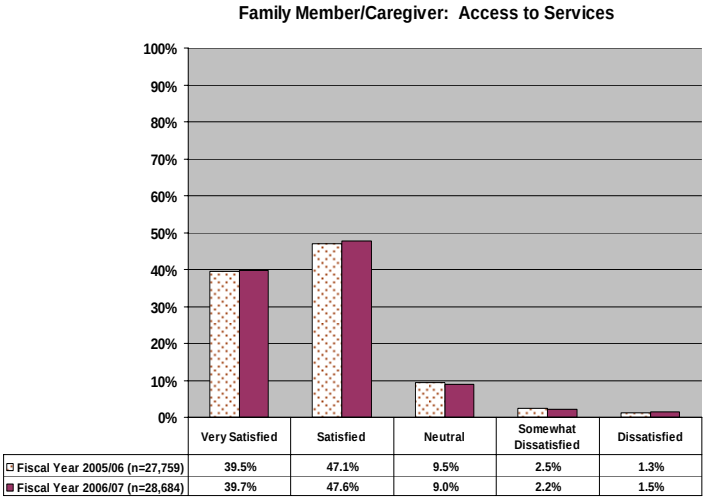
Satisfaction with Child/Youth Services:

The majority of family members/caregivers and youth who responded to the survey (during FY 2005-06 and FY 2006-07) were satisfied with services. Figures 7-16, below, reflect survey results along the following four dimensions: access to services, cultural appropriateness, treatment involvement/participation, and general satisfaction with services. The first four sets of figures (Figures 7-14), below, show the percentages of family members/caregivers and youth who were "very satisfied," "satisfied," "neutral," "somewhat dissatisfied" or "dissatisfied" with respect to the four dimensions. Figures 15 and 16 show the average scores obtained for family members/caregivers and youth along the four dimensions[1].

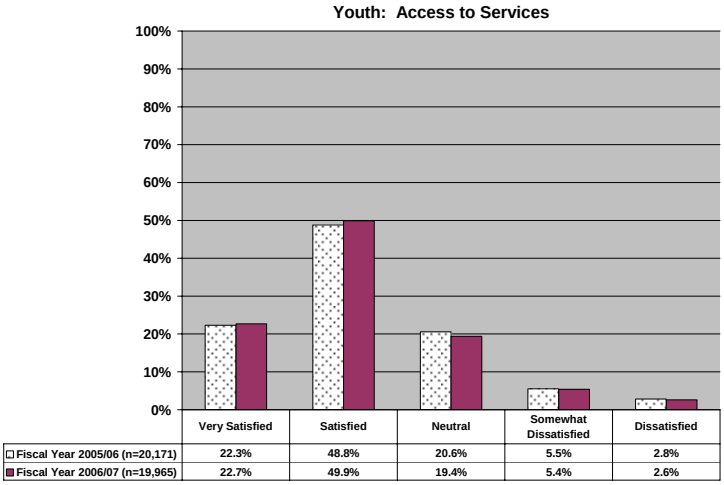
Results are positive and consistent between survey periods. The distributions shown in Figures 7-14, as well as the average scores depicted in Figures 15 and 16, demonstrate a consistent tendency for family members/caregivers to report somewhat higher satisfaction with services than youth. These differences are interesting in light of service outcomes, where slightly higher proportions of youth reported positive outcomes as compared to family members/caregivers. One explanation of this finding is that the higher self-appraisal of functioning found among youth is associated with a lesser perceived need for, and therefore, satisfaction with treatment.

1 The Youth Services Survey for Families (YSS-F) and Youth Services Survey for Youth (YSS) items are rated on a five-point scale; "5" indicates the greatest satisfaction. Averages are presented in Figures 15 and 16 for each dimension on both the YSS-F and YSS surveys across survey periods. As a general guideline determined by the Center for Mental Health Services at the Federal Substance Abuse and Mental Health Services Administration, an overall scale score over 3.5 indicates consumer/caregiver satisfaction with mental health services.

Figures 7 and 8: Family Member/Caregiver and Youth Results on Access to Services

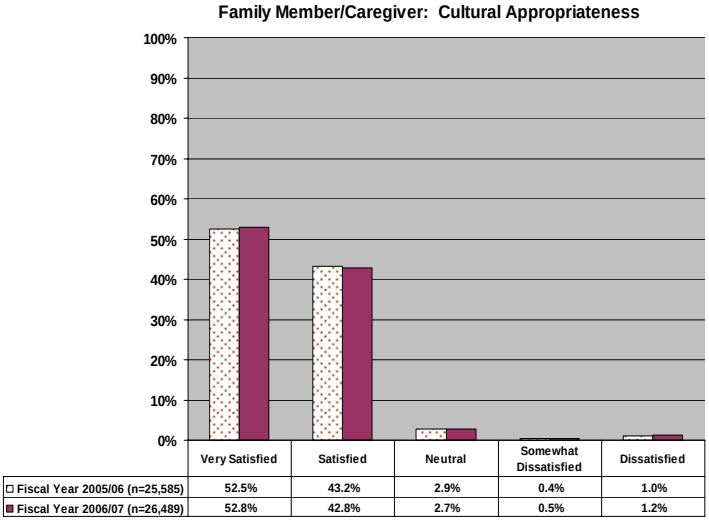


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=27,759)	39.5%	47.1%	9.5%	2.5%	1.3%
Fiscal Year 2006/07 (n=28,684)	39.7%	47.6%	9.0%	2.2%	1.5%

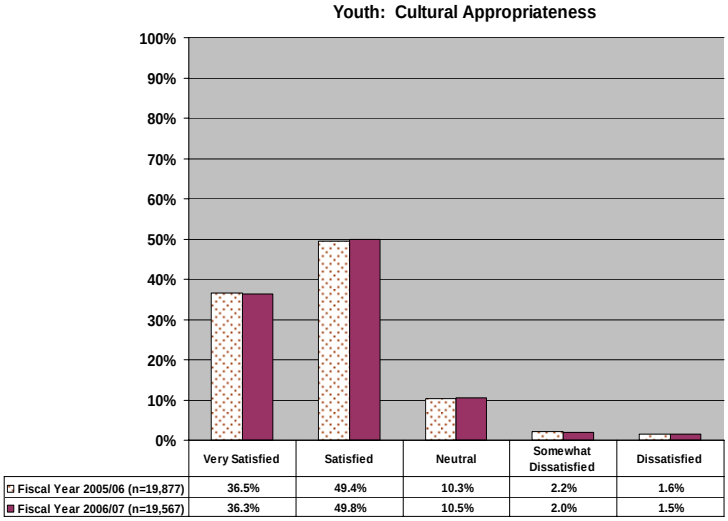


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=20,171)	22.3%	48.8%	20.6%	5.5%	2.8%
Fiscal Year 2006/07 (n=19,965)	22.7%	49.9%	19.4%	5.4%	2.6%

Figures 9 and 10: Family Member/Caregiver and Youth Results on Cultural Appropriateness

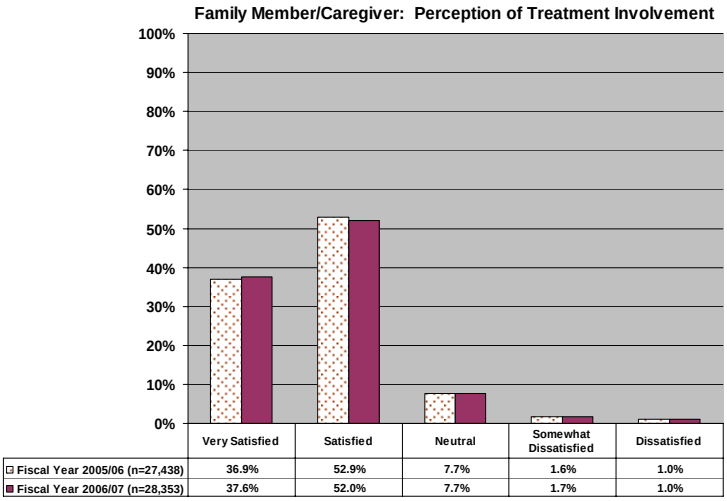


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=25,585)	52.5%	43.2%	2.9%	0.4%	1.0%
Fiscal Year 2006/07 (n=26,489)	52.8%	42.8%	2.7%	0.5%	1.2%

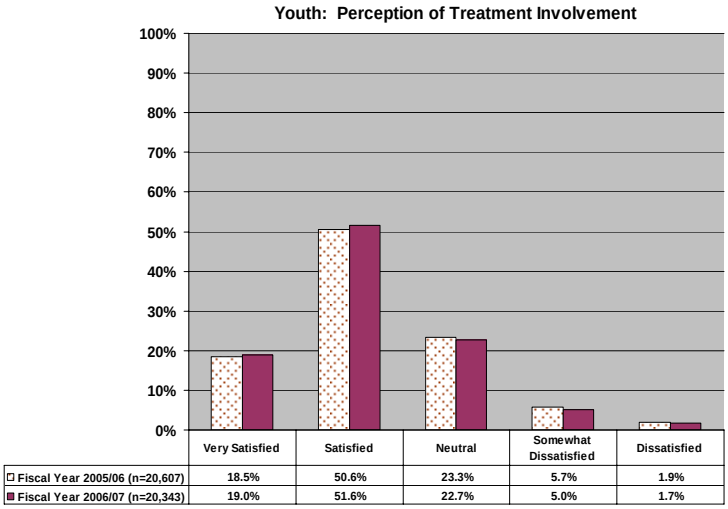


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=19,877)	36.5%	49.4%	10.3%	2.2%	1.6%
Fiscal Year 2006/07 (n=19,567)	36.3%	49.8%	10.5%	2.0%	1.5%

Figures 11 and 12: Family Member/Caregiver and Youth Results on Treatment Involvement/Participation

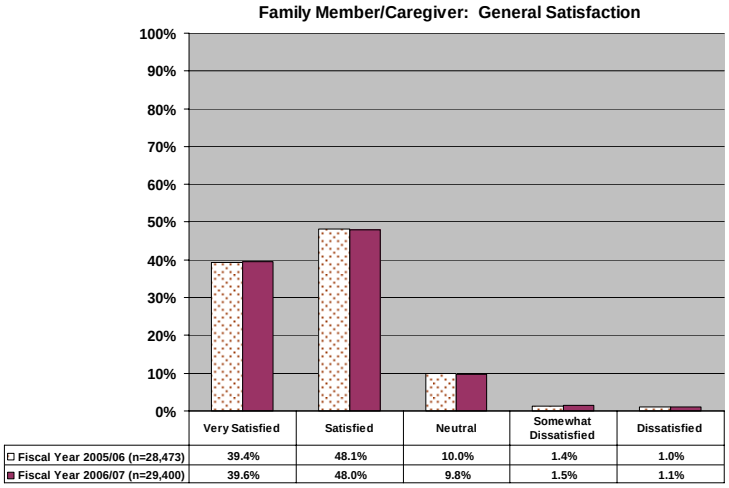


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=27,438)	36.9%	52.9%	7.7%	1.6%	1.0%
Fiscal Year 2006/07 (n=28,353)	37.6%	52.0%	7.7%	1.7%	1.0%

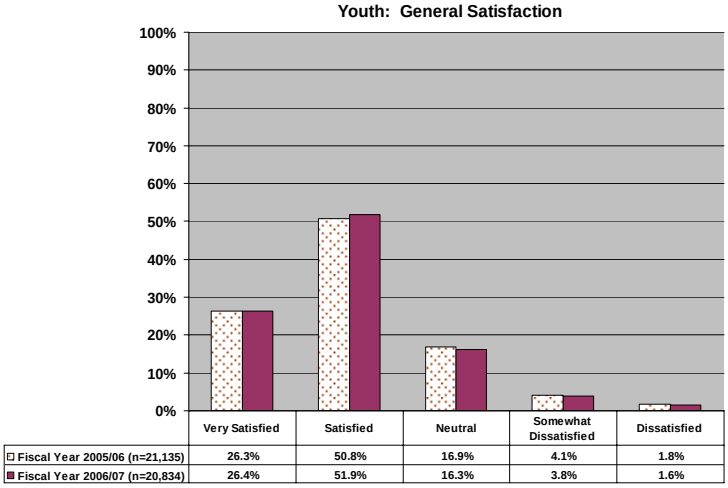


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=20,607)	18.5%	50.6%	23.3%	5.7%	1.9%
Fiscal Year 2006/07 (n=20,343)	19.0%	51.6%	22.7%	5.0%	1.7%

Figures 13 and 14: Family Member/Caregiver and Youth Results on General Satisfaction



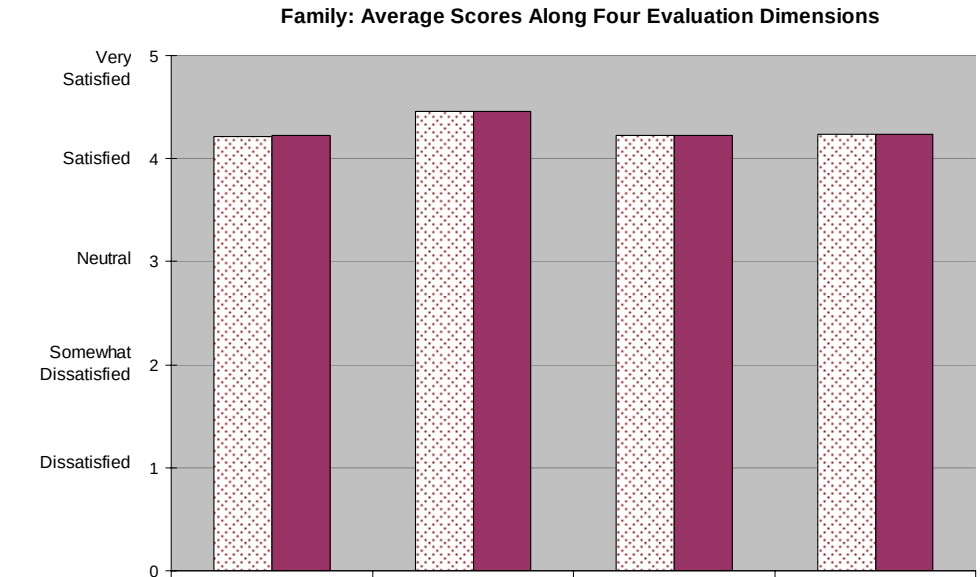
	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=28,473)	39.4%	48.1%	10.0%	1.4%	1.0%
Fiscal Year 2006/07 (n=29,400)	39.6%	48.0%	9.8%	1.5%	1.1%



	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=21,135)	26.3%	50.8%	16.9%	4.1%	1.8%
Fiscal Year 2006/07 (n=20,834)	26.4%	51.9%	16.3%	3.8%	1.6%

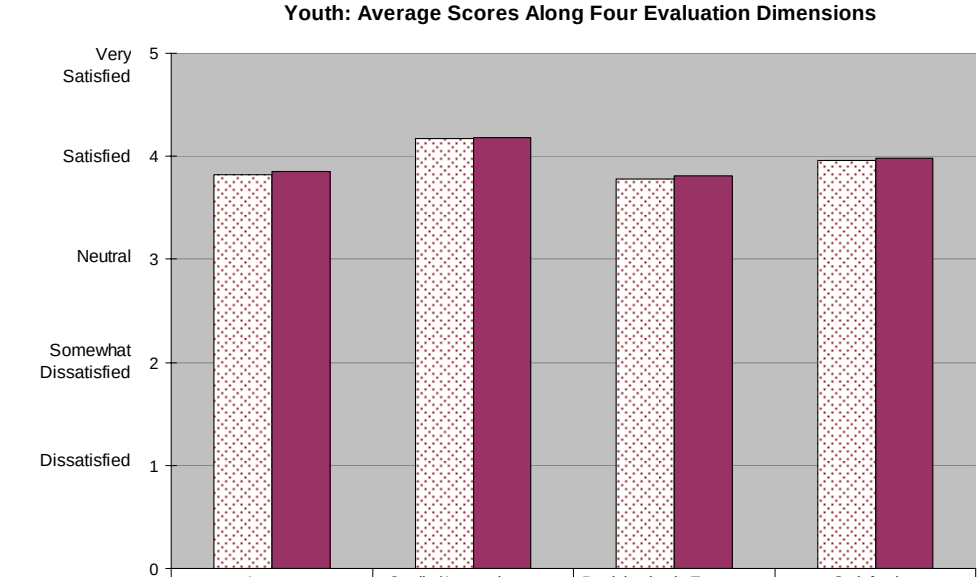
Both family members/caregivers and youth reported the greatest satisfaction with the quality/appropriateness of care (Figures 15 and 16). The other three dimensions were also rated quite high, with youth responses showing slightly more variation than those of family members/caregivers.

Figure 15: Family Member/Caregiver Average Scores Along Four Evaluation Dimensions[1]



	Access	Quality/Appropriateness	Participation in Treatment	Satisfaction
Fiscal Year 2005/06	4.21	4.46	4.23	4.24
Fiscal Year 2006/07	4.22	4.46	4.23	4.24

Figure 16: Youth Average Scores Along Four Evaluation Dimensions



	Access	Quality/Appropriateness	Participation in Treatment	Satisfaction
Fiscal Year 2005/06	3.82	4.17	3.78	3.96
Fiscal Year 2006/07	3.85	4.18	3.81	3.98

1 See Figures 7-14 for the number of family member/caregiver and youth survey responses included in each of the four dimension averages for each survey period. The numbers of survey responses used to compute the average scores in Figures 15 and 16 are identical to the numbers used to compute the percentages in the previous figures.

An analysis of individual survey items (Table 7) reveals that the average ratings on all items were relatively high (scores ranged from 3.52 to 4.56 out of a possible score of 5). DMH is particularly interested in examining and potentially addressing, through a quality improvement process, issues for which average scores are less than 4.00 (shaded in Table 7). It is noteworthy that there is slight improvement in the average scores for youth across multiple survey items, particularly in items where the average score is less than 4.00.

Table 7. **Family Member/Caregiver and Youth Satisfaction Item-Analysis[1]**

	INDIVIDUAL ITEMS	FAMILY MEMBER / CAREGIVER Average Score		YOUTH Average Score	
		FY 2005/06	FY 2006/07	FY 2005/06	FY 2006/07
ACCESS TO SERVICES	The location of services was convenient for us.	4.28	4.29	3.96	3.98
	Services were available at times that were convenient for us.	4.32	4.32	3.94	3.96
CULTURAL APPROPRIATE NESS	Staff treated me with respect.	4.56	4.56	4.27	4.27
	Staff respected my family's religious/spiritual beliefs.	4.44	4.44	4.23	4.23
	Staff spoke with me in a way that I understood.	4.52	4.52	4.23	4.25
	Staff were sensitive to my cultural/ethnic background.	4.42	4.42	4.11	4.13
PARTICIPATION IN TREATMENT	I helped to choose my/my child's services.	4.14	4.14	3.48	3.52
	I helped to choose my/my child's treatment goals.	4.24	4.24	3.90	3.93
	I participated in my/my child's treatment.	4.36	4.36	3.98	4.02
GENERAL SATISFACTION	Overall, I am satisfied with the services I/my child received.	4.39	4.39	4.10	4.12
	The people helping me/my child stuck with us no matter what.	4.33	4.33	4.05	4.06
	I felt I/my child had someone to talk to when I/he/she was troubled.	4.32	4.31	4.02	4.04
	The services I/my child and/or family received were right for us.	4.27	4.28	3.99	4.01
	I/my family got the help we wanted (for my child).	4.22	4.23	3.95	3.97
	I/my family got as much help as we needed (for my child).	4.12	4.12	3.90	3.93

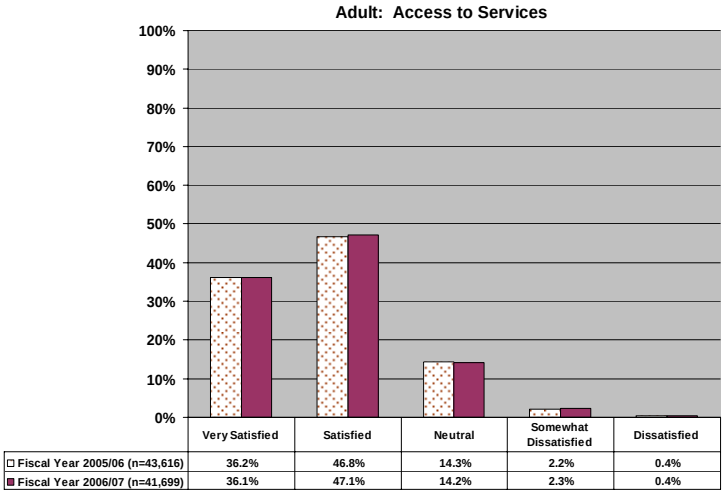
[1] The Youth Services Survey for Families (YSS-F) and Youth Services Survey for Youth (YSS) items are rated on a five-point scale; "5" indicates the greatest satisfaction. As a general guideline, an average item score over 3.5 indicates consumer/caregiver satisfaction with mental health services.

These improved scores may indicate improved services strategies including providing services and supports in more natural settings, at atypical hours and by adults or peers who have specific expertise in youth issues and needs. This is consistent with youth recommendations obtained through Mental Health Services Act stakeholder input processes and subsequent MHSA program development and implementation. Future program evaluation over time will shed light on how such transformative efforts continue to impact outcomes for California youth receiving mental health services.

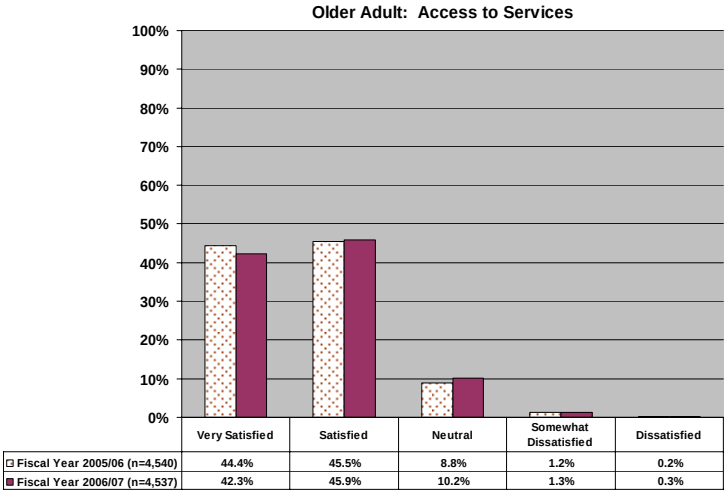
Satisfaction with Adult and Older Adult Services

Results shown in Figures 17-26 indicate that overall, the large majority of consumers positively evaluated the mental health services they received. These figures show adult and older adult consumers' evaluations of mental health services during FY 2005-06 and FY 2006-07 along four dimensions: access to services, appropriateness of care, participation in treatment, and satisfaction with services. The first four sets of figures, below, show the percentages of adults and older adults who were "very satisfied," "satisfied," "neutral," "somewhat dissatisfied," or "dissatisfied" with respect to the four dimensions and Figures 25 and 26 show the average scores obtained from adult and older adult consumers along the same four dimensions[1]. Consistent with previous sections of this report, a greater percentage of older adults compared to adults rated services positively. The "satisfaction with services" dimension was rated most positively by consumers in both the adult and older adult consumer groups.

Figures 17 and 18: Adult and Older Adult Results on Access to Services



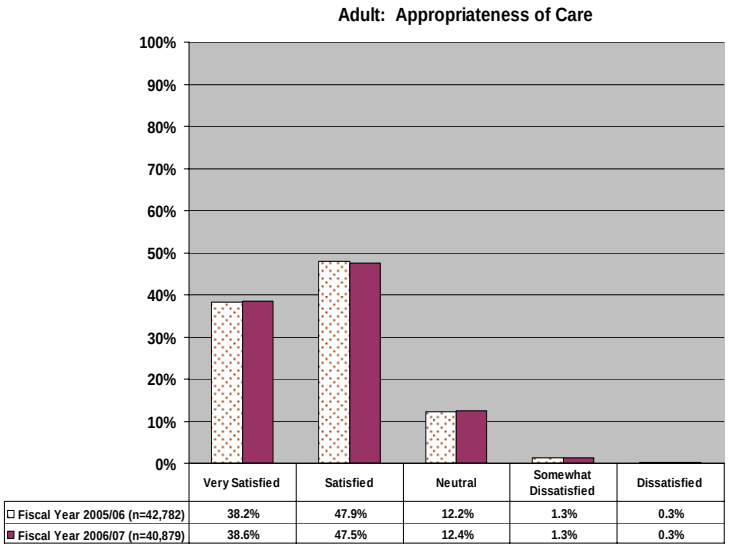
	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=43,616)	36.2%	46.8%	14.3%	2.2%	0.4%
Fiscal Year 2006/07 (n=41,699)	36.1%	47.1%	14.2%	2.3%	0.4%



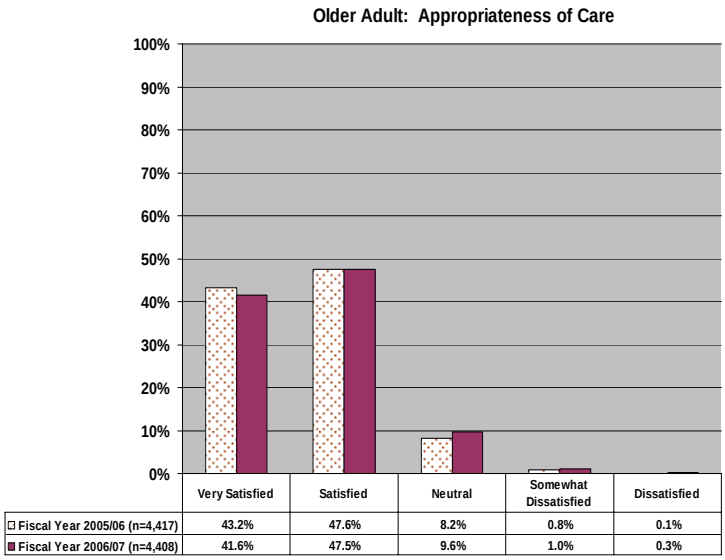
	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=4,540)	44.4%	45.5%	8.8%	1.2%	0.2%
Fiscal Year 2006/07 (n=4,537)	42.3%	45.9%	10.2%	1.3%	0.3%

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 with "5" indicating the greatest satisfaction. Averages are presented in Figures 25 and 26 for each dimension on the MHSIP survey across survey periods. As a general guideline, determined by the Center for Mental Health Services at the Federal Substance Abuse and Mental Health Services Administration, an overall scale score over 3.5 indicates consumer satisfaction with mental health services.

Figures 19 and 20: Adult and Older Adult Results on Appropriateness of Care

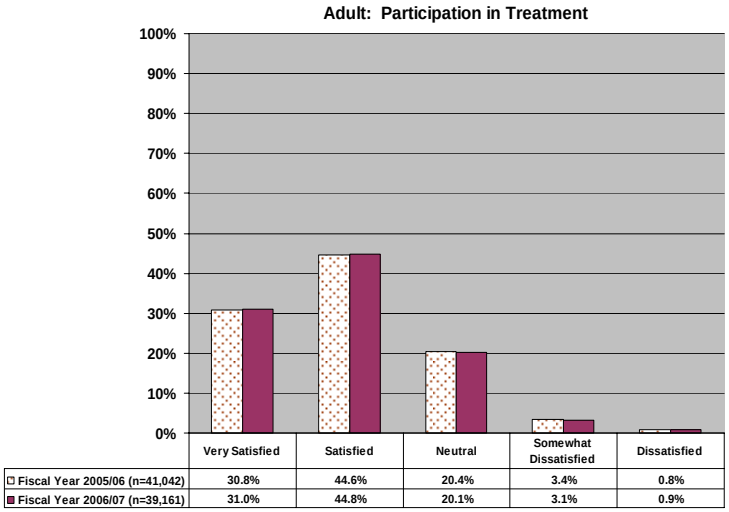


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=42,782)	38.2%	47.9%	12.2%	1.3%	0.3%
Fiscal Year 2006/07 (n=40,879)	38.6%	47.5%	12.4%	1.3%	0.3%

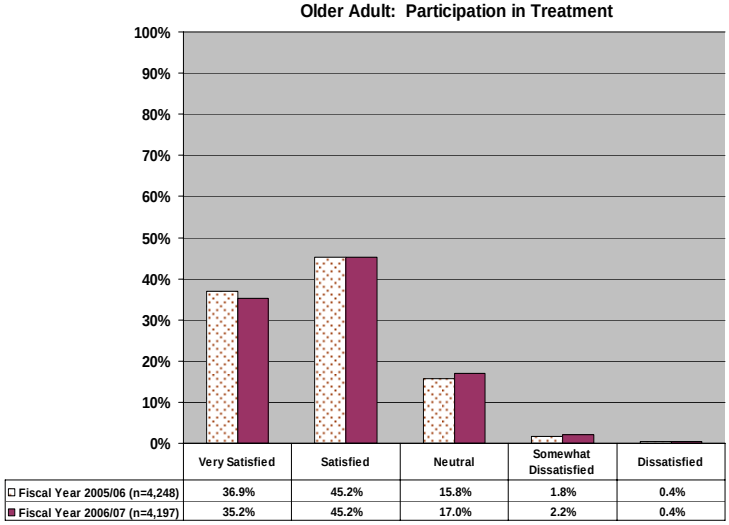


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=4,417)	43.2%	47.6%	8.2%	0.8%	0.1%
Fiscal Year 2006/07 (n=4,408)	41.6%	47.5%	9.6%	1.0%	0.3%

Figures 21 and 22: Adult and Older Adult Results on Participation in Treatment

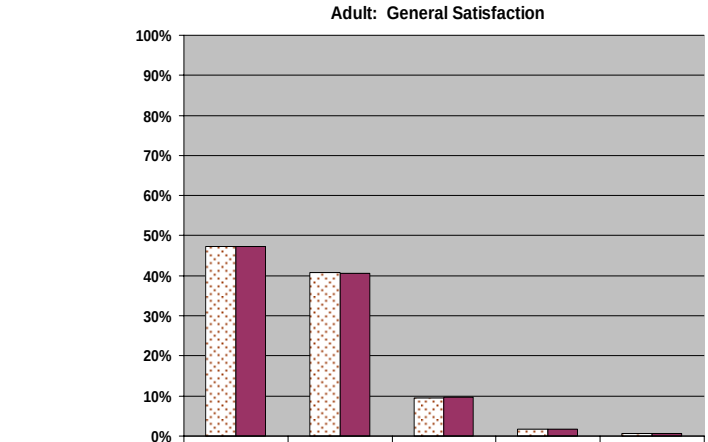


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=41,042)	30.8%	44.6%	20.4%	3.4%	0.8%
Fiscal Year 2006/07 (n=39,161)	31.0%	44.8%	20.1%	3.1%	0.9%

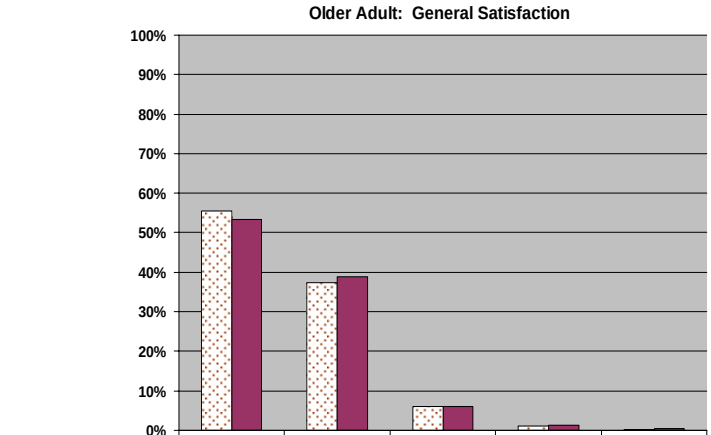


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=4,248)	36.9%	45.2%	15.8%	1.8%	0.4%
Fiscal Year 2006/07 (n=4,197)	35.2%	45.2%	17.0%	2.2%	0.4%

Figures 23 and 24: Adult and Older Adult Results on General Satisfaction

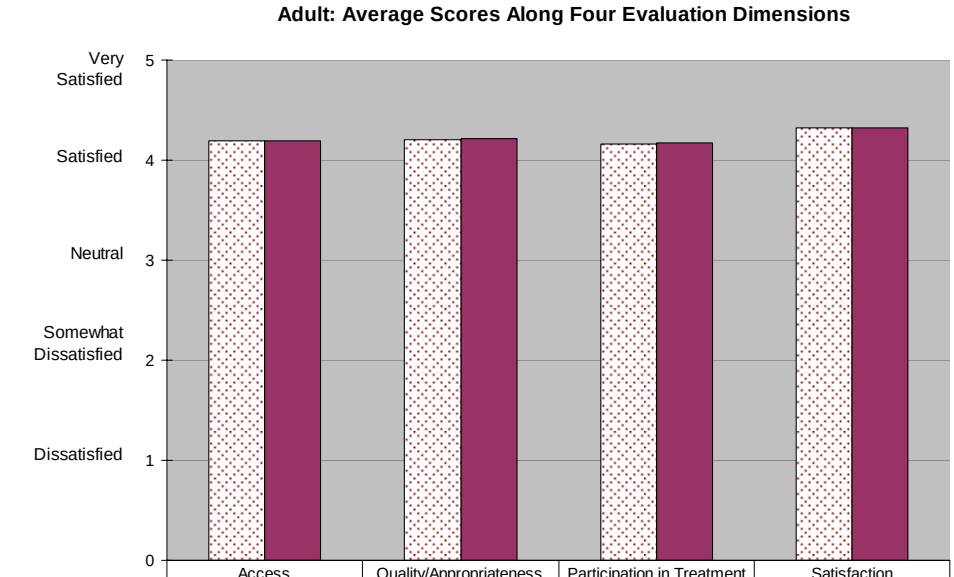


	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=44,347)	47.3%	40.8%	9.5%	1.8%	0.7%
Fiscal Year 2006/07 (n=42,426)	47.4%	40.6%	9.7%	1.7%	0.7%



	Very Satisfied	Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied
Fiscal Year 2005/06 (n=4,654)	55.4%	37.3%	6.1%	1.1%	0.2%
Fiscal Year 2006/07 (n=4,642)	53.3%	38.8%	6.1%	1.4%	0.4%

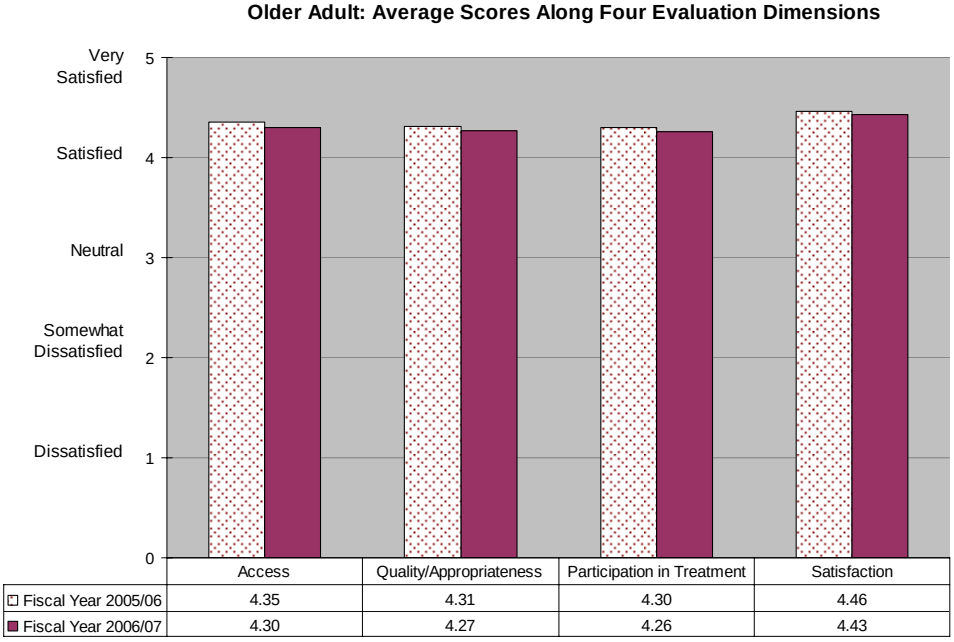
Figure 25: Adult Average Scores Along Four Evaluation Dimensions[1]



	Access	Quality/Appropriateness	Participation in Treatment	Satisfaction
Fiscal Year 2005/06	4.19	4.20	4.16	4.32
Fiscal Year 2006/07	4.19	4.21	4.17	4.32

1 See Figures 17-24 for the number of adult and older adult survey responses included in each of the four dimension averages for each survey period. The numbers of survey responses used to compute the average scores in Figures 25 and 26 are identical to the numbers used to compute the percentages in the previous figures.

Figure 26: Older Adult Average Scores Along Four Evaluation Dimensions



	Access	Quality/Appropriateness	Participation in Treatment	Satisfaction
Fiscal Year 2005/06	4.35	4.31	4.30	4.46
Fiscal Year 2006/07	4.30	4.27	4.26	4.43

An analysis of individual survey items (Table 8) reveals that the average ratings on all items were relatively high (scores ranged from 4.00 to 4.53 out of a possible score of 5). Generally, DMH focuses on average scores less than 4.00 to identify areas for future quality improvement strategies and program developments. As shown in Table 8, all items received a score of 4.00 or higher indicating a high degree of satisfaction across a variety of service areas. In past reports, the item, "I, not staff, decided my treatment goals" was noted to be of concern for adults because it tended to be less than 4.00; however, this score improved to 4.01 for FY 06/07. Although only a slight increase, this score may reflect the implementation of recovery and wellness philosophies as set forth by the Mental Health Services Act. It is hoped that the focus on recovery-oriented service planning and delivery will result in continued increases in consumer-directed care and greater satisfaction with services.

Table 8. Adult / Older Satisfaction Item-Analysis[1]

	INDIVIDUAL ITEMS	ADULT Average Score		OLDER ADULT Average Score	
		FY 2005/06	FY 2006/07	FY 2005/06	FY 2006/07
ACCESS TO SERVICES	The location of services was convenient.	4.18	4.19	4.29	4.29
	Staff were willing to help as often as I felt it was necessary.	4.27	4.27	4.40	4.37
	Staff returned my calls within 24 hours.	4.13	4.12	4.31	4.25
	Services were available at times that were good for me.	4.30	4.29	4.43	4.40
	I was able to get all the services I thought I needed.	4.19	4.19	4.35	4.31
	I was able to see a psychiatrist when I wanted to.	4.06	4.05	4.28	4.21
APPROPRIATENESS OF CARE	Staff here believed that I could grow, change, and recover.	4.29	4.30	4.31	4.29
	I felt free to complain.	4.13	4.13	4.33	4.27
	I was given information about my rights.	4.29	4.29	4.38	4.36
	Staff encouraged me to take responsibility for how I live my life.	4.26	4.27	4.36	4.31
	Staff told me what side effects to watch for.	4.09	4.08	4.20	4.13
	Staff respected my wishes about who is, and is not, to be given information about my treatment.	4.32	4.32	4.40	4.36
	Staff was sensitive to my cultural/ethnic background.	4.21	4.21	4.33	4.30
	Staff helped me obtain the information needed so I could take charge of managing my illness.	4.19	4.20	4.32	4.28
	I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	4.07	4.08	4.15	4.12
PARTICIPATION IN TREATMENT	I felt comfortable asking questions about my treatment and medication.	4.32	4.32	4.46	4.41
	I, not staff, decided my treatment goals.	4.00	4.01	4.14	4.11
GENERAL SATISFACTION	I like the services that I received here.	4.41	4.41	4.53	4.50
	If I had others choices, I would still choose to get services from this agency.	4.23	4.23	4.39	4.36
	I would recommend this agency to a friend or family member.	4.34	4.34	4.47	4.43

[1] The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey items are rated on a five-point scale; "5" indicates the greatest satisfaction. As a general guideline, an average item score over 3.5 indicates consumer satisfaction with mental health services.

Mental Health Services Act Full Service Partnership Outcomes
Progress on Data Collection and Reporting

In addition to providing opportunities to transform the public mental health system with respect to services, the Mental Health Services Act (MHSA) has also provided DMH with opportunities to transform with respect to performance measurement strategies and supporting information technology solutions. Examples include the MHSA Full Service Partnership (FSP) Outcomes Assessment evaluation effort and the Data Collection and Reporting System (DCR) that is designed to support FSP outcomes data capture.

Highlighted in Realignment legislation and re-emphasized in the MHSA, client-level outcome measures are an important means of demonstrating mental health system accountability. A client-level outcomes assessment process for Full Service Partnership programs was developed in response to the importance of demonstrating accountability to the public. The FSP Outcomes Assessment process produces client-level data for consumers with serious emotional disturbances and serious mental illness who are participating in Full Service Partnerships. Data is collected across key quality of life domains including: housing stability, education, employment, justice system involvement, sources of financial support, and other key quality of life indicators and is then compared to data collected that measures changes in these domains over time. This information, coupled with data collected through the Consumer Perception Surveys and the Client Services Information System (described earlier in this report), will provide a more detailed view of individual outcomes related to services received through the MHSA FSP programs than has been possible previously.

In order to promote the collection of reliable client-level outcomes assessment data, counties participate in on-going training sessions that focuses on different aspects of the data collection and submission process. Currently, fifty-two counties have participated in the first stage of these training sessions which is designed to orient trainees to the overall MHSA performance measurement strategies with an emphasis on data quality and use of the appropriate methodology for collecting client-level outcomes assessment data.

To streamline outcomes reporting for FSP programs, DMH released the Data Collection and Reporting system (DCR) in January 2006 which allows direct county submission, via the Internet, of all outcomes information associated with Full Service Partnerships. An enhanced version of the DCR was released in June 2007 with significant changes to improve data quality including validation of data as it is entered into the system, reminders to county staff of when assessments are due, and the ability to recall previously submitted data for editing and correction.

A full set of baseline data will be available for analysis by mid-year 2008. This will include data from counties who are submitting their data to the DCR using the direct, key-entry method and data from counties who plan to submit their data using their own systems. DMH is in the process of finalizing testing of the process for data submission for counties using their own systems which should be complete by mid-year 2008.

IMPLICATIONS AND FUTURE DIRECTIONS

Implications

A substantial majority of mental health consumers and/or their family members/caregivers reported being satisfied with the services they received across all service dimensions, and indicated that those services led to improvements in key aspects of their functioning and quality of life. As expected, data comparisons across the fiscal years (FY 2005-06 and FY 2006-07) showed considerable consistency in outcomes over time when aggregated statewide. The aggregated data does not reflect any potential variation in county level data. It is for this reason that DMH encourages counties to examine the data at the local level and implement quality improvement strategies based on county-specific results.

Future Directions

Information about the progress consumers are making through their participation in MHSA Full Service Partnerships will be provided in future reports beginning next year. As this information is collected for clients across time, DMH can begin to measure progress achieved in improving the quality of life of consumers as they make their individual journeys towards recovery.

DMH recognizes the need to align information technology with current business processes and has demonstrated this commitment in ongoing endeavors to build information technology systems that support outcomes measurement. The DCR was designed to meet this goal using specific standards for data collection and exchange. Counties can then leverage this technology to develop local systems to report FSP outcomes assessment data using their own system.