MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

ADDICTIVE AND MENTAL DISORDERS DIVISION

CLIENT PERCEPTIONS OF MONTANA MENTAL HEALTH SERVICES

FROM THE MHSIP CONSUMER SURVEY 2014

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Montana Adult Consumer Satisfaction Project

Fiscal Year 2014 Report

Introduction

The Mental Health Services Bureau (MHSB) of the Addictive and Mental Disorders Division (AMDD) conducts the Montana Consumer Satisfaction Project. Funding support is provided by the Data Infrastructure Contract from the Substance Abuse and Mental Health Services Administration. MHSB administers a survey to Montana mental health service consumers annually, with the goal of eliciting consumer opinions regarding the overall quality of Montana's public mental health care system. This report details the statewide results of the State FY2014 Montana Adult Consumer Satisfaction Survey, administered in the summer of 2014. The report reflects survey results from a random sampling of adult public mental healthcare recipients across the state.

Survey Methods

Sample Selection. A sample of 3,000 mental health service recipients was randomly selected from all Montana mental health care consumers 18 years or older who had received at least one publicly funded mental health service from July 1, 2013 through January 30, 2014.

Instrument. Montana's survey instrument is the national 28-item Mental Health Statistics Improvement Program (MHSIP) Satisfaction Survey. The survey has been nationally standardized and is administered by most states and territories as part of an annual data report submitted to the National Center for Mental Health Services. Montana's survey results can, therefore, be compared with those of other similar states, who have used similar target populations, and similar methods of administration. Demographic and descriptive items gather information on gender, ethnicity, and the type of services a participant is receiving. Montana's survey includes a small section asking about chronic physical problems. The instrument also contains a section where participants can comment either on specific survey items or about their general perceptions of the programs from which they receive services.

Administration. This year all surveys were distributed directly to recipients by mail. Each envelope contained a cover letter that explained the goal of the survey and the importance of consumer input, a four-page survey, a self-addressed stamped return envelope, and an entry form for a lottery for three respondents to win a $50 gift certificate to his/her local grocery store. To maintain confidentiality, the return address used for the Addictive and Mental Disorders Division was the name of the Quality Assurance Manager and the Division's post office mailing address. The cover letter also contained a toll-free telephone number to call if respondents had any questions, comments, or concerns regarding the survey. The lottery for a grocery store certificate has been included since 2004 and seems to be enjoyed by respondents. We believe this incentive benefits the Division by increasing the response rate, and

benefits three consumers in the state with extra funding for food.

Completion Rate. There were 3,000 distributed and 431 completed and returned, resulting in a 17% return rate. The response rate was lower this year because place addresses were used even when there was a post office box. Many small rural towns in Montana do not provide postal delivery service and residents are expected to maintain a post office box. Despite this oversight the return rate did produce an acceptable confidence interval of five.

> *Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 5 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 42% (47-5) and 52% (47+5) would have picked that answer.*
> *The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level (used in this study) means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers generally use the 95% confidence level.*
> *When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 42% and 52%.*

Validity of the Data. There are seven domains or scales being measured, with each scale containing four to 10 questions averaged together. To ensure scale validity, each scale analysis included only those surveys in which at least 2/3 of the scale items had been answered.

These scales – *Access* to services, *Quality/Appropriateness* of services, self-assessed *Effectiveness/Outcomes*, overall *Satisfaction, Participation in Treatment Planning, Social Connectedness, and Daily Functioning* - are common to all U.S. states that administer the MHSIP Survey.

1. Access: Entry into mental health services is quick, easy, and convenient
2. Appropriateness/Quality: Services are individualized to address a consumer's strengths and weaknesses, cultural context, preference, and recovery goals.
3. Effectiveness/Outcomes: The extent to which services provided to individuals with emotional and behavior disorders have a positive or negative effect on their well-being, life circumstances, and capacity for self-management and recovery.
4. Satisfaction: Overall satisfaction with services provided.
5. Participation in Treatment Planning: The extent to which an individual is involved with the development and maintenance of his/her mental health plan of care.
6. Social Connectedness: The degree of satisfaction with relationships outside of the mental health profession (feeling a part of the community, satisfactory friendships, supportive family members).
7. Functioning: Daily level of functioning.

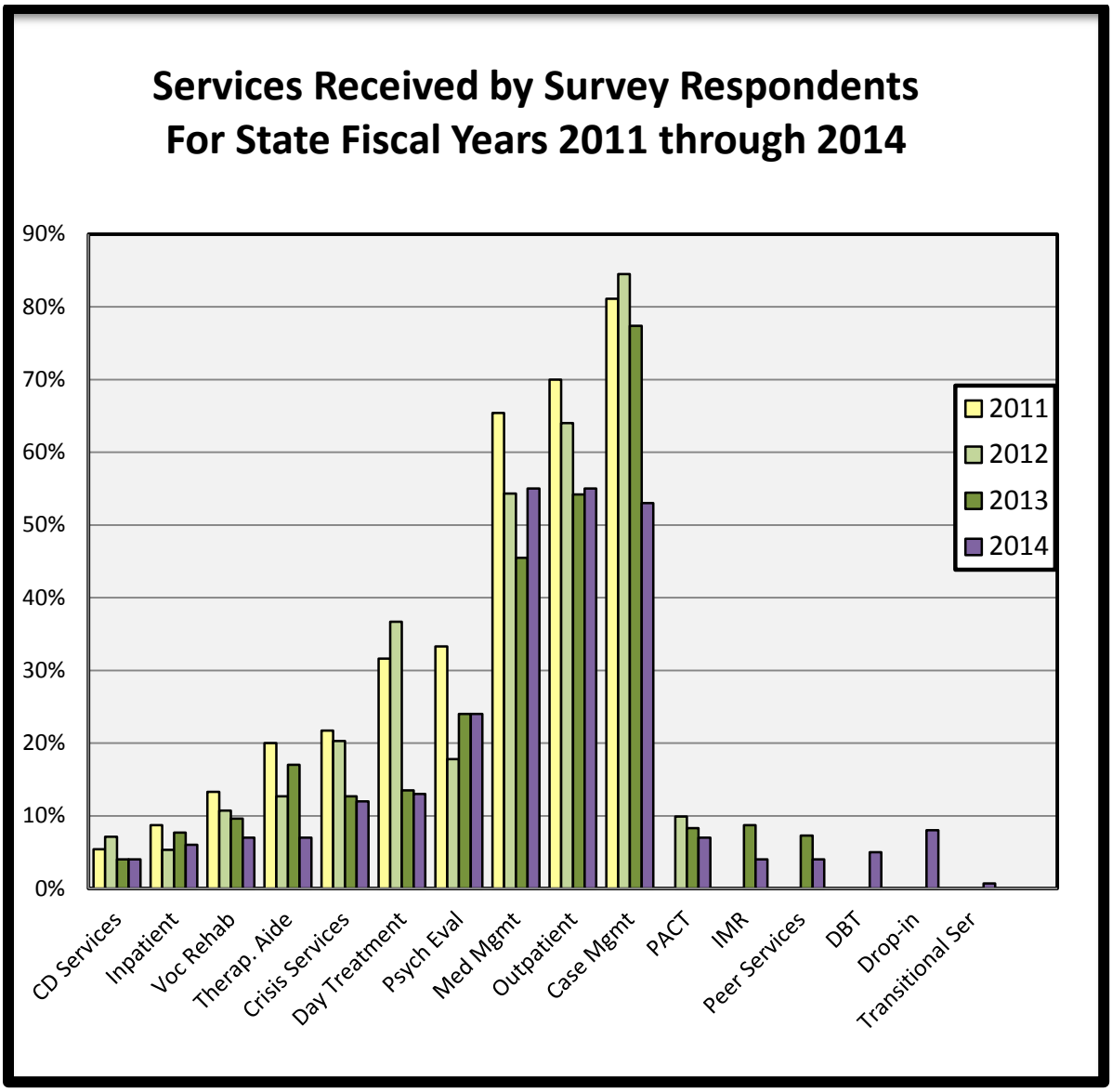
How to Understand the Scores

For each item of each scale, the frequency of responses was calculated. The most noteworthy statistic for each item is the cumulative percent of "Strongly Agree" and "Agree", indicating the proportion of people responding positively to the item. For each of the 7 scales, the "proportion positives" for all scale items were averaged to provide the overall score for the scale, which varies in value from 0 to 1. For example, a score of .89 indicates that 89% of the sample either strongly agreed, or agreed with the statement.

Survey Results

Demographics -
A total of 431 adult surveys were returned complete enough for analysis. This is within the 95% confidence level in a power analysis. Female respondents comprised 64% of the sample. Men comprised 36% of the sample. Ages ranged from 18 to 78 years old, with an average age of 47. Eighty-nine percent of the sample was Caucasian, 9.5% was Native American, 7% (29) reported having more than one race. Four respondents did not report race. Five respondents reported a Hispanic ethnicity.

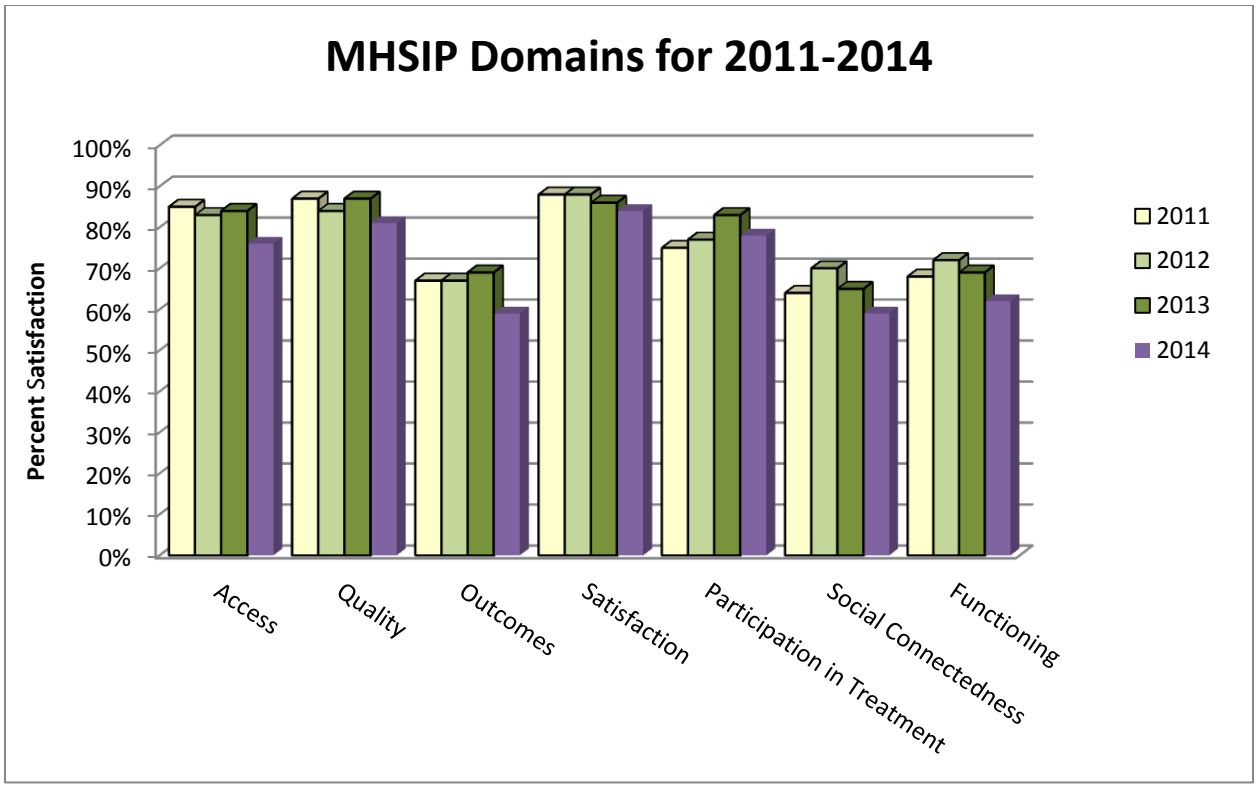
Services Received –
The chart below shows the percentage of respondents receiving various services at the time of the survey for 2011 (in yellow), 2012 (in light green), 2013 (in dark green) and 2014 (in purple). Note that more respondents received case management than any other service for the first three years in the chart. This reflects the sampling strategy for only the first three years in which random cases were selected from consumers at least moderately involved in the public mental health care system, represented by case management. In 2014 the sample was selected from all consumers with at least one mental health service in the past six months. PACT was not on the selection of services for 2011. Illness Management and Recovery and Peer Support Services were added to the survey in 2013 to permit quality monitoring by AMDD. DBT, drop-in services and transitional services were added to the survey in 2014.


Services Received by Survey Respondents
For State Fiscal Years 2011 through 2014
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2011
2012
2013
2014
CD Services
Inpatient
Voc Rehab
Therap. Aide
Crisis Services
Day Treatment
Psych Eval
Med Mgmt
Outpatient
Case Mgmt
PACT
IMR
Peer Services
DBT
Drop-in
Transitional Ser

Services Received by Survey Respondents - SFY2011-2014				
Service				
	2011	2012	2013	2014
CD Services	5%	7%	4%	4%
Inpatient	9%	5%	8%	6%
Voc Rehab	13%	11%	10%	7%
Therap. Aide	20%	13%	17%	7%
Crisis Services	22%	20%	13%	12%
Day Treatment	32%	37%	14%	13%
Psych Eval	33%	18%	24%	24%
Med Mgmt	65%	54%	46%	55%
Outpatient	70%	64%	54%	55%
Case Mgmt	81%	85%	77%	53%
PACT		10%	8%	7%
IMR			9%	4%
Peer Services			7%	4%
DBT				5%
Drop-in				8%
Transitional Services				0.7%

Services provided by:

Provider	2011 Survey Respondents	2012 Survey Respondents	2013 Survey Respondents	2014 Survey Respondents
3 RIVERS		11	42	6
SUNBURST	8	17	54	20
OTHER (includes private providers)	61	19	16	104
WINDS OF CHANGE	27	27	33	9
AWARE, INC	21	36	43	26
EMCMHC	31	30	40	30
SCMRMHC	114	92	114	26
CTR FOR MH	142	133	242	96
WMMHC	301	279	280	114



Year	Access	Quality	Outcomes	Satisfaction	Participation in Treatment	Social Connected-ness	Functioning
2011	85%	87%	67%	88%	75%	64%	68%
2012	83%	84%	67%	88%	77%	70%	72%
2013	84%	87%	69%	86%	83%	65%	69%
2014	76%	81%	59%	84%	78%	59%	62%

In looking at the individual items for each domain it appears that for access the availability of staff was the decreased in score (75%) and the ability to see a psychiatrist when needed (60.7%). A perfect score of agreement would be 100%. For the Quality domain respondents scored lower on freedom to complain (76%), being told about medication side effects (69%), and being given information to help them take control of their lives (74%). The three lowest scores for Outcomes were doing better in social situations (50.5%), doing better in school or work (45.4%), and decreased symptoms (49.5%). The domains of Outcomes and Functioning share one item – "My symptoms are not bothering me as much," which scored at 49.5%. Additional problematic scores for the domain of Functioning were the ability to handle things when they go wrong (58%), and being more able to do the things they do (60.2%).

Health Status

Recent years have seen increasing concern on the part of state mental health authorities and the national Center for Mental Health Services regarding physical health problems in mental health care recipients that are greater than the population at large. The MHSIP survey included a few questions regarding health risks. The table below shows the percent of survey respondents answering positively to whether they have ever been diagnosed with the following health disorders.

The first table lists percentages from non-Native survey recipients. Note – empty cells indicate that the medical condition was not on the survey for all years. The second table lists Native recipients, and the third table lists all Montanans from the Montana Behavioral Risk Factor Surveillance System survey.

Health Risk	Non-Native			
	2011	2012	2013	2014
Heart Disease	7%	6%	5%	4%
Heart Attack	5%	5%	4%	5%
High Cholesterol	33%	31%	29%	27%
High Blood Pressure	34%	26%	34%	31%
Diabetes	22%	22%	20%	20%
Smoking	44%	49%	41%	35%
Asthma	-	-	34%	21%
Fibromyalgia	-	-	29%	35%
Other Disorders	-	-	23%	36%

Health Risk	Native American Survey Recipients			
	2011	2012	2013	2014
Heart Disease	7%	6%	7%	0%
Heart Attack	5%	5%	5%	5%
High Cholesterol	33%	31%	16%	31%
High Blood Pressure	34%	26%	35%	29%
Diabetes	22%	22%	31%	20%
Smoking	67%	58%	58%	41%
Asthma	-	-	15%	22%
Fibromyalgia	-	-	26%	39%
Other Disorders	-	-	17%	32%

Behavioral Risk Factor Surveillance System Survey

Health Risk	All Montanans		
	2011	2012	2013
Heart Disease	4%	4%	3.5%
Heart Attack	5%	5%	4.5%
High Cholesterol	35%	-	36%
High Blood Pressure	30%	-	29%
Diabetes	8%	7%	8%
Smoking	29%	14%	19%
Asthma	13%	14%	13%
Fibromyalgia	-	-	-
Other Disorders	-	-	-

Note: the BRFSS Survey report is current as of 2013.

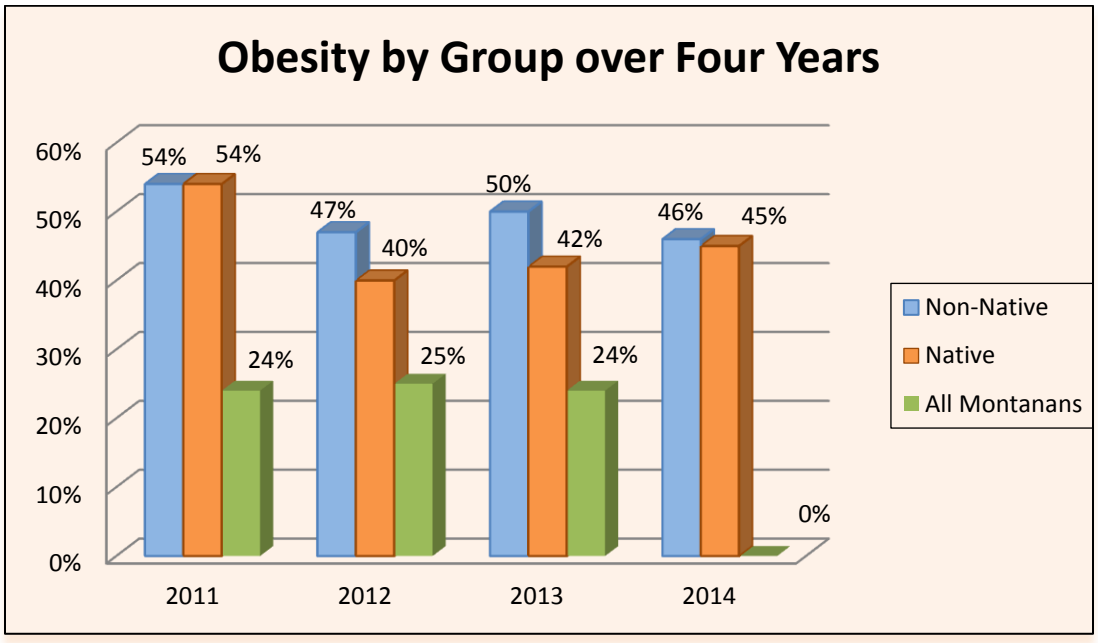
Health scores by Group - 2013			
	Non-Native	Native	BRFSS
Heart Disease	5%	7%	3.5%
Heart Attack	4%	5%	4.5%
High Cholesterol	29%	16%	36%
High Blood Pressure	34%	35%	29%
Diabetes	20%	31%	8%
Smoking	41%	58%	19%
Asthma	34%	15%	13%
Fibromyalgia	29%	26%	0%
Other Disorders	23%	17%	0%

2013 is the most recent year for the Behavioral Risk Factor Surveillance Survey.

The most prominent measures are increased smoking and diabetes for mental health care recipients, compared with Montanans as a whole.

Obesity –

A common and frustrating side effect of medications and sedentary lifestyle for our mental health care recipients is obesity. Their rate of obesity is as high as twice that of all Montana citizens.



Note: The BRFSS measuring all Montanans is current only as of 2013.

Domain Scores by Native versus Non-Native Status for 2014

Domain Scores. The chart below shows the Native American scores for FY2014.

Sample	Access	Quality	Satisfaction	Outcomes	Participation in Treatment	Social Connectedness	Functioning
Native American	82%	88%	89%	66%	81%	75%	65%
Non-Native American	84%	87%	86%	69%	84%	64%	70%

As in previous years Native American social connectedness is higher and functioning is lower than for the non-native sample.

Conclusion

Our survey return rate was significantly lower this year than last year due to two factors in particular. First, the surveys were mailed directly to service recipients, without the help of providers handing them out to their clients. Second, place addresses were used when there may have been a post office address also, so more were returned undeliverable. Nonetheless, there were still enough completed surveys to be representative of all Montana public mental health care recipients. Regarding the scores this year satisfaction and participation in treatment planning are similar to last year, but other domain scores were lower this year. State Mental Health Authorities across the country continue to be concerned about primary health risks in mental health care recipients. Looking at the past four years of data there appears to be no substantial improvements. Our challenge will be to find ways to engage consumers and providers together in monitoring these problems and applying successful interventions.