

***Mental Health Performance Measures Pilot Project
Primary Phase - Final Report***

*Prepared by ACSES Staff
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Background

The Mental Health Performance Measures Pilot Project is a joint effort of the Alaska Mental Health Board and the Division of Mental Health and Development Disabilities (DMHDD) that began in February 2001. The goal of this project is to develop standardized outcome measures to be used at all state-funded mental health treatment facilities in Alaska. To finalize these questionnaires, DMHDD contracted with the *Alaska Comprehensive and Specialized Evaluation Services* (ACSES) to serve as independent consultants to conduct a pilot project on draft questionnaires. The pilot project has been approached in two phases, a preliminary phase and a primary phase. The work of the Preliminary Phase, to collect clinician and consumer feedback about the ease of use, structure, and utility of the instruments, has been completed and results were submitted to the Oversight Committee. The goal of the Primary Phase, to evaluate the sensitivity of the revised versions of the instruments to consumer change across time, has been achieved and results are presented in this report.

Reports Prepared by ACSES and Submitted to the Oversight Committee:

- Preliminary Phase Report, April 17, 2001
- Primary Phase Report – Time One; July 13, 2001
- Individual Agency Reports (submitted directly to agencies):
 - Southcentral Counseling Center; August 1, 2001
 - LifeQuest; August 27, 2001
 - Bristol Bay; October 1, 2001
- Primary Phase – Final Report; October 1, 2001

Research Design and Procedures for the Primary Phase

Instrumentation

Three instruments were used in the Preliminary Phase, namely, the Client Assessment Worksheet, Mental Health Consumer Satisfaction Survey, and Mental Health Statistical Improvement Program Consumer Survey (MHSIP). Based on feedback from clinicians and consumers, the Oversight Committee made additional revisions to these instruments after the Preliminary Phase. The resultant instruments are the Client Status Review, Demographics Questionnaire, and the MHSIP.

Client Status Review

For the Primary Phase, the revised Client Assessment Worksheet was renamed the Client Status Review. Appendix Seven provides the original Client Assessment Worksheet; Appendix Eight provides the Client Status Review used in the primary phase of this pilot project.

Demographic Questionnaire

For the Primary Phase, the revised Mental Health Consumer Satisfaction Survey was renamed the Demographic Questionnaire. Two versions of the Demographic Questionnaire were developed, an Adult Services version and a Child and Family Services version. Appendix Nine provides the original Mental Health Consumer Satisfaction Survey; Appendix Ten provides the Adult Demographic Questionnaire; Appendix Eleven provides the Youth Demographics Questionnaire.

Mental Health Statistical Improvement Program Consumer Surveys

Three versions of this instrument were used, namely, Adult Survey, Youth Services Survey, and Youth Services Survey for Families. Appendix Twelve provides the original Adult MHSIP. The original youth surveys consisted of 26 items; subsequent revisions (by the national group that is developing and refining this instrument) have resulted in 21-item questionnaires. Appendix Thirteen provides the original Youth Services Survey; Appendix Fourteen provides the Youth Services Survey for Families.

Global Assessment of Functioning

In addition to administering these questionnaires, clinicians were asked to provide a current Global Assessment of Functioning (GAF) for each client. GAFs were collected to provide an established measure of client functioning against which to compare the overall CSR results. It should be noted that GAFs are not precise measures; however, clinicians are trained in their use and they do provide some data for comparison purposes.

Procedures

Prior to data collection, an ACSES staff member visited each of the participating agencies to provide training regarding timing and procedures, including information on research design, data submission procedures, and confidentiality issues. Prior to administering the instruments, clinicians were to ask consumers if they would be willing to help with the project by answering the questionnaires, providing opinions about the questions, and making recommendations about possible changes.

Time One Data Collection

At Time One, after receiving consumer consent, clinicians administered the CSR in a structured interview format to as many consumers as possible over a one-month time period (later extended to last six weeks), and asked the same consumers to complete and return the Demographic Questionnaire and MHSIP independently. The one-month time period was selected to allow for missed appointments, to allow inclusion of consumers who are on a once-a-month schedule, and similar circumstances. To match Time One and Time Two responses, questionnaires were coded with consumers' ARORA or agency identification number (no names were used anywhere on the research protocols). Due to two agencies getting started late, the data collection period was extended for an additional two weeks to maximize data collection opportunities; all sites were notified of and invited to participate in this change of timeframes. Actual Time One dates differed from administration site to administration site and are provided in the individual agency descriptions below.

Subsequent to completing the CSR with the consumer, clinicians handed the consumer a packet containing the Demographic Questionnaire and the MHSIP to complete independently and gave them a brief overview of the tasks involved. A cover letter from ACSES to the

consumer was included in the packet to explain the purpose of the project and the procedures used to insure confidentiality and anonymity. On behalf of ACSES, clinicians also provided stamped, self-addressed envelopes to the consumers, who had the option either to mail the questionnaires directly to ACSES or to seal the envelope and give it to an agency staff member (e.g., a receptionist) who would mail it for them. Consumers were also given the option of asking clinicians to help them complete the questionnaires if they needed assistance. Due to the low rate of return by mail from consumers during the Preliminary Phase, clinicians were asked to encourage their consumers to exercise their right to give feedback about the services they receive and, if possible, to complete the questionnaires while at the agencies and return them in sealed envelopes to a staff person to be mailed for them.

Time Two Data Collection

Time Two administrations were conducted four to six weeks after Time One, following the same procedures outlined for Time One and using the same questionnaires. During Time Two, clinicians administered the questionnaires to the *same* consumers who responded during Time One. Any consumers who completed the questionnaires during Time One and were discharged before Time Two began, were to be administered the questionnaires the second time at their time of discharge. Ideally, consumers were to complete the questionnaires during a termination session. However, if the consumers did not attend a termination session, the clinicians were asked to mail all three instruments to the consumers to complete and return in a pre-paid, self-addressed envelope to ACSES. Time Two data collection began on July 16 and was completed for all agencies on August 13, 2001.

Due to the low participation rate at several of the sites, as reported in the Interim Report, the Oversight Committee requested that more Time One data be collected. This was particularly important for gathering rural consumer and clinician feedback, as well as additional input from child and youth consumers. Arrangements for additional Time One data collection were made; agencies did not collect Time Two data for those consumers.

Participating Agencies

Based on community size, region, willingness to participate, number of consumers serviced, and informed consent procedures in place, six pilot sites were selected by DMHDD to participate in this pilot project. These agencies were as follows: Southcentral Counseling Center, 4Rivers Counseling Service, Alternatives Community Mental Health Center, Bristol Bay Mental Health Center, LifeQuest, and Norton Sound Behavioral Health Service. A brief description of their level of participation during the Primary Phase follows.

Southcentral Counseling Center (SCC), Anchorage

Staff training for Time One of the primary phase was provided to the clinical associates on May 10. Staff volunteered to administer a few more surveys than required. One associate was unable to participate due to emergency family leave during most of the Time One period. Data collection was scheduled for May 11 through June 15, 2001.

Staff training for the Time Two administration phase was conducted with the clinical associates on July 5. Time Two data was collected from July 16 through August 13. It is notable that throughout this pilot project participation at this agency was higher than at any of the other agencies. This may be attributable to the Executive Director's strategy to solicit volunteers, set a minimum level of participation, and offer monetary and compensatory

incentives to each staff participant who achieved the requisite participation level. SCC staff members are to be commended for their efforts in this project.

4Rivers Counseling Service, McGrath

Staff training for Time One of the primary phase was conducted on May 4 with the Executive Director. The primary clinician at this site continued to have strong personal objections to the overall project and called in sick on the day of the training. However, on the same day as the training, an ACSES staff member observed this clinician to be in good health on the flight from Anchorage to McGrath. The Director prepared detailed written instructions for the clinician outlining the administration process and a directive that she was to participate by administering the questionnaires to her consumers according to the research design procedures.

The clinician called an ACSES staff person stating that, because of 4Rivers policies and procedures, the clients' bill of rights, and her ethical practice, she could not administer the surveys to clients aged 13-18 without written informed consent of the parents. She reported that this was consistent with her need to obtain written informed consent from parents each time she traveled to her assigned villages to provide mental health services. She expressed a great deal of concern that asking her clients to complete the questionnaires was not part of their treatment plans and, therefore, outside the realm of professional practice. She also reported being unable to administer the questionnaires to children and youth because she saw these consumers in their school environment and therefore did not have contact with the parent/primary caregiver to obtain informed consent. The ACSES staff person notified the Executive Director of the clinician's request for an informed consent form and the need to coordinate this request with DMHDD (as other agencies had successfully done). The informed consent form developed for this project was provided to the Executive Director. Anne Henry, DMHDD, also talked with the clinician to impress upon her the importance of gathering information from her client population. The clinician stated that she was participating; however, she did not schedule further trips to the villages during Time One administration and was on vacation for the month of June.

The Director prepared a short introduction letter from his agency to explain the project to consumers and to emphasize the importance of rural input into the project. Data collection was scheduled to begin on May 7 and to be completed on June 15. Because the Director was out of McGrath for most of the Time One administration period and the clinician did not administer any questionnaires, no data was received from this site. The lack of data from Time One precluded the agency's participation during Time Two administration.

Alternatives CMHC, Anchorage

Staff training for Time One of the primary phase was conducted on May 10 with clinicians and case managers, with much discussion about the administration process. Staff wanted to administer the questionnaires to their consumers aged 18-21 who were involved with the Division of Juvenile Justice. For this group of consumers, the adult questionnaires were used, with the clinicians noting the consumer's age and custody status on the forms.

The Utilization Review Manager expressed the need for an informed consent prior to administering the questionnaires. Although it was explained that the consent form developed for the Preliminary Phase was sufficient, the manager remained firm in the need for a different consent form. This issue was referred to Executive Director to resolve with DMHDD. A staff person noted that the Division of Family and Youth Services (DFYS) has its own regulations about consumers participating in this type of project. The Director decided that they would

contact DFYS about giving them a general consent for their consumers to participate in the project, which might eliminate the need for youths to complete the consent forms. Developing and coordinating another consent form with DMHDD and other projects with which the agency was involved led to delay in data collection. Data collection started the week of May 21 and was completed on June 15.

Time Two staff training was conducted on July 10, and data were collected from July 16 through August 13. Staff also collected additional Time One data during this phase from consumers who had not yet participated in the project. During the Primary Phase, the agency experienced significant staff turnover that negatively affected staff's ability to collect an adequate sample size of consumers. The Executive Director and the Utilization Review Coordinator remained interested, cooperative, and enthusiastic about the project, and did their best to collect data.

Bristol Bay Mental Health Center, Dillingham

Staff training for Time One of the primary phase was conducted on May 1, with data collection for adult consumers starting on May 2 and scheduled to end May 30. The Executive Director requested that staff administer the questionnaires to child and youth clients as well. However, no child or youth surveys were administered because the assigned clinician felt the CSR was not age-appropriate. In some of the villages, village-based family social workers were to be asked to administer the questionnaires to their clients, instead of agency staff. A 'village code' number on the form would identify this. Time One data collection was conducted from May 8 through June 15.

Staff training for Time Two was held on July 9 with data collection occurring from July 16 through August 13. Staff also collected additional Time One data during this phase from consumers who had not yet participated in the project.

LifeQuest, Wasilla

Staff training for Time One of the primary phase was conducted on May 3 with case managers and the Medical Services Team; staff training for outpatient clinicians was conducted on May 7. The Medical Services Team opted out of administering the questionnaires due to the 'non-billable' nature of the service and concerns that the data would not show improvement unless administered at intake, since the majority of their consumers were already stabilized on medications. Data collection by case managers began on May 7; outpatient clinicians started data collection on May 8. Data collection was completed on June 15.

Time Two staff training was conducted on July 12 with case managers and outpatient clinicians, with data collection scheduled to begin on July 16 and to be completed on August 13. When no data had been received from the agency by August 27, an ACSES staff member contacted one of the managers coordinating the project at LifeQuest. This individual reported being unsure what had happened, stating that the departure of the administrative person coordinating the project and staff's busy schedules were the most likely contributing factors to the lack of data. The manager reported that staff was 'so pushed' with other demands that she had not asked them to do more. The Executive Director, however, stressed the importance of gathering the Time Two data to the managers and the data collection period was extended until September 14 to permit staff to re-administer as many surveys as possible. This deadline was extended again until September 21, when data had still not been received. Due to the need to establish a cut-off date that would permit adequate time to evaluate the data, the deadline was

changed to September 19, and an ACSES staff person traveled to Wasilla to pick up any data that had been collected.

Norton Sound Behavioral Health Services (BHS), Nome

Staff training for Time One of the primary phase was conducted on May 15. For the first week during the administration period, no surveys were administered because most of the staff was attending a local training conference. In some of the villages, staff planned to ask the village-based counselors to administer the questionnaires. Data was collected from May 21 through June 15.

Time Two staff training was conducted on July 13, with data collection occurring from July 16 through August 13. Staff also gathered additional Time One data during this phase from consumers who had not yet participated in the project. Despite the Executive Director's continued interest and enthusiasm about the project, the agency's participation rate continued to be lower than expected. This significantly limited the rural input that was so important to the project.

Findings

Findings are presented in three sections: 1) staff observations, which outline observations made by ACSES staff regarding the level of cooperation and enthusiasm about the pilot project among participating agency staff; 2) quantitative results, which provide data derived from the questionnaires; and 3) qualitative results, which summarize written comments made by consumers and clinicians about the questionnaires. Individualized reports regarding consumer satisfaction at Time One were prepared for three agencies for which adequate data were available. These reports were distributed directly to these agencies and are not part of this report.

Staff Observations

Clinicians' responses to participating in the pilot project were obtained from direct observation by an ACSES staff member during staff training and from direct comments by clinicians. As in the Preliminary Phase, responses ranged from enthusiastic acceptance of the project to significant resistance. Staff at most of the agencies were professional and cooperative. However, at one agency, some staff did not even look at the questionnaires during the training; at another agency, one clinician avoided the training by calling in sick. All agency directors continued to be very cooperative and interested in participating. Specific levels of staff interest and cooperation at the various agencies can be inferred from the response rates contained in Table One.

Several agencies reported difficulties obtaining consumer participation for Time Two administrations. Reasons cited included not being able to contact consumers by phone, consumers being unwilling to meet with the clinician, and consumers being on extended vacations or absences from home during late summer months or relocating out of state. At two agencies, staff turnover and workloads were reported as obstacles to completing the Time Two administrations. Another concern had to do with language, with some staff members reporting that, for many of their clients, English was a second language, creating a significant barrier to data collection. Another concern expressed by some staff members was that administering the instruments could have a negative impact on therapeutic relationships. These individuals suggested that an independent party, rather than agency staff, should administer these types of

questionnaires. Finally, several expressed concerns that the State would cut funding if consumers did not show improvement over the two administrations.

Quantitative Results

Response and Match Rates

Table 1 provides the number of instruments completed at Time One and Time Two, broken down by agency. Across all agencies, 150 completed CSRs were submitted to ACSES for Time One and 69 CSRs were submitted for Time Two. In addition to the 150 CSRs returned at Time One, 21 CSRs were collected out of phase with no plans for a Time Two administration; these 21 CSRs were included in Time One analyses. Of the total 171 Time One CSR protocols, 37.4% (n=64) were submitted by SCC, 33.9% (n=58) by LifeQuest, 16.4% (n=28) by Bristol Bay, 7% (n=12) by Norton Sound, and 5.3% (n=9) by Alternatives.

The length of time between Time One and Time Two administrations ranged from 37 to 135 days, with a mean of 72.6 days (SD=26.9). Based on ARORA numbers provided on the CSR, it was possible to match 67 Time One (n=150) and Time Two (n=69) CSRs, representing an overall match rate of 44.7% (67/150). Two of the Time Two CSRs included ARORA numbers that did not match with any Time One ARORA numbers. It is unknown whether this means that two consumers were administered Time Two protocols without having received Time One protocols, or whether ARORA coding was incorrect. The five participating agencies varied in the overall match rate between Time One and Time Two as follows: Southcentral Counseling Center, 75% (48/64); Bristol Bay, 23.5% (4/17); Life Quest, 22.4% (13/58); Norton Sound, 20% (1/5); and Alternatives, 16.7% (1/6).

For Time One, 106 Demographic Questionnaires and 106 MHSIPs were received from consumers. For Time Two, 54 Demographic Questionnaires and 54 MHSIPs were received. An additional 15 Demographic Questionnaires and MHSIPs were received for and used in subsequent Time One analyses. These additional protocols had no matching Time Two data. Of these received Time One forms, 112 were adult versions and 19 were youth versions; of the 54 Time Two forms, 53 were from adults and 1 from a youth. On the consumer-completed questionnaires, to insure confidentiality of responses, no means to match Time One and Time Two information was requested. However, by comparing responses to demographic items, it was possible to match 42 Time One and Time Two Demographic Questionnaires and MHSIPs, for an overall match rate of 39.6% (42/106).

Consumer Characteristics

Based on the place of administration of the 171 Time One CSRs, it was possible to determine that 76.6% of the participants were from urban areas and 23.4% were from rural areas. Unfortunately, of the 67 matched CSRs, only 7.5% (n=5) were received from rural areas. Table 2 provides Time One and Time Two consumer and clinician responses for the adult version of the Demographic Questionnaires. Based on Time One data, 51 (45.5%) were female, 46 (41.1%) were male, and 15 (13.4%) gave no response. The majority of adult respondents were in the 23-59 years old category (83.9%, n=94). Of these consumers, 58 (51.8%) were Caucasian, 40 (35.7%) Alaska Native/American Indian, five (4.5%) African American, three (2.7%) Hispanic/Latino, two (1.8%) Asian/Pacific Islander, one (0.9%) did not know, and three (2.7%) provided no response. Of the consumers, 67% indicated receiving case management services, 76.8% psychiatric services and medications, 33.9% transportation services, and 19.6% housing. These figures suggest that the typical consumers who participated in this pilot study were persons with persistent and severe mental illness.

Table 3 provides Time One and Time Two consumer responses for 19 youth and child version Demographic Questionnaires. Based on Time One data, the majority of minor respondents were in the 6-12 years old category (63.2%, n=12). Of the respondents, 13 (68.4%) were Caucasian, three (15.8%) Alaska Native/American Indian, one (5.3%) African-American, and two (10.5%) Other.

Client Status Review

On average, clinicians reported that it took 10-30 minutes to administer the CSR, with the most commonly reported timeframe being 10-15 minutes. A few clinicians reported taking longer, depending on the client's intellectual level or diagnosis. One clinician noted that 'scheduling time to meet with the clients was more of a problem' than administration time.

Of the 171 CSRs received during Time One administration, five questionnaires were missing the consumer's ARORA or agency number. Most of the missing ARORA (or agency) numbers were later obtained by an ACSES staff member; however, this took additional staff time. Almost three-quarters of the Time One instruments (70.8%, n=121) were returned without the Sum of Ratings section completed. Of the 50 CSRs returned with the Sum of Ratings scored, eight (16.0%) were scored incorrectly. Of the 69 CSRs received during Time Two, all included an ARORA or agency number. Of these 69 Time Two CSRs, 18 (26.1%) did not provide calculated Sum of Ratings. Of the 41 returned with the Sum of Ratings scored, three (7.3%) were scored incorrectly.

Initial review of the CSR data revealed some missing responses, particularly on the five components of Question #6. At Time One, 7.0% of protocols had at least one of the 10 responses missing; at Time Two, 4.3% had at least one item missing. Table Four provides the specific number of missing responses for each CSR item. As the Sum of Ratings is calculated based on responses to all 10 items, any missing data will yield a Sum of Rating that is not indicative of the consumer's actual level of functioning. An alternative would be to calculate a Sum of Rating based on the average score to the responses provided; this would then yield a score that is comparable to other Sum of Ratings received from the same or other individuals. However, scoring the questionnaire in this matter is more complicated and prone to error.

Table Five provides Time One and Time Two responses for the 67 matched CSRs. Table Six provides means and standard deviations for each CSR item and the Sum of Ratings for Times One and Two. As a way of reminder, on the CSR lower scores indicate higher level of functioning. Thus, the desired change is one of lower scores at Time Two as compared to Time One. Thus, a difference score (typically calculated as Time Two minus Time One) that is *negative indicates improvement*, whereas a difference score that is *positive indicates worsening*. Table Six provides these mean difference scores and results of *t*-tests comparing scores at Time One and Two. For the 10 primary items, four had negative (improved) difference score means (with difference scores ranging from -.03 to-.25), five had positive (worsened) difference score means (with difference scores ranging from .01 to .15), and one had equal means (i.e., a difference score of 0) at Time Two as compared to Time One. The Sum of Ratings was negligibly higher (worse) at Time Two than Time One. Results of the *t*-tests revealed that the differences between Time One and Time Two failed to reach statistical significance on all individual items and the Sum of Ratings.

To look at change from Time One to Time Two for each item and the Sum of Ratings in yet another way, Table Seven provides the number of consumers who, at Time One versus Time Two, had either the same, a lower, or a higher score. Table Seven also provides results of McNemar's change tests (Siegal, 1956), used to determine whether changes in responses to these items increased or decreased in a consistent manner across consumers from Time One to

Time Two. For all of the individual items, the highest number of respondents had no change on the individual items. For those individuals for whom change was reported, on a majority of the items the change was in the direction of improvement (i.e., a decrease in item score). However, when considering the Sum of Ratings, the proportion of consumers who had the same scores was very low; the proportions who had an increase or decrease in functioning was nearly identical.

Results of McNemar's tests revealed significant decreases in scores (improvements of functioning) on four items, namely, "How often can you currently get the physical health care that you need?"; "Have friends/relatives asked you to cut down on alcohol or other drugs or to quit entirely?"; "Have you experienced guilt because of your drinking or use?"; and "Do you need an eye opener in the morning to get started?" Note that for the three drinking related items, decreases (improvements) meant that the individuals stated "yes" at Time One and "no" at Time Two.

In terms of overall functioning, at Time One, the Sum of Ratings ranged from 8 to 34, with a mean of 19.4 (SD=4.3) and with lower scores indicating better functioning. GAFs obtained at Time One ranged from 21 to 95, with a mean of 48.6 (SD=12.0) and with higher scores indicating better functioning. The correlation between the Time One Sum of Ratings and GAF scores was -.37. At Time Two, the Sum of Ratings ranged from 14 to 42, with a mean of 19.5 (SD=5.0). GAFs obtained at Time Two ranged from 21 to 80, with a mean of 42.3 (SD=10.8). The correlation between Time Two Sum of Ratings and GAF scores was -.22. These levels of correlations suggest that the GAF and Sum of Ratings measure different aspects of consumer functioning.

MHSIP

Table Eight provides Time One and Time Two responses to the adult version of the MHSIP. Table Nine provides means and standard deviations for each MHSIP item and the Domain Subscales for Times One and Two. Table Nine also provides the mean difference scores and results of t -tests comparing Times One and Two. Of the means for the 28 items, 20 were lower at Time Two than Time One (indicating higher levels of satisfaction), seven were higher (indicating lower level of satisfaction), and one was the same. Of these differences, t -tests revealed statistical significance for only one item, namely, "Encouraged to use consumer programs", with greater satisfaction being expressed with this item at Time Two. Of the four subscales, all were somewhat lower at Time Two than Time One, indicating slightly higher levels of satisfaction at Time Two; however, the differences were not statistically significant.

Table Ten provides the number of consumers who had the same, lower, or higher scores at Time Two as compares to Time One for each item and the domain subscales. Table Ten also provides results of McNemar's change tests (Siegal, 1956), used to determine whether changes in responses to these items increased or decreased in a consistent manner from Time One to Time Two. For most of the items, the highest number of respondents had no change on the individual items. For those individuals for whom change was reported, on 22 of the items, the change was in the direction of greater satisfaction (decrease in score); on four of the items, change was in the direction of lesser satisfaction, and on two items the number of consumers whose satisfaction decreased and increased were the same. Results of the McNemar's tests revealed significant changes in scores on only four items, all in the direction of greater satisfaction: "Staff were willing to see me as often as I felt necessary"; "Encouraged to use consumer-run programs"; "I do better in school and/or work"; and "My housing situation has improved". When considering the four domain subscales, the majority of consumers reported

slightly higher levels of satisfaction at Time Two than Time One, although these differences did not reach statistical significance.

Table Eleven provides Time One responses to the Youth Services Survey for Families. No Time Two data were provided on this instrument. Table Twelve provides Time One and Time Two responses to the Youth Services Survey. Given that only one Time Two questionnaire was collected, no further analyses were conducted.

Additional Analyses

At the request of the Oversight Committee, additional analyses were conducted to assess whether rural and urban respondents differed from one another in their responses to the instruments. Additionally, analyses were requested regarding potential differences between consumers of Alaska Native heritage as compared to those of other ethnic backgrounds. The rural versus urban comparisons were based on location of data collection and hence were possible for all instruments. Ethnicity was not assessed on the CSR, making such analyses impossible for this instrument. As ethnicity information is collected on the Demographic Questionnaires, it was possible to conduct analyses on ethnicity for the MHSIP and Demographic Questionnaire.

Rural versus Urban Analyses: Initial review of the Demographic Questionnaire revealed that consumers from urban and rural agencies differed significantly on a number of critical variables related to type of clientele served. Specifically, urban consumers represented in the current sample were more likely than their rural counterparts to report that they are:

- receiving psychiatric services/medications (91% urban; 56% rural);
- receiving case management (86% urban; 25% rural)
- receiving long-term care (2 years or more; 72% urban; 34% rural)
- non-Native versus Alaska Native (79% urban; 39% rural)

These findings strongly suggest that the urban and rural samples included in this project were not equivalent, but rather were comprised of significantly different consumers. Specifically, it appears likely that the urban sample was comprised of a relatively homogeneous group of consumers who received intensive long-term care and who were likely to represent a persistently and severely mentally ill population. The rural sample appeared to be comprised of a much more heterogeneous group of consumers. Further, rural versus urban location of assessment was highly correlated with ethnic background, making it impossible to tease out the different effects of these two ways of grouping the sample.

Given the dissimilarity of the urban versus rural sample and the confounding of location with ethnicity, additional analyses are not appropriate (thus, although they were calculated, they are not reported here, lest they be misunderstood as usable and appropriate). For example, if differences were revealed in urban versus rural responses, it would be impossible to ascertain whether these differences were caused by urban versus rural factors, ethnic backgrounds, or type of consumer. To address questions regarding location in the state and ethnicity, future data collection must incorporate careful stratified sampling procedures.

Qualitative Results

A complete listing of the qualitative comments provided by clinicians and consumers is provided in Appendices One to Six, categorized by instrument and site. Following is a summary of the most commonly expressed concerns, provided separately for each questionnaire. This summary should not be used in place of reading the comments. It is evident that the clinicians and consumers put a lot of thought into their comments and a careful review of the comments is

crucial to the credibility of any additional instrument revision or replacement effort. Not surprisingly, given that all clinicians and many consumers had encountered the questionnaires previously, most consumer and clinician responses to the follow-up questions about the questionnaires themselves were brief, and significantly fewer responses were obtained than in the Preliminary Phase.

Overall Comments

According to clinicians, consumers were willing to complete the questionnaires in the structured interview format and most who were asked to participate did so voluntarily. One consumer who declined to participate did so because of ‘too much asking and too much paperwork’ (as recorded by the clinician). One rural agency reported that three consumers declined to participate. One clinician offered this general comment about all of the questionnaires: ‘Many of the participants requested help with the forms, which were created with the intention for independent completion from the consumers. Keeping this in mind, I think it is important to plan the wording carefully to encompass the wide range of education barriers that many people struggle with.’ A number of clinicians noted that consumers needed clarification on many questions. At one rural agency, clinicians noted that about one-half of their consumers needed help completing the Demographic Questionnaire and MHSIP. They also noted that most consumers did not want to complete the forms while at the agency, preferring to take and mail them later. Also of note were concerns expressed by consumers about inadequate staffing, overworked staff, and Medicaid funding cuts that have decreased services and make filling out additional forms a significant hardship.

Client Status Review: Overall Comments

Appendix One provides clinician and consumer comments in response to the CSR. Several consumers expressed positive opinions about the process: ‘I enjoy the questions. I support this questionnaire. Good job.’ However, a number of consumers also expressed negative comments about the CSR, such as ‘I didn’t like intrusive questions; I don’t think these questions are necessary; don’t like nosey people.’ One consumer commented that ‘the questions assuming substance abuse and problems with the law are offensive.’

A significant number of clinicians and consumers commented that the CSR was not appropriate for children and youth, and recommended developing a separate questionnaire that is more applicable to a younger consumer population. Comments in this regard included ‘doesn’t apply to consumer’s age’, ‘none applied’, ‘not worded for parents to answer for a child’, and ‘should make a form for the parent specifically to answer for the child.’ Several clinicians noted having to reword questions, using consumers’ names, since they were requesting the information from the consumers’ parents. The overall recommendation from consumers and clinicians alike was to develop a separate questionnaire for child and youth consumers structured in such a manner as to be completed by a parent or primary caregiver.

One rural provider commented, representatively so, in conversation that rural services differ significantly from urban services in that they tend to be much more short-term (one or two sessions), crisis-focused, or intensive in nature. Systemic interventions at the family and community level are more common and will not be captured by the current CSR. This provider suggested alternative means for assessing the success of rural mental health programs, not focusing on individual clients, but focusing on community perceptions and use of the local mental health agency.

The majority of consumers reported that the CSR questions were neither hard to answer (64.2%), nor unclear (68.9%). One consumer suggested adding the question, ‘What do you

feel has been helping the most?’ Another suggested asking, ‘Is treatment confidential (private)?’, while noting the lack of privacy in a case manager’s office. Another consumer indicated a ‘Need to ask if [services are] adequate after hospitalization.’ Clinician comments included adding questions about client satisfaction and complaints about medications and services, treatment results over time, and lack of improvement and its reasons. One clinician indicated that the questionnaire should have asked more about mental health. Another clinician asked, ‘What are you attempting to determine?’

Specific CSR Item Comments

Following is a summary of comments made regarding specific CSR items. The reader again is urged to read the detailed comments in the Appendix and not to rely only upon the summaries.

Comments about CSR Question One: On Question 1 (regarding activity), one consumer commented ‘If you weren’t doing one of those things, you’d be dead.’ Along the same line, one clinician noted that the response ‘not active’ makes it appear ‘as if the consumer never does any activity’, suggesting ‘It may be better to state a choice such as rarely active, minimally active, etc.’ Another asked ‘level of activity, how defined for a home-schooled child?’ Another consumer described the question as ‘nebulous.’ There were several clinician comments that adding agency group activities should be part of meaningful activity since this was ‘an active area’ for many consumers.

Comments about CSR Question Two: Several consumers commented that Question 2 (regarding physical health problems) was difficult to answer or unclear due to the wording and being ‘unsure about physical.’ One consumer attributed weight problems that negatively affected her mental health as the factor that kept her from doing normal activities.

Comments about CSR Question Three: For Question 3 (regarding physical health care access), a number of consumers noted services that they needed, such as eye and/or dental care. One consumer wrote ‘I need dental care and just filled out a grant through the dental program.’

Comments about CSR Question Four: Numerous comments about Question 4 (regarding payment for health care) indicated that consumers had difficulty choosing between ‘fully insured’ or ‘well-insured’ because Medicaid and Medicare were not identified and do not cover all services. Other consumer comments included ‘confusing; Medicaid & Medicare needed to be specified.’ One consumer asked ‘Is health care the same as mental health care?’

Comments about CSR Question Five: There were several comments about including crisis respite services on Question 5 (regarding hospitalization for mental health care) since consumers had used this type of service with the past six months.

Comments about CSR Question Six: Question 6 (regarding drug and alcohol use) received the most criticism, with a recurrent theme from both clinicians and consumers being that the question presumed a substance use problem. One consumer captured the predominant feeling about this question: ‘I don’t drink and you should have asked if I did before you implied that I needed to answer these questions.’ Other consumer comments included: ‘I felt it was intrusive; assumes I have drug/alcohol problem; where to indicate no longer using? You assume I’m alcoholic; I have 3 years clean and sober and nowhere to note it; Don’t drink!’ Clinician comments echoed those of consumers: ‘#6 continues to be a poorly worded question as many of those who participated do not use drugs or alcohol and felt this question assumed that they did; Consumers find it difficult to differentiate whether the question is pertaining to past or present use; Need to ask whether client drinks/drugs.’ There also seemed to be some confusion on the part of consumers about how to answer the questions. One clinician commented that a consumer had answered ‘yes’ to the question about feeling guilty because of one relapse with alcohol use.

Another consumer answered ‘yes’ to ‘are you annoyed by friends or relatives who question your use?’ and wrote in ‘annoyed by other people pressuring (me) to use.’ There were also a number of comments wondering if caffeine and tobacco were considered drugs. One clinician noted that response option one had ‘weird phrasing – double negative.’

Comments about CSR Question Seven: On Question 7 (regarding financial situation), one parent indicated that the child has Medicaid, but the parent herself or himself faces ‘extreme financial hardship.’ One clinician reported that a consumer had problems with this question, stating ‘Kids questioned if this relates to their finances or their parents?’

Comments about CSR Question Eight: On Question 8 (regarding housing), several consumers wrote in ‘pay rent’ as a clarification to ‘live with others.’ One consumer was unsure about being independent or not, commenting ‘I’m very dependent on various agencies.’ One clinician stated that the question ‘continues to not address transitional housing’ and asked ‘Does this fit into the homeless category?’ A clinician commented that ‘the parents own; the kids live with their parents. Question doesn’t make sense.’

Comments about CSR Question Nine: For Question 9 (regarding general safety), consumers’ comments indicated that mental health issues, rather than environmental factors, primarily determined their feelings of safety. One parent added an explanation to response option three to indicate that the child is fearful of being teased or picked on. Several consumers noted feeling fearful or paranoid as a result of their symptoms or their own actions, acknowledging that there were no identifiable external threats. Several clinicians noted that consumers felt safe and were aware of suffering from paranoia. Only one consumer referred to environmental factors, stating ‘It’s hard to feel safe when hearing about community violence that may not directly affect me.’

Comments about CSR Question Ten: One clinician had several comments for Question 10 (regarding involvement with police, court, jail) about the redundancy of ‘legal issues pending’ and ‘felony charges pending’, and the need to clarify terms, such as ‘extreme impact’ and ‘non-lock-up facility.’ Another clinician commented that ‘non-criminal involvement’ was unclear terminology. One clinician added the comment ‘unknown, if any’ regarding the consumer’s legal involvement.

Demographic Questionnaire (Adult, Child and Families)

Of the consumers who completed a Demographic Questionnaire and MHSIP, 95.5% returned them directly to ACSES via mail. The vast majority of consumers (60.1%) reported that they understood the questions and that they were clear (61.5%). Only two consumers stated that the questionnaire was too long.

Appendix Two provides comments on the adult version of the Demographics Questionnaire; Appendix Three provides comments on the youth version. Many consumers took the opportunity to express appreciation for staff and services they receive, as well as to identify some problem areas. Comments from a number of consumers suggested the need to ask open-ended questions regarding how they felt about the quality of the services. Suggestions were as follows:

- Do you need more help?
- Are you happy with your counselor or doctor?
- Are you happy with the programs?
- How are the meds working?
- If you don’t like your counselor, what are your options?
- Can you choose providers?
-

- Does the system adequately help you completely control your mental illness?

One consumer wondered if “... this [is] a test of our competence?” Another consumer stated ‘the purpose isn’t clear...’ A few consumers noted that the questionnaire did not ask everything that they thought was important about mental health services and that questions should be added, although they did not elaborate.

Two respondents completed one questionnaire each for two children receiving services (completed by biological parent and adoptive parent for one child; completed by a biological parent and a foster parent for the other child). On the question asking about guardian, conservator, or payee, several consumers wrote in the name of the person, instead of selecting the job title of the person.

Several consumers selected or wrote in more than one response for the question about ethnicity. When this occurred, the minority ethnicity was recorded in the data tables. One clinician recommended using the new United States Census Bureau categories for the ethnic group.

For the question regarding services, one clinician noted that ‘housing, transportation, employment and advocacy services are not applicable’ in rural location. Several clinicians noted that consumers did not know what ‘advocacy’ meant. Some consumers were unclear that group therapy or group counseling were included in the ‘therapy/counseling’ choice, as indicated by their addition of the name of specific treatment groups in the ‘Other’ category. A couple of consumers selected ‘Other’ and wrote in comments, such as ‘new client’ or ‘just started’.

The question concerning frequency of services received the largest number of write-in consumer responses, suggesting the need to more clearly define the answer options. One consumer selected two responses: ‘daily’ and wrote ‘occasionally’ in the ‘Other’ category. Consumers wrote a variety of responses in the ‘Other’ category (e.g., ‘for years’, ‘varies’, ‘3-5 days/week’, ‘3x a week’, ‘4x a week’, ‘rarely’, ‘5 days/week’). One consumer selected three responses, commenting that ‘some services are monthly, others may be weekly – to lump them together makes it more difficult to answer.’

MHSIP (Adult)

Over three-fourths of the consumers found the questions understandable and clear (77.4%) and inclusive of issues that they thought were important to ask about mental health services (61.9%). Appendix Four provides the comments provided by consumers in response to the adult version of the MHSIP. A few consumers responded that the questionnaire did not ask everything that is important about mental health services, but did not elaborate on what was missing. Of note were consumer comments regarding the need to ask about other agency staff and about billing techniques. Only three respondents felt that the questionnaire was too long. One consumer asked ‘Will I get the outcome of this survey?’ and wondered ‘if this survey helps in funding.’ Another consumer suggested adding a question about ‘What programs or areas of your life would you like more help in...?’ Another consumer commented ‘This questionnaire is a good tool if your ears and hearts are open and compassionate.’ A clinician reported continuing to have to provide assistance in understanding the questions and clarifying the wording to simplify questions to many of the consumers. The clinician reported that ‘many of the participants requested assistance with the Demographic and MHSIP survey questionnaires which were intended for independent completion from the consumers. Keeping this in mind, I think it is important to plan the wording carefully to encompass the wide range of education barriers that many people struggle with so that, in the event this form is completed independently, it will be easy to follow and answer.’ One clinician reported that many of the consumers read the word

‘options’ in Question 2 as ‘opinion’ and needed assistance with the question. The suggestion was to change the wording of the question to ‘choice’ or ‘preference.’ Several consumers noted that Question 17 was difficult to understand and unclear, with one consumer commenting that ‘both therapist and I decided treatment goals’ and another ‘difficult to know if you want the end results or the actual therapy/participation.’ Question 19 was also identified as problematic for several consumers, but no elaboration was provided.

MHSIP (Youth and Families)

The majority of respondents (70.6%) thought the questionnaires were understandable, clear, and inclusive of issues that were important to ask about mental health services. None reported that the questionnaires were too long. Appendix Five provides consumers’ comments in response to the Youth Services Survey for Families; Appendix Six provides consumers’ comments in response to the Youth Services Survey. However, few comments were provided by consumers. One consumer suggested adding the question ‘what kind of services do you feel were lacking?’ One consumer noted the ‘high turnover in manpower’ and having been ‘treated disparately’ at an agency. One youth consumer selected N/A for 18 of the 26 responses. Another youth consumer selected two responses for the question asking if staff were sensitive to cultural/ethnic background, writing in the comment ‘1 person’ for Agree and ‘all others’ for Disagree.

Recommendations

Two sets of recommendations will be offered. The first set focuses on recommendations for revising the instruments; the second set focuses on recommendations for the next phase of pilot testing.

Recommendations for Revisions

Assuming that DMHDD and the AMHB wish to revise the CSR, Demographic Questionnaires, and the MHSIPs to incorporate Primary Phase feedback from consumers and clinicians, a number of recommendations follow for such revisions. These recommendations were developed based upon consumers’ and clinicians’ feedback.

Client Status Review

- Develop a separate questionnaire that is age-appropriate for child/youth consumers
- Question 1: Answer 5: change to ‘Rarely active’
- Question 2: Answer 1: change to ‘Rarely’
Answer 5: change to ‘Almost always’
- Question 3: Reword parenthetical description to read “Does not include dental and eye care, and is defined as care received from your regular, local, or visiting health care provider”
- Question 4: Specify in the question whether health care refers to mental or physical health, or both
Answer 1: change ‘Fully insured’ to ‘free’
Answer 2: change ‘Well-insured’ to ‘Good insurance’; add ‘, such as Medicaid/Medicare/insurance co-pay’ to end of parenthetical sentence
- Questions 6: Given considerable missing data on this item, and clinician and consumer criticisms, consider a major rewrite of this item. One possibility is to rewrite question to be a

more general query of substance use/abuse that highlights the need for further evaluation, rather than using a standardized assessment tool designed to assess degree of SA

- Question 8:
 - Answer 1: delete ‘or I chose to live with others’
 - Answer 2: delete ‘family or others’
 - Answer 4: change ‘temporary’ to ‘transitional’ and add ‘temporarily’ to ‘staying with family/friends’
- Question 10:
 - Answer 3: change ‘legal issues now pending’ to ‘misdemeanor charges pending or conviction’
 - Answer 4: after ‘pending’, add ‘or conviction’; delete ‘or extreme impact’; change ‘contested divorce, contested custody issues’ to ‘contested divorce and/or custody issues’
 - Answer 5: change ‘non-lock-up facility’ to ‘half-way house’; add ‘Title 12’ before ‘mandatory’

Demographic Questionnaire (Adult Services)

- For all versions, incorporate the questions at the end of the MHSIP
- Question 2a: Change ‘If yes,’ to check boxes for guardian, payee, conservator
- Question 3:
 - Change stem to read: ‘Which *one* of ...’
 - Use new US census ethnic categories
- Question 5, answer 1 – add ‘(includes individual & group)’
- Question 8, answer 1 – after ‘Daily’, add ‘(5-7 days/week)’

Demographic Questionnaire (Child & Family Services)

- Completed by: change ‘biological parent’ to ‘biological/adoptive parent’
- Question 2: change stem to read ‘Which one of ...’
- Question 6: after stem, add ‘(Please select only one.)’
- Question 7, answer 1 – add ‘(includes individual & group)’
- Question 10, answer 1 – after ‘Daily’, add ‘(5-7 days/week)’

Adult MHSIP

- Place demographic questions at end of MHSIP questions, similar to that of Youth & Family MHSIPs
- Include open-ended questions in the Adult version:
 - What has been the most helpful thing about the services you have received over the last 6 months?
 - What would improve services here?

Youth MHSIP

- Use the revised 21-item versions of the Youth Services Survey and Youth Services Survey for Families

Recommendations for the Next Phase of Pilot Work

For any future investigations into the *utility and psychometric* characteristics of these instruments, we make the following recommendations:

- 1) The Oversight Committee may be interested in gathering feedback from staff members at mental health agencies around the state via focus group and key informant interview formats to identify problem areas and possible solutions that could help further refine the performance measures instruments for youth and rural consumers. It appears that rural providers perceive the instruments as less applicable to their clientele than urban providers, which has likely contributed to the resistance by rural providers to participating in this pilot project and may also lead to resistance to using the measures in future. The suggestion of rural providers to develop alternate means of measuring outcomes in rural areas in this regard appears particularly pertinent.
- 2) Using the same focus group and key informant interview formats suggested in item 1), it would be helpful to gather feedback from child and youth mental health care providers before beginning construction of a child/youth version of the CSR. Merely adapting the current CSR downward in age may not fully meet the needs and concerns of these providers, as completely different topics may need to be assessed to measure outcomes among a younger consumer population.
- 3) To gain further insight into the current questionnaires and any newly developed questionnaires (such as a child or rural version), administration of instruments should be repeated at a different set of agencies (or at different programs within agencies that participated this time). This re-testing phase is particularly important for determining the utility of new versions (youth, rural) in rural areas, with ethnically diverse populations, and with youth and adolescent populations. Stratified sampling (by primary diagnosis, ethnicity, gender, and rural/urban residence) may be necessary to receive definitive answers about the instruments' utility across geographic locations, ethnic backgrounds, and types of clientele. Such stratified sampling would require extreme cooperation by agencies and may be difficult to realize.
- 4) This phase ideally would allow sufficient time to include a trial of reporting collected data back to clinical staff to let them see what types of summary reports can be expected based on the data collection. Such feedback would serve two purposes. First, it would demonstrate to clinicians that useful data comes back to the agency and that data do not just disappear into a "black hole." Second, such reporting back would allow for double-checking whether the data are indeed useful in meeting their purpose of improving services. Clinicians could look over the data report to ascertain if the data would, in fact, help them improve the services they are currently providing to their consumers.

For future investigations into the *statewide implementation of* outcome measures, we make the following recommendations:

- 5) To facilitate staff participation, it is essential that clinicians understand how the data collected will assist in improving services and that the ultimate goal is not to serve as a

tool to “punish” agencies and staff members. To this end, it may be helpful to develop educational materials regarding these instruments that clearly explain: a) purpose of the measures, b) who will use the data, c) how the data will be disseminated to State offices, agencies, consumers, and clinical staff, and, d) how data will contribute to improved quality of services.

- 6) It appears necessary to collect more input from direct service provider about possible barriers, resistances, and solutions to the actual process of gathering and reporting outcome data (independent of what instruments are being used). It appears that rural versus urban staff members had different concerns and that different procedures (and perhaps even instruments) are needed to accommodate rural versus urban settings. To gather this input, agency staff and consumers could meet in (separate) focus groups to answer specific questions about the process of gathering and using outcome data. These focus groups could be combined with the focus groups mentioned in item 1) above.
- 7) Given concerns and the lack of clarity expressed by clinicians and consumers about the purpose of these instruments, it may help to use the terminology of “outcome” rather than “performance” measures.

TABLE ONE
Response Rates

AGENCY (# of packets provided)	TIME ONE							TIME TWO						
	Client Status Review	Demographic Questionnaire			MHSIP			Client Status Review	Demographic Questionnaire			MHSIP		
		Adult	Youth	Family	Adult	Youth	Family		Adult	Youth	Family	Adult	Youth	Family
Bristol Bay (105) 75 Adult 15 each Youth & Family	17 (11) ^{1,2}	11 (7) ^{1,2}	--	--	11 (7) ^{1,2}	--	--	5	3	--	--	3	--	--
LifeQuest (575) 225 Adult 175 each Youth & Family	58	23	0	15	23	6	9	14	3	1	0	3	1	0
Alternatives (225) 25 Adult (18-21 only) 100 each Youth & Family	6 (3) ^{1,2}	0 (1) ^{1,2}	0	3	0 (1) ^{1,2}	0	3	1	0	0	0	0	0	0
Norton Sound (100) Adult	5 (7) ^{1,2}	7 (6) ^{1,2}	0 (1) ^{1,2}	0	7 (6) ^{1,2}	0 (1) ^{1,2}		1	0	--	--	0	--	--
SCC (84) Adult	64	57		--	57	--	--	48	47	--	--	47	--	--
TOTALS	150 (21)	112	1	18	112	7	12	69	53	1	0	53	1	0
	171	121			121				54			54		

Notes: 1) Additional Time One administration only
2) Data not included in Time Two

TABLE TWO
Demographic Questionnaire (Adult)
(Based on 112 surveys returned at Time One and 53 at Time Two)

1. How old are you?													
Less than 18		18-22		23-59		60 or older		No response					
Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2
0	0	8	3	94	49	10	1	0	0				
		7.1%	5.7%	83.9	92.5%	8.9	1.9%						
2. Do you have a guardian, conservator or payee?													
Yes		No		No Response									
30	22	82	30	0	1								
26.8%	41.5%	73.2%	56.6%		1.9%								
Indicate which one.													
Guardian		Conservator		Payee		Other		N/A or Don't know		No Response			
3	0	4	3	14	14	4	1	3	30 (N/A)	2	5		
2.7%		3.6%	5.7%	12.5%	26.4%	3.6%	1.9%	2.7%	56.6%	1.8%	9.4%		
3. Which of the following best describes the race or ethnic group that you consider yourself?													
African American		Asian/Pacific Islander		Hispanic/Latino		Alaska Native/American Indian		Caucasian		Don't know		No Response	
5	4	2	2	3	0	40	11	58	35	1	0	3	1
4.5%	7.5%	1.8%	3.8%	2.7%		35.7%	20.8%	51.8%	66%	0.9%		2.7%	1.9%
4. Gender													
Female		Male		No Response									
51	20	46	29	15	4								
45.5%	37.7%	41.1%	54.7%	13.4%	7.5%								
5. Which of the following services have you received in the last year from <agency>?													
Therapy/Counseling		Housing		Family Services		Transportation Services		Psych Svcs/Meds		Case Management			
70	43	22	5	5	4	38	19	86	47	75	47		
62.5%	81.1%	19.6%	9.4%	4.5%	7.5%	33.9%	35.8%	76.8%	88.7%	67.0%	88.7%		
Employment		SA Tx		Advocacy		Other							
3	7	13	8	14	10	12	4						
2.7%	13.2%	11.6%	15.1%	12.5%	18.9%	10.7%	7.5%						
6. Are you still receiving services from <agency>?													
Yes		No		No Response									
101	50	6	1	5	2								
90.2%	94.3%	5.4%	1.9%	4.5%	3.8%								
7. How long have you been receiving, or did you receive, services from <agency>?													
Less than 6 mos.		6 mos. – 2 years		2-5 years		More than 5 years		No Response					
22	2	21	11	24	13	43	26	2	1				
19.6%	3.8%	18.8%	20.8%	21.4%	24.5%	38.4%	49.1%	1.8%	1.9%				

Note: Gray boxes provide Time One data; white boxes provide Time Two data

8. About how often do (or did) you receive services from <agency>?																	
<i>Daily</i>		<i>Once/week</i>		<i>Twice/week</i>		<i>Once/month</i>		<i>Twice a month</i>		<i>Every other month</i>		<i>Every 3 months</i>		<i>Other</i>		<i>No Response</i>	
21	12	27	13	20	15	10	2	13	5	1	0	2	0	13	5	5	1
18.8%	22.6%	24.1%	24.5%	17.9%	28.3%	8.9%	3.8%	11.6%	9.4%	0.9%		1.8%		11.6%	9.4%	1.5%	1.9%
9. Comments. Is there anything else that you would like to tell us about yourself or the services that you receive that might help us to better serve you? (See Appendix Two)																	
<i>No</i>				<i>Written Comments</i>													
98				37				73				16					
57.3%				69.8%				42.7%				30.2%					

Note: Gray boxes provide Time One data; white boxes provide Time Two data

TABLE THREE
Demographic Questionnaire (Child & Family Services)
(Based on 19 surveys returned at Time One (T1) and 1 at Time Two(T2))

Completed by:									
<i>Biological Parent</i>		<i>Self</i>		<i>Foster Parent</i>		<i>Guardian</i>		<i>Other</i>	
T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
7	0	5	1	2	0	2	0	3	0
36.8%		26.3%	100%	10.5%		10.5%		15.8%	

1. How old are you (or the child receiving services)?													
<i>6-12</i>				<i>13-17</i>									
12	0	7	1										
63.2%		36.8%	100%										
2. Which of the following best describes the race/ethnicity that you consider yourself (or the child receiving services)													
<i>African American</i>		<i>Asian/Pacific Islander</i>		<i>Hispanic/Latino</i>		<i>Alaska Native/Amer. Indian</i>		<i>Caucasian</i>		<i>Other</i>			
1	0	0	0	0	0	3	0	13	1	2	0		
5.3%						15.8%		68.4%	100%	10.5%			
3. Gender													
<i>Female</i>				<i>Male</i>									
3	0	16	1										
15.8%		84.2%	100%										
4. What is your school situation (or that of the child receiving services)?													
<i>In School</i>		<i>Not in school</i>		<i>Working on GED</i>		<i>Other</i>		<i>Grade</i>					
								<i>1-6</i>		<i>7-8</i>		<i>9-12</i>	
19	1	0	0	0	0	0	0	11	0	3	0	5	1
100%	100%							57.9%		15.8%		26.3%	100%
5. Are you (or the child receiving services) in protective custody?													
<i>Yes</i>				<i>No</i>				<i>No Response</i>					
3	0	15	1	1	0								
15.8%		78.9%	100%	5.3%									
If yes, please select one of the following and indicate for how long.													
<i>DFYS</i>		<i>DJJ</i>		<i>Parent-Guardian</i>		<i>Other</i>		<i>N/A or No Response</i>		<i>Length of time</i>			
										<i>7 mos.</i>		<i>No Response</i>	
2	0	1	0	0	0	0	0	16	0	2	0	2	0
10.5%		5.3%						84.2%		10.5%		10.5%	
6. Who referred you (or the child receiving services) to <agency> for mental health services?													
<i>Self-referred</i>		<i>Parent/Guardian</i>		<i>DFYS</i>		<i>DJJ</i>		<i>School</i>		<i>Other</i>			
3	0	4	1	5	0	2	0	2	0	3	0		
15.8%		21.1%	100%	26.3%		10.5%		10.5%		15.8%			

Note: Gray boxes provide Time One data; white boxes provide Time Two data

7. Which of the following services have you (or the child receiving services) received in the last year from <agency>?															
<i>Therapy/ Counseling</i>		<i>Housing</i>		<i>Family Services</i>		<i>Transportation Services</i>		<i>Psych Svcs/Meds</i>		<i>Case Management</i>					
15 78.9%	1 100%	0	0	6 31.6%	0	8 42.1%	0	5 26.3%	0	14 73.7%	1 100%				
<i>Employment</i>		<i>SA Tx</i>		<i>Advocacy Service</i>		<i>TX Foster Care</i>		<i>Other</i>							
0	0	0	0	3 15.8%	0	1 5.3%	1 100%	4 21.2%	0						
8. Are you (or the child receiving services) still receiving services from <agency>?															
<i>Yes</i>				<i>No</i>											
19 100%	1 100%	0	0												
9. How long have you (or the child receiving services) been receiving, or did you receive, services from <agency>?															
<i>Less than 6 mos.</i>		<i>6 mos. – 2 years</i>			<i>2-5 years</i>			<i>More than 5 years</i>							
3 15.8%	0	11 57.9%	0		3 15.8%	1 100%	2 10.5%	0							
10. About how often do (or did) you (or the child receiving services) receive services from <agency>?															
<i>Daily</i>		<i>Once/week</i>		<i>Twice a week</i>		<i>Once a month</i>		<i>Twice a month</i>		<i>Every other month</i>		<i>Every 3 months</i>		<i>Other</i>	
0	1 100%	6 31.6%	0	9 47.4%	0	1 5.3%	0	0	0	0	0	0	0	3 5.8%	0
11. Comments. Is there anything else that you would like to tell us about yourself (or the child receiving services), or the services that you receive that might help us to better serve you? (See Appendix Three)															
<i>No</i>				<i>Written Comments</i>											
13 68.4%	1 100%	6 31.6%	0												

Note: Gray boxes provide Time One data; white boxes provide Time Two data

TABLE FOUR

Client Status Review – Number of Missing Responses for Each Item

<i>Item Number</i>	<i>Time 1 N=171</i>	<i>Time 2 N=69</i>
1	0	1
2	1	1
3	0	1
4	1	1
5	0	1
6a	11	5
6b	13	5
6c	13	6
6d	15	5
6e	13	3
7	2	1
8	1	1
9	1	1
10	1	1

TABLE FIVE

Client Status Review

(Based on 171 protocols obtained at Time One and 69 protocols at Time Two)

1. How often are you currently involved in activities that are important to you?											
Usually everyday		2-5 days/week		5-10 days/month		1-4 days/month		Not Active		No Response	
T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
49	20	64	19	17	7	22	13	18	9	1	1
28.8%	29%	37.6%	27.5%	10%	10.1%	12.9%	18.8%	10.6%	13%	0.6%	1.4%
2. How often do physical health problems currently keep you from doing your normal activities?											
Never		Occasionally		Often		Regularly		Always		No Response	
55	18	56	24	25	10	23	12	12	4	0	1
32.2%	26.1%	32.7%	34.8%	14.6%	14.5%	13.5%	17.4%	7%	5.8%	0	1.4%
3. How often can you currently get the physical health care that you need?											
All of the time		Most of time		Sometimes		Limited		Almost Never		No Response	
85	34	45	21	20	10	14	2	6	1	1	1
49.7%	49.3%	26.3%	30.4%	11.7%	14.5%	8.2%	2.9%	3.5%	1.4%	0.6%	1.4%
4. How is your health care paid for?											
Fully insured		Well-insured		Some ins.		Very little ins.		No insurance		No Response	
90	26	61	39	6	0	3	1	10	2	1	1
52.9%	38.2%	35.9%	57.4%	3.5%		1.8%	1.5%	5.9%	2.9%	0.6%	1.4%
5. During the last 6 months, how many times have you been hospitalized for mental health treatment? (Indicate length of stay for each hospitalization, if available.)											
None		1 time		2 times		3 times		4 + times		No Response	
145	55	20	10	4	0	0	2	2	1	0	1
84.8%	80.9%	11.7%	14.7%	2.3%			2.9%	1.2%	1.5%		1.4%
6a. Have friends or relatives asked you to <u>C</u>ut down on alcohol, tobacco or other drugs, or to quit entirely?											
Yes		No		No Response		N/A (added by consumer)					
40	14	119	51	11	4	1					
25.2%	20.6%	74.8%	75%	6.4%	5.8%	0.6%					
6b. Are you <u>A</u>nnoyed by friends or relatives who question your use?											
Yes		No		No Response		N/A (added by consumer)					
27	10	130	53	13	6	1	0				
17.2%	14.7%	82.8%	77.9%	7.6%	8.3%	0.6%					
6c. Have you experienced <u>G</u>uilt because of your drinking or use?											
Yes		No		No Response		N/A (added by consumers)					
31	11	123	52	16	6	1	0				
20.1%	16.2%	79.9%	76.5%	19.4%	8.7%	0.6%					

Note: Gray boxes provide Time One data; white boxes provide Time Two data

6d. Do you need an <u>Eye opener</u> in the morning (alcohol or other drugs) to get started?													
<i>Yes</i>		<i>No</i>		<i>No Response</i>		<i>N/A (added by consumers)</i>							
9 5.9%	1 1.5%	143 94.1%	62 91.2%	18 10.5%	6 8.7%	1 0.6%	0						
Number of 'Yes' answers													
<i>Never used/ none</i>		<i>Yes to one</i>		<i>Yes to two</i>		<i>Yes to three</i>		<i>Yes to four</i>		<i>No Response</i>		<i>N/A</i>	
110 69.2%	50 73.5%	21 13.2%	5 7.4%	13 8.2%	8 11.8%	9 5.7%	3 4.4%	6 3.8%	1 1.5%	11 5.4%	1 1.5%	1 0.6%	0
7. Which of the following best describes your current financial situation?													
<i>Very secure financially</i>		<i>Financially secure most of the time</i>		<i>Somewhat financially secure</i>		<i>Many financial problems</i>		<i>Extreme financial hardship</i>		<i>No Response</i>			
36 21.3%	8 11.8%	37 21.9%	21 30.9%	42 24.9%	28 41.2%	38 22.5%	10 14.7%	16 9.5%	1 1.4%	2 1.2%	1 1.4%		
8. Which of the following categories best describes your current housing situation?													
<i>Independent</i>		<i>Live with others</i>		<i>Residential/ Sheltered care</i>		<i>Homeless</i>		<i>Institutional</i>		<i>No Response</i>			
115 68%	50 73.5%	37 21.9%	10 14.7%	12 7.1%	3 4.4%	5 3%	5 7.4%	0	0	2 1.2%	1 1.4%		
9. How would you best describe your current feeling of general safety?													
<i>Safe all the time</i>		<i>Safe most of the time</i>		<i>Safe sometimes; unsafe other times</i>		<i>Unsafe most of the time</i>		<i>Unsafe all the time</i>		<i>No Response</i>			
50 9.6%	14 20.6%	74 43.8%	32 47.1%	37 21.9%	19 27.9%	0	0	8 4.7%	3 4.4%	2 1.2%	1 1.4%		
10. Which of the following best describes your current involvement with police, court or jail?													
<i>None</i>		<i>Limited</i>		<i>Moderate</i>		<i>Significant</i>		<i>Extreme</i>		<i>No Response</i>			
119 70.4%	54 79.4%	18 10.7%	6 8.8%	19 11.2%	1 1.5%	12 7.1%	7 10.3%	1 0.6%	0	2 1.2%	1 1.4%		

Note: Gray boxes provide Time One data; white boxes provide Time Two data

TABLE SIX
Mean and Standard Deviation Changes - Client Status Review
(Based on 67 pairs matched by ARORA number)

Question	Time One		Time Two		Difference		
	Mean	SD	Mean	SD	Mean	SD	t
1. How often are you currently involved in activities that are important to you?	2.46	1.25	2.61	1.42	0.15	1.28	0.95
2. How often do physical health problems keep you from doing normal activities?	2.43	1.21	2.43	1.22	0	0.90	0
3. How often can you currently get the physical health care that you need?	2.01	1.05	1.76	0.92	-0.25	1.22	-1.70
4. How is your health care paid for?	1.69	0.82	1.75	0.80	0.06	0.55	0.89
5. During last 6 months, how many times have you been hospitalized for mental health Tx?	1.25	0.66	1.30	0.76	0.04	0.59	0.62
6a. Have friends/relatives asked you to cut down on alcohol/other drugs, to quit entirely?	0.30	0.46	0.22	0.42	-0.11	0.36	-2.42
6b. Are you annoyed by friends/relatives who question your use?	0.21	0.41	0.16	0.37	-0.05	0.38	-1.00
6c. Have you experienced guilt because of your drinking or use?	0.22	0.41	0.18	0.39	-0.07	0.36	-1.43
6d. Do you need an eye opener in the morning to get started?	0.09	0.29	0.02	0.13	-0.08	0.33	-1.93
6e. Never used or # of 'yes' answers	1.80	1.21	1.52	0.98	-0.25	1.08	-1.84
7. Which of the following best describes your current financial situation?	2.54	1.12	2.61	0.92	0.07	0.93	-0.66
8. Which of the following best describes your current housing situation?	1.43	0.82	1.45	0.89	0.01	0.71	0.17
9. How would you best describe your current feeling of general safety?	2.22	0.92	2.19	0.84	-0.03	0.87	-0.28
10. Which following best describes your current involvement with police, court or jail?	1.57	1.08	1.43	0.96	-0.13	0.92	-1.20
Sum of Ratings	19.40	4.32	19.48	5.00	0.07	4.92	-0.12

Notes: 1) Lower scores indicate higher levels of functioning;
2) Positive Difference Scores indicate worse functioning; negative differences indicate better functioning

TABLE SEVEN
Changes in Client Status Review
(based on 67 pairs matched by ARORA number)

Question	No Change	Decrease	Increase	McNemar χ^2
1. How often are you currently involved in activities that are important to you?	35	16	16	0
2. How often do physical health problems currently keep you from doing your normal activities?	35	18	14	0.28
3. How often can you currently get the physical health care that you need?	29	26	12	4.45*
4. How is your health care paid for?	47	8	12	0.45
5. During the last 6 months, how many times have you been hospitalized for mental health treatment?	58	4	5	0
6a. Have friends/relatives asked you to cut down on alcohol or other drugs or to quit entirely?	54	12	1	7.69*
6b. Are you annoyed by friends/relatives who question your use?	53	11	3	3.50
6c. Have you experienced guilt because of your drinking or use?	52	13	2	6.67*
6d. Do you need an eye opener in the morning to get started?	54	12	1	7.69*
6e. Never used or # of 'yes' answers	44	15	8	1.57
7. Which of the following best describes your current financial situation?	44	15	8	0
8. Which of the following best describes your current housing situation?	56	6	5	0
9. How would you best describe your current feeling of general safety?	32	18	17	0
10. Which of the following categories best describes your current involvement with police, court or jail?	55	8	4	0.75
Sum of Ratings	4	32	31	0

Note: Corrected for continuity. * $p < .05$.

TABLE EIGHT
MHSIP (Adult)

(Based on 112 surveys returned at Time One (T1) and 53 at Time Two (T2))

1. I like the services that I receive here.															
<i>Strongly Agree</i>		<i>Agree</i>		<i>Neutral</i>		<i>Disagree</i>		<i>Strongly Disagree</i>		<i>N/A</i>		<i>No Response</i>		<i>Mean SD</i>	
<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>
51 45.5%	28 52.8%	37 33.0%	16 30.2%	16 14.3%	6 11.3%	2 1.8%	1 1.9%	1 0.9%	1 1.9%	2 1.8%	0	3 2.7%	1 1.9%	1.74 0.85	1.67 0.90
2. If I had other options, I would still get services from this agency.															
42 37.5%	21 39.6%	40 35.7%	14 26.4%	17 15.2%	11 20.8%	7 6.3%	4 7.5%	1 0.9%	1 1.9%	2 1.8%	0	3 2.7%	2 3.8%	1.93 0.95	2.02 1.07
3. I would recommend this agency to a friend or family member.															
48 42.9%	25 47.2%	36 32.1%	19 35.8%	17 15.2%	3 5.7%	4 3.6%	4 7.5%	1 0.9%	0	2 1.8%	1 1.9%	4 3.6%	1 1.9%	1.81 0.91	1.73 0.90
4. The location of the services was convenient (parking, public transportation, distance, etc.)															
39 34.8%	24 45.3%	48 42.9%	16 30.2%	7 6.3%	8 15.1%	5 4.5%	1 1.9%	7 6.3%	3 5.7%	2 1.8%	0	4 3.6%	1 1.9%	1.99 1.11	1.90 1.11
5. Staff was willing to see me as often as I felt it was necessary.															
45 40.2%	25 47.2%	38 33.9%	19 35.8%	11 9.8%	6 11.3%	9 8%	2 3.8%	2 1.8%	0	2 1.8%	0	5 4.5%	1 1.9%	1.90 1.02	1.71 0.82
6. Staff returned my calls within 24 hours.															
47 42%	17 32.1%	38 33.9%	23 43.4%	9 8%	6 11.3%	5 4.5%	4 7.5%	2 1.8%	1 1.9%	7 6.3%	1 1.9%	4 3.6%	1 1.9%	1.78 0.94	2.00 0.98
7. Services were available at times that were good for me.															
49 43.8%	20 37.7%	44 39.3%	25 47.2%	12 10.7%	6 11.3%	2 1.8%	1 1.9%	2 1.8%	0	1 0.9%	0	2 1.8%	1 1.9%	1.75 0.86	1.77 0.73
8. I was able to get all the services I thought I needed.															
40 35.7%	21 39.6%	40 35.7%	19 35.8%	12 10.7%	7 13.2%	13 11.6%	5 9.4%	2 1.8%	0	1 0.9%	0	4 3.6%	1 1.9%	2.04 1.07	1.92 0.97
9. I was able to see a psychiatrist when I wanted to.															
33 29.5%	18 34%	39 34.8%	23 43.4%	16 14.3%	4 7.5%	9 8%	4 7.5%	4 3.6%	1 1.9%	6 5.4%	1 1.9%	5 4.5%	2 3.8%	2.13 1.09	1.94 0.98
10. Staff here believe that I can grow, change, and recover.															
50 44.6%	26 49.1%	38 33.9%	16 30.2%	15 13.4%	7 13.2%	2 1.8%	1 1.9%	1 0.9%	1 1.9%	3 2.7%	1 1.9%	3 2.7%	1 1.9%	1.74 0.84	1.73 0.92

11. I felt comfortable asking questions about my treatment and medication.															
Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		N/A		No Response		Mean SD	
T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
40 35.7%	20 37.7%	51 45.5%	26 49.1%	10 8.9%	5 9.4%	4 3.6%	0	1 0.9%	1 1.9%	3 2.7%	0	3 2.7%	1 1.9%	1.82 0.83	1.77 0.78
12. I felt free to complain.															
30 26.8%	18 34%	51 45.5%	24 45.3%	11 9.8%	6 11.3%	8 7.1%	2 3.8%	3 2.7%	1 1.9%	3 2.7%	1 1.9%	6 5.4%	1 1.9%	2.06 0.99	1.90 0.90
13. I was given information about my rights.															
38 33.9%	18 34%	46 41.1%	21 39.6%	14 12.5%	9 17%	7 6.3%	2 3.8%	3 2.7%	0	2 1.8%	1 1.9%	2 1.8%	2 3.8%	1.99 1.00	1.90 0.84
14. Staff encouraged me to take responsibility for how I live my life.															
42 37.5%	17 32.1%	48 42.9%	26 49.1%	9 8%	7 13.2%	4 3.6%	2 3.8%	1 0.9%	0	3 2.7%	0	5 4.5%	1 1.9%	1.79 0.83	1.88 0.78
15. Staff told me what side effects to watch out for.															
28 25%	18 34%	48 42.9%	23 43.4%	15 13.4%	7 13.2%	9 8%	3 5.7%	2 1.8%	1 1.9%	4 3.6%	0	6 5.4%	1 1.9%	2.11 0.97	1.96 0.95
16. Staff respected my wishes about who is, and who is not, to be given information about my treatment.															
46 41.1%	23 43.4%	42 37.5%	20 37.7%	12 10.7%	7 13.2%	3 2.7%	1 1.9%	2 1.8%	0	4 3.6%	0	3 2.7%	2 3.8%	1.79 0.90	1.73 0.78
17. I, not staff, decided my treatment goals.															
24 21.4%	13 24.5%	45 40.2%	18 34%	18 16.1%	6 11.3%	11 9.8%	10 18.9%	5 4.5%	3 5.7%	6 5.4%	1 1.9%	3 2.7%	2 3.8%	2.30 1.09	2.44 1.25
18. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).															
33 29.5%	21 39.6%	47 42%	17 32.1%	15 13.4%	8 15.1%	2 1.8%	3 5.7%	0	0	10 8.9%	2 3.8%	5 4.5%	2 3.8%	1.86 0.75	1.86 0.91
19. Staff helped me obtain the information I needed so I could take charge of managing my illness.															
36 32.1%	19 35.8%	42 37.5%	26 49.1%	20 17.9%	4 7.5%	5 4.5%	2 3.8%	2 1.8%	0	4 3.6%	0	3 2.7%	2 3.8%	2.00 0.95	1.78 0.76
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).															
28 25%	22 41.5%	40 35.7%	22 41.5%	22 19.6%	3 5.7%	7 6.3%	3 5.7%	3 2.7%	1 1.9%	9 8%	1 1.9%	3 2.7%	1 1.9%	2.17 1.02	1.80 0.94

Note: Gray boxes provide Time One data; white boxes provide Time Two data

<i>As a direct result of the services I received here:</i>															
21. I deal more effectively with daily problems.															
<i>Strongly Agree</i>		<i>Agree</i>		<i>Neutral</i>		<i>Disagree</i>		<i>Strongly Disagree</i>		<i>N/A</i>		<i>No Response</i>		<i>Mean SD</i>	
<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>
27 24.1%	12 22.6%	54 48.2%	24 45.3%	21 18.8%	10 18.9%	5 4.5%	4 7.5%	1 0.9%	0	2 1.8%	0	2 1.8%	3 5.7%	2.06 0.85	2.12 0.87
22. I am better able to control my life.															
31 27.7%	12 22.6%	53 47.3%	26 49.1%	15 13.4%	10 18.9%	5 4.5%	2 3.8%	3 2.7%	0	1 0.9%	0	4 3.6%	3 5.7%	2.03 0.94	2.04 0.78
23. I am better able to deal with crisis.															
24 21.4%	12 22.6%	53 47.3%	28 52.8%	22 19.6%	3 5.7%	6 5.4%	6 11.3%	1 0.9%	0	1 0.9%	0	5 4.5%	4 7.5%	2.12 0.86	2.06 0.90
24. I am getting along better with my family.															
25 22.3%	9 17%	45 40.2%	24 45.3%	20 17.9%	11 20.8%	9 8%	2 3.8%	2 1.8%	1 1.9%	8 7.1%	2 3.8%	3 2.7%	4 7.5%	2.19 0.98	2.19 0.88
25. I do better in social situations.															
16 14.3%	10 18.9%	51 45.5%	19 35.8%	25 22.3%	8 15.1%	10 8.9%	11 20.8%	2 1.8%	1 1.9%	3 2.7%	1 1.9%	5 4.5%	3 5.7%	2.34 0.92	2.47 1.12
26. I do better in school and/or work.															
9 8%	5 9.4%	35 31.3%	15 28.3%	25 22.3%	8 15.1%	6 5.4%	3 5.7%	3 2.7%	0	30 26.8%	19 35.8%	4 3.6%	3 5.7%	2.47 0.94	2.29 0.86
27. My housing situation has improved.															
18 16.1%	11 20.8%	46 41.1%	25 47.2%	20 17.9%	9 17%	9 8%	1 1.9%	2 1.8%	1 1.9%	11 9.8%	3 5.7%	6 5.4%	3 5.7%	2.27 0.95	2.06 0.84
28. My symptoms are not bothering me as much.															
22 19.6%	12 22.6%	44 39.3%	23 43.4%	24 21.4%	8 15.1%	12 10.7%	5 9.4%	5 4.5%	2 3.8%	1 0.9%	0	4 3.6%	3 5.7%	2.38 1.08	2.24 1.06

Note: Gray boxes provide Time One data; white boxes provide Time Two data

TABLE NINE
Changes in MHSIP – Adult: By question and domain subscales
(based on 42 pairs matched by demographics)

<i>Question</i>	<i>Time One</i>		<i>Time Two</i>		<i>Difference</i>		
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>
1. Like services here	1.76	0.92	1.60	0.77	-0.15	0.96	-0.97
2. If had other options, still get services here	1.93	1.03	2.05	1.05	0.13	1.22	0.65
3. Recommend this agency	1.75	0.93	1.68	0.82	-0.03	0.74	-0.22
4. Location was convenient	2.18	1.26	1.98	1.18	-0.15	0.89	-1.06
5. Staff willing to see me as often as I felt was necessary	2.03	1.12	1.71	0.86	-0.33	0.94	-2.18*
6. Staff returned calls w/in 24 hours	1.87	1.10	1.93	0.93	0.11	1.09	0.60
7. Services available at good times	1.78	0.91	1.76	0.76	0	0.97	0
8. Got all services I thought I needed	2.12	1.22	1.98	1.02	-0.12	1.05	-0.74
9. Able to see psychiatrist when I wanted to	2.18	1.25	2.02	1.04	-0.10	1.05	-0.61
10. Staff believe I can grow, change, recover	1.88	0.88	1.63	0.80	-0.18	1.05	-1.07
11. Felt comfortable asking questions about Tx & meds	1.71	0.72	1.67	0.65	-0.02	0.85	-0.18
12. I felt free to complain	2.10	1.01	1.90	0.89	-0.21	1.06	-1.21
13. I was given information about my rights	1.60	0.77	1.78	0.82	-0.18	0.76	-1.48
14. Staff encouraged me to take responsibility	1.73	0.78	1.88	0.77	0.1	0.93	0.68
15. Staff told me about side effects	1.95	0.86	0.93	0.97	-0.05	0.95	-0.33
16. Staff respected wishes about who is, is not, to be given info	1.75	0.87	1.67	0.79	-0.08	0.66	-0.72
17. I, not staff, decided my Tx goals	2.53	1.18	2.40	1.33	-0.13	1.40	-0.56
18. Staff sensitive to cultural/ethnic background	1.96	0.78	1.83	0.87	-0.11	0.89	-0.75
19. Staff helped me get info to manage illness	1.95	0.89	1.76	0.80	-0.2	0.97	-1.31
20. Encouraged to use consumer programs	2.15	1.01	1.73	0.84	-0.47	1.01	-2.90**
21. Deal more effectively with daily problems	1.98	0.72	2.15	0.91	0.23	0.90	1.60
22. I am better able to control my life	2.05	1.00	2.07	0.82	0.08	0.92	0.52
23. I am better able to deal with crisis	2.05	1.05	2.15	0.92	0.22	1.00	1.31

Notes: 1) Lower scores indicate higher levels of satisfaction
2) Positive differences indicate lower levels of satisfaction; negative differences indicate higher levels of satisfaction
3) * $p < .05$; ** $p < .01$

Question	Time One		Time Two		Difference		
	Mean	SD	Mean	SD	Mean	SD	t
24. <i>I am getting along better with family</i>	2.21	0.95	2.15	0.93	-0.03	0.99	-0.17
25. <i>I do better in social situations</i>	2.33	0.88	2.44	1.18	0.13	1.06	0.76
26. <i>I do better in school and/or work</i>	2.80	1.03	2.28	0.94	-0.36	0.85	-2.01
27. <i>My housing situation has improved</i>	2.36	1.01	2.08	0.90	-0.31	1.01	-1.82
28. <i>Symptoms are not bothering me as much</i>	2.44	1.23	2.24	1.11	-0.15	1.12	-0.85
Domain Subscales							
<i>Access</i>	2.01	0.84	1.89	0.72	-0.10	0.67	-0.99
<i>Quality of Treatment</i>	1.97	0.61	1.84	0.60	-0.14	0.53	-1.62
<i>Outcomes</i>	2.25	0.70	2.20	0.75	-0.001	0.62	-0.01
<i>General Satisfaction</i>	1.81	0.83	1.78	0.78	-0.02	0.80	-0.13

- Notes: 1) Lower scores indicate higher levels of satisfaction
2) Positive differences indicate lower levels of satisfaction; negative differences indicate higher levels of satisfaction
3) * $p < .0$; ** $p < .01$

TABLE TEN
Changes in MHSIP – Adult: By question and domain subscales
(based on 42 pairs matched by demographics)

Question	No Change¹	Higher Satisfaction	Lower Satisfaction	McNemar χ^2
1. Like services here	23	13	6	1.89
2. If had other options, still get services here	20	11	11	0
3. Recommend this agency	24	11	7	0.5
4. Location was convenient	20	14	8	1.14
5. Staff willing to see me as often as I felt necessary	29	11	2	4.92*
6. Staff returned calls w/in 24 hours	23	8	11	0.21
7. Services available at good times	24	7	11	0.5
8. Got all services I thought I needed	26	10	6	0.56
9. Able to see psychiatrist when I wanted to	18	13	11	0.04
10. Staff believe I can grow, change & recover	21	14	7	1.71
11. Felt comfortable asking questions about Tx & meds	21	11	10	0
12. I felt free to complain	17	17	8	2.56
13. I was given information about my rights	22	14	6	2.45
14. Staff encouraged me to take responsibility	18	10	14	0.38
15. Staff told me what side effects to watch out for	19	13	10	0.17
16. Staff respected wishes about who is, not given info	23	12	7	0.84
17. I, not staff, decided my Tx goals	19	15	8	1.56
18. Staff sensitive to my cultural/ethnic background	17	17	8	2.56
19. Staff helped me obtain info to manage my illness	19	15	8	1.56
20. Encouraged to use consumer-run programs	19	19	4	8.52**
21. I deal more effectively with daily problems	21	9	12	0.19
22. I am better able to control my life	18	12	12	0
23. I am better able to deal with crisis	19	12	11	0
24. I am getting along better with my family	17	15	10	0.64
25. I do better in social situations	16	15	11	0.35
26. I do better in school and/or work	7	31	4	19.31***
27. My housing situation has improved	14	21	7	6.04*
28. My symptoms are not bothering me as much	18	15	9	1.04
Access	7	19	16	0.11
Quality	1	22	19	0.10
Outcome	3	22	17	0.41
Satisfaction	13	17	12	0.55

Notes: Corrected for continuity. * $p < .05$. ** $p < .01$. *** $p < .001$

TABLE ELEVEN

MHSIP - Families (YSS-F)

(Based on 12 surveys returned at Time One and 0 at Time Two)

1. Overall, I am satisfied with the services that my child received.													
<i>Strongly Agree</i>		<i>Agree</i>		<i>Neutral</i>		<i>Disagree</i>		<i>Strongly Disagree</i>		<i>N/A</i>		<i>Mean SD</i>	
<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>
6 50%		5 41.7%		1 8.3%		0		0		0		1.58 0.67	
As a result of the services my child and/or family received:													
2. My child is better at handling daily life.													
3 25%		7 58.3%		2 16.7%		0		0		0		1.92 0.69	
3. My child gets along better with family members.													
2 16.7%		8 66.7%		2 16.7%		0		0		0		2.00 0.60	
4. My child gets along better with friends and other people.													
1 8.3%		9 75%		2 16.7%		0		0		0		2.08 0.51	
5. My child is doing better in school and/or work.													
2 16.7%		7 58.3%		1 8.3%		2 16.7%		0		0		2.25 0.97	
6. My child is better able to cope when things go wrong.													
1 8.3%		9 75%		2 16.7%		0		0		0		2.08 0.51	
7. I am satisfied with our family life right now.													
2 16.7%		2 16.7%		4 33.3%		3 25%		1 8.3%		0		2.92 1.24	

Note: Lower scores indicate higher levels of satisfaction

Feedback about the services my child and/or family received:													
8. I helped to choose my child’s services.													
Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		N/A		Mean SD	
T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2	T1	T2
4 33.3%		7 58.3%		0		0		0		1 8.3%		1.64 0.50	
9. I helped to choose my child’s treatment goals.													
7 58.3%		4 33.3%		0		0		0		1 8.3%		1.36 0.50	
10. The people helping my child stuck with us no matter what.													
6 50%		4 33.3%		2 16.7%		0		0		0		1.67 0.78	
11. I felt my child had someone to talk to when he/she was troubled.													
5 41.7%	6 50%		0		1 8.3%		0		0			1.67 0.65	
12. The people helping my child listened to what he/she had to say.													
4 33.3%		7 58.3%		1 8.3%		0		0		0		1.75 0.62	
13. I was frequently involved in my child’s treatment.													
4 33.3%		7 58.3%		1 8.3%		0		0		0		1.75 0.62	
14. The services my child and/or family received were right for us.													
4 33.3%		7 58.3%		1 8.3%		0		0		0		1.75 0.62	
15. The location of services was convenient for us.													
3 25%		7 58.3%		1 8.3%		1 8.3%		0		0		2.00 0.85	
16. Services were available at times that were convenient for us.													
3 25%		6 50%		2 16.7%		1 8.3%		0		0		2.08 0.90	
17. If I need services for my child in the future, I would use these services again.													
5 41.7%		4 33.3%		2 16.7%		0		0		1 8.3%		1.73 0.79	

Note: Lower scores indicate higher levels of satisfaction

18. My family got the help we wanted for my child.													
<i>Strongly Agree</i>		<i>Agree</i>		<i>Neutral</i>		<i>Disagree</i>		<i>Strongly Disagree</i>		<i>N/A</i>		<i>Mean SD</i>	
<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>
3 25%		6 50%		2 16.7%		0		0		1 8.3%		1.91 0.70	
19. My family got as much help as we needed for my child.													
5 41.7%		4 33.3%		3 25%		0		0		0		1.83 0.83	
20. My child and family's needs determined my child's treatment goals.													
4 33.3%		7 58.3%		1 8.3%		0		0		0		1.75 0.62	
21. Staff treated me with respect.													
7 58.3%		5 41.7%		0		0		0		0		1.42 0.51	
22. Staff understood my family's cultural traditions.													
2 16.7%		4 33.3%		3 25%		0		0		3 25%		2.11 0.78	
23. Staff respected my family's religious/spiritual beliefs.													
1 8.3%		6 50%		2 16.7%		0		0		3 25%		2.11 0.60	
24. Staff spoke with me in a way that I understood.													
3 25%		9 75%		0		0		0		0		1.75 0.45	
25. Staff were sensitive to my cultural/ethnic background.													
1 8.3%		4 33.3%		2 16.7%		0		0		5 41.7%		2.14 0.69	
26. I felt we were discriminated against while trying to get services here.													
0		0		1 8.3%		1 8.3%		9 75%		1 8.3%		1.27 0.65	

Note: Lower scores indicate higher levels of satisfaction

TABLE TWELVE

MHSIP – Youth (YSS)

(Based on 6 surveys returned at Time One and 1 at Time Two)

1. Overall, I am satisfied with the services that I received.													
<i>Strongly Agree</i>		<i>Agree</i>		<i>Neutral</i>		<i>Disagree</i>		<i>Strongly Disagree</i>		<i>N/A</i>		<i>Mean SD</i>	
<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>
2 33.3%	1 100%	3 50%	0	0	0	1 16.7%	0	0	0	0	0	2.00 1.09	0
As a result of the services I received:													
2. I am better at handling daily life.													
1 16.7%	0	2 33.3%	1 100%	1 16.7%	0	0	0	1 16.7%	0	1 16.7%	0	2.00 0.82	0
3. I get along better with family members.													
1 16.7%	0	3 50%	0	1 16.7%	1 100%	0	0	1 16.7%	0	0	0	2.20 1.10	0
4. I get along better with friends and other people.													
1 16.7%	0	3 50%	0	0	1 100%	0	0	1 16.7%	0	1 16.7%	0	1.75 0.50	0
5. I am doing better in school and/or work.													
1 16.7%	0	1 16.7%	0	1 16.7%	1 100%	2 33.3%	0	1 16.7%	0	0	0	2.80 1.20	0
6. I am better able to cope when things go wrong.													
1 16.7%	0	4 66.7%	1 100%	0	0	0	0	1 16.7%	0	0	0	1.80 0.45	0
7. I am satisfied with my family life right now.													
2 33.3%	0	3 50%	1 100%	0	1 100%	0	0	1 16.7%	0	0	0	1.60 0.55	0
Feedback about the services I received:													
8. I helped to choose my services.													
1 16.7%	0	3 50%	1 100%	0	1 16.7%	0	1 16.7%	0	0	0	0	2.67 1.51	0
9. I helped to choose my treatment goals.													
1 16.7%	0	4 66.7%	1 100%	0	0	0	1 16.7%	0	0	0	0	2.33 1.37	0

Notes: 1) Lower scores indicate higher levels of satisfaction

2) Gray boxes provide Time One data; white boxes provide Time Two data

10. The people helping me stuck with me no matter what.													
Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		N/A		Mean SD	
T1	T2	T1	T2	T1	T2	T1	T1	T2	T1	T2	T1	T2	T1
1 16.7%	1 100%	3 50%	0	0	1 16.7%	0	0	0	1 16.7%	0	0	2.40 1.52	0
11. I felt I had someone to talk to when I was troubled.													
1 16.7%	0	4 66.7%	1 100%	0	0	0	0	0	1 16.7%	0	0	1.80 0.45	0
12. The people helping me listened to what I had to say.													
2 33.3%	0	3 50%	1 100%	0	0	0	0	0	1 16.7%	0	0	1.60 0.55	0
13. I was actively involved in my own treatment.													
1 16.7%	0	3 50%	1 100%	0	0	1 16.7%	0	0	0	1 16.7%		2.20 1.11	0
14. I received the services that were right for me.													
1 16.7%	0	1 16.7%	1 100%	2 33.3%	0	1 16.7%	0	0	0	1 16.7%	0	2.60 1.14	0
15. The location of services was convenient.													
0	0	4 66.7%	1 100%	0	0	1 16.7%	0	0	0	1 16.7%	0	2.40 0.89	0
16. Services were available at times that were convenient for me.													
1 16.7%	0	1 16.7%	1 100%	0	0	2 33.3%	0	1 16.7%	0	1 16.7%	0	3.20 1.64	0
17. If I need services in the future, I would use these services again.													
1 16.7%	0	3 50%	1 100%	0	0	0	0	1 16.7%	0	1 16.7%	0	2.40 1.52	0
18. I got the help I wanted.													
0	0	4 66.7%	1 100%	0	0	1 16.7%	0	0	0	1 16.7%	0	2.40 0.89	0
19. I got as much help as I needed.													
1 16.7%	0	2 33.3%	1 100%	0	0	1 16.7%	0	0	0	1 16.7%	0	2.25 1.26	0

Notes: 1) Lower scores indicate higher levels of satisfaction
2) Gray boxes provide Time One data; white boxes provide Time Two data

20. I, not staff, determined my treatment goals.													
<i>Strongly Agree</i>		<i>Agree</i>		<i>Neutral</i>		<i>Disagree</i>		<i>Strongly Disagree</i>		<i>N/A</i>		<i>Mean SD</i>	
<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>	<i>T1</i>	<i>T2</i>
0	0	1 16.7%	1 100%	2 33.3%	0	1 16.7%	0	1 16.7%	0	1 16.7%	0	3.40 1.14	0
21. Staff treated me with respect.													
3 50%	0	2 33.3%	1 100%	1 16.7%	0	0	0	0	0	0	0	1.67 0.82	0
22. Staff understood my family's cultural traditions.													
2 33.3%	0	2 33.3%	1 100%	0	0	1 16.7%	0	0	0	1 16.7%	0	2.00 1.22	0
23. Staff respected my family's religious/spiritual beliefs.													
3 50%	0	2 33.3%	1 100%	1 16.7%	0	0	0	0	0	0	0	1.67 0.82	0
24. Staff spoke with me in a way that I understood.													
3 50%	0	3 50%	1 100%	0	0	0	0	0	0	0	0	1.50 0.55	0
25. Staff were sensitive to my cultural/ethnic background.													
2 33.3%	0	2 33.3%	1 100%	2 33.3%	0	0	0	0	0	0	0	2.00 0.89	0
26. I felt discriminated against while trying to get services here.													
1 16.7%	0	0	0	1 16.7%	0	1 16.7%	1 100%	3 50%	0	0	0	3.83 1.60	0

Notes: 1) Lower scores indicate higher levels of satisfaction
2) Gray boxes provide Time One data; white boxes provide Time Two data

APPENDIX ONE

Qualitative Comments: Client Status Review

Follow-up Questions - Consumer Comments

1. Were any of the questions hard to answer? Which ones? Why?

Alternatives

- None
- No, they were boring
- No (4)

Bristol Bay

- No, just weird
- No, they're good
- No, the feeling safe questions was hard to understand
- All of them – don't like nosy people
- They weren't hard to answer.
- Yes, #2, 3, 10 – hard to understand
- #4 and 10
- Yes, #9 – don't understand what is meant
- No comments
- No (11)

Norton Sound

- Yes. The questions assuming substance abuse and problems with the law are offensive.
- Yes, #10
- Some hard, didn't know what was wanted
- No comments (5)

LifeQuest

- Understood all questions
- No, I understood most of the questions.
- None
- No (28)
- No comments (7)
- Yes, questions 6-10 – does not apply to consumer age.

- Yes, doesn't apply to consumer's age
- Yes, I resent this survey.
- Regarding finances
- Yes, had to clarify
- Yes, #3 – I just don't understand; #4 – Medicaid
- #4 because of Medicaid & copay
- Some vague – need to clarify
- # 4 & 5 - Is health care same as mental health care?
- Yes, #4 – hard to figure since I have Medicaid and Medicare and have to pay copay, a minor amount.
- #1, 2, 4, 9 – just don't understand the wording.
- Yes, #6 – confusing terms & sentence formation
- Yes, the one talking about alcohol kind of made me nervous (#6)
- #6 – Poor English!!! 'No to all of the ???' Very poor English – yes to none = No to all!
- #6 – felt it was intrusive
- #6 – about drugs
- #6 – you assume I'm alcoholic.
- Yes, #6 because there was no section for a non-drug user
- Questions about drugs
- Yes, #6. I have 3 years clean and nowhere to note it.
- Yes, 6a. Not family. Who are friends?
- Yes, the second half of #6, the wording is too confusing.
- All of them took some time
- Felt questions and choices were confusing

SCC

- Not really (2)
- None. At the most they were pretty good questions
- Not with help
- Yes
- Yes – income & activities – difficult to figure out
- Most were hard to answer
- A little – about financial & people talking about drugs/alcohol
- Yes, all of them. I have to ask for help and its personal to me. It's hard to answer questions that bring memories of my past.
- Kind of: #1
- #3 – no option appropriate to my situation; just don't seek health care for self although covered
- The health care – I pay my own insurance and there is no question for this.
- #3 – Can't get the medical services due to lack of coverage
- #4 – confusing
- #6 – Never used – of course I have had sips of wine
- Yes, #6 – worded strangely for option 1
- Yes, probably the alcohol use and drug use 'cause maybe they're hard to answer
- Yes, the one about alcohol use – 'I wasn't, but I had one slip.'
- Little bit - #7
- Yes, #8 – don't know when I have to leave temporary rental situation
- Yes, #8 – housing – don't know if I'm independent or not; very dependent on various agencies
- #9 – Safety
- #9 – Safety includes worries about loss of benefits or homelessness
- #9 – hard to feel save when hearing about community violence that may not directly affect me.
- Yes, #10 because I got in trouble a year and half ago
- #10 – difficult to know if it applied to situation
- Financial one – personally don't know where I stand
- I think if I didn't get therapy, I wouldn't be alone
- I just wish I could go somewhere else. There is no staff that has been here as long as I have (8 years). It gets confusing.
- No (46)

2. Were any of the questions unclear? Which ones? Why?

Alternatives

- None
- Yeah, medical - #3 – choices? Further define physical health care
- No (4)

Bristol Bay

- I understood all questions.
- Everything was good
- No comments (3)
- No (12)

Norton Sound

- Financial & health care available
- #1 – 'nebulous'
- No comments (3)

LifeQuest

- No, most I understood.
- None
- Yes, none applied
- Yes, didn't ring a bell with me personally
- Yes, all

LifeQuest (continued)

- They were annoying.
- None applied
- None applied – make one for child that applies
- #1 – chose to live with family members who help care for me; I pay rent. #10 – sometimes feel unsafe due to paranoia – no real threat.
- #1 – level of activity – how defined for a home schooled child?
- #2 – I have weight problems that effects mental health that keeps me from normal activities.
- #2 – unsure about ‘physical’
- #3 & 4
- Yes, #4 & #6. #4 doesn’t address Medicaid/Medicare clearly
- #5 – Crisis Respite 3X
- As the parent of the client, I answered them about her with feedback from her. Or was I supposed to answer them about myself?
- #6
- #6 – client sober 8 months. Answers ‘yes’ refer to previous time period.
- Yes, the second part of #6

- #9 – client says they know they are safe – suffers paranoia.
- #9 – because of lack of boundaries with my behavior
- #9 – I know I am safe where I’m at, but don’t always feel like it
- Health questions – some services not covered
- #10 – there are many restraints
- All of them took some time
- No comments (8)
- No (28)

SCC

- Yes, #1 – meaningful activity?
- Yes – all
- Most need clarification to understand
- See comments above re: #3
- #4, #7 – confusing
- #4
- Yes, number 6 & 10
- Yes, #6
- Yes, #6 - confusing
- Yes, #7, 8 & 9
- Not sure, no
- No comments
- No (54)

3. Do you have any other comments? (Use reverse side if needed)

Alternatives

- Should make a form for the parent specifically to answer for the child.
- No (5)

Bristol Bay

- None
- No, good survey
- No comments (5)
- #6 – ‘Don’t drink!’ was added
- Yes, I need more income for my needs
- I think I answer most of the questions correctly
- No (11)

Norton Sound

- The survey seems too short
- This was stupid
- No comments (4)

LifeQuest

- None (2)
- No, good job
- I enjoy the questions.
- I already commented.
- Its fine. (2)
- Some are irrelevant.
- Who might this information be going to?

LifeQuest (continued)

- What are you trying to determine? #8 should not be on survey
- Yes, I wish we did more like field trips and stuff in our program, and maybe a car wash or something to raise money.
- I don't think these questions are necessary.
- The purpose isn't clear, but if it's necessary, I'm more than happy to comply.
- These were interesting questions to answer. They told me the things in my life dealing with stress. It asked how often I did activities.
- Drug & alcohol users usually have denial or minimization of problems.
- Case manager's office isn't private enough; so don't see her often as needed.
- I really like my caseworker. She isn't demanding and does not have unreal expectations of me.
- Does a person locked up figure in this survey, and how is there someone to provide them with a copy of this survey to fill out? I think LifeQuest needs to hire more capable case managers. The ones I have dealt with seem to be quite overworked.
- #3, answer 4 – I have not been able to find a doctor that treats FMS & MPS
- #3 – I need dental & just filled out grant through dental program
- Q3 – often disabled by symptoms – so don't access care that is readily available
- #4 – Medicaid & Medicare needed to be specified
- #4 – Medicaid & Medicare don't seem to be listed and should be
- #4, answer 1, except for Medicaid copay (2)
- #4, answer 1 – Medicaid
- #4 – some services are not included
- #4, answer 2 – through SSI and Medicaid
- #6, no longer use alcohol or drugs
- Q6 – no way to indicate if in recovery and for how long
- #6 – no answer was selected, but comment 'sober for 9 years' added
- #6 – I don't drink and you should have asked if I did before you implied that I needed to answer these questions
- #7, answer 4 – eye care, over counter medication, food, clothing
- #8, answer 2 – pay rent
- Q8 – No way to indicate if in homeless/transitional housing
- Next to #9 client wrote 'I am referring to my state of mind, how I get to stressful situations, I sometimes go into thinking about killing myself when things become stressful for me.'
- #9, answer 5 – due to symptoms of schizophrenia
- #9 – feel physically safe; feel unfairly complained about to landlord by neighbor's because of drinking behavior
- #9, answer 3 – has anxiety disorder
- #9, answer 3 – teenage neighbor's following me
- #10, answer 1 was checked, but 'unknown if any' added
- No comments (18)
- No (25)

SCC

- No (35)
- No, not really
- I don't know
- I didn't like intrusive questions.
- I support Building Bridges. I would like to attend as many groups as I want to.
- It seems OK
- I support this questionnaire
- Thanks for asking

SCC (continued)

- No one will help wean me off prescription meds & on anti-narcotics – can't do in hospital – was told Medicaid/Medicare won't cover unless emergency
- Need to ask if they're adequate after hospitalization
- This is not necessary to ask questions that bring memories of the past. I want to get on with present and future.
- I am paying a lot of money for medications – Need help with this
- These aren't the kind of questions I think of everyday. It's not enough from life in general.
- I would like to get mental health services more often, but Medicaid regs prohibit that; fewer groups than previously engaged in.
- Question #3 – pain pills don't go with psych meds; do without pain meds
- Not asking questions that may be of help; in your opinion, how has counseling helped health improving (scale of 1-5)? What do you feel has been helping the most?
- #3 – I do not have access to medical care even though I have Medicaid
- #6d – coffee should be added
- #6 – doesn't address coffee as an 'eye opener'
- Yes, I like the ones on alcohol use and drug use and other questions
- If I didn't have my restraining order, I would be feeling better about things that come along.
- It is hard to find doctors that accept Medicaid
- No comments (17)

Follow-up Questions - Clinician Comments

1. Did consumers have problems with any of the questions? Which questions? What problems?

Alternatives

- No (5)
- None
- Yes, #7 – Kids questioned if this relates to their finances or their parents? #8 – The parents own; the kids live with their parents. Question doesn't make sense.
- No comments
- #4 – cost of insurance itself
- #7 – vague – 'financial concerns' is more than basic needs
- No comments (3)

Norton Sound

- Wording unclear
- #3 – 'loaded', not a lot of appts are made and followed
- #7 – 'gap' between answers 1 & 2; 'assets' not listed
- #1 – 'important' meaning 'enjoyable'? Critical to survival? Maybe two questions would be clearer
- **Bristol Bay**
- Helped her read the questions. They were asked pretty clearly and straightforward.
- Yes, he missed half or more of the forms.
- No (4)
- None (2)
- Didn't seem to.
- No comments (9)

LifeQuest

- No (21)
- No, I reworded them with client's name instead of 'you' since I was asking the parent.
- No, I reworded them with client's name instead of 'you' since I was asking the parent instead due to the age of the client.
- No comments (23)
- the questions.
- Yes, all – doesn't apply to age category (2)
- Yes, needed situational descriptions
- Yes, client's thinking is tangential at this time, and he had difficulty w/answers.
- Just #2
- #3 & 4
- #4 – co-pay for multiple meds can add up to expense that impacts budget
- Yes, #4. It was hard to understand – should have had more categories.
- Yes, #4 & #6 – confusing wordage
- Yes, #6 (2)
- #6 – client is almost 1 year sober – answers refer to when they were drinking; #9 – client says feels unsafe due to symptoms sometimes
- #6 – unsure if caffeine is considered a drug
- Client chose to answer only one part of Question 6
- The one relating to alcohol (#6) was again a problem, as this client has no C/D issues. Also, the question regarding safety (#9) was answered from the point of view of an individual with anxiety & paranoia.
- Yes, some questions are vague and need situational description. These questions seem rather 'adult'.

SCC

- No (25)
- No, she didn't appear to
- No, difficult to keep client focused
- Comments given on previous surveys
- No comments (23)
- #1 – 2 days per week would equal 7 days a month, thus answers 2 and 3 overlap
- #1 – Consumers had difficulty with this question as attending agency group activities was not an identified option, and they required assistance in problem solving to identify this as an active area for them. 'Not active' appears as if the consumer never does any activity. It may be better to state a choice such as 'rarely active, minimally active, etc.'
- #4. Several consumers had difficulty deciding between 'fully insured' and 'well insured' as with Medicaid not all services are paid for and there is at times a small fee.
- #5 – The 6 month timeframe is problematic because these surveys were given so close together. For example, if a client was in API four months ago, on both administration of the survey, the client would answer #2 (1 time), even if the client had not been in API since the previous survey. Also, is CTC stay considered hospitalization? Is inpatient treatment at Clitheroe considered hospitalization? Should it make a difference whether or not hospitalization was voluntary?
- #5. Many of the consumers had difficulty with this question as they felt that 'hospitalization' should include our Crisis Treatment Center services, which many had utilized within the past 6 months.
- #6
- #6 – Consumer was unsure on how to answer question concerning alcohol since he used to be an alcoholic; however, is no longer using.

SCC (continued)

- #6 continues to be a poorly worded question as many of those who participated do not use drugs or alcohol and felt this question assumed that they did and thus several answered that they were ‘annoyed’ by being asked by others about use in response to question on questionnaire. It also fails to identify tobacco and/or caffeine use, which was stated as an ‘eye-opener’ and is prevalent among this population.
- In #6d, consumer unsure if question considered caffeine a drug
- #6 – consumer doesn’t currently use alcohol or drugs
- #6 – unsure if cigarettes are considered a drug; #6d – coffee
- #6 – consumer reported feeling guilty about having one relapse with alcohol use.
- #8 – this questions continues to not address transitional housing. Does this fit into the homeless category?
- #10 – client was not sure how to answer – need an option for Title 12 status.
- Each person seems to interpret things a little differently. Some need more help than others. This person worked to fill it out him or herself.
- Client’s situation didn’t fit neatly in any categories for #7, 8 & 9

2. Were any of the questions unclear? If yes, please tell us which questions were unclear.

Alternatives

- No (5)
- None
- Yes, #7 & 8 (explained above)
- No comments

Bristol Bay

- Not for this client
- Some are unclear – vocabulary, overall ‘too much’
- This has many questions that he did not find easy to understand
- #6 – should ask if any use first
- None
- No (7)
- No comments (5)
- #3 – Unclear as to what is being asked. Word it clearer about access to health care.
- #1, 2, 3

Norton Sound

- #1 – clinician wrote that client ‘doesn’t count work’ as activity
- #6, answer 1 – weird phrasing – double negative
- No comments (4)

LifeQuest

- No, just uncomfortable
- No (24)
- No comments (24)
- #1 – Medicaid
- Not worded for parents to answer for a child; #1 – ‘if you weren’t doing one of those things, you’d be dead’ was the comment from the parent.
- #3 & 4 – because Medicaid is not listed, some cannot answer the question.
- #4 – see comment above
- Question 4 – Medicaid
- Yes, #4 & #6
- #5
- Yes, some seem ‘adult’

LifeQuest (continued)

- #7 – client manages to get needs met, but is under great stress trying to pay off past debt; #9 – client is paranoid and is aware of the condition. Staff cannot identify any threat to safety.
- #9 – feels unsafe due to own actions, not from environment
- #9 – client felt unsafe due to recognized paranoia; acknowledged no identifiable threat.
- Client had a difficult time answering all of the questions.

SCC

- #6 – define current drug use clearer
- #6
- #6 – consumers find it difficult to differentiate whether question is pertaining to past or present use.
- Possibly #6
- #10 was a little unclear in terms of non-criminal involvement – Client is in the middle of taking someone else to court over reportedly stolen things.
- #10 – there was one consumer who has to be registered with the State, but didn't know what his legal status was as it didn't appear to fit in any category specifically, as probation period had ended though he continues to be mandated by the State to report for the offense.
- No comments (32)
- No (27)

3. Were there things we did not ask that you feel we should add?

Alternatives

- None (7)
- No comments

Bristol Bay

- Nothing
- None
- No (5)
- No comments (8)
- Ask about perceived access to mental health
- Need to ask whether client drinks/drugs

Norton Sound

- No comments (5)
- Types of support services available

LifeQuest

- No (26)
- None (2)
- No comments (26)
- Yes, is treatment confidential (private)? Not in case manager's office? (*Client comment recorded by clinician*)
- You should have asked more about mental health.
- Yes, how we feel about different emotions (*Client comment recorded by clinician*)
- #6 doesn't address caffeine use or address no use of drugs or alcohol
- Many things – TX results over time; lack of improvement and reasons

SCC

- No (25)
- No comments (36)
- Question #1 may include SCC group activities
- Questions about medications – client satisfaction, complaints, etc. All are on meds – some controversial.
- Is the care you are receiving adequate in your opinion? (*comment from client recorded by clinician*)

- Symptoms/meds – satisfaction, effectiveness, side effects
- For all questionnaires: How satisfied are you with your medications? What side effects do you experience? How consistently do you take your medications?
- See previous surveys
- Already addressed

4. Do you have any other comments?

Alternatives

- None (3)
- #3 – What are the choices? Whenever available.
- Again, mostly these questions (3, 4, 7, 8) do not pertain to the child themselves, mostly the parent.
- #9 – too much use of the word ‘safe’ was written in
- What are you attempting to determine?
- This survey is not very appropriate for some clients as the answers you get back may be very misleading.

Bristol Bay

- None
- No (6)
- No comments (9)
- Does not seem to be valuable or as workable in rural/bush setting
- This is hard to do in rural setting
- Pretty user-friendly. Do you want to ask if people are satisfied with the services? Are you treated with respect for your person and culture?
- I enjoyed the questions. (*Client comment recorded by clinician*)
- Client filled out independently, though client asked staff for clarification on many questions.

Norton Sound

- No comments (5)

LifeQuest

- No (17)
- No comments (34)
- Client objected to #6. She felt it implied that she had a drug or drinking problem.
- She (client) said it was unnecessary.
- Some questions need to be clearer.
- Had staff assistance filling this out
- Client filled out independently. Staff provided clarification on a couple of questions.
- Staff helped client fill this out.
- Client filled out/completed independently (3)
- #4 – ‘Medicaid’ written in (2)
- #7, answer 5 – ‘bio family’ was written in (2)
- #9 – ‘fear of teasing & being picked on’

SCC

- #4, Insurance – Our clients don’t have insurance, they have Medicaid or Medicare – might include those terms in question answers.
- #6 – define current drug use a little more
- #6, answer b & c – ‘when was using’ was written in

SCC (continued)

- #6 is difficult as the question appears to assume to consumers that they use – does not address non-use
- I think it would be helpful to add some questions about medications, such as Are the medications working for them?; any complaints, side effects, etc.? So much of the treatment for this population is centered around medications. This may just reflect my bias regarding the medications.
- I can't pin down why but this took way less time this time around and fewer questions came up – for this particular client anyway.
- Current GAF: I have tried to provide the date of the most current GAF. There will not be any change in GAF between the two survey administrations unless the client was evaluated between the two administrations and the medical provider diagnosed a change. In other words, no change in GAF may be meaningless. For this to really work, the GAF should be calculated at the time the survey is given I think.
- Already addressed
- Thank you for the opportunity to participate in this survey. It has been an enjoyable experience and given me the opportunity to interact with some consumers I do not have regular contact with and explore consumer understanding of self-needs, desires and expectations of self and agency.
- Client was not interested. Questions had to be asked several times.
- No (23)
- No comments (33)

APPENDIX TWO

Qualitative Comments: Demographic Questionnaire (Adult)

Question 9. Comments. Is there anything else that you would like to tell us about yourself or the services you receive that might help us to better serve you?

Bristol Bay

- No (2)
- No comments (5)
- I have a mental disorder and am labeled as a person with chronic disorder or schizophrenia. I have for long time been treated for and I like being treated with my schizophrenia, thanks to medication and my involvement with BB Mental Health, so I don't have to go far away from my hometown. Bristol Bay is my hometown and this is where I have improved and I like their services. More better to be around with and learn to like myself and others around me. I thank them very much.
- Scott has made a great outcome on bringing out the qualities I've hidden for so long. Thank you for all your help. It means a lot to me.
- Having no health aid and no August card. States need more aid.
- My counselor was excellent and really helped me through a traumatic time in my life.
- I'm all right.
- Did not receive services without interruption for 5+ yrs, but in that time span probably averaged 2 visits per month
- You guys are doing good. Keep up the good work.
- Some of the questions, wasn't sure or don't know – just answered

LifeQuest

- None
- No comments (6)
- Thank you for LifeQuest counselors. I'd be lost without them.
- I like that med-checks only last 30 minutes. I think groups are too long.
- I know that helping the homeless get Housing Program could be very useful. And emergency financial help for families that have an emergency.
- Your case managers need to be more aware of what resources are available for the consumer. I asked several counselors about Challenge AK. What a wonderful resource for outdoor recreation and self-esteem. However, the counselors at LifeQuest I talked to were unaware of this organization. Do you have a class for beginning adult reading? I'm tutoring one at the present. In this area there is a gap. Let's dig deeper and inform all on the LifeQuest team what's available instead of asking 'What do you want?', say 'What about this program?' and see if there's an interest. Then keep challenging folks to try new things. I'm excited for LifeQuest keep growing and keep the heart open for wisdom from God. He will guide in the ways and needs of His children!
- Wish we went more places like Disneyland or Sea World once in awhile or the zoo

LifeQuest (continued)

- Our case managers have too many, many clients so some folks get little help.
- Homeless/mentally ill need help finding and getting housing. Please reinstate.
- Have more groups. Implement recreational groups. Clubhouse type groups.
- Still having problems sleeping, getting along with people
- I need a lot of dental work done, but can't afford it.
- I appreciate the service that I receive at LifeQuest. I am doing really good. Thanks!
- I'm happy.
- My doctor through LifeQuest has promised me 1-on-1 counseling since I started and I have yet to have this service. Also, my counselor has no privacy for us to talk about private things.
- The staff should be more personal with the patients.
- Conditions are very helpful for my schizophrenia and ____ me from mental illness.
- Thanks for being there. Please help me.
- Needed a lot more one-on-one therapy sessions.

Norton Sound

- No
- No comments (4)
- It's a good program.
- I was very hesitant to use the NSHC BHS program because all the people I knew worked there were creepy. Upon meeting new staff members in a social setting, my opinion changed. I knew I needed the help and was thankful that they had new staff members.

SCC

- No (12)
- N/A
- None
- No comments (17)
- I like the medicine I take and I also take anger management and other counseling for my symptoms.
- People that are there all the time make me nervous. Sometimes I get the idea people are staring at me.
- I appreciate continuity and I get that from SCC.
- I would be dead without it.
- I have found everyone to be very helpful, friendly, from front desk staff to clinical staff, medical providers.
- The new medication; ____ has helped me.
- Everything is great at SCC. Very nice people work there.
- The services are great. Groups are helpful.
- I feel like that I don't trust nobody – what I hear in the back – they think it is a big joke – what is going on in your mind.
- Some of the topics in the group I attend (Building Blocks Group) are not applicable to my therapy issues, but I must attend the entire series anyway.
- Depends on which service.
- It has helped me a lot.
- I think the services at SCC are excellent.
- More groups for people with depression.
- Go on outreach more often.
- The services I received are excellent and extremely helpful. So much depends on the match-up with the right counselor, and I am lucky to have someone who is knowledgeable and very helpful.

SCC (continued)

- I'll never again use the word 'depression.' I thought I was _____ with the feeling of sadness over my youngest daughter's illness, but recently I read that the word is a psychiatric term.
- Case manager not very helpful.
- It would be helpful to have more groups (limited due to Medicaid regs).
- Crisis line is very helpful. It would be nice to have anonymous number so you don't have to leave your name. Would be nice to have another place to call if it is not at crisis level yet.
- Nothing right now.
- Groups are good, but need to get more out going in the public.
- I don't like sometimes how hard it is to get hold of your counselor.
- The staff listens when I relate problems or complain.
- I would appreciate more one-on-one time with employees. An elevator in the building because I am handicapped.
- Need someone to wean me off prescription narcotic meds
- I live through hell, but I try to look on the good side of life
- The SCC groups have been most helpful - a lifesaver. I wouldn't be alive without it. I think Building Blocks should be available to the general public – take to Chugach View, library, etc. The whole community needs it.
- They do help me – needed for my survival
- I would like to (do) better than I am already doing. Get me involved in a group called Anger Management. When I don't have solutions to problems, I need support.
- I'm in desperate need of SCC services. Am very depressed, panic attacks, sick every single day. Just lost my home of 9 years. Six friends died in 5 weeks. Son just had major back surgery & is not healing very well as hoped. Mood swings & crying jags daily. No one cares about me. My puppy does tho. I love her so much – Ashley – only reason I deep getting up every day cuz she needs me & I need her even more.
- I found my own job and have been working there for 6 years and 3 months
- Sometimes I need help to pay rent and go buy groceries
- I need some help with my phobias. I think I have phobia-based chemically induced Torrette's Syndrome. And I have problems with sleeping.
- Some case managers should do better work on their remembering and forgetting. You tell them something and they forget.
- STES is not doing a good job of assisting me in an employment search
- The money I get from APA and SSI is not enough to live on and I feel I do not have the skills to earn a good living and I feel I will not be able to have enough skills ever and I do not know if I ever will.
- I don't need them daily, once a week would be good.

Follow-up Questions: Consumer Comments

1. Were any of the questions hard to understand? Which ones? Why?

Bristol Bay

- No (7)
- #2, don't know what it is asking
- No comments
- Just on 1st page. I don't know what 'conservator' means and what is asked by 'payee'.
- No, I don't know, they are all very easy. I like all the mental health staff – they are very open to us, whom they know us all.
- Yes
- Good

LifeQuest

- No (18)
- No, most were not hard
- Not really
- No comments (3)
- #28 – some have more than one issue and one day is different than the next.

- Not with help
- Yes, #9 Comment
- Yes, 7 and 8

Norton Sound

- No (6)
- No comments

SCC

- No (47)
- N/A (3)
- None (2)
- No hard questions
- Yes (all), hard for me to concentrate & focus eyes.
- Pretty clear.
- Some services are monthly; others may be weekly – to lump them together makes it more difficult to answer.
- No comments

2. Were any of the questions unclear? Which ones? Why?

Bristol Bay

- Just #2
- Yes
- No, they are easy to me. I don't know how much to do better because they are the best.
- None
- No (7)
- No comments

LifeQuest

- Not really
- No (18)
- No, most were clear
- #7 and 8
- #5 – I've been here a long time
- No comments (3)

Norton Sound

- No (6)
- No comments

SCC

- All OK
- No (49)
- N/A
- None was unclear
- Yes, all of them
- What did 'SCC' stand for – unclear, had to ask
- Many of the participants continued to not know what 'advocacy' meant
- No comments (2)

3. Was the questionnaire too long?

Bristol Bay

- No (11)
- No, very short and to the point. Great!
- No comments (2)

LifeQuest

- Yes (2)
- Not really
- No. I realized I could answer a few or all through comment or not.
- No (17)
- No comments (4)

Norton Sound

- No (7)
- A little (*Client answered only 1st 4 questions*)

SCC

- None
- N/A
- No (51)
- No comments (2)

4. Did we ask everything that you think is important about mental health services?

Bristol Bay

- Yes (5)
- Everything's good.
- Do I feel the therapy is helping? Yes.
- No (3)
- No comments (3)

LifeQuest

- Yes (11)
- Yes, you did, thank you
- Pretty much
- Social pressure & parental obedience
- (*Response unreadable*)
- No, #3
- No (6)
- No comments (2)

Norton Sound

- Yes (4)

SCC

- Yes (28)
- Yes, I am satisfied with the questions
- All except do I like the service I receive from SCC: Yes!
- No (9)
- Don't know (2)

- No comments
- No. This place should be run like the main center – easier access to medications
- No, need more questions about mental health
- I can't think of anything else. I think services should be offered to everybody who needs them.
- Maybe need more personal questions about client's feelings.
- More questions about how a person feels they are improving. What stage am I at, areas of need (social, personal, etc.)?
- No, not what the elaboration should be
- No, could have asked a few more questions
- More questioning about activity groups would help
- How are the meds working?
- I guess so
- Just about
- Almost
- Possibly
- Most everything
- I doubt it

SCC (continued)

- I doubt that
- No comments (6)
- No (2)

5. Are there any questions that we should add?

Bristol Bay

- No (5)
- No comments (2)
- Yes, help who needs in health and hurt
- ?
- Nothing
- See above

LifeQuest

- No (12)
- No comments (3)
- Yes (2)
- Yes, like ‘Do you need more help’ and give a list of things they can help people with.
- Do you need other services like other medical, eyes, teeth, internal, etc.?
- You didn’t ask if we are happy with counselor or doctor and happy with programs.
- Maybe need a car
- How we feel about people and the world in general
- Need to learn more about love
- Not really
- Probably (2)

Norton Sound

- No (3)

SCC

- Yes (3)

- Yes, what made you decide to seek these services?
- N/A
- No (30)
- I don’t know (4)
- No comments (6)
- Probably
- I don’t know at this time.
- Not that I can think of
- Need time to think
- What is the normal sex life a man 59?
- Matching counselor to patient.
- How long have you been in the program or in the U.S.?
- Need more specific info on goals/progress in groups
- Yes, more questions about life in general and more space to write the answer
- Ask question about respect given to self and possible abuse. I have experienced abuse in Alaska.
- If the client likes the services
- If you don’t like your therapist, what are your options? I like mine.
- Can you choose providers? Probably so, not sure what they should be. Do you get along with case worker, psychiatrist, therapist?
- Does the system adequately help you completely control your mental illness?
- Why do I have to come here this long?
- Not sure
- No comments (2)

6. Do you have any other comments?

Bristol Bay

- No (7)
- No comments (3)
- What I especially like is that they have been providing me with checks every month, year after year and am glad for the medications.
- I'm happy with my services
- Thank you so much for your help!

LifeQuest

- Not really
- No (11)
- No comments (7)
- Case managers have too many people to work with.
- What is the reason for asking us all these questions?
- Is this a test of our competence?
- All the questions were easy to understand, and you asked important questions about mental health, and it was a perfect length.
- My counselor now has such a large caseload she cannot service each one of us to fit our needs. There is not enough hours in the day and someone keeps cutting funds more and more and she keeps getting more and more clients. This is not fair. We all suffer for this.
- I'm a consumer and on the Mental Health Board in the past. It was wonderful to see new ideas and I was so disappointed to see the progress, many not all, but important ideas fall down because of lack of finances and/or politics (changing of the guard syndrome). There are cracks and we need to find and serve those who are lonely, and have little focus or energy to see out help, let alone change the system. I have major physical and mental concerns myself now, and I worked so hard before that. I gave up the fight for a while. I'm tired

& burned down. But I would love to help and serve again. I sincerely believe the answer is teaching our teachers and social workers a new way while on their college journey. Then give them the support, both financial and mental, and extra help they may need. I've seen so many gifted workers receive flack for their efforts. Demands & orders so their hands were bound. I know you'll get the jist. I'm sorry I haven't taken the time to edit this. You have my permission to.

Norton Sound

- No (4)
- N/A
- No comments (1)
- Elaboration of some questions: #2 – If I had other options, I might to a different agency, but I want to keep my therapist. I would not want to start over with someone else. #5 – therapist willing to see me or talk to me as often as I felt was necessary, within the limits imposed on him due to agency travel requirements and what insurance allows. #7 – Since I also work 8-5, it is not easy to fit in an appointment within those same hours; however, my therapist was willing to see me over my lunch hour, until my position changed so I can make appointments within the 8-5 schedule. #10 – Even though my therapist believes that I can grow, change and recover, it seems that he is content with status quo. #13 – I did not receive a copy of my rights for about 2 years. #17 – My therapist comes up with my treatment plan; however, he presents it to me, for my approval, before it is signed, etc. so I can amend the plan. #18 – My therapist could be more sensitive to my religious background. #19 – I do not feel that I am in control of managing my illness.

Norton Sound (continued)

- Stupid questions
- Forced to do this

SCC

- None (2)
- N/A
- The survey was very easy.
- No (23)
- No comment (17)
- Very simple
- Yes, I like the services at SCC and my caseworker.
- It was good questions.
- No, other than I'm very thankful for SCC.
- Not that I can think of right now.
- Not enough groups. I would like to have the Diabetic Gp resume.
- Staff got to be aware of patient – understand patient desires. Some staff are self-centered.

- Why have so many groups been discontinued?
- I would like to take another driving test in my own car and with another evaluator.
- Activity groups help with symptom's management.
- I think SCC services are excellent
- The mental health system should be checked out like the military.
- Yes, the questionnaire is very helpful to me
- The services at SCC are great. It's for everybody.
- Would like to have info about who to make pertinent comments to that affect my treatment
- I find the staff at SCC to be very supportive. I have not been hospitalized for over 4 years.

APPENDIX THREE

Qualitative Comments: Demographic Questionnaire (Child & Family Services)

Question 11. Comments. Is there anything else that you would like to tell us about yourself or the services you receive (or received) that might help us to better serve you?

Alternatives

- No comments (6)

LifeQuest

- (Client name) misses her friends she met a Buckeye. She asked that her phone # be given to her friends, but she is not sure this happened.
- I think that is important to address both sides of the situation. We have had good success working with our boys, but sometimes as parents we weren't sure if we were making the right decisions.
- I feel all services provided so far are a success. Going to Phoenix House made him realize we will not accept his bad behavior anymore. After giving him so many chances, to not be successful in our discipline, but will be a success with our consistency!
- The services delivered are much enhanced by the close communication with private therapist. They are working in concert and therefore much more effective for client!
- During school months, evening counseling appointments.
- The counselor my child saw I felt didn't work much on anger issues. So I stopped taking him to counseling. But he is doing much better with the other programs.
- I have much to say.
- No
- No comments (7)

Follow-up Questions - Consumer Comments

1. Were any of the questions hard to understand? Which ones? Why?

Alternatives

- No (3)
- No comments (3)
- Yes because I don't know what you're talking about.

Norton Sound

- Yes
-

LifeQuest

- No (8)
- No...not when I read it right!

2. Were any of the questions unclear? Which ones? Why?

Alternatives

- No (3)

LifeQuest

- No (10)
- No comments (5)

3. Was the questionnaire too long?

Alternatives

- No (3)

Norton Sound

- Yes

LifeQuest

- No (11)
- Yes
- No comments (3)

4. Did we ask everything that you think is important about mental health services?

Alternatives

- Yes (2)
- Concerning my child, Yes

LifeQuest

- Family constellation
- ? (2)
- Too new as a Foster Mom to know!
- Yes (8)
- No comments (3)

5. Are there any questions that we should add?

Alternatives

- None at this time
- No (2)

LifeQuest

- No (9)
- No comments (3)
- Don't know (2)

6. Do you have any other comments? (Please use the reverse side if needed.)

Alternatives

- None
- No (2)

LifeQuest

- No (5)
- No comments (7)
- Without this help I don't know what would have happened to my grandchild.

- He certainly wouldn't be doing as well as he is.
- #10 – would be nice to have 5 days/week.
- I feel therapy one-on-one is good, but being involved with others in a group setting exposes children to learn more negative behaviors besides their own issues.

APPENDIX FOUR

Qualitative Comments: MHSIP (Adult)

1. Were any of the questions hard to understand? Which ones? Why?

Bristol Bay

- Alright
- Yes, almost all
- No (6)
- No comments (3)

LifeQuest

- Not really
- No (17)
- No comments (2)
- #3, 7, 8 - did not understand them
- #28 – Some have more than one issue and one day is different than the next.

Norton Sound

- No (7)

SCC

- No (43)
- N/A
- Some – because English is not my primary language

- A little bit – attention span is short
- Yes, ‘cause they were hard to understand some of the questions
- Yes, #14, 17, 19
- The question about ethnic culture was hard to understand (*rest of comment unreadable*).
- Yes, the ones about direct result of services.
- Yes, #17
- #17 – difficult to know if you want the end results or the actual therapy/participation.
- Mostly pretty easy
- Yes, many of them because I wasn’t sure of question because it’s hard to think and judge the answer should be or could be.
- No comments (2)

2. Were any of the questions unclear? Which ones? Why?

Bristol Bay

- All okay
- #2 – rights as a patient? Rights as a citizen (laws)? Rights as a human being?
- No (6)
- No comments (4)

LifeQuest

- No (18)
- No comments (2)
- Wording confusing at times
- #3, 7, 8 – did not understand them
- Yes

Norton Sound

- No (7)

SCC

- No (42)
- None
- N/A
- Somewhat
- Yes, #14, 17, 19
- Yes, #17 (2)
- See above (re: #17)
- Yes, 21-28 – I don’t understand it
- #17 – both therapist & I decided TX goals

SCC (continued)

- #21 – having a hard time keeping self together, ‘stuck’
- #22, 23, 25, 28
- Yes – as above (*English not primary language*)
- Yes, because I did not know if it applied to me or not and I was confused. The answers were either too specific or not enough.
- ‘Somewhere’ concerning the people around my household
- No comments (3)

3. Was the questionnaire too long?

Bristol Bay

- Yes
- No (5)
- No, just right
- No comments (5)

LifeQuest

- Yes (2)
- Not really
- No (17)
- No, though I realized I could answer a few or all though comment or not
- No comments (3)

Norton Sound

- No (7)
- A little

SCC

- N/A
- No (47)
- No comments (3)
- Yes
- A little

4. Did we ask everything that you think is important about mental health services?

Bristol Bay

- Yes (5)
- No
- None
- No comments (4)

LifeQuest

- Yes (12)
- One-on-one therapy would be nice.
- I’m not sure of everything.
- Possibly (2)
- No (5)
- No comments (4)

Norton Sound

- Yes (5)
- No, you left out office support (secretarial & billing) questions/comments.
- No comments

SCC

- Yes (36)
- ?
- No (5)
- I believe so
- Not sure
- Most everything
- Don’t know
- I don’t think its possible to ask everything that’s important.

SCC (continued)

- Maybe you need more detailed info about clients' feelings
- Yes, but more questions about groups would be helpful
- My self state of being
- I think so.
- I guess.
- No comments (5)

5. Are there any questions that we should add?

Bristol Bay

- No (4)
- None
- No comments (5)

LifeQuest

- Can't think of any
- No (13)
- No comments (4)
- Yes (How are we today?)
- What is mental illness?
- People should be close.
- Yes. The case managers are overworked and there is not enough home-based therapy even for disabled parents.
- What programs or areas of your life would you like more help in: such as, social activities, sports geared to different levels of ability and/or comprehension, group settings other than what has been already set up, life skills geared to adapt to disabilities and levels of ability, arts & crafts classes, social singing groups, more areas to build self-esteem.
- Probably

Norton Sound

- No (4)
- Not sure
- Yes – how long do you anticipate using these services? A good question to ask is about family support in efforts to improve mental health.
- No comments

SCC

- No (30)
- None
- Don't know (2)
- N/A
- ? (2)
- ? Yes
- Yes
- Yes, about group activities
- Yes, because it has to deal with past and relative present time.
- About attaining a plateau of self-growth
- Need to think on it – need to see my therapist more often. Am too weepy, daily crying, lots of pain
- Do you feel more informed about mental illness – does that help?
- Employment – how do you know if I am recovered enough to seek employment?
- Yes, more questions on life in general
- Ask about respect & abuse
- How to contact staff quick enough instead of having things drawn out
- More specific about mental health
- Probably
- Don't know
- Not sure
- Not that I can think of (2)
- How happy are you with your medications?
- No comments (6)

6. Do you have any other comments?

Bristol Bay

- I very much feel better after the psychiatrist increased my dose of Prolixin. I guess they know how to treat the mentally ill.
- Keep up the great work!!! Everyone of you!
- No (2)
- No comments (8)

LifeQuest

- No (9)
- No comments (3)
- Only two sessions – still wet behind the ears.
- Case management questions. Lack of support system with agency. Therapy sessions – lack of; need badly. Information given to all clients.
- These questions were very helpful to me.
- No, I think you covered it well.
- I don't like the \$50 no-show fee and the billing techniques that are used.
- Seems a waste of time.
- I'm disabled and I can't get to my case manager's office.
- It sure took a long time to hear back on loan.
- #9 – never used this service because I was terribly verbally abused on 1 psychiatrist and I have heard others say his voice is monotone and he seems to have little empathy. I'm scared and untrusting to use this service if he is on board (*name*). Also, I sense a big change to the good is happening since (*name*) is gone. The program needs to be consumer-driven and the consumer needs to feel they are an important part of the team. Even if you have mental illness, you need to feel others respect you and your ideas are being given worth. This may be a fine line, a new way of thinking that can and will threaten many old line professionals

who think since they went on to get their doctorate they are the professionals, they have the solutions and treatment and damn to those who threaten their Holy Ground of Wisdom! This questionnaire is a good tool if your ears and hearts are open and compassionate. Give this out frequently and invite a consumer or two to join in on the decision-making.

- #17 – needs improvement

Norton Sound

- No (2)
- It was difficult for me to fill out the survey because I have not received services from BHS before. (*Client marked all answers N/A*)
- No comments (2)
- Keep up the good work!!
- It would be good to have separate questions about staff and clinicians/therapists. I have no problems with my therapist or my psychiatrist; however, some of the other staff, i.e., billing personnel and the billing situation, is very bad and detrimental to my recover. In fact, the billing situation has caused me major problems requiring more therapy to deal with that situation. So I can give 'staff' one score, but a different score for my therapist. Also, there is no or very little consistency with office staff, i.e., receptionist. There have been many people in that position for short time periods. I never know who will be there. In connection with the inconsistency of office staff, I feel that many of the people that 'fill in' for a week or two, or month at a time, these people tend to be just anyone that director or Human Resources doesn't know where else to place the person. 'We have this person we don't know where to place – oh, we could put her in

Norton Sound (continued)

BHS while we figure out what to do with her.’ I am fairly uncomfortable with that attitude.

- On Question #9, the psychiatrist travels to many communities in our region and was not always able to schedule appointments when it was convenient for me, but I was always given an appointment time within an acceptable time frame. On Question #17, to me it has been very important to know that treatment goals are discussed and set together with staff.

SCC

- No (27)
- N/A (2)
- No – ‘Thank You.’
- No. Will I get the outcome of this survey? I want to know if this survey helps in funding.
- Thank you
- Thanks for asking!
- It was a good questionnaire survey because it made me think of (how) far I have gone in life and I (have) much further I can go
- Very easy
- See which medicine is working for me and which is not
- I would like to see my psychiatrist more often.
- #5 – appointments are hard to schedule in a timely manner. #8 – must attend some groups that don’t seem to be significant to my therapy sessions. #12 – difficult to complain to some therapists. #13 – didn’t know that I didn’t have to go to Building Blocks Group.
- #17 – We decided together – then I strongly agree.
- My counselor gave me reading material and we discussed ideas generated from this, which gave me a lot of insight.
- Yes, a good question would be to make the answer to question be relative to the past and how well the present has become.
- I need to practice social skills.
- I don’t like the Zyprexa because it causes me to gain weight.
- I would like to see another diabetic education/support group at SCC.
- Accepting treatment for my mental illness changed my life a lot, but I guess it’s been worth it. I am happy and feel good.
- The survey was clear, concise and easy to understand
- I want to be more involved in my treatment plan
- The SCC staff makes it nice for people on a weekly, daily basis. They are really, really nice.
- #4 – hard for bus riders. Would be helpful to have a map with several ways to get to SCC. Have a bus schedule available. Let out a little early for bus riders. Nice to know about all the services SCC has to offer – would like an education group on depression.
- No comments (11)

APPENDIX FIVE

Qualitative Comments: MHSIP (YSS-F) (Child)

22. What has been the most helpful thing about the services you and your child received over the last 6 months?

- No responses

23. What would improve services here?

- No responses

1. Were any of the questions hard to understand? Which ones? Why?

Alternatives

- No (3)

LifeQuest

- No (8)
- No comments

2. Were any of the questions unclear? Which ones? Why?

Alternatives

- No (3)

LifeQuest

- No (8)
- No comments

3. Was the questionnaire too long?

Alternatives

- No (3)

LifeQuest

- No (8)
- No comments

4. Did we ask everything that you think is important about mental health services?

Alternatives

- Yes (2)
- Concerning my child, Yes

LifeQuest

- Yes (7)
- No comments (2)

5. Are there any questions that we should add?

Alternatives

- No (2)
- None at this time

LifeQuest

- No (5)
- No comments (2)
- What kind of services do you feel were lacking?

6. Do you have any other comments?

Alternatives

- No (2)
- I have tried to get partial services for other children in my care and, because other services are managed by another agency, we have been denied. If the client is eligible and also Medicaid-eligible, I have concern w/Alternatives' policies. It is my opinion that this agency does discriminate and has internal problems. Records will reflect a high turnover in manpower, and I for one have been treated disparately and actually singled out for being persistent in my endeavors. I feel the mental health agencies (personnel) should not have personal vendettas. The client's need and services should be #1 in all cases.

LifeQuest

- No (3)
- No comments (4)
- I would have to say that consistency works both ways. Having our son in Phoenix House was good, but on our paperwork we were under the impression that kids were to be monitored. Being in a co-ed setting children should be separated with their own gender. Our son expressed that he witnessed two teens making out during movie time. Where was the staff? It states in our paperwork that these behaviors are prohibited. I know it's hard to be watching kids at all times, but these places are recommended full attention and full supervision. How come they were not being supervised and able to do these things? As our 11 year old sat and watched these two go at a behavior prohibited? Please bring this to Phoenix House staff's attention, so nothing else happens again. Are an unexpected pregnancy – in the big picture as a precaution! Thanks.
- Have questioned billing practices to Medicaid in past. Will watch closely this time.
- #7 – have just begun, probably a better question to ask much later. #13 – not appropriate. #18 & 19 – are getting

APPENDIX SIX

Qualitative Comments: MHSIP (Youth)

Question 22. What has been the most helpful thing about the service you received over the last 6 months?

Norton Sound

- Someone to talk to

Question 23. What would improve services here?

Norton Sound

- More time

1. Were any of the questions hard to understand? Which ones? Why?

LifeQuest

- No (2)
- Yes because it was just circling numbers.
- No comments (3)

2. Were any of the questions unclear? Which ones? Why?

LifeQuest

- No (2)
- No comments (3)

3. Was the questionnaire too long?

LifeQuest

- No (3)
- No comments

4. Did we ask everything that you think is important about mental health services?

LifeQuest

- Yes (3)
- No comments (3)

5. Are there any questions that we should add?

LifeQuest

- No (2)
- No comments (4)

6. Do you have any other comments?

LifeQuest

- No (3)
- #20 – we did it together
- #24 – client marked 2 & wrote ‘1 person’ and marked 4 & wrote ‘all others’
- No comments (2)

APPENDIX SEVEN

<Agency>

Client Assessment Worksheet

Program Name _____

Client Number _____ Date _____

1. During the last few (2-3) months, how often have you engaged in productive activity?
Productive activities include subsistence activities, full or part time employment, volunteer work, church activities, school, sports, or social activity.

- 1 Usually every day
- 2 2 – 5 days a week
- 3 5 – 10 days a month
- 4 1 – 4 days a month
- 5 Not active

2. Which of the following best describes your legal status during the last few (2-3) months?

- 1 No legal involvement at all
- 2 Some non-criminal problems but no threat of jail such as truancy or minor litigation
- 3 Legal issues that are now pending
- 4 Probation, parole, awaiting sentencing or extreme impact, non-criminal problems such as divorce or child custody or attending court-ordered outpatient mental health treatment
- 5 Incarcerated: Lock-up or non-lock-up or mandatory hospitalization

3. During the last few (2-3) months, how would you best describe your feeling of general safety? General safety refers to issues such as domestic violence, homelessness, safety of community or village, reliable transportation, prejudice, or parental discord.

- 1 I feel safe all of the time
- 2 I feel safe most of the time
- 3 I feel safe sometimes but feel unsafe other times
- 4 I feel unsafe most of the time
- 5 I feel unsafe all of the time

4. During the past few (2-3) months, how would you describe your economic security?

- 1 Very secure economically
- 2 I am more often than not economically secure, very few concerns
- 3 Somewhat secure economically, my problems are tolerable
- 4 I am more often than not economically insecure; I have many economic concerns.
- 5 Extreme economic hardship; unable to meet basic life needs.

5. During the last few (2-3) months, how would you describe your housing status?

- 1 Independent Living. Most of the time, I owned or rented my own habitable house or apartment; or I chose to live with others.
- 2 Lives with others. Most of the time, I lived with family or others in a custodial relationship where they helped care for me.
- 3 Sheltered care. Most of the time, I lived in a supervised SRO, adult foster home, supported apartment program; or Residential. I lived in a residential program such as a domiciliary, group home, staffed apartment, or halfway house with 24 hour per day, seven days a week supervision.
- 4 Homeless. Most of the time, I was homeless, lived in a shelter or barely habitable, inadequate place.
- 5 Institutional. Most of the time, I lived in a hospital or institution most of the time.

6. Dual diagnosis (substance abuse) is a common problem that often goes along with being mentally ill. We are not here to judge you but to get information that will help improve your treatment. Please answer the following questions:

a. Have friends or relatives asked you to Cut down on alcohol, tobacco, or other drugs, or quit entirely?

- Yes No

b. Are you Annoyed by friends or relatives who question your use?

- Yes No

c. Have you experienced Guilt because of your drinking or use?

- Yes No

d. Do you need an Eye opener in the morning (alcohol, tobacco, or other drugs) to get started?

- Yes No

To how many of the above questions you answer “Yes”

- 1 I answered “Yes” to none of the questions
- 2 I answered “Yes” to only one of the questions
- 3 I answered “Yes” to two of the questions
- 4 I answered “Yes” to three of the questions
- 5 I answered “Yes” to all four questions

7. During the last six months, how many times have you been hospitalized for mental health treatment?

- 1 None
- 2 1 time
- 3 2 times
- 4 3 times
- 5 4 or more times

8a. Which of the following best describes how you get your regular medical care? Regular health care is defined as health care received from your primary or family physician in a physician's office or clinic.

- 1 I have access to regular health care all of the time.
- 2 I have access to regular health care most of the time.
- 3 I have access to regular health sometimes but occasionally go to the emergency room or use emergency medical technicians for my health care.
- 4 I have limited access to regular health care and get most of my health care at the emergency room or with emergency medical technicians.
- 5 I do not have access to regular health care. I use the emergency room or emergency medical technicians for all of my health care.

8b. During the last few (2-3) months, how often have physical medical problems interfered with your normal activities?

- 1 Never
- 2 Only a few times in the last six months
- 3 At least once a month
- 4 At least once a week
- 5 Usually every day

9. Which of the following best describes how your health care is paid for?

- 1 I do not have to pay for any of my health care. I am either fully insured (including Medicaid) or receive my health care through an Indian Health Service facility with no charges.
- 2 I have health care insurance (including Medicaid or Medicare) or receive service at an Indian Health Service facility but have to pay for some of the charges myself.
- 3 I have some health care insurance but I have to pay about half of the charges for my health care.
- 4 I have very little health care insurance and I have to pay for most of the costs for my health care.
- 5 I have to pay all of the costs for my health care out of pocket.

Read to consumer:

This is the first time we have used this survey so we would like your opinion about it.

Consumers:

Were any of the questions hard to answer? Which ones? Why?

Were any of the questions unclear? Which ones? Why?

Do you have any other comments? (use reverse side if needed)

Clinicians: (also please feel free to write any comments about individual questions right next to the questions)

Did consumers have problems with any of the questions? Which questions? What problems?

Were any of the questions unclear? If Yes, please tell us which questions were unclear.

Were there things we did not ask that you feel we should add?

Do you have any other comments?

APPENDIX EIGHT

<AGENCY> CLIENT STATUS REVIEW (CSR)

Client Number _____

Date _____

Program _____

Current GAF _____

1. How often are you currently involved in activities that are important to you? (Such activities might include subsistence activities (hunting, fishing, berry picking, etc.), full or part time employment, volunteer work, church activities, school, sports, or social activity)

- | | | | | | |
|--------------------------|---|-------------------|--------------------------|---|------------------|
| <input type="checkbox"/> | 1 | Usually every day | <input type="checkbox"/> | 4 | 1-4 days a month |
| <input type="checkbox"/> | 2 | 2 – 5 days a week | <input type="checkbox"/> | 5 | Not active |
| <input type="checkbox"/> | 3 | 5-10 days a month | | | |

2. How often do physical health problems currently keep you from doing your normal activities?

- | | | | | | |
|--------------------------|---|--------------|--------------------------|---|-----------|
| <input type="checkbox"/> | 1 | Never | <input type="checkbox"/> | 4 | Regularly |
| <input type="checkbox"/> | 2 | Occasionally | <input type="checkbox"/> | 5 | Always |
| <input type="checkbox"/> | 3 | Often | | | |

3. How often can you currently get the physical health care that you need? (Physical health care excludes dental and eye care, and is defined as care received from your regular, local, or visiting health care provider.)

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 1 | <u>All of the time</u> |
| <input type="checkbox"/> | 2 | <u>Most of the time</u> |
| <input type="checkbox"/> | 3 | <u>Sometimes</u> (occasionally use emergency services) |
| <input type="checkbox"/> | 4 | <u>Limited</u> (use emergency services most of the time) |
| <input type="checkbox"/> | 5 | <u>Almost Never</u> (use emergency services all of the time) |

4. How is your health care paid for?

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 1 | <u>Fully insured</u> or use an Indian Health Service facility (I personally do not have to pay for health care costs.) |
| <input type="checkbox"/> | 2 | <u>Well-insured</u> (I personally have to pay only for some of health care costs.) |
| <input type="checkbox"/> | 3 | <u>Some insurance</u> (I personally have to pay about half of the cost.) |
| <input type="checkbox"/> | 4 | <u>Very little insurance</u> (I personally have to pay most of the cost.) |
| <input type="checkbox"/> | 5 | <u>No insurance</u> (I personally have to pay all of the cost <u>or</u> am unable to pay.) |

5. During the last 6 months, how many times have you been hospitalized for mental health treatment? (Indicate length of stay for each hospitalization, if available)

- | | | | |
|--------------------------|---|-----------------|-------|
| <input type="checkbox"/> | 1 | None | |
| <input type="checkbox"/> | 2 | 1 time | _____ |
| <input type="checkbox"/> | 3 | 2 times | _____ |
| <input type="checkbox"/> | 4 | 3 times | _____ |
| <input type="checkbox"/> | 5 | 4 or more times | _____ |

6. Please answer the following questions about your current drug and/or alcohol use.

- a. Have friends or relatives asked you to Cut down on alcohol or other drugs or to quit entirely? Yes No
- b. Are you Annoyed by friends or relatives who question your use? Yes No
- c. Have you experienced Guilt because of your drinking or use? Yes No
- d. Do you need an Eye opener in the morning (alcohol or other drugs) to get started? Yes No

- 1 'Never Used' or answered 'Yes' to none of the questions
- 2 Answered 'Yes' to one of the questions
- 3 Answered 'Yes' to two of the questions
- 4 Answered 'Yes' to three of the questions
- 5 Answered 'Yes' to four of the questions

7. Which of the following best describes your current financial situation?

- 1 Very secure financially (enough income to pay for basic needs, such as food, housing, clothing)
- 2 Financially secure most of the time (very few financial concerns)
- 3 Somewhat financially secure (financial problems are tolerable)
- 4 Many financial problems (not enough income to pay for some basic needs)
- 5 Extreme financial hardship (not enough income to pay for most basic needs)

8. Which of the following categories best describes your current housing situation?

- 1 Independent (own or rent safe dwelling, or I chose to live with others)
- 2 Live with others (family or others who help care for me)
- 3 Residential facility (domiciliary, group home, half-way house with 24-hour staff supervision) or Sheltered care (supervised SRO, adult foster home, assisted living facility)
- 4 Homeless (shelter, on the street, vehicle, unsafe or abandoned dwelling, temporary housing, such as hotel or staying with family/friends)
- 5 Institution (hospital, prison)

9. How would you best describe your current feeling of general safety? (General safety refers to issues such as domestic violence, homelessness, safety of community or village, prejudice, or parental discord.)

- 1 I feel safe all of the time.
- 2 I feel safe most of the time.
- 3 I feel safe sometimes, but feel unsafe other times.
- 4 I feel unsafe most of the time.
- 5 I feel unsafe all of the time

10. Which of the following categories best describes your current involvement with police, court, or jail?

- 1 None (No legal involvement at all)
- 2 Limited (Some non-criminal problems, such as truancy, minor litigation, mutually agreeable divorce or custody issues, court-ordered outpatient mental health treatment, but no threat of jail)
- 3 Moderate (Legal issues now pending)
- 4 Significant (Probation, parole, felony charges pending, awaiting sentencing or extreme impact, contested divorce, contested custody issues)
- 5 Extreme (lock-up or non-lock-up facility, mandatory hospitalization)

Sum of ratings for all 10 questions: _____

APPENDIX NINE

<Agency>

Mental Health Consumer Satisfaction Survey (Adult)

Attached to this cover sheet is a consumer survey developed by the **Mental Health Statistics Improvement Program (MHSIP)**. We have added this cover sheet with demographic questions to help us better understand the diverse people that we are serving in Alaska and the impact that services have on our diverse population. Please note that there is no place that asks for your name or any other identifying information. Neither have we placed any codes on the forms or envelopes that would enable someone to identify you. **This is a completely anonymous survey.**

Demographic Questions

1. Which of these groups includes your age on your last birthday?

<input type="checkbox"/> Less than 18 years old	<input type="checkbox"/> 18 – 22 years old
<input type="checkbox"/> 23 – 59 years old	<input type="checkbox"/> 60 or older

2. Which of the following best describes the race/ethnicity that you consider yourself?

<input type="checkbox"/> African American	<input type="checkbox"/> Alaska Native/American Indian
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other _____

3. Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
---------------------------------	-------------------------------

- 4a. Which of the following services have you received in the last year from <agency> (please check all that apply)?

<input type="checkbox"/> Therapy/Counseling	<input type="checkbox"/> Case Management
<input type="checkbox"/> Housing Services	<input type="checkbox"/> Assistance with Employment Issues
<input type="checkbox"/> Family Services	<input type="checkbox"/> Substance Abuse Treatment Services
<input type="checkbox"/> Transportation Services	<input type="checkbox"/> Advocacy Services
<input type="checkbox"/> Psychiatric Services/Medication Management	
<input type="checkbox"/> Other Services (please specify) _____	

4b. Are you still receiving services from <agency>?

- Yes No

5. How long have you been receiving, or did you receive, services from <agency>?

- Less than six months 6 months to 2 years
 2 to 5 years More than 5 years

6. About how often do (or did) you receive direct services from <agency>?

- Daily Weekly
 Bi-weekly Monthly
 Every three months Other _____

7. Comments. Is there anything else that you would like to tell us about yourself or the services that receive that might help us to better serve you?

Thank you for taking the time to answer these questions about yourself.

APPENDIX TEN

<Agency> DEMOGRAPHIC QUESTIONNAIRE (Adult Services)

This questionnaire is part of the attached **Consumer Satisfaction Survey**. These questions will help us better understand the consumers who use mental health services and how those services affect our different population. There is no place that asks for your name or any other information that could identify you. There are no codes on the forms or envelopes. **This is a completely anonymous survey.**

Date _____

1. How old are you? _____

2. Do you have a guardian, conservator or payee? Yes No

If yes, please indicate which one: _____

3. Which of the following best describes the race or ethnic group that you consider yourself?

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaska Native/American Indian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other _____ |

4. Gender: Female Male

5. Which of the following services have you received in the last year from <agency>?
(Please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Therapy/Counseling | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Advocacy Services |
| <input type="checkbox"/> Psychiatric Services/Medication | <input type="checkbox"/> Other _____ |

6. Are you still receiving services from <agency>? Yes No

7. How long have you been receiving, or did you receive, services from <agency>?

- | | |
|---|--|
| <input type="checkbox"/> Less than six months | <input type="checkbox"/> 2 to 5 years |
| <input type="checkbox"/> 6 months to 2 years | <input type="checkbox"/> More than 5 years |

8. About how often do (or did) you receive services from <agency>?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Twice a month |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Every other month |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> Every three months |
| <input type="checkbox"/> Once a month | <input type="checkbox"/> Other _____ |

9. Comments. Is there anything else that you would like to tell us about yourself or the services that you receive that might help us to better serve you? *(Please use the reverse side if needed.)*

Thank you for taking the time to answer these questions.

APPENDIX ELEVEN

DEMOGRAPHIC QUESTIONNAIRE (Child & Family Services)

This questionnaire is part of the attached **Consumer Satisfaction Survey**. Your answers will help us better understand the consumers who use mental health services and how those services affect our different population. There is no place that asks for your name or any other information that could identify you. There are no codes on the forms or envelopes. **This is a completely anonymous survey.**

Date _____

Completed by: Biological Parent Foster Parent Guardian
 Self Other _____

1. How old are you (or the child receiving services)? _____

2. Which of the following best describes the race/ethnicity that you consider yourself (or the child receiving services)?

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaska Native/American Indian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other _____ |

3. Gender: Female Male

4. What is your school situation (or that of the child receiving services)?

Grade _____ Not in school Working on GED Other _____

5. Are you (or the child receiving services) in protective custody? Yes No

If yes, please select one of the following and indicate for how long? _____

- Division of Family and Youth Services (DFYS)
 Division of Juvenile Justice (DJJ)
 Parent-Guardian
 Other _____

6. Who referred you (or the child receiving services) to <agency> for mental health services?

- | | | |
|--|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Self-referred | <input type="checkbox"/> DFYS | <input type="checkbox"/> School |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> DJJ | <input type="checkbox"/> Other _____ |

7. Which of the following services have you (or the child receiving services) received in the last year from <agency>? *(Please check all that apply.)*

- | | |
|---|--|
| <input type="checkbox"/> Therapy/Counseling | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Advocacy Service |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Treatment Foster Care |
| <input type="checkbox"/> Psychiatric Services/Medications | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Case Management | |

8. Are you (or the child receiving services) still receiving services from <agency>?

- Yes No

9. How long have you (or the child receiving services) been receiving, or did you receive services from <agency>?

- | | |
|---|--|
| <input type="checkbox"/> Less than six months | <input type="checkbox"/> 2 to 5 years |
| <input type="checkbox"/> 6 months to 2 years | <input type="checkbox"/> More than 5 years |

10. About how often do (or did) you (or the child receiving services) receive services from <agency>?

- | | | | |
|--------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Twice a week | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Every three months |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once a month | <input type="checkbox"/> Every other month | <input type="checkbox"/> Other _____ |

11. Comments. Is there anything else that you would like to tell us about yourself (or the child receiving services), or the services that you receive that might help us to better serve you? *(Please use the reverse side if needed.)*

Thank you for taking the time to answer these questions.

APPENDIX TWELVE

**<AGENCY>
MHSIP CONSUMER SURVEY**

In order to provide the best possible mental health services, we need to know what you think about the services you received, the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers.

Please indicate your agreement or disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle N/A, to indicate that this item is “not applicable” to you.

	<i>Strongly Agree =1</i>	<i>Agree =2</i>	<i>I am Neutral =3</i>	<i>Disagree =4</i>	<i>Strongly Disagree =5</i>	<i>Not Applicable =N/A</i>
1. I like the services that I receive here.	1	2	3	4	5	N/A
2. If I had other options, I would still get services from this agency.	1	2	3	4	5	N/A
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	N/A
4. The location of the services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6. Staff returned my calls within 24 hours.	1	2	3	4	5	N/A
7. Services were available at times that were good for me.	1	2	3	4	5	N/A
8. I was able to get all the services I thought I needed.	1	2	3	4	5	N/A
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10. Staff here believe that I can grow, change, and recover.	1	2	3	4	5	N/A
11. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	N/A
12. I felt free to complain.	1	2	3	4	5	N/A
13. I was given information about my rights.	1	2	3	4	5	N/A
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	N/A
15. Staff told me what side effects to watch out for.	1	2	3	4	5	N/A
16. Staff respected my wishes about who is, and who is not, to be given information about my treatment.	1	2	3	4	5	N/A
17. I, not staff, decided my treatment goals.	1	2	3	4	5	N/A
18. Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).	1	2	3	4	5	N/A
19. Staff helped me obtain the information I needed so I could take charge of managing my illness	1	2	3	4	5	N/A
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	N/A

<p><i>Please indicate your agreement or disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle N/A, to indicate that this item is “not applicable” to you.</i></p>	<p><i>Strongly Agree</i> =1</p>	<p><i>Agree</i> =2</p>	<p><i>I am Neutral</i> =3</p>	<p><i>Disagree</i> =4</p>	<p><i>Strongly Disagree</i> =5</p>	<p><i>Not Applicable</i> =N/A</p>
<p><i>As a direct result of the services I received here:</i></p>						
<p>21. I deal more effectively with daily problems.</p>	1	2	3	4	5	N/A
<p>22. I am better able to control my life.</p>	1	2	3	4	5	N/A
<p>23. I am better able to deal with crisis.</p>	1	2	3	4	5	N/A
<p>24. I am getting along better with my family.</p>	1	2	3	4	5	N/A
<p>25. I do better in social situations.</p>	1	2	3	4	5	N/A
<p>26. I do better in school and/or work.</p>	1	2	3	4	5	N/A
<p>27. My housing situation has improved.</p>	1	2	3	4	5	N/A
<p>28. My symptoms are not bothering me as much.</p>	1	2	3	4	5	N/A
<p>29. I experienced no harmful medication side effects.</p>	1	2	3	4	5	N/A
<p>30. I can deal better with people and situations that used to be a problem for me.</p>	1	2	3	4	5	N/A

APPENDIX THIRTEEN

YOUTH SERVICES SURVEY (YSS)

To improve services to clients, we need to know what you think about the treatment you received, the people who provided it, and the results of this treatment.

Please indicate your agreement or disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle N/A, to indicate that this item is “not applicable” to you.

<i>Strongly Agree =1</i>	<i>Agree =2</i>	<i>I am Neutral =3</i>	<i>Disagree =4</i>	<i>Strongly Disagree =5</i>	<i>Not Applicable =N/A</i>
----------------------------------	---------------------	--------------------------------	------------------------	-------------------------------------	------------------------------------

1. Overall, I am satisfied with the services I received.	1	2	3	4	5	N/A
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As a result of the services I received:

2. I am better at handling daily life.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

3. I get along better with family members.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

4. I get along better with friends and other people.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

5. I am doing better in school and/or work.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

6. I am better able to cope when things go wrong.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

7. I am satisfied with my family life right now.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

Feedback about the services I received:

8. I helped to choose my services.	1	2	3	4	5	N/A
------------------------------------	---	---	---	---	---	-----

9. I helped to choose my treatment goals.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

10. The people helping me stuck with me no matter what.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

11. I felt I had someone to talk to when I was troubled.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

12. The people helping me listened to what I had to say.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

13. I was actively involved in my own treatment.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

14. I received services that were right for me.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

15. The location of services was convenient.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

16. Services were available at times that were convenient for me.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

17. If I need services in the future, I would use these services again.	1	2	3	4	5	N/A
---	---	---	---	---	---	-----

18. I got the help I wanted.	1	2	3	4	5	N/A
------------------------------	---	---	---	---	---	-----

19. I got as much help as I needed.	1	2	3	4	5	N/A
-------------------------------------	---	---	---	---	---	-----

20. I, not staff, determined my treatment goals.	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

<i>Please indicate your agreement or disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle N/A, to indicate that this item is “not applicable” to you.</i>	<i>Strongly Agree =1</i>	<i>Agree =2</i>	<i>I am Neutral =3</i>	<i>Disagree =4</i>	<i>Strongly Disagree =5</i>	<i>Not Applicable =N/A</i>
21. Staff treated me with respect.	1	2	3	4	5	N/A
22. Staff understood my family’s cultural traditions.	1	2	3	4	5	N/A
23. Staff respected my family’s religious/spiritual beliefs.	1	2	3	4	5	N/A
24. Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
25. Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5	N/A
26. I felt discriminated against while trying to get services here.	1	2	3	4	5	N/A

APPENDIX FOURTEEN

YOUTH SERVICES SURVEY FOR FAMILIES (YSS – F)						
To improve services to clients, we need to know what you think about the treatment you received, the people who provided it, and the results of this treatment.						
<i>Please indicate your agreement or disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle N/A, to indicate that this item is “not applicable” to you.</i>						
	<i>Strongly Agree</i> =1	<i>Agree</i> =2	<i>I am Neutral</i> =3	<i>Disagree</i> =4	<i>Strongly Disagree</i> =5	<i>Not Applicable</i> =N/A
1. Overall, I am satisfied with the services my child received.	1	2	3	4	5	N/A
<i>As a result of the services my child and/or family received:</i>						
2. My child is better at handling daily life.	1	2	3	4	5	N/A
3. My child gets along better with family members.	1	2	3	4	5	N/A
4. My child gets along better with friends and other people.	1	2	3	4	5	N/A
5. My child is doing better in school and/or work.	1	2	3	4	5	N/A
6. My child is better able to cope when things go wrong.	1	2	3	4	5	N/A
7. I am satisfied with our family life right now.	1	2	3	4	5	N/A
<i>Feedback about the services my child and/or family received:</i>						
8. I helped to choose my child’s services.	1	2	3	4	5	N/A
9. I helped to choose my child’s treatment goals.	1	2	3	4	5	N/A
10. The people helping my child stuck with us no matter what.	1	2	3	4	5	N/A
11. I felt my child had someone to talk to when he/she was troubled.	1	2	3	4	5	N/A
12. The people helping my child listened to what he/she had to say.	1	2	3	4	5	N/A
13. I was frequently involved in my child’s treatment.	1	2	3	4	5	N/A
14. The services my child and/or family received were right for us.	1	2	3	4	5	N/A
15. The location of services was convenient for us.	1	2	3	4	5	N/A
16. Services were available at times that were convenient for us.	1	2	3	4	5	N/A
17. If I need services for my child in the future, I would use these services again.	1	2	3	4	5	N/A
18. My family got the help we wanted for my child.	1	2	3	4	5	N/A
19. My family got as much help as we needed for my child.	1	2	3	4	5	N/A
20. My child and family’s needs determined my child’s treatment goals.	1	2	3	4	5	N/A

<i>Please indicate your agreement or disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle N/A, to indicate that this item is “not applicable” to you.</i>	<i>Strongly Agree</i> =1	<i>Agree</i> =2	<i>I am Neutral</i> =3	<i>Disagree</i> =4	<i>Strongly Disagree</i> =5	<i>Not Applicable</i> =N/A
21. Staff treated me with respect.	1	2	3	4	5	N/A
22. Staff understood my family’s cultural traditions.	1	2	3	4	5	N/A
23. Staff respected my family’s religious/spiritual beliefs.	1	2	3	4	5	N/A
24. Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
25. Staff were sensitive to my cultural/ethnic background.	1	2	3	4	5	N/A
26. I felt we were discriminated against while trying to get services here.	1	2	3	4	5	N/A