

**Adult Consumer Assessment of Care in New York State**

**2010 Statewide Final Report**

**New York State Office of Mental Health**

**Office of Performance Measurement and Evaluation**



## Adult Consumer Assessment of Care in New York State

### 2010 Statewide Final Report

#### Executive Summary

In May 2010 the New York State Office of Mental Health (OMH) conducted its annual assessment of consumer perception of mental health services in state operated outpatient programs. Information gathered from this initiative is fed back to state operated programs for their use in service planning and quality improvement.

This report is a supplement to information available at the individual program level. It includes a summary of overall findings for New York State, analyses examining the relationships between demographic and background information and consumers' perceptions of services received and quality of life.

#### **About the Consumer Assessment of Care Survey**

The 2010 Consumer Assessment of Care Survey (CACS) was completed by 4,429 individuals, an increase of about 8% from 2009. The CACS is a 42-item questionnaire comprised largely of the nationally validated Adult Consumer Survey developed by the Mental Health Statistics Improvement Program (MHSIP). 36 items are directly taken from the MHSIP instrument. Six additional items are added to assess consumer perceptions of their quality of life. These items are combined to make up five domains:

- Overall quality of services
- Access to services
- Appropriateness of services and quality of service delivery
- Outcomes; and
- Quality of life.

In addition, the CACS included one open-ended question encouraging respondents to write comments in their own words and expand upon topics covered in the survey or any other concerns pertaining to assessing the quality of their services.

#### **Summary of Findings**

Findings from the 2010 survey showed that consumers' assessment of care was mixed. Domain ratings are largely positive however variability of positive response among individual items, variability of response by respondent characteristics and an analysis of consumer comments highlight potential areas of consumer concern.

- Respondents rated the Overall Quality of Services, Access to Services and Appropriateness of Services domains positively but items related to information regarding the side effects of medication and participation in treatment goal decision were rated less positively.
- Respondents reported high levels of positive ratings for staff belief in consumers' potential to grow, change and recover and staff encouragement for consumers' taking responsibility for living their life.

- Consumers rated the Outcomes domain less positively. In particular, outcomes of services in the areas of school/work, housing, community involvement, family life and social situations were rated lower than others.
- Of all the CACS domains, consumers rated Quality of Life least positively. Among quality of life areas, physical health and financial resources were rated lowest.
- Consumers who report that they were in poor health more than 30 days in the prior 90 days reported significantly lower ratings of their perceptions of outcomes and quality of life than did consumers who reported fewer days of poor health.
- Consumers who report not having had a comprehensive physical examination in the prior year report significantly lower positive assessment of their care in all CACS domains.
- Consumer comments were overwhelmingly positive in the theme areas of “progress toward recovery” and “supportiveness/respectfulness of staff to clients”.
- However, a substantial number of consumer comments in the areas of “practical support for gaining employment”, “help with physical health issues”, “adequacy of help with control of psychotropic medication side effects”, “practical support accessing/retaining stable housing” and “communication/language abilities of staff” were critical.

## **Conclusion**

The 2010 CACS provides the New York State mental health system and its component programs with useful data concerning consumer perceptions of care. While findings from the CACS include strong positive ratings, indications of concern areas are also evident. More specifically, lower levels of positive response on ‘outcomes of services’ and ‘quality of life’ domains and items uncover potential quality improvement areas. In addition, a substantial number of critical comments related to OMH priority areas (e.g., housing, employment, physical health) support the need for continued attention to issues important to consumers.

## **Consumer Assessment of Care Survey (CACs)**

### **2010 Statewide Report**

#### **Introduction**

In May 2010 the New York State Office of Mental Health (OMH) conducted its annual assessment of consumer perceptions of mental health services in state operated outpatient programs. Information gathered from this initiative is fed back to state operated programs for their use in service planning and quality improvement.

As New York State's mental health system continues moving toward a recovery-oriented system, OMH places great value on consumer participation in mental health services received. The annual consumer assessment of care survey provides an important vehicle for meeting this goal.

Maximizing access to appropriate and effective mental health services is central to promoting recovery for individuals with mental illness. Better information about consumer outcomes and what treatments work for whom, and under what circumstances, is essential to improving the quality of mental health care and the quality of life for persons who experience mental illness. OMH recognizes that consumer assessment of mental health care is a critical component of this information, since the real progress in mental health recovery occurs because of the efforts of individual consumers.

This report is a supplement to information made available to individual programs. It includes a summary of overall findings for New York State and analyses that examine the relationship between demographic and background information and consumers' perceptions of services received and quality of life.



## **The Consumer Assessment of Care Survey Methods**

### **The Consumer Assessment of Care Survey**

The 2010 Consumer Assessment of Care Survey (CACS) is a 42-item questionnaire comprised largely of the nationally validated Adult Consumer Survey developed by the Mental Health Statistics Improvement Program (MHSIP). 36 items are directly taken from the MHSIP instrument. These items can be summarized by four general domains:

- Overall quality of services
- Access to services
- Appropriateness of services and quality of service delivery
- Outcomes

An additional 6 items are Quality of Life items which ask the consumer to rate aspects of their life. The 42 quantitative questions use a six-point response set (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, Not Applicable). In addition, the CACS contains 14 demographic/background questions and 1 open ended question that elicits comment on areas not covered by the questionnaire. A copy of the 2010 CACS instrument can be found in Appendix 1.

### **Administration of the 2010 CACS**

In 2010, OMH used the CACS to obtain assessments from 4,429 adult consumers who participated in 122 non-residential community mental health service programs operated by New York's 17 adult state psychiatric centers. Participating programs were located in all regions of New York and were of various sizes. Participating program types included Assertive Community Treatment, Clinic Treatment, Continuing Day Treatment, Intensive Case Management, Intensive Psychiatric Rehabilitation Treatment, Psychosocial Clubs, and Sheltered Workshops/Satellite Sheltered Workshops. Survey respondents were from 34 different counties and from both upstate and downstate regions of New York State and included a diverse range of demographic groups.

The CACS is administered anonymously in paper and Web-based versions. The paper version was offered in English, Spanish, Korean, Russian and Chinese with sealable envelopes available to ensure confidentiality. The Web-based version is located on a secure OMH Intranet site developed and overseen by the South Beach State Psychiatric Center and was available in English only.

Programs were asked to administer questionnaires to at least 15% of their annual census or 15 individuals, whichever is larger. Overall, the number of respondents represents 18% of the annual census of participating programs.

Facilities differed in how the survey was administered. Variation occurred regarding who distributed surveys to consumers; who assisted consumers in completing surveys when

needed; and who collected completed surveys. Peers and staff in all five OMH regions received training on both paper and Web-based survey administration from the OMH Offices of Consumer Affairs and Performance Measurement and Evaluation.

## **Respondent Characteristics**

### ***Demographics***

A total of 4,429 individuals completed the CACS in 2010. Tables 1 and 2 display a summary of demographic and background information regarding respondents. Table 1 shows a comparison of the CACS respondents and the full population of individuals receiving services in State operated outpatient services for selected characteristics. The comparison shows that the CACS 2010 sample is very similar to the entire service population when compared on region, gender, age and race/Hispanic ethnicity. Regarding region consumers from New York City were somewhat underrepresented in the CACS sample.

Just over half of those who completed surveys were male (54%). About half of respondents (54%) were between 45 and 64 years of age, while about 1/3 (34%) were between 25 and 44. Four percent of respondents were between 18 and 24 and 8% were 65 years of age or older.

Regarding race and Hispanic origin, 51% of the individuals reported that they are white, 20% are black, 15% Hispanic and 8% other races (including multiracial, Asian, American Indian).

The majority of consumers (81%) completing the survey identified English as their primary language; 8% identified Spanish. The most frequent languages listed for the remaining respondents were American Sign Language, Chinese, Russian, Creole, Korean and French.

### ***Service Utilization***

When asked how long it had been since their last psychiatric hospitalization, over half (55%) reported that it had been 1 year or more. For 10% of respondents it occurred 6-12 months ago; for 6% it occurred 4-6 months ago; 7% reported that it was 1-3 months ago; 5% reported less than one month ago; and 11% reported that they had never been hospitalized.

Regarding involvement in a self-help or peer support group in the past 12 months, 47% responded that they had, 41% responded that they had not, and 5% reported that they did not know what a self-help or peer support group is.

### ***Physical Health***

The 2010 CACS included 2 questions which focused on the physical health of responding consumers. In response to an item asking whether the respondent had received a comprehensive physical health exam in the past 12 months, 87% responded that they had such an exam.

Respondents were also asked how many days during the past three months was their physical health not good. On average, consumers responding to this question reported that their health was not good for 11 days. Ten percent of those who responded to this question said their physical health was not good for more than 30 days. Seven percent said their physical health was not good for sometime between 16 and 30 days and 39% reported their physical health as not good for sometime between 1 and 15 days. Forty five percent said their physical health was good for the entire three month period.

**Table 1**  
**CACs 2010**  
**Background and Demographic Information**  
**CACS Sample Compared to State Outpatient Services Population\***

		<b>CACS Sample</b>	<b>State Operated Outpatient Population</b>
<b>Region</b>			
	Central NY	20%	18%
	Hudson River	20%	20%
	Long Island	11%	9%
	New York City	36%	43%
	Western NY	12%	11%
<b>Gender</b>	Female	46%	44%
<b>Age</b>			
	18-24	4%	5%
	25-44	32%	34%
	45-64	54%	53%
	65+	9%	9%
<b>Race/Hispanic Ethnicity</b>			
	White, Not Hispanic	55%	55%
	Black, Not Hispanic	20%	22%
	Hispanic	15%	15%
	Other Races	10%	8%

\*from the 2009 Patient Characteristics Survey.

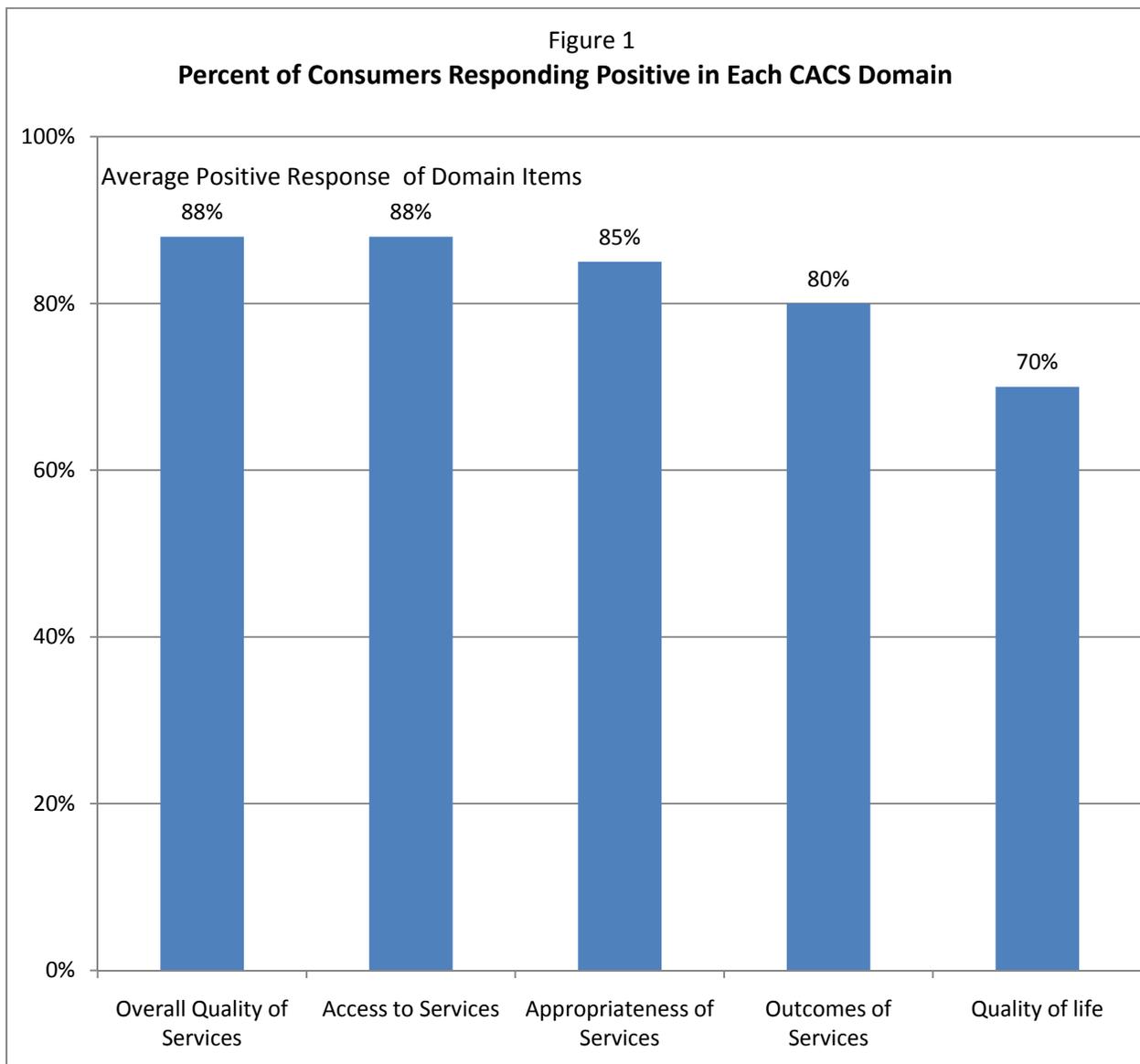
Table 2  
**CACS 2010**  
**Background and Demographic Information (Continued)**

Primary Language		Pct. Of Respondents
	English	90%
	Spanish	7%
	Other	4%
<b>Recent Hospitalization</b>		
	1 Year or more	62%
	6-12 months ago	10%
	4-6 months ago	5%
	1-3 months	7%
	less than 1 month	5%
	Never	11%
<b>Self Help/Peer Support within Past Year?</b>		
	Yes	52%
	No	42%
	Didn't know what a self help is.	5%
<b>Comprehensive Physical Health Examination in the Past Year?</b>		
	Yes	87%
<b>Days Health Not Good</b>		
	0 Days	44%
	1-15 Days	40%
	16-30 Days	7%
	31-90 Days	9%



### **Statewide Domain Results**

The overall statewide results of the 2010 CACS administration reflect very positive consumer assessments. Regarding their assessment of services, consumers tended to be most positive about issues related to overall quality of services, access to services and appropriateness of services and less positive about outcomes from the services they receive. Consumers were also less positive about issues related to quality of life. Figure 1 shows the average percent positive reported for all items in each of the five CACS domains. The average percent positive for each domain is the average of the 'agree' or 'strongly agree' responses for each of the items that comprise each domain. Table 3 shows the percent of consumers who responded positively ('agree' or 'strongly agree') to each item and the average of items for the five domains.



**Table 1**  
**CACs 2010**  
**Background and Demographic Information**  
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		<b>CACS Sample</b>	<b>State Operated Outpatient Population</b>
<b>Region</b>			
	Central NY	21%	18%
	Hudson River	20%	20%
	Long Island	11%	9%
	New York City	36%	43%
	Western NY	12%	11%
<b>Gender</b>	Female	46%	44%
<b>Age</b>			
	18-24	4%	5%
	25-44	32%	34%
	45-64	54%	53%
	65+	9%	9%
<b>Race/Hispanic Ethnicity</b>			
	White, Not Hispanic	55%	55%
	Black, Not Hispanic	20%	22%
	Hispanic	15%	15%
	Other Races	10%	8%

\*from the 2009 Patient Characteristics Survey.

**Table 2**  
**CACS 2010**  
**Background and Demographic Information (Continued)**

Primary Language		Pct. Of Respondents
	English	90%
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<b>Recent Hospitalization</b>		
	1 Year or more	62%
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	Never	11%
<b>Self Help/Peer Support within Past Year?</b>		
	Yes	52%
	No	42%
	Didn't know what a self help is.	5%
<b>Comprehensive Physical Health Examination in the Past Year?</b>		
	Yes	87%
<b>Days Health Not Good</b>		
	0 Days	44%
	1-15 Days	40%
	16-30 Days	7%
	31-90 Days	9%

**Table 3**  
**All CACS Items by Domain**

Item/Domain	Percent Positive Response *
<b><i>Overall Quality Domain</i></b>	
I like the services that I received here	91%
If I had other choices, I would still get services from this agency	86%
I would recommend this agency to a friend or a family member	87%
<b>Average of Positive Response to Items in Overall Quality Domain</b>	<b>88%</b>
<b><i>Access to Services Domain</i></b>	
The location of services was convenient (parking, public transportation distance, etc.)	88%
Staff were willing to see me as often as I felt it was necessary	90%
Staff returned my call in 24 hours	83%
Services were available at times that were good for me	91%
I was able to get all the services I thought I needed	88%
I was able to see a psychiatrist when I wanted to	86%
<b>Average of Positive Response to Items in Access to Services Domain</b>	<b>88%</b>
<b><i>Appropriateness of Services Domain</i></b>	
Staff here believe that I can grow, change and recover	89%
I felt comfortable asking questions about my treatment and medication	90%
I felt free to complain	83%
I was given information about my rights	87%
Staff encouraged me to take responsibility for how I live my life	89%
Staff told me what side effects to watch out for	80%
Staff respected my wishes about who is and who is not to be given information about my treatment	89%
I, not staff, decided my treatment goals	78%
Staff were sensitive to my cultural background (race, religion, language, etc.)	85%
Staff helped me obtain the information I needed so that I could take charge of managing my illness	87%
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc)	81%
<b>Average of Positive Response to Items in Appropriateness of Services Domain</b>	<b>85%</b>

<b>Table 3 (continued)</b>	
<b>All CACS Items by Domain</b>	
<b>Item/Domain</b>	<b>Percent Positive*</b>
<b><i>Outcomes of Services Domain</i></b>	
I deal more effectively with daily problems	85%
I am better able to control my life	85%
I am better able to deal with crises	80%
I am getting along better with my family	77%
I do better in social situations	78%
I do better in school and/or work	71%
My housing situation has improved	73%
My symptoms are not bothering me as much	78%
I do things that are more meaningful to me	82%
I am better able to take care of my needs	84%
I am better able to handle things when they go wrong	80%
I am better able to do things that I want to do	81%
I am happy with the friendships I have	82%
I have people with whom I can do enjoyable things	82%
I feel I belong in my community	76%
In a crisis, I would have the support I need from family or friends	82%
<b>Average of Positive Response to Items in Outcomes of Services Domain</b>	<b>80%</b>
<b><i>Quality of Life Domain</i></b>	
I generally have enough money to buy what I need	59%
I have access to transportation to get around	82%
I am generally able to have fun and relax	74%
My physical health is excellent	58%
My self-respect (how I feel about myself) is positive	76%
Overall, things in my life are going well	74%
<b>Average of Positive Response to Items in Quality of Life Domain</b>	<b>70%</b>

\*percent of individuals whose response was 'agree' or 'strongly agree'.

### ***Overall Quality of Services, Access to Services and Appropriateness of Services***

Figure 1 shows that for the domains of Overall Quality of Services, Access to Services and Appropriateness of Services the average positive response for items was 85% or higher. Items from these domains that were rated most positively were the following:

- I like the services that I received here (91%)
- Services were available at times that were good for me (91%)
- Staff were willing to see me as often as I felt it was necessary (90%)
- I felt comfortable asking questions about my treatment and medication (90%)
- Staff here believe that I can grow, change and recover (89%)
- Staff respected my wishes about who is and who is not to be given information about my treatment (89%)
- Staff encouraged me to take responsibility for how I live my life (89%)

On the other hand, some items in these domains were less positively evaluated. The following items were rated positively by fewer than 80% of respondents:

- I, not staff, decided my treatment goals (78%)
- Staff returned my call in 24 hours (83%)
- Staff told me what side effects to watch out for (80%)
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc) (81%)

### ***Outcomes of Services***

Overall, the average percent positive response for items comprising the Outcomes of Services domain was 80%, somewhat lower than what was seen for the domains described above. The three most positively rated items were:

- I deal more effectively with daily problems (85%)
- I am better able to control my life (85%)
- I am better able to take care of my needs (84%)

Less positively assessed outcomes were:

- I do better in school and/or work (71%)
- My housing situation has improved (73%)
- I am getting along better with family (77%)
- I am I belong in my community (76%)

### ***Quality of Life***

In general, quality of life items were rated lower than items that evaluate mental health services with health and financial concerns the areas of lowest satisfaction. 58% of respondents agreed or strongly agreed that their physical health was excellent. 59% agreed or strongly agreed that have enough money to buy what they need.



## Background Information/Demographics and Positive Domain Ratings

To provide some deeper insight into the assessments of service quality captured by the CACS, analyses of the relationship between background information collected and CACS domain ratings were conducted using chi-square tests. Test results were evaluated at  $p < .01$  significance level. Only statistically significant relationships are presented below. Percent positive response is defined as the percent of individuals who responded that they agreed or strongly agreed with the statements on the CACS.

### **Gender**

Positive response rates differ by gender significantly in Overall Quality and Quality of Life. Female respondents rated the overall quality of mental health services they received more positively. On the other hand, female respondents were less likely to rate their quality of life positively than men.

<b>Table 4</b>		
<b>Gender</b>	<b>Percent Positive(n)</b>	
	<b>Overall Quality (<math>\chi^2=15.09, p=.0001</math>)</b>	<b>Quality of Life (<math>\chi^2=25.29, p&lt;.0001</math>)</b>
Male	86.4%(1933)	67.1%(1502)
Female	90.3%(1752)	59.6%(1157)
Statewide average	87.9%(3893)	62.4%(2765)
99% CI for average	(86.6-89.2)	(60.6-64.3)

## Age

Age is significantly related to responses in Overall Quality, and the percent positive response in Overall Quality of Services increases with age. A large difference is seen between the youngest (18-24) and the oldest group (75+): 81.7% vs. 94.3% in 2010.

<b>Table 5</b>	
<b>Age group</b>	<b>Percent Positive(n)</b>
	<b>Overall Quality (<math>\chi^2=20.62</math>, <math>p=.0021</math>)</b>
18-24	81.7%(147)
25-34	88.0%(470)
35-44	87.2%(720)
45-54	87.6%(1184)
55-64	89.3%(849)
65-74	93.4%(282)
75+	94.3%(82)
Statewide average 99% CI for average	87.9%(3893) (86.6-89.2)

## Ethnicity/Race

Ethnicity/Race is significantly related to the positive response rates in Access, Appropriateness, Outcomes, and Quality of Life. Black Non-Hispanic respondents had highest level of positive response in Outcomes and Quality of Life. Also, White Non-Hispanic respondents and Hispanic respondents showed more positive response rates in Access and Appropriateness, respectively. Overall, respondents from Other Races such as American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, and Asian were less likely to respond positively across the four domains.

<b>Table 6</b>				
<b>Ethnicity/Race</b>	<b>Percent Positive(n)</b>			
	<b>Access (<math>\chi^2=11.92</math>, <math>p=.0076</math>)</b>	<b>Appropriateness (<math>\chi^2=14.69</math>, <math>p=.0021</math>)</b>	<b>Outcomes (<math>\chi^2=22.56</math>, <math>p&lt;.0001</math>)</b>	<b>Quality of Life (<math>\chi^2=29.83</math>, <math>p&lt;.0001</math>)</b>
White Non-Hispanic	88.3%(2082)	86.4%(2038)	78.5%(1852)	60.8%(1433)
Black Non-Hispanic	86.3%(743)	86.8%(747)	85.1%(733)	70.8%(610)
Hispanic	87.8%(552)	88.2%(555)	83.8%(527)	66.3%(417)
Other Races	82.5%(353)	80.4%(344)	79.0%(338)	62.6%(268)
Statewide average 99% CI for average	86.9%(3848) (85.6-88.2)	85.4%(3782) (84.0-86.8)	79.0%(3499) (77.4-80.6)	62.4%(2765) (60.6-64.3)

## Language

Respondents whose primary language is Spanish responded more positively on Outcomes.

<b>Table 7</b>	
<b>Language</b>	<b>Percent Positive(n)</b>
	<b>Outcomes</b> <b>(<math>\chi^2=12.84</math>, <math>p=.0016</math>)</b>
English	79.8%(2998)
Spanish	87.9%(246)
Other	85.2%(127)
Statewide average	79.0%(3499)
99% CI for average	(77.4-80.6)

## Service Utilization Patterns

### *Length of Care*

Length of service utilization reported by respondents was significantly related to Access, Outcomes, and Quality of Life. Individuals who have received services for more than one year consistently reported higher levels of positive response than individuals who received services for less than one year.

Table 8			
How long received services?	Percent Positive(n)		
	Access ( $\chi^2=15.28$ , $p<.0001$ )	Outcomes ( $\chi^2=20.36$ , $p<.0001$ )	Quality of Life ( $\chi^2=10.69$ , $p=.0017$ )
Less than 1 year	82.9%(655)	75.2%(594)	58.7%(464)
1 year or more	88.1%(3022)	82.2%(2820)	64.9%(2228)
Statewide average	86.9%(3848)	79.0%(3499)	62.4%(2765)
99% CI for average	(85.6-88.2)	(77.4-80.6)	(60.6-64.3)

### *Frequency of Service Receipt*

Frequency of receiving services was significantly related to positive response on Appropriateness, Outcomes, and Quality of Life. In particular, individuals who had the highest frequency (2-5 days/week) and the lowest frequency (less than 1 time/month) of services reported higher levels of positive response in Quality of Life than the other groups. However, in the Appropriateness domain, the highest frequency group (2-5 days/week) reported the least positive response rate.

Table 9			
How often do you receive services?	Percent Positive(n)		
	Appropriateness ( $\chi^2=13.30$ , $p=.0040$ )	Outcomes ( $\chi^2=13.39$ , $p=.0039$ )	Quality of Life ( $\chi^2=44.14$ , $p<.0001$ )
2-5 days/week	83.9%(1503)	82.9%(1485)	68.7%(1231)
1 time/week	87.5%(900)	77.9%(801)	57.0%(586)
1-2 times/month	88.0%(984)	79.9%(893)	61.3%(685)
less than 1 time/month	87.9%(217)	84.6%(209)	68.0%(168)
Statewide average	85.4%(3782)	79.0%(3499)	62.4%(2765)
99% CI for average	(84.0-86.8)	(77.4-80.6)	(60.6-64.3)

## Physical Health

The number of days that respondents reported poor health during the last three months is significantly related to the percent responding positively in Outcomes and Quality of Life. The largest difference was seen on Quality of Life. Individuals who reported no days of poor health during the last three months showed substantially higher rates of positive response than others who reported at least one day of poor health.

Table 10		
Number of poor health days	Percent Positive(n)	
	Outcomes ( $\chi^2=56.12$ , $p<.0001$ )	Quality of Life ( $\chi^2=246.68$ , $p<.0001$ )
0 days	85.8%(1310)	77.0%(1175)
1-15 days	81.4%(1110)	58.7%(800)
16-30 days	69.7%(168)	38.6%(93)
31-90 days	73.3%(233)	45.0%(143)
Statewide average	79.0%(3499)	62.4%(2765)
99% CI for average	(77.4-80.6)	(60.6-64.3)

Whether individuals have had a comprehensive physical examination in the past 12 months was a significant factor that related to percent positive response in all the five domains. Respondents who reported not having a physical exam in the last 12 months consistently reported lower levels of positive response in each of the five domains.

Table 11					
Physical exam	Percent Positive(n)				
	Overall Quality ( $\chi^2=10.67$ , $p=.0010$ )	Access ( $\chi^2=29.27$ , $p<.0001$ )	Appropriateness ( $\chi^2=32.35$ , $p<.0001$ )	Outcomes ( $\chi^2=49.95$ , $p<.0001$ )	Quality of Life ( $\chi^2=31.80$ , $p<.0001$ )
Yes	88.8%(3239)	88.3%(3222)	87.3%(3187)	82.4%(3005)	65.5%(2389)
No	83.9%(447)	79.9%(426)	78.2%(417)	69.4%(370)	52.9%(282)
Statewide average	87.9%(3893)	86.9%(3848)	85.4%(3782)	79.0%(3499)	62.4%(2765)
99% CI for average	(86.6-89.2)	(85.6-88.2)	(84.0-86.8)	(77.4-80.6)	(60.6-64.3)



## 2010 Qualitative Data Analysis of Written Comments

The 2010 Consumer Assessment of Care Survey (CACS) included one open-ended question asking respondents to expand upon topics covered in the survey, or comment on any other concerns pertaining to assessing the quality of their services. Twenty per cent (20%) of completed surveys contained written comments. The comments were coded into 18 themes which were categorized into the five domains of the quantitative survey questions:

1. Overall quality/satisfaction with services
2. Access to services
3. Appropriateness/quality of service delivery
4. Outcomes of services
5. Quality of life of the respondent

Of the total comments received, 63% were manifestly positive about the quality of their State-operated outpatient mental health services and 37% were negative. Table 12 displays the frequency distribution of the 893 comments by the five domains. Some comments were related to more than one domain so the percentages add to more than 100%. Comments were most frequently related to the appropriateness/quality of service (52.7%) and outcomes of services (54.2%) domains.

**Table 12. CACS Written Comments by Survey Domain (n=893)**

Domain	Percentage of Comments
Overall Quality/Satisfaction with Services	9.0%
Access to Services	1.3%
Appropriateness/Quality of Service Delivery	52.7%
Outcomes of Services	54.2%
Quality of Life of Respondents	15.7%

Table 13 displays the 17 coded themes that were identified by the analysis of the comments, the number of comments coded into each category, how these themes were matched to the five domains of the quantitative survey, and the percentage of comments that were positive. Overall, the percentage of positive comments was less than 50% for 13 of the 18 coded themes. The largest number of written comments related to the primary domains of 'outcomes of services' (n=484) and 'appropriateness/quality of service delivery' (n=471). These two domains show a variability of responses with lower percentages of positive responses by specified matched themes.

**Table 13. CACS Domains by Coded Themes**

Primary Domain	Secondary Domain	% Comments Positive by Domain	Coded Themes	# of Comments	% Comments Positive by Theme
Outcomes of services	Appropriateness/Quality of service delivery	67.4% Total # comments=484	Adequacy/continuity of program services	470	68.9%
			Adequacy of help with control of psychotropic medication side effects	14	14.3%
Appropriateness/Quality of service delivery	Overall quality/Satisfaction with services	74.8% Total # comments=278	Supportiveness/respectfulness of staff to clients	212	89.6%
			Communication/language abilities of staff	66	27.3%
Appropriateness/Quality of service delivery	Quality of life of respondents	27.5% Total # comments=193	Adequacy of help with control of mental health symptoms	42	45.2%
			Help with physical health issues	33	31.3%
			Practical support gaining employment	37	24.3%
			Practical support on problems of daily living/social skills	42	23.8%
			Practical support accessing /retaining stable housing	17	23.5%
			Practical support with management issues regarding personal income	23	4.3%
Quality of life of respondents	Outcomes of services	92.9% Total # comments=140	Progress toward recovery	128	95.3%
			Effectiveness of psychotropic medications	12	66.7%
Overall quality/Satisfaction with services		38.0% Total # comments=80	Survey critiques/issues	55	43.6%
			Adequacy of program physical facilities	25	24.0%
Access to services	Outcomes of services	8.5% Total # comments=12	Transportation issues regarding program location	7	16.7%
			Convenience of physical location of program	3	0%
			Practical support with health insurance	2	0%

Collectively, the 17 coded themes which emerged from the 893 written comments present a wide range of thoughts and concerns among consumer respondents. Some themes occur at notable frequency rates among all comments while others are numerically less prevalent but nonetheless express important and significant themes. In the following discussion, representative comments from both groups are described by domain, number of comments, and whether the comments are positive or negative and identify unmet needs.

### **Outcomes of Services**

*Number of Comments: 484*

The outcome domain items on the CACS survey are prefaced by a guide with the wording “As a Direct Result of Services I Received:” which is then followed by 12 measureable indicators of the effectiveness of services. The positive comments which fit with the outcomes domain tend to describe how outpatient mental health services were effective in preparing consumers for living successfully in the community.

The largest number of written comments in response to the CACS’ open-ended question were related to the domain outcomes of services and the secondary domain appropriateness/quality of service delivery (n=484). Overall, 67.4% of these comments were positive. The coded theme ‘adequacy/continuity of program service’ accounted for 470 of the comments—the largest number of comments coded to any of the 18 themes—and more than two thirds (68.9%) of those comments were positive. Examples of these positive responses include:

“The staff do their very best to help us continue in our recovery when we are discharged from (the) hospital. I for one could not have made it without this program.”

“Hats down to this program it rocks. May you always have the sufficient funds to help us flourish and move on positively into the future.”

“The program is a life saver. It is an all around great place. I really don't know what I'd do without it.... It's organized well & the friendships I've made here will last a lifetime.”

Although less frequent, the following examples are of comments that were critical of program services:

“They need to provide more services such as: family support group, patient support group, transportation activities, and anything that will help the successful stability of patients (in) outpatient care.”

“The situation with your psychiatrists is unsatisfactory. Nobody will stay and the doctors are changing too fast. Second, the doctors that you do have (or the ones I've had) are of serious questionable capability.”

A small number of comments (n=14) focused on the coded theme ‘adequacy of help with control of psychotropic medication side effects’. Only 14.3% of these comments were positive.

Examples of the negative comments in this area include:

“An ongoing problem I have is that my physical health is compromised for good mental health. The medication causes intolerable side effects.”

“I was not informed of side effects of medication unless I asked or worse trial and error.”

## **Appropriateness/Quality of service delivery**

*Number of Comments: 278*

The second largest number of written comments (n=278) were related to the domain of appropriateness/quality of service delivery and the secondary domain overall quality/satisfaction with services. While three quarters (74.8%) of the comments regarding these domains were positive, there was large variation in positive responses between the coded themes related to the domains. Comments regarding the theme 'supportiveness/respectfulness of staff to clients' were 89.6% positive while only 27.3% of the comments regarding the theme 'communication/language abilities of staff' were positive.

Examples of positive responses to 'supportiveness/respectfulness of staff to clients' include:

"I am grateful that this program exists. I have a good rapport with my worker. My worker is understanding and empathetic. He is also very kind and returns my telephone calls."

"The State of New York has offered me the best services in the world. I am deeply grateful for the kind, compassionate services I receive."

"The clinic is very helpful and very courteous to me, always! If I need anything they can be counted on to help me. They were instrumental in helping me keep a job for 10 years when before that I was homeless and unemployable."

A large number of the negative comments regarding 'communication/language abilities of staff' requested that more Spanish speaking staff be made available to communicate with Spanish speaking consumers. Others requested more opportunities to speak with their psychiatrists.

"Yo pienso que necesitamos Doctores que Hablan Espanol, pues ahora mismo no tenemos ningunos."

*Translation: I think we need doctors who speak Spanish, right now we have none.*

"I don't care for the new way of doing things these days where patients can't have a session where you talk to the psychiatrist. Basically all they do is ask a few questions, give you your prescriptions and do updates on your records."

Among the smaller number of positive comments regarding 'communication/language abilities of staff', were consumers who expressed themselves in ways including:

"She (case manager) is very easy to talk to. A good listener & gives good advice. Always returns my phone calls."

"I feel that the doctor here at the clinic is excellent. She is easy to speak to and very understanding."

"The doctor is good, listens to me, my input, and works with me."

## **Appropriateness/Quality of service delivery**

*Number of Comments: 193*

The domain appropriateness/quality of service delivery was also found to relate to the secondary domain quality of life of respondents. The third largest number of written comments (n=193) were related to these two domains. For these domains, the majority of comments were negative, with only 27.5% positive. The coded themes related to these domains are:

- Practical support on problems of daily living/social skills
- Practical support gaining employment
- Practical support accessing /retaining stable housing
- Practical support with management issues regarding personal income
- Adequacy of help with control of mental health symptoms
- Help with physical health issues

For all of the coded themes listed, positive comments were less than half of all comments received. For example, among the 42 comments related to the theme 'adequacy of help with control of mental health symptoms', 45.2% were positive and 54.8% were negative. Positive comments in this area include:

"My counselor has helped me time and again through crises or daily problems/life. The meds I'm on now have changed my life and helped me to live more normally."

"Staff here is wonderful and I feel more secure within myself and less paranoid about my surroundings, when in doubt I am now strengthened that these negative feelings will pass and I now have a support group. God Bless you all!!"

Examples of negative comments include:

"I don't feel I'm getting better. Can't get help from NY state. Finding a job is more hard for someone like myself who seem(s) okay outwardly but inside is a complete mess. No one (is) on my side & are willing to help me. Med's don't really work completely."

"I feel my anxiety has worsen(ed)...I am having a hard time dealing with paper work, simple tasks seem - not so simple. My symptoms have worsen(ed) in the past 3 months."

For all the other coded themes listed, positive comments were 31% or less of all comments received. For example, among the 42 comments focused on 'practical support on problems of daily living/social skills' only 23.8% were positive, and among the 37 comments focused on 'practical support gaining employment' only 24.3% were positive. Examples of negative comments in these areas include:

### *Daily living/social skills:*

"I and other patients would appreciate a program assisting the introduction and assimilation of mental patients into mainstream society. Presently it appears that we are corralled with one another, devoid of normal experiences."

"I like to talk, communicate.... I want to make more friends. I want to learn how to speak English, and have people be able speak to me. I want to learn, read, write more...to make my life better."

### *Employment:*

"You should also have asked if I need a job and if I do have one, how well am I doing on it."

"The only thing I don't feel I got a lot of help with is getting a job and schooling."

"Need jobs, training, job coaches."

"I need another job, really good one. Can you help with that?"

"(N)eed job coaches and work; job coach would help me not to be afraid of things and people...."

As regards the coded theme 'help with physical health issues', only 31.3% of the 33 comments were positive. Many negative comments focused on the need for help with diabetes or weight gain, while others focused on the need for help with a variety of health issues. Examples of negative comments in this area include:

"It should be more stress reduction classes, what can take away the problems of obesity, and diabetes...."

"Mrs. Dr. P. and Mrs. Y I feel so much tension on my chest and back. All the time I am urinating...."

"Medicaid won't cover my...dentures so I have to go in my pocket I guess? Pay in cash out of my pocket- I need new...dentures. Please get me some more teeth."

"You should also have asked if...I need a dental exam or if I need eyeglasses or contact lenses and if so do I know how to get them...."

"I need to know about my health insurance. I need my detached retina reattached and my glaucoma taken care of...."

The theme 'practical support accessing/retaining stable housing' had 23.5% positive comments among 17 comments. Examples include:

"The staff and services provided (have) helped me so much in my recovery. I have my own apartment 5 years now in a wonderful community. I get along and socialize with my neighbors."

"I think it's a very good idea that Supportive Housing is now a given referral service."

Comments that were critical of program housing supports were more frequent (76.5%). Examples include:

"I need public housing - I have none now & need housing. I lost my job & need housing."

"I need safe housing. I don't know how they can help me."

"My housing is poor. I am in the midst of battling SUS and OMH (again) for decent housing."

The theme 'practical support with management issues regarding personal income' had the lowest percentage of positive responses—only 4.3% of the 23 comments were positive. Examples of comments critical of personal income supports are:

"I would like help with making a budget and help following it."

"I only receive one hundred, fifty dollars per month after living expenses at a community residence that receives over nine hundred to house me. I feel that this is way too excessive and I should receive more income."

## **Quality of life of respondents**

*Number of Comments: 140*

Some aspects of consumers' quality of life extend beyond the direct impact of mental health services, and as you will see by the comments below, are principally shaped by the environment in which they live. However many of the positive comments which follow regard services as contributory resources to that overall environment.

The fourth largest number of written comments (n=140) were related to the domain quality of life of respondents and the secondary domain outcomes of services. For these domains, a very large majority (92.9%) of comments were positive. These domains relate to two coded themes: 'progress toward recovery' and 'effectiveness of psychotropic medications'. Comments regarding the theme 'progress toward recovery' were 95.3% positive, while 66.7% of those regarding the theme 'effectiveness of psychotropic medications' were positive.

Examples of positive responses to 'progress toward recovery' include:

"I thank God, for having a chance to find the right treatment for the first time in my life. Everything in my life has improved since I've started coming to the clinic. I am alive and functioning better than I was a few months ago."

"When I arrived at IPRT services I was in great need of help. I had been ill for 3 yrs. At the current time I have the ability to recognize early symptoms. I am much more capable of entering & participating in social environments."

Among the smaller number of negative comments regarding 'progress toward recovery', were consumers who expressed themselves in ways including:

"Have not seen Doctor since new therapist was assigned - periodically see PA for medication review. Have good days & bad - lately bad out number good...time of survey down period depressed, lack of energy, no motivation."

"I am not doing well in this care, because I feel my problems are social rather than psychiatric. Unless you solve the social problems first, any psychiatric problems will linger. The key to solving the social problems is not medication and group therapy."

Examples of positive responses to "effectiveness of psychotropic medications' include:

"So far everything in my life is going just fine I have no complaints at all at this time. My health is good and the medication is working for me. I am pleased so far."

"I feel much better since I take my meds and more positive on life. I can understand better."

Examples of negative comments in this area include:

"Some of the medications do not seem to help anymore."

"I feel I am being over medicated by Dr. J....I want something done about this matter."

## **Overall quality/ satisfaction with services**

*Number of Comments: 80*

While a large majority of all comments (63%) were positive about the services received, only 38.0% of the comments were positive for the domain overall quality/ satisfaction with services. This domain relates to two coded themes: 1) adequacy of program physical facilities; and 2) survey critique/issues. Twenty four percent (24.0%) of comments focused on 'adequacy of program physical facilities' was positive, with most focusing on the cleanliness and organization of the facilities. Seventy five percent (76.0%) of the comments were negative with the most common complaints focusing on the absence or elimination of lunch programs, inadequate parking space, and a lack of cleanliness in facility bathrooms.

With regard to the theme 'survey critique/issues', 43.6% of the comments were positive—most expressed thanks for the opportunity to participate in the survey and provide feedback. Negative survey comments (56.4%) focused on three major areas: 1) concern that the racial categories in the demographic section were inadequate or racist; 2) assessments that the survey was too long; and 3) assessments that the survey's response scales were inadequate (e.g., 'neutral' should be 'somewhat').

## **Access to Services**

*Number of Comments: 12*

The smallest number of written comments (n=12) were related to the domain access to services and the secondary domain outcomes of services. Only 8.3% of these comments (n=1) were positive. The majority of the comments (n=7) focused on a lack of adequate, accessible transportation to the program location.

## Discussion and Implications

OMH's 2010 Consumer Assessment of Care Survey offers a unique perspective on the quality of New York's public mental health system. The information is particularly valuable as it represents the perception of consumers. Although the sample is not an exact representation of the population of all mental health consumers, the data provide rich information that can inform mental health service delivery.

Overall, consumers who responded evaluated the mental health services they received positively. This was mainly the case in the domains of overall quality of service, access to services and appropriateness of services. Particularly encouraging is the high level of agreement regarding staff belief in consumers' can grow, change and recover and staff encouragement for consumers' taking responsibility for living their life. However, within these areas there were items that were evaluated less positively. These included items related to information regarding the side effects of medication and participation in treatment goal decisions. Consumers also rated the domains of outcomes of services and quality of life less positively than other domains.

The examination of relationships between demographic characteristics and domain agreement provide insights into the variability seen among subgroups of recipients. Of particular interest is the disparity of agreement on the outcomes and quality of life domains between consumers who reported that they were in poor health more than 30 days compared to those who reported poor health for less than 30 days. Similar differences on *all* domains are seen between consumers who reported having a comprehensive physical examination and consumers who did not.

The comments provided by respondents add more depth to our understanding of the consumer perspective and it is here where perceptions critical of aspects of service delivery are more explicitly found. The comments tell a story comprised of sometimes contradictory voices. They clearly reveal that there is not a single unified consumer voice regarding the assessment of service quality, but rather a multiplicity of viewpoints.

Although the domain analyses showed a largely positive assessment of services a substantial number of comments were critical. Overwhelmingly positive comments in the coded theme areas of "progress toward recovery" and "supportiveness/respectfulness of staff to clients" are encouraging as they broadly coincide with OMH's strategic framework. However, critical comments in areas that OMH is currently focusing such as "practical support for gaining employment", "help with physical health issues", "adequacy of help with control of psychotropic medication side effects" and "practical support accessing/retaining stable housing" confirm that problems and concerns continue to be felt by consumers of service.

The 2010 CACS provides the New York State mental health system and its component programs with useful data concerning consumer perceptions. While findings from the CACS are clearly positive, important indications of areas of concern can be found when variability in response is examined. Lower levels of positive response on domains and items, negative comments, or identified unmet needs can point to markers for potential quality improvement.



Appendix 1

**Consumer Assessment of Care Survey 2010**

**Survey Instrument**



Please use the space below to comment on any of your answers. If there are areas which were not covered by this survey that you feel should have been, please include your comments in this section.

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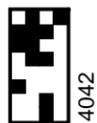
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Affix Label Here

<p>Facility _____</p> <p>Site Name _____</p>
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Thank you for completing this survey!



## Consumer Assessment of Care Survey 2010

We want to provide the best possible mental health services in our program. To do so, we need to know what you think about the services you received during the last 3 months, the people who provided the services, and the results. Please check the back page to make sure our agency and site names are filled-in. On that page, you will also see space to comment on any of your answers.

Please indicate your agreement / disagreement with each of the following statements by shading the circle that best represents your opinion. If the question is about something you have not experienced, shade the circle to indicate that this item is "not applicable" to you.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

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

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last 3 months, the people who provided them, and the results. There is space at the end of the survey to comment on any of your answers.

Shade Circles Like This--> ●  
Not Like This--> ⊗

**As a Direct Result of Services I received :**

	<u>Strongly</u> Agree	Agree	I am Neutral	Disagree	<u>Strongly</u> Disagree	<u>Not</u> Applicable
21. I deal more effectively with daily problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I am better able to control my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am better able to deal with crises.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I am getting along better with my family.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I do better in social situations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I do better in school and/or work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My housing situation has improved.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. My symptoms are not bothering me as much.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I do things that are more meaningful to me.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am better able to take care of my needs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am better able to handle things when they go wrong.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I am better able to do things that I want to do.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*For questions 33-36 please answer for relationships with persons other than your mental health provider(s)*

33. I am happy with the friendships I have.....	<input type="radio"/>					
34. I have people with whom I can do enjoyable things.....	<input type="radio"/>					
35. I feel I belong in my community.....	<input type="radio"/>					
36. In a crisis, I would have the support I need from family or friends.....	<input type="radio"/>					

**In the section, we ask you to rate how things are going in different areas of your life. Please read the statement and then fill in the circle that best represents your experiences. How would you rate the following ?**

	<u>Strongly</u> Agree	Agree	I am Neutral	Disagree	<u>Strongly</u> Disagree	<u>Not</u> Applicable
37. I generally have enough money to buy what I need.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I have access to transportation to get around.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I am generally able to have fun and relax.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. My physical health is excellent.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My self-respect (how I feel about myself) is positive.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Overall, things in my life are going well.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Background Information**

Please provide the following information for statistical purposes. Please do not share your name. This confidential information is very important to help ensure that services meet your needs. Please fill in the blanks or shade in the circles that answers the following.

- Which of the following insurance plans are you covered by (*shade all circles that apply*)?
  - Medicare
  - Medicaid
  - HMO
  - PMHP
  - Other \_\_\_\_\_
  - Don't Know
- What county do you live in (e.g. Erie, Suffolk, etc.)? \_\_\_\_\_
- Are you of Hispanic/Latino Origin?
  - Yes, Hispanic or Latino
  - Not Hispanic or Latino
- What is your race? (*shade one or more circles to indicate what you consider your race to be*)
  - White (Caucasian)
  - Black/African American
  - American Indian /Alaskan Native
  - Native Hawaiian / Pacific Islander
  - Asian
  - Other \_\_\_\_\_
- What is your primary language?
  - English
  - Spanish
  - Other \_\_\_\_\_
- What is your sex ?
  - Male
  - Female
- What is your age ?
  - 18-24
  - 25-34
  - 35-44
  - 45-54
  - 55-64
  - 65-74
  - 75 +
- Have you had a comprehensive physical examination ( at a health clinic or with a family doctor ) in the past 12 months?
  - Yes
  - No
- How many days during the last three months was your physical health not good?   (enter number of days in box)
- How long ago was your last psychiatric inpatient hospital stay?
  - Never Hospitalized
  - Less than 1 month ago
  - 1-3 months ago
  - 4-6 months ago
  - 6 months 1 year ago
  - More than 1 year ago
- In the past 12 months, have you been involved in a self-help or peer support group in any way ?
  - Yes
  - No
  - I do not know what a self-help or peer support group is
- Who helped you with taking this survey ( e.g. collected it from you, helped you with questions or reading etc.) ?
  - A consumer peer
  - Peer specialist/advocate
  - Other Staff member
  - No one
- How long have you received mental health services from this program ?
  - Less than one year
  - One year or more
- How often do you receive services from this program ?
  - 2-5 days per week
  - 1 time per week
  - 1-2 times per month
  - Less than 1 time per month

