

**Adult Consumer Assessment of Care in New York State  
2011 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**

### **2011 Statewide Final Report**

#### **Executive Summary**

In May 2011 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 used by OMH in service planning and quality improvement.

This report is a supplement to information available publically at the individual program level (<http://bi.omh.ny.gov/cacs/index>). 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 2011 Consumer Assessment of Care Survey (CACS) was completed by 4,951 individuals, an increase of about 12% from 2010. 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). 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 includes 17 lifestyle and demographic questions and one open-ended question encouraging respondents to write comments about their services in their own words. In 2011, new items related to OMH's smoking cessation initiative were added.

#### **Summary of Findings**

Findings from the 2011 survey showed that consumers' assessment of care was positive in many areas. At the survey domain level ratings were largely positive however individual item responses within the domains are more variable. Variability was also noted by respondent characteristics such as sex, race, physical health, tobacco use and involvement with self-help groups. A qualitative analysis of consumer comments provided more insights into the positive and negative aspects of consumers' experiences with services.

- Respondents rated the Overall Quality of Services (88%), Access to Services (87%) and Appropriateness of Services (85%) domains positively but items related to information regarding the side effects of medication (81%) and participation in treatment goal decisions (78%) were rated less positively.
- Respondents reported high levels of positive ratings for staff belief in consumers' potential to grow, change and recover (90%) and staff encouragement for consumers' taking responsibility for living their life (89%).
- Consumers rated the Outcomes (78%) domain less positively. In particular, outcomes of services in the areas of school/work (68%), housing (71%), community involvement (75%) and social situations (75%) were rated lower than others.
- Of all the CACS domains, consumers rated Quality of Life least positively (68%). Among quality of life areas, physical health (56%) and financial resources were rated lowest.
- Consumers who report that they were in poor health more than 15 days in the prior 30 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 "gaining employment", "physical health issues", "management issues regarding personal income", and "smoking cessation" were critical.

## **Conclusion**

The 2011 CACS provides the New York State mental health system and its component programs with useful data on consumer perceptions of care. While findings from the CACS include strong positive ratings, there is clear variability of response. Lower ratings can highlight areas where improvement efforts might be directed. More specifically, lower levels of positive response on 'outcomes of services' and 'quality of life' domains and on various individual items are indicators of potential quality improvement areas. In addition, a substantial number of critical comments related to OMH priority areas (e.g., employment, physical health) support the need for continued attention to issues important to consumers.

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

### **2011 Statewide Report**

#### **Introduction**

In May 2011 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 on OMH's website (<http://bi.omh.ny.gov/cacs/index>). 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 2011 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

A fifth Quality of Life domain includes 6 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).

The CACS also contains 17 demographic/background questions and 1 open ended question that elicits comment on areas not covered by the questionnaire. In 2011, this section included four new questions related to OMH's smoking cessation initiative. A copy of the 2011 CACS instrument can be found in Appendix 1.

### **Administration of the 2011 CACS**

In 2011, OMH used the CACS to obtain assessments from 4,951 adult consumers who participated in 114 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.

The 2011 CACS was collected during the May 2011. Programs were asked to select a one week period during the month and offer the CACS to all consumers served in that week. Overall, the number of respondents represents about 1/3 of the weekly 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.

In 2011, to address concerns about potential bias associated with staff involvement in CACS administration, OMH collected information on the use of staff and peers in administration of the CACS. An analysis of these data showed that regardless of who administers the CACS, although the magnitude of response is different for some domains, the pattern of response is similar. See Appendix 2 for a summary of findings on staff vs. peer involvement in CACS administration.

### **Survey Findings:**

Findings described in this report use *percent positive* as the metric for comparing results on items and domains. For individual items *percent positive* is the percentage of respondents reporting “Agree” or “Strongly Agree” for that item. For domains, percent positive is the average of each item level percent positive score for the items that comprise that domain.

Analyses of the relationship between background information and lifestyle items (e.g. age, race, sex, tobacco use, physical health) and domain scores found in the *Background Information/Demographics and Positive Domain Ratings* section were conducted using chi-square tests. Test results were evaluated at  $p < .01$  significance level and only statistically significant relationships between domain scores and demographic variables are presented.

## **Respondent Characteristics**

### ***Demographics***

A total of 4,951 individuals completed the CACS in 2011. 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 2011 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 (56%). About half of respondents (53%) were between 45 and 64 years of age, while about 1/3 (34%) were between 25 and 44. Five percent of respondents were between 18 and 24 and 7% were 65 years of age or older. Regarding race and Hispanic origin, 52% of the individuals reported that they are white, 22% are black, 16% Hispanic and 10% other races (including multiracial, Asian, American Indian). The majority of consumers (83%) completing the survey identified English as their primary language; 7% identified Spanish. The most frequent languages listed for the remaining respondents were American Sign Language, Chinese, Russian, Creole, Korean and French.

### ***Service Utilization***

Regarding involvement in a self-help or peer support group in the past 12 months, 50% responded that they had, 45% 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 2011 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. Four percent said their physical health was not good for sometime between 16 and 30 days and 42% reported their physical health as not good for sometime between 1 and 15 days. Fifty four percent said their physical health was good for the entire month.

## ***Smoking Cessation***

The 2011 CACS included four new questions related to OMH's Tobacco Cessation Treatment Assessment initiative. Respondents were asked about the last time they smoked tobacco. Forty four percent reported that they last smoked today while 26% said sometime in the past and 30% responded never. Respondents were all asked what kind of tobacco products they currently use. Fifty two percent said they use cigarettes. Only 5% reported they used pipe or cigar, 2% used smokeless tobacco and 1% used chewed tobacco or dipped snuff.

Two questions were included to better understand whether staff were asking consumers if they smoke and, if they did, were they interested in help to stop smoking. Two thirds (67%) of respondents said that staff did ask them if they used tobacco products while 55% reported that they were asked if they wanted help to stop smoking or using tobacco products.

**Table 1**  
**CACs 2011**  
**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	18%	18%
	Hudson River	22%	20%
	Long Island	11%	9%
	New York City	37%	43%
	Western NY	12%	11%
<b>Gender</b>	Female	44%	44%
<b>Age</b>			
	18-24	5%	5%
	25-44	34%	34%
	45-64	53%	53%
	65+	7%	9%
<b>Race/Hispanic Ethnicity</b>			
	White, Not Hispanic	52%	55%
	Black, Not Hispanic	22%	22%
	Hispanic	16%	15%
	Other Races	10%	8%

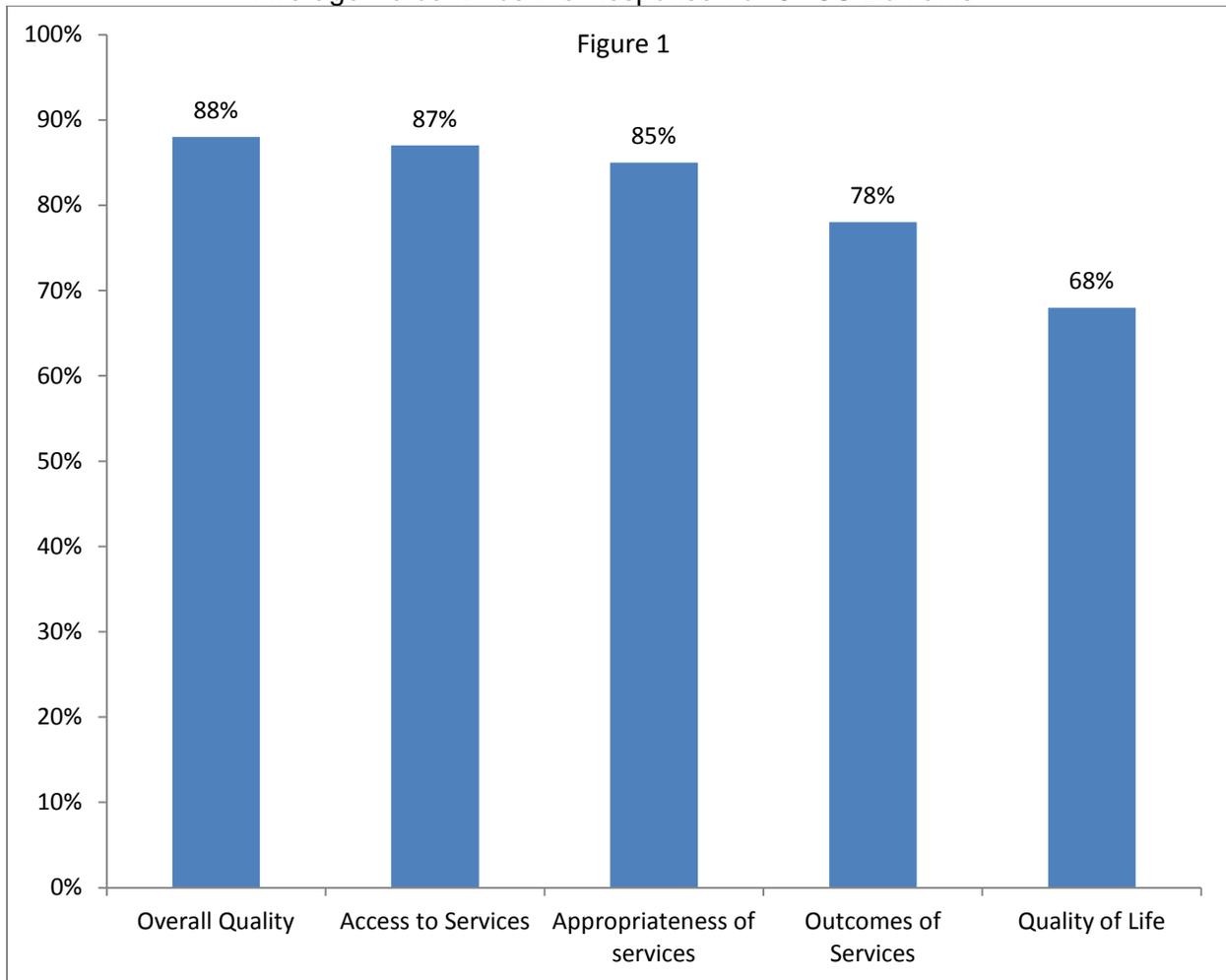
**Table 2**  
**CACS 2011**  
**Background and Demographic Information (Continued)**

		<b>Pct. Of Respondents</b>
Primary Language		
	English	83%
	Spanish	7%
	Other	10%
Self Help/Peer Support within Past Year?		
	Yes	50%
	No	45%
	Didn't know what a self help is.	5%
Comprehensive Physical Health Examination in the Past Year?	Yes	87%
Days Health Not Good		
	0 Days	54%
	1-15 Days	42%
	16-30 Days	4%
Last time smoked		
	Today	44%
	Sometime in the past	26%
	Never	30%
Tobacco products used currently		
	Cigarettes	52%
	Pipe or Cigar	5%
	Smokeless Tobacco	2%
	Chewed Tobacco/Dipped Snuff	1%
Asked by staff if smoke	Yes	67%
Asked by staff if want help to stop smoking	Yes	55%

### Statewide Domain Results

The overall statewide results of the 2011 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.

Figure 1  
Average Percent Positive Response For CACS Domains



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

<b>Item/Domain</b>	<b>Percent Positive Response*</b>
<b>Overall Quality Domain</b>	
<i>I like the services that I received here</i>	91%
<i>If I had other choices, I would still get services from this agency</i>	87%
<i>I would recommend this agency to a friend or a family member</i>	86%
<b>Average of Positive Response to Items in Overall Quality Domain</b>	<b>88%</b>
<b>Access to Services Domain</b>	
<i>The location of services was convenient (parking, public transportation distance, etc.)</i>	87%
<i>Staff were willing to see me as often as I felt it was necessary</i>	90%
<i>Staff returned my call in 24 hours</i>	84%
<i>Services were available at times that were good for me</i>	91%
<i>I was able to get all the services I thought I needed</i>	87%
<i>I was able to see a psychiatrist when I wanted to</i>	84%
<b>Average of Positive Response to Items in Access to Services Domain</b>	<b>87%</b>
<b>Appropriateness of Services Domain</b>	
<i>Staff here believe that I can grow, change and recover</i>	90%
<i>I felt comfortable asking questions about my treatment and medication</i>	89%
<i>I felt free to complain</i>	82%
<i>I was given information about my rights</i>	87%
<i>Staff encouraged me to take responsibility for how I live my life</i>	89%
<i>Staff told me what side effects to watch out for</i>	81%
<i>Staff respected my wishes about who is and who is not to be given information about my treatment</i>	88%
<i>I, not staff, decided my treatment goals</i>	78%
<i>Staff were sensitive to my cultural background (race, religion, language, etc.)</i>	85%
<i>Staff helped me obtain the information I needed so that I could take charge of managing my illness</i>	87%
<i>I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc)</i>	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 Response*</b>
<b><i>Outcomes of Services Domain</i></b>	
I deal more effectively with daily problems	84%
I am better able to control my life	83%
I am better able to deal with crises	79%
I am getting along better with my family	76%
I do better in social situations	75%
I do better in school and/or work	68%
My housing situation has improved	71%
My symptoms are not bothering me as much	76%
I do things that are more meaningful to me	80%
I am better able to take care of my needs	82%
I am better able to handle things when they go wrong	78%
I am better able to do things that I want to do	79%
I am happy with the friendships I have	79%
I have people with whom I can do enjoyable things	79%
I feel I belong in my community	75%
In a crisis, I would have the support I need from family or friends	80%
<b>Average of Positive Response to Items in Outcomes of Services Domain</b>	<b>78%</b>
<b><i>Quality of Life Domain</i></b>	
I generally have enough money to buy what I need	58%
I have access to transportation to get around	81%
I am generally able to have fun and relax	72%
My physical health is excellent	56%
My self-respect (how I feel about myself) is positive	73%
Overall, things in my life are going well	72%
<b>Average of Positive Response to Items in Quality of Life Domain</b>	<b>68%</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%)
- Staff here believe that I can grow, change and recover (90%)
- I felt comfortable asking questions about my treatment and medication (89%)
- Staff encouraged me to take responsibility for how I live my life (89%)
- Staff respected my wishes about who is and who is not to be given information about my treatment (88%)

On the other hand, some items in these domains were less positively evaluated. The following items were rated positively by fewer than 83% of respondents:

- I, not staff, decided my treatment goals (78%)
- Staff told me what side effects to watch out for (81%)
- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc) (81%)
- I feel free to complain (82%)

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

Overall, the average percent positive response for items comprising the Outcomes of Services domain was 78%, 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 (84%)
- I am better able to control my life (83%)
- I am better able to take care of my needs (82%)

Less positively assessed outcomes were:

- I do better in school and/or work (68%)
- My housing situation has improved (71%)
- I do better in social situations (75%)
- I feel I belong in my community (75%)

### ***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. 56% of respondents agreed or strongly agreed that their physical health was excellent. 58% agreed or strongly agreed that they 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 and their quality of life more positively than men.

Table 4		
Gender	Percent Positive	
	Overall Quality ( $\chi^2=8.4, p=.004$ )	Quality of life ( $\chi^2=24.39, p<.001$ )
Male (2611)	87.0%	64.6%
Female (2070)	89.8%	69.7%
Statewide average 99% CI for average	88.3%(4681) (87.0-89.4)	68.4%(4681) (66.6-70.1)

## 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+): 84.2% vs. 94.7% in 2011. The rating for Quality of Life follows a similar pattern to Overall Quality, the percent of positive responses increasing with age, except two age groups, the middle (35-44) and the oldest group (75+).

Age group	Percent Positive	
	Overall Quality ( $\chi^2=26.8$ , $p<.001$ )	Quality of life ( $\chi^2=19.4$ , $p=.004$ )
	18-24 (241)	84.2%
25-34 (689)	85.0%	67.5%
35-44 (937)	87.1%	65.4%
45-54 (1489)	89.0%	67.7%
55-64 (1027)	89.9%	70.1%
65-74 (297)	94.1%	78.2%
75+ (44)	94.7%	68.8%
Statewide average 99% CI for average	88.4%(4724) (87.1-89.5)	68.3%(4724) (66.5-70.0)

## 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 Quality of Life. Hispanic respondents showed more positive response rates in Access, Appropriateness, and Outcomes. 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.

Ethnicity/Race	Percent Positive			
	Access ( $\chi^2=13.9$ , $p=.003$ )	Appropriateness ( $\chi^2=12.7$ , $p<.005$ )	Outcomes ( $\chi^2=18.4$ , $p<.001$ )	Quality of life ( $\chi^2=27.3$ , $p<.001$ )
White Non-Hispanic (2480)	87.9%	85.2%	75.3%	65.3%
Black Non-Hispanic (1036)	85.6%	84.7%	80.2%	73.6%
Hispanic (742)	89.2%	88.3%	81.6%	71.5%
Other Races (471)	82.7%	80.8%	77.9%	68.2%
Statewide average 99% CI for average	87.1%(4729) (85.8-88.3)	85.1%(4729) (83.8-86.4)	77.6%(4729) (76.0-79.1)	68.4%(4729) (66.6-70.1)

## Language

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

<b>Table 7</b>	
<b>Language</b>	<b>Percent Positive</b>
	<b>Outcomes</b> ( $\chi^2=12.4$ , $p=.002$ )
English (4125)	76.9%
Spanish (336)	84.7%
Other (485)	79.6%
Statewide average 99% CI for average	77.7%(4946) (76.1-79.2)

## Service Utilization Patterns

### *Length of Care*

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

<b>Table 8</b>	
<b>How long received services?</b>	<b>Percent Positive</b>
	<b>Outcomes</b> ( $\chi^2=12.3, p<.001$ )
Less than 1 year (902)	73.3%
1 year or more (3782)	78.7%
Statewide average 99% CI for average	77.6%(4684) (76.1-79.2)

### *Frequency of Service Receipt*

Frequency of receiving services was significantly related to positive response on 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 than the other groups.

<b>Table 9</b>		
<b>How often do you receive services?</b>	<b>Percent Positive</b>	
	<b>Outcomes</b> ( $\chi^2=17.9, p<.001$ )	<b>Quality of Life</b> ( $\chi^2=21.3, p<.001$ )
2-5 days/week (1892)	80.5%	71.9%
1 time/week (1353)	74.7%	64.5%
1-2 times/month (1253)	76.1%	67.0%
less than 1 time/month (197)	80.1%	70.1%
Statewide average 99% CI for average	77.7%(4695) (76.1-79.2)	68.4%(4695) (66.6-70.1)

## 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	
	Outcomes ( $\chi^2=25.9$ , $p<.001$ )	Quality of Life ( $\chi^2=97.2$ , $p<.001$ )
0 days (1774)	81.9%	76.7%
1-15 days (1408)	76.3%	63.7%
16-30 days (121)	67.1%	46.1%
Statewide average	79.0%(3303)	70.1%(3303)
99% CI for average	(77.1-80.7)	(68.0-72.1)

Whether individuals have had a comprehensive physical examination in the past 12 months was a significant factor 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				
	Overall Quality ( $\chi^2=13.7$ , $p<.001$ )	Access ( $\chi^2=14.6$ , $p<.001$ )	Appropriateness ( $\chi^2=18.8$ , $p<.001$ )	Outcomes ( $\chi^2=22.1$ , $p<.001$ )	Quality of Life ( $\chi^2=25.9$ , $p<.001$ )
Yes (4015)	88.9%	87.8%	85.9%	78.8%	69.8%
No (621)	83.7%	82.4%	79.2%	70.3%	59.6%
Statewide average	88.2%(4636)	87.1%(4636)	85.0%(4636)	77.7%(4636)	68.4%(4636)
99% CI for average	(86.9-89.4)	(85.8-88.3)	(83.6-86.3)	(76.1-79.2)	(66.6-70.2)

## Tobacco Usage

The 2011 CACS Background Information Section included four new questions related to OMH's Tobacco Cessation Treatment Assessment initiative. This section explores the relationship of response to those items and positive response to the CACS domains.

Consumers that were asked by staff whether they smoke tobacco or use tobacco products responded more positively in Access and Appropriateness.

Table 12		
Asked if you smoke tobacco or use tobacco products?	Percent Positive	
	Access ( $\chi^2=12.7$ , $p<.001$ )	Appropriateness ( $\chi^2=24$ , $p<.001$ )
Yes (3095)	88.5%	87.0%
No (1531)	84.8%	81.6%
Statewide average 99% CI for average	87.3%(4626) (86.0-88.5)	85.2%(4626) (83.8-86.5)

Consumers that were asked by staff if they wanted help stopping smoking or using tobacco products responded more positively in Appropriateness and Outcome.

Table 13		
Asked if help wanted stopping smoking or using tobacco products?	Percent Positive	
	Appropriateness ( $\chi^2=21.3$ , $p<.001$ )	Outcome ( $\chi^2=11.2$ , $p=.001$ )
Yes (2345)	87.3%	79.4%
No (1924)	82.2%	75.1%
Statewide average 99% CI for average	85.0%(4269) (83.6-86.4)	77.5%(4269) (75.8-79.1)

Consumers not using any tobacco products are more likely to respond positively in Overall Quality, Access and Quality of Life.

Table 14			
Tobacco products currently used?	Percent Positive		
	Overall Quality ( $\chi^2=13.8$ , $p<.001$ )	Access ( $\chi^2=6.24$ , $p=.01$ )	Quality of life ( $\chi^2=9.54$ , $p=.002$ )
Any kind (2535)	86.7%	86.2%	66.5%
None (1997)	90.3%	88.7%	70.8%
Statewide average 99% CI for average	88.3%(4532) (87.0-89.5)	87.3%(4532) (86.0-88.5)	68.4%(4532) (66.6-70.2)

Consumers who smoked today or sometime in the past responded less positively to Overall Quality and Quality of Life when compared to consumers who reported never smoking.

<b>Table 15</b>		
<b>Last time you smoked tobacco or used tobacco products?</b>	<b>Percent Positive</b>	
	<b>Overall Quality</b> ( $\chi^2=12.9$ , $p=.002$ )	<b>Quality of life</b> ( $\chi^2=10$ , $p=.007$ )
Today (2081)	87.2%	67.0%
Sometime in the past(1207)	87.3%	66.9%
Never (1430)	90.9%	71.6%
Statewide average	88.4%(4718)	68.4%(4718)
99% CI for average	(87.1-89.5)	(66.6-70.1)

## Consumer Comments

The 2011 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 three per cent (23%) of completed surveys contained written comments. The comments were coded into 16 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, 68% were positive about the quality of the State-operated outpatient mental health services they received and 32% were negative. Table 16 displays the frequency distribution of the 1114 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 outcomes of services (59.3%) and appropriateness/quality of service (45.9%) domains.

**Table 16. CACS Written Comments by Survey Domain (n=1114)**

Domain	Percentage of Comments
Overall Quality/Satisfaction with Services	19.1%
Access to Services	3.7%
Appropriateness/Quality of Service Delivery	45.9%
Outcomes of Services	59.3%
Quality of Life of Respondents	9.9%

Table 17 displays the 16 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 5 of the 16 coded themes. The largest number of written comments related to the primary domains of '*outcomes of services*' (n=661) and '*appropriateness/quality of service delivery*' (n=339).

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

<b>Primary Domain</b>	<b>Secondary Domain</b>	<b>% Comments Positive by Domain</b>	<b>Coded Themes</b>	<b># of Comments</b>	<b>% Comments Positive by Theme</b>
Outcomes of services	Appropriateness/Quality of service delivery	75.5% Total # comments=661	Adequacy/continuity of program services	623	76.4%
			Control of psychotropic medication side effects	38	60.5%
Appropriateness/Quality of service delivery	Overall quality/ Satisfaction with services	84.9% Total # comments=339	Supportiveness/respectfulness of staff to clients	339	84.9%
Appropriateness/Quality of service delivery	Quality of life of respondents	52.6% Total # comments=190	Control of mental health symptoms	22	63.6%
			Physical health issues	35	51.4%
			Gaining employment	38	52.6%
			Problems of daily living/social skills	49	61.2%
			Accessing /retaining stable housing	13	61.5%
			Management issues regarding personal income	13	15.4%
			Smoking cessation	20	40.0%
Quality of life of respondents	Outcomes of services	78% Total # comments=97	Progress toward recovery	60	90.0%
			Effectiveness of psychotropic medications	37	59.5%
Overall quality/ Satisfaction with services		31.9% Total # comments=2 135	Survey critiques/issues	83	39.8%
			Adequacy of program and physical facilities	130	26.9%
Access to services	Outcomes of services	45% Total # comments=22	Transportation issues regarding program location	16	37.5%
			Health insurance	6	50%

Collectively, the 16 coded themes which emerged from the 1114 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.

### **Outcomes of Services**

*Number of Comments: 661*

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=661). Overall, 75.5% of these comments were positive. The coded theme ‘*adequacy/continuity of program service*’ accounted for 623 of the comments—the largest number of comments coded to any of the 16 themes—and more than three quarters (76.4%) of those comments were positive. Examples of these positive responses include:

“I believe that Program X is very supportive and has helped me great deals. I have started to get my life back on track thanks to the doctors and counselors at OMH.”

“Program has been very helpful and supportive. My worker, B., has gone above and beyond to help me in any way necessary. She is very encouraging and helps me to realize there is a light at the end of the tunnel.”

“This program has helped tremendously without it I know I would be a lot worse off. My counselors help me to deal with my disability and other issues I struggle with daily. It's an excellent program.”

“I love coming here. The staff is compassionate, caring and the treatment encompasses the mind body and how your physical health affects your psychiatric health, which I think is great!”

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

“I stopped going to the "program" part. B who ran trauma group left. Other groups did not help (except for art) The staff members that run the program were not flexible. Building itself was cold & unwelcoming. R had painted different colors so now it is warm & welcoming.”

“More individualized treatment programs. I want to be treated according to my needs and growth potential, and not subjected to a "generic" treatment program.”

A much smaller number of comments (n=38) focused on the coded theme '*adequacy of help with control of psychotropic medication side effects*'. These were largely positive as well. Examples of positive feedback include

"I am pleased with the services I am getting from my doctor and social worker and ICM workers and my workers over at program X. I feel that I can talk to them about my side effects from the medications. I'm trying not to worry as much since this last hospitalization. All in all I take things one day at a time. Thank you for this survey."

"I rest better. I feel good. My medicine helps me so. I am better but I do not think I am able to work on regular job for I work part-time 5 days at the clinic. I think I am at my maximum. I work in the kitchen and I enjoy my job. When I worked downtown for 18 yrs. it was too hard in some kind of way"

Examples of the negative comments in this area include:

"I wish I had received more information about side effects."

"I do not feel that my psychiatrist is sympathetic to what I'm going through and when I ask him information on medications, he belittles me knowledge about said medications."

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

*Number of Comments: 339*

The second largest number of written comments (n=339) were related to the domain of '*appropriateness/quality of service delivery*' and the secondary domain '*overall quality/satisfaction with services*'. The comments were overwhelmingly (84.9%) positive although some negative comments were also provided.

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

"I think the services I receive are good. The doctor allows me to make decisions about my medication. My therapist allows me to make my own decisions about my life. I have gained self confidence, self worth, and friendships. Thank you very much."

"I feel the staff/help at Program X is wonderful. I never am made to feel de-graded because of my illness. I enjoy hanging out with peers. I look forward to my days here. Lunches, however, are not always that great."

"Through my therapist I have been able to grow so much. She has helped me to look at life and make life decisions. She always found time to fit me into her schedule when I was having a hard time. My doctor has been a blessing in disguise for me. I have been very happy with my services here. I also have gained a lot from the CBT group I attended."

"I think that this is a great program and has helped me a lot. The groups are very insightful and teach me a lot about myself and other people. The staff is very great and treats the clients well. They go above and beyond what they do. Dr. Y. is very educated with helping clients and their needs for medication and being seen on emergency basis."

Among the smaller number of negative comments were the following:

“I wish there was more than one psychiatrist on staff, often I don't feel comfortable talking to the one here. Not everyone meshes well together.”

“Five years ago I told my doctor I wanted off of medication. He didn't cooperate with me and instead of taking me off medication he just put me on a different kind. I will never know if I would be able to live a healthy life without medication.”

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

*Number of Comments: 190*

The domain ‘*appropriateness/quality of service delivery*’ was also found to relate to the secondary domain quality of life of respondents. The fourth largest number of written comments (n=190) were related to these two domains. For these domains, about half of the comments (52.6%) were positive. The coded themes related to these domains are:

- Problems of daily living/social skills
- Gaining employment
- Accessing /retaining stable housing
- Management issues regarding personal income
- Control of mental health symptoms
- Physical health issues
- Smoking cessation

For all of the coded themes listed, positive comments were less than half of all comments received in two areas: ‘*management issues regarding personal income*’ (15%) and ‘*smoking cessation*’ (40%). For all other areas the majority of comments were positive.

Negative comments in the area of ‘*management issues regarding personal income*’ included:

*“I need more financial assistance.”*

*“I have a lot of friends here! Staff help me immensely! I need more money! I want more say in what goes on here!”*

*“I was supposed too receive money for clothes. I have not received none please help me to get clothes”*

*“I want more money for my clothing or my food. I'm poor and need more help.”*

*“I am very unhappy that we do not have more money for our needs especially to buy clothing. I believe the state should give people receiving SSI and/or SSD a \$200 increase in our monthly allowance. This increase would enable people to buy clothing which is my main concern. Mentally ill people deserve to be treated royally because schizophrenia is such a crippling mental illness, a brain disorder.”*

Sixty percent of comments in the area of ‘*smoking cessation*’ were negative. These comments include:

*"I would like to see a vocational counselor more often. Would like smoke sensation group. Would like group to help going back to school on premises."*

*"I think tobacco is my choice and nobody else's."*

Examples of positive comments in the area of 'smoking cessation' include:

*"I remember speaking about quitting smoking. The staff was very supportive. The services I receive are very helpful; it keeps me out of the hospital and stable. The staff is very supportive. I'm getting the best possible care."*

For all the five remaining coded themes listed under this domain combination, the range of positive comments was between 51.4% and 65.4% of all comments received.

Of these themes, nearly half the comments for areas of 'physical health issues' (48.6%) and 'gaining employment' (47.4%) were negative. Examples of comments expressing concerns in these areas include:

*physical health issues:*

*"One thing I have been very upset about for a number of years is that outpatients cannot be seen by Resident M.D.'s that are always on call for the inpatient units. Why can't we get our blood work and our physical done, just like we were on inpatient."*

*"I can't control my life because I need help & have to live in a nursing home. The staff takes me to doctors appointments by the van. "My health is bad, but that's the way it is."*

*"I still have problems with depression despite medication adjustments. I am having some uncomfortable side effects - dizziness, back aches."*

*gaining employment:*

*"I'm concerned - regarding work employment - more people need the experience of working within the system."*

*"People that come here should be doing some kind of work or vounteer work. People not incited enough to work here."*

*"I want help with education and employment, I would like to continue attending the Program X if / when I find employment. I would like to find a job at previous employer"*

*"The only thing I need to mention that need apply is that I need improved housing, & a better job. I am capable now of working in an office as a computer programmer. Is there any way you can get in touch with me? I thank you any way for bringing these things to my attention."*

Examples of positive comments in these areas:

physical health issues

*"Program X is a great set of programs that have helped me improve my mental health and physical well-being".*

*"I love coming here the staff is compassionate, caring and the treatment encompasses the mind body and how your physical health affects your psychiatric health, which I think is great!"*

*"Staff helps me for good health."*

gaining employment:

*"I feel this is a great place to learn to go back to work and have good training"*

*"I have regained my self-respect while I have been involved in my program and I haven't been hospitalized since I came into the program. I have learned cafeteria work, sanding and printing which I am involved in now. All of my supervisors have been excellent they are good teachers and they are compassionate to my plight. I would strongly recommend this program to anyone who is interested."*

Responses associated with the remaining coded themes had more positive responses. Nearly two thirds of all comments were positive in the following themes : "adequacy of help with control of mental health symptoms' (63.6%), 'accessing/retaining stable housing' (61.5%) and "practical support of problems of daily living/social skills" (61.2%). Examples of positive and negative comments in these areas are listed below.

*'Control of mental health symptoms'*

Positive:

*"Because of the help, support and encouragement of the staff here I've come a long way in my recovery. I am better able to manage my symptoms and started volunteering at a local hospital 30hrs/3 days a week which I enjoy. My life and mental health has improved in so many ways. I've learned to be assertive instead of passive. I socialize more with neighbors and look forward to each new day. My art work has improved and because of the clinic taking us to computer class. I use computer at local library and I'm in the process of writing a book about my recovery with my poems and drawings, in the hopes it will help others with a mental illness find hope in their recovery. I want to thank you all the staff here and all of Buffalo Psych. Center for all your help and support".*

*"I feel my depression and anxiety are under control due to my environment in this program and GOALS will soon be achieved due my time in this program!"*

*"I am pleased so far with the services I am receiving. I can talk to my doctors about my illness which is good. I want to learn as much about my illness as I can and not be afraid of my symptoms of or side effects. It has taken me a long time to accept my illness both mental and physical but I have accomplished that goal so I am taken things one day at a time."*

Negative:

*"I feel that the administration at the adult home shows a total lack of respect for the residents and causes extreme stress, impairing my recovery: The stress causes my symptoms to get stronger".*

*"I am an outpatient at the clinic. Generally, this is a good center, but I need more help in controlling all of my symptoms (which are a lot). I feel this center doesn't do that much for me. I take too much medicine and I have too many symptoms that never go away. My doctor and therapist tell me they are trying and waiting for the right medication to adjust to all my symptoms and my life."*

*"In these last 5 yrs - prescribed meds - therapy - evaluation of my PTSD has not given myself any relief. There's no one certified to run a proper therapy for my PTSP - been aware of my condition - hopelessly waiting."*

'Accessing /retaining stable housing':

Positive:

*'I like this program very much it helps me a lot. I also like my room and roommate very much. I enjoy the groups and helping my peers. Also, 5 times a week I go to a community day program. I enjoy the trips and walking in the park.*

*'XX is my home. I live here comfortably with my wife, who also receives care here at the home. The doctor is helpful to me and I like going to my program.*

*'This service has been phenomenal and life changing. Through the work of my Case Manager, I have found wonderful housing in a great neighborhood, I have been encouraged into returning to school where I maintain a 4.0 GPA and am an editor for the school paper as I pursue a career in Journalism (the financial help in paying for school was a major help), and I found help whenever I needed it (for instance learning to drive again) from the service when it comes to rehabilitation.*

Negative;

*Need more housing to be available so the process in staying in resident will be short or in other word's the discharge will be faster.*

*'The only thing I need to mention that need apply is that I need improved housing, & a better job. I am capable now of working in an office as a computer programmer. Is there any way you can get in touch with me? I thank you any way for bringing these things to my attention.*

*"I feel I can live in the Bensonhurst community but I don't think I belong in the Adult Care center or any place that is like that".*

*'Problems of daily living/social skills':*

Positive:

*"I enjoy Program X very much and am pleased with the social interaction that I receive."*

*"I have received very strong support here and help that I need from my advocate. It will depend on my ability to take care of myself in the future as to how I manage in the future. I take it one day at a time. I have hope".*

Negative:

*'People are very nice to me. I wish I was more self sufficient and had better understanding of things and able to remember things.*

*'I still need to work with my therapist more about certain issues that are very hard for my daily life. I need to put more effort.*

**Quality of life of respondents**

*Number of Comments: 97*

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=97) were related to the domain *'quality of life of respondents'* and the secondary domain *'outcomes of services'*. For these domains, a large majority (78%) 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 90% positive, while 59.5% of those regarding the theme *'effectiveness of psychotropic medications'* were positive.

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

*"I believe that Program X is very supportive and has helped me great deals. I have started to get my life back on track thanks to the doctors and counselors at OMH."*

*"The Program X has been an important part of my growth and dealing with my mental illness. The Program X has built a better foundation for me to cope with my, social, family, and work life. I want to thank T. and L. for their leadership and guidance."*

*"I feel that my housing is excellent and that people have been eager to help me in many areas. Most of the administration which I am around listen to me and sometimes help me in dealing with them in a more suitable manner."*

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

*“I was suicidal when I first came for services here. I felt comfortable here and have looked forward to seeing my therapist weekly. I know the majority of the work to feel and get better is up to the patient. I’m not sure if anyone can help me if I feel like I’m beyond help. The hardest part for me is letting go of all the anger I still hold inside toward people that have hurt and abused me. I feel like my therapist is annoyed and losing patience with my resistance and stubbornness to improve.”*

*“I feel that the administration at adult home shows a total lack of respect for the residents and causes extreme stress, impairing my recovery: The stress causes my symptoms to get stronger.”*

Examples of positive responses to ‘*effectiveness of psychotropic medications*’ include:

*“I used to get worried at problems beyond my control. World political situations or concerns about our growing environmental problems. The medicine helps me slow down and establish perspectives about what is something that can be worked to produce better results. The doctor and other treatment people help me progress in developing a better outlook.”*

*“Life has been great with the help of staff people and family I talk with every day. The drugs I’m on keeps me on track from day to day. Everything getting better as time goes by. Praise the Lord!!”*

Examples of negative comments in this area include:

*“My medications are lousy they dry me up & make me sick my chest hurts & my heart I want to get off of meds!.”*

*“I am an outpatient at the clinic. Generally, this is a good center, but I need more help in controlling all of my symptoms (which are a lot). I feel this center doesn’t do that much for me. I take too much medicine and I have too many symptoms that never go away. My doctor and therapist tell me they are trying and waiting for the right medication to adjust to all my symptoms and my life.”*

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

*Number of Comments: 213*

Only 31.9% of the comments were positive for the domain '*overall quality/ satisfaction with services*'. This domain relates to two coded themes: 1) '*adequacy of program and physical facilities*'; and 2) '*survey critique/issues*'. About one quarter (26.9%) of comments focused on '*adequacy of program and physical facilities*' were positive, with most focusing on safety and satisfaction with the adequacy of services available. Nearly three quarters (73.1%) of the comments were negative with the most common complaints focusing on the absence or elimination of lunch programs and a lack of cleanliness in the facility.

With regard to the theme '*survey critique/issues*', 39.8% of the comments were positive—many expressed thanks for the opportunity to participate in the survey and provide feedback. Negative survey comments (60.2%) focused on three major areas: 1) feedback on particular survey items; 2) assessments that the survey was too long and hard to understand; and 3) skepticism that information from the survey will be used.

## **Access to Services**

*Number of Comments: 22*

The smallest number of written comments (n=22) were related to the domain '*access to services*' and the secondary domain '*outcomes of services*'. Forty five percent of these comments (n=10) were positive. Many of the comments (n=12) focused on transportation as an issue.

## Discussion and Implications

OMH's 2011 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 all consumers of mental health services in New York, CACS data provide meaningful 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 domains of overall quality of service, access to services and appropriateness of services. Particularly encouraging is the high level of agreement regarding staff belief that consumers' can grow, change and recover and staff encouragement for consumers' taking responsibility for living their life. However, within these domains there also 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 positive response to CACS domains provides insight into variability among subgroups of recipients. Of particular interest is the disparity of positive response on the outcomes and quality of life domains between consumers who reported that they were in poor health compared to those who did not describe their health as poor. 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 '*gaining employment*' and '*physical health issues*' confirm that problems and concerns continue to be felt by consumers of service.

The 2011 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 highlight areas where improvement efforts might be directed.



Appendix 1

**Consumer Assessment of Care Survey 2011**

**Survey Instrument**

## Consumer Assessment of Care Survey 2011

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.

---

---

---

---

---

---

---

---

---

---

Affix Label Here

<b>Facility</b>	
<b>Site Name</b>	

Thank you for completing this survey!



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--> ⊗ ⊕

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



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 month (30 days) was your physical health not good?   (enter number of days in box)
- When was the last time you smoked tobacco or used tobacco products?  
 Today     Sometime in the past week     Sometime in the past month     1-12 months ago  
 1-5 years ago     More than 5 years ago     Never
- Which tobacco products do you currently use (shade all circles that apply)?  
 Cigarettes     Pipe or Cigar     Smokeless Tobacco  
 Chewed tobacco or dipped snuff     I do not use any tobacco products
- Did any staff from this program ask you if you smoke tobacco or use tobacco products?  Yes     No
- Were you asked if you wanted help to stop smoking or using tobacco products?..... Yes     No
- 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



39163

## Appendix 2

**CACS 2011: Does role of the CACS survey administrator make a difference?**

**CACS 2011: Does role of the CACS survey administrator make a difference?**

**Background**

Questions have been raised regarding whether a systematic bias is introduced into Consumer of Care Survey (CACS) findings depending on the role of the individual administering the survey form.

Each year, to better understand how the CACS is administered a survey coordinator at each participating site completes a CACS Survey Administration Tracking (CACS-SAT) form. In 2011, two items (items 7 and 7a) were added to the CACS-SAT form that describe the degree of staff and/or peer involvement in administering the CACS. Analysis of CACS findings controlling for response on these items provides insight into the impact of staff and/or peer involvement in CACS administration.

Overall, survey coordinators from 140 sites completed the CACS-SAT form. Tables 1a and 1b show the distribution of site responses to items 7 and 7a. When asked to identify the “persons responsible for giving the survey to recipients at your site”, about half of responding survey coordinators (53%, n=71) reported that only program staff fulfilled this role. On the other hand, 20% (n=26) of sites reported that only peers (peer specialists, other peers or outside advocacy groups) gave recipients the survey. 28% (n=37) of sites reported that a mix of staff and peers gave recipients the survey. Six survey coordinators did not answer this question.

**Table 1a  
Distribution of Responses to Item 7:  
Persons responsible for giving the survey to recipients at your site.**

Item 7. Persons responsible for giving the survey to recipients at your site. (Check all that apply) a. Program Staff (Non Peer) b. Peer Specialist c. Other Peer d. Outside Advocacy Organization e. Other (specify)	N	Pct. of Valid Response
<b>Program Staff Only (option a only)</b>	<b>71</b>	<b>53%</b>
<b>Both Program Staff and Peers (options a, b, c, and /or d)</b>	<b>37</b>	<b>28%</b>
<b>Peer Responses only (options b, c and/or d)</b>	<b>26</b>	<b>20%</b>
<b>Total Valid Responses</b>	<b>134</b>	
<b>No Response</b>	<b>6</b>	
<b>Total</b>	<b>140</b>	

Table 1b shows the distribution of response to item 7b, a measure of the extent to which peers gave the CACS to participating recipients. A similar pattern as seen in Table 1a is seen here. Half the sites (50%, N=64), report no involvement by peers in giving the survey to recipients. 17% (N=22) report about 100% peer participation in the distribution of the survey. Eleven sites did not respond to this item.

**Table 1b**

**Distribution of Responses to Item 7a:**

Indicate the extent to which recipients were given the survey by peers at your site.

Item 7a. Indicate the extent to which recipients were given the survey by peers at your site:	N	Pct. of Valid Response
Not at all	64	50%
About 25% of the time	14	11%
About 50% of the time	11	9%
About 75% of the time	18	14%
About 100% of the time	22	17%
<b>Total Valid Responses</b>	<b>129</b>	
<b>No Response</b>	<b>11</b>	
<b>Total</b>	<b>140</b>	

Table 2 displays a cross-tabulation of response to items 7 and 7a. Overall, 111 survey coordinators responded consistently to both questions. 57% (n=63) of respondents, representing sites from which 1692 recipient responded, reported full staff involvement in administering the CACS. 15% (n=17 sites, 747 respondents) consistently responded that only peers were involved and 29% (n=32, 1246 respondents) reported a mix of staff and peer involvement.

**Table 2**

**Distribution of Responses to Questions 7 and 7a:**

		Item 7			
		Program Staff	Both	Peer Only	Total
Item 7a	Staff Only	63	1	1	65
	Both	5	32	6	43
	Only Peer	2	3	17	22
	Total	70	36	24	130
<b>Missing = 10</b>					

**Results**

A comparison of CACS domain level findings by staff/peer participation using the 111 consistent responses shows that there is some relationship between who administers the survey and the magnitude of positive response on some domains. Table 3 shows results of this comparison. For the Outcomes and Quality of Life domains, using a critical significance level of .01, responses to items 7 and 7a show significant differences. For both domains the percent positive response was significantly higher for respondents who completed the CACS at programs where either *only staff* or *a mix of staff and peers* was responsible for distributing surveys. For the Outcomes domain, 73% of respondents from programs where peers administered the CACS responded positively compared to 78% and 80% of respondents from staff only or staff/peer mixed administration sites, respectively. For the Quality of Life domain

the percent positive response from peer-only CACS sites was 61% compared to 70% and 71% of respondents in staff only and staff/peer mixed sites.

Table 3  
Percent of Consumers Responding Positive in each CACS Domain  
by Role of Survey Administrator

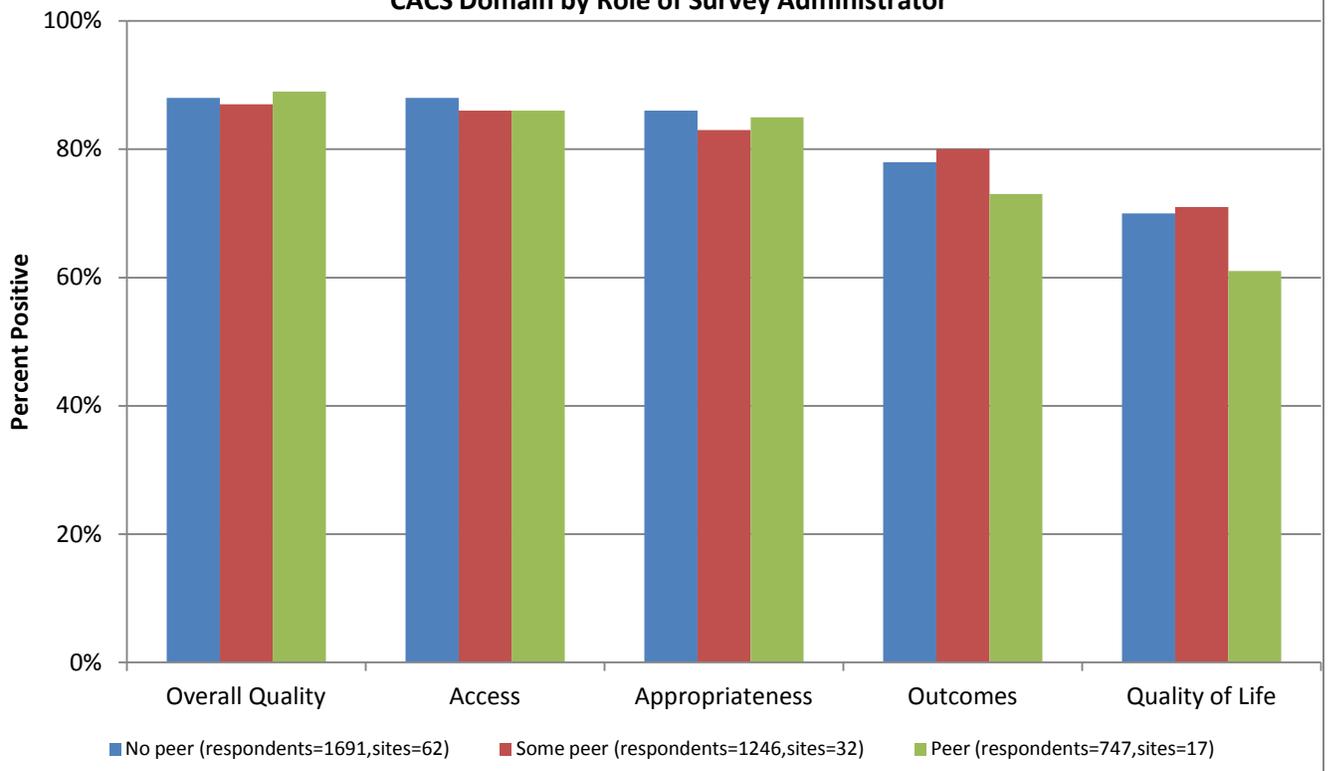
Survey Administrator Role (respondents, sites)	Overall Quality	Access	Appropriateness	Outcomes	Quality of Life
	( $\chi^2=2.3$ , $p=.32$ )	( $\chi^2=2.06$ , $p=.36$ )	( $\chi^2=5.84$ , $p=.05$ )	( $\chi^2=12.61$ , $p=.002$ )	( $\chi^2=21.55$ , $p<.001$ )
No peer (1691,62)	88%	88%	86%	78%	70%
Some peer (1246,32)	87%	86%	83%	80%	71%
Peer (747,17)	89%	86%	85%	73%	61%

### Summary and Discussion

New items were added to the CACS-SAT form to address concerns about potential systematic bias associated with staff involvement in CACS administration. Analysis of these items showed that percent positive response for the Overall Quality, Access and Appropriateness CACS domains consistently ranked higher in comparison to the percent positive response to Outcomes and Quality of Life domains regardless of staff and/or peer involvement. However, for Outcomes and Quality of Life domains, the level of percent positive response is significantly lower at programs where only peers are involved in the administering the CACS. These observed differences are not large and are difficult to interpret meaningfully. Figure 1 shows the response pattern by survey administrator role. Given this observed pattern, when examining comparisons between statewide and facility findings for the Outcomes and Quality of Life domains, users of CACS data may wish to consider the degree to which peers were involved in the process. Table 4 shows the distribution of peer and staff involvement by OMH facility.

This analysis has implications for understanding any systematic effect of survey administrator role on CACS findings. Although peer administration of CACS remains preferable, the observation that regardless of who administers the CACS, the magnitude of percent positive response is lowest for the Outcomes and Quality of Life domains reinforces the utility of findings derived from CACS data. When considering a particular facility's results, identifying lowest rated CACS items and domains is an advisable approach for detecting areas in need of quality improvement no matter who administered the CACS. Overall, when used thoughtfully, information from CACS remains a helpful source of feedback to programs for quality improvement.

Figure 1  
**Percent of Recipients Responding Positively**  
 CACS Domain by Role of Survey Administrator



**Table 4  
Staff and Peer Involvement in CACS Administration by NYS OMH Facility**

Facility Name	Staff Only			Peer/Staff			100% peer			Total	
	Sites	Respondents		Sites	Respondents		Sites	Respondents		Sites	Respondents
		Number	Pct		Number	Pct		Number	Pct		Number
Bronx Psychiatric Center	2	73	100%	0	0	0%	0	0	0%	2	73
Buffalo Psychiatric Center	5	75	35%	3	64	30%	3	75	35%	11	214
Capital District Psychiatric Center	1	98	100%	0	0	0%	0	0	0%	1	98
Creedmoor Psychiatric Center	10	253	53%	2	223	47%	0	0	0%	12	476
Elmira Psychiatric Center	12	88	58%	4	65	42%	0	0	0%	16	153
Greater Binghamton Health Center	1	20	23%	3	66	77%	0	0	0%	4	86
Hudson River Psychiatric Center	4	111	72%	1	31	20%	1	13	8%	6	155
Hutchings Psychiatric Center	0	0	0%	0	0	0%	5	222	100%	5	222
Kingsboro Psychiatric Center	1	81	46%	0	0	0%	2	97	54%	3	178
Manhattan Psychiatric Center	3	154	75%	1	50	25%	0	0	0%	4	204
Mohawk Valley Psychiatric Center	3	88	64%	3	49	36%	0	0	0%	6	137
New York Psychiatric Institute	0	0	0%	3	111	100%	0	0	0%	3	111
Pilgrim Psychiatric Center	2	39	8%	5	416	88%	1	20	4%	8	475
Rochester Psychiatric Center	1	15	58%	1	11	42%	0	0	0%	2	26
Rockland Psychiatric Center	11	315	74%	4	108	26%	0	0	0%	15	423
South Beach Psychiatric Center	7	303	69%	2	91	21%	1	44	10%	10	438
St. Lawrence Psychiatric Center	0	0	0%	0	0	0%	4	318	100%	4	318
Total (facilities, respondents)	63	1713	45%	32	1285	34%	17	789	21%	112	3787

