

Adult Consumer Assessment of Care in New York State

2013 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

2013 Statewide Final Report

Executive Summary

In May 2013 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 2013 Consumer Assessment of Care Survey (CACS) was completed by 4,767 individuals. 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 two open-ended questions encouraging respondents to write comments about what is helpful about services they receive and changes they would recommend.

Summary of Findings

Findings from the 2013 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 were more variable. Variability was also noted by respondent characteristics such as sex, race, physical health, tobacco use and involvement with self-help groups.

- Respondents rated the Overall Quality of Services (89%), Access to Services (88%) and Appropriateness of Services (87%) domains positively but items related to information regarding the side effects of medication (82%) and participation in treatment goal decisions (80%) were rated less positively.
- Respondents reported particularly high levels of positive ratings to the following items:
 - I like the services I received here (92%)
 - Staff were willing to see me as often as I felt it was necessary (91%)
 - Services were available at times that were good for me (92%)
 - Staff believe I can that I can grow, change and Recover (91%)
 - I felt comfortable asking questions about my treatment and medication (90%)
 - Staff respected my wishes about who is and who is not to be given information about my treatment (90%)
- Consumers rated the Outcomes (79%) domain less positively. In particular, outcomes of services in the areas of school/work (70%), housing (73%), and community involvement (76%) were rated lower than others.
- Of all the CACS domains, consumers rated Quality of Life least positively (71%). Among quality of life areas, physical health (59%) and financial resources (59%) 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 in the domains of access, appropriateness, outcomes and quality of life.

Conclusion

The 2013 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.

Consumer Assessment of Care Survey (CACS)

2013 Statewide Report

Introduction

In May 2013 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 2013 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, and Not Applicable).

The CACS also contains 17 demographic/background questions and two open-ended questions encouraging respondents to write comments about what is helpful about services they receive and changes they would recommend.

A copy of the 2013 CACS instrument can be found on-line at the following address:

http://bi.omh.ny.gov/cacs/files/CACS_2013_English.pdf

Administration of the 2013 CACS

In 2013, OMH used the CACS to obtain assessments from 4,767 adult consumers who participated in non-residential community mental health service programs operated by New York's 16 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 33 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 2013, the CACS was offered in English, Spanish, Korean, Russian and Chinese with sealable envelopes available to ensure confidentiality.

The 2013 CACS was collected during the May 2013. 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.

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 4,767 individuals completed the CACS in 2013. 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 2013 sample is very similar to the entire service population when compared on region, gender, age and race/Hispanic ethnicity.

Just over half of those who completed surveys were male (55%). About half of respondents (53%) were between 45 and 64 years of age, while about 1/3 (33%) were between 25 and 44. Five percent of respondents were between 18 and 24 and 9% were 65 years of age or older. Regarding race and Hispanic origin, 50% of the individuals reported that they are white, 22% are black, 18% Hispanic and 10% other races (including multiracial, Asian, American Indian). The majority of consumers (82%) 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.

Self-help or Peer Support Group Involvement

Regarding involvement in a self-help or peer support group in the past 12 months, 52% responded that they had, 43% 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 2013 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, 86% 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. Three percent said their physical health was not good for some time between 16 and 30 days and 45% reported their physical health as not good for some time between 1 and 15 days. Fifty-two percent said their physical health was good for the entire month.

Smoking Cessation

The 2013 CACS included four questions related to OMH's Tobacco Cessation Treatment Assessment initiative. Respondents were asked about the last time they smoked tobacco. Forty-three percent reported that they last smoked today while 26% said sometime in the past and 31% responded never. Respondents were also asked what kind of tobacco products they currently use. Forty-eight percent said they use cigarettes. Only 5% reported they used pipe or cigar, 1% 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. More than two thirds (69%) 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 2013
Background and Demographic Information
CACS Sample Compared to State Outpatient Services Population*

		CACS 2013 Sample	State Operated Outpatient Population
Region			
	Central NY	21%	18%
	Hudson River	18%	19%
	Long Island	8%	10%
	New York City	41%	41%
	Western NY	12%	12%
Gender	Female	45%	43%
Age	18-24	5%	6%
	25-44	33%	32%
	45-64	53%	53%
	65+	9%	9%
Race/Hispanic Ethnicity			
	White, Not Hispanic	50%	55%
	Black, Not Hispanic	22%	26%
	Hispanic	18%	15%
	Other races	10%	4%

* from the 2011 Survey of Patient Characteristics.

Table 2
CACS 2012
Background and Demographic Information (Continued)

		Pct. Of Respondents
Primary Language		
	English	82%
	Spanish	8%
	Other	10%
Self Help/Peer Support within Past Year?		
	Yes	52%
	No	43%
	Didn't know what a self help is.	5%
Comprehensive Physical Health Examination in the Past year?	Yes	86%
Days Health Not Good		
	0 Days	52%
	1-15 Days	45%
	16-30 Days	3%
Last Time Smoked		
	Today	43%
	Sometime in the past	26%
	Never	31%
Tobacco Products Used Currently		
	Cigarettes	48%
	Pipe or Cigar	5%
	Smokeless Tobacco	1%
	Chewed Tobacco/Dipped Snuff	1%
Asked by Staff If Smoke	Yes	69%
Asked by Staff If Want Help to Stop Smoking	Yes	55%

Statewide Domain Results

The overall statewide results of the 2013 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

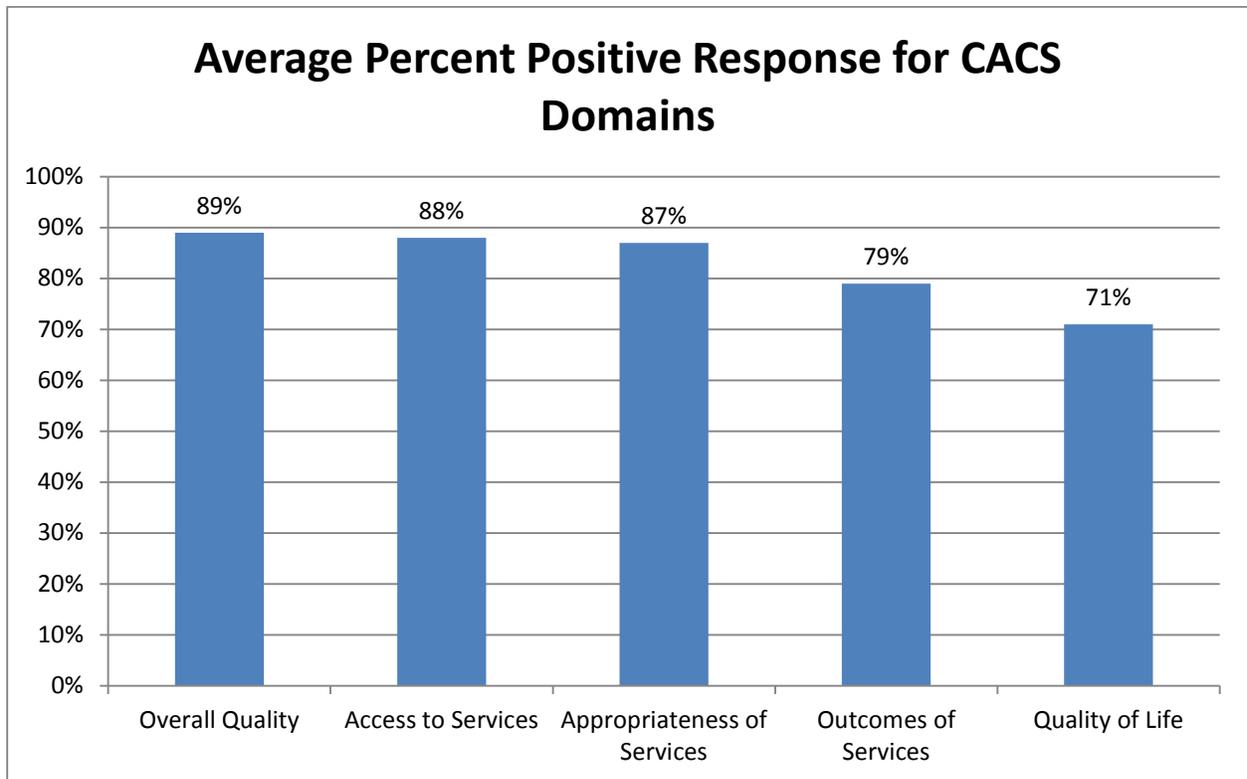


Table 3
All CACS Items by Domain

Item/Domain	Percent Positive Response*
Overall Quality Domain	
<i>I like the services that I received here</i>	92%
<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>	88%
Average of Positive Response to Items in Overall Quality Domain	89%
Access to Services Domain	
<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>	91%
<i>Staff returned my call in 24 hours</i>	84%
<i>Services were available at times that were good for me</i>	92%
<i>I was able to get all the services I thought I needed</i>	88%
<i>I was able to see a psychiatrist when I wanted to</i>	86%
Average of Positive Response to Items in Access to Services Domain	88%
Appropriateness of Services Domain	
<i>Staff here believe that I can grow, change and recover</i>	91%
<i>I felt comfortable asking questions about my treatment and medication</i>	90%
<i>I felt free to complain</i>	84%
<i>I was given information about my rights</i>	88%
<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>	82%
<i>Staff respected my wishes about who is and who is not to be given information about my treatment</i>	90%
<i>I, not staff, decided my treatment goals</i>	80%
<i>Staff were sensitive to my cultural background (race, religion, language, etc.)</i>	86%
<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>	85%
Average of Positive Response to Items in Appropriateness of Services Domain	87%

Table 3 (continued)	
All CACS Items by Domain	
Item/Domain	Percent Positive Response*
<i>Outcomes of Services Domain</i>	
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	81%
I am getting along better with my family	77%
I do better in social situations	77%
I do better in school and/or work	70%
My housing situation has improved	73%
My symptoms are not bothering me as much	77%
I do things that are more meaningful to me	81%
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	80%
I am happy with the friendships I have	80%
I have people with whom I can do enjoyable things	80%
I feel I belong in my community	76%
In a crisis, I would have the support I need from family or friends	82%
Average of Positive Response to Items in Outcomes of Services Domain	79%
<i>Quality of Life Domain</i>	
I generally have enough money to buy what I need	59%
I have access to transportation to get around	83%
I am generally able to have fun and relax	73%
My physical health is excellent	59%
My self-respect (how I feel about myself) is positive	76%
Overall, things in my life are going well	74%
Average of Positive Response to Items in Quality of Life Domain	71%

*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 87% or higher. Items from these domains that were rated most positively were the following:

- I like the services that I received here (92%)
- Services were available at times that were good for me (92%)
- Staff were willing to see me as often as I felt it was necessary (91%)
- Staff here believe that I can grow, change and recover (91%)
- I felt comfortable asking questions about my treatment and medication (90%)
- Staff respected my wishes about who is and who is not to be given information about my treatment (90%)

On the other hand, some items in these domains were less positively evaluated. The following items were rated positively by fewer than 84% of respondents:

- I, not staff, decided my treatment goals (80%)
- Staff told me what side effects to watch out for (82%)
- Staff returned my call in 24 hours (84%)
- I feel free to complain (84%)

Outcomes of Services

Overall, the average percent positive response for items comprising the Outcomes of Services domain was 79%, 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 (70%)
- My housing situation has improved (73%)
- I feel 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. Areas of lowest satisfaction were health and financial concerns. 59% of respondents agreed or strongly agreed that their physical health was excellent and 59% 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, Appropriateness and Quality of Life. Female respondents rated the overall quality and appropriateness more positively than men, but quality of life less than men.

Table 4			
Gender	Percent Positive		
	Overall Quality ($\chi^2=5.3, p=0.02$)	Appropriateness ($\chi^2=6.1, p=.01$)	Quality of life ($\chi^2=17.2, p<.001$)
Male (2482)	88.6%	85.8%	72.9%
Female (2003)	90.7%	88.3%	67.2%
Statewide average(4767) 99% CI for average	89.2% (87.1-91.2)	86.5% (85.2-87.9)	70.5% (65.3-75.7)

Ethnicity/Race

Ethnicity/Race is significantly related to the positive response rate in Overall Quality, Outcomes and Quality of Life. Black Non-Hispanic respondents had highest level of positive response in Quality of life. Hispanic respondents showed more positive response rates in Overall Quality 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 three domains.

Table 5			
Ethnicity/Race	Percent Positive		
	Overall Quality ($\chi^2=19.3, p<.001$)	Outcomes ($\chi^2=29.1, p<.001$)	Quality of life ($\chi^2=35.7, p<.001$)
White Non-Hispanic (2296)	90.4%	76.5%	66.8%
Black Non-Hispanic (998)	87.4%	83.2%	76.8%
Hispanic (804)	92.2%	83.5%	72.6%
Other Races (462)	85.9%	78.1%	71.4%
Statewide average(4767) 99% CI for average	89.2% (87.1-91.2)	79.3% (78-80.6)	70.5% (65.3-75.7)

Language

Language is significantly related to the positive response rates in Overall Quality and Outcomes. Respondents whose primary language is Spanish responded more positively across both domains.

Table 6		
Ethnicity/Race	Percent Positive	
	Overall Quality ($\chi^2=16.1, p<.001$)	Outcomes ($\chi^2=10.8, p=.004$)
English (3920)	89.2%	78.7%
Spanish (364)	94.0%	86.0%
Other (483)	85.3%	79.7%
Statewide average(4767) 99% CI for average	89.2% (87.1-91.2)	79.3% (78-80.6)

Service Utilization Patterns - Frequency of Service Receipt

Frequency of receiving services was significantly related to positive response on Overall Quality 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 on Quality of Life, but lower on Overall Quality.

Table 7		
How often do you receive services?	Percent Positive	
	Overall Quality ($\chi^2=14.8, p=.002$)	Quality of Life ($\chi^2=32.3, p<.0001$)
2-5 days/week (1936)	87.7%	74.9%
1 time/week (1324)	91.5%	68.4%
1-2 times/month(1044)	90.9%	65.7%
less than 1 time/month (200)	88.0%	70.0%
Statewide average(4767) 99% CI for average	89.2% (87.1-91.2)	70.5% (65.3-75.7)

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 8		
Number of poor health days	Percent Positive	
	Outcomes ($\chi^2=16.4$, $p=.0003$)	Quality of life ($\chi^2=79.7$, $p<.0001$)
0 days (1662)	82.5%	77.9%
1-15 days (1468)	78.2%	66.7%
16-30 days (98)	69.4%	47.0%
Statewide average(4767)	79.3%	70.5%
99% CI for average	(78-80.6)	(65.3-75.7)

Whether individuals have had a comprehensive physical examination in the past 12 months was a significant factor related to percent positive response in Access, Appropriateness, Outcomes and Quality of life. Obviously, respondents who reported not having a physical exam in the last 12 months reported lower levels of positive response across the four domains.

Table 9				
Physical exam?	Percent Positive			
	Access ($\chi^2=10.0$, $p=.0016$)	Appropriateness ($\chi^2=19.18$, $p<.0001$)	Outcomes ($\chi^2=19.23$, $p<.0001$)	Quality of life ($\chi^2=10.46$, $p=.0012$)
Yes (3843)	89.2%	87.7%	80.4%	71.5%
No (607)	84.8%	81.2%	72.7%	65.1%
Statewide average(4767)	88.3%	86.5%	79.3%	70.8%
99% CI for average	(86.7-89.8)	(85.2-87.9)	(78-80.6)	(65.3-75.7)

Tobacco Usage

The 2013 CACS Background Information Section included four 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 10		
Asked if you smoke tobacco or use tobacco products?	Percent Positive	
	Access ($\chi^2=8.37$, $p=.0038$)	Appropriateness ($\chi^2=20.62$, $p<.0001$)
Yes (3068)	89.6%	88.5%
No (1372)	86.7%	83.5%
Statewide average(4767)	88.3%	86.5%
99% CI for average	(86.7-89.8)	(85.2-87.9)

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

Table 11		
Asked if help wanted stopping smoking or using tobacco products?	Percent Positive	
	Overall Quality ($\chi^2=9.04$, $p=.0026$)	Appropriateness ($\chi^2=22.82$, $p<.0001$)
Yes (2263)	90.8%	89.0%
No (1846)	87.9%	83.9%
Statewide average(4767)	89.2%	86.5%
99% CI for average	(87.1-91.2)	(85.2-87.9)

Discussion and Implications

OMH's 2013 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 clearly 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 2013 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 can highlight areas where improvement efforts might be directed.