Adult Consumer Assessment of Care in New York State

2015 Statewide Final Report

New York State Office of Mental Health

Office of Performance Measurement and Evaluation

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Executive Summary

In April 2015 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 2015 Consumer Assessment of Care Survey (CACS) was completed by 4,731 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. This year, the CACS also includes three new questions about patients' current employment situation.

Summary of Findings

Findings from the 2015 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 (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 (80%)* were rated less positively.

- Respondents reported particularly high levels of positive ratings to the following items:

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

- Consumers rated the *Outcomes (77%)* domain less positively. In particular, outcomes of services in the areas of *school/work (69%)*, *housing (71%)*, *community integration* (74%), *social situation (75%)* and *symptoms (75%)* were rated lower than others.

- Of all the CACS domains, consumers rated *Quality of Life* least positively (69%). Among quality of life areas, *physical health (57%)* 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 all domains: *overall quality, access*, *appropriateness*, *outcomes* and *quality of life*.

Conclusion

The 2015 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)

2015 Statewide Report

Introduction

In April 2015 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 2015 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.

The 2015 CACS instrument is similar to last year's version. The only change is three new questions added to the Background Information section (questions 14-16) that focus on employment.

Administration of the 2015 CACS

In 2015, OMH used the CACS to obtain assessments from 4,744 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 Sheltered Workshop/Satellite Sheltered Workshop, Psychosocial Club, ACT, Continuing Day Treatment, Assisted Competitive Employment, Crisis/Respite Beds, Advocacy/Support Services, Drop-in Centers, Intensive Case Management, Clinic Treatment, Intensive Psychiatric Rehabilitation Treatment, Affirmative Business/Industry, Non-Medicaid Care Coordination, Health Home Care Management, Work Program, Peer Wellness Center, and Nursing Home Support.

This year there was an on-line web-based response option in additional to the regular paper response option. The on-line option uses a Survey Monkey application.

Survey respondents were from 37 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 2015, the CACS was offered in Spanish, Chinese, Russian, Korean and Haitian Creole with sealable envelopes available to ensure confidentiality.

The 2015 CACS was collected during the May 2015. Programs were asked to select a one week period during the month and offer the CACS to all consumers served in that week.

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 employment status) 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 4,744 individuals completed the CACS in 2015. Tables 1 and 2 display a summary of demographic and background information regarding respondents.

Just over half of those who completed surveys were male (53%). About half of respondents (53%) were between 45 and 64 years of age, while about 1/3 (31%) were between 25 and 44. Five percent of respondents were between 18 and 24 and 10% were 65 years of age or older.

Regarding race and Hispanic origin, 51% of the individuals reported that they are white, 20% are black, 18% Hispanic and 11% other races (including multiracial, Asian, American Indian). The majority of consumers (89%) 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, 51% responded that they had, 43% responded that they had not, and 6% reported that they did not know what a self-help or peer support group is.

Physical Health

The 2015 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, 85% 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. 16% said their physical health was not good for sometimes between 16 and 30 days and 38% reported their physical health as not good for sometimes between 1 and 15 days. 46% said their physical health was good for the entire month.

Smoking Cessation

The 2015 CACS included four questions related to OMH's Tobacco Cessation Treatment Assessment initiative. Respondents were asked about the last time they smoked tobacco. 42% percent reported that they last smoked today while 26% said sometime in the past and 32% responded never. Respondents were also asked what kind of tobacco products they currently use. 48% 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. (68%) of respondents said that staff did ask them if they used tobacco products while 56% reported that they were asked if they wanted help to stop smoking or using tobacco products.

Employment

The 2015 CACS included three questions that focused on employment. These questions ask about the individual's employment status for the past year, pre-employment assistance from program staff and the availability of information related to work incentive programs. Overall, 25% responded they were employed for pay during the last year. Forty two percent reported that staff from the program helped them with pre-employment services and 34% said that staff from this program provided information on the common work incentive program.

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Table 1
CACS 2015
Background and Demographic Information

		CACS Sample
Region		
	Central NY	20%
	Hudson River	18%
	Long Island	9%
	New York City	39%
	Western NY	13%
Gender	Female	46%
Age	18-24	5%
	25-44	31%
	45-64	53%
	65+	10%
Race/Hispanic Ethnicity		
	White, Not Hispanic	51%
	Black, Not Hispanic	20%
	Hispanic	18%
	Other races	11%

Table 2
CACS 2015
Background and Demographic Information (Continued)

		Pct. Of Respondents
Primary Language		
	English	89%
	Spanish	8%
	Other	4%
Self Help/Peer Support within Past Year?		
	Yes	51%
	No	43%
	Didn't know what a self-help is.	6%
Comprehensive Physical Health Examination in the Past year?	Yes	85%
Days Health Not Good		
	0 Days	46%
	1-15 Days	38%
	16-30 Days	16%
Last Time Smoked		
	Today	42%
	Sometime in the past	26%
	Never	32%
Tobacco Products Used Currently	Cigarettes	48%
	Pipe or Cigar	5%
	Smokeless Tobacco	2%
	Chewed Tobacco/Dipped Snuff	1%
Asked by Staff If Smoke	Yes	68%
Asked by Staff If Want Help to Stop Smoking	Yes	56%
Have you worked for pay in the past year	Yes	25%
Did staff from the program ever help you with pre-employment services	Yes	42%
Did staff provide information work incentive programs	Yes	34%

Statewide Domain Results

The overall statewide results of the 2015 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

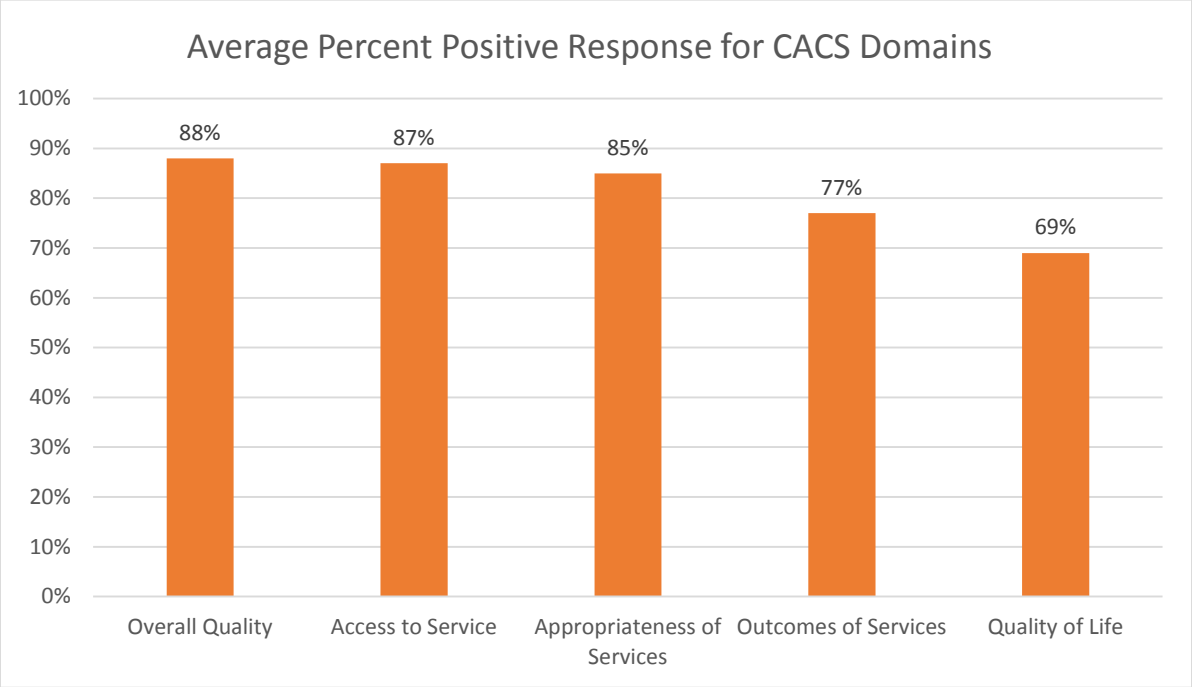

Table 3 ***All CACS Items by Domain***	
Item/Domain	**Percent Positive Response***
Overall Quality Domain	
I like the services that I received here	91%
If I had other choices, I would still get services from this agency	86%
I would recommend this agency to a friend or a family member	87%
Average of Positive Response to Items in Overall Quality Domain	88%
Access to Services Domain	
The location of services was convenient (parking, public transportation distance, etc.)	87%
Staff were willing to see me as often as I felt it was necessary	90%
Staff returned my call in 24 hours	83%
Services were available at times that were good for me	90%
I was able to get all the services I thought I needed	87%
I was able to see a psychiatrist when I wanted to	85%
Average of Positive Response to Items in Access to Services Domain	87%
Appropriateness of Services Domain	
Staff here believe that I can grow, change and recover	89%
I felt comfortable asking questions about my treatment and medication	90%
I felt free to complain	82%
I was given information about my rights	86%
Staff encouraged me to take responsibility for how I live my life	88%
Staff told me what side effects to watch out for	81%
Staff respected my wishes about who is and who is not to be given information about my treatment	89%
I, not staff, decided my treatment goals	80%
Staff were sensitive to my cultural background (race, religion, language, etc.)	85%
Staff helped me obtain the information I needed so that I could take charge of managing my illness	87%
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc)	83%
Average of Positive Response to Items in Appropriateness of Services Domain	85%

Table 3 (continued)	
All CACS Items by Domain	
Item/Domain	**Percent Positive Response***
Outcomes of Services Domain	
I deal more effectively with daily problems	83%
I am better able to control my life	83%
I am better able to deal with crises	80%
I am getting along better with my family	76%
I do better in social situations	75%
I do better in school and/or work	69%
My housing situation has improved	71%
My symptoms are not bothering me as much	75%
I do things that are more meaningful to me	80%
I am better able to take care of my needs	81%
I am better able to handle things when they go wrong	77%
I am better able to do things that I want to do	78%
I am happy with the friendships I have	79%
I have people with whom I can do enjoyable things	78%
I feel I belong in my community	74%
In a crisis, I would have the support I need from family or friends	79%
Average of Positive Response to Items in Outcomes of Services Domain	77%
Quality of Life Domain	
I generally have enough money to buy what I need	59%
I have access to transportation to get around	82%
I am generally able to have fun and relax	73%
My physical health is excellent	57%
My self-respect (how I feel about myself) is positive	74%
Overall, things in my life are going well	72%
Average of Positive Response to Items in Quality of Life Domain	69%

*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 (90%)
- Staff were willing to see me as often as I felt it was necessary (90%)
- I felt comfortable asking questions about my treatment and medication (90%)
- Staff here believe that I can grow, change and recover (89%)
- Staff respected my wishes about who is and who is not to be given information about my treatment (89%)

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 (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 77%, somewhat lower than what was seen for the domains described above. The two most positively rated items were:

- I deal more effectively with daily problems (83%)
- I am better able to control my life (83%)

Less positively assessed outcomes were:

- I do better in school and/or work (69%)
- My housing situation has improved (71%)
- I feel I belong in my community (74%)

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. 57% of respondents agreed or strongly agreed that their physical health was excellent. 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 in the tables 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 significantly by gender in all domains. Female respondents rated Overall Quality, Access and Appropriateness domains higher than men. On the other hand male respondents had a more positive response for Outcomes and Quality of Life.

Table 4					
Gender	**Percent Positive**				
	Overall Quality (χ^2=11.44, p<.001)	**Access (χ^2=9.77, p= 0. 002)**	**Appropriateness (χ^2=20.16, p<.001)**	**Outcomes (χ^2=9.13, p= 0. 003)**	**Quality of life (χ^2=43.03, p<.001)**
Male (2404) Female (2039) Unknown (301)	87% 90%	86% 89%	84% 87%	79% 76%	73% 65%
Statewide average (4744) 95% CI for average	88% (83-93)	87% (85-89)	85% (83-87)	77% (76-79)	69% (62-77)

Ethnicity/Race

Ethnicity/Race is significantly related to the positive response rate in Appropriateness of Service, Outcomes of Service and Quality of Life. Black Non-Hispanic respondents had highest level of positive response in Outcomes of Service and Quality of Life while Hispanic respondents showed more positive response rates in Appropriateness of Service. Overall, respondents from Other Races such as American Indian/Alaskan Native, Native Hawaiian/Pacific Islander and Asian were less likely to respond positively in the Appropriateness and Outcomes domains compared to individuals from other race/ethnicity groups.

Table 5			
Ethnicity/Race	**Percent Positive**		
	Appropriateness ($\chi 2$=11.94,p=.008)	**Outcomes of Service ($\chi 2$=20.67,p<.001)**	**Quality of life ($\chi 2$=45.40, p<.001)**
White Non-Hispanic (2477)	85%	75%	66%
Black Non-Hispanic (961)	86%	82%	76%
Hispanic(807)	87%	80%	71%
Other Races (1293)	82%	75%	69%
Unknown (222)			
Statewide average (4744)	85%	77%	69%
99% CI for average	(83-87)	(76-79)	(62-77)

Language

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

Table 6		
Language	**Percent Positive**	
	Overall Quality ($\chi 2$=12.96,p=.002)	**Appropriateness ($\chi 2$=22,p<.001)**
English (3818)	88%	85%
Spanish (355)	94%	91%
Other (521)	86%	81%
Unknown(344)		
Statewide average (4744)	88%	85%
99% CI for average	(83-93)	(83-87)

Service Utilization Patterns - Frequency of Service Receipt

Frequency of receiving services was significantly related to positive response on Overall Quality, Appropriateness, Outcome and Quality of Life. In particular, individuals who reported receiving services one time per week reported higher levels of positive response than the other groups on Overall Quality, Appropriateness and Outcomes. Individuals who were served least frequently (less than once per month) reported most positive response on Quality of Life.

Table 7				
How often do you receive services?	**Percent Positive**			
	Overall Quality (χ^2=27.18, p<.001)	**Appropriateness (χ^2=29.27, p<.001)**	**Outcomes of Service (χ^2=30.32, p<.001)**	**Quality of life (χ^2=35.1, p<.001)**
2-5 days/week (1786)	88%	85%	77%	69%
1 time/week (1100)	94%	91%	83%	71%
1-2 times/month (1338)	91%	88%	77%	68%
less than 1 time/month (211)	84%	82%	77%	74%
Unknown (309)				
Statewide average (4744) 99% CI for average	88% (83-93)	85% (83-87)	77% (76-79)	69% (62-77)

Service Utilization Patterns - Length of Service Utilization

Receiving services at a program for more than a year was significantly related to positive response on Overall Quality, Appropriateness, Outcomes and Quality of Life. Individuals who had been receiving services for more than one year reported higher levels of positive response on all of these domains.

Table 7				
How long have you been receive services from this program?	**Percent Positive**			
	Overall Quality (χ^2=10.8, P=.001)	**Appropriateness (χ^2=29.27, p=.004)**	**Outcomes of Service (χ^2=14.8, p<.001)**	**Quality of life (χ^2=12.1, p<.001)**
Less than a year (810)	85%	84%	75%	65%
One or more years (3615)	89%	86%	78%	70%
Unknown (319)				
Statewide average (4744) 99% CI for average	88% (83-93)	85% (83-87)	77% (76-79)	69% (62-77)

Physical Health

The number of days that respondents reported poor health during the last three months was significantly related to positive response for both Outcomes of Service and Quality of Life. Individuals who reported no days of poor health during the last three months showed substantially higher rates of positive response for the Quality of Life domain than others who reported at least one day of poor health.

Table 8		
Number of poor health days	**Percent Positive**	
	Outcomes of Service ($\chi 2$=98, p<.001)	**Quality of life ($\chi 2$=207, p<.001)**
0 days (1666)	82%	78%
1-15 days (1379)	76%	64%
16-30 days (594)	68%	56%
Unknown (1105)		
Statewide average (4744)	77%	69%
99% CI for average	(76-79)	(62-77)

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

Table 9					
Physical Exam	**Percent Positive**				
	Overall Quality ($\chi 2$=14.04, p<.001)	**Access ($\chi 2$=35, p<.001)**	**Appropriateness ($\chi 2$=32, p<.001)**	**Outcomes of Service ($\chi 2$=43, p<.001)**	**Quality of life ($\chi 2$=18.6, p<.001)**
Yes (3734)	89%	88%	86%	79%	70%
No (649)	84%	81%	80%	70%	64%
Unknown (361)					
Statewide average (4744)	88%	87%	85%	77%	69%
99% CI for average	(83-93)	(85-89)	(83-87)	(76-79)	(62-77)

Employment Status

In the domains of Outcomes and Quality of Life, individuals who reported being employed during the past year had a significantly more positive response.

Table 10		
Employment Status	**Percent Positive**	
	Outcomes of Services ($\chi 2$=98, p<.001)	**Quality of life ($\chi 2$=207, p<.001)**
Yes (1099) No (3351) Unknown (294)	80% 76%	72% 68%
Statewide average(4744) 99% CI for average	77% (76-79)	69% (62-77)

Consumers whom reported that staff helped them with pre-employment services also responded significantly more positively to all domains except Overall Quality.

Table 11				
Did staff help with pre-employment services?	**Percent Positive**			
	Access ($\chi 2$=9.93, P=.002)	**Appropriateness ($\chi 2$=17.23, p<.001)**	**Outcomes of Services ($\chi 2$=28.22, p<.001)**	**Quality of life ($\chi 2$=21.45, p<.001)**
Yes (1829) No (2569) Unknown(346)	88% 86%	88% 84%	80% 75%	72% 67%
Statewide average(4744) 99% CI for average	87% (85-89)	85% (83-87)	77% (76-79)	69% (62-77)

Similarly, those individuals who had received information about work incentive programs responded more positively to all domains.

Table 12					
Did staff provide information on work incentive programs?	**Percent Positive**				
	Overall Quality ($\chi 2$=10.74, p<.001)	**Access ($\chi 2$=13.20, p<.001)**	**Appropriateness ($\chi 2$=13.09, p<.001)**	**Outcomes of Services ($\chi 2$=27.98, p<.001)**	**Quality of life ($\chi 2$=20.16, p<.001)**
Yes (1452)	90%	89%	89%	82%	73%
No (2873)	87%	86%	84%	75%	67%
Unknown(419)					
Statewide average(4744)	88%	87%	85%	77%	69%
99% CI for average	(83-93)	(85-89)	(83-87)	(76-79)	(62-77)

Discussion and Implications

OMH's 2015 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.

Regarding employment, individuals who have worked in the past year, responded more positively in the domains of Outcomes and Quality of Life compared to those who had no worked in the past year.

The 2015 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.