



STATE OF MARYLAND
DHMH



Consumer Perception of Care Surveys

Maryland Mental Hygiene Administration
University of Maryland Baltimore
Systems Evaluation Center

Brief History

- Began with implementation of Managed Fee-for-Service System, 1998
- Included in 1115 waiver application
- Requirement written into Code of Maryland Regulations as part of waiver implementation
- Survey administration part of ASO requirement
 - Originally, every other year
 - Now, every year
- Ninth administration just completed

Sampling Methodology

- Random sample stratified by
 - Age
 - Service type
 - County of residence
- Two surveys
 - Adults (ages 16 & over)
 - MHSIP Plus
 - Child and Caregiver (under age 16)
 - YSSF Plus

Survey Methodology-Service Types

- Adults
 - Outpatient mental health treatment
 - Psychiatric rehabilitation programs (PRP)
- Child and Caregiver
 - Outpatient mental health treatment
 - Family support services-similar to PRP for adults
 - Psychiatric rehabilitation programs
 - Mobile treatment programs
 - Case management programs
 - Respite care programs

Additional Somatic Health Questions

Adult Survey

- Do you have a primary health care provider?
- To your knowledge, have your primary health care provider and your mental health provider spoken with each other about your health?
- In the past 12 months, did you see a medical professional for a health check-up or because you were sick?
- In the past 12 months, have you spent at least one night in a hospital because of a physical illness or health problem?

Additional Somatic Health Questions

Child and Caregiver

- Does your child have a primary health care provider?
- To your knowledge, has your child's primary health care provider and the child's mental health provider spoken with each other about your child's health?
- In the past 12 months, has your child spent at least one night in a hospital because of a physical illness or health problem?
- Does your child have Medicaid insurance?

Survey Results Publications

- Brochures
 - Adult
 - Child/Caregiver
- Executive summary
- Detailed report and analysis
- All available on thumb drive, or the web:
- <http://www.dhmh.state.md.us/mha/satisfactionoutcomesurvey.html>

Survey Results Distribution

- Maryland General Assembly
- Consumer, family and advocacy groups
 - On Our Own of Maryland, Inc.
 - NAMI
 - Maryland Coalition of Families
 - Mental Health Association of Maryland
- Maryland Advisory Council on Mental Hygiene and the Public Law 102-321 Planning Council
- Core Service Agencies (local mental health authorities)
- Mental health service providers
- Sister administrations in the Department of Health and Mental Hygiene and State Departments and Offices
- Other interested parties

Brochures-Adult and Child/Caregiver

- Basic information, adults
 - Gender, Age, Race, Ethnicity, Marital Status
 - Education, Living Situation, Employment Status
 - Mental Health Services Received
- Basic information, caregivers
 - Gender, Age, Race, Ethnicity, Relationship to child
- Basic information, children
 - Gender, Age, Race, Ethnicity, Education/School
 - Mental Health Services Received

Brochures-Adult and Child/Caregiver (Continued)

- Percent of respondents responding with strong agreement or agreement to all individual items in URS domains by service type
 - Access
 - Satisfaction
 - Outcomes
 - Cultural Sensitivity
 - Treatment Planning
 - Functioning
 - Social Connectedness

Executive Summary

- Methodology
- Results
 - Demographic breakdown of sample
 - 3 year comparison of responses to MHSIP Survey items in three groups
 - Strongly agree, agree
 - Neutral
 - Disagree, strongly disagree

Executive Summary (Continued)

- Results (Continued)
 - Analysis of areas of interest
 - Outcome measures
 - Overall satisfaction
 - Satisfaction with specific services
 - Substance abuse services
 - Coordination with somatic health
 - Police encounters and arrests
- Available on thumb drive and web

Detailed Report

- Detailed methodology
- Results
 - Complete responses to each item
 - Means, standard deviations, respondent numbers, and response detail to each Likert item
 - Statistical analyses of effect of demographics (e.g. gender, race, employment) on individual items from URS domains for:
 - OMHC
 - PRP/FSS

Detailed Report Analysis Example: Effects of Employment

Employed people are more likely to agree or strongly agree with these statements:

- I deal more effectively with daily problems
- I am better able to control my life
- I am better able to deal with crisis
- I am getting along better with my family
- I do better in social situations
- I do better in school and/or work
- My symptoms are not bothering me as much
- I am better able to handle things when they go wrong
- I am better able to do things that I want to do
- I have people with whom I can do enjoyable things
- In a crisis, I would have the support I need from family or friends

Detailed Report (Continued)

- Qualitative analysis of three open ended questions
- Detailed Appendices
 - IRB approval letter
 - Notification letters (Adult, Child/Caregiver)
 - Survey instrument (Adult, Child/Caregiver)
 - Definitions and terminology

Additional Studies Conducted

- Sample Representation
 - Demographic characteristics
 - Gender
 - Age
 - Race
 - Ethnicity
 - Service utilization comparisons
 - Inpatient
 - Outpatient
 - Psychiatric Rehabilitation/Family Support

Additional Studies Conducted

- Effects of demographic on URS domains
 - Access
 - Quality/appropriateness (Adult only)
 - Outcomes
 - Treatment planning participation
 - Satisfaction with services
 - Cultural sensitivity (Child only)
 - Functioning
 - Social Connectedness

Changes and Initiatives Affected by CPCS Data and Findings

- Regulation changes to emphasize
 - Recovery focused treatment and rehabilitation
 - Consumer participation in treatment planning
- Mental Health Transformation initiative
 - Wellness Recovery Action Plan
 - Consumer Quality Teams
- Expansion of Evidenced Based Supported Employment Programs

Other CPCS Applications

- Managing for Results (MFR)
 - Maryland effort to include outcome information in budget documents
- Measurements for State Plan objectives
 - Selected data being examined as possible measures of goals, objectives, strategies

CPCS Limitations

- Inability to interpret below region level
 - Sample size insufficient to generalize to counties
 - Information on individual providers not collected
- Change analysis compares system-wide sample measures at two distinct points in time
 - No measure of change for individual consumer
- CPCS measures show little variability from year to year

CPCS Limitations (Continued)

- Accuracy of consumer contact information causes problems
 - Could not reach over 60% of potential participants
- Confidentiality, IRB issues precluded analysis of
 - Unreachable sample
 - Non responders

Related Maryland Efforts Outcome Measurement Systems (OMS)

- Initiated in September 2006
- Includes all Medicaid and uninsured consumers, ages 6 to 64, in
 - Outpatient Mental Health Centers
 - Hospital Mental Health Outpatient Departments
 - Federally Qualified Health Centers
- Allows tracking of changes over time at individual and aggregate levels

Related Maryland Efforts-OMS

- Effort, in part, to test collection of individual client level data for URS/NOMS items
- Questionnaire completed through collaborative process between clinician and consumer/youth/caregiver
- Questionnaire completed at intake, every six months thereafter

Related Maryland Efforts-OMS

- Some identical items asked in both instruments
 - Functioning items
 - Social connectedness
- Some items similar
 - Employment
 - Living situation
 - School
 - Arrests

Related Maryland Efforts-OMS

- Developed within computerized service authorization system
- Web-based questionnaire devised with variety of integrated backfill, skip patterns and branching items to facilitate ease of administration for clinician and consumer

Related Maryland Efforts-OMS

- “Point-in Time” datamart-includes data on consumers at the time of the last administration of the questionnaire
- Data includes more concrete, factual information (e.g. living situation, employment status, arrests) vs. more subjective consumer opinion/feelings questions (psychiatric symptoms, functioning)
- Select MAPS-MD at:
<http://www.dhmh.state.md.us/mha/>

Related Maryland Efforts-OMS

- Change over time analyses
- Uses data collected at two administrations and reports on change-“outcomes”
- Calculation of change over time proved far thornier than anticipated, with multiple decision points encountered.

Related Maryland Efforts-OMS

- Certain items particularly difficult to analyze, including URS/NOMS items on arrests, expulsion/suspension
- Certain items proved to not really get us the information we wanted
- OMS questionnaires currently under review for some modifications in near future

Current CPCS/OMS Comparisons

- Very similar demographic characteristics
- Greater utilization of multiple services by CPCS sample due to over-sampling
- Slightly more positive responses by CPCS samples to
 - Functioning
 - Social Connectedness
- Greater change over time observed in OMS