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# New Hampshire Public Mental Health Consumer Survey Project: Summary of Findings May 2012

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# NEW HAMPSHIRE PUBLIC MENTAL HEALTH CONSUMER SURVEY PROJECT

SUMMARY OF FINDINGS  
MAY 2012

**Written by:**  
Peter Antal, Ph.D.



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Institute on Disability | University of New Hampshire  
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*This document is available in alternative formats upon request.*

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# **EXECUTIVE SUMMARY**

## EXECUTIVE SUMMARY

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In 2011, the New Hampshire Department of Health and Human Services, Bureau of Behavioral Health, contracted with the Institute on Disability (IOD) at the University of New Hampshire to conduct the New Hampshire Public Mental Health Consumer Survey Project. The project includes the Substance Abuse and Mental Health Services Administration's (SAMHSA) federally mandated annual survey of the publicly funded community mental health system. The IOD and the UNH Survey Center conducted and analyzed findings for three consumer satisfaction surveys of BBH-eligible<sup>1</sup> adults, youth, and family members of children receiving services from New Hampshire's 10 community mental health centers (CMHCs)<sup>2</sup>. This summary provides a brief overview of identified strengths and challenges, data highlights, and questions raised by the research. For a full description of the methodology used and sample sizes, please see Appendix A.

### Strengths and Challenges Identified

#### Strengths

Despite the fact that CMHCs have had to cut their budgets repeatedly over the past several years, general satisfaction and quality of services ratings have remained fairly high (81% and 76% among adults, respectively in 2011). Additionally, a significant positive change across the state was observed in family reports of child outcomes, increasing from 55% in 2008 to 65% in 2011. Other items of note include:

- ◆ A majority of consumers know where to go or who to call if they experience a crisis (87% (A)dults, 82% (F)amilies, 86% (Y)outh)

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<sup>1</sup> In order to be considered eligible, a person must meet one or more of the eligibility criteria based on diagnosis and functional impairment categories (defined in He-M 401.05 through He-M 401.09).

<sup>2</sup> Response rates for each group: adults (53%), youth 14-17 (37%), family members of children receiving services (49%).

- ◆ A majority are reporting coordination between mental health providers and primary care providers: 62% (A), 52% (F), 62% (Y).
- ◆ Among family respondents, most (85%) report having adequate insurance to cover health care expenses and 85% reported that their child saw a doctor or nurse for a health check-up or a sick visit within the past year.
- ◆ CMHCs received high ratings for cultural sensitivity across the state. When youth were asked whether staff treated them with respect, the statewide average was 90%.

#### Challenges

Particular areas of concern highlighted by the project's Advisory Board include a focus on access to care, utilization of treatment services for those with co-occurring disorders of mental illness and substance abuse, participation in treatment, suspension/expulsion of youth from school, transition services for youth, and better support for justice system involvement for youth with mental health conditions. More specifically:

- ◆ Close to one half of new consumers waited one month or more to have an appointment with a psychiatrist or nurse practitioner: 68% (A)dults, 43% (F)amilies, 53% (Y)outh.
- ◆ One in three adults with substance use concerns did not agree that substance use issues were part of their treatment plan, or that they received treatment from their CMHC, or that staff offered them referrals: 32% (A).
- ◆ Only two-thirds of consumers felt they were active participants in their quarterly reviews: 66% (A), 76% (F), 67% (Y).
- ◆ Close to one in three respondents in the youth survey indicated that they were suspended or expelled from school in the past 2 years (29%).

- ◆ Less than half (48%) of families of 14-17 year olds report that transition planning to adulthood has begun with their CMHC. This is particularly concerning given that 85% of families find these transition supports helpful when they are offered.
- ◆ An arrest or other justice system involvement is a critical time to coordinate and provide services. However, only one in six families (16%) of youth ages 14-17 report that special steps were taken in the justice system to incorporate the mental health needs of involved youth.

## Change Over Time

In a review of federal domain scores across the three surveys since 2008, most areas demonstrated no significant change. However, exceptions to this were identified in the family and youth surveys. Within the family survey, a significant improvement was observed for the Outcomes and Functioning Domain among families between 2008 and 2011 (10 point increase)<sup>3</sup>. Among youth respondents, a significant drop was observed in the Social Connectedness Domain (89% in 2008 to 81% in 2011). As this represents the first time a significant change has been identified, it will be important to see if the next year's data continues to show a shift in these areas.

## Going Beyond the Numbers

As with previous years, samples of consumer comments are provided from each survey group to help fill in the stories that illustrate what numbers alone cannot show. Both critical and positive experiences were shared as they were written, for example:

- ◆ “Disappointed in the [turnover] with CMHC staff. We had 3 [staff] in [less than 10 years]. The new ones had not reviewed my charts

before seeing me. I lost my job...as a result of a drug problem. The [prescription] I was on...cause me not to be able to function. I called my psychiatrist re problems w/ it. He did not return call. I was fired. I got sober in [X]. My [counselor] will not let me talk about drug abuse. She says they cannot charge for it, therefore, they can [not] talk about it with me. AA meetings help me get sober.”

- ◆ “The support provided to my husband & I, the co-ordination...of services with her school team, & the help we have received during a crisis has been extremely helpful & necessary. [Child's] therapist, medicating physician & the social worker who visits her have provided significant help to her & have enabled her to make progress emotionally. I did not call emergency services because her crisis occurred during the day. I phoned [CMHC] & asked if an emergency appt could be made for that day with her physician & therapist. I was immediately accommodated.”

Consumers touched on a range of important aspects of their care experience, including: general reflections on care, outcomes of services, praise for staff, critiques of staff, accessibility, financial services, medication management, and service coordination.

## Areas to Explore – Impact of Service Reductions

Other areas highlighted in this report need further exploration as findings, at times, provide cause for concern as well as raise new questions. Given multiple cuts to CMHC budgets in the past few years, an area of critical importance is the proportion of clients experiencing reductions to care. Although we currently lack documentation on the causes for the changes in service (which can include everything from budget cuts to consumer requests for reduction), data suggest that for many consumers, particularly a substantial portion of adults, cuts to services do have multiple negative effects.

<sup>3</sup> Note that the item constructions of these two domains are largely the same.



Among adults, between 4% and 9% of all clients reported some reduction by service type, including medication, therapist access, vocational supports, psychiatric access, functional supports, and case management. Adults were the most likely to report a negative impact from the reduction, with almost half (48%) of those reporting a reduction in services stating that symptoms increased in severity, and about one in four (24%) indicating that conflicts with others have increased or that they are less comfortable living in their community. Of note, one in four (25%) stated that there was no impact, and one in ten felt they were doing better (12%).

Among families, up to 7% of all clients reported some reduction in services across similar areas. One in four (26%) families reported no impact as a result of the change, and one in six (17%) stated that their child was doing better. However, more than one in six also reported that conflicts with others have increased (21%), or that symptoms have increased in severity (17%).

Among youth, up to 6% of respondents reported a reduction in services, primarily for case management (6%), medication (3%), therapist access (2%), and psychiatrist access (1%). This group was most likely to report that the change in services resulted in no impact (38%) or that they were doing better (28%). However, more than one in five also reported that conflicts with others have increased (22%), and about one in ten stated that their symptoms worsened (9%).

## **A Note on Population Representation**

In reviewing the information provided, it is important not to assume that those who responded to this survey represent the entire population served by CMHCs. Findings represent only estimates of consumers who are considered BBH-eligible. This group makes up approximately 33% of the total number of people served by New Hampshire's community mental health centers. Demographics of survey respondents mirror (within 5 percentage points) the state's

demographics of all BBH-eligible consumers served (in areas of gender distribution, percent uninsured, Hispanic ethnicity, race other than White, and consumers receiving Evidence-Based Supported Employment services).

It is important to note that opinions of non-respondents may differ substantially from survey respondents. Findings from this survey may under-represent perspectives of adults or youth who are homeless, have more severe forms of mental illness that may preclude them from participating in the survey, and those who have a primary language other than English.



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**FINDINGS FROM THE  
ADULT SURVEYS**

## FINDINGS FROM THE ADULT SURVEYS

### Demographics

A large majority of CMHCs have provided services to consumers for more than a year (89% of 521 respondents) with women (60% of 527) more likely to be enrolled in services than men across the state. The percentage of individuals served with racial backgrounds other than or in addition to White was 9% (N=531) and populations with Hispanic ethnicity averaged 4% (N=500). On the topic of insurance coverage and the percent of consumers served who are uninsured or self-pay, 9% fell into this category (N=525). As with previous years, most (85% of 475) of consumers lived on incomes under \$30,000.

Concerning police involvement, the percent of consumers who had been arrested in the past two years averaged 11% (N=528). Ten percent of consumers reported that mental health services had been discontinued as a result of their arrest (N=93)<sup>4</sup>. A slight majority (57% of 115) reported a reduction in police encounters over the last 12 months.

When consumers were asked whether their mental health provider coordinates with their primary care physician, the state average was 62% (N=487). Consumers also indicated whether or not they had a regular primary care provider. Statewide, 6% of consumers stated that they did not have a PCP (N=487).

<sup>4</sup> Note that, unlike many other states, BBH and the CMHC network do not have oversight for the provision of mental health services to those who are incarcerated. Care is provided to individuals in the county correctional system only in those cases where the county jail has established a contract with the local CMHC for that care. The Department of Corrections is responsible for mental health care for individuals in state prisons.

| Table 1: Adult Demographics |  | NH  |
|-----------------------------|--|-----|
| Demographics                | Received services for more than a year       | 89% |
|                             | Gender: Male                                 | 40% |
|                             | Race: Other than or in addition to White     | 9%  |
|                             | Hispanic                                     | 4%  |
|                             | Insurance type – uninsured or self pay*      | 9%  |
|                             | Income under \$30,000                        | 85% |
| Police Involv.              | Arrested in past two years                   | 11% |
|                             | Mental health services stopped due to arrest | 10% |
|                             | Last 12 months, reduced police encounters    | 57% |
| Health                      | Mental health provider coordinates with PCP  | 62% |
|                             | ...No regular PCP                            | 6%  |

\* Does not include consumers using Medicaid.

### Emerging Themes

As part of the 2011 survey implementation, the project's Advisory Board continued to refine the optional questions added to the required survey questions. Several questions from previous years have been included, such as questions about drug and alcohol services and levels of participation in treatment.

New questions have been added as well, with a focus on understanding: length of time to enter care, experiences with emergency care, employment status and preferences, housing status, and reduction of services. Some results are troubling, while others provide the state with an opportunity to take advantage of existing strengths. Highlights include:

#### Areas of Concern

- ◆ 68% of new clients waited a month or more to see a psychiatrist or nurse practitioner.

- ◆ 32% of those with drug or alcohol problems indicated that substance treatment services were not part of their treatment plan, that they did not receive substance abuse treatment from the CMHC, and that they did not receive referrals from staff to other agencies for treatment.<sup>5</sup> Ten percent stated that they had not discussed their substance use with their mental health provider and its relation to psychiatric medications.
- ◆ 34% indicated that they are not actively participating with their teams in a quarterly review of their treatment plan.
- ◆ 20% reported a reduction in or denial of services during the past year, including changes to therapist and psychiatrist access, case management, medication, functional supports, and vocational supports. Of those experiencing a reduction, about half (48%) reported an increase in symptoms and one in three (30%) felt less comfortable living in their communities.
- ◆ 38% reported that they were not informed about their local peer support agency.
- ◆ 18% reported that they do not understand the reasons that medication was prescribed for them, medication side effects, or interactions.
- ◆ One in four (24%) indicated that they wanted to work but were unable to find work or had insufficient hours.

### Positive Findings

- ◆ 75% of consumers accessing a hospital Emergency Room (ER) felt satisfied with services received and 81% received helpful

<sup>5</sup> NH requires CMHC's to screen for substance use in all consumers over the age of 12. When a substance use screen is positive, further assessment is warranted. Substance use treatment, whether in-house or through referral, is indicated on the treatment plan and/or case management assessment and plan.

recommendations for follow up after their visit.

- ◆ Most (87%) know where they can go or who to call if they experience a crisis.
- ◆ General satisfaction remains consistently high for adults (81%).
- ◆ Many respondents reported living in a place they rented or owned (76%), and/or that they stayed with family/friends (25%) over the past 6 months (note, however, that the survey likely under-represents populations that are homeless).

### Time to Enter Care

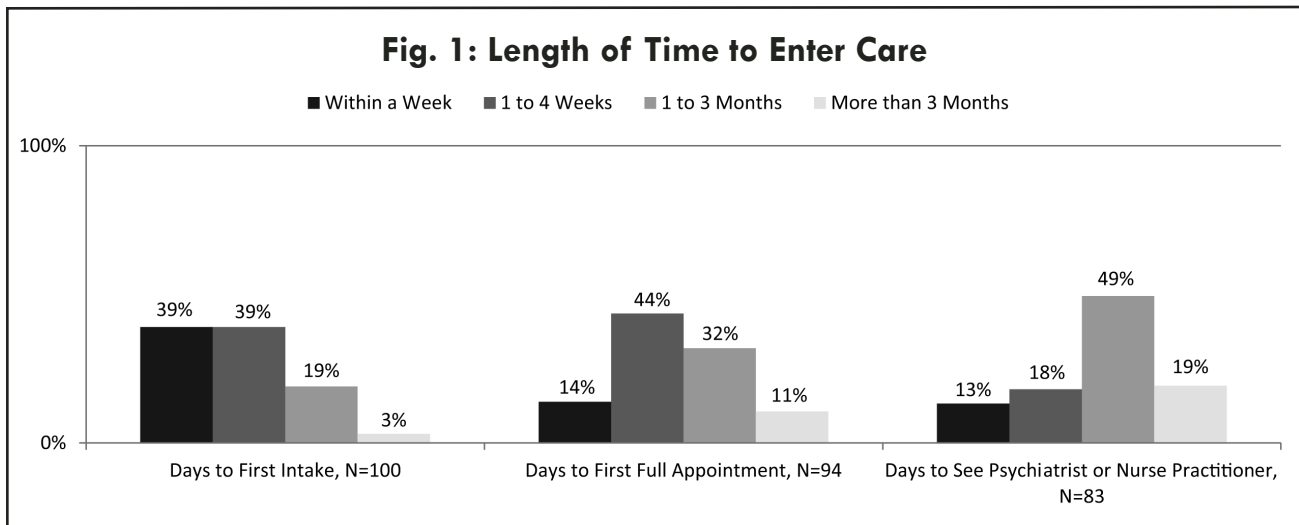
Of adults responding to the survey, 25% (N=469) indicated they were new clients to the CMHC during the past year. Of these 117, up to 100 responded to questions concerning the length of time it took from initial contact to their first intake appointment, have their first follow-up appointment, and have their first appointment with a psychiatrist or nurse practitioner.

As shown in Fig. 1, a substantial portion of new clients waited a month or more to: have their first intake appointment (22%), have a follow up appointment (43%), or see a psychiatrist or nurse practitioner (68%). Times for a follow-up appointment and seeing a psychiatrist/nurse practitioner are based on the amount of time from the first call requesting an intake with a CMHC to the first appointment.

### Emergency Services Utilization

One in three (33%) adult consumers made use of CMHC emergency services during the past year, and one in four (24%) visited a hospital emergency room<sup>6</sup>. Among those accessing the hospital ER, 75% (of 122) indicated that they

<sup>6</sup> CMHC emergency services may provide consultation by a trained clinician, access to CMHC services if needed, or a recommendation for follow-up. Each center must have a 24/7 emergency capacity, though services may not necessarily occur in a hospital emergency department.



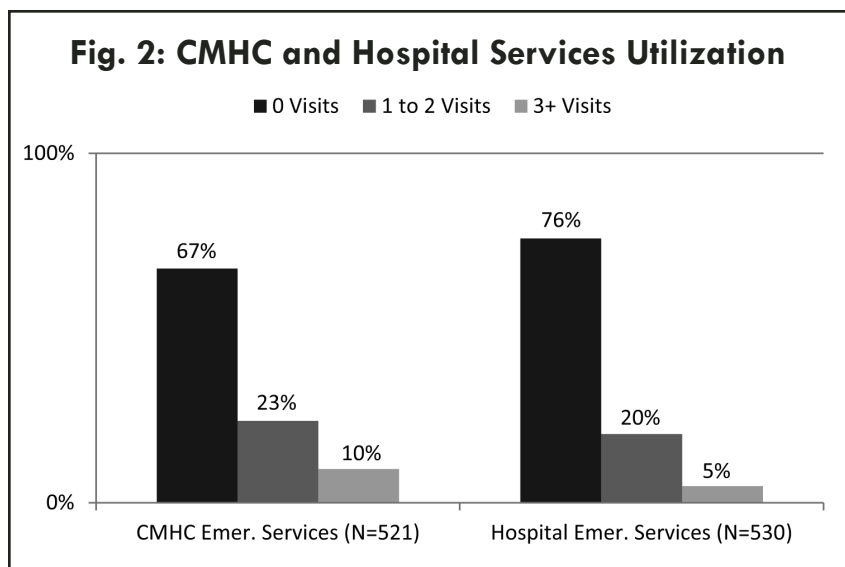
were satisfied with the services received and 81% (of 125) stated that they received helpful recommendations for follow-up after their visit.

Seventy-two respondents left additional comments about their experiences with services provided by the hospital. Of these, 35 were positive: these included themes of an overall positive experience (16), being treated with respect (9), and receiving needed services.

Among the 37 critical responses, primary themes centered on: wait time (17), not receiving needed services (7), ineffective services (5), rudeness of staff (5), and general dissatisfaction (3).

### Drugs and Alcohol

Fifteen percent of 512 adult consumers reported that they had a problem with alcohol or drug use. Of these, 46% reported that substance use issues were part of their treatment plan, 42% stated that they received treatment from their CMHC, and 37% stated that staff offered them referrals. Among those receiving substance use treatment services, 79% (N=56) found them somewhat or very helpful. Of note, 32% (N=79)



did not identify any of these options and 10% (N=67) noted that they have not discussed their substance use problems with their mental health providers.

### Employment Status

We asked 523 adult consumers to provide feedback on their current employment status. Of these, 17% indicated that they were either employed full time or that they were working part time with their preferred number of hours. Interestingly, one in four (24%) indicated that they were ready to work but were not offered as many hours as they wanted and another 22% stated that they were not ready to work at the

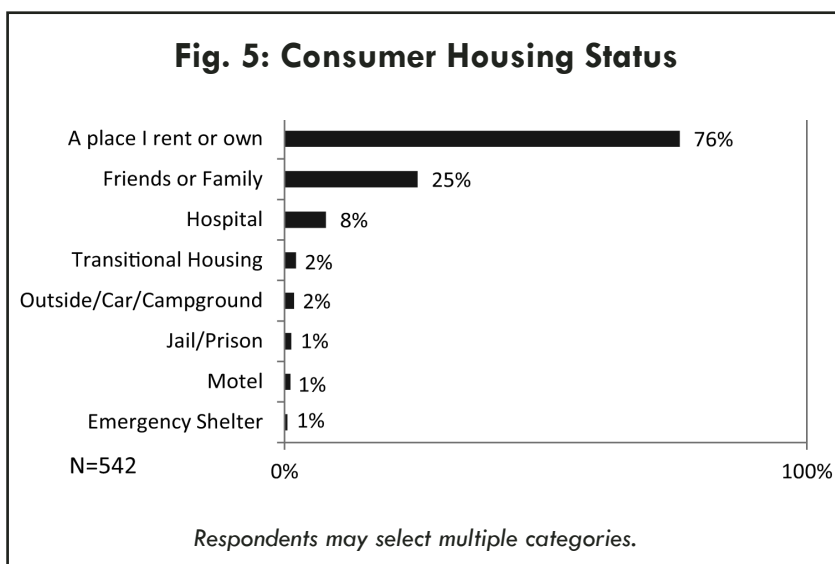
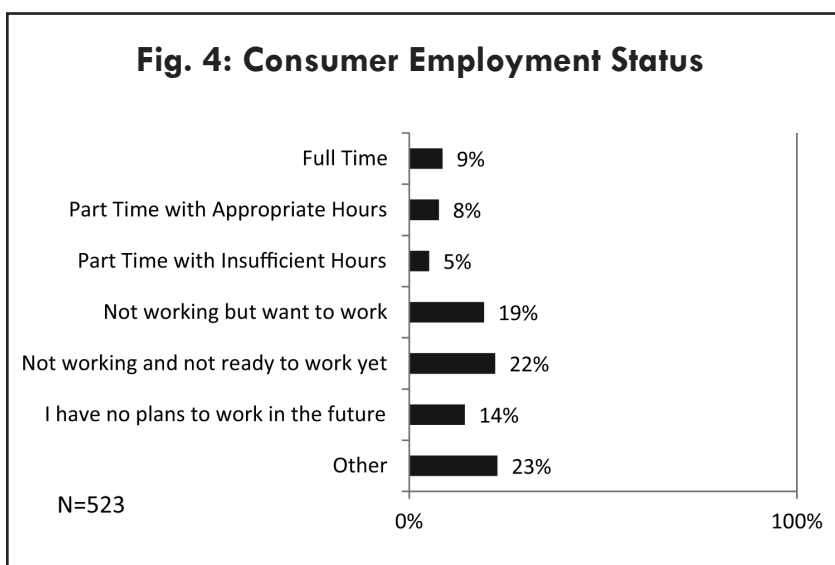
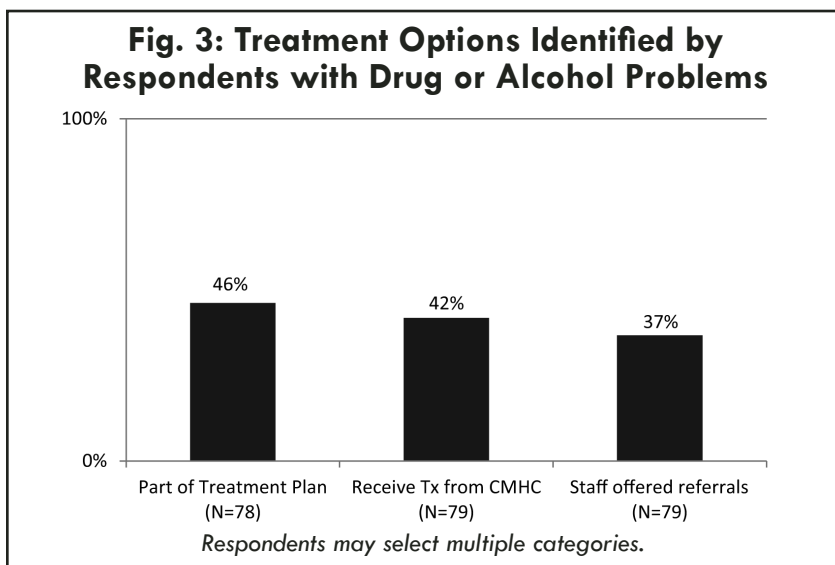
time of the survey, leaving a potential pool of almost half of the adult consumer base who could work if the right supports and job opportunities were in place. Examples of “Other” in the chart include people who indicated they: have a self-reported disability, are retirement age, are in school, are self-employed or working part time, or are currently pregnant.

When asked if they were able to maintain their employment as a result of services provided, 90% of 107 respondents agreed. Of note, only 18% of 398 reported receiving Evidence Based Supported Employment Services (EBSE)<sup>7</sup>. Among those who were working part time with as many hours as they wanted, 26% of 74 received EBSE; however, only 19% of the 101 who indicated they wanted more work received EBSE.

### Housing

Respondents were asked to identify which places they had lived in over the past 6 months. Three quarters (76%) of adults stated that during the past six months they lived in a place they rented or owned. One in four (25%) lived with friends or family, almost one in ten (8%) stayed in a hospital, and 2% or less were homeless, stayed in transitional housing, spent time in jail, a motel, or an emergency shelter. Of note, individuals with mental illness who have experienced homelessness

<sup>7</sup> Currently, all CMHCs provide EBSE.



are not likely to be well represented in survey findings.

### Participation in Treatment

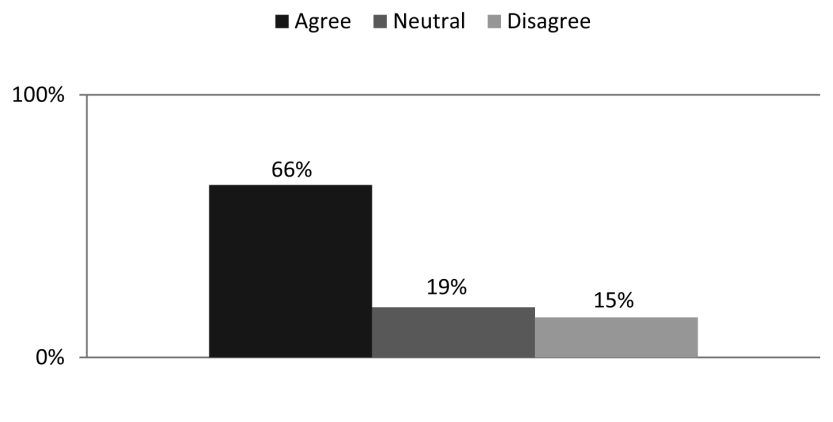
Of 526 responding, 78% agreed that their treatment plan was based on their strengths, natural talents, and personal goals for wellness. Additionally, 84% (N=530) stated that they were aware that their treatment plan was reviewed quarterly to monitor progress toward goals, but only 66% (N=490) agreed that they actively participated with their team in their quarterly review.

### Reduction of Services and Impact

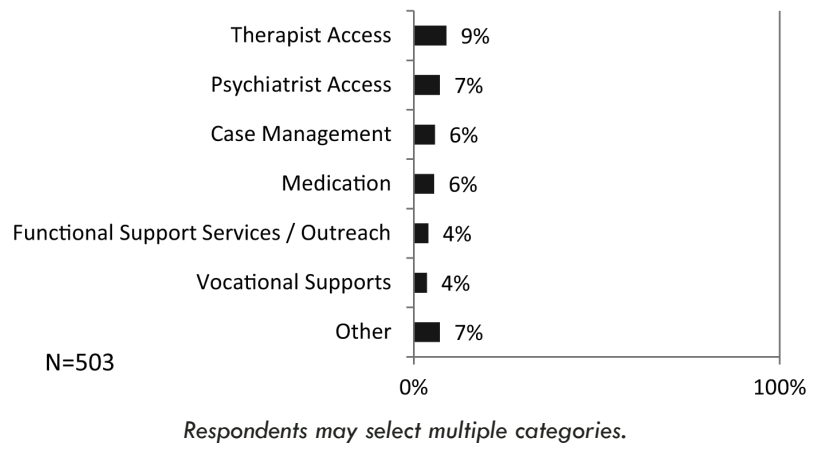
Of 503 responding, 20% reported that the CMHC had denied or reduced their services during the past year. Of these (N=100), 76% had between 0-2 services denied/reduced and 24% saw 3 or more services denied/reduced. Care should be taken when interpreting the results of this graph. Information was not available to document the reasons for the change in services. Reasons for change might include: budget cuts at the CMHC, shifts in services at the CMHC, refusal of service due to insurance coverage limitations, determination by CMHC staff that the same level of services is no longer needed for health management, and personal requests for a change in service.

The most frequent service change reported was access to therapists (9% of 503), followed by psychiatrists (7%), case management (6%), medication (6%), functional support services (4%), vocational supports (4%), and other (7%).

**Fig. 6: Consumers Actively Participating in CMHC Quarterly Reviews**



**Fig. 7: Consumers Reporting Denial or Reduction of Service**



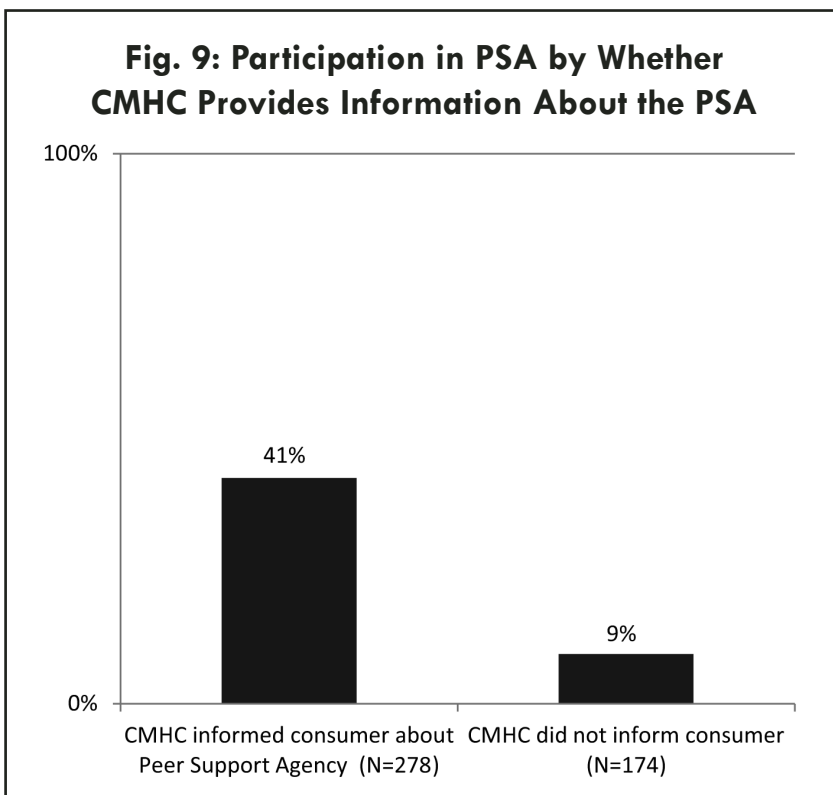
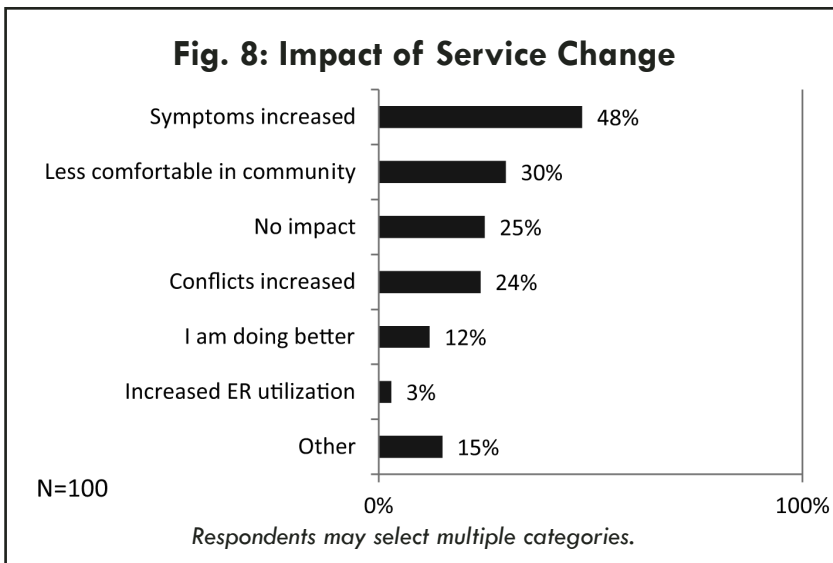
Examples of comments left as “Other” include: how services are provided/accessed (e.g., limited access to services, fewer financial supports, challenges with Medicaid billing), reductions in other services such as support groups and general supports, personal reasons as the cause for reduction, and denial of Medicaid. Two respondents noted that they were doing better as a result of the change.

As a follow-up question, adults experiencing a denial or reduction of service were asked what impact, if any, was experienced as a result (see Fig. 8). Almost half (48%) stated that their symptoms increased in frequency, one in three

(30%) were less comfortable living in their community, one in four (24%) stated that conflicts with others had increased, and one in 33 (3%) indicated that they had to use the emergency room more often. Out of those surveyed, 25% stated that there was no impact as a result, more than one in ten (12%) related that they were doing better as a result, and 15% indicated “Other”. Examples of themes written for “Other” include: things are worse (8), seeking a new provider (2), leaving services (2), and better off as a result of the service change (2).

**Involvement with Peer Support Agencies**

When asked whether their CMHC had informed them of their local peer support agency, only 2 out of 3 (62% of 491) agreed. Furthermore, only 27% stated that they participated with their local peer support agency sometimes or often (N=501). Figure 9 answers the question, “Were those who were informed by their CMHC about the availability of PSAs any more likely to participate in their PSA than those who were not informed?” Among those who agreed that they were informed about their local peer support agency, 41% utilized it sometimes or often. Among those who said they were not informed, only 9% used it sometimes/often.

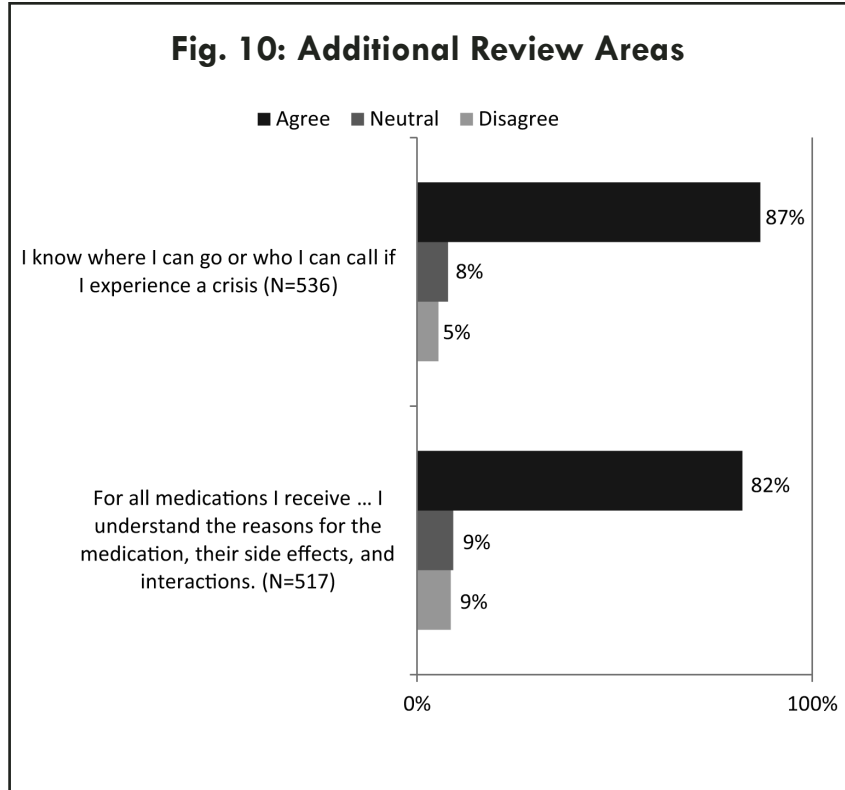




### Additional Areas

Other areas included in the survey touched on whether clients knew where to go or who to call if they experienced a crisis and whether they understood their medication usage.

About 9 in 10 adults (87%) knew where they could go or who to call if they experienced a crisis. More than 4 in 5 adults (82%) felt they understood the reasons for their medication, side effects, and interactions.



## Adult Federal Reporting Domains

As part of the State's eligibility for receipt of block grant funding to support public mental health services, staff are required to conduct an annual assessment of consumer perceptions across seven major domain areas. These are included in the National Outcome Measures, or NOMS. These areas are: general satisfaction, access, quality, social connectedness, participation in treatment, functioning, and outcomes. Across the major domain areas reported to the federal government, there have been no significant changes over the past 4 years of study.

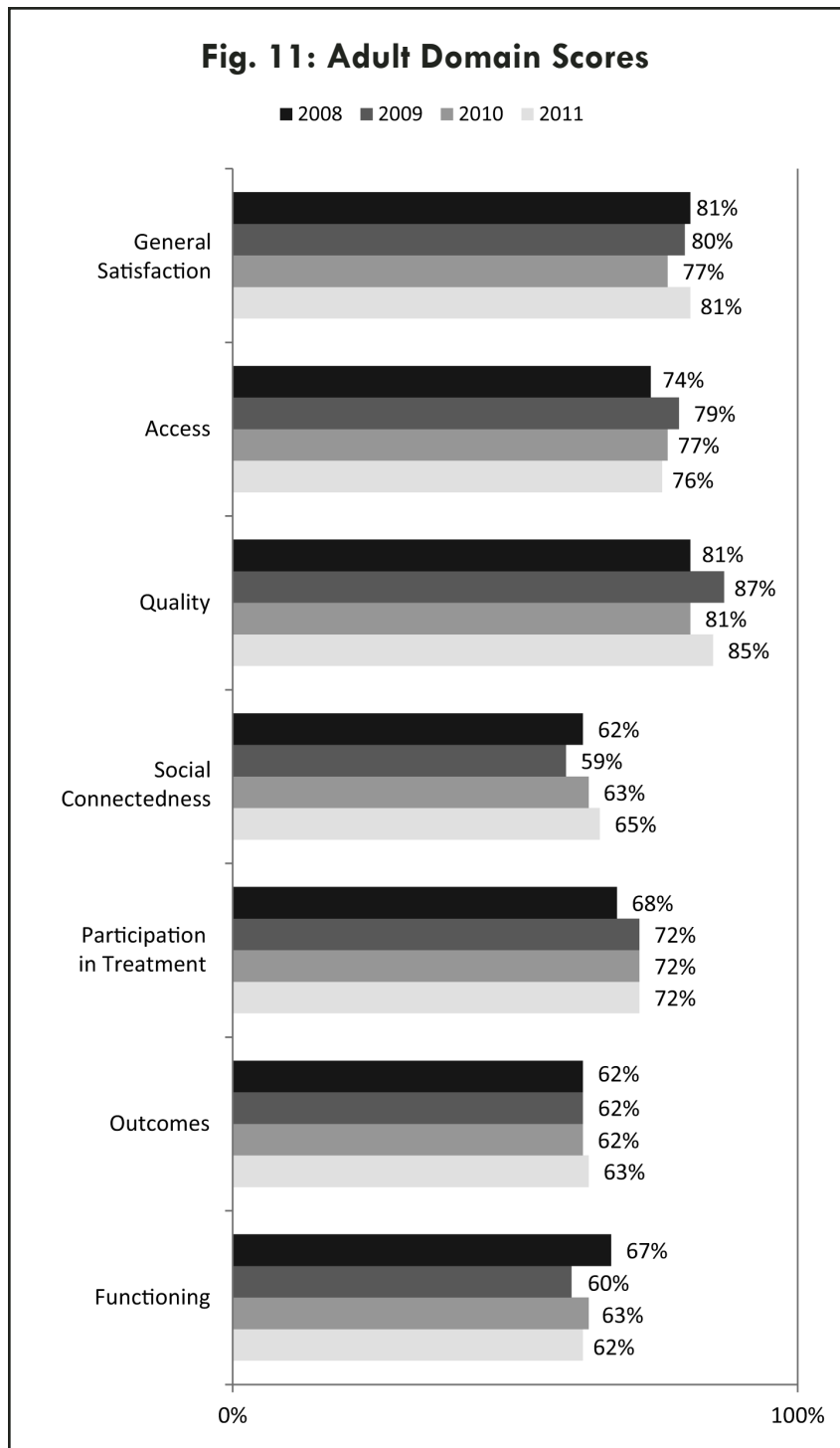
Estimates for 2011 in each area include:

- ◆ General Satisfaction: 81% (N=547)
- ◆ Access: 76% (N=547)
- ◆ Quality: 85% (N=534)
- ◆ Social Connectedness: 65% (N=536)
- ◆ Participation in Treatment: 72% (N=520)
- ◆ Outcomes: 63% (N=515)
- ◆ Functioning: 62% (N=541)

A detailed description of the items making up each domain area along with agreement scores over the past four years can be found in Appendix B of this report.

## Adult Written Feedback

Participants had the opportunity to leave additional feedback about their experiences



while receiving services at the CMHC. One hundred twenty-five comments were made, including positive (36), critical (81), and mixed (8) reflections. Primary themes and examples of comments in each category follow. Comments, below, are provided as they were written. To maintain the confidentiality and protect the

anonymity of consumers, individual quotes were edited. Where an individual or agency was named or information was provided that put a consumer at potential risk for identification, that information was removed and replaced with a generic term (e.g., [Staff] or [Agency]). Edits providing clarity are inserted in parentheses.

### **Positive Comments**

Positive comments (N=36) include general positive reflections, highlights of effective outcomes, and praise for individual staff.

#### *General Reflections (N=22)*

- ♦ “I am very, very fortunate to have been referred to my current psychologist and the mental health team in [town]. Throughout the entire experience...the staff have been excellent- receptionists thru physicians- encouraging, flexible, focused on me (not the business), promoting self-esteem and practical day-to-day and longer term goals for wellness. I would not be as well as I am if not for them.”
- ♦ “I had a good experience at [CMHC], they helped open doors-dealt with issues I needed to-haven’t needed services in a year-doesn’t mean I might not-but right now everything is going well.”
- ♦ “Since I came to [CMHC] I have been doing much better and if I had them in the past I might not have had as many problems as before. The place I went before was not very helpful but when I came to [CMHC] they were very helpful. I would recommend [CMHC] for people with mental health difficulties.”
- ♦ “I would like to say its a shame that they made so many cuts, but I feel they have done really well managing their patient care given the way their funding has been cut; they’ve done a stellar job.”

#### *Effective Outcomes (N=9)*

- ♦ “If [CMHC] was not there for me I don’t think I would be alive today. I have come close to suicide many times. They help me tremendously.”
- ♦ “I was helped so much by [Staff] and [Staff] that I have started college again to finish my BA and I am able to function with minimal medication. Thanks to them I am back to being my normal self which has given my family and life back to me.”

#### *Praise for Staff (N=5)*

- ♦ “I have developed a counselor/patient [relationship] with [Staff] that works. I feel I can approach her with my thoughts and problems without judgment. It is the first time my therapist was a good fit. [Staff] has aided me in getting my needs met socially without making it feel awkward or embarrassing. Thank you.”

### **Critical Comments**

Critical comments (N=81) include concerns over treatment, staffing, accessibility, services, billing/ financial concerns, medication management, and other.

#### *Treatment Concerns (N=24)*

- ♦ “I’m really not happy at all with the psychiatrist that I was set up with. My first meeting, my intake appointment, he put in 20 mins late and let me go 15 mins early. I feel like he didn’t listen to me and he stared out the window for most of my appointments... and my psychiatrist cut his fingernails in front of me. I found it rude and gross and disrespectful. I’m so upset with who I got that I asked for a new psychiatrist and I’m waiting to see that one for the first time. I didn’t know until I went into the hospital that I could change my psychiatrist, so I have been avoiding [CMHC] so I wouldn’t see him.”

- ◆ “Services provided by [CMHC] were not helpful, they are over booked and don’t spend enough time with you[;] its rush you through so they can get to the next one. Limited resources in the area prevent me from finding other affordable mental health care. They provide no programs to help you find a job or maybe it’s because they’re aren’t any. Very frustrating to know that NH is one of the worst states in the nation for mental health issues and services.”
- ◆ “I never received a copy of the treatment plan; decisions are made re: services WITHOUT my input; I am notified verbally about changes to my service - still waiting for written notice/ new treatment plan- this has increased symptoms and decreased comfort in the community.”
- ◆ “I told them I have trouble keeping track of appointments and things and that I have severe depression/ anxiety. They gave me Zoloft which made me have more anxiety. Then when I saw a doctor [>5 months] later they gave me sleeping pills (which I needed) I have trouble following through with things. I don’t mind the person that comes to my house, but sometimes I’m real angry/ nervous/ confused. I feel like they are not hearing/ understanding what I’m saying. I want to know/ understand why I am this way and what to do about it.”
- ◆ “Disappointed in the “turnaround” with CMHC staff. We had 3 [staff] in [less than 10 years]. The new ones had not reviewed my charts before seeing me. I lost my job...as a result of a drug problem. The scrip I was on... cause me not to be able to function. I called my psychiatrist re: problems w/ it. He did not return call. I was fired. I got sober in [X]. My [staff] will not let me talk about drug abuse. She says they cannot charge for it, therefore, they can [not] talk about it with me. AA meetings help me get sober.”

#### Accessibility (N=12)

- ◆ “It took me 6 months to get in the door-should be first come first serve basis-there needs to be some type of scale-when I was waiting, I was off medication-it makes it hard for the client-it’s hard when I am depressed raising [children]-I am glad I have my family for support.”
- ◆ “Question 9: Takes approx. 3-6 months, maybe more, to see a psychiatrist. I would have preferred for psychiatrist monitor my depression needs but my PCP needs to [monitor] as the psychiatrist wait...[is] too long.”
- ◆ “Makes it hard for transportation for people with no vehicles or license. Should have longer hours for people that cannot get there. Should be open 24/7. Hard to contact on weekend.”

#### Staffing (N=15)

- ◆ “Said doctor was overloaded with patients. Had to wait at least one week for doctor to get back to patient.”
- ◆ “I think that the staff is completely overwhelmed with too many patients, so the quality of care has decreased and client[s] aren’t getting adequate care. I also think that [CMHC]...as far as team management, the communication between the team needs to be more.”

#### Services (N=11)

- ◆ “I am a recovering addict, however none of my treatment services deal with substance abuse. In addition the psychiatric services are absolutely awful. For my 15 min med service appt. I am only seen for 3 min not the full 15.”
- ◆ “They need desperately to help people with housing. I’ve been homeless more... than i’ve had a home which obviously makes

one's mental health deteriorate immensely. A constant worry."

- ◆ "Problem stems from Medicaid or [CMHC] not setting up open door policy where some people need services not just critical services. Therapy is needed and therapist/psychologist should be able to determine if therapy is needed not just critical, it should be based on quality of life. Limit becomes financial. They need to focus on prevention."

#### *Billing (N=6)*

- ◆ "Lady was very stern and would not go with a payment plan or set up some way to allow me. I do not have 300 and the doctor will not see me until I am able to pay because he needs to be paid. I need to be on my meds or I will end up in the hospital."
- ◆ "Financial Programs for reduced rates are not adequate. I have had to cut down on treatment due to affordability issues. In fact it was one reason to terminate services due to expense. This is unfortunate since I believe that with further treatment I may possibly get better and be able to return to work (and paying taxes). As it stands I fear being reliant on SSDI for the rest of my life is likely."

#### *Meds (N=4)*

- ◆ "The medication thing [where] you meet with a person for 15 minutes and then they throw on medication. I am tired of being taken on and off medication. I would like to try without taking pills."

#### *Other (N=9)*

- ◆ "...Employment services could improve with gov. grants to help self-employment. I had training..., that was fine, but to start a business takes MONEY, lots of it, to stay employed."

- ◆ "If I could do it all over again, I'd receive services from New Hampshire Catholic Charities."

#### **Mixed Comments**

Eight comments were left with both positive and negative implications.

- ◆ "Therapist has bent over backwards for me. The psychiatric side they are triple booked and there aren't enough of them. There is a lot of depression [in rural areas]."
- ◆ "Establishing a true diagnosis, a diagnosis and treatment plan has been long, tedious, stressful and unsatisfactory. My PCP has not agreed with my psychiatrist's plan of action. I still have no definite diagnosis or treatment plan. Feels like swimming in molasses. My therapist is adequate and often helpful, but not always. My case manager is terrific. The support staff is warm, very helpful and I feel comfortable with them."



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**FINDINGS FROM THE  
FAMILY SURVEYS**

## FINDINGS FROM THE FAMILY SURVEYS

### Demographics

When looking at the percent of children receiving services for more than a year, the service distribution is very different from the adult population. On average, only 55% (N=452) of consumers received services for more than a year. Boys were slightly more likely to be enrolled (51% of 469) than girls across the state. The percent of individuals with racial backgrounds other than or in addition to White was 10% of the total (N=461). Nine percent identified as Hispanic (n=457). On the topic of insurance coverage and the percent of consumers served who are uninsured or self-pay, the state average was 3% (N=465). Also of note, there are a number of families with income levels under \$30,000 served by CMHCs, with a state average of 54% (N=415). When asked whether the child receiving services was living with at least one parent, over 4 in 5 across the state agreed (81% of 475).

Concerning school involvement, most children were currently in school at the time of the survey (95% of 466). Of these, only 35% felt that the days they had been in school was greater since starting to receive services (N=285). However, 62% (N=411) stated that the CMHC helped the family to coordinate with school services. Among families with youth ages 14-17, only 48% (N=143) had begun transition planning, even though 85% (N=81) of those receiving transition planning supports find them helpful. The percentage of all children who were suspended or expelled from school in the past two years averaged 22% (N=472) statewide.

When responding to questions on police involvement, the percent of youth 14-17 who had been arrested in the past two years was 11% (N=157), and 9% of families reported that police involvement had been reduced (N=157).

| Table 2: Family Demographics |   | NH  |
|------------------------------|---|-----|
| Demographics                 | Received services for more than a year  | 55% |
|                              | Gender: Male  | 51% |
|                              | Race: other than or in addition to White  | 10% |
|                              | Hispanic  | 9%  |
|                              | Insurance type: uninsured or self pay   | 3%  |
|                              | Income Under \$30,000   | 54% |
|                              | Child living with one or both parents   | 81% |
| School                       | Child in school   | 95% |
|                              | Suspended or expelled past 2 years  | 22% |
|                              | Number of school days increased   | 35% |
|                              | Begun planning: transition to adult (14-17)   | 48% |
|                              | Transition planning efforts helpful (14-17)   | 85% |
|                              | CMHC helped coordinate with school services.  | 62% |
| Police Involv.               | Arrested in past two years (14-17)  | 11% |
|                              | Last 12 months, reduced police encounters (14-17)                                   | 9%  |
|                              | Justice system involvement- special steps around mental health (14-17)              | 16% |
| Health                       | Adequate Insurance  | 85% |
|                              | Child saw a doctor/nurse in clinic for a health check-up or because he/she was sick | 85% |
|                              | Child on medication for emotional/behavioral problems                               | 58% |
|                              | ...Child/Parent told by medical staff what side effects to watch for                | 90% |
|                              | Child's mental health provider coordinates with PCP                                 | 52% |
|                              | ...No regular PCP   | 2%  |

For those involved in the justice system, 16% of families (N=69) reported that special steps had been taken to accommodate the youth's mental health. On the topic of health care, responses

to questions posed documented whether families had adequate insurance (85% of 445), whether the child saw a doctor or nurse in the past year (85% of 469), whether the child was on medication for emotional/behavioral problems (58% of 466), and whether the parent or child was told about what side effects to watch out for (90% of 262). When asked whether the child's mental health provider coordinates with their PCP, 52% agreed (N=442).

## Emerging Themes

The family survey asked family members to respond to questions concerning the care their child (ages 0-17) received. Several questions from previous years have been included, such as drug and alcohol services, levels of participation in treatment, and ability to access services when in crisis. Compared to previous years, results in these areas have not changed significantly.

The project's Advisory Board continued to refine the questions in the survey and added new questions, with a focus on understanding: length of time to enter care, experiences with emergency care, employment status and preferences, and reductions of services and perceived effects. Highlights include:

### Areas of Concern

- ◆ 43% of new clients wait a month or more to see a psychiatrist or nurse practitioner.
- ◆ 24% indicated that they are not actively participating with their child's team in a quarterly review.
- ◆ 5% of families believed their 14-17 year old had a problem with drugs or alcohol.<sup>8</sup>
- ◆ 15% reported a reduction or denial of services during the past year, including changes to therapist and psychiatrist access, case management, medication, and

<sup>8</sup> Additional information on follow-up of treatment services is not available due to the low number of respondents

functional support. Of families experiencing a reduction, about one in five reported that conflicts with others have increased (21%), or that symptoms increased in severity (17%). Less than one in twenty indicated that they had to use the emergency room more often (4%) or that they were less comfortable living in their community (3%).

- ◆ 35% report that they were not informed about the availability of Family-to-Family Mutual Support and education services.
- ◆ Only 66% of families needing to go to the ER stated that they received helpful recommendations for follow-up after their visit.
- ◆ One in five (21%) indicated that they wanted to work but were unable to find work or had insufficient hours.<sup>9</sup>

### Positive Findings

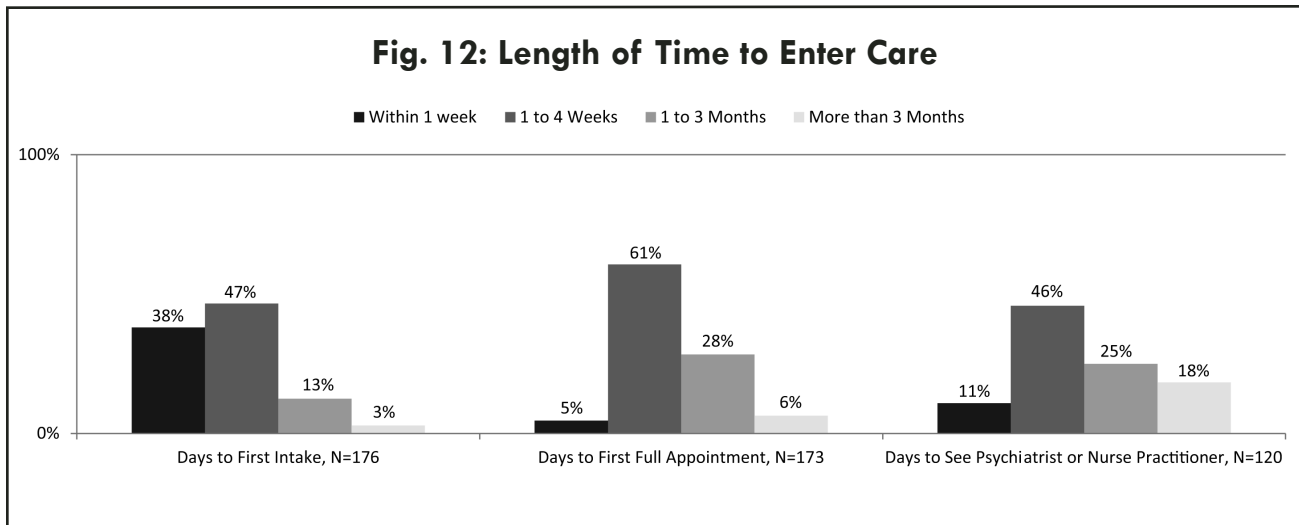
- ◆ 72% of consumers' families accessing the ER felt satisfied with services received.
- ◆ Most (82%) know where they can go or who to call if they experience a crisis.
- ◆ Overall satisfaction with services remains strong at 73%.
- ◆ A significant improvement was observed across Outcomes (55% agreement to 65%) and Functioning (58% to 68%) domain scores from 2008.

### Time to Enter Care

Of those responding to the survey, 43% of families (N=438), indicated they were new clients to the CMHC during the past year. Of these, up to 176 responded to questions concerning the length of time it took to have an

<sup>9</sup> Finding reflects a concern for the well-being and economic security of families and is not a reflection of the CMHCs as they would not be directly involved in employment supports for other family members.



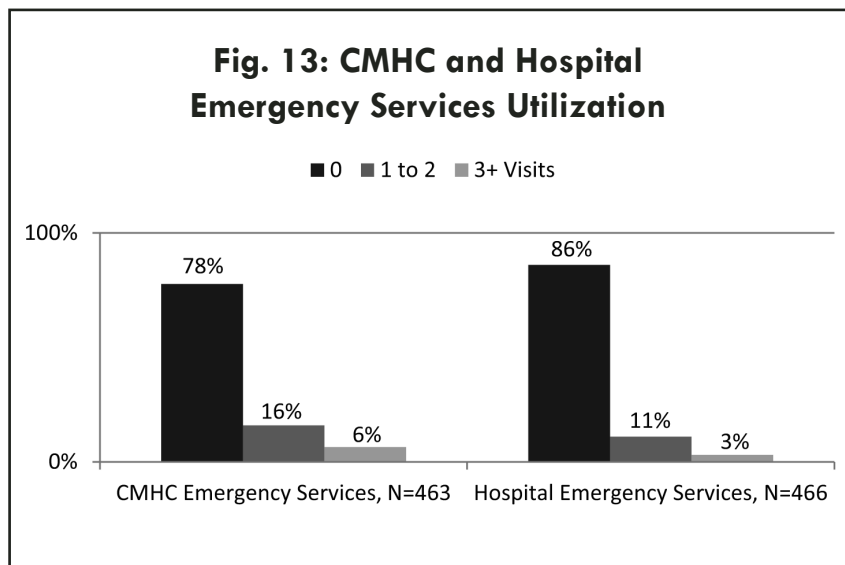


intake completed, have their first follow-up appointment, and have their first appointment with a psychiatrist or nurse practitioner.

As shown in Fig. 12, a substantial portion of new clients needed a month or more to: have their first intake appointment (16%), have a follow-up appointment after intake (34%), or see a psychiatrist or nurse practitioner (43%). Times for follow-up appointment and seeing a psychiatrist/nurse practitioner are based on the amount of time from the first call requesting an intake appointment with a CMHC.

### Emergency Services Utilization

Fig. 13 shows that one in five (22%) families made use of CMHC emergency services for their child during the past year, and one in seven (14%) used hospital emergency services. Among those accessing hospital ER supports, 72% of 65 respondents indicated that they were satisfied with the services received and 66% stated that they received helpful recommendations for follow-up after their visit.



Thirty-six respondents left additional comments about their experiences with the hospital. Of these, 20 were positive and included these themes: effective staff (8), feeling listened to (4), generally positive (3), receiving needed services (3), and receiving effective services (2). Among the 16 critical responses, primary themes included: wait time (9), general experience (4), and not listening (3).

### Employment Status

In order to help us better understand how the family population compares with the adult

population served, 454 families provided feedback on their current employment status. Of these, 44% indicated that they were either employed full time or that they were working part time with the preferred number of hours. Of note, one in five (21%) indicated that they were ready to work but didn't have enough hours available and another 13% stated that they were not ready to work at the time of the survey. "Other" examples include: people with disabilities, homemakers, students, and self-employed or retired individuals.

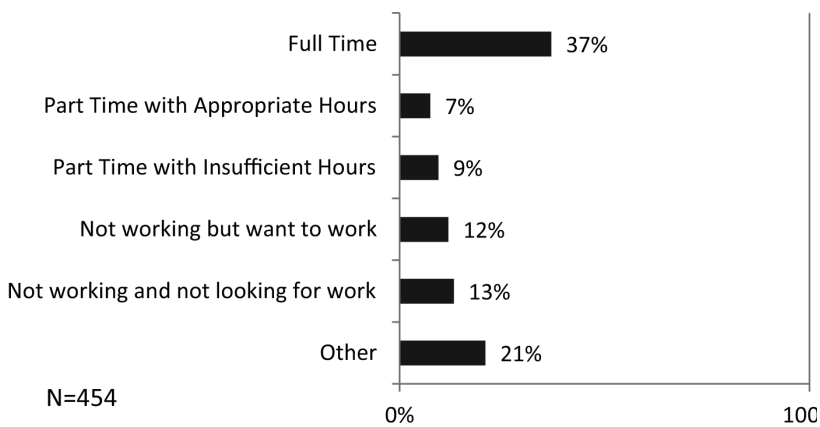
### Participation in Treatment

Of 455 responding, 85% agreed that their child's treatment plan was based on their strengths, natural talents, and personal goals for wellness. Additionally, 91% of 460 felt they were partners in the treatment process, and 84% of 449 stated that they were aware that their child's treatment plan was reviewed quarterly to monitor progress toward goals. Only 76% of 434 respondents agreed that they actively participated with the team in their child's quarterly review.

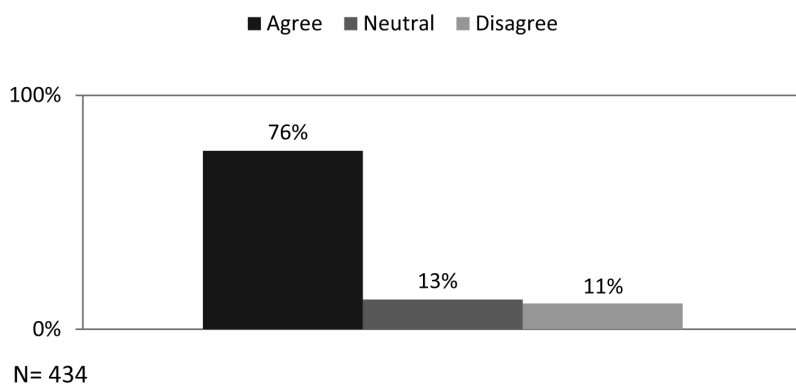
### Reduction of Services and Impact

Of 459 responding, 15% reported that the CMHC had denied or reduced their services during the past year. Of these (N=70), 91% had between 0-2 services dropped and 9% saw 3 or more services dropped. Care

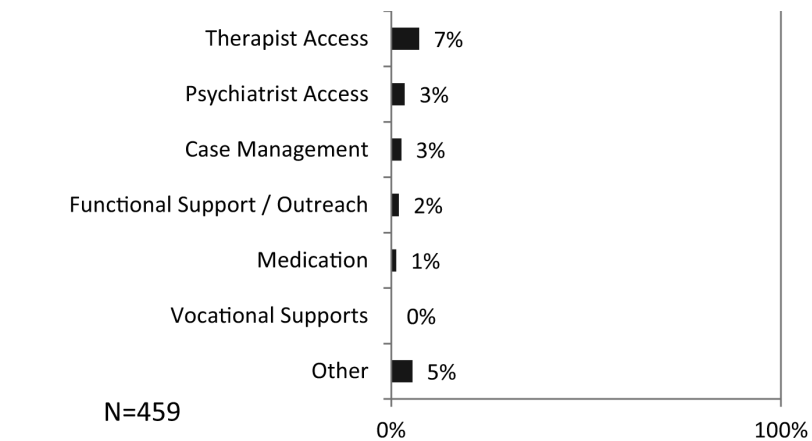
**Fig. 14: Caregiver Employment Status**



**Fig. 15: Families Participating in CMHC Quarterly Reviews**



**Fig. 16: Families Reporting Denial or Reduction of Service**



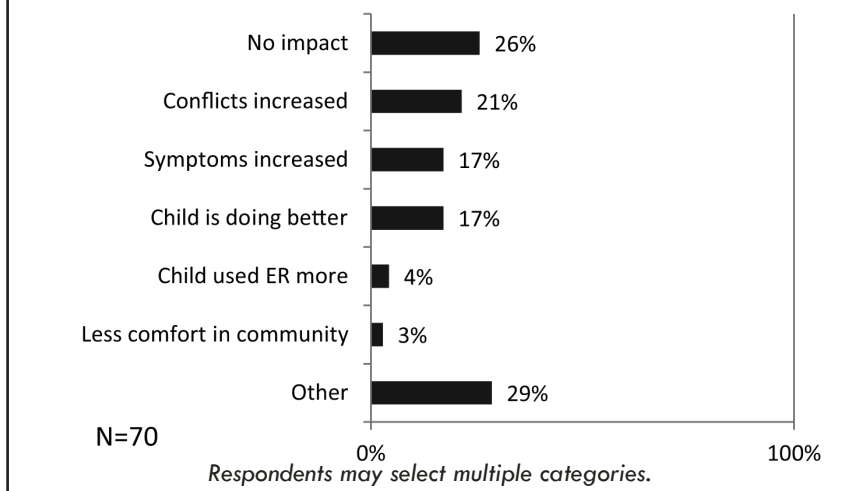
should be taken when interpreting the results of this graph.

Information was not available to document the reasons for the changes in services. Reasons for service changes might include: budget cuts at the CMHC, shifts in services at the CMHC, denial or limitations of service coverage by insurance companies, determination by CMHC staff that the same level of services is no longer needed for health management, and personal requests for a change in service.

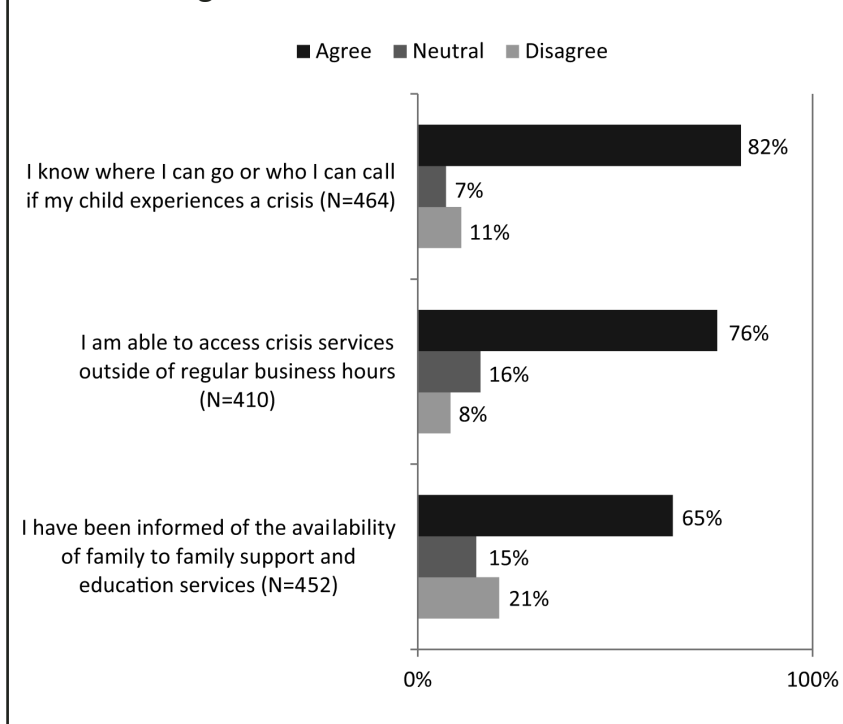
The most frequently reported service change was access to therapists (7%), followed by Psychiatrist Access (3%), Case Management (3%), Functional Support (2%), Medication (1%), Vocational Supports (<1%), and Other (5%). Examples of “Other” comments provided include: staff services (due to staff leaving and no replacement found), home visits reduced, respite and community aid supports dropped. Three noted that their change in services was due to a change in their insurance. Three stated that services were reduced because the child was doing well and had reached their goals. Lastly, two stated that reductions were due to personal choice or work issues.

As a follow-up question, families were asked what effects, if any, were experienced as a result of service changes. One in four (26%) stated that there was no impact and close to one in five (17%) indicated that the child was doing better. However, about one in five felt that conflicts with others had increased (21%), or that symptoms increased in frequency (17%). About one in

**Fig. 17: Impact of Service Change**



**Fig. 18: Additional Review Areas**



twenty (4%) stated that they had to use the emergency room more often and one in 33 (3%) felt less comfortable living in their community. Examples of comment themes written for “Other” include: things are worse (9), no impact (5), and unknown impact (3). One noted that dropping the service has caused them to decide to stop all services.

## **Additional Areas**

Other areas included in the survey touched on caregiver knowledge of who to call if the child experiences a crisis, whether the caregiver is able to access crisis services outside of regular business hours, whether they have been informed of the availability of family-to-family support and education services, and whether the family thought their child had a problem with alcohol or drugs (see Fig. 18).

More than 3 out of 4 knew where they could go or who to call if their child experienced a crisis (82%) or reported that they were able to access crisis services outside of regular business hours (76%). About two-thirds (65%) of respondents stated that they had been informed of the availability of family-to-family support and education services.

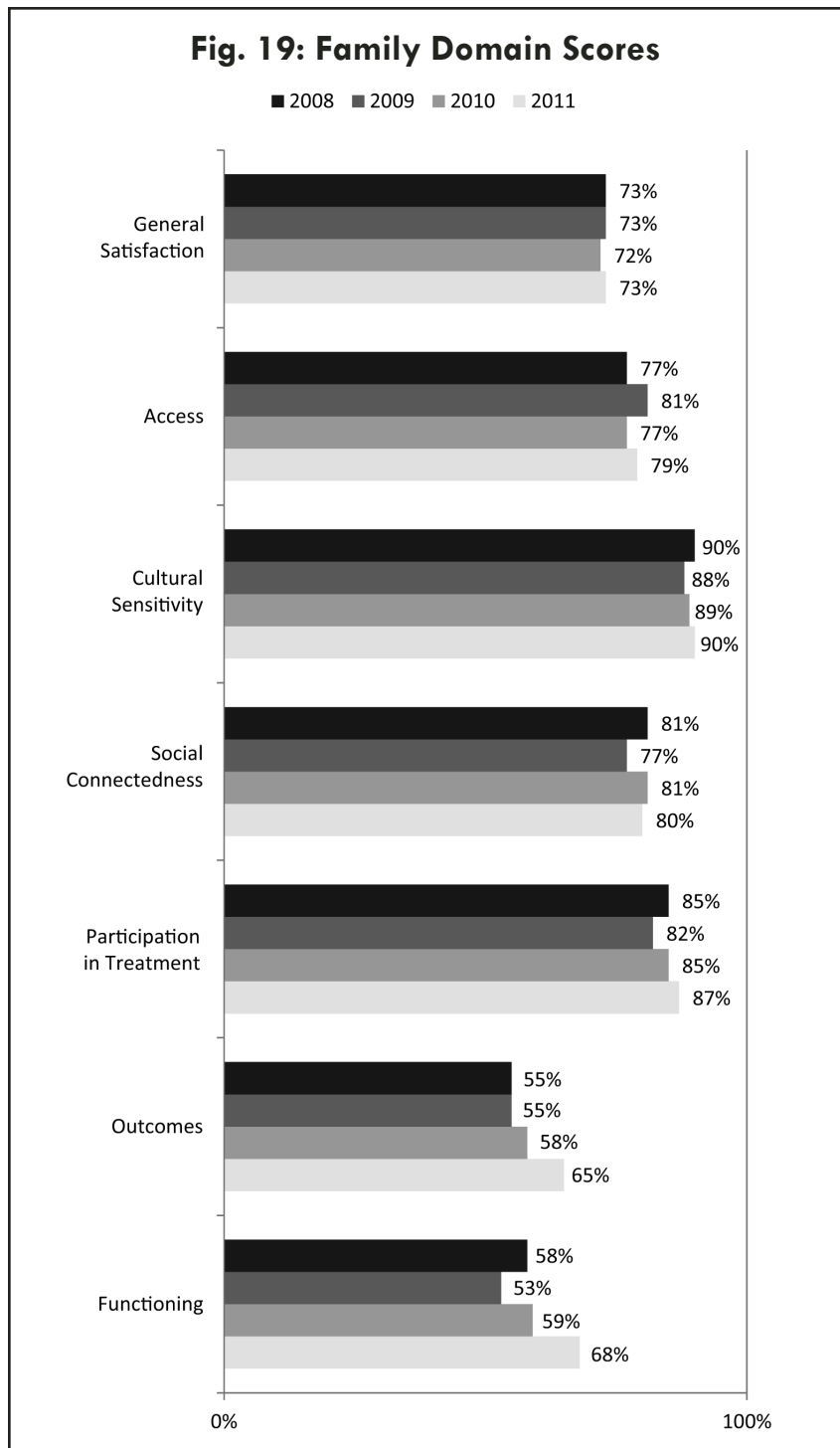
Among families of youth ages 14-17 surveyed, 5% (N=154) thought that their 14-17 year old youth had a problem with alcohol or drugs.

## Family Federal Reporting Domains

As part of the State's eligibility to receive block grant funding to support public mental health services, staff are required to conduct an annual assessment of consumer perceptions across seven major domain areas. These are included in the National Outcome Measures, or NOMS. These areas are: general satisfaction, access, cultural sensitivity, social connectedness, participation in treatment, functioning, and outcomes. Across five of the seven major domain areas reported to the federal government, there were no significant changes over the past 4 years of study. Compared to the baseline year of 2008, significant improvements were observed for the Outcomes and Functioning Domains among families.<sup>10</sup> Survey items demonstrating significant improvement since 2008 include: "My child is better at handling daily life," "My child is better able to cope when things go wrong," "My child is better able to do things he/she wants to do," and "I am satisfied with our family life right now."

Estimates for 2011 in each area include:

- ◆ General Satisfaction: 73% (N=468)
- ◆ Access: 79% (N=467)
- ◆ Cultural Sensitivity: 90% (N=389)



- ◆ Social Connectedness: 80% (N=463)
- ◆ Participation in Treatment: 87% (N=471)
- ◆ Outcomes: 65% (N=457)
- ◆ Functioning: 68% (N=456)

<sup>10</sup> Note that the item constructions of these two domains are largely the same.

A detailed description of the items making up each domain area along with agreement scores over the past four years can be found in Appendix B of this report.

## Family Written Feedback

Participants had the opportunity to leave additional feedback about what was most helpful about their experiences, thoughts on what would improve services, and other comments. Primary themes and examples of comments in each category follow and are provided as written. To maintain the confidentiality and protect the anonymity of consumers, individual quotes were edited. Where an individual or agency was named or information was provided that put a consumer at potential risk for identification, that information was removed and replaced with a generic term (e.g. [Staff] or [Agency]). Edits providing clarity are inserted in parentheses.

### What was most helpful about services received?

Out of 369 comments, 350 were positive, 10 critical, and 9 mixed.

#### Positive Comments

Of the 350 positive comments, reflections focused on: effectiveness of services, general feedback, praise for staff, ability to listen, delivery/ accessibility of services, types of services offered, coordination of services, medications, and other.

#### *Effectiveness of Services (N=91)*

- ◆ “Getting my son to a point to where he wasn’t having panic attacks.”
- ◆ “I think going in there and setting goals and talking to them about things they are knowledgeable about, the things that are going on with my children, and he can talk with them and help them through it. I have seen a big change over the past few months we have been going. Seeing mental health [services get] my son to do the things he was supposed to do.”
- ◆ “There’s a lot: dealing with grief, school, and any other personal problems i.e. daily issues. Worker explains to her how to overcome them. Also to set goals for schools and life. How to deal with anger and anxiety. What steps she can take.”
- ◆ “She would lie, steal, and they worked on that, and she wouldn’t do that anymore.”
- ◆ “The support of how our family dynamics works, being supportive of that and not trying to change our family dynamic, and giving us positive skills between the school and the people taking care of [Child] on a daily basis to make it simpler for her.”

#### *General Feedback (N=52)*

- ◆ “The support provided to my husband & I, the co-ordination...of services with her school team, & the help we have received during a crisis has been extremely helpful & necessary. [Child’s] therapist, medicating physician & the social worker who visits her have provided significant help to her & have enabled her to make progress emotionally. I did not call emergency services because her crisis occurred during the day. I phoned [CMHC] & asked if an emergency appt could be made for that day with her physician & therapist. I was immediately accommodated.”
- ◆ “After more than a year and a half, enough trust has been built that my child is beginning to trust his counselor.”
- ◆ “Being able to understand how to understand him and cope, to learn what his disability is, and the resources in the city and town.”
- ◆ “I think its all helpful, I just see a huge change from when my child has gone; I see a huge difference.”

- ◆ “The fact that they were there, everything was convenient, and they were open to her needs and my needs. They were very accommodating, and easy-going if we needed to schedule a different appointment. My daughter enjoyed it there, she would ask when she was going there next.”

*Praise for Staff (N=51)*

- ◆ “What I have found beneficial is [the] outreach worker who has been a godsend; she has worked with me, come to school meetings, she has helped me in a way that I can’t even describe. She knows we are limited in services to help my child and when there have been problems with counselor and psychiatrist, I have made her aware and she has helped facilitate meetings. I love her counselor as a person, but at this point we aren’t on target.”
- ◆ “[Staff]’s counseling skills and ability to relate to both parents and child and understanding and connecting to the problem and great suggestions toward a solution.”
- ◆ “[Staff] was very helpful with medications, connecting us to youth services director and listening to our needs.”
- ◆ “[Child]’s counselor is great, comfortable with each other-works very well with our other [children]-great with memory-she remembers what we talked about before.”
- ◆ “My child’s counselor has been an amazing person to work with, communication skills and the way she deals with my daughter is very good.”

*Ability to Listen (N=44)*

- ◆ “My child has someone to help her with processing after a negative event that is more neutral than I am!”

- ◆ “They listened. There are a lot of times when you talk to a doctor and they are like “it’s this or that.” But they listened. If something wasn’t working they changed it.”
- ◆ “He doesn’t talk to me and his father about certain things and she can get more out of him than I can. He doesn’t talk about his problems. It was good [for] him to talk to somebody else.”
- ◆ “She has someone she can talk with, and if she has a problem and needs to talk she can do that. They were good at helping out and listening to her.”

*Delivery / Accessibility of Services (N=44)*

- ◆ “They work with my busy schedule and what the best times for me are and scheduling a time that I can be there with my child.”
- ◆ “Having the [staff] worker visit the school and attend meetings at school with me.”
- ◆ “I would have to say the fact that my daughter’s counselor comes to our house; I didn’t have a car of my own. Also her meds; without her meds, she is incapable of controlling herself and getting work done.”
- ◆ “The fact they were able to schedule appointments with the lack of transportation I had; they even went to my house.”

*Types of Services (N=34)*

- ◆ “Case management, in-home support (positive role model) In Shape program, Respite.”
- ◆ “Support in counseling and case management and respite[;] as...all my children have issues, a break is much needed.”
- ◆ “Chance to help them in school & get aides they need.”
- ◆ “Therapy consistency and physical fitness opportunities while working with peer group.”

### Coordination of Services (N=19)

- ◆ “Very important advocate for child in court. It really made a difference to make her safe. Didn’t get everything that I wanted, but overall, my child is safe because of their accommodations in the court. Appreciate that she is better and happier.”
- ◆ “Having [CMHC] team co-ordinate with my child’s school & physicians, working together as a team.”
- ◆ “Helping with other services with [CMHC], and outside of the group, and willing to keep outside counsel informed, and, in terms of medication, willing to coordinate with that person’s needs, and [CMHC] has been great working with her at her pace.”

### Medications (N=10)

- ◆ “Her ADHD diagnosed and the medicine works well and the doctor checks every month.”
- ◆ “The focus at school and continuing with his medication which helps him focus.”

### Other (N=5)

- ◆ “Katie Beckett Grant so I could afford the services of a mental health center for him.”

### Critical Comments

There were 10 critical comments, seven focused on general care issues, and two on access.

#### General (N=8)

- ◆ “Nothing [was helpful] -I met w/someone one time for my son because of family issues. Appt’s were scheduled but the woman never followed through and kept rescheduling-billed me for \$43.00 for nothing.”
- ◆ “I am very displeased with the place, they weren’t very friendly or helpful-I felt I was out of the loop-didn’t help me with scheduling-

counselor talked to my child but not me-and we are not going to go there anymore.”

#### Access (N=2)

- ◆ “My child had a [Staff] who up and moved so he didn’t have a counselor until now which I called and set up myself. Very unprofessional.”

### Mixed Comments

There were 9 mixed comments, for example:

- ◆ “Whenever the therapist is available for some kind of problem we got to see her...but she’s not always available. What I mean is that it might be a week.”
- ◆ “I received good services, but my child was not [on] good terms with my therapist. Your therapist disrespected me and my child disrespected me when she saw this as an example.”

### What would improve services at the CMHC?

Of the 280 comments, 192 focused their thoughts on areas to improve and 94 noted that there was nothing to improve.

### Areas to Improve

#### Access (N=59)

- ◆ “If they would have later times for parents that work during the day and work like 6-3 or 7-4, you know, later times, it would work out great.”
- ◆ “Accessibility and availability and timeliness of their emergency services. Their emergency services are terrible. When you admit someone as an emergency, you can count on waiting for 24 hours for that, and I don’t think that’s acceptable.”
- ◆ “Transportation issues...[access to] a van like [Hospital]’s- [I] would probably have less missed appts.”



- ◆ “I would honestly say that having a child with ADD and OCD is a challenge, I would like to see counselor and psychiatrist take part in school meetings and when crisis takes place psychiatrist should be available immediately instead of waiting a few weeks to get back to you. My child decided not to take meds and she went ballistic, she was throwing things at people and it was a nightmare...I called my friend and we called crisis services and insisted to get seen immediately and I was told by counselor there was no openings. I did not know what to do with my child. I had to wait [outside]...before I could be seen. There should be someone on site at all times to be seen immediately. Services are lacking.”
- ◆ “After hours, if it’s after hours, there’s really not much for support besides the police.”

#### *Staffing (N=45)*

- ◆ “Staff turnover is difficult for my... daughter. Consistency with staff, making sure communication about turnover is communicated to family, client. Phone calls returned.”
- ◆ “Having more child therapists so when a child needs to talk to someone they don’t have to wait months.”
- ◆ “He’s been through 3 different counselors. If they gave them more incentive to stay, they get really good people, then they seem like they lose the good people. There’s a lot of stuff that goes beyond with the social security and the Medicaid, and there’s a lot of politics, and people get burnt out so that they go to private. They should inform the people better. They should let us know stuff that was going on, places to go to elsewhere, and giving us upcoming events in the winter. If they did something for the parents like a pot-luck dinner and got parents to meet people and do things for an age group, I think that would be good, and to meet other parents

and group them by what their children have, and do an informational meeting.”

- ◆ “More access to professionals in a much quicker fashion. It took us 4-5 months for an appointment for an intake, and it took us 2-3 months from that to be assigned a counselor, and the counselor, in my opinion, seems to be straight fresh out of school. She didn’t seem to know what to say or do at all. She wasn’t a good fit for my daughter.”

#### *Coordination (N=21)*

- ◆ “Finding new ways to get out new information about new programs like email...I don’t find out about new programs until I see fliers on the desk or find out through other organizations.”
- ◆ “The problem is I was never kept in the loop, I was supposed to be notified and I never was. I visited with the counselor and she said the mother was keeping me informed but the mother told me nothing. She apologized and was supposed to keep me in the loop and hasn’t. A lot of times I would try to get in because we were going through court and it would take months to see us.”
- ◆ “Better communication of what the ‘team’ is thinking I don’t know what the ‘team’ is considering.”
- ◆ “Contact/Coordination between school and community mental health.”

#### *Additional Resources (N=18)*

- ◆ “Therapy time of at least 45 minutes, even if my child decides to stop talking.”
- ◆ “Having therapy in school instead of pulling him out of school. Bring back programs that take kids out on weekends and overnight.”
- ◆ “More classes for parent training, autism & related get togethers, peer or play groups.”

- ◆ “Stop cutting mental health finances so those that are not high priority can be treated so they don’t become worse!”

#### *Family Support (N=17)*

- ◆ “Hours that would work around working family, I have [ $>2$ ] children and I am running a [business] and I have certain hours I have to be here, so services should be after hours as well. I don’t think counselor connected with him. I didn’t feel like I was being listened to. They have him on Adderall, which I think have irritated him and I don’t think people listened to me about that. Team approach-there was no team. No one was backing up my [Child] and I.”
- ◆ “There is a great need overall for parent services/therapy-this is a safety net. My daughter’s therapist here was incredibly intelligent. My daughter made huge progress here. She was there for more than a year. I have nothing but good things to say about them.”
- ◆ “It would be nice if they communicated more with me; I initiated more and they do not communicate with me as much as my ex wife. Do not give child meds without informing both parents and resolve the issue they have.”

#### *Flexibility (N=13)*

- ◆ “Them being able to actually commit someone who is in danger to themselves and others.”
- ◆ “To be able to go whenever needed. Not to have to be set up as a patient continuously (maybe only need to go once), and then not go for a few months and then be able to go back.”
- ◆ “I’d like to see more reports coming back from observations and not just what they talk to him about every week, but more observations in the classroom and incorporate the things they say at home.”

#### *Effectiveness (N=9)*

- ◆ “Try to spend more time with the kid. Sometimes feel like they are in a rush to leave child. If kid needs help, try to help child with referrals and get more child help. It’s like a nanny that comes in [to] supervise, [but] doesn’t show routine to help child.”
- ◆ “The illness that my daughter has is rare and unknown to the depth of damage, and its been difficult to find appropriate providers. If I don’t understand the extent of the damage its hard to relay that to a provider. Its hard to know what you’re dealing with fully. I don’t think anyone has seen the illness she has.”

#### *Financial (N=7)*

- ◆ “We no longer go because of my insurance. They only approve a certain number of visits and they thought he was cured after that and I had to go somewhere else and I would like to go back; I liked working with the staff and my son was more receptive there.”
- ◆ “There’s no grants left, so I was told that they would help me with something: now they can’t, for instance, they were supposed to help me with child care, but they can’t because they don’t have the funds to it.”

#### *Medication (N=3)*

- ◆ “People who don’t push pills, all they want to do is listen to the child and put him on medication. For everything they prescribe a pill.”

#### **Nothing to Improve**

#### *Positive (N=72)*

- ◆ “Honestly, nothing really - I have been going to therapy all my life, and very pleased with the services-the therapists care a lot.”

- ◆ “No, they’ve been great, my [child] has been with them for five years and now I’m trying to get them. I’d recommend them to anyone.”
- ◆ “Leave them the same, they are good the way they are, they care about the people and give you programs to help you better your situation.”
- ◆ “We are very happy with the services.”
- ◆ “Just love the personal care and attention.”

*Nothing (N=22)*

- ◆ “Nothing that I know of.”
- ◆ “I have no complaints.”
- ◆ “I can’t think of anything that I would ask them to do that would make it better.”
- ◆ “I can’t think of anything.”



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**FINDINGS FROM THE  
YOUTH SURVEYS**

## FINDINGS FROM THE YOUTH SURVEYS

### Demographics

Among youth ages 14-17, an average of 54% (N=237) received services for more than a year with girls more likely to be enrolled (61% of 238) across the state. The percent of individuals with racial backgrounds other than or in addition to White was 13% (N=248). Seven percent of individuals identified as Hispanic (N=239). On the topic of insurance coverage and the percent of consumers served who are uninsured or self-pay, the statewide estimate was 7% (N=214). When asked whether they were living with one or both parents, 86% of youth (N=251) across the state agreed.

Concerning school involvement, experiences across the state tended to be similar to family responses. This was true for questions about whether the child was currently in school (93% of 245), and if the days they had been in school was greater since starting to receive services (30% of 185). When asked whether the CMHC helped coordinate with school services, the statewide average was 73% (N=229). An area to take note of is whether youth were suspended or expelled from school in the past two years (youth's statewide average is 29% of 242).

When responding to questions on police involvement, the percent of youth who had been arrested in the past 2 years averaged 12% (N=244), with 56% (N=78) of youth stating that they had experienced reductions in police encounters over the past 12 months. Across the state, 7% of youth (N=41) reported that their mental health care had been discontinued because of their arrest.

On the topic of health care, 71% percent of youth noted that they saw a doctor or nurse in a clinic in the past year (N=245), 60% indicated that they were on medication for emotional/behavioral problems (N=237), and most from this

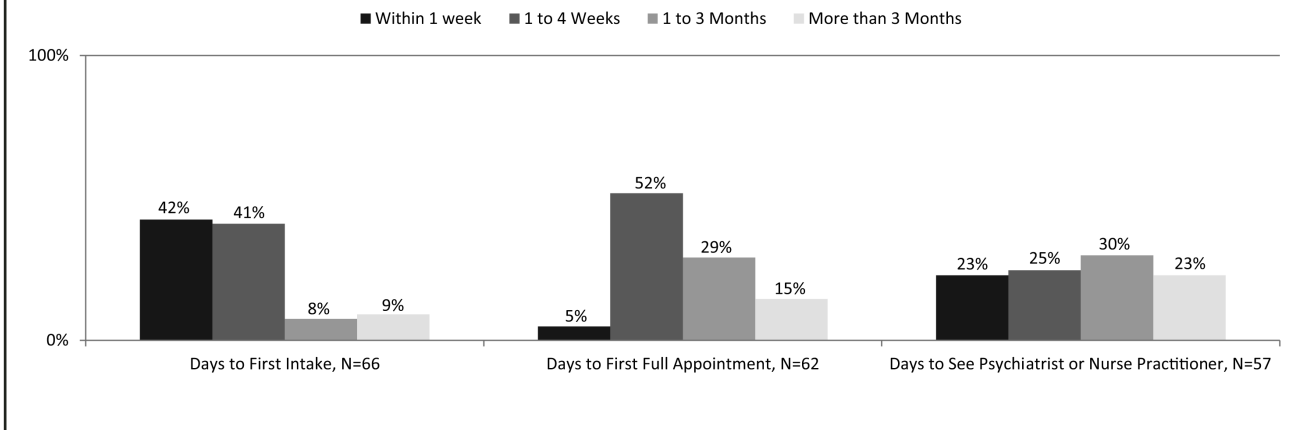
| Table 3: Youth Demographics |  | NH  |
|-----------------------------|--|-----|
| Demographics                | Received services for more than a year                               | 54% |
|                             | Gender - Male  | 39% |
|                             | Race: other than or in addition to White                             | 13% |
|                             | Hispanic   | 7%  |
|                             | Insurance type - uninsured or self-pay                               | 7%  |
|                             | Child living with one or both parents                                | 86% |
| School                      | Child in school  | 93% |
|                             | Number of days in school - greater                                   | 30% |
|                             | CMHC helped coordinate with school svcs.                             | 73% |
|                             | Suspended or expelled past two years                                 | 29% |
| Police Involv.              | Arrested in past two years   | 12% |
|                             | Last 12 months, reduced police encounters                            | 56% |
|                             | Discontinued MH services due to arrest                               | 7%  |
| Health                      | Seen by doctor/nurse in clinic for a health check-up or sick visit   | 71% |
|                             | On medication for emotional/behavioral problems                      | 60% |
|                             | ...Child/Parent told by medical staff what side effects to watch for | 90% |
|                             | Mental health provider coordinates with PCP                          | 62% |
|                             | ...No regular PCP  | 9%  |

group (90% of 137), stated that their doctor or nurse told them what side effects to watch out for. When asked whether their mental health provider coordinates with their PCP, 62% agreed (N=223).

### Emerging Themes

Similar questions from the Adult and Family surveys were included in the youth survey.

**Fig. 20: Length of Time to Access Care**



Several questions from previous years have been included, such as drug and alcohol services, levels of participation in treatment, and whether services are coordinated with the school and service provider.

New questions have been added as well, with a focus on understanding: length of time to enter care, experiences with emergency care, and reduction of services and any perceived effects. Highlights include:

**Areas of Concern**

- ◆ 53% of new clients wait a month or more to see a psychiatrist or nurse practitioner.
- ◆ 7% of youth believed that they had a problem with drugs or alcohol.<sup>11</sup>
- ◆ 33% did not agree that they were actively participating with their teams in a quarterly review.
- ◆ 14% reported a reduction or denial of services during the past year, including changes to therapist and psychiatrist access, case management, medication, functional support, and vocational supports. Of those experiencing a reduction, about one in

five stated that conflicts with others have increased (22%), one in ten stated that symptoms increased in frequency (9%), and one in 30 noted that they had to use the emergency room more often (3%), or that they are less comfortable living in their community (3%).

- ◆ 27% do not agree that mental health services are well coordinated between their school and service provider.
- ◆ 23% do not agree with the statement “I have the support I need to participate in my school, neighborhood, or family activities.”
- ◆ 35% did not agree that they received helpful recommendations for follow-up after a hospital ER visit for a mental health-related reason.

**Positive Findings**

- ◆ 79% of consumers accessing a hospital ER felt satisfied with services received.
- ◆ Most (86%) know where they can go or who to call if they experience a crisis.
- ◆ Strong overall satisfaction with services (78%).

<sup>11</sup> Additional information on follow-up of treatment services is not available due to the low number of respondents.

### Time to Enter Care

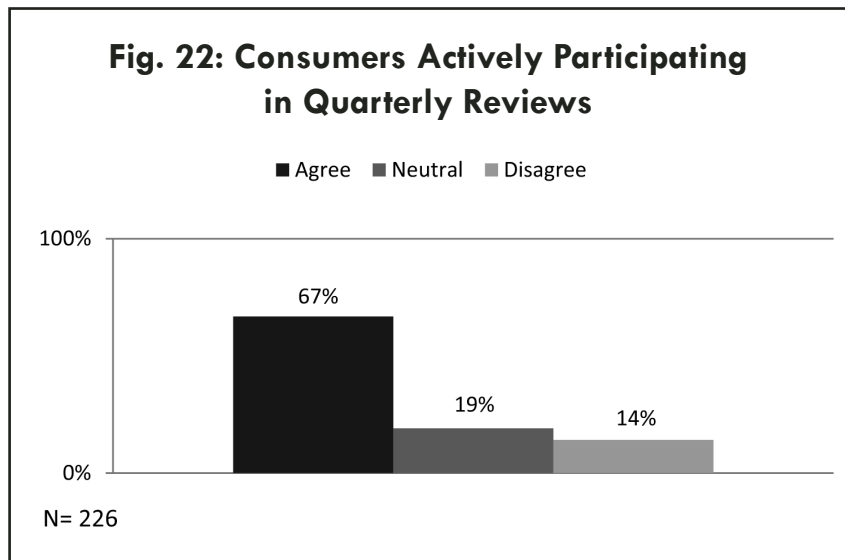
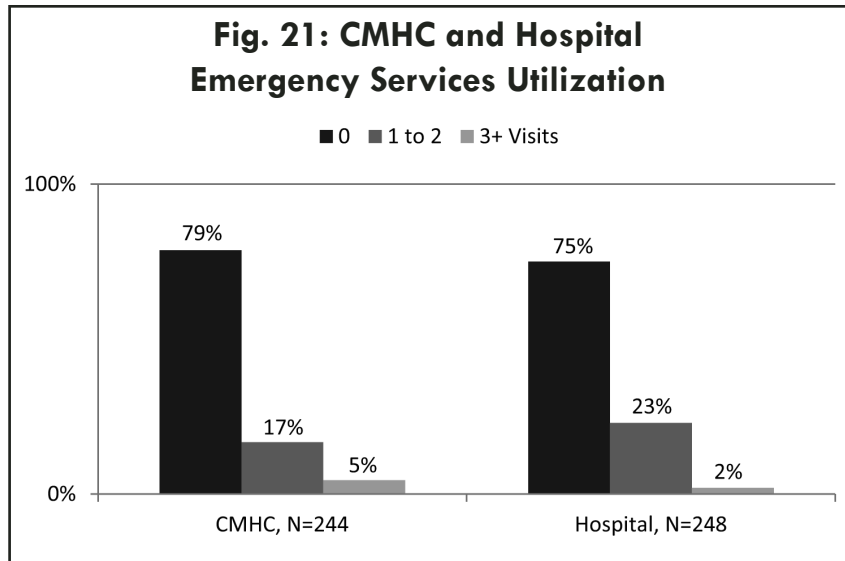
As shown in Figure 20, of those responding to the survey, 36% (N=225), indicated they were new clients to the CMHC during the past year. Of these, up to 66 responded to questions concerning the length of time it took to have an intake done, have their first follow-up appointment, and have their first appointment with a psychiatrist or nurse practitioner.

As shown in Figure 20, a substantial portion of new clients needed a month or more to: have their first intake appointment (17%), have a follow up appointment after intake (44%), or see a psychiatrist or nurse practitioner (53%). Times for follow-up appointment and seeing a psychiatrist/nurse practitioner are based on the time taken from the first call for an intake appointment with a CMHC.

### Emergency Services Utilization

One in five (21%) of youth made use of CMHC emergency services during the past year, and one in four (25%) used hospital emergency services. Among those accessing hospital ER supports, 79% of 62 respondents indicated that they were satisfied with the services received and 65% stated that they received helpful recommendations for follow-up after their visit.

Thirty respondents left additional comments about their experiences at the hospital. Of these, 19 were positive and included themes of respect and understanding (9), an overall positive experience (6), and that they received needed



services (4). Among the 11 critical responses, primary themes centered on: not receiving needed services (4), the wait time (3), rudeness of staff (2), and general criticisms (2).

### Participation in Treatment

Of 239 responding, 79% agreed that their treatment plan was based on their strengths, natural talents, and personal goals for wellness. Additionally, 77% stated that they were aware that their treatment plan was reviewed quarterly to monitor progress toward goals, but only 67% of 226 respondents agreed that they actively

participated with their team in their quarterly review.

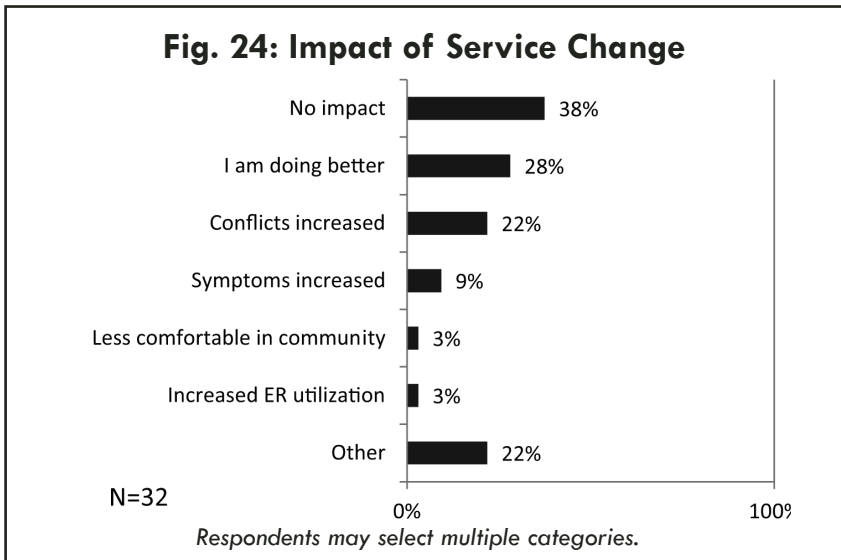
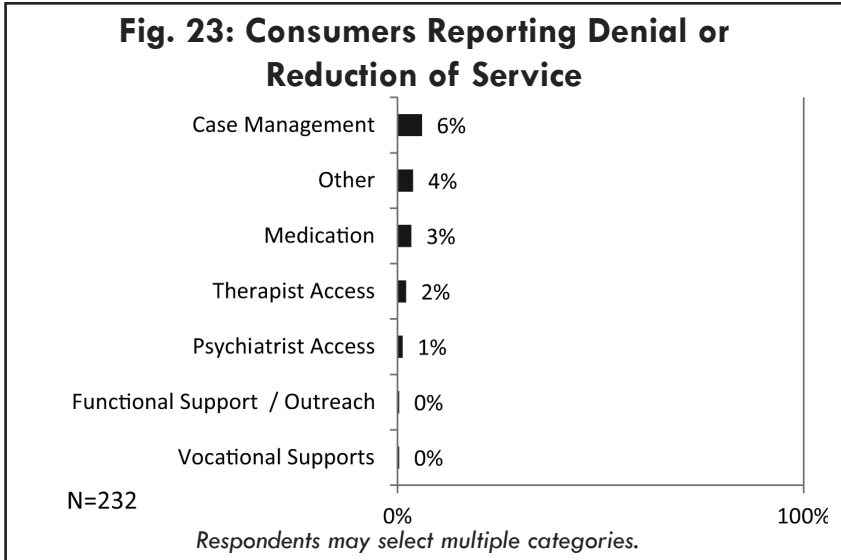
**Reduction of Services and Impact**

Of 232 responding, 14% reported that the CMHC had denied or reduced their services during the past year. Of these (N=32), 94% had between 0-2 services dropped and 6% saw 3 or more services dropped. Care should be taken when interpreting the results of this graph.

Information was not available to document the reasons for the change in services. Reasons for change can include: budget cuts from the CMHC, shifts in services at the CMHC, determination by CMHC staff that the same level of services is no longer needed for health management, and personal requests for a change in service.

The most frequent service change reported was access to case management (6%), followed by medication (3%), therapists (2%), psychiatrists (1%), vocational supports and functional supports (<1%), and “Other” (4%). Seven comments were left for “Other.” Of these, one noted no change occurred, while another noted that visits to psychiatrists had changed. Five indicated reasons describing why the change occurred, which included: consumer progress, shorter sessions due to budget cuts, the need to be in therapy in order to access medications, inability to go to the CMHC at least once a month (which resulted in the CMHC dropping the client), and being told that they didn’t have to come as much anymore.

Youth were then asked what impact, if any, was experienced as a result of the service change.

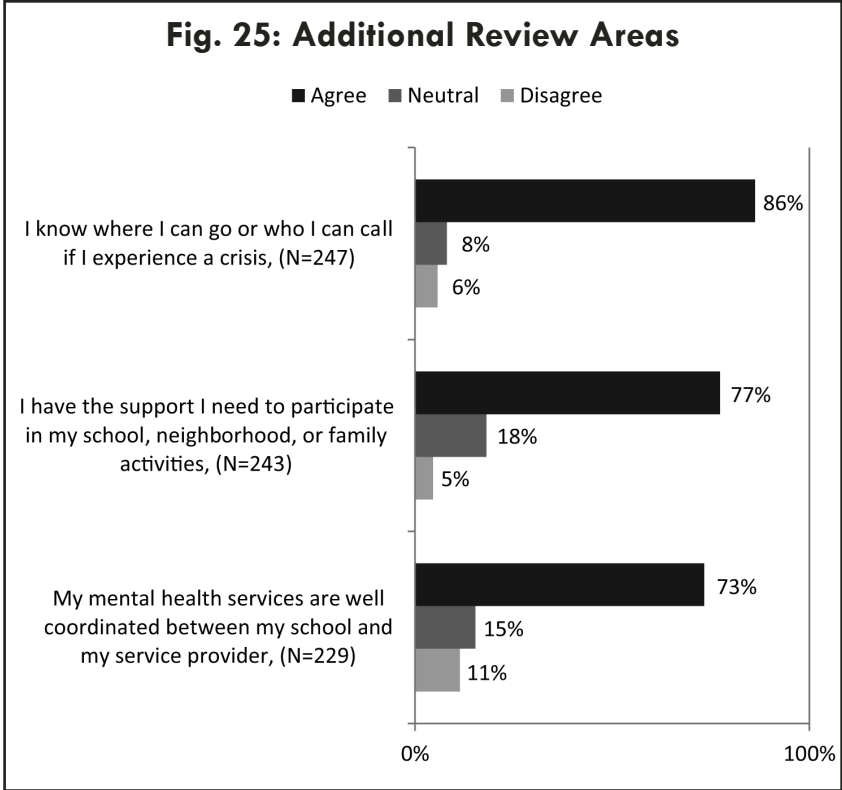


More than one in three (38%) stated that there was no impact and over one in four (28%) stated that they were doing better. However, about one in four felt that conflicts with others had increased (22%) and one in ten felt that their symptoms increased in frequency, severity, or length (9%). Only 3% said that they had to use the emergency room more often or that they were less comfortable living in their community. Five comments were left by those checking off “Other;” these respondents noted the following: transfer services to another group (2), daughter without meds for 4 days, did not receive needed help, and one noted that services were increased.



### Additional Areas

Other areas included in the survey involve whether youth knew where to go or who to call if they experienced a crisis, had the support they needed to participate in social activities, the extent to which mental health services were well coordinated with the school, and whether they had a drug or alcohol problem. Almost 9 out of 10 (86%) knew where to go or who to call if they experienced a crisis and about 3 out of 4 stated they had the support they needed to participate in social activities (77%) and felt that mental health services were well coordinated between their school and service provider (73%). Among 245 youth surveyed, 7% stated that they had a problem with alcohol or drugs.

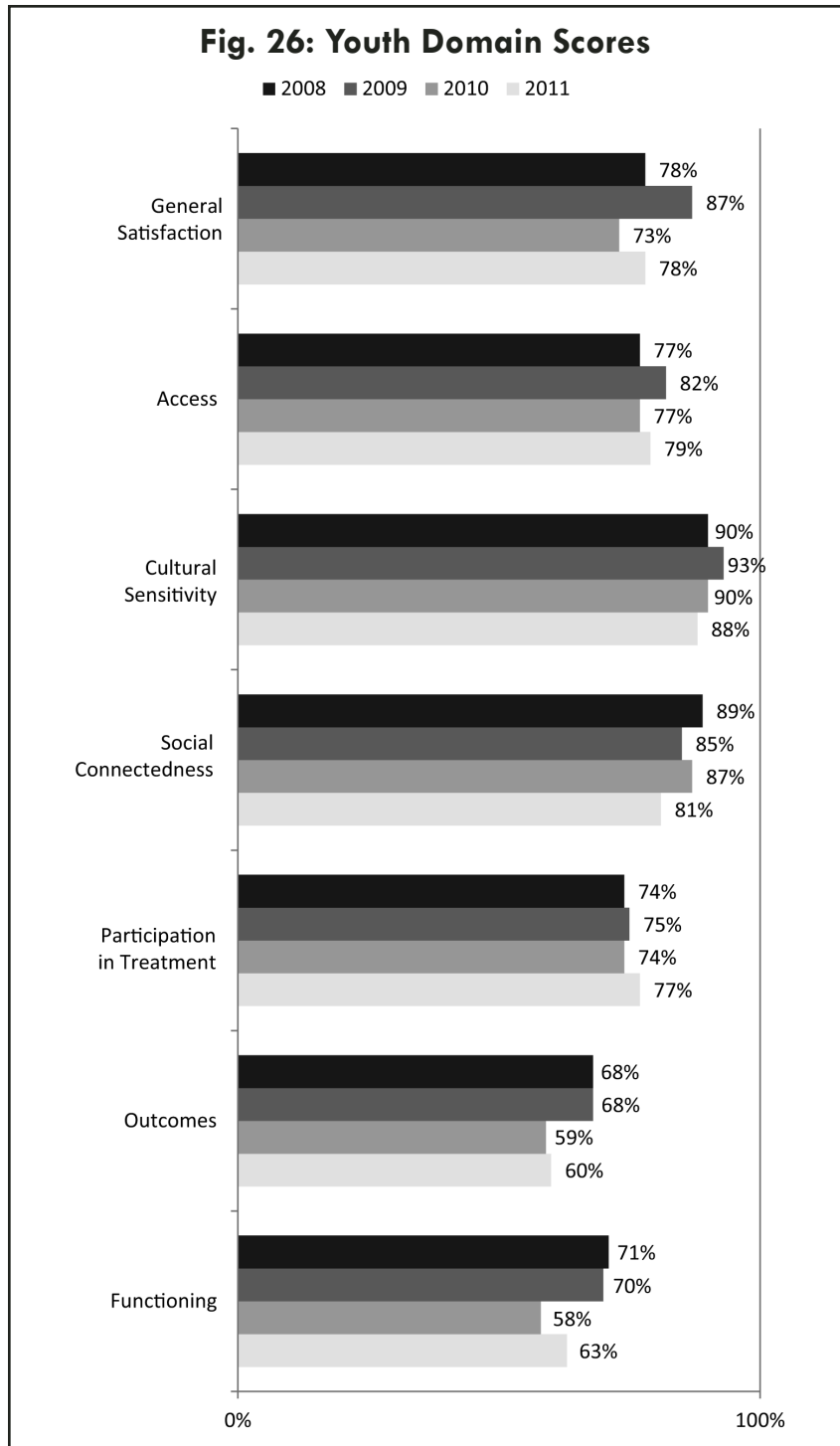


## Youth Federal Reporting Domains

As part of the State's eligibility for receipt of block grant funding to support public mental health services, staff are required to conduct an annual assessment of consumer perceptions across seven major domain areas. These are included in the National Outcome Measures, or NOMS. These areas include: general satisfaction, access, cultural sensitivity, social connectedness, participation in treatment, functioning, and outcomes. Across six of the seven major domain areas reported to the federal government, there were no significant changes over the past 4 years of study. Compared to the baseline year of 2008, a significant decrease was observed for the Social Connectedness Domain among youth (89% to 81%). Within this area, two items demonstrated a significant drop: "I know people who will listen and understand me when I need to talk," and "I have people that I am comfortable talking with about my problems." Although the drop in Outcomes and Functioning was not significant, decreases in agreement with several related survey items were significant, including: "I get along better with family members," "I am better able to cope when things go wrong," and "I am satisfied with my family life right now."

Estimates for 2011 in each area include:

- ◆ General Satisfaction: 78% (N=248)



- ◆ Access: 79% (N=248)
- ◆ Cultural Sensitivity: 88% (228)
- ◆ Social Connectedness: 81% (248)
- ◆ Participation in Treatment: 77% (N=248)
- ◆ Outcomes: 60% (N=247)

- ◆ Functioning: 63% (N=247)

A detailed description of the items making up each domain area along with agreement scores over the past four years can be found in Appendix B of this work.

## Youth Written Feedback

Youth participants had the opportunity to leave additional feedback about what was most helpful about their experiences, thoughts on what would improve services, and other comments. Primary themes and examples of comments in each category follow and are presented as written, with minor edits to improve readability. To maintain the confidentiality and protect the anonymity of consumers, individual quotes were edited. Where an individual or agency was named or information was provided that put a consumer at potential risk for identification, that information was removed and replaced with a generic term (e.g., [Staff] or [CMHC]). Edits providing clarity are inserted in parentheses.

### What was most helpful about services received?

Out of 191 comments, 182 were positive, 8 critical, and 1 mixed.

#### Positive

Out of 182 positive comments concerning what was most helpful, themes focused on: the ability to talk to someone, effectiveness of staff, general feedback, specific staff, types of services offered, medication, delivery of services, and coordination of services.

#### *Ability to Talk to Someone (N=55)*

- ◆ “Being able to have my questions answered when needed.”
- ◆ “Being able to have someone to talk to when I needed to.”
- ◆ “Being able to talk and not be judged.”

- ◆ “Having someone to help me work out issues and get me into group therapy.”
- ◆ “Having someone to support and listen to me.”

#### *Effectiveness of Services (N=46)*

- ◆ “Communication between me and my mom has been a lot better because of my mediator.”
- ◆ “I can cope better with my problems.”
- ◆ “It really did help-the treatment plan and everything worked out perfectly-I still go back there and visit and say hi to the people who work there.”
- ◆ “Its helped with my behavior and being able to talk more about my feelings with others, I never used to talk to other people about my feelings, now I can. I feel a lot better, Im not depressed anymore. Its helped me a lot to [get] through the bumps in my road.”

#### *General Feedback (N=27)*

- ◆ “Help with job search - being positive.”
- ◆ “Overall, I think it gives me something to look forward too because I don’t talk to anyone else about my problems-I see my mom [Day of the week] and I get to talk to my counselor [Day of the week].”
- ◆ “Towards the end I was feeling better. Since it ended, not so much.”
- ◆ “Treatment plan based well off my strengths/weaknesses.”

#### *Staff (N=25)*

- ◆ “I have a really fantastic counselor who I feel very comfortable with.”
- ◆ “[Staff] is awesome! She has helped me come out of my shell; [they] were more caring.”

- ◆ “She helped me do anxiety solutions and let me express my thoughts.”
- ◆ “They are nice to me; they respect me and help me when I am down and they cheer me up.”

#### *Types of Services (N=12)*

- ◆ “It’s all been excellent, [CMHC] has been the best thing in his life-[CMHC] has met all of his varied problem areas and it’s good to have all the people in one center; they all communicate with each other and they are flexible-they respond to his changing needs.”
- ◆ “My life skills program and school, going out with my case manager, In Shape friends.”
- ◆ “The money I got for Christmas to help pay for winter clothes.”

#### *Medication (N=9)*

- ◆ “My medicine has helped me get to school and stay in school.”
- ◆ “The medication and outreach program with [Staff] which has been remarkable; it has made me more open and helped me communicate with outdoor world. Its been nothing but positive.”

#### *Delivery of Services (N=6)*

- ◆ “Convenience, person was at my school, easy to talk to.”
- ◆ “My counselor makes house calls when able.”

#### *Coordination of Services (N=2)*

- ◆ “The coordination between counselor and psychiatrist.”

### **Critical**

Eight critical comments were left by respondents. Examples include:

- ◆ “Haven’t seen counselor and they can’t keep a doctor for med on board.”
- ◆ “In the last 6 months my services have not been provided.”

### **Mixed**

One mixed comment was left:

- ◆ “I was able to maintain my issues-[Staff] wasn’t really effective in what she was trying to do-my other therapist was effective in meeting our goals.”

### **What would improve services at the CMHC?**

Out of 170 comments, 65 noted areas to improve, and 105 indicated there was nothing to improve.

### **Areas to Improve**

Of the 65 comments on areas to improve, themes included: need for additional resources, access to services, treatment of patients, staffing access, staff training, family support, flexibility, financial, and other.

#### *Need for Additional Resources (N=15)*

- ◆ “Frequency, therapy, groups geared for my disability w/ parents at my functional level.”
- ◆ “Having access to drug/alcohol counseling and/or a counselor who could prescribe meds and counsel.”
- ◆ “Trying to help me get a job.”

#### *Access to Services (N=12)*

- ◆ “I can’t think of anything except not having to miss school for appointments.”
- ◆ “I would like it if I could e-mail my counselor when I’m having a tough time and unable to see her.”
- ◆ “Not really much, I actually enjoyed going. Sometimes I miss school because of an

appointment. Trying to organize a better way in the summer for appointments because in school, I miss most of my work when I leave.”

#### *Treatment of Patients (N=12)*

- ◆ “If we had a script we could practice so we’re all using the right/same words.”
- ◆ “More listening done by therapist; letting me say how I am rather than making an assumption.”
- ◆ “Nothing [-] the services are good, but the doctors or therapist is late getting [to] me.”

#### *Staffing Access (N=10)*

- ◆ “If I could have a counselor that wouldn’t leave me all the time.”
- ◆ “If they would keep same counselors and doctor for med for longer time instead of switching all the time.”
- ◆ “Theres a lot I would change. I had the same counselor and he no longer worked there and I was not told he was leaving. I have a busy schedule and they didnt work with my schedule, they changed a lot of rules. If I don’t go once a month they cancel me as a client. Also, flexibility with hours. They cut back on my hours, which I don’t like-got 45 minutes or half an hour.”

#### *Staff Training (N=8)*

- ◆ “Having people who [do] not just go to school for child development, but have people who have children work with children; it makes it easier for the child and the parent to understand where everyone is coming from.”
- ◆ “You could get more newer younger staff because more kids and teens can relate to them better.”

#### *Financial (N=2)*

- ◆ “Not being such a high co-pay.”

#### *Family Support (N=1)*

- ◆ “Maybe have a couple mandatory sessions with parents, to help the relationship/communication.”

#### *Flexibility (N=1)*

- ◆ “More time, snacks, places to go.”

#### *Other (N=4)*

- ◆ “All staff should have windows in their rooms.”

#### **Nothing to Improve**

118 participants left a comment but did not indicate an area to improve. Comments were categorized as overall positive, indicated nothing to improve, or don’t know.

#### *Nothing to Improve (N=75)*

- ◆ “No problems with center.”
- ◆ “Not that I can think of.”
- ◆ “None.”

#### *Positive Responses (N=30)*

- ◆ “Everything seems great the way it is.”
- ◆ “I can’t think of anything-everything is great.”
- ◆ “Nothing cause they help me really well.”
- ◆ “Nothing I can think of. Everyone is pretty nice, and the services are convenient.”

#### *Don’t Know (N=13)*

- ◆ “Not really sure.”
- ◆ “I do not know.”



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## **CONCLUSIONS**

## CONCLUSIONS

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In reviewing the breadth of information available in this report and current policy discussions about mental health care in New Hampshire, the reader should note that cuts to CMHC budgets have not resulted in significant decreases to most of the domain scores reported by those participating in the survey. Among family responses, outcome scores have, in fact, significantly improved since 2008. That said, it is important to keep in mind that survey participants reflect a broad range of functioning and support needs among those living with serious mental illness. This includes those who have been hospitalized (8%) and may have needed more intensive care as well as those with less intensive support needs.

Among those surveyed, a range of data collected in this work indicates that there are grounds for concern for this population and that our state's ability to maintain current agreement scores across survey questions may be tenuous. Concerns about access to care have been reflected in a broad range of consumer comments (particularly perspectives on losing therapist access), and the substantial number of clients who are waiting a month or more to access care. These dynamics occur in the context of ongoing closings of State psychiatric and community hospital inpatient beds for those with mental illness and at a time when multiple CMHCs are reducing staffing capacity and programs offered. This reduced access to timely care, combined with growing evidence that continued reductions in services have a negative impact on the ability of consumers (particularly adults) to function independently, will have implications in a number of areas. Without the proper supports, adults living with mental illness will likely find it increasingly difficult to remain employed, earn a living wage, access appropriate health care, and fully participate in social networks.

It is our continued hope and expectation that the findings of the Public Mental Health Consumer

Survey will provide a valuable resource for consumers, families, providers, policy makers and advocates seeking to improve New Hampshire's public mental health services.

As with previous reports, the author recommends that the survey findings should be incorporated into a more comprehensive evaluation of the state system, and each community mental health center's service system. Additional information-gathering strategies include: focus groups with key stakeholders (consumers, staff, quality improvement directors, executive directors, regional planning teams, and the State Behavioral Health Advisory Council), additional targeted surveying (e.g. staffing, effectiveness of medication, drug and alcohol counseling), and a review of consumer involvement in other state service areas (e.g., criminal justice, general hospital admittance, drug and alcohol services, special education, homeless and housing services, and developmental services). Additional research on the effects of individual characteristics on consumer outcomes (severity of adult mental illness and child/youth emotional disturbance, co-occurring disorders, age, gender, poverty, employment, race/ethnicity, etc.) and environmental factors (proximity of services, employment opportunities, public transportation availability, other community supports, etc.) would also be useful.



**APPENDIX A:**  
**PROJECT METHODOLOGY**



## **APPENDIX A: PROJECT METHODOLOGY**

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### **Project Advisory Board**

During the 2011 survey year, the project's Advisory Board (consisting of BBH staff, a CMHC representative, consumers, and advocates) assisted in guiding the Mental Health Consumer Survey Project. Between March 2011, and December 2011, the Advisory Board met four times. Their efforts included:

- ◆ Reviewing survey questions and recommending new questions
- ◆ Shaping the survey process
- ◆ Assisting in interpretation of survey results
- ◆ Providing general feedback to the project
- ◆ Reviewing and critiquing draft reports
- ◆ Suggesting methods for dissemination of the report

### **The Adult, Family, and Youth Surveys**

#### **Adult Survey**

The final survey, adapted from the Mental Health Statistics Improvement Program Adult Consumer Survey (MHSIP), included 66 items. Forty-three items were of the Likert-scale type, where respondents were asked to indicate if they strongly agree, agree, are neutral, disagree, or strongly disagree with a presented statement. The survey included one open-ended question; consumers were asked to comment on previous answers or to write about additional topics not covered in the survey. The survey encompassed seven domains including: general satisfaction with services, access to treatment, perceptions of quality of services, consumer participation, social connectedness, and a wide variety of outcomes. Demographic information collected in the Adult Survey included: age, sex, race/ethnicity, time in

treatment, employment, earnings, housing, and arrest history.

#### **Family Members of Children Receiving Services Survey**

The 68 item Family Survey was a modified version of the Youth Services Survey for Families (YSS-F) distributed to family members of children ages 0-17 who received services at a Community Mental Health Center. The Family Survey included 34 items that asked families to indicate their satisfaction with CMHC services received by their family member, accessibility of services, the level of family participation in their family member's treatment, cultural sensitivity shown by staff, social connectedness and support, and treatment outcomes. Families also were asked what they had found most helpful about CMHC services and how services could be improved. Demographic information collected in the Family Survey included sex, age, race/ethnicity, education, health care access, schooling, arrest history for the family member receiving services, and family income and health care coverage.

#### **Youth Survey**

The 61 item Youth Survey was a modified version of the Youth Services Survey (YSS) distributed to youth ages 14-17. The Youth Survey included 32 items assessing satisfaction with services, participation in treatment, cultural sensitivity, social connectedness, and treatment outcomes. Youth consumers were asked to identify the most helpful aspect of the services they have received over the past six months, and they were asked for their recommendations on how to improve services. Demographic information collected in the Youth Survey included sex, age, living situation, time in treatment, schooling, arrest history, health status, and health care coverage.

Copies of all three surveys are available online at: <http://www.iod.unh.edu/pmhs>.

## Survey Implementation

### Survey Process

The survey design was based on a combination mail/telephone methodology using Dillman's Tailored Design Method (TDM) for mail surveys (Dillman, D. (2000). *Mail and Internet Surveys: The Tailored Design Method*, New York:Wiley). In conducting the survey, the project utilized the following step-by-step process:

1. Each CMHC received a letter from the IOD outlining their roles and timeline for the 2011 survey.
2. Each CMHC was instructed to generate a data set of current consumers who are eligible for BBH funded services. The data set included the consumer's name, phone number, address, date of birth, guardian name, guardian phone number, date of last contact, and primary language spoken. Typically, the data set included individuals who were BBH-eligible and who had received CMHC services between November 1, 2010 and January 31, 2011. During this period, community mental health centers saw 8,459 adults, 2,085 youth, and 6,086 children.
3. CMHCs randomly selected participants adults (N=100+), youth ages 14-17 (N=100+) and families of children ages 0-17 (N=100+) and updated contact information for those selected. CMHC's provided the New Hampshire Bureau of Behavioral Health (BBH) the data set, and in turn, BBH provided this data set to the UNH Survey Center.
4. The data set sent to the UNH Survey Center included a sampling pool of adults (N=1,400), youth ages 14-17 (N=928) and families of children ages 0-17 (N=1,400).
5. Beginning May 2, each randomly selected respondent was mailed an introductory letter on their CMHC's letterhead describing the project and indicating that they have been selected to participate in the survey. Instructions were provided for consumers to contact a staff member if they did not wish to participate.
6. An experiment was added to the methodology this year to test the effectiveness of two methods known in the literature to improve response rates. One hundred (100) consumers from the sampling pool of adults, youth ages 14 – 17, and families of children 0 – 17 were randomly assigned to receive no additional materials. The remainder of the sampling pool was randomly divided into two groups, one was assigned to receive a one dollar bill with their survey packet and the other was assigned to receive a one dollar bill with their survey packet and if no response was received they would receive a second survey packet in the mail. All groups received a reminder postcard and telephone follow-up.
7. The final data set used by the UNH Survey Center included a sampling pool of adults (N=1,347), youth ages 14-17 (N=898) and families of children ages 0-17 (N=1,388)
8. Next, each respondent was mailed a cover consent letter on May 16th informing the respondent (and/or parent/guardian as appropriate) of their rights in the research process, a copy of the survey, and a self-addressed, stamped reply envelope (and if the respondent was in the group to receive a dollar bill, it was included in this packet).
9. Approximately two weeks after receiving the survey (June 1, 2011), respondents were mailed a reminder postcard encouraging them to complete the survey.
10. Within two weeks of receiving the reminder postcard (June 13, 2011), respondents who were in the experimental group assigned to receive a second packet were mailed the second packet.

11. Respondents who still had not completed the survey were called by a professional Survey Center interviewer and encouraged to complete and return the survey. If convenient, their responses were collected over the telephone.
12. Once the survey data was collected (data collection closed on 8/23/11), all identifying respondent information was removed and the resulting data file with anonymous responses was sent to Peter Antal at the IOD for analysis.


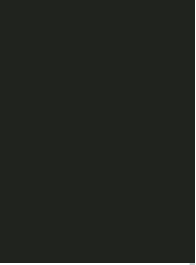
At several points (Steps 6-11), the UNH Survey Center offered consumers the opportunity to remove themselves from the survey process by calling a toll free number that would connect them to Survey Center staff.

### Survey Response Rate

During the past few years, response rates for the public mental health survey have dropped slightly. In response, we altered our survey methodology to include sending a second survey packet to certain participants as well as a \$1 bill as a token thank you for those receiving the survey. The result of this effort was a major improvement in response rates: for adults, response rates increased from 39% to 53%; families, 35% to 49%; and youth, 28% to 37%.

The UNH Survey Center sent out an average of 1,200 surveys to each of the three groups, with 700 to 1,000 survey respondents in each group having valid contact information. From this remaining pool, the Survey Center obtained responses from 549 adults, 251 youth, and 474 children in families.

| <b>Response Rate for New Hampshire</b>                 | <b>Adults</b> | <b>Youth 14-17</b> | <b>Families with Children 0-17</b> |
|--|---------------|--------------------|------------------------------------|
| Consumers Served 11/1/10 Through 1/31/11               | 8,459         | 2,085              | 6,086                              |
| Surveys Sent Out                                       | 1,347         | 898                | 1,388                              |
| Successful Contacts Via Mail or Telephone              | 1,035         | 678                | 971                                |
| Completed Survey                                       | 549           | 251                | 474                                |
| Response Rate (Completed Survey / Successful Contacts) | <b>53%</b>    | <b>37%</b>         | <b>49%</b>                         |



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**APPENDIX B:  
INDIVIDUAL QUESTIONS BY  
DOMAIN AREA**

## APPENDIX B: INDIVIDUAL QUESTIONS BY DOMAIN AREA

### Data Tables For The Adult, Family And Youth Surveys

| <b>Table B1: Questions Included in the General Satisfaction Domain, Percent Respondents Agreeing</b> |   | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|---|-------------|-------------|-------------|-------------|
| Adult  | I like the services that I received here                            | 85%         | 83%         | 86%         | 83%         |
|  | If I had other choices, I would still get services from this agency | 77%         | 74%         | 79%         | 77%         |
|  | I would recommend this agency to a friend or family member          | 82%         | 79%         | 83%         | 82%         |
| Family   | Overall, I am satisfied with the services my child received         | 78%         | 80%         | 82%         | 81%         |
|  | The people helping my child stuck with us no matter what            | 75%         | 75%         | 78%         | 80%         |
|  | I felt my child had someone to talk to when he/she was troubled     | 77%         | 78%         | 77%         | 81%         |
|  | The services my child and/or my family received were right for us   | 78%         | 73%         | 75%         | 77%         |
|  | My family got the help we wanted for my child                       | 76%         | 75%         | 71%         | 75%         |
|  | My family got as much help as we needed for my child                | 71%         | 64%         | 63%         | 67%         |
| Youth  | Overall, I am satisfied with the services I received                | 81%         | 82%         | 89%         | 84%         |
|  | The people helping me stuck with us no matter what                  | 81%         | 78%         | 87%         | 83%         |
|  | I felt I had someone to talk to when I was troubled                 | 81%         | 74%         | 86%         | 80%         |
|  | The services I and/or my family received were right for me          | 75%         | 76%         | 85%         | 79%         |
|  | I got the help I wanted   | 78%         | 73%         | 86%         | 77%         |
|  | I got as much help as I needed                                      | 72%         | 69%         | 81%         | 73%         |

| <b>Table B2: Questions Included in the Access Domain, Percent Respondents Agreeing</b> |  | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|--|-------------|-------------|-------------|-------------|
| Adult  | The location of services was convenient (parking, public transportation, distance, etc.) | 84%         | 82%         | 86%         | 81%         |
|  | Staff were willing to see me as often as I felt it was necessary                         | 82%         | 84%         | 84%         | 81%         |
|  | Staff returned my call within 24 hours   | 77%         | 78%         | 80%         | 76%         |
|  | Services available at times that were good for me  | 84%         | 86%         | 89%         | 85%         |
|  | I was able to get all the services I thought I needed                                    | 75%         | 75%         | 76%         | 77%         |
|  | I was able to see a psychiatrist when I wanted to  | 66%         | 66%         | 70%         | 71%         |
| Family   | The location of services was convenient for us   | 86%         | 87%         | 89%         | 87%         |
|  | Services were available at times that were convenient for us                             | 81%         | 82%         | 82%         | 81%         |
| Youth  | The location of services was convenient for me   | 87%         | 85%         | 87%         | 85%         |
|  | Services were available at times that were convenient for me                             | 77%         | 79%         | 85%         | 83%         |

| <b>Table B3: Questions Included in the Participation in Treatment Domain, Percent Respondents Agreeing</b> |   | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|---|-------------|-------------|-------------|-------------|
| Adult  | I felt comfortable asking questions about my treatment and medication | 85%         | 82%         | 87%         | 85%         |
|  | I, not staff, decided my treatment goals                              | 73%         | 71%         | 71%         | 69%         |
| Family   | I helped to choose my child's services                                | 81%         | 80%         | 81%         | 80%         |
|  | I helped to choose my child's treatment goals                         | 84%         | 82%         | 83%         | 85%         |
|  | I participated in my child's treatment                                | 91%         | 93%         | 90%         | 91%         |
| Youth  | I helped to choose my services  | 66%         | 61%         | 67%         | 65%         |
|  | I helped to choose my treatment goals                                 | 84%         | 76%         | 81%         | 81%         |
|  | I participated in my treatment  | 82%         | 86%         | 88%         | 86%         |

| <b>Table B4: Questions Included in the Quality Domain, Percent Respondents Agreeing</b> |   | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|---|---|-------------|-------------|-------------|-------------|
| Adult   | Staff here believe that I can grow, change and recover  | 84%         | 79%         | 84%         | 80%         |
|   | I felt free to complain   | 78%         | 76%         | 78%         | 77%         |
|   | I was given information about my rights   | 90%         | 87%         | 91%         | 88%         |
|   | Staff encouraged me to take responsibility for how I live my life                                   | 89%         | 84%         | 88%         | 85%         |
|   | Staff told me what side effects to watch out for  | 74%         | 70%         | 77%         | 72%         |
|   | Staff respected my wishes about who is and who is not to be given information about my treatment    | 89%         | 85%         | 91%         | 84%         |
|   | Staff were sensitive to my cultural background (race, religion, language, etc.)                     | 84%         | 81%         | 82%         | 81%         |
|   | Staff helped me obtain the information I needed so that I could take charge of managing my illness  | 79%         | 76%         | 81%         | 79%         |
|   | I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone, etc.) | 74%         | 74%         | 76%         | 74%         |

| <b>Table B5: Questions Included in the Cultural Sensitivity Domain, Percent Respondents Agreeing</b> |   | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|---|-------------|-------------|-------------|-------------|
| Family   | Staff treated me with respect                           | 90%         | 90%         | 92%         | 91%         |
|  | Staff respected my family's religious/spiritual beliefs | 85%         | 87%         | 78%         | 84%         |
|  | Staff spoke with me in a way that I understood          | 94%         | 93%         | 95%         | 95%         |
|  | Staff were sensitive to my cultural/ethnic background   | 87%         | 85%         | 78%         | 87%         |
| Youth  | Staff treated me with respect                           | 90%         | 93%         | 96%         | 93%         |
|  | Staff respected my family's religious/spiritual beliefs | 89%         | 88%         | 89%         | 91%         |
|  | Staff spoke with me in a way that I understood          | 91%         | 91%         | 94%         | 90%         |
|  | Staff were sensitive to my cultural/ethnic background   | 86%         | 85%         | 89%         | 89%         |

| <b>Table B6: Questions Included in the Social Connections Domain, Percent Respondents Agreeing</b> |  | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|--|-------------|-------------|-------------|-------------|
| Adult  | I am happy with the friendships I have                                     | 67%         | 72%         | 68%         | 70%         |
|  | I have people with whom I can do enjoyable things                          | 77%         | 72%         | 76%         | 73%         |
|  | I feel I belong in my community  | 55%         | 56%         | 57%         | 60%         |
|  | In a crisis, I would have the support I need from family or friends        | 75%         | 75%         | 76%         | 71%         |
| Family   | I know people who will listen and understand me when I need to talk        | 82%         | 84%         | 81%         | 83%         |
|  | I have people that I am comfortable talking with about my child's problems | 85%         | 85%         | 83%         | 87%         |
|  | In a crisis, I would have the support I need from family or friends        | 80%         | 83%         | 80%         | 83%         |
|  | I have people with whom I can do enjoyable things                          | 83%         | 86%         | 81%         | 86%         |
| Youth  | I know people who will listen and understand me when I need to talk        | 82%*        | 85%         | 84%         | 90%         |
|  | I have people that I am comfortable talking with about my problems         | 79%*        | 83%         | 84%         | 89%         |
|  | In a crisis, I would have the support I need from family or friends        | 84%         | 86%         | 89%         | 90%         |
|  | I have people with whom I can do enjoyable things                          | 91%         | 90%         | 93%         | 92%         |

\*Significantly different from baseline of 2008 at p=.05

| <b>Table B7: Questions Included in the Function Domain, Percent Respondents Agreeing</b> |  | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|--|-------------|-------------|-------------|-------------|
| Adult  | My symptoms are not bothering me as much                 | 54%         | 59%         | 58%         | 60%         |
|  | I do things that are more meaningful to me               | 64%         | 68%         | 69%         | 71%         |
|  | I am better able to take care of my needs                | 75%         | 74%         | 72%         | 75%         |
|  | I am better able to handle things when they go wrong     | 62%         | 63%         | 63%         | 64%         |
|  | I am better able to do things that I want to do          | 64%         | 65%         | 64%         | 66%         |
| Family   | My child is better at handling daily life                | 73%*        | 63%         | 61%         | 62%         |
|  | My child gets along better with family members           | 66%         | 59%         | 60%         | 60%         |
|  | My child gets along better with friends and other people | 68%         | 65%         | 56%         | 61%         |
|  | My child is doing better in school and/or work           | 70%         | 62%         | 57%         | 64%         |
|  | My child is better able to cope when things go wrong     | 65%*        | 55%         | 54%         | 56%         |
|  | My child is better able to do things he/she wants to do  | 72%*        | 64%         | 57%         | 62%         |

| <b>Table B7: Questions Included in the Function Domain, Percent Respondents Agreeing</b> |  | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|--|-------------|-------------|-------------|-------------|
| Youth  | I am better at handling daily life               | 70%         | 65%         | 76%         | 76%         |
|  | I get along better with family members           | 55%*        | 58%         | 69%         | 72%         |
|  | I get along better with friends and other people | 72%         | 67%         | 75%         | 80%         |
|  | I am doing better in school and/or work          | 64%         | 58%         | 66%         | 70%         |
|  | I am better able to cope when things go wrong    | 63%*        | 59%         | 71%         | 73%         |
|  | I am better able to do things I want to do       | 68%         | 68%         | 73%         | 75%         |

\*Significantly different from baseline of 2008 at p=.05

| <b>Table B8: Questions Included in the Outcomes Domain, Percent Respondents Agreeing</b> |  | <b>2011</b> | <b>2010</b> | <b>2009</b> | <b>2008</b> |
|--|--|-------------|-------------|-------------|-------------|
| Adult  | I deal more effectively with daily problems              | 73%         | 72%         | 75%         | 75%         |
|  | I am better able to control my life                      | 75%         | 70%         | 74%         | 72%         |
|  | I am better able to deal with crisis                     | 68%         | 67%         | 67%         | 70%         |
|  | I am getting along better with my family                 | 67%         | 68%         | 70%         | 65%         |
|  | I do better in social situations                         | 57%         | 55%         | 59%         | 59%         |
|  | I do better in school and/or work                        | 55%         | 59%         | 48%         | 54%         |
|  | My housing situation has improved                        | 54%         | 59%         | 64%         | 59%         |
|  | My symptoms are not bothering me as much                 | 54%         | 59%         | 58%         | 60%         |
| Family   | My child is better at handling daily life                | 73%*        | 63%         | 61%         | 62%         |
|  | My child gets along better with family members           | 66%         | 59%         | 60%         | 60%         |
|  | My child gets along better with friends and other people | 68%         | 65%         | 56%         | 61%         |
|  | My child is doing better in school and/or work           | 70%         | 62%         | 57%         | 64%         |
|  | My child is better able to cope when things go wrong     | 65%*        | 55%         | 54%         | 56%         |
|  | I am satisfied with our family life right now            | 68%*        | 58%         | 58%         | 55%         |
| Youth  | I am better at handling daily life                       | 70%         | 65%         | 76%         | 76%         |
|  | I get along better with family members                   | 55%*        | 58%         | 69%         | 72%         |
|  | I get along better with friends and other people         | 72%         | 67%         | 75%         | 80%         |
|  | I am doing better in school and/or work                  | 64%         | 58%         | 66%         | 70%         |
|  | I am better able to cope when things go wrong            | 63%*        | 59%         | 71%         | 73%         |
|  | I am satisfied with my family life right now             | 57%*        | 63%         | 65%         | 70%         |

\*Significantly different from baseline of 2008 at p=.05







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