

The Adult Consumer Survey 2014: Briefing Paper

The Adult Consumer Survey (ACS) is designed to examine the quality of Washington State's publically funded mental health services and to meet the reporting requirements of the Centers for Medicare and Medicaid Services (CMS). The Washington Institute has conducted eleven of these surveys since 2001 by completing phone interviews with random samples totaling over 16,500 adult consumers from across Washington State in 2002, 2004, and 2006-2014.

ACS sampling and data collection methodologies have been quite consistent since 2001. In 2014, the sample was drawn from the Division of Behavioral Health and Recovery's (DBHR) ProviderOne¹ database. A total of 54,253 adult consumers² met the sample criteria in that they had received publicly funded mental health services between May 1 and October 31, 2013.

Each Regional Support Network (RSN) population was then stratified based on minority status.³ A 10% random sample was drawn from each group to produce a "probability proportionate to size (pps)," stratified, random sample of mental health consumers. This resulted in a total statewide sample of 5,425 individuals, 10% of the total, adult consumer population. Finally, the four smallest RSNs were oversampled,⁴ adding an additional 680 individuals, for a total drawn sample of 6,105.

The overall fit between the sampling frame and the respondent sample is good, demonstrating that the sample for the 2014 ACS is generally representative of the consumer population in Washington State. Small differences between the respondent sample and the sampling frame/drawn sample are an over-representation of females⁵ and an underrepresentation of all minority consumer groups with the exception of Native Americans in the respondent sample.

In addition to standard demographic questions that collect information on employment and marital status, living situation, arrest history, age, race, gender, and access to health insurance and care, the items chosen for the ACS were those recommended, in part, by MHSIP (Mental Health Statistics Improvement Project). There are 36 MHSIP items that inquire about the respondent's perceptions of: general satisfaction with services, voice in service delivery, satisfaction with staff, perception of outcome of services, access to services, and staff cultural sensitivity. In 2007, items from the Mental Health National Outcome Measures (NOMS) were added to the ACS, assessing criminal justice issues, social connectedness, and functioning. Also in 2007, items from the Internalized Stigma of Mental Illness (ISMI) were added to assess respondents' perceived, mental illness based discrimination.⁶

The primary data collection was conducted via a telephone survey between February and May 2014. The Washington Institute manages a ten-station Computer Assisted Telephone Interview (CATI) system. Nineteen temporary, part-time employees comprised the interview team that included both experienced and new ACS interviewers, many of whom are current or past consumers of publicly funded mental health services.⁷

¹ ProviderOne tracks all of the services delivered by outpatient community providers and reported by the Regional Service Networks.

² Adult consumers are defined as those 18 years and older.

³ Minority stratification divides consumers into minority and non-minority groups prior to sampling in order to ensure proportionate representation of these characteristics in the completed sample.

⁴ In a pps sample, there is a wide disparity between sample sizes from larger and smaller RSNs and the sample sizes drawn from the smaller RSNs are initially too small to obtain usable results. To remedy this, "oversamples" are drawn in the 4 smallest RSNs, which increases their sample sizes (CD, GH, TM, & TI). Estimates of the number of oversamples needed were based upon obtaining at least 40 completions in each of the smallest RSNs.

⁵ 69% female respondents compared to the 59% females in the drawn sample and 57% female in the sampling frame. This is likely due to more females than males being at home when called by our interviewers.

⁶ Ritsher, J.B, Otilingam, P.G., & Grajales. M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, 121, 31-49.

⁷ Consumer-interviewers demonstrate a particular sensitivity to the needs and perspectives of the respondents and understand the necessity for client confidentiality and data integrity, and hiring mental health consumers to collect data in telephone surveys has proven to be a rewarding and successful practice.

Correct contact information could not be obtained for 3,299 clients (54.1% of the sample), despite using multiple sources of contact data.⁸ 302 (4.9%) consumers were “Unavailable”, in that they were incapable of participating due to mental or physical disabilities, or other conditions that would make it overly taxing or impossible to complete a survey.⁹ There were 173 potential participants who were unable to participate due to language barriers; however, 46 surveys were conducted in Spanish, and 13 surveys were conducted in Russian, languages for which WIMHRT provided interpreters.

Approximately 10.8% (662 consumers) of the drawn sample refused to participate in the survey. Some consumers (26), mostly those who were hard of hearing or who could not speak privately on the phone, requested that paper surveys be mailed to them; 9 of those surveys were completed and returned.

The completion rate for the 2014 ACS is highly consistent with past completion rates. The completion rate, which is based on the entire sample, many of whom could not be contacted, was 20%, and the cooperation rate, which is based on the 1,887 consumers whom were successfully contacted, is 64.9%.¹⁰

To construct the ACS scales, items from the survey instrument were combined to form constructs that measure the primary indicators of interest: general satisfaction with services, voice in service delivery, satisfaction with staff, perception of outcome of services, access to services, social connectedness, functioning, and stigma.¹¹

The results of the 2014 ACS show that all of the service satisfaction areas except Stigma show very small ($\leq .10$) decreases in mean scores from last year. The mean score for Stigma is virtually (+.01) unchanged. Overall this year, consumers are most satisfied with the Quality of Services and least satisfied with Perceived Outcomes of service. Females report greater satisfaction on every measure except Perceived Outcomes and Perceived Access to Services, on which males report greater satisfaction. These gender differences are slight.

Age differences varied widely among the measures. 18-20 year old consumers are the most Socially Connected, the most satisfied with their Functioning and with their Outcomes, and with their Participation in Treatment Goals. 41-60 year olds perceive the most Stigma, are the least Socially Connected, and the least satisfied with their Functioning, but they are the most Generally Satisfied and are the most satisfied with the Appropriateness and Quality of Services. 21-40 year olds perceive much less Access to Services than other age groups, and are the least satisfied with Outcomes. Consumers over 75 years old are the least Generally Satisfied and the least satisfied with Appropriateness and Quality of Services.

With regard to ethnicity, minority consumers are more satisfied on all measures than non-minority consumers, with the exception of the Other ethnic category, which was the least satisfied on every measure. Specifically, Asian/Pacific Islander consumers are the most Generally Satisfied, and the most satisfied on most measures. They are the most satisfied with the Appropriateness and Quality of Services, with Participation in Treatment Goals, Outcomes, Access, and Social Connectedness. Native American consumers are slightly more satisfied with Functioning than Asian/Pacific Islander consumers. Oddly, except for the Other ethnic group, these two ethnic groups also perceive the most Stigma. Hispanics and Caucasians had very similar mean scores, and were less satisfied than other ethnic groups. Although most adult consumers agree that they are functioning better overall as a result of the services they received, Perceived Outcomes continues to receive the lowest ratings.

In general, service satisfaction trends have remained fairly consistent since 2002, showing very little variation across years. Until this year there has been a slight, continuing trend toward improvement in service satisfaction. This year, every measure except Stigma is slightly lower, and Stigma is very slightly higher. We are not sure how to explain this

⁸ Includes call dispositions “Incorrect Number” (3,245/53.2%) and “No Answer” (54/0.9%).

⁹ Other reasons for being unavailable include hospitalization or incarceration, or being out of town for the duration of the survey.

¹⁰ These rates are consistent with those of the few other states that use similar, random sampling methodologies.

¹¹ The reliability of the scales for this population was tested using Cronbach’s Alpha, a common measure of internal consistency for scaled items. Alphas of .70 or higher are considered to be a reliable scale. The alphas associated with each scale are mostly moderate to high. The Participation Scale (.67) falls slightly below the .70 minimum because it is composed of only two items. Nonetheless, this scale was maintained as a two-item scale for analysis. Alphas for ACS 2014 scales are: General Satisfaction (Alpha=.87), Appropriateness and Quality of Services (Alpha=.86), Participation in Treatment Goals (Alpha=.67), Perceived Outcomes (Alpha=.90), Perception of Access (Alpha=.81), Functioning (Alpha=.88), Social Connectedness (Alpha=.81), Stigma (Alpha=.89).

change. Nonetheless, these 2014 results indicate that overall, consumer perception of services is fairly positive, although consumers continue to struggle with Access to Services, and Perceived Outcomes continues to be an area of concern.