

# Child Consumers of Mental Health Services

2002 Children's Survey



Perceptions of Family and Youth  
Consumers of Publicly Funded  
Mental Health Services in  
Washington State

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## **The Washington Institute**

The Washington Institute for Mental Illness Research and Training (Western Branch) is co-affiliated with the University of Washington and the Washington State Department of Social and Health Services. Our purpose is to improve collaboration between state government, colleges, and universities — and to conduct training, research, and clinical program development of direct benefit to persons with mental illness.

## **Acknowledgments**

The researchers would like to express their continuing gratitude to the research interviewers who worked so hard — and who combined that diligence with remarkable empathy — as they collected the necessary data for this study. While the software associated with our data collection lab assists us in organizing our study, the true burden is in documenting the interviewers' 13,105 calls and contacts. The interviewers demonstrated strong professional and personal skills as they worked toward obtaining the 1,314 surveys collected in this study.

Our experience with conducting Computer Assisted Telephone Interviews has continued to demonstrate the need to rely on the good work and assistance of the 14 Regional Support Networks and the scores of provider agencies throughout Washington State. Obtaining viable contact information for participants randomly chosen for this survey is a time-consuming task. We would therefore like to express our appreciation to the RSN Administrators and their staff, as well as to countless staff members at the individual provider agencies.

The researchers would also like to recognize the members of The Washington Institute for their contributions and assistance.

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This report was written using data collected by The Washington Institute. A full set of findings are available in the form of the *Tool Kit for the Children's Survey 2002*, which includes a complete numerical dataset, a discussion of data collection methods, and additional information on data analysis. You may obtain the *Tool Kit* by contacting The Washington Institute at 253/756-2741.

# I. Executive Summary

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**B**etween August and September 2002, the Washington Institute for Mental Illness Research & Training conducted a Computer Assisted Telephone Interview (CATI) survey of children and youth who received publicly funded mental health services in Washington State. Those chosen to participate in the survey were selected randomly from a list of clients 20 years and younger who received services from November 1, 2001 through April 30, 2002. When randomly selected consumers were under the age of 14 years, the primary caregiver of the child was interviewed — which we termed the “Family Survey.” Those consumers 14 years and older were surveyed directly using the “Youth Survey.” Forty-four percent of the sample participated in the survey, producing 1,314 completed responses (901 Family plus 413 Youth).

This report contains the findings from that survey. Information collected by the survey includes client characteristics such as race/ethnicity, gender, age, total service hours, school status, and living situation. One of the primary goals of the survey was to determine the consumers’ (or their primary caregivers’) perceived satisfaction with the services they received. Measurements for satisfaction were obtained through providing statements such as “I am better at handling daily life.” The consumer then chose among the following responses: Strongly Agree, Agree, Undecided, Disagree, or Strongly Disagree. These questions addressed various types of satisfaction, including General Satisfaction, Voice in Service Delivery, Satisfaction with Staff, Perception of Outcomes of Services, Access to Services, and Staff Sensitivity to Culture. Consumers and primary caregivers were also given an opportunity to provide comments in their own words regarding the services they received.

“I love our caseworker  
— I love her — she is  
very caring and listens  
to how we feel.”

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“I don’t like being  
bounced around  
between counselors.  
Ever since my last  
counselor took a  
different job, I haven’t  
heard anything about  
getting another one.”

## **Who Participated in the Survey?**

Most children in the survey (37%) were between the ages of 5 and 11 years old. Twenty-seven percent were between the ages of 14 to 18 and 26% were between 11 and 14 years of age. About 11% of children were either under the age of five or over the age of 18. The majority of participants were male (55%) and most were Caucasian (67%). The second largest ethnic group was Hispanic (12%). There was a fairly even representation of African Americans (7%) and Native Americans (6%). Asian or Pacific Islanders had the smallest representation (3%).

More than three quarters of the children in the survey lived with either one or both parents; another 12% lived with a non-parent family

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member. About eight percent of the children lived in foster homes or with someone who was not a family member. Of the children surveyed, 90% attended school. Of those children not currently in school, more than half were not of school age — 44% were older than 18 years and 10% were under the age of five years.

Most children surveyed received between five and 25 hours of mental health services (47.4%), with 40.4% receiving less than five hours. The remainder (9.4%) received greater than 25 hours of mental health services in the six months between November 1, 2001 and April 31, 2002. Twenty percent of participants indicated they were not currently receiving Medicare or Medicaid benefits.

### **Are Consumers Satisfied with Services?**

Overall, youth consumers and their families appeared to be satisfied with the mental health services they received. Differences between the two groups appeared, with the youth participants (14 years or older) consistently expressing greater satisfaction with their services than did the caregivers speaking for children consumers (up to 14 years of age). Caregivers with older children expressed less satisfaction with services than those with younger children.

In all six satisfaction scales, a majority of participants indicated they were either Mostly Satisfied or Very Satisfied. Among the Family sample, participants expressed higher levels of Satisfaction on the **Staff Sensitivity to Culture** scale. Family respondents indicated higher levels of Dissatisfaction on the **General Satisfaction** scale. Among the Youth respondents, the percent of those Mostly Dissatisfied or Very Dissatisfied was in all cases lower than the Family respondents. Youth respondents indicated higher levels of satisfaction on the **Satisfaction with Staff** scale. Youth respondents indicated higher levels of Dissatisfaction on the **General Satisfaction** scale.

In the area of **General Satisfaction**, Thurston Mason RSN revealed a statistically significant difference in the level of general satisfaction when compared to the state-wide average. Participants with children between 11 and 14 years of age indicated the lowest level of satisfaction. The difference between this group and younger age groups was statistically significant. Statistical significance was also found between caregivers with children 11 to less than 14 years old and the youth respondents themselves; those youths answering the survey themselves were more satisfied than the caregivers answering for the 11 to less than 14 year olds. No statistical significant differences occurred among genders or ethnicities.

Overall satisfaction scores were similar between youth respondents and family participants regarding **Voice in Service**

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**Delivery.** Caregivers of children under the age of 5 years indicated higher levels of satisfaction, followed by those caregivers with children 5 to 11 years old. Those caregivers with the oldest children were the least satisfied with voice in service delivery. For youth answering themselves, the older youth were more satisfied with voice in service delivery compared with younger youth. These differences were statistically significant. Across RSNs, gender, and ethnic designations, there were no statistically significant differences.

On the **Satisfaction with Staff** scale, Southwest and Thurston Mason RSNs had higher percentages of respondents who were Mostly or Very Dissatisfied with staff — these differences were statistically significant. There were no significant differences across gender, age, and race/ethnic categories for satisfaction with staff.

The **Perception of Service Outcome** scales had the lowest state-wide averages for satisfaction. Thurston Mason RSN had satisfaction levels lower than those in the rest of the state, while respondents from King RSN indicated higher levels of satisfaction with outcomes of services. These differences are statistically significant. Caregivers of the older children were less satisfied than those of the younger children. Further, those youth answering for themselves were generally more satisfied with outcomes than the caregivers of younger children. There were no statistically significant differences across race / ethnicity categories for perceptions of service outcomes.

Consumers' satisfaction with their **Access to Services** was largely consistent across all categories, with no statistically significant differences between RSNs, genders, ages, and race. Combining both youth and family respondents, only seven percent of participants indicated they were Mostly or Very Dissatisfied in this area.

Participants were generally satisfied with **Sensitivity to their Culture**, although some differences appeared by RSN, age, and race. Southwest RSN had a statistically significant lower score when compared to the state-wide average and North Sound RSN revealed a higher average score. Older youths showed the most dissatisfaction with staff's sensitivity to culture across age categories. Caregivers of children under the age of five years were the most satisfied with cultural sensitivity. Participants identifying themselves as African American expressed a statistically significant lower level of satisfaction on this scale. Caucasians indicated a statistically higher level of satisfaction.

In open-ended questions, participants said they *most* liked the counseling and general service aspects of their mental health experiences. Access to services was the most often identified aspect of what clients liked *least* about their mental health services.

## II. Introduction

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This report is a product of the Children’s Survey 2002 (CS2002), a state-wide survey examining Washington State’s delivery of publicly funded mental health services. The Federal government requires that each state conduct quality assurances to determine if there exists a coordinated system of in- and out-patient services for that state’s younger mental health consumers.

This is the fourth survey conducted by The Washington Institute that addresses this requirement. All four surveys obtained individual information from persons receiving services from the publicly funded mental health system. The first was the State-wide Sample-based Outcome Survey (SbOS), conducted from January 1998 through January 1999. The second study was the Children with Special Needs Survey 2001 (CSNS), which collected data from March through May 2001. The CSNS consisted of telephone interviews with 1,046 consumers between the ages of 14 and 20 years or, in the event the consumer was less than 14 years of age, with their primary caregivers. The third survey, the Adult Consumer Survey (ACS), was conducted from February through June 2002. The ACS consisted of telephone interviews with 2,082 adult consumers 18 years and older who had received out-patient services (including clients who received crisis services).

The CSNS, ACS and this survey (CS2002) utilized a questionnaire recommended by the Mental Health Statistical Improvement Project (MHSIP). The survey instrument consists of 32 questions that inquire about the participants’ general satisfaction with service, perception of voice in service delivery, satisfaction with staff, perception of the outcome of their services, access to services, and staff sensitivity to culture. Open-ended questions were also asked to obtain information on attitudes toward the mental health services they received.

The survey results were collected using The Washington Institute’s Computer Assisted Telephone Interview (CATI) system. The majority of the research interviewers are themselves consumers of mental health services. Overall, hiring mental health consumers to conduct telephone surveys proved a successful strategy. The interviewers were sensitive to the needs and perspectives of the participants, while understanding the necessity for client confidentiality and data integrity — although it is important to note that the

The Current  
Survey

Computer-  
Assisted  
Telephone  
Interviewing  
(CATI)

## The Sample



interviewers did not divulge their status as consumers of mental health services.

We targeted a total state-wide sample of ten percent of the individuals of the 29,618 clients who met the survey criteria. The sampling was conducted in a way that assured relative representation of each

of the Regional Support Networks (RSNs) in the state.<sup>1</sup>

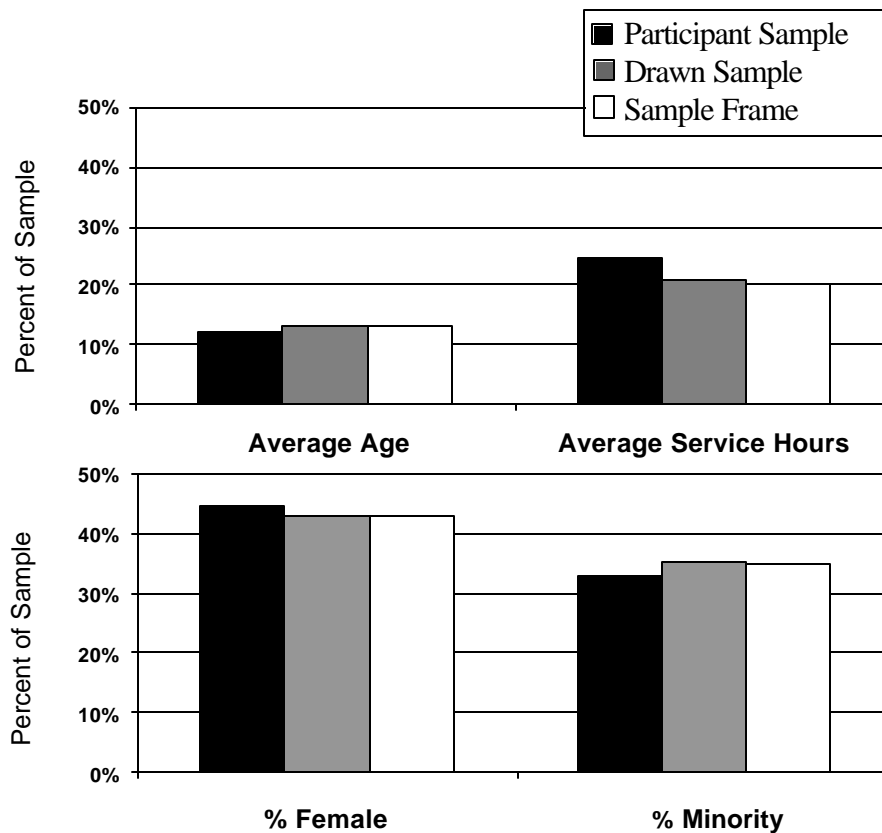
The goal of collecting survey information is to be able to “generalize” the responses to all children and youth consumers of publicly funded mental health services in Washington State. To do so, a comparison must be made examining characteristics of the participants and determining if they match the characteristics of the overall sample — and, hence, the consumer population in general.

The participants’ characteristics should match the characteristics of all the consumers who received publicly funded mental health services.<sup>2</sup> This process is known as determining the “representativeness”



<sup>1</sup> Publicly funded mental health services are provided through 14 Regional Support Networks (RSNs) that are made up of ~175 provider agencies. The number of provider agencies within each RSN varies widely. Provider agencies serve approximately 100,000 out-patient consumers of all ages per year in Washington State.

Figure 1. Representativeness



of the participant sample.

As demonstrated above in **Figure 1**, the fit between the sample frame and the drawn sample is good, as would be expected from a random sampling procedure.

What is of most interest is any variation in the completed sample compared to those randomly chosen to participate (the drawn sample). As can be seen on **Figure 1**, there is a small difference in total hours of service — with the respondent sample having an average of 24.89 hours of service compared with 20.73 hours for the drawn sample. There is a slight over-representation of females in the completed

<sup>2</sup> To clarify, we are dealing with three groups: (i) the Sample Frame, (ii) the Drawn Sample; and (iii) the Participant Sample. We began with a listing of everyone under 20 years of age who received publicly funded mental health services between November 1, 2001 and April 30, 2002. This list of 29,618 clients is referred to as the “Sample Frame.” A ten percent “random sample” was then drawn from the Sample Frame. The resulting sample consists of 2,964 clients. This sample is referred to as the “Drawn Sample.” We attempted to survey everyone on the Drawn Sample, but were successful in actually surveying 1,314 of the 2,964 clients. This final sample of 1,314 is referred to as the “Participant Sample.”

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Participant  
Sample is Fairly  
Representative  
of all Clients  
Receiving  
Publicly Funded  
Mental Health  
Services in  
Washington  
State

sample compared to the drawn sample (44% to 43%). There is also a small over-representation for non-minorities in the completed sample (67%) compared to the drawn sample (65%).

Persons who identified their ethnicity as “Other” were under-represented in the respondent sample (7.3%) compared to the drawn sample (8.4%). And Hispanic/Latino persons were slightly over-represented in the completed sample than in the drawn sample.

These differences between the completed sample and the sample of all youth consumers in Washington State are minor and may be explained by biases common in obtaining interviews. For instance, in telephone-based surveys, females may be over-represented in the completed sample, perhaps because they are more likely to be home when called than are males; those who receive more services are perhaps more likely to have correct contact information than those that have received less services; and minorities are perhaps more difficult to locate than non-minorities.

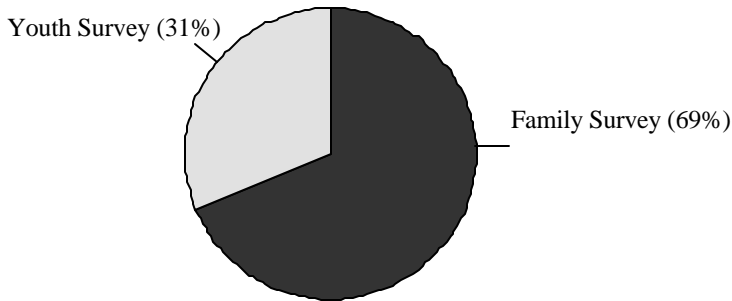
### III. Client Characteristics

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Twelve of the questions on the survey asked the participants about their gender, race or ethnicity, age, school status, and other life circumstances.

Figure 2. Survey Type

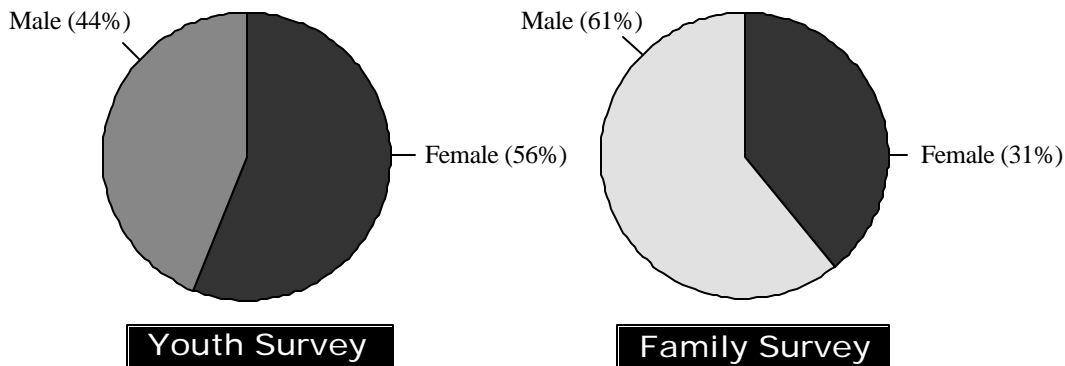
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**Survey Type.** A total of 1,314 consumers participated in the survey. Nine hundred one respondents (69%) completed the Family survey. Four hundred thirteen (31%) of respondents completed the Youth survey.

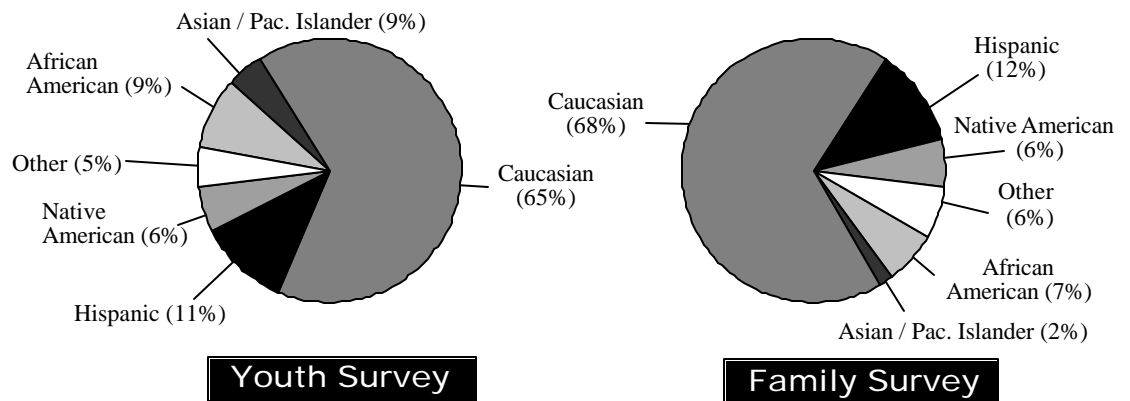
Figure 3. Respondent Gender

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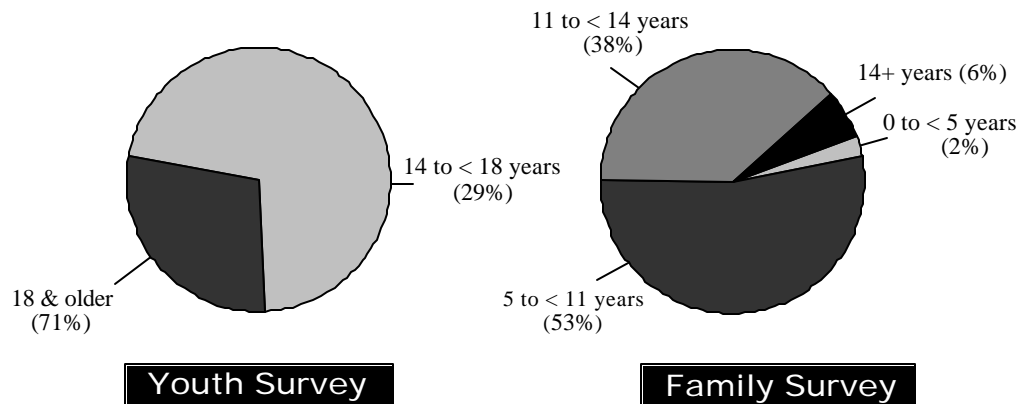
**Gender.** Overall, of the 1,314 responses to this survey, 56% pertained to male consumers and 44% pertained to female consumers. Fifty-six percent of the participants in the Youth sample were female. In the Family sample, 61% of primary caregivers responded for their male children.

Figure 4. Respondent Race/Ethnicity



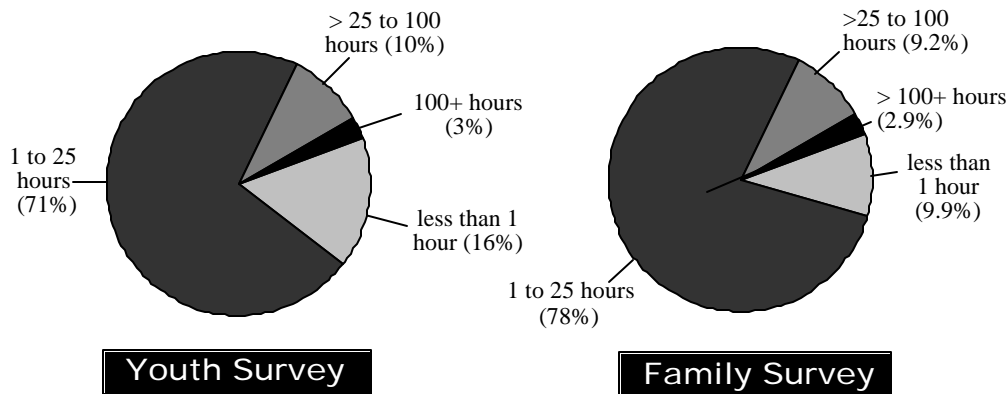
**Race or Ethnicity.** Two-thirds (67%) of survey respondents overall indicated their race or ethnicity as Caucasian. Twelve percent of respondents identified a Hispanic, 7% of respondents identified as African American, and 6% of respondents identified as Native American or as Other. Three percent of respondents identified their race as Asian or Pacific Islander.

Figure 5. Age



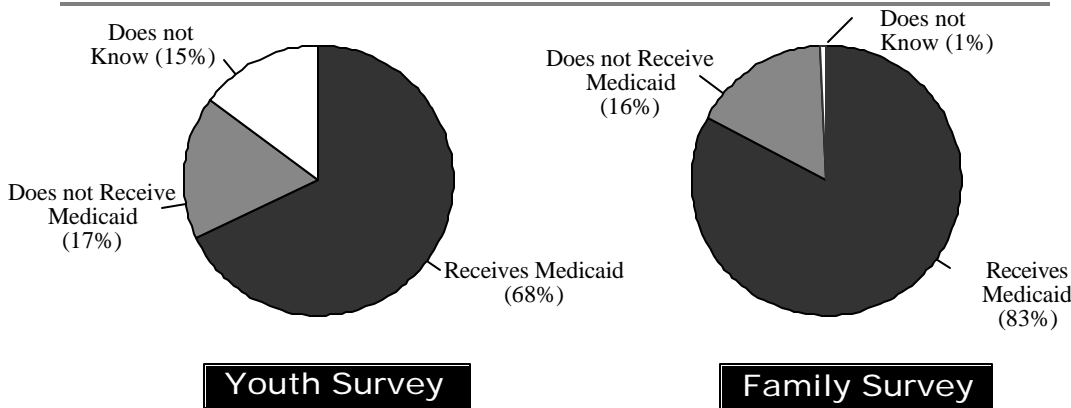
**Age.** Overall, most children in the survey (37%) were between the ages of five and 11 years old. Twenty six percent of participants were between the ages of 11 and 14 years old; 11% were either under the age of five or 18 years or older. Close to three quarters (71%) of participants in the Youth sample were between the ages of 14 and 18. In the Family sample, over half (53%) were between the ages of five and 11 years old at the time of the survey.

Figure 6. Service Hours



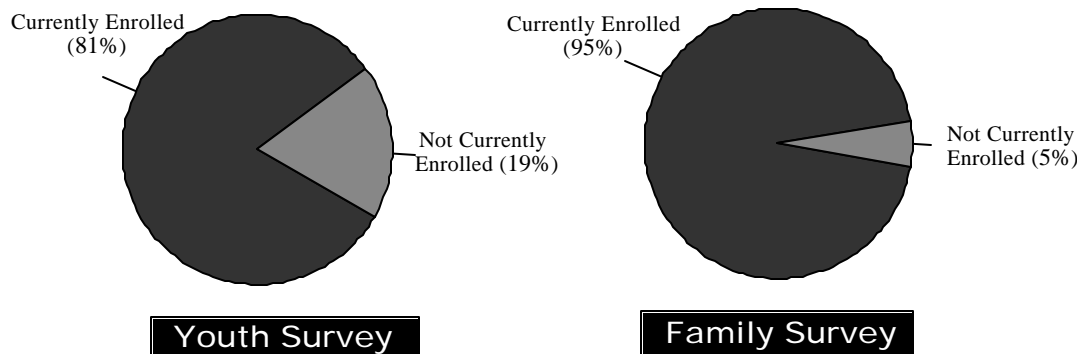
**Service Hours.** Overall, the majority (88%) of children in the survey received between one and 25 hours of services for the study period between November 2001 and April 2002. Family participants had two times that of Youth participants in number of service hours between 25 and 100 hours. As a percentage of total hours of services received by participants, those in the Youth sample more frequently received less than one hour of services.

Figure 7. Medicaid Status



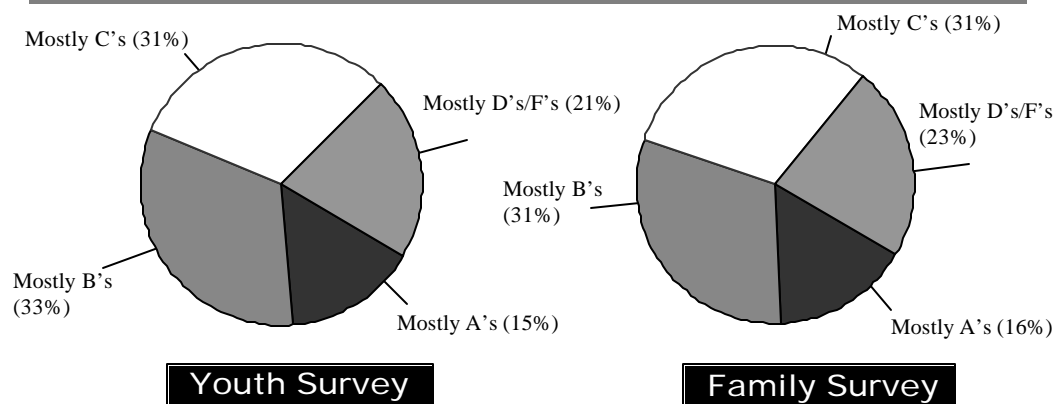
**Medicaid Status.** Overall, 78% of respondents self reported that they or their child is insured by the federal Medicaid program. A greater percentage and number of Youth respondents indicated that they did not know if they were enrolled in Medicaid (15% of Youth, compared to .9% of Family).

Figure 8. School Status<sup>3</sup>



**School Status.** Of the children surveyed, 90% attended school. Of those children not currently in school, 10% were under the age of five and 44% were older than 18 years.

Figure 9. School Grades<sup>4</sup>



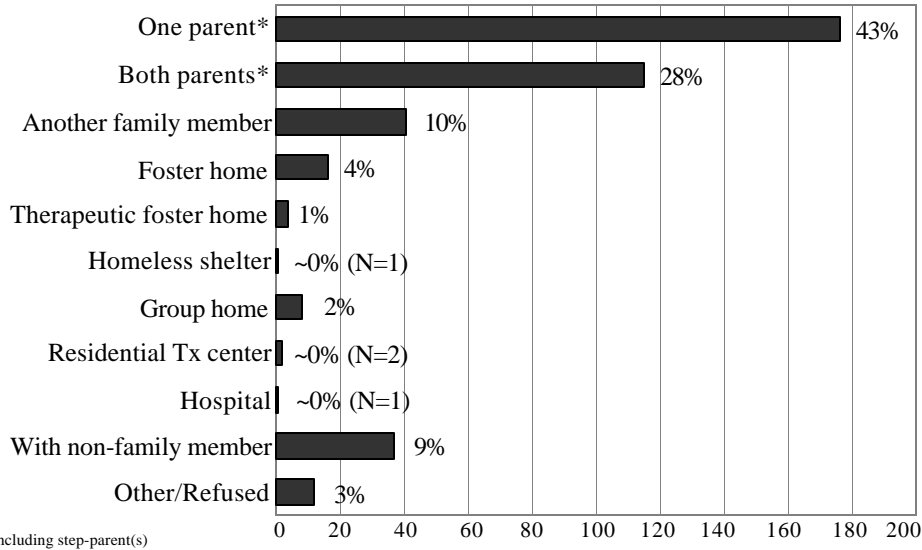
**School Grades.** Overall, nearly half (47%) of the children in the survey reported earning Mostly A's or B's. About one third (31%) reported grades of Mostly C's. Twenty two percent of children in the survey reported earning Mostly D's or F's in school.

<sup>3</sup> Information on school status was not available for four percent of respondents.

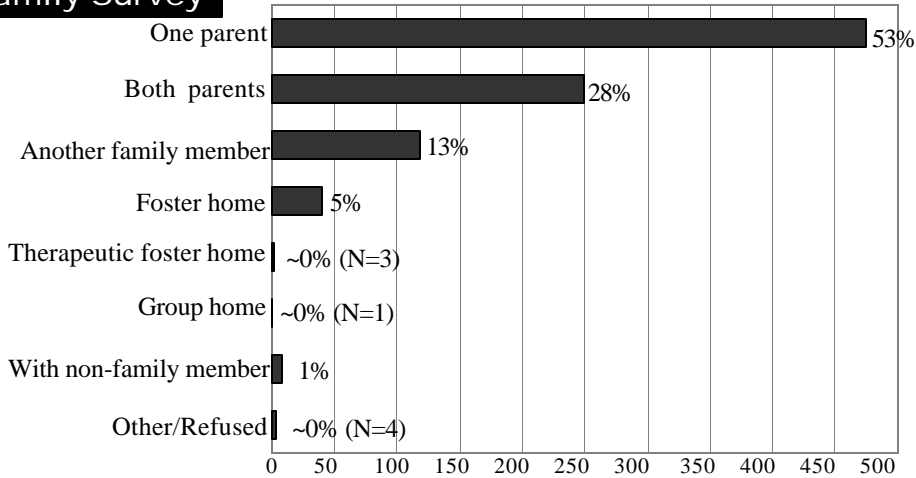
<sup>4</sup> An additional 240 participants indicated that their child received passing marks in non-graded learning environments, while 37 participants said that their child has received failing marks in non-graded learning environments. For 147 children, no information on grades was provided. These numbers are not included in the totals and percentages above.

Figure 10. Living Situation

**Youth Survey**



**Family Survey**



**Living Situation.** Overall, more than three-quarters (77%) of the children in the survey lived with either one or both parents. Another 12% lived with a family member who was not their parent. Approximately five percent of the children in the survey lived in a foster home or a therapeutic foster home.

## IV. Satisfaction with Services

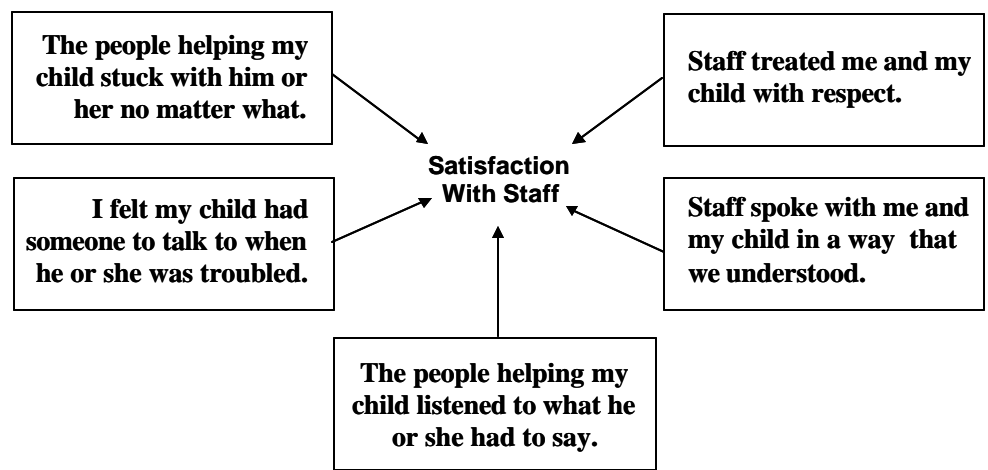
### Measuring Group Satisfaction

As stated previously, two surveys were employed to collect data. The Family Survey obtained information from the primary caregiver of consumers under 14 years of age. Those consumers 14 years and older were surveyed directly using the Youth Survey. The survey asked each person participating questions relating to satisfaction with their mental health services. For example, the survey contained such questions as “My child is better at handling daily life.” The person responding to this statement then chose among the following responses: I Strongly Agree, I Agree, I am Undecided, I Disagree, or I Strongly Disagree. These questions addressed various types of satisfaction, which included:

- General Satisfaction with Services,
- Voice in Service Delivery,
- Satisfaction with Staff,
- Perceived Outcomes of Services,
- Access to Services, and
- Staff Sensitivity to Culture.

Multiple questions were then combined into a “scale,” which addressed each of the six areas listed above. **Figure 11** below provides an example using the scale of **Satisfaction with Staff**.<sup>5</sup> This scale is created by combining information from five individual questions, which are present in the boxes below. Each of the six scales and the individual questions that were used to create them are provided in **Figure 12** on the following page.

Figure 11. Scale Construction



<sup>5</sup> The reliability of the scales was tested using Cronbach’s Alpha, a common measure of internal consistency of scaled items. Cronbach’s Alphas ranged from 0.57 to 0.90. For additional information on reliability analysis, please see *Tool Kit for the Children’s Survey 2002*, published by The Washington Institute. Or contact us at 253/756-2741.

Figure 12. The Scales and Their Questions<sup>6</sup>

**General Satisfaction with Services**

**Alpha = 0.90**

Satisfaction Scales

Overall I am satisfied with the services my child received.  
The services my child and/or family received were right for us.  
If I need services for my child in the future, I would use these services again.  
My family got the help we wanted for my child.  
My family got as much help as we needed for my child.

**Voice in Service Delivery**

**Alpha = 0.69**

I helped to choose my child's services.  
I helped to choose my child's treatment goals.  
I was actively involved in my child's treatment.

**Satisfaction with Staff**

**Alpha = 0.82**

The people helping my child stuck with him/her no matter what.  
I felt my child had someone to talk to when he/she was troubled.  
The people helping my child listened to what he/she had to say.  
Staff treated me and my child with respect.  
Staff spoke with me and my child in a way that we understood.

**Perception of Outcome of Services**

**Alpha = 0.86**

My child is better at handling daily life.  
My child gets along better with family members.  
My child gets along better with friends and other people.  
My child is doing better in school and/or work.  
My child is better able to cope when things go wrong.  
I am satisfied with our family life right now.

**Access to Services**

**Alpha = 0.57**

The location of services was convenient for us.  
Services were available at times that were convenient for us.

**Staff Sensitivity to Culture**

**Alpha = 0.83**

Staff understood my family's cultural traditions.  
Staff respected my family's religious/spiritual beliefs.  
Staff was sensitive to our cultural/ethnic background.

**Possible Responses:**

1. I Strongly Disagree
2. I Somewhat Disagree
3. I am Undecided
4. I Somewhat Agree
5. I Strongly Agree

<sup>6</sup> Questions are taken directly from the Family Survey instrument.

Interpreting the Satisfaction Figures

Figure 13. The Six Satisfaction Scales, Family Sample

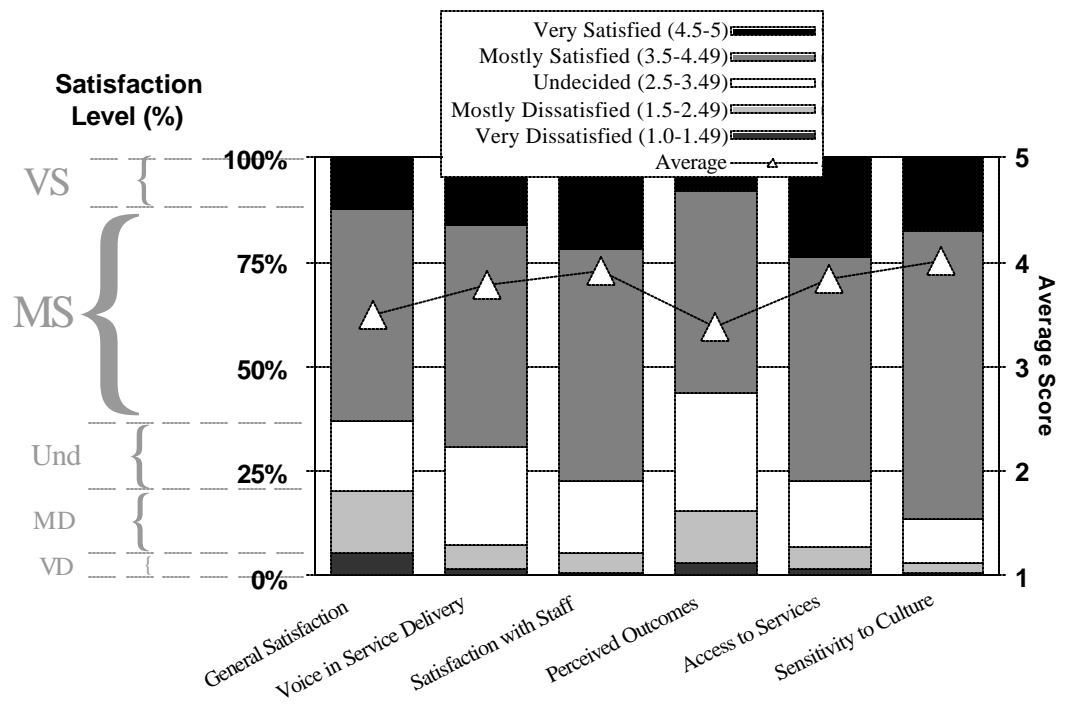
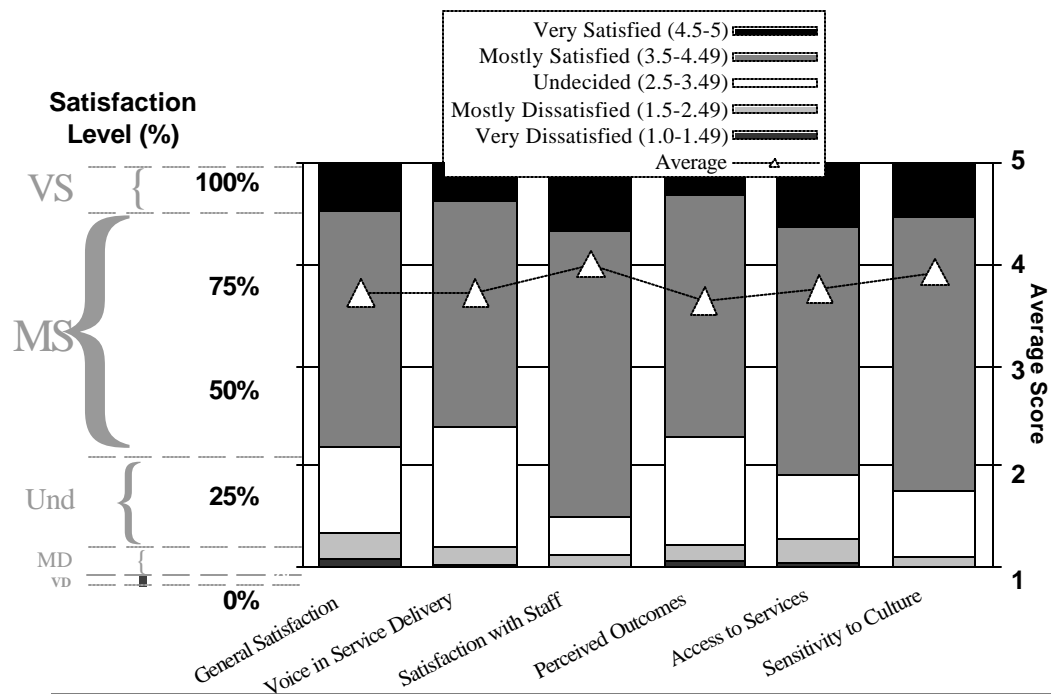


Figure 14. The Six Satisfaction Scales, Youth Sample



All satisfaction measurements in this report are presented in variations of **Figures 13 and 14**. These figures combine information on both the satisfaction scale score and on the various levels of satisfaction (represented by the shades within the each column). Satisfaction scale scores are interpreted by reading the “Average Score” appearing on the right side of the graphic. The triangles represent average satisfaction.<sup>7</sup> Higher levels of satisfaction are represented by the triangles appearing higher in their column. For example, in **Figure 13** the highest average satisfaction appears in the category of Sensitivity to Culture — which has an average score of 4.01.

The levels of satisfaction within each category are obtained by examining the shades within each column, which is interpreted by reading the “Satisfaction Level” appearing on the left side of the graphic. For example, in **Figure 13**’s General Satisfaction category, 12.5% of the participants indicated they were Very Satisfied (VS), 50.6% of the participants said they were Mostly Satisfied (MS), 16.8% of the participants indicated they were Undecided (Und), 14.8% of the participants indicated they were Mostly Dissatisfied (MD), and 5.3% of the participants said they were Very Dissatisfied (VD).

In all six satisfaction scales, a majority of participants indicated they were either Mostly Satisfied or Very Satisfied. Those indicating they are Mostly Dissatisfied or Very Dissatisfied varied by satisfaction scale and by group. Among the Family Respondents (**Figure 13**), the percent of those Mostly Dissatisfied or Very Dissatisfied ranged from a high of 20% (in the General Satisfaction scale) to a low of three percent (in the Satisfaction with Staff scale). Among the Youth Respondents (**Figure 14**), the percent of those Mostly Dissatisfied or Very Dissatisfied was in all cases lower than the Family respondents. The percentage of those Mostly Dissatisfied or Very Dissatisfied ranged from a high of nine percent (in the General Satisfaction scale) to a low of two percent (in the Sensitivity to Culture scale).

The term “statistical significance” means that there is a sufficiently low likelihood that a difference could have appeared by chance.<sup>8</sup> Statistical significance depends on: (i) the size of the sample, and (ii) the size of the difference. Therefore, there are times when a large difference appears in a small group, and the difference is not statistically significant. Alternatively, a small difference can be statistically significant if the group is large enough.

<sup>7</sup> The average score is the arithmetic mean, which is obtained by adding all the scores together and dividing by the total number of responses.

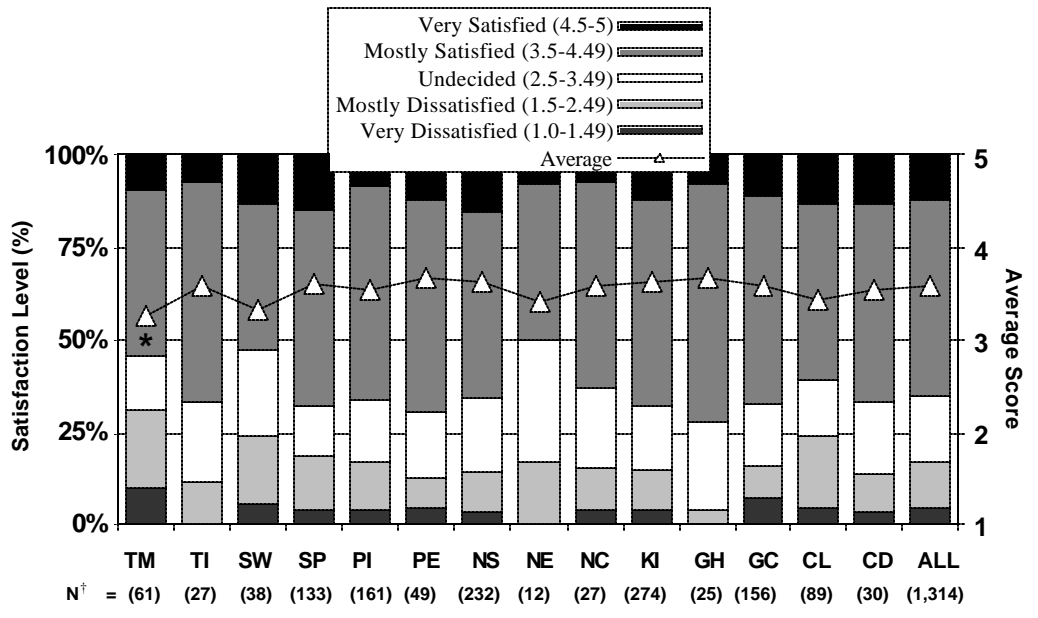
<sup>8</sup> Statistical significance testing was conducted by use of an ANOVA across categories; if statistically significant, the category or categories creating the difference are identified. Significance was established at  $P < 0.05$ , two tailed.

## General Satisfaction

### RSN Abbreviations:

- CD - Chelan Douglas
- CL - Clark
- GC - Greater Columbia
- GH - Grays Harbor
- KI - King
- NC - North Central
- NE - Northeast
- NS - North Sound
- PE - Peninsula
- PI - Pierce
- SP - Spokane
- SW - Southwest
- TI - Timberlands
- TM - Thurston Mason

Figure 15. General Satisfaction by RSN



† Some RSNs provide publicly funded mental health services to a relatively small number of persons. When groups are represented by a small number of respondents (e.g., Northeast RSN was represented by only 12 respondents), questions necessarily arise over the validity of such findings.

\* Statistically significant difference.

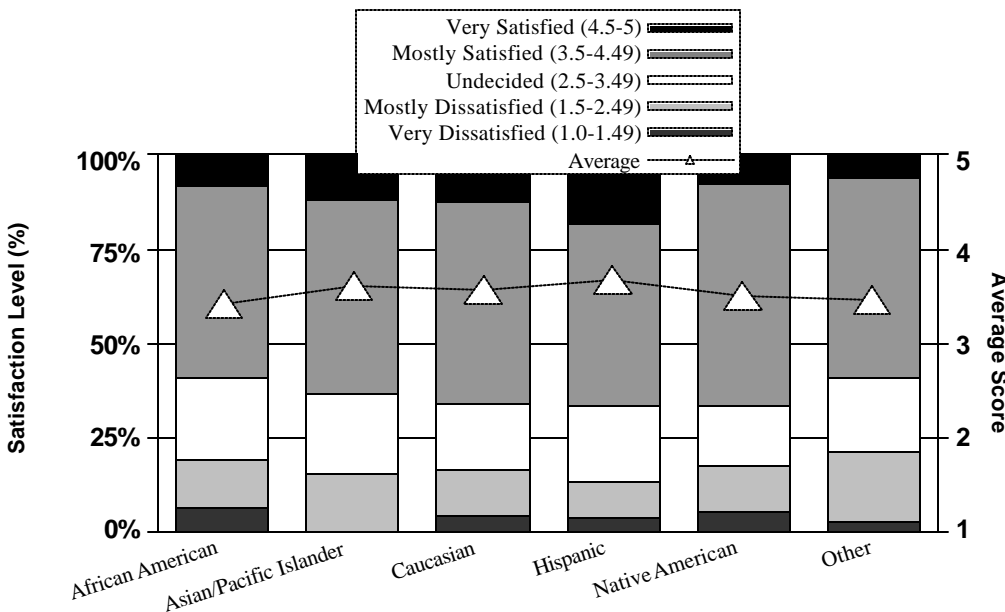
Figure 16. General Satisfaction by Gender/Age



\* Statistically significant difference.

9 When differences between RSNs were examined, we compared the overall score for the RSN with the average scores for responses from the entire state outside of that RSN.

Figure 17. General Satisfaction by Race/Ethnicity



When comparing average scores, there is a slight but statistically significant difference across RSNs on General Satisfaction. (Figure 15) When comparing each RSN with the state-wide average, only Thurston Mason is statistically significantly different.<sup>9</sup> When looking at the percent satisfied in this category, 11 out of 14 RSNs have more than two thirds of respondents indicating that they are Mostly or Very Satisfied.

Two-thirds (67%) of male participants said they are Mostly or Very Satisfied with their mental health services, compared to slightly less (64%) for female participants; this difference is not statistically significant. (Figure 16) Participants with children between 11 and 14 years of age indicate the lowest level of satisfaction — 24% say they are Mostly or Very Dissatisfied. The difference among the 11 to under 14 year olds and the younger age groups is statistically significant. Statistical significance is also found among those with children 11 to under 14 years old and the youth respondents themselves; those youths answering the survey themselves are more satisfied than the caregivers answering for the 11 to under 14 year olds.

Across race and ethnic categories, respondents indicate fairly high levels of satisfaction (63%) while African American respondents and those who identified their race as “Other” have slightly lower levels of satisfaction, but these findings are not statistically significant.

Figure 17 shows no statistical significant difference across race categories.

General Satisfaction (continued)

Respondent Voices:

“The services are excellent. I would return and I’d refer others to them.”

“I’m totally pleased with the community mental health services.”

“They were not helping me at all. I am very dissatisfied with the services.”

“I just like the help that I’ve gotten and in the future if I need help, that’s where I’ll go.”

## Voice in Service Delivery

### RSN Abbreviations:

- CD - Chelan Douglas
- CL - Clark
- GC - Greater Columbia
- GH - Grays Harbor
- KI - King
- NC - North Central
- NE - Northeast
- NS - North Sound
- PE - Peninsula
- PI - Pierce
- SP - Spokane
- SW - Southwest
- TI - Timberlands
- TM - Thurston Mason

Figure 18. Voice in Service Delivery by RSN

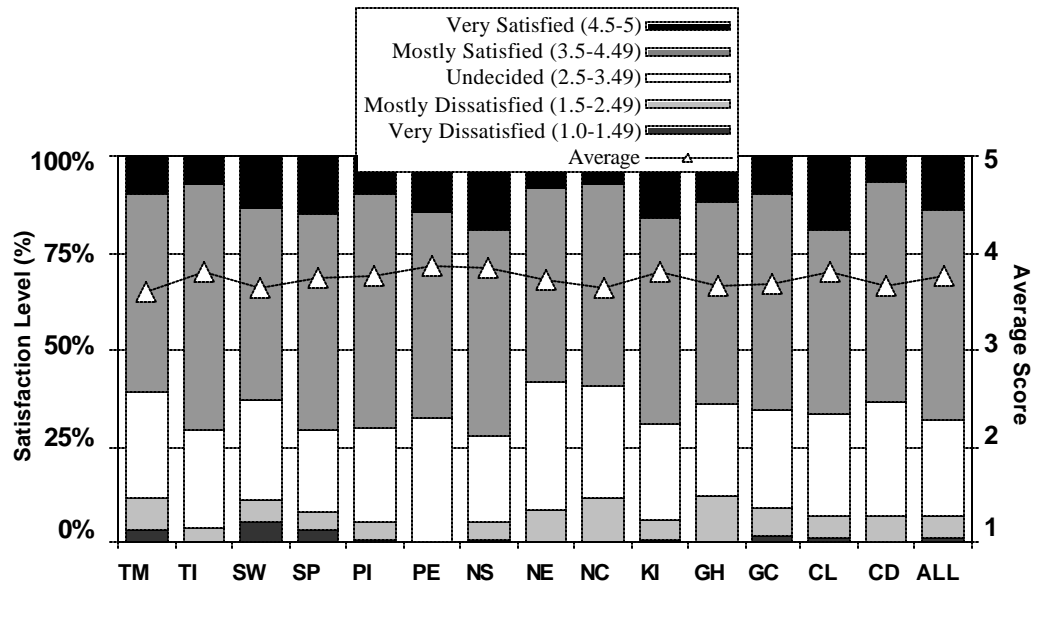
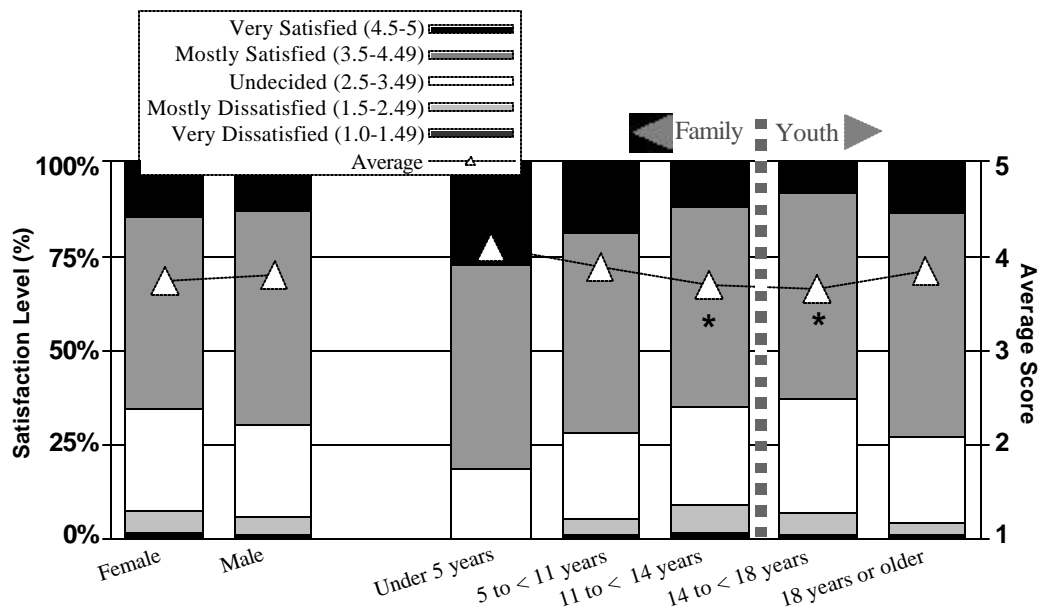
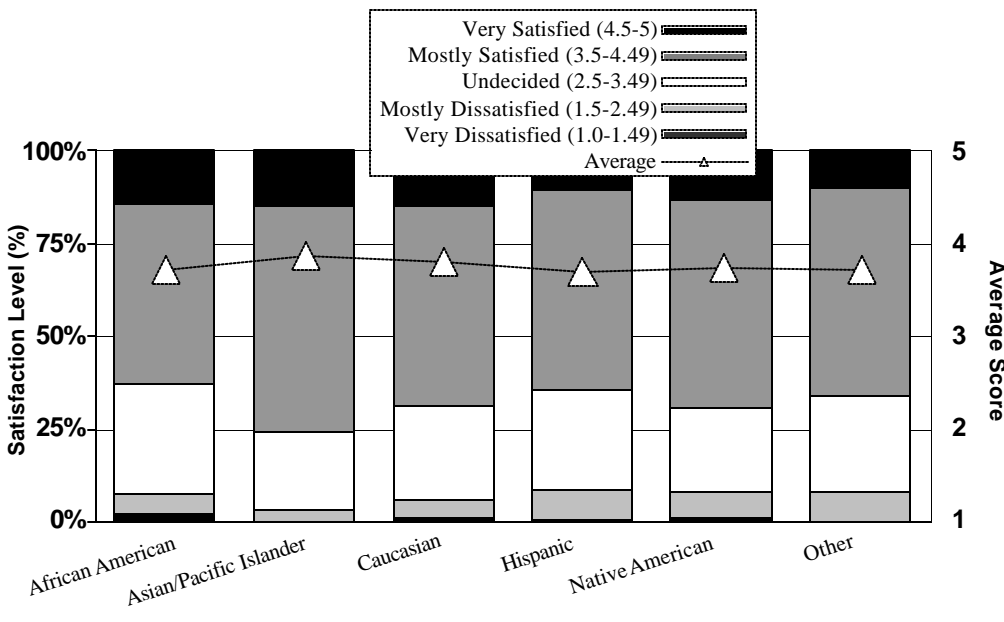


Figure 19. Voice in Service Delivery by Gender/Age



\* Statistically significant difference.

Figure 20. Voice in Service Delivery by Race/Ethnicity



**Figure 18** shows no statistically significant difference in average scores of consumers’ satisfaction in “Voice in Service Delivery” across RSNs.

**Figure 19** shows that two-thirds (67%) of male participants say they are Mostly or Very Satisfied with their mental health services, compared to slightly less (64%) for female participants; this difference is not statistically significant. There is a statistically significant difference across age for levels of satisfaction for having “voice” in service delivery. Caregivers of children under the age of five years indicate higher levels of satisfaction, followed by those caregivers with children five to under 11 years old. As was the case previously, those caregivers with the oldest children are the least satisfied with voice in service delivery. For youth answering themselves, the older youth are more satisfied with voice in service delivery compared with younger youths. These differences are statistically significant ( $p < .05$ ).

**Figure 20** shows that there are no statistically significant differences across race and ethnic categories for satisfaction with voice in service delivery.

Voice in Service Delivery (Continued)

Respondent Voices:

“I was not included in the progress of my child’s therapy. There should be more communication with the therapists and parent. We think we could have known where our son was coming from.”

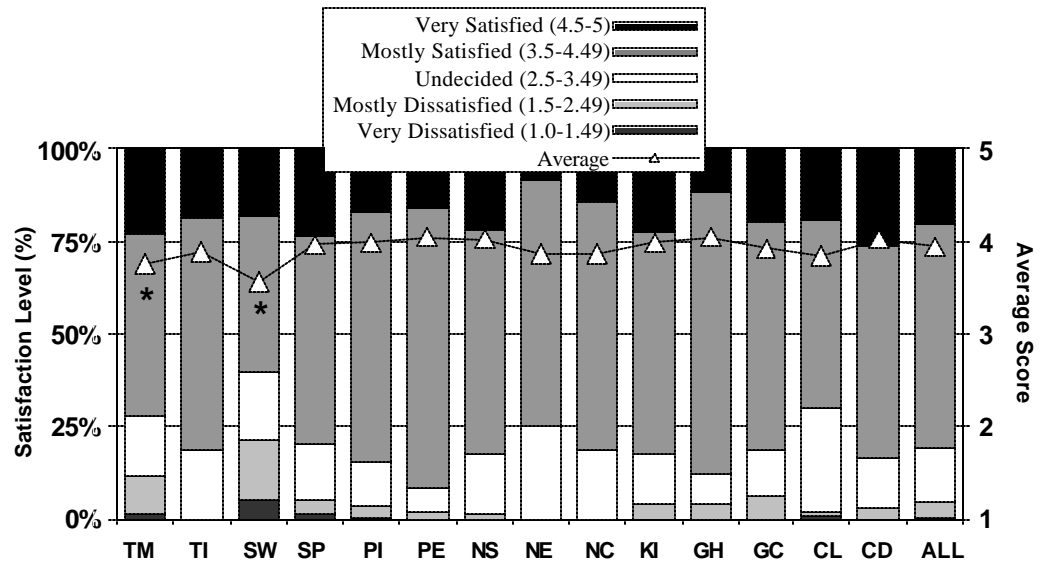
“One problem is that my son has a right to decide if he wants his parents to know what goes on in the counseling sessions, and he’s only a child. In order to help him, I need to know.”

## Satisfaction with Staff

### RSN Abbreviations:

- CD - Chelan Douglas
- CL - Clark
- GC - Greater Columbia
- GH - Grays Harbor
- KI - King
- NC - North Central
- NE - Northeast
- NS - North Sound
- PE - Peninsula
- PI - Pierce
- SP - Spokane
- SW - Southwest
- TI - Timberlands
- TM - Thurston Mason

Figure 21. Satisfaction with Staff by RSN



\* Statistically significant difference.

Figure 22. Satisfaction with Staff by Gender/Age

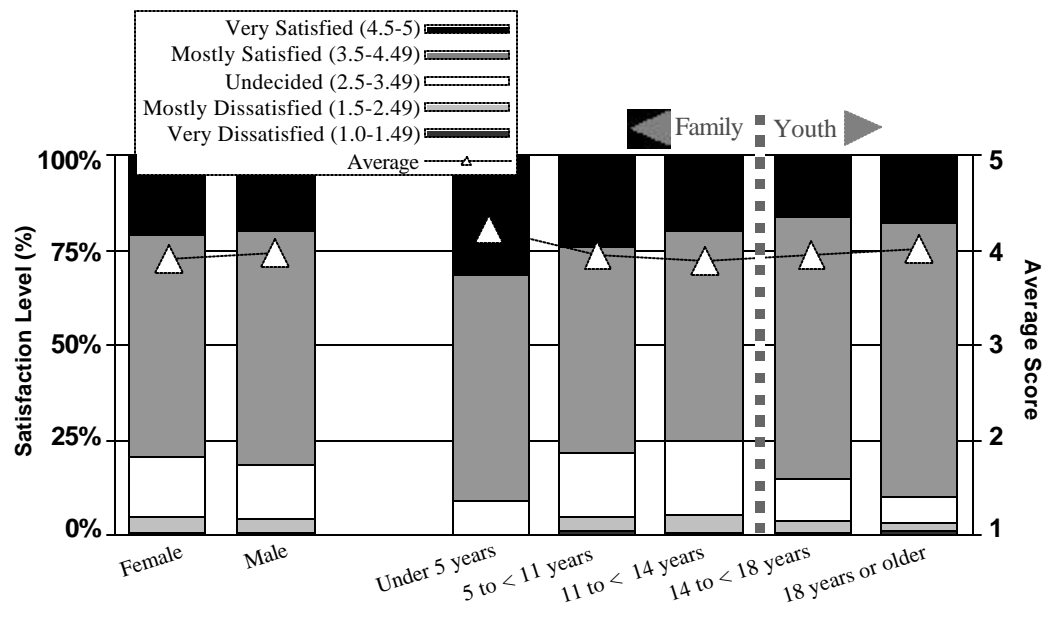
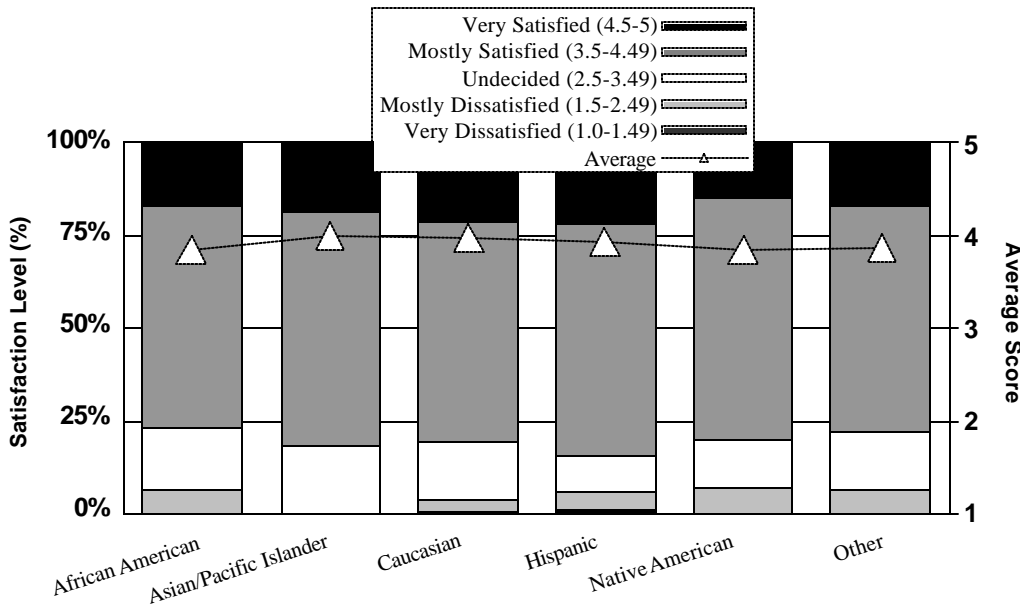


Figure 23. Satisfaction with Staff by Race/Ethnicity



Southwest and Thurston Mason RSNs have higher percentages of respondents who are Mostly or Very Dissatisfied with staff (21% and 11%) — these differences are statistically significant (**Figure 21**).

**Figure 22** demonstrates that both females and males report high levels of satisfaction with staff: 80% and 81% report they are Mostly or Very Satisfied. Across age categories, respondents indicate they are Mostly or Very Satisfied more that 75% of the time. For the ages under five and over 18, 90% of respondents are Mostly or Very Satisfied. There are no significant differences across age categories for satisfaction with staff.

In **Figure 23**, 84% of Hispanics said they are Mostly or Very Satisfied while 76% of African Americans and 77% of those who classified their race / ethnicity category as Other are Mostly or Very Satisfied with staff. There are no significant differences across race and ethnic categories for satisfaction with staff.

### Satisfaction with Staff (Continued)

#### Respondent Voices:

“They did all they could for us. It was what we needed most.”

“The counselor always talked and didn’t listen to me.”

“The counselor just got right in there and helped me. In turn, I was able to help my child more than I would have been able to alone.”

“I like my counselor and my doctor because they respect me.”

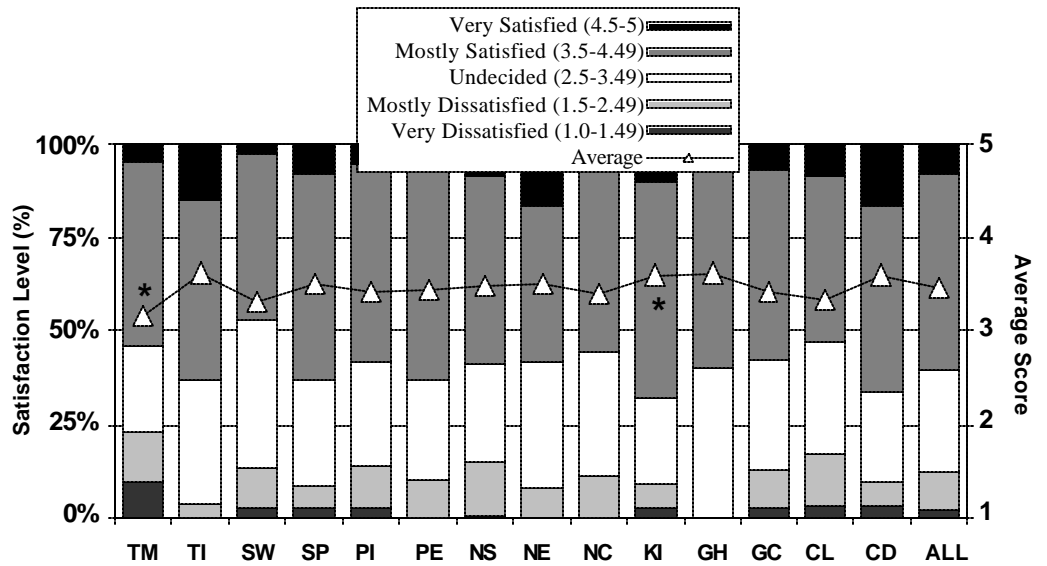
“The secretaries didn’t want to work with us and find times that were convenient. It was very hard to get an appointment.”

## Perception of Service Outcome

### RSN Abbreviations:

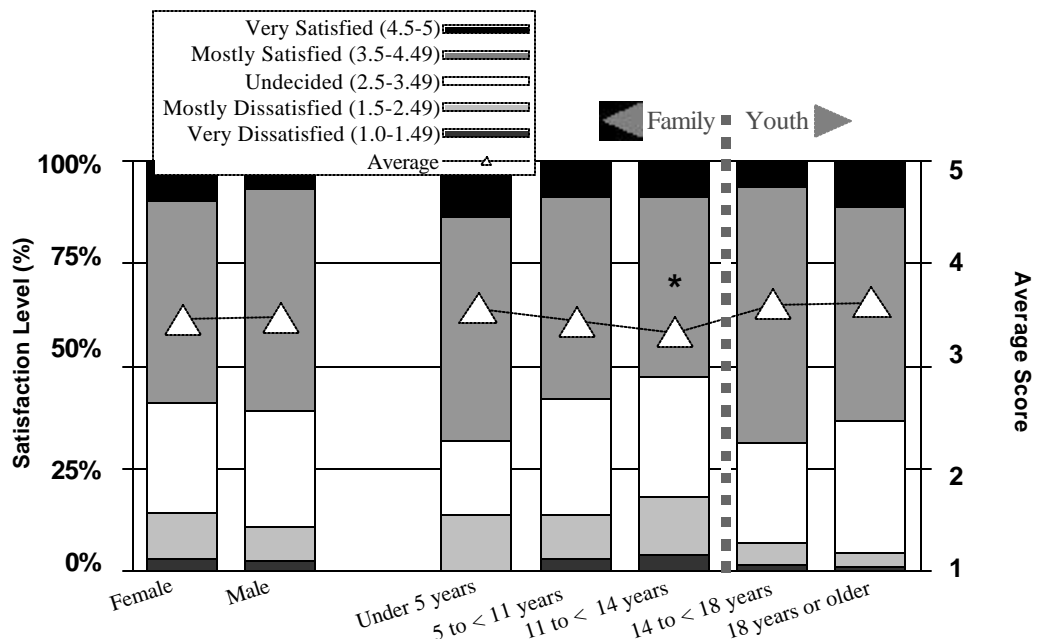
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Figure 24. Perception of Service Outcome by RSN



\* Statistically significant difference.

Figure 25. Perception of Service Outcome by Gender/Age



\* Statistically significant difference.

Figure 26. Perception of Service Outcome by Race/Ethnicity

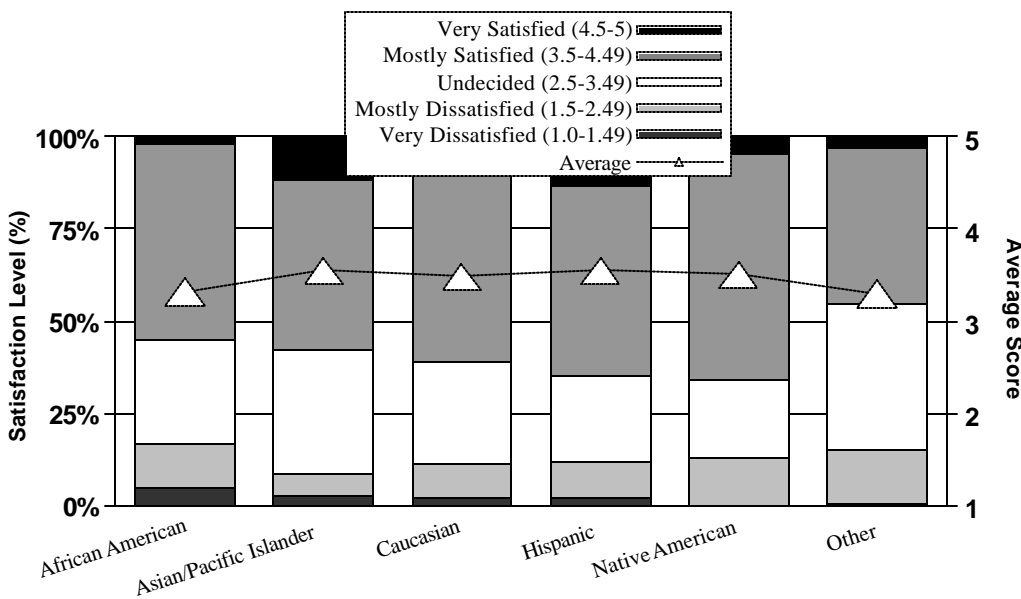


Figure 24 shows that Thurston Mason RSN has satisfaction levels lower than those in the rest of the state, while respondents from King RSN indicate higher levels of satisfaction with Outcomes of Services. These differences are statistically significant.

There is a statistically significant difference across age categories in the perception of service outcomes scale. Caregivers of the older children are less satisfied than those of the younger children. Further, those youth answering for themselves are generally more satisfied with outcomes than the caregivers of younger children.

Figure 26 shows that there are no statistically significant differences across ethnic and race categories for perception of service outcomes.

Perception of Service Outcome (Continued)

Respondent Voices:

“With the help of the community health care workers, my grandson’s condition improved to the point that he was taken off medications and no longer needed an IEP [Individualized Education Program].”

“The mental health care providers failed to give me advance notice of program and service changes. Consequently, my child’s mental health declined because he doesn’t handle change well.”

## Access to Services

### RSN Abbreviations:

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Figure 27. Access to Services by RSN

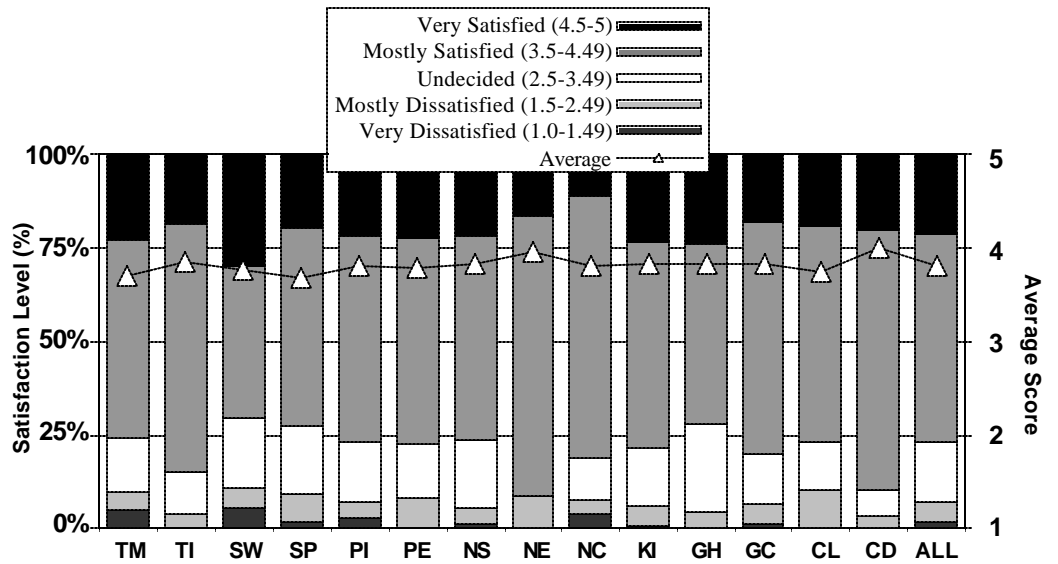


Figure 28. Access to Services by Gender/Age

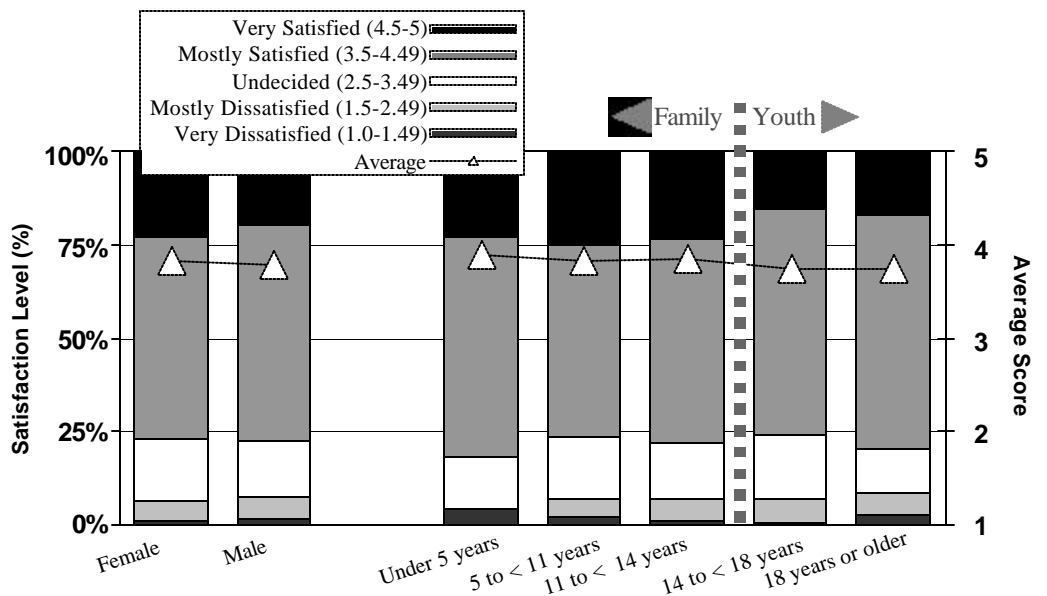
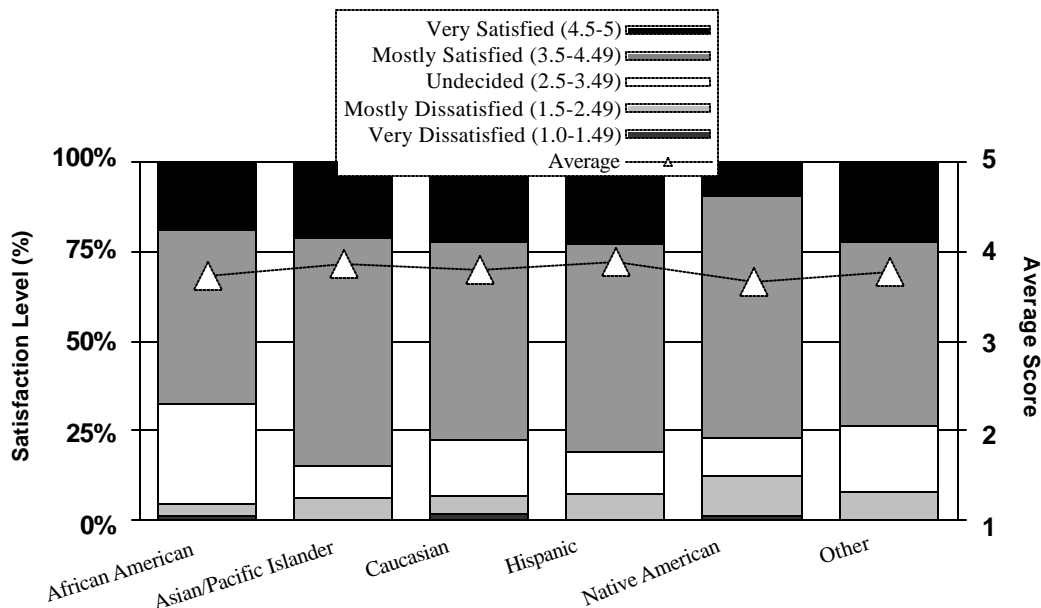


Figure 29. Access to Services by Race/Ethnicity



State-wide, over three-quarters (77%) of respondents indicate they are Mostly or Very Satisfied in the access to services scale.

**Figure 27** shows that North East and Chelan Douglas RSN respondents report satisfaction at least 90% of the time — although these differences are not statistically significant.

**Figure 28** shows that males are slightly more satisfied with access than females (78% to 77%). These findings are not statistically significant. Across age categories, respondents with children under five years of age and respondents 18 and older indicate higher levels of satisfaction regarding access to services (82% and 80%). These findings are not statistically significant.

**Figure 29** indicates that Asian or Pacific Islander or Hispanic respondents have higher levels of satisfaction (85% and 81% Mostly or Very Satisfied) than average. Twelve percent of Native American respondents say they are Mostly or Very Dissatisfied with access to services. These differences are not statistically significant.

### Access to Services (Continued)

#### Respondent Voices:

“The in-processing was overwhelming, but after that the experience was wonderful. Thanks a lot!”

“DSHS should expand its listing of health care providers who are willing to take DSHS medical coupons. The providers should offer evening and weekend appointments and have more office locations.”

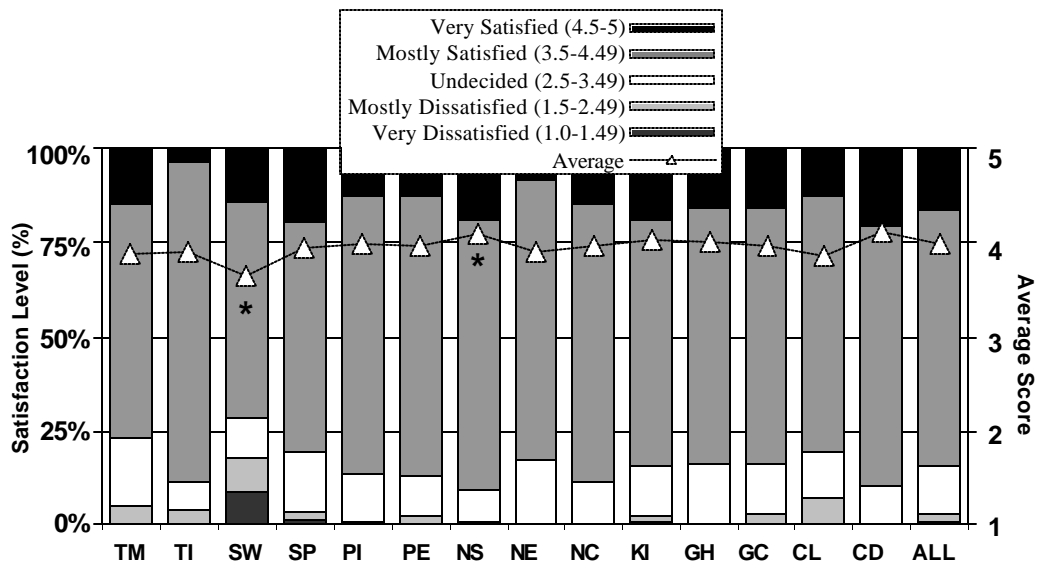
“It’s hard to work out billing with insurance and co-pays. We started with medical coupons, then lost them. They need to be more specific about out-of-pocket expenses and the parent’s financial responsibility when insurance is involved.”

## Sensitivity to Culture

### RSN Abbreviations:

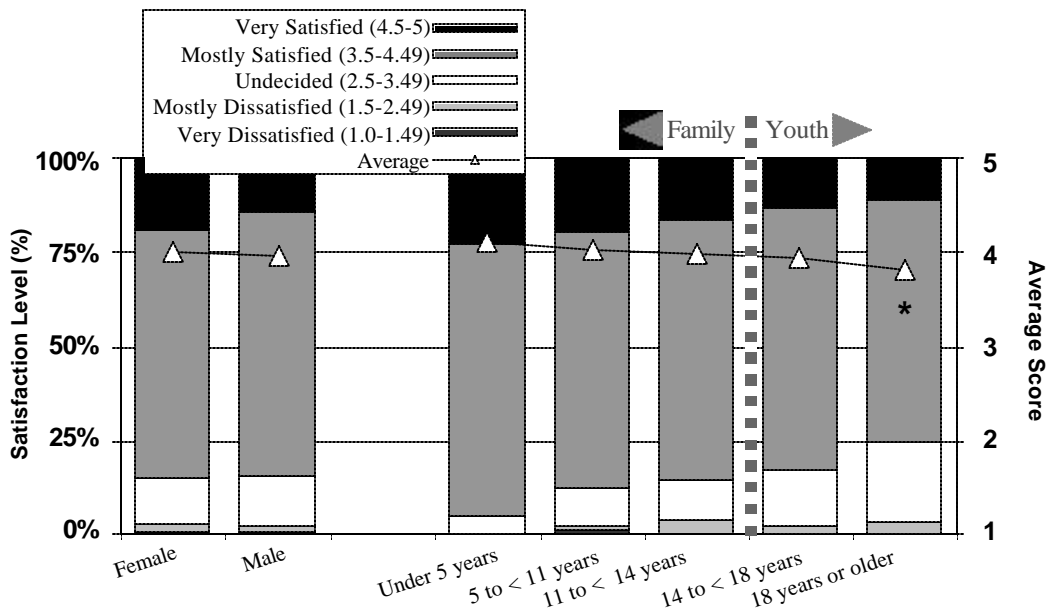
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Figure 30. Sensitivity to Culture by RSN



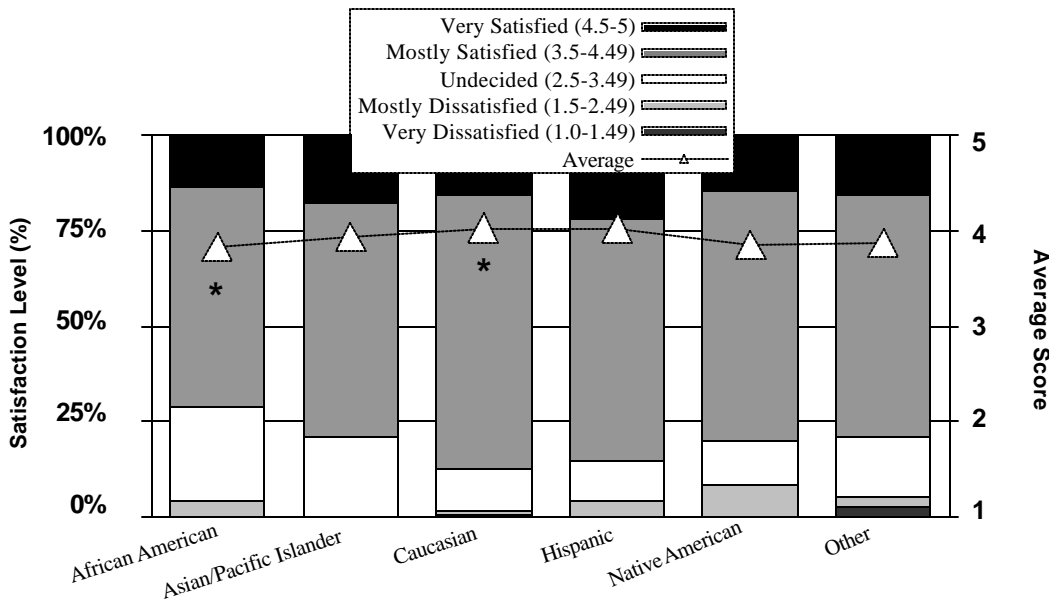
\* Statistically significant difference.

Figure 31. Sensitivity to Culture by Gender & Age



\* Statistically significant difference.

Figure 32. Sensitivity to Culture by Race/Ethnicity



\* Statistically significant difference.

**Figure 30** shows that respondents at North Sound RSN indicate statistically significant higher levels of satisfaction on the staff sensitivity to culture scale — 91% of respondents reporting that they are Mostly or Very Satisfied. Southwest RSN has a statistically significant lower score on this measure of satisfaction — 71% of respondents reporting that they are Mostly or Very Satisfied with staff sensitivity to their culture.

**Figure 31** shows that males and females were equal at 85% in the percentage of respondents who were Mostly or Very Satisfied with staff sensitivity to culture. In the age categories, there is a statistically significant difference across age categories, with the older youths showing the least satisfaction with staff sensitivity to culture (25% Mostly or Very Dissatisfied). Caregivers of children under the age of five are the most satisfied with cultural sensitivity, with 95% indicating that they are Mostly or Very Satisfied with staff sensitivity to culture.

**Figure 32** shows a statistically significant difference across race and ethnic categories, with African Americans having the lower satisfaction score (71% reporting Mostly or Very satisfied) in sensitivity to culture and Caucasians and Hispanics having the highest scores (85% to 90% reporting Mostly or Very Satisfied).

## Sensitivity to Culture (Continued)

### Respondent Voices:

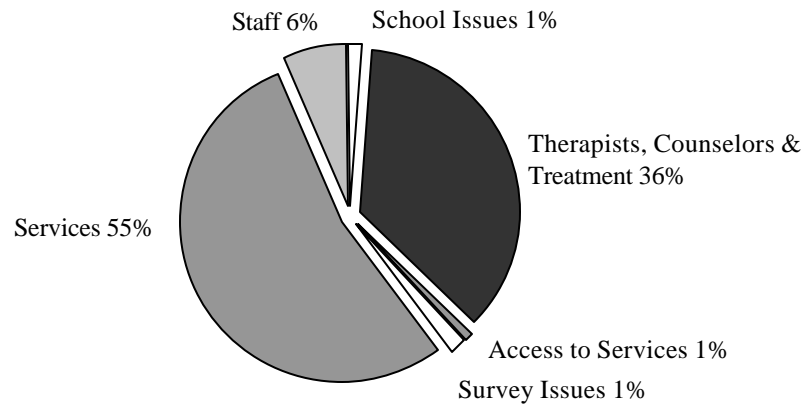
“I felt discriminated against because we are African American. The people at the office never returned calls to schedule appointments. We had to go down to the office to schedule an appointment.”

“The staff was sensitive to my cultural background.”

“I can’t find a therapist — an African American male — for my child. King County can’t provide one in my area. This is discrimination against my child. He needs a male not a female therapist.”

## V. Respondent Comments

Figure 33. Positive Comments about Services  
Family and Youth Respondents (n = 207)



In addition to questions regarding satisfaction, respondents were also asked if they had any comments about the services they had received or about the survey.

A total of 564 respondents offered comments. For analysis, comments were coded by an experienced interviewer and the CATI Supervisor as either Positive, Negative, or Neutral comments (analysis of neutral comments is excluded as they are general additional information not relevant to this summary). Comments were then placed into categories of topic area to which the remark most pertained. Finally, categories were aggregated into broader, inclusive categories by one of the lead researchers and differences between the two coders were rectified.

Of the 564 comments collected during the survey (Comment 1) 37% were positive, 57% were negative, and five percent were neutral. Eighty-five percent of all comments were made by respondents of the Family survey and 15% of comments were made by Youth respondents.

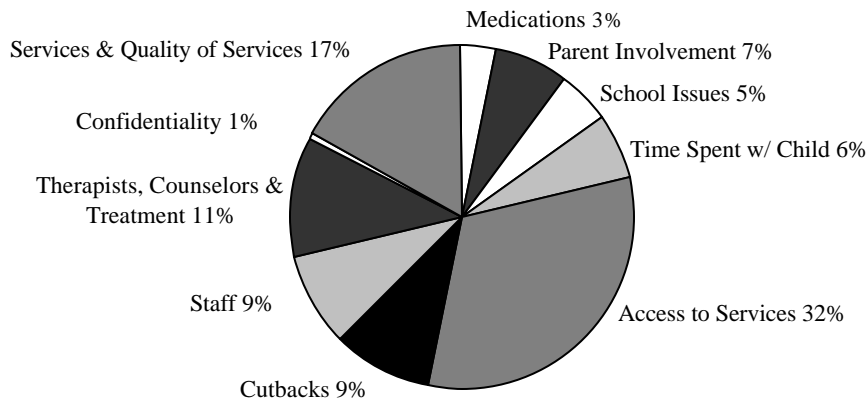
Overall, more than half of the positive comments made were about the services and the quality of the services including service quality and service availability. More than half of the positive comments made by Family and Youth respondents regarded services as well.

Thirty-nine percent of Family respondents made positive comments regarding therapists, counselors, and treatment, as did 23% of Youth respondents. A higher percentage of Youth respondents made positive comments about agency staff than did Family respondents (13% to 4%).

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Figure 34. Negative Comments about Services  
Family and Youth Respondents (n = 321)

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Nearly 300 Family respondents offered negative comments; only 29 Youth respondents had comments regarding their mental health services.

The majority of negative comments made by Family respondents related to access (28%), such as location of services, days and hours of provider availability, and insurance/payment issues. Fourteen percent of youth respondents also made negative comments regarding access.

Twenty-eight percent of Family respondents and 23% of Youth respondents offered negative comments regarding general services, such as quality and availability of services. Both Family (11%) and Youth (10%) respondents made negative comments regarding cutbacks, including service or staff turnover and instability, as well as the instability or termination of programs.

Youth respondent most frequently (34%) made negative comments regarding issues with therapists, counselors, and treatment. Sixteen percent of Family respondents also made negative comments in this category.

Ten percent of Family respondents made negative comments regarding a lack of parental involvement in their child's services or too little time spent with their child at the service provider — including length and frequency of appointments.

## VI. Summary

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Generally speaking, consumers appeared to be satisfied with the publicly funded mental health services they received. Those participating in the youth survey (those 14 years or older), consistently expressed greater satisfaction with their services than did the family survey respondents (caregivers speaking for children consumers up to 14 years of age).

Caregivers with older children consistently expressed less satisfaction with services than those with younger children.

Youth consumers and their families indicated the lowest satisfaction when discussing the **Perceived Outcomes** from their services. Still, a majority of participants and their families indicated they were either Very Satisfied or Mostly Satisfied in this area.

Youth survey respondents indicated the highest level of satisfaction on the **Satisfaction with Staff** scale. Although family survey participants indicated the highest levels of satisfaction in the **Sensitivity to Culture** scale, differences did appear across races and ethnicities.

Among all types of satisfaction measures, there appeared only slight variations in Washington State's 14 Regional Support Networks. Nor were there major differences with satisfaction between genders, ages, or ethnicities.

Open-ended responses proved very descriptive — and were largely consistent with information described by the satisfaction scale findings.