



2023 Consumer Perception of Care Survey Detailed Report

Applied Behavior Analysis (ABA) Survey Results

May 2024



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Survey Background

Background

- The Maryland Department of Health (MDH) launched Maryland’s Public Mental Health System (PMHS) in July 1997 as part of the state’s Medicaid 1115 waiver reform initiative. The 1115 waiver created a system whereby specialty mental health (MH) services are delivered through a “carve-out” arrangement that manages public mental health funds under a single payer system.
- Starting with the 2018 administration of the survey, participants receiving Applied Behavior Analysis (ABA) services became eligible to participate and were included in the sampling methodology.

Background (continued)

- The PBHS continues to serve Medicaid recipients and a subset of uninsured individuals eligible for public behavioral health services due to severity of illness and financial need.
- United Health Group and Optum Maryland provide administrative services, including evaluation activities for the PBHS. One of the evaluation activities is the administration of consumer surveys to assess perception of care, including satisfaction with, and outcomes of behavioral health services provided by the PBHS.
- Maryland Marketing Source, Inc. (MMS) an independent market research firm partnered with Optum Maryland and the Maryland Department of Health (MDH), Division of participants Services to administer a Participant/Caregiver satisfaction survey for ABA services using mail, online and phone methods, to analyze the survey data and to document the findings.
- This report summarizes the findings of the 2023 ABA Consumer Perception of Care Survey.

Survey Methodology

Survey Population

- MMS employed a three-step, data collection method in order to accommodate a self-administered and participant-operated evaluation. Respondents could choose to participate via mail, online, or via telephone.
- Participant lists were provided by Optum, and MMS printed and mailed a survey package to each listed customer. Survey packages included an informational letter explaining the purpose of the study along with contact information and alternative options for completing the study (online or via telephone). Mailed packages also included a blank survey and one postage-paid, return envelope (see Appendices).
- Participant segments included in this study:
 - Caregivers of participants who have received Applied Behavior Analysis (**ABA**) services.

Survey Procedure

- A total of 1,422 surveys were distributed. Among these, 269 Child ABA participants reported that they or the participants they care for received services within the previous year and were able to continue and complete the survey.
- The full accounting of records is in the table below.

COUNTS	
Population	1,422
Number of Records Received	1,422
Number of Mailed Survey Packages (*less excluded cases)	1,407
Number of Surveys Completed:	
• Via returned mail	55
• Online	13
• Via telephone	201
TOTAL COMPLETED SURVEYS (N) =	269

**Refers to unmailable addresses.*

Survey Stratification

- The regional breakdown of the ABA participant survey sample and the distribution of survey respondents are below. The majority (73%) of respondents reside between the Baltimore Metro and Capital Metro region.

Regions (Counties)	Receiving Services		Survey Participation	
	N	%	N	%
Baltimore City (Baltimore City)	146	10%	19	7%
Baltimore Metro (Anne Arundel, Baltimore County, Howard, Carroll, Cecil, Harford)	364	26%	61	23%
Capital Metro (Montgomery, Prince George's)	705	50%	135	50%
Eastern (Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester)	58	4%	15	6%
Western (Allegany, Frederick, Garrett, Washington)	103	7%	25	9%
Southern (Calvert, Charles, St. Mary's)	46	3%	14	5%

Survey Domains

Survey Domains

ACCESS TO SERVICE

- I am satisfied with the access to ABA providers.
- I am satisfied with the referrals of ABA providers.
- The location of services was convenient for us.
- Services were available at times that were convenient for us.
- I am satisfied with the timeliness of scheduling and rescheduling of appointments.

PARTICIPATION IN TREATMENT

- I am satisfied with the total number of hours of therapy my child received.
- I am satisfied with the total of parent training hours I received.
- Staff helped me understand my child's needs.
- I helped choose my child's treatment goals.
- I was frequently involved in my child's treatment.
- I felt comfortable asking questions about my child's treatment.
- I am satisfied with the level of communication about my child's progress.

Survey Domains (con't)

PROFESSIONALISM

- The therapist was timely with scheduling and rescheduling appointments.
- Therapist demonstrated the skills to meet my child's needs.
- The clinician who provided parent training demonstrated the knowledge and skills to meet our needs.
- The supervisor demonstrated the knowledge and skills to meet my child's needs.
- Staff provided adequate communication about your child's progress.
- Staff coordinated care/treatment with other therapists or professionals.

POSTIVE OUTCOMES

- My child is better at handling daily life.
- My child gets along better with family members.
- My child is doing better in school and/ or work.
- I am satisfied with the change in my child's social awareness and interactions with others.
- My child is better able to control his or her behavior.
- I am satisfied with my child's ability to remain focused.
- I am satisfied with the change in my child's language/ communication skills.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right now.
- My child is better able to do things he or she wants to do.

Survey Domains (con't)

CULTURAL SENSIVITY

- Staff treated me with respect.
- Staff spoke with me in a way that I understood.
- Staff respected my family's religious or spiritual beliefs.
- Staff were sensitive to my cultural or ethnic background.

SOCIAL CONNECTEDNESS

- I know people who will listen and understand me when I need to talk.
- I have people that I am comfortable talking with about my child's problems.
- In a crisis, I would have the support I need from family or friends.
- I have people with whom I can do enjoyable things.

SATISFACTION WITH SERVICES

- The people helping my child stuck with us no matter what.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.
- Overall, I am satisfied with the services my child received.
- I would recommend the provider/agency to a friend or a family member.

Survey Domains

- **The responses for each domain were calculated using the following methods:**
 - All survey responses were used to calculate overall scores, even if a participant did not answer all questions in a domain section. Charts include N's to indicate the total number of participants responding as to note when drops in responses to a particular question or subset (i.e. Gender comparison)
 - Mean scores were established for each question to add an additional level of analysis/comparability. Scores were computed by assigning the following values:
Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2 and Strongly Disagree = 1
 - It is important to note that each chart/graph may not total exactly 100% due to the standard practice of rounding to the nearest tenth of a percent.
 - Further, questions which respondents declined to answer or responded with “Don't Know”, “Does Not Apply”, or “No Opinion/Not Applicable” are excluded from analysis and reporting of those questions. This will also result in variances in the number of responses given to a particular question.

Survey Results

Respondent Profile

- Respondents were predominantly caregivers of children *9 years of age or younger*.
- Respondents were caregivers for mostly *male* children, which was representative of the sample being 80% male this wave.
- Over one-half of participants who received ABA services were *Black/African American (57%)*.
- The demographic representation remained largely consistent compared to the previous survey wave.

DEMOGRAPHIC PROFILES		N's	Percentage
Age	0-4 years	175	65%
	5-9 years		
	10-12 years	55	20%
	13-15 years	25	9%
	16-21	14	5%
Racial Identity	Black/African American	154	57%
	American Indian/Alaskan Native	5	2%
	Asian	32	12%
	Native Hawaiian/Pacific Islander	3	1%
	White/Caucasian	70	26%
	Other/Unknown	23	9%
Ethnicity	Spanish, Hispanic/Latinx	49	18%
Gender Identification	Male	214	80%
	Female	55	20%
	Transgender	--	--
	Don't know	--	--
	Other (Specify)	--	--
Sexual Orientation	Heterosexual/Straight	208	97%
	Gay	1	<1%
	Lesbian	--	--
	Bisexual	1	<1%
	Other	5	2%

Respondent Profile

DEMOGRAPHIC PROFILES		N's	Percentage
Living Situation	Private Residence	264	99%
	Homeless/Shelter	--	--
	Juvenile/Correctional Facility	--	--
	Other (Specify)	2	1%
Police Involvement	0 times	256	99%
	1 time	2	1%
	2 times	--	0%
	3 or more times	--	0%

- Overall, caregivers reported that the participants receiving ABA services currently live in a private residence.
- Very few participants had interactions with law enforcement. Specifically, only two participants receiving ABA services required police involvement in the past 30 days.



Respondent Profile

DEMOGRAPHIC PROFILES		N's	Percentage
Absent from school	0 times	164	64%
	1 time	20	8%
	2 times	31	12%
	3 or more times	38	15%
Expelled/suspended from school	Yes	8	3%
Number of expulsions/suspensions	1 time	3	38%
	2 times	3	38%
	3 or more times	2	25%

- Within the past 30 days of responding to this survey, fewer participants were absent 1 or more days from school. (35%).
- Very few participants had been expelled or suspended from school in the past 12 months (3%).

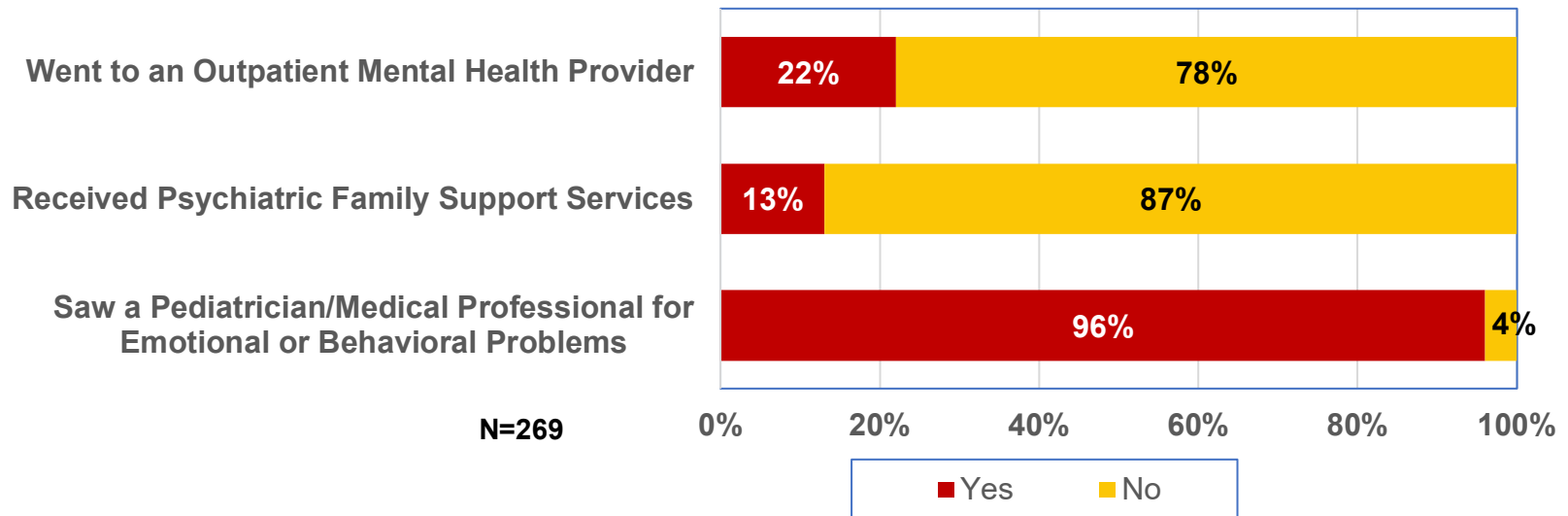
ABA – Services Received

- The vast majority of participants who received ABA services (89%) did so within their own **home**.
- The top three counties where ABA services were reportedly provided include:
 - Montgomery County (26%),
 - Prince George’s County (23%), and
 - Baltimore County (16%).

SERVICE AGENCY	Percentage
Allegany County	2%
Anne Arundel County	6%
Baltimore City	3%
Baltimore County	16%
Calvert County	--
Carroll County	1%
Cecil County	<1%
Charles County	3%
Frederick County	6%
Garrett County	<1%

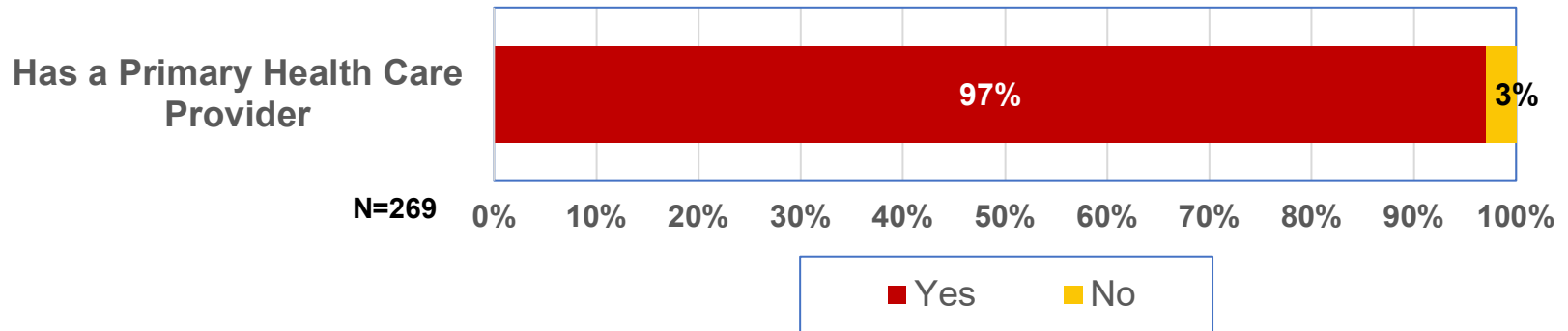
SERVICE AGENCY	Percentage
Harford County	2%
Howard County	5%
Mid-Shore Counties	<1%
Montgomery County	26%
Prince George’s County	23%
St. Mary’s County	1%
Washington County	3%
Wicomico/Somerset Counties	2%
Worcester County	2%
Number of Respondents =	272

ABA – Mental Health Coordination of Care



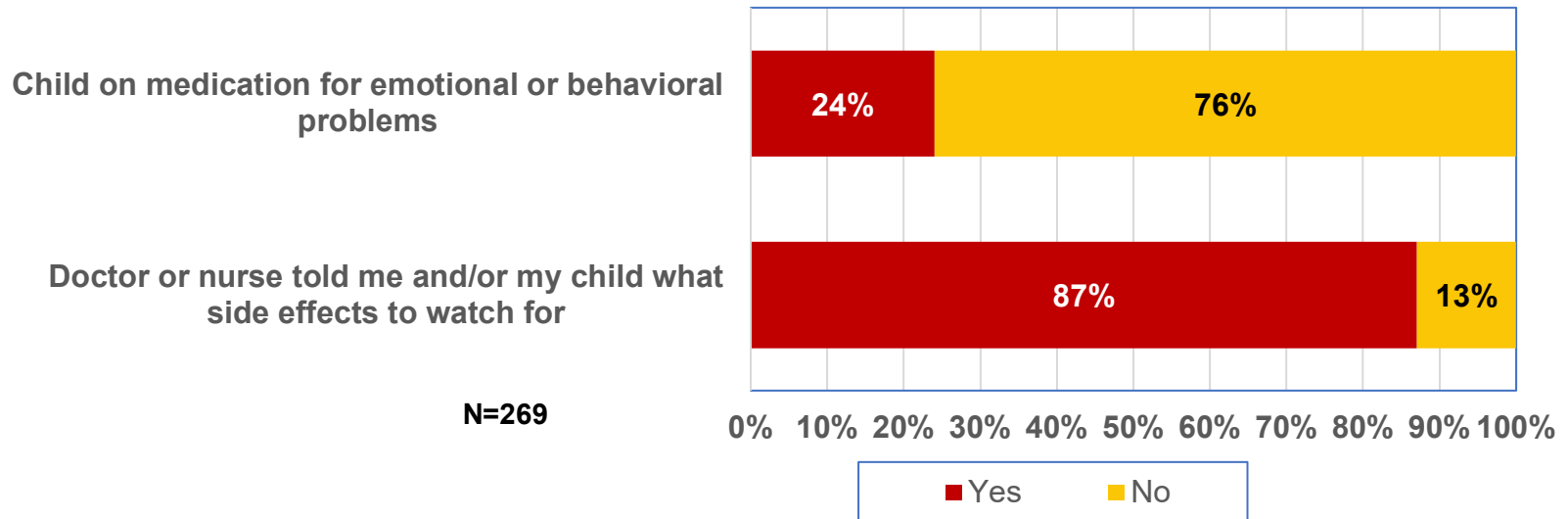
- In the past year, more than one fifth (22%) of the participants receiving ABA services went to an **outpatient mental health provider**, such as a psychiatrist or counselor, whereas 13% received **psychiatric family support services** (i.e., psychiatric rehabilitation, respite care, after-school, mobile crisis, or case management services).
- Almost all ABA participants (96%) saw a **pediatrician or any other medical professional for an emotional or behavioral problems** in the past year.

ABA – Physical Health Coordination of Care



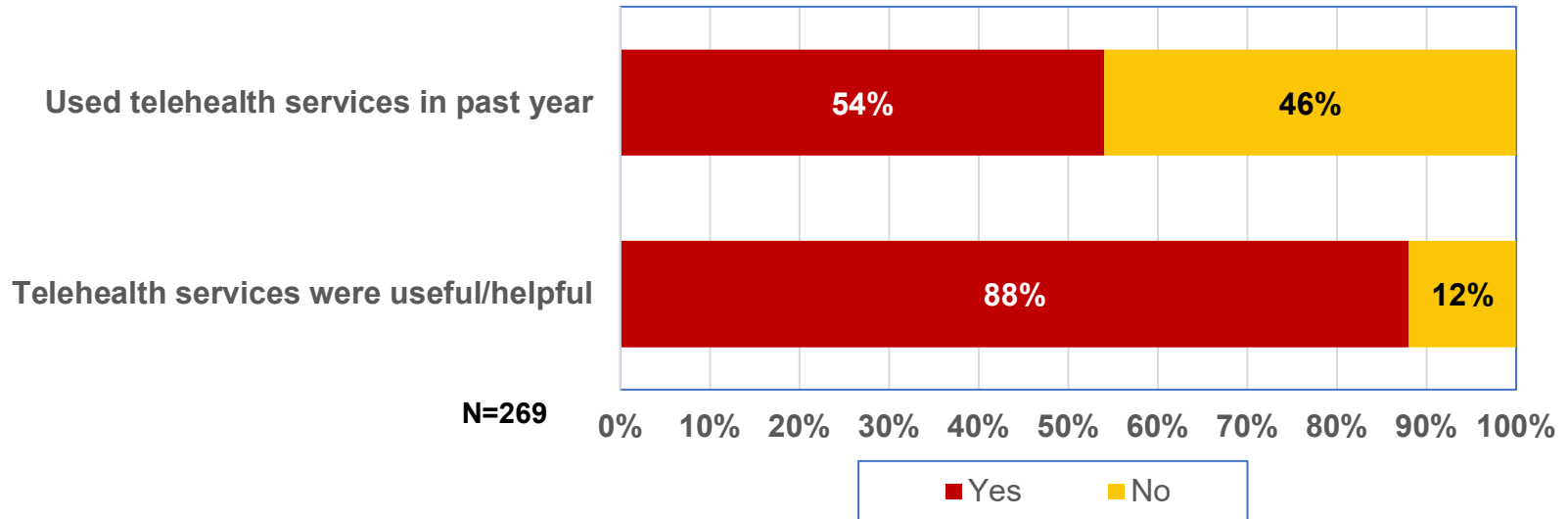
- Most caregivers surveyed (97%) report that their child **has a primary health care provider** for their physical health care needs.

ABA – Medications



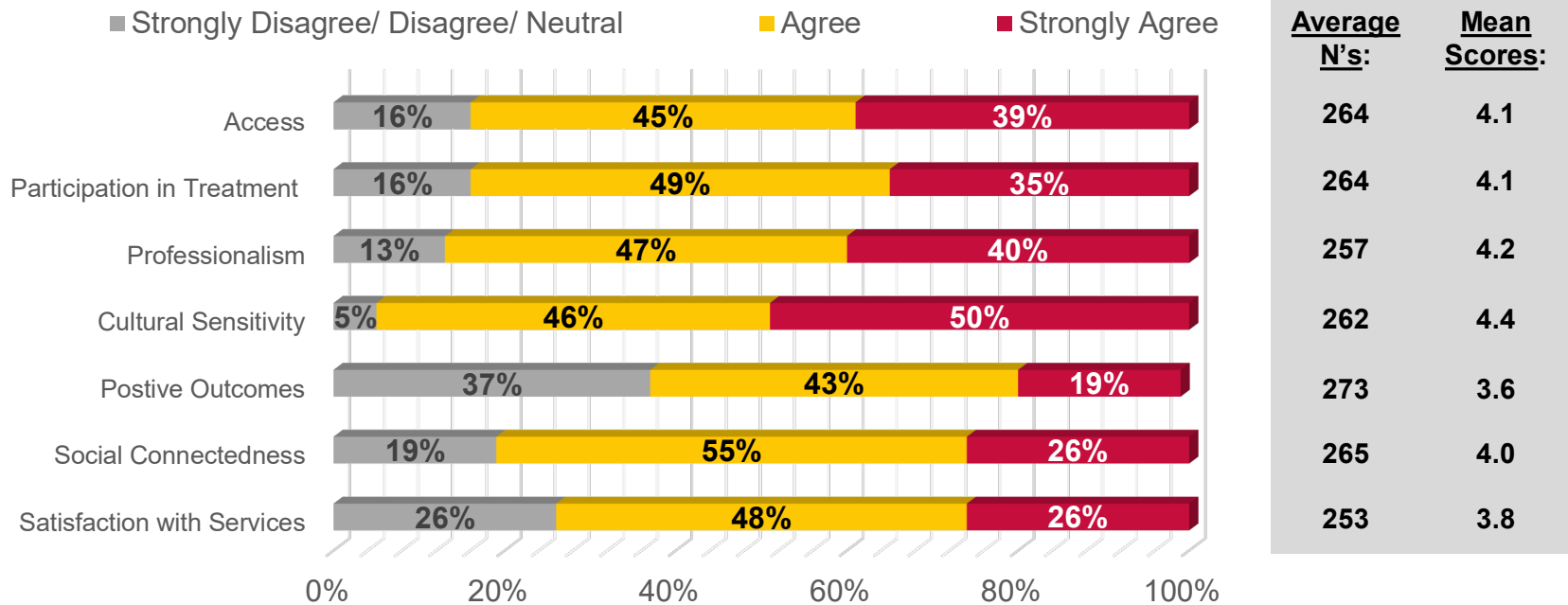
- In the past year, less than one-fourth (24%) of the participants receiving ABA services were **on medication for emotional or behavior problems.**
- And of the majority (87%) of those participants on medication were **told by the doctor or nurse what side effects to watch out for.**

ABA – Telehealth



- Over one-half (54%) of the participants receiving ABA services **used telehealth services in the past year.**
- Those that used telehealth services found them to be very useful or helpful (88%).

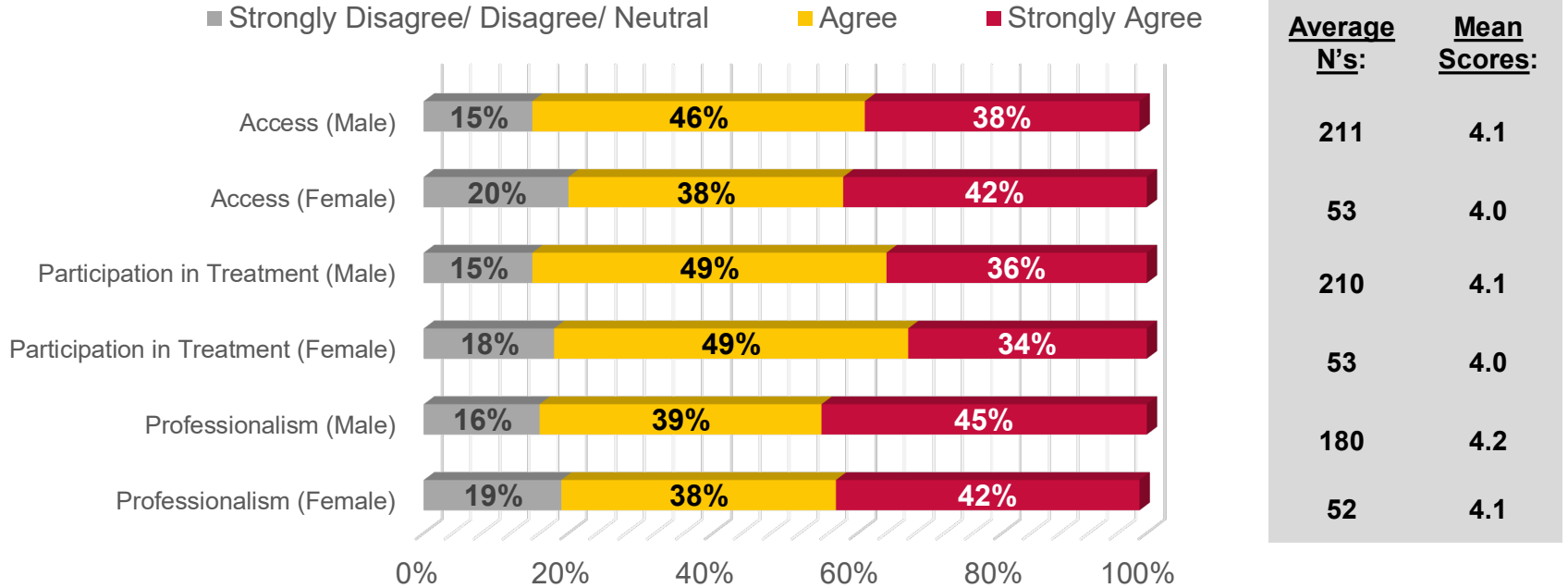
ABA – Overall Experience of Care Across Domains



• **Cultural Sensitivity** and **Professionalism** had higher scores given by caregivers compared to other domains. While the **Positive Outcomes** and **Satisfaction with Services domains** had the lowest scores, over half of respondents were satisfied with the services their child received and saw improvement in treatment outcomes.

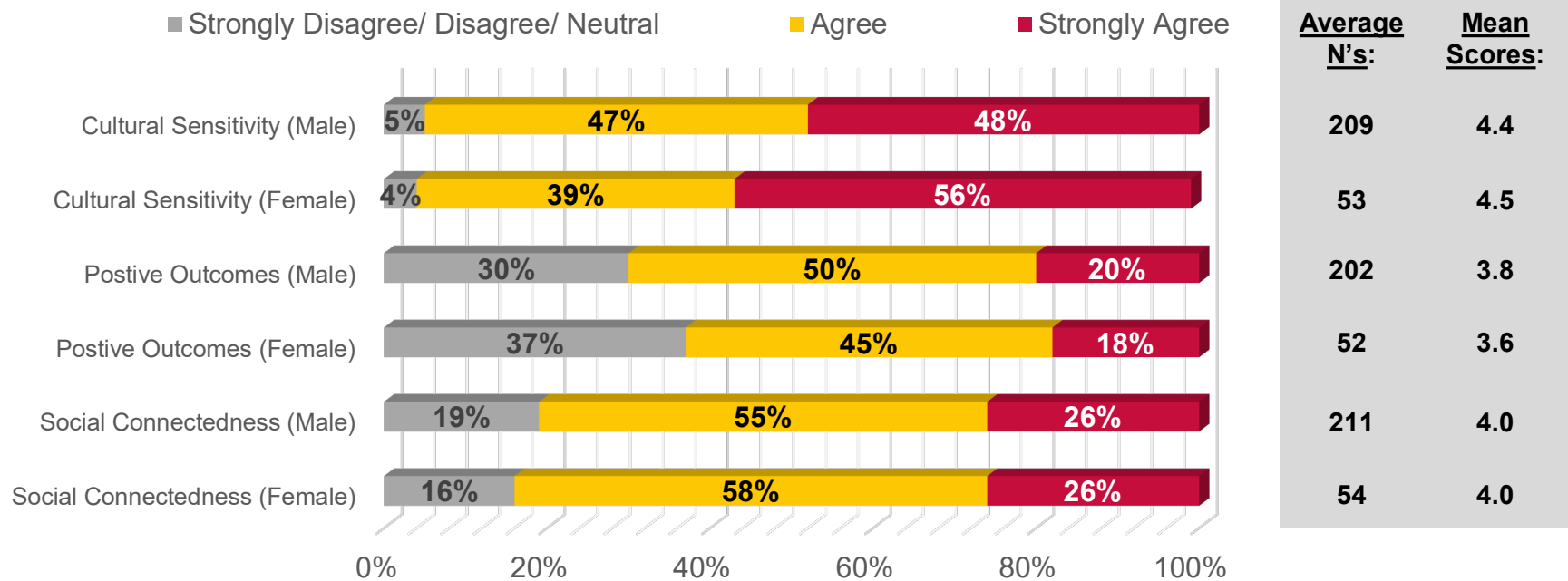


ABA – Experiences of Care by Gender



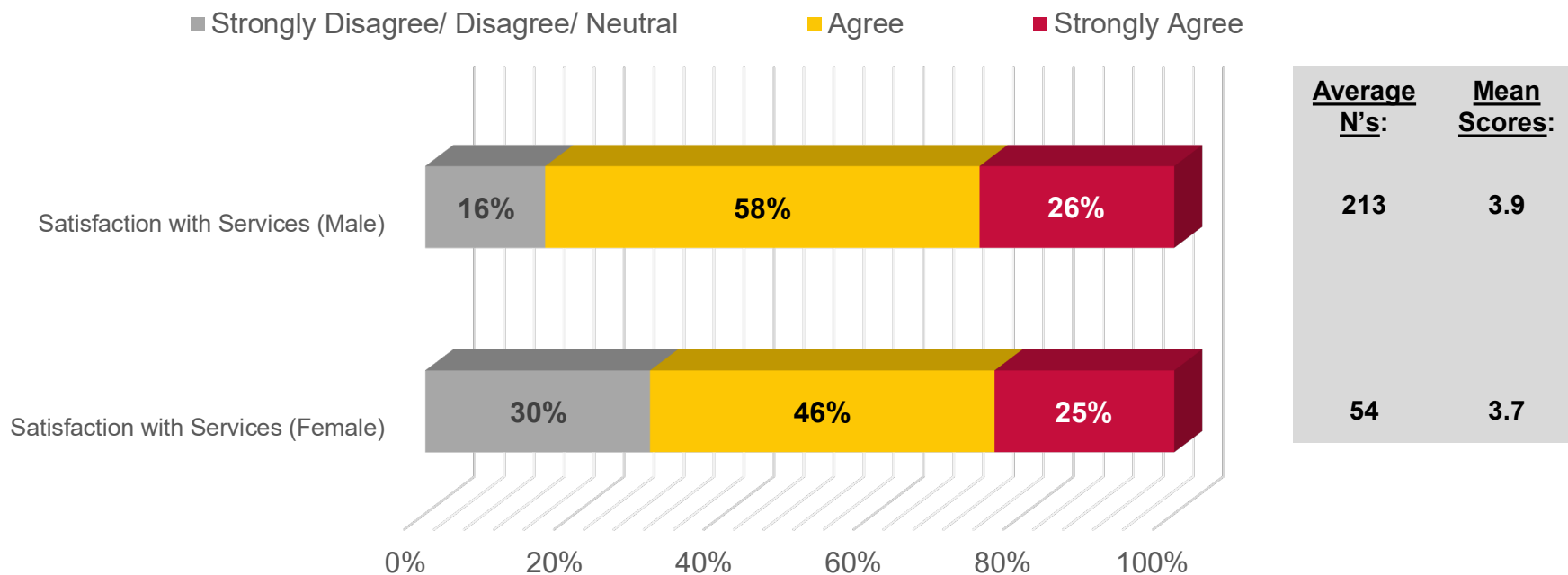
- Overall similar scores were given across the above domains by gender, with slightly higher scores given by Male respondents versus Female respondents.

ABA – Experiences of Care by Gender (cont’)



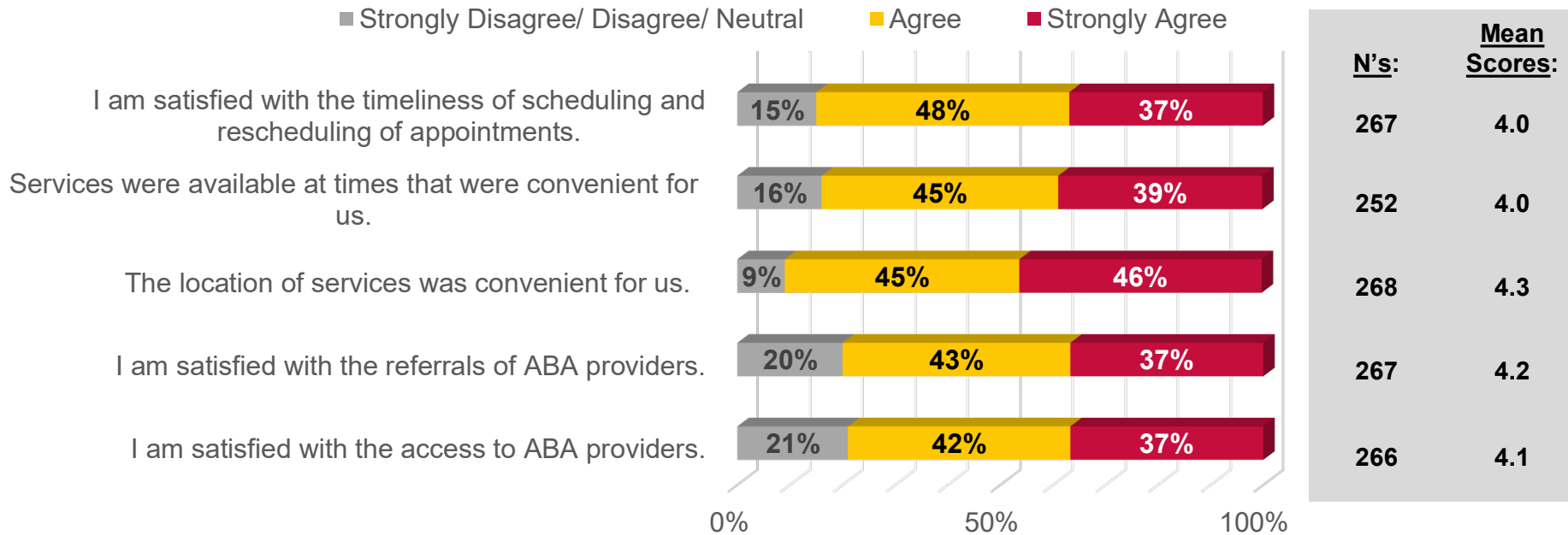
- Slightly higher scores given by Female respondents versus Male respondents in **Cultural Sensitivity** (which overall received the highest scores in all domains for each gender). Conversely, slightly higher scores given by Male respondents versus Female respondents in **Positive Outcomes** (which overall received the lowest scores in all domains by gender).

ABA – Experiences of Care by Gender (cont’)



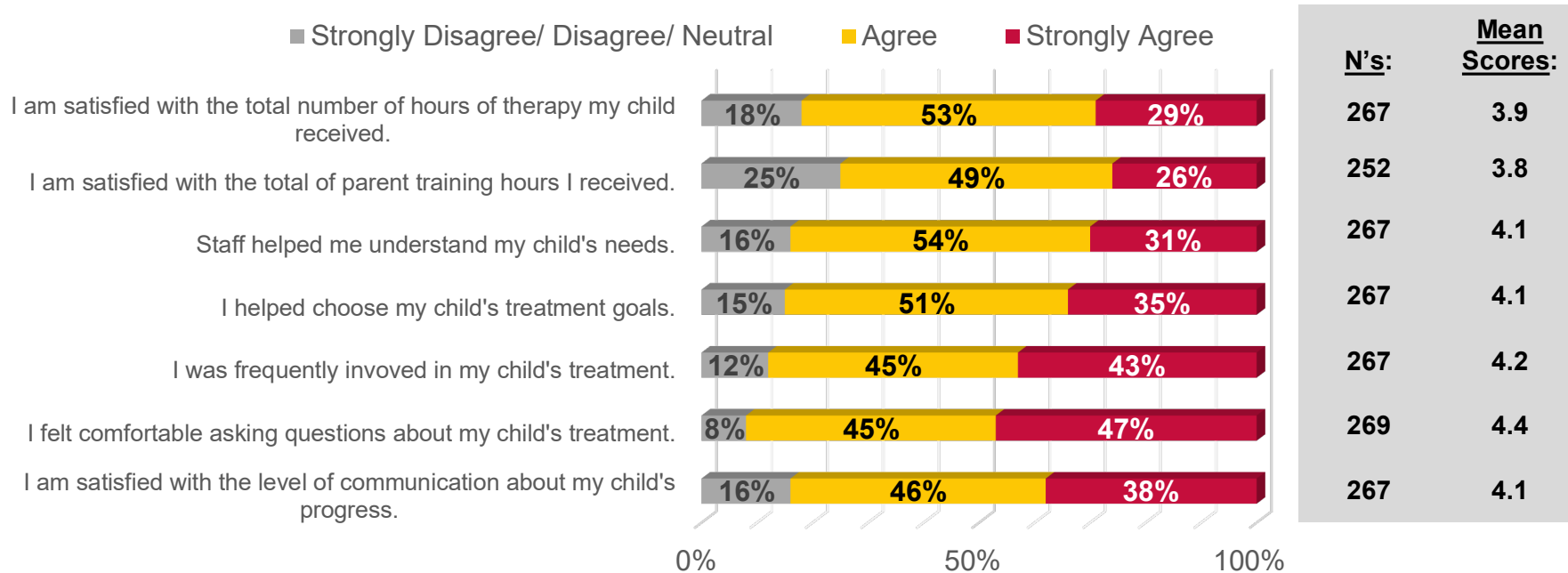
- Within the domain of **Satisfaction with Services**, higher scores were given by Male respondents versus Female respondents.

ABA – Access Domain



- Caregivers reported relatively high scores within the *Access* domain for ABA services their children received.
- Specifically, the **location of services** scored with the highest satisfaction score (91%).
- **Timeliness of scheduling and rescheduling of appointments (85%)** and **Services were available at times that were convenient (84%)** were practically equal in level of satisfaction.
- **Referrals of ABA providers** was given the lowest score by caregivers.

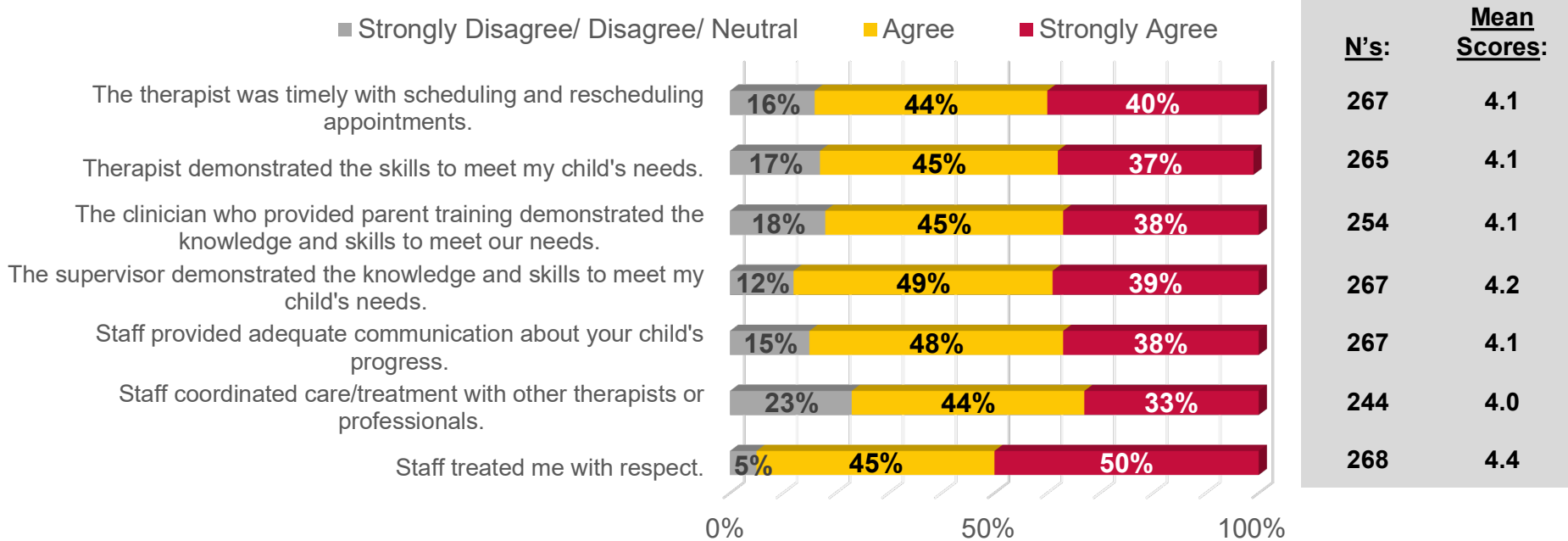
ABA – Participation in Treatment Domain



- *Participation in Treatment* had relatively high scores given by caregivers compared to other domains.
- **Comfortable asking questions about my child's treatment** scored the highest in this domain. Even though **satisfaction with the total number of parent training hours** had the lowest score within this domain, 75% of the caregivers were satisfied.

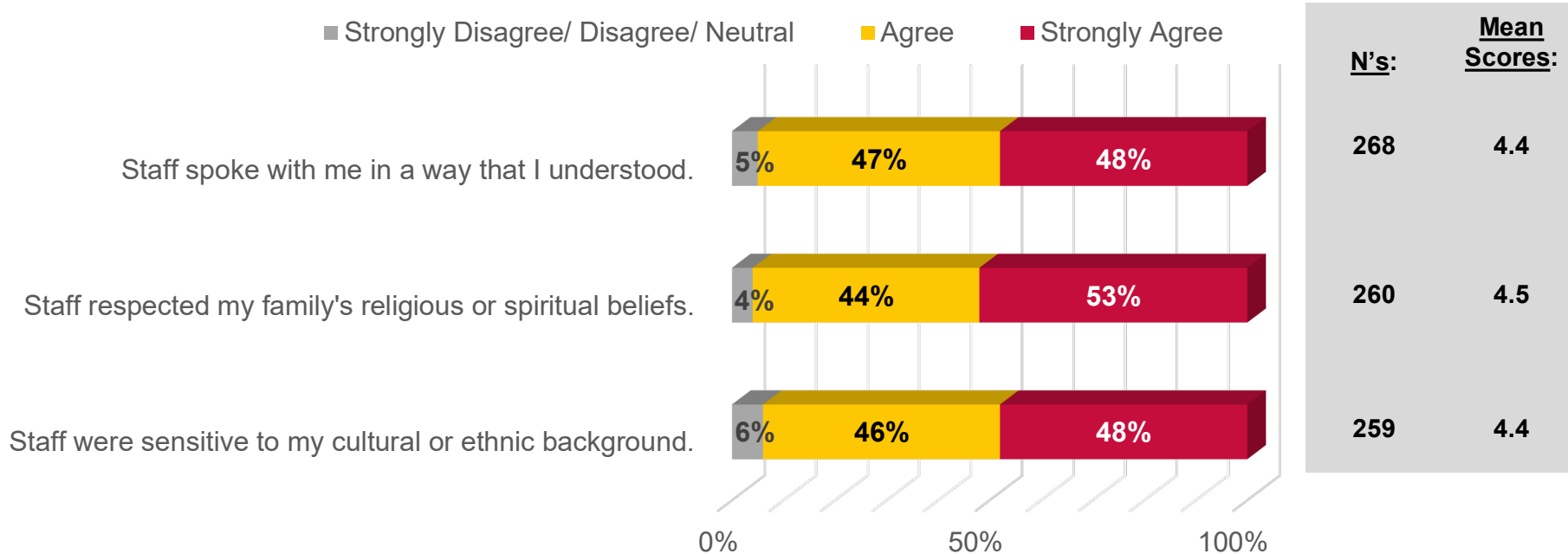


ABA – Professionalism Domain



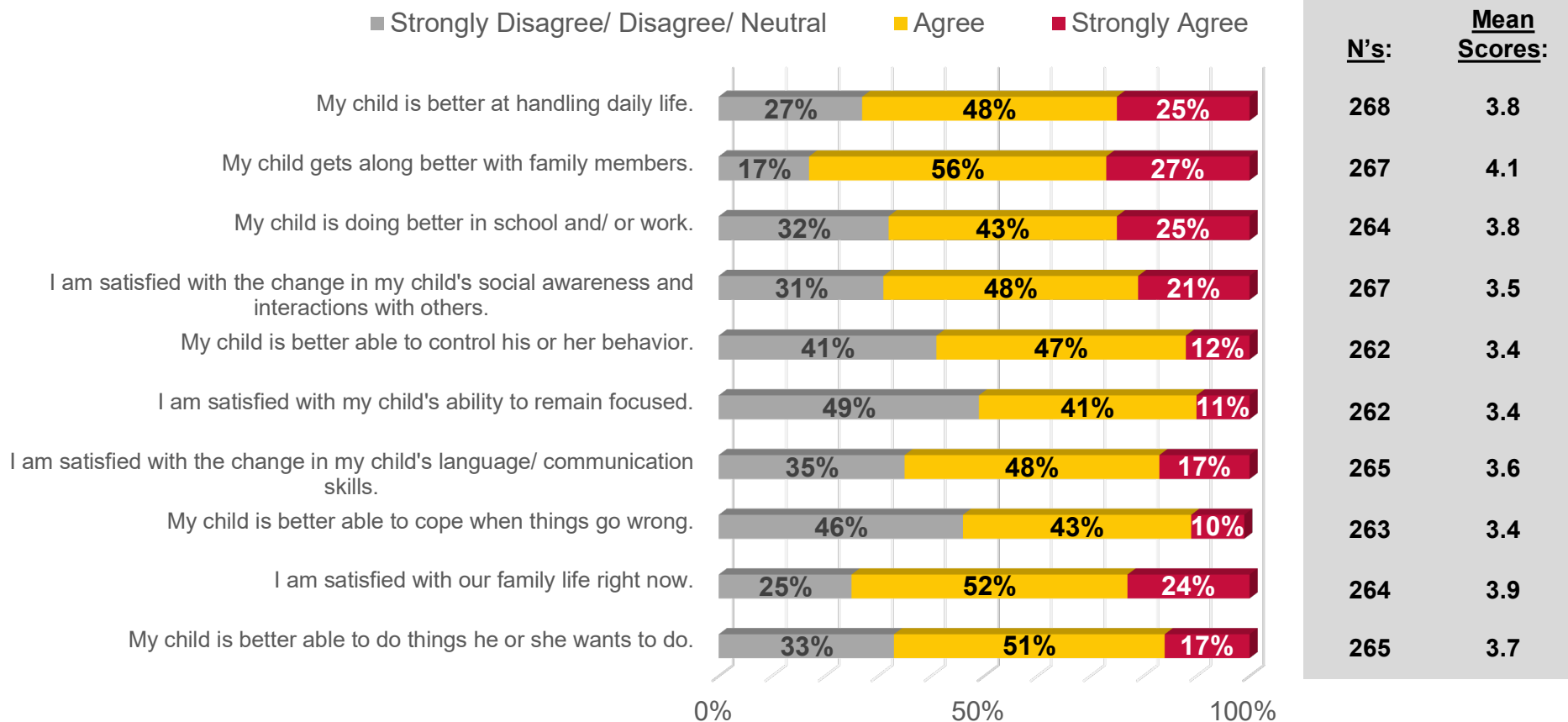
• Overall, caregivers reported relatively high level scores with the *Professionalism* demonstrated when their child received ABA services. With 95% agreement, the area that had the highest scores was **staff treated me with respect.**

ABA – Cultural Sensitivity Domain



- Cultural Sensitivity* had slightly higher scores given by caregivers compared to other domains. **Staff respected my family's religious or spiritual beliefs** scored the highest in this domain as well as highest among all domain questions in the survey.

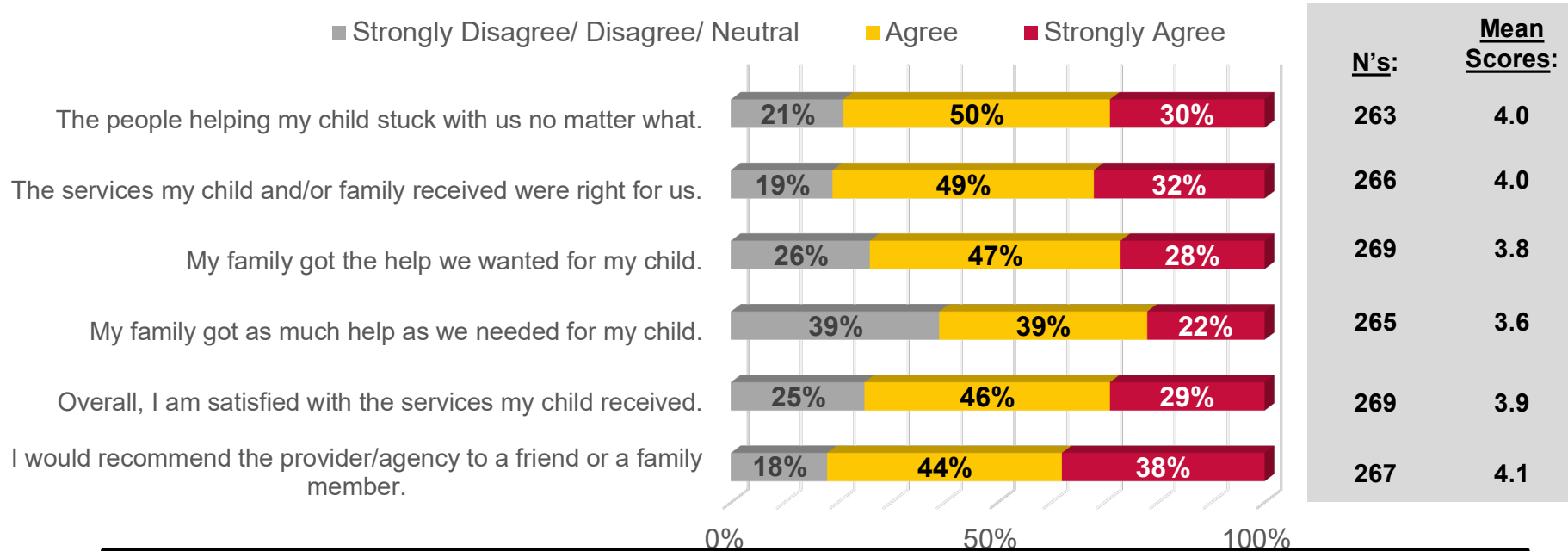
ABA – Positive Outcomes Domain



ABA – Positive Outcomes Domain (con't)

- Caregivers reported relatively lower scores within the *Positive Outcomes* of ABA services their children received compared to all other domains. **My child gets along better with family members** scored the highest among all questions in this domain.
- **My child is better at handling daily life, my child is doing better in school and/or work, and I'm satisfied with family life right now** were among the domain questions that also scored high.
- Areas in the *Positive Outcomes* Domain that received lower comparable scores were **my child is better able to control his or her behavior, satisfaction with my child's ability to remain focused** and **my child is better able to cope when things go wrong**. These were all some of the lowest scores not only in this domain, but among all domain questions in the survey.

ABA – Satisfaction with Services Domain



- Overall, caregivers reported relatively high scores within the *Satisfaction of Services* domain of ABA services their children received.
- **Recommending the provider/agency to a friend or a family member** scored the highest while the statement **my family got as much help as we needed for my child**, scored lowest.

Conclusions & Recommendations

Conclusions

- The demographic representation remained largely consistent compared to the previous wave.
- Almost all ABA participants saw a pediatrician or any other medical professional for an emotional or behavioral problems in the past year.
- Caregivers continue to report relatively high levels of satisfaction with the benefits from the ABA services their children received compared to the previous year.
- Cultural Sensitivity and Professionalism were the two domains that scored higher in satisfaction compared to other areas. While Positive Outcomes and Satisfaction with Services had relatively high scores, they were two areas that received the lowest ratings.
- Caregivers reported slight differences by gender across the service domains. Male participants scored higher across all domains except for Cultural Sensitivity where female participants scored higher comparably.

Recommendations

- While the overall response rate for this years survey increased from the previous wave (18% in 2023 compared to 14% in 2022), there is still room for improvement. Future waves could benefit from an increase in communication from providers to caregivers and participants on the importance of responding to the survey as well as assistance in distribution of the survey to this audience.
- In addition to the number of responses, where the responses are coming from is also an area of attention that could be further reviewed. Although some regions are smaller (i.e. Eastern, Western and Southern), expanding the number of survey responses would allow for future regional analysis.

Appendices



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Behavioral Health Administration

Marshall Henson, Director of Operations
55 Wade Avenue, SGHC/Voc. Rehab Building
Catonsville, MD 21228

June 13, 2023

Dear Parent or Guardian,

On behalf of the Maryland Department of Health, Behavioral Health Administration (BHA), I would like to invite you to participate in a brief survey about your experiences as a user of behavioral health services in Maryland. The purpose of the survey is to learn about the unique experiences and opinions of individuals who have received behavioral health services in Maryland. Your feedback is important to us and will be used by BHA to improve the quality and effectiveness of behavioral health services provided across the state.

If you feel this survey has been sent to you in error, please disregard and discard this letter.

Please note that:

- Your participation in this survey and your responses will be anonymous.
- There is no risk to you taking part in this survey.
- Your current services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish or to take part in this survey. The decision is yours.
- You may stop the survey at any time.

You may choose to participate in this survey by telephone, mail or online. Please see the back of this letter for details on participation options along with frequently asked questions about the survey, your rights as a participant, and services that you receive.

If you have questions about this survey or would like to have your name removed from this survey, please call Maryland Marketing Source, Inc. at 1-833-611-0355 weekdays between 9:00 AM to 8:00 PM.

Thank you very much for helping us by sharing your opinions.

Sincerely,

Marshall Henson, Director of Operations


FREQUENTLY ASKED QUESTIONS

➤ ***What can I do if I want to take part in this survey?***

Please answer and mail back the completed survey in the enclosed postage paid envelope. You may also complete the survey online at the web address listed below. If we do not receive your survey in the next few weeks, you may receive a telephone call from Maryland Marketing Source asking you to participate in a telephone interview.

Please participate in the method most convenient for you:

Mail: Complete the enclosed questionnaire and mail it in the enclosed postage paid envelope to:
Maryland Marketing Source, Reference Project # 4628 **OR** Ask for CASPER
PO BOX 798
Owings Mills, MD 21117

Online: Click the personalized web-link included on your paper survey (looks like:
https://www.surveysoftware.net/cgi-bin/tssw12.cgi?f=**\hostmcs\4628-23CHILD++INSERT.ID.HERE)
OR scan the unique, QR code with your preferred device (looks like: ).

Phone Interview: Phone interviews will be conducted starting {date}. Call Maryland Marketing Source, Inc. at your convenience weekdays 9:00 AM to 8:00 PM at 1-833-611-0355.

➤ ***What if I do not want to participate in the survey?***

You may choose not to complete the survey at any time or call Maryland Marketing Source, Inc. at 1-833-611-0355 to request that your name be removed from the survey list. You may speak directly to a representative between the hours of 9:00 AM to 8:00 PM Monday through Friday, or you may leave a message.

➤ ***How long will it take to participate in the survey?***

The survey will take between 5 to 8 minutes.

➤ ***What if I have questions about the survey itself?***

Call Tamisha Smith, Director of Quality Assurance, Optum Maryland at 1-443-896-0487.

➤ ***What if I have questions about my rights as a survey participant?***

Call Gay Hutchen Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 212201 at 1-410-767-8448.

➤ ***What if I have questions regarding the mental health or substance use services I receive?***

Call Optum Maryland at 1-800-888-1965.

Notice of Non-Discrimination and Accessibility

Optum complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optum does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optum:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-888-1965.

If you believe that Optum has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Complaints Coordinator at:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Fax: 855-351-5495
Email: Optum_Civil_Rights@Optum.com

You can file a grievance by mail, fax or email. If you need help in filing grievance, our Complaints and Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building Washington, D.C.
20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-888-1965; TTY (711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-888-1965; TTY (711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-888-1965; TTY (711) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-888-1965; TTY: (711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-888-1965; TTY (711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-888-1965; TTY: (711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-888-1965; телетайп: TTY: (711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-888-1965; ማስማት ለተሳናቸው: TTY: (711) .

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

1-800-888-1965; TTY: (711)

توجہ: اگر بہ زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای امشد

فراہم می‌باشد. با 1- 800-888-1965; TTY: (711) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-888-1965; TTY: 1-(711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-888-1965; TTY: 1-(711).

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsɔ̀̀-̀̀wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa. Đá 1-800-888-1965; TTY: 1-(711).

Ntj: Ọ bụrụ na asụ lbo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-888-1965; TTY: 1-(711).

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-888-1965; TTY: 1-(711).

APPLIED BEHAVIOR ANALYSIS 2023

Consumer Perception of Care-Child Caregiver Survey

Survey questions were adapted from the Mental Health Statistics Improvement Program (MHSIP) - Consumer Surveys and also include other selected items of interest.

APPLIED BEHAVIOR ANALYSIS (ABA) AND OUTPATIENT MENTAL HEALTH SERVICES

1. In the past year, did your child receive ABA therapy?

- Yes
- No

2. What was the primary location that ABA therapy was provided?

- Home
- Community
- School
- Clinic

3. In which County do you receive service?

- | | | |
|--|---|--|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Frederick County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Garrett County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Worcester County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Cecil County | <input type="checkbox"/> Prince George's County | |
| <input type="checkbox"/> Charles County | <input type="checkbox"/> Queen Anne County | |

4. In the past year, did your child go to an outpatient mental health provider, such as a psychiatrist or counselor?

- Yes
- No

5. In the past year, did your child receive psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, mobile crisis, or case management services?

- Yes
- No

PHYSICAL HEALTH SERVICES

6. Does your child have a primary health care provider for his/her physical health care needs?

- Yes
- No

7. If your child has a primary care provider, did he/she visit their primary health care provider in the past year?

- Yes
- No

8. In the past year, did your child see a pediatrician or any other medical professional for an emotional or behavioral problem?

- Yes
- No

9. Is your child on medication for emotional or behavioral problems?

- Yes
- No

10. If your child is on medication, did the doctor or nurse tell you and/or your child what side effects to watch for?

- Yes
- No

TELEHEALTH SERVICES

11a. In the past year, did your child use any telehealth services?

- Yes
- No

11b. If your child used telehealth services in the past year, were the services useful or helpful?

- Yes
- No

Please respond to the following questions as they relate to your child receiving ABA therapy:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion/ Not Applicable
ACCESS TO SERVICE						
12. I am satisfied with the access to ABA providers.						
13. I am satisfied with the referrals of ABA providers?						
14. The location of services was convenient for us.						
15. Services were available at times that were convenient for us.						
16. I am satisfied with the timeliness of scheduling and rescheduling of appointments.						
PARTICIPATION IN TREATMENT						
17. I am satisfied with the total number of hours of therapy my child received.						
18. I am satisfied with the total of parent training hours I received.						
19. Staff helped me understand my child's needs.						
20. I helped choose my child's treatment goals.						
21. I was frequently involved in my child's treatment.						
22. I felt comfortable asking questions about my child's treatment.						
23. I am satisfied with the level of communication about my child's progress.						
PROFESSIONALISM						
24. The therapist was timely with scheduling and rescheduling appointments.						
25. Therapist demonstrated the skills to meet my child's needs.						
26. The clinician who provided parent training demonstrated the knowledge and skills to meet our needs.						

27. The supervisor demonstrated the knowledge and skills to meet my child's needs.						
28. Staff provided adequate communication about your child's progress.						
29. Staff coordinated care/treatment with other therapists or professionals.						
CULTURAL SENSITIVITY						
30. Staff treated me with respect.						
31. Staff spoke with me in a way that I understood.						
32. Staff respected my family's religious or spiritual beliefs.						
33. Staff were sensitive to my cultural or ethnic background.						

The below statements ask how your child may have benefited from the services that he/she received.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion/ Not Applicable
POSITIVE OUTCOMES						
34. My child is better at handling daily life.						
35. My child gets along better with family members.						
36. My child is doing better in school and/ or work.						
37. I am satisfied with the change in my child's social awareness and interactions with others.						
38. My child is better able to control his or her behavior.						
39. I am satisfied with my child's ability to remain focused.						
40. I am satisfied with the change in my child's language/ communication skills.						
41. My child is better able to cope when things go wrong.						
42. I am satisfied with our family life right now.						
43. My child is better able to do things he or she wants to do.						
SOCIAL CONNECTEDNESS						
44. I know people who will listen and understand me when I need to talk.						
45. I have people that I am comfortable talking with about my child's problems.						

46. In a crisis, I would have the support I need from family or friends.						
47. I have people with whom I can do enjoyable things.						
SATISFACTION WITH SERVICES						
48. The people helping my child stuck with us no matter what.						
49. The services my child and/or family received were right for us.						
50. My family got the help we wanted for my child.						
51. My family got as much help as we needed for my child.						
52. Overall, I am satisfied with the services my child received.						
53. I would recommend the provider/agency to a friend or a family member.						

QUALITY OF LIFE	
<p>54. Now, thinking about your child’s mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days would you say your child’s mental health was not good?</p> <p>Number of Days _____ <input type="checkbox"/> Don’t Know/Not Sure</p>	<p>55. Now, thinking about your child’s physical health, which includes physical illness and injury, for about how many days during the past 30 days would you say your child’s physical health was not good?</p> <p>Number of Days _____ <input type="checkbox"/> Don’t Know/Not Sure</p>
<p>56. Over the past 12 months how often did your child/family go hungry because there was not enough food in your home?</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Most of the time.</p> <p><input type="checkbox"/> Always</p>	

DEMOGRAPHICS: TELL US ABOUT YOUR CHILD.							
<p>57. Select your child’s gender identification below:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> I don’t know</p> <p><input type="checkbox"/> Other Specify) _____</p>	<p>58. In which age group does your child fall?</p> <p><input type="checkbox"/> 0-9</p> <p><input type="checkbox"/> 10-12</p> <p><input type="checkbox"/> 13-15</p> <p><input type="checkbox"/> 16-21</p>						
<p>59. What is your child’s ethnicity?</p> <p><input type="checkbox"/> Spanish, Hispanic/Latinx</p> <p><input type="checkbox"/> Not Spanish, Hispanic/Latinx</p>	<p>60. Please identify your child’s race (PLEASE CHECK ALL THAT APPLY):</p> <table> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> White/Caucasian</td> </tr> <tr> <td><input type="checkbox"/> American Indian/Alaskan Native</td> <td><input type="checkbox"/> Native Hawaiian/Pacific Islander</td> </tr> <tr> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Other/Unknown</td> </tr> </table>	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> Other/Unknown
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian						
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander						
<input type="checkbox"/> Asian	<input type="checkbox"/> Other/Unknown						

<p>61. Please identify your child's sexual orientation below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other 	<p>62. What is your child's current living situation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Private Residence <input type="checkbox"/> Foster Home/Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Other Residential Status (Specify)_____
<p>63. In the past 30 days, about how many days has your child been absent from school?</p> <p>Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure</p>	<p>64. Over the past 12 months has your child been expelled/suspended from school?</p> <p><input type="checkbox"/> Yes If yes, how many times _____ <input type="checkbox"/> No.</p>
<p>65. In the past 30 days, how many times has your child required police involvement?</p> <p>Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure</p>	<p>66. In the past 30 days, how many nights has your child spent in a juvenile correctional facility?</p> <p>Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure</p>
<p>67. In the past year my child's encounters with the police have____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduced (fewer encounters) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Increased (more encounters) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Don't Know/Not Sure 	