



2021 Consumer Perception of Care Survey Detailed Report

Adult and Child Caregiver Survey Results

December 2022



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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.
- Since the creation of the “carve-out,” two additional major changes to the public system have occurred.
 - The first was the formal merger of the Mental Hygiene Administration (MHA) with the Alcohol and Drug Abuse Administration (ADAA) in July 2014, creating an integrated Behavioral Health Administration (BHA).
 - The second major change was the shift of substance use disorder (SUD) services from a managed care system to the “carve-out” system in January 2015, which is now referred to as the Public Behavioral Health System (PBHS). As a result of these changes, individuals treated primarily for SUD have been included in the Consumer Perception of Care Survey since 2016.

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) to administer three participant satisfaction surveys (Adult Mental Health, Adult Substance Use and Child Mental Health), using mail, online and phone methods, to analyze the survey data and to document the findings.
- This report summarizes the findings of the 2021 Consumer Perception of Care Survey, which is the Twentieth systematic, statewide Consumer Perception of Care Survey since the inception of the Public Mental Health System (PMHS), now the Public Behavioral Health System (PBHS).

Survey Methodology

Survey Population

- The eligible survey population includes, individuals for whom Public Behavioral Health System claims were received for outpatient behavioral health services rendered between January and December 2020.
- The sample was stratified by age group and region of residence and individuals were randomly selected from these groups for inclusion in the survey sample (see next slide). The sample included:

Adult recipients of outpatient Mental Health (MH) treatment services and/or outpatient Substance Use Disorder (SUD) treatment services

and

Child recipients of outpatient Mental Health treatment services

- Individuals 16 years of age or older at the time of service responded to the adult survey on their own behalf, while parents or caregivers responded to the child survey on behalf of children and adolescents under the age of 16.

Survey Procedure

- The survey was administered by mail, online and telephone. Respondents could choose their preferred method.
- Participant lists were provided by Optum, MMS printed and mailed a survey package to each listed customer. Survey packages included an informational letter explaining the purpose of the survey 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.
- **Of the 64,132 individuals in the selected sample, surveys were mailed to:**
 - 29,086 adult recipients of Mental Health services;
 - 24,113 adult recipients of Substance Use Disorder services;
 - 9,027 Caregivers of Child recipients of Mental Health services.

Survey Procedures (continued)

- ▶ A total of 935 surveys were completed. Among these, 756 Adults (376 Mental Health [MH] participants and 380 Substance Use Disorder [SUD] participants) and 179 Child MH participants reported that they or the children they care for received services within the previous year and were able to complete the survey.

COUNTS	ADULT MH	ADULT SUD	CHILD MH
Population	120,136	52,193	52,858
Total Number of Participant Records	30,000	25,000	9,132
Number of Mailed Survey Packages (*less excluded cases)	29,086	24,113	9,027
Number of Surveys Completed:			
• Via returned mail	208	149	35
• Online	27	15	11
• Via telephone	141	216	133
TOTAL COMPLETED SURVEYS (N) =	376	380	179

Survey Stratification

- ▶ Survey samples were stratified by age of individuals and geographic region of residence based on service claims data. The regional breakdown of the survey sample and the final distribution of survey respondents are shown in the table below.
- ▶ The geographic distribution of survey respondents closely aligned with the overall distribution of all PBHS outpatient service recipients.

Regions (Counties)	Adult MH	Adult SUD	Child MH
	% Survey	% Survey	% Survey
Baltimore City (Baltimore City)	24%	41%	23%
Baltimore Metro (Anne Arundel, Baltimore County, Howard, Carroll, Cecil, Harford)	24%	27%	29%
Capital Metro (Montgomery, Prince George's)	23%	5%	21%
Eastern (Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester)	13%	11%	13%
Western (Allegany, Frederick, Garrett, Washington)	11%	13%	10%
South (Calvert, Charles, St. Mary's)	6%	4%	4%

Survey Questionnaires

- ▶ Separate survey instruments were used for adults and child caregivers
- ▶ Surveys were adapted from a Federal initiative: The Mental Health Statistics Improvement Program (MHSIP) Consumer Surveys
 - Items from these surveys were incorporated into the Center for Mental Health Services Uniform Reporting System (URS) for Federal Block Grant reporting
 - The Maryland Adult Perception of Care Survey is based on the MHSIP Adult Consumer Survey. The Maryland Child and Family Perception of Care Survey is based on the MHSIP Youth Services Survey for Families (YSS-F)
 - In addition to the MHSIP items, both survey instruments included other selected items specific to Maryland

Survey Domains

- **The percent of positive responses for each domain were calculated using the following methods:**
 - Survey customers who did not respond to two third or more of a domain item were excluded from domain calculations .
 - The number of individuals whose responses on the domain were “satisfied” or “very satisfied” where at least 75% of items were counted and divided by the total number of respondents for the domain.
 - 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.
 - The total number of respondents who answered each specific question are reported, which in many cases could represent a subsample of the total number of survey respondents.
 - 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.

Adult MH/SUD Survey Domains

Adult Mental Health / Adult Substance Use Disorder

GENERAL SATISFACTION

- I like the services that I receive.
- If I had other choices, I would still get services from the provider.
- I would recommend the provider/agency to a friend or a family member.

ACCESS

- The location of services was convenient.
- Staff were willing to see me as often as I felt was necessary.
- Staff returned my calls in 24 hours.
- Service were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted to.

PARTICIPATION IN TREATMENT PLANNING

- I felt comfortable asking questions about my treatment and medications.
- I had input in choosing my treatment goals.

QUALITY AND APPROPRIATENESS

- Staff were sensitive to my cultural or ethnic background.
- Staff helped me obtain the information needed so I could take charge of managing my illness.

OUTCOMES

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My symptoms are not bothering me as much.

FUNCTIONING

- I do things that are more meaningful to me.
- I am better able to take care of my needs.
- I am better able to handle things when they go wrong.
- I am better able to do things that I want to do.

SOCIAL CONNECTEDNESS

- I am happy with the friendships that I have.
- I feel I belong in my community.
- In a crisis, I would have the support I need from family or friends.
- I have people with whom I can do enjoyable things.

Child Mental Health Survey Domains

Child Mental Health

SATISFACTION WITH SERVICES

- Overall, I am satisfied with the therapy services my child received.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- I got the help I wanted for my child.
- The services my child and/or family received were right for us.

ACCESS

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

PARTICIPATION IN TREATMENT

- I helped choose my child's services.
- I had input in choosing my child's treatment goals.
- I participated in my child's treatment.

CULTURAL SENSITIVITY

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

OUTCOMES

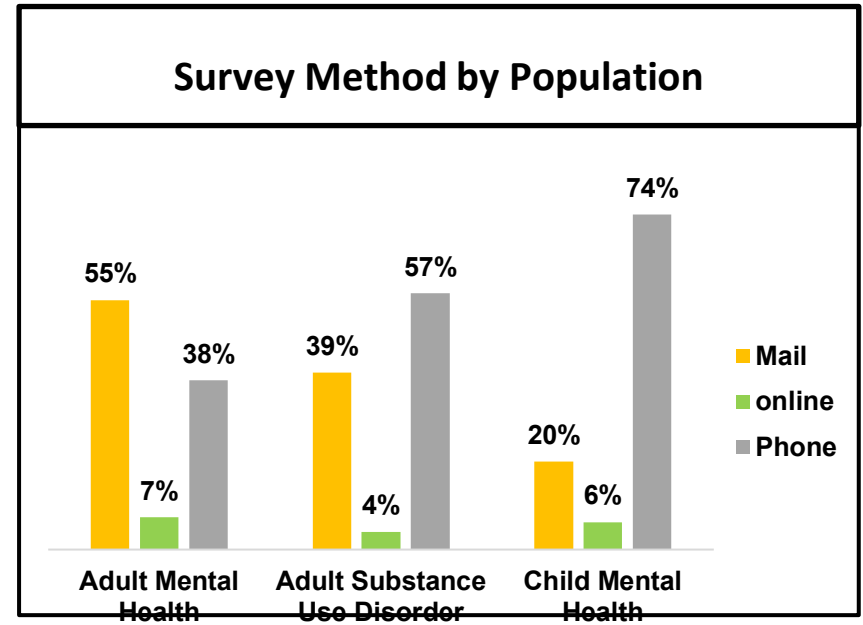
- My child is better at handling daily life.
- My child gets along better with family members.
- My child gets along better with friends and other people.
- My child is doing better in school and/or work.
- My child is better able to cope when things go wrong.
- I am satisfied with our family life right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

SOCIAL CONNECTEDNESS

- I feel my child knows people who will listen and understand her/him when she/he needs 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.
- My child has people with whom he/she can do enjoyable things.

Survey Responses

Completed Surveys by Population	
Population	Completed Surveys
Adult Mental Health	376
Adults Substance Use Disorder	380
Child Mental Health	179
Total	935



- Overall, 935 surveys were completed; mail (42%), phone (52.4%) and online (5.6%)
- Majority (74%) of Child Mental Health surveys were completed by phone (74%), followed by mail (20%) and online (6%)
- Over half (57%) of Adult Substance Use Disorder surveys were completed by phone (57%), followed by mail (39%) and online (4%)
- Over half (55%) of Adult Mental Health surveys were completed by mail (55%), followed by telephone (38%) and online (7%)

Adult Survey Results

MH and SUD

Respondent Profile

Adult Service Participants:

- More than one-half of adult MH (69%) and SUD (64%) respondents were between the ages of 35 and 64 years.
- More than one-half of adult respondents were Black/African American (63%, MH; 61%, SUD) and nearly one-third were White (30%, MH; 29%, SUD)
- Adult MH respondents were more likely to be female, while Adult SUD respondents were more evenly distributed between male and female.

DEMOGRAPHIC PROFILES		ADULT MH	ADULT SUD
Age	16-34 years	27%	27%
	35-64 years	69%	65%
	65+ years	4%	8%
Racial Identity	Black/African American	63%	61%
	American Indian/Alaskan Native	2%	3%
	Asian	2%	2%
	Native Hawaiian/Pacific Islander	<1%	<1%
	Multi-Racial	3%	3%
	White	30%	29%
	Other/Unknown	2%	<1%
Ethnicity	Spanish, Hispanic/Latinx	6%	6%
Gender Identification	Male	38%	50%
	Female	61%	50%
	Transgender	1%	--
	Other (Specify)	<1%	<1%
Sexual Orientation	Heterosexual/Straight	85%	85%
	Gay	2%	4%
	Lesbian	2%	1%
	Bisexual	4%	4%
	Other	3%	3%

Respondent Profile

Adult Service Participants:

- Most survey respondents (96% MH, 94% SUD) reported living in private residences.
- Over one-quarter of adult respondents reported being employed full or part-time (28% MH, 28% SUD).
- Over one-half of adults reported having a high school diploma or less (53% MH, 56% SUD).

DEMOGRAPHIC PROFILES		ADULT MH	ADULT SUD
Living Situation	Private Residence	96%	94%
	Homeless/Shelter	4%	5%
	Jail/Correctional Facility	--	--
	Other (Specify)	<1%	1%
Employment Status	Employed (full-time)	15%	17%
	Employed (part-time)	13%	11%
	Disabled, Not able to work	34%	32%
	Unemployed	24%	25%
	Homemaker	3%	3%
	Student	3%	4%
	Volunteer	1%	<1%
	Other	6%	8%
Education	Less than HS diploma	17%	17%
	HS diploma or GED	36%	39%
	Some College	46%	44%
Citizenship	U.S. citizen or legal resident	99%	99%
	Not a U.S. citizen or legal resident	1%	1%

Respondent Quality of Life

- More than one-half of adult MH (52%, 57%) and SUD (52%, 54%) respondents reported experiencing 14 or more days of poor physical and/or poor mental health over the past 30 days
- More than one-third of adult MH (40%) and SUD (39%) respondents reported 14 or more days where they felt Sad, Blue or Depressed
- One-half of MH (53%) and SUD (49%) respondents reported experiencing 14 or more days where they felt worried, tense or anxious

QUALITY OF LIFE <i>In the past 30 days...</i>		ADULT MH	ADULT SUD
Days of Poor <u>Physical</u> Health	14+ days	52%	52%
Days of Poor <u>Mental</u> Health	14+ days	57%	54%
Days felt <i>Less Stressed, Depressed, or Worried</i>	14+ days	52%	45%
Days felt Sad, Blue, or Depressed	14+ days	40%	39%
Days felt Worried, Tense, or Anxious	14+ days	53%	49%
Days did NOT get Enough Rest/Sleep	14+ days	51%	46%
Days felt <i>Very Healthy and Full of Energy</i>	14+ days	39%	46%

Behavioral Health Services Received

SERVICES	ADULT MH	ADULT SUD
Health Home Services	4%	3%
Inpatient Hospitalization (Mental Health)	8%	7%
Inpatient Hospitalization (Substance Use)	4%	5%
Medication Assisted Treatment (MAT)	16%	17%
Mobile Treatment Services	5%	3%
Mobile Crisis Services	3%	2%
Partial Hospitalization (Mental Health)	2%	2%
Psychiatric Medication & Management	34%	32%
Psychiatry Services (Psychiatrist)	42%	40%
Psychiatric Rehabilitation Program Services (PRP)	8%	7%
Number of Respondents =	376	379

SERVICES	ADULT MH	ADULT SUD
Residential Crisis Services	1%	1%
Residential Rehabilitation Program	1%	2%
Respite Care Services	--	--
Substance Use Crisis Services	1%	3%
Substance Use Treatment and Recovery Services	18%	21%
Substance Use Residential Treatment Services	6%	8%
Supported Employment	1%	2%
Targeted Case Management	3%	4%
Other (specify)	8%	8%
Number of Respondents =	376	379

- The services most often received by Adult survey participants include:
- Psychiatry services (42% MH, 40% SUD)
 - Psychiatric medication and management (34% MH, 32% SUD)
 - Substance use treatment and recovery services (18% MH, 21% SUD)



Location of Services By Jurisdiction

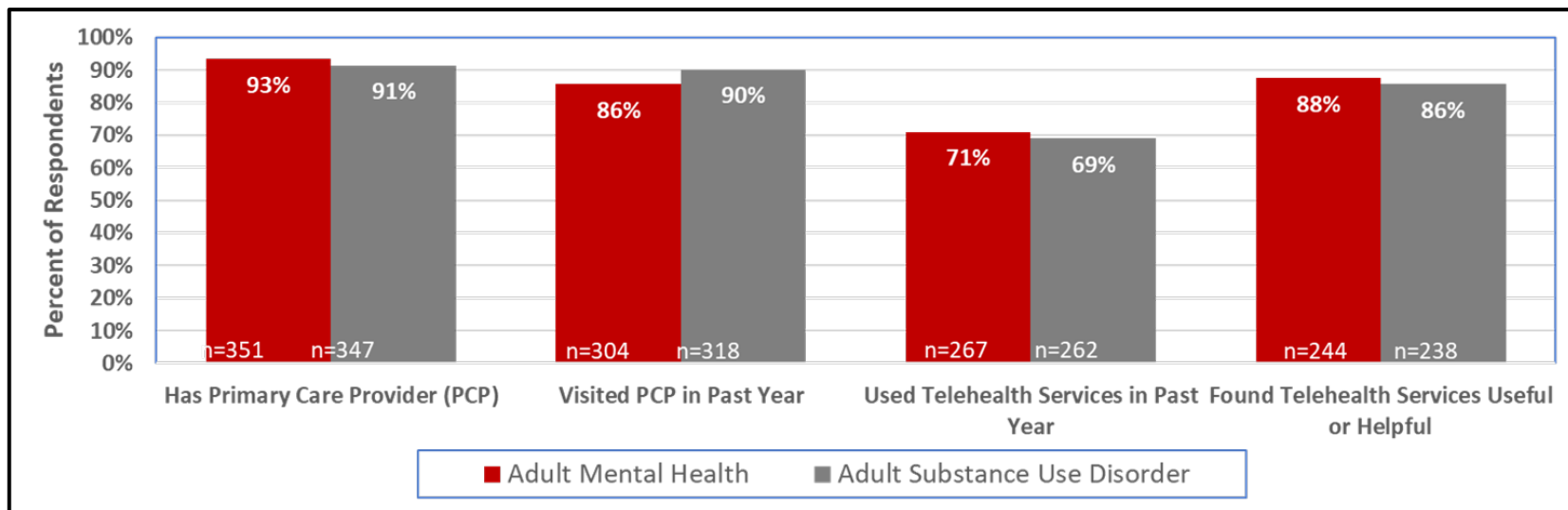
SERVICE AGENCY	ADULT MH	ADULT SUD
Allegany County	3%	2%
Anne Arundel County	6%	6%
Baltimore City	34%	34%
Baltimore County	17%	18%
Calvert County	2%	1%
Carroll County	2%	2%
Cecil County	2%	2%
Charles County	1%	2%
Frederick County	3%	3%
Garrett County	1%	2%
Number of Respondents =	376	380

SERVICE AGENCY	ADULT MH	ADULT SUD
Harford County	5%	4%
Howard County	2%	4%
Mid-Shore Counties	1%	2%
Montgomery County	9%	5%
Prince George’s County	5%	4%
St. Mary’s County	2%	2%
Washington County	4%	5%
Wicomico/Somerset Counties	4%	4%
Worcester County	2%	1%
Don’t Know	3%	1%
Number of Respondents =	376	380

- Adults received mental health and substance use support services throughout the state of Maryland
- One-half of respondents reported receiving services in Baltimore City or Baltimore County (51% MH, 52% SUD)

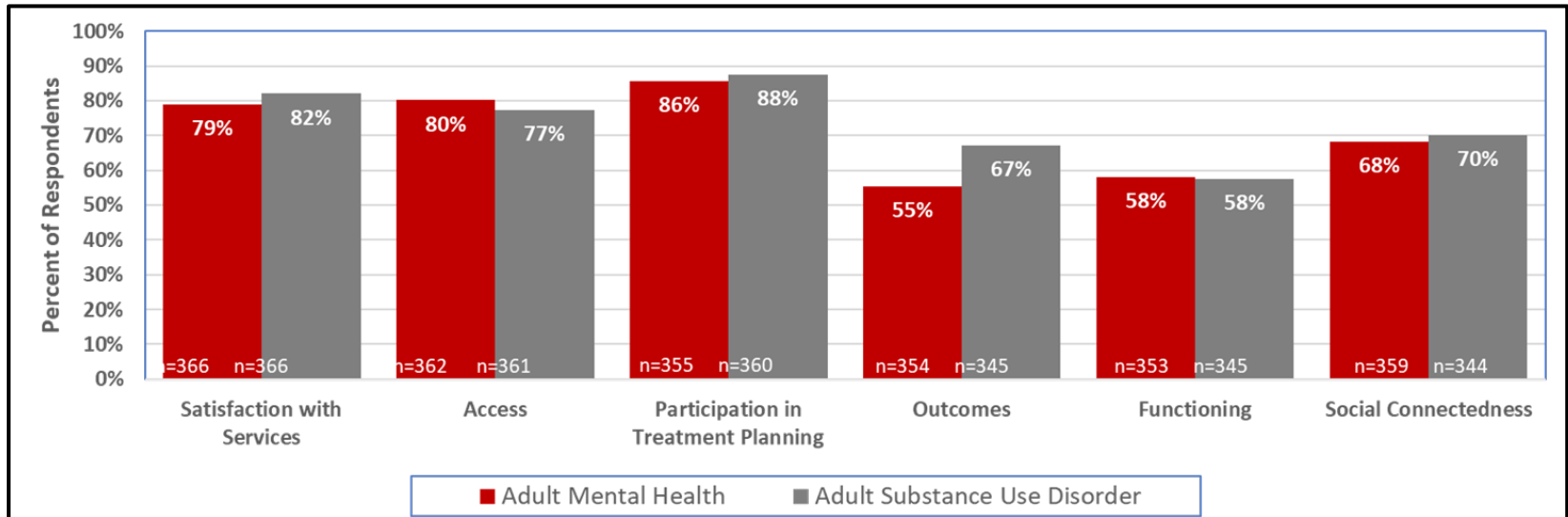


MH/SUD Physical Health Services and Care Coordination



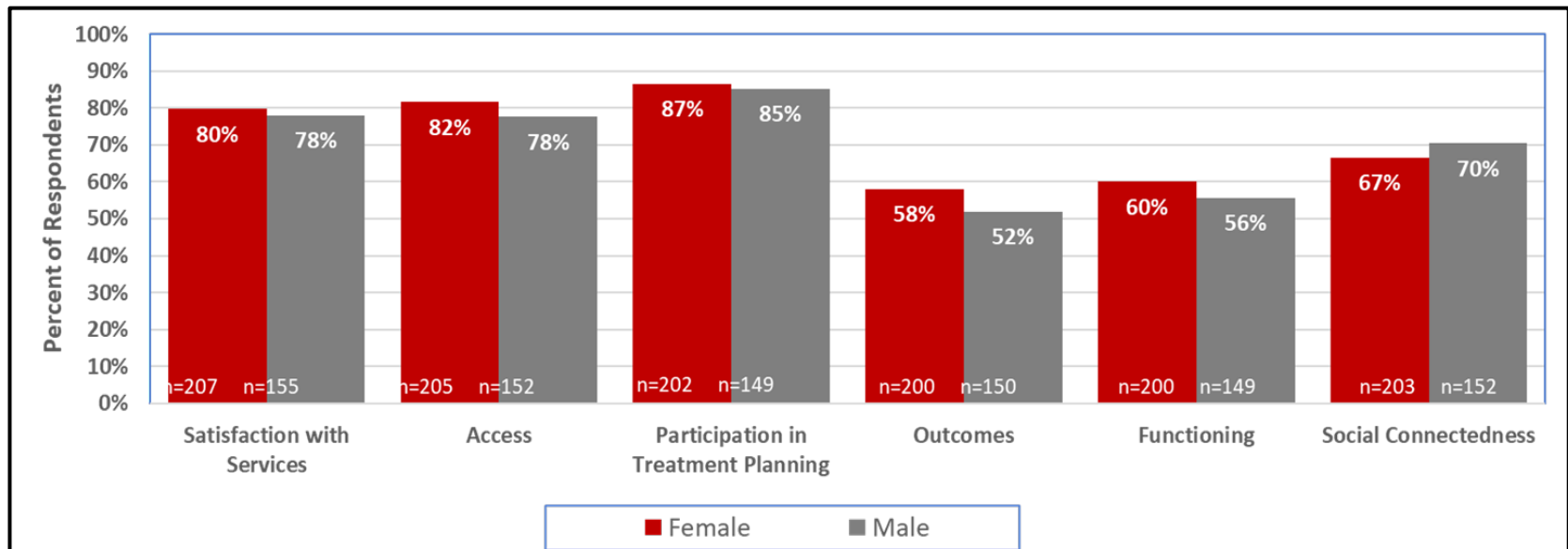
- Most adults report **having a Primary Care Provider (PCP)** (93% MH, 91% SUD), many of whom reported visiting their PCP (86% MH, 90% SUD) in the past year.
- More than two-thirds of adults used telehealth services in the past year (71% MH, 69% SUD).
- Most of participants (88% MH, 86% SUD) **found telehealth services to be useful or helpful.**

Experiences of Care By Domain



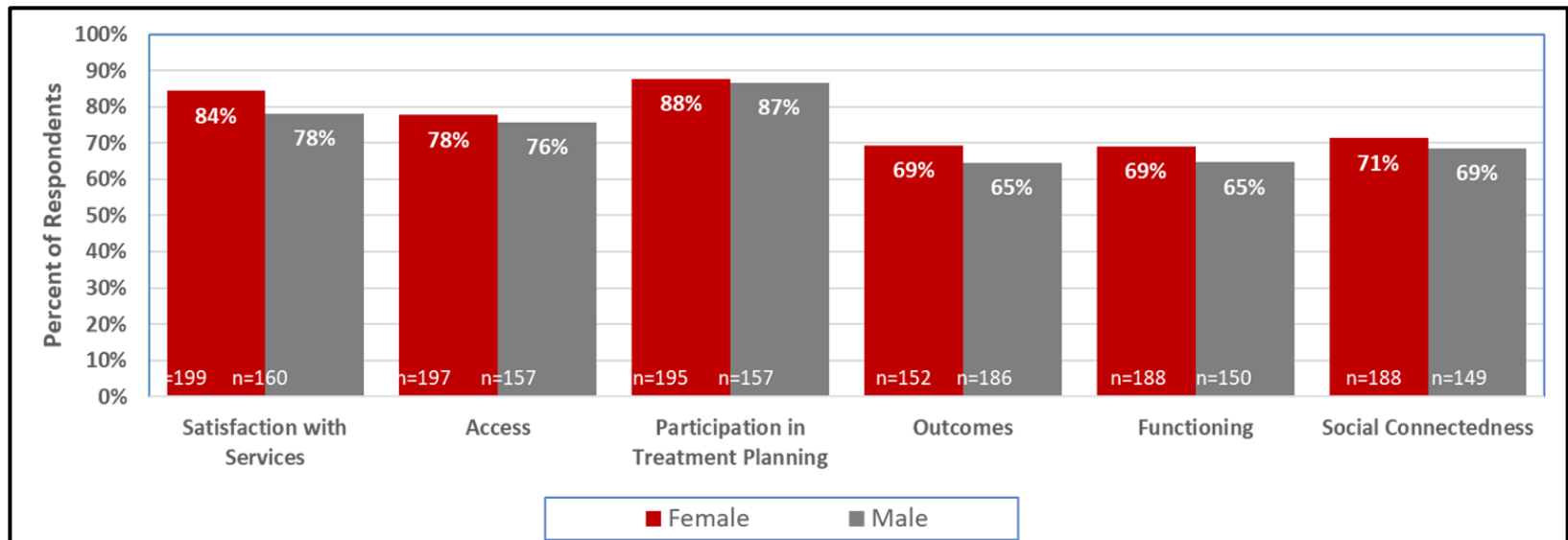
- Adult survey respondents were most likely to report positive experiences with participation in their treatment planning, access to services, and overall satisfaction with services.
- They were least likely to report positively about improvement in outcomes, their social connections, and their ability to function as a result of the services they received.

Mental Health Experiences of Care by Domain and Gender



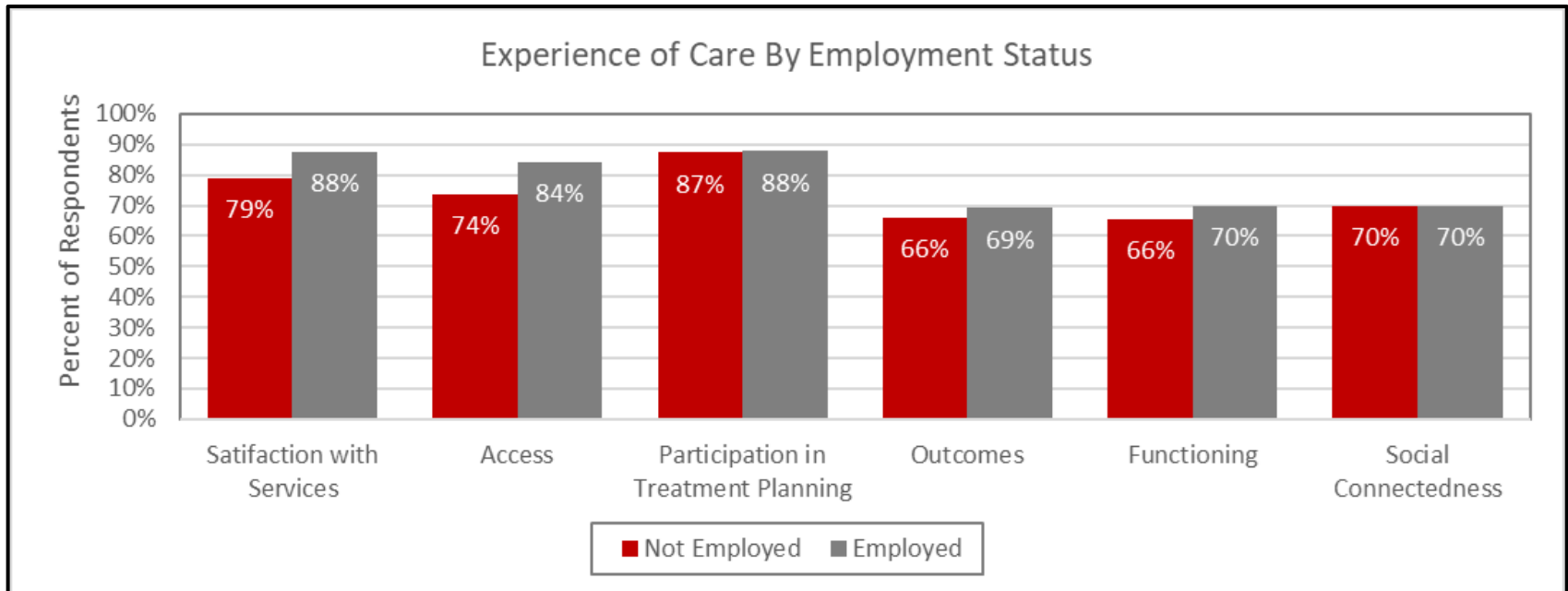
► Experiences of care among adult respondents of mental health services did not differ substantially by gender.

Substance Use Disorder- Experiences of Care by Domain and Gender



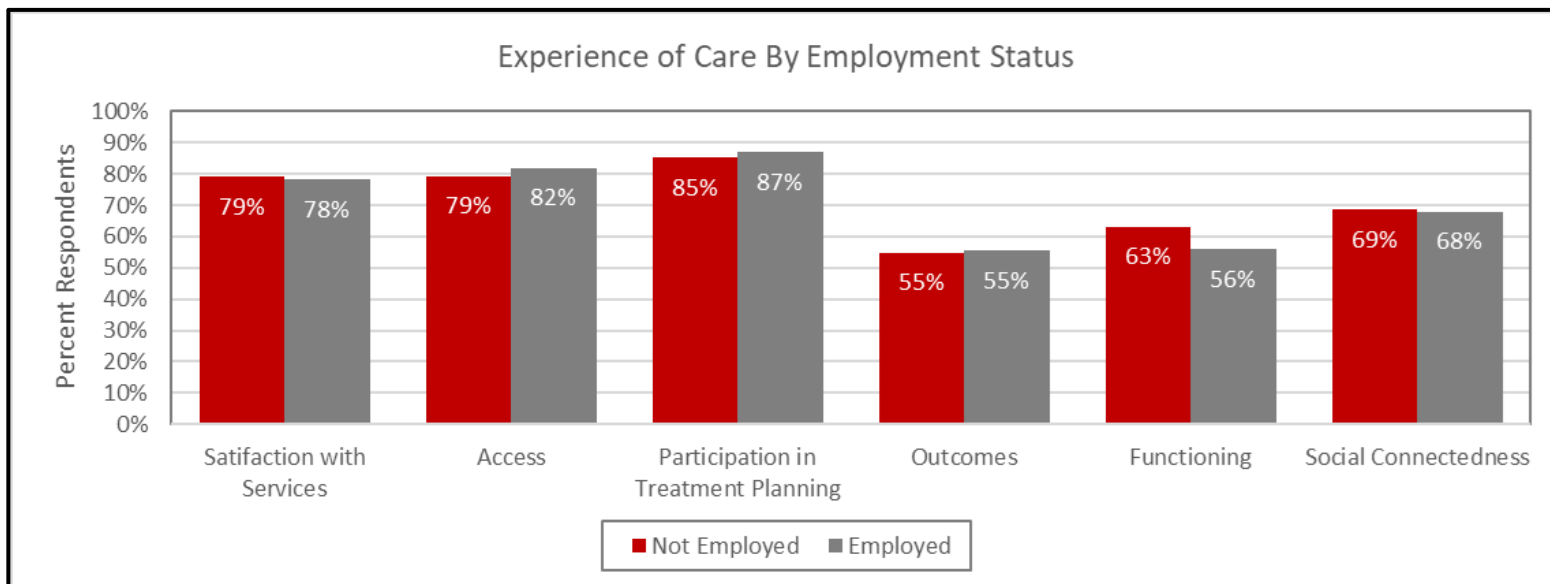
➤ Experiences of care among adult respondents of substance use disorder did not differ substantially by gender

Experiences of Care By Employment Status Among Adult SUD Recipients



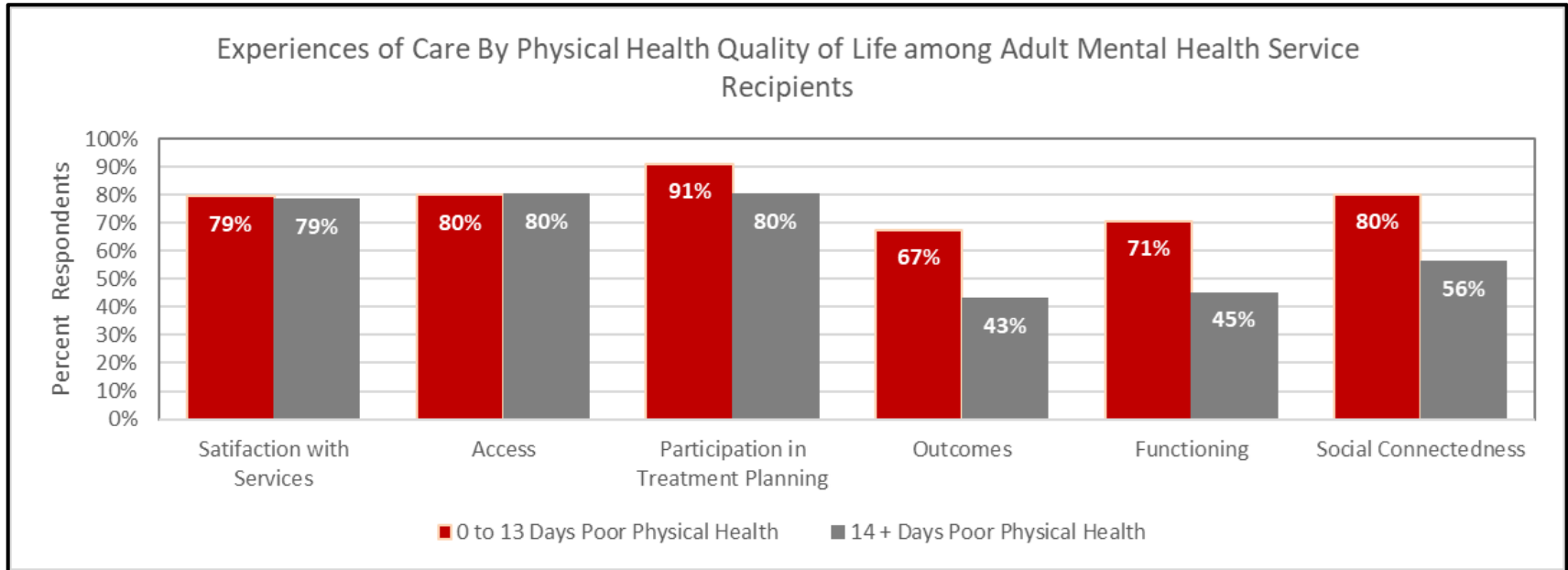
► Overall, employed adults who received SUD services were more likely to report positive experiences with satisfaction with services received, access to services, outcomes as a result of their services, and their functioning abilities compared to unemployed adults.

Experiences of Care By Employment Status Among Adult MH Recipients



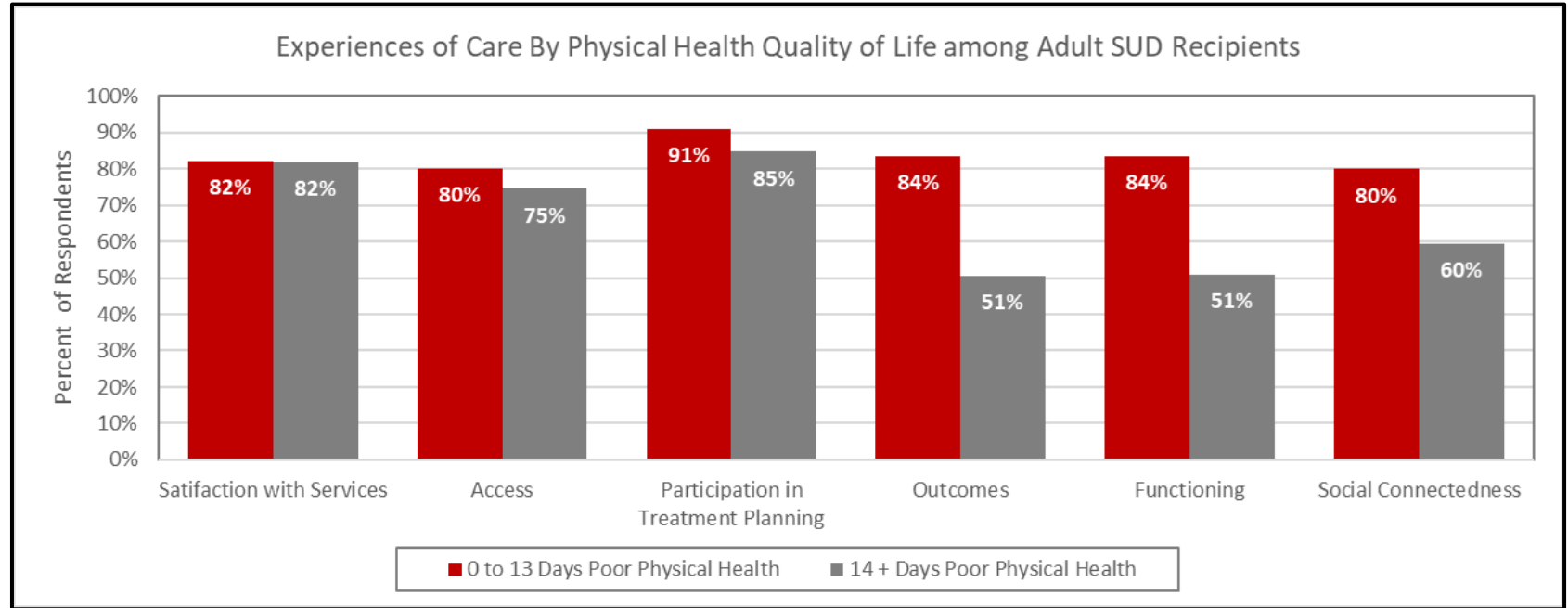
- Overall, irrespective of employment status, experiences of care was similar among adult mental health respondents.
- Employed adults who received mental health services reported more positive experiences in access to services, and participation in treatment planning while unemployed adults reported more positive experience with improvements in their functional abilities.

Experiences of Care by Physical Health Quality of Life Among Adult Mental Health Recipients



- Adults receiving mental health services who reported experiencing 14 or more days of poor physical health were less likely to report positive experiences with participation in treatment planning, improvement in outcomes, functioning abilities, and social connections compared to those who reported 13 or fewer days of poor physical health.

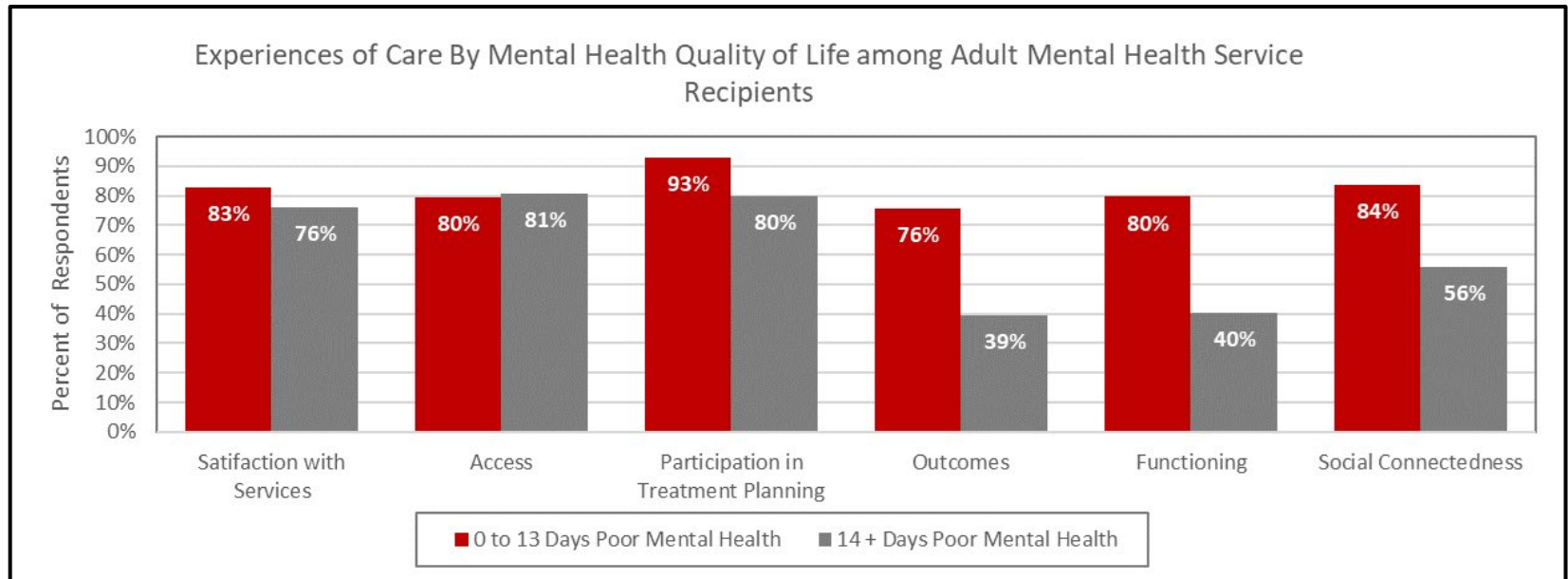
Experiences of Care by Physical Health Quality of Life Among Adult SUD Recipients



➤ Adult respondents receiving SUD services who reported experiencing 14 or more days of poor physical health were less likely to report positive experiences in all domains especially in the areas of improved outcomes, functioning abilities, and social connections compared to those who reported 13 or fewer days of poor physical health.

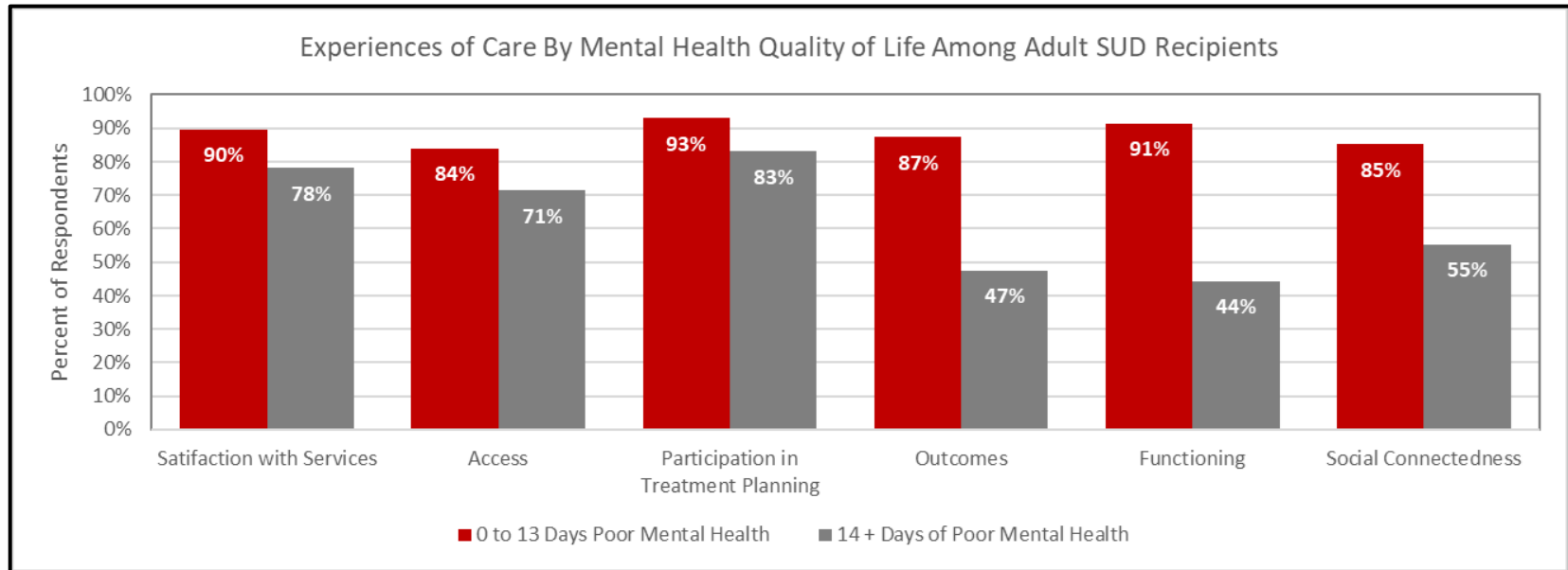


Experiences of Care by Mental Health Quality of Life Among Adult Mental Health Recipients



- Adult MH respondents who reported experiencing 14 or more days of poor mental health were less likely to report positive outcomes in most domains especially those associated with outcomes as a result of services received, improvement in functioning, and social connections compared to those who reports 13 or fewer days of poor mental health.

Experiences of Care by Mental Health Quality of Life Among Adult SUD Recipients



- Adult SUD respondents who reported experiencing 14 or more days of poor mental health were less likely to report positive outcomes in all domains especially those associated with outcomes as a result of services, improvement in functioning, and social connections compared to those who reported 13 or fewer days of poor mental health.

Child Caregivers Survey Results

Respondent Profile

- ▶ Over one-half (52%) of the child/youth who received mental health services were Male.
- ▶ Almost two-thirds of children who received mental health services were *Black/African American* (66%) while nearly one-quarter (22%) were White.

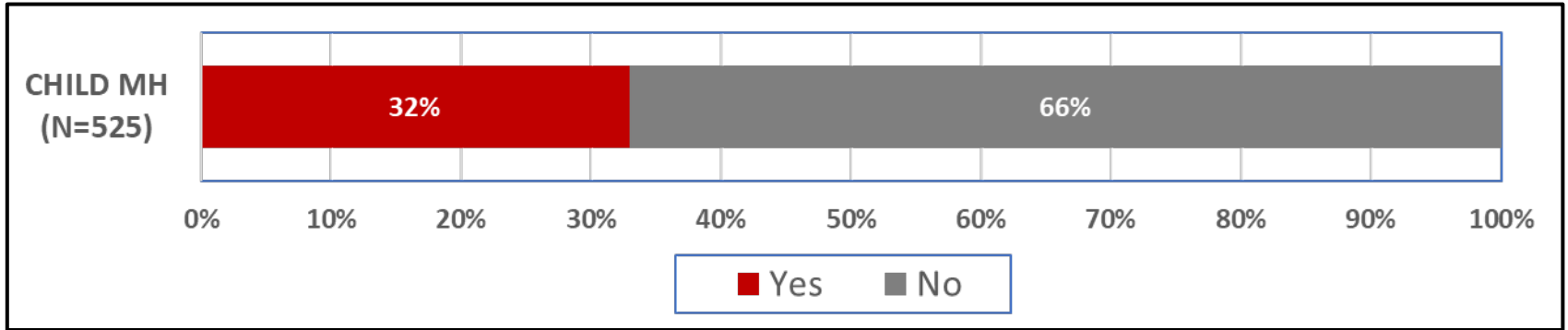
DEMOGRAPHIC PROFILES		CHILD MH
Age	5-9 years	25%
	10-12 years	34%
	13-15 years	41%
Racial Identity	Black/African American	66%
	American Indian/Alaskan Native	2%
	Asian	1%
	Native Hawaiian/Pacific Islander	<1%
	Multi-Racial	5%
	White	22%
	Other/Unknown	3%
Ethnicity	Spanish, Hispanic/Latinx	12%
Gender Identification	Male	52%
	Female	47%
	Transgender	--
	Other (Specify)	<1%
Sexual Orientation	Heterosexual/Straight	91%
	Gay	1%
	Lesbian	1%
	Bisexual	2%
	Other	5%

Respondent Profile

DEMOGRAPHIC PROFILES		CHILD MH
Living Situation	Private Residence	99%
	Homeless/Shelter	--
	Juvenile/Correctional Facility	<1%
	Other (Specify)	1%
Police Involvement	0 times	96%
	1 time	4%
	2 times	0%
	3 or more times	<1%

- ▶ Overall, child caregivers reported that most children receiving Mental Health services currently live in a private residence.
- ▶ Few Child service recipients (4%) had interaction with law enforcement.

Child Mental Health Support Services



- ▶ Child caregivers reported that just under one third (32%) of child mental health service recipients received psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services.

Child Mental Health Services

SERVICES	CHILD MH
Residential Crisis Services	1%
Psychiatric Medication & Management	22%
Psychiatry Services (Psychiatrist)	39%
Psychiatric Rehabilitation Program Services (PRP)	17%
Respite Care Services	1%
Supported Employment	1%
Therapeutic Behavioral Services	39%
Number of Respondents =	179

SERVICES	CHILD MH
Inpatient Hospitalization (Mental Health)	10%
Inpatient Hospitalization (Substance Use)	1%
Intensive Behavioral Health Services	8%
Mental Health Hospitalization	1%
Mobile Treatment Services	6%
Mobile Crisis Services	4%
Outpatient SUD Services	1%
Number of Respondents =	179

► The services most often received by child mental health service recipients include:

- Psychiatric services (39%);
- Therapeutic behavioral services (39%); and
- Psychiatric medication and management services (22%)

Child Mental Health Support Services

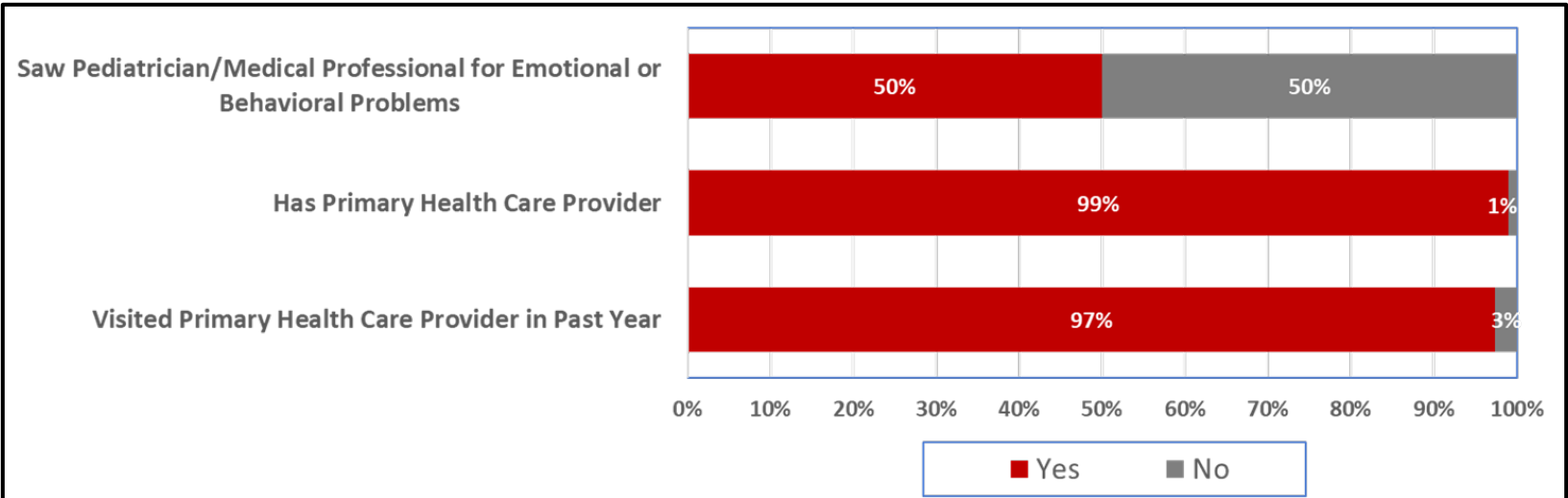
- Child mental health service recipients were most likely to receive services in the following jurisdictions:
- Baltimore County (16%);
 - Baltimore City (11%); and
 - Montgomery County (11%)

SERVICE AGENCY	CHILD MH
Allegany County	5%
Anne Arundel County	8%
Baltimore City	11%
Baltimore County	16%
Calvert County	2%
Carroll County	1%
Cecil County	2%
Charles County	1%
Frederick County	7%
Garrett County	1%
Number of Respondents =	179

SERVICE AGENCY	CHILD MH
Harford County	5%
Howard County	2%
Mid-Shore Counties	1%
Montgomery County	11%
Prince George’s County	8%
St. Mary’s County	2%
Washington County	4%
Wicomico/Somerset Counties	8%
Worcester County	3%
Don’t Know	2%
Number of Respondents =	179

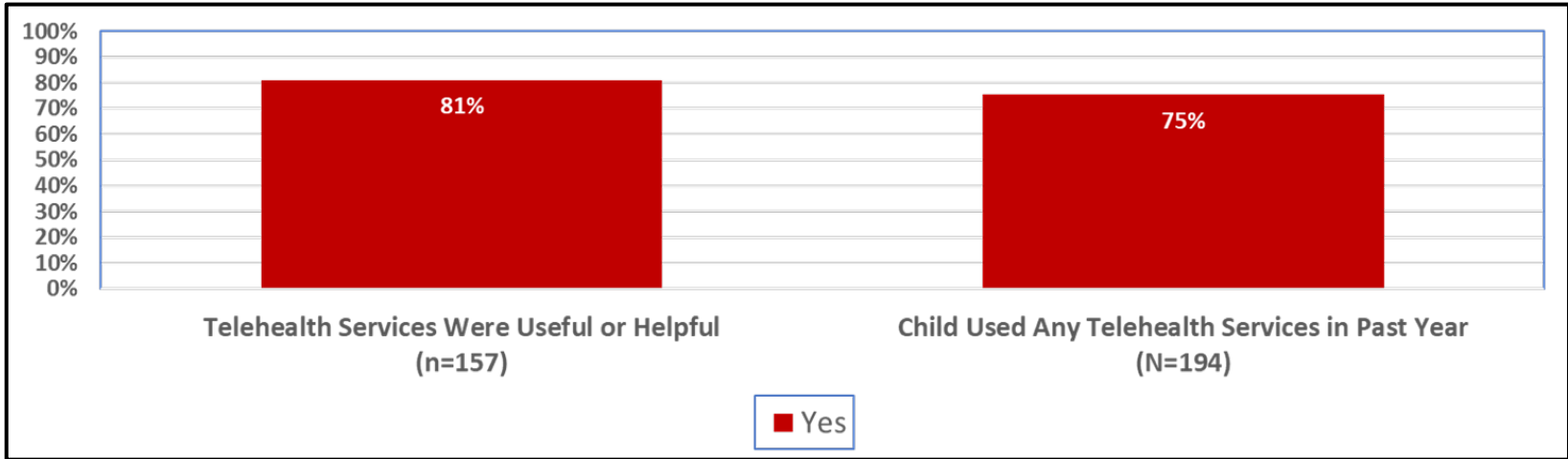


Child's Physical and Mental Health Coordination of Care



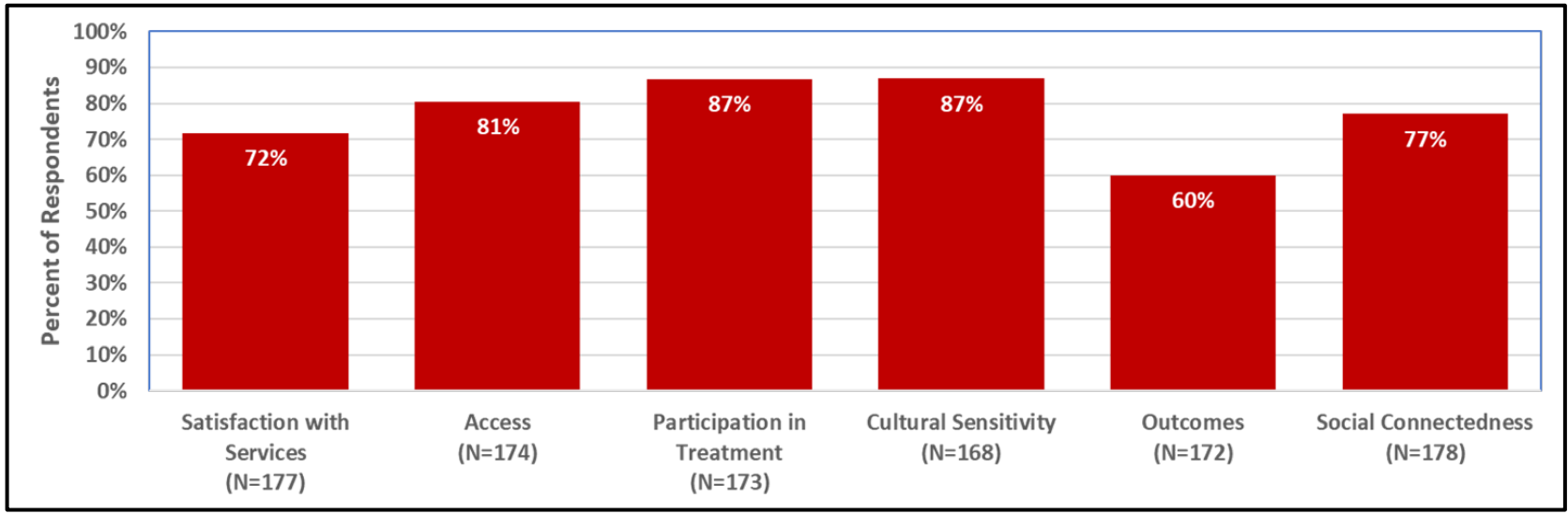
► One-half of the child caregivers (50%) reported their child saw a pediatrician or any other medical professional for an emotional or behavioral problem and most reported their child has a primary health care provider (99%) whom they have visited within the past year (97%).

Child Mental Health Telehealth Services



- ▶ Three quarters of child/caregiver respondents (75%) reported their child used telehealth services in the past year.
- ▶ Eight out of ten respondents (81%) reported telehealth services were useful or helpful.

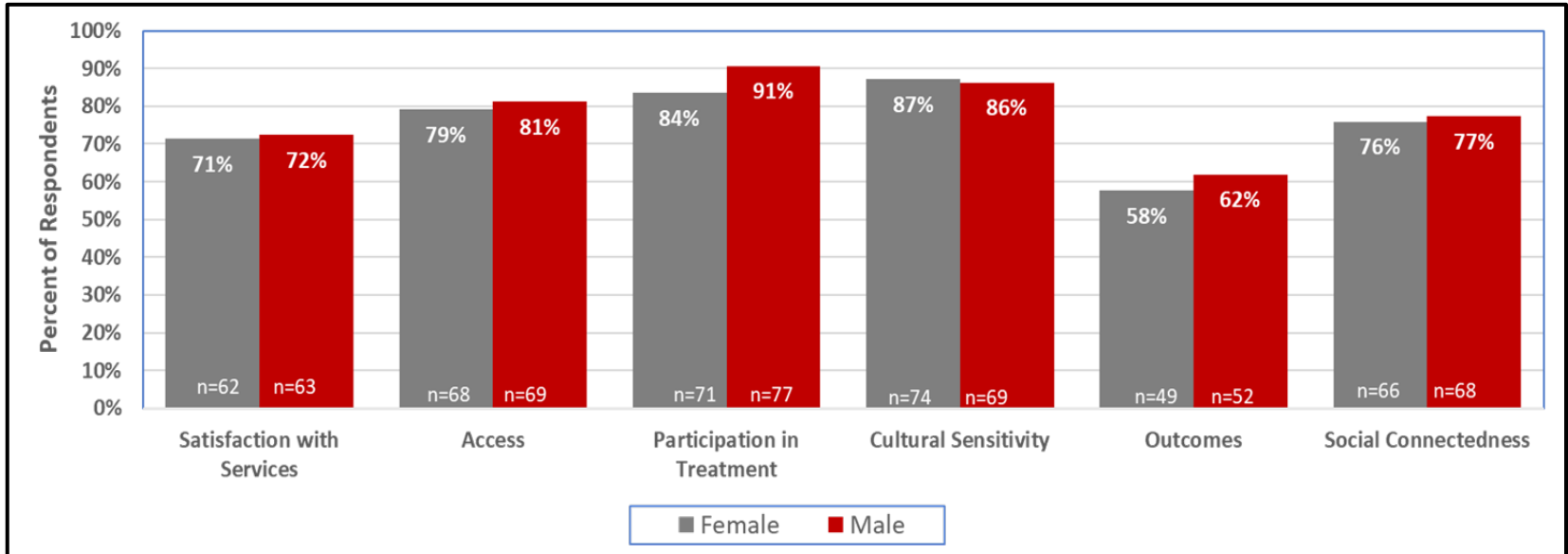
Child Mental Health Experiences of Care



- Overall, child caregivers reported positive experiences with the care their child received.
- They were most likely to report positive outcomes in their **participation in treatment (87%)** and **cultural sensitivity (87%)** compared to the other aspects of care.
- Child/Caregivers were least likely to report positively regarding improvement in outcomes experienced by their child/youth as a result of the care received.



Child Mental Health Experiences of Care by Gender



- Generally, experiences of care differed minimally by gender.
- Child Caregivers were more likely to report positively regarding participation in treatment and outcomes achieved for male compared to female children.

Conclusions

Summary of Results for Adult MH/SUD Population

- Most adult MH and SUD respondents reported positive experiences with the behavioral health services received.
- Adults MH and SUD recipients were most likely to report positive experiences with their participation in their treatment planning, access to services, and overall satisfaction with services received. They were least likely to report positively about improvement in outcomes and ability to function as a results of services received.
- Employed Adult SUD respondents were more likely to report positive experiences of care compared to those that were not employed.

Summary of Results for Adult MH/SUD Population

- More than one-half of Adult PBHS MH and SUD survey participants reported 14 or more days in the past month of poor physical and mental health.
- One-half of Adult MH and SUD survey respondents reported feeling worried, tense, or anxious for 14 or more days in the past month.
- Adult MH and SUD respondents who reported experiencing 14 or more days in a month of poor physical health or poor mental health were less likely to report positive experiences regarding improvement in outcomes, functional abilities as a results of services and social connections.

Summary of Results for Child MH Population

- Overall, child caregivers reported positive experiences with the care received by their child. They were more likely to report positively about the cultural sensitivity and participation in treatment planning and were least likely to report positively regarding improvement in outcomes and overall satisfaction with services received.
- Most child/caregivers reported that their children had a primary healthcare provider and visited their provider in the past 12 months.
- One-half of child caregivers reported that their child visited a health care professional for behavioral and emotional challenges in the past year.
- Three out of four child/youth received telebehavioral health services in past year and most child/caregivers reported that the services were helpful and useful.

Conclusions

Next Steps

- ▶ Review survey results with PBHS program leadership and stakeholders and identify opportunities to for service and system improvement.
- ▶ Obtain additional information from adult, child and family member recipients of PBHS services and advocacy organizations regarding why they feel less positive about their treatment outcomes, functioning and social connectedness.
- ▶ Perform additional analysis that focus on the following:
 - Differences and similarities in care experiences between demographic and racial/ethnic subpopulations;
 - Relationship between physical and mental health quality of life and experiences of care;
 - Trends in survey populations (Adult Mental Health, Adult Substance Use and Child Mental Health Caregivers) to assess changes in care experiences and outcomes over time.

Appendices



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Behavioral Health Administration

Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

September 14, 2021

Dear Participant,

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 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 1-844-502-1413 weekdays between 9:00 AM to 8:00 PM.

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

Aliya Jones, M.D.,
Deputy Secretary/ Executive Director
Behavioral Health Administration

FREQUENTLY ASKED QUESTIONS

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

Please answer and mail back the completed postage paid survey booklet mailer (no postage needed). 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 to:

Maryland Marketing Source, Reference Project # 4561
9419 Common Brook Road, Suite 216
Owings Mills, MD 21117

OR 844-502-1413 # dh-k

Online: Go to the following website: <https://tinyurl.com/MDCARESURVEY>

THEN enter in your code: INSERT UNIQUE CODE HERE

OR scan the unique, QR code with your preferred device: INSERT QR CODE HERE



➤ ***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 1-844-502-1413 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.



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

September 14, 2021

Behavioral Health Administration

Aliya Jones, M.D., MBA
Deputy Secretary Behavioral Health
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

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 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.

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

Sincerely,

Aliya Jones, M.D., MBA
Deputy Secretary/ Executive Director
Behavioral Health Administration

FREQUENTLY ASKED QUESTIONS

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Please answer and mail back the completed postage paid survey booklet mailer (no postage needed). 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 to:

Maryland Marketing Source, Reference Project # 4561
9419 Common Brook Road, Suite 216
Owings Mills, MD 21117

OR 844-502-1413 #° dh-k

Online: Go to the site <https://tinyurl.com/MDCHILDCARESURVEY>

THEN enter in your code: **INSERT UNIQUE CODE HERE**

OR scan the unique, QR code with your preferred device: **INSERT QR CODE HERE**



➤ ***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 1-844-502-1413 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.

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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 ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-888-1965; ሙስማት 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 می کنید، تسهیلات زبانی بصورت رایگان برای شما

فراہم می باشد. 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-̀̀wùd̀̀-̀̀po-nyò̀̀] jũ ní, nìí, à wuɖu kà kò d̀̀ò 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).

OUTPATIENT BEHAVIORAL HEALTH SERVICES Consumer Perception of Care Survey

ADULT PARTICIPANTS

Survey questions were adapted from the Mental Health Statistics Improvement Program (MHSIP) - Consumer Surveys and include other selected items of interest. Quality of Life questions have been adapted from the Health-Related Quality of Life tool. Individuals 16 years of age or older at the time of service shall respond to the Adult survey on their behalf.

DEMOGRAPHICS: TELL US ABOUT YOURSELF

Select your gender identification below: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> I don't know <input type="checkbox"/> Other (Specify) _____	In which age group do you fall? <input type="checkbox"/> 16-34 <input type="checkbox"/> 35-64 <input type="checkbox"/> 65+
What is your ethnicity? <input type="checkbox"/> Spanish, Hispanic/Latinx <input type="checkbox"/> Not Spanish, Hispanic/Latinx	Please identify your race: <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
Please identify your sexual orientation below: <input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other	What is your current living situation? <input type="checkbox"/> Private Residence <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Other (Specify) _____
What is your current employment status? <input type="checkbox"/> Employed (full-time) <input type="checkbox"/> Employed (part-time) <input type="checkbox"/> Disabled, Not able to work <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	What is your highest level of education completed? <input type="checkbox"/> Less than HS diploma <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> Some College
Are you a U.S. citizen or legal resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 30 days, how many times have you been arrested? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure
In the past 30 days, how many nights have you spent in jail or prison? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure	In the past year, did you go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor? <input type="checkbox"/> Yes (<i>Continue Survey</i>) <input type="checkbox"/> No (<i>End Survey Here</i>)
What types of services do/did you receive? Check all that apply:	

<input type="checkbox"/> Health Home Services	<input type="checkbox"/> Psychiatric Rehabilitation Program Services (PRP)
<input type="checkbox"/> Inpatient Hospitalization (Mental Health)	<input type="checkbox"/> Residential Crisis Services
<input type="checkbox"/> Inpatient Hospitalization (Substance Use)	<input type="checkbox"/> Residential Rehabilitation Program
<input type="checkbox"/> Medication Assisted Treatment (MAT)	<input type="checkbox"/> Respite Care Services
<input type="checkbox"/> Mobile Treatment Services	<input type="checkbox"/> Substance Use Crisis Services
<input type="checkbox"/> Mobile Crisis Services	<input type="checkbox"/> Substance Use Treatment and Recovery Services
<input type="checkbox"/> Outpatient Mental Health Services	<input type="checkbox"/> Substance Use Residential Treatment Services
<input type="checkbox"/> Partial Hospitalization (Mental Health)	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Partial Hospitalization (Substance Use)	<input type="checkbox"/> Targeted Case Management
<input type="checkbox"/> Psychiatric Medication and Management	<input type="checkbox"/> Therapeutic Nursery
<input type="checkbox"/> Psychiatry Services (Psychiatrist)	<input type="checkbox"/> Other (<i>specify</i>) _____

In which core service agency area do you receive services most frequently?

<input type="checkbox"/> Allegany County	<input type="checkbox"/> Charles County	<input type="checkbox"/> Prince Georges 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"/> Washington County
<input type="checkbox"/> Baltimore County	<input type="checkbox"/> Harford County	<input type="checkbox"/> Wicomico/Somerset County
<input type="checkbox"/> Calvert County	<input type="checkbox"/> Howard County	<input type="checkbox"/> Worcester County
<input type="checkbox"/> Carroll County	<input type="checkbox"/> Mid-Shore Counties	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Cecil County	<input type="checkbox"/> Montgomery County	

<p>Do you have a primary health care provider for your physical health care needs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If you have a primary care provider, did you visit your primary health care provider in the past year?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>In the past year, did you use any telehealth services?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>If you used telehealth services in the past year, were these services useful or helpful to you?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

The below statements ask about your satisfaction with services that you received.

SATISFACTION WITH SERVICES	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I like the services that I receive.						
If I had other choices, I would still get services from the provider.						
I would recommend the provider/agency to a friend or a family member.						
Any concerns I may have had about my services were addressed in a timely manner.						

ACCESS	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
The location of services was convenient.						
Staff were willing to see me as often as I felt was necessary.						
Staff returned my calls in 24 hours.						

Services were available at times that were good for me.						
I was able to get all the services I thought I needed.						
I was able to see a psychiatrist when I wanted to.						
I am satisfied with the timeliness of scheduling and rescheduling of appointments.						

PARTICIPATION IN TREATMENT PLANNING	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I felt comfortable asking questions about my treatment and medications.						
I had input in choosing my treatment goals.						
Staff helped me obtain the information I needed so that I could take charge of managing my illness.						
Staff communication with me about the progress I'm making towards meeting my treatment goals.						

CULTURAL SENSITIVITY	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
Staff treated me with respect.						
Staff respected my family's religious or spiritual views.						
Staff spoke with me in a way that I understood.						
Staff were sensitive to my cultural or ethnic background.						

The below statements ask how you may have benefited from the services that you received.

EFFECTIVENESS OF SERVICE	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I deal more effectively with daily problems.						
I am better able to control my life.						
I am better able to deal with crisis.						
I am getting along better with my family.						
I do better in social situations.						
I do better in school and/or work.						

FUNCTIONING	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
My symptoms are not bothering me as much.						
I do things that are more meaningful to me.						

I am better able to handle things when they go wrong.						
I am better able to do things that I want to do.						
I am better able to take care of my needs.						

SOCIAL CONNECTEDNESS	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I am happy with the friendships that I have.						
I feel I belong in my community.						
In a crisis, I would have the support I need from family or friends.						
I have people with whom I can do enjoyable things.						

QUALITY OF LIFE	
<p>Now, thinking about your physical health, which includes physical illness and injury, for about how many days during the past 30 days would you say your physical health was not good?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>	<p>Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days would you say your mental health was not good?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>
<p>During the past 30 days, for about how many days have you felt <i>less stressed, depressed, or worried</i>?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>	<p>During the past 30 days, for about how many days have you felt <i>sad, blue, or depressed</i>?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>
<p>During the past 30 days, for about how many days have you felt <i>worried, tense, or anxious</i>?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>	<p>During the past 30 days, for about how many days have you felt you did NOT get <i>enough rest or sleep</i>?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>
<p>During the past 30 days, for about how many days have you felt <i>very healthy and full of energy</i>?</p> <p>Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure</p>	

OUTPATIENT BEHAVIORAL HEALTH SERVICES Consumer Perception of Care Survey

CHILD/ADOLESCENT PARTICIPANT-CAREGIVER

Survey questions were adapted from the Mental Health Statistics Improvement Program (MHSIP) - Consumer Surveys and include other selected items of interest. Parents/Caregivers shall respond to the child survey on behalf of children /adolescents who began receiving services under the age of 16.

DEMOGRAPHICS: TELL US ABOUT YOUR CHILD			
Select your child's gender identification below: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> I don't know <input type="checkbox"/> Other (Specify) _____	In which age group does your child fall? <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> 13-15		
What is your child's ethnicity? <input type="checkbox"/> Spanish, Hispanic/Latinx <input type="checkbox"/> Not Spanish, Hispanic/Latinx	Please identify your child's race: <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"/> Multi-Racial		
Please identify your child's sexual orientation below: <input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other	What is your child's current living situation? <input type="checkbox"/> Private Residence <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Juvenile/ Correctional Facility <input type="checkbox"/> Other (Specify) _____		
In the past 30 days, how many times has your child been arrested? Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure	In the past 30 days, how many nights has your child spent in a juvenile correctional facility? Number of Days ____ <input type="checkbox"/> Don't Know/Not Sure		
In the past year, did your child go to an outpatient mental health and/or substance use treatment program or provider, such as a psychiatrist or counselor? <input type="checkbox"/> Yes (<i>Continue Survey</i>) <input type="checkbox"/> No (<i>End Survey Here</i>)	In the past year, did your child receive psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, in-home, mobile crisis, or case management services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What types of services does/did your child receive? Check all that apply: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Inpatient Hospitalization (Mental Health) <input type="checkbox"/> Inpatient Hospitalization (Substance Use) <input type="checkbox"/> Intensive Behavioral Health Services <input type="checkbox"/> Medication Assisted Treatment (MAT) <input type="checkbox"/> Mental Health Partial Hospitalization <input type="checkbox"/> Mobile Treatment Services </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Psychiatric Medication and Management <input type="checkbox"/> Psychiatry Services (Psychiatrist) <input type="checkbox"/> Psychiatric Rehabilitation Program Services (PRP) <input type="checkbox"/> Respite Care Services <input type="checkbox"/> Substance Use Treatment and Recovery Services <input type="checkbox"/> Substance Use Residential Treatment Services </td> </tr> </table>		<input type="checkbox"/> Inpatient Hospitalization (Mental Health) <input type="checkbox"/> Inpatient Hospitalization (Substance Use) <input type="checkbox"/> Intensive Behavioral Health Services <input type="checkbox"/> Medication Assisted Treatment (MAT) <input type="checkbox"/> Mental Health Partial Hospitalization <input type="checkbox"/> Mobile Treatment Services	<input type="checkbox"/> Psychiatric Medication and Management <input type="checkbox"/> Psychiatry Services (Psychiatrist) <input type="checkbox"/> Psychiatric Rehabilitation Program Services (PRP) <input type="checkbox"/> Respite Care Services <input type="checkbox"/> Substance Use Treatment and Recovery Services <input type="checkbox"/> Substance Use Residential Treatment Services
<input type="checkbox"/> Inpatient Hospitalization (Mental Health) <input type="checkbox"/> Inpatient Hospitalization (Substance Use) <input type="checkbox"/> Intensive Behavioral Health Services <input type="checkbox"/> Medication Assisted Treatment (MAT) <input type="checkbox"/> Mental Health Partial Hospitalization <input type="checkbox"/> Mobile Treatment Services	<input type="checkbox"/> Psychiatric Medication and Management <input type="checkbox"/> Psychiatry Services (Psychiatrist) <input type="checkbox"/> Psychiatric Rehabilitation Program Services (PRP) <input type="checkbox"/> Respite Care Services <input type="checkbox"/> Substance Use Treatment and Recovery Services <input type="checkbox"/> Substance Use Residential Treatment Services		

<input type="checkbox"/> Mobile Crisis Services	<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Outpatient Mental Health Services	<input type="checkbox"/> Therapeutic Behavioral Services
<input type="checkbox"/> Outpatient SUD Services	<input type="checkbox"/> Other (<i>specify</i>)
<input type="checkbox"/> Residential Crisis Services	
<input type="checkbox"/> Substance Use Crisis Services	

In which local designated authority/ core service agency area do/did you receive services?

<input type="checkbox"/> Allegany County	<input type="checkbox"/> Charles County	<input type="checkbox"/> Prince Georges 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"/> Washington County
<input type="checkbox"/> Baltimore County	<input type="checkbox"/> Harford County	<input type="checkbox"/> Wicomico/Somerset County
<input type="checkbox"/> Calvert County	<input type="checkbox"/> Howard County	<input type="checkbox"/> Worcester County
<input type="checkbox"/> Carroll County	<input type="checkbox"/> Mid-Shore Counties	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Cecil County	<input type="checkbox"/> Montgomery County	

<p>In the past year, did your child see a pediatrician or any other medical professional for an emotional or behavioral problem?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does your child have a primary health care provider for his/her physical health care needs?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If your child has a primary care provider, did he/she visit their primary health care provider in the past year?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>In the past year, did your child use any telehealth services?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If your child used telehealth services in the past year, were the services useful or helpful?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

The below statements ask about your satisfaction with services that your child received.

SATISFACTION WITH SERVICES	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
The people helping my child stuck with us no matter what.						
I felt my child had someone to talk to when he/she was troubled.						
I got the help we needed for my child.						
The services my child and/or family received were right for us.						
I am satisfied with our family life right now.						
My child is better able to do things he or she wants to do.						
The therapist demonstrates the skills to meet my child's needs.						
The therapist responded to and addressed my child's needs.						
Overall, I am satisfied with the services my child has received.						

ACCESS	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
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	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I helped choose my child's services.						
I had input in choosing my child's treatment goals.						
I participated in my child's treatment.						
I am satisfied with the level of communication about my child's progress.						

CULTURAL SENSITIVITY	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
Staff treated me with respect.						
Staff respected my family's religious or spiritual belief.						
Staff spoke with me in a way that I understood.						
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.

EFFECTIVENESS OF SERVICE	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I am satisfied with the change in my child's problem behaviors.						
My child is better able to cope when things go wrong.						
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.						
I am satisfied with the coordination of care/treatment between my child's primary health care provider and mental health and/or substance use provider.						

SOCIAL CONNECTEDNESS	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Does Not Apply
I feel my child knows people who will listen and understand her/him when she/he needs 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.						
My child has people with whom he/she can do enjoyable things.						