



*DATA INFRASTRUCTURE GRANT*

*ADULT MENTAL HEALTH &  
WELL-BEING SURVEY*

*2008 ADULT SURVEY*

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## INTRODUCTION

Currently in its eighth year, the Maine Data Infrastructure Grant (DIG) is a federally funded project coordinated by Maine's Department of Health and Human Services Office of Quality Improvement Services (OOIS). The grant is sponsored through the Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and supports the strengthening of state-level mental health system data through the analysis of service use and service outcomes for adults and children receiving mental health services.

The DIG supports the administration of the DHHS Mental Health and Well-Being Survey, a survey administered annually to adults, children and families receiving publicly funded mental health services from DHHS. Many of the questions asked in the DHHS Mental Health and Well-Being Survey in Maine are also used by State Mental Health Authorities in 50 states and 7 United States Territories. The widespread use of the survey allows for national comparisons of satisfaction trends. The survey assesses consumer satisfaction with mental health services and continues to remain a key part of SAMHSA's National Outcome Measures. The National Outcome Measures (NOMs) are a performance-based, outcome-driven measurement system that focuses on outcomes for people receiving mental health services.

In 2007, Maine was the first state to introduce the inclusion of Health and Well-Being items in both the Adult and Child/Family Mental Health and Well-Being Surveys. These items were adapted from the Behavioral Risk Factors Surveillance System (BRFSS) which is a survey that is used by all 50 states and has been coordinated by the Center for Disease Control since 1987. The Health and Well-Being items included in the Mental Health & Well-Being survey are intended to assess the history of heart disease, diabetes and other health risk factors in survey respondents receiving mental health services. The introduction of these items provides an opportunity to determine if there is an association between the reported health of a survey respondent and satisfaction with the services that they have received over the past year.

Results from the survey are reported annually to stakeholders of the mental health system, including service recipients and their family members, community service providers, and state mental health officials. By examining trends and consumer satisfaction, we can continue to gauge the perceptions of how well services are being provided and use this information side by side with additional measures of service outcomes to improve and enhance the experience of service recipients.

This report includes the results and findings from the Adult Mental Health and Well-Being Surveys for 2008.

## **SURVEY METHODOLOGY**

Administration of this year's Adult Mental Health and Well-Being Survey was initiated in August 2008. The names and mailing addresses were obtained from the DHHS Administrative Service Organization, APS Healthcare, Inc. APS Healthcare, Inc. maintains the service authorization data system for MaineCare funded behavioral health services. The survey was mailed to individuals who have received a Serious Mental Illness (SMI) related service; Community Integration Services, Intensive Community Integration Services, Intensive Case Management Services, ACT Services or Adult Residential (PNMI) Services between December 2007 and April 2008.

A total of 9,422 names and addresses of adults receiving an SMI related services were obtained from the APS HealthCare, Inc data system, CareConnection. Of that 9,422, 6,775 Adult Mental Health & Well-Being Surveys were mailed to valid addresses. Of the 6,755 valid addresses, the DHHS Office of Quality Improvement Services received back 1,467 completed surveys for a response rate of 21.7%. In addition to the survey, a cover letter was enclosed to inform individuals of the purpose of the survey, where to call to ask questions about the survey, and that completing the survey was voluntary and confidential.

## **STATISTICAL SIGNIFICANCE**

Significant difference determines how likely it would be that change between groups of responses is not by chance. An example of this would be exploring survey responses by gender to better understand if differences between responses in males and females is significant. Therefore, a finding indicating that there is a significance difference means that there is statistical evidence to support a real difference between groups of respondents. Survey questions indicating statistical differences were highlighted with an asterisk (\*). No notation was made for questions showing no statistical differences.

## **AMHI CLASS MEMBER**

An AMHI class member is defined as a person who was a patient at the Augusta Mental Health Institute or Riverview Psychiatric Center on or after January 1, 1988 and includes both civic and forensic admissions. By looking at trends and recipient satisfaction, the OAMHS and OQIS can better understand class members' experiences with their mental health supports and services. Data obtained from AMHI class members is available in the appendix

# DHHS Adult Mental Health & Well Being Survey

## SURVEY AREAS

Individuals are asked to answer survey questions using a Likert Scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree). Response options Strongly Agree and Agree are combined to calculate percentages of satisfaction for individual questions. Survey questions are organized into seven domain areas:

- 1) *General Satisfaction* – examines an individual’s overall satisfaction with the services that have been received. Some questions in this area include:
  - I like the services I receive.
  - If I had other choices, I would still get services from this agency.
  - I would still recommend this agency to a friend or family member.
- 2) *Perception of Access* – examines an individual’s experience with the convenience and availability of services. Some questions for this area include:
  - The location of services is convenient (public transportation, distance, parking, etc.).
  - Staff are willing to see me as often as I feel it is necessary.
  - Services are available at times that are good for me.
- 3) *Perception of Quality and Appropriateness* – refers to individual experiences with the overall quality of services received and include the following questions:
  - Staff encourage me to take responsibility for how I live my life.
  - I feel free to complain.
  - I am given information about my rights.
- 4) *Perception of Outcomes* – examines the extent to which individuals feel that changes in their life are a result of the treatment and services they are receiving. Some questions for this area include:
  - I deal more effectively with daily problems.
  - I am able to control my life.
  - I do well in social situations.

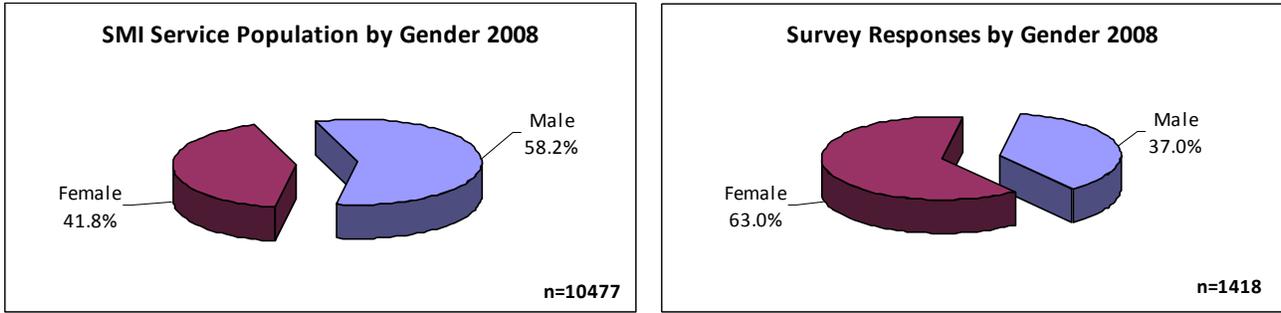
It should be noted that questions from the Outcome Domain in the 2008 Mental Health & Well-Being Survey were adapted from the Center for Mental Health Services (CMHS) Transformation Accountability (TRAC) Survey. Questions from the TRAC survey were used in the 2008 survey to better understand outcomes at an individual level. However, questions in the TRAC survey are different from questions previously used in the Mental Health & Well-Being Survey and can not be compared to past years. It is anticipated that the 2009 Mental Health and Well-Being Survey will resume using questions from 2006 and 2007 so that comparisons can be made with past years.

- 5) *Participation in Treatment Planning* – examines the extent to which individuals are involved and participate in treatment planning decisions. Some questions for this area include:
  - I feel comfortable asking questions about my treatment and medication.
  - I, not staff, decide my treatment goals.

- 6) *Functioning* – this area examines individual experiences with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems and crises. Some questions for this scale include:
- My symptoms are not bothering me as much.
  - I am better able to take care of my needs.
  - I am better able to do things that I want to do.
- 7) Social Connectedness – (This domain area was not collected in 2008, but will be collected in 2009). This area examines the extent to which individuals have supportive social relationships and experience a sense of belonging in their community. Some questions for this area include:
- Other than my current service provider(s) in a crisis, I would have the support I need from family and friends.
  - Other than my current service provider(s) I have people with whom I can do enjoyable things.
  - Other than my current service provider(s) I feel I belong in my community.

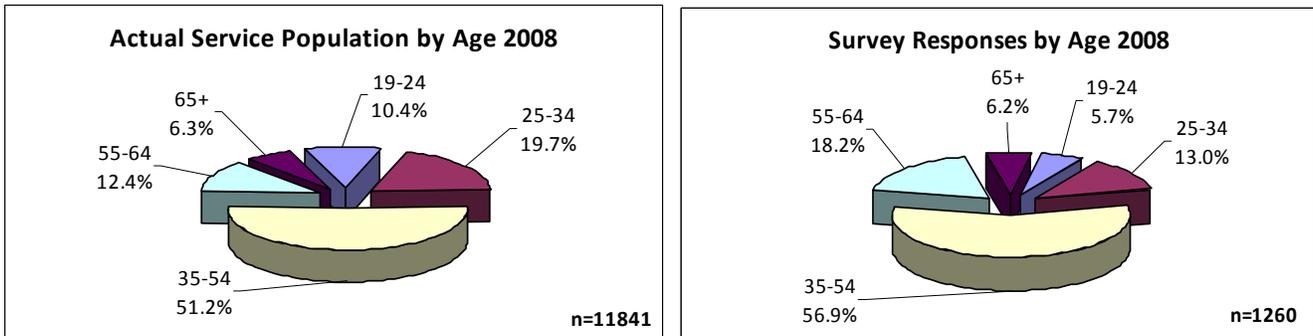
# Demographics: SMI Service Population vs. Survey Responses

## GENDER (Figure 1)



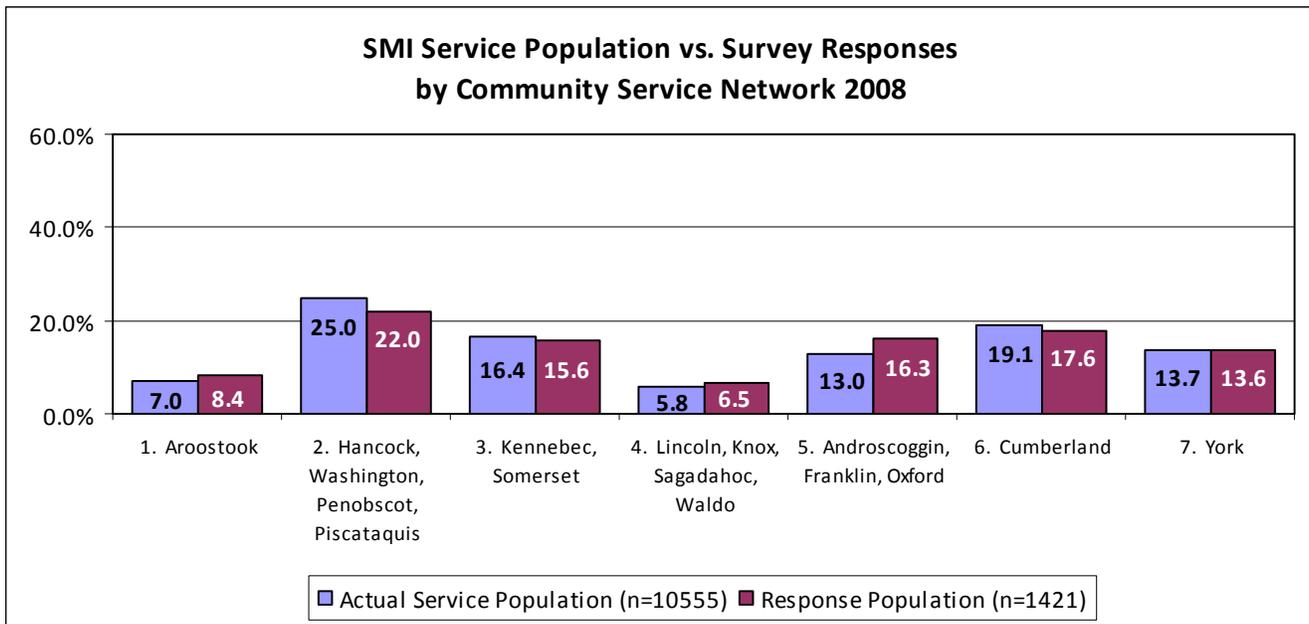
- Females were more likely to respond to the survey than males: 63.0% compared to the actual SMI service population of 41.8%.

## AGE (Figure 2)



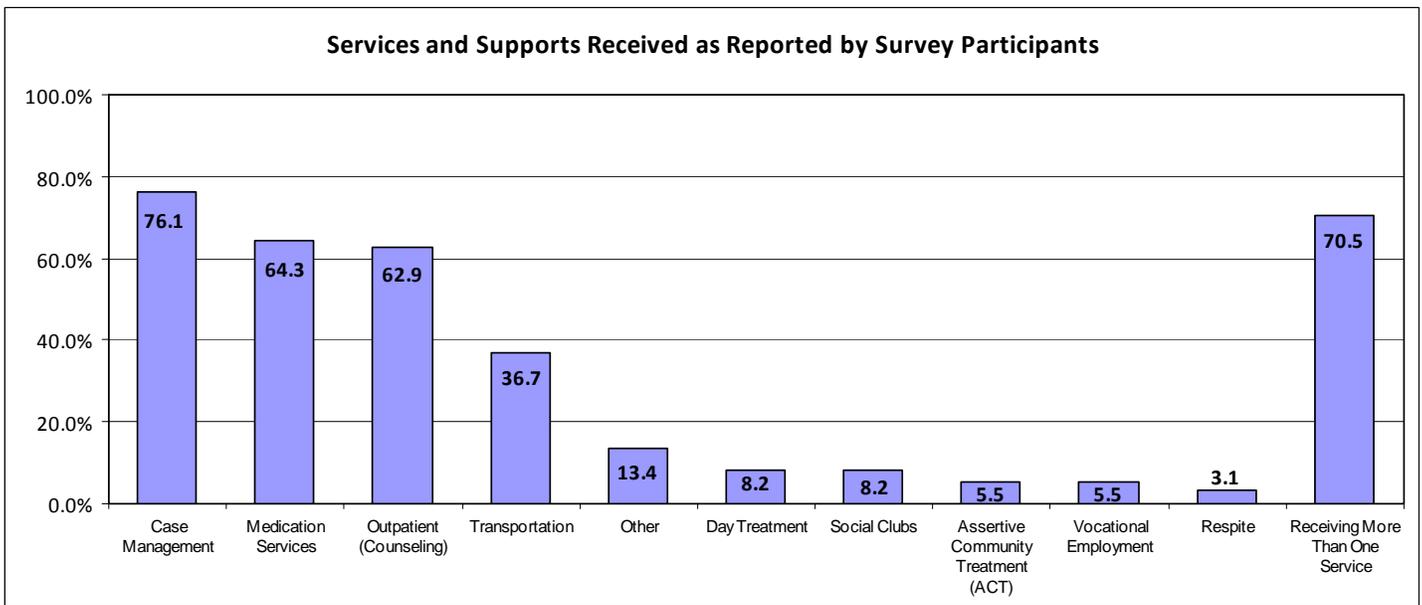
- Individuals between the ages of 35 and 64 were more likely to respond to the survey: 75.1% compared to the SMI service population of 63.6%.

COMMUNITY SERVICE NETWORK (Figure 3)



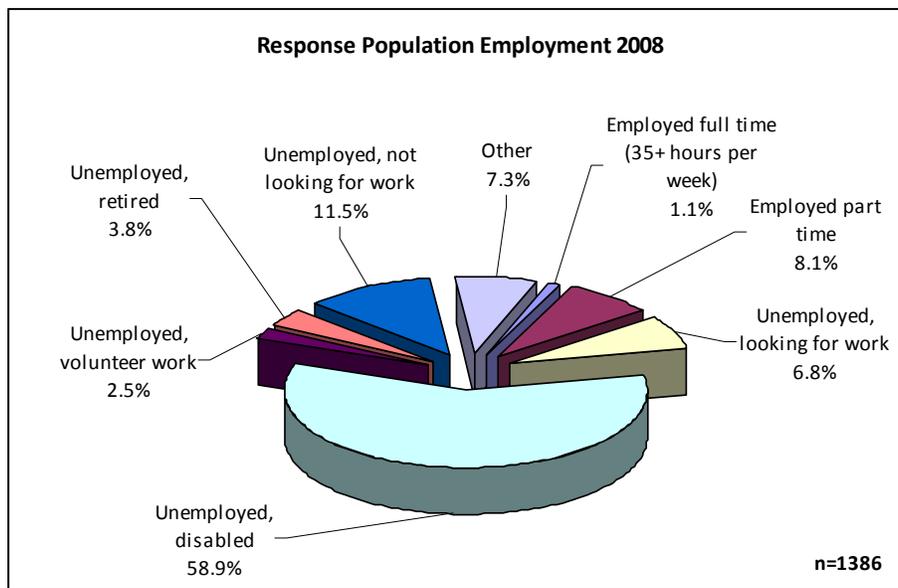
- Survey responses by Community Service Network were consistent with the number of the actual SMI service users residing in each Network.

**SERVICES RECEIVED** (Figure 4)



- Most individuals reported receiving Case Management/Community Integration Services (76.1%) and most (70.5%) individuals received more than one service.
- Nearly two-thirds of respondents reported receiving Medication Services (64.3%) and Outpatient Counseling (62.9%)

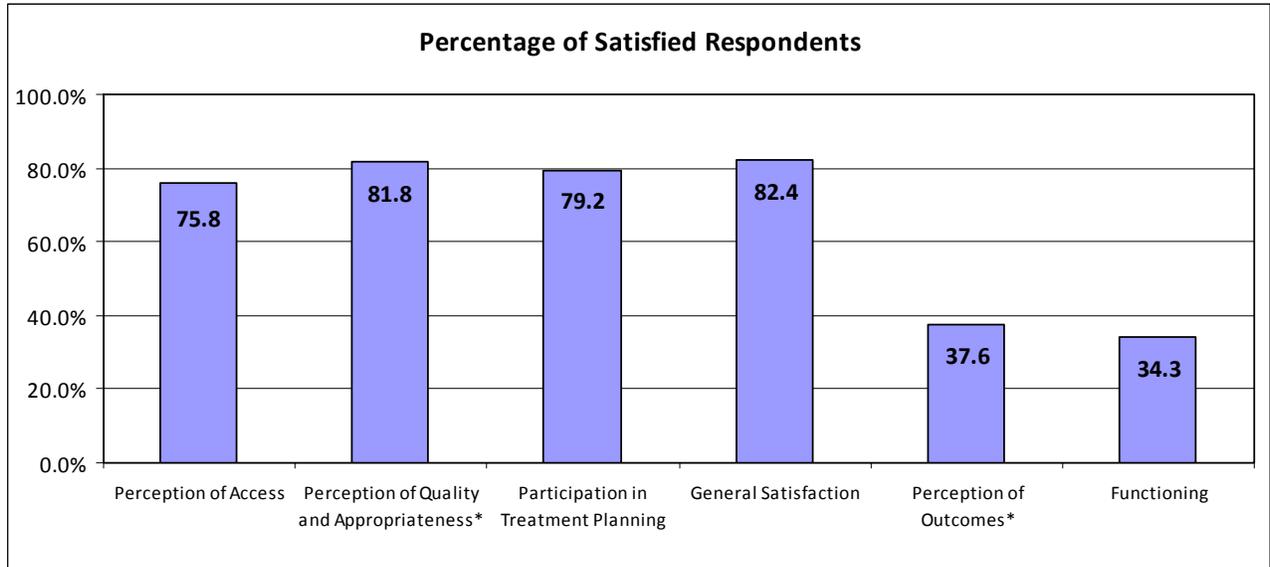
**EMPLOYMENT STATUS** (Figure 5)



- Approximately 9% of respondents reported that they were employed full or part-time.
- More than half (58.9%) of respondents reported being unemployed due to a disability.

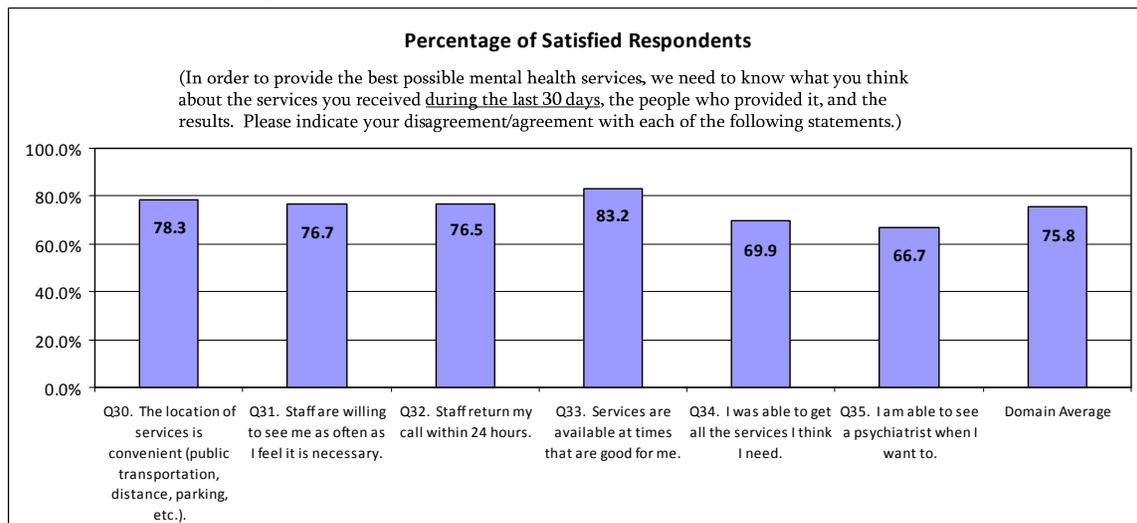
## SATISFACTION BY DOMAIN AREAS

### DOMAIN AVERAGES (Figure 6)



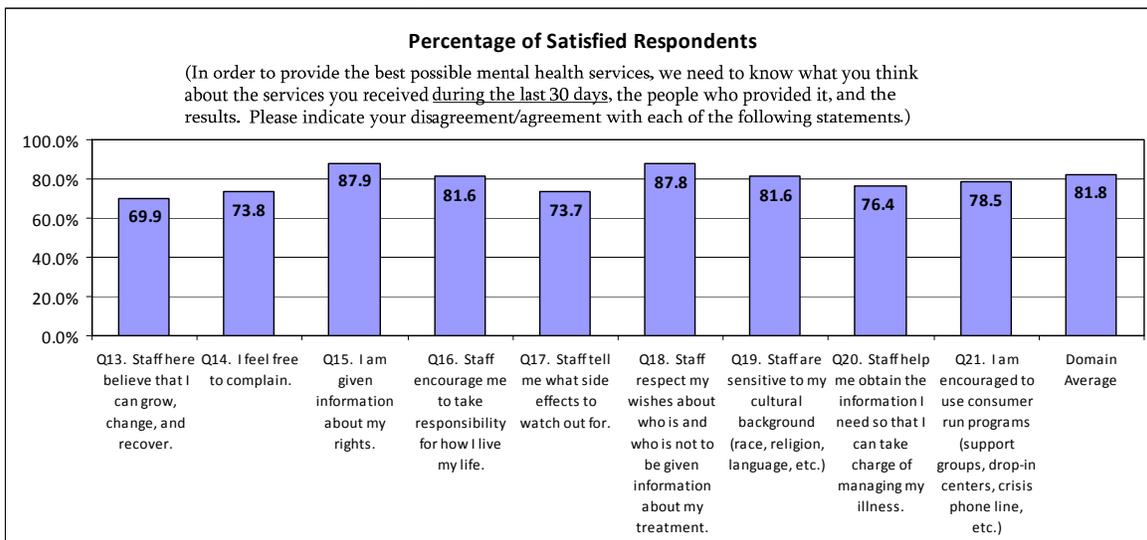
- General satisfaction had the highest percentage of satisfied respondents (82.4%).
- On average, nearly two-thirds (65.3%) of respondents reported that they were satisfied with their mental health services and experiences.
- Respondents reported the least amount of satisfaction with Perception of Outcomes (37.6%) and Functioning (34.3%).
- Individual satisfaction did not change when looking at age, gender and ethnicity.

### PERCEPTION OF ACCESS (Figure 7)



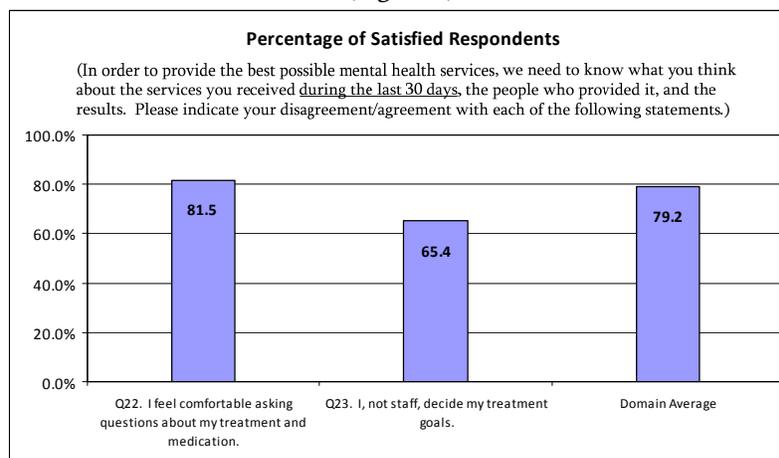
- The perception of Access domain has a total of six questions and assesses convenience and availability of services.
- Three-quarters of respondents reported being satisfied with Access to their services.
- Nearly 80% of individuals reported satisfaction when asked if their services are available at times that are good for them (Q33).
- Two-thirds (66.7%) of respondents reported satisfaction when asked if they were able to see a psychiatrist when they want to (Q35).

## QUALITY AND APPROPRIATENESS (Figure 8)



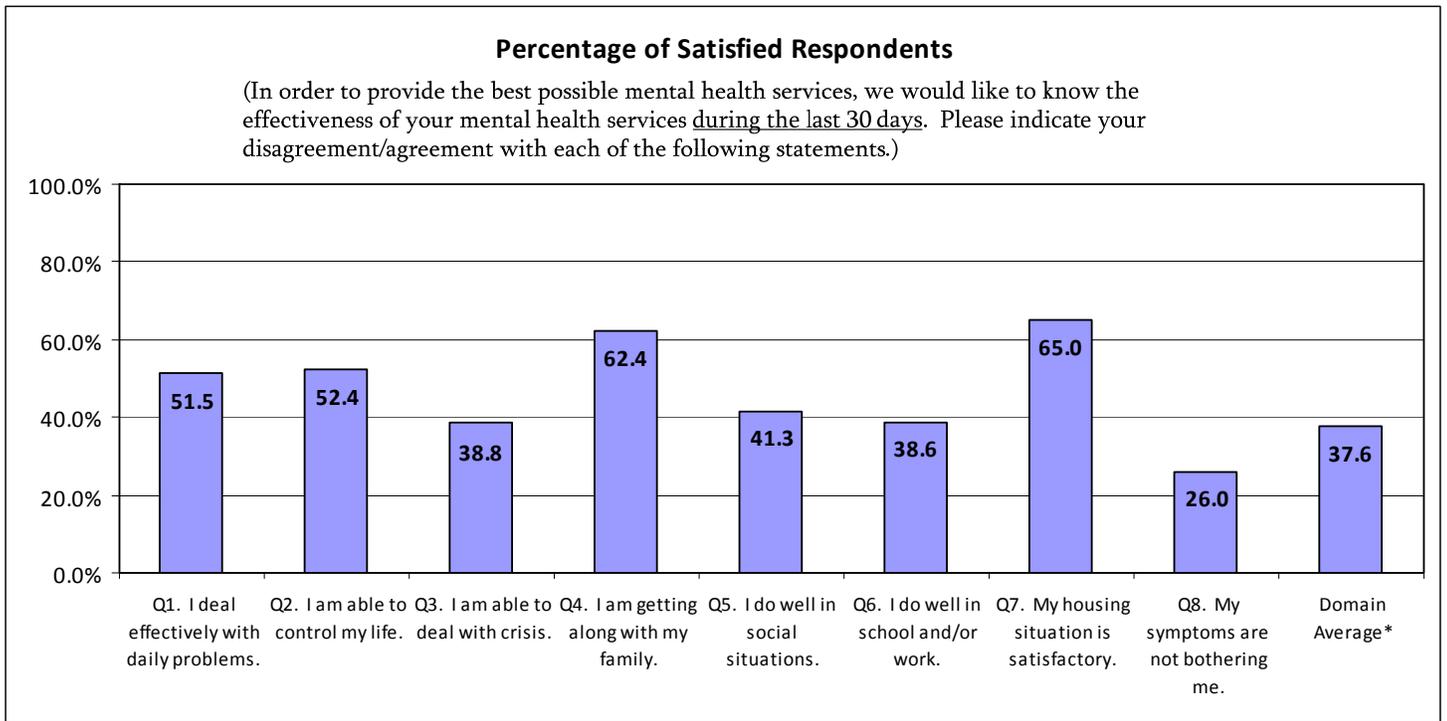
- The Quality and Appropriateness domain has a total of nine questions and assesses individual experiences with overall quality of services received.
- Nearly 80% of respondents reported being satisfied with the quality and appropriateness of services they received.
- The majority (87.8%) of individuals reported satisfaction when asked if staff respected their wishes about who is and who is not to be given information about their treatment (Q18).
- Nearly 88% of individuals reported satisfaction when asked if they are given information about their rights (Q15).
- Nearly 70% of individuals reported that staff at their agency believe that the individual can grow, change and recover (Q13).

## PARTICIPATION IN TREATMENT PLANNING (Figure 9)



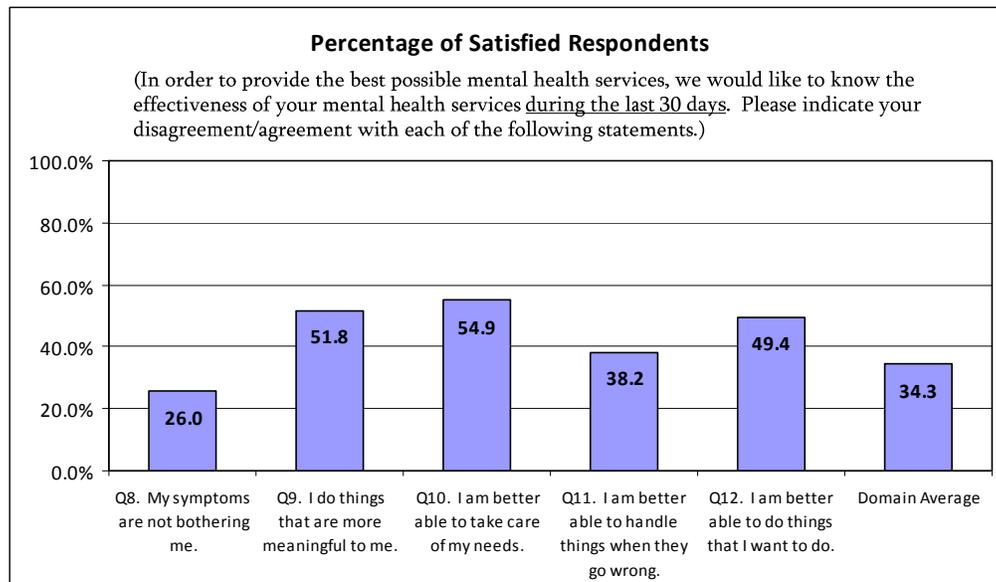
- The Participation in Treatment Planning domain has a total of two questions and assesses the extent to which individuals are involved and participate in treatment planning decisions.
- Nearly 80% of respondents reported being satisfied with their participation in treatment planning.
- Slightly more than 80% of individuals reported that they were comfortable asking questions about their treatment and medication (Q22).
- Nearly two-thirds (65.4%) reported that the individual, not staff, decide their treatment goals (Q23).

**PERCEPTION OF OUTCOMES** (Figure 10)



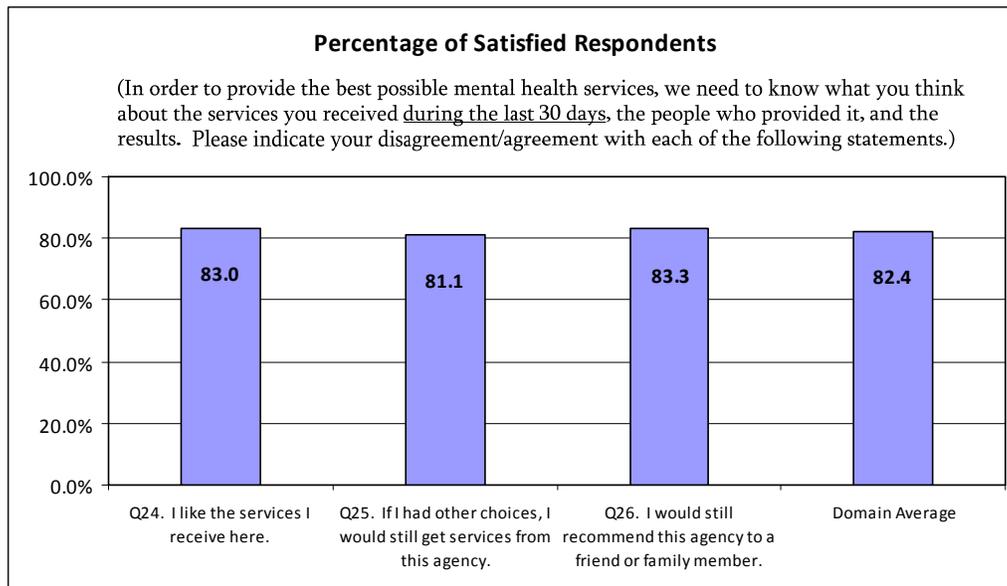
- The perception of Outcomes domain has a total of eight questions and assesses the extent to which individuals feel that changes in their life are a result of the treatment and services they are receiving.
- Just over one-third (37.6%) of respondents reported being satisfied with their service outcomes.
- Nearly two-thirds (65.0%) of individuals reported that as a result of their mental health services, their housing situation was satisfactory (Q7).
- One-quarter (26.0%) of individuals reported that as a result of their mental health services, their symptoms were not bothering them (Q8).
- It should be noted that questions from the Outcome Domain in the 2008 Mental Health & Well-Being Survey were adapted from the Center for Mental Health Services (CMHS) Transformation Accountability (TRAC) Survey. In an effort to better understand outcomes at an individual level, questions from the TRAC survey were used in the 2008 survey. However, questions in the TRAC survey are different from questions previously used in the Mental Health & Well-Being Survey and can not be compared to past years. It is anticipated that the 2009 Mental Health and Well-Being Survey will resume using questions from 2006 and 2007 so that comparisons can be made with past years.

## FUNCTIONING (Figure 11)



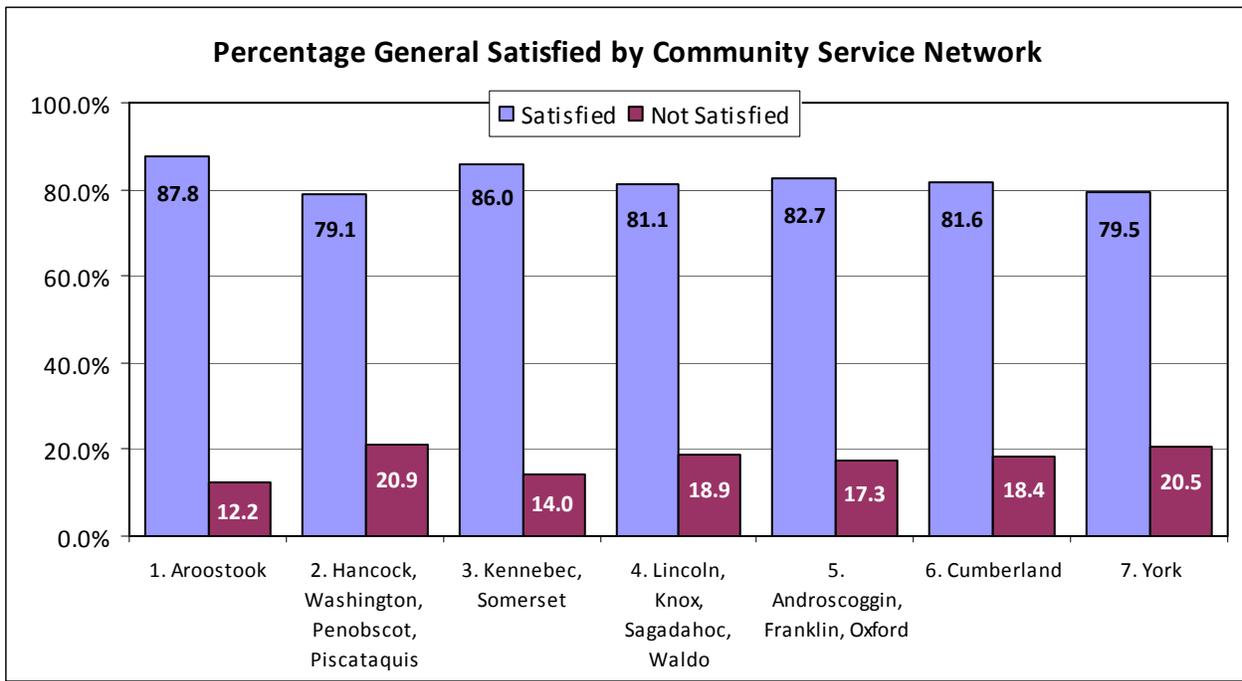
- The Functioning domain has a total of five questions and assesses individual experiences with services and how these services have improved or maintained functioning in respect to dealing with everyday situations, problems and crisis.
- Just over one-third of respondents (34.3%) reported better functioning due to their mental health services.
- More than half (54.9%) of individuals reported that as a result of their mental health services, they were better able to take care of their needs (Q10).
- One-quarter (26.0%) of individuals reported that as a result of their services, their symptoms were not bothering them (Q8).

## GENERAL SATISFACTION (Figure 12)



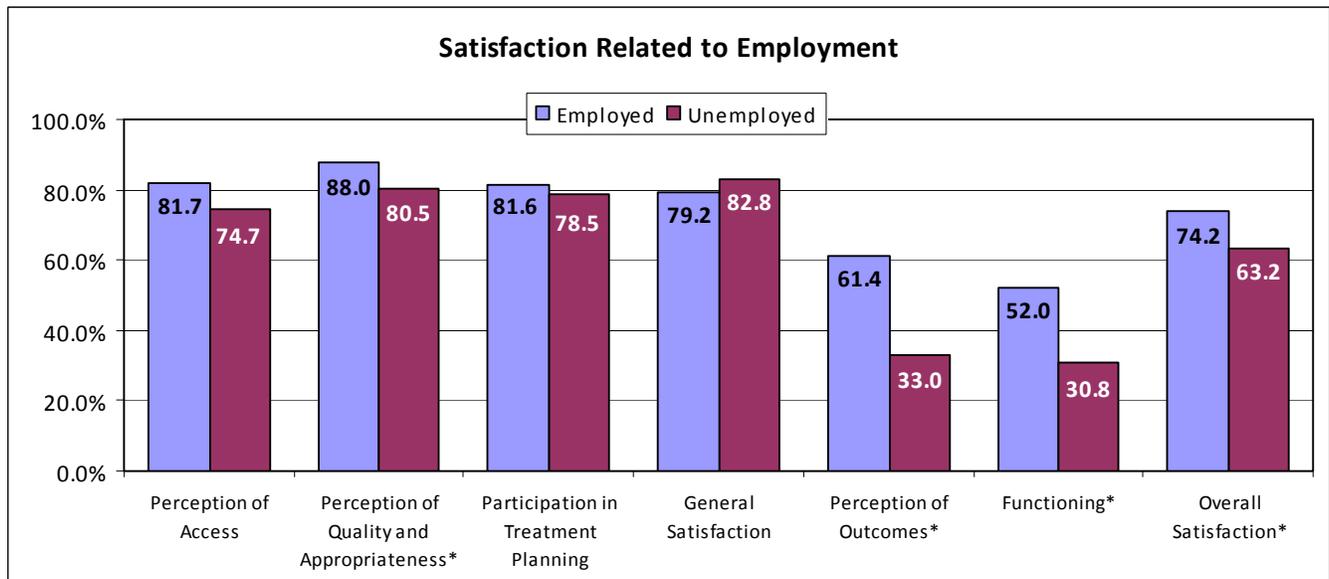
- The General Satisfaction domain has a total of three questions and assesses an individual's overall satisfaction with the services that have been received.
- Nearly 83% of individuals reported satisfaction with the services they receive.

**SATISFACTION BY Community Service Network** (Figure 13)



- Satisfaction ranged from 87.8% in CSN 1 to 79.1% in CSN 2.
- Satisfaction was not found to differ significantly by Community Service Network.

**EMPLOYMENT SATISFACTION** (Figure 14)



- Individuals, who reported being employed were more likely to report that they were satisfied with:
  - The Quality and Appropriateness of the services received (88% vs. 80%)
  - Progress on wellbeing Outcomes (61% vs. 33%), and
  - Functional improvements made (52% vs. 31%) compared to individuals who were not employed.

## HEALTH & WELL-BEING

As written in the introduction of this report, in 2007, Maine was the first state to introduce Health and Well-Being items to the Mental Health & Well-Being Surveys. These items were adapted from the Behavioral Risk Factors Surveillance System (BRFSS) which is a survey that is used by all 50 states and has been coordinated by the Center for Disease Control since 1987. The BRFSS is a telephone survey aimed at state residents that collects information on health issues such as, asthma, diabetes and health care access. Maine has been using the BRFSS since 1987 and collects information from over 6,500 residents each year from the general population in Maine. Federal, state and local health officials, and researchers use information obtained from the BRFSS to track health risks, identify emerging problems, prevent disease, and improve treatment.

The inclusion of the BRFSS questions in the Mental Health & Well-Being Survey allows DHHS to compare the health status of individuals receiving mental health services to the health status of the general population in Maine and assess the history of heart disease, diabetes and other health risk factors in survey respondents receiving mental health services as well as the impact an individual's health may have on the delivery of his/her mental health services.

Questions asked in the 2008 Mental Health and Well-Being Survey are:

- Height and Weight (translated into Body Mass Index)
- Have you ever been told by a doctor or health professional that you have (coronary artery disease, heart attack, diabetes, high blood pressure, high cholesterol)?
- Do you smoke cigarettes? (Everyday, Some Days, Does Not Smoke)
- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?
- Would you say that your general health is (excellent, very good, good, fair, poor)?

## Percent of Respondents Responding Positively to a Health Risk

### HEALTH RISK (Figure 15)

HEALTH RISK (Age 18-64 Years)	Age Group	2007 DIG Survey Percent	2008 DIG Survey Percent	2007 Maine BRFSS Percent
Do you smoke cigarettes? <u>Smoking</u>	18-44	46.1	50.5	26.3
	45-64	49.5	45.7	18.8
Height and Weight. <u>Obesity</u>	18-44	50.5	45.9	26.0
	45-64	50.4	47.1	27.6
Have you ever been told by your doctor or health professional that you have? Blood cholesterol is high. <u>High Cholesterol</u>	18-44	40.5	29.2	23.2
	45-64	38.6	48.0	46.0
Have you ever been told by your doctor or health professional that you have? <u>High Blood Pressure</u>	18-44	34.0	24.3	13.5
	45-64	34.7	45.6	34.0

- Nearly one-quarter of individuals 18-44 years old (24.3%) reported having high blood pressure in the 2008 Mental Health & Well-Being Survey compared to 13.5% of BRFSS respondents.
- One-half of individuals 18-44 years old reported being obese in the 2008 Mental Health & Well-Being Survey compared to 26.0% of BRFSS respondents.

## Percent of Individuals with a Chronic Health Condition

### CHRONIC HEALTH CONDITIONS (Figure 16)

CHRONIC HEALTH CONDITIONS (Age 18-64 Years)	Age Group	2007 DIG Survey Percent	2008 DIG Survey Percent	2007 Maine BRFSS Percent
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Diabetes. <u>Chronic Disease*</u>	18-44	29.6	19.2	3.8
	45-64	31.5	36.8	14.8
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. <u>Cardiovascular Disease**</u>	18-44	11.3	5.3	1.3
	45-64	9.7	14.3	7.7
Have you ever been told by your doctor or health professional that you have? <u>Diabetes</u>	18-44	23.0	15.1	2.7
	45-64	25.5	29.2	9.4

\* Chronic Disease = reported CVD or diabetes      \*\* Cardiovascular Disease (CVD) = reported angina or heart attack

- Just below 20% of individuals between the ages of 18-44 reported having an angina or coronary heart disease, heart attack or myocardial infarction or diabetes (Chronic Disease) compared to 3.8% of those individuals between 18-44 responding in the BRFSS.
- Nearly 15% of individuals between the ages of 45 and 64 in the Mental Health & Well-Being Survey in 2008 reported having Cardiovascular Disease compared to 7.7% of individuals in the BRFSS.
- Just above 15% of individuals in the Mental Health and Well-Being survey between the ages of 18 and 44 reported having been told by their health professional that they have diabetes compared to 2.7% of individuals in the BRFSS.

**METABOLIC RISK** (Figure 17)

<b>METABOLIC RISK*</b> (Age 18-64 Years)	<b>Age Group</b>	<b>2007 DIG Survey Percent</b>	<b>2008 DIG Survey Percent</b>	<b>2007 Maine BRFSS Percent</b>
0 Risks	18-44	27.5	37.6	61.6
	45-64	36.0	23.5	45.3
2 or More Risks	18-44	34.0	28.0	10.3
	45-64	37.0	46.4	23.5

\* Metabolic Risk = reported obesity, high blood pressure, or high cholesterol and no diabetes

- More than one-quarter (28.0%) of Mental Health and Well-Being Survey respondents between the ages of 18 and 44 reported having two or more health risks compared to 10.3% of the BRFSS respondents. For individuals between the ages of 45-64, just under one-half (46.4%) of Mental Health and Well-Being Survey respondents were found to have 2 or more metabolic risks compared to 23.5% of the BRFSS respondents.
- Just over one-third (37.6%) of Mental Health and Well-Being Survey respondents between the ages of 18 and 44 reported no metabolic risks compared to almost two-thirds (61.6%) of the BRFSS respondents.

**CARDIOVASCULAR RISK** (Figure 18)

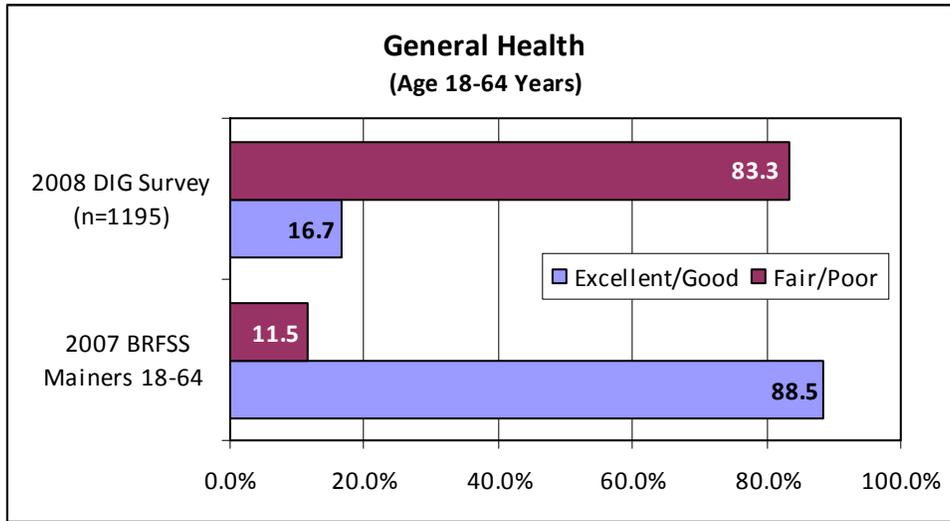
<b>CARDIOVASCULAR RISK*</b> (Age 18-64 Years)	<b>Age Group</b>	<b>(n=731)</b>	<b>2008 DIG Survey Percent</b>	<b>2007 Maine BRFSS Percent</b>
0 Risks	18-44	9.9	16.0	42.5
	45-64	16.4	10.0	29.3
3 or More Risks	18-44	29.9	24.1	5.0
	45-64	32.0	43.4	19.3

\* Cardiovascular Risk = reported CVD, high blood pressure, high cholesterol, diabetes, smoking or obesity

- Just below one-quarter (24.1%) of Mental Health and Well-Being Survey respondents between the ages of 18 and 44 were found to have three or more health risks compared to 5.0% of the BRFSS respondents. For individuals between the ages of 45-64, 43.4 % of Mental Health and Well-Being Survey respondents were found to have 3 or more cardiovascular risks compared to 19.3% of the BRFSS respondents.
- Only 16% of Mental Health and Well-Being Survey respondents between the ages of 18 and 44 reported no cardiovascular risks compared to 42.5% of the BRFSS respondents.

## Percent of Individuals Reporting 14 or More Unhealthy Days

### GENERAL HEALTH *(Figure 19)*



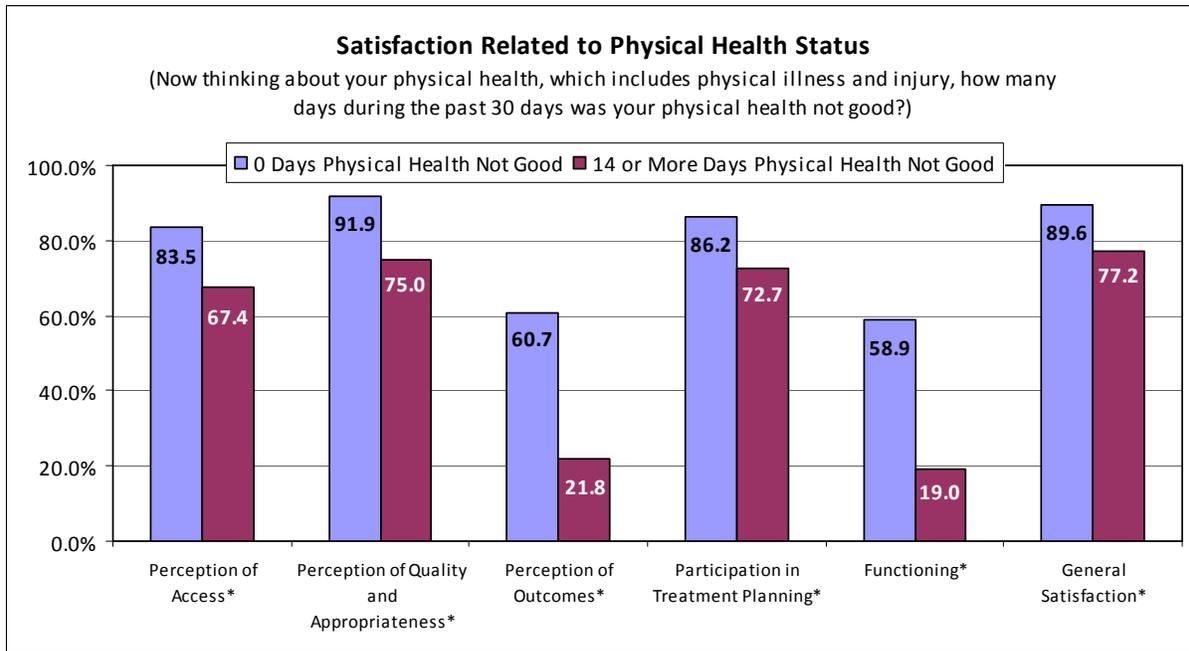
- In 2008, 83.3% of consumers reported having fair/poor health compared to only 16.7% reporting excellent/good health.

### UNHEALTHY DAYS *(Figure 20)*

UNHEALTHY DAYS (From HRQOL) <i>(Age 18-64 Years)</i>	2007 DIG * Survey Percent	2008 DIG * Survey Percent	2007 Maine * BRFSS Percent
Now thinking about your physical health, which includes physical illness and injury, how many days <u>during the past 30 days</u> was your physical health not good?	36.1	43.2	10.3
Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days <u>during the past 30 days</u> was your mental health not good?	Not collected in 2007	60.0	11.7
<u>During the past 30 days</u> , about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?	Not collected in 2007	48.1	13.0
* Number reflects the percentage of individuals reporting 14 or more poor health days			

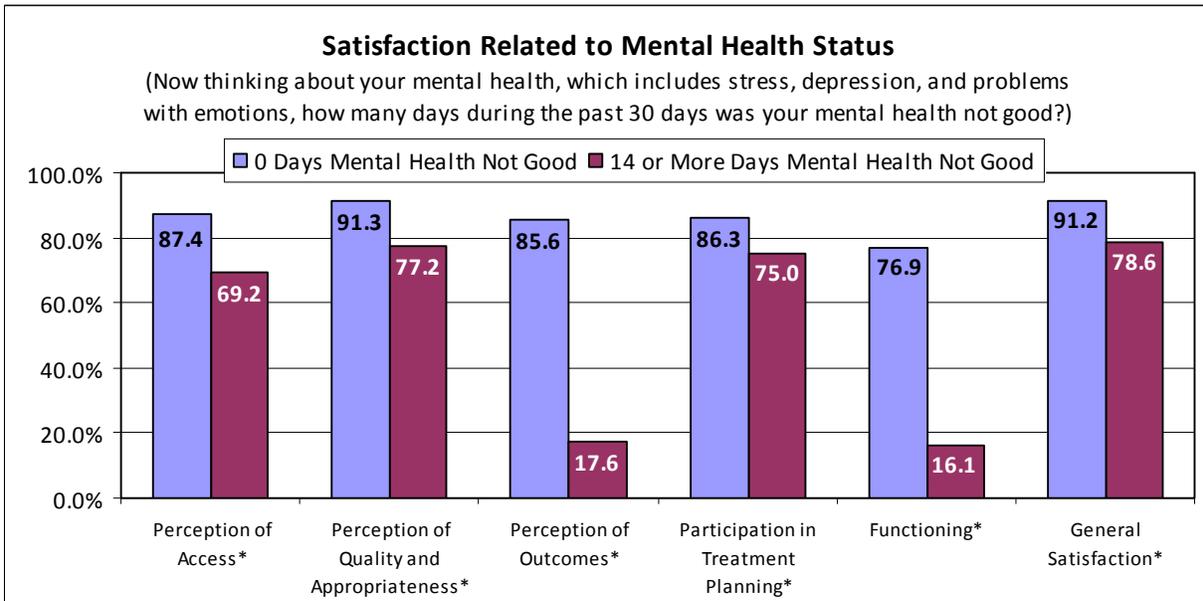
- When comparing unhealthy days, nearly one- half (43.2%) of respondents from the Mental Health & Well-Being Survey reported 14 or more unhealthy days during the past month, compared to 10.3% of the BRFSS respondents.

**PHYSICAL HEALTH STATUS** (Figure 21)



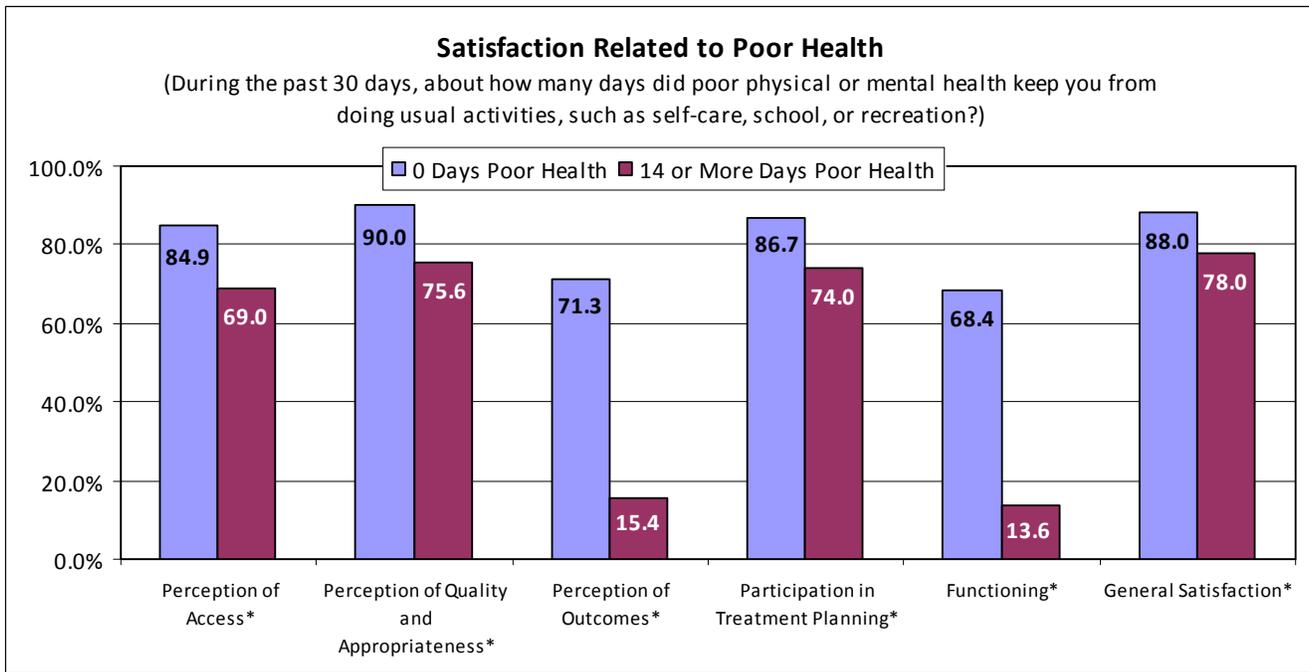
- Individual survey respondents who reported 14 or more poor physical health days were significantly less likely to report satisfaction in all domains when compared to individuals reporting 0 poor physical health days.

**MENTAL HEALTH STATUS** (Figure 22)



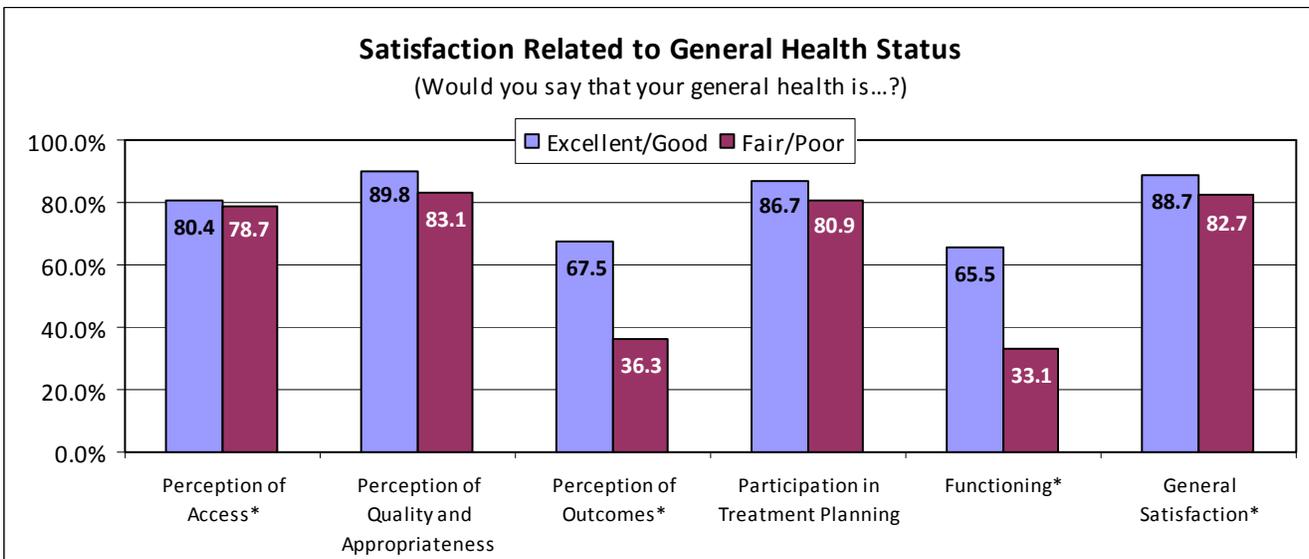
- Survey respondents who reported 14 or more poor mental health days were significantly less likely to report satisfaction in all areas compared to individuals reporting 0 poor mental health days.
- Differences in satisfaction were most evident in the areas of Outcomes and Functioning.

**POOR HEALTH STATUS** (Figure 23)



- Individuals who reported 14 or more poor physical or mental health days were significantly less likely to report satisfaction in all domains compared to those reporting 0 poor physical or mental health days.
- Differences in satisfaction were most evident in the areas of Outcomes and Functioning.

**GENERAL HEALTH STATUS** (Figure 24)



- Individuals reporting Excellent to Good Health were significantly more like to report satisfaction with Access, Outcomes, Functioning and General Satisfaction compared to those individuals reporting Fair/Poor health.

The 2008 Adult Mental Health & Well-Being Survey was administered by mail in August 2008. The survey is mailed to individuals receiving Community Integration Services, Intensive Community Integration Services, Intensive Case Management Services, ACT Services or Adult Residential (PNMI) Services between December 2007 and April 2008. Highlights from the 2008 survey:

- More females (63.0%) responded to the survey than males (37.0%).
- A higher percentage (75.1%) of individuals between 35 and 64 responded to the survey.
- Most individuals responding reported receiving Case Management/Community Integration (76.1%) and most individuals (70.5%) reported receiving more than one service.
- The domain area of General Satisfaction had the highest percentage of satisfied respondents (82.4%).
- Individuals reported being least satisfied with their experiences of Outcomes (37.6%) and Functioning (34.3%).
- Satisfaction ranged from 87.8% in Community Service Network 1 (Aroostook County) to 79.1% in Community Service Network 2 (Hancock, Washington, Penobscot, Piscataquis Counties).

### ***EMPLOYMENT***

Analysis from the 2008 Adult Mental Health & Well-Being Survey found that individuals were more likely to be positive about their mental health services and experiences when employed. Significant differences in satisfaction in the areas of Quality and Appropriateness, Perception of Outcomes, Functioning and Overall Satisfaction were found for those individuals reporting that they were employed when compared to the group of individuals reporting that they were unemployed.

Despite the strong relationship between employment and satisfaction, only 9.9% of survey respondents reported that they were working full or part-time. The majority of respondents (58.9%) reported that they were unemployed due to a disability. In “Moving Beyond the Illness: Factors Contributing to Gaining and Maintaining Employment,” Cunningham, Wolbert and Brockmeier suggest that a significant factor for gaining and maintaining employment was an ability to see oneself as a person with an illness versus defining oneself as an illness. However, the research was limited in determining if “seeing the illness as only a piece of who the person is” was a result of employment. What this does highlight is the importance of recovery in gaining and sustaining employment and being able to better gauge an individual’s road to recovery when utilizing employment as an outcome measurement.

In addition, “A Theoretical Construct for Benefits Planning and Assistance in the Ticket to Work and Work Incentive Improvement Act,” the authors suggest that improvement in policy supporting specialized benefits counseling on the incentives to work may increase the ability of individuals to choose employment.

Findings suggest that further evaluation needs to be conducted for individuals receiving mental health services in Maine to better understand what factors create opportunities and positive experiences in order for individual’s to view themselves as employable.

## *HEALTH & WELL-BEING*

In the past several years, there has been an increase in the availability of information discussing the impact of mental illness on morbidity and mortality from chronic disease. Research and literature has shown that persons with Serious Mental Illness (SMI) receiving publicly funded mental health services die, on average, 25 years earlier than the general population, in part due to the lack of an integrated system of care for individuals receiving mental health services.

In an effort to better understand the health issues that individuals receiving mental health services face, Maine was the first state to introduce Health and Well-Being items to the Mental Health & Well-Being Surveys in 2007. These items were adapted from the Behavioral Risk Factors Surveillance System (BRFSS) which is an annual survey that is used by all 50 states and has been coordinated by the Center for Disease Control since 1987. The BRFSS is a telephone survey that provides state and county level data on health issues and provides benchmarking for evaluating the effectiveness of public health programming for the use of the BRFSS data allows for comparison of health data on the general population of Maine with those individuals with SMI who also respond to the 2007 and 2008 Adult Mental Health & Well-Being Survey.

Consistent with the literature, a comparative analysis suggests that Maine the individuals responding to the 2008 Mental Health & Well-Being Survey are reporting higher percentages of health risks and chronic health conditions than the those individuals participating in the BRFSS. Analysis pointing to the need for better integration on mental health and public health services is overwhelming.

- Individuals with SMI were more likely to report higher percentages in all areas of health risk than of the general population in Maine.
- Individuals with SMI reported higher percentages in all areas of chronic health conditions than the general population in Maine.
- Individuals with SMI reported greater metabolic and cardiovascular risks.
- Individuals with SMI reported higher percentages of fair/poor health compared to the general population in Maine.
- Individuals with SMI have more days of disability when they are unable to participate in regular activities compared to the general population of Maine.

In addition to the stark contrasts of health and chronic health risks between the respondents of the 2008 Mental Health & Well-Being Survey vs. the BRFSS, significant relationships were found to exist when comparing unhealthy days and satisfaction with mental health services and experiences:

- Individuals receiving a mental health services and reporting 14 or more poor physical health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor physical health days.
- Individuals receiving a mental health services and reporting 14 or more mental health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor mental health days.
- Individuals receiving a mental health services and reporting 14 or more poor physical or mental health days were less likely to report satisfaction in all the survey domain areas when compared to individuals reporting 0 poor physical or mental health days.

- Significant differences of satisfaction were found in the areas of Perception of Access, Perception of Outcomes, Functioning and General Satisfaction for those individuals receiving a mental health service and reporting Excellent/Good health compared to those individuals reporting Fair/Poor.

These findings suggest the following:

- Inclusion of health issues in existing mental health surveillance activities is practical, relatively low cost and informative.
- To the degree that these surveys are used to evaluate the effectiveness of our mental health systems, those systems that focus only on mental health treatments will be rated as less effective, since the ratings are impacted by poor physical health.
- Our mental health systems of care should integrate attention to health issues in the normal work flow of mental health programming to promote optimal recovery for the population served
- Regular surveillance of health risk, e.g. smoking, obesity, metabolic risk, diabetes, etc., can provide data on the effectiveness of new programming that addresses health in mental health systems of care.

Results of this integrated analysis of health and consumer satisfaction/outcome measures have been widely disseminated in Maine, to provider and consumer groups, health policy and State Mental Health Authority Leadership. Results have also been disseminated at the NASMHPD Research Institute (NRI) Annual Meeting, the SAMHSA Block Grantee meeting and to the NASMHPD Medical Directors. As a result of these dissemination activities, Maine is launching a universal outcome measurement system for persons with SMI that will include health measurement. Maine is also engaged in a three year project with 6 mental health agencies to pilot approaches to inform statewide inclusion of health issues into mental health policy and programming. On the national level, NRI has now formed a multi-state work group to share the methodology of Maine's effort and promote a standardized approach to health measurement across multiple states.

**ADULT  
APPENDICES**

Gender: Figure 1

GENDER	2008			
	Response Population	Class Member	Non Class Member	Actual Population
Male	524	102	422	4375
Female	894	84	810	6102
Missing	49	6	43	1470
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>	<b>11947</b>

Age: Figure 2

AGE: FIGURE 2	2008			
	Response Population	Class Member	Non Class Member	Actual Population
19-24	72	1	71	1231
25-34	164	18	146	2338
35-54	717	105	612	6066
55-64	229	31	198	1463
65+	78	9	69	743
Missing	207	28	179	106
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>	<b>11947</b>

Community Service Network: Figure 3

CSN	COUNTY	2008			
		Response Population	Class Member	Non Class Member	Actual Population
1	Aroostook	119	3	116	736
2	Hancock	313	18	295	2622
	Washington				
	Penobscot				
	Piscataquis				
3	Kennebec	221	50	171	1732
	Somerset				
4	Lincoln	92	16	76	619
	Knox				
	Sagadahoc				
	Waldo				
5	Androscoggin	232	42	190	1370
	Franklin				
	Oxford				
6	Cumberland	251	37	214	2021
7	York	193	20	173	1455
	Missing	46	6	40	1392
	<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>	<b>11947</b>

Services Received: Figure 4

SERVICES AND SUPPORTS	2008	
	n	Percent
Assertive Community Treatment (ACT)	80	5.5
Case Management	1116	76.1
Day Treatment	121	8.2
Medication Services	944	64.3
Outpatient (Counseling)	923	62.9
Respite	46	3.1
Social Clubs	120	8.2
Transportation	538	36.7
Vocational Employment	81	5.5
Other	196	13.4
Receiving More Than One Service	1034	70.5

Employment Status: Figure 5

EMPLOYMENT STATUS	2008		
	Response Population	Class Member	Non Class Member
Employed full time (35+ hours per week)	15	0	15
Employed part time	112	17	95
Unemployed, looking for work	95	16	79
Unemployed, disabled	815	96	719
Unemployed, volunteer work	34	6	28
Unemployed, retired	54	6	48
Unemployed, not looking for work	159	22	137
Other	102	20	82
Missing	81	9	72
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>

Domain Averages: Figure 6

DOMAIN AVERAGES	Satisfaction Response	2008			TOTAL COUNT
		Response Population	Class Member	Non Class Member	
Perception of Access	Satisfied	1092	143	949	1092
	Not Satisfied	348	44	304	
Perception of Quality and Appropriateness	Satisfied	1174	142	1032	1435
	Not Satisfied	261	44	217	
Participation in Treatment Planning	Satisfied	1118	142	973	1411
	Not Satisfied	293	42	251	
General Satisfaction	Satisfied	1168	148	1020	1417
	Not Satisfied	249	37	212	
Perception of Outcomes	Satisfied	551	87	464	1464
	Not Satisfied	913	105	808	
Functioning	Satisfied	501	74	427	1460
	Not Satisfied	959	118	841	

Perception of Access: Figure 7

PERCEPTION OF ACCESS	2008		
	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q30. The location of services is convenient (public transportation, distance, parking, etc.).	1083	140	943
Q31. Staff are willing to see me as often as I feel it is necessary.	1072	140	932
Q32. Staff return my call within 24 hours.	1040	129	911
Q33. Services are available at times that are good for me.	1170	147	1023
Q34. I was able to get all the services I think I need.	991	126	865
Q35. I am able to see a psychiatrist when I want to.	894	137	757

Perception of Quality and Appropriateness: Figure 8

PERCEPTION OF QUALITY AND APPROPRIATENESS	2008		
	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q13. Staff here believe that I can grow, change, and recover.	917	129	788
Q14. I feel free to complain.	1035	132	903
Q15. I am given information about my rights.	1235	152	1083
Q16. Staff encourage me to take responsibility for how I live my life.	1094	140	954
Q17. Staff tell me what side effects to watch out for.	966	120	846
Q18. Staff respect my wishes about who is and who is not to be given information about my treatment.	1194	142	1052
Q19. Staff are sensitive to my cultural background (race, religion, language, etc.)	1016	129	887
Q20. Staff help me obtain the information I need so that I can take charge of managing my illness.	1029	130	899
Q21. I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)	1050	134	916

**Participation in Treatment Planning: Figure 9**

PARTICIPATION IN TREATMENT PLANNING	2008		
	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q22. I feel comfortable asking questions about my treatment and medication.	1133	137	996
Q23. I, not staff, decide my treatment goals.	891	109	782

**Perception of Outcomes: Figure 10**

PERCEPTION OF OUTCOMES	2008		
	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q1. I deal effectively with daily problems.	736	107	629
Q2. I am able to control my life.	753	112	641
Q3. I am able to deal with crisis.	556	96	460
Q4. I am getting along with my family.	867	125	742
Q5. I do well in social situations.	594	90	504
Q6. I do well in school and/or work.	335	47	288
Q7. My housing situation is satisfactory.	936	134	802
Q8. My symptoms are not bothering me.	370	73	297

**Functioning: Figure 11**

FUNCTIONING	2008		
	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q8. My symptoms are not bothering me.	370	73	297
Q9. I do things that are more meaningful to me.	731	108	623
Q10. I am better able to take care of my needs.	786	109	677
Q11. I am better able to handle things when they go wrong.	550	81	469
Q12. I am better able to do things that I want to do.	710	102	608

General Satisfaction: Figure 12

GENERAL SATISFACTION	2008		
	Total Satisfied	Class Member Satisfied	Non Class Member Satisfied
Q24. I like the services I receive here.	1141	146	995
Q25. If I had other choices, I would still get services from this agency.	1121	142	979
Q26. I would still recommend this agency to a friend or family member.	1155	146	1009

General Satisfaction by Community Service Network: Figure 13

CSN DISTRICT	COUNTY	2008		
		Satisfied	Not Satisfied	TOTAL COUNT
1	Aroostook	101	14	115
2	Hancock	242	64	306
	Washington			
	Penobscot			
	Piscataquis			
3	Kennebec	184	30	214
	Somerset			
4	Lincoln	73	17	90
	Knox			
	Sagadahoc			
	Waldo			
5	Androscoggin	186	39	225
	Franklin			
	Oxford			
6	Cumberland	195	44	239
7	York	147	38	185
	<b>TOTAL</b>	<b>1128</b>	<b>246</b>	<b>1374</b>

Employment Satisfaction: Figure 14

PERCENT SATISFIED BY EMPLOYMENT	Satisfaction Response	2008			TOTAL COUNT
		Employed	Not Employed	TOTAL	
Perception of Access	Satisfied	103	734	837	1109
	Not Satisfied	23	249	272	
Perception of Quality and Appropriateness	Satisfied	110	786	896	1101
	Not Satisfied	15	190	205	
Participation in Treatment Planning	Satisfied	102	753	855	1084
	Not Satisfied	23	206	229	
General Satisfaction	Satisfied	99	797	896	1088
	Not Satisfied	26	166	192	
Perception of Outcomes	Satisfied	78	329	407	1123
	Not Satisfied	49	667	716	
Functioning	Satisfied	66	306	372	1122
	Not Satisfied	61	689	750	
Overall Satisfaction	Satisfied	92	597	689	1068
	Not Satisfied	32	347	379	

Health Risk: Figure 15

HEALTH RISK (Age 18-64 Years)	Age Group	2008			
		2007 DIG Survey	2007 TOTAL COUNT	2008 DIG Survey	2008 TOTAL COUNT
Do you smoke cigarettes? <u>Smoking</u>	18-44	131	284	274	543
	45-64	203	410	296	647
Height and Weight. <u>Obesity</u>	18-44	128	253	249	543
	45-64	177	351	305	647
Have you ever been told by your doctor or health professional that you have? <u>Blood cholesterol is high. High Cholesterol</u>	18-44	118	291	159	543
	45-64	168	435	310	647
Have you ever been told by your doctor or health professional that you have? <u>High Blood Pressure</u>	18-44	99	291	132	543
	45-64	151	435	295	647

**Chronic Health Conditions: Figure 16**

<b>CHRONIC HEALTH CONDITIONS</b> <i>(Age 18-64 Years)</i>	2008		
	Age Group	2007 DIG Survey	2008 DIG Survey
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. Diabetes. <u>Chronic Disease*</u>	18-44	86	104
	45-64	137	238
Have you ever been told by your doctor or health professional that you have? Angina or coronary heart disease. Heart attack or myocardial infarction. <u>Cardiovascular Disease**</u>	18-44	33	29
	45-64	42	93
Have you ever been told by your doctor or health professional that you have? <u>Diabetes</u>	18-44	67	82
	45-64	111	189
<b>TOTAL COUNT</b>	<b>18-44</b>	<b>291</b>	<b>543</b>
	<b>45-64</b>	<b>435</b>	<b>647</b>

\* Chronic Disease = reported CVD or diabetes      \*\* Cardiovascular Disease (CVD) = reported angina or heart attack

**Metabolic Risk: Figure 17**

<b>METABOLIC RISK*</b> <i>(Age 18-64 Years)</i>	Age Group	2007 DIG Survey	2008 DIG Survey
0 Risks	18-44	80	204
	45-64	158	152
2 or More Risks	18-44	99	152
	45-64	163	305
<b>TOTAL COUNT</b>	<b>18-44</b>	<b>291</b>	<b>543</b>
	<b>45-64</b>	<b>440</b>	<b>647</b>

\* Metabolic Risk = reported obesity, high blood pressure, or high cholesterol and no diabetes

**Cardiovascular Risk: Figure 18**

<b>CARDIOVASCULAR RISK*</b> <i>(Age 18-64 Years)</i>	<b>Age Group</b>	<b>2007 DIG Survey</b>	<b>2008 DIG Survey</b>
0 Risks	18-44	29	87
	45-64	72	65
3 or More Risks	18-44	87	131
	45-64	414	281
<b>TOTAL COUNT</b>	<b>18-44</b>	<b>291</b>	<b>543</b>
	<b>45-64</b>	<b>440</b>	<b>647</b>

\* Cardiovascular Risk = reported CVD, high blood pressure, high cholesterol, diabetes, smoking or obesity

**General Health: Figure 19**

<b>GENERAL HEALTH</b>	<b>Excellent/Good</b>	<b>Fair/Poor</b>
2008 DIG Survey (n=1195)	200	995

**Unhealthy Days: Figure 20**

<b>UNHEALTHY DAYS (From HRQOL)</b> <i>(Age 18-64 Years)</i>	<b>2007 DIG * Survey</b>	<b>2007 TOTAL COUNT</b>	<b>2008 DIG * Survey</b>	<b>2008 TOTAL COUNT</b>
Now thinking about your physical health, which includes physical illness and injury, how many days <u>during the past 30 days</u> was your physical health not good?	176	488	533	1233
Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days <u>during the past 30 days</u> was your mental health not good?	Not collected in 2007		767	1279
<u>During the past 30 days</u> , about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?	Not collected in 2007		597	1242

\* Number reflects the percentage of individuals reporting 14 or more poor health days

**Physical Health Status: Figure 21**

PHYSICAL HEALTH STATUS	Satisfaction Response	2008			
		0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Days Physical Health Not Good	TOTAL 14 OR MORE DAYS
Perception of Access*	Satisfied	227	272	352	522
	Not Satisfied	45		170	
Perception of Quality and Appropriateness*	Satisfied	250	272	393	524
	Not Satisfied	22		131	
Perception of Outcomes*	Satisfied	167	275	116	532
	Not Satisfied	108		416	
Participation in Treatment Planning*	Satisfied	232	269	372	512
	Not Satisfied	37		140	
Functioning*	Satisfied	162	275	101	531
	Not Satisfied	113		430	
General Satisfaction*	Satisfied	240	268	400	518
	Not Satisfied	28		118	

**Mental Health Status: Figure 22**

MENTAL HEALTH STATUS	Satisfaction Response	2008			
		0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Days Physical Health Not Good	TOTAL 14 OR MORE DAYS
Perception of Access*	Satisfied	90	103	521	753
	Not Satisfied	13		232	
Perception of Quality and Appropriateness*	Satisfied	94	103	578	749
	Not Satisfied	9		171	
Perception of Outcomes*	Satisfied	89	104	135	766
	Not Satisfied	15		631	
Participation in Treatment Planning*	Satisfied	88	102	554	729
	Not Satisfied	14		185	
Functioning*	Satisfied	80	104	123	765
	Not Satisfied	24		642	
General Satisfaction*	Satisfied	93	102	586	746
	Not Satisfied	9		160	

Poor Health Status: Figure 23

POOR HEALTH STATUS	Satisfaction Response	2008			
		0 Days Physical Health Not Good	TOTAL 0 DAYS	14 or More Days Physical Health Not Good	TOTAL 14 OR MORE DAYS
Perception of Access*	Satisfied	231	272	405	587
	Not Satisfied	41		182	
Perception of Quality and Appropriateness*	Satisfied	243	270	440	582
	Not Satisfied	27		142	
Perception of Outcomes*	Satisfied	194	272	92	596
	Not Satisfied	78		504	
Participation in Treatment Planning*	Satisfied	229	264	424	573
	Not Satisfied	35		149	
Functioning*	Satisfied	186	272	81	595
	Not Satisfied	86		514	
General Satisfaction*	Satisfied	234	266	449	576
	Not Satisfied	32		127	

General Health Status: Figure 24

GENERAL HEALTH STATUS	Satisfaction Response	2008			
		Excellent/Good	TOTAL EXCELLENT/GOOD	Fair/Poor	TOTAL FAIR/POOR
Perception of Access*	Satisfied	160	199	770	979
	Not Satisfied	39		209	
Perception of Quality and Appropriateness*	Satisfied	177	197	809	973
	Not Satisfied	20		164	
Perception of Outcomes*	Satisfied	135	200	360	993
	Not Satisfied	65		633	
Participation in Treatment Planning*	Satisfied	170	196	775	958
	Not Satisfied	26		183	
Functioning*	Satisfied	131	200	328	990
	Not Satisfied	69		662	
General Satisfaction*	Satisfied	173	195	796	962
	Not Satisfied	22		166	

TABLES NOT INCLUDED IN REPORT

EDUCATION LEVEL	2008		
	Response Population	Class Member	Non Class Member
Less than 12th Grade	310	45	265
12th Grade/High School Diploma/GED	599	80	519
Voc/Tech Diploma	81	9	72
Some College or University	331	47	284
Bachelor's Degree (BA, BS)	54	2	52
Graduate Work/Graduate Degree	30	4	26
Missing	62	5	57
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>

SCHOOL/JOB TRAINING PROGRAM ENROLLMENT	2008		
	Response Population	Class Member	Non Class Member
Not Enrolled	1157	149	1008
Enrolled, Full Time	19	2	17
Enrolled, Part Time	72	11	61
Other	116	19	97
Missing	103	11	92
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>

RACE/ETHNICITY	2008		
	Response Population	Class Member	Non Class Member
African American/Black	8	2	6
Asian	1	0	1
White	1068	147	921
Native American/Alaskan Native	23	2	21
Hispanic	2	0	2
Unknown	180	13	167
Missing	185	28	157
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>

LIVING SITUATION	2008		
	Response Population	Class Member	Non Class Member
Owned or Rented Home or Apartment	1099	136	963
Someone Else's Home or Apartment	116	14	102
Homeless (Shelter, Street/Outdoors, Park)	23	3	20
Group Home	72	19	53
Adult Foster Care	1	0	1
Transitional Living Facility	15	5	10
Hospital (Medical)	2	0	2
Hospital (Psychiatric)	8	1	7
Correctional Facility	1	0	1
Nursing Home	11	1	10
Other Housed	101	10	91
Missing	18	3	15
<b>TOTAL</b>	<b>1467</b>	<b>192</b>	<b>1275</b>

TABLE 1: NATIONAL OUTCOME MEASURES BY SURVEY AREAS

Survey Area	Adult Consumer Survey Question	2008					TOTAL
		Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	
<b>General Satisfaction</b>	I like the services I receive here.	492	649	135	62	37	1375
	If I had other choices, I would still get services from this agency.	474	647	161	55	46	1383
	I would still recommend this agency to a friend or family member.	514	641	144	41	47	1387
<b>Perception of Access</b>	The location of services is convenient (public transportation, distance, parking, etc.).	368	715	121	115	64	1383
	Staff are willing to see me as often as I feel it is necessary.	372	700	145	114	66	1397
	Staff return my call within 24 hours.	360	680	139	121	60	1360
	Services are available at times that are good for me.	394	776	117	72	47	1406
	I was able to get all the services I think I need.	325	666	197	139	91	1418
I am able to see a psychiatrist when I want to.	292	602	184	154	108	1340	
<b>Perception of Quality and Appropriateness</b>	Staff believe that I can grow, change and recover.	306	611	281	77	36	1311
	I feel free to complain.	307	728	181	132	54	1402
	I am given information about my rights.	421	814	82	61	27	1405
	Staff encourage me to take responsibility for how I live my life.	347	747	162	58	27	1341
	Staff tell me what side effects to watch out for.	282	684	176	124	44	1310
	Staff respect my wishes about who is and who is not to be given information about my treatment.	490	704	96	46	24	1360
	Staff are sensitive to my cultural background (race, religion, language, etc.).	380	636	168	45	16	1245
	Staff help me obtain the information I need so that I can take charge of managing my illness.	345	684	187	96	34	1346
<b>Perception of Outcomes</b>	I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)	349	701	168	85	34	1337
	I deal effectively with daily problems.	195	541	278	329	86	1429
	I am able to control my life.	178	575	318	277	88	1436
	I am able to deal with crisis.	130	426	312	400	164	1432
	I am getting along with my family.	314	553	215	193	115	1390
	I do well in social situations.	158	436	283	374	187	1438
	I do well in school and/or work.	101	234	181	191	160	867
	My housing situation is satisfactory.	327	609	178	176	150	1440
<b>Participation in Treatment Planning</b>	My symptoms are not bothering me.	105	265	204	527	324	1425
	I feel comfortable asking questions about my treatment and medication.	420	713	135	84	39	1391
<b>Social Connectedness</b>	I, not staff, decide my treatment goals.	290	601	290	123	59	1363
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.						
	Other than my current service provider(s) I am happy with the friendships I have.						
	Other than my current service provider(s) I have people with whom I can do enjoyable things.						
<b>Functioning</b>	Other than my current service provider(s) I feel I belong in my community.						
	My symptoms are not bothering me.	105	265	204	527	324	1425
	I do things that are more meaningful to me.	202	529	347	254	80	1412
	I am better able to take care of my needs.	176	610	330	243	73	1432
	I am better able to handle things when they go wrong.	115	435	326	411	153	1440
<b>Not Part of Scale</b>	I am better able to do things that I want to do.	144	566	301	306	120	1437
	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	369	625	254	75	46	1369
	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	372	642	215	92	47	1368
	Mutual support or recovery focused groups, that are facilitated by peers, are available to me through my current service provider(s).	247	564	259	138	70	1278

**TABLE 2: NATIONAL OUTCOME MEASURES BY CLASS MEMBER**

Survey Area	Adult Consumer Survey Question	2008					TOTAL
		Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	
<b>General Satisfaction</b>	I like the services I receive here.	66	80	19	10	5	180
	If I had other choices, I would still get services from this agency.	59	83	23	9	3	177
	I would still recommend this agency to a friend or family member.	65	81	21	10	4	181
<b>Perception of Access</b>	The location of services is convenient (public transportation, distance, parking, etc.).	52	88	12	13	14	179
	Staff are willing to see me as often as I feel it is necessary.	52	88	19	15	10	184
	Staff return my call within 24 hours.	47	82	17	12	9	167
	Services are available at times that are good for me.	57	90	15	12	7	181
	I was able to get all the services I think I need.	55	71	23	21	15	185
	I am able to see a psychiatrist when I want to.	49	88	10	16	15	178
<b>Perception of Quality and Appropriateness</b>	Staff believe that I can grow, change and recover.	44	85	29	11	5	174
	I feel free to complain.	37	95	22	18	10	182
	I am given information about my rights.	53	99	14	12	4	182
	Staff encourage me to take responsibility for how I live my life.	47	93	21	12	4	177
	Staff tell me what side effects to watch out for.	34	86	19	29	5	173
	Staff respect my wishes about who is and who is not to be given information about my treatment.	65	77	20	11	6	179
	Staff are sensitive to my cultural background (race, religion, language, etc.).	53	76	19	14	2	164
	Staff help me obtain the information I need so that I can take charge of managing my illness.	47	83	21	19	6	176
<b>Perception of Outcomes</b>	I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)	47	87	22	10	10	176
	I deal effectively with daily problems.	38	69	27	40	14	188
	I am able to control my life.	32	80	38	30	9	189
	I am able to deal with crisis.	31	65	33	41	18	188
	I am getting along with my family.	48	77	26	21	14	186
	I do well in social situations.	19	71	32	47	21	190
	I do well in school and/or work.	19	28	28	29	19	123
	My housing situation is satisfactory.	51	83	19	18	19	190
<b>Participation in Treatment Planning</b>	My symptoms are not bothering me.	23	50	18	53	45	189
	I feel comfortable asking questions about my treatment and medication.	52	85	18	14	9	178
<b>Social Connectedness</b>	I, not staff, decide my treatment goals.	48	61	41	22	8	180
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.						
	Other than my current service provider(s) I am happy with the friendships I have.						
	Other than my current service provider(s) I have people with whom I can do enjoyable things.						
<b>Functioning</b>	Other than my current service provider(s) I feel I belong in my community.						
	My symptoms are not bothering me.	23	50	18	53	45	189
	I do things that are more meaningful to me.	33	75	37	31	12	188
	I am better able to take care of my needs.	29	80	35	32	13	189
	I am better able to handle things when they go wrong.	19	62	39	54	16	190
<b>Not Part of Scale</b>	I am better able to do things that I want to do.	28	74	40	31	15	188
	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	48	75	39	13	7	182
	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	51	83	26	13	6	179
	Mutual support or recovery focused groups, that are facilitated by peers, are available to me through my current service provider(s).	42	71	29	19	12	173

**TABLE 3: NATIONAL OUTCOME MEASURES BY NON CLASS MEMBER**

Survey Area	Adult Consumer Survey Question	2008					TOTAL
		Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	
<b>General Satisfaction</b>	I like the services I receive here.	426	569	116	52	32	1195
	If I had other choices, I would still get services from this agency.	415	564	138	46	43	1206
	I would still recommend this agency to a friend or family member.	449	560	123	31	43	1206
<b>Perception of Access</b>	The location of services is convenient (public transportation, distance, parking, etc.).	316	627	109	102	50	1204
	Staff are willing to see me as often as I feel it is necessary.	320	612	126	99	56	1213
	Staff return my call within 24 hours.	313	598	122	109	51	1193
	Services are available at times that are good for me.	337	686	102	60	40	1225
	I was able to get all the services I think I need.	270	595	174	118	76	1233
	I am able to see a psychiatrist when I want to.	243	514	174	138	93	1162
<b>Perception of Quality and Appropriateness</b>	Staff believe that I can grow, change and recover.	262	526	252	66	31	1137
	I feel free to complain.	270	633	159	114	44	1220
	I am given information about my rights.	368	715	68	49	23	1223
	Staff encourage me to take responsibility for how I live my life.	300	654	141	46	23	1164
	Staff tell me what side effects to watch out for.	248	598	157	95	39	1137
	Staff respect my wishes about who is and who is not to be given information about my treatment.	425	627	76	35	18	1181
	Staff are sensitive to my cultural background (race, religion, language, etc.).	327	560	149	31	14	1081
	Staff help me obtain the information I need so that I can take charge of managing my illness.	298	601	166	77	28	1170
<b>Perception of Outcomes</b>	I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)	302	614	146	75	24	1161
	I deal effectively with daily problems.	157	472	251	289	72	1241
	I am able to control my life.	146	495	280	247	79	1247
	I am able to deal with crisis.	99	361	279	359	146	1244
	I am getting along with my family.	266	476	189	172	101	1204
	I do well in social situations.	139	365	251	327	166	1248
	I do well in school and/or work.	82	206	153	162	141	744
	My housing situation is satisfactory.	276	526	159	158	131	1250
<b>Participation in Treatment Planning</b>	My symptoms are not bothering me.	82	215	186	474	279	1236
	I feel comfortable asking questions about my treatment and medication.	368	628	117	70	30	1213
<b>Social Connectedness</b>	I, not staff, decide my treatment goals.	242	540	249	101	51	1183
	Other than my current service provider(s) in a crisis, I would have the support I need from family or friends.						
	Other than my current service provider(s) I am happy with the friendships I have.						
	Other than my current service provider(s) I have people with whom I can do enjoyable things.						
<b>Functioning</b>	Other than my current service provider(s) I feel I belong in my community.						
	My symptoms are not bothering me.	82	215	186	474	279	1236
	I do things that are more meaningful to me.	169	454	310	223	68	1224
	I am better able to take care of my needs.	147	530	295	211	60	1243
	I am better able to handle things when they go wrong.	96	373	287	357	137	1250
<b>Not Part of Scale</b>	I am better able to do things that I want to do.	116	492	261	275	105	1249
	My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).	321	550	215	62	39	1187
	My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.	321	559	189	79	41	1189
	Mutual support or recovery focused groups, that are facilitated by peers, are available to me through my current service provider(s).	205	493	230	119	58	1105

**ADULT  
SURVEY**



## 2008 Adult Survey

In order to provide the best possible mental health services, we would like to know the effectiveness of your mental health services during the last 30 days. Please indicate your disagreement/agreement with each of the following statements.

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided/Neutral	Agree	Strongly Agree	Not Applicable
1. I deal effectively with daily problems.	<input type="radio"/>					
2. I am able to control my life.	<input type="radio"/>					
3. I am able to deal with crisis.	<input type="radio"/>					
4. I am getting along with my family.	<input type="radio"/>					
5. I do well in social situations.	<input type="radio"/>					
6. I do well in school and/or work.	<input type="radio"/>					
7. My housing situation is satisfactory.	<input type="radio"/>					
8. My symptoms are not bothering me.	<input type="radio"/>					
9. I do things that are more meaningful to me.	<input type="radio"/>					
10. I am better able to take care of my needs.	<input type="radio"/>					
11. I am better able to handle things when they go wrong.	<input type="radio"/>					
12. I am better able to do things that I want to do.	<input type="radio"/>					

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Undecided/ Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
<b>13. Staff here believe that I can grow, change and recover.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14. I feel free to complain.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>15. I am given information about my rights.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>16. Staff encourage me to take responsibility for how I live my life.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>17. Staff tell me what side effects to watch out for.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>18. Staff respect my wishes about who is and who is not to be given information about my treatment.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>19. Staff are sensitive to my cultural background (race, religion, language, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>20. Staff help me obtain the information I need so that I can take charge of managing my illness.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>21. I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line, etc.)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>22. I feel comfortable asking questions about my treatment and medication.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>23. I, not staff, decide my treatment goals.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>24. I like the services I receive here.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>25. If I had other choices, I would still get services from this agency.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>26. I would recommend this agency to a friend or family member.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>27. My belief that I can maintain my wellness and recover from mental illness is supported by my current service provider(s).</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>28. My current service provider(s) give me opportunities to learn skills that allow me to strengthen and maintain my wellness.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>29. Mutual support or recovery focused groups, that are facilitated by peers, are available to me through my current service provider(s).</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided/ Neutral	Agree	Strongly Agree	Not Applicable
30. The location of services is convenient (public transportation, distance, parking, etc.)	<input type="radio"/>					
31. Staff are willing to see me as often as I feel it is necessary.	<input type="radio"/>					
32. Staff return my call within 24 hours.	<input type="radio"/>					
33. Services are available at times that are good for me.	<input type="radio"/>					
34. I was able to get all the services I think I need.	<input type="radio"/>					
35. I am able to see a psychiatrist when I want to.	<input type="radio"/>					

## HOUSING

36. In the past 30 days, where have you been living most of the time?

- OWNED OR RENTED HOME OR APARTMENT
- SOMEONE ELSE'S HOME OR APARTMENT
- HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- GROUP HOME
- ADULT FOSTER CARE
- TRANSITIONAL LIVING FACILITY
- HOSPITAL (MEDICAL)
- HOSPITAL (PSYCHIATRIC)
- CORRECTIONAL FACILITY (JAIL/PRISON)
- NURSING HOME
- VA HOSPITAL
- VETERAN'S HOME
- MILITARY BASE
- OTHER HOUSED (SPECIFY) \_\_\_\_\_

## EDUCATION AND EMPLOYMENT

**37. Are you currently enrolled in school or a job training program?  
[IF ENROLLED] Is that full time or part time?**

- NOT ENROLLED
- ENROLLED, FULL TIME
- ENROLLED, PART TIME
- OTHER (SPECIFY) \_\_\_\_\_

**38. What is the highest level of education you have finished, whether or not you received a degree?**

- LESS THAN 12<sup>TH</sup> GRADE
- 12<sup>TH</sup> GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- VOC/TECH DIPLOMA
- SOME COLLEGE OR UNIVERSITY
- BACHELOR'S DEGREE (BA, BS)
- GRADUATE WORK/GRADUATE DEGREE

**39. Are you currently employed?**

- EMPLOYED FULL TIME (35+ HOURS PER WEEK)
- EMPLOYED PART TIME
- UNEMPLOYED, LOOKING FOR WORK
- UNEMPLOYED, DISABLED
- UNEMPLOYED, VOLUNTEER WORK
- UNEMPLOYED, RETIRED
- UNEMPLOYED, NOT LOOKING FOR WORK
- OTHER (SPECIFY) \_\_\_\_\_

**40. [IF EMPLOYED], Is your employment competitive or sheltered?**

- COMPETITIVE EMPLOYMENT
- SHELTERED EMPLOYMENT

## HEALTH AND WELL-BEING

**41. Height \_\_\_\_\_ Weight \_\_\_\_\_**

**42. Have you ever been told by your doctor or health professional that you have? (check all that apply)**

- \_\_\_\_\_ angina or coronary heart disease
- \_\_\_\_\_ heart attack or myocardial infarction
- \_\_\_\_\_ blood cholesterol is high
- \_\_\_\_\_ high blood pressure
- \_\_\_\_\_ Diabetes

43. Do you smoke cigarettes?

- Everyday
- Some Days
- Does not smoke

44. Would you say that your general health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

45. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?

\_\_\_\_\_ Number of Days

46. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ Number of Days

47. During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?

\_\_\_\_\_ Number of Days

## SERVICES

48. What services have you received during the last 12 months?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Case Management  | Agency receiving services from: _____ |
| <input type="checkbox"/> Outpatient ( <i>counseling, individual therapy, etc.</i> ) | Agency receiving services from: _____ |
| <input type="checkbox"/> Medication Services  | Agency receiving services from: _____ |
| <input type="checkbox"/> Assertive Community Treatment                              | Agency receiving services from: _____ |
| <input type="checkbox"/> Respite  | Agency receiving services from: _____ |
| <input type="checkbox"/> Day Treatment  | Agency receiving services from: _____ |
| <input type="checkbox"/> Transportation   | Agency receiving services from: _____ |
| <input type="checkbox"/> Vocational Employment                                      | Agency receiving services from: _____ |
| <input type="checkbox"/> Social Clubs   | Agency receiving services from: _____ |
| <input type="checkbox"/> Other _____  | Agency receiving services from: _____ |

**DEMOGRAPHICS**

**49. What is your month and year of birth?**

|\_|\_|/|\_|\_||\_|\_|  
MONTH YEAR

**50. What is your gender?**

- Male
- Female

**51. What county do you currently reside?**

- |                   |                  |                 |
|-------------------|------------------|-----------------|
| _____Androscoggin | _____Aroostook   | _____Cumberland |
| _____Franklin     | _____Hancock     | _____Kennebec   |
| _____Knox         | _____Lincoln     | _____Oxford     |
| _____Penobscot    | _____Piscataquis | _____Sagadahoc  |
| _____Somerset     | _____Waldo       | _____Washington |
|                   | _____York        |                 |

**Thank you for taking the time to complete this survey. You may use the self-addressed stamped envelope to return the survey to:**

State of Maine  
PO Box 435  
Augusta, Maine 04332

1-888-367-5124



*John E. Baldacci, Governor*

*Brenda M. Harvey, Commissioner*

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*Caring..Responsive..Well-Managed..We are DHHS.*



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