The Child and Family Consumer Survey 2014: Briefing Paper

The Child and Family Consumer Survey (CFCS) is designed to examine the quality of Washington State's publically funded mental health services and to meet the reporting requirements of the Centers for Medicare and Medicaid Services (CMS). The Washington Institute has conducted ten of these surveys since 2001 by completing phone interviews with random samples totaling over 9,900 youth consumers and caregivers from across Washington State in 2002, 2004, and 2006-2014.

CFCS sampling and data collection methodologies have been quite consistent since 2001. In 2014, the sample was drawn from the Division of Behavioral Health and Recovery's (DBHR) ProviderOne[1] database. A total of 26,225 youth consumers[2] met the sample criteria in that they had received publicly funded mental health services between May 1 and October 31, 2013.

Each Regional Support Network (RSN) population was then stratified based on age and minority status.[3] A 10% random sample was drawn from each group to produce a "probability proportionate to size (pps)," stratified, random sample of mental health consumers. This resulted in a total statewide sample of 2,623 individuals, 10% of the total youth consumer population. Finally, the six smallest RSNs were oversampled,[4] adding an additional 968 individuals, for a total drawn sample of 3,591.

The overall fit between the sampling frame and the respondent sample is good, demonstrating that the sample for the 2014 CFCS is generally representative of the consumer population in Washington State. The respondent sample is slightly younger[5] and received slightly more service hours,[6] on average, than the sampling frame/drawn sample. Further, in contrast to last year, females are over-represented in the Youth respondent sample. African-Americans are over-represented in the Family respondent sample, but under-represented in the Youth respondent sample.[7] In 2013, Caucasians were under-represented in both the Family and Youth respondent samples, but this year they are over-represented.

In addition to standard demographic questions that collect information on employment and school attendance, living situation, arrest history, age, race, gender, and access to health insurance and care, the items chosen for the CFCS were those recommended, in part, by MHSIP (Mental Health Statistics Improvement Project). There are 31 MHSIP items that inquire about the respondent's perceptions of: general satisfaction with services, voice in service delivery, satisfaction with staff, perception of outcome of services, access to services, and staff cultural sensitivity. In 2007, items from the Mental Health National Outcome Measures (NOMS) were added to the CFCS, assessing criminal justice issues, social connectedness, and functioning. Also in 2007, items from the Internalized Stigma of Mental Illness (ISMI) were added to assess respondents' perceived, mental illness based discrimination.[8]

The primary data collection was conducted via a telephone survey between February and May 2014. The Washington Institute manages a ten-station Computer Assisted Telephone Interview (CATI) system. Nineteen temporary, part-time

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

[2] Youth consumers are defined as those under 21 years of age.

[3] Youth consumers are stratified into two age groups: Under 13 years of age, and 13 through 20 years of age. Minority stratification divides consumers into minority and non-minority groups. This stratification prior to sampling ensures proportionate representation of these characteristics in the completed sample.

[4] In a pps sample, there is a wide disparity between sample sizes from larger and smaller RSNs and the sample sizes drawn from the smaller RSNs are initially too small to obtain usable results. To remedy this, "oversamples" are drawn in the 6 smallest RSNs, which increases their sample sizes (CD, GH, PE, SP, TI, & TM).

[5] In the drawn family sample (<13 years), the mean age was 8.24 years, compared to 8.17 years for respondents. For the drawn youth sample (13+), the mean age was 15.60 years, compared to 15.39 years for respondents. In the youth sample, the respondent is the consumer; in the family sample the respondent is a caregiver of the consumer. In telephone-based surveys, younger teens may be more willing to participate, hence the slightly younger age bias of the respondent sample.

[6] Mean service hours for the drawn family sample (<13) was 9.96 hours, compared to 9.61 hours for respondents. For the drawn youth sample (13+), mean service hours was 9.15 hours, compared to 9.48 hours for respondents. Accurate contact information seemed to be more available for people who sought more services, which may have slightly biased the respondent sample to those consumers with higher service hours.

[7] Although these biases are important to note, the random survey design corrects for them and they do not significantly affect overall survey results.

[8] Ritsher, J.B, Otilingam, P.G., & Grajales. M. (2003). Internalized stigma of mental illness: Psychometric properties of a new measure. *Psychiatry Research*, 121, 31-49. These questions were asked only of youth consumer respondents, not of caregivers.

employees comprised the interview team that included both experienced and new CFCS interviewers, many of whom are current or past consumers of publicly funded mental health services.[9]

Correct contact information could not be obtained for 2,133 clients (59.3% of the sample), despite using multiple sources of contact data.[10] 50 (1.4%) consumers were "Unavailable", in that they were incapable of participating due to mental or physical disabilities, or other conditions that would make it overly taxing or impossible to complete a survey.[11] There were 21 potential participants who were unable to participate due to language barriers; however, 132 (15%) surveys were conducted in Spanish, for which WIMHRT provided interpreters.

Approximately 8.8% (316 consumers) of the drawn sample refused to participate in the survey. The completion rate for the 2014 CFCS is highly consistent with past completion rates. The completion rates for youth and family, which are based on the entire sample, many of whom could not be contacted, were 15.9% and 32.0% respectively, and the cooperation rates, which are based on the 379 youth and 827 caregivers of child consumers who were successfully contacted, are 67.0% and 76.9% respectively. In combination, we succeeded in contacting 1,206 family caregivers and youth consumers, yielding an overall cooperation rate of 73.8% and a response rate of 24.8% for the 2014 CFCS.[12]

To construct the CFCS scales, items from the survey instrument were combined to form constructs that measure the primary indicators of interest: general satisfaction with services, voice in service delivery, satisfaction with staff, perception of outcome of services, access to services, cultural sensitivity of staff, appropriateness of services, functioning, social connectedness, and stigma.[13]

The results of the 2014 CFCS show that mean scores for all of the service satisfaction areas are nearly unchanged from last year. Consumer youth report higher satisfaction than caregivers in the areas of General Satisfaction, Perceived Outcomes, Access to Services, Appropriateness/Quality of Services, Social Connectedness, and Functioning. Caregivers are more satisfied with Participation in Treatment Goals, and Staff Sensitivity to Culture. Youth and caregivers are equally satisfied with Staff. Female respondents report greater satisfaction in all areas except Social Connectedness, but they also report feeling more Stigmatized.

Asian/Pacific Islander consumers are most satisfied on all measures except for Functioning, but they also report the most Stigma. African Americans report the second highest General Satisfaction, Satisfaction with Staff, Outcomes, Staff Sensitivity to Culture, and Appropriateness of Services. The Other ethnic group is the least Generally Satisfied, and reports the least satisfaction with Participation in Treatment, Outcomes, Social Connectedness, and Functioning, but also reports the least Stigma. Hispanics are least satisfied with Staff and are the second least satisfied with Participation in Treatment, Social Connectedness, and Functioning. Native Americans are tied with the Other ethnic group for least satisfied with Appropriateness of Services and with Hispanics for least satisfied with Access to Services. Overall, minority groups are both more and less satisfied in most areas than Caucasians.

In general, service satisfaction trends in all areas have been improving since 2002, and remain fairly steady. The mean scores in all areas however, vary from last year by no more than .05. These 2014 CFCS results indicate that consumer perception of services is fairly consistently positive overall.

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

[10] Includes call dispositions "Incorrect Number" (1,114/31.0%) and "No Answer" (1,019/28.3%).

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

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

[13] The reliability of the scales for this population was tested using Cronbach's Alpha, a common measure of internal consistency for scaled items. Alphas of .70 or higher are considered to be a reliable scale. The alphas associated with each scale are mostly moderate to high. The Access to Service scale is low (.57) because it is composed of only two items and the Voice in Service Delivery is slightly under .70 (.69) because it has only three items. Nonetheless, these scales were retained in the analysis. Alphas for CFCS 2014 scales are: General Satisfaction (Alpha=.91), Participation in Treatment Goals (Alpha=.69), Satisfaction with Staff (Alpha=.85), Perceived Outcomes (Alpha=.91), Perception of Access (Alpha=.57), Cultural Sensitivity of Staff (Alpha=.83), Appropriateness and Quality of Services (Alpha=.92), Social Connectedness (Alpha=.81), Stigma (Alpha=.82). The functioning scale consisted of one item and thus, reliability tests were not conducted on this item.