



**Arizona  
Department of  
Health Services**

2008 Annual Consumer Survey  
Report

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Attachment A: Consumer Survey Protocol 2008

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### APPENDICES

YEAR 2008 ADULT CONSUMER SURVEY (ENGLISH AND SPANISH)

YEAR 2008 YOUTH CONSUMER SURVEY FOR FAMILIES (ENGLISH AND SPANISH)

## I. Executive Summary

The statewide consumer survey was conducted between April and May 2008, jointly by the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Tribal/Regional Behavioral Health Authorities (T/RBHAs) and contracted service providers across the state.

Two distinct surveys were administered based on the Substance Abuse and Mental Health Services Administration's (SAMSHA) Mental Health Statistics Improvement Program (MHSIP) consumer surveys:

- The Adult Consumer Survey; and
- The Youth Services Survey for Families (YSS-F).

The surveys solicit independent feedback from Title XIX/XXI adults and families of youth receiving services through Arizona's publicly funded behavioral health system. The surveys measure consumers' perceptions of behavioral health services in relation to the following domains:

- General Satisfaction
- Access to Services
- Service Quality/Appropriateness
- Participation in Treatment
- Outcomes
- Cultural Sensitivity
- Improved Functioning
- Social Connectedness

Positive findings from the 2008 Adult Consumer Survey and YSS-F include:

- *General Satisfaction* yielded an 82% positive response rate from adult respondents;
- *Service Quality and Appropriateness* received a positive response rate of 84% for adults;
- *Participation in Treatment Planning* was perceived positively by respondents in both adult and child programming at 89% and 87%, respectively;
- *Informed Consent* questions received an 84% positive response rate from adults; and
- *Cultural Sensitivity* continued to be positively perceived by children's families at a rate of 90%.

Overall, consumer perception of the quality and appropriateness of the services received remains positive, with both adults and the families of child behavioral health recipients indicating they are involved in the planning of their treatment. 2008 Consumer Survey data indicates that outcomes of treatment and access to certain services, such as psychiatry services for children and specialized therapies for adults, remain areas for improvement. Improvements in the outcomes and access areas should result in an increase in respondents reporting positively to the *General Satisfaction* domain questions. Removing barriers to accessing available services, or the perception thereof, and assisting members in better understanding treatment outcomes, is imperative to improving behavioral health recipients' overall perception of the quality of services they receive.

The analyses of specific responses to each domain's questions in the Adult and YSS-F surveys are discussed in detail within the body of the report. 2008 Consumer Survey data is compared to findings from previous years for comparative purposes in both the adult and child analyses. A review of survey data from 2007 to 2008 indicates that families of children reported lower positive response rates to six of the seven YSS-F survey domains, with decreases from one to five percentage points. Adult respondents to the 2008 survey also indicated a decline in positive responses for five of the seven domains within the Adult survey, with decreases ranging from two to six percentage points.

This survey is utilized by ADHS/DBHS as one of many performance monitoring mechanisms and the results are used in the development of system wide performance improvement activities when indicated.

## II. Survey Response Rates

The MHSIP Consumer Surveys were offered to a statewide sample of 3,416 RBHA- enrolled consumers. This statewide sample did not include consumers enrolled with the T/RBHAs. The response rate is calculated by dividing the number of surveys returned by the number of surveys offered. The statewide response rate was strong at 72 %, with rates ranging from 60% to 86% per RBHA.

RBHA	Surveys Offered (a) Adult & Youth	Surveys Returned (b)	Response Rate (b) / (a)
Cenpatico-2	454	271	60%
Cenpatico-4	487	310	64%
CPSA-3	549	353	64%
CPSA-5	689	513	74%
Magellan	564	427	76%
NARBHA	672	580	86%
Statewide RBHA	3,416	2,454	72%

Arizona Tribal RBHAs (TRBHAs) Gila River Indian Community and Pascua Yaqui Centered Spirit Program continued in the survey process for the second year; 2008 is the first year that Navajo Nation and White Mountain Apache Tribe also participated. All TRBHAs conduct a convenience sampling of their enrolled members.

TRBHA	Number of Surveys Completed		
	Adult Survey	YSS-F	Total
Gila River	19	22	41
Navajo Nation	63	22	85
Pascua Yaqui	77	22	99
White Mountain Apache	5	6	11
Statewide TRBHA	164	72	236

### III. Introduction

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), the Tribal/Regional Behavioral Health Authorities (T/RBHAs), in collaboration with their contracted providers, administered the statewide consumer survey in April and May 2008. As in the past survey cycles, the surveys are primarily based on the Adult Consumer Survey and Youth Services Survey for Families (YSS-F), recommended by the Mental Health Statistics Improvement Program (MHSIP).

The use of the survey data to inform service delivery is promoted through dissemination of the survey results throughout ADHS/DBHS; review of survey data in the ADHS/DBHS Quality Management (QM) Committee meeting; incorporation of monitoring of survey indicators in RBHA contracts and QM Plans; and dissemination of survey results to ADHS/DBHS stakeholders and consumers via the ADHS/DBHS website. Survey outcomes are reported to the National Association of State Mental Health Program Directors' (NASMHPD) National Research Institute (NRI), Western States Decision Support Group (WSDSG), and to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Statistics Improvement Program (MHSIP).

### IV. Methodology and Survey Administration

Two survey populations (sample frames) were identified:

1. Adults - defined as Title XIX/XXI behavioral health recipients who are 18 years of age or older, and are enrolled in any of the adult programs: Serious Mental Illness (SMI) and Drug/Alcohol or General Mental Health (Non-SMI).
2. Youth - defined as Title XIX/XXI behavioral health recipients under age 18 and enrolled in the Child/Adolescent program.

A total of 55,422 adult and 21,266 youth RBHA-enrolled Title XIX/XXI consumers were eligible to participate in the 2008 survey. All persons enrolled with the T/RBHAs were eligible for participation in the survey, as the TRBHAs complete convenience sampling. Please refer to Attachment A, Consumer Survey Protocol 2008, for details on sample frame development, inclusion/exclusion criteria, survey instruments, and survey administration guidelines.

## V. Data Analysis

All completed surveys were manually data entered upon submission to ADHS/DBHS. T/RBHAs were provided with data files containing the survey responses of their respective consumers. Each T/RBHA analyzed its respective survey data using an SPSS script that was provided by ADHS/DBHS to ensure consistency in data analysis. Statewide survey data is analyzed as follows:

- By Domain;
- By Domain Line Item;
- Sub-group Analysis;
- ADHS/DBHS Performance Measure Questions; and
- Comparison to Past Survey Performance

Analysis of the Domains, Line Items and Performance Measures questions is supported by review of themes identified in the written comments provided by some survey respondents.

## VI. Statewide Survey Data Limitations

There are no identified data limitations for this report.

## VII. Survey Findings

### MHSIP ADULT

#### Demographics

A total of 1,572 completed adult surveys were analyzed. Of the adult survey respondents:

- 58 % were female;
- 73 % were between the ages of 31-65 years;
- 77 % identified their ethnicity as Non Hispanic/Latino;
- 87 % identified their race as White;
- 47 % reported receiving behavioral health services for five or more years; and
- 41 % were enrolled as Seriously Mentally Ill (SMI) and 59% were in Non-SMI programs (General Mental Health or Substance Abuse services).

Please see Attachment B, 2008 Adult Consumer Survey Respondent Demographics, for complete demographics information.

#### *Domain Line Item Analysis*

Line items are specific questions pertaining to each survey domain (see Attachment C, 2008 Adult Consumer Survey, Statewide Percent of Positive Response by Line Item). Analysis of answers to each domain specific line item indicates what aspects of service respondents reported as either positively or negatively affecting the overall domain score. Please note that neither SAMHSA nor ADHS/DBHS applies performance expectations on the response rates to the domains or their applicable line items. The 2008 adult survey findings indicate:

- **General Satisfaction:** Respondents reported liking the services they received at their agency; they would choose their current agency given other choices for service centers; and they would recommend the agency to a friend or family member.
- **Service Access:** Respondents reported services were available at times that were good for them; felt staff were accessible and that the location of services was convenient.
  - Improvements can be made in agency staff returning clients' phone calls timely; informing the consumer of the array of services available to them; and providing more access to a psychiatrist. Review of written comments pertaining to *Service Access* support the areas for improvement, with respondents indicating the need for

more time with their psychiatrist and more access to groups, therapists and other support services.

- ***Participation in Treatment Planning:*** Respondents indicated feeling comfortable asking questions about their treatment and medications and reported positively that they, and not staff, decided treatment goals.
  - Improvements can be made in assisting the consumer in taking the lead in deciding their treatment goals, as only 77% of respondents indicated they decided their treatment goals.
- ***Service Quality and Appropriateness:*** Respondents positively reported receiving information on their rights; feeling that their staff encouraged personal responsibility and empowered growth, change and recovery; that staff were considerate of their cultural background; were informed of the side effects of their medications; and the staff respected their wishes about who should and should not receive information on their treatment.
  - Improvements can be made in promoting the use of consumer run programs.
- ***Outcomes:*** Respondents positively reported that they can more effectively deal with daily problems and that they were better able to control their lives.
  - Improvements can be made in relation to respondents' perceptions of their work/school situations, housing and symptoms management. Review of respondents' written comments indicates that consumers feel improvements can be made in the identification and monitoring of treatment outcomes.
- ***Improved Functioning and Social Connectedness:*** 2008 findings indicate that respondents feel their families and/or friends would support them if in a crisis.
  - Improvements can be made in symptom identification, management, and education; self care; and increasing social interactions.

Summary of 2008 Statewide Results for Adults

RBHA	General Satisfaction	Service Access	Participation in Treatment Planning	Service Quality & Appropriateness	Outcomes	Improved Functioning	Social Connectedness
Cenpatico-2	84%	82%	86%	88%	71%	75%	75%
Cenpatico-4	87%*	83%	92%	90%	73%	67%	67%
CPSA-3	82%	77%	87%	86%	68%	73%	72%
CPSA-5	83%	67%	91%	80%	66%	64%	62%
Magellan	80%**	71%	87%	83%	68%	68%	69%
NARBHA	85%	80%	92%	88%	71%	68%	65%
Statewide RBHA	82%	73%	89%***	84%	68%****	68%	68%
Gila River	95%	95%	94%	94%	79%	79%	68%
Navajo Nation	87%	77%	80%	85%	66%	78%	80%
Pascua Yaqui	97%	95%	93%	93%	86%	87%	82%
White Mtn Apache	67%	67%	33%	67%	100%	100%	67%

TRBHA numbers and percentages are based on actual valid survey returns. Statewide RBHA numbers and percentages are based on weighted scores. TRBHA scores are not included in statewide numbers due to TRBHA convenience sampling methodology.

\*Indicates highest RBHA performers in the domain

\*\*Indicates lowest RBHA performers in the domain

\*\*\*Indicates highest domain scores statewide

\*\*\*\*Indicates lowest domain scores statewide

### ***ADHS/DBHS Performance Measures***

In addition to evaluation of performance in the MHSIP domain areas, ADHS/DBHS assesses four Adult Performance Measures through the Survey. The Minimum Performance Standard (MPS) for the performance measures is 85%, with the exception of Cultural Competency, which has an MPS of 75%. The MPS apply to the RBHAs only. Statewide results indicate none of these MPS were met. Results of the 2008 Survey Performance Measure questions indicate:

- ***Symptomatic Improvement:*** 63% of RBHA survey respondents reported positively that their symptoms were not bothering them as much.
  - Improvements can be made in symptoms education, identification and self management for behavioral health recipients; and supervision and training of clinicians in the assessment and documentation of symptoms management and target outcomes.
- ***Informed Consent:*** 84% reported positively that their doctor explained their prescribed medication benefits and risks as well as the alternatives to their prescriptions in a way they understood.
- ***Member and Family Involvement:*** 67% reported positively that their families were involved in their treatment.
  - Involvement of family members in adult consumers' treatment planning and services remains an area for improvement. ADHS/DBHS should continue to expand the definition of family to include any persons identified by the consumer as a support and attempt engagement efforts with those persons.
- ***Cultural Competency:*** 55% percent reported a positive response to the question designated to measure Cultural Competency, a decrease from the positive response rate reported for the similar line item question under the *Service Quality and Appropriateness* domain that received an 80% positive response rate.
  - Improvements can be made in the inclusion and/or consideration of cultural/race/ethnicity preferences in service planning for adults through training and education of clinical staff and adult consumers. No written comments pertained to *Cultural Competency* as an area for improvement.

### 2008 Adult Consumer Survey, Number and Percentage of Positive Responses to Performance Measure Questions

T/RBHA	Symptomatic Improvement		Informed Consent		Member/Family Involvement		Cultural Competency	
	MPS: 85%		MPS: 85%		MPS: 85%		MPS: 75%	
	N	%	N	%	N	%	N	%
Cenpatico-2	101	70%*	121	86%**	85	70%	86	69%
Cenpatico-4	93	58%	129	81%	104	72%	81	68%
CPSA 3	128	66%	148	81%	123	69%	114	65%
CPSA 5	154	61%	211	84%	145	63%	120	57%
Magellan	152	64%	201	85%	138	67%	92	50%
NARBHA	191	64%	238	82%	191	72%	138	60%
Statewide RBHA	807	63%	1060	84%	756	67%	551	55%
Gila River	14	78%	15	88%	10	63%	15	83%
Navajo Nation	42	70%	39	70%	29	53%	44	73%
Pascua Yaqui	55	80%	63	100%	60	100%	77	100%
White Mtn Apache	2	100%	2	100%	0	N/A	2	67%

T/RBHA numbers are based on actual valid survey returns. Statewide RBHA numbers are based on weighted scores. TRBHA scores are not included in statewide numbers due to TRBHA convenience sampling methodology.

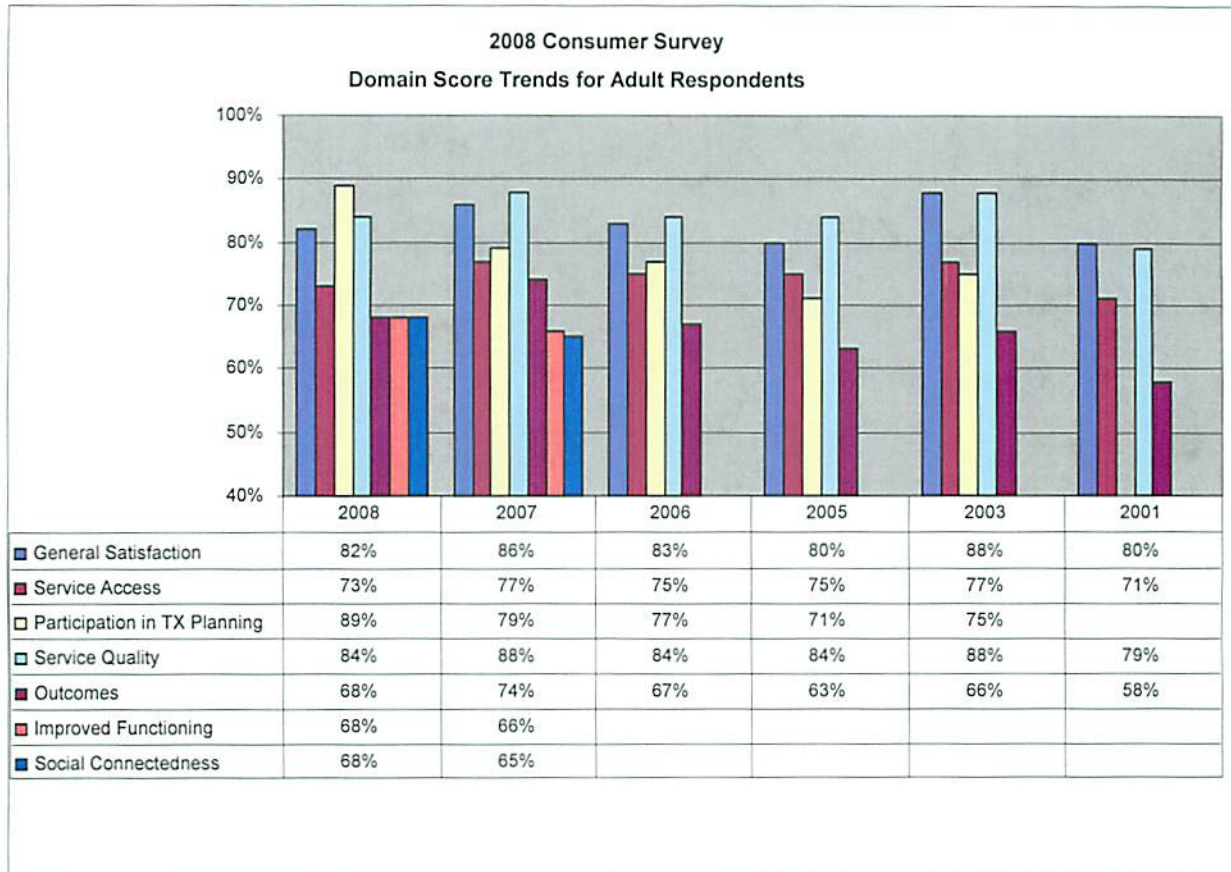
\*Indicates performance below the MPS

\*\*Indicates performance at or above the MPS

#### *Comparison to Past Performance*

ADHS/DBHS has administered the Consumer Survey yearly since 2005. Previous to 2005, the survey was conducted every two years, beginning in 2001. The following chart compares current survey performance across the survey domains to prior administrations. Blank fields indicate that the domain was not included in the SAMHSA survey that administration year.

### 2008 Adult Consumer Survey, Statewide Domain Score Comparison



A review of the positive responses attributed to the survey domains across administration periods indicates that the 2008 survey garnered lower positive response rates for six domains as compared to the previous survey year. Adult survey respondents indicated a higher rate of positive perception to *Participation in Treatment Planning* in 2008 than any other administration period, increasing positive responses to these questions by 19% from 2003. While *General Satisfaction* rates decreased by 4 percentage points from 2007, this year’s positive response rate is consistent with those reported from 2005. *Outcomes* consistently yields the lowest rate of positive responses. However, the 2008 *Outcomes* positive response rate improved by 10 percentage points from 2001.

#### MHSIP YSS-F

##### Demographics

A total of 1,119 completed youth surveys were analyzed. Of the youth survey respondents:

- 60 % were male;
- 96 % were 5-18 years of age;
- 63 % identified Non Hispanic/Latino as their ethnicity;
- 78 % identified White as their race; and
- 53 % reported receiving behavioral health services for one to five years.

Please see Attachment D, 2008 YSS-F Respondent Demographics, for complete demographic data.

### ***Domain Line Item Analysis***

Line items are specific questions pertaining to each survey domain. Analysis of answers to each domain specific line item indicates what aspects of service survey respondents reported as either positively or negatively affecting the overall domain score (Attachment E, 2008 YSS-F Statewide Percent of Positive Response by Line Item). Please note that neither SAMHSA nor ADHS/DBHS applies minimum performance expectations for the response rates to the domains or their applicable line items. 2008 YSS-F survey findings indicate:

- ***General Satisfaction:*** Respondents reported overall satisfaction with their child's services; felt services received were appropriate for their family and that the families received the help they needed for their children.
  - Improvements can be made in respondents' perceptions of the level of support available from their assigned staff persons, including stability in staff assignments and providing a continuum of care to the families and children.
- ***Service Access:*** Families felt that both the location and times allocated for service provision were convenient. Improvements can be made in helping families access support services and more frequent medication and counseling services.
- ***Participation in Treatment Planning:*** The majority of respondents indicated participating in their child's treatment by choosing both their child's services and treatment goals. Written comments indicate that families participating in Child and Family Teams (CFTs) are pleased with their services.
- ***Cultural Sensitivity:*** Families indicated that staff spoke to them in a manner in which they understood, treated them with respect and respected their unique cultural/religious/spiritual beliefs and norms.
- ***Outcomes:*** Overall, this domain indicated an area for improvement.
- ***Improved Functioning and Social Connectedness:*** These domains further explore perception of treatment and functional outcomes. Findings indicate that families feel comfortable talking with supports about their child's problems; the families have support systems available to them for crisis situations and opportunities for social activities.
  - Improvements can be made for better assessment of treatment outcomes and improved consumer/family education, particularly pertaining to coping skills, school performance and satisfaction with family life. Written comments from families of children indicate the need for outcomes education and monitoring.

## Summary of 2008 Statewide Results for Youth

RBHA	General Satisfaction	Service Access	Participation in Treatment Planning	Cultural Sensitivity	Outcomes	Improved Functioning	Social Connectedness
Cenpatico-2	76%	81%	86%	94%	70%	69%	86%
Cenpatico-4	78%	80%	90%	92%	61%	62%	87%
CPSA-3	74%*	74%	80%	89%	65%	62%	77%
CPSA-5	79%	73%	86%	90%	63%	62%	82%
Magellan	75%	70%	87%	90%	56%	53%	75%
NARBHA	84%**	81%	88%	93%	72%	71%	87%
Statewide RBHA	77%	73%	87%	90%***	60%	58%****	79%
Gila River	91%	96%	96%	96%	86%	86%	91%
Navajo Nation	67%	53%	61%	76%	60%	60%	65%
Pascua Yaqui	91%	95%	95%	96%	82%	73%	86%
White Mtn Apache	75%	100%	75%	67%	60%	40%	68%

T/RBHA numbers and percentages are based on actual valid survey returns. Statewide RBHA numbers and percentages are based on weighted scores. TRBHA scores are not included in statewide numbers due to TRBHA convenience sampling methodology.

\* Indicates lowest RBHA performers in the domain.

\*\* Indicates highest RBHA performers in the domain.

\*\*\*Indicates highest domain score statewide

\*\*\*\*Indicates lowest domain score statewide

### ADHS/DBHS Performance Measures

In addition to the MHSIP questions, ADHS/DBHS has designated three Performance Measures questions to the 2008 YSS-F Survey. The Minimum Performance Standards (MPS) attributed to these measures are 85%, with the exception of Cultural Sensitivity, which has an MPS of 75%. The MPS apply to the RBHAs only. Findings indicate:

- **Cultural Competency:** 88% of YSS-F survey respondents reported positively that staff were sensitive to their cultural/ethnic background. *Cultural Sensitivity* is the only Performance Measure where the MPS was met statewide.
- **Symptomatic Improvement:** 56% of respondents indicated that their child's symptoms were not bothering their child as much.
  - As with adults, improvements can be made to consumers in symptom education, identification and self management as well as clinician assessment and documentation of symptom improvements.

- **Informed Consent:** 84% reported positively that their child's doctor explained the benefits, risks and alternatives to the medications prescribed to their child and they understood the information as presented.

### 2008 YSS-F, Number and Percentage of Positive Responses to Performance Measure Questions

T/RBHA	Cultural Competency		Symptomatic Improvement		Informed Consent	
	MPS: 75%		MPS: 85%		MPS: 85%	
	N	%	N	%	N	%
Cenpatico-2	92	91%*	62	61%**	72	87%
Cenpatico-4	100	88%	70	60%	84	82%
CPSA 3	111	85%	76	60%	94	77%
CPSA 5	189	87%	116	54%	148	81%
Magellan	133	89%	78	52%	123	85%
NARBHA	202	86%	165	65%	186	82%
Statewide RBHA	845	88%	534	56%	745	84%
Gila River	20	95%	16	84%	17	90%
Navajo Nation	15	75%	8	42%	14	74%
Pascua Yaqui	19	86%	0	N/A	0	N/A
White Mtn Apache	2	67%	2	50%	2	67%

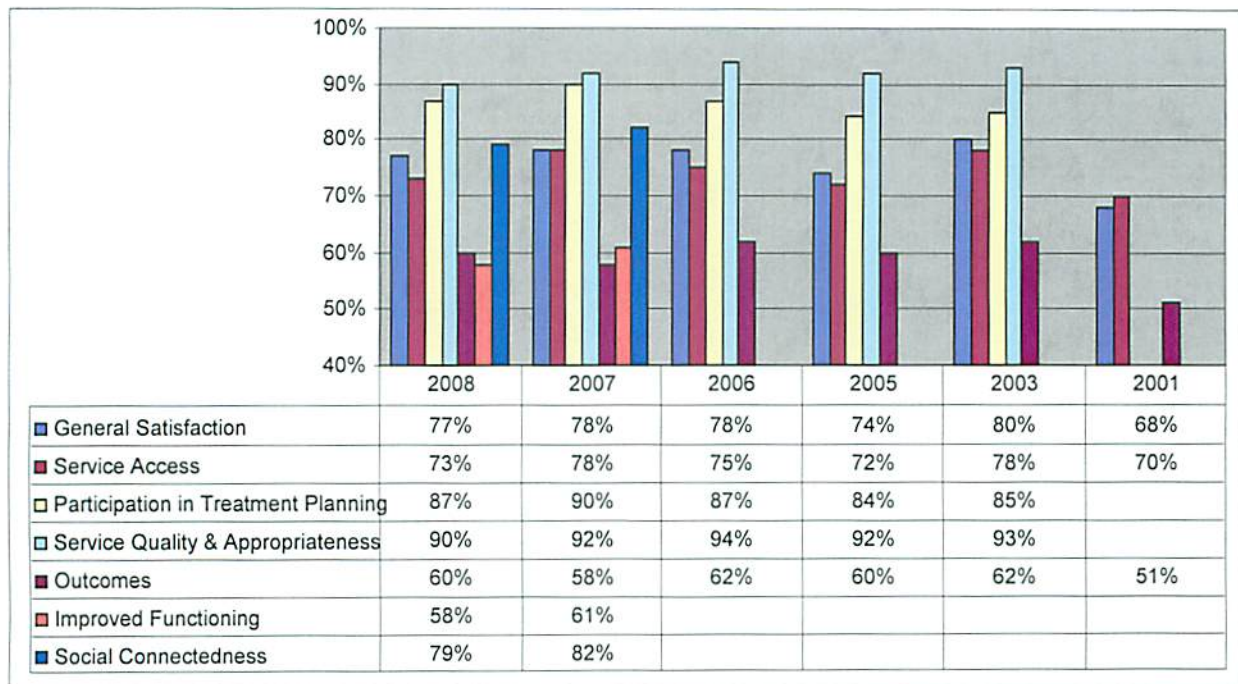
T/RBHA numbers are based on actual valid survey returns. Statewide RBHA numbers are based on weighted scores. TRBHA scores are not included in statewide numbers due to TRBHA convenience sampling methodology.

\*Indicates performance above the MPS

\*\*Indicates performance below the MPS

#### *Comparison to Past Performance*

ADHS/DBHS has administered the Consumer Survey yearly since 2005. Previous to 2005, the survey was conducted every two years, beginning in 2001. The following chart compares current survey performance across the survey domains to prior administrations. Blank areas indicate that the domain was not included in the SAMHSA survey that administration year.



Families reported lower rates of satisfaction across every YSS-F domain this year than in 2007, with the exception of *Outcomes*, which increased by 2 percentage points. No significant improvements in perception were identified in the 2008 as compared to prior survey periods. *General Satisfaction* response rates reported this survey administration are consistent with those reported since 2006. As with Adult survey respondents, families report the lowest rates of satisfaction with the *Outcomes* domain, with the highest positive response rates reported in the 2003 and 2006 surveys (62% reporting positively).

## VI. Statewide Improvement Opportunities

ADHS/DBHS recognizes the need to identify targeted improvement efforts supported by the 2008 survey results. It should be noted that the 2009 Consumer Surveys were conducted in April to May, 2009. While these results have not yet been analyzed, ADHS/DBHS cannot assume that the scores will have improved. The following are current initiatives planned by functional areas across ADHS/DBHS that address survey findings:

- Outcomes** – The survey data indicates improvements can be made in consumers’ perception and understanding of treatment and functional outcomes, as well as front line clinical staff assisting the consumers with identification and tracking of identified outcomes.
- ADHS/DBHS will begin using the Children’s System of Care Practice Review (CSOCPR) in early Fiscal Year 2010 (FY10). This revised review focuses on Child and Family Teams (CFTs) and includes outcomes focused questions to ensure the CFTs are identifying and tracking outcomes as well as evaluating the effectiveness of provided services. The CSOCPR will provide valuable data for ADHS/DBHS, the RBHAs to focus on performance and outcomes for children.

- ADHS/DBHS is developing a mechanism to better monitor the quality of clinical supervision to front line staff. The goal is to ensure that clinicians are providing quality clinical oversight in the development and provision of services thus improving treatment outcomes for members.
- ADHS/DBHS will receive quarterly outcomes focused reports from the RBHAs in FY10, with performance expectations commiserate with national standards in the area of psychosocial rehabilitation.
- All RBHAs continue to National Outcomes Measures (NOMS) and provide the outcomes data to ADHS/DBHS at initiation of behavioral health services and annually, at a minimum.

**Access to Services** - Survey data indicates improvements can be made in consumers' perception of ease of access to, and availability of, psychiatric and support services; and increased accessibility of support staff.

- ADHS/DBHS included a capitation rate increase for 18-21 year old youth consumers to address the need for increased case management, rehabilitation and other support services to assist with transitioning this age group from the child to adult system of care.
- ADHS/DBHS targeted almost \$1,600,000.00 in FY09 to expand Support and Rehabilitation services for children. The impact of this targeted focus area may be realized in the 2009 Consumer Survey results.
- ADHS/DBHS continue to monitor the prescribing clinician capacity for each RBHA on a quarterly basis to ensure the sufficiency of available staff in relation to the total enrollees for both the adult and child populations. Any RBHA falling below the ADHS/DBHS expectations for prescriber availability receives a Corrective Action Plan (CAP) until prescriber expectations are met.
- ADHS/DBHS meets regularly with other state agencies to identify the specialized needs of those members involved with multiple agencies. Barriers to service access or gaps in service continue to be addressed through annual network planning efforts.

## **VII. Conclusion**

2008 findings indicate an overall decrease in positive response rates across the domains of both the Adult and YSS-F surveys from the previous survey administration. However, adults reported increased involvement in their service planning; a better understanding of their prescribed medication side effects, benefits and alternatives; as well as a general satisfaction with services. The families of child behavioral health recipients feel supported by assigned staff, feel their cultural needs are assessed and respected and would refer their agency to friends. Similar to findings across survey periods, outcomes identification, tracking and monitoring continues to be an area for improvement, as well as behavioral health recipients feeling they can access the services they want, when they want.

ADHS/DBHS uses survey data to support quality initiatives, programming and network development needs across the Arizona behavioral health system. Survey data pertaining to service access is reviewed by the ADHS/DBHS Adult and Children's System of Care teams, which oversee network development and management of each RBHA. Survey data is compared

to service utilization data, complaints and RBHA System of Care reports as indicators for network development opportunities.

ADHS/DBHS is committed to improving the tracking and utilization of outcomes data. Outcomes data is used by ADHS/DBHS to support quality initiatives, assess the viability of existing programming and improve services delivered to persons served in the ADHS/DBHS system of care. ADHS/DBHS believes that removing barriers to accessing available services and assisting members in the identification and tracking of treatment outcomes is imperative to improving behavioral health recipients' overall perception of the quality of services they receive.

ADHS/DBHS is dedicated to the inclusion of its behavioral health services recipients' voices in the design, implementation and monitoring of services throughout its system of care. The ADHS/DBHS Office of Individual and Family Affairs (OIFA) will actively participate in all aspects of the FY10 survey to ensure member voice and choice is effectively captured in the survey. The ADHS/DBHS OIFA will utilize consumer committees to provide feedback and recommendations for action based on survey data, furthering the inclusion of behavioral health recipients' input into quality initiatives. The dissemination and use of survey data throughout the state allows ADHS/DBHS and its contractors to identify and utilize population specific best and promising practices to provide a full array of quality services to its public behavioral health recipients.