



# Mental Health Statistical Improvement Project (MHSIP)

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**Dane County Department of Human Services**

**Behavioral Health**

**Comprehensive Community Services  
(CCS)**

## Contents

Introduction.....	2
Background.....	2
Survey.....	2
Survey Goals.....	2
Survey Population and Administration.....	3
Survey Instrument.....	3
Key Findings.....	4
Trends by Year.....	4
Representativeness of Survey Respondents.....	5
Respondent Sample.....	5
Results.....	6
Overall Perception of Care.....	6
Comparing CCS to other Behavioral Health Programs.....	16
Appendix A: Survey Administration and Instrument.....	17
Appendix B: Survey Instruments.....	18
Adult MHSIP.....	18
Youth MHSIP.....	22
Family MHSIP.....	26
Appendix C: Survey Item Scores.....	30
Percentage of Adults agreeing or strongly agreeing with each survey item.....	30
Percentage of youth and families agreeing or strongly agreeing with each survey item.....	31

# Introduction

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## Background

Comprehensive Community Services (CCS) is a voluntary, community-based program funded by the State of Wisconsin Department of Health Services (DHS) and operated by the Dane County Department of Human Services (DCDHS). CCS offers a flexible array of individualized, community-based psychosocial rehabilitation services to individuals with mental health and/or substance use needs. These services and support activities aim to help CCS participants in achieving their highest possible level of stability and independent functioning. For more information about CCS in Dane County, visit the [DCDHS CCS website](#).

In the CCS program, each participant chooses a Service Facilitation agency, which provides core services: service facilitation, screening and assessment, and service planning. The Service Facilitator coordinates array services that encompass one or more of the following activities: mental health care, physical health care, substance abuse treatment, peer support, individual skill development, vocational support, housing assistance, and medication management. Dane County contracts with an open network of more than 30 Service Facilitation and 100 service array agencies to deliver these services.



### Core Services

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- Service Facilitation (case management)
- Screening and Assessment (identify goals and treatment options)
- Service Planning (track recovery progress)

## Comprehensive Community Services



### Array Services

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- Diagnostic Evaluation
- Employment-Related Skills Training
- Individual Skill Development and Enhancement
- Individual and/or Family Psychoeducation
- Medication Management
- Peer Support
- Physical Health Monitoring
- Psychotherapy
- Substance Abuse Treatment
- Wellness Management and Recovery/Recovery Support Services

# Survey

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## Survey Goals

Per DHS Wis. Admin. Code § DHS 36.08(1), CCS programs are required to administer a satisfaction survey to eligible CCS participants each year. In addition to being submitted to DHS for state-wide analyses, survey results are used for many aspects of program evaluation including:

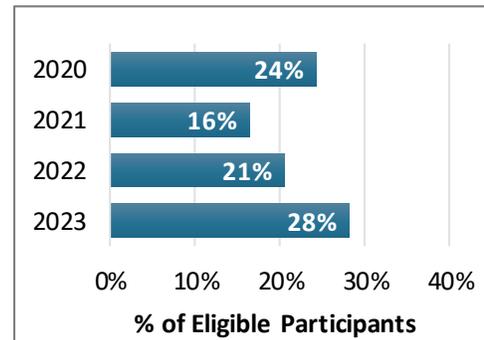
- Shared with individual Service Facilitation agencies for agency-level feedback;
- Reported to the CCS Coordination Committee to guide the annual Quality Improvement Plan;
- Reported to the Division Administrator and CCS Program Manager to inform program decisions;
- Reported to the public and CCS participants via the CCS website

## Survey Population and Administration

Participants were eligible for the survey if they were enrolled in CCS for at least 6 months and were either currently enrolled or had disenrolled within the previous three months. In total, 2,037 surveys were distributed to CCS Service Facilitators, who hand delivered surveys to all eligible participants on their caseload.<sup>1</sup> Surveys were distributed in September and October 2023 and collected throughout the remainder of the year.

In 2023, 578 participants completed the satisfaction survey. This is a response rate of 28%, which is higher than in recent years ([Figure 1](#)). The increased response rate can likely be attributed to the more personalized distribution method used; in prior years, surveys were sent via postal mail. In 2023, by handing surveys directly to participants, Service Facilitators ensured surveys were received and were able to provide assistance such as explaining the importance of completing the survey, explaining the meaning of questions, translating questions, reading questions out loud, or helping return completed surveys. Not only was the overall response rate higher, but among groups with barriers to participation, such as those who are homeless and those with a preferred language other than English, the response rate was markedly higher in 2023 compared to 2022.<sup>2</sup>

FIGURE 1. RESPONSE RATE BY YEAR



Service Facilitators hand delivered surveys, increasing participation in the survey compared to prior years.

## Survey Instrument

The Mental Health Statistical Improvement Project (MHSIP) survey was used to assess participant perception of care across several domains including satisfaction with services, participation in treatment, access, outcomes, functioning, social connectedness, and the quality of relationships with providers ([Table 1](#)). Survey versions differed slightly depending on participant age: Adults (age 18+), Youth (age 13-17), and Family (parents or guardians of youth 12 and under) (see [Appendix A.](#))<sup>3</sup>. Based on their survey responses, participants were categorized as having a more or less positive experience in CCS overall, as well as within each domain. In addition to scaled responses, respondents could provide narrative comments about their experience in CCS.

<sup>1</sup> Surveys were provided in both English and in each recipient's preferred language. In total, 138 surveys were sent with additional language material: 86 in Hmong, 29 in Spanish, 17 in Khmer, 5 in Nepali, 1 in Somali. For 4 recipients who preferred Laotian, surveys were provided in English to the Service Facilitator, who assisted the participant with the survey.

<sup>2</sup> Response rate for Non-English speakers: 19% in 2022 vs 75% in 2023; Response rate for those currently homeless: 13% in 2022 vs 26% in 2023

<sup>3</sup> Parent/guardians filled out the "Family" survey for youth age 0-12 and youth age 13-17 filled out the "Youth" survey. The survey statements were similar. However, the family survey asked about the child's experience in some cases and the parent/guardian's in other.

## Key Findings

- CCS participants' satisfaction was high and slightly exceeded the positive experience of previous years.
- Scores were highest in domains capturing quality relationships with providers (96%), satisfaction with the treatment services (93%), participation in one's own treatment planning (91%), and the accessibility of services (90%).
- Respondents reported slightly less positive experiences on domains related to outcomes (73%), functioning (73%), and social connection (71%).
- Respondents who gave narrative feedback expressed their gratitude for the services they received and the support provided by their Service Facilitator and CCS team.

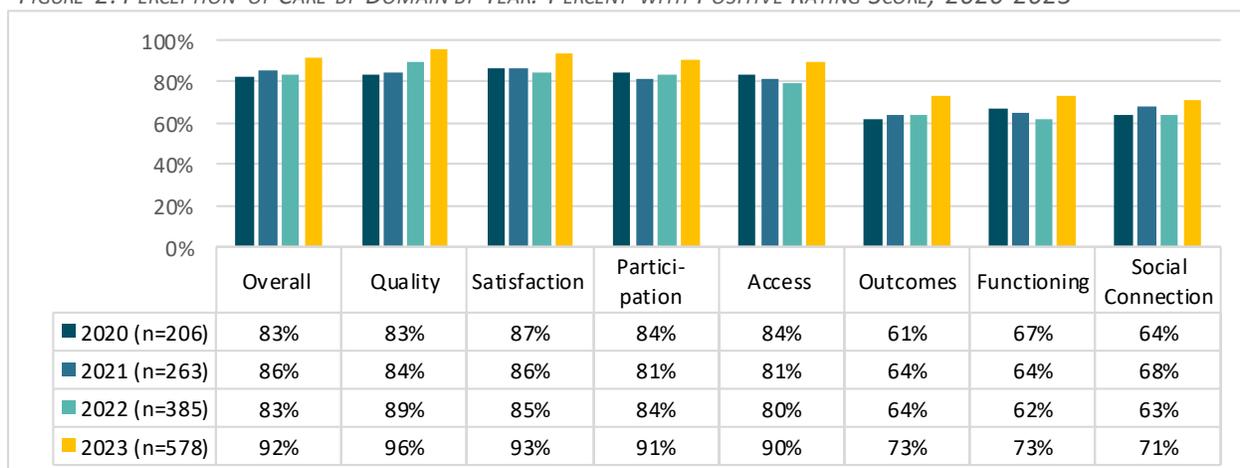
TABLE 1. MHSIP DOMAIN AND MEASURE DESCRIPTION

Domain	Measures
Quality	The relationships to and cultural sensitivity of providers
Satisfaction	Participants' level of satisfaction with their services
Participation	How well the individual was integrated into treatment planning
Access	The ease with which services were obtained
Outcomes	The treatment-related improvements in the participant's life
Functioning	The perceived impact of the participant's treatment on their daily life
Connectedness	The extent to which participants have "natural supports" in place – family, friends, acquaintances – to help bolster and sustain recovery

## Trends by Year

Experiences in 2023 were compared to recent years (Figure 2). Domain scores remained mostly consistent from 2020 to 2022, and then rose significantly in 2023 across all domains.<sup>4</sup> Additionally, CCS respondents reported significantly more positive scores on the Satisfaction, Access, Quality, and Participation domains compared to other non-CCS Dane County mental health program participants.<sup>5</sup>

FIGURE 2. PERCEPTION OF CARE BY DOMAIN BY YEAR: PERCENT WITH POSITIVE RATING SCORE, 2020-2023

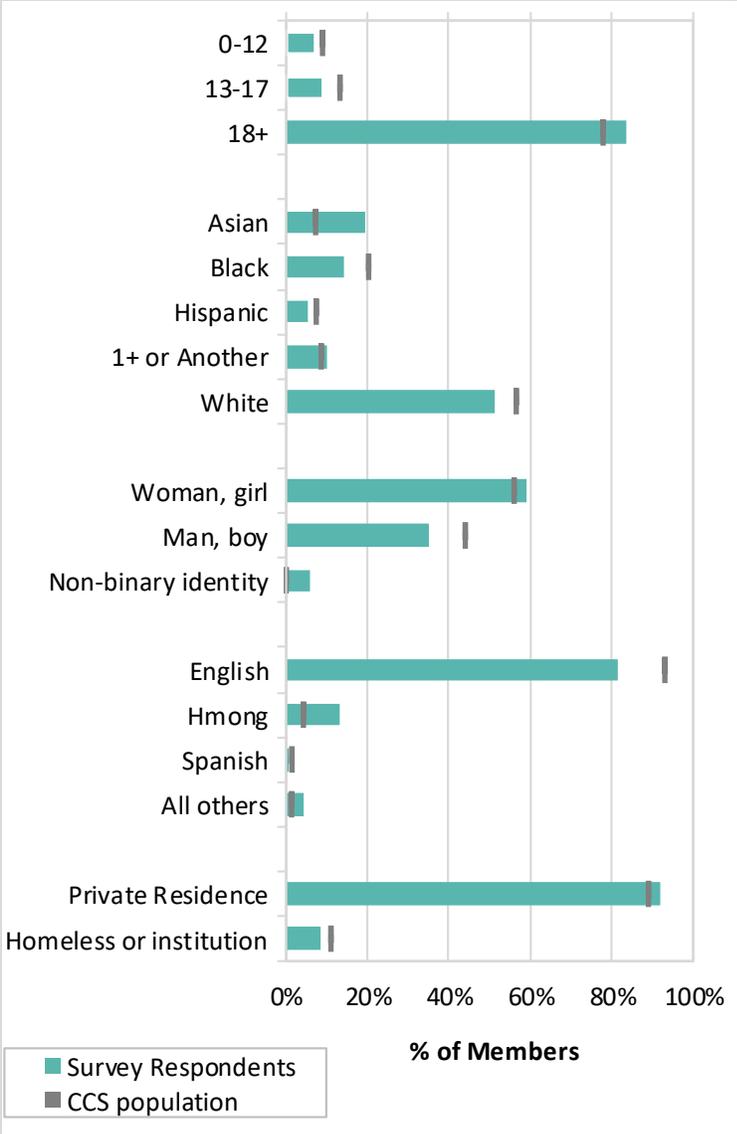


<sup>4</sup> Overall:  $\chi_1^2=16.14, p < .001$  Satisfaction:  $\chi_1^2=17.99, p < .001$  Participation;  $\chi_1^2=9.77, p = .002$  Access;  $\chi_1^2=18.86, p < .001$  Outcomes;  $\chi_1^2=7.74, p = .005$  Functioning;  $\chi_1^2=9.74, p = .002$  Connection;  $\chi_1^2=6.76, p = .010$  Quality;  $\chi_1^2=14.24, p < .001$

<sup>5</sup> Other Dane County Behavioral Health reports can be found [here](#) under "Dane County Mental Health System: Client Perception of Care."

# Representativeness of Survey Respondents

FIGURE 3. PROPORTION OF SURVEY RESPONDENTS IN EACH SOCIAL GROUP, COMPARED TO ELIGIBLE CCS POPULATION



## Respondent Sample

Dane County CCS served over 2,800 participants in 2023. To determine whether survey results could be extrapolated to the CCS program, characteristics of respondents were compared to the CCS participant population as a whole (Figure 3). Adults (age 18+) made up the majority of respondents (84%), as is expected given the proportion of the CCS population that is age 18+ (78%). Youth made up a smaller proportion of respondents than expected given the CCS population. Throughout the report, surveys from all three participant categories are combined, unless otherwise stated.

To determine whether survey respondents were representative of the CCS population, additional characteristics such as race/ethnicity, gender identity, preferred language, and housing status were also evaluated. While some groups comprised a lower proportion of the survey sample than the CCS population (White, English speakers), these identities are predominate in CCS and input from these groups was still sufficiently captured.

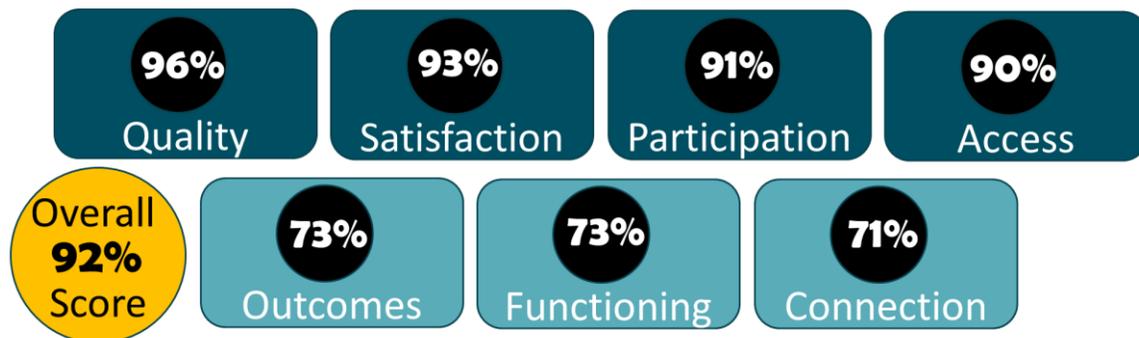
Likewise, for groups that make up a small proportion of CCS, but with whom the proportions in the survey sample exceed the proportions in CCS (Asian, Hmong), these identities are not prevalent enough to over-impact the results. However, those who identify as Black/African American were significantly under-represented, comprising 20% of the CCS population but only 14% of survey respondents. To ensure experiences of those with this identity were adequately represented, results were stratified by race. For all other characteristics, the survey respondents are sufficiently representative to extrapolate survey findings to the CCS program.

## Results

### Overall Perception of Care

The percentage of participants with a positive experience overall and within each domain provides information about perception of care in the CCS program (Figure 4). Overall, 92% of CCS participants had a positive experience in the program. Scores were highest in domains capturing the quality of relationships with providers (96%), satisfaction with the treatment services (93%), participation in one's own treatment planning (91%), and the accessibility of services (90%). Respondents reported a slightly less positive experiences on domains related to outcomes (73%), functioning (73%), and social connection (71%).

FIGURE 4 . PERCENTAGE OF CCS PARTICIPANTS WITH A POSITIVE EXPERIENCE, BY DOMAIN



In addition to assessing the aggregated experiences in CCS, scores were separated out by social group to determine whether disparities existed. This analysis revealed no differences in overall program experience by race, age, gender, housing status, length of service, housing status, nor preferred language. Current enrollees were also compared to those who already disenrolled, but too few disenrollees completed the survey to draw any conclusions.



**Your vision, your plan,  
your recovery!**

96% <b>Quality &amp; Cultural Appropriateness Domain</b>	
100%	Staff respected my family's religious or spiritual beliefs. [Y&F]
95%	Staff spoke with me in a way that I understood. [Y&F]
95%	Staff was sensitive to my cultural background. [Y&F]
95%	Staff respected my wishes/ treated me with respect.
94%	Staff believed that I could grow, change, and recover. [A]
94%	I was given information about my rights. [A]
93%	Staff helped me obtain the information I needed. [A]
93%	Staff encouraged me. [A]
89%	I felt free to complain. [A]
84%	I was encouraged to use consumer-run programs. [A]
83%	Staff told me what side effects to watch out for. [A]

- The CCS Way**
- **Participants choose their Service Facilitation agency**
  - **CCS providers support participants while respecting each individual's values, traditions, and beliefs.**
  - **Recovery is highly personal and occurs via many pathways**

Participants report that CCS staff treat them with respect and believe in them.

The Quality domain measures participants’ interactions with their Service Facilitator and provider(s). These items ask about the participant’s experience with staff respecting their autonomy and empowerment as an individual and how staff helped them through their treatment plan. This domain was the highest scored of all of the elements of care, with 96% of CCS participants reporting a positive experience. This domain was the highest scored domain in 2022 as well (89%).

Youth and families (denoted Y&F) were asked slightly different questions than adults (denoted A)<sup>6</sup>. Youth and families indicated that staff respected their religious or spiritual beliefs (100%), were sensitive to their cultural background (95%), and treated them with respect (95%). Adults expressed that staff believed in them (94%), encouraged them (93%) and gave them information about their rights (94%). These results suggest that participants feel well-supported, respected, and valued by staff, demonstrating that CCS providers are upholding the CCS philosophy of delivering participant-centered care.

“I’m very grateful for the CCS providers I work with. They provide necessary additional support for things regarding my overall wellbeing, especially mental health & accomplishing goals.”  
-CCS participant

<sup>6</sup> “Y&F” denotes survey statements specific to the Youth and Family version of the MHSIP survey; “A” denotes statements specific to the Adult version; statements without either indication were similar on both groups of surveys.

93% Satisfaction Domain	
95%	I am satisfied with the services I/my child received here.
93%	I would recommend this agency to a family member or friend. [A]
91%	If I had other choices, I would still get services from this agency. [A]
89%	I felt my child had someone to talk to when he/she was troubled. [Y&F]
89%	The services my child and/or family received were right for us. [Y&F]
88%	The people helping my child stuck with us no matter what. [Y&F]
86%	My family got the help we wanted for my child. [Y&F]
77%	My family got as much help as we needed for my child. [Y&F]

- The CCS Mission**
- **The Service Facilitator functions as a case manager, connecting the participant to services.**
  - **Together, the Service Facilitator and participant assemble a team of support people.**
  - **The team meets regularly to update the Recovery Plan, discuss progress, and adjust services**

Services were the right match for participants' needs.

The Satisfaction domain assesses aspects of services and care coordination, including whether the participant felt like the services were the right match for their needs and whether the Service Facilitation agency was supportive and helpful in connecting them to services. Overall, 93% of participants reported a positive experience with the services they received. Adults and youth were asked slightly different questions in this domain. Just about all adults said that they would choose their Service Facilitation agency again (91%) and recommend it to others (93%). Youth and families also said that the services were right for them (89%) and that they got as much help as they wanted (86%).

A key tenet of the CCS Program is that recovery is person-led, and as such, that the Recovery Plan should be a reflection of the goals that are important to each unique participant. High scores in the satisfaction domain indicate that Service Facilitators are effectively connecting participants to services that match their needs and goals. The high scores seen in this domain are consistent with prior years, in which 85-87% (2020-2022) of participants reported satisfaction with their Service Facilitation agency and the services received.

"I really am grateful to CCS for all the services they have provided the last couple of years. My "Team of providers" is very beneficial to me!!"

"I have an amazing team who is always encouraging me and supporting me to be my best. I am grateful for them. CCS services have shown me I have more options and control over my services. I give each of my providers 10 stars! They are incredible."

91%	<b>Participation Domain</b>
94%	I felt comfortable asking questions about my treatment and medication.
92%	I, not staff, decided my treatment goals.
96%	I helped to choose my/my child's services. [Y&F]

**Recovery is participant driven!**

- **Individuals define their own life goals and design their unique path toward these goals**
- **Participants are empowered to make informed decisions, build on their strengths, and gain or regain control over their lives**

The Participation domain measures how involved individuals feel in their own treatment planning. Because CCS is a voluntary program, it is especially important for participants to feel they are an active participant in the treatment and recovery plan and feel empowered to make decisions about their care in partnership with their team.

Overall, 91% of participants had a positive experience on this domain. The vast majority of participants agreed that they felt comfortable asking questions about their treatment and medication (94%) and they chose their treatment goals (92%). Youth and family participants reported being able to choose their own services (96%). These high scores indicate CCS participants feel well-supported and empowered in making decisions about their care and treatment plans. The high scores seen in this domain are consistent with prior years, in which 81-84% (2020-2022) of participants felt involved in their treatment planning.

**Participants feel in charge of their own recovery**

“Absolutely grateful and appreciative of these appointments and services.”

“I don't know how I would have made it without my team. The support has been life changing for me. Each person on my team has supported, encouraged, cared, and provided me with the tools to help me "find myself" during the darkest times in my life.”

90% <b>Access Domain</b>	
93%	Staff was willing to see me as often as I felt was necessary. [A]
92%	Staff returned my calls in 24 hours. [A]
90%	Services were available at times that were good for me.
89%	I was able to get all the services I thought I needed.[A]
88%	The location of services was convenient.
84%	I was able to see a psychiatrist when I wanted to. [A]

Timely, convenient, and accessible services are foundational to the effective delivery of treatment

The items in this domain evaluate logistical and operational components of service delivery across the CCS array. Overall, 90% of participants report satisfaction with access to services. The majority of participants indicated that the times (90%) and location (88%) of services were convenient to them. These results suggest that service facilitators are accommodating to participants’ scheduling needs and participants feel their service providers are accessible and available when they need them.

**Coordination Committee:**  
**A group of county staff, participants, providers, and community stakeholders who oversee and advise Dane County CCS.**

- at least 1/3 are people with lived experience
- makes recommendations for quality improvement
- developed an action plan to increase access to prescribers

### CCS Access to Prescribing Services

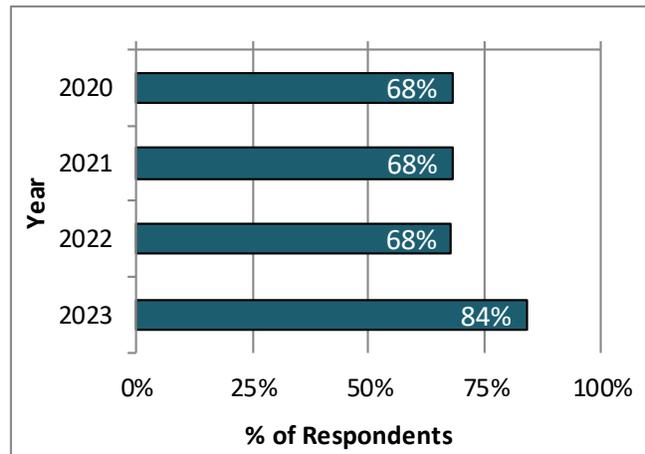
An important issue of access for those in a mental health program is the ability to be seen by a medical health professional who can diagnose and prescribe medication to treat behavioral health disorders. This issue of access has been negatively impacted by local, state, and national shortages of psychiatrists and other prescribers<sup>7</sup>. From 2020 to 2022, only 68% of CCS participants reported being able to see a psychiatrist when they wanted ([Figure 5](#)). In response to concerns that CCS participants were not able to adequately access psychiatry services, the CCS Coordination Committee identified access to prescribing services as an area for needed improvement. As part of 2022 and 2023 Quality Improvement plans, the committee recommended the following action steps for DCDHS staff:

- communicate with Service Facilitation agencies to identify barriers and monitor access to psychiatry services;
- inform Service Facilitation agencies of new behavioral health prescribers in Dane County as they become known;
- re-apply for a variance to allow more types of Advanced Practice Nurse Prescribers (APNP) in CCS to prescribe.

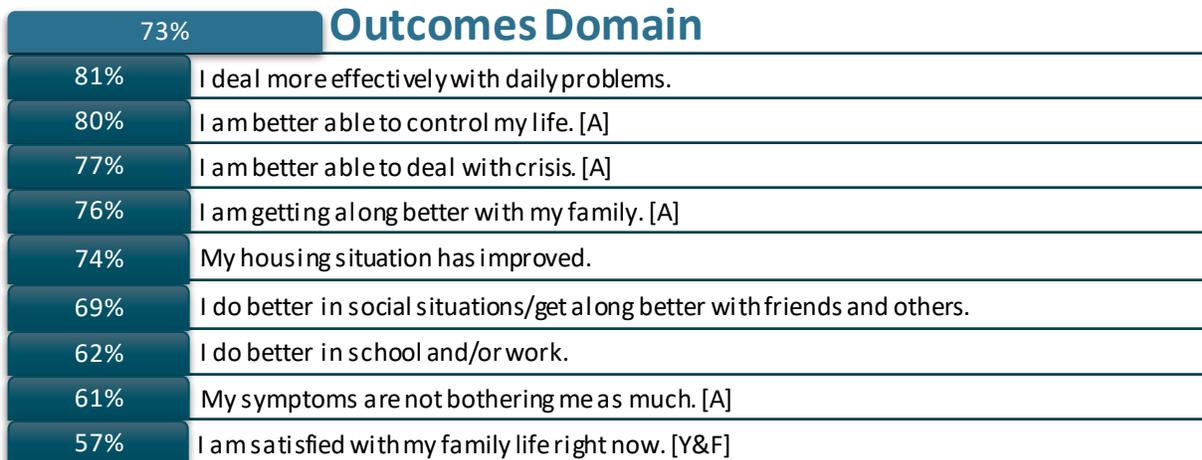
<sup>7</sup> Weiner, Stacy. “A Growing Psychiatrist Shortage and an Enormous Demand for Mental Health Services.” Association of American Medical Colleges, August 9, 2022. Retrieved January 3, 2023.

The results of the 2023 survey indicate that access to psychiatry services has improved; in 2023, 84% of participants reported being able to see a psychiatrist when they wanted, up from 68% in the years prior. The improvement aligns with indicators of increased capacity in the network. As of early 2024, Dane County CCS has 25 psychiatrists and other prescribers to serve its 2,300+ participants (a ratio of 1:94). At that time, seven agencies reported immediate openings for prescribing services. These indices of a robust provider network, combined with survey scores, suggest that the efforts in the Quality Improvement plan have been successful.

FIGURE 5 . PERCENTAGE OF PARTICIPANTS REPORTING HAVING ACCESS TO A PSYCHIATRIST WHEN THEY WANTED



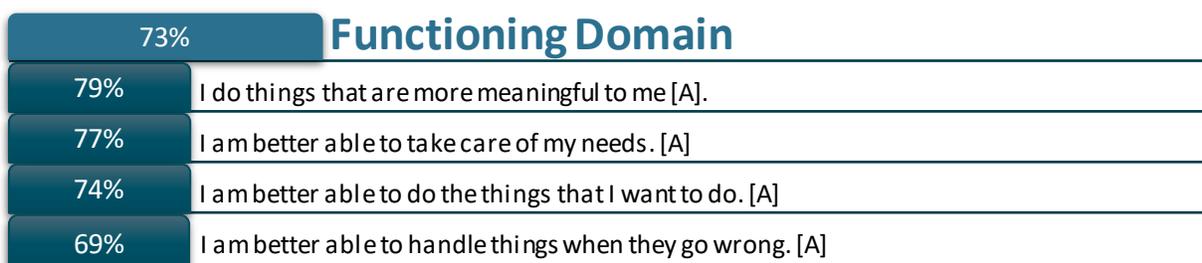
“I have no family here & live very quietly. Without my mental health team, I would still feel very alone and VERY scared. I would have less courage to face my problems & trauma head on.”



The Outcomes domain captures intrinsic feelings of improvement in emotional stability and well-being. This domain goes beyond “process” measures such as service accessibility and provider quality to assess whether a participant feels like their treatment plan is improving core components of wellness and recovery.

One of the most challenging aspects on this domain is symptom management (61% had a positive experience). Controlling and reducing symptoms is a critical outcome for participants working toward recovery and stabilization. Doing so can lead to marked improvement on other domains, especially Functioning, Quality of treatment, and Social Connectedness. Participants reported continuing to struggle with dynamics of family life (57%), school and/or work (62%), and with getting along with friends and others (69%).

The Functioning domain is closely related to the Outcomes domain and captures participants’ ability to cope with acute and ongoing challenges in their life as well as care for themselves and their needs independently. Overall, 73% of respondents reported positively in each of these domains. These scores are markedly less positive than other aspects of care that scored 90% and above in this survey ([Figure 2](#)).



Although participants are struggling with symptom management, there are indicators that they are building effective coping skills to navigate their recovery. As a direct result of the services received in the last 6 months, 81% of participants report being able to deal more effectively with daily problems, 80% report being better able to control life, and 79% that they are able to do things that are meaningful to them. One evidence-based practice used in CCS that can contribute to more positive outcomes is Motivational Interviewing. Motivational Interviewing is a collaborative, goal-oriented communication tool

designed to empower participants to make emotional and behavioral changes based on their individual capacity for change and their values and priorities for their life.<sup>8</sup> Four CCS agencies currently provide Motivational Interviewing to over 500 participants. Using Motivational Interviewing across the provider network has the potential to improve outcomes for CCS participants.

Despite the Outcomes and Functioning domains being a less positive area of recovery than other aspects of care, it is worth noting key successes; the majority of participants have improved outcomes and functioning over the past 6 months (73%). These positive strides are in line with other objective metrics of improvement collected on the Consumer Status Data Form.<sup>9</sup> Data collected from each participant at enrollment and at 6 month intervals reveal that CCS is associated with improvements in housing, employment, health conditions, participation in meaningful daily activities, and reduced suicide risk.<sup>10</sup> Therefore, although short-term improvements may be more difficult to demonstrate, outcomes do significantly improve with CCS participation.

Although the Outcomes and Functioning Scores were rated less positively than other domains for CCS participants, these scores are similar to other Dane County non-CCS mental health programs (70-72%)<sup>11</sup>. The 2023 score is also an improvement from 2022, when only 64% of participants had a positive experience on the Outcomes domain and 62% on the Functioning domain (Figure 2). The 7-9 percentage point increase in these domains is in alignment with the increase from 2022 to 2023 across other survey domains. Because other behavioral health programs experienced a similar increase in scores from 2022-2023<sup>11</sup>, it is possible that at least some of the improvement in CCS scores from 2022-2023 is due to external factors beyond CCS.

### Consumer Status Data

- **Data collected for each participant at enrollment and every 6 months**
- **Tracks status of outcomes such as:**
  - **living arrangement**
  - **employment status**
  - **health condition stability**
  - **suicide risk**
  - **criminal justice involvement**
- **Allows outcomes to be compared over time**

“I am so grateful for all my services and providers. I would not be where I am in my recovery or my life if it wasn't for CCS.”

“I believe that the options for Housing could have been more in resources to help the homeless get housing quicker and easier.”

<sup>8</sup> Rollnick, Stephen and William R. Miller. “Motivational Interviewing: helping people change” Guilford Press, 2013. In Motivational Interviewing Network of Trainers “Understanding Motivational Interviewing” n.d. Accessed April 16, 2024.

<sup>9</sup> Dane County Human Services Consumer Status Data Form: [https://providers.dcdhs.com/documents/pdf/Providers/Data Collection/dcdhs-data-collection-mental-health-supplement.pdf](https://providers.dcdhs.com/documents/pdf/Providers/Data%20Collection/dcdhs-data-collection-mental-health-supplement.pdf)

<sup>10</sup> 2023 CCS Outcomes data comparing status at intake vs 2023 status (if enrolled for at least 6 months): participating in meaningful daily activity 64% to 70%; housed in independent setting 82% to 89%, high suicide risk factors 7% to 4%; unemployed 31% to 18%, unstable health condition 25% to 21%.

<sup>11</sup> Other Dane County Behavioral Health reports can be found [here](#) under “Dane County Mental Health System: Client Perception of Care.”

71% <b>Social Connections Domain</b>	
88%	I know people who will listen and understand me. [Y&F]
85%	I have people that I am comfortable talking with. [Y&F]
78%	I have people with whom I can do enjoyable things.
75%	In a crisis, I would have the support I need from family or friends.
73%	I am happy with the freindships I have. [A]
64%	I feel I belong in my community. [A]

- CCS believes:**
- **strong social networks play a pivotal role in recovery**
  - **recovery is supported by friends, family, or community members who offer encouragement and assistance by being part of the participant's CCS team**
  - **The CCS team meets regularly to problem solve with the participant and track progress toward goals**

Strong social connections are linked to better physical health and emotional wellbeing. For someone on the path to recovery, a network of supportive people is vital for bringing about positive life changes. The social connections domain measures how connected and supported participants feel with the people in their lives, such as family members, peers, and other community members.

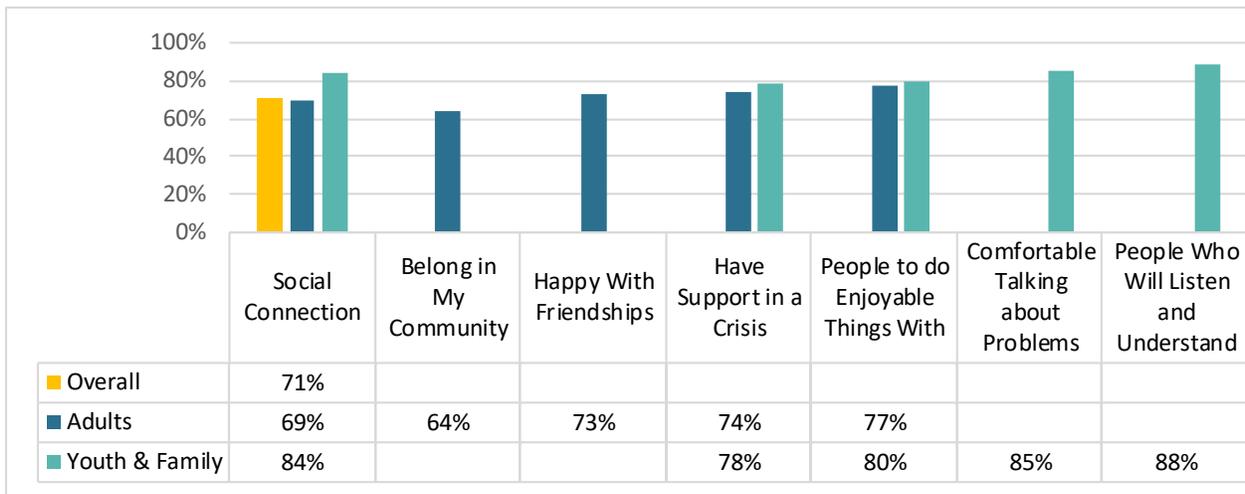
Compared to other aspects of treatment and recovery captured in the survey, the Social Connectedness domain was the lowest scoring (71%). Narratives from the comments section of the survey combined with survey scores suggest that even though many participants feel supported by their CCS team and Service Facilitators, some participants continue to struggle with feeling a sense of community and belonging amongst their peers.

Looking separately at scores by participant type reveal vastly lower scores for adults than for youth and family (Figure 6). However, that may be driven more by the questions asked than the experiences unique to age. For example, only 64% of adults report feeling like they belonging in their community, but this question wasn't asked on the Youth nor Family survey. Additionally, youth and families report knowing people who will listen and understand (88%) and having people that they are comfortable talking with (85%). However, it is unclear whether those people are CCS providers and Service Facilitators, or whether youth and families have other natural supports in place to help bolster and sustain recovery that adult participants do not. Expanding the Youth and Family survey to include questions from the Adult survey may help elucidate whether youth and family similarly struggle with aspects of belonging and community connection.

Social connectedness is higher amongst youth and families than adults

“Prior to working with this current agency, my therapy/counseling was very sporadic -- not consistent. I am very grateful to have the opportunity to have this new agency on board with my situation”

FIGURE 6. PERCENTAGE OF PARTICIPANTS WITH A POSITIVE EXPERIENCE ON SOCIAL CONNECTION ITEMS



Service Facilitation agencies can play a vital role in providing community activities that promote a sense of belonging, especially when done in a culturally-specific way.

When it comes to having natural supports in place, only 69% of CCS adults responded affirmatively. However, the struggles with social connection were not equal across groups. Notably, those who identify as Asian had significantly higher social connection scores (88%) compared to other racial groups, including those who identify as Black (69%), Hispanic (50%), or White (61%). The higher social connection score among those who identify as Asian may have been driven, at least in part, by cultural identity, as the majority of these respondents identified as Hmong and belonged to a Service Facilitation agency that specialized in culturally-specific services and offered supported day structure activities. This suggests that CCS participants could benefit greatly from structured and supported opportunities for social connection.

## Comparing CCS to other Behavioral Health Programs

The MHSIP is a validated tool used to assess satisfaction across many publicly-funded mental health programs statewide and nationally.<sup>12</sup> The survey results from CCS mirror the pattern of many of other behavioral health programs, with higher scores in the domains capturing Quality, Satisfaction, Access, and Quality and lower scores in the domains capturing Outcomes, Functioning, and Social Connection<sup>13</sup>. These trends suggest that while behavioral health programs play a pivotal role in providing accessible, high quality services with a supportive team of providers to support recovery, some elements of recovery may be more impacted by external factors. Despite these additional factors, the fact that subsets of CCS participants had much more positive experiences in these domains indicates that further exploration may be warranted to learn more about and apply these successes to the program as a whole.

Satisfaction with Dane County CCS mirrors state and national trends

“I was lost before CCS. Because of my team and their flexibility and care, I now feel more stable.”

“I never received help. All [my provider] did was have me fill out paperwork. [...] Most of the help I got was what I did on my own...”

<sup>12</sup> Wisconsin Mental Health National Outcome Measures (NOMs): SAMHSA Uniform Reporting System, 2022. Accessed April 3, 2024. <https://www.samhsa.gov/data/sites/default/files/reports/rpt42788/Wisconsin.pdf>

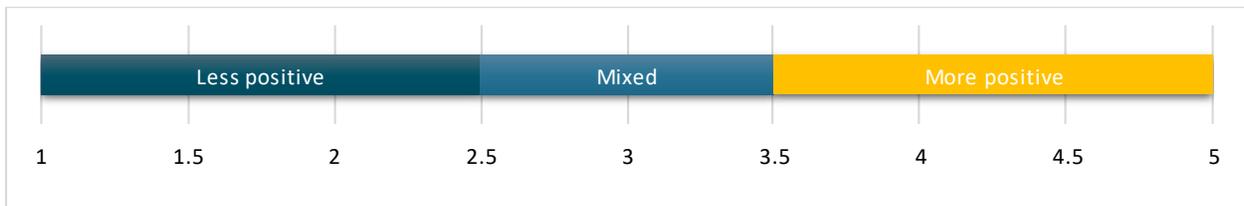
<sup>13</sup> Aggregated scores for WI publicly-funding behavioral health programs (2021 adult scores: the most recent year for which data are available)  
Overall: 91% positive; Quality: 89%; Satisfaction 91%; Access 91%; Participation: 93%; Outcomes 72%; Functioning: 74%; Connectedness: 73%

## Appendix A: Survey Administration and Instrument

The MHSIP survey asks respondents to rate 36 statements<sup>14</sup> as “strongly agree” (5), “agree” (4), “neutral” (3), “disagree” (2), and “strongly disagree” (1), or say if the statement is “not applicable” to them.<sup>15</sup> Each statement is directly related to one of the following domains: satisfaction, access, quality and appropriateness of providers, participation in treatment, outcomes, functioning, and social connectedness.<sup>16</sup> [Appendix C](#) includes each item’s positive (rating “strongly agree (5)” or “agree (4)”) percentage score. Additional questions were added to the survey about participants’ telehealth experiences. More information about the MHSIP instrument and survey administration is in the [Wisconsin Department of Health Services \(DHS\) User Guide for Participant Satisfaction Surveys](#).

Domain scores are calculated for each respondent. Respondents had to rate at least two-thirds of the statements in a domain for that score to be calculated. Participants were categorized on each domain as having a positive experience (average domain score above 3.50 out of 5), mixed experience (average domain score between 2.5 and 3.5), or negative experience (average domain score below 2.5 out of 5) (see [Figure 9](#)). This means that respondents can report a positive experience in one domain and a negative or mixed experience in another. In addition to scaled responses, respondents could provide narrative comments about their experience in the program.

FIGURE 9. CLASSIFICATION OF RESPONDENTS’ DOMAIN ITEM SCORES



<sup>14</sup> 26 items for Youth & Family

<sup>15</sup> Ratings of not applicable (0) are recoded as missing in analysis.

<sup>16</sup> Respondents must have answered two-thirds of the questions in each domain to be included in the average domain score. For example, a respondent must answer at least 4 of the 6 “Access” domain questions to be included in the Access domain score. Therefore, n sizes will vary across each item and domain, but generally range from 545-578 responses.

# Appendix B: Survey Instruments

## Adult MHSIP



We appreciate you filling out this **Adult Satisfaction Survey**.

We want to know what you think about the *mental health and/or substance use services* you received *in the last 6 months* so that we may provide the best possible services. Do not write your name on this survey. Your answers will be handled confidentially.

Section 1: Please indicate how much you agree or disagree with each of the following statements about the *mental health and/or substance use services* you received *in the last 6 months* by circling the number that best represents your opinion. If a statement is about something you have not experienced, answer "N/A" to indicate it is not applicable to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1 I like the services that I received.	1	2	3	4	5	N/A
2 If I had other choices, I would still get services from the same agency.	1	2	3	4	5	N/A
3 I would recommend the same agency to a friend or family member.	1	2	3	4	5	N/A
4 The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5 Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6 Staff returned my calls within 24 hours.	1	2	3	4	5	N/A
7 Services were available at times that were good for me.	1	2	3	4	5	N/A
8 I was able to get all the services I thought I needed.	1	2	3	4	5	N/A
9 I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10 Staff believed that I could grow, change, and recover.	1	2	3	4	5	N/A
11 I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	N/A
12 I felt free to complain.	1	2	3	4	5	N/A
13 I was given information about my rights.	1	2	3	4	5	N/A
14 Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	N/A
15 Staff told me what side effects to watch out for.	1	2	3	4	5	N/A
16 Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	N/A
17 I, not staff, decided my treatment goals.	1	2	3	4	5	N/A
18 Staff was sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	N/A
19 Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use condition.	1	2	3	4	5	N/A
20 I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).	1	2	3	4	5	N/A

Section 2: As a direct result of the mental health and/or substance use services I received in the last 6 months...

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
21	I deal more effectively with daily problems.	1	2	3	4	5	N/A
22	I am better able to control my life.	1	2	3	4	5	N/A
23	I am better able to deal with crisis.	1	2	3	4	5	N/A
24	I am getting along better with my family.	1	2	3	4	5	N/A
25	I do better in social situations.	1	2	3	4	5	N/A
26	I do better in school and/or work.	1	2	3	4	5	N/A
27	My housing situation has improved.	1	2	3	4	5	N/A
28	My symptoms are not bothering me as much.	1	2	3	4	5	N/A
29	I do things that are more meaningful to me.	1	2	3	4	5	N/A
30	I am better able to take care of my needs.	1	2	3	4	5	N/A
31	I am better able to handle things when they go wrong.	1	2	3	4	5	N/A
32	I am better able to do things that I want to do.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your mental health and/or substance use providers.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
33	I am happy with the friendships I have.	1	2	3	4	5	N/A
34	I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A
35	I feel I belong in my community.	1	2	3	4	5	N/A
36	In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A

Section 4: Please tell us about your experiences using telehealth (video or phone) services versus in-person.

Q37. In the past 12 months, which methods have you used to receive your mental health and/or substance use services.

- <sup>01</sup> ..... In-person only → **ANSWER Q38 AND THEN GO TO PAGE 4**
- <sup>02</sup> ..... Telehealth only (video or phone) → **SKIP TO Q39**
- <sup>03</sup> ..... Some of each → **SKIP TO Q39**

Q38. What were the reasons you have not had a telehealth session in the last 12 months?

**Please check all that apply.**

- <sup>01</sup> ..... I wasn't aware telehealth sessions were available
- <sup>02</sup> ..... I only wanted in-person services
- <sup>03</sup> ..... My provider did not offer telehealth sessions
- <sup>04</sup> ..... I didn't have technology to access telehealth sessions
- <sup>05</sup> ..... I had privacy concerns about using telehealth sessions
- <sup>06</sup> ..... Other reason (please describe:) \_\_\_\_\_  
\_\_\_\_\_

Q39. Were you able to see your service provider(s) in person when you preferred in person?

- <sup>01</sup> ..... Never
- <sup>02</sup> ..... Sometimes
- <sup>03</sup> ..... Usually
- <sup>04</sup> ..... Always
- <sup>05</sup> ..... It varied by provider or service type
- <sup>06</sup> ..... Not applicable

If not always, why? \_\_\_\_\_  
\_\_\_\_\_

Q40. How strongly do you agree or disagree with the following statements about your experiences during telehealth sessions?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
a I liked not traveling to appointments.	1	2	3	4	5	N/A
b I preferred seeing my provider in person.	1	2	3	4	5	N/A
c Arranging childcare was easier for telehealth sessions.	1	2	3	4	5	N/A
d I had lower anxiety around my telehealth sessions.	1	2	3	4	5	N/A
e It was easier for me to focus in the telehealth sessions.	1	2	3	4	5	N/A
f I was less comfortable talking to my provider by video or phone.	1	2	3	4	5	N/A
g Privacy in telehealth sessions was a concern for me.	1	2	3	4	5	N/A
h It was easier to schedule appointments for telehealth sessions.	1	2	3	4	5	N/A
i Other (please describe):						

**Section 5: Please answer the following questions to let us know a little about you.**

Q41. Are you currently receiving mental health and/or substance use services?

- <sup>01</sup> ..... Mental health only
- <sup>02</sup> ..... Substance use only
- <sup>03</sup> ..... Mental health and substance use
- <sup>04</sup> ..... Unknown

Q42. How long have you received these services?

- <sup>01</sup> ..... Less than 6 months
- <sup>02</sup> ..... 6 months to 1 year
- <sup>03</sup> ..... 1 year to 2 years
- <sup>04</sup> ..... More than 2 years
- <sup>05</sup> ..... Unknown

Q43. What is your gender?

- <sup>01</sup> ..... Female
- <sup>02</sup> ..... Male
- <sup>03</sup> ..... Non-binary / gender queer
- <sup>04</sup> ..... Prefer not to say
- <sup>05</sup> ..... Prefer to self-describe  
(please specify): \_\_\_\_\_

Q44. What is your age?

\_\_\_\_\_ years

Q45. What is your racial background?

**Please check all that apply.**

- <sup>01</sup> ..... American Indian/Alaska Native
- <sup>02</sup> ..... Asian
- <sup>03</sup> ..... Black/African American
- <sup>04</sup> ..... Middle Eastern or Northern African
- <sup>05</sup> ..... Native Hawaiian/Pacific Islander
- <sup>06</sup> ..... White/Caucasian
- <sup>07</sup> ..... Unknown
- <sup>08</sup> ..... Prefer to self-describe  
(please specify): \_\_\_\_\_

Q46. Are you of Mexican, Hispanic, or Latino origin?

- <sup>01</sup> ..... Yes
- <sup>02</sup> ..... No
- <sup>03</sup> ..... Unknown

Q47. Do you have any other comments about the services you received in the last 6 months?

**Thank you for your time and cooperation in completing this survey!**

## Youth MHSIP



We appreciate you filling out this **Youth Satisfaction Survey**.

We want to know what you think about the *mental health and/or substance use services* you received *in the last 6 months* so that we may provide the best possible services. Do not write your name on this survey. Your answers will be handled confidentially.

Section 1: Please indicate how much you agree or disagree with each of the following statements about the *mental health and/or substance use services* you received *in the last 6 months* by circling the number that best represents your opinion. If the statement is about something you have not experienced, answer "N/A" to indicate it is not applicable to you.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1	Overall, I am satisfied with the services I received.	1	2	3	4	5	N/A
2	I helped to choose my services.	1	2	3	4	5	N/A
3	I helped to choose my treatment goals.	1	2	3	4	5	N/A
4	The people helping me stuck with me no matter what.	1	2	3	4	5	N/A
5	I felt I had someone to talk to when I was troubled.	1	2	3	4	5	N/A
6	I participated in my own treatment.	1	2	3	4	5	N/A
7	The services I received were right for me.	1	2	3	4	5	N/A
8	The location of services was convenient for me.	1	2	3	4	5	N/A
9	Services were available at times that were convenient for me.	1	2	3	4	5	N/A
10	I got the help I wanted.	1	2	3	4	5	N/A
11	I got as much help as I needed.	1	2	3	4	5	N/A
12	Staff treated me with respect.	1	2	3	4	5	N/A
13	Staff respected my family's religious or spiritual beliefs.	1	2	3	4	5	N/A
14	Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
15	Staff were sensitive to my cultural or ethnic background.	1	2	3	4	5	N/A

Section 2: As a direct result of the mental health and/or substance use services I received in the last 6 months...

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16	I am better at handling daily life.	1	2	3	4	5	N/A
17	I get along better with family members.	1	2	3	4	5	N/A
18	I get along better with friends and other people.	1	2	3	4	5	N/A
19	I am doing better in school and/or work.	1	2	3	4	5	N/A
20	I am better able to cope when things go wrong.	1	2	3	4	5	N/A
21	I am satisfied with my family life right now.	1	2	3	4	5	N/A
22	I am better able to do things I want to do.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your mental health and/or substance use providers.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23	I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24	I have people that I am comfortable talking with about my problems.	1	2	3	4	5	N/A
25	In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26	I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

Section 4: Please tell us about your experiences using telehealth (video or phone) services versus in-person.

Q27. In the past 12 months, which methods have you used to receive your mental health and/or substance use services?

- <sup>01</sup> ..... In-person only → ANSWER Q28 AND THEN GO TO PAGE 4
- <sup>02</sup> ..... Telehealth only (video or phone) → SKIP TO Q29
- <sup>03</sup> ..... Some of each → SKIP TO Q29

Q28. What were the reasons you have not had a telehealth session in the last 12 months?

**Please check all that apply.**

- <sup>01</sup> ..... I wasn't aware telehealth sessions were available
- <sup>02</sup> ..... I only wanted in-person services
- <sup>03</sup> ..... My provider did not offer telehealth sessions
- <sup>04</sup> ..... I didn't have the technology to access telehealth sessions
- <sup>05</sup> ..... I had privacy concerns about using telehealth sessions
- <sup>06</sup> ..... My parent(s) had privacy concerns about telehealth sessions
- <sup>07</sup> ..... Other reason (please describe:)  
\_\_\_\_\_

Q29. Were you able to see your service provider(s) in person when you preferred in person?

- <sup>01</sup> ..... Never
- <sup>02</sup> ..... Sometimes
- <sup>03</sup> ..... Usually
- <sup>04</sup> ..... Always
- <sup>05</sup> ..... It varied by provider or service type
- <sup>06</sup> ..... Not applicable

If not always, why? \_\_\_\_\_  
\_\_\_\_\_

Q30. How strongly do you agree or disagree with the following statements about your experiences during telehealth sessions?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
a I liked not traveling to appointments.	1	2	3	4	5	N/A
b I preferred seeing my provider in person.	1	2	3	4	5	N/A
c I had lower anxiety around my telehealth sessions.	1	2	3	4	5	N/A
d It was easier for me to focus in the telehealth sessions.	1	2	3	4	5	N/A
e I was less comfortable talking to my provider by video or phone.	1	2	3	4	5	N/A
f Privacy in telehealth sessions was a concern for me.	1	2	3	4	5	N/A

g Other (please describe):

**Section 5: Please answer the following questions to let us know a little about you.**

Q31. Are you currently receiving mental health and/or substance use services?

- <sup>01</sup> ..... Mental health only
- <sup>02</sup> ..... Substance use only
- <sup>03</sup> ..... Mental health and substance use
- <sup>04</sup> ..... Unknown

Q32. How long have you received these services?

- <sup>01</sup> ..... Less than 6 months
- <sup>02</sup> ..... 6 months to 1 year
- <sup>03</sup> ..... 1 year to 2 years
- <sup>04</sup> ..... More than 2 years
- <sup>05</sup> ..... Unknown

Q33. What is your gender?

- <sup>01</sup> ..... Female
- <sup>02</sup> ..... Male
- <sup>03</sup> ..... Non-binary / gender queer
- <sup>04</sup> ..... Prefer not to say
- <sup>05</sup> ..... Prefer to self-describe  
(please specify): \_\_\_\_\_

Q34. What is your age?

\_\_\_\_\_ years

Q35. What is your racial background?  
**Please check all that apply.**

- <sup>01</sup> ..... American Indian/Alaska Native
- <sup>02</sup> ..... Asian
- <sup>03</sup> ..... Black/African American
- <sup>04</sup> ..... Middle Eastern or Northern African
- <sup>05</sup> ..... Native Hawaiian/Pacific Islander
- <sup>06</sup> ..... White/Caucasian
- <sup>07</sup> ..... Unknown
- <sup>08</sup> ..... Prefer to self-describe  
(please specify): \_\_\_\_\_

Q36. Are you of Mexican, Hispanic, or Latino origin?

- <sup>01</sup> ..... Yes
- <sup>02</sup> ..... No
- <sup>03</sup> ..... Unknown

Q37. Do you have any other comments about the services you received in the last 6 months?

**Thank you for your time and cooperation in completing this survey!**

## Family MHSIP



We appreciate you filling out this **Family Satisfaction Survey**.

We want to know what you think about the *mental health and/or substance use services* your child received *in the last 6 months* so that we may provide the best possible services. The parent or guardian who had the most contact with your child's service provider(s) should fill out this survey. Do not write your name on this survey. Your answers will be handled confidentially.

Section 1: Please indicate how much you agree or disagree with each of the following statements about the *mental health and/or substance use services* your child received *in the last 6 months* by circling the number that best represents your opinion. If the statement is about something you or your child have not experienced, answer "N/A" to indicate it is not applicable to you.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1 Overall, I am satisfied with the services my child received.	1	2	3	4	5	N/A
2 I helped to choose my child's services.	1	2	3	4	5	N/A
3 I helped to choose my child's treatment goals.	1	2	3	4	5	N/A
4 The people helping my child stuck with us no matter what.	1	2	3	4	5	N/A
5 I felt my child had someone to talk to when he or she was troubled.	1	2	3	4	5	N/A
6 I participated in my child's treatment.	1	2	3	4	5	N/A
7 The services my child and/or family received were right for us.	1	2	3	4	5	N/A
8 The location of services was convenient for us.	1	2	3	4	5	N/A
9 Services were available at times that were convenient for us.	1	2	3	4	5	N/A
10 My family got the help we wanted for my child.	1	2	3	4	5	N/A
11 My family got as much help as we needed for my child.	1	2	3	4	5	N/A
12 Staff treated me with respect.	1	2	3	4	5	N/A
13 Staff respected my family's religious or spiritual beliefs.	1	2	3	4	5	N/A
14 Staff spoke with me in a way that I understood.	1	2	3	4	5	N/A
15 Staff were sensitive to my cultural or ethnic background.	1	2	3	4	5	N/A

Section 2: As a result of the mental health and/or substance use services my child received in the last 6 months...

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
16	My child is better at handling daily life.	1	2	3	4	5	N/A
17	My child gets along better with family members.	1	2	3	4	5	N/A
18	My child gets along better with friends and other people.	1	2	3	4	5	N/A
19	My child is doing better in school and/or work.	1	2	3	4	5	N/A
20	My child is better able to cope when things go wrong.	1	2	3	4	5	N/A
21	I am satisfied with our family life right now.	1	2	3	4	5	N/A
22	My child is better able to do things he/she wants to do.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your child's mental health and/or substance use providers.

		Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23	I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24	I have people that I am comfortable talking with about my child's problems.	1	2	3	4	5	N/A
25	In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26	I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

Section 4: Please tell us about your experiences using telehealth (video or phone) services versus in-person.

Q27. In the past 12 months, which methods has your child used to receive their mental health and/or substance use services?

- <sup>01</sup> .....In-person only → ANSWER Q28 AND THEN GO TO PAGE 4
- <sup>02</sup> .....Telehealth only (video or phone) → SKIP TO Q29
- <sup>03</sup> .....Some of each → SKIP TO Q29

Q28. What were the reasons your child has not had a telehealth session in the last 12 months?

**Please check all that apply.**

- <sup>01</sup> .....I wasn't aware telehealth sessions were available
- <sup>02</sup> .....I or my child only wanted in-person services
- <sup>03</sup> .....My child's provider did not offer telehealth sessions
- <sup>04</sup> .....We didn't have technology to access telehealth sessions
- <sup>05</sup> .....I had privacy concerns about my child using telehealth sessions
- <sup>06</sup> .....Other reason (please describe:)  
\_\_\_\_\_

Q29. Were you and your child able to see your child's service provider(s) in person when you preferred in person?

- <sup>01</sup> .....Never
- <sup>02</sup> .....Sometimes
- <sup>03</sup> .....Usually
- <sup>04</sup> .....Always
- <sup>05</sup> .....It varied by provider or service type
- <sup>06</sup> .....Not applicable

If not always, why? \_\_\_\_\_

Q30. How strongly do you agree or disagree with the following statements about your experiences during telehealth sessions?

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
a I liked not traveling to their appointments.	1	2	3	4	5	N/A
b I preferred that my child see their provider in person.	1	2	3	4	5	N/A
c It was easier to schedule appointments for telehealth sessions.	1	2	3	4	5	N/A
d Arranging childcare was easier for telehealth sessions.	1	2	3	4	5	N/A
e My child was less comfortable talking to their provider by video or phone.	1	2	3	4	5	N/A
f My child's privacy in telehealth sessions was a concern for me.	1	2	3	4	5	N/A
g Other (please describe):						

**Section 5: Please answer the following questions to let us know a little about your child.**

Q31. Is your child currently receiving mental health and/or substance use services?

- <sup>01</sup> ..... Mental health only
- <sup>02</sup> ..... Substance use only
- <sup>03</sup> ..... Mental health and substance use
- <sup>04</sup> ..... Unknown

Q32. How long has your child received these services?

- <sup>01</sup> ..... Less than 6 months
- <sup>02</sup> ..... 6 months to 1 year
- <sup>03</sup> ..... 1 year to 2 years
- <sup>04</sup> ..... More than 2 years
- <sup>05</sup> ..... Unknown

Q33. What is your child's gender?

- <sup>01</sup> ..... Female
- <sup>02</sup> ..... Male
- <sup>03</sup> ..... Non-binary / gender queer
- <sup>04</sup> ..... Prefer not to say
- <sup>05</sup> ..... Prefer to self-describe  
(please specify): \_\_\_\_\_

Q34. What is your child's age?

\_\_\_\_\_ years

Q35. What is your child's racial background?  
**Please check all that apply.**

- <sup>01</sup> ..... American Indian/Alaska Native
- <sup>02</sup> ..... Asian
- <sup>03</sup> ..... Black/African American
- <sup>04</sup> ..... Middle Eastern or Northern African
- <sup>05</sup> ..... Native Hawaiian/Pacific Islander
- <sup>06</sup> ..... White/Caucasian
- <sup>07</sup> ..... Unknown
- <sup>08</sup> ..... Prefer to self-describe  
(please specify): \_\_\_\_\_

Q36. Is your child of Mexican, Hispanic, or Latino origin?

- <sup>01</sup> ..... Yes
- <sup>02</sup> ..... No
- <sup>03</sup> ..... Unknown

Q37. Do you have any other comments about the services your child received in the last 6 months?

**Thank you for your time and cooperation in completing this survey!**

# Appendix C: Survey Item Scores

## Percentage of Adults agreeing or strongly agreeing with each survey item

Satisfaction	I like the services that I received.	95%
	If I had other choices, I would still get services from the same agency.	91%
	I would recommend the same agency to a friend or family member.	93%
Participation	I felt comfortable asking questions about my treatment and medication.	94%
	I, not staff, decided my treatment goals.	91%
Outcomes	The location of services was convenient	89%
	Staff was willing to see me as often as I felt it was necessary.	93%
	Staff returned my calls in 24 hours.	92%
	Services were available at times that were good for me.	91%
	I was able to get all the services I thought I needed.	89%
	I was able to see a psychiatrist when I wanted to.	84%
	I deal more effectively with daily problems.	82%
Outcomes	I am better able to control my life.	80%
	I am better able to deal with crisis.	77%
	I am getting along better with my family.	77%
	I do better in social situations.	69%
	I do better in school and/or work.	61%
	My housing situation has improved.	74%
O & F	My symptoms are not bothering me as much.	61%
Functioning	I do things that are more meaningful to me.	79%
	I am better able to take care of my needs.	77%
	I am better able to handle things when they go wrong.	70%
	I am better able to do things that I want to do.	75%
Connectedness	I am happy with the friendships I have.	73%
	I have people with whom I can do enjoyable things.	77%
	I feel I belong in my community.	64%
	In a crisis, I would have the support I need from family or friends.	74%
Quality	Staff believed that I could grow, change, and recover.	94%
	I felt free to complain.	89%
	I was given information about my rights.	94%
	Staff encouraged me to take responsibility for how I lived my life.	93%
	Staff told me what side effects to watch out for.	83%
	Staff respected my wishes about who is and who is not to be given... <sup>17</sup>	94%
	Staff was sensitive to my cultural background... <sup>18</sup>	95%
	Staff helped me obtain the information I needed so that I could take... <sup>19</sup>	93%
I was encouraged to use consumer-run programs... <sup>20</sup>	84%	

<sup>17</sup> Full statement: "Staff respected my wishes about who is and who is not to be given information about my treatment."

<sup>18</sup> Full statement reads: "Staff was sensitive to my cultural back ground (race, religion, language, etc.)."

<sup>19</sup> Full statement reads: "Staff helped me obtain information I needed so that I could take charge of managing my mental health and/or substance use condition."

<sup>20</sup> Full statement reads: "I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.)."

## Percentage of youth and families agreeing or strongly agreeing with each survey item

