

2018 Survey of Member Satisfaction with Comprehensive Community Services (CCS)

Version 8.8.19

Study Overview

The purpose of the survey was to measure member satisfaction with the Comprehensive Community Services (CCS) program for persons with a mental illness and/or substance use disorder.

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Methods - Member Satisfaction survey for eligible CCS members

Measures

The Wisconsin Department of Health Services required the use of one of three instruments depending on the age of the CCS member at the time of the survey:

- 1) The Mental Health Statistical Improvement Project Family Satisfaction Survey (MHSIP-Family) was completed by parents or guardians of children age 12 and under.
- 2) The MHSIP Youth Satisfaction Survey (MHSIP-Youth) was completed by members ages 13-17.
- 3) The Recovery Oriented System Indicators (ROSI) survey was completed by adult members age 18 and older.

Survey Population

As required by the Wisconsin Department of Health Services, the survey population was all CCS members who had received CCS services for six months or longer and who were still active members or discharged from CCS in the previous three months, as of 10/15/18.

Survey Method

Surveys were mailed October 29, 2018. Surveys were sent out in #10 plain white envelopes with Dane County Department of Human Services (DCDHS) listed as the return address. A postage-paid addressed return envelope was included. Since surveys were returned anonymously, no method was used to re-prompt eligible members who did not return the survey. Surveys had a listed due date of November 29, 2018, but were accepted any time.

Translation

Surveys were distributed in English only. Dane County CCS now collects information about each member's primary and preferred language. However, this practice was not implemented until 5/16/18, and due to survey eligibility criteria, all survey participants all enrolled in CCS prior to this date. Therefore, although Spanish versions of the survey were available, they were not distributed.

Incentive

All surveys were mailed with a \$5 Walmart gift card, which is used because it has no expiration date. Although completing the survey was not necessary for receiving the gift card, a cover letter was included explaining the survey and encouraging recipients to participate.

Response Rate

Table 1. Response rate by survey type and incentive method

Survey Type	Total eligible	subtracted		denominator	numerator	response rate
		not mailed	undeliverable	total mailed	completed	
ROSI	559	3	24	532	136	26%
Youth	75	1	0	74	25	34%
Family	87		4	83	19	23%
overall	721	4	28	689	180	26%

- As shown in **Table 1**, the overall response rate for the 2018 satisfaction surveys was 26%; a response rate of 20% is considered acceptable for a one-time mail survey¹.
 - The response rate among adults was 26% (136/531). This is comparable to the 23% in 2017. (In 2017, the response rate was 30% among the randomly selected adults who received the gift card in the same mailing as the survey and 16% among those who were required to complete the survey to receive the gift card.)
 - The response rate was 34% among youth ages 13-17 (25/74). This is substantially higher than the 16% response rate among youth in 2017.
 - The response rate for families was 23% (19/83). While this rate was lower than that of other survey groups, it is much higher than the 10% response rate in 2017 (5/52).
- For surveys that were returned as undeliverable prior to the survey deadline date, subsequent attempts were made to contact the eligible participant, including re-mailing to permanent addresses or contacting the Service Facilitator for updated address information.
 - Only 2 of the 28 individuals who were unable to be reached had dis-enrolled before the survey was administered; for these individuals, forwarding information was not available.
 - Non-contacts were not calculated into the response rate.
- The 26% response rate for the 2018 satisfaction survey is similar to previous years. In 2016, 24 adult members returned the ROSI survey (22% response rate), compared to 87 in 2017 (22% response rate).

Report Overview

- All CCS programs are expected to assess member satisfaction and progress toward desired outcomes by administering the ROSI annually to adults. Dane County began providing CCS services in 2015 and administering the annual satisfaction survey in 2016. However, because only 24 adult surveys were returned in 2016, 2016 data are not used when comparing results across years. Rather, 2018 satisfaction survey results (136 completed surveys) are only compared to 2017 (87 completed surveys). For all statistical analysis, $\alpha=0.05$ was used. When comparing proportions, Chi Square test of Independence was used, unless expected values were less than five, in which case Fisher's exact test was employed.
- For the ROSI survey, overall summaries, detailed breakdowns by domains, as well as demographic information are provided. Due to the small number of returned MHSIP-Youth and –Family surveys (25 and 19, respectively), only the overall outcome and demographic summaries are reported.

¹ Visser P, Krosnick J, Marquette J, Curtin, M. Mail surveys for Election Forecasting? An Evaluation of the Columbus Dispatch Poll. *Public Opinion Quarterly*, Vol. 60, Issue 2 (Summer, 1996)

ROSI- Instrument Summary

Members were asked to assess their experiences during the previous six months and respond using a four point Likert scale where 1 = Strongly Disagree or Rarely/Never depending on the question to 4 = Strongly Agree or Almost Always/Always. Responses are summarized across the following six satisfaction domains.

Scale 1: Person-Centered contains nine (9) items and describes whether clinical staff have a person-centered focus and allow for person-centered decision-making. The Person-Centered scale is designed for participants who respond to at least six of the items in the scale. Scale items include:

- Staff see me as an equal partner in my treatment program.
- Mental health staff support my self-care or wellness.
- Staff give me complete information in words I understand before I consent to treatment or medication.
- Staff encourage me to do things that are meaningful to me.
- Staff stood up for me to get the services and resources I needed.
- Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc.)
- Staff listen carefully to what I say.
- Mental health staff help me build on my strengths.
- My right to refuse treatment is respected.

Scale 2: Barriers contains six (6) items and describes passive barriers to recovery that members may experience. The items in this scale are negatively phrased, so a low score means a more recovery-oriented experience because the member disagreed with the negative statements. The Barriers scale is designed for participants who respond to at least four of the items in the scale. Scale items include:

- I do not have the support I need to function in the roles I want in the community.
- I do not have enough good service options to choose from.
- Staff do not understand my experience as a person with mental health problems.
- The mental health staff ignore my physical health.
- I cannot get the service I need when I need them.
- I lack the information or resources I need to uphold my member rights and basic human rights.

Scale 3: Empower includes three items and describes the degree to which members feel empowered by staff and others. The Empower scale is designed for participants who respond to at least two of the items. Scale items include:

- There is at least one person who believes in me.
- I am encouraged to use member-run programs (support groups, drop-in centers, etc.).
- Staff respect me as a whole person.

Scale 4: Employ is a four item scale that describes the degree to which educational/employment opportunities are available to the individual member or members in general. The Employ scale is designed for participants who respond to at least three of the items. Scale items include:

- I have a chance to advance my education if I want to.
- Mental health services helped me get or keep employment.
- There was a member peer advocate to turn to when I needed one.
- There are members working as paid employees in the mental health agency where I receive services.

Scale 5: Staff Approach contains four items and describes the degree to which agency staff use a paternalistic and/or coercive approach when working with members. The items in this scale are negatively phrased, so a low score means a more recovery-oriented experience because the member disagreed with the negative statements. The staff approach scale is designed for participants who respond to at least three of the items. Scale items include:

- Staff use pressure, threats, or force in my treatment.
- Staff lack up-to-date knowledge on the most effective treatments.
- Mental health staff interfere with my personal relationships.
- I am treated as a psychiatric label rather than as a person.

Scale 6: *Basic Needs* is a two item scale that describes the member's current financial ability to meet his/her basic needs. The Basic Needs scale is designed for participants who respond to both items. Scale items include:

- I have enough income to live on.
- I have housing I can afford.

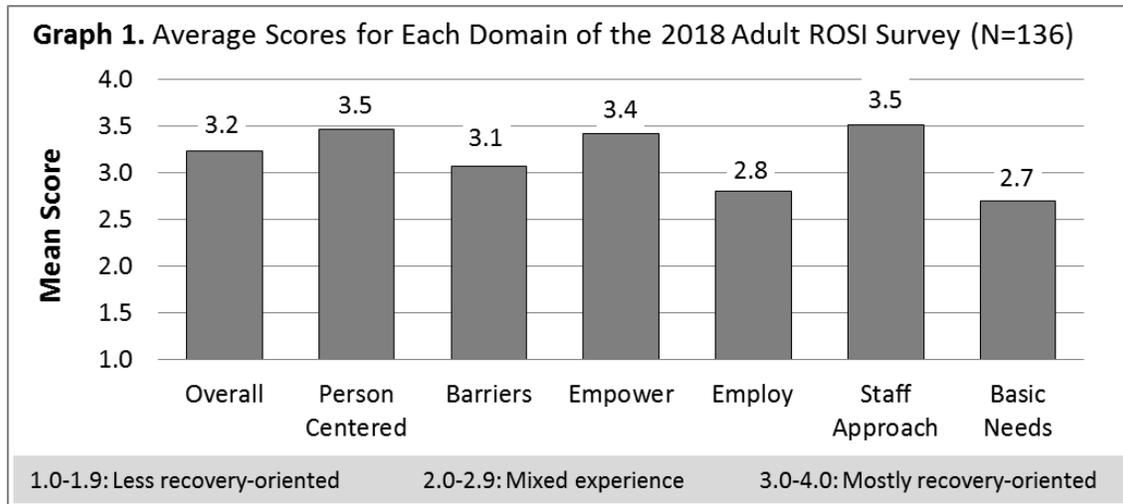
The 44-item ROSI includes an additional 16 items that are not included in the scales but are considered important recovery indicators on their own.

For each scale, the mean score was computed. To account for the negative wording on the scales for Barriers and Staff Approach, these scale scores were recoded. Therefore, for all scales, the higher the score (closer to 4.0), the more recovery-oriented the member experience. The State has further used these mean scores to categorize services as mostly recovery-oriented, mixed, and less recovery-oriented as follows:

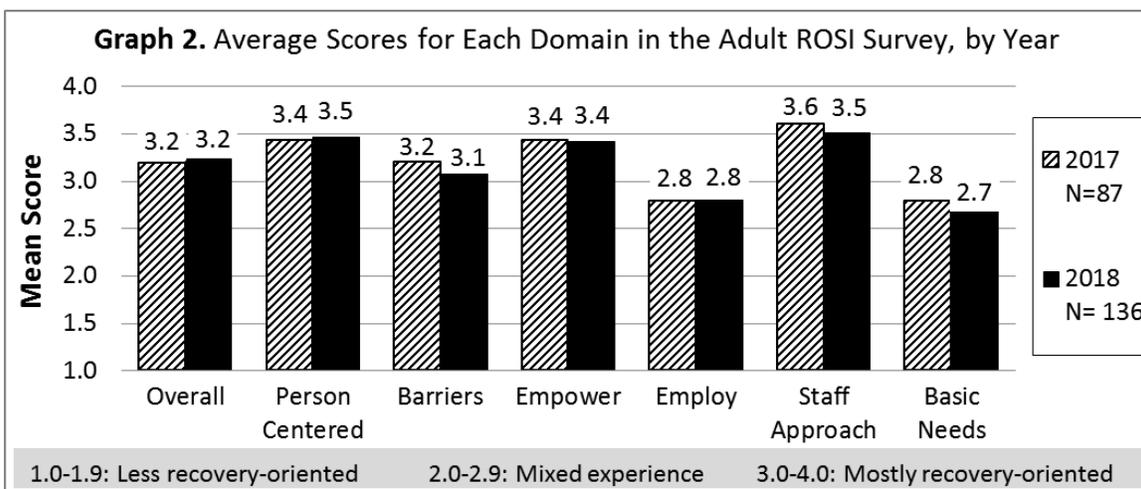
- *Mostly recovery-oriented experience* (mean score 3.0 – 4.0) – meaning that members were more satisfied with the CCS services they received.
- *Mixed experience* (mean score 2.0 – 2.9) – meaning that members were moderately satisfied.
- *Less recovery-oriented experience* (mean score 1.0 – 1.9) – meaning that members were less satisfied with their CCS services.

The percentage of participants mostly recovery oriented for each individual item is based on the number of participants that responded to that question, such that the numerator is the number of participants that reported a score of 3 or 4, and the denominator is the total number of individuals who responded to that individual statement.

Results of ROSI Survey



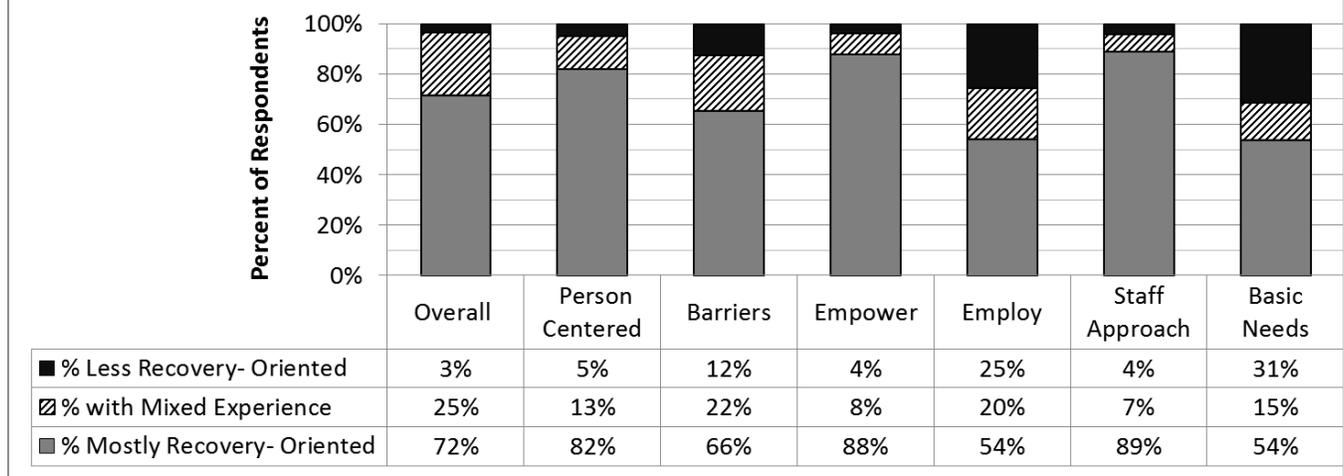
- Satisfaction scores can range from 1.0 to 4.0, with higher scores representing a more recovery-oriented experience with CCS services. For the purposes of this analysis, the Barriers and Staff Approach scales, which were negatively worded, were recoded so that higher scores also indicated more recovery-oriented experiences.
- On average, adult respondents ranked their satisfaction with CCS services over the past six months as 3.2 out of 4.0, indicating that they agreed/strongly agreed that the services they received were recovery-oriented (**Graph 1**).
- Overall, respondents reported a mostly recovery-oriented experience on the scales for Person-Centered, Barriers, Empower, and Staff Approach and a mixed experience on the scales for Basic Needs and Employ scales.



- Mean scores in 2018 were very similar to 2017; the overall mean score was 3.2 and survey respondents reported a mostly recovery-oriented experience on the scales for Person-Centered, Barriers, Empower, and Staff Approach, while a mixed experience was reported on the scales for Basic Needs and Employ (**Graph 2**).

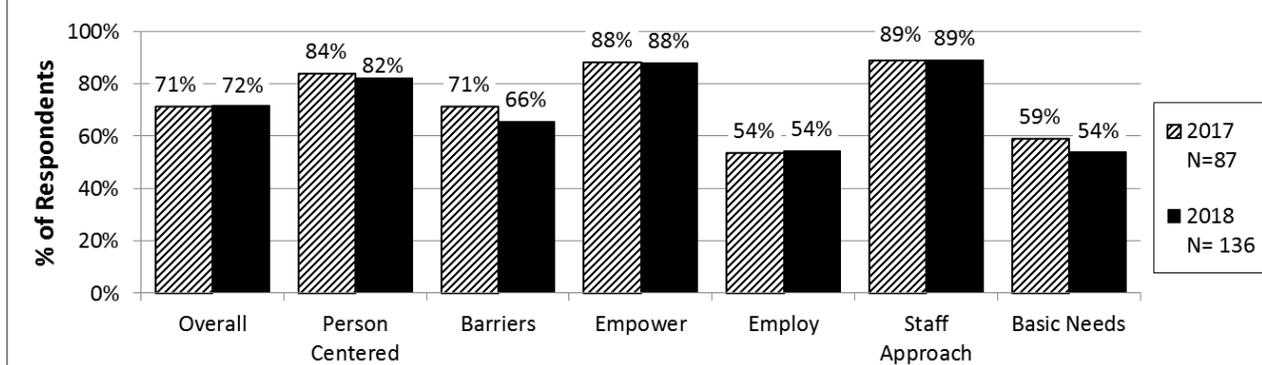
Results of ROSI Survey

Graph 3. Percent of Adult Respondents with Each Recovery-Oriented Experience, by Scale (N=136)



- Overall, 72% of adult respondents had a mostly recovery-oriented experience, 25% had a mixed experience, and 3% had a less recovery-oriented experience (**Graph 3**).
- Of the six scales in the ROSI, the Staff Approach scale had the highest percentage of individuals with a mostly recovery-oriented experience at 89%. Similarly, 88% of respondents felt empowered by staff and others and 82% felt that their experience in CCS allowed for person-centered decision-making.
- Overall, the proportion of respondents with a mostly recovery-oriented experience did not significantly differ by race¹, age², or gender³. Due to small sample sizes upon stratification, race was dichotomized into white versus non-white, gender into cis or trans female versus cis or trans male, and age into less than 40 years old versus 40 plus.
- As in 2017, the Basic Needs and Employ scales were the two domains with highest proportion of less recovery-oriented experiences.
 - In the Employ domain, 20% of survey respondents indicated they had a mixed experience and 25% had a less recovery-oriented experience.
 - Regarding their current ability to meet their basic needs, 15% of survey respondents indicated they had a mixed experience while 31% had a less recovery-oriented experience, making this the lowest rated area for adult respondents to the ROSI in 2018.

Graph 4. Percent of Adult Respondents Reporting a Mostly Recovery-Oriented Experience, by Year



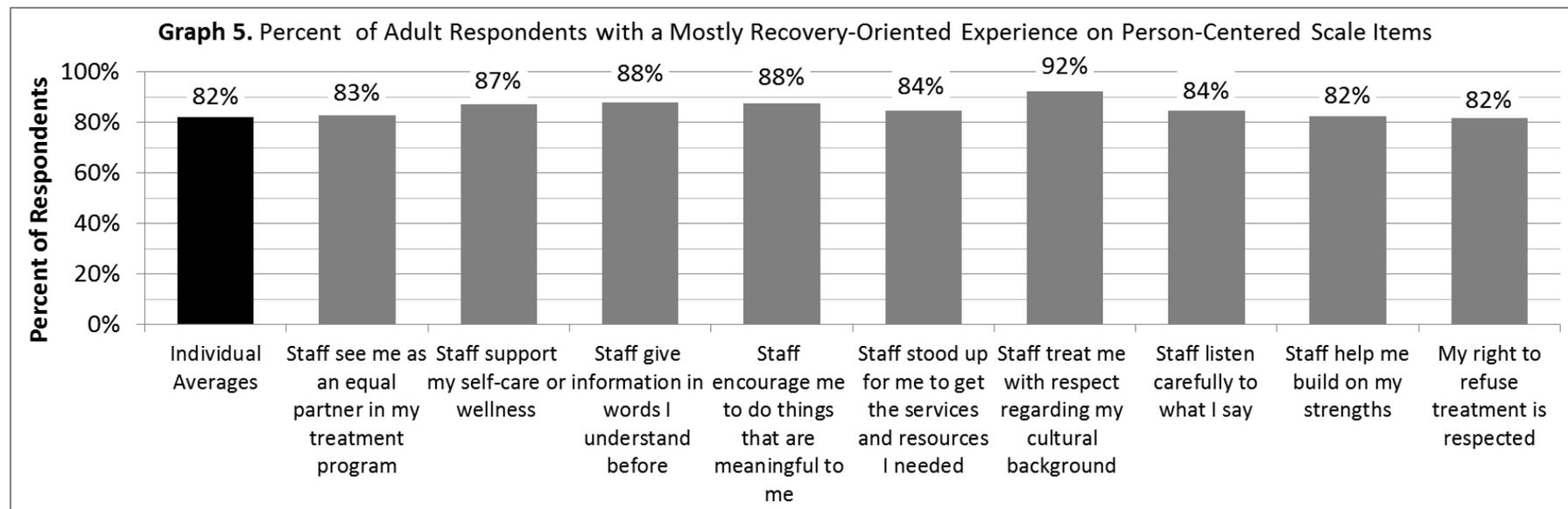
- Chi-Squared tests confirmed that the proportion CCS adults with a mostly recovery-oriented experience did not significantly differ between 2017 and 2018 within any of the domains (**Graph 4**).

1. $\chi^2 = 0.04$, $df=1$, $p\text{-value} = 0.83$

2. $\chi^2 = 0.50$, $df=1$, $p\text{-value} = 0.48$

3. $\chi^2 = 0.01$, $df=1$, $p\text{-value} = 0.91$

Results of ROSI Survey



Notes:

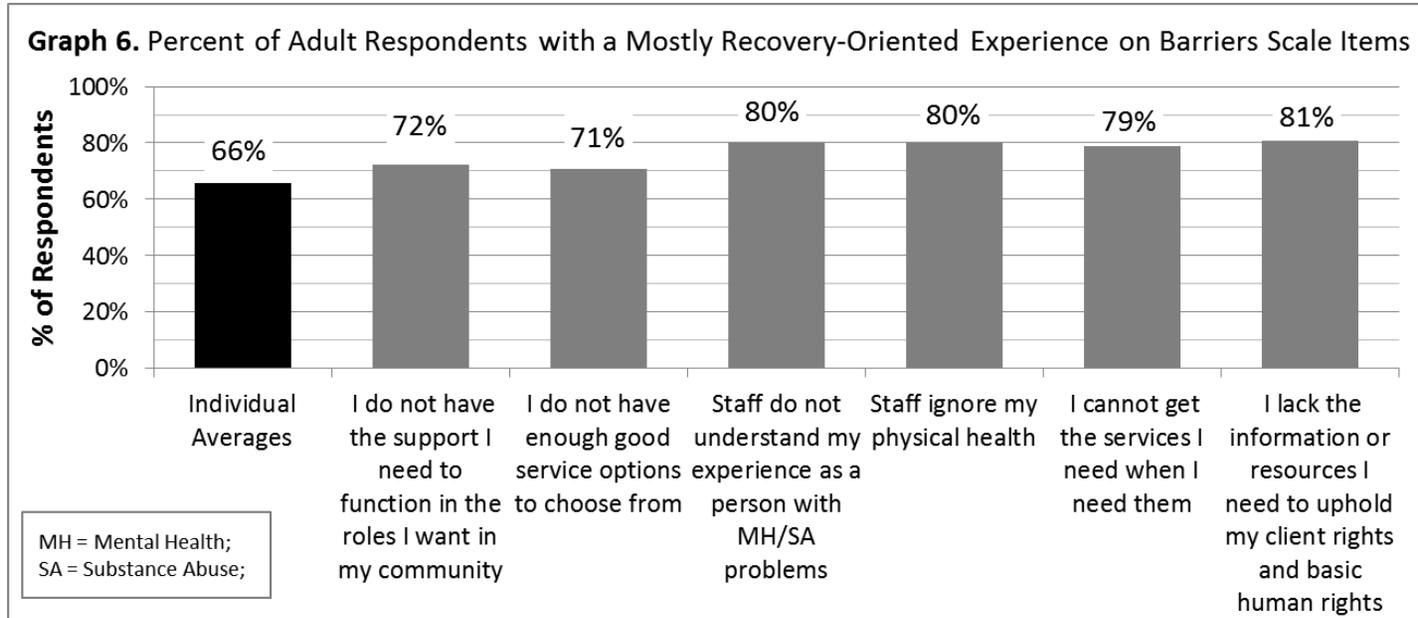
- The Person-Centered Scale uses nine items to assess whether clinical staff have a person-centered approach and allow for person-centered decision-making. Overall, 82% of respondents had a mostly recovery-oriented experience when all of their Person-Centered scale responses were averaged.
- On each individual scale item, over four fifths of respondents had a mostly recovery-oriented experience.
- High marks were given for respondents feeling that they were treated with respect regarding their cultural background (92%), that staff give information in words they can understand (88%), and that staff encourage them to do things that are meaningful to them (88%).
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Person-Centered scale by race¹, age², or gender³.

1. $\chi^2 = 0.14$, df=1, p-value = 0.71

2. $\chi^2 = 1.62$, df=1, p-value = 0.20

3. $\chi^2 = 0.21$, df=1, p-value = 0.65

Results of ROSI Survey



Notes:

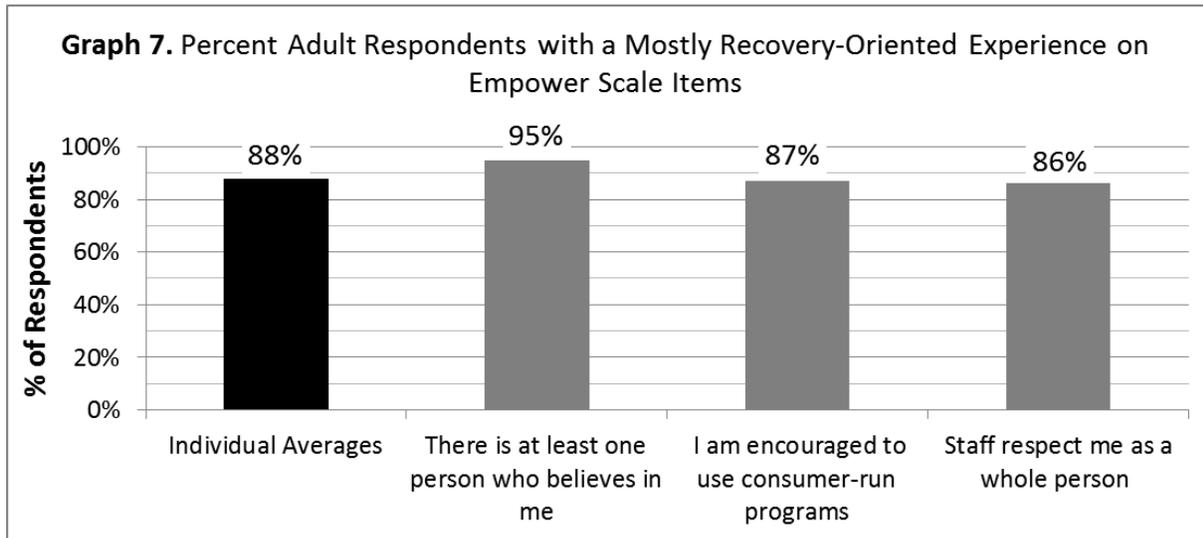
- The Barriers scale describes passive barriers to recovery. All statements are negatively worded, such that disagreeing with the statements corresponds to a more recovery-oriented experience.
- After averaging individual responses for all six items on the Barriers scale, 66% of respondents had a mostly recovery-oriented experience on this scale.
- For each individual item on the barrier scale, roughly 3 out of 4 respondents indicated a mostly recovery-oriented experience.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Barrier scale by race¹, age², or gender³.

1. $\chi^2 = 0.30$, $df=1$, $p\text{-value} = 0.58$

2. $\chi^2 = 0.00$, $df=1$, $p\text{-value} = 0.97$

3. $\chi^2 = 0.160$, $df=1$, $p\text{-value} = 0.69$

Results of ROSI Survey



Notes:

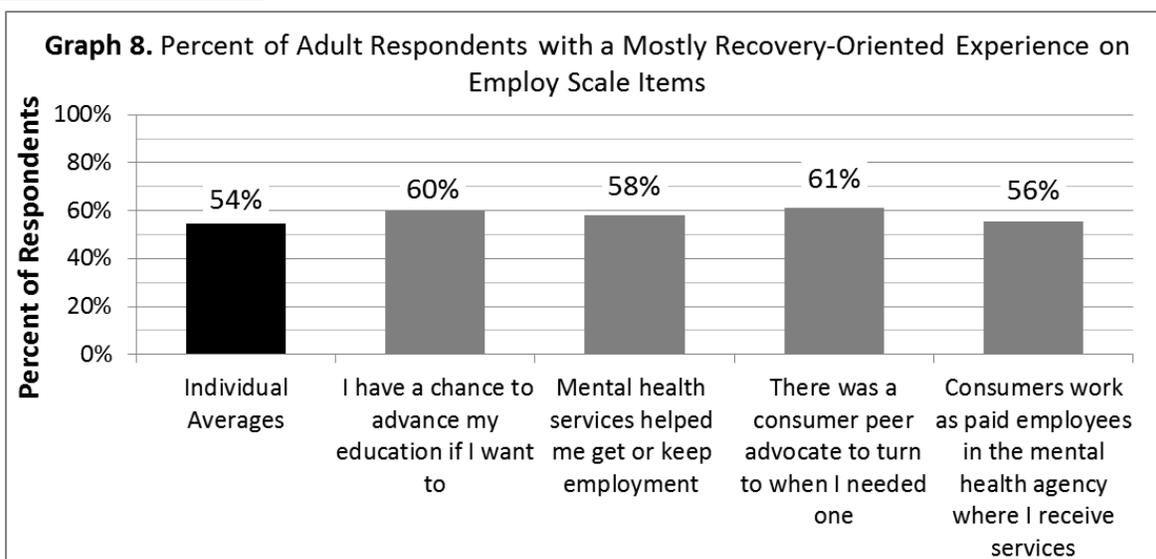
- The Empower scale, comprised of three items, looks at the degree to which members feel empowered by staff and others. Overall, 88% of respondents had a mostly recovery-oriented experience when all of their Empower scale responses were averaged.
- This mostly positive experience is further supported by the 95% of survey respondents who agreed/strongly agreed with the statement, “There is at least one person who believes in me.”
- Slightly more than four out of every five respondents (87%) indicated that staff encouraged them to use consumer-run programs and 86% indicated that staff respected them as a whole person.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Empower scale by race¹, age², or gender³.

1. $\chi^2 = 0.60$, $df=1$, $p\text{-value} = 0.44$

2. $p\text{-value} = 1.00$, Fisher’s Exact Test

3. $\chi^2 = 0.00$, $df=1$, $p\text{-value} = 0.07$

Results of ROSI Survey



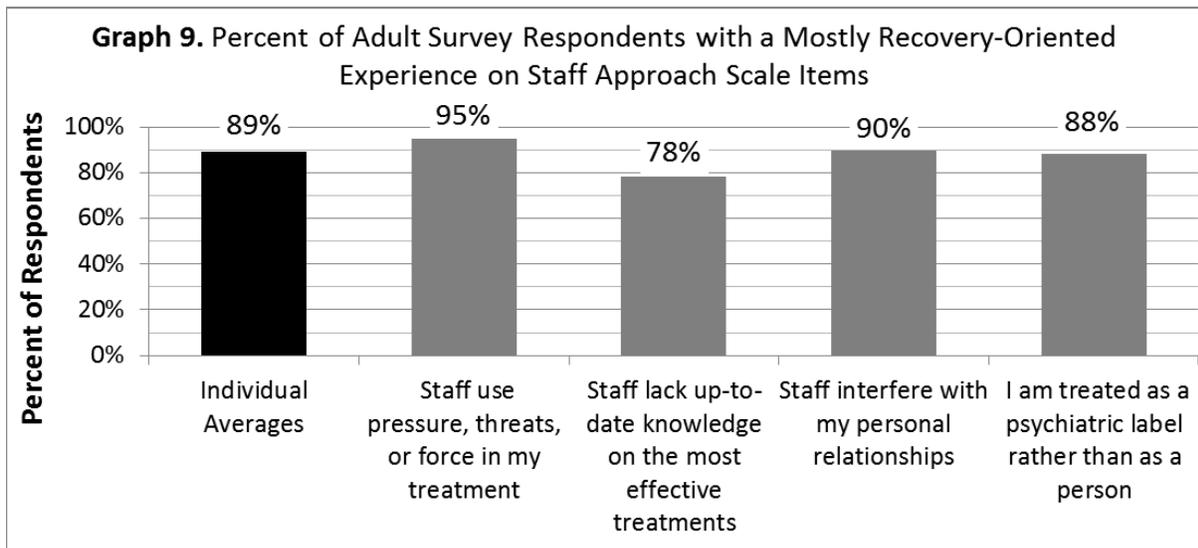
- The Employ scale is used to describe the degree to which educational/employment opportunities are available to the individual member or members in general. After averaging individual responses for all four items on the Barriers scale, 54% of respondents had a mostly recovery-oriented experience on this scale.
- Just 60% of survey respondents indicated they “Often” or “Almost Always/Always” have a chance to advance their education if they want to and only 58% indicated that mental health services helped them get or keep employment.
- Only 61% of participants responded affirmatively that there was a member peer advocate to turn to when they needed and only 56% reported that there were members working as paid employees in the mental health agency where they receive services.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Empower scale by race¹, age², or gender³.
- It is worth noting that only 53% of participants (72/136) responded to at least three statements within this domain, a criteria for being included in the overall domain score.
 - Within the individual domain statements, the percentage of total survey participants responding to each statement was 76%, 55%, 78%, and 53%, respectively.
 - A 2017-2018 analysis of employment status among CCS members in Dane County revealed that only 1/3 of adult members were in the labor force. These findings are consistent with the large proportion of survey participants who marked “N/A” for the statement “Mental Health services helped me get or keep employment.”
 - Many members may not know the answer to the statement “Members work as paid employees in the mental health agency where I receive services.” Marking N/A to this statement greatly increases the likelihood that the participant did not meet the 3 statement minimum to be included in the overall domain score. Therefore, results from this section must be interpreted with caution.

1. $\chi^2 = 0.99$, $df=1$, $p\text{-value} = 0.32$

2. $\chi^2 = 0.15$, $df=1$, $p\text{-value} = 0.70$

3. $\chi^2 = 1.34$, $df=1$, $p\text{-value} = 0.25$

Results of ROSI Survey



Notes:

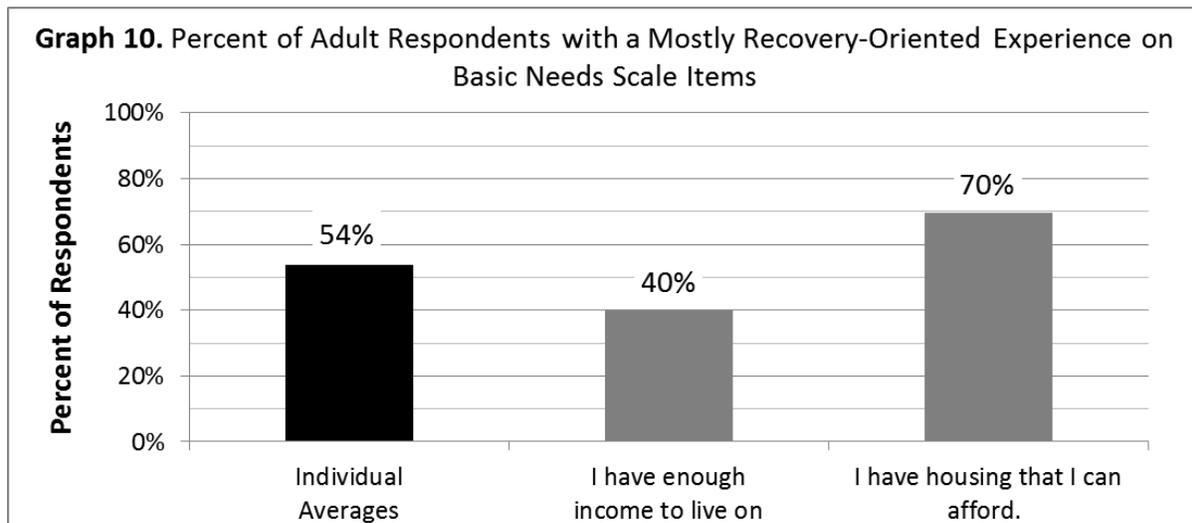
- The Staff Approach scale, comprised of four items all negatively worded, describes the degree to which agency staff use a paternalistic and/or coercive approach to working with members. Overall, 89% of respondents had a mostly recovery-oriented experience when all of their Staff Approach scale responses were averaged.
- This mostly positive experience is further supported by the 95% of survey respondents who indicated that staff never/rarely used pressure, threat, or force in their treatment and 90% of respondents who reported that staff never/rarely interfere with their personal relationships.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Staff Approach scale by race¹, age², or gender³.

1. p-value = 0.34, Fisher's Exact Test

2. p-value = 0.73, Fisher's Exact Test

3. p-value = 0.18, Fisher's Exact Test

Results of ROSI Survey



Notes:

- There were two items on the Basic Needs scale. One examined having affordable housing and the other having enough income to live on. After averaging individual responses for both items on the Basic Needs scale, 54% of respondents had a mostly recovery-oriented experience on this scale.
- Only 40% of Dane County survey respondents indicated they “Agree” or “Strongly Agree” with the statement, “I have enough income to live on.”
- Just 70% survey respondents indicated that they “Often” or “Almost Always/Always” have housing they can afford.
- While not on the Basic Needs scale, 66% indicated that they have reliable transportation to get where they need to go. Additionally, 75% of survey respondents indicated that mental health and/or substance abuse services helped them get housing in a place they feel safe. However, only 56% of survey participants responded to this latter statement.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Basic Needs scale by race¹, age², or gender³.

1. $\chi^2 = 0.92$, $df=1$, $p\text{-value} = 0.34$

2. $\chi^2 = 2.11$, $df=1$, $p\text{-value} = 0.15$

3. $\chi^2 = 0.12$, $df=1$, $p\text{-value} = 0.73$

Summary of Comments from ROSI

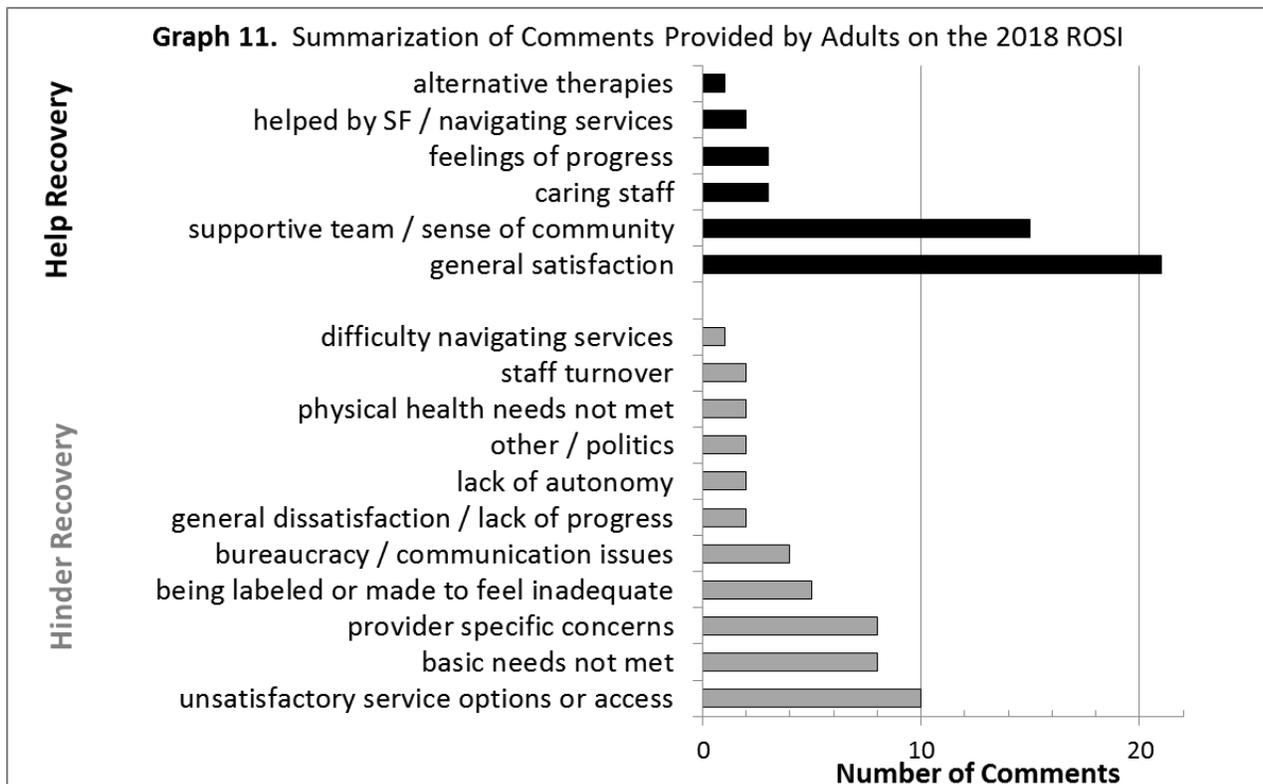
Adults were provided opportunities to leave comments in response to the questions: “Are there other issues related to how services help or hinder your recovery?” and “Do you have any other comments about the services you received in the last 6 months?” of which 76 adults provided comments. These comments have been summarized based on their role in hindering or helping recovery and are summarized in **Graph 11**.

Experiences that help recovery:

- The most frequent positive comment about CCS was a general satisfaction with services and an overall good experience.
- Another commonly reported positive experience was feeling that CCS offers a sense of community and that the CCS team works well together to empower the participant and facilitate recovery.
- Members also commonly reported the impact of caring staff, feeling a sense of progress in recovery, and help in navigating services, both within and outside of CCS.

Experiences that hinder recovery:

- The most commonly cited experience hindering recovery was unsatisfactory service options or access. This included lack of availability of particular service providers or locations, as well as difficulty with transportation to appointments.
- Another commonly reported experience that hindered recovery for adults in CCS pertained to barriers in attaining basic needs, adequate housing, or reliable transportation to meet basic needs. This concern was prevalent on the 2017 survey as well.
- Numerous survey participants also reported feeling that their recovery was hindered because of personal issues or dissatisfaction with the services of specific agencies or personnel.



Demographics of ROSI participants

Of the 136 survey respondents for the ROSI, 131-133 answered each of the demographic questions. The results are shown below and are shown side by side with characteristics for all eligible adults, using CCS records. Although individual demographic categories can be thought of as unique entities describing a member, the composite requires more complex stratification; therefore statistical analysis was not performed on demographic characteristics.

Table 2. Gender	Survey Respondents		all eligible adults
	Count	Percentage	
Female	81	62%	58%
Trans Female	2	2%	unknown
Male	48	37%	42%
Trans Male	0	0%	unknown
Total	131	100%	100%

- About three fifths of survey respondents identified as female, compared to two fifths as male. This proportion was similar to the population of CCS adults eligible for the survey. Information about transgender individuals is not known in the general CCS population.

Table 3. Age at survey	Survey Respondents		all eligible adults
	Count	Percentage	
18-19	2	2%	3%
20-29	9	7%	13%
30-39	23	18%	19%
40-49	30	23%	21%
50-59	38	29%	28%
60-69	27	21%	15%
≥70	2	2%	1%
Total	131	100%	100%

- Respondents mirrored the eligible population; 49% of adult respondents and 56% of eligible adults were under age 40.

Table 4. Race	Survey Respondents		all eligible adults #
	Count	Percentage	
American Indian/Alaska Native	1	1%	1%
Asian	2	2%	1%
Black/African American	25	19%	21%
Pacific Islander/Native Hawaiian	1	1%	
White/Caucasian	92	69%	69%
Mixed Race	6	5%	8%
Other	6	5%	
Total	133	100%	100%

Racial categories differed slightly within CCS records and were recoded to match survey categories.

- White/Caucasians comprised 69% of survey respondents, Black/African Americans 19%, and 12% were either American Indian/Alaska Native (AI/AN), Asian, mixed race, or other. This is similar to the eligible population, comprised of 69%, 21%, and 10%, respectively.

Table 5. Ethnicity	Survey Respondents		all eligible adults
	Count	Percentage	
Hispanic	8	6%	4%
Non-Hispanic	123	94%	96%
Total	131	100%	100%

- Approximately 6% of respondents were Hispanic, which is similar to 4% of eligible adults.

The following demographics are shown for survey participants only, since they are not known among the general or eligible CCS population.

Table 6. Education	Count	Percentage
< High School	7	5%
High School/ GED	45	34%
College/ Technical Training	53	40%
Graduate School	12	9%
Other	15	11%
Total Responses	132	100%

- Among survey participants, most (61%) have finished college or graduate school. About one third (34%) have a high school diploma and 5% did not finished high school.

Table 7. Type of Service	Count	Percentage
Mental Health only	101	78%
Substance Abuse services only	2	2%
Mental Health and Substance Abuse services	27	21%
Total Responses	130	100%

- Approximately four fifths of survey participants were receiving only mental health services through CCS, and about one fifth receiving Substance Abuse services as well. Only 2% were receiving substance abuse services only.

Table 8. Length of Services	Count	Percentage
Less than 1 year	5	4%
1 to 2 years	18	14%
3 to 5 years	23	17%
More than 5 years	86	65%
Total Responses	132	100%

- In order to be eligible for this survey, CCS members had to have been receiving CCS services for at least six months and not dis-enrolled for more than three months. Although at the time of the survey, the CCS program in Dane County had only been in operation for about 3 years, many members had been receiving mental health or substance abuse services prior to enrollment in CCS.

Table 9. Program	Count	Percentage
Comprehensive Community Services (CCS)	121	94%
Community Support Program & CCS *	8	6%
Total Responses	129	100%

* Recoded for eight participants that reported involvement in CSP but not CCS, despite CCS membership being a requirement for receiving the survey.

- Among respondents, 6% reported using Community Support Program in the previous six months. Although CCS members are not eligible for CSP while they are enrolled in CCS, they may have been enrolled immediately before CCS enrollment or after disenrollment.

Table 10. Living Arrangement	Count	Percentage
My own home or apartment	84	65%
Supervised/supported apartment	16	12%
Residential facility	4	3%
Boarding House	3	2%
Homeless or homeless shelter	2	2%
Other	20	16%
Total Responses	129	100%

- Majority of survey respondents (65%) lived in their own home or apartment. Other living arrangements included: 12% in a supervised/supported apartment, 3% in a residential facility, 2% in a boarding house, 2% reported being homeless, and 16% had other living arrangements.

MHSIP Family and Youth Surveys: Instrument Summary

The MHSIP-Family survey was distributed to parents/guardians of members ages 12 and under and the MHSIP-Youth survey was distributed to CCS members ages 13-17. The MHSIP-Youth and -Family surveys were identical, with the exception of the pronouns; youth surveys assess the participant's own experiences, whereas the MHSIP-Family survey prompts the parent/caregiver to assess the child's experiences in some statements and their own experience in others.

The MHSIP utilizes 26 statements across six domains: satisfaction, participation, access, culture, outcomes, and connectedness. Participants respond with 1 (strongly agree), 2 (agree), 3 (undecided), 4 (disagree), or 5 (strongly disagree), and are asked to assess their experiences over the past 6 months.

Scale 1: Satisfaction contains six (6) items that describe a youth/caregiver's overall satisfaction with their own/ their child's services. This scale was designed for individuals who responded to at least four items:

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

Scale 2: Participation contains three (3) items that describe how well the youth or family were integrated into treatment planning. This scale was designed for individuals who responded to at least two items:

- I helped choose my/my child's services.
- I helped choose my/my child's treatment goals.
- I participated in my own/my child's treatment.

Scale 3: Access contains two (2) items that describe the perceived ease with which mental health and/or substance abuse services were obtained. The scale was designed for persons who responded to both items:

- The location of services was convenient for me/us.
- Services were available at times that were convenient for me/us.

Scale 4: Culture contains four (4) items that describe the cultural sensitivity of providers. The scale was designed for individuals who responded to at least three items:

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

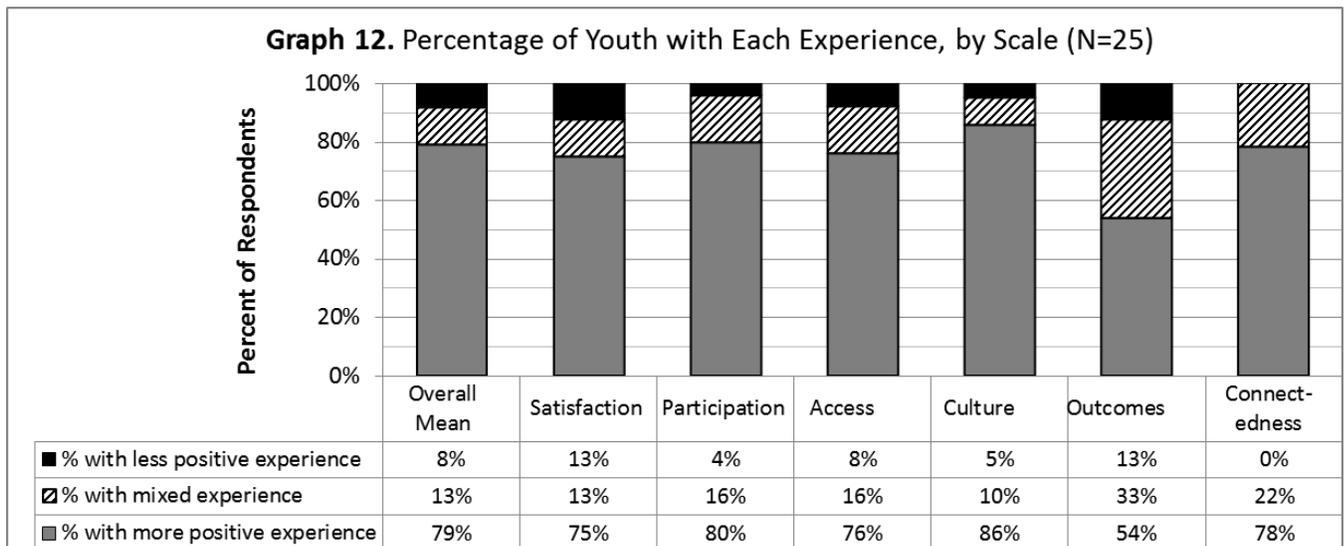
Scale 5: Outcomes contains seven (7) items that describe the perceived treatment-related improvements in members' lives. This scale was designed for individuals who responded to at least five items:

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

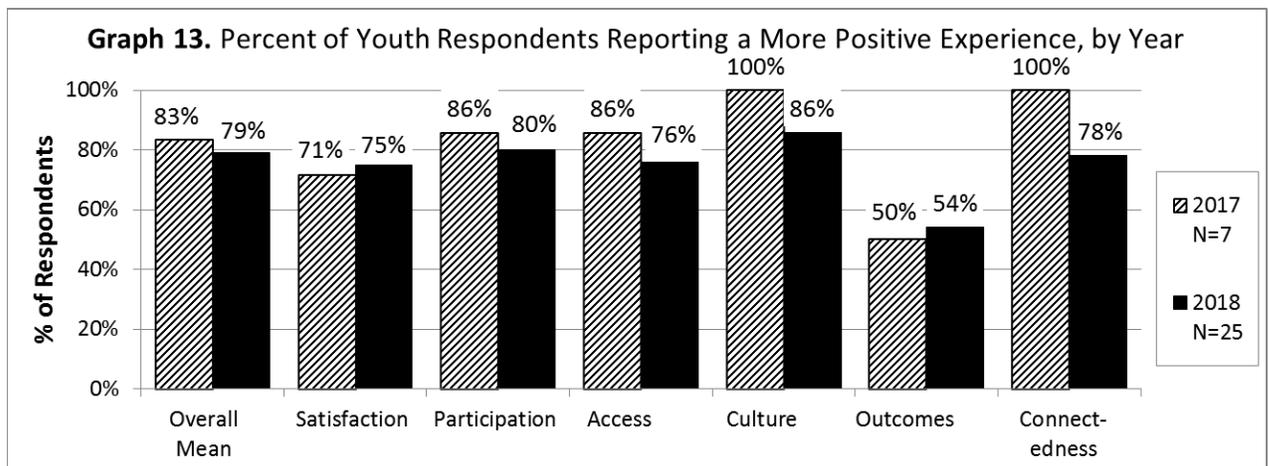
Scale 6: Connectedness contains four (4) items that describe the extent to which youth/members' family members are socially connected and have "natural supports" in place to help bolster and sustain recovery. This scale was designed for individuals who responded to at least three items:

- I know people who will listen and understand me when I need to talk.
- I have people that I am comfortable talking with about my/my child's problems.
- In a crisis, I would have the support I need from family or friends.
- I have people with whom I can do enjoyable things.

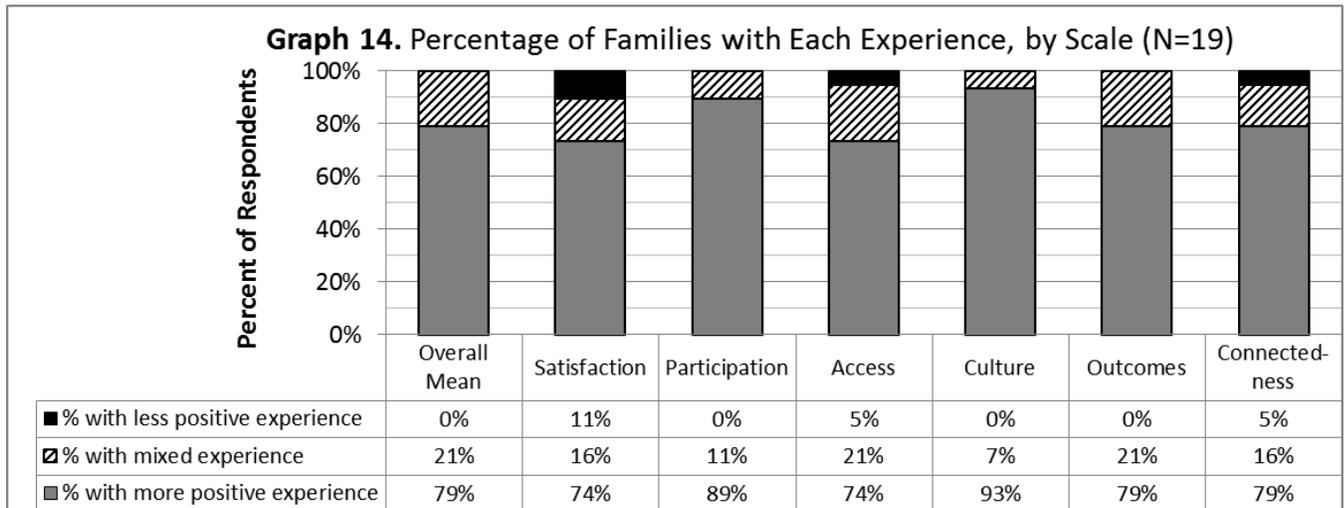
Results of MHSIP-Youth Survey



- Among the 25 youth completing the MHSIP survey, 79% had an overall more positive experience, 13% had a mixed experience, and 8% had a less positive experience. All five youth who commented in the section “Other comments about services” provided positive remarks.
- Within the Satisfaction and Participation domains, at least three quarters of youth had an overall more positive experience. This score was driven slightly downward by just two thirds of youth agreeing to the statement “I got as much help as I needed.”
- Access and Culture were a more positive experience for more than three quarters of youth. Notably, more than 80% of youth agreed within every statement in those domains.
- Outcomes was the most poorly rated scale. Just 54% had a more positive experience, 33% were mixed, and 13% were less positive. Within this domain, only 50% agreed to the statements “I am satisfied with my family life right now” and “I am better able to cope when things go wrong.” These results are similar to 2017, in which only 50% had a more positive experience in this domain.
- Social connectedness was very positively rated. The lowest rating was from 74% of youth feeling that they have people with whom they are comfortable talking with about their problems.
- Responses in 2018 were similar to 2017, and due to small sample sizes, statistical significance could not be detected.

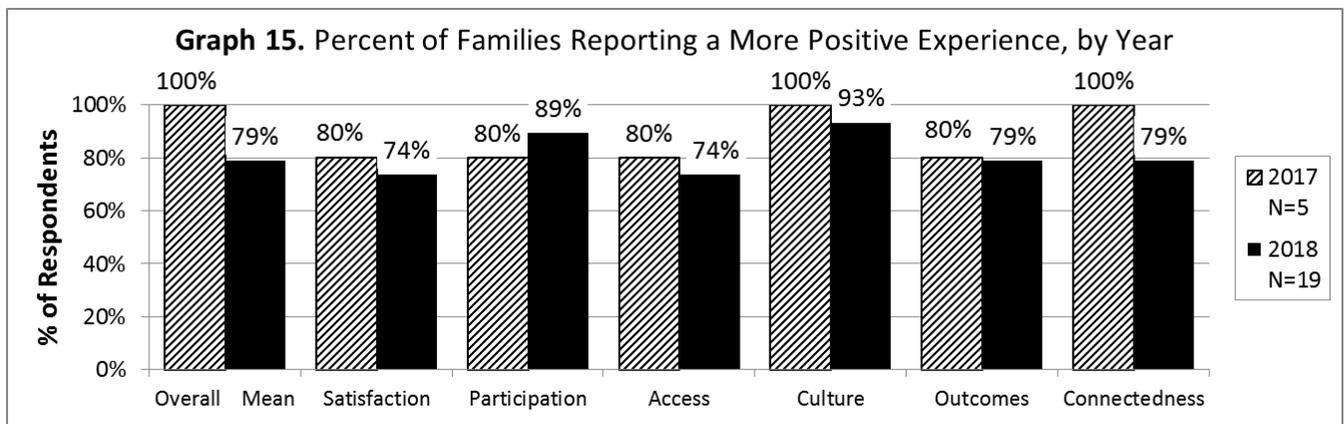


Results of MHSIP-Family Survey



Notes:

- Overall, almost four fifths of families all had a positive experience with the mental health and/or substance abuse services that their child received in the past six months.
- Although still highly rated, the Satisfaction and Access domains were the lowest rated domains. Some of the lowest scores came from 67% of parents agreeing with the statement “I felt my child had someone to talk to when he or she was troubled” and only 58% with “My family got as much help as we needed for my child.”
- Nine families provided comments about the services they received.
 - Multiple families complimented their Service Facilitator and the coordinated services they received.
 - One family requested more homeopathic and mindfulness services.
 - One family expressed a need for schools to allow services during school hours.
 - All other survey comments were positive towards the CCS program.
- Although the proportion of families with more positive experiences varied slightly by year, due to small sample sizes, none of the changes were statistically significant.

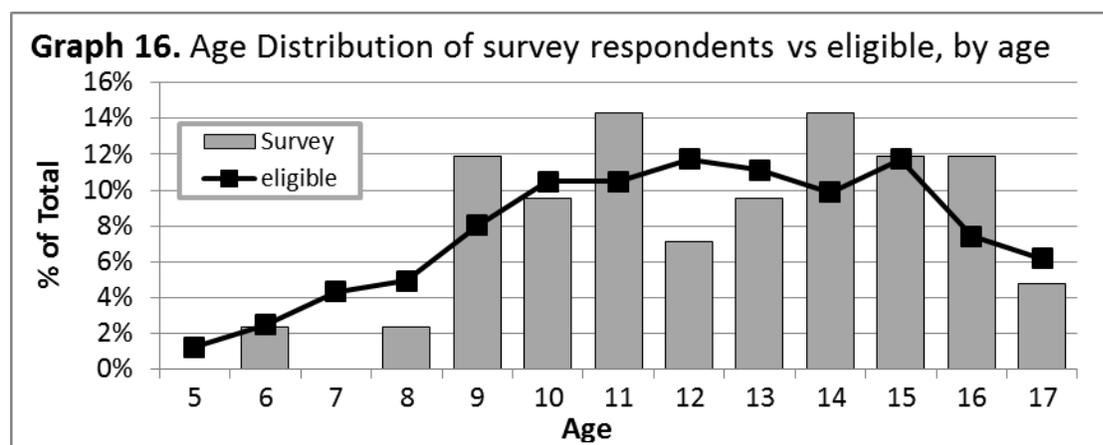


Demographics of youth represented by family and youth surveys

Demographic information was summarized for youth represented by the family and youth survey, with percentages based on the total number of respondents for each question. When applicable, survey samples were compared to all CCS youth who received the survey.

Table 13. Youth Gender	Youth 0-12 years old			Youth 13-17 years old		
	Survey respondents		all eligible	Survey respondents		all eligible
	N	% of total	% of total	N	% of total	% of total
Female	7	37%	32%	10	42%	41%
Trans Female			unknown	0		unknown
Male	12	63%	68%	14	58%	59%
Trans Male			unknown	0		unknown
Total Responses	19	100%	100%	24	100%	100%

- Among youth 12 and under, approximately two thirds of those represented in the survey were males, which closely mirrors the eligible population. Likewise, among youth ages 13-17 slightly more males than females were eligible for and completed the survey.



- **Graph 16** shows the overlay of ages of eligible members with those represented in the Youth and Family surveys. While younger ages were slightly under-represented in the survey responses, small sample sizes makes it difficult to draw more robust conclusions.

Table 14. Race of Youth	Youth 0-12 years old			Youth 13-17 years old		
	Survey respondents		all eligible	Survey respondents		all eligible
	N	% of total	% of total	N	% of total	% of total
American Indian/Alaska Native						
Asian						
Black/African American	3	16%	29%	7	29%	33%
Native Hawaiian/Pacific Islander						
White/Caucasian	10	53%	49%	14	58%	48%
More than one	6	32%	22%	2	8%	19%
Other				1	4%	
Total Responses	19	100%	100%	24	100%	100%

- For both groups of youth, Whites made up just over half of the eligible population and about half of the survey respondents. Black/African American, mixed race, and other race categories made up the remainder of youth.

Table 15. Ethnicity of Youth	Youth 0-12 years old			Youth 13-17 years old		
	Survey respondents		all eligible	Survey respondents		all eligible
	N	% of total	% of total	N	% of total	% of total
Hispanic	2	11%	15%	1	4%	5%
Not Hispanic	17	89%	84%	23	96%	95%
Total Responses	19	100%	100%	24	100%	100%

- Among youth 12 and under represented in the survey, 89% identified as Non-Hispanic, which closely matches 85% in the eligible population of CCS members. Likewise, 96% of youth ages 13-17 who took the survey and 95% of those eligible identified as Non-Hispanic.

Table 16. Length of Services	Youth 0-12 years old			Youth 13-17 years old		
	Survey respondents		all eligible	Survey respondents		all eligible
	N	% of total	% of total	N	% of total	% of total
6 mo.- 1 yr	3	17%	37%	7*	34%	35%
1 yr- 2 yrs	8	44%	34%	4	19%	44%
> 2 yrs	7	39%	29%	10	48%	21%
Total Responses	18	100%	100%	21	100%	100%

*two responses recoded from < 6 mo. to 6 mo. - 1 yr, to fit within eligibility criteria

- Among eligible youth 12 and under, the length of time receiving services was split relatively evenly between the length of service categories. Although only 17% of youth represented by the survey had been receiving services for under 1 year, compared to 37% of the eligible population, due to small sample sizes, the length of services among those represented by the survey did not differ from the eligible population ($\chi^2=2.72$ $p=0.26$). By contrast, among youth 13-17, the length of service among survey respondents significantly differed from the eligible population, with respondents receiving services 1-2 years under-represented and those receiving services over 2 years over-represented ($\chi^2=6.84$ $p=0.03$). However, it is unclear whether responses about length of service are specific to CCS or whether the respondent considered other prior services as well.

Table 17. Type of Service Received	Family (N=19)		Youth (N=25)	
	N	% of total	N	% of total
Mental Health only	18	95%	19	100%
Substance Abuse services only				
MH & SA services	1	5%		
Total Responses	19	100%	19	100%

- Most youth represented by the survey were receiving only mental health services. Only 5% of youth under age 12 were also receiving substance abuse services and no 13-17 years olds were receiving both service types.

Table 18. Living Arrangement	Family (N=19)		Youth (N=25)	
	N	% of total	N	% of total
One or Both Parents	16	89%	13	57%
Neither Parent	2	11%	10	43%
Total Responses	18	100%	23	100%

- Among youth 12 and under represented by the survey, 89% lived with one or both parents. This contrasted with survey respondents age 13-17, of which 57% reported living with one or both parents and 43% with neither.