

2019 Survey of Member Satisfaction with Comprehensive Community Services (CCS)

Version 5.6.20

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 10/15/19.

Survey Method

Surveys were mailed October 16, 2019. 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 December 2, 2019, but were accepted any time. Address information for CCS members is stored in the Dane County Information System, and is supposed to be kept up-to-date by the member's Service Facilitator and properly designated as a mailing, physical, or temporary address. For most members, the current mailing addresses was used; in its absence the current physical addresses was used, unless the address was designated as not for release, in which case no mailing occurred. For youth with out-of-home placements, Service Facilitators were contacted to determine whether placements would likely be active for at least two weeks after the mailing date. If not, the mailing or physical address on file was used. Survey mailings for members below age 13 with out-of-home placements were assessed on a case-by-case basis to determine whether surveys should be sent to the mailing/physical address on file or to the placement address. This determination depended in part on the permanency of the placement and whether the guardian at that placement was likely to have knowledge about the member's experiences in the program.

Translation

Surveys and accompanying material were available in English, Hmong, and Spanish. Dane County collects information about each member's primary and preferred languages. Although some members also spoke other languages, all eligible members had at least one of these three languages listed as their preferred or primary language. For those with Hmong or Spanish listed, a copy of the survey and materials were sent in the designated language, as well as in English, with instructions to just complete one. In total, 16 adults received the survey packet in Hmong and 7 members (1 adult, 2 families, and 4 youth) received the survey in Spanish.

Incentive

All participants were eligible to receive a \$5 gift card for participating in the survey. Participants were instructed to fill out their address information on an included form and mail it back with the survey, using a pre-paid envelope. Upon receipt, gift card forms and surveys were separated so that responses could not be connected to the recipient. Participants were then mailed a \$5 Walmart gift card, which was used because it does not expire.

Response Rate

Table 1. Response rate by survey type

2019 Eligibility and Response Rate Information						2018 Response		2017 Response	
Survey Type	Eligible	not administered		Response Rate		N	%	N	%
		not mailed	undeliverable	N	%				
Family	110			26	24%	19	23%	5	10%
Youth	140	1		19	14%	25	34%	7	19%
ROSI	749	3	8	176	23%	136	26%	87	23%
Overall	999			221	22%	180	26%	99	22%

- As shown in **Table 1**, the overall response rate for the 2019 satisfaction surveys was 22%; a response rate of 20% is considered acceptable for a one-time mail survey¹.
 - The response rate among adults was 23% (176/749). Although this response rate was slightly lower than that of 2018, it is likely because in 2018 all eligible members received a gift card in the initial mailing with the survey, which was thought to incentivize more members to participate.
 - The response rate was 24% among families (26/110) and 14% among youth ages 13-17 (19/140). Year to year, response rates among these two groups vary considerably. For families, this variability may be due to households receiving multiple surveys, whereas for youth, out-of-home placements may make it less likely that youth receives or responds to the survey.
- 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 calculated into the response rate.

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)

Report Overview

- 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 (19 and 25, respectively), less detailed breakdowns are provided.
- All CCS programs are expected to administer member satisfaction surveys annually. Dane County began providing CCS services in 2015 and administering annual satisfaction surveys in 2016. However, due to small sample sizes in 2016, only results from 2017 and 2018 are used when comparing results across years.
- 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.

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 consumer-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 consumer or consumers 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 consumer peer advocate to turn to when I needed one.
- There are consumers 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.

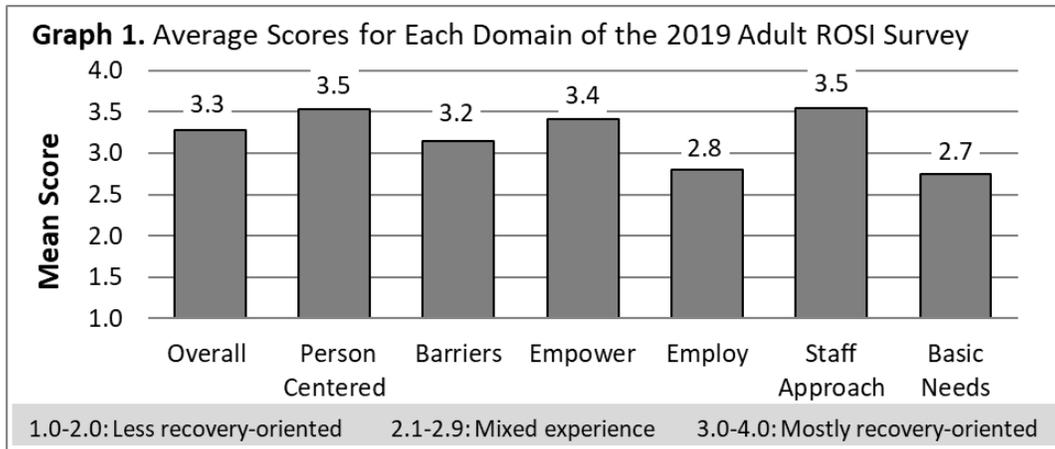
The 44-item ROSI includes an additional 16 items that are not included in the scales but are considered important recovery indicators on their own.

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:

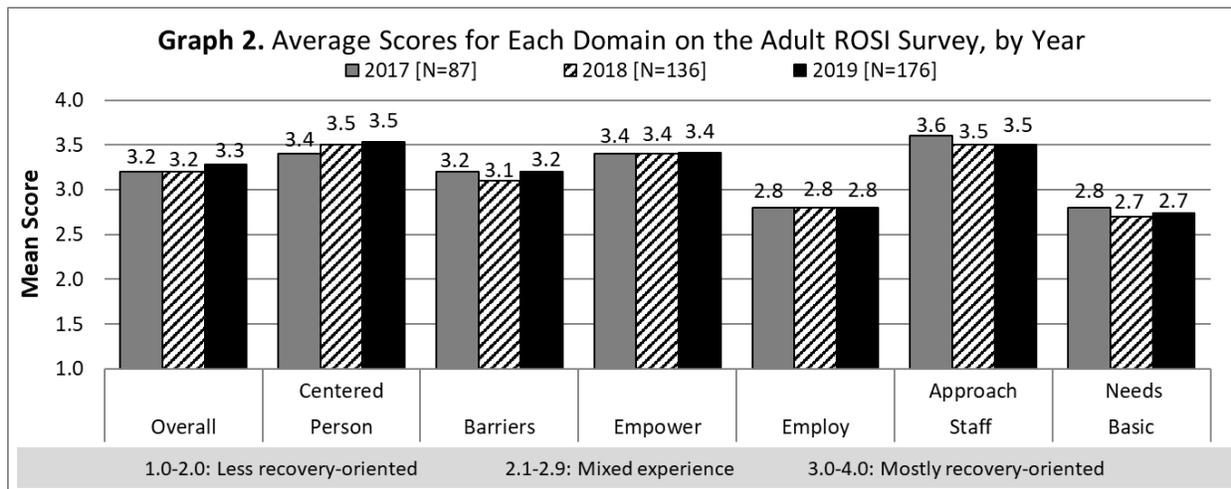
- *Mostly recovery-oriented experience* (mean score 3.0 – 4.0) – meaning that members were more satisfied with the CCS services they received.
- *Mixed experience* (mean score 2.0 – 2.9) – meaning that members were moderately satisfied.
- *Less recovery-oriented experience* (mean score 1.0 – 1.9) – meaning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

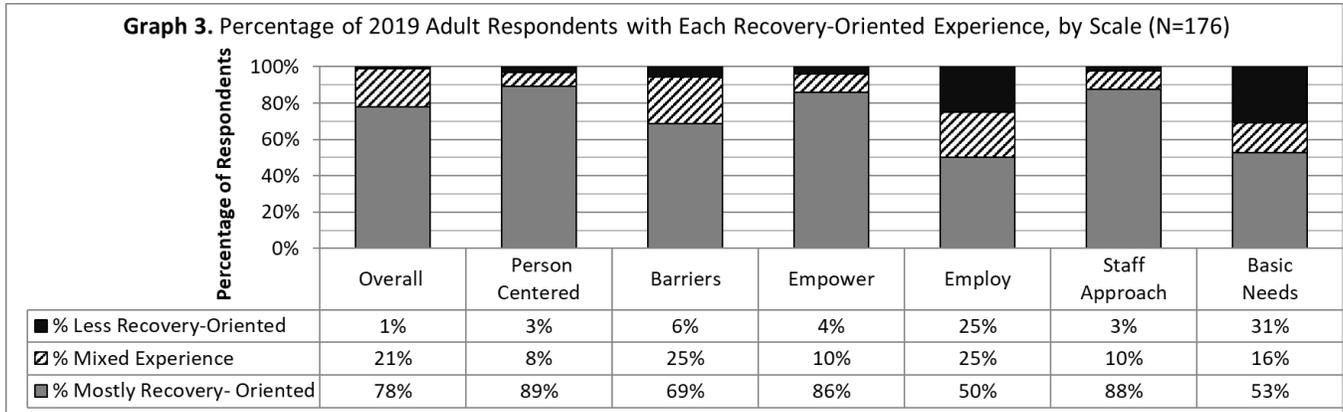


- Satisfaction scores can range from 1.0 to 4.0, with higher scores representing a more recovery-oriented experience with CCS services. For the purposes of this analysis, the Barriers and Staff Approach scales, which were negatively worded, were recoded so that higher scores also indicated more positive-oriented recovery.
- On average, adult respondents ranked their satisfaction with CCS services over the past six months as 3.3 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 Basic Needs and Employ scales.

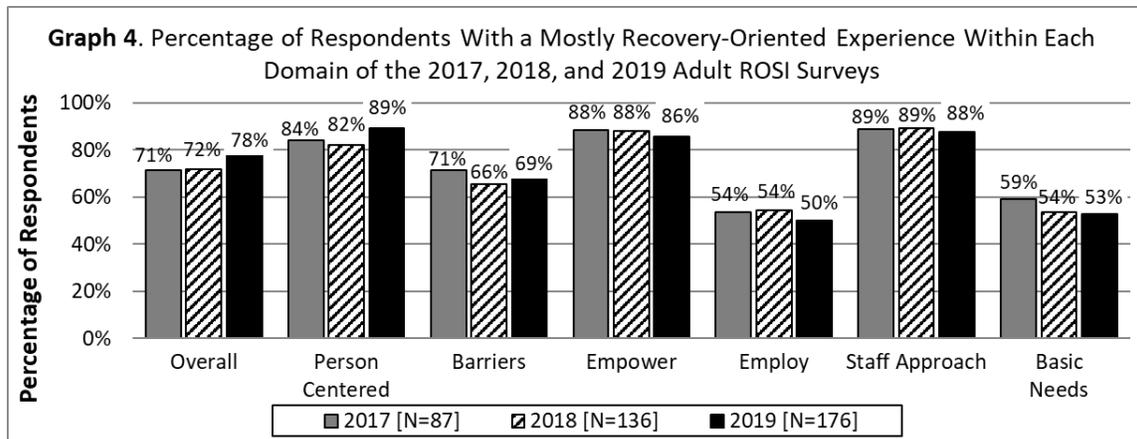


- The overall recovery score in 2019 was 3.3, which is very similar to the overall scores in 2017 and 2018, and suggest that on average, CCS participants had a mostly recovery-oriented experience. Average scores within each domain in 2019 were also very similar to previous years; survey respondents reported 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



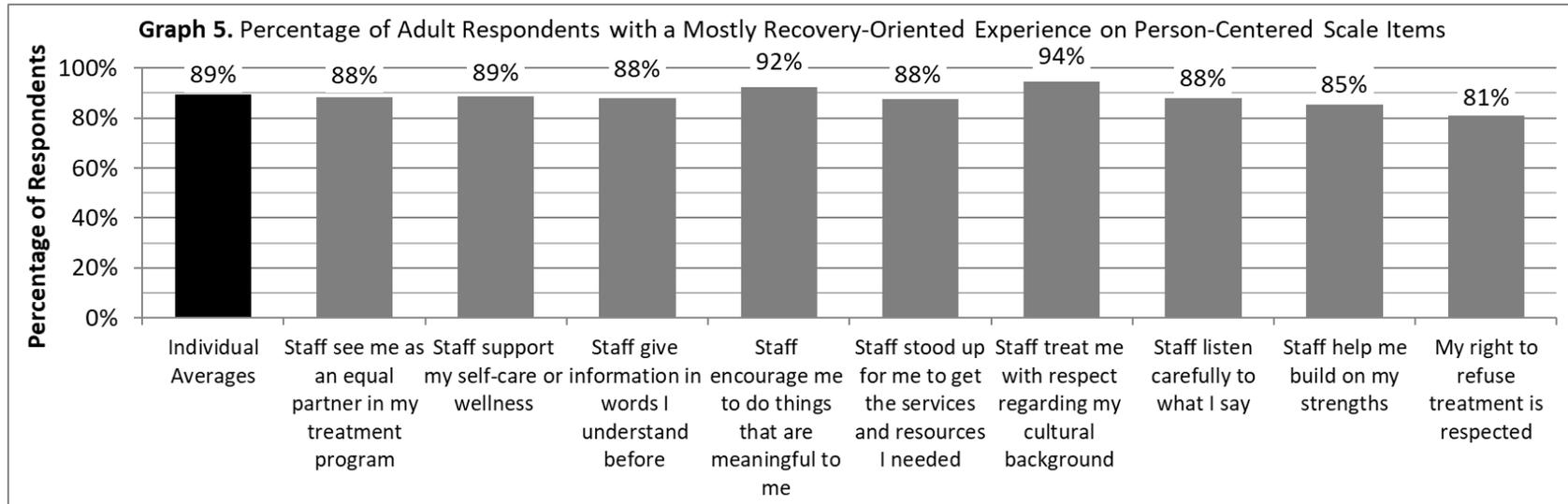
- In addition to examining mean score, responses were assessed for the percentage of respondents reporting a mostly recovery-oriented experience (average scores 3.0-4.0), mixed experience (2.01-2.99), or less recovery-oriented experience (1.0-2.0). Overall, 78% of adult respondents had a mostly recovery-oriented experience, 21% had a mixed experience, and 1% were less recovery-oriented (**Graph 3**).
- The Person-Centered scale had the highest percentage of individuals with a mostly recovery-oriented experience at 89%, followed by the Empower scale at 86% and the Staff Approach scale at 88%. The barriers domain was ranked somewhere in the middle and is subsequently discussed in more detail.
- As in 2017 and 2018, the 2019 Basic Needs and Employ scales were the least recovery-oriented.
 - In the Employ domain, 25% 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, 16% of survey respondents indicated they had a mixed experience while 31% had a less recovery-oriented experience.
- Overall, the proportion of respondents with a mostly recovery-oriented experience did not significantly differ by ethnicity¹, race², age³, nor gender⁴. Due to small sample sizes upon stratification, ethnicity was dichotomized as Hispanic versus not, race 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 and the outcome was dichotomized into mostly recovery-oriented vs mixed/less.



- **Graph 4** shows the percentage of respondents with mostly recovery-oriented experiences, by domain by year. Chi-Squared tests confirmed that the proportion CCS adults with a mostly recovery-oriented experience did not significantly differ between years within any of the domains⁵⁻¹¹.

1. $\chi^2=0.17$, p-value = 0.68 2. $\chi^2=0.06$, p-value = 0.81 3. $\chi^2=0.16$, p-value = 0.69 4. $\chi^2=0.09$, p-value = 0.76
 5. Overall: $\chi^2_1=1.51$, p-value = 0.220 6. Person-Centered: $\chi^2_1=3.03$, p-value = 0.082 7. Barriers: $\chi^2_1=0.72$, p-value = 0.395
 8. Empowerment: $\chi^2_1=0.31$, p-value = 0.581 9. Employ: $\chi^2_1=0.33$, p-value = 0.567 10. Staff: $\chi^2_1=0.18$, p-value = 0.669
 11. Basic Needs: $\chi^2_1=0.04$, p-value = 0.851

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, 89% 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 (94%), that staff encourage them to do things that are meaningful to them (92%), and that staff support their self-care or wellness (89%).
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Person-Centered scale by ethnicity¹, race², age³, nor gender⁴.

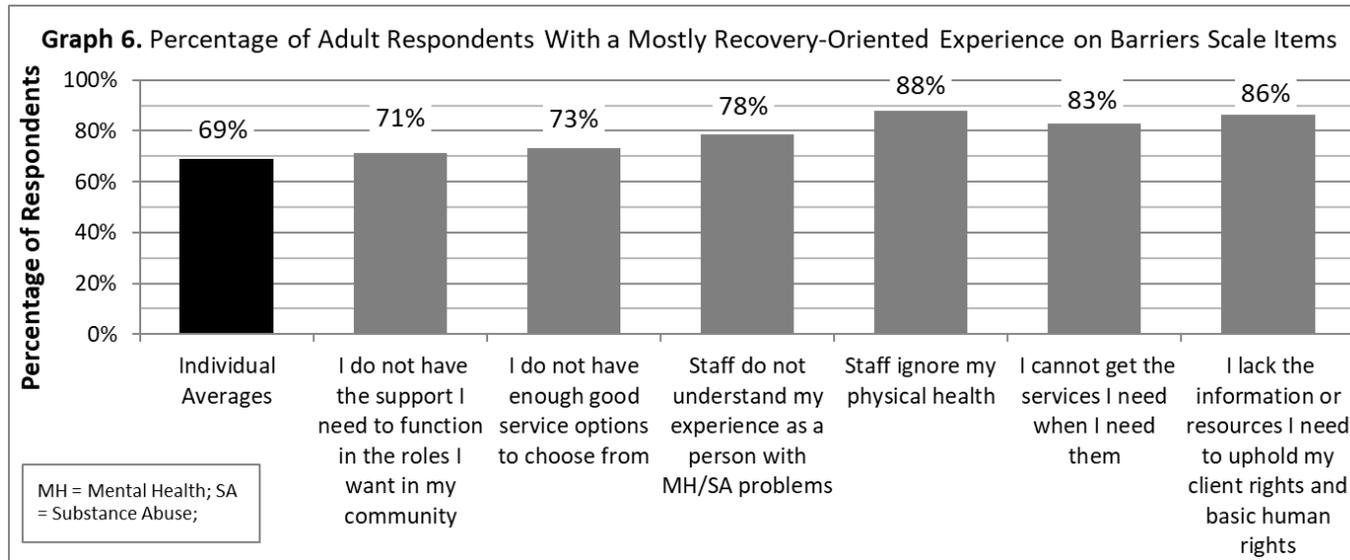
1. $\chi_1^2 = 0.31$, p-value = 0.58

2. $\chi_1^2 = 0.07$, p-value = 0.79

3. $\chi_1^2 = 0.38$, p-value = 0.54

4. $\chi_1^2 = 1.55$, p-value = 0.21

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, 69% of respondents had a mostly recovery-oriented experience on this scale.
 - Note that, as was the case in previous years, the percentage of respondents with an overall recovery-oriented experience on the Barriers scale was lower than any individual statement within this domain. This is because, although many respondents agreed with an individual statement, meaning they were mostly recover-oriented for that statement, some had at least one low score to pull their overall score from mostly recovery-oriented to mixed.
- 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 ethnicity¹, race², age³, nor gender⁴.

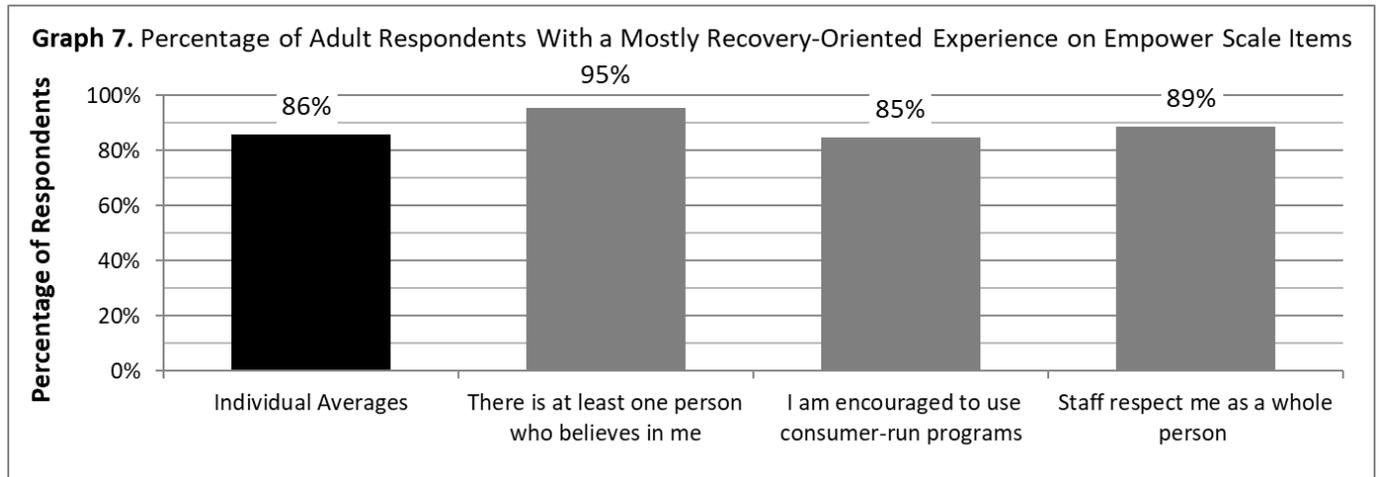
1. $\chi_1^2= 0.26$, p-value = 0.61

2. $\chi_1^2= 1.27$, p-value = 0.26

3. $\chi_1^2= 0.36$, p-value = 0.55

4. $\chi_1^2= 0.31$, p-value = 0.56

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, 86% 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 (85%) indicated that staff encouraged them to use consumer-run programs and 89% 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 ethnicity¹, race², age³, nor gender⁴.

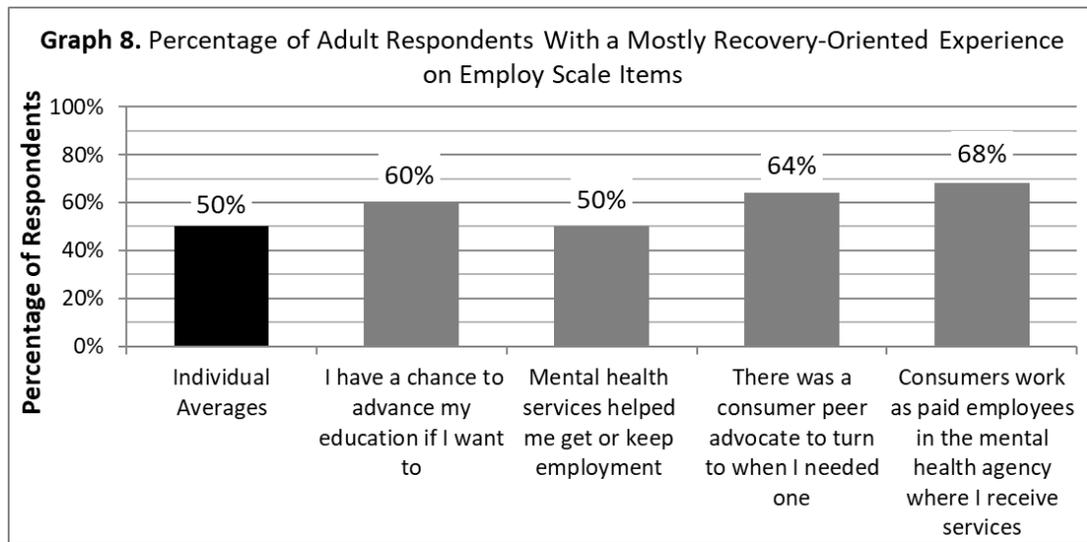
1. $\chi_1^2 = 0.00$, p-value = 0.95

2. $\chi_1^2 = 0.00$, p-value = 0.98

3. $\chi_1^2 = 0.56$, p-value = 0.45

4. $\chi_1^2 = 0.52$, p-value = 0.47

Results of ROSI Survey



- The Employ scale is used to describe the degree to which educational/employment opportunities are available to the individual consumer or consumers in general. After averaging individual responses for all four items on the Employ scale, only 50% 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 50% indicated that mental health services helped them get or keep employment.
- Only 64% of participants responded affirmatively that there was a consumer peer advocate to turn to when they needed and only 68% reported that there were consumers 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 Employ scale by ethnicity¹, race², age³, nor gender⁴.
- It is worth noting that individuals were only included in this overall domain score if they responded to at least 3 of the 4 questions comprising the domain. Notably, only 50% of participants (88/176) responded to at least three statements within this domain, calling into question its interpretation.
 - Within the individual domain statements, the percentage of total survey participants responding to each statement was 82%, 47%, 70%, and 54%, respectively.
 - A 2017-2018 analysis of employment status among CCS members 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” or left blank the statement “Mental Health services helped me get or keep employment.”
 - Many members may not know the answer to the statement “Consumers work as paid employees in the mental health agency where I receive services.” Marking N/A or leaving this statement blank 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.

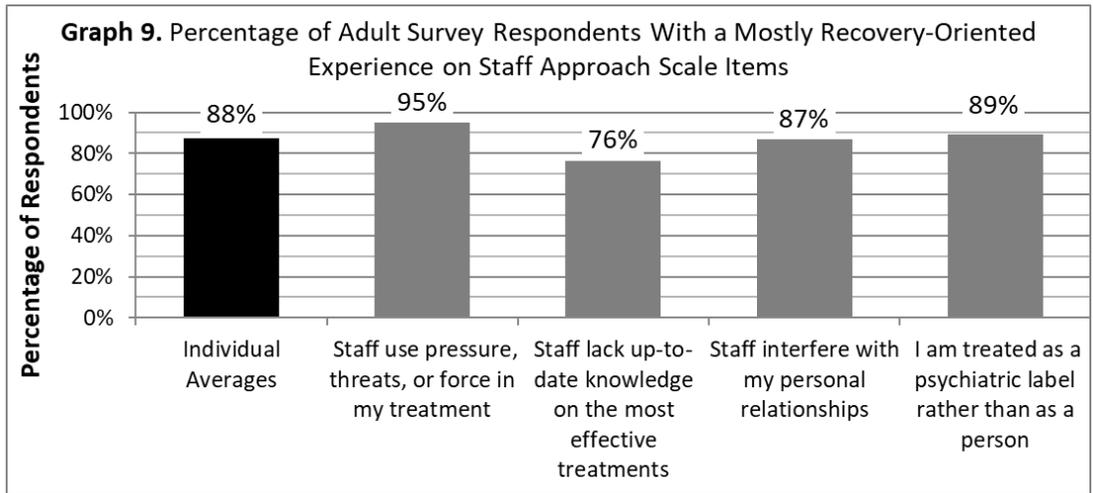
1. $\chi_1^2 = 0.19$, p-value = 0.67

2. $\chi_1^2 = 3.24$, p-value = 0.07

3. $\chi_1^2 = 0.40$, p-value = 0.53

4. $\chi_1^2 = 2.18$, p-value = 0.14

Results of ROSI Survey



Notes:

- The Staff Approach scale, describes the degree to which agency staff use a paternalistic and/or coercive approach to working with members. All statements are negatively worded, such that disagreeing with the statements corresponds to a more recovery-oriented experience. Overall, 88% 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 treat them as a psychiatric label rather than a person.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the overall Staff Approach scale by ethnicity¹, race², age³, nor gender⁴.

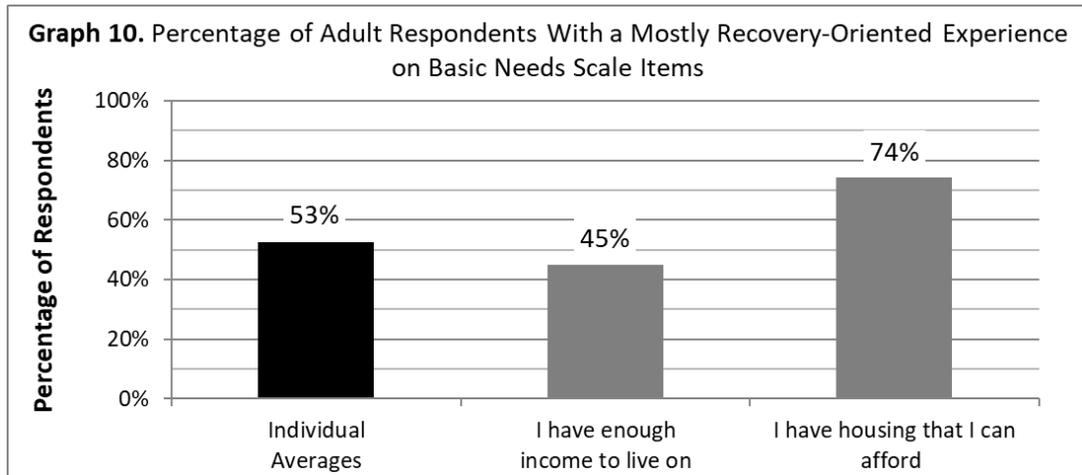
1. $\chi_1^2 = 0.43$, p-value = 0.52

2. $\chi_1^2 = 1.83$, p-value = 0.18

3. $\chi_1^2 = 3.66$, p-value = 0.06

4. $\chi_1^2 = 0.33$, p-value = 0.57

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, 53% of respondents had a mostly recovery-oriented experience on this scale.
- Only 45% of Dane County survey respondents indicated they “Agree” or “Strongly Agree” with the statement, “I have enough income to live on.”
- Just 74% survey respondents indicated they “Often” or “Almost Always/Always” have housing they can afford.
- While not on the Basic Needs scale, only 64% of respondents indicated that they have reliable transportation to get where they need to go. Additionally, 71% of survey respondents indicated that mental health and/or substance abuse services helped them get housing in a place they feel safe. However, only 69% 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 ethnicity¹, race², age³, nor gender⁴.

1. $\chi_1^2 = 1.92$, p-value = 0.17

2. $\chi_1^2 = 0.57$, p-value = 0.45

3. $\chi_1^2 = 3.38$, p-value = 0.07

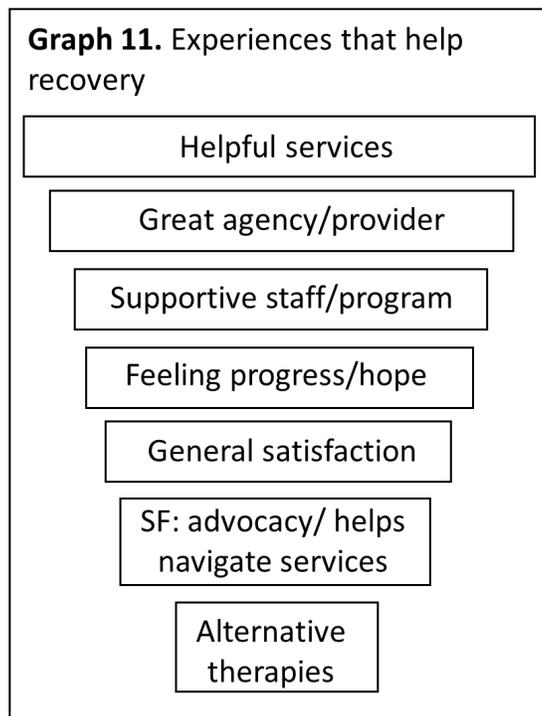
4. $\chi_1^2 = 0.03$, p-value = 0.87

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 106 adults provided comments. These comments have been categorized based on their role in helping or hindering recovery and are summarized below and in **Graph 11**. Themes that emerged more frequently are ordered at the top.

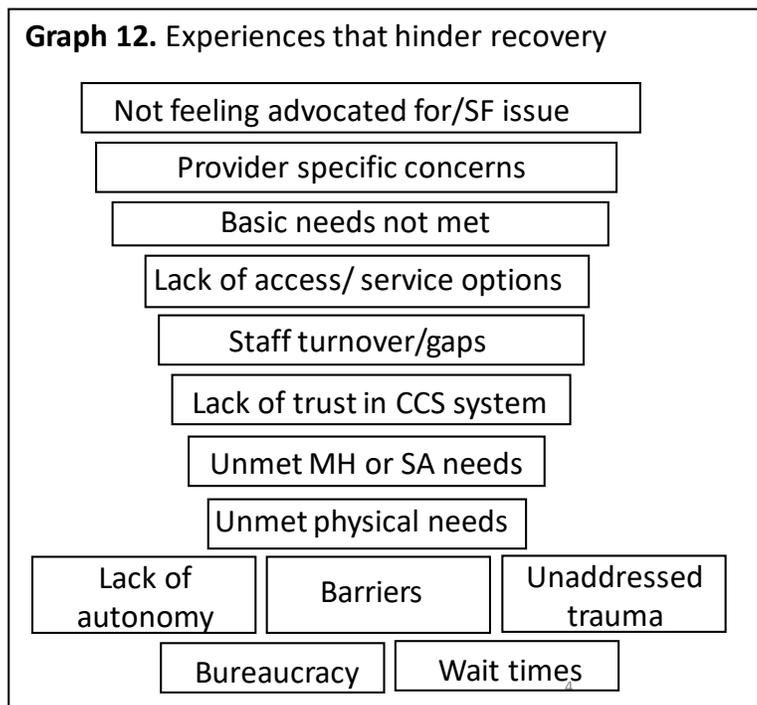
Experiences that help recovery:

- Helpful Services: Many comments centered around the ways CCS services adequately addressed the participant’s mental health and/or substance abuse needs
- Great agency / provider: Many respondents cited a specific agency or personnel as being critical to their treatment success because of the supportive, caring services provided.
- Supportive staff/program: These comments addressed CCS as a whole, or the role specific staff played in bringing out the participant’s strengths and creating a team that invested in them.
- Feelings of progress/hope: Multiple respondents reported that CCS helped them gain independence or make progress towards recovery.
- General satisfaction: These comments were general gratitude towards CCS as a whole, and often didn’t pinpoint a specific characteristic.
- SF advocacy/helps navigate services: The role of Service Facilitators (SFs) was acknowledged as helping recovery in numerous ways: connecting participants to helpful services; helping participants navigate other systems important for maintaining housing and benefits; helping participants advocate for themselves in settings such as work; and a general sense of feeling supported.
- Alternative Therapies: Respondents said that alternative therapies, such as art therapy, play a critical role in their recovery.



Experiences that hinder recovery (Graph 12):

- Not feeling advocated for/SF issue: Multiple comments centered around the role of the SF. The most common was the participant feeling that the SF didn't make time for them. There were also numerous experiences of feeling like the SF wasn't advocating for the participant; these ranged from closely CCS-related issues, such as not informing the participant about services available, to less CCS-related, such as not helping the participant in steps towards setting up a business.
- Provider specific concerns: Similar to the way respondents cited a specific agency as being critical to their success, there were situations in which participants felt that a particular agency hindered their success by not meeting their needs. Often times, the participant had since changed provider agencies, drawing contrasts between the agencies' ability to meet their needs.
- Basic needs not met: These comments mirrored the quantitative results, as multiple respondents were struggling with basic needs, particularly housing, food, and transportation.
- Unsatisfactory service options or access: The most common concern was Psychiatrist shortages and wait times. Respondents also wanted more alternative therapy options in the CCS network.
- Staff turnover/gaps: These comments pointed out frustrations when services were disrupted or when a provider left or didn't properly assign coverage in their absence.
- Lack of trust in CCS system: Some respondents felt like the rules and regulations of CCS provided barriers to their recovery. Often times, this was accompanied by feeling like CCS didn't have their best interests in mind and that confidential information could be used against them.
- Mental Health (MH) or Substance Abuse (SA) needs not being met: Multiple respondents had concerns that their therapist wasn't qualified to be treating them and felt like the services they were using weren't addressing their needs. Other examples were having a substance use disorder, and due to lack of housing options, living in a place surrounded by people who were abusing substances.
- Physical health needs not being met: This concern was common in previous annual surveys as well, and highlighted frustration in the ways physical and mental health concerns compounded each other.
- Lack of autonomy: Respondents didn't always feel a part of the decision-making in their treatment plans.
- Barriers: These comments captured internal factors, such as having a lot of healing to do, as well as external factors, such as the role of systems in impeding participants' progress.
- Trauma not addressed: Trauma, especially when unaddressed, was noted for its role in impeding recovery.
- Bureaucracy: This referred to CCS paperwork, prescriptions, and other processes that delay services.
- Wait times: Wait times included delays in receiving services, having to wait to receive a particular service at a particular agency, as well as the process for getting another family member enrolled in CCS.



Demographics of ROSI participants

Of the 176 ROSI survey respondents, between 163 and 169 answered each demographic question. The results are shown below and compared to all eligible adults, using CCS records. Although demographic characteristics are a composite of categories, assessing intersectionality would more require complex stratification; therefore, statistical analysis was performed on discrete demographic categories only.

Table 2. Gender	Survey Respondents		all eligible adults
	Count	Percentage	
Female	112	67%	58%
Trans Female	2	1%	unknown
Male	53	32%	42%
Trans Male			unknown
Total	167	100%	100%

- About two thirds of survey respondents identified as female, compared to one third as male. This proportion was significantly higher than the population of CCS adults eligible for the survey ($\chi^2_1=5.46$, $p=0.019$). 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	4	2%	38%
20-29	18	11%	
30-39	30	18%	
40-49	29	17%	62%
50-59	50	30%	
60-69	32	19%	
≥70	6	4%	
Total	169	100%	100%

- Respondents mirrored the eligible population; 31% of adult respondents and 38% of eligible adults were under age 40 ($\chi^2_1=3.15$, $p=0.076$).

Table 4. Race	Survey Respondents		all eligible adults [#]
	Count	Percentage	
American Indian/Alaska Native	2	1%	<1%
Asian	7	4%	4%
Black/African American	30	18%	20%
Pacific Islander/Native Hawaiian	0		0%
White/Caucasian	111	68%	67%
Mixed Race/Other	13	7%	9%
Total	133	100%	100%

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

- White/Caucasians comprised 68% of survey respondents, Black/African Americans 18%, and 13% were either American Indian/Alaska Native, Asian, mixed race, or other. This is similar to the eligible population, comprised of 67%, 20%, and 13%, respectively ($\chi^2_4=1.99$, $p=0.739$).

Table 5. Ethnicity	Survey Respondents		all eligible adults
	Count	Percentage	
Hispanic	16	10%	5%
Non-Hispanic	147	90%	95%
Total	163	100%	100%

- Those who identified as Hispanic were significantly over-represented in the survey, comprising 10% of survey respondents but only 5% of the eligible population ($\chi^2_1=5.99$, $p=0.014$).

The following information is shown for survey participants only, since it is not known among the general or eligible CCS population.

Table 9. Length of Services	Count	Percentage
Less than 1 year	4	2%
1 to 2 years	24	15%
3 to 5 years	30	18%
More than 5 years	105	64%
Total Responses	163	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 4 years, many members had been receiving mental health or substance abuse services prior to enrollment in CCS.

Table 7. Education	Count	Percentage
< High School	17	10%
High School/ GED	55	34%
College/ Technical Training	60	37%
Graduate School	13	8%
Other	19	12%
Total Responses	164	100%

- Among survey participants, almost half (45%) had finished college or graduate school. About one third (34%) had a high school diploma and 10% had not finished high school.

Table 8. Type of Service	Count	Percentage
Mental Health only	115	71%
Substance Abuse services only	2	1%
Mental Health and Substance Abuse services	44	27%
Total Responses	161	100%

- Most (71%) of respondents were receiving only mental health services through CCS, 1% was receiving substance abuse services only, and 27% were both.

Table 9. Program	Count	Percentage
Comprehensive Community Services (CCS)	146	92%
Community Support Program & CCS *	13	8%
Total Responses	159	100%

* Recoded 4 participants that marked CSP but not CCS, since CCS membership was a requirement for receiving the survey.

- Among respondents, 8% 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	110	67%
Supervised/supported apartment	12	7%
Residential facility	7	4%
Boarding House	2	1%
Homeless or homeless shelter	5	3%
Other	29	18%
Total Responses	165	100%

- Majority of survey respondents (67%) lived in their own home or apartment. Other living arrangements included: 7% in a supervised/supported apartment, 4% in a residential facility, 1% in a boarding house, 3% reported being homeless, and 18% 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 to 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 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 consumers' lives. This scale was designed for individuals who responded to at least five items:

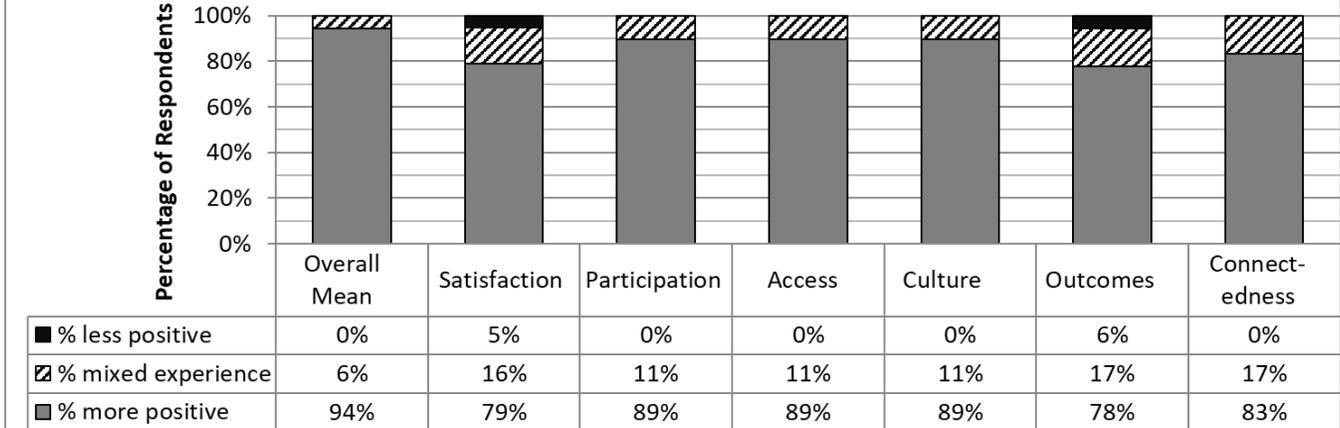
- I/my child is better at handling daily life.
- I/my child gets along better with family members.
- I/my child gets along better with friends and other people.
- I/my child is doing better in school and/or work.
- I/my child is better able to cope when things go wrong.
- I am satisfied with my/our family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

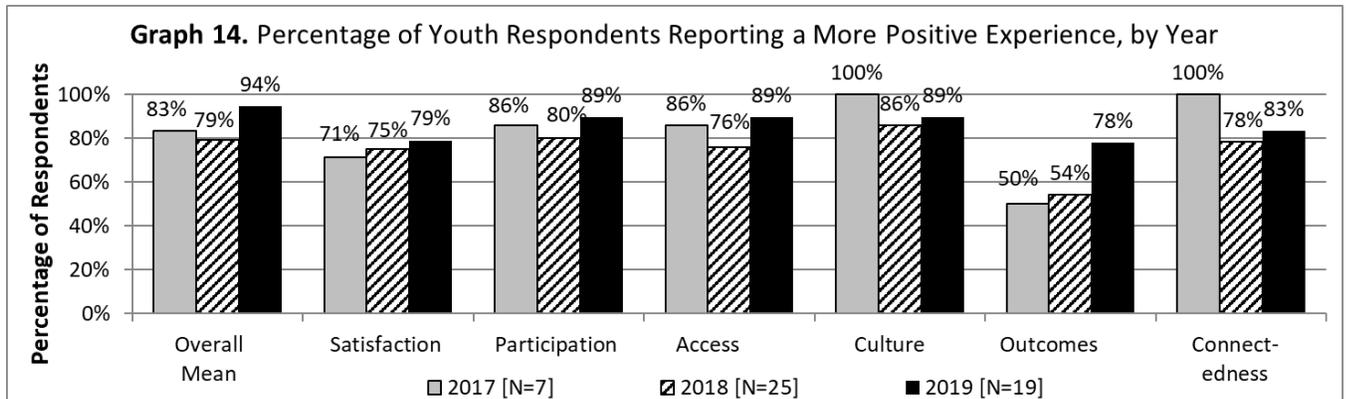
Results of MHSIP-Youth Survey

Graph 13. 2019 Youth MHSIP: Percentage of Youth With Each Experience, by Scale [N=19]



Notes:

- Among the 19 youth completing the MHSIP survey, 94% had an overall more positive experience, 6% had a mixed experience, and none had a less positive experience.
- Within each domain, over three quarters of youth had a more positive experience.
- The most poorly rated domain was the Outcomes domain, with 78% of youth having a more positive experience, 17% with a mixed experience, and 6% with a less positive experience. This domain is explored in further detail on page 20.
- **Graph 14** shows the percentage of youth with a more positive experience by domain, with comparisons to previous years. Notably, the percentage of youth with a more positive experience in the Outcomes domain was strikingly higher than previous years, although due to small sample sizes, no significant differences by year were detected within any domain¹⁻⁷.



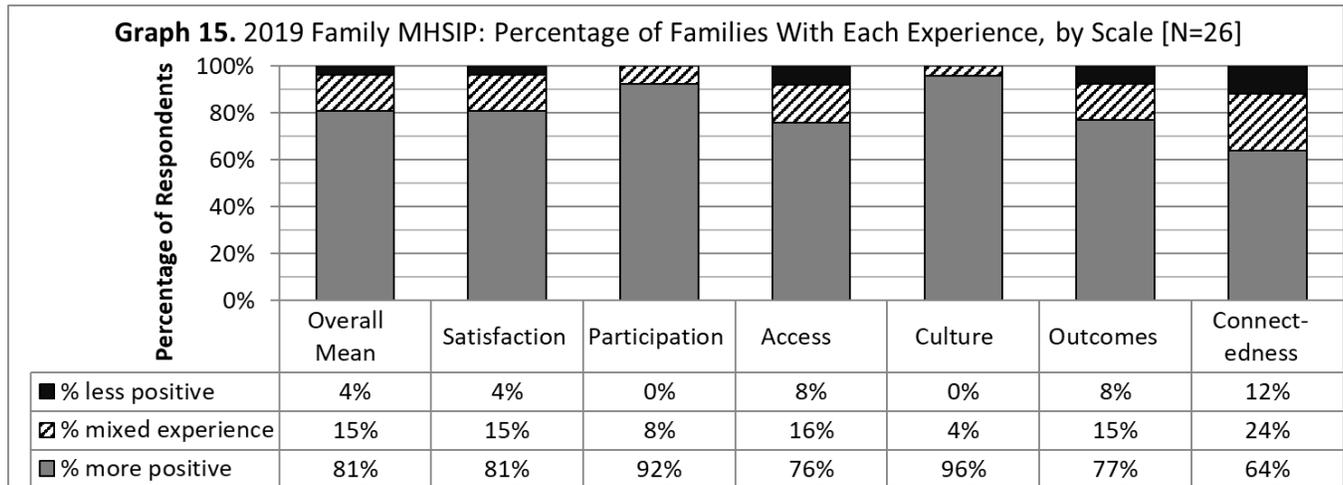
1. Overall: $\chi^2_1 = 1.96$, p-value = 0.161
 4. Access: $\chi^2_1 = 1.31$, p-value = 0.251
 7. Connectedness: $\chi^2_1 = 0.17$, p-value = 0.684

2. Satisfaction: $\chi^2_1 = 0.09$, p-value = 0.761
 5. Culture: $\chi^2_1 = 0.13$, p-value = 0.720

3. Participation: $\chi^2_1 = 0.72$, p-value = 0.395
 6. Outcomes: $\chi^2_1 = 2.50$, p-value = 0.114

Results of MHSIP-Family Survey

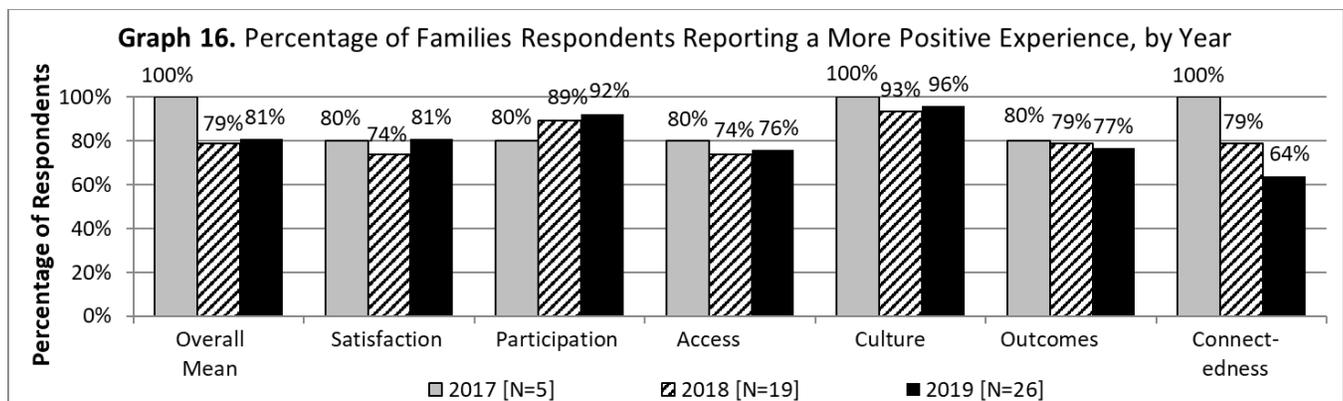
Graph 15. 2019 Family MHSIP: Percentage of Families With Each Experience, by Scale [N=26]



Notes:

- Overall, about 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.
- The Participation and Culture domains were the highest rated domains, with 92% and 96% of families reporting a more positive experience, respectively. Notably, over 90% of families agreed or strongly agreed with every statement in these domains.
- Within the Satisfaction, Access and Outcomes domain, over three fourths of families had a more positive experience.
- Families had the least positive experience in the Social Connectedness domain. Only 64% of families had a more positive experience, 24% had a mixed experience, and 12% had a less positive experience. The individual items in this domain will be examined further on the next page.
- **Graph 16** shows the percentage of families with a more positive experience by domain, with comparisons to previous years. Notably, the percentage of families with a more positive experience in the Social Connectedness domain was strikingly lower than previous years, although due to small sample sizes, no significant differences by year were detected within any domain ¹⁻⁷.

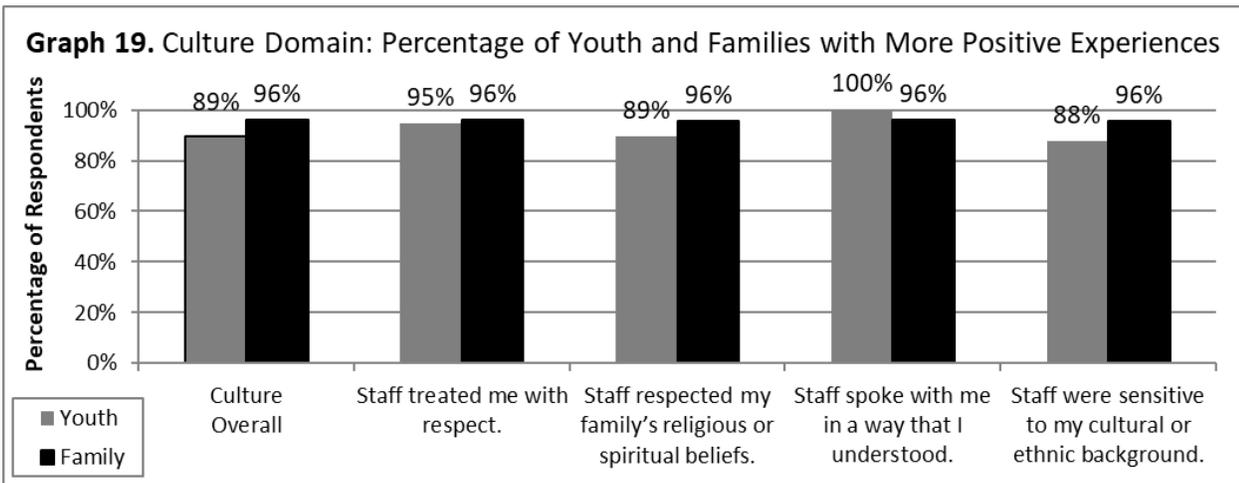
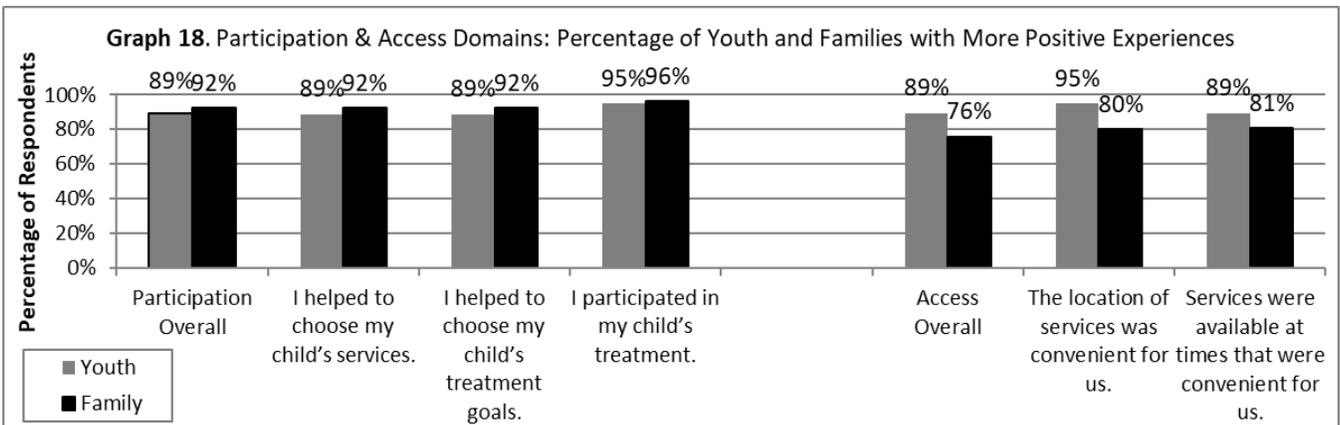
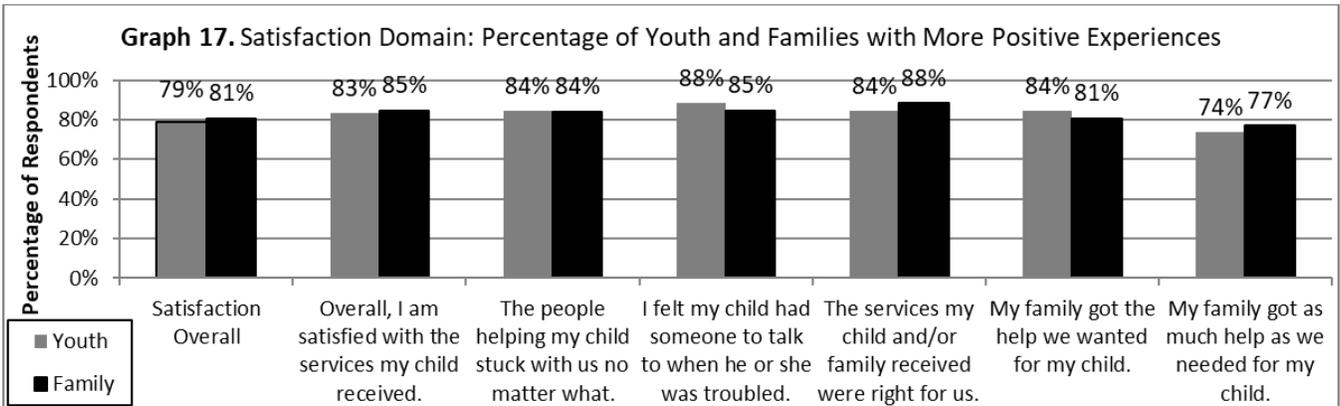
Graph 16. Percentage of Families Respondents Reporting a More Positive Experience, by Year



1. Overall: $\chi^2_1 = 0.20$, p-value = 0.887
2. Satisfaction: $\chi^2_1 = 0.32$, p-value = 0.572
3. Participation: $\chi^2_1 = 0.11$, p-value = 0.74
4. Access: $\chi^2_1 = 0.31$, p-value = 0.861
5. Culture: $\chi^2_1 = 0.14$, p-value = 0.708
6. Outcomes: $\chi^2_1 = 0.26$, p-value = 0.872
7. Connectedness: $\chi^2_1 = 1.16$, p-value = 0.282

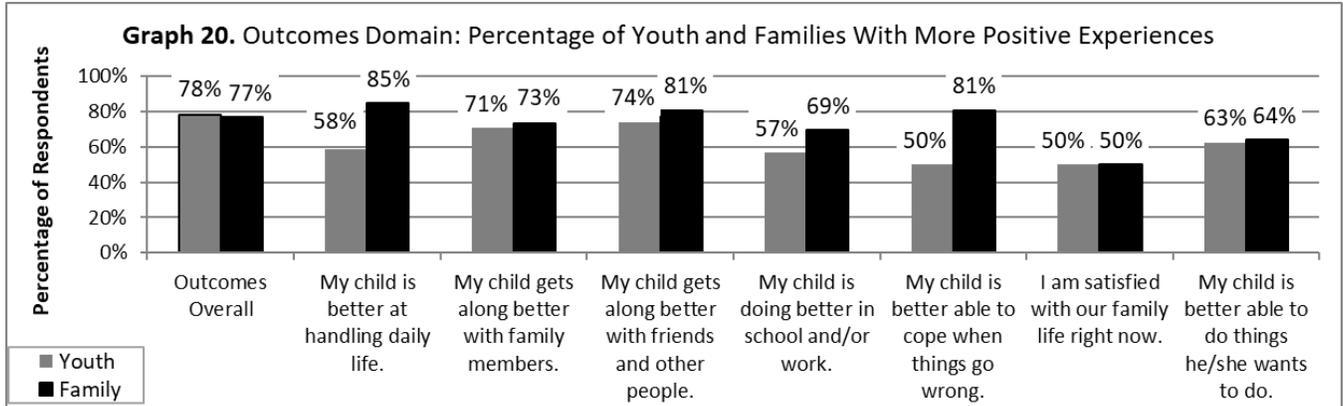
Results of MHSIP: Detailed Analysis of Youth and Family Surveys

- The percentage of respondents characterized as having a more positive experiences are shown for each item within the Satisfaction, Participation, Access, and Culture domains. For both Youth and Families, these were the more favorably rated domains.
- Individual statements are labeled as they appeared in the MHSIP family survey; most statements are written for the parent/guardian to respond about the child. However, some are evaluating the parent/guardian’s own experience. By contrast, all statement in the Youth survey are in the first person and the participant is responding about themselves.

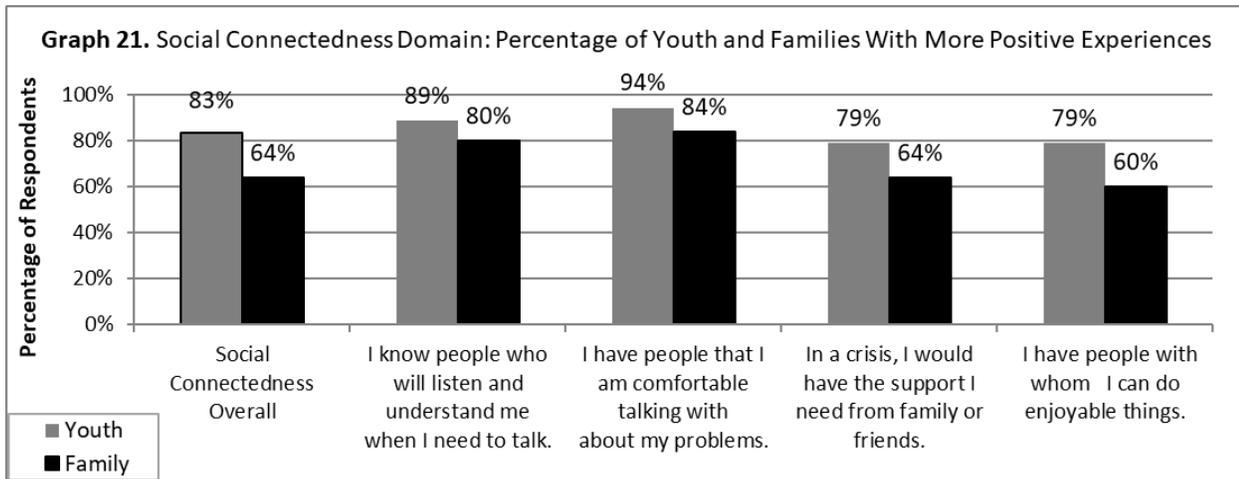


Results of MHSIP: Detailed Analysis of Youth and Family Surveys

- For youth and families, the Outcomes and Social Connectedness domains were collectively rated less favorably than that other domains. The percentage of respondents characterized as having a more positive experiences are shown for each item within those domains.



- Multiple items within the Outcome domain were poorly rated by youth. Only 58% agreed or strongly agreed that they are better at handling daily life, 57% that they are doing better in school and/or work, and only 50% that they are better able to cope when things go wrong.
- Only half of Youth and Families responded that they are satisfied with their family life right now.



- Items within the Social Connectedness domain were more poorly rated by families than by youth. For example, only 64% of parents agreed or strongly agreed that in a crisis they have the support they need from family or friends and only 60% agreed or strongly agreed that they have people with whom they can do enjoyable things.
- Interestingly, while most questions on the MHSIP family survey ask the parent/guardian to assess their experiences as it relates to the child or the entire family, the Social Connectedness items specifically inquired about the parent/guardian’s experience. Therefore, although families had a more positive experience in CCS overall, there may be additional improvements that can be made to further support parents.

Summary of Comments from MHSIP Youth and Family Surveys

Youth and families were able to leave comments in response to the question: “Do you have any other comments about the services you received in the past 6 months?” of which two youth and 10 families provided comments. These comments have been summarized below.

Youth Comments

- One youth expressed frustration with high staff turnover and a constant change in the people they worked with.
- One youth had praise both for CCS overall and for their skill developer.

Family Comments

Positive Comments

- Four families cited the role of their child’s Service Facilitator (SF) as being key in advocating for their child and connecting them to the services they needed
- One family praised the role of the team in their child’s progress and another said that the services were effective in helping their child.

Areas for improvement

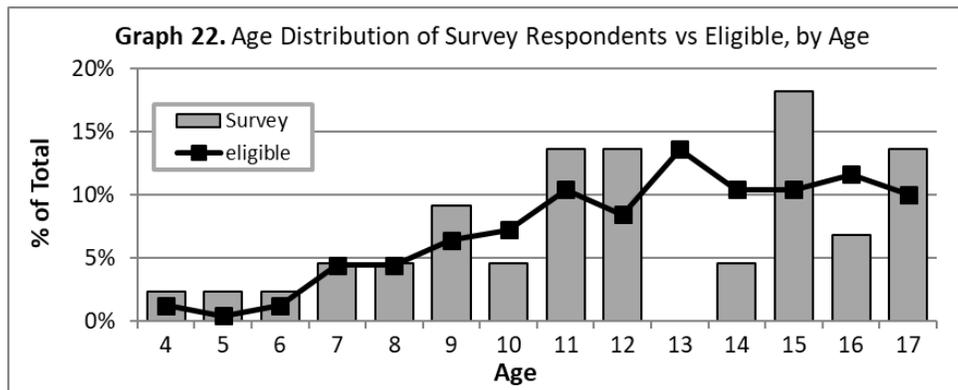
- One family expressed frustration with accessing appointments, including low availability of evening/weekend appointments and transportation barriers. They also felt a lack of advocacy for their child, coupled with high staff turnover.
- One family felt unsupported on the days their child couldn’t meet with a provider and another family was frustrated by long wait times, both in enrolling for CCS and in beginning services.
- One family commented on the struggles their child has in school and their need for more support in the school setting.

Demographics of members represented by family and youth surveys

Demographic information was summarized for members represented by the family (0-12 years old) and youth (13-17 years old) surveys, with percentages based on the total number of respondents for each question. When applicable, survey samples were compared to all members eligible for the survey.

Table 11. 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	5	20%	25%	9	47%	39%
Trans Female			unknown			unknown
Male	20	80%	75%	10	53%	61%
Trans Male			unknown			unknown
Total Responses	25	100%	100%	19	100%	100%

- Among youth 12 and under, approximately 80% of those represented in the survey were males, which closely mirrors the eligible population. Likewise, among youth ages 13-17 53% of survey respondents identified as males, which was not significantly different than the eligible population¹.



- **Graph 22** shows the overlay of ages of eligible members with those represented in the Youth and Family surveys. Small sample sizes makes it difficult to draw conclusions about representative the age distribution of survey respondents was.

Table 12. 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	12%	30%	3	16%	26%
Native Hawaiian/Pacific Islander						
White/Caucasian	14	54%	50%	13	68%	56%
More than one	4	15%	20%	2	11%	19%
Other	5	19%		1	5%	
Total Responses	26	100%	100%	19	100%	100%

- For both groups of youth, Whites made up about half of the eligible population and slightly more than half of survey respondents. Black/African American, mixed race, and other races made up the remainder of youth, and no racial group was significantly over- or under-represented².

1. Family: $\chi^2=0.3$, $df=1$, $p\text{-value} = 0.57$
 Youth: $\chi^2=0.5$, $df=1$, $p\text{-value} = 0.46$

2. Family: $\chi^2=4.7$, $df=2$, $p\text{-value} = 0.09$
 Youth: $\chi^2=1.2$, $df=2$, $p\text{-value} = 0.54$

Table 13. 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	3	12%	17%	2	11%	11%
Not Hispanic	22	88%	83%	16	89%	89%
Total Responses	25	100%	100%	18	100%	100%

- Among survey respondents, 88% of youth 12 and under and 89% of youth 13-17 identified as Non-Hispanic, neither of which significantly differed from the eligible population¹.

Table 14. 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	5	19%	29%	4	25%	23%
1 yr- 2 yrs	14	54%	57%	4	25%	66%
> 2 yrs	7	27%	14%	8	50%	11%
Total Responses	26	100%	100%	16	100%	100%

- Among youth 12 and under represented by the survey, majority had been receiving mental health or substance abuse services more than a year but less than two years. This did not significantly differ from the eligible population². By contrast, among youth 13-17, most survey respondents reported receiving services for more than two years, which was significantly higher than the eligible population². This suggests that members who received services for over two years were either over-represented, or that most survey respondents had been receiving other mental health and/or substance abuse services prior to enrolling in CCS.

Table 15. Type of Service Received	Family (N=26)		Youth (N=19)	
	N	% of total	N	% of total
Mental Health only	26	100%	17	94%
Substance Abuse services only				
MH & SA services			1	6%
Total Responses	26	100%	18	100%

- Most youth represented by the survey were receiving only mental health services; No youth under age 12 were also receiving substance abuse services and only 6% of 13-17 years olds were receiving both service types.

Table 16. Living Arrangement	Family (N=26)		Youth (N=19)	
	N	% of total	N	% of total
One or Both Parents	18	72%	13	76%
Neither Parent	7	28%	4	24%
Total Responses	25	100%	17	100%

- Among youth represented by the survey, 72% of those 12 and under and 76% of those 13-17 lived with one or both parents.

1. Family: $\chi^2=0.43$, $df=1$, $p\text{-value} = 0.51$
 Youth: $\chi^2=0.00$, $df=1$, $p\text{-value} = 0.97$

2. Family: $\chi^2=3.1$, $df=2$, $p\text{-value} = 0.21$
 Youth: $\chi^2=19.0$, $df=2$, $p\text{-value} <0.001$