

2018 Comprehensive Community Services (CCS) Provider Survey

Assessing whether provider behavior and experience aligns with values of CCS program

Version 11.14.18

Survey Objective

The purpose of the survey was to determine whether attitudes and behaviors among CCS service providers reflect the values and philosophy of the CCS program.

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Methods

Survey Development

- Designed by the CCS Coordination Committee, which assists Dane County in quality oversight of the CCS program, in order to meet an objective of the 2017 CCS quality improvement plan
- Constructed by Dane County Program Analyst, Jenna Ramaker, using Survey Monkey.

Survey Design

- 14 Likert Scale items (Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree)
- 2 multiple choice questions
- 3 open-ended questions
- 6 additional information questions (agency name, years at agency, years with CCS, education level, array services provided, languages used)
- 5 CCS values captured (person centered, reducing barriers, inclusion, recovery, support/ training)

Inclusion Criteria

- All CCS service providers:
 - who submitted a CCS progress note in 2018 **AND**
 - worked as a service provider for an agency currently contracted with CCS (as of 9/15/18)

Distribution Method

- Survey links were sent via a bcc email to all eligible providers on Oct. 1, 2018
- Email prompts were sent every week for 3 weeks, along with a final email 3 days prior to the survey closing
- Responses were anonymous and were collected until Oct. 21, 2018.
- The typical time spent completing the survey was 5 min.

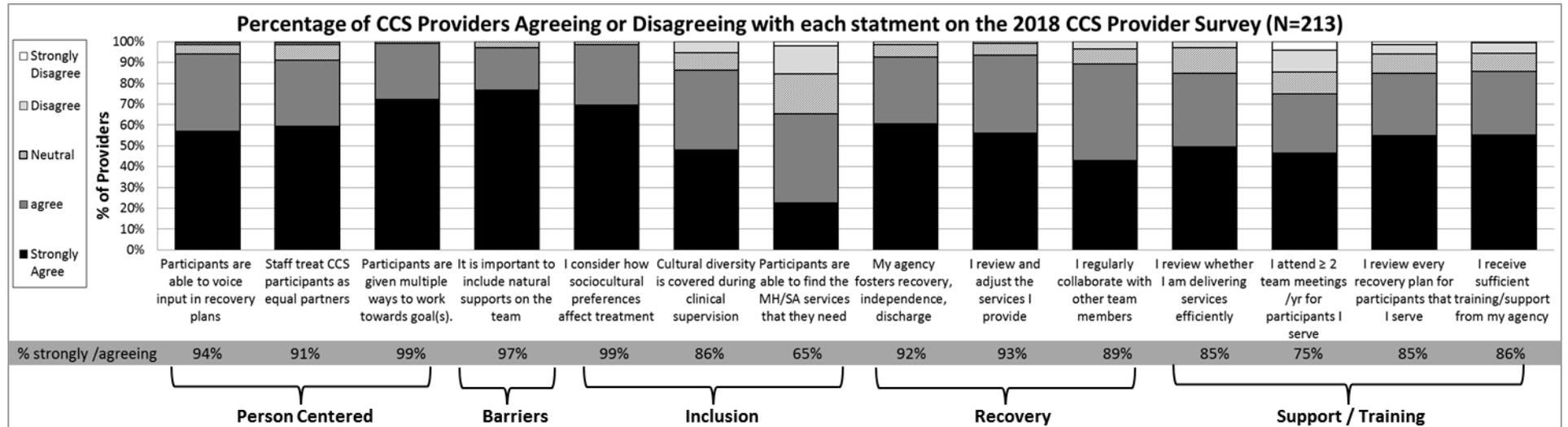
Response Rate

- 452 service providers from 88 agencies were eligible
- 12 email addresses were undeliverable, resulting in distribution to 440 providers
- 213 surveys were completed for a response rate of 48%

Table 1. Eligibility and Response Rate of Providers

# eligible providers	# providers contacted	# responded	Response Rate
452	440	213	48% (213/440)

Results



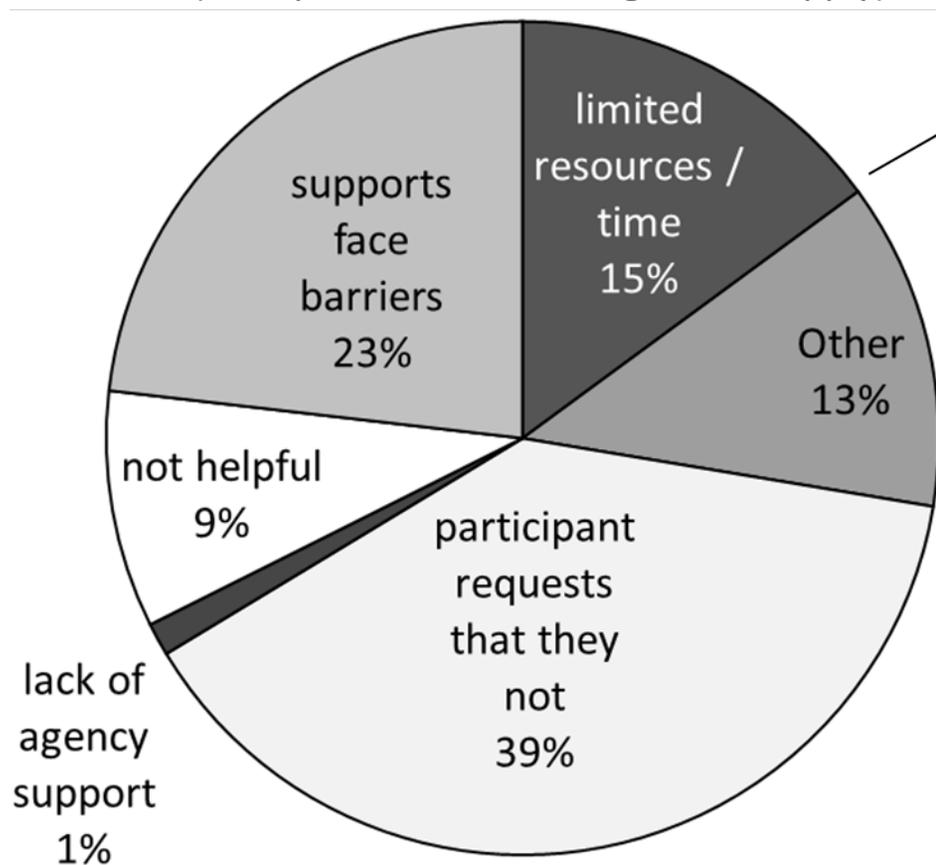
- Providers were presented with statements capturing experiences related to CCS goals of person-centeredness, reducing barriers to services, promoting inclusion and diversity, fostering recovery, and receiving sufficient support/training to proficiently deliver CCS services. Responses could range from strongly agree (consistent with CCS values) to strongly disagree (meaning experiences did not match CCS values). The survey statements above are abbreviated; for full statements, see study instrument (page 10-16).
- Generally, providers rated their experiences consistent with CCS values. On the Person Centered and Barriers topics, more than nine out of ten providers agreed or strongly agreed with each statement.
- Within the Inclusion domain, only 65% of providers agreed or strongly agreed that CCS participants are able to find the mental health/substance abuse services they need within the CCS network. Notably, 2% strongly disagreed with the statement. Meanwhile, experiences related to cultural diversity were more in line with CCS values.
- Providers agreed that the services they deliver are recovery oriented, with approximately nine out of ten agreeing to each statement related to the services they and their agency provide.
- Within the Support/ Training domain, providers stated that they regularly review the services and recovery plans for the participants that they serve. The lowest ranked item in this domain was for attending team meetings, with $\frac{3}{4}$ indicating that they attend at least two team meetings per year for each CCS participant that they work with. More information about the reasons providers don't attend team meetings can be found below.

Results: Multiple Choice Question #1 (Barriers Domain)

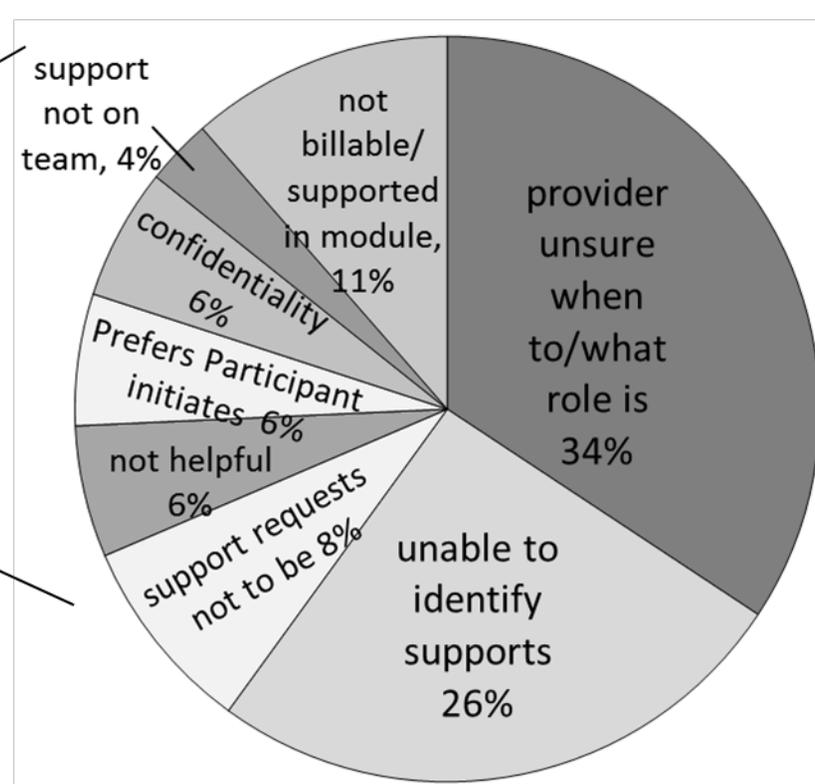
- Although 97% of providers agreed or strongly agreed that it is important to include natural supports on the team if it is helpful to the CCS participant, 202 providers offered the most common reasons they do not reach out to natural supports. Among those, were 32 other reasons including that they are unable to identify supports and that reaching out to natural supports is not billable in the CCS module.

The most common reasons CCS Providers do NOT reach out to the CCS participant's family/ natural supports

Answered by 202 Providers
(multiple choice- selecting all that apply)



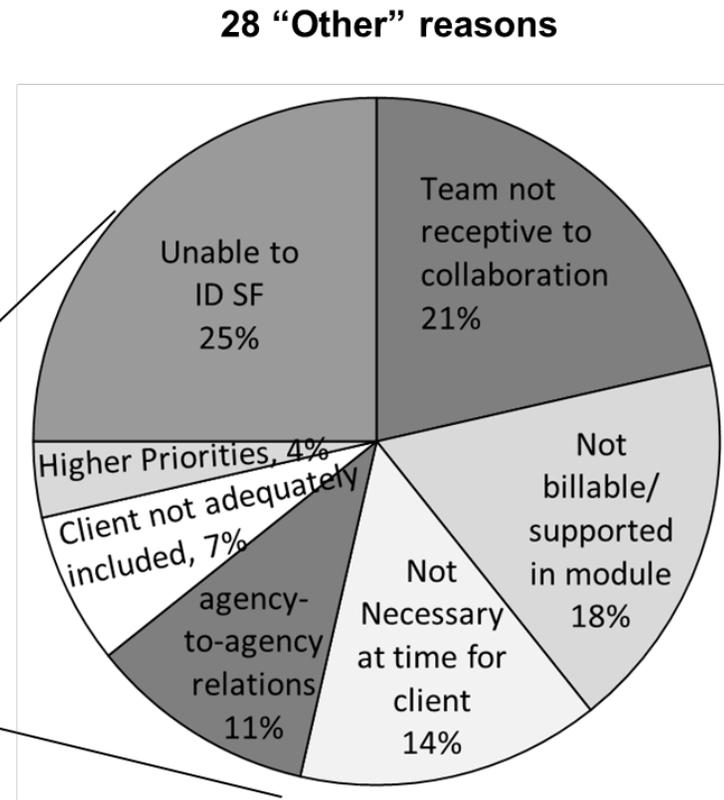
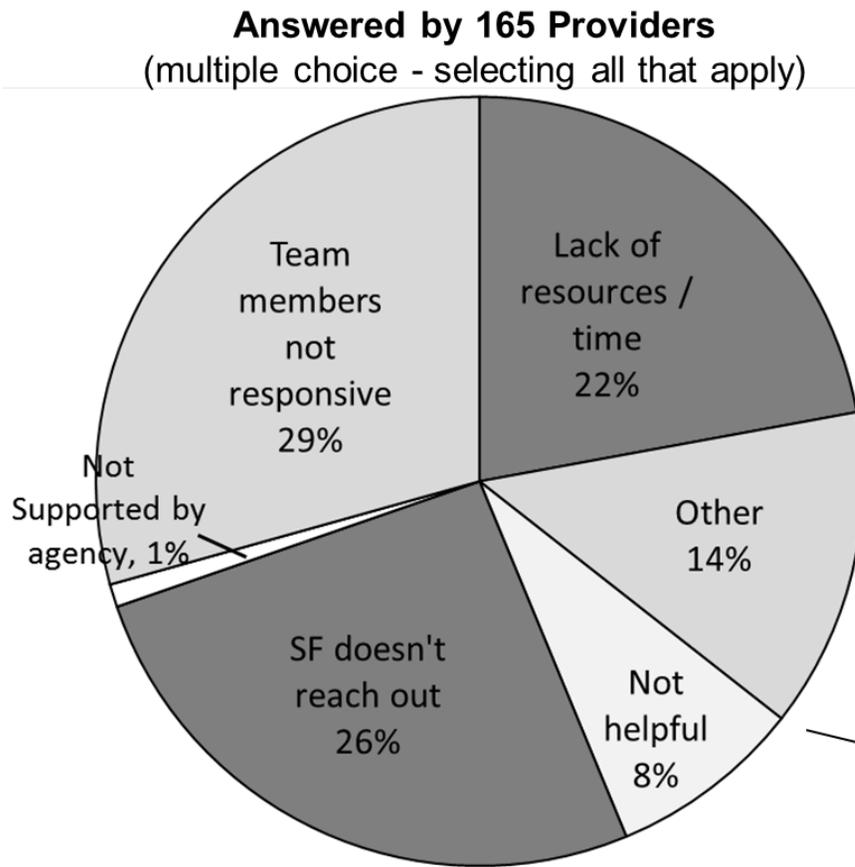
32 "Other" reasons



Results: Multiple Choice Question #2 (Recovery Domain)

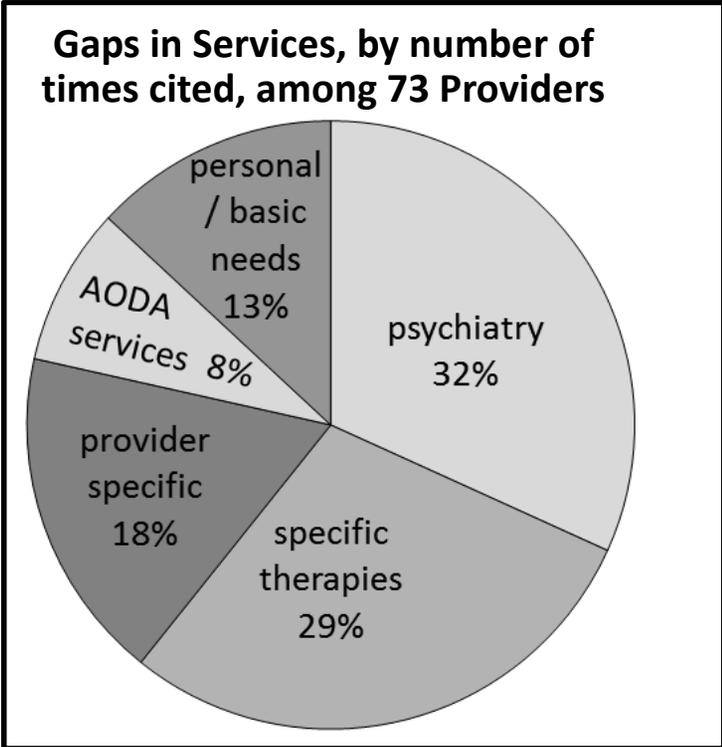
- Although 89% of providers indicated that they regularly collaborate with other members of a CCS participant’s team in order to coordinate aspects of their recovery, 165 providers presented the most common reasons they do not collaborate.
- Among selectable reasons, the most common reasons were that the service facilitator (SF) doesn’t reach out, that team members are not responsive, and a lack of time / resources
- Other reasons identified by providers included that they are unable to identify the SF, that the team is not responsive to collaboration, and that collaborating with the team is not billable /supported in the module.

The most common reasons CCS Providers do not collaborate with other team members



Results: Open-Ended Question #1 (Inclusion Domain)

- Only 65% of providers agreed that CCS participants are able to find the mental health/substance abuse (MH/SA) services they need within the CCS network. Psychiatry was the most commonly identified service shortage for CCS participants.
- Providers also identified a number of specific therapies that could strengthen the CCS network, including specific mental health services, youth-specific services, AODA services, and services to meet personal and basic needs that are directly related to mental health or substance abuse conditions.
- Finally, providers identified a number of provider-specific issues, including a desire for ensuring higher quality service facilitation for participants.



Personal/Basic Needs

- Diabetes Support
- Disability Resources
- Chronic Pain Treatment (related to MH symptoms)
- Eating Disorder Services
- Hardship Assistance
- Housing Support
- Recreation Assistance (to support MH)
- Transportation (to appointments)

Responses to Open Ended Question: What MH/SA services are CCS Participants not able to find in the CCS Network?

Psychiatry

Specific Therapies

- Alternative Therapies
- Body-Based Therapies
- Clinical Hypnotherapy
- Cognitive, Dialectical behavioral therapy (CBT, DBT)
- Crisis workers
- EMDR/Brain Spotting
- In-home Services
- Intensive out-patient treatment
- Medication Management
- Neurofeedback
- Neuropsychological services
- Peer Supports
- Short-term MH respite facilities
- Trauma-informed Individual Skill Development (ISD)

Youth specific:

- Intensive MH Day Services
- Residential or Inpatient MH treatment
- Individual Skill Development
- Support Services

Alcohol and Other Drug Abuse (AODA) Services

- Residential AODA Treatment
- Outpatient AODA Programs
- In-patient AODA Programs
- More options of agencies

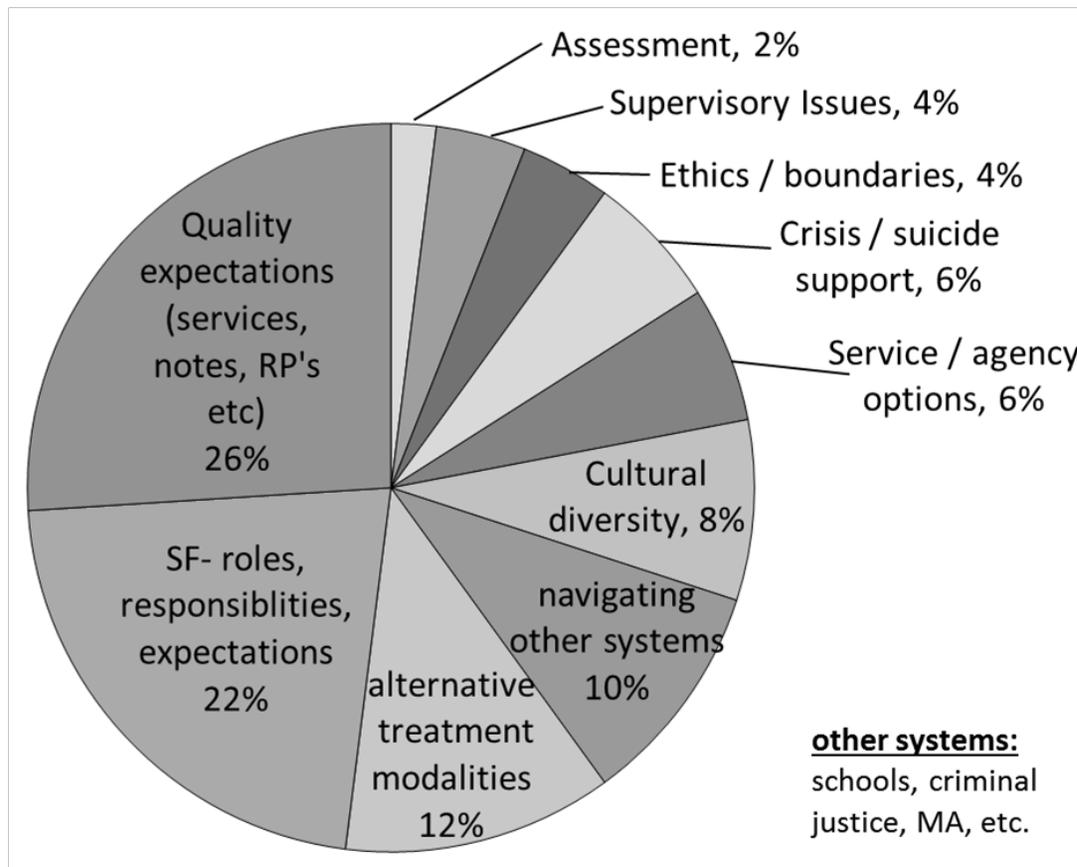
Provider-specific issues

- Bilingual providers
- Male providers
- Racially/ethnically diverse providers
- Provider/Client Fit
- Service Facilitator issues- higher quality, better collaboration
- Wait lists

Results: Open-Ended Question #2 (Support/ Training Domain)

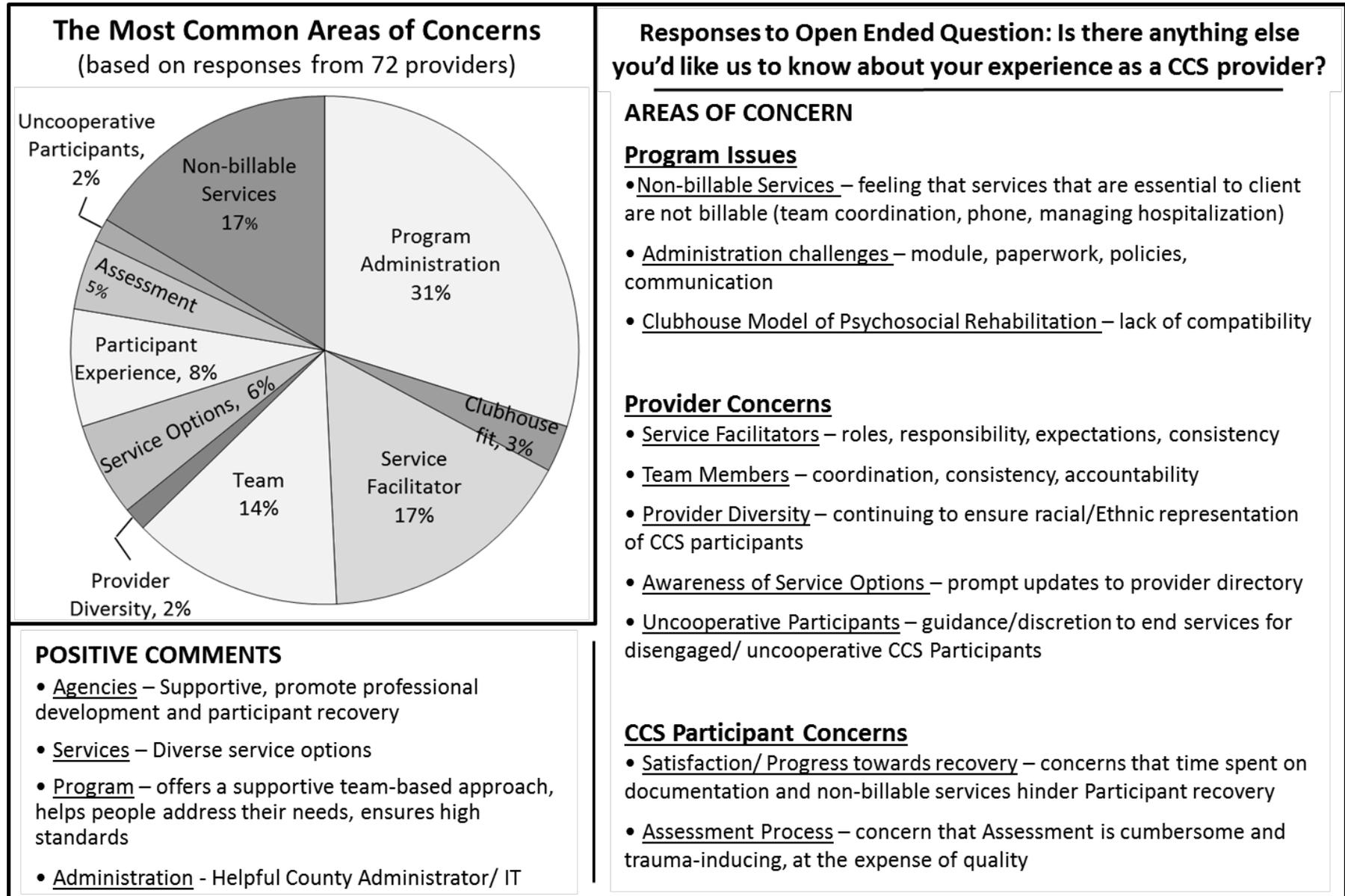
- Although 86% of providers agreed/strongly agreed that they receive sufficient training/support from their agency to adequately deliver services to CCS participants, 52 providers were able to identify additional training or support that they felt would help them better deliver CCS services.
- Most of the additional training providers wished they had related to CCS program requirements, including training to ensure they were delivering high quality services, submitting high quality notes and recovery plans, and doing other things to meet the county's quality expectations
- Many providers, both service facilitators (SF) and array providers requested more training for SFs. They noted wanting to have a better understanding of the roles, responsibilities, and expectations of SFs. They also identified inconsistencies in the degree to which SFs communicate with other providers to schedule team meetings and communicate important information about the client's needs.

List any additional training or support you wish you had or feel that you need in order to better deliver CCS services (N= 52 providers)



Results: Open-Ended Question #3 (Final Comments)

- At the conclusion of the survey, providers were given the opportunity to leave any additional comments about their experience as a CCS provider.
- Program issues were the most common concern, followed by provider concerns, and concerns about the participant experience.



Characteristics of Providers that Responded to the 2018 CCS Provider Survey

Agency: In order to ensure adequate agency representation among respondents from different sized agencies, providers were given an optional opportunity to identify which agency they worked for. Agencies were broken down by the number of CCS service providers (small: 1-4; medium: 5-19, large: 20+) that fit the survey eligibility criteria, and responses were then assessed to determine the breadth of agencies represented.

Agency Size Classification	# agencies		# providers	
	Eligible	Responded	Eligible	Responded
Small	75	38 (51%)	217	63 (29%)
Medium/Large	13	13 (100%)	249	89 (36%)
agency not identified:				61
Total	88	51		213

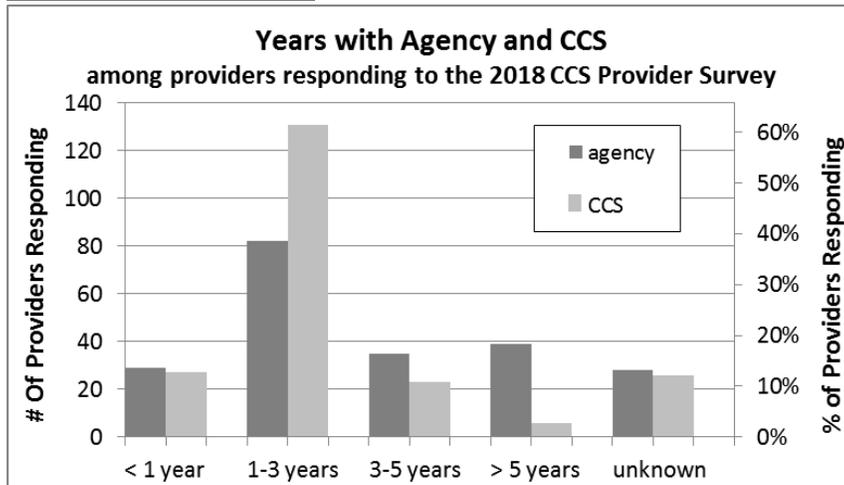
- Responses were received from at least one provider at each of the 13 medium/large agencies, and 51% (38/75) of small agencies. It is hypothesized that providers from small agencies would be less likely to list their agency since it might reveal their identity. This suggests that *at least* 51% of small agencies and 58% (51/88) of all agencies were represented in the survey.

Education level:

Education Level	Survey respondents		all recipients (N=440)
	Count	Percentage	
< Associates	3	1%	1%
Certified peer Specialist	1	0%	
Associates Degree	7	3%	3%
Bachelors Degree	25	12%	18%
Master's Degree	144	68%	58%
PhD	5	2%	3%
MD	1	0%	1%
Unknown	27	13%	
Advanced Practice Nurse Prescriber	NA		1%
Certificate	NA		6%
Qualified Treatment Trainees	NA		8%
Total	213	100%	

- Education level for survey respondents closely mirrored that of all eligible providers; most had Master's Degrees, followed by Bachelor's Degrees.

Years providing service:



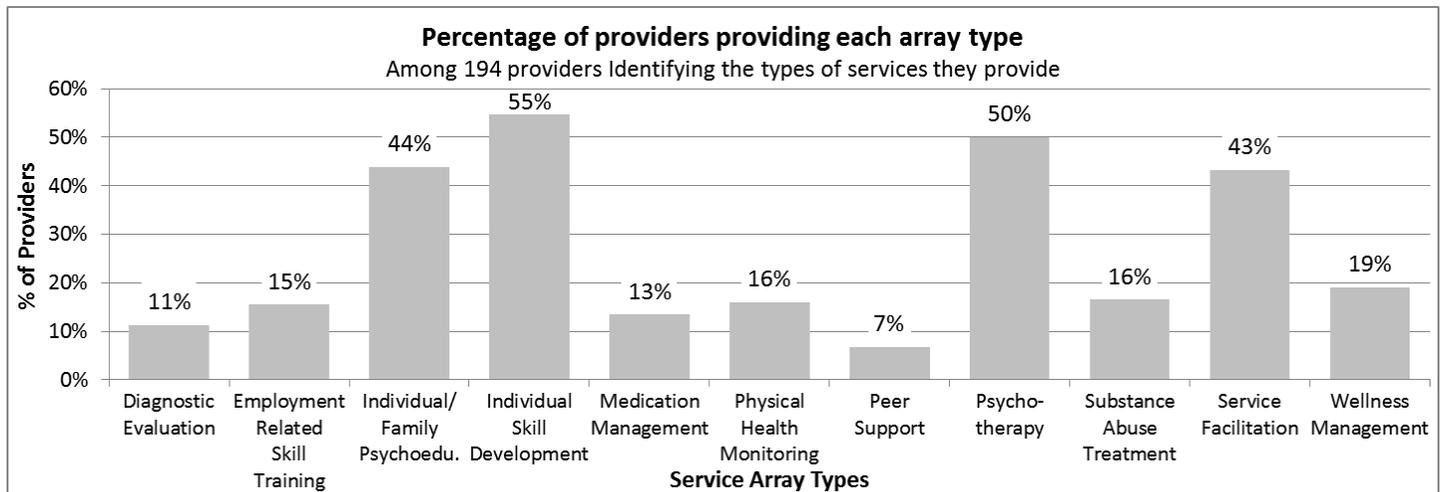
- Most providers worked for their agency for <3 years.
- Most provided CCS services for between 1-3 years

Other languages services delivered in	
Language	# providers
Dutch	1
German	3
Gujarati	1
Hindi	2
Hmong	3
Laotian	1
Punjabi	1
Spanish	14

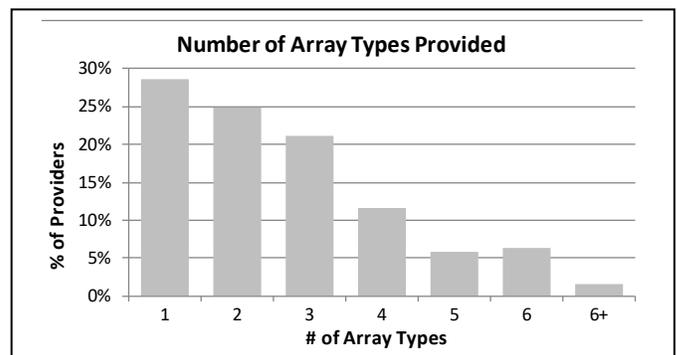
- CCS providers reported providing services in 8 languages other than English, with Spanish being the most common.

Characteristics of Providers that Responded to the 2018 CCS Provider Survey

Service Arrays Provided:

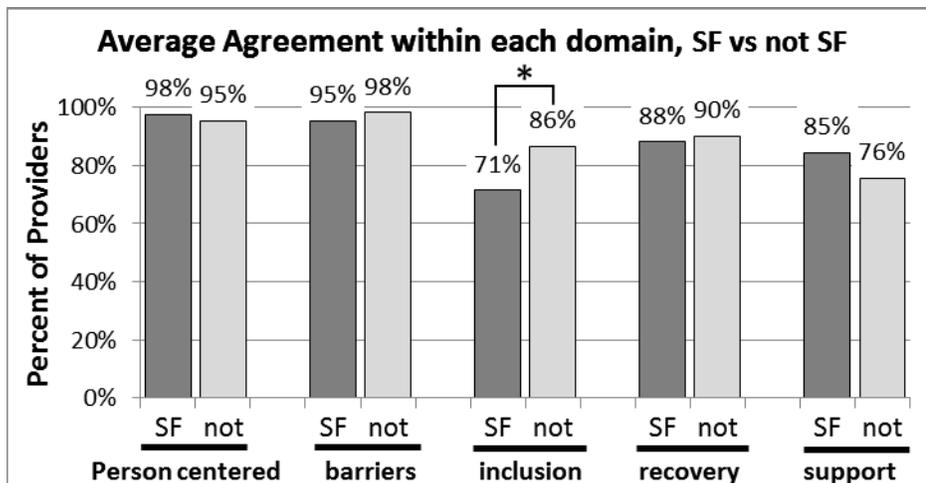


- Most respondents indicated that they provide multiple types of array services, with the most common being individual skill development and psychotherapy.
- ~1/3 of respondents provided one service type, while majority of providers provided 2-3 service array types.
- Service facilitators comprised 43% of survey respondents.



Subanalysis

In order to determine whether Service Facilitators (SFs) had different experiences than other providers, respondents were divided into 2 groups- those who indicated they provided SF (with or without other categories) versus those who didn't. Eighteen respondents who did not indicate their array services were excluded from the subanalysis.



- The experiences of SFs significantly differed in the inclusion domain.
- This difference seemed primarily driven by SFs having more disagreement with the statement about participants being able to find the MH/SA services they need within the CCS network.
- Almost 1/4 of SFs who completed the survey identified psychiatry as a service that CCS participants are having difficulty finding.

Other Subanalysis

Average agreement within each domain was also analyzed by agency size (small vs medium/large), length of CCS service (0-3 vs 3+ years), and education level (< Master's Degree vs at least Master's). However, no significant differences were found.

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Please indicate how much you agree or disagree with each of the following statements.

1 The CCS participants I work with have opportunities to voice their input and contribute to their recovery plans and treatment.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

2 Other CCS staff at the agency I work for treat CCS participants as equal partners in their recovery.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

3 I offer CCS participants multiple ways to work towards their identified goal(s).

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

1 / 7



14%

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Please indicate how much you agree or disagree with each of the following statements.

4 I believe it is important to include natural supports on the team if it is helpful to the CCS participant.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

5 The most common reasons I do NOT reach out to the CCS participant's family/ natural supports: (check all that apply)

- The CCS participant requests that I not
- I do not feel supported by my agency
- I do not have the time/resources
- Other (please specify)
- It is not helpful or necessary
- The family/natural supports face barriers to participation

2 / 7  29%

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Survey Instrument - Inclusion

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Please indicate how much you agree or disagree with each of the following statements.

6 I take into account the sociocultural preferences of the CCS participants that I work with and how that might affect treatment delivery.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

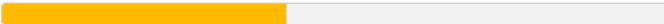
7 Cultural diversity is a topic covered during my clinical supervision

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

8 The CCS participants I work with are able to find the mental health/substance abuse services that they need within the CCS network.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

9 If not, what services are they not able to find?

3 / 7  43%

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Survey Instrument - Recovery

Please indicate how much you agree or disagree with each of the following statements.

- 10) The attitudes and environment at the agency I work for foster CCS participants' independence, recovery, and discharge from the CCS program.
- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree
- 11) I regularly review the services I provide, in order to determine whether they meet the participant's needs and adjust services accordingly.
- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree
- 12) I regularly collaborate with other members of a CCS participant's team in order to coordinate aspects of their recovery.
- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree
- 13) The most common reasons I do NOT collaborate with other team members: (mark all that apply)
- Team members are not responsive It is not helpful or necessary
 I do not feel supported by my agency The Service Facilitator does not reach out
 I do not have the time/resources
 Other (please specify)
-
- 14) I regularly talk with my supervisor and the team about whether I am delivering services for each CCS participant that I work with in the most efficient way possible.
- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

4 / 7  57%

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Please indicate how much you agree or disagree with each of the following statements.

15 I attend CCS team meetings at least twice per year for each of the CCS participants that I provide services for.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

16 I review every new recovery plan for each CCS participant that I work with.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

17 I receive sufficient training/support from my agency to adequately deliver services to CCS participants.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

18 List any additional training or support you wish you had or feel that you need in order to better deliver CCS services

5 / 7



71%

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19 Which array category services do you provide? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Evaluation | <input type="checkbox"/> Peer Support |
| <input type="checkbox"/> Employment Related Skill Training | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Individual/Family Psychoeducation | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Individual Skill Development | <input type="checkbox"/> Service Facilitation |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Wellness Management |
| <input type="checkbox"/> Physical Health Monitoring | |

20 Is there anything else you'd like us to know about your experience as a CCS provider?

6 / 7  86%

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Survey Instrument - Characteristics

The following information is optional, but helps us understand the characteristics associated with particular responses. Individual information will never be shared, but will be added together so that we can learn more about the experiences of different types of providers.

21) Which agency do you work for? If more than one, pick primary)

22) How long have you worked for this agency?

Less than 1 year

3-5 years

1-3 years

More than 5 years

23) How long have you worked as a CCS provider?

Less than 1 year

1-3 years

3-5 years

More than 5 years

24) What is your highest level of education/certification related to the CCS services you provide?

Less than Associates

Master's

Certified Peer Specialist

PhD

Associate's

MD

Bachelor's

25) What Languages, other than English, are your services delivered in? (check all that apply)

N/A (English only)

Hmong

Albanian

Korean

Arabic

Laotian

Bosnian

Polish

Chinese

Russian

Croatian

Serbian

French

Spanish

German

Tagalog

Hindi

Vietnamese

Other (please specify)

7 / 7

100%