



Comprehensive Community Services: Participant Satisfaction Survey Results

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Dane County Department of Human Services
Behavioral Health



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Introduction

Background

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

In the CCS program, each participant has a Service Facilitation agency, which provides case management. The Service Facilitator coordinates one or more of the following activities: mental health care, physical health care, substance abuse treatment, vocational or education support, and may assist with housing, medication management, or with activities of daily living (ADLs).¹ Dane County contracts with an open network of approximately 30 Service Facilitation (SF) agencies and 90 service provider agencies to deliver these services.

Survey

Survey Population

Eligible survey participants included all CCS participants who had been enrolled in CCS for at least 6 months and were either currently enrolled or had disenrolled within the previous three months. In total, 1,872 surveys were distributed via postal mail to CCS participants meeting the eligibility criteria.² The survey was distributed in September 2022. Overall, the response rate for the 2022 CCS satisfaction survey was 21%. [Table 1](#) shows the response rate by survey type. The response rate varied across groups, with the highest response for the youth survey (34%). This is considerably higher than in previous years. This overall response rate was about average for the last three years.

Table 1. Response Rate by Survey Type

Survey Type	# of Participants Eligible	2022 Responses		2021	2020
		N	%		
Adults (18+)	1,483	292	20%	16%	25%
Youth (13-17)	147	50	34%	14%	17%
Family (<12)	242	43	18%	17%	28%
Overall	1,872	385	21%	16%	24%

¹ Activities of Daily Living (ADL) may include bathing, dressing, walking, eating, using the bathroom, and getting in and out of chairs or beds.

² Surveys and accompanying materials were available in English, Hmong, Spanish, and Khmer (Cambodian) based on the recipient's preferred language. In total, 89 surveys were sent with additional language material (68 in Hmong, 4 in Spanish, and 17 in Khmer). Recipients received all materials in English as well as their preferred language. 96% of those who received the survey in another preferred language returned the English version of the survey.

Survey Administration

The satisfaction survey used is the Mental Health Statistical Improvement Project (MHSIP) satisfaction survey. There is a unique MHSIP survey for each of the following: adults, youth, and families. The adult MHSIP survey was sent to participants over the age of 18. The youth survey was sent to CCS participants between age 13 and 17. The family survey was sent to parents or guardians of CCS participants age 12 or under. The survey measures participant perception of care across several domains that capture key outcomes of success, including overall satisfaction, participation in treatment, access, outcomes and functioning, and social connectedness. The survey is used in all CCS programs across Wisconsin counties, as well as in other publicly-funded behavioral health programs across the county, state, other U.S. states, and some U.S. territories. The survey tools are in [Appendix A](#).

Measures

The MHSIP survey asks respondents to rate statements as “strongly agree” (5), “agree” (4), “neutral” (3), “disagree” (2), and “strongly disagree” (1), or say if the statement is “not applicable” to them.³ Each statement is directly related to one of the following domains: satisfaction, access, participation in treatment, quality and appropriateness of services, outcomes, functioning, and social connectedness.⁴ [Appendix B](#) shows each item’s positive (rating “strongly agree (5)” or “agree (4)”) percentage score for each survey type (adult, youth, and family). More information about the MHSIP instrument and survey administration is in the [Wisconsin Department of Health Services \(DHS\) User Guide for Participant Satisfaction Surveys](#). Descriptions of each domain can be found in [Table 2](#) (adults) and [Table 3](#) (youth and family).

Domain scores are calculated for each respondent. Only ratings of 1 (“strongly disagree”) through 5 (“strongly agree”) are included in the calculation. Participants were categorized on each domain as having a positive experience (average domain score above 3.50 out of 5), mixed experience (average domain score between 2.5 and 3.5), or negative experience (average domain score below 2.5 out of 5) (see [Figure 1](#)). This means that respondents can report a positive experience in one domain and a negative or mixed experience in another. In addition to scaled responses, respondents could provide narrative comments about the services they received.

Figure 1. Classification of Respondents' Domain Item Scores



³ Ratings of not applicable (0) are recoded as missing in analysis.

⁴ Respondents must have answered two-thirds of the items in each domain to be included in the average domain score. For example, a respondent must answer at least 3 of the 4 “Connectedness” domain questions to be included in the domain score. Therefore, n sizes will vary across each item and domain, but generally range from 270-292 for adults and 80-93 for youth and family.

Table 2. Domain Type and General Measure Description for Adult MHSIP

Domain	# of Items	Measures
Satisfaction	3	Participants' level of satisfaction with their services
Participation	2	How well the individual was integrated into treatment planning
Access	6	The ease with which services were obtained
Outcomes	8	The treatment-related improvements in the participant's life
Functioning	4	The perceived impact of the participant's treatment on their daily life
Connectedness	4	The extent to which participants have "natural supports" in place – family, friends, acquaintances – to help bolster and sustain recovery
Quality	9	The relationships to and cultural sensitivity of providers

Table 3. Domain Type and General Measure Description for Youth and Family MHSIP

Domain	# of Items	Measures
Satisfaction	6	Youth/caregiver's overall satisfaction with their own/their child's services
Participation	3	How well the youth or family was integrated into treatment planning
Access	2	The perceived ease with which behavioral health services were obtained
Outcomes	7	The perceived treatment-related improvements in the participant's life
Connectedness	4	The extent to which the youth/family have "natural supports" in place to help bolster and sustain recovery
Culture	4	The cultural sensitivity of providers

Key Findings

Table 4. Summary of Domain Scores by Adult, Youth, and Family Respondents

	Adults (n=292)	Youth (n=50)	Families (n=43)
Overall	84% positive experience	73% positive experience	90% positive experience
Highest rated	Satisfaction (88%) Quality ⁵ (87%)	Culture ⁶ (91%)	Culture (100%) Participation (98%)
Lowest rated	Social Connectedness (59%) Functioning ⁷ (62%) Outcomes (65%)	Satisfaction (67%) Access (67%)	Outcomes (63%)

Overall, results indicate that Dane County CCS participants' satisfaction has remained relatively consistent with previous years, including pre-COVID service satisfaction. Scores in the Satisfaction domain remained high for adults (88%), youth (67%), and families (86%), with the majority of respondents across all three groups reporting an overall positive experience with CCS in 2022 (Table 4). Adult respondents reported a marginal increase on the Participation and Outcomes domains compared to previous years and lower domain scores on the Functioning and Social Connectedness domains (Figure 5). Youth and Family respondents reported a lower overall positive experience compared to previous years (87% in 2021 and 2020). Satisfaction, Participation, and Access scores were lower in 2022 than in previous years (see Figure 17), while the Outcomes, Social Connectedness, and Culture domains stayed relatively consistent with prior years. Overall, results across all CCS respondents indicates that participants are satisfied with their service facilitators and providers and feel empowered and supported in making decisions about their treatment and care, but continue to struggle on intrinsic outcomes of mental health care, including coping with acute and ongoing crises in their life, feeling in control of their symptoms, and creating and sustaining meaningful relationships with others. Respondents who gave narrative feedback expressed their gratitude for their service facilitators and providers, who continue to rise to the challenge to meet and exceed the needs of CCS participants across the county and across the continuum of care, from case management and medication management to individual therapy and support groups.

"My CCS services are the reason I have been able to achieve long-term success in my Recovery" – Adult participant

CCS continues to grow by adding new service facilitators and providers to the network and accepting more participants each month. As expansion continues, Dane County CCS staff continue to explore new and innovative ways to improve participants' experiences and expand the service array to meet the demand for behavioral health services in the county.

"This program has saved my life on multiple occasions. I owe my life and my happiness to CCS" – Adult participant

⁵ Quality domain is only in the Adult survey but could be compared to the Culture domain in the Youth and Families surveys

⁶ Culture domain is only in the Youth and Families surveys but could be compared to Quality in the Adult survey

⁷ Functioning domain is only in the Adult survey

Results: CCS Adults

Demographics

CCS served nearly 2,000 adults in communities across Dane County in 2022. Respondent age ranged from 18 to over 70 years old, with a median age of 49 (Figure 2). White participants made up the majority of respondents (66%), followed by Black or African American respondents (14%), Asian respondents (8%), respondents of more than one race or other race (8%), and Hispanic or Latino respondents (4%) (Figure 3).⁸ Black participants were significantly underrepresented in the respondent sample compared to the eligible population (14% and 21%, respectively). Women represented about two-thirds of the adults respondents and men about one-third (Figure 4).

Figure 2. Adult Respondent Age Groups (n = 292)

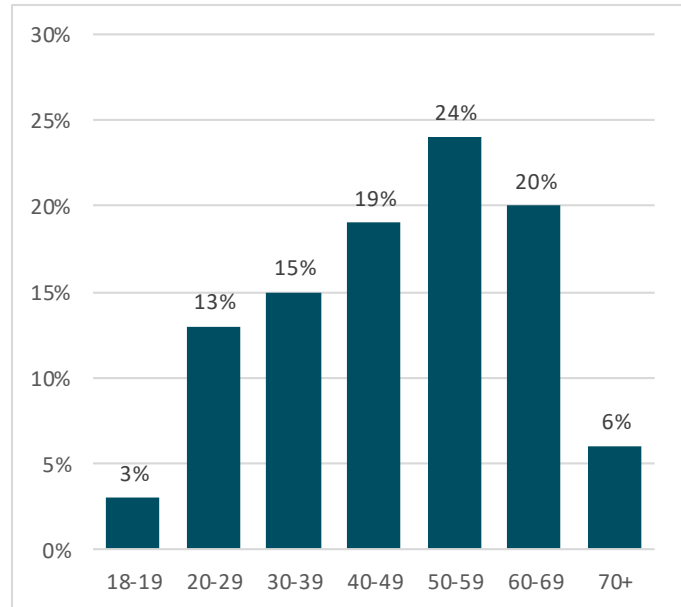


Figure 3. Adult Respondent Race-Ethnicity (n = 286)

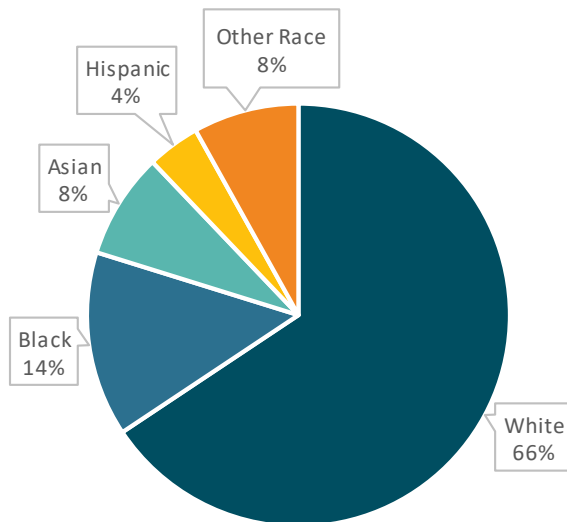
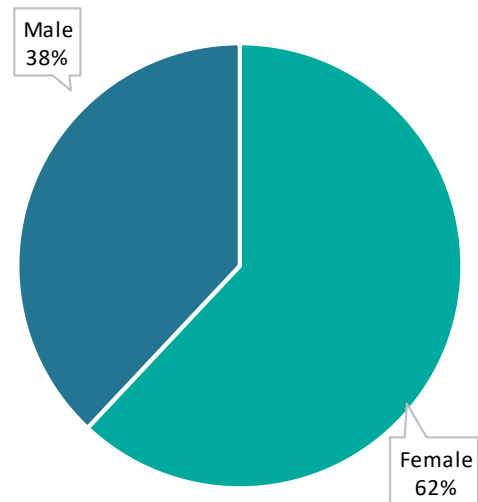


Figure 4. Adult Respondent Gender (n = 279)



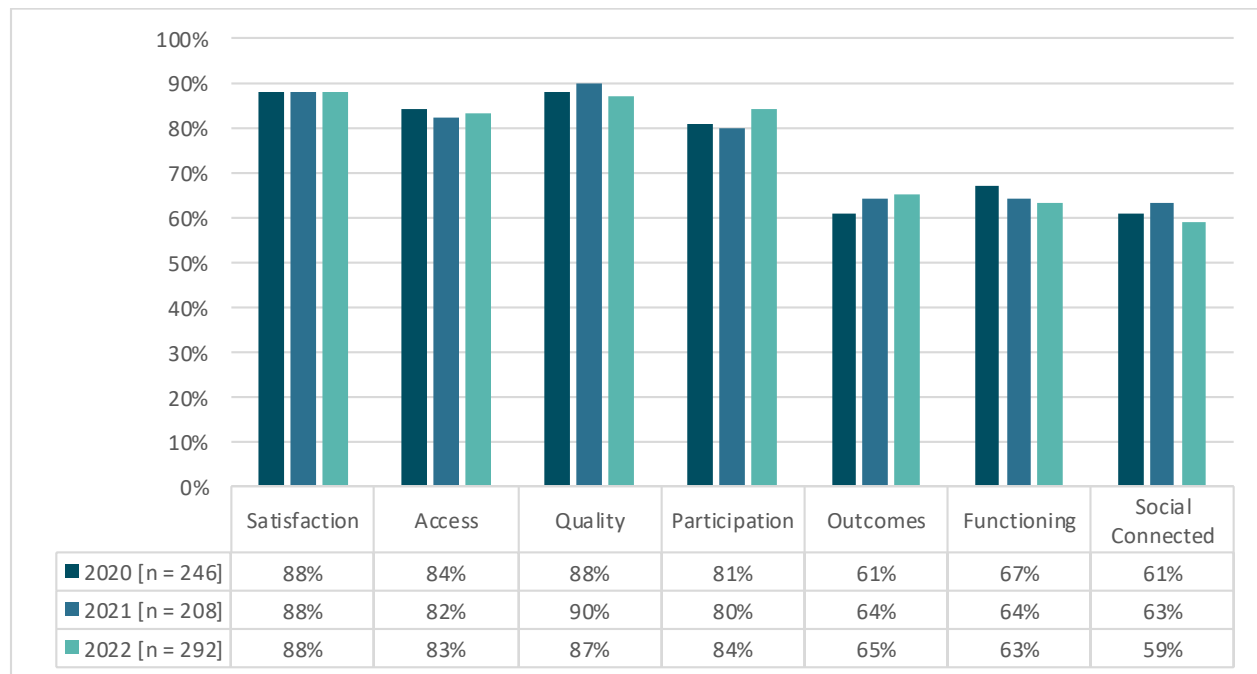
⁸ Other Race includes those who identified as more than one race group and those who identified as American Indian/Alaskan Native or Pacific Islander or Native Hawaiian.

Overall Perception of Care

Overall perception of care looks at the percentage of respondents with an overall positive experience in each domain (Figure 5). Domain scores remained mostly consistent from 2020 to 2022, including modest rises on the Access and Outcomes domains and reductions in the Functioning and Social Connectedness domains. The highest scored domains were Satisfaction, Participation, Access, and Quality, indicating that participants feel satisfied with the services they've received from their service facilitator, they feel their service facilitator is accessible and available when they need them, and that the staff were supportive, encouraging, and culturally sensitive to their needs. The lowest scored domains – Outcomes, Functioning, and Social Connectedness – suggest that participants are struggling with intrinsic emotional wellbeing and regulation, such as managing their symptoms, taking care of their needs, and coping with their emotions both in daily life and during acute crises. Notably, the domain score for Social Connectedness is lower in 2022 than it was in 2020 and 2021 during the pandemic, indicating that participants have struggled to maintain and build new connections to family, friends, work, and/or school in the last three years. CCS respondents reported significantly more positive scores on the Access⁹, Quality¹⁰, and Participation¹¹ domains compared to other non-CCS Dane County mental health programs. You can find the MHSIP results for non-CCS mental health program respondents [here](#) under “Dane County Mental Health System: Client Perception of Care”

“I’m grateful for the services I have received. I hope to grow and continue services. I can do this one baby step at a time” – Adult participant

Figure 5. Perception of Care by Domain by Year: Percent with Positive Rating Score, 2020-2021-2022



⁹ Access domain score for non-CCS Dane County mental health program MHSIP respondents: 73

¹⁰ Quality domain score for non-CCS Dane County mental health program MHSIP respondents: 76

¹¹ Participation domain score for non-CCS Dane County mental health program MHSIP respondents: 71

Satisfaction Domain

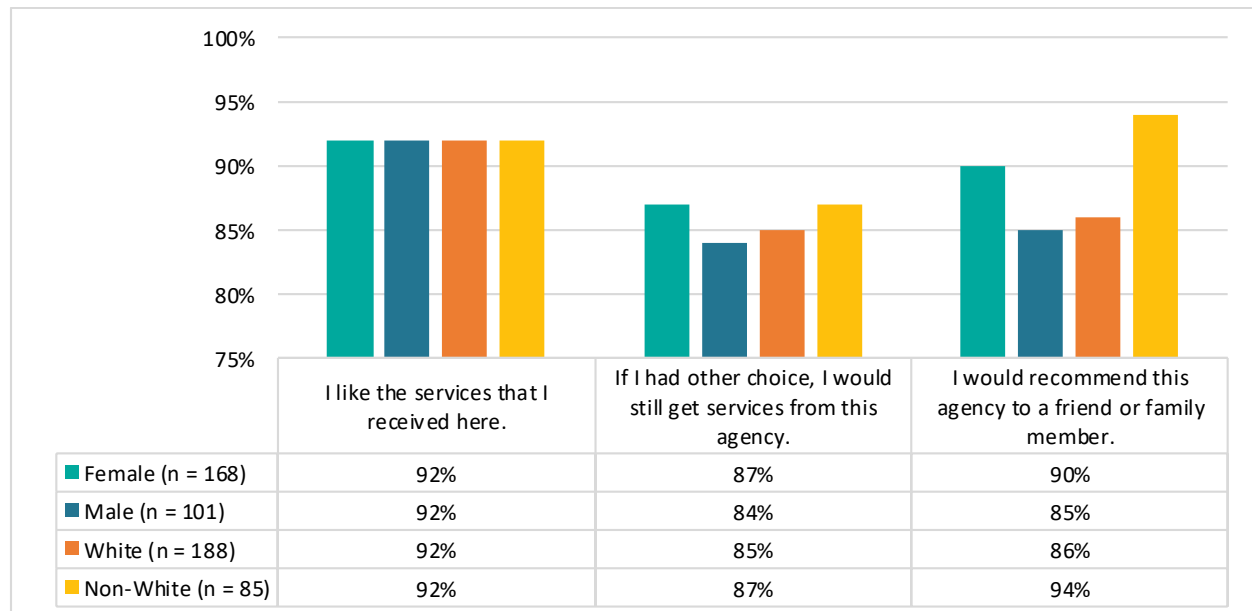
SCORE: 88%	#	Statement
	1	I like the services that I received here.
	2	If I had other choices, I would still get services from this agency.
	3	I would recommend this agency to a friend or family member.

The satisfaction score remained consistent with previous years (88%). The vast majority of adult respondents indicated they like the services they received from their service facilitator (92%). Most also agreed they would recommend their provider to a family member or friend (86%) and would still get services from their provider even if they had other choices (85%). [Figure 6](#) shows the percentage of adult respondents who reported they agreed or strongly agreed with each statement on this domain by gender and race.¹² Results are comparable across gender and race for each item, with the vast majority of respondents indicating that they like the services they receive through CCS.

“Of the many services I have received in the last 6 months I have really benefited from yoga at Insight therapy (through CCS)....Alongside mental health issues, I also deal with chronic pain. To better balance my mental + physical health, yoga has been invaluable. I consider myself fortunate to have this opportunity via CCS. Thank you” – Adult participant

“I have felt dramatic improvement in my life. My life satisfaction has never been higher. My care team has made me feel strongly supported, they are so accepting and really, REALLY good at what they do. Each one has been compassionate and professional.” – Adult participant

Figure 6. Percent of Respondents Who Had a Positive General Satisfaction Score by Gender and Race



¹² Non-white respondents include anyone who identified as Black or African American, Asian, American Indian, More than One Race, or Other (n = 85).

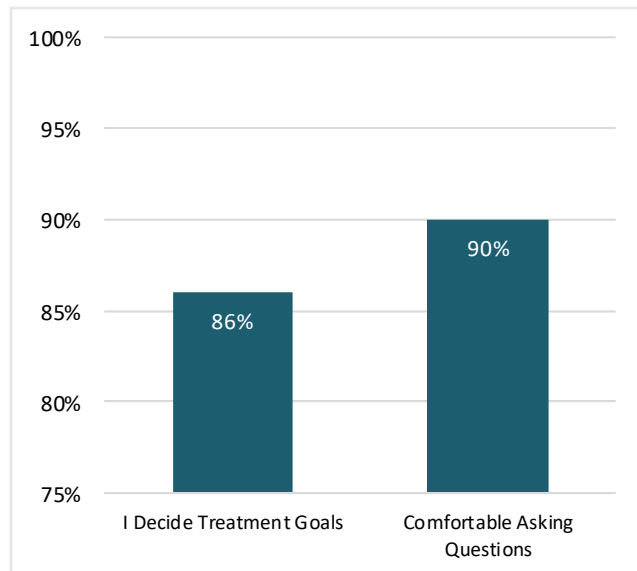
Participation Domain

SCORE:	#	Statement
84%	11	I felt comfortable asking questions about my treatment and medication.
	17	I, not staff, decided my treatment goals.

One of the guiding principles in SAMHSA’s working definition of recovery is that “recovery is person-driven. Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path toward these goals...in doing so, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.”¹³ The Participation domain measures this definition of recovery. The vast majority of adult respondents agreed that they felt comfortable asking questions about their treatment and medication (90%) and they decided their treatment goals (86%) (Figure 7). These high scores indicate CCS participants feel well-supported and empowered in making decisions about their care and treatment plans.

“Things are going well. I feel supported regarding my goals. I have and continue to be treated with compassion and kindness” – Adult participant

Figure 7. Respondents Who Reported Positively on the Participation Domain Items (n = 279)



“Lost my service dog so my mental health went downhill. Without the incredible people on my team I would have ended up in the hospital 100%. They helped me plan and cater services to my needs. It was hard but I was prepared and I’m OK. The program changed my life. My team is the best, most supportive team I’ve ever had. I am so grateful & blessed to be in CCS. My providers are phenomenal.” – Adult participant

¹³ Substance Use and Mental Health Services Administration (SAMHSA) [Working Definition of Recovery](#). February 2012. Retrieved December 15, 2022.

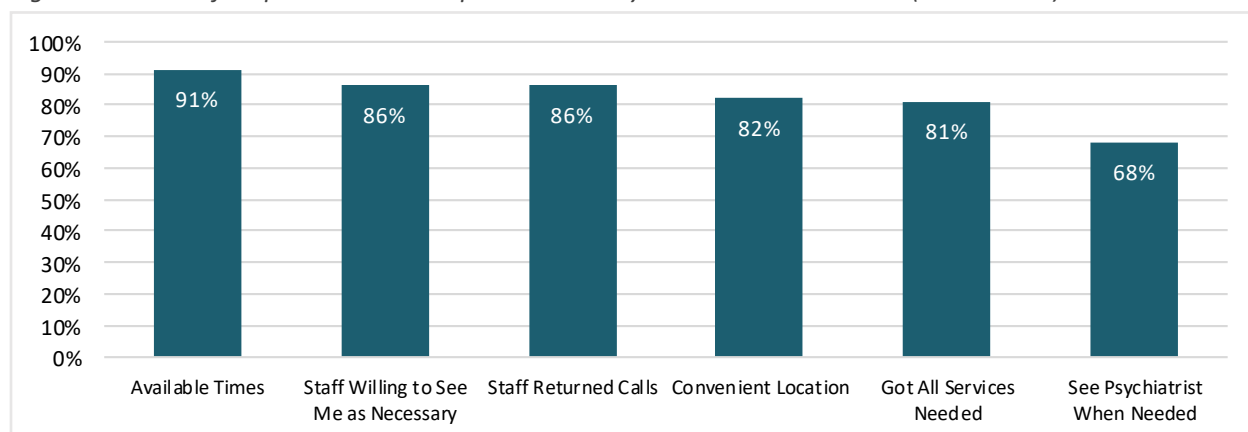
Access Domain

SCORE: 83%	#	Statement
	4	The location of the services was convenient (parking, public transportation, distance, etc.).
	5	Staff were willing to see me as often as I felt it was necessary.
	6	Staff returned my call within 24 hours.
	7	Services were available at times that were good for me.
	8	I was able to get all of the services I thought I needed.
	9	I was able to see a psychiatrist when I wanted to.

Timely, convenient, and accessible services continues to be foundational to the effective delivery of mental health services. The items in this domain evaluate logistical and operational components of services across the care continuum. Factors like location, scheduling, and availability are critical to participants' ability to access needed services. The majority of adults indicated that services were available at times that were good for them (91%), staff were willing to see them as often as they felt necessary (86%), staff returned their call within 24 hours (86%), the location was convenient (82%), they were able to get all of the services they needed (81%), and/or they were able to see a psychiatrist when they wanted to (68%) (Figure 8). These results suggest that service facilitators are accommodating to participants' scheduling needs and they feel their service providers are accessible and available when they need them. The lowest scored item on this domain – seeing a psychiatrist when needed – is similar across other Dane County mental health programs (67%). This item score is likely impacted by local, state, and national shortages of prescriber providers.¹⁴ Even though CCS has created a robust network of service facilitators that include approximately 25 psychiatrists and other prescribers, Dane County has also been impacted by the systemic shortages in psychiatrists and other behavioral health care providers.

“Everyone on my team has been wonderful. I feel like they definitely care about my well-being. They are always available for my needs and I appreciate them so much!” – Adult participant

Figure 8. Percent of Respondents Who Reported Positively on Access Domain Items (n = 240-288)



¹⁴ Weiner, Stacy. “A Growing Psychiatrist Shortage and an Enormous Demand for Mental Health Services.” Association of American Medical Colleges, August 9, 2022. Retrieved January 3, 2022.

Outcomes Domain

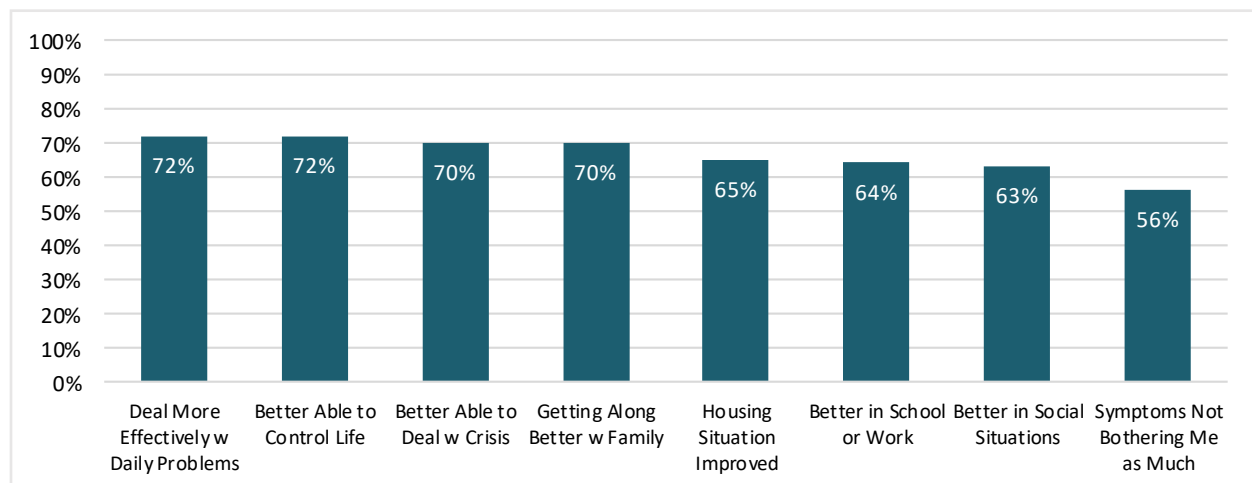
SCORE: 65%	#	Statement
	21	I deal more effectively with daily problems.
	22	I am better able to control my life.
	23	I am better able to deal with crisis.
	24	I am getting along better with my family.
	25	I do better in social situations.
	26	I do better in school and/or work.
	27	My housing situation has improved.
	28	My symptoms are not bothering me as much.

“I am glad that I have the services CCS provides for me. It has helped me with my daily chores and coping skills...” – Adult participant

“The past 2 years have been very interesting all the things that [my service facilitator] has been involved with in my life, has made me more reliable [and] financially stable, and truly since I’ve started the program my life has improved tenfold. Thank you” – Adult participant

The Outcomes domain captures intrinsic feelings of improvement in emotional stability and general well-being. This domain goes beyond “process” outcomes such as location and availability of services by evaluating how much a participant feels their treatment plan is improving core components of wellness and recovery. 64% of adult respondents reported positively on this domain. This score is similar to other Dane County non-CCS mental health program respondents (64%). The lowest scored item on this domain was “My symptoms are not bothering me as much” (56%) (Figure 9). Controlling and reducing symptoms is a critical outcome for those experiencing mental illness; doing so can lead to marked improvement on many other domains, including functioning and social connectedness.

Figure 9. Adult Respondents who Reported Positive Scores on Outcomes Items (n = 178-284)



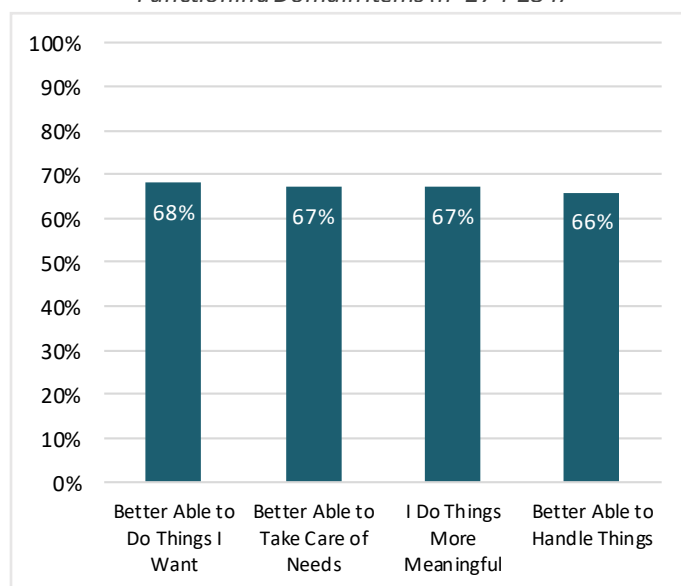
This domain score has improved in recent years (61% in 2021 and 64% in 2022), but it is markedly lower than other domain scores, indicating that while participants feel supported and empowered by their service facilitators and providers, the intrinsic components of treatment and recovery – such as feeling in control of one’s life and feeling better able to deal with daily life as well as acute or ongoing crises – are challenging to improve and adapt.

“My work with my counselor has made so much difference in my life. She has given me great strategies for coping with my constant issues. I never miss appointments.” – Adult participant

Functioning Domain

SCORE: 62%	#	Statement
	29	I do things that are more meaningful to me.
	30	I am better able to take care of my needs.
	31	I am better able to handle things when they go wrong.
32	I am better able to do things that I want to do.	

Figure 10. Adult Respondents who Reported Positively on Functioning Domain Items (n=274-284)



The Functioning domain measures the extent to which mental health services have a positive impact on the respondent’s daily functioning and coping. Overall, 62% of respondents reported improved functioning since starting services. This was the second lowest scored domain. Respondents scored similarly across all four items, which capture participants’ ability to cope with acute and ongoing challenges in their life as well as care for themselves and their needs independently. In tandem with the Outcomes domain, this suggests that participants may be struggling with resiliency during adverse or unexpected life events and may find it difficult to meet their needs.

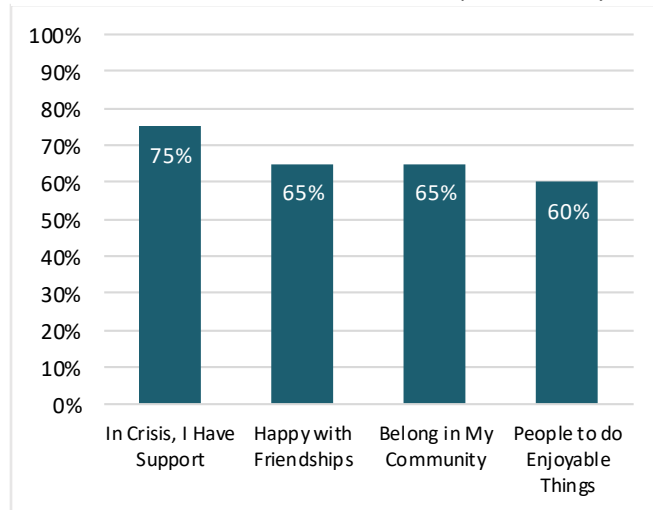
“I am very grateful for my CCS provider and the entire CCS program...I am becoming a better person because I am staying sober and working on my goals with my CCS provider. I am overall extremely satisfied with this program!” – Adult participant

“I would not have made the progress and growth that I have experienced without this program! I can finally say I’m proud of the person I am becoming.” – Adult participant

Social Connectedness Domain

SCORE: 59%	#	Statement
	33	I am happy with the friendships I have.
	34	I have people with whom I can do enjoyable things.
	35	I feel I belong in my community.
36	In a crisis, I would have the support I need from family or friends.	

Figure 11. Adult Respondents Who Reported Positively on Social Connectedness Domain Items (n = 281-286)



“I appreciate very much the efforts of certain personnel that have been helping. I have currently acquired the tools to have a healthy happy life again”
– Adult participant

Increased social supports and social connection have become especially important during treatment and recovery during and after the COVID-19 pandemic. SAMHSA’s working definition of recovery emphasizes the role of supportive family, friends, peers, support groups, spiritual and religious communities, and other professionals as a protective factor during and after treatment and recovery.¹⁵ Through these relationships, people in recovery can forge new paths and feel a greater sense of belonging, empowerment, social inclusion, and community.¹⁶ The pandemic has impacted everyone’s ability to connect and find support through traditional channels. Many have struggled with intense and prolonged social and physical isolation amid the pandemic and recovering from that lack of social connection can be very difficult.

The Social Connectedness domain reported the lowest score across all domains (59%). This score is similar to other respondents from non-CCS mental health programs in Dane County (61%). CCS participants may be struggling to feel a sense of community and belonging amongst their peers. Most respondents felt that, in a crisis, they would have the support they need from family or friends (75%), but less felt happy with their friendships (65%) and that they had people to do enjoyable things with (60%) (Figure 11). As peer support and recovery coaching continues to expand in Dane County, participants may start to have more access to peers with similar interests and goals with whom they can connect and build a sense of community.

¹⁵ Substance Use and Mental Health Services Administration (SAMHSA). [Working Definition of Recovery](#). February 2012. Retrieved April 15, 2022.

¹⁶ Ibid.

Quality and Appropriateness Domain

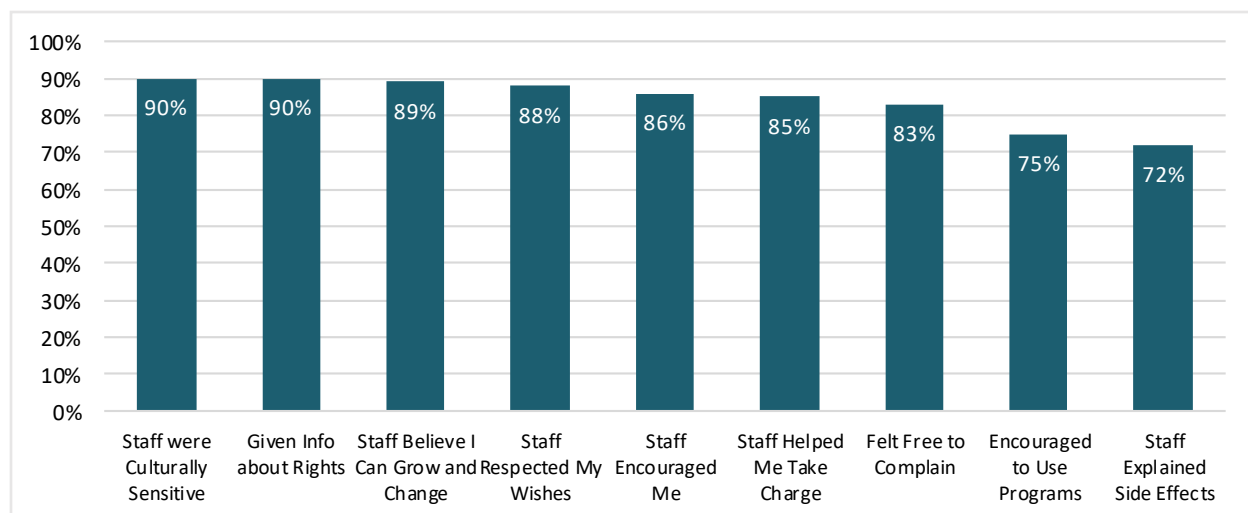
SCORE: 87%	#	Statement
	10	Staff here believe I can grow, change, and recover.
	12	I felt free to complain.
	13	I was given information about my rights.
	14	Staff encouraged me to take responsibility for how I live my life.
	15	Staff told me what side effects to watch for.
	16	Staff respected my wishes about who was and was not to be given information about my treatment.
	18	Staff were sensitive to my cultural and/or ethnic background (race, religion, language, etc.).
	19	Staff helped me obtain the information I needed so that I could take charge of managing my illness.
	20	I was encouraged to use consumer-run programs (support groups, warm line, etc.).

The Quality and Appropriateness domain items measure participant interactions with their service facilitator and provider(s). These items ask about the participant’s experience with staff respecting their autonomy and empowerment as an individual and how staff helped them through their treatment plan. Many respondents reported feeling well-supported, respected, and valued by staff (Figure 12), demonstrating that CCS service facilitators are providing well-rounded, participant-centered and participant-driven care.

“The staff at my [service facilitator] have let me know that they are on my side. They also trust me to know myself and my issues and provide treatment accordingly. I am grateful.” – Adult participant

“My therapist and medication management doctors have been amazing. They listen and help me meet my goals. They offer ways for me to grow in my recovery and make me feel more confident that I can trust my medical team...” – Adult participant

Figure 12. Adult Respondent Who Reported Positively on Quality and Appropriateness Domain Items (n = 249-288)



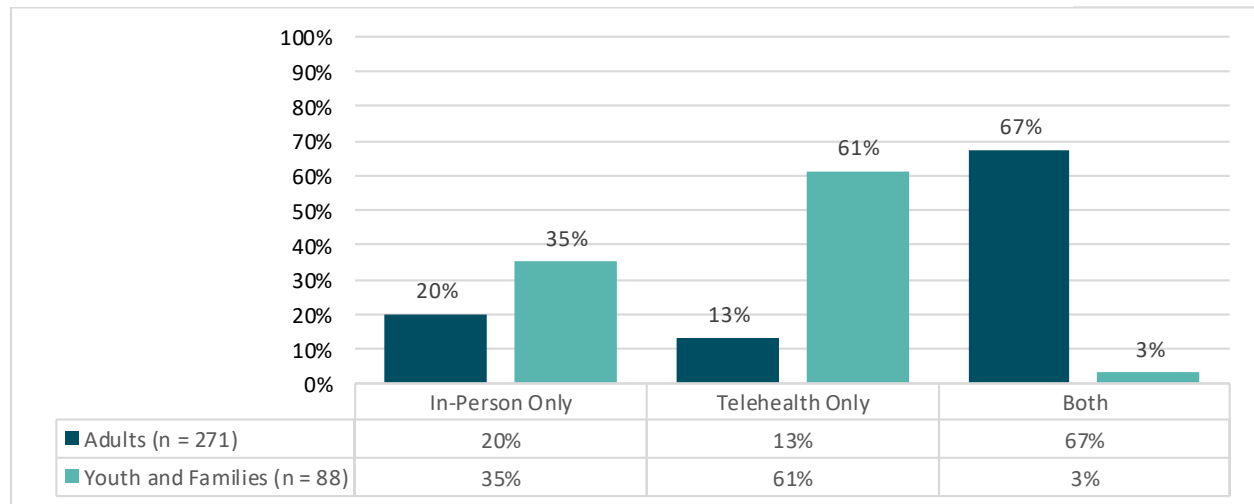
Telehealth

Since the beginning of the pandemic, telehealth has become an integral tool for providers and participants to continue their service delivery and treatment plans. Since 2020, telehealth services have increased dramatically – nearly 15 times pre-pandemic levels – from an estimated 2.1 million users per year in March 2020 to 32.5 million by February 2021.¹⁷ Telehealth has become an integral component for comprehensive mental health care services in the U.S. since the start of the pandemic. Dane County CCS participants were asked to share their experiences utilizing telehealth services for their care. Nearly 80% of participants reported using some telehealth services (or exclusively telehealth services) for their care in 2022 (Figure 13). About 20% reported receiving in-person services only. CCS respondents reported similar telehealth use overall compared to participants in other Dane County mental health services (72%).

“I have missed more appointments/classes for those service providers that have changed to in-person only. On days I’m hardly able to get out of bed, virtual options are much more accessible” – Adult

“...although it’s better to have many services in-person (esp. [occupational therapy] and equine therapy), virtual sessions have been helpful when scheduling issues come up or there are any issues that come up with meeting in-person. My child opened up more to some providers during virtual sessions. I think it’s a valuable option.” – Family participant

Figure 13. Respondents' Utilization of Telehealth Services



“I feel like being able to do virtual appointment has really helped my recovery. I spend a lot less time traveling to/from appointments which gives me more time/energy to focus on the skills and goals I’m working on. My anxiety also makes it easier to discuss things more openly when I’m virtual compared to in-person. I like being able to do in-person from time to time, though, and don’t have to worry about others hearing my therapy sessions.” – Adult participant

¹⁷ United States Government Accountability Office (GAO). “Telehealth in the Pandemic – How Has it Changed Health Care Delivery in Medicaid and Medicare?” September 29, 2022.

Results: CCS Youth and Families

Demographics

CCS served nearly 600 youth and families in Dane County in 2022. CCS youth and family (Y&F) survey respondents mirrored the CCS eligible population by gender, age, and race-ethnicity. Participants were between age 4 and 17, with a median age of 13 (Figure 14). White participants made up about half of youth respondents (51%), followed by Black or African American respondents (23%), Hispanic or Latino respondents (8%), and respondents of more than one race or other race (18%) (Figure 15). No respondents identified Asian.¹⁸ Boys made up 57% of Y&F participants and girls made up about one-third (35%) (Figure 16). Transgender or non-binary youth made up about 8% of respondents. All proceeding results are the combination of youth (n = 50) and family (n = 43) responses.

Figure 14. Y&F Participant Age (n = 50)

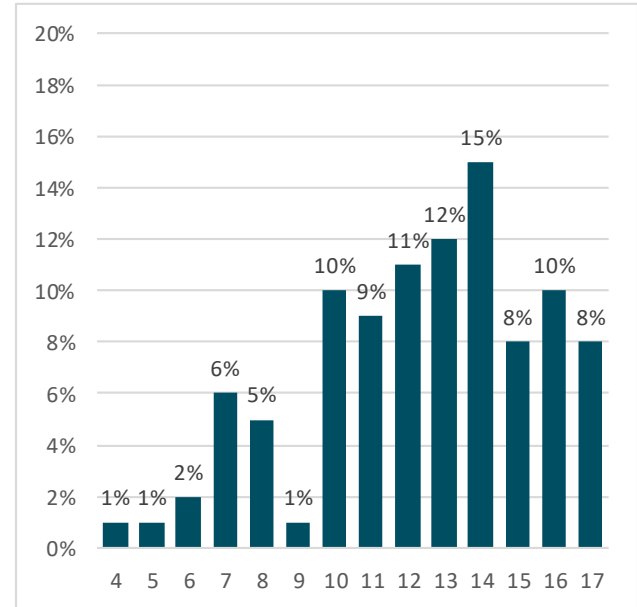


Figure 16. Y&F Participant Race-Ethnicity (n = 90)

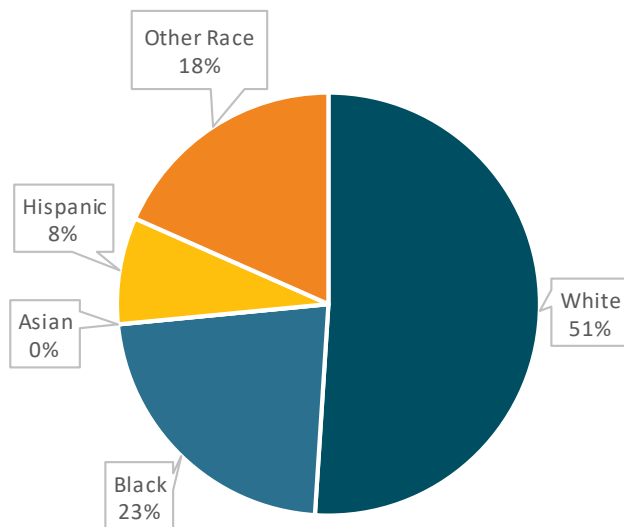
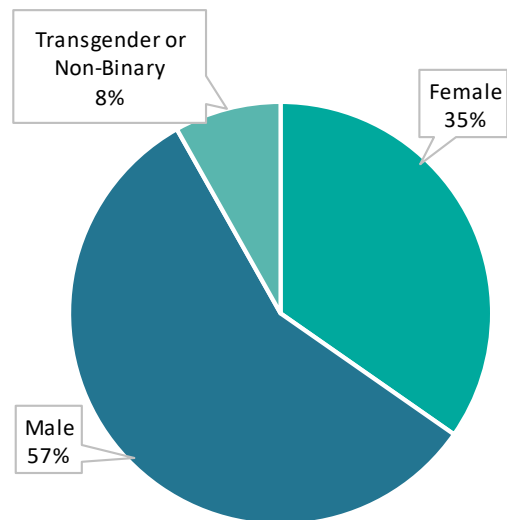


Figure 15. Y&F Respondent Gender (n = 88)

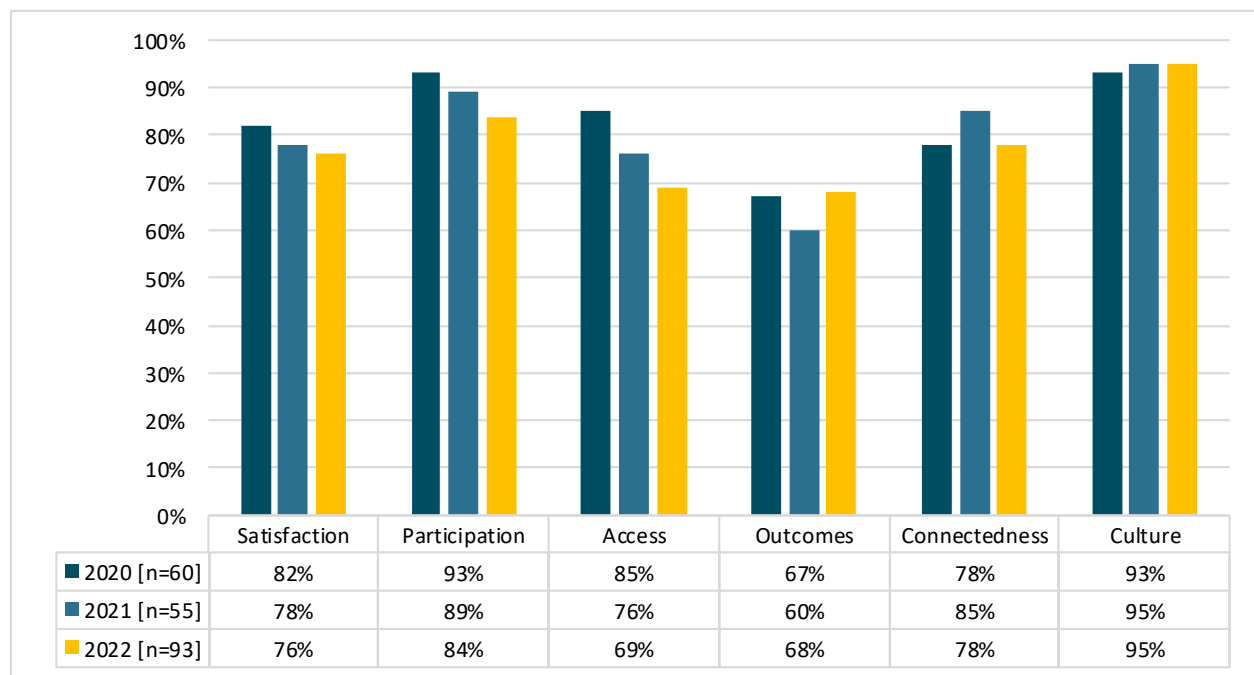


¹⁸ Other Race includes those who identified as more than one race group and those who identified as American Indian/Alaskan Native or Pacific Islander or Native Hawaiian.

Overall Perception of Care

Overall perception of care captures the percent of respondents with an overall positive experience in each domain (Figure 17). Domain scores for Outcomes, Social Connectedness, and Culture remained mostly consistent from 2020 to 2022. The Culture domain score has remained highest year-over-year, suggesting that youth and families feel their service facilitator respects them and demonstrates cultural sensitivity and acceptance. Scores decreased on the Satisfaction, Participation, and Access domains, suggesting that while most youth and families respondents are happy with their services and supports, some may still be struggling to access youth behavioral health care and may feel limited in their options for care or their ability to change providers when desired since COVID-era changes to care began. The pandemic has significantly impacted access to behavioral health care in general, but especially for children and teens, where the shortage of providers who treat youth and families combined with higher demand has created a bottleneck for services.¹⁹ Suicide remains a leading cause of death of children and youth in the United States, with marked increases in hospitalizations among children ages 5 through 11 (24%) and 12 through 17 (30%) in recent years.²⁰ While Dane County CCS has built a robust network of youth behavioral health care providers, there continues to be substantial unmet demand for all types of care, from residential beds and intensive outpatient services to non-traditional forms of care such as art and music therapy equine therapy, and other alternatives approaches to compliment traditional treatment.

Figure 17. Percentage of Positive Overall Perception of Care by Domain, 2020-2021-2022



¹⁹ Wisconsin Office of Children’s Mental Health, “[Supporting Child Well-Being through Addressing Shortages in the Mental Health Workforce](#)” February 2021.

²⁰ The White House. “[FACT SHEET: Improving Access and Care for Youth Mental Health and Substance Use Conditions](#).” October 9, 2021.

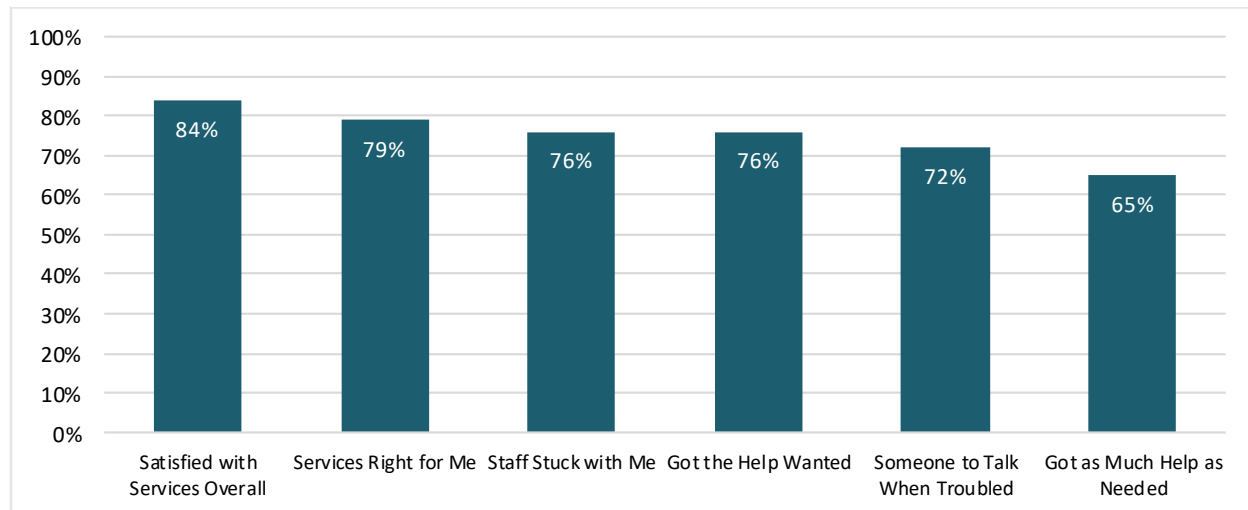
Satisfaction Domain

SCORE: 76%	#	Statement
	1	Overall, I am satisfied with the services I/my child received.
	4	The people helping me/my child stuck with me/us no matter what.
	5	I felt I/my child had someone to talk to when I/he or she was troubled.
	7	The services I/my child and/or family received were right for me/us.
	10	I/my family got the help I/we wanted.
	11	I/my family got as much help as I/we needed.

Satisfaction remained high (76%) in 2022, though it is slightly lower than in previous years (78% in 2021 and 82% in 2020). [Figure 18](#) shows the percentage of youth and family respondents who reported they agreed or strongly agreed with each item. Many youth and family respondents indicated they like the services they received from their service facilitator (84%). Most also agreed the services they received were right for them (79%), staff stuck with them no matter what (76%), and they got the help they wanted (76%). The lowest scored item in the domain was “I/my family got as much help as I/we needed,” indicating that some participants could use additional support if more services were available to them (65%).

“Excellent case worker [] has been magical with my child. A very positive and trustworthy role model. I was skeptical [they] would be able to connect with my child and [they were] incredible, and continues to be” – Family participant

Figure 18. Y&F Respondents Who Reported Positively on Satisfaction Domain Items (n=88-91)



Participation Domain

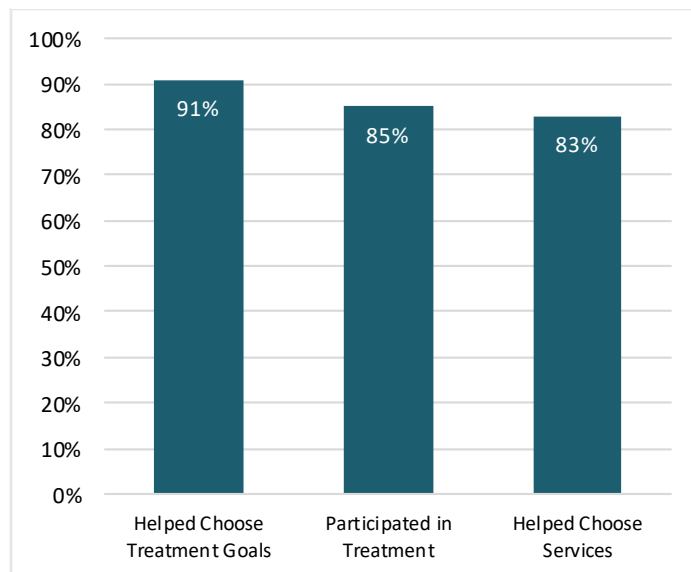
SCORE:	#	Statement
84%	2	I helped choose my/my child's services.
	3	I helped choose my/my child's treatment goals.
	6	I participated in my own/my child's treatment.

"[My child] has been making fantastic progress and is continuing to grow thanks to the services available to [them]." – Family participant

Participation in treatment is an integral component to building independence and confidence in children and youth. Dane County CCS supports youth and families to feel empowered in making care decisions that are best for their needs.

Children and youth who feel empowered to make decisions about their goals can become more self-assured and resilient over time. The Participation domain measures the process component of a participant's active participation in their treatment planning and care decisions. The vast majority of youth and family respondents reported they worked in partnership with their service facilitator and provider(s) to choose their treatment goals (91%) (Figure 19). Most also reported they helped choose their services (83%). These high scores indicate CCS youth and families feel well-supported and empowered in making decisions about their care and treatment plans.

Figure 19. Y&F Respondents Who Reported Positively on the Participation Domain Items (n = 88-90)



"[youth] was able to discontinue art therapy when she felt it was no longer helping. She currently has a therapist who she really likes talking to & looks toward every week. When she is picked up...it helps that her therapist comes to her, wherever needed....home OR school. The service facilitator has been WONDERFUL!" – Family participant

Access Domain

SCORE:	#	Statement
69%	8	The location of the services was convenient for me/us.
	9	Services were available at times that were convenient for me/us.

Figure 20. Y&F Respondents Who Reported Positively on Access Domain (n=90-91)



Timely, convenient, and accessible services continues to be foundational to the effective delivery of mental health services. Similar to the Adult Access domain, these two items evaluate logistical and operational components of CCS services. Factors like location, scheduling, and availability are critical to participants' ability to access needed services. The majority of youth and family respondents reported that services were available at times that were convenient for them (80%) and at a location that was accessible (79%) (Figure 20). These scores indicate that service facilitators and providers are accommodating to participants' scheduling needs and participants feel their providers are accessible and available to them. Even through an ongoing worker shortage, the CCS network of providers continues to offer services in the community at times that are accessible to participants and their families. Importantly, this domain measures accessibility after participants begin services with a provider; this domain does not capture system-wide waitlists for services, which can be months-long or even over a year long for specialized services. Participants speak to these waitlists in their narrative account of their CCS experience.

"Not a concern but it seems like it takes a long time until favorable sessions start. We have waited for equestrian program for the last 6 months. We still do not know how long we have to wait for the service" – Family Participant

"Everything is on a waitlist for over a year. Not many services available." – Family participant

Outcomes Domain

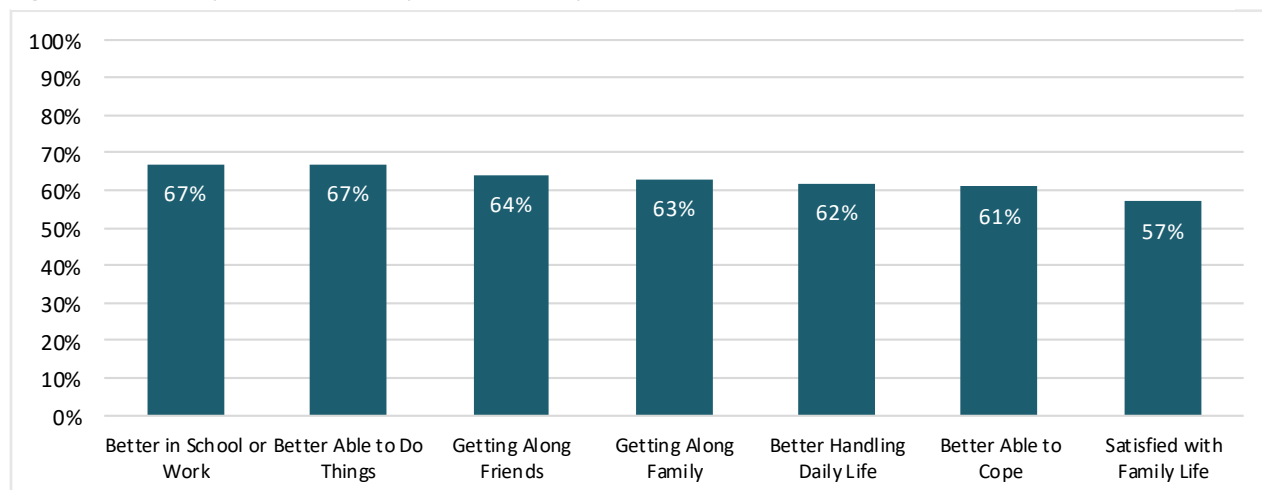
SCORE: 68%	#	Statement
	16	I/my child is better at handling daily life.
	17	I/my child gets along better with family members.
	18	I/my child gets along better with friends and other people.
	19	I am/my child is doing better in school and/or work.
	20	I am/my child is better able to cope when things go wrong.
	21	I am satisfied with my/our family life right now.
	22	I am/my child is better able to do thing I want/he or she wants to do.

The Outcomes domain measures intrinsic feelings of improvement in emotional stability through treatment. This domain goes beyond logistical access to care – such as location and time of service – to core changes in emotional and mental well-being that can be achieved through treatment services. 68% of youth and family respondents reported positively on this domain. The lowest

“Our service facilitator has gone above & beyond in every way. My [child] has gone to various therapists over the last 5 years. In the last 6 months, we have seen more improvement than the 4 years prior. We are so incredibly thankful for your services!” – Family participant

scored item on this domain is “I am satisfied with my/our family life right now” (57%), followed by items that measure the respondent’s ability to cope with acute and ongoing distress in their lives (Items 16 and 20) (Figure 21). These results suggest that while treatment accessibility is the first step toward treatment success (Access domain), improvements to emotional well-being and recovery can be very difficult to change and maintain for many youth, but especially for youth and families with high acuity or those struggling with other social determinants of health, such as families who are food- and housing-insecure. While the majority of participants scored this domain positively, this is the lowest scored domain overall.

Figure 21. Y&F Respondents Who Reported Positively on the Outcomes Domain (n=88-91)



Social Connectedness Domain

SCORE: 78%	#	Statement
	23	I/my child knows people who will listen and understand me/them when I/they need to talk.
	24	I/my child has people that I/he or she is comfortable talking with about my/my child's problems.
	25	In a crisis, I/my child would have the support I/they need from family or friends.
	26	I/my child has people with whom I/they can do enjoyable things.

"[They] have been making fantastic progress and is continuing to grow thanks to the services available to them" – Family participant

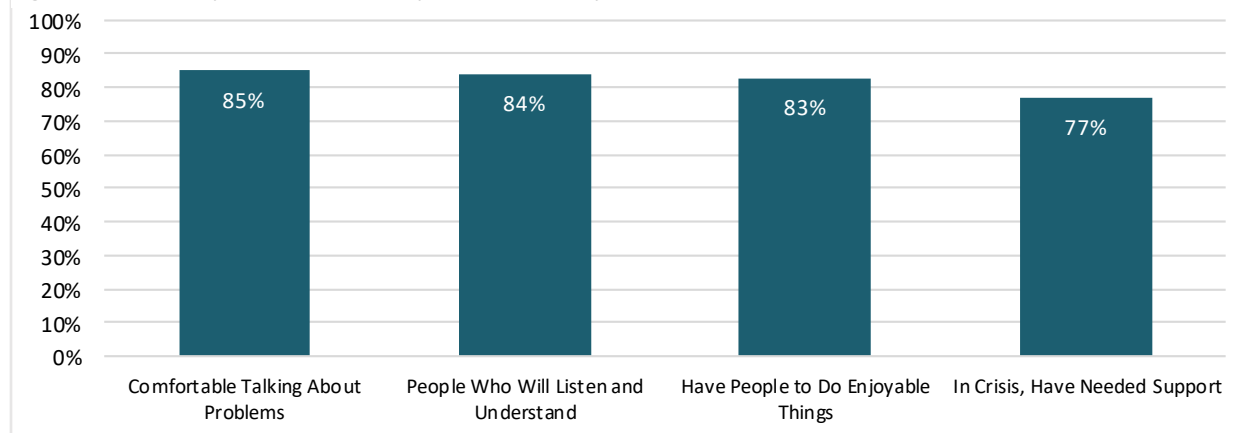
"It has been awfully wonderful. We are thoroughly enjoying the services. It has been a huge help to us." – Family participant

Social support and connection are integral to youth emotional well-being and development. For most youth, school provides a key source of social support and an emotional and physical connection to friends and role models. Many youth struggled to maintain prosocial connections to school during the pandemic through virtual learning. Social connection is linked to many desirable outcomes for children and adolescents, including better time management, stronger memory and attention span, decreased risk for substance use, and confidence-building.²¹ The pandemic illustrated how damaging social isolation can be for children and adolescents, and many have continued to struggle to rebuild their sense of connection with school and friends. Social

connection is not limited to only school settings, but for most youth and families, school is a primary source for social inclusion (or exclusion), community, and relationship building.

Figure 22 displays the items for this domain. The majority of respondents reported positively overall (78%). Many youth and families reported they or their child has someone they feel comfortable with talking about their problems (85%) and they have someone who will listen to them and understand them (84%). Most also indicated they have people they can do fun things with (83%) and that in a crisis, they have family and friends that would support them through it (77%). These results suggest that, as a whole, youth and families in CCS are feeling connected and supported by their loved ones.

Figure 22. Y&F Respondents Who Responded Positively on the Social Connectedness Domain (n=92)



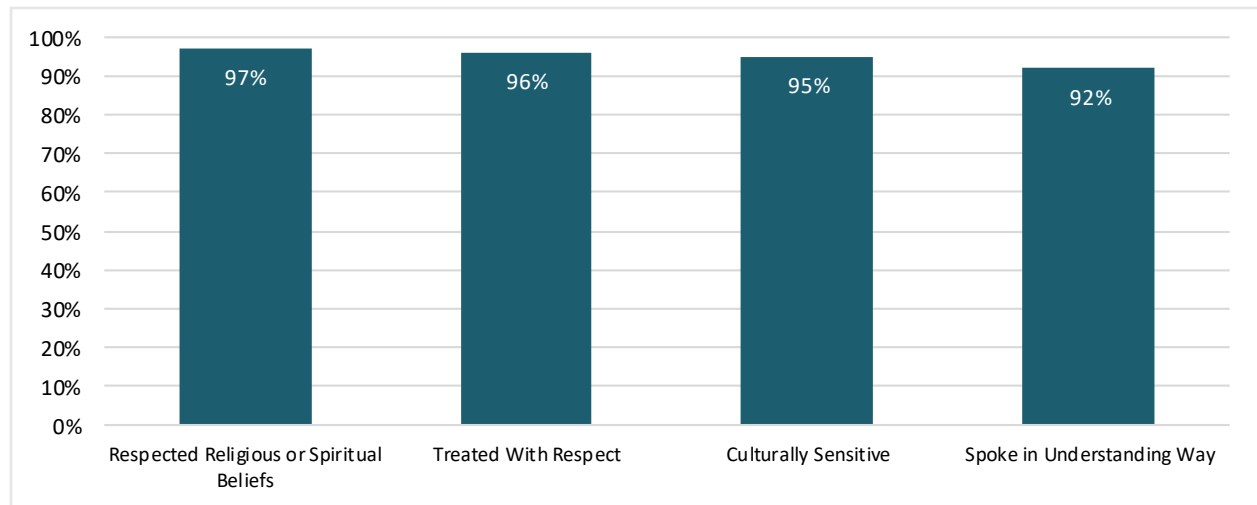
²¹ The Education Hub. "The Importance of Social Connection in Schools" January 2020.

Culture Domain

SCORE: 95%	#	Statement
	12	Staff treated me/my child with respect.
	13	Staff respected my/my family's religious or spiritual beliefs.
	14	Staff spoke with me/my child in a way I/we understood.
15	Staff were sensitive to my/my family's cultural or ethnic background.	

The Culture domain is similar to Quality domain on the Adult MHSIP. This domain was the highest scored domain (95%) (Figure 23), but every item on this domain scored very high. Respondents overwhelmingly agreed with the items in this domain, demonstrating that their service facilitators and providers are respectful of their beliefs and value their identities as a core component of their treatment plan.

Figure 23. Y&F Respondents Who Reported Positively on the Culture Domain (n=75-90)



“The staff have been super nice and take care of me. I trust them a lot” – Youth participant

“CCS is great!” – Youth participant

Appendix A: Survey Instruments

Adult MHSIP

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

Section 1: Please indicate how much you agree or disagree with each of the following statements about the <i>mental health and/or substance use services</i> you received in the last 6 months by circling the number that best represents your opinion. If the statement is about something you have not experienced, answer "N/A" to indicate it is not applicable to you.						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. I like the services that I received.	1	2	3	4	5	N/A
2. If I had other choices, I would still get services from the same agency.	1	2	3	4	5	N/A
3. I would recommend the same agency to a friend or family member.	1	2	3	4	5	N/A
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6. Staff returned my calls within 24 hours.	1	2	3	4	5	N/A
7. Services were available at times that were good for me.	1	2	3	4	5	N/A
8. I was able to get all the services I thought I needed.	1	2	3	4	5	N/A
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10. Staff believed that I could grow, change, and recover.	1	2	3	4	5	N/A
11. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	N/A
12. I felt free to complain.	1	2	3	4	5	N/A
13. I was given information about my rights.	1	2	3	4	5	N/A
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	N/A
15. Staff told me what side effects to watch out for.	1	2	3	4	5	N/A
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	N/A
17. I, not staff, decided my treatment goals.	1	2	3	4	5	N/A
18. Staff was sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	N/A

Section 1 (Continued from first page)...						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use condition.	1	2	3	4	5	N/A
20. I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).	1	2	3	4	5	N/A

Section 2: As a direct result of the mental health and/or substance use services I received in the last 6 months.....						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
21. I deal more effectively with daily problems.	1	2	3	4	5	N/A
22. I am better able to control my life.	1	2	3	4	5	N/A
23. I am better able to deal with crisis.	1	2	3	4	5	N/A
24. I am getting along better with my family.	1	2	3	4	5	N/A
25. I do better in social situations.	1	2	3	4	5	N/A
26. I do better in school and/or work.	1	2	3	4	5	N/A
27. My housing situation has improved.	1	2	3	4	5	N/A
28. My symptoms are not bothering me as much.	1	2	3	4	5	N/A
29. I do things that are more meaningful to me.	1	2	3	4	5	N/A
30. I am better able to take care of my needs	1	2	3	4	5	N/A
31. I am better able to handle things when they go wrong.	1	2	3	4	5	N/A
32. I am better able to do things that I want todo.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your mental health and/or substance use providers.						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
33. I am happy with the friendships I have.	1	2	3	4	5	N/A
34. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A
35. I feel I belong in my community.	1	2	3	4	5	N/A
36. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A

37. Since I started receiving services, I have.... (circle all that apply)

a. ...become happier	f. ...been getting along better with family and/or others
b. ...become less anxious or fearful	g. ...started or continued a program of recovery
c. ...become more respectful or responsible	h. ...stopped or reduced the use of drugs or alcohol
d. ...been feeling better about myself	i. ...stopped hurting others
e. ...done better in work or school	j. ...stopped hurting myself

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

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

1 = In-person only 3 = Some of each

2 = Telehealth only (video or phone)

(If in-person only, skip to Question 41)

39. How satisfied were you with the virtual session(s) compared to in-person session(s)?

1 = Strongly dissatisfied 4 = Satisfied

2 = Dissatisfied 5 = Strongly satisfied

3 = Neutral 6 = Not Applicable

40. How strongly do you agree or disagree with the following statements about your experiences during virtual sessions?						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
a. I liked not traveling to appointments.	1	2	3	4	5	N/A
b. I preferred seeing my provider in person.	1	2	3	4	5	N/A
c. Arranging childcare was easier for virtual sessions.	1	2	3	4	5	N/A
d. I had lower anxiety around my virtual sessions.	1	2	3	4	5	N/A
e. It was easier for me to focus in the virtual sessions.	1	2	3	4	5	N/A
f. I was less comfortable talking to my provider virtually.	1	2	3	4	5	N/A
g. Privacy in virtual sessions was a concern for me.	1	2	3	4	5	N/A
h. It was easier to schedule appointments for virtual sessions.	1	2	3	4	5	N/A
i. Other (please describe): _____						

41. What were the reasons you have not had a virtual session in the last 12 months? (check all that apply)
- | | |
|--|---|
| 1 = I wasn't aware virtual sessions were available | 4 = I didn't have the technology to access virtual sessions |
| 2 = I preferred to see my provider in person | 5 = I had privacy concerns about using virtual sessions |
| 3 = My provider did not offer virtual sessions | 6 = Other reason (please describe): |

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

42. Are you currently receiving mental health and/or substance use services?
- | | |
|------------------------|-------------------------------------|
| 1 = Mental health only | 3 = Mental health and substance use |
| 2 = Substance use only | 4 = Unknown |
43. How long have you received these services?
- | | | |
|------------------------|-----------------------|-------------|
| 1 = Less than 6 months | 3 = 1 year to 2 years | 5 = Unknown |
| 2 = 6 months to 1 year | 4 = More than 2 years | |
44. What is your gender?
- | | | |
|------------|------------------|------------------------------------|
| 1 = Female | 3 = Trans female | 5 = Unknown |
| 2 = Male | 4 = Trans male | 6 = Other (Please describe: _____) |
45. What is your age? _____ years
46. What is your racial background? (Please select all that apply)
- | | |
|--------------------------------------|------------------------------------|
| 1 = American Indian/Alaska Native | 5 = White/Caucasian |
| 2 = Asian | 6 = Unknown |
| 3 = Black/African American | 7 = Other (Please describe: _____) |
| 4 = Native Hawaiian/Pacific Islander | |
47. Are you of Mexican, Hispanic or Latino origin?
- | | | |
|---------|--------|-------------|
| 1 = Yes | 2 = No | 3 = Unknown |
|---------|--------|-------------|

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

Youth and Family MHSIP²²

YOUTH SATISFACTION SURVEY

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

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

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

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

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

²² The survey displayed is the Youth survey. The Family survey has identical questions, but changes from first-person to third-person point of view.

Section 3: Please answer about current relationships you have with persons other than your mental health and/or substance use providers.						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	1	2	3	4	5	N/A
24. I have people that I am comfortable talking with about my problems.	1	2	3	4	5	N/A
25. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A
26. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A

27. Since I started receiving services, I have.... (circle all that apply)

a... Become happier	f... Been getting along better with family and/or others
b... Become less anxious or fearful	g... Started or continued a program of recovery
c... Become more respectful or responsible	h... Stopped or reduced the use of drugs or alcohol
d... Been feeling better about myself	i... Stopped hurting others
e... Done better in work or school	j... Stopped hurting myself

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

28. In the past 12 months, which methods have you used to receive your mental health and/or substance use services?
 1 = In-person only 2 = Telehealth only (video or phone) 3 = Some of each
(If in-person only, skip to Question 33)

29. How satisfied were you with the virtual session(s) compared to in-person session(s)?
 1 = Strongly dissatisfied 4 = Satisfied
 2 = Dissatisfied 5 = Strongly Satisfied
 3 = Neutral 6 = Not Applicable

30. How strongly do you agree or disagree with the following statements about your experiences during virtual sessions?						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
a. I liked not traveling to appointments.	1	2	3	4	5	N/A
b. I preferred seeing my provider in-person.	1	2	3	4	5	N/A
c. I had lower anxiety around my virtual sessions.	1	2	3	4	5	N/A
d. It was easier for me to focus in the virtual sessions.	1	2	3	4	5	N/A
e. I was less comfortable talking to my provider virtually.	1	2	3	4	5	N/A
f. Privacy in virtual sessions was a concern for me.	1	2	3	4	5	N/A
g. Other (please describe): _____						

31. What were the reasons you have not had a virtual session in the last 12 months? (check all that apply)
- | | |
|---|--|
| 1 = I wasn't aware virtual sessions were available | 5 = I had privacy concerns about using virtual sessions |
| 2 = I preferred to see my provider in person | 6 = My parent(s) had privacy concerns about virtual sessions |
| 3 = My provider did not offer virtual sessions | 7 = Other reason (please describe): _____ |
| 4 = I didn't have the technology to access virtual sessions | _____ |

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

32. Are you currently receiving mental health and/or substance use services?
- | | |
|------------------------|-------------------------------------|
| 1 = Mental health only | 3 = Mental health and substance use |
| 2 = Substance use only | 4 = Unknown |
33. How long have you received these services?
- | | | |
|------------------------|-----------------------|-------------|
| 1 = Less than 6 months | 3 = 1 year to 2 years | 5 = Unknown |
| 2 = 6 months to 1 year | 4 = More than 2 years | |
34. What is your gender?
- | | | |
|------------|------------------|------------------------------------|
| 1 = Female | 3 = Trans female | 5 = Unknown |
| 2 = Male | 4 = Trans male | 6 = Other (Please describe: _____) |
35. What is your age? _____ years
36. What is your racial background? (Please select all that apply)
- | | |
|--------------------------------------|------------------------------------|
| 1 = American Indian/Alaska Native | 5 = White/Caucasian |
| 2 = Asian | 6 = Unknown |
| 3 = Black/African American | 7 = Other (Please describe: _____) |
| 4 = Native Hawaiian/Pacific Islander | |
37. Are you of Mexican, Hispanic or Latino origin?
- | | | |
|---------|--------|-------------|
| 1 = Yes | 2 = No | 3 = Unknown |
|---------|--------|-------------|
38. Do you have any other comments about the services you received in the last 6 months?
-
-
-
-
-

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

Appendix B: Rating Statements “Agree” or “Strongly Agree”

Adult MHSIP

Satisfaction	I like the services that I received.	92%
	If I had other choices, I would still get services from the same agency.	85%
	I would recommend the same agency to a friend or family member.	86%
Participation	I felt comfortable asking questions about my treatment and medication.	90%
	I, not staff, decided my treatment goals.	86%
Access	The location of the services was convenient... ²³	82%
	Staff was willing to see me as often as I felt it was necessary.	86%
	Staff returned my calls in 24 hours.	86%
	Services were available at times that were good for me.	91%
	I was able to get all the services I thought I needed.	81%
	I was able to see a psychiatrist when I wanted to.	68%
Outcomes	I deal more effectively with daily problems.	72%
	I am better able to control my life.	72%
	I am better able to deal with crisis.	70%
	I am getting along better with my family.	70%
	I do better in social situations.	63%
	I do better in school and/or work.	64%
O & F	My housing situation has improved.	65%
	My symptoms are not bothering me as much.	56%
Functioning	I do things that are more meaningful to me.	67%
	I am better able to take care of my needs.	67%
	I am better able to handle things when they go wrong.	66%
	I am better able to do things that I want to do.	68%
Connectedness	I am happy with the friendships I have.	63%
	I have people with whom I can do enjoyable things.	72%
	I feel I belong in my community.	54%
	In a crisis, I would have the support I need from family or friends.	72%
Quality	Staff believed that I could grow, change, and recover.	89%
	I felt free to complain.	83%
	I was given information about my rights.	90%
	Staff encouraged me to take responsibility for how I lived my life.	86%
	Staff told me what side effects to watch out for.	72%
	Staff respected my wishes about who is and who is not to be given... ²⁴	88%
	Staff was sensitive to my cultural background... ²⁵	90%
	Staff helped me obtain the information I needed so that I could take... ²⁶	85%
I was encouraged to use consumer-run programs... ²⁷	75%	

²³ Full statement: “The location of the services was convenient (parking, public transportation, distance, etc.).”

²⁴ Full statement: “Staff respected my wishes about who is and who is not to be given information about my treatment.”

²⁵ Full statement reads: “Staff was sensitive to my cultural background (race, religion, language, etc.).”

²⁶ Full statement reads: “Staff helped me obtain information I needed so that I could take charge of managing my mental health and/or substance use condition.”

²⁷ Full statement reads: “I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).”

Youth and Family MHSIP

