

2017 Survey of Client Satisfaction with Comprehensive Community Services (CCS)

Version 2.13.18

Study Overview

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

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Methods- 2017 Consumer 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 client 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 clients ages 13-17.
- 3) The Recovery Oriented System Indicators (ROSI) survey was completed by adult clients age 18 and older.

Translation

The surveys were only made available in English.

Survey Population

As required by the Wisconsin Department of Health Services, the survey population was all CCS consumers who had received CCS services for six months or longer and who were still active clients or discharged from CCS in the previous three months, as of 9/15/17.

Survey Method

Surveys were mailed October 4, 2017. Surveys were sent out in #10 plain white envelopes with only a PO Box as the return address. A postage-paid, Dane County Department of Human Services (DCDHS) 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 were due October 30, 2017.

Incentive

All participants were eligible to receive a \$5 gift card for participating in the survey. For adults, half of the group was randomly selected to receive the incentive in the same mailing as the survey. The other half of the adults, along with all participants completing the youth and family surveys, were required to mail back a form with their completed survey in order to receive a second mailing with the incentive. The incentive was a \$5 Walmart gift card for adults and a \$5 McDonald's gift card for youth and families. These options were selected because these gift cards do not expire.

Response Rate

The overall response rate was 21.5%; a response rate of 20% is considered acceptable for a one-time mail survey¹. As noted in Table 1, there was considerable variation in the response rate based on the type of survey and the incentive method used.

Table 1. Response Rate by survey type and incentive method

Survey Type	Surveys Mailed	Surveys Undeliverable Due to Invalid Addresses	Surveys Distributed	Surveys Completed	Response Rate
Adult ROSI total	388	16	372	87	23.4%
ROSI Breakdown by incentive method:					
incentive after completion	194	6	188	31	16.0%
immediate incentive	194	10	184	56	30.4%
MHSIP-Youth	38	1	37	7	18.9%
MHSIP-Family	56	4	52	5	9.6%
Overall	482	21	461	99	21.5%

Notes:

- The overall response rate for adults was 23.4%. However, the response rate was substantially higher for adults who received the incentive in the same mailing as the survey, as opposed to those who were required to complete the survey to receive the incentive.
 - Among the 184 surveys distributed to adults who received the incentive immediately, 56 completed the survey, resulting in a response rate of 30.4%.
 - Among the 188 surveys distributed to adults who were required to complete the survey to receive the incentive, 31 completed the survey, resulting in a response rate of 16%.
- Among 37 youth ages 13-17 who received the survey, seven completed it, resulting in a response rate of 18.9%. This response rate is similar to the response rate for adults who were required to mail back the completed survey to receive the gift card.
- The response rate for families was substantially lower than that of other survey groups. Of the 52 surveys delivered to families, only five were completed, resulting in a response rate of 9.6%.
 - The low response rate for the MHSIP-Family survey may be due, in part, to many parents receiving multiple surveys. Notably, 18 of the family surveys went to households that received at least one other family or adult survey, meaning that the adult may have been asked to complete more than one survey.
 - This response rate is consistent with the low response rate for the MHSIP-Family survey in 2016 (9%).
- 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.
 - Almost half of consumers who were unable to be reached (9 out of 21) had dis-enrolled before the survey was administered and forwarding information was not available.
 - Non-contacts were not calculated into the response rate.

Findings

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 (12 total), only the overall summaries are reported for these two assessments.

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

ROSI- Instrument Summary

Clients 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 clients may experience. The items in this scale are negatively phrased, so a low score means a more recovery-oriented experience because the client 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 client rights and basic human rights.

Scale 3: Empower includes three items and describes the degree to which clients 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 clients. The items in this scale are negatively phrased, so a low score means a more recovery-oriented experience because the client 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 client'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:

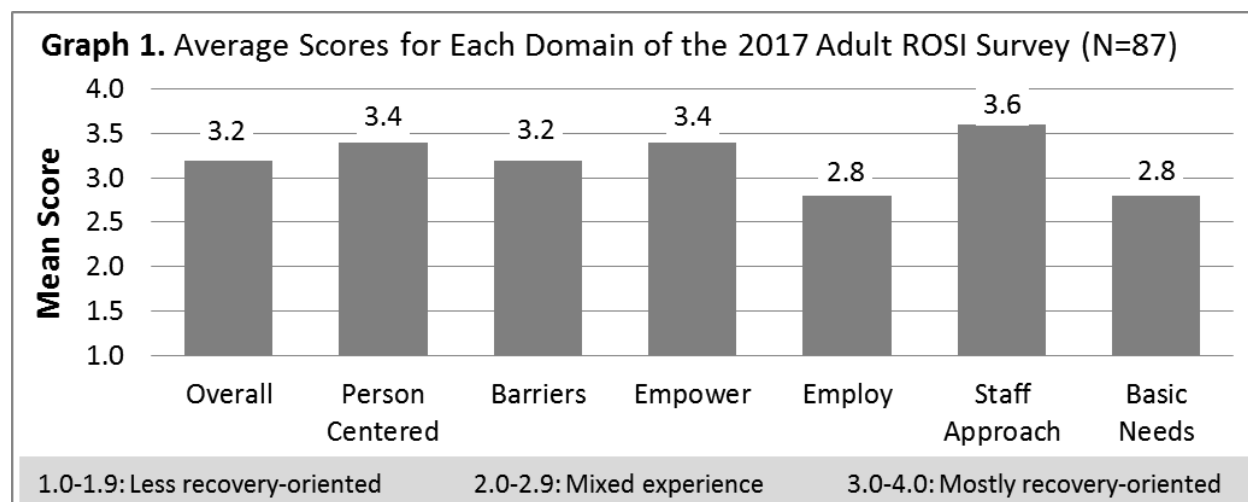
- I have enough income to live on.
- I have housing I can afford.

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

Results of ROSI Survey



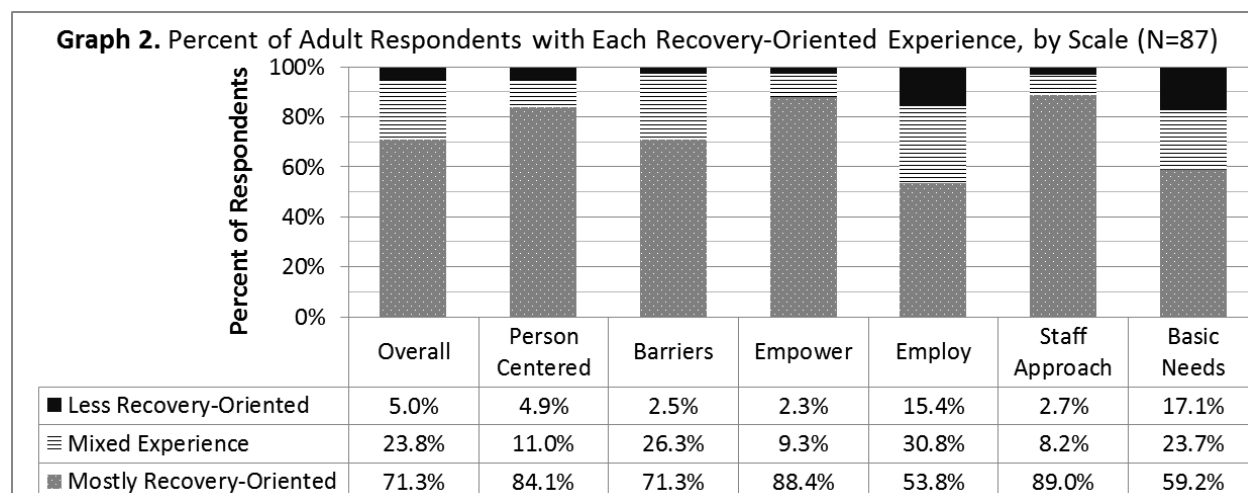
Notes:

- 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 to the ROSI survey ranked their satisfaction with CCS services over the past six months as 3.2 out of 4.0, indicating that they agreed/strongly agreed that the services they received were recovery-oriented.
- Overall, survey respondents reported a mostly recovery-oriented experience on the scales for Person-Centered, Barriers, Empower, and Staff Approach.
- On average, a mixed experience was reported on the scales for Basic Needs and Employ.
- These results were very similar to those in 2016, in which the overall mean score was 3.1 (See Table 2). Likewise, in 2016, the average response was 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.

Table 2. Average Scores for Each Domain of the 2016 and 2017 ROSI Surveys

Year	N	Overall	Person Centered	Barriers	Empower	Employ	Staff Approach	Basic Needs
2016	24	3.1	3.3	3.2	3.3	2.7	3.7	2.5
2017	87	3.2	3.4	3.2	3.4	2.8	3.6	2.8

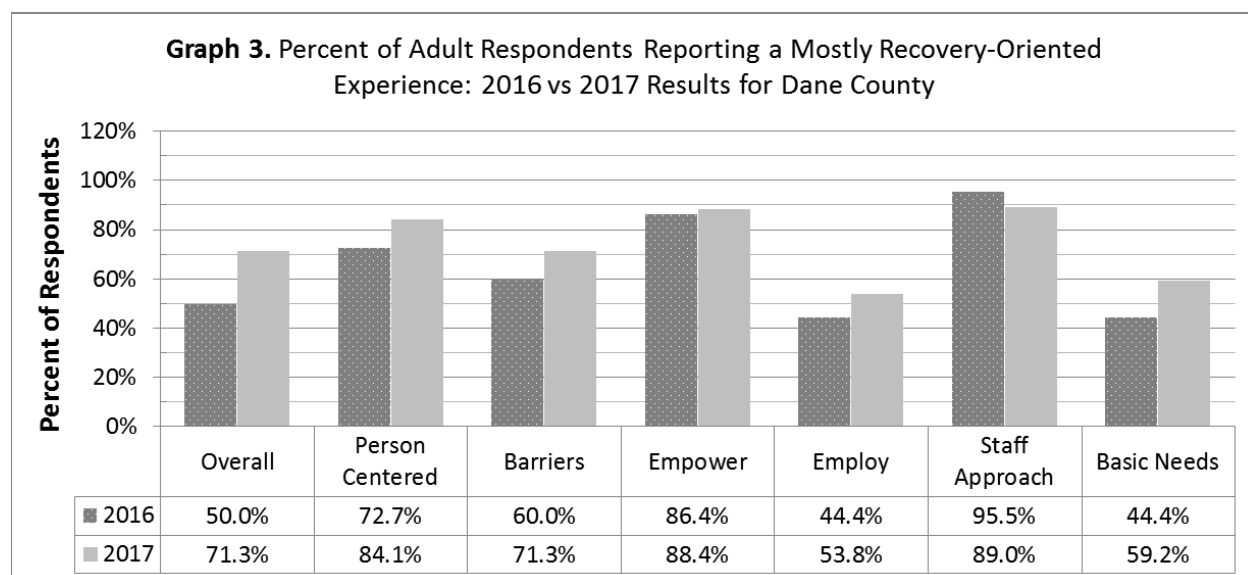
Results of ROSI Survey



Notes:

- Overall, 71.3% of adult respondents had a mostly recovery-oriented experience, 23.8% had a mixed experience, and 5.0% had a less recovery-oriented experience.
- Of the six scales in the ROSI, the Empower scale had the highest percentage of individuals with a mostly recovery-oriented experience. Notably, 88.4% of survey respondents indicated that they felt empowered by staff and others.
- Of the survey respondents, 84.1% had a mostly recovery-oriented experience on the Person-Centered scale, meaning clinical staff have a person-centered focus and allow for person-centered decision-making.
- As in 2016, the Basic Needs and Employ scales were the two domains with highest proportion of less recovery-oriented experiences.
 - Regarding their current ability to meet their basic needs, 23.7% of survey respondents indicated they had a mixed experience while 17.1% had a less recovery-oriented experience.
 - Additionally, in the Employ domain, 30.8% of survey respondents indicated they had a mixed experience and 15.4% had a less recovery-oriented experience, making this the lowest rated area for adult respondents to the ROSI in 2017.
- Chi-Squared tests were used to determine if the proportion CCS adults with a mostly recovery-oriented experience within each domain differed by gender (male versus female), racial category (white versus non-white), or age category (less than 50 versus 50 and above). Results are noted in the portion of the text summarizing that domain.

Results of ROSI Survey



Notes:

- All CCS programs are expected to assess consumer satisfaction and progress toward desired outcomes by administering the ROSI annually to adults. Although the Wisconsin Department of Health Services also receives and compiles survey data from other regions and tribes in Wisconsin, the most recent summaries available are from 2014. At that time, there were only 28 CCS certified counties/regions providing services in Wisconsin, and Dane County was not among them. Therefore, survey responses from 2017 were only compared to Dane County responses from 2016, the first year for which satisfaction data were available for CCS consumers.
- In 2016, only 24 adult consumers returned the ROSI survey (22% response rate), compared to 87 in 2017 (23.4% response rate). In 2017, 71.3% of respondents reported a mostly recovery-oriented experience. Although the percentage of respondents reporting a mostly recovery-oriented experience was only 50% in 2016, because of the low number of participants, the estimated percentage of CCS clients with a more recovery-oriented experience did not significantly differ between 2016 and 2017¹.
- Compared to 2016, similar percentages of 2017 respondents reported mostly recovery-oriented experiences on the Person-Centered scale (72.7% to 84.1%)², Barriers scale (60.0% to 71.3%)³, Empower scale (86.4% to 88.4%)⁴, Employ scale (44.4% to 53.8%)⁵, and Basic Needs scale (44.4% to 59.2%)⁶. Notably, due to the low number of participants, the estimated percentage of CCS clients with mostly recovery-oriented experiences did not significantly differ on any of these domains between 2016 and 2017.
- Staff Approach was the only scale that had a slight drop in the percentage of respondents reporting a mostly recovery-oriented experience from 2016 to 2017 (95.0% to 89.0%)⁷. However, this difference did not reach statistical significance, meaning the estimated proportion of CCS clients who felt that staff approach was recovery-oriented did not significantly differ between 2016 and 2017.

1. $\chi^2 = 3.27$, $df=1$, p -value = 0.071

4. p -value = 0.726, Fisher's Exact Test

7. p -value = 0.680, Fisher's Exact Test

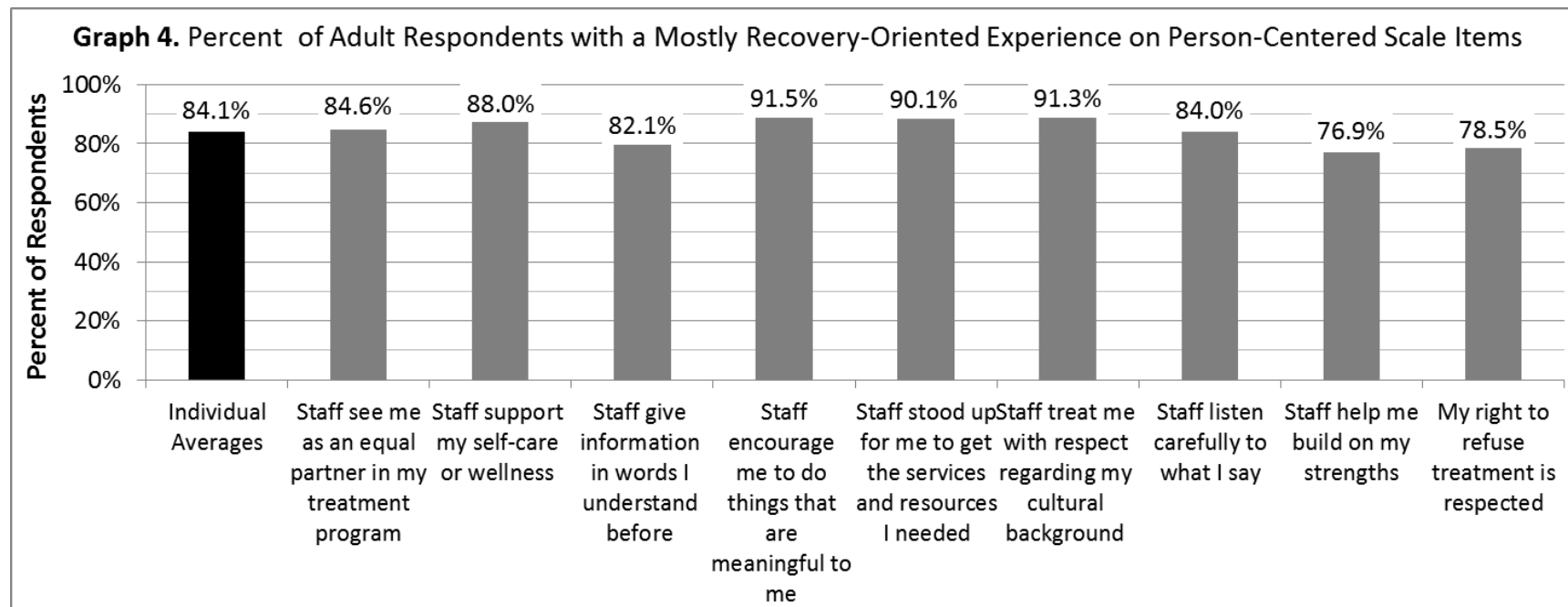
2. p -value = 0.226, Fisher's Exact Test

5. p -value = 0.724, Fisher's Exact Test

3. $\chi^2 = 0.947$, $df=1$, p -value = 0.331

6. $\chi^2 = 1.29$, $df=1$, p -value = 0.256

Results of ROSI Survey



Notes:

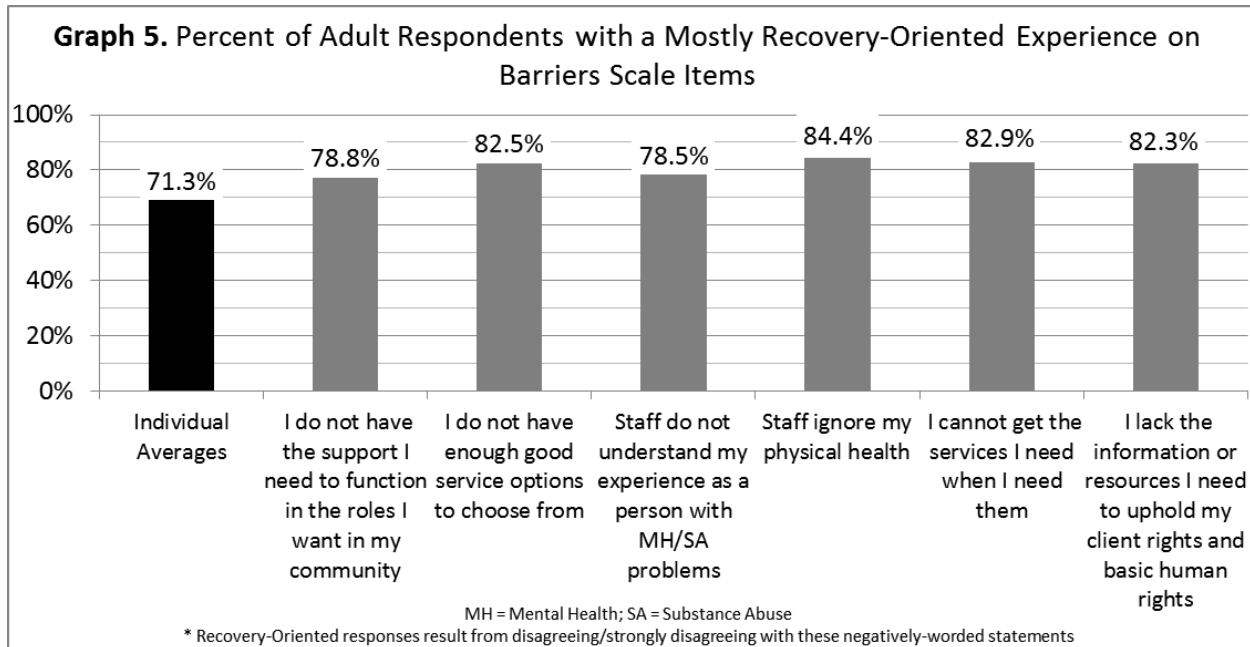
- The Person-Centered Scale uses nine items to assess whether clinical staff have a person-centered approach and allow for person-centered decision-making. Overall, 84.1% of respondents had a mostly recovery-oriented experience when all of their Person-Centered scale responses were averaged.
- On each individual scale item, over three fourths of respondents had a mostly recovery-oriented experience.
- High marks were given to respondents feeling that staff encourage them to do things that are meaningful to them (91.5%), feeling that staff stood up for them to get the services and resources they needed (90.1%), and that they were treated with respect regarding their cultural background (91.3%).
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the Person-Centered Scale by race¹, age², or gender³.

1. p-value = 0.746, Fisher's Exact Test

2. $\chi^2 = 2.789$, df=1, p-value = 0.095

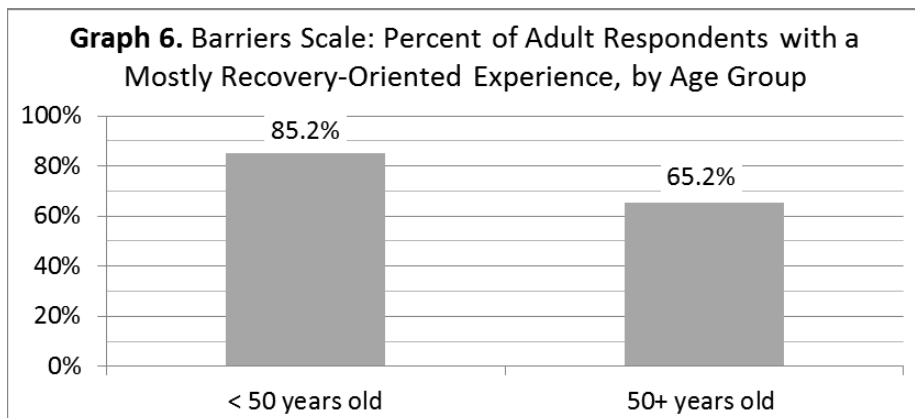
3. p-value = 1, Fisher's Exact Test

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, 71.3 % of respondents had a mostly recovery-oriented experience on this scale.
- For each individual item on the barrier scale, roughly 4 out of 5 respondents indicated a mostly recovery-oriented experience.
- One of the most striking features of the barrier domain was its breakdown by age (See Graph 6).
 - Among respondents under age 50, 85.2% had a mostly recovery-oriented whereas only 65.2% of adults age 50 and above indicated a mostly recovery-oriented experience.
 - Due to small sample sizes after stratification, these differences did not reach statistical significance¹, but may be of interest in the future. Differences by race² and gender³ were not significant.

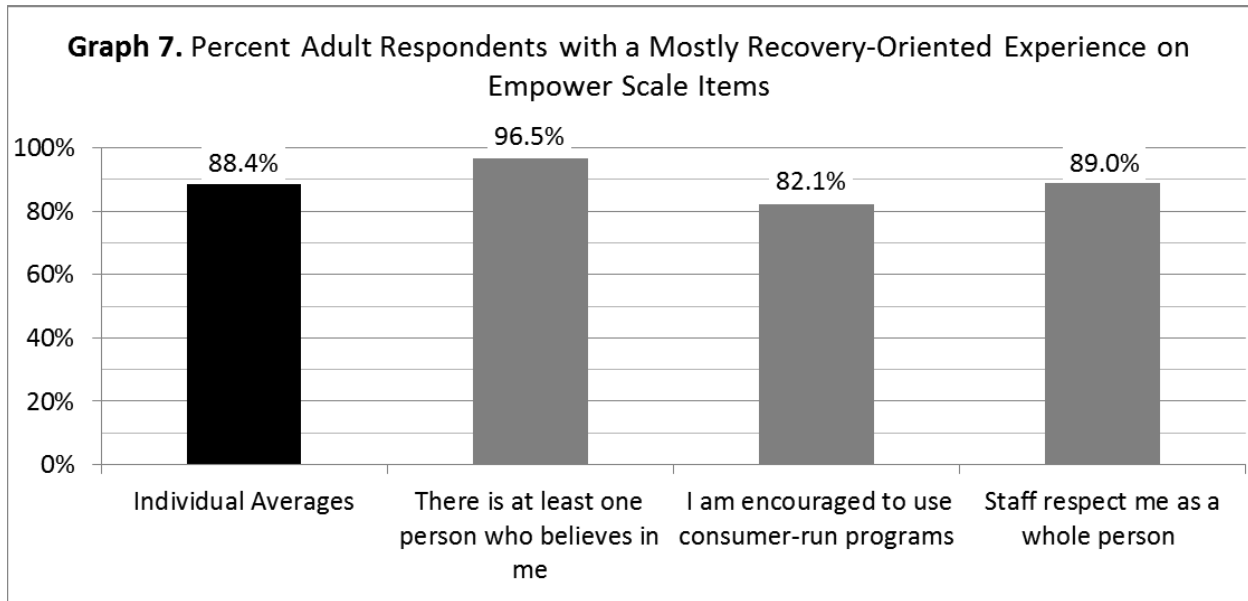


1: $\chi^2 = 3.41$, $df=1$, $p\text{-value} = 0.065$

2. $\chi^2 = 0.235$, $df=1$, $p\text{-value} = 0.628$

3. $\chi^2 = 0.514$, $df=1$, $p\text{-value} = 0.473$

Results of ROSI Survey



Notes:

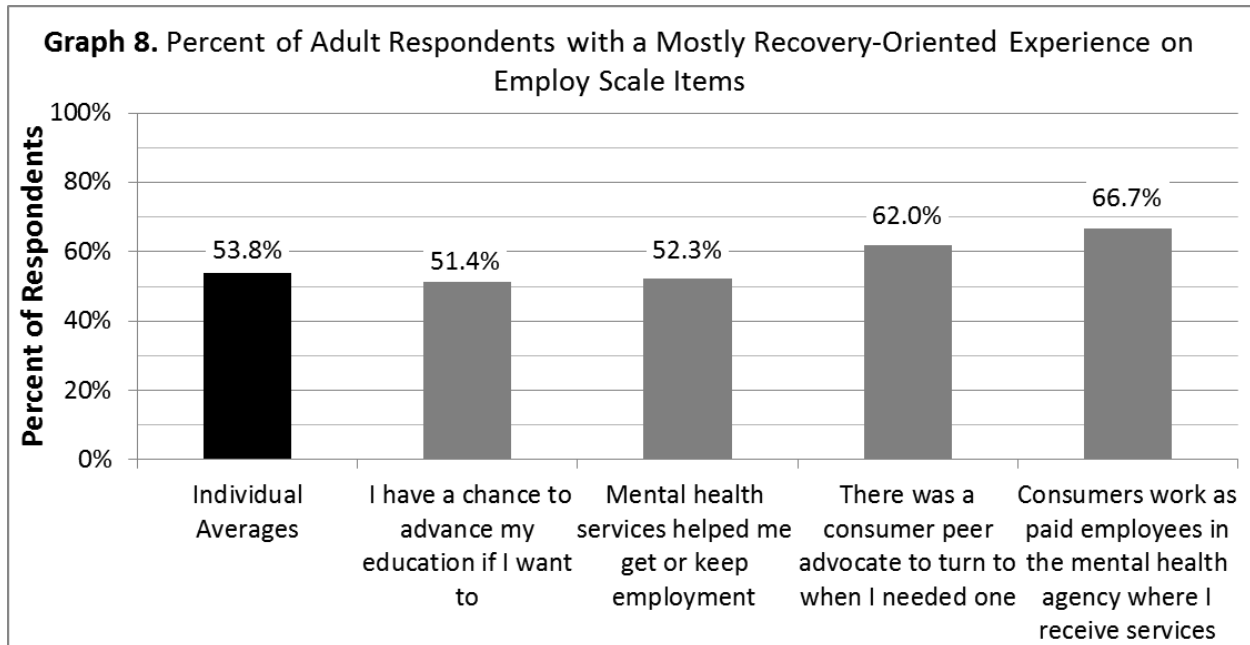
- The Empower scale, comprised of three items, looks at the degree to which clients feel empowered by staff and others. Overall, 88.4% of respondents had a mostly recovery-oriented experience when all of their Empower scale responses were averaged.
- This mostly positive experience is further supported by the 96.5% 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 (82.1%) 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 Empower scale by race¹, age², or gender³.

1. p-value = 0.495, Fisher’s Exact Test

2. p-value = 0.264, Fisher’s Exact Test

3. p-value = 0.427, Fisher’s Exact Test

Results of ROSI Survey



Notes:

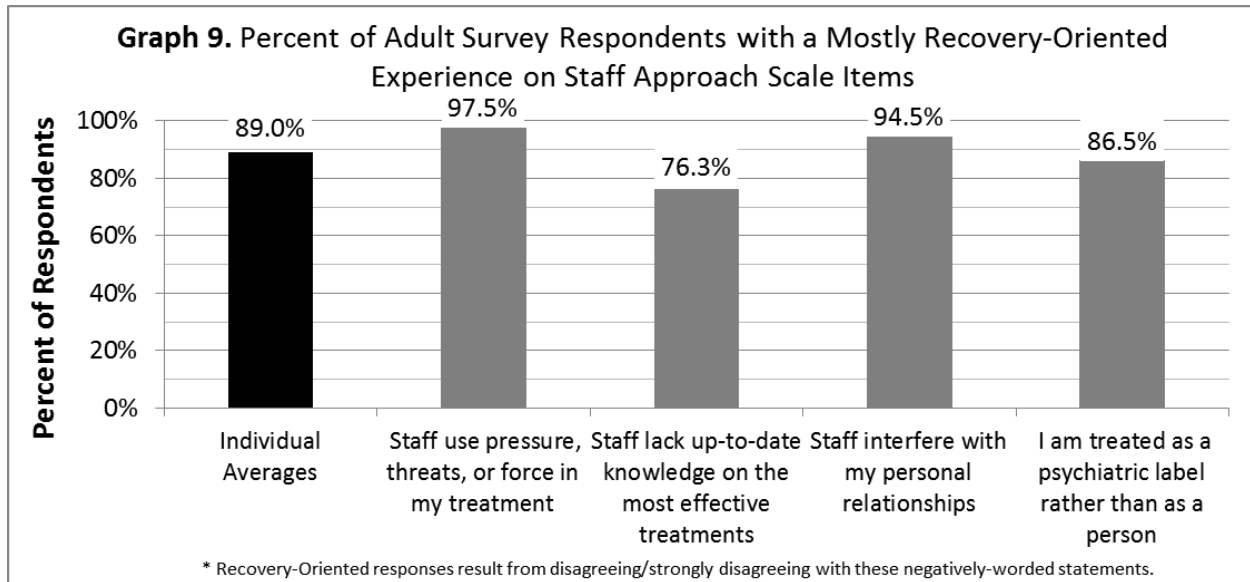
- The Employ scale is used to describe the degree to which educational/employment opportunities are available to the individual consumer or consumers in general. After averaging individual responses for all four items on the Barriers scale, 53.8% of respondents had a mostly recovery-oriented experience on this scale.
- Just 51.4% of survey respondents indicated they “Often” or “Almost Always/Always” have a chance to advance their education if they wanted to and only 52.3% indicated that mental health services helped them get or keep employment.
- Only 62% of participants responded affirmatively that there was a consumer peer advocate to turn to when they needed one and two out of three reported that there were consumers working as paid employees in the mental health agency where they received services.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the Employ Scale by race¹, age², or gender³.

1. $\chi^2= 3.41$, df=1, p-value = 0.065

2. $\chi^2= 0.164$, df=1, p-value = 0.685

3. $\chi^2= 0.789$, df=1, p-value = 0.375

Results of ROSI Survey



Notes:

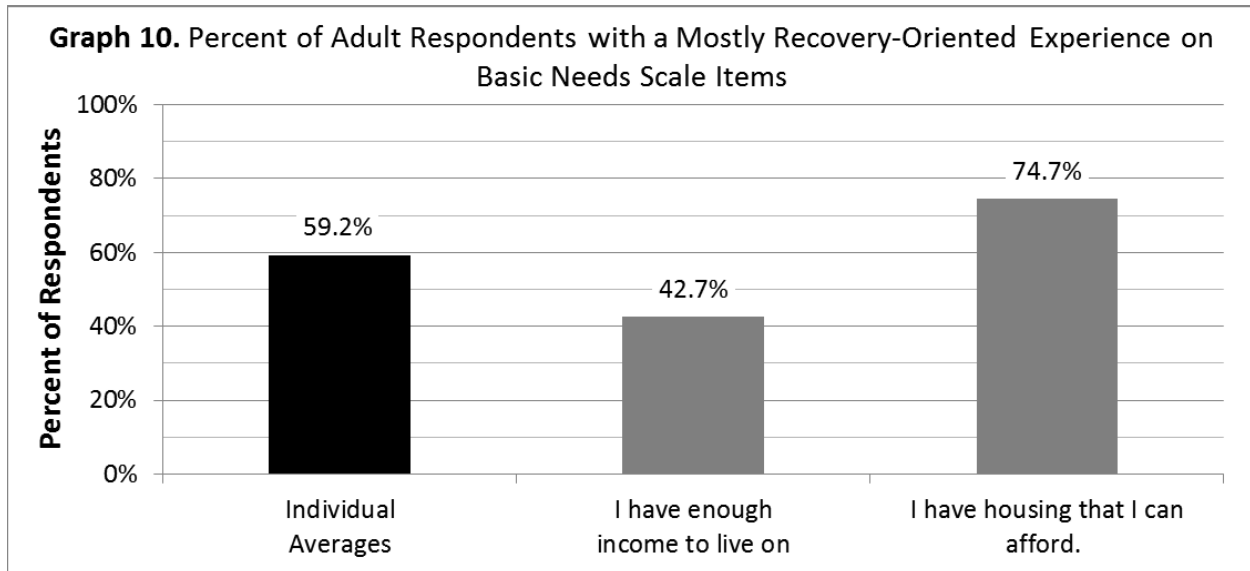
- The Staff Approach scale, comprised of four items all negatively worded, describes the degree to which agency staff use a paternalistic and/or coercive approach to working with clients. Overall, 89.0% of respondents had a mostly recovery-oriented experience when all of their Staff Approach scale responses were averaged.
- This mostly positive experience is further supported by the 97.5% of survey respondents who indicated that staff never/rarely used pressure, threat, or force in their treatment and 94.5% of respondents who reported that staff never/rarely interfere with their personal relationships.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the Staff Approach scale by race¹, age², or gender³.

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

2. $\chi^2 = 0.076$, df=1, p-value = 0.783

3. p-value = 0.430, Fisher's Exact Test

Results of ROSI Survey



Notes:

- There were two items on the Basic Needs scale. One examined having affordable housing and the other having enough income to live on. After averaging individual responses for both items on the Basic Needs scale, 59.2% of respondents had a mostly recovery-oriented experience on this scale.
- Just 42.7% of Dane County survey respondents indicated they “Agree” or “Strongly Agree” with the statement, “I have enough income to live on.”
- About 3 out of 4 (74.7%) survey respondents indicated they “Often” or “Almost Always/Always” have housing they can afford.
- While not on the Basic Needs scale, just 66.1% of survey respondents indicated that mental health and/or substance abuse services helped them get housing in a place they feel safe and 69% indicated that they have reliable transportation to get where they need to go.
- No significant differences in the proportion of respondents with a mostly recovery-oriented experience were observed when stratifying the Basic Needs Scale by race¹, age², or gender³.

1. $\chi^2 = 0.251$, $df=1$, $p\text{-value} = 0.616$

2. $\chi^2 = 0.041$, $df=1$, $p\text{-value} = 0.839$

3. $\chi^2 = 0.357$, $df=1$, $p\text{-value} = 0.550$

Summary of Comments from ROSI

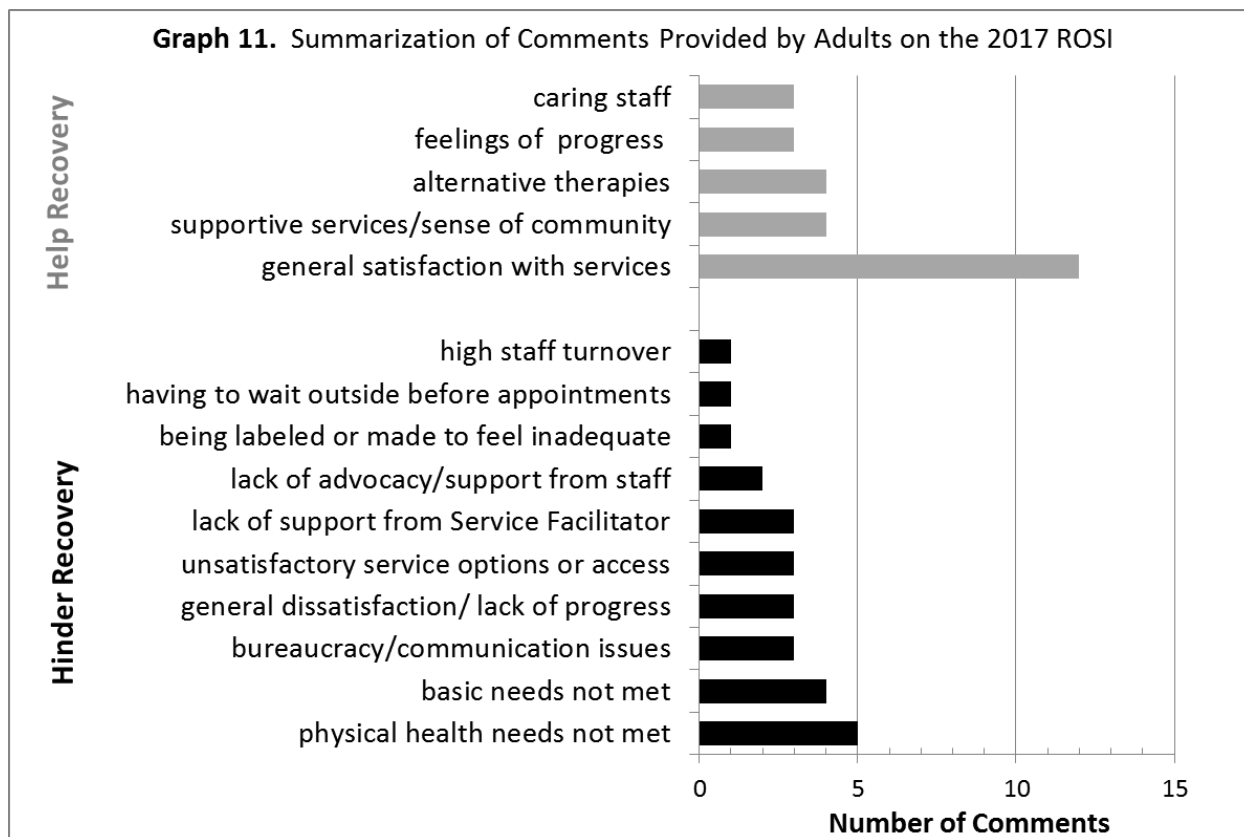
Adults were provided opportunities to leave comments in response to the questions: “Are there other issues related to how services help or hinder your recovery?” and “Do you have any other comments about the services you received in the last 6 months?”, of which 52 adults provided comments. These comments have been summarized based on their role in hindering or helping recovery and are quantified in Graph 11.

Experiences that hinder recovery:

- The most commonly cited experience hindering recovery was a lack of co-ordination between services that address physical health needs and mental health needs.
- Another commonly reported experience that hindered recovery for adults in CCS pertained to barriers in attaining basic needs, adequate housing, or reliable transportation.
- Numerous survey participants also reported feeling that their recovery was hindered because of difficulty engaging with their Service Facilitator or feeling that their Service Facilitator didn’t adequately advocate for them.

Experiences that help recovery:

- The most frequent positive comment about CCS was a general satisfaction with services and an overall good experience.
- Another commonly reported experience that clients felt helped their recovery was access to alternative therapies.
- Clients also commonly reported the impact of caring staff, feeling a sense of progress in recovery and independence, and feeling that CCS offers a sense of community.



Demographics of ROSI participants

Of the 87 survey respondents for the ROSI, 78-80 answered each of the demographic questions. The results are shown below and are compared to characteristics for all eligible adults, using CCS records.

Table 3. Gender	Survey Respondents		all eligible adults
	Count	Percentage	
Female	46	58.2%	53.9%
Trans Female	2	2.5%	unknown
Male	31	39.2%	46.1%
Trans Male	0	0.0%	unknown
Grand Total	79	100.0%	100.0%

- About three fifths of survey respondents identified as female, compared to two fifths as male. This proportion was similar to the population of CCS adults eligible for the survey¹. Information about transgender individuals is not known in the general CCS population.

Table 4. Age at survey	Survey Respondents		all eligible adults
	Count	Percentage	
18-19	2	2.6%	3.4%
20-29	6	7.7%	13.9%
30-39	12	15.4%	20.6%
40-49	9	11.5%	18.0%
50-59	27	34.6%	29.9%
60-69	19	24.4%	12.9%
≥70	3	3.8%	1.3%
Grand Total	78	100.0%	100.0%

- Respondents were significantly older than the population of eligible adults. Almost 63% of respondents were age 50 or older, whereas only 44.1% of eligible adults were age 50 or over².

Table 5. Race	Survey Respondents		all eligible adults [#]
	Count	Percentage	
American Indian/Alaska Native	4	5.0%	2.1%
Asian	1	1.3%	1.3%
Black/African American	10	12.5%	18.8%
Mixed	3	3.8%	7.2%
Other	2	2.5%	
White/Caucasian	60	75.0%	70.6%
Grand Total	80	100.0%	100.0%

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

- Three out of four survey respondents were White/Caucasian, 12.5% were Black/African American, and 12.5% were either American Indian/Alaska Native (AI/AN), Asian, mixed race, or other.
- Black/African Americans were significantly under-represented among survey participants³. Among all eligible participants, 18.8% identified as black and 7.2% as Black/African American plus another race, whereas only 12.5% of respondents identified as Black/African American. By contrast, no other racial groups statistically differed between the survey participants and the eligible adults as a whole^{4,5}.

Table 5. Ethnicity	Survey Respondents		all eligible adults
	Count	Percentage	
Hispanic	4	5.1%	3.9%
Non-Hispanic	75	94.9%	96.1%
Grand Total	79	100.0%	100.0%

- Approximately 5% of respondents were Hispanic, which is representative of eligible participants⁶.

1. $\chi^2 = 1.27$, $df=1$, $p\text{-value} = 0.259$

2. $\chi^2 = 9.16$, $df=1$, $p\text{-value} = 0.002$

3. $\chi^2 = 5.49$, $df=1$, $p\text{-value} = 0.019$

4. AI/AN: $p\text{-value} = 1$, Fisher's Exact Test

5. White: $\chi^2 = 0.628$, $df=1$, $p\text{-value} = 0.428$

6. $\chi^2 = 0.241$, $df=1$, $p\text{-value} = 0.623$

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

Table 7. Education	Count	Percentage
< High School	7	8.8%
High School/ GED	29	36.3%
College/ Technical Training	38	47.5%
Graduate School	6	7.5%
Grand Total	80	100.0%

- Among survey participants, most (55%) had finished college or graduate school. Over one third (36%) had a high school diploma and 8.8% had not finished high school.

Table 8. Type of Service	Count	Percentage
Mental Health only	57	74.0%
Mental Health and Substance Abuse services	20	26.0%
Grand Total	77	100.0%

- All survey respondents were receiving mental health services through CCS. About one quarter (26%) were receiving Substance Abuse services as well.

Table 9. Length of Services	Count	Percentage
Less than 1 year	1	1.3%
1 to 2 years	18	22.5%
3 to 5 years	8	10.0%
More than 5 years	53	66.3%
Grand Total	80	100.0%

Table 10. Program	Count	Percentage
Comprehensive Community Services (CCS)	67	87.0%
Community Support Program & CCS *	10	13.0%
Grand Total	77	100.0%

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

- In order to be eligible for this survey, CCS clients 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 2.5 years, many clients had been receiving mental health or substance abuse services prior to enrollment in CCS.
- About two thirds of respondents reported receiving mental health and/or substance abuse services for more than 5 years, 10% for 3-5 years, 22.5% for 1-2 years, and only 1.3% had been receiving mental health and/or substance abuse services for less than 1 year.
- Likewise, 13% of participants reported receiving services from Community Support Programs (CSP) in the last 6 months. Although CCS clients are not eligible for CSP while they are enrolled in CCS, they may have been enrolled immediately before CCS enrollment or after disenrollment.

Table 11. Living Arrangement	Count	Percentage
My own home or apartment	55	70.5%
Residential facility	3	3.8%
Supervised/supported apartment	10	12.8%
Live with family	8	10.3%
Boarding House	0	0.0%
Homeless or homeless shelter	0	0.0%
Other	2	2.6%
Grand Total	78	100.0%

- Majority of survey respondents (70.5%) lived in their own home or apartment. Whereas none lived in a boarding house or reported being homeless, 3.8% lived in a residential facility, 12.8% in a supervised/supported apartment, and 10.3% lived with family.

MHSIP Family and Youth Surveys: Instrument Summary

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

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

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

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

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

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

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

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

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

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

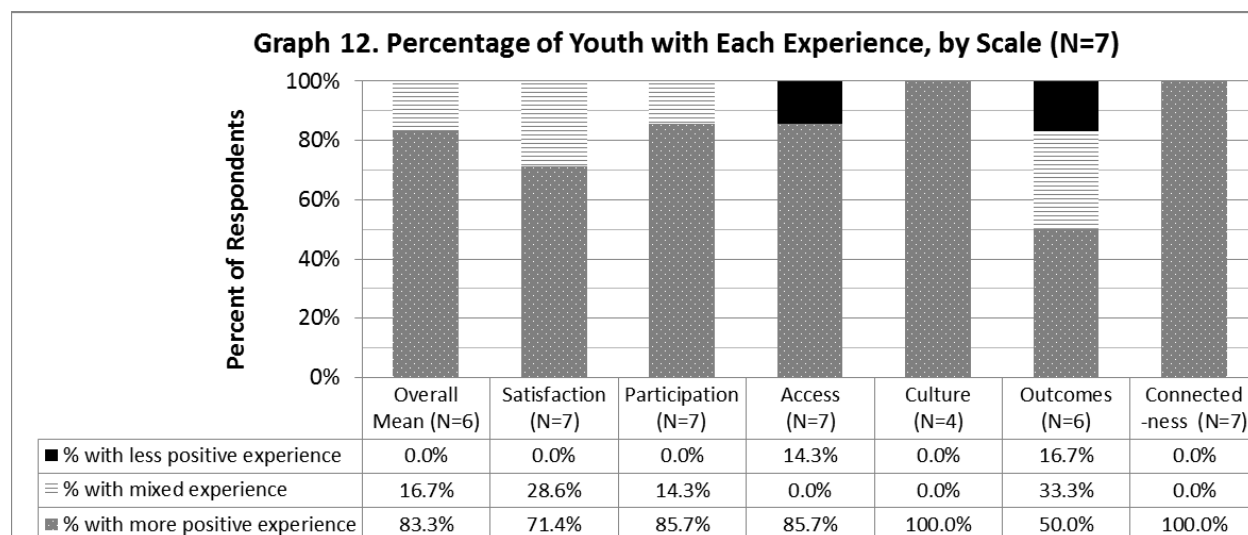
Scale 5: Outcomes contains seven (7) items that describe the perceived treatment-related improvements in consumers' lives. This scale was designed for individuals who responded to at least five items:

- 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.

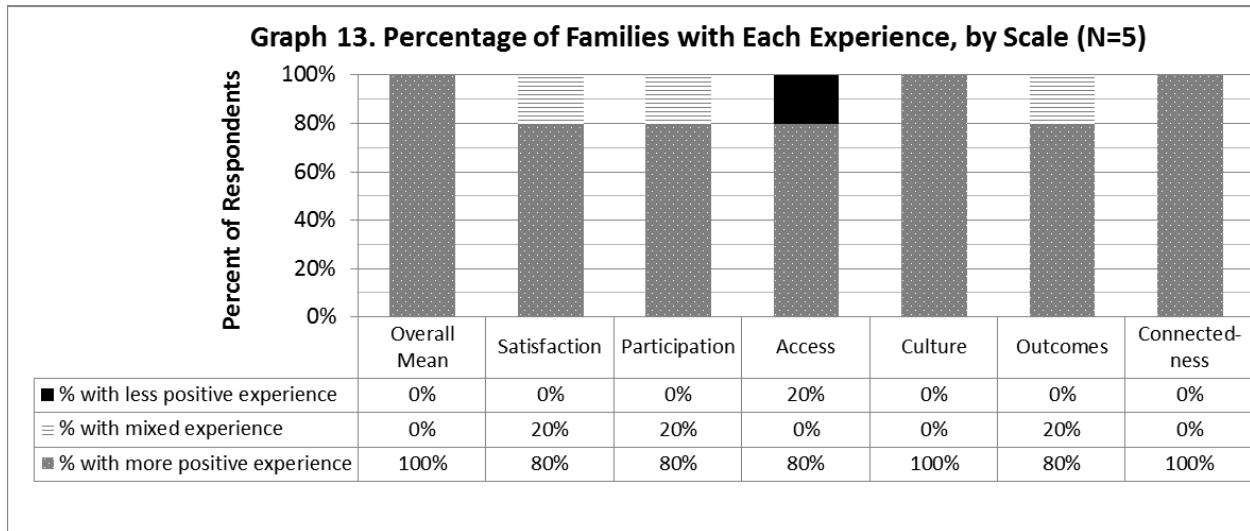
Results of MHSIP-Youth Survey



Notes:

- Seven youth completed the MHSIP, although three left multiple questions unanswered and were therefore excluded from analysis within particular domains. The number of respondents (N) for each scale score is shown.
- Overall, five out of six youth had a more positive experience, while the other was mixed.
- Satisfaction was a more positive experience for five out of seven participants. This score was driven slightly downward because only four of the seven respondents agreed with the statements “The people helping me stuck with me no matter what” or “I felt I had someone to talk to when I was troubled.”
- Within the Participation domain, 85.7% of respondents had a more positive experience and 14.3% had a mixed experience. Six out of seven felt that they participated in their own treatment and helped choose their own services.
- All of the youth respondents had a positive experience in the domains of Social Connectedness (N=7) and Culture, although only four youth were included in the Culture scale score.
- Access was rated less positively than most of the other domains and one participant commented on the high turnover of providers as being problematic.
- Outcomes was the most poorly rated scale. Just 50% had a more positive experience, 33.3% were mixed, and 16.7% were less positive. Within this domain, only 50% agreed to the statements “I get along better with family members,” “I am doing better in work/school,” and “I am better able to cope when things go wrong.”

Results of MHSIP-Family Survey



Notes:

- Of the 52 families that received the MHSIP-Family survey, only five completed it. Overall, they all had a positive experience with the mental health and/or substance abuse services that their child received in the past six months.
- All of the participants in the family survey had a positive experience in the domains of Culture and Social Connectedness.
- Within both the Satisfaction and Participation domains, four out of five participants reported a positive experience and one reported a mixed experience. These results indicate that overall, families were satisfied with their child's services and felt that the family was integrated into treatment planning.
- The Access domain was the most poorly rated of all the family domains. This score is consistent with the only negative comment supplied by participants of the MHSIP-Family survey. The participant stated that their child had had three different service facilitators during a short period of time and experienced a low availability of appointments, resulting in long waits between sessions.
- Within the Outcomes domain, 80% of respondents had a positive experience and 20% had a mixed experience. Notably only 60% agree to the statement "My child gets along better with friends and other people."

Summary of Comments from Youth and Family Surveys

Youth and families were provided opportunities to leave comments in response to the question: "Do you have any other comments about the services you/your child received in the last 6 months?" Two youth and three families provided comments, the summaries of which are provided below.

Negative experiences in CCS:

- For youth and families, the most commonly cited negative experience in CCS was high staff turnover.
- Difficulty scheduling appointments was also a negative experience reported among families.

Positive experiences in CCS:

- General satisfaction with the CCS program and caring staff were reflected in three comments from the youth and family surveys.

Percentages for ROSI Adult Satisfaction Survey Items

(NOTE: A high percentage for any item indicates most consumers had a recovery-oriented experience in that area. For unshaded items, the percentage represents consumers who agreed with a positive statement or frequently had a positive experience. For the shaded items, the percentage represents consumers who disagreed with a negative statement or infrequently had a negative experience.)

	% Often/ Almost Always	Disagree/ Strongly Disagree	% Agree/ Strongly Agree	% Often/ Almost Always	% Never/ Rarely/ Sometimes	% Often/ Almost Always	
ROSI Adult Satisfaction Survey Items	Scale 1 - Person Centered	Scale 2 - Barriers	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Staff Approach	Scale 6 - Basic Needs	Other Items
1. There is at least one person who believes in me.			96.5%				
2. I have a place to live that feels like a comfortable home to me.							85.9%
3. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.).			82.1%				
4. I do not have the support I need to function in the roles I want in my community.		78.8%					
5. I do not have enough good service options to choose from.		82.5%					
6. Mental health and/or substance abuse services helped me get housing in a place I feel safe.							66.1%
7. Staff do not understand my experience as a person with mental health and/or substance abuse problems.		78.5%					
8. The mental health and/or substance abuse staff ignore my physical health.		84.4%					
9. Staff respect me as a whole person.			89.0%				
10. Mental health and/or substance abuse services have caused me emotional or physical harm.							83.5%
11. I cannot get the mental health/substance abuse services I need when I need them.		82.9%					
12. Mental health and/or substance abuse services helped me get medical benefits that meet my needs.							86.4%
13. Mental health and/or substance abuse services led me to be more dependent, not independent.							63.0%
14. I lack the information or resources I need to uphold my client rights and basic human rights.		82.3%					
15. I have enough income to live on.						42.7%	
16. Services help me develop the skills I need.							82.2%
17. Substance abuse services help me be better able to deal with my alcohol or drug problem.							82.1%
18. Substance abuse services help me have a better understanding of my addiction.							79.5%
19. I have housing that I can afford.						74.7%	
20. I have a chance to advance my education if I want to.				51.4%			

ROSI Adult Satisfaction Survey Items	Scale 1 - Person Centered	Scale 2 - Barriers	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Staff Approach	Scale 6 - Basic Needs	Other Items
21. I have reliable transportation to get where I need to go.							69.0%
22. Mental health and/or substance abuse services helped me get or keep employment.				52.3%			
23. Staff see me as an equal partner in my treatment program.	84.6%						
24. Mental health staff support my self-care or wellness.	88.0%						
25. I have a say in what happens to me when I am in crisis.							76.7%
26. Staff believe that I can grow, change and recover.							86.8%
27. Staff use pressure, threats, or force in my treatment.					97.5%		
28. There was a consumer peer advocate to turn to when I needed one.				62.0%			
29. There are consumers working as paid employees in the mental health/substance abuse agency where I receive services.				66.7%			
30. Staff give me complete information in words I understand before I consent to treatment or medication.	82.1%						
31. Staff encourage me to do things that are meaningful to me.	91.5%						
32. Staff stood up for me to get the services and resources I needed.	90.1%						
33. Staff treat me with respect regarding my cultural background (race, ethnicity, religion, language, age,sexual orientation, etc).	91.3%						
34. Staff listen carefully to what I say.	84.0%						
35. Staff lack up-to-date knowledge on the most effective treatments.					76.3%		
36. Mental health/substance abuse staff interfere with my personal relationships.					94.5%		
37. Mental health/substance abuse staff help me build on my strengths.	76.9%						
38. My right to refuse treatment is respected.	78.5%						
39. My treatment plan goals are stated in my own words.							85.7%
40. The doctor worked with me to get on medications that were most helpful for me.							81.4%
41. I am treated as a psychiatric label rather than as a person.					86.5%		
42. I can see a therapist when I need to.							86.8%
43. My family gets the education or supports they need to be helpful to me.							55.4%
44. I have information or guidance to get the services and supports I need, both inside and outside my mental health/ substance abuse agency.							82.7%