

# 2020 Survey of Member Satisfaction with Comprehensive Community Services (CCS)

Version 2021 3.15

## Study Overview

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

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## **Methods - Member Satisfaction survey for eligible CCS members**

### Instrument

The Wisconsin Department of Health Services required the use of one of three Mental Health Statistical Improvement Project (MHSIP) survey instruments depending on the age of the CCS member at the time of the survey:

- 1) MHSIP-Adult: CCS participants ages 18 or older;
- 2) MHSIP-Youth: CCS participants ages 13-17.
- 3) MHSIP-Family: parents or guardians of CCS participants age 12 and under.

### Survey Population

As required by the Wisconsin Department of Health Services, the survey population was all CCS members who had received CCS services for six months or longer and who were still active members or discharged from CCS in the previous three months, as of 10/31/20.

### Survey Method

In total, 1,258 CCS members received satisfaction surveys. Of those, approximately half had a known email address and received the survey via a SurveyMonkey link emailed to them. An electronic link to a \$5 Target Stores gift card was included in the email to thank participant's for their time. The response rate for this group was 25%. The other half, with no known email address, received surveys via postal mail, with a pre-paid return envelope and \$5 Kwik Trip gift card included in the mailing. The response rate for this group was 24%. Surveys were distributed Nov. 12, 2020 and returned by December 7, 2020.

### Translation

Surveys and accompanying material were available in English, Hmong, and Spanish, based on the recipient's preferred language tracked in Dane County's Information System. In total, 40 adults received the survey in Hmong & English and 11 members (5 adults, 2 families, and 4 youth) received the survey in Spanish & English. All others received the survey in English only. In total, 1 adult Hmong survey and 1 youth Spanish survey were returned. However, response rates for surveys distributed in languages other than English cannot be determined because those participants may have returned the English version of the survey.

## Response Rate

**Table 1.** Response rate by survey type

Survey Type	# eligible	2020 Response	
		N	%
Adult	985	246	25%
Youth	146	25	17%
Family	127	35	28%
overall	1,258	306	24%

- As shown in **Table 1**, the overall response rate for the 2020 satisfaction surveys was 24%; a response rate of 20% is considered acceptable for a one-time mail survey<sup>1</sup>.
  - The response rate among adults was 25% (246 / 985). Response rates were similar among adults who received the survey via postal mail versus electronically (24% vs 26%, respectively; data not shown).
  - The response rate was 17% (25 / 146) among youth ages 13-17 and 28% among families (35 / 127). For youth, response rates were higher among those who received the survey via postal mail (25% mail vs 13% email), whereas for families, the response rate was higher for those who received the survey electronically (17% mail vs 32% email). Response rates were notably lower for youth than other age groups, which is a trend consistent with previous years.

## Report Overview

- For the Adult survey, overall summaries, detailed breakdowns by survey domains, as well as demographic information are provided. Due to the small number of returned MHSIP-Youth and –Family surveys (25 and 35, respectively), less detailed breakdowns are provided.
- Dane County began providing CCS services in 2015 and administering annual satisfaction surveys in 2016. Although results from the Youth and Family surveys can be compared to previous years, the adult survey instrument was updated in 2020, preventing direct comparison of these results to prior years. Results from previous years can be found here: <https://danecountyhumanservices.org/ccs/clnt/data.aspx>.
- For all statistical analysis,  $\alpha=0.05$  was used. When comparing proportions, Chi Square test of Independence was used, unless expected values were less than five, in which case Fisher's exact test was used.

## ADULT SURVEY: MHSIP tool

The adult survey asks the adult participant a series of 36 questions about their satisfaction with the mental health and/or substance use services they received in the past six months. The responses can be summarized across seven scales.

**Scale 1 –Satisfaction:** These items describe an adult's overall level of satisfaction with their services. The satisfaction scale was constructed for all individuals who responded to at least two of the following questions:

1. I like the services that I received.
2. If I had other choices, I would still get services from the same agency.
3. I would recommend the same agency to a friend or family member.

**Scale 2 – Participation:** These items describe how well an adult was integrated into treatment planning. The participation scale was constructed for all individuals who responded to both of these items:

11. I felt comfortable asking questions about my treatment and medication.
17. I, not staff, decided my treatment goals.

**Scale 3 – Access:** These items describe the perceived ease with which an adult obtained their services. The access scale was constructed for all individuals who responded to at least four of these items:

4. The location of services was convenient (parking, public transportation, distance, etc.).

<sup>1</sup> 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)

5. Staff was willing to see me as often as I felt it was necessary.
6. Staff returned my calls in 24 hours.
7. Services were available at times that were good for me.
8. I was able to get all the services I thought I needed.
9. I was able to see a psychiatrist when I wanted to.

**Scale 4 – Outcomes:** These items are prefaced with the following phrase: “As a direct result of the mental health or substance use services I received,…” and describe the treatment-related improvements in an adult’s life. The outcomes scale was constructed for all individuals who responded to at least six of these items:

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 mental illness symptoms are not bothering me as much.

**Scale 5 – Functioning:** This functioning scale is conceptually very similar to and overlaps with the outcomes scale, but is sufficiently distinct to merit its own domain. The functioning scale was constructed for all individuals who responded to at least three of these items:

28. My mental illness symptoms are not bothering me as much.
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.

**Scale 6 – Connectedness:** These items describe the extent to which participants are socially connected, have “natural supports” in place—family, friends, and acquaintances—to help bolster and sustain recovery. The connectedness scale was constructed for all individuals who responded to at least three of these items:

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.

**Scale 7 – Quality:** These items describe the perceived cultural sensitivity of providers. The culture scale was constructed for all individuals who responded to at least six of these items:

10. Staff believed that I could 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 out for.
16. Staff respected my wishes about who is and who is not to be given information about my treatment.
18. Staff were sensitive to my cultural background (race, religion, language, etc.).
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental illness.
20. I was encouraged to use consumer-run programs (support groups, drop in centers, crisis phone line, etc.).

Members responded to each statement on a five point Likert scale, from 1 = Strongly Agree to 5 = Strongly Disagree. Scores within each domain were then averaged and participants were categorized on that domain as having a more positive experience (mean score 1.0-2.5), a mixed experience (2.51-3.49) or a less positive experience (3.5-5.0). More information about the survey tool and its application can be found here: <https://www.dhs.wisconsin.gov/publications/p0/p00887.pdf>

An additional scale was added to assess the degree to which participants felt supported during the start of the COVID-19 pandemic. Those responses were not included in overall scale scores, but were assessed separately.

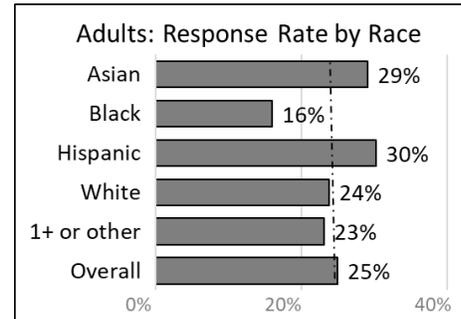
**Scale 8 – Pandemic Support:** These items were prefaced with “During the COVID-19 pandemic,…”

- The amount of support I received from CCS providers met my needs.
- My treatment team and CCS staff met or maintained in contact regularly.

## ADULT SURVEY: Characteristics of Respondents

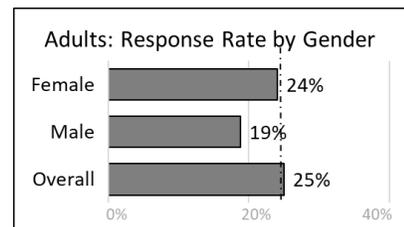
Of the 246 adult survey respondents, between 215 and 223 answered each demographic question. The proportion of survey respondents in each demographic category was compared to the population of eligible CCS participants and found to be representative by race, gender, and age.

Adults: Race	Survey Respondents		all eligible % of total
	N	% of total	% of total
Asian	16	7%	6%
Black/ African American	34	15%	22%
Hispanic	13	6%	4%
White	142	64%	60%
More than one/ Other	18	7%	7%
<b>Total Responses</b>	<b>223</b>	<b>100%</b>	<b>100%</b>



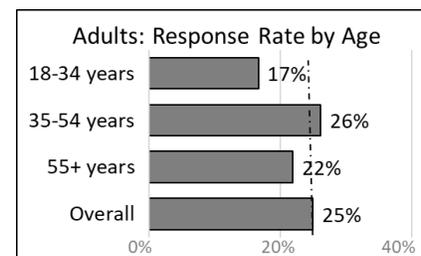
- 64% of adult respondents identified as White, 15% as Black/African American, 7% Asian, 6% Hispanic, and 7% as more than one race or another race. This is similar to the eligible population, comprised of 60%, 22%, 6%, 4%, and 7% respectively ( $\chi^2_4=5.55$ ,  $p=0.236$ ).
- Shown another way, the overall response rate differed slightly by racial identity: 25% overall, 29% for Asians, 30% for Hispanics, and 16% for those who identify as Black. However, statistical significance wasn't reached.

Adults: Gender	Survey Respondents		all eligible % of total
	N	% of total	% of total
Female	138	62%	59%
Trans Female	2	1%	unknown
Male	74	33%	41%
Trans Male	2	1%	unknown
Other	7	3%	unknown
<b>Total Responses</b>	<b>223</b>	<b>100%</b>	<b>100%</b>

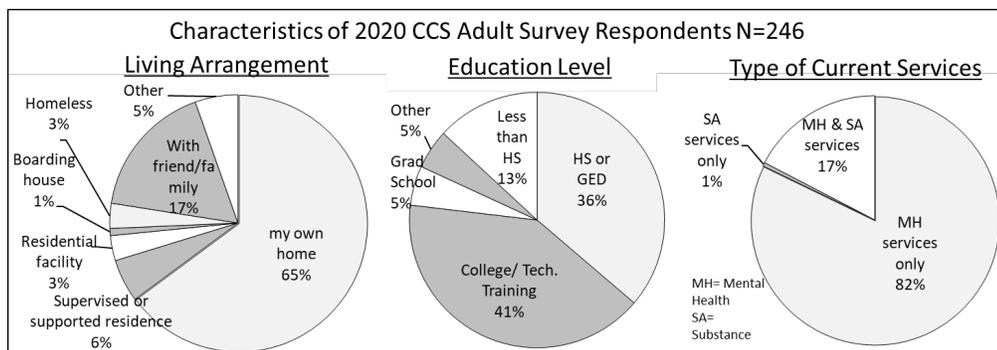


- About two thirds of survey respondents identified as female, versus one third as male. This proportion was not significantly different than the population of CCS adults eligible for the survey ( $\chi^2_1=2.56$ ,  $p=0.110$ ). Information about transgender and non-gender conforming individuals is not known in the general CCS population.
- Shown another way, the response rate was higher for females (24%) than males (19%), but not all survey respondents were accounted for in these two categories.

Adults: Age	Survey Respondents		all eligible % of total
	N	% of total	% of total
18-34 years	51	24%	31%
35-54 years	94	44%	37%
55+ years	70	33%	32%
<b>Total</b>	<b>169</b>	<b>100%</b>	<b>100%</b>

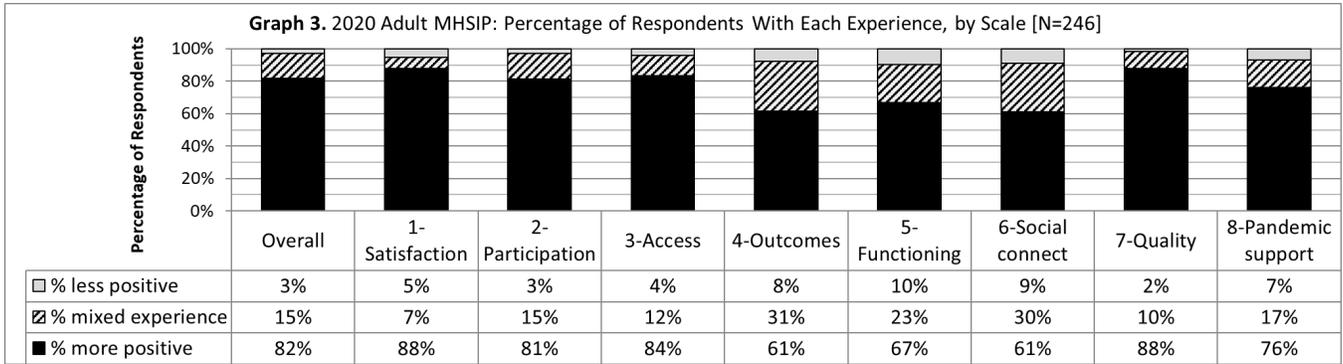


- Respondents mirrored the eligible population by age; 24% of adult survey respondents were age 18-34, 44% were ages 35-54, and 32% were age 55 ( $\chi^2_2=5.80$ ,  $p=0.061$ ).

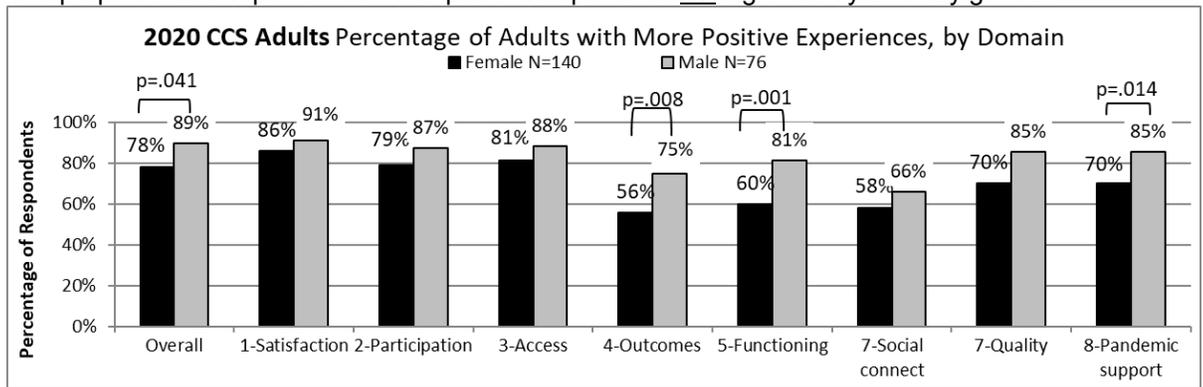


Respondents were also asked to provide other information about themselves. However, each of these characteristics are only known among survey respondents and not among CCS participants overall, such that direct comparisons could not be made.

**ADULT SURVEY: Results**



- Overall, 82% of adult respondents had a positive experience, 15% had a mixed experience, and 3% had a less positive experience.
  - The domains with the highest percentage of adults with a positive experience were: Satisfaction (88%), Participation (81%), Access (84%), and Quality (88%).
  - The domains with the lowest percentage of adults with a positive experience were: Outcomes (61%), Functioning (67%), and Social Connectedness (61%).
  - The individual statements comprising each domain, as well as the percentage of adults with positive experiences are shown on the subsequent page.
- Results were also examined to determine whether experiences differed by race, age, or gender. Due to small sample sizes upon stratification, race was dichotomized into white versus non-white, gender into cis or trans female versus cis or trans male, and age into 3 groups: 18-34, 35-54, and 55+. The outcome was dichotomized into positive experience vs mixed or less positive experience.
  - The proportion of respondents with an overall positive experience did not significantly differ by race<sup>1</sup> nor age<sup>2</sup>
  - The proportion of respondents with a positive experience did significantly differ by gender.



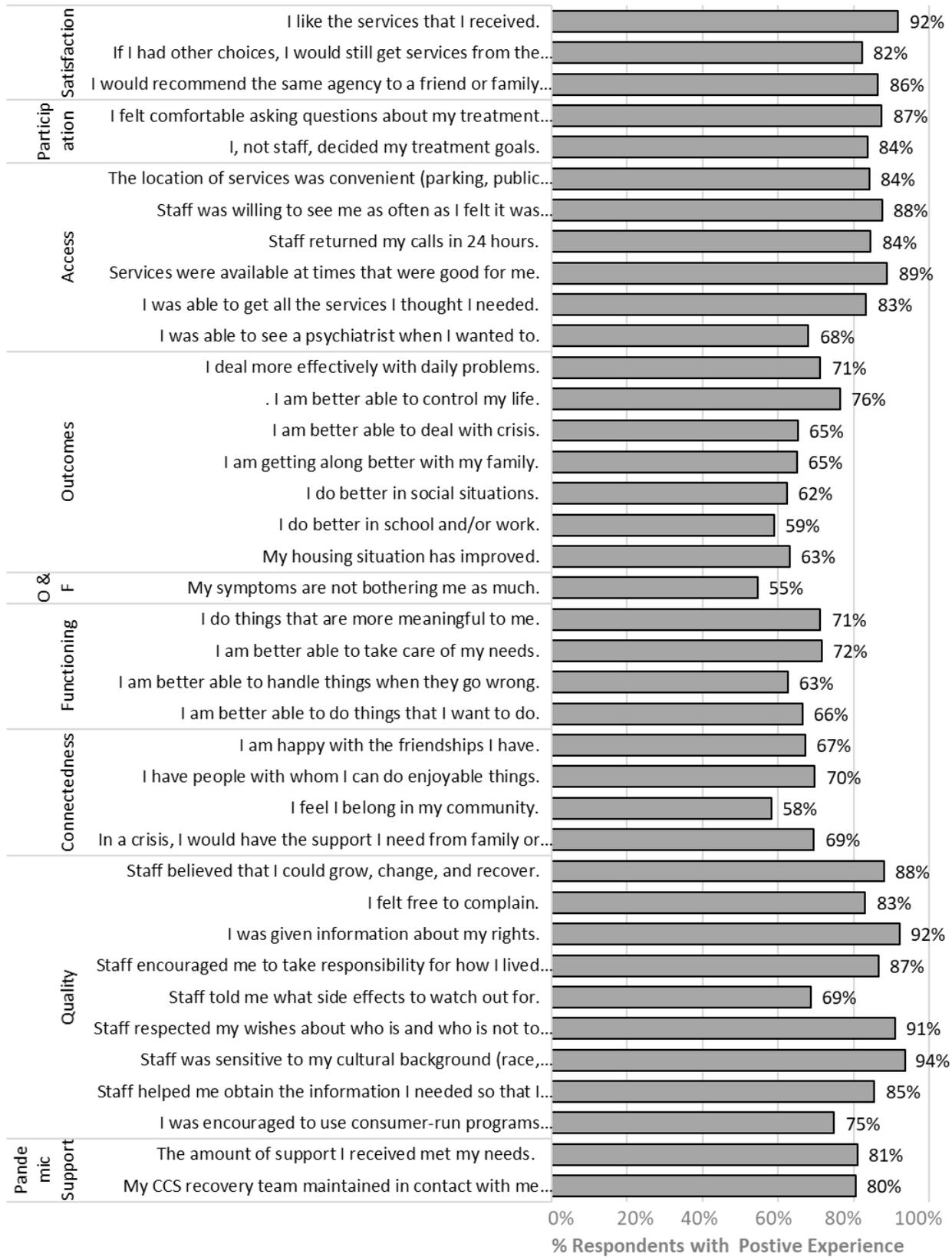
- The percentage of females with an overall positive experience was significantly lower than that of males (78% vs 89%, p=.041).
- Additionally, being female, compared to male, was associated with significantly less positive experiences within the Outcomes domain (56% vs 75%, p=.0008) and within the Functioning domain (60% vs 81%, p=.001). Notably, these scales are closely related and have slight overlap in survey items.
- Being female was associated with feeling less supported during the COVID-19 pandemic compared males (70% vs 85%, p=.014).

1. Race:  $\chi^2= 2.93$ , p-value = .087

2. Age:  $\chi^2= 0.57$ , p-value = 0.752

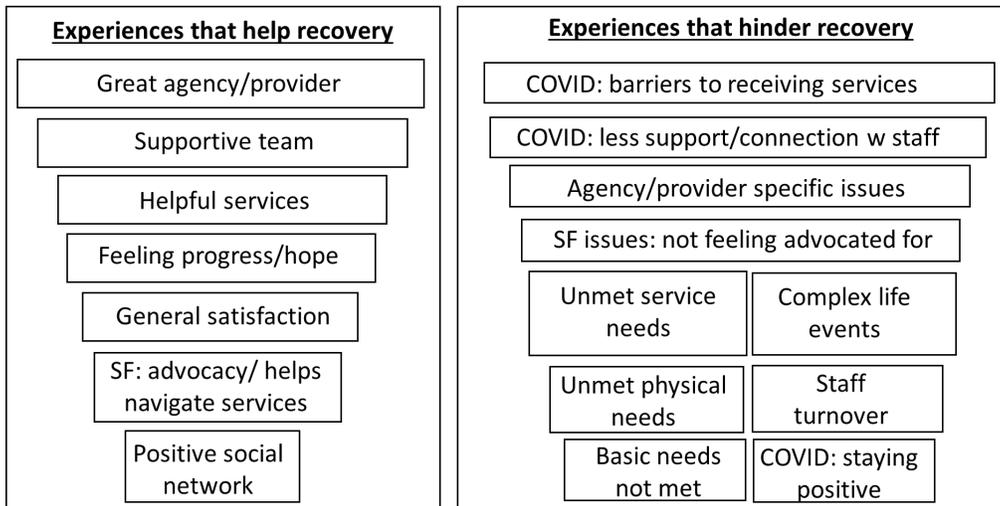
2. Gender:  $\chi^2= 04.16$ , p-value = .041

**2020 CCS Adults: % of Respondents with positive experience, by survey statement**



## **ADULT SURVEY: Qualitative Results**

Adults were able to leave comments in response to the questions: “Are there other issues related to how services help or hinder your recovery?”; “Do you have any other comments about the services you received in the last 6 months?”; and “Additional comments regarding support and service received during the COVID-19 pandemic?” of which 137 adults provided comments. These comments have been categorized based on their role in helping or hindering recovery and are summarized below. Themes that emerged more frequently are ordered at the top.



### **General themes:**

- Generally the same factors credited with helping recovery – the role of the individual agency, personnel, Service Facilitator (SF), and services - could be attributed toward hindering recovery when they weren't a good match for the individual.
- When it came to factors hindering recovery, many were specific to the COVID-19 pandemic. For example, many survey respondents cited barriers to receiving services or specific types of services due to physical distancing requirements. Participants also reported feeling less supported and less connected to staff.

### **Some quotes capturing experiences that help recovery for adults:**

- “[CCS] provides the support, reminders, assistance and problem solving I need and can't get from family or friends.”
- “They have helped me navigate social security benefits, Medicare, trainings/education, legal issues, housing issues, medications, or led me to who could help.”
- “I am very grateful for my support team! We have had several team meetings and family are also hopeful with my recovery.”
- “CCS support has literally changed my life. I have gained independence and a reduction of mental health challenges. I'm not sure I would be here if not for CCS help.”

### **Some quotes capturing experiences that hinder recovery for adults:**

- “I have a lot of issues that need more attention than what I've been able to receive from my advocate”
- “So much has been happening, car accident, quarantine, getting Covid, and being a single parent of a child with special needs I feel I can't catch my breath. It's too much.”
- “I am at the upper end of hours, so we can't quite get in the physical wellness services that would be helpful.”
- “I've had too many changes in service providers and the counselors it's been hard to remain confident with them because I felt comfortable with some providers then it changed”
- “One of my issues is speaking up about my needs. It would help if my service facilitator would ask more specific questions- especially about my housing”
- “It is a stressful time for everyone. People have more need now to receive resources and communicate with their case workers. Some case workers are not returning calls as much even when they are working from home”
- “This is a new thing to everyone. People are scared and can't go anywhere. You guys could have done more to help keep our spirits up”
- “No groups or AA open.”; “Covid restrictions regarding child/respite care”

### **MHSIP Family and Youth Surveys: Instrument Summary**

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

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

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

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

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

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

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

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

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

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

*Scale 5: Outcomes* contains seven (7) items that describe the perceived treatment-related improvements in the participant's life. 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/participants' 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.

**YOUTH & FAMILY SURVEYS: Characteristics of Respondents**

Demographic information was summarized for participants of the youth (13-17 years old) and family (0-12 years old) surveys, with percentages based on the total number of respondents for each question. These characteristics were compared to the eligible population to determine whether all groups were adequately represented.

**Race/Ethnicity of Youth & Families: survey respondents vs eligible population**

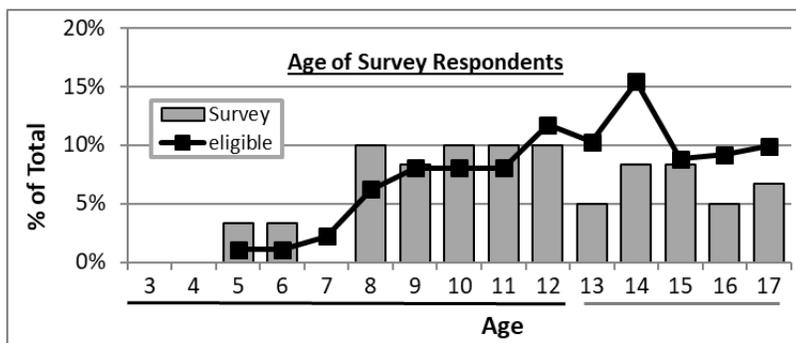
Race/Ethnicity	Youth Survey [ 13-17 y.o. ]			Family Survey [ < 12 y.o ]		
	Survey respondents		all eligible	Survey respondents		all eligible
	N	% of total	% of total	N	% of total	% of total
Asian		0%	0%	1	3%	1%
Black/ African American	3	14%	20%	6	18%	27%
Hispanic	2	10%	13%	7	21%	17%
1+ or other race	2	10%	21%	5	15%	22%
White/ Caucasian	14	67%	47%	14	42%	33%
Total Responses	21	100%	100%	33	100%	100%

- For both Youth and Families, most survey respondents identified as White (Y:67% and F:42%), as did most eligible members (Y:47% and F:33%). The remainder of survey respondents identified as Black/African American (Y:14% and F:27%), Hispanic (Y:10% and F:21%), more than one race or other racial category (Y:10% and F:15%), or Asian (Y:0% and F:3%).
- Although White participants trended towards being an over-represented among survey respondents relative to the eligible population, due to small sample sizes, this did not reach statistical significance<sup>1</sup>.

**Gender of Youth & Families: survey respondents vs eligible population**

Gender	Youth Survey [ 13-17 y.o. ]			Family Survey [ < 12 y.o ]		
	Survey respondents		all eligible	Survey respondents		all eligible
	N	% of total	% of total	N	% of total	% of total
Female	10	45%	42%	8	24%	32%
Trans Female	1	5%	unknown			unknown
Male	9	41%	58%	26	76%	68%
Trans Male			unknown			unknown
Other	2	9%	1%			
Total Responses	22	100%	100%	35	100%	100%

- For youth ages 13-17, 45% of respondents identified as female, 5% as trans female, 41% as male, and 9% as other gender. Among youth represented by the family survey, 24% identified as female and 76% as male. These proportions did not statistically differ from the eligible population<sup>2</sup>.

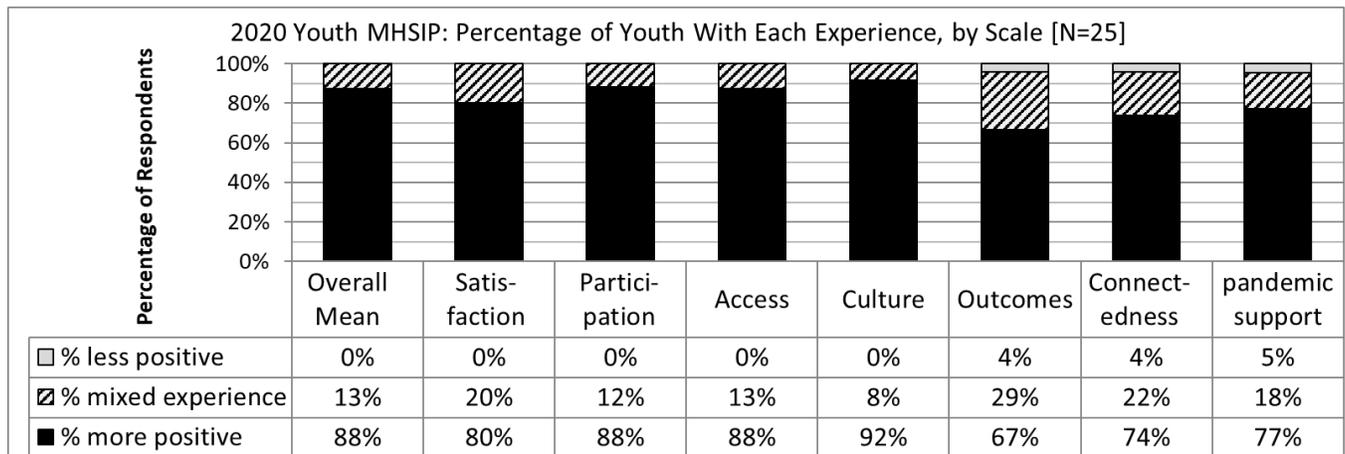


The graph to the left shows the overlay of ages of eligible members with those represented in the Youth and Family surveys. Small sample sizes makes it difficult to draw conclusions about how representative the age distribution of survey respondents was.

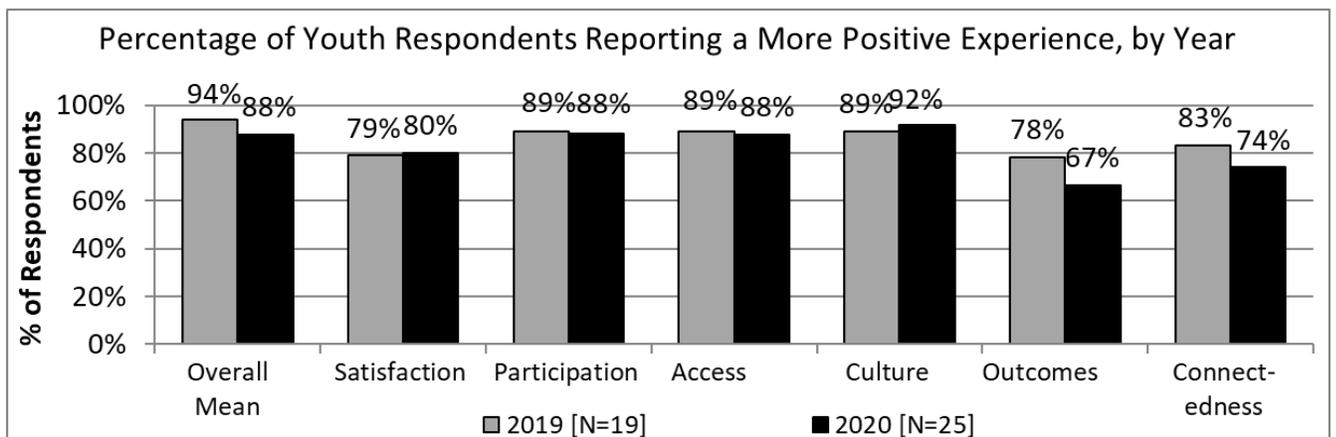
<sup>1</sup> Y:  $\chi^2_3 = 3.15$ , p-value = .369; F:  $\chi^2_4 = 6.21$ , df=1, p-value = .184

<sup>2</sup> Y:  $\chi^2_1 = 0.763$ , p-value = .382; F:  $\chi^2_1 = 0.97$ , p-value = .324

**YOUTH SURVEY- Results**



- Among the 25 youth completing the MHSIP survey, 88% had an overall more positive experience, 13% had a mixed experience, and none had a less positive experience.
- The domains with the highest percentage of youth with a more positive experience were: Satisfaction (80%), Participation (88%), Access (88%), and Culture (92%).
- The domains with the lowest percentage of youth with a more positive experience were: Outcomes (67%), Social Connectedness (74%), and pandemic support (77%).
- The graph below shows the percentage of youth with a more positive experience by domain, with comparisons to 2019. Although all percentages varied slightly by year, due to small sample sizes, no significant differences by year were detected within any domain<sup>1-7</sup>.



1. Overall:  $\chi^2_1=0.58$ , p-value = .448

4. Access:  $\chi^2_1= 0.004$ , p-value = .841

7. Connectedness:  $\chi^2_1= 0.52$ , p-value = .470

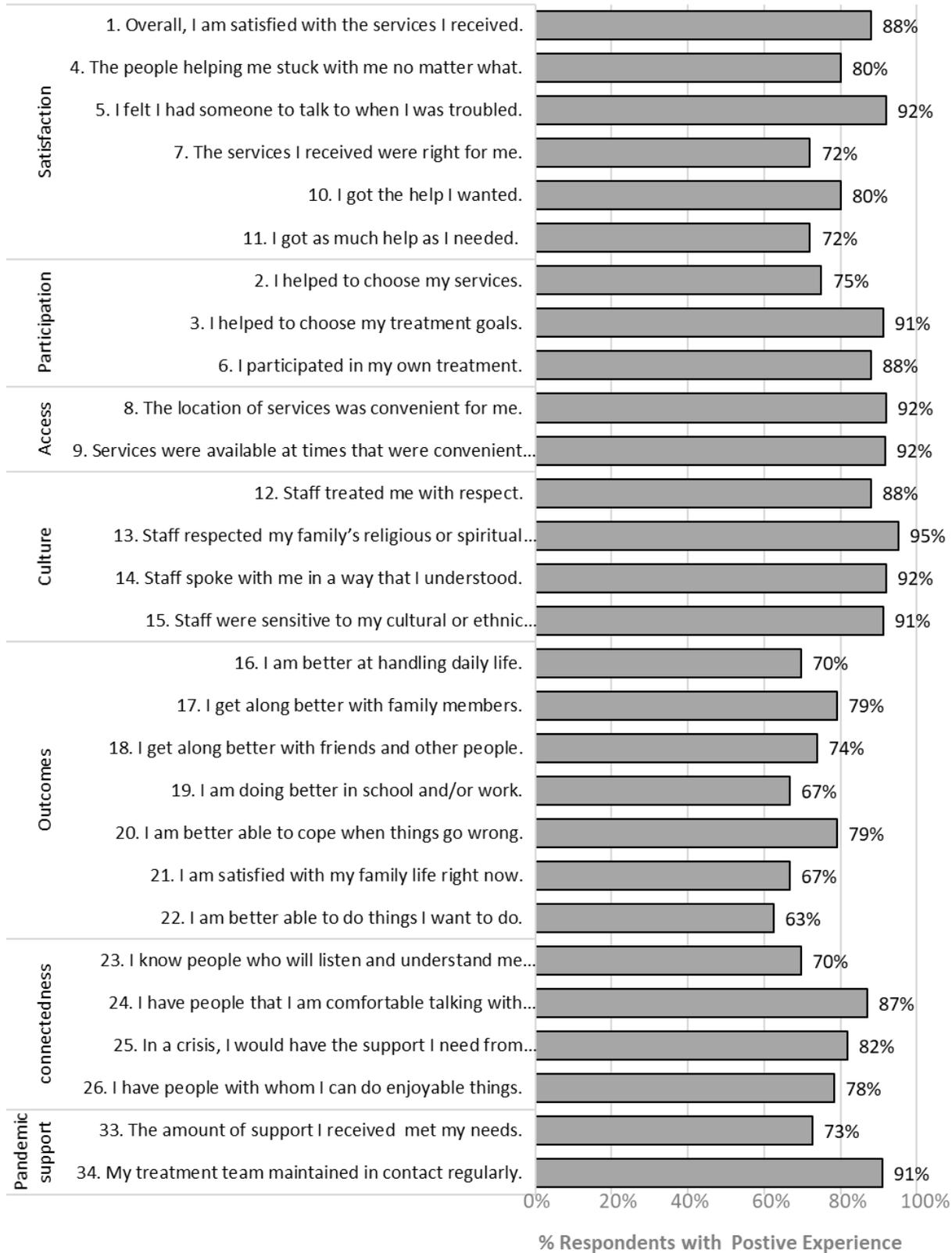
2. Satisfaction:  $\chi^2_1= 0.00$ , p-value = .932

5. Culture:  $\chi^2_1= 0.06$ , p-value = .806

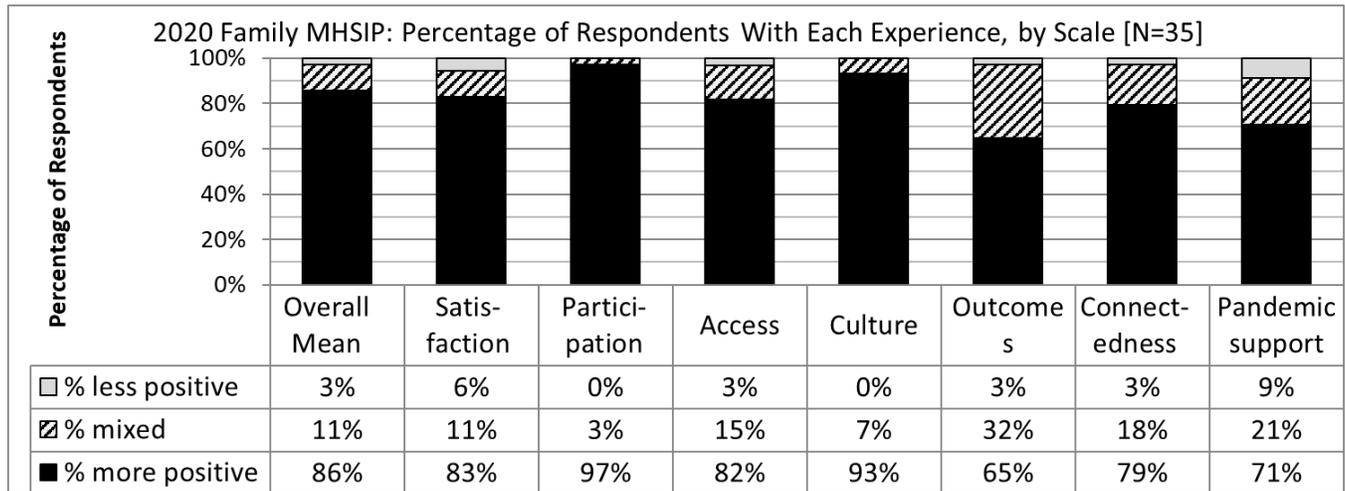
3. Participation:  $\chi^2_1= 0.02$ , p-value = .879

6. Outcomes:  $\chi^2_1= 0.62$ , p-value = .430

**2020 CCS Youth: % of Respondents with positive experience, by survey statement**

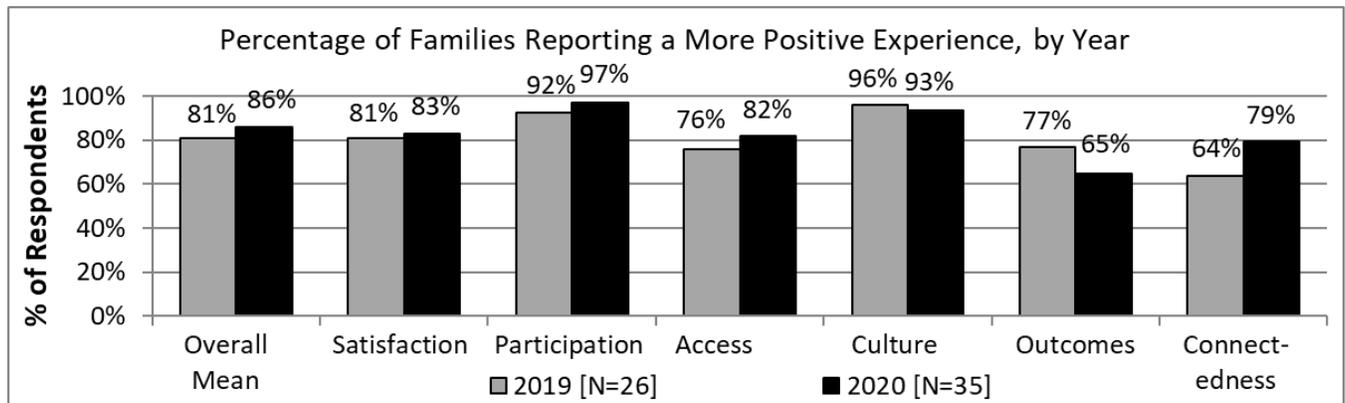


**FAMILY SURVEY- Results**



**Results:**

- Among the 35 families completing the MHSIP survey, 86% had an overall more positive experience, 11% had a mixed experience, and 3% had a less positive experience.
- The domains with the highest percentage of families with a more positive experience were: Satisfaction (83%), Participation (97%), Access (82%), Culture (93%).
- The domains with the lowest percentage of families with a more positive experience were: Outcomes (65%), Social Connectedness (79%), pandemic support (71%).
- The graph below shows the percentage of families with a more positive experience by domain, with comparisons to the previous year. Although all percentages varied slightly by year, due to small sample sizes, no significant differences by year were detected within any domain<sup>1-7</sup>.



1. Overall:  $\chi^2_1 = 0.27$ , p-value = .606

4. Access:  $\chi^2_1 = 0.23$ , p-value = .588

7. Connectedness:  $\chi^2_1 = 1.73$ , p-value = .188

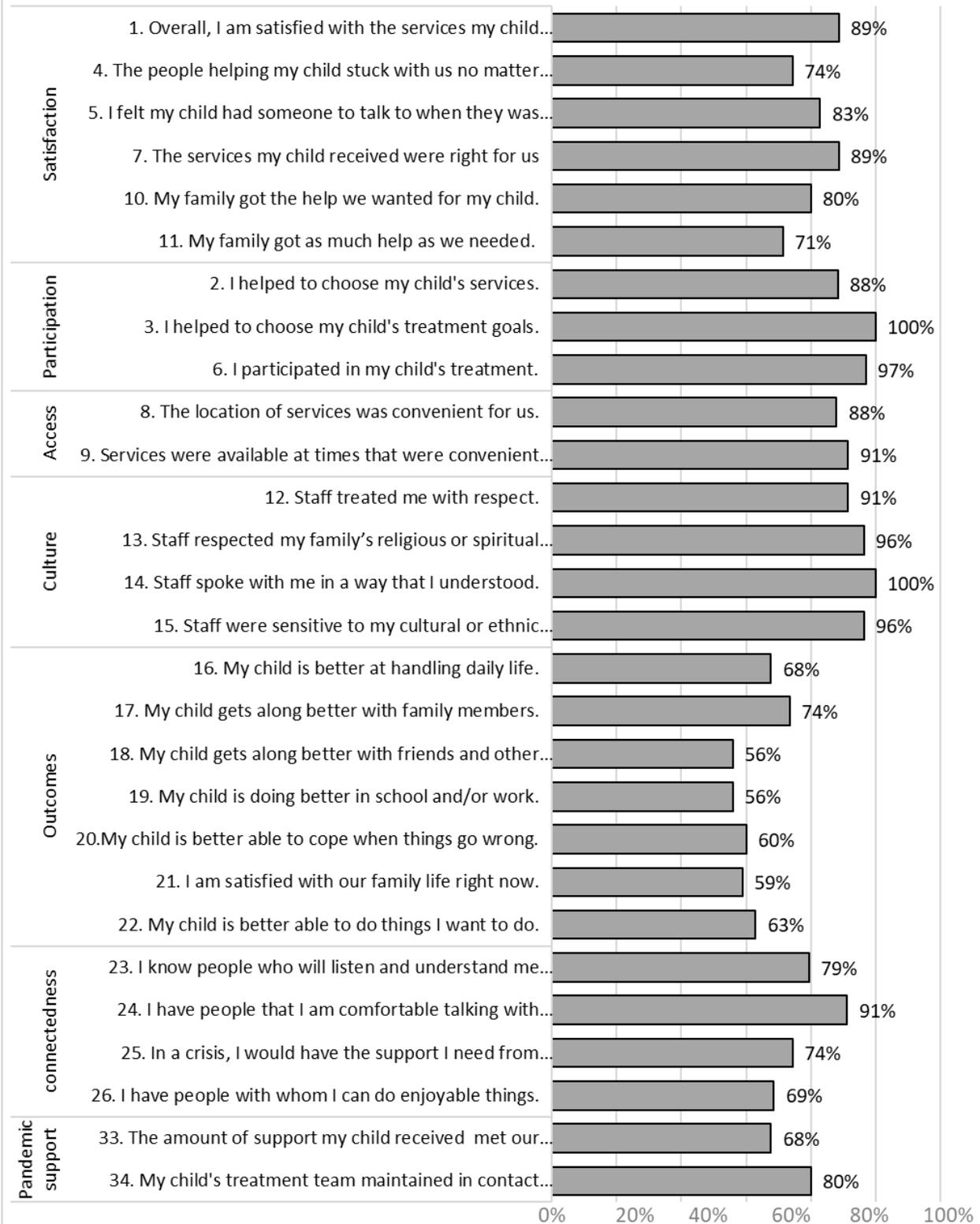
2. Satisfaction:  $\chi^2_1 = 0.04$ , p-value = .834

5. Culture:  $\chi^2_1 = 0.19$ , p-value = .665

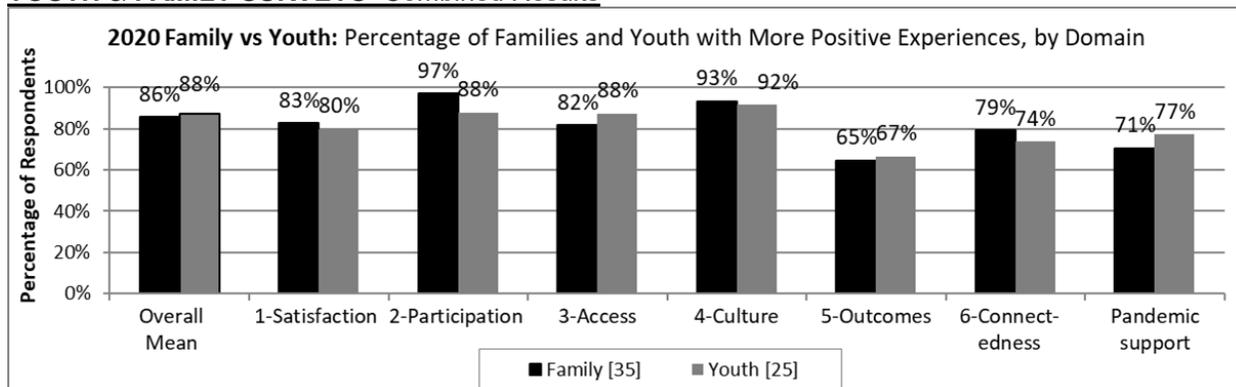
3. Participation:  $\chi^2_1 = 0.70$ , p-value = .403

6. Outcomes:  $\chi^2_1 = .105$ , p-value = .306

**2020 CCS Families: % of Respondents with positive experience, by survey statement**



## YOUTH & FAMILY SURVEYS- Combined Results



### Results:

- The graph above shows the same information as previously presented, but with results from the youth survey stacked up against the family survey. It shows very consistent results for youth ages 13-17 and youth ages 12 and under, for whom the parent/guardian completed the survey.

### Summary of Comments from MHSIP Youth and Family Surveys

Youth and families were able to leave comments in response to the question: “Do you have any other comments about the services you received in the past 6 months?” and “Additional comments regarding support and service received during the COVID-19 pandemic?” of which 6 youth and 19 families provided comments. Select comments have been shown below.

#### Positive Experiences:

Both youth and families centered their positive experiences around specific personnel and agencies, feeling advocated for by their Service Facilitator (SF), and the value of the services received.

- Family: *“The services my kids have received has been the best fit for each of them and for all of us as a whole. I’m grateful.”*
- Family: *“I have received great support and services during the pandemic. I get my questions answered promptly, which is very convenient”*
- Family: *“If it were not for our SF, we would not have made the progress we have. She is always available and we are grateful to have her on our team.”*
- Youth: *“I like the therapy sessions I have with my counselor.”*

#### Areas for improvement

Both youth and families had concerns about staff turnover, lack of advocacy from their SF, and barriers to services during the COVID pandemic.

- Family: *“Support was adequate for pandemic, but much was lost when switched from in person to virtual; some services were not effective anymore and were unfortunately discontinued. Another service we’ve been desperate for and understandably unable to come by post COVID, is respite care.”*
- Family: *“Zoom therapy sessions are not helping, I feel we are at a stand still until in-person visits are feasible.”*
- Family: *“We remain in touch with our service providers. However it is rare we hear from our case manager.”*
- Youth: *“COVID has caused extra stress and hasn’t been as easy to connect. I am thankful for who I have and hope to stay connected now and in the future.”*
- Youth: *“Obviously given the pandemic services are limited. And schools are virtual which is challenging.”*