Mental Health Statistical Improvement Project (MHSIP)

April 2023

Dane County Department of Human Services

Behavioral Health

Contents

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Introduction

Background

Dane County Department of Human Services (DCDHS) provides publicly-funded mental health services to residents across Dane County.[1] Many of these services are provided by community agencies and organizations who are contracted by the Department to provide specific services. Contracted providers deliver services across the spectrum of behavioral health care, including crisis services, outpatient therapy, residential and in-patient treatment, psychiatry and medication management, vocational support, case management and community support programs, and more. DCDHS contracts with approximately 40 agencies and organizations in Dane County to provide these critical mental health services to those most in need. From January 1, 2022 to June 30, 2022, Dane County's mental health care system served over 4,500 unique clients. For more information about behavioral health services offered in Dane County, please visit the Human Services website.

Survey

Survey Administration

The MHSIP adult survey was developed as one of several survey instruments to measure the primary domains, concerns, and indicators of the Consumer-Oriented Report Card.[2] The Report Card was developed by a task force of consumers, family members, researchers, and federal, state, and local mental health agency representatives. The survey measures consumer perception of care across several primary domains that capture key outcomes of success, including access, quality and appropriateness of services, participation in treatment and planning, social connectedness, outcomes, functioning, and overall satisfaction. The survey is used widely – across other counties in Wisconsin, other states, and some U.S. territories. The results are reported as part of the Center for Mental Health Services (CMHS) Uniform Reporting System (URS). The survey tool is in Appendix A.

Survey Population

Mental health services range across the continuum of care from short-term crisis intervention to long-term case management services. In order to evaluate the entire continuum of mental health care services provided by the county, the survey was sent to participants accessing all types of care regardless of duration or service type. A random subset of 1,500 DCDHS mental health participants who received services between January 1, 2022 and June 30, 2022 received the survey.[3] Non-white participants were marginally oversampled in an effort to increase the response rate from groups that are typically under-

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[1] Many of these services are for Dane County residents who use Medical Assistance (MA) programs, including BadgerCare, Medicaid HMO plans, and Social Security Disability Insurance (SSDI).

[2] Teague, G. B., Ganju, V., Hornik, J. A., Johnson, J. R., & McKinney, J. (1997). The MHSIP Mental Health Report Card: A Consumer-Oriented Approach to Monitoring the Quality of Mental Health Plans. Evaluation Review, 21(3), 330–341. https://doi.org/10.1177/0193841X9702100307

[3] Comprehensive Community Services (CCS) participants are not included in this sample population. For a summary of MHSIP survey results for CCS participants, see the CCS 2022 Annual Report.

represented in survey response rates.[4] In September 2022, 1,177 surveys were mailed to adult participants across 18 different providers and 56 programs. About 9% of those surveys were returned as undeliverable to the participant address. In total, 133 completed surveys were returned out of 1,075 delivered surveys. The overall response rate was 12.4%.[5]

Table 1. Survey Response Rate Calculation

Initial Sample	1,500
Surveys Mailed (1,177)	-323
Undeliverable	-102
Eligible sample	1,075
Total valid surveys returned	133
Response rate **completed surveys/eligible sample**	**12.4%**

Measures

The MHSIP survey asks respondents to rate 36 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.[6] Each statement is directly related to one of the following domains: satisfaction, access, quality and appropriateness of services, participation in treatment, outcomes, functioning, and social connectedness.[7] Appendix B includes each item's positive (rating "strongly agree (5)" or "agree (4)") percentage score. Additional questions were added to the survey about participants' telehealth experience (see Appendix A). More information about the MHSIP instrument and survey administration is in the Wisconsin Department of Health Services (DHS) User Guide for Participant Satisfaction Surveys.

Table 2. Domain Type and General Measure Description

Domain	# of Items	Measures
Satisfaction	3	Participants' level of satisfaction with their services
Access	6	The ease with which services were obtained
Quality	9	The relationships to and cultural sensitivity of providers
Participation	2	How well the individual was integrated into treatment planning
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

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[4] Black or African American, Asian, Native Hawaiian or Other Pacific Islander, and American Indian participants were slightly oversampled, but because the number of respondents in each racial group was below 30 (with the exception of Black or African American respondents), it is not possible to provide any analysis on differences between race-ethnicity groups.

[5] Response rate was calculated by taking the number of completed surveys divided by the number of delivered surveys. Undeliverable surveys that were returned for expired addresses were not included in response rate calculation (n = 102). The response rate margin of error was ±8.28%. Total response rate, which includes undeliverable surveys, is 11.3%.

[6] Ratings of not applicable (0) are recoded as missing in analysis.

[7] Respondents must have answered two-thirds of the questions in each domain to be included in the average domain score. For example, a respondent must answer at least 4 of the 6 "Access" domain questions to be included in the Access domain score. Therefore, n sizes will vary across each question and domain, but generally range from 120-133 responses.

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Domain scores are calculated for each respondent. Only ratings of 1 ("strongly disagree") through 5 ("strongly agree") are included in the calculation, respondents had to rate at least two-thirds of the statements one through five to calculate a domain score. 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.
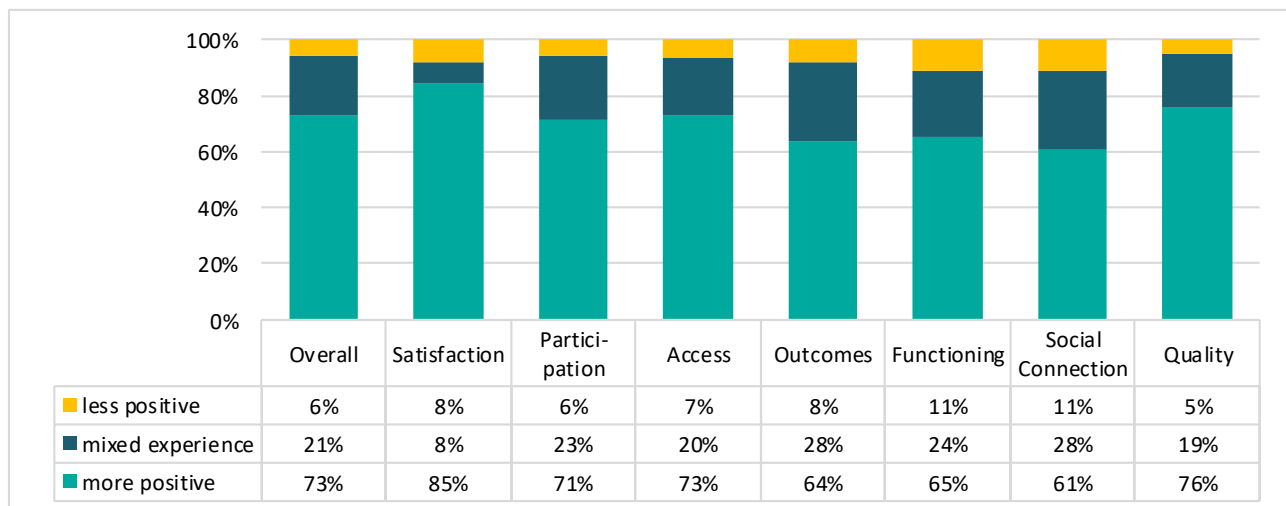
Figure 1. Classification of Respondents' Domain Item Scores

Less positive			Mixed		More positive		
1	1.5	2	2.5	3	3.5	4	4.5	5
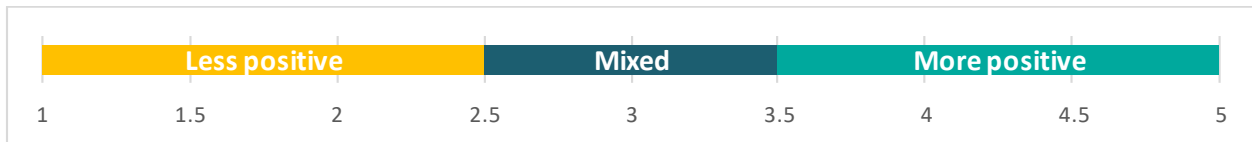
Key Findings

- 73% of respondents had an overall positive experience with the services they received (Figure 2).
- Compared to prior years, respondents reported slightly higher levels of satisfaction (84% compared to 77%-79%) and participation (71% compared to 63%-69%) (Figure 6).
- Women reported lower scores on every domain compared to men. The outcomes domain showed the largest disparity (74% positive for men and 59% positive for women).
- Respondents who enrolled in longer-term services – such as case management programs and community support programs – consistently reported higher scores than respondents who utilized shorter-term services, such as crisis intervention and stabilization services.
- For those who utilized telehealth, 59% reported being satisfied with their virtual sessions compared to in-person sessions.

Figure 2. Respondent Domain Scores (n = 118-129)

	Overall	Satisfaction	Partici-pation	Access	Outcomes	Functioning	Social Connection	Quality
less positive	6%	8%	6%	7%	8%	11%	11%	5%
mixed experience	21%	8%	23%	20%	28%	24%	28%	19%
more positive	73%	85%	71%	73%	64%	65%	61%	76%

Overall, results indicate that Dane County's mental health care system satisfaction has remained relatively consistent with pre-COVID service satisfaction. Overall satisfaction scores reached an all-time peak (85%), but consumers reported lower domain scores across all other domains compared to 2019, suggesting that the impact of COVID-19 on service delivery persists. Participants enrolled in longer-term services such as case management programs and community support programs reported consistently higher scores than participants who utilized shorter-term services, such as crisis intervention services. Respondents who gave narrative feedback expressed their gratitude for the services they have received, but concerns about care coordination persists. As Dane County's continuum of care continues to expand – including an upcoming Crisis Triage Center and expansion of an open network system for outpatient services – participant satisfaction, wellbeing, and health continue to be our top priority.

Detailed Findings

Between January 1, 2022 and June 30, 2022, DCDHS served over 2,500 participants through Purchase of Service (POS) contracted providers. Of those participants, 1,177 were sampled to receive the MHSIP survey. Table 3 in Appendix C shows a breakdown of basic gender, race and ethnicity, and age demographics of respondents compared to the eligible population.

Respondent age ranged from 18 to 85 years old with a median age of 53. A summary of respondent age is in Figure 3.[8] Men and women are about evenly represented in this survey; men made up 52% of respondents and women 46% of respondents. An additional 2.3% identify as transgender or non-binary (Figure 4). The majority of respondents are White (79%), followed by Black or African American respondents (16%), Asian (5.5%), and American Indian (3.2%) (Figure 5). Five respondents identified as Hispanic or Latino (4.4%).[9] White respondents were overrepresented compared to the eligible population (Appendix C).
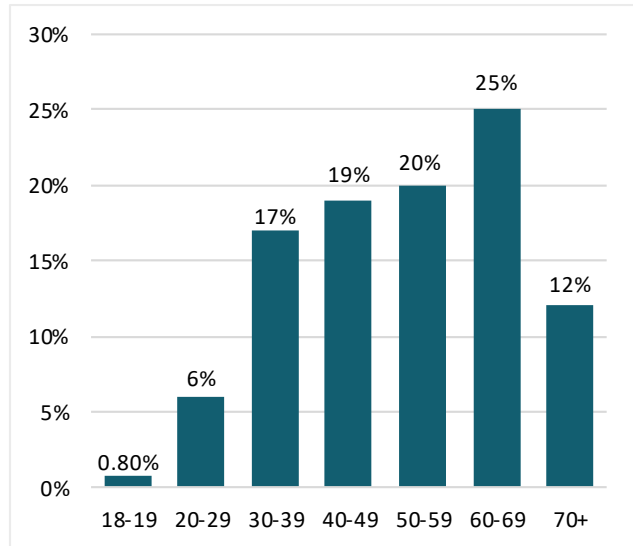
Figure 3. Respondent Age Groups (n = 123)

Figure 4. Respondent Gender (n = 129)
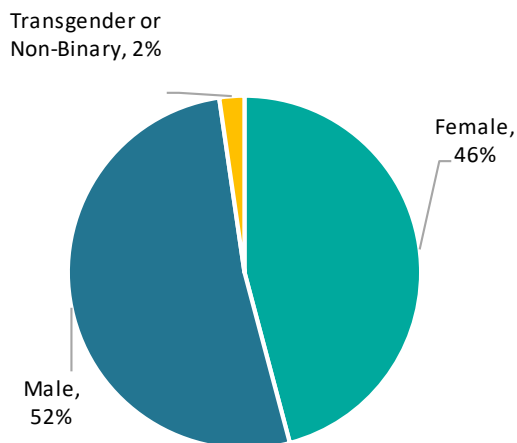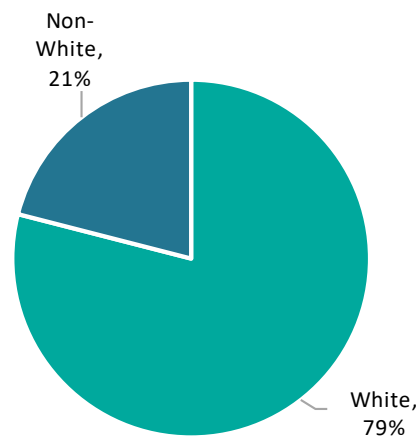

Figure 5. Respondent Race-Ethnicity, Aggregated into White or Non-White (n = 126)

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[8] Respondents ages 20 to 29 were underrepresented among survey respondents compared to the eligible population, while respondents over the age of 50 were overrepresented.

[9] Respondents could select more than one racial identity. These percentages account for multiple selections, which total 104%.

Overall Perception of Care

Overall perception of care examines the percent of respondents with an overall positive experience across each domain. The MHSIP survey was not conducted in 2020 or 2021 due to COVID-19, but results from the 2018 and 2019 surveys are shown for comparison. Domain scores remained mostly consistent with pre-COVID years, including directional increases in the Satisfaction and Participation domains. Directional changes are noticeable change but not statistically significant change, meaning the difference could happen by chance. The Outcomes domain saw the largest decrease between 2019 and 2022, which suggests that some of the intrinsic components to wellbeing – such as coping better with daily life and maintaining strong relationships with family, friends, work, and school have weakened since the start of the pandemic.

Figure 6. Perception of Care by Domain by Year: Percent with Positive Score Rating, 2018-2019-2022
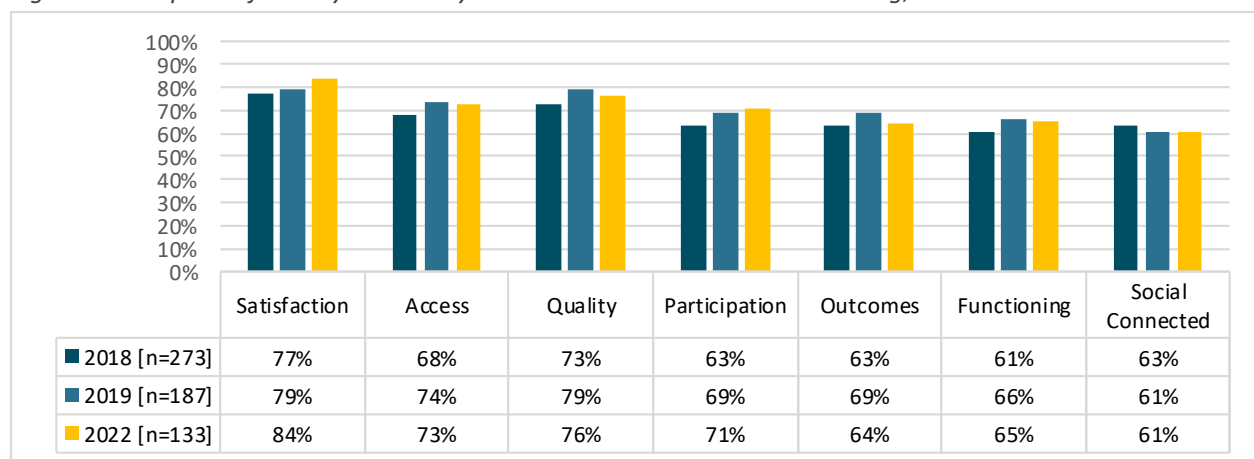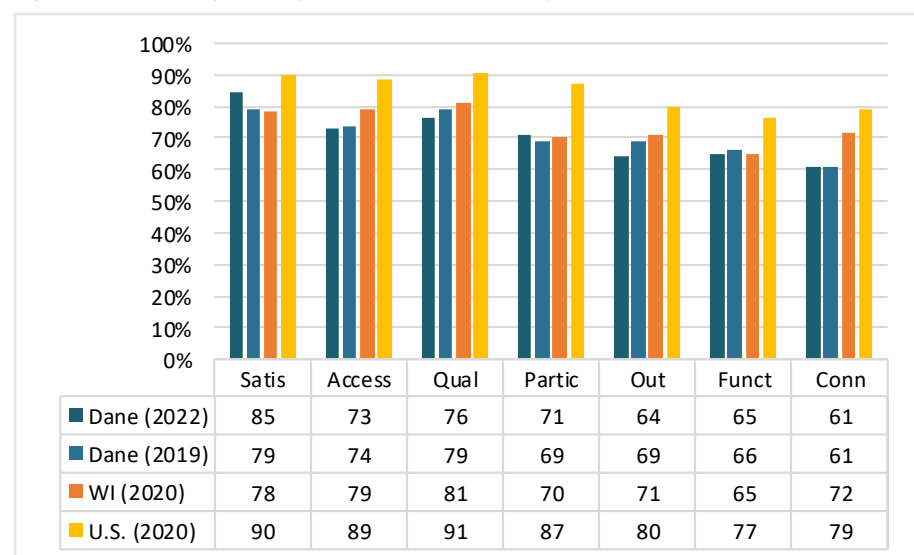
	Satisfaction	Access	Quality	Participation	Outcomes	Functioning	Social Connected
2018 [n=273]	77%	68%	73%	63%	63%	61%	63%
2019 [n=187]	79%	74%	79%	69%	69%	66%	61%
2022 [n=133]	84%	73%	76%	71%	64%	65%	61%

Figure 7. Percent of Care by Domain: Dane County, Wisconsin, and U.S.

Dane County respondents reported lower scores in both 2019 and 2022 across most domains compared to those who receive publicly funded services throughout the U.S., with the largest gap in scores in the Social Connectedness domain ([Figure 7](#)). It is important to consider the context of these results. Dane County results are from 2022, after enduring the COVID-19 pandemic

	Satis	Access	Qual	Partic	Out	Funct	Conn
Dane (2022)	85	73	76	71	64	65	61
Dane (2019)	79	74	79	69	69	66	61
WI (2020)	78	79	81	70	71	65	72
U.S. (2020)	90	89	91	87	80	77	79

and Wisconsin/U.S. data are from 2020 when the pandemic was just emerging. Comparing results should be done with caution because of the influence on social life and business operations since the start of

COVID-19 in March 2020. Dane County scores were higher than the Wisconsin average for Satisfaction and Participation, but lower for Access, Quality, Outcomes, and Social Connectedness.

Men report significantly higher scores on the Outcomes domain

"I really enjoy working with people(s) it has helped me a lot & I hope & pray I can continue working with people because it helps me a lot. Keep up the good work."

Differences in domain scores between men and women were not significant, except for the Outcomes domain where men were significantly more likely to report a more positive experience (74% compared to 52% for women).[10] While the survey does not have built in measures to understand this difference, research from *Baylor University Community Connection Magazine* suggests there could be several reasons for this, including women being generally more open to emotional vulnerability to report poorer emotional outcomes in this domain, that some traditional treatment and services do not specifically focus on modalities that are better received by women, or that women respondents' mental health was impacted more during and after the pandemic than male respondents.[11] There were no statistically significant differences on domain scores by age or race.

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[10] z = 2.9825, p = 0.003
[11] Madeline Van Ness, "COVID-19 and Women's Mental Health: The Impact on Wellbeing, Disparities, and Future Implications" Baylor University Community Connection Magazine, April 1, 2021. Retrieved December 23, 2022.
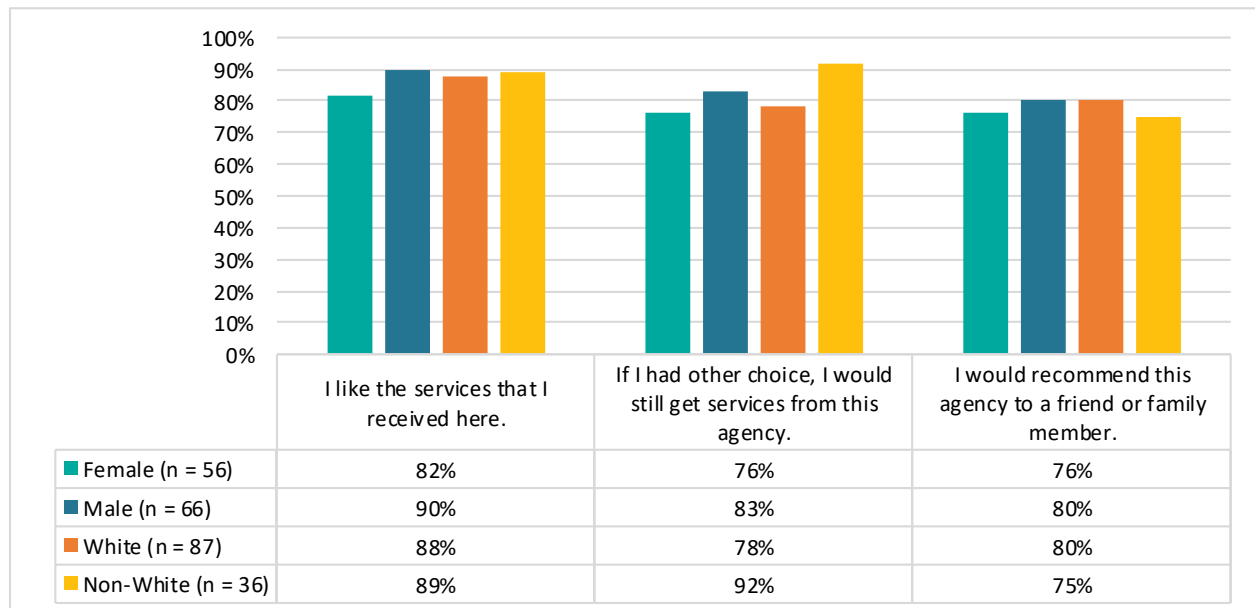
Results by Domain

Satisfaction Domain

SCORE: 85%	#	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.

Satisfaction scores were consistently high across all demographic groups (Figure 8). Respondents gave the highest positive ratings to liking the services received by their provider (87%). Men generally showed higher levels of satisfaction compared to women, and non-white respondents generally showed greater satisfaction in services than white respondents especially regarding their willingness to continue to receive services from their current provider. Non-white women reported the highest score for the item "if I had other choices, I would still get services here" (95%), indicating that Dane County mental health service providers are meeting the needs of traditionally underserved groups.

Figure 8. Percent of Respondents Who Had a Positive General Satisfaction Score by Gender and Race

	I like the services that I received here.	If I had other choice, I would still get services from this agency.	I would recommend this agency to a friend or family member.
Female (n = 56)	82%	76%	76%
Male (n = 66)	90%	83%	80%
White (n = 87)	88%	78%	80%
Non-White (n = 36)	89%	92%	75%

"It was overwhelming. Mental Health services are not good. How the resources are limited. Everyone has big ideas but no follow-through."

"[Treatment] has been helpful and gives me better quality of life with the support I receive."

Participation in Treatment Domain

SCORE: 71%	#	Statement
	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."[12] The Participation domain measures this definition of recovery. Many respondents reported they felt comfortable asking questions about their treatment and medication (82%) and most reported that they decided their treatment goals, not the staff (75%) ([Figure 9](#)). These scores, coupled with the Quality domain, indicate that participants feel respected and empowered to make decisions about their treatment and care by their service providers. This was especially true for respondents enrolled in case management and community support programs (CSPs), where nearly 90% of those respondents indicated they decided their treatment goals and 78% felt comfortable asking questions about their care (n = 56).

Figure 9. Respondents Who Reported Positively on the Participation Domain Items (n = 123)
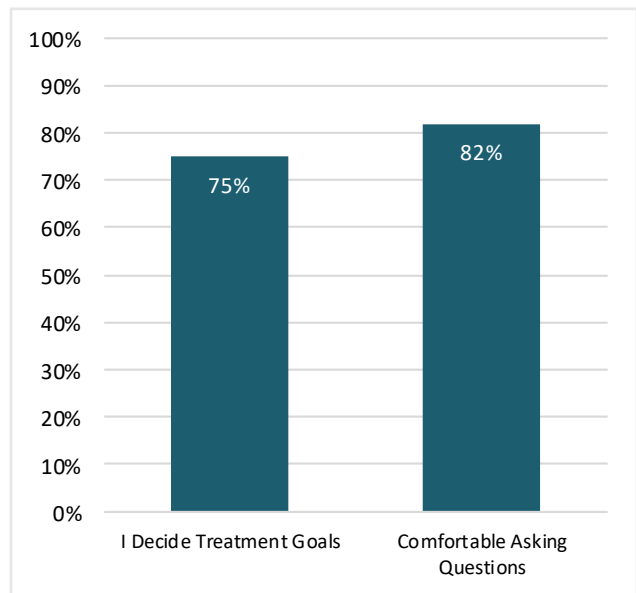
"The services I've been receiving helped me put my life back on track. I have my family back!! Thank you"

"The people at [my service provider] have been wonderful all these years. I feel they are my friends!"

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

Access Domain

	#	Statement
SCORE: 73%	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 respondents' ability to access needed services. The majority of respondents

> "There is always someone around at the [provider] office if you need something or to talk, even after hours sometimes. Thanks."

indicated that services were available at times that were good for them (81%), staff were willing to see them as often as they felt necessary (80%), staff returned their call within 24 hours (79%), they were able to get all of the services they needed (77%), the location was convenient (75%), and/or they were able to see a psychiatrist when they wanted to (67%) (Figure 10). These results suggest that service providers 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 likely impacted by the national shortage of psychiatry providers, of which Dane County has also been impacted.[13]

Figure 10. Percent of Respondents Who Reported Positively on Access Domain Items (n = 109-128)
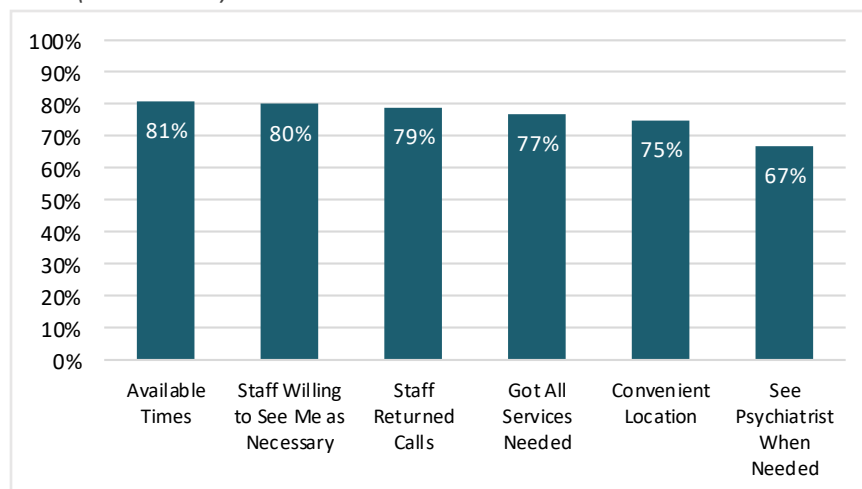
> "[Inability] to keep staff hired - they are not paid well. The agency [doesn't] seem to care about their employees or their clients. I being her guardian/mother have been filling in for the shifts that are not covered. Which I shouldn't have to"

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[13] 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.

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Outcomes Domain

	#	Statement
SCORE: 64%	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.

The Outcomes domain score was 64%. The lowest scored item on this domain and across the entire survey was "My symptoms are not bothering me as much" (55%) (Figure 11). Controlling and reducing symptoms is a critical outcome for those experiencing mental illness. Doing so can lead to marked improvement on all other domains, but especially functioning, quality of treatment, and social connectedness. Participants are likely still feeling the impacts of health care worker shortages from the COVID-19 pandemic, where appointments are limited and weeks-long or even months-long waitlists hinder participants' ability to see their providers and update their medication management and care plans.

Figure 11. Respondents Who Reported Positive Scores on Outcomes Items (n = 80-127)
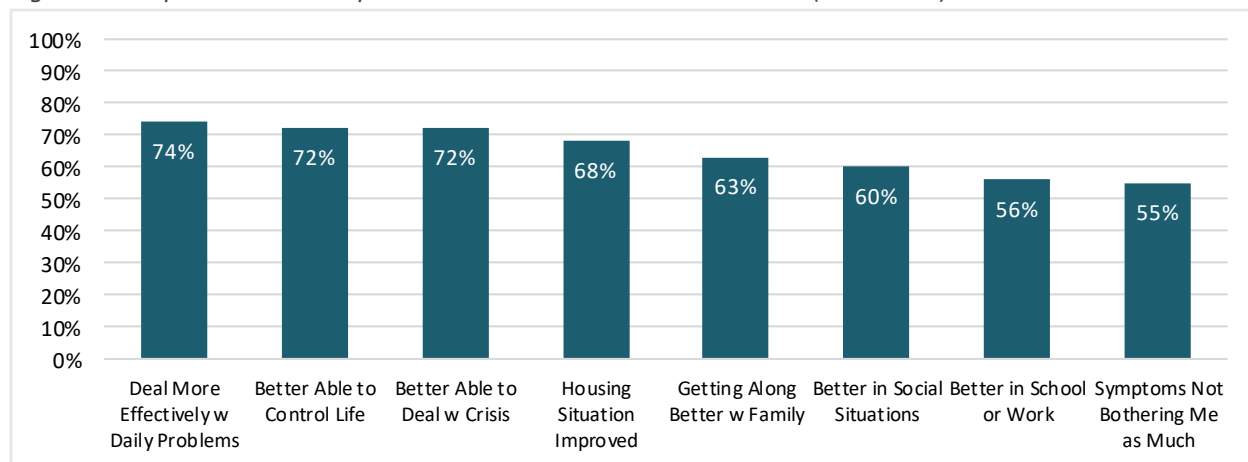
This domain also saw the largest decrease in overall domain score from the 2019 to 2022, indicating that the pandemic considerably impacted core outcomes for participants relating to emotional coping and wellbeing. These outcomes – such as feeling in control of one's life and feeling better able to deal with daily life as well as acute or ongoing crises – are intrinsic indicators of successful mental health treatment, which go beyond "process" outcomes such as location

> "I am a client of community intervention team...I have become more stable in the last 6 months due to a med change []...I am so very pleased with the care I receive from my case manager + my nurse at CIT. I have maintained sobriety and I quit smoking cigarettes"

and availability of service providers. This domain gets to the core changes in participants' emotional and mental health that service providers aim to improve; however, outcomes in this domain are also

significantly more difficult to address without long-term accessible care with a service provider that knows and understands the participant's needs and symptoms. Like other domains, participants of longer-term services such as case management and community support programs reported better scores on this domain than participants of shorter-term services, such as crisis intervention services, emphasizing that longer-term services see greater participant success on intrinsic measures of treatment satisfaction and efficacy.

Functioning Domain

SCORE: 65%	#	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.

> "THP provided the stability and supervision I needed to rebuild my life. [CIT] helped me tremendously in navigating depression, financial crisis and homelessness."

The Functioning domain measures the extent to which mental health services have a positive impact on the respondent's daily functioning and coping. Overall, 65% of respondents reported improved functioning since starting services. Respondents scored highest on the statement "I am better able to take care of my needs" (73%) (Figure 12). Most respondents also reported they do things that are more meaningful to them (70%). Two items with the lowest scores were "I am better able to do things that I want to do" (66%) and "I am better able to handle things when they go wrong" (64%), suggesting that, similar to the Outcomes domain, respondents continue to struggle with their resiliency and ability to cope with acute and ongoing challenges in their life post-pandemic.

Figure 12. Respondents Who Reported Positively on Functioning Domain Items (n = 124-130)

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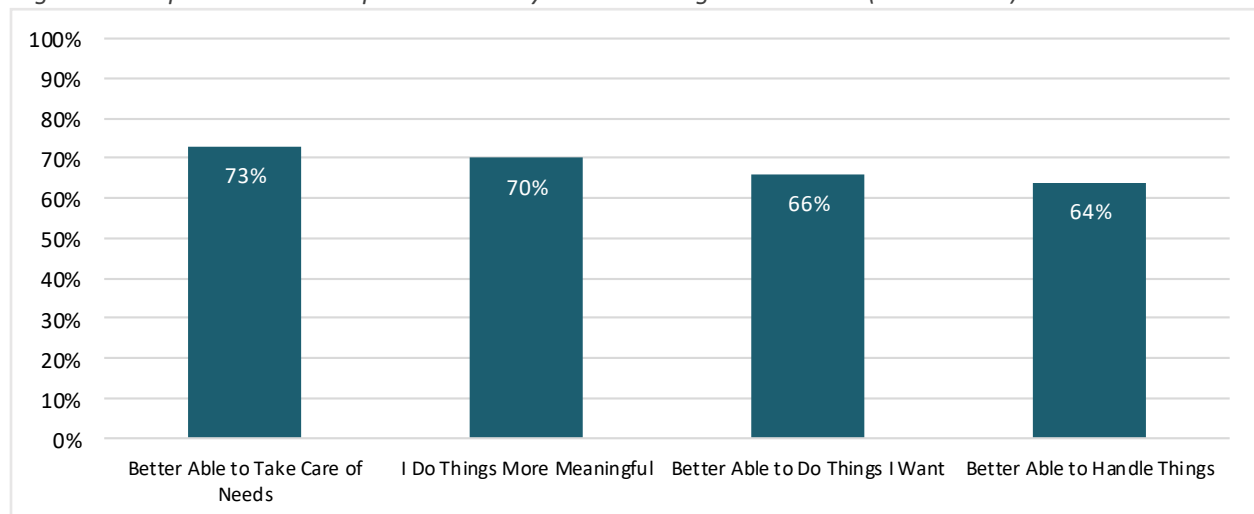
Social Connectedness Domain

SCORE: 61%	#	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 13. Respondents Who Reported Positively on Social Connectedness Domain Items (n = 126-129)
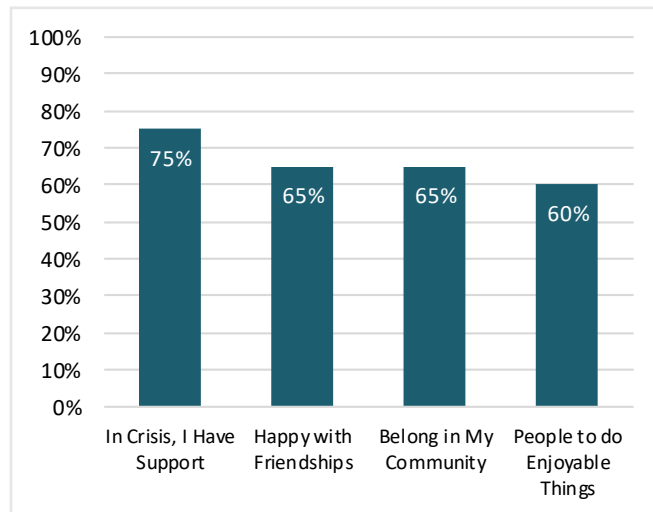
> "Very much looking at other provider options for Rx/counseling - Possibly outside of [my current provider]? They are like you're just a number to them. They don't offer very many community resources."

Increased social supports and social connectedness is one of the national outcome measure domains tracked by SAMHSA.[14] An important factor in the recovery process is the involvement and support of family, friends, peer support groups, spiritual and religious communities, and professionals who believe in the person's ability to recover: these support systems offer encouragement, guidance, and love for those struggling with mental illness. Through these relationships, people in recovery can forge new paths and feel a greater sense of belonging, empowerment, social inclusion, and community.[15] The COVID-19 pandemic surely impacted one'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 (61%). Dane County residents receiving mental health services are struggling to feel a sense of belonging and community amongst their peers. Most respondents felt that, in a crisis and they would have the support they need from family or friends (75%) (Figure 13), but the impact of the pandemic on social inclusion and connectedness is evident with only 60-65% saying they are happy with their friendships, feel like they belong, and/or have people to do enjoyable things with.

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

Quality and Appropriateness Domain

	#	Statement
SCORE: 76%	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 are based on participant interactions with staff at their service provider. These questions 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 14), demonstrating that Dane County's mental health care providers are providing well-rounded, participant-centered and participant-driven care.

> "The people I have worked with have always tried to understand my disorders when I was angry and not participating. They would never give up on me when I thought they would give up. They are very professional at what they do…"

Figure 14. Respondents Reporting Positively on the Quality and Appropriateness Domain Items (n = 113 -124)
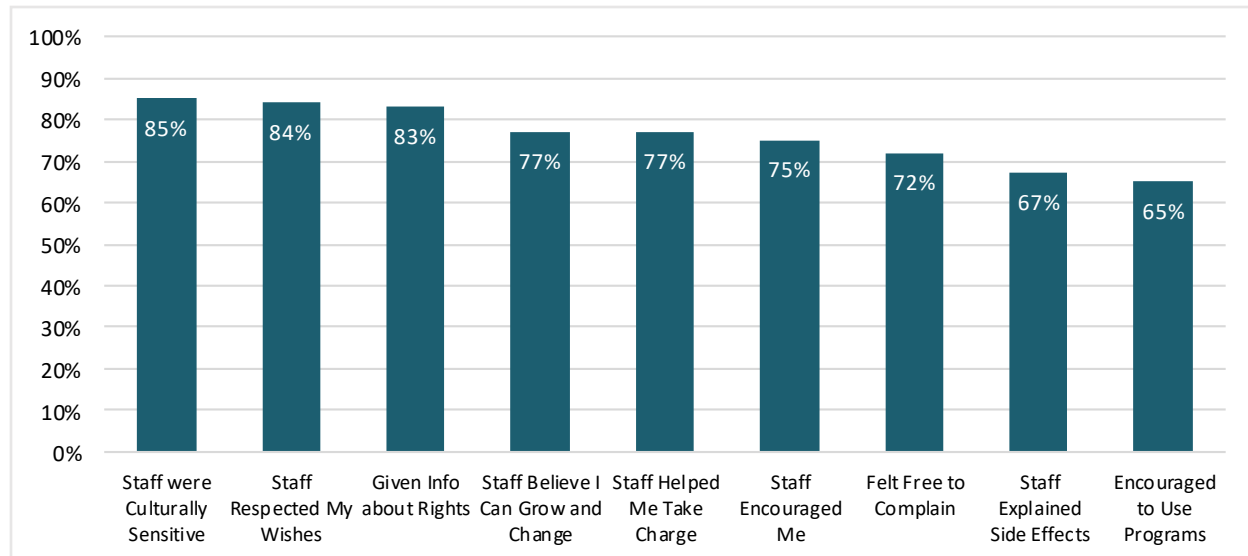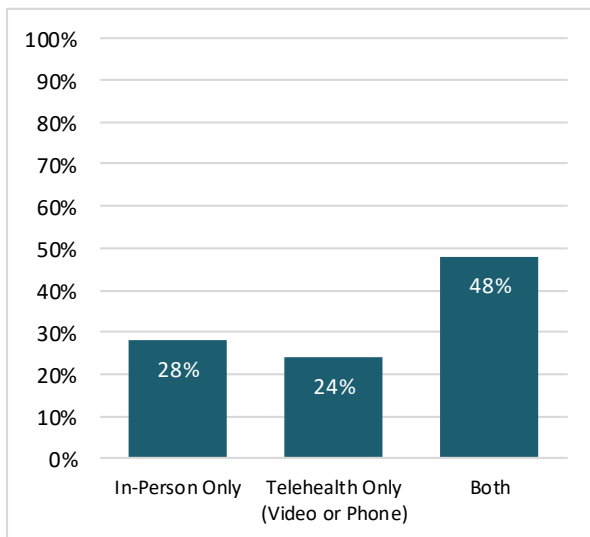
Telehealth

Since the beginning of the pandemic, telehealth has become an integral tool for providers and consumers to continue their service delivery and treatment plans. About half of the U.S. population is enrolled in a Medicaid or Medicare healthcare plan. [16] Despite some growth in virtual healthcare options pre-pandemic, telehealth services for Medicare beneficiaries were only available under limited circumstances. Since the start of the pandemic, 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 consumers were asked to share their experiences utilizing telehealth services for their mental health care. More than 70% of respondents reported using telehealth services over the last 12 months (Figure 15). For those who had not utilized telehealth services, common reasons included: Preference for in-person appointments (62%), general privacy concerns (23%), technology to access virtual sessions was unavailable or they do not know how to use the technology to utilize virtual sessions (21%), unaware telehealth options were available (9%), and their provider does not offer telehealth (6%).

Figure 15. Respondents' Utilization of Telehealth Services (n = 119)

For those who did utilize telehealth, 59% reported being satisfied with their virtual sessions compared to in-person sessions. It was common for respondents to agree that telehealth benefited them through: no traveling to appointments (63%), arranging childcare was easier for virtual sessions (59%), lower anxiety during virtual sessions (54%), easier to schedule appointments (49%), and an easier ability to focus during virtual sessions (43%). There were no significant differences in domain scores between those who used only in-person services and those who used only telehealth services.

> "I felt in a safe space talking with my therapist, without unnecessary outside stressors and distractions, It was easier to access emotions. Pandemic concerns were not intruding because I was not in public and in contact"

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[16] United States Government Accountability Office (GAO). "Telehealth in the Pandemic – How Has it Changed Health Care Delivery in Medicaid and Medicare?" September 29, 2022. Retrieved December 15, 2022.
[17] Ibid.

Comparison to Comprehensive Community Services

DCDHS also serves hundreds of clients in Comprehensive Community services (CCS). CCS is a voluntary, community-based program funded by the Wisconsin Department of Health Services (DHS) and operated by DCDHS.[18] The CCS program offers a robust array of individualized, community-based, and psychosocial rehabilitation services for individuals with mental health and/or substance use needs.[19] Dane County contracts with an open network of dozens of service facilitation agencies and providers to deliver CCS services. The MHSIP survey was also sent to adult CCS clients served in 2022. Figure 16 compares the domains scores across adult CCS participants and adult respondents in other mental health services. CCS participants reported significantly higher scores on the Access,[20] Quality,[21] and Participation[22] domains, indicating that CCS clients feel empowered and respected by their providers and service facilitators to manage their care plans and make decisions about their care.

Figure 16. Percent Positive Domain Scores of CCS Participants (n = 292) Compared to Other Mental Health Program Participants (n = 133)

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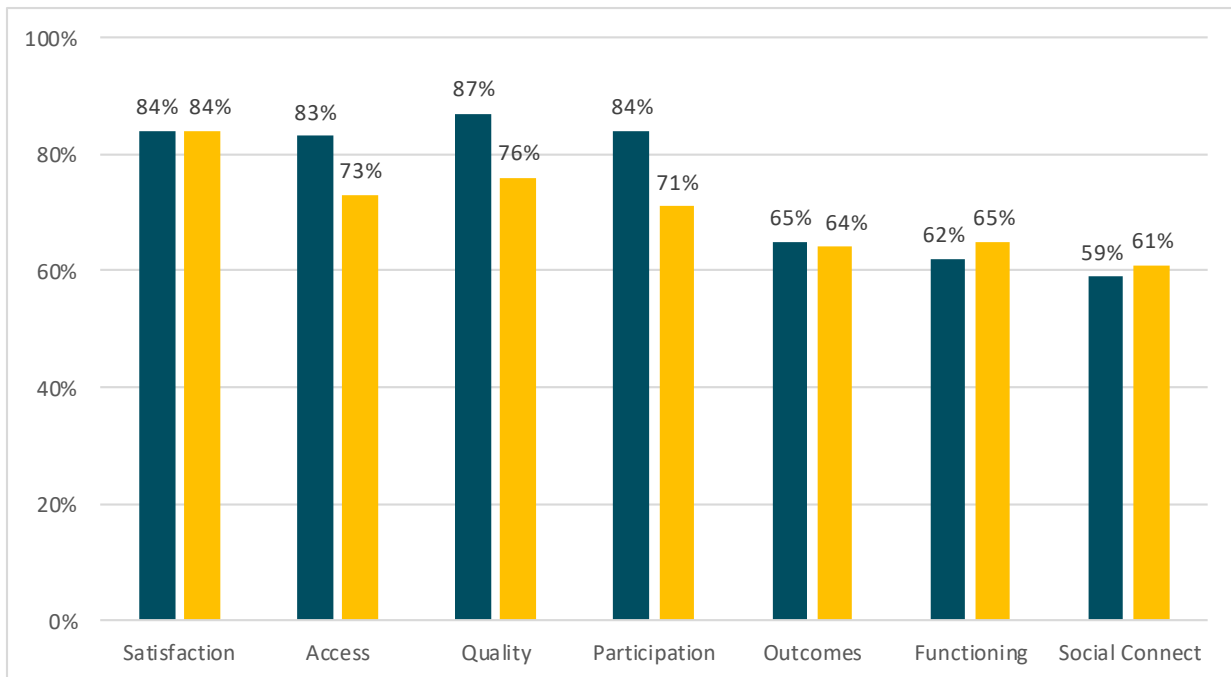
[18] Dane County Department of Human Services. "Comprehensive Community Services"
[19] Dane County Department of Human Services. "2021 Comprehensive Community Services (CCS): Member Satisfaction Survey Results" January 2022.
[20] z = 2.39, p = 0.017
[21] z = 2.84, p = 0.005
[22] z = 3.11, p = 0.002

Figure 17 compares CCS participants to respondents in several other mental health program sectors on the continuum of care, from short-term services like crisis intervention to longer-term services like targeted case management (TCM) and community support programs (CSPs). The CCS program operates similarly to other longer-term behavioral health services like TCMs and CSPs. In order to better understand domain scores between participants utilizing shorter-term services (e.g. crisis intervention and follow-up), participants utilizing longer-term services (e.g. TCMs and CSPs), and CCS participants, Figure 17 reports domain scores across these groups. Respondents in the "Both" group were enrolled in CCS and at least one other non-CCS mental health program at the time of the survey. Respondents who utilized crisis intervention and follow-up services reported the lowest scores across every domain, while respondents in TCMs and CSPs reported the highest scores on all domains except Quality. Across the three groups, respondents reported the highest scores for the Satisfaction domain and the lowest scores for the Social Connectedness domain.

Figure 17. Percent with Positive Experience by Domain Score, Comparison of CCS Participants, TCM and CSP Participants, and Crisis Services Participants

	Satisfaction	Access	Quality	Participation	Outcomes	Functioning	Social Connected
CCS (n=292)	87	80	84	80	65	63	59
TCM and CSP (n=69)	93	81	79	81	70	72	69
Crisis (n=83)	78	70	71	70	53	56	49
Both (n = 55)	79	76	73	74	65	60	54
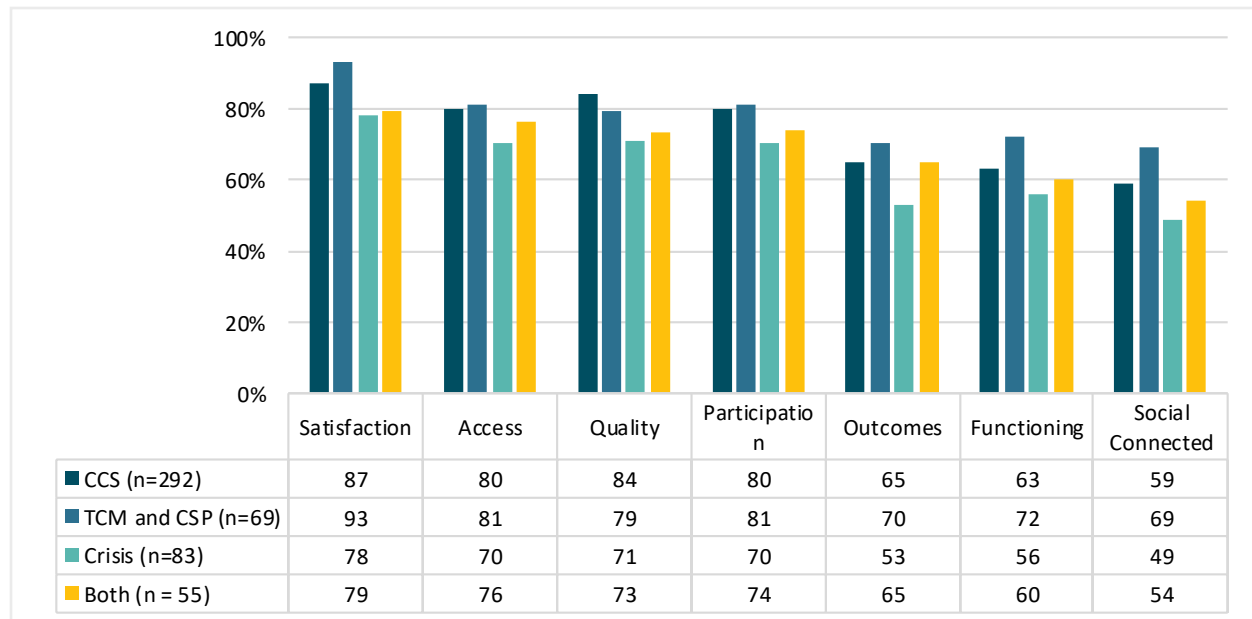
For a more detailed report of CCS adults as well as youth and families, see the 2022 CCS MHSIP report.

Appendix A: 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. Youranswers 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.

	StronglyDisagree	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 thoughtI 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

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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?

_____

_____

_____

_____

_____

Appendix B: Rating Statement "Strongly Agree" or "Agree"

Category	Statement	Percentage
Satisfaction	I like the services that I received.	87%
	If I had other choices, I would still get services from the same agency.	82%
	I would recommend the same agency to a friend or family member.	78%
Participation	I felt comfortable asking questions about my treatment and medication.	82%
	I, not staff, decided my treatment goals.	75%
Access	The location of the services was convenient...[23]	72%
	Staff was willing to see me as often as I felt it was necessary.	80%
	Staff returned my calls in 24 hours.	79%
	Services were available at times that were good for me.	81%
	I was able to get all the services I thought I needed.	77%
	I was able to see a psychiatrist when I wanted to.	67%
Outcomes	I deal more effectively with daily problems.	74%
	I am better able to control my life.	72%
	I am better able to deal with crisis.	72%
	I am getting along better with my family.	63%
	I do better in social situations.	60%
	I do better in school and/or work.	56%
	My housing situation has improved.	68%
O & F	My symptoms are not bothering me as much.	55%
Functioning	I do things that are more meaningful to me.	73%
	I am better able to take care of my needs.	73%
	I am better able to handle things when they go wrong.	64%
	I am better able to do things that I want to do.	66%
Connectedness	I am happy with the friendships I have.	65%
	I have people with whom I can do enjoyable things.	60%
	I feel I belong in my community.	65%
	In a crisis, I would have the support I need from family or friends.	74%
Quality	Staff believed that I could grow, change, and recover.	45%
	I felt free to complain.	72%
	I was given information about my rights.	83%
	Staff encouraged me to take responsibility for how I lived my life.	75%
	Staff told me what side effects to watch out for.	67%
	Staff respected my whishes about who is and who is not to be given...[24]	84%
	Staff was sensitive to my cultural background...[25]	85%
	Staff helped me obtain the information I needed so that I could take...[26]	77%
	I was encouraged to use consumer-run programs...[27]	65%

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[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 back ground (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.)."

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Appendix C: Comparison to Population

Statistical testing was performed between survey respondents and the eligible population. This gives us an idea if the respondents are representative of the group as a whole. The fewer statistically significant differences, the better. Z-tests were run between survey respondents and our eligible population. Statistically significant results are represented by arrows (↑↓) next to the survey respondent percentage.

White respondents and older adults make up significantly larger proportions of the survey respondents than are present in the eligible population.

Table 3. Demographic Characteristics of Respondents and the Eligible Population of Dane County Participants[28]

	Survey Respondents (n = 133)	Eligible Population (n = 2534)
Gender		
Male	52%	56%
Female	46%	44%
Non-Binary or Transgender	2%	-
Race		
White	79%↑	63%
Black	16%	22%
Asian	6%	2%
American Indian	3%	1%
Native Hawaiian or Other Pacific Islander	0%	-
Other	6%	4%
Hispanic or Latino	4%	7%
Age		
18-19	1%	3%
20-29	6%↓	18%
30-39	17%	23%
40-49	19%	18%
50-59	20%	17%
60-69	25%↑	15%
70+	12%↑	6%

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[28] Respondents could select multiple race/ethnicity groups. This table includes those who selected more than one race in each group selected. Total percent in this category is above 100%.