



Clark County Regional Support Network October 2010 Satisfaction Survey

EXECUTIVE SUMMARY

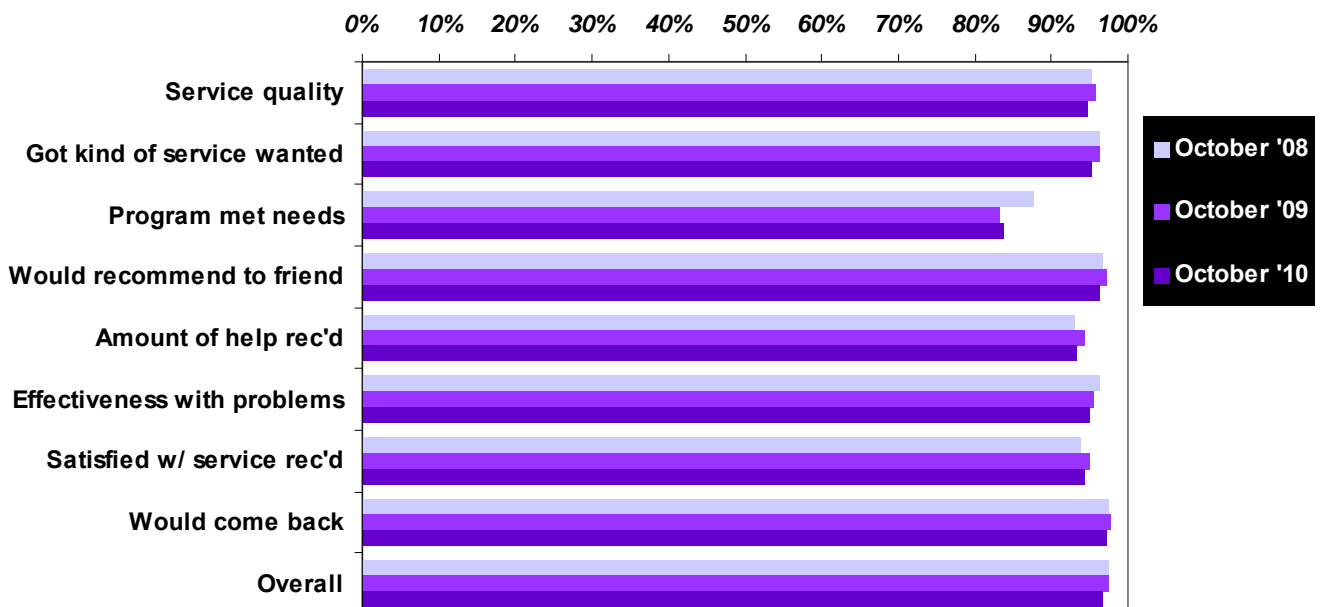
What did we do, and who took part?

- In October 2010, **1996 individuals** receiving services and caregivers **returned confidential waiting room-distributed surveys**; 517 declined to participate. Response rates (completed surveys divided by number of individuals seen for services) by agency ranged from 28% to 92%, with an overall rate of 73%, slightly lower than last year.
- Surveys followed a format similar to prior surveys, and included demographic items; questions about participation in treatment, perceived outcomes, and peer support services; space to write comments about the most- and least-liked aspects of services; and the CSQ-8 questionnaire itself.
- Most surveys (52%) were completed by adults. Family members returned 30%, and 18% were completed by youth (ages 13-20). 55% of returned surveys were completed by, or about, females.
- For analysis by ethnicity, all multiple responses were scored as 'multiethnic;' these individuals made up 12.2% of the sample. Representative percentages of persons of American Indian (2%), Asian/Pacific Islander (1.1%), African American (3.3%), and Hispanic (3.3%) descent returned surveys. White (73.4%) individuals made up the balance of the sample.

What were the results for the satisfaction questions themselves? Were there differences among ethnicities, age groups and genders?

- A pattern of minor changes in RSN-wide satisfaction around individual questions is illustrated by Figure i, which includes results from October 2008 through October 2010. However, **RSN-wide satisfaction consistently exceeds our performance goal of 90%** for all but the question, "To what extent has our program met your needs?"
- **RSN-wide overall satisfaction** (the percentage of people who responded, on average, that they were somewhat or mostly satisfied) **was 96.9%**, essentially the same as last October's 97.5%. Individual agencies' overall satisfaction scores (for those with 30+ responses) ranged from 93.5% to 100%.
- **All ethnic, gender and age groups' overall satisfaction surpassed 90%.** By self-identified ethnicity, the lowest overall satisfaction scores this year were reported by American Indians/Alaska Natives (92.5%), while individuals self-identifying as 'Hispanic' and 'Asian/ Pacific Islander' (both 100%) had the highest. All age groups reported high satisfaction: youth (ages 13-20) had the highest overall satisfaction (97.3%), while older adults (96.6%) had the lowest. Overall satisfaction rates for males (96.4%) and females (97.1%) were essentially equal.

Figure i: RSN-wide satisfaction by question and overall, October 2008-October 2010



What did people have to say about services they'd received?

- Comments about 'most-liked' aspects of services were made by 53% of those who returned surveys. **Treatment quality, professional staff, emotional and social support, and positive outcomes** were the most frequently-cited categories.
- Only 18% of returned surveys included detailed comments about 'least-liked' aspects of services. Unsatisfactory **treatment quality**, troubles with **access and timeliness**, and unhappiness with **environment and location** were the most negatively-appraised categories.

How were participation in treatment planning and awareness of peer support services rated? What were people's perceptions of the outcomes of services?

- Regarding involvement in treatment, **84.0% agreed or strongly agreed that they decided their own treatment goals** (or, for caregivers and youth, that **they were actively involved in treatment**). This is close to our **performance goal of 85%**. Among ethnic groups, African Americans reported the lowest level of participation, at 70.4%, while Hispanic individuals reported the highest level, at 90.5%.
- We continued use of an entire group (or 'subscale') of questions inquiring about **perceived outcomes of services**, using items from the Mental Health Statistics Improvement Project (or "MHSIP") survey. Slightly different questions were used for youth, caregiver and adult surveys, so results are reported separately by survey type.
 - **62.6% of adults** had an average score of 3.5 or higher on the perceived outcomes subscale, indicating moderate to strong agreement with the individual items on the subscale. This is **lower than our 70% performance goal** for this age group.
 - **67.5% of caregivers**, and **71.4% of youth**, had subscale scores of 3.5 or higher. While improving from last year, both are still **lower than our 75% performance goal** for these groups.
- Various aspects of **individuals' perceptions of peer support services** were measured as well:
 - **71.4%** reported they had heard about peer support services, **surpassing our 50% performance goal**;
 - **26.3%** indicated they were already receiving peer support services;
 - Of those who indicated they were not receiving peer support services, **33.3%** were interested in receiving these services.

Discussion and key recommendations related to these results

In conclusion, individuals and families who received RSN-funded services reported high levels of satisfaction with various aspects of services, as well as a high level of participation in their treatment. Peer support services continue to be well-known and popular. Youth and caregivers were more likely to perceive positive outcomes of services, but a majority of all those surveyed, regardless of age or role, reported improvements in various aspects of their lives as a result of the services they'd received. The good work of provider agencies' staff can be celebrated, even as opportunities for improvement remain.

- 1) Continue monitoring and comparison of responses to the MHSIP questions around participation in treatment planning and perceived outcomes of treatment.
- 2) Continue the 90% 'offer' and satisfaction rates for the CSQ-8 as system-wide performance goals.
- 3) Continue conducting the survey once a year.
- 4) Continue to provide agencies with their results so they can provide feedback to their staff and consumers, and identify unique opportunities for improvement, if needed.



If you have questions about this report, please contact Lyn Gordon, Quality Review and Reports Specialist, at (360)397-2130 or via e-mail at Lyn.gordon@clark.wa.gov

SURVEY METHODS AND RESULTS

Methods

In monitoring satisfaction with services across the Regional Support Network, we continued use of the 'CSQ-8,' a widely-used tool for assessing general satisfaction with mental health and other social services. Surveys were distributed to agencies prior to the October 18th-29th survey period. The survey was available in English, Spanish, Russian, Vietnamese, Cambodian, and Chinese language versions, as well as in Braille. A half-page "CSQ-8 Survey Refusal Form" was also used to document that a survey was declined by an individual or his or her caregiver when offered to them (or if s/he was unable to complete it). Special care was taken to maintain confidentiality; the survey itself was anonymous, and at most agencies, completed surveys and refusal forms were deposited in RSN-provided lock boxes.

Surveys were offered to individuals receiving outpatient services (and/or caregivers, if relevant) during the 2-week survey period, even if it was their first appointment. Individuals whose only contact was through telephone or crisis services were not included in the survey sample or in the counts of "consumers seen," used to calculate offer and response rates (rates broken out by agency will be supplied on request). Agencies were again encouraged to think 'one person, one vote' as they planned for administration of the survey. Once again, to the credit of agencies' staff, they were successful in doing so, resulting in a strong response rate.

Surveys included adult consumer, youth, and parent/guardian/other caregiver versions of a two-sided survey instrument. Copies of the English versions of the three versions of the survey are available on request. Additional questions assessing *participation in treatment planning*, *perceptions of outcomes of services*, and *perceptions of peer support services* were included. Respondents were invited to write in their 'most helpful, least helpful, and other' comments in space provided on the survey.

Information from returned surveys and refusal forms was entered into an Excel database. Numerical data was then imported into a statistical software package (SPSS) for further analysis, while written comments were kept in spreadsheet form for review and coding.

How many people responded?

A grand total of 1996 surveys were returned (a 6% increase from 2009), **for an overall response rate of 73%**. Table 1 compares overall response and offer rate results from the past three administrations of the survey. Evaluation literature suggests that response rates between 70% and 90% are reasonable and desirable for a 'waiting room' survey. Most agencies achieved response rates of greater than 70% this year, which serves to increase our confidence that survey responses are representative of a broad cross-section of all individuals and families served during the review period. Occasional 'over-response,' especially for agencies serving adolescents and their families where both the young person and his or her caregiver might return surveys, can be expected, and does not compromise the validity of the survey results that follow.

Offer rates, which combine the number of returned surveys with the number of returned refusal forms (and which may total more than 100%, due to both parents and youth being offered surveys or other occasional duplicate responses), provide an additional measure of the efforts made to invite participation and of the representativeness of this sample.

Table 1: Overall survey response and offer rates, October 2008-October 2010

Administration	A # of surveys returned	B # of consumers seen during survey period	C Response Rate (A div. by B)	D # of refusals returned	E Offer rate (A + D div. by B)
October 2008	1789	2323	77.0%	498	98.5%
October 2009	1881	2508	75.0%	465	93.5%
October 2010	1996	2744	72.7%	517	91.6%

Who completed surveys?

The survey's initial questions asked respondents to share basic demographic information. A small number of surveys were returned with none or only some of this information filled in; these blank or incomplete coversheets are reflected as 'missing' data. Table 2 reports key characteristics of people who completed the surveys.

Table 2: Characteristics of people who returned surveys, October 2010

Characteristic (Overall N = 1996 returned surveys)					Note: "N" is the number of the entire group of surveys (the 'total sample'), while "n" refers to the number of a sub-set of the whole (such as the number of responses from a certain agency or sub-group). Some people chose to not answer some (or all) demographic questions, so numbers (except for Survey Type) do not add up to 1996.		
Gender	Male	Female	Intersex	Missing			
	41.3%	55.5%	0.1%	3.1%			
Survey Type	Youth	Family	Adult				
	17.8%	30.4%	51.9%				
Age Group	0-5	6-12	13-20	21-59	60+	Missing	
	5.0%	19.3%	18.5%	37.2%	4.6%	15.4%	
Ethnicity	American Indian/ Alaska Native	Asian/ Pacific Islander	African American/ Black	Hispanic	Caucasian/ White	Multi-ethnic	Other & Missing
	2.0%	1.1%	3.3%	3.3%	73.4%	12.2%	4.7%
Caregiver Type (n = 606)	Parent	Foster Parent	Legal Guardian	Caregiver	Other	Missing	
	73.4%	9.6%	9.1%	3.7%	3.1%	1.1%	

RESULTS

For several elements of this report that follow, results are reported by both the RSN as a whole and also survey type (e.g., youth, caregivers, and adults), in order to facilitate comparison with other satisfaction and outcomes data. Individual agency results are reported in separate reports provided to each agency, and custom reports are developed for RSN Quality Management subcommittees; for example, results by ethnicity, gender and age group are included in a customized report to the RSN Cultural Competency Committee. Wherever possible and relevant, current results are compared with results from the past two surveys. Statistically significant¹ findings within groups or when results from October 2009 through October 2010 are compared are noted with an asterisk (*) in the text and charts of the report.

How did people who responded rate their participation in treatment?

Adult service recipients responded to the statement, **“While receiving services, I, not staff, decided my treatment goals.”** Youth and caregivers responded to a similar, but slightly different statement: **“While receiving services at this agency, I was actively involved in my treatment” [for caregivers, “my child’s treatment”].** For simplicity, results from both questions are combined and reported in Table 3.

Table 3: October 2010 Results for Participation in Treatment

Survey Type	% Agree or Strongly Agree	% Undecided	% Disagree or Strongly Disagree
Youth (n = 343)*	89.5%	8.2%	2.3%
Caregiver (n = 595)*	93.8%	2.5%	3.7%
Adult (n = 978)*	76.1%	13.4%	10.5%
Overall (N = 1916)	84.0%	9.1%	6.9%

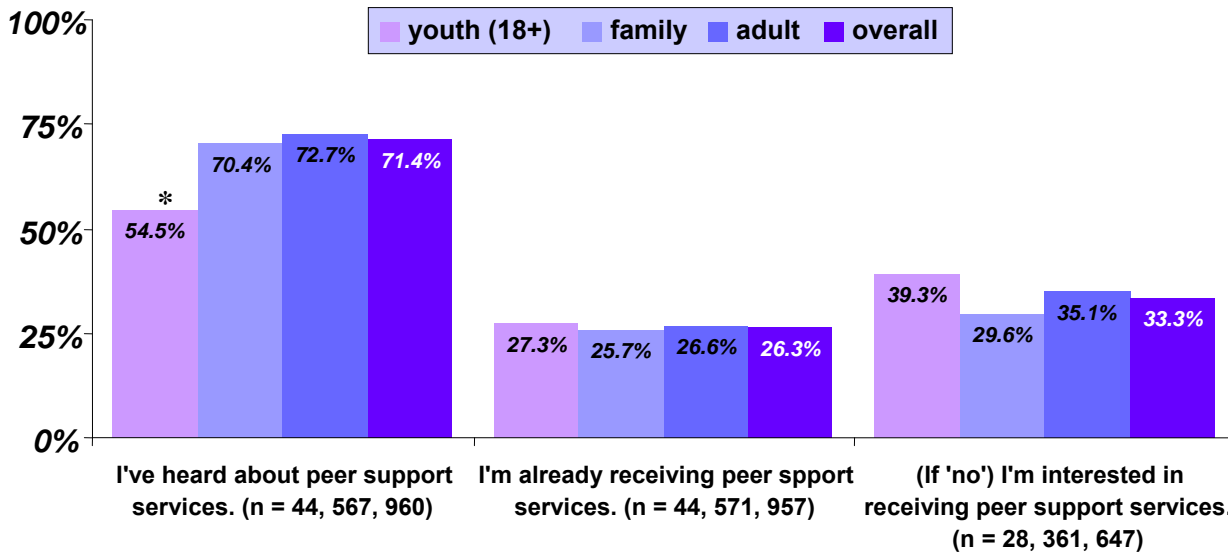
¹For comparisons with an n of 100 or more, a .05 level of significance was used to determine statistical significance; where n was less than 100, a .10 level was used, to adjust for the smaller number of responses. Statistical significance at the .05 level means that there is only a 5% chance that the observed difference is not a 'true' difference; the .10 level denotes a 10% chance of such error. Statistical significance by itself does not equal practical or clinical significance, but it can offer some reassurance that differences, however small or large, are 'real.'

Overall, 84.0% either agreed or strongly agreed with the statement about participation in treatment. Results were very similar to 2009, when family members reported the highest agreement (93.6%) and adults had the lowest (77.3%). **Both youth and family members’ scores for 2010 met our RSN-wide performance goal of 85%.** Individuals self-identifying as Hispanic had the highest positive responses, at 90.5%, while African Americans had the lowest rate of agreement, at 77.4%. Individual agency rates ranged from a high of 97.1%* to a low of 71.5%*.

What were people’s perceptions of peer support services?

The CCRSN Enrollee and Stakeholder Services Committee has maintained a strong interest in promoting peer support services, and in 2008 a series of survey items were developed to explore people’s perceptions of these services. These items were modified in 2009 and the same wording was used in 2010; only individuals who were 18 years of age and older, along with parents of children and youth, were directed to complete these questions. Overall results for the first item, measuring awareness of peer support services, **surpassed our RSN-wide performance goal of 50%**. At **71.4%***, the 3% difference from last year’s rate of 74.4% is statistically, but not practically, significant. Similarly, overall results for the question regarding current use of peer support services (**26.3%***) were somewhat lower than overall results from last year (31.0%). The **33%* overall ‘yes’ response** to the final question, which compares to last year’s 41%, suggests continuing strong interest in peer support services.

Figure 1: Perceptions of peer support services, by survey type and for the RSN overall



Note: The parenthetical 'n' included for each peer support question/item reports the number of youth, family members, and adults, respectively, who responded to each item.

How did people rate the outcomes of services they’d received?

The continued use of the entire “Perceived Outcomes of Treatment” subscale from the MHSIP survey, also used in the annual WIMHRT telephone survey, both gives us potentially useful information about treatment effectiveness and enables us to compare our results with other communities around the state and nation. Table 4 reports 2010 results for the somewhat different questions that were asked of adults, youth, and caregivers. When combined into subscales, **62.6% of adults** had scores indicating overall agreement (**below performance goal of 70%**); **youth (71.4%)** and **caregivers (67.5%)** were **also below the performance goal of 75%** for those groups.

Table 4: October 2010 Results for Perceived Outcomes of Treatment

Survey Type & Question	% Agree or Strongly Agree	% Undecided	% Disagree or Strongly Disagree
Youth (n = 343); Subscale Score ≥ 3.5, indicating moderate or strong agreement on average = 71.4%			
I am better at handling daily life.	70.5%	25.4%	4.1%
I get along better with family members.	57.0%	31.8%	11.2%
I get along better with friends and other people.	75.0%	21.7%	3.3%
I am doing better in school and/or work.	69.5%	24.0%	6.5%
I am better able to cope when things go wrong.	59.0%	33.7%	7.2%
I am satisfied with my family life right now.	53.8%	26.0%	20.2%

Of note, the majority of individual items for youth and family members have very low (less than 10%) disagreement, combined with fairly high rates of ‘undecided’ responses, suggesting ambivalence

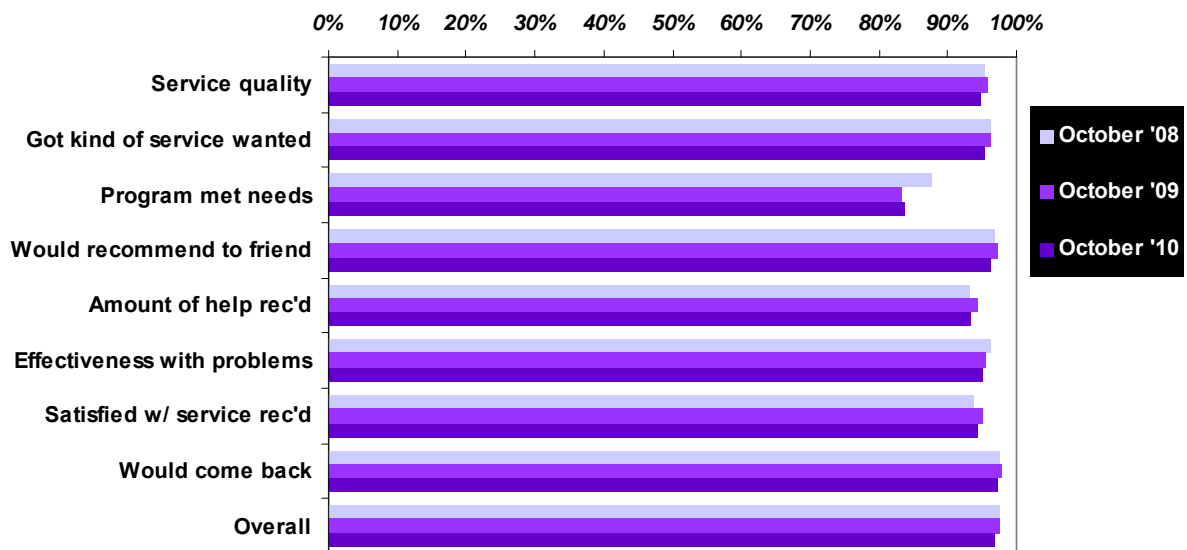
Survey Type & Question	% Agree or Strongly Agree	% Undecided	% Disagree or Strongly Disagree
Caregiver (n = 595); Subscale Score ≥ 3.5 = 67.5%			
My child [the person I care for] is better at handling daily life.	67.5%	27.6%	4.8%
My child gets along better with family members.	70.3%	23.4%	6.3%
My child gets along better with friends and other people.	67.1%	26.7%	6.2%
My child is doing better in school and/or work.	67.8%	25.0%	7.3%
My child is better able to cope when things go wrong.	57.1%	30.8%	12.1%
I am satisfied with my family life right now.	57.2%	26.5%	16.3%
Adult (n = 1000); Subscale Score ≥ 3.5 = 62.6%			
I deal more effectively with daily problems.	74.6%	17.0%	8.5%
I am better able to deal with crisis.	62.8%	25.4%	11.7%
I am better able to control my life.	67.3%	22.9%	9.7%
I am getting along better with my family.	68.4%	18.2%	13.5%
I do better in social situations.	59.5%	26.8%	13.7%
I do better in school and/or work.	50.3%	32.1%	17.6%
My symptoms are not bothering me as much.	55.2%	23.5%	21.3%

about these outcomes. Adults are somewhat less likely to agree that they've seen improvement in these aspects of their lives. On the other hand, it is encouraging to note that a majority (> 50%) endorse improved outcomes on all items.

What were the overall results for the satisfaction questions?

Each of the eight questions of the CSQ-8 offers four choices, or response categories: two more or less negative, and two more or less positive. **Item-by-item satisfaction** is calculated by adding up the number of positive responses, then dividing by the total of all responses, both positive and negative. This results in a percentage score that can be compared across agencies or groups. As depicted in Figure 2, based on this fall's survey responses, **the RSN as a whole has an overall satisfaction rate² of 96.9%, and all but one question ("To what extent has our program met your needs?") exceeded the RSN goal of 90% satisfaction.**

Figure 2: Satisfaction for individual questions, overall RSN satisfaction, October 2008-October 2010



²For analysis of 2010 results (and retrospectively, 2008 and 2009 results), we are using a different approach to scoring **overall satisfaction** than in previous years. Rather than adding up all the positive responses to all CSQ-8 questions, then dividing by the total of all responses to all questions (the 'molecular satisfaction' approach), we've moved to an 'average score by individual' approach. In this more widely-used and more intuitive method of reporting overall satisfaction, for all individuals who answered at least four of the eight CSQ-8 questions, an average rating is calculated, with a possible range of 1.0 to 4.0. Overall satisfaction thus becomes the percentage of people with an average score of 2.5 or higher (that is, leaning toward 'more' rather than 'less')

aggregate satisfaction). Because the number and percentage of *individuals who are more or less satisfied* is counted, this new approach results in somewhat higher overall satisfaction scores, since very few individuals are consistently dissatisfied with most or all aspects of the services they've received.

Although a pattern of small changes from October 2008 to October 2010 are present, satisfaction with most aspects of services remains very high. Moreover, as illustrated by Table 5, **overall results by self-reported ethnicity show satisfaction rates above 90% across all groups.** Table 5 also reports overall satisfaction scores for 2010 by gender, age group, and survey type; all agencies serving more than 30 individuals exceeded 90% satisfaction as well (not shown).

Table 5: Overall satisfaction by Gender, Age Group, Ethnicity and Survey Type, 2010 results only

Group			Data notes: No statistically significant results between groups, or between 2009 and 2010 results for each group, were found.				
Gender	Male	Female					
	96.4%	97.1%					
Age Group	0-5	6-12	13-20	21-59	60+		
	96.9%	97.3%	97.5%	96.9%	96.6%		
Self-Reported Ethnicity	American Indian/ Alaska Nat. (n = 40)	Asian/ Pacific Islander (n = 21)	African American/ Black (n = 66)	Hispanic (n = 63)	Caucasian/ White (n = 1432)	Multi-ethnic (n = 237)	Other (n = 25)
	92.5%	100.0%	98.5%	100.0%	96.8%	98.3%	92.0%
Survey Type	Youth	Family Member/ Caregiver	Adult				Overall
	96.5%	97.8%	96.6%				96.9%

What did people really want us to know? Written comments.

As mentioned above, information from returned surveys, including written comments, was entered into an Excel database. Content of written comments was reviewed and categorized (or 'coded') by the RSN Quality Review and Reports Specialist, using the same categories and method as in previous years (see previous reports for expanded description). Only overall percentages (which may add up to more than 100%, since more than one category could apply) are reported here; a more detailed analysis of themes, with representative examples, is available on request.

What people liked the most

Of the total group of returned CSQ-8 surveys, **53%** (1065/1996) had a 'liked most' comment; a small number (11, or 1%) of the 'liked most' comments were actually complaints or criticisms of services. Table 6 reports the relative frequency of positive comments, along with corresponding percentages from prior years' surveys for comparison.

Table 6: Frequency of "liked most" comments by category, 2008-2010

	= Most frequent	Treatment Quality- plans, actions & outcomes	Emotional & Social Support	Professional Staff	Access, timeliness	Medication Management	Other	Non-counseling & paraprofessional staff	Environment
	= 2 nd most frequent								
	= 3 rd most frequent								
October 2008 (n = 919 valid responses)	49.3%	38.6%	33.6%	4.9%	5.2%	8.3%	1.6%	0.4%	
October 2009 (n = 971 valid responses)	62.0%	20.0%	28.4%	3.3%	5.9%	6.1%	1.2%	0.0%	
October 2010 (n = 1065 valid responses)	48.3%	27.6%	30.4%	5.1%	5.8%	1.0%	1.0%	0.5%	

What they liked the least.

19% (380/1996) of the total group of returned CSQ-8 surveys had an explicit 'liked least' comment, while 16% (316/1996) were returned with 'n/a,' 'none' or 'nothing' noted. The majority of surveys (62%) had no comment at all for this item. Moreover, a relatively large number of respondents (69, or 18% of all valid 'liked least' comments) made a positive comment (e.g., "I like everything") in response to this item. The relative frequency of negative comments is reported in Table 7.

Table 7: Frequency of "liked least" comments by category, 2008-2010

	= Most frequent								
	= 2 nd most frequent	Access, timeliness	Treatment Quality- plans, actions & outcomes	Professional Staff	Medication Management	Emotional & Social Support	Other	Environment	Non-counseling & paraprofessional staff
	= 3 ^d most frequent								
October 2008 (n = 393 valid responses)		29.0%	26.5%	12.0%	13.5%	3.3%	8.9%	6.6%	3.3%
October 2009 (n = 448 valid responses)		21.9%	36.6%	8.7%	12.1%	1.1%	10.7%	10.0%	2.0%
October 2010 (n = 380 valid responses)		30.0%	33.7%	6.1%	10.3%	1.6%	6.6%	11.1%	1.8%

Other comments...

About 11% (217/1996) of returned surveys included 'other comments.' Of these, 74% (160) were positive in tone, amplifying a previous comment, expressing appreciation to individual service providers or agencies, or describing additional reasons for their contentment with services. Eight percent (17) were negative in tone, usually citing inadequacies in services, and an additional 18% (40) were mixed or neutral in tone (e.g., "I just started services, so it's too early to comment"). The largest single group of comments was variations on 'Thank you!'

DISCUSSION

Summary of results

The characteristics of the nearly 2,000 individuals and caregivers receiving services through the CCRSN who responded to this year's survey appear to be representative, in terms of gender, age, and ethnicity, of RSN enrollees as a whole. Response and offer rates continue to be very good for a survey of this type and complexity, and give us reassurance that results are probably representative of the people served during the review period.

Overall, these results reflect ongoing stability at high levels of satisfaction with services for individuals and caregivers at RSN network agencies. Although small changes, both decreases and increases, in individual item and summative satisfaction are evident, **every agency exceeded the 90% total satisfaction goal**, and overall RSN satisfaction hovers around **97%**, as calculated using the new "average score" method described above. As in previous surveys, results from individual satisfaction questions –notably the question that taps consumers' views of how well their needs were met, where less than 90% satisfaction was found-- can suggest particular areas of practice that might be considered for investigation and improvement. Results by agency, provided as individual reports to provider network staff, suggest other areas of strength and opportunities for improvement. **Overall participation in treatment is close to our 85% performance goal**, and we once again **exceeded our goal for awareness of peer support services by a wide margin**. Substantial participation in peer support services by some, and interest in these services by others, continues.

Comments about 'most-liked' aspects of services were made by over half of those who returned surveys. **Treatment quality, professional staff, emotional and social support, and positive outcomes** were the most frequently-cited categories. Less than 20% of returned surveys included detailed comments about 'least-liked' aspects of services.

Unsatisfactory **treatment quality**, troubles with **access and timeliness**, and unhappiness with features of the agency **environment or location** were the most negatively-appraised categories. Comments written in the 'other comments' section were overwhelmingly positive in tone.

Conclusion

In conclusion, individuals and families who received RSN-funded services reported high levels of satisfaction with various aspects of services, as well as a high level of participation in their treatment. Peer support services continue to be well-known and popular. Youth and caregivers were more likely to perceive positive outcomes of services, but a majority of all those surveyed, regardless of age or role, reported improvements in various aspects of their lives as a result of the services they'd received. The good work of provider agencies' staff can be celebrated, even as opportunities for improvement remain.

Recommendations

- 1) Continue monitoring and comparison of responses to the MHSIP questions around participation in treatment planning and perceived outcomes of treatment.
- 2) Continue the 90% 'offer' and satisfaction rates for the CSQ-8 as system-wide performance goals.
- 3) Continue conducting the survey once a year.
- 4) Continue to provide agencies with their results so they can provide feedback to their staff and consumers, and identify unique opportunities for improvement, if needed.

