

Chapter 13 SAMH Community Consumer Satisfaction Survey (SCCSS)

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Revision History

Version 10.3

- ◆ Created Table of Contents
- ◆ Created headers and footers

Version 10.3.1

- ◆ Added treatment cost centers

Version 11.1.3

- ◆ No changes

I. Introduction

- A. The Substance Abuse and Mental Health (SAMH) Community Consumer Satisfaction Survey (SCCSS) is based on a survey instrument for adults and children originally developed by the Mental Health Statistics Improvement Project (MHSIP) Task Force sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), to meet the Federal data requirements of the Consumer-Oriented Mental Health Report Card.
- B. The Department of Children and Families' (DCF) SAMH Program Office began the collection and reporting of the SCCSS data in Fiscal Year 2001-2002 as part of the SAMHSA/CMHS Community Mental Health Block Grant and Data Infrastructure Grant requirements. The SCCSS instrument currently includes 47 questions, including 11 questions for both adults and children, 20 questions for adults only, and 16 questions for children only. These questions, as shown in **Appendix A**, are designed to assess the consumer's perception of care in seven major domains as described below.

1. General Satisfaction with Care

This domain contains four (4) questions to assess general feelings of being satisfied with the services that were provided. It provides information on the overall level of satisfaction without specific reference to the actual services that were provided, where they were provided, or the times they were provided.

2. Access to Care

This domain contains ten (10) questions to assess the degree to which it was easy for the consumer to access care in an overall environment that supports his/her dignity as a person. This includes delivering the needed services at the right time and place, and in an embracing manner regardless of the gender, race, ethnicity, or age of the consumer.

3. Appropriateness and Quality of Care

This domain has seven (7) questions to assess the degree to which the services received not only were the appropriate services to address the consumer's problem, but also were of good quality and were delivered by people interested in trying to help the consumer.

4. Outcomes of Care

This domain contains six (6) questions to assess the degree to which the services received had a positive outcome on the consumer, whether by: (a) directly addressing the consumers' problems; (b) making them feel better or more accepting of themselves; or (c) improving their ability to deal appropriately with the world around them.

5. Involvement in Treatment

This domain contains six (6) questions to assess the degree to which consumer feels that: (a) the treatment was structured so that the consumer had appropriate opportunity for input; (b) the staff encouraged the consumer to suggest or react to treatment alternatives; and (c) if uncomfortable for any reason about a treatment alternative, the consumer felt comfortable objecting to what was proposed.

6. Social Connectedness

This domain includes six (6) questions to assess the relationships the consumers have with significant other persons (e.g., staff, family members, friends, colleagues, neighbors, etc.) and the benefits these relationships bring to the consumer's care and well-being.

7. Functional Satisfaction

This domain includes eight (8) questions to assess the consumers' satisfaction with their ability to function productively in society.

C. In addition to the above domain questions, the SCCSS instrument also collects the following information:

- 1.** The demographic characteristics of the consumer (i.e., age, gender, race, and ethnicity);
- 2.** The managing entity, the service provider agency, and the program (i.e., adult mental health, children mental health, adult substance abuse, and children substance abuse) serving the consumer.

II. Responsibility for Collecting Survey Data

A. The Managing Entity (ME), which subcontracts with individual service providers, is responsible for collecting and submitting survey data from each subcontracting provider agency.

B. Each subcontractor is required to collect and report survey data for consumers in each of the following four program areas:

Group 1: Adult Mental Health (AMH)

Group 2: Adult Substance Abuse (ASA)

Group 3: Children Mental Health (CMH)

Group 4: Children Substance Abuse (CSA)

C. The Managing Entity (ME) is responsible for reporting results to SAMH.

PLEASE NOTE:

Short-term programs with less than 30 days length of stay are **exempt** from doing the survey. These programs include, but are not limited to the following:

Detoxification-only, CSU-only, Assessment-only services or non-client specific services (e.g., prevention).

III. Selecting Consumers to be included in the Satisfaction Survey

Managing Entities are responsible for collecting surveys from within their system of care, based on the random sampling table below.

Table 1: Number of Consumers to Be Served in Prior Fiscal Year and Minimum Survey Sample Size	
Total Number of Persons Served per Program Area	Required Minimum Sample Size to Be Surveyed per Program Area
Less than 59	All
59 - 74	51
75 - 100	63
101 - 150	80
151 - 200	109
201 - 250	132
251 - 300	152
301 - 350	169
351 - 500	184
501 - 750	218
751 - 1,000	254
1,001 - 1,500	278
1,501 - 2,000	306
2,001 and over	322

For example:

	AMH		CMH		ASA		CSA	
	Prior FY Served	Sample Size	Prior FY Served	Sample Size	Prior FY Served	Sample Size	Prior FY Served	Sample Size
Provider A	2,500	322	689	218	10	All	0	All
Provider B	375	184	205	132	3,225	322	789	254
Provider C	506	218	45	All	1,756	306	359	184

IV. Method for Collecting Consumer Satisfaction Survey Data

The ME has responsibility for the collection and reporting of survey results from their system of care. The process for collecting the data is at the discretion of the ME. MEs are expected to determine the most appropriate process of ensuring subcontracted service providers collect the required data fields. This may include setting up a method for scanning or providing a computer for client use. While the collection process is left up to the ME's discretion, the Department requires that the **content** of the survey instrument remain the same. The MEs **CAN** modify the survey layout including formatting. The core questions and domains loadings for these questions can **NOT** be modified, but additional questions may be incorporated if the ME has cause to add items. MEs are responsible for maintaining client level SCCSS data and for ensuring quality improvement activities are implemented to improve satisfaction ratings.

For the purpose of scoring SCCSS, partially completed surveys may be counted toward a provider's consumer satisfaction outcome as long as two-thirds (2/3) of the domains are valid. A valid domain is one in which at least two-thirds (2/3) of the questions have a response. Domain averages will be reported along with overall satisfaction outcomes.

Overall satisfaction outcomes will be calculated by dividing the total number of satisfied surveys by the total number of all valid surveys received for a provider or an ME.

PLEASE NOTE:

- Regardless of the survey instrument used, the following data elements must be completed in order to process data pertaining to all the remaining survey questions: Contractor ID, Provider ID, Program Area, County Code, Age, Race, Gender, Hispanic, and Type of Person Completing the Survey.
- Consumers should be provided with privacy when completing the survey at the provider's site to ensure the reliability and validity of the survey. In addition, consumers should not be coerced to answer the survey questions in a certain manner.
- In the event that the consumer is not able to complete the survey on his/her own, the Provider Survey Coordinator can designate a staff person to complete the survey on the consumer's behalf. This person must complete the survey without bias in order to correctly record the consumer's perception of care and services received. This person should be someone with no or very little contact with the consumer and should not be directly involved in the consumer's care.
- Direct service staff should not ask to review the surveys before they are submitted to the managing entity.
- Provision of services must never be based upon consumers completing a survey. As a general rule, surveys should be completed by the consumer, and assistance should be provided only as needed

V. Reporting Survey Results

MEs are required to submit quarterly reports on consumer satisfaction with SAMH services within their system of care.

The report should include the elements below and should be stratified by Program (i.e., AMH, CMH, ASA, CSA). Summary data (e.g., number of persons surveyed by race or gender) should be provided at the overall ME level and at each Program break.



Adult Consumer Satisfaction Results by Program, Managing Entity and Service Provider

Managing Entity			Total Population			217		
Domain	Mean	% Satisfied	Demographics:					
General Satisfaction:	4.58	92%	Race:			Gender:		
Access to Care	4.56	91%	White	69	32%	Male	137	63%
Involvement in Treatment	4.49	90%	Black	118	54%	Female	80	37%
Functional Satisfaction	4.51	90%	American Indian	9	4%			
Quality of Care	4.55	91%	Multiracial	15	7%			
Outcome of Care	4.46	89%	Asian	2	1%			
Social Connectedness	4.41	88%	Pacific Islander	9	2%			
Provider:				Total Population		6		
Domain	Mean	% Satisfied	Demographics:					
General Satisfaction:	4.25	85%	Race:			Gender:		
Access to Care	3.67	73%	White	2	33%	Male	4	67%
Involvement in Treatment	4.33	87%	Black	3	50%	Female	2	33%
Functional Satisfaction	4.33	87%	American Indian	0	0%			
Quality of Care	4.20	84%	Multiracial	1	17%			
Outcome of Care	4.29	86%	Asian	0	0%			
Social Connectedness	4.17	83%	Pacific Islander	0	0%			
Provider:				Total Population		211		
Domain	Mean	% Satisfied	Demographics:					
General Satisfaction:	4.59	92%	Race:			Gender:		
Access to Care	4.58	92%	White	67	32%	Male	133	63%
Involvement in Treatment	4.49	90%	Black	115	55%	Female	78	37%
Functional Satisfaction	4.51	90%	American Indian	9	4%			
Quality of Care	4.56	91%	Multiracial	14	7%			
Outcome of Care	4.47	89%	Asian	2	1%			
Social Connectedness	4.42	88%	Pacific Islander	9	2%			

VI. Support

Provider questions regarding satisfaction survey procedures should be directed to their ME Consumer Satisfaction Liaison.

MEs may direct process and satisfaction survey collection questions to the Data Section staff in the SAMH Program Office in Tallahassee at the following email address:

Richard.Power@myflfamilies.com.

Appendix A – Survey questions and corresponding domains by survey type

Survey Questions	Survey Type		Survey Domains						
	Adult	Child	General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
I was treated with respect.	X	X	X						
I was seen for services on time.	X	X		X					
I was able to talk with staff when I needed to.	X	X		X					
I received services when I needed them.	X	X		X					
It was easy for me to get to the office.	X	X		X					
If I had a complaint(s), it was handled well.	X	X					X		
I received services that were very helpful.	X	X			X				
The staff helped me find other services that I needed.	X	X			X				
Overall, I am satisfied with the services that I received.	X	X	X						
The staff cares about whether I get better.	X				X				
I have become more independent.	X					X			
If I were to have problems, I would return to this program.	X		X						
This program has helped me improve the quality of my life.	X					X			
I would recommend this program to other people who need help.	X		X						
I feel free to complain.	X						X		
The staff has involved me in deciding my treatment goals.	X						X		
I am better now at dealing with people and situations that used to be a problem for me.	X					X			
The staff is sensitive to my cultural/ethnic background.	X			X					
The services focus on my needs.	X				X				
The staff person, with whom I have worked with most closely, has been helpful.	X				X				
I feel comfortable asking questions about my treatment and medication.	X						X		
This program has helped me to feel better about myself.	X					X			
I do things that are more meaningful to me.	X								X
I am better able to take care of my needs.	X								X
I am better able to handle things when they go wrong.	X								X
I am better able to do things that I want to do.	X								X

Survey Questions	Survey Type		Survey Domains						
	Adult	Child	General Satisfaction	Access to Care	Appropriateness/ Quality of Care	Outcome of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
My Symptoms are not bothering me as much.	X								X
I am happy with the friends I have.	X							X	
I have people with whom I can do enjoyable things.	X	X						X	
I feel I belong in my community.	X							X	
In a crisis, I would have the support I need from family or friends.	X	X						X	
I felt I had someone to talk to when I was troubled.		X		X					
I am better able to cope when things go wrong.		X				X			
I helped to choose my treatment goals.		X					X		
I get along better with friends and other people.		X				X			
I got as much help as I needed.		X		X					
Staff respected my ethnic background.		X		X					
I helped to choose my services.		X					X		
I get along better with family members.		X				X			
Staff spoke with me in a way that I understood.		X		X					
I got the help I wanted.		X			X				
I was free to practice my religion.		X		X					
I am better able to do things I want to do.		X							X
I am better at handling daily life.		X							X
I am doing better in school and/or work.		X							X
I know people who will listen and understand me when I need to talk.		X						X	
I have people that I am comfortable talking with about my problems.		X						X	