

Background and Introduction

The customer satisfaction survey is offered each year to consumers involved in CMHSP services. Lakeshore Regional Entity (LRE) via its Customer Satisfaction Workgroup revamped its Customer Satisfaction Survey (“CS Survey”) mid-year 2021 by adding questions regarding telehealth services due to the COVID-19 Pandemic and modifying the scoring options from six to five. The Customer Satisfaction Workgroup ensured the CS Survey contained categories and questions that target potential issues regarding quality, availability, and access to care. LRE requires that each CMHSP offer the CS Survey to consumers receiving services at least annually. CMHSPs collect the CS Survey results and enter the data into FastLane. LRE then uses PowerBI as well as its Customer Satisfaction Survey Report and Score Care to review and analyze CS Survey data and identify trends. If LRE finds gaps in a CMHSP’s efforts, LRE would assign the CMHSP a plan of correction. In 2023, the Customer Satisfaction Workgroup created and utilized a short twelve question survey tool that included the most relevant questions from the prior iteration.

The workgroup continued in January 2024 to review the survey results from 2023 and determine the survey used moving forward for 2024. Use of the informal 12-question survey in 2023 resulted in two CMHSPs (Healthwest and West Michigan CMH) requiring CCBHC clients fill out a different/separate survey to meet CCBHC requirements. In 2024 all five CMHSPs in Region 3 became CCBHC certified. All five CMHSPs in the region are required to use the same survey tools for individuals enrolled in CCBHC services. Health Services Advisory Group (HSAG) recommended that the region begin using nationally known survey tools (one for youth and the other for adult services) to compare to national benchmarks. It was determined these nationally recognized tools would be the best and most efficient surveys to use versus continuing to utilize a different or additional survey for CCBHC. The MHSIP and YSS were the survey tools of choice used throughout the state in 2024.

The overall goal of the Customer Satisfaction Workgroup is to formulate and administer a customer satisfaction survey annually to adults/families receiving Medicaid-funded mental health services in outpatient or residential settings. Patient feedback concerning their experience of care is an important part of the efforts to improve quality and health outcomes in populations experiencing mental health difficulties.

This report details the survey administration methodology and a summary of the results, with results specific to five regional certified community behavioral health clinics (CCBHCs).

Survey Requirements

According to Health Services Advisory Group, Standard 13 sections 24 and 25, the following is a requirement of Lakeshore Regional Entity and its CMHSPs:

The QAPIP includes periodic quantitative (e.g., surveys) and qualitative (e.g., focus groups) assessments of member experiences with its services.

- These assessments must be representative of the individuals served and the services and supports offered.
- The assessments must address the issues of the quality, availability, and accessibility of care.

Contract Schedule A-1(k)(2)(a)
QAIPs for Specialty PIHPs, Section X(A)

As a result of the assessments, the PIHP:

- Takes specific action on individual cases as appropriate;
- Identifies and investigates sources of dissatisfaction;
- Outlines systemic action steps to follow up on the findings;
- Informs practitioners, providers, recipients of services, and the Governing Body of assessment results; and
- Ensures the incorporation of individuals receiving long-term supports or services (e.g., individuals receiving case management or supports coordination) into the review and analysis of the information obtained from quantitative and qualitative methods.
- Evaluates the effects of activities implemented to improve satisfaction.

Contract Schedule A-1(k)(2)(a)
QAIPs for Specialty PIHPs, Section X(B-D)

Survey Policy

The policy below was created in 2023 by the Lakeshore Regional Entity to establish consistency with the survey process.

Policy 6.11

Lakeshore Regional Entity (LRE) shall ensure satisfaction surveys of persons receiving treatment are conducted by the Provider Network at least once annually:

A. Surveys shall be representative of the individuals served and the services and supports offered.

1. Participants are either currently receiving services or have been discharged no later than 12 months prior to their participation in the survey.

2. Surveys shall be made available to individuals and their authorized representatives.

B. Surveys shall address the issues of quality, availability, and accessibility of care.

C. As a result of the surveys, LRE shall:

1. Take specific action on individual cases as appropriate;

2. Identify and investigate sources of dissatisfaction;

3. Outline systemic action steps to follow up on the findings; and

4. Inform practitioners, providers, recipients of services, and the Governing Body of assessment results.

D. The LRE shall evaluate the effects of activities implemented to improve satisfaction.

E. The LRE shall ensure the incorporation of individuals receiving long-term supports or services into the review and analysis of the information obtained from quantitative and qualitative methods.

CCBHC

Certified Community Behavioral Health Clinics (CCBHCs) are intended to offer comprehensive health services for individuals with behavioral health concerns. They primarily provide behavioral health support while also providing medical care as a secondary service. CCBHCs are required to provide services, either directly or with a designated collaborating organization, which include:

- Crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention and crisis stabilization
- Screening, assessment, and diagnosis including risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services
- Primary care screening and monitoring
- Targeted case-management
- Psychiatric rehabilitation services
- Peer support, counseling services, and family support services
- Services for members of the armed services and veterans
- Connections with other providers and systems (criminal justice, foster care, child welfare, education, primary care, hospitals, etc.)

In 2024 all five CMHSP's in Region 3 became CCBHC certified. All five CMHSPs in the region must use the same survey tool required by CCBHC. The CCBHC requires that an assessment of needs be completed with consumers each year. This assessment must consider:

- The MHSIP and YSS-F survey should be the basis of the survey distributed.
- Clinics should oversample, with a goal of distributing 300 surveys to adults.
- CCBHCs with non-CCBHC populations must be able to identify CCBHC service recipients.
 - Respondents must have had a CCBHC service during the demonstration year.
- If a clinic wishes to use an adaptation of the MHSIP, the clinic must request approval from MDHHS and ensure the questions can be translated into the survey domains of the MHSIP survey.

Survey Tools

Mental Health Statistics Improvement (MHSIP) Program uses validated surveys to measure Medicaid clients' perceptions of the quality and efficiency of the mental health services they receive.

To support valid comparisons and benchmarking across care settings and over time, the MHSIP surveys are standardized in the following aspects:

- **The instrument.** The contents and format of survey instruments are standardized so that everyone administering the survey is asking the same questions in the same way.
- **The protocol.** The protocols for fielding the survey are standardized so that everyone adopts the same approach to drawing the sample, communicating with potential respondents, and collecting the data. This is important because the method of survey administration can affect the data.
- **The analysis.** MHSIP surveys include a set of analysis programs and instructions to minimize variations in how sponsors and vendors process and interpret the results of the surveys.
- **The reporting.** MHSIP surveys benefit from a well-tested approach to presenting survey results. Users of survey results can access reporting measures and guidelines reflecting "best practices" in reporting.

The MHSIP survey includes 36 items divided into seven domains. The content of the domains in the MHSIP instrument has been designed for the adult mental health population. Each item on the MHSIP is answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree). Additionally, the survey includes a comment section for each domain to allow consumers to elaborate on that specific service experience and two additional questions that asks consumers to share 1) what has been most helpful about the services and 2) what would improve services.

The Youth Services Survey includes 26 items, divided into seven domains. The content of the domains in the YSS-F instrument has been designed for the child mental health population. Each item on the YSS-F is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain. Additionally, the survey includes a comment section for each domain to allow consumers to elaborate on that specific service experience and two additional questions that ask consumers to share 1) what has been most helpful about the services and 2) what would improve services.

Survey Changes

Due to requirements of CCBHC, the MSHIP and YSS became the new 2024 survey tool. It was determined the tools would be administered to non-CCBHC participants for one month and CCBHC participants in the next month. Participants were determined by service level and surveys were sent to those consumers distinguishing their CCBHC status.

Specific Changes to the MSHIP and YSS Survey:

- Date of Birth was taken off the survey
- Further demographic questions were added

1. Asking specifically where consumers received services for certain CMHSPs
 2. Asking about primary living arrangements
- Provider Options were added:
 1. Each CMH has its own link with its own providers
 2. Drop down menu with tier one providers
 3. Paper survey: an addendum that lists the provider options
 4. More than one provider option requested
 - Distribution of the survey was changed
 1. Two pushes of distribution-one CCBHC push and one non-CCBHC push
 2. Defining CCBHC versus non- CCBHC was a factor that played into the distribution:
Should the survey contain the question: are you a CCBHC member or not or are you unsure.
 - The CMHSPs had thoughts on this- they would not want CCBHC members to disclose this themselves as they would not necessarily know the answer. We discussed looking at a distribution that would just be CCBHC consumers and then another push that would be non CCBHC consumers. The CMHSP agreed that they would like the question to be filled out by them (the CMH) on the paper form and potentially have a different QR code for CCBHC members versus non CCBHC members to send out at each push.
 - Per the Department, Clinics should oversample, with a goal distribution of over 300 surveys to adults, no requirements currently just idea of sample size

Survey Administration

The population group included adults and children (parents/guardians filled out the survey) with a mental illness and or an intellectual disability, who received services in 2024. The raw data was required to be submitted to LRE no later than December 31, 2024.

The deployment of the survey began May 20, 2024. QR codes were available to be placed on the CMHSP websites along with the survey link. Two links were distributed to the CMHSPs; one link for CCBHC and one link for non-CCBHC. Non-CCBHC links were suggested to be placed on the website. Paper copies were distributed to be handed out, distinguishable between non-CCBHC and CCBHC by either a (1) or (2) at the top of the paper.

Push Dates were determined with non-CCBHC and CCBHC divided to ensure we were getting data for the right requirements. The CCBHC push was for August and the non-CCBHC push for September.

Survey Methodology

The YSS and MHSIP surveys had several sections to be completed by the client, parent, or guardian. The electronic version had key questions which control the flow of the form to seamlessly direct the client, parent, or guardian to the correct survey questions that they need to answer. The electronic version was built as one survey form containing all YSS and MHSIP questions, but the questions that are not needed will simply “remain hidden” by the automated workflow.

The paper versions of the survey have been separated into “child” and “adult” versions. If the person receiving services is under age 18, then the “child” survey form (which includes the YSS) should be used. If the person receiving services is 18 or older, then the “adult” survey form (which includes the MHSIP) should be used. Since the YSS and MHSIP surveys are age based, the YSS paper survey will list only the first 3 options below and the MHSIP paper survey will list only the last 3 options. Surveys are distributed accordingly based on the age criteria (**clients under age 18 should receive the “child” survey form, and those 18 or older should receive the “adult” survey form**)

Tablets were distributed to the CMHSPs with access to the survey. Onpoint was the only CMHSP that used the tablets to administer the survey with consumers, but no one used the tablet.

METHODOLOGY TOOLS

MOBILE	NETWORK180	OTTAWA	ONPOINT	WEST MICHIGAN	HEALTHWEST
IN-PERSON	✓	✓	✓	✓	✓
MAILING	✓	✓	✓	✗	✓
PHONE	✗	✗	✗	✓	✗
TABLETS	✗	✗	✓	✗	✗
EMAIL	✓	✗	✗	✗	✗
QR CODES	✓	✗	✓	✗	✓
WEBSITE	✗	✗	✓	✗	✓
PATIENT PORTAL	✗	✗	✗	✗	✓
SOCIAL MEDIA POST	✗	✗	✓	✗	✓

Survey Limitations

Several concerns were voiced by guardians completing the survey. The first concern was that it was hard to fill out for consumers that live in Adult Foster Care homes, as many of the questions did not pertain to them. Another concern was being asked about being in jail; people felt that was too personal and did not understand why it was included. Because of these concerns, people skipped the sections they were uncomfortable answering or could not answer. This could be why some of the surveys were not complete and didn't count.

The CMHSPs reported a "broken link" when the surveys were first sent out, but this did not explain why some surveys did not have responses. The "broken link" pertained to whether the customer survey was CCBHC. The impact potentially resulted in fewer surveys appearing "as if they were CCBHC," but it did not have had any impact on whether the survey was left blank.

Survey Length The length of the survey may have deterred some potential respondents. With the adult outpatient survey having 11 printed pages for the English versions and 12 pages for the Spanish version, the surveys may take considerable time to complete, especially for some respondents with intellectual or cognitive challenges. Additionally, those challenges may have affected the respondents' ability to understand and respond accurately to some questions. Caregivers could assist survey participants but needed to indicate their involvement at the start of the survey. It is unknown how this may influence a participant's responses. As with any survey, these results are not intended to be an end in themselves, but rather a starting point to provide insight and prompt readers to explore further with their own analyses or additional data collection.

Survey Abandonment Based on the longer length of the survey versus previous surveys, there was a level of abandonment being measured. Some surveys were clicked on and never filled out, while others were left uncompleted.

YSS: Abandonment rate 6.9%

MHSIP: Abandonment rate 44.5%

The high abandonment rate of the MHSIP suggests that it is too long to maintain engagement. While the YSS is only slightly shorter than the MHSIP, the YSS is completed by the child's parent/guardian who may be more invested in finishing the survey.

Survey Timing The survey was conducted in August and September 2024. Some CMHSPs continued to have the QR code on their website up until December 31, 2024. CMHSPs had until December 31, 2024, to add the survey results in the LRE database.

The end of summer can be a challenging time to connect with families as they are getting their children back in school. This may result in fewer YSS surveys being completed.

Data Overview

The outcomes of the MHSIP and YSS-F function as a “report card” on how satisfied consumers are with community mental health services and provide insight for what is needed to enhance quality and continuity of care. The perspective of the consumer is valuable in that it provides a unique opportunity for the region to determine what changes may be needed for delivery, to foster collaboration with provider agencies, and to enhance service delivery and implementation strategies. The outcomes are graded in terms of category requirements for CCBHC. Each question is placed in one of the categories which are graded in total below:

Report Card 2024

YSS	FY24 Score	MSHIP	FY24 Score
Outcomes	70%	Outcomes	78%
Social Connectedness	82%	Social Connectedness	81%
Access & Availability	85%	Access & Availability	85%
Quality	88%	Quality	86%
Functioning	70%	Functioning	77%
Total	79%	Total	81%

Gender

The number of surveys completed was comparable in the gender category, although the gender representation question response did not equal the total of all the surveys completed, denoting that some did not disclose a gender option.

Total Surveys Completed:

Male YSS: 54 Female YSS: 66

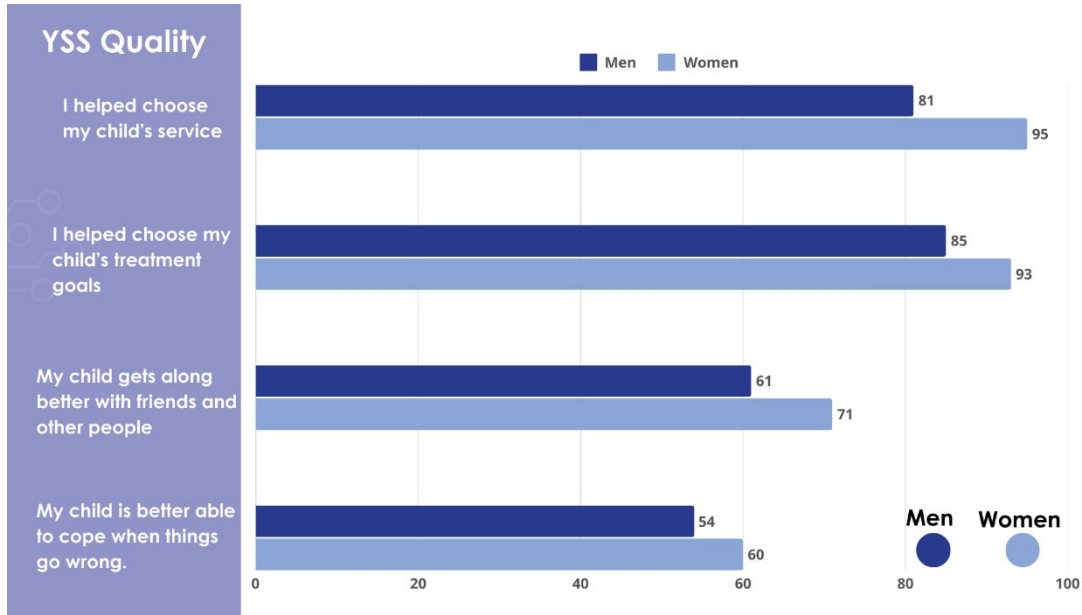
Male MSHIP: 360 Female MSHIP: 354

YSS scores

Women were significantly more likely to report a more positive experience with the CMHSP in the YSS scores. Women were more likely to report more positively on the Access domain compared to Men (88%

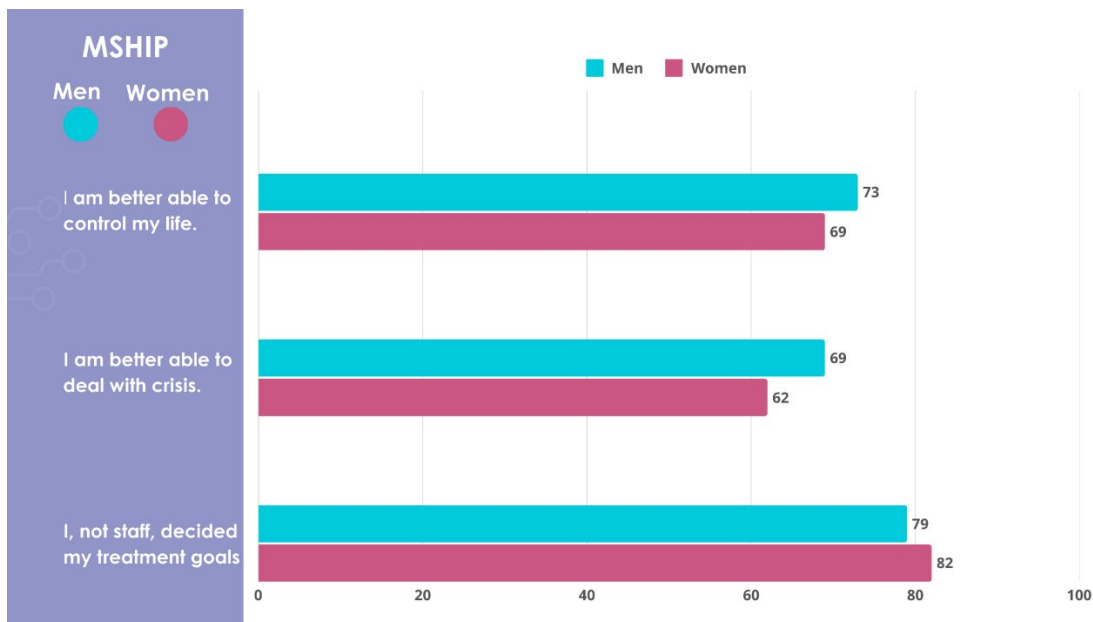
compared to 77% for men). Women reported more of a positive experience (97% compared to 90% men) in response to the question, “Staff were sensitive to my culture/ethnic background”.

In the Quality domain of the YSS Women scored higher to the following questions:



MSHIP scores

Domain scores between men and women on the MSHIP were not significantly different on most domains, except for the Outcomes and Access domains.



Race

Black:

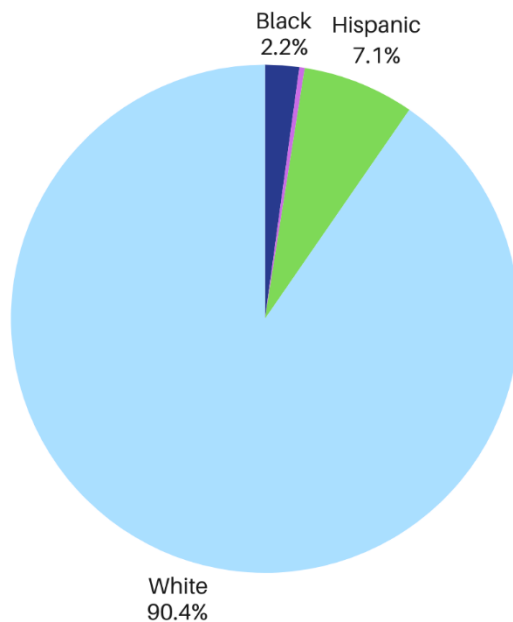
37 -MSHIP, 1-YSS: scores were positive in most areas- abandonment rates were high for this population

Asian:

6 total- MSHIP only-outcomes were neutral

Hispanic:

YSS-9, MSHIP-116: scores were positive- reported more N/A with psychiatric care and consumer-



RACE

60% of respondents answered that staff were sensitive to their cultural background in this area for Black, Asian and Hispanic population combined.

Total surveys returned: 1756

led programs. 77% felt staff were sensitive to their cultural background.

American Indian or Alaska Native: 5 total MHSIP only- outcomes were 4 and above.

Age

18-24: 93 total: scores were positive

Over 50% reported being better able to handle crisis, getting along better with family and doing better in social situations. Housing was a neutral answer- this age range could potentially have less opportunity for housing.

25-49: 784 total satisfaction scores were high

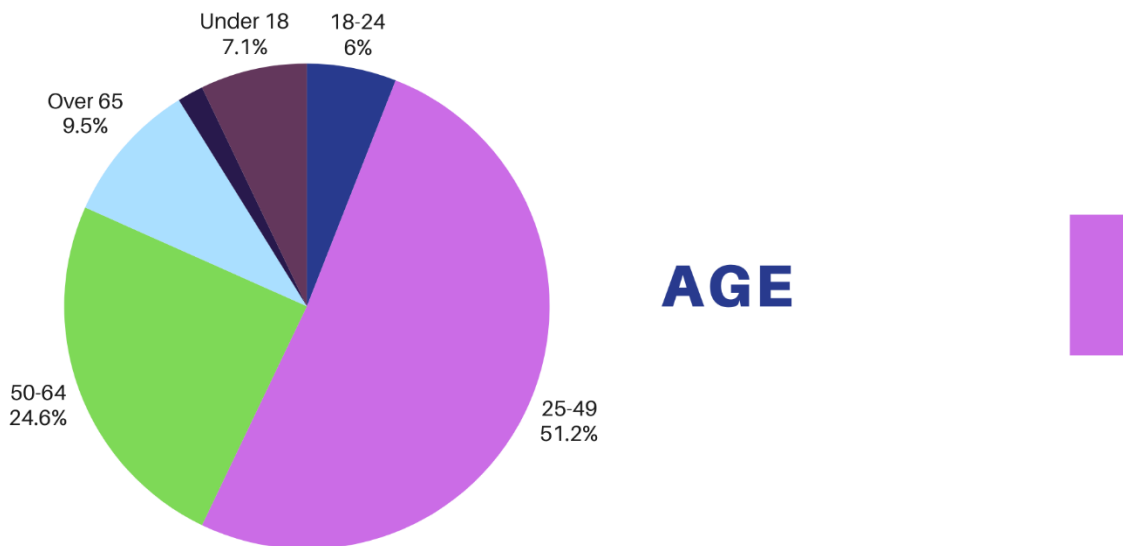
N/A scores were high in psychiatry, involvement in consumer led programs and housing.

50-64: 383 total

Over 60% reported that they are able to do things that are more meaningful to them.

Over 65: 148 total

The question, "Staff believe that I can grow, change and recover" was neutral, along with "I have been



encouraged to use consumer led programs." All other areas scored high in satisfaction.

**Prefer not to answer: 27 total

Service Type

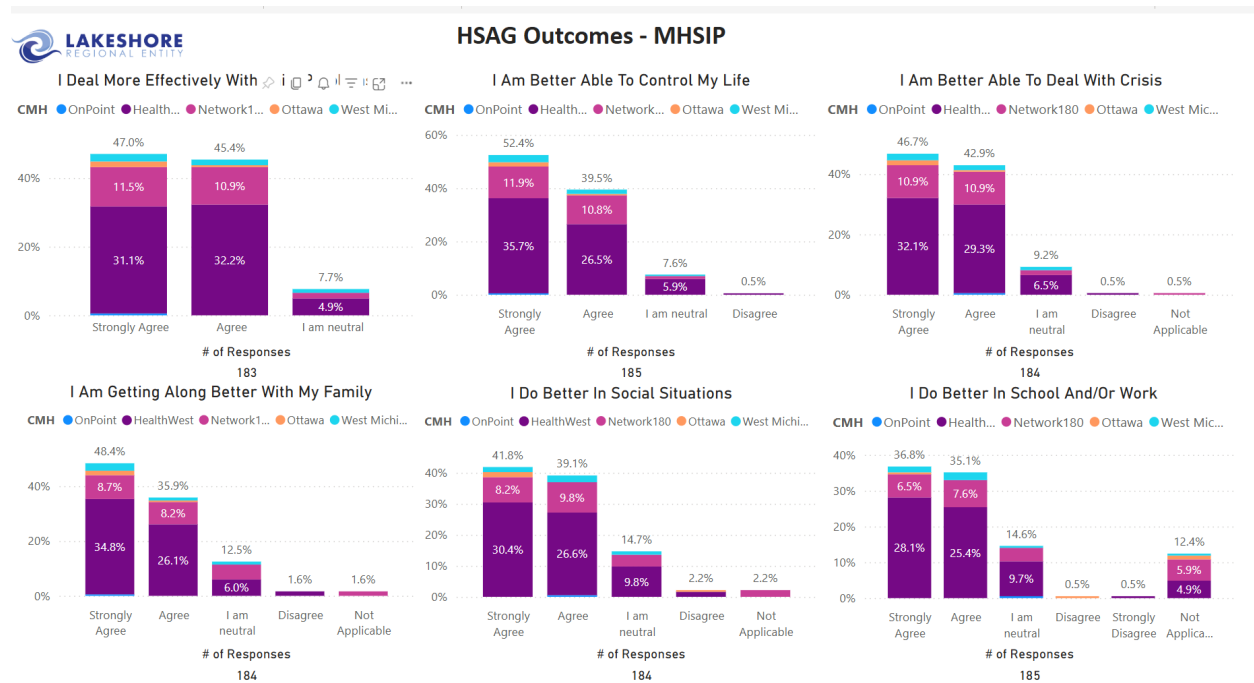
Surveying across the behavioral health services array allows for comparison by service types when group sizes are large enough. While the aggregate domain scores allow for comparisons to other Michigan counties and national scores, comparing differences in the results across single County participants who access different service types can inform variation in participant experiences locally. For example, the experience of a participant enrolled over several years in an intensive, community-based program like a Community Support Program (CSP) or Targeted Case Management (TCM) is likely to look and feel different from a participant who needs a high intensity, short-term service like crisis care. Domain and item scores are expected to look different across these two groups, as their experience with the service, length of service, and purpose of the service are quite different. Across all domains except Functioning, clients enrolled in a CSP or TCM program reported higher domain scores. Crisis respondents reported significantly lower on the Access domain (61%) compared to CSP and TCM respondents (86%). This is common, as participants in CSPs and TCMs are generally established in their program, are more likely to have formal medication management and prescribing needs met, and more likely to have built positive relationships with their case managers and other staff who are critical to their recovery goals and treatment coordination.

Substance Use Disorder Services

MHSIP: 200 total responses

YSS: 1 total response

While scores were positive in this area regarding satisfaction, over twenty percent of respondents were neutral on staff returning their phone calls.



Long Term Supports and Services

MHSIP: 34 total responses

LTSS

Scores were extremely high, over 80%	FY24 Score
I liked the services I received here.	92%
The location of the services was convenient for us.	90%
Services were available at times that were convenient for us.	90%
My family got as much help as we needed.	85%

Areas with over 20% disagreement were:

In a crisis, I would have the support I need from family and friends

I have people with whom I can do enjoyable things.

N/A Scores were higher in this population:

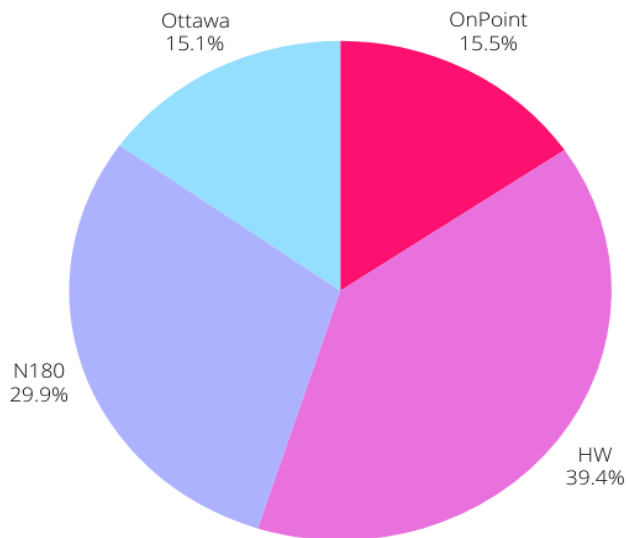
My symptoms are not bothering me as much, 21% answered N/A.

While scores were extremely positive in this area regarding satisfaction, the questions that would elicit a more positive response are likely to not be as relevant to the LTSS consumer. More LTSS consumers listed N/A for answers than any other population.

Follow up Requirement

The satisfaction survey contained an area which allowed respondents to leave a comment, suggestion, feedback, or other written response. The survey also contained a space for the respondent to leave their name and phone number IF they would like someone to contact them regarding their experience. The LRE IT department programmed the survey collection dashboard to automatically generate an email to the appropriate customer services staff at the CMHSP each time a respondent filled in their name and phone number. A call back must be made within 4 days of request. The CMHSP staff would then document each call. These call logs are reported to the LRE for tracking purposes.

Consumer Requests for Follow Up by CMH: FY24 Customer Satisfaction Survey



ONPOINT 44

HEALTHWEST 112

NETWORK 180 85

OTTAWA 43

WEST MICHIGAN 0

Consumer Feedback

What has been the most helpful thing about the services you and your child received over the last six months?

“My worker makes this whole process easy, convenient: she’s amazing for my daughter through this.”

“My therapist was amazing and helpful. I could talk to her about anything.”

“My son is completely nonverbal and also has a very low comprehension IQ. We are very grateful for the services we receive at HealthWest to improve his quality of life. We are always treated with kindness. Dr. Sue's nursing staff is THE BEST. They go above and beyond. Also, the pharmacy is the best, staff is always friendly!”

“I am not in recovery. I am seeking help to manage the stress of learning that I have myelofibrosis which will lead to leukemia and my death. I have been taking tests to see if I could reasonably survive a bone marrow transplant. It appears that road is not an option. I

want the end of my life to be without any regrets. My therapist has been very helpful as I am trying to keep grounded. I appreciate him very much.”

“My worker is very good. She is very proactive.”

“Our case manager is the best we have ever had. She is proactive & pushes for the supports we need. She listens. She helps advocate for my child w/ me. Supportive. We have worked w/ a lot of case workers. SHE IS GREAT.”

“I have a great team. We are working on my mental health. I have seen progress but still have a way to go. Your staff are great and caring.”

“I am most grateful for the care I receive from Dr. Jawor and the availability of my therapist. My manic/depression is under control, and I am stable with the medications she prescribes”

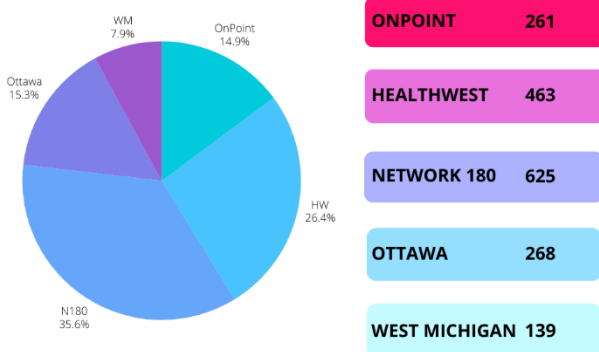
“My child likes and feels very comfortable with her therapist.”

“My supports coordinator is nice to get along with and helps me with my finances and is on time to pick me up. She helps me with my medical and does a good job.”

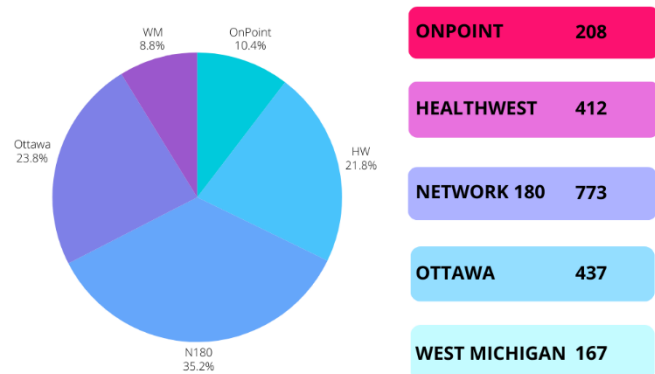
“Our supports coordinator is the best we have had! She listens and helps us problem solve my son’s behaviors She always responds to my calls and texts w/in a few hours.”

2023-2024 Comparison

CMHSP # of Completed Surveys Total 2024: 1756



CMHSP # of Completed Surveys Total 2023: 1997



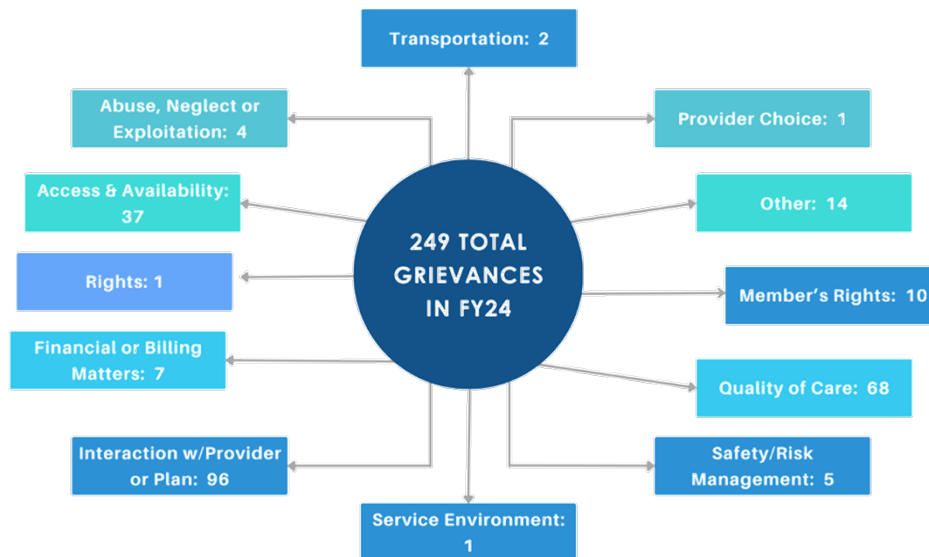
The 2023 survey was a much smaller survey consisting of twelve questions. Participation rates between the two years showed a change in numbers. In 2023, 1,997 people responded to at least one question on the LRE survey. In 2023, the satisfaction survey was distributed throughout the year, beginning in May 2023; while in 2024 the survey was distributed from August 2024 to December 2024. During 2024, 290 people responded to the YSS survey and 1,466 people to the MHSIP survey, which is 1,756 people. Onpoint and Healthwest had a higher rate of return of surveys in 2024, while Ottawa had a decrease in completed surveys. West Michigan and Network 180 maintained similar rates of return.

Report Card Comparison Questions

2023-2024 Compared Questions (YSS)	FY24 Score	FY24%	FY23%
Overall I am satisfied with the services my child received	4.24	86.7	94
My child gets along better with family members.	3.51	54.1	87.4
I helped to choose my child's treatment goals.	4.34	90	90.7
My child gets along better with family members.	3.51	54.1	87.4
The Services my child/family received were right for us.	4.17	89.4	93.5
Services were available at times that were convenient to us.	4.19	82.3	94.1
2023-2024 Compared Questions (MSHIP)	FY24 Score	FY24%	FY23%
The location of the services was convenient	4.40	87	93.5
I, not staff, decided my treatment goals.	4.26	79.4	90.7
I feel free to complain.	4.25	81.2	76.9
I like the services I receive here.	4.44	91.8	94
I was given information about my rights.	4.44	91.5	96.1
I am getting along better with my family.	3.98	66.4	87.4

Grievances

The CMHSPs had 249 grievances in 2024. The three service areas of concern with grievances were access and availability, quality of care, and interaction with the provider or plan (which had the highest number of grievances). Consumers are being heard and voicing their concerns.



Summary & Recommendations

The FY24 Customer Satisfaction Survey workgroup was created to collaborate with the CMHSPs on all matters related to surveys in the region. The focus of the group for FY24 was the implementation of the MHSIP and YSS which would address the following: CCBHC requirements, data to share throughout the state, consistent data throughout the years. We are reviewing the data and determining best practices moving forward to address the needs of the individuals we serve.

1. The region should distribute the 2024 Customer Satisfaction Survey Report to the CMHSP participants through the following committee/council review: Regional Consumer Advisory Committee (RCAC)
2. The LRE should develop a shorter version of the MHSIP and YSS surveys that use the exact language of the longer survey. Using the exact language of the national surveys will allow for a comparative analysis of LRE results with state and national results when they are published.

3. The LRE should not change the shortened survey for a period of years to facilitate year-over-year comparison of results. This will allow a full year of survey samples versus push dates.
4. Due to the high N/A representation from the LTSS population it would be beneficial to look at options for this population regarding satisfaction. Scores for LTSS consumers were either exceedingly high or low, suggesting the questions were not relevant to the situation.
5. Focus groups with consumers are suggested to review the survey to get clear information on the concerns.
6. Each CMHSP will internally review individual cases of dissatisfaction and establish an action plan identifying growth areas, barriers, interventions, and processes to monitor effectiveness of interventions.
7. Continue to review grievances and the categories to create ways of improvement with the CMHSPs.
8. Define strategies to access the areas that had lower scores:
 - SUD:** staff returned my calls within 24 hours
 - ALL:** involvement in consumer led programs
 - People over 65:** score was neutral on “Staff believe I can grow, change and recover”
 - Men:** scored lower on “Staff were sensitive to my culture/ethnic background”

Quality in collaboration with relevant LRE committees/council will establish a regional quality improvement plan identifying regional barriers and relevant regional interventions, with measures of effectiveness for the Perception of Social Functioning, Social Connectedness, and Outcomes of Services. Below is the final scores for the questions in relation to the categories required to report on.

Report Card Specific Questions (YSS)

Outcomes (YSS)	FY24 Score
My child is better at handling daily life	3.51
My child gets along better with friends and other people	3.6
My child is doing better at school work and/or work	3.46
Social Connectedness	FY24 Score
I know people who will listen to me and understand me when I	4.12
I have people I am comfortable talking with about my child's	4.17
In a crisis I would have the support I need from my family or	3.93
I have people with whom I can do enjoyable things.	4.18
Functioning	FY24 Score
My child is better able to cope when things go wrong.	3.38
My child is able to do things he or she wants to do.	3.59
Satisfaction	FY24 Score
I am satisfied with our family life right now.	3.46

Report Card Specific Questions (YSS)

Access & Availability (YSS)	FY24 Score
The location of the services was convenient for us.	4.38
My family got the help we wanted for my child.	4.14
My family got as much help as we needed for my child.	3.89
Quality (YSS)	FY24 Score
I helped to choose my child's service.	4.26
The people helping my child stuck with us no	4.2
I felt my child had someone to talk to when he or	4.19
I participated in my child's treatment.	4.42
Staff treated me with respect.	4.48
Staff respected my family's religious/spiritual be-	4.56
Staff spoke to me in a way I understood	4.46
Staff were sensitive to my cultural/ethnic back-	4.53

Customer Services Report Card (MHSIP)

Access & Availability (MHSIP)	FY24 Score
Staff were willing to see me as often as I felt it was necessary.	4.39
Staff returned my phone calls within 24 hours.	4.27
I was able to get all the services I thought I needed.	4.21
I was able to see a psychiatrist when I wanted to.	4.09

Quality (MHSIP)	FY24 Score
Staff believed that I could grow, change and recover.	4.32
I felt comfortable asking questions about my treatment, services and medication.	4.42
Staff were sensitive to my cultural background.	4.33
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	4.25
I was encouraged to use consumer run programs.	4.18
Staff encouraged me to take responsibility for how I live my life.	4.31
Staff told me what side effects to watch for.	4.10
Staff respected my wishes about who is and who is not to be given information about my treatment.	4.48

Customer Services Report Card (MHSIP)

Outcomes (MHSIP)	FY24 Score
I deal more effectively with daily problems.	4.0
I am better able to control my life.	4.01
I am better able to deal with crisis.	3.87
I do better in social situations.	3.79
I do better in school/work.	3.8
My housing situation has improved.	3.81

Functioning	FY24 Score
My symptoms are not bothering me as much.	3.75
I do things that are more meaningful to me.	3.98
I am better able to take care of my needs.	3.90
I am better able to handle things when they go wrong.	3.76
I am better able to do things I want to do.	3.89

Social Connectedness	FY24 Score
I am happy with the friendships I have.	4.04
I have people with whom I can do enjoyable things.	4.07
In a crisis, I would have the support I need from family or friends.	4.17
I feel I belong in my community	3.84