



Florida Department of Children and Families

Substance Abuse and Mental Health

Financial and Services Accountability Management System (FASAMS)

Pamphlet 155-2 Appendix 4 Community Persons Served Satisfaction Survey (CPSSS)

Last Revision Date: 9/9/2021
Effective Date: 8/01/2021
Version 14.0

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1 Introduction

The Substance Abuse and Mental Health (SAMH) Community Person Served Satisfaction Survey (CPSSS) 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.

The Department of Children and Families' (DCF) SAMH Program Office began the collection and reporting of the persons served satisfaction data in Fiscal Year 2001-2002 as part of the SAMHSA/CMHS Community Mental Health Block Grant and Data Infrastructure Grant requirements. The CPSSS instrument currently is comprised of 11 questions; 11 questions for adults only, and only 7 questions for children under 18 years of age. These questions, as shown in **Section 7**, are designed to assess the person served perception of care in seven major domains as described below.

1.1 General Satisfaction with Care

This domain contains two (2) 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.

1.2 Access to Care

This domain contains one (1) question to assess the degree to which it was easy for the individual 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 individual.

1.3 Appropriateness and Quality of Care

This domain has two (2) questions to assess the degree to which the services received not only were the appropriate services to address the individual's challenges, but also were of good quality and were delivered by people interested in trying to help the individual.

1.4 Outcomes of Care

This domain contains two (2) questions to assess the degree to which the services received had a positive outcome on the individual, 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.

1.5 Involvement in Treatment

This domain contains one (1) question to assess the degree to which the individual feels that: (a) the treatment was structured so that the individual had appropriate opportunity for input; (b) the staff encouraged the individual to suggest or react to treatment alternatives; and (c) if uncomfortable for any reason about a treatment alternative, the individual felt comfortable objecting to what was proposed.

1.6 Social Connectedness

This domain includes one (1) question to assess the relationships the individuals have with significant other persons (e.g., staff, family members, friends, colleagues, neighbors, etc.) and the benefits these relationships bring to the individual's care and well-being.

1.7 Functional Satisfaction

This domain includes two (2) questions to assess the individuals' satisfaction with their ability to function productively in society.

1.7.1 Additional Survey Information

In addition to the above domain questions, the CPSSS instrument also collects the following information:

- The demographic characteristics of the individual (i.e., age, gender, race, and ethnicity);
- 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 individual.

2 Responsibility for Collecting Survey Data

The Managing Entity (ME), which subcontracts with individual service providers, is responsible for providing the survey link to providers for them to provide persons served.s.

Each subcontractor is recommended to collect 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)

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-persons served specific services (e.g.,

3 Selecting Consumers to be included in the Satisfaction Survey

Managing Entities are responsible for providing the survey link to providers within their system of care, based on the random sampling table below.

Table 1: Number of Individuals to Be Served in Prior Fiscal Year and Minimum Survey Sample Size	
Total Number of Persons Served per Program Area	Recommended 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

4 Method for Collecting Person Served Satisfaction Survey Data

The ME has responsibility to provide providers within their system of care the link for the survey. The ME will send providers the survey link for providers to send out to individuals receiving services. The providers may allow persons served to take and submit the survey using a computer within their facility.

For the purpose of scoring CPSSS, partially completed surveys may be counted toward a provider's individual 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. 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:

- The following data elements must be completed in order to process data pertaining to all the remaining survey questions: Program Area, County Code, Age, Race, Gender, Hispanic, and Type of Person Completing the Survey.
- Persons served should be provided with privacy if completing the survey at the provider's site to ensure the reliability and validity of the survey. In addition, persons served should not be coerced to answer the survey questions in a certain manner.
- In the event that the person served is not able to complete the survey on his/her/their own, the Provider Survey Coordinator can designate a staff person to complete the survey on the person's behalf. The designated staff must complete the survey without bias in order to correctly record the person's served perception of care and services received. The designated staff should be someone with no or very little contact with the person served and should not be directly involved in the individual'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 individuals completing a survey. As a general rule, surveys should be completed by the individual receiving services, and assistance should be provided only as needed by non-direct provider service staff.

5 Reporting Survey Results

Survey results will be reported to Headquarters.

6 Support

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

7 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	
Staff asked me about my interests and things I would like to do in the community and have helped me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies, which enables me to get a lot of support from friends and has helped me to feel I can be part of my community.	X	X						X		
I believe that I can make my own positive life decisions regarding things such as where to live, when to work, whom to be friends with, etc.	X								X	
I believe that I have the ability to manage my own symptoms, which enables me the ability to work with the range of professional people helping me.	X	X							X	
Having a living space has helped to drive my recovery journey, along with employment/vocational opportunities (only if applicable to me) with which staff have assisted me.	X	X				X				
I am making good progress on my recovery journey, which has enabled me to be happier with my life.	X	X				X				
This program offers specific services that fit my unique culture and life experiences.	X				X					
Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	X				X					
Staff offer to help me connect with self-help, peer support, or advocacy groups and programs, where I can find role models or mentors, and give me the opportunity to discuss my spiritual needs and interest.	X	X		X						
The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.	X		X							
Staff listen to me and respect me and my decisions about my treatment and care, enabling me to fulfill my personal goals and address what it would take to complete or exit this program.	X	X	X							
Staff support me in developing, planning, and revisiting my plan to help keep track of the progress I am making towards my personal goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies), exploring other options as they arise or when necessary, and by including people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).	X	X					X			

7.1.1 Survey Example

Individuals Age	Persons Served Race (Select all that apply) <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> American Indian <input type="radio"/> Other <input type="radio"/> Alaskan Native <input type="radio"/> Asian <input type="radio"/> Pacific Islander <input type="radio"/> Multiracial	Hispanic	Person Completing Survey
Gender Identity <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender- Male to Female <input type="radio"/> Transgender- Female to Male		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Individual receiving services <input type="radio"/> Parent of individual receiving services <input type="radio"/> Representative of Individual Receiving Services

NOTE: Age, Gender Identity, Race, and Hispanic Ethnicity refer to the individual receiving services, not person assisting completing the survey.

This survey is **confidential!** Please do not show it to your caseworker or any other staff after completing it. Please do not allow staff to complete it for you unless you need special assistance.

Please respond based on your most recent experiences	RATINGS (fill in circles completely)						Comments or Suggestions please explain low ratings of 2 or less (use back of sheet if needed)
	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5	N/A	
1. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Staff listen to me and respect me and my decisions about my treatment and care, enabling me to fulfill my personal goals and address what it would take to complete or exit this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Staff offer to help me connect with self-help, peer support, or advocacy groups and programs, where I can find role models or mentors, and give me the opportunity to discuss my spiritual needs and interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. This program offers specific services that fit my unique culture and life experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<p>6. Having a living space has helped to drive my recovery journey, along with employment/vocational opportunities (only if applicable to me) with which staff have assisted me.</p>	○	○	○	○	○	○	
<p>7. I am making good progress on my recovery journey, which has enabled me to be happier with my life.</p>	○	○	○	○	○	○	
<p>8. Staff support me in developing, planning, and revisiting my plan to help keep track of the progress I am making towards my personal goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies), exploring other options as they arise or when necessary, and by including people who are important to me in my recovery/treatment planning (such as family, friends, clergy, or an employer).</p>	○	○	○	○	○	○	

<p>9. Staff asked me about my interests and things I would like to do in the community and have helped me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies, which enables me to get a lot of support from friends and has helped me to feel I can be part of my community.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>10. I believe that I can make my own positive life decisions regarding things such as where to live, when to work, whom to be friends with, etc.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<p>11. I believe that I have the ability to manage my own symptoms, which enables me the ability to work with the range of professional people helping me.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	