

Client Satisfaction Survey Report

prepared for

ADAMHS Board of Cuyahoga County

prepared by

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INTRODUCTION

In March 2023, ADAMHS Board of Cuyahoga County engaged the services of Brown Consulting, Ltd., Toledo, Ohio, to develop, design and deliver a county-wide client satisfaction survey to gain input from clients as it relates to the current service delivery network and to utilize the data from the survey as a baseline for future planning needs of the ADAMHS Board of Cuyahoga County.

The ADAMHS Board of Cuyahoga County is responsible for and oversees the planning, funding, and monitoring of public mental health and addiction treatment recovery services to the residents of Cuyahoga County. Currently the Board is contracted with seventy-four providers in Cuyahoga County which deliver services and assistance to the residence of Cuyahoga County.

The analysis which follows is divided into five major sections: 1) Methodology; 2) Client Demographics; 3) Survey Outcomes; 4) Survey Limitations; and 5) Executive Summary.

METHODOLOGY

A total of forty (40) consultant days were dedicated to completing the Client Satisfaction Survey Project. The following data has been collected from 679 surveys completed by ADAMHS Board of Cuyahoga County clients. The survey was conducted from June 14, 2023, through August 18, 2023, using a variety of methods to disseminate the survey information to clients such as: text message, email, phone call, QR code, website link, and hard copy surveys.

The survey was sent via controlled methods (text message, email, phone call, and hard copy) to 1,059 clients which represented a total of fifty-three (53) providers. There was a total of 964 first round text messages sent to clients and 715 reminder text messages sent in follow-up to the first round of text messages. The reminder text messages were not resubmitted to 249 clients who had either already completed the survey, opted out of completing the survey, or the text message was undeliverable to the phone number provided. Phone surveys were conducted with twenty-seven (27) clients of which a total of five (5) surveys were completed with only three (3) surveys being completed in full. Of the twenty-two (22) other clients contacted via phone call they either did not answer or respond to the initial and follow-up phone calls or opted out of completing

the phone calls. Sixty-eight (68) emails addresses were received from providers to submit the survey via email link, of the sixty-eight (68) emails sent, one (1) survey was completed, thirty-one (31) emails were opened or viewed but the survey was not completed, thirty-four (34) were unopened, and two (2) emails bounced back as undeliverable. There were thirty-nine (39) surveys completed via hard copy surveys and returned to Brown Consulting.

Additionally, clients were provided the option to complete the survey via a QR code and survey link poster (Attachment A) which provided clients with the option to utilize their smart device to scan the QR code or enter the link to complete the survey. This QR code poster was distributed to all providers to be displayed at their location or distributed directly to clients. Due to providers displaying the QR code poster within their respective locations and distributing to clients, it is unable to be determined how many clients viewed the poster and completed the survey. In total 472 surveys were completed via the QR code or link provided on the poster.

It should be noted that 331 of the surveys completed via this method were completed by one service provider, henceforth identified as “Highest Response Provider” which submitted the link to their clients through an internal communication system within their organization, and it is unknown how many clients they submitted the link to in total.

Table 1:

	Text Messages	Emails	Hard Copies	Phone Calls	QR Code Poster
Attempts	1,679	68	Unknown	90	Unknown
Responses with Highest Response Provider	162	1	39	5	472
Responses without Highest Response Provider	162	1	39	5	141
Response Rates for Controlled Methods	9.6%	1.4%	Unable to Determine	5%	Unable to Determine

Throughout the report the response data of all surveys will be discussed, however, to provide insight into the response rate without the Highest Response Provider, the response rate for all surveys will be provided followed by the rate excluding the Highest

Response Provider in parentheses. For example, “perceptions of care regarding access to services was generally positive with 84.8% (85.7%) of respondents responding positively to questions regarding access.” The 84.8% is the percentage of all survey responses and the (85.7%) is the response rate excluding the Highest Response Provider.

There was a total of twenty-one (21) providers which had no satisfaction surveys completed by clients of their services. Of these twenty-one (21) providers, six (6) providers did not provide any client information for the survey to be submitted via text message, email, phone call, or hard copy and did not confirm whether or not they had posted the QR code and link for clients to complete the survey. Notification of the survey and request for information from these providers were made by Brown Consulting on: June 6, 2023, June 27, 2023, and July 27, 2023 and on multiple occasions by ADAMHS Board Staff.

Of the remaining fifteen (15) providers, client information as provided through a sample of GOSH claims and billing system client data provided by the ADAMHS Board of Cuyahoga County, client contact information provided direct by the provider, or the provider confirmed the QR code poster was displayed and made available to the clients, but no clients completed the survey.

In total there were 1,059 surveys submitted via a controlled format (text message, email, phone call, or hard copy survey) of these 202 surveys were completed resulting in a 19% survey completion rate for the controlled surveys. This data has been compared to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) Annual Adult Client Survey Results from 2022 and 2021, these results are specific to Cuyahoga County residents that receive services by OhioMHAS licensed organizations in Cuyahoga County and not just ADAMHS funded agency clients, in the table below.

Table 2:

	ADAMHS Board of Cuyahoga County	OhioMHAS Annual Adult Survey 2021	OhioMHAS Annual Adult Survey 2020
Total Sample Size	1,059	13,004	13,000
Survey Return Rate	15.9% (168 surveys)	9.8% (1,065 surveys)	9.7% (1,097 surveys)

(Ohio Department of Mental Health and Addiction Services, 2022)

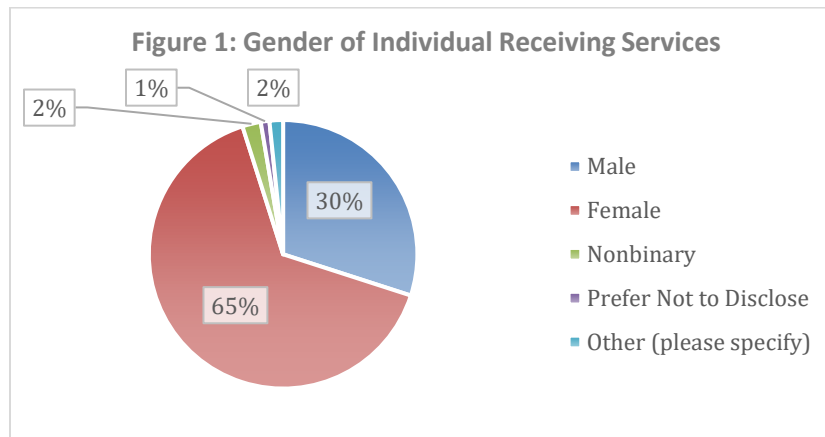
(Ohio Department of Mental Health and Addiction Services, 2021)

Note, the calculated response rates do not include multiple attempts to obtain survey information from clients. The total sample size in Table 2 includes only first attempts of surveys being submitted to clients via controlled methods, and does not include additional follow-up text message, email or phone call attempts.

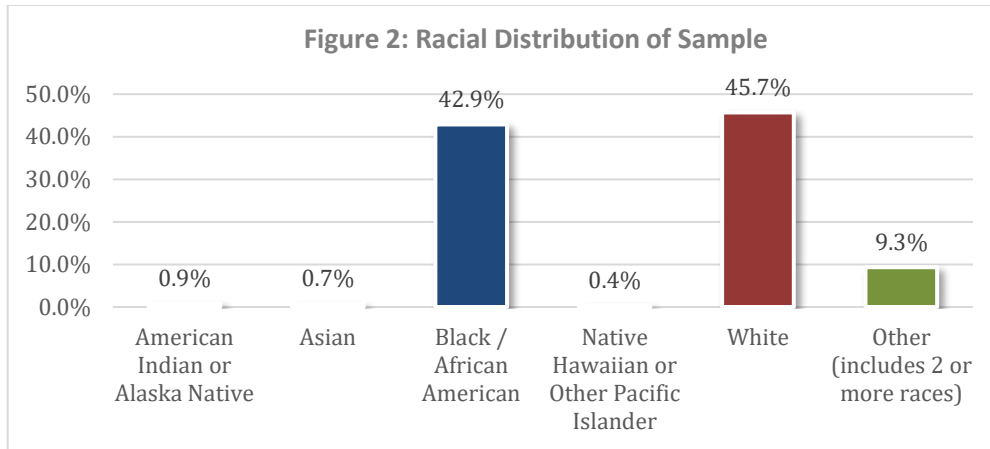
CLIENT DEMOGRAPHICS

Client demographics were gathered as part of the client satisfaction survey process. Of the 679 surveys completed, 86.2% of the individuals completing the surveys were the individuals that were receiving the services, 9.6% were a parent or guardian of the individual receiving services, 0.9% were the significant other of the individual receiving services and 3.3% indicated “other.”

The individuals completing the survey were asked to complete the demographic information on behalf of the individual receiving services, so the remaining demographics are for the individuals’ receiving services and not the individuals who were completing the surveys. Survey respondents indicated that of the 679 surveys completed that 65.1% of individuals receiving services are female, 30% male, 2.2% nonbinary, 1.6% indicated “other” and 1% preferred not to disclose.



Individuals receiving services were indicated to be primarily white (45.7%) and Black or African American (42.9%). Respondents indicated that 9.3% of individuals receiving services identify as other, which includes those who identify as two (2) or more races. 6.2% of the individuals receiving services indicated they are of Hispanic or Latinx ethnicity.



The survey respondents indicated that individual receiving services are primarily 25-34 years old (20.3%) followed by 55-64 years old (19.9%), 45-54 years old (19.3%) and 35-44 years old (17.55). 7.4% of individuals receiving services are 17 years or younger and 9.5% are 65 years and over. The majority of the respondents indicated that they or the individual receiving services that they were completing the survey on behalf of had some college level of education (27.6%) or were a high school graduate (27.3%).

83.8% of the respondents reported that they were still receiving mental health and or addiction services as compared to 7% who had stopped services and 9.2% that completed services. Of those surveyed, 68% reported that they were engaged within treatment services, 19.7% in recovery support services, and 12.3% in prevention services, with 53.5% reporting that this was their first time receiving services with their provider agency. When responding to how frequently they received services, respondents indicated that 36.8% received services multiple times per week, 24.6% once a week, 26.3% once a month, and 12.3% reported less than one month.

SURVEY OUTCOME MEASURES

Respondents were surveyed on eighteen (18) perception of care and self-reported treatment outcomes as a way to measure the respondent's experience with their provider in addition to measure self-reported treatment outcomes as a result of the services received. Self-reported treatment outcomes are broken down into four (4) additional subscales: Access, Quality, Engagement, and General Satisfaction.

As previously noted of the total 679 surveys completed, the Highest Response Provider accounted for 331 of those completed surveys. As a result, outcome measures data will be provided on the combined total responses of the 679 surveys and the survey results without the 331 surveys for the Highest Response Provider. Additionally, several of the survey questions correlate to questions on the Ohio Department of Mental Health and Addiction Services (OhioMHAS) Annual Adult Client Survey Results FY 2021 and allow for insight into how the satisfaction data collected from ADAMHS Board of Cuyahoga County Clients compares to the data collected from OhioMHAS client data collected. The OhioMHAS survey data reviewed throughout the remainder of the report is specific to OhioMHAS survey results for Cuyahoga County residents that receive services at OhioMHAS licensed agencies and not only ADAMHS funded agencies.

Perception of Care

Access

Clients were surveyed on their perception of care in regard to the accessibility of the provider. Questions 14, 15, 17, and 18, which can be viewed in Attachment B in the Appendix, on the satisfaction survey were questions related to accessibility. When asked how satisfied clients were with how quickly they were able to access / receive services, 69% of respondents reported they were highly satisfied, while 5.1% reported they were highly dissatisfied. These numbers adjusted slightly when surveys from the Highest Response Provider clients were removed from the results, which then indicated 71% of clients reported they were highly satisfied and 3% reported being highly dissatisfied.

Table 3:

How satisfied are you with how quickly you were able to access/receive services?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Highly Satisfied	69%	71%
Somewhat Satisfied	14%	13.5%
Neutral	8.2%	9.3%
Somewhat Dissatisfied	3.6%	3.3%
Highly Dissatisfied	5.1%	3%

Additionally, clients were asked to rate their experience with the location where the services were provided. This perception of care accessibility measure was also

included within the OhioMHAS annual survey report. The results of this measure can be found in Table 4.

Table 4:

Did you feel the location of services was convenient (parking, public transportation, distance, etc.)?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results – FY 21
Highly Agree	61.1%	60.3%	53.2%
Somewhat Agree	17.3%	19.1%	29.5%
Neutral	14.3%	13.4%	10.6%
Somewhat Disagree	3.9%	4.2%	3.9%
Highly Disagree	3.3%	3%	2.7%

As can be seen within the data, the results of the total survey responses and the result without the Highest Response Provider responses varied slightly in their outcomes, but overall remained consistent in the overall response towards service location convenience.

Respondents were also asked about their ability to receive and access services that were both sensitive to their identity based on race, ethnicity, religion, sex, gender identity, and sexual identity and if they were able to receive services and information in their primary / native language.

Table 5:

Did you feel staff were sensitive to you and your identity on the basis of your race, ethnicity, religion, sex, gender identity, and sexual identity?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	76.8%	80.8%	49.8%
Somewhat Agree	8.9%	6.6%	32.3%
Neutral	7.7%	7.5%	13.1%
Somewhat Disagree	2.7%	2.1%	2.1%
Highly Disagree	3.9%	3%	2.7%

(Ohio Department of Mental Health and Addiction Services, 2022)

Table 6:

Did you receive information and/or services in your primary / native language?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Yes	92%	91.3%
No	8%	8.7%

Overall, perceptions of care regarding access to services was generally positive with 84.8% (85.7%) of respondents responding positively to questions regarding access. In comparison, in the 2021 OhioMHAS survey, 77.1% of respondents positively to questions regarding access.

Engagement

Questions 16, 19, 20, and 21 (Attachment B) were focused on the engagement of the clients by the provider from engagement upon entry to the provider and engagement in the care and services provided. The focus on the engagement in services was to identify if respondents felt welcomed and active to participate in the services being received.

Respondents were asked if they felt their initial contact with the agency was welcoming and 74.8% reported they highly agreed (75.7%) and 13.4% somewhat agreed. Less than 5% of respondents, both with and without the Highest Response Provider results, reported either somewhat disagreeing or highly disagreeing that their initial contact with the agency was welcoming.

Table 7:

Did you feel your initial contact with the agency was welcoming?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Highly Agree	74.8%	75.7%
Somewhat Agree	13.4%	11.4%
Neutral	7.4%	8.4%
Somewhat Disagree	1.8%	1.5%
Highly Disagree	2.6%	3%

Respondents were asked if they felt comfortable and respected by staff and 87.6% (87.8%) indicated a positive response indicating they felt comfortable and respected by staff. As was reported with respondents indicating a welcoming initial

contact with the provider, less than 5% of respondents both with and without the Highest Response Provider results, reported a negative response when asked about their feeling comfortable and respected by staff at the provider organization.

Table 8:

Did you feel comfortable and respected by staff?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Highly Agree	77.4%	78.2%
Somewhat Agree	10.2%	9.6%
Neutral	6%	6.6%
Somewhat Disagree	3.2%	2.7%
Highly Disagree	3.2%	3%

Questions 20 and 21 (Tables 9 and 10) were engagement questions that were also asked by OhioMHAS on their annual satisfaction survey. These questions were in regard to the client’s engagement and participation in developing their goals and plan of care and the perspective of whether or not clients felt that the provider agency staff believed and encouraged the client to grow, change and recover.

Table 9:

Were you involved in developing your goals and plan of care?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	71.6%	73.1%	42.3%
Somewhat Agree	14.2%	15.3%	31%
Neutral	7.9%	7.2%	15.6%
Somewhat Disagree	3.4%	2.8%	6.5%
Highly Disagree	2.9%	1.6%	4.7%

(Ohio Department of Mental Health and Addiction Services, 2022)

Table 10:

Did you feel like staff believed and encouraged you to grow, change and recover?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	75.7%	78.8%	50.4%
Somewhat Agree	11.6%	10.6%	30.7%
Neutral	5.5%	4.7%	12.9%
Somewhat Disagree	2.9%	2.8%	3.4%
Highly Disagree	4.3%	3.1%	2.6%

(Ohio Department of Mental Health and Addiction Services, 2022)

Comparatively with results from the OhioMHAS survey responses, respondents of the ADAMHS Board of Cuyahoga County satisfaction survey reported a higher percentage of highly agreeing that they were engaged in the development of their goals and plan of care and that they felt that staff encouraged and believed in their change and growth.

Overall, 84.2% (88.2%) of respondents indicated they highly agreed or somewhat agreed with having positive engagement with their providers. As could be determined with the Access subscale, the Engagement subscale responses had no significant variances between the total survey response data and the survey response data without Highest Response Provider data included, indicating an overall positive engagement experience between clients and ADAMHS Board of Cuyahoga County providers.

Quality

Questions 22, 23, 24, and 25 (Attachment B) were all questions related to the quality of care and services provided by the provider agencies. This subscale section also included a measure regarding telehealth services provision in an effort to identify both the usage and satisfaction of telehealth services by providers.

Table 11:

If you received telehealth services (services via phone, video, or app), do you believe your progress receiving telehealth services matched the progress you made or would have made receiving services in person?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Highly Agree	60%	57.2%
Somewhat Agree	18.8%	19.4%
Neutral	13.4%	17.6%
Somewhat Disagree	3.1%	1.4%
<u>Highly Disagree</u>	<u>4.7%</u>	<u>4.5%</u>
N/A	20%	29.7%

The survey question regarding telehealth services provides two sets of information. The first set of information is how many respondents indicated they've received telehealth services. Those who have not received telehealth services answered "not applicable" to the question. The response percent for the answer choices Highly Agree to High Disagree were then calculated and reported based on the total number of respondents who indicated they had received telehealth services. As can be inferred

from Table 11, 80% of respondents indicated that they have received telehealth services. The percentage of clients who have received telehealth services drops to 70.3% when the Highest Response Provider survey response data is removed. The overall consensus of respondents receiving telehealth services is that the progress they made through the receipt of telehealth services matches the progress they believe they would have made through in person appointments.

Additionally, respondents were also asked if the staff at their provider agency help link or refer them to community supports or services that the agency did not provide. This question, as with the telehealth question, allowed clients to indicate if this question did not apply to them by responding “not applicable.”

Table 12:

Did staff help link or refer you to other community supports or services that they did not provide?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Highly Agree	59.3%	64.5%
Somewhat Agree	13.6%	12.5%
Neutral	16.9%	14.7%
Somewhat Disagree	3.3%	3.3%
<u>Highly Disagree</u>	<u>6.9%</u>	<u>5.1%</u>
N/A	16.5%	13.6%

The variance between the total survey responses and the response without the Highest Response Provider response data is less than the gap noted in the question regarding telehealth services but still indicates a larger gap than noted in other subscale measures. This could be an indicator of additional services provided by the Highest Response Provider that are not provided via other service providers and may be a limitation of other service providers due to size and scale of services.

An important aspect of the provision of care and services to clients is that the services are tailored to the unique needs of the individual person served. When assessing quality of services provided, respondents were asked if they felt the services they received were specific to their individual needs. 67.1% (65.4%) indicated they highly agreed that the services received were specific to their individual needs. Less than 8% of respondents indicated that they somewhat disagreed or highly disagreed that their services were individualized to their needs.

Table 13:

Did you feel like the services you received were specific to your individual needs?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Highly Agree	67.1%	65.4%
Somewhat Agree	17.6%	18.3%
Neutral	7.8%	10.1%
Somewhat Disagree	4%	4%
Highly Disagree	3.5%	2.1%

Lastly, respondents were asked if they felt that staff helped them obtain the information, they needed so that they could take charge of managing their symptoms. This question was also one that was included in the OhioMHAS annual satisfaction survey. As with previous questions linked to the OhioMHAS survey, the responded of the ADAMHS Board of Cuyahoga County responded as “highly agree” at a significantly greater percentage than as compared to the OhioMHAS survey. However, the results level out more when looking at overall positive responses which include responses of “highly agree” and “somewhat agree.”

Table 14:

Did you feel like staff helped you obtain the information you needed so that you could take charge of managing your symptoms?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	70.5%	74.1%	46.3%
Somewhat Agree	14%	13.9%	31.8%
Neutral	7%	6%	12.8%
Somewhat Disagree	4.2%	3.5%	3.6%
Highly Disagree	4.4%	2.5%	5.5%

(Ohio Department of Mental Health and Addiction Services, 2022)

General Satisfaction

The last set of perception of care subscale questions were Questions 26, 27, and 28 (Attachment B) which were in regard to overall general satisfaction with services. These questions were structured around if the client liked the services they received from the provider, if the client would choose to continue to receive services from the provider, and if the client would recommend the provider to a friend or family member.

Table 15:

Overall, did you like the services you received?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	72%	73.8%	56.5%
Somewhat Agree	14.6%	13.7%	28.2%
Neutral	6.3%	7.3%	7.3%
Somewhat Disagree	2.1%	1.5%	3.7%
Highly Disagree	5%	3.7%	4.4%

(Ohio Department of Mental Health and Addiction Services, 2022)

Table 16:

If you had the choice, would you still receive services from the agency?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	74.7%	74.1%	50.5%
Somewhat Agree	10.3%	10.7%	27.9%
Neutral	7%	8.2%	9.7%
Somewhat Disagree	2.6%	2.5%	5.6%
Highly Disagree	5.4%	4.4%	6.3%

(Ohio Department of Mental Health and Addiction Services, 2022)

Table 17:

Would you recommend the agency to a friend or family member?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Highly Agree	73.2%	75.4%	55.1%
Somewhat Agree	11.3%	9.9%	26.6%
Neutral	6.8%	6%	9%
Somewhat Disagree	2.1%	2.7%	3.6%
Highly Disagree	6.5%	6%	5.7%

(Ohio Department of Mental Health and Addiction Services, 2022)

As can be seen in Tables 15, 16 and 17, clients responded positively in regard to their overall satisfaction from their provider agencies. There was minimal variation between survey response data that included and did not include the Highest Response Provider data, indicating positive overall satisfaction among all providers with surveys completed on their services. Respondents indicated positive satisfaction (survey

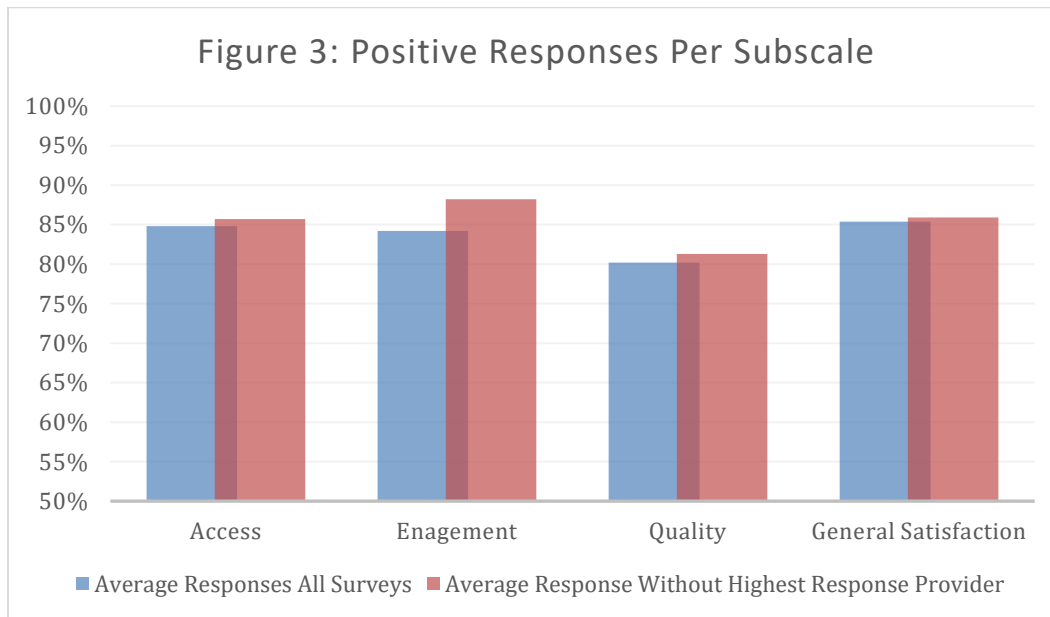
response of “highly agree” or “somewhat agree”) between 84.5% and 87.5% for all three (3) general satisfaction services.

Subscale Averages

The average positive response for all subscale questions were calculated to determine the overall satisfaction with the subscale areas of Access, Engagement, Quality and General Satisfaction and reviewed to determine if there were any significant variances identified between the total survey response data and the survey response data without the Highest Response Provider responses included. As can be viewed in Table 18 and Figure 3, there is minimal variance between the average responses for each subscale area.

Table 18:

Positive Responses Per Subscale		
	Avg. Response All Surveys	Avg. Response without Highest Response Provider
Access	84.8%	85.7%
Engagement	84.2%	88.2%
Quality	80.2%	81.3%
General Satisfaction	85.4%	85.9%



Self-Reported Treatment Outcomes

Self-reported treatment outcomes measured the respondents self-reported views on quality of life, functioning and social connectedness and were represented in questions 29, 30, 31, and 32 (Attachment B). Respondents were asked to rate their outcomes from “Much better than when I started” to “Much worse than when I started” to measure the client’s perceptions of how effective their services from their provider have been.

The first treatment outcome question asked of respondents was regarding how the respondents felt their symptoms were since they started receiving services. 54.7% (60%) reported that their symptoms were much better than when they started and 27.1% (22.5%) reported that their symptoms were somewhat better than when they started. Less than 6% (5%) of respondents reported that their symptoms were somewhat worse or much worse than when they started.

Table 19:

Compared to when you started receiving services, do you feel that your symptoms are:			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Much better than when I started	54.7%	60%	25.6%
Somewhat better than when I started	27.1%	22.5%	32.3%
Neutral – no worsening or improvement	12.5%	13%	21.8%
Somewhat worse than when I started	2.8%	2.2%	12.5%
Much worse than when I started	3%	2.2%	7.8%

(Ohio Department of Mental Health and Addiction Services, 2022)

When respondents were asked about their overall functioning as it pertains to school or work, home, and socially, 52% (60.3%) of respondents indicated they were functioning much better than when they started and 28.4% (22.9%) indicated they were functioning somewhat better than when they started. Less than 7% of respondents indicated that they were functioning negatively compared to when they started.

Table 20:

Compared to when you started receiving services, how well do you feel you are able to function at school/work, home, and socially?			
Answer Choices	Response Percent	Response Percent Without Highest Response Provider	OhioMHAS Survey Results - 2021
Much better than when I started	52%	60.3%	29%
Somewhat better than when I started	28.4%	22.9%	27.4%
Neutral – no worsening or improvement	12.8%	12.4%	27.5%
Somewhat worse than when I started	4.4%	2.5%	9.3%
Much worse than when I started	2.5%	1.9%	6.8%

(Ohio Department of Mental Health and Addiction Services, 2022)

In addition to their symptoms and functioning, respondents were asked to rate how they felt about their overall quality of life since beginning services. As with the previous responses, an overwhelming majority of respondents answered positively in regard to improvement in their overall quality of life and very few responded negatively in regard to their overall quality of life being somewhat or much worse than when they started services.

Table 21:

Compared to when you started receiving services, how do you feel about your overall quality of life?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Much better than when I started	51.2%	59.3%
Somewhat better than when I started	30%	24%
Neutral – no worsening or improvement	12.8%	12.5%
Somewhat worse than when I started	3.6%	1.6%
Much worse than when I started	2.3%	2.6%

The final self-reported treatment outcome that was asked of respondents was how optimistic they felt about their future compared to when they started services, and the response answers fell in line with the previous survey question responses.

Table 22:

Compared to when you started receiving services, how optimistic do you feel about your future?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Much better than when I started	56%	62.7%
Somewhat better than when I started	25.5%	21.3%
Neutral – no worsening or improvement	12.4%	10.8%
Somewhat worse than when I started	3.4%	2.5%
Much worse than when I started	2.7%	2.5%

The overall positive responses to treatment outcomes, shown in Table 23, displayed minimal variance between the average positive response rate of all of the data and the average positive response rate when the Highest Response Provider data was removed.

Table 23:

Positive Responses		
	Avg. Response	Avg. Response without Highest Response Provider
Self-Reported Treatment Outcomes	81.2%	83.3%

Written Responses

There were two questions included in the survey that allowed respondents to provide written responses to the questions being asked to allow for clients to provide feedback in their own words. The question response rates were as follows:

Table 24:

Are there any services not currently available that you wish would be made available to you?		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Answered	43.8%	44.5%
Skipped	56.2%	55.5%

Of the 43.8% (44.5%) of respondents who answered this question, the majority of the responses 166 were “no” or “N/A” responses. The largest focus areas for services client’s wished were available to them were in regards to housing, housing assistance and financial assistance. Other areas of services frequently identified were recreational therapy services (equine therapy was mentioned several times), employment training and education services, and case management.

Table 25:

If you have any comments (positive or negative) to provide about the services you received, please add them here:		
Answer Choices	Response Percent	Response Percent Without Highest Response Provider
Answered	46.7%	45.1%
Skipped	53.3%	54.9%

Of the survey responses, the majority of responses were consistently positive towards the staff and employees of the agencies. Throughout the responses, there were many that identified staff by name and why the client felt that the individual(s) were a significant part of their treatment. There were also several reviews that indicated that the agency saved their life and provided a safe place to heal and recover.

The negative comments that were written focused primarily on the quality of care and medication prescribing. Many reported the length of time it took to get an appointment scheduled or availability of times for appointments. Many of the negative comments focused on the turnover of staff with clients reporting that they enjoyed specific members of the treatment team and then the member left employment with the agency.

SURVEY LIMITATIONS

Some providers had less than twenty (20) responses, because of that, the survey data is limited to the overall representation of client satisfaction from all ADAMHS Board of Cuyahoga County providers that participated.

When reviewing the demographic data of the sample, the sampling of each demographic indicator shows over and underrepresentation of specific client

demographics. For instance, the respondents indicated that 65.1% of surveys completed were for females receiving services, which results in an overrepresentation of female utilization of services and an underrepresentation of male utilization of services. Again, this can be attributed to the low survey response rate.

A significant number of respondents opted out of receiving text messages or completing the survey via phone call. The response received from clients choosing to opt out of the phone call survey option is a likely indicator of the ongoing stigma associated with receiving mental health and substance abuse services and clients wanting to maintain their privacy in regard to it being known they are in receipt of these services. While digital methods captured the greatest number of responses, it should be noted that with an increase in digital scams targeting clients, many clients may have avoided completing the survey via text message or email due to 1) being unaware of and certain that the survey was being conducted on behalf of their provider or 2) being unaware of who the sender was from the text messages or emails leading clients to worry that the link was a scam. Additionally, with many businesses and organizations asking for consumer email addresses, emails are frequently being added to business "mailing lists" resulting in client's receiving an excess number of "spam" or "junk" emails on a daily basis. With the email coming from an address likely unknown by the client, the client may have mistaken the survey email as being "spam" and either did not open or deleted the email or the email was automatically sent to the client's "junk" box based on the client's email settings. The same scenario is also a limitation for phone calls and text messages, that the phone number could have come up as "Potential Spam" or "Unknown" on the client's caller ID, resulting in the client declining the phone. Likewise for text messages, the client may have simply deleted the text message due to it coming from an unknown phone number. Potential mitigation to address this issue could have been additional promotion through the provider agencies about the impending survey, and utilizing the provider name rather than the Board name in all correspondence.

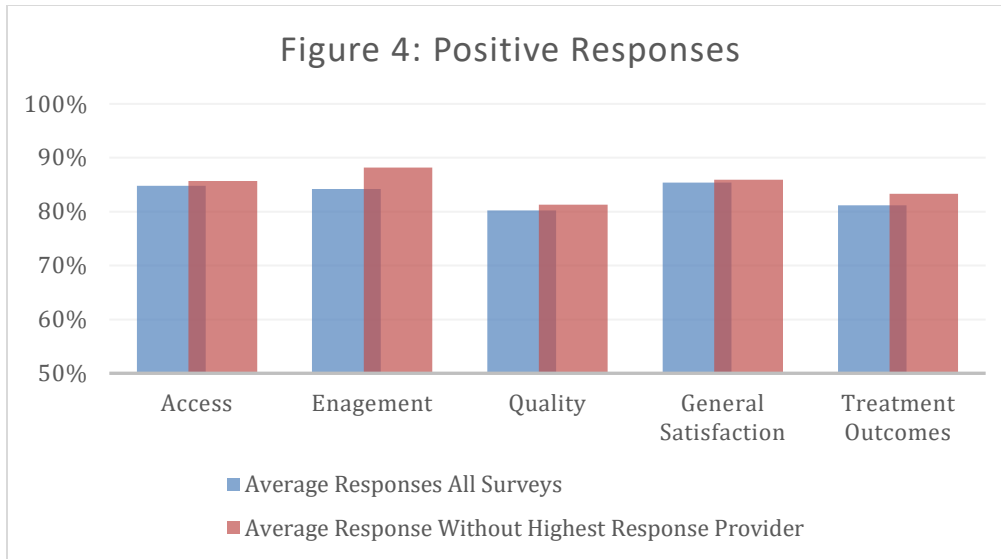
Lastly, this survey was conducted in a completely voluntary format. As can be determined from the provider participation in providing client contact information, attempts were made to obtain information from all non-GOSH providers. However, some providers did not respond to these requests for client information. Additionally, even if client contact information was provided for the provider, that did not always result in clients completing the surveys. It should also be noted that there were providers that

indicated that they do not collect or maintain client contact information, which limits the ability to distribute surveys to clients of these programs without the active involvement of provider agencies, which could lead to a decrease in survey integrity for these providers if they do not provide information to either 1) all clients that engage in services during the survey period or 2) a random sample of clients who utilize services during the survey period.

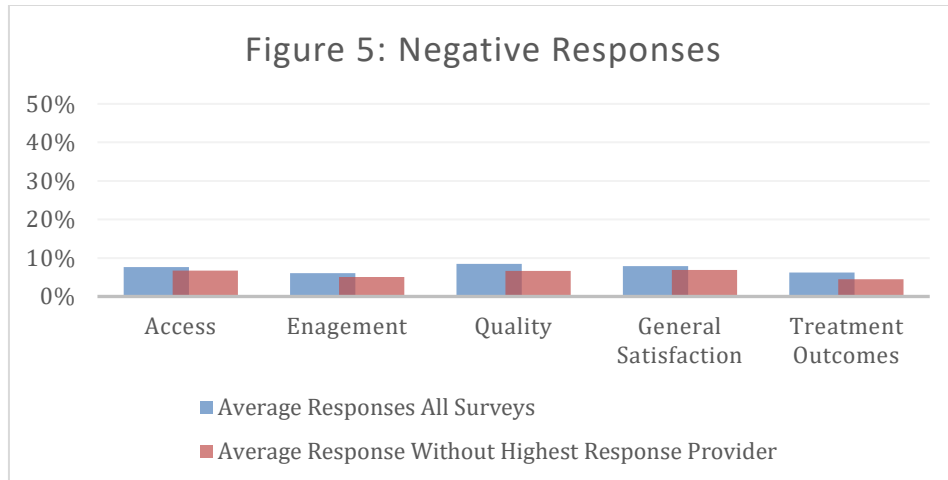
EXECUTIVE SUMMARY

As can be seen in Figure 4, in the five survey areas: Access, Engagement, Quality, General Satisfaction, and Treatment Outcomes, survey respondents indicated an 80% or higher positive response (much better, highly agree, somewhat better, or somewhat agree) in all survey areas with minimal deviation in results when the data of all surveys is reviewed comparatively against survey data excluding Highest Response Provider responses. The lowest average positive responses were reported in the Quality subscale with respondents' positive responses averaging 80.2% (81.3%).

There was a deviation when the highest average positive responses were reviewed for all survey data and survey data excluding Highest Response Provider. For all survey data, General Satisfaction had the highest positive rating per the subscales with an 85.4% positive response rate. For survey data which excluded Highest Response Provider responses, the highest positive response subscale was Engagement with an 88.2% positive response rate. While there are limitations as noted above on the validity of this deviation due to low sample size, it should be noted that there was a variation in this data which could indicate that clients receiving services through Highest Response Provider are more satisfied with their overall general satisfaction than they are with the engagement. While there was a deviation in the highest overall positive response rate between subscales, as previously discussed, there were no areas of significant concern or dissatisfaction noted or trended within the data reporting.



Additionally, negative response rates among all subscales were reviewed to identify any trends or subscale areas with a higher overall negative response rate as compared to the other areas. As can be seen in Figure 5, the negative response rates for all five areas of review with no areas exceeding a 10% negative response rate as indicated by a response of “much worse,” “highly disagree,” “somewhat worse,” or “somewhat disagree” to the survey questions. The subscale with the highest negative response rate did vary from all survey results and the survey results that excluded Highest Response Provider response data. The highest negative response rate for all surveys was in the area of Quality with a negative response rate of 8.5% and the highest negative response rate for the survey data that excluded Highest Response Provider was General Satisfaction with a negative response rate of 6.9%. Engagement received the lowest negative response rate for both sets of survey data with negative response rates of 6.1% for all survey response data and 5.1% for survey data that excluded Highest Response Provider responses.



As identified when discussing the limitations of the survey, the sample size of the survey does create limitations in the overall validity of the satisfaction survey responses as a comprehensive overview of client satisfaction with all agency providers that participated. It is recommended that for future surveys that providers take a more pivotal approach in the dissemination of the survey data to clients that utilize their services. Overall, of the seventy-four (74) providers, only six (6) providers received over twenty (20) survey responses and a total of eleven (11) providers received over ten (10) survey responses. As a result, 16% of providers accounted for 79.5% (536 surveys) of the completed surveys, with Highest Response Provider accounting for 48.7% (331 surveys) of the total completed surveys.

Providers that take a more active approach in distributing surveys to clients or ensuring that clients have access to survey information may result in an increase in surveys completed which results in greater validity of the survey to capture the overall satisfaction of clients amongst all providers. Greater data collected for all providers can provide a better sampling of the overall satisfaction of clients for each provider which can then be utilized in contract reviews and budgeting for agency providers by the ADAMHS Board of Cuyahoga County.

Survey integrity can be maintained by identifying a survey sampling process for all providers, in addition to the GOSH providers, which allows for the ADAMHS Board of Cuyahoga County to determine the client sample for each provider instead of the non-GOSH providers being able to select which of their clients contact information to provide for the controlled survey distribution methods (emails, text messaging, phone calls, hard copy surveys, etc.). There will always be limitations and concerns with integrity through

this process, as there are providers who do not collect or maintain client demographics or contact information which prevents some providers from being able to engage in the controlled survey distribution methods.

Lastly, it was identified that as technology continues to grow and develop, traditional ways of conducting surveys such as through phone calls and hard copy surveys are becoming less effective ways of collecting survey data in the modern digital era. Text messaging, QR code, and a website link to the survey proved to be the most efficient and effective ways of collecting survey data from respondents. However, email surveys did not generate high response rates and half the emails sent remained unopened by the clients. This could be a result of identified limitations of this survey method as clients may have been concerned that the email or text message was a digital scam. Future surveys which utilize digital platform methods should ensure that information and education are provided to clients ahead of the survey so that clients are made aware that surveys or links coming from their provider or the ADAMHS Board of Cuyahoga County are safe to access and complete.

As with all surveys, there will always be limitations to the survey process and both internal and external factors which impact the overall validity and scale of the survey. However, measures and approaches can be taken to mitigate some of the identified limitations for future surveys. While the majority of the data set may be limited to a few provider agencies, valuable data was still able to be obtained and analyzed for use in conducting future surveys.

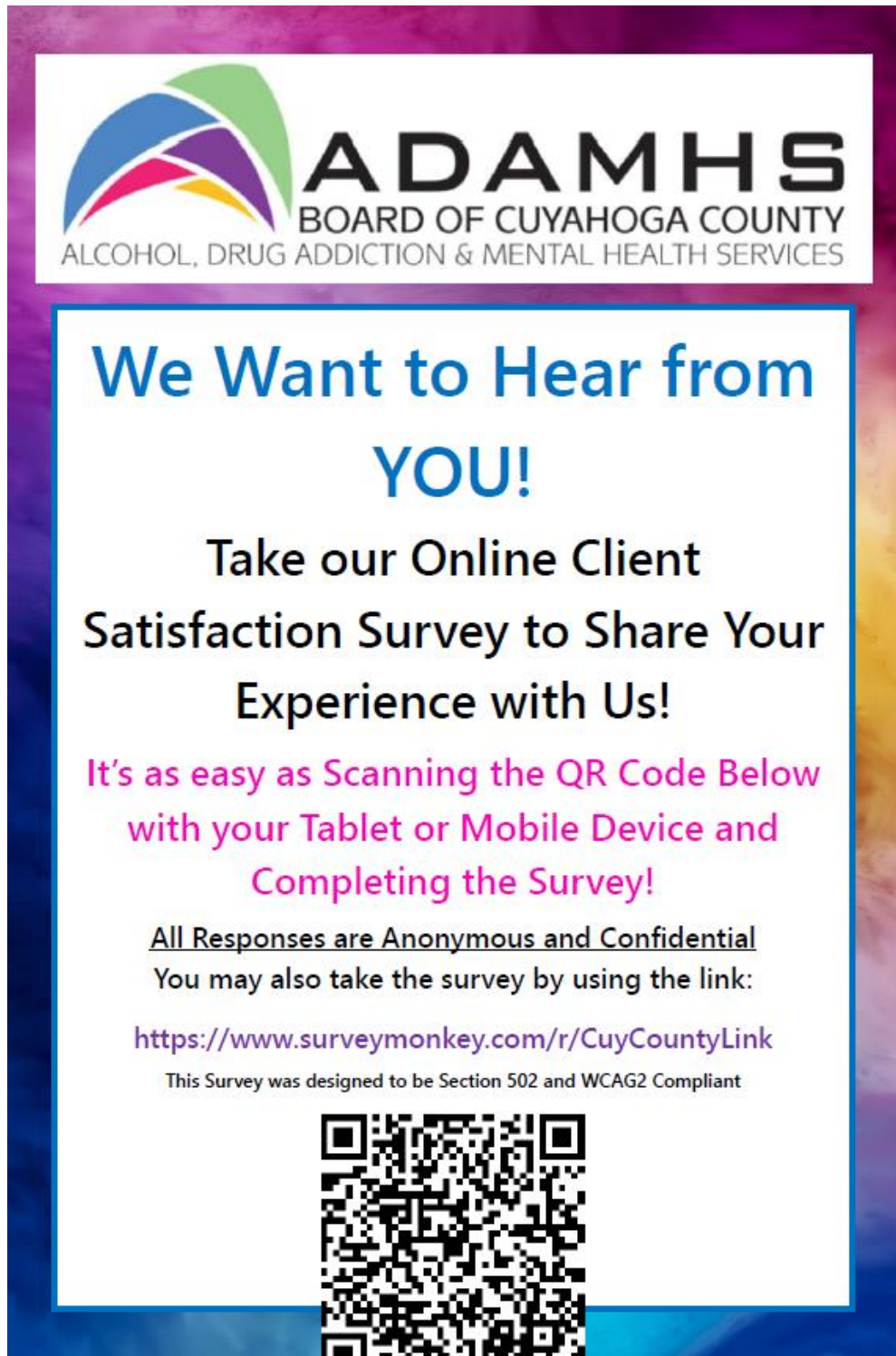
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Ohio Department of Mental Health and Addiction Services . (2022). *Mental Health Statistical Information Program 2021 Adult Client Survey Results*. Columbus, Ohio.

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APPENDIX

Attachment A: Survey Poster



The poster features a purple and blue gradient background. At the top left is the ADAMHS logo, which consists of a stylized arch in blue, green, purple, and yellow. To the right of the logo, the text reads "ADAMHS BOARD OF CUYAHOGA COUNTY ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES". The main text is centered in a white box with a blue border. It starts with "We Want to Hear from YOU!" in blue, followed by "Take our Online Client Satisfaction Survey to Share Your Experience with Us!" in black. Below that, it says "It's as easy as Scanning the QR Code Below with your Tablet or Mobile Device and Completing the Survey!" in pink. Then, it states "All Responses are Anonymous and Confidential" in black, followed by "You may also take the survey by using the link:" in black. The link is "https://www.surveymonkey.com/r/CuyCountyLink" in purple. At the bottom, it says "This Survey was designed to be Section 502 and WCAG2 Compliant" in black. A large QR code is positioned at the bottom center of the white box.

ADAMHS
BOARD OF CUYAHOGA COUNTY
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

**We Want to Hear from
YOU!**


**Take our Online Client
Satisfaction Survey to Share Your
Experience with Us!**

**It's as easy as Scanning the QR Code Below
with your Tablet or Mobile Device and
Completing the Survey!**

All Responses are Anonymous and Confidential
You may also take the survey by using the link:

<https://www.surveymonkey.com/r/CuyCountyLink>

This Survey was designed to be Section 502 and WCAG2 Compliant



Attachment B: Satisfaction Survey (Hard Copy)

You are receiving this survey on behalf of the Alcohol, Drug Addiction & Mental Health Services (ADAMHS) Board of Cuyahoga County. The results of this survey will be kept confidential, and we ask that you answer all questions honestly and to the best of your ability. Your answers will help us to provide better services to everyone in our community. If you are completing this survey on behalf of an individual who has received services, please answer these questions to the best of your ability from their perspective and your observations. This survey is completely anonymous and the demographic responses are for statistical purposes only.

1. Respondent type:

- Individual Receiving Services
 - Parent / Guardian of Individual Receiving Services
 - Significant Other of Individual Receiving Services
 - Other (please specify):
-

2. Age of individual receiving services:

- 0-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over

3. What is the level of education of the individual receiving services?

- Grade 5 or less
- Grade 6 to 8
- Grade 9 to 12
- Some High School Completed
- High School Graduate (including GED)
- Some College
- Associate Degree

- 4-Year College Degree
- Graduate Degree
- Post-Graduate Degree

4. Gender of Individual Receiving Services:

- Male
- Female
- Nonbinary
- Prefer Not to Disclose
- Other (please specify): _____

5. Ethnicity:

- Hispanic / Latinx
- Non-Hispanic / Latinx

6. Race:

- American Indian or Alaska Native
- Asian
- Black / African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (includes 2 or more races)

7. Zip code individual receiving services resides in: _____

8. Who is Primary Provider from which the individual received services:

9. Which of the following describes your most recent Mental Health and/or Addiction services history?

- Stopped Mental Health and/or Addiction services

- Still in Mental Health and/or Addiction services
- Completed Mental Health and/or Addiction services

10. What services were you engaged in within the previous 12 months (select all that apply):

- Treatment (examples include: co-occurring mental health treatment services, adult therapy, family therapy, crisis services, withdrawal management/detox, LGBTQ+ specific, justice related, Medication Assisted Treatment -MAT, mental health treatment services, outpatient behavioral health treatment, substance use disorder -SUD treatment)
- Prevention (examples include faith-based, harm reduction, LGBTQ+ specific, justice related prevention, and school or education prevention services)
- Recovery Supports (examples include: residential / housing support, recovery housing, substance use disorder -SUD recovery supports, employment services, LGBTQ+ specific, mental health recovery supports, peer support, transportation)

11. Was this your first-time receiving services at this agency?

- Yes
- No

12. Was this your first-time receiving services at any agency?

- Yes
- No

13. How frequently did you receive services?

- Multiple Times Per Week
- Once a Week
- Once a Month
- Less Than Once a Month

14. How satisfied are you with how quickly you were able to access/receive services?

- Highly Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Highly Dissatisfied

15. Did you feel the location of services was convenient (parking, public transportation, distance, etc.)?

- Highly Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Highly Dissatisfied

16. Did you feel your initial contact with the agency was welcoming?

- Highly Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Highly Dissatisfied

17. Did you feel staff were sensitive to you and your identity on the basis of your race, ethnicity, religion, sex, gender identity, and sexual identity?

- Highly Satisfied Somewhat Satisfied Neutral Somewhat Dissatisfied Highly Dissatisfied

18. Did you receive information and/or services in your primary / native language?

- Yes
 No

19. Did you feel comfortable and respected by staff?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

20. Were you involved in developing your goals and plan of care?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

21. Did you feel like staff believed and encouraged you to grow, change and recover?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

22. Did you feel like staff helped you obtain the information you needed so that you could take charge of managing your symptoms?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

23. If you received telehealth services (services via phone, video, or app), do you believe your progress receiving telehealth services matched the progress you made or would have made receiving services in person?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

24. Did staff help link or refer you to other community supports or services that they did not provide?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

25. Did you feel like the services you received were specific to your individual needs?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

26. Overall, did you like the services you received?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

27. If you had the choice, would you still receive services from the agency?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

28. Would you recommend the agency to a friend or family member?

- Highly Agree Somewhat Agree Neutral Somewhat Disagree Highly Disagree

29. Compared to when you started receiving services, do you feel that your symptoms are:

- Much better than when I started Somewhat better than when I started Neutral – no worsening or improvement Somewhat worse than when I started Much worse than when I started

30. Compared to when you started receiving services, how well do you feel you are able to function at school/work, home, and socially?

- Much better than when I started Somewhat better than when I started Neutral – no worsening or improvement Somewhat worse than when I started Much worse than when I started

31. Compared to when you started receiving services, how do you feel about your overall quality of life?

- Much better than when I started Somewhat better than when I started Neutral – no worsening or improvement Somewhat worse than when I started Much worse than when I started

32. Compared to when you started receiving services, how optimistic do you feel about your future?

- Much better than when I started Somewhat better than when I started Neutral Somewhat worse than when I started Much worse than when I started

– no worsening or
improvement

33. Are there any services not currently available that you wish would be made available to you?

34. If you have any comments (positive or negative) to provide about the services you received, please add them here: