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## 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)

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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 currently is comprised between 11-13 questions; depending on whether the program name and county is asked. However, one question has 14 comments for persons served to rate their experience. Thirteen of the 14 comments are for adults while eight are for children under 18 years of age. These questions, as shown in **Section 9**, are designed to assess the persons served perception of care in seven major domains as described below. Lastly, CPSS is available in Spanish.

### 1.1 General Satisfaction with Care

This domain contains three (3) 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 and whether the staff listened or helped the individual.

### 1.2 Access to Care

This domain contains two (2) questions 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 four (4) questions to assess the linkages and supports needed for wellness as well as asking about the needs of the individual.

### 1.4 Outcomes of Care

This domain contains one (1) question to assess the degree to which the individual feels the staff helped make a better decision such as where to work, where to live, and whom to be friends with.

### 1.5 Involvement in Treatment

This domain contains one (1) question to assess the degree to which they were involved with choosing the services and creating the treatment plan goals.

## 1.6 Social Connectedness

This domain includes three (3) questions 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 individuals' care and well-being. This domain also assess whether culture and beliefs were discussed with the staff.

## 1.7 Functional Satisfaction

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

### 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 Survey Distribution

The Managing Entity, which subcontracts with service providers, is responsible for delivering the survey link and the QR Code to service providers. Each service provider is recommended to distribute the link and/or the QR Code to persons 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 completing 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., prevention).

## 3 Survey Sample Size

The Managing Entity is responsible for the recommended minimum survey sample size based on the random sampling as shown on Table One and the example shown on Table Two.

**Table One: Minimum Survey Sample Size**

Total number of persons served per program area during the previous fiscal year	Recommended minimum survey sample size 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

**Table Two: Example of Minimum Survey Sample Size Based on Number of Persons Served the Previous Year**

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

## 4 Survey Data

The Office of Substance Abuse and Mental Health will email the survey data to the Managing Entity on a weekly basis.

## 5 Scoring the Survey Data

The Managing Entity will score the survey results. For the purpose of scoring CPSSS, partially completed surveys may be counted toward a service 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 service provider or a Managing Entity.

### PLEASE NOTE:

- The following data elements must be completed in order to process data pertaining to all the remaining survey questions: Person Completing Survey, Program Area, Gender Identity, and Race.
- Persons served will be given the link and/or the QR Code to complete the survey but should they choose to complete it in the service provider site, they should be provided with privacy 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 persons completing a survey. As a general rule, surveys should be completed by the person receiving services, and assistance should be provided only as needed by non-direct provider service staff.

## 6 Reporting Survey Results

The Managing Entities will report survey results to the Office of Substance Abuse and Mental Health.

## 7 Support

Service provider questions regarding survey procedures should be directed to their Managing Entity Satisfaction Survey Liaison. Managing Entities may direct process and satisfaction survey collection questions to the Data Section staff in the Office of Substance Abuse and Mental Health in Tallahassee at the following email address:

Richard.Power@myflfamilies.com.

## 8 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	Outcomes of Care	Involvement in Treatment	Social Connectedness	Functional Satisfaction
Staff helped connect me with friends, family, and/or others.	X	X						X	
I feel I am a part of my community.	X							X	
Staff helped me to make better decisions. (e.g., where to live, when to work, with whom to be friends, etc.).	X								X
The services I received have helped me feel better.	X	X				X			
Staff asked me about my culture and beliefs.	X							X	
Staff treated me with respect.	X	X			X				
Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	X				X				
Staff use language that empowers me and is not judgmental.	X				X				
I have been linked to services and supports needed to maintain my wellness.	X	X		X					
The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels welcoming, and comfortable.	X		X						
I received services that were right for me.	X				X				
Staff asked me about my needs.	X	X		X					
I helped choose my services and treatment plan goals.	X	X					X		
Staff listened to me and respected my decisions about my care.	X	X	X						
Staff helped me do my best in school and/or where I learn.		X	X						X

## 9 Survey Sample

Introduction: 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.

### Person Completing Survey

- Individual receiving services
- Parent of individual receiving services
- Representative of individual receiving services

### Gender Identity

- Male
- Female
- Transgender- Male to Female
- Prefer not to say
- Transgender- Female to Male

### County \*

### Race

- American Indian/Alaskan Native
- Asian
- Black/African America
- Native Hawaiian/Pacific Islander
- White/ Caucasian
- Multi- Racial

### Service Provider Name

### Hispanic

- Yes
- No
- Prefer not to say

### Program Area

### Is the person receiving services 18 or older?

- Yes
- No

### Program Name \*

Please type any comments you might have.

\*Questions excluded from some CPSSS.



Please respond based on your most recent experiences	RATINGS (fill in circles completely)				
	Strongly Disagree 1	Disagree 2	Neither Agree nor Disagree 3	Agree 4	Strongly Agree 5
1. Staff helped connect me with friends, family, and/or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I feel I am a part of my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Staff helped me to make better decisions. (e.g., where to live, when to work, with whom to be friends, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The services I received have helped me feel better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff asked me about my culture and beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. 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"/>
8. Staff use language that empowers me and is not judgmental.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have been linked to services and supports needed to maintain my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels welcoming, and comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I received services that were right for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Staff asked me about my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I helped choose my services and treatment plan goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff listened to me and respected my decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>