

CBFS Services

CBFS is the cornerstone of the DMH adult community-based system of care, serving over **60%** of adults authorized for DMH services. CBFS services aim to increase clients' capacity for independent living and support recovery from mental illness. The flexible nature of CBFS cultivates resiliency and supports each person's path to recovery. Service goals include rehabilitation, support, supervision, stable housing, participation in the community, self-management, self-determination, empowerment, wellness, improved physical health, and independent employment.

Ensuring Quality Services

To continuously improve service quality and monitor the performance of 51 contracted and state-operated services throughout Massachusetts and to meet reporting requirements of the federal SAMHSA Community Mental Health Services Block Grant, DMH conducts an annual consumer satisfaction survey.

Consumer Satisfaction Survey

100% of active clients were invited to participate in both 2015 and 2016

In 2016, 10,963 active clients received survey pre-notification, of whom 2,451 were excluded due to incorrect addresses. Surveys were mailed to **8,512** clients with an up-front \$5 incentive, followed by a reminder letter, a second copy of the survey, and a final reminder. Surveys were in English and available in 7 other languages (Spanish, Portuguese, Haitian, Chinese Simplified, Chinese Traditional, Khmer, and Vietnamese). Data collection started in May and ended in October.

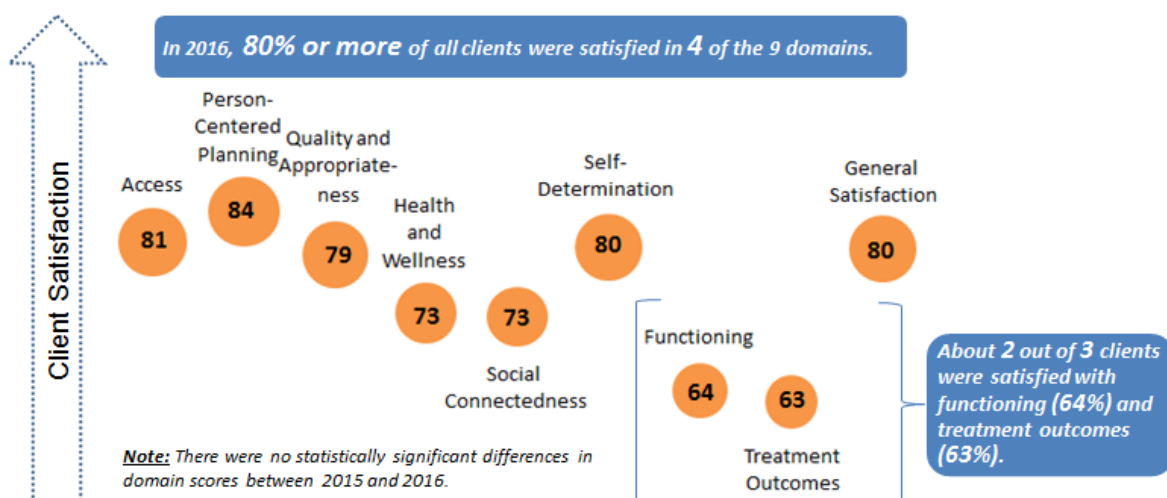
42% or 3,557 of eligible clients completed the survey in 2016

In 2016, response rates ranged from 20% to 100% across the 51-contracted sites. DMH Area rates ranged from 39% to 43%. There were no differences between White non-Hispanics and all others or by ethnicity. Males, those under age 35, those enrolled in services recently (2013 or after), and English language speakers were somewhat less likely to respond. In 2015, 3,654 or 44% responded.

Clients responded to questions about satisfaction or experiences in 9 domains

A state-modified version of the federal SAMHSA Mental Health Statistical Improvement Program (MHSIP) tool was used. In 2016, it included 57 items based on a 5-point scale (strongly agree, agree, neutral, disagree and strongly disagree), with an option of "not applicable" as well as other demographic and behavioral outcome questions. Males and females were equally represented. Respondents were 49 years old on average (males: 48; females: 51). Nearly half (49%) were enrolled in CBFS as of 2009, 18% enrolled between 2010 and 2012, and one third first received services during 2013-2016. About 64% were White, non-Hispanic, 10% Black, 4% Asian, 5% multiracial, and 9% other, non-Hispanic. Of the 9% Hispanic, one in five identified as White, 6% were multiracial, and 68% did not identify with any race.

Findings: What did Consumers Say about CBFS Services?



WHAT SERVICES HAVE BEEN THE MOST HELPFUL IN YOUR RECOVERY?



I like my psychiatrist very much. She has adjusted my medication so I now function better. While my medication helps, having people I can go to helps the most.

My therapist has been very helpful. I'm comfortable with her and am, therefore, able to get out of my shell.



The most helpful have been group meetings where I can discuss how I feel on a given day.



The staff keeping after me to take my medication.
The medication that I am on is very helpful.

I had a very humanistic nurse who shows me kindness and respect.

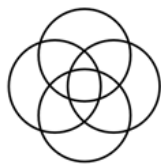


My doctor is a great healer and I feel protected in his care.



Transportation assistance with getting back and forth to medical appointments.

WHAT SERVICES HAVE BEEN THE LEAST HELPFUL IN YOUR RECOVERY?



No service has been least helpful. Every person I had contact with was thoughtful, caring, understanding, and knowledgeable.

I went to the hub one time and did not like it. I did not feel comfortable.

My program did nothing for me. The staff there were very rude to me.



My medication needs to change or stop. Right now, I am getting terrible side effects.



There should be more leniency with medication adjustments.



I have an outreach worker who is a disgrace to the name of the career. Her phone is either full or turned off for weeks on end. She is also chronically late for appointments or blows them off completely.

I'm having financial difficulties – My checks are signed and/or sent late. As a result, I often have to pay "late fees".



It has been hard to find a therapist with my insurance.

WHAT CHANGES WOULD IMPROVE THE SERVICES YOU RECEIVE?

I think a customer relationship management (CRM) software program would be helpful for entering notes, tracking a client's program, and producing wellness grades.



Hire more staff so they have smaller case loads and more time for individual care.
Invest more resources to improve care.

Improve communications and networking among agencies.

Return calls more promptly. It would be helpful to have the ability to connect via email.



It would help if there were workers available on the weekend.



Hired staff should be more experienced and/or better trained.

I would not make any changes. I am so very happy with the services I get here. I'm disabled and this is the best care I have ever received.



No changes are needed. I feel as though all services provided to me are exactly as they are supposed to be.



I would like to have more time with all of my services.