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A note about using this guide
This guide was developed by the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services, Bureau of Prevention Treatment and Recovery. It provides instructions on how programs can collect, analyze, and use data from the Mental Health Statistical Improvement Program (MHSIP) participant survey to measure the satisfaction of participants of public mental health and substance use services. Counties and tribes across the state use these surveys to gauge and improve satisfaction among participants who receive mental health and/or substance use services through Comprehensive Community Services (CCS) programs, Coordinated Services Teams (CST) Initiatives, and first episode psychosis (FEP) programs.

This guide instructs CCS programs how to fulfill requirements in their quality improvement plan as stated in Wis. Admin. Code § DHS 36.08(1). CCS programs are instructed to collect participant satisfaction survey data and use it to “assess consumer satisfaction and progress toward desired outcomes.” This participant satisfaction data may be requested as part of the renewal application for a CCS program as stated in Wis. Admin. Code § DHS 36.05(3)(e)6.

This guide instructs CSTs how to fulfill requirements in Wis. Stat. § 46.56 (14)(c)6. These requirements state that CSTs must cooperate with DHS evaluation efforts of parent and child satisfaction.

Introduction to the satisfaction surveys
The MHSIP surveys are recommended by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for state-by-state comparisons. All surveys are aimed at service participants with serious mental health conditions (serious emotional disorder) or substance use concerns who have had at least six months of service history.

Participant satisfaction survey materials
Visit the CCS providers webpage, CST providers webpage, or the FEP webpage on the DHS website for the following materials.
- This user’s guide
- Three satisfaction surveys
  - The MHSIP family satisfaction survey is to be filled out by the caregiver of child participants (ages 12 years and under) about their child’s experience with services and interactions with program staff.
  - The MHSIP youth satisfaction survey is to be filled out by adolescent participants themselves (ages 13-17 years) about their own experience with services and interactions with staff.
  - The MHSIP adult satisfaction survey is to be completed by adult participants themselves (ages 18 years and older) about their own experience with services and interactions with staff.
- Survey translations in Hmong, Khmer, and Spanish.
- Optional sample cover letters (including translated versions)
Choosing a survey administration method

There are three options for survey administration:

- In-person interview (typical response rate: 75-85 percent)
- Phone interview (typical response rate: 60-70 percent)
- Self-administered mail survey (typical response rate: 35-45 percent)

Resources may dictate that the mail survey method is primarily used, but try to make other options available if some participants are unwilling or unable to complete a mail survey.

In-person interviews

In-person interviews can generate the best data because the interviewer can prevent potential reading and comprehension issues, answer any participant questions, and develop participant trust. The interviewer can fully explain the purpose of the survey and the confidentiality protections for the participant. Interviewers should always be trained on the purpose of the survey, confidentiality requirements, and the administration of the survey questions using this guide. While this method of administration has the highest response rate of the three methods and can provide participants with a positive survey experience, it is the most labor intensive and expensive of the three options. The use of a third party or non-program staff is necessary to ensure the participant feels free to speak about their experience with the program.

Phone interviews

Phone interviews carry many of the same advantages as in-person interviews and the response rate is fairly high. Interviewers should always be trained on the purpose of the survey, confidentiality requirements, and the administration of the survey questions using this guide. Phone interviews are a less expensive option than in-person interviews. The ability of the interviewer to develop participant trust during the interview is limited compared to in-person interviews. The use of a third party or non-program staff members is necessary so the participant can speak freely about their experience with the program.

Self-administered surveys

Surveys can also be distributed by mail or in-person for the participant to complete on their own. This is the least expensive option. Interviewers are not required. Even though an individual will not administer these surveys, all participants should have access to an individual knowledgeable about the survey, its purpose, and its confidentiality. The surveys should be accompanied by a cover letter that explains:

- The purpose of the survey.
- The voluntary nature of the survey.
- The fact that all data are confidential.
- How their responses will not affect their future services in any way.
- The contact information for people with questions about the survey.

Mailed surveys should also include an envelope so respondents can easily return the completed survey. This envelope should have your agency’s address on it and paid postage.
**Eligible participants for the satisfaction survey**

Only some of your participants may be eligible to complete a satisfaction survey. Eligible participants must:

- Be **active participants who have received services for at least six months** to ensure they have enough experience to answer the questions. OR
- Be **participants who were discharged no more than three months ago** to ensure their recall of their experience is clear.

The three surveys are intended for participants who fit into one of three distinct age groups at the time they complete the survey:

- Caregivers of child participants (**age 12 or younger**) should complete the family satisfaction survey.
- Adolescent participants (**age 13-17 years**) should complete the youth satisfaction survey.
- Adult participants (**age 18 years or older**) should complete the adult satisfaction survey.

If an adolescent is unable to respond to the youth satisfaction survey because of a developmental or intellectual disability, their caregiver may complete the family satisfaction survey instead. This provides an opportunity for the participant’s experiences to be represented among the survey responses, even though the opinions expressed would be those of their caregiver regarding the services their adolescent received rather than the youth directly providing their own opinions.

Participation in the satisfaction survey process is voluntary. Some people will choose not to complete and return the survey or be unable to complete and return a survey. It is important that programs make their best effort to gather all survey responses as low response rates yield less representative data. This is especially true for smaller programs as the fewer participants who respond will be representing the entire group.

**Preparing for survey distribution**

After determining who is eligible, you must prepare each survey to be distributed. Prior to distributing surveys, gather information for all eligible participants:

- First and last name
- Current age (used to determine which of the three surveys is appropriate for each participant)
- Program enrollment status (options include CCS, CST, or FEP)
- Contact information including street addresses, phone numbers, and/or email addresses depending on the method of survey distribution
- Survey ID.

Before distributing the surveys, you must complete the “Office Use Only” box at the end of each paper survey:

- Program enrollment status
- Survey ID
The date the survey was received will be recorded when the survey is returned to your agency.

Assigning a survey ID to every survey that you distribute is recommended, but not required, to track completed surveys through the data entry process. You can search for survey IDs in the eInsight survey system which will help prevent the duplicate data entry of a survey. Also, the eInsight survey system stores multiple years of satisfaction survey data, and the survey ID may help distinguish surveys across years. However, the eInsight survey system does not require a survey ID.

The following unique survey ID assignment system is recommended:

- Start with the last two digits of the year (21, 22, 23, etc.)
- End with a three-digit sequential count of surveys within the year (001, 002, 003, etc.)

Thus, the survey IDs in 2021 would start as 21001, 21002, 21003, etc. The survey IDs in 2022 would start as 22001, 22002, 22003, etc.

**Instructions for coordinating the survey process for CCS, CST, and FEP**

The following instructions will help programs streamline their survey process and avoid duplicate surveys when they serve the same participants. Prior to administering surveys, identify whether each individual is enrolled in CCS, CST, FEP, or any combination of programs and record this in the enrollment status field at the end of each survey.

Dual enrollment is defined by:

- Your CCS program using the CST approach for youth. OR
- Participants in your CST or FEP using the CCS Medicaid benefit.

Depending on the relationship between the two services within your county, tribe, or region, follow the guidance below for administering and data entering your surveys:

- Youth participating in CCS only or CST only:
  - The CCS and CST should independently administer the satisfaction surveys to their distinct set of youth and family participants. Before distributing the surveys, check the enrollment status box for CCS or CST at the end of the survey.

- Youth participating in both the CCS and CST or FEP simultaneously:
  - If your CCS and your CST or FEP enroll the same individuals, administer only one survey to eligible individuals. Before distributing the surveys, check the enrollment status boxes for CCS and CST or FEP at the end of the survey.

- Both of the above situations exist in your county, tribe, or region:
  - For individuals participating in one program only, check the appropriate enrollment status box at the end of one group of surveys and distribute them.
  - For individuals participating in two programs, check both appropriate enrollment status boxes at the end of a second group of surveys and distribute them.
Tips on how to collect the survey data
Even though these surveys can be administered to a participant without much difficulty, the way a program sets up the survey process and interacts with the survey taker can have a significant impact on the response rate and the quality of the data.

- **Set up the survey appropriately with an orientation or cover letter.** A cover letter should explain:
  - The purpose of the survey.
  - Who is conducting the survey.
  - How the data will be used.
  - The confidential manner in which the data will be handled.
  - That staff who work with the participant will not see their responses.
  - That the participant’s responses will not affect their future services in any way.
  - The voluntary nature of the survey.
  - The services the participant should evaluate (mental health and/or substance use).
  - The period of time being evaluated (the past six months).

- **Use a definition sheet to explain survey terms to the participant.** It can be beneficial to define terms used in the survey, either as part of the cover letter or on a separate sheet. In a definition sheet, you will explain or define for the participants what and whom you are asking them to evaluate. Thus, the definition sheet is tailored to your specific mental health and/or substance use services delivery system. For example, see question number two on the youth satisfaction survey: what do you mean when a question uses the term “my services”? Does this mean services operated by the local public mental health center or all local mental health services regardless who operates them? Or, is this question limiting it to one service? A similar set of questions applies to the terms “staff” and “mental health/substance use disorder services.” The more clearly you define terms, the easier it is for participants to complete the survey. Additionally, it is easier for survey administrators to answer questions from survey takers. Most importantly, the data you collect will be more reliable.

- **Enlist the assistance of certified peer specialists.** It is important that survey respondents feel comfortable with the survey process and trust that their responses will be used appropriately. In addition, the participant’s individual service provider should never distribute, administer, or collect the survey since this could make the participant feel pressured to give more positive responses. Using certified peer specialists to distribute, administer, and/or collect surveys can help put the participant respondent at ease. Peers can effectively fill the support role needed to orient the participant to the survey and answer any questions the respondent may have about specific survey questions. If the survey is administered by mail, you can offer peer support by providing a phone number to contact the peer in the cover letter.

- **Provide a neutral environment for the participant to complete the survey.** If possible, have participants complete the survey at home or in another neutral setting where they would feel most comfortable answering the questions. Because participants are describing their experience with your program and its staff, your program clinic or office is not the optimal setting in which participants can provide honest answers. If the clinic or office setting must
be used, provide the participant a private room to complete the survey and a safe and secure place to return the completed survey without their name on it.

- **Make sure the participant completes the survey independently.** Giving the survey to several participants to complete as a group will not generate the data you need. If a group of participants is allowed to discuss the survey questions, the potential exists for the opinions of some participants to be influenced by others. The participant should be allowed to complete the survey independently so they can communicate their own experience.

- **Make the survey voluntary and anonymous.** To ensure the participant is comfortable to respond freely, the survey should be completely voluntary and anonymous. Anonymous data also fits the data submission requirements for DHS. Ensure that completed surveys are handled by someone other than direct care providers and case managers. Peers or volunteers are ideal for this role. However, if that is not possible, someone in an administrative role is usually the next best choice for collecting and data entering surveys.

- **Obtain the necessary consent.** Collecting survey data may not need an additional informed consent, but this will vary among agencies depending on the current consent procedures that are in place. If your program has an existing consent that allows for the collection of information from the participant about the quality of their service experience, an extra consent for administering the survey may not be needed.

- **Offer incentives.** Offering incentives as a show of appreciation for participation will create good will for the project in the participant community and usually increase the response rate. If a small monetary incentive ($1 or $2) cannot be used, coupons or gift certificates may work just as well. Providing the incentive before the participant completes the survey has been shown to be more effective than providing it as a reward after the survey is completed.

### Using the eInsight survey system

The eInsight survey system is a web-based application for data entry and analysis. When programs enter survey data into the eInsight survey system, the data is automatically submitted to DHS.

### Set up and technical assistance

**How do I access the eInsight survey data entry system?**

Go to: [https://wi.einsight.net](https://wi.einsight.net)

**How can I set up an account for new staff to use eInsight?**

It is recommended that programs create a process to approve requests for access from new staff members. For example, one staff member may be designated as the authorized person to approve and request access for new staff. While the survey data is non-identifiable in the eInsight application, users have access to the data from all the programs (CCS, CST, and FEP) in their county or tribe.

In order to request access for new staff, a current staff member with access to eInsight should submit a ticket on the eInsight website, following the instructions listed here. If no current staff
member in your agency has access to eInsight, contact lauram.gebhardt@dhs.wisconsin.gov (CCS and FEP) or tim.connor@dhs.wisconsin.gov (CST).

1. Log into the eInsight survey data entry system at https://wi.einsight.net
2. Select “My Account” menu in the upper right
3. Select “Support”

4. On the support page, select “Submit a Request” in the upper right.

5. Complete the request form. In the description, request to add new staff and provide the name, email address, and county agency/tribal agency name for all new staff to be added.
How do I access resources on how to use the eInsight survey data entry system?
1. Log into the eInsight survey data entry system at https://wi.einsight.net
2. Select the “My Account” menu in the upper right
3. Select “Support”
4. On the support page, the training videos are listed under the “Wisconsin Knowledge Base” forum

Can I enter data on behalf of multiple county agencies within my program’s consortium?
If you operate a regional program consortium, one person may now request access to multiple eInsight agency accounts to handle data entry for all agencies in the consortium. Use the instructions above to submit a request through the eInsight system to create or modify a user’s account and list all agency accounts the user needs to access.
How do I request help regarding technical issues with the website or submit a suggestion to improve the website?
1. Log into the eInsight survey data entry system at https://wi.einsight.net
2. Select “My Account” menu in the upper right
3. Select “Support”
4. On the support page, select “Submit a Request” in the upper right.
5. Complete the request form, including a description of the issue or suggestion.

How do I access support when the “My Account” menu does not appear on my screen?
The “My Account” menu where you can access support is always in the upper right portion of your screen. If the menu does not appear on your screen, try adjusting the “display resolution” to be smaller within the “display settings” of your monitor.

Why am I not getting a response after contacting the help desk?
Your email system may not be allowing messages from the domains below. To prevent this problem, contact your IT network management staff about allowing emails from the following domains:
- ecenterresearch.com
- matchingsolutions.com
- zendesk.com
- einsight.net

Using participant web surveys
The eInsight survey system provides programs the option of administering web surveys to their participants. Refer to the training video on Support page for detailed instructions on entering survey data and utilizing the web survey administration option.
**How does the eInsight web survey option work?**
- Record or upload your participants' contact information to the eInsight system and designate which type of survey each participant should receive.
- Choose whether you wish to have the eInsight survey system directly email an invite to the participant or to generate a link that you can send to the participant using your own invite.
- The eInsight system will automatically send the survey invite to your participants for you with a message and link to the web survey.
- The eInsight system will also send email reminders to your participants at the following intervals after the initial invite: 5 days, 12 days, and 19 days.
- The link will be active for one month.

**If I use the eInsight web survey option, what will the email say?**
See Appendix 2 for the email texts to be sent to your participants. Your agency name is automatically inserted into the messages using the agency name used for your eInsight account provided by DHS. The message text is generic so that the participant’s confidentiality is not violated in case someone else reads the email.

**How do I send the survey to the consumer by email?**
1. Log into the eInsight survey data entry system at [https://wi.einsight.net](https://wi.einsight.net).
2. Select the survey button you want to send (adult, family, or youth).
3. Select the “Add Survey” button in the upper right.
4. Select deployment option by clicking in the “Delivery Mode” menu and select “Electronic.”
5. Select the “Delivery Method” menu and select “Email.”
   - Enter the participant’s email address in the field provided and then click “Save.” The email will be sent to the consumer immediately.
   - The “Instant Messaging” delivery method is not available yet.

**How do I batch upload my consumer contact information for web survey completion?**
1. Log into the eInsight survey data entry system at [https://wi.einsight.net](https://wi.einsight.net).
2. Under Import Management, select the “Download Templates” button and save the consumer data template on your computer.
3. Enter your consumer list on the template provided.
4. Select the “Upload Data” button.
5. Select the “New Upload” button and select the template you used to create the file from the drop down menu.
6. Click “Browse” to select the template from your computer.
7. Click “Upload” and the data will automatically upload to the site. If any of the data in the file is incorrect, you will be presented with a table to view and make corrections.

**How do I submit the data from my own web survey application without having to data enter it again to the eInsight system?**
Use of the eInsight system is highly recommended for web surveys, but if programs use their own web survey application, they will be able to submit their data to DHS by exporting it. Contact [lauram.gebhardt@dhs.wisconsin.gov](mailto:lauram.gebhardt@dhs.wisconsin.gov) (CCS and FEP) or [tim.connor@dhs.wisconsin.gov](mailto:tim.connor@dhs.wisconsin.gov) (CST) for special instructions on preparing your data for submission.
Data entry tips

How do I enter responses from a returned survey?
1. Log into the eInsight survey data entry system at https://wi.einsight.net.
2. Select the survey button you want to send (adult, family, or youth).
3. Select the “Add Survey” button in the upper right.
4. Click in the “Delivery Mode” menu and select “Paper.”
5. Complete required fields and click “Save.”
6. A window will appear in which you can enter the survey responses.

Do I have to use my mouse to click on responses for data entry?
No. Other options include using the tab button or arrow buttons to navigate from field to field and using the number pad to enter data.

If surveys are confidential, what should I do with participant names typed in the comments of the survey?
Do not enter participant names into the eInsight survey system that were written anywhere on surveys. You can replace the participant’s name with “participant” in the data entry process. If family members’ or friends’ names are written on the survey, replace them with a generic term as well in the data entry process.

What should I do with provider staff names written in the comments of the survey?
You may enter provider staff names into the eInsight system. However, all data is visible to anyone with access to your agency account. So, if you have multiple sets of program staff with access to your single county or tribal agency account, do not enter provider staff names if you do not want staff outside your program to see those names.

What do I enter if a participant left a question blank?
Leave the question blank in the eInsight data entry system by skipping it.

What survey date needs to be recorded in eInsight?
For mail surveys, record the date the completed survey was received at your agency. For phone, in-person, or web surveys conducted outside of the eInsight survey system, record the date the survey was completed. Surveys with a date in the same calendar year will be grouped together in analysis reports in the eInsight survey system. If you receive a late survey in 2022, for example, you may record the survey date as “12/31/2021” to ensure it is included in the eInsight reports with the rest of your 2021 results.
Reports
How do I generate reports from the survey data?
1. Log into the eInsight survey data entry system at [https://wi.einsight.net](https://wi.einsight.net).
2. Select the “Reporting” button in the Reporting section.

3. Select the type of report to generate in the “Reports” menu.

4. Select the desired parameter options. Be sure to select which program’s data to display. For more extensive instructions on the reporting function, refer to the training video on the Support page.
Ideas for using satisfaction survey results
The measures included in these surveys are tools that can be used to inform and guide system transformation efforts. These tools can be used to:

• Create a baseline of data to assess the current status of the recovery orientation of a program or local system.
• Set specific benchmarks that target desired increments of progress toward achieving a recovery orientation.
• Measure change over time in the recovery orientation of the program or system.
• Compare the performances of provider agencies.
• Sensitize and educate mental health and/or substance use providers about important factors that facilitate or impede recovery.
• Develop a better understanding of how program or system-level performance on key indicators relates to other recovery elements, processes, or outcomes when used as part of other targeted studies of mental health and/or substance use recovery.

How to get help
If you have questions regarding survey administration, data collection, or interpreting results from any of the satisfaction surveys, email:

• lauram.gebhardt@dhs.wisconsin.gov (CCS and FEP)
• tim.connor@dhs.wisconsin.gov (CST)

If you have technical problems with the elnsight survey system, log into your elnsight survey system account at https://wi.einsight.net and submit a request for assistance.
Appendix 1: Participant satisfaction scales

Each satisfaction survey contains questions primarily intended to measure participant satisfaction with mental health and/or substance use services. The family and youth satisfaction surveys each contain 26 questions and the adult satisfaction survey asks 36 questions.

A “scale” is a group of questions addressing a similar topic. A composite score is calculated for each scale of questions and used to analyze the results. A participant must have completed at least two-thirds of the questions contributing to a scale for their data to be included in these calculations.

**Adult scales**

The adult survey asks the adult participant a series of 36 questions about their satisfaction with the mental health and/or substance use services they received in the past six months. The responses can be summarized across seven satisfaction scales.

Scale 1 – Satisfación:

These items describe an adult’s overall level of satisfaction with their services. The satisfaction scale was constructed for all individuals who responded to at least two of the following questions:

1. I like the services that I received.
2. If I had other choices, I would still get services from the same agency.
3. I would recommend the same agency to a friend or family member.

Scale 2 – Participation:

These items describe how well an adult was integrated into treatment planning. The participation scale was constructed for all individuals who responded to both of these items:

11. I felt comfortable asking questions about my treatment and medication.
17. I, not staff, decided my treatment goals.

Scale 3 – Access:

These items describe the perceived ease with which an adult obtained their services. The access scale was constructed for all individuals who responded to at least four of these items:

4. The location of services was convenient (parking, public transportation, distance, etc.).
5. Staff was willing to see me as often as I felt it was necessary.
6. Staff returned my calls in 24 hours.
7. Services were available at times that were good for me.
8. I was able to get all the services I thought I needed.
9. I was able to see a psychiatrist when I wanted to.

Scale 4 – Outcomes:

These items are prefaced with the following phrase: “As a direct result of the mental health or substance use services I received,...” and describe the treatment-related improvements in an
adult’s life. The outcomes scale was constructed for all individuals who responded to at least six of these items:

21. I deal more effectively with daily problems.
22. I am better able to control my life.
23. I am better able to deal with crisis.
24. I am getting along better with my family.
25. I do better in social situations.
26. I do better in school and/or work.
27. My housing situation has improved.
28. My mental illness symptoms are not bothering me as much.

Scale 5 – Functioning:
This functioning scale is conceptually very similar to and overlaps with the outcomes scale, but is sufficiently distinct to merit its own domain. The functioning scale was constructed for all individuals who responded to at least three of these items:

28. My mental illness symptoms are not bothering me as much.
29. I do things that are more meaningful to me.
30. I am better able to take care of my needs.
31. I am better able to handle things when they go wrong.
32. I am better able to do things that I want to do.

Scale 6 – Connectedness:
These items describe the extent to which youth are socially connected, have “natural supports” in place—family, friends, and acquaintances—to help bolster and sustain recovery. The connectedness scale was constructed for all individuals who responded to at least three of these items:

33. I am happy with the friendships I have.
34. I have people with whom I can do enjoyable things.
35. I feel I belong in my community.
36. In a crisis, I would have the support I need from family or friends.

Scale 7 – Quality:
These items describe the perceived cultural sensitivity of providers. The culture scale was constructed for all individuals who responded to at least six of these items:

10. Staff believed that I could grow, change and recover.
12. I felt free to complain.
13. I was given information about my rights.
14. Staff encouraged me to take responsibility for how I live my life.
15. Staff told me what side effects to watch out for.
16. Staff respected my wishes about who is and who is not to be given information about my treatment.
18. Staff were sensitive to my cultural background (race, religion, language, etc.).
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental illness.
20. I was encouraged to use consumer-run programs (support groups, drop in centers, crisis phone line, etc.).

Youth scales
The youth survey asks the same series of 26 questions about participant satisfaction as the family survey, but from the perspective of the adolescent participant. Again, all of the questions on the youth survey fall into one of these six domains.

Scale 1 – Satisfaction:
These questions describe a youth’s overall level of satisfaction with their services. The satisfaction scale was constructed for all individuals who responded to at least four of these questions:
1. Overall, I am satisfied with the services I received.
4. The people helping me stuck with me no matter what.
5. I felt I had someone to talk to when I was troubled.
7. The services I received were right for me.
10. I got the help I wanted.
11. I got as much help as I needed.

Scale 2 – Participation:
These questions describe how well a youth was integrated into treatment planning. The participation scale was constructed for all individuals who responded to at least two of these questions:
2. I helped to choose my services.
3. I helped to choose my treatment goals.

Scale 3 – Access:
These questions describe the perceived ease with which a youth obtained their mental health and/or substance use services. The access scale was constructed for all individuals who responded to both of these questions:
8. The location of services was convenient for me.
9. Services were available at times that were convenient for me.

Scale 4 – Culture:
These questions describe the perceived cultural sensitivity of providers. The culture scale was constructed for all individuals who responded to at least three of these questions:
12. Staff treated me with respect.
13. Staff respected my family’s religious or spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural or ethnic background.

Scale 5 – Outcomes:
These questions are prefaced with the following phrase: “As a direct result of the mental health or substance use services I received,...” and describe the perceived treatment-related
improvements in a youth’s life. The outcomes scale was constructed for all individuals who responded to at least five of these questions:

16. I am better at handling daily life.
17. I get along better with family members.
18. I get along better with friends and other people.
19. I am doing better in school and/or work.
20. I am better able to cope when things go wrong.
21. I am satisfied with my family life right now.

Scale 6 – Connectedness:
These questions describe the extent to which youth are socially connected, have “natural supports” in place—family, friends, and acquaintances—to help bolster and sustain recovery. The connectedness scale was constructed for all individuals who responded to at least three of these questions:

23. I know people who will listen and understand me when I need to talk.
24. I have people that I am comfortable talking with about my problems.
25. In a crisis, I would have the support I need from family or friends.
26. I have people with whom I can do enjoyable things.

Family scales
The family survey asks the caregiver (parent or guardian) a series of 26 questions about their satisfaction with the mental health and/or substance use services their child has received in the past six months. The caregiver’s responses can be summarized across six satisfaction scales.

Scale 1 – Satisfaction:
These questions describe a caregiver’s overall level of satisfaction with their child’s services. The satisfaction scale was constructed for all individuals who responded to at least four of these questions:

1. Overall, I am satisfied with the services my child received.
4. The people helping my child stuck with us no matter what.
5. I felt my child had someone to talk to when he or she was troubled.
7. The services my child and/or family received were right for us.
10. My family got the help we wanted for my child.
11. My family got as much help as we needed for my child.

Scale 2 – Participation:
These questions describe how well a participant’s family members were integrated into treatment planning. The participation scale was constructed for all individuals who responded to at least two of these questions:

2. I helped to choose my child’s services.
3. I helped to choose my child’s treatment goals.

Scale 3 – Access:
These questions describe the perceived ease with which mental health and/or substance use services were obtained. The access scale was constructed for all individuals who responded to both of these questions:

8. The location of services was convenient for us.
9. Services were available at times that were convenient for us.

Scale 4 – Culture:
These questions describe the cultural sensitivity of providers. The culture scale was constructed for all individuals who responded to at least three of these questions:

12. Staff treated me with respect.
13. Staff respected my family’s religious or spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural or ethnic background.

Scale 5 – Outcomes:
These questions are prefaced with the following phrase: “As a direct result of the mental health or substance use services my child received,...” and describe the perceived treatment-related improvements in participants’ lives. The outcomes scale was constructed for all individuals who responded to at least five of these questions:

16. My child is better at handling daily life.
17. My child gets along better with family members.
18. My child gets along better with friends and other people.
19. My child is doing better in school and/or work.
20. My child is better able to cope when things go wrong.
21. I am satisfied with our family life right now.

Scale 6 – Connectedness:
These questions describe the extent to which the participant’s family members are socially connected, have “natural supports” in place —family, friends, and acquaintances—to help bolster and sustain recovery. The connectedness scale was constructed for all individuals who responded to at least three of these questions:

23. I know people who will listen and understand me when I need to talk.
24. I have people that I am comfortable talking with about my child’s problems.
25. In a crisis, I would have the support I need from family or friends.
26. I have people with whom I can do enjoyable things.
Appendix 2: eInsight email templates

Below is the text for the generic email that will be sent to participants when you use the eInsight web survey option to distribute and collect surveys.

Initial email invitation

<table>
<thead>
<tr>
<th>Dear <strong><strong>(Consumer name)</strong></strong>,</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have been selected to help us improve our services through a brief survey! We would like to hear from you as your unique perspective and experience matter to us.</td>
</tr>
<tr>
<td><strong><strong>(Your agency name)</strong></strong> would like to know what you think about the services we provide. All information you provide in this survey is confidential and voluntary.</td>
</tr>
<tr>
<td>Please click on the link below to complete the 5-minute survey.</td>
</tr>
<tr>
<td><strong>Start Survey</strong>  (active link)</td>
</tr>
<tr>
<td>Thank you in advance for filling out this important survey! We greatly appreciate your time and generosity to help improve our services.</td>
</tr>
<tr>
<td>Sincerely,</td>
</tr>
<tr>
<td><strong><strong>(Your agency name)</strong></strong></td>
</tr>
<tr>
<td>Click here to opt out of receiving future emails about this survey.</td>
</tr>
<tr>
<td>Please do not reply to this auto-generated email</td>
</tr>
</tbody>
</table>
Reminder emails #1 and #2:

Subject: _(Your agency name)_ Satisfaction Survey – Your feedback requested

Dear _(Consumer name)_,

We recently invited you to complete a brief survey about our services. It is important that we hear from you as your unique perspective and experience matter to us.

_(Your agency name)_ would like to know what you think about the services we provide. All information you provide in this survey is confidential and voluntary.

Please click on the link below to complete the 5-minute survey.

Start Survey  (active link)

Thank you in advance for filling out this important survey! We greatly appreciate your time and generosity to help improve our services.

Sincerely,

_(Your agency name)_

Click here to opt out of receiving future emails about this survey.

Please do not reply to this auto-generated email
Text for final reminder email:

Subject: ____(Your agency name)___ – Let us know what you think

Dear ____(Consumer name)__,

This is a final reminder about a brief online survey in which you can provide feedback about our services. By generously giving 5 minutes of your time, you can let us know how we can better serve you and your community.

____(Your agency name)___ would like to know what you think about the services we provide. All information you provide in this survey is confidential and voluntary.

Please click on the link below to complete the 5-minute survey.

Start Survey  (active link)

Thank you in advance for filling out this important survey! We greatly appreciate your time and generosity to help improve our services.

Sincerely,

____(Your agency name)___

Click here to opt out of receiving future emails about this survey.

Please do not reply to this auto-generated email