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User's Guide for the  
Mental Health Statistical Improvement Program (MHSIP)  
and Recovery Oriented System Indicators (ROSI)  
Participant Satisfaction Surveys



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

Division of Care and Treatment Services  
Bureau of Prevention Treatment and Recovery

## **A note about using this guide**

This user's guide was developed as a part of efforts to measure the satisfaction of participants of public mental health and substance use services across the state. Along with this guide, the Wisconsin Department of Health Services (DHS), Division of Care and Treatment Services (DCTS), Bureau of Prevention Treatment and Recovery (BPTR) has developed three satisfaction surveys with data entry and reporting tools to help agencies become independent in their use of these data. Counties and tribes across the state are using these surveys to gauge and improve satisfaction among participants who receive mental health and/or substance use services through their Comprehensive Community Services (CCS) programs and Coordinated Services Teams (CST) Initiatives. The information that follows is meant to provide practical guidance on how to collect, analyze, and use the Mental Health Statistical Improvement Project (MHSIP) and Recovery Oriented System Indicators (ROSI) Participant Survey data within your agency.

## **Introduction to the MHSIP and ROSI satisfaction surveys**

The MHSIP survey used here is a variation of the standardized MHSIP survey used by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for state-by-state comparisons. Both the MHSIP Family Satisfaction Survey and the MHSIP Youth Satisfaction Survey are aimed at younger participants with serious mental health conditions (serious emotional disorder) or substance use concerns who have had at least six months of service history. Caregivers of children aged 12 and younger are asked to fill out the MHSIP Family Survey on behalf of their child; youth aged 13-17 are asked to directly fill out the MHSIP Youth Survey him/herself.

The ROSI Adult Survey evolved from collaborative efforts among a number of state mental health authorities (SMHAs) and national organizations through a project called *Mental Health Recovery: What Helps and What Hinders?* Through an extensive process that included the use of participant focus groups followed by pilot testing the survey, these states and organizations developed this instrument as one means to assess the performance of state and local mental health systems and providers.

## **Participant satisfaction survey materials**

The DHS website contains all the materials needed to measure satisfaction of the participants who receive mental health and/or substance use services from your CCS program and/or CST initiatives. Go to the [CCS providers webpage](#) or the [CST partners webpage](#) on the DHS website for these materials.

The satisfaction survey materials contains the following information:

- *Introductory information*
  - This user's guide

- Three *satisfaction surveys*
  - The MHSIP Family Satisfaction Survey is filled out by the parent or guardian of child participants (ages 12 years and under) about their child's and family's experience with services and interactions with agency staff;
  - The MHSIP Youth Satisfaction Survey is filled out by adolescent participants themselves (ages 13-17 years) about their own experience with services and interactions with staff;
  - The ROSI Adult Satisfaction Survey is completed by adult participants themselves (ages 18 years and older) about their own experience with services and interactions with staff.
- Three *data entry and reporting workbooks*
  - These Microsoft Excel files (one for each of the surveys) contain pre-existing sheets created to facilitate both:
    - Entering survey responses collected from your participants; and
    - Reporting summary measures across all survey items and respondents.
  - Once data entry has been completed, copies of these three files should be returned to DHS for statewide analysis.
- Three *sample cover letters*

## Identifying participants for the satisfaction survey

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

All three surveys are designed for:

- ***active participants who have received services for at least 6 months; and***
- ***participants who were discharged no more than 3 months ago.***

The three surveys are intended for participants in three distinct age groups:

- MHSIP Family Satisfaction Survey is designed for:  
*Caregivers (parents or guardians) of child participants (12 years of age or younger)*
- MHSIP Youth Satisfaction Survey is designed for:  
*Adolescent participants (13-17 years of age)*
- ROSI Adult Satisfaction Survey is designed for:  
*Adult participants (18 years of age or older)*

Before you can begin to administer the surveys, you'll need to gather contact information for all eligible participants, including: first and last name, street address, phone number, and current age (used to determine which of the three surveys is appropriate for each participant).

If an adolescent is unable to respond to the MHSIP Youth Survey because of developmental or intellectual disability, their caregiver may be given the MHSIP Family Survey to complete instead. This would enable that participant's experiences to be represented among the survey responses, although the opinions expressed would be those of their caregiver (about the services their adolescent received) rather than the youth directly providing their own opinions.

It is usually necessary to offer all eligible participants an opportunity to complete a survey. Since surveys are voluntary, not everyone will choose or be able to complete and return a survey. Also, the number of participants within a targeted program is usually relatively small. All participants will need to be given the opportunity to complete a survey if your agency hopes to get enough responses to represent your program as a whole.

## **Choosing a survey administration method**

There are three basic choices when collecting survey data:

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

### ***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. Overall, this method of administration may return more completed surveys (with the highest response rate of the three methods) and can provide participants with a positive survey experience. However, the in-person interview format is the most labor-intensive and expensive of these three options. Also, using non-agency staff members may be necessary to ensure the participant feels free to speak about their mental health service experience with the agency. If a pool of appropriate interviewers (perhaps certified peer specialists) and adequate resources are available, conducting in-person interviews could be the best option. However, these surveys are designed in a standardized manner so that they also can be administered with the following less expensive options.

### ***Phone interviews***

Phone interviews carry many of the same advantages as the in-person interview resulting from direct communication with the participant (including a fairly high response rate). The phone interview is a less expensive option than the in-person interview, but a pool of interviewers must still be trained on the purpose of the survey, confidentiality requirements, and the administration of the survey questions. Time is more limited with phone interviews so can restrict the interviewers' ability to develop participant trust in the effort. To encourage participation, using non-agency staff members is necessary so the participant can speak freely about their mental health service experience with the agency. Using peer participants as interviewers trained by the agency to administer the survey is often an effective method for making the participant respondent comfortable with the process.

### ***Self-administered surveys***

Self-administered surveys, either sent through the mail or distributed manually, are likely the most viable options if your agency has limited resources to dedicate to the project (but even a good self-administered survey will generate a lower response rate than the other methods). Interviewers are not required, so administering the survey is less labor intensive, but someone should be available for participants to call with questions. A cover letter should accompany the survey to explain: the purpose of the survey, the voluntary nature of the survey, the fact that all data are confidential, and how their responses will not affect their future services in any way. A mail survey requires a self-addressed stamped envelope so respondents can easily return the completed survey (otherwise many surveys will not be returned).

## Tips on how to collect the survey data

Even though these surveys can be administered to a participant without much difficulty, how an agency sets up the survey process and interacts with the participant respondent can have a significant impact on the response rate and the quality of the data. The tips below can help your agency collect a larger number of surveys with more honest and complete data. The applicability of these tips may vary depending on the survey method your agency uses.

### 1. *Set up the survey appropriately with an orientation or cover letter.*

A cover letter should accompany the survey when distributed to explain:

- The purpose of the survey
- How the data will be used
- Who is conducting the survey
- The confidential manner in which the data will be handled
- That staff who work with the participant will not see their responses
- Their responses will not affect their future services in any way
- The voluntary nature of the survey
- What services they are to respond about (mental health and/or substance use)
- What period of time they should respond about (the past 6 months)

### 2. *Use a definition sheet to explain survey terms to the participant*

Either as part of the cover letter or on a separate sheet, you should define some of the terms used in the survey. In a definition sheet, you will explain or define for the participants what and whom you are asking them to evaluate. Thus, the definition sheets needs to be tailored to your specific mental health and/or substance abuse service delivery system. For example, see item number 23 on the ROSI Adult Survey: what do you mean when an item uses the term “treatment program”? Do you mean programs operated by the local public mental health center or all local mental health programs regardless who operates them? Or are you limiting it to one program? A similar set of questions applies to the terms “staff” and “mental health/substance abuse services.” The clearer you are in defining your terms, the easier it is for participants to complete the survey and for survey administrators to answer participants’ questions.

### 3. *Enlist the assistance of certified peer specialists*

The survey respondent needs to 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 items. If the survey is administered by mail, you can offer peer support by providing a phone number in the cover letter.

### 4. *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 agency and its staff, your agency clinic or office is not the optimal setting in which participants can provide honest answers. If the clinic or office setting must be used in some cases, 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.

### *5. 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 some participants' opinions to be influenced by others. The participant should be allowed to complete the survey independently so they can communicate their own experience with CCS or CST.

### *6. 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 as no names are included on the surveys. Ensure that completed surveys are handled by someone other than direct care providers and case managers. Participant peers or volunteers are ideal for this role. However, if that's not possible, someone in an administrative role is usually the next best choice for collecting surveys and entering survey data into Excel templates.

### *7. 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 agency 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.

### *8. Offer incentives*

Offering incentives as a show of appreciation for participants' participation will create good will for the project in the participant community and usually will 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 data entry and reporting workbooks**

BPTR has developed three Microsoft Excel workbooks (one for each of the three surveys) for providers to use for data entry and reporting of their satisfaction survey responses:

- MHSIP Family Data Workbook
- MHSIP Youth Data Workbook
- ROSI Adult Data Workbook

BPTR provides the three MHSIP and ROSI workbooks electronically in separate Microsoft Excel files (available on the [CCS provider webpage](#) and the [CST partners webpage](#)). Providers should use these workbooks to submit their data to [christopher.keenan@dhs.wisconsin.gov](mailto:christopher.keenan@dhs.wisconsin.gov) at DHS. Keep and submit separate workbooks for each CCS/CST county or tribal program.

After you download these Excel files for the first time, follow these steps to get started:

*Step 1:* Save each Excel workbook to the permanent location. We recommend you save these original files (blank, without any data – so you can make a clean copy if needed) as “FamilyData\_Blank,” “YouthData\_Blank,” and “AdultData\_Blank.”

*Step 2:* In the same location, use the “Save As” command from the “File” menu to save a second copy of each empty Excel workbook under the names “FamilyData\_(year),” “YouthData\_(year),” and “AdultData\_(year).”

*Step 3:* For each completed survey you receive, open the corresponding (Family, Youth, or Adult) Excel workbook for the current year to begin data entry.

Each of the three workbooks contains the following four sheets: data entry (where you will enter the survey responses you receive), scale summary, item averages, and item percentages (that provide basic summary statistics based on your participants’ responses).

### ***Data entry sheet***

Each survey asks a series of questions, with a range of response options (from strongly to strongly disagree). Use the data entry sheet in the corresponding (family, youth, or adult) workbook to record data from each completed survey.

*Step 4:* The data entry sheet is set up for survey data to be entered in a single row (starting in Row 3, below the column headings), moving horizontally from left to right. The column headings match the question numbers on the survey.

- The first column of each row contains a unique participant ID (1, 2, 3 ...). Write the participant ID for that row of data onto the paper survey.
- Enter the survey completion date (in mm/dd/yyyy format) into the second column.
- In the other columns, record all question responses, including participant demographic, descriptive, and comments data. (Instructions on codes you should use are included in the pages below.)

*Step 5:* Save the workbook after entering responses for each survey.

*Step 6:* To record more surveys, simply record responses in the next available blank row.

*Step 7:* When you finish recording new data, save your file again before you exit Excel. Whenever you save this file, keep the same name for that set of survey data.

*Step 8:* To view summary statistics that are calculated automatically for each workbook based on the survey data you have entered, select one of the other sheets in the workbook: scale summary, item averages, or item percentages. (More information on the statistics presented on these three sheets is provided in the sections below.)

Each workbook is set up to accommodate data entry of up to 1,000 surveys. If you need to record more than 1,000 surveys (or simply want to start with a clean data entry file), follow these steps:

- Go back to the location on your computer where you saved the original “Blank” workbooks (in Step 1).
- Open the corresponding “Blank” workbook for the survey data you want to enter (e.g., “FamilyData\_Blank”)
- Save the blank workbook again (like in Step 2) with a *new* name .
- Now you have a *second* blank data entry file to record more surveys.

There are other reasons you may want to create a second (or third) master data entry file before you complete 1,000 surveys. For example, you will want to create a new file if you want to distinguish groups of survey results by year. The three summary sheets (scale summary, item averages, and item percentages) summarize the results for all surveys recorded in the single work sheet, so you could report summary statistics for groups of participants by year.

### ***Scale summary sheet***

The three other sheets in each workbook summarize the corresponding survey responses entered into the data entry sheet and are for viewing results only. Basic statistics are automatically generated, so summary measures (updated as new rows of data are entered) are readily available directly to providers.

The scale summary sheet reports several numbers, both across all respondents and for each individual participant who responded to the survey.

- On the top half of the page, summary statistics are provided across all respondents.
  - The “average for all participants” is calculated for all participants combined: “overall mean” represents the average level of satisfaction reported on all measures across all participants who responded to the survey; and values for each of the six MHSIP and ROSI scales (described below) are calculated across all respondents.
  - The percent of respondents with a “more positive” (or “mostly recovery-oriented”) experience overall is calculated, along with the percent with a “Mixed” experience and the percent with a “less positive” (or “less recovery-oriented”) experience. For these three rows, “overall mean” reflects the percent of all participants who had a more positive, mixed, and less positive experience; the percent calculated for each Scale reflects how many participants had high, medium, or low scores on each scale.
  - The “count participants with valid score” displays the number of participants who completed enough survey items to contribute to the scores calculated for each of the “overall mean” and for each of the six MHSIP and ROSI scales. A participant must have completed at least two-thirds of the items contributing to a respective measure for their data to be included in these calculations.
- On the bottom half of the page, values for “overall mean” and each scale are calculated for each individual participant whose data was entered into the workbook.

### ***Item averages and item percentages sheets***

The item averages and item percentages sheets provide summaries of each of the questions that make up each of the six MHSIP and ROSI scales for all participants combined who responded to that item. (More information about these statistics is included on each of these sheets.)

### **A note of caution**

Be aware that the data entry workbooks have been specifically programmed only for the data entry and reporting purposes described in this document. If you record survey responses in the wrong column location or use an incorrect code, the sheets will generate inaccurate results. If you alter the workbooks or sheets in any way, you risk getting inaccurate results. Please use the workbooks only as described in this document to get accurate satisfaction survey results.



## Satisfaction survey data entry codes

*Instructions:* The MHSIP and ROSI satisfaction survey data entry and reporting workbooks have been programmed to generate summary results based on the data entry codes below.

*Missing Data:* When no answer is provided by the participant for an item, leave the cell blank in the data entry sheet. Summary measures automatically take missing data into account when calculating statistics.

*Participant ID:* On the data entry sheet, in the first column of each row where the survey responses are entered is a unique participant ID (1, 2, 3 ...). Before you enter data for each survey, write the participant ID corresponding to that row of data onto the paper survey. You can use this ID to double check your work or to answer subsequent questions about data.

*Survey Completion Date:* Enter the date the survey was completed (format: mm/dd/yyyy). If the completion date is unknown, type the date when data were entered into the workbook.

### *MHSIP family and youth data entry codes*

#### **MHSIP Items 1-15 and 16-26:**

1 = Strongly agree  
2 = Agree  
3 = Undecided  
4 = Disagree  
5 = Strongly disagree  
na = Not applicable  
blank = No answer

#### **27. MH/SA Services:**

1 = Mental health services only  
2 = Substance abuse services only  
3 = Both MH and SA services

#### **28. Length of Services Received:**

1 = Less than 6 months  
2 = 6 months to 1 year  
3 = 1 year to 2 years  
4 = More than 2 years

#### **29. Does Child Live with Parents:**

1 = Yes  
2 = No

#### **30. Child's Gender:**

1 = Female  
2 = Male  
3 = Trans female  
4 = Trans male  
5 = Other

#### **31. Child's Age:**

(Enter age of participant, in years)

#### **32. Race or Ethnicity:**

1 = American Indian/Alaska Native  
2 = Asian  
3 = Black/African American  
4 = Native Hawaiian/Pacific Islander  
5 = White/Caucasian  
6 = More than one race or ethnic group  
7 = Other

#### **33. Hispanic or Latino/a:**

1 = Yes  
2 = No

#### **34. WI County where Child Lives:**

(Enter child's county of residence)

#### **35. Other comments about services:**

(Enter open text for written comments)

## ***ROSI adult data entry codes***

### **ROSI Items 1-18:**

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Agree
- 4 = Strongly agree
- na = Not applicable
- blank = No answer

### **ROSI Items 19-36 and 37-44:**

- 1 = Never/Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Almost Always/Always
- na = Not applicable
- blank = No answer

### **Section 3 - Other issues related to recovery:**

(Enter open text for written comments)

### **45. Participant's Gender:**

- 1 = Female
- 2 = Male
- 3 = Trans female
- 4 = Trans male
- 5 = Other

### **46. Participant's Age**

(Enter age of participant)

### **47. Race or Ethnicity:**

- 1 = American Indian/Alaska Native
- 2 = Asian
- 3 = Black/African American
- 4 = Native Hawaiian/Pacific Islander
- 5 = White/Caucasian
- 6 = More than one race
- 7 = Other

### **48. Hispanic or Latino/a:**

- 1 = Yes
- 2 = No

### **49. Education:**

- 1 = Less than High School
- 2 = High School/GED
- 3 = College/Technical Training
- 4 = Graduate School
- 5 = Other

### **50. MH/SA Services:**

- 1 = Mental health services only
- 2 = Substance abuse services only
- 3 = Both MH and SA services

### **51. Length of Services Received:**

- 1 = Less than 1 year
- 2 = 1-2 years
- 3 = 3-5 years
- 4 = More than 5 years

### **52. Programs in the Past 6 Months**

- 1 = CSP
- 2 = CCS

### **53. Living Situation:**

- 1 = Own home or apt.
- 2 = Supervised/supported apt.
- 3 = Residential facility
- 4 = Boarding house
- 5 = Homeless or homeless shelter
- 6 = Other

### **54. WI County where Participant Lives:**

(Enter participant's county of residence)

### **55. Indicate support for changing to a new survey:**

- 1 = Yes, I support the change.
- 2 = No, I'd rather keep this survey.
- 3 = I have no preference.

### **56. Section 4 - Other comments about services:**

(Enter open text for written comments)

## Participant satisfaction scales

The three satisfaction surveys (family, youth, and adult) are intended to measure participant satisfaction with mental health and/or substance abuse services across a number of domains. The MHSIP family and youth surveys each contain 26 questions and the ROSI Adult Survey asks 44 questions about participant satisfaction with program services. Summarizing this large number of items to assess participant satisfaction can be difficult. Using factor analysis, a statistical technique that identifies groups of related items based on their high correlation (or association) with each other, researchers reduced the number of measures needed to understand participant responses by combining items together into six scales.

The following three sections provide a description of the general concept of each scale and illustrate the groups of items used to create each scale created from the MHSIP Family Survey, the MHSIP Youth Survey, and the ROSI Adult Survey.

### *MHSIP family scales*

The MHSIP Family Survey asks the caregiver (parent or guardian) a series of 26 questions about their satisfaction with the mental health and/or substance abuse services their child has received in the past six months, each with a range of response options (from “1”=strongly agree to “5”=strongly disagree). The caregiver’s responses can be summarized across six satisfaction domains: general satisfaction with services (*satisfaction*), satisfaction with participation in treatment planning (*participation*), satisfaction with access to services (*access*), satisfaction with the cultural sensitivity of providers (*culture*), satisfaction with treatment outcomes (*outcomes*), and the participant’s level of social connectedness (*connectedness*). All of the questions on the MHSIP Family Survey fall into one of these six domains.

*Scale 1 – Satisfaction:* These items 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 items.

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 items 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 items.

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

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

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

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

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 items are prefaced with the following phrase: “As a direct result of the mental health or substance abuse 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 items.

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 items describe the extent to which participants’ 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 items.

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.

### ***MHSIP youth scales***

The MHSIP Youth Survey asks the same series of 26 questions about participant satisfaction as the MHSIP Family Survey, with the same range of response options (“1”=strongly agree to “5”=strongly disagree) and across the same six scale domains (*satisfaction, participation, access, culture, outcomes, and connectedness*), but from the perspective of the adolescent participant. Again, all of the questions on the MHSIP Youth Survey fall into one of these six domains.

*Scale 1 – Satisfaction:* These items 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 items.

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 items 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 items.

2. I helped to choose my services.

3. I helped to choose my treatment goals.
6. I participated in my own treatment.

*Scale 3 – Access:* These items describe the perceived ease with which a youth obtained their mental health and/or substance abuse services. The access scale was constructed for all individuals who responded to both of these items.

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

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

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 items are prefaced with the following phrase: “As a direct result of the mental health or substance abuse 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 items.

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 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.

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.

## ***ROSI adult scales***

The ROSI Adult Survey asks the adult participant a series of 44 questions about their satisfaction with the mental health and/or substance abuse services they have received in the past six months, each with a range of response options (from “1”=strongly disagree to “4”=strongly agree). The participant’s responses can be summarized across six satisfaction domains (different from the six MHSIP scales): whether services are person-centered (*person-centered*), whether participants experience barriers to recovery (*barriers*), the degree to which participants feel empowered by staff (*empower*), the degree to which the participant has educational/employment opportunities (*employ*), the degree to which agency staff are paternalistic and/or coercive (*staff approach*), and the participant’s financial ability to meet basic needs (*basic needs*). All the items on the ROSI Adult Survey either fall into one of these six domains (with all of the items correlated with each scale grouped in lists below) or are not correlated with any of the scales (so are not included in any scale).

*Scale 1 – Person-Centered:* These items describe whether clinical staff have a person-centered focus and allow for person-centered decision-making. The person-centered scale was constructed for all individuals who responded to at least six of these items.

23. Staff see me as an equal partner in my treatment program.
24. Mental health staff support my self-care or wellness.
30. Staff give me complete information in words I understand before I consent to treatment or medication.
31. Staff encourage me to do things that are meaningful to me.
32. Staff stood up for me to get the services and resources I needed.
33. Staff treat me with respect regarding my cultural background (think of race, ethnicity, religion, language, age, sexual orientation, etc.).
34. Staff listen carefully to what I say.
37. Mental health staff help me build on my strengths.
38. My right to refuse treatment is respected.

*Scale 2 – Barriers:* These items describe passive barriers to recovery that participants may experience. The barriers scale was constructed for all individuals who responded to at least four of these items.

4. I do not have the support I need to function in the roles I want in my community.
5. I do not have enough good service options to choose from.
7. Staff do not understand my experience as a person with mental health problems.
8. The mental health staff ignore my physical health.
11. I cannot get the services I need when I need them.
14. I lack the information or resources I need to uphold my client rights and basic human rights.

*Scale 3 – Empower:* These items describe the degree to which participants feel empowered by staff and others. The empower scale was constructed for all individuals who responded to at least two of these items.

1. There is at least one person who believes in me.
3. I am encouraged to use participant-run programs (support groups, drop-in centers, etc.).
9. Staff respect me as a whole person.

*Scale 4 – Employ:* These items describe the degree to which educational/employment opportunities are available to the individual participant or participants in general. The employ scale was constructed for all individuals who responded to at least three of these items.

- 20. I have a chance to advance my education if I want to.
- 22. Mental health services helped me get or keep employment.
- 28. There was a participant peer advocate to turn to when I needed one.
- 29. There are participants working as paid employees in the mental health agency where I receive services.

*Scale 5 – Staff Approach:* These items describe the degree to which agency staff use a paternalistic and/or coercive approach working with participants. The staff approach scale was constructed for all individuals who responded to at least three of these items.

- 27. Staff use pressure, threats, or force in my treatment.
- 35. Staff lack up-to-date knowledge on the most effective treatments.
- 36. Mental health staff interfere with my personal relationships.
- 41. I am treated as a psychiatric label rather than as a person.

*Scale 6 – Basic Needs:* These items describe the participant’s current financial ability to meet his/her basic needs. The basic needs scale was constructed for all individuals who responded to both of these items.

- 15. I have enough income to live on.
- 19. I have housing that I can afford.

*Other ROSI Items Not Included in Scales:* These items were not strongly correlated with any of the above items in the six scales, but could be important recovery indicators on their own.

- 2. I have a place to live that feels like a comfortable home to me.
- 6. Mental health services helped me get housing in a place I feel safe.
- 10. Mental health services have caused me emotional or physical harm.
- 12. Mental health services helped me get medical benefits that meet my needs.
- 13. Mental health services led me to be more dependent, not independent.
- 16. Services help me develop the skills I need.
- 17. Substance abuse services help me be better able to deal with my alcohol or drug problem.
- 18. Substance abuse services help me have a better understanding of my addiction.
- 21. I have reliable transportation to get where I need to go.
- 25. I have a say in what happens to me when I am in crisis.
- 26. Staff believe that I can grow, change and recover.
- 39. My treatment plan goals are stated in my own words.
- 40. The doctor worked with me to get on medications that were most helpful for me.
- 42. I can see a therapist when I need to.
- 43. My family gets the education or supports they need to be helpful to me.
- 44. I have information or guidance to get the services and supports I need, both inside and outside my mental health agency.

## **Ideas for using satisfaction survey results**

The measures included in these surveys are potentially strong tools that can be used to inform and guide system transformation efforts. Some of the ways these tools could be used include:

- To create a baseline of data to assess the current status of the recovery orientation of a program or local system.
- To set specific benchmarks that target desired increments of progress toward achieving a recovery orientation.
- To measure change over time in the recovery orientation of the program or system;
- To compare the performances of provider agencies.
- To sensitize and educate mental health and/or substance abuse providers about important factors that facilitate or impede recovery.
- As part of other targeted studies of mental health and/or substance abuse recovery, to develop a better understanding of how agency or system-level performance on key indicators relates to other recovery elements, processes, or outcomes.

## **Returning data entry and reporting workbooks to DHS**

After you have collected surveys from as many participants as you can and entered all CCS and CST data into the corresponding data entry and reporting workbooks, email them to [christopher.Keenan@dhs.wisconsin.gov](mailto:christopher.Keenan@dhs.wisconsin.gov).

When emailing the data:

- Submit separate workbooks for each county or tribal CCS program and CST initiative.
- In the body of the email include comments you may have about the satisfaction surveys or the process used to collect them so we can improve the process of collecting data in the future.



## Instructions for coordinating the survey process for CCS and CST

Administer all surveys to eligible CCS participants and families (caregivers) as usual. In addition, the two surveys for youth and family are required for CST initiatives beginning in 2018. The following instructions will help CCS programs and CST initiatives streamline their survey process and avoid duplicate surveys when they serve the same youth.

Prior to administering your surveys, identify whether each youth or family member recently participated in CCS, CST, or CCS and CST and record this on the *Enrollee Status* field in the header of each survey and in the *Enrollment Status* column when entering data into the data entry workbooks.

This guidance clarifies how to determine a participant's enrollment status:

Dual enrollment in CCS and CST is defined by:

- Your CCS program using the CST approach for youth, or
- Youth in your CST initiative using the CCS Medicaid benefit.

Depending on the relationship between the two programs 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 programs 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” on the top of the survey.
  - Record the survey data in separate Excel files for CCS and CST.
- Youth participating in both the CCS and CST programs simultaneously:
  - If your CCS program and your CST initiative enroll the same youth, administer only one survey to eligible youth and caregivers. Before distributing the surveys, check the “CCS and CST” Enrollment Status box on the top of the survey.
  - Record the survey data in one Excel file for CCS.
- Both of the above situations exist in your county or tribe:
  - For youth participating in CST only, check the “CST” Enrollment Status box on the top of one group of surveys, distribute them, and record the survey data in a CST Excel file.
  - For youth participating in CCS only, check the “CCS” Enrollment Status box on the top of a second group of surveys, distribute them, and record the survey data in a CCS Excel file.
  - For youth participating in both programs, check the “CCS and CST” Enrollment Status box on the top of each survey, distribute them with the rest of the CCS surveys in the second group, and record the survey data in the CCS Excel file.

## Questions about the participant satisfaction surveys?

If you have questions about anything regarding survey administration, data collection, data entry, or interpreting summary statistics from any of the satisfaction surveys, you may contact:

CCS questions	CST questions
Christopher Keenan Bureau of Prevention Treatment and Recovery Division of Care and Treatment Services Wisconsin Department of Health Services 1 West Wilson Street, Room 851 Madison, Wisconsin 53703 608-267-9391 <a href="mailto:christopher.keenan@dhs.wisconsin.gov">christopher.keenan@dhs.wisconsin.gov</a>	Tim Connor Bureau of Prevention Treatment and Recovery Division of Care and Treatment Services Wisconsin Department of Health Services 1 West Wilson Street, Room 851 Madison, Wisconsin 53703 608-261-6744 <a href="mailto:tim.connor@dhs.wisconsin.gov">tim.connor@dhs.wisconsin.gov</a>