
2015 User's Guide for the
Mental Health Statistical Improvement Program (MHSIP)
and Recovery Oriented System Indicators (ROSI)
Consumer Satisfaction Surveys

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Department of Health Services

Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery

A Note about Using This Guide

This User's Guide was developed as a part of the State of Wisconsin's efforts to measure the satisfaction of consumers of public mental health and substance abuse services across the state. Along with this guide, the Wisconsin Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services (DMHSAS), 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. Today, counties across the state are using these surveys to gauge and improve satisfaction among consumers who receive mental health and/or substance abuse services through their Comprehensive Community Services (CCS) Programs. 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) Consumer Satisfaction Survey data within your agency.

Introduction to the MHSIP & 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 consumers with serious mental health conditions (Serious Emotional Disorder, or SED) or substance abuse 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 Satisfaction 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 consumer 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. Five Wisconsin counties began using the ROSI Adult Survey with grants from BPTR to implement recovery principles within evidence-based practices for mental health consumers.

Consumer Satisfaction Survey Materials

The CCS provider webpage (<http://www.dhs.wisconsin.gov/ccs/expansion/index.htm>) contains all the materials you need to measure satisfaction of the consumers who receive mental health and/or substance abuse services from your CCS Program.

Click on the Satisfaction Survey Materials tab to find the following information:

- *Introductory Information* – to get you started with the CCS Satisfaction Surveys:
 - Letter from Joyce Allen, Director of BPTR, addresses compliance with administration of the CCS Consumer Satisfaction Surveys; and
 - The 2015 User's Guide contains information on collecting, analyzing, and using the MHSIP and ROSI Satisfaction Survey data.

- Three *CCS Satisfaction Surveys* – to collect data from all your CCS consumers:
 - The MHSIP Family Satisfaction Survey is filled out by the parent or guardian of child consumers (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 consumers themselves (ages 13-17 years) about their own experience with services and interactions with staff;
 - The ROSI Adult Satisfaction Survey is completed by adult consumers themselves (ages 18 years and older) about their own experience with services and interactions with staff.
- Three *Data Entry and Reporting Workbooks* – to record your consumers’ survey responses:
 - These Microsoft Excel files (one for each of the Family, Youth and Adult Surveys) contain pre-existing sheets created to facilitate both:
 - Entering survey responses collected from your consumers; 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* – one-page templates you can modify and distribute to explain the purpose of the surveys to your consumers.

Identifying Consumers for the Satisfaction Survey

Only some of your CCS consumers may be eligible to complete a satisfaction survey. All three surveys are designed for consumers who:

- ***have received CCS services through your program for at least 6 months; and***
- ***are still active CCS consumers or were just recently discharged from CCS.***

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

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

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

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 consumer’s CCS 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 consumers 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 consumers within a targeted program is usually relatively small. All CCS 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 consumer questions, and develop consumer trust. The interviewer can fully explain the purpose of the survey and the confidentiality protections for the consumer. Overall, this method of administration may return more completed surveys (with the highest response rate of the three methods) and can provide consumers 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 consumer feels free to speak about their mental health service experience with the agency. If a pool of appropriate interviewers (perhaps including 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 consumer (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 consumer trust in the effort. To encourage participation, using non-agency staff members is necessary so the consumer can speak freely about their mental health service experience with the agency. Using peer consumers as interviewers trained by the agency to administer the survey is often an effective method for making the consumer 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 consumers 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 consumer without much difficulty, how an agency sets up the survey process and interacts with the consumer 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 consumer 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 abuse),
- what period of time they should respond about (the past 6 months).

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

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 consumer’s individual service provider should never distribute, administer, or collect the survey since this could make the consumer feel pressured to give more positive responses. Using certified peer specialists to distribute, administer, and/or collect surveys can help put the consumer respondent at ease. Peers can effectively fill the support role needed to orient the consumer 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 consumer to complete the survey*

If possible, have consumers complete the survey at home or in another neutral setting where they would feel most comfortable answering the questions. Because consumers are describing their experience with your agency and its staff, your agency clinic or office is not the optimal setting in which consumers can provide honest answers. If the clinic or office setting must be used in some cases, provide the consumer 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 consumer completes the survey independently*

Giving the survey to several consumers to complete as a group will not generate the data you need. If a group of consumers is allowed to discuss the survey questions, the potential exists for some consumers' opinions to be influenced by others. The consumer should be allowed to complete the survey independently so they can communicate their own experience with CCS.

6. *Make the survey voluntary and anonymous*

To ensure the consumer 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. Consumer 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 consumer 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 consumers' participation will create good will for the project in the consumer 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 consumer 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, and
- ROSI Adult Data Workbook.

BPTR provides the three MHSIP and ROSI workbooks electronically in separate Microsoft Excel files (available on the CCS provider webpage). 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 “2015FamilyData_Blank,” “2015YouthData_Blank,” and “2015AdultData_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 “2015FamilyData_Master,” “2015YouthData_Master,” and “2015AdultData_Master.”

Step 3: For each completed survey you receive, open the corresponding (Family, Youth, or Adult) “Master” Excel workbook 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 consumers' responses).

Data Entry Sheet

Each survey asks a series of questions, with a range of response options (from Strongly Agree to Strongly Disagree). Use the Data Entry Sheet in the corresponding (Family, Youth, or Adult) "Master" 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 Consumer ID (1, 2, 3 ...). Write the Consumer 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 consumer demographic and descriptive 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 "Master" 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., "2015FamilyData_Blank")
- Save the blank workbook again (like in Step 2) with a *new* name ending in "Master2." (e.g., "2015FamilyData_Master2")
- Now you have a *second* blank "Master2" 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 could create a new "Master" file if you want to distinguish groups of survey results from each other. 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 separate groups of consumers.

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 consumer who responded to the survey.

- On the top half of the page, summary statistics are provided across all respondents.
 - The “Average for All Consumers” is calculated for all consumers combined: “Overall Mean” represents the average level of satisfaction reported on all measures across all consumers 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 consumers who had a more positive, mixed, and less positive experience; the percent calculated for each Scale reflects how many consumers had high, medium, or low scores on each scale.
- On the bottom half of the page, values for “Overall Mean” and each Scale are calculated for each individual consumer whose data was entered into the workbook.

Item Averages & 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 consumers 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. Use of other codes will generate inaccurate results.

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

Consumer ID: On the Data Entry Sheet, in the first column of each row where the survey responses are entered, a unique Consumer ID (1, 2, 3 ...) has been automatically generated. Before you enter data for each survey, write the Consumer ID corresponding to that row of data onto the first page of the paper survey. This step will enable you to double check your work later, or to go back and answer questions about data that was previously entered into the workbook.

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

31. Child's Age:

(Enter age of consumer, 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)

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

45. Consumer's Gender:

- 1 = Female
- 2 = Male

46. Consumer's Age

(Enter age of consumer)

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 Consumer Lives:

(Enter consumer's county of residence)

Consumer Satisfaction Scales

The three satisfaction surveys (Family, Youth, and Adult) are intended to measure consumer 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 consumer satisfaction with program services. Summarizing this large number of items to assess consumer 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 consumer 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 consumer’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 consumer’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 consumers’ 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.
22. My child is better able to do things he/she wants to do.

Scale 6 – Connectedness: These items describe the extent to which consumers’ 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 consumer 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 consumer. 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.
22. I am better able to do things 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.

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.

ROSI Adult Scales

The ROSI Adult Survey asks the adult consumer 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 consumer’s responses can be summarized across six satisfaction domains (different from the six MHSIP Scales): whether services are person-centered (*Person-Centered*), whether consumers experience barriers to recovery (*Barriers*), the degree to which consumers feel empowered by staff (*Empower*), the degree to which the consumer has educational/employment opportunities (*Employ*), the degree to which agency staff are paternalistic and/or coercive (*Staff Approach*), and the consumer’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 consumers 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 consumers 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 consumer-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 consumer or consumers 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 consumer peer advocate to turn to when I needed one.
- 29. There are consumers 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 consumers. 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 consumer’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; and
- 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 Family, Youth, and Adult Surveys from as many consumers as you can and entered their responses in the corresponding Data Entry and Reporting Workbooks, you will need to email the completed workbooks back to DHS. We will combine data from all the CCS counties and tribes who have participated in collecting these surveys and generate a report on the satisfaction of CCS consumers across Wisconsin.

Please email all completed workbooks to Laura Blakeslee at Laura.Blakeslee@wisconsin.gov with a message saying:

- How many of your consumers returned completed satisfaction surveys;
- What method(s) of survey administration you used to collect the data; and
- Any comments you have about these satisfaction surveys so we can improve the process of collecting data in the future.

Questions about the Consumer 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:

Laura Blakeslee, PhD
Wisconsin Department of Health Services
Division of Mental Health and Substance Abuse Services
Bureau of Prevention Treatment and Recovery
1 West Wilson Street, Room 851
Madison, Wisconsin 53703
608-267-9391
Laura.Blakeslee@wisconsin.gov

Thank you for your efforts in collecting this important information from your consumers!