

User's Guide for Participant Satisfaction Surveys



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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

P-00887 (03/2023)

Table of contents

A note about using this guide3

Introduction to the satisfaction surveys3

Participant satisfaction survey materials3

Timing of survey administration4

Survey administration methods4

 In-person interviews4

 Phone interviews4

 Self-administered surveys5

 Online link or email5

Eligible participants for the satisfaction survey5

Preparation for survey distribution6

Instructions for coordinating the survey process for CCS, CST, and CSC7

Tips on how to collect the survey data7

The eINSIGHT survey system9

Ideas for using satisfaction survey results.....9

How to get help10

Appendix 1: Participant satisfaction scales11

 Adult scales.....11

 Youth scales.....13

 Family scales.....14

A note about using this guide

This guide 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. Tribal nations and counties 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), Coordinated Services Teams (CST) Initiatives, Coordinated Specialty Care (CSC), and Community Support Programs (CSP).

CCS programs may use this process 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.

CST Initiatives may use this process 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 [Comprehensive Community Services: Provider Resources](#), [Coordinated Services Teams Initiatives: Provider Resources](#), [First Episode Psychosis and Coordinated Specialty Care](#), or [Community Support Programs: Provider Resources](#) pages on the DHS website for the following materials:

- This user’s guide
- eINSIGHT training resources
 - Survey responses must be entered into eINSIGHT.
 - Programs also have the option to send surveys electronically through eINSIGHT.
- 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)

Timing of survey administration

Agencies can administer consumer satisfaction surveys using one of the two following methods:

- Surveys can be administered in a **three-month period from August through October**, during which every eligible participant is offered a survey.
- Surveys can be administered on a **rolling basis throughout the year** to eligible participants.

Participants must have received services for at least six months to be eligible for a survey, and each eligible participant should complete one survey each year. **Please ensure that survey submissions are entered into eINSIGHT by December 31.**

Survey administration methods

There are four 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)
- Online link or email

Resources may dictate that the online or mail survey method is primarily used, but programs should have other options available if some participants are unwilling or unable to complete an online or 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 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 method requires fewer resources as 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 with paid postage.

Online link or email

The eINSIGHT website can be used to send the surveys through email or to generate a link that can be shared with the participant. Alternatively, programs may use another electronic survey method or website to deliver the survey online. This method requires similar resources as the self-administered survey method. However, it may be more difficult to use with participants who have limited access to or experience with email or the internet. As with the mail surveys, participants should have access to an individual knowledgeable about the survey, its purpose, and its confidentiality. In addition, it is beneficial to send an introductory email that acts as a cover letter prior to emailing or sharing the survey itself.

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 or be able to complete and return the survey. However, it is important that programs make their best effort to gather as many survey responses as possible as low response rates yield fewer representative data. This is especially true for smaller programs in which there are fewer total participants to provide feedback.

Preparation 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, CSC, and/or CSP)
- Contact information including street address, phone number, and/or email address depending on the method of survey distribution
- Survey ID

Before distributing the surveys, you must associate the following information with the survey either by completing the "Office Use Only" box at the end of the paper survey or attaching the information to electronic surveys. This is important for the tracking and analysis of responses.

- Program enrollment status
- Survey ID

The date the survey was received will be recorded when the survey is completed or returned to your agency.

Assigning a survey ID to every survey that you distribute is required and can be used to track completed surveys through the data entry process. You may want to develop an ID system that helps to track the surveys, such as including the year and sequential number of the survey (2023001, 2023002, etc.). Survey IDs can be duplicated across tribal nations and counties but not within a tribal nation or county; therefore, two different counties can use the same survey ID. You can search for survey IDs in eINSIGHT which will help prevent the duplicate data entry of a survey.

Instructions for coordinating the survey process for CCS, CST, and CSC

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, CSC, 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 Initiative approach for youth. OR
- Participants in your CST Initiative or CSC using the CCS Medicaid benefit.

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

- Youth participating in *only* CCS, CST, or CSC:
The CCS, CST, or CSC should independently administer the satisfaction surveys to their distinct set of youth and family participants. Before distributing the surveys, assign either CCS, CST, or CSC to the survey.
- Youth participating in both the CCS *and* CST or CSC simultaneously:
If your CCS and your CST or CSC enroll the same individuals, administer only one survey to eligible individuals. Before distributing the surveys, assign CCS **and** CST or CSC to the survey.

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 or email 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 of 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 or online, 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.

The eINSIGHT survey system

eINSIGHT is an online application for data entry and analysis. Regardless of the survey administration method, programs must enter their collected survey responses into eINSIGHT. The data is automatically submitted to DHS.

Moreover, the surveys can be sent by email through eINSIGHT or a link can be generated to share with participants. Once a participant completes the survey through the eINSIGHT email or link, the results are automatically recorded on the website.

Programs can also generate reports with their data in eINSIGHT, examining responses by program, analyzing results across years, or comparing program data to statewide data.

Please refer to the eINSIGHT training resources for information on how to access and use the website.

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 Division of Care and Treatment Services at dhswebmaildcts@dhs.wisconsin.gov.

If you have technical problems with eINSIGHT, log into your eINSIGHT account at <https://wi.eINSIGHT.net> and submit a request for assistance.

Appendix: 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 –Satisfaction:

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 quality of staff and the clinical treatment they received. The quality 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.
6. I participated in my own treatment.

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.
6. I participated in my child's treatment.

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.