
**Central Wisconsin Health Partnership (CWHP)
Regional Comprehensive Community Services
2015 Consumer Satisfaction Survey Report**

Prepared by:



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Introduction

Consumer satisfaction is an essential component of effective and quality Comprehensive Community Services (CCS) programs. Chapter DHS 36 which establishes standards for CCS programs in Wisconsin, requires CCS programs to develop and implement a plan to assess consumer satisfaction, and to utilize the results to modify the program as needed. Two tools, the Recovery Oriented System Indicator (ROSI) and the Mental Health Statistics Improvement (MHSIP) survey, are currently used to assess consumer satisfaction with CCS. The surveys are designed for consumers who have received CCS services for at least 6 months, and who are currently active or recently discharged from CCS.

I'm glad I live in a county that cares. Thank you!

- CCS Consumer, Waushara County

CCS has been very helpful!

- CCS Consumer, Juneau County

I have exceptional (CCS) providers!

- CCS Consumer, Adams County

The MHSIP survey used for CCS programs 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 designed for consumers ages birth through 17 with serious mental health conditions or substance abuse concerns who have had at least six months of service history. Caregivers of children ages 12 and younger are asked to fill out the MHSIP Family Survey on behalf of their child; youth ages 13-17 are asked to directly fill out the MHSIP Youth Survey him or herself.

The ROSI Adult Satisfaction Survey evolved from collaborative efforts among a number of State Mental Health Authorities (SMHAs) and national organizations. Through an extensive process that included the use of consumer focus groups followed by pilot testing the survey, the ROSI was developed as one means to assess the performance of state and local mental health systems and providers.¹

I felt listened to.

- 18-year-old CCS Consumer, Green Lake County

This report highlights the results of the ROSI and MHSIP surveys completed by consumers from the four counties of the Central Wisconsin Health Partnership (CWHP) who are currently CCS certified: Adams, Green Lake, Juneau, and Waushara Counties. The regional CCS Quality Improvement Committee (a subcommittee of the CCS Regional Coordinating Committee) developed a plan for survey administration, data collection, and submission. Survey administration was the responsibility of each individual county in the region; following is a summary of each county's method of administration:

- Adams County – Support staff called eligible consumers to ask if they would like to complete a survey by phone or by mail. Mailed surveys were returned to Adams County Health and Human Services Department. Up to two follow-up calls were made for unreturned surveys.
- Green Lake County – The surveys were distributed to consumers either by mail or by a service facilitator. Surveys were then returned in sealed envelopes to the CCS Service Director.
- Juneau County – A psychosocial rehabilitation worker went with the service facilitator to each consumer's home and assisted the consumer in the survey process.
- Waushara County – Initial calls were made to eligible consumers to solicit interest. An AODA intern then met with a portion of the interested consumers to assist them in completing the surveys.

¹ 2015 User's Guide for MHSIP and ROSI Consumer Satisfaction Surveys, July 2015, Wisconsin Department of Health Services

Consumers who are part of a CCS cooking group completed their surveys with assistance from the group’s facilitator. One survey was completed by phone interview.

Completed surveys from all four counties were submitted to White Pine Consulting for data collation, analysis, and submission to the Division of Mental Health and Substance Abuse Services.

Chart A summarizes number of surveys distributed and returned across the region.

Chart A. Regional Consumer Satisfaction Survey Distribution and Collection

County	Eligible Consumers	Surveys Distributed	Surveys Returned/Collected				
			Total	Return Rate	ROSI	MHSIP Youth	MHSIP Family
Adams	25	25	7	28%	4	0	3
Green Lake	16	16	7	44%	3	4	0
Juneau	6	6	6	100%	4	2	0
Waushara	20	13	13	100%	7	3	3
Totals	67	60	33	55%	18	9	6

When considering each county’s method of administration, survey return/completion rates are consistent with guidelines provided by the Wisconsin Department of Health Services¹: in-person assistance generated the highest return rates as evidenced in Juneau and Waushara Counties. One focus in developing a regional for the 2016 Consumer Satisfaction Survey process may be to standardize the survey administration process across partner counties to include in-person assistance for consumers.

Demographics

Gender

Surveys were completed by 18 males (55%) and 15 females (45%). Chart B compares the gender of youth represented by the MHSIP Youth and Family Surveys, and adults who responded to the ROSI survey.

Age

Respondents to the ROSI ranged in age from 20 – 66 years. 80% were between the ages of 20 and 60, and 20% were elders (over the age of 60).

Respondents to the MHSIP Youth survey ranged in age from 14 to 20 years old. MHSIP Family surveys were completed for youth who ranged in age from 8 to 12.

Race

An overwhelming majority of consumers identified themselves as “White or Caucasian” (85%) with 12% identifying themselves as “More than one race or ethnic group”. One consumer (3%) identified their race as “Other”.

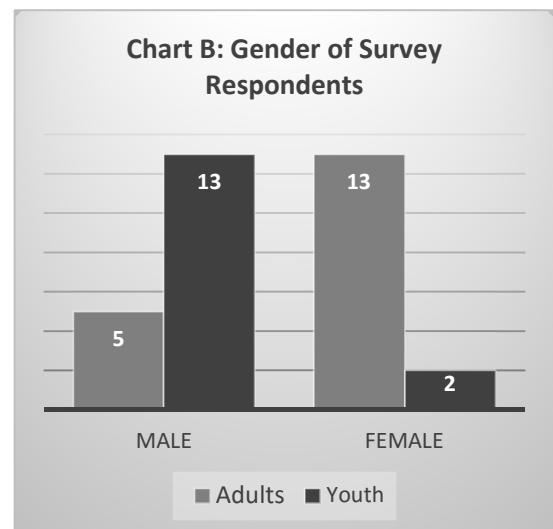
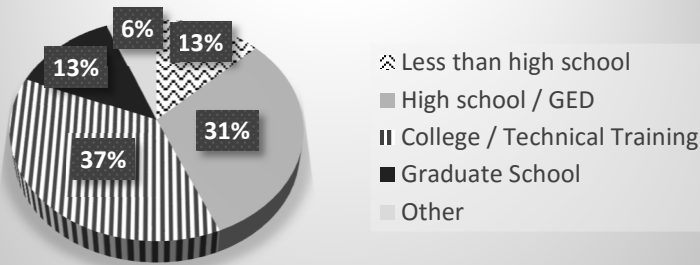


Chart C: Level of Education



Level of Education

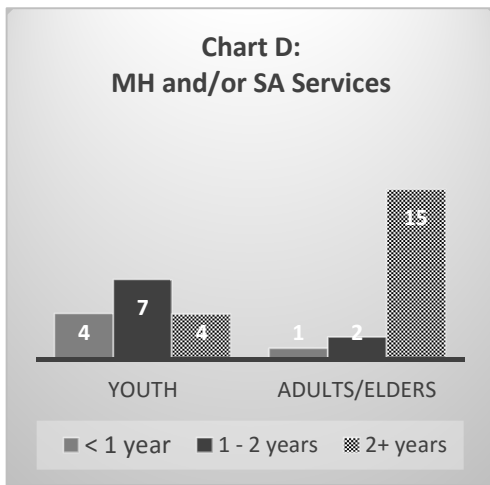
Adults responding to the ROSI were asked about their level of education. Results are summarized in Chart C.

Mental Health (MH) and Substance Abuse (SA) Services

Both adult and youth consumers were asked if they were currently receiving MH and/or SA services. 29 of the 31 consumers who answered this question

indicated they were receiving MH services only. Two consumers who completed the ROSI identified they were receiving both MH and SA services. No one identified they were receiving SA services only.

Chart D: MH and/or SA Services



Consumers were also asked how long they have been receiving MH and/or SA services. Chart D summarizes the results.

Living Environment

Both adult and youth consumers were asked about their current living environment. 14 (88%) of ROSI respondents indicated they were living in their own home or apartment. 1 (6%) indicated there were living in a supervised /supported apartment, and 1 (6%) chose “other”. No one chose any of the more restrictive options of residential facility, boarding house, or homeless/homeless shelter.

The youth and family surveys asked if the youth currently lives with one or both parents. 9 (60%) of responses indicated “yes”, and 6 (40%) of youth indicated “no”.

ROSI Adult Satisfaction Survey

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 or response options (from 1=Strongly Disagree to 4=Strongly Agree). The consumer’s responses can be summarized across the following six satisfaction scales:

1. *Person-Centered*: whether services are person-centered
2. *Barriers*: whether consumers experience barriers to recovery
3. *Empower*: the degree to which consumers feel empowered by staff
4. *Employ*: the degree to which the consumer has educational/employment opportunities
5. *Staff Approach*: the degree to which agency staff are paternalistic and/or coercive
6. *Basic Needs*: the consumer’s financial ability to meet basic needs

Eighteen adult consumers ranging in age from 20 – 66 years completed the ROSI Adult Satisfaction Survey. Chart E provides summary statistics. Average scores can range from a low of 1.0 to a high of 4.0. In most cases, a high average score indicates a more recovery-oriented experience. However, item wording for the shaded Scales (Scales 2 and 5) are negatively phrased, so a low average represents a more recovery-oriented experience (meaning the consumer disagreed with the negative statements). The percentages shown in Chart E have been adjusted for Scales 2 and 5 so they have the same meaning as for the other Scales.

Chart E: Averages and Percentages for the ROSI Adult Satisfaction Survey

	ROSI Overall Average	Scale 1 - Person Centered	Scale 2 - Barriers	Scale 3 - Empower	Scale 4 - Employ	Scale 5 - Staff Approach	Scale 6 - Basic Needs
Average for All Consumers	3.4	3.8	1.6	3.6	3.2	1.4	2.8
% w/ Mostly Recovery-Oriented Experience	88.9%	94.4%	61.1%	94.4%	66.7%	87.5%	58.8%
% w/ Mixed Experience	11.1%	5.6%	38.9%	5.6%	33.3%	12.5%	17.6%
% w/ Less Recovery-Oriented Experience	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	23.5%

Results suggest several areas of strength, including 94.4% of consumers expressing a mostly recovery-oriented experience on both the Person-Centered and Empower scales. The scale consumers rated as having the least favorable was Basic Needs, with 23.5% of consumers indicating they had a “less recovery-oriented experience”.

A more detailed explanation of the results outlined in Chart E can be found in charts that follow, which provide summaries of each of the questions that make up each of the six satisfaction scales. Please note the rating scale that corresponds with each of the 6 satisfaction scales.

Scale 1 - Person-Centered Planning

Rating Scale: 1 = Never/Rarely, 2 = Sometimes, 3 = Often, 4 = Almost Always/Always

ROSI Adult Satisfaction Survey Items	Ave Score	% Often/Almost Always
23. Staff see me as an equal partner in my treatment program.	3.6	94.4%
24. Mental health staff support my self-care or wellness.	3.9	100.0%
30. Staff give me complete information in words I understand before I consent to treatment or medication.	3.6	94.1%
31. Staff encourage me to do things that are meaningful to me.	3.7	94.4%
32. Staff stood up for me to get the services and resources I needed.	3.8	100.0%
33. Staff treat me with respect regarding my cultural background (race, ethnicity, religion, language, age, sexual orientation, etc.).	3.9	100.0%
34. Staff listen carefully to what I say.	3.8	100.0%
37. Mental health/substance abuse staff help me build on my strengths.	3.9	100.0%
38. My right to refuse treatment is respected.	3.7	92.9%

Scale 2 – Barriers

Rating Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

ROSI Adult Satisfaction Survey Items	Ave Score	% Disagree or Strongly Disagree
11. I cannot get the mental health/substance abuse services I need when I need them.	1.6	76.5%
14. I lack the information or resources I need to uphold my client rights and basic human rights.	1.8	82.4%
4. I do not have the support I need to function in the roles I want in my community.	1.5	83.3%
5. I do not have enough good service options to choose from.	1.9	83.3%
7. Staff do not understand my experience as a person with mental health and/or substance abuse problems.	1.7	83.3%
8. The mental health and/or substance abuse staff ignore my physical health.	1.3	100.0%

Scale 3 – Empower

Rating Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

ROSI Adult Satisfaction Survey Items	Ave Score*	% Agree or Strongly Agree
1. There is at least one person who believes in me.	3.4	83.3%
3. I am encouraged to use consumer-run programs (for example, support groups, drop-in centers, etc.).	3.4	100.0%
9. Staff respect me as a whole person.	3.8	100.0%

Scale 4 – Employ

Rating Scale: 1 = Never/Rarely, 2 = Sometimes, 3 = Often, 4 = Almost Always/Always

ROSI Adult Satisfaction Survey Items	Ave Score*	% Often or Almost Always
20. I have a chance to advance my education if I want to.	3.2	75.0%
22. Mental health and/or substance abuse services helped me get or keep employment.	2.8	55.6%
28. There was a consumer peer advocate to turn to when I needed one.	3.4	84.6%
29. There are consumers working as paid employees in the mental health/substance abuse agency where I receive services.	3.4	80.0%

Scale 5 – Staff Approach

Rating Scale: 1 = Never/Rarely, 2 = Sometimes, 3 = Often, 4 = Almost Always/Always

ROSI Adult Satisfaction Survey Items	Ave Score*	% Never/Rarely or Sometimes
27. Staff use pressure, threats, or force in my treatment.	1.2	93.8%
35. Staff lack up-to-date knowledge on the most effective treatments.	1.7	83.3%
36. Mental health/substance abuse staff interfere with my personal relationships.	1.2	94.1%
41. I am treated as a psychiatric label rather than as a person.	1.7	75.0%

Scale 6 – Basic Needs

Rating Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

ROSI Adult Satisfaction Survey Items	Ave Score*	% Agree or Strongly Agree
15. I have enough income to live on.	2.2	38.9%
19. I have housing that I can afford.	3.2	70.6%

MHSIP Youth and Family Satisfaction Surveys

Caregivers of children ages 12 and younger were asked to fill out the **MHSIP Family Survey** on behalf of their child; and consumers ages 13-17 were asked to directly fill out the **MHSIP Youth Survey** him or herself. Both surveys included a series of 26 questions about consumer satisfaction with the mental health and/or substance abuse services received in the past six months, each with a range of response options (from 1=Strongly Agree to 5=Strongly Disagree). Responses can be summarized across the following six satisfaction scales:

1. *Satisfaction*: general satisfaction with services
2. *Participation*: satisfaction with participation in treatment planning
3. *Access*: satisfaction with access to services
4. *Culture*: satisfaction with the cultural sensitivity of providers
5. *Outcomes*: satisfaction with treatment outcomes
6. *Connectedness*: the consumer’s level of social connectedness

9 MHSIP Youth Surveys, and 5 MHSIP Family Surveys were completed. Chart F provides summary statistics, comparing results from the Family Surveys with results from the Youth Surveys. The average scores can range from a low of 1.0 to a high of 5.0. A lower average represents a more positive experience, and a higher average represents a less positive experience. As shown in Chart F, a vast majority of scales were rated favorably by both youth and caregivers (as indicated by average scores between 1.0 and 2.0). The scale rated as the least positive was Scale 5 - Outcomes, with 33% of youth indicating they had a “mixed experience”, and 75% of caregivers indicating either a “mixed experience” or “less positive experience”. A more detailed explanation of the results outlined in Chart F can be found in charts that begin on page 8.

Chart F. Averages and Percentages for Youth and Family Satisfaction Surveys

	Overall Average		Scale 1 - Satisfaction		Scale 2 - Participation		Scale 3 - Access	
	Youth	Family	Youth	Family	Youth	Family	Youth	Family
Average for All Consumers	2.0	1.5	1.9	1.2	1.9	1.2	1.8	1.2
Percent w/ More Positive Experience	100%	100%	100%	100%	100%	100%	89%	100%
Percent w/ Mixed Experience	0%	0%	0%	0%	0%	0%	0%	0%
Percent w/ Less Positive Experience	0%	0%	0%	0%	0%	0%	11%	0%

	Scale 4 - Culture		Scale 5 - Outcomes		Scale 6 - Social Connectedness	
	Youth	Family	Youth	Family	Youth	Family
Average for All Consumers	1.6	1.1	2.2	2.5	2.1	1.3
Percent w/ More Positive Experience	100%	100%	67%	25%	89%	100%
Percent w/ Mixed Experience	0%	0%	33%	50%	11%	0%
Percent w/ Less Positive Experience	0%	0%	0%	25%	0%	0%

The charts that follow provide summaries of each of the questions from both the Youth Survey and the Family Survey. The following rating scale can be used for each of the 6 summary scales; a lower average represents a more positive experience, and a higher average represents a less positive experience:

1 = Strongly Agree, 2 = Agree, 3 = Undecided, 4 = Disagree, 5 = Strongly Disagree

Scale 1 - Satisfaction

MHSIP Youth and Family Satisfaction Survey Items	Youth		Family	
	Ave Score	% Strongly Agree or Agree	Ave Score	% Strongly Agree or Agree
1. Overall, I am satisfied with the services I received.	1.9	89%	1.2	100%
10. I got the help I wanted.	1.9	78%	1.3	100%
11. I got as much help as I needed.	2.1	78%	1.3	100%
4. The people helping me stuck with me no matter what.	1.7	89%	1.0	100%
5. I felt I had someone to talk to when I was troubled.	2.2	56%	1.2	100%
7. The services I received were right for me.	1.7	100%	1.2	100%

Scale 2 - Participation

MHSIP Youth and Family Satisfaction Survey Items	Youth		Family	
	Ave Score	% Strongly Agree or Agree	Ave Score	% Strongly Agree or Agree
2. I helped to choose my services.	1.8	88%	1.4	100%
3. I helped to choose my treatment goals.	1.8	89%	1.2	100%
6. I participated in my own treatment.	2.1	67%	1.0	100%

Scale 3 - Access

MHSIP Youth and Family Satisfaction Survey Items	Youth		Family	
	Ave Score	% Strongly Agree or Agree	Ave Score	% Strongly Agree or Agree
8. The location of services was convenient for us.	1.8	78%	1.2	100%
9. Services were available at times that were convenient for us.	1.8	89%	1.2	100%

Scale 4 - Culture

MHSIP Youth and Family Satisfaction Survey Items	Youth		Family	
	Ave Score	% Strongly Agree or Agree	Ave Score	% Strongly Agree or Agree
12. Staff treated me with respect.	1.7	89%	1.0	100%
13. Staff respected my family's religious or spiritual beliefs.	1.4	100%	1.4	75%
14. Staff spoke with me in a way that I understood.	1.8	89%	1.0	100%
15. Staff were sensitive to my cultural or ethnic background.	1.7	89%	1.0	100%

Scale 5 - Outcomes

MHSIP Youth and Family Satisfaction Survey Items	Youth		Family	
	Ave Score	% Strongly Agree or Agree	Ave Score	% Strongly Agree or Agree
16. My child is better at handling daily life.	2.3	67%	2.2	60%
17. My child gets along better with family members.	2.6	67%	2.4	60%
18. My child gets along better with friends and other people.	2.0	78%	2.6	40%
19. My child is doing better in school and/or work.	2.0	78%	2.3	67%
20. My child is better able to cope when things go wrong.	2.2	56%	2.6	40%
21. I am satisfied with our family life right now.	2.1	67%	3.3	17%
22. My child is better able to do things he/she wants to do.	2.2	78%	2.6	40%

Scale 6 – Social Connectedness

MHSIP Youth and Family Satisfaction Survey Items	Youth		Family	
	Ave Score	% Strongly Agree or Agree	Ave Score	% Strongly Agree or Agree
23. I know people who will listen and understand me when I need to talk.	2.1	89%	1.3	100%
24. I have people that I am comfortable talking with about my problems.	2.3	67%	1.3	100%
25. In a crisis, I would have the support I need from family or friends.	2.0	78%	1.2	100%
26. I have people with whom I can do enjoyable things.	2.0	89%	1.3	100%

Recommendations, and Next Steps

The CSS Regional Coordinating Committee (RCC) reviewed the 2015 Consumer Satisfaction Survey results and requested that the Quality Improvement Subcommittee review the following areas and make recommendations to bring back to the RCC:

- A. Survey Administration
- B. Employment and Basic Needs (ROSI Adult Satisfaction Survey)
- C. Youth Participation and Social Connectedness (MHSIP Youth and Family Surveys), and
- D. Outcomes (MHSIP Youth and Family Surveys)

Following is a summary of the recommendations approved by the CCS Regional Coordinating Committee on February 10th, 2016. White Pine Consulting, in collaboration with the QI Committee, will develop a plan to address these recommendations.

A. Survey administration

QI Committee Discussion and Recommendations: The recommendation is that White Pine Consulting Service coordinate as much of the survey administration process as possible, including:

- Central contact with the Division of Mental Health and Substance Abuse Services
- Standardization of materials and method (in-person interview when possible)
- Develop and train interviewers (may be staff from each county, a regional “pool” of consumers or peer specialists, or a combination of both)

- Survey collection
- Data analysis and reporting

B. Employment and Basic Needs (ROSI Adult Satisfaction Survey)

Survey Item: *Mental health and/or substance abuse services helped me get or keep employment.*

Consumer response: 55.6% often or almost always/always (44.4% never/rarely or sometimes)

Survey Item: *I have enough income to live on.*

Consumer response: 38.9% agree or strongly agree (61.1% disagree or strongly disagree)

QI Committee Discussion and Recommendations:

The responses to both items are indicative of the economic reality in the region. The committee agreed that there are unanswered questions related to these issues as they apply to our region’s CCS Consumers.

One of the themes of the regional Economic Health Summit held in August 2015 was “Workforce Development” including considering options for regional economic development. An initial suggestion is to contact Sarah Grosshuesch, Adams County Public Health Department who would have information regarding any planned sub-group work or follow-up in this area.

There are also several community partners who may have information or be helpful in this area including but not limited to: Fox Valley and other Technical Colleges, Departments of Vocational Rehabilitation, County Veterans Service Officers, and CAP Services.

Depending on the information gathered, the region may consider developing related shared services such as Supportive Employment or Job Coaching.

C. Youth Participation and Social Connectedness (MHSIP Youth and Family Surveys)

Survey Item: *I felt I had someone to talk to when I was troubled.*

Consumer response: 56% agree or strongly agree (44% disagree or strongly disagree)

Survey Item: *I participated in my own treatment*

Consumer response: 67% agree or strongly agree (33% disagree or strongly disagree)

Survey Item: *I know people who will listen and understand me*

Consumer response: 89% agree or strongly agree (11% disagree or strongly disagree)

Survey Item: *I have people that I am comfortable talking with about my problems*

Consumer response: 67% agree or strongly agree (33% disagree or strongly disagree)

QI Committee Discussion and Recommendations:

The QI committee saw the results as relatively positive, although there is room for improvement. The recommendation is to emphasize consumer, and especially youth, engagement and trust-building with Service Facilitators through forums such as: Service Facilitator Peer-to-Peer forum, “The Consumer and Family Teaming Process” workshops, and the initial orientation of CCS service providers.

D. Outcomes (MHSIP Youth and Family Surveys)

MHSIP Youth and Family Satisfaction Survey Items	YOUTH % Strongly Agree or Agree	FAMILY % Strongly Agree or Agree
I am (my child is) better at handling daily life.	67%	60%
I (my child) gets along better with family members.	67%	60%
I get (my child gets) along better with friends and other people.	78%	40%
I am (my child is) doing better in school and/or work.	78%	67%
I am (my child is) better able to cope when things go wrong.	56%	40%
I am satisfied with our family life right now.	67%	17%
I am (my child is) better able to do things he/she wants to do.	78%	40%

QI Committee Discussion and Recommendations:

Positive outcomes in CCS are directly related to the specific needs and goals of the consumer as outlined in their individualized Recovery Plans. The recommendation of the committee is to focus on quality service facilitation including the accurate identification of consumer goals and preferences, and the development of effective person-centered Recovery Plans that result in meaningful outcomes. Forums would include but are not limited to: Service Facilitator Peer-to-Peer forum, “The Consumer and Family Teaming Process” workshops, and the initial orientation of CCS service providers.