



Mental Health Statistical Improvement Project (MHSIP)

April 2023

Dane County Department of Human Services

Behavioral Health



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Introduction

Background

Dane County Department of Human Services (DCDHS) provides publicly-funded mental health services to residents across Dane County.¹ Many of these services are provided by community agencies and organizations who are contracted by the Department to provide specific services. Contracted providers deliver services across the spectrum of behavioral health care, including crisis services, outpatient therapy, residential and inpatient treatment, psychiatry and medication management, vocational support, case management and community support programs, and more. DCDHS contracts with approximately 40 agencies and organizations in Dane County to provide these critical mental health services to those most in need. From January 1, 2023 to June 30, 2023, Dane County’s mental health care system served nearly 5,000 unique consumers. For more information about behavioral health services offered in Dane County, please visit the [DCDHS Behavioral Health website](#).

Survey

Survey Tool and Administration

The survey tool used is the Mental Health Statistical Improvement Project (MHSIP) adult survey. The survey measures consumer perception of care across several primary domains that capture key outcomes of success, including access, quality and appropriateness of services, participation in treatment and planning, social connectedness, outcomes, functioning, and overall satisfaction ([Table 1](#)). The survey is used widely – across other counties in Wisconsin, other states, and some U.S. territories. The results are reported as part of the Center for Mental Health Services (CMHS) Uniform Reporting System (URS). More information on the MHSIPs tool and survey administration can be found in [Appendix A](#).

Table 1. MHSIP Adult Survey Domains

Domain	# of Items	Measures
Satisfaction	3	Participants’ level of satisfaction with their services
Access	6	The ease with which services were obtained
Quality	9	The relationships to and cultural sensitivity of providers
Participation	2	How well the individual was integrated into treatment planning
Outcomes	8	The treatment-related improvements in the participant’s life
Functioning	4	The perceived impact of the participant’s treatment on their daily life
Connectedness	4	The extent to which participants have “natural supports” in place – family, friends, acquaintances – to help bolster and sustain recovery

¹ Many of these services are for Dane County residents who use Medical Assistance (MA) programs, including BadgerCare, Medicaid HMO plans, and Social Security Disability Insurance (SSDI).

Survey Population

DCDHS contracts with community agencies to provide mental health services across the continuum of care – from short-term crisis intervention services to long-term outpatient and case management services. In order to evaluate the entire continuum of mental health services provided by the county, the survey was sent to participants accessing all types of care regardless of duration or service type. A subset of about 1,300 DCDHS mental health participants who received services between January 1, 2023 and June 30, 2023 received the survey.² In an effort to increase the response rate for groups who traditionally respond at a lower rate, all eligible participants who identified as non-white were sampled. Non-white participants represented about 59% of the overall sample (n=818). A random sample of white respondents made up the remaining 41% of the sample (n=564). In September 2023, 1,382 surveys were mailed to adult participants across 17 different providers and 66 programs. About 24% of those surveys were returned as undeliverable to the participant address. In total, 129 completed surveys were completed out of 1,049 delivered surveys. The overall response rate was 12.3%.³

Table 2. Survey Response Rate Calculation

Initial Sample	1,382
Undeliverable	-333
Eligible sample	1,049
Total valid surveys returned	129
Response rate completed surveys/eligible sample	12.3%

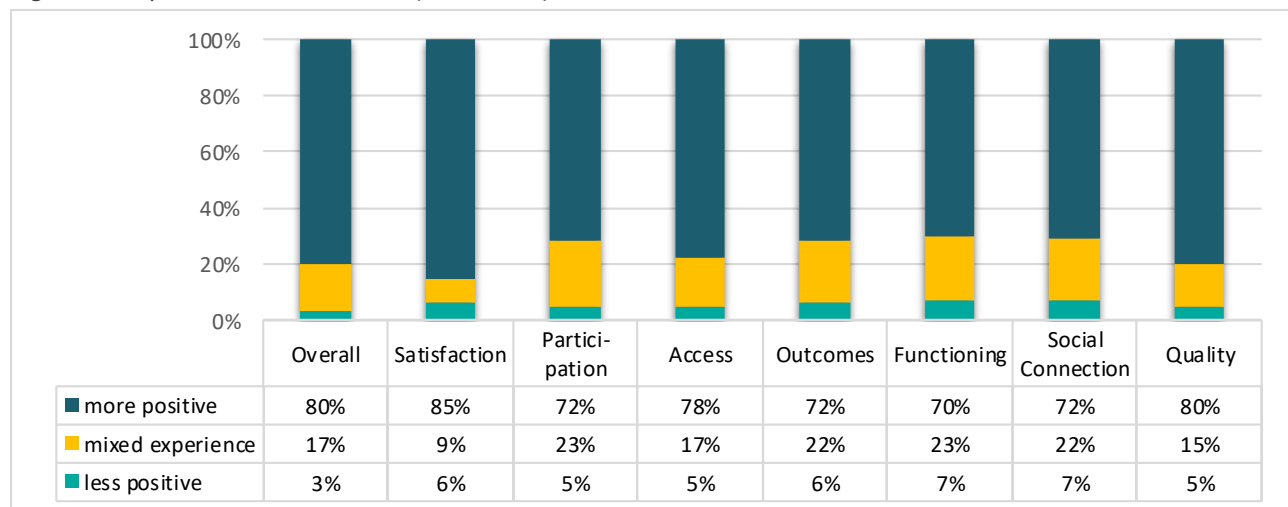
² Comprehensive Community Services (CCS) participants are not included in this sample population. For a summary of MHSIP survey results for CCS participants, see the CCS 2023 Annual Report on the [CCS Website](#).

³ Response rate was calculated by taking the number of completed surveys divided by the number of delivered surveys. Undeliverable surveys that were returned for expired addresses were not included in response rate calculation. The response rate margin of error was ±8%.

Key Findings

- 80% of respondents had an overall positive experience with the services they received (Figure 2), an increase from 73% in 2022.
- Domain scores increased on every domain in 2023. Scores have risen consistently in 2022 and 2023 from prior years. The Access domain showed the most significant increase: +10% in 5 years.⁴
- Women reported lower scores on every domain compared to men. Women had a significantly lower Outcomes domain score (61%) than men (81%), the largest divergence in scores between men and women on any domain.
- Respondents who enrolled in longer-term services – like case management programs and community support programs – consistently reported higher scores compared to respondents who utilized shorter-term services, such as crisis intervention and stabilization services.

Figure 1. Respondent Domain Scores (n=113-124)



Overall, results indicate that satisfaction with Dane County’s mental health care system has remained relatively consistent with pre-COVID service satisfaction, and in many cases has improved. Satisfaction domain scores reached an all-time peak (85%), but some domain scores – like the Outcomes and Functioning domains – indicate participants continue to struggle to reach long-term recovery and overall wellness. Participants enrolled in longer-term services such as case management programs and community support programs reported consistently higher scores than participants who utilized shorter-term services, such as crisis intervention services. Respondents who gave narrative feedback expressed their gratitude for the services they have received, but concerns about care coordination persist. As Dane County’s continuum of care continues to expand – including a prospective Crisis Triage Center and expansion of the Outpatient Open Network – participant satisfaction, wellbeing, and health continue to be a top priority.

“I never thought mental health could work for me, until I opened myself up to trying it. Now it’s one of the best things I did to get my life on track.”

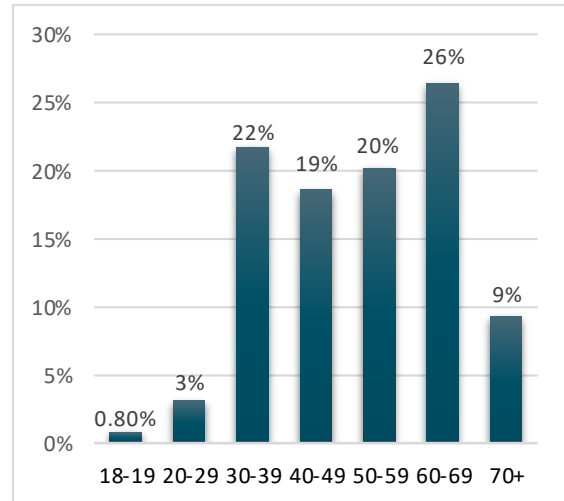
⁴ z = 2.15, p = 0.031

2023 Respondent Sample

Between January 1, 2023 and June 30, 2023, DCDHS served over 4,300 participants through eligible Purchase of Service (POS) mental health programs.⁵ Of those participants, about 1,400 were sampled to receive the MHSIP survey. Table 3 in [Appendix C](#) shows a breakdown of gender, race and ethnicity, and age demographics of respondents compared to the eligible population.

Respondent age ranged from 18 to 91 years old with a median age of 52. A summary of respondent age is in [Figure 3](#).⁶ Men and women are about evenly represented in the sample; men made up 52% of respondents and women 46% of respondents. An additional 1.6% identify as transgender or non-binary ([Figure 4](#)). This is a nearly identical make-up to the prior year's survey sample.

Figure 3. Respondent Age Groups (n = 123)



The majority of respondents identified as White (60%) – a marked decrease from the prior year's survey, where White respondents made up 79% of the sample – followed by Black or African American respondents (24%, 16% in 2022), Asian (5.6%, 5.5% in 2022), and American Indian (4.8%, 3.2% in 2022) ([Figure 5](#)). Only two respondents identified as Hispanic or Latino (1.5%, a decrease from 4.4% in 2022). Black respondents were the only racial-ethnic group who were overrepresented compared to the eligible population ([Appendix C](#)).

Figure 4. Respondent Gender (n = 125)

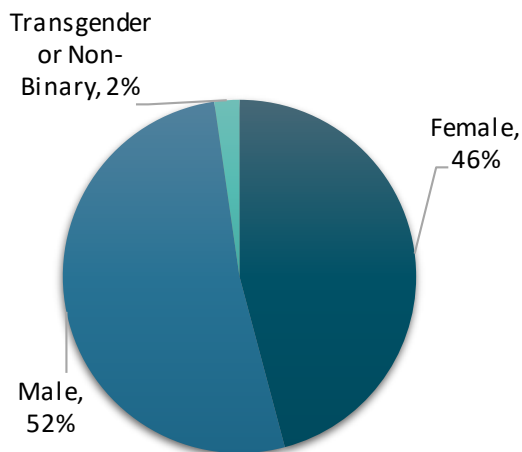
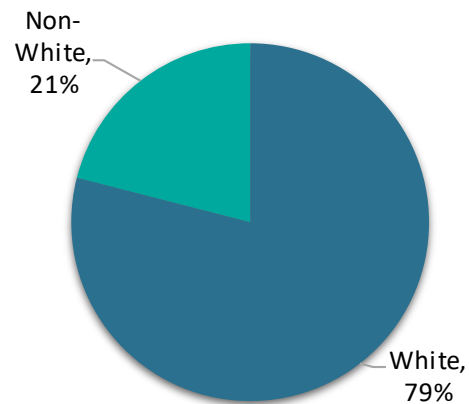


Figure 2. Respondent Race-Ethnicity, Aggregated into White or Non-White (n = 126)



⁵ Participants under age 18 in an eligible program or whose age could not be identified were removed from the eligible population (n=566)

⁶ Respondents ages 20 to 29 were under-represented among survey respondents compared to the eligible population, while respondents over the age of 40 were overrepresented.

Overall Perception of Care

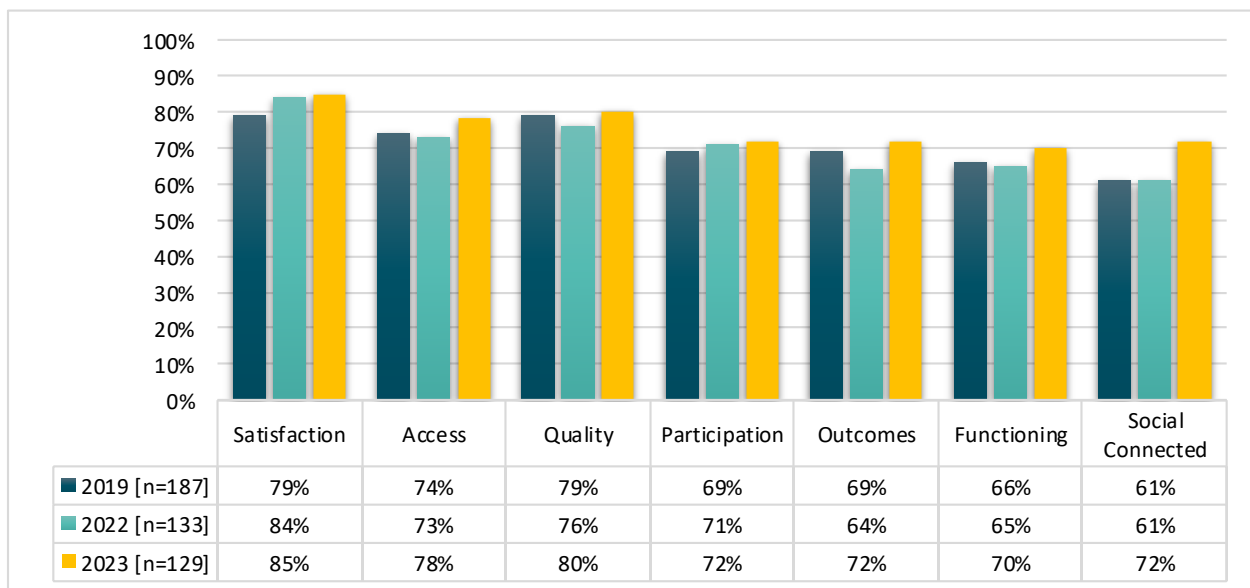
Improvements on every domain in 2023

11% increase in 2023

Social Connection Domain

Overall perception of care shows the percent of respondents with an overall positive experience across all domains. The MHSIP survey was not conducted in 2020 or 2021 due to COVID-19, but results from the 2019 and 2022 surveys are shown for comparison. Every domain score has increased since 2019 and several have seen multiple percentage point increases since last year’s survey. Directional changes are noticeable but not always statistically different, meaning the change could be by chance. The only statistically significant increase in domain score change was on the Social Connectedness domain, which shows an 11% increase since 2019 and 2022. This is a marked improvement and may signal that participants are finding community and connection in new ways post-COVID. Other notable improvements to domain scores since last year are on the Outcomes domain (+8%), the Functioning (+5%) and Access (+5%) domains, and the Quality domain (+4%).

Figure 3. Perception of Care by Domain by Year: Percent with Positive Score Rating, 2019-2022-2023



Dane County domain scores fall below state and national scores

Variation in sampling by Wisconsin counties impacts ability to compare

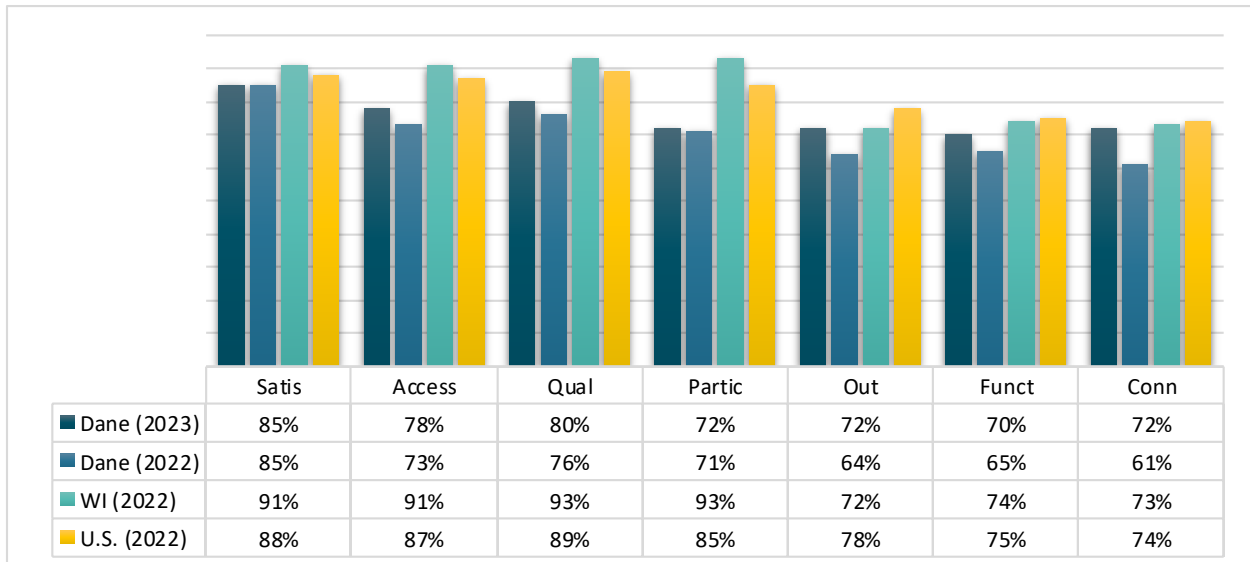
“I never received help. All [my provider] did was have me fill out paperwork. [...] Most of the help I got was what I did on my own...”

Dane County respondents reported the same or lower scores in both 2022 and 2023 across all domains compared to those who receive publicly funded services in Wisconsin and throughout the U.S.⁷ In 2022, the largest gap in scores was on the Social Connectedness domain (Figure 7), but with a marked increase in that domain score in 2023, Dane County now aligns with the state and national score on that domain.

The Participation (-13%) and Quality (-15%) domains showed the largest divergence between Dane County participant scores and the Wisconsin state aggregate. This suggests participants may not feel as confident or empowered in voicing their feelings about their treatment coordination and recovery planning. One important factor that impacts results are the survey populations chosen by each county in Wisconsin. The Wisconsin Department of Health Services (DHS) only requires a satisfaction survey be sent to Community Support Program (CSP) participants. Counties can choose other programs to survey in tandem with CSPs, which may encompass parts of or their entire behavioral health service array. In 2023, DCDHS surveyed programs across the care continuum, from crisis intervention services (typically short-term and high-intensity) to outpatient counseling and therapy services (typically longer-term and lower in intensity), in addition to other service types like targeted case management programs and Community-Based Residential Facilities (CBRFs) and group homes. Other counties may have only surveyed their

CSP(s) or other similar service types like case management programs. The Wisconsin state results are reported in the aggregate, so it is unknown how Dane County compares to other counties who also surveyed across their behavioral health array and did not limit to specific service types.

Figure 7. Percent of Care by Domain: Dane County, Wisconsin, and U.S.



⁷ Wisconsin Mental Health National Outcome Measures (NOMs): SAMHSA Uniform Reporting System, 2022. Accessed April 3, 2024. <https://www.samhsa.gov/data/sites/default/files/reports/rpt42788/Wisconsin.pdf>

Domain Scores by Gender, Race, and Age

Women report lower scores on Outcomes and Access

Domain scores between men and women were not significantly different on most domains, except for the Outcomes and Access domains. Men were significantly more likely to report a more positive experience (81% compared to 61% for women).⁸ While the survey does not have built-in measures to understand this difference, there could be several reasons for this, including women being generally more open to emotional vulnerability to report poorer emotional outcomes in this domain or that some traditional treatment and services do not specifically focus on modalities that are better received by women.⁹ Men were also significantly more likely to report more positively on the Access domain compared to women (83% compared to 72% for women).¹⁰ Similar to the Outcomes domain, the survey items cannot elucidate on gendered differences in access experiences. However, one explanation that may be driving this difference are respondents who are primary caregivers. Caregivers may have a more difficult time finding appointment schedules that work for them, may not have reliable transportation and/or childcare, and have other compounding barriers to access than participants who are not caregivers. There were no statistically significant differences on domain scores by age or race.

Domain Scores by Service Type

Crisis participants report lower domain scores overall

Surveying across the behavioral health services array allow for comparison by service types when group sizes are large enough. While the aggregate domain scores allow for comparisons to other Wisconsin counties and national scores, comparing differences in the results across Dane County participants who access different service types can inform variation in participant experiences locally. For example, the experience of a participant enrolled over several years in an intensive, community-based program like a Community Support Program (CSP) or Targeted Case Management (TCM) is likely to look and feel different from a participant who needs a high-intensity, short-term service like crisis care. Domain and item scores are expected to look different across these two groups, as their experience with the service, length of service, and purpose of the service are very different.¹¹

Across all domains except Functioning, clients enrolled in a CSP or TCM program reported higher domain scores. Crisis respondents reported significantly lower on the Access domain (61%) compared to CSP and TCM respondents (86%)¹². This is not uncommon, as participants in CSPs and TCMs are generally established in their program, are more likely to have formal medication management and prescribing needs met, and more likely to have built positive relationships with their case managers and other staff who are critical to their recovery goals and treatment coordination.

⁸ $z = 2.29, p = 0.02$

⁹ Madeline Van Ness, "[COVID-19 and Women's Mental Health: The Impact on Wellbeing, Disparities, and Future Implications](#)" Baylor University Community Connection Magazine, April 1, 2021. Retrieved December 23, 2022.

¹⁰ $z = 2.52, p = 0.01$

¹¹ The MHSIP survey tool is validated to survey any mental health program. However, the item questions are structured to measure long-term change in emotional and behavioral goals, which is markedly more difficult in short-term, high-intensity services like crisis intervention. A key performance indicator of a successful crisis intervention service is a connection to a longer-term program that can stabilize the participant and build a recovery plan that prevents future crises. The MHSIP tool, by design, will not be able to capture the nuances of what "success" looks like for high-intensity crisis services in the way that it can be for longer-term recovery-oriented programs.

¹² $z = 2.50, p = 0.012$

Results by Domain

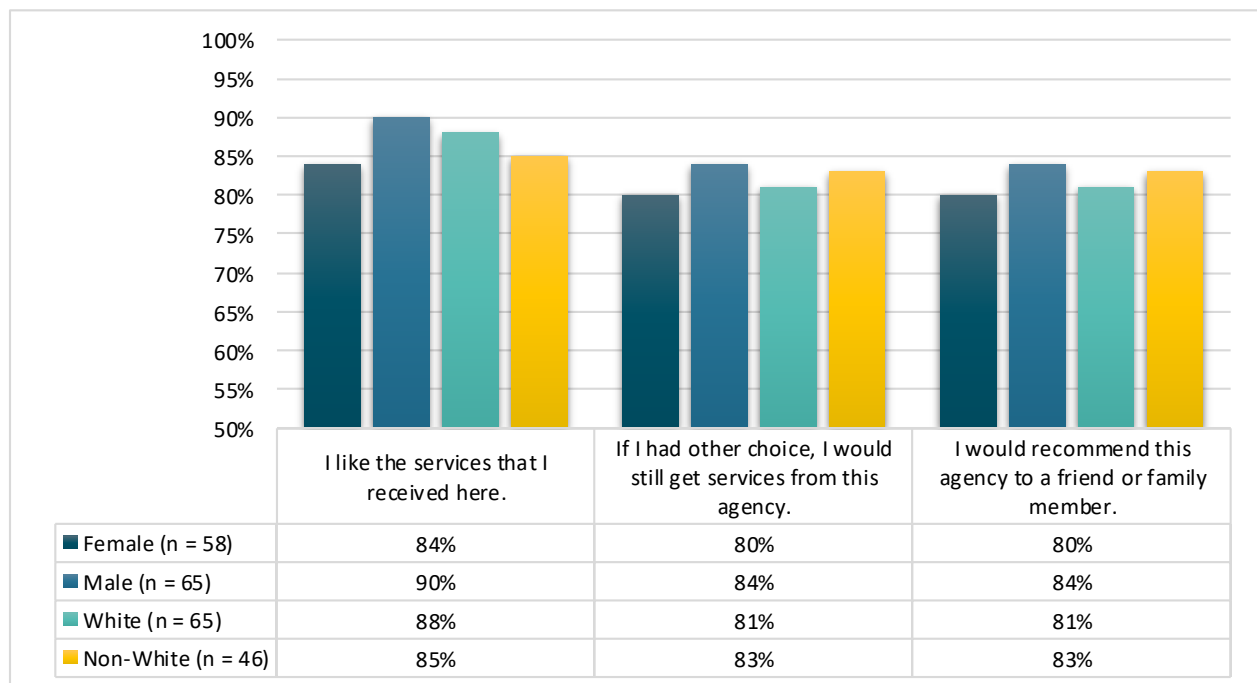
85%	Satisfaction Domain
87%	I like the services that I received here.
83%	If I had other choices, I would still get services from this agency.
82%	I would recommend this agency to a friend or family member.

High satisfaction scores reported by majority of participants

“I am very thankful for the services and care that I have received. I sincerely appreciate the help I got during a rough/low time in my life”

Satisfaction scores were consistently high across all demographic groups (Figure 8). Respondents gave the highest positive ratings to liking the services they received by their provider (87%). There were no statistically significant differences by gender or race-ethnicity in the overall domain score or on any items. About 8 out of 10 respondents indicated that if given another choice, they would still get their services from their provider, suggesting a high level of confidence and overall satisfaction with providers across the behavioral health services array.

Figure 8. Percent of Respondents Who Had a Positive General Satisfaction Score by Gender and Race



Participation Domain	
72%	
87%	I felt comfortable asking questions about my treatment and medication.
75%	I, not staff, decided my treatment goals.

Recovery is driven by empowered participants actively engaged in their treatment plan

CM and CSP respondents more likely to report positively

“Pamphlets [are] not super helpful (More information needed to take charge of managing mental health and/or substance use condition)”

One of the guiding principles in SAMHSA’s working definition of recovery is that “recovery is person-driven. Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path toward these goals...in doing so, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.”¹³ The Participation domain measures this definition of recovery.

Many respondents reported they felt comfortable asking questions about their treatment and medication (87%) and most reported that they decided their treatment goals, not the staff (75%). This was especially true for respondents enrolled in case management (CM) and community support programs (CSPs) participants, in which over 90% indicated they felt comfortable asking questions about their treatment plan and 76% indicated they decide their treatment goals. Respondents who received crisis services also reported relatively high scores on these items (76% and 72%, respectively). Men were significantly more likely to report feeling comfortable asking questions about their treatment (93%) compared to women (80%), but even so both groups report overall high scores on this item.¹⁴

These scores, coupled with the Quality domain discussed on page 15, indicate that participants across the behavioral health array feel respected and empowered to make decisions about their treatment and care by their service providers.

¹³ Substance Use and Mental Health Services Administration (SAMHSA) [Working Definition of Recovery](#). February 2012. Retrieved December 15, 2022.
¹⁴ z = 2.06, p = 0.039

78% Access Domain	
90%	Services were available at times that were good for me.
84%	Staff was willing to see me as often as I felt was necessary.
81%	Staff returned my calls in 24 hours.
81%	I was able to get all the services I thought I needed.
79%	I was able to see a psychiatrist when I wanted to.
75%	The location of services was convenient.

Staff are accessible, available when needed, and accomodating

“I like my agency, but it is not easy to get to in terms of transportation”

Timely, convenient, and accessible care continues to be foundational to the effective delivery of mental health services. The items in this domain evaluate logistical and operational components of services across the care continuum. Factors like location, scheduling, and availability are critical to respondents’ ability to access needed services. The majority of respondents reported positively on this domain, but some participants anecdotally report struggling with location-based access. This was also the lowest scored domain item. Physical factors – like the location of a provider’s office – present one type of barrier to access. For example, participants living in rural communities outside the Madison area who do not have their own vehicle or cannot drive may struggle to find ways to get to and from their provider’s office in Madison. While there are

behavioral health providers throughout Dane County in smaller cities and towns, most providers are in the Madison metro area, which can limit options for care for those living in rural communities in the county. Additionally, participants living in the Madison metro area that rely on public transportation have also identified transportation and location of services as a barrier to their access, as not all provider offices are near bus stops.

Notably, participants reported ability to see a psychiatrist this year (79%) is a significant increase from 2022 (67%).¹⁵ Respondents in CSPs and other case management programs were significantly more likely to report access to psychiatry services (84%) compared to participants who utilized crisis services (64%).¹⁶ This suggests that participants utilizing short-term, high-intensity services like crisis care would benefit greatly from a prescribing bridge, where they can get short-term prescribing care before a connection to longer-term service enrollment. This can be especially challenging in the crisis services space – participants using crisis services are more likely to be housing-insecure, experiencing severe and persistent mental illness (SMI) and/or substance use disorders, and often have complex, co-occurring conditions that complicate a prescriber’s ability to manage and oversee short-term prescribing needs.

Reduced gaps in access to psychiatry

“I am happy. They take time out and care for my concerns and deliver medications”

¹⁵ z = 2.06, p = 0.039
¹⁶ z = 2.27, p = 0.023

72% Outcomes Domain	
82%	I am better able to control my life.
79%	I deal more effectively with daily problems.
74%	I am better able to deal with crisis.
70%	I do better in social situations.
70%	My housing situation has improved.
67%	I am getting along better with my family.
64%	I do better in school and/or work.
63%	My symptoms are not bothering me as much.

Participants struggle with symptom management

Improvements on all items from prior years

The Outcomes domain score was 72%. These emotional and behavioral outcomes – such as feeling in control of one’s life and feeling better able to deal with daily life as well as acute or ongoing crises – are intrinsic indicators of successful mental health treatment, which go beyond “process” outcomes such as location and availability of service providers. This domain gets to the core changes in participants’ emotional and mental health that service providers aim to improve. The comment left below from a participant illustrates the challenges of improving intrinsic recovery outcomes while navigating a complex behavioral health care system.

The lowest scored item on this domain and across the entire survey was “my symptoms are not bothering me as much” (63%). Controlling and reducing symptoms is a key outcome for participants working toward recovery and stabilization. Doing so can lead to marked improvement on all other domains, but especially functioning, quality of treatment, and social connectedness. This item score was consistently lower than other items across race, gender, and service type, suggesting that even participants enrolled in longer-term services who are established in their treatment and recovery plan – like CSP and TCMS (59%) and CCS (61%) – are struggling with their symptoms management as just as much as those using crisis services (48%).

“I feel very positive about the talk therapy services I have received and am receiving in my trauma processing and healing. I am looked at as a whole person in therapy and feel help and encouragement toward my goals. [...] I have had issues [in] other services I have received...in these other services, even when I push myself to express my needs, my needs aren't always considered when I describe where I'm at and my potential as I heal more [...]. I am working so hard on my health and need more overall help [at] times. [...] I am referred back to the service when the issue is concerning rather than given help I need. Pursuing interests are stifled by stress and financial instability.”

70%	Functioning Domain
80%	I am better able to take care of my needs.
72%	I am better able to do the things I want to do.
71%	I do things that are more meaningful to me.
68%	I am better able to handle things when they go wrong.

Lowest scored domain in 2023

Domain and item scores are consistent with prior years

The Functioning domain is closely related to the Outcomes domain. It measures the extent to which mental health services have a positive impact on a participant’s daily functioning and coping, both in acute crises and ongoing challenges. Overall, 70% of respondents reported improved functioning since starting services. Respondents scored highest on the statement “I am better able to take care of my needs” (80%), indicating that programs are building participant’s self-sufficiency and confidence in meeting their needs independently. Most respondents also reported they do things that are more meaningful to them (71%).

Women reported a significantly lower score on the item “I am better able to do things that I want to do” compared to men.¹⁷ This may suggest that, similar to the Outcomes domain, women in particular are struggling with their resiliency and ability to cope with acute and ongoing challenges in their life. One evidence-based practice used in other county and state behavioral health programs is Motivational Interviewing (MI). MI is a collaborative, goal-oriented communication tool designed to empower participants to make emotional and behavioral changes based on their individual capacity for change and their values and priorities for their life.¹⁸ Using MI in programs across the behavioral health array – from short-term safety planning with participants using crisis services to recovery and treatment planning for case management and CSP participants – has the potential to improve scores on items in this domain and others, including the Outcomes domain.

“I am so glad about receiving mental health services. You provide me with care for my mental illness. Thank you for providing such good service.”

Motivational Interviewing has potential to improve Functioning item scores

¹⁷ z = 2.04, p = 0.04

¹⁸ Rollnick, Stephen and William R. Miller. “Motivational Interviewing: helping people change” Guilford Press, 2013. In Motivational Interviewing Network of Trainers “Understanding Motivational Interviewing” n.d. Accessed April 16, 2024. <https://motivationalinterviewing.org/understanding-motivational-interviewing>

72% Social Connectedness Domain	
75%	I have people with whom I can do enjoyable things.
75%	In a crisis, I would have the support I need from family or friends.
74%	I am happy with the friendships I have.
66%	I feel I belong in my community.

Largest domain score increase since 2022

Participants report more positive scores on connection to enjoyable things

Increased social supports and social connectedness is one of the national outcome measure domains tracked by SAMHSA.¹⁹ An important factor in the stabilization and recovery process is the involvement and support of family, friends, peer support groups, spiritual and religious communities, and professionals who believe in the person’s ability to recover: these support systems offer encouragement, guidance, and connection for those struggling with mental illness. Through these relationships, people in recovery can forge new paths and feel a greater sense of belonging, empowerment, social inclusion, and community.²⁰

Most participants reported positively on the Social Connectedness domain in 2023 (72%). This is an 11% increase from 2022 and 2019 respectively, a statistically significant increase from pre-pandemic scores.²¹ Respondents were significantly more likely to report they had people with whom they could do enjoyable things (75%) compared to 2022 (60%).²² The overall domain score and individual item scores suggest that participants are feeling a sense of community and belonging amongst their peers. Additionally, as peer support and recovery coaching continues to expand in Dane County, participants may start to have more access to peers with similar interests and goals with whom they can connect and build a sense of community. On the whole, while the COVID-19 pandemic surely impacted participants’ abilities to connect and find support through traditional channels, scores this year indicate participants are feeling more connected and can identify meaningful relationships in which they feel valued and supported.

¹⁹ [Substance Abuse and Mental Health Administration.](#)
²⁰ Substance Use and Mental Health Services Administration (SAMHSA). [Working Definition of Recovery](#), February 2012. Retrieved December 15, 2022.
²¹ z = 2.02, p = 0.043.
²² z = 2.12, p = 0.034

80% Quality and Appropriateness Domain	
87%	Staff respected my wishes about who is to be given info about my treatment.
79%	Staff were sensitive to my cultural background.
79%	Staff believed that I could grow, change, and recover.
79%	Staff encouraged me to take responsibility for how I live my life.
77%	I was given information about my rights.
77%	Staff helped me obtain the info I needed so I could take charge of managing my condition.
76%	I felt free to complain.
74%	Staff told me what side effects to watch out for.
68%	I was encouraged to use consumer-run programs.

Participants feel respected, valued, and supported by their care team

"I Love my team!! They're amazing! Thank you for Everything you do for me!"

"[My case manager] has been very supportive, isn't judgmental, and makes me feel normal"

The Quality and Appropriateness domain items measure participant interactions with staff at their service provider. These questions ask about the participant's experience with staff respecting their autonomy and empowerment as an individual and how staff helped them through their treatment plan. Crisis services respondents were significantly less likely to report that they were given information about their rights (66%) compared to respondents in CSPs and CM program respondents (84%).²³ One quality improvement goal may be to document how, when, and by whom participants were informed of their rights and grievances protections, even for those utilizing short-term services like crisis care. Crisis respondents were also significantly less likely to report feeling able to complain (63%) compared to CSP and case management respondents (82%).²⁴ Crisis clients may feel that, in their moment of crisis,

they lose their sense of autonomy and ability to express their discomfort or disagreement with their immediate care and safety planning, especially if they themselves did not reach out for crisis care (e.g. a loved one reached out, out of concern on their behalf).

Overall, most respondents reported feeling well-supported, respected, and valued by staff, indicating that Dane County's mental health care providers are providing well-rounded, participant-centered and participant-driven care across the behavioral health array.

"I have been very happy with my care for mental health I have received at [my provider]. I have learned a lot from various staff and special thanks for several different groups [and] programs. I have been in quite a long time. Special thanks to [my provider] staffing and programs."

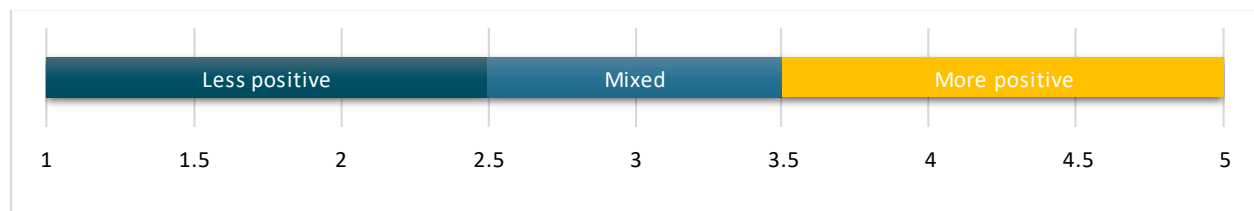
²³ z = 2.19, p = 0.028.
²⁴ z = 2.17, p = 0.03

Appendix A: Survey Administration and Instrument

The MHSIP survey asks respondents to rate 36 statements as “strongly agree” (5), “agree” (4), “neutral” (3), “disagree” (2), and “strongly disagree” (1), or say if the statement is “not applicable” to them.²⁵ Each statement is directly related to one of the following domains: satisfaction, access, quality and appropriateness of services, participation in treatment, outcomes, functioning, and social connectedness.²⁶ [Appendix B](#) includes each item’s positive (rating “strongly agree (5)” or “agree (4)”) percentage score. Additional questions were added to the survey about participants’ telehealth experiences. More information about the MHSIP instrument and survey administration is in the [Wisconsin Department of Health Services \(DHS\) User Guide for Participant Satisfaction Surveys](#).

Domain scores are calculated for each respondent. Only ratings of 1 (“strongly disagree”) through 5 (“strongly agree”) are included in the calculation, respondents had to rate at least two-thirds of the statements one through five to calculate a domain score. Participants were categorized on each domain as having a positive experience (average domain score above 3.50 out of 5), mixed experience (average domain score between 2.5 and 3.5), or negative experience (average domain score below 2.5 out of 5) (see [Figure 9](#)). This means that respondents can report a positive experience in one domain and a negative or mixed experience in another. In addition to scaled responses, respondents could provide narrative comments about the services they received.

Figure 9. Classification of Respondents' Domain Item Scores



²⁵ Ratings of not applicable (0) are recoded as missing in analysis.

²⁶ Respondents must have answered two-thirds of the questions in each domain to be included in the average domain score. For example, a respondent must answer at least 4 of the 6 “Access” domain questions to be included in the Access domain score. Therefore, n sizes will vary across each item and domain, but generally range from 115-129 responses.

We want to know what you think about the *mental health and/or substance use services* you received in the last 6 months so that we may provide the best possible services. Do not write your name on this survey. Your answers will be handled confidentially. We will not know if you responded, but we will review your responses to improve our services.

Section 1: Please indicate how much you agree or disagree with each of the following statements about the <i>mental health and/or substance use services</i> you received in the last 6 months by circling the number that best represents your opinion. If the statement is about something you have not experienced, answer "N/A" to indicate it is not applicable to you.						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. I like the services that I received.	1	2	3	4	5	N/A
2. If I had other choices, I would still get services from the same agency.	1	2	3	4	5	N/A
3. I would recommend the same agency to a friend or family member.	1	2	3	4	5	N/A
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	N/A
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	N/A
6. Staff returned my calls within 24 hours.	1	2	3	4	5	N/A
7. Services were available at times that were good for me.	1	2	3	4	5	N/A
8. I was able to get all the services I thought I needed.	1	2	3	4	5	N/A
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	N/A
10. Staff believed that I could grow, change, and recover.	1	2	3	4	5	N/A
11. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	N/A
12. I felt free to complain.	1	2	3	4	5	N/A
13. I was given information about my rights.	1	2	3	4	5	N/A
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	N/A
15. Staff told me what side effects to watch out for.	1	2	3	4	5	N/A
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	N/A
17. I, not staff, decided my treatment goals.	1	2	3	4	5	N/A
18. Staff was sensitive to my cultural background (race, religion, language, etc.).	1	2	3	4	5	N/A

Section 1 (Continued from first page)...						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
19. Staff helped me obtain the information I needed so that I could take charge of managing my mental health and/or substance use condition.	1	2	3	4	5	N/A
20. I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).	1	2	3	4	5	N/A

Section 2: As a direct result of the mental health and/or substance use services I received in the last 6 months.....						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
21. I deal more effectively with daily problems.	1	2	3	4	5	N/A
22. I am better able to control my life.	1	2	3	4	5	N/A
23. I am better able to deal with crisis.	1	2	3	4	5	N/A
24. I am getting along better with my family.	1	2	3	4	5	N/A
25. I do better in social situations.	1	2	3	4	5	N/A
26. I do better in school and/or work.	1	2	3	4	5	N/A
27. My housing situation has improved.	1	2	3	4	5	N/A
28. My symptoms are not bothering me as much.	1	2	3	4	5	N/A
29. I do things that are more meaningful to me.	1	2	3	4	5	N/A
30. I am better able to take care of my needs	1	2	3	4	5	N/A
31. I am better able to handle things when they go wrong.	1	2	3	4	5	N/A
32. I am better able to do things that I want todo.	1	2	3	4	5	N/A

Section 3: Please answer about current relationships you have with persons other than your mental health and/or substance use providers.						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
33. I am happy with the friendships I have.	1	2	3	4	5	N/A
34. I have people with whom I can do enjoyable things.	1	2	3	4	5	N/A
35. I feel I belong in my community.	1	2	3	4	5	N/A
36. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	N/A

41. What were the reasons you have not had a virtual session in the last 12 months? (check all that apply)
- | | |
|--|---|
| 1 = I wasn't aware virtual sessions were available | 4 = I didn't have the technology to access virtual sessions |
| 2 = I preferred to see my provider in person | 5 = I had privacy concerns about using virtual sessions |
| 3 = My provider did not offer virtual sessions | 6 = Other reason (please describe): |

Section 5: Please answer the following questions to let us know a little about you.

42. Are you currently receiving mental health and/or substance use services?
- | | |
|------------------------|-------------------------------------|
| 1 = Mental health only | 3 = Mental health and substance use |
| 2 = Substance use only | 4 = Unknown |
43. How long have you received these services?
- | | | |
|------------------------|-----------------------|-------------|
| 1 = Less than 6 months | 3 = 1 year to 2 years | 5 = Unknown |
| 2 = 6 months to 1 year | 4 = More than 2 years | |
44. What is your gender?
- | | | |
|------------|------------------|-----------------------------------|
| 1 = Female | 3 = Trans female | 5 = Unknown |
| 2 = Male | 4 = Trans male | 6 = Other (Please describe:_____) |
45. What is your age?_____years
46. What is your racial background? (Please select all that apply)
- | | |
|--------------------------------------|-----------------------------------|
| 1 = American Indian/Alaska Native | 5 = White/Caucasian |
| 2 = Asian | 6 = Unknown |
| 3 = Black/African American | 7 = Other (Please describe:_____) |
| 4 = Native Hawaiian/Pacific Islander | |
47. Are you of Mexican, Hispanic or Latino origin?
- | | | |
|---------|--------|-------------|
| 1 = Yes | 2 = No | 3 = Unknown |
|---------|--------|-------------|

48. Do you have any other comments about the services you received in the last 6 months?

Appendix B: Rating Statement “Strongly Agree” or “Agree”

Satisfaction	I like the services that I received.	87%
	If I had other choices, I would still get services from the same agency.	83%
	I would recommend the same agency to a friend or family member.	82%
Participation	I felt comfortable asking questions about my treatment and medication.	87%
	I, not staff, decided my treatment goals.	75%
Access	The location of the services was convenient... ²⁷	75%
	Staff was willing to see me as often as I felt it was necessary.	84%
	Staff returned my calls in 24 hours.	81%
	Services were available at times that were good for me.	90%
	I was able to get all the services I thought I needed.	81%
	I was able to see a psychiatrist when I wanted to.	79%
Outcomes	I deal more effectively with daily problems.	79%
	I am better able to control my life.	82%
	I am better able to deal with crisis.	74%
	I am getting along better with my family.	67%
	I do better in social situations.	70%
	I do better in school and/or work.	64%
O & F	My housing situation has improved.	70%
	My symptoms are not bothering me as much.	63%
Functioning	I do things that are more meaningful to me.	71%
	I am better able to take care of my needs.	80%
	I am better able to handle things when they go wrong.	68%
	I am better able to do things that I want to do.	72%
Connectedness	I am happy with the friendships I have.	74%
	I have people with whom I can do enjoyable things.	75%
	I feel I belong in my community.	66%
	In a crisis, I would have the support I need from family or friends.	75%
Quality	Staff believed that I could grow, change, and recover.	79%
	I felt free to complain.	76%
	I was given information about my rights.	77%
	Staff encouraged me to take responsibility for how I lived my life.	79%
	Staff told me what side effects to watch out for.	74%
	Staff respected my wishes about who is and who is not to be given... ²⁸	87%
	Staff was sensitive to my cultural background... ²⁹	79%
	Staff helped me obtain the information I needed so that I could take... ³⁰	77%
I was encouraged to use consumer-run programs... ³¹	68%	

²⁷ Full statement: “The location of the services was convenient (parking, public transportation, distance, etc.).”

²⁸ Full statement: “Staff respected my wishes about who is and who is not to be given information about my treatment.”

²⁹ Full statement reads: “Staff was sensitive to my cultural background (race, religion, language, etc.).”

³⁰ Full statement reads: “Staff helped me obtain information I needed so that I could take charge of managing my mental health and/or substance use condition.”

³¹ Full statement reads: “I was encouraged to use consumer-run programs (support groups, drop in centers, warm line, etc.).”

Appendix C: Comparison to Population

Statistical testing was performed between survey respondents and the eligible population. This gives us an idea if the respondents are representative of the population served as a whole. The fewer statistically significant differences, the better. Z-tests were run between survey respondents and our eligible population. Statistically significant results are represented by arrows (↑↓) next to the survey respondent percentage.

Black respondents made up a statistically significantly larger proportion of the sample than the eligible population, likely due to the change in sampling method this year. Hispanic or Latino respondents were significantly underrepresented. Older adults also made up a larger proportion of the sample respondents compared to the eligible population.

Table 3. Demographic Characteristics of Respondents and the Eligible Population of Dane County Participants

	Survey Respondents (n = 129)	Eligible Population (n = 4,297)
Gender		
Male	52%	56%
Female	46%	44%
Non-Binary or Transgender	<1%	-
Race		
White	60%	54%
Black	24%↑	19%
Asian	6%	2%
American Indian	5%	<1%
Other	2%	3%
Hispanic or Latino	2%↓	7%
Unknown	-	14%
Age		
18-19	<1%	4%
20-29	3%↓	21%
30-39	22%	22%
40-49	24%↑	17%
50-59	20%	16%
60-69	26%↑	12%
70+	9%	7%