




The MSHIP Adult Consumer Survey

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Curious Moments

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History of the MHSIP Consumer Survey

- ◆ Created as part of the MHSIP Consumer Report Card
- ◆ Originally 40 items with positively and negatively worded items
- ◆ States piloted as part of the State Reform Grants
- ◆ Original intent was to combine individual survey items with other information to create Performance Indicators in the MHSIP Consumer Report Card
- ◆ No clear instruction on how to look at survey separately



Current Status

- ◆ Survey used in over 40 states
- ◆ Core set of items- Official 28-item survey
- ◆ Data provide for use in the DS2000+ prototype
- ◆ 5 Domains
 - Access, Appropriateness, Outcomes, Satisfaction, Participation in Treatment Plan



Uses of Survey Data

- ◆ Consumer survey data have been used by different states for
 - Quality Improvement
 - Performance Incentives
 - Performance-based Contracting
 - Block Grant Indicators
 - ORYX Measures
 - Supported Employment Program



Additional Uses

- ◆ MHSIP Surveys are used in the Uniform Report System which is required for Federal Block Grant reporting
- ◆ Current recommendation is one adult and one child/family survey conducted yearly
- ◆ Some states continue to do biannually
 - Adult one year
 - Child/Family the next



Getting Started

- ◆ Cover letter
- ◆ Do you need informed consent?
- ◆ Multi-language versions-what translations are available
- ◆ Adding additional questions?
- ◆ Adding open-ended questions?



URS- Reported Translations

Translations	States
Spanish	15
Portuguese	1
Cambonian	1



Use of Data

- ◆ The intended uses of consumer survey data drive many of the decisions around how to conduct the survey and analyze the results
- ◆ Best to decide what the data will be used for prior to starting the process so that you get what you need!

A collection of objects is arranged on a light-colored surface. On the left, there is a portion of a chessboard with several pieces. Below it are two medals: one with a red ribbon and a white star, and another with a blue ribbon and a white star. In the bottom left corner is a round compass. A pair of gold-rimmed glasses with thin temples is positioned diagonally across the center. The text 'Survey Methods' is overlaid on the right side of the image.

Survey Methods

How to insure that
you have the
information you
need when the
survey is
complete.



Survey Method

- Which method? Best “bang for the buck”
 - Mail
 - Phone
 - Point-of-Contact
 - Consumer-assisted
 - Staff-assisted
- Special issues surrounding follow-up contact
- Do you offer remuneration?



Survey Methods-Mail

◆ PROS

- reaches broad group
- includes individuals no longer in service
- privacy can be ensured
- relatively inexpensive
- relatively convenient
- sample can be chosen
- can be completed at convenient times for the consumer.

◆ CONS

- must have valid address, difficult in transient pops.
- potential low response rates.
- more design issues up front (e.g. multiple mailings, color coding, etc.)



Survey Methods

Provider-distributed

◆ PROS

- inexpensive
- convenient, few design issues.
- high response rates.
- interviewer can assist in survey.
- more knowledge about who completes survey.

◆ CONS

- potential skewed sample, only those who come into office for services.
- potential response bias.
- more difficult to ensure confidentiality.



Survey Methods

Consumer-Administered

◆ PROS

- consumers may prefer
- interviewer can assist in survey
- sample can be chosen
- minorities are most likely to respond, especially with interviewer from similar cultural background.

◆ CONS

- requires field coordination
- requires interviewer training
- difficulties paying consumers as contractors or employees (benefit limits).



Survey Methods- Phone

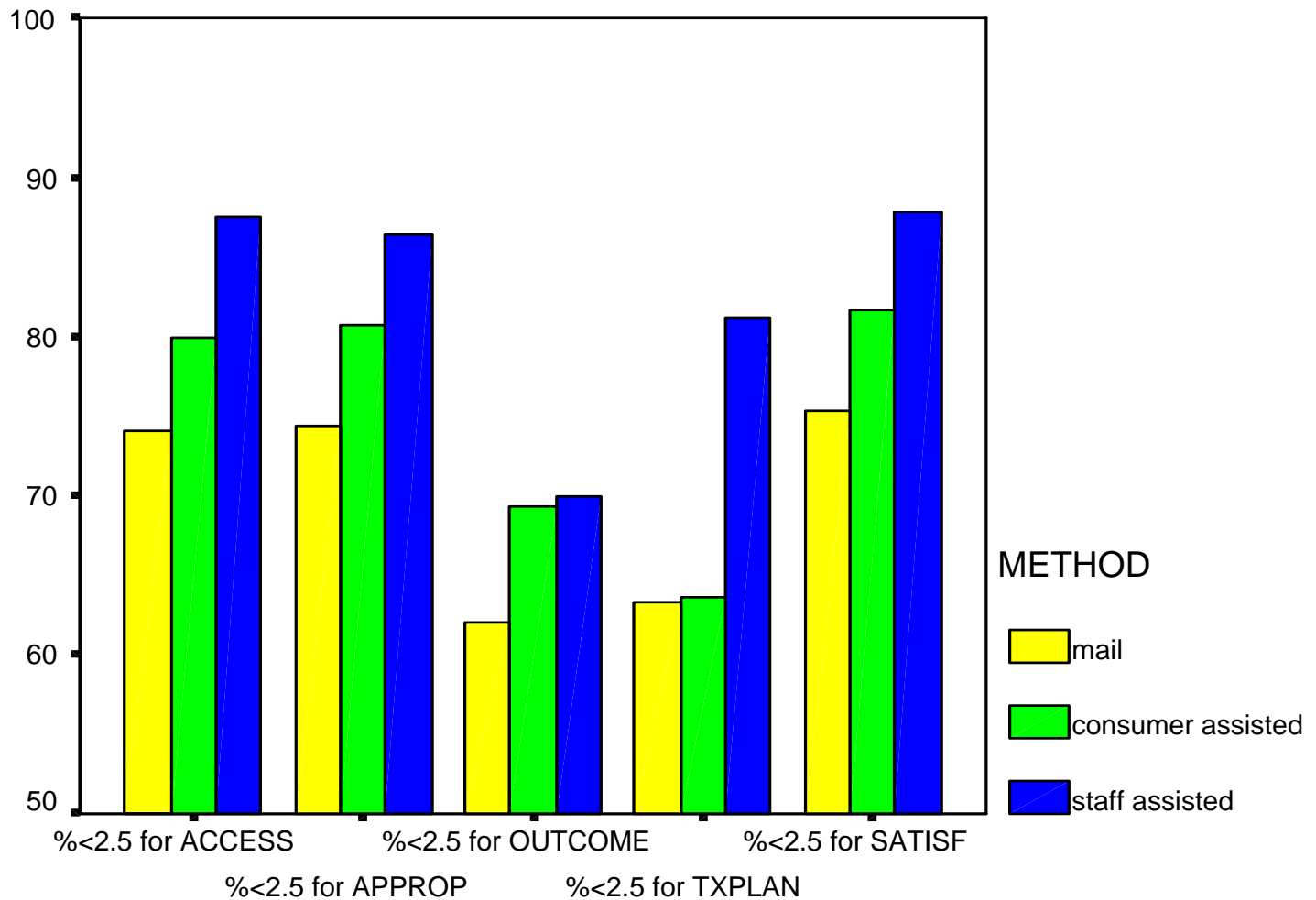
◆ PROS

- reaches broad group.
- confidentiality can be protected.
- interviewer can assist in survey.
- sample can be chosen.

◆ CONS

- can be seen as intrusive.
- must have valid phone number, difficult in transient population.
- consumer must have access to working phone.
- requires interviewer training.
- requires multiple callbacks (10+).

Domain Scores by Method



URS-Reported Methodologies

Survey Methodology	Interview	Self-Administered
Phone	Interview =8	Self Ad =2
Mail	Interview =0	Self Ad =26
Face-to-Face	Interview =11	Self Ad =19
Who Administered the Survey?	States	
Mental Health Consumers	23	
Family Members	10	
Professional Interviewers	4	
Mental Health Clinicians	8	
Non-Direct Treatment Staff	11	
Other: describe	0	



Anonymous vs Coded Surveys

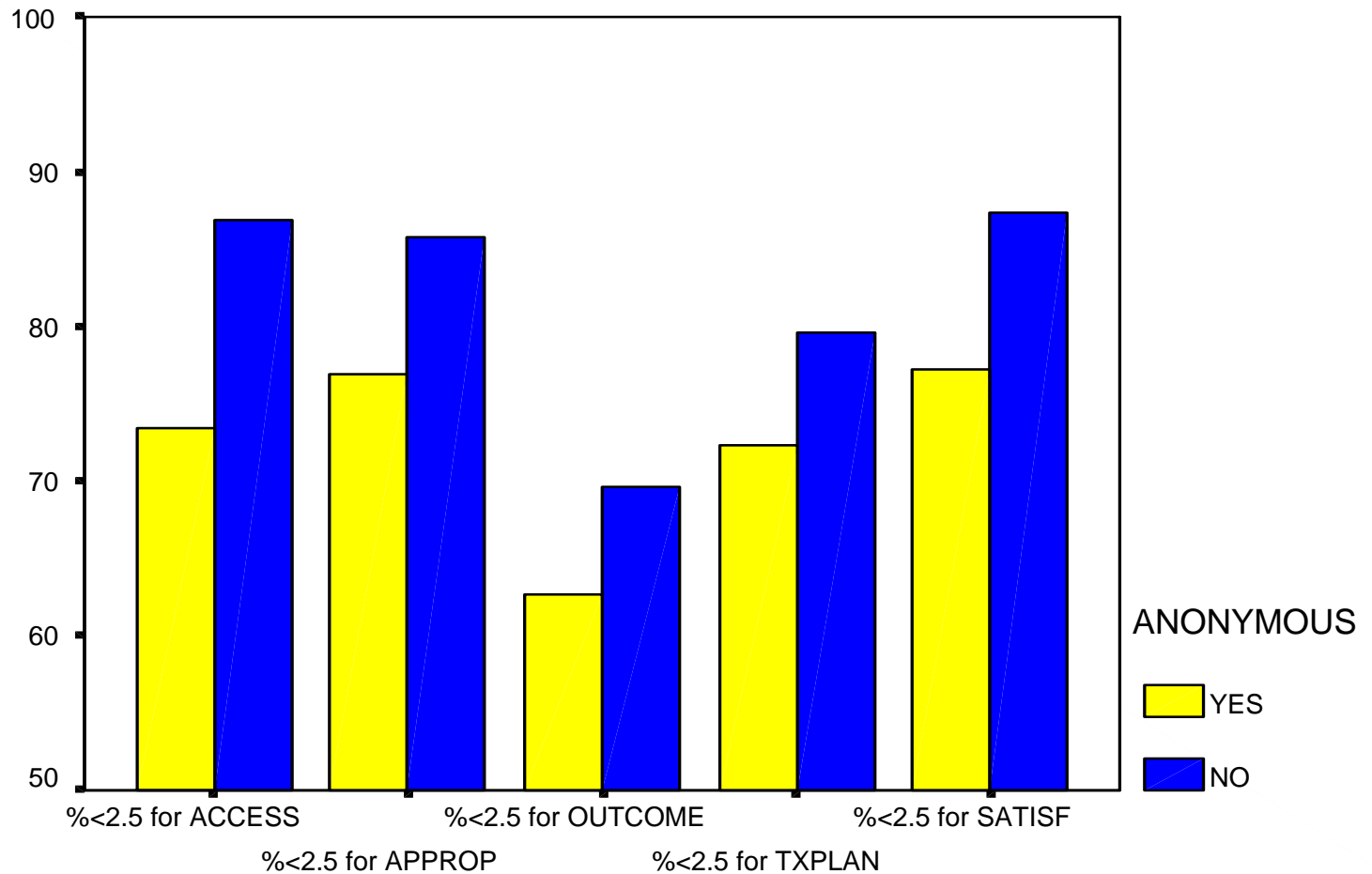
- Anonymous
 - More honest answers
 - easier post-collection
 - fewer privacy concerns
 - less known about sample
 - more design up-front
 - unable to follow-up with non-responders
- Coded
 - easier to sample
 - more known about respondents
 - can track non-responders
 - matching need before analysis
 - “too much” information
 - confidentiality concern

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“The trouble with this company is nobody wants to accept responsibility for anything. But don’t tell anyone I said that!”


Domain Scores by Anonymity





URS - Reported Methods

Were Responses Anonymous or Confidential	States
Anonymous	Y = 25
Confidential	Y = 35
Matched to Client Database	Y = 12



Potential Cost Considerations

- ◆ Staff time- distribution
- ◆ Staff time-data entry
- ◆ Copying costs
- ◆ Mailing Costs
- ◆ Training Costs- 2 days
- ◆ Interviewer Costs
- ◆ Equipment Costs


Estimated Cost of Surveys

	Staff time- distribution	Staff time-data entry	Copying costs	Mailing Costs	Training Costs- 2 days	Interviewer Costs
Mailing (contact letter, 2 survey mailings, reminder post card)	\$6,000	\$2,000-\$4,000	\$0.45 per survey set	\$2.49 per survey set	0	0
Consumer Administered (assume team of 12)	0	\$2,000-\$4,000	\$0.20 a survey	0	\$3,240	\$0.34 per mile \$46 per diem
Point of Service (assume support staff distribute survey)	\$6,000	\$2,000-\$4,000	\$0.20 a survey	0	0	0
Telephone (assume staff of 8-10)	0	0	0	0	\$3,240	\$60,000 - \$80,000
Web-based- (doesn't include computer equipment)	\$3,000	0	0	0	\$3,240	0




Recommendations

- ◆ All providers being evaluated should administer the survey the same way.
- ◆ Domain scores used for comparisons
- ◆ Individual items used for quality improvement efforts.
- ◆ Important to also collect demographic information (age, gender, race/ethnicity).
 - Other possible variables: length of time in treatment, diagnosis,

A collection of objects is arranged on a light-colored surface. On the left, there is a portion of a chessboard with several chess pieces. Below the chessboard are two medals: one with a red ribbon and a white star, and another with a blue ribbon and a white star. A pair of gold-rimmed glasses lies horizontally across the middle. In the bottom left corner, there is a circular compass with a white face and black markings. The text "Scoring the Survey" is overlaid on the right side of the image in a bold, black, serif font. Below it, the text "So now maybe we need a statistician" is overlaid in a smaller, black, serif font.

Scoring the Survey

So now maybe we need a statistician



Developmental Psychometric Work

- ◆ Factor Analysis of Colorado's Pilot Data (N=1100)- 5 factors
 - Access, Appropriateness, Outcome, Satisfaction, Negative Items
- ◆ Structural Modeling Procedures-
 - Deleting negative items
- ◆ 4 Domains--Model Fit Indices $>.9$
- ◆ Model applied to data from TX, RI, VA, NM, SC--similar results



MHSIP Consumer Survey Items

Consumer Perceptions of Access

- The location of services was convenient.
- Staff were willing to see me as often as I felt it was necessary.
- Staff returned my calls within 24 hours.
- Services were available at times that were good for me.
- I was able to get all the services I thought I needed.
- I was able to see a psychiatrist when I wanted to.



MHSIP Consumer Survey Items

Quality/Appropriateness


- Staff here believe I can grow, change and recover.
- I felt free to complain.
- Staff told me what side-effects to watch for.
- Staff respected my wishes about who is, and is not to be given information about my treatment.
- Staff were sensitive to my cultural/ ethnic background.
- Staff helped me obtain information so that I could take charge of managing my illness.
- I was given information about my rights.
- Staff encouraged me to take responsibility for how I live my life.
- I was encouraged to use consumer-run programs.



MHSIP Consumer Survey Items

Consumer Reported Outcomes

- I deal more effectively with daily problems.
- I am better able to control my life.
- I am better able to deal with crisis.
- I am getting along better with my family.
- I do better in social situations.
- I do better in school and/or work.
- My symptoms are not bothering me as much.
- My housing situation has improved.



MHSIP Consumer Survey Items

General Satisfaction

- ◆ I like the services that I received here.
- ◆ If I had other choices, I would still get services from this agency.
- ◆ I would recommend this agency to a friend or family member.

Participation in Treatment Plan

- ◆ I, not staff, decided my treatment goals.
- ◆ I felt comfortable asking questions about my treatment and medications.



Scoring Method*

- ★ Recode ratings of (N/A) as “missing”.
- ★ For each domain, exclude respondents with more than 1/3rd items missing
- ★ Calculate mean of each scale.
- ★ Calculate percent of scores <2.5 (percent agree and strongly agree).

* Developed by Jack Wackwitz, 1997; Revised NASMHPD Technical Workgroup, 1998