

Consumer Survey 2008 Annual Report



**November 2008
410 Capitol Avenue
Hartford, CT 06134**



Note from the Commissioner

In March, 2008, I detailed my vision for the DMHAS service system. My vision was simple: **Healthy People, Healthy Communities- Let's Make It Happen!** At that time I described four targeted goals to guide us in realizing that vision. The first goal focused on quality of care management. The other goals focused on improving the service system, increasing workforce effectiveness, and enhancing our resource base. Each of these goals is linked to the provision of quality care. As a healthcare network, we must be committed to a continuous process of performance measurement, evaluation, and quality improvement.

This is accomplished in many ways in the DMHAS service system. One measure is the annual Consumer Satisfaction Survey which provides us with information regarding the degree to which consumers/individuals in recovery approve of our services, including whether they would recommend them to others. DMHAS pays careful attention to the feedback we receive from consumers/individuals in recovery through this annual survey. The FY 2008 Consumer Survey measures consumers' satisfaction with the services they receive from the DMHAS Healthcare Service System.

This year, we added a Quality of Life (QOL) component to the survey, which will capture additional outcomes information about consumers/individuals in recovery. DMHAS is using the WHOQOL-BREF instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization. The QOL component of the survey was voluntary and consumer and provider participation varied by agency. These results, which are being compiled, will help us to learn more about how our service recipients feel about the quality of their lives.

Our focus on meeting the highest standards of care in our entire service system is a continuous goal. By evaluating the service system, we ensure that we remain responsive to the people that we aim to serve. Last year was the first time that we asked people to comment in general about what they wanted to tell us about our service system. That process was continued this year. The feedback we received helps us to identify areas of strength while acknowledging the challenges that we still face as we continue to build a recovery-oriented service system. I strongly encourage all of our service providers to review the feedback summarized in statewide report and in the agency-specific reports. The feedback is extremely useful as we consider whether we are attaining our quality goals.

I want to thank all of the people who participated in the survey and those who assisted the survey process in any way. This participation and the feedback we receive must always inform our efforts to improve our services.

Thomas A. Kirk, Jr., Ph.D.
Commissioner
Connecticut Department of Mental Health and Addiction Services

November 2008

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DMHAS' Evaluation, Quality Management and Improvement (EQMI) staff contributed significantly to the Survey Report through data entry, reporting, and analysis. Mike Hettinger and Karin Haberlin oversaw the development of the report and the supporting information. Kristen Miller completed the statistical analysis for the survey. Karen Oliver-Jallow, Maria Cabrera, and JoAnn Novajovsky provided invaluable assistance with data entry. They were supported by a number of staff from other DMHAS Office of the Commissioner (OOC) units. We would also like to thank Efrain Diaz, DMHAS Office of Multicultural Affairs, who helps us with the Spanish translation related to the survey.

Executive Summary

Survey Process

The Connecticut Department of Mental Health and Addiction Services (DMHAS) conducts an annual survey to learn about consumers' experiences with our public state-operated and community-funded service delivery system. The 23-item version of the Consumer Survey developed as the Mental Health Statistics Improvement Program's (MHSIP) *Consumer-Oriented Mental Health Report Card* has now been used for six years. Consumers/individuals in recovery who received treatment for substance use and/or mental health disorders completed the survey.

The MHSIP consumer survey was designed to measure consumer satisfaction with services in the following domains:

- ◆ The General Satisfaction domain is comprised of three items, and measures consumers' satisfaction with services received.
- ◆ The Access domain is comprised of four items, and measures consumers' perception of service accessibility.
- ◆ The Quality and Appropriateness domain is comprised of seven items, and measures consumers' perception of the quality and appropriateness of services.
- ◆ The Outcome domain is comprised of seven items, and measures consumers' perception of treatment outcomes as a result of receiving services.
- ◆ An item on consumers' perception of participating in treatment.
- ◆ An item on consumer experience of being respected by staff.

In 2005, DMHAS added the Recovery domain to the MHSIP survey. The Recovery domain comprises five questions which assess consumers' perception of "recovery oriented services." This addition provides DMHAS with valuable information regarding our success in implementing a recovery-oriented service system.

Quality of Life

This year DMHAS also requested that providers voluntarily administer the WHOQOL-BREF Quality of Life (hereafter QOL) instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization. The QOL is a 26 question tool that measures consumer satisfaction with the quality of his or her life in the following domains: physical, psychological, social relationships, and environment. Preliminary analysis shows that over 13,000 individuals responded to the QOL. The data from the QOL will be published in a separate report to be released later in FY2009.

Findings

- ◆ The majority of our consumers were satisfied with the treatment services that were being provided to them through our provider network. In comparison to the latest MHSIP national survey results (National Association of State Mental Health Program Directors/NASMHPD Research Institute, 2006) available, Connecticut consumers report higher levels of satisfaction in Participation in Treatment, Quality and Appropriateness, and Outcome. General Satisfaction is about the same as the national average, while satisfaction with Access has decreased somewhat since last year.

Survey Demographics

- ◆ Statewide, a total of 24,188 surveys were completed. DMHAS' provider system includes 128 providers for whom surveys should be administered. A total of 125 agencies submitted surveys, which includes 9 agencies that were not required to do so. Eleven (11) agencies required to submit surveys did not participate this year.
- ◆ Slightly more than half (54%) of the respondents were men; almost 40% were women, and 6% of the respondents did not identify their gender. The percentage of respondents with unknown gender increased by 3% from last year.
- ◆ The majority (58%) of respondents were White, 17% were African-American/Black, and 11% did not identify their race.
- ◆ About 2 in 10 (19%) respondents identified themselves as Hispanics and 31% chose not to identify whether or not they were of Latino/a origin (called Ethnicity in the survey).
- ◆ The largest number of survey respondents fell between the ages of 35-54 (50%).
- ◆ Over a quarter (28%) of the population was receiving services in the outpatient setting; 14% in residential programs; 13% in methadone maintenance programs; and 12% in case management programs. The remaining 33% of respondents received services in other levels of care. These patterns differed by whether respondents were receiving services in Mental Health or Substance Use Disorders programs.
- ◆ About an equal number of clients (44%) reported receiving Mental Health services versus treatment for Substance Use Disorders (45%).
- ◆ This was the second year in which DMHAS asked respondents to identify whether they were receiving services for mental health, substance use, or for both. Over a third (34%) identified emotional or mental health problems as their reason. Just under a third (31%) identified themselves as receiving substance use services.
- ◆ An additional 29% selected both mental health and substance use problems as their reason for receiving services. This was an increase of 10% from last year and may indicate growth in the numbers of persons with co-occurring illness being treated in the DMHAS system.
- ◆ This was the second year in which respondents were asked to self-report their length of stay in treatment. About 12% did not respond to this question, 41% reported a stay of less than a year, 14% reported a stay of over 12 months but less than two years, 14% reported more than two years but less than five, and 19% reported stays of over five years.
- ◆ Sixty-nine (69) providers filled out a "process summary" form, which describes their methodologies for delivering the Consumer Survey. Out of the 69 responding providers, 41 (59%) report collecting data on a program level, while 22 (32%) reported collecting data on the agency level. Six (6) providers did not answer this question. Providers who completed the process summary spent an average of 4.5 months conducting the survey, with a minimum of 1 month and maximum of 9 months.
- ◆ Most of the 69 responding agencies stated that staff distributed surveys to consumers on an individual basis (55 or 80%). Twenty-seven (27 or 39%) reported distributing the surveys to groups.
- ◆ Twelve (12) agencies used peers to distribute surveys, while 23 used other neutral parties to assist with distribution. College interns and US Mail were also used in 10 cases. One agency, Sound Community Services, used an experimental web-based system developed by DMHAS' EQMI.

Statewide Satisfaction by MHSIP Domains

DMHAS measures satisfaction by the MHSIP Domains. While the percentage of consumers satisfied with services has remained relatively constant over the past five years, satisfaction decreased slightly in FY 2008 in all Domains.

- ◆ The percentage of consumers satisfied with services has remained relatively consistent from 2004 to 2008. During the last five years, consumers have reported being most satisfied with the level of family participation in treatment and with quality and appropriateness in care.
- ◆ In FY 2008, close to 90% of consumers felt they received appropriate services, over 88% were generally satisfied, and over 83% expressed satisfaction with access to services. Almost 80% of consumers were satisfied with perceived outcomes.
- ◆ The lowest degree of satisfaction was reported in the Recovery Domain, where approximately 75% of respondents indicated satisfaction.
- ◆ Approximately 89% of consumers indicated a positive response in the General Satisfaction domain.
- ◆ Approximately 9 out of 10 consumers responded positively in the Participation in Treatment and Quality and Appropriateness domains.
- ◆ Approximately 90% agreed with the statement, “I felt comfortable asking questions about my services, treatment or medication.”
- ◆ Approximately 88% agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.”

Demographic Characteristics and Satisfaction on MHSIP Domains

Gender

- ◆ Women expressed *significantly* higher levels of satisfaction than men on all domains, except for the Outcome and Recovery domains.

Race

- ◆ African-Americans and respondents who identified themselves as belonging to the ‘Other’ race category expressed *significantly* higher levels of satisfaction in the Recovery domain than Whites.
- ◆ Satisfaction did *not* differ significantly across racial categories for any of the other domains.

Ethnicity

- ◆ People of Hispanic/Latino origin expressed *significantly* higher levels of satisfaction with the Outcome and Recovery domains than did Non-Hispanics.
- ◆ There was no difference in satisfaction level for the other domains.

Age Group

- ◆ In the Access, General Satisfaction, Participation in Treatment, and Respect domains, all older age groups (25 years and older) reported being *significantly* more satisfied than the youngest group (24 years and under).
- ◆ In the Appropriateness domain, people in age groups 35 years and older reported *significantly* higher levels of satisfaction than people who were 24 and under.
- ◆ People who were 25-34 years old expressed a *significantly* higher level of satisfaction in the Recovery domain than did people aged 35 and older.

Self-Identified Reason for Seeking Services

- ◆ Respondents who identified themselves as receiving services for Substance Use disorders expressed *significantly* higher levels of satisfaction with the Outcome and Recovery domains than those who identified themselves as receiving services for Mental Health or both Mental Health and Substance Use.
- ◆ Respondents who identified themselves as receiving services for Mental Health disorders expressed *significantly* higher levels of satisfaction with the Access, Appropriateness, General Satisfaction, and Respect domains than those that identified themselves as receiving services for Substance Use disorders or both Mental Health and Substance Use.

Level of Care

- ◆ In the Access, Appropriateness and General Satisfaction domains, respondents who received methadone maintenance or residential services were *significantly* less satisfied than people who received other services.
- ◆ Respondents who received outpatient, case management, or vocational rehabilitation services were *significantly* more satisfied within the Participation in Treatment and Respect domains.
- ◆ Respondents who received social or vocational rehabilitation services or methadone maintenance services were *significantly* more satisfied within the Outcome and Recovery domains.

Length of Stay

- ◆ Respondents who reported receiving services for more than five years reported *significantly* higher levels of satisfaction in the Access domain. This pattern also occurred in FY 2007.
- ◆ Respondents who reported receiving services for less than one year expressed *significantly* higher levels of satisfaction in the Recovery domain than those who had been receiving services for longer periods.
- ◆ In the General Satisfaction domain, respondents who reported service lengths of greater than two years were *significantly* more satisfied than those who reported service lengths of less than one year.

Method of Survey Administration

- ◆ Respondents who received the survey via multiple methods (i.e., a combination of staff and other neutral parties) reported *significantly* higher levels of satisfaction in the Access, Appropriateness, and General Satisfaction domains.
- ◆ Respondents who received the survey from staff members reported *significantly* higher levels of satisfaction across the Outcome and Recovery domains than did those who received the survey via multiple methods.

Planning Region

- ◆ Respondents from Region 1 expressed *significantly* lower levels of satisfaction in the Access, Appropriateness, General Satisfaction, Participation in Treatment Planning, and Respect domains than did respondents from other Regions.
- ◆ For the Outcome domain, respondents from Region 3 expressed a *significantly* lower level of satisfaction than respondents from other Regions. Additionally, respondents from Region 1 expressed a *significantly* higher level of satisfaction than did those in Region 4, and respondents from Region 5 were *significantly* more satisfied than people in Regions 2, 3, or 4.
- ◆ Respondents from Regions 1 and 5 reported a *significantly* higher level of satisfaction in the Recovery domain than did respondents from Regions 2, 3, and 4.

Program Types and MHSIP Domains

DMHAS measured differences in MHSIP Domains for key demographics to determine whether there were higher degrees of satisfaction for respondents receiving services in Substance Use or Mental Health treatment programs.

Statewide

- ◆ Respondents receiving Substance Use treatment services expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains.
- ◆ Respondents receiving Mental Health services expressed *significantly* higher levels of satisfaction in the Access, Appropriateness, General Satisfaction, and Respect domains.

Substance Use Disorders

Gender

- ◆ Women reported a *significantly* better experience with their wishes being respected and with participation in treatment than did men. They also reported *significantly* higher levels of satisfaction with the Appropriateness and General Satisfaction domains than did men. This pattern also occurred in FY 2007.
- ◆ Gender did not affect satisfaction with regard to the Access, Outcome, or Recovery domains.

Race

- ◆ African-Americans and people who identified themselves as belonging a race other than White expressed *significantly* higher levels of satisfaction in the Recovery domain than did Whites.
- ◆ Satisfaction did *not* differ significantly across racial categories for any of the other domains.

Ethnicity

- ◆ Respondents of Hispanic/Latino origin expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains.
- ◆ Respondents of Non-Hispanic origin reported significantly higher levels of satisfaction regarding Participation in Treatment.

Age Group

- ◆ Respondents aged 35 and older reported significantly higher levels of satisfaction in the Access and General Satisfaction domains than did respondents who were under 34 years old.

Level of Care

- ◆ Respondents who received outpatient services or case management reported *significantly* higher levels of satisfaction in the Appropriateness and General Satisfaction domains.
- ◆ Respondents receiving residential services reported *significantly* lower levels of satisfaction in the Access, Outcome, General Satisfaction, Participation in Treatment, and Respect domains than did respondents receiving other service types.
- ◆ As in FY 2007, respondents who received services in a residential setting reported *significantly* lower levels of satisfaction in all domains.

Length of Stay

- ◆ Respondents who received services for less than one year reported *significantly* higher levels of satisfaction in the Access domain than did respondents who received services for longer periods.
- ◆ Respondents who reported service lengths of 1-2 years or more than five years in the expressed *significantly* higher levels of satisfaction in the Appropriateness domain than did those reporting other lengths of service.

Survey Administration

- ◆ Respondents who were administered the survey by staff or via multiple methods reported *significantly* higher levels of satisfaction in the Access and General Satisfaction domains.

Planning Region

- ◆ Respondents from Regions 4 and 5 expressed *significantly* higher levels of satisfaction in the Access and Respect domains than did respondents from Region 1.
- ◆ Respondents from Region 1 expressed *significantly* lower levels of satisfaction in the Appropriateness and Participation in Treatment domains than did respondents from other Regions.

Mental Health Disorders

Gender

- ◆ Women reported *significantly* higher levels of satisfaction with the Appropriateness domain, with having their wishes respected, and with participation in treatment than did men. Men reported *significantly* higher levels of satisfaction in the Outcome domain. This pattern was similar in FY 2007.
- ◆ Gender did not affect satisfaction with regard to the Access, General Satisfaction, and Recovery domains.

Race

- ◆ African-Americans expressed *significantly* higher levels of satisfaction in the Recovery domain than did Whites and respondents of other races.
- ◆ Satisfaction did *not* differ across racial categories for any of the other domains.

Ethnicity

- ◆ Respondents of Hispanic/Latino origin were *significantly* more satisfied in the Appropriateness, General Satisfaction, and Participation in Treatment domains.

Age Group

- ◆ Respondents aged 55 and older reported *significantly* higher levels of satisfaction in the Access domain than did respondents in all other age groups. Additionally, respondents aged 35 and older reported *significantly* higher levels of satisfaction than did respondents aged 24 and under.
- ◆ Respondents aged 55 and older expressed *significantly* greater levels of satisfaction in the Outcome domain than did respondents aged 54 and younger.

Level of Care

- ◆ In the Access and Appropriateness domains, respondents who received vocational rehabilitation services reported *significantly* higher levels of satisfaction than did those who received other services.

- ◆ In the Participation in Treatment and Respect domains, respondents who received outpatient, case management, or vocational rehabilitation services reported *significantly* greater satisfaction.
- ◆ In the Outcome and Recovery domains, respondents who received outpatient services were *significantly* less satisfied than were those who received other levels of service.

Length of Stay

- ◆ In the Outcome domain, respondents who reported service lengths of more than five years were *significantly* more satisfied.
- ◆ In the Recovery domain, respondents who reported service lengths of more than five years were *significantly* more satisfied than those who reported service lengths of less than one year or greater than two years.

Survey Administration

- ◆ In the Access domain, respondents who were administered the survey by staff or other neutral parties reported *significantly* higher levels of satisfaction.
- ◆ In the Recovery domain, respondents who were administered the survey by staff reported *significantly* higher levels of satisfaction than did respondents to whom the survey was administered by a consumer or other neutral party.

Planning Region

- ◆ Respondents from Regions 1 and 5 expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains than did respondents from Regions 3 and 4.
- ◆ Respondents from Regions 2, 3, and 5 reported *significantly* greater satisfaction in the Respect domain than did respondents in Region 1. Respondents in Region 3 were *significantly* more satisfied than people in Region 4.

Limitations

This year DMHAS continued to address the limitations identified in past reports regarding collecting data on administration style, length of treatment, and self-identified reason for receiving services. The only two limitations that continue from the previous year are:

- ◆ The MHSIP consumer survey was standardized for use with consumers receiving treatment for mental health disorders only.
- ◆ Despite DMHAS' attempt to provide anonymity to its consumers as they express their opinions regarding their satisfaction with DMHAS' services, we have been unable to provide a totally anonymous survey setting.

Introduction

Consumer Satisfaction Survey FY 2008 (July 1, 2007 – June 30, 2008)

Purpose

The purpose of the consumer satisfaction survey is to gauge consumers' satisfaction with the services being provided in Connecticut's system of care for people living with Mental Health and Substance Use disorders.

Organization of the Report

This report attempts to continue to voice people's opinions about how they experience services within DMHAS' statewide provider network. In these reports, DMHAS documents the views of people served in both Mental Health (MH) and Substance Use (SU) treatment programs. This report presents survey data by demographic categories for all of the analyses that were generated. Though there may be slight differences in the levels of satisfaction expressed, only *statistically significant* differences are mentioned. For example, if men report a satisfaction level of 88% and women report a satisfaction level of 89%, this difference may not be meaningful or statistically significant.

Contact Information

If you have any questions, concerns, and suggestions/recommendations please contact:

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Methodology

Measures

The 2008¹ consumer survey consists of 28 items, rated on a 5-point Likert scale. A score of “1” represents strong agreement with an item, “5” strong disagreement; and “3” is a neutral response. The responses are: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and Not Applicable.

The Mental Health Statistics Improvement Program (MHSIP) consumer satisfaction survey measures consumer satisfaction with services in the following domains:

- ◆ The General Satisfaction domain consists of items 1-3, and measures consumers’ satisfaction with services received. A consumer had to complete at least 2 items for the domain score to be calculated.
- ◆ The Access domain consists of items 4-7, and measures consumers’ perceptions about how easily accessible services were. A consumer had to complete at least 2 items for the domain score to be calculated.
- ◆ The Quality and Appropriateness domain consists of items 8 and 10-15, and measures consumers’ perceptions of the quality and appropriateness of services. A consumer had to complete at least 4 items for the domain score to be calculated.
- ◆ The Outcome domain consists of items 17-23, and measures consumers’ perceptions about treatment outcomes as a result of receiving services. A consumer had to complete at least 4 items for the domain score to be calculated.
- ◆ One item covering consumers’ perceptions of his/her participation in treatment.
- ◆ One item covering consumers’ experiences with staff respect.

In addition to the MHSIP’s 23 items, the Connecticut Department of Mental Health and Addiction Services added the following:

- ◆ A Recovery domain, which consists of five questions (24-28) that assess consumers’ perceptions of “recovery oriented services”. A consumer had to answer at least 3 items for the domain score to be calculated.
- ◆ Demographic questions, where respondents indicate their gender, race, age, and ethnicity. Two new questions were added in FY 2007; they ask respondents to self-report their reason for receiving services (Mental Health only, Substance Use only, both Mental Health and Substance Use), and their length of time in service (less than one year, 12 months to two years, more than two years, and more than five years).
- ◆ “Free” questions: agencies could add up to 5 agency-specific questions for their use.
- ◆ A supplemental report form, requiring agencies to describe their sample selection and methods of survey administration.

¹Similar to previous years, the survey contains 23 items from the MHSIP consumer satisfaction survey. Please refer to Appendix 1.4 for a copy of the MHSIP survey.

Administration

DMHAS provided agencies with guidelines for survey implementation. Generally, providers' staff administered the consumer survey, but in some cases consumers and peers assisted with the data collection. Providers administered the survey to people who received either Mental Health or Substance Use treatment services from July 1, 2007 through June 30, 2008. People who received prevention, emergency, inpatient, or detoxification (both inpatient and ambulatory) services were excluded. Surveys were collected mainly during September 2007 through June 2008.

The survey was administered in the following levels of care:

- ◆ All Mental Health Case Management
- ◆ All Mental Health Outpatient (Clinical)
- ◆ Mental Health Partial Hospitalization
- ◆ All Mental Health Residential, including Group Residential, Supervised Apartments., and Supported Apartments
- ◆ Supported Housing, Transitional Residential
- ◆ All Mental Health Social Rehabilitation
- ◆ All Mental Health Vocational Rehabilitation
- ◆ Substance Abuse Methadone Maintenance
- ◆ Substance Abuse Intensive Outpatient
- ◆ Substance Abuse Partial Hospitalization
- ◆ Substance Abuse Outpatient including Gambling
- ◆ All Substance Abuse Residential including Intensive, Intermediate, Long-term Treatment, Long-term Care, Transitional Residential/Halfway House
- ◆ All Substance Abuse Case Management

Sample Selection

DMHAS asked providers to calculate sample sizes according to the number of unduplicated consumers served by the provider from July 1, 2006 through June 30, 2007.² The sample size calculation was based on a 95% confidence level and 7% confidence interval.³ DMHAS provided agencies with a guide to assist providers in sample size determination (See Appendix 1.2 for this guide.)

² The unduplicated counts were obtained from the CC820: Report of Clients Active in Program in the DMHAS Provider Access System (DPAS).

³ The confidence **interval** is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks a certain answer you can be "sure" that if you had asked the question of the entire relevant population, between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence **level** tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population (those who would pick that certain answer if you asked everyone) would lie within the confidence interval. The 95% confidence level means you can be 95% certain; that is, in 95 out of 100 situations, you would find that the true whole-population percentage fell within the confidence interval. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%.

There is a trade-off between confidence interval and confidence level. For a given sample size (number of survey respondents), the wider the confidence interval, the more certain you can be that the whole population's answers would be within that range. On the other hand the narrower the confidence interval, the less sure you would be of having bracketed

Table 1: Expected and Actual Sample Size by Provider/Agency

	<u>Undup. Consumers¹ in FY07</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in FY08</u>
Ability Beyond Disability Institute	85	60	63
Advanced Behavioral Health	2037	179	0
Alcohol & Drug Recovery Center (ADRC)	1267	170	501
Alcohol Services Organization of S. Central CT	199	99	230
American School for the Deaf	14	13	16
Applied Behavioral Rehab Research Institute Inc	13	12	0
APT Foundation Inc	2285	181	671
Artreach Inc.	88	61	57
Backus Hospital	727	155	158
Birmingham Group Health Services, Inc.	1100	166	147
Bridge House	204	100	125
Bridgeport Community Health Center	34	29	15
BRIDGES	1424	172	251
Bristol Hospital	214	103	35
Capitol Region Mental Health Center	1544	174	190
Catholic Charities of Fairfield County Inc.	348	126	150
Catholic Charities- Waterbury	209	101	67
Catholic Charities-Hartford Inst Hispanic Studies	332	123	0
Cedarcrest Regional Hospital	621	149	579
Center City Churches Inc.	7	7	4
Center for Human Development	213	102	151
Central CT Coast YMCA	24	21	38
Central Naugatuck Valley (CNV) Help Inc.	173	92	128
Charlotte Hungerford Hospital	1449	173	182
Chemical Abuse Services Agency (CASA)	595	148	422
Chrysalis Center Inc.	1121	167	386
Columbus House	223	105	190
Common Ground Community	113	72	49
Community Enterprises Inc.	58	45	58
Community Health Center Inc.	21	19	18
Community Health Resources Inc.	2375	181	745
Community Health Services Inc.	272	114	0
Community Mental Health Affiliates	1782	177	389
Community Prevention and Addiction Services	1147	168	212
Community Renewal Team (CRT)	196	98	194
Connecticut Counseling Centers Inc.	1202	169	418
Connecticut Mental Health Center	4127	187	963
Connecticut Renaissance Inc.	496	141	147

the “real” whole-population percentage. For example, if you asked a sample of 1000 people in a city which brand of cola they preferred, and 60% said Brand A, you can be very certain that between 40 and 80% of all the people in the city actually do prefer that brand, but you would be far less sure that the actual Brand-A-preference % for all residents would fall between 59 and 61%.

	<u>Undup. Consumers¹ in FY07</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in FY08</u>
Connecticut Valley Hospital	997	164	169
Connection Inc	760	156	166
Continuum of Care	382	130	205
Coordinating Council for Children in Crisis	39	33	17
Crossroad Inc	425	134	106
CTE Inc. Viewpoint Recovery Program	72	53	36
CW Resources Inc.	59	46	34
Danbury Hospital	428	135	143
Day Kimball Hospital	96	65	0
Dixwell/Newhallville Community MHS Inc.	169	91	117
Easter Seal Goodwill Ind. Rehab. Center Inc.	70	52	52
Easter Seal Rehab. Center of Grtr. Waterbury Inc.	55	43	51
Easter Seals of Greater Hrtfd Rehab Center Inc.	94	64	63
Education Connection	41	34	34
Fairfield Community Services Inc.	30	26	0
Family & Children's Agency Inc	907	161	167
Family Centers, Inc.	98	66	32
Farrell Treatment Center	175	93	75
Fellowship Inc.	628	150	289
FSW Inc.	64	48	48
Gilead Community Services Inc. ⁴	251	110	259
Goodwill Industries of Western CT Inc.	54	43	51
Guardian Ad Litem	22	20	54
Hall Brooke Foundation Inc.	39	33	42
Hall Neighborhood House	11	10	0
Harbor Health Services	1349	171	269
Hartford Behavioral Health	845	159	106
Hartford Dispensary	4530	188	1077
Hartford Hospital	253	111	189
Helping Hand Center Inc.	78	56	2
Hill Health Corporation	1480	173	357
Hogar Crea Inc	58	45	55
Hospital of St. Raphael	266	113	141
Human Resource Development Agency	408	133	166
Inter-Community Mental Health Group Inc.	1419	172	302
Interlude Inc.	41	34	37
John J. Driscoll United Labor Agency Inc.	77	55	38
Kennedy Center Inc.	113	72	66
Keystone House Inc.	153	86	122
Kuhn Employment Opportunities Inc.	64	48	49
Laurel House	329	123	212
Liberation Programs (LMG)	1853	177	2151
Liberty Community Services	61	47	29
Marrakech Day Services	124	76	132

⁴ Gilead allows consumers to specify more than one program per survey, so the survey number is higher than the number of respondents.

	<u>Undup. Consumers¹ in FY07</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in FY08</u>
McCall Foundation Inc	728	155	177
Mental Health Association of CT Inc.	654	151	347
Mercy Housing and Shelter Corporation	82	58	147
MICAH Housing Pilots Program	7	7	8
Middlesex Hospital Mental Health Clinic	304	119	62
Midwestern CT Council on Alcoholism (MCCA)	1361	171	879
Morris Foundation Inc	1150	168	299
My Sisters' Place	62	47	46
New Directions Inc of North Central Conn.	468	138	154
New Haven Home Recovery	25	22	25
New Milford Hospital	204	100	67
NW Center for Family Serv and Mental Health	71	52	48
Norwalk Hospital	917	162	286
Operation Hope of Fairfield Inc.	17	16	10
Optimus Health Care-Bennett Behavioral Health	624	149	0
Pathways Inc.	83	59	54
Perception Programs Inc	984	164	166
Positive Directions-The Center for Prev & Recov.	23	21	22
Prime Time House Inc.	268	113	189
Problem Gambling-DMHAS	342	125	0
Regional Network of Programs	2008	179	709
Reliance House	558	145	265
River Valley Services	520	143	151
Rushford Center	4036	187	485
SCADD	1193	168	300
SE Mental Health Authority	528	143	205
Search for Change Inc.	36	31	22
Shelter for the Homeless Inc.	220	104	95
Sound Community Services Inc.	2511	182	208
St Luke's Community Services Inc.	95	64	67
St. Mary's Hospital Corporation	1563	174	190
St. Vincent DePaul Mission of Waterbury, Inc.	86	60	89
St. Vincent DePaul Place Middletown, Inc.	14	13	25
Stafford Family Services	201	99	108
Supportive Environmental Living Facility Inc-SELF	48	39	49
SW CT MH Network	1822	177	305
United Community and Family Services	118	74	144
United Services Inc.	1769	177	323
VNA of Southeastern CT	93	63	0
W. CT MH Network	1210	169	630
Waterbury Hospital Health Center	1696	176	17
Wheeler Clinic	1317	171	314
Yale University - WAGE	28	25	37
Yale University-Behavioral Health	348	126	122
Youth Challenge of CT Inc	47	38	0
Catholic Charities & Family Svs, Diocese of Norwich	0	0	27

	<u>Undup. Consumers¹ in FY07</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in FY08</u>
ABH - GA Only Providers	0	0	289
Alliance Treatment Center Inc.	0	0	75
Council of Churches: Greater Bridgeport	0	0	23
Fish Inc.: Torrington Chapter	0	0	12
Immaculate Conception Inc.	0	0	11
Lawrence and Memorial Hospital	0	0	158
Leeway, Inc.	0	0	5
Stamford Hospital	0	0	156
TOTAL	78299	13321	24261

Analysis

Demographic and other simple frequency analyses were performed in both VB.NET and SPSS by two staff, and compared for accuracy.

All analyses of difference were evaluated at alpha = .01. This means that there is a 1 in 100 chance that a difference is identified as a significant difference when in fact it is not. SPSS was used for these analyses.

Results

The survey sample included 24,188 completed surveys. Of the 128 providers that were to administer the survey, 117 submitted data. Nine additional Providers also submitted surveys. 114 providers (91.2%) distributed surveys at the program level rather than at the agency level. DMHAS encouraged this manner of distribution, to ensure the most meaningful and useful information. See Table 2 for summary of statewide demographic trends.

Table 2: Statewide Demographic Trends (2008-2004)

	2008		2007		2006		2005		2004	
	<i>N</i>	<i>Percent</i>								
Gender										
Female	9775	40.4	9965	41.3	9003	40.3	8349	38.6	6269	39.6
Male	13023	53.8	13369	55.4	11558	51.8	11447	52.9	8017	50.6
No Data	1390	5.7	813	3.4	1770	7.9	1845	8.5	1544	9.8
Race										
American Indian/Alaskan	240	1	241	1	380	1.7	355	1.6	198	1.3
Asian	136	0.6	152	0.6	150	0.7	153	0.7	87	0.5
Black	4116	17	3977	16.5	3198	14.3	3259	15.1	2450	15.5
Native Hawaiian/ Pacific Islander	70	0.3	69	0.3	61	0.3	60	0.3	26	0.2
White	14148	58.5	15013	62.2	13942	62.4	13138	60.7	8716	55.1
Mixed	962	4	984	4.1	905	4.1	762	3.5	370	2.3
Other	1907	7.9	1641	6.8	426	1.9	533	2.5	587	3.7
Unknown	2609	10.8	2070	8.6	3269	14.6	3381	15.6	3396	21.5
Ethnicity										
Mexican	170	0.7	192	0.8	153	0.7	109	0.5	61	0.4
Puerto Rican	3296	13.6	3378	14	3171	14.2	3250	15	2299	14.5
Other Hispanic/Latino	1025	4.2	1002	4.1	771	3.5	671	3.1	667	4.2
Not Hispanic	12007	49.6	11744	48.6	9194	41.2	9048	41.8	41	0.3
Unknown	7690	31.8	7831	32.4	9042	40.5	8563	39.6	12762	80.6
Age Range										
20 and Under	921	3.8	895	3.7	744	3.3	627	2.9	415	2.6
21-24	1770	7.3	1866	7.7	1626	7.3	1532	7.1	931	5.9
25-34	4699	19.4	4736	19.6	4220	18.9	4221	19.5	3013	19
35-54	12193	50.4	12755	52.8	11442	51.2	11269	52.1	8510	53.8
55-64	2615	10.8	2555	10.6	2284	10.2	2079	9.6	1400	8.8
65 and Older	557	2.3	513	2.1	501	2.2	399	1.8	265	1.7
Unknown	1433	5.9	827	3.4	1514	6.8	1514	7	1296	8.2
Program Type										
MH	11022	45.4	10738	44.5	10009	44.8	9371	43.3	8701	55
SA	10588	43.6	10269	42.5	9485	42.5	9241	42.7	5923	37.4
SAGA	0	0	0	0	0	0	0	0	1203	7.6
Unknown	2651	10.9	3140	13	2837	12.7	3026	14	3	0

Reason for Service										
Emotional/Mental Health	8226	34	7315	30.3	0	0	0	0	0	0
Alcohol or Drugs	7538	31.2	7785	32.2	0	0	0	0	0	0
Both Emotional/Mental Health and Alcohol or Drugs	6100	25.2	4435	18.4	0	0	0	0	0	0
Unknown	2324	9.6	4612	19.1	0	0	0	0	0	0
No Data	0	0	0	0	22331	100	21641	100	15830	100
Service Duration										
Less than 1 year	9872	40.8	7971	33	0	0	0	0	0	0
12 month to 2 years	3414	14.1	4443	18.4	0	0	0	0	0	0
More than 2 years	3275	13.5	3461	14.3	0	0	0	0	0	0
More than 5 years	4685	19.4	2523	10.4	0	0	0	0	0	0
Unknown	2942	12.2	5749	23.8	0	0	0	0	0	0
No Data	0	0	0	0	22331	100	21641	100	15830	100

The number of survey responses has risen over the past three years, particularly for people receiving mental health services. Additionally, the number of surveys attributed to the “Unknown” program type has declined.

Demographics of Statewide Sample

Gender

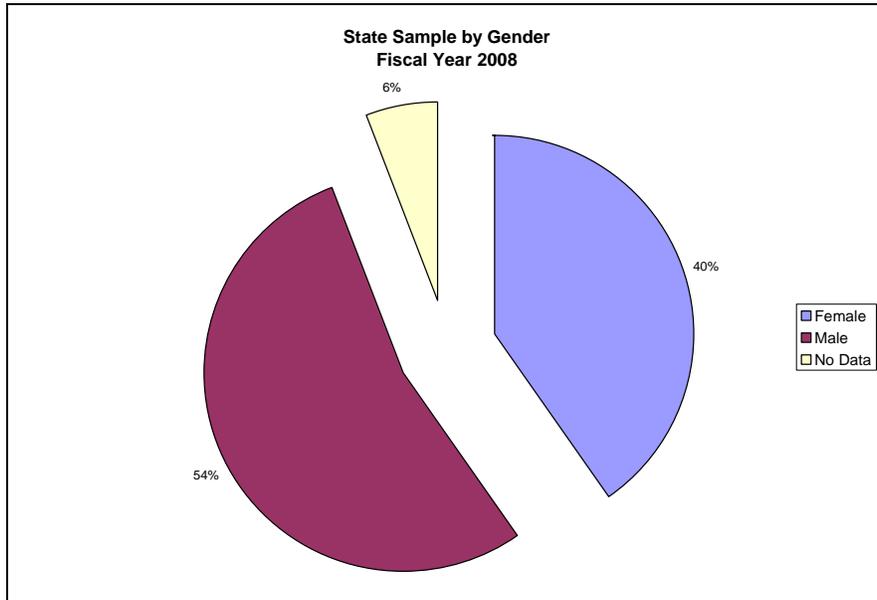


Figure 1: State Sample by Gender

More men (54%) than women (40%) consumers responded to the survey.

Gender Distribution by Service Type

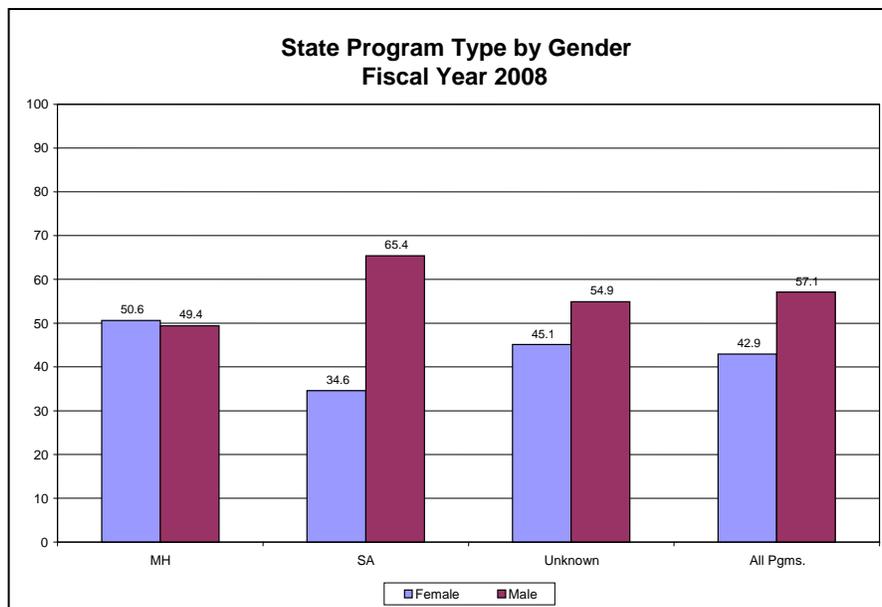


Figure 2: State Program Type by Gender

For respondents receiving Mental Health services, almost an equal ratio of men and women responded to the survey. Respondents receiving Substance Use services were disproportionately distributed; 65% were men and 35% were women. Similarly, the statewide sample comprised a greater percentage of men (54%) than women (40%). Respondents who indicated their program type, but not their gender, were assigned to the “unknown” category.

Race

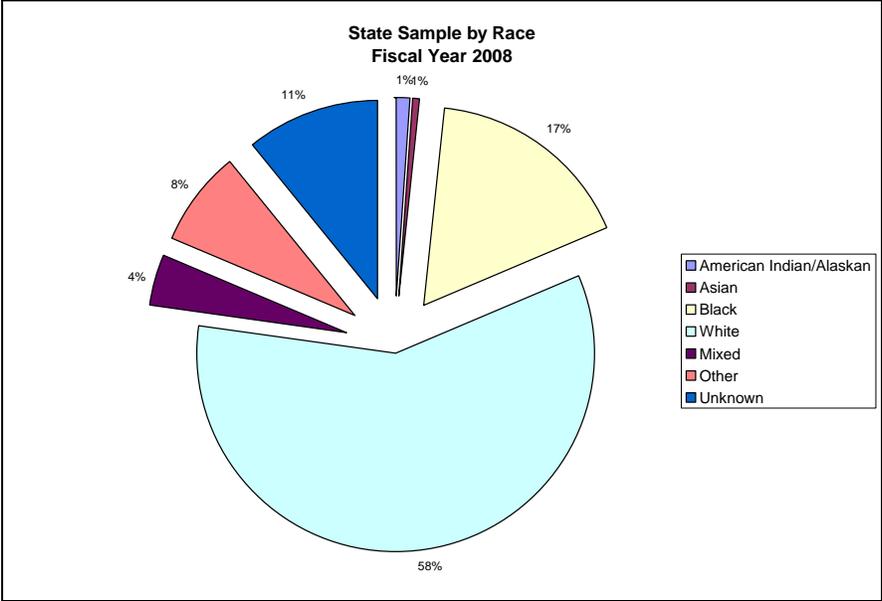


Figure 3: State Sample by Race

The majority of respondents (58%) were White, 17% were African-American/Black, and 11% did not identify their race.

Race Distribution by Service Type

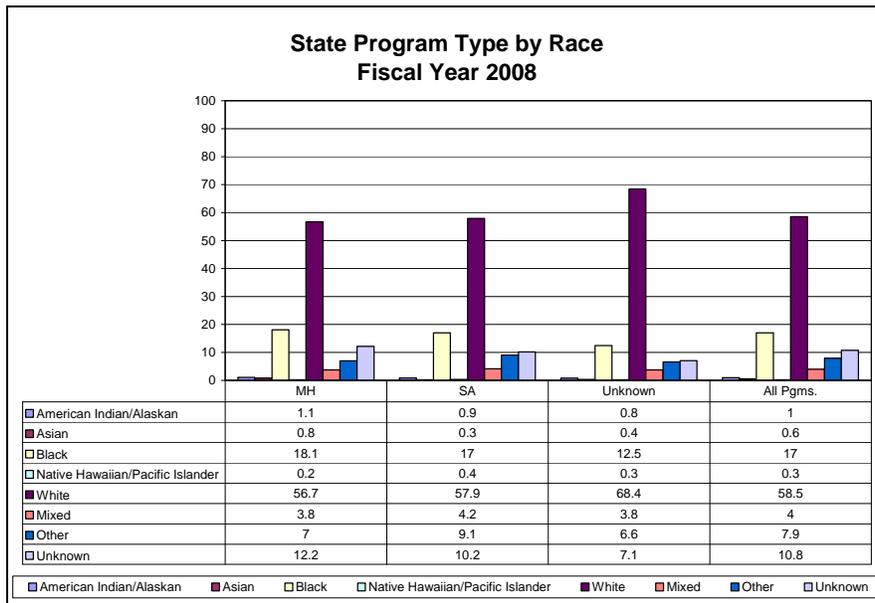


Figure 4: State Program Type by Race

Racial distribution was fairly consistent across all groups, with a slightly smaller proportion of self-identified Whites in Substance Use treatment.

Ethnic Origin

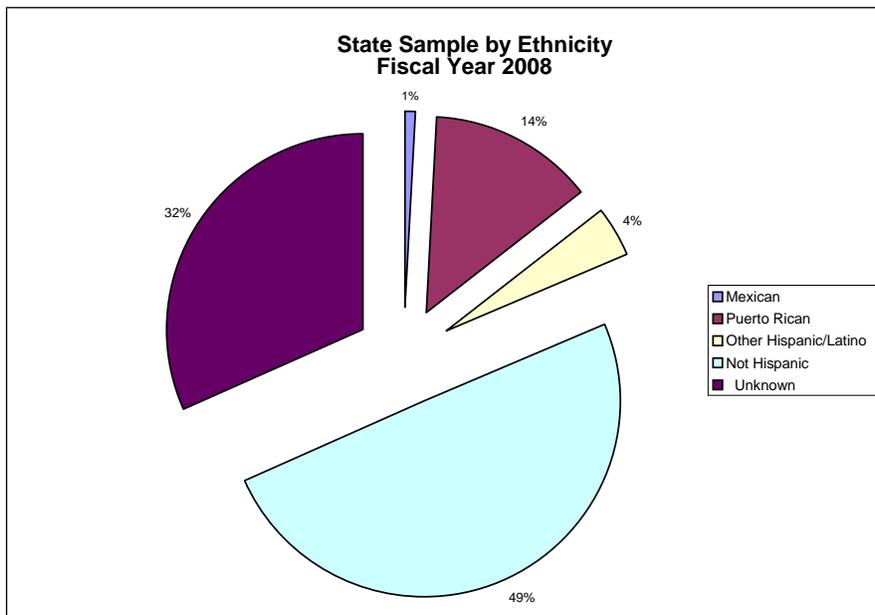


Figure 5: State Sample by Ethnicity

Nineteen percent (19%) of respondents identified themselves as Hispanic/Latino/a. The majority of respondents in this group identified themselves as Puerto Rican. Mexicans and other Hispanic/Latino/a respondents comprised the other 5% of the statewide sample.

Ethnicity Distribution by Service Type

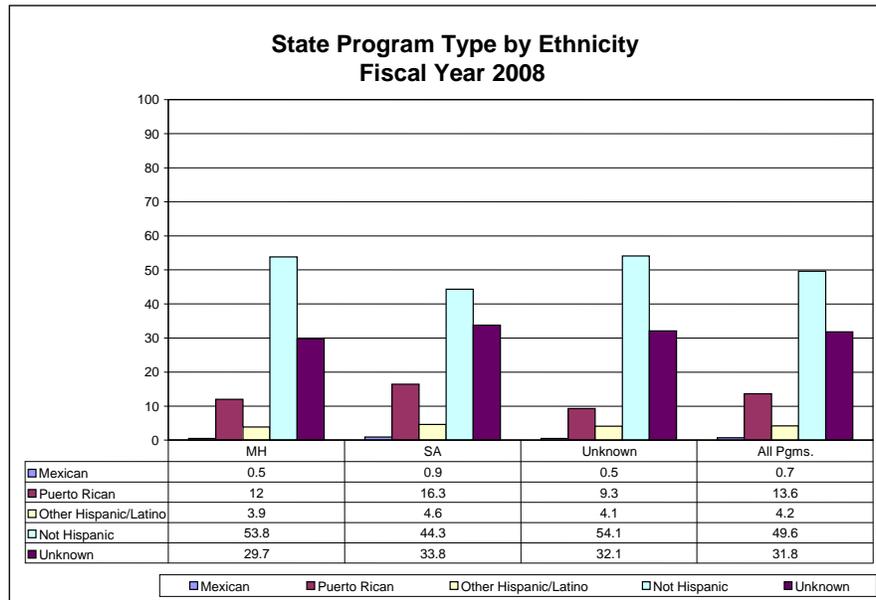


Figure 6: State Program Type by Ethnicity

Respondents using Substance Use services were somewhat more likely to identify themselves of Hispanic/Latino/a origin than were other groups. Approximately 22% of the respondents receiving Substance Use treatment identified themselves as Hispanic/Latino/a. In contrast, about 16% of respondents receiving Mental Health treatment reported that they were Hispanic/Latino/a.

Age

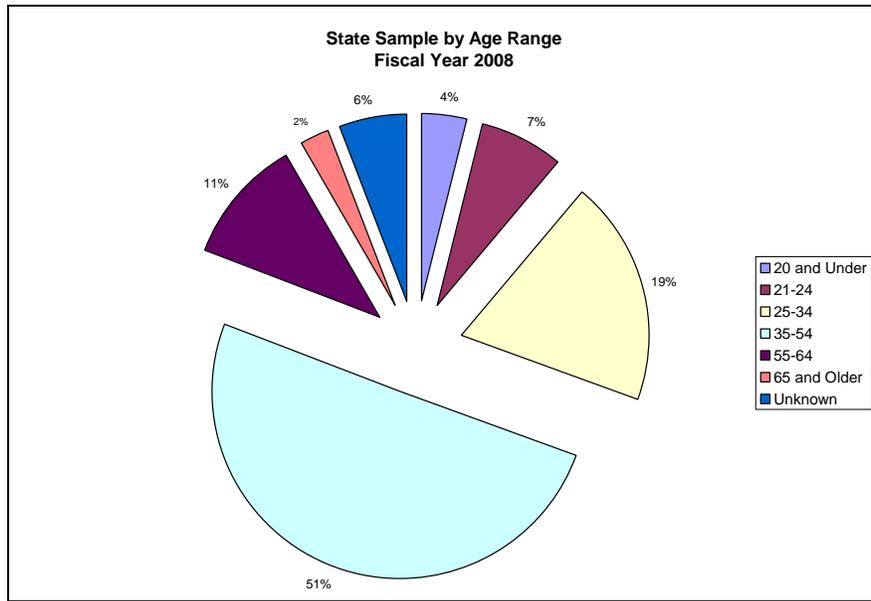


Figure 7: Sample by Age Group

Slightly over half (51%) of the respondents were between the ages of 35-54. About one-fifth were in the 25-34 age group, and 2% were 65 or older. These frequencies closely match those from the FY2007 survey.

Age Distribution by Service Type

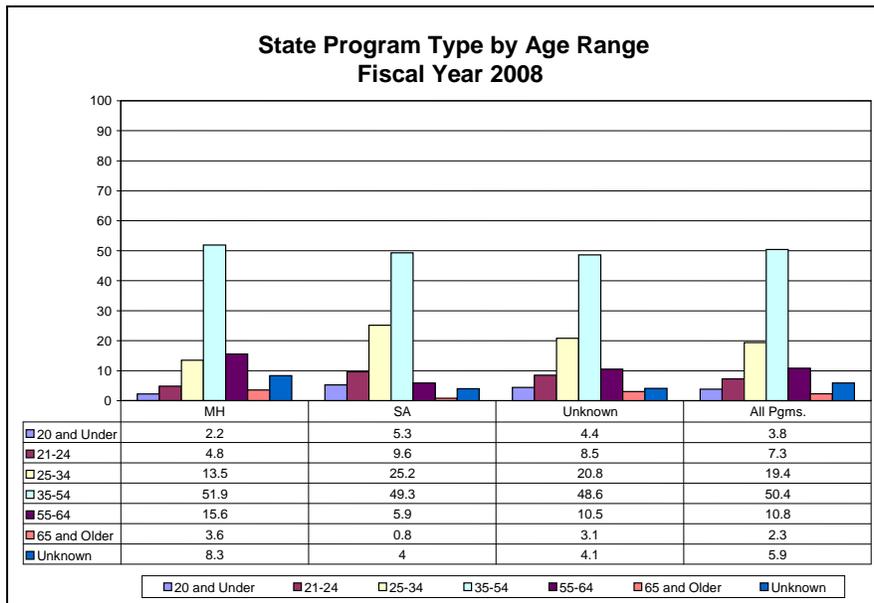


Figure 8: State Program Type by Age Range

For all Service Types, the majority of respondents were in the 35-54 age group. Respondents from Substance Use programs tended to be somewhat younger than did respondents from Mental Health programs.

Level of Care

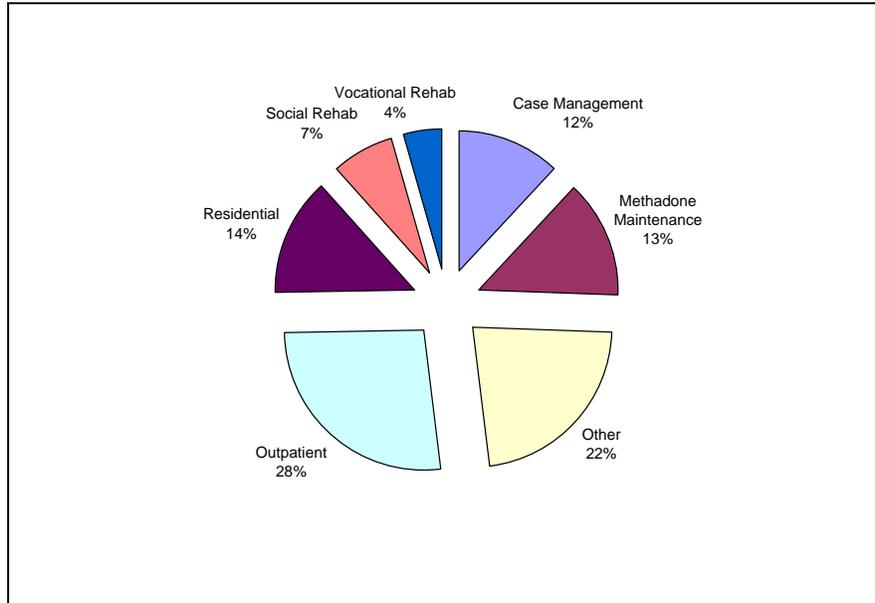


Figure 9: Sample by Level of Care

Twenty-eight percent (28%) of the respondents received outpatient services (not including outpatient methadone maintenance services), 13% received methadone maintenance services, 12% received case management, and 14% received residential services. An additional 33% received services in other settings (partial hospitalization, education, etc.)

Level of Care by Service Type

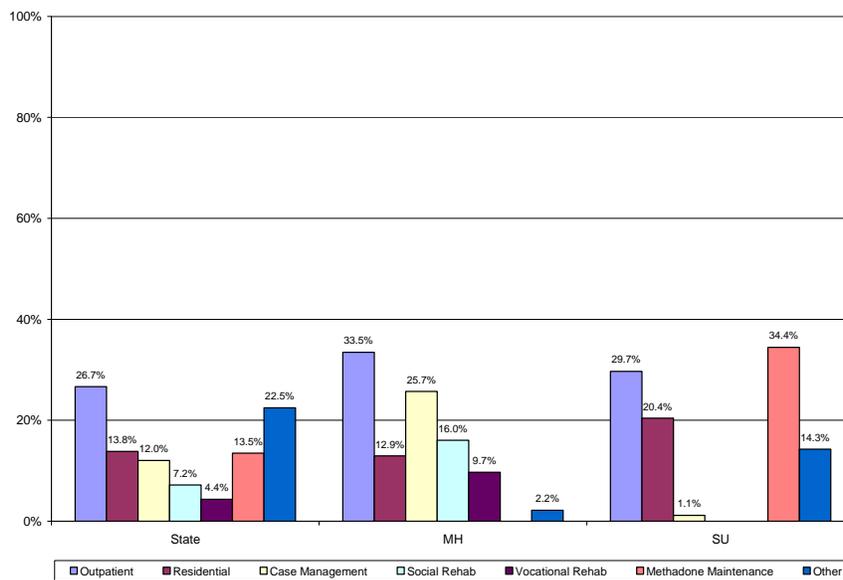


Figure 10: Level of Care by Service Type

Note that, in Figure 10, the statewide percentages include surveys that were only assigned to a Provider, as opposed to a specific Program. These surveys appear in the 'Other' category. Since program types (i.e. 'MH' and 'SU') cannot be determined for these surveys, they are not counted in the MH and SU service type breakdowns in Figure 10.

Thirty-four percent (34%) of respondents receiving treatment for Substance Use disorders received methadone maintenance, followed by 30% who received services in a (non-methadone maintenance) outpatient setting. An additional 20% received services in a residential treatment setting. For respondents receiving Mental Health treatment services, 34% received services in an outpatient setting and 26% received case management services.

Treatment Characteristics

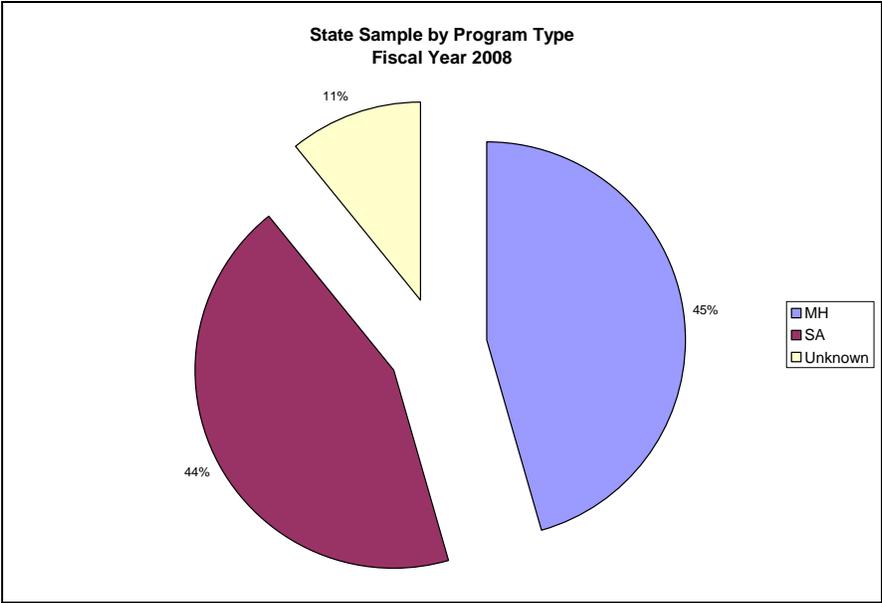


Figure 11: State Sample by Program Type

Approximately equal percentages of respondents reported receiving Mental Health (45%) and Substance Use (44%) services. A small percentage (11%) of providers collected data at only the provider level, so no program type is identified for those providers.

In FY2007, we added a question asking the reasons for which respondents sought services (Mental Health, Substance Use, or both).

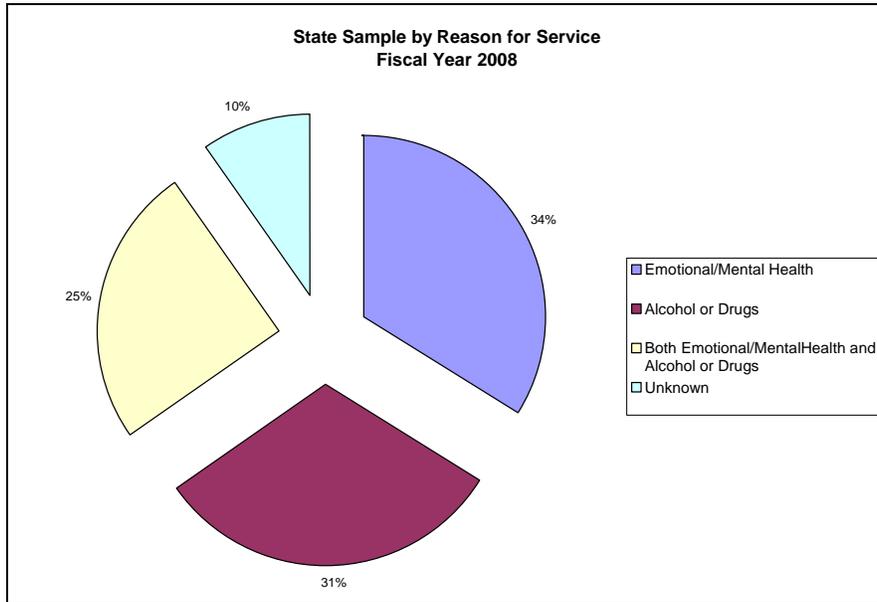


Figure 12: State Sample by Reason for Service

Over one-third of respondents identified emotional or mental health problems as their reason for receiving services. Just under one-third identified alcohol or drugs as their reason. Interestingly, an additional 29% selected both mental health and substance abuse problems as reasons for receiving services. This represented over 10% more consumers than in the FY2007 survey. Ten percent (10%) of respondents did not select a reason for receiving services.

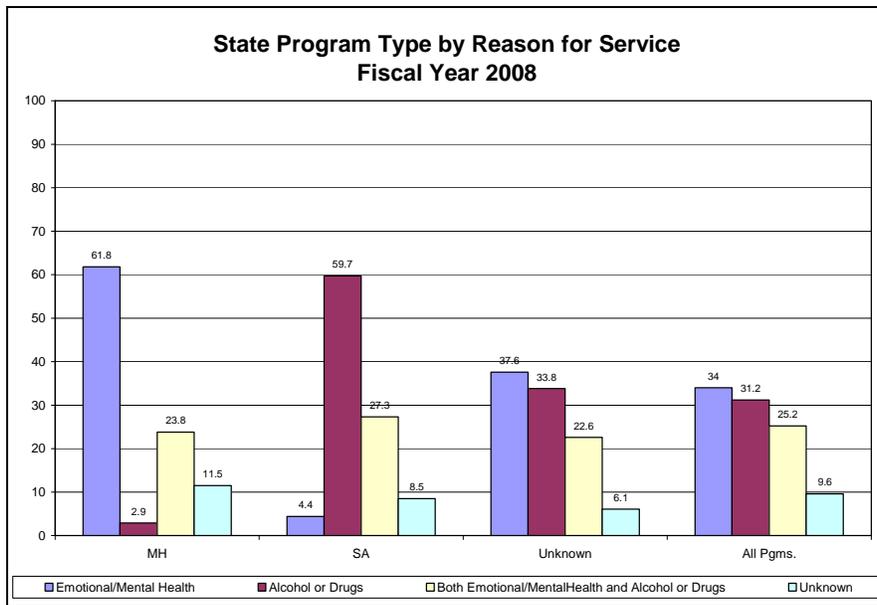


Figure 13: State Program Type by Reason for Service

This year, a higher percentage (27%) of people in SUD treatment programs indicated co-occurring problems than people in MH programs (24%). Both percentages are higher than the rates reported in the FY2007 survey.

Length of Stay

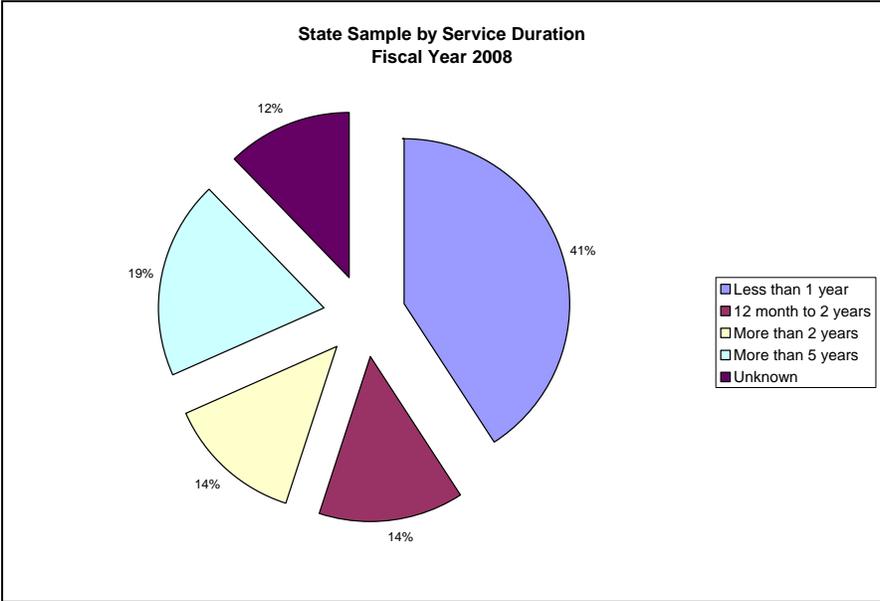


Figure 14: State Sample by Service Duration

This is the second year in which respondents reported how long they had been receiving services; 12% of respondents chose not to answer this question. The largest subset of respondents (41%) reported that they had been receiving services for less than a year; 14% stated that they had been receiving services for more than one year but less than two; 14% had received services for over two years. Nearly a fifth of this year’s respondents reported that they had been receiving DMHAS services for more than five years.

Length of Stay by Service Type

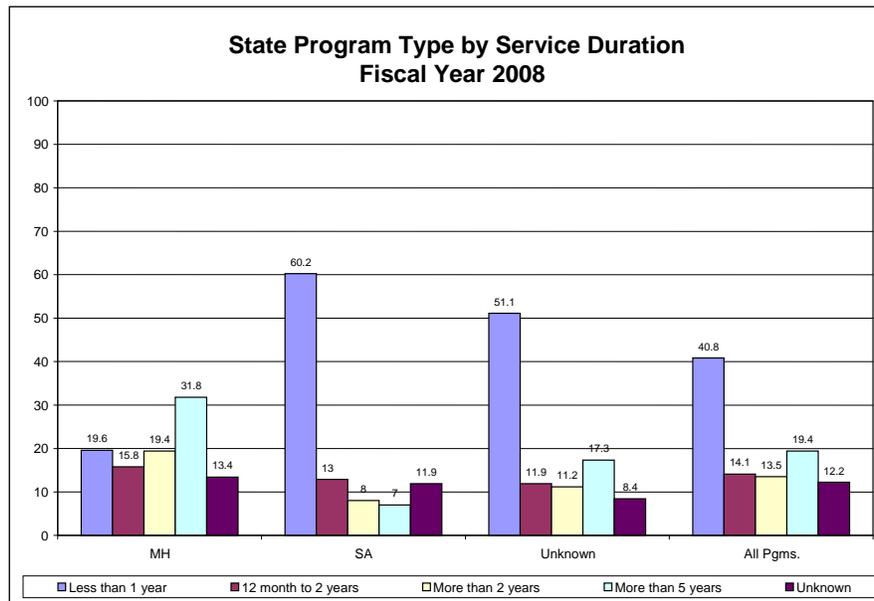


Figure 15: State Program Type by Service Duration

In general, respondents receiving MH treatment services reported longer lengths of stay than did respondents receiving SU treatment services.

Methods of Survey Administration

This was the second year in which DMHAS asked providers to systematically report how they administered the survey; the lack of this information had been identified as a limitation in previous years. Please refer to Appendix 2 – Supplemental Report form for more information.

Only 69 of our reporting providers completed this information this year.

- Out of the 69 reporting agencies, 41 (59%) report collecting data on a program level, while 22 (32%) reported collecting data on the agency level. Six providers (9%) left this question blank.
- Sixty-two agencies provided data regarding the number of months spent on the consumer survey process. Reporting agencies spent an average of 4.5 months conducting the survey, with a minimum of 1 month and maximum of 9 months.
- Fifty-five (55 or 80%) of the 69 responding agencies stated that staff distributed surveys to consumers on an individual basis.
- Twenty-seven (27) of the 69 responding agencies (39%) reported distributing the surveys to groups.
- Twelve agencies (12 or 17%) used peers to distribute surveys, while 23 (33%) used other neutral parties to assist with distribution. Ten providers (14%) used college interns and US

Mail. One agency, Sound Community Services, reported that they used an experimental web-based system developed by EQMI.⁵

- The most common methods of survey collection were by collection box (54%), by neutral party (48%), or by self-addressed stamped envelope (38%).
- The majority of responding providers (51 or 74%) stated that they did not use the consumer count provided by DMHAS as a method for determining their sample sizes. The reason for this is not clear, since the reason was not requested on the form used to collect the Providers' survey methodology data. However, as noted later in this narrative, some providers feel that the DMHAS sampling methodology is problematic. Despite this, the majority of providers still exceeded their requested agency sample size.

⁵ Gilead and BRIDGES also used the web-based interface, but not as extensively as Sound Community Services.

Satisfaction with Services

Satisfaction on All Domains

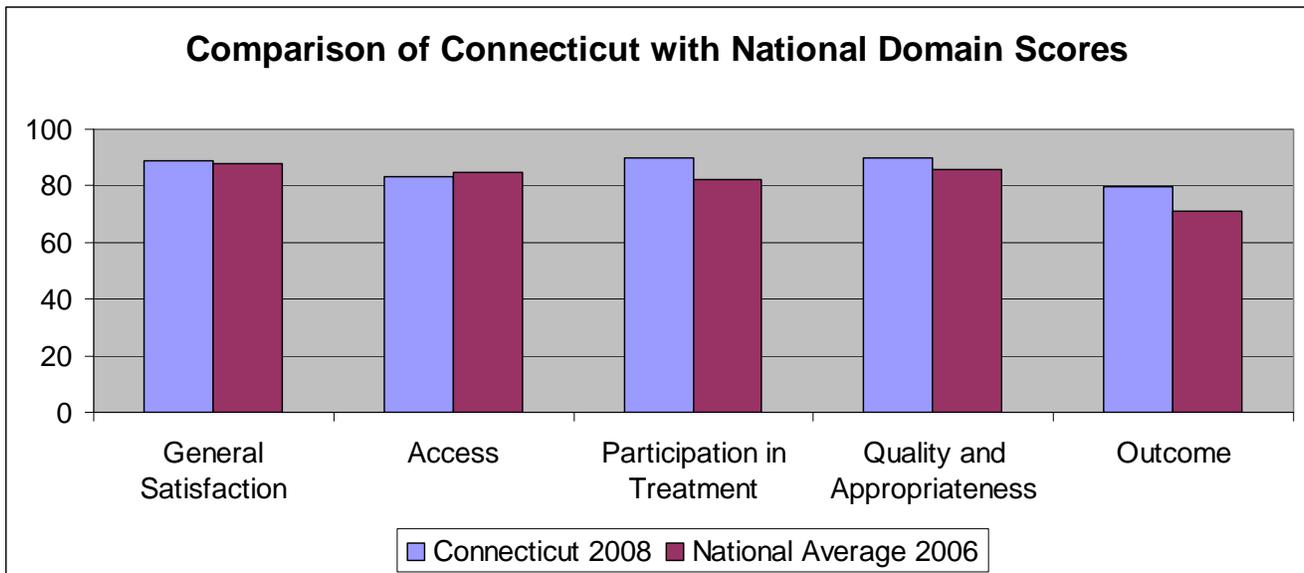


Figure 16: Comparison of Connecticut with National Domain Scores

When compared to the latest MHSIP national survey results available (National Association of State Mental Health Program Directors/NASMHPD Research Institute, 2006), Connecticut consumers report higher levels of satisfaction in Participation in Treatment, Quality and Appropriateness, and Outcome. General Satisfaction is approximately the same as the national average, while satisfaction with Access has decreased slightly since FY2007.

- ◆ About 89% of respondents expressed satisfaction in the General Satisfaction domain.
- ◆ Approximately 90% of respondents expressed satisfaction in the Participation in Treatment and Quality and Appropriateness domains. These satisfaction rates exceeded the corresponding national average rates.

The following two questions are specific to DMHAS:

- ◆ Approximately 90% of respondents agreed with the statement, “I felt comfortable asking questions about my services, treatment or medication.”
- ◆ Approximately 88% of respondents agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.”

General Satisfaction Domain

The General Satisfaction domain comprises the first three questions on the survey.

- ◆ Approximately 90% of respondents agreed with the statement, “I liked the services that I received here.”
- ◆ Approximately 85% of respondents agreed with the statement, “If I had other choices, I would still get services from this agency.”

- ◆ Eighty-nine (89%) percent agreed with the statement, “I would recommend the agency to a friend or family member.”

Access Domain

The Access domain consists of four items that determine how satisfied respondents are with the accessibility of services at their agencies. The percentages of positive response in this domain were fairly similar to those from the FY 2007 consumer survey, with slight decreases in all four domain items:

- ◆ Eighty-two percent (82%) of respondents agreed that the location of services was convenient for them.
- ◆ Over 87% agreed with the statement, “Staff was willing to see me as often as I felt was necessary.”
- ◆ Approximately 82% agreed that staff returned their calls within 24 hours.
- ◆ Eighty-seven percent (87%) of respondents agreed with the statement, “Staff were available at times that were good for me.”

Quality and Appropriateness Domain

The Quality and Appropriateness domain measures how satisfied respondents are with the quality and appropriateness of the care they received. The percentages of positive response were generally similar to those from the FY 2007 consumer survey, with slight decreases in all seven items:

- ◆ Over 91% of respondents agreed with the statement, “Staff here believes that I can grow, change, and recover.”
- ◆ Almost 84% agreed with the statement, “I felt free to complain.”
- ◆ Eighty-nine percent (89%) agreed with the statement, “I was given information about my rights.”
- ◆ Over 80% agreed that “Staff told me what side effects to watch out for.”
- ◆ Approximately 90% agreed that “Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.”
- ◆ Eighty-seven percent (87%) felt that “Staff was sensitive to my cultural/ethnic background”
- ◆ Nearly 88% agreed that “Staff helped me to obtain information I needed so that I could take charge of managing my illness.”

Outcome Domain

This domain measures respondents’ satisfaction with their treatment outcomes. The percentages of positive responses were generally similar to those from the FY 2007 consumer survey, with slight decreases in all seven domain items:

- ◆ Over 83% agreed with the statement, “I deal more effectively with daily problems.”
- ◆ Eighty-two percent (82%) agreed that “I am better able to control my life.”
- ◆ Almost 80% agreed with the statement, “I am better able to deal with crisis.”

- ◆ Over 77% felt that “I am getting along better with my family.”
- ◆ Similarly, 77% agreed with the statement, “I do better in social situations.”
- ◆ Approximately 73% agreed with the statement, “I do better in school and/or work.”
- ◆ Approximately 74% felt that “My symptoms are not bothering me as much.”

Recovery Domain

The Recovery domain is a DMHAS addition to the standardized MHSIP satisfaction instrument. This domain measures how satisfied respondents are with their progress toward recovery from mental illness or substance use disorders. In FY2008, the rates of positive response for almost all Recovery domain questions has dropped to an all-time low since collection of this domain began in FY2005.

- ◆ Approximately 68% of respondents agreed with the statement, “I am involved in my community.”
- ◆ Almost 77% agreed with the statement, “I am able to pursue my interests.”
- ◆ Seventy-five percent (75%) felt that “In general I can have the life I want, despite my disease/disorder.”
- ◆ Nearly 79% agreed with “In general I feel like I am in control of my treatment.”
- ◆ Seventy-seven percent (77%) agreed with “I give back to my family and/or community.”

Participation in Treatment Planning Item

One item on this survey measures respondents’ satisfaction with their participation in treatment.

- ◆ Approximately 90% of respondents agreed with the statement, “I felt comfortable asking questions about my services, treatment or medication.” This rate remains essentially unchanged from the FY2007 survey.

Respect for Family Involvement Item

This item was added by DMHAS to the standardized MHSIP instrument.

- ◆ Almost 88% of respondents agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” This is a 1% decrease from the FY2007 survey.

Statewide Satisfaction Trends by Domain

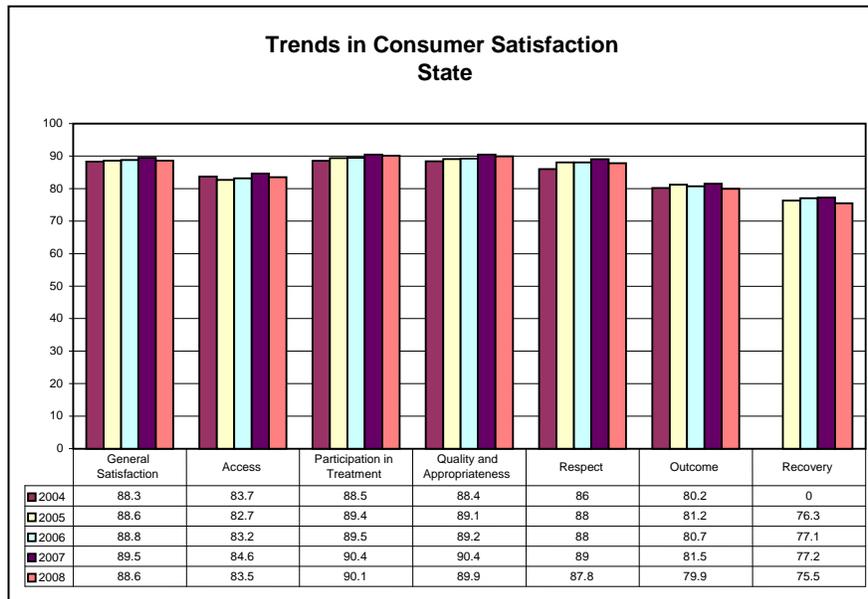


Figure 17: Trends (2004-2008) in Consumer Satisfaction

The percentage of consumers satisfied with services has remained relatively consistent from FY2004 through FY2008. During the last five years, consumers have reported being most satisfied with the level of family participation in treatment and with the Quality and Appropriateness of Care domain. In FY 2008, almost 90% of respondents felt they received appropriate services, over 88% were generally satisfied, and over 83% expressed satisfaction with access to services. Almost 80% of respondents were satisfied with perceived outcomes. Approximately three-quarters of respondents were satisfied with their progress toward recovery.⁶

⁶ The Recovery domain was implemented in 2005.

Table 3: Statewide Trends (2004-2008) by Domain

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
General Satisfaction							
	2008	20692	88.6	2144	9.2	527	2.3
	2007	21483	89.5	1985	8.3	528	2.2
	2006	19640	88.8	1911	8.6	561	2.5
	2005	18935	88.6	1932	9	498	2.3
	2004	13664	88.3	1405	9.1	410	2.6
Access							
	2008	19161	83.5	3379	14.7	399	1.7
	2007	19801	84.6	3232	13.8	366	1.6
	2006	18098	83.2	3257	15	393	1.8
	2005	17303	82.7	3232	15.5	381	1.8
	2004	12707	83.7	2155	14.2	316	2.1
Participation in Treatment							
	2008	20755	90.1	1654	7.2	617	2.7
	2007	21364	90.4	1588	6.7	669	2.8
	2006	19483	89.5	1632	7.5	645	3
	2005	18748	89.4	1603	7.6	629	3
	2004	13425	88.5	1243	8.2	506	3.3
Quality and Appropriateness							
	2008	20558	89.9	2034	8.9	282	1.2
	2007	21264	90.4	1972	8.4	286	1.2
	2006	19295	89.2	2003	9.3	332	1.5
	2005	18584	89.1	1987	9.5	277	1.3
	2004	13336	88.4	1452	9.6	295	2
Respect							
	2008	17763	87.8	1951	9.6	507	2.5
	2007	19117	89	1818	8.5	546	2.5
	2006	17784	88	1921	9.5	513	2.5
	2005	17620	88	1890	9.4	523	2.6
	2004	12433	86	1519	10.5	504	3.5
Outcome							
	2008	17764	79.9	3932	17.7	530	2.4
	2007	18654	81.5	3681	16.1	562	2.5
	2006	16948	80.7	3511	16.7	530	2.5
	2005	16087	81.2	3255	16.4	475	2.4
	2004	11969	80.2	2511	16.8	447	3
Recovery							
	2008	16864	75.5	4567	20.4	914	4.1
	2007	17706	77.2	4318	18.8	912	4
	2006	16194	77.1	3931	18.7	888	4.2
	2005	15356	76.3	3966	19.7	804	4
	2004	0	0	0	0	0	0

Table 4: Statewide Trends by Question

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
General Satisfaction									
<i>I like the services that I received here.</i>									
2008	21021	90.1	1813	7.8	496	2.1	1.63	1.5	0.75
2007	21779	91	1691	7.1	463	1.9	1.61	5	0.73
2006	19855	90	1696	7.7	518	2.3	1.64	1	0.76
2005	19135	89.7	1703	8	488	2.3	1.65	2	0.76
2004	13980	90.3	1103	7.1	391	2.5	1.62	1	0.77
<i>If I had other choices, I would still get services from this agency.</i>									
2008	19583	84.8	2346	10.2	1176	5.1	1.78	1.5	0.89
2007	20487	86.3	2160	9.1	1105	4.7	1.75	2.5	0.86
2006	18654	85.2	2189	10	1051	4.8	1.77	2	0.88
2005	18037	85.4	2098	9.9	990	4.7	1.77	2	0.86
2004	12975	85.6	1411	9.3	765	5	1.77	1	0.89
<i>I would recommend this agency to a friend or family member.</i>									
2008	20541	89.1	1751	7.6	763	3.3	1.66	2	0.8
2007	21303	89.7	1626	6.9	807	3.4	1.65	2	0.8
2006	19496	88.9	1668	7.6	770	3.5	1.67	1	0.82
2005	18835	89	1623	7.7	705	3.3	1.67	1	0.8
2004	13408	88.1	1211	8	601	3.9	1.67	1.5	0.85
Access									
<i>The location of services was convenient.</i>									
2008	18785	82.3	2512	11	1532	6.7	1.85	2	0.94
2007	19403	83.3	2442	10.5	1454	6.2	1.82	2	0.92
2006	17555	81	2517	11.6	1588	7.3	1.87	1	0.96
2005	16869	81	2385	11.5	1571	7.5	1.89	1	0.97
2004	12163	81.1	1689	11.3	1151	7.7	1.87	2	0.98
<i>Staff was willing to see me as often as I felt was necessary.</i>									
2008	20201	87.6	1988	8.6	881	3.8	1.71	2	0.82
2007	20796	88	1931	8.2	900	3.8	1.7	2	0.82
2006	19069	87.5	1869	8.6	858	3.9	1.71	2	0.83
2005	18340	87.4	1828	8.7	821	3.9	1.72	2	0.82
2004	13277	87	1286	8.4	706	4.6	1.72	4	0.85
<i>Staff returned my calls within 24 hours.</i>									
2008	17896	82.5	2660	12.3	1139	5.3	1.82	2	0.89
2007	18365	83.4	2549	11.6	1108	5	1.8	1.5	0.88
2006	16917	82.7	2458	12	1081	5.3	1.81	1	0.9
2005	16187	82.3	2421	12.3	1049	5.3	1.83	3	0.9
2004	11833	82.8	1670	11.7	793	5.5	1.81	1.5	0.91
<i>Services were available at times that were good for me.</i>									
2008	20195	87.4	2052	8.9	850	3.7	1.74	1.5	0.81
2007	20771	88.3	1935	8.2	817	3.5	1.71	1	0.8
2006	19000	87	1973	9	864	4	1.74	1	0.83
2005	18130	86.2	2003	9.5	900	4.3	1.77	1	0.84
2004	13196	86.9	1332	8.8	655	4.3	1.74	2	0.84

Participation in Treatment									
<i>I felt comfortable asking questions about my services, treatment, or medication.</i>									
2008	20755	90.1	1654	7.2	617	2.7	1.65	1.5	0.76
2007	21364	90.4	1588	6.7	669	2.8	1.64	1	0.77
2006	19483	89.5	1632	7.5	645	3	1.66	1.5	0.78
2005	18748	89.4	1603	7.6	629	3	1.67	1.5	0.78
2004	13425	88.5	1243	8.2	506	3.3	1.68	1	0.81
Quality and Appropriateness									
<i>Staff here believes that I can grow, change, and recover.</i>									
2008	21098	91.5	1528	6.6	425	1.8	1.59	1	0.73
2007	21713	91.7	1551	6.6	411	1.7	1.58	2	0.72
2006	19618	90.4	1625	7.5	455	2.1	1.61	1.5	0.75
2005	19016	90.8	1528	7.3	410	2	1.61	2.5	0.74
2004	13579	89.9	1166	7.7	361	2.4	1.62	2	0.77
<i>I felt free to complain.</i>									
2008	19140	83.7	2517	11	1215	5.3	1.82	2	0.89
2007	19790	84.2	2483	10.6	1243	5.3	1.81	1.5	0.89
2006	18047	83.5	2440	11.3	1122	5.2	1.82	4	0.89
2005	17253	82.5	2458	11.8	1192	5.7	1.85	2	0.9
2004	12555	82.7	1732	11.4	895	5.9	1.82	2	0.93
<i>I was given information about my rights.</i>									
2008	20431	89	1779	7.7	752	3.3	1.71	2	0.79
2007	21070	89.4	1681	7.1	827	3.5	1.7	2	0.79
2006	19125	88.4	1687	7.8	829	3.8	1.72	2	0.81
2005	18506	88.5	1652	7.9	745	3.6	1.72	1	0.8
2004	13236	87.5	1203	8	688	4.5	1.72	1	0.85
<i>Staff told me what side effects to watch out for.</i>									
2008	16973	80.4	2759	13.1	1391	6.6	1.9	1.5	0.92
2007	17630	81.9	2543	11.8	1349	6.3	1.86	1	0.91
2006	16311	81.2	2471	12.3	1308	6.5	1.88	1	0.92
2005	15352	79.8	2511	13.1	1376	7.2	1.91	2	0.93
2004	10909	79.6	1754	12.8	1040	7.6	1.89	1	0.97
<i>Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.</i>									
2008	20690	90.4	1599	7	606	2.6	1.64	1.5	0.77
2007	21378	91.1	1493	6.4	600	2.6	1.63	2	0.75
2006	19399	89.9	1576	7.3	613	2.8	1.65	1	0.78
2005	18672	89.7	1583	7.6	572	2.7	1.66	1	0.77
2004	13384	88.9	1149	7.6	527	3.5	1.66	1.5	0.82
<i>Staff was sensitive to my cultural/ethnic background.</i>									
2008	19137	87	2283	10.4	564	2.6	1.71	2	0.79
2007	20016	88	2198	9.7	541	2.4	1.69	2	0.78
2006	18260	87.1	2151	10.3	557	2.7	1.71	1	0.79
2005	17429	86.5	2137	10.6	576	2.9	1.73	1.5	0.8
2004	12619	85.9	1632	11.1	441	3	1.72	1	0.82
<i>Staff helped me to obtain information I needed so that I could take charge of managing my illness.</i>									
2008	19615	87.7	2088	9.3	662	3	1.72	3	0.79
2007	20160	88.6	1931	8.5	655	2.9	1.7	1.5	0.78
2006	18504	87	2054	9.7	716	3.4	1.73	2	0.81
2005	17651	86.8	1970	9.7	703	3.5	1.75	1.5	0.81
2004	12646	85.2	1569	10.6	633	4.3	1.77	1.5	0.86

Respect									
<i>My wishes are respected about the amount of family involvement I want in my treatment.</i>									
2008	17763	87.8	1951	9.6	507	2.5	1.7	1	0.78
2007	19117	89	1818	8.5	546	2.5	1.69	1	0.76
2006	17784	88	1921	9.5	513	2.5	1.7	2	0.78
2005	17620	88	1890	9.4	523	2.6	1.71	2	0.78
2004	12433	86	1519	10.5	504	3.5	1.74	2	0.84
Outcome									
<i>As a result of services I have received from this agency I deal more effectively with daily problems.</i>									
2008	18701	83.6	2941	13.2	720	3.2	1.85	1	0.79
2007	19602	84.9	2716	11.8	763	3.3	1.81	2	0.8
2006	17799	84.2	2669	12.6	676	3.2	1.82	2.5	0.8
2005	16775	84.1	2479	12.4	697	3.5	1.83	2	0.8
2004	12610	83.7	1888	12.5	570	3.8	1.81	2	0.84
<i>As a result of services I have received from this agency I am better able to control my life.</i>									
2008	18429	82.3	3204	14.3	771	3.4	1.86	2	0.81
2007	19273	83.5	3000	13	809	3.5	1.83	2.5	0.81
2006	17622	83.3	2804	13.3	725	3.4	1.84	3	0.81
2005	16701	83.6	2587	12.9	701	3.5	1.83	3	0.81
2004	12405	82.5	1994	13.3	640	4.3	1.83	2	0.86
<i>As a result of services I have received from this agency I am better able to deal with crisis.</i>									
2008	17774	79.7	3597	16.1	926	4.2	1.92	4	0.84
2007	18567	80.8	3447	15	958	4.2	1.89	1.5	0.84
2006	16867	80.3	3251	15.5	890	4.2	1.9	1.5	0.85
2005	15991	80.7	2973	15	853	4.3	1.9	1	0.84
2004	11909	79.7	2278	15.2	759	5.1	1.89	1	0.89
<i>As a result of services I have received from this agency I am getting along better with my family.</i>									
2008	16700	77.5	3727	17.3	1118	5.2	1.93	3	0.9
2007	17564	78.8	3602	16.2	1137	5.1	1.9	2	0.9
2006	15967	78.2	3357	16.4	1105	5.4	1.92	3	0.91
2005	15144	78.8	3111	16.2	974	5.1	1.9	3	0.9
2004	11211	77.4	2427	16.7	853	5.9	1.91	2	0.95
<i>As a result of services I have received from this agency I do better in social situations.</i>									
2008	17011	77.1	3921	17.8	1123	5.1	1.97	2	0.87
2007	17792	78.4	3790	16.7	1107	4.9	1.93	2	0.87
2006	16179	77.4	3639	17.4	1080	5.2	1.96	2	0.88
2005	15261	77.6	3386	17.2	1023	5.2	1.96	2	0.88
2004	11422	76.8	2632	17.7	819	5.5	1.94	1	0.91
<i>As a result of services I have received from this agency I do better in school and/or work.</i>									
2008	13442	72.9	4053	22	933	5.1	2.01	2.5	0.9
2007	14091	74.4	3835	20.2	1017	5.4	1.98	3	0.91
2006	13066	74.9	3458	19.8	914	5.2	1.97	1	0.91
2005	12316	74.6	3315	20.1	878	5.3	1.98	1	0.91
2004	9269	73.9	2500	19.9	768	6.1	1.97	2	0.96
<i>As a result of services I have received from this agency My symptoms are not bothering me as much.</i>									
2008	16283	74.2	3924	17.9	1740	7.9	2.05	1	0.96
2007	17102	75.8	3695	16.4	1778	7.9	2.02	2	0.96
2006	15380	74.7	3565	17.3	1651	8	2.04	1.5	0.97
2005	14660	75.2	3288	16.9	1540	7.9	2.02	1.5	0.96
2004	11059	75.2	2399	16.3	1248	8.5	2.01	2.5	0.99

Recovery										
<i>In general I am involved in my community.</i>										
2008	13974	68.2	4160	20.3	2369	11.6	2.16	1	1.05	
2007	14850	70	4001	18.9	2351	11.1	2.12	2	1.04	
2006	13344	69	3865	20	2139	11.1	2.14	2	1.04	
2005	12734	68.7	3802	20.5	2001	10.8	2.15	1	1.03	
2004	0	0	0	0	0	0	0	0	0	
<i>In general I am able to pursue my interests.</i>										
2008	16992	76.7	3672	16.6	1486	6.7	2.01	1	0.91	
2007	17813	78.4	3438	15.1	1480	6.5	1.98	2	0.91	
2006	16286	78.2	3233	15.5	1313	6.3	1.98	1	0.9	
2005	15435	77.6	3175	16	1278	6.4	2	2	0.9	
2004	0	0	0	0	0	0	0	0	0	
<i>In general I can have the life I want, despite my disease/disorder.</i>										
2008	16618	74.9	3654	16.5	1910	8.6	2.03	2	0.98	
2007	17432	76.3	3484	15.2	1936	8.5	2	1.5	0.98	
2006	15717	75.8	3263	15.7	1767	8.5	2.02	3	0.98	
2005	15056	75.7	3161	15.9	1685	8.5	2.03	3	0.97	
2004	0	0	0	0	0	0	0	0	0	
<i>In general I feel like I am in control of my treatment.</i>										
2008	17492	78.6	3335	15	1429	6.4	1.98	2	0.91	
2007	18156	79.4	3270	14.3	1433	6.3	1.95	1	0.91	
2006	16515	79.1	3046	14.6	1318	6.3	1.95	1	0.9	
2005	15627	78.4	2984	15	1314	6.6	1.98	4	0.91	
2004	0	0	0	0	0	0	0	0	0	
<i>In general I give back to my family and/or community.</i>										
2008	16567	77	3798	17.6	1163	5.4	1.97	1	0.89	
2007	17568	78.9	3587	16.1	1120	5	1.93	1	0.88	
2006	15991	78.2	3404	16.6	1059	5.2	1.94	1.5	0.89	
2005	15208	77.9	3251	16.6	1069	5.5	1.96	2	0.89	
2004	0	0	0	0	0	0	0	0	0	

The next set of tables (Table 5 through Table 11) document how consumers ranked DMHAS providers within the various survey domains.

Access Domain by Provider

Table 5: Access Domain by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Stafford Family Services	104	102	98.10%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	39	97.50%
Central Connecticut Coast YMCA	38	37	97.40%
United Community and Family Services	138	134	97.10%
Education Connection	34	33	97.10%
John J. Driscoll United Labor Agency Inc.	34	33	97.10%
Family Centers Inc.	31	30	96.80%
Connecticut Renaissance Inc.	114	110	96.50%
Hospital of St. Raphael	140	135	96.40%
Yale University - WAGE	28	27	96.40%
Catholic Charities - Fairfield County	132	127	96.20%
Danbury Hospital	139	133	95.70%
Sound Community Services Inc.	200	191	95.50%
Catholic Charities - Waterbury	64	61	95.30%
Ability Beyond Disability Institute	55	52	94.50%
Bridge House	125	118	94.40%
Farrell Treatment Center	71	67	94.40%
Artreach Inc.	52	49	94.20%
CW Resources Inc.	34	32	94.10%
Goodwill Industries of Western Connecticut Inc.	50	47	94%
Center for Human Development	148	139	93.90%
Middlesex Hospital Mental Health Clinic	61	57	93.40%
Bristol Hospital	30	28	93.30%
Hartford Hospital	178	166	93.30%
Community Enterprises Inc.	58	54	93.10%
Yale University - Behavioral Health	110	102	92.70%
Connection Inc.	162	150	92.60%
Kennedy Center Inc.	66	61	92.40%
My Sisters' Place	39	36	92.30%
Marrakech Day Services	76	70	92.10%
Interlude Inc.	37	34	91.90%
United Services Inc.	318	292	91.80%
Human Resource Development Agency	155	142	91.60%
Midwestern Connecticut Council on Alcoholism	858	786	91.60%
Lawrence and Memorial Hospital	154	140	90.90%
Easter Seal Goodwill Industries Rehab. Center Inc.	43	39	90.70%
Keystone House Inc.	118	107	90.70%
Community Mental Health Affiliates	289	262	90.70%
Common Ground Community	42	38	90.50%
Mercy Housing and Shelter Corp.	142	128	90.10%
Prime Time House Inc.	184	165	89.70%
New Milford Hospital	67	60	89.60%

Provider	Total Surveys	Satisfied	Percent Satisfied
Inter-Community Mental Health Group Inc.	267	239	89.50%
Harbor Health Services	256	229	89.50%
St. Luke's Community Services Inc.	66	59	89.40%
McCall Foundation Inc.	173	154	89%
Connecticut Mental Health Center	876	779	88.90%
Easter Seals of Greater Hartford Rehab. Center Inc.	63	56	88.90%
Stamford Hospital	148	131	88.50%
Kuhn Employment Opportunities inc.	26	23	88.50%
Continuum of Care	201	177	88.10%
St. Vincent DePaul Society of Middletown Inc.	25	22	88%
Alliance Treatment Center Inc.	74	65	87.80%
Hall Brooke Foundation Inc.	41	36	87.80%
Hartford Behavioral Health	105	92	87.60%
FSW Inc.	48	42	87.50%
CTE Inc. Viewpoint Recovery Program	32	28	87.50%
Chrysalis Center Inc.	346	302	87.30%
Fellowship Inc.	280	244	87.10%
Family and Children's Agency Inc.	155	135	87.10%
BRIDGES	246	214	87%
Dixwell/Newhallville Community MHS Inc.	115	100	87%
Hogar Crea Inc.	53	46	86.80%
Laurel House	207	179	86.50%
Cedarcrest Regional Hospital	561	485	86.50%
Reliance House	261	225	86.20%
Community Health Resources Inc.	724	623	86%
Mental Health Association of Connecticut Inc.	336	287	85.40%
Liberty Community Services	27	23	85.20%
Northwest Center for Family Services and Mental Health	27	23	85.20%
Norwalk Hospital	279	237	84.90%
New Directions Inc. of North Central Connecticut	151	128	84.80%
Backus Hospital	155	131	84.50%
Birmingham Group Health Services	141	119	84.40%
St. Vincent DePaul Society of Waterbury Inc.	64	54	84.40%
Chemical Abuse Services Agency	409	344	84.10%
Western Connecticut Mental Health Network	555	464	83.60%
Perception Programs Inc.	158	132	83.50%
Southeast Mental Health Authority	198	165	83.30%
ABH - GA Only Providers	280	232	82.90%
Pathways Inc.	52	43	82.70%
Community Prevention and Addiction Services	207	171	82.60%
Community Renewal Team	189	156	82.50%
Crossroad Inc.	106	87	82.10%
Alcohol and Drug Recovery Center	478	387	81%
Gilead Community Services Inc.	151	122	80.80%
Southwest Connecticut Mental Health Network	300	242	80.70%
Alcohol Services Organization of South Central CT	212	168	79.20%
Hill Health Corp.	336	266	79.20%
Supportive Environmental Living Facility	43	34	79.10%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
APT Foundation Inc.	664	525	79.10%
Shelter for the Homeless Inc.	85	67	78.80%
St. Mary's Hospital Corp.	185	144	77.80%
Catholic Charities & Family Svcs,Diocese of Norwich	27	21	77.80%
Columbus House	175	134	76.60%
Wheeler Clinic	300	229	76.30%
Hartford Dispensary	1047	794	75.80%
Connecticut Valley Hospital	159	120	75.50%
Morris Foundation Inc.	280	211	75.40%
Regional Network of Programs	692	520	75.10%
River Valley Services	140	105	75%
Liberation Programs	2102	1576	75%
Rushford Center	479	356	74.30%
Capitol Region Mental Health Center	187	137	73.30%
Guardian Ad Litem	52	38	73.10%
Charlotte Hungerford Hospital	181	132	72.90%
Central Naugatuck Valley Help Inc.	121	87	71.90%
SCADD	281	195	69.40%
Connecticut Counseling Centers Inc.	407	253	62.20%
Council of Churches: Greater Bridgeport	22	19	-
New Haven Home Recovery	22	21	-
Positive Directions	22	22	-
Search for Change Inc.	22	22	-
Coordinating Council for Children in Crisis	17	17	-
Waterbury Hospital Health Center	16	15	-
Bridgeport Community Health Center	15	15	-
Community Health Center Inc.	15	15	-
American School for the Deaf	14	12	-
Fish Inc.: Torrington Chapter	12	10	-
Immaculate Conception Inc.	11	11	-
Operation Hope of Fairfield Inc.	9	9	-
MICAH Housing Pilots Program	7	7	-
Leeway, Inc.	5	5	-
Center City Churches Inc.	3	2	-
Helping Hand Center Inc.	2	2	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

Appropriateness Domain by Provider

Table 6: Appropriateness Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Connecticut Renaissance Inc.	147	147	100%
Stafford Family Services	99	99	100%
Farrell Treatment Center	73	73	100%
CW Resources Inc.	33	33	100%
Hospital of St. Raphael	139	138	99.30%
Midwestern Connecticut Council on Alcoholism	868	856	98.60%
New Milford Hospital	67	66	98.50%
Catholic Charities - Waterbury	65	64	98.50%
Bridge House	121	119	98.30%
Community Enterprises Inc.	47	46	97.90%
United Community and Family Services	134	131	97.80%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	39	97.50%
Hartford Hospital	181	176	97.20%
Danbury Hospital	137	133	97.10%
Education Connection	33	32	97%
Sound Community Services Inc.	193	187	96.90%
Ability Beyond Disability Institute	60	58	96.70%
Middlesex Hospital Mental Health Clinic	59	57	96.60%
Catholic Charities & Family Svcs,Diocese of Norwich	27	26	96.30%
Family Centers Inc.	27	26	96.30%
John J. Driscoll United Labor Agency Inc.	27	26	96.30%
Yale University - WAGE	27	26	96.30%
Crossroad Inc.	106	102	96.20%
Kuhn Employment Opportunities inc.	26	25	96.20%
Lawrence and Memorial Hospital	152	146	96.10%
Goodwill Industries of Western Connecticut Inc.	50	48	96%
Liberty Community Services	25	24	96%
McCall Foundation Inc.	172	165	95.90%
Center for Human Development	147	141	95.90%
Artreach Inc.	49	47	95.90%
Human Resource Development Agency	155	148	95.50%
Kennedy Center Inc.	62	59	95.20%
Perception Programs Inc.	161	153	95%
Easter Seals of Greater Hartford Rehab. Center Inc.	60	57	95%
Backus Hospital	156	148	94.90%
My Sisters' Place	37	35	94.60%
CTE Inc. Viewpoint Recovery Program	36	34	94.40%
Connection Inc.	159	150	94.30%
Catholic Charities - Fairfield County	123	116	94.30%
Bristol Hospital	33	31	93.90%
Stamford Hospital	147	138	93.90%
ABH - GA Only Providers	274	257	93.80%
Marrakech Day Services	78	73	93.60%
Harbor Health Services	251	234	93.20%
Alliance Treatment Center Inc.	73	68	93.20%

Provider	Total Surveys	Satisfied	Percent Satisfied
Chemical Abuse Services Agency	415	386	93%
Connecticut Mental Health Center	872	810	92.90%
BRIDGES	236	219	92.80%
Yale University - Behavioral Health	111	103	92.80%
Northwest Center for Family Services and Mental Health	27	25	92.60%
Prime Time House Inc.	174	161	92.50%
New Directions Inc. of North Central Connecticut	144	133	92.40%
Inter-Community Mental Health Group Inc.	257	237	92.20%
St. Vincent DePaul Society of Middletown Inc.	25	23	92%
Central Connecticut Coast YMCA	37	34	91.90%
United Services Inc.	313	287	91.70%
Keystone House Inc.	119	109	91.60%
Reliance House	257	235	91.40%
Dixwell/Newhallville Community MHS Inc.	116	106	91.40%
Western Connecticut Mental Health Network	557	507	91%
Family and Children's Agency Inc.	155	141	91%
St. Vincent DePaul Society of Waterbury Inc.	64	58	90.60%
Fellowship Inc.	266	241	90.60%
Hogar Crea Inc.	53	48	90.60%
Hartford Behavioral Health	105	95	90.50%
Community Renewal Team	185	167	90.30%
Community Mental Health Affiliates	298	269	90.30%
Common Ground Community	40	36	90%
Wheeler Clinic	296	266	89.90%
Cedarcrest Regional Hospital	570	512	89.80%
Easter Seal Goodwill Industries Rehab. Center Inc.	39	35	89.70%
Hall Brooke Foundation Inc.	39	35	89.70%
Community Health Resources Inc.	712	638	89.60%
St. Luke's Community Services Inc.	67	60	89.60%
Southeast Mental Health Authority	200	179	89.50%
APT Foundation Inc.	663	593	89.40%
Interlude Inc.	37	33	89.20%
FSW Inc.	46	41	89.10%
Chrysalis Center Inc.	348	310	89.10%
Alcohol Services Organization of South Central CT	224	199	88.80%
Norwalk Hospital	277	246	88.80%
Hartford Dispensary	1056	933	88.40%
Central Naugatuck Valley Help Inc.	125	110	88%
Mercy Housing and Shelter Corp.	137	120	87.60%
Alcohol and Drug Recovery Center	480	420	87.50%
Birmingham Group Health Services	139	121	87.10%
Mental Health Association of Connecticut Inc.	336	292	86.90%
Connecticut Valley Hospital	167	145	86.80%
Continuum of Care	193	167	86.50%
Community Prevention and Addiction Services	206	178	86.40%
Rushford Center	476	411	86.30%
Gilead Community Services Inc.	151	130	86.10%
Columbus House	179	154	86%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Laurel House	192	165	85.90%
St. Mary's Hospital Corp.	184	158	85.90%
Southwest Connecticut Mental Health Network	295	253	85.80%
Hill Health Corp.	330	283	85.80%
Regional Network of Programs	699	595	85.10%
Liberation Programs	2112	1790	84.80%
Pathways Inc.	51	43	84.30%
SCADD	293	247	84.30%
Morris Foundation Inc.	290	244	84.10%
Capitol Region Mental Health Center	184	151	82.10%
Supportive Environmental Living Facility	43	35	81.40%
Guardian Ad Litem	53	43	81.10%
River Valley Services	141	112	79.40%
Charlotte Hungerford Hospital	179	138	77.10%
Connecticut Counseling Centers Inc.	409	315	77%
Shelter for the Homeless Inc.	82	62	75.60%
New Haven Home Recovery	23	23	-
Search for Change Inc.	22	22	-
Council of Churches: Greater Bridgeport	20	19	-
Positive Directions	20	20	-
Coordinating Council for Children in Crisis	17	17	-
American School for the Deaf	16	16	-
Waterbury Hospital Health Center	16	15	-
Bridgeport Community Health Center	15	15	-
Community Health Center Inc.	15	15	-
Immaculate Conception Inc.	11	11	-
Fish Inc.: Torrington Chapter	10	10	-
Operation Hope of Fairfield Inc.	9	8	-
MICAH Housing Pilots Program	7	7	-
Leeway, Inc.	5	5	-
Center City Churches Inc.	4	4	-
Helping Hand Center Inc.	2	2	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

Outcome Domain by Provider

Table 7: Outcome Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Connecticut Renaissance Inc.	145	143	98.60%
Farrell Treatment Center	72	70	97.20%
Goodwill Industries of Western Connecticut Inc.	50	48	96%
Bridge House	124	118	95.20%
New Milford Hospital	67	63	94%
Human Resource Development Agency	152	141	92.80%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	37	92.50%
John J. Driscoll United Labor Agency Inc.	26	24	92.30%
Pathways Inc.	51	47	92.20%
Prime Time House Inc.	174	158	90.80%
Kennedy Center Inc.	64	58	90.60%
Crossroad Inc.	105	95	90.50%
St. Vincent DePaul Society of Waterbury Inc.	63	56	88.90%
Chemical Abuse Services Agency	387	341	88.10%
Midwestern Connecticut Council on Alcoholism	857	754	88%
Stafford Family Services	99	87	87.90%
Education Connection	32	28	87.50%
Connection Inc.	163	142	87.10%
Center for Human Development	147	128	87.10%
Hartford Dispensary	1018	882	86.60%
Lawrence and Memorial Hospital	154	133	86.40%
Artreach Inc.	57	49	86%
Sound Community Services Inc.	185	159	85.90%
Keystone House Inc.	120	103	85.80%
New Directions Inc. of North Central Connecticut	150	128	85.30%
McCall Foundation Inc.	175	148	84.60%
Alliance Treatment Center Inc.	58	49	84.50%
Hospital of St. Raphael	138	116	84.10%
Fellowship Inc.	268	225	84%
Southeast Mental Health Authority	196	163	83.20%
APT Foundation Inc.	655	544	83.10%
Perception Programs Inc.	158	131	82.90%
Connecticut Valley Hospital	163	135	82.80%
Hartford Hospital	180	148	82.20%
Ability Beyond Disability Institute	39	32	82.10%
SCADD	270	221	81.90%
CTE Inc. Viewpoint Recovery Program	33	27	81.80%
Common Ground Community	38	31	81.60%
Alcohol and Drug Recovery Center	459	374	81.50%
Yale University - WAGE	27	22	81.50%
Hill Health Corp.	318	259	81.40%
Supportive Environmental Living Facility	43	35	81.40%
Regional Network of Programs	678	550	81.10%
Connecticut Counseling Centers Inc.	389	314	80.70%
Liberation Programs	2067	1667	80.60%

Provider	Total Surveys	Satisfied	Percent Satisfied
Wheeler Clinic	298	240	80.50%
Laurel House	199	160	80.40%
Western Connecticut Mental Health Network	541	433	80%
St. Luke's Community Services Inc.	65	52	80%
Southwest Connecticut Mental Health Network	289	231	79.90%
ABH - GA Only Providers	267	213	79.80%
United Community and Family Services	137	109	79.60%
Continuum of Care	194	154	79.40%
Community Renewal Team	174	138	79.30%
Community Enterprises Inc.	53	42	79.20%
Cedarcrest Regional Hospital	539	427	79.20%
Dixwell/Newhallville Community MHS Inc.	110	87	79.10%
Mental Health Association of Connecticut Inc.	327	257	78.60%
My Sisters' Place	28	22	78.60%
Gilead Community Services Inc.	144	113	78.50%
Community Prevention and Addiction Services	203	159	78.30%
Mercy Housing and Shelter Corp.	133	104	78.20%
Easter Seals of Greater Hartford Rehab. Center Inc.	55	43	78.20%
Morris Foundation Inc.	292	228	78.10%
Marrakech Day Services	73	57	78.10%
Easter Seal Goodwill Industries Rehab. Center Inc.	41	32	78%
Connecticut Mental Health Center	839	653	77.80%
Catholic Charities - Fairfield County	116	90	77.60%
Middlesex Hospital Mental Health Clinic	58	45	77.60%
Central Connecticut Coast YMCA	35	27	77.10%
Liberty Community Services	26	20	76.90%
Alcohol Services Organization of South Central CT	219	168	76.70%
Stamford Hospital	136	104	76.50%
Norwalk Hospital	275	209	76%
Inter-Community Mental Health Group Inc.	259	196	75.70%
Central Naugatuck Valley Help Inc.	123	93	75.60%
BRIDGES	225	169	75.10%
Danbury Hospital	128	96	75%
Family Centers Inc.	28	21	75%
Harbor Health Services	247	185	74.90%
Capitol Region Mental Health Center	183	137	74.90%
Reliance House	234	175	74.80%
Yale University - Behavioral Health	110	82	74.50%
River Valley Services	143	106	74.10%
Chrysalis Center Inc.	345	255	73.90%
Hogar Crea Inc.	53	39	73.60%
Northwest Center for Family Services and Mental Health	26	19	73.10%
Columbus House	140	102	72.90%
Community Mental Health Affiliates	298	217	72.80%
Birmingham Group Health Services	132	96	72.70%
Rushford Center	465	337	72.50%
Catholic Charities - Waterbury	61	44	72.10%
Family and Children's Agency Inc.	148	106	71.60%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Interlude Inc.	35	25	71.40%
Community Health Resources Inc.	680	477	70.10%
CW Resources Inc.	33	23	69.70%
Guardian Ad Litem	51	35	68.60%
Hall Brooke Foundation Inc.	40	27	67.50%
Shelter for the Homeless Inc.	67	45	67.20%
Charlotte Hungerford Hospital	178	119	66.90%
FSW Inc.	45	30	66.70%
United Services Inc.	295	196	66.40%
Catholic Charities & Family Svcs,Diocese of Norwich	25	16	64%
St. Mary's Hospital Corp.	180	114	63.30%
Backus Hospital	154	93	60.40%
Hartford Behavioral Health	99	59	59.60%
Bristol Hospital	29	17	58.60%
St. Vincent DePaul Society of Middletown Inc.	24	20	-
Kuhn Employment Opportunities inc.	23	20	-
New Haven Home Recovery	22	18	-
Positive Directions	22	20	-
Council of Churches: Greater Bridgeport	18	16	-
Search for Change Inc.	18	17	-
Coordinating Council for Children in Crisis	17	16	-
American School for the Deaf	16	15	-
Waterbury Hospital Health Center	16	11	-
Community Health Center Inc.	15	10	-
Bridgeport Community Health Center	14	12	-
Immaculate Conception Inc.	11	10	-
Fish Inc.: Torrington Chapter	10	7	-
Operation Hope of Fairfield Inc.	9	9	-
MICAH Housing Pilots Program	6	6	-
Leeway, Inc.	4	4	-
Helping Hand Center Inc.	2	2	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

General Satisfaction Domain by Provider

Table 8: General Satisfaction Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Connecticut Renaissance Inc.	147	147	100%
Hospital of St. Raphael	141	141	100%
Farrell Treatment Center	74	74	100%
Middlesex Hospital Mental Health Clinic	62	62	100%
Family Centers Inc.	32	32	100%
Northwest Center for Family Services and Mental Health	28	28	100%
Kuhn Employment Opportunities inc.	26	26	100%
United Community and Family Services	139	137	98.60%
Artreach Inc.	56	55	98.20%
Stafford Family Services	107	105	98.10%
Goodwill Industries of Western Connecticut Inc.	51	50	98%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	39	97.50%
John J. Driscoll United Labor Agency Inc.	36	35	97.20%
Bristol Hospital	34	33	97.10%
Catholic Charities - Fairfield County	133	129	97%
Easter Seals of Greater Hartford Rehab. Center Inc.	63	61	96.80%
Community Enterprises Inc.	58	56	96.60%
Yale University - WAGE	29	28	96.60%
Catholic Charities & Family Svcs, Diocese of Norwich	27	26	96.30%
Lawrence and Memorial Hospital	158	152	96.20%
Human Resource Development Agency	154	148	96.10%
McCall Foundation Inc.	177	170	96%
Bridge House	125	120	96%
Sound Community Services Inc.	203	194	95.60%
New Milford Hospital	67	64	95.50%
Kennedy Center Inc.	66	63	95.50%
Yale University - Behavioral Health	116	110	94.80%
Midwestern Connecticut Council on Alcoholism	878	831	94.60%
Hartford Hospital	182	172	94.50%
CW Resources Inc.	34	32	94.10%
Education Connection	34	32	94.10%
Inter-Community Mental Health Group Inc.	269	253	94.10%
Catholic Charities - Waterbury	66	62	93.90%
Danbury Hospital	142	133	93.70%
Prime Time House Inc.	184	172	93.50%
Hartford Behavioral Health	103	96	93.20%
Connection Inc.	165	153	92.70%
Keystone House Inc.	121	112	92.60%
Cedarcrest Regional Hospital	577	534	92.50%
St. Luke's Community Services Inc.	67	62	92.50%
Laurel House	208	192	92.30%
Central Connecticut Coast YMCA	38	35	92.10%
My Sisters' Place	38	35	92.10%
Chemical Abuse Services Agency	416	383	92.10%
Center for Human Development	149	137	91.90%

Provider	Total Surveys	Satisfied	Percent Satisfied
Alliance Treatment Center Inc.	74	68	91.90%
United Services Inc.	320	294	91.90%
Community Health Resources Inc.	733	672	91.70%
Reliance House	264	242	91.70%
Crossroad Inc.	106	97	91.50%
Stamford Hospital	152	139	91.40%
Fellowship Inc.	287	262	91.30%
Harbor Health Services	257	234	91.10%
Easter Seal Goodwill Industries Rehab. Center Inc.	43	39	90.70%
St. Vincent DePaul Society of Waterbury Inc.	64	58	90.60%
Chrysalis Center Inc.	350	317	90.60%
Connecticut Mental Health Center	881	796	90.40%
Backus Hospital	158	142	89.90%
Family and Children's Agency Inc.	158	142	89.90%
FSW Inc.	48	43	89.60%
BRIDGES	246	220	89.40%
Hogar Crea Inc.	55	49	89.10%
Alcohol Services Organization of South Central CT	225	200	88.90%
Birmingham Group Health Services	144	128	88.90%
Mental Health Association of Connecticut Inc.	340	302	88.80%
Community Mental Health Affiliates	304	270	88.80%
Dixwell/Newhallville Community MHS Inc.	116	103	88.80%
ABH - GA Only Providers	285	253	88.80%
Ability Beyond Disability Institute	61	54	88.50%
Western Connecticut Mental Health Network	564	499	88.50%
Hill Health Corp.	338	299	88.50%
Marrakech Day Services	78	69	88.50%
Community Renewal Team	189	167	88.40%
Continuum of Care	204	180	88.20%
New Directions Inc. of North Central Connecticut	153	135	88.20%
St. Vincent DePaul Society of Middletown Inc.	25	22	88%
Connecticut Valley Hospital	166	146	88%
Perception Programs Inc.	165	145	87.90%
Norwalk Hospital	281	246	87.50%
Southeast Mental Health Authority	200	175	87.50%
Rushford Center	485	424	87.40%
Hartford Dispensary	1063	924	86.90%
Mercy Housing and Shelter Corp.	144	125	86.80%
River Valley Services	144	125	86.80%
Supportive Environmental Living Facility	44	38	86.40%
Interlude Inc.	36	31	86.10%
APT Foundation Inc.	669	576	86.10%
Wheeler Clinic	308	263	85.40%
Alcohol and Drug Recovery Center	490	416	84.90%
St. Mary's Hospital Corp.	189	160	84.70%
SCADD	294	248	84.40%
Southwest Connecticut Mental Health Network	303	254	83.80%
Gilead Community Services Inc.	154	129	83.80%

Provider	Total Surveys	Satisfied	Percent Satisfied
Shelter for the Homeless Inc.	90	75	83.30%
Common Ground Community	42	35	83.30%
Hall Brooke Foundation Inc.	42	35	83.30%
CTE Inc. Viewpoint Recovery Program	36	30	83.30%
Regional Network of Programs	706	587	83.10%
Pathways Inc.	53	44	83%
Community Prevention and Addiction Services	209	172	82.30%
Capitol Region Mental Health Center	188	154	81.90%
Liberation Programs	2129	1739	81.70%
Morris Foundation Inc.	294	237	80.60%
Central Naugatuck Valley Help Inc.	128	103	80.50%
Columbus House	183	146	79.80%
Guardian Ad Litem	53	42	79.20%
Charlotte Hungerford Hospital	180	141	78.30%
Liberty Community Services	27	21	77.80%
Connecticut Counseling Centers Inc.	409	292	71.40%
New Haven Home Recovery	23	21	-
Positive Directions	22	22	-
Search for Change Inc.	22	22	-
Council of Churches: Greater Bridgeport	21	20	-
Coordinating Council for Children in Crisis	17	17	-
Waterbury Hospital Health Center	17	15	-
American School for the Deaf	15	13	-
Bridgeport Community Health Center	15	14	-
Community Health Center Inc.	15	15	-
Fish Inc.: Torrington Chapter	12	11	-
Immaculate Conception Inc.	11	11	-
Operation Hope of Fairfield Inc.	9	9	-
MICAH Housing Pilots Program	7	7	-
Leeway, Inc.	5	5	-
Center City Churches Inc.	4	4	-
Helping Hand Center Inc.	2	2	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

Participation in Treatment by Provider

Table 9: “I felt comfortable asking questions about my services, treatment or medication” by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
New Milford Hospital	67	67	100%
Family Centers Inc.	29	29	100%
Yale University - WAGE	27	27	100%
Lawrence and Memorial Hospital	156	154	98.70%
McCall Foundation Inc.	174	171	98.30%
Connecticut Renaissance Inc.	147	144	98%
Midwestern Connecticut Council on Alcoholism	873	855	97.90%
Bridge House	125	122	97.60%
CTE Inc. Viewpoint Recovery Program	36	35	97.20%
Central Connecticut Coast YMCA	35	34	97.10%
Kennedy Center Inc.	66	64	97%
Middlesex Hospital Mental Health Clinic	62	60	96.80%
Sound Community Services Inc.	199	192	96.50%
Danbury Hospital	141	136	96.50%
Hospital of St. Raphael	140	135	96.40%
United Community and Family Services	138	133	96.40%
Catholic Charities & Family Svs,Diocese of Norwich	27	26	96.30%
Stafford Family Services	106	102	96.20%
Kuhn Employment Opportunities inc.	26	25	96.20%
Goodwill Industries of Western Connecticut Inc.	51	49	96.10%
Alliance Treatment Center Inc.	75	72	96%
Center for Human Development	148	142	95.90%
Farrell Treatment Center	74	71	95.90%
Yale University - Behavioral Health	114	109	95.60%
Catholic Charities - Waterbury	66	63	95.50%
Human Resource Development Agency	151	144	95.40%
Hartford Hospital	180	171	95%
New Directions Inc. of North Central Connecticut	149	141	94.60%
Connection Inc.	163	154	94.50%
John J. Driscoll United Labor Agency Inc.	35	33	94.30%
St. Vincent DePaul Society of Waterbury Inc.	64	60	93.80%
Catholic Charities - Fairfield County	106	99	93.40%
Hartford Behavioral Health	105	98	93.30%
Norwalk Hospital	281	262	93.20%
Inter-Community Mental Health Group Inc.	258	240	93%
Northwest Center for Family Services and Mental Health	28	26	92.90%
Connecticut Mental Health Center	865	803	92.80%
Stamford Hospital	152	141	92.80%
CW Resources Inc.	27	25	92.60%
Liberty Community Services	27	25	92.60%
Harbor Health Services	256	237	92.60%
Keystone House Inc.	121	112	92.60%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	37	92.50%
United Services Inc.	318	294	92.50%
Crossroad Inc.	106	98	92.50%

Provider	Total Surveys	Satisfied	Percent Satisfied
Reliance House	260	240	92.30%
Central Naugatuck Valley Help Inc.	128	118	92.20%
St. Vincent DePaul Society of Middletown Inc.	25	23	92%
Easter Seals of Greater Hartford Rehab. Center Inc.	62	57	91.90%
Interlude Inc.	37	34	91.90%
Perception Programs Inc.	158	145	91.80%
APT Foundation Inc.	663	608	91.70%
Backus Hospital	156	143	91.70%
FSW Inc.	48	44	91.70%
Cedarcrest Regional Hospital	572	524	91.60%
BRIDGES	241	220	91.30%
Fellowship Inc.	270	246	91.10%
St. Luke's Community Services Inc.	66	60	90.90%
Bristol Hospital	33	30	90.90%
Education Connection	33	30	90.90%
Wheeler Clinic	306	278	90.80%
Dixwell/Newhallville Community MHS Inc.	117	106	90.60%
Community Renewal Team	190	172	90.50%
Community Mental Health Affiliates	301	272	90.40%
Prime Time House Inc.	174	157	90.20%
Connecticut Valley Hospital	167	150	89.80%
Hartford Dispensary	1056	947	89.70%
Marrakech Day Services	77	69	89.60%
ABH - GA Only Providers	279	250	89.60%
Alcohol and Drug Recovery Center	481	431	89.60%
Hill Health Corp.	335	300	89.60%
Birmingham Group Health Services	141	126	89.40%
Hall Brooke Foundation Inc.	37	33	89.20%
My Sisters' Place	37	33	89.20%
Community Health Resources Inc.	727	647	89%
Gilead Community Services Inc.	152	135	88.80%
Hogar Crea Inc.	53	47	88.70%
Western Connecticut Mental Health Network	555	492	88.60%
Mercy Housing and Shelter Corp.	139	123	88.50%
Continuum of Care	197	174	88.30%
Family and Children's Agency Inc.	153	135	88.20%
Community Enterprises Inc.	50	44	88%
Alcohol Services Organization of South Central CT	221	194	87.80%
St. Mary's Hospital Corp.	187	164	87.70%
Southeast Mental Health Authority	202	177	87.60%
Mental Health Association of Connecticut Inc.	336	294	87.50%
Chemical Abuse Services Agency	409	356	87%
SCADD	291	253	86.90%
Ability Beyond Disability Institute	61	53	86.90%
Regional Network of Programs	700	607	86.70%
Liberation Programs	2122	1835	86.50%
Rushford Center	480	413	86%
Morris Foundation Inc.	294	252	85.70%

Provider	Total Surveys	Satisfied	Percent Satisfied
Southwest Connecticut Mental Health Network	299	255	85.30%
Community Prevention and Addiction Services	209	178	85.20%
Easter Seal Goodwill Industries Rehab. Center Inc.	40	34	85%
Capitol Region Mental Health Center	184	156	84.80%
Common Ground Community	39	33	84.60%
Chrysalis Center Inc.	343	290	84.50%
Guardian Ad Litem	51	43	84.30%
Laurel House	195	164	84.10%
Columbus House	179	150	83.80%
Shelter for the Homeless Inc.	85	71	83.50%
Pathways Inc.	53	44	83%
Connecticut Counseling Centers Inc.	405	336	83%
Artreach Inc.	52	43	82.70%
River Valley Services	140	115	82.10%
Charlotte Hungerford Hospital	181	144	79.60%
Supportive Environmental Living Facility	43	34	79.10%
New Haven Home Recovery	23	22	-
Positive Directions	22	22	-
Search for Change Inc.	22	21	-
Council of Churches: Greater Bridgeport	20	18	-
Coordinating Council for Children in Crisis	17	17	-
Waterbury Hospital Health Center	17	16	-
American School for the Deaf	15	14	-
Bridgeport Community Health Center	15	15	-
Community Health Center Inc.	15	15	-
Fish Inc.: Torrington Chapter	11	11	-
Immaculate Conception Inc.	11	11	-
Operation Hope of Fairfield Inc.	9	8	-
MICAH Housing Pilots Program	7	7	-
Leeway, Inc.	5	5	-
Center City Churches Inc.	4	3	-
Helping Hand Center Inc.	2	2	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

Respect by Provider

Table 10: “My wishes are respected about the amount of family involvement I want in my treatment” by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Lawrence and Memorial Hospital	144	142	98.60%
New Milford Hospital	67	66	98.50%
Connecticut Renaissance Inc.	132	128	97%
Central Connecticut Coast YMCA	33	32	97%
CTE Inc. Viewpoint Recovery Program	32	31	96.90%
Interlude Inc.	31	30	96.80%
Middlesex Hospital Mental Health Clinic	58	56	96.60%
My Sisters' Place	29	28	96.60%
Sound Community Services Inc.	168	161	95.80%
Stafford Family Services	96	92	95.80%
Center for Human Development	133	127	95.50%
Bridge House	123	117	95.10%
Human Resource Development Agency	142	135	95.10%
Farrell Treatment Center	74	70	94.60%
Midwestern Connecticut Council on Alcoholism	812	765	94.20%
Hogar Crea Inc.	50	47	94%
Marrakech Day Services	66	62	93.90%
Community Enterprises Inc.	49	46	93.90%
Danbury Hospital	114	107	93.90%
Kennedy Center Inc.	60	56	93.30%
United Community and Family Services	129	120	93%
United Services Inc.	256	238	93%
Keystone House Inc.	97	90	92.80%
Harbor Health Services	206	191	92.70%
Artreach Inc.	41	38	92.70%
Education Connection	27	25	92.60%
Western Connecticut Mental Health Network	468	431	92.10%
John J. Driscoll United Labor Agency Inc.	25	23	92%
Inter-Community Mental Health Group Inc.	237	218	92%
Cedarcrest Regional Hospital	546	502	91.90%
Yale University - Behavioral Health	97	89	91.80%
Backus Hospital	133	122	91.70%
Birmingham Group Health Services	118	108	91.50%
McCall Foundation Inc.	161	147	91.30%
Ability Beyond Disability Institute	34	31	91.20%
Hartford Hospital	172	156	90.70%
Goodwill Industries of Western Connecticut Inc.	43	39	90.70%
BRIDGES	212	192	90.60%
Easter Seals of Greater Hartford Rehab. Center Inc.	52	47	90.40%
Catholic Charities - Waterbury	62	56	90.30%
Chemical Abuse Services Agency	361	326	90.30%
Reliance House	232	209	90.10%
APT Foundation Inc.	593	534	90.10%
Connecticut Mental Health Center	699	628	89.80%
ABH - GA Only Providers	254	228	89.80%

Provider	Total Surveys	Satisfied	Percent Satisfied
Connection Inc.	153	137	89.50%
Southeast Mental Health Authority	172	154	89.50%
Southwest Connecticut Mental Health Network	270	240	88.90%
Hospital of St. Raphael	126	112	88.90%
Catholic Charities - Fairfield County	106	94	88.70%
Crossroad Inc.	93	82	88.20%
Guardian Ad Litem	50	44	88%
CW Resources Inc.	33	29	87.90%
Mercy Housing and Shelter Corp.	123	108	87.80%
Community Health Resources Inc.	579	508	87.70%
Mental Health Association of Connecticut Inc.	284	249	87.70%
Hartford Dispensary	882	773	87.60%
Norwalk Hospital	224	196	87.50%
Easter Seal Goodwill Industries Rehab. Center Inc.	40	35	87.50%
Stamford Hospital	125	109	87.20%
Community Mental Health Affiliates	240	209	87.10%
FSW Inc.	38	33	86.80%
Continuum of Care	189	164	86.80%
Dixwell/Newhallville Community MHS Inc.	105	91	86.70%
Rushford Center	433	374	86.40%
Columbus House	117	101	86.30%
Connecticut Valley Hospital	160	138	86.20%
Regional Network of Programs	611	526	86.10%
Community Renewal Team	165	142	86.10%
Hartford Behavioral Health	91	78	85.70%
Alliance Treatment Center Inc.	56	48	85.70%
Alcohol Services Organization of South Central CT	205	175	85.40%
Pathways Inc.	47	40	85.10%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	34	85%
Central Naugatuck Valley Help Inc.	118	100	84.70%
New Directions Inc. of North Central Connecticut	137	116	84.70%
Community Prevention and Addiction Services	180	152	84.40%
Fellowship Inc.	233	196	84.10%
Perception Programs Inc.	151	127	84.10%
Liberation Programs	2027	1699	83.80%
Chrysalis Center Inc.	280	234	83.60%
Hill Health Corp.	280	234	83.60%
Laurel House	164	137	83.50%
Alcohol and Drug Recovery Center	414	344	83.10%
Wheeler Clinic	277	230	83%
Morris Foundation Inc.	265	220	83%
Gilead Community Services Inc.	135	112	83%
Supportive Environmental Living Facility	41	34	82.90%
Common Ground Community	35	29	82.90%
St. Mary's Hospital Corp.	169	140	82.80%
Bristol Hospital	29	24	82.80%
St. Luke's Community Services Inc.	57	47	82.50%
Connecticut Counseling Centers Inc.	365	300	82.20%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Charlotte Hungerford Hospital	141	115	81.60%
Capitol Region Mental Health Center	170	138	81.20%
Prime Time House Inc.	135	109	80.70%
SCADD	253	200	79.10%
River Valley Services	136	105	77.20%
Family and Children's Agency Inc.	133	99	74.40%
St. Vincent DePaul Society of Waterbury Inc.	46	34	73.90%
Shelter for the Homeless Inc.	57	41	71.90%
Hall Brooke Foundation Inc.	38	27	71.10%
Kuhn Employment Opportunities inc.	24	24	-
Yale University - WAGE	23	21	-
Catholic Charities & Family Svcs,Diocese of Norwich	22	21	-
Liberty Community Services	22	21	-
New Haven Home Recovery	21	21	-
Northwest Center for Family Services and Mental Health	21	21	-
Family Centers Inc.	20	17	-
Search for Change Inc.	19	19	-
Positive Directions	18	16	-
Council of Churches: Greater Bridgeport	16	13	-
Waterbury Hospital Health Center	16	14	-
Bridgeport Community Health Center	15	15	-
Coordinating Council for Children in Crisis	15	15	-
American School for the Deaf	14	12	-
Community Health Center Inc.	14	13	-
St. Vincent DePaul Society of Middletown Inc.	12	12	-
Immaculate Conception Inc.	10	8	-
Operation Hope of Fairfield Inc.	9	9	-
Fish Inc.: Torrington Chapter	7	7	-
Leeway, Inc.	5	5	-
MICAH Housing Pilots Program	5	5	-
Center City Churches Inc.	1	1	-
Helping Hand Center Inc.	1	1	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

Recovery by Provider

Table 11: Recovery by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Renaissance Inc.	146	142	97.30%
Bridge House	125	118	94.40%
Goodwill Industries of Western Connecticut Inc.	51	48	94.10%
Farrell Treatment Center	68	63	92.60%
John J. Driscoll United Labor Agency Inc.	33	30	90.90%
Crossroad Inc.	105	95	90.50%
Connection Inc.	163	147	90.20%
Human Resource Development Agency	154	138	89.60%
Kuhn Employment Opportunities inc.	26	23	88.50%
Chemical Abuse Services Agency	389	342	87.90%
Perception Programs Inc.	160	140	87.50%
McCall Foundation Inc.	173	149	86.10%
New Directions Inc. of North Central Connecticut	151	130	86.10%
Yale University - WAGE	28	24	85.70%
Midwestern Connecticut Council on Alcoholism	867	742	85.60%
Prime Time House Inc.	175	149	85.10%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	34	85%
Kennedy Center Inc.	66	56	84.80%
Liberty Community Services	26	22	84.60%
St. Vincent DePaul Society of Middletown Inc.	25	21	84%
Alcohol Services Organization of South Central CT	218	183	83.90%
Artreach Inc.	57	47	82.50%
CTE Inc. Viewpoint Recovery Program	34	28	82.40%
Sound Community Services Inc.	190	155	81.60%
Hartford Dispensary	1013	818	80.80%
Wheeler Clinic	299	241	80.60%
New Milford Hospital	67	54	80.60%
Central Connecticut Coast YMCA	36	29	80.60%
Marrakech Day Services	76	61	80.30%
Southwest Connecticut Mental Health Network	295	236	80%
Fellowship Inc.	275	220	80%
Keystone House Inc.	120	96	80%
Hogar Crea Inc.	54	43	79.60%
Connecticut Valley Hospital	157	125	79.60%
Common Ground Community	39	31	79.50%
Southeast Mental Health Authority	199	158	79.40%
Community Enterprises Inc.	57	45	78.90%
Education Connection	33	26	78.80%
St. Vincent DePaul Society of Waterbury Inc.	61	48	78.70%
Laurel House	204	160	78.40%
Center for Human Development	148	116	78.40%
Community Prevention and Addiction Services	205	160	78%
Pathways Inc.	50	39	78%
Liberation Programs	2069	1613	78%
United Community and Family Services	136	106	77.90%

Provider	Total Surveys	Satisfied	Percent Satisfied
Alcohol and Drug Recovery Center	460	358	77.80%
Lawrence and Memorial Hospital	156	121	77.60%
Regional Network of Programs	678	523	77.10%
Cedarcrest Regional Hospital	533	411	77.10%
Ability Beyond Disability Institute	39	30	76.90%
Hall Brooke Foundation Inc.	39	30	76.90%
Middlesex Hospital Mental Health Clinic	56	43	76.80%
Easter Seal Goodwill Industries Rehab. Center Inc.	43	33	76.70%
Hill Health Corp.	316	242	76.60%
Hartford Hospital	181	138	76.20%
APT Foundation Inc.	660	498	75.50%
Morris Foundation Inc.	290	218	75.20%
Interlude Inc.	36	27	75%
My Sisters' Place	32	24	75%
SCADD	268	200	74.60%
Western Connecticut Mental Health Network	540	400	74.10%
Connecticut Counseling Centers Inc.	393	290	73.80%
Alliance Treatment Center Inc.	57	42	73.70%
Mercy Housing and Shelter Corp.	140	103	73.60%
Northwest Center for Family Services and Mental Health	26	19	73.10%
Continuum of Care	200	146	73%
ABH - GA Only Providers	272	198	72.80%
Family and Children's Agency Inc.	150	109	72.70%
Gilead Community Services Inc.	146	106	72.60%
Mental Health Association of Connecticut Inc.	330	239	72.40%
Rushford Center	466	336	72.10%
Community Renewal Team	182	131	72%
Danbury Hospital	131	94	71.80%
Stamford Hospital	129	92	71.30%
Guardian Ad Litem	52	37	71.20%
Columbus House	144	102	70.80%
Supportive Environmental Living Facility	41	29	70.70%
Community Mental Health Affiliates	296	209	70.60%
Reliance House	243	171	70.40%
St. Luke's Community Services Inc.	64	45	70.30%
Stafford Family Services	101	71	70.30%
Catholic Charities - Fairfield County	123	86	69.90%
CW Resources Inc.	33	23	69.70%
Norwalk Hospital	269	187	69.50%
Capitol Region Mental Health Center	179	124	69.30%
Inter-Community Mental Health Group Inc.	259	179	69.10%
Connecticut Mental Health Center	851	588	69.10%
Birmingham Group Health Services	129	89	69%
Chrysalis Center Inc.	348	240	69%
River Valley Services	144	99	68.80%
Central Naugatuck Valley Help Inc.	124	85	68.50%
Harbor Health Services	248	167	67.30%
Dixwell/Newhallville Community MHS Inc.	112	75	67%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
BRIDGES	229	150	65.50%
Community Health Resources Inc.	675	438	64.90%
Easter Seals of Greater Hartford Rehab. Center Inc.	56	36	64.30%
Catholic Charities - Waterbury	62	39	62.90%
Yale University - Behavioral Health	114	71	62.30%
United Services Inc.	295	182	61.70%
Hospital of St. Raphael	139	85	61.20%
Family Centers Inc.	30	18	60%
Charlotte Hungerford Hospital	177	104	58.80%
FSW Inc.	45	26	57.80%
Shelter for the Homeless Inc.	68	39	57.40%
Hartford Behavioral Health	97	53	54.60%
Backus Hospital	154	83	53.90%
St. Mary's Hospital Corp.	180	96	53.30%
Bristol Hospital	27	14	51.90%
Catholic Charities & Family Svcs, Diocese of Norwich	24	13	-
New Haven Home Recovery	22	18	-
Positive Directions	22	18	-
Council of Churches: Greater Bridgeport	19	15	-
Coordinating Council for Children in Crisis	17	16	-
Search for Change Inc.	17	17	-
American School for the Deaf	16	13	-
Bridgeport Community Health Center	15	8	-
Community Health Center Inc.	15	7	-
Waterbury Hospital Health Center	15	11	-
Fish Inc.: Torrington Chapter	11	10	-
Immaculate Conception Inc.	11	9	-
Operation Hope of Fairfield Inc.	9	7	-
MICAH Housing Pilots Program	6	5	-
Leeway, Inc.	4	3	-
Helping Hand Center Inc.	2	2	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed.

Differences between Groups⁷

Did Satisfaction Differ by Program Type?

- ◆ Respondents receiving Substance Use services expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains.
- ◆ Respondents receiving Mental Health services expressed *significantly* higher levels of satisfaction on the Access, Appropriateness, General Satisfaction, and Respect domains.
- ◆ Participation in Treatment was the only domain in which satisfaction was *not* influenced by program type.

This pattern is similar to what was reported in FY 2006 and FY2007.

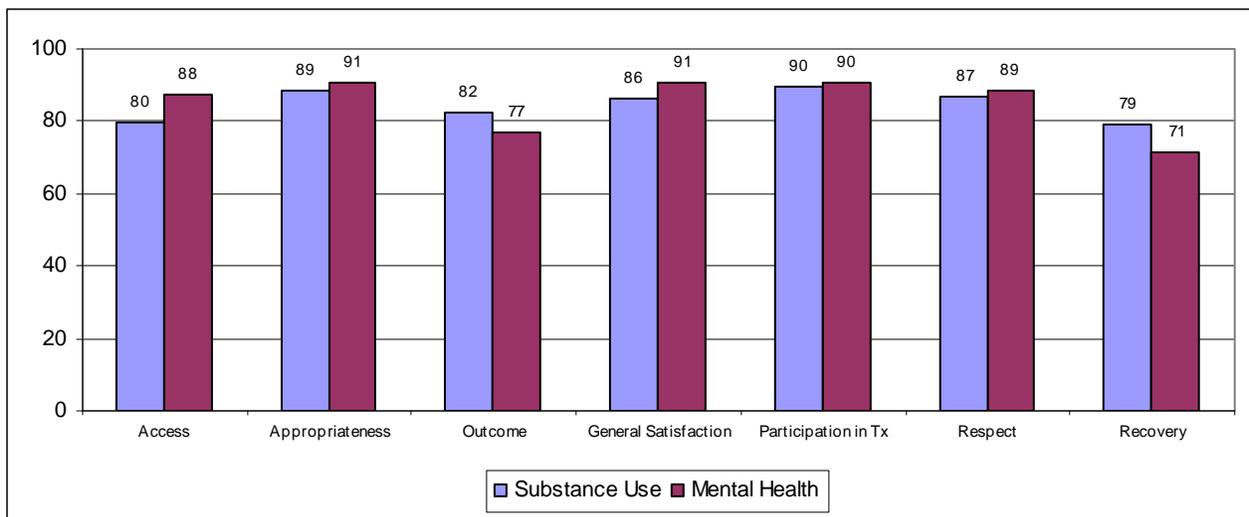


Figure 18: Consumer Satisfaction by Program Type

⁷ All analyses were evaluated at alpha = .01. This means that there is a 1 in 100 chance that a difference is identified as a significant difference when in fact it is not.

Did Satisfaction Differ by Gender?

- ♦ Women expressed *significantly* higher levels of satisfaction than did men in all domains except for Outcome and Recovery.

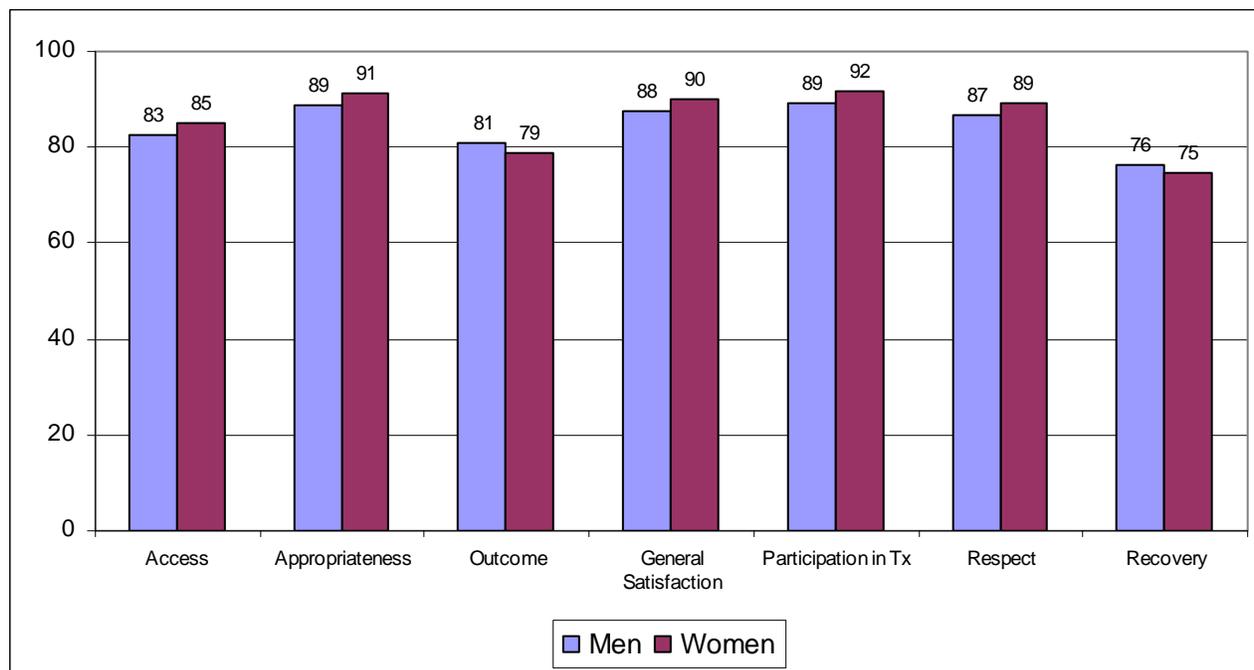


Figure 19: Consumer Satisfaction by Gender

Did Satisfaction Differ by Gender by Program Type?

Substance Use Disorders

- ♦ Women reported a *significantly* better experience with their wishes being respected and with participation in treatment than did men. They also reported *significantly* higher levels of satisfaction with the Appropriateness and General Satisfaction domains than did men. This pattern also occurred in FY 2007.
- ♦ Gender did not affect satisfaction in the Access, Outcome, and Recovery domains.

Mental Health Disorders

- ♦ Women reported *significantly* higher levels of satisfaction with the Appropriateness domain, a better experience with having their wishes respected, and with participation in treatment than did men. Men reported a *significantly* higher level of satisfaction in the Outcome domain. This pattern also occurred in FY 2007.
- ♦ Gender did not affect satisfaction in the Access, General Satisfaction, and Recovery domains.

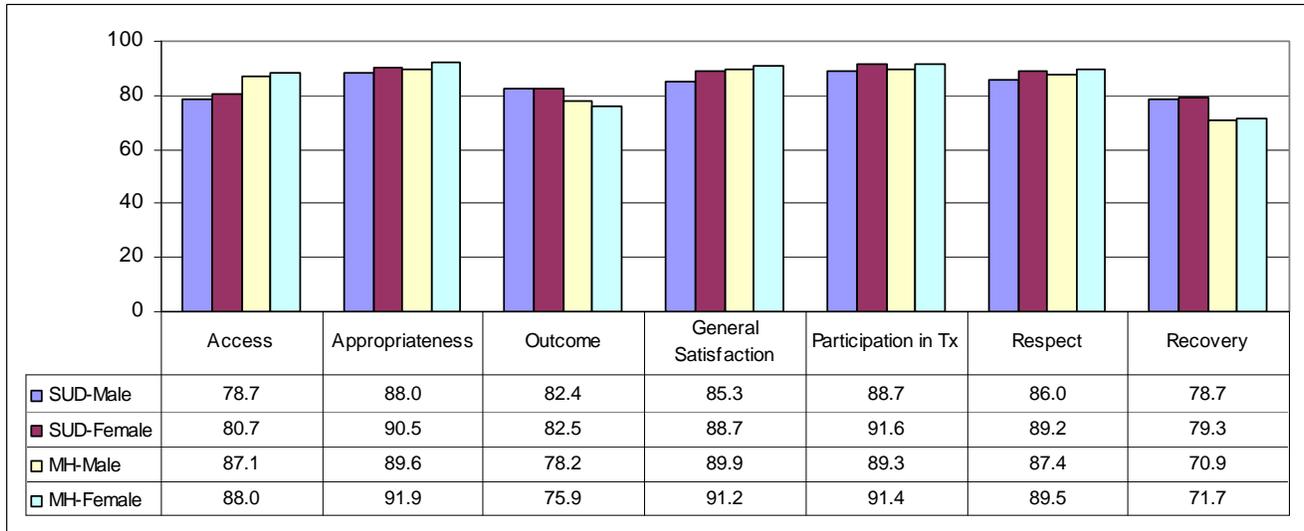


Figure 20: Consumer Satisfaction by Gender and Program Type

SUBSTANCE USE DISORDERS

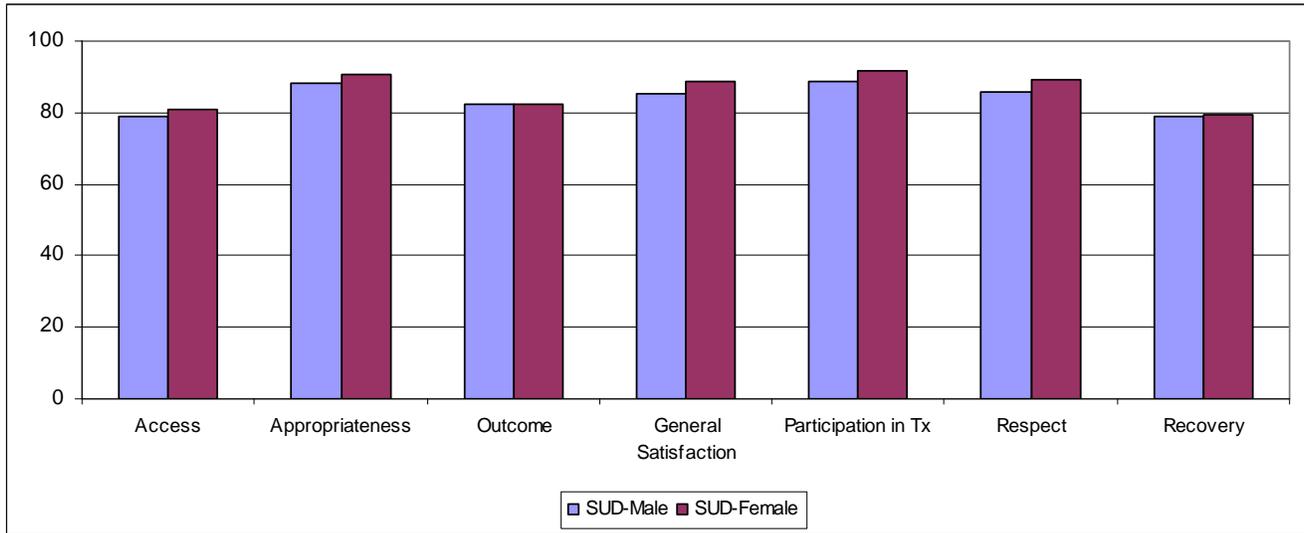


Figure 21: Consumer Satisfaction of by Gender by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

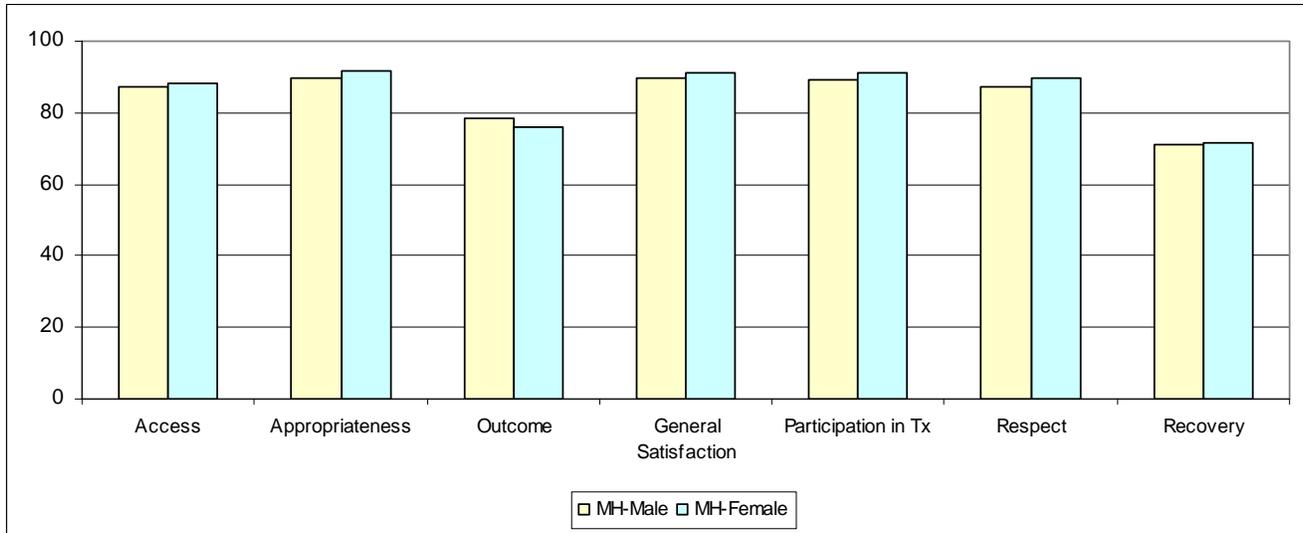


Figure 22: Consumer Satisfaction by Gender by Mental Health Program Type

Did Satisfaction Differ by Race?

- ◆ African-Americans and other respondents who identified a non-White race expressed *significantly* higher levels of satisfaction in the Recovery domain than did Whites.
- ◆ Satisfaction did *not* differ significantly across racial categories for any of the other domains.

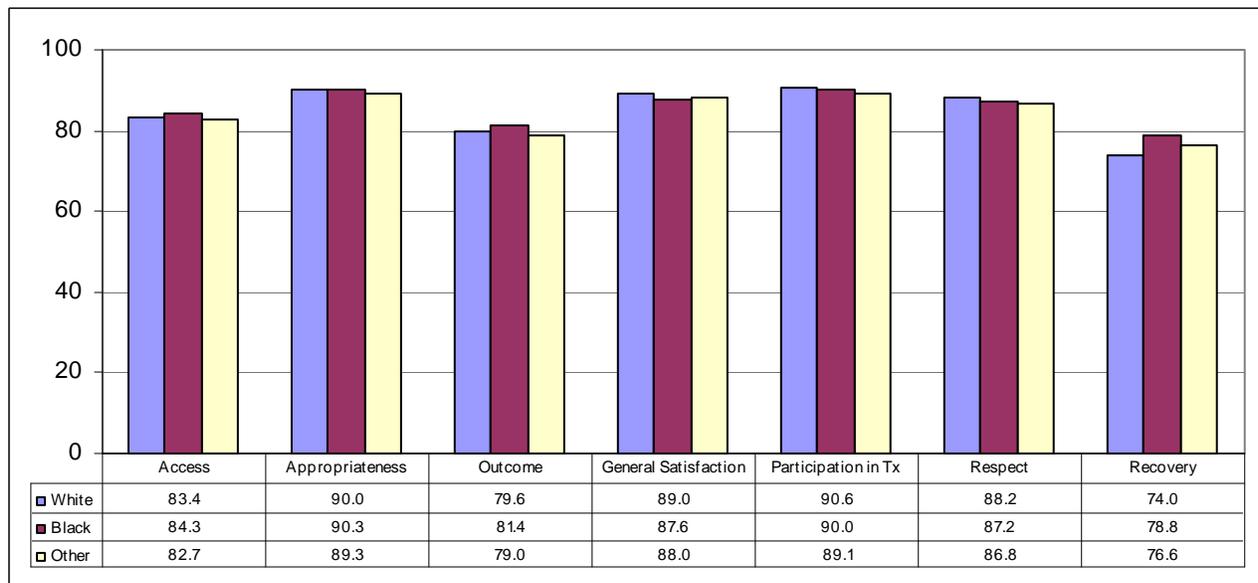


Figure 23: Consumer Satisfaction by Race

Did Satisfaction Differ by Race by Program Type?

Substance Use Disorders

- ◆ African-Americans and other respondents who identified a non-White Race expressed *significantly* higher levels of satisfaction in the Recovery domain than did Whites.
- ◆ Satisfaction did *not* differ across racial categories for any of the other domains.

Mental Health Disorders

- ◆ African-Americans expressed *significantly* higher levels of satisfaction in the Recovery domain than did Whites and respondents who identified themselves in other Race categories.
- ◆ Satisfaction did *not* differ across racial categories for any of the other domains.

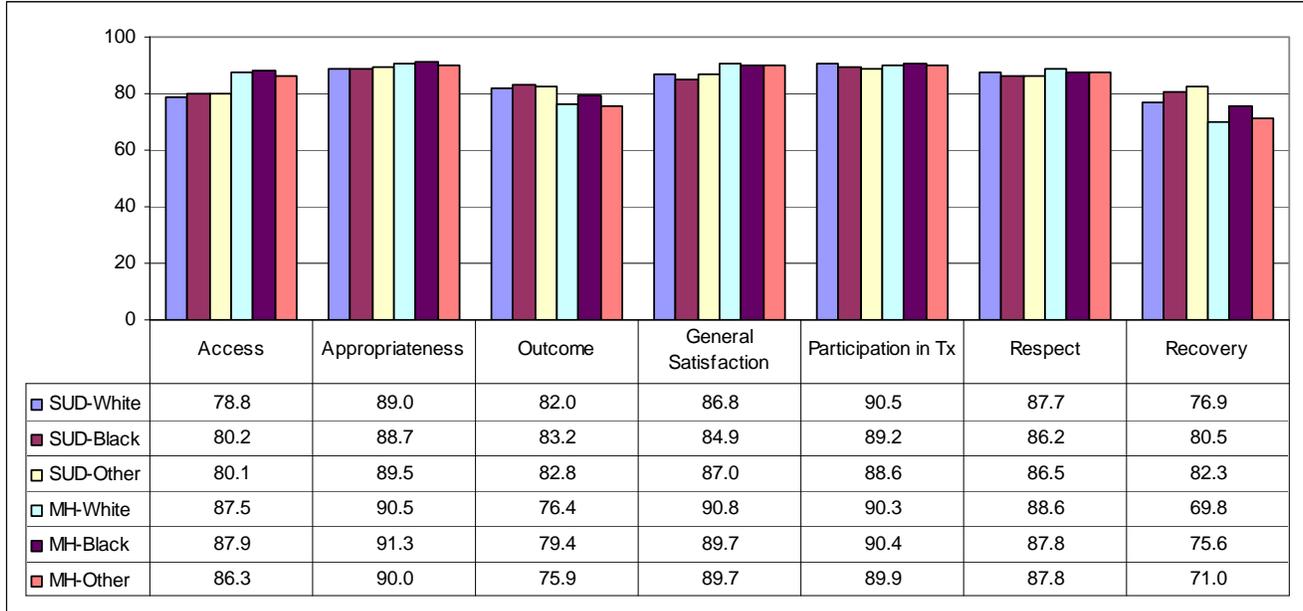


Figure 24: Consumer Satisfaction by Race by Program Type

SUBSTANCE USE DISORDERS

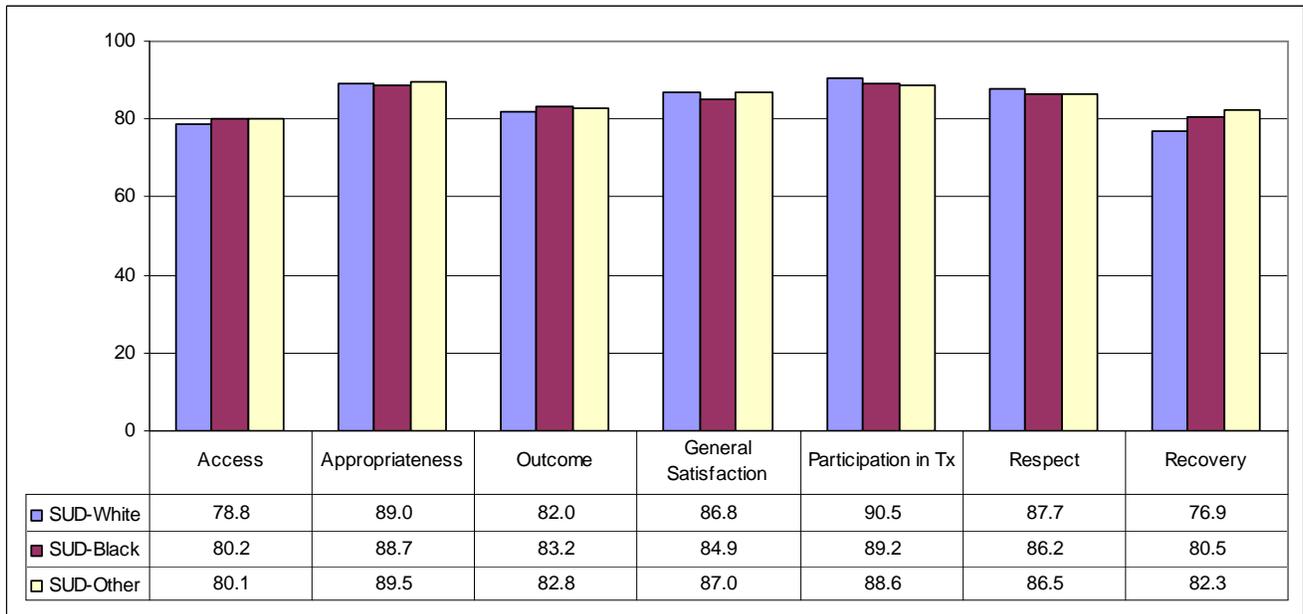


Figure 25: Consumer Satisfaction by Race by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

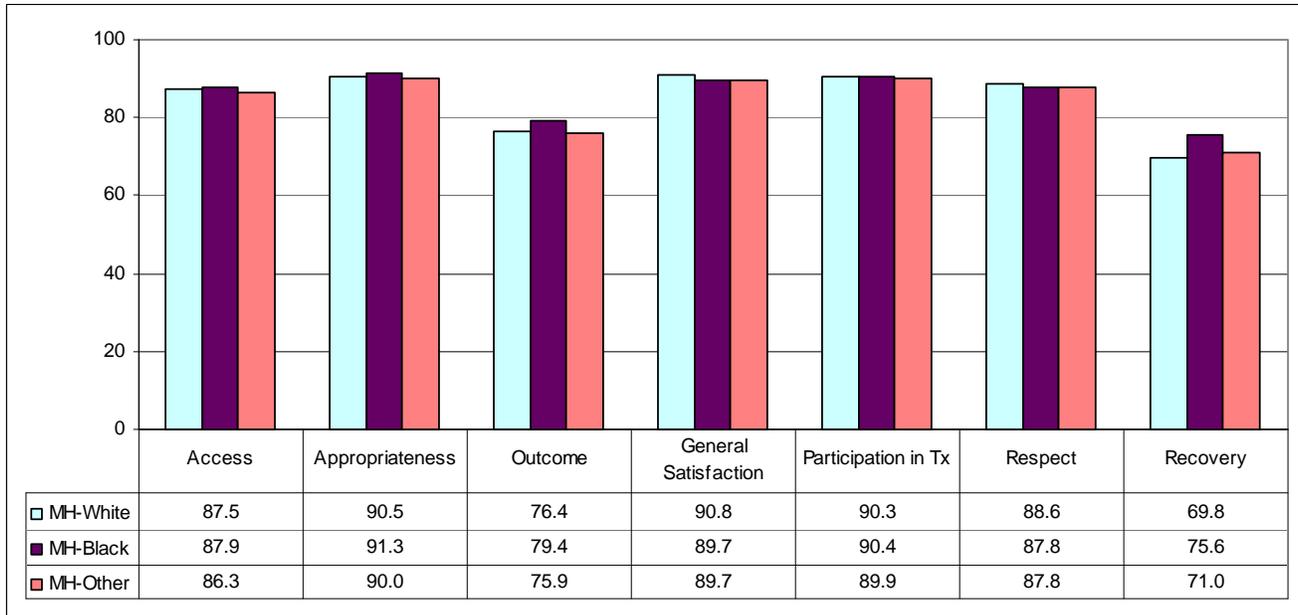


Figure 26: Consumer Satisfaction by Race by Mental Health Program Type

Did Satisfaction Differ by Self-Identified Reason for Seeking Services?

- ◆ Respondents who identified themselves as receiving services for Substance Use disorders expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains than did respondents who identified themselves as receiving services for either Mental Health only or for both Mental Health and Substance Use.
- ◆ Respondents who identified themselves as receiving services for Mental Health disorders expressed *significantly* higher levels of satisfaction in the Access, Appropriateness, General Satisfaction, and Respect domains than those that identified themselves as receiving services for either Substance Use disorders only or for both Mental Health and Substance Use.

This was the second year in which these data were collected.

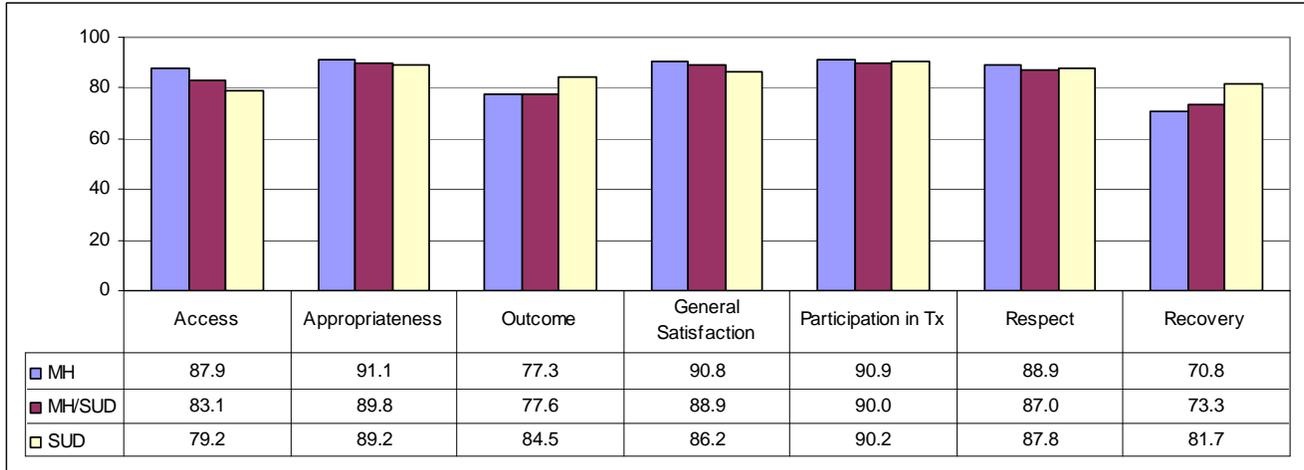


Figure 27: Consumer Satisfaction by Self-Identified Reason for Seeking Services

Did Satisfaction Differ by Self-Identified Reason for Seeking Services by Program Type?

Substance Use Disorders

- ◆ Respondents in SU programs who identified themselves as receiving services for Substance Use disorders expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains than did those who identified themselves as receiving services for Mental Health. These respondents, however, reported significantly less satisfaction in the Access domain.
- ◆ Respondents in SU programs who identified themselves as receiving services for Substance Use disorders were *significantly* more satisfied in the Outcome, Respect, and Recovery domains than were those who identified themselves as receiving either Mental Health services only or both Mental Health and Substance Use services.

Mental Health Disorders

- ◆ Respondents in MH programs who identified themselves as either receiving services for both Mental Health and Substance Use or for Mental Health only expressed *significantly* higher levels of satisfaction with participation in treatment.
- ◆ As in FY2007, there were no other significant differences by self-identified reason for seeking services.

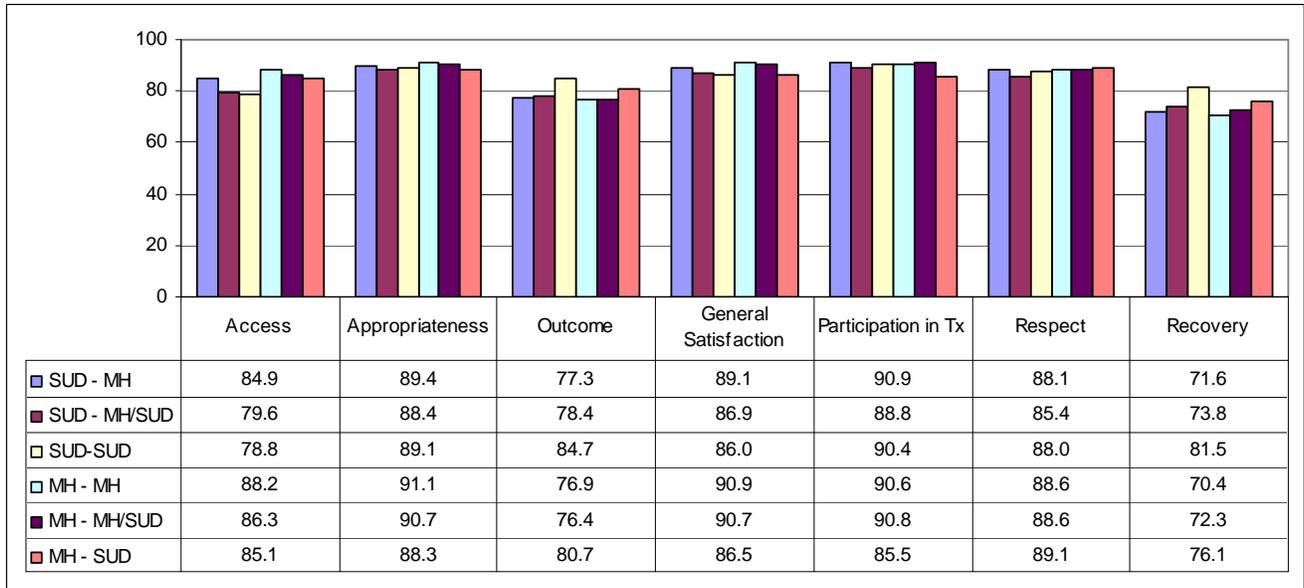


Figure 28: Consumer Satisfaction by Self-Identified Reason for Seeking Services by Program Type

SUBSTANCE USE DISORDERS

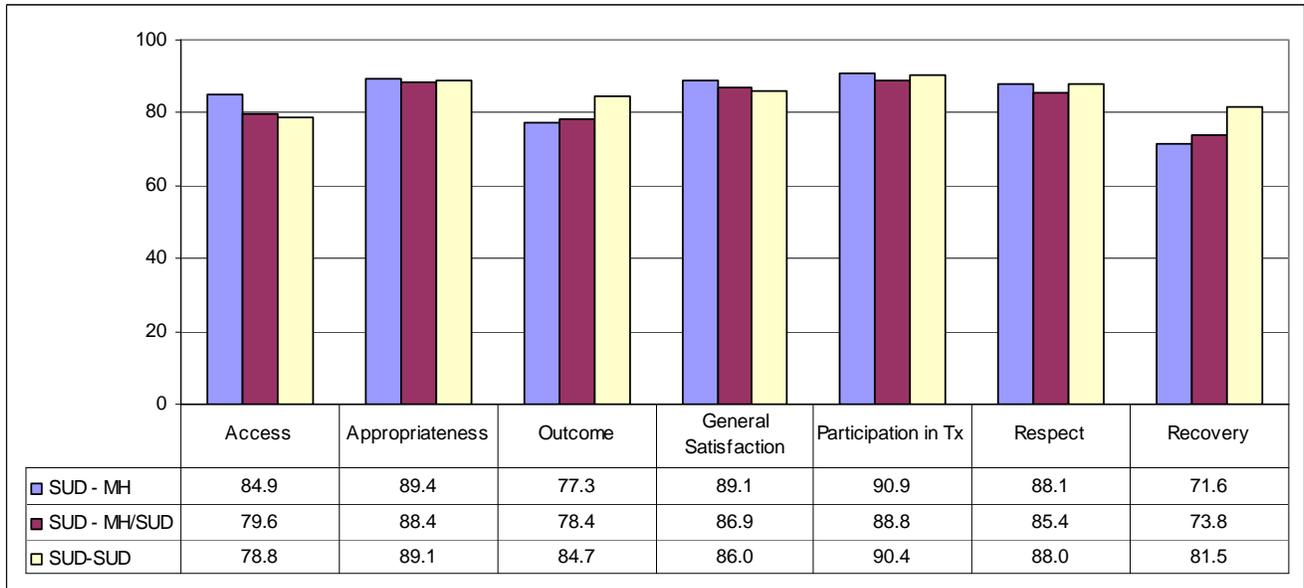


Figure 29: Consumer Satisfaction by Self-Identified Reason for Seeking Services by Substance Use Disorders

MENTAL HEALTH DISORDERS

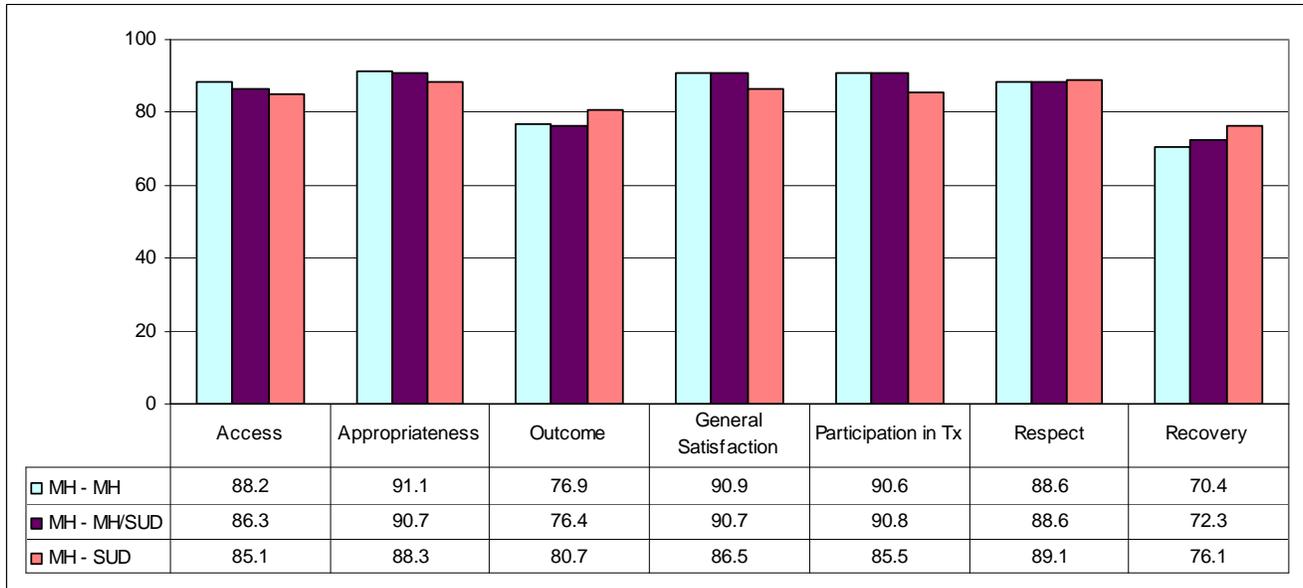


Figure 30: Consumer Satisfaction by Self-Identified Reason for Seeking Services by Mental Health Program Type

Did Satisfaction Differ by Ethnicity?

- ◆ Respondents of Hispanic/Latino origin expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains than did Non-Hispanics.
- ◆ There was no difference in satisfaction level for the other domains.

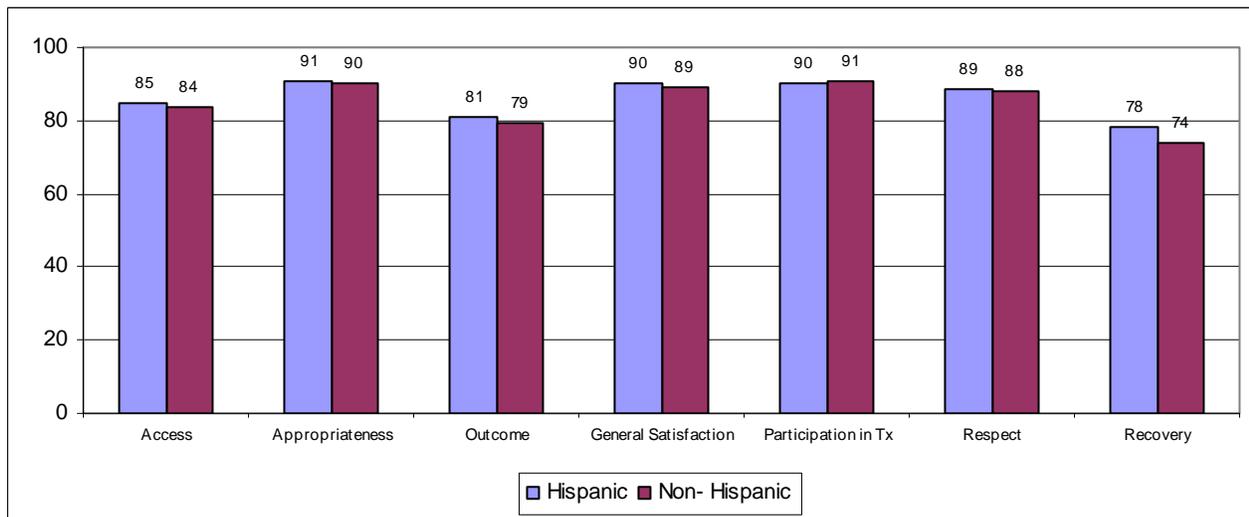


Figure 31: Consumer Satisfaction by Ethnicity

Did Satisfaction Differ by Ethnicity by Program Type?

Substance Use Disorders

- ◆ Respondents of Hispanic/Latino origin enrolled in SU programs expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains than did non-Hispanic respondents enrolled in SU programs.
- ◆ Respondents of Non-Hispanic origin enrolled in SU programs reported *significantly* higher levels of satisfaction regarding Participation in Treatment than did Hispanic respondents enrolled in SU programs.

Mental Health Disorders

- ◆ Respondents of Hispanic/Latino origin enrolled in MH programs were *significantly* more satisfied in the Appropriateness, General Satisfaction, and Participation in Treatment domains than were non-Hispanics enrolled in MH programs.

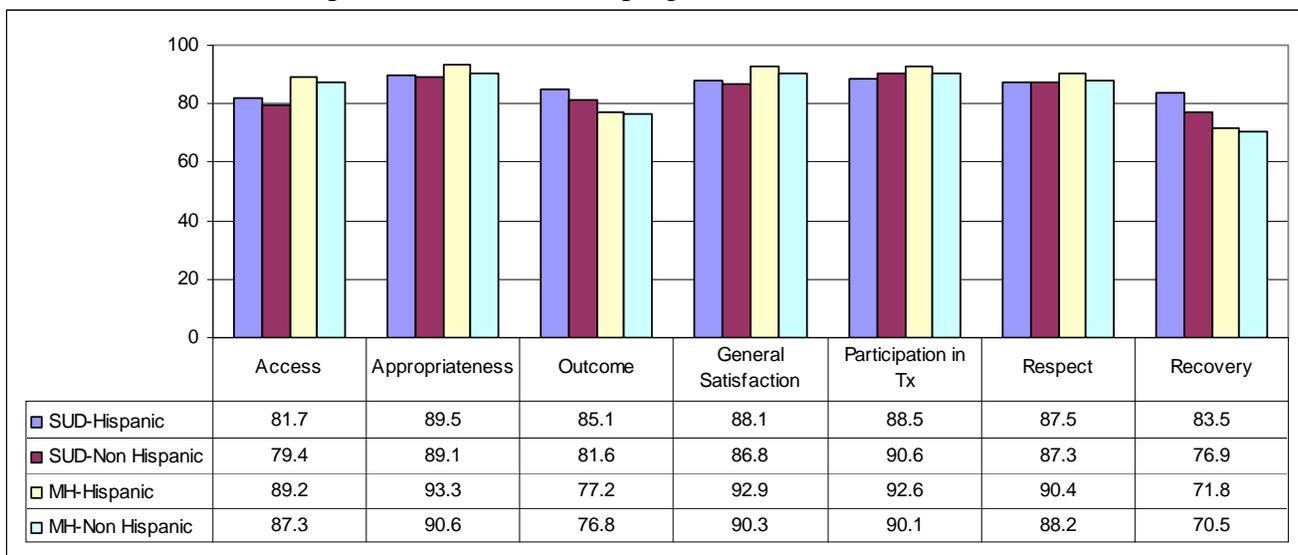


Figure 32: Consumer Satisfaction by Ethnicity by Program Type

SUBSTANCE USE DISORDERS

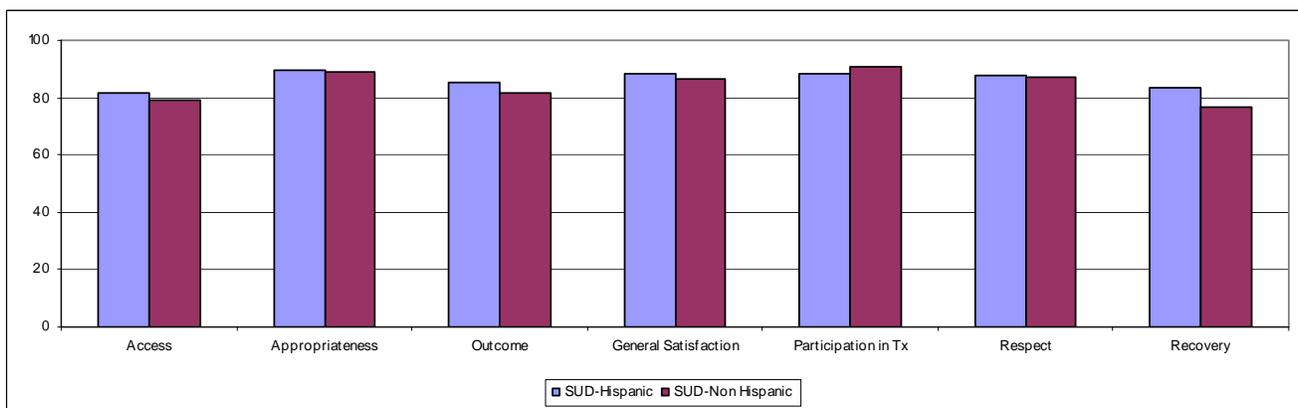


Figure 33: Consumer Satisfaction by Ethnicity by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

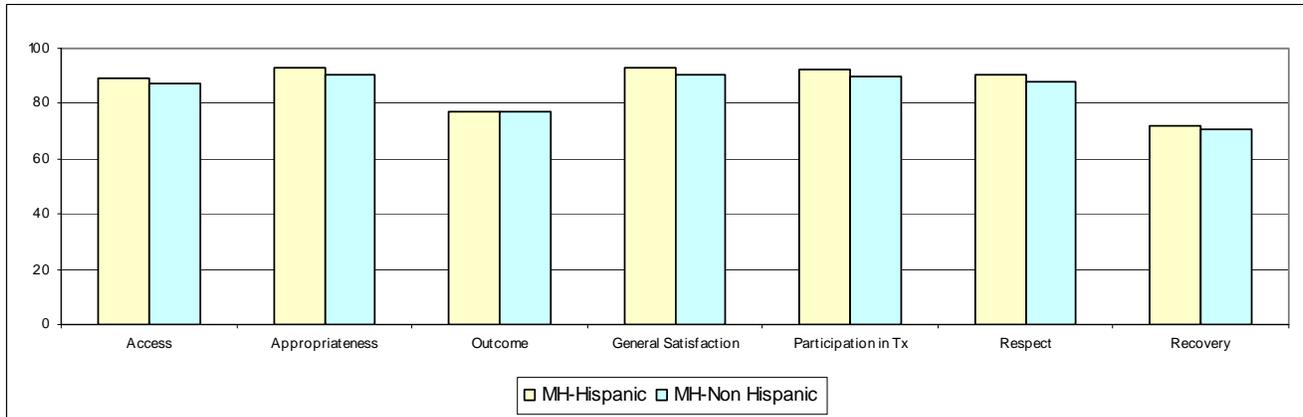


Figure 34: Consumer Satisfaction by Ethnicity by Mental Health Program Type

Did Satisfaction Differ by the Consumer Age Group?

- ◆ In the Access, General Satisfaction, Participation in Treatment, and Respect domains, all older age groups (25 years and older) reported being *significantly* more satisfied than the youngest group (24 years and under).
- ◆ In the Appropriateness domain, respondents aged 35 years and older reported *significantly* higher levels of satisfaction than did respondents aged 24 and under.
- ◆ Respondents who were 25-34 years old expressed *significantly* higher levels of satisfaction for the Recovery domain than did people aged 35 and older.

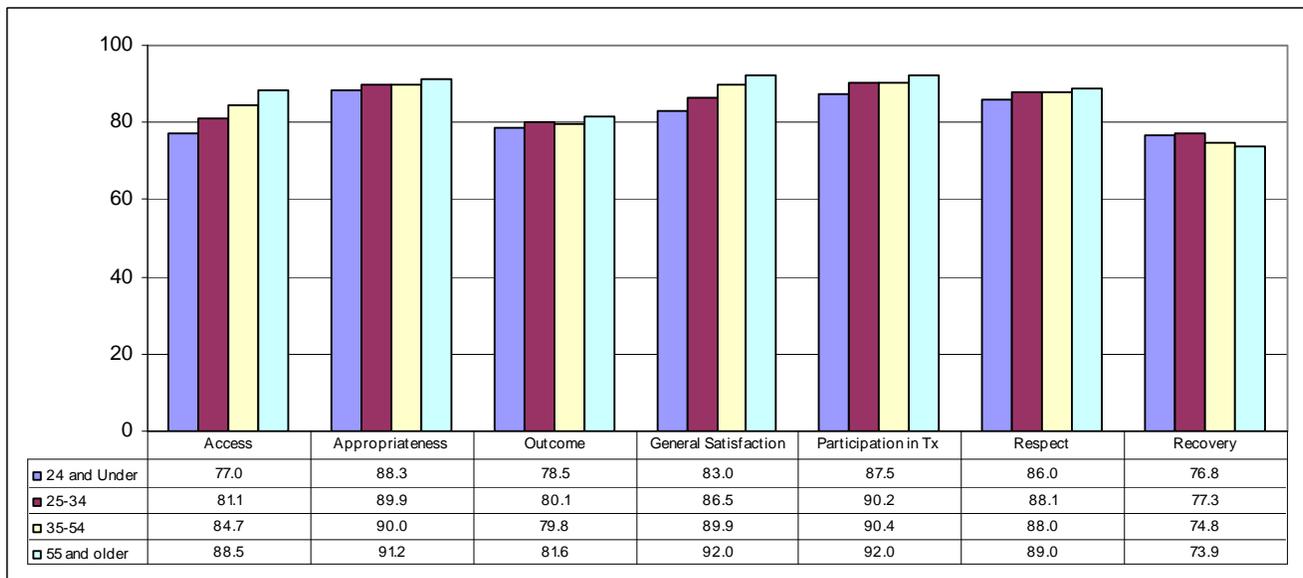


Figure 35: Consumer Satisfaction by Age Group

Did Satisfaction Differ by Age Group by Program Type?

Substance Use Disorders

- ◆ Respondents aged 35 and older and enrolled in SU programs reported *significantly* higher levels of satisfaction in the Access and General Satisfaction domains than did respondents enrolled in SU programs who were under 34 years old.

Mental Health Disorders

- ◆ Respondents aged 55 and older and enrolled in MH programs reported *significantly* higher levels of satisfaction in the Access domain than did respondents in all other age groups who were enrolled in MH programs. Additionally, respondents aged 35 and older who were enrolled in MH programs reported *significantly* higher levels of satisfaction in the Access Domain than did respondents aged 24 and under who were enrolled in MH programs.
- ◆ Respondents aged 55 and older who were enrolled in MH programs expressed *significantly* greater levels of satisfaction in the Outcome domain than did respondents aged 54 and younger who were enrolled in MH programs.
- ◆ Respondents aged 25 and older who were enrolled in MH programs reported *significantly* greater satisfaction in the General Satisfaction domain than did respondents aged 24 and under who were enrolled in MH programs.

SUBSTANCE USE DISORDERS

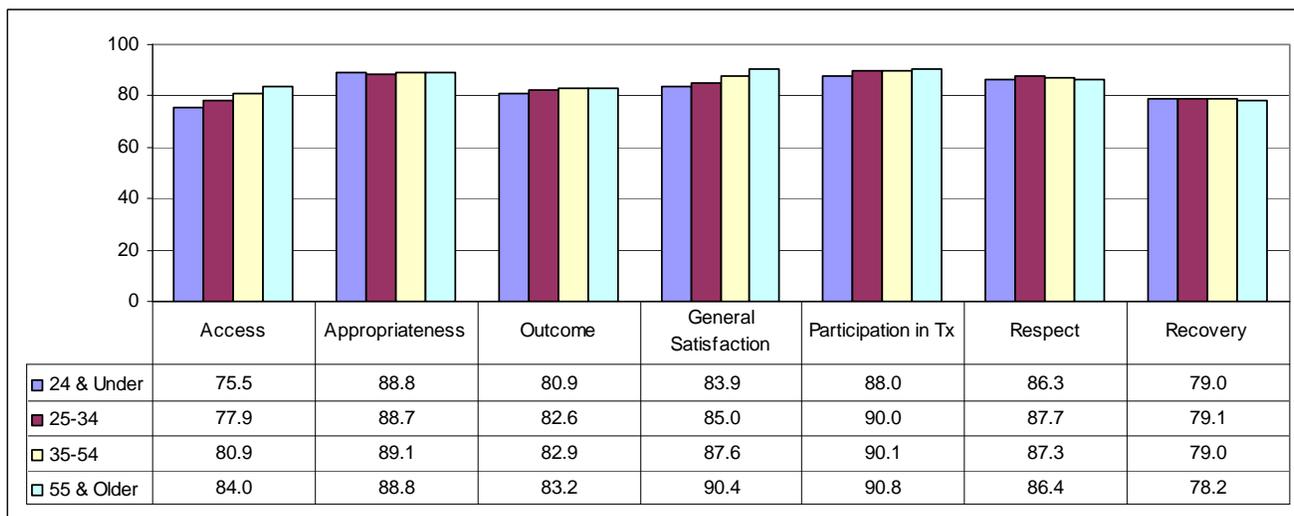


Figure 36: Consumer Satisfaction by Age Group by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

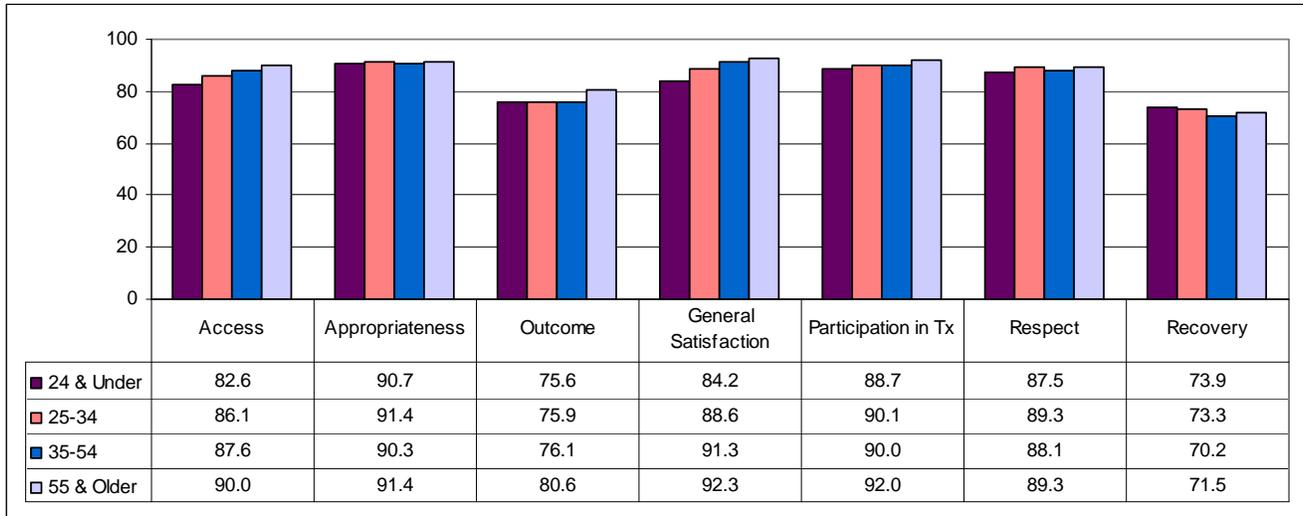


Figure 37: Consumer Satisfaction by Age Group by Mental Health Program Type

Did Satisfaction Differ by the Level of Care?

- ◆ In the Access, Appropriateness and General Satisfaction domains, respondents who received methadone maintenance or residential services were *significantly* less satisfied than were respondents who received other service types.
- ◆ Respondents who received outpatient, case management, or vocational rehabilitation services were *significantly* more satisfied in the Participation in Treatment and Respect domains than were respondents who received other service types.
- ◆ Respondents who received social rehabilitation, vocational rehabilitation, or methadone maintenance services were *significantly* more satisfied in the Outcome and Recovery domains than were respondents who received other service types.

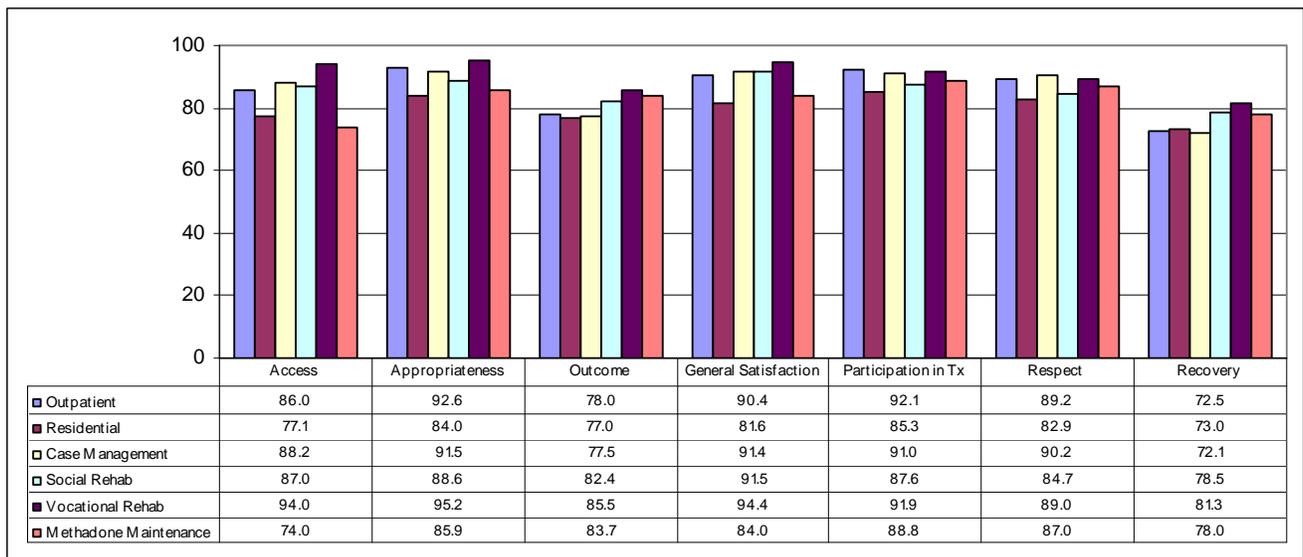


Figure 38: Consumer Satisfaction by Level of Care

Did Satisfaction Differ by Level of Care by Program Type?

Substance Use Disorders

- ◆ Respondents who received Substance Use outpatient services or case management reported *significantly* higher levels of satisfaction in the Appropriateness and General Satisfaction domains.
- ◆ Respondents who received residential Substance Use services reported *significantly* lower levels of satisfaction in the Access, Outcome, General Satisfaction, Participation in Treatment, and Respect domains than did respondents who received other types of Substance Use service.
- ◆ As in FY 2007, respondents who received Substance Use services in a residential setting reported *significantly* lower levels of satisfaction in all domains.

Mental Health Disorders

- ◆ In the Access and Appropriateness domains, respondents who received Mental Health vocational rehabilitation services reported *significantly* higher levels of satisfaction than did respondents who received other Mental Health services.
- ◆ In the Participation in Treatment and Respect domains, respondents who received Mental Health outpatient, case management, or vocational rehabilitation services reported *significantly* greater satisfaction.
- ◆ In the Outcome and Recovery domains, respondents who received Mental Health outpatient services were *significantly* less satisfied than were respondents who received other levels of service.

SUBSTANCE USE DISORDERS

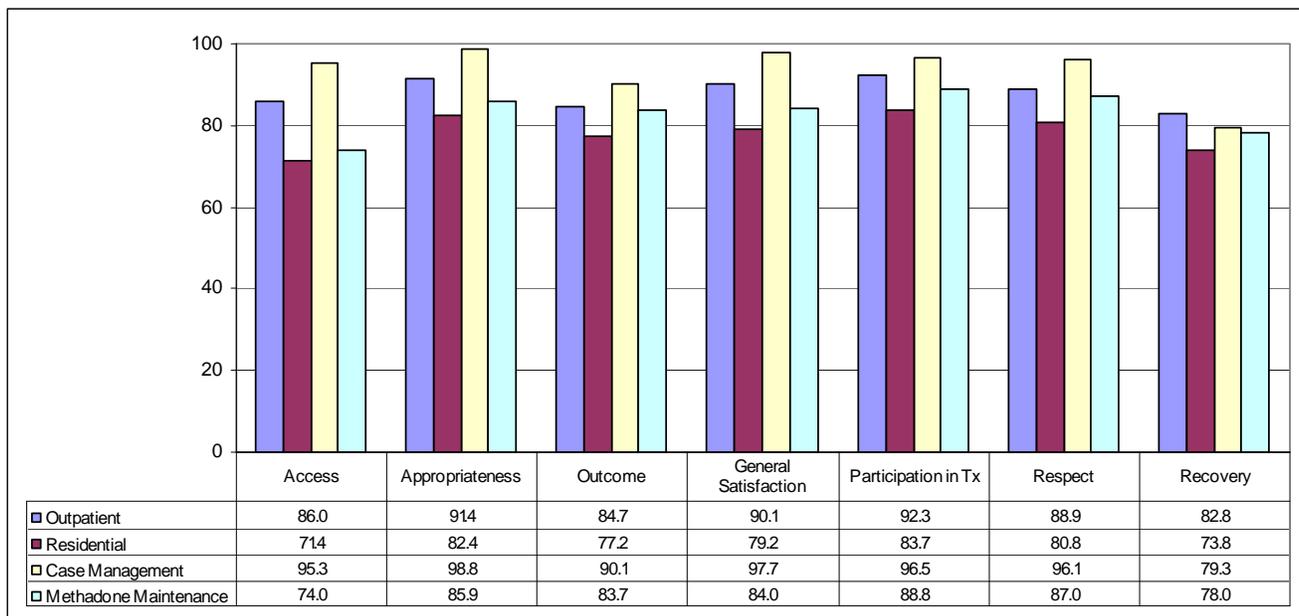


Figure 39: Consumer Satisfaction by Level of Care by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

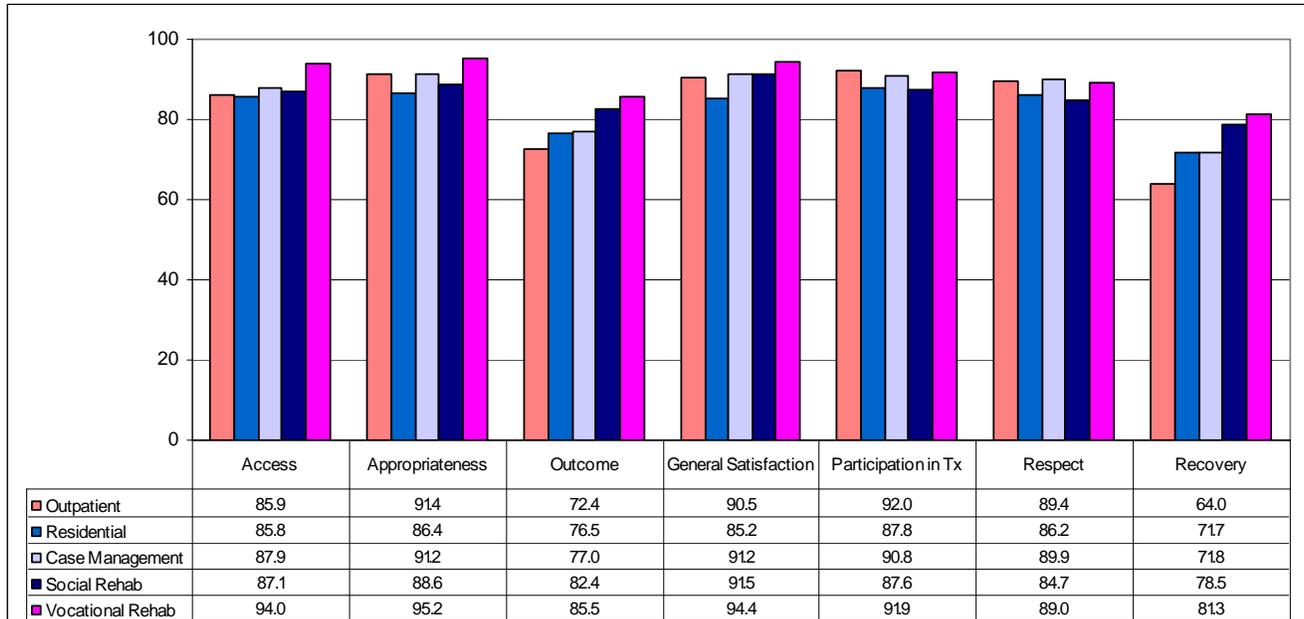


Figure 40: Consumer Satisfaction by Level of Care by Mental Health Program Type

Did Satisfaction Differ by Length of Stay?

- ◆ Respondents who reported receiving services for more than five years reported *significantly* higher levels of satisfaction in the Access domain. This also occurred in the FY 2007 survey.
- ◆ Respondents who reported receiving services for less than one year expressed *significantly* higher levels of satisfaction in the Recovery domain than did those who had been in service for more than one year.
- ◆ In the General Satisfaction domain, respondents who reported being in treatment for more than two years were *significantly* more satisfied than those who reported being in treatment for less than one year.

This is the second year in which data were collected on respondents' durations in treatment.

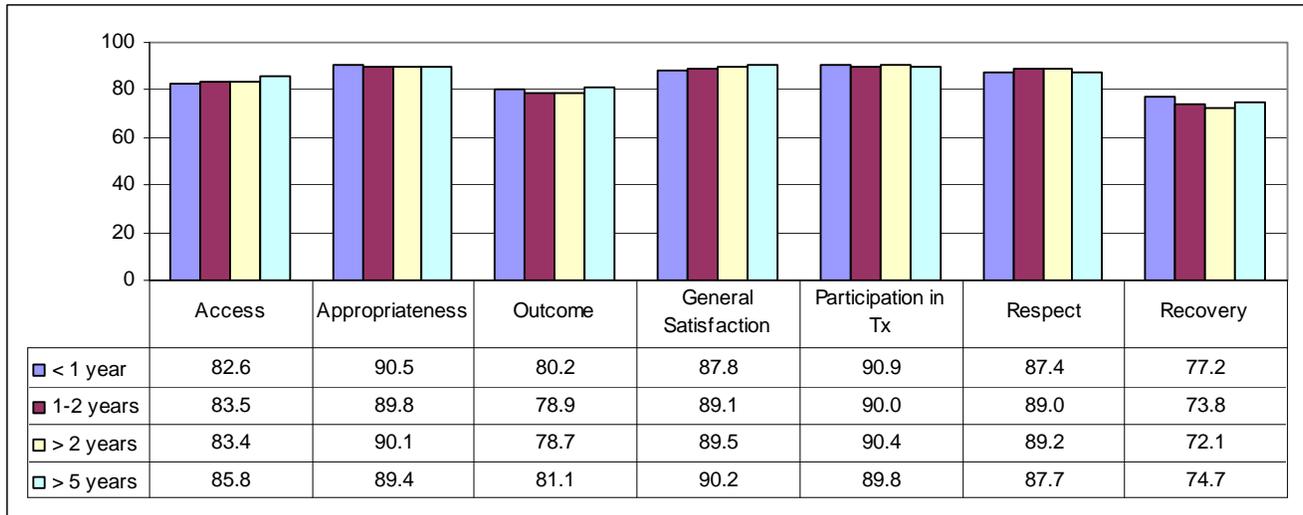


Figure 41: Consumer Satisfaction by Length of Stay

Did Satisfaction Differ by Length of Stay by Program Type?

Substance Use Disorders

- ◆ Respondents in SU treatment for less than one year were *significantly* more satisfied in the Access domain than were those who received SU treatment for more than one year.
- ◆ Respondents receiving Substance Use treatment for less than one year were *significantly* more satisfied in the Appropriateness domain than were those who received SU treatment for more than one year. Similarly, respondents receiving SU treatment for either 1-2 years or for more than 2 years were *significantly* more satisfied in the Appropriateness domain than were those in SU services for over five years.

Mental Health Disorders

- ◆ Respondents in Mental Health treatment for more than five years were *significantly* more satisfied in the Outcome domain. In the Recovery Domain, these individuals were *significantly* more satisfied than those in treatment for less than one year or more than two years.
- ◆ As in FY 2007, there were no significant differences in other Domains by length of stay for respondents receiving Mental Health treatment.

SUBSTANCE USE DISORDERS

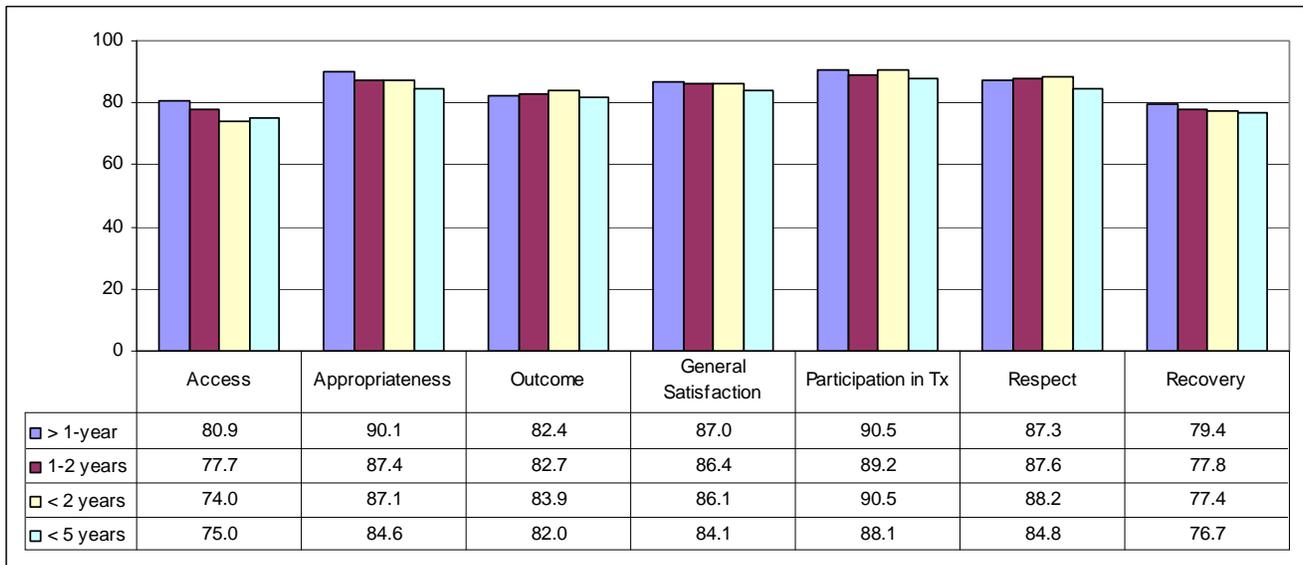


Figure 42: Consumer Satisfaction by Length of Stay by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

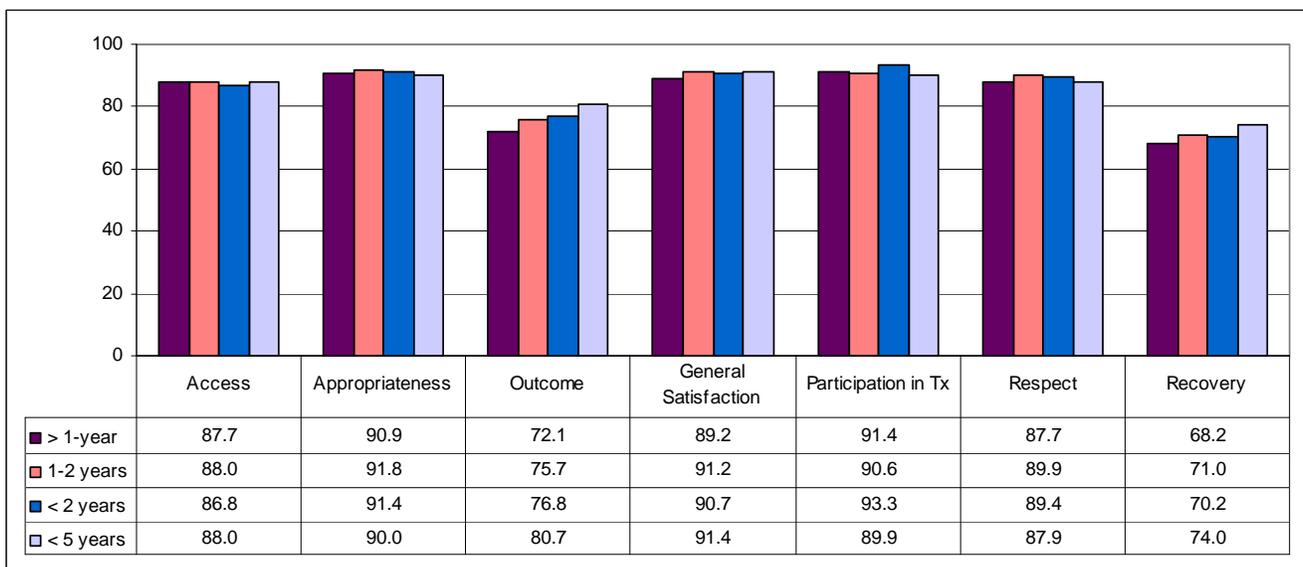


Figure 43: Consumer Satisfaction by Length of Stay by Mental Health Program Type

Did Satisfaction Differ by Method of Survey Administration?

- ◆ Respondents who received the survey via multiple methods (i.e., a combination of staff and other neutral parties) reported *significantly* higher levels of satisfaction in the Access, Appropriateness, and General Satisfaction domains.
- ◆ Respondents who received the survey from staff members reported *significantly* higher levels of satisfaction across the Outcome and Recovery domains than did those who received the survey via multiple methods.

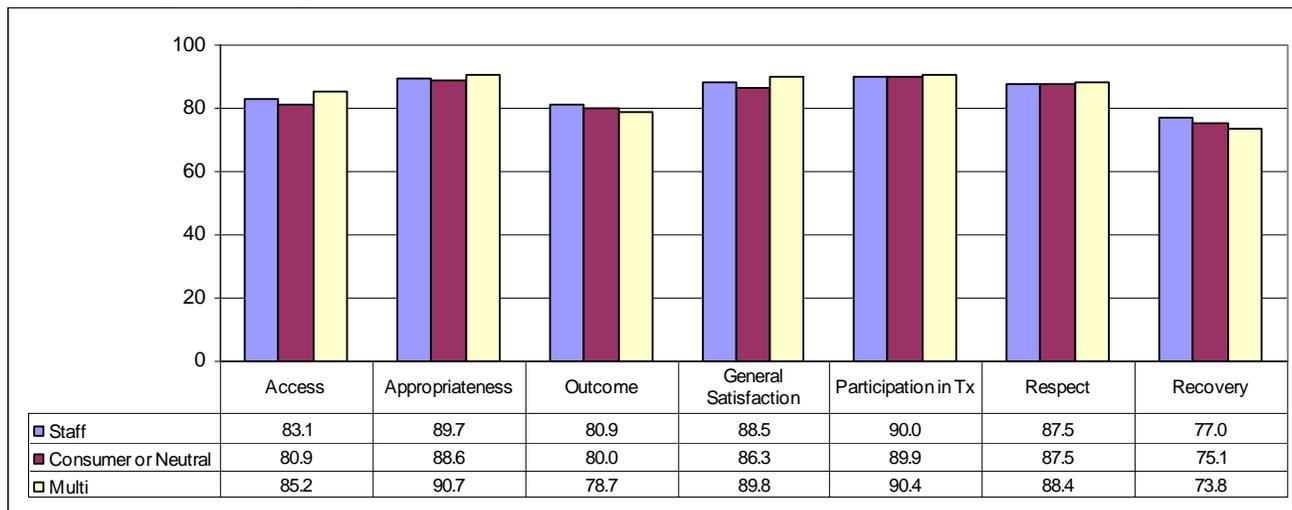


Figure 44: Consumer Satisfaction by Method of Survey Administration

Did Satisfaction Differ by Method of Survey Administration by Program Type?

Substance Use Disorders

- ◆ Respondents in Substance Use treatment who received the survey via staff or via multiple methods reported *significantly* higher levels of satisfaction in the Access and General Satisfaction domains.

Mental Health Disorders

- ◆ Respondents in Mental Health treatment who received the survey via staff or other neutral parties reported *significantly* higher levels of satisfaction in the Access domain.
- ◆ Respondents in Mental Health treatment who received the survey by staff reported *significantly* higher levels of satisfaction in the Recovery domain compared to respondents who received the survey via consumers or other neutral parties.
- ◆ For comparison, in FY2007, respondents who received the survey via staff members in an individual or group setting consistently reported *significantly* higher levels of satisfaction in all domains.

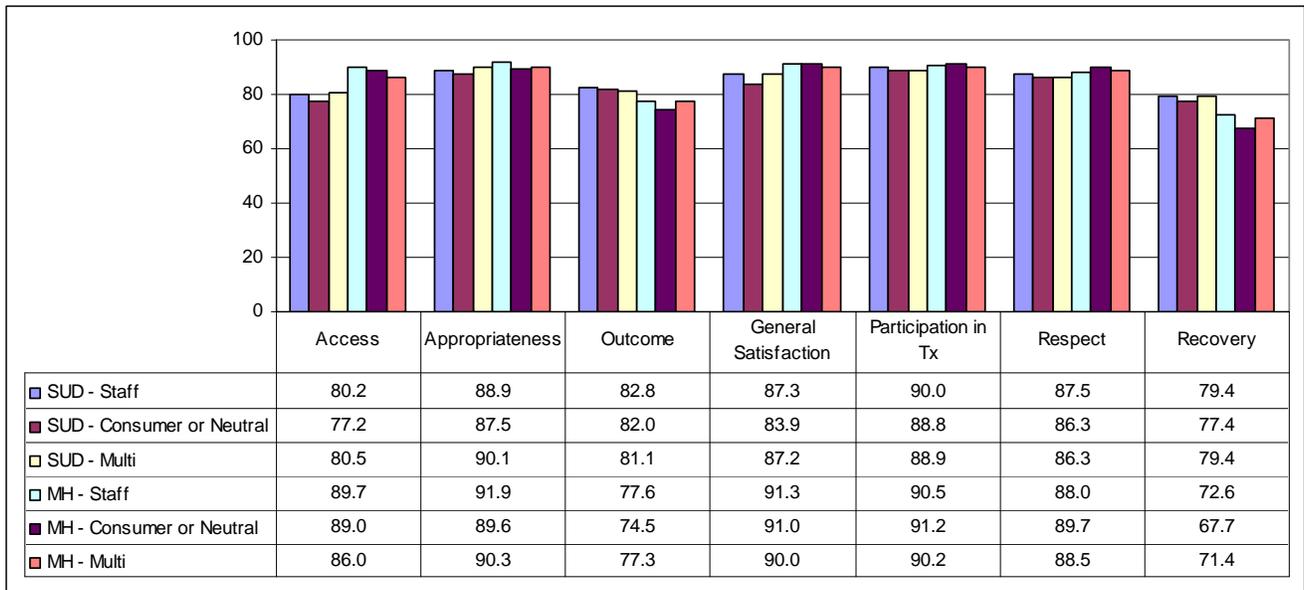


Figure 45: Consumer Satisfaction by Method of Administration by Program Type

SUBSTANCE USE DISORDERS

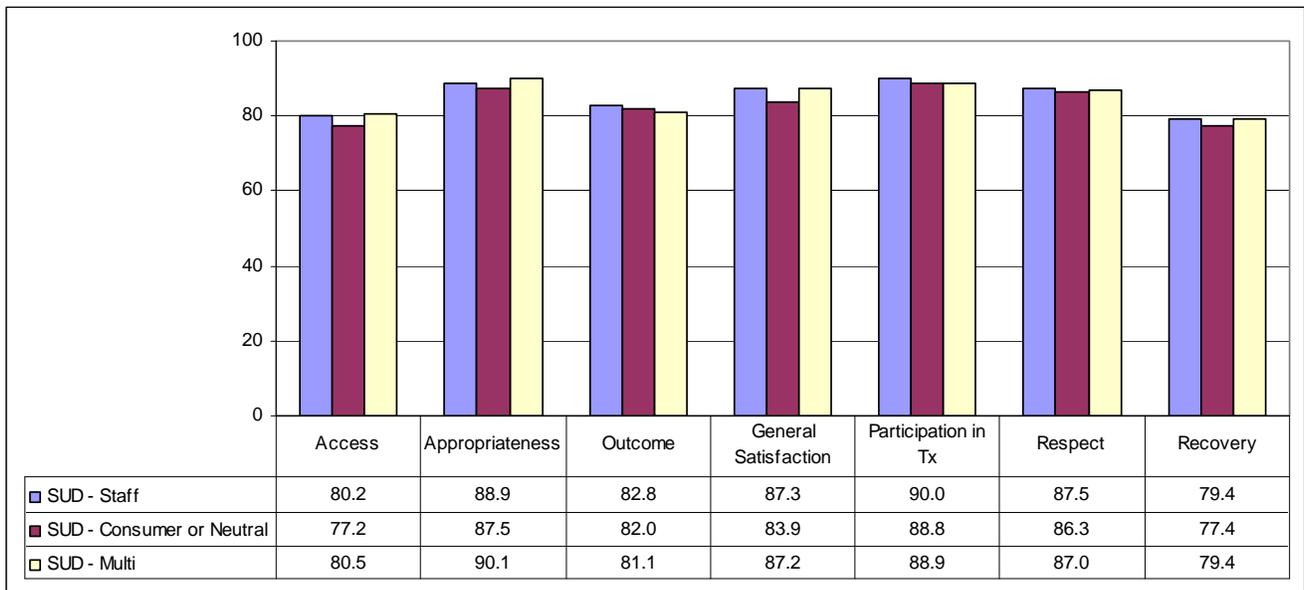


Figure 46: Consumer Satisfaction by Method of Survey Administration by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

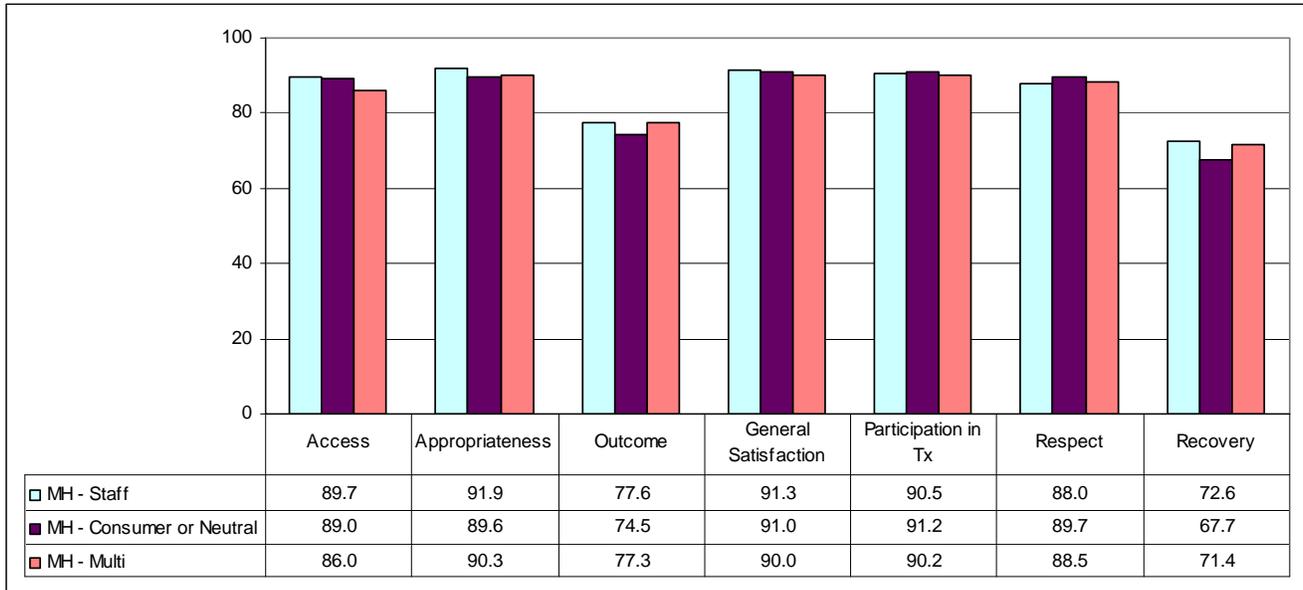


Figure 47: Consumer Satisfaction Method of Survey Administration by Mental Health Program Type

Did Satisfaction Differ by Planning Region?

There were several regional differences in the response patterns on satisfaction.

- ◆ Respondents from Region 1 expressed *significantly* lower levels of satisfaction in the Access, Appropriateness, General Satisfaction, Participation in Treatment Planning, and Respect domains than did respondents from other Regions.
- ◆ In the Outcome domain, respondents from Region 3 expressed *significantly* lower levels of satisfaction than did respondents from other Regions. Additionally, respondents from Region 1 expressed *significantly* higher levels of satisfaction than did respondents in Region 4, and respondents from Region 5 were *significantly* more satisfied than were respondents in Regions 2, 3, or 4.
- ◆ Respondents from Regions 1 and 5 reported *significantly* higher levels of satisfaction in the Recovery domain than did respondents from Regions 2, 3, and 4.

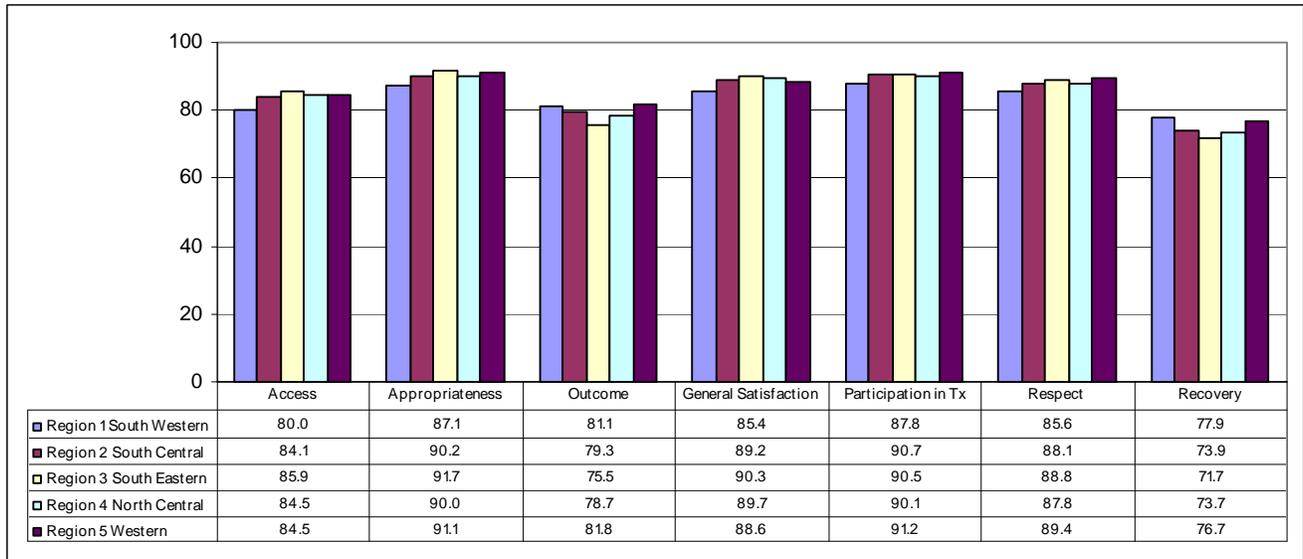


Figure 48: Consumer Satisfaction by Planning Region

Did Satisfaction Differ by Planning Region by Program Type?

Substance Use Disorders

- ◆ Respondents from Regions 4 and 5 receiving Substance Use treatment expressed *significantly* higher levels of satisfaction in the Access and Respect domains than did respondents from Region 1 receiving SU treatment.
- ◆ Respondents from Region 1 receiving Substance Use treatment expressed *significantly* lower levels of satisfaction in the Appropriateness and Participation in Treatment domains than did respondents from other Regions receiving SU treatment.

Mental Health Disorders

- ◆ Respondents from Regions 1 and 5 receiving Mental Health treatment expressed *significantly* higher levels of satisfaction in the Outcome and Recovery domains than did respondents from Regions 3 and 4 receiving MH treatment.
- ◆ Respondents from Regions 2, 3, and 5 receiving Mental Health treatment reported *significantly* greater satisfaction in the Respect domain than did respondents from Region 1 receiving MH treatment, and respondents in Region 3 receiving MH treatment were *significantly* more satisfied than were respondents in Region 4 receiving MH treatment.

SUBSTANCE USE DISORDERS

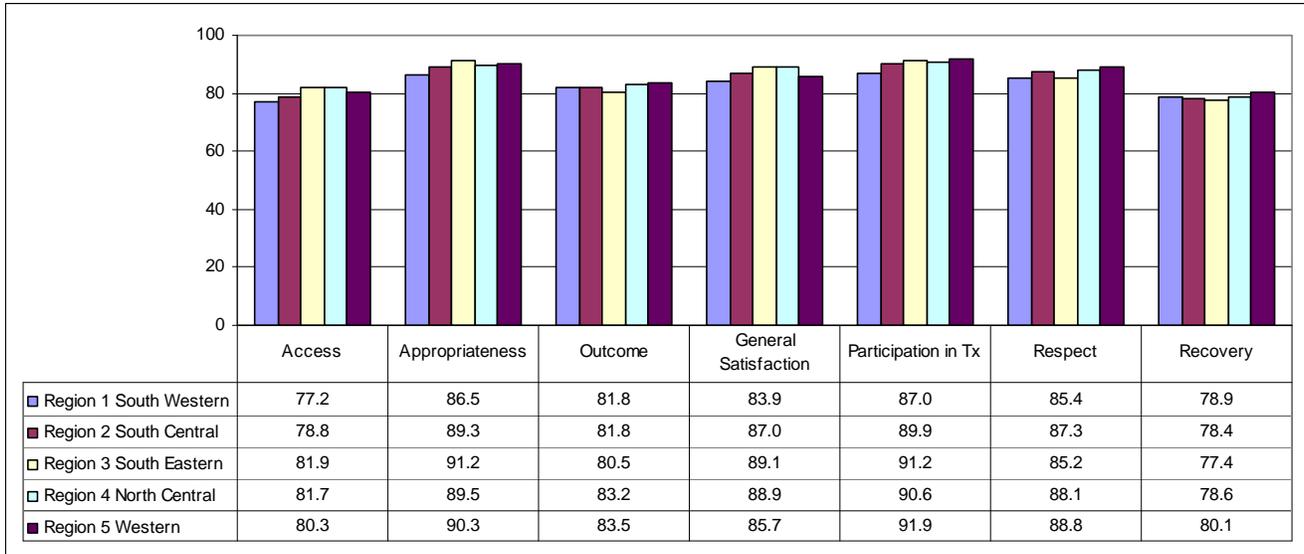


Figure 49: Consumer Satisfaction by Planning Region by Substance Use Disorder Program Type

MENTAL HEALTH DISORDERS

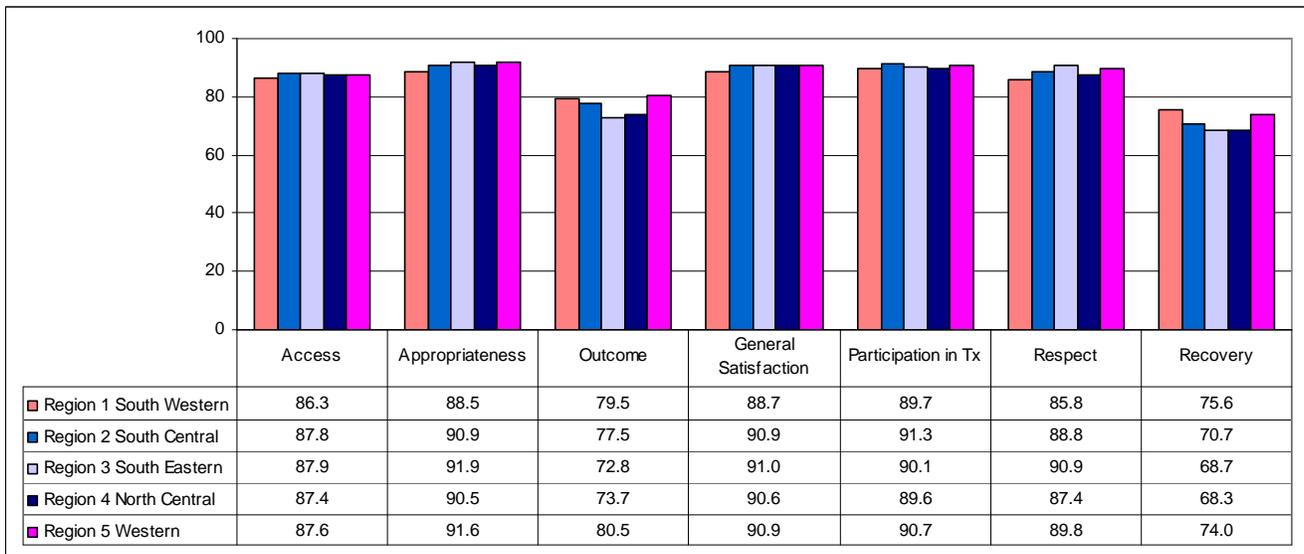


Figure 50: Consumer Satisfaction by Planning Region by Mental Health Program Type

Summary by Domains

Access

Eighty-four percent (84%) of respondents reported satisfaction on the Access domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents who were receiving treatment for Mental Health disorders
- Women
- Respondents aged 25 years or older
- Respondents who identified themselves as receiving MH services
- Respondents receiving services for more than five years
- Respondents from any Planning Region except Region 1 (South Western)

For respondents receiving services for *Substance Use disorders*, the following reported *significantly* higher levels of satisfaction in the Access domain:

- Respondents over the age of 35
- Respondents who identified themselves as receiving MH services
- Respondents receiving services other than residential or methadone maintenance
- Respondents in services for less than a year
- Respondents using Providers that administered the survey using staff or multiple methods (i.e. via both staff and other neutral parties)
- Respondents from any Planning Region except Region 1 (South Western)

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* higher levels of satisfaction in the Access domain:

- Respondents aged 55 years or older
- Respondents in vocational rehabilitation programs
- Respondents to whom staff or a neutral party administered the survey

Quality and Appropriateness

Ninety percent (90%) of respondents reported satisfaction on the Appropriateness domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents who were receiving treatment for Mental Health disorders
- Women
- Respondents who identified themselves as receiving MH services
- Respondents to whom the survey was administered via multiple methods
- Respondents from any Planning Region except Region 1

For respondents receiving services in *Substance Use disorders* treatment programs, the following reported *significantly* higher levels of satisfaction in the Appropriateness domain:

- Women
- Respondents receiving case management or outpatient services
- Respondents in services for less than a year

- Respondents from any Planning Region except Region 1

For respondents receiving services in *Mental Health disorders* programs, the following reported significantly higher levels of satisfaction in the Appropriateness domain:

- Women
- Respondents of Hispanic/Latino origin
- Respondents in vocational rehabilitation programs

General Satisfaction

Eighty-nine percent (89%) of respondents reported satisfaction on the General Satisfaction domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents receiving treatment for Mental Health disorders
- Women
- Respondents who identified themselves as receiving MH services
- Respondents receiving services other than residential or methadone maintenance
- Respondents receiving services for longer than 2 years
- Respondents using Providers that administered the survey using multiple methods
- Respondents from any Planning Region except Region 1

For respondents receiving services in *Substance Use disorders* treatment programs, the following reported *significantly* higher levels of satisfaction in the General Satisfaction domain:

- Women
- Respondents aged 35 years and older
- Respondents in outpatient or case management programs
- Respondents using Providers that administered the survey using staff or multiple methods

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* higher levels of satisfaction in the General Satisfaction domain:

- Respondents aged 25 years or older
- Respondents of Hispanic/Latino origin
- Respondents in any program other than residential

Outcome

Eighty percent (80%) of respondents reported satisfaction on the Outcome domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents receiving treatment for Substance Use disorders
- Men
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents to whom staff had administered the survey

- Respondents from any Planning Region except Region 3 (South Eastern)

For respondents receiving services in *Substance Use disorders* treatment programs, the following reported *significantly* higher levels of satisfaction in the Outcomes domain:

- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in any program other than residential

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* higher levels of satisfaction in the Outcomes domain:

- Men
- Respondents aged 55 years or older
- Respondents in outpatient programs
- Respondents who have been receiving services for five or more years
- Respondents from Region 1 (South Western) or Region 5 (Western)

Recovery

Seventy-six percent (76%) of respondents reported satisfaction in the Recovery domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents receiving treatment for Substance Use disorders
- Men
- African-Americans and respondents who identify with a race other than White
- Respondents of Hispanic/Latino origin
- Respondents under age 35
- Respondents identifying themselves as receiving SU services
- Respondents in services for less than a year
- Respondents to whom staff administered the survey
- Respondents from Planning Region 1 (South Western) or Region 5 (Western)

For respondents receiving services in *Substance Use disorders* treatment programs, the following reported *significantly* higher levels of satisfaction in the Recovery domain:

- African-Americans and respondents who identify with a race other than White
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* higher levels of satisfaction in the Recovery domain:

- African-Americans
- Respondents in any program except outpatient
- Respondents who have been receiving treatment for five or more years
- Respondents to whom staff administered the survey
- Respondents from Region 1 (South-Western) or Region 5 (Western)

Participation in Treatment

Ninety percent (90%) of respondents agreed with the statement, “I felt comfortable asking questions about my services, treatment or medication.” The following reported *significantly* higher levels of satisfaction with this item:

- Women
- Respondents over the age of 24
- Respondents to whom staff administered the survey
- Respondents from any Region other than Region 1 (South Western)

For respondents receiving services in *Substance Use disorders* treatment programs, the following reported *significantly* higher levels of satisfaction with this item:

- Women
- Respondents of non-Hispanic origin
- Respondents in any program other than residential
- Respondents from any Region other than Region 1 (South Western)

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* higher levels of satisfaction with this item:

- Women
- Respondents identifying themselves as receiving MH or a combination of MH/SU services
- Respondents of Hispanic/Latino origin
- Respondents in any program other than residential

Respect

Eighty-eight percent (88%) of respondents agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” The following reported *significantly* higher levels of satisfaction with this item:

- Respondents receiving treatment for Mental Health disorders
- Women
- Respondents aged 25 years or older
- Respondents identifying themselves as receiving MH services
- Respondents from any Region except Region 1 (South Western)

For respondents receiving services in *Substance Use disorders* treatment programs, the following reported *significantly* higher levels of satisfaction with this item:

- Women
- Respondents identifying themselves as having either MH or SU disorders (not both)
- Respondents in any program other than residential
- Respondents from Planning Regions 4 (North Central) or 5 (Western)

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* higher levels of satisfaction with this item:

- Women
- Respondents in any program other than outpatient

Feedback from the DMHAS Community

Consumer Feedback

This was the second year in which DMHAS included an open-ended question in our survey: “Is there anything else that you would like to tell us about your services here?” DMHAS received over 4800 comments, representing a 20% increase from FY2007. A detailed qualitative analysis of these comments will be presented in a Consumer Feedback Report to be released by DMHAS later in FY 2009. Based on the level of feedback we received last year, it was felt that DMHAS could learn more from our consumers by conducting an in-depth analysis of these comments. Last year we merely summarized the feedback we received and then listed all of the comments verbatim. At that time, we did not analyze these comments in great detail.

The Consumer Feedback Report will utilize a qualitative analysis technique called Grounded Theory to group consumer comments into keywords and categories. The report will also group comments according to service levels in order to examine whether the degree of satisfaction differs by level of care. This more detailed analysis will yield greater information regarding consumer satisfaction and will help agencies target areas for improvement. Like last year, DMHAS will present all of the comments we received in that report and we will post all these comments in their entirety on our website. The addition of this consumer-oriented report places even greater emphasis on the importance of the feedback we receive from the people who use our service system. For now, however, following is a small sample of comments representing the main themes that emerged from analysis of respondents’ comments: thank you, suggestions and needs, outcomes and results, concerns, and general comments.

Thank You

- “I am exceedingly happy with my services, all of which have helped me to succeed abundantly. I was taken seriously upon reentry to this system last Dec. when I was very depressed, thank you so much.”
- “This is the time for me to thank everyone. So grateful that these professionals and services are here.....to help me live the life I have today. It was the best decision of my life to come here and to still be receiving services today.”
- “I have received services here since 1991, and I have always found all the counselors to be understanding, empathetic, helpful and pleasant to work with. Everyone has been responsive to my needs - at most times they even exceed my expectations. Thank you.”

Suggestions and Needs

- “We... are in dire need for more time than received of an hour. Some people in groups do not get to talk due to the lack of time! Most need to talk and receive feedback. Also, more parking needed and more public transportation.”

- “You should really invest your money into sound machines. When I am in therapy I hear other clients’ therapy sessions as well. Our meetings are supposed to be confidential and I don’t feel it is when others can hear me.”
- “Need case management services such as interpreting and transportation services for the appointments inside and outside the agency.”
- “Offer alternatives to methadone.”

Outcomes and Results

- “This program has rescued me from a life of crime, living on the streets, being dishonest, and from jail and rescued me from death. Each individual is different and it’s up to that individual to work hard on their recovery and changing their life.”
- “The staff strongly encouraged me to address my attitude and addictions while giving me the proper tools with which to progress in my recovery.”
- “When I didn’t know how to speak, I was told put your hand up and say something small and get whatever out so that I can grow. Thank you for putting me on the road to recovery.”
- “I had good help and a lot of understanding from my case worker. I now got a job and can control my anger better than before.”

Concerns

- “During IOP, transportation was supposed to be arranged 3x/week. 4 out of six times they never arrived. The other two times I was late 10-15 minutes.”
- “I have a lot going on in my life because of me being early in recovery and I don’t need people (person) that work coming in with there personal stuff and putting it on us. I am not in jail any more and I don’t think people should be treating me like I am.”
- “Staff changes are frequent; I feel that this has a negative impact on the clients. For many clients on this program, especially ones who are in their first stages of recovery, this program is the most stable place in their lives.”
- “Psychiatrist & therapists have changed so rapidly as to make progress with my depression extremely slow; seeing a therapist for 20 minutes twice a month is not my idea of making inroads into my recovery.”

General Comments

- “Good place to get your recovery on.”
- “Social services are always there for me. They’re a huge part for me staying in clean (recovery).”
- “Very helpful, diverse group, good discussions.”
- “This is a good place to be if you’re having problems like mine. From the receptionist, nurse to the doctor I’m treated with kindness and respect. That’s a lot in my book.”

Provider Feedback

As in previous years, this year we received a number of comments about the annual survey through the supplemental “Provider Process Summary” form. Sixty-nine of the participating agencies provided data on how and when they administer the Consumer Survey. All provider comments may be found in Appendix 2 of this report.

The addition of the Quality of Life instrument was not well received by many members of the DMHAS provider community. Several providers commented that it made a survey that was already perceived to be too long, even longer. *“Many consumers felt overwhelmed by number of questions.”* Others had issues with the personal nature of some of the Quality of Life (QOL) questions.

It is possible that the Quality of Life instrument was found to be useful, although the timing of its addition may not have been ideal. *“Is it possible to administer them separately?”* asked one provider.

Many consumers receive multiple requests to complete the consumer survey- within the same program, within the same agency (in different programs), and from different agencies concurrently. Frustration and annoyance appears to be increasing every year. *“Because we have multiple DMHAS funded programs, our members feel inundated by being asked to complete so many surveys. They have a hard time distinguishing program vs. program. Even though we explain it to them- they see it merely as being hassled to fill out more than one survey.”*

Providers are concerned that the questions do not address areas of concern well enough or that they may be irrelevant, particularly when consumers are receiving services in non-outpatient levels of care. *“Annual survey questions are tired. Need revision and updating. Many questions not relevant for some program types. Due to vagueness of questions it is nearly impossible to create action plans without holding focus groups to understand what people were responding to.”*

Survey respondents can have trouble understanding the questions and recording appropriate responses. *“Some of the agency's clients still have problems understanding some of the questions and some respondents just go down the list without reading questions and mark off either they strongly agree for all questions, or they strongly disagree for all questions. This makes some of the information meaningless.”* Provider agencies are concerned that the data is not very useful, which is frustrating because many understand the need for, and desire for, data and reports.

Agencies expressed that they preferred more flexibility in administering the survey. Suggestions included distributing the survey throughout the year on a rolling basis and conducting the survey every other year.

One agency reported offering incentives to survey participants; it is possible that other providers did so as well. Incentives, given the fact that consumers seem to be targeted for increasingly more surveys, may be a useful tool for obtaining useful responses. *“We offered \$5 gift cards to clients for completing the survey. Completed surveys went up by 20% from last year.”*

Issues with sampling arise every year. *“I think that due to the small size (capacity) of some of our clinics, it is hard for us to capture numbers to report on a program sampling as we would prefer. We are therefore reporting on a Provider Level, which isn't as valuable to us.”*

Provider Meeting

The Consumer Survey process needs to adapt to the needs of the DMHAS provider community. In late August 2008, the Evaluation, Quality Management, and Improvement Division convened a meeting with providers to discuss consumer survey issues and to receive suggestions regarding improvement of the annual process.

The following comments and observations were made during this meeting, which was attended by over 60 PNP representatives.

Quality of Life Instrument

Criticism and concerns included:

- Providers indicated that they did not understand that the Quality of Life portion was truly voluntary.
- The addition of the Quality of Life instrument made it more difficult to persuade clients to complete the voluntary survey, due to its length and content. One provider cited a 20% decrease in consumer participation from the previous year.
- More staff time and resources was required to administer the longer and more complex survey.
- Many concerns were raised about the lack of sensitivity in the Quality of Life instrument questions.
- Providers expressed concern with potential future uses of the quality of life data; would DMHAS be using it to measure performance? We noted that the intent of collecting quality of life information is to monitor, not to punish.
- Providers also feared that use of a quality of life instrument would raise unreasonable expectations from their consumers (for example, would the provider help the consumer attain housing?)
- Collecting quality of life data on an agency level may not be very useful, due to the diversity of programs an agency may have.

Positive feedback regarding the Quality of Life portion of the Consumer Survey included:

- Providers are interested in this type of information.
- Clients who actively participated embraced it as a positive experience.
- Some Providers used a peer group setting to collect the information.
- One agency that did not use it this time is interested in using it somehow- perhaps at admission and discharge as a point-in-time measure.
- Some observed that level of care can significantly affect one's outlook.
- It was suggested that a factor analysis could be done to determine the most pertinent questions so that the instrument could be shortened further.

Consumer Survey In General

Additionally, a number of comments were received about the overall Consumer Survey process, which included:

- One Provider noted that when clients get asked the same questions year after year, they begin to respond more neutrally, which end up hurting the program/agency's overall rating.
- Providers wanted to know if they could receive the survey package earlier (July) so that they are not a full quarter behind in meeting their sample size.
- Providers have difficulty in meeting sample size requirements; particularly with smaller programs as well as programs with low turnover.
- It was observed that the Consumer Survey only represents a point in time. For example, if data is collected in February, then only clients active in February will be represented- not all the other clients who may have already been discharged, or are yet to come into treatment.
- When people do multiple surveys across programs, the data is skewed.
- The sample size should be based on program capacity, not on the annual number of unduplicated consumers.
- There needs to be some sensitivity to the sheer number of surveys that DMHAS clients are asked to complete. People are experiencing "survey fatigue".
- Providers are concerned about the impact of neutral responses. It was noted that some clients circle the neutral answer instead of N/A, especially in the Outcome and Recovery domains where the questions/concepts are more difficult. Very clear instructions need to be developed for this.

DMHAS is grateful for its providers' input and will use as much as is possible when implementing future Consumer Surveys.

Discussion

The Consumer Satisfaction Survey provides a wealth of information about how the DMHAS Healthcare Network is performing. Overall, most consumers are satisfied with our services and Connecticut's outcomes in the various MHSIP domains compare favorably to those compiled for the latest national survey results (2006) by the National Association of State Mental Health Program Directors (NASMHPD). Connecticut rates higher than the national average in the Participation in Treatment, Quality and Appropriateness, Outcome, and General Satisfaction Domains. Our scores in all domain areas have remained relatively constant over the past five years. While DMHAS' performance has been consistent and its results compare favorably to national data, satisfaction levels decreased slightly in every Domain this year.

DMHAS added a Recovery Domain in 2005 in order to more effectively gauge how respondents felt about their personal recovery. This domain shows the highest degree of dissatisfaction and should be a focus of DMHAS' attention. While DMHAS has committed to implementing a "Recovery-Oriented System", respondents indicate that it still needs to improve in this area. Many people in recovery indicate that they do not feel that they are involved in their communities, that they are in control of their treatment, or that they give back to their communities. These results indicate that DMHAS needs to increase its emphasis on community integration, community involvement, and individualized treatment planning. Preliminary analysis of the Quality of Life results indicates that certain aspects of respondents' recovery are unsatisfying.

DMHAS has stressed the importance of work, stable housing and of having a life in the community. Respondents reporting that they receive vocational services express the highest degrees of satisfaction in several domains. This may demonstrate the importance of work as a means to recovery. Respondents who received social rehabilitation, vocational rehabilitation, or methadone maintenance services were significantly more satisfied in the Outcomes and Recovery domains. This trend continues from the FY2007 survey.

As in previous years, women express higher levels of satisfaction in all domains except for Outcome and Recovery. These higher satisfaction levels should lead to inquiry about the differences in how DMHAS serves women versus men. While these differences have not been directly studied, additional evaluation in this area may lead to improved performance for men as well.

Older respondents again showed higher degrees of satisfaction. The greater dissatisfaction of younger respondents is important when one considers the growth in Young Adults that have entered the DMHAS system. All older age groups (25 and older) reported being significantly more satisfied in the Access, General Satisfaction, Participation in Treatment, and Respect domains. The lower satisfaction rates for younger respondents may indicate that DMHAS needs to place greater emphasis on their unique needs.

In a system that is focused on cultural competency, satisfaction is largely consistent across races and ethnicity. While African-Americans express significantly higher levels of satisfaction in the Recovery domain than do Whites, satisfaction does not differ significantly across racial categories for any other domain. A similar pattern is observed with ethnicity. While persons of Hispanic/Latino origin expressed significantly higher levels of satisfaction with the Outcome and Recovery Domains, there are no significant differences in satisfaction level for the other domains.

The Survey shows that respondents are largely satisfied with the services they receive. It is important to note that the most significant discrepancies in perceived satisfaction often relate to respondents' gender, age, and the types of services which they are receiving. It is important that DMHAS and individual providers focus on those aspects of care that lead to consumer dissatisfaction, in order to strengthen these areas.

Appendices

Appendix 1: 2008 Consumer Survey Materials

Appendix 1.1: DMHAS Consumer Survey FY 2008 Memorandum



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A Healthcare Service Agency

THOMAS A. KIRK, JR., PH.D.
COMMISSIONER

to: DMHAS-OPERATED FACILITIES, LOCAL MENTAL HEALTH AUTHORITIES, PRIVATE NON-PROFIT PROVIDERS

FROM: THOMAS A. KIRK, JR., PH.D., COMMISSIONER

SUBJECT: CONSUMER SURVEY FOR FISCAL YEAR 2008

DATE: OCTOBER 10, 2007

A handwritten signature in black ink, appearing to be "TK", located to the right of the "FROM:" line.

The DMHAS Consumer Survey for FY 2008 is ready to begin.

Whether this is the first year that your agency will be participating, or you are familiar with the past process, I ask that you read the enclosures carefully and distribute them to the people in your organization responsible for the Consumer Survey process. The Evaluation, Quality Management, and Improvement unit at DMHAS reviewed and appreciated the thoughtful comments offered by many of you on last year's survey process, and we have used as many of these suggestions as possible to improve the survey experience for this year.

This year, we are adding a Quality of Life component to the survey, which will capture additional outcomes information about each client. DMHAS is using the WHOQOL-BREF instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization.

The final deadline for survey data submission will be June 30, 2008. To ensure that you may gather a representative sample, you should begin the process of survey implementation as soon after receiving this as possible. Please refer to the enclosed Consumer Survey Instructions for guidance on the survey process.

As in past years, all materials related to the Consumer Survey for FY 2008 will be posted on the DMHAS website at <http://www.ct.gov/dmhas>, with a link under "Featured Items", or by direct link to <http://tinyurl.com/32ej4s> (link redirects to the Consumer Survey site.)

If you are funded only through General Assistance, Advanced Behavioral Health (ABH) will be working directly with you. If you believe that your agency is exempt from the Consumer Survey requirement, please contact us immediately to confirm this status.

I want to thank you for your ongoing commitment to quality in the services you provide to the people in recovery throughout the state of Connecticut. The Consumer Survey provides us with crucial information, directly from the people we serve. It is an irreplaceable component of our quality improvement efforts.

DMHAS Consumer Survey FY 2008 Instructions

The Department of Mental Health and Addiction Services (DMHAS) is required to administer a yearly Consumer Survey by the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant.

Who Needs to Participate?

Participation in the annual Consumer Survey process is required for all providers of mental health and/or substance abuse services in the following categories:

- DMHAS-operated
- DMHAS-funded by contract
- State Administered General Assistance (SAGA) funded

Consumer/Client Participation

Publicizing the Survey

The survey should be publicized to people in treatment in advance of administration. Some suggested methods include:

- Posters and flyers
- Announcements in meetings
- Mailings
- Verbal reminders to staff and clients
- Meetings scheduled with consumers specifically to announce the beginning of the consumer survey process

Consumer Anonymity

- It is most important to administer the surveys in a manner that ensures and communicates anonymity to the people that are responding.
- **DMHAS recommends the involvement of people in recovery in the presentation of the survey to program participants.**
- Several DMHAS providers have reported that assistance by “non-interested/neutral” persons such as peers, peer advocates, other advocacy groups or non-direct service staff improved the response rate and comfort level for respondents.

Consumers Have a Choice

- **The completion of surveys by the person in treatment should be voluntary.**
- Please reinforce the importance and value of consumer opinion; explain that this survey is a major tool that DMHAS uses to understand consumer need.
- If someone indicates that s/he has already completed a survey for another program in your agency, or while receiving treatment from another agency during this fiscal year, do not administer the survey to that person again, unless the consumer indicates interest.
- If the consumer does not wish to answer certain questions on the survey, that is their choice.

Program-Level Reporting vs. Provider-Level Reporting

- You, as a provider, have the choice of collecting and identifying surveys by specific programs within their agency or as coming from the agency as a whole.
- Program-specific surveys provide the most meaningful and useful information to the provider.
- DMHAS completes statewide analyses of all the survey data at the close of the fiscal year, and reports the results of these analyses shortly thereafter. Provider level reports are distributed as well.

Levels of Care with Consumer Survey Requirement

The requirement to conduct the survey may be based on different circumstances, depending on whether a provider is DMHAS-operated, contract funded or receiving funds for services provided under State Administered General Assistance (SAGA).

Regardless of the basis of the requirement, your agency must participate in the FY08 consumer survey.

The levels of care that are required to report include:

- Mental Health Case Management, except Homeless Outreach
- Mental Health Outpatient (Clinical)
- Mental Health Partial Hospitalization
- Mental Health Residential, including Group Residential, Supervised Apts., Supported Apts, Supported Housing, Transitional Residential
- Mental Health Social Rehabilitation
- Mental Health or Substance Abuse Vocational Rehabilitation
- Substance Abuse Methadone Maintenance
- Substance Abuse Intensive Outpatient
- Substance Abuse Partial Hospitalization
- Substance Abuse Outpatient including Gambling
- Substance Abuse Residential including Intensive, Intermediate, Long-term Treatment, Long-term Care, Transitional Residential/Halfway House
- Substance Abuse Recovery House
- Substance Abuse Case Management

Sample Size

The required sample size for each provider should be based on the **annual unduplicated client count** for the FY 07 for all programs that have the consumer survey requirement. The unduplicated client counts should be obtained from the *CC820: Report of Clients Active in Program* in the DMHAS Provider Access System (DPAS). This source and number will be used in the statewide analyses, which will be completed at the end of the process/close of the fiscal year.

How to determine your sample size:

1. **Determine the unduplicated client count for your agency and/or programs:** In DPAS, set the date parameters in DPAS for 7/1/2006 to 6/30/2007.
2. **From the DPAS Reports Menu, select the report called “cc820, Client Active in Treatment” and select the “Totals Only” option.** This will provide a report that includes the unduplicated client count by program.
3. Providers that choose to attribute survey responses to particular programs should make an effort to obtain numbers of completed surveys from each program in rough proportion to the relative numbers of unduplicated client counts for the programs to provide meaningful data.
4. **Determine the number of surveys you should administer based on a sample size needed to attain 95% Confidence Level with a Confidence Interval of +/- 7%.** You may use the table on the next page for approximate numbers, or may access a calculation tool at <http://www.surveysystem.com/sscalc.htm>. In the “Determine Sample Size” table, set the Confidence Level at 95%, enter a Confidence Interval of 7, and select “Calculate” for an immediate calculation response.

Determine Your Sample Size

If Your Unduplicated Client Count is Equal to This Number....	...Your Sample Size is This Number (95% C.L. +/-7%CI)
25	22
35	30
50	40
60	46
70	52
80	57
90	62
100	66
125	77
150	85
175	93
200	99
225	105
250	110
275	115
300	119
325	122
350	126
400	132
425	134
450	137
475	139
500	141
600	148
700	153
800	158
900	161
1000	164
1100	166
1200	169
1300	170
1400	172
1500	173
1600	175
1700	176
1800	177
1900	178
2000	179

Administration Guidelines Providers may begin their survey process immediately upon receipt of this information, and continue through the final due date of June 30, 2008.

Survey Instrument – FY 08

There are no changes to the 28 questions that have been asked in the survey in previous years. This year, we have added a 26 item quality of life instrument called the WHOQOL-BREF, developed by the World Health Organization and widely used throughout the world. As for the main survey, client participation in the WHOQOL-BREF portion of the consumer survey is voluntary. You can learn more about this instrument at this website: http://depts.washington.edu/yqol/docs/WHOQOL_Info.pdf .

The 2008 survey is again available in English and Spanish.

The Consumer Survey System/ Submission of Survey Data

All data must be entered via the Consumer Survey System (CSS), available through Citrix access.⁸ It allows providers with access rights to easily enter the consumer survey data, either by specific programs, or by the agency as a whole without identifying a particular program. It also provides a report function, which in addition to “canned” reports, includes the ability to download the data for a provider’s own use.

The CSS is self-explanatory; consequently, classroom training is not available. However, as in the past, users may contact the DMHAS Help Desk at (860) 418-6644 for assistance. You may also call the Help Desk to request access for additional staff. The Consumer Survey System User’s Guide will be updated and posted on the DMHAS website.

Provider Process Summary

The Provider Process Summary replaces the Supplemental Form used in previous years. The questions have been updated to capture relevant information, but we continue to invite and encourage your comments and feedback.

This summary should be completed after all surveys for the fiscal year have been administered, collected and entered into the DMHAS Consumer Survey System. The Chief Executive Officer/Executive Director or a designee for coordinating the survey process should complete this summary on a provider level. The content is then entered directly into the Consumer Survey System.

Due Date

“Due date” refers to the date by which all surveys must be entered into the Consumer Survey System. All surveys for the FY08 will be due by **June 30, 2008**.

Questions?

Please contact Karin Haberlin, MA, EQMI Behavioral Health Program Manager:
Karin.Haberlin@po.state.ct.us or (860) 418-6842.

⁸ The new fields for the WHOQOL-BREF have not been added to the Consumer Survey application as of this writing (October, 2007.) You will receive communication from DMHAS when this application is fully updated.



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A Healthcare Service Agency

THOMAS A. KIRK, JR., PH.D.
COMMISSIONER

Dear Program Participant:

As someone receiving services from this agency, you are being invited to participate in our annual survey. The Department of Mental Health & Addiction Services (DMHAS) has asked all agencies to conduct this survey to determine how people like you, who participate in their programs, feel about the services they are receiving. Your participation is completely voluntary. Also, you can answer as many or as few questions as you wish. The survey is anonymous; that is, you will not be asked for your name or anything else that identifies you.

We appreciate the time that you are taking to complete this survey and we encourage you to give your honest opinion of services. We have instructed your agency to try to give out and collect the surveys in a way that does not identify the person who has answered.

Both DMHAS and your agency will be looking at the overall results of all the surveys to identify and work on areas that need to be improved and ways that services can be better. We look forward to reviewing the information and working towards continued improvement in services to persons in recovery. Please do not hesitate to call us for results of this survey. Results from last two years are posted at our website: <http://tinyurl.com/32ej4s>.

Thank you.

A handwritten signature in black ink, appearing to be "TK".

Thomas A. Kirk, Jr., Ph.D.
Commissioner
Department of Mental Health and Addiction Services

Appendix 1.4: DMHAS Consumer Survey FY 2008

Agency	Program	Date Completed
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For each box, put an X in the circle that applies to you.

Gender <input type="radio"/> Male <input type="radio"/> Female	Age <input type="radio"/> 20 and under <input type="radio"/> 21-24 <input type="radio"/> 25-34 <input type="radio"/> 35-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and older	Primary reason for receiving services <input type="radio"/> Emotional/Mental Health <input type="radio"/> Alcohol or Drugs <input type="radio"/> Both Emotional/Mental Health and Alcohol or Drugs
Race <input type="radio"/> White <input type="radio"/> Black/ African American <input type="radio"/> American Indian/Alaskan <input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> Asian <input type="radio"/> Mixed <input type="radio"/> Other	Ethnicity <input type="radio"/> Puerto Rican <input type="radio"/> Mexican <input type="radio"/> Other Hispanic or Latino <input type="radio"/> Not Hispanic	Length of Service <input type="radio"/> Less than 1 year <input type="radio"/> 12 months to 2 years <input type="radio"/> More than 2 years <input type="radio"/> More than 5 years

For each item, circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	I like the services that I received here.	SA	A	N	D	SD	NA
2.	If I had other choices, I would still get services from this agency.	SA	A	N	D	SD	NA
3.	I would recommend this agency to a friend or family member.	SA	A	N	D	SD	NA
4.	The location of services was convenient (parking, public transportation, distance, etc.)	SA	A	N	D	SD	NA
5.	Staff was willing to see me as often as I felt was necessary.	SA	A	N	D	SD	NA
6.	Staff returned my calls within 24 hours.	SA	A	N	D	SD	NA
7.	Services were available at times that were good for me.	SA	A	N	D	SD	NA
8.	Staff here believes that I can grow, change, and recover.	SA	A	N	D	SD	NA
9.	I felt comfortable asking questions about my services, treatment or medication	SA	A	N	D	SD	NA
10.	I felt free to complain.	SA	A	N	D	SD	NA
11.	I was given information about my rights.	SA	A	N	D	SD	NA
12.	Staff told me what side effects to watch out for.	SA	A	N	D	SD	NA
13.	Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	SA	A	N	D	SD	NA
14.	Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.)	SA	A	N	D	SD	NA
15.	Staff helped me obtain information I needed so that I could take charge of managing my illness.	SA	A	N	D	SD	NA
16.	My wishes are respected about the amount of family involvement I want in my treatment.	SA	A	N	D	SD	NA

For each item, circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
As a result of services I have received from this agency:							
17.	I deal more effectively with daily problems	SA	A	N	D	SD	NA
18.	I am better able to control my life.	SA	A	N	D	SD	NA
19.	I am better able to deal with crisis.	SA	A	N	D	SD	NA
20.	I am getting along better with my family.	SA	A	N	D	SD	NA
21.	I do better in social situations.	SA	A	N	D	SD	NA
22.	I do better in school and/or work.	SA	A	N	D	SD	NA
23.	My symptoms are not bothering me as much.	SA	A	N	D	SD	NA
In general . . .							
24.	I am involved in my community (for example, church, volunteering, sports, support groups, or work).	SA	A	N	D	SD	NA
25.	I am able to pursue my interests.	SA	A	N	D	SD	NA
26.	I can have the life I want, despite my disease/disorder.	SA	A	N	D	SD	NA
27.	I feel like I am in control of my treatment.	SA	A	N	D	SD	NA
28.	I give back to my family and/or community.	SA	A	N	D	SD	NA

Is there anything else that you would like to tell us about your services here?

WHOQOL-BREF
Instructions

This questionnaire asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others.

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

Please go to the next page.

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

<i>(Please circle the number)</i>						
Very poor	Poor	Neither poor nor good	Good	Very Good		
1.	How would you rate your quality of life?	1	2	3	4	5

<i>(Please circle the number)</i>						
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied		
2.	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

<i>(Please circle the number)</i>						
Not at all	A little	A moderate amount	Very much	An extreme amount		
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4.	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5.	How much do you enjoy life?	1	2	3	4	5
6.	To what extent do you feel your life to be meaningful?	1	2	3	4	5

<i>(Please circle the number)</i>						
Not at all	Slightly	A Moderate amount	Very much	Extremely		
7.	How well are you able to concentrate?	1	2	3	4	5
8.	How safe do you feel in your daily life?	1	2	3	4	5
9.	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		<i>(Please circle the number)</i>				
		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	1	2	3	4	5
12.	Have you enough money to meet your needs?	1	2	3	4	5
13.	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Very poor	Poor	Neither poor nor well	Well	Very well
15.	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with your abilities?	1	2	3	4	5
20.	How satisfied are you with your personal relationships?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
21.	How satisfied are you with your sex life?	1	2	3	4	5
22.	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23.	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24.	How satisfied are you with your access to health services?	1	2	3	4	5
25.	How satisfied are you with your mode of transportation?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		<i>(Please circle the number)</i>				
		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form? *(Please circle Yes or No)*

Yes	No
-----	----

Thank you for your help

Appendix 2: FY08 Consumer Survey – Process Summary
Appendix 2.1: Supplemental Report Form

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Instructions: This summary is to be completed after all surveys for the fiscal year have been administered, collected and entered into the DMHAS Consumer Survey System. The Chief Executive Officer/Executive Director or a designee for coordinating the survey process should complete this summary. The content is then entered directly into the survey application.

At what level was the sampling done? (*check one*)

- Provider
- Program

In what months were the surveys administered to consumers? (*circle all that apply*)

July Aug. Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June

How were surveys administered to clients/consumers? (*check all that apply*)

- Direct service staff distributed to individual clients
- Direct service staff distributed to a group of clients
- Clients/consumers distributed surveys
- Other neutral persons distributed surveys to clients
- Other: (*explain*) _____

What steps were taken to assure clients that their responses would be anonymous?

- Surveys were distributed/collected by neutral persons
- Clients were provided pre-stamped envelopes for mailing
- A collection box or other receptacle was used
- Other: (*explain*) _____

The sample size should have been based on the unduplicated client count for the last fiscal year, using the DMHAS Provider Access System (DPAS).

1. DID YOUR AGENCY USE THE DPAS CLIENT COUNT? YES NO

2. DID YOUR AGENCY MEET THE REPRESENTATIVE SAMPLE REQUIRED? YES NO

Comments/Feedback: How did it go this year? Do you have suggestions for the future?

Thank you for your input!

Appendix 2.2: FY08 Consumer Survey – Survey Distribution and Collection as Reported on the Supplemental Report Form

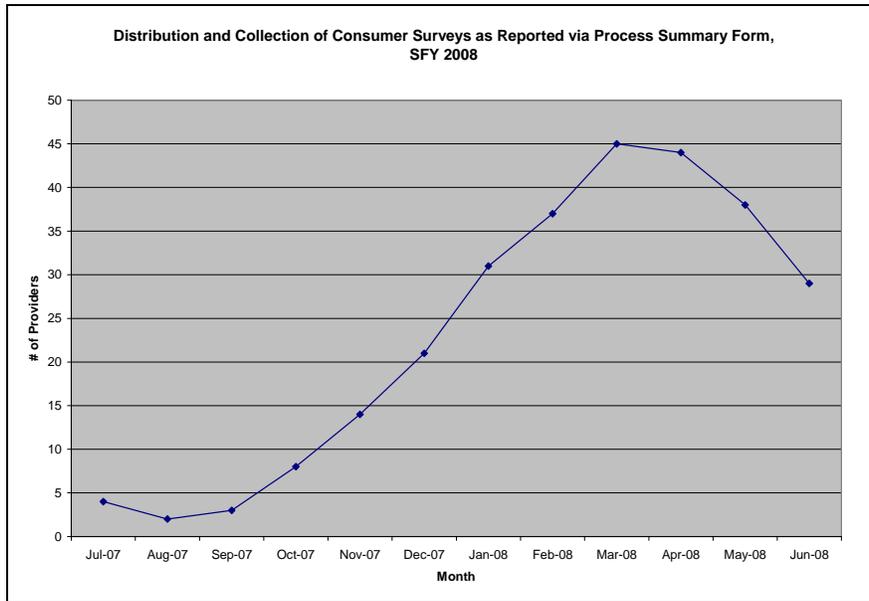


Figure 51: Distribution and Collection of Consumer Surveys as Reported via Process Summary Form

This line graph shows that most providers gradually worked up to peak activity by February and March 2008, as self-reported in the process summary. Not all reporting agencies provided this information (62 out of 69 providers.)

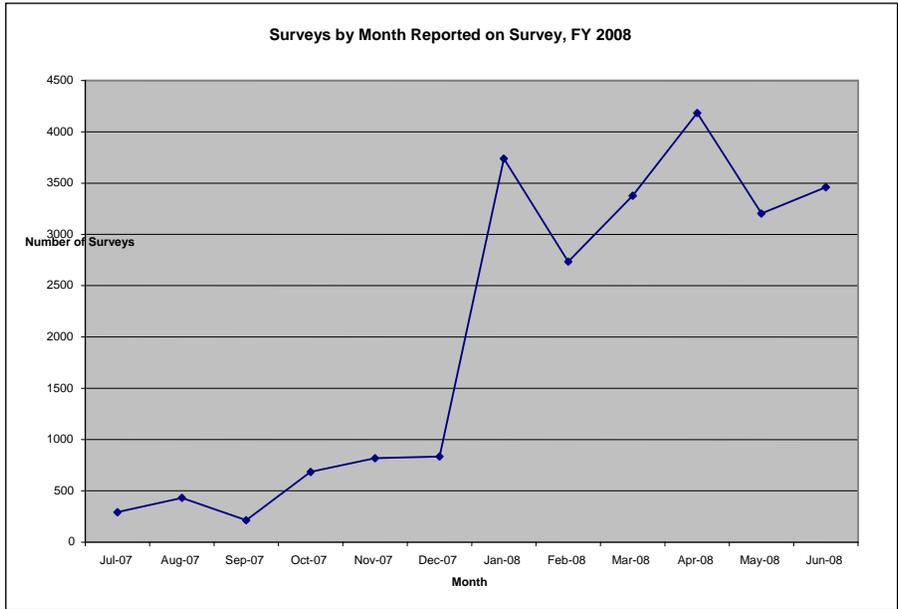


Figure 52: Surveys by Month Reported on Survey

Each survey entered into the DPAS application requires a date of survey administration as recorded on the paper form. This line graph shows that the peak months of survey completion were January – June 2008. Note: January is artificially skewed because many surveys entered by DMHAS were missing a date entirely; January 2008 was assigned as the default date. Even so, it is clear that survey activity picked up dramatically in the last 6 months of the process.

Appendix 2.3: FY08 Provider Feedback Comments from the Supplemental Report Form
SURVEY INSTRUMENT

Length

- Clients found the length of the survey difficult due to the Quality of Life piece.
- Many consumers felt overwhelmed by number of questions.
- Many refused to complete the QOL Survey.
- Many SO and PNP staff expressed it was extremely difficult to get clients to complete the added questions. Staff and clients expressed the regular annual survey was too long and there are other ways to measure quality of life outcomes.
- Some clients expressed frustration with the length of the survey.
- Numerous clients living offsite refused to complete the survey. Found it lengthy.
- Survey too long, most clients found it difficult to complete.
- The 2nd section of the survey was at times difficult for some of the consumers to fill out, given the length of the entire survey.

Clarity/Comprehension

- Consistent with past survey administrations, many clients require assistance to understand the scoring.
- Questions still are not representative of supportive housing/case mgt. Tenants confused but still put down replies when NA would have been the ideal answer.
- Many clients do not understand the "Ethnicity" question - they look for Black or White.
- [T]he wording on some of the questions made it difficult for some clients to understand the intent of the question. This was evidenced by a client responding favorably to some questions and negatively to other somewhat similar questions.
- Some of the agency's clients still have problems understanding some of the questions and some respondents just go down the list without reading questions and mark off either they strongly agree for all questions, or they strongly disagree for all questions. This makes some of the information meaningless.
- Unfortunately not all the clients at this agency have taken responsibility for their own recovery, so some of the questions are not understood in this context.
- With the extended length of this survey, the time involved in completing it was considerable for the clients, particularly those who have more difficulty with reading.

Relevance/Appropriateness

- Clients were reluctant to answer some of the new questions feeling that they were too personal.
- One question was too personal especially for the younger clients.
- Expressed many negative feelings about questions being too personal, not trauma sensitive and should not be part of the annual survey.
- Many of the questions do not relate to what the agency provides for services, it does not seem proper that answers to such questions as I enjoy my sex life, or my friends are supportive should be used to measure satisfaction with program services.
- Some tenants stated did not feel comfortable answering the identifying information in the beginning.
- Questions 17 - 23 are geared to Acute Services. For clients admitted for 10-15 years, hard to distinguish before and after.
- Some consumers did not return surveys or refused to complete survey.
- The quality of life instrument offended a lot of the clients especially the ones living in the shelter.

SAMPLING

- DPAS report cc820 reflects a duplicated client count because clients may be enrolled in several programs currently in our service system. Therefore, the DPAS count is not an accurate description of unduplicated clients. BGHS served approximately 1150 unduplicated clients in FY 2007 so we should have collected at least 166 surveys. Our final survey count was 147 surveys collected.
- I think that due to the small size (capacity) of some of our clinics, it is hard for us to capture numbers to report on a program sampling as we would prefer. We are therefore reporting on a Provider Level, which isn't as valuable to us.
- It is always difficult to meet the sample size.
- Not able to obtain a sample of 150 (target based on projected number of clients admitted in an FY). Should not be a problem next FY, since we collected ~20 surveys/month.
- We had responses for 14 of the 20 consumers that we work with.

SURVEY PROCESS

Too Many Surveys/Repetition

- Because we have multiple DMHAS funded programs, our members feel inundated by being asked to complete so many surveys. They have a hard time distinguishing program vs. program. Even though we explain it to them- they see it merely as being hassled to fill out more than one survey.
- Clients feel there are too many surveys.
- Clients frustrated answering same questions for multiple programs.
- Each year, we continue to have more clients decline to complete a survey (survey fatigue? clients feel like they have answered the same questions time and again, etc.)
- Consumers lacked interest at the end as they had to fill out multiple surveys from several programs.
- Some clients indicated they were tired of completing the form every year.
- [S]ome clients indicated they completed the form for other agencies/programs.
- We also continue to struggle with the number of times clients (or subsets of clients) are surveyed or requested to participate in focus groups. DMHAS, RMHB and other funders all required a considerable amount of consumer input this year.

Follow-Up/Tracking

- It is difficult to have surveys returned from people who have been discharged (no current phone # or forwarding address, not interested or too busy to fill out. etc.)
- The clients who choose to not respond box was useless, because tenants did these surveys without names. We had no idea who did not respond. Since we had encouraged everyone take their time and fill out the whole survey we got them back completed, but tenants complained that the surveys were long and confusing. We really have no idea who possible got assistance from others except based on the box in the end of the survey.

SURVEY RECORDING (DPAS APPLICATION)

- On the Spanish consumer survey form (WHOQOL-BREF) the last question is not offered (Did someone help you fill out this form?)
- Too long, the response numbers on the Quality of Life Scale should have been the same on the form as on the computer input program

SUGGESTIONS/REQUESTS

Survey Timing

- Also, the year 2009 survey should be ready for distribution on July 1, 2008 so that we can give surveys to people who may be getting discharged in early July.
- It would be more beneficial to our response/collection rate if we could administer these surveys all year long. The agency did meet the representative sample size requirement in 3 of the 4 programs which Consumer Surveys were administered.

- The surveys, with the addition of the QOL questions, were significantly longer this year. Is it possible to administer them separately?

Reporting

- When DMHAS generates the Consumer Survey Annual Report, it would be helpful if the department stratified the results by the types of services provided by the organization, i.e. mental health only, substance abuse only, and mental health and substance abuse.

Length

- If survey continues to be added to every year, consumers may become less inclined to fill it out.

Relevance/Usefulness

- Annual survey questions are tired. Need revision and updating. Many questions not relevant for some program types. Due to vagueness of questions it is nearly impossible to create action plans without holding focus groups to understand what people were responding to.
- It would make more sense to have individual surveys for the program which the client participated as many of the questions do not apply to Vocational pursuits.

BEST PRACTICES

- Appreciate generous timeframe for completion.
- Conducting them over a period of time was helpful along with having updates as to the progress toward reaching the goal.
- The informational workshops at the Center were helpful in stressing the importance of filling them out.
- [S]ome clients complained that there was zero compensation, i.e. vouchers, etc.
- We offered \$5 gift cards to clients for completing the survey. Completed surveys went up by 20% from last year.
- Karin was very helpful w/questions.