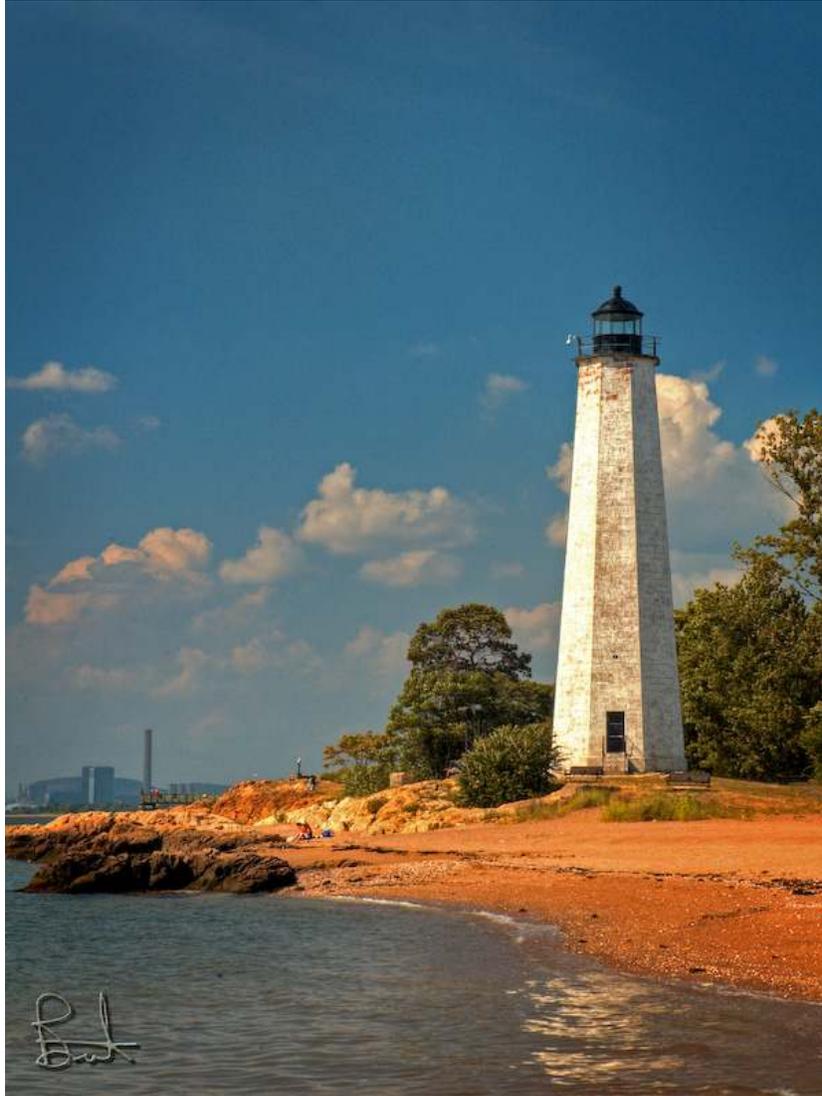


Consumer Survey 2010 Annual Report



November 2010
410 Capitol Avenue
Hartford, CT 06134



Note from the Commissioner

Since I have become Commissioner, I have emphasized the importance of continually improving the quality of our service system. Over the past year we have made significant gains in our abilities to measure quality and performance. We have successfully implemented two new data systems, introduced a Provider Report Card, and we have received a record number of responses to our annual consumer satisfaction survey. Each of these accomplishments contributes to the development of a comprehensive performance management system.

The department's annual Consumer Satisfaction Survey provides valuable information about how we, as a healthcare system are doing. The survey is an opportunity to hear directly from the people we serve. The survey gives us critical feedback regarding the degree to which consumers/individuals in recovery approve of our services, including whether they would recommend them to others. This year over 27,000 individuals responded to the survey, a record number. The survey results are now being incorporated into our Report Cards, giving DMHAS and agencies a concrete measure of our effectiveness.

This year's report again includes the results of the Quality of Life (QOL) component. While voluntary, over 5,500 individuals responded to the QOL. The responses are summarized in this report and help us to learn more about how our service recipients feel about the quality of their lives. The WHOQOL-BREF instrument is a widely used, standardized quality of life tool developed by the World Health Organization. Tools such as this are likely to become increasingly important under healthcare reform as greater emphasis is placed on the integration of physical health and behavioral health.

Quality improvement is an ideal we must all remain committed to. We should continually strive to meet the highest standards of care within our system. Our work must be informed by the voices of the people we serve. I hope the report helps you to shape your own quality improvement initiatives.

Finally, I want to thank all of the people who contributed to the success of our annual survey. The success we have achieved has been made possible through your participation and support.

Patricia Rehmer, MSN
Commissioner
Connecticut Department of Mental Health and Addiction Services
November 2010

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Acknowledgements

The Connecticut Department of Mental Health and Addiction Services (DMHAS) thanks everyone who completed the survey and provided their insights regarding the quality of our service system. Additionally, we would also like to recognize the work of the provider community and their continuing assistance with the implementation of this survey project.

This year, several Evaluation, Quality Management and Improvement (EQMI) staff assisted with the Survey Report. Karin Haberlin managed the survey process and liaised with providers over the course of the year. Mike Hettinger analyzed data and produced numerous tables and provider level reports. Kristen Miller analyzed the quantitative data and wrote large portions of the narrative, and Ken Cunningham performed the qualitative analysis and assisted with producing this report.

Cover photograph: “Five Mile Point Light,” by Brent Danley. 2008, some rights reserved.
<http://brentdanley.com/photography>

Survey Process

The Connecticut Department of Mental Health and Addiction Services (DMHAS) conducts an annual survey in order to better understand people's 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 seven years. The survey was offered to consumers/individuals in recovery within the context of their treatment for mental health or substance use issues.

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

Fiscal Year 2010 is the third year that DMHAS has requested that providers consider administration of 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. DMHAS received 5,536 QOL responses during Fiscal Year 2010, which is a 10 percent increase from Fiscal Year 2009. Results may be found in this report beginning on page 67 of this report.

Findings

Most of our consumers were satisfied with the treatment services that were being provided to them through our provider network. Connecticut respondents reported levels of satisfaction higher than the U.S. national averages in all Consumer Satisfaction Survey domains.¹

Survey Demographics

- ◆ Statewide, a total of 27,736 surveys were completed. DMHAS' provider system includes 139 providers for whom surveys should be administered. A total of 126 agencies submitted surveys, which includes six agencies that were not required to do so. Nineteen (19) agencies required to submit surveys did not participate this year.
- ◆ Slightly more than half (54%) of the respondents were men and 41% were women. Nearly 5% of the respondents did not identify their gender.
- ◆ The majority (58%) of the respondents were White and almost 18% were African-American/Black. Slightly more than 9% did not identify their race.
- ◆ Nearly 21% of the respondents identified themselves as Hispanics, and 25% 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 (nearly 49%). There was a slight decrease in the number of respondents who are 55 and older (16%).
- ◆ Over a quarter (26%) of the survey sample responded to the survey within the outpatient setting; 13% from methadone maintenance programs; 12% from residential programs; and 10% in vocational or social rehabilitation programs. The remaining 28% of respondents responded to the survey from other levels of care or reported from agencies that did not indicate the level of care in the survey data.
- ◆ The number of surveys collected from people receiving services from Mental Health programs dropped from 47% in Fiscal Year 2009 to 41% in Fiscal Year 2010. The number of surveys collected from people receiving services from Substance Abuse programs increased from 40% in Fiscal Year 2009 to 42% in Fiscal Year 2010.
- ◆ This was the third year in which DMHAS asked respondents to identify whether they were receiving services for mental health, substance use, or for both. Similar to the previous year, over a third (37%) identified emotional or mental health problems as their reason. Just under a third (29%) identified themselves as receiving substance use services, while an additional 27% stated that they were receiving treatment for both mental health and substance use problems.
- ◆ This was the third year in which respondents were asked to self-report their length of stay in treatment. Forty-three percent reported a stay of less than a year, and almost 14% reported a stay of over 12 months but less than two years. Fourteen percent

¹ 2009 CMHS Uniform Reporting System Output Tables. *CMHS Uniform Reporting System - 2009 State Mental Health Measures*. Retrieved on October 17, 2010 from <http://www.samhsa.gov/dataoutcomes/urs/2009/Connecticut.pdf> >.

reported more than two years, and 19% reported stays of over five years. There was a slight decline from last year in the number of respondents who reported a length of stay of over five years.

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 increased slightly in FY 2010 in all Domains. 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 2010, just over 91% of consumers felt they received appropriate services; 90% were generally satisfied; and 86% expressed satisfaction with access to services. Eighty-two percent (82%) of consumers were satisfied with perceived outcomes.
- ◆ The lowest degree of satisfaction was reported in the Recovery domain, where approximately 78% of respondents indicated satisfaction.
- ◆ Approximately 90% of consumers indicated a positive response in the General Satisfaction domain.
- ◆ Over 91% of consumers responded positively in the Participation in Treatment and Quality and Appropriateness domains.
- ◆ Approximately 90% agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” (This question comprises the Respect Domain.)

Demographic Characteristics and Satisfaction on MHSIP Domains

DMHAS measured differences in MHSIP Domains for key demographics to determine whether there were higher degrees of satisfaction for various subgroups. Results are summarized below.

Gender

<i>All Respondents</i>	
Significantly Better	Women in General Satisfaction, Access, Quality and Appropriateness, Respect, Participation in Treatment domains Men in Outcome, Recovery domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Women in General Satisfaction, Access, Quality and Appropriateness, Respect, Participation in Treatment domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Women in Quality and Appropriateness, Respect domains Men in Outcome domain

Race

<i>All Respondents</i>	
Significantly Better	Non-White respondents in the Outcome, Recovery domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Any race other than White in the Recovery domain “ Other ” respondents in the Outcome domain

<i>Respondents in Mental Health Programs</i>	
Significantly Better	African-American/Black respondents in the Outcome and Recovery domains

Ethnicity

<i>All Respondents</i>	
Significantly Better	Respondents who identify as Hispanic/Latino in General Satisfaction, Access, Outcome and Recovery domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents of Hispanic/Latino origin in the Access, Outcome, and Recovery domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Hispanic/Latino respondents in General Satisfaction, Access, Quality and Appropriateness, and Outcome domains

Age Group

<i>All Respondents</i>	
Significantly Better	Respondents who are 25 and older in General Satisfaction, Access, Outcome, Quality and Appropriateness, Respect, Participation in Treatment domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents who are 25 and older in the Access, General Satisfaction, Quality and Appropriateness, Respect, Participation in Treatment domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Respondents who are 25 and older in General Satisfaction domain

Level of Care

<i>All Respondents</i>	
Significantly Better	People who received social rehabilitation, vocational rehabilitation, or case management services in Outcome and Recovery domains
Significantly Worse	People who received methadone maintenance or residential services in Access, Quality and Appropriateness, General Satisfaction, and Recovery People who received residential services in the Participation in Treatment domain

<i>Respondents in Substance Use Programs</i>	
Significantly Better	People who received case management or outpatient services in Access, Quality and Appropriateness, and General Satisfaction domains
Significantly Worse	People who received residential services in the Respect and Participation in Treatment domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Respondents who received vocational rehabilitation services in the Access, Quality and Appropriateness, and General Satisfaction domains
Significantly Worse	Respondents who received outpatient services in the Outcome and Recovery domains People who received outpatient or case management services, in the Outcome and Recovery domains

Length of Stay

<i>All Respondents</i>	
Significantly Better	People receiving services for more than one year in the General Satisfaction, Access, Respect, and Participation in Treatment domains
<i>Respondents in Substance Use Programs</i>	
Significantly Better	People who have received services for 1+ years , in the Outcome domain
<i>Respondents in Mental Health Programs</i>	
Significantly Better	People receiving services for more than one year in the General Satisfaction, Access, Respect, and Outcome domains
	People receiving services for 5+ years , in the Recovery domain

Planning Region

<i>All Respondents</i>	
Significantly Better	Respondents from Region 4 Recovery domain
	Respondents from Region 3 in General Satisfaction domain
Significantly Worse	Respondents from Region 1 in Access, Quality and Appropriateness, General Satisfaction, and Participation in Treatment Planning domains
<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents from Region 4 in Outcome and Recovery domains
	Respondents from Region 3 in Participation in Treatment Planning
Significantly Worse	Respondents from Region 1 in Access, Quality and Appropriateness, General Satisfaction, and Participation in Treatment Planning domains
<i>Respondents in Mental Health Programs</i>	
Significantly Better	People responding from Regions 1 and 5 , in the Recovery domain, over respondents from Regions 2, 3, and 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 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 SFY 2010 (July 1, 2009 – June 30, 2010)

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

In this report, we endeavor to document the views of people served in both Mental Health (MH) and Substance Use (SU) treatment programs within DMHAS' statewide provider network.

Contained within are the customary annual survey results, which include survey demographics and statewide satisfaction by MHSIP domains, as well as additional analyses of the optional Quality of Life data and consumer comments.

Contact Information

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

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Methodology

Measures

The 2010² 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 labeled: 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 consisting 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

²Similar 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.

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.
- ◆ Space for consumers to add optional additional comments.
- ◆ A supplemental report form, requiring agencies to describe their sample selection and methods of survey administration.

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, 2009 through June 30, 2010. People who received prevention, emergency, inpatient, or detoxification (both inpatient and ambulatory) services were excluded. Surveys were collected mainly from February 2010 through June 2010.

The survey was administered in the following levels of care:

- 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., Supportive Housing, Transitional Residential
- Mental Health Social Rehabilitation
- Mental Health or Substance Abuse Vocational Rehabilitation
- Substance Use 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 Selection

DMHAS asked providers to calculate sample sizes according to the number of unduplicated consumers served by the provider during the first quarter of Fiscal Year 2009 (July 1, 2008 through September 30, 2008).³ The sample size calculation was based on a 95% confidence level and 7% confidence interval.⁴ DMHAS provided agencies with a guide to assist providers in sample size determination (See Appendix 1.2 for this guide.)

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

	<u>Consumers Treated from 7/1/08-9/30/08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY 2010</u>	<u>Surveys as % of Sample Size</u>
Ability Beyond Disability Institute	110	71	93	131.56%
ACCESS Agency	4	4	0	0.00%
Advanced Behavioral Health	1704	176	139	79.03%
Alcohol & Drug Recovery Center-ADRC	509	142	410	289.32%
American School for the Deaf	17	16	0	0.00%
Applied Behavioral Rehab Research Institute Inc	5	5	0	0.00%
APT Foundation Inc	2130	180	769	428.27%
Artreach Inc.	37	31	59	188.75%
Backus Hospital	727	155	205	132.65%
Birmingham Group Health Services, Inc.	972	163	177	108.42%
Bridge House	207	101	136	134.75%
Bridgeport Community Health Center	25	22	32	143.67%
Bridgeport Hospital	240	108	9	8.33%
BRIDGES	1200	169	307	182.09%
Bristol Hospital	62	47	27	57.10%
Capitol Region Mental Health Center	1338	171	198	115.74%
Catholic Charities & Family Svcs, Diocese of Norwich	88	61	53	86.89%
Catholic Charities of Fairfield County Inc.	373	129	185	143.73%

³ The unduplicated counts were obtained from the CC820: Report of Clients Active in Program in the DMHAS Provider Access System (DPAS).

⁴ 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 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>Consumers Treated from 7/1/08- 9/30/08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY 2010</u>	<u>Surveys as % of Sample Size</u>
Catholic Charities- Waterbury	177	93	133	142.62%
Catholic Charities-Hartford Inst Hispanic Studies	277	115	171	148.66%
Cedarcrest Regional Hospital	214	103	210	204.77%
Center for Human Development	211	102	136	133.51%
Central CT Coast YMCA	44	36	41	113.62%
Central Naugatuck Valley (CNV) Help Inc.	135	80	146	182.09%
Charlotte Hungerford Hospital	1239	169	196	115.74%
Charter Oak Terrace/Rice Heights Health Ctr	171	92	91	98.91%
Chemical Abuse Services Agency (CASA)	474	139	482	347.09%
Chrysalis Center Inc.	755	156	322	206.72%
Columbus House	164	90	178	198.80%
Common Ground Community	73	53	21	39.33%
Community Enterprises Inc.	69	51	67	130.79%
Community Health Center Inc.	23	21	197	952.66%
Community Health Resources Inc.	2214	180	429	238.16%
Community Health Services Inc.	262	112	174	154.85%
Community Mental Health Affiliates	1985	178	410	229.73%
Community Prevention and Addiction Services-CPAS	435	135	170	125.62%
Community Renewal Team (CRT)	228	106	217	205.40%
Connecticut Counseling Centers Inc.	1281	170	363	213.40%
Connecticut Mental Health Center	2817	183	907	494.79%
Connecticut Renaissance Inc.	235	107	153	142.84%
Connecticut Valley Hospital	326	123	175	142.69%
Connection Inc	924	162	332	205.14%
Continuum of Care	234	107	204	190.82%
Coordinating Council for Children in Crisis	26	23	10	43.37%
Cornell Scott-Hill Health Corporation	826	159	646	407.40%
Council of Churches Greater Bridgeport	65	49	20	40.82%
Crossroad Inc	213	102	52	50.82%
CTE Inc. Viewpoint Recovery Program	26	23	35	151.79%
CW Resources Inc.	48	39	0	0.00%
Danbury Hospital	477	139	122	87.69%
Day Kimball Hospital	152	86	39	45.42%
Dixwell/Newhallville Community MHS Inc.	193	97	97	99.49%
Easter Seal Goodwill Ind. Rehab. Center Inc.	64	48	50	103.24%
Easter Seal Rehab. Center of Grtr. Waterbury Inc.	71	52	0	0.00%
Easter Seals of Greater Hrtfd Rehab Center Inc.	61	47	51	109.20%
Education Connection	40	33	0	0.00%
Fairfield Community Services Inc.	78	56	0	0.00%
Family & Children's Agency Inc	616	149	156	104.79%
Family Centers, Inc.	196	98	0	0.00%
Family Intervention Center	50	40	73	182.50%
Farrell Treatment Center	163	89	152	170.33%
Fellowship Inc.	450	137	245	179.17%
Fish Inc_Torrington Chapter	31	27	5	18.52%
FOCUS- An Alternative Learning Center, Inc.	2	2	0	0.00%

	<u>Consumers Treated from 7/1/08- 9/30/08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY 2010</u>	<u>Surveys as % of Sample Size</u>
FSW Inc.	74	54	56	103.86%
Gilead Community Services Inc.	271	114	271	237.76%
Goodwill Industries of Western CT Inc.	60	46	68	147.45%
Griffin Hospital	107	69	18	26.09%
Guardian Ad Litem	79	57	70	122.81%
Hall Brooke Foundation Inc.	51	41	50	123.05%
Hands on Hartford	8	8	8	103.57%
Harbor Health Services	1204	169	480	284.56%
Hartford Behavioral Health	542	144	240	166.50%
Hartford Dispensary	4249	187	1399	746.53%
Hartford Hospital	227	105	147	139.43%
Helping Hand Center Inc.	11	10	0	0.00%
Hockanum Valley Community Council Inc	89	61	112	183.61%
Hogar Crea Inc	24	21	29	135.01%
Hospital of St. Raphael	314	121	141	116.61%
Human Resource Development Agency	445	136	140	102.73%
Immaculate Conception Inc.	39	33	23	69.70%
Inter-Community Mental Health Group Inc.	1610	175	178	101.82%
Interlude Inc.	35	30	14	46.94%
John Dempsey Hospital	151	86	18	20.93%
John J. Driscoll United Labor Agency Inc.	40	33	40	121.21%
Johnson Memorial Hospital	61	47	17	36.17%
Kennedy Center Inc.	147	84	146	173.30%
Keystone House Inc.	180	94	130	138.18%
Kuhn Employment Opportunities Inc.	103	68	42	62.00%
Laurel House	254	111	135	121.76%
Lawrence & Memorial Hospital	104	68	113	166.18%
Leeway, Inc.	5	5	14	285.71%
Liberation Programs (LMG)	1417	172	1308	759.18%
Liberty Community Services	33	28	25	88.13%
Marrakech Day Services	140	82	103	125.75%
McCall Foundation Inc	379	129	183	141.41%
Mental Health Association of CT Inc.	668	152	393	259.04%
Mercy Housing and Shelter Corporation	146	84	80	95.33%
MICAH Housing Pilots Program	6	6	0	0.00%
Middlesex Hospital Mental Health Clinic	339	124	37	29.74%
Midwestern CT Council on Alcoholism (MCCA)	912	161	269	166.59%
Morris Foundation Inc	839	159	642	403.68%
My Sisters' Place	188	96	34	35.34%
Natchaug Hospital	205	100	157	156.30%
New Directions Inc of North Central Conn.	182	95	329	347.70%
New Haven Home Recovery	35	30	33	110.64%
New Milford Hospital	290	117	115	98.13%
Northwest Center for Family Serv and Mental Health	72	53	21	39.73%
Norwalk Hospital	1389	172	241	140.22%
Operation Hope of Fairfield Inc.	24	21	0	0.00%

	<u>Consumers Treated from 7/1/08- 9/30/08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY 2010</u>	<u>Surveys as % of Sample Size</u>
Optimus Health Care-Bennett Behavioral Health	651	151	103	68.29%
Pathways Inc.	80	57	0	0.00%
Perception Programs Inc	426	134	272	202.30%
Positive Directions-The Center for Prev & Recov.	13	12	15	122.45%
Prime Time House Inc.	243	109	174	160.02%
Problem Gambling-DMHAS	328	123	0	0.00%
Regional Network of Programs	2064	179	1497	835.93%
Reliance House	480	139	133	95.42%
River Valley Services	521	143	263	184.41%
Rushford Center	2085	179	1209	674.53%
Salvation Army	188	96	95	98.96%
SCADD	522	143	440	308.35%
SE Mental Health Authority	386	130	170	130.55%
Search for Change Inc.	33	28	0	0.00%
Shelter for the Homeless Inc.	51	41	71	174.73%
Sound Community Services Inc.	2030	179	305	170.56%
St Luke's Community Services Inc.	91	62	46	73.76%
St. Mary's Hospital Corporation	1058	165	196	118.43%
St. Vincent DePaul Mission of Waterbury, Inc.	90	62	60	96.94%
St. Vincent DePaul Place Middletown, Inc.	57	44	45	101.50%
Stafford Family Services	95	64	79	123.04%
Stonington Behavioral Health Inc	1079	166	89	53.61%
Supportive Environmental Living Facility Inc-SELF	51	41	42	103.36%
SW CT MH Network	1965	178	409	229.38%
Thames Valley Council for Comm Action, Inc.	15	14	0	0.00%
United Community and Family Services	71	52	120	229.38%
United Services Inc.	1828	177	463	261.42%
VNA of Southeastern CT	64	48	0	0.00%
W. CT MH Network	1081	166	567	341.47%
Waterbury Hospital Health Center	1445	173	135	78.17%
Wheeler Clinic	1020	165	338	205.42%
Yale Univ, Child Study Ct	74	54	0	0.00%
Yale University - WAGE	32	28	56	202.68%
Yale University-Behavioral Health	284	116	112	96.38%
Youth Challenge of CT Inc	24	21	0	0.00%

Analysis

Demographic and other simple frequency analyses were performed in both VB.NET and SPSS 15.0 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.

Consumer Survey Results

The survey sample included 27,736 completed surveys. Of the 139 providers that were to administer the survey, 120 submitted data. Six additional providers also submitted surveys. 22,904 (82.6%) of all surveys were collected at the program level, rather than at the agency level. DMHAS has historically 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 (2006-2010)

	2010		2009		2008		2007		2006	
	N	Percent								
<i>Gender</i>										
Female	11383	41.04	10453	41.48	9775	40.41	9965	41.27	9003	40.32
Male	14978	54.00	13461	53.42	13023	53.84	13369	55.37	11558	51.76
Unknown	1375	4.96	1284	5.10	1390	5.75	813	3.37	1770	7.93
<i>Race</i>										
American Indian/Alaskan Native	261	0.94	215	0.85	240	0.99	241	1.00	380	1.70
Asian	151	0.54	147	0.58	136	0.56	152	0.63	150	0.67
Black	4910	17.70	4421	17.55	4116	17.02	3977	16.47	3198	14.32
Mixed	1024	3.69	963	3.82	962	3.98	984	4.08	905	4.05
Native Hawaiian/Pacific Islander	84	0.30	82	0.33	70	0.29	69	0.29	61	0.27
Other	2594	9.35	2026	8.04	1907	7.88	1641	6.80	426	1.91
Unknown	2692	9.71	2534	10.06	2609	10.79	2070	8.57	3269	14.64
White	16020	57.76	14810	58.77	14148	58.49	15013	62.17	13942	62.43
<i>Ethnicity</i>										
Mexican	176	0.63	168	0.67	170	0.70	192	0.80	153	0.69
Non-Hispanic	14791	53.33	13529	53.69	12007	49.64	11744	48.64	9194	41.17
Other Hispanic/Latino	1092	3.94	1018	4.04	1025	4.24	1002	4.15	771	3.45
Puerto Rican	4469	16.11	3441	13.66	3296	13.63	3378	13.99	3171	14.20
Unknown	7208	25.99	7042	27.95	7690	31.79	7831	32.43	9042	40.49
<i>Age Range</i>										
Unknown	1413	5.09	1400	5.56	1433	5.92	827	3.42	1514	6.78
20 and Under	915	3.30	903	3.58	921	3.81	895	3.71	744	3.33
21-24	1996	7.20	1903	7.55	1770	7.32	1866	7.73	1626	7.28
25-34	5663	20.42	4913	19.50	4699	19.43	4736	19.61	4220	18.90
35-54	13494	48.65	12425	49.31	12193	50.41	12755	52.82	11442	51.24
55-64	3555	12.82	3024	12.00	2615	10.81	2555	10.58	2284	10.23
65 and older	700	2.52	630	2.50	557	2.30	513	2.12	501	2.24
<i>Service Duration</i>										
12 month to 2 years	3762	13.56	3525	13.99	3414	14.11	4443	18.40	0	
Less than 1 year	12065	43.50	10340	41.04	9872	40.81	7971	33.01	0	
More than 2 years	3914	14.11	3684	14.62	3275	13.54	3461	14.33	0	
More than 5 years	5348	19.28	5223	20.73	4685	19.37	2523	10.45	0	
Unknown	2647	9.54	2426	9.63	2942	12.16	5749	23.81	22331	100.00

	2010		2009		2008		2007		2006	
	N	Percent								
<i>Service Reason</i>										
Alcohol or Drugs	8040	28.99	7434	29.50	7538	31.16	7785	32.24	0	
Both Emotional/MH and Alcohol/Drugs	7554	27.24	6699	26.59	6100	25.22	4435	18.37	0	
Emotional/Mental Health	10083	36.35	9072	36.00	8226	34.01	7315	30.29	0	
Unknown	2059	7.42	1993	7.91	2324	9.61	4612	19.10	22331	100.00
<i>Program Type</i>										
MH	11468	41.23	11776	46.56	10781	44.44	10572	43.78	9967	44.63
SU	11640	41.84	10025	39.64	10440	43.03	10077	41.73	9485	42.47
Unknown	4628	16.64	3397	13.43	2967	12.23	3498	14.49	2879	12.89
<i>Level Of Care</i>										
MH Assertive Community Treatment	530	1.91	555	2.19	674	2.78	707	2.93	652	2.92
MH Case Management	1125	4.04	1327	5.25	1249	5.15	971	4.02	1261	5.65
MH Clinical Case Management	296	1.06	235	0.93	178	0.73	199	0.82	198	0.89
MH Clinical Outpatient	4134	14.86	3983	15.75	3482	14.36	3632	15.04	3719	16.65
MH Crisis Intervention	33	0.12	87	0.34	67	0.28	55	0.23	28	0.13
MH Group Home	201	0.72	235	0.93	218	0.90	214	0.89	214	0.96
MH Intake/Evaluation	18	0.06	0		3	0.01	0		0	
MH Other	1265	4.55	1178	4.66	933	3.85	822	3.40	482	2.16
MH Partial Hospital	18	0.06	100	0.40	26	0.11	112	0.46	83	0.37
MH Social Rehab	1789	6.43	1914	7.57	1795	7.40	1785	7.39	1447	6.48
MH Supervised Residential	379	1.36	402	1.59	358	1.48	327	1.35	327	1.46
MH Supportive Residential	781	2.81	761	3.01	787	3.24	790	3.27	723	3.24
MH Vocational Rehab	979	3.52	1086	4.29	1021	4.21	947	3.92	833	3.73
SA Case Management	224	0.81	212	0.84	145	0.60	240	0.99	155	0.69
SA Inpatient Detox	232	0.83	272	1.08	718	2.96	320	1.33	20	0.09
SA Intake/Evaluation	73	0.26	28	0.11	41	0.17	133	0.55	500	2.24
SA Intensive Residential	967	3.48	451	1.78	586	2.42	665	2.75	346	1.55
SA Intermediate/Long Term Treatment	1256	4.52	1004	3.97	1292	5.33	1307	5.41	631	2.83
SA Long Term Care Residential	22	0.08	11	0.04	151	0.62	150	0.62	125	0.56
SA Methadone Maintenance	3461	12.44	3715	14.69	3229	13.31	3341	13.84	4701	21.05
SA Other	346	1.24	178	0.70	446	1.84	247	1.02	55	0.25
SA Outpatient	3179	11.43	2729	10.79	2720	11.21	2629	10.89	2238	10.02
SA Outpatient Detox	87	0.31	106	0.42	48	0.20	34	0.14	0	
SA Partial Hospitalization	1696	6.10	1248	4.94	936	3.86	983	4.07	714	3.20
SA Transitional Care/Halfway House	97	0.35	71	0.28	128	0.53	28	0.12	0	
Unknown	4628	16.64	3397	13.43	2967	12.23	3498	14.49	2879	12.89

Overall, the number of survey responses has risen over the past three years.

Demographics of Statewide Sample

Gender

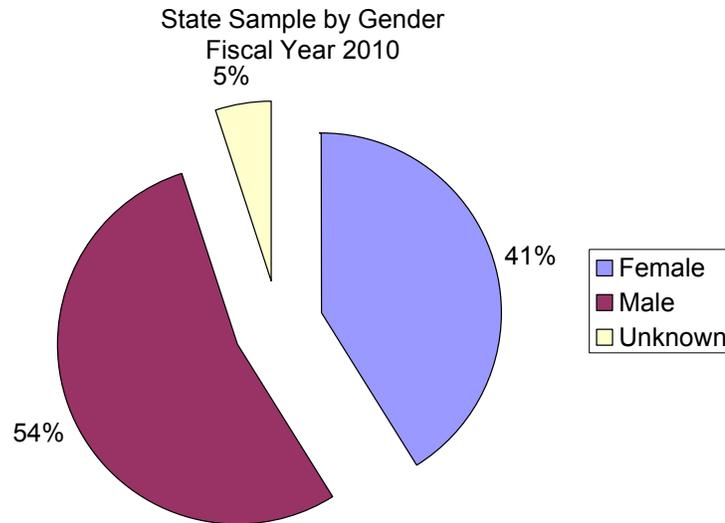


Figure 1: State Sample by Gender

More men (54%) than women (41%) consumers responded to the survey. There was a slight increase in the number of male respondents and a slight decrease in the number of female respondents when compared with Fiscal Year 2009.

Gender Distribution by Service Type

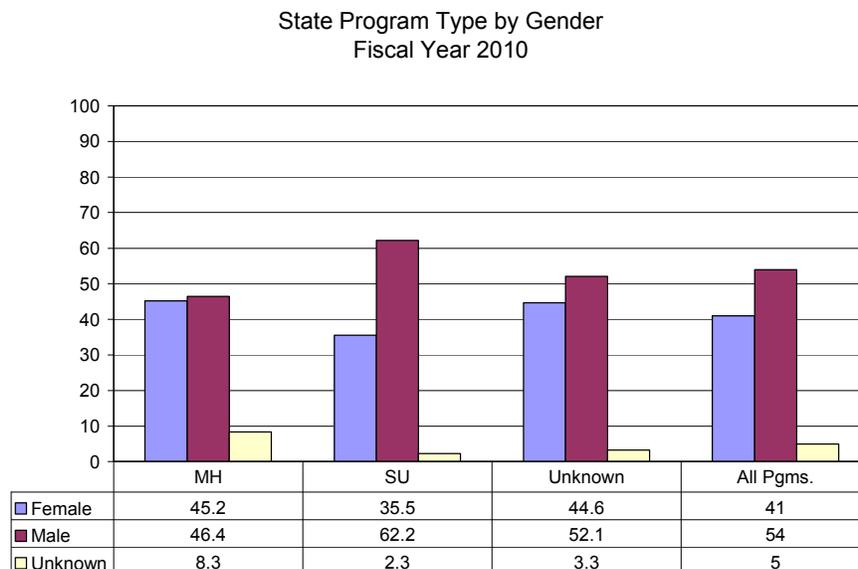


Figure 2: State Program Type by Gender

For respondents receiving Mental Health services, an almost equal ratio of men to women responded to the survey. As with the previous year, respondents receiving Substance Use services were disproportionately distributed; 62% were men and 36% were women. Similarly, the statewide sample comprised a greater percentage of men (54%) than women (41%). Respondents who indicated their program type, but not their gender, were assigned to the “unknown” category.

Race

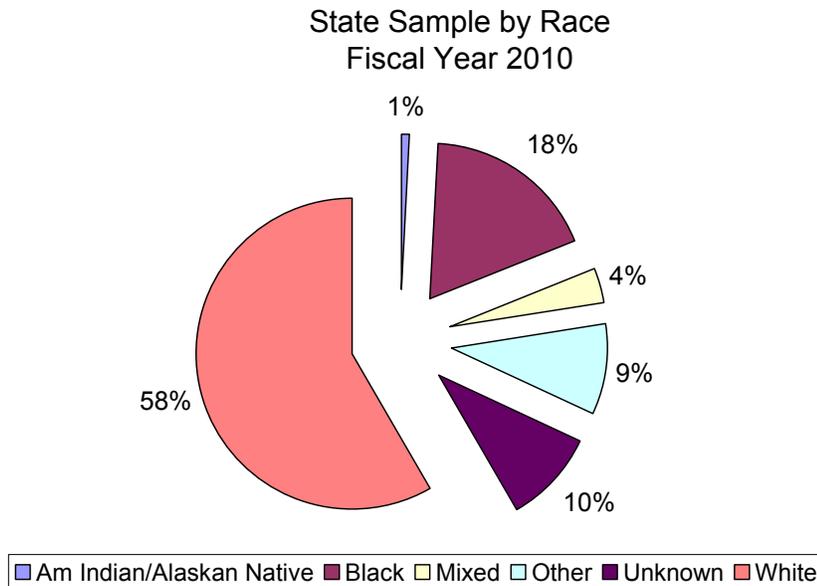


Figure 3: State Sample by Race

The majority of respondents (58%) were White, nearly 18% were African-American/Black, and 10% did not identify their race.

Race Distribution by Service Type

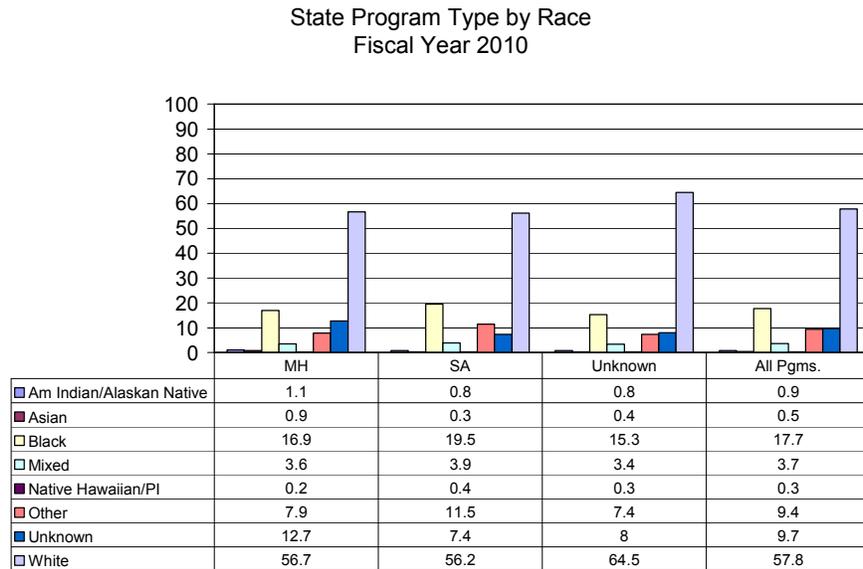


Figure 4: State Program Type by Race

Racial distribution was fairly consistent across all program categories.

Ethnic Origin

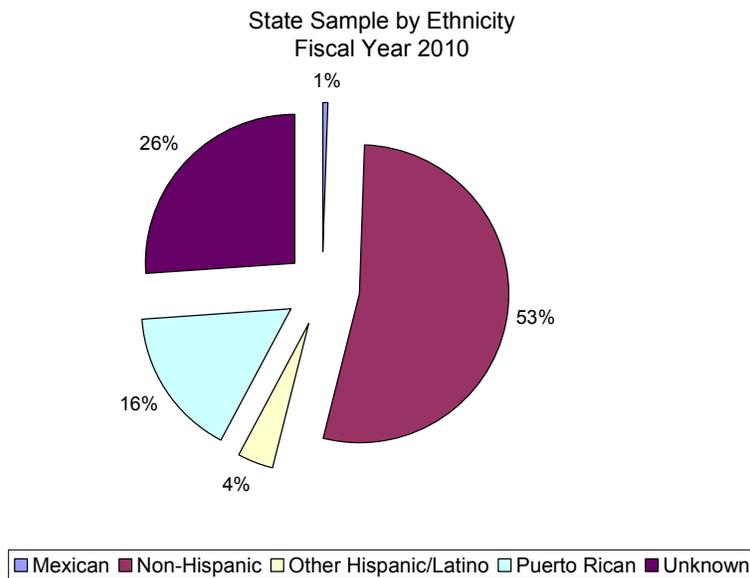


Figure 5: State Sample by Ethnicity

Nearly 21% of respondents identified themselves as Hispanic/Latino/a, which is a slight increase from 19% in Fiscal Year 2009. The majority of respondents in this group (16%) identified themselves as Puerto Rican. Mexicans and other Hispanic/Latino/a respondents comprised the other 5% of the statewide sample of Hispanic/Latino/a consumers.

Ethnicity Distribution by Service Type

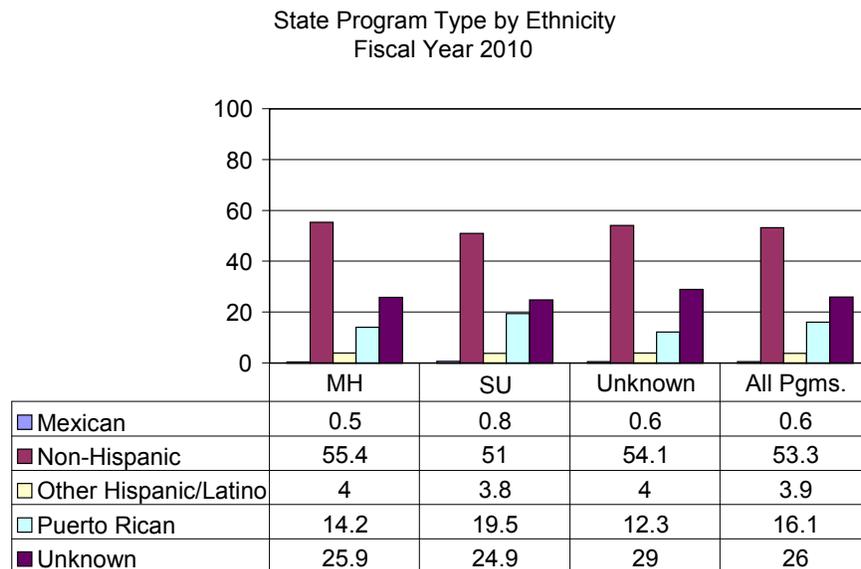


Figure 6: State Program Type by Ethnicity

Respondents using Substance Use services were somewhat more likely to identify themselves of Hispanic/Latino/a origin than were other groups. Approximately 24% of the respondents receiving Substance Use treatment identified themselves as Hispanic/Latino/a. In contrast, about 19% of respondents receiving Mental Health treatment reported that they were Hispanic/Latino/a, which represents a slight increase from 16% in Fiscal Year 2009.

Age

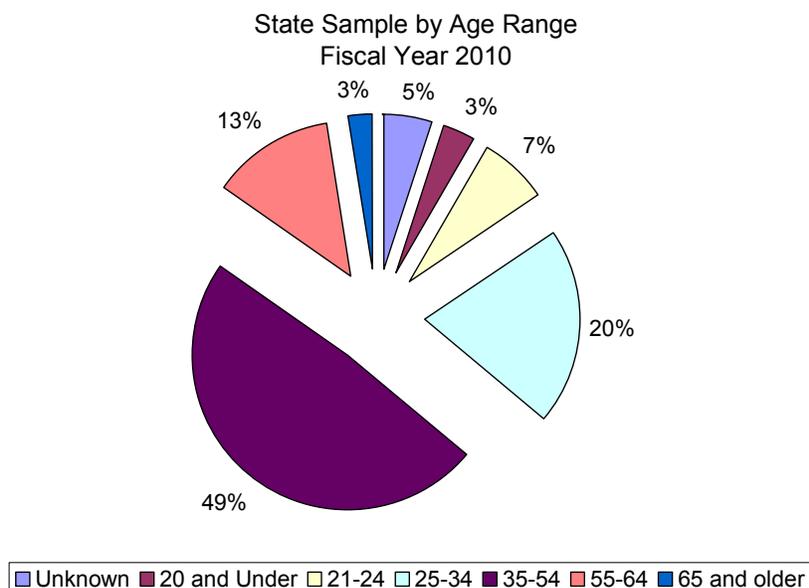


Figure 7: Sample by Age Group

As with the previous year, slightly less than half (49%) of the respondents were between the ages of 35-54. One-fifth (20%) were in the 25-34 age group, and 3% were 65 or older. Ten percent of respondents were 24 or younger.

Age Distribution by Service Type

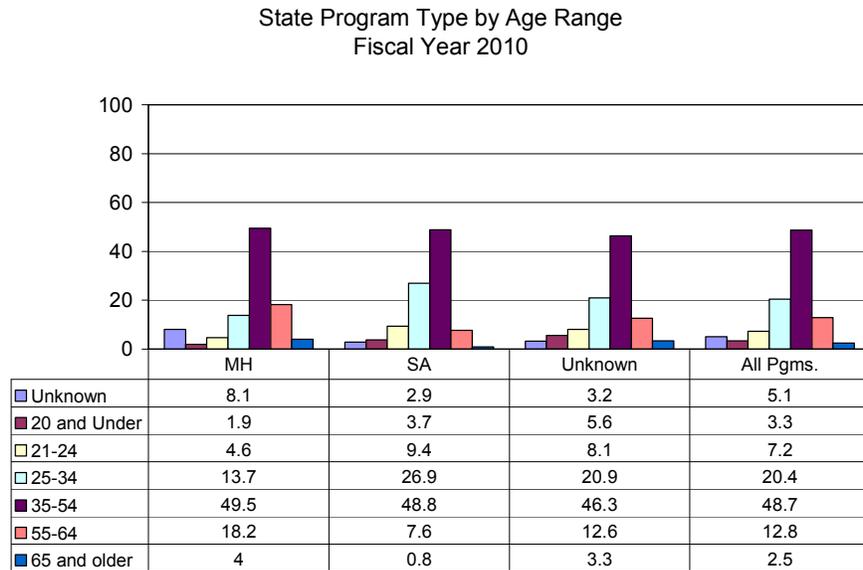


Figure 8: State Program Type by Age Range

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

Level of Care

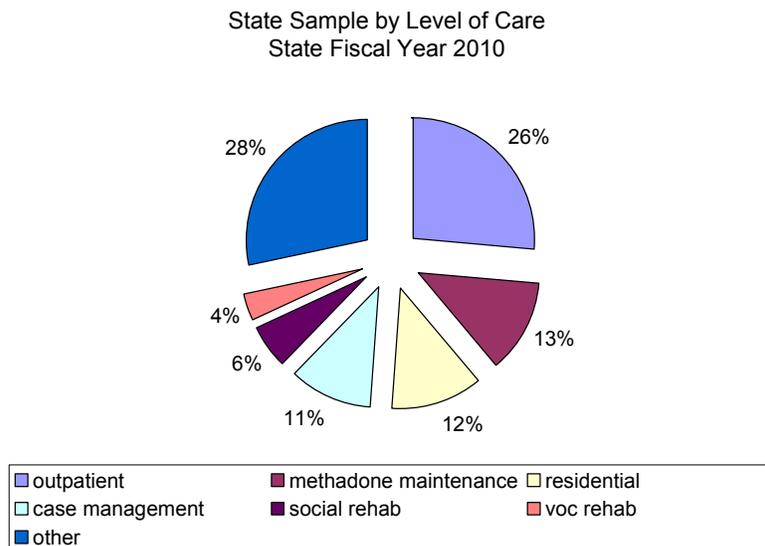


Figure 9: Sample by Level of Care

Twenty-six percent of the respondents reported from outpatient services (not including outpatient methadone maintenance services,) which represents a slight decrease from 28% in Fiscal Year 2009. Thirteen percent of the survey sample reported from methadone maintenance services, which was a slight decrease from 15% in Fiscal Year 2009. Similar to previous years, 12% of the respondents reported from residential services, and 10 percent reported from vocational and social rehabilitation programs. There was a slight increase from 9% in Fiscal Year 2009 to 11% in Fiscal Year 2010, in the number of respondents who reported from case management programs. An additional 28% received services in other settings (partial hospitalization, education, etc.) or were responding from agencies that did not report on the program level.

Level of Care by Program Type

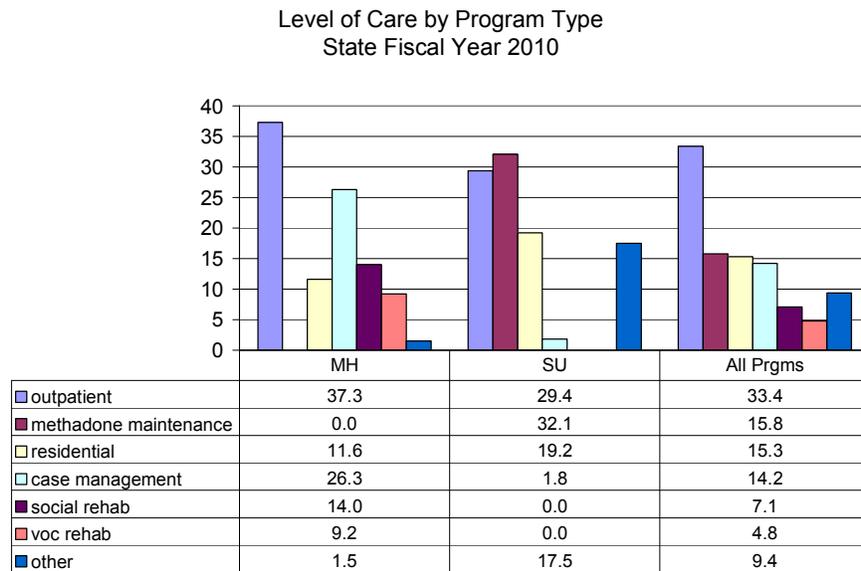


Figure 10: Level of Care by Service Type

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-two percent of respondents receiving treatment for Substance Use disorders reported from methadone maintenance programs, followed by 29% who responded from a (non-methadone maintenance) outpatient setting. An additional 19% answered the survey from a residential program. There was a notable reduction from 18% in Fiscal Year 2009, to only 2% in Fiscal Year 2010, in the number of respondents receiving treatment for Substance Use Disorder who reported from a case management program.

For respondents receiving Mental Health treatment services in this year's survey sample, 37% responded to the survey from an outpatient setting, which is an increase from 27% in Fiscal Year 2009. Twenty six percent (26%) of the respondents reported from a case management program and 14% responded from social rehabilitation programs.

Program Type

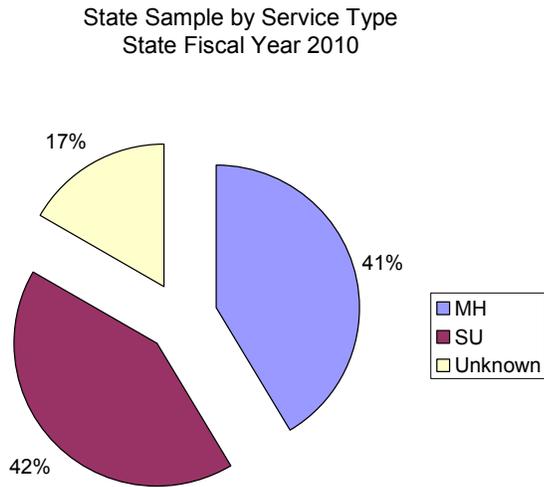


Figure 11: State Sample by Program Type

This year 41% of the surveys were received from Mental Health programs; this is a decline of 6% from Fiscal Year 2009 when 47% of the surveys came from Mental Health programs. 42% of the surveys were received from Substance Use programs, which is similar to last year. 17% of the surveys had no program type identified; this is an increase of 4% from Fiscal Year 2009.

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

Reason for Service

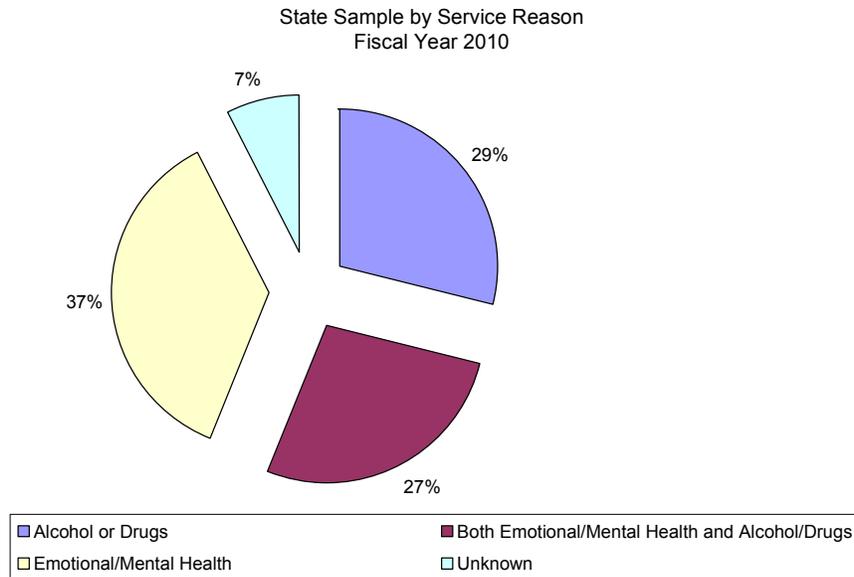


Figure 12: State Sample by Reason for Service

Over one-third (37%) of respondents identified emotional or mental health problems as their reason for receiving services, and slightly under one-third (29%) identified alcohol or drugs as their reason. An additional 27% selected both mental health and substance abuse problems as reasons for receiving services. Seven percent of respondents did not indicate a reason for receiving services.

Reason for Service by Program Type

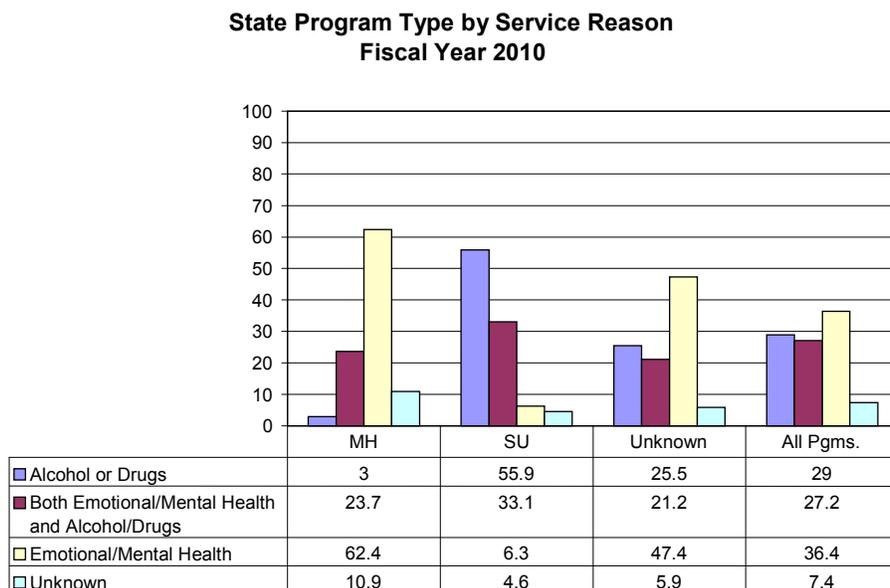


Figure 13: State Program Type by Reason for Service

As in the previous year, more (33%) people in SU treatment programs indicated co-occurring problems (chose the “Both” option) than did people in MH programs (24%).

Length of Stay

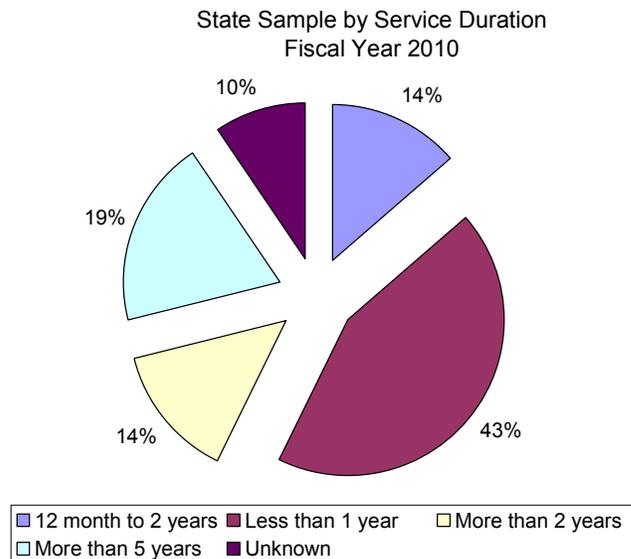


Figure 14: State Sample by Service Duration

This is the fourth year in which respondents were asked to report how long they had been receiving services; 10% of respondents chose not to answer this question. The largest subset of respondents (43%) 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. 19% of this year’s respondents reported that they had been receiving DMHAS services for more than five years.

Length of Stay by Service Type

**State Program Type by Service Duration
Fiscal Year 2010**

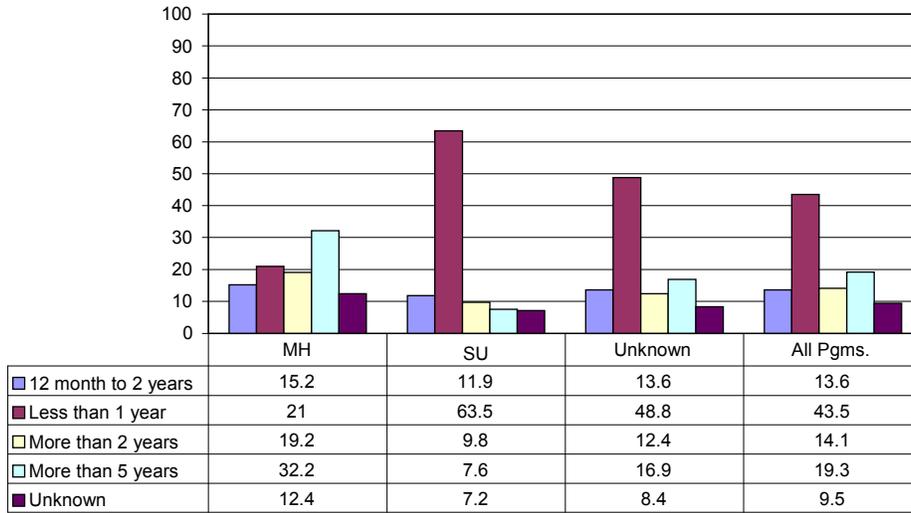


Figure 15: State Program Type by Service Duration

Similar to the previous year, respondents receiving MH treatment services were more likely to report longer service durations than respondents receiving SU treatment services.

Satisfaction with Services

Satisfaction on All Domains

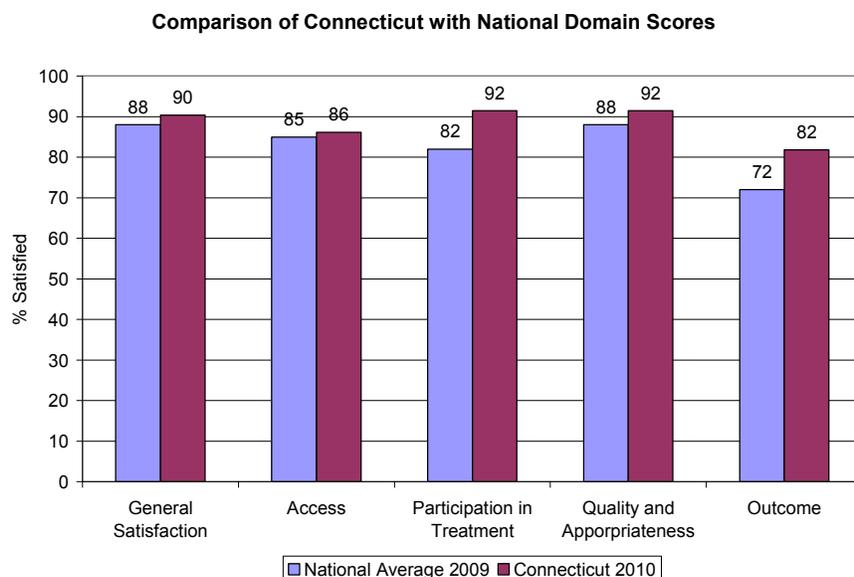


Figure 16: Comparison of Connecticut with National Domain Scores

When compared to the latest MHSIP national survey results available (2008 CMHS Uniform Reporting System Output Tables), Connecticut consumers report higher levels of satisfaction in General Satisfaction, Participation in Treatment, Quality and Appropriateness, and Outcome. Satisfaction with Access is about the same as the national average.

- ◆ About 90% of respondents expressed satisfaction in the General Satisfaction domain.
- ◆ Approximately 91% of respondents expressed satisfaction in the Quality and Appropriateness domain.
- ◆ The Connecticut average for Outcome was 82%, compared to just 72% for the entire country.

Approximately 91% of Connecticut respondents agreed with these state-specific items:

- ◆ “I felt comfortable asking questions about my services, treatment or medication.”
- ◆ “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.

- ◆ Ninety-two percent of respondents agreed with the statement, “I liked the services that I received here.”
- ◆ Approximately 87% of respondents agreed with the statement, “If I had other choices, I would still get services from this agency.”
- ◆ Ninety-one 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 have increased slightly from the 2009 survey.

- ◆ Approximately 84% of respondents agreed that the location of services was convenient for them.
- ◆ Over 89% agreed with the statement, “Staff was willing to see me as often as I felt was necessary.”
- ◆ Approximately 84% agreed that staff returned their calls within 24 hours.
- ◆ Eighty-nine percent 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 in this domain have all increased slightly from the 2009 survey.

- ◆ Almost 93% of respondents agreed with the statement, “Staff here believes that I can grow, change, and recover.”
- ◆ Eighty-six percent agreed with the statement, “I felt free to complain.”
- ◆ Over 90% agreed with the statement, “I was given information about my rights.”
- ◆ Almost 83% agreed that “Staff told me what side effects to watch out for.”
- ◆ Approximately 92% agreed that “Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.”
- ◆ Eighty-nine percent felt that “Staff was sensitive to my cultural/ethnic background”
- ◆ Nearly 90% 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. All percentages have improved slightly since the 2009 survey.

- ◆ Over 85% agreed with the statement, “I deal more effectively with daily problems.”
- ◆ Over 84% agreed that “I am better able to control my life.”
- ◆ Almost 82% agreed with the statement, “I am better able to deal with crisis.”
- ◆ Nearly 80% felt that “I am getting along better with my family.”
- ◆ Almost 79% agreed with the statement, “I do better in social situations.”
- ◆ Approximately 74% agreed with the statement, “I do better in school and/or work.”
- ◆ Around 76% 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 keeping with the trend seen in other domains, rates of positive response have improved from the previous year.

- ◆ Approximately 70% of respondents agreed with the statement, “I am involved in my community.”
- ◆ Over 79% agreed with the statement, “I am able to pursue my interests.”
- ◆ Seventy-seven percent felt that “In general I can have the life I want, despite my disease/disorder.”
- ◆ Nearly 81% agreed with “In general I feel like I am in control of my treatment.”
- ◆ Almost 80% 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.

- ◆ Slightly more than 91% of respondents agreed with the statement, “I felt comfortable asking questions about my services, treatment or medication.” This rate is slightly improved from the previous year.

Respect for Family Involvement Item

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

- ◆ Almost 90% of respondents agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” This is a slight improvement from the 2009 survey.

Statewide Satisfaction Trends by Domain



Figure 17: Trends (2005-2010) in Consumer Satisfaction

The percentage of consumers satisfied with services has remained relatively consistent from FY 2005 through FY 2010. 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 domain. In FY 2010, over 91% of respondents felt they received appropriate services, over 90% were generally satisfied, and over 86% expressed satisfaction with access to services. About 82% of respondents were satisfied with perceived outcomes. Over three-quarters of respondents were satisfied with their progress toward recovery.⁵

⁵ The Recovery domain was implemented in 2005.

Table 3: Statewide Trends (2003-2010) by Domain

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
General Satisfaction							
	2010	23351	90.43	1998	7.74	474	1.84
	2009	21718	89.67	2009	8.29	493	2.04
	2008	20692	88.57	2144	9.18	527	2.26
	2007	21483	89.53	1985	8.27	528	2.2
	2006	19640	88.82	1911	8.64	561	2.54
	2005	18935	88.63	1932	9.04	498	2.33
	2004	13664	88.27	1405	9.08	410	2.65
	2003	10277	89.42	955	8.31	261	2.27
Access							
	2010	21911	86.11	3226	12.68	308	1.21
	2009	20320	85.06	3260	13.65	310	1.3
	2008	19161	83.53	3379	14.73	399	1.74
	2007	19801	84.62	3232	13.81	366	1.56
	2006	18098	83.22	3257	14.98	393	1.81
	2005	17303	82.73	3232	15.45	381	1.82
	2004	12707	83.72	2155	14.2	316	2.08
	2003	9409	83.7	1637	14.56	196	1.74
Participation in Treatment							
	2010	23242	91.53	1595	6.28	556	2.19
	2009	21605	90.78	1642	6.9	553	2.32
	2008	20755	90.14	1654	7.18	617	2.68
	2007	21364	90.44	1588	6.72	669	2.83
	2006	19483	89.54	1632	7.5	645	2.96
	2005	18748	89.36	1603	7.64	629	3
	2004	13425	88.47	1243	8.19	506	3.33
	2003	9575	88.49	863	7.98	382	3.53
Quality and Appropriateness							
	2010	23183	91.49	1930	7.62	227	0.9
	2009	21490	90.56	1978	8.34	262	1.1
	2008	20558	89.87	2034	8.89	282	1.23
	2007	21264	90.4	1972	8.38	286	1.22
	2006	19295	89.2	2003	9.26	332	1.53
	2005	18584	89.14	1987	9.53	277	1.33
	2004	13336	88.42	1452	9.63	295	1.96
	2003	9779	88.15	1147	10.34	167	1.51
Respect							
	2010	20568	89.81	1824	7.96	509	2.22
	2009	18829	88.47	1907	8.96	548	2.57
	2008	17763	87.84	1951	9.65	507	2.51
	2007	19117	88.99	1818	8.46	546	2.54
	2006	17784	87.96	1921	9.5	513	2.54
	2005	17620	87.95	1890	9.43	523	2.61
	2004	12433	86.01	1519	10.51	504	3.49
	2003	9208	86.31	1116	10.46	344	3.22

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
Outcome							
	2010	20303	81.82	3976	16.02	536	2.16
	2009	18703	81.02	3883	16.82	499	2.16
	2008	17764	79.92	3932	17.69	530	2.38
	2007	18654	81.47	3681	16.08	562	2.45
	2006	16948	80.75	3511	16.73	530	2.53
	2005	16087	81.18	3255	16.43	475	2.4
	2004	11969	80.18	2511	16.82	447	2.99
	2003	8815	80.09	1888	17.15	304	2.76
Recovery							
	2010	19435	77.89	4603	18.45	915	3.67
	2009	17798	76.61	4525	19.48	908	3.91
	2008	16864	75.47	4567	20.44	914	4.09
	2007	17706	77.2	4318	18.83	912	3.98
	2006	16194	77.07	3931	18.71	888	4.23
	2005	15356	76.3	3966	19.71	804	3.99
	2004	0		0		0	
	2003	0		0		0	

Table 4: Statewide Trends by Question, 2005-2010

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
General Satisfaction									
<i>I like the services that I received here.</i>									
2010	23718	92.0	1654	6.4	404	1.6	1.57	1	0.71
2009	22045	91.2	1694	7.0	443	1.8	1.60	1	0.73
2008	21021	90.1	1813	7.8	496	2.1	1.63	2	0.75
2007	21779	91.0	1691	7.1	463	1.9	1.61	1	0.73
2006	19855	90.0	1696	7.7	518	2.3	1.64	2	0.76
2005	19135	89.7	1703	8.0	488	2.3	1.65	2	0.76
<i>If I had other choices, I would still get services from this agency.</i>									
2010	22239	86.9	2303	9.0	1041	4.1	1.71	2	0.85
2009	20773	86.6	2178	9.1	1039	4.3	1.73	2	0.86
2008	19583	84.8	2346	10.2	1176	5.1	1.78	2	0.89
2007	20487	86.3	2160	9.1	1105	4.7	1.75	2	0.86
2006	18654	85.2	2189	10.0	1051	4.8	1.77	2	0.88
2005	18037	85.4	2098	9.9	990	4.7	1.77	2	0.86
<i>I would recommend this agency to a friend or family member.</i>									
2010	23142	90.6	1688	6.6	719	2.8	1.61	1	0.77
2009	21573	90.0	1678	7.0	718	3.0	1.64	1	0.79
2008	20541	89.1	1751	7.6	763	3.3	1.66	2	0.80
2007	21303	89.7	1626	6.9	807	3.4	1.65	2	0.80
2006	19496	88.9	1668	7.6	770	3.5	1.67	2	0.82
2005	18835	89.0	1623	7.7	705	3.3	1.67	2	0.80
Access									
<i>The location of services was convenient.</i>									
2010	21355	84.4	2546	10.1	1401	5.5	1.78	2	0.90
2009	19832	83.5	2511	10.6	1408	5.9	1.81	2	0.92
2008	18785	82.3	2512	11.0	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	81.0	2517	11.6	1588	7.3	1.87	2	0.96
2005	16869	81.0	2385	11.5	1571	7.5	1.89	2	0.97
<i>Staff was willing to see me as often as I felt was necessary.</i>									
2010	22823	89.2	1972	7.7	788	3.1	1.65	2	0.79
2009	21242	88.4	1977	8.2	798	3.3	1.68	2	0.80
2008	20201	87.6	1988	8.6	881	3.8	1.71	2	0.82
2007	20796	88.0	1931	8.2	900	3.8	1.70	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
<i>Staff returned calls within 24 hours.</i>									
2010	20366	84.3	2658	11.0	1132	4.7	1.77	2	0.87
2009	19138	84.1	2604	11.4	1003	4.4	1.78	2	0.86
2008	17896	82.5	2660	12.3	1139	5.3	1.82	2	0.89
2007	18365	83.4	2549	11.6	1108	5.0	1.80	2	0.88
2006	16917	82.7	2458	12.0	1081	5.3	1.81	2	0.90
2005	16187	82.3	2421	12.3	1049	5.3	1.83	2	0.90

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
Services were available at times that were good for me.									
2010	22815	89.4	2016	7.9	698	2.7	1.67	2	0.77
2009	21231	88.6	2010	8.4	715	3.0	1.69	2	0.78
2008	20195	87.4	2052	8.9	850	3.7	1.74	2	0.81
2007	20771	88.3	1935	8.2	817	3.5	1.71	2	0.80
2006	19000	87.0	1973	9.0	864	4.0	1.74	2	0.83
2005	18130	86.2	2003	9.5	900	4.3	1.77	2	0.84
Participation in Treatment									
<i>I felt comfortable asking questions about my services, treatment, or medication.</i>									
2010	23242	91.5	1595	6.3	556	2.2	1.59	1	0.74
2009	21605	90.8	1642	6.9	553	2.3	1.62	1	0.75
2008	20755	90.1	1654	7.2	617	2.7	1.65	2	0.76
2007	21364	90.4	1588	6.7	669	2.8	1.64	2	0.77
2006	19483	89.5	1632	7.5	645	3.0	1.66	2	0.78
2005	18748	89.4	1603	7.6	629	3.0	1.67	2	0.78
Quality and Appropriateness									
<i>Staff here believes that I can grow, change, and recover.</i>									
2010	23743	92.9	1496	5.9	322	1.3	1.53	1	0.68
2009	22034	92.1	1538	6.4	344	1.4	1.56	1	0.70
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	1	0.72
2006	19618	90.4	1625	7.5	455	2.1	1.61	1	0.75
2005	19016	90.8	1528	7.3	410	2.0	1.61	1	0.74
<i>I felt free to complain.</i>									
2010	21802	86.0	2448	9.7	1109	4.4	1.74	2	0.85
2009	20150	84.8	2523	10.6	1097	4.6	1.78	2	0.86
2008	19140	83.7	2517	11.0	1215	5.3	1.82	2	0.89
2007	19790	84.2	2483	10.6	1243	5.3	1.81	2	0.89
2006	18047	83.5	2440	11.3	1122	5.2	1.82	2	0.89
2005	17253	82.5	2458	11.8	1192	5.7	1.85	2	0.90
<i>I was given information about my rights.</i>									
2010	22947	90.4	1705	6.7	738	2.9	1.65	2	0.77
2009	21280	89.3	1798	7.5	745	3.1	1.68	2	0.79
2008	20431	89.0	1779	7.7	752	3.3	1.71	2	0.79
2007	21070	89.4	1681	7.1	827	3.5	1.70	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	2	0.80
<i>Staff told me what side effects to watch out for.</i>									
2010	19222	82.8	2733	11.8	1250	5.4	1.82	2	0.88
2009	17843	81.4	2800	12.8	1278	5.8	1.86	2	0.91
2008	16973	80.4	2759	13.1	1391	6.6	1.90	2	0.92
2007	17630	81.9	2543	11.8	1349	6.3	1.86	2	0.91
2006	16311	81.2	2471	12.3	1308	6.5	1.88	2	0.92
2005	15352	79.8	2511	13.1	1376	7.2	1.91	2	0.93

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.</i>									
2010	23223	91.6	1578	6.2	544	2.1	1.59	1	0.74
2009	21501	90.7	1652	7.0	551	2.3	1.62	1	0.75
2008	20690	90.4	1599	7.0	606	2.6	1.64	2	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	2	0.78
2005	18672	89.7	1583	7.6	572	2.7	1.66	2	0.77
<i>Staff was sensitive to my cultural/ethnic background.</i>									
2010	21713	89.0	2220	9.1	463	1.9	1.65	2	0.75
2009	20207	88.1	2271	9.9	457	2.0	1.67	2	0.76
2008	19137	87.0	2283	10.4	564	2.6	1.71	2	0.79
2007	20016	88.0	2198	9.7	541	2.4	1.69	2	0.78
2006	18260	87.1	2151	10.3	557	2.7	1.71	2	0.79
2005	17429	86.5	2137	10.6	576	2.9	1.73	2	0.80
<i>Staff helped me to obtain information I needed so that I could take charge of managing my illness.</i>									
2010	22184	89.5	2001	8.1	589	2.4	1.65	2	0.76
2009	20626	88.7	1994	8.6	624	2.7	1.68	2	0.78
2008	19615	87.7	2088	9.3	662	3.0	1.72	2	0.79
2007	20160	88.6	1931	8.5	655	2.9	1.70	2	0.78
2006	18504	87.0	2054	9.7	716	3.4	1.73	2	0.81
2005	17651	86.8	1970	9.7	703	3.5	1.75	2	0.81
Respect									
<i>My wishes are respected about the amount of family involvement I want in my treatment.</i>									
2010	20568	89.8	1824	8.0	509	2.2	1.64	2	0.75
2009	18829	88.5	1907	9.0	548	2.6	1.68	2	0.78
2008	17763	87.8	1951	9.6	507	2.5	1.70	2	0.78
2007	19117	89.0	1818	8.5	546	2.5	1.69	2	0.76
2006	17784	88.0	1921	9.5	513	2.5	1.70	2	0.78
2005	17620	88.0	1890	9.4	523	2.6	1.71	2	0.78
Outcome									
<i>As a result of services I have received from this agency, I deal more effectively with daily problems.</i>									
2010	21289	85.3	2920	11.7	748	3.0	1.79	2	0.79
2009	19714	84.8	2875	12.4	665	2.9	1.81	2	0.79
2008	18701	83.6	2941	13.2	720	3.2	1.85	2	0.79
2007	19602	84.9	2716	11.8	763	3.3	1.81	2	0.80
2006	17799	84.2	2669	12.6	676	3.2	1.82	2	0.80
2005	16775	84.1	2479	12.4	697	3.5	1.83	2	0.80
<i>As a result of services I have received from this agency, I am better able to control my life.</i>									
2010	21016	84.2	3200	12.8	752	3.0	1.81	2	0.80
2009	19398	83.4	3130	13.5	728	3.1	1.83	2	0.80
2008	18429	82.3	3204	14.3	771	3.4	1.86	2	0.81
2007	19273	83.5	3000	13.0	809	3.5	1.83	2	0.81
2006	17622	83.3	2804	13.3	725	3.4	1.84	2	0.81
2005	16701	83.6	2587	12.9	701	3.5	1.83	2	0.81

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>As a result of services I have received from this agency, I am better able to deal with crisis.</i>									
2010	20352	81.9	3541	14.2	966	3.9	1.86	2	0.83
2009	18741	80.9	3552	15.3	866	3.7	1.88	2	0.83
2008	17774	79.7	3597	16.1	926	4.2	1.92	2	0.84
2007	18567	80.8	3447	15.0	958	4.2	1.89	2	0.84
2006	16867	80.3	3251	15.5	890	4.2	1.90	2	0.85
2005	15991	80.7	2973	15.0	853	4.3	1.90	2	0.84
<i>As a result of services I have received from this agency, I am getting along better with my family.</i>									
2010	19269	79.6	3770	15.6	1161	4.8	1.87	2	0.90
2009	17660	78.6	3712	16.5	1103	4.9	1.89	2	0.90
2008	16700	77.5	3727	17.3	1118	5.2	1.93	2	0.90
2007	17564	78.8	3602	16.2	1137	5.1	1.90	2	0.90
2006	15967	78.2	3357	16.4	1105	5.4	1.92	2	0.91
2005	15144	78.8	3111	16.2	974	5.1	1.90	2	0.90
<i>As a result of services I have received from this agency, I do better in social situations.</i>									
2010	19426	78.7	4090	16.6	1180	4.8	1.92	2	0.87
2009	18024	78.4	3894	16.9	1071	4.7	1.93	2	0.86
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
<i>As a result of services I have received from this agency, I do better in school and/or work.</i>									
2010	15228	74.4	4231	20.7	1006	4.9	1.97	2	0.91
2009	14117	73.9	4063	21.3	930	4.9	1.98	2	0.90
2008	13442	72.9	4053	22.0	933	5.1	2.01	2	0.90
2007	14091	74.4	3835	20.2	1017	5.4	1.98	2	0.91
2006	13066	74.9	3458	19.8	914	5.2	1.97	2	0.91
2005	12316	74.6	3315	20.1	878	5.3	1.98	2	0.91
<i>As a result of services I have received from this agency, My symptoms are not bothering me as much.</i>									
2010	18436	75.7	4008	16.5	1910	7.8	2.00	2	0.96
2009	17070	75.0	3964	17.4	1725	7.6	2.02	2	0.95
2008	16283	74.2	3924	17.9	1740	7.9	2.05	2	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	8.0	2.04	2	0.97
2005	14660	75.2	3288	16.9	1540	7.9	2.02	2	0.96
2004	11059	75.2	2399	16.3	1248	8.5	2.01	2	0.99
2003	8131	74.9	1774	16.3	950	8.8	2.02	2	1.00
Recovery									
<i>In general, I am involved in my community.</i>									
2010	15981	69.9	4409	19.3	2471	10.8	2.11	2	1.04
2009	14790	69.1	4263	19.9	2338	10.9	2.12	2	1.04
2008	13974	68.2	4160	20.3	2369	11.6	2.16	2	1.05
2007	14850	70.0	4001	18.9	2351	11.1	2.12	2	1.04
2006	13344	69.0	3865	20.0	2139	11.1	2.14	2	1.04
2005	12734	68.7	3802	20.5	2001	10.8	2.15	2	1.03

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>In general, I am able to pursue my interests.</i>									
2010	19498	79.1	3678	14.9	1486	6.0	1.95	2	0.89
2009	17950	78.0	3649	15.8	1425	6.2	1.98	2	0.90
2008	16992	76.7	3672	16.6	1486	6.7	2.01	2	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	2	0.90
2005	15435	77.6	3175	16.0	1278	6.4	2.00	2	0.90
<i>In general, I can have the life I want, despite my disease/disorder.</i>									
2010	19001	76.9	3752	15.2	1945	7.9	1.98	2	0.97
2009	17438	75.7	3734	16.2	1875	8.1	2.01	2	0.97
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	2.00	2	0.98
2006	15717	75.8	3263	15.7	1767	8.5	2.02	2	0.98
2005	15056	75.7	3161	15.9	1685	8.5	2.03	2	0.97
<i>In general, I feel like I am in control of my treatment.</i>									
2010	20087	80.8	3409	13.7	1357	5.5	1.90	2	0.88
2009	18376	79.5	3421	14.8	1329	5.7	1.93	2	0.89
2008	17492	78.6	3335	15.0	1429	6.4	1.98	2	0.91
2007	18156	79.4	3270	14.3	1433	6.3	1.95	2	0.91
2006	16515	79.1	3046	14.6	1318	6.3	1.95	2	0.90
2005	15627	78.4	2984	15.0	1314	6.6	1.98	2	0.91
<i>In general, I give back to my family and/or community.</i>									
2010	19265	79.7	3784	15.6	1138	4.7	1.90	2	0.87
2009	17646	78.2	3795	16.8	1124	5.0	1.93	2	0.88
2008	16567	77.0	3798	17.6	1163	5.4	1.97	2	0.89
2007	17568	78.9	3587	16.1	1120	5.0	1.93	2	0.88
2006	15991	78.2	3404	16.6	1059	5.2	1.94	2	0.89
2005	15208	77.9	3251	16.6	1069	5.5	1.96	2	0.89

The next set of tables (Table 5 through Table 11) document how consumers tended to rate 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>
Goodwill Industries of Western CT Inc.	66	66	100.00%
Artreach Inc.	59	59	100.00%
Easter Seals of Greater Hrtfd Rehab Center Inc.	51	51	100.00%
Central CT Coast YMCA	41	41	100.00%
My Sisters' Place	34	34	100.00%
Connecticut Renaissance Inc.	151	150	99.34%
Farrell Treatment Center	136	135	99.26%
Family Intervention Center	72	71	98.61%
Kuhn Employment Opportunities Inc.	42	41	97.62%
Stafford Family Services	79	77	97.47%
John J. Driscoll United Labor Agency Inc.	39	38	97.44%
Kennedy Center Inc.	144	140	97.22%
Bridge House	136	132	97.06%
CTE Inc. Viewpoint Recovery Program	34	33	97.06%
Dixwell/Newhallville Community MHS Inc.	97	94	96.91%
Keystone House Inc.	128	124	96.88%
Optimus Proyecto Nueva Vida	32	31	96.88%
Hartford Hospital	147	141	95.92%
United Community and Family Services	119	114	95.80%
St Luke's Community Services Inc.	46	44	95.65%
Marrakech Day Services	103	98	95.15%
Continuum of Care	204	194	95.10%
Mercy Housing and Shelter Corporation	80	76	95.00%
Perception Programs Inc	263	247	93.92%
Lawrence & Memorial Hospital	113	106	93.81%
Human Resource Development Agency	139	130	93.53%
Danbury Hospital	121	113	93.39%
Center for Human Development	136	127	93.38%
Hartford Behavioral Health	235	219	93.19%
St. Vincent DePaul Place Middletown, Inc.	43	40	93.02%
McCall Foundation Inc	181	168	92.82%
St. Mary's Hospital Corporation	193	179	92.75%
Waterbury Hospital Health Center	135	125	92.59%
Community Renewal Team (CRT)	214	197	92.06%
Hall Brooke Foundation Inc.	50	46	92.00%
Middlesex Hospital Mental Health Clinic	37	34	91.89%
Stonington Behavioral Health Inc	86	79	91.86%
Catholic Charities- Waterbury	133	122	91.73%
Backus Hospital	205	188	91.71%
St. Vincent DePaul Mission of Waterbury, Inc.	60	55	91.67%
New Directions Inc of North Central Conn.	319	292	91.54%
Norwalk Hospital	236	216	91.53%
Hospital of St. Raphael	138	126	91.30%
Catholic Charities of Fairfield County Inc.	183	167	91.26%
Yale University - WAGE	56	51	91.07%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Laurel House	133	121	90.98%
New Haven Home Recovery	33	30	90.91%
FSW Inc.	54	49	90.74%
Advanced Behavioral Health	136	123	90.44%
Optimus Health Care-Bennett Behavioral Health	103	93	90.29%
Cedarcrest Regional Hospital	205	185	90.24%
Ability Beyond Disability Institute	92	83	90.22%
Charlotte Hungerford Hospital	194	175	90.21%
Inter-Community Mental Health Group Inc.	172	155	90.12%
Community Prevention and Addiction Services-CPAS	167	150	89.82%
United Services Inc.	457	410	89.72%
Easter Seal Goodwill Ind. Rehab. Center Inc.	48	43	89.58%
Community Health Services Inc.	169	151	89.35%
Hogar Crea Inc	28	25	89.29%
Mental Health Association of CT Inc.	389	346	88.95%
Chemical Abuse Services Agency (CASA)	470	418	88.94%
Community Mental Health Affiliates	379	337	88.92%
Natchaug Hospital	153	136	88.89%
Bristol Hospital	27	24	88.89%
Hartford Dispensary	1387	1231	88.75%
Connection Inc	320	284	88.75%
Cornell Scott-Hill Health Corporation	638	566	88.71%
Sound Community Services Inc.	304	269	88.49%
Crossroad Inc	52	46	88.46%
Connecticut Counseling Centers Inc.	362	320	88.40%
Midwestern CT Council on Alcoholism (MCCA)	257	227	88.33%
Chrysalis Center Inc.	316	279	88.29%
Community Health Resources Inc.	425	374	88.00%
New Milford Hospital	115	101	87.83%
W. CT MH Network	564	495	87.77%
Central Naugatuck Valley (CNV) Help Inc.	106	93	87.74%
Connecticut Mental Health Center	891	778	87.32%
Yale University-Behavioral Health	110	96	87.27%
Guardian Ad Litem	70	61	87.14%
SW CT MH Network	402	350	87.06%
BRIDGES	301	262	87.04%
Birmingham Group Health Services, Inc.	171	148	86.55%
Prime Time House Inc.	174	150	86.21%
River Valley Services	259	222	85.71%
Supportive Environmental Living Facility Inc-SELF	42	36	85.71%
Shelter for the Homeless Inc.	68	58	85.29%
Fellowship Inc.	244	208	85.25%
Harbor Health Services	472	402	85.17%
Community Enterprises Inc.	67	57	85.07%
Reliance House	133	113	84.96%
Connecticut Valley Hospital	169	143	84.62%
Family & Children's Agency Inc	150	126	84.00%
SE Mental Health Authority	168	141	83.93%
Columbus House	174	146	83.91%

Provider	Total Surveys	Satisfied	Percent Satisfied
Gilead Community Services Inc.	191	160	83.77%
Regional Network of Programs	1467	1219	83.09%
Community Health Center Inc.	194	161	82.99%
Catholic Charities-Hartford Inst Hispanic Studies	160	132	82.50%
Capitol Region Mental Health Center	196	161	82.14%
Catholic Charities & Family Svs,Diocese of Norwich	52	42	80.77%
SCADD	427	340	79.63%
Charter Oak Terrace/Rice Heights Health Ctr	91	72	79.12%
Rushford Center	1174	924	78.71%
Alcohol & Drug Recovery Center-ADRC	400	314	78.50%
Day Kimball Hospital	39	30	76.92%
Morris Foundation Inc	617	473	76.66%
Wheeler Clinic	326	249	76.38%
APT Foundation Inc	756	574	75.93%
Liberation Programs (LMG)	1287	889	69.08%
Salvation Army	90	55	61.11%
Hockanum Valley Community Council Inc	108	62	57.41%
Liberty Community Services	24	21	-
Immaculate Conception Inc.	23	18	-
Common Ground Community	21	21	-
Northwest Center for Family Serv and Mental Health	21	20	-
Council of Churches Greater Bridgeport	19	16	-
Griffin Hospital	18	17	-
John Dempsey Hospital	18	13	-
Johnson Memorial Hospital	16	11	-
Positive Directions-The Center for Prev & Recov.	15	15	-
Interlude Inc.	14	14	-
Leeway, Inc.	14	13	-
Coordinating Council for Children in Crisis	10	10	-
Bridgeport Hospital	9	8	-
Hands on Hartford	7	7	-
Fish Inc Torrington Chapter	5	3	-

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

Quality and Appropriateness Domain by Provider

Table 6: Quality and Appropriateness Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Connecticut Renaissance Inc.	153	153	100.00%
Dixwell/Newhallville Community MHS Inc.	97	97	100.00%
Goodwill Industries of Western CT Inc.	63	63	100.00%
Community Enterprises Inc.	58	58	100.00%
Easter Seals of Greater Hrtfd Rehab Center Inc.	49	49	100.00%
Catholic Charities & Family Svs,Diocese of Norwich	47	47	100.00%
Kuhn Employment Opportunities Inc.	42	42	100.00%
Central CT Coast YMCA	41	41	100.00%
Optimus Proyecto Nueva Vida	32	32	100.00%
My Sisters' Place	30	30	100.00%
Kennedy Center Inc.	139	138	99.28%
Perception Programs Inc	270	268	99.26%
Danbury Hospital	119	118	99.16%
McCall Foundation Inc	180	178	98.89%
Stonington Behavioral Health Inc	89	88	98.88%
Keystone House Inc.	130	128	98.46%
Artreach Inc.	59	58	98.31%
New Milford Hospital	115	113	98.26%
Lawrence & Memorial Hospital	112	110	98.21%
Yale University - WAGE	51	50	98.04%
Farrell Treatment Center	150	147	98.00%
St. Vincent DePaul Place Middletown, Inc.	43	42	97.67%
United Community and Family Services	117	114	97.44%
Connecticut Counseling Centers Inc.	362	352	97.24%
Family Intervention Center	67	65	97.01%
St. Mary's Hospital Corporation	195	189	96.92%
New Directions Inc of North Central Conn.	317	307	96.85%
Continuum of Care	204	197	96.57%
Hogar Crea Inc	29	28	96.55%
Waterbury Hospital Health Center	134	129	96.27%
Catholic Charities- Waterbury	132	127	96.21%
Mercy Housing and Shelter Corporation	77	74	96.10%
Crossroad Inc	51	49	96.08%
Stafford Family Services	75	72	96.00%
Bristol Hospital	25	24	96.00%
Marrakech Day Services	98	94	95.92%
Hospital of St. Raphael	140	134	95.71%
Easter Seal Goodwill Ind. Rehab. Center Inc.	46	44	95.65%
Center for Human Development	136	130	95.59%
Hartford Dispensary	1389	1325	95.39%
Connection Inc	320	305	95.31%
Hartford Hospital	147	140	95.24%
Midwestern CT Council on Alcoholism (MCCA)	261	248	95.02%
St. Vincent DePaul Mission of Waterbury, Inc.	60	57	95.00%
Connecticut Valley Hospital	174	165	94.83%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Chrysalis Center Inc.	318	301	94.65%
FSW Inc.	56	53	94.64%
Middlesex Hospital Mental Health Clinic	37	35	94.59%
Bridge House	129	122	94.57%
W. CT MH Network	558	527	94.44%
Community Renewal Team (CRT)	213	201	94.37%
Charlotte Hungerford Hospital	192	181	94.27%
Human Resource Development Agency	139	131	94.24%
Advanced Behavioral Health	138	130	94.20%
Ability Beyond Disability Institute	86	81	94.19%
Backus Hospital	203	191	94.09%
Hartford Behavioral Health	234	220	94.02%
New Haven Home Recovery	32	30	93.75%
Prime Time House Inc.	172	161	93.60%
Community Prevention and Addiction Services-CPAS	167	156	93.41%
BRIDGES	298	277	92.95%
Community Health Services Inc.	170	158	92.94%
Norwalk Hospital	237	220	92.83%
Cornell Scott-Hill Health Corporation	642	592	92.21%
Mental Health Association of CT Inc.	384	354	92.19%
John J. Driscoll United Labor Agency Inc.	25	23	92.00%
Catholic Charities of Fairfield County Inc.	172	158	91.86%
Connecticut Mental Health Center	882	809	91.72%
Community Health Resources Inc.	422	387	91.71%
Natchaug Hospital	156	143	91.67%
Day Kimball Hospital	36	33	91.67%
Reliance House	131	120	91.60%
Harbor Health Services	467	427	91.43%
CTE Inc. Viewpoint Recovery Program	35	32	91.43%
United Services Inc.	450	411	91.33%
St Luke's Community Services Inc.	46	42	91.30%
Optimus Health Care-Bennett Behavioral Health	102	93	91.18%
Cedarcrest Regional Hospital	203	185	91.13%
Chemical Abuse Services Agency (CASA)	472	430	91.10%
Regional Network of Programs	1483	1343	90.56%
Inter-Community Mental Health Group Inc.	169	153	90.53%
SCADD	430	387	90.00%
SW CT MH Network	405	364	89.88%
Family & Children's Agency Inc	147	132	89.80%
Fellowship Inc.	223	200	89.69%
Hall Brooke Foundation Inc.	48	43	89.58%
Community Mental Health Affiliates	397	355	89.42%
Birmingham Group Health Services, Inc.	170	152	89.41%
Sound Community Services Inc.	292	261	89.38%
SE Mental Health Authority	168	150	89.29%
Yale University-Behavioral Health	108	96	88.89%
Central Naugatuck Valley (CNV) Help Inc.	142	126	88.73%
Columbus House	174	154	88.51%
Community Health Center Inc.	191	169	88.48%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Wheeler Clinic	320	282	88.13%
Catholic Charities-Hartford Inst Hispanic Studies	162	142	87.65%
APT Foundation Inc	760	666	87.63%
Rushford Center	1155	1010	87.45%
Alcohol & Drug Recovery Center-ADRC	396	346	87.37%
Guardian Ad Litem	70	61	87.14%
Shelter for the Homeless Inc.	69	60	86.96%
Morris Foundation Inc	625	543	86.88%
Laurel House	128	111	86.72%
River Valley Services	254	215	84.65%
Capitol Region Mental Health Center	194	164	84.54%
Supportive Environmental Living Facility Inc-SELF	42	35	83.33%
Charter Oak Terrace/Rice Heights Health Ctr	88	73	82.95%
Salvation Army	93	76	81.72%
Gilead Community Services Inc.	189	152	80.42%
Liberation Programs (LMG)	1288	1035	80.36%
Hockanum Valley Community Council Inc	106	81	76.42%
Liberty Community Services	24	24	-
Immaculate Conception Inc.	23	19	-
Common Ground Community	21	20	-
Northwest Center for Family Serv and Mental Health	20	20	-
Griffin Hospital	18	18	-
John Dempsey Hospital	18	14	-
Johnson Memorial Hospital	16	16	-
Leeway, Inc.	14	14	-
Interlude Inc.	14	13	-
Council of Churches Greater Bridgeport	13	13	-
Positive Directions-The Center for Prev & Recov.	12	12	-
Coordinating Council for Children in Crisis	10	10	-
Bridgeport Hospital	9	8	-
Hands on Hartford	8	8	-
Fish Inc Torrington Chapter	5	4	-

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

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Renaissance Inc.	153	153	100.00%
Artreach Inc.	59	59	100.00%
Goodwill Industries of Western CT Inc.	67	65	97.01%
Connecticut Counseling Centers Inc.	360	344	95.56%
Perception Programs Inc	270	257	95.19%
Central CT Coast YMCA	41	39	95.12%
Continuum of Care	203	193	95.07%
Stonington Behavioral Health Inc	87	82	94.25%
Keystone House Inc.	127	119	93.70%
My Sisters' Place	31	29	93.55%
Lawrence & Memorial Hospital	111	103	92.79%
Kuhn Employment Opportunities Inc.	41	38	92.68%
Hartford Dispensary	1375	1274	92.65%
Yale University - WAGE	50	46	92.00%
McCall Foundation Inc	172	158	91.86%
St. Vincent DePaul Mission of Waterbury, Inc.	60	55	91.67%
CTE Inc. Viewpoint Recovery Program	34	31	91.18%
Kennedy Center Inc.	124	113	91.13%
Stafford Family Services	77	70	90.91%
Dixwell/Newhallville Community MHS Inc.	97	88	90.72%
New Directions Inc of North Central Conn.	319	289	90.60%
Connection Inc	309	277	89.64%
Community Prevention and Addiction Services-CPAS	163	146	89.57%
Human Resource Development Agency	133	119	89.47%
Farrell Treatment Center	150	134	89.33%
Ability Beyond Disability Institute	84	75	89.29%
Midwestern CT Council on Alcoholism (MCCA)	260	232	89.23%
Marrakech Day Services	100	89	89.00%
New Milford Hospital	115	102	88.70%
St. Vincent DePaul Place Middletown, Inc.	44	39	88.64%
Chemical Abuse Services Agency (CASA)	462	408	88.31%
Crossroad Inc	50	44	88.00%
Bridge House	133	117	87.97%
Catholic Charities-Hartford Inst Hispanic Studies	160	140	87.50%
Family & Children's Agency Inc	120	105	87.50%
New Haven Home Recovery	32	28	87.50%
Center for Human Development	132	114	86.36%
United Community and Family Services	117	101	86.32%
Prime Time House Inc.	174	150	86.21%
Hogar Crea Inc	29	25	86.21%
Mental Health Association of CT Inc.	383	330	86.16%
St Luke's Community Services Inc.	43	37	86.05%
Easter Seals of Greater Hrtfd Rehab Center Inc.	50	43	86.00%
Day Kimball Hospital	35	30	85.71%
Connecticut Valley Hospital	174	149	85.63%

Provider	Total Surveys	Satisfied	Percent Satisfied
Central Naugatuck Valley (CNV) Help Inc.	138	118	85.51%
Regional Network of Programs	1457	1243	85.31%
W. CT MH Network	552	469	84.96%
Danbury Hospital	117	99	84.62%
Easter Seal Goodwill Ind. Rehab. Center Inc.	45	38	84.44%
Mercy Housing and Shelter Corporation	77	65	84.42%
Hartford Hospital	147	124	84.35%
Cedarcrest Regional Hospital	198	166	83.84%
APT Foundation Inc	755	627	83.05%
Chrysalis Center Inc.	312	257	82.37%
Optimus Health Care-Bennett Behavioral Health	90	74	82.22%
SW CT MH Network	378	309	81.75%
FSW Inc.	54	44	81.48%
Family Intervention Center	70	57	81.43%
Connecticut Mental Health Center	866	703	81.18%
Salvation Army	90	73	81.11%
Middlesex Hospital Mental Health Clinic	37	30	81.08%
Laurel House	131	106	80.92%
Community Mental Health Affiliates	398	322	80.90%
Cornell Scott-Hill Health Corporation	620	501	80.81%
Community Enterprises Inc.	62	50	80.65%
Community Health Center Inc.	189	152	80.42%
Fellowship Inc.	232	186	80.17%
Gilead Community Services Inc.	186	149	80.11%
Norwalk Hospital	231	185	80.09%
Supportive Environmental Living Facility Inc-SELF	40	32	80.00%
Catholic Charities- Waterbury	129	103	79.84%
Alcohol & Drug Recovery Center-ADRC	382	305	79.84%
Columbus House	163	130	79.75%
Wheeler Clinic	318	252	79.25%
Hospital of St. Raphael	138	109	78.99%
St. Mary's Hospital Corporation	184	145	78.80%
Catholic Charities of Fairfield County Inc.	173	136	78.61%
Capitol Region Mental Health Center	191	150	78.53%
Yale University-Behavioral Health	107	84	78.50%
Community Renewal Team (CRT)	214	167	78.04%
Morris Foundation Inc	623	486	78.01%
Catholic Charities & Family Svs,Diocese of Norwich	49	38	77.55%
Hartford Behavioral Health	213	165	77.46%
SE Mental Health Authority	163	126	77.30%
Advanced Behavioral Health	135	104	77.04%
Waterbury Hospital Health Center	130	100	76.92%
Liberation Programs (LMG)	1256	956	76.11%
Hall Brooke Foundation Inc.	46	35	76.09%
SCADD	421	319	75.77%
Reliance House	130	98	75.38%
Guardian Ad Litem	69	52	75.36%
Sound Community Services Inc.	288	217	75.35%
Community Health Services Inc.	162	122	75.31%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Backus Hospital	200	150	75.00%
Natchaug Hospital	149	111	74.50%
Birmingham Group Health Services, Inc.	170	126	74.12%
River Valley Services	260	192	73.85%
BRIDGES	284	206	72.54%
Rushford Center	1137	812	71.42%
Harbor Health Services	452	322	71.24%
United Services Inc.	429	294	68.53%
Inter-Community Mental Health Group Inc.	158	108	68.35%
Hockanum Valley Community Council Inc	103	70	67.96%
Charlotte Hungerford Hospital	183	124	67.76%
Shelter for the Homeless Inc.	55	37	67.27%
Community Health Resources Inc.	419	281	67.06%
Charter Oak Terrace/Rice Heights Health Ctr	88	46	52.27%
Liberty Community Services	24	20	-
John J. Driscoll United Labor Agency Inc.	23	19	-
Immaculate Conception Inc.	23	18	-
Common Ground Community	21	18	-
Northwest Center for Family Serv and Mental Health	19	15	-
Griffin Hospital	18	14	-
John Dempsey Hospital	17	6	-
Johnson Memorial Hospital	17	12	-
Leeway, Inc.	14	10	-
Interlude Inc.	14	12	-
Optimus Proyecto Nueva Vida	13	11	-
Council of Churches Greater Bridgeport	13	13	-
Positive Directions-The Center for Prev & Recov.	13	12	-
Coordinating Council for Children in Crisis	10	10	-
Bridgeport Hospital	9	6	-
Hands on Hartford	8	7	-
Fish Inc Torrington Chapter	5	3	-
Bristol Hospital	1	1	-

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

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Farrell Treatment Center	152	152	100.00%
Community Enterprises Inc.	67	67	100.00%
Artreach Inc.	59	59	100.00%
Kuhn Employment Opportunities Inc.	42	42	100.00%
Central CT Coast YMCA	41	41	100.00%
My Sisters' Place	34	34	100.00%
Optimus Proyecto Nueva Vida	32	32	100.00%
Connecticut Renaissance Inc.	153	152	99.35%
Danbury Hospital	122	121	99.18%
Lawrence & Memorial Hospital	113	112	99.12%
Dixwell/Newhallville Community MHS Inc.	97	96	98.97%
Perception Programs Inc	272	269	98.90%
Goodwill Industries of Western CT Inc.	68	67	98.53%
United Community and Family Services	120	118	98.33%
Yale University - WAGE	56	55	98.21%
St. Mary's Hospital Corporation	195	191	97.95%
Kennedy Center Inc.	146	143	97.95%
Laurel House	135	132	97.78%
St. Vincent DePaul Place Middletown, Inc.	45	44	97.78%
John J. Driscoll United Labor Agency Inc.	40	39	97.50%
Stafford Family Services	79	77	97.47%
Middlesex Hospital Mental Health Clinic	37	36	97.30%
Optimus Health Care-Bennett Behavioral Health	102	99	97.06%
Catholic Charities- Waterbury	132	128	96.97%
McCall Foundation Inc	183	177	96.72%
St. Vincent DePaul Mission of Waterbury, Inc.	60	58	96.67%
Bristol Hospital	27	26	96.30%
Crossroad Inc	52	50	96.15%
Continuum of Care	204	196	96.08%
Easter Seals of Greater Hrtfd Rehab Center Inc.	51	49	96.08%
Liberty Community Services	25	24	96.00%
Chrysalis Center Inc.	319	306	95.92%
Hartford Hospital	147	141	95.92%
Family Intervention Center	73	70	95.89%
Connecticut Counseling Centers Inc.	363	348	95.87%
Human Resource Development Agency	140	134	95.71%
Center for Human Development	136	130	95.59%
Bridge House	136	130	95.59%
Waterbury Hospital Health Center	135	129	95.56%
Reliance House	133	127	95.49%
Connecticut Valley Hospital	175	167	95.43%
Advanced Behavioral Health	139	132	94.96%
Hartford Behavioral Health	237	225	94.94%
Prime Time House Inc.	174	165	94.83%
Midwestern CT Council on Alcoholism (MCCA)	269	255	94.80%

Provider	Total Surveys	Satisfied	Percent Satisfied
United Services Inc.	460	436	94.78%
Day Kimball Hospital	38	36	94.74%
Backus Hospital	205	194	94.63%
Catholic Charities of Fairfield County Inc.	184	174	94.57%
Connection Inc	331	313	94.56%
Stonington Behavioral Health Inc	89	84	94.38%
Community Health Services Inc.	172	162	94.19%
New Haven Home Recovery	33	31	93.94%
New Milford Hospital	115	108	93.91%
Keystone House Inc.	130	122	93.85%
Norwalk Hospital	239	224	93.72%
Hartford Dispensary	1394	1306	93.69%
Mental Health Association of CT Inc.	391	366	93.61%
Hospital of St. Raphael	140	131	93.57%
Community Renewal Team (CRT)	217	202	93.09%
Inter-Community Mental Health Group Inc.	173	161	93.06%
Community Prevention and Addiction Services-CPAS	170	158	92.94%
Supportive Environmental Living Facility Inc-SELF	42	39	92.86%
Sound Community Services Inc.	304	282	92.76%
W. CT MH Network	565	524	92.74%
FSW Inc.	55	51	92.73%
Mercy Housing and Shelter Corporation	80	74	92.50%
Cornell Scott-Hill Health Corporation	645	593	91.94%
Community Mental Health Affiliates	408	375	91.91%
BRIDGES	304	278	91.45%
Fellowship Inc.	244	223	91.39%
Cedarcrest Regional Hospital	209	191	91.39%
Connecticut Mental Health Center	899	821	91.32%
St Luke's Community Services Inc.	46	42	91.30%
CTE Inc. Viewpoint Recovery Program	34	31	91.18%
SE Mental Health Authority	168	153	91.07%
Yale University-Behavioral Health	111	101	90.99%
Community Health Resources Inc.	428	389	90.89%
Chemical Abuse Services Agency (CASA)	474	429	90.51%
Natchaug Hospital	157	142	90.45%
Ability Beyond Disability Institute	92	83	90.22%
Marrakech Day Services	102	92	90.20%
Hall Brooke Foundation Inc.	49	44	89.80%
Charlotte Hungerford Hospital	195	175	89.74%
Hogar Crea Inc	29	26	89.66%
Catholic Charities-Hartford Inst Hispanic Studies	169	151	89.35%
Harbor Health Services	479	427	89.14%
Community Health Center Inc.	195	173	88.72%
SW CT MH Network	405	359	88.64%
Capitol Region Mental Health Center	198	175	88.38%
Easter Seal Goodwill Ind. Rehab. Center Inc.	50	44	88.00%
New Directions Inc of North Central Conn.	329	289	87.84%
SCADD	435	381	87.59%
Birmingham Group Health Services, Inc.	175	153	87.43%

Provider	Total Surveys	Satisfied	Percent Satisfied
Shelter for the Homeless Inc.	71	62	87.32%
Catholic Charities & Family Svs,Diocese of Norwich	53	46	86.79%
River Valley Services	260	225	86.54%
Regional Network of Programs	1493	1290	86.40%
Rushford Center	1196	1029	86.04%
APT Foundation Inc	760	651	85.66%
Columbus House	176	150	85.23%
Family & Children's Agency Inc	153	130	84.97%
Wheeler Clinic	332	281	84.64%
Gilead Community Services Inc.	195	165	84.62%
Charter Oak Terrace/Rice Heights Health Ctr	91	77	84.62%
Guardian Ad Litem	70	59	84.29%
Salvation Army	95	80	84.21%
Central Naugatuck Valley (CNV) Help Inc.	145	121	83.45%
Alcohol & Drug Recovery Center-ADRC	409	341	83.37%
Morris Foundation Inc	638	499	78.21%
Liberation Programs (LMG)	1294	1010	78.05%
Hockanum Valley Community Council Inc	107	76	71.03%
Immaculate Conception Inc.	23	19	-
Common Ground Community	21	21	-
Northwest Center for Family Serv and Mental Health	21	20	-
Council of Churches Greater Bridgeport	19	19	-
Griffin Hospital	18	18	-
John Dempsey Hospital	18	14	-
Johnson Memorial Hospital	17	14	-
Positive Directions-The Center for Prev & Recov.	15	15	-
Leeway, Inc.	14	14	-
Interlude Inc.	14	13	-
Coordinating Council for Children in Crisis	10	10	-
Bridgeport Hospital	9	7	-
Hands on Hartford	8	8	-
Fish Inc Torrington Chapter	5	4	-

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
Connecticut Renaissance Inc.	152	152	100.00%
Goodwill Industries of Western CT Inc.	65	65	100.00%
Kuhn Employment Opportunities Inc.	42	42	100.00%
Middlesex Hospital Mental Health Clinic	37	37	100.00%
CTE Inc. Viewpoint Recovery Program	35	35	100.00%
Kennedy Center Inc.	139	138	99.28%
New Milford Hospital	115	114	99.13%
Stafford Family Services	78	77	98.72%
Farrell Treatment Center	152	150	98.68%
Artreach Inc.	59	58	98.31%
Lawrence & Memorial Hospital	113	111	98.23%
Crossroad Inc	52	51	98.08%
Keystone House Inc.	128	125	97.66%
Central CT Coast YMCA	41	40	97.56%
Continuum of Care	204	199	97.55%
Danbury Hospital	121	118	97.52%
United Community and Family Services	120	117	97.50%
Family Intervention Center	70	68	97.14%
Bridge House	136	132	97.06%
Perception Programs Inc	271	263	97.05%
Connecticut Counseling Centers Inc.	362	351	96.96%
Dixwell/Newhallville Community MHS Inc.	97	94	96.91%
New Haven Home Recovery	32	31	96.88%
My Sisters' Place	31	30	96.77%
St. Vincent DePaul Mission of Waterbury, Inc.	60	58	96.67%
Hartford Hospital	147	142	96.60%
Connecticut Valley Hospital	175	169	96.57%
John J. Driscoll United Labor Agency Inc.	29	28	96.55%
FSW Inc.	56	54	96.43%
McCall Foundation Inc	183	176	96.17%
Bristol Hospital	26	25	96.15%
Marrakech Day Services	102	98	96.08%
Optimus Health Care-Bennett Behavioral Health	101	97	96.04%
St. Mary's Hospital Corporation	195	187	95.90%
Catholic Charities & Family Svs,Diocese of Norwich	47	45	95.74%
Center for Human Development	135	129	95.56%
St Luke's Community Services Inc.	44	42	95.45%
Midwestern CT Council on Alcoholism (MCCA)	260	248	95.38%
St. Vincent DePaul Place Middletown, Inc.	43	41	95.35%
Hospital of St. Raphael	139	132	94.96%
Community Renewal Team (CRT)	217	206	94.93%
Hartford Dispensary	1387	1316	94.88%
Connection Inc	332	315	94.88%
Community Prevention and Addiction Services-CPAS	168	159	94.64%
Prime Time House Inc.	92	87	94.57%

Provider	Total Surveys	Satisfied	Percent Satisfied
Stonington Behavioral Health Inc	89	84	94.38%
Advanced Behavioral Health	139	131	94.24%
New Directions Inc of North Central Conn.	325	306	94.15%
Backus Hospital	204	192	94.12%
Norwalk Hospital	237	223	94.09%
W. CT MH Network	556	523	94.06%
Yale University - WAGE	50	47	94.00%
Reliance House	130	122	93.85%
Optimus Proyecto Nueva Vida	32	30	93.75%
Mercy Housing and Shelter Corporation	79	74	93.67%
Hartford Behavioral Health	238	222	93.28%
Central Naugatuck Valley (CNV) Help Inc.	140	130	92.86%
Guardian Ad Litem	70	65	92.86%
Regional Network of Programs	1481	1375	92.84%
Charlotte Hungerford Hospital	195	181	92.82%
Supportive Environmental Living Facility Inc-SELF	41	38	92.68%
BRIDGES	300	278	92.67%
Connecticut Mental Health Center	889	823	92.58%
Community Health Services Inc.	172	159	92.44%
Sound Community Services Inc.	299	276	92.31%
Ability Beyond Disability Institute	89	82	92.13%
Day Kimball Hospital	38	35	92.11%
United Services Inc.	455	419	92.09%
Harbor Health Services	472	434	91.95%
Waterbury Hospital Health Center	134	123	91.79%
Community Health Center Inc.	194	178	91.75%
Cornell Scott-Hill Health Corporation	637	584	91.68%
Cedarcrest Regional Hospital	209	191	91.39%
Mental Health Association of CT Inc.	383	350	91.38%
Human Resource Development Agency	137	125	91.24%
Catholic Charities- Waterbury	132	120	90.91%
Yale University-Behavioral Health	110	100	90.91%
Chrysalis Center Inc.	315	286	90.79%
SW CT MH Network	403	365	90.57%
Columbus House	168	152	90.48%
Natchaug Hospital	156	141	90.38%
Chemical Abuse Services Agency (CASA)	468	422	90.17%
Community Health Resources Inc.	428	385	89.95%
Inter-Community Mental Health Group Inc.	169	152	89.94%
SCADD	437	392	89.70%
Hogar Crea Inc	29	26	89.66%
Community Mental Health Affiliates	401	359	89.53%
Rushford Center	1176	1050	89.29%
APT Foundation Inc	764	681	89.14%
Birmingham Group Health Services, Inc.	172	153	88.95%
SE Mental Health Authority	169	150	88.76%
Catholic Charities of Fairfield County Inc.	160	142	88.75%
Wheeler Clinic	330	289	87.58%
Fellowship Inc.	222	194	87.39%

Provider	Total Surveys	Satisfied	Percent Satisfied
Hall Brooke Foundation Inc.	47	41	87.23%
Catholic Charities-Hartford Inst Hispanic Studies	162	141	87.04%
River Valley Services	261	227	86.97%
Alcohol & Drug Recovery Center-ADRC	403	350	86.85%
Morris Foundation Inc	630	547	86.83%
Capitol Region Mental Health Center	195	169	86.67%
Laurel House	129	111	86.05%
Family & Children's Agency Inc	145	123	84.83%
Easter Seal Goodwill Ind. Rehab. Center Inc.	46	39	84.78%
Charter Oak Terrace/Rice Heights Health Ctr	91	77	84.62%
Liberation Programs (LMG)	1286	1060	82.43%
Shelter for the Homeless Inc.	68	56	82.35%
Gilead Community Services Inc.	192	157	81.77%
Salvation Army	95	75	78.95%
Hockanum Valley Community Council Inc	106	82	77.36%
Community Enterprises Inc.	46	33	71.74%
Easter Seals of Greater Hrtfd Rehab Center Inc.	49	32	65.31%
Liberty Community Services	24	24	-
Immaculate Conception Inc.	23	22	-
Common Ground Community	21	21	-
Northwest Center for Family Serv and Mental Health	20	19	-
Griffin Hospital	18	17	-
John Dempsey Hospital	18	11	-
Johnson Memorial Hospital	16	12	-
Council of Churches Greater Bridgeport	16	14	-
Leeway, Inc.	14	14	-
Positive Directions-The Center for Prev & Recov.	14	14	-
Interlude Inc.	14	14	-
Coordinating Council for Children in Crisis	9	9	-
Bridgeport Hospital	9	8	-
Hands on Hartford	8	8	-
Fish Inc Torrington Chapter	5	4	-

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
Artreach Inc.	54	54	100.00%
Central CT Coast YMCA	39	39	100.00%
St. Vincent DePaul Place Middletown, Inc.	35	35	100.00%
Continuum of Care	202	201	99.50%
Lawrence & Memorial Hospital	110	109	99.09%
Dixwell/Newhallville Community MHS Inc.	81	80	98.77%
Connecticut Renaissance Inc.	152	150	98.68%
Goodwill Industries of Western CT Inc.	55	54	98.18%
Stonington Behavioral Health Inc	85	83	97.65%
Yale University - WAGE	40	39	97.50%
Danbury Hospital	115	112	97.39%
New Milford Hospital	114	111	97.37%
Stafford Family Services	72	70	97.22%
CTE Inc. Viewpoint Recovery Program	34	33	97.06%
Mercy Housing and Shelter Corporation	67	65	97.01%
My Sisters' Place	31	30	96.77%
Hartford Hospital	142	137	96.48%
Community Enterprises Inc.	56	54	96.43%
United Community and Family Services	110	106	96.36%
Kennedy Center Inc.	126	121	96.03%
Center for Human Development	118	113	95.76%
Easter Seal Goodwill Ind. Rehab. Center Inc.	46	44	95.65%
Keystone House Inc.	114	109	95.61%
Hartford Dispensary	1268	1210	95.43%
Kuhn Employment Opportunities Inc.	42	40	95.24%
Prime Time House Inc.	165	157	95.15%
W. CT MH Network	517	490	94.78%
Perception Programs Inc	264	250	94.70%
McCall Foundation Inc	148	140	94.59%
Hospital of St. Raphael	128	121	94.53%
St. Mary's Hospital Corporation	176	166	94.32%
Crossroad Inc	49	46	93.88%
Connection Inc	290	272	93.79%
Bridge House	128	120	93.75%
New Haven Home Recovery	32	30	93.75%
Ability Beyond Disability Institute	79	74	93.67%
Norwalk Hospital	220	206	93.64%
Optimus Health Care-Bennett Behavioral Health	78	73	93.59%
Marrakech Day Services	90	84	93.33%
Midwestern CT Council on Alcoholism (MCCA)	236	220	93.22%
New Directions Inc of North Central Conn.	294	274	93.20%
Backus Hospital	189	176	93.12%
Inter-Community Mental Health Group Inc.	130	121	93.08%
Connecticut Counseling Centers Inc.	355	330	92.96%
BRIDGES	254	236	92.91%

Provider	Total Surveys	Satisfied	Percent Satisfied
Cedarcrest Regional Hospital	196	182	92.86%
Day Kimball Hospital	28	26	92.86%
Yale University-Behavioral Health	95	88	92.63%
United Services Inc.	398	368	92.46%
St Luke's Community Services Inc.	39	36	92.31%
Family Intervention Center	64	59	92.19%
Farrell Treatment Center	139	128	92.09%
Mental Health Association of CT Inc.	339	312	92.04%
Easter Seals of Greater Hrtfd Rehab Center Inc.	50	46	92.00%
Central Naugatuck Valley (CNV) Help Inc.	137	126	91.97%
Advanced Behavioral Health	124	114	91.94%
Charlotte Hungerford Hospital	159	146	91.82%
Waterbury Hospital Health Center	119	109	91.60%
Catholic Charities- Waterbury	119	109	91.60%
Sound Community Services Inc.	260	238	91.54%
Hartford Behavioral Health	199	182	91.46%
Regional Network of Programs	1334	1220	91.45%
Catholic Charities of Fairfield County Inc.	150	137	91.33%
Harbor Health Services	426	389	91.31%
Reliance House	126	115	91.27%
Human Resource Development Agency	124	113	91.13%
St. Vincent DePaul Mission of Waterbury, Inc.	56	51	91.07%
Community Health Services Inc.	152	137	90.13%
Community Mental Health Affiliates	364	328	90.11%
Natchaug Hospital	141	127	90.07%
Family & Children's Agency Inc	119	107	89.92%
Chrysalis Center Inc.	292	262	89.73%
Cornell Scott-Hill Health Corporation	548	491	89.60%
Connecticut Mental Health Center	835	748	89.58%
Community Prevention and Addiction Services-CPAS	143	128	89.51%
Connecticut Valley Hospital	170	152	89.41%
Hogar Crea Inc	28	25	89.29%
SW CT MH Network	361	321	88.92%
Middlesex Hospital Mental Health Clinic	35	31	88.57%
Birmingham Group Health Services, Inc.	148	131	88.51%
FSW Inc.	52	46	88.46%
Community Health Resources Inc.	389	342	87.92%
Hall Brooke Foundation Inc.	41	36	87.80%
Guardian Ad Litem	65	57	87.69%
SE Mental Health Authority	149	130	87.25%
Community Renewal Team (CRT)	208	181	87.02%
APT Foundation Inc	700	607	86.71%
Chemical Abuse Services Agency (CASA)	443	383	86.46%
Laurel House	116	100	86.21%
Community Health Center Inc.	178	153	85.96%
Fellowship Inc.	185	159	85.95%
Catholic Charities & Family Svs,Diocese of Norwich	47	40	85.11%
River Valley Services	254	216	85.04%
Wheeler Clinic	300	255	85.00%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Columbus House	159	135	84.91%
Rushford Center	956	805	84.21%
Charter Oak Terrace/Rice Heights Health Ctr	86	72	83.72%
Morris Foundation Inc	587	487	82.96%
Capitol Region Mental Health Center	181	149	82.32%
SCADD	409	335	81.91%
Alcohol & Drug Recovery Center-ADRC	314	256	81.53%
Catholic Charities-Hartford Inst Hispanic Studies	148	120	81.08%
Gilead Community Services Inc.	175	141	80.57%
Shelter for the Homeless Inc.	50	40	80.00%
Salvation Army	83	66	79.52%
Liberation Programs (LMG)	1131	895	79.13%
Supportive Environmental Living Facility Inc-SELF	33	25	75.76%
Hockanum Valley Community Council Inc	89	62	69.66%
Immaculate Conception Inc.	23	18	-
Common Ground Community	20	19	-
John J. Driscoll United Labor Agency Inc.	19	18	-
Griffin Hospital	18	18	-
Liberty Community Services	18	16	-
Northwest Center for Family Serv and Mental Health	18	16	-
John Dempsey Hospital	16	14	-
Johnson Memorial Hospital	16	14	-
Council of Churches Greater Bridgeport	13	13	-
Leeway, Inc.	12	12	-
Positive Directions-The Center for Prev & Recov.	10	10	-
Interlude Inc.	9	8	-
Coordinating Council for Children in Crisis	9	9	-
Bridgeport Hospital	8	8	-
Optimus Proyecto Nueva Vida	6	6	-
Hands on Hartford	6	6	-
Fish Inc Torrington Chapter	5	3	-

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

Provider	Total Surveys	Satisfied	Percent Satisfied
Artreach Inc.	59	59	100.00%
John J. Driscoll United Labor Agency Inc.	30	30	100.00%
Connecticut Renaissance Inc.	152	151	99.34%
Goodwill Industries of Western CT Inc.	68	66	97.06%
Perception Programs Inc	271	257	94.83%
New Haven Home Recovery	33	31	93.94%
Continuum of Care	203	189	93.10%
New Directions Inc of North Central Conn.	324	300	92.59%
Yale University - WAGE	53	49	92.45%
Keystone House Inc.	129	119	92.25%
Crossroad Inc	49	45	91.84%
Farrell Treatment Center	146	134	91.78%
St Luke's Community Services Inc.	44	40	90.91%
My Sisters' Place	33	30	90.91%
Stonington Behavioral Health Inc	87	79	90.80%
Kuhn Employment Opportunities Inc.	42	38	90.48%
Family & Children's Agency Inc	124	112	90.32%
Ability Beyond Disability Institute	89	80	89.89%
Hall Brooke Foundation Inc.	48	43	89.58%
Lawrence & Memorial Hospital	112	100	89.29%
Hartford Dispensary	1381	1227	88.85%
Central Naugatuck Valley (CNV) Help Inc.	141	125	88.65%
Connecticut Counseling Centers Inc.	361	320	88.64%
Community Prevention and Addiction Services-CPAS	161	142	88.20%
Catholic Charities-Hartford Inst Hispanic Studies	161	142	88.20%
Connection Inc	309	272	88.03%
Easter Seals of Greater Hrtfd Rehab Center Inc.	50	44	88.00%
Human Resource Development Agency	132	116	87.88%
Central CT Coast YMCA	41	36	87.80%
Prime Time House Inc.	172	151	87.79%
Bridge House	134	116	86.57%
Hogar Crea Inc	29	25	86.21%
CTE Inc. Viewpoint Recovery Program	34	29	85.29%
Midwestern CT Council on Alcoholism (MCCA)	261	222	85.06%
St. Vincent DePaul Mission of Waterbury, Inc.	60	51	85.00%
Mercy Housing and Shelter Corporation	79	67	84.81%
McCall Foundation Inc	171	145	84.80%
Marrakech Day Services	101	85	84.16%
Cedarcrest Regional Hospital	198	166	83.84%
Chemical Abuse Services Agency (CASA)	469	391	83.37%
Mental Health Association of CT Inc.	384	319	83.07%
Connecticut Valley Hospital	170	141	82.94%
Kennedy Center Inc.	136	112	82.35%
Danbury Hospital	119	98	82.35%
Stafford Family Services	78	64	82.05%
Laurel House	133	108	81.20%
Regional Network of Programs	1451	1170	80.63%
Waterbury Hospital Health Center	127	102	80.31%
Alcohol & Drug Recovery Center-ADRC	374	300	80.21%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Hartford Hospital	146	117	80.14%
W. CT MH Network	554	443	79.96%
Columbus House	168	134	79.76%
Dixwell/Newhallville Community MHS Inc.	97	77	79.38%
Catholic Charities & Family Svs,Diocese of Norwich	48	38	79.17%
Community Renewal Team (CRT)	211	167	79.15%
APT Foundation Inc	756	596	78.84%
Chrysalis Center Inc.	315	248	78.73%
Hospital of St. Raphael	139	109	78.42%
Advanced Behavioral Health	134	105	78.36%
Morris Foundation Inc	628	492	78.34%
Hockanum Valley Community Council Inc	104	81	77.88%
Day Kimball Hospital	36	28	77.78%
Community Enterprises Inc.	67	52	77.61%
Fellowship Inc.	236	183	77.54%
Optimus Health Care-Bennett Behavioral Health	88	68	77.27%
Community Health Center Inc.	193	148	76.68%
New Milford Hospital	115	88	76.52%
SW CT MH Network	393	300	76.34%
Catholic Charities of Fairfield County Inc.	181	138	76.24%
St. Vincent DePaul Place Middletown, Inc.	42	32	76.19%
Cornell Scott-Hill Health Corporation	618	470	76.05%
Wheeler Clinic	329	249	75.68%
Middlesex Hospital Mental Health Clinic	37	28	75.68%
SCADD	428	323	75.47%
Gilead Community Services Inc.	190	143	75.26%
Center for Human Development	131	98	74.81%
Catholic Charities- Waterbury	129	96	74.42%
Norwalk Hospital	236	175	74.15%
Community Mental Health Affiliates	398	295	74.12%
FSW Inc.	54	40	74.07%
Connecticut Mental Health Center	878	649	73.92%
SE Mental Health Authority	160	118	73.75%
Capitol Region Mental Health Center	189	139	73.54%
Family Intervention Center	68	50	73.53%
Liberation Programs (LMG)	1253	917	73.18%
St. Mary's Hospital Corporation	186	136	73.12%
Sound Community Services Inc.	291	211	72.51%
Shelter for the Homeless Inc.	57	41	71.93%
Reliance House	127	91	71.65%
Hartford Behavioral Health	208	148	71.15%
Community Health Services Inc.	165	117	70.91%
Yale University-Behavioral Health	109	77	70.64%
Salvation Army	88	62	70.45%
Guardian Ad Litem	70	49	70.00%
United Community and Family Services	116	81	69.83%
BRIDGES	286	198	69.23%
Natchaug Hospital	149	103	69.13%
Backus Hospital	200	138	69.00%
Easter Seal Goodwill Ind. Rehab. Center Inc.	50	34	68.00%
Birmingham Group Health Services, Inc.	168	113	67.26%
Supportive Environmental Living Facility Inc-SELF	41	27	65.85%
Rushford Center	1141	743	65.12%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Harbor Health Services	457	295	64.55%
Inter-Community Mental Health Group Inc.	161	102	63.35%
United Services Inc.	439	269	61.28%
River Valley Services	259	158	61.00%
Charlotte Hungerford Hospital	181	109	60.22%
Community Health Resources Inc.	414	245	59.18%
Charter Oak Terrace/Rice Heights Health Ctr	87	38	43.68%
Liberty Community Services	24	20	-
Immaculate Conception Inc.	23	16	-
Common Ground Community	21	19	-
Northwest Center for Family Serv and Mental Health	19	16	-
Griffin Hospital	18	10	-
John Dempsey Hospital	18	5	-
Johnson Memorial Hospital	17	13	-
Council of Churches Greater Bridgeport	15	14	-
Leeway, Inc.	14	10	-
Interlude Inc.	14	9	-
Optimus Proyecto Nueva Vida	13	11	-
Positive Directions-The Center for Prev & Recov.	12	9	-
Coordinating Council for Children in Crisis	10	9	-
Bridgeport Hospital	9	6	-
Hands on Hartford	8	7	-
Fish Inc Torrington Chapter	5	3	-
Bristol Hospital	1	1	-

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

Consumer Survey Differences between Groups⁶

Consumer Satisfaction Across Program Type

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
SU Programs	83.2	90.7	83.9	88.4	91.1	88.3	81
MH Programs	88.6	91.9	80	92.4	91.6	91.1	75
Significance	*	*	*	*	ns	*	*

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

- Clients in MH programs reported greater satisfaction in the Access, Appropriateness, General Satisfaction, and Respect domains.
- Clients in SU programs reported greater satisfaction in the Outcome and Recovery domains.

Consumer Satisfaction Across Gender

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Men	85.4	90.5	83.0	89.4	90.3	88.5	78.8
Women	87.2	93.1	80.3	92.0	92.7	91.8	76.7
Significance	*	*	*	*	*	*	*
SU Programs							
Men	82.2	89.6	84.0	87.2	90.3	86.8	80.8
Women	84.9	92.9	83.8	90.8	92.7	91.1	81.5
Significance	*	*	ns	*	*	*	ns
MH Programs							
Men	89.1	90.9	81.3	92.1	91.4	90.0	75.7
Women	88.5	93.2	78.7	92.9	92.3	92.5	74.3
Significance	ns	*	*	ns	ns	*	ns

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- Women reported greater satisfaction with services in the Access, Appropriateness, General Satisfaction, Participation in treatment, and Respect domains.
- Men reported greater satisfaction with services in the Outcome and Recovery Domains.

In SU Programs:

- Women reported greater satisfaction in the Access, Appropriateness, General Satisfaction, Participation in treatment, and Respect domains.

In MH Programs:

- Women reported greater satisfaction in the Appropriateness and Respect domains.
- Men reported greater satisfaction in the Outcome domain.

⁶ 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.

Consumer Satisfaction Across Race

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
White	85.9	91.6	81.1	90.6	92.1	90.1	76.2
Black	86.9	91.4	83.2	89.5	90.9	89.2	81.2
Other	85.8	91.9	83.0	90.6	90.9	89.6	80.2
Significance	ns	ns	*	ns	ns	ns	*
SU Programs							
White	82.6	90.9	83.8	88.6	91.8	88.8	79.6
Black	83.6	90.6	82.4	87.3	89.8	87.1	82.2
Other	84.1	91.5	86.1	89.3	91.1	88.2	84.3
Significance	ns	ns	*	ns	ns	ns	*
MH Programs							
White	88.3	91.6	78.9	92.3	91.9	91.2	73.2
Black	89.5	91.7	83.1	91.3	91.3	90.7	79.6
Other	88.8	92.8	79.7	91.2	91.2	91.2	76.0
Significance	ns	ns	*	ns	ns	ns	*

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- In the Outcome and Recovery domains, consumers who identified themselves in either the Black or Other category were more satisfied than those who identified themselves in the White category.

In SU Programs:

- In the Recovery domain, consumers who identified themselves in either the Black or Other category were more satisfied than those who identified themselves in the White category. Also, people were more satisfied in the Outcome domain if they were in the Other category rather than the Black or White categories.

In MH Programs:

- In the Outcome and Recovery domains, consumers who identified themselves in the Black category were more satisfied than those who identified themselves in the White category.
- In the Recovery domain the level of satisfaction by racial category is described as: Black more satisfied than Other, who were more satisfied than White.

Consumer Satisfaction Across Ethnicity

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Hispanic	87.6	92.7	84.5	91.8	91.7	90.3	81.0
Non Hispanic	86.1	91.6	81.6	90.3	92.0	90.1	77.5
Significance	*	ns	*	*	ns	ns	*
SU Programs							
Hispanic	85.6	91.3	86.5	89.8	91.0	88.5	84.9
Non Hispanic	82.3	91.0	83.2	88.1	91.6	88.4	80.2
Significance	*	ns	*	ns	ns	ns	*
MH Programs							
Hispanic	90.8	95.0	83.0	94.7	92.6	92.6	77.3
Non Hispanic	88.5	91.5	79.8	92.0	91.2	91.2	74.8
Significance	*	*	*	*	ns	ns	ns

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- In each of the significant domains (Access, Outcome, General Satisfaction, and Recovery), consumers who identified themselves as Hispanic were more satisfied with services than those who identified themselves as non-Hispanic.

In SU Programs:

- In each significant domain, consumers who identified themselves as Hispanic were more satisfied with services than those who identified themselves as non-Hispanic.

In MH Programs:

- In each significant domain, consumers who identified themselves as Hispanic were more satisfied with services than those who identified themselves as non-Hispanic.

Consumer Satisfaction Across Age Groups

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
24 & Under	79.5	89.7	79.2	84.6	88.5	87.5	78.7
25-34	84.4	91.2	82.9	88.6	91.5	89.8	79.7
35-54	87.3	91.8	81.4	91.7	92.1	90.0	76.9
55 & Older	89.6	92.5	83.7	93.3	92.6	91.3	77.9
Significance	*	*	*	*	*	*	*
SU Programs							
24 & Under	75.1	88.2	81.0	82.7	87.1	84.6	80.0
25-34	82.3	90.6	84.8	87.4	91.4	88.8	81.8
35-54	84.9	91.3	83.9	90.2	91.8	88.6	80.8
55 & Older	88.1	92.2	85.7	90.8	92.9	91.1	81.0
Significance	*	*	*	*	*	*	ns
MH Programs							
24 & Under	85.4	91.0	75.1	85.8	89.2	91.4	75.0
25-34	87.9	92.3	80.1	91.1	91.3	91.1	75.7
35-54	89.1	92.0	78.2	93.1	92.1	91.1	74.0
55 & Older	89.6	92.1	83.1	93.8	92.3	91.3	76.4
Significance	ns	ns	*	*	ns	ns	ns

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- Across Appropriateness, Outcome, Participation in Treatment, and Respect domains, consumers who were 24 years old or younger were less satisfied with services than those who were older than 24.
- Additionally in the Outcome domain, clients who were 35-54 years old were less satisfied than clients who were 25-34 years old or those who were 55 or older.
- In the Access and General Satisfaction domains, each older age group was more satisfied than younger age groups.
- In the Recovery domain, clients who were 25-34 years old were more satisfied with services than clients who were 35-54 years old.

In SU Programs:

- Across Appropriateness, General Satisfaction, Participation in Treatment, and Respect domains, consumers who identified themselves being 24 years old or younger were less satisfied with services than those who identified themselves as older than 24.
- In the Outcome domain, clients who were 24 years old or younger were less satisfied than clients who were 25-54 years old.
- In the Access domain, each older age group was more satisfied than younger age groups, except that the two oldest groups were equally satisfied with services.

In MH Programs:

- In the General Satisfaction domain, consumers who identified themselves being 24 years old or younger were less satisfied with services than those who identified themselves as older than 24. Additionally, 25-34 year old clients were more satisfied than clients 55 years old or older.
- In the Outcome domain, clients who were 24 or younger were less satisfied than clients who were 25-34 or 55 and older.

Consumer Satisfaction According to Self-Identified Reason for Seeking Services

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
MH	89.0	92.3	78.8	92.2	92.0	91.8	73.7
Both	86.0	91.7	80.5	91.2	92.0	89.2	76.4
SUD	82.9	91.0	87.0	88.0	91.2	88.4	84.3
Significance	*	ns	*	*	ns	*	*
SU Programs							
MH	88.4	91.6	76.6	88.7	91.0	89.5	72.2
Both	83.2	90.8	79.8	89.6	91.3	88.0	77.1
SUD	82.8	90.9	87.3	88.0	91.2	88.4	84.4
Significance	*	ns	*	ns	ns	ns	*
MH Programs							
MH	88.8	92.0	79.2	92.5	92.0	91.8	74.4
Both	89.1	92.7	81.4	93.1	92.0	90.6	75.6
SUD	84.9	88.5	83.0	90.7	89.1	87.1	77.5
Significance	ns	ns	ns	ns	ns	*	ns

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

MH = client says they are receiving services for emotional and/or mental health reasons

SUD= client says they are receiving services for substance use disorders

Both = client says they are receiving both types of services

Across All Programs:

- Across the Access, General Satisfaction, and Respect domains, consumers who identified themselves as receiving MH services were more satisfied than those who said they were receiving both types of services, who were in turn more satisfied than those who were receiving SUD services. In the Recovery domain this pattern was reversed (SUD services were the most satisfied group).
- In the Outcome domain, clients who indicated that they were receiving SUD services were more satisfied than clients in the other two groups.

In SU Programs:

- In the Access domain, clients who indicated that they were receiving MH services were more satisfied than those who were receiving SUD or both types of services.
- In the Outcome and Recovery domains, clients who indicated that they were receiving services for substance use disorders were more satisfied than clients in the other groups.

In MH Programs:

- In the Respect domain, consumers who identified themselves as receiving MH or both types of services were more satisfied than those who identified themselves as receiving SUD services.

Consumer Satisfaction Across Levels of Care

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Outpatient	87.2	92.7	79.5	90.8	92.3	90.3	75.0
Residential	78.0	86.4	79.6	84.4	87.1	84.3	77.1
Case Management	89.1	91.9	80.3	92.4	92.3	90.7	75.2
Social Rehab	87.5	90.8	85.1	92.7	88.9	89.4	83.3
Voc Rehab	93.3	95.6	86.4	97.0	92.4	94.0	81.9
Meth Maintenance	84.7	91.8	89.1	90.2	93.2	93.0	83.8
Significance	*	*	*	*	*	*	*
SU Programs							
Outpatient	87.1	94.0	84.1	89.9	92.7	89.4	82.4
Residential	71.0	82.9	77.9	80.5	84.3	79.2	75.9
Case Management	91.5	95.3	80.1	94.7	94.7	91.9	81.1
Meth Maintenance	84.7	91.8	89.1	93.2	93.2	93.0	83.8
Significance	*	*	*	*	*	*	*
MH Programs							
Outpatient	87.3	91.6	75.1	91.7	92.0	91.1	68.1
Residential	88.7	92.0	82.3	90.5	91.5	92.3	79.0
Case Management	88.9	91.7	80.3	92.2	92.1	90.6	74.8
Social Rehab	87.5	90.8	85.1	92.7	88.9	89.4	83.3
Voc Rehab	93.3	95.6	86.4	97.0	92.4	94.0	81.9
Significance	*	*	*	*	*	*	*

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- **Access:** Clients who received vocational rehabilitation services were more satisfied than clients who received all other types of services listed. Those who received residential or methadone maintenance were less satisfied than clients who received other levels of care.
- **Appropriateness:** Clients who received vocational rehabilitation services were more satisfied than clients who received all other types of services except outpatient. Those who received outpatient services were more satisfied than those who received methadone maintenance, social rehab, or residential services. Those who received Residential services were less satisfied than clients who received other levels of care.
- **Outcome:** Clients who received methadone maintenance were more satisfied than those who received all other levels of care except vocational rehabilitation. Clients who received social or vocational rehabilitation were more satisfied than those who received outpatient, residential, or case management services.
- **General Satisfaction:** Clients who received vocational rehabilitation were more satisfied than clients who received other types of services. Clients who received residential or methadone maintenance services were less satisfied than clients in other levels of care.
- **Participation in Treatment:** Clients who received residential or social rehabilitation services were less satisfied than clients in other levels of care.
- **Respect:** Clients who received vocational rehabilitation services were more satisfied than clients who received all other types of services except methadone maintenance. Clients who received residential services were less satisfied than clients in other levels of care.
- **Recovery:** Clients who received methadone maintenance or social or vocational rehabilitation were more satisfied than clients who received outpatient, residential, or case management services.

In SU Programs:

- Access: Clients who received case management or outpatient services were more satisfied than clients who received residential or methadone maintenance.
- Appropriateness: Clients who received case management or outpatient services were more satisfied than clients who received residential or methadone maintenance.
- Outcome: Clients who received methadone maintenance were more satisfied than those who received outpatient or residential treatment. Clients who received outpatient services were more satisfied than those who received residential services.
- General Satisfaction: Clients who received case management or outpatient services were more satisfied than clients who received residential or methadone maintenance.
- Participation in Treatment: Clients who received residential services were less satisfied than clients in other levels of care.
- Respect: Clients who received residential services were less satisfied than clients in other levels of care.
- Recovery: Clients who received residential services were less satisfied than clients who received methadone maintenance or outpatient services.

In MH Programs:

- Access: Clients who received vocational rehabilitation services were more satisfied than clients who received all other types of services listed.
- Appropriateness: Clients who received vocational rehabilitation services were more satisfied than clients who received all other types of services.
- Outcome: Clients who received outpatient services were less satisfied than those who received all other levels of care. Clients who received social or vocational rehabilitation were more satisfied than those who received residential or case management services.
- General Satisfaction: Clients who received vocational rehabilitation were more satisfied than clients who received other types of services. Clients who received residential services were less satisfied than clients in other levels of care.
- Participation in Treatment: Clients who received vocational rehabilitation services were more satisfied than clients in other levels of care except outpatient.
- Respect: Clients who received vocational rehabilitation services were more satisfied than clients who received residential, case management, or social rehabilitation services.
- Recovery: Clients who received outpatient services were less satisfied than clients who received all other levels of care. Clients who received social rehabilitation were more satisfied than those who received outpatient, residential, or case management services.

Consumer Satisfaction By Length of Service

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
< 1 Year	84.2	91.3	80.6	88.5	90.9	88.1	78.5
1-2 Years	87.5	92.7	81.6	92.0	92.8	92.0	75.4
> 2 Years	88.1	93.0	83.2	92.5	92.8	92.4	77.6
> 5 Years	88.3	91.0	84.1	92.3	92.1	90.6	79.0
Significance	*	*	*	*	*	*	*
SU Programs							
< 1 Year	81.9	90.4	81.8	87.3	90.5	86.5	80.2
1-2 Years	86.6	92.8	87.5	91.0	93.4	91.7	81.0
> 2 Years	85.7	91.7	88.4	90.7	92.5	92.8	82.5
> 5 Years	85.9	91.3	90.0	91.1	93.1	92.2	86.7
Significance	*	ns	*	*	*	*	*
MH Programs							
< 1 Year	88.9	92.1	75.9	91.0	90.4	91.1	72.3
1-2 Years	88.4	92.5	78.6	93.1	92.2	92.5	73.1
> 2 Years	89.6	93.9	81.3	93.4	93.2	92.4	75.6
> 5 Years	88.3	90.7	82.5	92.6	91.7	90.2	77.5
Significance	ns	*	*	ns	ns	ns	*

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- Across the Access, General Satisfaction, Participation in Treatment, and Respect domains, consumers who had been receiving services for 1 year or more were more satisfied than those who were receiving services for less than a year.
- In the Recovery domain, those who had been receiving services for 5 years or more were more satisfied than those who had been receiving services for 1 to 5 years.

In SU Programs:

- Across the Access, Outcome, General Satisfaction, and Respect domains, consumers who had been receiving services for 1 year or more were more satisfied than those who were receiving services for less than a year.
- In the Appropriateness and Participation in treatment domains, clients who received services for 1 to 2 years were more satisfied than those who had received services for less than 1 year.
- In the Recovery domain, those who had been receiving services for 5 years or more were more satisfied than those who had been receiving services less than 5 years.

In MH Programs:

- In the Recovery domain, those who had been receiving services for 5 years or more were more satisfied than those who had been receiving services less than 5 years.
- In the Appropriateness domain, clients who had been receiving services for 1 to 5 years were more satisfied than those who received services for 5 or more years.
- In the Outcome domain, clients who received services for 5 or more years were more satisfied than those who had received services for 2 years or less.

Consumer Satisfaction Across Regions

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Region 1	83.0	88.7	82.6	86.8	89.5	87.8	79.1
Region 2	84.4	90.6	79.4	89.7	91.3	88.9	74.2
Region 3	87.9	92.9	78.9	93.7	92.3	90.7	75.3
Region 4	87.8	92.5	85.0	92.0	91.6	90.6	81.8
Region 5	87.8	93.2	84.2	91.4	92.9	91.3	81.1
Significance	*	*	*	*	*	*	*
SU Programs							
Region 1	79.3	87.2	82.4	84.4	88.6	86.4	78.7
Region 2	81.4	90.5	81.2	88.6	91.2	87.0	78.2
Region 3	88.4	94.6	83.0	93.3	93.4	89.8	80.6
Region 4	86.9	93.0	87.6	91.7	92.5	90.9	85.5
Region 5	83.1	91.1	85.0	85.5	91.4	87.8	82.5
Significance	*	*	*	*	*	*	*
MH Programs							
Region 1	90.7	91.1	82.9	91.6	91.2	90.7	79.7
Region 2	86.5	90.7	78.2	90.5	91.5	90.2	71.4
Region 3	87.4	90.9	74.1	94.1	91.1	91.7	69.3
Region 4	89.7	91.4	79.9	92.8	89.9	90.0	74.7
Region 5	90.1	94.3	83.8	94.4	93.6	93.2	80.3
Significance	*	*	*	*	*	*	*

Values represent % of consumers who indicated that they were satisfied with services

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- **Access:** Clients from all Regions were more satisfied than clients from Region 1. Clients from Regions 3 and 4 were more satisfied than those in Region 2.
- **Appropriateness:** Clients from all Regions were more satisfied than clients in Region 1. Clients from all Regions (except 1) were more satisfied than were clients from Region 2. Clients from all Regions (except 1 & 2) were more satisfied than were clients from Region 3.
- **Outcome:** Clients in Regions 4 were more satisfied than clients in Region 3.
- **General Satisfaction:** Clients from all Regions were more satisfied than clients from Region 1. Clients from Regions 3 were more satisfied than those in all other Regions.
- **Participation in Treatment:** Clients from all Regions were more satisfied than clients from Region 1.
- **Respect:** Clients in Regions 3, 4 and 5 were more satisfied than clients from Region 1.
- **Recovery:** Clients in Regions 4 were more satisfied than clients from any other Region. Clients in Regions 1 and 5 were more satisfied with services than those from Regions 2 and 3.

In SU Programs:

- **Access:** Clients from Regions 2, 3 & 4 were more satisfied than clients from Region 1. Clients from Regions 3 and 4 were more satisfied than those in Region 2 or Region 5.
- **Appropriateness:** Clients from Regions 2, 3 & 4 were more satisfied than clients in Region 1. Regions 3 and 4 were more satisfied than those in Region 2. Clients from region 3 were more satisfied than clients from Region 4, who were more satisfied than clients from Region 5.
- **Outcome:** Clients in Region 4 were more satisfied than clients in all other Regions.
- **General Satisfaction:** Clients from Regions 2, 3 & 4 were more satisfied than clients from Region 1 or Region 5. Clients from Region 3 were more satisfied than those in Region 2.

- Participation in Treatment: Clients from Regions 2, 3, & 4 were more satisfied than clients from Region 1 or Region 5. Clients in region 3 were more satisfied than clients in all other Regions.
- Respect: Clients in Regions 3 and 4 were more satisfied than clients from Regions 1, 2 or 5.
- Recovery: Clients in Regions 4 were more satisfied than clients from any other Region.

In MH Programs:

- Access: Clients from Regions 1, 4 & 5 were more satisfied than clients from Region 2. Clients from Region 1 were also more satisfied than those in Region 3.
- Appropriateness: Clients from Regions 1, 3 & 5 were more satisfied than clients in Region 2.
Outcome: Clients in Region 1 were more satisfied than clients in Regions 2, 3 & 4. Clients from Regions 4 & 5 were more satisfied than those from Region 3. Clients in Region 5 were also more satisfied than those in Region 2.
- General Satisfaction: Clients from Regions 3, 4 & 5 were more satisfied than clients from Region 2. Clients from Regions 3 were more satisfied than those in Region 1.
- Participation in Treatment: Clients from Region 5 were more satisfied than clients from Region 2.
- Respect: Clients in Regions 3 & 5 were more satisfied than clients from Region 2.
- Recovery: Clients in Regions 1 and 5 were more satisfied with services than those from Regions 2, 3 & 4. Clients in Regions 4 were more satisfied than clients from Region 3.

Summary by Domains

Access

Eighty-six percent (86%) 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 of Hispanic/Latino origin
- Respondents aged 55 years or older
- Respondents who identified themselves as receiving MH services
- Respondents receiving vocational rehabilitation services
- Respondents receiving services for more than one year
- Respondents from any Planning Region except Region 1 (South Western)

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

- Women
- Respondents over the age of 35
- Respondents who identified themselves as receiving MH services
- Respondents of Hispanic/Latino origin
- Respondents receiving services for more than one year

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

- Respondents of Hispanic/Latino origin
- Respondents receiving vocational rehabilitation services
- Respondents receiving services for longer than 5 years

Quality and Appropriateness

Ninety-one percent (91%) of respondents reported satisfaction on the Quality and Appropriateness 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 or older
- Respondents receiving services other than residential
- Respondents from Planning Regions 4 (North Central) & 5 (Western)

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

- Women
- Respondents aged 25 or older

- Respondents receiving case management or outpatient services
- Respondents from Planning Region 3 (South Eastern)

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

- Women
- Respondents of Hispanic/Latino origin
- Respondents in receiving vocational rehabilitation services
- Respondents receiving services for less than five years

General Satisfaction

Ninety percent (90%) 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 of Hispanic/Latino origin
- Respondents aged 55 years and older
- Respondents receiving vocational rehabilitation services
- Respondents receiving services for more than 1 year
- Respondents from Planning Region 3 (South Eastern)

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

- Respondents aged 25 years and older
- Respondents receiving case management or outpatient services
- Respondents receiving services for more than 1 year

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

- Women
- Respondents of Hispanic/Latino origin
- Respondents aged 25 years or older
- Respondents in vocational rehabilitation programs

Outcome

Eighty-one percent (82%) 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 aged 25 years and older

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

- Respondents in the Other (non-white and non-black) racial category
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in methadone maintenance programs
- Respondents who have been receiving services for more than one year
- Respondents from Planning Region 4 (North Central)

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

- Men
- Respondents in the African-American (Black) racial category
- Respondents of Hispanic/Latino origin
- Respondents aged 25 years or older
- Respondents receiving any services except outpatient services

Recovery

Seventy-eight percent (78%) 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
- Respondents in the African-American (Black) or Other racial categories
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in services for more than five years
- Respondents from Planning Region 4 (North Central)

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

- Respondents in the African-American (Black) or Other racial categories
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in services for five or more years
- Respondents from Planning Region 4 (North Central)

For respondents receiving services in *Mental Health* treatment 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 from Region 1 (South-Western) or Region 5 (Western)

Participation in Treatment

Ninety-two percent (92%) 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 aged 25 years or older
- Respondents in any program other than residential or social rehabilitation
- Respondents who have been receiving services for more than one year
- Respondents from any Region other than Region 1 (South Western)

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

- Women
- Respondents aged 25 years or older
- Respondents in any program other than residential
- Respondents from Planning Region 3 (South Eastern)

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

- Nothing to note (there were significant differences, but not on a general level)

Respect

Eighty-nine percent (89%) 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 identifying themselves as receiving MH services
- Respondents aged 25 years or older
- Respondents in any program other than residential
- Respondents who have been receiving services for more than one year
- Respondents from any Region except Region 1 (South Western)

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

- Women
- Respondents identifying themselves as receiving MH or both MH & SU services
- Respondents aged 25 years or older
- Respondents in any program other than residential
- Respondents who have been receiving services for more than one year
- Respondents from Planning Regions 3 (South Eastern) or 4 (North Central)

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

- Women

Quality of Life Results

During Fiscal Year 2010, DMHAS suggested that providers voluntarily administer the WHOQOL-BREF Quality of Life (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. Individual questions are scored on a scale from 1-5, with 1 being the lowest score and 5 being the highest score possible. Domain scores are transformed to a scale of 1-100, with higher scores indicating more satisfaction with quality of life.

This year, DMHAS received 5,536 individual responses to the Quality of Life instrument. The consumers who responded to the QOL survey are a subset of those who responded to the Consumer Survey.

The following sections summarize the key findings from this year's QOL administration. Table 12 lists Quality of Life results by domain from the last three fiscal years.

Table 12: Quality of Life Trends By Domain

Domain	Year	N	Mean Score	Median Score	Std. Dev.
Overall Quality of Life and General Health					
	2010	5494	65.35	75.00	22.03
	2009	4936	66.72	75.00	21.23
	2008	14705	65.35	75.00	21.81
Physical Health					
	2010	5376	62.63	64.29	20.13
	2009	4764	64.10	64.29	19.32
	2008	14290	62.19	64.29	19.84
Psychological					
	2010	4984	63.02	66.67	19.93
	2009	4492	64.01	66.67	19.10
	2008	13226	61.81	62.50	19.60
Social Relationships					
	2010	5128	61.05	66.67	23.54
	2009	4560	62.23	66.67	22.87
	2008	13364	59.94	58.33	23.30
Environment					
	2010	5257	60.36	59.38	18.57
	2009	4668	61.45	62.50	19.02
	2008	14034	61.31	62.50	18.70

Table 13: Quality of Life Trends By Question

Year	N	Mean Score	Median Score	Std. Dev.
Overall Quality of Life and General Health				
<i>How would you rate your quality of life?</i>				
2010	5544	3.70	4.00	0.93
2009	4957	3.75	4.00	0.91
2008	14797	3.74	4.00	0.91
<i>How satisfied are you with your health?</i>				
2010	5526	3.53	4.00	1.05
2009	4961	3.59	4.00	1.02
2008	14764	3.49	4.00	1.06
Physical Health				
<i>To what extent do you feel that physical pain prevents you from doing what you need to do?¹</i>				
2010	5536	3.66	4.00	1.24
2009	4950	3.72	4.00	1.20
2008	14716	3.62	4.00	1.24
<i>How much do you need any medical treatment to function in your daily life?¹</i>				
2010	5475	3.52	4.00	1.26
2009	4881	3.55	4.00	1.23
2008	14584	3.36	3.00	1.27
<i>Do you have enough energy for daily life?</i>				
2010	5424	3.50	4.00	1.11
2009	4839	3.55	4.00	1.09
2008	14671	3.42	4.00	1.09
<i>How well are you able to get around?</i>				
2010	5370	3.69	4.00	1.09
2009	4807	3.74	4.00	1.07
2008	14433	3.77	4.00	1.06
<i>How satisfied are you with your sleep?</i>				
2010	5428	3.27	3.00	1.18
2009	4854	3.32	4.00	1.16
2008	14587	3.31	4.00	1.17
<i>How satisfied are you with your ability to perform your daily living activities?</i>				
2010	5431	3.58	4.00	1.02
2009	4850	3.63	4.00	1.00
2008	14550	3.59	4.00	1.01
<i>How satisfied are you with your capacity for work?</i>				
2010	5391	3.31	4.00	1.24
2009	4809	3.41	4.00	1.17
2008	14359	3.34	4.00	1.20
Psychological				
<i>How much do you enjoy life?</i>				
2010	5480	3.63	4.00	1.05
2009	4895	3.66	4.00	1.03
2008	14600	3.56	4.00	1.05

Year	N	Mean Score	Median Score	Std. Dev.
<i>To what extent do you find your life to be meaningful?</i>				
2010	5438	3.61	4.00	1.10
2009	4847	3.64	4.00	1.08
2008	14343	3.57	4.00	1.09
<i>How well are you able to concentrate?</i>				
2010	5511	3.34	3.00	0.99
2009	4908	3.38	3.00	0.97
2008	14752	3.29	3.00	0.98
<i>Are you able to accept your bodily appearance?</i>				
2010	5406	3.59	4.00	1.15
2009	4813	3.61	4.00	1.13
2008	14579	3.51	4.00	1.17
<i>How satisfied are you with your abilities?</i>				
2010	5412	3.63	4.00	1.06
2009	4841	3.70	4.00	1.02
2008	14516	3.61	4.00	1.04
<i>How often do you have negative feelings such as blue mood, despair, anxiety, or depression?¹</i>				
2010	5376	3.26	3.00	1.07
2009	4833	3.34	4.00	1.04
2008	14410	3.25	3.00	1.07
Social Relationships				
<i>How satisfied are you with your personal relationships?</i>				
2010	5418	3.52	4.00	1.11
2009	4845	3.58	4.00	1.09
2008	14430	3.52	4.00	1.10
<i>How satisfied are you with your sex life?</i>				
2010	5266	3.24	3.00	1.31
2009	4715	3.28	3.00	1.25
2008	13834	3.12	3.00	1.29
<i>How satisfied are you with the support you get from your friends?</i>				
2010	5385	3.58	4.00	1.05
2009	4834	3.61	4.00	1.03
2008	14470	3.56	4.00	1.05
Environment				
<i>How safe do you feel in your daily life?</i>				
2010	5491	3.71	4.00	0.95
2009	4889	3.71	4.00	0.95
2008	14681	3.65	4.00	0.96
<i>How healthy is your physical environment?</i>				
2010	5453	3.62	4.00	0.99
2009	4866	3.63	4.00	0.99
2008	14583	3.60	4.00	0.98
<i>Have you enough money to meet your needs?</i>				
2010	5421	2.54	2.00	1.30
2009	4838	2.72	3.00	1.31
2008	14589	2.69	3.00	1.29

Year	N	Mean Score	Median Score	Std. Dev.
<i>How available to you is the information that you need in your day-to-day life?</i>				
2010	5384	3.54	4.00	0.99
2009	4805	3.56	4.00	1.01
2008	14446	3.51	4.00	0.99
<i>To what extent do you have the opportunity for leisure activities?</i>				
2010	5371	3.19	3.00	1.05
2009	4815	3.23	3.00	1.06
2008	14449	3.20	3.00	1.08
<i>How satisfied are you with the conditions of your living place?</i>				
2010	5407	3.61	4.00	1.14
2009	4839	3.63	4.00	1.13
2008	14499	3.64	4.00	1.13
<i>How satisfied are you with your access to health services?</i>				
2010	5404	3.68	4.00	1.03
2009	4840	3.74	4.00	1.01
2008	14452	3.77	4.00	1.00
<i>How satisfied are you with your mode of transportation?</i>				
2010	5375	3.43	4.00	1.21
2009	4819	3.45	4.00	1.19
2008	14451	3.54	4.00	1.19

¹ Question is scored in reverse; higher scores indicate lower QOL. Report shows reversed scores.

Group Differences

Quality of Life Across Program Type

	Physical Health	Psychological	Social	Environment	General QOL
SU Programs	65.2	66.1	63.3	60.6	67.5
MH Programs	56.6	60.0	55.6	59.5	60.2
Significance	*	*	*	ns	*

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

- Clients in SU programs reported better QOL in the Physical Health, Psychological, Social, and General QOL domains when compared to clients in MH programs.

Quality of Life Across Gender

	Physical Health	Psychological	Social	Environment	General QOL
Men	65.0	65.6	62.3	60.0	66.6
Women	59.1	59.1	59.2	60.7	63.5
Significance	*	*	*	ns	*
SU Programs					
Men	67.2	68.2	64.2	60.7	68.0
Women	61.4	62.1	61.6	60.6	66.5
Significance	*	*	*	ns	ns
MH Programs					
Men	58.7	58.6	56.3	60.2	61.7
Women	54.1	55.0	54.6	58.5	58.6
Significance	*	*	ns	ns	ns

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- In every domain except Environment, men reported better QOL than did women.

In SU Programs:

- Men reported better QOL in the Physical Health, Psychological, and Social domains.

In MH Programs:

- Men reported better QOL in the Physical Health and Psychological domains.

Quality of Life Across Race

	Physical Health	Psychological	Social	Environment	General QOL
White	62.3	61.1	58.9	60.6	64.1
Black	66.5	69.4	66.7	62.2	69.9
Other	60.8	62.9	62.3	58.4	64.9
Significance	*	*	*	*	*
SU Programs					
White	64.5	63.7	60.5	60.2	65.5
Black	68.3	71.9	68.0	62.5	71.2
Other	64.9	67.1	66.8	60.8	69.4
Significance	*	*	*	ns	*
MH Programs					
White	56.1	54.9	53.2	60.0	59.0
Black	62.5	64.3	64.4	63.0	68.0
Other	51.0	54.0	53.0	53.1	54.7
Significance	*	*	*	*	*

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- Across all domains, consumers who identified themselves in the Black category reported better QOL than those who identified themselves in either the White or Other categories.
- In the Environment domain, clients who identified themselves in the White category also reported better QOL than those in the Other category.

In SU Programs:

- In the Physical Health and Psychological domains, consumers who identified themselves in the Black category reported better QOL than those who identified themselves in either the White or Other categories.
- In the Social and General QOL domains, consumers who identified themselves in either the Black or Other categories reported better QOL than those who identified themselves in the White category.

In MH Programs:

- Across all domains, consumers who identified themselves in the Black category reported better QOL than those who identified themselves in either the White or Other categories.
- In the Environment domain, clients who identified themselves in the White category also reported better QOL than those in the Other category.

Quality of Life Across Ethnicity

	Physical Health	Psychological	Social	Environment	General QOL
Hispanic	60.5	62.7	62.0	58.6	64.8
Non Hispanic	64.0	63.1	60.4	60.9	65.9
Significance	*	ns	ns	*	ns
SU Programs					
Hispanic	65.6	67.7	66.8	61.2	70.2
Non Hispanic	65.5	65.4	62.2	60.4	66.9
Significance	ns	ns	*	ns	*
MH Programs					
Hispanic	51.3	53.8	53.1	53.7	54.9
Non Hispanic	59.7	59.0	56.0	61.9	63.1
Significance	*	*	ns	*	*

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- Ethnicity impacted QOL ratings in the Physical Health and Environment domains. In both cases, Non-Hispanic clients reported better QOL than Hispanic clients.

In SU Programs:

- Ethnicity impacted QOL ratings in the Social and General QOL domains. In both cases, Hispanic clients reported better QOL than Non-Hispanic clients.

In MH Programs:

- In each significant domain, consumers who identified themselves as Non-Hispanic reported better QOL than those who identified themselves as Hispanic.

Quality of Life Across Age Groups

	Physical Health	Psychological	Social	Environment	General QOL
24 & Under	68.8	66.7	68.2	62.4	70.2
25-34	66.6	65.9	63.2	61.9	68.2
35-54	60.4	61.3	58.7	58.7	63.6
55 & Older	56.9	59.9	56.8	61.8	61.0
Significance	*	*	*	*	*
SU Programs					
24 & Under	68.4	67.9	69.7	61.6	70.5
25-34	68.1	67.7	64.4	62.2	69.7
35-54	63.4	64.9	61.1	59.2	65.8
55 & Older	59.6	64.0	58.4	62.0	62.0
Significance	*	*	*	*	*
MH Programs					
24 & Under	62.2	57.4	57.9	57.0	62.0
25-34	61.9	59.4	55.7	61.6	62.6
35-54	55.7	56.3	55.2	58.6	60.1
55 & Older	54.1	57.0	55.4	60.9	58.6
Significance	*	ns	ns	ns	ns

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- In the Physical Health domain, clients who were less than 55 years old reported a better QOL than did clients who were over 55 years.
- Clients who were less than 35 years old reported better QOL in the Psychological domain than did clients who were 35 years or older.
- In the Social and General QOL domains, each of the two youngest age groups reported a better QOL than all groups that were older.
- In the Environment domain, all age groups reported better QOL than clients in the 35-54 year group.

In SU Programs:

- Clients who were less than 35 years old reported better QOL in the Psychological domain than did clients who were 35 years or older.
- In the Social and General QOL domains, each of the two youngest age groups reported a better QOL than all groups that were older.
- In the Environment domain, all age groups reported better QOL than clients in the 35-54 year group.

In MH Programs:

- Clients who were less than 35 years old reported better QOL in the Physical Health domain than did clients who were 35 years or older.

Quality of Life According to Self-Identified Reason for Seeking Services

	Physical Health	Psychological	Social	Environment	General QOL
MH	57.9	57.1	56.4	59.9	61.2
Both	58.3	58.5	56.3	56.9	62.0
SUD	69.9	71.0	67.8	63.5	71.2
Significance	*	*	*	*	*
SU Programs					
MH	61.5	62.8	63.6	61.2	64.8
Both	59.0	58.9	56.0	56.2	62.2
SUD	69.8	71.1	67.7	63.4	71.2
Significance	*	*	*	*	*
MH Programs					
MH	55.5	55.4	53.7	58.8	58.7
Both	56.7	57.5	57.0	59.2	61.9
SUD	69.1	70.4	64.2	66.6	70.6
Significance	*	*	*	ns	*

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

MH = client says they are receiving services for emotional and/or mental health reasons

SUD= client says they are receiving services for substance use disorders

Both = client says they are receiving both types of services

Across All Programs:

- Across all domains, consumers who identified themselves as receiving SUD services reported better QOL than those who said they were receiving mental health or both types of services.

In SU Programs:

- Across Physical Health and General QOL domains, consumers who identified themselves as receiving SUD services reported better QOL than those who said they were receiving mental health or both types of services.
- In the Social and Environment domains, consumers who identified themselves as receiving SUD or Mental Health services reported better QOL than those who said they were receiving both types of services.
- In the Psychological domain, clients who indicated that they were receiving SUD services reported a better QOL than those who were receiving mental health services, who in turn reported a better QOL than those clients who indicated that they were receiving both type of services.

In MH Programs:

- Across Physical Health, Psychological, and General QOL domains, consumers who identified themselves as receiving SUD services reported better QOL than those who said they were receiving mental health or both types of services.
- In the Social and General QOL domains, clients who identified themselves as receiving SUD services reported better QOL than those who said they were receiving mental health services.

Quality of Life Across Levels of Care

	Physical Health	Psychological	Social	Environment	General QOL
Outpatient	60.6	61.1	60.1	60.0	63.0
Residential	65.4	66.8	62.9	59.7	68.1
Case Management	61.7	63.2	57.7	62.1	65.6
Social Rehab	65.4	63.7	63.7	66.4	68.0
Vocational Rehab	69.9	67.7	63.3	65.3	70.0
Methadone Maint	60.2	62.1	60.1	60.3	65.4
Significance	*	*	*	*	*
SU Programs					
Outpatient	67.7	68.0	66.4	64.0	70.2
Residential	66.2	67.7	63.2	59.3	68.4
Case Management	64.3	63.0	57.1	58.0	63.6
Methadone Maint	60.2	62.1	60.1	60.3	65.4
Significance	*	*	*	*	*
MH Programs					
Outpatient	49.1	49.2	49.3	53.3	52.0
Residential	58.8	59.3	60.4	62.8	65.8
Case Management	60.2	63.4	58.0	64.1	66.8
Social Rehab	65.4	63.7	63.7	66.4	68.0
Vocational Rehab	69.9	67.7	63.3	65.3	70.0
Significance	*	*	*	*	*

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- **Physical Health:** Clients who received residential, or social or vocational rehabilitation services reported better QOL than clients who received outpatient or methadone maintenance services.
- **Psychological:** Clients who received residential services had better QOL than clients who received outpatient, methadone maintenance or case management services.
- **Social:** Clients who received residential services had better QOL than clients who received outpatient or case management services. Clients who received social rehabilitation services reported a better QOL than clients who received case management services.
- **Environment:** Clients who received social rehabilitation services reported better QOL than clients who received any other type of service except vocational rehabilitation services. Those who received vocational rehabilitation reported better QOL than those who received outpatient or residential services.
- **General QOL:** Clients who received residential, or social or vocational rehabilitation services reported better QOL than clients who received outpatient services.

In SU Programs:

- Across the Physical Health, Psychological, and General QOL domains, clients who received outpatient or residential services reported better QOL than did those who received methadone maintenance. In the Psychological and General QOL domains, those who received outpatient services also had better QOL than those who received case management services.
- In the Social and Environment domains, those who received outpatient services reported better QOL than clients who received all other types of care.

In MH Programs:

- Across all domains, clients who received outpatient services reported a *worse* QOL than those who received any other level of care. Note: in the Physical Health domain, QOL reported by outpatients was not worse than that reported by clients receiving case management services.

Quality of Life By Length of Service

	Physical Health	Psychological	Social	Environment	General QOL
< 1 Year	65.2	65.2	63.0	60.5	66.7
1-2 Years	59.7	60.1	58.9	59.5	63.9
> 2 Years	58.3	58.2	56.1	60.3	62.4
> 5 Years	57.1	59.1	56.7	61.6	63.1
Significance	*	*	*	ns	*
SU Programs					
< 1 Year	66.6	67.0	64.2	60.9	67.8
1-2 Years	61.7	63.7	60.6	60.2	66.7
> 2 Years	60.2	62.6	60.9	62.2	66.8
> 5 Years	54.9	60.2	57.5	58.1	63.4
Significance	*	*	*	ns	ns
MH Programs					
< 1 Year	55.1	55.3	54.1	56.6	57.4
1-2 Years	57.4	56.9	57.5	59.5	61.2
> 2 Years	57.3	57.7	55.3	60.3	60.7
> 5 Years	57.5	58.5	56.4	61.6	62.5
Significance	ns	ns	ns	*	ns

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- Across the Physical Health, Psychological, Social, and General QOL domains, clients who had been receiving services for less than one year reported better QOL than those clients who had been receiving services for more than one year.

In SU Programs:

- Across the Physical Health and Psychological domains, clients who had been receiving services for less than one year reported better QOL than those clients who had been receiving services for more than one year.
- In the Social domain, clients who had been receiving services for less than one year reported better QOL than those clients who had been receiving services for more than five years.

In MH Programs:

- In the Environment domain, clients who had been receiving services for more than five years reported better QOL than those clients who had been receiving services for less than one year.

Quality of Life Across Regions

	Physical Health	Psychological	Social	Environment	General QOL
Region 1	63.2	65.0	61.8	60.0	67.4
Region 2	60.0	60.8	58.6	59.0	62.5
Region 3	62.8	59.4	57.6	59.2	62.8
Region 4	65.3	65.0	61.2	61.7	66.6
Region 5	67.9	69.0	68.3	63.6	70.7
Significance	*	*	*	*	*
SU Programs					
Region 1	62.7	64.8	61.0	57.7	67.0
Region 2	64.6	65.6	62.6	60.9	66.9
Region 3	63.0	59.5	57.3	59.1	62.6
Region 4	70.6	70.1	64.7	62.3	68.1
Region 5	67.9	69.0	68.5	63.3	70.5
Significance	*	*	*	*	*
MH Programs					
Region 1	64.9	65.9	65.3	68.8	69.1
Region 2	51.2	51.3	50.5	55.1	54.3
Region 3	58.2	55.6	64.2	61.2	66.3
Region 4	61.4	61.4	58.5	58.5	65.5
Region 5	66.8	67.5	64.9	64.9	73.0
Significance	*	*	*	*	*

Values represent an average transformed score (scale 0-100) with higher values indicating better Quality of Life (QOL)

* identifies a significant difference at the .01 level (ns = difference is not significant)

BOLD values identify the higher value when a difference is significant

Across All Programs:

- In the Psychological, Social, and General QOL domains, clients from Region 5 reported better QOL than did clients from all other Regions.
- In the Physical Health and Environment domains, clients from Region 5 reported better QOL than did clients from Regions 1, 2, and 3.
- Across all domains except the Social domain, clients from Region 4 consistently reported better QOL than did clients from Region 2.
- In the Psychological, Social, and General QOL domains, clients from Region 1 reported better QOL than did clients Region 2.

In SU Programs:

- In the Psychological and General QOL domains, clients from all Regions reported better QOL than did clients from Region 3.
- In the Physical Health, Social, and Environment domains, clients from Region 5 reported better QOL than clients from Regions 1, 2, or 3. In Physical Health, clients from Region 4 also reported better QOL than clients from Regions 1, 2, or 3.

In MH Programs:

- Across all domains, clients from Regions 1, 4, and 5 reported better QOL than did clients from Region 2.

Quality of Life Summary by Domains

General Quality of Life

The following reported *significantly* better Quality of Life in this domain:

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents younger than age 55
- Respondents receiving services for less than one year
- Respondents from Planning Region 5 (Western)

For respondents receiving services for *Substance Use* disorders, the following reported *significantly* better QOL in the General QOL domain:

- African-Americans and those who identify as neither Black nor White
- Respondents who identified themselves as receiving SU services
- Respondents from a Hispanic ethnic background
- Respondents younger than age 55
- Respondents receiving outpatient services
- Respondents from any Planning Region except Planning Region 3 (South Eastern)

For respondents receiving services in *Mental Health* treatment programs, the following reported *significantly* better QOL in the General QOL domain:

- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents from a non-Hispanic ethnic background
- Respondents receiving any services other than outpatient

Physical Health

The following reported *significantly* better Quality of Life in this domain:

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans
- Respondents who indicated that they received SU services
- Respondents from a non-Hispanic ethnic background
- Respondents younger than age 55
- Respondents receiving residential or vocational rehabilitation services
- Respondents receiving services for less than one year

For respondents receiving services for *Substance Use disorders*, the following reported *significantly* better QOL in the Physical Health domain:

- African-Americans
- Men
- Respondents who indicated that they received SU service
- Respondents receiving services for less than one year

For respondents receiving services in *Mental Health disorders* programs, the following reported *significantly* better QOL in the Physical Health domain:

- Men
- African-Americans
- Respondents who indicated that they received SU services
- Respondents from a non-Hispanic ethnic background

Psychological

The following reported *significantly* better Quality of Life in this domain:

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents aged 34 years or younger
- Respondents receiving services for less than one year
- Respondents from Planning Region 5 (Western)

For respondents receiving services in *Substance Use* treatment programs, the following reported *significantly* better QOL in the Psychological domain:

- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents aged 34 years or younger
- Respondents receiving services for less than one year
- Respondents from any region except Planning Region 3 (South Eastern)

For respondents receiving services in *Mental Health* treatment programs, the following reported *significantly* better QOL in the Psychological domain:

- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents from a non-Hispanic ethnic background
- Respondents receiving any services except outpatient

Social

The following reported *significantly* better Quality of Life in this domain:

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents aged 34 years or younger
- Respondents receiving services for less than one year
- Respondents from Planning Region 5 (Western)

For respondents receiving services for *Substance Use* disorders, the following reported *significantly* better QOL in the Social domain:

- Men
- African-Americans and those who identify as neither Black nor White
- Respondents who identified themselves as receiving either SU or MH services (not both)
- Respondents from a Hispanic/Latino ethnic background
- Respondents aged 34 years or younger
- Respondents receiving outpatient services

For respondents receiving services in *Mental Health* programs, the following reported *significantly* better QOL in the Social domain:

- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents receiving any services other than outpatient

Environment

The following reported *significantly* better Quality of Life in this domain:

- African-Americans or Caucasians
- Respondents who identified themselves as receiving SU services
- Respondents from a non-Hispanic ethnic background
- Respondents aged 34 years or younger or 55 years or older
- Respondents receiving social rehabilitation services

For respondents receiving services for *Substance Use* disorders, the following reported *significantly* better QOL in the Environment domain:

- Respondents who identified themselves as receiving either SU or MH services
- Respondents receiving outpatient services

For respondents receiving services in *Mental Health* treatment programs, the following reported *significantly* better QOL in the Environment domain:

- African-Americans or Caucasians
- Respondents from a non-Hispanic ethnic background
- Respondents receiving any services except outpatient

Feedback from the DMHAS Community

Consumer Feedback

Over the past four years, DMHAS has included the following open-ended question at the end of the survey: “Is there anything else that you would like to tell us about your services here?” While many consumers tend to leave this area blank, this year DMHAS received over 6,987 comments, representing a 26% increase from FY2009. These comments provide valuable feedback on the strengths and weaknesses of the DMHAS system of care and can assist providers with future planning and improvements. As with previous years, the majority of comments in the dataset was positive and highlighted the ways that providers in our network have assisted in their recovery from mental illness and/or addiction. In addition to commenting on our strengths some commenters used this as an opportunity to express concerns or make suggestions about ways to improve the quality of their care.

Methodology

Data Collection

The consumer responses to the aforementioned open-ended question were entered into the DPAS Consumer Survey System and subsequently extracted with other Consumer Survey data. Records with text comments were isolated from the rest of the Consumer Survey dataset and exported to a text file that was then imported into ATLAS.ti, which is a qualitative analysis software package that allows the user to code as well as query the data for common words or phrases.

Analysis

The comments were analyzed utilizing the method of content analysis. Content analysis is a method of qualitative inquiry that is used to determine the presence and frequency of common words, phrases or concepts within texts. Researchers make inferences about the meanings and relationships of these words and concepts in accordance with the social and cultural context of which the texts are a part. In this analysis, priority was given to words and phrases that are used to define the consumer satisfaction domains included on the Consumer Survey. Next, the comments were coded in accordance with the relevant domain and subsequently exported to a Word document for formatting and organization. Because some comments contained words or phrases that were relevant to more than one domain, special attention was given to those comments that were most salient with the conceptual definition of a given domain.

The analysis of textual data presents certain challenges. Data entry personnel might have difficulty understanding someone’s handwriting or interpret a written word in different ways. Also, database queries can cut long strings of text short. Inevitably, there is some data loss between the initial sharing of the comment and analysis. When necessary, the comments included in this report were lightly edited for subject-verb agreement and spelling.

Findings

What follows is a sample of comments that corresponded to each of the consumer satisfaction domains. The comments were further categorized by those that reflect our strengths and those that suggest the need for improvement.

We hope that this analysis will add some depth to quantitative measures of consumer satisfaction included in this report. Qualitative data can often give a voice to the numbers and add another layer of meaning to our measures of consumer satisfaction. We hope that these comments will provide valuable feedback to providers in the DMHAS system of care and assist them in their efforts to be responsive to consumer needs.

Access

The Access domain is measured by the degree to which consumers perceive the services at their agency to be accessible and/or available. Behavioral health practitioners are facilitating access when they promote swift and uncomplicated entry to care and responding to clients' request for assistance in a timely and responsive manner. This includes providing services at locations and at times that are convenient to consumers and that don't interfere with other recovery activities (e.g. work, school). Consumer comments that corresponded with the Access domain contained phrases that pertained to:

- Convenient location of services
 - Staff willingness to see clients as often as they felt was necessary
 - Timely response of phone calls or requests for assistance
 - Staff being available at times that are convenient for clients
-
- “My doctor and case manager have helped me more than I can explain. They always seemed to know when I needed services and when I needed my independence to try it on my own and if I needed any help I know that I can just call and they'll be there.”
 - “The staff were always there for me when I needed them; always listen, always helpful, and friendly.”
 - “The staff here are very nice anytime you need someone to talk to they are always there for you 1 on 1, and they do understand what we are going through.”
 - “Plenty of groups to choose from and the counselors make sure they catch up with you regularly.”
 - “The services provided for me has been awesome. The staff goes above and beyond the call of duty when it comes to the needs of their clients.”
 - “Someone was always willing to give me support when I needed it. The staff are always looking out for us to make sure that we are well and safe.”

- “My group clinician was great! She provided information and discussion that has helped me to manage my life with mental illness. She always returned my calls and was available to me whenever I required help.”
- “My therapist keeps me together as I know I can call. She knows and remembers my life, history, etc... We manage to have a laugh-good medicine!”
- “I have a great case worker who works very closely with me and is willing to due anything to help in any way needed.”

Suggestions and Concerns

- “Clinicians are over burdened and are constantly being pulled in different directions. I think the client/clinician ratio needs to be lower so we can receive better services.”
- “Wish the services were closer. Would like to be seen more often, weekly instead of every other week.”
- “Staff is overworked and not able to do everything in a timely manner.”
- “I would like to see night/weekend classes available for older adults (over 25 years old) available. It is hard to take daytime classes during the week because of my work schedule.”
- “I would like to see my therapist at least once a week and have longer visits with the doctor who prescribes the meds. Once a month is too long between visits.”
- “I believe that the location should be changed of the office. And psychiatrist should be in the office daily to accommodate patients.”
- “Daycare services are not available. Groups are required and children are not allowed. For working individuals it is not possible to come back when daycare is available.”
- “I believe there should be more outreach to prison and re-entry programs, to begin the treatment process before release.”

Quality and Appropriateness

The Quality and Appropriateness domain refers to the degree to which respondents are satisfied with the quality and appropriateness of the care they receive. Words and phrases that corresponded with the quality and appropriateness domain were consistent with following items:

- Staff beliefs about their clients’ ability to grow, change, and recover
- Providing information about clients rights and grievance procedures
- Educating clients about potential adverse side effects of medication
- Respecting confidentiality
- Providing services that are sensitive to cultural and ethnic diversity
- Assisting clients with obtaining information useful in managing their illness/condition

- “The doctor here is very outgoing, and she takes her time to explain everything in detail. I feel she goes above and beyond her duties to help her patients.”
- “This agency helped me out in more ways than I could have imagined, physically, mentally also emotionally through listening to me, directing me to the proper help, and guiding me through all kind of obstacles in my life.”
- “It's nice to be comfortable with people that work with you to improve your way of life and I get that here from each and every person from the nurses, receptionist to the counselors, etc...”
- “The counselors were very informative about my disease. I got the impression that they cared for my well being and my future. They have helped me make the right decisions about important things in my future.”
- “One of the things that I noticed during my stay was that each person (client, or patient) was treated as an INDIVIDUAL - A HUMAN PERSON - with individual needs and circumstances.”
- “My case manager is always concerned and motivates me to explore options for help when I leave here. He also gives me information about other agencies that can help me identify a career track.”
- “This agency has literally saved my life. I am involved in therapy, a stress management group, and have the most valuable case manager. She has helped me find many resources and support systems that I did not know even existed.”

Suggestions & Concerns

- “I feel at times we are judged by the cover, sometimes not given the chance to say ‘not guilty’.”
- “This agency would be better if they can work on a professional level, be more prepared and organized. Counselors should provide more information to clients and be more punctual for groups.”
- “While staff generally displayed professionalism, their lack of experience and/or qualification/education showed in some instances (e.g. level/quality of feedback, methods of running groups, technical knowledge).”
- “I think if you don’t feel comfortable around your counselor or you don’t trust them, you should be able to talk to another staff member or program director about switching counselors.”
- “I wish there were African American and Puerto Rican staff here. In the past they were very supportive and communicative. Now, I don't communicate very much unless someone provokes me for lack of knowledge.”
- “The modules that we go over are ok the first time but after we go over the same material three to four times I start resenting it and the information in it.”

- “The program itself is excellent but the techs are very inappropriate, don’t practice confidentiality, and often discuss one client’s business with other clients.”

Outcome

The Outcome domain measures consumers’ perceptions about various functional outcomes as a result of receiving services. Consumer comments that corresponded with the Outcome domain contained words or phrases that were consistent with the following items:

- Capacity to resolve daily problems effectively
 - Ability to control one’s life
 - Increased ability to deal with crisis
 - Improved family relationships
 - Improved social, academic or occupational functioning
 - Reduction in symptoms
- “My life has changed dramatically for the better since I began receiving services; more confident, able to go to school, CNA certification, better job.”
 - “The clinic has helped me help myself. Since I've been in the clinic I've held a job for 2 years, started college and started hobbies that I love that are healthy.”
 - “It has helped me know myself and my strengths better to control my life more effectively, and to get along with family and friends.”
 - “I've grown enormously. I'm able to socialize more with people, shop, teach classes, hold officers positions in the advisory council, things I never dreamed of...”
 - “I feel that this program has both saved and improved my life. I also deal with my emotions better and could achieve my goals in life.”
 - “I truly believe that without these programs and services I would not have been able to get clean and remain that way for the last 5 years. Also, I was able to go to college with the help and guidance of my counselor.”
 - “I still enjoy the moments I have with this service and my schizophrenia and paranoia isn't affecting me much.”
 - “This place has given me tools that I can use on a daily basis and help me cope with situations.”
 - “I don't take medication; life's been sweet and I'm going to get married. Anger management allowed me to open up about my past and made me a better person. My life is moving in the right direction.”

- “My services here helped me channel my anger and allowed me to better understand how to deal with my problems. They helped me to address my problems and to take a different course of action.”

Suggestions/Concerns

- “I wish there was more information about community organizations that would help people with mental disabilities.”
- “I think there is should be more opportunities and resources for people, who are going through eviction, homelessness, more services available.”
- “Have hard time asserting myself at times, sometimes left upset some issues not always resolved. Sometimes have hard time making friends.”
- “We need more accessibility to other agencies in the community that will help with housing and employment.”
- “My biggest problem with this treatment is that it really isn't anything! We come in here and sit around the table for 90 minutes listening to each others problems. We don't learn anything with respect to our problems.”
- “I think there should be more information on programs to help you find work upon leaving.”
- “Need more help/assistance with looking for a job online plus sending resumes and filling out applications online.”
- “I wish that there was an anger management group. I really need to work on addressing people in a nicer way but still getting my point across.”

Recovery

The Recovery domain measures consumers' perceptions of “recovery oriented services” and the degree to which they are able to recover from their condition. Consumer comments that corresponded with the Recovery domain contained phrases that were consistent with the following items:

- Community involvement
- An ability to pursue one's interests and goals
- Generally having a desirable life despite one's condition
- Feeling in control of one's treatment
- Giving back to one's family and/or community
- “This place has changed me for the better so that I can pursue my interests in life.”

- “I am very grateful for this program. It enabled me to function well in society despite my disease.”
- “My treatment, at this agency has helped me to understand myself and has helped me heal and grow! My self esteem has improved greatly which helps me to be more positive, give back to society, and live a healthy and happy existence.”
- “I've become a positive and productive member of my community.”
- “I would like to give back to my family and community and help others.”
- “Being here challenged me to strive for better, remain aware of my behavior, look to positive thinking and believe there's more involvement in the community than destructive living.”
- “Staff took wonderful care of me and I am ready to take on working and being a part of the community.”
- “I am better able to function in society and give back to the community.”
- “I have become close to people in recovery and I am able to talk about any issue. I feel confident about my future and ability to grow.”
- “During my stay at this program I've learned to deal with my emotions and problems. The clinicians have helped me to become an active member of society and helped set my life on track.”
- “The services provided to me were helpful in my recovery. I am a more respectable person and more responsible for my actions.”

Suggestions/Concerns

- “I wish that I could do more to help myself and look for help that often I am afraid about.”
- “It will really be good if they will help and teach you how to get off methadone and stay clean.”
- “My recovery action plan has not been a level road. Some services have been of great help and others have been negligible.”
- “Give clients alternatives to methadone addiction. Also discourage some clients from increasing dosage after a manageable level has been maintained. Offer solutions, not further addiction.”

Participation in Treatment Planning

The participation domain refers to the degree to which consumers are satisfied with their ability to participate in all aspects of the treatment process. Participation of people in recovery and their loved ones goes beyond the initial framing of the problems to be addressed in treatment to include them in all aspects and phases of the treatment process. Consumer comments that corresponded with this

domain contained phrases that pertained to their ability to ask questions and/or provide input about their services, treatment or medication.

- “They always seek my opinion about groups and other events! Keep up the great work!”
- “The staff are great here. I get great feedback from them and can confide personal problems with ease.”
- “I have a great relationship with my clinician. I can tell that we both have a good connection and I feel very comfortable talking with her.”
- “My doctor and case manager have helped me more than I can explain. They always seemed to know when I needed services and when I needed my independence. If I need any help I know that I can just call and they'll be there for me.”
- “I have a great relationship with my clinician. I can tell that we both have a good connection and I feel very comfortable talking with her.”
- “My counselor works with me to resolve my problems.”
- “The counselors here really listen to what I say and help me come up with better solutions.”

Suggestions/Concerns

- “I really want to partner with the psychiatrist about my treatment options. I want to make sure my concerns are heard and that there is flexibility about making changes in meds based on my overall goals and my health.”
- “I don't feel the APRN is paying close enough attention to what I am saying about the effectiveness of medication(s).”
- “I have to speak to my counselor sometimes and she fails to see me, forgets things and I feel I'm not moving forward.”
- “Some staff members are disrespectful to me. I feel like they don't listen to me sometimes and don't respect much about my treatment decisions.”
- “The advisory board should be taken more seriously and should address real issues, not just fun and games.”
- “I feel that the APRN does not spend enough time to understand our real problems, is pushing meds too much, and not helping us to cope or feel like we can manage our own issues. I feel that he doesn't listen to what we really need.”
- “Although life is not always that simple, the need to have clients actively involved in preparing and maintaining the treatment plan can not be overstated.”

- “I just feel like there are a few counselors that don't care and when you try to talk to them about your self or recovery; it's like they are looking at you but don't hear anything you say or they pass the buck.”

Respect for Family Involvement

The Respect for Family Involvement domain is measured by consumers' perceptions of the degree to which behavioral health practitioners respect their desire to incorporate family members and/or other significant people in every phase of the treatment process. Given the growing emphasis on maximizing the use of natural supports to facilitate the recovery process, the support of family members and important others may point to existing, but overlooked resources and opportunities.

- “She made herself very available to respond to my family’s needs. She was flexible and evidenced real interest in learning about our family.”
- “Staff are always concerned for my well being and my family.”
- “Wonderful good working class people who believe in and have love for me and family.”
- “I just never felt I'd ever be clean and help my family members stop. It is a huge blessing that I thought I would never see.”
- “Since I've been coming here I have been able to take more control of my life. I appreciate what you have done for me and my family.”
- “This program has helped me a lot. I would strongly recommend it to anyone who has an addiction problem. They pay close attention to an individual's needs but also help you reunify with your family and children.”
- “The staff were knowledgeable, respected my views about treatment, and worked with me and my children.”
- “My clinician was excellent, working persistently with me and my family. Sensitive, and at the same time, stern to make sure I followed through with treatment plans.”

Suggestions/Concerns

- “There should be an orientation for families who wish to know about the process that they can expect their loved ones to go through.”
- “I don’t want to be here. I wish I was closer to my family.”
- “My counselor was out for almost 3 consecutive weeks and was therefore not available to meet with me for one-on-one or family sessions.”

- “We should be more in touch with our family.”
- “I needed more family visits or family sessions with my counselor.”
- “Our family could not be a part of our recovery...?”
- “I was not happy with the way my family was treated during group!”

Discussion

Consumer Survey

This year over 27,000 individuals responded to the Consumer Satisfaction Survey leading to a record setting response rate that was a 10% gain over the number we reported last year. One hundred twenty six (126) agencies participated in the Consumer Satisfaction Survey, which also represents a 7% increase in agency participation. The survey results have been incorporated into the department's quarterly report cards. DMHAS implemented a performance management system in November 2010 and one section examines the Consumer Satisfaction Survey results.

Consumers in Connecticut again report high degrees of overall satisfaction. Approximately 90% of respondents expressed satisfaction in the General Satisfaction domain. One benefit of this survey tool is that it is used in other states across the country, allowing for comparison to national averages. Connecticut's results compare favorably with those of other states. In fact, when we compare Connecticut's outcomes with the latest national survey data compiled by the National Association of State Mental Health Program Directors (NASMHPD), we surpass the national averages in every domain. The Outcome domain score actually exceeded the national average by 10%. Each of Connecticut's domain scores also exceeded our state benchmark of 75% satisfaction.

A hallmark of the survey has been the stability and consistency of its results. Demographic trends and domain scores have remained constant over the past five to six years. Domain scores have shown steady but small increases during that time period. The Access Domain is one example of this trend. Scores in this domain have increased from 82.7 in 2005 to 86.1% satisfaction in FY 10. Small gains were observed in all other domains which showed at least 1% increases in satisfaction over the past year.

Two domains continue to yield the lowest degrees of satisfaction, the Recovery and Outcome domains. The Recovery domain was added by DMHAS in 2005 in order to measure the degree of satisfaction respondents felt about their personal recovery. The overall level of satisfaction in this domain was about 78%, an increase over last year's score but still significantly below satisfaction levels in all other domains. One question in the Recovery domain asks consumers to rate their satisfaction with community involvement. Satisfaction levels for that question were just below 70%, the lowest score for all questions contained in the survey. In fact, only one other score on the entire survey fell below 75%.

The Outcomes domain was the other area with a somewhat lower score of 81.8% satisfaction. Questions in this domain focused on social situation and relations with families, ability to manage crisis situations, school and work, and a consumer's ability to deal with symptoms and manage their lives. Scores for most of these questions were below 80% satisfaction. These two domains focus on the results of our services. Consumer responses seem to indicate that these are areas that still require greater attention. Since 2005, satisfaction in these two domains, Recovery and Outcomes, has consistently lagged behind all other domains. It is interesting to note, however, that Connecticut's Outcomes scores still exceeded the national average by 10%.

Not surprisingly, satisfaction varied by demographic categories. Individuals under 24 years of age were least satisfied across every domain. Conversely, individuals over age 55 expressed the highest

degree of satisfaction for each domain. Hispanic clients had higher degrees of satisfaction in almost every domain when compared to non-Hispanic clients.

Given the overall high degree of satisfaction, it is reasonable to ask what we can learn from the annual survey. The greatest areas for quality improvement may be “hidden” in the responses to individual survey questions. Each agency receives their agency-specific report which provides responses to the individual survey questions. Agencies should carefully review these results to determine if there are aspects of an organization’s service delivery that indicate a need for improvement. For example the lowest scores on statewide results were in the following questions:

Staff returned calls within 24 hours.

Staff told me what side effects to watch out for.

As a result of services I have received from this agency, I am better able to deal with crisis.

As a result of services I have received from this agency, I am getting along better with my family.

As a result of services I have received from this agency, I do better in social situations.

As a result of services I have received from this agency, I do better in school and/or work.

As a result of services I have received from this agency, My symptoms are not bothering me as much.

In general, I am involved in my community.

Several of these questions are logical choices for small quality improvement activities. This might include establishing processes for insuring that medical staff familiarize consumers with medication side effects, increasing involvement or connection to community activities, or simply establishing a goal that all client phone calls are returned within 24 hours. Simple activities might yield positive results that improve the quality of care received by our consumers.

Quality of Life

During Fiscal Year 2010, DMHAS suggested that providers voluntarily administer the WHOQOL-BREF Quality of Life (QOL) instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization. This instrument was introduced to the DMHAS community during Fiscal Year 2008.

The QOL is a 26 question tool that measures consumer satisfaction with the quality of his or her life in the following five domains: physical, psychological, social relationships, and environment. Individual questions are scored on a scale from 1-5, with 1 being the lowest score and 5 being the highest score possible. Over 5,500 individuals voluntarily responded to the QOL. Forty one (41) agencies utilized the QOL.

In our first report on QOL covering Fiscal Year (FY) 08, it was pointed out that little data is available on QOL scores and individuals being served in a publicly funded mental health and substance abuse system. Data is not only limited but primarily focuses on the general population. Our first report compared Connecticut’s results with the scores for a general population in Australia. At that time, our scores in almost all domains were approximately ten points lower. This remains the most striking finding of our analysis. Similarly in FY 10, QOL scores in Connecticut remain quite low across all domains. Scores in each domain dipped slightly from our FY 09 report. Other findings are presented below.

Demographic Findings

Older individuals have the lowest rates of satisfaction - In each of the three years the QOL has been administered, individuals over the age of 55 reported the lowest degrees of satisfaction. It is

likely that the long-term effects of serious mental illness and substance use problems negatively impacts quality of life. In addition, many of the consumers served in a publicly funded behavioral health system are dealing with poverty and the problems associated with it.

Younger respondents reported the highest degree of satisfaction – Respondents under the age of 24 reported highest degree of satisfaction in all categories. Satisfaction decreased with each successive age group that responded to the survey. Again, this trend has been observed over all three years that the QOL has been administered. These findings suggest that debilitating effects of mental illness and substance abuse problems may have a cumulative effect on individuals within our system.

Race and gender affect perceptions of quality of life – African-Americans reported the highest degrees of satisfaction while Caucasians reported the lowest satisfaction. As in previous years men report higher satisfaction than women.

Domain-related Findings

Lowest satisfaction in social relationships and environment domain – The lowest satisfaction rates were in the social relationships and environment domains. The environment domain focuses on safety, money, and living environment. Interestingly, the lowest score for any question was to question “have you enough money to meet your needs”.

Treatment-related Findings

Clients in SU programs generally reported highest degrees of satisfaction

Client receiving vocational rehabilitation or social rehabilitation services had the highest degrees of satisfaction – This finding reinforces the connection between work and social involvement, both of which are key aspects of recovery.

Overall, the findings were very similar to those of previous years. A troubling finding is the low degrees of satisfaction in all domains of the survey. The consistency of low domain scores across the three years the QOL has been administered in Connecticut seems to indicate that behavioral health consumers that receive services in a publicly funded system do experience lower rates of overall satisfaction with the quality of their lives.

The findings suggest areas for quality improvement activities. As with the Consumer Survey, these activities may be identified through closer examination of agency-specific results. Responses to questions should be carefully reviewed to determine if coordinated strategies can be employed in order to impact domains or questions with low degrees of satisfaction.

Appendices

Appendix 1: 2010 Consumer Survey Materials

Appendix 1.1: DMHAS Consumer Survey FY 2010 Memorandum



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

M. JODI RELL
GOVERNOR

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

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

FROM: JIM SIEMIANOWSKI, LCSW, DIRECTOR, EVALUATION, QUALITY MANAGEMENT, AND IMPROVEMENT DIVISION

SUBJECT: CONSUMER SURVEY FOR FISCAL YEAR 2010

DATE: JULY, 2009

The DMHAS Consumer Survey for FY 2010 is ready to begin.

Please read the enclosures carefully, and distribute them to the people in your organization responsible for the Consumer Survey process. You can also find these documents on our website at this address: <http://tinyurl.com/32ej4s>

As in the previous year, you should now calculate your sample size based upon an unduplicated client count for 3 months, rather than for an entire fiscal year. Please use the unduplicated count for Quarter 1, FY09 (July 1, 2008-October 1, 2008).

The final deadline for survey data submission will be June 30, 2010. 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.

Please make every effort to ensure that relevant staff are set up to perform data entry well before the survey due date. You may locate user access request forms at <http://www.ct.gov/dmhas/lib/dmhas/isd/accessrequest.doc> if staff need to set up new user accounts.

As in past years, all materials related to the Consumer Survey for FY 2010 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 review the survey instructions to confirm, and call us immediately if necessary.

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 2010 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).

The levels of care that are required to report include:

- Mental Health Case Management, with some exceptions (see below)
- Mental Health Outpatient (Clinical)
- Mental Health Partial Hospitalization
- Mental Health Residential, including Group Residential, Supervised Apts., Supported Apts, Supportive 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 (for exceptions, see next page)
- Substance Abuse Residential including Intensive, Intermediate, Long-Term Treatment, Long-Term Care, Transitional Residential/Halfway House
- Substance Abuse Recovery House
- Substance Abuse Case Management, with some exceptions (see below)

Levels of Care **NOT REQUIRED** to participate in the Consumer Survey:

Mental Health

MH/AbiTbi/ABI

MH/AbiTbi/Community CM-Consulting

MH/AbiTbi/Geriatric ABI

MH/AbiTbi/Inpatient

MH/Crs/Crisis

MH/Crs/Jail Diversion

MH/Crs/Office of Court Evaluation

MH/Crs/Respite

MH/Crs/Respite-Jail Diversion

MH/GenPsy/Gen Psych Acute Forensics

MH/GenPsy/Gen Psych Geriatrics

MH/GenPsy/Gen Psych Intensive Rehab

MH/I&E/Intake Unit

MH/Other/Fiduciary

MH/Other/Nursing Home

Levels of Care **NOT REQUIRED** to participate in the Consumer Survey, continued:

MH/Other/Project Compass

MH/Other/Specialing

MH/Other/Transportation

MH/AIP/Acute Inpatient

MH/AIP/Observation-Flex Bed

MH/CM/Homeless OutReach

MH/CM/Housing Assistance

MH/CM/Shelter Plus

MH/Fors/CIT

MH/Fors/Civil-Risk Management

MH/Fors/Forensic Acute

MH/Fors/Forensic Extended Rehab

MH/Fors/Forensic Unit

MH/OP/Forensic Consultation

MH/OP/Research

MH/SocRe/Mentoring

MH/SocRe/Warmline

Substance Abuse

SA-DOC/OP/Outpatient SA 1.1

SA-DOC/PH/Day Tx-Tier 3

SA-DOC/PH/IOP-Tier 2

SA-DOC/PH/IOP-Tier 3

SA-PNP/CM/AIDS-HIV Services

SA-PNP/CM/Healthcare Screening

SA-PNP/CM/Homeless OutReach

SA-PNP/CM/Latino Outreach

SA-PNP/Edu/Impaired Driver Education

SA-PNP/Edu/Pre-Trial Drug_Alcohol Ed

SA-PNP/I&E/SA Evaluation

SA-PNP/Other/BNP

SA-PNP/Other/Transportation

SA-PNP/PrsStd/Prison Studies

SA-PNP/Res/Recovery House

SA-PNP/Res/Recovery Living Center

SA-PNP/Res/Residential DWI

SA-PNP/Res/Shelter

SA-PNP/Res/Short Term Hsg

SA-PNP/Res/Supported Indep Hsg

SA-DOC/Res/Residential DWI

SA-DOC/Res/Residential-Tier 4

SA-DOC/Res/Therapeutic Community-Tier 3

SA-DOC/Res/Therapeutic Community-Tier 4

SA-PNP/Detox/Detoxification 4.2

SA-PNP/Detox/Detoxification3.7d

SA-PNP/Detox/Observation-Flex Bed

SA-PNP/OP/Employee Assistance

SA-PNP/OP/Outpatient Cocaine

SA-PNP/OP/Outpatient Gambling

SA-PNP/OP/Outpatient Pregnant Women

SA-PNP/OP/Outpatient SA Research

SA-PNP/OP/Prison Studies

SA-PNP/Recovery Support/Child Care

SA-PNP/Recovery Support/Peer Support

SA-PNP/Recovery Support/Spiritual Support

SA-SO/Crs/Jail Diversion

SA-SO/Detox/Detoxification 4.2

SA-SO/Detox/Detoxification3.7d

SA-SO/Edu/Pre-Trial Drug Alcohol Ed

SA-SO/OP/Outpatient SA Research

If you have a question about whether or not a program or level of care is required to participate in the Consumer Survey, please contact Jim Siemianowski at (860) 418-6810 or james.siemianowski@po.state.ct.us

Sample Size

The required sample size for each provider should be based on the unduplicated client count for the first quarter of FY 09, for all programs that have the Consumer Survey requirement. This is a change from the previous requirement that the sample size be based on the unduplicated count for the full fiscal year.

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 **7/1/2008 to 10/01/2008**.
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.

If Your Unduplicated Client Count is Equal to This Number....	...Your Sample Size is This Number (95% C.L. +/-7%CI)
10	10
15	14
20	18
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, 2010.

Survey Instrument – FY 10

The survey instrument is comprised of the 28-item MHSIP survey.

The WHOQOL-BREF Quality of Life (QOL) instrument is offered as a **completely voluntary and separate option** for your agency, to be used **however you wish**.

If your agency chooses to collect QOL data, your agency staff will be responsible for data entry. DMHAS will not perform this task.

The Evaluation, Quality Management and Improvement Division will continue to provide support and training to providers regarding the administration of the optional QOL tool, as requested. EQMI will continue to analyze incoming QOL data and report on it on an annual basis.

The 2010 survey is 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. It allows providers with access rights to easily enter the Consumer Survey data, either by specific program, 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 most recent version of the Consumer Survey System Users Manual may be found on the Consumer Survey Website: <http://tinyurl.com/32ej4s>

DMHAS does not provide data entry services. Please plan ahead to ensure that your agency has adequate data entry staff and training for the Consumer Survey.

Provider Process Summary

We continue to invite and encourage your comments and feedback through the Provider Process Summary, which can be completed online through the CSS application or returned to EQMI by electronic mail, fax, or US Mail.

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 FY10 will be due by June 30, 2010.

Questions?

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

Jim Siemianowski, EQMI Director: James.Siemianowski@po.state.ct.us or (860) 418-6810.

Thank you very much for your continued participation in the annual Consumer Survey!



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES *A Healthcare Service Agency*

M. JODI RELL
GOVERNOR

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

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. If you are interested in receiving a copy of the report, please contact JoAnn Novajovsky at (860) 418-6912. Additionally, results from the last several years are posted on our website: <http://tinyurl.com/32ej4s>.

Thank you.

Jim Siemianowski, LCSW
Director, Evaluation, Quality Management, and Improvement Division
Department of Mental Health and Addiction Services

Appendix 1.4: DMHAS Consumer Survey FY 2010

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

For each item, circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
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
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?

Appendix 1.5: DMHAS Quality of Life Instrument FY 2010

Agency	Program	Date Completed
--------	---------	----------------

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

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	2	3	4	5

1. How would you rate your quality of life?

<i>(Please circle the number)</i>				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

2. How satisfied are you with your health?

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
1	2	3	4	5

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?

		<i>(Please circle the number)</i>				
		Not at all	A little	A moderate amount	Very much	An extreme amount
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
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
1	2	3	4	5

26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?

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

Yes	No
-----	----

Thank you for your help