

Consumer Survey 2011 Annual Report



Connecticut Department of Mental Health and Addiction Services

**410 Capitol Avenue
Hartford, CT 06134**



November 2011

Note from the Commissioner

This year marks the tenth year that DMHAS and our provider community have been administering the Consumer Satisfaction Survey. The agency has undergone much transition, and over the last ten years, we have significantly increased our ability to measure quality and performance in our service system. This year is no different. We have improved our reporting capacities, having implemented two new data quality systems over a year ago, and we have strengthened our quality reporting processes. We are now preparing to implement a second phase of our information systems, which will integrate our annual consumer satisfaction survey into the DMHAS Data Performance System (DDaP). This modification will offer more flexibility to DMHAS providers and will assist in simplifying the survey process.

This year, we received almost 25,500 responses to our survey. Our annual Consumer Satisfaction Survey Report provides us with invaluable information about the performance of our healthcare system. The survey is a voice for the people we serve, and provides a mechanism through which consumers can give us critical feedback. The feedback is important on several levels. The responses to the survey give us information about the entire system and areas that need improvement. At the same time, they provide information about performance on the agency and program level. These results can help shape agency quality improvement initiatives.

Once again, we include the results of the optional Quality of Life (QOL) instrument. Approximately 2,500 individuals responded to the QOL questions. The responses are summarized in this report and help us to learn more about how our service recipients feel about quality of life issues, which are inextricably linked with health and well-being.

DMHAS is undertaking a number of preparations for major healthcare reform. Recently, our agency implemented a pilot study with one of our community mental health centers and its affiliates. A selection of health status questions, taken from the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) was added to our core survey, in order to gather information about the health of our consumers. We received over 2,000 valuable responses in this pilot study, and are preparing a separate report which will be available soon.

I remain committed to improving the quality of our service system. We can learn a great deal by listening to the voices of our consumers. I strongly encourage you to use the report to design your own quality improvement initiatives.

Finally, I want to again express my appreciation to all of the people that have made our survey a success. Your commitment to excellence and quality contributed to the success of our annual survey. Thank you for your participation and support.

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

November 2011

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. Jeffrey Johnson analyzed the data and produced numerous tables and provider level reports. Kristen Miller analyzed the quantitative data and wrote most of the narrative, and Ken Cunningham performed the qualitative analysis and assisted with the production of this report.

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Executive Summary

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 eight years. The survey was offered to consumers/individuals in recovery within the context of their mental health and substance abuse treatment.

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 2011 is the fourth 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 2,409 QOL responses during Fiscal Year 2011. Results may be found in this report beginning on page 69 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 25,463 surveys were returned. DMHAS' provider system includes 116 providers for whom surveys should be administered. A total of 113 agencies submitted surveys, which includes 7 agencies that were not required to do so. Ten agencies required to submit surveys did not participate this year.
- ◆ Slightly more than half (53.5%) of the respondents were men and 41.5% were women. Five percent of the respondents did not identify their gender.
- ◆ Most (58%) of the respondents were White and almost 18% were African-American/Black. Almost 10% did not identify their race.
- ◆ Nearly 20% of the respondents identified themselves as Hispanic, and 26% 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 (approximately 47%); as the average age of a DMHAS client is 38 years old, this is not surprising. There was a slight decrease in the number of respondents who are 55 and older (15%).
- ◆ Almost a third (30%) of the survey sample responded to the survey within the outpatient setting; 12% from methadone maintenance programs; 10% from residential programs; 11% from case management services; and 12% in vocational or social rehabilitation programs. The remaining 25% 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.
- ◆ Survey distribution was less equal between program types this year. More surveys were collected from people receiving services from Mental Health programs, up to 49% of the total in Fiscal Year 2011. Meanwhile, the number of surveys collected from people receiving services from Substance Use programs decreased from 42% in Fiscal Year 2010 to 36% in Fiscal Year 2011. The remaining portion of surveys did not contain enough program information to categorize.
- ◆ This was the third year in which DMHAS asked respondents to identify if they were receiving services for mental health, substance use, or for both. Similar to the previous year, over a third (39%) identified emotional or mental health problems as their reason. Just under a third (27%) identified themselves as receiving substance use services, while an additional 26% stated that they were receiving treatment for both mental health and substance use problems.

¹ 2010 CMHS Uniform Reporting System Output Tables. *CMHS Uniform Reporting System - 2010 State Mental Health Measures*. Retrieved on September 14, 2011 from <www.samhsa.gov/dataoutcomes/urs/2010/Connecticut.pdf>.

- ◆ Additionally, this was the third year in which respondents were asked to self-report their length of stay in treatment. Forty percent reported a stay of less than a year, and just over 14% reported a stay of more than one, but less than two years. Sixteen percent reported more than two years but less than 5 years and about 19% reported stays of more than five years.

Statewide Satisfaction by MHSIP Domains

DMHAS measures satisfaction by the MHSIP Consumer Survey domains. While the percentage of consumers satisfied with services has remained relatively constant over the past five years, in FY 2011, satisfaction increased slightly in all domains. Over the last five years, consumers have consistently reported being most satisfied with the level of family participation in treatment, and with quality and appropriateness in care.

- ◆ In FY 2011, just over 93% of consumers felt they received appropriate services, and 88% expressed satisfaction with Access to services. Eighty-three percent (83%) of consumers were satisfied with perceived Outcomes.
- ◆ Approximately 92% of consumers indicated a positive response in the General Satisfaction domain.
- ◆ Over 92% of consumers responded positively in the Participation in Treatment and Quality and Appropriateness domains.
- ◆ Approximately 91% 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.)
- ◆ The lowest degree of satisfaction was reported in the Recovery domain, where approximately 79% of respondents indicated satisfaction.

Demographic Characteristics and Satisfaction on MHSIP Domains

DMHAS measured differences in MHSIP Domains for key demographics to determine if 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 Access, Quality and Appropriateness, General Satisfaction, Participation in Treatment, Respect domains Men in Outcome, Recovery domains

Race

<i>All Respondents</i>	
Significantly Better	Non-White respondents in the Recovery domain Non-Black respondents in Respect domain

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Any race other than White in Access, Recovery domains "Other" respondents in Quality and Appropriateness, Outcome domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	White or "Other" respondents in the General Satisfaction domain

Ethnicity

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

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

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Hispanic/Latino respondents in ALL domains

Age Group

<i>All Respondents</i>	
Significantly Better	Respondents who are 25 and older in Participation in Treatment domain Respondents who are 55 and older in General Satisfaction, Access domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents who are 25 and older in Quality and Appropriateness, Outcome, Respect, Participation in Treatment, Recovery domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Respondents who are 25 and older in General Satisfaction, Access domains Respondents who are younger than 35 in Recovery domain

Level of Care

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

<i>Respondents in Substance Use Programs</i>	
Significantly Better	People who received outpatient services in Access, Quality and Appropriateness, and General Satisfaction domains
Significantly Worse	People who received residential services in the Outcome domain

<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 Respondents who received social or vocational rehabilitation services in Outcome, Recovery domains

Length of Stay

<i>All Respondents</i>	
Significantly Better	People receiving services for more than one year in the General Satisfaction, Access domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	People who have received services for 1+ years , in the Outcome domain People who have received services for 5+ years , in the Recovery domain

<i>Respondents in Mental Health Programs</i>	
Significantly Better	People receiving services for more than one year in Outcome domain People receiving services for less than 5 years in the Quality and Appropriateness domain

Region

<i>All Respondents</i>	
Significantly Better	Respondents from Regions 4 and 5 in Access, General Satisfaction, Recovery (with Region 1) domains
Significantly Worse	Respondents from Regions 2 and 3 in Recovery domain

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents from Region 4 in Access, General Satisfaction, Outcome and Recovery, Respect domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	People responding from Regions 1 and 5 , in the Outcome, Recovery domains Respondents from Region 5 in General Satisfaction, Quality and Appropriateness domains

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. However, the number of providers using SurveyMonkey.com online surveys has more than doubled from last year. Twenty providers used SurveyMonkey.com in some capacity during FY2011, allowing more

clients to answer survey questions online instead of through the traditional paper survey method.

Introduction

Consumer Satisfaction Survey SFY 2011 (July 1, 2010 – June 30, 2011)

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 2011² 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.

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 between July 1, 2010 and June 30, 2011. Surveys were collected mainly from February 2011 through June 2011.

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 Medication Assisted Treatment (Methadone Maintenance and Buprenorphine)
- ◆ 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 2010 (July 1, 2009 through September 30, 2009).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

Provider	Consumers Treated from 7/1/09-9/30/09	Proposed Sample Size (95% CL, 7% CI)	Surveys Submitted in SFY 2011	Surveys as % of Sample Size
Ability Beyond Disability Institute	121	75	124	165.22%
Advanced Behavioral Health	1734	176	0	0.00%
Alcohol & Drug Recovery Center-ADRC	555	145	368	253.72%
APT Foundation Inc	2681	183	740	405.01%
Artreach Inc.	29	25	67	264.04%
Backus Hospital	633	150	141	94.10%
Birmingham Group Health Services, Inc.	1083	166	164	98.74%
Bridge House	229	106	122	115.25%
Bridgeport Community Health Center (Optimus)	27	24	0	0.00%
BRIDGES	1137	167	320	191.27%
Bristol Hospital	67	50	1	2.00%

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

⁴ Explanation taken from <http://williamgodden.com/tutorial.pdf> and used with permission:

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%.

Provider	Consumers Treated from 7/1/09-9/30/09	Proposed Sample Size (95% CL, 7% CI)	Surveys Submitted in SFY 2011	Surveys as % of Sample Size
Capitol Region Mental Health Center	1269	170	212	124.78%
Catholic Charities of Fairfield County Inc.	358	127	139	109.55%
Catholic Charities- Waterbury	171	92	102	111.39%
Catholic Charities-Hartford Inst Hispanic Studies	369	128	153	119.31%
Center for Human Development	223	105	161	153.97%
Central CT Coast YMCA	44	36	60	166.28%
Central Naugatuck Valley (CNV) Help Inc.	130	78	139	177.30%
Charlotte Hungerford Hospital	1228	169	185	109.38%
Chemical Abuse Services Agency (CASA)	540	144	568	394.44%
Chrysalis Center Inc.	633	150	317	211.56%
Columbus House	144	83	387	464.83%
Common Ground Community	68	51	12	23.68%
Community Enterprises Inc.	67	50	56	111.73%
Community Health Center Inc.	~300 ⁵	128	227	177.34%
Community Health Resources Inc.	2620	182	1246	683.03%
Community Health Services Inc.	309	120	162	134.81%
Community Mental Health Affiliates	2228	180	437	242.47%
Community Prevention and Addiction Services-CPAS	429	135	83	61.60%
Community Renewal Team (CRT)	299	119	89	75.02%
Connecticut Counseling Centers Inc.	1264	170	410	241.45%
Connecticut Mental Health Center	2776	183	836	456.49%
Connecticut Renaissance Inc.	288	117	150	128.35%
Connecticut Valley Hospital	323	122	141	115.37%
Connection Inc	1162	168	240	143.00%
Continuum of Care	295	118	135	114.41%
Coordinating Council for Children in Crisis	25	22	11	49.39%
Cornell Scott-Hill Health Corporation	928	162	317	195.72%
Crossroads, Inc.	219	104	0	0.00%
CTE Inc. Viewpoint Recovery Program	34	29	27	92.78%
CW Resources Inc.	43	35	0	0.00%
Danbury Hospital	523	143	139	97.36%
Day Kimball Hospital	175	93	9	9.71%
Dixwell/Newhallville Community MHS Inc.	195	98	107	109.18%
Easter Seal Goodwill Ind. Rehab. Center Inc.	77	55	59	106.33%
Easter Seal Rehab. Center of Grtr. Waterbury Inc.	60	46	0	0.00%
Easter Seals of Greater Hrtfd Rehab Center Inc.	72	53	59	111.63%
Education Connection	36	31	0	0.00%
Fairfield Community Services Inc.	76	55	28	50.94%
Family & Children's Agency Inc	774	157	160	102.20%
Family Centers, Inc.	151	86	0	0.00%
Farrell Treatment Center	240	108	128	118.37%
Fellowship Inc.	441	136	250	183.95%

⁵ Number is approximate because most surveys came from the agency's outpatient clinic, formerly funded through GA. Starting in FY2012, this agency will report only for its case management program.

Provider	Consumers Treated from 7/1/09-9/30/09	Proposed Sample Size (95% CL, 7% CI)	Surveys Submitted in SFY 2011	Surveys as % of Sample Size
FSW Inc.	68	51	66	130.24%
Gilead Community Services Inc.	279	115	156	135.22%
Goodwill Industries of Western CT Inc.	80	57	83	145.57%
Hall Brooke Foundation Inc.	69	51	58	113.22%
Harbor Health Services	1309	171	474	277.86%
Hartford Behavioral Health	577	146	301	205.47%
Hartford Dispensary	4251	187	1389	741.18%
Hartford Hospital	218	103	115	111.16%
Hogar Crea Inc	20	18	57	312.63%
Hospital of St. Raphael	347	125	271	215.96%
Human Resource Development Agency	424	134	132	98.32%
InterCommunity, Inc.	1270	170	218	128.30%
Interlude Inc.	33	28	20	70.50%
Kennedy Center Inc.	163	89	113	126.62%
Keystone House Inc.	155	87	111	127.88%
Kuhn Employment Opportunities Inc.	100	66	37	55.69%
Laurel House	259	112	217	194.07%
Liberation Programs (LMG)	1286	170	404	237.38%
Liberty Community Services	29	25	30	118.23%
Marrakech Day Services	148	85	91	107.60%
McCall Foundation Inc	363	128	217	170.19%
Mental Health Association of CT Inc.	614	149	467	313.94%
Mercy Housing and Shelter Corporation	132	79	131	165.57%
Middlesex Hospital Mental Health Clinic	330	123	89	72.24%
Midwestern CT Council on Alcoholism (MCCA)	796	157	531	337.29%
Morris Foundation Inc	1197	169	326	193.42%
My Sisters' Place	154	86	28	32.37%
Natchaug Hospital	252	110	162	146.61%
New Directions Inc of North Central Conn.	170	91	297	325.35%
New Haven Home Recovery	39	33	35	107.14%
New Milford Hospital	324	122	135	110.33%
Northwest Center for Family Serv and Mental Health	54	43	23	54.11%
Norwalk Hospital	1348	171	226	131.99%
Operation Hope of Fairfield Inc.	24	21	13	60.52%
Optimus Health Care-Bennett Behavioral Health	926	162	101	62.38%
Pathways Inc.	81	58	71	123.43%
Perception Programs Inc	435	135	246	181.77%
Prime Time House Inc.	228	106	163	154.29%

Provider	Consumers Treated from 7/1/09-9/30/09	Proposed Sample Size (95% CL, 7% CI)	Surveys Submitted in SFY 2011	Surveys as % of Sample Size
Problem Gambling-DMHAS	251	110	0	0.00%
Recovery Network of Programs	2229	180	1564	867.77%
Reliance House	478	139	173	124.27%
River Valley Services	510	142	190	134.00%
Rushford Center	2366	181	854	471.62%
SCADD	592	147	360	244.17%
SE Mental Health Authority	333	124	152	122.96%
Search for Change Inc.	34	29	0	0.00%
Shelter for the Homeless Inc.	136	81	83	103.06%
Sound Community Services Inc.	1613	175	324	185.29%
St Luke's Community Services Inc.	79	57	73	129.18%
St. Mary's Hospital Corporation	1125	167	221	132.30%
St. Vincent DePaul Mission of Waterbury, Inc.	94	64	57	89.41%
St. Vincent DePaul Place Middletown, Inc.	54	43	43	101.16%
Stafford Family Services	91	62	100	160.35%
Supportive Environmental Living Facility Inc-SELF	50	40	35	87.50%
SW CT MH Network	2098	179	392	218.59%
United Community and Family Services	79	57	145	256.59%
United Services Inc.	2344	181	357	197.30%
W. CT MH Network	1089	166	548	329.66%
Waterbury Hospital Health Center	1130	167	131	78.37%
Wheeler Clinic	1069	166	366	220.80%
Yale University - WAGE	41	34	60	176.21%
Yale University-Behavioral Health	305	120	123	102.88%
Youth Challenge of CT Inc	18	17	0	0.00%
Guardian Ad Litem	0	0	93	
Immaculate Conception Inc.	0	0	29	
John J. Driscoll United Labor Agency Inc.	0	0	38	
Lawrence & Memorial Hospital	0	0	167	
Leeway, Inc.	14	13	29	
Stonington Behavioral Health Inc	0	0	148	

Analysis

Demographic and other simple frequency analyses were performed in both VB.NET and SPSS 15.0 by two staff, and compared for accuracy.

The statistical analyses used the domain score (an average of the response values for the questions that comprise that domain. The domain score is a number between 1 and 5). The domain score then gets converted to a satisfaction score: domain scores that are less than 2.5 fall into the “Satisfied” category, scores between 2.5 – 3.5 fall into the “Neutral” category, and scores greater than 3.5 fall into the “Unsatisfied” category. The value that is the focus of this report is the percentage of clients who fall into the “Satisfied” category.

For example, it is reported that 89.5% of clients in MH programs were satisfied with Access to services (Access Domain), compared to 85.1% of clients in SU programs. The statistics that indicate that clients in the MH programs were more satisfied are based on the average domain scores for each group (MH program domain score was 1.62 and SU program domain score was 1.74; lower = more satisfied).

The domain scores are not reported in the Group Differences section. The above explanation is provided to explain why, in a few instances, the reader may see equal percentages reported as significantly different. In this case, equal numbers of consumers were in the “Satisfied” category, but the average domain score of one group was significantly lower than the other(s). Thus, the percentages that are reported indicate how many consumers fell into the “Satisfied” category, while the statistics (and the narrative) address the degree to which they were satisfied (lower score = more satisfied).

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 25,463 completed surveys. Of the 116 providers that were to administer the survey, 106 submitted data. Seven additional providers also submitted surveys. 21,577 (84.7%) 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 a summary of statewide demographic trends.

Table 2: Statewide Demographic Trends (2007-2011)

	2011		2010		2009		2008		2007	
	N	%	N	%	N	%	N	%	N	%
<i>Gender</i>										
Female	10567	41.5	11383	41.0	10453	41.5	9775	40.4	9965	41.3
Male	13631	53.5	14978	54.0	13461	53.4	13023	53.8	13369	55.4
Unknown	1265	5.0	1375	5.0	1284	5.1	1390	5.8	813	3.4
<i>Race</i>										
American Indian/Alaskan Native	226	0.9	261	0.9	215	0.9	240	1.0	241	1.0
Asian	178	0.7	151	0.5	147	0.6	136	0.6	152	0.6
Black/African American	4543	17.8	4910	17.7	4421	17.6	4116	17.0	3977	16.5
Mixed	889	3.5	1024	3.7	963	3.8	962	4.0	984	4.1
Native Hawaiian/Pacific Islander	66	0.3	84	0.3	82	0.3	70	0.3	69	0.3
White	14754	57.9	16020	57.8	14810	58.8	14148	58.5	15013	62.2
Other	2313	9.1	2594	9.4	2026	8.0	1907	7.9	1641	6.8
Unknown	2494	9.8	2692	9.7	2534	10.1	2609	10.8	2070	8.6
<i>Ethnicity</i>										
Mexican	174	0.7	176	0.6	168	0.7	170	0.7	192	0.8
Other Hispanic/Latino	1039	4.1	1092	3.9	1018	4.0	1025	4.2	1002	4.2
Puerto Rican	3812	15.0	4469	16.1	3441	13.7	3296	13.6	3378	14.0
Unknown	6645	26.1	7208	26.0	7042	28.0	7690	31.8	7831	32.4
Non-Hispanic	13793	54.2	14791	53.3	13529	53.7	12007	49.6	11744	48.6
<i>Age Range</i>										
20 and Under	793	3.1	915	3.3	903	3.6	921	3.8	895	3.7
21-24	1794	7.1	1996	7.2	1903	7.6	1770	7.3	1866	7.7
25-34	5131	20.2	5663	20.4	4913	19.5	4699	19.4	4736	19.6
35-54	11990	47.1	13494	48.7	12425	49.3	12193	50.4	12755	52.8
55-64	3679	14.5	3555	12.8	3024	12.0	2615	10.8	2555	10.6
65 and older	663	2.6	700	2.5	630	2.5	557	2.3	513	2.1
Unknown	1413	5.6	1413	5.1	1400	5.6	1433	5.9	827	3.4
<i>Service Duration</i>										
Less than 1 year	10179	40.0	12065	43.5	10340	41.0	9872	40.8	7971	33.0
1 to 2 years	3643	14.3	3762	13.6	3525	14.0	3414	14.1	4443	18.4
2 to 5 years	4001	15.7	3914	14.1	3684	14.6	3275	13.5	3461	14.3
More than 5 years	4970	19.5	5348	19.3	5223	20.7	4685	19.4	2523	10.5
Unknown	2670	10.5	2647	9.5	2426	9.6	2942	12.2	5749	23.8

	2011		2010		2009		2008		2007	
	N	%	N	%	N	%	N	%	N	%
<i>Service Reason</i>										
Alcohol or Drugs	6811	26.8	8040	29.0	7434	29.5	7538	31.2	7785	32.2
Both Emotional/Mental Health and Alcohol/Drugs	6660	26.2	7554	27.2	6699	26.6	6100	25.2	4435	18.4
Emotional/Mental Health	9809	38.5	10083	36.4	9072	36.0	8226	34.0	7315	30.3
Unknown	2183	8.6	2059	7.4	1993	7.9	2324	9.6	4612	19.1
<i>Program Type</i>										
MH	12501	49.1	11462	41.2	11776	46.6	10781	44.4	10572	43.8
SU	9062	35.6	11646	41.9	10025	39.6	10440	43.0	10077	41.7
Unknown	3900	15.3	4628	16.6	3397	13.4	2967	12.2	3498	14.5
<i>Level Of Care</i>										
MH Assertive Community Treatment	418	1.6	356	1.3	366	1.5	462	1.9	485	2.0
MH Case Management	904	3.6	1370	4.9	1282	5.1	1158	4.8	1058	4.4
MH Clinical Outpatient	5129	20.1	4179	15.0	4023	15.9	3506	14.5	3666	15.2
MH Crisis Intervention	92	0.4	33	0.1	87	0.3	67	0.3	55	0.2
MH Group Home	212	0.8	201	0.7	235	0.9	218	0.9	214	0.9
MH Intake/Evaluation	1	0.0	18	0.1	0		3	0.0	0	
MH Other	1547	6.1	1467	5.3	1607	6.4	1390	5.7	1122	4.7
MH Partial Hospital	166	0.7	18	0.1	100	0.4	26	0.1	112	0.5
MH Social Rehab	1791	7.0	1789	6.4	1914	7.6	1795	7.4	1785	7.4
MH Supervised Residential	404	1.6	379	1.4	402	1.6	358	1.5	327	1.4
MH Supportive Residential	643	2.5	753	2.7	761	3.0	787	3.2	790	3.3
MH Vocational Rehab	1194	4.7	979	3.5	1086	4.3	1021	4.2	947	3.9
SA Inpatient Detox	610	2.4	232	0.8	272	1.1	718	3.0	320	1.3
SA Intake/Evaluation	9	0.0	73	0.3	28	0.1	41	0.2	133	0.6
SA Intensive Residential	767	3.0	967	3.5	451	1.8	586	2.4	665	2.8
SA Intermediate/Long Term Treatment	494	1.9	1256	4.5	1004	4.0	1292	5.3	1307	5.4
SA Long Term Care Residential	40	0.2	22	0.1	11	0.0	151	0.6	150	0.6
SA Methadone Maintenance	3161	12.4	3461	12.4	3715	14.7	3229	13.3	3341	13.8
SA Other	169	0.7	352	1.3	178	0.7	446	1.8	247	1.0
SA Outpatient	2385	9.4	3179	11.4	2729	10.8	2720	11.2	2629	10.9
SA Outpatient Detox	62	0.2	87	0.3	106	0.4	48	0.2	34	0.1
SA Partial Hospitalization	1183	4.7	1696	6.1	1248	4.9	936	3.9	983	4.1
SA Transitional Care/Halfway House Resident	182	0.7	97	0.4	71	0.3	128	0.5	28	0.1
Unknown ⁶	3900	15.3	4628	16.6	3397	13.4	2967	12.2	3498	14.5

⁶ The 'Unknown' category includes responses where Level of Care is unknown because the survey was submitted without being attributed to a particular program.

Demographics of Statewide Sample

Gender

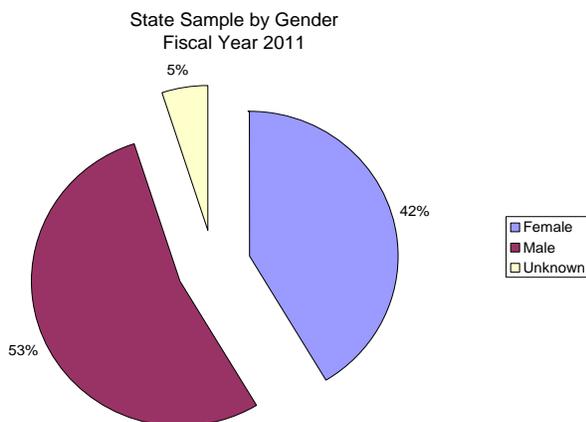


Figure 1: State Sample by Gender

More male (53%) than female (42%) consumers responded to the survey. Five percent of the respondents declined to identify their gender. This pattern is the same as what was observed in FY10.

Gender Distribution by Service Type

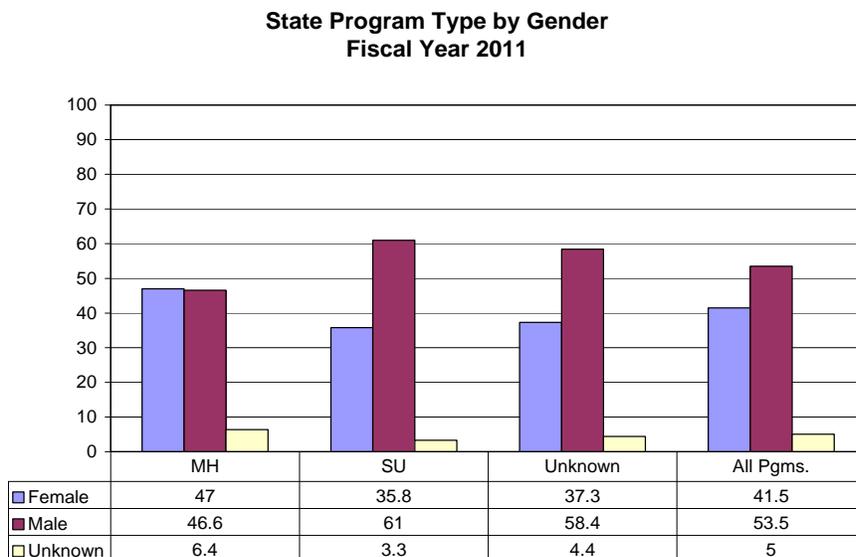


Figure 2: State Program Type by Gender

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; 61% were men and 36% were women. Similarly, the statewide sample comprised a greater percentage of men (54%) than women (42%). Respondents who indicated their program type, but not their gender, were assigned to the “unknown” category.

Race

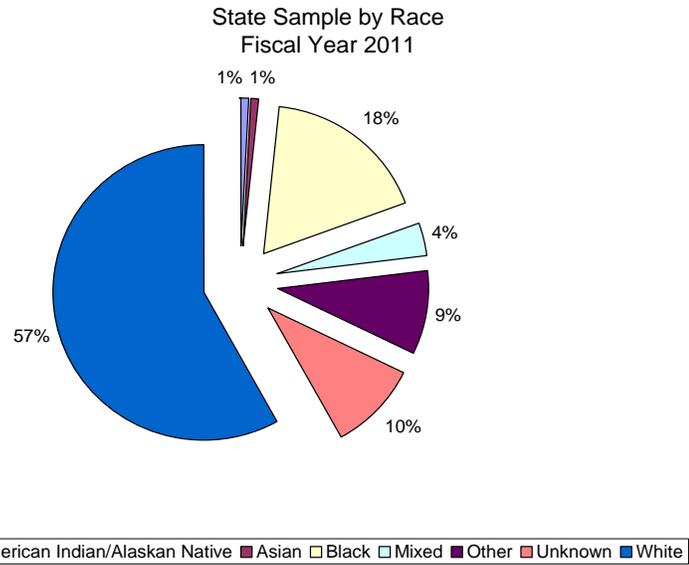


Figure 3: State Sample by Race

The majority of respondents (57%) were White; nearly 18% were African-American/Black, and 10% did not identify their race.

Race Distribution by Service Type

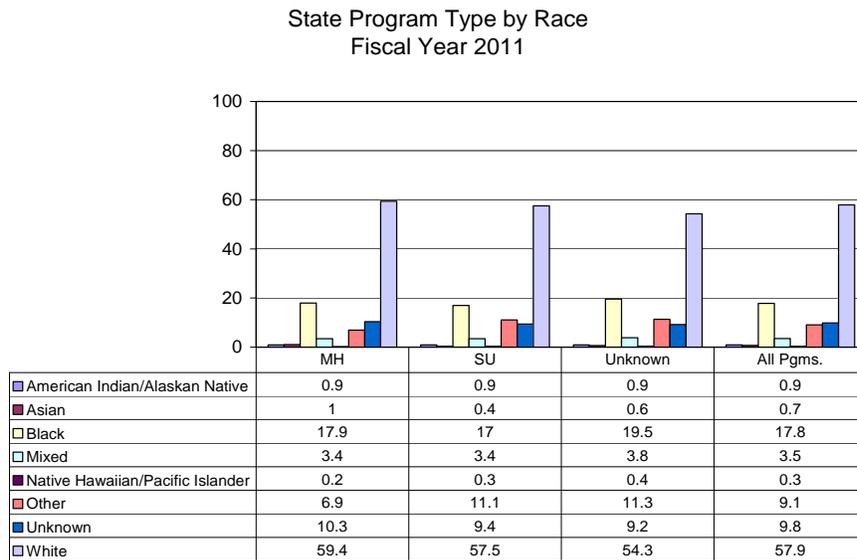


Figure 4: State Program Type by Race

As in FY2010, racial composition was fairly consistent across all program categories.

Ethnic Origin

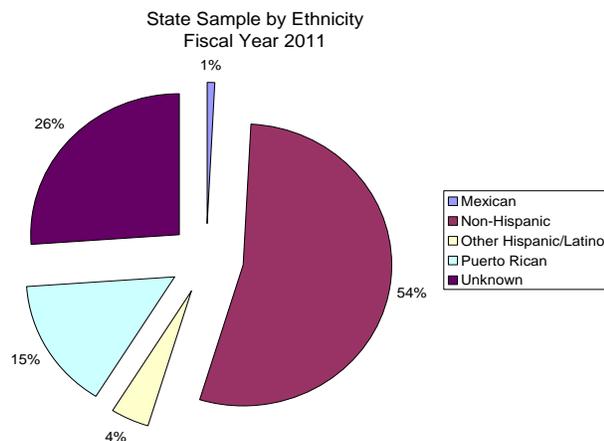


Figure 5: State Sample by Ethnicity

Nearly 20% of respondents identified themselves as Hispanic/Latino/a, which is about the same (21%) as in Fiscal Year 2010. The majority of respondents in this group (15%) 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

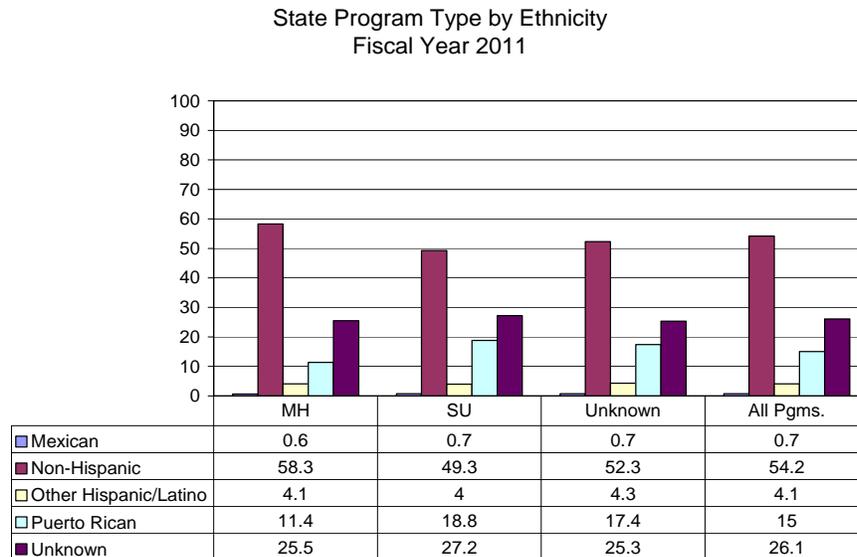


Figure 6: State Program Type by Ethnicity

Respondents using Substance Use services were somewhat more likely to identify themselves of Hispanic/Latino/a origin than other groups. Approximately 23% of the respondents receiving Substance Use treatment identified themselves as Hispanic/Latino/a. In contrast, about 16% of respondents receiving Mental Health treatment reported that they were Hispanic/Latino/a, which represents a slight decrease from 19% in Fiscal Year 2010.

Age

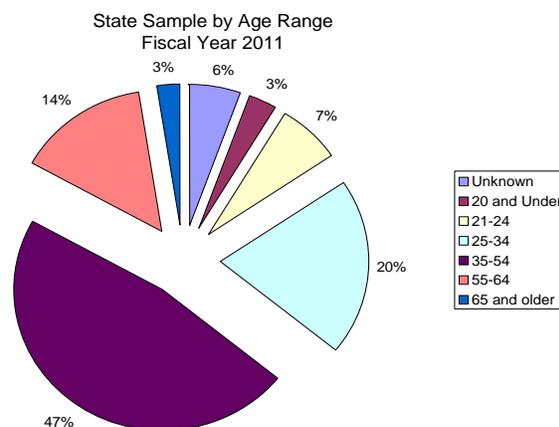


Figure 7: Sample by Age Group

As with the previous year, slightly less than half (47%) 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. These percentages are mostly unchanged from Fiscal Year 2010.

Age Distribution by Service Type

State Program Type by Age Range
Fiscal Year 2011

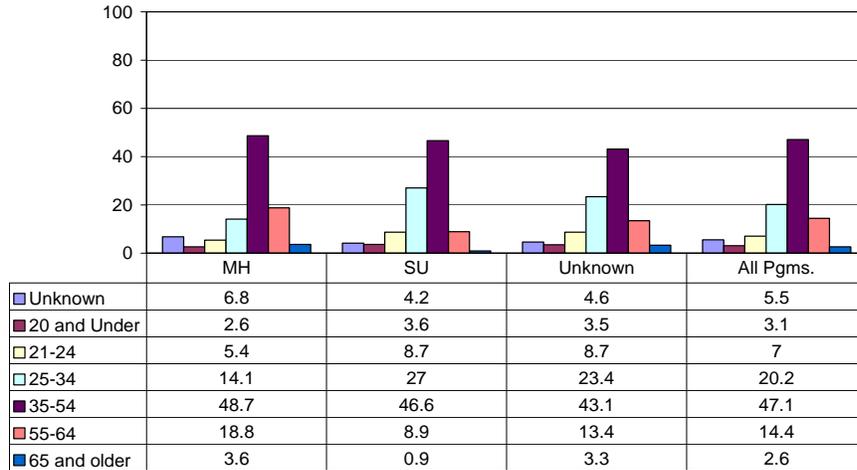


Figure 8: State Program Type by Age Range

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

Level of Care

State Sample by Level of Care
State Fiscal Year 2011

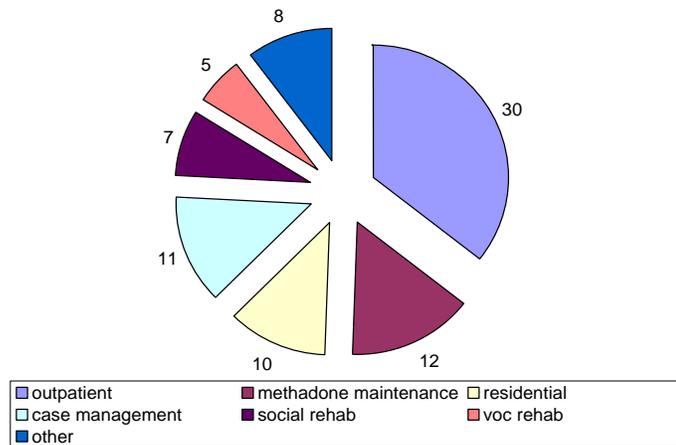


Figure 9: Sample by Level of Care

Thirty percent of the respondents reported from outpatient services (not including outpatient methadone maintenance services.) This is a slight increase from 26% in Fiscal Year 2010. Twelve percent of the survey sample reported from methadone maintenance services, which was a slight decrease from 15% in Fiscal Year 2010. Ten percent of the respondents reported from residential services, and 12 percent reported from vocational and social rehabilitation programs. The number of respondents who reported from case management programs remained stable from last year at 11%. An additional 25% 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

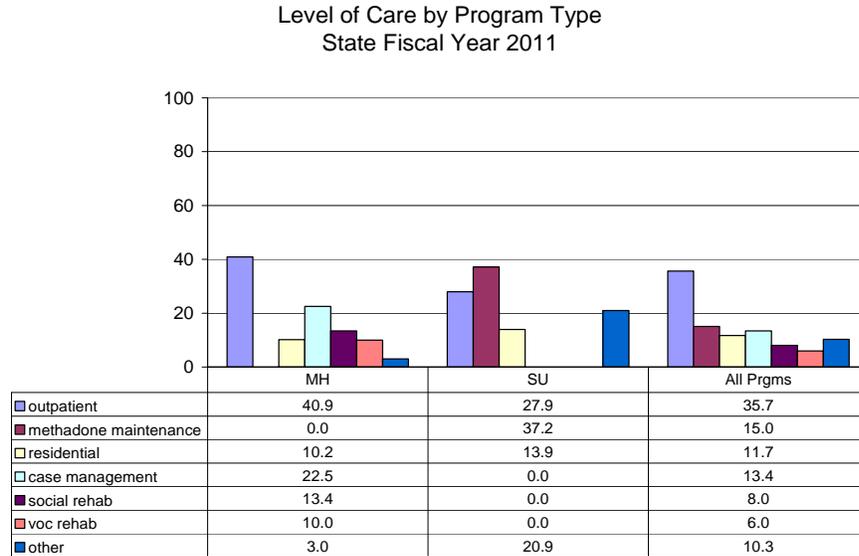


Figure 10: Level of Care by Service Type

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-seven percent of respondents receiving treatment for Substance Use disorders reported from methadone maintenance programs (up 5% from FY2010), followed by 28% who responded from a (non-methadone maintenance) outpatient setting. An additional 14% answered the survey from a residential program.

For respondents receiving Mental Health treatment services in this year's survey sample, 41% responded to the survey from an outpatient setting, which is an increase from 37% in Fiscal Year 2010. Twenty-three percent (23%) of the respondents reported from a case management program and 13% responded from social rehabilitation programs. Ten percent of the respondents came from residential programs, while another 10% came from vocational rehabilitation programs.

Program Type

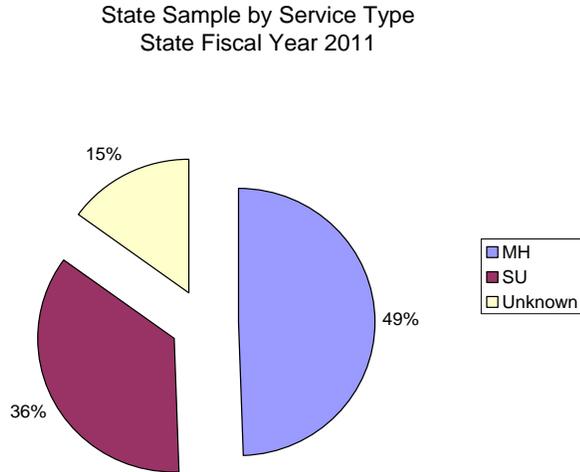


Figure 11: State Sample by Program Type

This year 49% of the surveys were received from Mental Health programs; this is an increase of 8% from Fiscal Year 2010, when 41% of the surveys came from Mental Health programs. 36% of the surveys were received from Substance Use programs, which a decrease of 6% from last year. 15% of the surveys had no program type identified.

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

Reason for Service

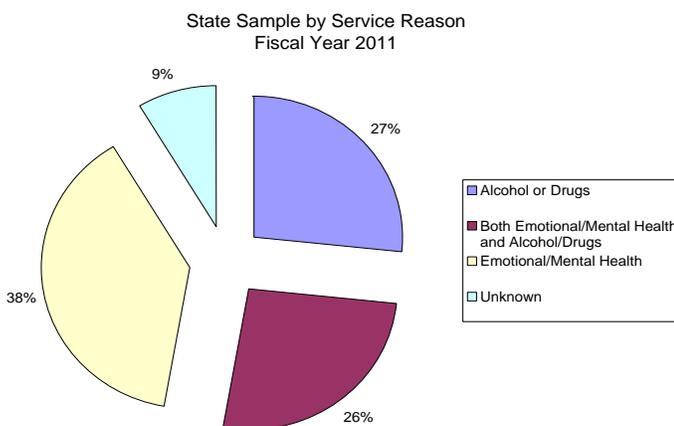


Figure 12: State Sample by Reason for Service

Over one-third (38%) of respondents identified emotional or mental health problems as their reason for receiving services, and slightly under one-third (26%) identified alcohol or drugs as their reason. An additional 26% selected both mental health and substance abuse problems as reasons for receiving services. Nine percent of respondents did not indicate a reason for receiving services.

Reason for Service by Program Type

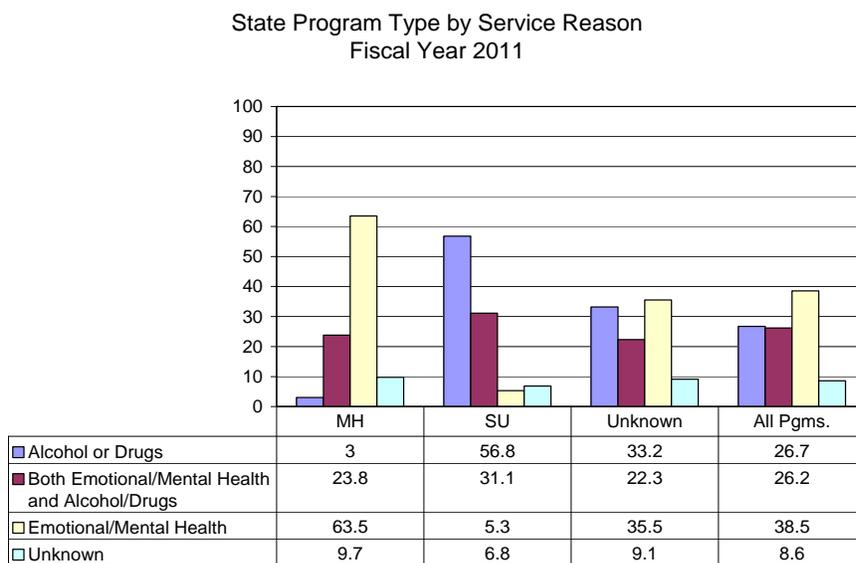


Figure 13: State Sample by Service Duration

As in the past two years, more (31%) people in SU treatment programs indicated co-occurring problems (chose the “Both” option) than did people in MH programs (24%).

Length of Stay

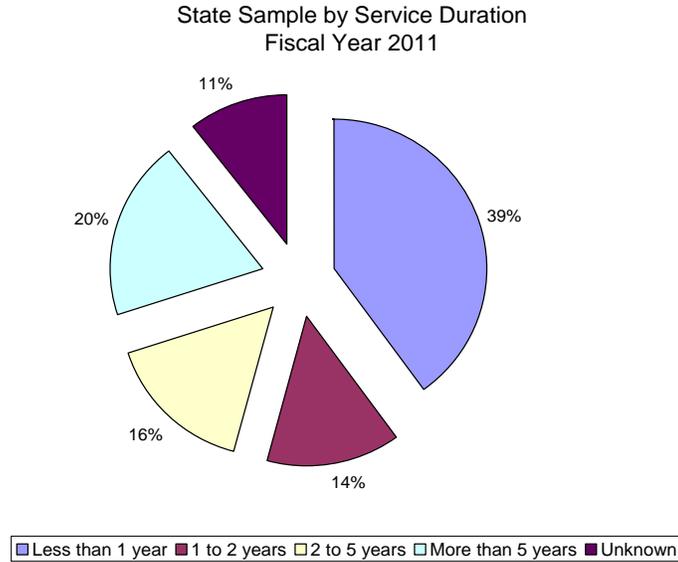


Figure 14: State Program Type by Service Duration

This is the fifth year in which respondents were asked to report how long they had been receiving services; 11% of respondents chose not to answer this question. The largest subset of respondents (39%) 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; 16% had received services for between two and five years. 20% 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 2011

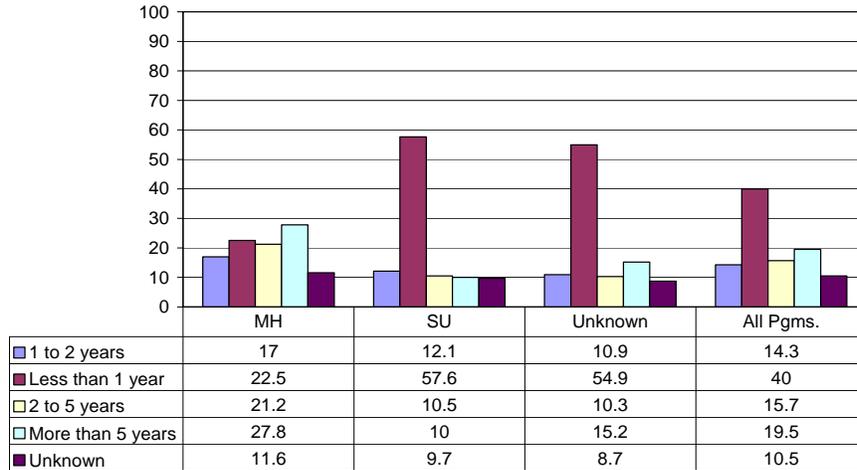


Figure 15: State Program Type by Service Duration

Similar to previous years, respondents receiving MH treatment services were more likely to report longer service durations than respondents receiving SU treatment services. Respondents from SU treatment programs had typically been in treatment for less than a year.

Satisfaction with Services

Satisfaction on All Domains

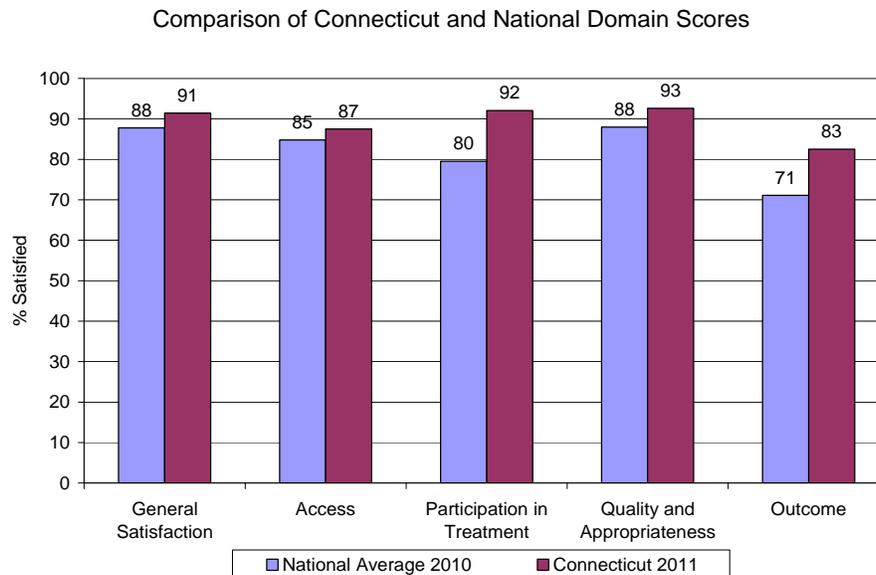


Figure 16: Comparison of Connecticut with National Domain Scores

When compared to the latest MHSIP national survey results available (2010 CMHS Uniform Reporting System Output Tables), Connecticut consumers report higher levels of satisfaction in all domains: General Satisfaction, Access, Participation in Treatment, Quality and Appropriateness, and Outcome. Connecticut scores were 2%-12% higher than the national average in each domain.

- ◆ Approximately 93% of respondents expressed satisfaction in the Quality and Appropriateness domain.
- ◆ About 91% of respondents expressed satisfaction in the General Satisfaction domain.
- ◆ The Connecticut average for Outcome was 83%, compared to just 71% for the entire country, and 92% of Connecticut clients were satisfied with Participation in Treatment compared to 80% of clients nationally.

At least 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-three percent of respondents agreed with the statement, “I liked the services that I received here.”
- ◆ Approximately 88% 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 consistently increased over the past few years.

- ◆ Approximately 85% of respondents agreed that the location of services was convenient for them.
- ◆ Over 91% agreed with the statement, “Staff was willing to see me as often as I felt was necessary.”
- ◆ Approximately 86% agreed that staff returned their calls within 24 hours.
- ◆ Ninety 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. Again, the percentages of positive response in this domain have all increased slightly each year since the 2009 survey.

- ◆ Almost 94% of respondents agreed with the statement, “Staff here believes that I can grow, change, and recover.”
- ◆ Eighty-seven percent agreed with the statement, “I felt free to complain.”
- ◆ Over 91% agreed with the statement, “I was given information about my rights.”
- ◆ Eighty-four percent 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.”
- ◆ Ninety percent felt that “Staff was sensitive to my cultural/ethnic background”
- ◆ Nearly 91% 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 2010 survey.

- ◆ Over 86% agreed with the statement, "I deal more effectively with daily problems."
- ◆ Over 85% agreed that "I am better able to control my life."
- ◆ Over 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."
- ◆ Seventy-nine percent agreed with the statement, "I do better in social situations."
- ◆ Approximately 76% agreed with the statement, "I do better in school and/or work."
- ◆ Around 77% 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."
- ◆ Almost 78% felt that "In general I can have the life I want, despite my disease/disorder."
- ◆ Nearly 82% 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.

- ◆ About 92% 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 2010 survey.

Trends over Time

Statewide Satisfaction Trends by Domain

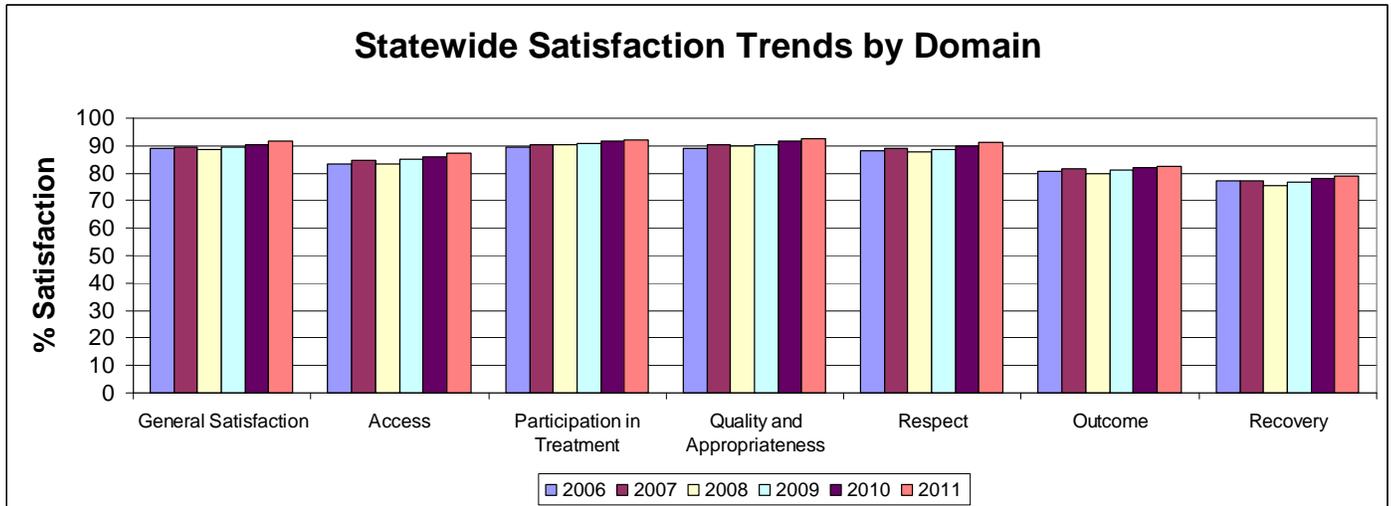


Figure 17: Trends (2006-2011) in Consumer Satisfaction

The percentage of consumers satisfied with services has remained relatively steady from FY 2006 through FY 2011. Over the past four years, however, within each domain, the number of clients who have been satisfied with services has consistently increased in small steps. 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 2011, over 92% of respondents felt they received appropriate services, over 91% were generally satisfied, and over 87% expressed satisfaction with access to services. About 83% of respondents were satisfied with perceived outcomes. Almost 80% of respondents were satisfied with their progress toward recovery.⁷

⁷ The Recovery domain was implemented in 2005.

Table 3: Statewide Trends (2003-2011) by Domain

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
General Satisfaction							
	2011	22278	91.46	1702	6.99	379	1.56
	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	2.20
	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							
	2011	21049	87.47	2749	11.42	265	1.10
	2010	21911	86.11	3226	12.68	308	1.21
	2009	20320	85.06	3260	13.65	310	1.30
	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	14.20	316	2.08
	2003	9409	83.70	1637	14.56	196	1.74
Quality and Appropriateness							
	2011	22125	92.60	1593	6.67	176	0.74
	2010	23183	91.49	1930	7.62	227	0.90
	2009	21490	90.56	1978	8.34	262	1.10
	2008	20558	89.87	2034	8.89	282	1.23
	2007	21264	90.40	1972	8.38	286	1.22
	2006	19295	89.20	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
Outcome							
	2011	19153	82.51	3583	15.43	478	2.06
	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	2.40
	2004	11969	80.18	2511	16.82	447	2.99
	2003	8815	80.09	1888	17.15	304	2.76

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
Recovery							
	2011	18418	78.98	4093	17.55	810	3.47
	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	77.20	4318	18.83	912	3.98
	2006	16194	77.07	3931	18.71	888	4.23
	2005	15356	76.30	3966	19.71	804	3.99
	2004	0		0		0	
	2003	0		0		0	
Participation in Treatment							
	2011	22114	92.08	1439	5.99	462	1.92
	2010	23242	91.53	1595	6.28	556	2.19
	2009	21605	90.78	1642	6.90	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	7.50	645	2.96
	2005	18748	89.36	1603	7.64	629	3.00
	2004	13425	88.47	1243	8.19	506	3.33
	2003	9575	88.49	863	7.98	382	3.53
Respect							
	2011	19672	91.05	1585	7.34	348	1.61
	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	9.50	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

Table 4: Statewide Trends by Question, 2006-2011

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
General Satisfaction									
<i>I like the services that I received here.</i>									
2011	22594	93.00	1365	5.60	333	1.40	1.54	1	0.69
2010	23718	92.00	1654	6.40	404	1.60	1.57	1	0.71
2009	22045	91.20	1694	7.00	443	1.80	1.60	1	0.73
2008	21021	90.10	1813	7.80	496	2.10	1.63	2	0.75
2007	21779	91.00	1691	7.10	463	1.90	1.61	1	0.73
2006	19855	90.00	1696	7.70	518	2.30	1.64	2	0.76
<i>If I had other choices, I would still get services from this agency.</i>									
2011	21361	88.40	1902	7.90	890	3.70	1.67	2	0.82
2010	22239	86.90	2303	9.00	1041	4.10	1.71	2	0.85
2009	20773	86.60	2178	9.10	1039	4.30	1.73	2	0.86
2008	19583	84.80	2346	10.20	1176	5.10	1.78	2	0.89
2007	20487	86.30	2160	9.10	1105	4.70	1.75	2	0.86
2006	18654	85.20	2189	10.00	1051	4.80	1.77	2	0.88
<i>I would recommend this agency to a friend or family member.</i>									
2011	22005	91.30	1512	6.30	582	2.40	1.58	1	0.75
2010	23142	90.60	1688	6.60	719	2.80	1.61	1	0.77
2009	21573	90.00	1678	7.00	718	3.00	1.64	1	0.79
2008	20541	89.10	1751	7.60	763	3.30	1.66	2	0.80
2007	21303	89.70	1626	6.90	807	3.40	1.65	2	0.80
2006	19496	88.90	1668	7.60	770	3.50	1.67	2	0.82
Access									
<i>The location of services was convenient.</i>									
2011	20271	84.90	2331	9.80	1284	5.40	1.75	2	0.89
2010	21355	84.40	2546	10.10	1401	5.50	1.78	2	0.90
2009	19832	83.50	2511	10.60	1408	5.90	1.81	2	0.92
2008	18785	82.30	2512	11.00	1532	6.70	1.85	2	0.94
2007	19403	83.30	2442	10.50	1454	6.20	1.82	2	0.92
2006	17555	81.00	2517	11.60	1588	7.30	1.87	2	0.96
<i>Staff was willing to see me as often as I felt was necessary.</i>									
2011	21865	90.50	1654	6.80	654	2.70	1.61	1	0.76
2010	22823	89.20	1972	7.70	788	3.10	1.65	2	0.79
2009	21242	88.40	1977	8.20	798	3.30	1.68	2	0.80
2008	20201	87.60	1988	8.60	881	3.80	1.71	2	0.82
2007	20796	88.00	1931	8.20	900	3.80	1.70	2	0.82
2006	19069	87.50	1869	8.60	858	3.90	1.71	2	0.83
<i>Staff returned my calls within 24 hours.</i>									
2011	19765	86.10	2296	10.00	901	3.90	1.72	2	0.84
2010	20366	84.30	2658	11.00	1132	4.70	1.77	2	0.87
2009	19138	84.10	2604	11.40	1003	4.40	1.78	2	0.86
2008	17896	82.50	2660	12.30	1139	5.30	1.82	2	0.89
2007	18365	83.40	2549	11.60	1108	5.00	1.80	2	0.88
2006	16917	82.70	2458	12.00	1081	5.30	1.81	2	0.90

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>Services were available at times that were good for me.</i>									
2011	21822	90.40	1676	6.90	637	2.60	1.64	2	0.76
2010	22815	89.40	2016	7.90	698	2.70	1.67	2	0.77
2009	21231	88.60	2010	8.40	715	3.00	1.69	2	0.78
2008	20195	87.40	2052	8.90	850	3.70	1.74	2	0.81
2007	20771	88.30	1935	8.20	817	3.50	1.71	2	0.80
2006	19000	87.00	1973	9.00	864	4.00	1.74	2	0.83
Quality and Appropriateness									
<i>Staff here believes that I can grow, change, and recover.</i>									
2011	22588	93.80	1225	5.10	278	1.20	1.51	1	0.67
2010	23743	92.90	1496	5.90	322	1.30	1.53	1	0.68
2009	22034	92.10	1538	6.40	344	1.40	1.56	1	0.70
2008	21098	91.50	1528	6.60	425	1.80	1.59	1	0.73
2007	21713	91.70	1551	6.60	411	1.70	1.58	1	0.72
2006	19618	90.40	1625	7.50	455	2.10	1.61	1	0.75
<i>I felt free to complain.</i>									
2011	20832	87.10	2183	9.10	900	3.80	1.71	2	0.83
2010	21802	86.00	2448	9.70	1109	4.40	1.74	2	0.85
2009	20150	84.80	2523	10.60	1097	4.60	1.78	2	0.86
2008	19140	83.70	2517	11.00	1215	5.30	1.82	2	0.89
2007	19790	84.20	2483	10.60	1243	5.30	1.81	2	0.89
2006	18047	83.50	2440	11.30	1122	5.20	1.82	2	0.89
<i>I was given information about my rights.</i>									
2011	21932	91.50	1454	6.10	571	2.40	1.62	2	0.74
2010	22947	90.40	1705	6.70	738	2.90	1.65	2	0.77
2009	21280	89.30	1798	7.50	745	3.10	1.68	2	0.79
2008	20431	89.00	1779	7.70	752	3.30	1.71	2	0.79
2007	21070	89.40	1681	7.10	827	3.50	1.70	2	0.79
2006	19125	88.40	1687	7.80	829	3.80	1.72	2	0.81
<i>Staff told me what side effects to watch out for.</i>									
2011	18302	84.00	2375	10.90	1115	5.10	1.78	2	0.87
2010	19222	82.80	2733	11.80	1250	5.40	1.82	2	0.88
2009	17843	81.40	2800	12.80	1278	5.80	1.86	2	0.91
2008	16973	80.40	2759	13.10	1391	6.60	1.90	2	0.92
2007	17630	81.90	2543	11.80	1349	6.30	1.86	2	0.91
2006	16311	81.20	2471	12.30	1308	6.50	1.88	2	0.92
<i>Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.</i>									
2011	22035	92.40	1356	5.70	448	1.90	1.56	1	0.71
2010	23223	91.60	1578	6.20	544	2.10	1.59	1	0.74
2009	21501	90.70	1652	7.00	551	2.30	1.62	1	0.75
2008	20690	90.40	1599	7.00	606	2.60	1.64	2	0.77
2007	21378	91.10	1493	6.40	600	2.60	1.63	2	0.75
2006	19399	89.90	1576	7.30	613	2.80	1.65	2	0.78

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>Staff was sensitive to my cultural/ethnic background.</i>									
2011	20763	89.90	1909	8.30	421	1.80	1.62	1	0.74
2010	21713	89.00	2220	9.10	463	1.90	1.65	2	0.75
2009	20207	88.10	2271	9.90	457	2.00	1.67	2	0.76
2008	19137	87.00	2283	10.40	564	2.60	1.71	2	0.79
2007	20016	88.00	2198	9.70	541	2.40	1.69	2	0.78
2006	18260	87.10	2151	10.30	557	2.70	1.71	2	0.79
<i>Staff helped me to obtain information I needed so that I could take charge of managing my illness.</i>									
2011	21102	90.70	1709	7.30	444	1.90	1.62	1	0.73
2010	22184	89.50	2001	8.10	589	2.40	1.65	2	0.76
2009	20626	88.70	1994	8.60	624	2.70	1.68	2	0.78
2008	19615	87.70	2088	9.30	662	3.00	1.72	2	0.79
2007	20160	88.60	1931	8.50	655	2.90	1.70	2	0.78
2006	18504	87.00	2054	9.70	716	3.40	1.73	2	0.81
Outcome									
<i>As a result of services I have received from this agency, I deal more effectively with daily problems.</i>									
2011	20090	86.10	2632	11.30	613	2.60	1.77	2	0.78
2010	21289	85.30	2920	11.70	748	3.00	1.79	2	0.79
2009	19714	84.80	2875	12.40	665	2.90	1.81	2	0.79
2008	18701	83.60	2941	13.20	720	3.20	1.85	2	0.79
2007	19602	84.90	2716	11.80	763	3.30	1.81	2	0.80
2006	17799	84.20	2669	12.60	676	3.20	1.82	2	0.80
<i>As a result of services I have received from this agency, I am better able to control my life.</i>									
2011	19877	85.10	2809	12.00	669	2.90	1.78	2	0.79
2010	21016	84.20	3200	12.80	752	3.00	1.81	2	0.80
2009	19398	83.40	3130	13.50	728	3.10	1.83	2	0.80
2008	18429	82.30	3204	14.30	771	3.40	1.86	2	0.81
2007	19273	83.50	3000	13.00	809	3.50	1.83	2	0.81
2006	17622	83.30	2804	13.30	725	3.40	1.84	2	0.81
<i>As a result of services I have received from this agency, I am better able to deal with crisis.</i>									
2011	19148	82.40	3248	14.00	847	3.60	1.85	2	0.82
2010	20352	81.90	3541	14.20	966	3.90	1.86	2	0.83
2009	18741	80.90	3552	15.30	866	3.70	1.88	2	0.83
2008	17774	79.70	3597	16.10	926	4.20	1.92	2	0.84
2007	18567	80.80	3447	15.00	958	4.20	1.89	2	0.84
2006	16867	80.30	3251	15.50	890	4.20	1.90	2	0.85
<i>As a result of services I have received from this agency, I am getting along better with my family.</i>									
2011	18007	79.70	3517	15.60	1064	4.70	1.86	2	0.90
2010	19269	79.60	3770	15.60	1161	4.80	1.87	2	0.90
2009	17660	78.60	3712	16.50	1103	4.90	1.89	2	0.90
2008	16700	77.50	3727	17.30	1118	5.20	1.93	2	0.90
2007	17564	78.80	3602	16.20	1137	5.10	1.90	2	0.90
2006	15967	78.20	3357	16.40	1105	5.40	1.92	2	0.91

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>As a result of services I have received from this agency, I do better in social situations.</i>									
2011	18301	79.30	3751	16.20	1034	4.50	1.90	2	0.87
2010	19426	78.70	4090	16.60	1180	4.80	1.92	2	0.87
2009	18024	78.40	3894	16.90	1071	4.70	1.93	2	0.86
2008	17011	77.10	3921	17.80	1123	5.10	1.97	2	0.87
2007	17792	78.40	3790	16.70	1107	4.90	1.93	2	0.87
2006	16179	77.40	3639	17.40	1080	5.20	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>									
2011	14476	75.70	3715	19.40	931	4.90	1.94	2	0.90
2010	15228	74.40	4231	20.70	1006	4.90	1.97	2	0.91
2009	14117	73.90	4063	21.30	930	4.90	1.98	2	0.90
2008	13442	72.90	4053	22.00	933	5.10	2.01	2	0.90
2007	14091	74.40	3835	20.20	1017	5.40	1.98	2	0.91
2006	13066	74.90	3458	19.80	914	5.20	1.97	2	0.91
<i>As a result of services I have received from this agency, My symptoms are not bothering me as much.</i>									
2011	17453	76.90	3604	15.90	1644	7.20	1.98	2	0.95
2010	18436	75.70	4008	16.50	1910	7.80	2.00	2	0.96
2009	17070	75.00	3964	17.40	1725	7.60	2.02	2	0.95
2008	16283	74.20	3924	17.90	1740	7.90	2.05	2	0.96
2007	17102	75.80	3695	16.40	1778	7.90	2.02	2	0.96
2006	15380	74.70	3565	17.30	1651	8.00	2.04	2	0.97
Recovery									
<i>In general, I am involved in my community.</i>									
2011	15005	70.10	4092	19.10	2306	10.80	2.10	2	1.04
2010	15981	69.90	4409	19.30	2471	10.80	2.11	2	1.04
2009	14790	69.10	4263	19.90	2338	10.90	2.12	2	1.04
2008	13974	68.20	4160	20.30	2369	11.60	2.16	2	1.05
2007	14850	70.00	4001	18.90	2351	11.10	2.12	2	1.04
2006	13344	69.00	3865	20.00	2139	11.10	2.14	2	1.04
Participation in Treatment									
<i>I felt comfortable asking questions about my services, treatment, or medication.</i>									
2011	22114	92.10	1439	6.00	462	1.90	1.57	1	0.72
2010	23242	91.50	1595	6.30	556	2.20	1.59	1	0.74
2009	21605	90.80	1642	6.90	553	2.30	1.62	1	0.75
2008	20755	90.10	1654	7.20	617	2.70	1.65	2	0.76
2007	21364	90.40	1588	6.70	669	2.80	1.64	2	0.77
2006	19483	89.50	1632	7.50	645	3.00	1.66	2	0.78
Respect									
<i>My wishes are respected about the amount of family involvement I want in my treatment.</i>									
2011	19672	91.10	1585	7.30	348	1.60	1.60	1	0.72
2010	20568	89.80	1824	8.00	509	2.20	1.64	2	0.75
2009	18829	88.50	1907	9.00	548	2.60	1.68	2	0.78
2008	17763	87.80	1951	9.60	507	2.50	1.70	2	0.78
2007	19117	89.00	1818	8.50	546	2.50	1.69	2	0.76
2006	17784	88.00	1921	9.50	513	2.50	1.70	2	0.78

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
<i>In general, I am able to pursue my interests.</i>									
2011	18514	79.90	3304	14.30	1343	5.80	1.93	2	0.88
2010	19498	79.10	3678	14.90	1486	6.00	1.95	2	0.89
2009	17950	78.00	3649	15.80	1425	6.20	1.98	2	0.90
2008	16992	76.70	3672	16.60	1486	6.70	2.01	2	0.91
2007	17813	78.40	3438	15.10	1480	6.50	1.98	2	0.91
2006	16286	78.20	3233	15.50	1313	6.30	1.98	2	0.90
<i>In general, I can have the life I want, despite my disease/disorder.</i>									
2011	17959	77.80	3393	14.70	1741	7.50	1.96	2	0.96
2010	19001	76.90	3752	15.20	1945	7.90	1.98	2	0.97
2009	17438	75.70	3734	16.20	1875	8.10	2.01	2	0.97
2008	16618	74.90	3654	16.50	1910	8.60	2.03	2	0.98
2007	17432	76.30	3484	15.20	1936	8.50	2.00	2	0.98
2006	15717	75.80	3263	15.70	1767	8.50	2.02	2	0.98
<i>In general, I feel like I am in control of my treatment.</i>									
2011	19010	81.90	3052	13.20	1147	4.90	1.87	2	0.86
2010	20087	80.80	3409	13.70	1357	5.50	1.90	2	0.88
2009	18376	79.50	3421	14.80	1329	5.70	1.93	2	0.89
2008	17492	78.60	3335	15.00	1429	6.40	1.98	2	0.91
2007	18156	79.40	3270	14.30	1433	6.30	1.95	2	0.91
2006	16515	79.10	3046	14.60	1318	6.30	1.95	2	0.90
<i>In general, I give back to my family and/or community.</i>									
2011	17988	79.80	3512	15.60	1032	4.60	1.89	2	0.87
2010	19265	79.70	3784	15.60	1138	4.70	1.90	2	0.87
2009	17646	78.20	3795	16.80	1124	5.00	1.93	2	0.88
2008	16567	77.00	3798	17.60	1163	5.40	1.97	2	0.89
2007	17568	78.90	3587	16.10	1120	5.00	1.93	2	0.88
2006	15991	78.20	3404	16.60	1059	5.20	1.94	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.

General Satisfaction Domain by Provider

Table 5: General Satisfaction Domain by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Renaissance Inc.	150	150	100.00%
Farrell Treatment Center	128	128	100.00%
Hartford Hospital	115	115	100.00%
Dixwell/Newhallville Community MHS Inc.	107	107	100.00%
Artreach Inc.	67	67	100.00%
Community Enterprises Inc.	56	56	100.00%
John J. Driscoll United Labor Agency Inc.	38	38	100.00%
Kuhn Employment Opportunities Inc.	37	37	100.00%
New Haven Home Recovery	35	35	100.00%
Lawrence & Memorial Hospital	167	165	98.80%
Goodwill Industries of Western CT Inc.	83	82	98.80%
Backus Hospital	141	139	98.58%
New Milford Hospital	135	133	98.52%
Easter Seals of Greater Hrtfd Rehab Center Inc.	59	58	98.31%
Midwestern CT Council on Alcoholism (MCCA)	528	519	98.30%
St. Vincent DePaul Mission of Waterbury, Inc.	57	56	98.25%
Catholic Charities- Waterbury	102	100	98.04%
Stafford Family Services	99	97	97.98%
St. Mary's Hospital Corporation	219	214	97.72%
Keystone House Inc.	111	108	97.30%
Catholic Charities of Fairfield County Inc.	139	135	97.12%
Middlesex Hospital Mental Health Clinic	89	86	96.63%
Easter Seal Goodwill Ind. Rehab. Center Inc.	58	56	96.55%
Leeway, Inc.	28	27	96.43%
Fairfield Community Services Inc.	28	27	96.43%
My Sisters' Place	28	27	96.43%
Danbury Hospital	139	134	96.40%
United Services Inc.	353	340	96.32%
Hospital of St. Raphael	271	261	96.31%
Waterbury Hospital Health Center	131	126	96.18%
Fellowship Inc.	248	238	95.97%
Chrysalis Center Inc.	315	302	95.87%
Prime Time House Inc.	163	156	95.71%
Marrakech Day Services	91	87	95.60%
Family & Children's Agency Inc	159	152	95.60%
Community Health Services Inc.	158	151	95.57%
InterCommunity, Inc.	218	208	95.41%
Community Mental Health Affiliates	437	416	95.19%
Central CT Coast YMCA	60	57	95.00%
Yale University - WAGE	60	57	95.00%
Hartford Dispensary	1388	1311	94.45%
McCall Foundation Inc	215	202	93.95%
Kennedy Center Inc.	113	106	93.81%

Provider	Total Surveys	Satisfied	Percent Satisfied
United Community and Family Services	145	136	93.79%
Liberty Community Services	30	28	93.33%
Community Renewal Team (CRT)	89	83	93.26%
St. Vincent DePaul Place Middletown, Inc.	43	40	93.02%
Optimus Health Care-Bennett Behavioral Health	100	93	93.00%
Norwalk Hospital	223	207	92.83%
Connecticut Mental Health Center	832	772	92.79%
Catholic Charities-Hartford Inst Hispanic Studies	151	140	92.72%
Community Health Resources Inc.	1243	1150	92.52%
New Directions Inc of North Central Conn.	294	272	92.52%
Reliance House	172	159	92.44%
Charlotte Hungerford Hospital	185	171	92.43%
FSW Inc.	66	61	92.42%
Human Resource Development Agency	131	121	92.37%
Perception Programs Inc	246	226	91.87%
Ability Beyond Disability Institute	123	113	91.87%
SW CT MH Network	391	359	91.82%
Bridge House	122	112	91.80%
Mental Health Association of CT Inc.	465	426	91.61%
BRIDGES	319	292	91.54%
Supportive Environmental Living Facility Inc-SELF	35	32	91.43%
Center for Human Development	161	147	91.30%
Connection Inc	240	219	91.25%
W. CT MH Network	546	498	91.21%
Chemical Abuse Services Agency (CASA)	560	510	91.07%
APT Foundation Inc	735	668	90.88%
Laurel House	217	197	90.78%
Hartford Behavioral Health	301	273	90.70%
Alcohol & Drug Recovery Center-ADRC	365	331	90.68%
Community Prevention and Addiction Services-CPAS	83	75	90.36%
Guardian Ad Litem	93	84	90.32%
Pathways Inc.	71	64	90.14%
Mercy Housing and Shelter Corporation	131	118	90.08%
Connecticut Valley Hospital	141	127	90.07%
Birmingham Group Health Services, Inc.	161	145	90.06%
Capitol Region Mental Health Center	210	189	90.00%
Sound Community Services Inc.	321	287	89.41%
SE Mental Health Authority	151	135	89.40%
Rushford Center	841	749	89.06%
Columbus House	380	337	88.68%
Yale University-Behavioral Health	123	109	88.62%
Recovery Network of Programs	1561	1379	88.34%
Natchaug Hospital	162	143	88.27%
River Valley Services	190	167	87.89%
Central Naugatuck Valley (CNV) Help Inc.	139	122	87.77%
Hall Brooke Foundation Inc.	57	50	87.72%
Hogar Crea Inc	57	50	87.72%

Provider	Total Surveys	Satisfied	Percent Satisfied
Harbor Health Services	471	411	87.26%
Cornell Scott-Hill Health Corporation	317	274	86.44%
Immaculate Conception Inc.	29	25	86.21%
St Luke's Community Services Inc.	71	61	85.92%
CTE Inc. Viewpoint Recovery Program	27	23	85.19%
Gilead Community Services Inc.	154	131	85.06%
Connecticut Counseling Centers Inc.	410	347	84.63%
Morris Foundation Inc	325	275	84.62%
SCADD	359	302	84.12%
Continuum of Care	135	113	83.70%
Liberation Programs (LMG)	402	336	83.58%
Wheeler Clinic	361	298	82.55%
Community Health Center Inc.	221	170	76.92%
Shelter for the Homeless Inc.	82	61	74.39%
Stonington Behavioral Health Inc	146	101	69.18%
Northwest Center for Family Serv and Mental Health	22	22	-
Interlude Inc.	20	19	-
Operation Hope of Fairfield Inc.	13	13	-
Common Ground Community	12	12	-
Positive Directions-The Center for Prev & Recov.	11	11	-
Coordinating Council for Children in Crisis	11	11	-
Hands on Hartford	9	9	-
Day Kimball Hospital	9	7	-
Bristol Hospital	1	1	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers that were not required to participate and with fewer than 25 surveys have been omitted.

Access Domain by Provider

Table 6: Access Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Dixwell/Newhallville Community MHS Inc.	106	106	100.00%
Goodwill Industries of Western CT Inc.	83	83	100.00%
Artreach Inc.	67	67	100.00%
Easter Seals of Greater Hrtfd Rehab Center Inc.	59	59	100.00%
John J. Driscoll United Labor Agency Inc.	37	37	100.00%
New Haven Home Recovery	35	35	100.00%
Fairfield Community Services Inc.	28	28	100.00%
Connecticut Renaissance Inc.	137	136	99.27%
Farrell Treatment Center	122	121	99.18%
Catholic Charities- Waterbury	100	99	99.00%
Stafford Family Services	98	97	98.98%
Yale University - WAGE	59	58	98.31%
St. Vincent DePaul Mission of Waterbury, Inc.	57	56	98.25%
Marrakech Day Services	90	88	97.78%
Hartford Hospital	115	112	97.39%
Midwestern CT Council on Alcoholism (MCCA)	524	509	97.14%
Waterbury Hospital Health Center	131	127	96.95%
Easter Seal Goodwill Ind. Rehab. Center Inc.	59	57	96.61%
Leeway, Inc.	28	27	96.43%
My Sisters' Place	28	27	96.43%
Keystone House Inc.	111	107	96.40%
Community Prevention and Addiction Services-CPAS	82	79	96.34%
CTE Inc. Viewpoint Recovery Program	25	24	96.00%
Ability Beyond Disability Institute	122	116	95.08%
Backus Hospital	140	133	95.00%
Central CT Coast YMCA	60	57	95.00%
Community Enterprises Inc.	56	53	94.64%
Lawrence & Memorial Hospital	167	158	94.61%
Kennedy Center Inc.	111	105	94.59%
Kuhn Employment Opportunities Inc.	37	35	94.59%
Middlesex Hospital Mental Health Clinic	89	84	94.38%
FSW Inc.	66	62	93.94%
United Community and Family Services	145	136	93.79%
Bridge House	122	114	93.44%
Liberty Community Services	30	28	93.33%
InterCommunity, Inc.	216	201	93.06%
Community Mental Health Affiliates	426	396	92.96%
Danbury Hospital	136	126	92.65%
Guardian Ad Litem	93	86	92.47%
Chrysalis Center Inc.	315	291	92.38%
Community Health Services Inc.	157	145	92.36%
Fellowship Inc.	245	226	92.24%
Catholic Charities of Fairfield County Inc.	137	126	91.97%

Provider	Total Surveys	Satisfied	Percent Satisfied
New Milford Hospital	135	124	91.85%
St. Mary's Hospital Corporation	216	198	91.67%
New Directions Inc of North Central Conn.	294	269	91.50%
Supportive Environmental Living Facility Inc-SELF	35	32	91.43%
Hall Brooke Foundation Inc.	57	52	91.23%
Perception Programs Inc	236	215	91.10%
Connection Inc	239	217	90.79%
Human Resource Development Agency	130	118	90.77%
St. Vincent DePaul Place Middletown, Inc.	43	39	90.70%
McCall Foundation Inc	214	194	90.65%
Norwalk Hospital	222	201	90.54%
Connecticut Mental Health Center	827	747	90.33%
St Luke's Community Services Inc.	72	65	90.28%
Optimus Health Care-Bennett Behavioral Health	101	91	90.10%
SE Mental Health Authority	151	136	90.07%
Hospital of St. Raphael	269	242	89.96%
Natchaug Hospital	158	142	89.87%
Community Health Resources Inc.	1228	1101	89.66%
Immaculate Conception Inc.	29	26	89.66%
Center for Human Development	160	143	89.38%
Mental Health Association of CT Inc.	461	412	89.37%
Central Naugatuck Valley (CNV) Help Inc.	131	117	89.31%
Hartford Behavioral Health	300	267	89.00%
Mercy Housing and Shelter Corporation	128	113	88.28%
Hartford Dispensary	1386	1222	88.17%
Charlotte Hungerford Hospital	181	159	87.85%
Catholic Charities-Hartford Inst Hispanic Studies	148	130	87.84%
United Services Inc.	351	308	87.75%
Prime Time House Inc.	162	142	87.65%
SW CT MH Network	385	337	87.53%
Family & Children's Agency Inc	159	139	87.42%
Chemical Abuse Services Agency (CASA)	555	483	87.03%
Capitol Region Mental Health Center	208	181	87.02%
Yale University-Behavioral Health	123	107	86.99%
Birmingham Group Health Services, Inc.	161	139	86.34%
Alcohol & Drug Recovery Center-ADRC	362	312	86.19%
Columbus House	380	327	86.05%
Hogar Crea Inc	56	48	85.71%
Community Renewal Team (CRT)	88	75	85.23%
W. CT MH Network	545	464	85.14%
Continuum of Care	133	113	84.96%
BRIDGES	318	269	84.59%
Laurel House	212	179	84.43%
Reliance House	171	144	84.21%
Sound Community Services Inc.	312	262	83.97%
Gilead Community Services Inc.	147	123	83.67%
Connecticut Counseling Centers Inc.	407	338	83.05%

Provider	Total Surveys	Satisfied	Percent Satisfied
Recovery Network of Programs	1528	1268	82.98%
Harbor Health Services	466	384	82.40%
Rushford Center	824	671	81.43%
Cornell Scott-Hill Health Corporation	315	255	80.95%
APT Foundation Inc	733	590	80.49%
River Valley Services	189	152	80.42%
Pathways Inc.	70	55	78.57%
Wheeler Clinic	348	273	78.45%
Morris Foundation Inc	317	244	76.97%
Liberation Programs (LMG)	397	305	76.83%
Shelter for the Homeless Inc.	79	60	75.95%
SCADD	347	261	75.22%
Community Health Center Inc.	215	161	74.88%
Connecticut Valley Hospital	134	100	74.63%
Stonington Behavioral Health Inc	143	79	55.24%
Northwest Center for Family Serv and Mental Health	21	19	-
Interlude Inc.	20	20	-
Operation Hope of Fairfield Inc.	13	12	-
Common Ground Community	11	11	-
Positive Directions-The Center for Prev & Recov.	11	11	-
Coordinating Council for Children in Crisis	11	11	-
Day Kimball Hospital	9	7	-
Hands on Hartford	9	9	-
Bristol Hospital	1	1	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers not required to participate and with fewer than 25 surveys have been omitted.

Quality and Appropriateness Domain by Provider

Table 7: Quality and Appropriateness Domain by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
New Milford Hospital	135	135	100.00%
Waterbury Hospital Health Center	131	131	100.00%
Dixwell/Newhallville Community MHS Inc.	107	107	100.00%
Artreach Inc.	67	67	100.00%
Easter Seals of Greater Hrtfd Rehab Center Inc.	58	58	100.00%
Community Enterprises Inc.	50	50	100.00%
New Haven Home Recovery	35	35	100.00%
Immaculate Conception Inc.	29	29	100.00%
Leeway, Inc.	28	28	100.00%
Fairfield Community Services Inc.	26	26	100.00%
Connecticut Renaissance Inc.	149	148	99.33%
Farrell Treatment Center	126	125	99.21%
Marrakech Day Services	91	90	98.90%
Stafford Family Services	87	86	98.85%
Lawrence & Memorial Hospital	166	164	98.80%
Goodwill Industries of Western CT Inc.	79	78	98.73%
Perception Programs Inc	245	241	98.37%
Midwestern CT Council on Alcoholism (MCCA)	527	518	98.29%
Hartford Hospital	114	112	98.25%
Catholic Charities- Waterbury	102	100	98.04%
New Directions Inc of North Central Conn.	292	285	97.60%
Family & Children's Agency Inc	148	144	97.30%
FSW Inc.	66	64	96.97%
Catholic Charities of Fairfield County Inc.	130	126	96.92%
St. Mary's Hospital Corporation	215	208	96.74%
Guardian Ad Litem	91	88	96.70%
Liberty Community Services	30	29	96.67%
Backus Hospital	141	136	96.45%
St. Vincent DePaul Mission of Waterbury, Inc.	56	54	96.43%
Central CT Coast YMCA	56	54	96.43%
My Sisters' Place	28	27	96.43%
Norwalk Hospital	217	209	96.31%
CTE Inc. Viewpoint Recovery Program	27	26	96.30%
Kennedy Center Inc.	106	102	96.23%
McCall Foundation Inc	214	205	95.79%
Community Mental Health Affiliates	424	406	95.75%
Hartford Dispensary	1385	1325	95.67%
United Community and Family Services	138	132	95.65%
Danbury Hospital	138	132	95.65%
Chrysalis Center Inc.	314	300	95.54%
Community Renewal Team (CRT)	86	82	95.35%
Middlesex Hospital Mental Health Clinic	85	81	95.29%
Community Prevention and Addiction Services-CPAS	82	78	95.12%

Provider	Total Surveys	Satisfied	Percent Satisfied
Connection Inc	239	227	94.98%
Ability Beyond Disability Institute	119	113	94.96%
Hospital of St. Raphael	263	249	94.68%
Yale University - WAGE	56	53	94.64%
Kuhn Employment Opportunities Inc.	37	35	94.59%
Keystone House Inc.	110	104	94.55%
Human Resource Development Agency	128	121	94.53%
Connecticut Mental Health Center	823	775	94.17%
Bridge House	117	110	94.02%
InterCommunity, Inc.	214	201	93.93%
SE Mental Health Authority	148	139	93.92%
Optimus Health Care-Bennett Behavioral Health	98	92	93.88%
Catholic Charities-Hartford Inst Hispanic Studies	143	134	93.71%
John J. Driscoll United Labor Agency Inc.	31	29	93.55%
United Services Inc.	340	318	93.53%
APT Foundation Inc	729	681	93.42%
Charlotte Hungerford Hospital	179	167	93.30%
Easter Seal Goodwill Ind. Rehab. Center Inc.	59	55	93.22%
St. Vincent DePaul Place Middletown, Inc.	41	38	92.68%
W. CT MH Network	543	503	92.63%
Sound Community Services Inc.	308	285	92.53%
Central Naugatuck Valley (CNV) Help Inc.	132	122	92.42%
Prime Time House Inc.	157	145	92.36%
Community Health Resources Inc.	1213	1120	92.33%
Natchaug Hospital	156	144	92.31%
Hartford Behavioral Health	296	273	92.23%
Recovery Network of Programs	1550	1428	92.13%
Chemical Abuse Services Agency (CASA)	558	514	92.11%
Alcohol & Drug Recovery Center-ADRC	354	325	91.81%
Mental Health Association of CT Inc.	462	424	91.77%
Fellowship Inc.	237	217	91.56%
Morris Foundation Inc	325	297	91.38%
Connecticut Valley Hospital	139	127	91.37%
Mercy Housing and Shelter Corporation	126	115	91.27%
Yale University-Behavioral Health	121	110	90.91%
BRIDGES	307	278	90.55%
Community Health Services Inc.	156	141	90.38%
SW CT MH Network	384	347	90.36%
Rushford Center	832	750	90.14%
Capitol Region Mental Health Center	210	189	90.00%
St Luke's Community Services Inc.	70	63	90.00%
Columbus House	359	323	89.97%
Center for Human Development	159	143	89.94%
Connecticut Counseling Centers Inc.	408	366	89.71%
Wheeler Clinic	339	303	89.38%
Birmingham Group Health Services, Inc.	159	142	89.31%
Hogar Crea Inc	56	50	89.29%

Provider	Total Surveys	Satisfied	Percent Satisfied
Continuum of Care	135	120	88.89%
Community Health Center Inc.	216	191	88.43%
Supportive Environmental Living Facility Inc-SELF	34	30	88.24%
Hall Brooke Foundation Inc.	56	49	87.50%
Harbor Health Services	463	404	87.26%
River Valley Services	189	164	86.77%
Gilead Community Services Inc.	150	129	86.00%
Reliance House	170	145	85.29%
Liberation Programs (LMG)	399	340	85.21%
Cornell Scott-Hill Health Corporation	315	263	83.49%
Laurel House	199	166	83.42%
SCADD	351	292	83.19%
Pathways Inc.	66	53	80.30%
Stonington Behavioral Health Inc	148	111	75.00%
Shelter for the Homeless Inc.	73	49	67.12%
Northwest Center for Family Serv and Mental Health	21	21	-
Interlude Inc.	20	18	-
Operation Hope of Fairfield Inc.	13	12	-
Common Ground Community	12	12	-
Coordinating Council for Children in Crisis	11	11	-
Positive Directions-The Center for Prev & Recov.	10	10	-
Hands on Hartford	8	8	-
Day Kimball Hospital	7	6	-
Bristol Hospital	1	1	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers not required to participate and with fewer than 25 surveys have been omitted.

Outcome Domain by Provider

Table 8: Outcome Domain by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Artreach Inc.	67	67	100.00%
Farrell Treatment Center	127	124	97.64%
Dixwell/Newhallville Community MHS Inc.	106	103	97.17%
Liberty Community Services	30	29	96.67%
Connecticut Renaissance Inc.	147	142	96.60%
Hogar Crea Inc	28	27	96.43%
My Sisters' Place	27	26	96.30%
Lawrence & Memorial Hospital	166	157	94.58%
Midwestern CT Council on Alcoholism (MCCA)	508	477	93.90%
Marrakech Day Services	86	80	93.02%
Hartford Dispensary	1379	1282	92.97%
Hall Brooke Foundation Inc.	56	52	92.86%
New Directions Inc of North Central Conn.	289	266	92.04%
Kuhn Employment Opportunities Inc.	37	34	91.89%
New Milford Hospital	135	124	91.85%
Community Prevention and Addiction Services-CPAS	79	72	91.14%
St. Vincent DePaul Mission of Waterbury, Inc.	56	51	91.07%
McCall Foundation Inc	133	121	90.98%
Community Enterprises Inc.	54	49	90.74%
Human Resource Development Agency	127	115	90.55%
Perception Programs Inc	241	218	90.46%
Waterbury Hospital Health Center	130	117	90.00%
Goodwill Industries of Western CT Inc.	78	70	89.74%
Immaculate Conception Inc.	29	26	89.66%
Chemical Abuse Services Agency (CASA)	561	500	89.13%
Connecticut Counseling Centers Inc.	340	303	89.12%
Leeway, Inc.	27	24	88.89%
APT Foundation Inc	718	635	88.44%
New Haven Home Recovery	34	30	88.24%
Keystone House Inc.	110	97	88.18%
Ability Beyond Disability Institute	118	104	88.14%
Stafford Family Services	84	74	88.10%
Easter Seals of Greater Hrtfd Rehab Center Inc.	58	51	87.93%
Guardian Ad Litem	91	80	87.91%
Hartford Hospital	112	98	87.50%
Kennedy Center Inc.	103	90	87.38%
Central Naugatuck Valley (CNV) Help Inc.	129	112	86.82%
Danbury Hospital	126	109	86.51%
Connection Inc	229	198	86.46%
Easter Seal Goodwill Ind. Rehab. Center Inc.	59	51	86.44%
Backus Hospital	138	119	86.23%
SW CT MH Network	375	323	86.13%

Provider	Total Surveys	Satisfied	Percent Satisfied
Central CT Coast YMCA	55	47	85.45%
CTE Inc. Viewpoint Recovery Program	27	23	85.19%
Recovery Network of Programs	1524	1291	84.71%
Chrysalis Center Inc.	307	260	84.69%
Alcohol & Drug Recovery Center-ADRC	336	284	84.52%
Norwalk Hospital	212	179	84.43%
Catholic Charities of Fairfield County Inc.	134	113	84.33%
Catholic Charities- Waterbury	100	84	84.00%
Connecticut Valley Hospital	137	115	83.94%
Yale University - WAGE	56	47	83.93%
SE Mental Health Authority	142	119	83.80%
Mental Health Association of CT Inc.	456	382	83.77%
Prime Time House Inc.	162	135	83.33%
Mercy Housing and Shelter Corporation	125	104	83.20%
Fellowship Inc.	232	192	82.76%
Center for Human Development	157	129	82.17%
Connecticut Mental Health Center	806	662	82.13%
Pathways Inc.	67	55	82.09%
Catholic Charities-Hartford Inst Hispanic Studies	143	117	81.82%
Community Mental Health Affiliates	413	337	81.60%
W. CT MH Network	536	436	81.34%
Reliance House	164	133	81.10%
Cornell Scott-Hill Health Corporation	297	240	80.81%
Continuum of Care	130	105	80.77%
Columbus House	361	291	80.61%
Liberation Programs (LMG)	376	303	80.59%
St. Mary's Hospital Corporation	211	170	80.57%
Laurel House	210	169	80.48%
United Community and Family Services	137	110	80.29%
Community Health Services Inc.	146	117	80.14%
Bridge House	120	95	79.17%
Optimus Health Care-Bennett Behavioral Health	91	72	79.12%
SCADD	348	275	79.02%
Supportive Environmental Living Facility Inc-SELF	33	26	78.79%
Fairfield Community Services Inc.	28	22	78.57%
Morris Foundation Inc	319	250	78.37%
Capitol Region Mental Health Center	208	163	78.37%
St Luke's Community Services Inc.	69	54	78.26%
BRIDGES	302	236	78.15%
Wheeler Clinic	344	268	77.91%
Gilead Community Services Inc.	151	117	77.48%
Community Health Center Inc.	210	162	77.14%
Rushford Center	767	590	76.92%
Yale University-Behavioral Health	111	85	76.58%
FSW Inc.	65	49	75.38%
Birmingham Group Health Services, Inc.	156	117	75.00%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Community Health Resources Inc.	1199	889	74.15%
Family & Children's Agency Inc	137	101	73.72%
Natchaug Hospital	148	109	73.65%
John J. Driscoll United Labor Agency Inc.	30	22	73.33%
Hospital of St. Raphael	269	196	72.86%
St. Vincent DePaul Place Middletown, Inc.	40	29	72.50%
Charlotte Hungerford Hospital	166	120	72.29%
River Valley Services	186	133	71.51%
United Services Inc.	323	226	69.97%
Sound Community Services Inc.	308	214	69.48%
InterCommunity, Inc.	203	141	69.46%
Hartford Behavioral Health	267	183	68.54%
Harbor Health Services	447	305	68.23%
Community Renewal Team (CRT)	84	56	66.67%
Middlesex Hospital Mental Health Clinic	84	55	65.48%
Stonington Behavioral Health Inc	140	90	64.29%
Shelter for the Homeless Inc.	58	34	58.62%
Interlude Inc.	20	13	-
Northwest Center for Family Serv and Mental Health	18	12	-
Operation Hope of Fairfield Inc.	13	12	-
Common Ground Community	12	10	-
Positive Directions-The Center for Prev & Recov.	11	11	-
Coordinating Council for Children in Crisis	11	11	-
Hands on Hartford	9	8	-
Day Kimball Hospital	7	5	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers not required to participate and with fewer than 25 surveys have been omitted.

Recovery Domain by Provider

Table 9: Recovery Domain by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Liberty Community Services	29	29	100.00%
Artreach Inc.	67	66	98.51%
Leeway, Inc.	28	27	96.43%
Connecticut Renaissance Inc.	143	135	94.41%
New Directions Inc of North Central Conn.	292	275	94.18%
Midwestern CT Council on Alcoholism (MCCA)	510	475	93.14%
Farrell Treatment Center	126	116	92.06%
Dixwell/Newhallville Community MHS Inc.	106	97	91.51%
Perception Programs Inc	240	219	91.25%
New Haven Home Recovery	34	31	91.18%
Lawrence & Memorial Hospital	166	151	90.96%
McCall Foundation Inc	138	125	90.58%
Hartford Dispensary	1375	1233	89.67%
Marrakech Day Services	87	78	89.66%
Central CT Coast YMCA	57	51	89.47%
Hogar Crea Inc	28	25	89.29%
Kuhn Employment Opportunities Inc.	37	33	89.19%
Stafford Family Services	88	78	88.64%
Kennedy Center Inc.	105	93	88.57%
Waterbury Hospital Health Center	130	115	88.46%
Human Resource Development Agency	128	112	87.50%
Keystone House Inc.	110	96	87.27%
Ability Beyond Disability Institute	121	105	86.78%
Hall Brooke Foundation Inc.	57	49	85.96%
New Milford Hospital	135	116	85.93%
Prime Time House Inc.	163	140	85.89%
Alcohol & Drug Recovery Center-ADRC	342	293	85.67%
Continuum of Care	132	113	85.61%
Central Naugatuck Valley (CNV) Help Inc.	125	107	85.60%
My Sisters' Place	27	23	85.19%
Guardian Ad Litem	93	79	84.95%
Connection Inc	232	197	84.91%
John J. Driscoll United Labor Agency Inc.	33	28	84.85%
Community Prevention and Addiction Services-CPAS	79	67	84.81%
Chemical Abuse Services Agency (CASA)	558	473	84.77%
Easter Seals of Greater Hrtfd Rehab Center Inc.	58	49	84.48%
Yale University - WAGE	58	49	84.48%
Catholic Charities-Hartford Inst Hispanic Studies	140	117	83.57%
Danbury Hospital	126	105	83.33%
APT Foundation Inc	721	600	83.22%
Norwalk Hospital	217	180	82.95%
Backus Hospital	140	116	82.86%
Hartford Hospital	110	91	82.73%
Fellowship Inc.	241	199	82.57%
Recovery Network of Programs	1524	1256	82.41%
Goodwill Industries of Western CT Inc.	79	65	82.28%
Wheeler Clinic	344	283	82.27%
Immaculate Conception Inc.	28	23	82.14%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Valley Hospital	134	110	82.09%
Mercy Housing and Shelter Corporation	125	102	81.60%
Catholic Charities- Waterbury	97	79	81.44%
Columbus House	369	300	81.30%
Chrysalis Center Inc.	310	252	81.29%
Morris Foundation Inc	320	260	81.25%
SW CT MH Network	377	306	81.17%
Easter Seal Goodwill Ind. Rehab. Center Inc.	58	47	81.03%
Pathways Inc.	68	55	80.88%
CTE Inc. Viewpoint Recovery Program	26	21	80.77%
Mental Health Association of CT Inc.	458	369	80.57%
St. Vincent DePaul Mission of Waterbury, Inc.	56	45	80.36%
Bridge House	119	95	79.83%
Community Mental Health Affiliates	420	331	78.81%
SE Mental Health Authority	145	114	78.62%
Laurel House	213	167	78.40%
Cornell Scott-Hill Health Corporation	296	232	78.38%
Center for Human Development	158	123	77.85%
Connecticut Counseling Centers Inc.	341	265	77.71%
Community Health Services Inc.	150	116	77.33%
St. Mary's Hospital Corporation	207	160	77.29%
Catholic Charities of Fairfield County Inc.	135	104	77.04%
W. CT MH Network	539	414	76.81%
Connecticut Mental Health Center	812	622	76.60%
Community Health Center Inc.	211	161	76.30%
St. Vincent DePaul Place Middletown, Inc.	42	32	76.19%
Community Enterprises Inc.	54	41	75.93%
SCADD	347	261	75.22%
St Luke's Community Services Inc.	68	51	75.00%
Gilead Community Services Inc.	150	112	74.67%
Liberation Programs (LMG)	383	285	74.41%
FSW Inc.	66	49	74.24%
Capitol Region Mental Health Center	207	152	73.43%
United Community and Family Services	140	102	72.86%
Supportive Environmental Living Facility Inc-SELF	33	24	72.73%
Rushford Center	770	557	72.34%
Community Renewal Team (CRT)	86	62	72.09%
Reliance House	164	117	71.34%
Birmingham Group Health Services, Inc.	158	111	70.25%
Natchaug Hospital	158	110	69.62%
River Valley Services	188	130	69.15%
Community Health Resources Inc.	1196	813	67.98%
BRIDGES	305	204	66.89%
Charlotte Hungerford Hospital	168	112	66.67%
Optimus Health Care-Bennett Behavioral Health	90	60	66.67%
Harbor Health Services	454	301	66.30%
InterCommunity, Inc.	201	133	66.17%
Hospital of St. Raphael	266	173	65.04%
Sound Community Services Inc.	311	202	64.95%
Yale University-Behavioral Health	111	72	64.86%
Family & Children's Agency Inc	144	92	63.89%
Fairfield Community Services Inc.	27	17	62.96%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Hartford Behavioral Health	259	163	62.93%
Shelter for the Homeless Inc.	59	37	62.71%
Stonington Behavioral Health Inc	142	88	61.97%
Middlesex Hospital Mental Health Clinic	86	52	60.47%
United Services Inc.	320	181	56.56%
Interlude Inc.	20	15	-
Operation Hope of Fairfield Inc.	13	13	-
Northwest Center for Family Serv and Mental Health	20	11	-
Positive Directions-The Center for Prev & Recov.	10	10	-
Coordinating Council for Children in Crisis	11	9	-
Common Ground Community	11	8	-
Hands on Hartford	9	7	-
Day Kimball Hospital	7	4	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers not required to participate and with fewer than 25 surveys have been omitted.

Participation in Treatment Domain by Provider

Table 10: “I felt comfortable asking questions about my services, treatment or medication” by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Renaissance Inc.	148	148	100.00%
New Milford Hospital	134	134	100.00%
Artreach Inc.	67	67	100.00%
New Haven Home Recovery	32	32	100.00%
Fairfield Community Services Inc.	28	28	100.00%
Leeway, Inc.	27	27	100.00%
Farrell Treatment Center	126	125	99.21%
Perception Programs Inc	244	241	98.77%
Waterbury Hospital Health Center	130	128	98.46%
Easter Seals of Greater Hrtfd Rehab Center Inc.	59	58	98.31%
Midwestern CT Council on Alcoholism (MCCA)	523	514	98.28%
Kennedy Center Inc.	112	110	98.21%
Lawrence & Memorial Hospital	167	164	98.20%
Dixwell/Newhallville Community MHS Inc.	106	104	98.11%
Stafford Family Services	96	94	97.92%
Marrakech Day Services	90	88	97.78%
Hartford Hospital	115	112	97.39%
Backus Hospital	141	137	97.16%
Optimus Health Care-Bennett Behavioral Health	100	97	97.00%
St. Mary's Hospital Corporation	213	206	96.71%
Community Renewal Team (CRT)	86	83	96.51%
My Sisters' Place	28	27	96.43%
Goodwill Industries of Western CT Inc.	82	79	96.34%
Central CT Coast YMCA	54	52	96.30%
New Directions Inc of North Central Conn.	296	285	96.28%
Danbury Hospital	137	131	95.62%
Hospital of St. Raphael	269	257	95.54%
Central Naugatuck Valley (CNV) Help Inc.	134	128	95.52%
Hartford Dispensary	1384	1320	95.38%
Community Prevention and Addiction Services-CPAS	83	79	95.18%
Catholic Charities of Fairfield County Inc.	122	116	95.08%
Norwalk Hospital	219	208	94.98%
Catholic Charities- Waterbury	99	94	94.95%
Keystone House Inc.	111	105	94.59%
Connection Inc	239	226	94.56%
United Community and Family Services	144	136	94.44%
Community Mental Health Affiliates	429	405	94.41%
Natchaug Hospital	160	151	94.38%
Kuhn Employment Opportunities Inc.	34	32	94.12%
Connecticut Mental Health Center	831	781	93.98%
McCall Foundation Inc	215	202	93.95%

Provider	Total Surveys	Satisfied	Percent Satisfied
Chrysalis Center Inc.	315	295	93.65%
Center for Human Development	157	147	93.63%
APT Foundation Inc	730	683	93.56%
Charlotte Hungerford Hospital	181	169	93.37%
Liberty Community Services	30	28	93.33%
Immaculate Conception Inc.	29	27	93.10%
InterCommunity, Inc.	216	201	93.06%
Middlesex Hospital Mental Health Clinic	86	80	93.02%
St. Vincent DePaul Mission of Waterbury, Inc.	56	52	92.86%
St. Vincent DePaul Place Middletown, Inc.	42	39	92.86%
Human Resource Development Agency	125	116	92.80%
Sound Community Services Inc.	313	290	92.65%
Guardian Ad Litem	93	86	92.47%
Recovery Network of Programs	1553	1436	92.47%
W. CT MH Network	541	500	92.42%
Community Health Resources Inc.	1231	1136	92.28%
Hartford Behavioral Health	298	275	92.28%
United Services Inc.	349	322	92.26%
Hall Brooke Foundation Inc.	51	47	92.16%
Mental Health Association of CT Inc.	461	424	91.97%
Alcohol & Drug Recovery Center-ADRC	363	333	91.74%
Ability Beyond Disability Institute	120	110	91.67%
St Luke's Community Services Inc.	72	66	91.67%
Supportive Environmental Living Facility Inc-SELF	35	32	91.43%
Morris Foundation Inc	322	294	91.30%
Yale University - WAGE	57	52	91.23%
John J. Driscoll United Labor Agency Inc.	34	31	91.18%
Community Health Services Inc.	155	141	90.97%
FSW Inc.	66	60	90.91%
Family & Children's Agency Inc	151	137	90.73%
Catholic Charities-Hartford Inst Hispanic Studies	140	127	90.71%
Chemical Abuse Services Agency (CASA)	558	505	90.50%
Bridge House	121	109	90.08%
Connecticut Valley Hospital	140	126	90.00%
Capitol Region Mental Health Center	211	189	89.57%
Columbus House	364	326	89.56%
Mercy Housing and Shelter Corporation	124	111	89.52%
Birmingham Group Health Services, Inc.	162	145	89.51%
Hogar Crea Inc	56	50	89.29%
Prime Time House Inc.	158	141	89.24%
Fellowship Inc.	222	198	89.19%
Connecticut Counseling Centers Inc.	409	364	89.00%
Reliance House	172	153	88.95%
BRIDGES	315	280	88.89%
CTE Inc. Viewpoint Recovery Program	27	24	88.89%
Wheeler Clinic	359	319	88.86%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Yale University-Behavioral Health	123	109	88.62%
Rushford Center	838	740	88.31%
SW CT MH Network	378	332	87.83%
SE Mental Health Authority	147	129	87.76%
Continuum of Care	130	114	87.69%
Gilead Community Services Inc.	151	132	87.42%
Community Health Center Inc.	222	193	86.94%
Liberation Programs (LMG)	397	345	86.90%
River Valley Services	189	164	86.77%
Harbor Health Services	468	406	86.75%
Cornell Scott-Hill Health Corporation	315	267	84.76%
SCADD	358	301	84.08%
Easter Seal Goodwill Ind. Rehab. Center Inc.	54	45	83.33%
Community Enterprises Inc.	47	39	82.98%
Laurel House	202	167	82.67%
Stonington Behavioral Health Inc	148	118	79.73%
Pathways Inc.	66	52	78.79%
Shelter for the Homeless Inc.	75	55	73.33%
Northwest Center for Family Serv and Mental Health	21	21	-
Interlude Inc.	20	20	-
Operation Hope of Fairfield Inc.	13	12	-
Common Ground Community	12	12	-
Positive Directions-The Center for Prev & Recov.	11	11	-
Coordinating Council for Children in Crisis	11	11	-
Hands on Hartford	9	9	-
Day Kimball Hospital	9	8	-
John Dempsey Hospital	18	11	-
Johnson Memorial Hospital	16	12	-
Council of Churches Greater Bridgeport	16	14	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers not required to participate and with fewer than 25 surveys have been omitted.

Respect Domain by Provider

Table 11: “My wishes are respected about the amount of family involvement I want in my treatment” by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Artreach Inc.	67	67	100.00%
New Haven Home Recovery	35	35	100.00%
Lawrence & Memorial Hospital	159	157	98.74%
Easter Seals of Greater Hrtfd Rehab Center Inc.	54	53	98.15%
Community Enterprises Inc.	53	52	98.11%
Dixwell/Newhallville Community MHS Inc.	86	84	97.67%
Marrakech Day Services	84	82	97.62%
Stafford Family Services	74	72	97.30%
Midwestern CT Council on Alcoholism (MCCA)	477	464	97.27%
New Milford Hospital	134	130	97.01%
Farrell Treatment Center	120	116	96.67%
Connecticut Renaissance Inc.	147	142	96.60%
Catholic Charities of Fairfield County Inc.	117	113	96.58%
Easter Seal Goodwill Ind. Rehab. Center Inc.	57	55	96.49%
Liberty Community Services	28	27	96.43%
Norwalk Hospital	189	182	96.30%
My Sisters' Place	27	26	96.30%
Hogar Crea Inc	27	26	96.30%
Central CT Coast YMCA	52	50	96.15%
Hartford Hospital	107	102	95.33%
Waterbury Hospital Health Center	128	122	95.31%
FSW Inc.	62	59	95.16%
Backus Hospital	134	127	94.78%
Hartford Dispensary	1336	1266	94.76%
Catholic Charities- Waterbury	95	90	94.74%
Kuhn Employment Opportunities Inc.	37	35	94.59%
Yale University-Behavioral Health	91	86	94.51%
Reliance House	163	154	94.48%
Danbury Hospital	123	116	94.31%
Keystone House Inc.	104	98	94.23%
Family & Children's Agency Inc	135	127	94.07%
Community Mental Health Affiliates	386	363	94.04%
New Directions Inc of North Central Conn.	277	260	93.86%
Perception Programs Inc	227	213	93.83%
W. CT MH Network	509	477	93.71%
Chrysalis Center Inc.	309	289	93.53%
Central Naugatuck Valley (CNV) Help Inc.	123	115	93.50%
Charlotte Hungerford Hospital	137	128	93.43%
Mercy Housing and Shelter Corporation	104	97	93.27%
SW CT MH Network	369	343	92.95%
Hall Brooke Foundation Inc.	42	39	92.86%
Immaculate Conception Inc.	28	26	92.86%

Provider	Total Surveys	Satisfied	Percent Satisfied
APT Foundation Inc	634	588	92.74%
St. Vincent DePaul Mission of Waterbury, Inc.	54	50	92.59%
CTE Inc. Viewpoint Recovery Program	27	25	92.59%
United Services Inc.	302	279	92.38%
St. Mary's Hospital Corporation	196	181	92.35%
Connection Inc	217	200	92.17%
Hospital of St. Raphael	255	235	92.16%
Natchaug Hospital	150	138	92.00%
Ability Beyond Disability Institute	111	102	91.89%
Prime Time House Inc.	147	135	91.84%
Hartford Behavioral Health	243	223	91.77%
Community Renewal Team (CRT)	83	76	91.57%
Center for Human Development	141	129	91.49%
Community Health Resources Inc.	1151	1053	91.49%
Mental Health Association of CT Inc.	413	377	91.28%
United Community and Family Services	126	115	91.27%
Catholic Charities-Hartford Inst Hispanic Studies	135	123	91.11%
Connecticut Mental Health Center	787	717	91.11%
Fellowship Inc.	212	193	91.04%
Kennedy Center Inc.	100	91	91.00%
Recovery Network of Programs	1338	1215	90.81%
InterCommunity, Inc.	163	148	90.80%
Connecticut Counseling Centers Inc.	332	301	90.66%
Harbor Health Services	441	399	90.48%
St Luke's Community Services Inc.	61	55	90.16%
Chemical Abuse Services Agency (CASA)	527	475	90.13%
McCall Foundation Inc	111	100	90.09%
BRIDGES	257	231	89.88%
Continuum of Care	125	112	89.60%
Human Resource Development Agency	115	103	89.57%
Yale University - WAGE	47	42	89.36%
Community Health Services Inc.	138	123	89.13%
SE Mental Health Authority	127	113	88.98%
Middlesex Hospital Mental Health Clinic	80	71	88.75%
Liberation Programs (LMG)	354	314	88.70%
Fairfield Community Services Inc.	26	23	88.46%
Rushford Center	672	593	88.24%
St. Vincent DePaul Place Middletown, Inc.	34	30	88.24%
Sound Community Services Inc.	293	258	88.05%
Columbus House	338	297	87.87%
Connecticut Valley Hospital	130	114	87.69%
Gilead Community Services Inc.	136	119	87.50%
Guardian Ad Litem	88	77	87.50%
Community Prevention and Addiction Services-CPAS	64	56	87.50%
Laurel House	190	166	87.37%
Pathways Inc.	60	52	86.67%
Bridge House	117	101	86.32%

Provider	Total Surveys	Satisfied	Percent Satisfied
Capitol Region Mental Health Center	201	173	86.07%
Birmingham Group Health Services, Inc.	141	121	85.82%
Goodwill Industries of Western CT Inc.	62	53	85.48%
Alcohol & Drug Recovery Center-ADRC	283	241	85.16%
River Valley Services	187	159	85.03%
Cornell Scott-Hill Health Corporation	261	219	83.91%
Optimus Health Care-Bennett Behavioral Health	86	72	83.72%
Community Health Center Inc.	193	160	82.90%
Wheeler Clinic	325	268	82.46%
SCADD	342	281	82.16%
Morris Foundation Inc	293	239	81.57%
Stonington Behavioral Health Inc	133	103	77.44%
Supportive Environmental Living Facility Inc-SELF	32	24	75.00%
Shelter for the Homeless Inc.	56	41	73.21%
Interlude Inc.	18	18	-
Northwest Center for Family Serv and Mental Health	17	17	-
Operation Hope of Fairfield Inc.	13	12	-
Coordinating Council for Children in Crisis	11	11	-
Common Ground Community	9	8	-
Positive Directions-The Center for Prev & Recov.	7	7	-
Hands on Hartford	7	7	-
Day Kimball Hospital	7	6	-

Providers with dashes in their 'Percent Satisfied' cells had less than 25 surveys in which the Domain was completed. Providers not required to participate and with fewer than 25 surveys have been omitted.

Consumer Survey Differences between Groups⁸

Consumer Satisfaction across Program Type

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
SU Programs	85.1	92.5	86.1	90.2	92.6	91.0	83.2
MH Programs	89.5	93.0	79.7	92.9	91.9	91.8	75.3
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	87.0	91.8	84.4	90.8	91.4	89.6	80.7
Women	88.2	93.7	80.3	92.4	93.2	92.6	76.9
Significance	*	*	*	*	*	*	*
SU Programs							
Men	84.9	91.9	87.0	90.1	92.0	89.9	84.0
Women	85.5	93.6	84.6	90.7	94.0	92.8	81.8
Significance	*	*	ns	*	*	*	ns
MH Programs							
Men	89.8	92.3	82.3	92.4	91.4	90.7	77.3
Women	89.3	93.8	77.4	93.5	92.6	92.9	73.6
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:

- ◆ 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.
- ◆ This is the same pattern that was reported in 2010.

⁸ 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.

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

Consumer Satisfaction across Race

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
White	87.2	92.7	82.0	91.6	92.4	91.2	78.1
Black	88.3	92.4	84.6	90.7	92.0	90.4	81.3
Other	87.6	93.0	82.2	91.9	91.8	90.2	79.8
Significance	ns	*	*	ns	ns	*	*
SU Programs							
White	84.5	92.3	85.1	90.2	93.2	91.3	82.2
Black	86.1	93.4	87.6	89.6	92.7	90.2	84.6
Other	85.9	93.6	88.5	91.5	92.4	90.5	86.2
Significance	*	*	*	ns	ns	*	*
MH Programs							
White	88.8	92.9	79.5	92.8	91.9	91.9	74.4
Black	90.7	92.9	82.2	92.4	92.0	91.4	78.8
Other	90.5	92.9	77.9	93.8	92.0	90.8	75.3
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(s) when a difference is significant

Across All Programs:

- ♦ In the Outcome and Recovery domains, consumers who identified themselves within the Other category were more satisfied than those who identified themselves in the White category. Additionally, in the Recovery domain, consumers who identified themselves in the Black category were more satisfied than those who were in the White category.
- ♦ In the Appropriateness and Respect domains, consumers who identified themselves in the Other category were more satisfied than those who identified themselves in the Black category. Additionally, in the Respect domain, consumers who identified themselves in the White category were more satisfied than those who were in the Black category.

In SU Programs:

- ♦ In the Access domain, consumers in the Black or Other racial categories were more satisfied with services than those in the White category.
- ♦ Consumers were more satisfied in the Appropriateness and Outcome domains if they were in the Other category rather than the Black or White categories.

- ◆ In the Respect domain, consumers in the White or Other racial categories were more satisfied with services than those in the Black category.
- ◆ In the Recovery domain, satisfaction levels across the racial categories were all significantly different from each other in the following order: consumers who identified themselves in the Other category were more satisfied than those who identified themselves in the Black category, who were in turn more satisfied than those who identified themselves in the White category.

In MH Programs:

- ◆ In the General Satisfaction domain, consumers who identified themselves in the White or Other categories were more satisfied than those who were in the Black category.
- ◆ In the Respect domain, consumers who identified themselves in the White category were more satisfied than those who identified themselves in the Black category.
- ◆ In the Recovery domain, consumers who identified themselves in the Black category were more satisfied than those who identified themselves in the White category.

Consumer Satisfaction across Ethnicity

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Hispanic	89.4	93.9	84.4	93.2	92.7	91.7	81.6
Non Hispanic	87.4	92.8	82.5	91.5	92.5	91.3	78.6
Significance	*	*	*	*	ns	ns	*
SU Programs							
Hispanic	87.6	93.4	88.5	92.2	92.9	91.3	86.6
Non Hispanic	84.1	92.8	85.3	89.9	93.2	91.7	82.0
Significance	*	*	*	*	ns	ns	*
MH Programs							
Hispanic	92.3	94.8	81.3	95.3	93.4	92.6	77.1
Non Hispanic	89.5	93.0	80.4	93.0	92.0	91.9	75.8
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:

- ◆ In each of the significant domains (Access, Appropriateness, Outcome, General Satisfaction, and Recovery), consumers who identified themselves as Hispanic were more satisfied with services than those who identified themselves as non-Hispanic.
- ◆ This is the same pattern that was reported in 2010.

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	82.4	91.1	81.0	86.2	89.6	90.3	80.4
25-34	85.9	92.5	84.7	90.4	92.6	90.8	81.8
35-54	88.2	92.7	81.6	92.4	92.3	91.1	77.6
55 & Older	90.8	93.7	83.7	93.7	93.1	91.7	79.1
Significance	*	*	*	*	*	ns	*
SU Programs							
24 & Under	79.7	90.2	82.1	85.3	90.1	89.5	80.5
25-34	84.0	92.9	87.2	89.8	93.0	91.1	83.6
35-54	86.1	93.1	86.1	91.4	92.9	91.2	83.3
55 & Older	90.2	92.2	88.6	92.9	94.9	90.9	87.0
Significance	*	*	*	*	*	ns	*
MH Programs							
24 & Under	86.8	92.4	79.2	88.7	89.8	92.6	79.3
25-34	89.1	92.7	82.0	92.1	93.1	91.8	78.7
35-54	89.6	92.6	78.2	93.3	91.8	91.4	73.2
55 & Older	91.0	94.4	82.1	94.2	92.5	92.3	76.8
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(s) when a difference is significant

Across All Programs:

- ◆ Across the Appropriateness and Participation in treatment domains, consumers who were 24 years old or younger were less satisfied with services than those who were older than 24.
- ◆ In the Outcome domain, clients who were 25-34 years old were more satisfied with services than clients who were 35-54 years old or those who were 24 years or younger.
- ◆ 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 34 years old or younger were more satisfied with services than clients who were 35-54 years old.

In SU Programs:

- ◆ Across Appropriateness, Outcome, and Respect domains, consumers who identified themselves being 24 years old or younger were more satisfied with services than those who identified themselves as younger than 24.

- ◆ In the General Satisfaction domain, clients who were 35 years old or older were more satisfied than clients who were 34 years old or younger.
- ◆ In the Access domain, each older age group was more satisfied than younger age groups.
- ◆ With regard to Participation in treatment, clients who were 25-54 years old were more satisfied with services than those clients who were 24 years old or younger.

In MH Programs:

- ◆ In the Access and General Satisfaction 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 Recovery domain, clients who were 34 or younger were more satisfied than clients who were 35 and older.
- ◆ In the Outcome domain, clients who were 25-34 years old or 55 years or older were more satisfied than those who were 35-54 years old.

Consumer Satisfaction According to Self-Identified Reason for Seeking Services

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Emot/MH	89.7	92.9	80.1	92.8	92.1	92.0	75.5
Both	87.0	92.8	80.4	92.0	92.9	90.7	77.4
Alc/Drugs	85.0	92.8	88.2	89.7	92.3	90.7	85.8
Significance	*	*	*	*	*	*	*
SU Programs							
Emot/MH	90.1	92.9	80.8	91.6	93.3	90.1	76.9
Both	84.1	91.7	81.8	90.9	93.9	90.9	79.2
Alc/Drugs	85.2	93.2	88.9	90.0	92.7	90.3	86.1
Significance	*	ns	*	*	*	ns	*
MH Programs							
Emot/MH	89.5	92.8	79.5	92.9	91.8	92.2	75.0
Both	89.8	94.4	79.8	93.7	93.2	91.6	76.0
Alc/Drugs	88.3	90.9	86.1	91.1	91.2	90.0	80.6
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(s) when a difference is significant

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

SU= 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 SU services.
- ◆ In the Appropriateness and Participation domains, consumers who identified themselves as receiving MH services were more satisfied than those who said they were receiving both types of services or SU services.

- ◆ In the Outcome and Recovery domains, clients who indicated that they were receiving services for substance use disorders were more satisfied than clients who said they were receiving both types of services or MH services.

In SU Programs:

- ◆ In the Access domain, clients who indicated that they were receiving MH services were more satisfied than those who were receiving SU or both types of services.
- ◆ In the General Satisfaction and Participation in Treatment domains, clients who said that they were receiving both types of services were more satisfied than clients who reported receiving just SU services. Additionally, in the General Satisfaction domain, clients who reported receiving MH services were also more satisfied than those who reported receiving SU 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 Appropriateness and General Satisfaction domains, consumers who identified themselves as receiving MH or both types of services were more satisfied than those who identified themselves as receiving SU services.

Consumer Satisfaction across Levels of Care

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Outpatient	88.5	93.6	79.8	92.9	93.1	91.7	75.3
Residential	85.8	90.4	83.1	87.8	90.8	89.7	79.4
Case Management	90.0	93.8	80.1	93.1	92.0	93.3	74.1
Social Rehabilitation	88.8	90.0	85.0	93.0	88.9	88.9	84.0
Voc Rehabilitation	95.3	96.3	86.9	96.4	93.7	94.0	84.9
Meth Maintenance	83.3	92.5	89.8	90.3	92.6	92.9	84.4
Significance	*	*	*	*	*	*	*
SU Programs							
Outpatient	90.2	94.9	88.4	92.7	94.1	91.5	86.3
Residential	82.1	90.3	84.5	87.3	91.2	88.8	80.6
Meth Maintenance	83.3	92.5	89.8	90.3	92.6	92.9	84.4
Significance	*	*	*	*	*	*	*
MH Programs							
Outpatient	87.6	93.0	75.5	92.9	92.6	91.8	69.8
Residential	89.3	90.4	81.8	88.3	90.4	90.5	78.2
Case Management	90.0	93.8	80.1	93.1	92.0	93.3	74.1
Social Rehabilitation	88.8	90.0	85.0	93.0	88.9	88.9	84.0
Voc Rehabilitation	95.3	96.3	86.9	96.4	93.7	94.0	84.9
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(s) 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 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. Those who received outpatient services or case management were more satisfied than those who received methadone maintenance, social rehab, or residential services.
- ◆ Outcome: Clients who received social or vocational rehabilitation or methadone maintenance 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 social rehabilitation services were less satisfied than clients in other levels of care except residential services. Clients who received vocational rehabilitation or Outpatient services were more satisfied than clients who received all other types of services.

- ♦ Respect: Clients who received vocational rehabilitation services were more satisfied than clients who received all other types of services except case management. Clients who received residential services or social rehabilitation 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 outpatient services were more satisfied than clients who received residential services or methadone maintenance.
- ♦ Appropriateness: Clients who received outpatient services were more satisfied than clients who received residential services or methadone maintenance.
- ♦ Outcome: Clients who received methadone maintenance or outpatient services were more satisfied than those who received residential treatment.
- ♦ General Satisfaction: Clients who received outpatient services were more satisfied than clients who received residential or methadone maintenance.
- ♦ Participation in Treatment: Clients who received outpatient services were more satisfied than clients who received methadone maintenance.
- ♦ Respect: Clients who received methadone maintenance were more satisfied than clients receiving residential services.
- ♦ Recovery: Clients who received outpatient services were more satisfied than clients who received residential 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. Clients who received case management reported greater satisfaction than clients receiving residential services or social rehabilitation.
- ♦ Outcome: Clients who received social or vocational rehabilitation were more satisfied than those who received all other types of 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 outpatient services or vocational rehabilitation services were more satisfied than clients in other levels of care. Clients who received case management reported greater satisfaction than clients receiving social rehabilitation or outpatient or residential services.
- ♦ Respect: Clients who received residential services or social rehabilitation were less satisfied with services than clients who received all other types of services.
- ♦ Recovery: Clients who received outpatient services were less satisfied than clients who received all other levels of care. Clients who received social or vocational rehabilitation were more satisfied than those who received all other types of services.

Consumer Satisfaction by Length of Service

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
< 1 Year	86.6	92.5	82.0	90.2	92.1	90.2	80.0
1-2 Years	87.9	92.9	83.5	92.6	92.4	92.2	78.1
2-5 Years	89.0	93.6	83.3	92.7	93.0	92.8	78.3
> 5 Years	88.2	92.6	82.9	92.7	92.2	91.0	78.6
Significance	*	*	ns	*	ns	*	ns
SU Programs							
< 1 Year	85.5	92.7	84.4	90.0	92.8	90.1	82.5
1-2 Years	84.1	92.9	88.3	91.1	92.3	93.1	83.5
2-5 Years	85.0	93.5	88.6	90.3	93.2	91.8	84.6
> 5 Years	84.5	91.7	91.7	91.4	94.6	92.8	87.9
Significance	ns	ns	*	ns	ns	*	*
MH Programs							
< 1 Year	89.4	92.9	76.8	91.8	91.4	92.1	73.9
1-2 Years	90.0	93.1	80.5	93.7	92.6	91.9	74.7
2-5 Years	90.6	93.9	81.5	93.7	93.3	93.4	76.6
> 5 Years	88.8	92.6	80.7	92.9	91.3	90.5	76.1
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(s) when a difference is significant

Across All Programs:

- ◆ Across the Access and General Satisfaction 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 domain, those who had been receiving services for 1 to 5 years were more satisfied than those who had been receiving services for 5 years or more.
- ◆ In the Respect domain, clients who had been receiving services for 1 to 5 years were more satisfied than those who had been receiving services for less than one year.

In SU Programs:

- ◆ In the Outcome domain, 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 Respect domain, 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:

- ◆ With regard to Participation in treatment, clients who had been receiving services for 1 to 5 years were more satisfied than those who had been receiving services for 5 years or more.
- ◆ In the Appropriateness domain, clients who had been receiving services less than 5 years were more satisfied than those who received services for 5 or more years.

- ◆ In the Outcome domain, clients who received services for 1 or more years were more satisfied than those who had received services for less than one year.
- ◆ In the General Satisfaction domain, clients who had been receiving services for 1 to 5 years were more satisfied with those services than those who had been receiving services for less than one year.

Consumer Satisfaction across Regions

	Access	Appropriateness	Outcome	General Satisfaction	Participation in Tx	Respect	Recovery
Region 1 (South Western)	86.5	91.7	84.4	90.4	91.2	91.0	81.0
Region 2 (South Central)	85.5	91.4	80.2	90.5	90.6	90.0	76.4
Region 3 (South Eastern)	86.1	91.7	85.5	90.7	91.6	90.3	74.1
Region 4 (North Central)	89.4	93.7	89.1	92.7	93.2	91.8	80.0
Region 5 (Western)	89.6	94.4	87.5	92.9	94.0	92.3	82.2
Significance	*	*	*	*	*	ns	*
SU Programs							
Region 1 (South Western)	83.0	91.1	84.9	88.3	91.2	90.5	81.6
Region 2 (South Central)	81.3	90.7	83.9	89.3	91.0	89.4	81.3
Region 3 (South Eastern)	85.5	92.0	80.5	87.4	93.2	89.5	77.1
Region 4 (North Central)	89.1	95.1	89.9	94.3	94.8	93.1	87.6
Region 5 (Western)	87.5	93.6	88.1	90.1	93.7	91.1	85.5
Significance	*	*	*	*	*	*	*
MH Programs							
Region 1 (South Western)	89.9	91.6	82.0	91.9	90.0	91.0	79.0
Region 2 (South Central)	88.2	92.2	78.5	92.2	90.8	91.2	74.2
Region 3 (South Eastern)	87.4	92.6	76.3	93.1	91.3	91.6	67.9
Region 4 (North Central)	90.9	93.2	77.7	93.1	92.6	91.8	73.0
Region 5 (Western)	90.4	94.7	83.6	94.1	94.1	93.0	80.4
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(s) when a difference is significant

Across All Programs:

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

- ◆ Recovery: Clients in Regions 1, 4, and 5 were more satisfied with services than those from Regions 2 and 3.

In SU Programs:

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

In MH Programs:

- ◆ Access: Clients from Region 5 were more satisfied than clients from Regions 2 or 3.
- ◆ Appropriateness: Clients from Region 5 were more satisfied than clients from all other Regions. Outcome: Clients in Region 1 and 5 were more satisfied than clients in Regions 2, 3 and 4. Clients from all Regions were more satisfied than those from Region 3.
- ◆ General Satisfaction: Clients from Region 5 were more satisfied than clients from all other Regions. Participation in Treatment: Clients from Region 5 were more satisfied than clients from Regions 1, 2, and 3.
- ◆ Respect: no significant differences in satisfaction across Regions.
- ◆ Recovery: Clients in Regions 1 and 5 were more satisfied with services than those from Regions 2, 3 and 4. Clients in Region 3 were less satisfied than clients from other Regions.

Summary by Domains

Access

Eighty-eight percent (88%) of respondents reported satisfaction on the Access domain. The following reported *significantly* higher levels of satisfaction in this domain:

- ◆ Respondents who were receiving treatment from Mental Health programs
- ◆ 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 Regions 4 (North Central) or 5 (Western)

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

- ◆ Women
- ◆ Respondents in the African-American (Black) or Other racial categories
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents over the age of 55
- ◆ Respondents who identified themselves as receiving MH services
- ◆ Respondents receiving outpatient services
- ◆ Respondents from Region 4 (North Central)

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

- ◆ Women
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 25 years or older
- ◆ Respondents receiving vocational rehabilitation services

Quality and Appropriateness

Ninety-three percent (93%) 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 from Mental Health programs
- ◆ Women
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 25 or older
- ◆ Respondents receiving vocational rehabilitation services

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 in the Other (non-white and non-black) racial category
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 25 or older
- ◆ Respondents receiving outpatient services

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 identifying themselves as receiving MH or both MH and SU services
- ◆ Respondents in receiving vocational rehabilitation services
- ◆ Respondents receiving services for less than five years
- ◆ Respondents from Planning Region 5 (Western)

General Satisfaction

Ninety-two percent (92%) of respondents reported satisfaction on the General Satisfaction domain. The following reported *significantly* higher levels of satisfaction in this domain:

- ◆ Respondents receiving treatment from Mental Health programs
- ◆ Women
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 55 years and older
- ◆ Respondents who identified themselves as receiving MH services
- ◆ Respondents receiving vocational rehabilitation services
- ◆ Respondents receiving services for more than 1 year
- ◆ Respondents from Regions 4 (North Central) or 5 (Western)

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

- ◆ Women
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 35 years and older
- ◆ Respondents receiving outpatient services
- ◆ 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 General Satisfaction domain:

- ◆ Women
- ◆ Respondents in the Caucasian (White) or Other racial categories
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 25 years or older
- ◆ Respondents in vocational rehabilitation programs
- ◆ Respondents from Region 5 (Western)

Outcome

Eighty-three percent (83%) 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 ages 25 to 34 years
- ◆ Respondents identifying themselves as receiving SU services

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 aged 25 years or older
- ◆ Respondents identifying themselves as receiving SU services
- ◆ Respondents in methadone maintenance or outpatient 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 of Hispanic/Latino origin
- ◆ Respondents receiving vocational rehabilitation services
- ◆ Respondents who have been receiving services for more than one year
- ◆ Respondents from Regions 1 (South Western) or 5 (Western)

Recovery

Seventy-nine percent (79%) 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

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

- ◆ Respondents in the Other (non-white and non-black) racial category
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 25 years or older
- ◆ Respondents identifying themselves as receiving SU services
- ◆ Respondents in services for five or more years
- ◆ Respondents from 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:

- ◆ Men
- ◆ Respondents of Hispanic/Latino origin
- ◆ Respondents aged 34 years or younger
- ◆ Respondents in social or vocational rehabilitation programs
- ◆ Respondents from Behavioral Health 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 vocational rehabilitation or outpatient programs

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

- ◆ Women

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

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

Respect

Ninety-one percent (91%) 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 from Mental Health programs
- ◆ Women
- ◆ Respondents in the Caucasian (White) racial category
- ◆ Respondents identifying themselves as receiving MH services

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

- ◆ Women
- ◆ Respondents from Planning Region 4 (North Central)

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

- ◆ Women
- ◆ Respondents of Hispanic/Latino origin

Quality of Life Results

During Fiscal Year 2011, 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 2,409 individual responses to the Quality of Life instrument (defined as the number of clients who answered at least one question). 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 (2009 - 2011) by Domain

Domain	Year	N	Mean Score	Median Score	Std. Dev. of Score
Overall Quality of Life and General Health					
	2011	2318	66.49	75.00	21.47
	2010	5494	65.35	75.00	22.03
	2009	4936	66.72	75.00	21.23
Physical Health					
	2011	2261	63.91	64.29	20.17
	2010	5376	62.63	64.29	20.13
	2009	4764	64.10	64.29	19.32
Psychological					
	2011	2093	63.60	66.67	20.09
	2010	4984	63.02	66.67	19.93
	2009	4492	64.01	66.67	19.1
Social Relationships					
	2011	2121	62.21	66.67	23.95
	2010	5128	61.05	66.67	23.54
	2009	4560	62.23	66.67	22.87
Environment					
	2011	2200	62.63	62.50	18.44
	2010	5257	60.36	59.38	18.57
	2009	4668	61.45	62.50	19.02

Table 13: Quality of Life Trends (2009 – 2011) by Question

Year	N	Mean Score	Median Score	Std. Dev. of Score
Overall Quality of Life and General Health				
<i>How would you rate your quality of life?</i>				
2011	2336	3.76	4	0.9
2010	5544	3.7	4	0.93
2009	4957	3.75	4	0.91
2008	14797	3.74	4	0.91
<i>How satisfied are you with your health?</i>				
2011	2335	3.56	4	1.04
2010	5526	3.53	4	1.05
2009	4961	3.59	4	1.02
2008	14764	3.49	4	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>				
2011	2347	3.73	4	1.22
2010	5536	3.66	4	1.24
2009	4950	3.72	4	1.2
2008	14716	3.62	4	1.24
<i>How much do you need any medical treatment to function in your daily life?¹</i>				
2011	2334	3.54	4	1.28
2010	5475	3.52	4	1.26
2009	4881	3.55	4	1.23
2008	14584	3.36	3	1.27
<i>Do you have enough energy for daily life?</i>				
2011	2295	3.51	4	1.1
2010	5424	3.5	4	1.11
2009	4839	3.55	4	1.09
2008	14671	3.42	4	1.09
<i>How well are you able to get around?</i>				
2011	2275	3.75	4	1.09
2010	5370	3.69	4	1.09
2009	4807	3.74	4	1.07
2008	14433	3.77	4	1.06
<i>How satisfied are you with your sleep?</i>				
2011	2289	3.32	4	1.18
2010	5428	3.27	3	1.18
2009	4854	3.32	4	1.16
2008	14587	3.31	4	1.17
<i>How satisfied are you with your ability to perform your daily living activities?</i>				
2011	2295	3.66	4	1.01
2010	5431	3.58	4	1.02
2009	4850	3.63	4	1
2008	14550	3.59	4	1.01
<i>How satisfied are you with your capacity for work?</i>				
2011	2266	3.37	4	1.23
2010	5391	3.31	4	1.24
2009	4809	3.41	4	1.17
2008	14359	3.34	4	1.2

Year	N	Mean Score	Median Score	Std. Dev. of Score
Psychological				
<i>How much do you enjoy life?</i>				
2011	2347	3.63	4	1.03
2010	5480	3.63	4	1.05
2009	4895	3.66	4	1.03
2008	14600	3.56	4	1.05
<i>To what extent do you find your life to be meaningful?</i>				
2011	2309	3.64	4	1.09
2010	5438	3.61	4	1.1
2009	4847	3.64	4	1.08
2008	14343	3.57	4	1.09
<i>How well are you able to concentrate?</i>				
2011	2348	3.36	3	1.02
2010	5511	3.34	3	0.99
2009	4908	3.38	3	0.97
2008	14752	3.29	3	0.98
<i>Are you able to accept your bodily appearance?</i>				
2011	2289	3.59	4	1.17
2010	5406	3.59	4	1.15
2009	4813	3.61	4	1.13
2008	14579	3.51	4	1.17
<i>How satisfied are you with your abilities?</i>				
2011	2287	3.7	4	1.03
2010	5412	3.63	4	1.06
2009	4841	3.7	4	1.02
2008	14516	3.61	4	1.04
<i>How often do you have negative feelings such as blue mood, despair, anxiety, or depression?¹</i>				
2011	2253	3.31	4	1.08
2010	5376	3.26	3	1.07
2009	4833	3.34	4	1.04
2008	14410	3.25	3	1.07
Social Relationships				
<i>How satisfied are you with your personal relationships?</i>				
2011	2262	3.56	4	1.12
2010	5418	3.52	4	1.11
2009	4845	3.58	4	1.09
2008	14430	3.52	4	1.1
<i>How satisfied are you with your sex life?</i>				
2011	2198	3.25	3	1.31
2010	5266	3.24	3	1.31
2009	4715	3.28	3	1.25
2008	13834	3.12	3	1.29

Year	N	Mean Score	Median Score	Std. Dev. of Score
<i>How satisfied are you with the support you get from your friends?</i>				
2011	2261	3.64	4	1.06
2010	5385	3.58	4	1.05
2009	4834	3.61	4	1.03
2008	14470	3.56	4	1.05
Environment				
<i>How safe do you feel in your daily life?</i>				
2011	2342	3.74	4	0.97
2010	5491	3.71	4	0.95
2009	4889	3.71	4	0.95
2008	14681	3.65	4	0.96
<i>How healthy is your physical environment?</i>				
2011	2325	3.67	4	1
2010	5453	3.62	4	0.99
2009	4866	3.63	4	0.99
2008	14583	3.6	4	0.98
<i>Have you enough money to meet your needs?</i>				
2011	2305	2.68	3	1.28
2010	5421	2.54	2	1.3
2009	4838	2.72	3	1.31
2008	14589	2.69	3	1.29
<i>How available to you is the information that you need in your day-to-day life?</i>				
2011	2278	3.65	4	0.97
2010	5384	3.54	4	0.99
2009	4805	3.56	4	1.01
2008	14446	3.51	4	0.99
<i>To what extent do you have the opportunity for leisure activities?</i>				
2011	2270	3.26	3	1.08
2010	5371	3.19	3	1.05
2009	4815	3.23	3	1.06
2008	14449	3.2	3	1.08
<i>How satisfied are you with the conditions of your living place?</i>				
2011	2258	3.67	4	1.12
2010	5407	3.61	4	1.14
2009	4839	3.63	4	1.13
2008	14499	3.64	4	1.13
<i>How satisfied are you with your access to health services?</i>				
2011	2263	3.83	4	1.01
2010	5404	3.68	4	1.03
2009	4840	3.74	4	1.01
2008	14452	3.77	4	1

Year	N	Mean Score	Median Score	Std. Dev. of Score
<i>How satisfied are you with your mode of transportation?</i>				
2011	2254	3.5	4	1.22
2010	5375	3.43	4	1.21
2009	4819	3.45	4	1.19
2008	14451	3.54	4	1.19

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

Quality of Life Group Differences

Quality of Life across Program Type

	Physical Health	Psychological	Social	Environment	General QOL
SU Programs	67.8	66.8	64.2	63.2	68.5
MH Programs	58.3	57.1	56.7	61.2	62.0
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.
- ◆ This is the same results that were observed in FY2010.

Quality of Life across Gender

	Physical Health	Psychological	Social	Environment	General QOL
Men	66.9	67.0	64.3	63.4	68.6
Women	60.4	59.3	59.6	61.9	64.2
Significance	*	*	*	ns	*
SU Programs					
Men	69.1	68.8	65.2	62.9	69.4
Women	66.0	63.5	62.9	64.2	67.3
Significance	ns	*	ns	ns	ns
MH Programs					
Men	60.6	60.2	57.4	62.6	64.3
Women	56.7	55.0	56.0	60.3	60.3
Significance	*	*	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(s) when a difference is significant

Across All Programs:

- ◆ In every domain except Environment, men reported better QOL than did women.
- ◆ This same pattern was observed in FY2010.

In SU Programs:

- ◆ Men reported better QOL in the Psychological domain.

In MH Programs:

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

Quality of Life across Race

	Physical Health	Psychological	Social	Environment	General QOL
White	62.9	61.1	60.4	62.5	64.9
Black	66.7	70.3	65.4	63.4	70.0
Other	66.2	66.7	66.0	63.3	69.2
Significance	*	*	*	ns	*
SU Programs					
White	67.3	65.4	63.4	63.6	67.9
Black	68.1	71.4	63.9	61.8	70.3
Other	71.3	70.7	71.4	66.3	72.4
Significance	ns	*	ns	ns	ns
MH Programs					
White	57.6	55.5	54.9	60.9	60.9
Black	63.2	66.1	66.4	65.8	68.8
Other	59.8	61.1	58.5	60.9	63.0
Significance	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(s) when a difference is significant

Across All Programs:

- Across all domains except Environment (no significant effect of Race), consumers who identified themselves in the Black or Other categories reported better QOL than those who identified themselves in the White category.

In SU Programs:

- In the Psychological domain, consumers who identified themselves in the Black category reported better QOL than those who identified themselves in the White category.

In MH Programs:

- Across the Psychological, Social, and General QOL domains, consumers who identified themselves in the Black category reported better QOL than those who identified themselves in the White category.

Quality of Life across Ethnicity

	Physical Health	Psychological	Social	Environment	General QOL
Hispanic	64.4	64.0	65.3	62.5	68.2
Non Hispanic	63.2	62.0	60.2	62.6	65.3
Significance	ns	ns	*	ns	ns
SU Programs					
Hispanic	69.5	67.3	69.0	64.9	72.0
Non Hispanic	68.0	66.3	64.1	63.6	68.4
Significance	ns	ns	ns	ns	ns
MH Programs					
Hispanic	56.0	56.6	57.3	59.0	59.3
Non Hispanic	58.9	57.2	56.1	61.7	62.3
Significance	ns	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:

- ♦ Ethnicity impacted QOL ratings in the Social domain only. Hispanic clients reported better QOL than Non-Hispanic clients.

In SU Programs:

- ♦ Ethnicity did not impact QOL ratings in any domain.

In MH Programs:

- ♦ Ethnicity did not impact QOL ratings in any domain.

Quality of Life across Age Groups

	Physical Health	Psychological	Social	Environment	General QOL
24 & Under	70.5	69.0	70.7	65.7	72.1
25-34	67.2	65.0	65.5	62.2	68.8
35-54	62.5	62.8	60.0	62.2	65.0
55 & Older	58.0	59.2	55.7	62.4	62.6
Significance	*	*	*	ns	*
SU Programs					
24 & Under	71.8	69.4	69.4	65.9	74.2
25-34	71.1	68.3	68.3	62.4	69.4
35-54	66.7	67.0	62.5	62.8	67.5
55 & Older	62.7	61.3	58.3	65.0	64.7
Significance	*	ns	*	ns	*
MH Programs					
24 & Under	67.6	65.6	73.8	67.2	68.1
25-34	59.9	55.8	56.8	60.1	62.7
35-54	57.0	56.5	54.6	60.1	60.7
55 & Older	56.9	57.6	54.5	62.4	61.8
Significance	*	*	*	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(s) when a difference is significant

Across All Programs:

- ◆ In the Physical Health domain, clients who were 55 years or older reported worse QOL than did clients who were under 55 years. Additionally, clients who were 35-54 years old reported lower QOL than did clients who were 34 years old or younger.
- ◆ Clients who were 24 years old or younger reported better QOL in the Psychological domain than did clients who were 25 years or older. Clients who were less than 55 reported better QOL than clients who were 55 year or older.
- ◆ In the Social domain, each age group reported a level of QOL that was different from the other age groups. QOL became worse as age increased.
- ◆ In the General QOL domain, clients who were 34 years old or younger reported a better QOL than clients who were 35 years or older.

In SU Programs:

- ◆ In the Physical Health domain, clients who were under age 34 reported better QOL than clients who were 55 years or older.
- ◆ Clients who were less than 35 years old reported better QOL in the Social domain than did clients who were 35 years or older.
- ◆ In the General QOL domain, clients who were 24 years old or younger reported better QOL than clients who were 55 years or older.

In MH Programs:

- ♦ Clients who were 24 years old or younger reported better QOL in the Physical Health, Psychological, and Social domains than did clients who were 25 years or older.

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

	Physical Health	Psychological	Social	Environment	General QOL
SU	73.4	74.2	71.0	66.7	74.0
MH	60.0	58.1	58.2	61.6	62.4
Both	59.3	59.7	58.3	59.1	63.7
Significance	*	*	*	*	*
SU Programs					
SU	73.7	73.8	68.8	65.6	73.3
MH	66.3	61.6	62.2	64.4	64.9
Both	61.9	61.4	60.2	59.6	64.3
Significance	*	*	*	*	*
MH Programs					
SU	62.3	67.8	66.3	64.9	66.3
MH	58.7	56.9	57.2	61.5	61.9
Both	55.9	56.1	53.4	59.4	60.8
Significance	ns	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

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

SU= 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 SU services reported better QOL than those who said they were receiving mental health services or both types of services.
- ♦ This is the same pattern of results that was observed in FY 2010.

In SU Programs:

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

In MH Programs:

- ♦ The self-identified reason for seeking services did not impact QOL ratings in any domain.

Quality of Life across Levels of Care

	Physical Health	Psychological	Social	Environment	General QOL
Outpatient	60.6	58.8	59.2	60.5	62.7
Residential	67.8	66.6	62.7	61.9	67.9
Case Management	55.0	57.3	55.4	61.9	60.2
Social Rehab	61.2	60.4	58.3	65.3	67.0
Vocational Rehab	68.9	65.1	65.0	66.4	68.4
Methadone Maint	66.1	63.3	68.3	66.3	66.7
Significance	*	*	*	*	*
SU Programs					
Outpatient	67.2	65.0	64.8	65.0	68.5
Residential	69.2	68.7	62.6	60.1	67.7
Methadone Maint	66.1	63.3	68.3	66.3	66.7
Significance	ns	ns	ns	ns	ns
MH Programs					
Outpatient	54.3	52.9	53.9	56.3	57.4
Residential	64.2	60.8	63.1	66.9	68.3
Case Management	55.0	57.3	55.4	61.9	60.2
Social Rehab	61.2	60.4	58.3	65.3	67.0
Vocational Rehab	68.9	65.1	61.6	66.4	69.1
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(s) when a difference is significant

NOTE: Very few QOL responses were received from Methadone Maintenance programs (6 respondents.) This small number may influence some statistical results.

Across All Programs:

- ◆ **Physical Health:** Clients who received residential or vocational rehabilitation services reported better QOL than clients who received outpatient, case management, or social rehabilitation services. Clients who received case management services reported worse QOL than clients who received other types of services except methadone maintenance.
- ◆ **Psychological:** Clients who received residential or vocational rehabilitation services reported better QOL than clients who received outpatient or case management services. Additionally, those who received residential services had better QOL than those who received social rehabilitation.
- ◆ **Social:** Clients who received residential services had better QOL than clients who received case management services.
- ◆ **Environment:** Clients who received social or vocational rehabilitation services reported better QOL than clients who received outpatient services.
- ◆ **General QOL:** Clients who received social or vocational rehabilitation services reported better QOL than clients who received outpatient services. Clients who received residential or social or vocational rehabilitation services reported better QOL than clients who received case management.

In SU Programs:

- ♦ There were no significant differences in reported QOL across levels of care for any domain.
- ♦ There were a maximum of six respondents in the Methadone Maintenance category.

In MH Programs:

- ♦ Physical Health: Clients who received vocational rehabilitation services reported better QOL than clients who received other types of services, with the exception of residential services. Clients who received outpatient or case management services reported worse QOL than clients who received other types of services.
- ♦ Psychological: Clients who received outpatient services reported lower QOL than clients who received other types of services except case management.
- ♦ Social: Clients who received residential or vocational services had better QOL than clients who received outpatient services.
- ♦ Environment: Clients who received outpatient services reported worse QOL than clients who received any other type of service.
- ♦ General QOL: Clients who received outpatient or case management services reported worse QOL than clients who received other types of services.

Quality of Life by Length of Service

	Physical Health	Psychological	Social	Environment	General QOL
< 1 Year	67.3	66.7	65.3	63.3	68.8
1-2 Years	59.3	59.5	57.9	60.9	63.1
2-5 Years	58.2	57.9	56.5	61.3	62.7
> 5 Years	60.3	60.1	59.1	64.7	64.9
Significance	*	*	*	ns	*
SU Programs					
< 1 Year	68.7	68.2	65.3	63.9	69.6
1-2 Years	65.4	63.7	64.3	63.1	66.6
2-5 Years	61.2	59.5	54.4	61.2	66.6
> 5 Years	66.7	63.4	71.5	69.1	71.1
Significance	ns	*	ns	ns	ns
MH Programs					
< 1 Year	60.0	56.3	57.9	60.8	61.8
1-2 Years	55.7	56.1	54.7	59.3	59.9
2-5 Years	57.0	56.5	55.9	60.7	60.8
> 5 Years	60.5	60.2	57.5	64.5	64.8
Significance	ns	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(s) 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:

- ♦ In the Psychological domain, clients who had been receiving services for less than one year reported better QOL than those clients who had been receiving services two to five years.

In MH Programs:

- ♦ There were no significant differences in reported QOL across length of service for any domain.

Quality of Life across Regions

	Physical Health	Psychological	Social	Environment	General QOL
Region 1 (South Western)	63.2	63.8	60.3	62.9	66.3
Region 2 (South Central)	60.2	62.3	60.2	59.9	64.2
Region 3 (South Eastern)	55.8	54.0	54.1	59.6	58.5
Region 4 (North Central)	71.3	70.4	68.6	65.7	71.7
Region 5 (Western)	67.3	65.0	65.5	64.9	70.5
Significance	*	*	*	*	*
SU Programs					
Region 1 (South Western)	65.5	65.9	59.2	57.2	65.3
Region 2 (South Central)	64.5	66.8	63.0	62.9	67.5
Region 3 (South Eastern)	63.3	60.3	61.1	63.6	64.0
Region 4 (North Central)	71.2	69.9	66.6	64.2	70.5
Region 5 (Western)	76.6	73.2	76.0	71.4	77.9
Significance	*	*	*	*	*
MH Programs					
Region 1 (South Western)	61.2	62.9	60.8	67.1	67.2
Region 2 (South Central)	53.9	54.3	54.3	57.1	57.6
Region 3 (South Eastern)	51.9	50.3	50.1	57.5	55.7
Region 4 (North Central)	69.0	62.7	60.0	67.2	67.4
Region 5 (Western)	64.3	62.6	62.4	63.1	67.8
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(s) when a difference is significant

Across All Programs:

- ♦ In the Physical Health domain, QOL was rated significantly different across all regions (except 1 and 2) in the following order of best to worst QOL: 4 > 5 > 1 and 2 > 3.
- ♦ In the Psychological domain, clients from Region 4 reported better QOL than did clients from all other Regions. Additionally, clients from Region 3 reported lower QOL than clients from any other region.

- ◆ In the Social and General QOL domains, QOL was rated significantly different across regions in the following order of best to worst QOL: 4 and 5 > 1 and 2 > 3.
- Across the Environment domain, clients from Regions 4 and 5 consistently reported better QOL than did clients from Regions 2 and 3.

In SU Programs:

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

In MH Programs:

- ◆ In the Physical Health, Psychological, Environment, and General QOL domains, clients from Regions 2 and 3 reported worse QOL than clients from Regions 1, 4, or 5.
- ◆ In the Social domain, clients from Region 3 reported worse QOL than clients in all other Regions except 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 from Substance Use programs
- ◆ Men
- ◆ Respondents in the African-American (Black) or Other racial categories
- ◆ Respondents who identified themselves as receiving SU services
- ◆ Respondents younger than age 35
- ◆ Respondents receiving services for less than one year
- ◆ Respondents from Regions 4 (North Central) or 5 (Western)

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

- ◆ Respondents in the African-American (Black) or Other racial categories
- ◆ Respondents who identified themselves as receiving SU services
- ◆ Respondents from Region 5 (Western)

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

- ◆ Men
- ◆ Respondents who identified themselves as receiving SU services

Physical Health

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

- ◆ Respondents who were receiving treatment from Substance Use programs
- ◆ Men
- ◆ Respondents in the African-American (Black) or Other racial categories
- ◆ Respondents who indicated that they received SU services
- ◆ Respondents younger than age 35
- ◆ Respondents receiving services for less than one year
- ◆ Respondents from Region 4 (North Central)

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

- ◆ Respondents younger than age 35
- ◆ Respondents who indicated that they received SU service
- ◆ Respondents from Regions 4 (North Central) or 5 (Western)

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

- ◆ Men
- ◆ Respondents younger than age 25
- ◆ Respondents who indicated that they received SU services

Psychological

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

- ◆ Respondents who were receiving treatment from Substance Use programs
- ◆ Men
- ◆ Respondents in the African-American (Black) or Other racial categories
- ◆ Respondents aged 24 years or younger
- ◆ Respondents who identified themselves as receiving SU services
- ◆ Respondents receiving services for less than one year
- ◆ Respondents from Region 4 (North Central)

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

- ◆ Men
- ◆ Respondents who identified themselves as receiving SU services
- ◆ Respondents from any region except Region 3 (South Eastern)

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

- ◆ Men
- ◆ Respondents aged 24 years or younger

Social

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

- ◆ Respondents who were receiving treatment from Substance Use programs
- ◆ Men
- ◆ Respondents in the African-American (Black) or Other racial categories
- ◆ Respondents from a Hispanic/Latino ethnic background
- ◆ Respondents aged 24 years or younger
- ◆ Respondents who identified themselves as receiving SU services
- ◆ Respondents receiving services for less than one year
- ◆ Respondents from Regions 4 (North Central) or 5 (Western)

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

- ◆ Respondents aged 34 years or younger
- ◆ Respondents who identified themselves as receiving SU services
- ◆ Respondents from Region 5 (Western)

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

- ◆ Respondents aged 24 years or younger

Environment

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

- ◆ Respondents who identified themselves as receiving SU services

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

- ◆ Respondents from Region 5 (Western)

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

- ◆ Respondents from Regions 1(South Western), 4 (North Central) or 5 (Western)

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 5,924 comments. 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 respondents 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
-
- ◆ "The staff were extremely helpful and provided information in a straight-forward comprehensive manner. They always listen to me and offer helpful feedback that can help me greatly to improve my situation."
 - ◆ "My worker is very friendly and helps me to understand what I need to know. He's great with sign language and he teaches me during our 1 on 1 visits."
 - ◆ "The doctor tells me what I need to know about my meds and my health and Marguerite tells me what I need to know about everything else."
 - ◆ "A later class would be helpful to those of us that have a hard time getting out of work."
 - ◆ "The staff is able to be flexible with my schedule as I baby-sit and can only attend in the morning. They understand."
 - ◆ "I appreciate that when I have a crisis they see me immediately and there is always somebody available to listen."
 - ◆ "I am able to comfortably talk to my staff person and she gives great insight and advice. It does not matter what I am going through or what I went through; she has always been there to assist. She deserves a raise."

- ◆ “The girls that run the office are excellent. They go out of their way to provide me with all my needs, answers and whatever accommodations that they can and do so with respect and always with a smile. My clinician is also excellent; I know I can trust her with all of my feelings and insecurities. I know she'll always be honest and genuine with me.”
- ◆ “I really like the IC because I am able to make friends and have a place to hang out with people that will support me with my illness. I like the trips and the activities and the staff here are great! The location is great and it is a comfortable atmosphere for me.”

Suggestions and Concerns

- ◆ “They need to hire more people. It’s hard to get an appointment sometimes because the workers are too overloaded with patients.”
- ◆ “Some of the staff goes out of their way to help me, but others seem unreliable (cancel appointments often)!”
- ◆ “I do not see my case manager as often as I should because he is too busy.”
- ◆ “I had to call my case manager to discuss the resources in the community, he did not teach me. I would like my case manager to call me or mail me information about services and programs that are available to me.”
- ◆ “I stopped coming because it was frustrating to come and then have to wait 2-3 weeks because the therapist didn’t have any openings.”
- ◆ “Many deaf people get lost. I need to see my job coach more often. The parking lot is awful; they need a bigger space.”
- ◆ “Better parking, more convenient hours, and/or psychiatrists on staff.”
- ◆ “Staff turnover and retention has adversely affected my treatment.”
- ◆ “Have counselors who have more information for us on social events or places to go outside the system.”

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 services here are great. My therapist really worked with me and was able to get me into housing when no one else could. She got me the services I needed when no one else did. I have recommended this agency to a lot of my friends.”
 - ◆ “Everyone on the staff, including the receptionists, is very friendly and helpful. When I've needed anything they have steered me in the right direction. They make what could be a chore, pleasant and not so scary or demeaning.”
 - ◆ “The staff here explains everything to us. They really want us to get something out of this program. They want us to stay clean and sober. I love it and it's really changed me day to day.”
 - ◆ “I have a great clinician, she is good for me. I can be open and honest with her. I do trust her.”
 - ◆ “I have had the pleasure of being treated here and I've grown. My concerns are wanted and dealt with professionally. Staff here, their efficiency is incredible, their attitudes and demeanor are pleasant, friendly, and inventive, but most of all genuine.”
 - ◆ “My case manager talks to me about how I can use resources in the community to help me with my recovery.”
 - ◆ “They never judged me. They helped me to see the psychiatrist and praised my efforts to get a better life.”
 - ◆ “They made me feel like I mattered and that I wasn't alone. They treated me like a real person. They listened to me and gave me the guidance I needed. When I was in crisis, they showed me how to manage my illness and helped me to get back in school.”

Suggestions and Concerns

- ◆ “Sometimes I feel ignored and that they don't listen to me at all. The way I am treated here is like they want to force me to do something that I do not want to do. Sometimes they use coercion tactics on me, and I wouldn't recommend it to a cat!”
- ◆ “I feel like if I didn't take initiative with my treatment needs, mainly discharge planning, then it wouldn't have gotten done. My treatment team didn't help me with this. I had to get info and take care of my aftercare on my own.”
- ◆ “I was not given information about my rights but when I asked for them, I received them. My doctors/nurses have not been forthcoming about explaining side effects of my medicines. Very vague.”
- ◆ “Healthier food if possible, especially for snack time. Focus on recovery, yourself, issues with family before pressing us for jobs. Also extenuating circumstances curfew should be extended if traveling due to court and family tragedies.”
- ◆ “They are good with the appointments but I feel that the medication is not working. I'm still very depressed and I'm having a lot of panic attacks. I feel that I am still the same way or maybe worse than when I started treatment.”
- ◆ “I would like to know who my case manager is or if I even have one. Because of my "functional level" I have been pushed aside by staff and not helped when I need help because, according to them, I was not a priority. I helped myself by finding outside services.”
- ◆ “I have been involved with many methadone clinics across North America one thing that I would like to see is a methadone program that doesn't look and operate like a dispensing operation. I would like to see something that worked more like a doctor's office.”
- ◆ “I sometimes think (or feel) your staff is overwhelmed with all the urban problems we, as patients present in this city and that mine are seen as things I can manage on my own.”

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
- ◆ “I think this is a very good program that helps me with addiction, job skills, life skills and social interaction.”

- ◆ “They made me feel like I mattered and that I wasn't alone. They treated me like a real person. They listened to me and gave me the guidance I needed. When I was in crisis, they showed me how to manage my illness and helped me to get back in school.”
- ◆ “I feel a lot better since starting treatment here. I have a safe place to live and I handle my emotions in a more positive way.”
- ◆ “I have a wonderful counselor who helps me tremendously in gradually getting my self confidence back. Although I have only been seeing my counselor for 3 months, I can see the change in me and I am more confident in facing my daily life.”
- ◆ “My daily mood has changed. I get up and hurry to get here as early as I can. I feel more relaxed, energetic, and positive.”
- ◆ “All the staff is helpful, supportive and compassionate. Although I still have unresolved issues, their patience and understanding have a huge difference in my ability to deal with my illness and improving my outlook and daily life.”
- ◆ “I have met new friends, learned new coping skills to deal with stress, and I feel more comfortable to go out into community”
- ◆ “This program has made it possible for me to play an active role in society and more importantly in my family life!”
- ◆ “My workers are very kind, warm hearted, and sensitive but supportive enough so that I can make it through everyday and function well.”
- ◆ “Well, when I arrived I was not a functioning person. The tools (and medication) have helped me to function 90% better.”
- ◆ “I used to not be able to cook, shop, walk, eat or sleep. Now I eat 3x a day, I cook whatever I want, I sleep all night, I walk to the stores, and my voices don't stop me.”

Suggestions/Concerns

- ◆ “I would like to see more social skill building, recreational skill building and how to prevent relapse.”
- ◆ “I wish I had more help with my jobs. I also wish my doctor would tell my nurse about my medication changes.”
- ◆ “Perhaps a greater awareness of 12 step programs would enhance services provided.”
- ◆ “The information we received was very good; however, I feel there could have been more focus on techniques to help us control our anger.”
- ◆ “Some social workers make me feel very inferior. They never say hi. It would be nice if the staff were more compassionate and respectful instead of saying to call back later.”

- ◆ “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
- ◆ “It made me a better person. It taught me how to understand and control myself in a bad situation. It got me closer to my family. Now I'm into church, reading the bible and making myself and my family happy. It made me realize that the most important thing in my life is my children and that it’s not worth losing what I have for something stupid!”
 - ◆ “I am looking forward to taking my own meds so I can volunteer within the community more.”
 - ◆ “My services reinforce my commitment to remaining in complete remission from use of alcohol. I am learning new coping skills and setting goals that were not possible while using.”
 - ◆ “I am thankful for the services and opportunities that this program offers and I am more optimistic about my chances for recovery and success in the community than I have ever been before”.
 - ◆ “I’ve been in this program for almost 15 months and I feel good about myself. It has helped me to grow as a better person. I am now a better father, friend, and person to my family.”
 - ◆ “DBT seems like it is what I have needed to accept the many, many losses and changes in my life. The skills learned in this program are used daily in my recovery.”
 - ◆ “Overall, the program has is helping me obtain a job to become a better citizen.”
 - ◆ “It saved my life and gave me a new outlook. The possibilities are endless for me now that I have been given this education in recovery.”
 - ◆ “I’m glad to leave this place with a completely different mentality than I came with. My whole life is now different for good. I’m more aware of my problems and now feel that I

have tools to face my problems ahead. Tools that I didn't have before I attended this program. For that I am very thankful.”

- ◆ “The services here are helping me to put my life in order to go to school and be a productive member of society.”
- ◆ “I have a daily routine that includes exercise, artwork, community and many friendships.”
- ◆ “The views on recovery and the plans set forth at this agency have helped me to understand, and proceed with a healthier life for myself.”

Suggestions/Concerns

- ◆ “I do not get along significantly with all my family members. My symptoms are bothering me more than they used to and I am not ready to commit myself to community activities.”
- ◆ “I'm concerned and don't like that my conservator has more control over my life than I do.”
- ◆ “I would like to be able to give back but I am currently having severe physical symptoms so I cannot do as much as I would like.”
- ◆ “I wish that this agency got more involved with clients problems in the community such as housing and harassment. People with disabilities are prime targets for the criminal element in our society, but we are not respected by the police and management in apartment buildings. As a result we are forced to move more frequently than most people or we end up homeless.”
- ◆ “I would like to be more informed about treatment of meds I take.”

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.

- ◆ “I like the way my therapist gives me a chance to talk equally. The therapist gives me a chance to make my own decisions.”
- ◆ “I am able to offer ideas to improve my mental health plan.”
- ◆ “The latest staff are so creative and instructive and I feel I obtain quite enough information for my treatment plan.”
- ◆ “I would like to say that my counselor is doing a great job at answering all my questions and pointing me in the right direction. It is nice to have him for a counselor and I feel that I could ask him for anything.”

- ◆ “Polite, intelligent, up to date, and good interventions. They try to promote independence through good treatment plans.”
- ◆ “The services I received from case management are excellent. I am able and expected to talk openly about my services.”
- ◆ “Whenever I have anything to say...they listen!”
- ◆ “If it was not for my doctor and my worker listening to me I would not be able to express my feelings regarding my symptoms. Now I feel I have the right medication and its helping me.”

Suggestions/Concerns

- ◆ "I would like to be able to speak more freely about topics and be able to explain and discuss more.”
- ◆ “More participation for us (clients) in group meetings; the staff talk too much.”
- ◆ “While most services have been a positive experience, it is somewhat disturbing that my husband’s psychiatrist does not know one of his major psych meds - Cymbalta. This is a well known medication.”
- ◆ “I wish they'd tell you all of the services and opportunities available to you from the very beginning. I still don't know who my case worker is yet.”
- ◆ “Services at the agency have improved in many areas but clients do not have as much access to some of the things that involve them. A lot of things are still staff controlled.”
- ◆ “I disagree about the fact that we are in control of our own treatment here.”
- ◆ “I felt that the staff did not listen to what people had to say.”
- ◆ “My only complaints are regarding the switching of my doctors without my being contacted at all - one day I had one doctor and the next day I had another and was not notified at all.”

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.

- ◆ "I appreciate the family oriented workshops, performances, and family sessions that I have been attending about 5 times per year."
- ◆ "I like the fact that I am able to see my Dad twice a week and on Sundays. My Dad is the most important to me."
- ◆ "I find that I need this program in my life and the services are so good. The staff helped me in areas of my life that were very important to me and my family."
- ◆ "They have helped so much in my relationship with my wife."
- ◆ "I've dealt with the most professional staff, who greet me and Mom and help with appointments and medication, always!"
- ◆ "This program has helped my family to worry less about me."
- ◆ "All the people there are kind, helpful, and able to help me get around. They also provide a home I can go to with friends and family for growth, safety and personal fulfillment."
- ◆ "[Agency] has been a Godsend to me and my children. I would not be where I am if it wasn't for them."

Suggestions/Concerns

- ◆ "I would like to see my son more often."
- ◆ "I need one on one time with someone because I'm going through a lot of family and relationship issues."
- ◆ "I think there should be more programs we can do with our kids."

Discussion

The results of our Consumer Satisfaction and Quality of Life surveys provide a complex and sometimes contradictory view of our service system and the people we serve. As we analyze our results, we see that our consumers generally feel quite positive about the treatment they receive in our system, while at the same time, feeling dissatisfied with their overall quality of life. Both questionnaires analyze data across various treatment or demographic variables; at times, these factors highlight significant differences in responses to the surveys. For example, young people feel best about their quality of life, but also tend to have the lowest scores in consumer satisfaction domains. Individuals over 55 appear to have the highest satisfaction rates on the consumer survey, but the lowest scores on the quality of life instrument. Women tend to have higher satisfaction rates on the consumer survey domains, but lower satisfaction with quality of life.

While some aspects of consumer satisfaction and quality of life are influenced by factors outside of our system, the survey demonstrates the negative affect that mental illness and substance abuse problems have on perceptions about everyday living. The following discussion highlights some of the most important information that we have obtained from this year's survey results.

Consumer Survey

This year approximately 25,500 individuals responded to the Consumer Satisfaction Survey. This reflects a decrease from the record number we reported last year. One hundred thirteen (113) agencies participated in the Consumer Satisfaction Survey. Interestingly, the total number of surveys submitted by substance abuse agencies fell by over 6%. This needs to be further evaluated.

Consumers continue to report high degrees of satisfaction. The survey tool used in Connecticut is utilized across the country so that our state's results may be compared to national averages. 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 by 2% to as much as 12%. The Outcome domain score actually exceeded the national average by 10%.

One other significant finding is that each domain score exceeded our state benchmark of 75%. In fact, three domains had scores over 90%. These high domain scores have led DMHAS to increase the benchmark for the consumer satisfaction performance measure. While the percentage of consumers satisfied with services has remained relatively constant over the past five years, in FY 2011, satisfaction increased slightly in all domains. Only two agencies did not exceed our system-wide benchmark for consumer satisfaction. Over the last five years, consumers have consistently reported being most satisfied with the level of family participation in treatment, and with quality and appropriateness in care.

Another noteworthy finding related to domains is the low scores that we continue to see in the Recovery and Outcomes Domain. While we have observed small improvements in each of these domains over the past year, these two domains are much lower than satisfaction rates in other domains. DMHAS added the Recovery Domain in 2005 and satisfaction rates have never

exceeded 80% in this domain. The survey results show these areas as needing the greatest improvement within our system.

Because of the generally high degree of satisfaction, it is interesting to look more carefully at the scores related to specific survey questions. Again, we see the lowest scores in questions that are grouped under the Recovery and Outcomes section. The following questions showed the lowest satisfaction rates:

- In general, I am involved in my community. **(70% satisfaction)**
- As a result of services I have received from this agency, I do better in school and/or work. **(75.7% satisfaction)**
- As a result of services I have received from this agency, my symptoms are not bothering me as much. **(76.9% satisfaction)**
- In general, I can have the life I want, despite my disease/disorder. **(78% satisfaction)**

The highest satisfaction rates were in the following questions:

- Staff here believes that I can grow, change, and recover. **(93.8% satisfaction)**
- I like the services that I received here. **(93% satisfaction)**
- I felt comfortable asking questions about my services, treatment, or medication. **(92.1% satisfaction)**
- I was given information about my rights **(91.5% satisfaction)**
- I would recommend this agency to a friend or family member. **91.3% satisfaction**

The report highlights that demographics influence satisfaction rates associated with the survey. It appears that the younger one is, the less likely one would be satisfied with services. Individuals under 24 years of age have the lowest satisfaction rates in all domains except for Recovery, where they have the highest domain score. Conversely, individuals 55 and older have the highest rates of satisfaction in almost all domains. Women reported greater satisfaction with services in almost all domains including Access, Appropriateness, General Satisfaction, Participation in treatment, and Respect domains.

While no significant differences have been observed based on race, results vary by ethnicity. Hispanic consumers have the highest rates of satisfaction when compared to persons of non-Hispanic ethnicity, a result that has been consistent over the past several years.

Quality of Life

Fiscal Year 2011 is the fourth 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 2,409 QOL responses during Fiscal Year 2011. Results may be found in this report beginning on page 72 of this report.

Since the QOL was first administered in FY 2008, DMHAS has consistently observed that our scores were significantly lower than those of the general population. This year, while scores increased slightly in each domain, QOL scores in Connecticut remain quite low across all domains and may be comparable to scores observed in populations with very serious medical conditions. It

is also interesting to note that many of the findings related to demographics or treatment variables have remained consistent since the QOL was first implemented.

Demographic Findings

Older individuals report the worst quality of life – As in previous years, individuals over the age of 55 reported the worst quality of life out of all age groups. Our results seem to corroborate conventional wisdom, which states that the corrosive effects of serious and persistent mental illness and substance use problems negatively impact the quality of life.

Younger respondents reported the best quality of life– Respondents under the age of 24 reported relatively better quality of life in all categories, but with each successive age group that responded to the survey, the self-assessment of quality of life worsens. 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 and/or reporting of quality of life – African-Americans reported the best quality of life, while Caucasians reported the worst. As in previous years, men report better quality of life than women. This finding should be explored further, as it is unclear why this is.

Domain-Related Findings

Lowest scores in social relationships and environment domain – The lowest quality of life scores were found in the social relationships and environment domains. The environment domain focuses on safety, money, and living environment. As in previous years, the lowest score for any question was to the question “have you enough money to meet your needs?” Other questions with low scores included one related to opportunities for leisure activities as well as a question focused on satisfaction with sexual relations. These results remind us that we cannot forget about universal human needs, as we work towards promoting recovery in our system.

Treatment-Related Findings

Clients in SU programs generally reported highest degrees of satisfaction – Individuals receiving substance abuse services tended to report the highest scores for quality of life. Those individuals receiving only mental health services had the lowest scores, which were lower than those reported by consumers who were receiving both mental health and substance abuse services.

Client receiving vocational rehabilitation had the highest degrees of satisfaction – This finding reinforces the connection between work and recovery.

Clients in treatment for the shortest period of time (less than one year) reported the highest degrees of satisfaction.

Overall, the findings were very similar to those of previous years. A troubling finding is the low assessment of clients' quality of life in all domains of the survey. 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 1.1: DMHAS Consumer Survey FY 2011 Memorandum
STATE OF CONNECTICUT



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



M. JODI RELL
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

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

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

SUBJECT: CONSUMER SURVEY FOR FISCAL YEAR 2011

DATE: OCTOBER, 2010

The DMHAS Consumer Survey for FY 2011 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/DMHASConsumerSurvey>.

As in previous years, you should 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, FY10 (July 1, 2009 – September 30, 2009). Detailed instructions for calculating sample size may be found here: <http://www.ct.gov/dmhas/lib/dmhas/consumersurvey/instructions.pdf>.

The final deadline for survey data submission will be June 30, 2011. Please try to begin the survey process as early as possible, so that your agency has a representative sample, as well as to reduce stress and burden. The Consumer Survey Instructions, which may be found at the web link above, offer tips that may assist you.

Please make every effort to ensure that relevant staff are set up to perform data entry well before the survey due date. As in previous years, data is to be entered into the Consumer Survey application, available through the old DPAS system (not the new DDaP system.) Consumer Survey access requests and password reset requests should be directed to Karin Haberlin at Karin.Haberlin@po.state.ct.us.

As in past years, all materials related to the Consumer Survey for FY 2011 will be posted on the DMHAS website at <http://www.ct.gov/dmhas>, with a link under "Featured Links", or by direct link to <http://tinyurl.com/DMHASConsumerSurvey> (link redirects to the Consumer Survey site.)

Please note that the DMHAS Provider Process Summary Form is no longer required. Thank you for your cooperation in past years with supplying this information.

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.

Appendix 1.2: DMHAS Consumer Survey FY 2011 Instructions for Implementation

DMHAS Consumer Survey FY 2011 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 and E/Intake Unit

MH/Other/Fiduciary

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

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

MH/Other/Nursing Home
MH/Other/Project Compass
MH/Other/Specialing
MH/Other/Transportation

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

<p>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</p>
--

Sample Size

The required sample size for each provider should be based on the unduplicated client count for the first quarter of FY 10, 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 **07/01/2009 to 10/01/2009**.
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 below 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, 2011.

Survey Instrument – FY 11

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 2011 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.

Due Date

“Due date” refers to the date by which all surveys must be entered into the Consumer Survey System. All surveys for FY11 will be due by June 30, 2011.

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!

Appendix 1.3: DMHAS Consumer Survey FY 2011 Cover Letter to Consumers



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND
ADDICTION SERVICES
A Healthcare Service Agency



PATRICIA A. REHMER, MSN
COMMISSIONER

Dear Program Participant:

We invite you to join our annual consumer satisfaction survey. **You decide if you want to take part**, and which questions to answer. The survey is anonymous. You will not be asked for your name or anything else that identifies you. Your agency will do its best to keep your answers private.

Please give your honest opinion of services. We appreciate your time and effort, and look forward to using the information to improve services for you.

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 2011

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"/> 2 years to 5 years <input type="radio"/> More than 5 years

For each item, circle the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
1.	I like the services that I received here.	SA	A	N	D	SD	NA
2.	If I had other choices, I would still get services from this agency.	SA	A	N	D	SD	NA
3.	I would recommend this agency to a friend or family member.	SA	A	N	D	SD	NA
4.	The location of services was convenient (parking, public transportation, distance, etc.)	SA	A	N	D	SD	NA
5.	Staff was willing to see me as often as I felt was necessary.	SA	A	N	D	SD	NA
6.	Staff returned my calls within 24 hours.	SA	A	N	D	SD	NA
7.	Services were available at times that were good for me.	SA	A	N	D	SD	NA
8.	Staff here believes that I can grow, change, and recover.	SA	A	N	D	SD	NA
9.	I felt comfortable asking questions about my services, treatment or medication	SA	A	N	D	SD	NA
10.	I felt free to complain.	SA	A	N	D	SD	NA
11.	I was given information about my rights.	SA	A	N	D	SD	NA
12.	Staff told me what side effects to watch out for.	SA	A	N	D	SD	NA
13.	Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	SA	A	N	D	SD	NA
14.	Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.)	SA	A	N	D	SD	NA
15.	Staff helped me obtain information I needed so that I could take	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
charge of managing my illness.							
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 2011

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. How would you rate your quality of life?	1	2	3	4	5

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

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

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

life to be meaningful?

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

7. How well are you able to concentrate?

8. How safe do you feel in your daily life?

9. How healthy is your physical environment?

<i>(Please circle the number)</i>				
Not at all	Slightly	A Moderate amount	Very much	Extremely
1	2	3	4	5
1	2	3	4	5
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.

10. Do you have enough energy for everyday life?

11. Are you able to accept your bodily appearance?

12. Have you enough money to meet your needs?

13. How available to you is the information that you need in your day-to-day life?

14. To what extent do you have the opportunity for leisure activities?

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

15. How well are you able to get around?

<i>(Please circle the number)</i>				
Very poor	Poor	Neither poor nor well	Well	Very well
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

<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

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