

Consumer Survey 2009 Annual Report



November 2009
410 Capitol Avenue
Hartford, CT 06134



Note from the Commissioner

One of my primary goals as Commissioner is to improve the quality of our service system. We have accomplished a great deal but still have more to do. Our accomplishments are reflected in our selection by the National Alliance on Mental Illness (NAMI) as one of the best mental health systems in the country. However, as a healthcare system, we cannot become complacent and must continually focus on performance measurement, evaluation, and quality improvement.

This is accomplished in many ways in the DMHAS healthcare system. One measure is the annual Consumer Satisfaction Survey which provides us with information regarding the degree to which consumers/individuals in recovery approve of our services, including whether they would recommend them to others. This year over 25,000 individuals responded to the survey, a record number. DMHAS pays careful attention to the feedback we receive from consumers/individuals in recovery through this annual survey. The FY 2009 Consumer Survey tells us how satisfied consumers/individuals in recovery are with the services they receive from the DMHAS Healthcare Service System.

We again asked providers to use the Quality of Life (QOL) component as an additional means of gathering information about consumers/individuals in recovery. The information is presented in this report and helps us to learn more about how our service recipients feel about the quality of their lives. DMHAS is using the WHOQOL-BREF instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization. The QOL component of the survey remains voluntary and consumer and provider participation varied by agency. While this was voluntary, I was excited to learn that over 5,000 individuals responded to the QOL this year.

As I work to move the agency forward, we will continue to emphasize quality improvement. I remain committed to meeting the highest standards of care in our service system. We must continue to pay attention to the voices of the people we serve. The survey results and the report provide invaluable feedback that can help to shape our quality improvement efforts. By evaluating the service system, we ensure that we are meeting the needs of the people we serve. It shows us areas of strength and helps us to see what work remains. I strongly encourage all of our service providers to review the statewide report and your own agency-specific reports. Please use the information to shape your own quality improvement initiatives.

I want to once again thank all of the people who participated in the survey and those who assisted the survey process in any way. Their active participation made this a success.

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

November 2009

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Acknowledgements

The Connecticut Department of Mental Health and Addiction Services (DMHAS) would like to extend our gratitude to those who completed the survey and provided their insights regarding the quality of our service system. At the same time we would also like to recognize the work of the provider community and their responsiveness in the implementation of the survey.

DMHAS' Evaluation, Quality Management and Improvement (EQMI) staff contributed significantly to the Survey Report through data reporting and analysis. Jim Siemianowski, Mike Hettinger and Karin Haberlin oversaw the development of the report and the supporting information. Kristen Miller completed the statistical analysis for the survey.

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 seven years. The survey was offered to consumers/individuals in recovery within the context of their treatment for mental health or substance use issues.

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

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

In Fiscal Year 2009, DMHAS also requested that providers voluntarily administer the WHOQOL-BREF Quality of Life (hereafter QOL) instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization. The QOL is a 26 question tool that measures consumer satisfaction with the quality of his or her life in the following domains: physical, psychological, social relationships, and environment. This instrument was introduced during Fiscal Year 2008. While voluntary participation in the QOL has dropped significantly from the previous year, DMHAS received 4,961 QOL responses during Fiscal Year 2009. Results may be found in this report beginning on page 59 of this report.

Findings

Most of our respondents 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 average in the General Satisfaction, Participation in Treatment, Quality and Appropriateness, and Outcome domains. Satisfaction with Access is about the same as the national average.¹

Survey Demographics

- ◆ Statewide, a total of 25,198 surveys were completed. DMHAS' provider system includes 132 providers for whom surveys should be administered. A total of 118 agencies submitted surveys, which includes 3 agencies that were not required to do so. Seventeen (17) agencies required to submit surveys did not participate this year.
- ◆ Slightly more than half (53%) of the respondents were men; almost 42% were women, and 5% of the respondents did not identify their gender.
- ◆ The majority (59%) of respondents were White; 18% were African-American/Black; and 10% did not identify their race.
- ◆ About 18% of respondents identified themselves as Hispanics, and 28% 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 (49%). The number of respondents who are 55 and older has been steadily increasing over the past five years; for Fiscal Year 2009, they account for nearly 15% of the survey sample.
- ◆ Over a quarter (27%) of the survey sample responded to the survey within the outpatient setting; 15% from methadone maintenance programs; 12% from residential programs; and an additional 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.
- ◆ About 47% of surveys were collected from people receiving services from Mental Health programs, versus 40% from people in Substance Use programs.
- ◆ This was the second year in which DMHAS asked respondents to identify whether they were receiving services for mental health, substance use, or for both. Over a third (36%) identified emotional or mental health problems as their reason. Just under a third (30%) identified themselves as receiving substance use services, while an additional 28% stated that they were receiving treatment for both mental health and substance use problems.

¹ Outcomes Domain, Table 2: Consumer Survey Results, FY 2008. *2008 CMHS Uniform Reporting System Output Tables*. Retrieved on October 15, 2009 from http://download.ncadi.samhsa.gov/ken/pdf/URS_Data08/Connecticut.pdf.

- ◆ This was the third year in which respondents were asked to self-report their length of stay in treatment. Similar to the previous year, 41% reported a stay of less than a year, and 14% reported a stay of over 12 months but less than two years. Fifteen percent (15%) reported more than two years but less than five, and 21% reported stays of over five years.
- ◆ Sixty-three (63) providers filled out a “process summary” form, which describes their methodologies for delivering the Consumer Survey. Information about the Process Summary may be found in the “Feedback from the DMHAS Community” section of this report.

Statewide Satisfaction by MHSIP Domains

DMHAS measures satisfaction by the MHSIP Domains. While the percentage of people satisfied with services has remained relatively constant over the past five years, satisfaction increased slightly in FY 2009 in all Domains. During the last five years, respondents have reported being most satisfied with the level of family participation in treatment and with quality and appropriateness in care.

- ◆ In FY 2009, close to 91% of consumers/individuals in recovery felt they received appropriate services; nearly 90% were generally satisfied; and 85% expressed satisfaction with access to services. Eighty-one percent (81%) of consumers/individuals in recovery were satisfied with perceived outcomes.
- ◆ The lowest degree of satisfaction was reported in the Recovery domain, where approximately 77% of respondents indicated satisfaction.
- ◆ Approximately 90% of consumers/individuals in recovery indicated a positive response in the General Satisfaction domain.
- ◆ Over 9 out of 10 responded positively in the Participation in Treatment and Quality and Appropriateness domains.
- ◆ Approximately 89% agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” (This question comprises the Respect Domain.)

Demographic Characteristics and Satisfaction on MHSIP Domains

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

Gender

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

<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 General Satisfaction, Quality and Appropriateness, Participation in Treatment domains Men in Outcome domain

Race

<i>All Respondents</i>	
Significantly Better	African-American/Black respondents in the Recovery domain

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Any race other than White in the Recovery domain White respondents in the Participation in Treatment domain

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

Ethnicity

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

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

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Hispanic/Latino respondents in Access and Quality and Appropriateness

Age Group

<i>All Respondents</i>	
Significantly Better	Respondents who are 55 and older in Participation in Treatment domain
Significantly Worse	Respondents who are 34 and younger in Access domain

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents who are 35 and older in the Access and General Satisfaction domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Respondents who are 55 and older in Outcome, General Satisfaction, and Participation in Treatment domains
	Respondents who are 25 and older in General Satisfaction (vs. 24 and younger)

Level of Care

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

<i>Respondents in Substance Use Programs</i>	
Significantly Worse	People who received methadone maintenance services, in Quality and Appropriateness, Respect, and Participation in Treatment domains
	People who received residential services in the Outcome and Recovery domains

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Respondents who received vocational rehabilitation services, in the General Satisfaction domain, over most other levels of care (except social rehabilitation)
Significantly Worse	Respondents who received residential services, in the Quality and Appropriateness, General Satisfaction, and Respect domains
	People who received outpatient or case management services, in the Outcome and Recovery domains

Length of Stay

<i>All Respondents</i>	
Significantly Better	<p>People receiving services for 5+ years, in the Recovery domain</p> <p>People receiving services for 5+ years, in Access and General Satisfaction domains (vs., people who received <2 years)</p> <p>People who have received services for 1+ years, in the Outcome domain</p>

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

<i>Respondents in Mental Health Programs</i>	
Significantly Better	<p>People receiving services for 5+ years, in the Recovery domain</p> <p>People receiving services for 5+ years, in Access and General Satisfaction domains (vs., people who received <2 years)</p>

Method of Survey Administration

<i>All Respondents</i>	
Significantly Better	<p>Respondents who received the survey via staff or multiple methods, in Access, Quality and Appropriateness, General Satisfaction, Respect, Participation in Treatment, and Recovery domains</p> <p>Respondents who received the survey from staff members, in the Outcome domain.</p>

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents who received the survey via staff or multiple methods , in the General Satisfaction domain

<i>Respondents in Mental Health Programs</i>	
Significantly Better	Respondents who received the survey via staff or multiple methods , in the Outcome, General Satisfaction, and Participation in Treatment domains

Planning Region

<i>All Respondents</i>	
Significantly Better	Respondents from Region 5 , in Outcome and Recovery domains
Significantly Worse	Respondents from Region 1 , in Access, Quality and Appropriateness, General Satisfaction, Participation in Treatment Planning, and Respect domains

<i>Respondents in Substance Use Programs</i>	
Significantly Better	Respondents from Regions 4 and 5 , in the Outcome domain
Significantly Worse	Respondents from Region 1 in all domains except Outcome , vs. Regions 2, 3, and 4

<i>Respondents in Mental Health Programs</i>	
Significantly Better	People responding from Regions 1 and 5 , in the Outcome and Recovery domains, over respondents from Regions 2, 3, and 4

Limitations

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

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

Introduction

Consumer Satisfaction Survey FY 2009 (July 1, 2008 – June 30, 2009)

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. The report also reviews provider feedback concerning the annual consumer survey process.

Contact Information

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

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Methodology

Measures

The 2009² consumer survey consists of 28 items, rated on a 5-point Likert scale. A score of “1” represents strong agreement with an item, “5” strong disagreement; and “3” is a neutral response. The responses are: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and Not Applicable.

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

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

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

- ◆ A **Recovery** domain, which consists of five questions (24-28) that assess consumers’ perceptions of “recovery oriented services”. A consumer had to answer at least 3 items for the domain score to be calculated.
- ◆ Demographic questions, where respondents indicate their gender, race, age, and ethnicity. Two new questions were added in FY 2007; they ask respondents to self-report their reason for receiving services (Mental Health only, Substance Use only,

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.

both Mental Health and Substance Use), and their length of time in service (less than one year, 12 months to two years, more than two years, and more than five years).

- ◆ “Free” questions: agencies could add up to 5 agency-specific questions for their use.
- ◆ Space for consumers to add optional additional comments.
- ◆ A supplemental report form, requiring agencies to describe their sample selection and methods of survey administration.

Administration

DMHAS provided agencies with guidelines for survey implementation. Generally, providers’ staff administered the consumer survey, but in some cases consumers and peers assisted with the data collection. Providers administered the survey to people who received either Mental Health or Substance Use treatment services from July 1, 2008 through June 30, 2009. People who received prevention, emergency, inpatient, or detoxification (both inpatient and ambulatory) services were excluded. Surveys were collected mainly during February 2008 through June 2009.

The survey was administered in the following levels of care:

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

Sample Selection

DMHAS asked providers to calculate sample sizes according to the number of unduplicated consumers served by the provider from July 1, 2007 through October 31, 2008.³ The sample size calculation was based on a 95% confidence level and 7% confidence interval.⁴ DMHAS provided agencies with a guide to assist providers in sample size determination (See Appendix 1.2 for this guide.)

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

	<u>Undup. Consumers in 1Q SFY08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY09</u>
Ability Beyond Disability Institute	98	65	54
Advanced Behavioral Health	2058	179	140
Alcohol & Drug Recovery Center-ADRC	590	147	141
Alcohol Services Organization of S. Central CT	174	92	194
APT Foundation Inc	2310	180	671
Artreach, Inc.	45	36	62
Backus Hospital	903	161	204
Birmingham Group Health Services, Inc.	908	161	198
Bridge House	197	98	120
Bridgeport Community Health Center	177	93	0
Bridgeport Hospital	127	77	0
BRIDGES	1227	169	269
Bristol Hospital	211	101	28
Capitol Region Mental Health Center	1344	171	200
Catholic Charities & Family Svs, Diocese of Norwich	31	26	22
Catholic Charities of Fairfield County Inc.	366	127	169

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

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

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

There is a trade-off between confidence interval and confidence level. For a given sample size (number of survey respondents), the wider the confidence interval, the more certain you can be that the whole population's answers would be within that range. On the other hand the narrower the confidence interval, the less sure you would be of having bracketed the "real" whole-population percentage. For example, if you asked a sample of 1000 people in a city which brand of cola they preferred, and 60% said Brand A, you can be very certain that between 40 and 80% of all the people in the city actually do prefer that brand, but you would be far less sure that the actual Brand-A-preference % for all residents would fall between 59 and 61%.

	<u>Undup. Consumers in 1Q SFY08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY09</u>
Catholic Charities- Waterbury	176	92	114
Catholic Charities-Hartford Inst Hispanic Studies	604	148	0
Cedarcrest Regional Hospital	211	101	300
Center for Human Development	183	94	161
Central CT Coast YMCA	41	34	40
Central Naugatuck Valley (CNV) Help Inc.	171	91	77
Charlotte Hungerford Hospital	1308	170	190
Charter Oak Terrace/Rice Heights Health Ctr	105	68	80
Chemical Abuse Services Agency (CASA)	521	142	478
Chrysalis Center Inc.	819	158	532
Columbus House	134	79	136
Common Ground Community	79	56	48
Community Enterprises Inc.	61	46	56
Community Health Resources Inc.	2083	179	966
Community Health Services Inc.	340	124	110
Community Mental Health Affiliates	2035	178	430
Community Prevention and Addiction Services-CPAS	503	141	158
Community Renewal Team (CRT)	260	112	402
Community Substance Abuse Centers Inc.	665	151	0
Connecticut Counseling Centers Inc.	1724	176	404
Connecticut Mental Health Center	3008	184	928
Connecticut Renaissance Inc.	452	136	227
Connecticut Valley Hospital	333	123	136
Connection Inc	790	157	183
Continuum of Care	303	119	194
Coordinating Council for Children in Crisis	25	22	10
Cornell Scott-Hill Health Corporation	1441	172	320
Crossroad Inc	256	111	143
CTE Inc. Viewpoint Recovery Program	24	21	0
CW Resources Inc.	46	37	45
Danbury Hospital	588	147	108
Day Kimball Hospital	192	97	44
Dixwell/Newhallville Community MHS Inc.	143	82	83
Easter Seal Goodwill Ind. Rehab. Center Inc.	53	41	48
Easter Seal Rehab. Center of Grtr. Waterbury Inc.	67	50	0
Easter Seals of Greater Hrtfd Rehab Center Inc.	56	43	85
Education Connection	40	33	28
Fairfield Community Services Inc.	66	49	35
Family & Children's Agency Inc	520	142	135
Family Centers, Inc.	190	96	0
Family Intervention Center	72	52	0
Family Services Of Grtr. Waterbury	32	27	0
Farrell Treatment Center	193	97	57
Fellowship Inc.	463	137	245
Fish Inc_Torrington Chapter	0	0	6
FSW Inc.	107	69	52

	<u>Undup. Consumers in 1Q SFY08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY09</u>
Gilead Community Services Inc.	266	113	229
Goodwill Industries of Western CT Inc.	61	46	53
Griffin Hospital	51	40	0
Guardian Ad Litem	0	0	85
Hall Brooke Foundation Inc.	70	51	79
Harbor Health Services	1144	167	397
Hartford Behavioral Health	699	153	151
Hartford Dispensary	4450	187	1413
Hartford Hospital	496	140	128
Helping Hand Center Inc.	40	33	0
Hockanum Valley Community Council Inc	75	54	89
Hogar Crea Inc	47	38	26
Hospital of St. Raphael	372	128	140
Human Resource Development Agency	459	137	169
Inter-Community Mental Health Group Inc.	1307	170	306
Interlude Inc.	41	34	32
John Dempsey Hospital	117	73	27
John J. Driscoll United Labor Agency Inc.	0	0	40
Johnson Memorial Hospital	27	23	0
Kennedy Center Inc.	111	71	95
Keystone House Inc.	154	86	122
Kuhn Employment Opportunities Inc.	84	59	52
Laurel House	309	120	198
Liberation Programs (LMG)	1314	170	2247
Liberty Community Services	40	33	13
Marrakech Day Services	125	76	92
McCall Foundation Inc	456	137	310
Mental Health Association of CT Inc.	679	152	397
Mercy Housing and Shelter Corporation	88	60	160
Middlesex Hospital Mental Health Clinic	471	138	98
Midwestern CT Council on Alcoholism (MCCA)	1107	166	201
Morris Foundation Inc	855	159	263
My Sisters' Place	189	96	28
Natchaug Hospital	273	114	153
New Britain General Hospital	224	104	12
New Directions Inc of North Central Conn.	245	109	311
New Era Rehabilitation Center Inc.	387	130	43
New Haven Home Recovery	23	20	26
New Milford Hospital	326	122	112
Northwest Center for Family Serv and Mental Health	77	55	39
Norwalk Hospital	1314	170	286
Operation Hope of Fairfield Inc.	16	14	0
Optimus Health Care-Bennett Behavioral Health	657	151	148
Pathways Inc.	78	56	68
Perception Programs Inc	385	130	238
Positive Directions-The Center for Prev & Recov.	30	26	0

	<u>Undup. Consumers in 1Q SFY08</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY09</u>
Prime Time House Inc.	259	111	176
Problem Gambling-DMHAS	389	130	0
Regional Network of Programs	1817	177	1122
Reliance House	446	136	266
River Valley Services	483	139	171
Rushford Center	2316	180	686
SCADD	710	153	328
SE Mental Health Authority	443	136	174
Search for Change Inc.	34	29	23
Shelter for the Homeless Inc.	143	82	0
Sound Community Services Inc.	1888	177	230
St Luke's Community Services Inc.	95	64	65
St. Mary's Hospital Corporation	1376	171	210
St. Vincent DePaul Mission of Waterbury, Inc.	88	60	87
St. Vincent DePaul Place Middletown, Inc.	39	32	33
Stafford Family Services	101	66	71
Stonington Behavioral Health Inc	391	130	86
Supportive Environmental Living Facility Inc-SELF	52	41	47
SW CT MH Network	2004	178	215
United Community and Family Services	235	107	131
United Services Inc.	1539	173	532
W. CT MH Network	1072	165	598
Waterbury Hospital Health Center	1377	171	137
Wheeler Clinic	928	161	268
Yale University - WAGE	52	41	47
Yale University-Behavioral Health	290	117	117
Youth Challenge of CT Inc	50	40	0

Analysis

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

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

Consumer Survey Results

The survey sample included 25,198 completed surveys. Of the 132 providers that were to administer the survey, 117 submitted data. Three additional Providers also submitted surveys. Eighty-seven percent (87%) of all surveys were collected at the program level, rather than at the agency level. DMHAS encouraged this manner of distribution, to ensure the most meaningful and useful information. See Table 2 for summary of statewide demographic trends.

Table 2: Statewide Demographic Trends (2009-2005)

	2009		2008		2007		2006		2005	
	<i>N</i>	<i>Percent</i>								
Gender										
Female	10453	41.5	9775	40.4	9965	41.3	9003	40.3	8349	38.6
Male	13461	53.4	13023	53.8	13369	55.4	11558	51.8	11447	52.9
No Data	1284	5.1	1390	5.7	813	3.4	1770	7.9	1845	8.5
Race										
American Indian/Alaskan	215	0.9	240	1	241	1	380	1.7	355	1.6
Asian	147	0.6	136	0.6	152	0.6	150	0.7	153	0.7
Black	4421	17.5	4116	17	3977	16.5	3198	14.3	3259	15.1
Native Hawaiian/Pacific Islander	82	0.3	70	0.3	69	0.3	61	0.3	60	0.3
White	14810	58.8	14148	58.5	15013	62.2	13942	62.4	13138	60.7
Mixed	963	3.8	962	4	984	4.1	905	4.1	762	3.5
Other	2026	8	1907	7.9	1641	6.8	426	1.9	533	2.5
Unknown	2534	10.1	2609	10.8	2070	8.6	3269	14.6	3381	15.6
Ethnicity										
Mexican	168	0.7	170	0.7	192	0.8	153	0.7	109	0.5
Puerto Rican	3441	13.7	3296	13.6	3378	14	3171	14.2	3250	15
Other Hispanic/Latino	1018	4	1025	4.2	1002	4.1	771	3.5	671	3.1
Not Hispanic	13529	53.7	12007	49.6	11744	48.6	9194	41.2	9048	41.8
Unknown	7042	27.9	7690	31.8	7831	32.4	9042	40.5	8563	39.6
Age Range										
20 and Under	903	3.6	921	3.8	895	3.7	744	3.3	627	2.9
21-24	1903	7.6	1770	7.3	1866	7.7	1626	7.3	1532	7.1
25-34	4913	19.5	4699	19.4	4736	19.6	4220	18.9	4221	19.5
35-54	12425	49.3	12193	50.4	12755	52.8	11442	51.2	11269	52.1
55-64	3024	12	2615	10.8	2555	10.6	2284	10.2	2079	9.6
65 and Older	630	2.5	557	2.3	513	2.1	501	2.2	399	1.8
Unknown	1400	5.6	1433	5.9	827	3.4	1514	6.8	1514	7
Program Type										
MH	11894	47	11022	45.4	10738	44.5	10009	44.8	9371	43.3
SA	10156	40.2	10588	43.6	10269	42.5	9485	42.5	9241	42.7
SAGA	0	0	0	0	0	0	0	0	0	0
Unknown	3240	12.8	2651	10.9	3140	13	2837	12.7	3026	14
Reason for Service										
Emotional/Mental Health	9072	36	8226	34	7315	30.3	0	0	0	0
Alcohol or Drugs	7434	29.5	7538	31.2	7785	32.2	0	0	0	0

	2009		2008		2007		2006		2005	
	<i>N</i>	<i>Percent</i>								
Both Emotional/Mental Health and Alcohol or Drugs	6699	26.6	6100	25.2	4435	18.4	0	0	0	0
Unknown	1993	7.9	2324	9.6	4612	19.1	0	0	0	0
No Data	0	0	0	0	0	0	22331	100	21641	100
Service Duration										
Less than 1 year	10340	41	9872	40.8	7971	33	0	0	0	0
12 month to 2 years	3525	14	3414	14.1	4443	18.4	0	0	0	0
More than 2 years	3684	14.6	3275	13.5	3461	14.3	0	0	0	0
More than 5 years	5223	20.7	4685	19.4	2523	10.4	0	0	0	0
Unknown	2426	9.6	2942	12.2	5749	23.8	0	0	0	0
No Data	0	0	0	0	0	0	22331	100	21641	100

The number of survey responses has risen over the past three years, particularly for people receiving mental health services.

Demographics of Statewide Sample

Gender

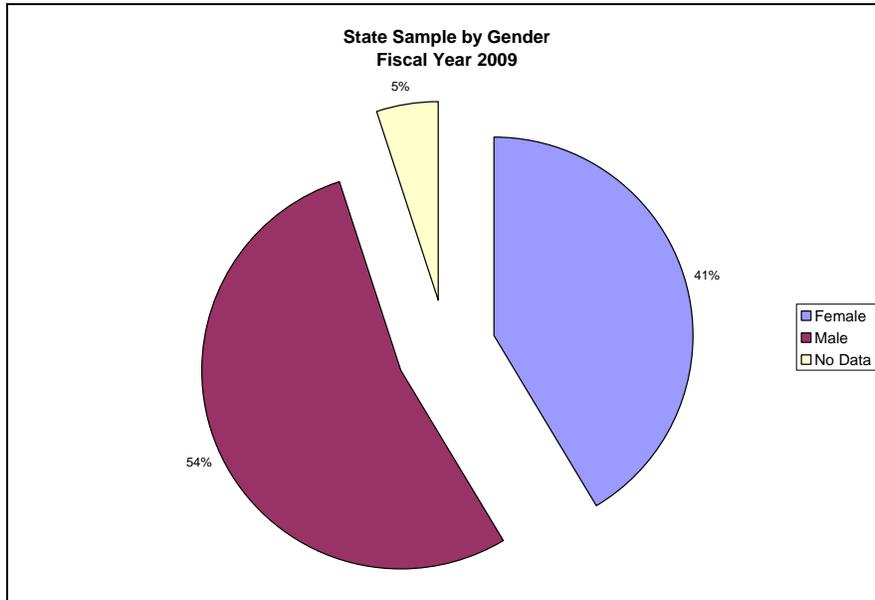


Figure 1: State Sample by Gender

More men (54%) than women (41%) consumers/individuals in recovery responded to the survey. This proportion is nearly identical to that of the previous year.

Gender Distribution by Service Type

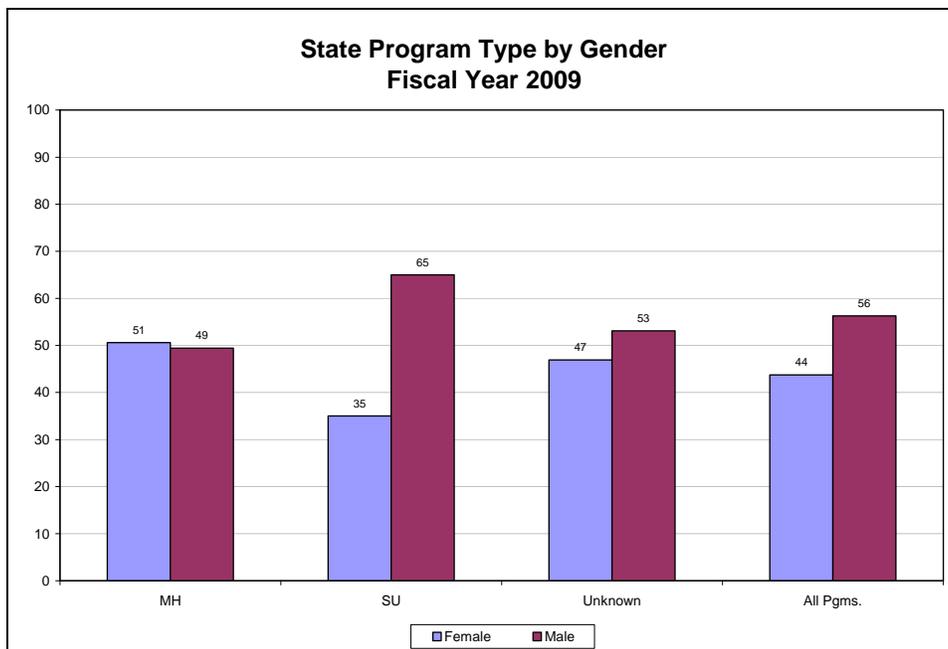


Figure 2: State Program Type by Gender

For respondents receiving Mental Health services, almost an equal ratio of men and women responded to the survey. Respondents receiving Substance Use services were disproportionately distributed; 65% were men and 35% were women. Similarly, the statewide sample comprised a greater percentage of men (54%) than women (41%). Respondents who indicated their program type, but not their gender, were assigned to the “unknown” category.

Race

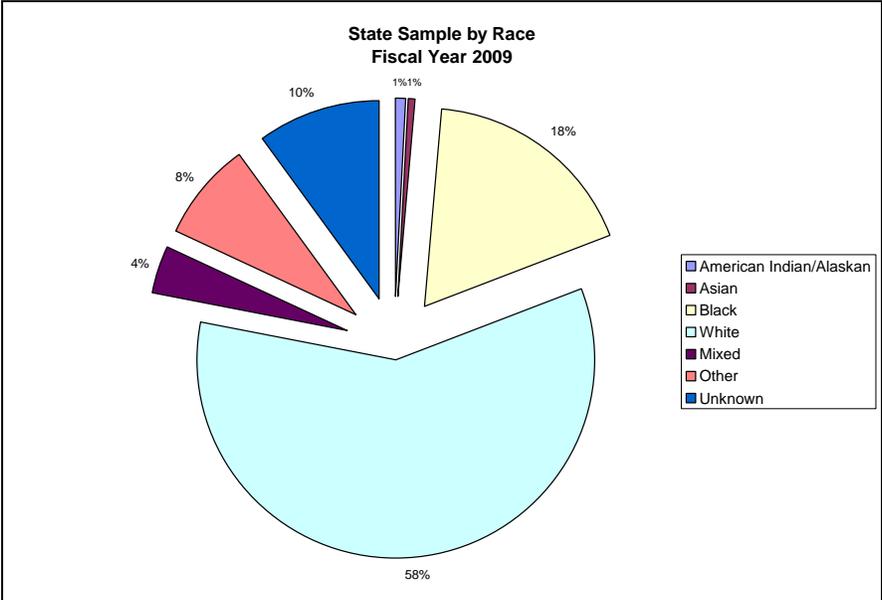


Figure 3: State Sample by Race

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

Race Distribution by Service Type

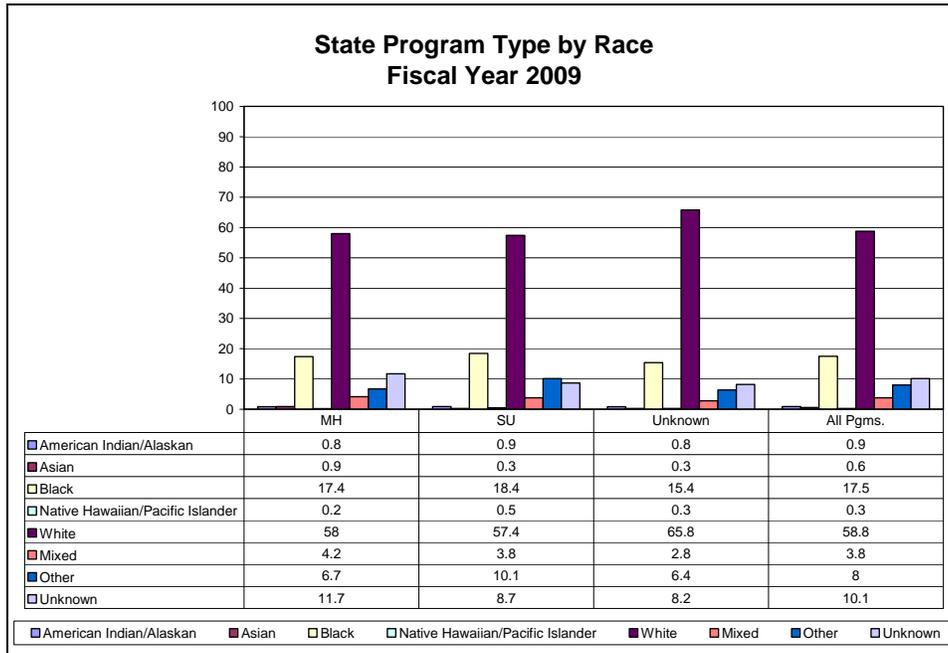


Figure 4: State Program Type by Race

Racial distribution was fairly consistent across all groups.

Ethnic Origin

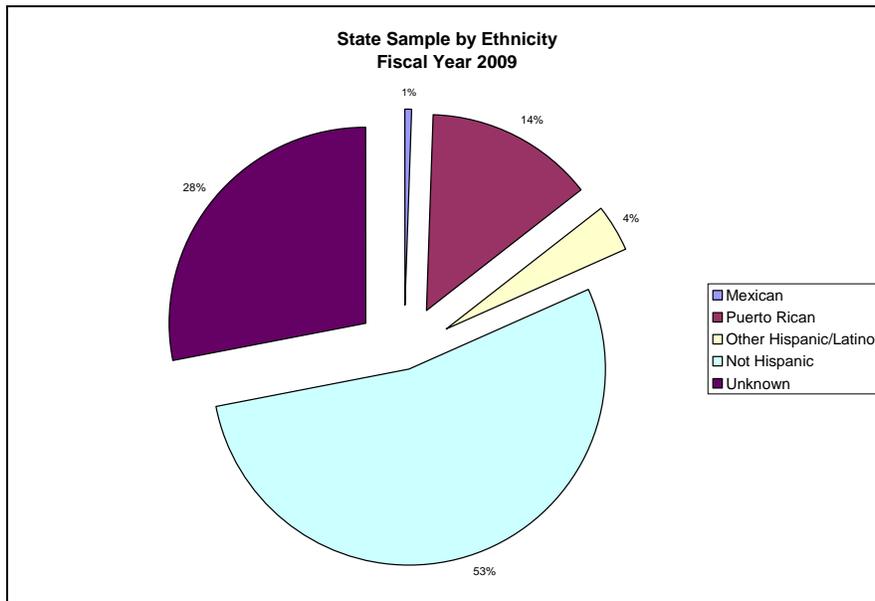


Figure 5: State Sample by Ethnicity

Nineteen percent (18%) of respondents identified themselves as Hispanic/Latino/a. The majority of respondents in this group identified themselves as Puerto Rican. Mexicans and other Hispanic/Latino/a respondents comprised the other 5% of the statewide sample.

Ethnicity Distribution by Service Type

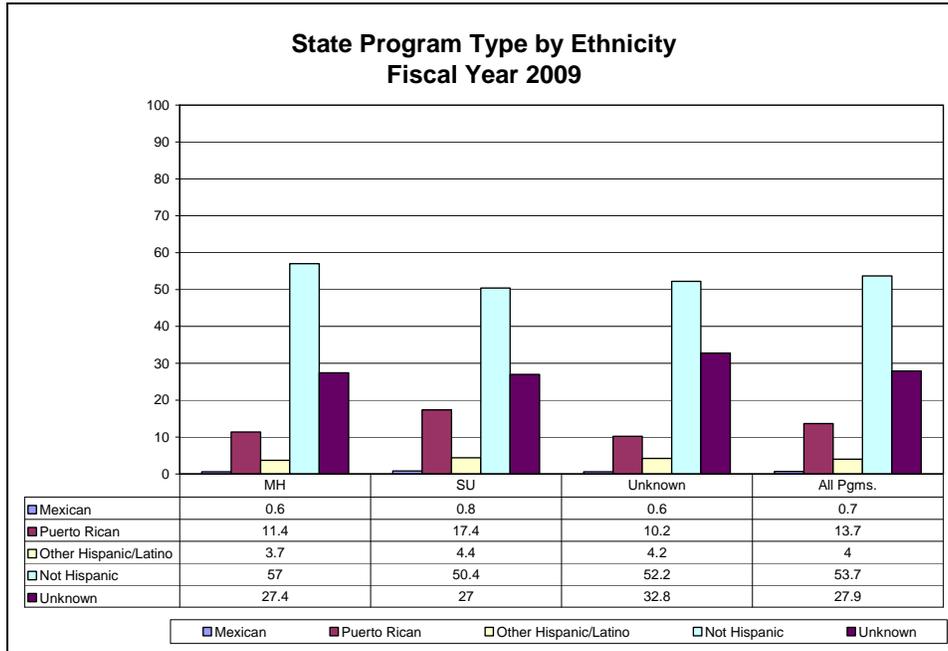


Figure 6: State Program Type by Ethnicity

Respondents using Substance Use services were somewhat more likely to identify themselves of Hispanic/Latino/a origin than were other groups. Approximately 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.

Age

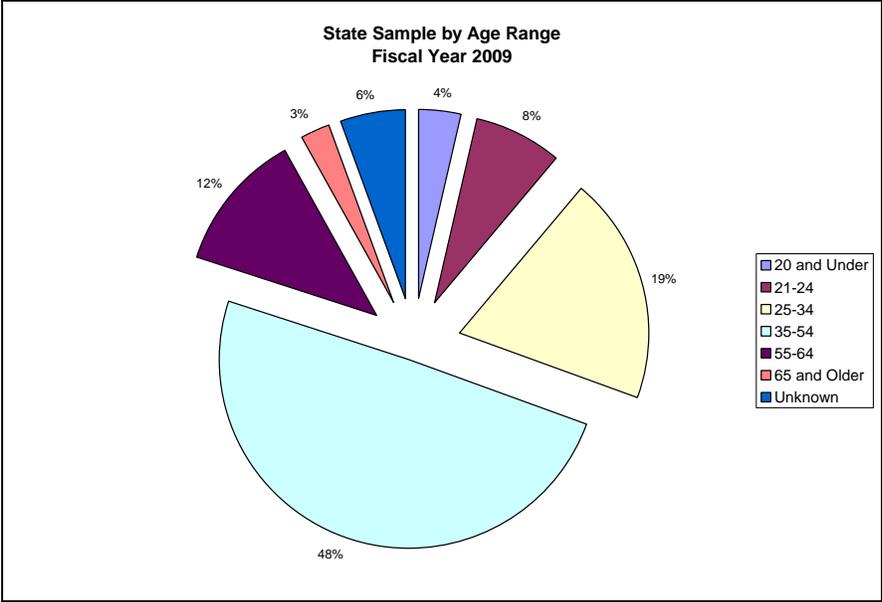


Figure 7: Sample by Age Group

Slightly less than half (48%) of the respondents were between the ages of 35-54. About one-fifth were in the 25-34 age group, and 3% were 65 or older. Twelve percent of respondents were 24 and under. These frequencies are similar to those of previous years, although this year there appears to be slightly more representation from age groups other than 35-34.

Age Distribution by Service Type

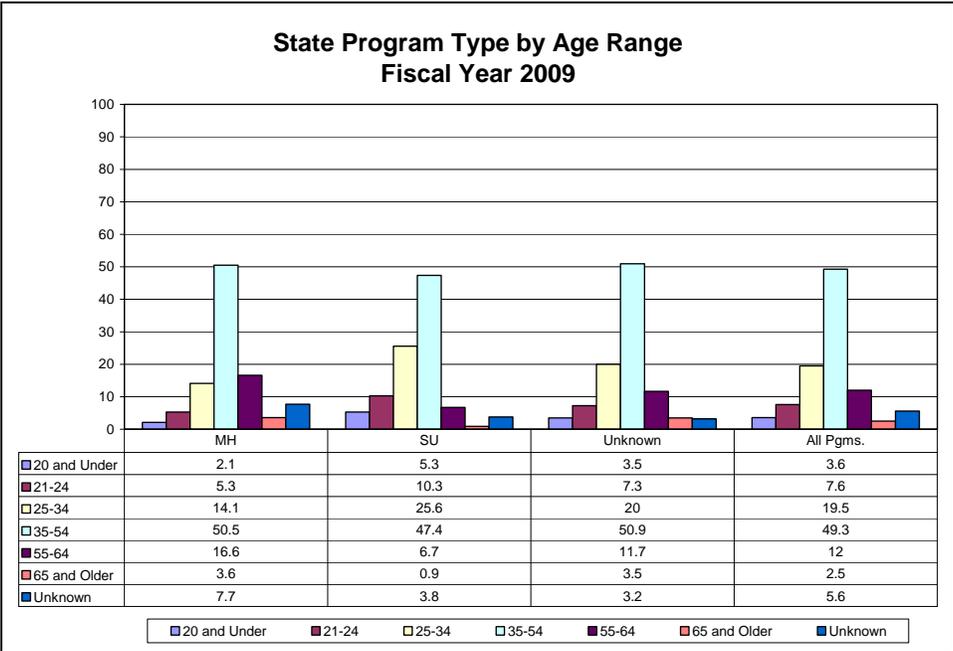


Figure 8: State Program Type by Age Range

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

Level of Care

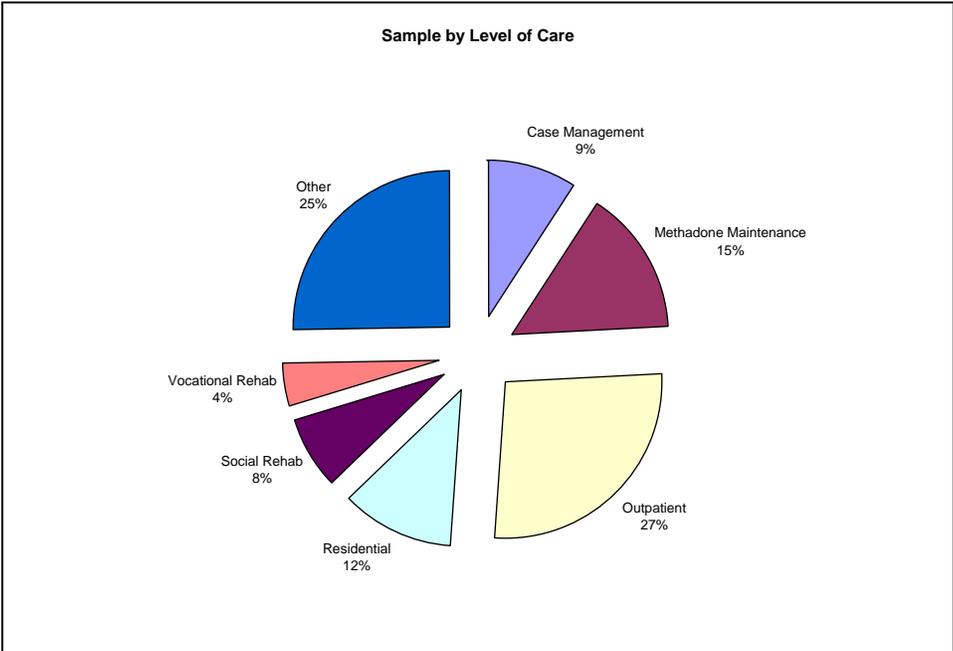


Figure 9: Sample by Level of Care

Twenty-seven percent (27%) of the respondents reported from outpatient services (not including outpatient methadone maintenance services.) Fifteen percent (15%) of the survey sample reported from methadone maintenance services; 12% from residential services; another 12% of the sample from vocational and social rehabilitation programs; and 9% responded from case management programs. An additional 29% 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 Service Type

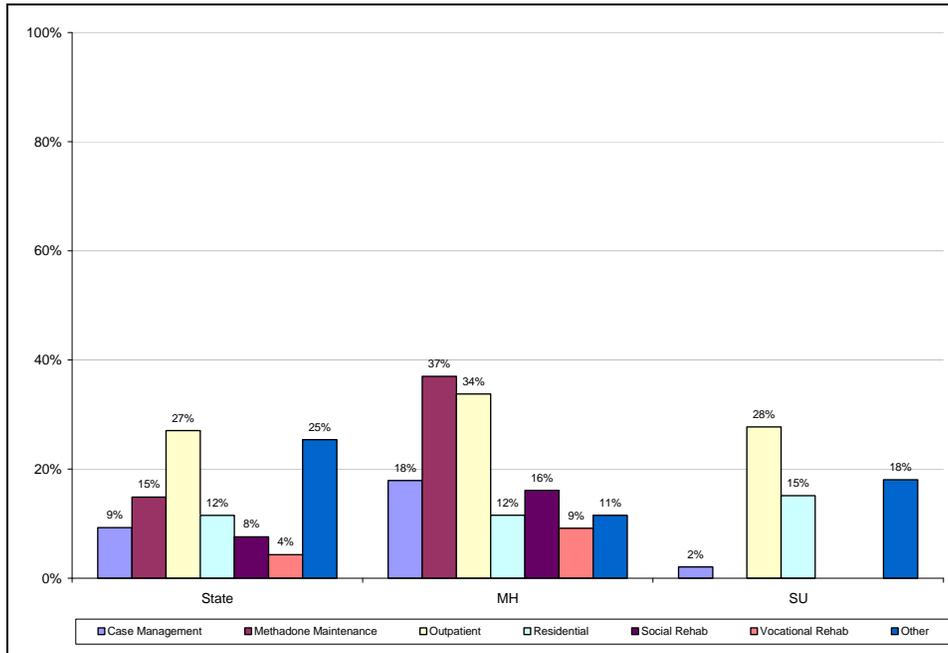


Figure 10: Level of Care by Service Type

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

Thirty-seven percent (37%) of respondents receiving treatment for Substance Use disorders reported from methadone maintenance programs, followed by 34% who responded from a (non-methadone maintenance) outpatient setting. An additional 18% answered the survey from a case management program.

For respondents receiving Mental Health treatment services in this year's survey sample, 27% responded to the survey from an outpatient setting, and 15% responded from social rehabilitation programs. There is a significant fraction of surveys in the Mental Health group (25%) which were entered without level of care-specific information, which skews the analysis.

Treatment Characteristics

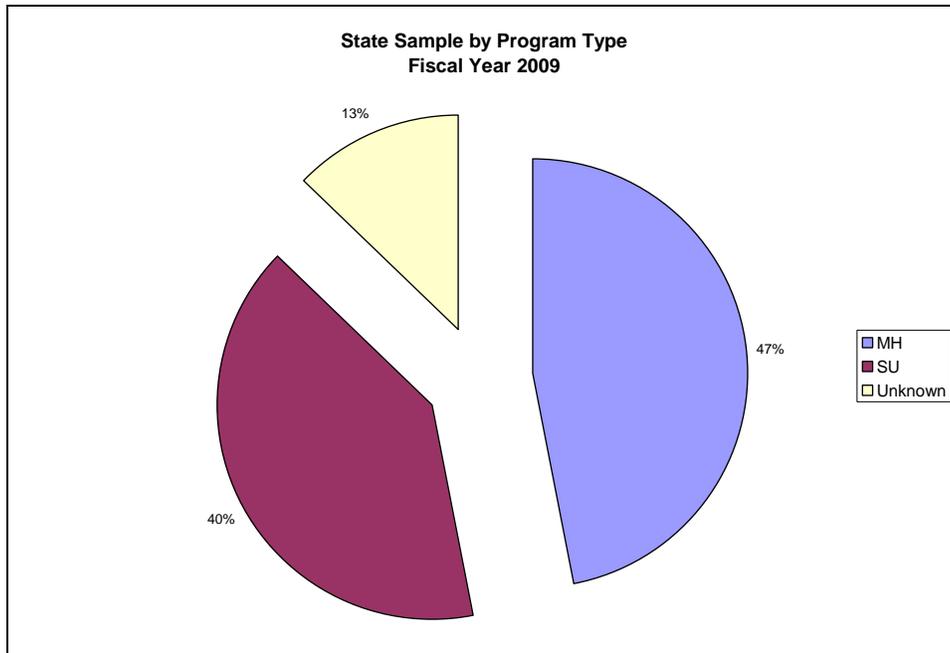


Figure 11: State Sample by Program Type

This year, more data was reported from Mental Health services (47%) than from Substance Use (40%) services. A small percentage (13%) of providers collected data at only the provider level, so no program type is identified for those service providers.

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

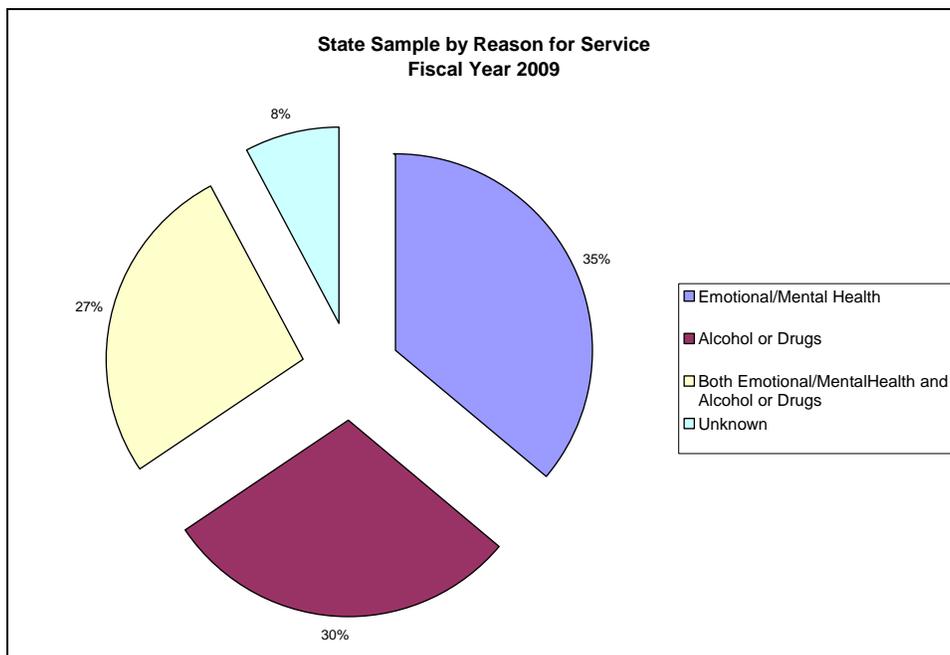


Figure 12: State Sample by Reason for Service

Over one-third of respondents identified emotional or mental health problems as their reason for receiving services, and slightly under one-third identified alcohol or drugs as their reason. An additional 27% selected both mental health and substance abuse problems as reasons for receiving services. Eight percent (8%) of respondents did not indicate a reason for receiving services.

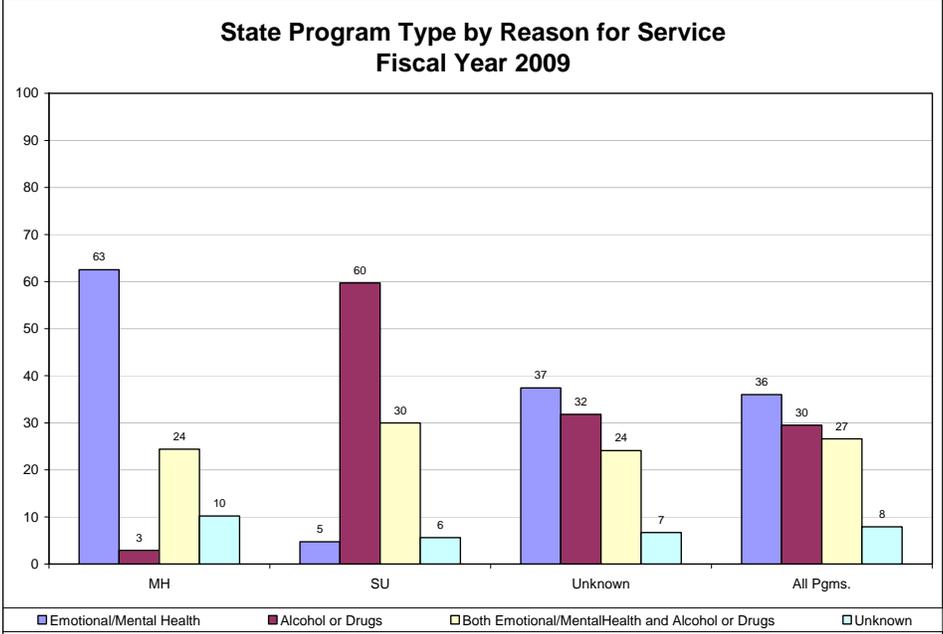


Figure 13: State Program Type by Reason for Service

This year, a higher percentage (30%) of people in SUD treatment programs indicated co-occurring problems than people in MH programs (24%). Both percentages are higher than the rates reported in the FY2008 survey.

Length of Stay

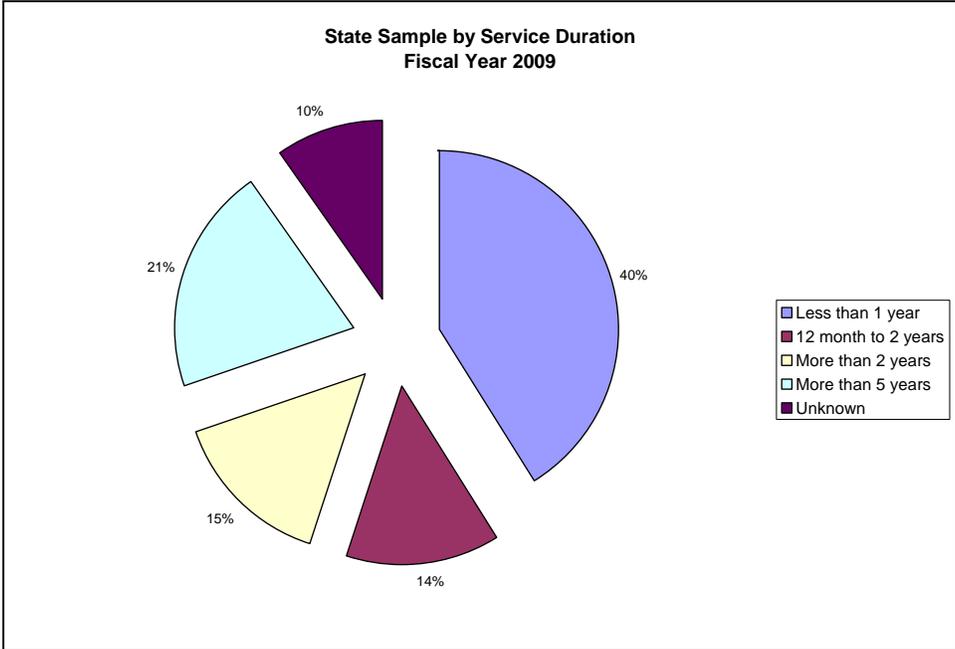


Figure 14: State Sample by Service Duration

This is the third year in which respondents reported how long they had been receiving services; 10% of respondents chose not to answer this question. The largest subset of respondents (40%) 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; 15% had received services for over two years. Over a fifth of this year's respondents reported that they had been receiving DMHAS services for more than five years.

Length of Stay by Service Type

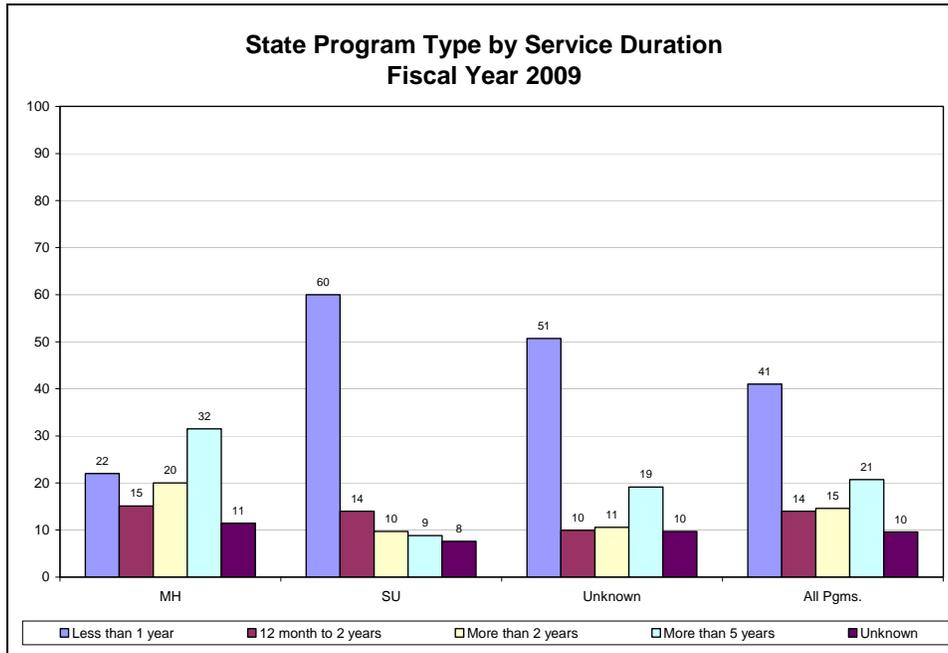


Figure 15: State Program Type by Service Duration

In general, respondents receiving MH treatment services were more likely to report longer service durations than respondents receiving SU treatment services.

Methods of Survey Administration

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

Only 63 of our reporting providers completed this information this year. Nearly half (46%) of the responding providers indicated that they used multiple methods to distribute and administer surveys. Common methods of distribution/administration included staff distribution, use of locked drop boxes, and the use of neutral third parties or peers. Over a third (37%) indicated that surveys were distributed by staff members. Additionally, several providers used the online web-based interface developed by DMHAS and hosted by SurveyMonkey.com to administer the survey to clients via kiosk in a waiting room or office.

Satisfaction with Services

Satisfaction on All Domains

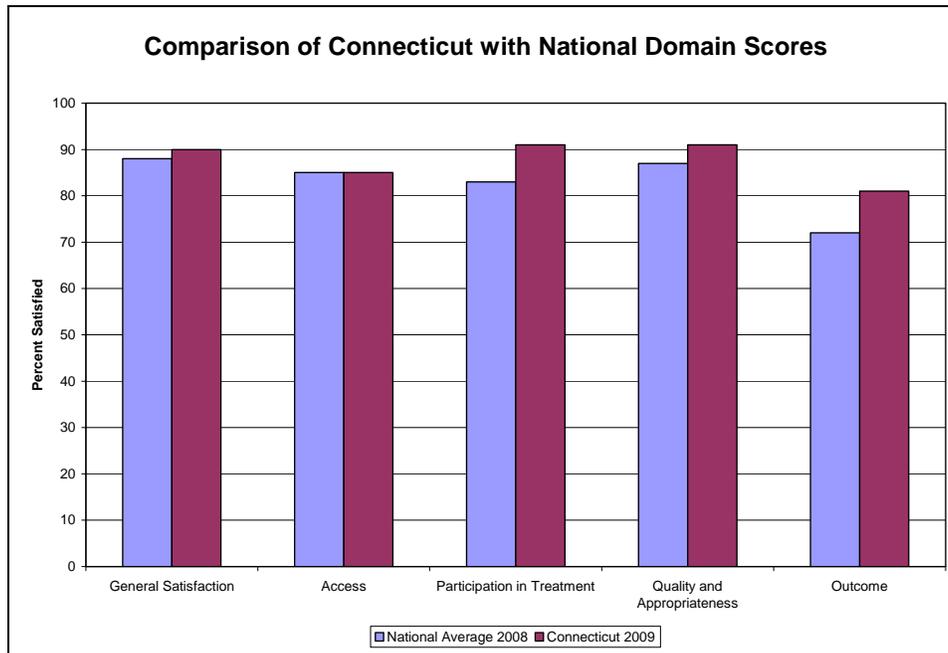


Figure 16: Comparison of Connecticut with National Domain Scores

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

- ◆ About 90% of respondents expressed satisfaction in the General Satisfaction domain.
- ◆ Approximately 91% of respondents expressed satisfaction in the Quality and Appropriateness domain.
- ◆ The Connecticut average for Outcome was 81%, compared to just 72% for the entire country.

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

- ◆ “I felt comfortable asking questions about my services, treatment or medication.”
- ◆ “My wishes are respected about the amount of family involvement I want in my treatment.”

General Satisfaction Domain

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

- ◆ Approximately 91% of respondents agreed with the statement, “I liked the services that I received here.”

- ◆ Approximately 87% of respondents agreed with the statement, “If I had other choices, I would still get services from this agency.”
- ◆ Ninety (90%) 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 all increased slightly from the 2008 survey.

- ◆ Eighty-four percent (84%) of respondents agreed that the location of services was convenient for them.
- ◆ Over 88% agreed with the statement, “Staff was willing to see me as often as I felt was necessary.”
- ◆ Approximately 84% agreed that staff returned their calls within 24 hours.
- ◆ Eighty-nine percent (89%) of respondents agreed with the statement, “Staff were available at times that were good for me.”

Quality and Appropriateness Domain

The Quality and Appropriateness domain measures how satisfied respondents are with the quality and appropriateness of the care they received. The percentages of positive response in this domain have all increased slightly from the 2008 survey.

- ◆ Over 92% of respondents agreed with the statement, “Staff here believes that I can grow, change, and recover.”
- ◆ Almost 85% agreed with the statement, “I felt free to complain.”
- ◆ Eighty-nine percent (89%) agreed with the statement, “I was given information about my rights.”
- ◆ Over 81% agreed that “Staff told me what side effects to watch out for.”
- ◆ Approximately 91% agreed that “Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.”
- ◆ Eighty-eight percent (88%) felt that “Staff was sensitive to my cultural/ethnic background”
- ◆ Nearly 89% 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 2008 survey.

- ◆ Almost 85% agreed with the statement, “I deal more effectively with daily problems.”
- ◆ Over eighty-three percent (83%) agreed that “I am better able to control my life.”

- ◆ About 81% agreed with the statement, “I am better able to deal with crisis.”
- ◆ Nearly 79% felt that “I am getting along better with my family.”
- ◆ Seventy-eight percent (78%) agreed with the statement, “I do better in social situations.”
- ◆ Approximately 74% agreed with the statement, “I do better in school and/or work.”
- ◆ Around 75% 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 somewhat from the previous year.

- ◆ Approximately 69% of respondents agreed with the statement, “I am involved in my community.”
- ◆ Almost 78% agreed with the statement, “I am able to pursue my interests.”
- ◆ Seventy-six percent (76%) felt that “In general I can have the life I want, despite my disease/disorder.”
- ◆ Nearly 80% agreed with “In general I feel like I am in control of my treatment.”
- ◆ Seventy-eight percent (78%) agreed with “I give back to my family and/or community.”

Participation in Treatment Planning Item

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

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

Respect for Family Involvement Item

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

- ◆ Almost 89% 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 2008 survey.

Statewide Satisfaction Trends by Domain

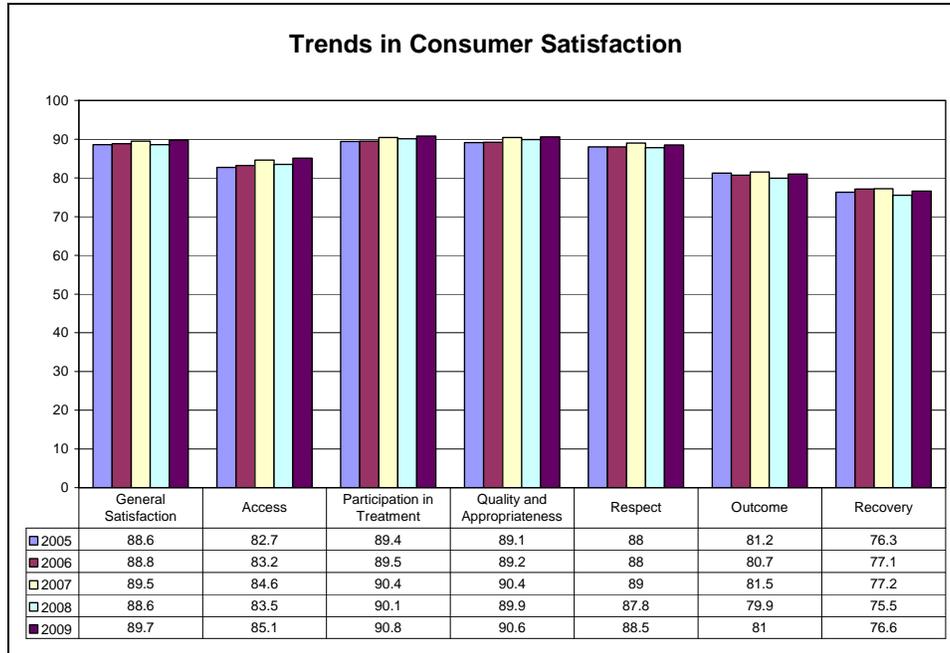


Figure 17: Trends (2005-2009) in Consumer Satisfaction

The percentage of respondents satisfied with services has remained relatively consistent from FY 2005 through FY 2009. During the last five years, consumers/individuals in recovery have reported being most satisfied with the level of family Participation in Treatment and with the Quality and Appropriateness domain. In FY 2009, almost 91% of respondents felt they received appropriate services, almost 90% were generally satisfied, and over 85% expressed satisfaction with access to services. About 81% of respondents were satisfied with perceived outcomes. Over three-quarters of respondents were satisfied with their progress toward recovery.⁵

⁵ The Recovery domain was implemented in 2005.

Table 3: Statewide Trends (2005-2009) by Domain

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
General Satisfaction							
	2009	21718	89.7	2009	8.3	493	2
	2008	20692	88.6	2144	9.2	527	2.3
	2007	21483	89.5	1985	8.3	528	2.2
	2006	19640	88.8	1911	8.6	561	2.5
	2005	18935	88.6	1932	9	498	2.3
Access							
	2009	20320	85.1	3260	13.6	310	1.3
	2008	19161	83.5	3379	14.7	399	1.7
	2007	19801	84.6	3232	13.8	366	1.6
	2006	18098	83.2	3257	15	393	1.8
	2005	17303	82.7	3232	15.5	381	1.8
Participation in Treatment							
	2009	21605	90.8	1642	6.9	553	2.3
	2008	20755	90.1	1654	7.2	617	2.7
	2007	21364	90.4	1588	6.7	669	2.8
	2006	19483	89.5	1632	7.5	645	3
	2005	18748	89.4	1603	7.6	629	3
Quality and Appropriateness							
	2009	21490	90.6	1978	8.3	262	1.1
	2008	20558	89.9	2034	8.9	282	1.2
	2007	21264	90.4	1972	8.4	286	1.2
	2006	19295	89.2	2003	9.3	332	1.5
	2005	18584	89.1	1987	9.5	277	1.3
Respect							
	2009	18829	88.5	1907	9	548	2.6
	2008	17763	87.8	1951	9.6	507	2.5
	2007	19117	89	1818	8.5	546	2.5
	2006	17784	88	1921	9.5	513	2.5
	2005	17620	88	1890	9.4	523	2.6
Outcome							
	2009	18703	81	3883	16.8	499	2.2
	2008	17764	79.9	3932	17.7	530	2.4
	2007	18654	81.5	3681	16.1	562	2.5
	2006	16948	80.7	3511	16.7	530	2.5
	2005	16087	81.2	3255	16.4	475	2.4
Recovery							
	2009	17798	76.6	4525	19.5	908	3.9
	2008	16864	75.5	4567	20.4	914	4.1
	2007	17706	77.2	4318	18.8	912	4
	2006	16194	77.1	3931	18.7	888	4.2
	2005	15356	76.3	3966	19.7	804	4

Table 4: Statewide Trends by Question, 2005-2009

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Deviation
	N	%	N	%	N	%			
General Satisfaction									
<i>I like the services that I received here.</i>									
2009	22045	91.2	1694	7	443	1.8	1.6	1	0.73
2008	21021	90.1	1813	7.8	496	2.1	1.63	1.5	0.75
2007	21779	91	1691	7.1	463	1.9	1.61	5	0.73
2006	19855	90	1696	7.7	518	2.3	1.64	1	0.76
2005	19135	89.7	1703	8	488	2.3	1.65	2	0.76
<i>If I had other choices, I would still get services from this agency.</i>									
2009	20773	86.6	2178	9.1	1039	4.3	1.73	2	0.86
2008	19583	84.8	2346	10.2	1176	5.1	1.78	1.5	0.89
2007	20487	86.3	2160	9.1	1105	4.7	1.75	2.5	0.86
2006	18654	85.2	2189	10	1051	4.8	1.77	2	0.88
2005	18037	85.4	2098	9.9	990	4.7	1.77	2	0.86
<i>I would recommend this agency to a friend or family member.</i>									
2009	21573	90	1678	7	718	3	1.64	1	0.79
2008	20541	89.1	1751	7.6	763	3.3	1.66	2	0.8
2007	21303	89.7	1626	6.9	807	3.4	1.65	2	0.8
2006	19496	88.9	1668	7.6	770	3.5	1.67	1	0.82
2005	18835	89	1623	7.7	705	3.3	1.67	1	0.8
Access									
<i>The location of services was convenient.</i>									
2009	19832	83.5	2511	10.6	1408	5.9	1.81	1	0.92
2008	18785	82.3	2512	11	1532	6.7	1.85	2	0.94
2007	19403	83.3	2442	10.5	1454	6.2	1.82	2	0.92
2006	17555	81	2517	11.6	1588	7.3	1.87	1	0.96
2005	16869	81	2385	11.5	1571	7.5	1.89	1	0.97
<i>Staff was willing to see me as often as I felt was necessary.</i>									
2009	21242	88.4	1977	8.2	798	3.3	1.68	2.5	0.8
2008	20201	87.6	1988	8.6	881	3.8	1.71	2	0.82
2007	20796	88	1931	8.2	900	3.8	1.7	2	0.82
2006	19069	87.5	1869	8.6	858	3.9	1.71	2	0.83
2005	18340	87.4	1828	8.7	821	3.9	1.72	2	0.82
<i>Staff returned my calls within 24 hours.</i>									
2009	19138	84.1	2604	11.4	1003	4.4	1.78	1	0.86
2008	17896	82.5	2660	12.3	1139	5.3	1.82	2	0.89
2007	18365	83.4	2549	11.6	1108	5	1.8	1.5	0.88
2006	16917	82.7	2458	12	1081	5.3	1.81	1	0.9
2005	16187	82.3	2421	12.3	1049	5.3	1.83	3	0.9
<i>Services were available at times that were good for me.</i>									
2009	21231	88.6	2010	8.4	715	3	1.7	2.5	0.78
2008	20195	87.4	2052	8.9	850	3.7	1.74	1.5	0.81
2007	20771	88.3	1935	8.2	817	3.5	1.71	1	0.8
2006	19000	87	1973	9	864	4	1.74	1	0.83
2005	18130	86.2	2003	9.5	900	4.3	1.77	1	0.84

Participation in Treatment									
<i>I felt comfortable asking questions about my services, treatment, or medication.</i>									
2009	21605	90.8	1642	6.9	553	2.3	1.62	1	0.75
2008	20755	90.1	1654	7.2	617	2.7	1.65	1.5	0.76
2007	21364	90.4	1588	6.7	669	2.8	1.64	1	0.77
2006	19483	89.5	1632	7.5	645	3	1.66	1.5	0.78
2005	18748	89.4	1603	7.6	629	3	1.67	1.5	0.78
Quality and Appropriateness									
<i>Staff here believes that I can grow, change, and recover.</i>									
2009	22034	92.1	1538	6.4	344	1.4	1.56	1	0.7
2008	21098	91.5	1528	6.6	425	1.8	1.59	1	0.73
2007	21713	91.7	1551	6.6	411	1.7	1.58	2	0.72
2006	19618	90.4	1625	7.5	455	2.1	1.61	1.5	0.75
2005	19016	90.8	1528	7.3	410	2	1.61	2.5	0.74
<i>I felt free to complain.</i>									
2009	20150	84.8	2523	10.6	1097	4.6	1.79	2	0.87
2008	19140	83.7	2517	11	1215	5.3	1.82	2	0.89
2007	19790	84.2	2483	10.6	1243	5.3	1.81	1.5	0.89
2006	18047	83.5	2440	11.3	1122	5.2	1.82	4	0.89
2005	17253	82.5	2458	11.8	1192	5.7	1.85	2	0.9
<i>I was given information about my rights.</i>									
2009	21280	89.3	1798	7.5	745	3.1	1.68	2	0.79
2008	20431	89	1779	7.7	752	3.3	1.71	2	0.79
2007	21070	89.4	1681	7.1	827	3.5	1.7	2	0.79
2006	19125	88.4	1687	7.8	829	3.8	1.72	2	0.81
2005	18506	88.5	1652	7.9	745	3.6	1.72	1	0.8
<i>Staff told me what side effects to watch out for.</i>									
2009	17843	81.4	2800	12.8	1278	5.8	1.86	3	0.91
2008	16973	80.4	2759	13.1	1391	6.6	1.9	1.5	0.92
2007	17630	81.9	2543	11.8	1349	6.3	1.86	1	0.91
2006	16311	81.2	2471	12.3	1308	6.5	1.88	1	0.92
2005	15352	79.8	2511	13.1	1376	7.2	1.91	2	0.93
<i>Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.</i>									
2009	21501	90.7	1652	7	551	2.3	1.62	1.5	0.75
2008	20690	90.4	1599	7	606	2.6	1.64	1.5	0.77
2007	21378	91.1	1493	6.4	600	2.6	1.63	2	0.75
2006	19399	89.9	1576	7.3	613	2.8	1.65	1	0.78
2005	18672	89.7	1583	7.6	572	2.7	1.66	1	0.77
<i>Staff was sensitive to my cultural/ethnic background.</i>									
2009	20207	88.1	2271	9.9	457	2	1.68	1.5	0.76
2008	19137	87	2283	10.4	564	2.6	1.71	2	0.79
2007	20016	88	2198	9.7	541	2.4	1.69	2	0.78
2006	18260	87.1	2151	10.3	557	2.7	1.71	1	0.79
2005	17429	86.5	2137	10.6	576	2.9	1.73	1.5	0.8
<i>Staff helped me to obtain information I needed so that I could take charge of managing my illness.</i>									
2009	20626	88.7	1994	8.6	624	2.7	1.69	1.5	0.78
2008	19615	87.7	2088	9.3	662	3	1.72	3	0.79
2007	20160	88.6	1931	8.5	655	2.9	1.7	1.5	0.78
2006	18504	87	2054	9.7	716	3.4	1.73	2	0.81
2005	17651	86.8	1970	9.7	703	3.5	1.75	1.5	0.81

Respect									
<i>My wishes are respected about the amount of family involvement I want in my treatment.</i>									
2009	18829	88.5	1907	9	548	2.6	1.68	2	0.78
2008	17763	87.8	1951	9.6	507	2.5	1.7	1	0.78
2007	19117	89	1818	8.5	546	2.5	1.69	1	0.76
2006	17784	88	1921	9.5	513	2.5	1.7	2	0.78
2005	17620	88	1890	9.4	523	2.6	1.71	2	0.78
Outcome									
<i>As a result of services I have received from this agency I deal more effectively with daily problems.</i>									
2009	19714	84.8	2875	12.4	665	2.9	1.81	1	0.79
2008	18701	83.6	2941	13.2	720	3.2	1.85	1	0.79
2007	19602	84.9	2716	11.8	763	3.3	1.81	2	0.8
2006	17799	84.2	2669	12.6	676	3.2	1.82	2.5	0.8
2005	16775	84.1	2479	12.4	697	3.5	1.83	2	0.8
<i>As a result of services I have received from this agency I am better able to control my life.</i>									
2009	19398	83.4	3130	13.5	728	3.1	1.83	3	0.8
2008	18429	82.3	3204	14.3	771	3.4	1.86	2	0.81
2007	19273	83.5	3000	13	809	3.5	1.83	2.5	0.81
2006	17622	83.3	2804	13.3	725	3.4	1.84	3	0.81
2005	16701	83.6	2587	12.9	701	3.5	1.83	3	0.81
<i>As a result of services I have received from this agency I am better able to deal with crisis.</i>									
2009	18741	80.9	3552	15.3	866	3.7	1.88	2	0.83
2008	17774	79.7	3597	16.1	926	4.2	1.92	4	0.84
2007	18567	80.8	3447	15	958	4.2	1.89	1.5	0.84
2006	16867	80.3	3251	15.5	890	4.2	1.9	1.5	0.85
2005	15991	80.7	2973	15	853	4.3	1.9	1	0.84
<i>As a result of services I have received from this agency I am getting along better with my family.</i>									
2009	17660	78.6	3712	16.5	1103	4.9	1.89	1.5	0.9
2008	16700	77.5	3727	17.3	1118	5.2	1.93	3	0.9
2007	17564	78.8	3602	16.2	1137	5.1	1.9	2	0.9
2006	15967	78.2	3357	16.4	1105	5.4	1.92	3	0.91
2005	15144	78.8	3111	16.2	974	5.1	1.9	3	0.9
<i>As a result of services I have received from this agency I do better in social situations.</i>									
2009	18024	78.4	3894	16.9	1071	4.7	1.93	2	0.87
2008	17011	77.1	3921	17.8	1123	5.1	1.97	2	0.87
2007	17792	78.4	3790	16.7	1107	4.9	1.93	2	0.87
2006	16179	77.4	3639	17.4	1080	5.2	1.96	2	0.88
2005	15261	77.6	3386	17.2	1023	5.2	1.96	2	0.88
<i>As a result of services I have received from this agency I do better in school and/or work.</i>									
2009	14117	73.9	4063	21.3	930	4.9	1.98	1.5	0.9
2008	13442	72.9	4053	22	933	5.1	2.01	2.5	0.9
2007	14091	74.4	3835	20.2	1017	5.4	1.98	3	0.91
2006	13066	74.9	3458	19.8	914	5.2	1.97	1	0.91
2005	12316	74.6	3315	20.1	878	5.3	1.98	1	0.91
<i>As a result of services I have received from this agency my symptoms are not bothering me as much.</i>									
2009	17070	75	3964	17.4	1725	7.6	2.02	2	0.95
2008	16283	74.2	3924	17.9	1740	7.9	2.05	1	0.96
2007	17102	75.8	3695	16.4	1778	7.9	2.02	2	0.96
2006	15380	74.7	3565	17.3	1651	8	2.04	1.5	0.97
2005	14660	75.2	3288	16.9	1540	7.9	2.02	1.5	0.96

Recovery									
<i>In general I am involved in my community.</i>									
2009	14790	69.1	4263	19.9	2338	10.9	2.12	2.5	1.04
2008	13974	68.2	4160	20.3	2369	11.6	2.16	1	1.05
2007	14850	70	4001	18.9	2351	11.1	2.12	2	1.04
2006	13344	69	3865	20	2139	11.1	2.14	2	1.04
2005	12734	68.7	3802	20.5	2001	10.8	2.15	1	1.03
<i>In general I am able to pursue my interests.</i>									
2009	17950	78	3649	15.8	1425	6.2	1.98	2	0.9
2008	16992	76.7	3672	16.6	1486	6.7	2.01	1	0.91
2007	17813	78.4	3438	15.1	1480	6.5	1.98	2	0.91
2006	16286	78.2	3233	15.5	1313	6.3	1.98	1	0.9
2005	15435	77.6	3175	16	1278	6.4	2	2	0.9
<i>In general I can have the life I want, despite my disease/disorder.</i>									
2009	17438	75.7	3734	16.2	1875	8.1	2.01	1.5	0.97
2008	16618	74.9	3654	16.5	1910	8.6	2.03	2	0.98
2007	17432	76.3	3484	15.2	1936	8.5	2	1.5	0.98
2006	15717	75.8	3263	15.7	1767	8.5	2.02	3	0.98
2005	15056	75.7	3161	15.9	1685	8.5	2.03	3	0.97
<i>In general I feel like I am in control of my treatment.</i>									
2009	18376	79.5	3421	14.8	1329	5.7	1.93	2.5	0.89
2008	17492	78.6	3335	15	1429	6.4	1.98	2	0.91
2007	18156	79.4	3270	14.3	1433	6.3	1.95	1	0.91
2006	16515	79.1	3046	14.6	1318	6.3	1.95	1	0.9
2005	15627	78.4	2984	15	1314	6.6	1.98	4	0.91
<i>In general I give back to my family and/or community.</i>									
2009	17646	78.2	3795	16.8	1124	5	1.93	2	0.88
2008	16567	77	3798	17.6	1163	5.4	1.97	1	0.89
2007	17568	78.9	3587	16.1	1120	5	1.93	1	0.88
2006	15991	78.2	3404	16.6	1059	5.2	1.94	1.5	0.89
2005	15208	77.9	3251	16.6	1069	5.5	1.96	2	0.89

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

Access Domain by Provider

Table 5: Access Domain by Provider

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Goodwill Industries of Western CT Inc.	53	53	100.00%
New Haven Home Recovery	26	26	100.00%
Danbury Hospital	108	107	99.07%
Midwestern CT Council on Alcoholism (MCCA)	198	195	98.48%
Bridge House	120	118	98.33%
Artreach, Inc.	59	58	98.31%
Advanced Behavioral Health	130	127	97.69%
John J. Driscoll United Labor Agency Inc.	40	39	97.50%
Kuhn Employment Opportunities Inc.	38	37	97.37%
Chrysalis Center Inc.	430	418	97.21%
Stafford Family Services	70	68	97.14%
Fairfield Community Services Inc.	34	33	97.06%
United Community and Family Services	130	126	96.92%
Hartford Hospital	123	119	96.75%
Marrakech Day Services	87	84	96.55%
Hospital of St. Raphael	139	134	96.40%
Farrell Treatment Center	55	53	96.36%
Hall Brooke Foundation Inc.	77	73	94.81%
Catholic Charities of Fairfield County Inc.	151	143	94.70%
Dixwell/Newhallville Community MHS Inc.	83	78	93.98%
Mental Health Association of CT Inc.	362	340	93.92%
St. Vincent DePaul Place Middletown, Inc.	32	30	93.75%
Sound Community Services Inc.	222	208	93.69%
Kennedy Center Inc.	94	88	93.62%
Yale University - WAGE	47	44	93.62%
Community Enterprises Inc.	56	52	92.86%
My Sisters' Place	28	26	92.86%
McCall Foundation Inc	305	282	92.46%
Mercy Housing and Shelter Corporation	158	146	92.41%
Prime Time House Inc.	171	158	92.40%
Middlesex Hospital Mental Health Clinic	92	85	92.39%
Central CT Coast YMCA	39	36	92.31%
Backus Hospital	203	187	92.12%
Catholic Charities- Waterbury	110	101	91.82%
Human Resource Development Agency	168	154	91.67%
Alcohol Services Organization of S. Central CT	178	163	91.57%
Community Health Resources Inc.	942	862	91.51%
Common Ground Community	45	41	91.11%
Birmingham Group Health Services, Inc.	191	174	91.10%
New Milford Hospital	112	102	91.07%
St. Mary's Hospital Corporation	208	189	90.87%
Optimus Health Care-Bennett Behavioral Health	130	118	90.77%
Continuum of Care	193	175	90.67%
United Services Inc.	513	464	90.45%
New Directions Inc of North Central Conn.	303	274	90.43%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Fellowship Inc.	238	215	90.34%
Yale University-Behavioral Health	110	99	90.00%
Inter-Community Mental Health Group Inc.	303	272	89.77%
Northwest Center for Family Serv and Mental Health	38	34	89.47%
Laurel House	193	172	89.12%
Community Health Services Inc.	107	95	88.79%
Center for Human Development	160	142	88.75%
Connecticut Mental Health Center	848	750	88.44%
Hartford Behavioral Health	146	129	88.36%
Community Mental Health Affiliates	341	301	88.27%
FSW Inc.	51	45	88.24%
Waterbury Hospital Health Center	133	117	87.97%
Keystone House Inc.	121	106	87.60%
Easter Seals of Greater Hrtfd Rehab Center Inc.	85	74	87.06%
Perception Programs Inc	231	200	86.58%
Reliance House	220	190	86.36%
Interlude Inc.	29	25	86.21%
St Luke's Community Services Inc.	50	43	86.00%
SW CT MH Network	207	178	85.99%
Wheeler Clinic	254	218	85.83%
Gilead Community Services Inc.	183	157	85.79%
Harbor Health Services	387	332	85.79%
River Valley Services	168	144	85.71%
Chemical Abuse Services Agency (CASA)	466	399	85.62%
Community Prevention and Addiction Services-CPAS	152	130	85.53%
Guardian Ad Litem	76	65	85.53%
SE Mental Health Authority	172	147	85.47%
Norwalk Hospital	275	235	85.45%
Connecticut Renaissance Inc.	185	158	85.41%
Connecticut Valley Hospital	123	105	85.37%
Ability Beyond Disability Institute	47	40	85.11%
Connection Inc	171	145	84.80%
W. CT MH Network	555	470	84.68%
CW Resources Inc.	45	38	84.44%
Community Renewal Team (CRT)	393	331	84.22%
Cedarcrest Regional Hospital	294	247	84.01%
Day Kimball Hospital	43	36	83.72%
Family & Children's Agency Inc	132	110	83.33%
Supportive Environmental Living Facility Inc-SELF	40	33	82.50%
Hartford Dispensary	1397	1150	82.32%
Easter Seal Goodwill Ind. Rehab. Center Inc.	45	37	82.22%
Natchaug Hospital	146	120	82.19%
BRIDGES	228	187	82.02%
Alcohol & Drug Recovery Center-ADRC	136	111	81.62%
Regional Network of Programs	1093	890	81.43%
St. Vincent DePaul Mission of Waterbury, Inc.	74	60	81.08%
Charlotte Hungerford Hospital	183	148	80.87%
APT Foundation Inc	661	532	80.48%
Connecticut Counseling Centers Inc.	403	320	79.40%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Bristol Hospital	28	22	78.57%
Rushford Center	557	436	78.28%
Morris Foundation Inc	260	201	77.31%
Hogar Crea Inc	26	20	76.92%
Pathways Inc.	64	49	76.56%
Columbus House	132	101	76.52%
Capitol Region Mental Health Center	191	144	75.39%
Education Connection	28	21	75.00%
ABH - GA Only Providers	166	124	74.70%
Cornell Scott-Hill Health Corporation	292	218	74.66%
Charter Oak Terrace/Rice Heights Health Ctr	78	56	71.79%
Liberation Programs (LMG)	2189	1557	71.13%
SCADD	315	224	71.11%
Crossroad Inc	112	79	70.54%
Central Naugatuck Valley (CNV) Help Inc.	73	51	69.86%
Stonington Behavioral Health Inc	83	56	67.47%
Search for Change Inc.	23	19	-
Catholic Charities & Family Svs, Diocese of Norwich	21	16	-
Immaculate Conception Inc.	20	19	-
Liberty Community Services	11	10	-
Coordinating Council for Children in Crisis	10	10	-
Hands on Hartford	7	7	-
Fish Inc_Torrington Chapter	5	4	-
Leeway, Inc.	5	5	-
American School for the Deaf	3	1	-

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

Quality and Appropriateness Domain by Provider

Table 6: Quality and Appropriateness Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Fairfield Community Services Inc.	33	33	100.00%
Goodwill Industries of Western CT Inc.	53	53	100.00%
Kuhn Employment Opportunities Inc.	36	36	100.00%
Midwestern CT Council on Alcoholism (MCCA)	201	201	100.00%
New Haven Home Recovery	26	26	100.00%
Bridge House	119	118	99.16%
Advanced Behavioral Health	128	126	98.44%
Stafford Family Services	63	62	98.41%
Farrell Treatment Center	57	56	98.25%
Artreach, Inc.	53	52	98.11%
Danbury Hospital	103	101	98.06%
Connecticut Renaissance Inc.	224	219	97.77%
McCall Foundation Inc	303	296	97.69%
United Community and Family Services	126	123	97.62%
Dixwell/Newhallville Community MHS Inc.	83	81	97.59%
Hartford Hospital	121	118	97.52%
Central CT Coast YMCA	38	37	97.37%
New Milford Hospital	112	109	97.32%
Northwest Center for Family Serv and Mental Health	37	36	97.30%
Hospital of St. Raphael	138	134	97.10%
Perception Programs Inc	234	227	97.01%
Chrysalis Center Inc.	428	415	96.96%
Sound Community Services Inc.	217	210	96.77%
John J. Driscoll United Labor Agency Inc.	29	28	96.55%
Bristol Hospital	27	26	96.30%
Marrakech Day Services	81	78	96.30%
My Sisters' Place	27	26	96.30%
St. Mary's Hospital Corporation	209	201	96.17%
Alcohol Services Organization of S. Central CT	178	171	96.07%
Human Resource Development Agency	169	162	95.86%
Waterbury Hospital Health Center	137	131	95.62%
Community Enterprises Inc.	44	42	95.45%
Hartford Behavioral Health	145	137	94.48%
Kennedy Center Inc.	89	84	94.38%
New Directions Inc of North Central Conn.	302	285	94.37%
FSW Inc.	51	48	94.12%
Crossroad Inc	117	110	94.02%
Connecticut Valley Hospital	133	125	93.98%
Community Renewal Team (CRT)	392	368	93.88%
United Services Inc.	499	468	93.79%
Mercy Housing and Shelter Corporation	153	143	93.46%
Yale University - WAGE	45	42	93.33%
Yale University-Behavioral Health	105	98	93.33%
Chemical Abuse Services Agency (CASA)	463	432	93.30%
Prime Time House Inc.	161	150	93.17%

Provider	Total Surveys	Satisfied	Percent Satisfied
Mental Health Association of CT Inc.	365	340	93.15%
Optimus Health Care-Bennett Behavioral Health	130	121	93.08%
Day Kimball Hospital	43	40	93.02%
Connecticut Mental Health Center	841	779	92.63%
Middlesex Hospital Mental Health Clinic	91	84	92.31%
Community Prevention and Addiction Services-CPAS	155	143	92.26%
Wheeler Clinic	244	225	92.21%
Catholic Charities of Fairfield County Inc.	149	137	91.95%
Community Health Resources Inc.	926	851	91.90%
Catholic Charities- Waterbury	109	100	91.74%
BRIDGES	228	209	91.67%
Connection Inc	167	153	91.62%
W. CT MH Network	551	504	91.47%
APT Foundation Inc	665	607	91.28%
Charlotte Hungerford Hospital	181	165	91.16%
Common Ground Community	45	41	91.11%
Community Mental Health Affiliates	333	303	90.99%
Backus Hospital	198	180	90.91%
Hartford Dispensary	1391	1263	90.80%
Hall Brooke Foundation Inc.	76	69	90.79%
Community Health Services Inc.	107	97	90.65%
Stonington Behavioral Health Inc	85	77	90.59%
Norwalk Hospital	265	240	90.57%
Natchaug Hospital	148	134	90.54%
Continuum of Care	190	172	90.53%
St. Vincent DePaul Place Middletown, Inc.	31	28	90.32%
Connecticut Counseling Centers Inc.	402	362	90.05%
Reliance House	219	197	89.95%
SW CT MH Network	209	188	89.95%
Interlude Inc.	29	26	89.66%
Charter Oak Terrace/Rice Heights Health Ctr	76	68	89.47%
Fellowship Inc.	225	201	89.33%
St. Vincent DePaul Mission of Waterbury, Inc.	74	66	89.19%
Keystone House Inc.	120	107	89.17%
CW Resources Inc.	45	40	88.89%
Center for Human Development	159	141	88.68%
Harbor Health Services	379	336	88.65%
Cedarcrest Regional Hospital	298	264	88.59%
Rushford Center	557	493	88.51%
Hogar Crea Inc	26	23	88.46%
Inter-Community Mental Health Group Inc.	293	259	88.40%
Gilead Community Services Inc.	180	159	88.33%
Regional Network of Programs	1107	977	88.26%
Easter Seal Goodwill Ind. Rehab. Center Inc.	42	37	88.10%
Guardian Ad Litem	75	66	88.00%
St Luke's Community Services Inc.	49	43	87.76%
SCADD	321	281	87.54%
Birmingham Group Health Services, Inc.	190	166	87.37%
Alcohol & Drug Recovery Center-ADRC	140	122	87.14%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Family & Children's Agency Inc	127	110	86.61%
Easter Seals of Greater Hrtfd Rehab Center Inc.	82	71	86.59%
SE Mental Health Authority	169	146	86.39%
Morris Foundation Inc	262	226	86.26%
ABH - GA Only Providers	166	143	86.14%
Cornell Scott-Hill Health Corporation	293	252	86.01%
Ability Beyond Disability Institute	42	36	85.71%
River Valley Services	166	141	84.94%
Laurel House	185	157	84.86%
Education Connection	26	22	84.62%
Liberation Programs (LMG)	2199	1797	81.72%
Supportive Environmental Living Facility Inc-SELF	41	33	80.49%
Columbus House	127	102	80.31%
Capitol Region Mental Health Center	192	153	79.69%
Central Naugatuck Valley (CNV) Help Inc.	74	56	75.68%
Pathways Inc.	64	44	68.75%
Catholic Charities & Family Svs, Diocese of Norwich	21	19	-
Immaculate Conception Inc.	20	20	-
Search for Change Inc.	16	15	-
Liberty Community Services	11	10	-
Coordinating Council for Children in Crisis	10	10	-
Hands on Hartford	8	8	-
Fish Inc_Torrington Chapter	5	5	-
Leeway, Inc.	4	4	-
American School for the Deaf	2	2	-

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

Outcome Domain by Provider

Table 7: Outcome Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Kuhn Employment Opportunities Inc.	38	38	100.00%
Midwestern CT Council on Alcoholism (MCCA)	198	195	98.48%
Bridge House	118	115	97.46%
Goodwill Industries of Western CT Inc.	53	51	96.23%
Hogar Crea Inc	26	25	96.15%
Farrell Treatment Center	57	54	94.74%
Connecticut Renaissance Inc.	221	209	94.57%
Kennedy Center Inc.	85	80	94.12%
Fairfield Community Services Inc.	32	30	93.75%
Connecticut Counseling Centers Inc.	397	372	93.70%
McCall Foundation Inc	303	280	92.41%
Danbury Hospital	108	99	91.67%
New Milford Hospital	111	101	90.99%
St. Vincent DePaul Mission of Waterbury, Inc.	73	66	90.41%
Marrakech Day Services	78	70	89.74%
St Luke's Community Services Inc.	47	42	89.36%
Artreach Inc.	56	50	89.29%
Interlude Inc.	28	25	89.29%
Human Resource Development Agency	169	150	88.76%
Prime Time House Inc.	166	147	88.55%
Chrysalis Center Inc.	426	377	88.50%
New Haven Home Recovery	26	23	88.46%
New Directions Inc of North Central Conn.	303	268	88.45%
Stafford Family Services	68	60	88.24%
Hartford Dispensary	1326	1159	87.41%
Mental Health Association of CT Inc.	356	311	87.36%
Chemical Abuse Services Agency (CASA)	430	374	86.98%
Waterbury Hospital Health Center	136	118	86.76%
Common Ground Community	45	39	86.67%
Dixwell/Newhallville Community MHS Inc.	82	71	86.59%
Crossroad Inc	114	98	85.96%
Alcohol Services Organization of S. Central CT	177	152	85.88%
Central CT Coast YMCA	35	30	85.71%
John J. Driscoll United Labor Agency Inc.	28	24	85.71%
Continuum of Care	188	161	85.64%
Catholic Charities of Fairfield County Inc.	146	125	85.62%
Morris Foundation Inc	256	219	85.55%
Perception Programs Inc	234	200	85.47%
Hartford Hospital	123	105	85.37%
Northwest Center for Family Serv and Mental Health	34	29	85.29%
My Sisters' Place	27	23	85.19%
Supportive Environmental Living Facility Inc-SELF	40	34	85.00%
Yale University - WAGE	46	39	84.78%
United Community and Family Services	124	105	84.68%
Community Mental Health Affiliates	332	281	84.64%

Provider	Total Surveys	Satisfied	Percent Satisfied
Center for Human Development	160	135	84.38%
Hall Brooke Foundation Inc.	74	62	83.78%
Advanced Behavioral Health	129	108	83.72%
Wheeler Clinic	245	205	83.67%
Sound Community Services Inc.	208	174	83.65%
Connection Inc	157	131	83.44%
Family & Children's Agency Inc	126	105	83.33%
Mercy Housing and Shelter Corporation	147	122	82.99%
Regional Network of Programs	1058	875	82.70%
APT Foundation Inc	618	510	82.52%
Connecticut Valley Hospital	131	108	82.44%
Fellowship Inc.	227	187	82.38%
Laurel House	186	153	82.26%
SE Mental Health Authority	166	136	81.93%
Alcohol & Drug Recovery Center-ADRC	125	102	81.60%
Bristol Hospital	27	22	81.48%
SCADD	318	258	81.13%
Community Prevention and Addiction Services-CPAS	147	119	80.95%
FSW Inc.	47	38	80.85%
Gilead Community Services Inc.	176	142	80.68%
St. Vincent DePaul Place Middletown, Inc.	31	25	80.65%
Keystone House Inc.	118	95	80.51%
Cornell Scott-Hill Health Corporation	278	223	80.22%
SW CT MH Network	205	164	80.00%
W. CT MH Network	545	433	79.45%
Norwalk Hospital	265	210	79.25%
Reliance House	212	168	79.25%
Guardian Ad Litem	71	56	78.87%
Connecticut Mental Health Center	831	654	78.70%
Community Renewal Team (CRT)	389	304	78.15%
Liberation Programs (LMG)	2125	1646	77.46%
Yale University-Behavioral Health	106	82	77.36%
Ability Beyond Disability Institute	44	34	77.27%
Community Enterprises Inc.	48	37	77.08%
St. Mary's Hospital Corporation	205	158	77.07%
Education Connection	26	20	76.92%
Middlesex Hospital Mental Health Clinic	85	65	76.47%
Optimus Health Care-Bennett Behavioral Health	112	85	75.89%
Catholic Charities- Waterbury	109	82	75.23%
Harbor Health Services	377	282	74.80%
Charlotte Hungerford Hospital	165	123	74.55%
ABH - GA Only Providers	161	120	74.53%
Cedarcrest Regional Hospital	281	209	74.38%
BRIDGES	217	161	74.19%
Capitol Region Mental Health Center	186	138	74.19%
Inter-Community Mental Health Group Inc.	281	206	73.31%
Rushford Center	523	383	73.23%
Birmingham Group Health Services, Inc.	183	134	73.22%
Columbus House	117	85	72.65%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Pathways Inc.	62	45	72.58%
Hospital of St. Raphael	140	101	72.14%
Backus Hospital	198	142	71.72%
Easter Seal Goodwill Ind. Rehab. Center Inc.	42	30	71.43%
Day Kimball Hospital	38	27	71.05%
United Services Inc.	473	334	70.61%
Hartford Behavioral Health	135	95	70.37%
Community Health Services Inc.	107	75	70.09%
River Valley Services	169	118	69.82%
Charter Oak Terrace/Rice Heights Health Ctr	72	50	69.44%
Community Health Resources Inc.	904	627	69.36%
Central Naugatuck Valley (CNV) Help Inc.	71	49	69.01%
Natchaug Hospital	143	96	67.13%
Easter Seals of Greater Hrtfd Rehab Center Inc.	80	53	66.25%
Stonington Behavioral Health Inc	73	48	65.75%
CW Resources Inc.	43	26	60.47%
Search for Change Inc.	21	19	-
Immaculate Conception Inc.	20	18	-
Catholic Charities & Family Svs, Diocese of Norwich	19	18	-
Liberty Community Services	11	10	-
Coordinating Council for Children in Crisis	10	9	-
Hands on Hartford	8	7	-
Fish Inc_Torrington Chapter	5	3	-
Leeway, Inc.	4	3	-
American School for the Deaf	3	2	-

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

General Satisfaction Domain by Provider

Table 8: General Satisfaction Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Artreach, Inc.	62	62	100.00%
Bridge House	120	120	100.00%
Community Enterprises Inc.	56	56	100.00%
Midwestern CT Council on Alcoholism (MCCA)	201	201	100.00%
New Haven Home Recovery	26	26	100.00%
Hospital of St. Raphael	140	139	99.29%
Danbury Hospital	108	107	99.07%
Stafford Family Services	71	70	98.59%
Hartford Hospital	124	122	98.39%
Farrell Treatment Center	57	56	98.25%
Goodwill Industries of Western CT Inc.	53	52	98.11%
McCall Foundation Inc	309	302	97.73%
Chrysalis Center Inc.	437	427	97.71%
St. Mary's Hospital Corporation	210	205	97.62%
John J. Driscoll United Labor Agency Inc.	40	39	97.50%
Kuhn Employment Opportunities Inc.	38	37	97.37%
Fairfield Community Services Inc.	35	34	97.14%
United Community and Family Services	130	126	96.92%
Kennedy Center Inc.	94	91	96.81%
Hartford Behavioral Health	147	142	96.60%
Bristol Hospital	28	27	96.43%
My Sisters' Place	28	27	96.43%
Dixwell/Newhallville Community MHS Inc.	82	79	96.34%
Advanced Behavioral Health	131	126	96.18%
Prime Time House Inc.	176	169	96.02%
Waterbury Hospital Health Center	137	131	95.62%
Alcohol Services Organization of S. Central CT	179	171	95.53%
Optimus Health Care-Bennett Behavioral Health	131	125	95.42%
Perception Programs Inc	237	226	95.36%
Human Resource Development Agency	167	159	95.21%
Backus Hospital	204	194	95.10%
Sound Community Services Inc.	224	213	95.09%
Central CT Coast YMCA	39	37	94.87%
Northwest Center for Family Serv and Mental Health	38	36	94.74%
New Milford Hospital	112	106	94.64%
Middlesex Hospital Mental Health Clinic	92	87	94.57%
Mental Health Association of CT Inc.	370	349	94.32%
Mercy Housing and Shelter Corporation	158	149	94.30%
Catholic Charities of Fairfield County Inc.	153	144	94.12%
FSW Inc.	50	47	94.00%
Inter-Community Mental Health Group Inc.	303	284	93.73%
Common Ground Community	46	43	93.48%
Interlude Inc.	30	28	93.33%
Crossroad Inc	117	109	93.16%
Easter Seals of Greater Hrtfd Rehab Center Inc.	85	79	92.94%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Education Connection	28	26	92.86%
Laurel House	195	181	92.82%
Catholic Charities- Waterbury	110	102	92.73%
United Services Inc.	517	479	92.65%
Fellowship Inc.	244	226	92.62%
Connecticut Mental Health Center	856	790	92.29%
Community Health Resources Inc.	943	868	92.05%
Yale University-Behavioral Health	112	103	91.96%
St. Vincent DePaul Mission of Waterbury, Inc.	74	68	91.89%
Reliance House	220	202	91.82%
Birmingham Group Health Services, Inc.	192	176	91.67%
W. CT MH Network	559	512	91.59%
Yale University - WAGE	47	43	91.49%
Center for Human Development	159	145	91.19%
Easter Seal Goodwill Ind. Rehab. Center Inc.	45	41	91.11%
Charlotte Hungerford Hospital	188	171	90.96%
Marrakech Day Services	88	80	90.91%
St. Vincent DePaul Place Middletown, Inc.	33	30	90.91%
Community Mental Health Affiliates	345	313	90.72%
Community Renewal Team (CRT)	397	360	90.68%
Norwalk Hospital	277	251	90.61%
Harbor Health Services	390	353	90.51%
Connecticut Valley Hospital	135	122	90.37%
New Directions Inc of North Central Conn.	311	281	90.35%
Continuum of Care	194	175	90.21%
Supportive Environmental Living Facility Inc-SELF	40	36	90.00%
APT Foundation Inc	666	598	89.79%
Wheeler Clinic	264	237	89.77%
Hall Brooke Foundation Inc.	78	70	89.74%
Community Health Services Inc.	107	96	89.72%
SE Mental Health Authority	173	155	89.60%
Chemical Abuse Services Agency (CASA)	473	423	89.43%
Cedarcrest Regional Hospital	299	266	88.96%
Connecticut Renaissance Inc.	225	200	88.89%
Hartford Dispensary	1397	1239	88.69%
Day Kimball Hospital	44	39	88.64%
Cornell Scott-Hill Health Corporation	297	262	88.22%
BRIDGES	230	202	87.83%
River Valley Services	170	149	87.65%
Ability Beyond Disability Institute	48	42	87.50%
Morris Foundation Inc	263	230	87.45%
Keystone House Inc.	121	105	86.78%
CW Resources Inc.	45	39	86.67%
Connection Inc	171	148	86.55%
Gilead Community Services Inc.	185	160	86.49%
Rushford Center	575	494	85.91%
Alcohol & Drug Recovery Center-ADRC	140	120	85.71%
Connecticut Counseling Centers Inc.	402	344	85.57%
Family & Children's Agency Inc	133	113	84.96%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
SW CT MH Network	211	179	84.83%
ABH - GA Only Providers	171	145	84.80%
Regional Network of Programs	1114	944	84.74%
Hogar Crea Inc	26	22	84.62%
SCADD	324	273	84.26%
Natchaug Hospital	152	127	83.55%
Stonington Behavioral Health Inc	85	70	82.35%
Charter Oak Terrace/Rice Heights Health Ctr	79	65	82.28%
Capitol Region Mental Health Center	197	162	82.23%
Columbus House	134	109	81.34%
St Luke's Community Services Inc.	51	41	80.39%
Liberation Programs (LMG)	2215	1767	79.77%
Pathways Inc.	66	52	78.79%
Community Prevention and Addiction Services-CPAS	157	122	77.71%
Guardian Ad Litem	75	58	77.33%
Central Naugatuck Valley (CNV) Help Inc.	77	56	72.73%
Search for Change Inc.	23	22	-
Catholic Charities & Family Svs, Diocese of Norwich	22	21	-
Immaculate Conception Inc.	20	20	-
Liberty Community Services	11	10	-
Coordinating Council for Children in Crisis	10	10	-
Hands on Hartford	8	8	-
Fish Inc_Torrington Chapter	5	5	-
Leeway, Inc.	4	4	-
American School for the Deaf	3	2	-

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

Participation in Treatment by Provider

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

Provider	Total Surveys	Satisfied	Percent Satisfied
Fairfield Community Services Inc.	34	34	100.00%
Goodwill Industries of Western CT Inc.	53	53	100.00%
Kuhn Employment Opportunities Inc.	36	36	100.00%
Midwestern CT Council on Alcoholism (MCCA)	200	200	100.00%
New Haven Home Recovery	26	26	100.00%
Northwest Center for Family Serv and Mental Health	38	38	100.00%
St. Vincent DePaul Place Middletown, Inc.	30	30	100.00%
Bridge House	118	117	99.15%
Advanced Behavioral Health	131	129	98.47%
New Milford Hospital	112	110	98.21%
McCall Foundation Inc	306	300	98.04%
Hospital of St. Raphael	139	136	97.84%
Day Kimball Hospital	42	41	97.62%
Hartford Hospital	123	120	97.56%
Perception Programs Inc	236	230	97.46%
Central CT Coast YMCA	38	37	97.37%
John J. Driscoll United Labor Agency Inc.	36	35	97.22%
United Community and Family Services	128	124	96.88%
Chrysalis Center Inc.	428	414	96.73%
New Directions Inc of North Central Conn.	306	295	96.41%
Danbury Hospital	108	104	96.30%
St. Mary's Hospital Corporation	207	199	96.14%
Sound Community Services Inc.	222	213	95.95%
Human Resource Development Agency	164	157	95.73%
Yale University - WAGE	46	44	95.65%
Backus Hospital	203	194	95.57%
Connecticut Renaissance Inc.	221	211	95.48%
Dixwell/Newhallville Community MHS Inc.	83	79	95.18%
Hartford Behavioral Health	147	139	94.56%
Middlesex Hospital Mental Health Clinic	91	86	94.51%
Kennedy Center Inc.	89	84	94.38%
Stafford Family Services	70	66	94.29%
Waterbury Hospital Health Center	134	126	94.03%
FSW Inc.	50	47	94.00%
Connecticut Counseling Centers Inc.	402	377	93.78%
Center for Human Development	160	150	93.75%
Optimus Health Care-Bennett Behavioral Health	126	118	93.65%
United Services Inc.	505	470	93.07%
Mercy Housing and Shelter Corporation	157	146	92.99%
Bristol Hospital	28	26	92.86%
My Sisters' Place	28	26	92.86%
Mental Health Association of CT Inc.	361	335	92.80%
APT Foundation Inc	664	616	92.77%
W. CT MH Network	546	506	92.67%
Connecticut Mental Health Center	846	784	92.67%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Norwalk Hospital	277	256	92.42%
Harbor Health Services	382	353	92.41%
Chemical Abuse Services Agency (CASA)	457	422	92.34%
St Luke's Community Services Inc.	52	48	92.31%
Crossroad Inc	116	107	92.24%
Continuum of Care	192	177	92.19%
Community Renewal Team (CRT)	395	364	92.15%
St. Vincent DePaul Mission of Waterbury, Inc.	74	68	91.89%
Wheeler Clinic	259	238	91.89%
Marrakech Day Services	86	79	91.86%
Connecticut Valley Hospital	135	124	91.85%
Catholic Charities- Waterbury	108	99	91.67%
Inter-Community Mental Health Group Inc.	299	274	91.64%
Alcohol Services Organization of S. Central CT	177	162	91.53%
Natchaug Hospital	150	137	91.33%
Hartford Dispensary	1394	1272	91.25%
Cedarcrest Regional Hospital	299	272	90.97%
Community Mental Health Affiliates	343	312	90.96%
Yale University-Behavioral Health	109	99	90.83%
Hall Brooke Foundation Inc.	76	69	90.79%
Community Health Services Inc.	107	97	90.65%
Charlotte Hungerford Hospital	188	170	90.43%
Supportive Environmental Living Facility Inc-SELF	41	37	90.24%
Catholic Charities of Fairfield County Inc.	132	119	90.15%
Community Health Resources Inc.	937	844	90.07%
Birmingham Group Health Services, Inc.	190	171	90.00%
Interlude Inc.	30	27	90.00%
BRIDGES	228	205	89.91%
Alcohol & Drug Recovery Center-ADRC	137	123	89.78%
ABH - GA Only Providers	165	148	89.70%
Prime Time House Inc.	154	138	89.61%
Gilead Community Services Inc.	182	163	89.56%
River Valley Services	171	153	89.47%
SE Mental Health Authority	171	153	89.47%
Farrell Treatment Center	56	50	89.29%
Cornell Scott-Hill Health Corporation	293	261	89.08%
Community Enterprises Inc.	36	32	88.89%
CW Resources Inc.	36	32	88.89%
Regional Network of Programs	1111	987	88.84%
Fellowship Inc.	230	204	88.70%
Connection Inc	170	150	88.24%
Reliance House	218	192	88.07%
Hogar Crea Inc	25	22	88.00%
Rushford Center	565	497	87.96%
SW CT MH Network	199	172	86.43%
SCADD	322	278	86.34%
Keystone House Inc.	122	105	86.07%
Education Connection	28	24	85.71%
Stonington Behavioral Health Inc	84	72	85.71%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Columbus House	129	110	85.27%
Easter Seals of Greater Hrtfd Rehab Center Inc.	81	69	85.19%
Family & Children's Agency Inc	128	109	85.16%
Guardian Ad Litem	74	63	85.14%
Community Prevention and Addiction Services-CPAS	153	130	84.97%
Common Ground Community	46	39	84.78%
Laurel House	185	156	84.32%
Central Naugatuck Valley (CNV) Help Inc.	76	64	84.21%
Liberation Programs (LMG)	2194	1831	83.45%
Morris Foundation Inc	260	214	82.31%
Ability Beyond Disability Institute	47	38	80.85%
Capitol Region Mental Health Center	190	153	80.53%
Easter Seal Goodwill Ind. Rehab. Center Inc.	42	33	78.57%
Pathways Inc.	65	51	78.46%
Charter Oak Terrace/Rice Heights Health Ctr	77	60	77.92%
Artreach Inc.	24	23	-
Catholic Charities & Family Svs, Diocese of Norwich	22	21	-
Search for Change Inc.	21	20	-
Immaculate Conception Inc.	20	18	-
Liberty Community Services	11	10	-
Coordinating Council for Children in Crisis	10	10	-
Hands on Hartford	7	7	-
Fish Inc_Torrington Chapter	5	5	-
Leeway, Inc.	4	3	-
American School for the Deaf	3	2	-

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

Respect by Provider

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

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Fairfield Community Services Inc.	29	29	100.00%
Kuhn Employment Opportunities Inc.	37	37	100.00%
New Haven Home Recovery	25	25	100.00%
St. Vincent DePaul Place Middletown, Inc.	25	25	100.00%
Midwestern CT Council on Alcoholism (MCCA)	191	189	98.95%
Dixwell/Newhallville Community MHS Inc.	73	72	98.63%
Community Enterprises Inc.	52	51	98.08%
Goodwill Industries of Western CT Inc.	52	51	98.08%
Chrysalis Center Inc.	427	418	97.89%
Advanced Behavioral Health	122	119	97.54%
Artreach, Inc.	40	39	97.50%
Bridge House	114	111	97.37%
Central CT Coast YMCA	37	36	97.30%
New Milford Hospital	110	107	97.27%
Prime Time House Inc.	142	138	97.18%
Hospital of St. Raphael	128	124	96.88%
Farrell Treatment Center	54	52	96.30%
Connecticut Renaissance Inc.	209	201	96.17%
FSW Inc.	45	43	95.56%
Kennedy Center Inc.	85	81	95.29%
Danbury Hospital	103	98	95.15%
Easter Seals of Greater Hrtfd Rehab Center Inc.	76	72	94.74%
Stafford Family Services	53	50	94.34%
United Community and Family Services	118	111	94.07%
Perception Programs Inc	227	213	93.83%
Waterbury Hospital Health Center	129	121	93.80%
Yale University-Behavioral Health	96	90	93.75%
Human Resource Development Agency	159	149	93.71%
Hartford Behavioral Health	126	118	93.65%
Sound Community Services Inc.	189	177	93.65%
Common Ground Community	44	41	93.18%
McCall Foundation Inc	262	244	93.13%
Marrakech Day Services	71	66	92.96%
Catholic Charities- Waterbury	99	92	92.93%
Continuum of Care	182	169	92.86%
Charlotte Hungerford Hospital	153	142	92.81%
United Services Inc.	447	414	92.62%
W. CT MH Network	497	460	92.56%
Hartford Hospital	119	110	92.44%
Alcohol Services Organization of S. Central CT	170	157	92.35%
Chemical Abuse Services Agency (CASA)	402	370	92.04%
My Sisters' Place	25	23	92.00%
Backus Hospital	193	177	91.71%
Mental Health Association of CT Inc.	318	291	91.51%

Provider	Total Surveys	Satisfied	Percent Satisfied
Mercy Housing and Shelter Corporation	139	127	91.37%
New Directions Inc of North Central Conn.	288	262	90.97%
Northwest Center for Family Serv and Mental Health	33	30	90.91%
St. Mary's Hospital Corporation	197	179	90.86%
Keystone House Inc.	109	99	90.83%
Connecticut Mental Health Center	666	604	90.69%
Birmingham Group Health Services, Inc.	147	133	90.48%
Inter-Community Mental Health Group Inc.	235	212	90.21%
Hartford Dispensary	1196	1074	89.80%
Optimus Health Care-Bennett Behavioral Health	98	88	89.80%
Regional Network of Programs	929	833	89.67%
Harbor Health Services	345	309	89.57%
Catholic Charities of Fairfield County Inc.	134	120	89.55%
Fellowship Inc.	181	162	89.50%
Laurel House	168	150	89.29%
Community Prevention and Addiction Services-CPAS	138	123	89.13%
Reliance House	209	186	89.00%
Middlesex Hospital Mental Health Clinic	79	70	88.61%
Cedarcrest Regional Hospital	280	248	88.57%
Bristol Hospital	26	23	88.46%
Center for Human Development	128	113	88.28%
Ability Beyond Disability Institute	34	30	88.24%
St Luke's Community Services Inc.	42	37	88.10%
Community Mental Health Affiliates	308	271	87.99%
BRIDGES	198	174	87.88%
Crossroad Inc	107	94	87.85%
Alcohol & Drug Recovery Center-ADRC	113	99	87.61%
APT Foundation Inc	568	496	87.32%
Gilead Community Services Inc.	172	150	87.21%
Community Health Resources Inc.	818	713	87.16%
Wheeler Clinic	242	210	86.78%
Stonington Behavioral Health Inc	68	59	86.76%
Community Renewal Team (CRT)	377	327	86.74%
Family & Children's Agency Inc	123	106	86.18%
Norwalk Hospital	245	211	86.12%
Yale University - WAGE	43	37	86.05%
ABH - GA Only Providers	157	135	85.99%
Connecticut Valley Hospital	126	108	85.71%
Cornell Scott-Hill Health Corporation	237	202	85.23%
Pathways Inc.	47	40	85.11%
Rushford Center	480	408	85.00%
Connecticut Counseling Centers Inc.	377	320	84.88%
River Valley Services	165	140	84.85%
SE Mental Health Authority	155	131	84.52%
Guardian Ad Litem	71	60	84.51%
Community Health Services Inc.	104	87	83.65%
Connection Inc	142	118	83.10%
Easter Seal Goodwill Ind. Rehab. Center Inc.	41	34	82.93%
Hall Brooke Foundation Inc.	70	58	82.86%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
SW CT MH Network	189	155	82.01%
Day Kimball Hospital	33	27	81.82%
Charter Oak Terrace/Rice Heights Health Ctr	70	57	81.43%
Natchaug Hospital	134	109	81.34%
Capitol Region Mental Health Center	183	148	80.87%
SCADD	318	254	79.87%
Central Naugatuck Valley (CNV) Help Inc.	68	54	79.41%
Morris Foundation Inc	256	203	79.30%
St. Vincent DePaul Mission of Waterbury, Inc.	71	56	78.87%
Liberation Programs (LMG)	1974	1553	78.67%
Columbus House	111	86	77.48%
CW Resources Inc.	44	34	77.27%
Supportive Environmental Living Facility Inc-SELF	39	24	61.54%
Education Connection	24	22	-
Interlude Inc.	24	22	-
Hogar Crea Inc	23	20	-
Catholic Charities & Family Svs, Diocese of Norwich	20	18	-
John J. Driscoll United Labor Agency Inc.	20	17	-
Immaculate Conception Inc.	18	16	-
Search for Change Inc.	18	16	-
Coordinating Council for Children in Crisis	10	9	-
Liberty Community Services	10	9	-
Hands on Hartford	6	6	-
Fish Inc_Torrington Chapter	5	5	-
Leeway, Inc.	4	4	-
American School for the Deaf	2	2	-

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

Recovery by Provider

Table 11: Recovery by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Midwestern CT Council on Alcoholism (MCCA)	201	195	97.01%
Connecticut Renaissance Inc.	195	189	96.92%
Goodwill Industries of Western CT Inc.	53	51	96.23%
Bridge House	119	112	94.12%
McCall Foundation Inc	301	280	93.02%
Marrakech Day Services	80	74	92.50%
Human Resource Development Agency	168	154	91.67%
Farrell Treatment Center	57	52	91.23%
New Directions Inc of North Central Conn.	309	281	90.94%
John J. Driscoll United Labor Agency Inc.	31	28	90.32%
Prime Time House Inc.	169	152	89.94%
Kennedy Center Inc.	93	83	89.25%
New Haven Home Recovery	26	23	88.46%
Crossroad Inc	114	100	87.72%
Perception Programs Inc	234	203	86.75%
Yale University - WAGE	45	39	86.67%
Chrysalis Center Inc.	433	375	86.61%
Kuhn Employment Opportunities Inc.	37	32	86.49%
Dixwell/Newhallville Community MHS Inc.	81	70	86.42%
Waterbury Hospital Health Center	136	117	86.03%
Chemical Abuse Services Agency (CASA)	431	370	85.85%
Common Ground Community	45	38	84.44%
Hartford Dispensary	1325	1116	84.23%
Alcohol Services Organization of S. Central CT	180	151	83.89%
Community Enterprises Inc.	49	41	83.67%
Stafford Family Services	67	56	83.58%
Connecticut Counseling Centers Inc.	398	331	83.17%
Keystone House Inc.	121	100	82.64%
Mental Health Association of CT Inc.	361	297	82.27%
Danbury Hospital	107	88	82.24%
Fellowship Inc.	233	191	81.97%
St. Vincent DePaul Mission of Waterbury, Inc.	72	59	81.94%
SCADD	319	261	81.82%
Continuum of Care	191	156	81.68%
Mercy Housing and Shelter Corporation	152	124	81.58%
St. Vincent DePaul Place Middletown, Inc.	32	26	81.25%
Family & Children's Agency Inc	125	101	80.80%
New Milford Hospital	109	88	80.73%
Advanced Behavioral Health	128	103	80.47%
Wheeler Clinic	250	201	80.40%
Regional Network of Programs	1059	850	80.26%
Laurel House	187	150	80.21%
Community Prevention and Addiction Services-CPAS	154	123	79.87%
Catholic Charities of Fairfield County Inc.	148	118	79.73%
Alcohol & Drug Recovery Center-ADRC	128	102	79.69%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Central CT Coast YMCA	39	31	79.49%
Interlude Inc.	29	23	79.31%
FSW Inc.	48	38	79.17%
Connection Inc	163	129	79.14%
Connecticut Valley Hospital	129	102	79.07%
Community Renewal Team (CRT)	390	307	78.72%
Reliance House	211	166	78.67%
Guardian Ad Litem	75	59	78.67%
Community Mental Health Affiliates	335	263	78.51%
Bristol Hospital	27	21	77.78%
Sound Community Services Inc.	210	163	77.62%
Cornell Scott-Hill Health Corporation	277	214	77.26%
Cedarcrest Regional Hospital	281	217	77.22%
Hartford Hospital	124	95	76.61%
Gilead Community Services Inc.	180	136	75.56%
APT Foundation Inc	618	465	75.24%
Center for Human Development	160	120	75.00%
United Community and Family Services	124	93	75.00%
Ability Beyond Disability Institute	47	35	74.47%
St Luke's Community Services Inc.	47	35	74.47%
Supportive Environmental Living Facility Inc-SELF	39	29	74.36%
Hospital of St. Raphael	140	104	74.29%
Fairfield Community Services Inc.	31	23	74.19%
Hall Brooke Foundation Inc.	77	57	74.03%
W. CT MH Network	549	406	73.95%
Liberation Programs (LMG)	2140	1572	73.46%
Connecticut Mental Health Center	836	614	73.44%
Hogar Crea Inc	26	19	73.08%
Columbus House	129	94	72.87%
SE Mental Health Authority	171	124	72.51%
Morris Foundation Inc	255	184	72.16%
SW CT MH Network	203	146	71.92%
Optimus Health Care-Bennett Behavioral Health	112	80	71.43%
Pathways Inc.	63	45	71.43%
St. Mary's Hospital Corporation	206	147	71.36%
Community Health Services Inc.	104	74	71.15%
Day Kimball Hospital	38	27	71.05%
Norwalk Hospital	268	190	70.90%
My Sisters' Place	27	19	70.37%
Northwest Center for Family Serv and Mental Health	37	26	70.27%
BRIDGES	221	155	70.14%
Stonington Behavioral Health Inc	75	52	69.33%
Middlesex Hospital Mental Health Clinic	84	58	69.05%
Harbor Health Services	379	259	68.34%
Birmingham Group Health Services, Inc.	186	127	68.28%
Easter Seal Goodwill Ind. Rehab. Center Inc.	44	30	68.18%
Capitol Region Mental Health Center	185	126	68.11%
Hartford Behavioral Health	130	87	66.92%
Easter Seals of Greater Hrtfd Rehab Center Inc.	81	54	66.67%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Charter Oak Terrace/Rice Heights Health Ctr	68	45	66.18%
Catholic Charities- Waterbury	103	68	66.02%
Rushford Center	532	351	65.98%
Central Naugatuck Valley (CNV) Help Inc.	76	50	65.79%
Inter-Community Mental Health Group Inc.	284	185	65.14%
CW Resources Inc.	43	28	65.12%
Backus Hospital	202	130	64.36%
ABH - GA Only Providers	162	103	63.58%
Natchaug Hospital	147	93	63.27%
Community Health Resources Inc.	909	573	63.04%
Artreach Inc.	59	37	62.71%
Charlotte Hungerford Hospital	170	103	60.59%
United Services Inc.	476	282	59.24%
River Valley Services	164	96	58.54%
Yale University-Behavioral Health	104	58	55.77%
Education Connection	24	23	-
Search for Change Inc.	22	18	-
Catholic Charities & Family Svcs, Diocese of Norwich	21	17	-
Immaculate Conception Inc.	20	15	-
Liberty Community Services	11	6	-
Coordinating Council for Children in Crisis	10	10	-
Hands on Hartford	8	6	-
Fish Inc_Torrington Chapter	5	4	-
Leeway, Inc.	5	4	-
American School for the Deaf	3	2	-

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

Consumer Survey Differences between Groups⁶

Summary by Domains

Access

Eighty-five percent (85%) of respondents reported satisfaction on the Access domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents who were receiving treatment for Mental Health disorders
- Women
- Respondents aged 25 years or older
- Respondents who identified themselves as receiving MH services
- Respondents receiving services for more than five years
- Respondents using Providers that administered the survey using staff or multiple methods (i.e. via both staff and other neutral parties)
- Respondents from any Planning Region except Region 1 (South Western)

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

- Women
- Respondents over the age of 35
- Respondents who identified themselves as receiving MH services
- Respondents of Hispanic/Latino origin
- Respondents receiving case management services
- Respondents using Providers that administered the survey using multiple methods (i.e. via both staff and other neutral parties)
- Respondents from any Planning Region except Region 1 (South Western)

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

- Respondents of Hispanic/Latino origin
- Respondents aged 25 years or older
- Respondents to whom staff administered the survey
- Respondents receiving services for longer than 5 years

⁶ All analyses were evaluated at alpha = .01. This means that there is a 1 in 100 chance that a difference is identified as a significant difference when in fact it is not.

Quality and Appropriateness

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

- Respondents who were receiving treatment for Mental Health disorders
- Women
- Respondents who identified themselves as receiving MH or both MH and SU services
- Respondents receiving services other than residential or methadone maintenance
- Respondents to whom the survey was administered via staff or multiple methods
- Respondents from any Planning Region except Region 1(South Western)

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

- Women
- Respondents receiving case management or outpatient services
- Respondents from any Planning Region except Region 1

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

- Women
- Respondents of Hispanic/Latino origin
- Respondents in receiving services other than residential

General Satisfaction

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

- Respondents receiving treatment for Mental Health disorders
- Women
- Respondents in the Caucasian (White) racial category
- Respondents who identified themselves as receiving MH services
- Respondents aged 55 years and older
- Respondents receiving services other than residential or methadone maintenance
- Respondents receiving services for longer than 5 years
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents from any Planning Region except Region 1 (South 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 who identified themselves as receiving both MH and SU services
- Respondents aged 35 years and older
- Respondents receiving case management services
- Respondents using Providers that administered the survey using staff or multiple methods

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) racial category
- Respondents aged 55 years or older
- Respondents in vocational rehabilitation programs
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents receiving services for longer than 5 years
- Respondents from any Planning Region 5 (Western)

Outcome

Eighty-one percent (81%) of respondents reported satisfaction on the Outcome domain. The following reported *significantly* higher levels of satisfaction in this domain:

- Respondents receiving treatment for Substance Use disorders
- Men
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents receiving services for less than one year
- Respondents to whom staff had administered the survey
- Respondents from Planning Region 5 (Western)

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

- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in any program other than residential
- Respondents from Planning Region 5 (Western)

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

- Men
- Respondents in the African-American (Black) racial category
- Respondents aged 55 years or older
- Respondents identifying themselves as receiving SU services

- Respondents receiving outpatient or case management services
- Respondents who have been receiving services for five or more years
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents from Region 1 (South Western) or Region 5 (Western)

Recovery

Seventy-seven percent (77%) 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
- Respondents in the African-American (Black) racial category
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in services for more than five years
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents from Planning Region 1 (South Western) or Region 5 (Western)

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

- Respondents who identify with a race other than African-American (Black) or Caucasian (White)
- Respondents of Hispanic/Latino origin
- Respondents identifying themselves as receiving SU services
- Respondents in any program other than residential

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

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

Participation in Treatment

Ninety-one percent (91%) 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:

- Respondents receiving treatment for Mental Health disorders
- Women
- Respondents in the Caucasian (White) racial category
- Respondents identifying themselves as receiving MH or a combination of MH/SU services
- Respondents over the age of 55
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents from any Region other than Region 1 (South Western)

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

- Women
- Respondents in the Caucasian (White) racial category
- Respondents in any program other than residential
- Respondents who have been receiving services for one to two years
- Respondents from Planning Regions 2 (South Central), 3 (South Eastern), or 4 (North Central)

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

- Women
- Respondents over the age of 55
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents from Planning Region 5 (Western)

Respect

Eighty-nine percent (89%) of respondents agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” The following reported *significantly* higher levels of satisfaction with this item:

- Respondents receiving treatment for Mental Health disorders
- Women
- Respondents identifying themselves as receiving MH services Respondents in any program other than residential
- Respondents using Providers that administered the survey using staff or multiple methods
- Respondents from any Region except Region 1 (South Western)

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

- Women
- Respondents in any program other than residential
- Respondents from Planning Regions 3 (South Eastern) or 4 (North Central)

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

- Respondents in any program other than residential
- Respondents from Planning Region 5 (Western)

Quality of Life Results

During Fiscal Year 2009, DMHAS suggested that providers voluntarily administer the WHOQOL-BREF Quality of Life (QOL) instrument, which is a widely used, standardized quality of life tool developed by the World Health Organization. This instrument was introduced to the DMHAS community during Fiscal Year 2008.

The QOL is a 26 question tool that measures consumer satisfaction with the quality of his or her life in the following 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.

This year, DMHAS received 4,961 individual responses to the Quality of Life instrument.

The following table summarizes the key findings from this year's QOL administration.

Table 12: Better Quality of Life by Domain - Statewide

	General QOL	Physical Health	Psychological	Social Relationships	Environment
Respondents receiving tx for substance use problems	x	x	x	x	
Respondents receiving tx for mental health problems					X
Men	x	x	x	x	
Caucasians					X
African-Americans	x	x	x	x	X
“Other” race (not Black or White)				x	
Non-Hispanic ethnic background		x			X
Hispanic ethnic background				x	
Aged 24 years or younger		x	x	x	X
Aged 34 years or younger	x				
Receiving Outpatient services			x		
Receiving Social Rehab services					X
Receiving services for less than 1 year	x	x	x	x	
Receiving services for over 5 years					X
Respondents from Planning Region 1	x		x	x	

The results of this year's Quality of Life survey are similar to those from FY 2008. In general, respondents from substance use treatment programs tended to report higher quality of life in most domains than did people who reported from mental health treatment programs. Interestingly, people who reported from mental health programs tended to indicate significantly better quality of life with regard to questions in the Environment domain.

- Men tended to report a higher quality of life in most domains, as well as African-Americans and people aged 24 years or younger.
- People who identified themselves as Hispanic or Latino tended to report significantly higher quality of life in the Social Relationships domain.
- Respondents from Outpatient programs tended to report higher quality of life within the Psychological domain.

- In general, people who stated that they had been receiving DMHAS services for less than one year tended to report higher quality of life than people who have received services for longer periods of time. However, people who reported that they received services for over five years tended to score significantly higher in the Environment domain.
- Finally, respondents from Planning Region 1 tended to report significantly higher quality of life in the General Quality of Life, Psychological, and Social Relationships domains.

Table 13 lists Quality of Life results by domain from the last two fiscal years.

Table 13: Quality of Life Trends by Domain

Domain	Year	N	Mean Score	Median Score	Std. Dev. of Score
Overall Quality of Life and General Health					
	2009	4936	66.72	75	21.27
	2008	14705	65.36	75	21.85
Physical Health					
	2009	4764	64.1	64	19.32
	2008	14290	62.19	64	19.84
Psychological					
	2009	4492	64.01	67	19.13
	2008	13226	61.81	62	19.61
Social Relationships					
	2009	4560	62.23	67	22.89
	2008	13364	59.95	58	23.3
Environment					
	2009	4668	61.44	62	19.03
	2008	14034	61.31	62	18.71

Many fewer respondents participated in the voluntary Quality of Life assessment in FY 2009, in large part due to provider agencies' choice not to use the instrument. However, DMHAS did receive nearly 5,000 responses. Mean scores for each domain remain strikingly similar between years, although all domain scores did improve slightly from the previous administration.

Table 14 on the following page reviews Quality of Life results by question from the last two fiscal years. Interestingly, nearly all question-level scores increased from the previous year, with the exception of three within the Environment domain: *“How satisfied are you with the conditions of your living place?”*, *“How satisfied are you with your access to health services?”*, and *“How satisfied are you with your mode of transportation?”* The decreases are not large, but may be worth monitoring as these all refer to types of services that DMHAS provides.

Table 14: Quality of Life Trends 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>				
2009	4957	3.75	4	0.91
2008	14797	3.74	4	0.91
<i>How satisfied are you with your health?</i>				
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>				
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>				
2009	4881	3.55	4	1.23
2008	14584	3.36	3	1.27
<i>Do you have enough energy for daily life?</i>				
2009	4839	3.55	4	1.09
2008	14671	3.42	4	1.09
<i>How well are you able to get around?</i>				
2009	4807	3.74	4	1.07
2008	14433	3.77	4	1.06
<i>How satisfied are you with your sleep?</i>				
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>				
2009	4850	3.63	4	1
2008	14550	3.59	4	1.01
<i>How satisfied are you with your capacity for work?</i>				
2009	4809	3.41	4	1.17
2008	14359	3.34	4	1.2
Psychological				
<i>How much do you enjoy life?</i>				
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>				
2009	4847	3.64	4	1.08
2008	14343	3.57	4	1.09
<i>How well are you able to concentrate?</i>				
2009	4908	3.38	3	0.97
2008	14752	3.29	3	0.98
<i>Are you able to accept your bodily appearance?</i>				
2009	4813	3.61	4	1.13
2008	14579	3.51	4	1.17
<i>How satisfied are you with your abilities?</i>				
2009	4841	3.7	4	1.02
2008	14516	3.61	4	1.04

Year	N	Mean Score	Median Score	Std. Dev. of Score
<i>How often do you have negative feelings such as blue mood, despair, anxiety, or depression?¹</i>				
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>				
2009	4845	3.58	4	1.09
2008	14430	3.52	4	1.1
<i>How satisfied are you with your sex life?</i>				
2009	4715	3.28	3	1.25
2008	13834	3.12	3	1.29
<i>How satisfied are you with the support you get from your friends?</i>				
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>				
2009	4889	3.71	4	0.95
2008	14681	3.65	4	0.96
<i>How healthy is your physical environment?</i>				
2009	4866	3.63	4	0.99
2008	14583	3.6	4	0.98
<i>Have you enough money to meet your needs?</i>				
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>				
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>				
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>				
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>				
2009	4840	3.74	4	1.01
2008	14452	3.77	4	1
<i>How satisfied are you with your mode of transportation?</i>				
2009	4819	3.45	4	1.19
2008	14451	3.54	4	1.19

¹ Question is scored in reverse, with higher scores indicating lower QOL. Reversed scores are displayed.

The following pages review the Quality of Life results in more detail.

Quality of Life Summary by Domains

General Quality of Life

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

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents aged 34 years or younger
- Respondents receiving services for less than one year
- Respondents using Providers that administered the survey via staff or multiple methods
- Respondents from Planning Region 1 (South Western)

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

- African-Americans and those who identify as neither Black nor White
- Respondents who identified themselves as receiving SU services
- Respondents aged 34 years or younger
- Respondents receiving outpatient services
- Respondents receiving services for up to two years

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

- Men
- African-Americans
- Respondents from a non-Hispanic ethnic background
- Respondents receiving any services other than outpatient
- Respondents receiving services for more than five years
- Respondents using Providers that administered the survey via staff or multiple methods
- Respondents from any Planning Region except Region 2 (South Central)

Physical Health

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

- Men
- African-Americans
- Respondents who indicated that they received SU services
- Respondents from a non-Hispanic ethnic background
- Respondents aged 24 years or younger
- Respondents receiving any service except methadone maintenance
- Respondents receiving services for less than one year
- Respondents using Providers that administered the survey via staff or multiple methods
- Respondents from any Planning Region except Region 2 (South Central)

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

- African-Americans
- Respondents who identified themselves as receiving either SU services or MH services (not both)
- Respondents aged 24 years or younger
- Respondents receiving outpatient services
- Respondents receiving services for less than one year
- Respondents using Providers that administered the survey via multiple methods
- Respondents from Planning Region 1 (South Western)

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

- Men
- African-Americans and Caucasians
- Respondents from a non-Hispanic ethnic background
- Respondents aged 24 years or younger
- Respondents receiving services except outpatient
- Respondents using Providers that administered the survey via staff
- Respondents from any Planning Region except Region 2 (South Central)

Psychological

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

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents aged 24 years or younger
- Respondents receiving outpatient services
- Respondents receiving services for less than one year
- Respondents using Providers that administered the survey via staff or multiple methods
- Respondents from Planning Region 1 (South Western)

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

- Men
- African-Americans
- Respondents who identified themselves as receiving SU services
- Respondents aged 24 years or younger
- Respondents receiving outpatient services
- Respondents receiving services for less than one year
- Respondents from Planning Region 1 (South Western)

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

- Men
- African-Americans
- Respondents receiving services except outpatient
- Respondents receiving services for more than five years
- Respondents using Providers that administered the survey via staff
- Respondents from any Planning Region except Region 2 (South Central)

Social

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

- Respondents who were receiving treatment for Substance Use disorders
- Men
- African-Americans and those who identify as neither Black nor White
- Respondents who identified themselves as receiving SU services
- Respondents from a Hispanic/Latino ethnic background
- Respondents aged 24 years or younger
- Respondents receiving services for less than one year
- Respondents using Providers that administered the survey via staff or multiple methods
- Respondents from Planning Region 1 (South Western)

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

- African-Americans and those who identify as neither Black nor White
- Respondents who identified themselves as receiving SU services
- Respondents from a Hispanic/Latino ethnic background
- Respondents aged 34 years or younger
- Respondents receiving outpatient services
- Respondents receiving services for up to two years
- Respondents from Planning Region 1 (South Western)

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

- Respondents receiving any services other than outpatient
- Respondents using Providers that administered the survey via staff or multiple methods
- Respondents from any Planning Region except Region 2 (South Central)

Environment

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

- Respondents who were receiving treatment for Mental Health disorders
- African-Americans or Caucasians
- Respondents who identified themselves as receiving either SU or MH services (not both)
- Respondents from a non-Hispanic ethnic background
- Respondents aged 24 years or younger
- Respondents receiving social rehabilitation services
- Respondents receiving services for more than 5 years
- Respondents using Providers that administered the survey via multiple methods

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

- African-Americans
- Respondents who identified themselves as receiving either SU or MH services
- Respondents aged 24 years or younger
- Respondents receiving outpatient services

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

- African-Americans or Caucasians
- Respondents from a non-Hispanic ethnic background
- Respondents receiving any services except outpatient
- Respondents receiving services for more than 5 years
- Respondents using Providers that administered the survey via staff or multiple methods

Feedback from the DMHAS Community

Consumer Feedback

This was the third year in which DMHAS included an open-ended question in our survey: “Is there anything else that you would like to tell us about your services here?” DMHAS received over 5,546 comments, representing a 13.5% increase from FY2008.

The majority of comments in the dataset were positive which is consistent with the respondent comments from the FY2008 Consumer Survey. This indicates that the majority of our consumers continue to be satisfied with the treatment they receive through the DMHAS provider network. However, there is always room for improvement and there were a few themes that emerged to indicate that some respondents feel their needs are not always being met.

Methodology

Data Collection

The qualitative data analyzed were responses to the aforementioned open-ended question which concludes the DMHAS Consumer Survey. While many respondents to the survey tend to leave this area blank, 22% of the respondents took the time to write in some feedback. These comments were then entered into the DPAS Consumer Survey System, and then later extracted en masse with other Consumer Survey data.

This process is not without its challenges. Sometimes handwriting is difficult to read. Data entry personnel may interpret a written word in different ways. Additionally, database queries can cut long strings of text short. Inevitably, there is some data loss between the initial sharing of the comment and analysis.

Analysis

Once the textual data was extracted from the Consumer Survey System, it was imported into SPSS 15.0 for further formatting. Records with text comments were isolated from the rest of the Consumer Survey dataset. We then built flags for levels of care, which enabled us to sort comments by program type and break the large text document into sections for analysis.

ATLAS.ti, a qualitative analysis software package, was used to manage the complete set of comments. This software allows the user to code as well as query the data. The coding process allows for the development of themes that can be found throughout the data. Qualitative analysis is different from quantitative analysis in that it is a very human task. A computer can greatly assist in forming categories by finding certain words, but it is the human who comes up with the ideas and finds the patterns, takes the notes, makes memos, and pursues additional lines of inquiry.

The comments were coded using terms that seemed to best represent the thoughts of the respondent. As you read through this analysis, you will notice that some comments could have easily been placed under more than one theme. In addition, many statements are complex and contain several ideas to parse.

Reporting

In this analysis, we present examples of comments that correspond to some of the most common themes and sub-themes identified in the FY2009 consumer survey data. At times, it has been difficult to choose which comments to include and exclude in this report. A full listing of all comments received will be published on the DMHAS website, organized by theme, in a separate document.

What follows is a sample of comments representing the main themes that emerged from an analysis of respondents' comments: satisfaction, appreciation, helpful, communication, outcomes, concerns, and suggestions. Some of the comments presented have been lightly edited for subject-verb agreement and spelling.

We hope that this analysis will provide valuable feedback on the strengths and weaknesses of the DMHAS provider network, and assist with future planning and improvements.

Satisfaction

The majority of comments provided by clients were overwhelmingly positive. Comments ranged from short statements such as "Great program!", "Excellent!" and "Very professional staff!" to more protracted statements. The largest reactions were in regard to the staff and services received. Staff was mentioned 1,643 times while the services and programs received 1,540 mentions. Many of the comments mentioned staff members and programs by name however these types of comments have not been included in this reporting.

Overall

- "Don't change...there are so many people that need your service and you are there 24-7."
- "An enjoyable assistance in getting my life back in order regardless of my past legal and addiction problems, and now I'm mainly learning patience and how to wait for the worthwhile things in my new way of life."
- "Everything is going smooth so far, thanks for caring. Keep up the good work."

Staff

- "Each and every staff member is more than professional at what they do here..."
- "Everyone is great. I consider myself lucky to be working with them."
- "Everyone is so kind and considerate. It's almost like family, caring about your life as well as your well-being."
- "The staff is really caring and fun to be around. They make it very comfortable for us. They always have time for us."

Agency/Services

- “The services I have received thus far have been more than I could have asked for. Just having a consistent roof over my head takes so much stress away and allows me to work harder at “where I want be.” And the staff makes it much better with the support they give.”
- “This is an amazing place, and I wish more places existed like this for people to get the care they need.”
- “The programs were good but over the years it’s gotten better and better and so have I. I’m particularly impressed with the different groups that are offered. And a willingness to open the clinic up to more and different therapies like the walking group. Exercise is so very important to mental health that it should be a constant and encouraged.”
- “They are very kind to my needs also help with my transportation, the building is very clean and designed nicely. God bless all the staff.”

Helpful

In terms of their satisfaction, most respondents found their experience to be “helpful”. In fact, the word “helpful” appeared in 361 comments provided by respondents. The word was used to describe staff, programs, and techniques used to assist in respondent’s progress. The term was also used by respondents in some of their suggestions for program improvement.

Staff

- “All clinicians and front desk are genuinely helpful.”
- “Doctors and secretarial staff are wonderful and very helpful.”
- “I’m very grateful for the people that I met here and how helpful they have been in my life.”
- “Everybody has been so helpful and caring in my time of need.”

Programs

- “I find the meetings relaxing, helpful and very accommodating to my issue.”
- “The program is helpful in so many ways and the staff is kind and really cares.”
- “This is the most helpful treatment program that I’ve ever been in.”

Techniques

- “The reminder phone calls for therapist and MD visits are so very helpful.”
- “I feel that this group counseling was helpful learning ways to cope and I learned ways to deal with certain things.”
- “The session pamphlets were very helpful to someone who enjoys reading.”
- “The weekly food pantry has been very helpful to me especially in these hard economic times.”

Suggestions

- “More group meetings such as codependents and adult children of alcoholics would be helpful.”
- “Reminder calls for medical management appointments would be helpful, and would decrease the amount of missed appointments for everyone.”
- “More help in finding employment would be helpful.”

Communication

One of the areas where respondents found staff and agencies to be most helpful was that of communication. A search that utilized variations on the terms “communicate”, “talk”, and “listen” produced 254 comments. These comments were mostly positive and illustrated respondent’s feelings that staff provides a safe environment to talk and are good listeners and also that agencies effectively communicate aspects of treatment and care. A few respondents did express their frustration with certain aspects of communication as well.

Positives

- “Great communication between counselors and clients.”
- “All counselors were very professional with their communication.”
- “Appointments with my doctor have been very good, productive and he provides a comfortable outlet for me to talk about issues I’m having.”
- “Everyone is very respectful and everyone listens to what you have to say no matter what it is.”
- “My counselor and I can talk about anything and not feel like I’m burdening her.”

Concerns

- “I wish they would have better communication between staff and residents.”
- “I don’t feel there is enough communication between the staff that works here.”
- “They should listen to the clients when they have concerns and do something about it when there’s an issue.”
- “Would have been better to have better communication with the doctors and nurse.”
- “Communication between therapist and doctor about meds and appointments should be a lot more stable and on a schedule.”

Appreciation

Based on their satisfaction many respondents offered comments of appreciation. A simple search based on the phrase “thank you” yielded 385 occurrences while an expanded search using additional terms of appreciation, such as “thanks” and “grateful”, yielded 647 quotations. These comments reflect respondent’s appreciation of staff and services as well as for the chance to be heard through their comments. Here are a few samples:

General Comments

- “I have a life now. Thank you.”
- “From my heart, thank you for saving my life!”
- “Thank you very much for helping me get my life together.”
- “Thank you for changing the entire rest of my life forever. I will never forget all that your facility gave me and will be forever grateful and thankful that your facility gave me the rest of my life!”

Program/Services

- “I feel this program is the lifeline that I have needed to help me make positive changes in my life. All the staff is very professional, kind and supportive. Thank you!!!”
- “I’m so grateful for the world of good this agency has done for me and still does.”
- “This program has really helped me start a new path right before college, giving me a chance to be who I want to be without the use of drugs and/or alcohol...Thank You.”

Staff

- “All staff was very respectful and helpful. Thank You.”
- “The staff here has helped me improve the way I handle every situations, and for that I am very grateful.”
- “Thank you all for your compassion and empathy for every individual that you see.”

Outcomes

Many respondents noted their progress in achieving treatment outcomes. These not only include clinical outcomes but personal ones as well.

- “Thank you for changing the entire rest of my life forever. I will never forget all that your facility gave me and will be forever grateful and thankful that your facility gave me the rest of my life!”
- “As a result of the program, I am working again after ten years of unemployment. It is the people involved as well as the philosophy of the program that make it work.”
- “When I first arrived here, I was scared, angry, sad, in a tremendous amount of pain-I had not invited faith and hope into my treatment for some years. Later, with trial and error I have learned so much about myself as well as the special needs of others I have come to associate with here.”
- “I feel that I have been the beneficiary of some superb counseling, medical, and diagnostic services. In terms of giving back to the community, I have been fortunate given my particular talents (i.e., music) to do things that have really benefited a variety of causes in the neighborhood.”
- “Because of this agency I have returned to school after thirty years. I am maintaining an average in the human services degree program at HCC. I am currently employed in a TEP work program which is major for me, after two job time losses and

hospitalizations. They not only connect the members with the appropriate resources but they care for each individual.”

Needs and Concerns

While the majority of the comments were positive, there were some comments that pointed to concerns respondents had about staff and services. Some of these concerns - staff turnover, transportation, and program hours - were voiced by a number of respondents. These types of comments are given as much if not more attention during analysis. It is important to remember that these comments constitute the minority of what was submitted by respondents.

General Concerns

- “There is very little privacy in the new office and I don't like it.”
- “I have problem with transportation and getting a bus pass. Sometimes miss groups because of transportation.”

Staff Turnover

- “What bothers me is we have such a high turnover in staff because they aren't paid enough.”
- “As a result of people leaving a lot of services are no longer offered.”
- “Very concerned regarding the turnover of therapists. I've had three and at present waiting for the fourth one to be assigned.”
- “Instability of staff constantly changing was very disconcerting.”

Hours

- “Everything is great but wish they had earlier hours, I have to be to work early.”
- “Hours of service sometimes conflict with my work schedule.”
- “Need to be open more hours.”
- “What would be nice is meetings here at 9-10 am. I work nights and it's hard to be here so early.”

Transportation

- “I need help with bus transportation. In order to get to groups/meetings.”
- “Don't have transportation. I have no choice but to come walking.”
- “Would like transportation back.”
- “We should try to come up with some help of means a transportation.”

Suggestions

In addition to pointing out needs and concerns respondents also offered suggestions for program improvement.

- “I would like to see more therapeutic, holistic information available and to be used in this process of healing and sobriety.”
- “Gaps in service at times. Could be better organized and would like a step by step treatment plan so that I can feel that I am making progress.”
- “Would like staff to form support group for individuals suffering from traumatic brain injuries, visual, auditory, sensory, etc.”
- “More time with counselors. Example: at least 2 sessions per week.”

Provider Feedback

As in previous years, this year we received a number of comments about the annual survey through the supplemental “Provider Process Summary” form. Sixty-three of the participating agencies provided data on how and when they administer the Consumer Survey. All provider comments may be found in Appendix 2 of this report. Participation in the Provider Process Summary has been steadily declining over the years, possibly due to increased communication between DMHAS and providers in general.

Several providers expressed relief that the Quality of Life instrument was decoupled from the main Consumer Survey Instrument, and noted that the shorter length made the survey process easier this year.

Some comments were made about the possibility of adapting the form, survey questions, or answer options.

Once again, a number of providers indicated that using peers to administer the survey was very helpful. It also appears that more providers are at least considering using the web based option offered by DMHAS through SurveyMonkey.com.

Survey timing and saturation were again raised as issues to be addressed. Some providers planned Consumer Survey deployment around other surveying schedules.

Discussion

This year's Consumer Satisfaction Survey again gives us useful information about how the DMHAS Healthcare Service System is performing. We received a record number of survey responses this year, over 25,000. In general most consumers report that they are satisfied with DMHAS services. When we compare Connecticut's outcomes with the latest national survey compiled by the National Association of State Mental Health Program Directors (NASMHPD), we rate higher in the General Satisfaction, Participation in Treatment, Quality and Appropriateness, and Outcome domains. Satisfaction in the Access Domain is about the same as the national average. While our scores in all domain areas have remained relatively constant over the past five years, consumer satisfaction rose slightly in every domain this year.

One finding of interest is that consumers continue to report the highest degree of dissatisfaction in the Recovery Domain. This was a domain that DMHAS added in 2005 to help us more effectively gauge how respondents felt about their personal recovery. The overall level of satisfaction in this Domain was about 76%, significantly lower than satisfaction levels in all other Domains. Consumers/individuals in recovery have again given us a clear message that this is an area that we can improve. The responses show that many respondents do not feel they are involved in their communities and also feel burdened by their illness. These results would imply that DMHAS needs to increase its emphasis on community integration and community involvement.

An analysis of specific questions provides useful information regarding potential areas that might be targeted by agencies for quality improvement activities. Certain questions in the survey showed markedly lower levels of satisfaction. Examples of this occur in the Recovery and Outcomes Domain. Each of the following questions shows significantly lower levels of satisfaction:

Outcomes Domain

Staff told me what side effects to watch out for.

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

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

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

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

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

Recovery Domain

In general I am involved in my community.

In general I can have the life I want, despite my disease/disorder.

It is important for agencies to conduct a similar analysis of their own results. While overall satisfaction may be high at an agency, an analysis of the results for each of the questions in a given domain may show areas that need attention. For example, on an agency level you may find poor scores for one of the statements like "Staff told what side effects to watch out for". This could lead to a quality improvement activity focused on improving scores in that area. The individual questions may show that family work could be enhanced or that additional focus needs to be placed on community integration.

Another finding of interests relates to satisfaction and age. Generally, respondents over 55 voiced higher degrees of satisfaction while respondents under 34 expressed lower satisfaction. It may be useful to examine whether these differences reflect treatment that either does or does not adequately address differing developmental issues or tasks.

Certain program levels of care also report higher or lower degrees of satisfaction. Individuals who receive vocational rehabilitation services report higher degrees of satisfaction, while individuals in methadone maintenance and in residential programs express substantially lower degrees of satisfaction. It may be important for agencies that provide these services to more carefully analyze what contributes to the higher or lower scores.

Women again express higher levels of satisfaction in all domains except for Outcome and Recovery. This trend has been noted over several years. These higher satisfaction levels should lead us to examine whether we are treating women differently than men. We also see satisfaction is largely consistent across races and ethnicity. While African-Americans express significantly higher levels of satisfaction in the Recovery domain than do Whites, satisfaction does not differ significantly across racial categories for any other domain. A similar pattern is observed with ethnicity. Similar to last year's results, persons of Hispanic/Latino origin expressed significantly higher levels of satisfaction with the Outcome and Recovery Domains, but there are no significant differences in satisfaction level for the other domains.

DMHAS will be evaluating the current benchmark for overall Satisfaction in the Survey. The current benchmark is 75% and in each of the past two years, only a handful of providers did not meet that measure. The measure may need to be increased based on the data we have compiled over the past several years.

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

Appendices

Appendix 1: 2008 Consumer Survey Materials

Appendix 1.1: DMHAS Consumer Survey FY 2008 Memorandum



**M. JODI RELL
GOVERNOR**

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

A Healthcare Service Agency

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

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

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

SUBJECT: CONSUMER SURVEY FOR FISCAL YEAR 2008

DATE: OCTOBER 10, 2007

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

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

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

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

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

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

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

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

DMHAS Consumer Survey FY 2009 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, 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 Abuse Methadone Maintenance
- Substance Abuse Intensive Outpatient
- Substance Abuse Partial Hospitalization
- Substance Abuse Outpatient including Gambling
- Substance Abuse Residential including Intensive, Intermediate, Long-Term Treatment, Long-Term Care, Transitional Residential/Halfway House
- Substance Abuse Recovery House
- Substance Abuse Case Management

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

Sample Size



The required sample size for each provider should be based on the unduplicated client count for the first quarter of FY 08, for all programs that have the Consumer Survey requirement. This is a change from the previous requirement that the sample size be based on the unduplicated count for the full fiscal year.

The unduplicated client counts should be obtained from the CC820: Report of Clients Active in Program in the DMHAS Provider Access System (DPAS). This source and number will be used in the statewide analyses, which will be completed at the end of the process/close of the fiscal year.

How to determine your sample size:

1. Determine the unduplicated client count for your agency and/or programs: In DPAS, set the date parameters in DPAS for **7/1/2007 to 10/01/2007.**
2. From the DPAS Reports Menu, select the report called “cc820, Client Active in Treatment” and select the “Totals Only” option. This will provide a report that includes the unduplicated client count by program.
3. Providers that choose to attribute survey responses to particular programs should make an effort to obtain numbers of completed surveys from each program in rough proportion to the relative numbers of unduplicated client counts for the programs to provide meaningful data.
4. Determine the number of surveys you should administer based on a sample size needed to attain 95% Confidence Level with a Confidence Interval of +/- 7%. You may use the table on the next page for approximate numbers, or may access a calculation tool at <http://www.surveysystem.com/sscalc.htm> . In the “Determine Sample Size” table, set the Confidence Level at 95%, enter a Confidence Interval of 7, and select “Calculate” for an immediate calculation response.

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, 2009.

Survey Instrument – FY 09



The survey instrument this year is comprised of the 28-item MHSIP survey. The Quality of Life (QOL) portion has been **removed** from the consumer survey document, and is offered as a **completely voluntary 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 2009 survey is again available in English and Spanish.

The Consumer Survey System/ Submission of Survey Data

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

Data entry for the QOL instrument is performed through the online Consumer Survey application. Please contact Karin Haberlin (860) 418-6842 if you have any questions about this process.

Provider Process Summary

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

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

Due Date

“Due date” refers to the date by which all surveys must be entered into the Consumer Survey System. All surveys for FY09 will be due by June 30, 2009.

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.

Mailing address:

Evaluation, Quality Management, and Improvement Division
Department of Mental Health and Addiction Services
410 Capitol Avenue 4th Floor
PO Box 341431, MS 14 SSO
Hartford, CT 06134

Thank you for your continued participation in the annual Consumer Survey.



M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A Healthcare Service Agency

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

Dear Program Participant:

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

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

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

Thank you.

A handwritten signature in black ink, appearing to be "TK", written in a cursive style.

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

Appendix 1.4: DMHAS Consumer Survey FY 2009

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

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

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

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

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

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 life to be meaningful?	1	2	3	4	5

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

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

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

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

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

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

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
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
26.	How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1	2	3	4	5

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

Yes	No
-----	----

Thank you for your help

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

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

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

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

- Provider
- Program

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

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

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

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

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

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

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

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

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

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

Thank you for your input!

SURVEY INSTRUMENT

Length

- Survey was a lot better without the quality of life questions.
- Much better than last year (shorter survey), many clients simply refuse to participate

Clarity/Comprehension

- Many clients were unsure of what some questions were asking and therefore wrote neutral as their response

Relevance/Appropriateness

- The survey process went well this year. Clients however still complain that the survey is "wordy" the format "busy" and some of the questions are irrelevant.
- Survey tool continues to have the same issues noted in previous years. Select tool that is easier for long-term clients.
- A few clients were in the hospital part of the time and a few were very new and felt it was too early to make some of the judgment calls that were needed to fill the survey out.

SURVEY PROCESS

Too Many Surveys/Repetition

- Administering the survey at the program level is problematic. A [Provider Name] client can potentially participate in 4 different programs at our agency alone. It is difficult for clients to discern program specific services, since there is overlap and integration of programs. Also, our clients are asked to complete this survey at other services providers in the system, which is overwhelming and bothersome to them.
- Several survey participants are enrolled in more than one DMHAS funded program. These participants frequently refused to complete the survey for more than one program.
- There were multiple surveys requested from consumers at the same time of year, impacting number of refusals.

SURVEY RECORDING (DPAS APPLICATION)

- Many problems logging into system to enter survey. Once logged in, data entry was easy, but time consuming. Had to pay staff overtime to do data input.

- Please make the survey more friendly to complete by making answers be entered via keyboard using tabs and arrow keys. When I tried it this way, the QOL section kept crashing.

SUGGESTIONS/REQUESTS

- Adapt forms for housing case management
- I believe that the last question on the process summary should be changed to reflect the new procedure of using a quarterly count.
- Make the date of the surveys more prominent. This is the most frequently omitted data by clients.
- Clients continually ask that the questions be changed and that there be only an Agree, Disagree, Neutral or Not Applicable response.
- Can we offer clients a gift card?

BEST PRACTICES

- Using consumers have been a rewarding experience for all involved and plan on repeating that next year.
- Disappointed in low number of consumers who had a chance but did not utilize the on-line survey option. We received a grant for a kiosk in our wait areas and hope that may encourage more participation...
- I believe we did quite well, because we gave tenants a lot of time. We also discussed the surveys during our tenant meetings.
- We implemented the surveys over a 4 month period to maximize responses received. We utilized both direct service staff and consumers to help assure we met the representative sample. A collection box was used to assure responses were anonymous. Positive feedback was given when the consumers did not have to fill out the quality of life survey that was paired last year as many felt that was intrusive.
- Clients seemed more willing to participate in the survey this year. We attached the cover letter to each survey explaining why we were requesting clients provide their input.
- It worked well when peers came to the clinic and distributed the survey.
- It went fine. Perhaps the clients can do the survey directly on the computer.
- Names were not written on any surveys in order to keep responses anonymous.
- [Agency] also conducts an internal consumer satisfaction survey in the fall of each year so to space things out we administer the DMHAS consumer satisfaction surveys in the spring.

GENERAL COMMENTS

- All went very well.
- No issues have been reported or identified.
- This year we received many written comments, which we found to be very helpful. The administration this year was much smoother than last year. Last year, many clients did not respond favorably to the second survey and some were upset by the questions. This year was a much better process.
- Patients are not always willing to take part. We feel pressure to push them to do it.
- It went fine. At this moment we do not have any suggestions, however, we will be more than happy to share any that we think of or receive from clients during the monthly Quality Assurance Conference calls.
- The survey process went well and provided a nice platform for feedback and discussion amongst both consumers and staff about different ways to administer the survey next year. This process always provides a good venue to solicit consumer opinion and implement performance improvement activities.
- Very few client comments this year - no major struggles.