# CONSUMER SURVEY 2005
# ANNUAL REPORT

**OCTOBER 2005**

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

**410 CAPITOL AVENUE**
**HARTFORD, CT 06134**

# TABLE OF CONTENTS

# LIST OF TABLES AND FIGURES

# NOTE FROM THE COMMISSIONER

**Consumers' Opinions** about the services provided by Connecticut's mental health and addiction services treatment system, and how they view the quality of their daily lives as a result of these services -- that is what the FY 2005 Consumer Survey by the Department of Mental Health & Addiction Services sets out to capture. Who better to critique the quality and effectiveness of the services received in DMHAS operated and funded programs but the customers? Evaluating the service system is of great importance for ensuring that the right services are available for consumers and that the services truly aid in consumers' journeys of recovery. Direct input from the persons who use these services is a vital component of that evaluative process and is essential to our efforts to make the DMHAS service system increasingly recovery-oriented and consumer-driven. I hope that everyone with a role in the service system will take to heart the feedback summarized in this statewide report and in the individual reports available to each agency from its own survey responses.

My thanks to everyone for the excellent response this year. First and foremost, to the consumers, be assured that we value what you have to say. Your participation in the survey gives us another link to better understand how our services assist your management of your illness and recovery. To the providers who afforded consumers this opportunity to voice their opinions, we at DMHAS appreciate your commitment to the consumer survey and your continued dedication to assuring quality care for the people we pledge together to serve.

Commissioner
Thomas A. Kirk, Jr.

# ACKNOWLEDGEMENTS

The Connecticut Department of Mental Health and Addiction Services would like to acknowledge and thank the clients who took time to complete the consumer survey and share their thoughts with the providers and the state. We would also like to recognize the work of the provider community that helped in the implementation of the survey. We would be remiss if we did not acknowledge Clifford McKibbin, who helped develop the computer application so that the data entry for the consumer survey data could be accomplished through our existing data collection system, thus moving us closer to automation.

# EXECUTIVE SUMMARY

## SURVEY PROCESS

The Connecticut Department of Mental Health and Addiction Services (DMHAS) conducts an annual survey to hear about consumers' experiences with our public service-delivery system. This year was the third year that DMHAS used the 23-item version of the Consumer Survey developed by the Mental Health Statistics Improvement Program's (MHSIP) *Consumer-Oriented Mental Health Report Card*. The survey was administered by the providers to consumers who received treatment for substance use and/or mental-health disorders. Each provider was given a target sample size, so the results would be generalizable to the population served by DMHAS.

The MSHIP 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 the consumers' satisfaction with services received.
- The Access domain is comprised of four items and measures consumers' perception about how easily accessible services were.
- The Quality and Appropriateness domain is comprised of seven items and measures the consumers' perception of the quality and appropriateness of services.
- The Outcome domain is comprised of seven items and measures the consumers' perception about treatment outcomes as a result of receiving services.
- An item on consumers' perception of participating in treatment.
- An item on consumer experience of being respected by staff.

To the MHSIP survey the Connecticut Department of Mental Health and Addiction Services added the Recovery domain which is comprised of five questions assessing consumer perception of "recovery oriented services."

## FINDINGS

The majority of our consumers were satisfied with the treatment services that were being provided to them through our provider network.

### DEMOGRAPHICS

- A total of 21,575 surveys were completed statewide. Of the 133 providers that were to administer the survey, 123 submitted data.
- Slightly more than half (52%) the consumers responding to the survey were men, almost 40% were women and 8% of the respondents did not identify their gender.
- The majority (61%) of the consumers responding to the survey were white, 15% were black and 16% did not identify their race.
- About two in 10 (19%) identified themselves as Hispanics and four in 10 (40%) chose not to identify their ethnic origin.
- A little over half (52%) the consumers that responded to the survey were between the ages of 35-54.
- About an equal number of clients were receiving services for mental health (42%) versus substance use disorders (43%).

### MHSIP Domains

- Eight out of 10 consumers reported a positive perception on the Access, Outcome, and Recovery domains.
- Nine out of 10 consumers reported a positive perception on the Appropriateness and General Satisfaction domain.
- About 89% agreed with the statement, "I felt comfortable asking questions about my services, treatment or medication."
- Eighty-eight percent agreed with the statement, "My wishes are respected about the amount of family involvement I want in my treatment."

### Demographic Characteristics and Satisfaction on MHSIP Domains

- Women expressed significantly higher levels of satisfaction than men on all domains except Outcome and Respect.
- African-American/Blacks expressed significantly higher level of satisfaction with the Outcome and Recovery domains in comparison with Whites and those who identified themselves as of some other race.
- Hispanics expressed significantly higher level of satisfaction with the Outcome and Recovery domains in comparison with non-Hispanics.
- Consumers who were 55 and older expressed significantly higher level of satisfaction in all the domains followed by consumers between the ages of 25-54. Consumers younger than 24 expressed the least amount of satisfaction with services.

### Service Area and MHSIP Domains

- Consumers receiving services for substance use disorders expressed significantly higher level of satisfaction on the Outcome and Recovery domains when compared with consumers receiving services for mental health disorders.
- Consumers receiving services for mental health disorders expressed significantly higher level of satisfaction on the Access and General Satisfaction domains when compared with consumers receiving services for substance use disorders.

### Limitations

- The MHSIP consumer survey was standardized for use with the consumers receiving treatment for mental health disorders and not consumers receiving substance use disorders treatment.
- Various providers administered the survey in different ways. For example, some providers used peers while others used staff to administer the survey.
- Despite our attempt to provide anonymity to our consumers as they express their opinion about satisfaction with our services, we have been unable to provide for a totally anonymous survey setting.

# INTRODUCTION

Consumer Satisfaction Survey SFY 2005 (July 1, 2004 – June 30, 2005)

## PURPOSE

The purpose of the client satisfaction survey is to gauge the satisfaction of our clients with the services being provided in Connecticut's system of mental health and substance use disorders care.

## HISTORY

The first statewide survey, "Voice your Opinion" was conducted in FY 2000/2001, funded by a federal State Indicator Pilot grant. Trained peer surveyor teams administered the survey to groups of consumers at selected mental health services sites in each region. The MHSIP consumer survey instrument was used, with the addition of some items developed by a Steering Committee comprised of consumers and representatives from other stakeholder groups. Refer to Appendix 1 for survey-related communication for SFY 2000/2001.

In SFY 2002 providers used their own survey instruments.

In SFY 2003, most mental health and substance abuse agencies in the DMHAS service system participated in the survey, due to changes in contracts to require providers to use the DMHAS MHSIP-based instrument. For most program types, the performance measures in the contract included the following language regarding the survey: "*at least 75% of respondents to the DMHAS consumer survey will rate services positively in the domains of access to services, quality of services, outcomes, participation in treatment planning, and overall satisfaction with services*."

DMHAS provided guidance about how to use the MHSIP instrument and implemented a sample size requirement (95% confidence level at an interval of +/- 10%)[1]. Providers entered data into

[1] 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

an Excel-based entry-and-report tool and transmitted the data electronically to the Division of Quality Management and Improvement at DMHAS for analysis. Data was aggregated at the program level. Refer to Appendix 2 for survey-related communication for SFY 2003.

In SFY 2004, almost all agencies that received DMAS funding participated in the consumer survey (once again using the MHSIP instrument), and the number of responses topped 17,000. All guidelines were the same as those issued in 2003 with the exception of the sample size requirement, which was changed to 95% confidence level with a narrower confidence interval of +/- 7%. Refer to Appendix 3 for survey-related communication for SFY 2004.

In SFY 2005, all agencies were again to participate in the survey. The only changes were an addition to the previous instrument: five questions pertaining to the Recovery domain, and the requirement to enter all client-level data using an online module developed by the Division of QMI. Refer to Appendix 4 for survey-related communication for SFY 2005.

## ORGANIZATION OF THE REPORT

This document presents statewide data. This report is an attempt to capture work done in DMHAS over the last three years related to assessing views of consumers served in the mental health (MH) and substance use disorder (SUD) treatment programs. This reports presents survey data by demographics for all the analysis that were run. Even though there may be slight differences in the level of satisfaction expressed by consumers, only differences that were statistically significant have been mentioned in the report. For example, if men report a satisfaction of 88% and women report a satisfaction level of 89%, the difference is not meaningful and not statistically significant.

## CONTACT INFORMATION

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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%.

# METHODOLOGY

## MEASURES

Clients were surveyed using the 23-item MHSIP Consumer Satisfaction Survey. The response categories are on a 5-point Likert scale, where "1" represented strong agreement and "5" represented strong disagreement with "3" being neutral and "9" being not applicable. Please refer to Appendix 5 for the MHSIP survey used in the SFY 2005.

The MSHIP Consumer Satisfaction survey was designed to measure consumer satisfaction with services in the following domains:

- The General Satisfaction domain is comprised of items 1-3 and measures the consumers' satisfaction with services received; at least two items had to be completed by the consumer for the domain score to be calculated.
- The Access domain is comprised of items 4-7 and measures consumers' perception about how easily accessible services were; at least two items had to be completed by the consumer for the domain score to be calculated.
- The Quality and Appropriateness domain is comprised of items 8 and 10-15 and measures the consumers' perception of the quality and appropriateness of services; at least four items had to be completed by the consumer for the domain score to be calculated.
- Finally, the Outcome domain is comprised of items 17-23 and measures the consumers' perception about treatment outcomes as a result of receiving services; at least four items had to be completed by the consumer for the domain score to be calculated.
- An item on consumers' perception of participating in treatment.
- An item on consumer experience of being respected by staff.

To the MHSIP survey the Connecticut Department of Mental Health and Addiction Services added the following:

- The Recovery domain is comprised of five questions (24-28) assessing consumer perception of "recovery oriented services;" at least three items had to be completed by the consumer for the domain score to be calculated.
- In addition, agencies were free to add another five questions about issues that they felt were important to measure.
- The clients were asked to self identify their gender, race, age, and ethnicity.
- The agencies were also asked to complete a supplemental report form that provided additional detail about all the participating agencies and population information used to calculate sample size.

## ADMINISTRATION

The programs were provided with guidelines and the survey instrument to be used for data collection. General guidance was provided with reference to time frame, publicizing the survey, selection of consumers, presentation of the survey to consumers, privacy, methods of administration, assistance, sample size calculation, and reporting.

## SAMPLING

The providers were asked to base their sample size on the total number of unduplicated consumers served by the provider in a quarter. The sample size calculation was based on the 95% confidence level and 7% confidence interval (see footnote 1 on page 1 for explanation). Some providers used the sample while others chose to administer the survey over a longer period of time to many more consumers than required. Many providers chose to sample at the level of the program and not at the level of the provider, which might account for the larger samples from some providers. Some elected to add questions to the survey. Refer to Table 1 for the summary of the expected and the actual sample size information used by the providers for survey administration. The unduplicated consumer counts used for this report were based on information in the DMHAS Provider Access System (DPAS) for the quarter of October 1, 2004 to December 31, 2004.

The survey was administered to a sample of clients who received treatment services during the state fiscal year 2005. Specifically excluded from the survey were individuals receiving only emergency, prevention, or inpatient services.

The methodology for administration differed among providers. Most providers used their staff to administer the survey. Some providers asked for assistance from clients and peers in the administration of the survey. The providers collected the completed consumer surveys, and the responses were entered into the Consumer Survey application in DPAS.

**TABLE 1: EXPECTED AND ACTUAL SAMPLE SIZE BY PROVIDER/AGENCY**

| PROVIDER NAME | Unduplicated Client Count 10/04-12.04 | Proposed Sample 95% CL, 7% CI | Actual Sample |
|---|---|---|---|
| APT Foundation Inc. | 1,930 | 178 | 451 |
| Ability Beyond Disability Institute | 86 | 60 | 56 |
| Alcohol & Drug Recovery Center (AD | 1,624 | 175 | 361 |
| Alcohol Services Organization of S. | 193 | 97 | 117 |
| Alliance Treatment Center, Inc.[1] | 14 | 13 | 53 |
| American School for the Deaf | 18 | 17 | 12 |
| Applied Behavioral Rehab Research I[2] | 6 | 6 | |
| Artreach Inc. | 98 | 66 | 61 |
| Asian Family Services | 70 | 52 | 58 |
| BRIDGES | 1,073 | 166 | 228 |
| Backus Hospital | 892 | 161 | 204 |
| Bridge House | 216 | 103 | 119 |
| Bridgeport Community Health Center- | 17 | 16 | 75 |
| Bristol Hospital | 55 | 43 | 39 |
| CO-OP Center - Proyecto Nueva Vida | 1 | 1 | |
| CSI CT (Comm Solutions Inc.) | 439 | 136 | 99 |
| CTE Inc.,Viewpoint Recovery Program | 31 | 27 | 15 |
| CW Resources Inc. | 45 | 37 | 30 |
| Capitol Region Mental Health Center | 1,576 | 174 | 176 |
| Catholic Charities of Fairfield County Inc. | 410 | 133 | 144 |
| Catholic Charities- Waterbury | 185 | 95 | 133 |
| Catholic Charities-Hartford Inst -H | 282 | 116 | 90 |
| Center City Churches Inc. | 6 | 6 | 3 |
| Center for Human Development | 230 | 106 | 144 |
| Central CT Coast YMCA | 33 | 28 | 40 |
| Central Naugatuck Valley Help Inc. | 165 | 90 | 86 |
| Charlotte Hungerford Hospital | 1,010 | 164 | 173 |
| Chemical Abuse Services Agency (CASA) | 425 | 134 | 564 |
| Chrysalis Center Inc. | 681 | 152 | 294 |
| Columbus House | 319 | 122 | 71 |
| Community Enterprises Inc. | 59 | 46 | 40 |
| Community Health Center Inc. | 23 | 21 | 15 |
| Community Health Resources, Inc. | 2,105 | 179 | 178 |
| Community Health Services Inc. | 159 | 88 | 68 |
| Community Mental Health Affiliates | 1,743 | 176 | 493 |
| Community Prevention and Addiction | 424 | 134 | 209 |
| Community Substance Abuse Centers I[1] | 594 | 148 | |
| Connecticut Counseling Centers Inc. | 1,590 | 175 | 331 |
| Connecticut Mental Health Center | 3,337 | 185 | 550 |
| Connecticut Renaissance, Inc. | 461 | 138 | 136 |
| Connection, Inc | 541 | 144 | |
| Continuum of Care | 271 | 114 | 111 |

| PROVIDER NAME | Population | Proposed Sample 95% CL, 7% CI | Actual Sample |
|---|---|---|---|
| Coordinating Council for Children in Crisis | 25 | 22 | 10 |
| Crossroad, Inc | 165 | 90 | 109 |
| Danbury Hospital | 545 | 144 | 211 |
| Day Kimball Hospital | 136 | 81 | 59 |
| Dixwell/New Hallville Community MHS, Inc. | 361 | 127 | 104 |
| Easter Seal Goodwill Ind. Rehab. Center | 64 | 48 | 20 |
| Easter Seal Rehab. Center of Grtr. Waterbury | 69 | 51 | 49 |
| Easter Seals of Greater Hrtfd Rehab Center | 54 | 43 | 45 |
| Education Connection | 262 | 112 | 44 |
| Fairfield Community Services, Inc. | 39 | 33 | |
| Family & Children's Agency, Inc | 651 | 151 | 104 |
| Family Centers, Inc. | 169 | 91 | 30 |
| Family Intervention Center[1] | 1 | 1 | |
| Family Services Woodfield, Inc. | 77 | 55 | 53 |
| Farrell Treatment Center | 168 | 91 | 52 |
| Fellowship Inc. | 384 | 130 | 192 |
| First Step, Inc. | 368 | 128 | 254 |
| Gilead Community Services, Inc. | 297 | 118 | 271 |
| Goodwill Industries of Western CT, | 41 | 34 | 32 |
| Hall Brooke Foundation, Inc. | 35 | 30 | 26 |
| Hall Neighborhood House | 17 | 16 | 18 |
| Harbor Health Services | 946 | 163 | 389 |
| Hartford Behavioral Health | 744 | 155 | 141 |
| Hartford Dispensary | 4,584 | 188 | 3126 |
| Hartford Hospital | 243 | 109 | 107 |
| Helping Hand Center, Inc. | 32 | 28 | 17 |
| Hill Health Corporation | 1,093 | 166 | 217 |
| Hogar Crea, Inc | 29 | 25 | 14 |
| Hospital of St. Raphael | 437 | 136 | 108 |
| Human Resource Development Agency | 367 | 128 | 97 |
| Integrated Behavioral Health | 1,353 | 171 | 290 |
| Inter-Community Mental Health Group | 1,132 | 167 | 238 |
| Interlude, Inc. | 35 | 30 | 32 |
| John J. Driscoll United Labor Agency, Inc. | 52 | 41 | 132 |
| Kennedy Center, Inc. | 94 | 64 | 67 |
| Keystone House, Inc. | 168 | 91 | 136 |
| Kuhn Employment Opportunities, Inc. | 83 | 59 | 41 |
| L.M.G. Guenster & Meridian | 1,756 | 176 | 998 |
| Laurel House | 317 | 121 | 116 |
| Liberty Community Services | 75 | 54 | 18 |
| MICAH Housing Pilots Program | 7 | 7 | 6 |
| Marrakech Day Services | 155 | 87 | 26 |
| McCall Foundation, Inc | 592 | 147 | 151 |
| Mental Health Association of CT, Inc. | 687 | 153 | 336 |

| PROVIDER NAME | Population | Proposed Sample 95% CL, 7% CI | Actual Sample |
|---|---|---|---|
| Mercy Housing and Shelter Corporation | 276 | 115 | 25 |
| Middlesex Hospital Mental Health Clinic | 258 | 112 | 89 |
| Midwestern CT Council on Alcoholism | 1,094 | 166 | 461 |
| Morris Foundation,Inc | 462 | 138 | 202 |
| My Sisters' Place | 180 | 94 | 33 |
| Natchaug Hospital | 166 | 90 | 79 |
| New Directions, Inc. of North Central Conn. | 164 | 90 | 118 |
| New Era Rehabilitation Center, Inc.[1] | 229 | 106 | |
| New Haven Home Recovery | 36 | 31 | 15 |
| New Milford Hospital | 184 | 95 | 87 |
| Northwest Center for Family Serv an | 72 | 53 | 34 |
| Norwalk Hospital | 1,103 | 167 | 280 |
| Office of the Commissioner | 313 | 121 | 105 |
| Operation Hope of Fairfield, Inc. | 13 | 12 | 19 |
| Pathways Inc. | 75 | 54 | 66 |
| Perception Programs, Inc | 466 | 138 | 119 |
| Positive Directions-The Center for | 23 | 21 | 18 |
| Prime Time House Inc. | 301 | 119 | 178 |
| Regional Network of Programs | 1,456 | 173 | 927 |
| Reliance House | 406 | 132 | 352 |
| River Valley Services | 545 | 144 | 148 |
| Rushford Center, The | 3,800 | 186 | 308 |
| SCADD | 653 | 151 | 154 |
| SE Mental Health Authority | 1,005 | 164 | 304 |
| SW CT MH Network | 3,050 | 184 | 653 |
| Salvation Army | 143 | 83 | |
| Search for Change Inc. | 34 | 29 | 33 |
| Shelter for the Homeless Inc. | 231 | 106 | 103 |
| St Luke's Community Services Inc. | 83 | 59 | 67 |
| St. Mary's Hospital Corporation | 1,210 | 169 | 173 |
| St. Vincent DePaul Place Middletown | 36 | 31 | |
| St. Vincent DePaul Society of Water | 81 | 58 | 57 |
| Stafford Human Services | 90 | 62 | 46 |
| Stamford Hospital | 485 | 140 | 169 |
| Stonington Behavioral Health Inc.[1] | 493 | 140 | |
| Supportive Environmental Living Facility, Inc. | 49 | 39 | 43 |
| Thames Behavioral Affiliates, Inc. | 44 | 36 | 8 |
| United Community and Family Service | 203 | 100 | 61 |
| United Services, Inc. | 1,506 | 174 | 271 |
| VNA of Southeastern CT | 64 | 48 | 16 |
| Valley Mental Health Center | 1,065 | 166 | 164 |
| W. CT MH Network | 1,177 | 168 | 442 |
| Waterbury Hospital Health Center | 1,751 | 176 | 96 |
| Wheeler Clinic | 492 | 140 | 353 |

| PROVIDER NAME | Population | Proposed Sample 95% CL, 7% CI | Actual Sample |
|---|---|---|---|
| Yale University - WAGE | 24 | 21 | 22 |
| Yale University-Behavioral Health | 364 | 128 | 128 |
| Youth Challenge of CT, Inc | 40 | 33 | 36 |
| **TOTAL** | **68,341** | **13,245** | **21,575** |

Footnote: 1 = GA program

2 = Given exemption

# RESULTS

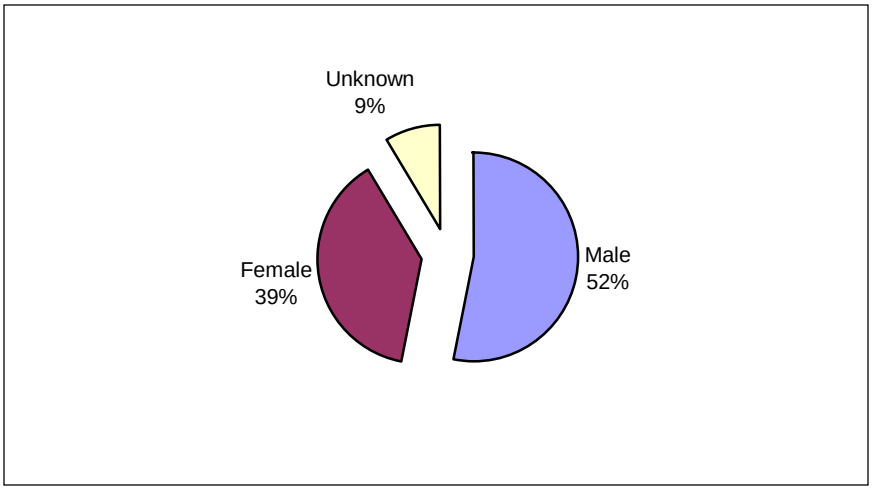
## DEMOGRAPHICS OF STATEWIDE SAMPLE

A total of 21,575 surveys were completed statewide. Of the 133 providers that were to administer the survey, only 123 providers submitted data. Of the 10 providers that did not submit any surveys, five were SAGA providers and one had been given exemption.

### GENDER

**STATEWIDE SAMPLE BY GENDER**

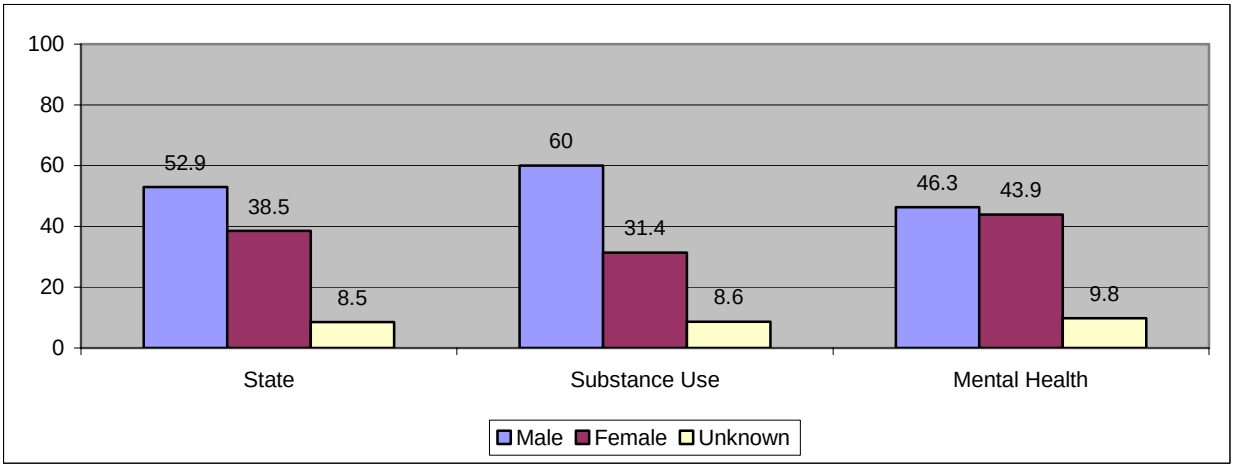
FIGURE 1




Slightly more than half the consumers responding to the survey were men and almost 40% were women.

**PROGRAM TYPE BY GENDER**

FIGURE 2

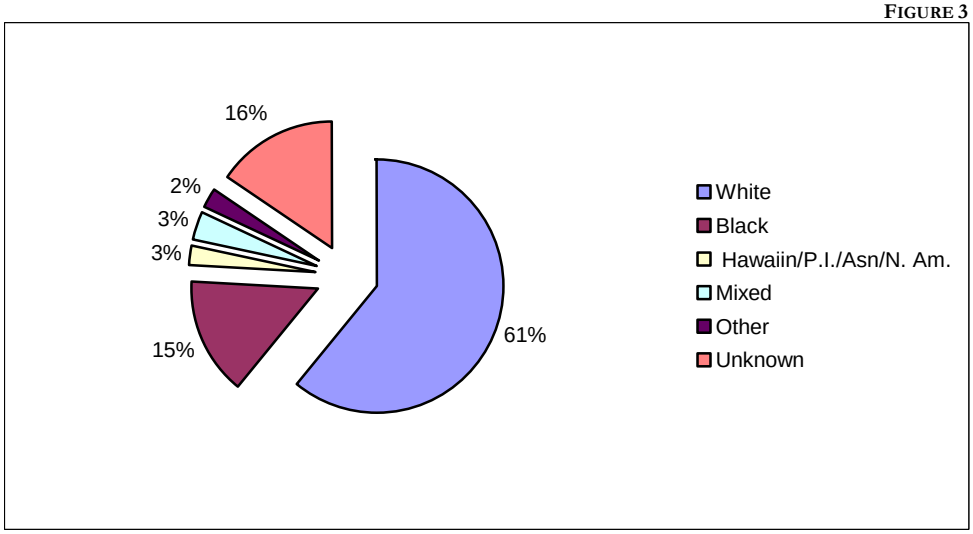



For clients receiving services for substance use disorders, men accounted for 60% of the clients, whereas 46% of the mental health consumers were men.

## RACE

### SAMPLE BY RACE

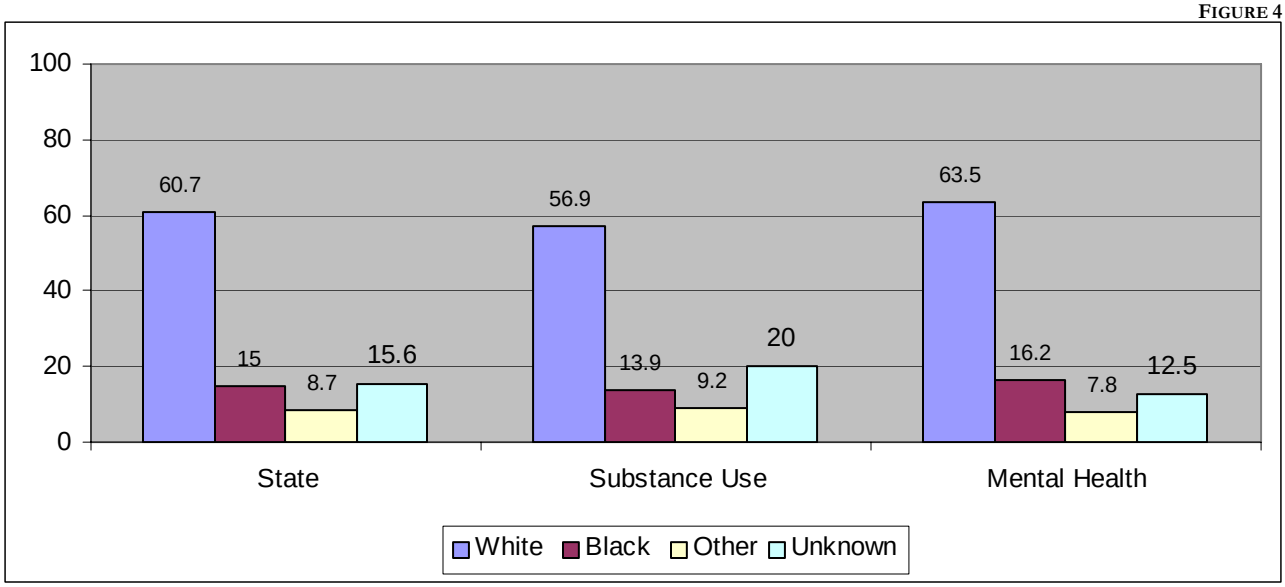
FIGURE 3




The majority (61%) of the consumers responding to the survey were White, 15% were Black and 16% did not identify their race.

### RACE DISTRIBUTION BY PROGRAM TYPE

FIGURE 4

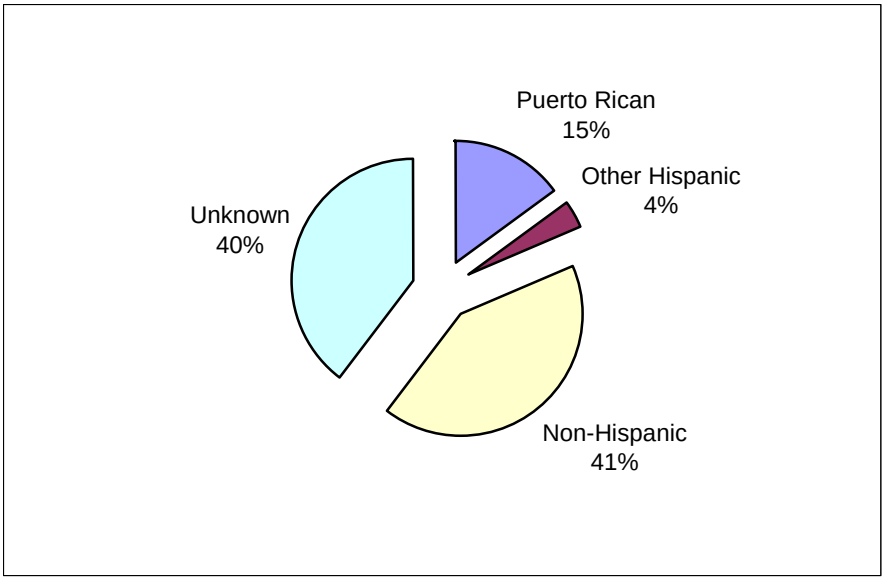



- The distribution of race by program type was very similar to the distribution for statewide sample.
- Substance use disorders (SUDs) clients were more likely to not identify their race.

## ETHNIC ORIGIN

### SAMPLE BY ETHNIC ORIGIN

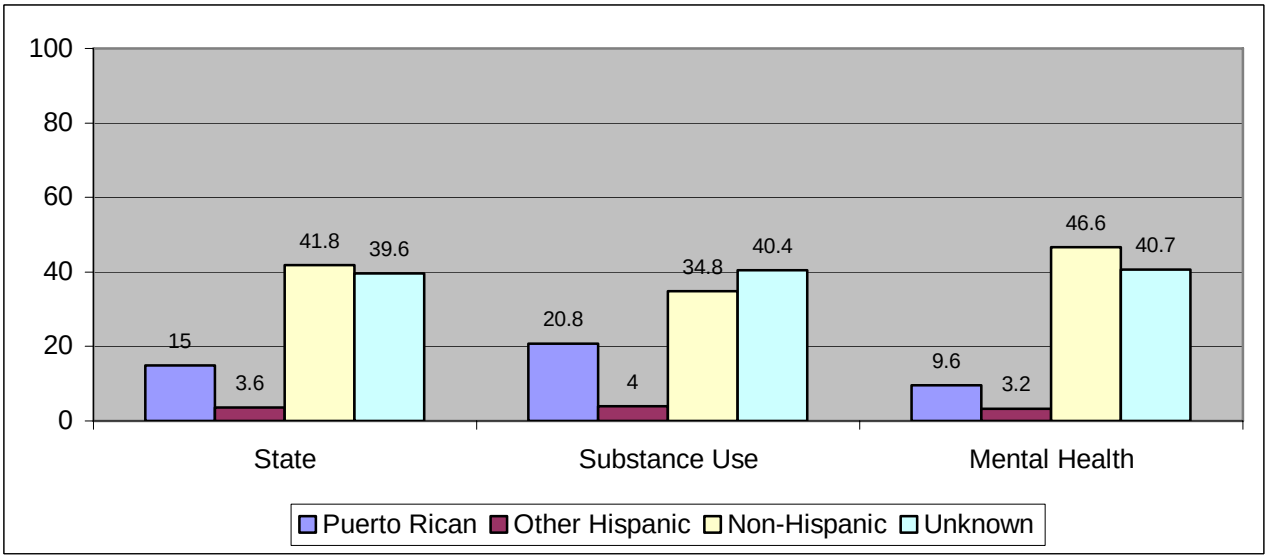
FIGURE 5




About two in 10 consumers identified themselves as Hispanic and four in 10 chose not to identify their ethnic origin.

### PROGRAM TYPE BY ETHNIC ORIGIN

FIGURE 6

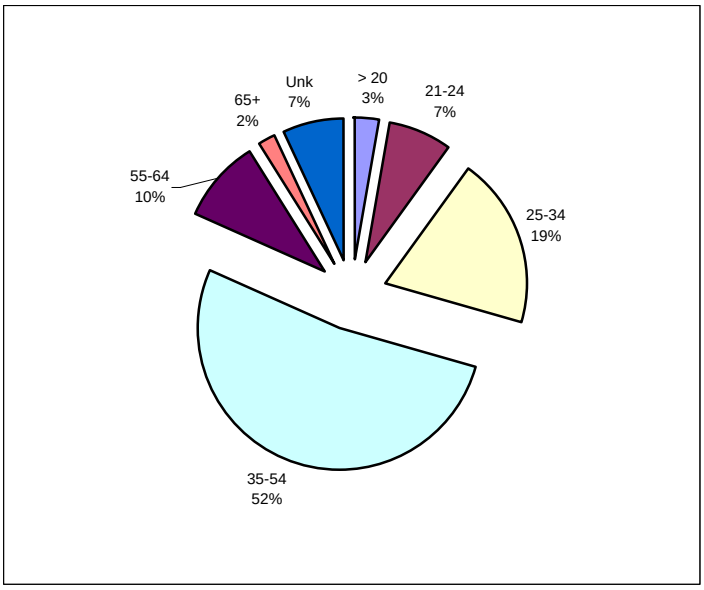



- About 25% of the consumers receiving substance use disorders treatment identified themselves as Hispanic.
- About 13% of the consumers receiving treatment for mental health disorders identified themselves as Hispanic.
- About 40% of the consumers did not identify their ethnicity.

## AGE

### SAMPLE BY AGE GROUPS

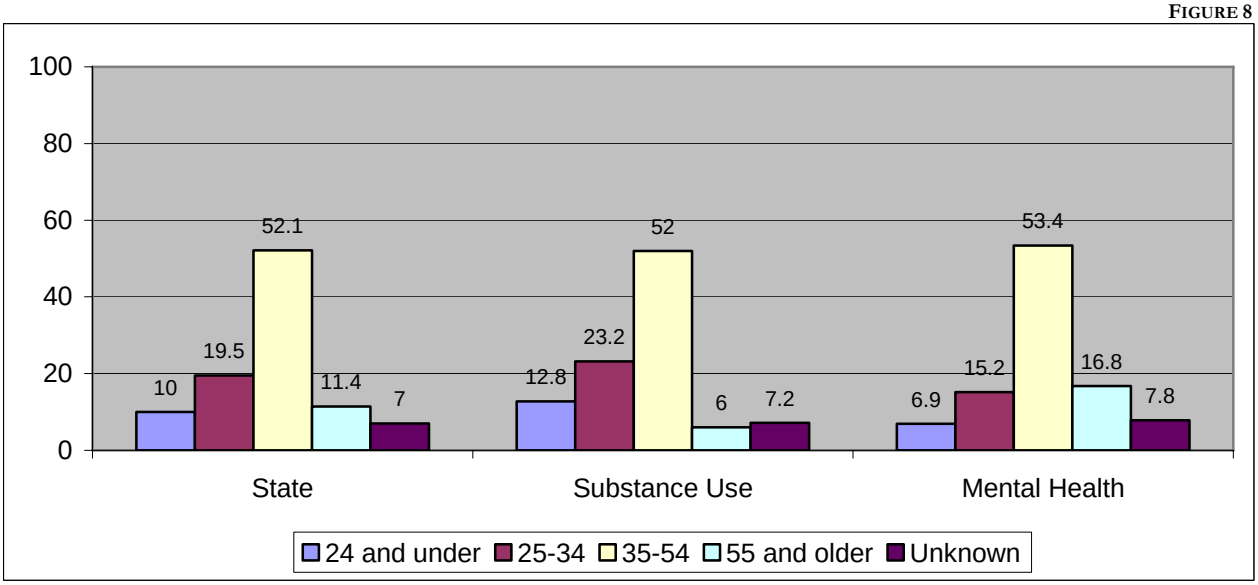
FIGURE 7




A little over half (52%) the consumers who responded to the survey were between the ages of 35-54.

### PROGRAM TYPE BY AGE GROUPS

FIGURE 8

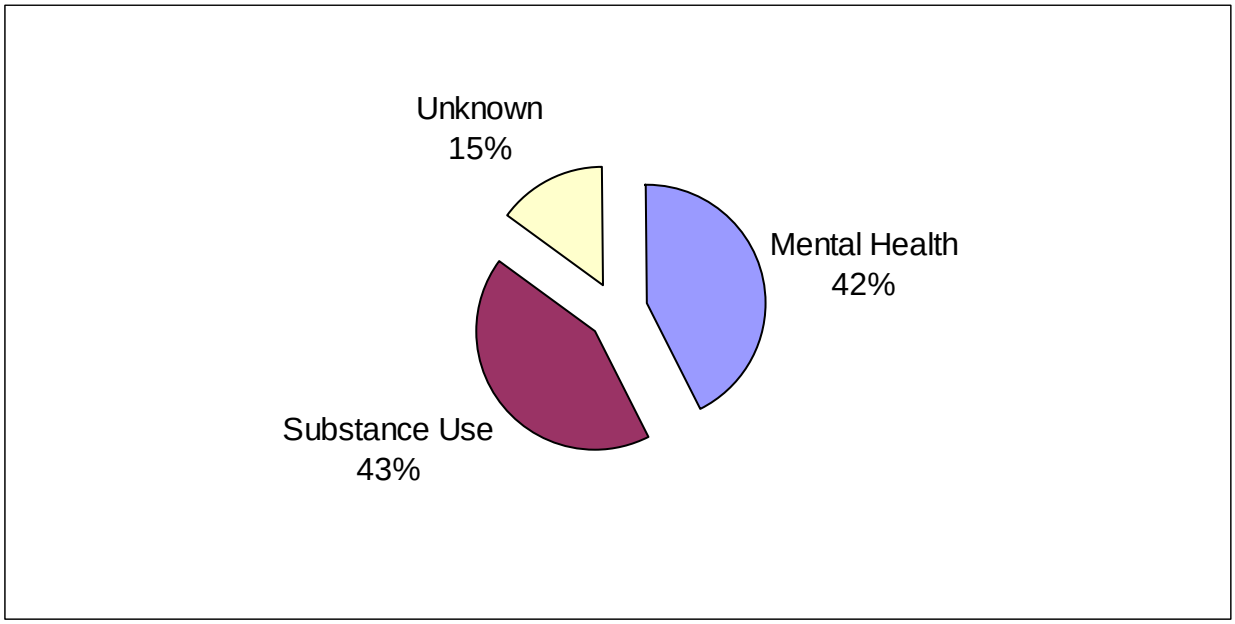



Age distribution followed a similar pattern to that of the state with the bulk of the substance use disorders and mental health consumers coming from the 35-54 age group.

## TREATMENT CHARACTERISTICS

### SAMPLE BY PROGRAM TYPE

FIGURE 9




About an equal number of clients were receiving services for mental health or substance use disorders.

**TABLE 2: STATEWIDE DEMOGRAPHIC TRENDS (2005-2003)**

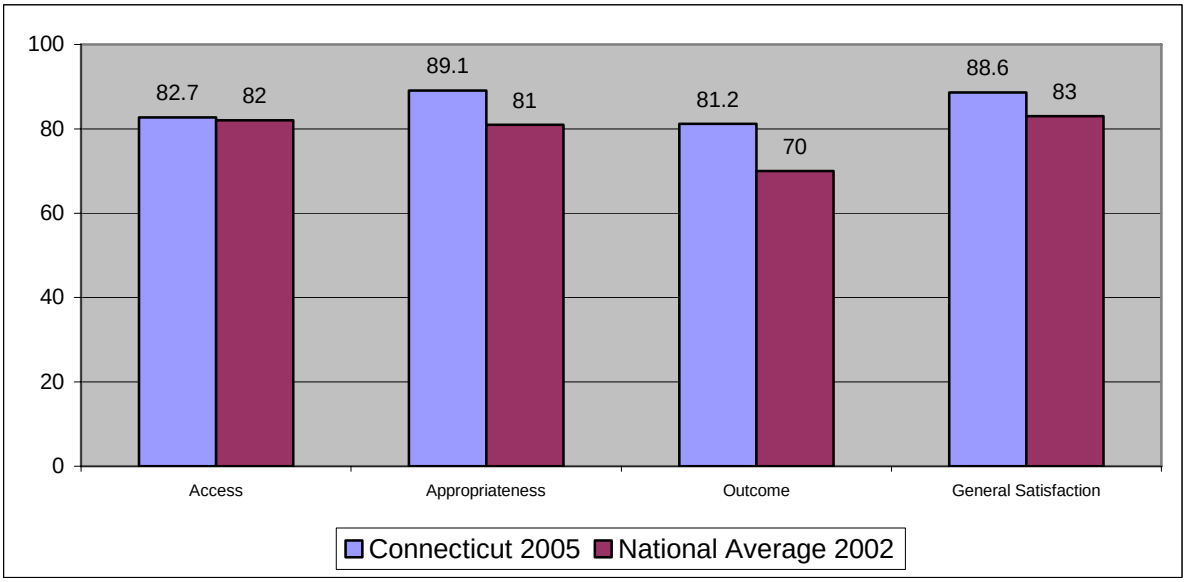
| | 2005 | | 2004 | | 2003 | |
|---|---|---|---|---|---|---|
| | ***N*** | ***Percent*** | ***N*** | ***Percent*** | ***N*** | ***Percent*** |
| **Gender** | | | | | | |
| Male | 11,410 | 52.9 | 8,016 | 50.6 | 5,951 | 51.2 |
| Female | 8,325 | 38.6 | 6,269 | 39.6 | 4,636 | 39.8 |
| Unknown | 1,840 | 8.5 | 1,544 | 9.8 | 1,047 | 9 |
| **Age Groups** | | | | | | |
| 20 and Under | 623 | 2.9 | 415 | 2.6 | 351 | 3 |
| 21-24 | 1,523 | 7.1 | 931 | 5.9 | 659 | 5.7 |
| 25-34 | 4,198 | 19.5 | 3,013 | 19 | 2,274 | 19.5 |
| 35-54 | 11,244 | 52.1 | 8,509 | 53.8 | 6,286 | 54 |
| 55-64 | 2,078 | 9.6 | 1,400 | 8.8 | 1,105 | 9.5 |
| 65 and older | 399 | 1.8 | 265 | 1.7 | 254 | 2.2 |
| Unknown | 1,510 | 7 | 1,296 | 8.2 | 705 | 6.1 |
| **Race** | | | | | | |
| White | 13,104 | 60.7 | 8,715 | 55.1 | 7,343 | 63.1 |
| Black | 3,244 | 15 | 2,450 | 15.5 | 1,800 | 15.5 |
| Asian | 153 | 0.7 | 87 | 0.5 | 80 | 0.7 |
| Am. Indian/Alaskan | 354 | 1.6 | 198 | 1.3 | 123 | 1.1 |
| Native Hawaiin/P.I. | 60 | 0.3 | 26 | 0.2 | 6 | 0.1 |
| Mixed | 759 | 3.5 | 370 | 2.3 | 312 | 2.7 |
| Other | 529 | 2.5 | 587 | 3.7 | 675 | 5.8 |
| Unknown | 3,372 | 15.6 | 3,396 | 21.5 | 1,295 | 11.1 |
| **Ethnicity** | | | | | | |
| Puerto Rican | 3,242 | 15 | 2,299 | 14.5 | 1,208 | 10.4 |
| Other Hispanic/Latino | 670 | 3.1 | 667 | 4.2 | 417 | 3.6 |
| Mexican | 108 | 0.5 | 61 | 0.4 | 23 | 0.2 |
| Non-Hispanic | 9,023 | 41.8 | 41 | 0.3 | 4,038 | 34.7 |
| Unknown | 8,532 | 39.5 | 12,761 | 80.6 | 5,948 | 51.1 |
| **Service Type** | | | | | | |
| Mental Health | 9,142 | 42.4 | 8,701 | 55 | 6,989 | 60.1 |
| Substance Use | 9,175 | 42.5 | 5,922 | 37.4 | 4,296 | 36.9 |
| State Administered Gen. Assistance | 0 | 0 | 1,203 | 7.6 | 0 | 0 |
| Other | 3 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 3,255 | 15.1 | 3 | 0 | 349 | 3 |
| **Total** | **21,575** | | **15,829** | | **11,634** | |

## SATISFACTION WITH SERVICES

### SATISFACTION ON ALL DOMAINS

**COMPARISON OF CONNECTICUT WITH NATIONAL SURVEY RESULTS BY DOMAIN**

FIGURE 10




In comparison to the latest national survey results (National Association of State Mental Health Program Directors/NASMHPD Research Institute, 2002) available, Connecticut clients report higher levels of satisfaction on all domains.

- Eight out of 10 consumers reported a positive perception on the Access, Outcome, and Recovery domains.
- Nine out of 10 consumers reported a positive perception on the Appropriateness and General Satisfaction domain.

### GENERAL SATISFACTION DOMAIN

- Ninety percent agreed with the statement "I liked the services that I received here."
- About 85% agreed with the statement "If I had other choices, I would still get services from this agency."
- Eighty-nine percent agreed with the statement "I would recommend this agency to a friend or family member."

### ACCESS DOMAIN

- Eighty-one percent agreed with the statement "The location of services was convenient."
- Almost 88% agreed with the statement "Staff was willing to see me as often as I felt was necessary."
- About 82% agreed with the statement "Staff returned my calls within 24 hours."
- About 86% agreed with the statement "Services were available at times that were good for me."

**APPROPRIATENESS DOMAIN**

- Ninety-one percent agreed with the statement "Staff here believes that I can grow, change, and recover."
- About 84% agreed with the statement "I felt free to complain."
- About 89% agreed with the statement "I was given information about my rights."
- About 80% agreed with the statement "Staff told me what side effects to watch out for."
- About 90% agreed with the statement "Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services."
- About 87% agreed with the statements, "staff was sensitive to my cultural/ethnic background" and "staff helped me obtain information I needed so that I could take charge of managing my illness."

**OUTCOME DOMAIN**

- About 84% agreed with the statements, "I deal more effectively with daily problems" and "I am better able to control my life."
- About 81% agreed with the statement, "I am better able to deal with crisis."
- About 79% agreed with the statement, "I am getting along better with my family."
- About 78% agreed with the statement, "I do better in social situations."
- About 75% agreed with the statement, "I do better in school and/or work" and "My symptoms are not bothering me as much."

**RECOVERY DOMAIN**

- About 69% agreed with the statement, "I am involved in my community."
- About 78% agreed with the statement, "I am able to pursue my interests."
- About 76% agreed with the statement, "I can have the life I want, despite my disease/disorder."
- About 78% agreed with the statements, "I feel like I am in control of my treatment" and "I give back to my family and/or community."

**PARTICIPATION IN TREATMENT ITEM**

- About 89% agreed with the statement, "I felt comfortable asking questions about my services, treatment or medication."

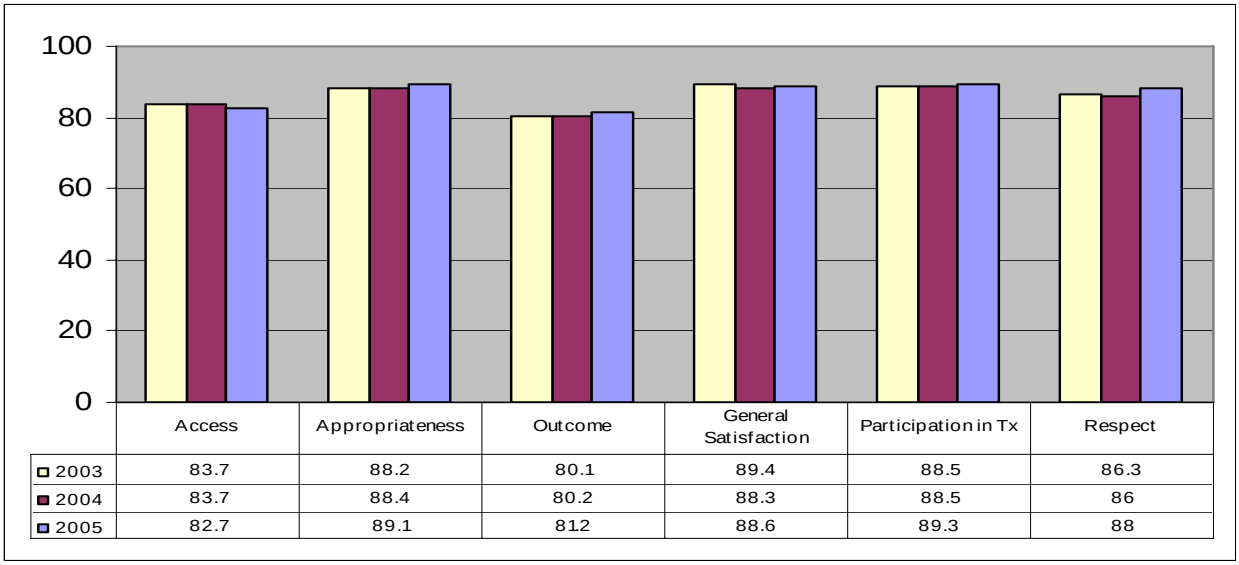
**RESPECT ITEM**

- Eighty-eight percent agreed with the statement, "My wishes are respected about the amount of family involvement I want in my treatment."

## TRENDS OVER TIME

**MHSIP DOMAIN TRENDS 2003-2005**

FIGURE 11




| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect |
|---|---|---|---|---|---|---|
| 2003 | 83.7 | 88.2 | 80.1 | 89.4 | 88.5 | 86.3 |
| 2004 | 83.7 | 88.4 | 80.2 | 88.3 | 88.5 | 86 |
| 2005 | 82.7 | 89.1 | 812 | 88.6 | 89.3 | 88 |

DMHAS has consistently administered the consumer satisfaction survey for the last three years. Client perception of services and their satisfaction with the services has remained consistent. In all three years clients have scored highest on the Appropriateness domain and the least on the Outcome Domain.

**TABLE 3: STATEWIDE TRENDS (2005-2003) BY DOMAINS**

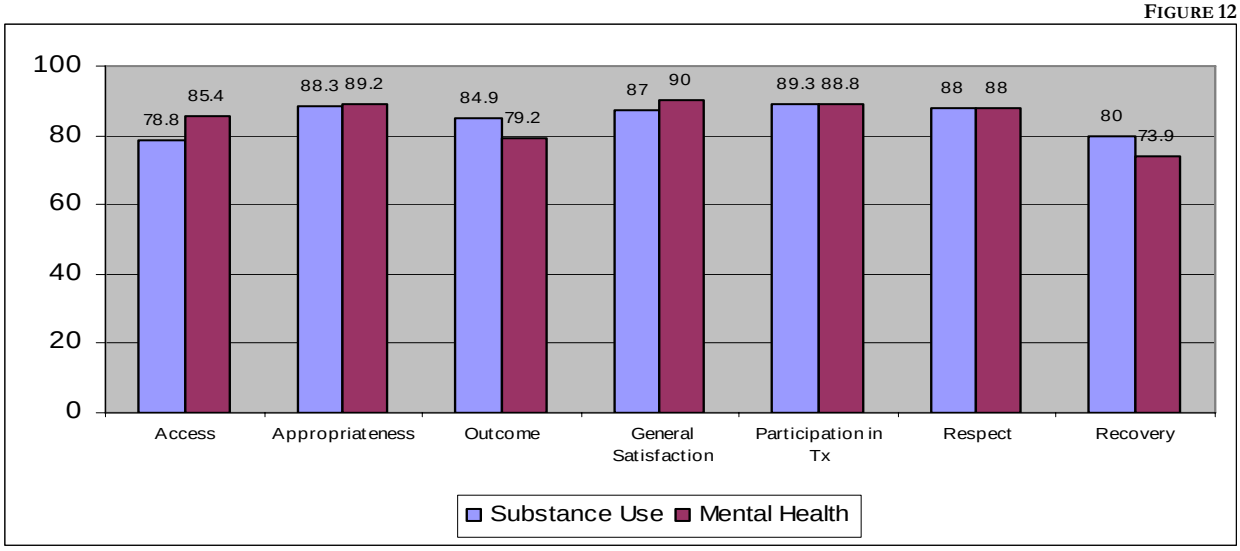
| Domain | Year | Satisfied | | Neutral | | Dissatisfied | |
|---|---|---|---|---|---|---|---|
| | | *N* | *%* | *N* | *%* | *N* | *%* |
| **Access** | | | | | | | |
| | 2005 | 17,243 | 82.7 | 3,226 | 15.5 | 381 | 1.8 |
| | 2004 | 12,707 | 83.7 | 2,155 | 14.2 | 316 | 2.1 |
| | 2003 | 9,409 | 83.7 | 1,637 | 14.6 | 196 | 1.7 |
| **Participation In Treatment** | | | | | | | |
| | 2005 | 18,686 | 89.3 | 1,600 | 7.7 | 629 | 3 |
| | 2004 | 13,425 | 88.5 | 1,243 | 8.2 | 506 | 3.3 |
| | 2003 | 9,575 | 88.5 | 863 | 8 | 382 | 3.5 |
| **Quality & Appropriateness** | | | | | | | |
| | 2005 | 18,523 | 89.1 | 1,983 | 9.5 | 277 | 1.3 |
| | 2004 | 13,336 | 88.4 | 1,452 | 9.6 | 295 | 2 |
| | 2003 | 9,779 | 88.2 | 1,147 | 10.3 | 167 | 1.5 |
| **Outcome** | | | | | | | |
| | 2005 | 16,033 | 81.2 | 3,247 | 16.4 | 474 | 2.4 |
| | 2004 | 11,969 | 80.2 | 2,511 | 16.8 | 447 | 3 |
| | 2003 | 8,815 | 80.1 | 1,888 | 17.2 | 304 | 2.8 |
| **General Satisfaction** | | | | | | | |
| | 2005 | 18,873 | 88.6 | 1,929 | 9.1 | 498 | 2.3 |
| | 2004 | 13,663 | 88.3 | 1,405 | 9.1 | 410 | 2.6 |
| | 2003 | 10,277 | 89.4 | 955 | 8.3 | 261 | 2.3 |
| **Respect** | | | | | | | |
| | 2005 | 17,568 | 88 | 1,878 | 9.4 | 523 | 2.6 |
| | 2004 | 12,433 | 86 | 1,519 | 10.5 | 504 | 3.5 |
| | 2003 | 9,208 | 86.3 | 1,116 | 10.5 | 344 | 3.2 |
| **Recovery** | | | | | | | |
| | 2005 | 15,311 | 76.3 | 3,957 | 19.7 | 803 | 4 |

## DIFFERENCES BETWEEN GROUPS

### DID SATISFACTION DIFFER BY PROGRAM TYPE?

**CONSUMER SATISFACTION BY PROGRAM TYPE**

FIGURE 12



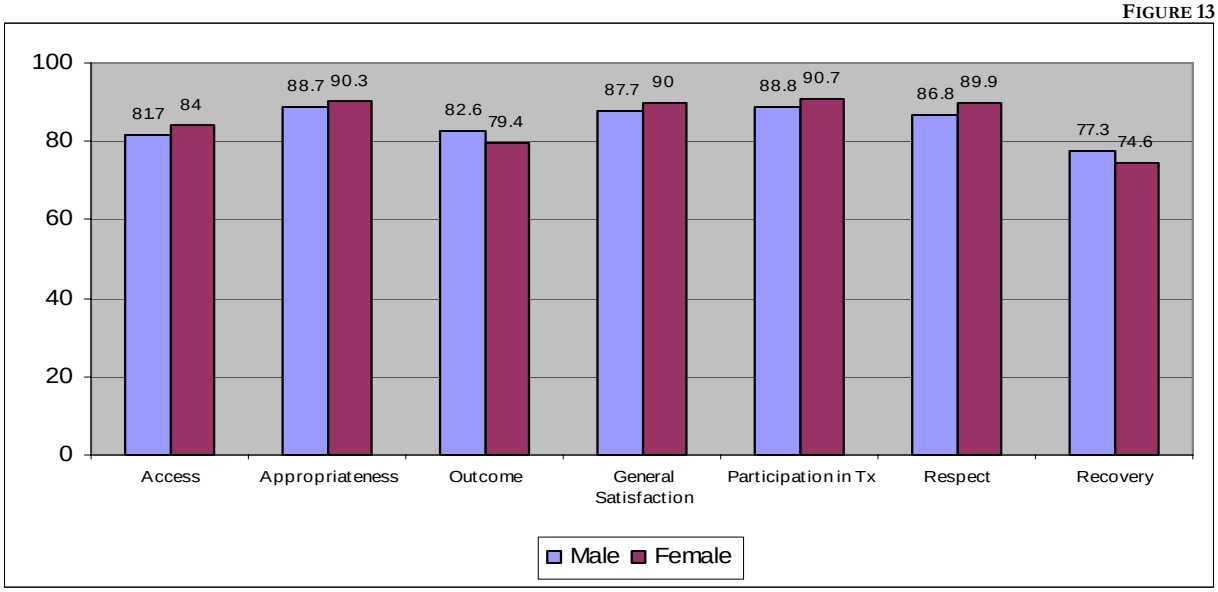

Consumers receiving services for substance use disorders expressed significantly higher level of satisfaction on the Outcome and Recovery domains.

Consumers receiving services for mental health disorders expressed significantly higher level of satisfaction on the Access and General Satisfaction domains.

### DID SATISFACTION DIFFER BY GENDER?

**CONSUMER SATISFACTION BY GENDER**

FIGURE 13

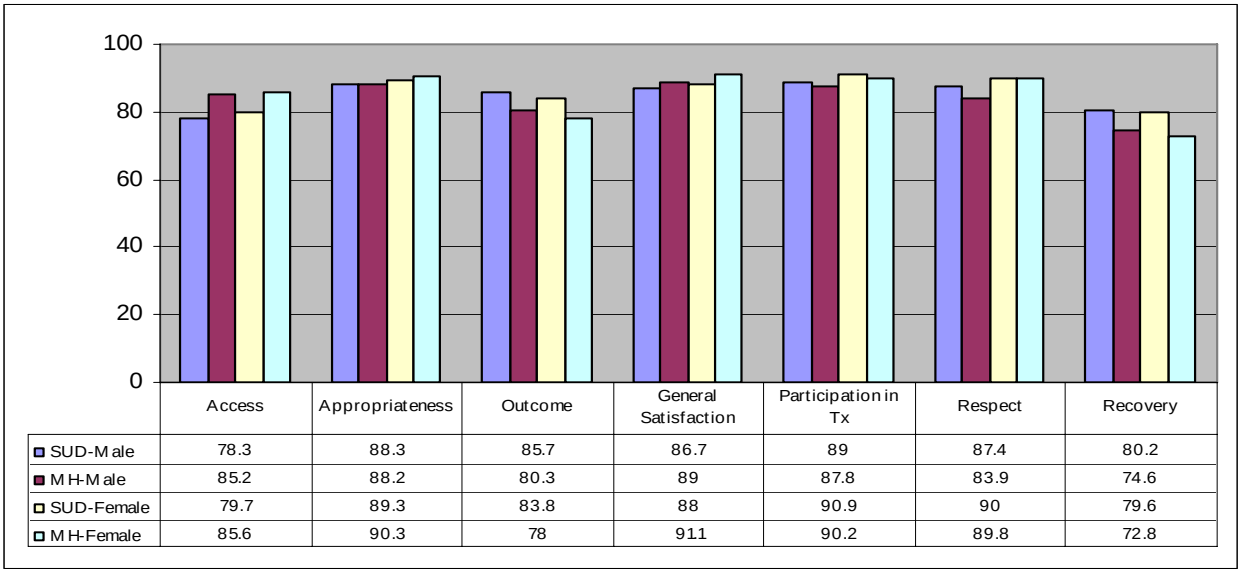



Women expressed significantly higher levels of satisfaction than men on all domains, except Outcome and Respect.

## DID SATISFACTION DIFFER BY GENDER BY PROGRAM TYPE?

**CONSUMER SATISFACTION BY GENDER AND PROGRAM TYPE**

FIGURE 14



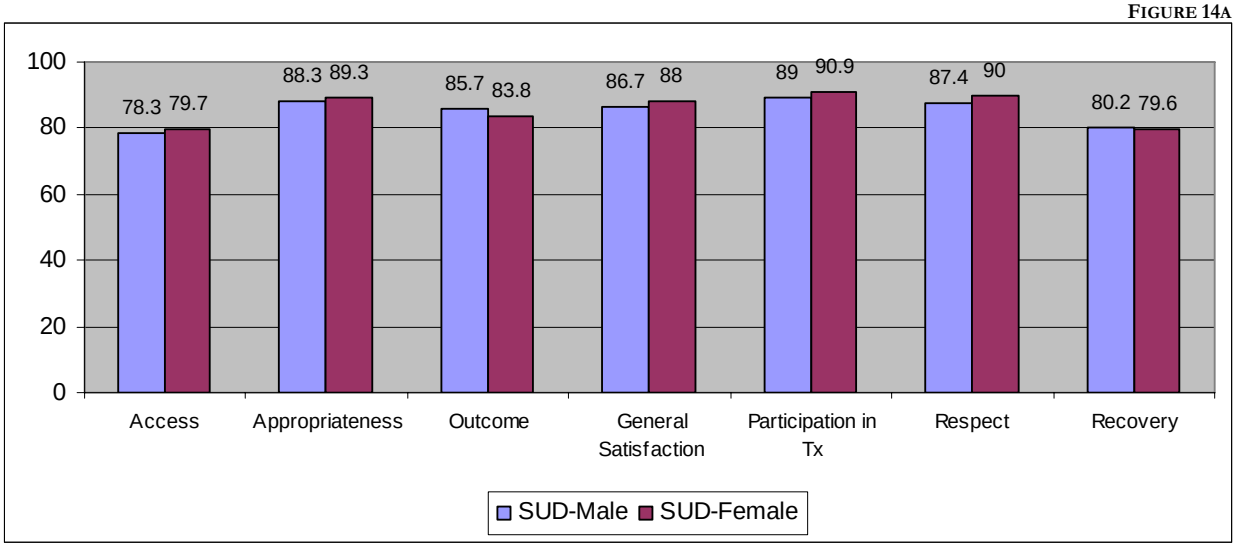

| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| SUD-Male | 78.3 | 88.3 | 85.7 | 86.7 | 89 | 87.4 | 80.2 |
| MH-Male | 85.2 | 88.2 | 80.3 | 89 | 87.8 | 83.9 | 74.6 |
| SUD-Female | 79.7 | 89.3 | 83.8 | 88 | 90.9 | 90 | 79.6 |
| MH-Female | 85.6 | 90.3 | 78 | 911 | 90.2 | 89.8 | 72.8 |

Substance Use Disorders: Women reported significantly better experiences of respect and participation in treatment than men. Men reported significantly higher level of satisfaction with the Outcome domain than women.

Mental Health Disorders: Women reported significantly higher levels of satisfaction with the Appropriateness and General Satisfaction domains, and participation in treatment than men. Men reported significantly higher level of satisfaction with the Outcome domain than women.

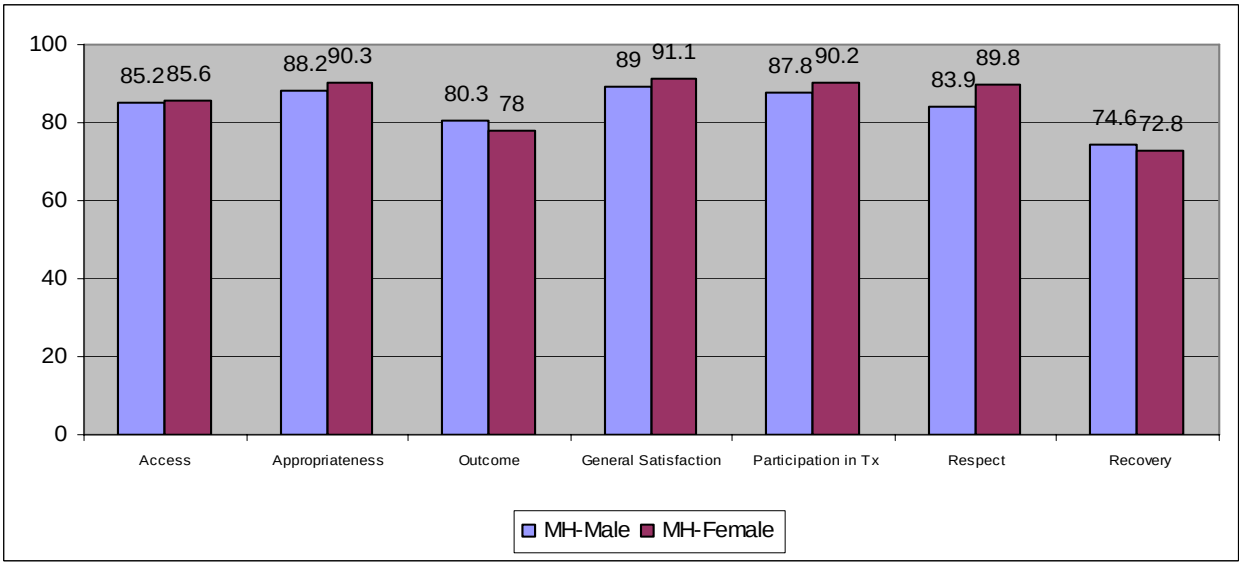
## CONSUMER SATISFACTION BY GENDER BY SUD PROGRAM TYPE

FIGURE 14A




## CONSUMER SATISFACTION BY GENDER BY MH PROGRAM TYPE

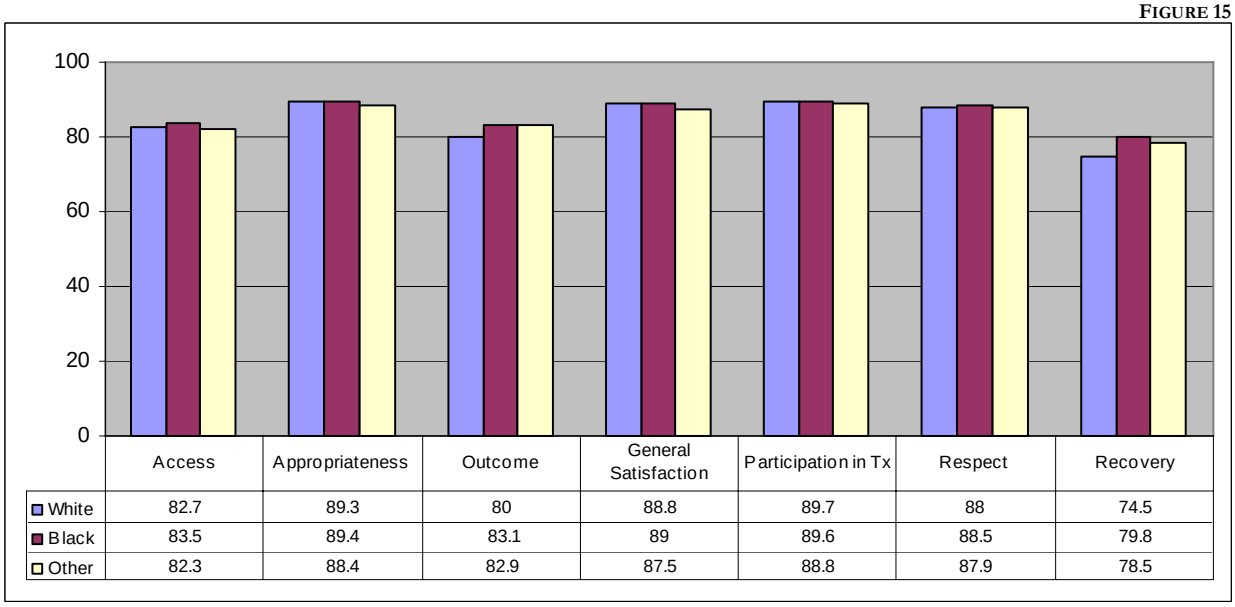
FIGURE 14B



## DID SATISFACTION DIFFER BY RACE?

**CONSUMER SATISFACTION BY RACE**

FIGURE 15



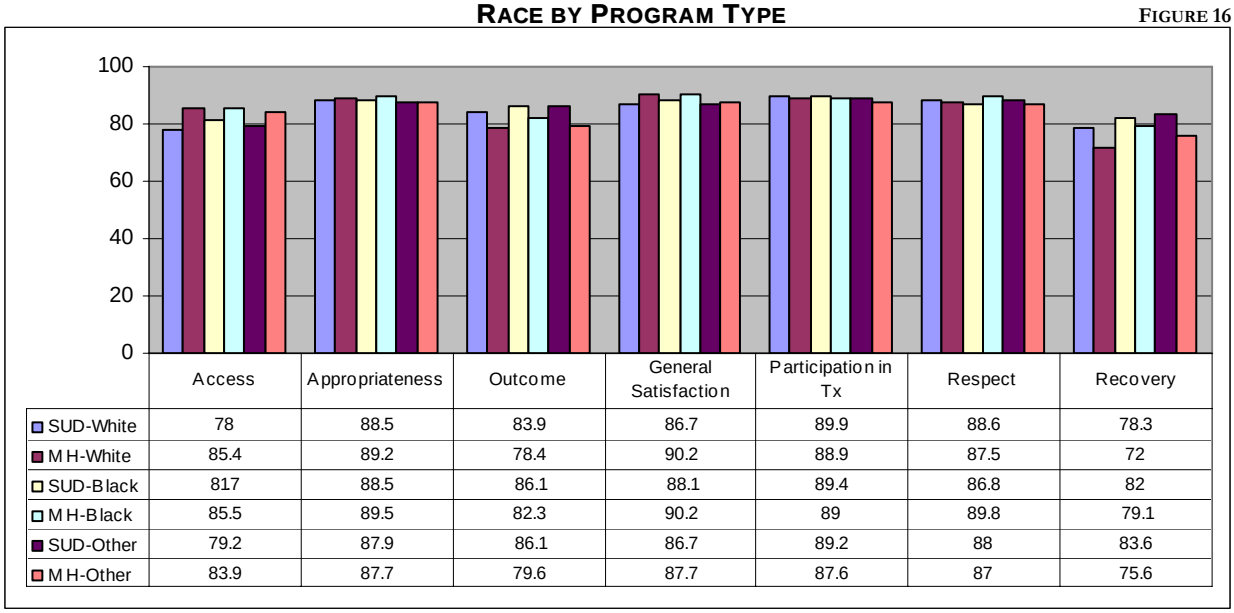

| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| White | 82.7 | 89.3 | 80 | 88.8 | 89.7 | 88 | 74.5 |
| Black | 83.5 | 89.4 | 83.1 | 89 | 89.6 | 88.5 | 79.8 |
| Other | 82.3 | 88.4 | 82.9 | 87.5 | 88.8 | 87.9 | 78.5 |

African-American/Blacks expressed significantly higher level of satisfaction with the Outcome and Recovery domains in comparison with Whites and consumers who identified some other race.

## DID SATISFACTION DIFFER BY RACE BY PROGRAM TYPE?

**CONSUMER SATISFACTION BY RACE BY PROGRAM TYPE**

FIGURE 16



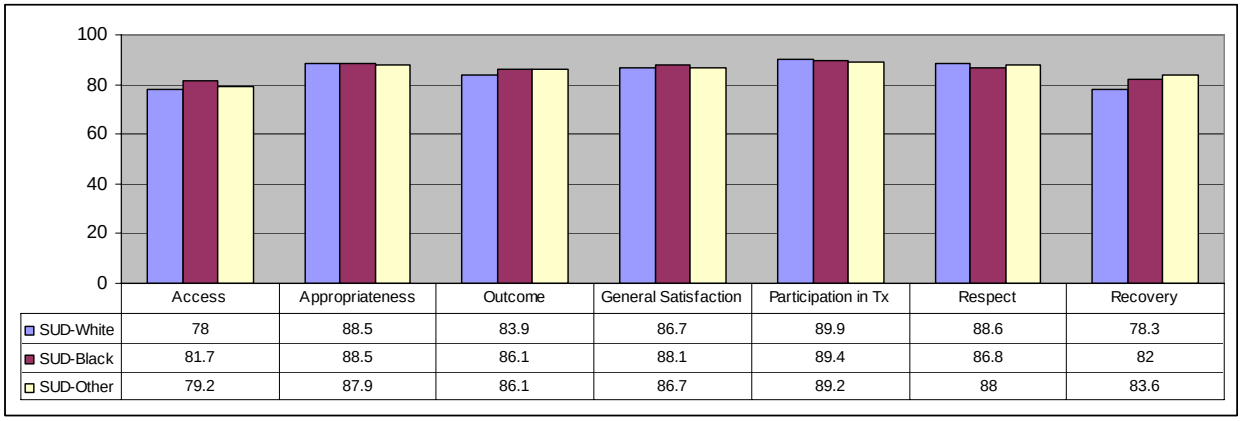

| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| SUD-White | 78 | 88.5 | 83.9 | 86.7 | 89.9 | 88.6 | 78.3 |
| MH-White | 85.4 | 89.2 | 78.4 | 90.2 | 88.9 | 87.5 | 72 |
| SUD-Black | 817 | 88.5 | 86.1 | 88.1 | 89.4 | 86.8 | 82 |
| MH-Black | 85.5 | 89.5 | 82.3 | 90.2 | 89 | 89.8 | 79.1 |
| SUD-Other | 79.2 | 87.9 | 86.1 | 86.7 | 89.2 | 88 | 83.6 |
| MH-Other | 83.9 | 87.7 | 79.6 | 87.7 | 87.6 | 87 | 75.6 |

Substance Use Disorders: Consumers who identified a race other than Black or White expressed a significantly higher level of satisfaction with the Access and Recovery domains, followed by Blacks and Whites.

Mental Health Disorders: African-American consumers expressed significantly higher level of satisfaction with the Outcome and Recovery domains than Whites or consumers who identified some other race.

## CONSUMER SATISFACTION BY RACE BY SUD PROGRAM TYPE

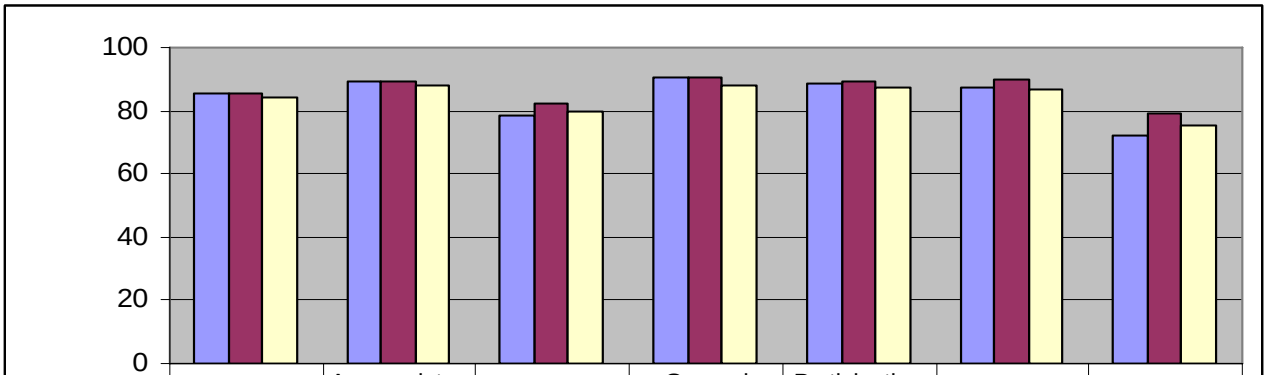
FIGURE 16A




| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| SUD-White | 78 | 88.5 | 83.9 | 86.7 | 89.9 | 88.6 | 78.3 |
| SUD-Black | 81.7 | 88.5 | 86.1 | 88.1 | 89.4 | 86.8 | 82 |
| SUD-Other | 79.2 | 87.9 | 86.1 | 86.7 | 89.2 | 88 | 83.6 |

## CONSUMER SATISFACTION BY RACE BY MH PROGRAM TYPE

FIGURE 16B

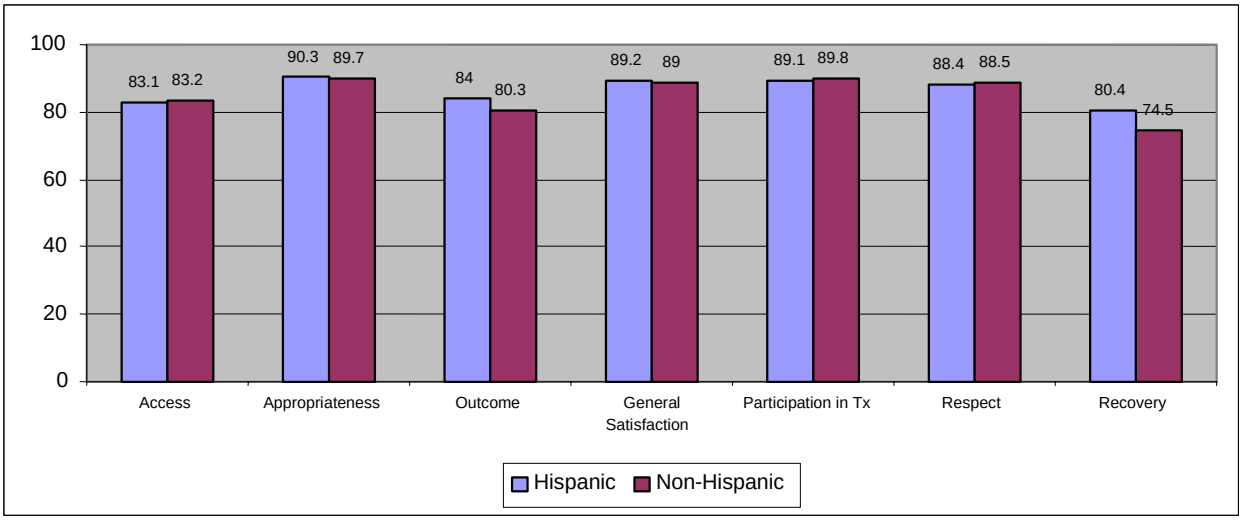



| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| MH-White | 85.4 | 89.2 | 78.4 | 90.2 | 88.9 | 87.5 | 72 |
| MH-Black | 85.5 | 89.5 | 82.3 | 90.2 | 89 | 89.8 | 79.1 |
| MH-Other | 83.9 | 87.7 | 79.6 | 87.7 | 87.6 | 87 | 75.6 |

## DID SATISFACTION DIFFER BY ETHNICITY?

### CONSUMER SATISFACTION BY ETHNICITY

FIGURE 17

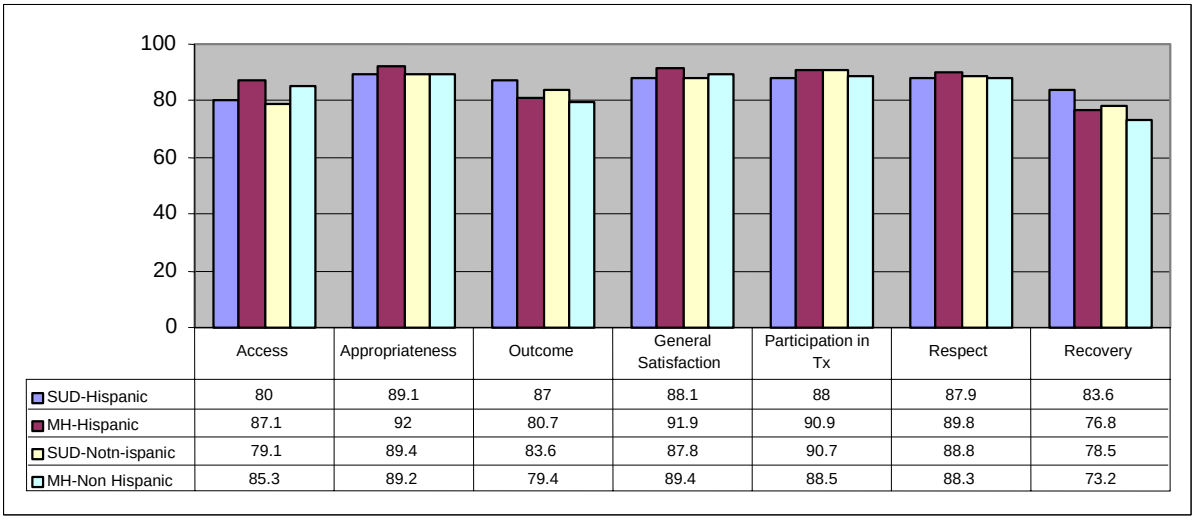



Hispanics expressed significantly higher level of satisfaction with the Outcome and Recovery domains in comparison with non-Hispanics.

## DID SATISFACTION DIFFER BY ETHNICITY BY PROGRAM TYPE?

### CONSUMER SATISFACTION BY ETHNICITY BY PROGRAM TYPE

FIGURE 18



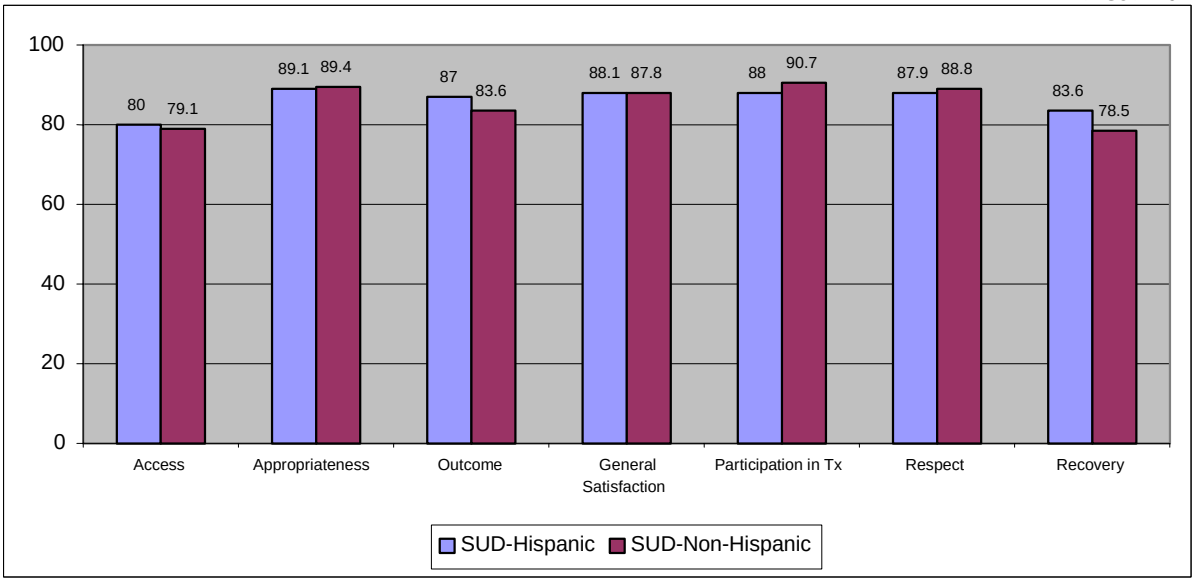

| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| SUD-Hispanic | 80 | 89.1 | 87 | 88.1 | 88 | 87.9 | 83.6 |
| MH-Hispanic | 87.1 | 92 | 80.7 | 91.9 | 90.9 | 89.8 | 76.8 |
| SUD-Notn-ispanic | 79.1 | 89.4 | 83.6 | 87.8 | 90.7 | 88.8 | 78.5 |
| MH-Non Hispanic | 85.3 | 89.2 | 79.4 | 89.4 | 88.5 | 88.3 | 73.2 |

Substance Use Disorders: Hispanics expressed significantly higher level of satisfaction with the Outcome and Recovery domains and experience with participating in treatment planning, in comparison with non-Hispanics.

Mental Health Disorders: Hispanics expressed significantly higher level of satisfaction with the Appropriateness, General Satisfaction and Recovery domains and experience with participating in treatment planning, in comparison with non-Hispanics.

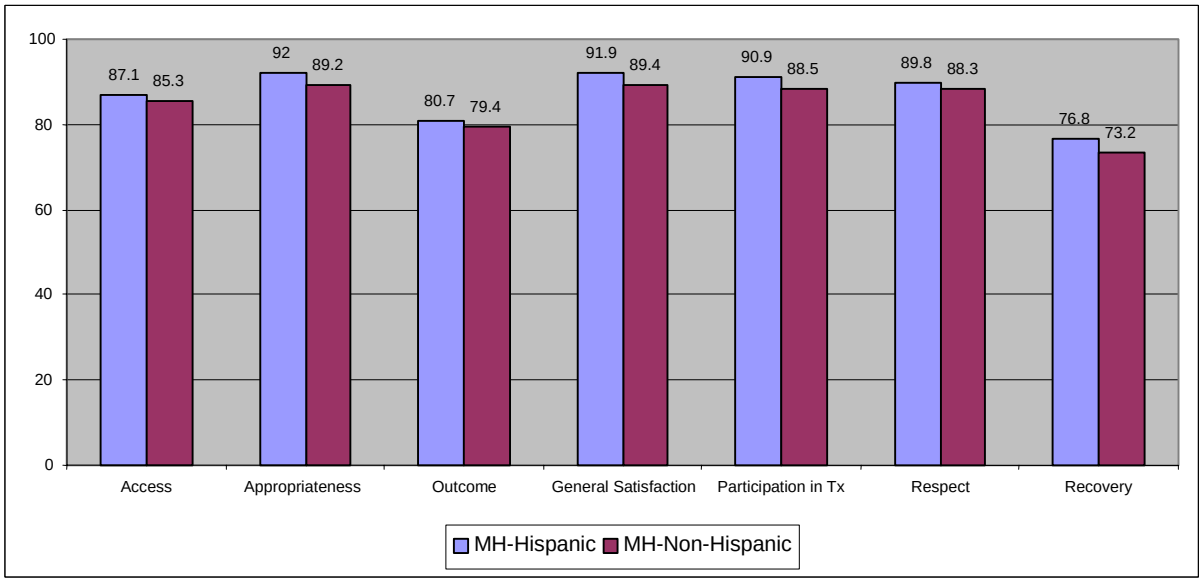
## CONSUMER SATISFACTION BY ETHNICITY BY SUD PROGRAM TYPE

FIGURE 18A




## CONSUMER SATISFACTION BY ETHNICITY BY MH PROGRAM TYPE

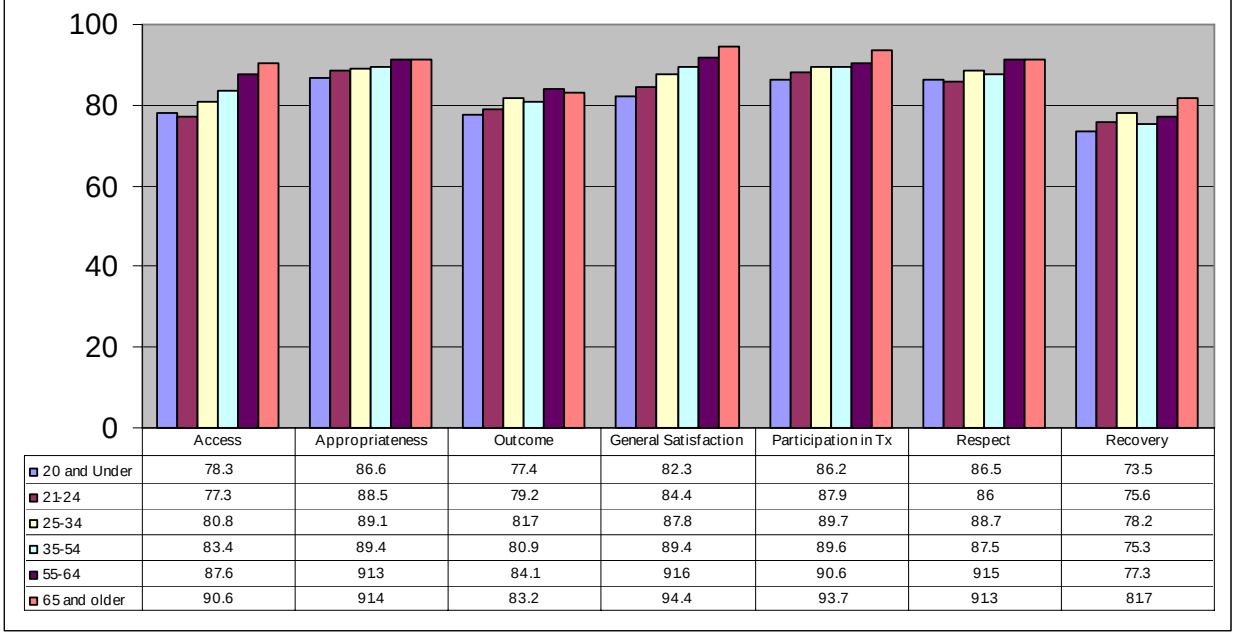
FIGURE 18B



## DID SATISFACTION DIFFER BY THE CLIENT AGE GROUP?

**CONSUMER SATISFACTION BY AGE GROUP**

FIGURE 19



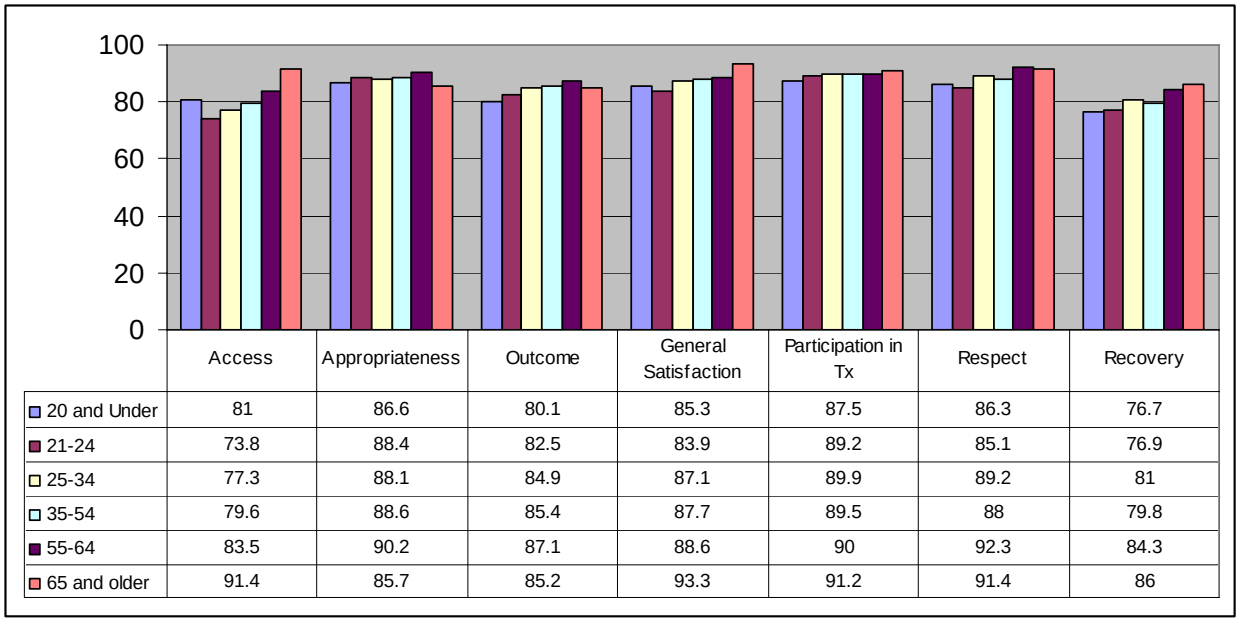

| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| 20 and Under | 78.3 | 86.6 | 77.4 | 82.3 | 86.2 | 86.5 | 73.5 |
| 21-24 | 77.3 | 88.5 | 79.2 | 84.4 | 87.9 | 86 | 75.6 |
| 25-34 | 80.8 | 89.1 | 817 | 87.8 | 89.7 | 88.7 | 78.2 |
| 35-54 | 83.4 | 89.4 | 80.9 | 89.4 | 89.6 | 87.5 | 75.3 |
| 55-64 | 87.6 | 913 | 84.1 | 916 | 90.6 | 915 | 77.3 |
| 65 and older | 90.6 | 914 | 83.2 | 94.4 | 93.7 | 913 | 817 |

Consumers who were 55 and older expressed a significantly higher level of satisfaction in all the domains, followed by consumers between the ages of 25-54. Consumers younger than 24 expressed the least amount of satisfaction with services.

## DID SATISFACTION DIFFER BY AGE GROUP BY PROGRAM TYPE?

### CONSUMER SATISFACTION BY AGE GROUP BY SUD PROGRAM TYPE

FIGURE 20A



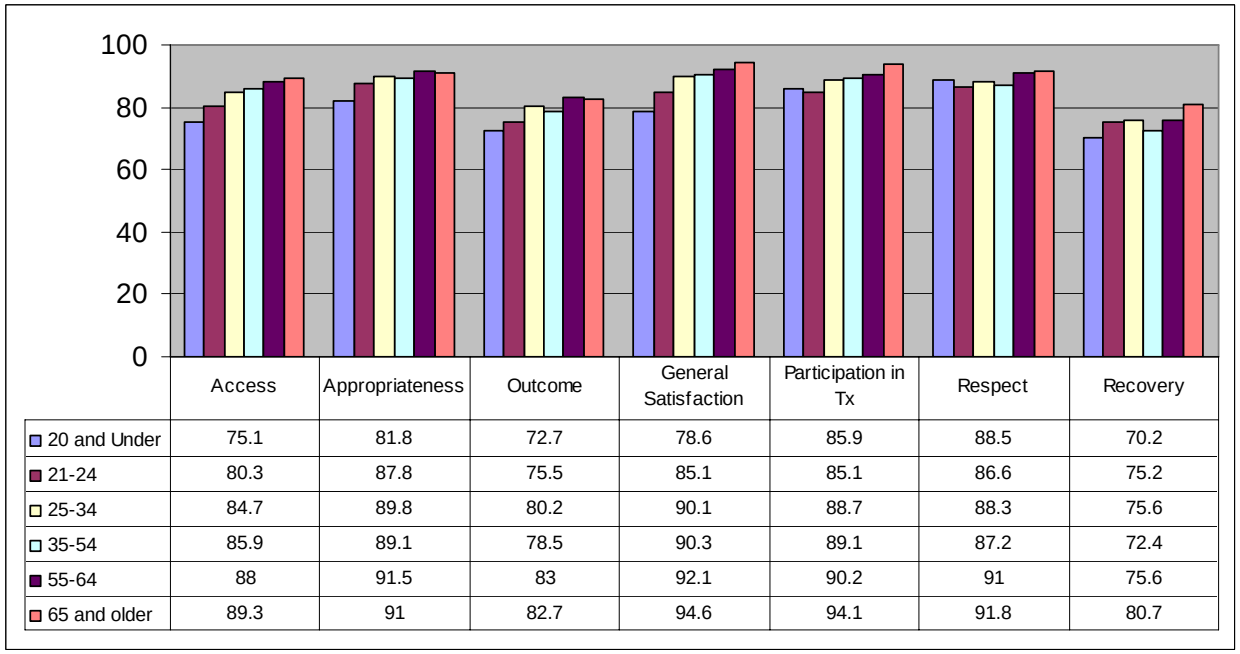

| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| 20 and Under | 81 | 86.6 | 80.1 | 85.3 | 87.5 | 86.3 | 76.7 |
| 21-24 | 73.8 | 88.4 | 82.5 | 83.9 | 89.2 | 85.1 | 76.9 |
| 25-34 | 77.3 | 88.1 | 84.9 | 87.1 | 89.9 | 89.2 | 81 |
| 35-54 | 79.6 | 88.6 | 85.4 | 87.7 | 89.5 | 88 | 79.8 |
| 55-64 | 83.5 | 90.2 | 87.1 | 88.6 | 90 | 92.3 | 84.3 |
| 65 and older | 91.4 | 85.7 | 85.2 | 93.3 | 91.2 | 91.4 | 86 |

Substance Use Disorders: Younger consumers reported the least amount of satisfaction on all domains except on the Access and Appropriateness domains.

Mental Health Disorders: Younger consumers reported the least amount of satisfaction on all domains.

### CONSUMER SATISFACTION BY AGE GROUP BY MH PROGRAM TYPE

FIGURE 20B

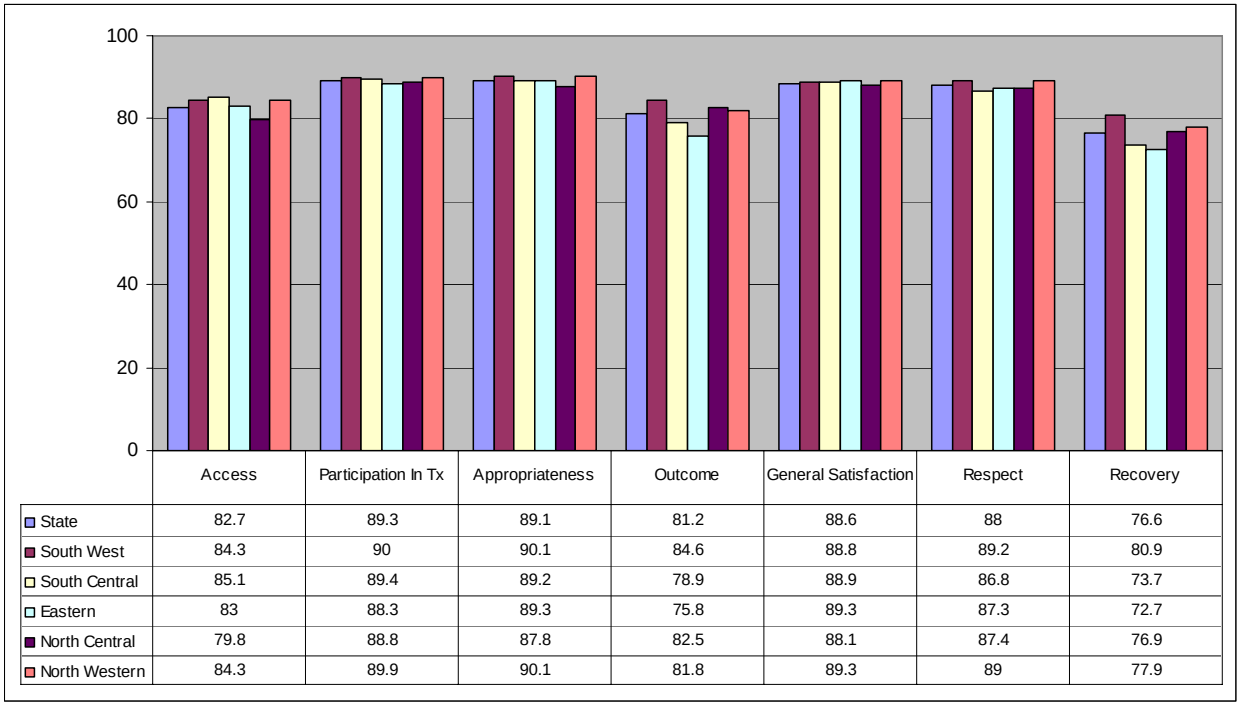



| | Access | Appropriateness | Outcome | General Satisfaction | Participation in Tx | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| 20 and Under | 75.1 | 81.8 | 72.7 | 78.6 | 85.9 | 88.5 | 70.2 |
| 21-24 | 80.3 | 87.8 | 75.5 | 85.1 | 85.1 | 86.6 | 75.2 |
| 25-34 | 84.7 | 89.8 | 80.2 | 90.1 | 88.7 | 88.3 | 75.6 |
| 35-54 | 85.9 | 89.1 | 78.5 | 90.3 | 89.1 | 87.2 | 72.4 |
| 55-64 | 88 | 91.5 | 83 | 92.1 | 90.2 | 91 | 75.6 |
| 65 and older | 89.3 | 91 | 82.7 | 94.6 | 94.1 | 91.8 | 80.7 |

## DID SATISFACTION DIFFER BY PLANNING REGION?

**CONSUMER SATISFACTION BY PLANNING REGION**

FIGURE 21




| | Access | Participation In Tx | Appropriateness | Outcome | General Satisfaction | Respect | Recovery |
|---|---|---|---|---|---|---|---|
| State | 82.7 | 89.3 | 89.1 | 81.2 | 88.6 | 88 | 76.6 |
| South West | 84.3 | 90 | 90.1 | 84.6 | 88.8 | 89.2 | 80.9 |
| South Central | 85.1 | 89.4 | 89.2 | 78.9 | 88.9 | 86.8 | 73.7 |
| Eastern | 83 | 88.3 | 89.3 | 75.8 | 89.3 | 87.3 | 72.7 |
| North Central | 79.8 | 88.8 | 87.8 | 82.5 | 88.1 | 87.4 | 76.9 |
| North Western | 84.3 | 89.9 | 90.1 | 81.8 | 89.3 | 89 | 77.9 |

- Consumers of Region 2 reported the highest level of satisfaction on the Access domain.
- Consumers of Region 5 reported the highest level of satisfaction with their experience of participating in treatment planning.
- Consumers of Region 2 and Region 5 reported the highest level of satisfaction on the Appropriateness domain.
- Consumers of Region 1 reported the highest level of satisfaction on the Outcome domain.
- Consumers of Region 2 reported the highest level of satisfaction on the General Satisfaction domain.
- Consumers of Region 2 experienced the highest level of respect with regard to the amount of family participation in treatment.
- Consumers of Region 2 reported the highest level of satisfaction on the Recovery domain.

## FEEDBACK FROM THE PROVIDER COMMUNITY

The feedback received on the supplemental form can be summarized as relating to the design, administration, implementation, and the application.

- Many providers mentioned that the timeframe allotted to administer the survey was too short. As a result, many providers were unable to meet the sample size requirements.
- Some mentioned that the survey was too long and that many consumers did not understand the questions.
- Some mental health providers indicated that a number of their consumers, who participate in multiple programs/levels of care within their agency, did not like requests to complete a survey more than once.
- Many requested that the consumer survey package be mailed and/or emailed to several staff and not just the Chief Executive Officer.
- Some design suggestions were made to change the software application.
- Many questions were directed to DMHAS about the utility of the survey.
- Since the implementation many staff have asked about the graphing tool that was promised as part of the application once their survey results were entered.

## LIMITATIONS

We would like to take this opportunity to identify the limitations of our survey results as presented in this report.

- The MHSIP consumer survey was standardized for use with the consumers receiving treatment for mental health disorders and not consumers receiving substance use disorders treatment.
- Some larger providers completed a higher number surveys than the required sample-size; this may skew the representativeness of our sample.
- Some providers did not submit any surveys. Some possible reasons for this include:
  - The DMHAS Consumer Survey Coordinator had retired which left a gap in the transition of the process.
  - The providers serving consumers with the State Administered General Assistance (SAGA) formerly conducted surveys through the DMHAS vendor, Advanced Behavioral Health. For 2005, it was planned that these providers would be included in the general DMHAS survey process, however, a parallel mechanism to collect and submit data was not provided.
- Various providers administered the survey in different ways. For example, some providers used peers while others used staff to administer the survey.
- Despite our attempt to provide anonymity to our consumers as they express their opinion about satisfaction with our services, we have been unable to provide for a totally anonymous survey setting.

# DISCUSSION

The majority of the consumers were satisfied with the treatment services that were being provided to them through the DMHAS provider network. These trends have remained stable over the last three years of survey implementation.

Consumers receiving treatment for substance use disorders reported higher levels of satisfaction on the Outcome and Recovery domains than consumers that were receiving treatment services for mental health disorders. One possible explanation for this could be that addiction services have been geared towards expecting their clients to recover and experience positive outcomes, whereas the mental health field has only recently adopted the concept of recovery for its consumers.

There are some significant differences between the experiences of our consumers by race, ethnicity and admission for substance use or mental health disorders treatment. Some interesting differences like:

- 90% women receiving services for mental health disorders reporting a significantly higher experience of *respect* than men (83.9%),
- 79% of the African-Americans receiving mental health services reported significantly higher levels of satisfaction than Whites on the R*ecovery* domain, and
- Hispanics consistently reported higher levels of satisfaction than non-Hispanics.

Does this mean that we are catering to the needs of women better than men or is there a need for gender-appropriate programs for men? Do Whites have a more difficult time re-integrating themselves into community life? Could it be that the White culture is less accepting of consumers with mental health disorders than other cultures? Do consumers of Hispanic origin have lower expectations of our service system?

This report raises many more interesting questions which need to be discussed and explored further in out treatment service system.

Overall, eight out of 10 consumers are satisfied with our services.

# APPENDICES

## APPENDIX 1: VOICE YOUR OPINION SFY 2001

### Spanish translation of 28 MHSIP questions
From "Voice Your Opinion 2000-01" Survey
Connecticut Department of Mental Health and Addiction Services (DMHAS)
November 2000

**EXPRESA TU OPINION 2000-01**

Las siguientes preguntas son sobre los servicios de salud mental que usted ha recibido durante los ultimos 12 meses. Por favor marque si esta de acuerdo o no con las siguientes oraciones.
Si la pregunta es sobre algo que no ha experimentado durante su tratamiento, por favor seleccione la ultima columna: No applica.
Favor de usa lapiz para llenar este cuestionario y borrar completamente cualaquier equivocación.

**VOICE YOUR OPINION 2000-01**

Reflecting on the mental health treatment services that you received in the past 12 months, how much do you agree or disagree with the following statements? If the question is about something you have not experienced, select the last column: Not applicable.
Please use pencil to complete this form and erase all unwanted marks completely.

| | | Fuertemente de acuerdo | De acuerdo | Neutral | En desacuerdo | Fuertemente en desacuerdo | No applica | |
|---|---|---|---|---|---|---|---|---|
| | | Strongly agree | Agree | Neutral (Neither) | Disagree | Strongly Disagree | Not Applicable | |
| 1. | Estoy satisfecho(a) con los servicios que recibo en esta agencia. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I like the services that I received here. |
| 2. | Me quedaría recibiendo los servicios que esta agencia ofrece, aunque tenga otras opciones. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | If I had other choices, I would still get services from this agency. |
| 3. | Recomendaría esta agencia a un amigo o a un miembro de mi familia. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I would recommend this agency to a friend or family member. |
| 4. | La ubicación de los servicios es conveniente (estacionamiento transportación publica, distancia, etc.) | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | The location of services was convenient (parking, public transportation, distance. etc). |
| 5. | El personal estaba disquesto a verme todas las veces que fuesen necesario. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff was willing to see me as often as I felt was necessary. |
| 6. | El personal devolvió mis llamadas en un plazo de 24 horas. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff returned my call within 24 hours. |
| 7. | Los servicios que recibi estaban disponibles en horas conveniente para mi. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Services were available at times that were good for me. |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8. | Conseguí todos los servicios que pensé necesarios. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I was able to get all services I thought I needed. |
| 9. | Pude ver al siquíatra todas las veces que quise. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I was able to see a psychiatrist when I wanted to. |
| 10. | El personal de esta agencia creen que puedo crecer, cambiar, y recuperarme. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff here believes that I can grow, change and recover. |
| 11. | Me siento comodo (a) haciendo preguntas sobre el medicamento que tomo y sobre mi tratamiento. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I felt comfortable asking questions about my treatment and medication. |
| 12. | Me sentí libre de quejarme. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I felt free to complain. |
| 13. | Recibí información sobre mis derechos | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I was given information about my rights. |
| 14. | El personal me animó a tomar responsabilidad de cómo vivo mi vida. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff encouraged me to take responsibility for how I live my life. |
| 15 | El personal me habló de los efectos secundarios que el medicamento tal vez me ocasionaria. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff told me what side effects to watch out for. |
| 16. | El personal respetó mis deseos sobre a quién le sería mostrada información sobre mi tratamiento. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff respected my wishes about who is, and who is not, to be given information about my treatment. |
| 17. | Yo no el personal decide los objectivos de mi tratamiento. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I, not the staff, decided my treatment goals. |
| 18. | El personal fue compresivo con mi cultura y con mi grupo étnico (raza, religión, lenguage) | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.) |
| 19. | El personal me ayudó obtener la información que necesitaba para asi poder manejar mi enfermedad. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | Staff helped me obtain information I needed so that I could take charge of managing my illness. |
| 20. | Fui animado(a) a usar los grupos que son manejados por clientes (grupos de apoyo, centros ambulatorios, lineas de emergencias, etc). | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.) |

| **Como resultado de los servicios que he recibido:** | | | | | | | **As a results of services that I have received:** |
|---|---|---|---|---|---|---|---|
| 21. Trato con mis problemas diarios de una manera más efectiva. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I deal more effectively with daily problems. |
| 22. Puedo controlar mi vida mejor. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I am better able to control my life. |
| 23. Puedo tratar con mis crisis mejor. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I am better able to deal with crisis. |
| 24. Me llevo mejor con mi familia | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I am getting along better with my family. |
| 25. Me va mejor en situaciones sociales. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I do better in social situations. |
| 26. Me va mejor en la escuela y/o en el trabajo | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | I do better in school and /or work. |
| 27. Mi situación de vivienda ha mejorado. | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | My housing situation has improved. |
| 28. Mis síntomas no me estan molestando tanto | 1 O | 2 O | 3 O | 4 O | 5 O | 9 O | My symptoms are not bothering me as much. |

## APPENDIX 2: 2003 CONSUMER SURVEY

60306

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
CONSUMER SURVEY FY03

**Gender:** ○ Male ○ Female

**Age:** ○ 20 and under ○ 35-54 ○ 21-24 ○ 55-64 ○ 25-34 ○ 65 and older

**How long have you been in the program?**

○ Less than 6 months ○ Between 3-5 years
○ 6-12 months ○ Between 6-10 years
○ Between 1-2 years ○ More than 10 years

**What is your race?**

○ White ○ Native Hawaiian/ Pacific Islander
○ Black/African American
○ Asian ○ Mixed
○ American Indian/Alaskan ○ Other

**Are you ...?**

○ Puerto Rican ○ Other Hispanic/Latino
○ Mexican ○ Not of Latino Origin

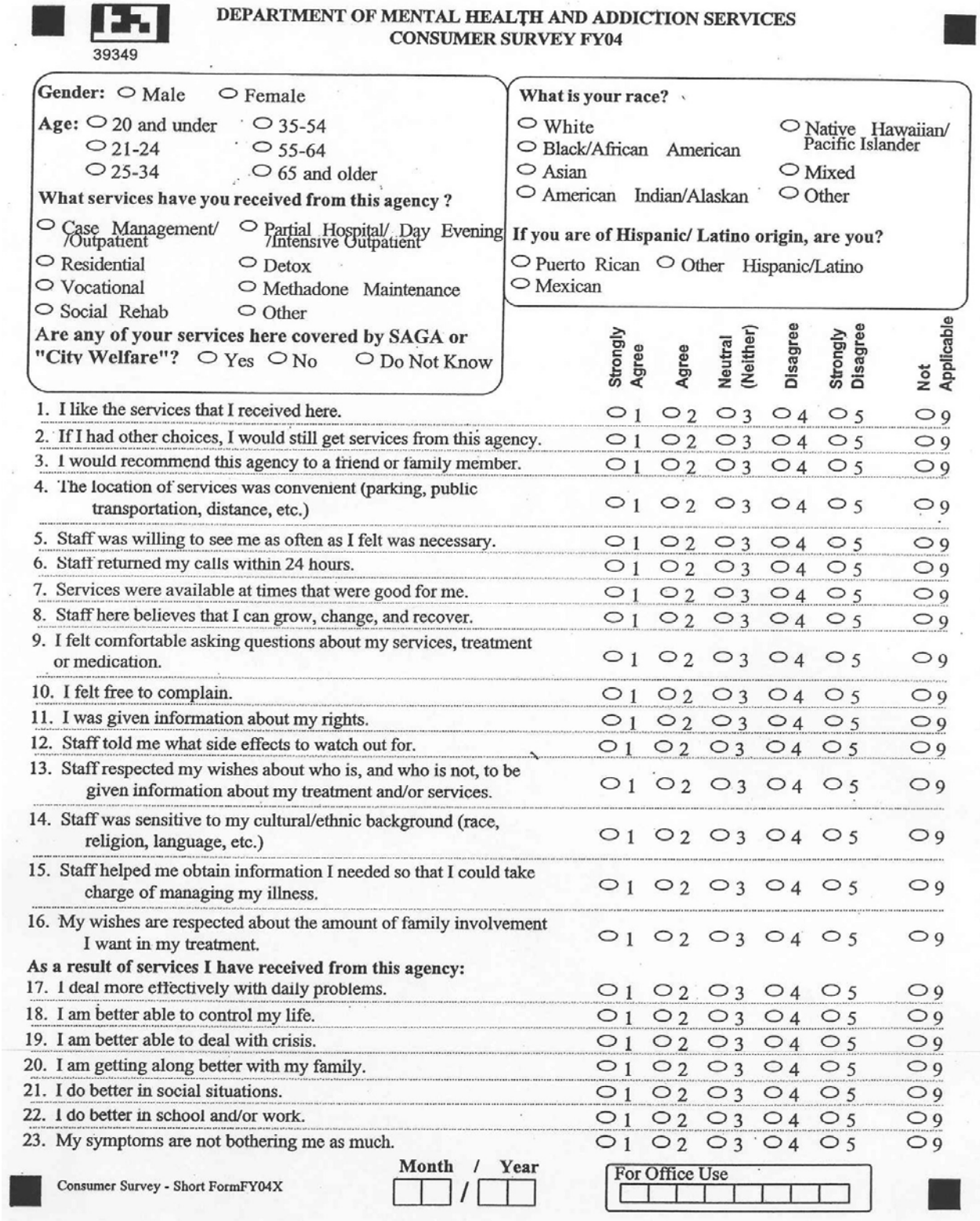
Date: Month / Year

| | Strongly Agree | Agree | Neutral (Neither) | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. I like the services that I received here. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 2. If I had other choices, I would still get services from this program. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 3. I would recommend this program to a friend or family member. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 4. The location of services was convenient (parking, public transportation, distance, etc.) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 5. Staff was willing to see me as often as I felt was necessary. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 6. Staff returned my calls within 24 hours. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 7. Services were available at times that were good for me. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 8. Staff here believes that I can grow, change, and recover. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 9. I felt comfortable asking questions about my treatment and medication. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 10. I felt free to complain. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 11. I was given information about my rights. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 12. Staff told me what side effects to watch out for. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 13. Staff respected my wishes about who is, and who is not, to be given information about my treatment. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 14. Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 15. Staff helped me obtain information I needed so that I could take charge of managing my illness. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 16. My wishes are respected about the amount of family involvement I want in my treatment. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| **As a result of services I have received ...** | | | | | | |
| 17. I deal more effectively with daily problems. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 18. I am better able to control my life. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 19. I am better able to deal with crisis. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 20. I am getting along better with my family. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 21. I do better in social situations. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 22. I do better in school and/or work. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 23. My symptoms are not bothering me as much. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |

Consumer Survey - Short Form

For Office Use Only

## APPENDIX 3: 2004 CONSUMER SURVEY



**DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**
**CONSUMER SURVEY FY04**

39349

**Gender:** ○ Male ○ Female

**Age:** ○ 20 and under ○ 35-54
○ 21-24 ○ 55-64
○ 25-34 ○ 65 and older

**What services have you received from this agency ?**

○ Case Management/ /Outpatient ○ Partial Hospital/ Day Evening /Intensive Outpatient
○ Residential ○ Detox
○ Vocational ○ Methadone Maintenance
○ Social Rehab ○ Other

**Are any of your services here covered by SAGA or "City Welfare"?** ○ Yes ○ No ○ Do Not Know

**What is your race?**

○ White ○ Native Hawaiian/ Pacific Islander
○ Black/African American ○ Asian ○ Mixed
○ American Indian/Alaskan ○ Other

**If you are of Hispanic/ Latino origin, are you?**

○ Puerto Rican ○ Other Hispanic/Latino
○ Mexican

| | Strongly Agree | Agree | Neutral (Neither) | Disagree | Strongly Disagree | Not Applicable |
|---|---|---|---|---|---|---|
| 1. I like the services that I received here. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 2. If I had other choices, I would still get services from this agency. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 3. I would recommend this agency to a friend or family member. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 4. The location of services was convenient (parking, public transportation, distance, etc.) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 5. Staff was willing to see me as often as I felt was necessary. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 6. Staff returned my calls within 24 hours. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 7. Services were available at times that were good for me. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 8. Staff here believes that I can grow, change, and recover. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 9. I felt comfortable asking questions about my services, treatment or medication. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 10. I felt free to complain. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 11. I was given information about my rights. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 12. Staff told me what side effects to watch out for. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 13. Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 14. Staff was sensitive to my cultural/ethnic background (race, religion, language, etc.) | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 15. Staff helped me obtain information I needed so that I could take charge of managing my illness. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 16. My wishes are respected about the amount of family involvement I want in my treatment. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| **As a result of services I have received from this agency:** | | | | | | |
| 17. I deal more effectively with daily problems. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 18. I am better able to control my life. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 19. I am better able to deal with crisis. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 20. I am getting along better with my family. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 21. I do better in social situations. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 22. I do better in school and/or work. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |
| 23. My symptoms are not bothering me as much. | ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 | ○ 9 |

Consumer Survey - Short FormFY04X

Month / Year

For Office Use

# APPENDIX 4: 2005 CONSUMER SURVEY MATERIALS

## APPENDIX 4.1: DMHAS CONSUMER SURVEY SFY 2005 MEMORANDUM

DMHAS Consumer Survey FY 05
MEMORANDUM

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To: LMHA Executive Directors, PNP Agency Directors, GA Agency Directors
From: Eileen Fenton-Gondek, DMHAS/OOC Coordinator of Consumer Survey Project
Date: February 8, 2005
Subject: **Consumer Survey System** for Data Entry & Reports

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I am pleased to announce that the new application for data submission and reports will be "live" on February 9, 2005. The **Consumer Survey System**, or **CSS**, replaces the Excel-based tool used in the past few years. Please review this information, distribute it to appropriate staff at your agency.

The application is ready for use. Some improvements to the reporting portion of the application will be completed in the next few days, but this will not affect your ability to begin entering data into the system.

### Overview

CSS is an application written in Visual Basic, with the same look and feel as the DMHAS Provider Access System (DPAS). The application will allow your agency to enter the consumer survey data, either by specific programs, or by the agency as a whole without identifying a particular program. It also provides a report function, which includes the ability to download the data for your own use.

CSS is a straightforward application to use, particularly if the user is familiar with DPAS. Even if users have no experience with DPAS, they may feel comfortable "self-learning." If users prefer a structured learning process, formal training classes will be available. In either case, telephone technical assistance will be readily available.

### Access Rights

Your staff will automatically be provided with access to CSS if they currently have rights to DPAS. There will be no change to user id's or passwords. If additional staff will only use the CSS, access should be requested using the System Access Request Form (see attachment).

### Self-Learning

The self-learning process is being offered in response to some requests. We appreciate the many demands on your time and see this as a practical approach, given the simplicity of the application. The attached Consumer Survey System User's Guide provides step-by-step instruction in all aspects of the application, including entering consumer survey data and running reports.

### Training

We are not requiring attendance to a training session. All training will be conducted at the

DMHAS Computer Training Center located at Connecticut Valley Hospital,Haviland Hall, in Middletown. These optional training sessions are currently scheduled for the following dates:
Thursday, February 17th , 9-12 *
Thursday, February 17th , 1-4 *
Wednesday, February 23rd, 9-12 *

Additional sessions will be added to the schedule if needed. Attendees must register prior to attending a session by contacting Eileen Fenton-Gondek by telephone (860-418-6809) or e-mail (Eileen.FentonGondek@po.state.ct.us).

* The instructional portion of each class is expected to be 1 to 1-1/2 hours. Attendees are invited to bring actual completed surveys to the class, along with their unique user id and password. Following the instructional portion of the class, participants may elect to use the classroom and trainers to further their learning while entering actual surveys from their respective agencies into the "live" system.

## Telephone Support

For this application only, users will have direct telephone technical assistance and support available. As part of the self-learning process or to respond to questions or problems, users may contact either Eileen Fenton-Gondek at 860-418-6809, or Karen Oliver at 860-418-6611. Telephone support will be available Monday through Friday, 8:00 A.M. to 3:30 P.M.

## Due Date

The due date has been extended from the original date of March 31st to **April 15th**.

Information and Printed Materials
Information and all printed materials related to the DMHAS Consumer Survey continue to be posted on the DMHAS website at www.dmhas.state.ct.us. A direct link is available from the homepage, "Featured Items"/ Consumer Survey. The CSS User's Guide and the revised due date for submission of all data will be posted in the near future. We will also post an updated User's Manual when the improvements to the reporting function are completed.

## Other Requirement

The only additional information that will need to be submitted as in the past years is the attached Supplemental Report. This can be submitted electronically to: Eileen.FentonGondek@po.state.ct.us or mailed to: Department of Mental Health & Addiction Services, P.O. Box 341431, Mail Stop #14 QMI, Hartford, CT 06134, ATTN: Consumer Survey FY05.

On behalf of the Quality Management & Improvement unit at DMHAS' Office of the Commissioner, I want to thank you for your continued support as we work together to assure quality care for the people we serve. Should you have any questions regarding the consumer survey, do not hesitate to call me.

Thank you.

Cc: LMHA QMI Directors
Provider Designees for Consumer Surveys
Roger Adams, Co-Director, QMI, DMHAS
Dan Olshansky, Director, Health Care Performance, QMI, DMHAS

DMHAS Consumer Survey FY 05 Guidelines

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Currently, owing to the variability among agency characteristics, DMHAS is not prescribing a specific method of administering the survey questionnaire. However the following general guidelines are being provided.

**Time Frame For Conduct Of Survey**
The current FY' 05 reporting period ends 3-31-05
Agencies may select the specific time period during which surveys will be administered. The survey may be administered on an ongoing basis; over the course of 1, 2, 3 or more selected months; on one day; etc.
The report of results will be due March 31, 2005

Publicizing Survey
The survey should be publicized to consumers in advance of administration
The following methods have been used successfully
Posters/flyers displayed on site
Announcements in regularly scheduled meetings that involve program participants
Meetings scheduled specifically to publicize the survey
Verbal reminders by staff to clients
Verbal reminders to staff
Mailings
Announcements should emphasize the anonymous nature of the survey and the importance of consumer feedback in improving services

Selection of Consumers
DMHAS recommends that all agency participants have an opportunity to complete the survey
However, the minimum number of surveys that must be completed and reported is determined by the sample-size formula
**Note:** Client participation in the survey is voluntary. However, if fewer surveys are completed then is the minimum expected, the reason should be noted at the time the DMHAS Supplementary Report is submitted. This would then be a matter to be discussed by the agency and the DMHAS Regional Health Care Systems Manager as appropriate.

**Presentation of Survey to Consumers**
Any program staff may present the survey to the program participant, but DMHAS recommends that the help to consumers from the direct staff be kept to a minimum.
Some programs prefer that a non-direct-service staff member present the survey and have

utilized support staff such as secretaries, administrative assistants, receptionists, etc.
Other programs have utilized direct-service staff to introduce and present the survey.
Regardless of who presents the survey, the anonymity of the survey responses should be emphasized.

**Privacy**
If possible a separate office or space should be provided for completion of the survey
Any space utilized should ensure privacy of responses
Where feasible a private receptacle for deposit of completed surveys should be provided
Returning surveys in a sealed envelope also reinforces anonymity
It is strongly encouraged that direct service staff should not be in close proximity to individuals completing the survey

**Methods of Administration**
The following administration methods are acceptable:
Self administered with assistance available
Group administration with assistance available
**Note:** it is recommended that the individual providing assistance be perceived by the consumer as neutral or non-interested in the outcome of the survey
Mail in
Telephone (same note as above regarding perceived neutrality)
Taking survey home or to another location to complete and then returning – either in person or via self-addressed stamped envelope

**Assistance**
Where possible a “non-interested/neutral” person should be available to provide assistance as needed
Consumer representative
Volunteer
Non-direct service staff

Sample Size
This refers to the minimum number of completed surveys that must be included in the report to DMHAS.
For the FY ’05 reports the sample size should be based upon the number of unduplicated clients served at specified agency/location in any consecutive three months of the current fiscal year.
The sample size formula is attached.

**Reporting**
For FY ’05, DMHAS will provide a DPAS-based application for data entry and report generation. The application will generate an aggregate report for the agency.
All data entry and reports including the Supplemental Report Form will be due by March 31, 2005

## DMHAS Consumer Survey FY 05
## Instructions for Implementation

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**Memorandum**
TO: LMHA Executive Directors, PNP Agency Directors, GA Agency Directors
FROM: Roger Adams, Ph.D., Co-Director, Quality Management & Improvement Division
DATE: December 3, 2004
SUBJECT: DMHAS Consumer Survey FY05 - Instructions for Implementation

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This memo, along with enclosed attachments, constitutes the instructions for conducting the DMHAS consumer survey for FY05. Please review these instructions carefully and ensure that the agency staff responsible for completing this project receives a copy of pertinent information as soon as possible. The results of your FY05 consumer survey process will be due at the DMHAS Quality Management & Improvement Division by the close of the business day on March 31, 2005.

**Option of program-level reporting or agency-level reporting**
For FY05, agencies participating in the consumer survey will have the option of identifying survey responses as coming from specific programs within the agency or merely as coming from the agency as a whole.

**Sample size**
The required sample size for each agency should be based on a quarterly unduplicated client count (any consecutive three months of the current fiscal year) for all programs that have the consumer survey requirement. To derive the expected sample size, please see *Attachment (*DMHAS Consumer Survey FY05 Sampling Size Determination)

In general, any agency reporting group with an unduplicated quarterly client count of 80 or less will need to sample 70% of their clients. For the larger agencies the requirement for FY05 is based on the sample size needed to attain 95% Confidence Interval of +/- 7%.

Agencies 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.

**Levels of care with consumer survey requirement**
*The Attachment (*Levels of Care with Consumer Survey Requirement for FY05) provides a

detailed listing of levels of care (program types) for which there is a contractual requirement to complete the survey.

The "contractual requirement" to conduct the survey may be based on a DMHAS services contract or on the obligations of agencies receiving funds for services provided under State Administered General Assistance (SAGA). Most DMHAS-operated programs also are required to conduct the survey. Regardless of the basis of the requirement, if it applies to at least one of your agency's programs, then the agency must participate in the FY05 consumer survey.

**Programs receiving State Administered General Assistance (SAGA)**
In FY03, SAGA-funded programs were exempted from the DMHAS survey because they were surveyed by Advanced Behavioral Health (ABH). Please note that such programs are no longer exempt. Clients in programs that receive SAGA funds should be included in your agency sample for FY05. ABH staff will not be conducting separate program-level surveys this year. However, ABH may visit your agency to do a supplemental validating sampling using the DMHAS survey instrument. If so, you will receive prior notice from ABH. The ABH-collected data will be analyzed separately.

**Administration Guidelines**
Administration guidelines remain similar to the past two years. The FY05 version of the guidelines is enclosed (*Attachment: DMHAS Consumer Survey FY05 Guidelines*).

**Survey Instrument – FY05 version**
The basic survey instrument content for FY05 is very similar to last year's, but five recovery-oriented items have been added, so we ask you to replace last year's version with the new version available for this year (*Attachments: FY05 Consumer Survey Questionnaire – ENGLISH version and FY05 Consumer Survey Questionnaire – SPANISH version* ).

**New Data-Entry and Report Application**
A new data-entry and reporting application is being built within the DMHAS Provider Access System (DPAS). This application will replace the Excel-based tool provided for the past two fiscal years.

The application will allow you to enter data from the survey and to generate the required reports by agency. The application will allow you to enter data either by specific DMHAS-funded and/or state operated programs or for the agency/location as a whole without identifying a particular program. Agencies that choose to identify specific programs will pick the program from the DPAS list of their DMHAS-funded or DMHAS -operated programs. However, GA-funded programs (without DMHAS funding) are not listed individually. The responses for such programs should be entered using the general agency option.

The report function of the application will aggregate the results by the agency as a whole, for a given agency.

**Training**
When the new application is ready, hopefully by late January, we will hold a few sessions to

introduce you to the new application, and if needed, smaller training sessions. The date(s) will be announced. The attendance at these sessions will not be mandatory, but we strongly recommend that at least one person from your agency attend.

**Due Date**
As in past years, the results of your survey process for the FY05 will be due at the DMHAS/QMI unit by the close of the business day on ***March 31, 2005***.

**Reporting Requirements**
The reporting requirements for this fiscal year will be easier than last year, in that the Excel data files do not need to be submitted. The new application will not only allow you to enter data to which we will have immediate access, but the application will generate the report for your agency at your end and ours. The only additional information that will need to be submitted as in the past years is the Supplemental Report (see *Attachment: FY05 Consumer Survey Supplemental Report Form*). This can be submitted electronically to Eileen.FentonGondek@po.state.ct.us or mailed to: Department of Mental Health & Addiction Services, P.O. Box 341431, Mail Stop #14 QMI, Hartford, CT 06134, ATTN: Consumer Survey FY05

We look forward to the ongoing implementation of the statewide consumer survey and your support as we work together to assure quality care for the people we serve. Should you have any questions regarding the consumer survey, do not hesitate to contact either:

Eileen Fenton-Gondek, Consumer Survey Coordinator
(Eileen.FentonGondek@po.state.ct.us, phone: 860-418-6809)

or

Roger Adams, PhD, Co-Director, Quality Management & Improvement Division
(Roger.Adams@po.state.ct.us , phone 860-418-6770).

Thank you.

**ATTACHMENTS:**
Levels of Care with Consumer Survey Requirement for FY05
DMHAS Consumer Survey FY05 Guidelines
FY05 Consumer Survey Questionnaire – ENGLISH version
FY05 Consumer Survey Questionnaire – SPANISH version.
DMHAS Consumer Survey FY05 Sampling Size Determination
FY05Consumer Survey Supplemental Report Form

Cc: LMHA QMI Directors
Paul DiLeo, Chief Operating Officer, DMHAS
Kenneth Marcus, M.D., Medical Director, DMHAS

## APPENDIX 4.4: SFY 2005 CONSUMER SURVEY

| Agency | **Program** |
|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Gender | ○ Male<br>○ Female | **For each box, put an ✕ in the circle that applies to you.** | | **Age** | ○ 20 and under<br>○ 21-24<br>○ 25-34 | ○ 35-54<br>○ 55-64<br>○ 65 and older |
| Race | ○ White<br>○ American Indian/ Alaskan | ○ Black/ African American<br>○ Native Hawaiian/ Pacific Islander | ○ Asian<br>○ Mixed | Ethnicity | ○ Puerto Rican<br>○ Other Hispanic or Latino | ○ Mexican<br>Not Hispanic |

| **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 |

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

**APPENDIX 4.5: SFY05 CONSUMER SURVEY - SUPPLEMENTAL REPORT FORM**

Agency name: _____ Date report completed: _____

Person completing report: _____ Phone number: _____

**INSTRUCTIONS**:
Table 1: List programs included in your sampling and give number of respondents in each program. If you cannot break your total count by programs, then use "programs not specified" in the Program name column.

Table 2: Compare sampling requirement to the actual number of respondents in your survey for each of your Agency Reporting Group.

**Comments: Let us know about any concerns or suggestions you may have about this or next year's consumer survey**

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |

**Table 1: Approximate sample breakdown by PROGRAMS providing services**

| Agency Name | Service Type* | Program Type** | Program ID (eCURA or BHIS) | Program Name | Level of Care*** | Number of Respondents | Respondents as % of total |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | Sum= | Sum=100% |

*SA, MH, Dual
**SO (DMHAS-operated), PNP (DMHAS-funded), GA (State Administered General Assistance)
***Res (Residential), PH (Partial Hospital), OP (Outpatient), Voc (Vocational), SocR (Social Rehab), CM (Case Management), Detox IP (Inpatient detox), MM (Methadone Maintenance)

Table 2: Comparison of actual sample size to the requirement (See *DMHAS Consumer Survey Sampling Requirement FY05*)

| Agency Name | Unduplicated Quarterly Count (indicate months used) | Required Sample Size | Actual N of Surveys Completed | Actual N as % of Required Sample Size |
|---|---|---|---|---|
| | | | | |

## APPENDIX 4.6: SFY 2005 RESPONSES TO THE SUPPLEMENTAL FORM

In specific, the following are the comments from the provider community at the completion of the survey process for FY 2005.

### SURVEY PROCESS

1. I would have liked to add additional survey questions, but due to the short turn-around time, we didn't have sufficient time to do that.
2. I would recommend a much longer lead time between rolling out the survey each year and expected implementation.
3. I would recommend ensuring that the reporting agencies have received notice of the surveys in a timely manner.
4. It would be best if DMHAS sent the information to the program staff instead of just to the CEO's (didn't receive it in a timely manner through the CEO's office).
5. Survey was administered over a 4-month period.
6. We tend to have difficulty obtaining the minimum sample size for smaller programs like group homes and for larger ones like social rehab. For social rehab, many clients may visit infrequently (1-2 times a year) but are active. Although we do mail surveys to these consumers, we do not often get responses.
7. Clinically, consideration should be given to surveying more frequently. Overtime clientele responds to the programs. With broader survey times, it will be easier to determine what works and what needs adjustment. Also when adjustments are made, programs will not have to wait nine months or longer to determine whether or not they worked.
8. Due to the large number of surveys that need to be collected by our agency, we wish that the process either remained static to the current system for FY 05, or if changes are made that we are informed at the beginning of the fiscal year so we can collect the data over a longer period of time. Attempting to collect this volume of surveys and enter them into the system requires re-alignment of staff resources. It would be less of a burden to collect a smaller sampling each month throughout the year than attempt to collect them in a 3-month period of time.
9. It would be helpful to begin administration of the survey earlier in the fiscal year. If this survey is going to be used again for next year, could the programs start in August or September?
10. Because surveys were collected anonymously, we were unable to separate DBT clients from remaining clients.
11. Sampling size based on a 3-month unduplicated count is illogical-especially with Dr. Marcus' statement emphasizing to clients that the survey is voluntary, but based on the OOC target, our staff felt they had to practically harass clients to attain the sample size.
12. I had difficulties obtaining surveys back from the majority of our participants.
13. Some consumers opted not to complete the survey, indicating that they had already done so (at other programs) in some cases multiple times.

## SURVEY INSTRUMENT

1. Survey was easier to read…added spacing made it easier for consumers to complete.
2. Some clients overwhelmed by length of survey.
3. Quite a few consumers refused to complete the survey stating it was "too hard" or they didn't want to. We suggest simplifying the survey, shortening it in the future to make it more consumer friendly.
4. Staff in some of our more intensive programs question whether the clients comprehend the meaning of some of the questions.
5. Some of these questions are not an accurate measure of recovery.
6. (Case management program) has concerns about the length of the survey, the format and the number of choices.
7. As in the past, many of the questions do not apply to substance abuse clients. Therefore, clients may answer with 'NA', 'disagree' or 'neutral' which skews the data.
8. Add a 'date completed' box on next year's survey.
9. As a generic survey, it covers a wide range of important information, but it could be more specifically geared towards work service questions.
10. Consumers felt the survey was not consumer-friendly and much too long. They are also saying that the questions are always the same.
11. Clients continue to complain about or refuse to complete the survey. We suspect this reflects difficulty in reading and concentration as well as the fact that many clients are involved in DMHAS services at other agencies and so are being asked to fill out multiple surveys.
12. The Spanish translation is problematic; it is not "in the vernacular" and is not always understood by clients.
13. Majority of our clients did not understand the last question on the survey.
14. This survey was very user friendly and easy to understand.
15. Some concern about the validity, appropriateness and wording of some of the questions.
16. The consumers had a lack of understanding for some questions: #'s 6,12,16,20.
17. We received some complaints from consumers about the length of the survey.
18. Questions continue to be vague in general and irrelevant to many programs. In many such cases, clients frequently responded with 'strongly disagree' when they probably should more appropriately have responded 'NA'.
19. Questions need to be more specific to focus on whether a program is accomplishing its mission, goals, etc.
20. The addition of the recovery-oriented questions is excellent and should be continued.
21. Five-point Likert scale is pretty meaningless; the neutral should be removed for clearer results and ease of developing more definitive action plans.
22. The re-formatted answer sheet is definitely an improvement; move the overall instructions out of the gender box since it applies to several areas.
23. Some questions are not relevant for vocational programs.
24. With the additional recovery-based questions, our survey tool expanded to 2-pages this year; nearly 10% of respondents did not answer questions on the second page.

## SURVEY RECORDING (APPLICATION)

1. DPAS entry was easier than the prior Excel format.
2. Survey form should match the DPAS application exactly, i.e. race.
3. Page break at questions 8-9 has an unnatural feel, leading to need to double-check that data entry was done accurately.
4. This was more time consuming than last years' direct access version. This application takes a lot more time in DPAS than in Excel.
5. The new database is a great improvement over last year.
6. There should be a place in the database to enter comments from consumers.
7. Web based application is very easy to use.
8. I wish we could obtain the program on CD for monitoring satisfaction throughout the year.
9. The new data collection program through DPAS is very user friendly.
10. We have a few non-DMHAS funded programs that clients are also involved in. Last year we were able to use the Excel tool to generate reports for these programs internally. With the new on-line application, we were not able to do this.
11. The buttons on the Consumer Survey input form in DPAS are so small that it takes frequent re-clicks to set the answer. Can you make the buttons larger?
12. To make data entry go more quickly, could a change be made to DPAS so we could click on a response column to select it for all the questions, then can a few manually?
13. The new application is a big improvement over the past method.
14. I recommend utilizing a format that allows for end users to continue with it in their own internal CQI programs.
15. It was simple to input!
16. Match radio buttons with form, i.e. form has 'SA, A, N', etc while application has '1,2,3,4'.
17. Survey date-default to last date entered or have drop-down choices as opposed to typing the date.
18. Move tabs to bottom of screen to allow easier mouse navigation.
19. The Consumer Service System was very simple to enter all the surveys into.
20. Data entry of results was very easy.
21. Printer options to select a different printer.

## SURVEY REPORTS (APPLICATION)

1. The reports are useful (in format initially rolled out).
2. User-defined survey items (29-33) listed on the report as the actual questions in place of extra item 1-5.
3. The local results were not helpful to most programs as the items are general, non-specific or irrelevant to some programs.

## DATA ANALYSIS

1. Length of stay was an item that was discontinued several years ago; we sense some trends in data might be explained by lengths of stay, particularly in methadone maintenance.
2. Neutral option on scale might affect validity of assessment, i.e. the majority of the results consisted of a high % of 'agree' and 'neutral'; neutrals offsetting the 'agrees'.
3. I am concerned about how the neutral category counts against us. This skews the results and is in fact negative.

## OTHER

1. Questions pertaining to the quality of life had lower agree %; it is imperative that community supports/outreach funding continue.
2. We again request the option to indicate more than one program for each survey entered next year so that the reports are accurate by program AND by agency.
3. In reading the supplemental form from 2003, it does not appear that many changes were made based on our recommendations.
4. Based on the FY 03results, it is questionable whether all the effort involved in this process truly yielded helpful information or whether we are just contributing information to a questionably useful multi-state data pool.
5. Did DMHAS gain any useful results from 2003 or 2004?
6. How has DMHAS used the results of the past 2 standardized surveys?
7. The consumers seem tired of completing the surveys each year.
8. I would like to see the results by LMHA's and by region as a whole.
9. What action plans are developed from a QI perspective for less than satisfactory rates?
10. I am interested in learning about the use of this data for QI purposes in general.
11. We found it difficult to obtain the required sample size as many clients did not return the surveys.
12. The supplemental form generated in an editable format so it may be sent electronically.