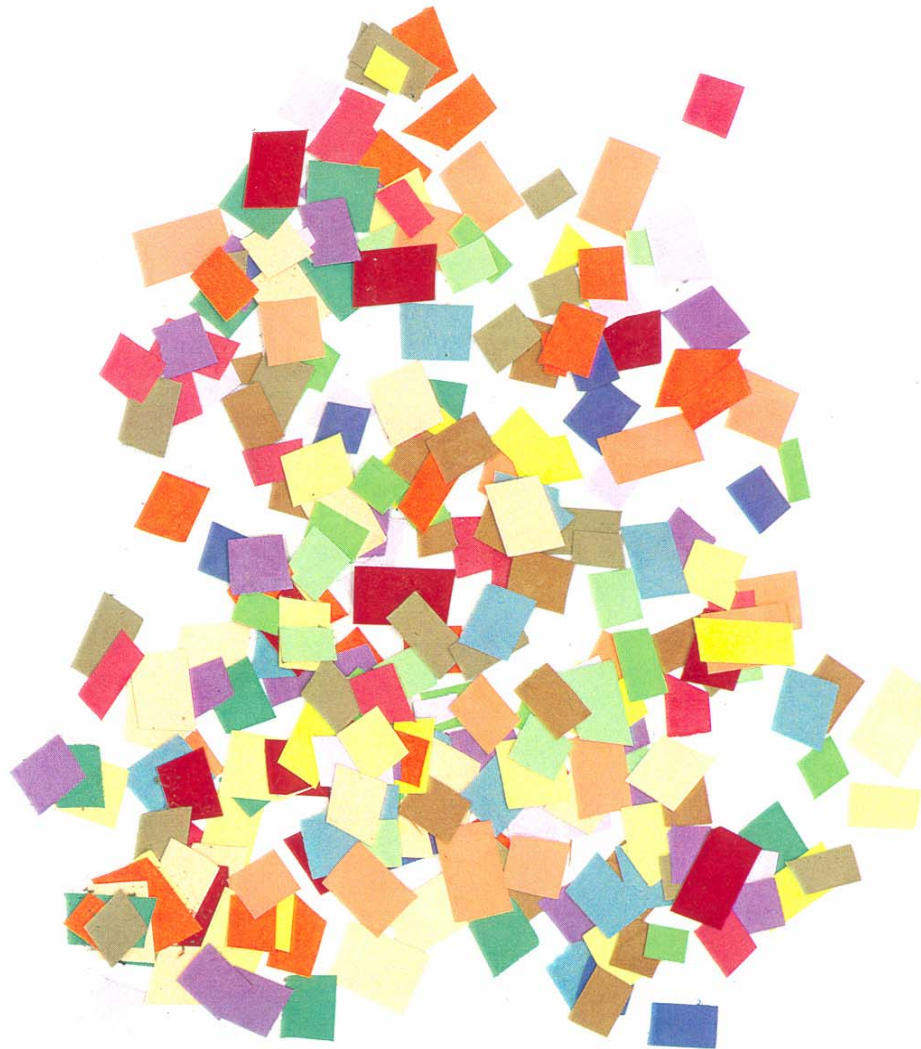


# CONSUMER SURVEY 2006 ANNUAL REPORT



Consetti, Mike McDevitt,  
8/05

Connecticut **DMHAS**  
Department of Mental Health and Addiction Services

AUGUST 2006

410 CAPITOL AVENUE  
HARTFORD, CT 06134

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## NOTE FROM THE COMMISSIONER

There are many ways to evaluate the effectiveness and quality of a system, but one of the most important critiques is provided by those who receive the services provided by the system. The SFY 2006 Consumer Survey aims to describe consumers' opinions about the services that Connecticut's mental health and addiction services treatment system provides and about how these services have impacted the quality of their daily lives.

Continual evaluation of the service system is essential; it ensures that we know what the right services are, and that the assistance we provide really does assist consumers towards recovery. Direct input is essential to making the system ever more consumer-driven and recovery oriented. I hope that everyone who has a role in the DMHAS service system will consider the feedback summarized in this statewide report, and in the individual reports available to each agency from its own survey responses.

I suggest that you review the findings carefully and that they will be helpful as one element of future planning and oversight of your agency. I would also urge you to carefully review the recently released DMHAS publication "**Practice Guidelines for Recovery-Oriented Health Care.**" It includes strategies for some of the same areas that are addressed in the Consumer Survey, e.g. participation of people in their care, promoting access, strengths-based assessment, recovery goals. Released and distributed at our recent Recovery Conference at the Hartford Convention Center, it can be downloaded off the DMHAS website at [www.dmhas.state.ct.us](http://www.dmhas.state.ct.us).

Thanks are due to everyone for an outstanding response. If you were one of those 22,000 consumers who took the survey, please be assured that we value what you have to say. Your participation helps us understand your needs better and how our services assist your management of your illness and recovery. Service providers, we at DMHAS appreciate your commitment to the consumer survey and your ongoing dedication to assuring quality care for the people we have pledged to serve.

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

August 11, 2006

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## **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 with the state. We would also like to recognize the work of the provider community that helped in the implementation of the survey.

This year, we would like to thank Mike Hettinger who made the individual provider reports possible.

Most importantly we would like to thank Mr. Mike McDermid who was kind enough to let us use one of his art pieces as a cover for our report. Mr. McDermid is a self-identified consumer and an artist.

## ABOUT MICHAEL McDERMID

Mike McDermid uses different approaches and media with a strong, intuitive sense of color and line. One critic has said that the simplicity of his work is “profound and insightful.”

He resides in Manchester, and is an active member of the Genesis Center “WE CAN” Clubhouse, having begun activities there over three years ago. In so doing, he realized that he had an affinity for art and was supported in this pursuit by staff and fellow members. In fact, he was given the position of art teacher- or more appropriately, a facilitator- to help each individual to discover his or her voice or style. He really enjoyed this work, and the old adage that “the teacher learns more than the students” has held true for him.

The artist has an academic background from Salisbury School in Salisbury, CT, and Northwestern University, Evanston, IL as a Communication Studies major. He also holds a law degree from the University of Bridgeport School of Law.

Once, when another artist of his acquaintance, also living with psychiatric problems, was asked about his legal background, he said, “I’m a recovering lawyer.” Mike can also identify with this description. While attending evening classes at law school, he held down various jobs, such as manager at G. Fox & Co., courtroom clerk at the Superior Court in Hartford, and a trial clerk at the United States District Court in Hartford, CT.

Mike is truly grateful to the staff and members of the Genesis Center for their support and encouragement.



# 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 fourth 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*. Providers administered the surveys to consumers who received treatment for substance use and/or mental-health disorders.

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 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 consumers' perception of the quality and appropriateness of services.
- ◆ The Outcome domain is comprised of seven items and measures 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 consumers' 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 22,331 surveys were completed statewide. Of the 129 providers that were to administer the survey, 113 submitted data.
- ◆ Slightly more than half (52%) of the consumers responding to the survey were men; almost 40% were women, and 8% of the respondents did not identify their gender. These results are the same as the previous year.
- ◆ The majority (62%) of people responding to the survey were White; 14% were African-American/Black, and 15% did not identify their race.
- ◆ About two in 10 (19%) identified themselves as Hispanics and 40% chose not to identify whether or not they were of Latino/a origin (called Ethnicity in the survey).
- ◆ A little over half (52%) of the consumers that responded were between the ages of 35-54.
- ◆ About an equal number of clients (45%) reported receiving mental health services versus treatment for substance abuse disorders (43%).

## **MHSIP DOMAINS**

- ◆ Eight out of 10 consumers reported a positive perception on the Access and Outcome domains.
- ◆ Almost nine out of 10 consumers reported a positive perception on the Appropriateness and General Satisfaction domains.
- ◆ About 90% agreed with the statement, “I felt comfortable asking questions about my services, treatment or medication.” This is a slight improvement over 89% in 2005.
- ◆ Eighty-eight percent agreed with the statement, “My wishes are respected about the amount of family involvement I want in my treatment.” This percentage remains constant from the previous year.

## **DEMOGRAPHIC CHARACTERISTICS AND SATISFACTION ON MHSIP DOMAINS**

- ◆ Women expressed significantly higher levels of satisfaction than men on all domains, except Outcome, and there were no differences in the Recovery domain.
- ◆ African-American/Blacks expressed a significantly higher level of satisfaction with the Access, Outcome, and Recovery domains in comparison with Whites and consumers who identified some other race.
- ◆ People of Hispanic/Latino origin expressed a significantly higher level of satisfaction with the Outcome and Recovery domains in comparison with Non-Hispanics.
- ◆ Consumers who were 55 and older expressed a significantly higher level of satisfaction in all domains except Outcome.
- ◆ Consumers who were receiving services in a vocational rehabilitation program expressed a significantly higher level of satisfaction in the Access, Outcome, General Satisfaction, and Recovery domains.
- ◆ Consumers who were receiving services in an outpatient program expressed a significantly higher level of satisfaction in the Appropriateness domain and a better experience with participation in treatment planning.
- ◆ Consumers of Region 5 reported the highest level of satisfaction on the Access and Appropriateness and General Satisfaction domains. They also expressed a higher level of satisfaction with their experience of participating in treatment planning and feeling that their wishes were respected with respect to the amount of family participation.

## **SERVICE AREA AND MHSIP DOMAINS**

- ◆ Consumers receiving services for substance use disorders expressed significantly higher levels of satisfaction on the Outcome and Recovery domains.
- ◆ Consumers receiving services for mental health disorders expressed significantly higher levels of satisfaction on the Access, Appropriateness, and General Satisfaction domains.

## **LIMITATIONS**

- ◆ Survey administration procedures are not standardized across programs.
- ◆ We do not know how comfortable consumers are with giving their opinions while in the treatment setting.
- ◆ The MHSIP consumer survey was standardized for use with consumers receiving treatment for mental health disorders, and not with people receiving substance abuse treatment.
- ◆ Despite our attempts to provide anonymity to our consumers as they express their level of satisfaction, we have been unable to provide for a totally anonymous survey setting.
- ◆ The sample was non-random, which may introduce bias.

# INTRODUCTION

Consumer Satisfaction Survey SFY 2006 (July 1, 2005 – June 30, 2006)

## 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 care for people living with mental health and substance use disorders. In 2006, the Department of Mental Health and Addiction Services (DMHAS) implemented its annual consumer survey to determine consumer satisfaction with mental health and substance use services.

## ORGANIZATION OF THE REPORT

This document presents statewide data. This report is an attempt to continue to voice the opinions about how consumers experience services within our network of providers. Last year DMHAS issued the first comprehensive report that tracked and narrated the story of how this process of annually assessing the pulse of our system came about. In these reports we want to document views of consumers served in the mental health (MH) and substance use disorder (SUD) treatment programs. This report presents survey data by demographics for all the analyses that were run. Even though there may be slight differences in the level of satisfaction expressed by consumers, we have only mentioned differences that were *statistically significant*. 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

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

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# METHODOLOGY

## MEASURES

The 2006<sup>1</sup> consumer survey consists of 28 items, rated on a 5-point Likert scale. A score of “1” represents strong agreement with an item, “5” strong disagreement, and “3” is a neutral response. The responses are: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and Not Applicable.

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

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

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

- ◆ A Recovery domain which is comprised of five questions (24-28) that assess consumers’ perception of “recovery oriented services”; a consumer had to answer at least 3 items for the domain score to be calculated.
- ◆ Demographic questions, where clients indicated their gender, race, age, and ethnicity.
- ◆ “Free” questions: agencies could add up to 5 agency-specific questions for their use.
- ◆ A supplemental report form, requiring agencies to describe sample selection.

## ADMINISTRATION

DMHAS provided agencies with guidelines for survey implementation. Generally, providers’ staff administered the consumer survey, but some consumers and peers assisted. Providers administered the survey to clients who received either mental health or substance use treatment services from July 1, 2005 through June 30, 2006. Clients who received prevention, emergency, inpatient, or detoxification (both inpatient and ambulatory) services were excluded. Surveys were collected mainly during September 2005 to March 2006.

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

The survey was administered in the following levels of care:

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

### SAMPLE SELECTION

DMHAS asked providers to calculate sample size according to the number of unduplicated consumers served by the provider from July 1, 2005 through June 30, 2006.<sup>2</sup> The sample size calculation was based on the 95% confidence level and 7% confidence interval.<sup>3</sup> DMHAS provided agencies with a guide to assist providers in sample size determination (See Appendix 1.2: Table 1 for Consumer Survey SFY06 Sampling Size Determination).

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

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

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

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

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

	<u>Consumers Treated in SFY06</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY06</u>
Ability Beyond Disability Institute	116	73	61
Advanced Behavioral Health	255	111	0
Alcohol & Drug Recovery Center (ADRC)	2783	183	212
Alcohol Services Organization of S. Central CT	1978	178	134
American School for the Deaf	18	17	11
Applied Behavioral Rehab Research Institute Inc	14	13	0
APT Foundation Inc	2567	182	533
Artreach Inc.	117	74	66
Asian Family Services	76	55	51
Backus Hospital	1040	165	214
Bridge House	265	113	119
Bridgeport Community Health Center	53	42	86
BRIDGES	1622	175	153
Bristol Hospital	183	95	0
Capitol Region Mental Health Center	1439	173	236
Catholic Charities of Fairfield County Inc.	453	137	158
Catholic Charities- Waterbury	227	105	101
Catholic Charities-Hartford Inst -Hispanic Studies	767	156	131
Cedarcrest Regional Hospital	612	149	0
Center City Churches Inc.	5	5	4
Center for Human Development	239	108	120
Central CT Coast YMCA	43	35	32
Central Naugatuck Valley (CNV) Help Inc.	223	105	62
Charlotte Hungerford Hospital	1510	174	206
Chemical Abuse Services Agency (CASA)	772	156	461
Chrysalis Center Inc.	1038	165	131
Columbus House	270	114	144
Community Enterprises Inc.	77	55	37
Community Health Resources Inc.	2530	182	824
Community Health Services Inc.	333	124	0
Community Mental Health Affiliates	1737	176	318
Community Prevention and Addiction Services	1742	176	491
Community Renewal Team (CRT)	146	84	92
Connecticut Counseling Centers Inc.	1539	174	299
Connecticut Mental Health Center	4365	188	1099
Connecticut Renaissance Inc.	754	156	308
Connecticut Valley Hospital	1004	164	0
Connecticut Valley Hospital Gambling Programs	410	133	0
Connection Inc	759	156	262
Continuum of Care	385	130	139
Coordinating Council for Children in Crisis	29	25	14
Council of Churches_Greater Bridgeport	87	60	0
Crossroad Inc	399	132	82
CTE Inc. Viewpoint Recovery Program	56	44	18
CW Resources Inc.	62	47	28
Danbury Hospital	655	151	150

	<u>Consumers Treated in SFY06</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY06</u>
Day Kimball Hospital	167	90	100
Dixwell/New Hallville Community MHS Inc.	201	99	103
Easter Seal Goodwill Ind. Rehab. Center Inc.	73	53	47
Easter Seal Rehab. Center of Grtr. Waterbury Inc.	85	60	40
Easter Seals of Greater Hrtfd Rehab Center Inc.	105	69	69
Education Connection	55	43	41
Fairfield Community Services Inc.	85	60	19
Family & Children's Agency Inc	992	164	80
Family Centers, Inc.	181	94	23
Farrell Treatment Center	170	91	0
Fellowship Inc.	576	146	274
FSW Inc.	90	62	59
Gilead Community Services Inc.	291	117	302
Goodwill Industries of Western CT Inc.	92	63	0
Guardian Ad Litem	68	51	41
Hall Brooke Foundation Inc.	46	37	49
Hall Neighborhood House	19	17	0
Harbor Health Services	1277	170	369
Hartford Behavioral Health	575	146	164
Hartford Dispensary	5436	189	2902
Hartford Hospital	286	117	304
Helping Hand Center Inc.	133	79	0
Hill Health Corporation	1600	175	163
Hogar Crea Inc	57	44	11
Hospital of St. Raphael	315	121	131
Human Resource Development Agency	610	149	79
Inter-Community Mental Health Group Inc.	1212	169	180
Interlude Inc.	43	35	44
John J. Driscoll United Labor Agency Inc.	60	46	13
Kennedy Center Inc.	124	76	57
Keystone House Inc.	190	97	113
Kuhn Employment Opportunities Inc.	97	65	38
Laurel House	359	127	37
Liberation Programs (LMG)	2181	180	669
Liberty Community Services	109	70	8
Marrakech Day Services	124	76	46
McCall Foundation Inc	1388	172	216
Mental Health Association of CT Inc.	788	157	344
Mercy Housing and Shelter Corporation	92	63	21
MICAH Housing Pilots Program	14	13	7
Middlesex Hospital Mental Health Clinic	310	120	90
Midwestern CT Council on Alcoholism (MCCA)	2112	179	689
Morris Foundation Inc	910	161	291
My Sisters' Place	165	90	31
New Directions Inc of North Central Conn.	1164	168	0
New Haven Home Recovery	86	60	15
New Milford Hospital	245	109	73

	<u>Consumers Treated in SFY06</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY06</u>
Northwest Center for Family Serv and Mental Health	102	67	41
Norwalk Hospital	1265	170	281
Operation Hope of Fairfield Inc.	16	15	11
Paces Counseling Associates Inc	746	155	0
Pathways Inc.	89	61	55
Perception Programs Inc	1173	168	153
Positive Directions-The Center for Prev & Recov.	37	31	0
Prime Time House Inc.	377	129	193
Regional Network of Programs	2467	182	1045
Reliance House	477	139	323
River Valley Services	511	142	153
Rushford Center	7211	191	342
SCADD	1088	166	190
SE Mental Health Authority	537	144	208
Search for Change Inc.	60	46	43
Shelter for the Homeless Inc.	67	50	131
Sound Community Services Inc.	2233	180	200
St Luke's Community Services Inc.	102	67	65
St. Mary's Hospital Corporation	1606	175	0
St. Vincent DePaul Place Middletown, Inc.	42	35	24
St. Vincent DePaul Society of Waterbury, Inc.	91	62	63
Stafford Family Services	207	101	105
Stamford Hospital	596	148	141
Stonington Behavioral Health Inc	419	134	26
Supportive Environmental Living Facility Inc-SELF	55	43	39
SW CT MH Network	2347	181	265
United Community and Family Services	122	75	97
United Services Inc.	1688	176	424
Valley Mental Health Center	1395	172	158
VNA of Southeastern CT	93	63	21
W. CT MH Network	1218	169	369
Waterbury Hospital Health Center	1646	175	76
Wheeler Clinic	3574	186	379
Yale University - WAGE	34	29	19
Yale University-Behavioral Health	353	126	130
Youth Challenge of CT Inc	91	62	31
Family Resource Assoc. <sup>1</sup>	0	0	1
Alliance Treatment Center Inc. <sup>1</sup>	0	0	34
Bridgeport Hospital <sup>1</sup>	0	0	5
Charter Oak Terrace/Rice Heights Health Center <sup>1</sup>	0	0	22
Common Ground Community <sup>3</sup>	0	0	41
Community Health Center Inc. <sup>2</sup>	0	0	19
Family Services of Central Connecticut Inc. <sup>1</sup>	0	0	8
Franciscan Life Center Network Inc. <sup>1</sup>	0	0	1
Griffin Hospital <sup>1</sup>	0	0	7
Hockanum Valley Community Council Inc. <sup>1</sup>	0	0	109



	<u>Consumers Treated in SFY06</u>	<u>Proposed Sample Size (95% CL, 7% CI)</u>	<u>Surveys Submitted in SFY06</u>
Jewish Family Service Inc. <sup>1</sup>	0	0	1
Lawrence and Memorial Hospital <sup>1</sup>	0	0	294
Manchester Memorial Hospital <sup>1</sup>	0	0	15
New Era Rehabilitation Center Inc. <sup>1</sup>	0	0	16
Southwest Community Health Center <sup>1</sup>	0	0	18
<b>TOTAL</b>	<b>95247</b>	<b>14374</b>	<b>22331</b>

Unduplicated consumer counts captured from DPAS on 8/21/06.

<sup>1</sup> Indicates Providers funded by GA only that submitted at least one survey.

<sup>2</sup> Indicates Providers that had no survey requirements for their Level of Care but submitted at least one survey.

<sup>3</sup> Indicates Providers that had no active consumers in DPAS but submitted at least one survey.

## RESULTS

The survey sample included 22,331 completed surveys. Of the 129 providers that were to administer the survey, 113 submitted data. The majority of providers (99%) distributed surveys at the program rather than the agency level. DMHAS encouraged this manner of distribution, to ensure the most meaningful and useful information. See Table 2 for summary of statewide demographic trends.

**Table 2: Statewide Demographic Trends (2006-2003)**

	2006		2005		2004		2003	
	N	Percent	N	Percent	N	Percent	N	Percent
<b>Gender</b>								
Female	9003	40.3	8349	38.6	6269	39.6	4636	39.8
Male	11558	51.8	11447	52.9	8017	50.6	5951	51.2
No Data	1770	7.9	1845	8.5	1544	9.8	1047	9
<b>Race</b>								
American Indian/Alaskan	380	1.7	355	1.6	198	1.3	123	1.1
Asian	150	0.7	153	0.7	87	0.5	80	0.7
Black	3198	14.3	3259	15.1	2450	15.5	1800	15.5
Native Hawaiian/Pacific Islander	61	0.3	60	0.3	26	0.2	6	0.1
White	13942	62.4	13138	60.7	8716	55.1	7343	63.1
Mixed	905	4.1	762	3.5	370	2.3	312	2.7
Other	426	1.9	533	2.5	587	3.7	675	5.8
Unknown	3269	14.6	3381	15.6	3396	21.5	1295	11.1
<b>Ethnicity</b>								
Mexican	153	0.7	109	0.5	61	0.4	23	0.2
Puerto Rican	3171	14.2	3250	15	2299	14.5	1208	10.4
Other Hispanic/Latino	771	3.5	671	3.1	667	4.2	417	3.6
Not Hispanic	9194	41.2	9048	41.8	41	0.3	4038	34.7
Unknown	9042	40.5	8563	39.6	12762	80.6	5948	51.1
<b>Age Range</b>								
20 and Under	744	3.3	627	2.9	415	2.6	351	3
21-24	1626	7.3	1532	7.1	931	5.9	659	5.7
25-34	4220	18.9	4221	19.5	3013	19	2274	19.5
35-54	11442	51.2	11269	52.1	8510	53.8	6286	54
55-64	2284	10.2	2079	9.6	1400	8.8	1105	9.5
65 and Older	501	2.2	399	1.8	265	1.7	254	2.2
Unknown	1514	6.8	1514	7	1296	8.2	705	6.1
<b>Program Type</b>								
MH	10009	44.8	9371	43.3	8701	55	6989	60.1
SA	9485	42.5	9241	42.7	5923	37.4	4296	36.9
SAGA	0	0	0	0	1203	7.6	0	0
Unknown	2837	12.7	3026	14	3	0	349	3
<b>Total</b>	<b>22331</b>		<b>21638</b>		<b>15830</b>		<b>11634</b>	

The number of survey responses has risen over the past three years, particularly for consumers of mental health services. Additionally, the number of surveys with an unknown program type has declined. The number of unknown responses in 2004 is low due to corrections made after that year's survey was closed; this may be attributed to better survey design and implementation.

# DEMOGRAPHICS OF STATEWIDE SAMPLE

## GENDER

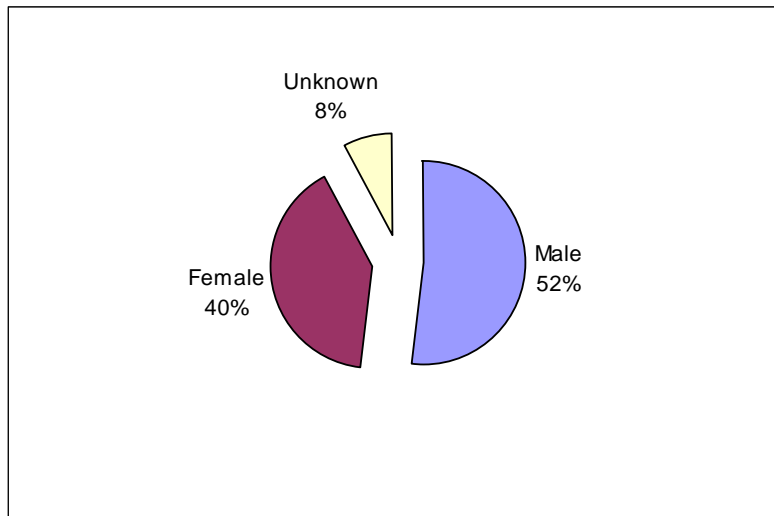


Figure 1: Sample by Gender

More men (52%) than women (40%) consumers responded to the survey.

## GENDER DISTRIBUTION BY SERVICE TYPE

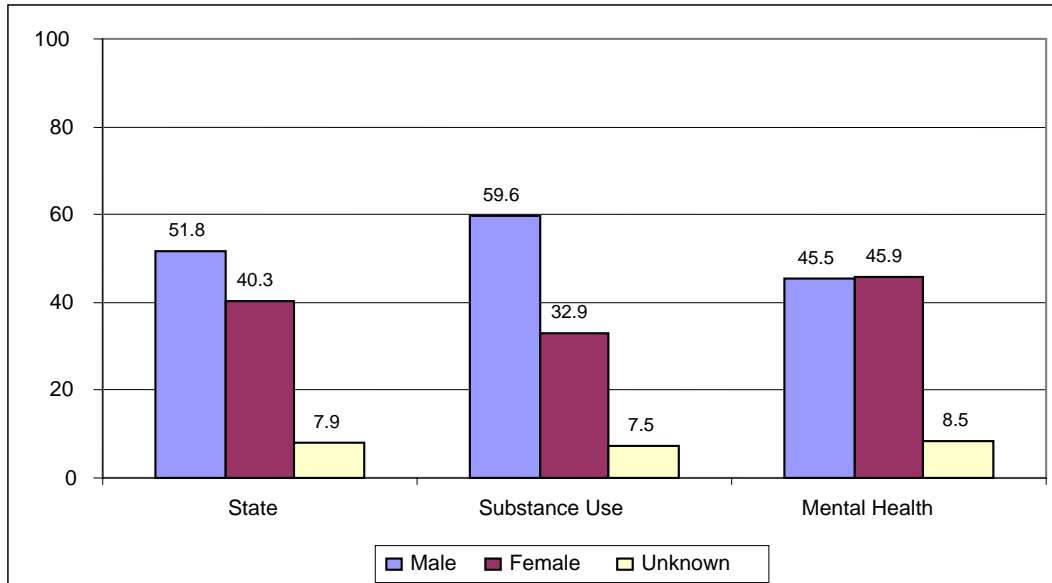


Figure 2: Gender by Service Type

For consumers receiving services for mental health services, almost an equal percent of men and women responded to the survey. Consumers receiving substance use services were disproportionately distributed; 60% men and 33% women responded. Similarly, a greater percentage of men (52%) than women (40%) made up the state sample. Consumers who indicated their program type, but not their gender, were assigned to the “unknown” category.

**RACE**

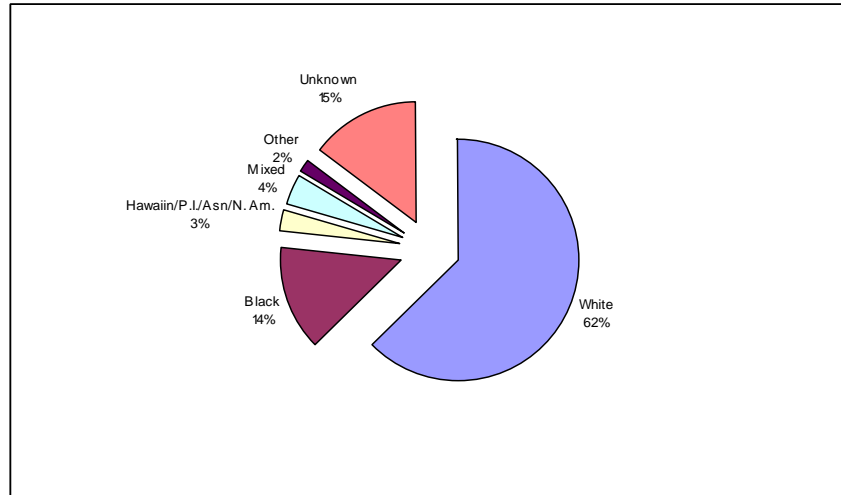


Figure 3: Sample by Race

The majority of the consumers (62%) responding to the survey was White, 14% were African-American/Black, and 15% did not identify their race.

**RACE DISTRIBUTION BY SERVICE TYPE**

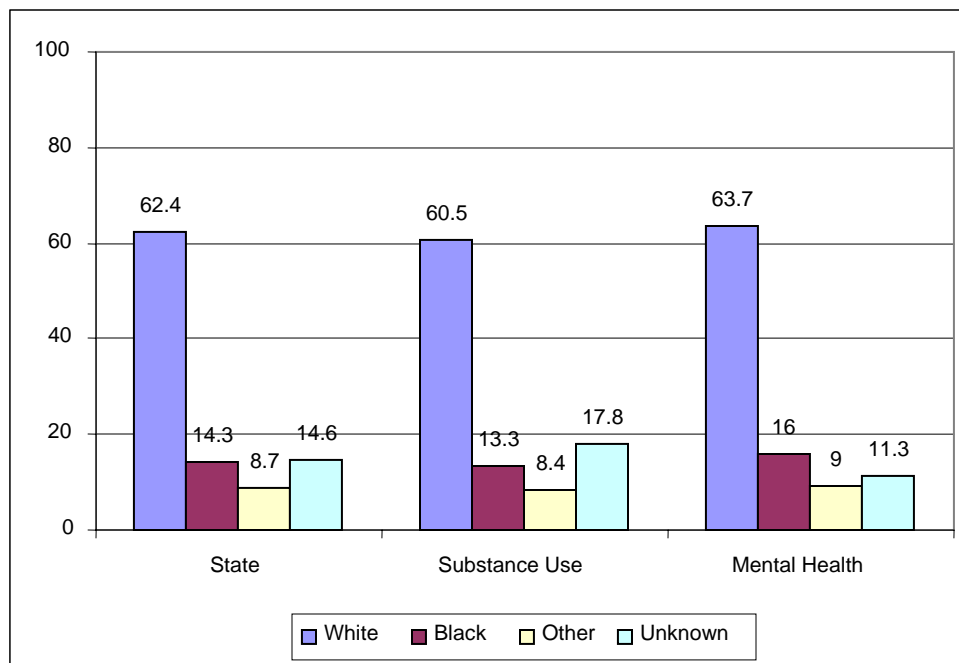


Figure 4: Race by Service Type

Racial distribution was fairly consistent across all groups, with a slightly smaller proportion of self-identified Whites in substance abuse treatment; however, consumers in substance abuse treatment were also less likely to identify their race.

## ETHNIC ORIGIN

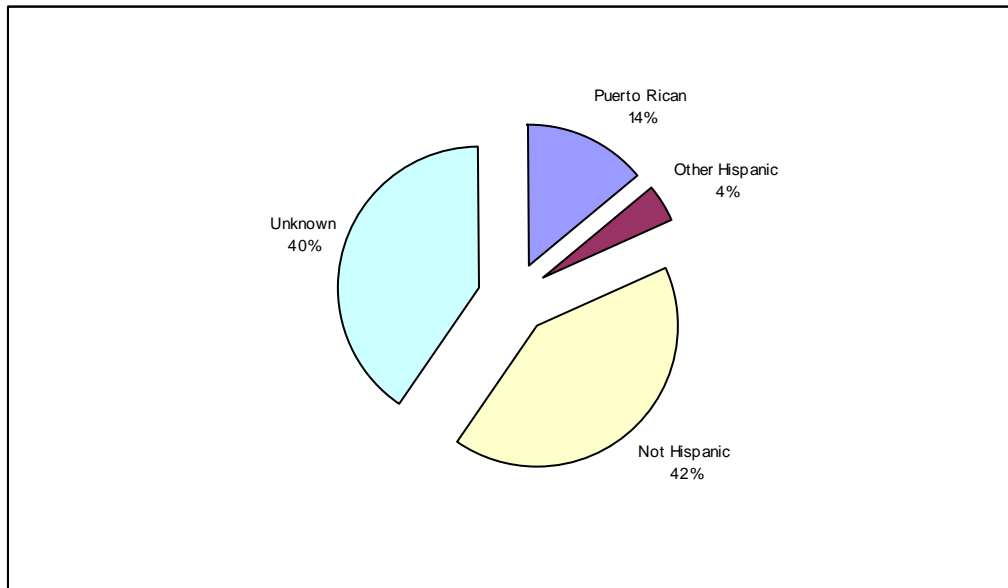


Figure 5: Sample by Ethnic Origin

Eighteen percent of the consumer survey sample identified themselves as Latino/a. The majority of consumers in this group identified themselves as Puerto Rican; Mexicans and other Hispanic/Latino made up the other 4% of the sample.

## ETHNICITY DISTRIBUTION BY SERVICE TYPE

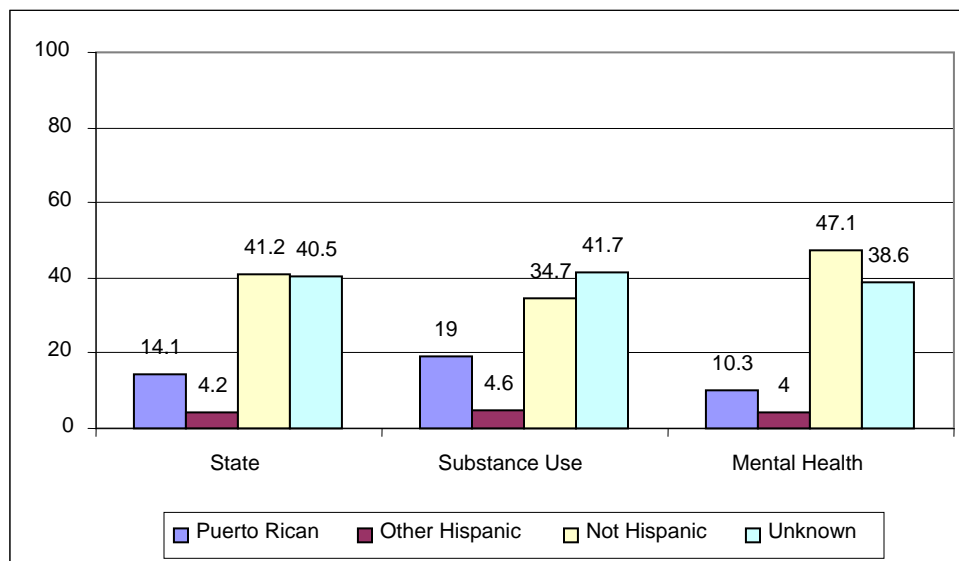


Figure 6: Ethnic Origin by Service Type

Consumers using substance abuse services were somewhat more likely to identify themselves of Latino/a origin than other groups. Approximately 25% of the consumers receiving substance abuse treatment identified themselves as Hispanic. In contrast, about 14% of consumers receiving mental health treatment reported that they were Latino/a.

**AGE**

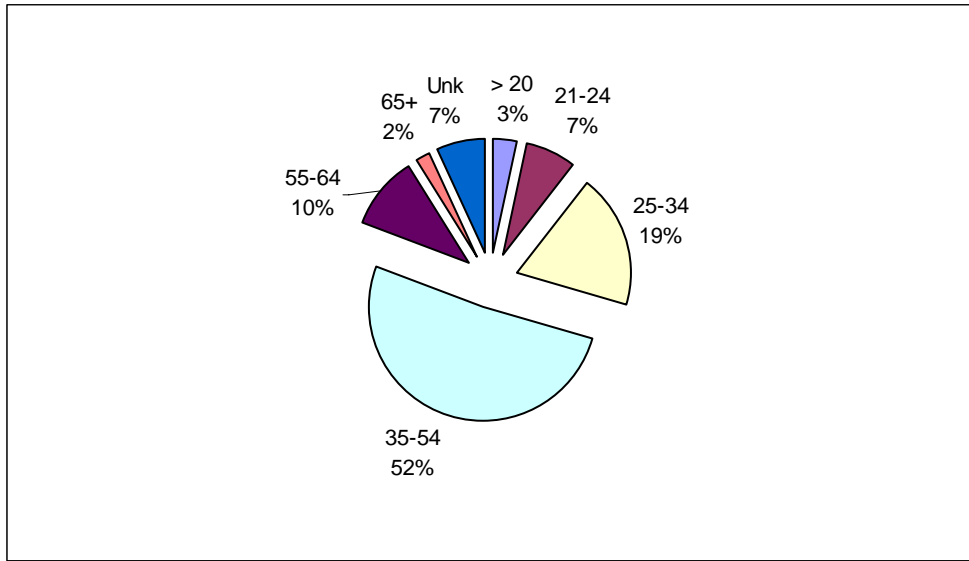


Figure 7: Sample by Age Group

Slightly over half (52%) of survey respondents were between the ages of 35-54. Almost one-fifth were in the 25-34 age group and 2% were 65 or older.

**AGE DISTRIBUTION BY SERVICE TYPE**

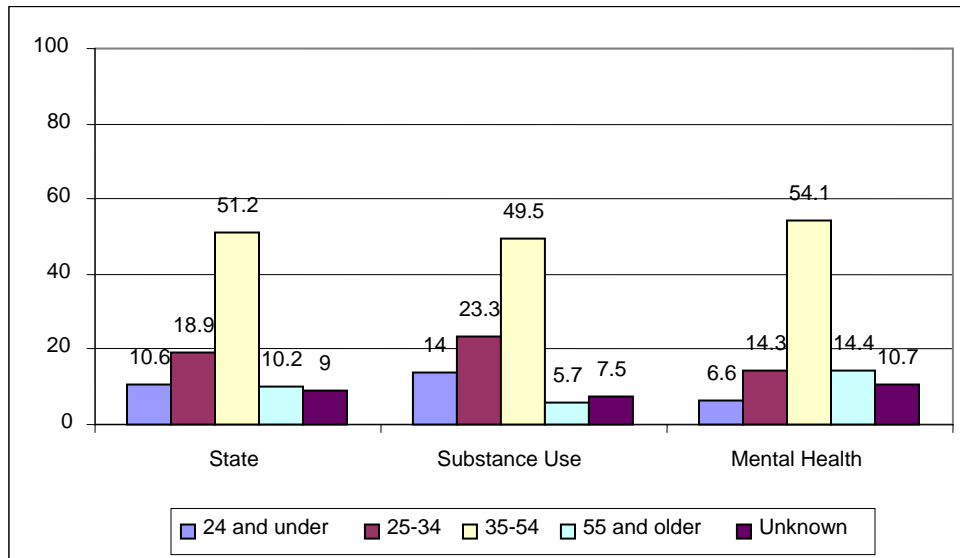


Figure 8: Age Group by Service Type

Age distribution was similar for the mental health and substance use consumers. The majority of consumers receiving either mental health or substance use services were in the 35-54 age group.

**LEVEL OF CARE**

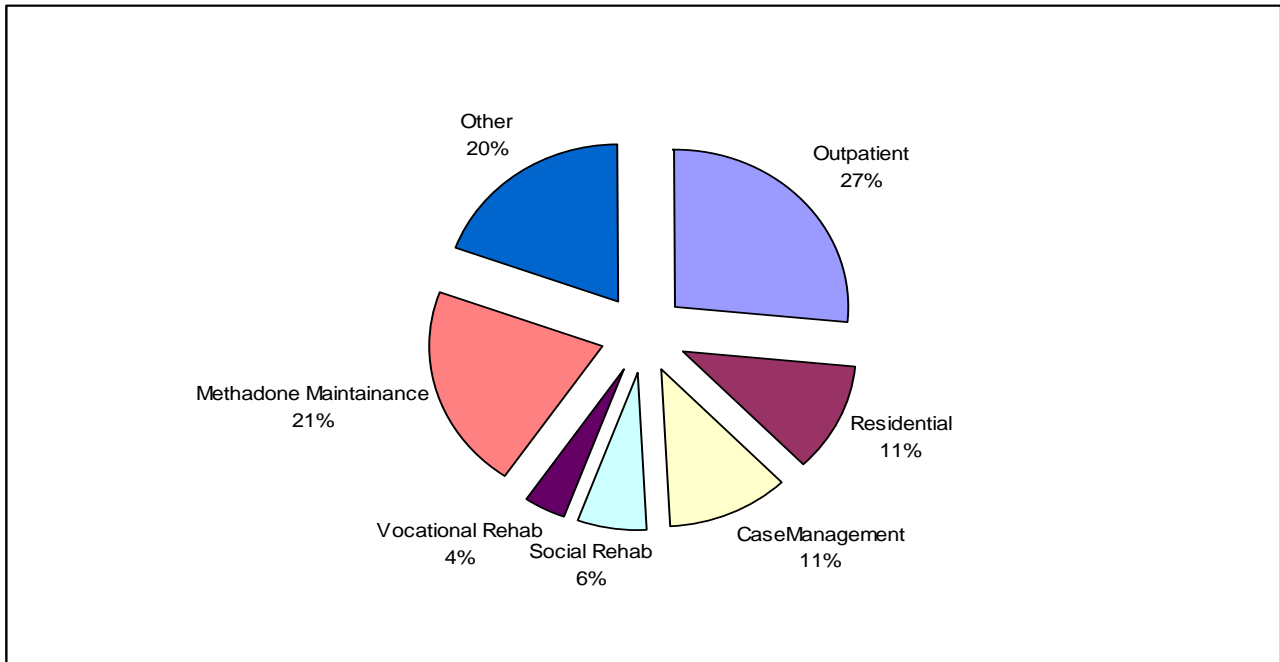


Figure 9: Sample by Level of Care

Of the consumers responding to the survey, 27% were receiving services in an outpatient setting, 21% were receiving methadone, 20% were receiving services in other settings (partial hospitalization, education, etc.), 11% were receiving case management, and 11% were receiving residential services.

**LEVEL OF CARE BY SERVICE TYPE**

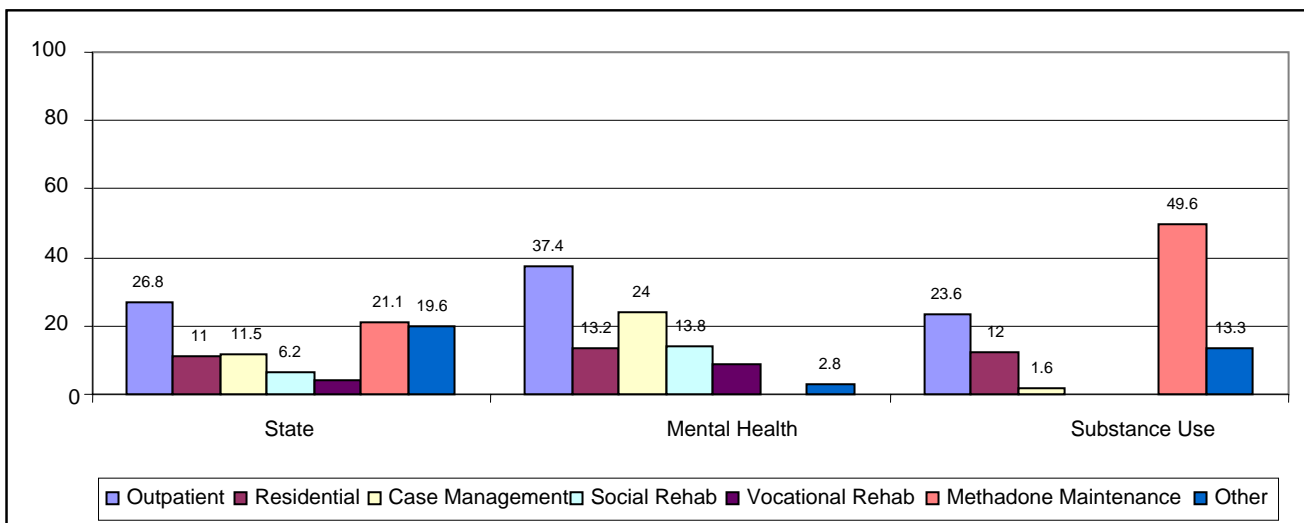


Figure 10: Level of Care by Service Type

Almost half of the consumers responding to the survey for substance use disorders were receiving methadone maintenance followed by 24% who were receiving services in an outpatient setting. For consumers receiving services in mental health, 37% of the respondents were receiving services in an outpatient setting and 24% of the respondents were receiving case management services.

## TREATMENT CHARACTERISTICS

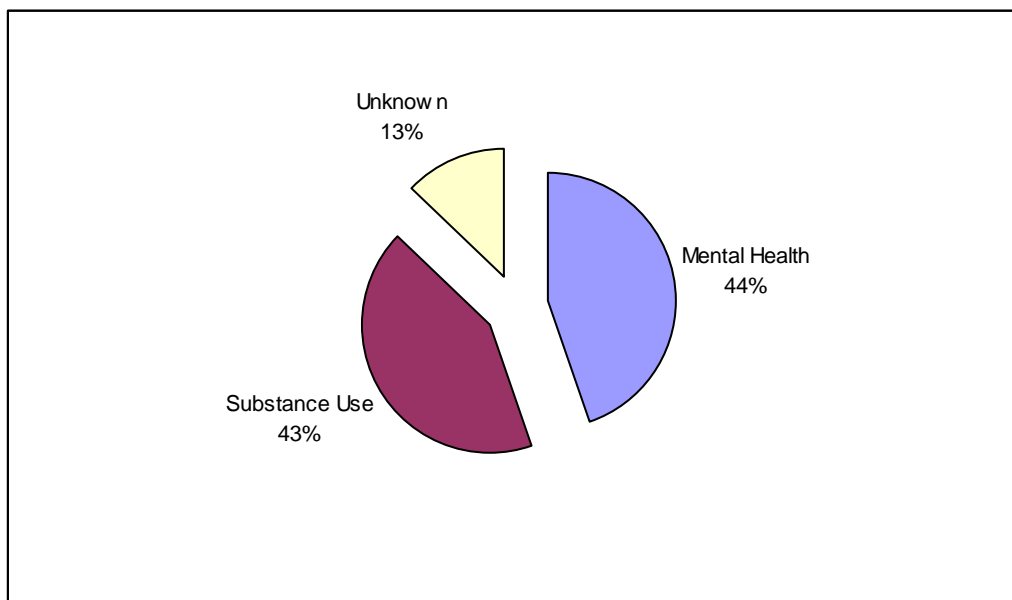


Figure 11: Sample by Service Type

About an equal percent of consumers receiving mental health (45%) and substance use (42%) services responded to the survey. A small percent (13%) of consumers did not specify program type.



# SATISFACTION WITH SERVICES

## SATISFACTION ON ALL DOMAINS

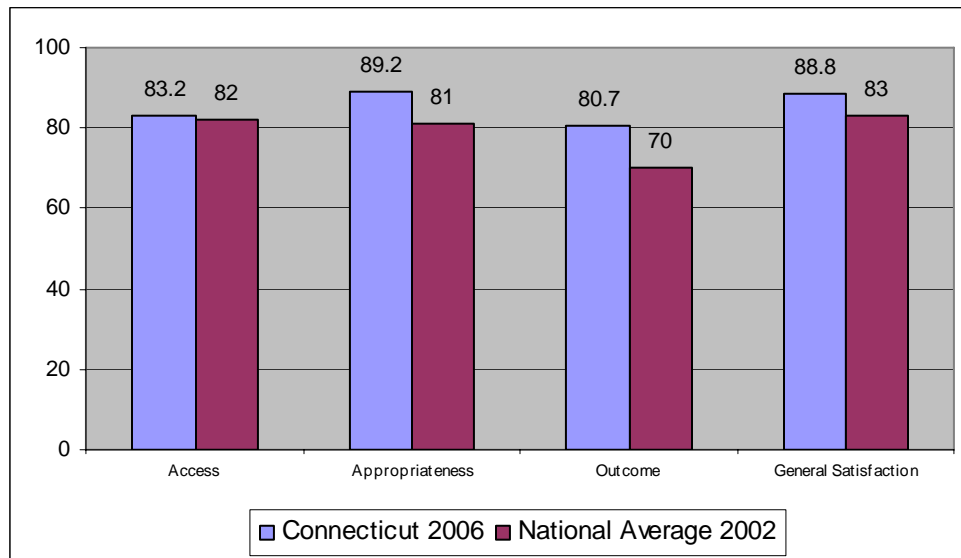


Figure 12: Comparison of Connecticut with National Domain Scores

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

- ♦ Eight out of 10 consumers reported a positive perception on the Access and Outcome domains.
- ♦ Almost nine out of 10 consumers reported a positive perception on the Appropriateness and General Satisfaction domains.

## GENERAL SATISFACTION DOMAIN

The General Satisfaction domain consists of three statements at the very beginning of the survey.

- ♦ Ninety percent of all respondents 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 that they would recommend the agency to a friend or family member.

All of these percentages are unchanged from the SFY 2005 consumer survey.

## ACCESS DOMAIN

The Access domain consists of four items that determine how satisfied the respondent is with his/her access to services at the agency. The percentages of positive response in this domain were generally similar to those from the FY 2005 consumer survey; however, there were some slight increases in two items:

- ♦ Eight-one percent of respondents agreed that the location of services was convenient to them.

- ◆ About 88% agreed with the statement, “Staff was willing to see me as often as I felt was necessary.”
- ◆ About 83% agreed that staff returned their calls within 24 hours (SFY 05: 82%).
- ◆ Eighty-seven percent of respondents agreed with the statement “Staff were available at times that were good for me” (SFY 05: 87%).

#### **APPROPRIATENESS DOMAIN**

The Quality and Appropriateness domain measures how satisfied the respondent is with the quality and appropriateness of the care s/he received. The percentages of positive response were generally similar to those from the SFY 2005 consumer survey.

- ◆ Ninety percent agreed with the statement, “Staff here believes that I can grow, change, and recover.”
- ◆ About 82% agreed with the statement, “I felt free to complain.”
- ◆ About 88% agreed with the statement, “I was given information about my rights.”
- ◆ About 79% agreed that “Staff told me what side effects to watch out for.”
- ◆ About 89% agreed that “Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.”
- ◆ Eighty-six percent felt that “Staff was sensitive to my cultural/ethnic background” and that “staff helped me to obtain information I needed so that I could take charge of managing my illness.”

#### **OUTCOME DOMAIN**

This domain measures the consumer’s satisfaction with treatment outcomes. The percentages listed below, across the entire domain, are a slight decrease from last year’s results.

- ◆ Eighty-three percent agreed with the statement, “I deal more effectively with daily problems.”
- ◆ About 82% agreed that “I am better able to control my life.”
- ◆ About 78% agreed with the statement, “I am better able to deal with crisis.”
- ◆ About 76% felt that “I am getting along better with my family.”
- ◆ About 75% agreed with the statement, “I do better in social situations.”
- ◆ About 71% agreed with the statement, “I do better in school and/or work.”
- ◆ About 72% felt that “My symptoms are not bothering me as much.”

#### **RECOVERY DOMAIN**

This domain is a DMHAS addition to the standardized MHSIP satisfaction instrument, meant to measure satisfaction with the individual’s recovery from mental illness or substance abuse disorders. As in the previously described domain, these percentages are slightly lower than recorded in last year’s survey.

- ◆ About 65% agreed with the statement, “I am involved in my community.”
- ◆ Seventy-six percent agreed with the statement, “I am able to pursue my interests.”
- ◆ Seventy-three percent felt that “In general I can have the life I want, despite my disease/disorder.”
- ◆ About 77% agreed with, “In general I feel like I am in control of my treatment.”
- ◆ About 76% agreed with, “I give back to my family and/or community.”

#### **PARTICIPATION IN TREATMENT ITEM**

One item on this survey measures satisfaction with the consumer's participation in treatment.

- ◆ About 90% agreed with the statement, "I felt comfortable asking questions about my services, treatment or medication." This is a slight improvement over 89% in 2005.

#### **RESPECT FOR FAMILY INVOLVEMENT ITEM**

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

- ◆ Eighty-eight percent agreed with the statement, "My wishes are respected about the amount of family involvement I want in my treatment." This percentage remains constant from the previous year.

# TRENDS OVER TIME

## STATEWIDE SATISFACTION TRENDS BY DOMAIN

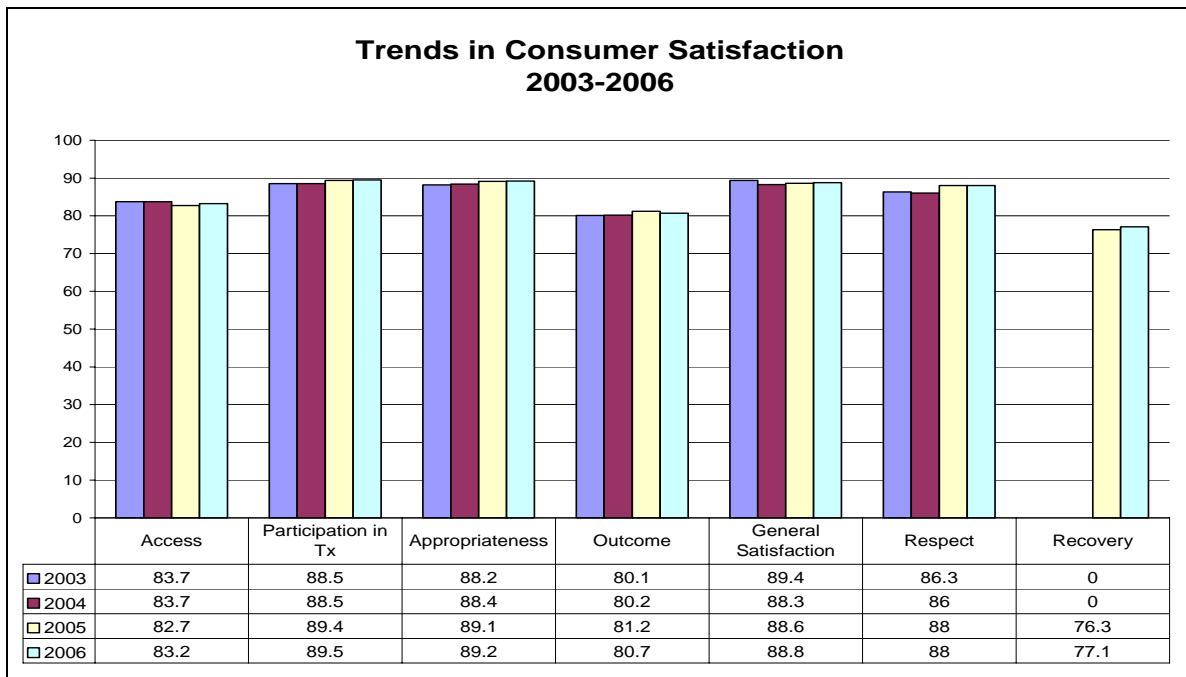


Figure 13: Trends (2003-2006) in Consumer Satisfaction

The percentage of consumers satisfied with services has remained relatively consistent throughout the 2003 to 2006 period. During the last four years, consumers reported being most satisfied with the Appropriateness of services. In 2006, 90% of consumers felt they received appropriate services, 89% were generally satisfied, and 84% perceived satisfaction with access to services. Consistent with previous years, 80% of consumers were satisfied with perceived outcomes. About three-quarters of consumers were satisfied with their recovery.<sup>4</sup>

<sup>4</sup> The Recovery domain was implemented in 2005.

**Table 3: Statewide Trends (2006-2003) by Domain**

Domain	Year	Satisfied		Neutral		Dissatisfied	
		N	%	N	%	N	%
<b>General Satisfaction</b>							
	2006	19640	88.8	1911	8.6	561	2.5
	2005	18873	88.6	1929	9.1	498	2.3
	2004	13664	88.3	1405	9.1	410	2.6
	2003	10277	89.4	955	8.3	261	2.3
<b>Access</b>							
	2006	18098	83.2	3257	15	393	1.8
	2005	17243	82.7	3226	15.5	381	1.8
	2004	12707	83.7	2155	14.2	316	2.1
	2003	9409	83.7	1637	14.6	196	1.7
<b>Participation in Treatment</b>							
	2006	19483	89.5	1632	7.5	645	3
	2005	18686	89.3	1600	7.7	629	3.0
	2004	13425	88.5	1243	8.2	506	3.3
	2003	9575	88.5	863	8	382	3.5
<b>Quality and Appropriateness</b>							
	2006	19295	89.2	2003	9.3	332	1.5
	2005	18523	89.1	1983	9.5	277	1.3
	2004	13336	88.4	1452	9.6	295	2
	2003	9779	88.2	1147	10.3	167	1.5
<b>Respect</b>							
	2006	17784	88	1921	9.5	513	2.5
	2005	17568	88.0	1878	9.4	523	2.6
	2004	12433	86	1519	10.5	504	3.5
	2003	9208	86.3	1116	10.5	344	3.2
<b>Outcome</b>							
	2006	16948	80.7	3511	16.7	530	2.5
	2005	16033	81.2	3247	16.4	474	2.4
	2004	11969	80.2	2511	16.8	447	3.0
	2003	8815	80.1	1888	17.2	304	2.8
<b>Recovery</b>							
	2006	16194	77.1	3931	18.7	888	4.2
	2005	15311	76.3	3957	19.7	803	4.0

Note: Recovery domain was included as part of the survey for the first time in SFY 2005.

**Table 4: Statewide Trends by Question**

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Dev.
	N	%	N	%	N	%			
<b>Access</b>									
<i>The location of services was convenient.</i>									
2006	17555	81	2517	11.6	1588	7.3	1.87	1	0.96
2005	16869	81	2385	11.5	1571	7.5	1.89	1	0.97
2004	12163	81.1	1689	11.3	1151	7.7	1.87	2	0.98
2003	9134	82	1170	10.5	829	7.4	1.85	2	0.96
<i>Staff was willing to see me as often as I felt was necessary.</i>									
2006	19069	87.5	1869	8.6	858	3.9	1.71	2	0.83
2005	18340	87.4	1828	8.7	821	3.9	1.72	2	0.82
2004	13277	87	1286	8.4	706	4.6	1.72	4	0.85
2003	9919	87.4	911	8	520	4.6	1.72	1.5	0.85
<i>Staff returned my calls within 24 hours.</i>									
2006	16917	82.7	2458	12	1081	5.3	1.81	1	0.9
2005	16187	82.3	2421	12.3	1049	5.3	1.83	3	0.9
2004	11833	82.8	1670	11.7	793	5.5	1.81	1.5	0.91
2003	8758	83.2	1176	11.2	589	5.6	1.8	1	0.91
<i>Services were available at times that were good for me.</i>									
2006	19000	87	1973	9	864	4	1.74	1	0.83
2005	18130	86.2	2003	9.5	900	4.3	1.77	1	0.84
2004	13196	86.9	1332	8.8	655	4.3	1.74	2	0.84
2003	9933	87.8	953	8.4	432	3.8	1.73	2	0.81
<b>General Satisfaction</b>									
<i>I like the services that I received here.</i>									
2006	19855	90	1696	7.7	518	2.3	1.64	1	0.76
2005	19135	89.7	1703	8	488	2.3	1.65	2	0.76
2004	13980	90.3	1103	7.1	391	2.5	1.62	1	0.77
2003	10493	91.2	774	6.7	239	2.1	1.61	1.5	0.74
<i>If I had other choices, I would still get services from this agency.</i>									
2006	18654	85.2	2189	10	1051	4.8	1.77	2	0.88
2005	18037	85.4	2098	9.9	990	4.7	1.77	2	0.86
2004	12975	85.6	1411	9.3	765	5	1.77	1	0.89
2003	9328	86.6	960	8.9	482	4.5	1.75	1.5	0.85
<i>I would recommend this agency to a friend or family member.</i>									
2006	19496	88.9	1668	7.6	770	3.5	1.67	1	0.82
2005	18835	89	1623	7.7	705	3.3	1.67	1	0.8
2004	13408	88.1	1211	8	601	3.9	1.67	1.5	0.85
2003	10105	89	829	7.3	417	3.7	1.67	1	0.82
<b>Participation in Treatment</b>									
<i>I felt comfortable asking questions about my services, treatment, or medication.</i>									
2006	19483	89.5	1632	7.5	645	3	1.66	1.5	0.78
2005	18748	89.4	1603	7.6	629	3	1.67	1.5	0.78
2004	13425	88.5	1243	8.2	506	3.3	1.68	1	0.81
2003	9575	88.5	863	8	382	3.5	1.69	2	0.81

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Dev.
	N	%	N	%	N	%			
<b>Quality and Appropriateness</b>									
<i>Staff here believes that I can grow, change, and recover.</i>									
2006	19618	90.4	1625	7.5	455	2.1	1.61	1.5	0.75
2005	19016	90.8	1528	7.3	410	2	1.61	2.5	0.74
2004	13579	89.9	1166	7.7	361	2.4	1.62	2	0.77
2003	10186	90.5	840	7.5	227	2	1.6	1	0.75
<i>I felt free to complain.</i>									
2006	18047	83.5	2440	11.3	1122	5.2	1.82	4	0.89
2005	17253	82.5	2458	11.8	1192	5.7	1.85	2	0.9
2004	12555	82.7	1732	11.4	895	5.9	1.82	2	0.93
2003	9277	82.6	1266	11.3	687	6.1	1.84	4	0.91
<i>I was given information about my rights.</i>									
2006	19125	88.4	1687	7.8	829	3.8	1.72	2	0.81
2005	18506	88.5	1652	7.9	745	3.6	1.72	1	0.8
2004	13236	87.5	1203	8	688	4.5	1.72	1	0.85
2003	9644	85.8	1032	9.2	561	5	1.77	1	0.87
<i>Staff told me what side effects to watch out for.</i>									
2006	16311	81.2	2471	12.3	1308	6.5	1.88	1	0.92
2005	15352	79.8	2511	13.1	1376	7.2	1.91	2	0.93
2004	10909	79.6	1754	12.8	1040	7.6	1.89	1	0.97
2003	7984	78.6	1360	13.4	816	8	1.94	2	0.97
<i>Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.</i>									
2006	19399	89.9	1576	7.3	613	2.8	1.65	1	0.78
2005	18672	89.7	1583	7.6	572	2.7	1.66	1	0.77
2004	13384	88.9	1149	7.6	527	3.5	1.66	1.5	0.82
2003	9795	88.3	920	8.3	383	3.5	1.68	1.5	0.81
<i>Staff was sensitive to my cultural/ethnic background.</i>									
2006	18260	87.1	2151	10.3	557	2.7	1.71	1	0.79
2005	17429	86.5	2137	10.6	576	2.9	1.73	1.5	0.8
2004	12619	85.9	1632	11.1	441	3	1.72	1	0.82
2003	9273	86.1	1176	10.9	322	3	1.72	1	0.81
<i>Staff helped me to obtain information I needed so that I could take charge of managing my illness.</i>									
2006	18504	87	2054	9.7	716	3.4	1.73	2	0.81
2005	17651	86.8	1970	9.7	703	3.5	1.75	1.5	0.81
2004	12646	85.2	1569	10.6	633	4.3	1.77	1.5	0.86
2003	9349	86	1116	10.3	411	3.8	1.75	2.5	0.83
<b>Respect</b>									
<i>My wishes are respected about the amount of family involvement I want in my treatment.</i>									
2006	17784	88	1921	9.5	513	2.5	1.7	2	0.78
2005	17620	88	1890	9.4	523	2.6	1.71	2	0.78
2004	12433	86	1519	10.5	504	3.5	1.74	2	0.84
2003	9208	86.3	1116	10.5	344	3.2	1.73	2	0.82

Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Dev.
	N	%	N	%	N	%			
<b>Outcome</b>									
<i>As a result of services I have received from this agency I deal more effectively with daily problems.</i>									
2006	17799	84.2	2669	12.6	676	3.2	1.82	2.5	0.8
2005	16775	84.1	2479	12.4	697	3.5	1.83	2	0.8
2004	12610	83.7	1888	12.5	570	3.8	1.81	2	0.84
2003	9397	84.3	1324	11.9	432	3.9	1.81	1	0.83
<i>As a result of services I have received from this agency I am better able to control my life.</i>									
2006	17622	83.3	2804	13.3	725	3.4	1.84	3	0.81
2005	16701	83.6	2587	12.9	701	3.5	1.83	3	0.81
2004	12405	82.5	1994	13.3	640	4.3	1.83	2	0.86
2003	9219	82.6	1489	13.3	451	4	1.84	1	0.85
<i>As a result of services I have received from this agency I am better able to deal with crisis.</i>									
2006	16867	80.3	3251	15.5	890	4.2	1.9	1.5	0.85
2005	15991	80.7	2973	15	853	4.3	1.9	1	0.84
2004	11909	79.7	2278	15.2	759	5.1	1.89	1	0.89
2003	8797	79.6	1657	15	596	5.4	1.91	2.5	0.89
<i>As a result of services I have received from this agency I am getting along better with my family.</i>									
2006	15967	78.2	3357	16.4	1105	5.4	1.92	3	0.91
2005	15144	78.8	3111	16.2	974	5.1	1.9	3	0.9
2004	11211	77.4	2427	16.7	853	5.9	1.91	2	0.95
2003	8175	76.7	1785	16.7	700	6.6	1.94	3	0.95
<i>As a result of services I have received from this agency I do better in social situations.</i>									
2006	16179	77.4	3639	17.4	1080	5.2	1.96	2	0.88
2005	15261	77.6	3386	17.2	1023	5.2	1.96	2	0.88
2004	11422	76.8	2632	17.7	819	5.5	1.94	1	0.91
2003	8452	76.9	1845	16.8	689	6.3	1.96	2	0.92
<i>As a result of services I have received from this agency I do better in school and/or work.</i>									
2006	13066	74.9	3458	19.8	914	5.2	1.97	1	0.91
2005	12316	74.6	3315	20.1	878	5.3	1.98	1	0.91
2004	9269	73.9	2500	19.9	768	6.1	1.97	2	0.96
2003	6843	74.2	1789	19.4	590	6.4	1.98	2.5	0.95
<i>As a result of services I have received from this agency my symptoms are not bothering me as much.</i>									
2006	15380	74.7	3565	17.3	1651	8	2.04	1.5	0.97
2005	14660	75.2	3288	16.9	1540	7.9	2.02	1.5	0.96
2004	11059	75.2	2399	16.3	1248	8.5	2.01	2.5	0.99
2003	8131	74.9	1774	16.3	950	8.8	2.02	4	1



Year	Satisfied		Neutral		Dissatisfied		Mean	Median	Std. Dev.
	N	%	N	%	N	%			
<b>Recovery</b>									
<i>In general I am involved in my community.</i>									
2006	13344	69	3865	20	2139	11.1	2.14	2	1.04
2005	12734	68.7	3802	20.5	2001	10.8	2.15	1	1.03
<i>In general I am able to pursue my interests.</i>									
2006	16286	78.2	3233	15.5	1313	6.3	1.98	1	0.9
2005	15435	77.6	3175	16	1278	6.4	2	2	0.9
<i>In general I can have the life I want, despite my disease/disorder.</i>									
2006	15717	75.8	3263	15.7	1767	8.5	2.02	3	0.98
2005	15056	75.7	3161	15.9	1685	8.5	2.03	3	0.97
<i>In general I feel like I am in control of my treatment.</i>									
2006	16515	79.1	3046	14.6	1318	6.3	1.95	1	0.9
2005	15627	78.4	2984	15	1314	6.6	1.98	4	0.91
<i>In general I give back to my family and/or community.</i>									
2006	15991	78.2	3404	16.6	1059	5.2	1.94	1.5	0.89
2005	15208	77.9	3251	16.6	1069	5.5	1.96	2	0.89

The next set of tables (Table 5 to Table 11) document how consumer responses differed by the provider network from which they received their care.

## ACCESS DOMAIN BY PROVIDER

**Table 5:** Access Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Education Connection	41	41	100%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	40	100%
Artreach Inc.	62	61	98.40%
Ability Beyond Disability Institute	61	60	98.40%
Hartford Hospital	299	294	98.30%
Kennedy Center Inc.	57	56	98.20%
Search for Change Inc.	43	42	97.70%
New Milford Hospital	72	70	97.20%
United Community and Family Services	97	94	96.90%
My Sisters' Place	31	30	96.80%
Danbury Hospital	145	140	96.60%
Hall Brooke Foundation Inc.	49	47	95.90%
Bridge House	119	114	95.80%
Easter Seals of Greater Hartford Rehab. Center Inc.	69	66	95.70%
Catholic Charities - Waterbury	99	94	94.90%
Community Enterprises Inc.	37	35	94.60%
Asian Family Services	50	47	94%
Central Connecticut Coast YMCA	31	29	93.50%
Marrakech Day Services	46	43	93.50%
Stafford Family Services	104	97	93.30%
Keystone House Inc.	111	103	92.80%
Stonington Behavioral Health Inc.	26	24	92.30%
Catholic Charities - Fairfield County	155	143	92.30%
Kuhn Employment Opportunities inc.	38	35	92.10%
Waterbury Hospital Health Center	74	68	91.90%
Hospital of St. Raphael	130	119	91.50%
FSW Inc.	59	54	91.50%
Easter Seal Goodwill Industries Rehab. Center Inc.	47	43	91.50%
Continuum of Care	139	127	91.40%
Bridgeport Community Health Center	81	74	91.40%
Lawrence and Memorial Hospital	288	263	91.30%
Dixwell/New Hallville Community MHS Inc.	103	94	91.30%
Pathways Inc.	54	49	90.70%
Norwalk Hospital	280	253	90.40%
United Services Inc.	419	377	90%
Middlesex Hospital Mental Health Clinic	89	80	89.90%
Mental Health Association of Connecticut Inc.	334	300	89.80%
Connecticut Mental Health Center	1090	976	89.50%
Alcohol Services Organization of South Central CT	133	119	89.50%
Hartford Behavioral Health	160	143	89.40%
Perception Programs Inc.	150	134	89.30%
St. Luke's Community Services Inc.	62	55	88.70%
Harbor Health Services	365	323	88.50%
Chrysalis Center Inc.	130	115	88.50%
Fellowship Inc.	266	235	88.30%

Provider	Total Surveys	Satisfied	Percent Satisfied
Yale University - Behavioral Health	127	112	88.20%
Northwest Center for Family Services and Mental Health	40	35	87.50%
Family and Children's Agency Inc.	71	62	87.30%
Charlotte Hungerford Hospital	204	178	87.30%
Community Health Resources Inc.	814	710	87.20%
Midwestern Connecticut Council on Alcoholism	649	566	87.20%
Center for Human Development	116	101	87.10%
Stamford Hospital	139	121	87.10%
Sound Community Services Inc.	197	170	86.30%
Alcohol and Drug Recovery Center	207	178	86%
Human Resource Development Agency	78	67	85.90%
Community Mental Health Affiliates	255	216	84.70%
Supportive Environmental Living Facility	39	33	84.60%
McCall Foundation Inc.	204	172	84.30%
Laurel House	37	31	83.80%
Community Renewal Team	92	77	83.70%
Inter-Community Mental Health Group Inc.	179	149	83.20%
<b>Statewide</b>	<b>21,748</b>	<b>18,098</b>	<b>83.20%</b>
Backus Hospital	212	176	83%
Liberation Programs	664	550	82.80%
Valley Mental Health Center	156	129	82.70%
Hockanum Valley Community Council Inc.	104	86	82.70%
BRIDGES	153	126	82.40%
Southeast Mental Health Authority	203	167	82.30%
Prime Time House Inc.	191	157	82.20%
Interlude Inc.	44	36	81.80%
Reliance House	321	262	81.60%
Morris Foundation Inc.	284	231	81.30%
Wheeler Clinic	360	292	81.10%
Guardian Ad Litem	37	30	81.10%
Connection Inc.	255	206	80.80%
Columbus House	140	113	80.70%
Southwest Connecticut Mental Health Network	253	203	80.20%
River Valley Services	152	121	79.60%
St. Vincent DePaul Society of Waterbury Inc.	63	50	79.40%
Catholic Charities - Hartford Institute - Hisp. Studies	130	103	79.20%
Chemical Abuse Services Agency	453	358	79%
Community Prevention and Addiction Services	440	347	78.90%
Western Connecticut Mental Health Network	360	282	78.30%
Central Naugatuck Valley Help Inc.	60	47	78.30%
Common Ground Community	41	32	78%
APT Foundation Inc.	524	407	77.70%
Regional Network of Programs	1024	789	77.10%
Gilead Community Services Inc.	277	213	76.90%
Youth Challenge of Connecticut Inc.	30	23	76.70%
Capitol Region Mental Health Center	233	176	75.50%
Hartford Dispensary	2862	2143	74.90%
Shelter for the Homeless Inc.	123	91	74%
Rushford Center	329	243	73.90%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Day Kimball Hospital	96	70	72.90%
Connecticut Counseling Centers Inc.	295	214	72.50%
SCADD	185	134	72.40%
Hill Health Corp.	155	112	72.30%
Connecticut Renaissance Inc.	290	207	71.40%
Alliance Treatment Center Inc.	30	20	66.70%
Crossroad Inc.	79	49	62%
St. Vincent DePaul Society of Middletown Inc.	23	21	-
Charter Oak Terrace/Rice Heights Health Center	22	20	-
Family Centers Inc.	22	18	-
VNA of Southeastern Connecticut	20	19	-
Community Health Center Inc.	19	18	-
Fairfield Community Services Inc.	19	18	-
Mercy Housing and Shelter Corp.	19	15	-
Yale University - WAGE	19	18	-
CTE Inc. Viewpoint Recovery Program	16	14	-
New Era Rehabilitation Center Inc.	16	12	-
Southwest Community Health Center	16	14	-
CW Resources Inc.	15	10	-
Manchester Memorial Hospital	15	13	-
New Haven Home Recovery	15	14	-
Coordinating Council for Children in Crisis	14	14	-
John J. Driscoll United Labor Agency Inc.	13	13	-
American School for the Deaf	11	10	-
Hogar Crea Inc.	11	10	-
Operation Hope of Fairfield Inc.	11	10	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	6	-
MICAH Housing Pilots Program	7	7	-
Griffin Hospital	6	6	-
Bridgeport Hospital	5	4	-
Center City Churches Inc.	4	4	-
Family Resource Assoc.	1	1	-
Franciscan Life Center Network Inc.	1	1	-
Jewish Family Service Inc.	1	1	-

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

## APPROPRIATENESS DOMAIN BY PROVIDER

**Table 6:** Appropriateness Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
United Community and Family Services	94	94	100%
Interlude Inc.	42	42	100%
Education Connection	41	41	100%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	40	100%
Search for Change Inc.	38	38	100%
Midwestern Connecticut Council on Alcoholism	679	669	98.50%
Easter Seals of Greater Hartford Rehab. Center Inc.	65	64	98.50%
Kennedy Center Inc.	56	55	98.20%
Dixwell/New Hallville Community MHS Inc.	103	101	98.10%
Asian Family Services	50	49	98%
Northwest Center for Family Services and Mental Health	40	39	97.50%
Perception Programs Inc.	151	147	97.40%
Danbury Hospital	146	142	97.30%
Community Enterprises Inc.	35	34	97.10%
Kuhn Employment Opportunities inc.	34	33	97.10%
Lawrence and Memorial Hospital	287	278	96.90%
Hartford Hospital	302	292	96.70%
My Sisters' Place	30	29	96.70%
Waterbury Hospital Health Center	75	72	96%
Stonington Behavioral Health Inc.	25	24	96%
New Milford Hospital	73	70	95.90%
Alcohol and Drug Recovery Center	207	198	95.70%
Marrakech Day Services	45	43	95.60%
Norwalk Hospital	275	262	95.30%
St. Vincent DePaul Society of Waterbury Inc.	63	60	95.20%
Charlotte Hungerford Hospital	202	192	95%
Ability Beyond Disability Institute	60	57	95%
Bridge House	118	112	94.90%
FSW Inc.	59	56	94.90%
Day Kimball Hospital	93	88	94.60%
Keystone House Inc.	110	104	94.50%
Middlesex Hospital Mental Health Clinic	88	83	94.30%
Backus Hospital	208	196	94.20%
Center for Human Development	118	111	94.10%
Bridgeport Community Health Center	83	78	94%
Catholic Charities - Waterbury	99	93	93.90%
Hall Brooke Foundation Inc.	47	44	93.60%
Alcohol Services Organization of South Central CT	124	116	93.50%
Human Resource Development Agency	77	72	93.50%
Community Prevention and Addiction Services	454	424	93.40%
Community Renewal Team	89	83	93.30%
Artreach Inc.	58	54	93.10%
Chrysalis Center Inc.	128	119	93%
United Services Inc.	409	380	92.90%
Stafford Family Services	97	90	92.80%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Hospital of St. Raphael	124	115	92.70%
Catholic Charities - Fairfield County	146	135	92.50%
Hartford Behavioral Health	158	146	92.40%
Harbor Health Services	351	323	92%
Connecticut Mental Health Center	1075	989	92%
Continuum of Care	137	126	92%
Hockanum Valley Community Council Inc.	101	92	91.10%
Family and Children's Agency Inc.	67	61	91%
Morris Foundation Inc.	278	253	91%
Easter Seal Goodwill Industries Rehab. Center Inc.	44	40	90.90%
Liberation Programs	665	604	90.80%
Southeast Mental Health Authority	206	187	90.80%
Stamford Hospital	138	125	90.60%
Youth Challenge of Connecticut Inc.	31	28	90.30%
Central Connecticut Coast YMCA	30	27	90%
Mental Health Association of Connecticut Inc.	333	299	89.80%
Catholic Charities - Hartford Institute - Hisp. Studies	126	113	89.70%
Community Health Resources Inc.	803	720	89.70%
<b>Statewide</b>	<b>21,630</b>	<b>19,295</b>	<b>89.20%</b>
Wheeler Clinic	362	322	89%
Prime Time House Inc.	184	163	88.60%
McCall Foundation Inc.	209	185	88.50%
Sound Community Services Inc.	198	175	88.40%
Columbus House	141	124	87.90%
Reliance House	314	275	87.60%
Community Mental Health Affiliates	257	225	87.50%
Regional Network of Programs	1022	894	87.50%
Connection Inc.	250	217	86.80%
APT Foundation Inc.	529	459	86.80%
Yale University - Behavioral Health	126	109	86.50%
BRIDGES	145	125	86.20%
Fellowship Inc.	244	209	85.70%
Hill Health Corp.	159	136	85.50%
St. Luke's Community Services Inc.	62	53	85.50%
Pathways Inc.	55	47	85.50%
Hartford Dispensary	2869	2449	85.40%
Connecticut Counseling Centers Inc.	297	252	84.80%
Chemical Abuse Services Agency	457	384	84%
Valley Mental Health Center	152	127	83.60%
Western Connecticut Mental Health Network	360	300	83.30%
Central Naugatuck Valley Help Inc.	60	50	83.30%
Guardian Ad Litem	36	30	83.30%
Rushford Center	334	277	82.90%
Inter-Community Mental Health Group Inc.	177	146	82.50%
Supportive Environmental Living Facility	39	32	82.10%
Connecticut Renaissance Inc.	306	250	81.70%
SCADD	186	151	81.20%
River Valley Services	151	122	80.80%
Capitol Region Mental Health Center	233	188	80.70%

Provider	Total Surveys	Satisfied	Percent Satisfied
Common Ground Community	36	29	80.60%
Southwest Connecticut Mental Health Network	253	202	79.80%
Shelter for the Homeless Inc.	130	101	77.70%
Gilead Community Services Inc.	277	215	77.60%
Alliance Treatment Center Inc.	31	24	77.40%
Laurel House	31	21	67.70%
Crossroad Inc.	81	54	66.70%
St. Vincent DePaul Society of Middletown Inc.	23	22	-
Charter Oak Terrace/Rice Heights Health Center	22	22	-
Family Centers Inc.	21	18	-
VNA of Southeastern Connecticut	21	21	-
Community Health Center Inc.	19	19	-
Fairfield Community Services Inc.	19	19	-
Mercy Housing and Shelter Corp.	19	14	-
Yale University - WAGE	19	17	-
CTE Inc. Viewpoint Recovery Program	18	18	-
New Era Rehabilitation Center Inc.	16	14	-
Southwest Community Health Center	16	14	-
New Haven Home Recovery	15	15	-
Manchester Memorial Hospital	14	13	-
Coordinating Council for Children in Crisis	12	12	-
CW Resources Inc.	12	8	-
American School for the Deaf	11	9	-
Hogar Crea Inc.	11	10	-
Operation Hope of Fairfield Inc.	10	10	-
John J. Driscoll United Labor Agency Inc.	9	9	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	7	-
Griffin Hospital	7	7	-
MICAH Housing Pilots Program	6	5	-
Bridgeport Hospital	5	5	-
Center City Churches Inc.	4	4	-
Family Resource Assoc.	1	1	-
Jewish Family Service Inc.	1	1	-
Franciscan Life Center Network Inc.	0	0	-

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

## OUTCOME DOMAIN BY PROVIDER

**Table 7:** Outcome Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	40	100%
United Community and Family Services	90	87	96.70%
My Sisters' Place	30	29	96.70%
Youth Challenge of Connecticut Inc.	30	29	96.70%
Search for Change Inc.	40	38	95%
Ability Beyond Disability Institute	59	56	94.90%
Kuhn Employment Opportunities inc.	35	33	94.30%
Supportive Environmental Living Facility	38	35	92.10%
Midwestern Connecticut Council on Alcoholism	663	608	91.70%
Perception Programs Inc.	150	137	91.30%
Dixwell/New Hallville Community MHS Inc.	103	94	91.30%
Liberation Programs	663	594	89.60%
Keystone House Inc.	109	97	89%
Hartford Hospital	300	265	88.30%
Easter Seals of Greater Hartford Rehab. Center Inc.	68	60	88.20%
Bridge House	118	104	88.10%
Alcohol and Drug Recovery Center	203	176	86.70%
Chemical Abuse Services Agency	451	391	86.70%
Danbury Hospital	141	122	86.50%
Marrakech Day Services	44	38	86.40%
New Milford Hospital	72	62	86.10%
Kennedy Center Inc.	56	48	85.70%
Human Resource Development Agency	76	65	85.50%
Hockanum Valley Community Council Inc.	89	76	85.40%
Bridgeport Community Health Center	82	70	85.40%
Education Connection	41	35	85.40%
Laurel House	34	29	85.30%
Fellowship Inc.	257	219	85.20%
Hartford Dispensary	2610	2224	85.20%
Family and Children's Agency Inc.	66	56	84.80%
Community Enterprises Inc.	33	28	84.80%
Stafford Family Services	98	83	84.70%
Prime Time House Inc.	189	160	84.70%
Hospital of St. Raphael	123	104	84.60%
Easter Seal Goodwill Industries Rehab. Center Inc.	45	38	84.40%
Mental Health Association of Connecticut Inc.	329	277	84.20%
Connecticut Counseling Centers Inc.	288	242	84%
Artreach Inc.	61	51	83.60%
Continuum of Care	134	112	83.60%
Regional Network of Programs	954	797	83.50%
Central Connecticut Coast YMCA	30	25	83.30%
Southeast Mental Health Authority	197	164	83.20%
Morris Foundation Inc.	274	228	83.20%
McCall Foundation Inc.	196	163	83.20%
APT Foundation Inc.	520	431	82.90%



Provider	Total Surveys	Satisfied	Percent Satisfied
Catholic Charities - Waterbury	98	81	82.70%
St. Vincent DePaul Society of Waterbury Inc.	62	51	82.30%
Chrysalis Center Inc.	122	100	82%
Pathways Inc.	55	45	81.80%
Connecticut Renaissance Inc.	304	248	81.60%
Catholic Charities - Hartford Institute - Hisp. Studies	130	106	81.50%
Community Prevention and Addiction Services	456	369	80.90%
Hall Brooke Foundation Inc.	47	38	80.90%
<b>Statewide</b>	<b>20,989</b>	<b>16,948</b>	<b>80.70%</b>
Asian Family Services	41	33	80.50%
Central Naugatuck Valley Help Inc.	61	49	80.30%
Waterbury Hospital Health Center	76	61	80.30%
Center for Human Development	115	92	80%
Alcohol Services Organization of South Central CT	129	103	79.80%
Southwest Connecticut Mental Health Network	248	198	79.80%
Sound Community Services Inc.	190	151	79.50%
Catholic Charities - Fairfield County	145	115	79.30%
Lawrence and Memorial Hospital	284	225	79.20%
Reliance House	308	244	79.20%
Connection Inc.	250	198	79.20%
SCADD	176	139	79%
Norwalk Hospital	269	212	78.80%
Middlesex Hospital Mental Health Clinic	88	69	78.40%
Northwest Center for Family Services and Mental Health	37	29	78.40%
Interlude Inc.	41	32	78%
Connecticut Mental Health Center	1047	813	77.70%
Community Mental Health Affiliates	257	198	77%
Columbus House	140	106	75.70%
Hill Health Corp.	156	118	75.60%
Rushford Center	322	243	75.50%
United Services Inc.	399	301	75.40%
FSW Inc.	57	43	75.40%
Wheeler Clinic	360	271	75.30%
Shelter for the Homeless Inc.	127	95	74.80%
St. Luke's Community Services Inc.	59	44	74.60%
River Valley Services	149	111	74.50%
Stamford Hospital	126	93	73.80%
Hartford Behavioral Health	157	115	73.20%
Capitol Region Mental Health Center	228	167	73.20%
Common Ground Community	37	27	73%
Gilead Community Services Inc.	281	205	73%
Western Connecticut Mental Health Network	347	252	72.60%
Charlotte Hungerford Hospital	200	145	72.50%
Harbor Health Services	319	230	72.10%
Community Renewal Team	88	61	69.30%
Alliance Treatment Center Inc.	29	20	69%
Backus Hospital	204	140	68.60%
Guardian Ad Litem	35	24	68.60%
Valley Mental Health Center	152	104	68.40%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Crossroad Inc.	81	55	67.90%
BRIDGES	149	100	67.10%
Community Health Resources Inc.	783	524	66.90%
Yale University - Behavioral Health	119	79	66.40%
Inter-Community Mental Health Group Inc.	169	108	63.90%
Day Kimball Hospital	93	55	59.10%
St. Vincent DePaul Society of Middletown Inc.	24	23	-
Stonington Behavioral Health Inc.	24	24	-
VNA of Southeastern Connecticut	21	18	-
Charter Oak Terrace/Rice Heights Health Center	20	18	-
Family Centers Inc.	20	12	-
Community Health Center Inc.	19	12	-
Mercy Housing and Shelter Corp.	18	12	-
Yale University - WAGE	18	17	-
CTE Inc. Viewpoint Recovery Program	17	17	-
Fairfield Community Services Inc.	17	16	-
CW Resources Inc.	15	9	-
New Haven Home Recovery	15	10	-
Manchester Memorial Hospital	14	10	-
Coordinating Council for Children in Crisis	13	9	-
New Era Rehabilitation Center Inc.	12	12	-
American School for the Deaf	11	8	-
Hogar Crea Inc.	11	8	-
John J. Driscoll United Labor Agency Inc.	10	8	-
Southwest Community Health Center	10	5	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	7	-
Operation Hope of Fairfield Inc.	8	8	-
Griffin Hospital	7	6	-
MICAH Housing Pilots Program	6	5	-
Bridgeport Hospital	5	4	-
Center City Churches Inc.	4	4	-
Family Resource Assoc.	1	1	-
Franciscan Life Center Network Inc.	1	1	-
Jewish Family Service Inc.	1	1	-

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

## GENERAL SATISFACTION DOMAIN BY PROVIDER

**Table 8:** General Satisfaction Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Artreach Inc.	66	66	100%
Kennedy Center Inc.	57	57	100%
Search for Change Inc.	43	43	100%
Education Connection	41	41	100%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	40	100%
Kuhn Employment Opportunities inc.	38	38	100%
Hartford Hospital	303	302	99.70%
Danbury Hospital	150	149	99.30%
Easter Seals of Greater Hartford Rehab. Center Inc.	69	68	98.60%
Hospital of St. Raphael	130	128	98.50%
Ability Beyond Disability Institute	61	60	98.40%
FSW Inc.	59	58	98.30%
United Community and Family Services	97	95	97.90%
Middlesex Hospital Mental Health Clinic	90	88	97.80%
Interlude Inc.	44	43	97.70%
Lawrence and Memorial Hospital	294	287	97.60%
Bridge House	118	115	97.50%
Waterbury Hospital Health Center	76	74	97.40%
Community Enterprises Inc.	37	36	97.30%
My Sisters' Place	31	30	96.80%
Stonington Behavioral Health Inc.	26	25	96.20%
Perception Programs Inc.	152	146	96.10%
New Milford Hospital	73	70	95.90%
Prime Time House Inc.	193	184	95.30%
Dixwell/New Hallville Community MHS Inc.	103	98	95.10%
Northwest Center for Family Services and Mental Health	41	39	95.10%
Catholic Charities - Waterbury	100	95	95%
Harbor Health Services	365	345	94.50%
Stafford Family Services	105	99	94.30%
Catholic Charities - Fairfield County	157	148	94.30%
Midwestern Connecticut Council on Alcoholism	689	649	94.20%
Bridgeport Community Health Center	86	81	94.20%
Asian Family Services	51	48	94.10%
Keystone House Inc.	113	106	93.80%
Easter Seal Goodwill Industries Rehab. Center Inc.	47	44	93.60%
Youth Challenge of Connecticut Inc.	31	29	93.50%
Marrakech Day Services	46	43	93.50%
Center for Human Development	120	112	93.30%
Backus Hospital	213	198	93%
Reliance House	323	300	92.90%
Pathways Inc.	55	51	92.70%
Fellowship Inc.	271	251	92.60%
Hockanum Valley Community Council Inc.	107	99	92.50%
Alcohol Services Organization of South Central CT	133	123	92.50%
Human Resource Development Agency	79	73	92.40%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Chrysalis Center Inc.	131	121	92.40%
United Services Inc.	424	391	92.20%
Day Kimball Hospital	99	91	91.90%
Norwalk Hospital	281	258	91.80%
McCall Foundation Inc.	216	198	91.70%
Laurel House	36	33	91.70%
Hartford Behavioral Health	163	149	91.40%
Mental Health Association of Connecticut Inc.	341	311	91.20%
Community Mental Health Affiliates	262	238	90.80%
Charlotte Hungerford Hospital	205	186	90.70%
Stamford Hospital	140	127	90.70%
Central Connecticut Coast YMCA	32	29	90.60%
Connecticut Mental Health Center	1096	992	90.50%
Community Health Resources Inc.	817	739	90.50%
Community Renewal Team	92	83	90.20%
Hall Brooke Foundation Inc.	49	44	89.80%
Valley Mental Health Center	155	139	89.70%
Liberation Programs	667	598	89.70%
Alcohol and Drug Recovery Center	210	188	89.50%
Sound Community Services Inc.	200	179	89.50%
Catholic Charities - Hartford Institute - Hisp. Studies	130	116	89.20%
St. Luke's Community Services Inc.	65	58	89.20%
Southeast Mental Health Authority	207	184	88.90%
St. Vincent DePaul Society of Waterbury Inc.	63	56	88.90%
<b>Statewide</b>	<b>22,112</b>	<b>19,640</b>	<b>88.80%</b>
Community Prevention and Addiction Services	485	429	88.50%
Continuum of Care	139	122	87.80%
Columbus House	143	125	87.40%
River Valley Services	152	132	86.80%
Family and Children's Agency Inc.	73	63	86.30%
Regional Network of Programs	1034	890	86.10%
Hill Health Corp.	163	140	85.90%
Inter-Community Mental Health Group Inc.	180	154	85.60%
Morris Foundation Inc.	289	247	85.50%
Connecticut Counseling Centers Inc.	299	255	85.30%
Capitol Region Mental Health Center	235	200	85.10%
Hartford Dispensary	2880	2450	85.10%
Yale University - Behavioral Health	127	108	85%
Chemical Abuse Services Agency	459	390	85%
APT Foundation Inc.	531	445	83.80%
Western Connecticut Mental Health Network	364	304	83.50%
Southwest Connecticut Mental Health Network	258	215	83.30%
Connection Inc.	260	215	82.70%
Wheeler Clinic	375	310	82.70%
Gilead Community Services Inc.	289	238	82.40%
Central Naugatuck Valley Help Inc.	62	51	82.30%
BRIDGES	152	124	81.60%
Rushford Center	339	275	81.10%
Supportive Environmental Living Facility	39	31	79.50%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Guardian Ad Litem	38	30	78.90%
Connecticut Renaissance Inc.	307	239	77.90%
Common Ground Community	39	30	76.90%
SCADD	189	145	76.70%
Alliance Treatment Center Inc.	32	24	75%
Shelter for the Homeless Inc.	129	93	72.10%
Crossroad Inc.	82	52	63.40%
St. Vincent DePaul Society of Middletown Inc.	24	24	-
Family Centers Inc.	23	22	-
Charter Oak Terrace/Rice Heights Health Center	22	19	-
VNA of Southeastern Connecticut	21	21	-
Community Health Center Inc.	19	18	-
Fairfield Community Services Inc.	19	19	-
Mercy Housing and Shelter Corp.	19	15	-
Yale University - WAGE	19	17	-
CTE Inc. Viewpoint Recovery Program	18	15	-
Southwest Community Health Center	17	14	-
CW Resources Inc.	16	14	-
New Era Rehabilitation Center Inc.	16	16	-
Manchester Memorial Hospital	15	13	-
New Haven Home Recovery	15	14	-
Coordinating Council for Children in Crisis	14	14	-
John J. Driscoll United Labor Agency Inc.	13	13	-
American School for the Deaf	11	7	-
Hogar Crea Inc.	11	9	-
Operation Hope of Fairfield Inc.	11	11	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	6	-
Griffin Hospital	7	6	-
MICAH Housing Pilots Program	7	6	-
Bridgeport Hospital	5	4	-
Center City Churches Inc.	4	4	-
Family Resource Assoc.	1	1	-
Franciscan Life Center Network Inc.	1	1	-
Jewish Family Service Inc.	1	1	-

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

## PARTICIPATION IN TREATMENT BY PROVIDER

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

Provider	Total Surveys	Satisfied	Percent Satisfied
Ability Beyond Disability Institute	60	60	100%
United Community and Family Services	95	94	98.90%
Kennedy Center Inc.	57	56	98.20%
Marrakech Day Services	44	43	97.70%
Hospital of St. Raphael	129	126	97.70%
Northwest Center for Family Services and Mental Health	41	40	97.60%
Search for Change Inc.	41	40	97.60%
Lawrence and Memorial Hospital	291	283	97.30%
New Milford Hospital	72	70	97.20%
Hartford Hospital	301	292	97%
Central Connecticut Coast YMCA	31	30	96.80%
Midwestern Connecticut Council on Alcoholism	680	658	96.80%
Middlesex Hospital Mental Health Clinic	90	87	96.70%
Danbury Hospital	149	144	96.60%
Dixwell/New Hallville Community MHS Inc.	102	98	96.10%
Stonington Behavioral Health Inc.	25	24	96%
Catholic Charities - Waterbury	98	94	95.90%
Hall Brooke Foundation Inc.	49	47	95.90%
Perception Programs Inc.	151	144	95.40%
Interlude Inc.	40	38	95%
Education Connection	39	37	94.90%
Kuhn Employment Opportunities inc.	38	36	94.70%
Guardian Ad Litem	37	35	94.60%
Easter Seals of Greater Hartford Rehab. Center Inc.	69	65	94.20%
Charlotte Hungerford Hospital	203	191	94.10%
Asian Family Services	50	47	94%
Norwalk Hospital	279	262	93.90%
Community Enterprises Inc.	32	30	93.80%
St. Vincent DePaul Society of Waterbury Inc.	63	59	93.70%
Central Naugatuck Valley Help Inc.	62	58	93.50%
Connecticut Mental Health Center	1081	1011	93.50%
Community Prevention and Addiction Services	462	432	93.50%
Easter Seal Goodwill Industries Rehab. Center Inc.	46	43	93.50%
Human Resource Development Agency	76	71	93.40%
Alcohol and Drug Recovery Center	202	188	93.10%
Bridgeport Community Health Center	84	78	92.90%
United Services Inc.	416	385	92.50%
APT Foundation Inc.	530	490	92.50%
Stafford Family Services	105	97	92.40%
Stamford Hospital	138	127	92%
Waterbury Hospital Health Center	75	69	92%
Hartford Behavioral Health	160	147	91.90%
Keystone House Inc.	109	100	91.70%
FSW Inc.	59	54	91.50%
Artreach Inc.	58	53	91.40%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Chrysalis Center Inc.	127	116	91.30%
Family and Children's Agency Inc.	69	63	91.30%
Continuum of Care	137	125	91.20%
Harbor Health Services	356	324	91%
Sound Community Services Inc.	197	179	90.90%
Mental Health Association of Connecticut Inc.	339	308	90.90%
Liberation Programs	666	604	90.70%
Backus Hospital	214	193	90.20%
BRIDGES	152	137	90.10%
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	36	90%
McCall Foundation Inc.	214	192	89.70%
Hockanum Valley Community Council Inc.	106	95	89.60%
<b>Statewide</b>	<b>21,760</b>	<b>19,483</b>	<b>89.50%</b>
Morris Foundation Inc.	283	253	89.40%
Southeast Mental Health Authority	206	184	89.30%
Day Kimball Hospital	100	89	89%
Yale University - Behavioral Health	127	113	89%
Catholic Charities - Fairfield County	151	134	88.70%
Connecticut Counseling Centers Inc.	296	262	88.50%
Community Health Resources Inc.	811	715	88.20%
Community Mental Health Affiliates	261	230	88.10%
Hartford Dispensary	2873	2530	88.10%
Bridge House	117	103	88%
Regional Network of Programs	1023	897	87.70%
Wheeler Clinic	368	322	87.50%
Center for Human Development	118	103	87.30%
Pathways Inc.	55	48	87.30%
Connection Inc.	251	219	87.30%
Youth Challenge of Connecticut Inc.	31	27	87.10%
Reliance House	314	273	86.90%
Hill Health Corp.	158	137	86.70%
Inter-Community Mental Health Group Inc.	179	155	86.60%
Alcohol Services Organization of South Central CT	133	115	86.50%
Prime Time House Inc.	175	151	86.30%
River Valley Services	151	130	86.10%
Fellowship Inc.	239	205	85.80%
Valley Mental Health Center	154	132	85.70%
Catholic Charities - Hartford Institute - Hisp. Studies	117	100	85.50%
Columbus House	142	121	85.20%
Chemical Abuse Services Agency	450	383	85.10%
Supportive Environmental Living Facility	39	33	84.60%
Community Renewal Team	90	76	84.40%
Rushford Center	334	282	84.40%
Southwest Connecticut Mental Health Network	256	215	84%
Western Connecticut Mental Health Network	357	299	83.80%
My Sisters' Place	30	25	83.30%
Capitol Region Mental Health Center	228	188	82.50%
St. Luke's Community Services Inc.	62	51	82.30%
SCADD	187	153	81.80%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Renaissance Inc.	305	248	81.30%
Alliance Treatment Center Inc.	32	26	81.20%
Gilead Community Services Inc.	282	219	77.70%
Laurel House	34	26	76.50%
Shelter for the Homeless Inc.	129	96	74.40%
Crossroad Inc.	81	60	74.10%
Common Ground Community	38	28	73.70%
St. Vincent DePaul Society of Middletown Inc.	23	21	-
Charter Oak Terrace/Rice Heights Health Center	22	22	-
Family Centers Inc.	22	18	-
VNA of Southeastern Connecticut	21	20	-
Community Health Center Inc.	19	18	-
Fairfield Community Services Inc.	19	18	-
Mercy Housing and Shelter Corp.	19	15	-
Yale University - WAGE	19	17	-
CTE Inc. Viewpoint Recovery Program	18	17	-
CW Resources Inc.	17	12	-
Southwest Community Health Center	17	13	-
New Era Rehabilitation Center Inc.	16	14	-
New Haven Home Recovery	15	14	-
Manchester Memorial Hospital	14	12	-
Coordinating Council for Children in Crisis	13	13	-
John J. Driscoll United Labor Agency Inc.	12	11	-
American School for the Deaf	11	11	-
Hogar Crea Inc.	11	11	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	7	-
Operation Hope of Fairfield Inc.	8	8	-
Griffin Hospital	7	5	-
MICAH Housing Pilots Program	6	6	-
Bridgeport Hospital	5	4	-
Center City Churches Inc.	4	4	-
Family Resource Assoc.	1	1	-
Franciscan Life Center Network Inc.	1	1	-
Jewish Family Service Inc.	1	1	-

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



## RESPECT BY PROVIDER

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

Provider	Total Surveys	Satisfied	Percent Satisfied
St. Vincent DePaul Society of Waterbury Inc.	61	61	100%
Marrakech Day Services	42	42	100%
Northwest Center for Family Services and Mental Health	34	34	100%
New Milford Hospital	68	67	98.50%
Education Connection	40	39	97.50%
Easter Seal Rehab. Center of Greater Waterbury Inc.	39	38	97.40%
Hartford Hospital	291	282	96.90%
Catholic Charities - Waterbury	91	88	96.70%
Youth Challenge of Connecticut Inc.	29	28	96.60%
Danbury Hospital	139	134	96.40%
Hospital of St. Raphael	104	100	96.20%
Norwalk Hospital	253	242	95.70%
Midwestern Connecticut Council on Alcoholism	644	615	95.50%
United Community and Family Services	82	78	95.10%
Ability Beyond Disability Institute	58	55	94.80%
Stafford Family Services	95	90	94.70%
Hartford Behavioral Health	149	141	94.60%
Bridge House	109	103	94.50%
Day Kimball Hospital	90	85	94.40%
Waterbury Hospital Health Center	72	68	94.40%
Search for Change Inc.	36	34	94.40%
Keystone House Inc.	107	101	94.40%
Community Enterprises Inc.	35	33	94.30%
Kuhn Employment Opportunities inc.	35	33	94.30%
Dixwell/New Hallville Community MHS Inc.	103	97	94.20%
Perception Programs Inc.	144	135	93.80%
Sound Community Services Inc.	172	161	93.60%
Charlotte Hungerford Hospital	184	172	93.50%
Bridgeport Community Health Center	75	70	93.30%
Chrysalis Center Inc.	104	97	93.30%
My Sisters' Place	28	26	92.90%
Center for Human Development	111	103	92.80%
Lawrence and Memorial Hospital	262	243	92.70%
Backus Hospital	199	184	92.50%
Interlude Inc.	39	36	92.30%
Middlesex Hospital Mental Health Clinic	88	81	92%
Easter Seals of Greater Hartford Rehab. Center Inc.	62	57	91.90%
Asian Family Services	37	34	91.90%
Harbor Health Services	289	265	91.70%
Catholic Charities - Hartford Institute - Hisp. Studies	119	109	91.60%
Continuum of Care	130	119	91.50%
Easter Seal Goodwill Industries Rehab. Center Inc.	35	32	91.40%
Alcohol Services Organization of South Central CT	124	113	91.10%
Artreach Inc.	54	49	90.70%

Provider	Total Surveys	Satisfied	Percent Satisfied
Southeast Mental Health Authority	192	174	90.60%
Connecticut Counseling Centers Inc.	294	266	90.50%
Human Resource Development Agency	73	66	90.40%
Catholic Charities - Fairfield County	140	126	90%
Liberation Programs	659	593	90%
Mental Health Association of Connecticut Inc.	321	286	89.10%
Connecticut Mental Health Center	949	844	88.90%
Community Renewal Team	81	72	88.90%
United Services Inc.	390	346	88.70%
Stamford Hospital	130	115	88.50%
Community Health Resources Inc.	649	574	88.40%
BRIDGES	143	126	88.10%
Alcohol and Drug Recovery Center	201	177	88.10%
<b>Statewide</b>	<b>20,218</b>	<b>17,784</b>	<b>88%</b>
FSW Inc.	58	51	87.90%
Western Connecticut Mental Health Network	339	298	87.90%
Hockanum Valley Community Council Inc.	82	72	87.80%
Regional Network of Programs	1008	882	87.50%
APT Foundation Inc.	521	455	87.30%
St. Luke's Community Services Inc.	46	40	87%
Supportive Environmental Living Facility	38	33	86.80%
Kennedy Center Inc.	53	46	86.80%
Inter-Community Mental Health Group Inc.	165	143	86.70%
Hartford Dispensary	2710	2347	86.60%
Community Mental Health Affiliates	243	210	86.40%
Prime Time House Inc.	176	152	86.40%
Reliance House	300	259	86.30%
Yale University - Behavioral Health	115	99	86.10%
Community Prevention and Addiction Services	421	361	85.70%
Fellowship Inc.	229	196	85.60%
Morris Foundation Inc.	251	214	85.30%
River Valley Services	149	126	84.60%
McCall Foundation Inc.	197	166	84.30%
Chemical Abuse Services Agency	407	341	83.80%
Columbus House	135	113	83.70%
Central Naugatuck Valley Help Inc.	61	51	83.60%
Pathways Inc.	48	40	83.30%
Family and Children's Agency Inc.	65	54	83.10%
Southwest Connecticut Mental Health Network	246	203	82.50%
Laurel House	28	23	82.10%
Valley Mental Health Center	136	111	81.60%
Guardian Ad Litem	38	31	81.60%
Hall Brooke Foundation Inc.	48	39	81.20%
Wheeler Clinic	353	283	80.20%
Connection Inc.	232	185	79.70%
Gilead Community Services Inc.	259	205	79.20%
SCADD	180	142	78.90%
Rushford Center	321	252	78.50%
Capitol Region Mental Health Center	222	174	78.40%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Connecticut Renaissance Inc.	302	236	78.10%
Hill Health Corp.	149	116	77.90%
Common Ground Community	30	23	76.70%
Shelter for the Homeless Inc.	101	74	73.30%
Crossroad Inc.	77	54	70.10%
Alliance Treatment Center Inc.	29	17	58.60%
Central Connecticut Coast YMCA	23	20	-
Family Centers Inc.	22	20	-
St. Vincent DePaul Society of Middletown Inc.	22	20	-
Stonington Behavioral Health Inc.	22	20	-
VNA of Southeastern Connecticut	20	18	-
Charter Oak Terrace/Rice Heights Health Center	19	18	-
Community Health Center Inc.	19	18	-
Fairfield Community Services Inc.	18	18	-
Mercy Housing and Shelter Corp.	17	11	-
CTE Inc. Viewpoint Recovery Program	16	16	-
CW Resources Inc.	16	12	-
Yale University - WAGE	16	14	-
Coordinating Council for Children in Crisis	14	13	-
New Haven Home Recovery	14	14	-
Manchester Memorial Hospital	13	11	-
American School for the Deaf	11	10	-
Hogar Crea Inc.	11	9	-
New Era Rehabilitation Center Inc.	11	10	-
Southwest Community Health Center	10	8	-
Operation Hope of Fairfield Inc.	9	9	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	7	-
Griffin Hospital	6	6	-
John J. Driscoll United Labor Agency Inc.	6	4	-
Bridgeport Hospital	4	3	-
Center City Churches Inc.	4	4	-
MICAH Housing Pilots Program	4	4	-
Family Resource Assoc.	1	1	-
Franciscan Life Center Network Inc.	1	1	-
Jewish Family Service Inc.	1	1	-

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

## RECOVERY DOMAIN BY PROVIDER

**Table 11:** Recovery Domain by Provider

Provider	Total Surveys	Satisfied	Percent Satisfied
Easter Seal Rehab. Center of Greater Waterbury Inc.	40	40	100%
Youth Challenge of Connecticut Inc.	28	27	96.40%
Education Connection	41	39	95.10%
Perception Programs Inc.	149	140	94%
Ability Beyond Disability Institute	61	57	93.40%
Dixwell/New Hallville Community MHS Inc.	101	92	91.10%
Midwestern Connecticut Council on Alcoholism	647	586	90.60%
Bridge House	117	104	88.90%
Community Enterprises Inc.	35	31	88.60%
Search for Change Inc.	43	38	88.40%
Liberation Programs	660	581	88%
Easter Seals of Greater Hartford Rehab. Center Inc.	68	59	86.80%
Community Prevention and Addiction Services	467	405	86.70%
Kuhn Employment Opportunities inc.	37	32	86.50%
Danbury Hospital	140	121	86.40%
Alcohol and Drug Recovery Center	203	175	86.20%
Kennedy Center Inc.	57	49	86%
Catholic Charities - Hartford Institute - Hisp. Studies	127	109	85.80%
Prime Time House Inc.	183	157	85.80%
Bridgeport Community Health Center	82	70	85.40%
Continuum of Care	133	113	85%
Chemical Abuse Services Agency	445	377	84.70%
Supportive Environmental Living Facility	39	33	84.60%
Alcohol Services Organization of South Central CT	129	109	84.50%
Morris Foundation Inc.	273	228	83.50%
Hall Brooke Foundation Inc.	48	40	83.30%
My Sisters' Place	30	25	83.30%
Mental Health Association of Connecticut Inc.	329	274	83.30%
Human Resource Development Agency	77	64	83.10%
Keystone House Inc.	112	93	83%
United Community and Family Services	93	77	82.80%
Fellowship Inc.	260	215	82.70%
Marrakech Day Services	46	38	82.60%
Pathways Inc.	55	45	81.80%
McCall Foundation Inc.	196	160	81.60%
Artreach Inc.	64	52	81.20%
Stafford Family Services	100	81	81%
Hartford Hospital	293	237	80.90%
Hospital of St. Raphael	124	100	80.60%
New Milford Hospital	72	58	80.60%
Connection Inc.	246	198	80.50%
Regional Network of Programs	954	766	80.30%
Guardian Ad Litem	35	28	80%
Hartford Dispensary	2606	2077	79.70%
Waterbury Hospital Health Center	76	60	78.90%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
Crossroad Inc.	80	63	78.80%
Interlude Inc.	42	33	78.60%
Connecticut Counseling Centers Inc.	287	225	78.40%
Reliance House	312	244	78.20%
Norwalk Hospital	270	211	78.10%
St. Luke's Community Services Inc.	64	50	78.10%
Chrysalis Center Inc.	127	99	78%
Family and Children's Agency Inc.	68	53	77.90%
Wheeler Clinic	362	281	77.60%
Hill Health Corp.	158	122	77.20%
Asian Family Services	48	37	77.10%
<b>Statewide</b>	<b>21,013</b>	<b>16,194</b>	<b>77.10%</b>
St. Vincent DePaul Society of Waterbury Inc.	61	47	77%
Sound Community Services Inc.	194	149	76.80%
Central Connecticut Coast YMCA	30	23	76.70%
Easter Seal Goodwill Industries Rehab. Center Inc.	47	36	76.60%
Catholic Charities - Fairfield County	150	114	76%
APT Foundation Inc.	528	398	75.40%
Connecticut Renaissance Inc.	302	227	75.20%
Connecticut Mental Health Center	1047	780	74.50%
Southeast Mental Health Authority	199	148	74.40%
SCADD	174	129	74.10%
Center for Human Development	119	88	73.90%
Southwest Connecticut Mental Health Network	253	187	73.90%
Central Naugatuck Valley Help Inc.	60	44	73.30%
Northwest Center for Family Services and Mental Health	37	27	73%
Rushford Center	331	241	72.80%
Laurel House	36	26	72.20%
Columbus House	140	101	72.10%
Community Renewal Team	84	60	71.40%
FSW Inc.	58	41	70.70%
Lawrence and Memorial Hospital	288	203	70.50%
Hockanum Valley Community Council Inc.	67	47	70.10%
Western Connecticut Mental Health Network	355	248	69.90%
Catholic Charities - Waterbury	99	69	69.70%
Community Mental Health Affiliates	255	176	69%
Shelter for the Homeless Inc.	124	85	68.50%
Hartford Behavioral Health	157	107	68.20%
Charlotte Hungerford Hospital	200	136	68%
Alliance Treatment Center Inc.	28	19	67.90%
BRIDGES	147	99	67.30%
Valley Mental Health Center	149	100	67.10%
Common Ground Community	39	26	66.70%
United Services Inc.	399	263	65.90%
Backus Hospital	201	132	65.70%
Capitol Region Mental Health Center	231	151	65.40%
Harbor Health Services	318	207	65.10%
Gilead Community Services Inc.	276	179	64.90%
Stamford Hospital	128	81	63.30%

<u>Provider</u>	<u>Total Surveys</u>	<u>Satisfied</u>	<u>Percent Satisfied</u>
River Valley Services	151	93	61.60%
Inter-Community Mental Health Group Inc.	171	105	61.40%
Middlesex Hospital Mental Health Clinic	88	54	61.40%
Yale University - Behavioral Health	121	74	61.20%
Community Health Resources Inc.	783	473	60.40%
Day Kimball Hospital	91	49	53.80%
St. Vincent DePaul Society of Middletown Inc.	24	23	-
Stonington Behavioral Health Inc.	23	22	-
VNA of Southeastern Connecticut	21	15	-
Charter Oak Terrace/Rice Heights Health Center	20	13	-
Family Centers Inc.	20	11	-
Yale University - WAGE	19	18	-
Community Health Center Inc.	18	10	-
Fairfield Community Services Inc.	18	15	-
Mercy Housing and Shelter Corp.	18	14	-
CTE Inc. Viewpoint Recovery Program	16	13	-
New Haven Home Recovery	15	9	-
Manchester Memorial Hospital	14	9	-
CW Resources Inc.	13	8	-
Coordinating Council for Children in Crisis	12	5	-
John J. Driscoll United Labor Agency Inc.	12	10	-
New Era Rehabilitation Center Inc.	12	11	-
American School for the Deaf	11	8	-
Hogar Crea Inc.	11	10	-
Operation Hope of Fairfield Inc.	11	10	-
Southwest Community Health Center	10	5	-
Family Services of Central Connecticut Inc.	8	8	-
Liberty Community Services	8	7	-
MICAH Housing Pilots Program	7	5	-
Griffin Hospital	6	4	-
Bridgeport Hospital	5	5	-
Center City Churches Inc.	4	4	-
Family Resource Assoc.	1	1	-
Franciscan Life Center Network Inc.	1	1	-
Jewish Family Service Inc.	0	0	-

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

## DIFFERENCES BETWEEN GROUPS

### DID SATISFACTION DIFFER BY PROGRAM TYPE?

- ◆ Consumers receiving services for substance use disorders expressed a *significantly* higher level of satisfaction on the Outcome and Recovery domains.
- ◆ Consumers receiving services for mental health disorders expressed a *significantly* higher level of satisfaction on the Access, Appropriateness, and General Satisfaction domains.

This pattern was the same in SFY 2005.

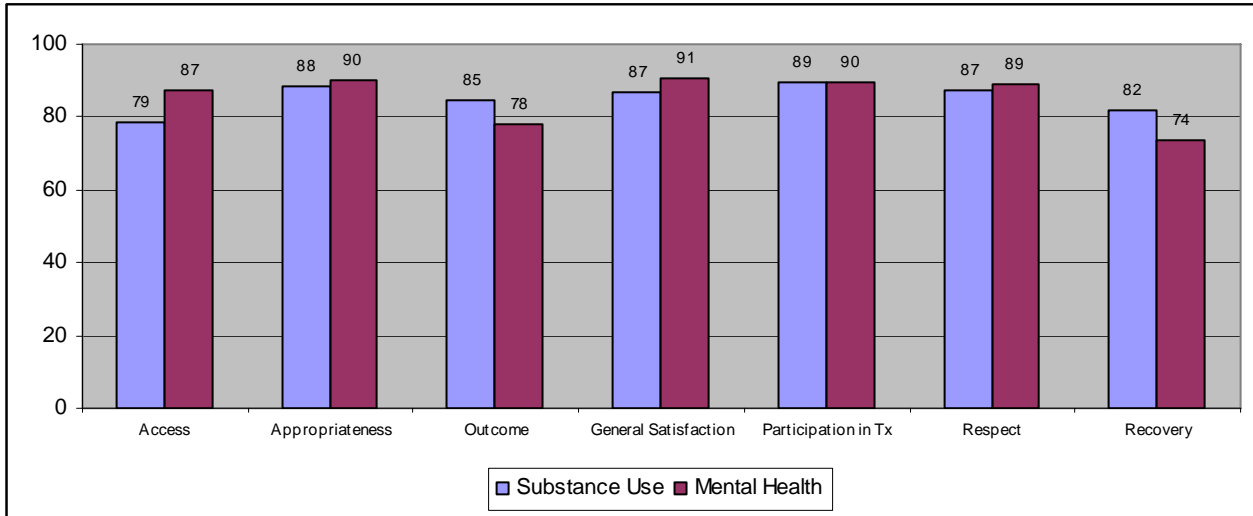


Figure 14: Consumer Satisfaction by Program Type

### DID SATISFACTION DIFFER BY GENDER?

Women expressed *significantly* higher levels of satisfaction than men on all domains, except the Outcome domain, and there were no differences in the recovery domain.

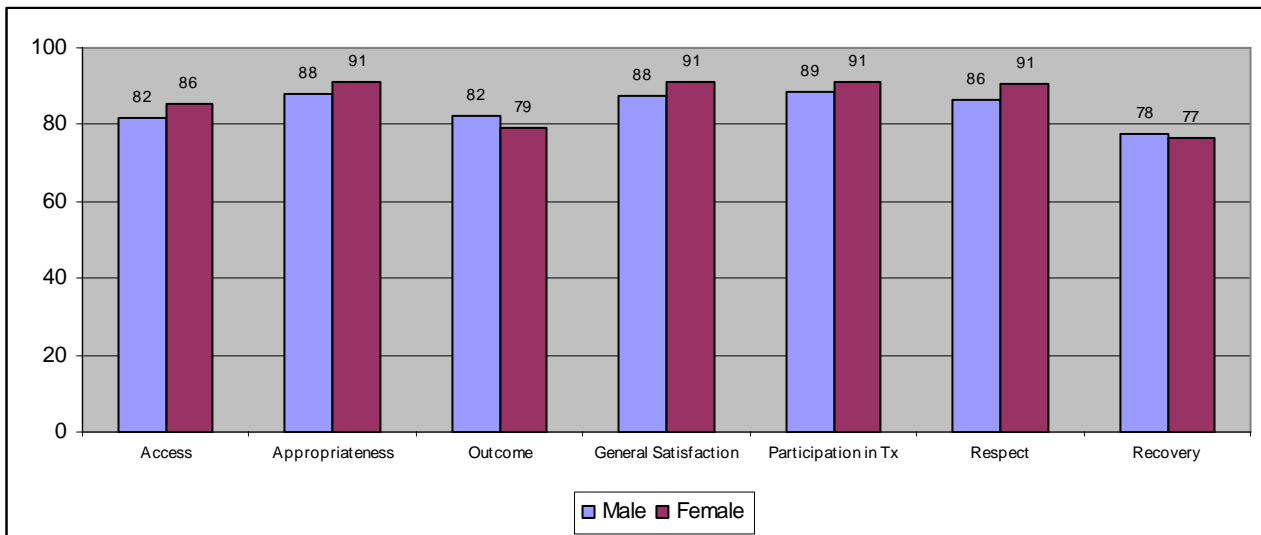


Figure 15: Consumer Satisfaction by Gender

**DID SATISFACTION DIFFER BY GENDER BY PROGRAM TYPE?**

**Substance Use Disorders**

- ♦ Women reported a *significantly* better experience with their wishes being respected and with participation in treatment than men. They also reported *significantly* higher levels of satisfaction with the Access and Appropriateness domains than men.

**Mental Health Disorders**

- ♦ Women reported *significantly* higher levels of satisfaction with the Appropriateness, General Satisfaction domains, and a better experience with having their wishes respected than men. Men reported a *significantly* higher level of satisfaction with the Outcome domain than women.

This pattern was the same in SFY 2005.

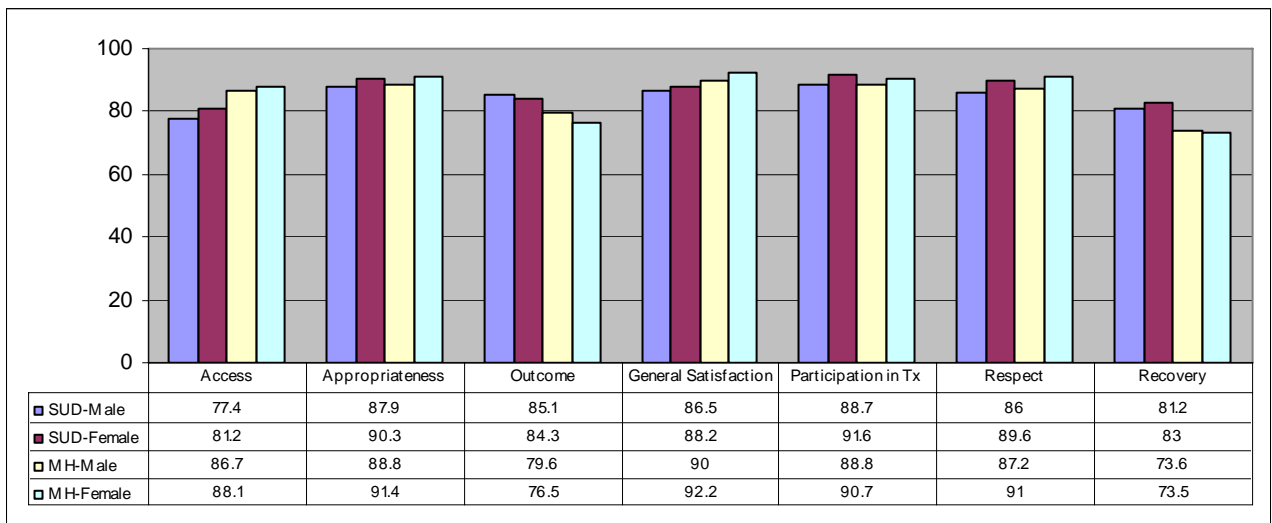


Figure 16: Consumer Satisfaction by Gender and Program Type



**SUBSTANCE USE DISORDERS**

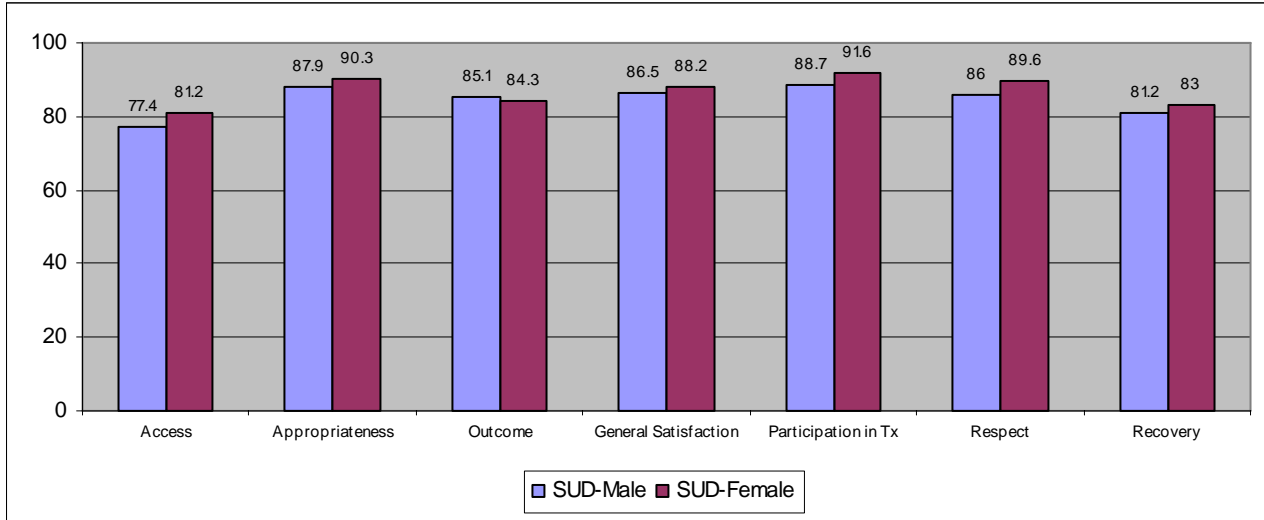


Figure 17: Consumer Satisfaction of by Gender by Substance Use Disorder Program Type

**MENTAL HEALTH DISORDERS**

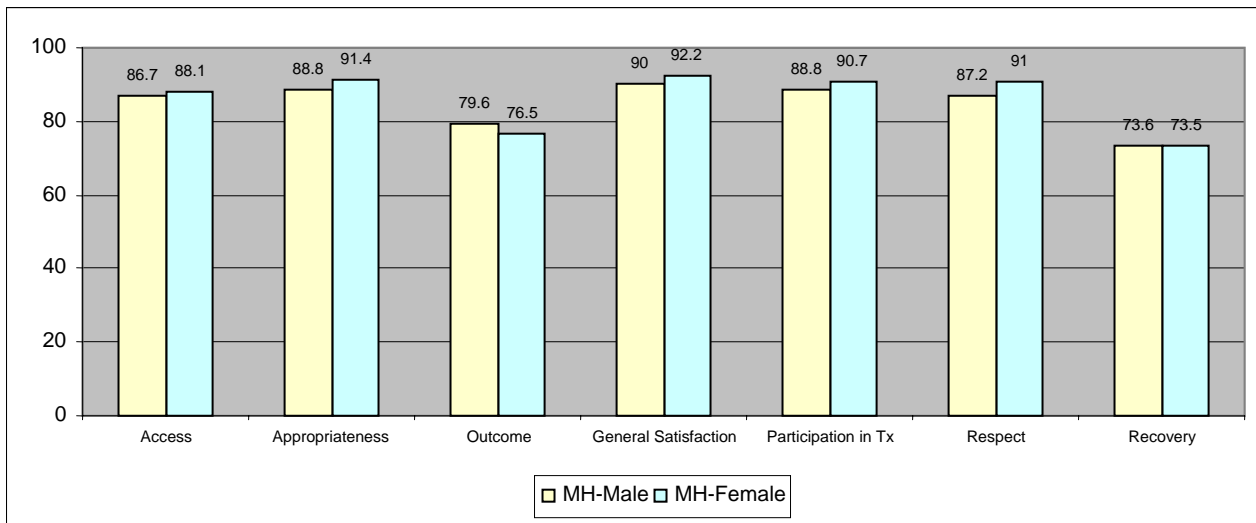


Figure 18: Consumer Satisfaction by Gender by Mental Health Program Type

**DID SATISFACTION DIFFER BY RACE**

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

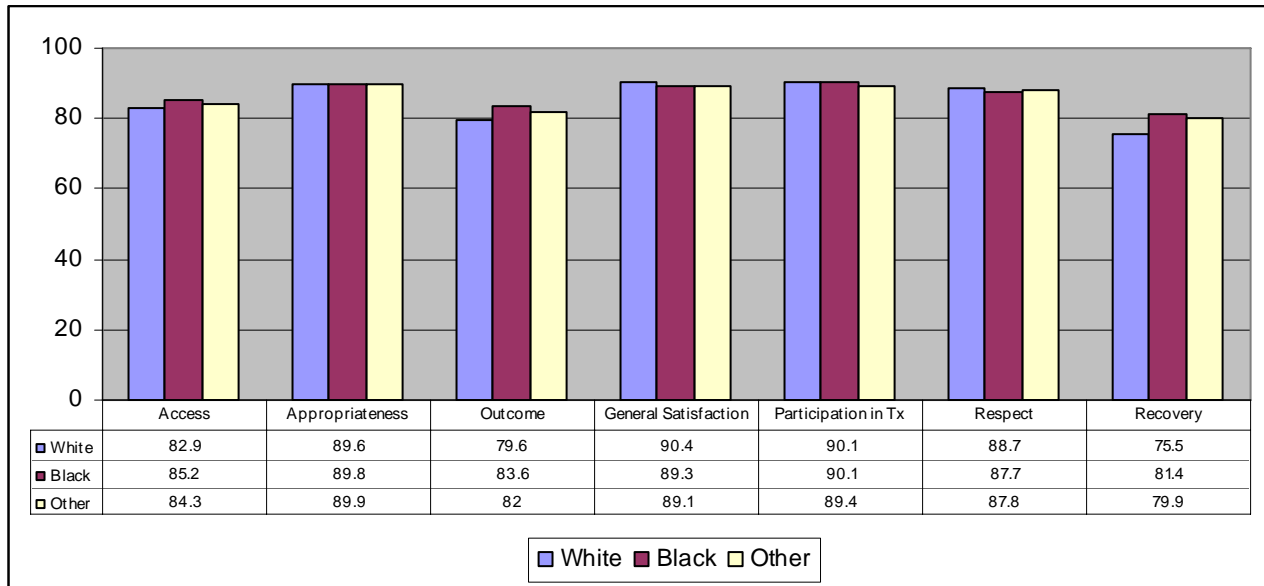


Figure 19: Consumer Satisfaction by Race

**DID SATISFACTION DIFFER BY RACE BY PROGRAM TYPE?**

**Substance Use Disorders**

- ◆ There were no significant differences by race.

**Mental Health Disorders**

- ◆ African-American/Black consumers expressed *significantly* higher levels of satisfaction with the Outcome and the Recovery domains than Whites or consumers who identified some other race. This pattern was the same in SFY 2005.

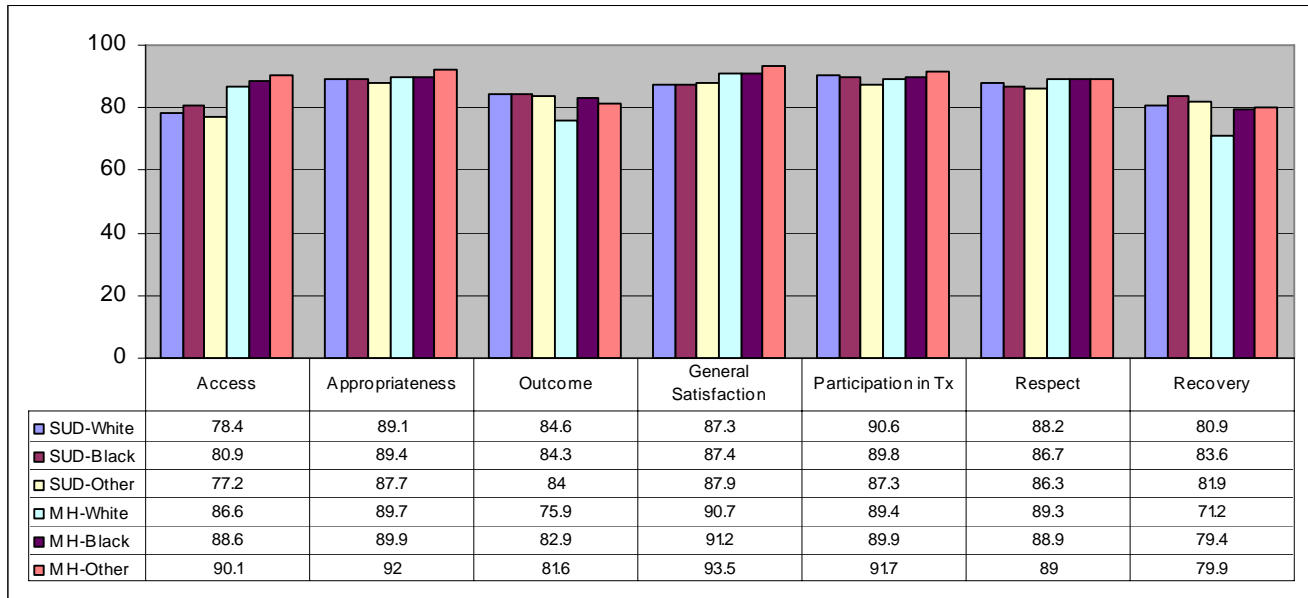


Figure 20: Consumer Satisfaction by Race by Program Type

**SUBSTANCE USE DISORDERS**

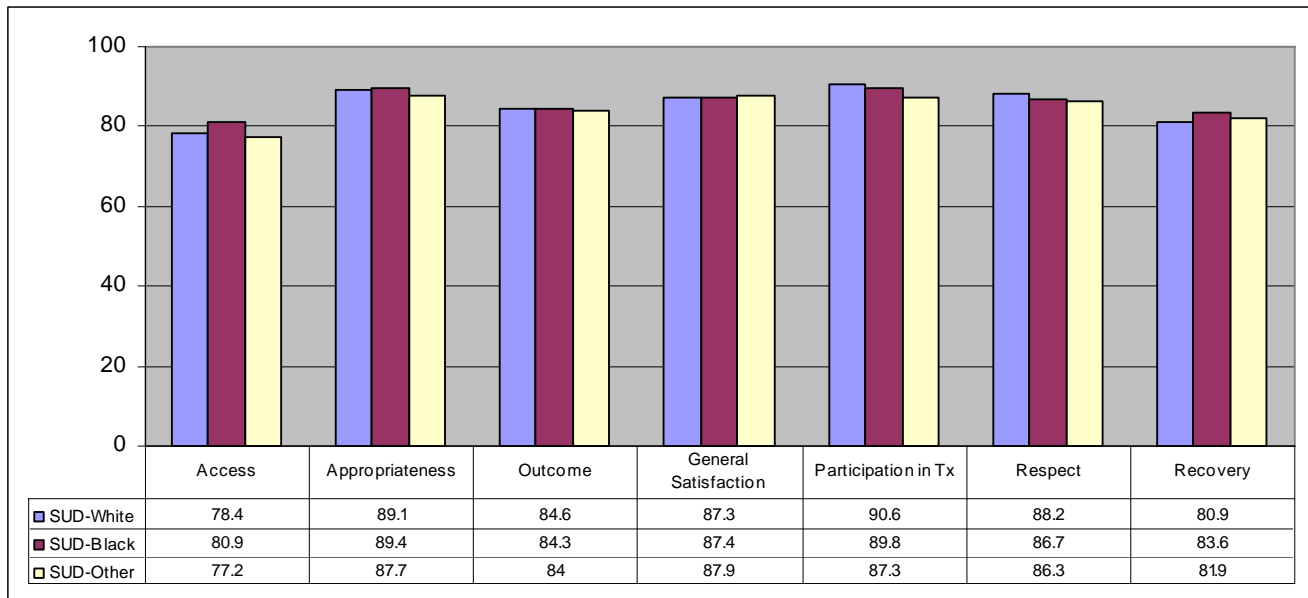


Figure 21: Consumer Satisfaction by Race by Substance Use Disorder Program Type

**MENTAL HEALTH DISORDERS**

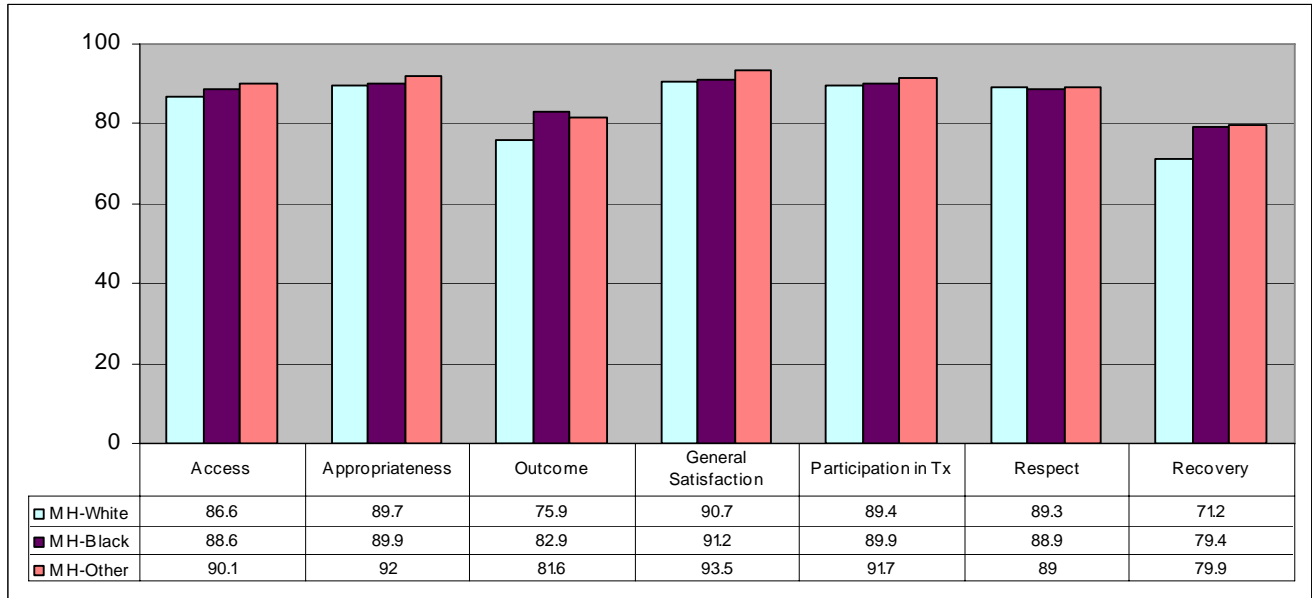


Figure 22: Consumer Satisfaction by Race by Mental Health Program Type

**DID SATISFACTION DIFFER BY ETHNICITY?**

- ◆ People of Hispanic/Latino origin expressed *significantly* higher levels of satisfaction with the Outcome and Recovery domains in comparison with Non-Hispanics.
  - ◆ People of Non-Hispanic origin reported *significantly* better experience with participating in treatment planning, in comparison with people of Hispanic/Latino origin.
- This pattern was the same in SFY 2005.

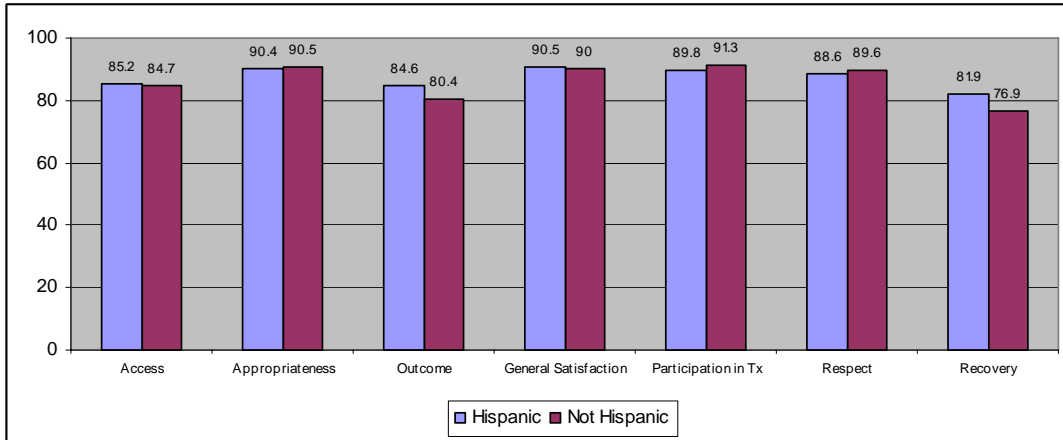


Figure 23: Consumer Satisfaction by Ethnicity

**DID SATISFACTION DIFFER BY ETHNICITY BY PROGRAM TYPE?**

**Substance Use Disorders**

- ◆ People of Hispanic/Latino origin expressed a *significantly* higher level of satisfaction with the Recovery and Outcome domains. Non-Hispanics reported *significantly* higher levels of satisfaction with the Appropriateness domain, and a better experience with having their wishes respected and participating in treatment planning, in comparison with Hispanics.

**Mental Health Disorders**

- ◆ People of Hispanic/Latino origin expressed *significantly* higher levels of satisfaction with the Access, Appropriateness, Outcome, General Satisfaction, and Recovery domains and a better experience with participating in treatment planning, in comparison with Non-Hispanics. This is an improvement from SFY 2005.

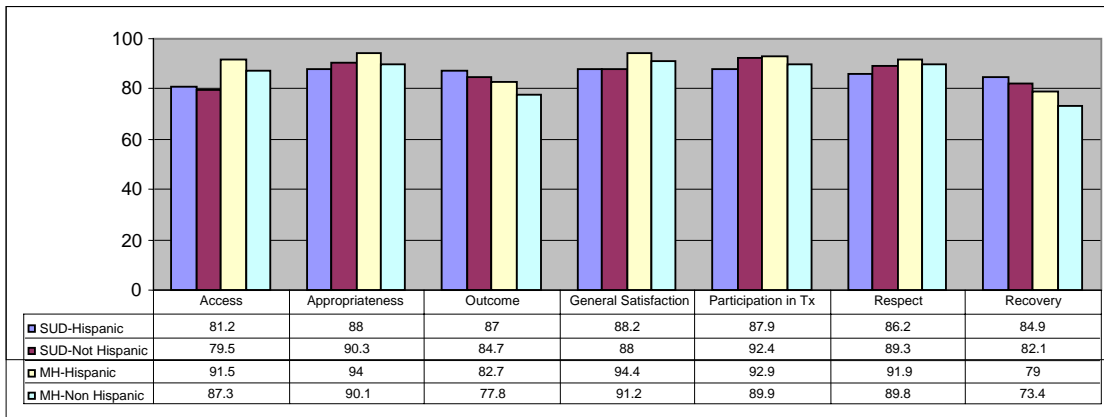


Figure 24: Consumer Satisfaction by Ethnicity by Program Type

**SUBSTANCE USE DISORDERS**

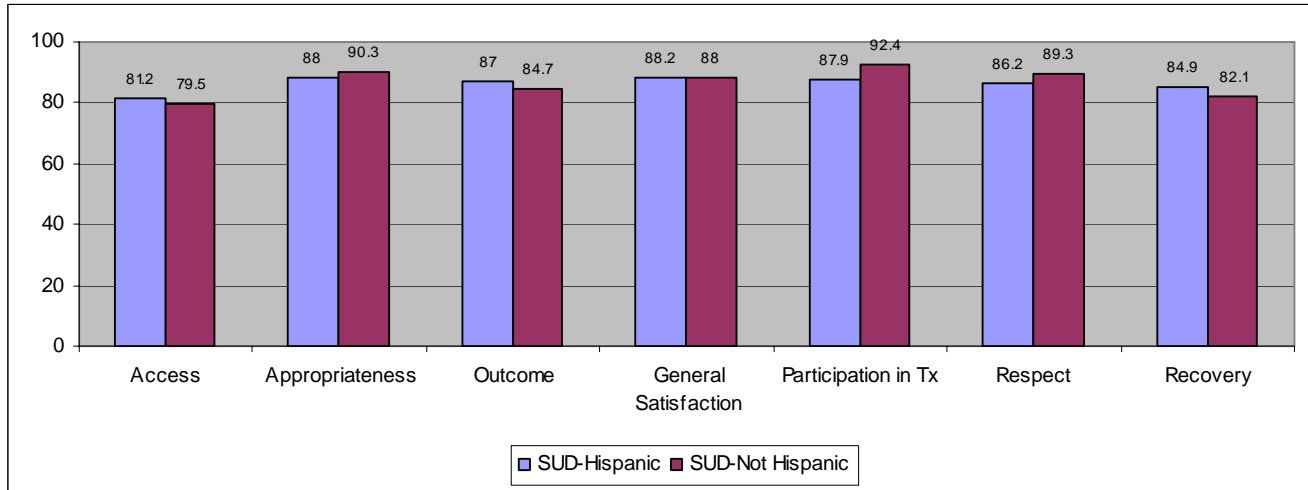


Figure 25: Consumer Satisfaction by Ethnicity by Substance Use Disorder Program Type

**MENTAL HEALTH DISORDERS**

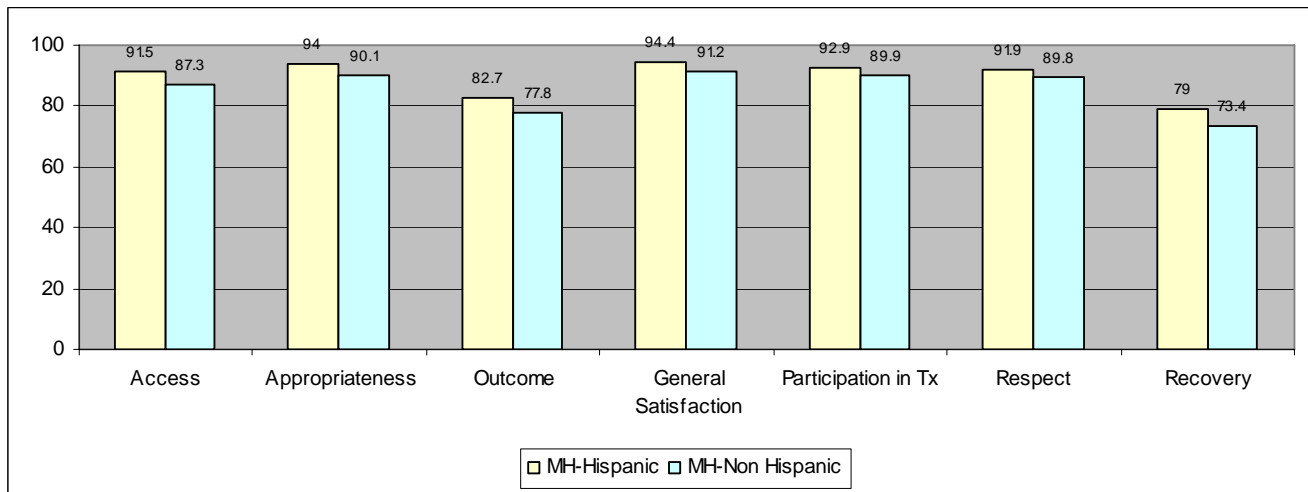


Figure 26: Consumer Satisfaction by Ethnicity by Mental Health Program Type

**DID SATISFACTION DIFFER BY THE CLIENT AGE GROUP?**

- ◆ Consumers who were 55 and older expressed a *significantly* higher level of satisfaction with all domains except Outcome.

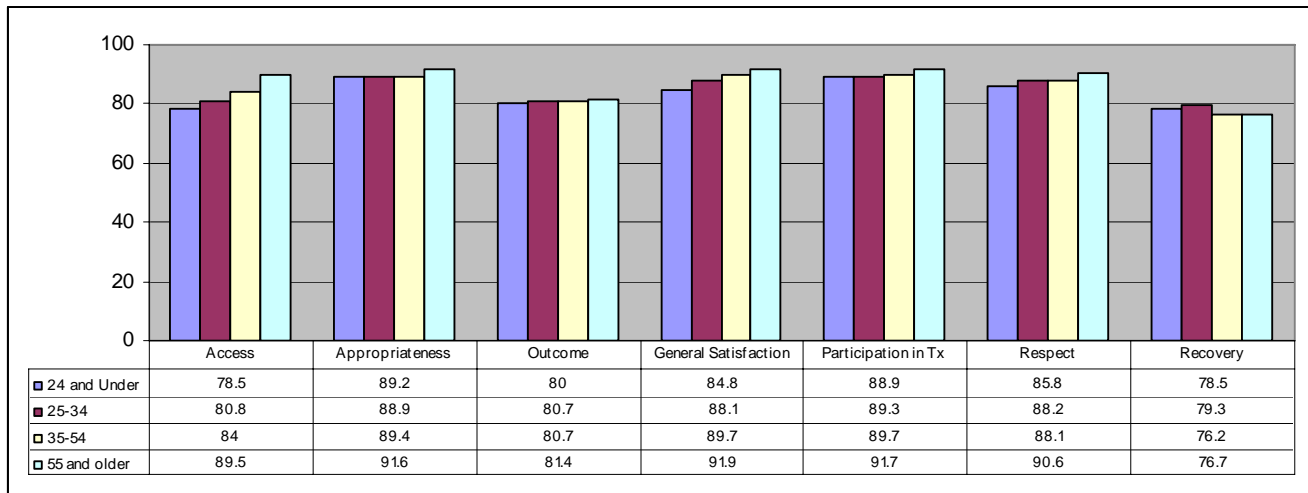


Figure 27: Consumer Satisfaction by Age Group

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

**Substance Use Disorders**

- ◆ Consumers in the 55 and older age group reported *significantly* higher levels of satisfaction in the Access domain.

**Mental Health Disorders**

- ◆ Consumers in the 55 and older age group reported *significantly* higher levels of satisfaction in the Access domain.

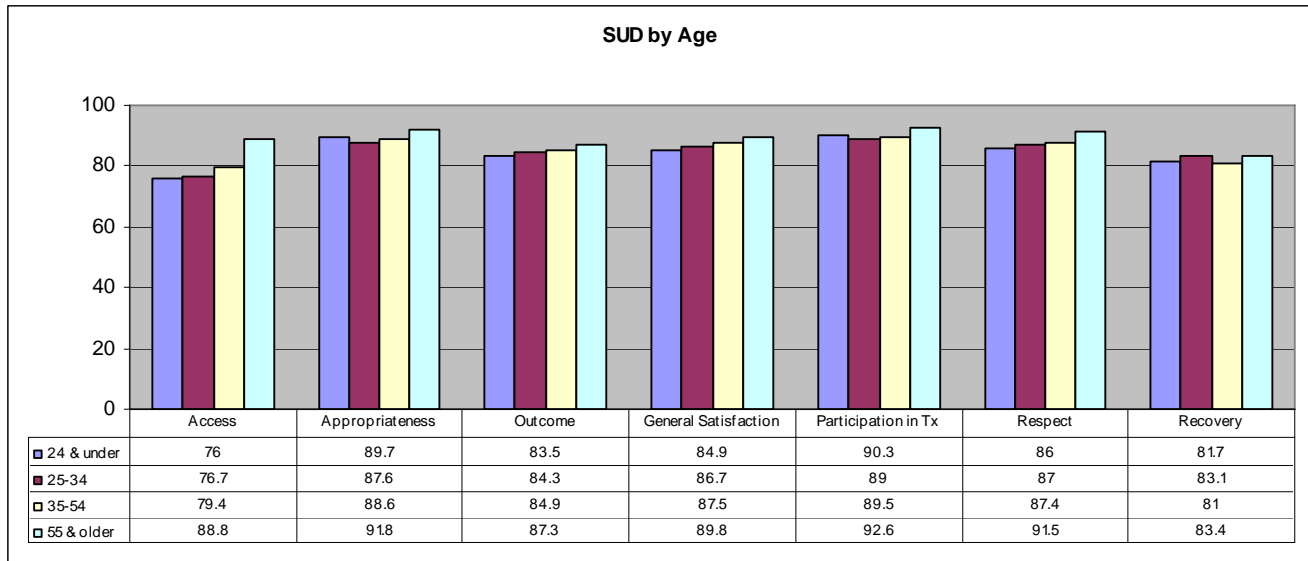


Figure 28: Consumer Satisfaction by Age Group by Substance Use Disorder Program Type

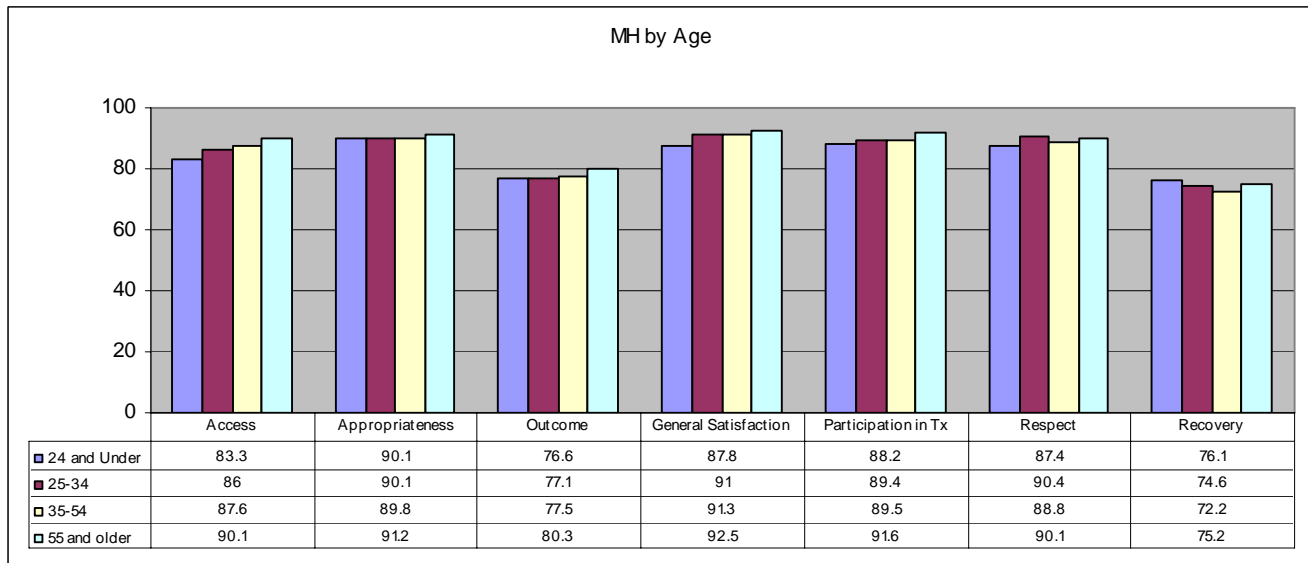


Figure 29: Consumer Satisfaction by Age Group by Mental Health Program Type



**DID SATISFACTION DIFFER BY THE LEVEL OF CARE**

- ◆ Consumers who were receiving services in a vocational rehabilitation program expressed a *significantly* higher level of satisfaction in the Access, Outcome, General Satisfaction, and Recovery domains.
- ◆ Consumers who were receiving services in an outpatient program expressed a *significantly* higher level of satisfaction in the Appropriateness domain and a better experience with participation in treatment planning.

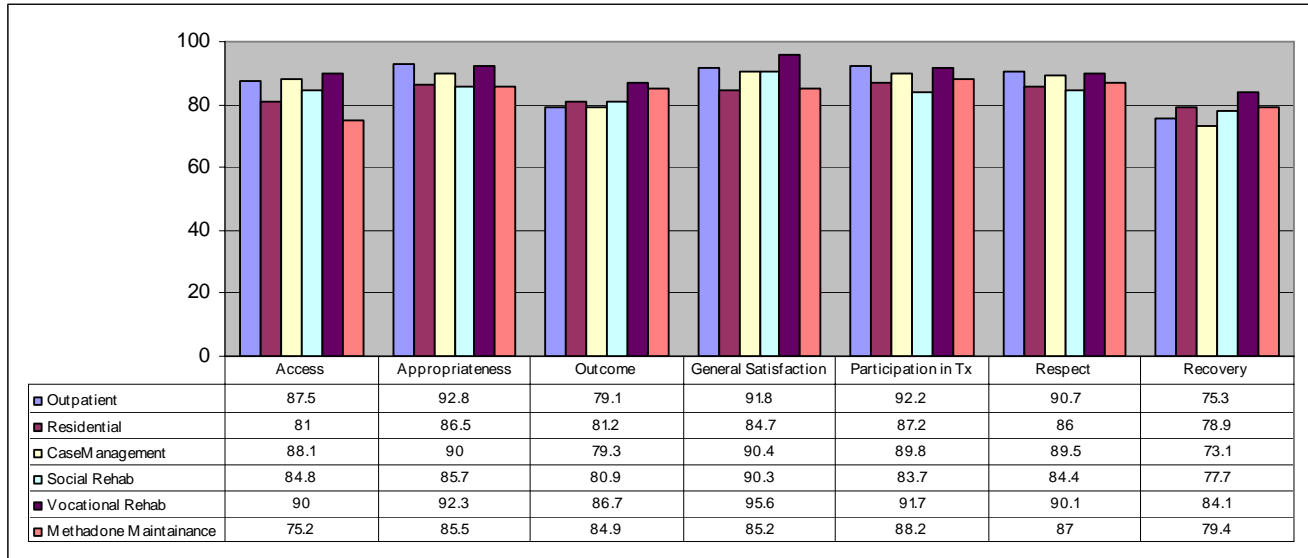


Figure 30: Consumer Satisfaction by Level of Care

**DID SATISFACTION DIFFER BY LEVEL OF CARE BY PROGRAM TYPE?**

**Substance Use Disorders**

- ◆ Consumers who were receiving services in the Outpatient setting reported *significantly* higher levels of satisfaction in the Appropriateness and Outcome domains, while consumers receiving case management services reported *significantly* higher levels of satisfaction on the Access, General Satisfaction, and Recovery domains, and a better experience with having their wishes respected and participation in treatment planning.

**Mental Health Disorders**

- ◆ Consumers who were receiving services in vocational rehabilitation programs reported *significantly* higher levels of satisfaction in all of the domains while consumers receiving services in an outpatient setting reported a *significantly* better experience with having their wishes respected and participation in treatment planning.

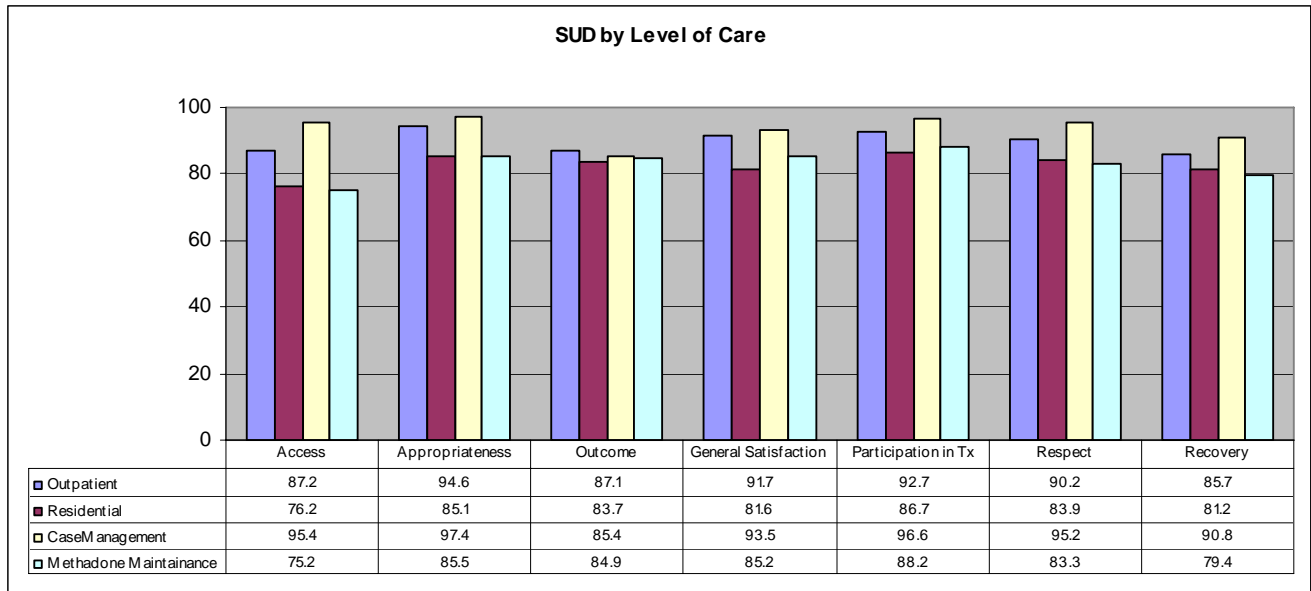


Figure 31: Consumer Satisfaction by Level of Care by Substance Use Disorder Program Type

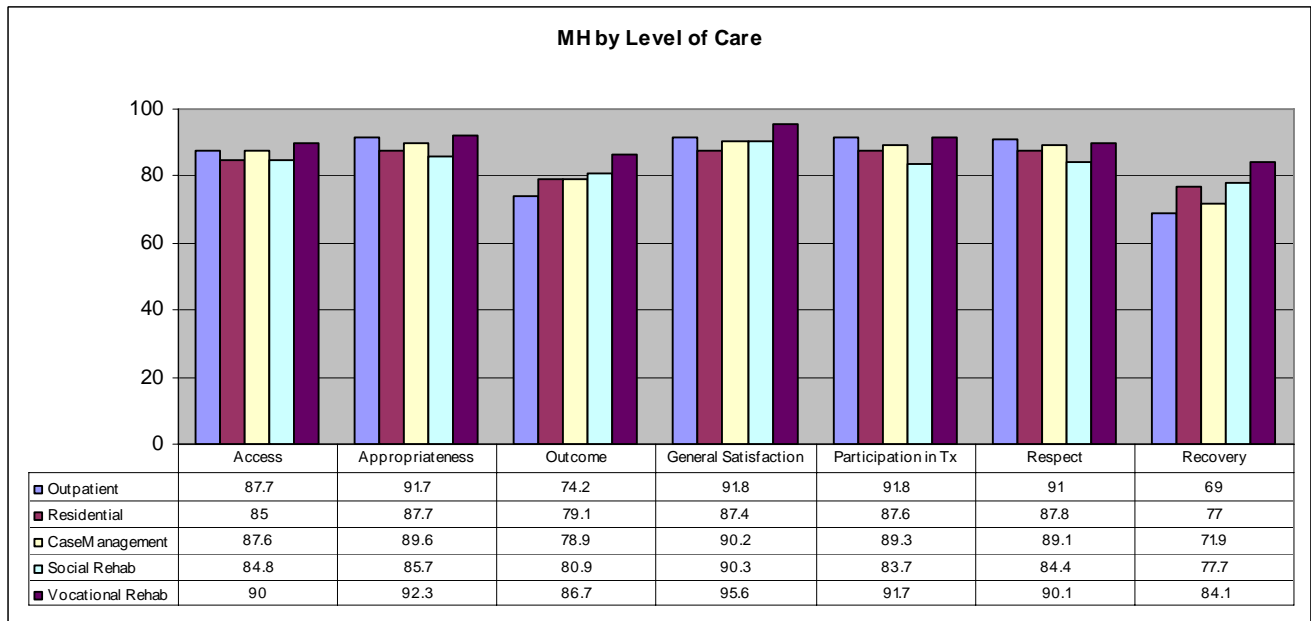


Figure 32: Consumer Satisfaction by Level of Care by Mental Health Program Type

## DID SATISFACTION DIFFER BY PLANNING REGION?

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

- ◆ Consumers of Region 4 reported *significantly* lower level of satisfaction on the Access domain in comparison with consumers from all other regions.
- ◆ Consumers from Region 5 expressed *significantly* higher level of satisfaction with their experience of participating in treatment planning than consumers from Regions 1, 2, and 4.
- ◆ Consumers from Region 5 expressed *significantly* higher level of satisfaction with feeling that their wishes were respected with respect to the amount of family participation in comparison to consumers from Regions 1, 2, 3, and 4.
- ◆ Consumers of Region 3 and Region 5 reported *significantly* higher levels of satisfaction on the Appropriateness and General Satisfaction domains than consumers from Regions 1, 2, and 4.
- ◆ Consumers of Region 1 and Region 5 reported *significantly* higher levels of satisfaction on the Outcome and Recovery domains than consumers from Regions 2, 3, and 4.

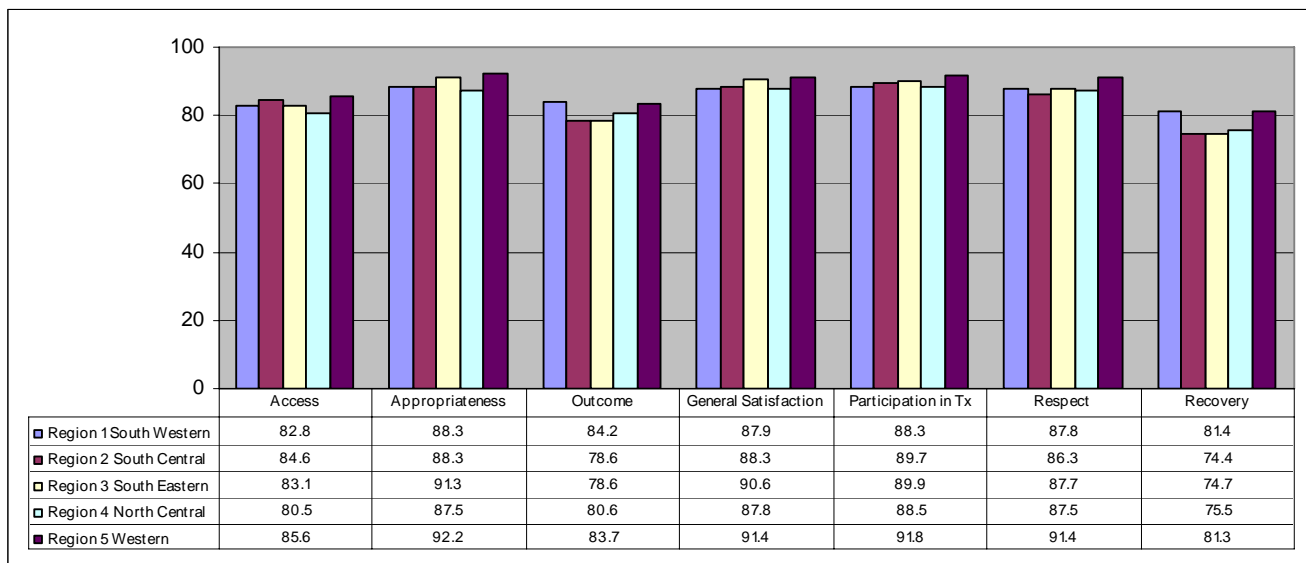


Figure 33: Consumer Satisfaction by Planning Region

## FEEDBACK FROM THE PROVIDER COMMUNITY

This year, we received a number of comments about the annual survey, submitted through the supplemental form. Many of these contained constructive criticism concerning content, formatting, and relevance to the population. A substantial portion was positive, particularly focusing on improvements made since previous years. To summarize:

- ◆ Providers appreciated that DMHAS allowed additional time for survey completion. Additionally, having timely information about the survey was helpful.
- ◆ Entering data through the DPAS application was generally seen as an improvement, though some changes could be made to the formatting of the data entry screens.
- ◆ Increased communication between DMHAS staff and providers assisted with the smooth implementation of this year's survey.
- ◆ As mentioned last year, numerous consumers continue to struggle with the complexity and content of the questions, as well as with the length of the survey.
- ◆ Additionally, providers mentioned consumers' frustration with having to complete multiple administrations of the same survey, through different agencies.
- ◆ Several questions were directed to DMHAS about the utility and relevance of the survey.
- ◆ DMHAS also received several comments about sampling strategy and survey methodology.
- ◆ Providers have begun to develop strategies for improving the consumer survey process through the increased use of peers, interns, and volunteers to assist with consumers' questions and problems regarding survey administration.

## 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 consumers receiving treatment for mental health disorders only.
- ◆ Some larger providers completed a higher number of surveys than what the sample size required; this sample may not be representative of the larger population.
- ◆ Some providers did not submit any surveys.
- ◆ Various providers administer the survey in different ways; for example, some may use peers while others use staff to administer the questionnaire.
- ◆ Despite our attempt to provide anonymity to our consumers as they express their opinions regarding their satisfaction with our services, we have been unable to provide for a totally anonymous survey setting.

## DISCUSSION

Overall, eight out of 10 consumers are satisfied with our services. The majority of service recipients report being satisfied with the treatment services provided to them through the DMHAS provider network. These trends have remained stable over the last four years of survey implementation.

People receiving treatment for substance use disorders reported *significantly* higher levels of satisfaction on the Outcome and Recovery domains than consumers receiving treatment services for mental health disorders. People receiving services for mental health disorders expressed *significantly* higher level of satisfaction on the Access, Appropriateness, and General Satisfaction domains. These same trends were reported in SFY 2005. The question that this finding raises is: what can we do so that consumers have similar experiences of our service delivery system, regardless of the reason for which they seek service? Traditionally, the field of addiction services has included the concept of "recovery" in its language and expectations as far as outcomes. The concept and implications of "recovery" is newer to the field of mental health services for persons with serious and prolonged mental illness. Connecticut adopted the philosophy and strategic goal of promoting and maintaining a recovery-oriented healthcare system in 1999. The journey of truly operationalizing a recovery-oriented paradigm is progressing, not yet complete for either sector of the behavioral health field.

In general, women expressed *significantly* higher levels of satisfaction than men on all domains, except for Outcome. There were similarities between women irrespective of the program type; that is, women reported *significantly* better experience with their wishes being respected and *significantly* higher levels of satisfaction with the Appropriateness domain, while men reported *significantly* higher levels of satisfaction with the Outcome domain. Again, these results were similar to results from SFY 2005. Why are men more satisfied with the outcomes from their treatment? Could it be that they challenge the system and direct their treatment more than women do? Other ideas for possible hypotheses?

African-American/Blacks expressed *significantly* higher levels of satisfaction with the Access, Outcome, and Recovery domains in comparison with Whites and consumers who identified some other race, but these differences did not hold true for consumers receiving treatment for substance use disorders.

People of Hispanic/Latino origin expressed *significantly* higher levels of satisfaction with the Outcome and Recovery domains compared with persons of non-Hispanic origin. This pattern was the same in SFY 2005 and was also true for consumers receiving treatment for substance use disorders; however, persons of Hispanic/Latino origin receiving services for mental health disorders expressed *significantly* higher levels of satisfaction with the Access, Appropriateness, Outcome, General Satisfaction, and Recovery domains and a better experience with participating in treatment planning in comparison with people of non-Hispanic origin. This is an improvement from SFY 2005. This indicates that we still need to develop a more person-centered and culturally sensitive system of care.

Consumers who were 55 and older expressed a *significantly* higher level of satisfaction in most domains. For people 55 and older, one in three consumers responding to the survey was receiving treatment for SUDs while the other two were receiving services for mental health disorders.

Level of care did have an impact on how consumers experienced our treatment delivery system. Consumers who were receiving services in vocational rehabilitation programs expressed a *significantly* higher level of satisfaction in the Access, Outcome, General Satisfaction, and Recovery domains.

Consumers who were receiving services in outpatient programs expressed a *significantly* higher level of satisfaction in the Appropriateness domain and with participation in treatment planning. For the SUD consumers, those receiving services in an outpatient setting reported *significantly* higher levels of satisfaction in the Appropriateness and Outcome domains. In general, consumers receiving services for methadone maintenance or residential programs reported lower levels of satisfaction with services. People receiving treatment for mental health in vocational rehabilitation programs reported *significantly* higher levels of satisfaction in all of the domains. Why is it that the relatively most costly treatment modality, residential care, yielded the least satisfying judgment by service recipients than other levels?

There were some regional differences in the response patterns on satisfaction. Service recipients from Region 5 reported significantly higher levels of satisfaction on all domains. Service recipients from Region 3 and Region 5 reported similar levels of satisfaction on the Appropriateness and General Satisfaction domains. Service recipients from Region 1 reported the highest level of satisfaction on the Outcome domain.

There were a few challenges that we encountered in our methodology, particularly non-standard survey administration procedures across programs. We also do not know how comfortable consumers are with giving their opinions while in the treatment setting. One solution might be to use additional survey methodologies that are more likely to provide anonymity to our consumers. As a result, next year's survey could be administered via the World Wide Web, allowing clients to answer the survey in their own homes or in other private settings.

Overall - and despite the challenges of survey content, methods of administration and so on - eight out of 10 persons receiving services within the DMHAS public/private healthcare service system are satisfied with the services. It is particularly impressive that the General Satisfaction ratings were so strong – 88.2% of the people were satisfied. This is especially so when one considers the questions used for this domain:

*I like the service that I received here.*

*If I had other choices, I would still get services from this agency.*

*I would recommend this agency to a friend or family member.*

Service recipients of 60 out of 100 agencies gave a 90 percent or higher rating to the program/agency on this satisfaction measure. Are these not the same questions that any of us would value in securing services for ourselves or our family members?

# **APPENDICES**

## APPENDIX 1: 2006 CONSUMER SURVEY MATERIALS

### Appendix 1.1: DMHAS Consumer Survey SFY 2006 Memorandum



## STATE OF CONNECTICUT

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

M. JODI RELL  
GOVERNOR

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

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

**FROM:** KENNETH MARCUS, M.D., MEDICAL DIRECTOR

**SUBJECT:** CONSUMER SURVEY FOR FISCAL YEAR 2006

**DATE:** SEPTEMBER 2005

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DMHAS began the Consumer Survey process with the first statewide survey, "Voice your Opinion" conducted in SFY 2000/2001. Initially limited to consumers of mental health services, it has grown to include consumers of addiction services, and has evolved from a "satisfaction" survey to a broader survey inclusive of "outcomes"- how the client perceives their quality of life as a result of the services they receive.

If your agency participated in this process last year, you will notice only a few changes. The survey instrument has not changed. Our staff appreciated the thoughtful comments offered on the process by some of you, including that we not change the survey instrument, and tried to use these comments to improve the process. Whether this is the first year that your agency will be participating, or you are familiar with the past process, I ask that you carefully read the enclosures. You should begin the process of survey implementation as soon after receiving this as possible.

If your agency is required to participate in the Consumer Survey, we encourage you to communicate this information to the appropriate staff in your agency. One problem reported by providers to us during the last fiscal year was that the information was not distributed to the persons in the agency responsible for carrying out the Consumer Survey. We are broadening our distribution this year to include persons designated as contacts in the annual application for funding (if applicable). Advanced Behavioral Health (ABH) will be working directly with providers who are funded only through GA. We are also e-mailing this package to provide ready access to electronic versions of the attachments of this package. As in the past, the DMHAS website will also post all materials related to the Consumer Survey for SFY 2006 at [www.dmhas.state.ct.us](http://www.dmhas.state.ct.us). A direct link is provided from the homepage by going to "Featured Items"/Consumer Survey.

If you believe that your agency is exempt from this requirement or may have received this notice in error, please contact us immediately to confirm this status. Also, if you either do not receive an electronic version or cannot access the forms from our website, give us a call. And lastly, thank you for your continued support as we continue to strive for excellence in the care of the people we serve.

*K. Marcus, MD*





## STATE OF CONNECTICUT

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

M. JODI RELL  
GOVERNOR

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

### DMHAS Consumer Survey SFY 06 Instructions

Under the requirements of the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant, the Consumer Survey continues as a project directed by the Department of Mental Health & Addiction Services (DMHAS).

#### **Who Needs to Participate?**

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

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

#### **Program-Level Reporting vs. Provider-Level Reporting**

DMHAS again will offer the provider the choice of collecting and identifying surveys by specific programs within their agency or as coming from the agency as a whole. Program-specific surveys provide the most meaningful and useful information to the provider, and we encourage that approach.

#### **Levels of care with consumer survey requirement**

The requirement to conduct the survey may be based on different circumstances depending on whether a provider is DMHAS-operated, contract funded or receiving funds for services provided under State Administered General Assistance (SAGA). Regardless of the basis of the requirement, your agency must participate in the SFY06 consumer survey.

Some changes have been made for SFY 06 with regard to the levels of care required to complete surveys. *Note: Detoxification at both the Inpatient and Ambulatory levels are now exempt.* The levels of care that are required to report include:

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

- All Substance Abuse Case Management

## **Consumers/Clients Participation**

### Publicizing the Survey

The survey should be publicized to consumers in advance of administration. Some suggested methods include posters and flyers, announcements in consumer meetings, mailings, verbal reminders to staff and clients and meetings scheduled with consumers specifically to announce the beginning of the consumer survey process.

### Consumer Anonymity

The completion of surveys by the clients/consumers should be voluntary. It is most important to administer the surveys in a manner that ensures and communicates anonymity to the consumers. DMHAS recommends the involvement of consumers in the presentation of the survey to program participants. Assistance by “non-interested/neutral” persons such as consumers, consumer advocacy groups or non-direct service staff has been reported to improve the response rate and comfort level for respondents.

### Consumers with Multiple Program Enrollment

Historically providers distributed the surveys to clients in all applicable levels of care/programs disregarding that the client might then receive multiple surveys. In response to provider concerns about the negative response from some consumers who were asked to complete surveys in multiple programs at one provider, DMHAS suggests that providers distribute the surveys to clients who are enrolled in multiple programs at the highest clinical level of care. By example: a client enrolled in outpatient (clinical) and vocational rehabilitation should receive a survey in the outpatient setting.

\* The cover letter to consumers, authored by Dr. Kenneth Marcus, the Medical Director of DMHAS, should accompany and announce the survey to consumers, and has been revised to reflect this change to consumers.

## **Survey Instrument – SFY06**

The content of the survey instrument for SFY06 has not been changed from the previous year. The survey in English and Spanish has been updated only to reflect the new cycle/year.

## **Administration Guidelines**

In response to suggestions from numerous providers, the duration for the administration of the survey has been extended. Time constraint was expressed as a barrier to administering surveys in a meaningful manner, as well as an administrative burden. Thus, providers may begin their survey process immediately upon receipt of this information, and continue through the final due date of March 31, 2006.

## **Sample Size**

The required sample size for each provider should be based on the annual unduplicated client count for the SFY 2006 for all programs that have the consumer survey requirement. The unduplicated client counts can be obtained from the *CC820: Report of Clients Active in Program* in the DMHAS Provider Access System (DPAS). DMHAS encourages providers to use this report to determine the correct unduplicated client count at either the provider and/or program level. It is important that an adequate sample is obtained so that the results are generalizable at the state level. If assistance is needed in determining the correct sample size, the contact persons listed at the close of this document are available to assist providers.

**Note:** Providers that choose to attribute survey responses to particular programs should make an effort to obtain numbers of completed surveys from each program in rough proportion to the relative numbers of unduplicated client counts for the programs to provide meaningful data.

Appendix 1.2: Table 1.

The following table can be used to determine the appropriate sample size and is based on a sample size needed to attain 95% Confidence Level with a Confidence Interval of +/- 7%.

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

### Submission of Survey Data

The Consumer Survey System (CSS) that was implemented in SFY 05 will continue to be used for SFY 06. The system is immediately available to providers to enter their data as it is collected.

The CSS application allows providers with access rights to easily enter the consumer survey data, either by specific programs, or by the agency as a whole without identifying a particular program. It also provides a report function which in addition to “canned” reports, includes the ability to download the data for a provider’s own use. Present users have retained their access to this application. To request access for additional staff, providers should contact Karen Oliver-Jallow at [Karen.Oliver@po.state.ct.us](mailto:Karen.Oliver@po.state.ct.us) or (860) 418-6611.

### Due Date

All surveys for the SFY06 will be due by the close of the business day on **Friday, March 31, 2006**.

### Questions?

Providers are invited to contact the DMHAS’ Office of the Commissioner, the Quality Management & Improvement unit: Eileen Fenton-Gondek, Coordinator, [Eileen.FentonGondek@po.state.ct.us](mailto:Eileen.FentonGondek@po.state.ct.us), phone: 860-418-6809, or Minakshi Tikoo, PhD., Director, [Minakshi.Tikoo@po.state.ct.us](mailto:Minakshi.Tikoo@po.state.ct.us), phone 860-418-6824.



## STATE OF CONNECTICUT

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

M. JODI RELL  
GOVERNOR

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

Dear Program Participant:

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

If you participate in more than one program with the same agency, then we suggest that you only complete one survey. We have explained this to your provider, too.

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

Both DMHAS and your agency will be looking at the overall results of all the surveys to identify and work on areas that need to be improved. We look forward to reviewing the information and working towards continued improvement in services to persons in recovery.

A handwritten signature in black ink that reads "Kenneth Marcus, MD".

Kenneth Marcus, M.D., Medical Director  
Department of Mental Health and Addiction Services

Appendix 1.4: DMHAS Consumer Survey SFY 2006

Agency	<b>Program</b>
Date Completed:	

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

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

For each item, <b>circle</b> the answer that matches your view.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
charge of managing my illness.							
16.	My wishes are respected about the amount of family involvement I want in my treatment.	SA	A	N	D	SD	NA
As a result of services I have received from this agency:							
17.	I deal more effectively with daily problems	SA	A	N	D	SD	NA
18.	I am better able to control my life.	SA	A	N	D	SD	NA
19.	I am better able to deal with crisis.	SA	A	N	D	SD	NA
20.	I am getting along better with my family.	SA	A	N	D	SD	NA
21.	I do better in social situations.	SA	A	N	D	SD	NA
22.	I do better in school and/or work.	SA	A	N	D	SD	NA
23.	My symptoms are not bothering me as much.	SA	A	N	D	SD	NA
<b>In general . . .</b>							
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 2: SFY06 CONSUMER SURVEY - SUPPLEMENTAL REPORT FORM**

STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

SFY 2006 Consumer Survey  
*Supplemental Report*

Provider Name: \_\_\_\_\_

Person Completing Report: \_\_\_\_\_

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

- Provider
- Program

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

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

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

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

The source of the unduplicated client count for FY 05 which was used to calculate the sample size was:

- DMHAS Provider Access System (DPAS)
  - Other: (*explain*) \_\_\_\_\_
- \_\_\_\_\_

**Comments/Feedback: How did it go this year? Do you have suggestions for the future?** (add pages if needed)

\_\_\_\_\_

\_\_\_\_\_

### APPENDIX 3: SFY 2006 RESPONSES TO THE SUPPLEMENTAL FORM

#### SURVEY INSTRUMENT

1. Questions continue to be vague in general and irrelevant to many programs – clients frequently respond with “strongly disagree” when they should probably respond “NA” to the irrelevant items thereby invalidating aggregated results.
2. Questions need to be more specific to focus on whether a program/agency is accomplishing its mission, goals and objectives of the specific services it provides (the traditional response to “do an additional survey” or to “add significantly more questions” is not helpful; DMHAS needs to be working with us to obtain usable data, not against us).
3. The addition of recovery-oriented questions is excellent and should be continued.
4. The five-point Likert scale for responses is pretty meaningless; the “neutral” should be removed for clearer results and ease of developing more definitive action plans.
5. Reformatted answer sheet is definitely an improvement, but still potentially confusing in its design around the requested demographic information.
6. Based on the above perceptions of the survey, NWMHA continues to have diminished confidence in both the questions and overall instrument and question whether the effort involved in this process truly yields helpful information. We do believe good surveying is important and essential and would like to perform quality surveying, but believe the instrument we are required to use is woefully deficient.
7. Clients continue to comment on the length of the survey. Two pages seem more overwhelming than one page! This is particularly evident when someone is reading each question to a client to assist in completion of the survey.
8. Too many choices for answers seem to confuse people.
9. Shorter survey, i.e. less questions which could all fit on one page.
10. There are questions on the survey that do not pertain to us directly and our consumers answer them anyway.
11. Eliminate mental health type questions for substance abuse programs. Such questions appear to confuse clients who are attending a substance abuse program, so that the clients do not know how to answer them. Some clients will answer those types of questions with “neutral” or “not applicable” which could skew the agency results.
12. Individualize questions to specific type of program instead of same questions for all programs.
13. Some clients continue to complain about the length of the survey...”too many questions” and/or skipped the back page and demographic section. If we continue to use a two-sided form, a prompt at the bottom of the front page to continue on back” could be helpful.
14. Review for trauma sensitive questions.
15. There should be a place for written comments.
16. As in prior years, many clients experience a difficult time completing the surveys and did not always understand the purpose or meaning of the questions. Some clients gave up and refused to participate. In the future, a more user-friendly survey may provide a more accurate picture of who is receiving services and how they feel about the services.
17. Clients with real thought disorders had a very difficult time completing the survey without individual help. This help had to be provided by a direct service provider and this is a conflict of interest.



18. I feel communication and the development of a neutral team of (social club) members and other interns or volunteers allowed for an increased understanding of the questions and therefore accuracy in response.
19. In the Spanish language questionnaire, change the past tense of verbs to the present tense as it was done in the English version.
20. There were many (mental health) consumers who refused to do the survey. There were comments such as “it’s too hard” or “I already did it” (meaning last year). We did have a consumer to help but there was still quite a bit of reluctance. Perhaps in the future it could be simpler and shorter.
21. Staff and persons served request space for written comments (a further benefit for the agency, not necessarily DPAS/DMHAS)
22. Following the completion of the 2005 consumer survey, several case managers discussed the feedback they had received from consumers who had completed it. They pointed out that some of the survey questions, especially as they relate to Case Management services, are confusing and unrelated. (Provider submitted suggested changes for case management specific approach).
23. Ethnicity – Why just these? A Jewish client wondered where she fits in.
24. A client of the Case Management Program identified questions 17– 23 as being too “clinical” and “not really corresponding to CMP services.
25. Case Management staff discussed the areas of concern as reflected by poor consumer response on the section entitled, “In General”. Consumers and staff felt that these questions were vague, confusing, and did not adequately reflect an individual’s personal choice and/or particular stage along the on-going process that is Recovery. Many of these questions seem to suggest that a person “should” be involved in community groups, be able to pursue interests, be living the life they aspire to, be feeling that they have control of their treatment, and be “giving back” to family and/or community. These are all noble pursuits, however, they also involve not only ability, but also personal choice. Some individuals feel that they have achieved much in the quality of their lives by achieving prolonged periods of stability, or by getting a job, or an apartment after supervised living or homelessness. There are many levels to wellness and participation. Perhaps it would be more important to assess a person’s belief that he/she feels supported, encouraged, and ultimately empowered (by the Program) to make independent decisions.
26. Peer Support Staff implementing the survey reported that clients frequently did not understand the questions or the concept of the questions. They had to read and individually explain many questions to clients willing to participate in the survey process.
27. Questions 17-23 are difficult to complete in settings that are not acute care. The questions are designed to assess pre and post treatment in a facility. When you have a client who has been an active client in your facility for 8-10-15+ years, the questions have no value.

#### **SURVEY PROCESS**

1. A broader window to complete the survey and information available early in the process were definite pluses.
2. Sampling size guidelines based on a year’s unduplicated count continues to be illogical since by definition programs are likely to have a significantly diminished pool of clients to survey – more importantly, the target numbers do not take into account clients exiting the program before being offered the survey or new clients coming into the program who

are not yet in a position to evaluate the program and perhaps should not be counted for the sample target numbers (e.g., shouldn't a client be enrolled in a program a specified amount of time before being offered a survey to complete?).

3. Base the Sample Size Requirement on the Unduplicated client count for the 5-6 month period that we can administer the survey (not on last year's total unduplicated) – We find the surveys to be most helpful if we obtain information by program, so that we may direct our improvement efforts at the programs that need it most. However, most of our programs did not make the minimum required sample size, which we feel is at least partially due to having only 5-6 months to conduct the survey, but our sample size is based on a previous 12 month period that is most likely much higher than our current client census and will not correspond to the pool of clients we actually have available to survey.
4. Overall, the client survey process went well and we greatly appreciated the additional time provided this year to conduct the survey.
5. Reduce the minimum required sample for smaller programs – Although we understand that for programs of smaller than 25 clients you basically need 100% to make it statistically representative, this conflicts with the idea that the survey is voluntary and that clients often do choose not to complete the survey (as is their right), despite our encouragement. Lowering the minimum required sample size for smaller programs to a more attainable & realistic number would be helpful.
6. Change the DMHAS Survey Tool to allow us to enter each survey for more than one program – Since we find it most helpful to breakdown our survey feedback by program and since most of our clients tend to be enrolled in more than one program, if we are to capture a client's survey response in ALL programs they are enrolled in, we must enter the same client's survey into your system several times (one for each program they are enrolled in). And while your instructions do indicate that we can enter this data just once in the program with the highest clinical care, following this means that (1) we won't get feedback from these clients on the other programs they are enrolled in; and (2) not entering them in these other programs greatly reduces our ability to meet the minimum sampling requirement. Allowing us to choose one or more programs for each survey will alleviate these issues (and make your agency-wide data more accurate & not biased in a way that weighs clients enrolled in more than one program more heavily in an agency-wide perspective, as it currently does).
7. Clarify the method for submitting this Supplemental Report in future instructions and provide it in Microsoft Word so that it may be typed & emailed (as opposed to PDF format) – There were no instructions on your list of resources that we could find indicating the need to complete this report & how to submit it. Making this clear and available in Word would be very helpful in the future. Thank you Eileen for getting this to me!
8. Clients continue to comment on the length of the survey. Two pages seem more overwhelming than one page! This is particularly evident when someone is reading each question to a client to assist in completion of the survey.
9. We also had more clients decline to participate this year (even with considerable coaxing!). Many commented that they were just tired of taking surveys. We have speculated that clients are probably asked to complete some type of survey in any health

care setting where they receive services (i.e. doctors, dentists, podiatrists, etc.) so it all begins to add up.

10. We continue to experience the usual difficulties; in programs that are small, one negative survey can bring down the whole average. Likewise, it is difficult to accept that “neutral” is a response that actually counts against us; when working with clients who don’t want services in the first place, isn’t a good thing that clients would rate certain areas as neutral, rather than as dissatisfied?
11. Many Kuhn Employment participants have been transitioned in the past three months, and currently are receiving vocational services through River Valley Services. This transition is the result of a system wide effort to provide more vocational supports to individuals in Middlesex County. Currently Kuhn supports only 44 consumers, although we are actively accepting new admissions into our program. This recent transition resulted in a low return rate as compared to our unduplicated client count.
12. Although everyone says that neutrals don’t count against you, they definitely do by helping the rate of satisfaction be below the required 90%.
13. Once again clients voiced their displeasure in having to complete surveys, complaining they had to fill out the same forms at multiple providers. Additionally, a number of clients are illiterate or read below third grade level and it is difficult to take away staff time from other services in order to assist these clients. It was helpful to have an extended period of time over which to collect surveys.
14. (Provider administered survey in several ways). Clients were not responsive to mailed surveys with self-addressed envelope.
15. We continue to have difficulty in our residential program with the survey and the appropriateness of some questions. Also, most clients are referred by the judicial system which may impact their receptiveness towards treatment.
16. ...did not notice that the preferred sampling level was via program as opposed to provider total until after we had completed survey collection.
17. Using the full year for an unduplicated count made it impossible to have enough surveys for the calculated sample size due to the number of discharges. It was difficult to reach most of those discharged and even harder to get surveys returned.
18. We were unable to gather the required number of surveys by the deadline... since this is a voluntary process, we did try to encourage consumers to complete the surveys and offered assistance, but ultimately this was a voluntary process.
19. Clients did complain about the length of the survey.
20. We had some difficulty meeting the requirement for numbers of surveys. Our process entails quarterly administration of surveys in all of our clinics. Historically we have not had a problem getting enough surveys done. In some of the smaller clinics, we were not able to get enough surveys done at any point in time to coordinate with unduplicated clients, particularly for residential programs. Staff reported that there was some resistance (by clients) to completing the survey. We will be addressing this issue through our Quality Council in an attempt to better understand what happened this year as well as ensure that we change our internal process if needed to better meet the requirement. I am interested in knowing if this was an issue for other providers.
21. Surveys were gathered by neutral front desk staff who placed surveys in anonymous envelopes.
22. Surveys were given to all clients at the time of discharge throughout the year.

23. Sample is small; dependent on number of admissions to unit.
24. Staff distributed the survey and explained it. A consumer was asked to collect it and put it in an envelope and seal it.
25. Clients were less intimidated than in previous years,
26. Good mutual support activity.
27. Difficulty getting sample size for clients in multiple programs who had already completed for another program.
28. Survey is basically easy for the clients to understand and complete, however, many feel annoyed by the process perhaps because they have to do it for many agencies.
29. We had an extremely low census this year and had trouble getting the required sample size.
30. The DPAS unduplicated figure was substantially higher than our current census and therefore it was difficult to get the proper number of responses.
31. Overall the process went very well and we greatly appreciated the additional time provided this year to conduct the survey.
32. Consumer/peer companion help in implementing the survey was valuable.
33. Doing a provider-level survey yielded fewer responses-will go back to program-level next year.
34. Once again, clients voiced their displeasure in having to complete surveys, complaining they had to fill out the same form at multiple providers.
35. A number of clients are illiterate or read below third grade level and it is difficult to take away staff time from other services in order to assist these clients.
36. It was extremely helpful to have an extended period of time over which to collect the surveys.
37. The only issue was the same one we have every year-getting the feedback from our consumers. This year we instructed our consumers to go directly to our administrative assistant as soon as they left an appointment to fill out the survey.
38. This year we started early and got a lot of surveys back.
39. I have found that the key to success with this survey is to start early and be persistent. I do feel the survey is too long for many of our lower functioning clients; some commented on it being too long.
40. The timeframe was generous and allowed us to focus on programs without overlapping survey requests.
41. If the surveys are to be tools for the agency improvement, they ought to be done on a quarterly basis. In that way, if responses are disappointing for a particular program or domain, the agency will have this data, do what it can to respond, and with the next survey, see if there has been an improvement.
42. We were happy to see the period for collecting the survey forms was extended from the time period given last year. This change made it easier to mail surveys to clients who had received services but are no longer active in the program. Unfortunately, a large number of mailed surveys were not returned, therefore our overall percentages are lower than would be expected.
43. The value of an annual survey might also be considered, as that year comes around very quickly. Maybe every other year might be better for consumers.
44. Things went well. We seem to have the process down.
45. Very smooth! Getting better and better with each year.

46. This year was much less cumbersome and Eileen was very helpful in answering our staff's questions about the reports.
47. Using the FY of count for some of our programs resulted in a sample size which was larger than current enrollment. This is due to recent decrease in capacity for two of our teams.
48. Surveys were completed in the weeks leading up to the holidays and seasonal issues may be a factor in the outcome. The survey was done at this time to accommodate the data entry which could more easily be completed during the holiday recess period for the agency. In the next survey, we will try to keep data collection away from the holiday season.
49. It's important that a process like this have a contact person who is reliable, helpful and professional. Eileen is that and fun to work with.
50. Having the additional time to complete the surveys was very helpful to the peer support staff conducting the process.
51. One suggestion was that some training be provided to the staff conducting the surveys regarding the best way to complete a survey with a client, how to read questions so that your own bias's don't affect the responses, etc. They felt it would standardize the process more and with training, they may get more reliable data.
52. It was also noted that it was difficult to get Latino clients willing to complete the survey; even with a Spanish speaking peer support person approaching Latino clients to complete the survey and willing to read the survey questions.
53. Process was easier than last year. There was enough time to administer and collect the survey.

#### **SURVEY RECORDING (APPLICATION)**

1. The screen is still too small and it would help if the line number was in front of each item line.
2. Can you add some "blank" program choices so that we may enter data for our own use for non-DMHAS funded programs? - You have created a nice survey tool, that we would find very helpful in surveying our clients in non-DMHAS funded programs (as opposed to using one survey process for DMHAS clients and another survey process for non-DMHAS clients, like in our Outpatient Clinics for example). However, we would need to be able to assign some "blank" programs to these other programs to include them (like you do for extra questions) (or we would need a way to download the whole tool in an Access or other database format so that we may modify it to meet this need internally).
3. When entering the data, I had to go to a different month and year and I found the first page had a preset survey month/year. When I change the date, it defaults back to the present month and year. It would be helpful if the date stayed at what you enter until changed by user.
4. Buttons on the bottom were confusing. "Save and Quit" would suggest you are saving the survey you are working on and quitting the application. "Save & Continue" would suggest you were saving the survey and continuing on to the next one. This does not work that way.
5. Data entry process and data analysis functionalities in DPAS are very good.
6. The data entry process is so much easier than it was when I came and Excel was the format.
7. The data entry process was easy.

8. Much easier using DPAS for data entry.
9. Data entry is very smooth and not at all labor intensive.
10. Data entry in DPAS presents some difficulty. I preferred the Excel spreadsheet as it is portable, does not require privileged sign-in process and allows for data manipulation by providers.
11. It would be most helpful if the data entry page was an exact copy of the form. To eliminate scrolling, the demographic information would be on tab 1 (with the "Race" box laid out the same as the questionnaire), tab 2 could be the questions from the first page, and tab 3 could be questions from the back page. The tabs could be on the bottom of the form since the cursor is near the bottom already.
12. The fill-in circles are identified by number which does not correlate to the questionnaire. Replacing 1-5, 9 with SA, A, N... would be very helpful.
13. The Consumer Survey System User's Guide is an effective and useful tool and makes entering the results into DPAS easy.

#### **SURVEY REPORTS (APPLICATION)**

1. Miss the tables and graphs!
2. I miss the nice end product (reports) with graphs/charts.
3. I'm curious to know how neutrals are calculated; do they count against the program?

#### **OTHER**

1. Went well, however, it appeared that some clients answered questions with a response that staff wanted to hear.
2. We utilized our internal MIS system's unduplicated client count. We served between 1100-1200 unduplicated clients in all of our programs in FY 2005 so we attempted to collect 166 surveys. The DPAS totals do not reflect the duplication of clients across programs – our LMHA provides all program services so many clients are enrolled in multiple programs. We are also continuing to clean up old discharges in the DPAS system so program totals for last year appear inflated in some areas.
3. Surveys that were entered in the Dual Diagnosis Program are actually surveys collected for another program not listed in DPAS-the Central Medical Unit as there is not a program available to enter these (this program does not report to DPAS). Participants of the Dual Diagnosis initiative are actually registered to one of the methadone maintenance programs as a specialized treatment phase.
4. Everything went smoothly this year.
5. Questions were answered quickly through the Help Line or Eileen.
6. Much improved system in FY 06!
7. This is the first time I did this and I thought it was very easy to do. No stress! The person who usually does this was on leave so I didn't know where she left off. Eileen, thank you so much for all your help!!