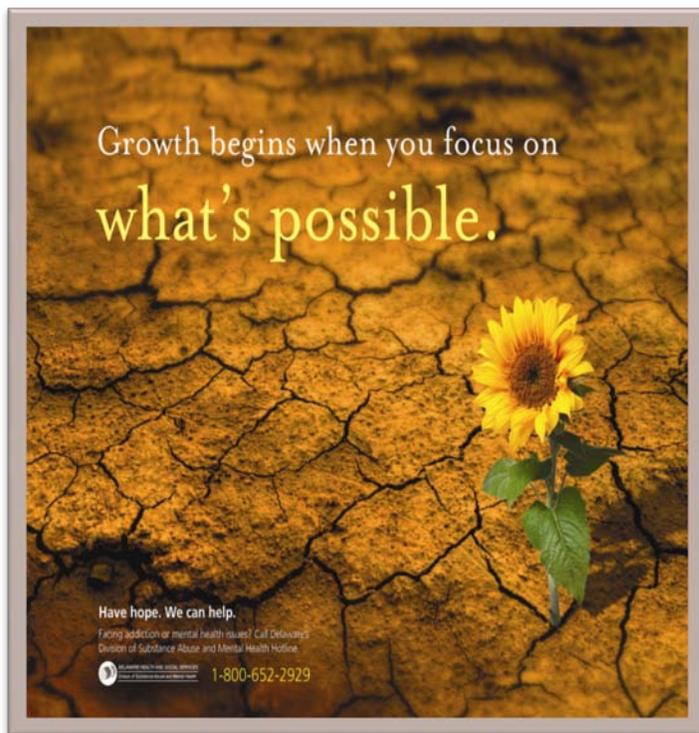




DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH 2010 CONSUMER/CLIENT SATISFACTION SURVEY



JULY, 2011



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EXECUTIVE SUMMARY

This report summarizes the findings from a statewide satisfaction survey of 1,823 consumers and clients of the Delaware Division of Substance Abuse and Mental Health (DSAMH), which was conducted between June and November of 2010.

The purpose of the survey was to collect information on consumer/client satisfaction with treatment in order to assess the extent to which these programs provided high quality services to Delaware consumers and clients. Consumer satisfaction with services, access, and outcomes are an important part of the management information used by the DSAMH Executive staff and constituents to measure the success of the service delivery system. The consumer/client satisfaction survey was originally piloted in 1998, and was repeated with larger samples starting in 2002 and annually thereafter.

The 47-item survey instrument was based on a 28-item satisfaction survey developed by the U.S. Substance Abuse and Mental Health Services Administration, Office of Mental Health Services, Mental Health Statistics Improvement Program (MHSIP), and included four additional questions specific to Delaware mental health and

substance abuse service consumers.

In contrast to the 2009 Delaware Consumer/Client Satisfaction Survey, which only showed improvement in satisfaction with outcomes as compared with the 2008 survey, consumers were more satisfied with quality and appropriateness (82.9%), outcomes (76.9%), participation in treatment planning (70.4%), and functioning (78.0%) than they were in 2009. Consistent with prior years, consumers' perception of their ability to participate in planning their treatment (70.4%) was lowest among all the 43 individual measures of consumer satisfaction.

The study results suggest that over all, although certain subgroups of consumers, such as substance abuse treatment clients, younger consumers, and racial and ethnic minorities are not as satisfied, the majority of consumer/clients in Delaware are satisfied with all aspects of their treatment.





Introduction

This report summarizes the findings from a statewide satisfaction survey of 1,823 consumers and clients of the Delaware Division of Substance Abuse and Mental Health (DSAMH), which was conducted between June and November, 2010. The purpose of the survey was to collect information on consumer/client satisfaction with treatment in order to assess the extent to which these programs provided high quality services to

Delaware consumers and clients. Consumer satisfaction with services, access, and outcomes are an important part of the management information used by the DSAMH Executive staff and constituents to measure the success of the service delivery system. The consumer/client satisfaction survey was originally piloted in 1998, and was repeated with larger samples in 2002 and annually thereafter.

Delaware's Behavioral Health Care Service System

The Department of Health and Social Services has the responsibility for Delaware's public behavioral health treatment and prevention services. The Division of Substance Abuse and Mental Health (DHSS/DSAMH) is the single state agency for mental health and substance abuse prevention and treatment services for adults aged 18 years and older. DSAMH is responsible for meeting the treatment, rehabilitation and support needs of consumers and clients. The Division receives Federal and State dollars for the sole purpose of administering mental health, substance abuse and gambling prevention and treatment services in Delaware.

The Division consists of the Central Office, the Delaware Psychiatric Center, Substance Abuse Services, Community

Mental Health Services and Gambling Addiction Services. Community Mental Health Services include four Community Continuum of Care Programs, three DSAMH-operated Community Mental Health Clinics, one private clinic providing services to individuals with co-occurring substance use and mental health disorders, statewide 24-Hour Crisis Response services, and nineteen 24-hour supervised group homes. DSAMH also contracts with three private hospitals to provide inpatient mental health care. Substance abuse treatment includes three substance abuse day-treatment programs, drug court diversion programs, outpatient substance abuse treatment programs, residential substance abuse treatment, methadone programs, transitional housing, and a detoxification program.



DSAMH's mission is to: "promote health and recovery by ensuring that Delawareans have access to quality prevention and treatment for mental health, substance use,

and gambling conditions." In keeping with its mission, DSAMH maintains the following key objectives:

- The consumer is a partner in service delivery decisions. Develop and expand the role of consumers in policy development, service planning, implementation and delivery, and evaluation of services. Ensure that care is customized based on consumer needs, choices and values.
- Ensure that Delawareans receive mental health, substance use and gambling prevention and treatment services in a continuum of overall health and wellness. Strengthen interdepartmental and inter-agency collaboration.
- Eliminate disparities in substance use and mental health services. Provide specialized and culturally competent treatment, intervention, and prevention services to special populations and traditionally underserved groups.
- Develop the clinical knowledge and skills of the workforce. Develop and implement multiple training and education opportunities for DSAMH staff and community providers.
- Promote excellence in care. Ensure that the service delivery system is informed by research and based on best practices. Promote accreditation and licensure of Delaware behavioral health programs.
- Technology is used to access and improve care and to promote shared knowledge and the free flow of information.

In State Fiscal Year 2010, DSAMH served 13,995 unique clients. Of these clients, 61.7% were in the Substance Abuse treatment system, 29.3% were in the Community Mental Health system, 4.6% were in Delaware Psychiatric Center, and 4.4% were in private inpatient mental health settings. This represents 2.1% of the Delaware adult population. DSAMH provided 18,590 episodes of care during the year.

The next section, Methodology, describes the survey content and procedures, followed by a presentation of the survey in the findings section. The final section of the report presents conclusions and recommendations for reviewing DSAMH's treatment programs.





Sampling Plan

The findings in this report are based on a written survey administered to a sample of 1,823 consumers who were receiving mental health and substance abuse treatment services in Delaware-funded programs between June and November of 2010. The sample was stratified according to the type of treatment program and the number of persons seen annually. Programs were sampled at a 10% rate, except for Community Continuum of Care programs which were over sampled at a rate of 30%, and programs with less than 50 clients annually, which were assigned a sample of 10 clients per site to include sufficient cases for analysis. This plan resulted in a sample of 1,981 cases. Due to changes in the Mental Health and Substance Abuse providers in CY 2010, certain programs were excluded from the survey because they were in transition from one agency to another. Of these, 1,823 interviews (92.0%) were completed. The margin of error for the survey is plus or minus 2%, meaning that one can be sure 95% of the time that results for the entire population would be within plus or minus 2% of sample results. However, the ability to generalize results from the survey sample to the entire population of consumers in Delaware may be limited because a convenience sample

was used instead of a random sample. A random sample would be more difficult to implement, as only preselected clients who were present at the agency at the time that the survey was being conducted could be interviewed.

Survey Instrument

The 43-item survey instrument is based on a 28-item satisfaction survey developed by the U.S. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Mental Health Statistics Improvement Program (MHSIP). The MHSIP consumer survey was developed and proposed as one of several instruments to measure the indicators of the MHSIP Consumer-Oriented Report Card, which was developed by a task force of consumers, family members, researchers, and federal, state, and local mental health agency representatives. The consumer survey was specifically designed to measure concerns that were important to consumers in the areas of Access, Quality/Appropriateness, Outcomes, Overall Satisfaction, and Participation in Treatment Planning.

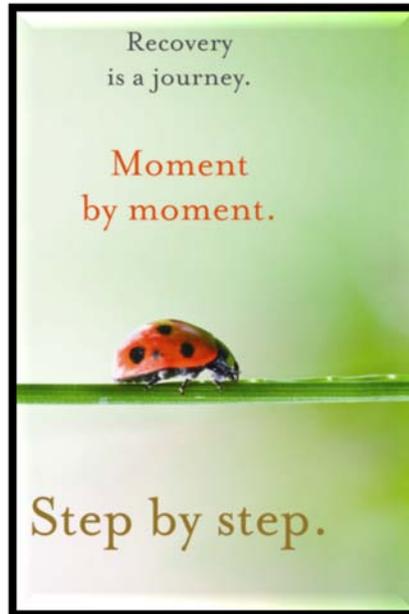
The final version of the survey contained the original 28 questions and 4 Delaware-specific questions measuring the



ease with which a case manager can be contacted in time of crisis, how staff treat people of different races and sexual orientations, and whether consumers were helped with job skills. In 2008, CMHS added two more domains to the survey, Functioning and Social Connectedness, which increased the number of survey questions to 40. DSAMH added the questions for these domains to its 2008 survey. In 2010, DSAMH added an additional 3 questions regarding recovery and history of trauma, bringing the total number of questions to 43.

The DSAMH survey employs a five-point scale to measure agreement with 43 statements regarding the consumer's perception of the treatment program the consumer or client is currently attending (See Appendix A for a copy of the Delaware survey). The 40 MHSIP questions are used to construct the seven "domains," or important aspects of consumer perceptions of treatment which have been identified by MHSIP as being correlated with positive treatment outcomes: access to care, quality and appropriateness of services, outcomes, consumer participation in treatment planning, overall satisfaction, functioning and social connectedness. Positive consumer perceptions in these seven areas were measured by calculating the percentage of

consumers agreeing with the following 40 statements:¹



¹ Missing values and "not applicable" answers were excluded.

**Access:**

The location of services was convenient (parking, public transportation, distance, etc.).
Staff were willing to see me as often as I felt it was necessary.
Staff returned my call in 24 hours.
Services were available at times that were good for me.
I was able to get all the services I thought I needed.
I was able to see a psychiatrist when I wanted to.
In a time of crisis my case manager or counselor can be easily contacted.

Quality and Appropriateness of Services:

Staff here believe that I can grow, change and recover.
I felt free to complain.
I was given information about my rights.
Staff encouraged me to take responsibility for how I live my life.
Staff told me what side effects to watch out for.
Staff respected my wishes about who is and who is not to be given information about my treatment.
Staff were sensitive to my cultural background (race, religion, language, etc.)
Staff helped me obtain the information I needed so that I could take charge of managing my illness.
I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).
The Staff treat people of my race with dignity.
The Staff treat people who may be gay or lesbian with dignity.

Outcomes:

I deal more effectively with daily problems.
I am better able to control my life.
I am better able to deal with crisis.
I am getting along better with my family.
I do better in social situations.
I do better in school and/or work.
My housing situation has improved.
I am better able to get and keep a job.
My symptoms are not bothering me as much.

**Consumer Participation in Treatment Planning:**

I, not staff, decided my treatment goals.
I felt comfortable asking questions about my treatment and medication.

Overall Satisfaction:

I liked the services that I received here.
If I had other choices, I would still get services at this agency.
I would recommend this agency to a friend or family member.

Functioning:

I do things that are more meaningful to me.
I am better able to take care of my needs.
I am better able to handle things when they go wrong.
I am better able to do things that I want to do.
My symptoms are not bothering me as much.²

Social Connectedness:

I am happy with the friendships I have.
I have people with whom I can do enjoyable things.
I feel I belong in my community.
In a crisis, I would have the support I need from family or friends.



² This question is included in both the Outcomes and Functioning domains.



Survey Administration

This survey was administered to a sample of consumers from all DSAMH treatment programs by trained consumer interviewers who distributed the surveys to a convenience sample of consumers at each treatment site and assisted them with their responses as necessary. The questionnaire was available in both English and Spanish. Written, informed consent to participate was obtained from each consumer and survey responses were anonymous and confidential.

Of the total of 1,823 consumers who participated in the survey, 1,023 (57.1%) attended programs providing substance abuse treatment and 799 (42.9%) attended programs providing mental health treatment (Table 1). One survey did not indicate the treatment provider. Consumers receiving treatment at inpatient facilities participated in a different survey. These results have been reported separately.

Consumers received treatment at Community Continuum of Care Programs (n=462), Mental Health Group Homes (115), Mental Health Court Group (10), Gambling Addiction Treatment (18), Outpatient Mental Health Programs (194), Perinatal

Methadone Program (10), Substance Abuse Day Treatment (10), Outpatient Substance Abuse Treatment (681), Residential Detox (219), and Long-Term Residential Substance Abuse Treatment (103) (Table 1).

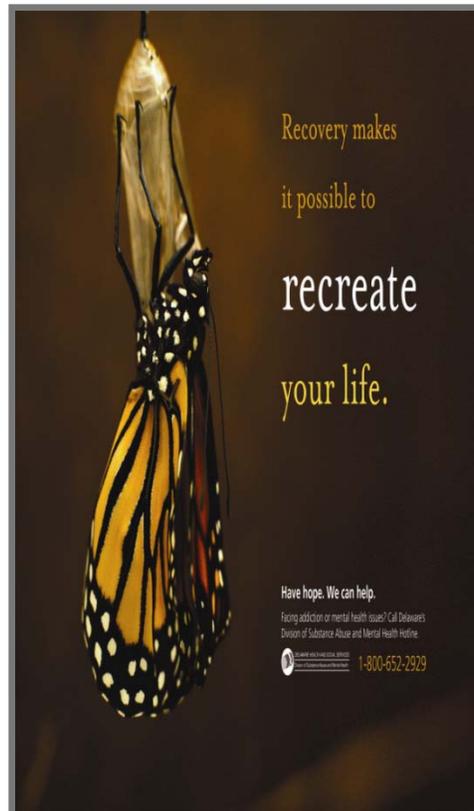




Table 1. Respondents by Treatment Program Modality

Treatment Modality	All Respondents	
	#	%
Community Continuum of Care Program	462	25.3
Group Home: Mental Health	115	6.3
Mental Health Court Group	10	0.6
Gambling Addiction Treatment	18	1.0
Community Mental Health	194	10.6
Perinatal Methadone	10	0.6
Substance Abuse Day Treatment	10	0.6
Outpatient Substance Abuse	681	37.3
Residential Detoxification	219	12.0
Residential Long Term Substance Abuse	103	5.7
Treatment Modality Missing	1	0.1
Total	1,823	100.0

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823).

A comparison of the demographic characteristics of survey respondents (Table 2) and all substance abuse clients and mental health consumers receiving services in Delaware during Fiscal Year 2010 (Table 3) shows that the age, race, Latino

origin, and gender characteristics of the survey sample were similar to those of the entire DSAMH consumer population. However, the survey sample contained more individuals who were 25-34 and 55-64 years old and more who were African American.



Table 2. Demographic Characteristics of Respondents by Type of Treatment Program

Characteristic	Substance Abuse	Mental Health	All Respondents
	(N=1,023)	(N=799)	(N=1,823)
Age	%	%	%
18-24	27.1	4.0	17.0
25-34	35.8	20.3	29.0
35-44	18.9	17.6	18.3
45-54	12.0	28.8	19.4
55-64	4.7	20.3	11.5
65+	0.5	4.9	2.4
Unknown	2.6	4.4	3.5
Race	%	%	%
African American	24.5	41.9	32.1
Asian	0.2	1.3	0.7
Caucasian	68.0	46.4	58.5
Native American	1.3	1.4	1.3
Native Hawaiian/Pacific Islander	0.1	0.25	0.2
Other	3.2	4.4	3.7
Unknown	2.6	4.4	3.5
Latino Origin	%	%	%
Latino	5.57	7.6	6.5
Gender	%	%	%
Male	58.8	53.9	56.7
Female	40.7	42.8	41.6
Unknown	0.5	3.3	1.8

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823).



Table 3. Demographic Characteristics of DSAMH Treatment Population by Type of Treatment Program

Characteristic	Program Type		
	Substance Abuse	Mental Health	All Consumers
	(N=8,893)	(N=6,032)	(N=14,925)
Age*	%	%	%
18-24	27.2	9.1	18.2
25-34	30.4	16.9	23.7
35-44	20.3	19.2	19.8
45-54	14.7	25.5	20.1
55-64	4.5	14.9	9.7
65+	0.8	7.1	4.0
Race**	%	%	%
African American	29.3	23.9	26.6
Caucasian	66.6	62.0	64.3
Other	4.2	3.5	3.9
Latino Origin	%	%	%
Latino	4.8	7.9	6.4
Gender***	%	%	%
Male	69.6	44.8	57.2
Female	30.4	48.2	39.3

*Totals for age do not equal 100%, because age is unknown for 2% of Substance Abuse Treatment consumers and 7% of Mental Health consumers.

**Totals for race for Mental Health consumers do not equal 100% because race is unknown for 7% of these consumers.

***Totals for gender for Mental Health consumers do not equal 100% because gender is unknown for 7% of these consumers.

Source: Delaware Health and Social Services Division of Substance Abuse and Mental Health State Fiscal Year 2010

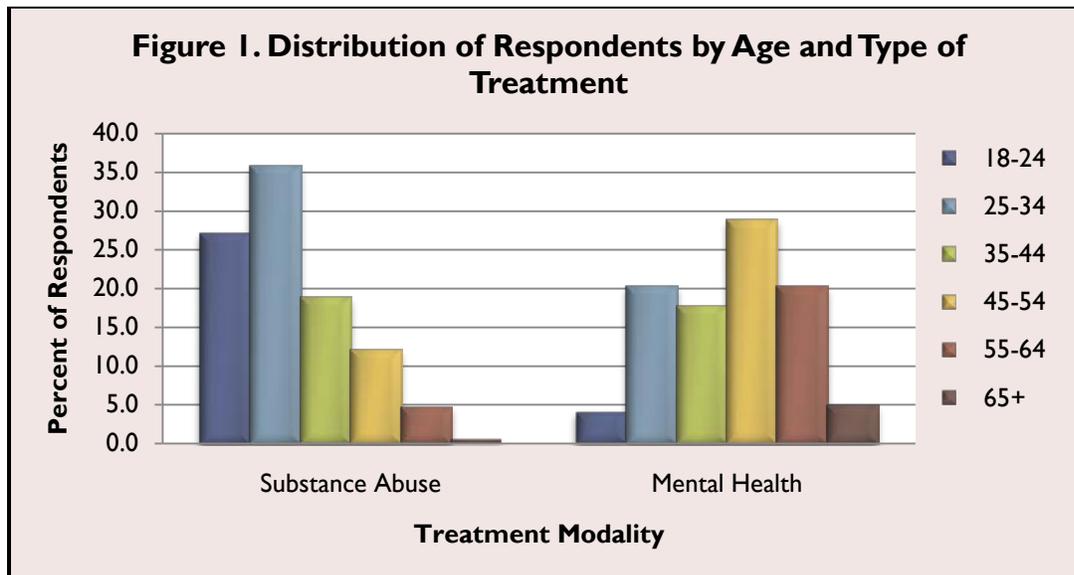


FINDINGS

Demographic Characteristics of Survey Respondents

The majority of consumers who completed the survey were Caucasian (58.5%) and male (56.7%) (Table 2). Slightly less than one-third of consumer/clients (32.1%) were African American. More than six percent of consumer/clients identified their ethnic origin as Latino (6.5%). Seventeen percent (17%) of consumers were between the ages of 18 and 24, (23.4%), 29% were aged 25-34, 18.3% were aged 35-44, 19.4% were aged 45-54, 11.5% were aged 55-64, and only 2.4% of consumer/clients were aged 65 or over. Age was not reported for 2.5% of the consumers completing the survey.

Consumers' demographic characteristics differed by the type of treatment they received (Table 2). Overall, substance abuse clients tended to be younger, Caucasian, and male. Mental health consumers tended to be older, and although more mental health consumers were also Caucasian and male, these consumers were not as greatly represented in the group of respondents receiving mental health treatment as they were with those receiving substance abuse treatment. Figure 1 shows the age distribution of respondents by type of treatment.



Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823)



Survey Results

The 40-item MHSIP Consumer/Client Satisfaction Survey measured consumer satisfaction in seven broad areas which are critical to program success: 1) access to services; 2) quality and appropriateness of treatment by staff, including staff sensitivity, respect for confidentiality, and ability to empower consumers; 3) consumer participation in treatment planning; 4) treatment outcomes; 5) overall satisfaction; 6) functioning; and 7) social connectedness.

Overall, more than three-quarters of consumer/clients (78.6%) were

satisfied with their treatment (Table 4). Four out of five consumer/clients (80.1%) were satisfied with the quality and appropriateness of services (Figure 2). A lower percentage of consumer/clients, 74.2%, were satisfied with access to services and nearly three-quarters (73.6%), were satisfied with the extent of positive change in their lives. Two out of three (70.4%) were satisfied with their ability to participate in their treatment planning. These five indicators are discussed in more detail below.

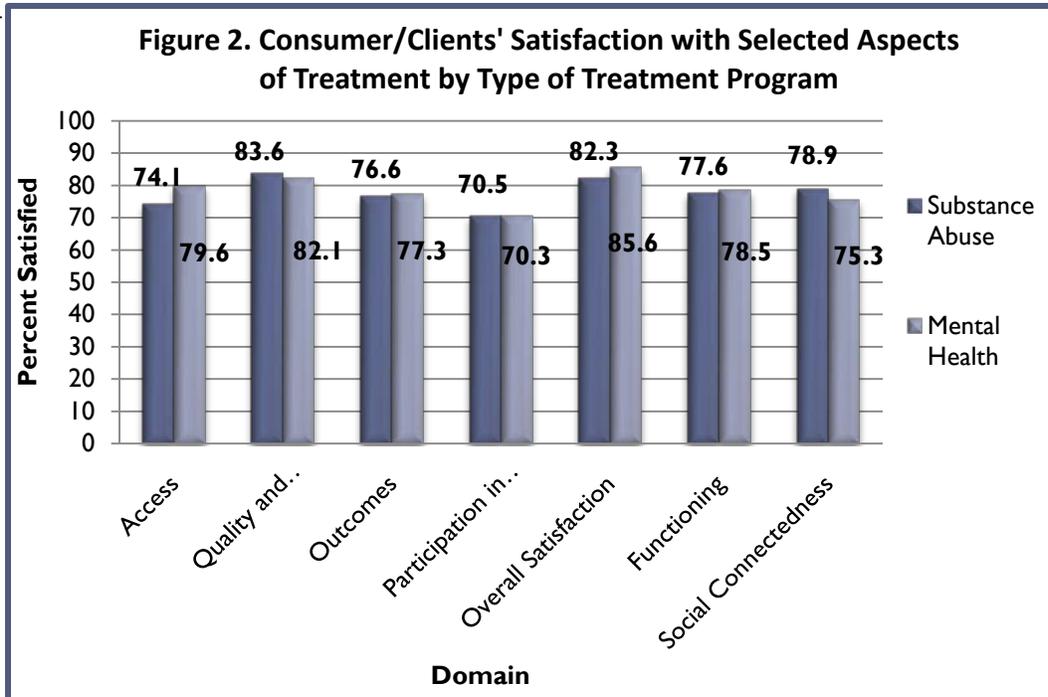
Table 4. Respondents' Satisfaction with Selected Aspects of Treatment by Type of Treatment Program

	Substance Abuse	Mental Health	All Respondents
	(N=1,050)	(N=773)	(N=1,823)
Access	74.1	79.6*	76.4
Quality and Appropriateness	83.6	82.1	82.9
Outcomes	76.6	77.3	76.9
Participation in Treatment Planning	70.5	70.3	70.4
Overall Satisfaction	82.3	85.6	83.7
Functioning	77.6	78.5	78.0
Social Connectedness	78.9	75.3	77.3

Percentages represent clients who agree or strongly agree with the statement.

*Statistically significant at $p \leq .05$ when comparing Substance Abuse and Mental Health consumers.

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823)



Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823)

- **Access to Services**

Satisfaction with access to treatment includes treatment programs with convenient locations and office hours, staff who were willing to see consumer/clients as often as they felt was necessary, staff who returned calls within 24 hours, and provision of services that clients thought they needed.

The majority of consumer/clients were satisfied with their access to services (Table 5). More than three-quarters of consumer/clients believed that services were provided at convenient times (82.7%), that

staff were willing to see them as often as necessary (81.9%), that they were able to get all the services they thought they needed (76.7%), that the location of the services was convenient (76.7%), and the ease with which their case manager or counselor could be contacted in a time of crisis (77.6%). Slightly less than three-quarters of consumers were satisfied with the timeliness in which staff returned their phone calls (74.9%), and they were the least satisfied with their ability to see a psychiatrist when they wanted (66.3%).



“As I live in lower Kent County I strongly suggest a Sussex County facility be open.”

“Due to the closing of the Detox down state, it's hard for people up state to get help because of lack of beds for up state residents.”

“It takes forever to get to see a doctor.”

“Parking here is terrible!”

“The staff gives me rides to my appointments.”

Table 5. Percent of Survey Respondents Who Agree with Statements about Access to Treatment by Type of Treatment Program

Access	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
Services were available at times that were good for me	80.5	85.5*	82.7
Staff were willing to see me as often as necessary	80.9	83.2	81.9
Able to get all services I thought I needed	76.9	76.3	76.7
Location of services was convenient	74.7	79.3*	76.7
In time of crisis, case manager/counselor can be easily contacted	76.1	79.6	77.6
Staff returned my call in 24 hours	72.7	77.7*	74.9
Able to see a psychiatrist when I wanted	56.6	76.3*	66.3

Percentages reflect clients who agree or strongly agree with the statement.

*Indicates statistical significance at $p \leq .05$ using Pearson Chi-Square test.

Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)



Mental health consumers were significantly more satisfied than substance abuse clients with staff being able to see them at times that were good for them (85.5% versus 80.5%), the location of services (79.3% versus 74.7%), and the timeliness with which staff returned their phone calls (77.7% versus 72.7%). The largest discrepancy between

mental health consumers and substance abuse treatment consumers in this category was for the ability to see a psychiatrist when they wanted. Only 56.6% of substance abuse treatment consumers were satisfied with this aspect of their treatment, compared to 76.3% of mental health consumers.

- **Quality and Appropriateness of Services**

The quality and appropriateness of services was measured by consumer agreement with the following items: staff belief in consumer ability to change and recover; consumer freedom to complain about staff; staff respect for consumers' confidentiality, cultural/ethnic background, and rights; staff provision of information on potential side effects of medication; and staff ability to provide consumers with sufficient information to allow them to take charge of managing their own illness and their lives.

The majority of consumer/clients were satisfied with the quality of staff and the clinical treatment

they received (Table 6). Eighty percent or more of consumer/clients agreed or strongly agreed with most of the statements regarding quality and appropriateness of services. For example, 85.1% of consumer/clients agreed that staff encouraged them to take responsibility for their actions, that staff thought they could grow and change (84.4%), and that staff respected their wishes about who is not to be given information about their treatment (82.8%). Consumer/clients were least satisfied with staff treatment of consumer/clients who might be gay or lesbian (55.0%).

"I am very fortunate to have met PM. She has given me the courage & skills to do my recovery and without her counseling services, I feel I could not have done this. She has so much compassion and understanding."

"I was not told of the side effects of meds."

"The new medication that I am receiving is not causing any side effects. This was a prescription suggested by the staff."



Table 6. Survey Respondents Who Agree with Statements about Quality and Appropriateness of Services by Type of Treatment Program

Quality and Appropriateness of Services	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
Staff believe that I can grow, change, and recover	88.6	86.8	87.8
Staff encouraged me to take responsibility for how I live my life	89.3	86.8	88.2
Was given information about my rights	87.1	85.5	86.4
Staff respected my wishes about who is not to be given information about my treatment	87.6*	83.8	85.9
Staff helped me obtain the information I needed so that I could take charge of managing my illness	83.8	84.5	84.2
Staff treat people of my race with dignity	84.7	85.8	85.2
Encouraged to use consumer-run programs	78.3	82.3*	80.1
I felt free to complain	73.6	78.3*	75.7
Staff told me what side effects to watch out for	80.4	79.5	80.0
Staff are sensitive to my cultural background	80.2	84.3*	82.0
Staff treat people who may be gay or lesbian with dignity	72.4	68.5	70.8

Percentages represent clients who agree or strongly agree with the statement.

*Statistically significant at $p \leq .05$ using Pearson Chi-Square test.

Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)



More than 80% of consumers agreed with all but two statements regarding quality and appropriateness of services. Three-quarters of consumers stated that they felt free to complain, and only 70.8% felt that staff treat people who may

be gay or lesbian with dignity. There was a statistically significant difference between the percentage of substance abuse treatment and mental health consumers who agreed or strongly agreed with the following statements:

- Staff respected my wishes about who is not to be given information about my treatment (87.6% versus 83.8%, respectively),
- I was encouraged to use consumer-run programs (78.3% versus 82.3%, respectively).
- I felt free to complain (73.6% versus 78.3%, respectively).
- Staff were sensitive to my cultural/ethnic background (80.2% versus 84.3%, respectively).

• **Participation in Treatment Planning**

Consumer/client satisfaction with participation in treatment planning was measured by the consumer/clients' perception of their ability to decide their treatment goals and the extent to which they felt comfortable asking questions about treatment and medication.

Overall, consumer/clients were less satisfied with their opportunity to participate in treatment planning than with other areas of satisfaction (Table 7). Slightly less than 69% of consumer/clients agreed with the statement, "I, not staff, decided my treatment goals." However, 85.1% agreed that they felt comfortable asking questions

about their treatment and medication, an area also related to treatment planning.

Mental health consumers were more likely than substance abuse treatment consumers to agree that they, not staff, decided their treatment goals (71.0% versus 66.9%, respectively), whereas substance abuse treatment consumers were more likely than mental health consumers to agree with the statement that they felt comfortable asking questions about their treatment and medication (85.7% versus 84.3%, respectively). However, neither of these differences was statistically significant





Table 7. Respondents' Agreement with Statements about Consumer Participation in Treatment Planning by Type of Treatment Program

Treatment Planning Statement	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
Felt comfortable asking questions about my treatment and medication	85.7	84.3	85.1
I, not staff, decided my treatment goals	66.9	71.0	68.7

Percentages represent clients who agree or strongly agree with the statement.

*Statistically significant at $p \leq .05$ using Pearson Chi-Square test.

Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)

- **Outcomes**

Satisfaction with treatment outcomes was measured by agreement with statements regarding consumers' ability to: deal more effectively with daily problems, control their lives, deal with crisis, get along better with family, do better in social situations and school and/or work, improve their housing situation, and better manage their symptoms. A majority of consumer/clients in both mental health and substance abuse treatment were satisfied with specific treatment outcomes related to external changes, although satisfaction rates for many of the statements in this category were lower than in other categories (Table 8). Less than 70% of clients said that their symptoms are not bothering them as much (68.6%), their housing situation has improved (64.5%, the lowest percentage in this category), they do better in

school or work (68.6%), and they are better able to get and keep a job (66.1%).

The only statistically significant difference in satisfaction with selected treatment outcomes between substance abuse and mental health clients was with their housing situation. Mental health clients were significantly more likely than substance abuse clients to agree that as a result of services received, their housing situation has improved (69.7% versus 60.3%, respectively). However, as mentioned above, the lowest percentage of consumers agreed with this statement. The largest agreement rate for this category of questions was for the statement, "I am better able to control my life." Over 80% of substance abuse consumers and 79.6% of mental health consumers agreed with this statement.



“Helped me quit drugs and smoking.”

“I am still having symptoms that affect my daily life.”

“Since reaching [provider], I have become a better person. Thanks to [provider] I'm happy.”

“I'm pleased to be in the program. It really changed my life.”

“I've been trying to get to the unemployment office for about 3 1/2 months. No one here seems interested in helping me.”

“My life has really turned around since I have been here. I am very happy here. I almost feel like I am no longer sick.”

“I love my family.”

“I love living in my community.”

“Not doing well. Need better meds.”

“This program (drug diversion) has helped me a lot. I am glad I was forced to join the program.”





Table 8. Respondents' Agreement with Statements about Treatment Outcomes by Type of Treatment Program

Treatment Outcomes Statement	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
Better able to control my life	80.7	79.6	80.2
Better able to deal with crisis	76.3	75.3	75.9
Deal more effectively with daily problems	78.5	81.9	80.0
Do better in social situations	72.7	75.0	73.7
Get along better with my family	73.1	74.2	73.6
Symptoms are not bothering me as much	76.1	75.6	75.9
Housing situation has improved	60.3	69.7*	64.5
Do better in school/work	67.1	70.8	68.6
Better able to get and keep a job	65.8	66.3	66.1

Percentages represent clients who agree or strongly agree with the statement.

*Statistically significant at $p \leq .05$ using Pearson Chi-Square test.

Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)





- **Overall Satisfaction**

Overall satisfaction was measured by the extent to which consumer/clients liked the services that they received, would still get services at that agency if they had other choices, and would recommend the agency to a friend or family member.

More than 80% of consumers agreed with two out of three statements regarding their overall satisfaction with services (Table 9). For example, more than four-in-five consumer/clients (85.4%) liked the services they received and nearly the same percentage would recommend their agency to friends or family (84.4%). A lower percentage of consumer/clients (79.0%) would still choose services from their agency if they had other choices.

However, satisfaction among consumer/clients receiving different types of treatment varied, as substance abuse treatment clients were significantly less satisfied with two-thirds of these overall measures than were mental health consumers. Mental health consumers liked the services they received more often than substance abuse treatment consumers, (87.8% versus 83.5%, respectively), and more mental health consumers than substance abuse treatment consumers would continue receiving services from this agency if they had other choices (83.7% versus 75.3%, respectively).

“I would recommend this program to anyone with drug abuse problems, because they would get better with substance abuse issues.”

“Dr. D is wonderful and [therapist] is wonderful, I wouldn't want to go anywhere else.”

“Great place, good people.”

“I feel [provider] is an excellent organization that is truly dedicated to helping, treating, and guiding individuals with mental disorders or substance abuse.”

“My case worker has always listened to my problems and helped me with my problems. He understands & listens & has always helped me.”



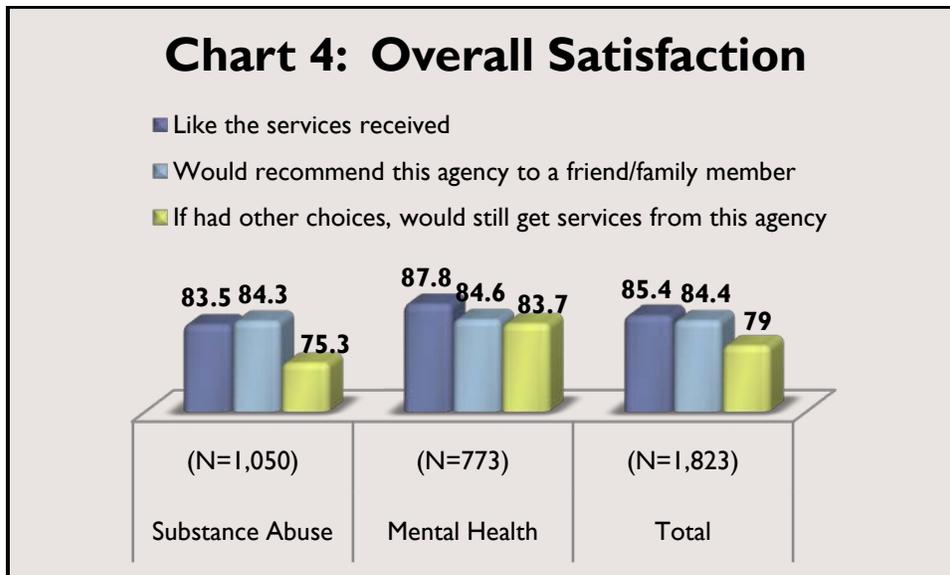
Table 9. Respondents' Agreement with Statements about Overall Satisfaction by Type of Treatment Program

Overall Satisfaction	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
Like the services received	83.5	87.8*	85.4
Would recommend this agency to a friend/family member	84.3	84.6	84.4
If had other choices, would still get services from this agency	75.3	83.7*	79.0

Percentages represent clients who agree or strongly agree with the statement.

*Statistically significant at $p \leq .05$ using Pearson Chi-Square test.

Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)



Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823)

- Functioning**

Improved functioning is measured by the degree to which, as a result of the services they have received, consumers do things that are more meaningful to them, are better able to take care of their needs,

are better able to handle things when they go wrong, are better able to do the things that they want to do, and are not bothered as much by the symptoms for which they are receiving treatment.



More than three-quarters of consumers agreed that their functioning had improved as a result of the services they had received (Table 10). The largest number of consumers (82.2%) agreed that they are better able to take care of their needs, and 80.2% agreed that they do things that are more meaningful to

them. The lowest percentage of consumers agreed that their symptoms are not bothering them as much (75.9%). There were no significant differences between the percentage of mental health and substance abuse treatment consumers who agreed with the statements in this category.

Table 10. Respondents' Agreement with Statements about Functioning by Type of Treatment Program

Functioning	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
I do things that are more meaningful to me.	80.1	80.2	80.2
I am better able to take care of my needs.	82.1	82.3	82.2
I am better able to handle things when they go wrong.	77.8	74.5	76.4
I am better able to do things that I want to do.	77.1	75.1	76.2
My symptoms are not bothering me as much.	76.1	75.6	75.9

Percentages represent clients who agree or strongly agree with the statement.
 *Statistically significant at $p \leq .05$ using Pearson Chi-Square test.
 Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)





- **Social Connectedness**

Social Connectedness is measured by a consumer's satisfaction with his/her relationships with friends, family and his/her community. Table 11 shows the percentage of consumers who agree with statements regarding their social connectedness. More than three-quarters of consumers were satisfied with their social relationships, although responses differed significantly between mental health and substance abuse treatment consumers for three out of the four statements in this category. Consumers agreed most often that they have people with whom they can do enjoyable things. Significantly more substance abuse treatment

consumers (86.1%) than mental health consumers (81.8%) agreed with this statement. In contrast, significantly more mental health consumers (83.4%) than substance abuse treatment consumers (79.2%) said that they are happy with the friendships that they have. Finally, only 77.9% of mental health consumers stated that they would have the support they need from friends or family in a crisis, compared with 82.6% of substance abuse treatment consumers. For this category, the lowest percentage of consumers (76.2%) agreed that they belong in their community.

Table 11. Respondents' Agreement with Statements about Social Connectedness by Type of Treatment Program

Social Connectedness	Substance Abuse	Mental Health	Total
	(N=1,050)	(N=773)	(N=1,823)
I am happy with the friendships I have.	79.2	83.4*	81.1
I have people with whom I can do enjoyable things.	86.1*	81.8	84.2
I feel I belong in my community.	75.8	76.7	76.2
In a crisis, I would have the support I need from family or friends.	82.6*	77.9	80.6

Percentages represent clients who agree or strongly agree with the statement.

*Statistically significant at $p \leq .05$ using Pearson Chi-Square test.

Source: 2010 Delaware consumer/Client Satisfaction Survey (n=1,823)



- **Respondent Feedback and Comments**

Consumer/clients had the opportunity at the end of the survey to provide written comments about the survey itself, or about their experiences in mental health or substance abuse treatment. A total of 68 consumers provided comments regarding services. The majority of responses (60.3%) were positive, and 39.7% were negative (Table 12). All survey comments are listed in Appendix B.

Most of the positive comments by consumer/clients were statements of satisfaction with their treatment, the warmth and support of the staff, and the positive impact the programs have had on their lives. Comments included identification of specific staff that helped consumer/clients immensely and consumer/client acknowledgement that their program involvement has taught them ways to live differently and cope with their symptoms and/or addictions (Table 12).

Table 12. Selected Respondent Comments Regarding Current Treatment Facility

Positive Comments	Number of respondents
Staff is great	11
Generally happy/pleased with program	12
Program has changed client's life for the better	9
Program has helped with recovery	5
Counselor/case manager had a positive impact	3
Program has helped with relationships	1
Negative Comments	Number of respondents
Problems with location of agency	2
Problems with quality residential housing	4
Problems with parking at agency	2
Not happy with staff	4
Not happy with medication/not told of side-effects	2



Generally unhappy with program.	3
Program has not helped.	5
Would like more help with employment	1
Would like more substance abuse treatment (for mental health clients)	1
Takes too long to see a doctor	1
Would like dental coverage	1
Need more help for women with children	1

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=68)

“Dr. [Psychiatrist] is wonderful and [therapist] is wonderful, I wouldn't want to go anywhere else.”

“I am very fortunate to have met [counselor]. She has given me the courage & skills to do my recovery and without her counseling services, I feel I could not have done this. She has so much compassion and understanding.”

“I feel [agency] is an excellent organization that is truly dedicated to helping treating and guiding individuals with mental disorders or substance abuse.”

“I have received more beneficial treatment than any other place I have been. Many people who know me say they are able to see remarkable changes in me, both physically and mentally.”

“My life has really turned around since I have been here. I am very happy here. I almost feel like I am no longer sick.”

“They have helped me quite a bit. I am sober for 4 months.”

Negative comments focused on topics such as general dissatisfaction with the program and lack of progress with

treatment and recovery, the lack of quality of residential housing, and staff attitudes. (Table 12)

“I've been trying to get to the unemployment office for about 3 1/2 months. No one here seems interested in helping me.”

“It takes forever to get to see a doctor.”



“It would be good to help homeless clients who are not able to get HUD or section 8.”

“I want to move to an apartment with a nice roommate.”

“Parking here is terrible!”

“There should be more help for women with children, housing.”

Consumer Satisfaction Across Demographic Groups

- **Satisfaction by Age Group**

Table 13 shows percent of consumers satisfied with various aspects of treatment by their age. The table does not indicate statistical significance, as results were significant across several categories and age groups. The largest number of consumers was in the age 25-34 category (N=522); the smallest was in the

age 65 and older category (N=42). Sixty-five (65) individuals did not specify their age.

In general, younger consumers tend to be the least satisfied group and the oldest consumers tend to be the most satisfied. For instance:

- 18-24 year olds were statistically significantly less likely to be satisfied with access to treatment and their treatment overall than all consumers over the age of 24.
- At the same time, those consumers who were age 65 and older were significantly more satisfied with access to treatment than those under the age of 35.
- Similarly, those consumers who were age 65 and older were significantly more satisfied with treatment outcomes than consumers under the age of 25.

The only category wherein the oldest consumers did not have the highest rates of satisfaction was for functioning, which was highest for consumers aged 35-44, although this difference was not statistically significant. In

addition to functioning, age did not have a statistically significant impact on satisfaction with quality and appropriateness of services, participation in treatment planning and social connectedness.



Table 13. Respondents' Satisfaction with Selected Aspects of Treatment by Age

Aspect of Treatment	Age						Total [§]
	18-24 N=307	25-34 N=522	35-44 N=330	45-54 N=350	55-64 N=207	65+ N=42	
Access	63.5	76.1	85.5	76.0	81.2	88.1	76.5
Quality and Appropriateness	81.8	82.4	85.8	81.9	83.3	90.5	83.2
Outcomes	74.3	75.5	79.5	76.4	79.5	92.7	77.1
Participation in Treatment Planning	71.5	68.3	73.9	68.3	71.2	82.9	70.6
Overall Satisfaction	72.8	85.4	88.0	84.9	84.7	88.6	83.6
Functioning	74.1	78.4	82.9	75.9	80.0	79.5	78.2
Social Connectedness	79.9	77.4	80.2	70.5	79.0	86.0	77.4

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823)

*Statistically significant at $p < .05$ when comparing consumers across age categories.

[§]65 survey respondents did not specify their age.





• **Satisfaction by Gender**

Consumer satisfaction by gender is portrayed in Table 14. There were more male respondents (1,020) than female respondents (751). Thirty-two (32) respondents did not specify their gender. In general, women were more satisfied with treatment than men, as a higher percentage of women than men indicated satisfaction with five out of the

seven categories. The largest discrepancy between satisfaction among men and women was for participation in treatment planning. Whereas 74.6% of women indicated satisfaction with this aspect of their treatment, only 68.0% of men indicated that they were satisfied with participation in treatment planning.

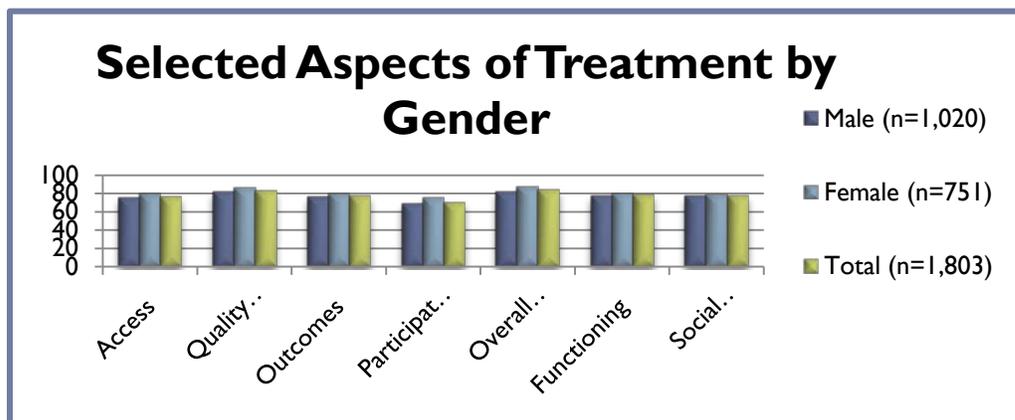
Table 14. Respondents' Satisfaction with Selected Aspects of Treatment by Gender

Aspect of Treatment	Male	Female	Total
	(n=1,020)	(n=751)	(n=1,803) [§]
Access	75.0	78.8	76.4
Quality and Appropriateness	81.2	85.9*	82.9
Outcomes	75.6	79.3*	76.9
Participation in Treatment Planning	68.0	74.6*	70.4
Overall Satisfaction	81.6	86.5*	83.7
Functioning	77.0	79.9	78.0
Social Connectedness	77.0	78.3*	77.3

*Statistically significant at $p \leq .05$ using Chi-Square test

[§] 32 survey respondents did not specify gender.

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823).





- **Satisfaction by Race**

Table 15 portrays consumer satisfaction by the racial group that the consumer identified him/herself as belonging to. However, because of the large discrepancy between the

numbers of consumers in the various racial categories, none of the differences in rates of satisfaction across racial groups was statistically significant.

Table 15. Respondents' Satisfaction with Selected Aspects of Treatment by Race

Aspect of Treatment	African American	Asian	Caucasian	Native American	Native Hawaiian/ Pacific Islander	Other	Total [§]
	(n=580)	(n=12)	(n=1,054)	(n=24)	(n=3)	(n=67)	(n=1,817)
Access	77.1	75.0	75.8	87.5	66.7	77.6	76.4
Quality and Appropriateness	80.4	100.0	84.4	79.2	100.0	80.6	82.9
Outcomes	77.1	90.9	77.2	79.2	66.7	69.1	76.9
Participation in Treatment Planning	68.1	58.3	72.2	79.2	100.0	64.2	70.4
Functioning	82.4	83.3	83.9	79.2	100.0	88.2	83.7
Social Connectedness	74.9	81.8	78.9	75.0	66.7	75.0	77.3
Overall Satisfaction	78.1	83.3	78.1	83.3	66.7	72.1	78.0

* Statistically Significant at $p \leq .05$, using Chi-Square test

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823).

[§]Totals do not add to 1,823 because 61 consumers did not specify their race.

If we look only at satisfaction among those in the two largest racial groups, African American and Caucasian consumers, we find statistically significant differences in rates of satisfaction with quality and appropriateness of treatment (Table 16). Further analysis revealed that there was a statistically significant

difference for rates of satisfaction between African American/Black and Caucasian/White consumers for the following questions:





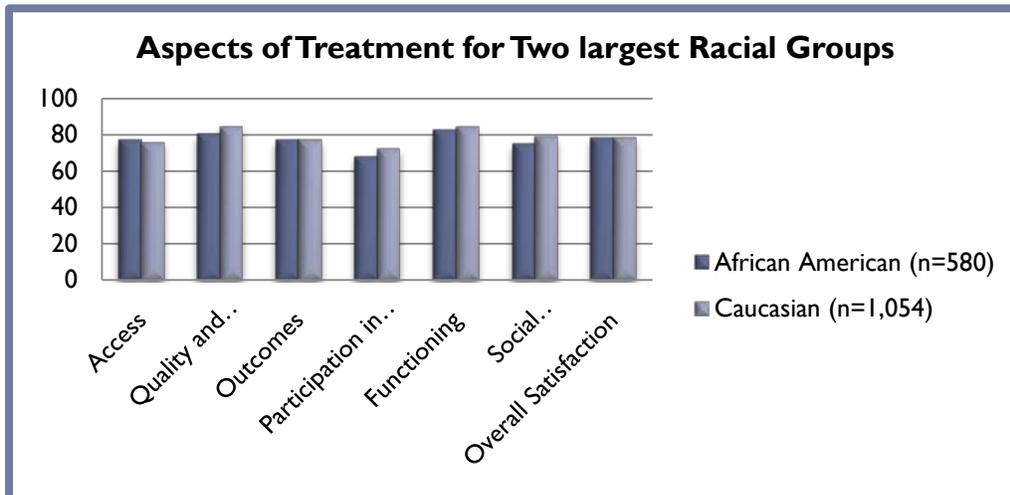
- Staff respected my wishes about who is not to be given information about my treatment (82.8% versus 87.7%, respectively); and
- Staff treat people who may be gay or lesbian with dignity (67.1% versus 72.6%, respectively)

Table 16. Respondents' Satisfaction with Selected Aspects of Treatment for the Two Largest Racial Groups

Aspect of Treatment	African American	Caucasian
	(n=580)	(n=1,054)
Access	77.1	75.8
Quality and Appropriateness	80.4	84.4*
Outcomes	77.1	77.2
Participation in Treatment Planning	68.1	72.2
Functioning	82.4	83.9
Social Connectedness	74.9	78.9
Overall Satisfaction	78.1	78.1

*Statistically Significant at $p < .05$, using Chi-Square test

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823).





- **Satisfaction by Ethnicity**

Those consumers identifying themselves as Latino were more satisfied than non-Latino consumers in four out of the seven aspects of treatment. Latinos were least satisfied with Participation in Treatment Planning (70.7%), and were most

satisfied with Quality and Appropriateness of treatment (86.2%). This aspect of treatment was also the only one for which there was a statistically significant difference between Latinos and non-Latinos (83.3%).

Table 17. Respondents' Satisfaction with Selected Aspects of Treatment by Ethnicity

Aspect of Treatment	Latino	Non-Latino	Unknown	Total [§]
	(n=116)	(n=1,604)	(n=83)	(n=1,803)
Access	73.3	76.8	73.5	76.4
Quality and Appropriateness	86.2*	83.3	70.7	82.9
Outcomes	78.6	76.9	73.1	76.9
Participation in Treatment Planning	70.7	70.8	62.8	70.4
Overall Satisfaction	84.6	83.7	81.9	83.7
Functioning	81.4	77.9	75.3	78.0
Social Connectedness	77.1	77.4	76.3	77.3

*Statistically Significant at $p \leq .05$, using Chi-Square test

Source: 2010 Delaware Consumer/Client Satisfaction Survey (n=1,823).

§Totals do not add to 1,823 because ethnicity was not collected for 23 consumers.





- **Questions added in 2010**

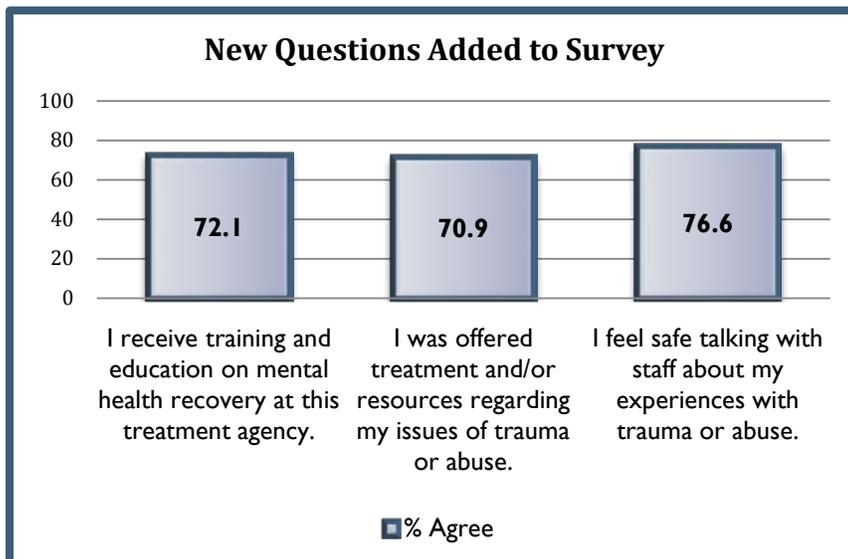
In response to suggestions from the Survey Committee, in 2010 DSAMH added three questions to its survey regarding a person’s traumatic experiences and recovery:

1. I receive training and education on mental health recovery at this treatment agency.
2. I was offered treatment and/or resources regarding my issues of trauma or abuse.
3. I feel safe talking with staff about my experiences with trauma or abuse.

Table 18 shows the results for these added questions. Over 70% of consumers agreed with all of the added questions that pertained to their receipt of training and education about their recovery, whether they were offered treatment or resources about their issues with trauma, and whether they feel safe talking about experiences with trauma.

Table 18. Respondents’ Satisfaction with Added Questions Pertaining to Education on Recovery and Trauma:

Statement	% Agree
I receive training and education on mental health recovery at this treatment agency.	72.1
I was offered treatment and/or resources regarding my issues of trauma or abuse.	70.9
I feel safe talking with staff about my experiences with trauma or abuse.	76.6

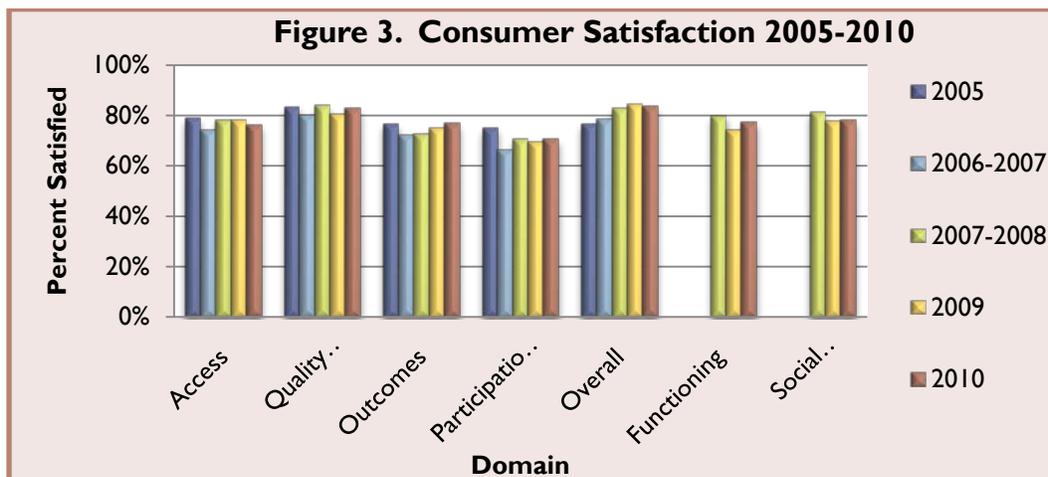




Trends Over Time: 2005 - 2010 Survey Results

Results from the 2010 survey were compared to results from four prior surveys (Figure 3). Satisfaction with Access has remained relatively constant across the years, with the exception of 2006-2007, when the level of satisfaction in this domain dropped to 74.2%. Satisfaction in this area dropped slightly between 2009 and 2010, from 78.1% to 76.4%. In contrast, Satisfaction with Quality and Appropriateness has remained between 80% and 84% for the past five survey years, and rose from 80.4% in 2009 to 82.9% in 2010. Although Satisfaction with Outcomes in 2010 was the highest for the past five survey years (76.9%), satisfaction in this area remains lower than in five out of six of the other domains. The lowest rates of satisfaction have consistently been in the area of Participation in Treatment Planning. The

greatest drop in rates of satisfaction in this area occurred between 2005 and 2006-2007. Satisfaction went from a high of 75.0% to 66.2%. Since that year, satisfaction has remained relatively constant at about 70.0%. The highest rates of consumer satisfaction for the past two years have been in Overall Satisfaction, although it dropped slightly from a high of 84.3% in 2009 to 83.7% in 2010. Satisfaction with Functioning and Social Connectedness were added to the 2007-2008 survey. Although rates of consumer satisfaction in these areas was higher in 2010 (77.3% and 78.0%, respectively) than in 2009 (78.0% and 77.8%, respectively), the highest rates of satisfaction were in the year that these domains were introduced to the survey (79.8% and 81.1%, respectively).



Source: 2005, 2006-2007, 2007-2008, 2009, and 2010 Delaware Consumer/Client Satisfaction Surveys (n=837; 2,053; 2,080; 2,057; and 1,823, respectively). Functioning and Social Connectedness were not added to the survey until 2008.



CONCLUSIONS AND RECOMMENDATIONS

The results of the 2010 Consumer/Client Satisfaction Survey suggest that, in general, the majority of consumer/clients in Delaware are satisfied with all aspects of their treatment. However, certain subgroups of consumers showed a significantly greater discrepancy in their rates of satisfaction. For example, mental health consumers were more satisfied than substance abuse treatment consumers in the areas of Access to treatment, certain aspects of Quality and Appropriateness of Services, certain aspects of their treatment outcomes, Overall Satisfaction, and certain aspects of their Social Connectedness. Substance Abuse treatment consumers were only more satisfied when it came to staff respecting their wishes about who is not to be given information about their treatment. This difference may, at least in part, be explained by the consumers who are court mandated to substance abuse treatment. These consumers have not willingly entered treatment, and so they may tend to be less satisfied with treatment in general.

There were also significant differences in satisfaction with treatment across demographic groups. Younger consumers tend to be the least satisfied group, and older consumers tend to be the most satisfied. Again, this may be accounted for by the

larger number of young people in substance abuse treatment and in court mandated treatment. Women tend to be more satisfied with their treatment than men, and when the two largest racial groups, African Americans and Caucasians, are compared, Caucasians are significantly more satisfied than African Americans in the area of Quality and Appropriateness. Further analysis revealed that African Americans were significantly less satisfied than Caucasians about respecting their wishes about who is not to be given information about their treatment, and staff treating people who may be gay or lesbian with dignity.

Consistent with prior years, consumers' perception of their ability to participate in planning their treatment remained lowest among all the individual measures of consumer satisfaction in 2010, and satisfaction with the quality and appropriateness of their treatment remained the highest. Differences between 2009 and 2010 in the percent of consumers satisfied varied across areas of satisfaction. Consumers were more satisfied with Quality and Appropriateness, Outcomes, Participation in Treatment Planning, Functioning and Social Connectedness than they were in 2009, but were less satisfied Overall and with Access to Treatment. Although rates of Overall Satisfaction were slightly



lower in 2010 as compared with 2009, Overall Satisfaction has had the most consistent improvement in rates of satisfaction among all domains.

The results from this survey should be used in the provider monitoring process, as part of the provider report cards, and when reviewing provider proposals for new services. Ways to improve consumer satisfaction with treatment should be explored in the annual meetings with providers and DSAMH Executive Staff.

Focus groups with consumers could help to uncover the reasons why they do not feel as satisfied with their participation in treatment planning as they do with other aspects of their treatment. In addition, treatment recovery plans could be examined during the provider monitoring process, in order to ensure that treatment plans are person-centered and that consumers have as much input into the process as possible. Peer Specialists could also be used to help consumers create or revise their treatment plans.

Peer Specialists, especially Bridge Peers, could also be used to help consumers improve social connectedness in their lives. Focus groups could also be used to address other areas of dissatisfaction. In addition, the relatively low rate of consumer

satisfaction with treatment outcomes, especially with amelioration of symptoms, progress in school or work, ability to get and keep a job, and improvement in housing situations should be discussed with treatment staff. Also, administration should discuss whether additional resources could be employed to improve outcomes for consumers in these areas.





Appendix A

DSAMH Consumer/Client Satisfaction Survey

23. In a time of crisis my case manager or counselor can be easily contacted	1	2	3	4	5	9
24. I deal more effectively with daily problems.	1	2	3	4	5	9
In order to provide the best possible services, we need to know what you think about the services you received during the last year , the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers.						
Please indicate your agreement/ disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9 to indicate that this item is “not applicable” to you.						
	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
AS A DIRECT RESULT OF SERVICES I RECEIVED:						
25. I am better able to control my life.	1	2	3	4	5	9
26. I am better able to deal with crisis.	1	2	3	4	5	9
27. I am getting along better with my family.	1	2	3	4	5	9
28. I do better in social situations.	1	2	3	4	5	9
29. I do better in school and/or work.	1	2	3	4	5	9
30. My housing situation has improved.	1	2	3	4	5	9
31. My symptoms are not bothering me as much.	1	2	3	4	5	9
32. I do things that are more meaningful to me.	1	2	3	4	5	9
33. I am better able to take care of my needs.	1	2	3	4	5	9
34. I am better able to handle things when they go wrong.	1	2	3	4	5	9
35. I am better able to do things that I want to do.	1	2	3	4	5	9
36. I am better able to get and keep a job.	1	2	3	4	5	9
37. I receive training and education on mental health recovery at this treatment agency	1	2	3	4	5	9
38. I was offered treatment and/or resources regarding my issues of trauma or abuse.	1	2	3	4	5	9
39. I feel safe talking with staff about my experiences with trauma or abuse	1	2	3	4	5	9
<i>For questions 42-45 please answer for relationships with persons other than your mental health provider(s)</i>						
	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
40. I am happy with the friendships I have.	1	2	3	4	5	9
41. I have people with whom I can do enjoyable things.	1	2	3	4	5	9
42. I feel I belong in my community	1	2	3	4	5	9
43. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9

Please feel free to use this space to comment on any of your answers. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here.

COMMENTS:



Please answer the following questions to let us know how you are doing.

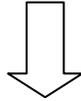
44. Are you currently (still) getting services from this Provider? Yes No

45. How long have you received services from this Provider?

A. Less than a year (less than 12 months)

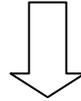
OR

B. 1 year or more (at least 12 months)



A.

1. Were you arrested during the last 12 months?
 Yes No
2. Were you arrested during the 12 months prior to that?
 Yes No
3. Over the last year, have your encounters with the police...
 a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 b. stayed the same
 c. increased
 d. not applicable (I had no police encounters this year or last year)



B.

1. Were you arrested since you began to receive mental health services?
 Yes No
2. Were you arrested during the 12 months prior to that?
 Yes No
3. Since you began to receive mental health services, have your encounters with the police...
 a. been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
 b. stayed the same
 c. increased
 d. not applicable (I had no police encounters this year or last year)

Please provide the following information for statistical purposes.

a. Are you of Spanish/Hispanic/Latino Origin? Hispanic or Latino Not Hispanic or Latino

b. What is your Race? (mark one or more races to indicate what you consider yourself to be)

American Indian or Alaska Native Asian Black (African American)

Native Hawaiian or Other Pacific Islander White (Caucasian) Other:

Describe _____

c. Birth Year: _____

d. Gender: Male Female

Thank you for your time and cooperation in completing this questionnaire.

Interviewer Signature _____	Date _____
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Appendix B

DSAMH Consumer/Client Satisfaction Survey Respondents' Comments

As I live in lower Kent county I strongly suggest a Sussex County facility be open. Reason being I could have possible not came in for treatment thanks to friends that care and Kirkwood center.
[Provider] is unorganized and should take into consideration the lifestyles of clients.
[Provider] should not be involved with my personal business.
Dr. D is wonderful and G. is wonderful, she wouldn't want to go anywhere else.
Drug Diversion is a joke- there is no counseling... One watch movies and leave. People joke about the drugs they are going to do when they are done. Program should be defunded of taxpayer dollars.
Due to the closing of the Detox down state, it's hard for people up state to get help because of lack of beds for up state residents.
Good counselors here especially M.
great place, good people
helped me quit drugs & smoking
[Provider] is cool.
I'm ok with them.
I'm both male and female. I don't want to be here. Don't need help.
I'm not gay
I'm pleased to be in the program. It really change my life.
I'm too angry right now to act right with staff.
I've been here for a while & I think it's time for me to move on. After I work on my family situation & my housing situation & my social worker & I stop smoking.
I've been to various facilities and [Provider] is my favorite.
I've been trying to get to the unemployment office for about 3 1/2 months. No one here seems interested in helping me.
I am coming here for group.
I am still having symptoms which effect my daily life.
I am very fortunate to have met PM. She has given me the courage & skills to do my recovery and without her counseling services, I feel I could not have done this. She so much compassion and understanding.
I am very happy with [Provider].
I feel [Provider] is an excellent organization that is truly dedicated to helping treating and guiding individuals w/mental disorders or substance abuse.
I feel that it is a decent program.
I feel the staff wants to get rid of us. We go five days a week to the drop-in center. I need more time to take care of personal things.
I got a good case manager.
I have been coming to this dr office for 8 years and have never had a problem. I just want J. to come back.
I have been receiving counseling and meds here for 4 years. Everyone I am connected with for treatment and secretary are always pleasant and kind. I could not have ask for better services.
I have received more beneficial treatment than any other place I have been. Many people who knows me say they are able to see remarkable changes in me, both physically and mentally.
I highly recommend to take this test for people who what to take it.
I like living within the community.
I love my family.

I need help for normal survival. May lose mobile home lot. I pay \$42550 a month and now will be \$445.00 a month.. I also pay \$679.00 a month on home payment. More help.
I usually do well. Recently I have not been doing well.
I was not told of the side effects of meds.
I wish DE offered more help for Drug & alcohol, like more rehabs/Tc's or more sober living arrangement. I wish their was more impatient places other than [Provider].
I would recommend this program to anyone with drug abuse problems. Because they would get better. Or (Substance abuse issues).
I, NAME, have read the Bible three times and I am a inspired God writing inspired words, and writing novels from watchtower and awake.
I, since reaching [Provider], have become a better person! Thanks to [Provider] I'm happy.
Indian
It's not that bad. I just want to move to an apartment with a nice roommate.
It takes forever 2 get 2 see a doctor.
It would be good to help homeless client who are not able to get HUD or section 8
[Provider] is a great program for the people who need it. Its ashamed that Ellendale closed down & the state should make places like [Provider] more available in other places.
Ms. D is a wonderful counselor
My case worker has always listened to my problems and helped me with my problems. He understands & listens & has always helped me. He is a good worker and helps me.
My life has really turned around since I have been here. I am very happy here. I almost feel like I am no longer sick.
nice place, doing better
no abuse.
no one can help me.
no sexual abuse.
no so successful in feeling well
no trauma or abuse.
not doing well, need better meds.
Parking here is terrible!
Parking sucks. I would really like for the [Provider] to call and remind us of our appointments.
[Provider] has really helped me out.
Staff is good here and so is the psychiatrist. Help understand life. Don't get much better than this. Best group home I've ever been to.
Staff is great here.
Staff is great! There is no WaWa near me, I live in Greenwood and WaWa is about 20 miles away.
survey is stupid but thanks for the card
Thank you for your services.
Thanks for the card
The new medication that I am receiving is not causing any side effects. This was a prescription suggested by the staff.
The one issue I have that hasn't been addressed is the ability to handle people in groups. Addressed today.

Dental coverage is needed.
The one thing I would like to see more of is groups for people with higher mental health so the groups focus on more real life situations.
The staff is very nice.
The staff rides me to my appointments.
There should be more help for women with children; housing, counseling, etc.
They do very well here at [Provider].
They have helped me quite a bit. I am sober for 4 months.
They helped me with being raped. It was really hard because I am gay.
This place isn't helping me at all.
This program is a good alternative from jail time & rehabilitation nicely.
This program(drug diversion) has helped me a lot. I am glad I was forced to join the program.
This was a wonderful growth experience. It will be sad coming to an end.
Very good place to have available.
Very low functioning client per interviewer
We need more showers.
Working with the staff is helping me a lot now that I am older.

