THE DELAWARE DSAMH CONSUMER/CLIENT SATISFACTION SURVEY

FISCAL YEAR 2004

PREPARED FOR

DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF SUBSTANCE ABUSE
AND
MENTAL HEALTH

PREPARED BY

PHILADELPHIA HEALTH MANAGEMENT
CORPORATION
2004

This Project was developed under a contract with the Delaware Health & Social Services/Division of Substance Abuse and Mental Health (DHSS/DSAMH). Funding was provided by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA/CMHS) as a part of Delaware's Community Mental Health Services Block Grant program.
The opinions and recommendations expressed in this report are solely those of the authors and do not represent the policies of the State or Federal government.

THE DELAWARE DSAMH CONSUMER/CLIENT SATISFACTION SURVEY

FY 2003-2004

PHILADELPHIA HEALTH MANAGEMENT CORPORATION

TABLE OF CONTENTS

INTRODUCTION

This report summarizes the findings from a statewide satisfaction survey of 2,037 consumers and clients of the Delaware Division of Substance Abuse and Mental Health (DSAMH), which was conducted between May, 2003 and February, 2004. A total of 2,037 persons were interviewed. The survey was administered by the Philadelphia Health Management Corporation. 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.

DELAWARE'S CURRENT BEHAVIORAL HEALTH CARE SERVICE SYSTEM

Responsibility for Delaware's public behavioral health treatment and prevention services is divided between two cabinet level agencies. Delaware Health and Social Services/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, Crisis Services, Substance Abuse Services, and the Community Continuum of Care Programs. The Community Continuum of Care Programs include four Community Mental Health Clinics, three day programs, and fourteen 24-hour supervised group residences.

DSAMH's mission is to:

> *improve the quality of life for adults with mental illness, alcoholism, drug addiction or gambling addiction by promoting their health and well being, fostering their self-sufficiency, and protecting those who are at-risk.*

In keeping with its mission, DSAMH maintains the following goals:

integrate and maintain a coordinated and comprehensive statewide public and private, inpatient, residential and community-based behavioral health service system;

promote inter-agency and intra-agency collaboration and cooperation to ensure accessibility, responsiveness and continuity of services;

develop and maintain a statewide management system to ensure quality, appropriateness and efficient utilization of services;

ensure consumer and family involvement in the development and operation

of the mental health and substance abuse service system;

develop and maintain programs that are culturally competent; and

develop and maintain a culturally diverse and culturally competent workforce.

In State Fiscal Year 2003 DSAMH served 12,340 unique clients. This represents 1.5% of the Delaware adult population. DSAMH provided 17,399 episodes of care during the year. Of these episodes of care, 3.3% were in Delaware Psychiatric Center, 35.5% were in the Community Mental Heath system, and 61.3% were in the Substance Abuse treatment system. At any given time DSAMH has approximately 6,286 active episodes of treatment.

The next section, Methodology, describes how the survey was conducted, followed by the survey findings. The last section of the report contains conclusions and recommendations for reviewing DSAMH's treatment programs.

METHODOLOGY

SAMPLING PLAN

The findings in this report are based on a written survey administered to a sample of 2,202 Delaware mental health and substance abuse services consumers and clients. The sample was drawn from 12,340 unduplicated mental health consumers and substance abuse clients treated in Delaware-funded programs from July 1, 2002 through June 30, 2003.[1] 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 2,202 cases. Of these, 2,037 interviews (92.5%) were completed. It is important to note that, due to low turnover rates in some programs and time limits for fielding the survey, it was not possible to complete interviews for 100% of the sample at some programs. The use of the stratified sample drawn from an annual census also resulted in a greater number of surveys from Delaware's two short-term detoxification sites, which have a much higher rate of turnover than any of the programs at mental health treatment sites.

SURVEY INSTRUMENT

The 32-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). The MHSIP consumer survey was developed and proposed as one of several instruments to measure the domains, concerns and indicators of the MHSIP Consumer-

[1] The Delaware Psychiatric Center conducts a separate consumer satisfaction survey and therefore was not included in the sample.

Oriented Report Card, which was developed by a task force of consumers, family members, researchers, and federal, state, and local mental health agency representatives in April, 1996. 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. Pilot tests of the consumer survey were conducted in several states. Some states have successfully used the survey with adults with episodic mental illness and with adults with a history of substance abuse.[2]

The Delaware survey employs a five-point scale to measure agreement with 32 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 32 statements include the 28-item MHSIP survey and four additional questions measuring the ease a case manager can be contacted in time of crisis, how staff treat people of different races and sexual orientations, and improvement with job skills.

Included in the survey are the questions used to construct the five scales contained in the MHSIP survey. The statements concern five 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, and overall satisfaction. Positive consumer perceptions in these five areas were measured by calculating the percentage of consumers agreeing with the following statements:[3]

Access:

Location of the services was convenient.

Staff was willing to see me as often as I felt was necessary.

Staff returned my calls within 24 hours.

Services were available at times that were good for me.

Quality and Appropriateness of Services:

Staff believed I could grow, change and recover.

I felt free to complain.

Staff told me what side effects to watch for.

Staff respected my wishes about who is and is not to be given information about my treatment.

---

[2] Ganju, V. The MHSIP Consumer Survey: History, Development, Revisions, Applications, Commonly-asked Questions. Texas Department of Mental Health/Mental Retardation, May 13, 1999.

[3] Missing values and "not applicable" answers were excluded.

Staff was sensitive about my cultural/ethnic background.

Staff helped me obtain the information I needed so I could take charge of managing my illness.

Outcomes:

I am dealing 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 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.

SURVEY ADMINISTRATION

The MHSIP survey has been administered with varying response rates in at least 10 other states, using a variety of methods, including mail and telephone surveys, face-to-face consumer interviews, and self-administration with drop off boxes.[4] In Delaware, the 40-item survey was originally administered in a pilot project conducted in 1997-1998. The pilot project, implemented by PHMC, compared three different methods of survey administration: mail survey with telephone follow-up, in person one-to-one administration by consumer interviewers, and group administration by consumer interviewers. The pilot project found that face-to-face administration to individuals or groups of consumers was more efficient and produced more reliable results than the mail/telephone survey method. Therefore, this follow-up survey of a sample of consumers from all DSAMH treatment programs (excluding the Delaware

[4] AZ, CO, DC, NY, OK, RI, SC, TX, VA, and VT.

Psychiatric Center) was administered 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.

COMPARISON OF ALL CONSUMER/CLIENTS AND SURVEY RESPONDENTS

Of the total of 2,037 consumers who participated in the survey, 1,172 (57.5%) attended programs providing substance abuse treatment and 865 (42.5%) attended programs providing mental health treatment (Table 1). Therefore, the distribution of substance abuse treatment clients and mental health consumers in the sample was very similar to their distribution in the treatment population (59.3% and 40.7%, respectively). Substance abuse consumers received treatment at Community Continuum of Care/Continuous Treatment Team programs (n=17), Case Management (149), Group Home (3), Outpatient (646), Detoxification (253), Long-term residential (42) and Variable Length Residential programs (62) (Table 1). Treatment programs among mental health consumers included Community Continuum of Care/Continuous Treatment Team programs (318), Case Management (5), Group Homes (126), Variable Length Residential (20), Inpatient (62), and Outpatient programs (334).

A comparison of the demographic characteristics of survey respondents and all substance abuse clients and mental health consumers receiving services in Delaware during Fiscal Year 2003 (n=12,340) shows that the racial, ethnic, and gender characteristics of the whole survey sample were similar to those of the entire DSAMH consumer population; however, a comparison of survey respondents and the overall consumer population by treatment type revealed some differences. Mental health respondents were slightly older than all mental health consumers in Delaware. One-half of all mental health consumers in Delaware (51.6%) were aged 35-54 compared to 56.9% of mental health respondents (Tables 2 and 3). In addition, there were some gender differences among mental health consumers and respondents. There was a higher percentage of males in the substance abuse client population in Delaware (75.9%) than in the sample of substance abuse survey respondents (66.2%). Lastly, substance abuse respondents and clients had similar racial characteristics, although there were more Caucasians among all mental health consumers (73.1%) than among the mental health survey respondents (65.3%).

It is important to note that the findings from this study may be somewhat limited in generalizability to the entire population of mental health consumers and substance abuse clients treated in Delaware-funded programs because consumers were not randomly selected for participation in the survey.

FINDINGS

DEMOGRAPHIC CHARACTERISTICS OF SURVEY RESPONDENTS

The majority of consumer/clients who completed the survey were Caucasian (61.8%) and male (59.6%). An additional one-third of consumer/clients (34.9%) were African American. Nearly two-thirds of those who described their Latino origin were Puerto Rican (62.0%), followed by Mexican (10.0%) and Cuban (9.0%) (Table 3). The majority of consumer/clients were younger adults: slightly more than one-half of consumer/clients (52.3%) were between the ages of 25 and 44, with the highest percentage of consumer/clients aged 35-44 (29.6%).

Consumers' demographic characteristics differed by the type of treatment they received (Table 3). Overall, substance abuse clients were more likely to be younger, male and African American. Conversely, mental health consumers were more likely to be older, female and Caucasian. For example, 66.2% of substance abuse clients were male compared to 50.8% of mental health consumers. Also, substance abuse clients tended to be younger than consumers receiving mental health treatment (Figure 1). The majority of substance abuse clients (52.0%) were aged 18 to 34, compared to just 19.1% of mental health consumers. Mental health consumers (65.3%) were slightly more likely to be Caucasian than substance abuse clients (59.2%). Conversely, substance abuse clients (37.9%) were slightly more likely to be African American than mental health consumers (30.9%). Latino mental health consumers were less likely to be of Puerto Rican origin (52.4%) than were Latino substance abuse clients (69.0%).

Demographic characteristics also differed between court-ordered and non-court-ordered consumer/clients (Table 4). These differences tend to reflect the fact that the majority of court-ordered consumer/clients were being treated in substance abuse programs (82.7%) (Figure 2). Similar to the substance abuse treatment clients, court-ordered consumer/clients tended to be younger than non-court-ordered consumer/clients: four times as many were aged 18-24 (31.5% compared to 7.8%, respectively). Court-ordered consumer/clients were also more likely to be male (69.8% compared to 53.5% of non-court-ordered consumer/clients), and a higher percentage of court-ordered consumer/clients were Puerto Rican (81.8%) than non-court-ordered consumer/clients (66.7%). The racial characteristics of court-ordered and non-court-ordered consumer/clients also mirror that of consumer/clients in substance abuse treatment: 36.8% and 32.4% were African American, respectively, and 59.1% and 64.3% were Caucasian, respectively.

SURVEY RESULTS

The 32-item DSAMH Consumer/Client Survey measured consumer satisfaction in five broad areas which are critical to program success: 1) overall satisfaction; 2) access to services; 3) quality and appropriateness of treatment by staff, including staff sensitivity, respect for confidentiality, and ability to empower consumers; 4) consumer

participation in treatment planning; and 5) treatment outcomes.

OVERALL SATISFACTION

Overall satisfaction among consumer/clients in Delaware was high: an average of three-in-four consumer/clients agreed or strongly agreed with survey statements expressing satisfaction (Table 5). For example, nearly four-in-five consumer/clients (78.6%) liked the services they received, and 77.1% would recommend their agency to friends or family. A slightly lower percentage of consumer/clients, 71.1%, 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 less satisfied with these overall measures than were mental health treatment consumers. About three-fourths of clients receiving substance abuse treatment (76.2%) liked the services they received or would recommend this agency to friends or family (75.8%), and 68.0% would continue to get services from their agency if they had the choice to go elsewhere. In comparison to substance abuse clients, mental health consumers were slightly, but not significantly, more satisfied, as 81.7%, 78.8%, and 75.3% agreed or strongly agreed, respectively, with these three measures of overall satisfaction. This difference in satisfaction between mental health consumers and substance abuse clients was also seen regarding access to services.

ACCESS TO SERVICES

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 (79.5%), that staff were willing to see them as often as necessary (79.3%), and that they were able to get all the services they thought they needed (75.8%). Consumer/clients were less satisfied with the ease of contacting their case manager or counselor in a time of crisis (72.1%), the location of services (71.4%), the timeliness in which staff returned their phone calls (70.8%), and their ability to see a psychiatrist when they wanted (61.4%). Overall, substance abuse clients were less satisfied with access to services than mental health consumers. For example, only one-half of substance abuse clients (50.9%) agreed or strongly agreed that they were able to see a psychiatrist when they wanted. In contrast, 72.7% of mental health consumers were satisfied with this aspect of their treatment. However, the lower percentage of substance abuse clients who were not satisfied with their ability to see a psychiatrist may reflect the fact that certain substance abuse programs (i.e. detoxification) do not provide this service and that some survey respondents in these programs may have failed to answer “Not Applicable” to these questions.

QUALITY AND APPROPRIATENESS OF SERVICES

The overwhelming majority of consumer/clients were satisfied with the quality of staff and the clinical treatment they received (Table 5). Eighty percent or more of consumer/clients agreed or strongly agreed with most of the statements regarding quality and appropriateness of services. For example, 85.6% of consumer/clients

believed that staff encouraged them to take responsibility for their actions, that staff thought they could grow and change (85.4%), and that staff respected their wishes about who is not to be given information about their treatment (83.0%). Consumer/clients were least satisfied with the treatment of consumer/clients who might be gay or lesbian (66.5%).

Mental health consumers and substance abuse clients were overall most and least satisfied with the same measures of treatment quality. In contrast to overall satisfaction and satisfaction with access to services, a slightly higher percentage of substance abuse clients were satisfied with several measures of quality and appropriateness than mental health consumers. For example, 68.4% of substance abuse clients believed that staff treated gay and lesbian clients with dignity, compared to 63.6% of mental health consumers.

PARTICIPATION IN TREATMENT PLANNING

Consumer/clients' satisfaction with their level of participation in planning their treatment was varied. Only 58.1% of consumers/clients were satisfied with the statement, "I, not staff, decided my treatment goals." However, the overwhelming majority of consumers/clients (83.2%) were comfortable with asking questions about their treatment and medication, an area also related to treatment planning. There were no major differences between substance abuse clients and mental health consumers regarding their satisfaction with participation in treatment planning. In fact, their satisfaction levels closely mirrored those of the consumers and clients combined. For example, 59.1% of substance abuse clients and 56.9% of mental health consumers believed that they decided their own treatment goals.

OUTCOMES

Consumer/clients were overall less satisfied with treatment outcomes than with other areas of satisfaction (Table 5). Less than two-thirds of consumer/clients in both mental health and substance abuse treatment were satisfied with specific treatment outcomes related to external changes, such as housing (61.9%), the sustainability of employment (63.2%), and performance improvement in school or work (65.6%). However, about three-in-four consumer/clients were satisfied with internal changes, such as their ability to deal more effectively with daily problems (75.2%), to control their lives (74.5%), and to deal with a crisis (74.1%). As seen with satisfaction with quality and appropriateness of services, mental health consumers and substance abuse clients were most and least satisfied in the same areas. Substance abuse clients tended to be slightly more satisfied than mental health consumers. For example, 68.4% of substance abuse clients believed that they were better able to get and keep a job, compared to only 54.7% of mental health consumers.

SURVEY RESPONDENT COMMENTS

Consumer/clients had the opportunity to comment on their experiences in mental health or substance abuse treatment. A total of 444 consumer/clients provided comments regarding services. The majority of responses (43.2%) were positive

comments regarding their experiences with counseling services or staff and their success in the program. About 36.0% of comments were negative, 8.3% were mixed, and 12.6% were unrelated (Table 6).

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. A number of consumer/clients named specific staff members that were helping them immensely and many others explained that their treatment changed their lives for the better (Table 6).

Negative comments tended to be more specific, although two of the more common comments were overall in nature: dissatisfaction with staff and with the programs. Other complaints included not having enough time with staff or needing more staff and, as cited before, not being involved with the design of treatment plan (Table 6).

MHSIP SATISFACTION INDICATORS

Five indicators developed by MHSIP that measure consumer/client satisfaction with treatment were examined: access, quality and appropriateness of services, outcomes, participation in treatment planning, and overall satisfaction. Overall, three-in-four consumer/clients (74.9%) were satisfied with their treatment. More than three-quarters of consumer/clients (78.7%) were satisfied with the quality and appropriateness of services (Figure 4). A slightly lower percentage of consumer/clients, 71.4%, were satisfied with access to services and slightly more than two-thirds (69.9%), were satisfied with the extent of positive change in their lives. Three-in-five (60.9%) were satisfied with their ability to participate in their treatment planning (Table 7). These five indicators are discussed in more detail below. (See Figure 3 for MHSIP satisfaction levels among mental health consumers and substance abuse clients.)

ACCESS TO TREATMENT

> *"This program is good for me because they have one late night and I don't have to get off work early to come for my visit. The people here make you feel like you're at home. I know a lot of people that come here and they feel the same way."*

> *"I feel that there should be more on call doctors when a problem arises when it's not your scheduled appointment."*

"I am concerned about the length of time it takes to get in this program. Usually we sit from 5:00 'til 11:30 and they can't take all of us. Some of the treatment from doctors and nurses is harsh and unfeeling. I am a person, not just an addict."

Satisfaction with access to treatment includes 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.

Although most consumer/clients (71.4%) were satisfied with their access to services, younger consumer/clients were much less likely to be satisfied with access to services than older consumer/clients. For example, satisfaction with access to treatment ranged from 56.6% among consumer/clients aged 18-24 to 90.2% among those aged 65 and over (Table 8). Access to services was perceived as being less convenient by male consumer/clients than by females (70.5% and 76.1%, respectively) (Table 9). This difference reflects a higher proportion of court-ordered consumer/clients, who overall have lower satisfaction levels, in these populations. On the other hand, African American (71.6%) and white (72.7%) consumer/clients were equally satisfied with access to treatment. However, Latino consumer/clients (68.8%) were slightly less satisfied with access to treatment than non-Latinos (76.4%) (Table 10).

Satisfaction with access to services was also examined across different types of treatment modalities used by substance abuse clients and mental health consumers. Overall, satisfaction with treatment access was slightly higher among mental health consumers than among substance abuse clients (79.3% versus 71.1%). This reflects a higher proportion of clients who were receiving court-ordered substance abuse treatment. For example, among mental health consumers, those who were participating in court ordered treatment (78.0%) were as satisfied as those who were participating voluntarily (79.5%) (Figure 4). However, among substance abuse clients, those who were participating voluntarily (78.6%) were more likely to be satisfied with access to treatment than those who were in court-ordered programs (60.1%) (Table 11; Figure 5). Among consumers of different types of treatment, satisfaction with access to treatment was highest among detoxification clients (82.0%) and lowest among variable length residential treatment consumers (46.8%) (Table 12).

QUALITY AND APPROPRIATENESS OF SERVICES

> *"The only problem I have is with staff members not using confidentiality. Nothing is kept quiet. They discuss my case with others."*

> *"I think the treatment services here are excellent. I feel I get good suggestions as well as life skills."*

> *"The staff does not understand problems. They do not relate to my addiction at all. I feel that we should have a recovering addict on the staff who knows exactly what problems I deal with because they've been in my shoes."*

The quality and appropriateness of services was measured by consumer satisfaction 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.

More than three-quarters of consumer/clients were satisfied with the quality and appropriateness of treatment services (78.7%). This aspect of treatment was scored highest by consumer/clients among the five areas of consumer/client satisfaction. However, satisfaction levels varied across different age, gender, racial, and ethnic consumer/client subgroups. For example, middle-aged adults, those between 45 and 54 years (82.8%), and adults aged 65 and older (82.0%) were most likely to be satisfied with the quality and appropriateness of services (Table 8). Young adults between the ages of 18 and 24 (73.6%) were least likely to be satisfied with the quality and appropriateness of services. Females (81.5%) were slightly, but not significantly, more likely than males (78.3%) to be satisfied with the quality and appropriateness of services (Table 9). Overall, minority racial and ethnic consumer/clients were similarly satisfied with the quality and appropriateness of treatment than whites, although ethnic and racial minorities tended to be slightly, but not significantly, less satisfied. For example, African American consumer/clients (77.5%) were slightly, but not significantly, less likely to be satisfied with quality and appropriateness than white consumer/clients (80.0%) (Table 10). Three-quarters of Latino consumer/clients (75.3%) were satisfied with the quality

and appropriateness of services compared to 81.6% of non-Latino consumer/clients.

The overwhelming majority of substance abuse clients (81.8%) and mental health (78.4%) consumers were also satisfied with the quality and appropriateness of services. However, among both substance abuse and mental health consumer/clients, those who were receiving treatment voluntarily (85.9% and 79.2%, respectively) were more likely to be satisfied than those who were receiving court-ordered treatment (74.9% and 70.7%, respectively) (Table 11; Figures 4 and 5). Among all consumer/clients, those in detoxification programs (91.1%) and inpatient services (66.7%) were most and least likely to be satisfied, respectively (Table 12).

OUTCOMES

> *"By coming here it has given me pride about myself and it teaches me how to cope with problems instead of going out doing all the bad stuff I did to get into this place."*

> *"This place has changed my life for the better."*

Satisfaction with treatment outcomes was measured by satisfaction with 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.

Overall, more than two-thirds of consumer/clients (69.9%) were satisfied with their treatment outcomes. However, satisfaction with treatment outcomes received the second lowest satisfaction scores after satisfaction with treatment planning (60.9%). Satisfaction levels varied among different demographic subgroups of consumer/clients. For example, young adults between 18 and 24 years of age were least likely to be satisfied with treatment outcomes (60.2%) while adults 65 years of age and older were most satisfied (79.6%) (Table 8). Female and male consumer/clients were similarly satisfied with treatment outcomes (71.1% and 69.7%, respectively) (Table 9), and African American consumer/clients (73.4%) were slightly, but not significantly, more likely than white consumer/clients (69.0%) to be satisfied with their treatment outcomes (Table 10). Most Latino consumer/clients (63.6%) were satisfied with treatment outcomes.

Satisfaction with treatment outcomes also differed slightly for court-ordered versus those who entered treatment voluntarily and across the type of treatment received. The

majority of substance abuse clients and mental health consumers were satisfied with the outcome of the services they received (Table 11). Satisfaction with treatment outcomes also varied across different types of treatment programs, ranging from a high of 79.7% of case management consumer/clients to a low of 46.6% of inpatients (Table 12). However, despite the presence of more court-ordered consumer/clients, substance abuse clients overall (72.2%) were only slightly, but not significantly, more satisfied with their treatment outcomes than mental health consumers overall (68.9%). Moreover, 69.6% of non-court ordered mental health consumers were satisfied with their treatment outcomes compared to 72.6% of non-court ordered substance abuse treatment clients (Figures 4 and 5).

PARTICIPATION IN TREATMENT PLANNING

> *"I think time period for treatment should be based on individual needs; not set time for everyone."*

> *"I feel like I am being controlled and told what to do!"*

> *"The staff and I decided on my treatment goals together and they are effective."*

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. Consumer/clients overall gave this area the lowest satisfaction scores. Only three-in-five (60.9%) consumer/clients overall were satisfied with their ability to participate in treatment planning. Similar to the pattern for satisfaction with treatment outcomes, young adults between 18 and 24 years of age (49.8%) were least satisfied with their participation in treatment planning and adults aged 35-44 (66.3%) were most likely to be satisfied (Table 8). Satisfaction with the ability to participate in treatment planning was slightly higher among females (65.0%) than among males (59.9%) (Table 9), nearly equal among African American and white consumer/clients (62.6% and 61.4%, respectively), but much lower among Latino consumer/clients than among non-Latinos (51.7% versus 65.3%) (Table 10).

Among substance abuse clients and mental health consumers, more than one-half (63.1% and 59.6%, respectively) were satisfied with their level of involvement in treatment planning. However, substance abuse clients voluntarily entering treatment were more likely to be satisfied with this aspect of treatment (68.4%) than court-ordered clients (53.6%). These differences in satisfaction with participation in treatment planning did not exist for mental health consumers who were participating in treatment through a court order (60.0% and 59.6%) (Table 11; Figures 4 and 5). Satisfaction on this domain also varied across different types of treatment programs. For example, variable length residential programs (48.3%) were least likely to be satisfied, and detoxification program clients (77.7%) were most likely to be satisfied with participation in treatment planning (Table 12).

OVERALL SATISFACTION

> *"My experience here has benefited me in ways I can't even begin to tell you. I am pleased with staff and all areas of my treatment. I feel blessed to have been here. Thank you."*

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. Among consumer/clients, overall satisfaction levels were high: three-quarters of all consumer/clients (74.9%) were satisfied with their treatment (Table 7).

As with other MHSIP indicators, levels of overall satisfaction with DSAMH services varied across different age, gender, racial, and ethnic subgroups of the population. Similar to other measures of satisfaction, younger adults aged 18-24 were much less likely (59.9%) to be satisfied with their treatment than older adults aged 45-54 (82.9%) (Table 8). Approximately 75% or more of adults in other age groups were satisfied with their treatment. Females (78.0%) were slightly, but not significantly, more likely to be satisfied than males (75.4%), a pattern also found for other measures of satisfaction (Table 9). Among racial and ethnic subgroups of consumer/clients, African Americans (73.6%) were slightly less satisfied than whites (77.2%), and Latinos (68.7%) were less satisfied than non-Latinos (77.6%) (Table 10).

Again, consistent with other indicators of consumer/client satisfaction, substance abuse clients (76.6%) were slightly, but not significantly, less satisfied than mental health consumers (79.9%) (Table 11). This difference was due to a higher percentage of individuals assigned to court-ordered treatment among substance abuse clients and lower satisfaction levels among those court-ordered clients. For example, as shown in Table 11, satisfaction levels between court-ordered and voluntary mental health services consumers were similar (79.7% and 79.9%, respectively). However, satisfaction levels for court-ordered substance abuse clients (67.1%) were much lower than for non-court ordered clients (82.3%) (Figures 4 and 5).

Overall satisfaction levels also ranged considerably among consumer/clients participating in different types of treatment programs, as shown in Table 12. Satisfaction was highest among detoxification program clients (90.9%) and lowest among residents of group homes (63.3%) and case management consumer/clients (64.9%).

FISCAL YEAR 2002 AND 2004 COMPARISONS

Levels of satisfaction remained fairly consistent between FY 2002 and 2004. There were only slight, but not significant, differences between them regarding MHSIP satisfaction indicators. For example, 73.1% of consumer/clients from 2001-2 and 71.4% of consumer/clients from 2003-4 were satisfied with access to services. About three-quarters of 2003-4 and 2001-2 consumer/clients were satisfied with the quality and appropriateness of treatment (78.7% and 74.4%, respectively). Regarding satisfaction with outcomes, two-thirds of this year's consumer/clients and 2001-2 consumer/clients were satisfied (69.9% and 67.1%, respectively). In reference to participation in treatment planning, 60.9% of 2003-4 consumer/clients and 58.3% of 2001-2 consumer/clients were satisfied. There was also little variation between mental health consumers and substance abuse clients from 2001-2 and 2003-4. All consumer/clients were least content with participation in treatment planning and most satisfied with the quality of treatment.

MHSIP RESULTS FROM OTHER STATES

Eleven states, including Delaware, surveyed mental health consumers about their satisfaction with access to treatment.[5] Delaware mental health consumers' level of satisfaction with access to treatment (79.3%) was very similar to the average for mental health consumers from the other 10 states (81.4%). Delaware mental health consumers were also similarly satisfied with the quality of services (78.4%) compared to mental health consumers in other states (80.3%).

Among the 10 states that surveyed mental health consumers' satisfaction with treatment outcomes, Delaware mental health consumers (68.9%) were also similarly satisfied with treatment outcomes as were consumers in all of the other states (69.8%). Delaware mental health consumers (59.6%) were less likely to be satisfied with participation in treatment planning than were consumers from all of the states (69.5%).

CONCLUSION AND RECOMMENDATIONS

Overall, consumer/clients were highly satisfied with services they received through treatment programs funded by the Division of Substance Abuse and Mental Health (DSAMH), Delaware Health and Social Services. The majority of consumer/clients were satisfied with the timeliness, convenience, quality, and appropriateness of services. Consumer/clients were slightly less likely to be satisfied with the extent of positive

[5] Ganju, V. The MHSIP Consumer Survey: History, Development, Revisions, Applications, Commonly-asked Questions. Texas Department of Mental Health/Mental Retardation, May 13, 1999.

change in their life and even more unsatisfied with their level of participation in developing their treatment plan.

Delaware mental health survey consumers on average were similarly pleased with outcomes, access to timely and convenient treatment, and the quality and appropriateness of treatment, as were consumers in other states. Delaware mental health consumers were less likely to be satisfied with involvement in treatment planning.

Satisfaction with treatment varied across different age, racial, and ethnic subgroups of consumer/clients. Overall, younger consumers and ethnic and racial minorities were more likely to be dissatisfied. In addition, substance abuse consumers tended to be slightly less satisfied than mental health treatment consumers, but this was due to a higher proportion of court-ordered consumer/clients among substance abuse clients. As one might expect, court-ordered substance abuse clients tended to be much less satisfied with all aspects of their treatment than those who were entering treatment voluntarily.

Therefore, efforts to improve consumer/client satisfaction should focus on determining specific reasons why:

- consumers and clients overall feel that they do not have a large enough role in participating in planning their treatment;

- ethnic and racial minority consumers, particularly Latinos, feel less satisfied overall than white consumers; and

- court-ordered substance abuse clients feel less satisfied than clients who are participating voluntarily, and determining if the reasons for dissatisfaction are inherent in being involuntarily assigned to a treatment program, or, if, in fact, they are due to some other cause which impacts specifically on court-ordered consumers.

Reviewing these trends carefully and exploring program modifications, where feasible, could improve the satisfaction of consumers and clients.