



DELAWARE
HEALTH &
SOCIAL
SERVICES

2012 CONSUMER/CLIENT SATISFACTION SURVEY

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INTRODUCTION

The Division of Substance Abuse and Mental Health (DSAMH) announces the results from the 2012 Consumer/Client Satisfaction survey; which was conducted between April, 2012 and December, 2012. The purpose of the survey was to collect information with reference to consumers/clients satisfaction with their program and provider where they receive treatment and to guarantee that these programs provide high quality services to consumers/clients in Delaware.

The survey was administered to consumers from all DSAMH funded programs located in New Castle, Kent and Sussex counties. Trained consumer interviewers distributed the surveys to a convenience sample of consumers at each treatment site and assisted them with their

responses as necessary. The survey and consent form was available in both Spanish and English. A written informed consent to participate was obtained from each consumer and survey responses were anonymous and confidential. DSAMHs' Executive staff uses this information to measure the success of the service delivery system. This report summarizes the results from a statewide satisfaction survey of 2,038 consumers and clients who received treatment in Delaware.

It is important to note that the findings from this study may be somewhat limited in generalizing to the entire population of Delaware funded programs because a convenience sample was used instead of a randomly selected sample.

BACKGROUND OF SURVEY

The **Mental Health Statistics Improvement Program** (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 survey employs a five-point scale to measure agreement with 40 statements regarding the consumer's view of their treatment program which they are currently enrolled (See Appendix for a copy of the 2012 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 DSAMH added an additional 3 questions regarding recovery and history of trauma, bringing the total number of questions to 43.



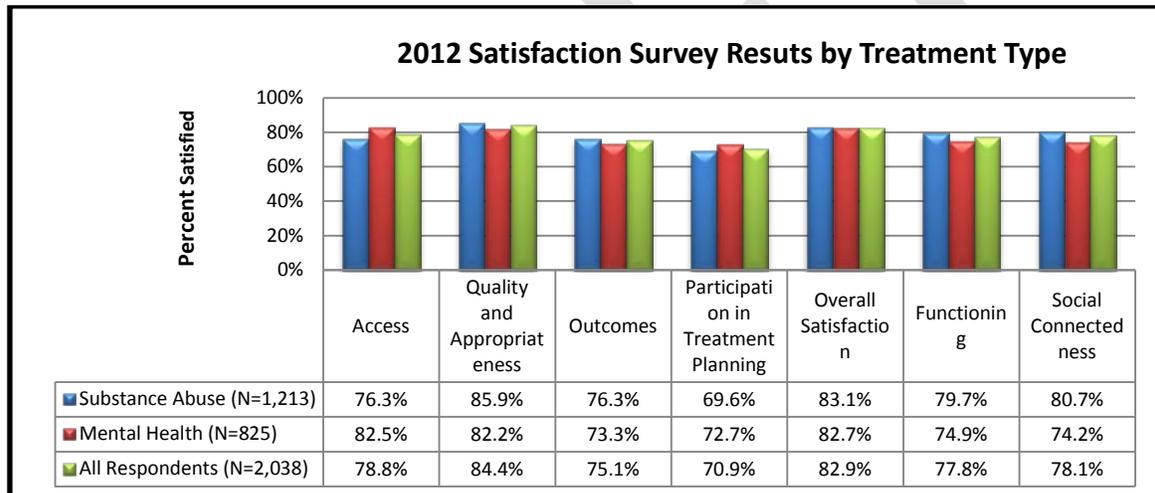
¹ Missing values and "not applicable" answers were excluded.

2012 Satisfaction Survey Findings by Domain

From April to December of 2012, Delaware’s substance abuse and mental health consumers/clients responded to a consumer satisfaction survey by either agreeing or disagreeing to statements which rated their programs on seven domains. Some aspects of their program performance were rated more agreeable than other aspects. This report focuses on the one very important measure of performance; the evaluations are from consumers/clients who were served in Delaware.

The results of these surveys are used to measure performances which are drawn from an existing

database to provide a complete picture of DSAMH funded programs. The results of these evaluations allow consumers and stakeholders the ability to compare mental health and substance programs in Delaware and to continue to support these programs to improve their quality process. Overall, respondents from both mental health and substance abuse programs were highly satisfied with services they received through treatment programs funded by DSAMH as measured by the five MHSIP indicators of consumer perception of treatment quality:



Percentages represent clients who agree or strongly agree with the statement

2012 Satisfaction Survey Findings by Domain – Continue

Eight out of ten of the respondents in both Substance Abuse and Mental Health programs were **overall satisfied** with their treatment;

Over eighty percent of respondents in either Mental Health or Substance Abuse programs were satisfied with the **quality and appropriateness** of services;

More than three-quarters of the respondents in both Mental Health and Substance Abuse programs were satisfied with **access** to services;

Just about three-quarters of the respondents from both Mental Health or Substance Abuse programs were satisfied with the **extend of positive change** (outcomes) in their lives;

Seven out of ten of the respondents were satisfied with their **ability to participate in planning their own treatment**;

More than three-quarters of the respondents in either Mental Health or Substance Abuser treatment programs were satisfied with their **level of functioning**; and **social connectedness**

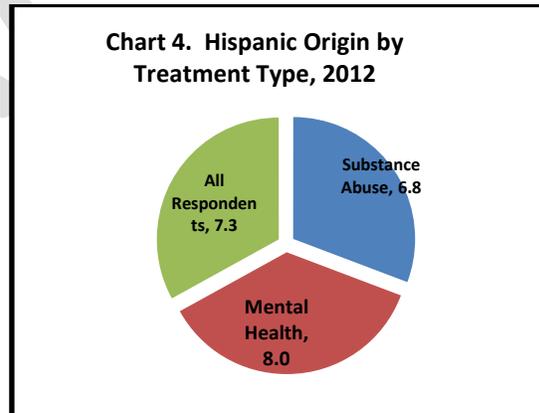
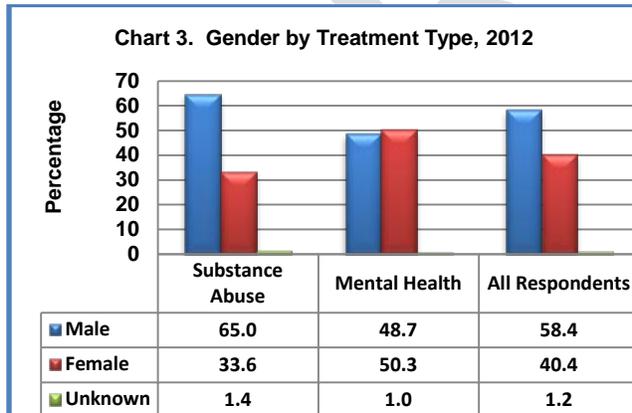


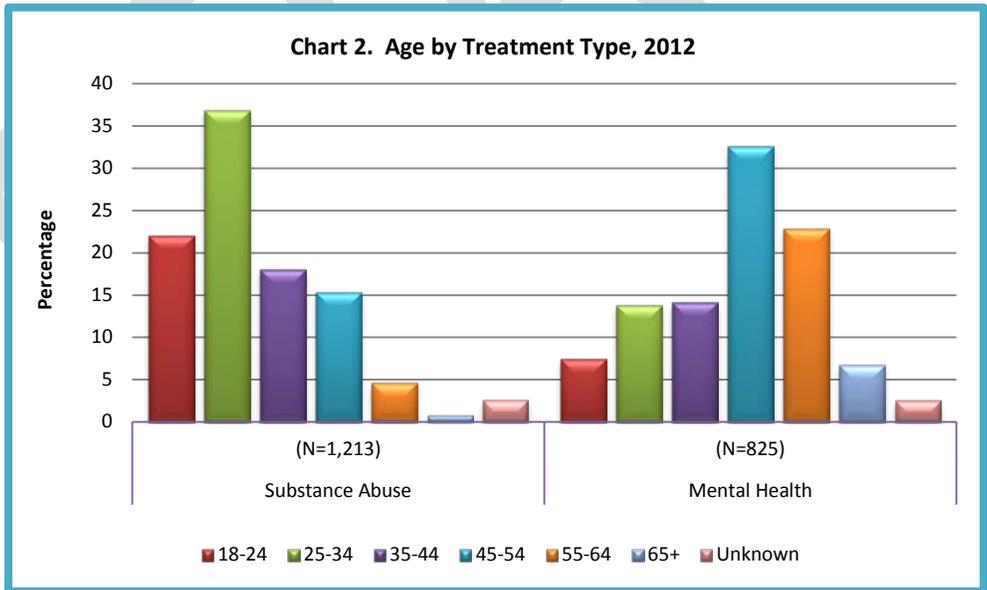
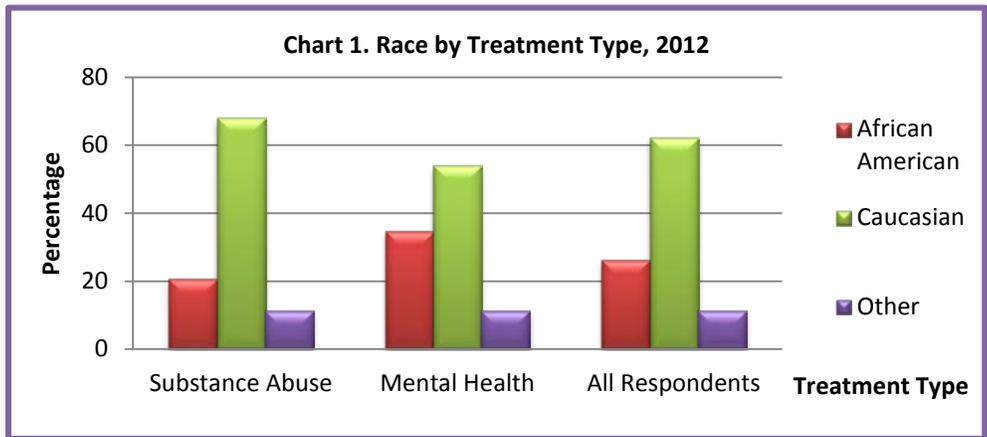
DEMOGRAPHICS:

A comparison of demographic between survey respondents and all substance abuse clients and mental health consumers receiving services in Delaware during Fiscal Year 2012 (n= 17,404) shows that racial, gender and age of the respondent to the survey sample were similar to those of the entire DSAMH consumer population. Gender was also compared involving DSAMH population and survey respondents and was found to have similar characteristics. DSAMH population of male clients (59.8%) and female clients (40.2%) compared with the respondents of the survey male clients (58.4%) and female clients (40.4%). When comparing age ranges of the DSAMH population to the same ranges of the survey respondents also reflected to be consistency with the same results of the consumer survey; mental health consumers tended to be in the older age

range while substance abuse clients were younger in both client population and survey responses.

The demographics of the respondents who completed the consumer satisfaction survey were Caucasian (62.4%) and male (58.4%). Just over one-quarter of the respondents who completed the survey was African American (26.3%). Slightly less than one-in ten respondents reported their ethnic origin as Hispanic. Almost sixty percent (60%) of the respondents were between the ages of 18 – 44 with the highest percentage in age group of 25 – 34 (27.6%). Overall substance abuse respondents tended to be younger, male and Caucasian; while mental health respondents were likely to be male or female, Caucasian and older.





TRENDS OVER TIME: 2009 - 2012

Results from the 2012 survey were compared to results from three prior surveys (Figure 1). The survey results were compared by domain to reflect the respondents' answers to the related questions meant for each domain.

Satisfaction with Access has remained relatively constant across the years, with the exception of 2010, when the level of satisfaction in this domain dropped to 76.4% and then improved in 2010 to 79.9%; only too dropped slightly in 2012 to 78.8%.

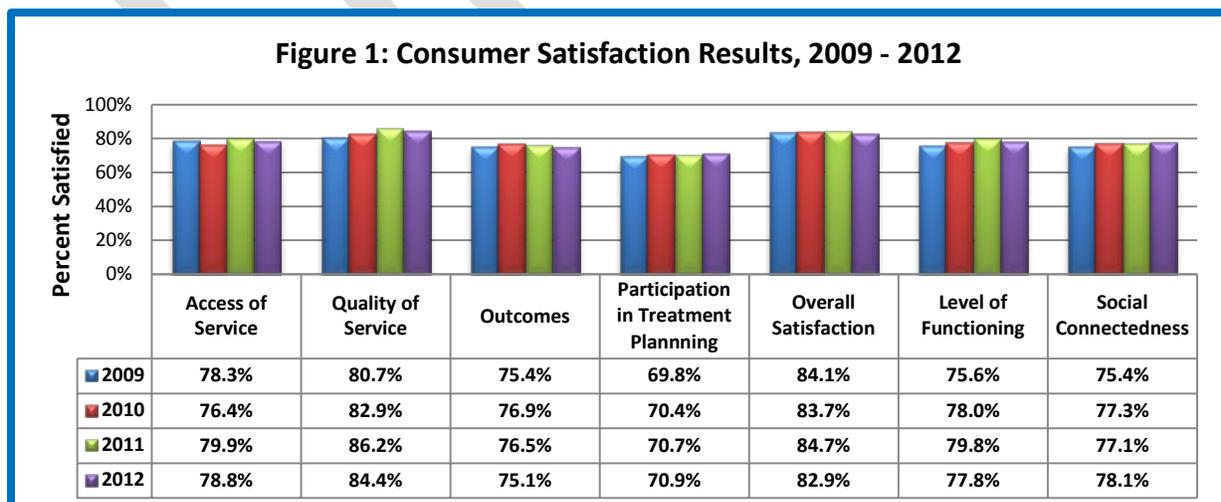
In contrast, *Satisfaction with Quality and Appropriateness* has remained between 80% and 86% for the past four survey years. This domain rose from to 82.9% in 2010 to 86.2% in 2011; however, in 2012 there was a slight decreased in the satisfaction rate of this domain 84.4%.

Although *Satisfaction with Outcomes* in 2010 was the highest for the past four survey years (76.9%) dropping slightly in 2011 (76.2%) and in again in 2012 (75.1%). Only three out of four respondents were satisfied with their outcomes. This domain remains to have one of the lowest satisfaction rates.

The lowest rates of satisfaction have consistently been in the area of *Participation in Treatment Planning*. In 2012, this domain saw the highest rate for this area 70.9% up from 69.8% in 2009. Since 2009, satisfaction rates in Participation in Treatment Planning have slowly but surely improved over the past four years.

The highest rates of consumer satisfaction for the past four years have been in *Overall Satisfaction* with the highest rate in 2011 (84.7%) with a slight decreased in 2012 (82.9%), Still eight out of ten respondents were generally overall satisfied with their treatment program.

Satisfaction with Functioning and Social Connectedness were added in 2007-8 and were compared starting with the 2009 survey. Consumer satisfaction rates in these areas remained constant over the past four years. Three out four respondents positively agreed with the questions relating to these domains.



DSAMH NEWS

In July 2011, the State of Delaware entered into a settlement agreement with the U.S. Department of Justice as a result of an Americans with Disabilities Act Olmstead lawsuit. To meet the requirements of the settlement, DSAMH began a comprehensive transformation of the behavioral health system of care to a more community based, less restrictive system based on Assertive Community Treatment (ACT) and Intensive Case Management (ICM) teams. New contracts for services were initiated. Some of the providers who had operated under the old Community Continuum of Care Program (CCCP) won new contracts under the new systems. Some new to Delaware providers won contracts to provide care under the new model.

The newly developed ACT/ ICM treatment centers consist of a team of trained professionals designed to provide treatment that is community- based. The team provides psychiatric, rehabilitation, and support to persons with serious and persistent mental illness. ACT/ICM is a team of professionals whose backgrounds and training include social work; rehabilitation, counseling, nursing and psychiatry. Among the services ACT/ICM teams provide are the following: case

management; initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services, and other services and support critical to an individual's ability to live successfully in the community. ACT/ICM services are available 24 hours per day, 365 days per year. Treatment plans are developed with the client and are based the client's needs, hopes, desires, and strength. ACT/ICM team members share offices and their roles are interchangeable when providing services to ensure that services are not disrupted due to staff absence or turnover. Services are intended to be long-term and recovery may take years.

Transition, especially a major system change, is not easy. As shown by the results of the 2012 Consumer Satisfaction Survey, some of the rates showed an insignificant decline while others had a modest increase. Only time can tell if the system change will have a positive effect on DSAMH clients.



DRAFT

APENDIX

DEFINITIONS OF DOMAINS

Access to Services - Access to services includes the following: location of services was at a convenient location (parking, public transportation, distance etc.); office hours were available at suitable times for you; staff were willing to see you as often as you feel necessary; staff returned your calls within 24 hours; provision of services that you think you need; able to see a psychiatrist when you wanted; and in a time of crisis case manager or counselor can easily be contacted. Below are the seven questions that pertain to this domain. The responses were given by treatment type it appears that Mental Health clients were more satisfied than Substance Abuse Clients; except for one question regarding getting all of the services they thought they needed.

Quality and Appropriateness of Services - The quality and appropriateness of services is measured by consumer agreement with the following items: staff belief in your ability to change and recover; you feel free to complain about staff; staff respects your privacy, culture/ethnic background, and rights; staff provides information on potential side effects of your medication; and staff ability to provide you with enough information to allow you to take charge of your own life.

Outcomes - Satisfaction with treatment outcomes is measured by agreeing to statements regarding your ability to: deal more effectively with daily problems, control your life, deal with crisis, get along better with family, do better in social situations and school and/or work, improve your housing and better manage your symptoms.

Participation in Treatment Planning- Satisfaction with participation in treatment planning is measured by your ability to decide your treatment goals and feel comfortable asking questions about your treatment and medications.

Overall Satisfaction - Overall satisfaction is measured by the extent to which you like the services receive and would still get services at the agency even if you had other choices, and would recommend the agency to friends or family.

Functioning - Improved functioning is measured by your ability to do things that are more meaningful to you, better able to take care of your needs, better able to handle things when they go wrong, able to do things that you want to do, and your symptoms are not bothering you as much.

Social Connectedness - Social connectedness is measured by satisfaction with your relationships with family, friends and community.

QUESTIONS RELATED TO EACH DOMAIN

Access to Services:

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.

Most agreeable statements related to staff and services

- "Staff here believe that I can grow, change and recover"* (91% agreed)
- "Staff encourage me to take responsibility for how I live my life"* (89% agreed)
- "I felt comfortable asking questions about my treatment and medication"* (88% agreed)

Lowest agreeable statements related to staff and services

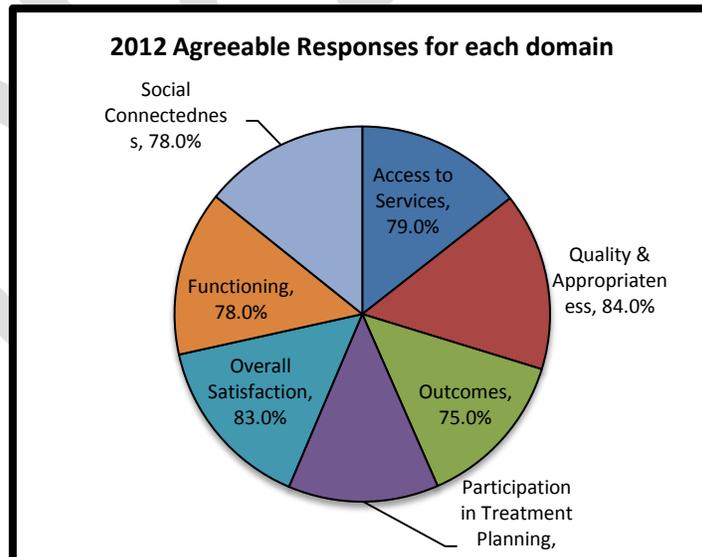
- "I was able to see a psychiatrist when I wanted to"* (71% agreed)
- "I, not staff, decided my treatment goals"* (72% agreed)
- "The staff treat people who may be gay or lesbian with dignity"* (76% agreed)

Most agreeable statements related to outcomes of treatment

- "I am better able to take care of my needs"* (83% agreed)
- "In crisis, I have the support I need from family or friends"* (83% agreed)
- "I am better able to control my life"* (83% agreed)

Lowest agreeable statement related to outcomes of treatment

- "My housing situation has improved"* (64% agreed)
- "I am better able to keep a job"* (66% agreed)
- "I feel I belong in my community"* (75% agreed)





19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9
21. The Staff treat people of my race with dignity.	1	2	3	4	5	9
22. The Staff treat people who may be gay or lesbian with dignity.	1	2	3	4	5	9
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
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
For questions 37-40 please answer for relationships with persons other than your mental health provider(s)						
37. I am happy with the friendships I have.	1	2	3	4	5	9
38. I have people with whom I can do enjoyable things.	1	2	3	4	5	9
39. I feel I belong in my community	1	2	3	4	5	9
40. In a crisis, I would have the support I need from family or friends.	1	2	3	4	5	9



41. I receive training and education on mental health recovery at this treatment agency	1	2	3	4	5	9
42. I was offered treatment and/or resources regarding my issues of trauma or abuse.	1	2	3	4	5	9
43. I feel safe talking with staff about my experiences with trauma or abuse	1	2	3	4	5	9

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)
A

OR

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



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)

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
American)

Asian

Black (African

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.

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:

Interviewer Signature _____ Date _____

Comments:

"I am infinitely pleased with Delaware Health and Social Services for the marvelous work that they do on both a general and personal level. The treatments and the therapist function very effectively."

"I feel that we need more dual-diagnosis treatment centers in DE. 85% of addicts and alcoholics have a mental disorder. We are also in dire need of another in-patient facility."

"I really think this program can be very successful in helping people overcome their addictions, and past problems. I wish there were more services to help people with outside needs, social work etc."

"I need to speak to my counselor about my concerns regarding trauma/abuse. Apparently it's more important than I thought."

"The survey was good; it lets me see that people are concerned about helping people out and making it better. Thank You for your concern."

"I have made significant progress since I've been with Horizon House; I hope to continue my treatment and to be able to manage my illness and any arising crisis with the aid of my Horizon House team. I value all of the help I have received."

"I love Gaudenzia. It is saving lives extra big time because it has saved some of my personal friends. EG group is my personal favorite too. It is a great organization."

"I gained confidence in my life and this program has helped me look back at my past and realize that the life I was living was not the life to live. The program is great."

"We would like to have some organized trips like bowling or movies or a beach trip. Staff has been supportive."

"Need better transportation for clients and if so better location for people who live in Wilmington. It is good that they deliver meds. But should give a better time frame."

"Meds doctor and staff need to know or have copies of inform. Ins. Like medicare D plan covers. Be able can[sic] the best price. Client express process of getting prescriptions at best cost could be less confusing. Need to have a person in office who is familiar"