

DMHAS Consumer Satisfaction Survey Instructions – FY 2017
<http://www.ct.gov/dmhas/consumersurvey>

The Department of Mental Health and Addiction Services (DMHAS) administers an annual consumer satisfaction survey as part of its continuous quality improvement activities. Satisfaction results are incorporated into provider quality reports and serve as a performance indicator for state funded and operated providers of service.

Surveys Are Due Annually on June 30 (end of Fiscal Year)
Need to Calculate Sample Size? See Page 2!

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

- DMHAS-operated
- DMHAS-funded by Human Services Agreement contract
- Please see table at end of document for exceptions.

Publicizing the Survey

Publicize the survey in advance! We suggest:

- Posters and flyers
- Announcements in meetings
- Mailings
- Verbal reminders to staff and clients
- Meetings scheduled with consumers specifically to announce the beginning of the Consumer Satisfaction Survey process

Consumer Anonymity

- **DMHAS recommends the involvement of people in recovery in the presentation of the survey to program participants.**
- It is most important to administer the surveys in a manner that ensures and communicates anonymity to the people that are responding.
- Several DMHAS providers have reported that assistance by “non-interested/neutral” persons such as peers, peer advocates, other advocacy groups or non-direct service staff improved the response rate and comfort level for respondents.
- **Many providers have implemented a “drop box” system where a client is able to return a survey without having to involve handing it to a staff person.**

Consumers Have a Choice

- **The completion of surveys by the person in treatment should be voluntary.**
- Please reinforce the importance and value of consumer opinion; explain that this survey is a major tool that DMHAS uses to understand consumer need.
- If someone indicates that s/he has already completed a survey for another program in your agency, or while receiving treatment from another agency during this fiscal year, **do not administer the survey to that person again, unless the consumer indicates interest.**
- If the consumer does not wish to answer certain questions on the survey, that is their choice.

Program-Level Reporting vs. Provider-Level Reporting

- DMHAS completes statewide analyses of all the survey data at the close of the fiscal year, and reports the results of these analyses shortly thereafter. Provider level reports are distributed as well.
- Provider agencies have the choice of collecting and identifying surveys by specific programs within their organization, or from the organization as a whole. This decision should be made by organizational management.
- Program-specific surveys provide the most meaningful and useful information to the provider.

Sample Size

The required sample size for each provider should be based on the unduplicated client count for the first quarter of FY 16, for all programs that have the Consumer Satisfaction Survey requirement.

The unduplicated client counts should be obtained from the Unduplicated Clients report in the DDaP Data Warehouse. It is in the Client Reports folder.

- Enter **07/01/2015** for the Start Date and **10/01/2015** for the End Date. (First Quarter of FY 16)
- Select the relevant programs and your preferred sorting order – we suggest **Level of Care Type**, then **Level of Care Mode**, then **Program Name**.
- Use the numbers in the **Active** column to calculate your sample size.

➡ Note: if the unduplicated client count is 15 or fewer, you do not need to collect surveys for that program. ◀

If Your Unduplicated Client Count is Equal to This Number....	...Your Sample Size is This Number (95% C.L. +/-7%CI)
20	18
30	26
40	33
50	40
60	46
70	52
80	57
90	62
100	66
150	85
200	99
250	110
300	119
350	126
400	132
450	137
500	141
600	148
700	153
800	158
900	161
1000	164
1100	166
1200	169
1300	170
1400	172
1500	173
1600	175
1700	176
1800	177
1900	178
2000	179

Survey Instrument – FY 17

As in past years, the survey instrument is comprised of the 28-item MHSIP survey.

The WHOQOL-BREF Quality of Life (QOL) instrument is offered as a **completely voluntary and separate option** for your agency, to be used **however you wish**.

If your agency chooses to collect QOL data, your agency staff will be responsible for data entry. DMHAS will not perform this task.

Another optional survey for FY17 is the **Health-Related Outcomes** module, which may be used by your agency or LMHA to collect basic health information about consumers who answer the main satisfaction survey. It contains 8 questions from the Behavioral Risk Factor Surveillance System (BRFSS), developed by the CDC.

The Evaluation, Quality Management and Improvement Division will continue to provide support and training to providers regarding the administration of the optional QOL and Health Outcomes tools, as requested. EQMI will continue to analyze incoming QOL and Health-Related Outcomes data and report on it on an annual basis.

The 2017 Consumer Satisfaction Survey, optional QOL instrument, and optional Health-Related Outcomes instrument are all available in English as well as Spanish on the DMHAS Consumer Satisfaction Survey website:

<http://www.ct.gov/dmhas/consumersurvey>

The Consumer Satisfaction Survey System / Submission of Survey Data

All data must be entered via the Consumer Satisfaction Survey module, accessible through the DMHAS Suite of Applications portal (DDaP.) It allows providers with access rights to easily enter the Consumer Satisfaction Survey data, either by specific program, or by the agency as a whole without identifying a particular program.

[Click here to access the User's Guide for the Consumer Satisfaction Survey module.](#)

All users of DDaP should have access to the Consumer Satisfaction Survey module by default. Users without existing DDaP accounts, [please visit the EQMI web page by clicking this link](#) and selecting the appropriate option from the "Request Forms" section.

DMHAS does not provide data entry services. Please plan ahead to ensure that your agency has adequate data entry staff for the Consumer Satisfaction Survey.

A few suggestions regarding record keeping and data entry:

- After a survey is entered into DDaP, a **survey ID** will be assigned to it and listed on the Existing Surveys page. It is often beneficial to write this survey ID on the hard copy of the survey that was just entered so that any issues can be tracked back to the original survey.
- One data issue that we encounter each year is that some providers forget to enter the second page of the consumer survey into DDaP. There is a "Page 2" tab at the top of the consumer survey data entry page to get to page 2. Please make all data entry staff aware of this to avoid having to go back and re-enter data after the fact (also provides a good example of how recording the survey ID on the hard copy can be very useful).

Questions?

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Thank you very much for your continued participation in the annual DMHAS Consumer Satisfaction Survey!

DMHAS Levels of Care Required to Participate in the Annual Consumer Satisfaction Survey*
(Modified September 2014: reorganized table; no changes in list)

Program Type	Level of Care Type	Level of Care Mode
Addiction	Case Management	Intensive Case Management
Addiction	Case Management	Standard Case Management
Addiction	Employment Services	Employment Services
Addiction	IOP	Standard IOP
Addiction	Medication Assisted Treatment	Methadone Maintenance
Addiction	Outpatient	Gambling Outpatient
Addiction	Outpatient	Standard Outpatient
Addiction	PHP	Partial Hospitalization Services
Addiction	Residential Services	Intermediate/Long Term Res.Tx 3.5
Addiction	Residential Services	Long Term Care 3.3
Addiction	Residential Services	SA Intensive Res. Rehabilitation 3.7d
Addiction	Residential Services	Transitional/Halfway House 3.1

Forensic MH	Case Management	Standard Case Management
Forensic MH	Outpatient	Standard Outpatient
Forensic MH	Residential Services	MH Intensive Res. Rehabilitation
Forensic MH	Residential Services	Transitional/Halfway House 3.1

Forensic SA	Case Management	Standard Case Management
Forensic SA	Outpatient	Standard Outpatient

Mental Health	ACT	Assertive Community Treatment
Mental Health	Case Management	Standard Case Management
Mental Health	Case Management	Supportive Housing
Mental Health	Community Support	CSP
Mental Health	Employment Services	Employment Services
Mental Health	IOP	Standard IOP
Mental Health	Outpatient	Standard Outpatient
Mental Health	Residential Services	Group Home
Mental Health	Residential Services	MH Intensive Res. Rehabilitation
Mental Health	Residential Services	Supervised Apartments
Mental Health	Residential Services	Transitional
Mental Health	Residential Services	Transitional/Halfway House 3.1

Please call Karin Haberlin at (860) 418-6842 if you have any questions about this requirement.