



CONSUMER SURVEY USER'S GUIDE

INFORMATION SYSTEMS DIVISION

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TABLE OF CONTENTS

CONSUMER SURVEY OVERVIEW	3
HOW TO ACCESS THE CONSUMER SURVEY	4
COMPLETING THE CONSUMER SURVEY	7
CLIENT REFUSED.....	7
DEMOGRAPHICS	8
QUALITY OF LIFE	11
HEALTH RELATED OUTCOMES.....	13
UPDATING A CONSUMER SURVEY.....	15
DELETING A CONSUMER SURVEY.....	16
DDaP Passwords	17
Logging Out of the DMHAS Data Performance System	17

CONSUMER SURVEY OVERVIEW

The DMHAS Consumer Survey is an annual satisfaction survey, administered to clients by the majority of DMHAS funded providers and programs. The participation requirement is determined by programs' level of care. Each agency has a specific number of surveys to collect, determined by an algorithm using information about the agency's caseload in the previous State Fiscal Year.

The DMHAS survey is based upon a commonly used questionnaire that most other states use. Collection of these data helps DMHAS compare Connecticut outcomes with those from other states.

Agencies may opt to collect information on the provider level (client's opinion of the agency) or on the program level (client's opinion on specific program(s)). Many agencies collect these data on the program level for evaluation purposes.

The survey is anonymous. The client will provide some demographic characteristics and answers to questions, but there will be **no** linking to individual client records. The surveys will be kept in a **completely separate table from client demographics and episode data**.

However, in order for the survey to be useful, the anonymous responses **must** be linked to the correct agency and/or program(s) through program and provider keys.

The data entry screens are accessible through the DDaP front end.

There are four major sections of the Consumer Survey:

1. The **initial screen**, where basic demographics will be entered, and where the system will assign a number to the new record.
2. The **Consumer Survey** itself, consisting of 28 questions.
3. The optional **WHO Quality of Life (WHO-QoL)** instrument, consisting of 26 questions.
4. The optional **Health Related Outcomes** section, which consists of 8 questions.

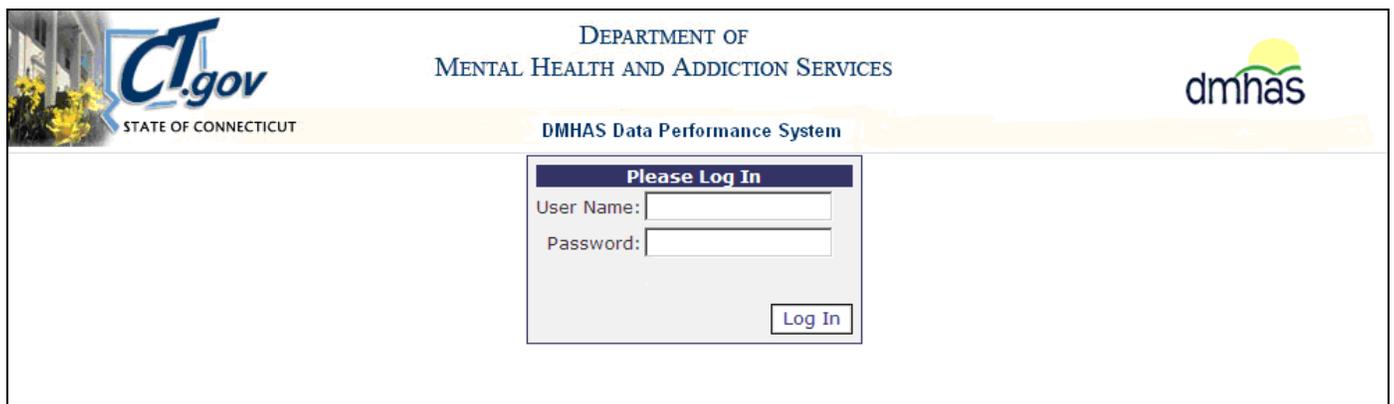
ADDITIONAL INFORMATION

1. You can access additional information regarding the Consumer Survey on the **Tools** menu on the **Side bar** in the **Consumer Survey** under **INFORMATIONAL LINKS**.
2. The **DMHAS Consumer Survey User's Guide** can be found in the **Tools** menu on the **Side bar** in the **Consumer Survey** under **DOCUMENTATION**.
3. See the following pages for details on how to access this additional information.

HOW TO ACCESS THE CONSUMER SURVEY

Log into the DMHAS Data Performance System as follows:

1. Boot-up the pc to the Windows desktop screen.
2. Non-VPN users (Ex. State workers), go to step 4.
3. For VPN users, once VPN or Nortel has run, enter password and Token number. Launch Internet Explorer; an icon will display.
4. Launch Internet Explorer.
5. Enter the DDaP IP address.
6. The Log In screen will be displayed:



7. Enter the following information in the Log In window:

User Name: Enter your user name.
Password: Enter your password.

8. Add the DDaP website to your **Favorites**.
9. Point and click on the Log In button.

Note: 'Please be sure to log out of DDaP after completing your work.' will display at the bottom of the Log In screen as a reminder to be sure to log out after completing your work.

*The **DMHAS Suite of Applications** window will display.*



Only authorized users with a system assigned login name and password may access the DMHAS Data Performance System (DDaP). Contact the Help Desk at 860-418-6644 or email OOCSystemSupport@CT.gov for questions regarding login information.



The **DMHAS Suite of Applications** view will display only the applications to which a particular user has access.

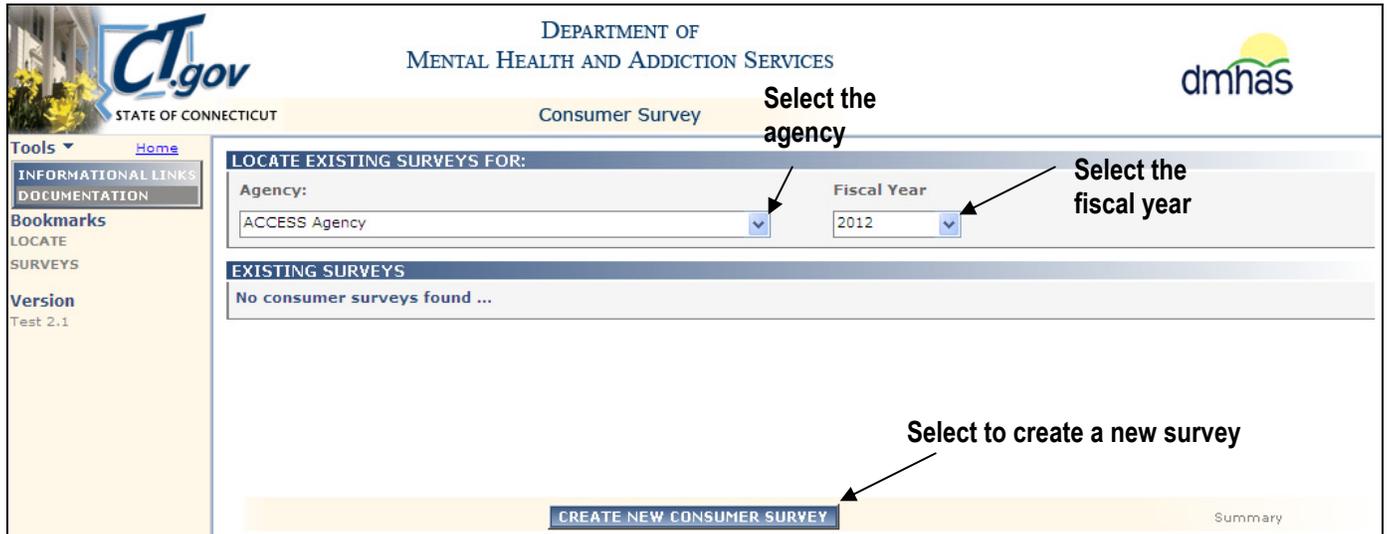
1. Select the [DMHAS Consumer Survey](#) link to access the **Consumer Survey**.
2. The **Consumer Survey Summary** screen will display.

Select **INFORMATIONAL LINKS** and then the links listed to view information on the **Consumer Survey**.

Select **DOCUMENTATION** and then the link to view the **Consumer Survey User's Guide**.

CONSUMER SURVEY SUMMARY

1. Select the **Agency** from the drop list. *Note: Users' options will be limited to their security clearance. Most users will only have their home agency as an option.*
2. Select the current **Fiscal Year** from the drop list.



3. Any existing surveys for that year will display. If there are no consumer surveys for that year, the following message will display: **No consumer surveys found....**
4. Select the **CREATE NEW CONSUMER SURVEY** button at the bottom of the screen to create a new survey.
5. The **Consumer Survey Demographics** screen will display.

CONSUMER SURVEY DEMOGRAPHICS

The screenshot shows the 'Consumer Survey' interface for the Department of Mental Health and Addiction Services (DMHAS) in the State of Connecticut. The form is titled 'Consumer Survey' and is part of a larger process including 'Demographics', 'Quality of Life', 'Health-Related Outcomes', and 'Confirmation'. The 'AGENCY AND PROGRAM' section has dropdown menus for 'Agency' and 'Program(s)'. The 'Date Completed' field has a calendar icon, and the 'Fiscal Year' has a dropdown. The 'CLIENT REFUSED' section has radio buttons for 'Yes' and 'No'. The 'DEMOGRAPHICS' section is divided into three columns: 'GENDER' (Male, Female), 'AGE' (20 and Under, 21-24, 25-34, 35-54, 55-64, 65 and Older), 'PRIMARY REASON FOR RECEIVING SERVICES' (Emotional/Mental Health, Alcohol or Drugs, Both Emotional/Mental Health and Alcohol or Drugs), 'RACE' (American Indian/Native Alaskan, Asian, Black/African American), 'ETHNICITY' (Hispanic-Other, Non-Hispanic, Hispanic-Puerto Rican), and 'LENGTH OF SERVICE' (Less Than 1 Year, 12 Months to 2 Years, More Than 2 Years). At the bottom, there are 'CANCEL' and 'CONSUMER SURVEY >>' buttons.

To COMPLETE A DMHAS CONSUMER SURVEY, follow the steps below:

1. Select the **Agency** from the Agency list. (REQUIRED field.)
2. Select the **appropriate Program(s)** OR All for all programs, from the **Program(s)** list.
3. Enter the **Date Completed** (the date form was completed) in the correct DD/MM/YYYY date format or select the date from the calendar. (REQUIRED field.) **If you do not know the exact day, enter 01 for day and current month and year for month and year.**
4. Select the **Fiscal Year** from the drop list. (REQUIRED field.) The field will default to the current fiscal year.
5. Complete the **Client Refused** field as noted below:

CLIENT REFUSED TO ANSWER SURVEY QUESTIONS	REQUIRED field. Click on the Yes or No radio button.
--	---

6. If **Yes** is selected for the **Client Refused** question, the survey is done. Select the **CONFIRMATION** button at the bottom of the screen to complete the survey.



If Yes is selected for the **Client Refused** question and the **Agency, Date Completed** and **Fiscal Year** fields are not completed, error messages will display. These are required fields and need to be completed accordingly.

7. If **No** is selected for the **Client Refused** question, complete the **DEMOGRAPHICS** section of the survey as noted on the following page and continue on with the survey.

DEMOGRAPHICS

8. Complete the Demographics fields as noted below. Leave items unselected if the relevant information is missing:

GENDER	Click on the Male or Female radio button to identify the consumer's gender.
AGE	Click on the AGE range radio button that identifies the consumer's age range.
RACE	Click the appropriate RACE check boxes to identify the consumer's race. <i>Check all that apply.</i>
ETHNICITY	Click on the appropriate radio button to identify the consumer's ETHNICITY .
PRIMARY REASON FOR RECEIVING SERVICES	Click on the appropriate radio button to identify the consumer's primary reason for receiving services.
LENGTH OF SERVICE	Click on the appropriate radio button to identify the consumer's length of service.

9. Select the **Consumer Survey** button  to go to the next page. (Select the **Cancel** button  to cancel and not complete the survey.)

10. **Page 1** of the **Consumer Survey** will display when the **CONSUMER SURVEY** button is selected.

CONSUMER SURVEY – PAGE 1

11. Click on the appropriate radio button to enter the consumer’s rating of statements 1 - 15.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Consumer Survey

Tools ▾

Demographics → Consumer Survey → Quality of Life → Health-Related Outcomes → Confirmation

Page 1 Page 2

Questions 1 - 15

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

<< DEMOGRAPHICS QUALITY OF LIFE >>

Consumer Survey

12. Click on the **Page 2** tab at the top of the **Consumer Survey**. The second page of the form will be displayed.

CONSUMER SURVEY – PAGE 2

13. Click on the appropriate radio button to enter the consumer’s rating of statements **16 - 28**.

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
16. My wishes are respected about the amount of family involvement I want in my treatment.	<input type="radio"/> SA	<input type="radio"/> A	<input checked="" type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
<i>As a result of services I have received from this agency:</i>						
17. I deal more effectively with daily problems.	<input type="radio"/> SA	<input checked="" type="radio"/> A	<input type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
18. I am better able to control my life.	<input type="radio"/> SA	<input checked="" type="radio"/> A	<input type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
19. I am better able to deal with crisis.	<input type="radio"/> SA	<input checked="" type="radio"/> A	<input type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
20. I am getting along better with my family.	<input type="radio"/> SA	<input type="radio"/> A	<input checked="" type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
21. I do better in social situations.	<input type="radio"/> SA	<input checked="" type="radio"/> A	<input type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
22. I do better in school and/or work.	<input type="radio"/> SA	<input type="radio"/> A	<input checked="" type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
23. My symptoms are not bothering me as much.	<input type="radio"/> SA	<input checked="" type="radio"/> A	<input type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
<i>In general...</i>						
24. I am involved in my community (for example, church, volunteering, sports, support groups, or work).	<input type="radio"/> SA	<input type="radio"/> A	<input checked="" type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA
25. I am able to pursue my interests.	<input type="radio"/> SA	<input type="radio"/> A	<input checked="" type="radio"/> N	<input type="radio"/> D	<input type="radio"/> SD	<input type="radio"/> NA

14. After question 28 is completed, enter any narrative comments the client may have provided in the **‘Is there anything else that you would like to tell us about your services here?’** field. *Leave this field blank if no comments were offered.*

15. Select the **QUALITY OF LIFE** button at the bottom of the screen. (Select the **DEMOGRAPHICS** button to go back to the **DEMOGRAPHICS** screen.)



The **Quality of Life** (items 29 through 33) section is **OPTIONAL**. If this step does not apply to your agency, skip to the next section by clicking the **HEALTH RELATED OUTCOMES** button.

Once the **QUALITY OF LIFE** button is selected, the screen and fields will display.

QUALITY OF LIFE – Page 1

- Click on the appropriate radio button to enter the consumer's rating of statements 1 - 3.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Consumer Survey

Tools ▾

Demographics → Consumer Survey → Quality of Life → Health-Related Outcomes → Confirmation

Page 1 | Page 2 | Page 3 | Page 4

Very Poor | Poor | Neither Poor nor Good | Good | Very Good

1. How would you rate your quality of life?

Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied

2. How satisfied are you with your health?

The following questions ask about how much you have experienced certain things in the last two weeks:

Not at All | A Little | A Moderate Amount | Very Much | An Extreme Amount

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

<< CONSUMER SURVEY | HEALTH RELATED OUTCOMES >>

Quality of Life

- Click on the **Page 2** tab at the top of the **Quality of Life** form. Page 2 will display.
- Click on the appropriate radio button to enter the consumer's rating of statements 4 – 12.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Consumer Survey

Tools ▾

Demographics → Consumer Survey → Quality of Life → Health-Related Outcomes → Confirmation

Page 1 | Page 2 | Page 3 | Page 4

Not at All | A Little | A Moderate Amount | Very Much | An Extreme Amount

4. How much do you need any medical treatment to function in your daily life?

5. How much do you enjoy life?

6. To what extent do you feel your life to be meaningful?

Not at All | Slightly | A Moderate Amount | Very Much | Extremely

7. How well are you able to concentrate?

8. How safe do you feel in your daily life?

9. How healthy is your physical environment?

The following questions ask about how completely you experience or were able to do certain things in the last two weeks:

Not at All | A Little | Moderately | Mostly | Completely

10. Do you have enough energy for everyday life?

11. Are you able to accept your bodily appearance?

12. Have you enough money to meet your needs?

<< CONSUMER SURVEY | HEALTH RELATED OUTCOMES >>

Quality of Life

- Click on the **Page 3** tab at the top of the **Quality of Life** form. Page 3 will display.
- Click on the appropriate radio button to enter the consumer's rating of statements **13 – 20**.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

dmhas

STATE OF CONNECTICUT Consumer Survey

Tools ▾

Demographics → Consumer Survey → **Quality of Life** → Health-Related Outcomes → Confirmation

Page 1 Page 2 Page 3 Page 4

Survey ID: 4
Provider: Bridges
Create Date: 10/01/2011

Version
Test 2.1

	Not at All	A Little	Moderately	Mostly	Completely
13. How available to you is the information that you need in your day-to-day life?	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14. To what extent do you have the opportunity for leisure activities?	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
	Very Poor	Poor	Neither Poor nor Well	Well	Very Well
15. How well are you able to get around?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<i>The following questions ask about how you say how good or satisfied you felt about various aspects of your life over the last two weeks:</i>					
	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
16. How satisfied are you with your sleep?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17. How satisfied are you with your ability to perform your daily living activities?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18. How satisfied are you with your capacity for work?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
19. How satisfied are you with your abilities?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20. How satisfied are you with your personal relationships?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

<< CONSUMER SURVEY HEALTH RELATED OUTCOMES >> Quality of Life

- Click on the **Page 4** tab at the top of the **Quality of Life** form. Page 4 will display.
- Click on the appropriate radio button to enter the consumer's rating of statements **21 - 25**.
- Click on the appropriate radio buttons (Yes or No) for question **26** and for the 'Did someone help you to fill out this form?' question.

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

dmhas

STATE OF CONNECTICUT Consumer Survey

Tools ▾

Demographics → Consumer Survey → Quality of Life → Health-Related Outcomes → Confirmation

Page 1 Page 2 Page 3 **Page 4**

Survey ID: 4
Provider: Bridges
Create Date: 10/01/2011

Version
Test 2.1

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
21. How satisfied are you with your sex life?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
22. How satisfied are you with the support you get from your friends?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
23. How satisfied are you with the conditions of your living place?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
24. How satisfied are you with your access to health services?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
25. How satisfied are you with your mode of transportation?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
<i>The following question refers to how often you have felt or experienced certain things in the last weeks:</i>					
	Never	Seldom	Quite Often	Very Often	Always
26. How often do you have negative feelings, such as blue mood, despair, anxiety?	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Did someone help you fill out this form?					
	<input checked="" type="radio"/> Y	<input type="radio"/> N			

<< CONSUMER SURVEY HEALTH RELATED OUTCOMES >> Quality of Life

- Select the **HEALTH RELATED OUTCOMES** button if completing this section of the survey.



The **Health Related Outcomes** section is **OPTIONAL**. If this step does not apply to your agency, click on the **CONFIRMATION** button to complete the survey.

HEALTH RELATED OUTCOMES

1. When the **HEALTH RELATED OUTCOMES** button is selected, the health related questions will display. (Select the **CONSUMER SURVEY** button to go back to the **Consumer Survey** screen.)
2. Click on the appropriate radio button to enter the Health-Related Outcomes, questions 1 - 8.

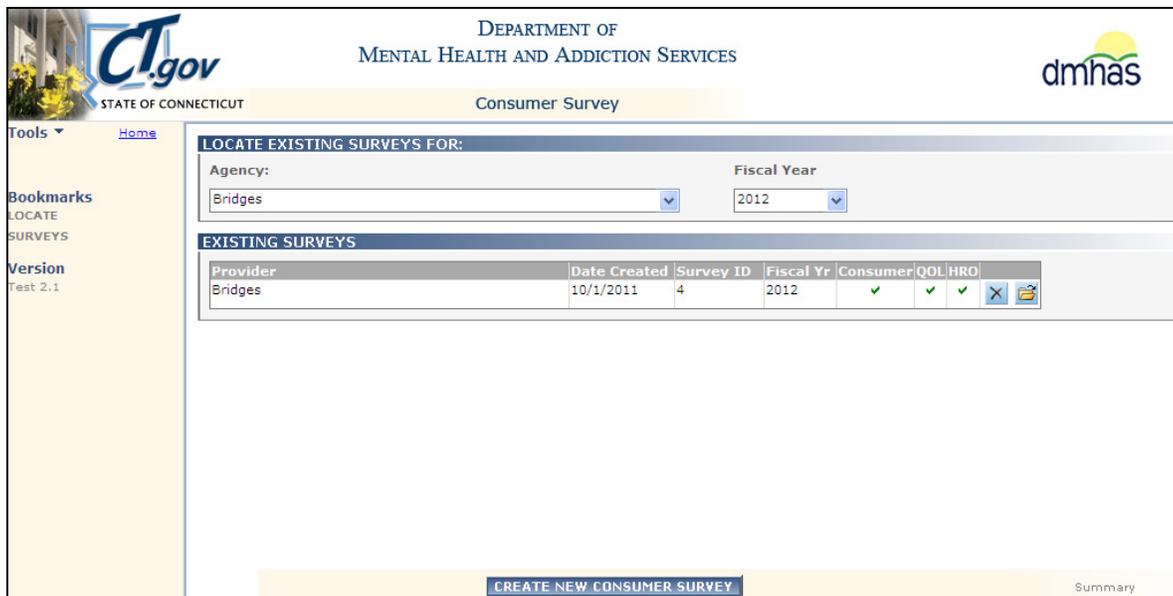
3. Scroll down in the screen to complete the remaining questions.

4. Once the questions are completed, select the **CONFIRMATION** button at the bottom of the screen.

The Consumer Survey is complete. The Consumer Survey **Confirmation** screen will display and green check marks will display for each form that was completed for the client:



- Select the [Create a New Consumer Survey](#) link to go back to the Consumer Survey / Demographics screen and complete another survey.
- Select Return to [DMHAS Home link](#) to go back to the **DMHAS Suite of Applications** screen.
- Select the [Consumer Survey Summary](#) link to go back to locate and view Existing Survey(s).



UPDATING A CONSUMER SURVEY

1. Select the folder icon  to open and view or update the consumer survey.

2. The **Demographics** screen information will display. Make any necessary updates.

3. Select the **CONSUMER SURVEY** button to go to the next page and make updates. (Select the **CANCEL** button to cancel updates and go back to the Consumer Survey search screen.)
4. Continue through the screens to make any other necessary updates and select the **CONFIRMATION** button to save the updates.

DELETING A CONSUMER SURVEY

1. Select the X icon  to delete a survey.

Provider	Date Created	Survey ID	Fiscal Yr	Consumer	QOL	HRO	
Ability Beyond Disability Institute	10/1/2011	1	2012	✓	✓	✓	
Ability Beyond Disability Institute	10/1/2011	2	2012	✓	✓	✓	

2. A message box will display asking 'Are you are sure you would like to delete...?'
3. Select **OK**. (Select the **Cancel** button if you do not want to delete the survey.)

Provider	Date Created	Survey ID	Fiscal Yr	Consumer	QOL	HRO	
Ability Beyond Disability Institute	10/1/2011	1	2012	✓	✓	✓	
Ability Beyond Disability Institute	10/1/2011	2	2012	✓	✓	✓	

4. The survey will no longer display in the grid.

Provider	Date Created	Survey ID	Fiscal Yr	Consumer	QOL	HRO	
Ability Beyond Disability Institute	10/1/2011	1	2012	✓	✓	✓	

DDaP PASSWORDS

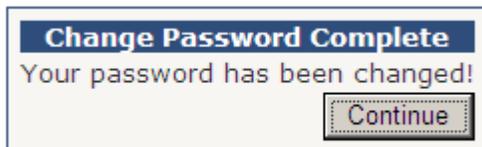
To CHANGE YOUR PASSWORD ANYTIME, follow the steps below:

- Click on the **Tools** menu on the **Side bar** on the **DMHAS Suite of Applications** Home page.
- Select the **Change Password** option. DDaP will display the **Change Your Password** window:



The dialog box titled "Change Your Password" contains three text input fields: "Current Password:", "New Password:", and "Confirm New Password:". Below the fields are two buttons: "Change Password" and "Cancel".

- Enter your **Current Password** and your **New Password**.
- Enter your **New Password** again to **Confirm**.
- Select the **Change Password** button. (Select **Cancel** to close out of the window.)
- The **Change Password Complete** window will display.



The dialog box titled "Change Password Complete" displays the message "Your password has been changed!" and a "Continue" button.

- Select the **Continue** button. Select [DMHAS Data Performance \(DDaP\)](#) to get into the DDaP application, or [Log out](#) to log out of the application (See 'Logging out' below.)

LOGGING OUT OF THE DMHAS DATA PERFORMANCE SYSTEM

When you are finished working in the DMHAS Data Performance System (DDaP), you must log out to ensure the confidentiality of the client data.

To logout, follow the steps below:

- Click on the [Home](#) link on the Side Bar.
- Once back on the **DMHAS Suite of Applications** screen, select [Log out](#) on the Side Bar.
- Click on close (X) button on the upper right end of the screen.