

OKLAHOMA DEPARTMENT OF
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

CUSTOMER ATTITUDES CONCERNING SUBSTANCE ABUSE TREATMENT SERVICES

STATEWIDE SURVEY REPORT
July 1, 2000 through June 30, 2001



Researched and Reported by
Evaluation and Data Analysis Section
DECISION SUPPORT SERVICES

December 2001

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**OKLAHOMA DEPARTMENT OF
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

ACKNOWLEDGEMENTS



Terry Cline, Ph.D., Commissioner
Dave Statton, Chief Operating Officer
Ben Brown, M.S.W., Deputy Commissioner for Substance Abuse Services
Steve Davis, Ph.D., Director of Decision Support Services
Mark Reynolds, Ed.D, EDA Data Projects Manager

Acknowledgement is extended to all the service recipients that participated in the DMHSAS Customer Survey 2001. Recognition goes to the Performance Improvement Coordinators and other expert panel members that advised regarding the survey methodology. Appreciation is extended to the substance abuse treatment center directors and staff that facilitated the opportunity for customers voices to be heard. Thanks to you all.

INTRODUCTION

Purpose

The purpose of the DMHSAS Customer Survey is to measure, from the viewpoint of the people being served, the extent to which Oklahomans are receiving high quality care that enhances the well-being of the individuals and communities.

Goal

The monitoring of customer satisfaction is required of service providers by every certification body (along with efficiency and effectiveness measures). The goal of the DMHSAS Customer Survey is to standardize the measurement of consumer satisfaction among DMHSAS-funded facilities. The centralization of the consumer satisfaction monitoring function reduces provider burden, safeguards respondent identities and potentially increases the validity of the survey responses.

Objectives

The accomplishment of multiple objectives is facilitated by the DMHSAS Customer Survey. They include:

- Facilitate continuous performance improvement
- Inform administrators, program developers, policy makers and other stakeholders
- Provide focus and incentives to enhance employee performance
- Justify block grant disbursements
- Improve communication among stakeholders

Analysis and Reporting

This report contains the results of analysis on the survey replies. Also included is customer feedback on the survey instrument. The Evaluation and Data Analysis section of DMHSAS Decision Support Services is responsible for providing these results. The results are part of a federally funded performance indicator system development project.

FINDINGS

Approximately 1/3 of participating agencies achieved a response rate of 33% or better. Approximately half of the contract or state-operated providers elected to participate in the voluntary evaluation initiative. The surveyed sample is large enough to make valid inferences about customer attitudes statewide, but the inferences may not be valid for individual agencies. An overwhelming majority of the survey respondents (97.5 percent) gave favorable ratings to the treatment services they received. On average, persons still in treatment and adolescents assigned less favorable ratings. The positive relationship between services for family members and care outcome is supported by the survey findings. Statewide, customers voiced 15 compliments for each complaint. Residential service recipients gave proportionately fewer favorable ratings than persons served in other settings. Most respondents gave the survey high importance and performance ratings as a medium for expressing their views.

GENERAL REPORT

CUSTOMER ATTITUDES CONCERNING SUBSTANCE ABUSE TREATMENT

STATEWIDE SURVEY REPORT
July 1, 2000 through June 30, 2001

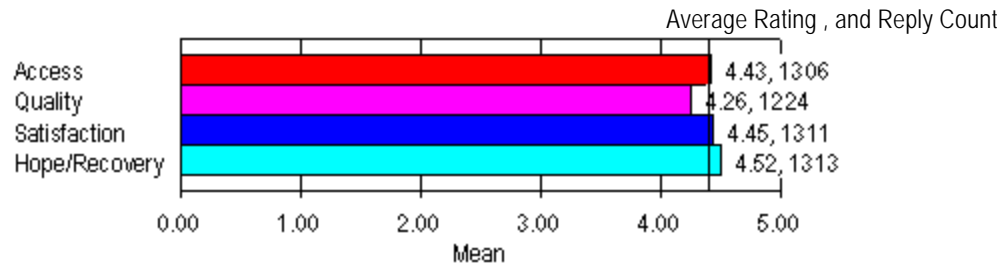
Researched and Reported by
Venita Johnson, Consumer Survey Coordinator
Evaluation and Data Analysis Section
DECISION SUPPORT SERVICES
December 2001

Average Ratings Assigned by Clients: Each Domain

Figure 1: Bar graph shows average ratings in each surveyed domain and the number of people that rated the domain. Five (5.00) is the most favorable rating possible.

Reporting On

Domain Group



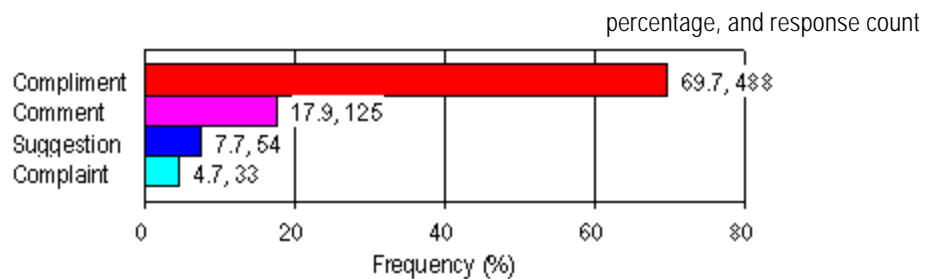
GRADING SCALE (Mean):

Up to 1.00 = **F** >1.00 to 2.00 = **D** >2.00 to 3.00 = **C** >3.00 to 4.00 = **B** >4.00 to 5.00 = **A**

Response Type

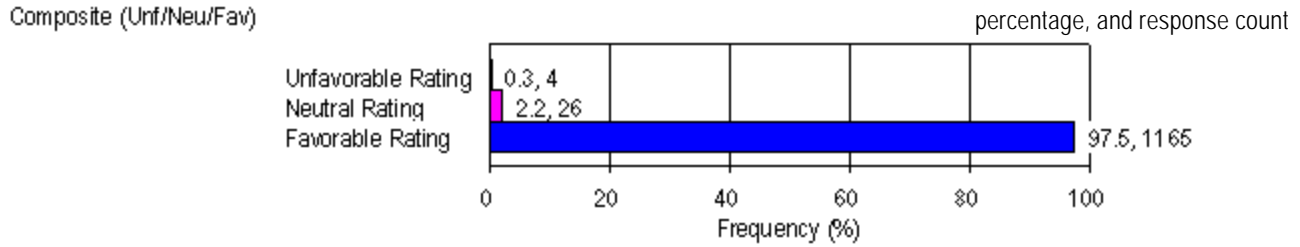
Figure 2: How the survey respondents categorized their open-ended responses. Statewide, respondents gave 15 compliments for each complaint.

Comment Type



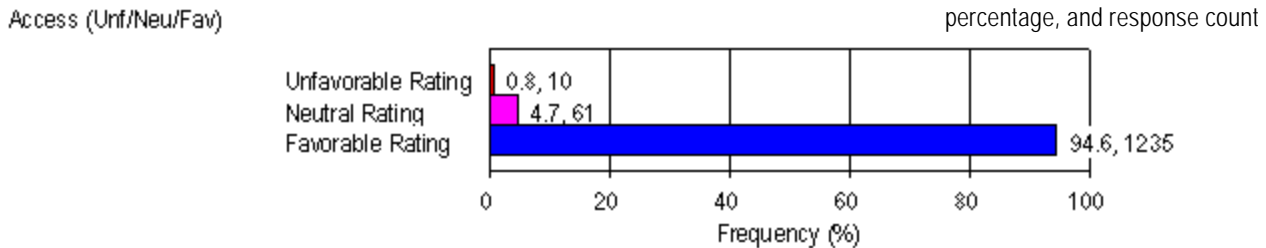
Composite (Overall) Ratings

Figure 3: How service recipients rated this substance abuse treatment experience overall



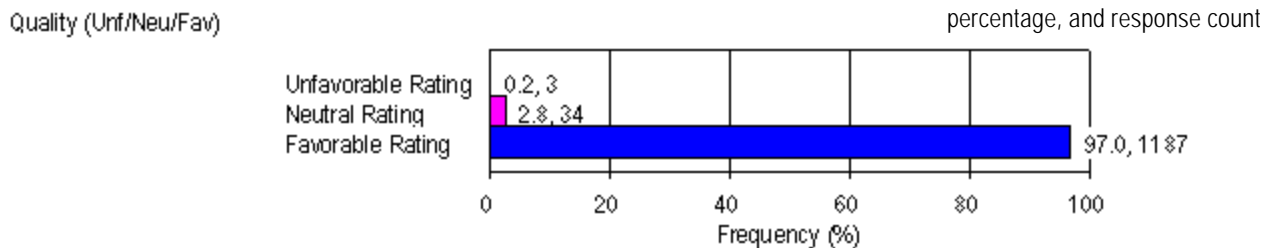
Access to Care

Figure 4: How service recipients rated their access to substance abuse treatment services



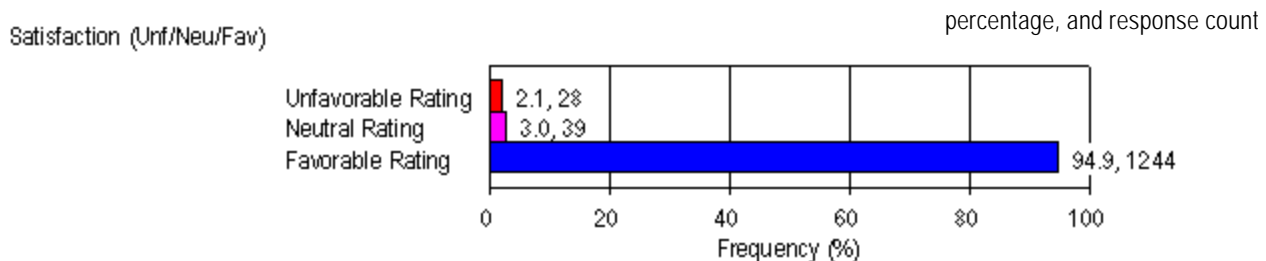
Quality of Care

Figure 5: How service recipients rated the quality of the substance abuse treatment services received



General Satisfaction

Figure 6: How service recipients rated their general satisfaction with the treatment services received



Demographic Comparisons of Composite Ratings

Figure 7:

Sex, ethnicity, race, involuntary treatment status and rural or urban residence did not significantly impact the respondents' overall ratings.

A greater percentage of persons that had finished their treatment plans gave favorable overall ratings compared to those still in treatment (99.1 vs 94 percent, $p<=.01$).

Persons that had not yet finished their treatment plans gave significantly lower ratings in the Access, Quality and Satisfaction domains.

Proportionately fewer adolescents gave overall favorable ratings compared to adult respondents. (88.5 vs 98.1 percent, $p<=.01$).

Adolescents assigned significantly lower ratings in each survey domain: Access, Quality, Outcome (Hope/Recovery), and Satisfaction.

Respondents that indicated they did not willingly participate in treatment either because it was not available or they did not need treatment gave significantly lower overall ratings.**

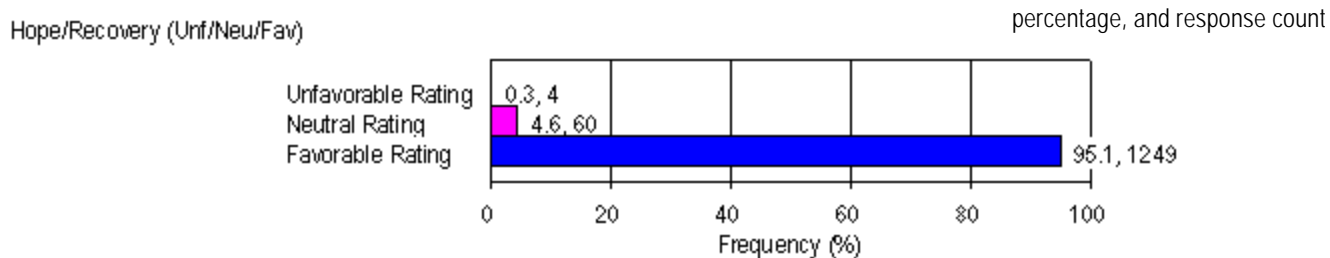
Persons that received residential treatment services gave proportionately fewer favorable ratings.

** The residential service ratings may have been adversely affected by persons that received only detoxification services -- a survey exclusion criterion. For this reason, the 185 respondents that indicated they did not willingly participate in their treatment were omitted from selected item analyses.

	Composite									
	Unfavorable Rating		Neutral Rating		Favorable Rating		Totals		ChiSquare Significance	
Statewide	1325	0.3% 4	2.2% 26	97.5% 1165	100.0% 1195					
Finished Treatment?										
Finished	70.2% 876	0.1% 1	0.8% 6	99.1% 784	100.0% 791	Yes at 99.0%				
Still in Treatment	29.8% 372	0.9% 3	5.1% 17	94.0% 315	100.0% 335					
Adolescent vs Adult										
Under 18	5.3% 63	4.9% 3	6.6% 4	88.5% 54	100.0% 61	Yes at 99.0%				
18 or More	94.7% 1128	0.1% 1	1.8% 18	98.1% 997	100.0% 1016					
Length of willing participation										
Not Avail/Not Needed.										
Zero	15.3% 185	1.2% 2	6.6% 11	92.2% 153	100.0% 166	Yes at 99.0%				
1-3 months	52.3% 631	0.3% 2	0.7% 4	99.0% 573	100.0% 579					
3-6 months	12.1% 146	0.0% 0	1.5% 2	98.5% 134	100.0% 136					
6+ months	20.2% 244	0.0% 0	1.9% 4	98.1% 212	100.0% 216					
Service Setting										
Outpatient	27.8% 289	0.0% 0	0.8% 2	99.2% 259	100.0% 261	Yes at 75.0%				
Residential	64.8% 674	0.5% 3	3.1% 19	96.4% 590	100.0% 612					
Other	7.4% 77	0.0% 0	0.0% 0	100.0% 70	100.0% 70					

Outcome of Care: Hope/Recovery

Figure 8: How survey respondents rated their personal level of hope/recovery as a result of the services received



Collateral Treatment and Care Outcome (Hope/Recovery)

Figure 9: Of the people that indicated their significant other (i.e., spouse, roommate, parent, child, etc.) also received services, 94.3 percent expressed confidence that they would remain clean and sober. Of the remaining respondents, 86.7 percent indicated they felt they would remain clean and sober. This finding is statistically significant . ($p \leq .01$)

		O.1. I feel I will remain clean and sober				ChiSquare Significance
		Agree	Neutral or Disagree	Totals		
Statewide	1325	89.8% 1181	10.2% 134	100.0% 1315		
Significant other also received treatment						
Agree	36.8% 456	94.3% 430	5.7% 26	100.0% 456		Yes at 99.0%
Neutral or Disagree	63.2% 782	86.7% 673	13.3% 103	100.0% 776		

Figure 10: Similarly, nearly 93 percent (92.7%) of the people that indicated their significant other also received services, were planning to attend self-help or support groups after treatment. Less than 86 percent (85.8%) of the remaining respondents indicated such intentions. Again, this finding is statistically significant . ($p \leq .01$)

		O.2. I plan to attend self-help/support groups				ChiSquare Significance
		Agree	Neutral or Disagree	Totals		
Statewide	1325	88.6% 1171	11.4% 150	100.0% 1321		
Significant other also received treatment						
Agree	36.8% 456	92.7% 422	7.3% 33	100.0% 455		Yes at 99.0%
Neutral or Disagree	63.2% 782	85.8% 671	14.2% 111	100.0% 782		

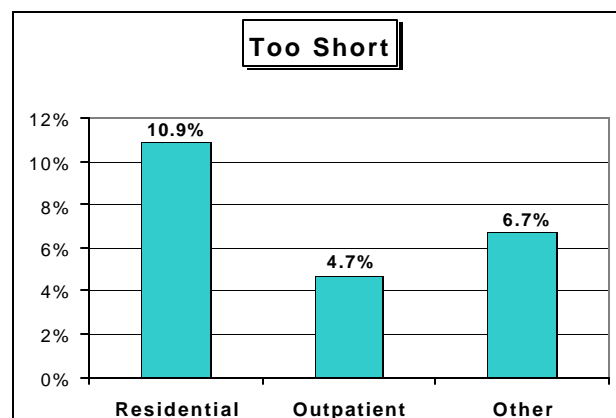
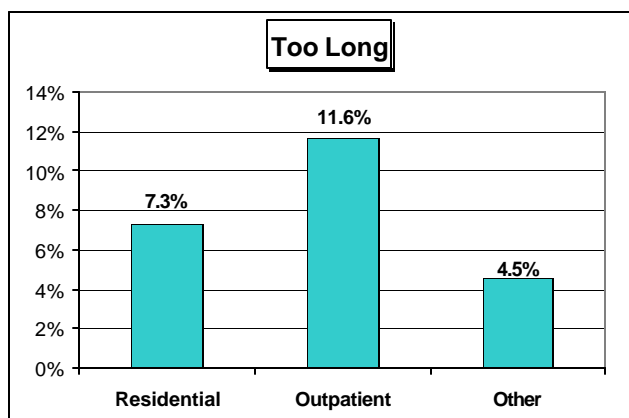
Service Setting and Care Outcome (Hope/Recovery)

Figure 11: Among persons that willingly participated in their treatment, those served in outpatient settings expressed less confidence in their recovery than those served in other settings.

				Hope/Recovery								ChiSquare Significance
				Unfavorable Rating		Neutral Rating		Favorable Rating		Totals		
Willing 1140				0.1%	1	3.1%	35	96.8%	1093	100.0%	1129	
Service Setting												Yes at 75.0%
Outpatient		29.2%	273	0.4%	1	4.5%	12	95.2%	256	100.0%	269	
Residential		65.4%	611	0.0%	0	1.8%	11	98.2%	599	100.0%	610	
Other		5.4%	50	0.0%	0	4.0%	2	96.0%	48	100.0%	50	

Service Setting and Treatment Length

Figure 12: Across service settings, four of every five survey respondents indicated the length of time they were in treatment was "about right." However, significant variations were found, by service setting, among persons that said their treatment was either too short or too long. The charts below display the variations among persons that indicated they willingly participated in their treatment. ($p \leq .05$)



Age and Information Comprehension

Figure 13: Adolescent service recipients were significantly less likely to agree that "Staff gave me information in a way that I understood." (81.2 percent of adolescents vs 98 percent of adults)

				Q.2. Staff gave info in a way that I understood						ChiSquare Significance
				Agree		Neutral or Disagree		Totals		
Statewide 1325				97.0% 1281	3.0% 39		100.0% 1320			
Age Groups										Yes at 99.0%
Under 18 6.8% 80				81.2% 65	18.8% 15		100.0% 80			
18 to 29 36.7% 430				97.9% 418	2.1% 9		100.0% 427			
30 to 39 29.5% 346				98.8% 341	1.2% 4		100.0% 345			
40 to 49 23.2% 272				98.5% 268	1.5% 4		100.0% 272			
50 and Over 3.8% 44				97.7% 43	2.3% 1		100.0% 44			

Client Ratings on Core Questions

Figure 14:

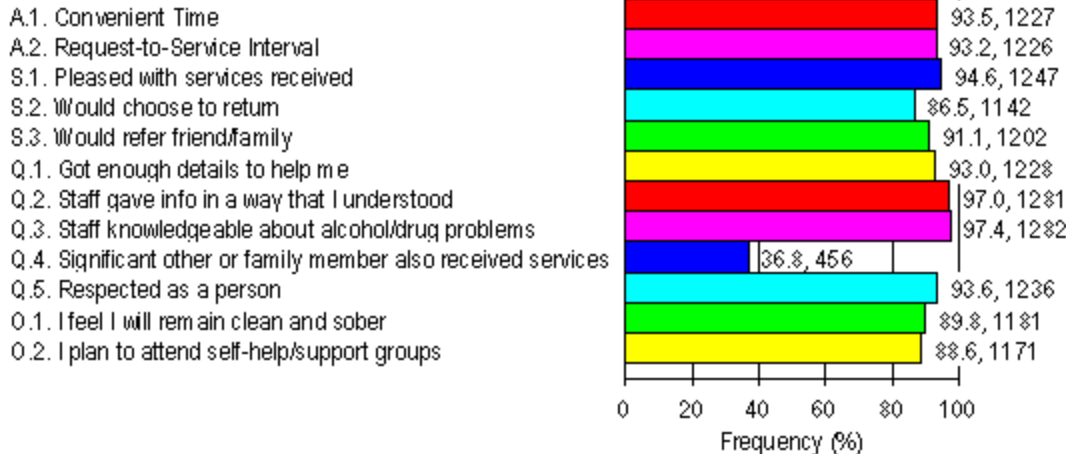
Percentages of favorable (strongly agree/agree), neutral (I don't know), or unfavorable (disagree/strongly disagree) ratings assigned by survey respondents

Frequencies:

Agree

↙ percentage, and response count

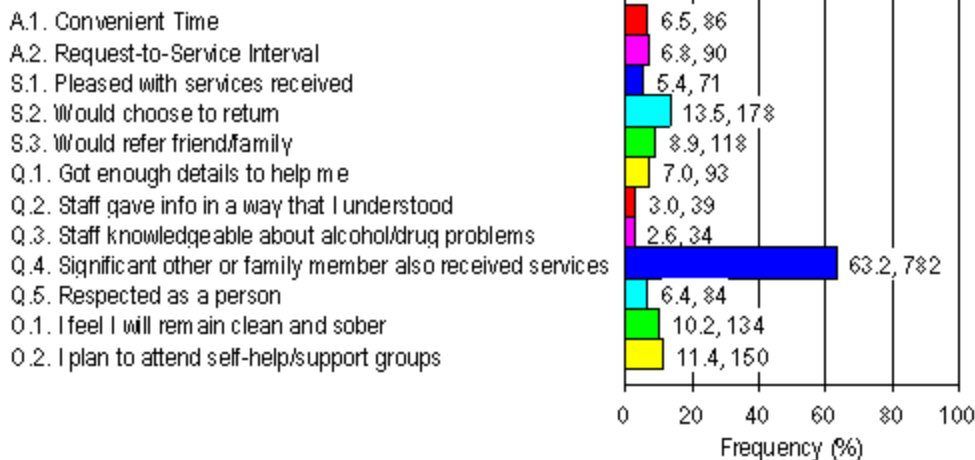
Composite (Overall)



Frequencies:

Neutral or Disagree

Composite (Overall)



DMHSAS (ADOLESCENT) SURVEY CONSENT FORM

(To be completed at admission/discharge)

Project Title: DMHSAS Customer Survey

Project Purpose: This project is designed to provide a safe way for persons who have received substance abuse services to express their views about the system. It has four parts: 1) access to care, 2) the appropriateness and quality of care, 3) general satisfaction, and 4) the outcome of care at agencies fully or partially funded by the Oklahoma Department of Mental Health and Substance Abuse Services.

The reason for the survey is to find out whether you and others receive the quality of care you expect, and whether the services help you.

Benefits: Your honest views -- kind, harsh or other -- can help improve the care you and other people receive in the future. The benefits from this project are long-term system improvements.

Your answering the survey is very important. Your ideas are one-of-a-kind. Only if you share your views, can we include your ideas in decisions about the system. Your answers count. Your ratings will help guide system improvements.

Risks: The project is designed to keep risks to a minimum for people who participate. You should experience no harm or discomfort beyond that of everyday life. Survey answers may be matched to other Department of Mental Health and Substance Abuse Services (DMHSAS) files to evaluate services. Under no circumstances will anyone other than the researchers or the client advocate have access to the identities of participants.

Security/Confidentiality: Your personal responses will remain private. To help keep your answers private, the point-of-return for the questionnaire is outside the service agency. No identifying data will be reported or shared with anyone. We will store the paper surveys in a locked file cabinet until they are scanned. After scanning, the paper surveys will be destroyed. We will keep the information, password protected, on the hard drive of a personal computer -- not a network file. Only combined statistics and comments will be reported.

Cost: There is no charge for you to participate in the survey. Postage-paid envelopes will be provided for mail surveys.

Comfort: We have tried to make answering the questions easy and comfortable for you. Please explain any other concerns you have. You are the expert about your experiences.

Participation: Your participation is voluntary. You choose whether you want to answer the questions. Your choice will not affect your privileges or rights.

Whatever you decide, you may change your mind at any time. There are no penalties. However, once we combine your answers with others, we will not be able to take them out.

If you say yes, you are saying it is okay for the State to contact you or your minor child that received services to ask your or your child's views about the quality and outcome of the care you received. Please mark either the 'yes' or 'no' box, and sign this form. Include this signed form with your survey in the business-reply envelope.

~ Continued on the back ~

Participation continued:

If contacted, you or your child will be asked to:

1. Think over your recent experience with your provider agency.
2. Take 10-15 minutes to answer survey questions.
3. Answer the questions as honestly and completely as you can.
4. If you wish, you can choose not to participate when contacted.

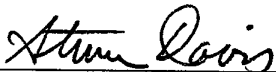
If asked to be part of a focus group, you or your child will be:

- invited to a meeting (2-3 hours) with other guests;
- asked about how you or your child were treated, and what you think is most important;
- again given the opportunity to choose whether to participate when contacted.

Questions: If you have questions about the surveys and data handling, please call Venita Johnson at (405) 522-3819 Monday through Friday between 9:00 a.m. and 4:00 p.m. central time. If you reach voice mail, please leave a message. We will return your call. (Remember most pay phones no longer receive incoming calls.)

Rights Information: If you have questions about your rights as a survey participant, you may contact Jana Mooney at (405) 522-3841 for information.

The foregoing statements are assured by:



Steve Davis, Ph.D., Director, Evaluation & Data Analysis Section, Information Services
Oklahoma Department of Mental Health and Substance Abuse Services

By marking 'yes' and signing below, you are saying that you have read and understand this consent form. You have had any questions about the project answered to your satisfaction. You are willing for the youth in your care to be contacted to answer a DMHSAS Customer Survey or focus group as part of the Oklahoma Behavioral Health Report Card project sponsored by the Oklahoma Department of Mental Health and Substance Abuse Services.

☐ Yes, DMHSAS or its contractor may contact my child/teenager, _____, or me by mail, phone or in person to ask about the quality and outcome of the care received. Write Adolescent's Name

☐ No, DMHSAS may not contact my child/teenager _____, or me, to ask whether s/he received quality care. Write Adolescent's Name

Parent or Guardian Signature

Date

The Oklahoma Department of Mental Health and Substance Abuse Services developed the Behavioral Health Report Card Initiative. Substance Abuse and Domestic Violence service recipients and providers, the Oklahoma Mental Health Consumer Council, the Oklahoma Chapter of the National Alliance for the Mentally Ill - Child and Adolescent Network (NAMI-OK-CAN), and the Oklahoma Affiliate of the Federation of Families provided input. The Center for Mental Health Services and the Center for Substance Abuse Treatment have provided federal dollars to help evaluate services.

DMHSAS SURVEY INFORMATION SHEET

(Keep this page for your own records.)

Project Title: DMHSAS Consumer/Customer Survey 2001

Project Purpose: The survey purpose is to provide a safe way for people who receive services at state-funded agencies to express their views about the system. It is designed to measure four areas: 1) access to care, 2) quality and fitness of care, 3) the outcome of care, and 4) general satisfaction.

The reason for the survey is to find out from you whether you received the services you needed and whether the services helped you. The feedback form is for you to rate whether the survey asked the right questions in a way you could understand and answer.

Benefits: Your honest views -- whether harsh, kind or other -- can help improve the care you and others receive in the future. The benefits from this project are long-term system improvements.

Your filling out the survey form is very important. Your ideas are one-of-a-kind. Only if you share your views, can we include your ideas in decisions about the system. Your answers count.

Risks: The project is designed to keep risks to a minimum for people who participate. You should experience no harm or discomfort beyond that of daily life. Survey answers may be matched to other files at the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) to evaluate services. Under no circumstances will anyone other than the researchers have access to the identities of participants.

Security/Confidentiality: Your personal responses will remain private. To help protect your privacy, you seal the filled-out survey and feedback form in the business envelope. Next, you mail the envelope to the DMHSAS Evaluation and Data Analysis (EDA) office using U.S. mail. Only the researchers will have access to the individual survey forms. EDA will secure the paper surveys in a locked file cabinet until they are scanned. After the forms are scanned, we will shred them. We will keep the answers, protected, on the hard drive of a personal computer -- not a network file. Only aggregate data, combined statistics, and sample comments will be reported.

~ Continued on Reverse ~

Comfort: We have worked to make answering the questions easy and comfortable for you. Please let us know any other concerns you have. You are the expert about your experiences.

Participation: Your participation is voluntary. Choose whether you want to answer the questions. Your choice will not affect your privileges or rights.

If you decide to withdraw, you can destroy the survey form. There are no penalties. However, once we combine your answers, we will not be able to take them out.

We ask that you:

1. Think about your experience with your provider for the past several months.
2. Take 10-20 minutes to fill out the survey forms.
3. Answer all the questions -- honestly and completely.
4. Tell us about any confusing words or questions on the feedback form.
5. Seal your answers in the business-reply envelope.
6. Mail the envelope to the DMHSAS EDA office. (You do not need a stamp.)

Questions: If you have questions about the surveys, data handling, or reporting, please call Venita Johnson at (405) 522-3819 between 9:00 a.m. and 4:00 p.m. central time Monday through Friday. If you reach voice mail, please leave a message. We will return your call. (Remember most pay phones no longer receive incoming calls.) Luanne Smith can answer questions about your rights as a survey participant. She also handles complaints. Her telephone number is (405) 522-3841. Steve Davis, Ph.D., is over the project. He can be reached at (405) 522-3813.

Survey Results: To obtain a copy of the survey results, contact Venita Johnson at (405) 522-3819, or send your written request to:

Venita Johnson (EDA)
DMHSAS Consumer Survey Results
P.O. Box 53277
Oklahoma City, Oklahoma 73152-3277

Be sure to include your complete return address so we can mail the results to you. Also remember to tell the name of the survey for which you want the results (Substance Abuse; Domestic Violence; Parent, Youth, or Adult Mental Health).

The Oklahoma Department of Mental Health and Substance Abuse Services developed the survey project as part of the Oklahoma Behavioral Health Report Card Initiative. Federal funds have been provided to help evaluate the services.

DMHSAS Customer Survey 2001

Client Interviewer Filled-out by: . . . <input type="checkbox"/> <input type="checkbox"/>	If face-to-face or phone interview, interviewer's name (First & Last): _____
--	---

Distributed at: <input type="checkbox"/> Tx Plan Update <input type="checkbox"/> Program Change <input type="checkbox"/> Agency Discharge	Specify: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> Outpatient Service Setting: <input type="checkbox"/> </div> <div style="text-align: center;"> Residential <input type="checkbox"/> </div> <div style="text-align: center;"> Other <input type="checkbox"/> </div> </div>
--	--

Your views about your treatment can help improve the care you and others receive in the future. Please take a few moments to share your ideas. Your answers will be kept confidential. Answer the survey completely and honestly. Then, mail the survey in the reply envelope. You do not need a stamp. Thank you very much for your time.

Mark the answer that best describes your response to each question below.

	Strongly Agree	Agree	I do not know.	Disagree	Strongly Disagree
1. I am pleased with the services I received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If I could choose to get help anywhere else, I would still come here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If my friend or family member had a problem, I would send them here for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The time from my request for services to actually receiving services was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I got enough details about alcohol/drugs to help me in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The staff gave me information in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The staff seemed to know about alcohol/drug problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. During my treatment, my significant other or family member also received services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The staff seemed to respect me as a person. [age, gender, race, religion, language, culture, etc... If not, please explain in item 16.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel I will remain clean and sober after leaving treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I plan to attend self-help/support groups (AA, NA, CA), on my own, after treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you think the length of your treatment program was/is: (Mark the best answer.)				<div style="display: flex; justify-content: space-between; font-size: small;"> too short about right too long </div> <input type="checkbox"/>	<input type="checkbox"/>

Please turn the page over and continue.

<p style="text-align: right; margin-right: 20px;">Yes No</p> <p>14. Did you volunteer for treatment? . <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: right; margin-right: 20px;">Yes No</p> <p>15. Have you finished your program or service plan? . <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: right; margin-right: 20px;">Yes No</p> <p>16. Have you filled out one of these same surveys this year? . . <input type="checkbox"/> <input type="checkbox"/></p>
---	--	---

	Zero, Not Available	Zero. I don't need treatment.	1-3 months	3-6 months	6+ months
17. How long did you willingly participate in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How did you hear about this agency? (Mark one.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Friend/Family
<input type="checkbox"/> Doctor
<input type="checkbox"/> Attorney
<input type="checkbox"/> Law Enforcement
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> District Court
<input type="checkbox"/> Probation & Parole
<input type="checkbox"/> Human Services (DHS)
<input type="checkbox"/> Public Safety (DPS) | <input type="checkbox"/> Juvenile Services (JSU)
<input type="checkbox"/> Phone Book |
|---|---|---|

19. Anything else? Please explain issues here.

	Compliment	Comment	Suggestion	Complaint
20. This is a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. What do you wish we had asked you?

The next few questions help us compare the survey group to the population in Oklahoma. Please answer each question.

<p style="text-align: right; margin-right: 20px;">female male</p> <p>22. I am <input type="checkbox"/> <input type="checkbox"/></p>	<p>23. What is your birth date? _____ <div style="text-align: right; margin-right: 20px;">month -- day -- year</div> </p>										
<p style="text-align: right; margin-right: 20px;">Hispanic or Latino NOT Hispanic or Latino</p> <p>24. Which best describes your Ethnicity? . . <input type="checkbox"/> <input type="checkbox"/></p>	<p>25. Which best describe(s) your race?</p> <table style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">American Indian or Alaska Native</td> <td style="width: 20%; text-align: center;">Asian</td> <td style="width: 20%; text-align: center;">Black or African American</td> <td style="width: 20%; text-align: center;">Native Hawaiian or Pacific Islander</td> <td style="width: 20%; text-align: center;">White</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>26. I live in _____ county.</p>	<p>27. Today's date: _____ <div style="text-align: right; margin-right: 20px;">month -- day -- year</div> </p>										

Thank you for sharing your views!

SURVEY FEEDBACK REPORT

CUSTOMER FEEDBACK CONCERNING THE DMHSAS CUSTOMER SURVEY 2001

July 1, 2000 through June 30, 2001

Researched and Reported by
Venita Johnson, Consumer Survey Coordinator
Evaluation and Data Analysis Section
DECISION SUPPORT SERVICES
December 2001

INTRODUCTION:

The following pages display the high ratings given the DMHSAS Customer Survey by 1,089 substance abuse treatment service recipients during SFY2001. This represented 82 percent of the people that returned the satisfaction surveys.

Four of every five respondents (834 service recipients) indicated that having a satisfaction survey was very important, and gave the DMHSAS Customer Survey high marks for filling the need.

All DMHSAS-funded substance abuse treatment service providers had the opportunity to let their service recipients participate in the statewide discharge survey to assess the quality and outcome of services in Oklahoma. More than 1000 clients (1,332) from 34 agencies completed and returned the questionnaires.

Customer Ratings of the DMHSAS Customer Survey

Figure 1: How respondents rated the DMHSAS Customer Survey, September 2000 - June 2001

DMHSAS Questions Easy to Understand

56.8%; 571 Excellent
41.9%; 421 Good
1.3%; 13 Poor

DMHSAS Questions were Unbiased (Fair)

56.0%; 556 Excellent
42.6%; 423 Good
1.4%; 14 Poor

DMHSAS Choices Matched the Questions

54.9%; 544 Excellent
42.6%; 422 Good
2.4%; 24 Poor

DMHSAS Survey Length

80.5%; 803 Just right, asked what was needed
11.6%; 116 Too long, asked too many questions
7.9%; 79 Too short, left out important items

Comfortable Answering the DMHSAS Questions

61.0%; 609 Excellent
37.0%; 370 Good
2.0%; 20 Poor

Having a survey to ask people about their treatment and outcomes

78.2%; 834 Very Important
19.5%; 208 Somewhat Important
2.3%; 24 Not Needed

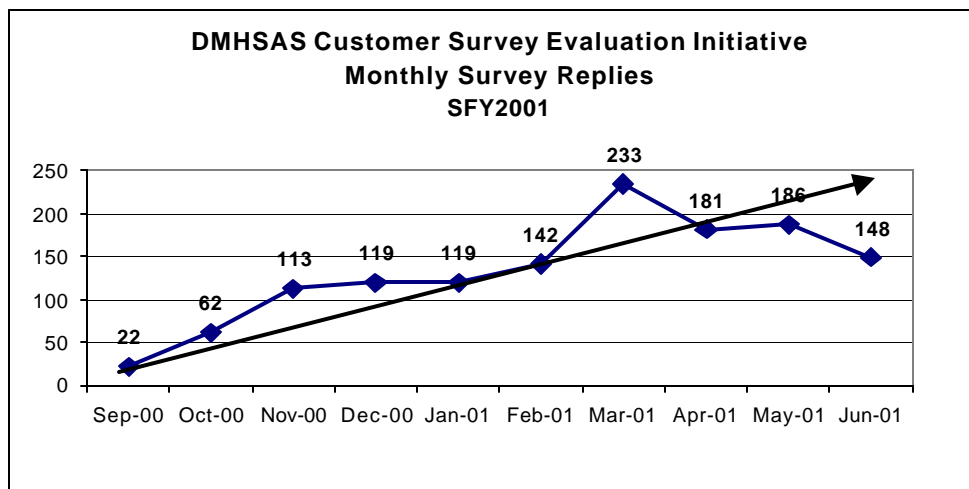
They liked it.

Overall DMHSAS Survey Performance

64.7%; 640 Excellent
33.4%; 330 Good
1.9%; 19 Poor

Long-Term Reply Trend: Upward

Figure 2: Monthly counts of DMHSAS Customer Survey 2001 replies received



The written comments below are sorted according to whether the respondent rated the overall performance of the DMHSAS Customer Survey poor, good or excellent. Incongruence is noted between some ratings and comments. Some respondents placed a poor service rating on the wrong form, but commented positively about the survey.

Comment Summary: Poor

Figure 3: Comments from Service Recipients Who Rated the Overall Performance of the DMHSAS Customer Survey "Poor" (n = 19)

Comment

- I felt the survey was too short and did not ask questions in depth.
 - Someone out there is interested in opinions!!! Thanks.
 - I hope this survey will help improve residential or any other types of treatments.
-

Comment Summary: Good

Figure 4: Comments from Service Recipients Who Rated the Overall Performance of the DMHSAS Customer Survey "Good" (n = 330)

Comment

- Thank you.
 - Leave out the birth date - only need year for true confidentiality!
 - I think it was good. I'm not worried about bias or length - you got to ask if you want to know.
 - I think maybe you should do another survey at the end of treatment
 - I really didn't know how to answer #21. I think mostly that the right questions were asked. I could've used more information about support groups for my family and friends.
 - Everything asked is very important in my treatment.
-

- I strongly recommend
 - Questions should be asked about living conditions and food
 - better direction
 - I feel it's adequate.
 - I think you should delete question #24 and replace it with #25 only.
 - In my opinion the survey sounds as if it is only for a person getting or receiving treatment for a chemical dependency in a rehab center or such. It seems to me that it should specify what kind of treatment the client is receiving or make it the questions more specific. Some of the questions are vague.
 - Thank you once again.
 - A survey is to help you guys understand and be aware of how things are working in your facility. If you had wanted to ask more questions I would have been willing to answer as many as you needed. Your survey seemed short for the type of program you have.
 - more questions
 - I think this is a very good program.
 - I hope your surveys are helpful
-

Comment Summary: Excellent

Figure 5: Comments from Service Recipients Who Rated the Overall Performance of the DMHSAS Customer Survey "Excellent" (n = 640)

Comment

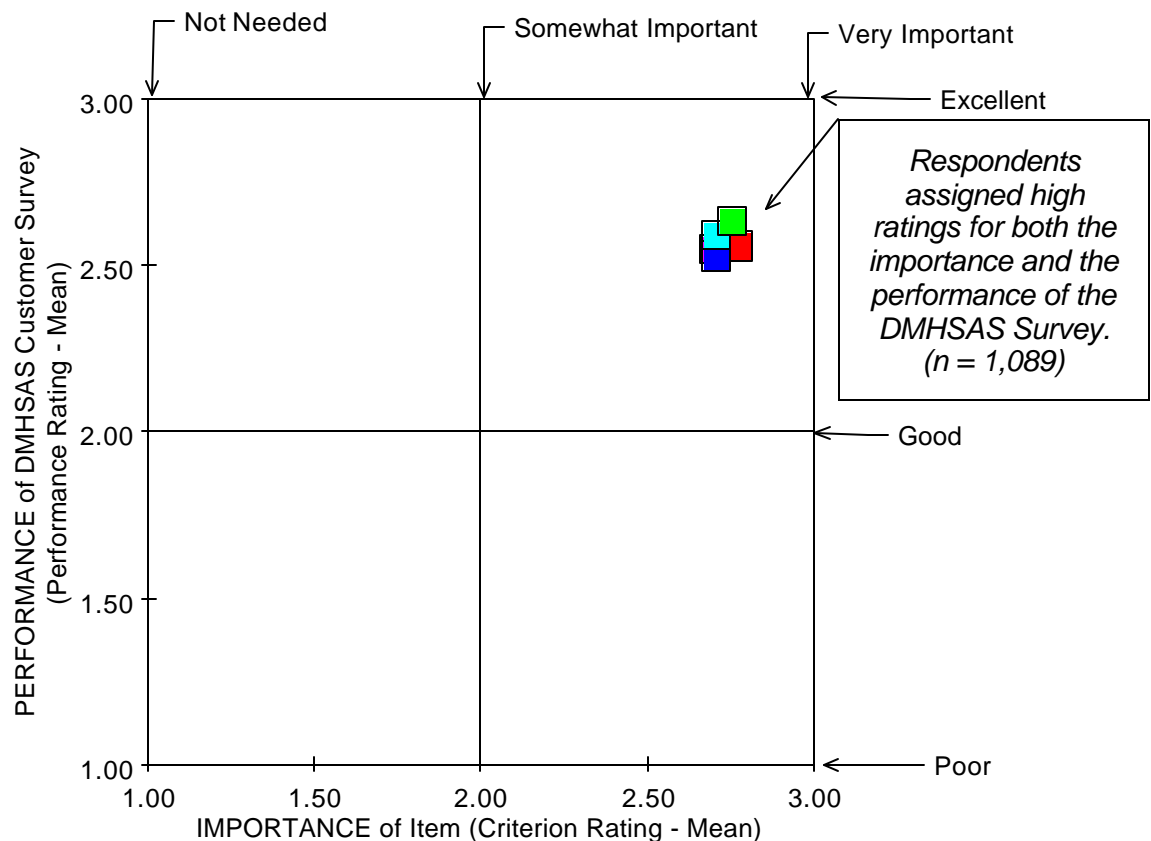
- good survey - no problems
 - very good survey and it is important to be able to tell views on treatment.
 - This program and the questions asked were very important.
 - Ask more questions - get more indepth.
 - Thanks for asking - the survey is a good idea.
 - Thank you for running a survey to insure quality health care!
 - Voices need to be heard.
 - Out with the old and in with the new.
 - Golden Heart Attitude
 - Ya'll are great!
 - Good service
 - It was very good.
 - Thank you for your support..
 - Excellent!!
 - very good
 - Ask more about the staff in reference to the way in which they treat clients.
 - I am very pleased!
 - I have to turn in a survey to them - DRI - at the time of this one - needs to be anonymous
 - Great Job!
 - I really thank people like you all who can understand our substance abuse problems.
 - I believe these sort of surveys are very needed and important to our society as a whole.
 - Make this portion more objective to gain greatest accuracy i.e. DMHSAS - this part is ambiguous vague.
 - Thanks
 - Very good survey.
 - I think it is very important the questions they ask.
 - This is a great survey and I appreciate all the help.
 - Good Survey
 - Typo on question 10 - should be item 19 not 16.
 - I'm very pleased.
 - I thought it was good for Alpha II.
 - I think the survey was good. It answered a lot of questions I had. I don't have anything else.
 - The treatment center is very thorough!
 - Questions are well worded
 - Don't need to change anything!
 - very good
-

- Should add not applicable to questions.
- Thank you
- Everything was just right.
- satisfied
- I don't understand the question is you are Hispanic or Latino or not Hispanic or Latino
- You did fine.
- Good survey
- The survey I answered was very good in content.
- Good Survey. Thanks.
- Everything on the survey was very good.
- This particular questionnaire isn't fully understandable.
- had no problem answering

Comparison of Survey Performance and Importance

Figure 6: The Average Rating (Mean) Assigned to the Importance of Survey Features by Service Recipients Compared to the Average Rating (Mean) of the DMHSAS Survey Performance -- Three (3.00) is best.

While there is room for improvement, clients gave the DMHSAS Survey very positive ratings.



Mean

Easy to Undersand Questions

Answer Choices Match the Questions

Having a Survey

Unbiased Questions

Comfort Answering

Feedback on Customer Survey

Think of the survey you just finished while you rate each item below.

Please rate: (1) how important each item is to you, and (2) how you felt the survey did.

ITEM	IMPORTANCE			DMHSAS Customer Survey		
Easy to understand questions	Very Important <input type="checkbox"/>	Somewhat Important <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
Unbiased (fair) questions ..	Very Important <input type="checkbox"/>	Somewhat Important <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
Answer choices matched the questions	Very Important <input type="checkbox"/>	Somewhat Important <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
Length of survey	Very Important <input type="checkbox"/>	Somewhat Important <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Just right, asked what was needed <input type="checkbox"/>	Too long, asked too many questions <input type="checkbox"/>	Too short, left out important items <input type="checkbox"/>
Comfortable answering the questions	Very Important <input type="checkbox"/>	Somewhat Important <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>
Having a survey to ask people about their treatment and outcomes ..	Very Important <input type="checkbox"/>	Somewhat Important <input type="checkbox"/>	Not Needed <input type="checkbox"/>	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>

Compliment Comment Suggestion Complaint:

Anything else? Please explain in the space below. This is a .. ☐ ☐ ☐ ☐

I live in _____ county.

Thank you for sharing your ideas.