

Summit Housing and Outreach Programs Client Satisfaction

1. Information about the Study and Consent Form

Client Satisfaction Survey

The Mississauga Halton LHIN serves the communities of Etobicoke, Halton Hills, Oakville, Milton, and Mississauga. The LHIN works with mental health/addictions community agencies to make sure they are helping local clients with their health, mental health, and addictions needs.

We are asking clients to fill out surveys across the LHIN to learn more about mental health/addictions services. On this survey, we are hoping to learn more about the mental health/addictions agency you are visiting today. Your participation will benefit others in your area by improving our services.

In this survey we will ask you about:

- your overall experience with our mental health and addictions services
- which specific agency, institution, or service you have been in contact with
- your experiences in getting referred to services
- some questions about who you are

The survey takes approximately 15 minutes to complete.

By completing this survey, you are providing crucial feedback regarding exactly how our services impact our clients. Any comments that identify a specific individual that are necessary in understanding a department's effectiveness will be altered to reflect the department as a whole to protect the identity of the individual. For example, a comment such as, "Mary is so helpful when I contact your front desk and she makes me feel that no question I ask is too dumb for her" would be changed to "the staff at the front desk are so welcoming and make me feel that no question is too dumb for them".

Confidentiality

Your responses will be entirely anonymous. You will not be asked to place your full name on any portion of the questionnaire. Regardless of whether you decide to complete this survey, the quality of services you receive in the future will not be affected.

All results will be reported in a grouped format. An example would be the percentage of people using agency counselling services more than five times per year. These grouped results will be used to improve services; however, no individual or specific information about you will be reported.

Participation:

Your participation in this survey is voluntary. If you decide to participate, you may stop at any time and there will be no consequences to you. However, once you complete the survey, no identifying information (e.g., your name) will be on the survey and, since we cannot link your survey to you, you will not be able to remove your survey from the dataset.

If you have questions or require more information about this program evaluation, please contact:

Kristina Trim, PhD
Research Consultant
Morden Street Research Services
123-1063 King Street West
Hamilton, ON
L8S 4S3

Your answers are important to us, thank you for taking the time to participate in this questionnaire.

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2. Client Satisfaction Questions

For this portion of the survey, we would like you to answer some questions about our mental health/addictions services in general.

1. Before you saw us today, what service(s) did you expect to receive?

A:

B:

C:

2. Based on your expectations, please answer the following questions (Please check the response that most applies):

	10 Very Much So	9	8	7	6	5	4	3	2	1 Not at All
Did you receive the services you expected today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How useful were our services to you today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us more in the space below.

3. Please provide feedback pertaining to our staff.

	Definitely	Very Much	Somewhat	Very Little	Definitely Not	N/A
Did our staff make you feel welcome?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel comfortable expressing your opinions with our staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did our staff answer questions to your satisfaction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the staff knowledgeable or able to find the answers/help you required?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were our staff willing to be creative in finding solutions to your more challenging questions or issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did our staff conduct themselves so as to be inclusive of all individuals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel that our staff had the time and resources to address any issues you had?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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4. Please indicate your level of agreement/disagreement with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The time from initial contact with the program to receiving services was reasonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During treatment, I was given the opportunity to participate in decisions about my care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The treatment I received helped me to better understand my needs and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of treatment, I feel better able to cope with the problems in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would not hesitate in recommending this service to others with problems like mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Was there something specific that prevented you from being entirely satisfied with our services? (Please check all that apply).

- Could not find transportation to services
- Language problems
- Problems with scheduling, such as child care
- Professional help not available in the area
- Did not know how or where to get help
- Professional help not available at the time required
- Afraid to ask for help
- Waiting list too long
- Personal or family responsibilities

Are there other issues we haven't mentioned? (please specify)

6. Overall, how satisfied were you with our services?

	Extremely Satisfied	Very Much Satisfied	Fairly Satisfied	Fairly Unsatisfied	Very Much Unsatisfied	Extremely Unsatisfied
I am...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What services do we NOT provide that you would want to have?

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3. How do you use our services?

8. How did you find out about our services?

family doctor

hospital

teacher/school

family/friend

other mental health/addictions agency

other

Other (please specify)

9. Are you using our services voluntarily?

Yes

No

I am not sure.

10. How many times have you used our service?

This is my first visit

Occasionally (1 or 2 times this YEAR)

Often (1 or 2 times this MONTH)

Frequently (3 or 5 times this MONTH)

A lot (1 to 5 times this WEEK)

I live here (e.g., inpatient, housing)

Other

Other (please specify)

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11. How IMPORTANT are our services to your day to day living?

	Extremely Important	Very Much	A Lot	Fairly	Somewhat	Somewhat Not	Not at All Important	Not applicable
A safe place to express myself	jn	jn	jn	jn	jn	jn	jn	jn
Help with the basics (food, shelter, clothes, etc.)	jn	jn	jn	jn	jn	jn	jn	jn
Meet others who understand me	jn	jn	jn	jn	jn	jn	jn	jn
Have fun	jn	jn	jn	jn	jn	jn	jn	jn
Help me get the services I need	jn	jn	jn	jn	jn	jn	jn	jn
Help me find a job	jn	jn	jn	jn	jn	jn	jn	jn
Help me stick to my program	jn	jn	jn	jn	jn	jn	jn	jn
Help me get better	jn	jn	jn	jn	jn	jn	jn	jn
Help me get back to work	jn	jn	jn	jn	jn	jn	jn	jn
Help me get along better with others	jn	jn	jn	jn	jn	jn	jn	jn
Keep me balanced	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify)

12. In the past year, what type of contact have you had with this service? Please identify ALL answers that apply.

- face to face or interview
- email
- over the phone
- visit to my home/residence

Other type of contact we haven't mentioned? (please specify)

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4. Getting Connected to Other Services

This page asks about other community health and mental health/addictions services you may use other than the one you are visiting today.

13. Do you have a regular medical doctor where you get routine and acute medical care?

- yes, and I can get an appointment pretty quickly
- yes, but they are busy and it is difficult to get an appointment
- yes, but I haven't gone for a while
- no, I don't have a regular family doctor

14. Has your family doctor talked to you about your mental health/addictions issues?

- Yes
- No
- Don't remember

15. How supportive is your family doctor in helping you deal with your mental health/addictions issues?

	Not at all Supportive		Supportive		Very Supportive	Not applicable
My family doctor is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us about your relationship with your family doctor's office

16. Has your family doctor referred you to mental health/addictions services?

- yes
- no
- not sure
- doesn't apply

What type of services? (please specify)

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17. Are there OTHER mental health/addictions or health services you go to for help? Please tick off all of the services that you go to below.

- Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment, ADAPT
- Trillium Health Centre - Community Mental Health
- Hope Place Centres: Hope Place Women's Treatment Centre; Halton Recovery House; Hope Place Outpatient Centre (Baby's Best Beginnings)
- Grace House Group Home
- The Peel Addiction Assessment and Referral Centre (PAARC)
- Halton Region - North Halton Mental Health Clinic
- Canadian Mental Health Association - Halton Branch
- Supported Training and Rehabilitation in Diverse Environments (STRIDE)
- The Credit Valley Hospital- Community Mental Health and Addictions
- Summit Housing and Outreach Programs
- Halton Healthcare Services Corporation - Community Mental Health
- Support & Housing - Halton

Other services we haven't listed? (please specify)

18. How important is it for you to have family support provided as part of a service?

- Very Important
- Somewhat Important
- Not Important

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5. Please tell us a little about yourself

19. Are you...

a client to our services

a family/friend to a client that uses our services

20. Did you have a peer support worker assist you with this survey?

yes

no

21. Are you...

male

female

22. Please indicate which age range your age falls into.

under
18

18-25

26-35

36-45

46-55

56-65

66-75

older
than 75

23. Are you currently...

single

separated

living with a partner

divorced

married

widowed

Other (please specify)

24. What are your current living arrangements?

alone

with one parent

with partner/spouse

with more than one parent

with roommate

with another family member

Other (please specify)

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25. What language do you PRIMARILY speak at home?

English

Urdu

French

Punjabi

Chinese

Tamil

Polish

Spanish

Other (please specify)

26. Where do you currently live?

Burlington

Mississauga

Oakville

Brampton

Milton

Caledon

Georgetown

Malton

Acton

Port Credit

Etobicoke

Other

Other (please specify)

Your answers are important to us. Thank you for taking the time to complete this survey.