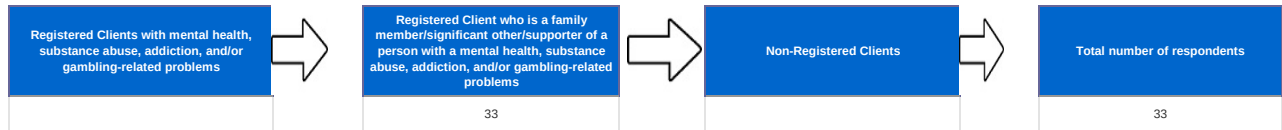


Report Period:	11/9/16 to 1/6/17
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Report Name:	Ontario Perception of Care - Question Responses
Included LHIN(s):	7 Toronto Central
Organization Name:	Centre for Addiction and Mental Health (CAMH)
Program Name(s):	All values

Note: Variables with N cell size smaller than 5 are represented as "---" and their respective percentages appear "0"



Access/Entry to Services

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses N	Response Rate %
		n	%	n	%	n	%	n	%	n	%		
1. The wait time for services was reasonable for me.	3.27	15	41.7%	13	36.1%	---	0	---	0			33	100%
2. When I first started looking for help, services were available at times that were good for me.	3.25	14	38.9%	12	33.3%	6	16.7%			---	0	33	100%
3. The location of services was convenient for me.	3.09	14	38.9%	10	27.8%	7	19.4%	---	0			33	100%
4. I was seen on time when I had appointments.	3.67	21	60%	8	22.9%	---	0			---	0	32	97%
5. I felt welcome from the start.	3.76	25	69.4%	8	22.2%							33	100%
6. I received enough information about the programs and services available to me.	3.48	16	44.4%	14	38.9%	---	0			---	0	33	100%

Services Provided

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses N	Response Rate %
		n	%	n	%	n	%	n	%	n	%		
7. I had a good understanding of my treatment services and support plan.	3.41	11	30.6%	16	44.4%					6	16.7%	33	100%
8. Staff and I agreed on my treatment and support plan.	3.48	12	33.3%	13	36.1%					8	22.2%	33	100%
9. Responses to my crises or urgent needs were provided when needed.	3.45	10	27.8%	9	25%	---	0			13	36.1%	33	100%
10. I received clear information about my medication (i.e., side effects, purpose, etc.)	3.29	---	0	---	0	---	0			26	72.2%	33	100%
11. I was referred or had access to other services when needed (including alternative approaches).	3.44	7	19.4%	9	25%					17	47.2%	33	100%

Participation/Rights

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses N	Response Rate %
		n	%	n	%	n	%	n	%	n	%		
12. I was involved as much as I wanted to be in decisions about my treatment and support.	3.38	11	30.6%	12	33.3%			---	0	9	25%	33	100%
13. I understood I could discuss options to participate in certain activities.	3.35	10	27.8%	12	33.3%			---	0	10	27.8%	33	100%
14. I was assured my personal information was kept confidential.	3.77	25	69.4%	---	0			---	0	---	0	33	100%
15. I felt comfortable asking questions about my treatment services and support, including medication.	3.72	18	50%	7	19.4%					8	22.2%	33	100%
16. If I had a serious concern, I would know how to make a formal complaint to this organization.	3.03	11	30.6%	10	27.8%	8	22.2%	---	0	---	0	33	100%

Therapists/Support Workers/Staff

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses N	Response Rate %
		n	%	n	%	n	%	n	%	n	%		
17. I found staff knowledgeable and competent.	3.63	20	57.1%	12	34.3%							32	97%

18. I was treated with respect by program staff.	3.8	24	68.6%	6	17.1%					---	0	32	97%
19. Staff were sensitive to my cultural needs (e.g., language, ethnic background, race).	3.78	18	51.4%	5	14.3%					9	25.7%	32	97%
20. Staff believed I could change and grow.	3.63	15	44.1%	9	26.5%					7	20.6%	31	93.9%
21. Staff understood and responded to my needs and concerns.	3.79	23	65.7%	6	17.1%					---	0	32	97%

Environment

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses	Response Rate
		n	%	n	%	n	%	n	%	n	%	N	%
22. Overall, I found the facility welcoming, non-discriminating and comfortable (e.g., entrance, waiting room, décor, posters, my room if applicable).	3.55	20	55.6%	11	30.6%	---	0					33	100%
23. Overall, I found the program space clean and well maintained (e.g., meeting space, bathroom, and your room if applicable).	3.7	24	66.7%	8	22.2%	---	0					33	100%
24. I was given private space when discussing personal issues with staff.	3.69	18	50%	8	22.2%					7	19.4%	33	100%
25. I felt safe in the facility at all times.	3.72	23	63.9%	9	25%					---	0	33	100%
26. The program accommodated my needs related to mobility, hearing, vision and learning, etc.	3.75	12	33.3%	---	0					17	47.2%	33	100%

Discharge or Finishing the Program/Treatment

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses	Response Rate
		n	%	n	%	n	%	n	%	n	%	N	%
27. Staff helped me develop a plan for when I finish the program/treatment	3.38	6	17.1%	10	28.6%					16	45.7%	32	97%
28. I have a plan that will meet my needs after I finish the program/treatment.	3.31	5	14.3%	11	31.4%					16	45.7%	32	97%
29. Staff helped me identify where to get support after I finished the program/treatment.	3.25	6	17.1%	8	22.9%	---	0			16	45.7%	32	97%

Overall Experience

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses	Response Rate
		n	%	n	%	n	%	n	%	n	%	N	%
30. The services I have received have helped me deal more effectively with my lifes challenges.	3.42	13	36.1%	18	50%					---	0	33	100%
31. I think the services provided here are of high quality.	3.55	18	50%	15	41.7%							33	100%
32. If a friend were in need of similar help I would recommend this service.	3.7	23	63.9%	10	27.8%							33	100%

Residential or Inpatient program (respond rate calculated for this subgroup of clients)

Question Type	Average score (excluding N/A responses)	Strongly Agree 4		Agree 3		Disagree 2		Strongly Disagree 1		Not Applicable N/A		Number of Total Responses	Response Rate
		n	%	n	%	n	%	n	%	n	%	N	%
33. There were enough activities of interest to me during free time.	3	---	0	---	0	---	0			---	0	6	100%
34. Rules or guidelines concerning my contact with my family and friends were appropriate to my needs.	3.4	---	0	---	0					---	0	6	100%
35. The layout of the facility was suitable for visits with my family and friends (e.g., privacy, comfort level).	3.4	---	0	---	0					---	0	6	100%
36. The area in and around my room was comfortable for sleeping (e.g., noise level, lighting).	3.25	---	0	---	0	---	0			---	0	6	100%
37. The quality of the food was acceptable.	3.2	---	0	---	0	---	0			---	0	6	100%
38. My special dietary needs were met (e.g., diabetic, halal, vegetarian, kosher).	3.5	---	0	---	0					---	0	6	100%