

# **Consumer Satisfaction Survey Annual Report**

**FY 2023**



**Connecticut Department of Mental  
Health and Addiction Services**

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# Introduction

The Connecticut Department of Mental Health and Addiction Services (DMHAS) conducts an annual consumer survey in order to better understand people's experiences with our mental health and substance use service delivery system.

To gather this information DMHAS uses a modified version of the 23-item Mental Health Statistics Improvement Program's (MHSIP) Consumer-Oriented Mental Health Report Card.

The MHSIP consumer survey measures consumer satisfaction with services in the following domains:

The General Satisfaction domain contains three items, and measures consumers' satisfaction with services received.

The Access domain contains four items, and measures consumers' perception of service accessibility.

The Quality and Appropriateness domain contains seven items, and measures consumers' perception of the quality and appropriateness of services.

The Outcome domain contains seven items, and measures consumers' perception of treatment outcomes as a result of receiving services.

An item on consumers' perception of participation in treatment. (Participation in Treatment)

An item on consumer experience of being respected by staff. (Respect)

To understand consumers' perception of their recovery, DMHAS has also added a Recovery domain to the MHSIP survey. The Recovery domain is composed of five questions that measure core elements of recovery including consumers' perception of their health and wellness, community involvement, and self-direction.

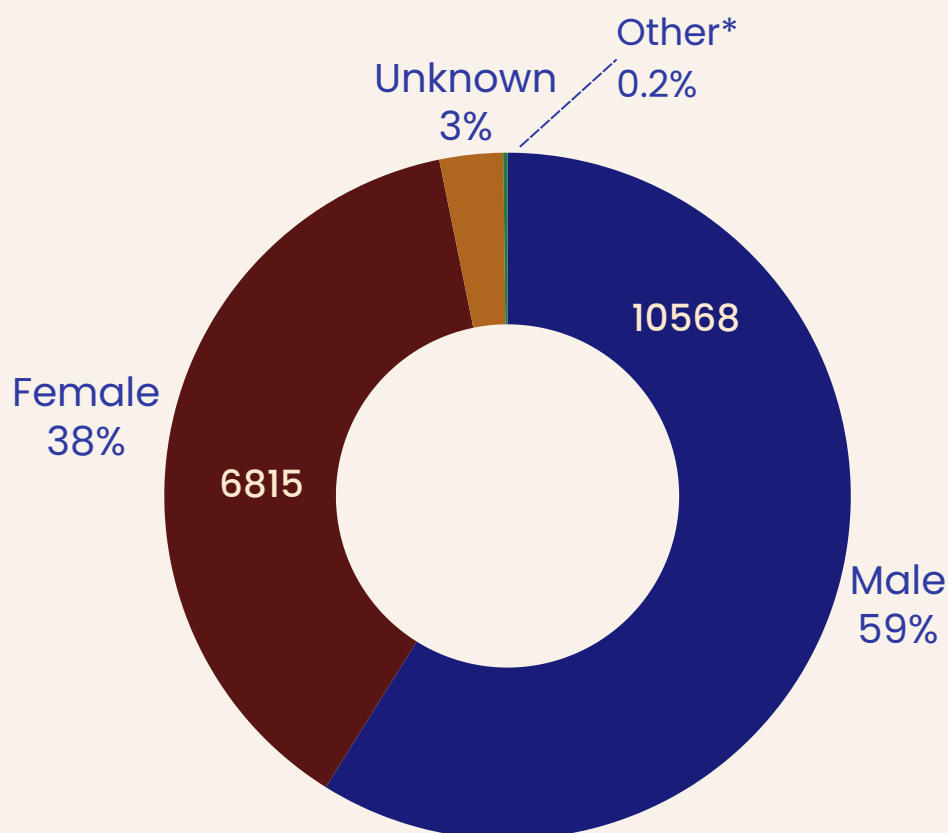
Consumer satisfaction survey responses provide DMHAS with valuable information regarding our successes and areas for growth in implementing a high-quality recovery oriented mental health and substance use service system.

# Basic Statistics and Demographics

18,371 responses were collected from 97 providers in FY23.

Please note: This number is higher than the total for survey results in subsequent pages because it includes incomplete and refused surveys. There were 17,960 completed surveys that are summarized in this report.

## Gender

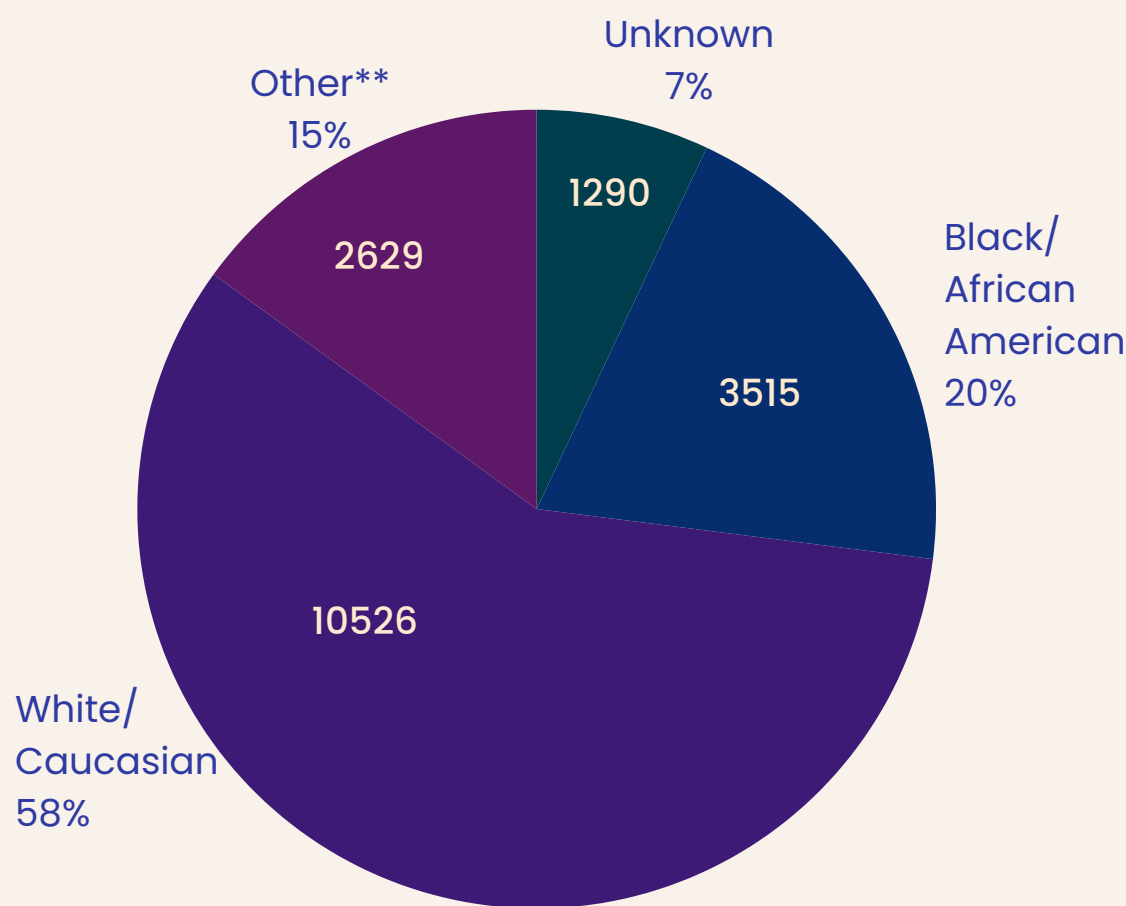


\* Non-binary gender identification is currently collected as Other.

Overall, there were more male respondents than female respondents to the FY23 survey.

This pattern was seen in Mental Health programs (53% male), Substance Use programs (66% male), and in surveys without a program (50% male). Results are representative of the DMHAS population (58% male in FY23).

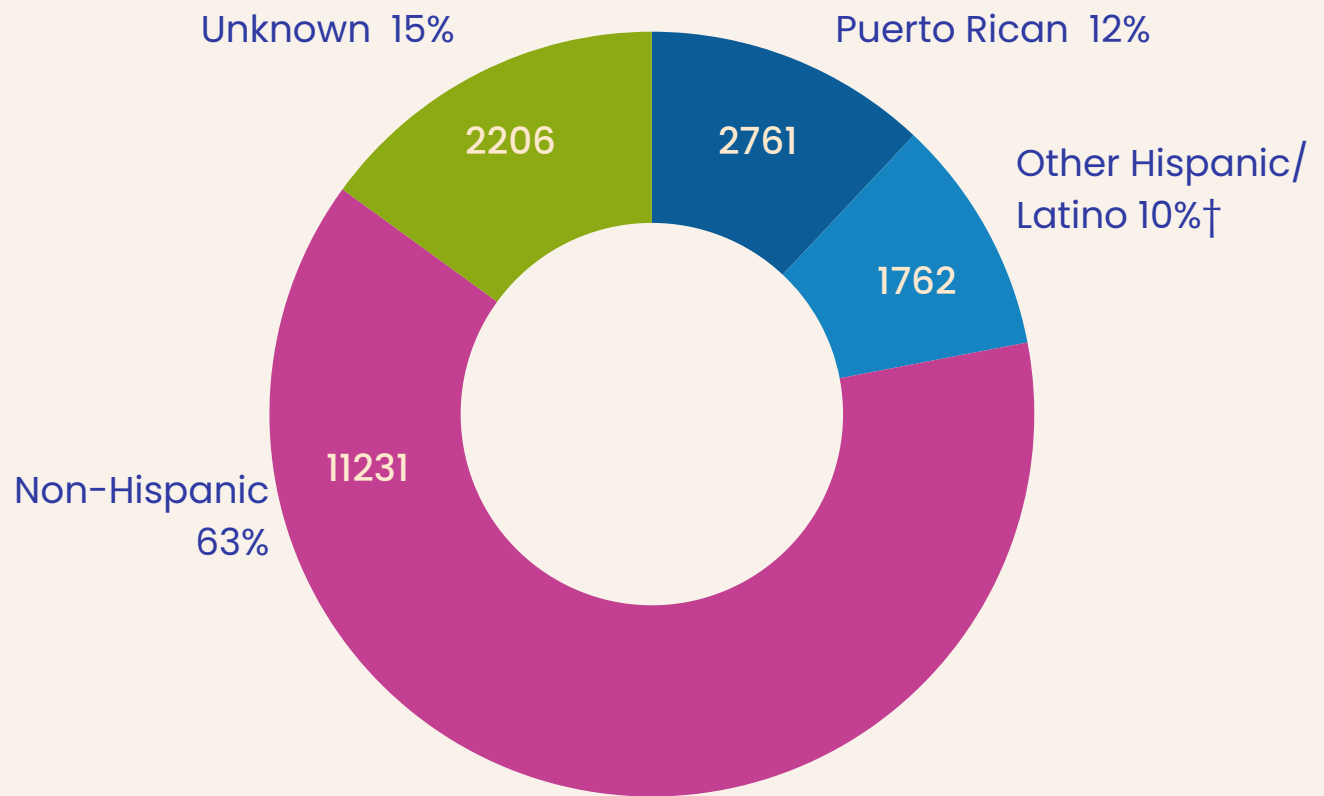
# Race



Survey results by race were generally representative of the general DMHAS population in FY23, with slight over-sampling of Black respondents (20% in survey vs. 17% DMHAS population) and slight under-sampling of White respondents (2%).

\*\* The "Other" race category includes the following DMHAS race categories: Other, American Indian/Native Alaskan, Asian, Native Hawaiian/Other Pacific Islander, and More Than One Race. We find that many (but not all) people who indicate "Other" as their race identify as Hispanic or Latino origin.

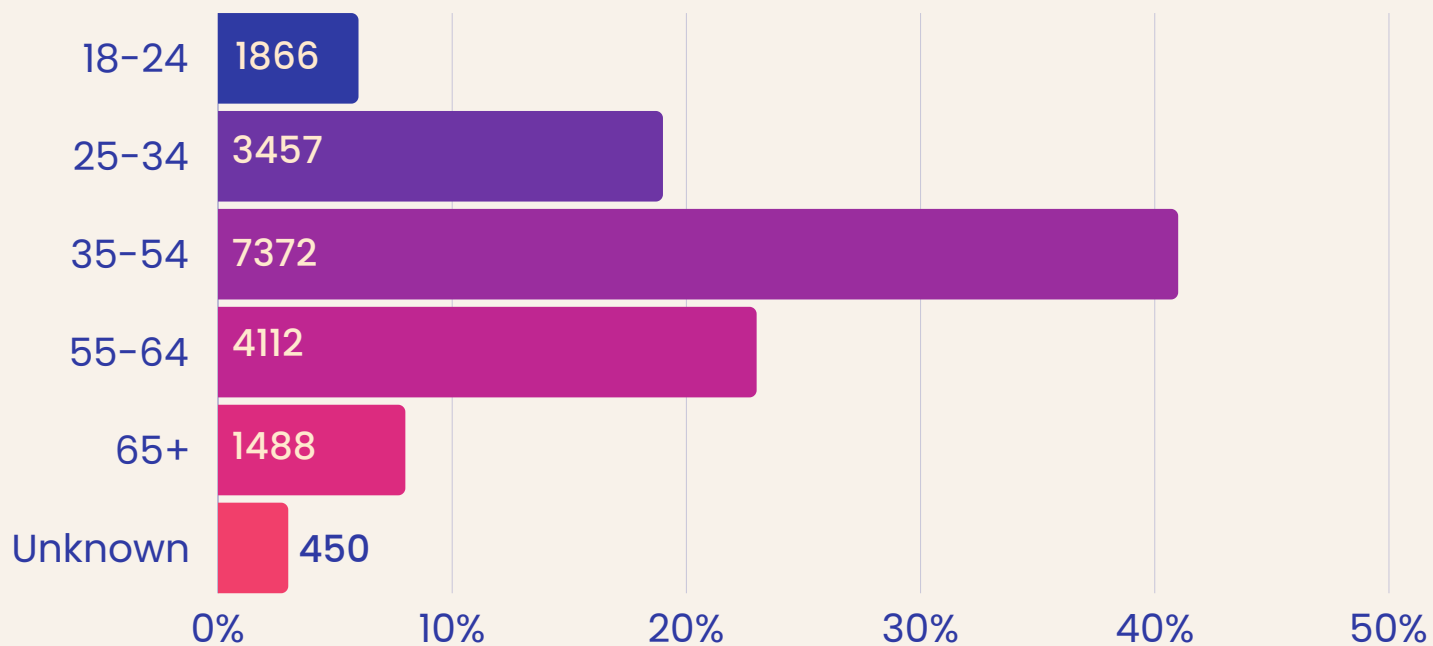
## Ethnicity



Survey results by ethnicity were largely representative of the general DMHAS population in FY23. The survey under sampled non-Hispanics by 4%.

† Mexicans and Cubans were grouped with Other Hispanic/Latino for this report.

## Age

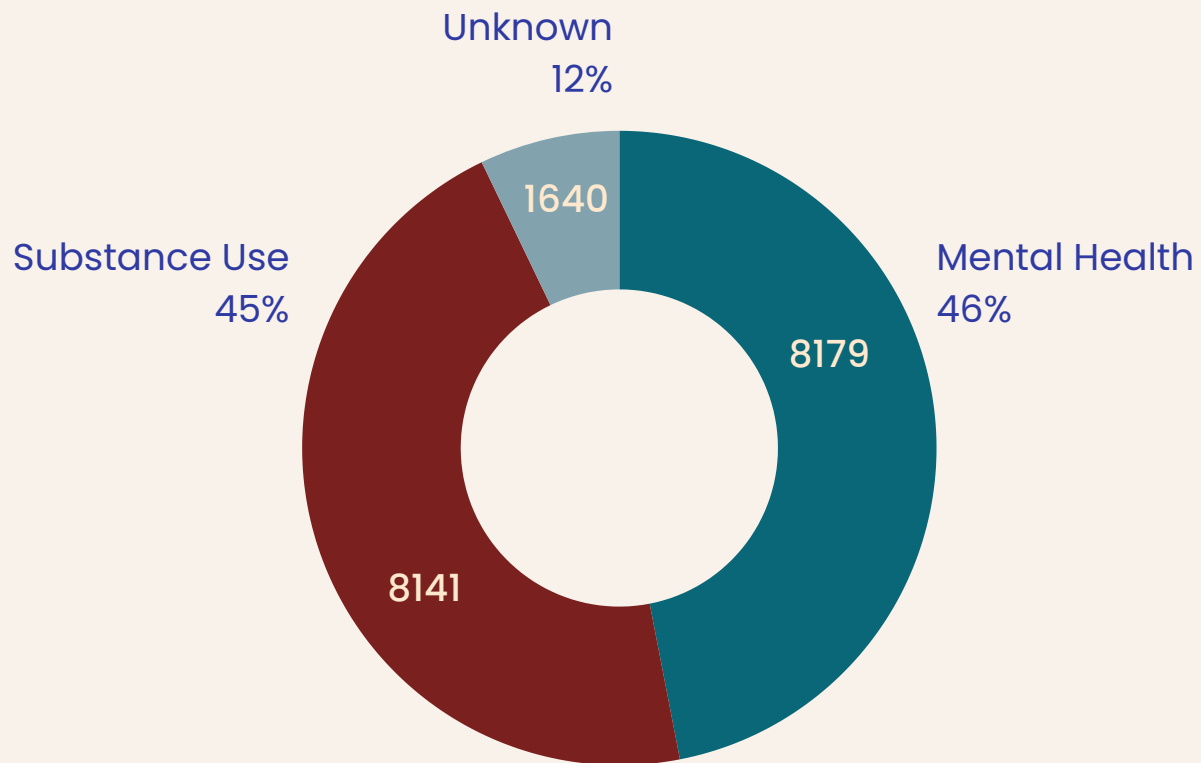


Survey results by age were representative of the general DMHAS population in FY23, with the largest group of respondents aged 35-54. Consumers aged 18-24 are somewhat underrepresented here – they comprise about 10% of the DMHAS population, but only about 6% of the survey sample.

The mean age of a DMHAS consumer was 44.6 years old in FY23.

# Characteristics of Survey Respondents

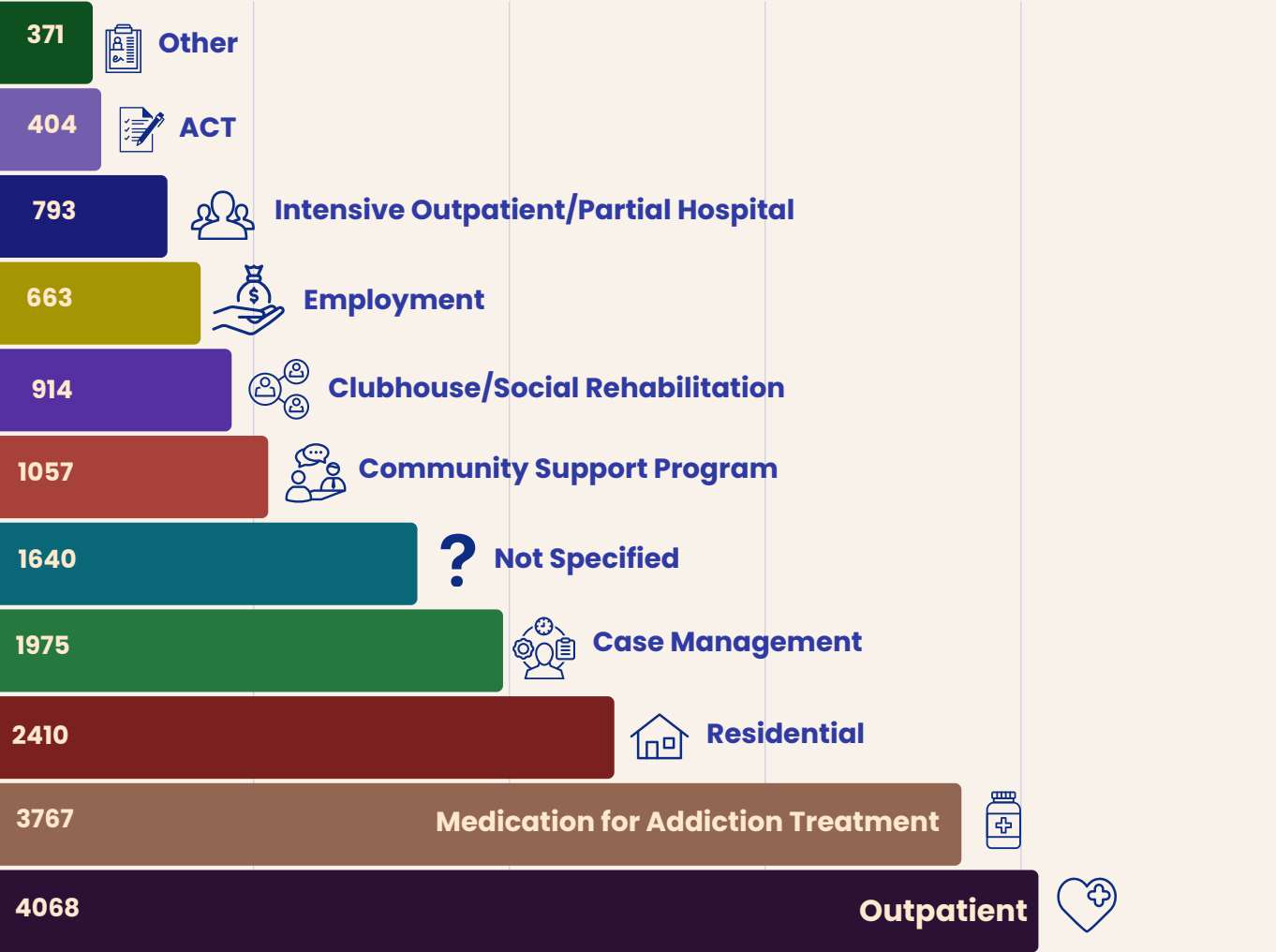
## Program Type



Respondents to the FY23 survey were about equally distributed between Mental Health and Substance Use programs. About 7% of surveys did not have program type information- the same percentage as the previous year. The proportion of Mental Health surveys increased 1% from FY22, and the number of Substance Use surveys decreased by 3%.



Level of Care (n=18,062)†

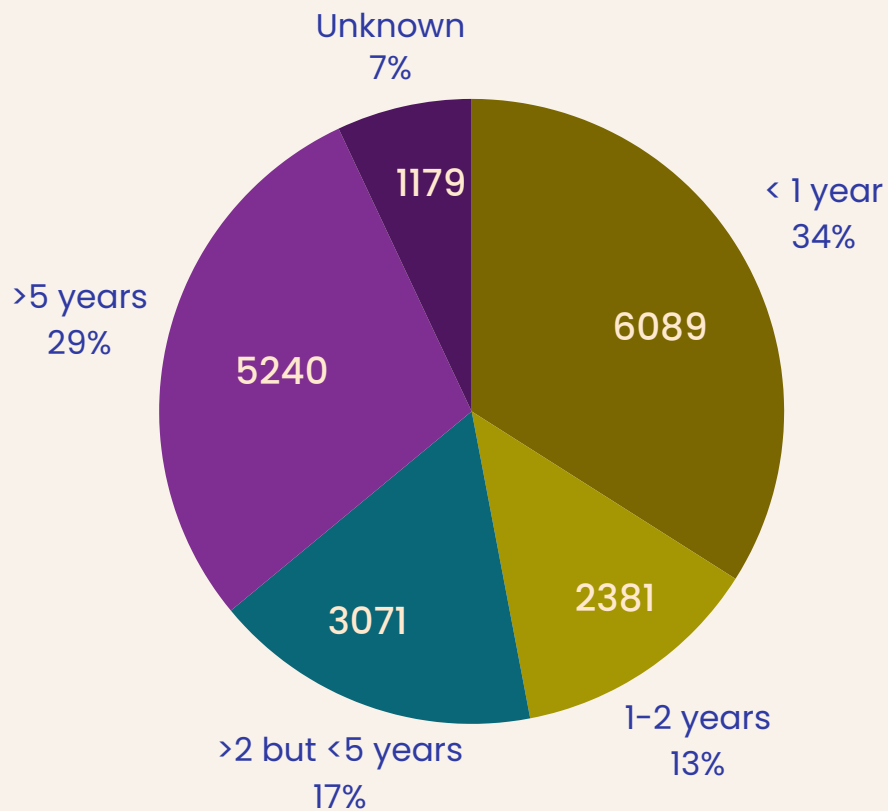


Almost half (43%) of surveys received were from Medication for Addiction Treatment and Outpatient programs. The remaining 57% were distributed between Residential and other ambulatory levels of care.§

† The n for this chart is higher due to respondents applying answers to multiple programs within the same provider agency or facility.

§ Levels of care that are eligible for the consumer satisfaction survey are reviewed and updated annually and may be found on the [DMHAS Consumer Satisfaction Survey website](#).

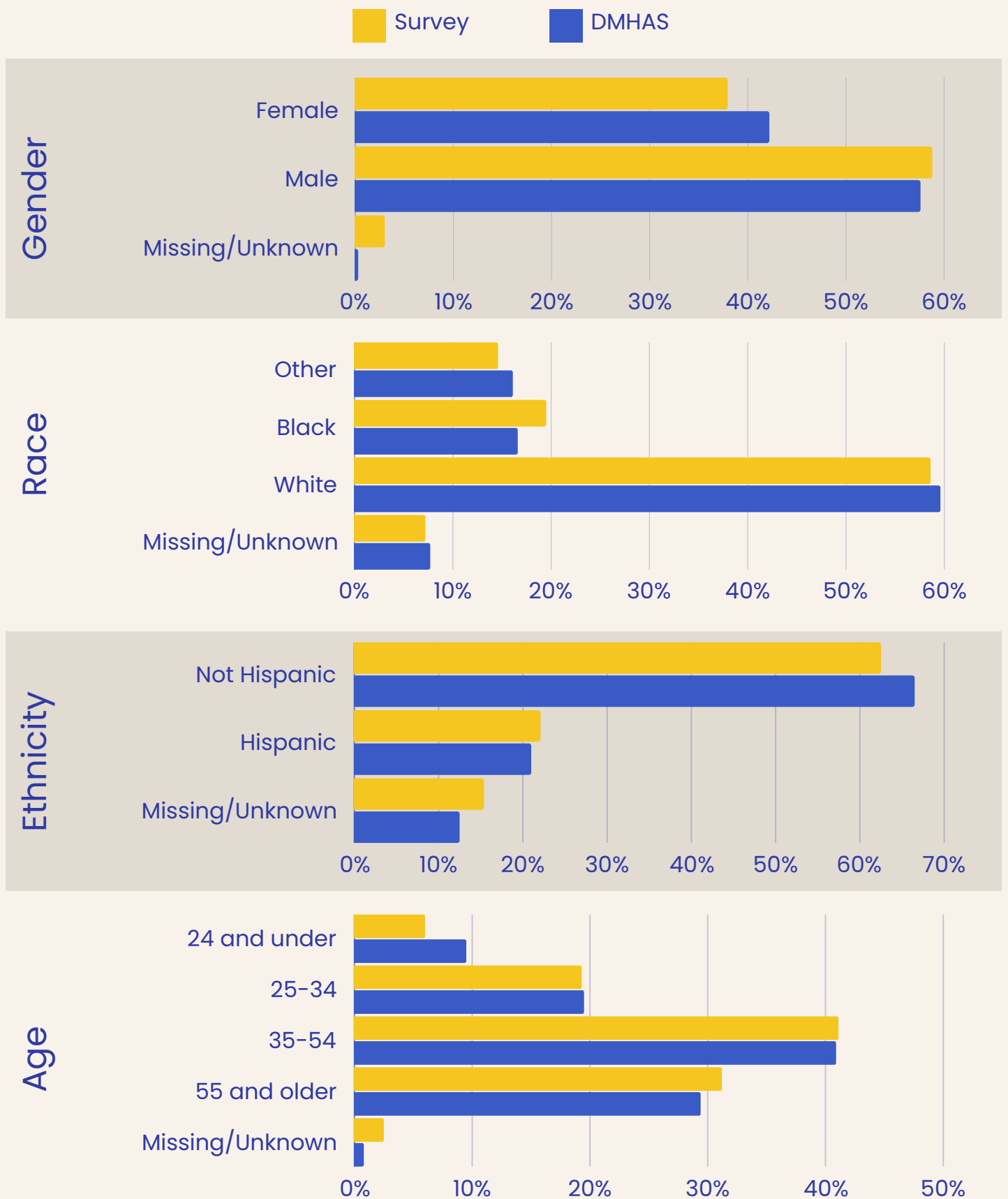
## Length of Time Receiving Services



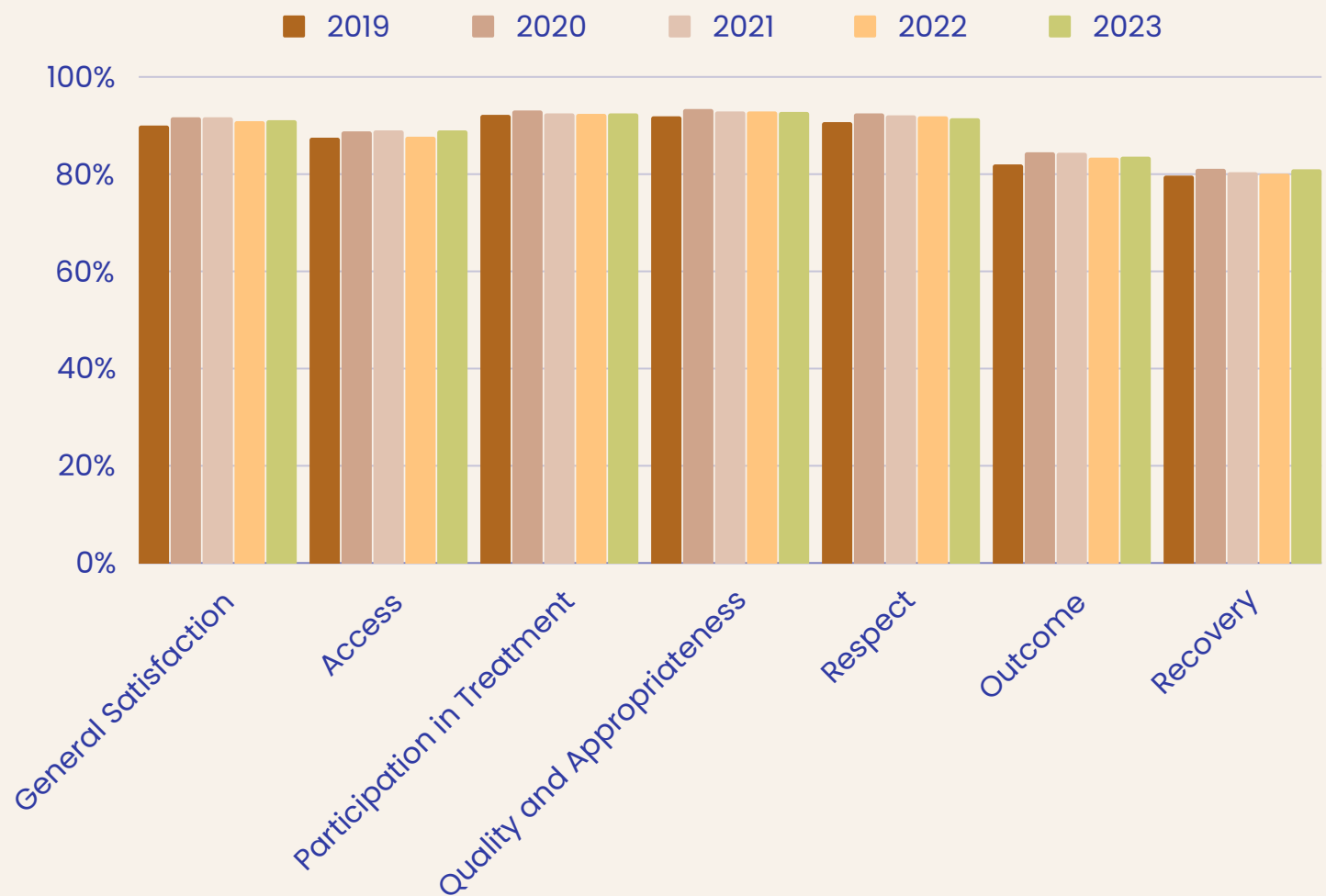
Just over a third of respondents self-reported that they had been receiving services for less than one year; nearly half of respondents report receiving services for 2 or more years.

# Comparison of Survey Demographics vs. DMHAS Population

We compared the consumer survey demographic information to the DMHAS demographic data for FY23.



## Statewide Satisfaction Trends by Domain (2019–2023)

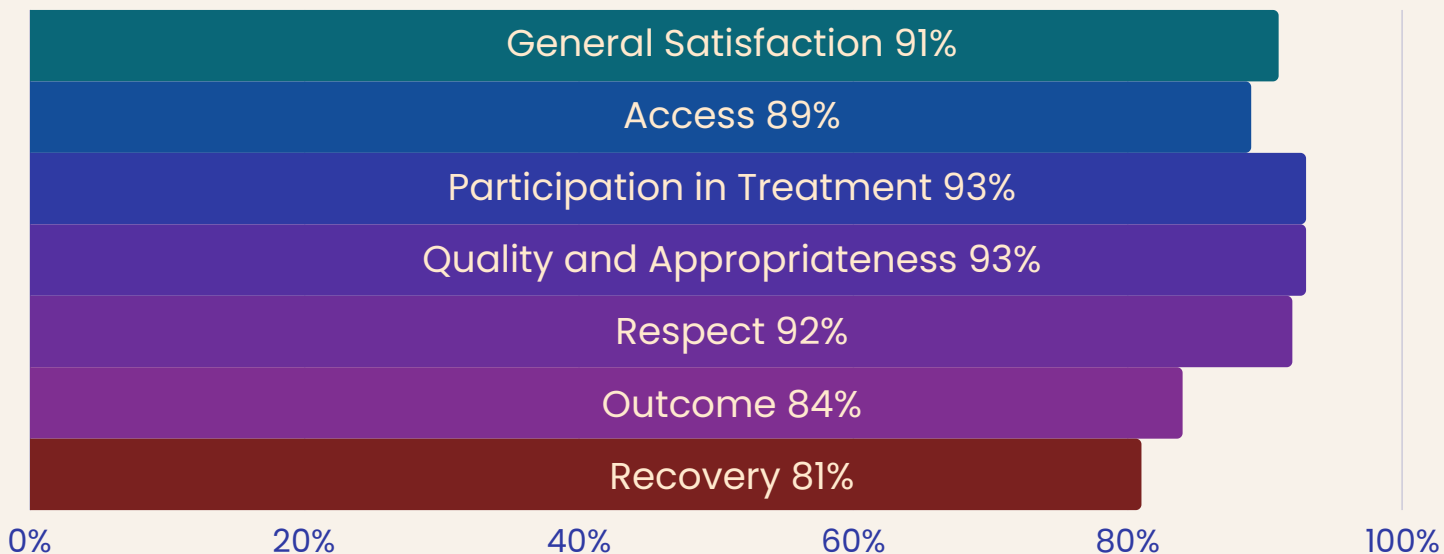


Satisfaction rates in each of the survey domains have remained consistent for the past 5 years.

Domain	2019	2020	2021	2022	2023
General Satisfaction	90.0%	91.7%	91.7%	90.9%	91.1%
Access	87.5%	88.8%	88.8%	87.7%	89.0%
Participation in Treatment	92.2%	93.1%	92.5%	92.4%	92.5%
Quality and Appropriateness	91.9%	93.4%	92.9%	92.9%	92.8%
Respect	90.7%	92.5%	92.1%	91.9%	91.5%
Outcome	82.0%	84.5%	84.4%	83.4%	83.6%
Recovery	79.7%	81.1%	80.4%	80.1%	81.0%

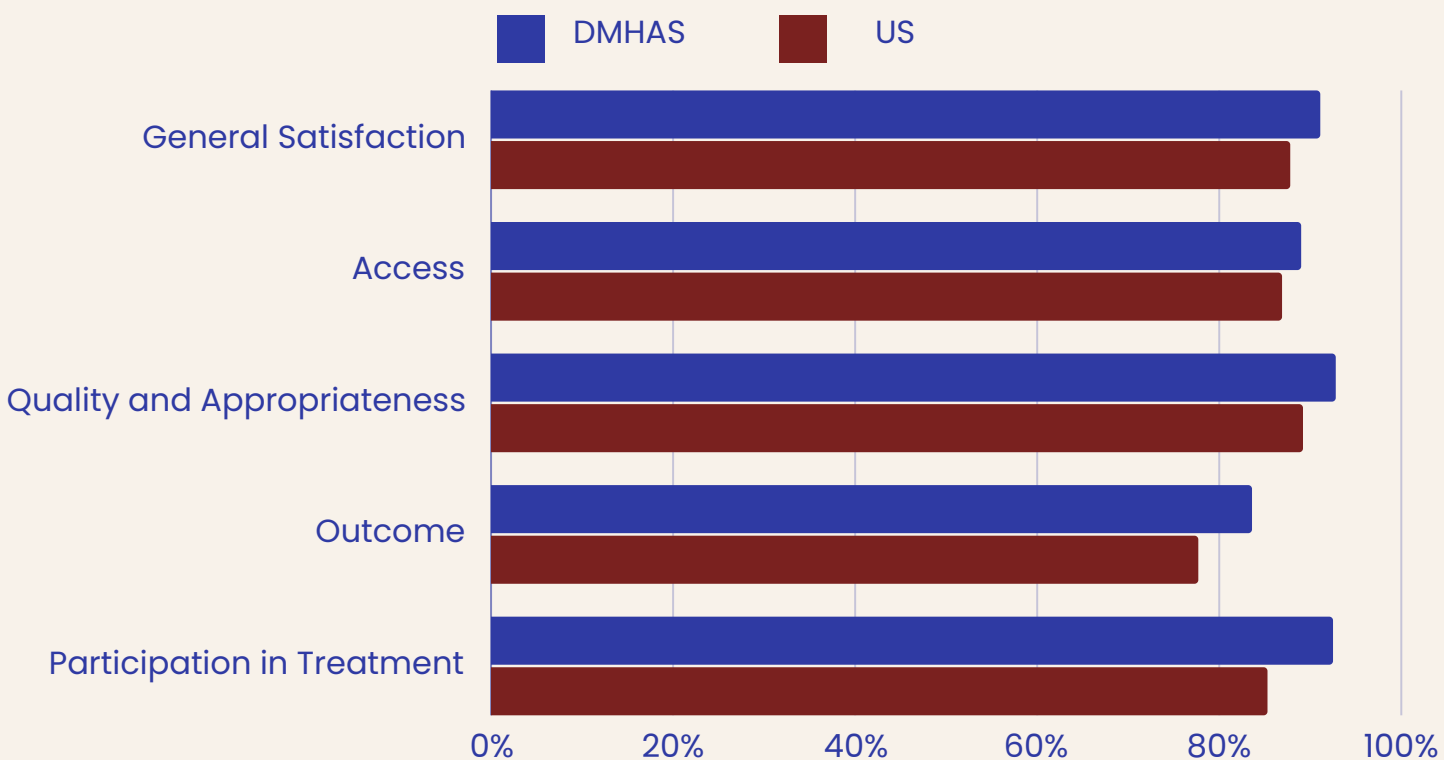
# Statewide Results

## FY23 Survey Domain Results (Rounded to whole %)



[For exact \(unrounded\) percentages, please refer to our Data Supplement, available online.](#)

## Connecticut vs. US Adult Consumer Satisfaction Measures



Connecticut consumers report higher levels of satisfaction in all domains, including 7% higher satisfaction with Participation in Treatment, 6% higher satisfaction with Outcomes and 2% higher General Satisfaction.

# Key Differences Between Groups

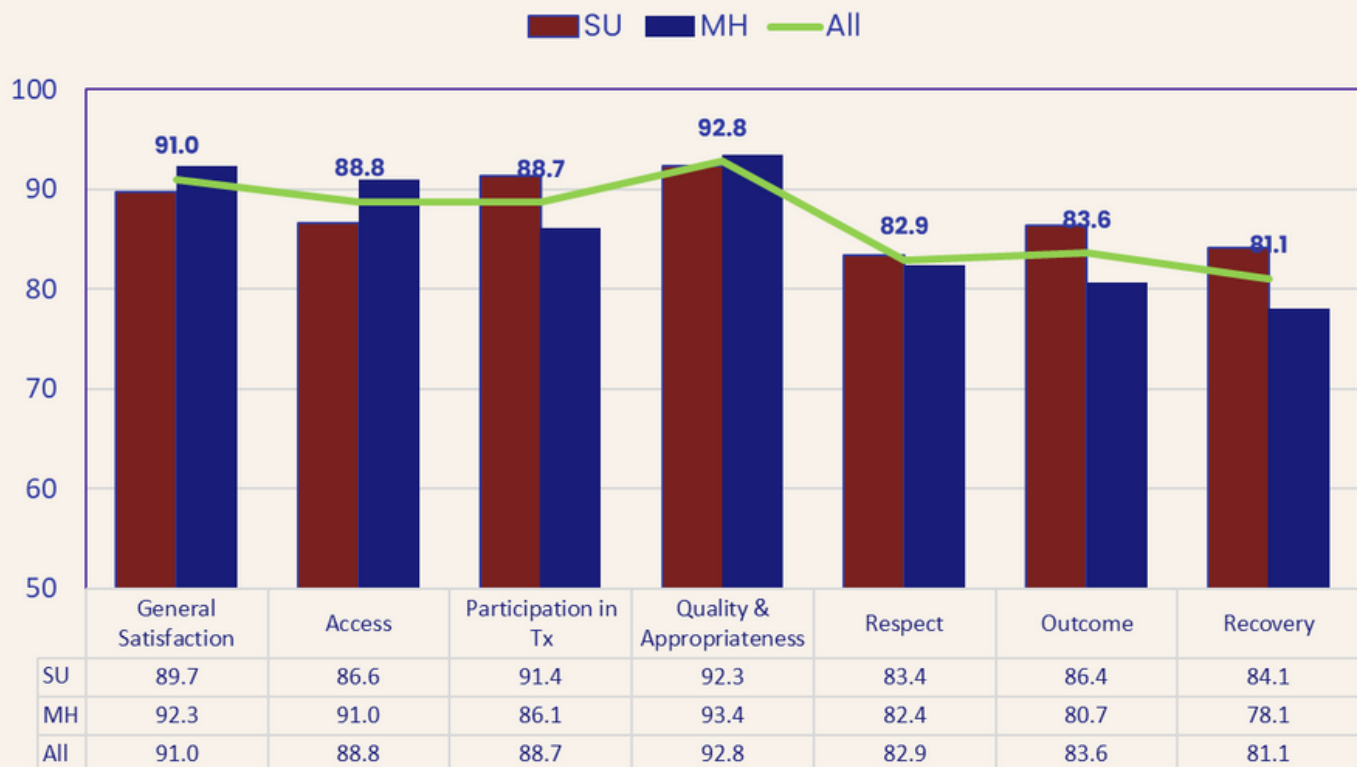
We use statistical tests to determine if differences between groups are not simply due to random chance.\*

## Differences by Program Type

In FY23, we found that a significantly higher percentage of people receiving mental health services were satisfied with Access, Quality and Appropriateness, Respect, and General Satisfaction.

Conversely, more people receiving substance use services were satisfied with Participation in Treatment, Outcome and Recovery

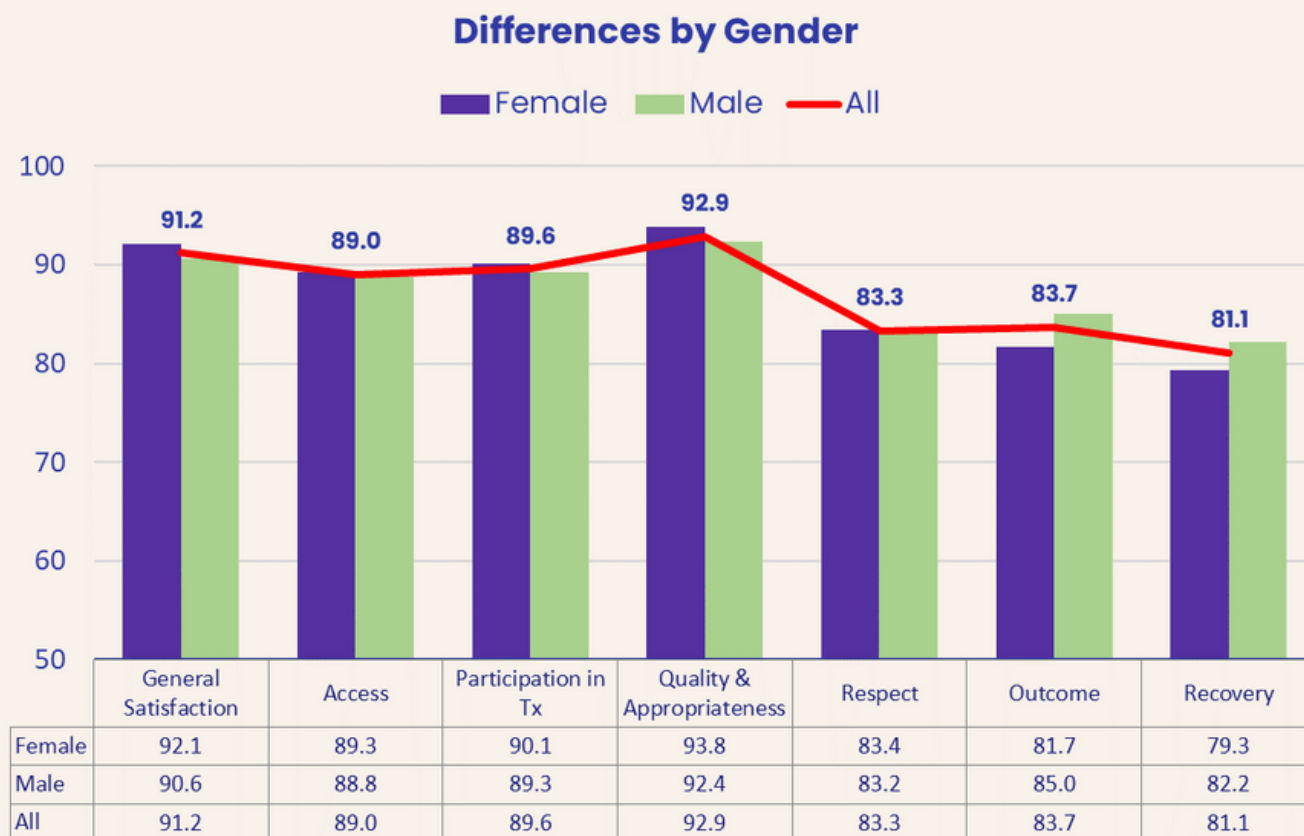
### Differences by Program Type



\*Significance testing is performed using chi-square; we test at the  $p < .05$  level.

## Differences by Gender

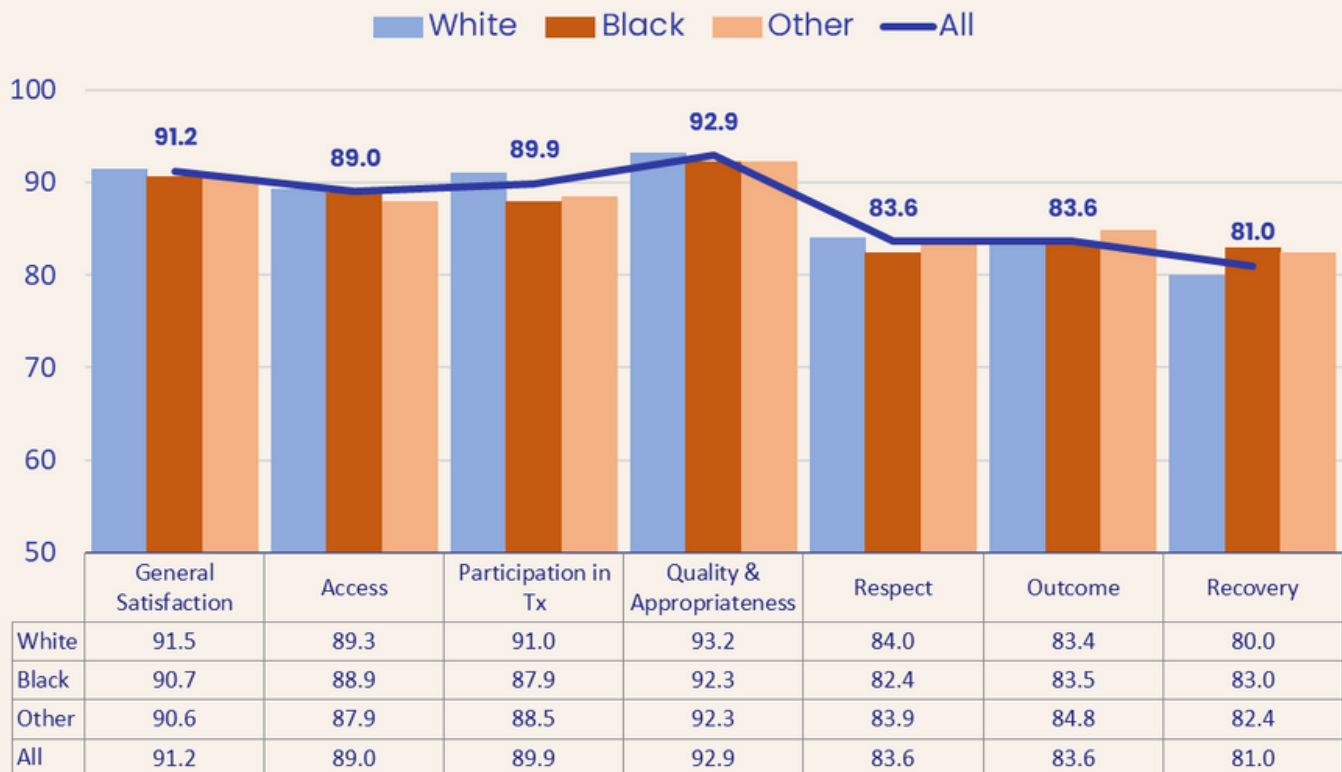
Examining domain results by gender, we find that significantly more women indicated satisfaction with Participation in Treatment, Quality and Appropriateness, Respect, and General Satisfaction. More Men reported satisfaction with Outcome. Differences by gender for other domains were not statistically significant.



## Differences by Race

When we analyzed domain results by race, we found few significant differences between racial groups in any domain. More White respondents reported satisfaction with Participation in Treatment than other groups. More Black and respondents from other racial groups reported satisfaction with Recovery than White respondents.

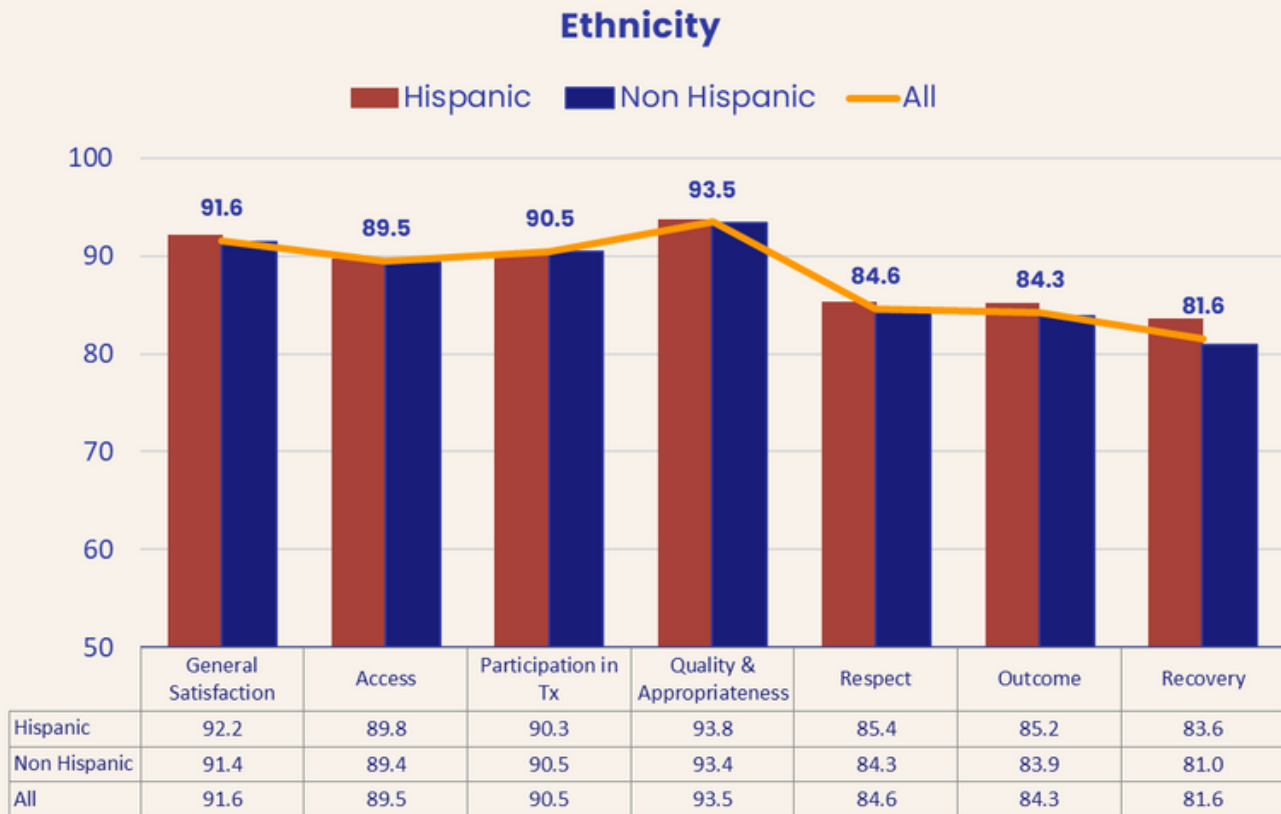
### Differences by Race





## Differences by Ethnicity

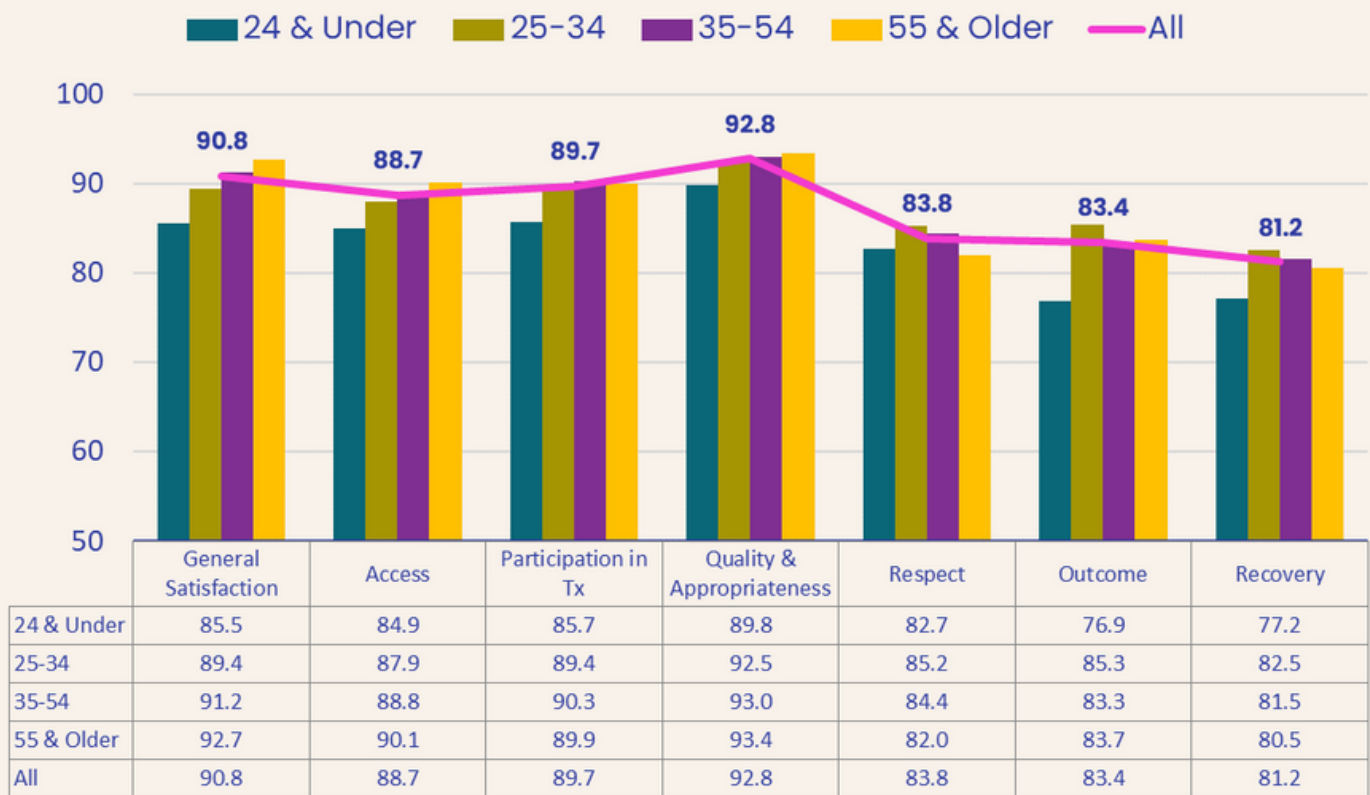
Examining domain results by ethnicity, we found only one significant difference in satisfaction: more Hispanic respondents reported satisfaction with Recovery compared to non-Hispanic respondents.



## Differences by Age Group

Upon review of domain results by age, we found significant differences between age groups; most notable were that fewer of the 24 & Under group reported satisfaction with Quality and Appropriateness, Outcome, and Participation in Treatment domains compared to older age groups. Additionally, significantly more respondents who were 55 years and older indicated satisfaction with Access than did younger respondents. In terms of General Satisfaction, each older age group had more satisfied respondents than each younger age group.

**Differences by Age Group**

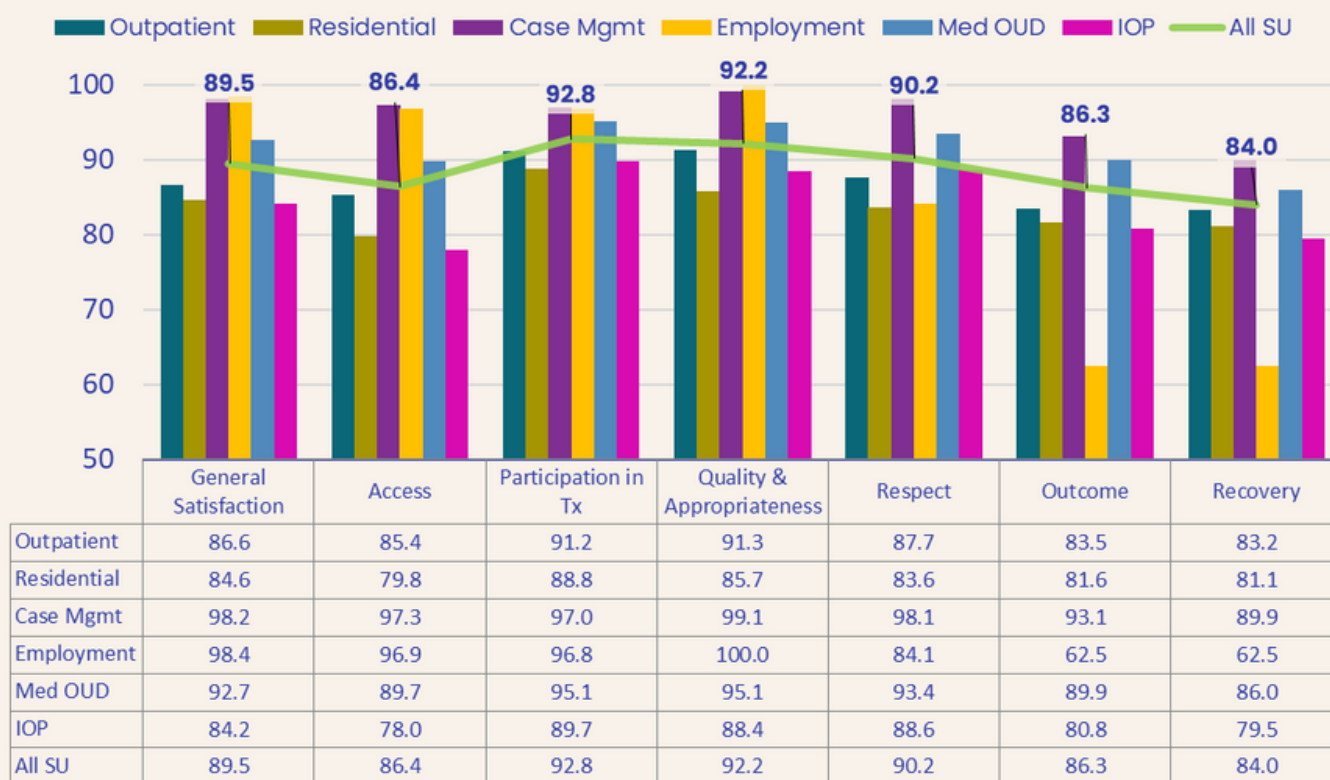


## Differences by Level of Care

### Substance Use

We found that certain Substance Use levels of care tended to have fewer satisfied consumers than others: in particular, IOP and Residential. Conversely, Medication Treatment of Opioid Use Disorders and Case Management services tended to have a higher percentage of satisfied people than other levels of care. Many respondents receiving Employment services indicated high levels of satisfaction, except in the domains of Outcome and Recovery.

### Differences by SU Level of Care



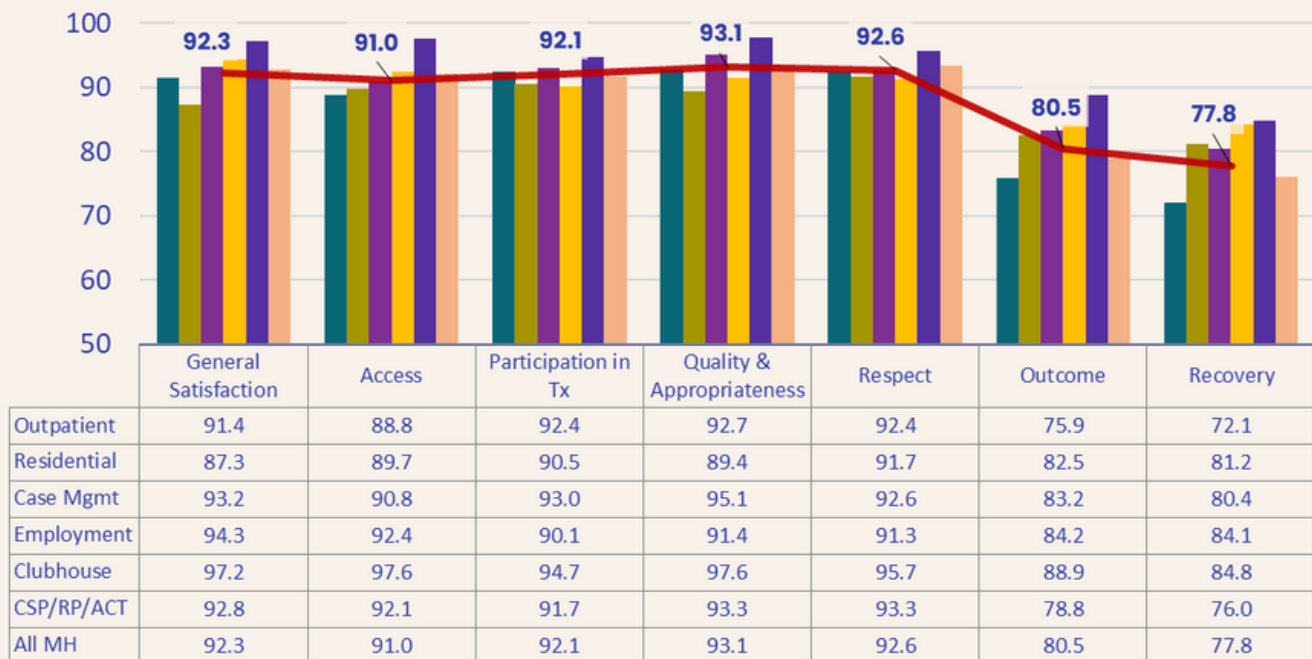
## Differences by Level of Care

### Mental Health

We found that the Employment Services and Clubhouse Levels of Care tended to have more satisfied consumers than other Levels of Care.

### Differences by MH Level of Care

Outpatient Residential Case Mgmt Employment Clubhouse CSP/RP/ACT All MH

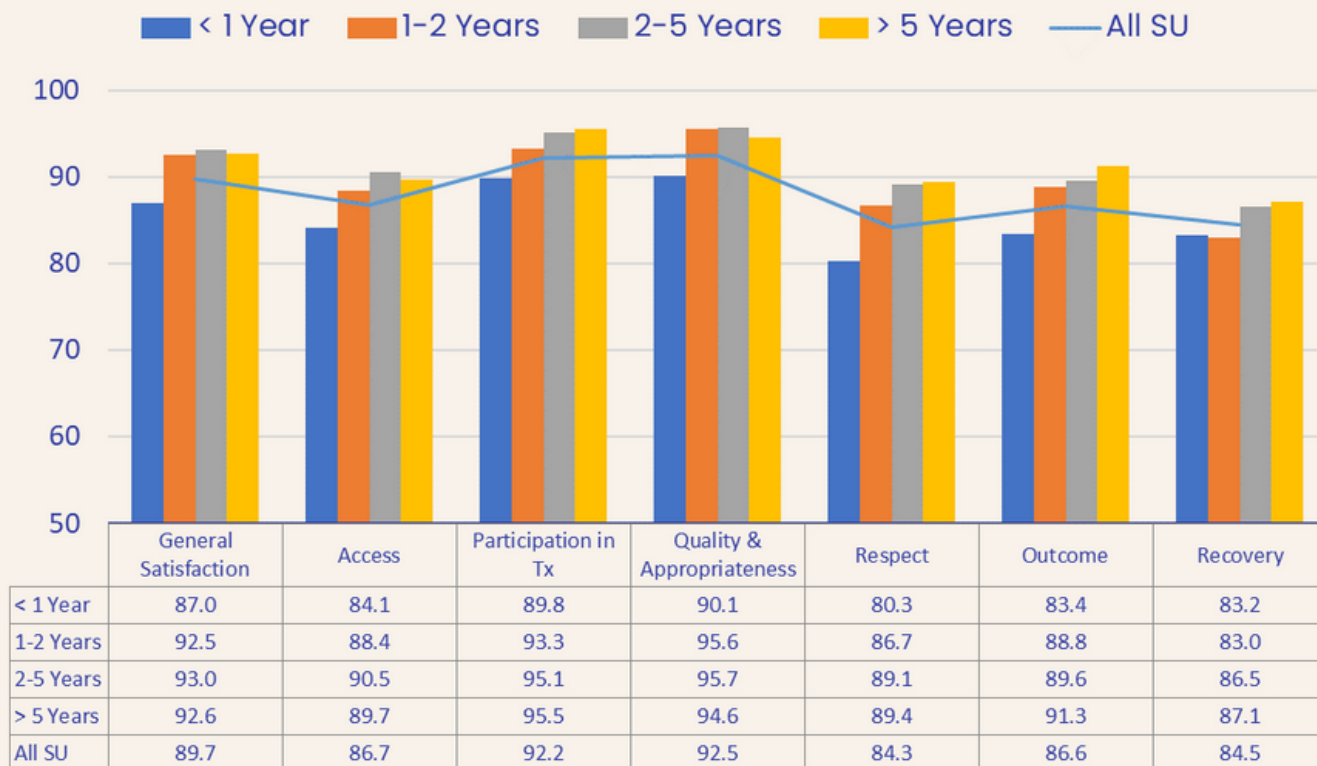


## Differences by Treatment Length\*

### Substance Use

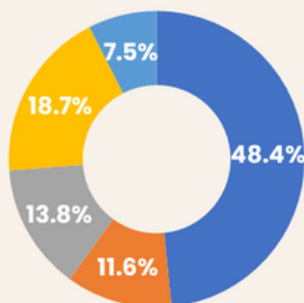
Significant differences were found in all domains. In general, longer times (one year or longer) spent in SU treatment led to more respondents reporting satisfaction with services. Note that approximately half of respondents from SU programs were in treatment for less than one year; only about 19% of SU respondents reported treatment of 5 or more years.

### Differences by Treatment Length – SU Programs



### Treatment Length in Respondents from SU Programs

■ < 1 Year ■ 1-2 Years ■ 2-5 Years ■ > 5 Years ■ Unknown



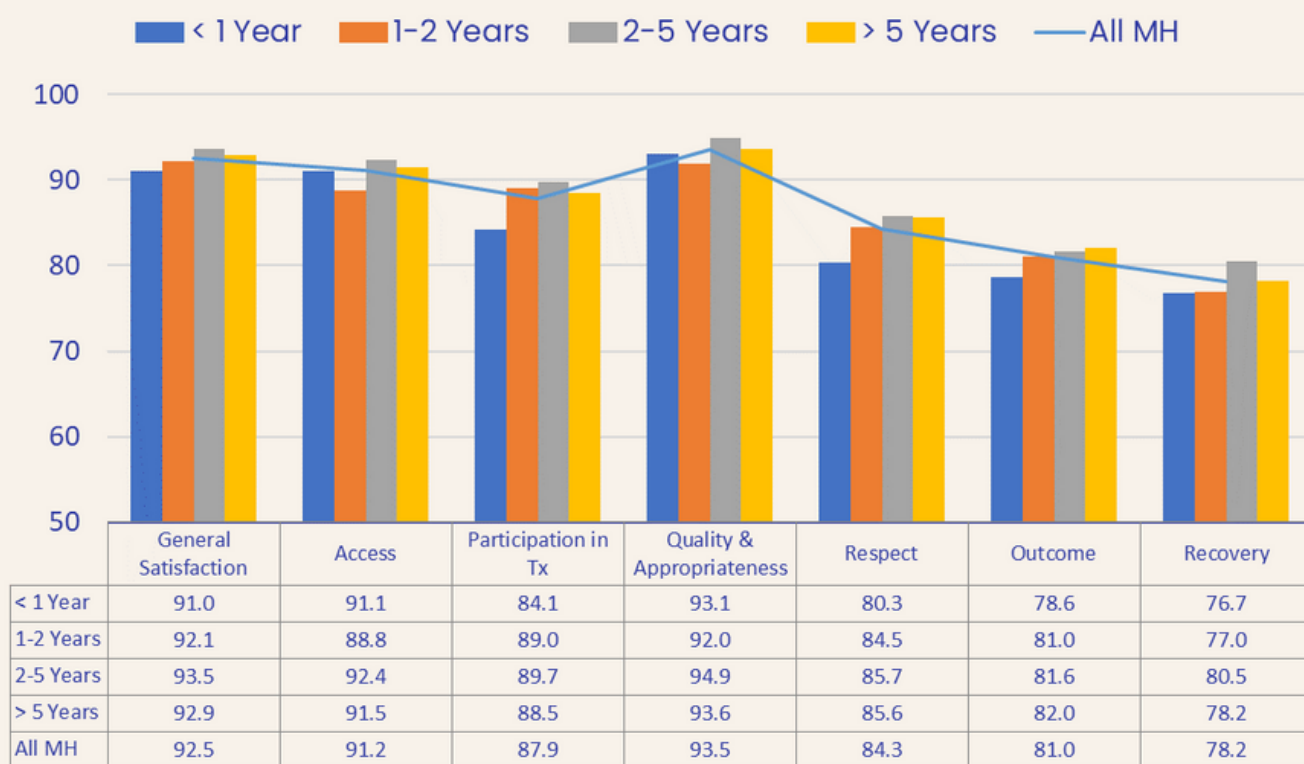
\* Length of time in treatment is a self-reported item collected through the survey.

## Differences by Treatment Length

### Mental Health

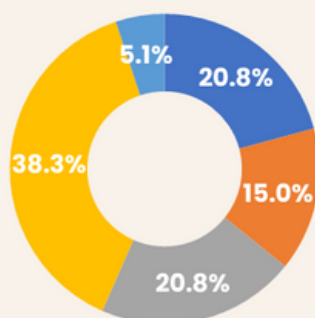
There were fewer significant differences in satisfaction between treatment length groups for respondents receiving mental health services. More people who reported receiving 1 or more years of mental health treatment were satisfied with services pertaining to Participation in Treatment and Respect than people who had had less than one year of services. With regard to General Satisfaction and Quality and Appropriateness, there were more satisfied respondents in the group who had 2 – 5 years of services than in the group who had less than one year. Note that 38% of respondents from MH programs reported 5 or more years of treatment.

### Differences by Treatment Length – MH Programs



### Treatment Length in Respondents from MH Programs

Legend: < 1 Year (Blue), 1-2 Years (Orange), 2-5 Years (Grey), > 5 Years (Yellow), Unknown (Light Blue)

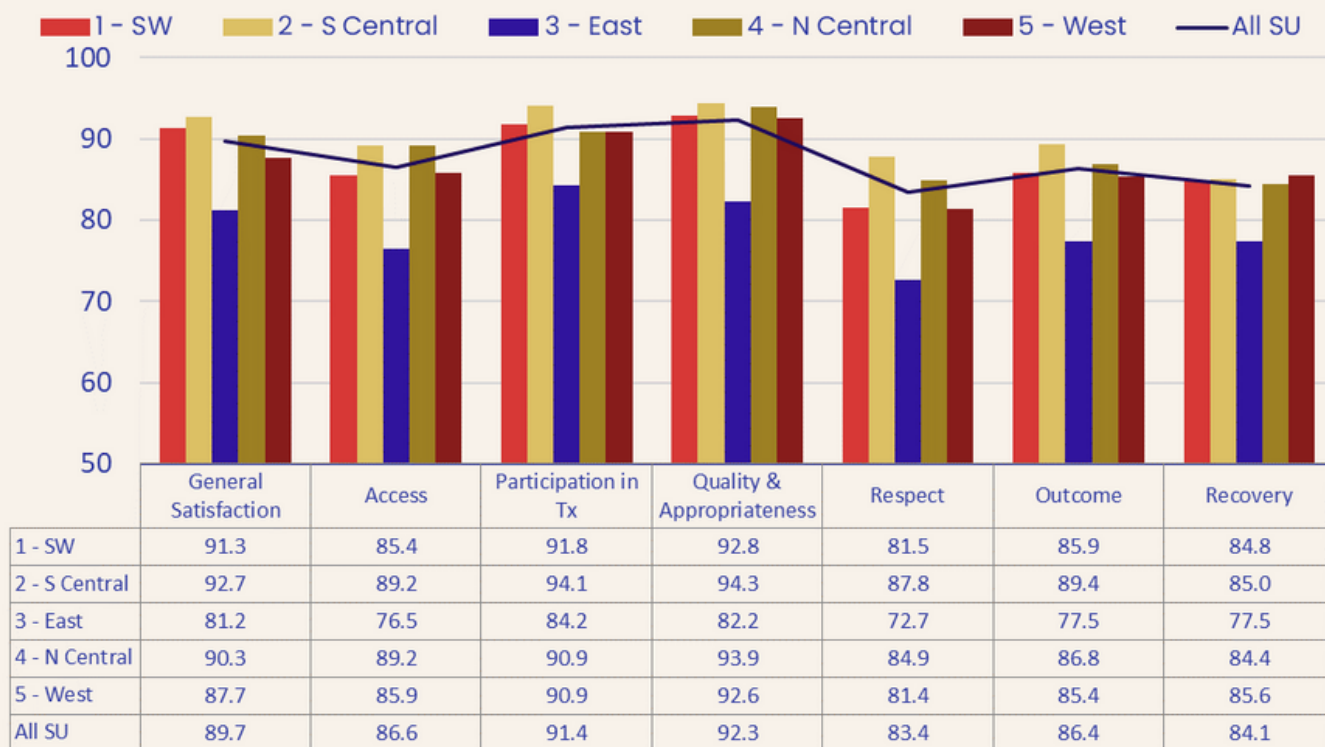


## Differences by Service Region

### Substance Use

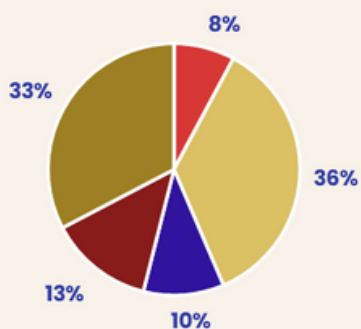
When satisfaction results are stratified by program type and service regions, we see that a consistently lower percentage of respondents from Region 3 reported satisfaction compared to every other Region. Note that only 10% of respondents were from Region 3.

### Differences by Service Region – SU Programs



### SU Respondents by Region

1 - SW 2 - S Central 3 - East 4 - N Central 5 - West

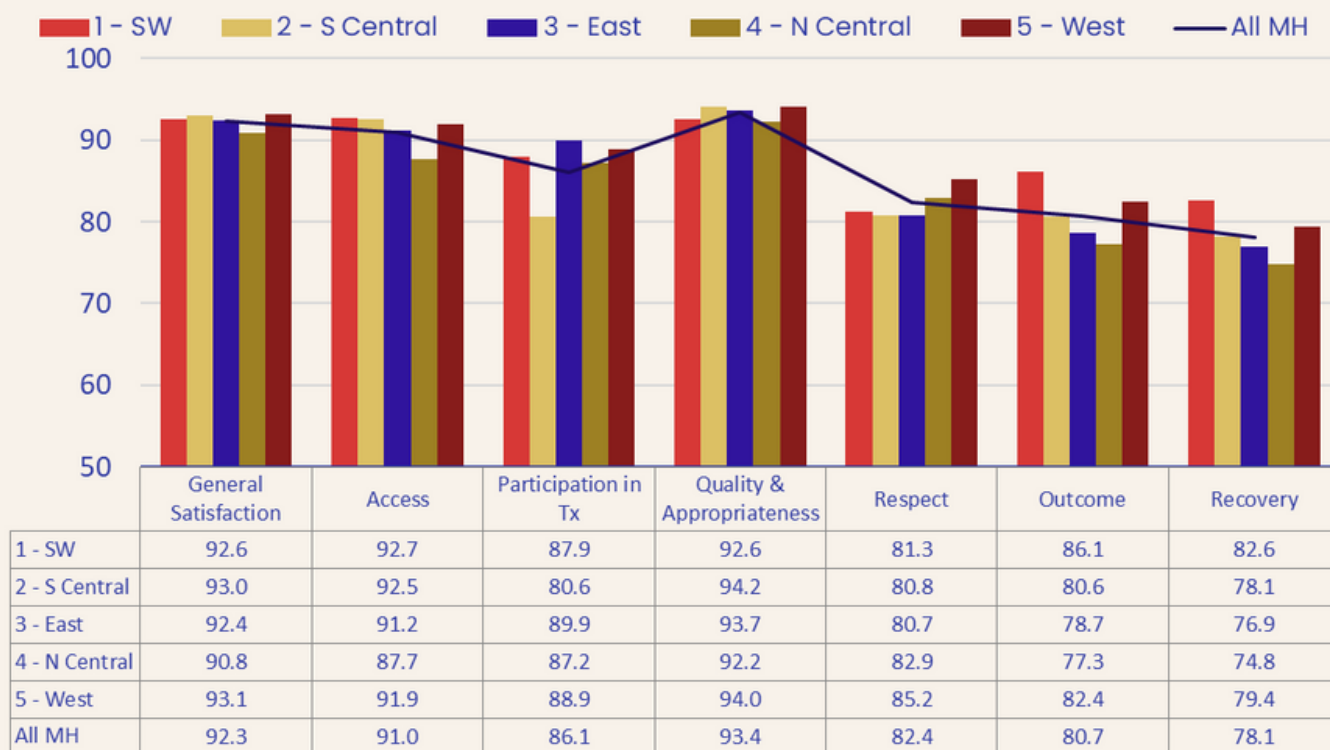


## Differences by Service Region

### Mental Health

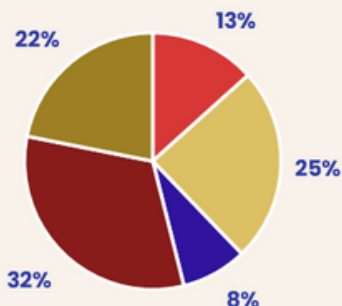
In mental health programs, there were no consistent patterns of satisfaction scores. Regarding Participation in Treatment, people from Region 2 were less likely to report satisfaction than people from all other Regions. There were no differences in the number of satisfied consumers in General Satisfaction or Quality and Appropriateness. Over half of the responses came from Regions 2 and 4.

### Differences by Service Region – MH Programs



### MH Respondents by Region

1 - SW    2 - S Central    3 - East    4 - N Central    5 - West





## Questions with Highest and Lowest Satisfaction Ratings

[In addition to scoring surveys by domain, we evaluate questions individually to learn more about what is most and least satisfactory for DMHAS consumers. Data reported below were assessed on the statewide level and represent the percentage of people who reported being satisfied. Results for all questions may be viewed in the Data Supplement.](#)



### Highest Satisfaction

Staff here believes that I can grow, change, and recover.	93.3%
Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	93.0%
I like the services that I received here.	92.9%
I felt comfortable asking questions about my services, treatment, or medication.	92.5%
My wishes are respected about the amount of family involvement I want in my treatment.	91.5%



### Lowest Satisfaction

I am getting along better with my family.	80.6%
I do better in social situations.	79.7%
I do better in school and/or work.	78.4%
My symptoms are not bothering me as much.	78.2%
In general, I am involved in my community.	69.7%