The Annual Consumer Satisfaction Survey

The Department of Mental Health and Addiction Services (DMHAS) administers an annual consumer satisfaction survey as part of its continuous quality improvement activities. Satisfaction results are incorporated into provider quality reports and serve as a performance indicator for state funded and operated providers of service.

Participation in the annual Consumer Satisfaction Survey process is required for all **DMHAS-operated** and **funded** providers of mental health and/or addiction services in the following categories:

Outpatient/Ambulatory Services

- Assertive Community Treatment (ACT)
- Buprenorphine Maintenance
- Community Support Program (CSP)
- Education Support
- Employment Services
- Gambling Outpatient
- Intensive Outpatient
- Methadone Maintenance
- Naltrexone
- Partial Hospitalization Services
- Standard Case Management
- Standard Outpatient
- Supportive Housing - Development
- Supportive Housing - Scattered Site

Residential Services

- Group Home
- Intermediate/Long Term Res. Tx 3.5
- Long Term Care 3.3
- MH Intensive Res. Rehabilitation
- Recovery House
- SA Intensive Res. Rehabilitation 3.7
- SA Intensive Residential - Enhanced
- Supervised Apartments
- Transitional
- Transitional/Halfway House 3.1

Exemptions may be found at the end of this document.

Changes to the Consumer Satisfaction Survey for FY23

- The four questions about cultural competence (Q29-32 in FY22 survey) have been removed, as they were part of a pilot study that has concluded. The core instrument is 28 questions long. Ensure that you are using the current survey instruments by visiting the DMHAS Consumer Satisfaction Survey web page.
- A checkbox to record client refusals has been added to the online surveys. Checking this box will cause the survey to skip to the end.
- Multiple races may be selected in the online surveys (note: this is not possible in DDaP.)

Consumers Have a Choice

The completion of surveys by the person in treatment should be voluntary.
It is OK if someone declines the survey. Declined surveys can count towards an agency's survey total (see Sampling Your Population). Additionally, survey respondents may skip questions they do not wish to answer. If someone indicates that s/he has already completed a survey for another program in your agency, or while receiving treatment from another agency since July 1 of this year, do not administer the survey to that person again- unless the consumer indicates interest.

Consumer Anonymity

It is essential to administer the surveys in a manner that allows the respondent to answer freely. We understand that many consumers will need some assistance with responding to the survey.

Using a neutral person, such as a peer advocate, member of other advocacy groups, volunteer, or non-direct service staff improves the response rate and comfort level for respondents.

DMHAS recommends the involvement of people in recovery in the presentation of the survey to program participants.

Additionally, many providers have implemented a "drop box" system where a client is able to return a survey without involving a staff person directly.

Program-Level Reporting vs. Provider-Level Reporting

DMHAS completes statewide analyses of all the survey data at the close of the fiscal year, and reports the results of these analyses shortly thereafter. Provider level reports are distributed to CEOs/Executive Directors and to Quality Directors.

Provider agencies have the choice of collecting and identifying surveys by specific programs within their organization, or from the organization as a whole. This decision should be made by organizational management.

Program-specific surveys provide the most meaningful and useful information to the provider.

Sampling Your Population

The required sample size is calculated on the provider level and should be based on the unduplicated client count for the first quarter of FY23, for all programs that have the Consumer Satisfaction Survey requirement: 07/01/2022 - 09/30/2022

In the DMHAS Data Warehouse, run the Unduplicated Client Count report as shown below:

Home > Client Reports > Unduplicated Clients

Start Date	7/1/2022	End Date	9/30/2022
Funding Source	DMHAS Human Services Agreeme	Program Type	Addiction,Mental Health
LOC Type	All	LOC Mode	All
Provider		Region	
LMHA		Program	
Primary Group By	Level of Care Type	Secondary Group By	Level of Care Mode
Tertiary Group By	Program Name (w/ Code)		

Use the numbers in the report's Active column to calculate your sample size. You can also use this Sample Size Calculator. Use 7 for Confidence Interval; enter the Active number into the Population box, then click the Calculate button. Note: If the unduplicated client count is 15 or fewer, you do not need to collect surveys for that program (but you are certainly welcome to do so!)

If Your Unduplicated Client Count is Equal to This Number….	…Your Sample Size is This Number (95% C.L. +/-7%CI)
20	18
30	26
40	33
50	40
60	46
70	52
80	57
90	62
100	66
150	85
200	99
250	110
300	119
350	126
400	132
450	137
500	141
600	148
700	153
800	158
900	161
1000	164

Sometimes, it can be challenging to meet a sample size. Agencies may record refused survey attempts by entering basic demographics and checking off the "Refused" box in the data entry form.

Deploying the Survey

Paper Survey Option

You may continue to use the paper survey forms that are available on the DMHAS Consumer Satisfaction Survey web page. The documents are in both PDF and Word format. The data should be entered into DDaP in the customary manner. If access to DDaP is required, please download, complete, and submit the DMHAS Data Access Form as soon as possible to avoid processing delays.

SurveyMonkey (Online) Option

Two online surveys (English and Spanish) are available and may be accessed directly via smartphone, tablet, or computer. The survey links will also be featured prominently on the DMHAS home page under Featured Links, and on the DMHAS Consumer Satisfaction Survey web page.

You are welcome to include the following information on your own website, or share it during telehealth sessions.

English	Spanish

We have also developed wallet cards for your use, which are available on the DMHAS Consumer Satisfaction Survey web page.

To avoid any unintentional breaches of protected health information, do not share this info via unsecured email or text message. (Email addresses and phone numbers are considered PHI.)

Review the instructions for consumers and familiarize yourself with the general flow of the survey.

We have online guidance for respondents here.

Advise your clients on what to select for program name after they select the provider, if they are completing the survey unassisted. As the information in the survey is based on the data in DMHAS' data system, clients may not be familiar with how we label the programs. You may obtain a list of your agency's programs by running the "Provider Program Information" report in the DMHAS Enterprise Data Warehouse. *It will be important for the respondent to select something for program name – even if it is "no program" – because this will trigger the correct skip logic in the survey.*

If no option for program name is selected, the respondent will have to wade through many pages of options for other providers. If the respondent forgets to select a program, the **Prev** button may be clicked to go back.

The **Prev** and **Next** buttons, located at the bottom of survey pages, may be used for navigation within the survey.

Getting in Touch

If technical assistance is needed, you may email Karin Haberlin at Karin.Haberlin@ct.gov or Kristen Miller at Kristen.Miller@ct.gov with your name, organization, contact information, and brief description of the issue.

Exempt Program Types

LOC Type	LOC Mode
Case Management	Outreach & Engagement
Consultation	Consultation
Crisis Services	Mobile Crisis Team
	Respite Bed
Forensics Community-based	Court Liaison-Jail Diversion
	Day Reporting
	Outreach & Engagement
	Pre-trial Intervention Programs
	Re-entry Programs
Housing Services	Housing Assistance
	Housing Coordination
Inpatient Services	Acute Psychiatric
	Acute Psychiatric - Intermediate
	Medically Managed Detox 4.2
	Medically Managed Detox IP
	Non-Certified Subacute
	Observation Bed
Intake	Central Intake
	UM Screening
Other	Fiduciary
	Housing Assistance
	Other
	Outreach & Engagement
	Screening
Outpatient	Court Liaison-Jail Diversion
Prevention	Prevention

Recovery Support	Other
	Specialing
	Transportation
Residential Services	AIDS Residential
	Medically Monitored Detox 3.7D
	Residential Support
	Shelter
	Sub-Acute
Social Rehabilitation	Social Rehabilitation