

Consumer Satisfaction Survey Annual Report

FY 2021



**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.

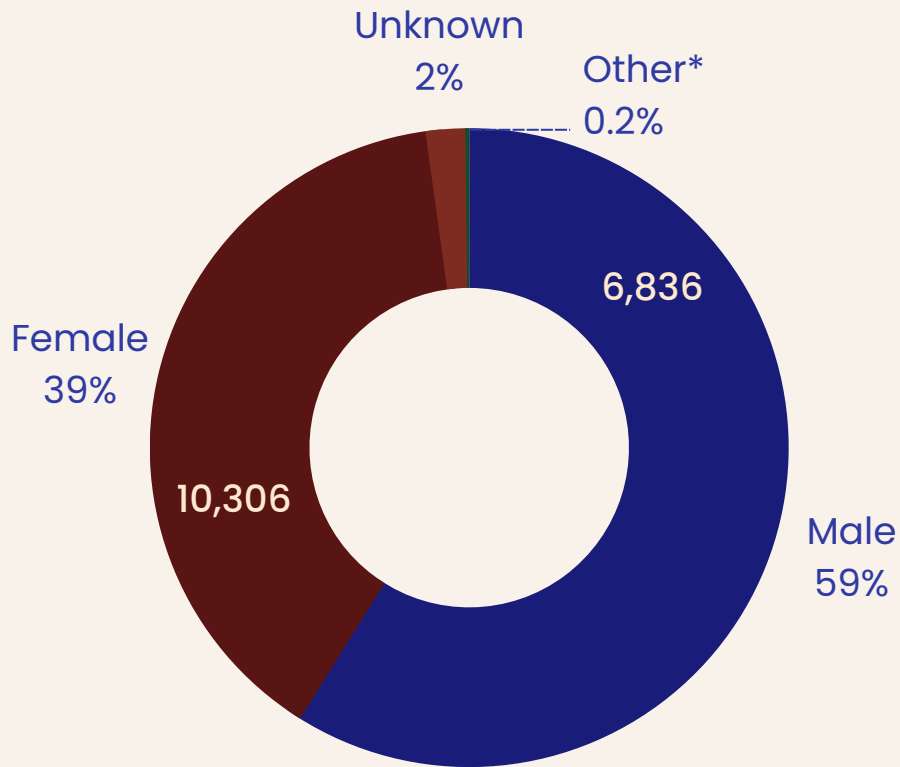
Consumer satisfaction survey responses provide DMHAS with valuable information regarding our successes and areas for growth in implementing a high-quality recovery oriented mental health and substance use service system.

Basic Statistics and Demographics

17,614 responses were collected from 90 providers in FY21.

Please note: This number is higher than the total for survey results in subsequent pages because it includes incomplete and refused surveys.

Gender

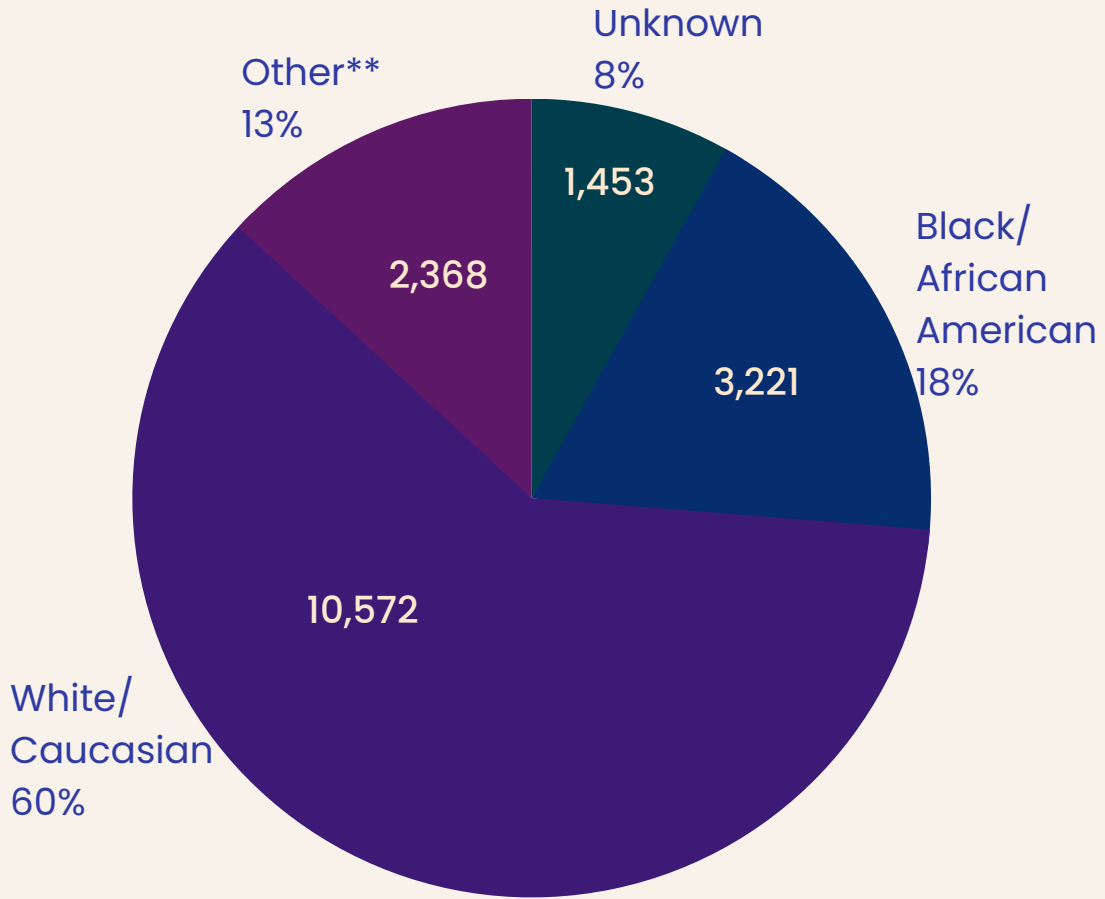


* Non-binary gender identification is currently collected as Other.

Overall, there were more male respondents than female respondents to the FY21 survey.

This pattern was seen in Mental Health programs (55% male), Substance Use programs (64% male), and in surveys without a program (53% male). Results are representative of the DMHAS population (57% male in FY21).

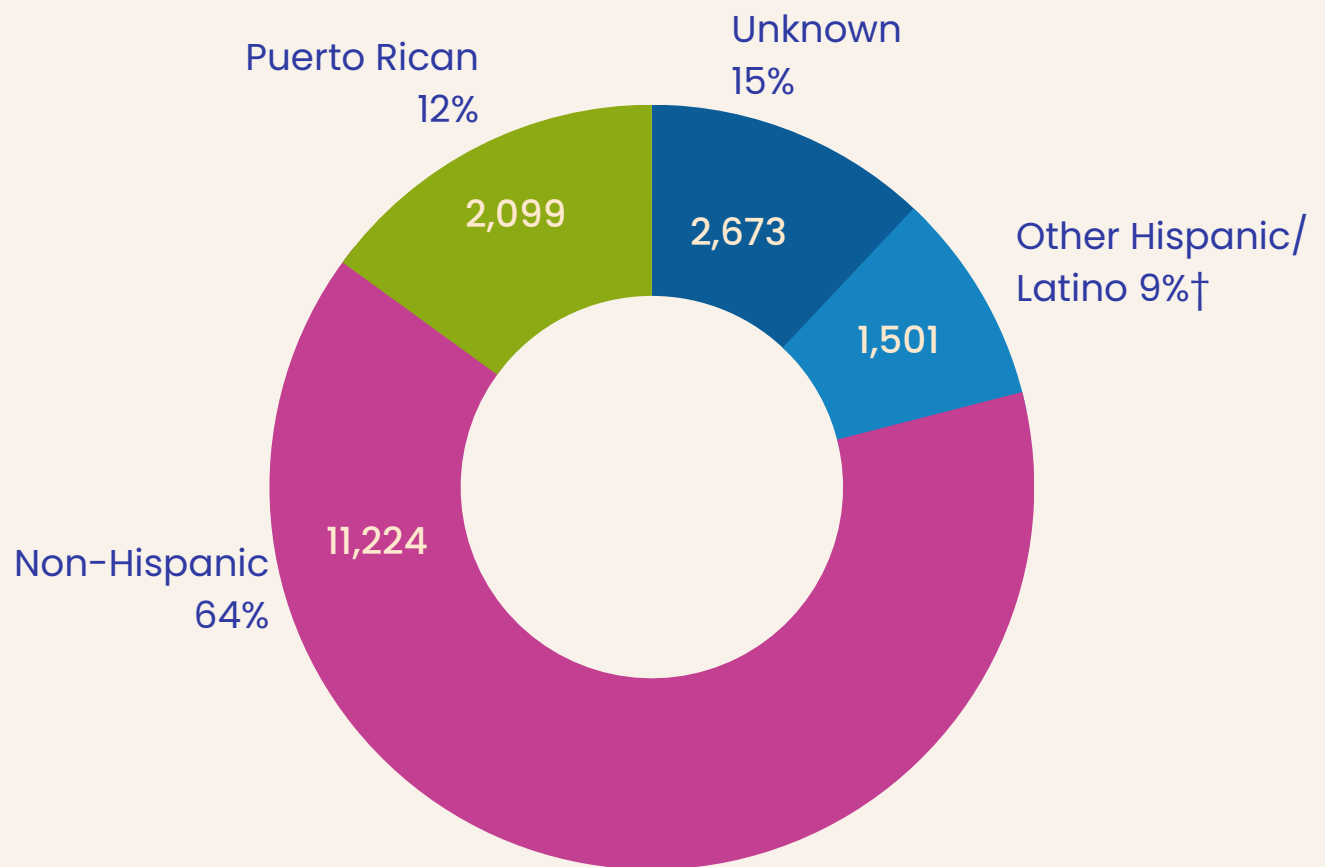
Race



Survey results by race were generally representative of the general DMHAS population in FY21, with slight over-sampling of Black respondents (18% in survey vs. 16% DMHAS population) and under-sampling of Other (13% survey vs. 16% DMHAS population).

** 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.

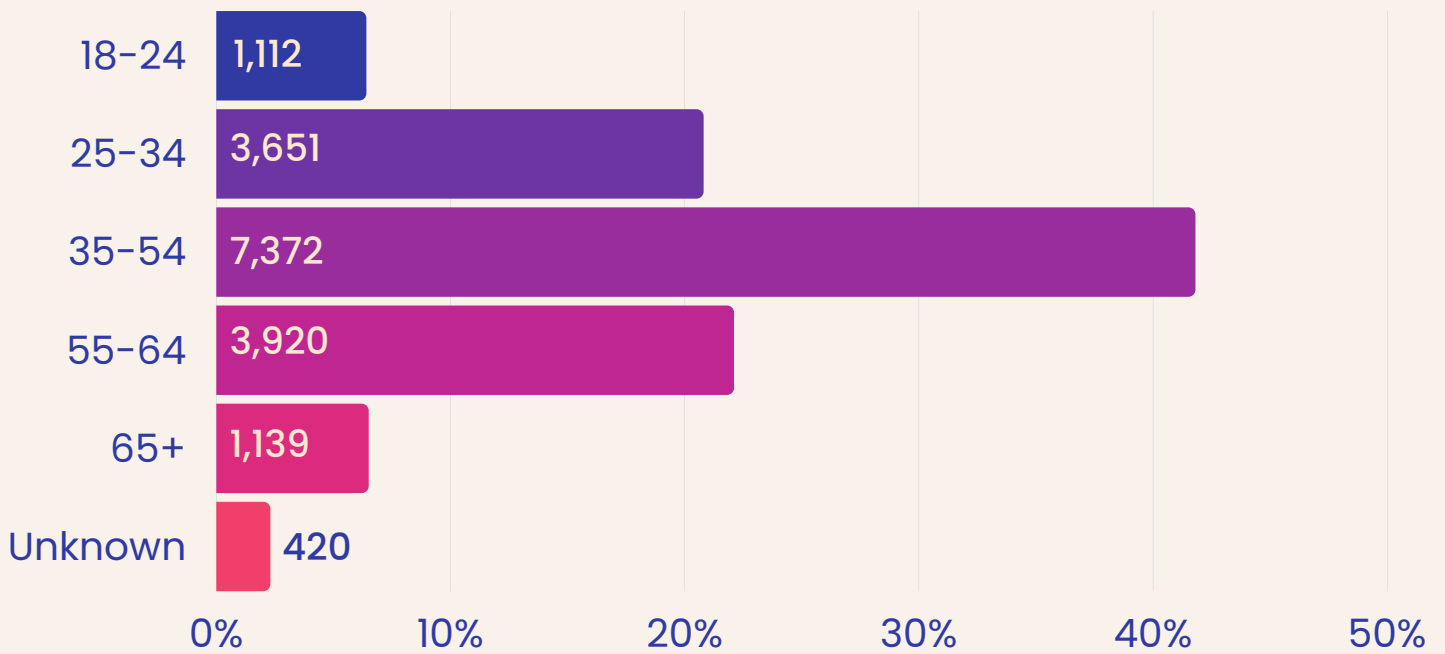
Ethnicity



Survey results by ethnicity were largely representative of the general DMHAS population in FY21.

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

Age

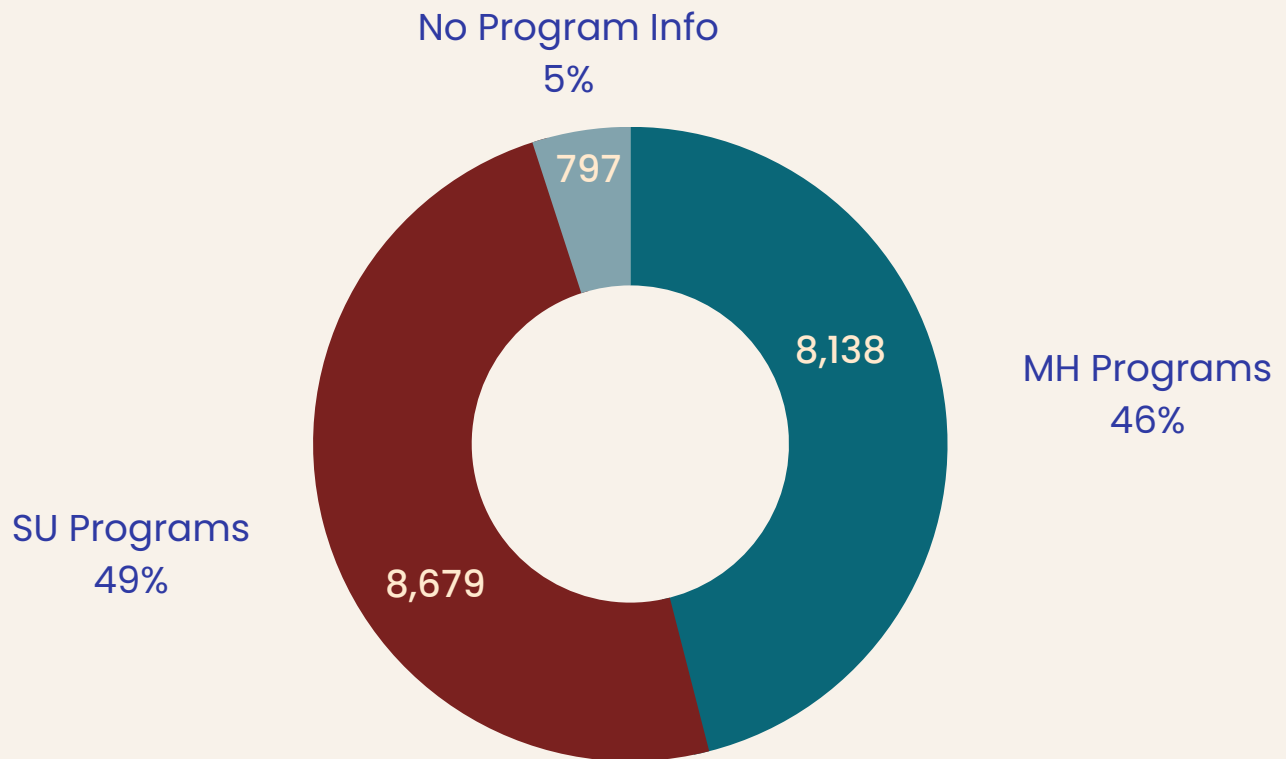


Survey results by age were representative of the general DMHAS population in FY21, with the largest group of respondents aged 35-54. Consumers aged 18-25 are somewhat underrepresented here - they comprise about 10% of the DMHAS population, but only about 6% of the survey sample.

The mean age of a DMHAS consumer was 44.1 in FY21.

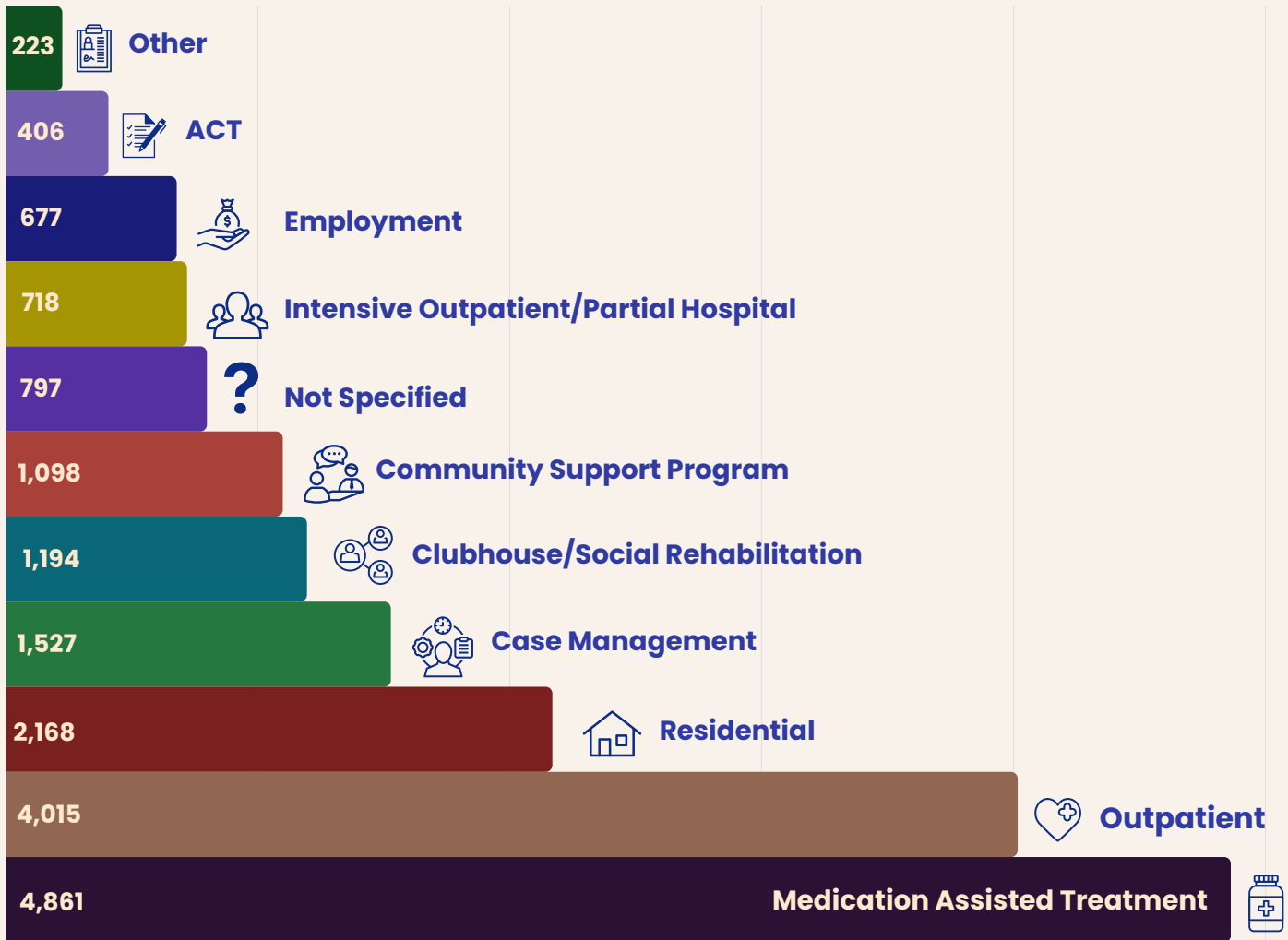
Characteristics of Survey Respondents

Program Type



Respondents to the FY21 survey were about equally distributed between Mental Health and Substance Use programs. About 5% of surveys did not have program type information- a decrease of 5% from the previous year. The proportion of Mental Health surveys increased 4% from FY20, and the number of Substance Use increased by 1%.

Level of Care (n=17,684)‡

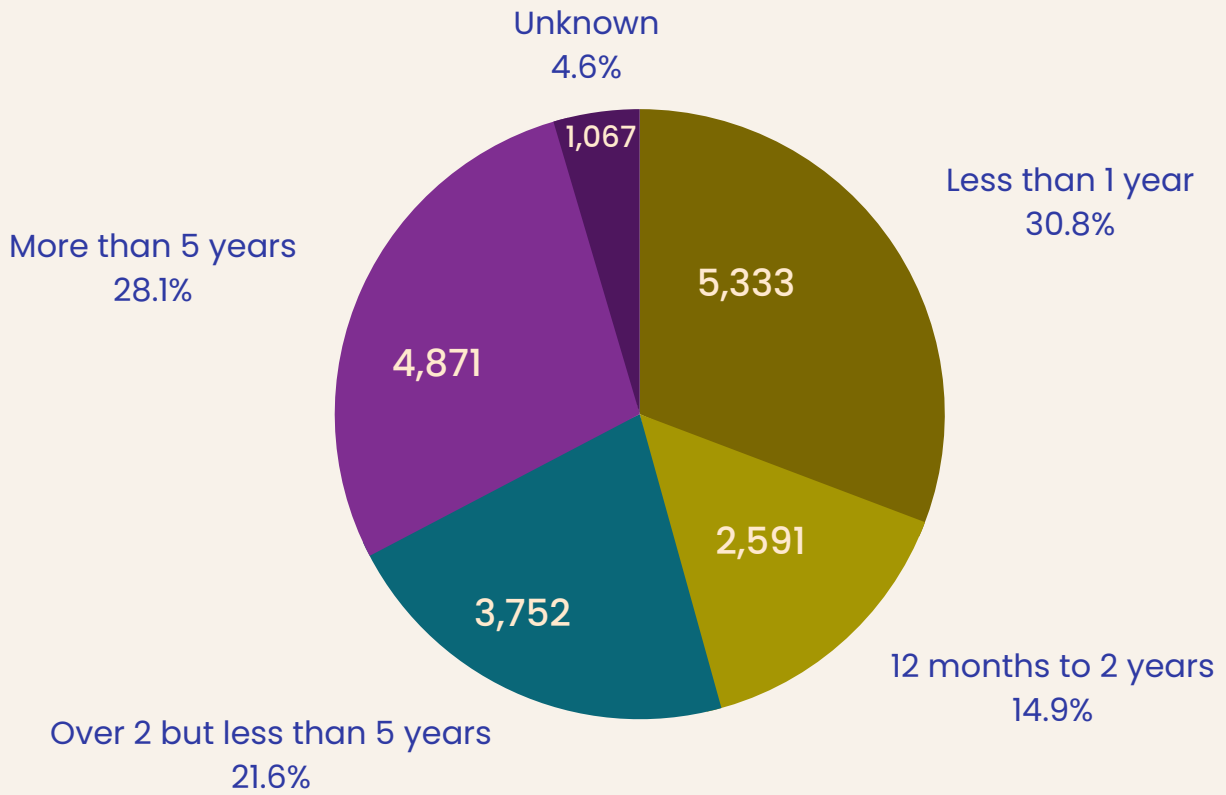


Just over half (51%) of surveys received were from Medication Assisted Treatment and Outpatient programs. The remaining 49% were distributed between Residential and other ambulatory levels of care.§

‡ 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](#).

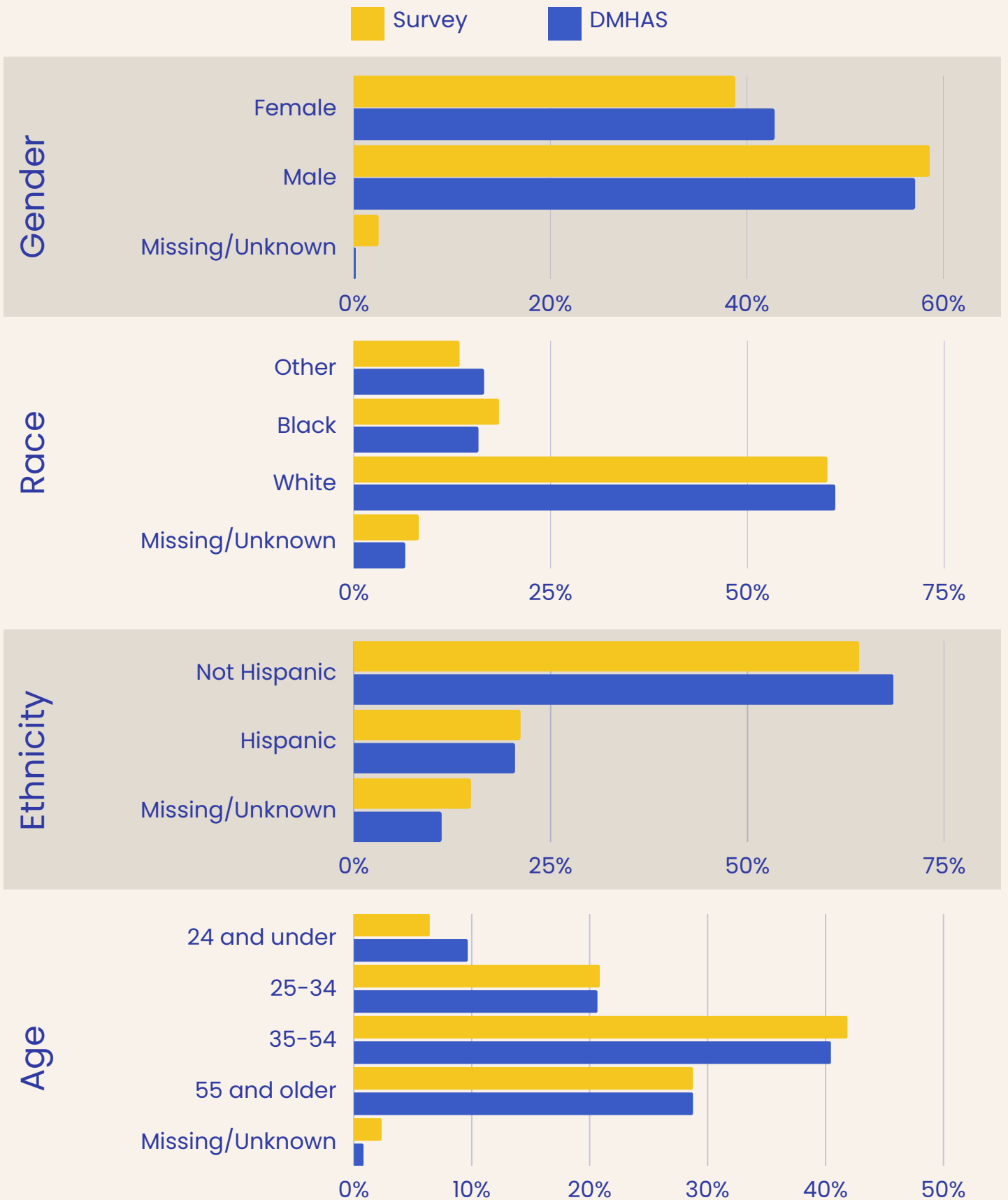
Length of Time Receiving Services



Nearly 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.

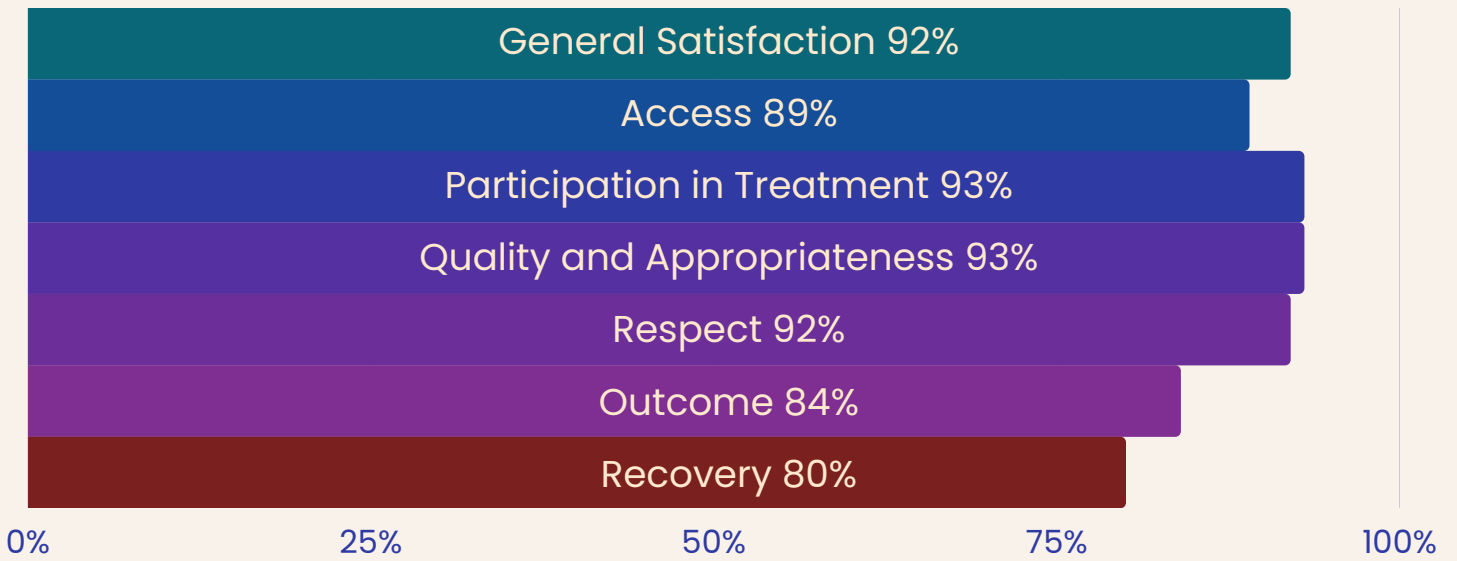
Comparison of Survey Demographics vs. DMHAS Population

We compared the consumer survey demographic information to the DMHAS demographic data for SFY2021.



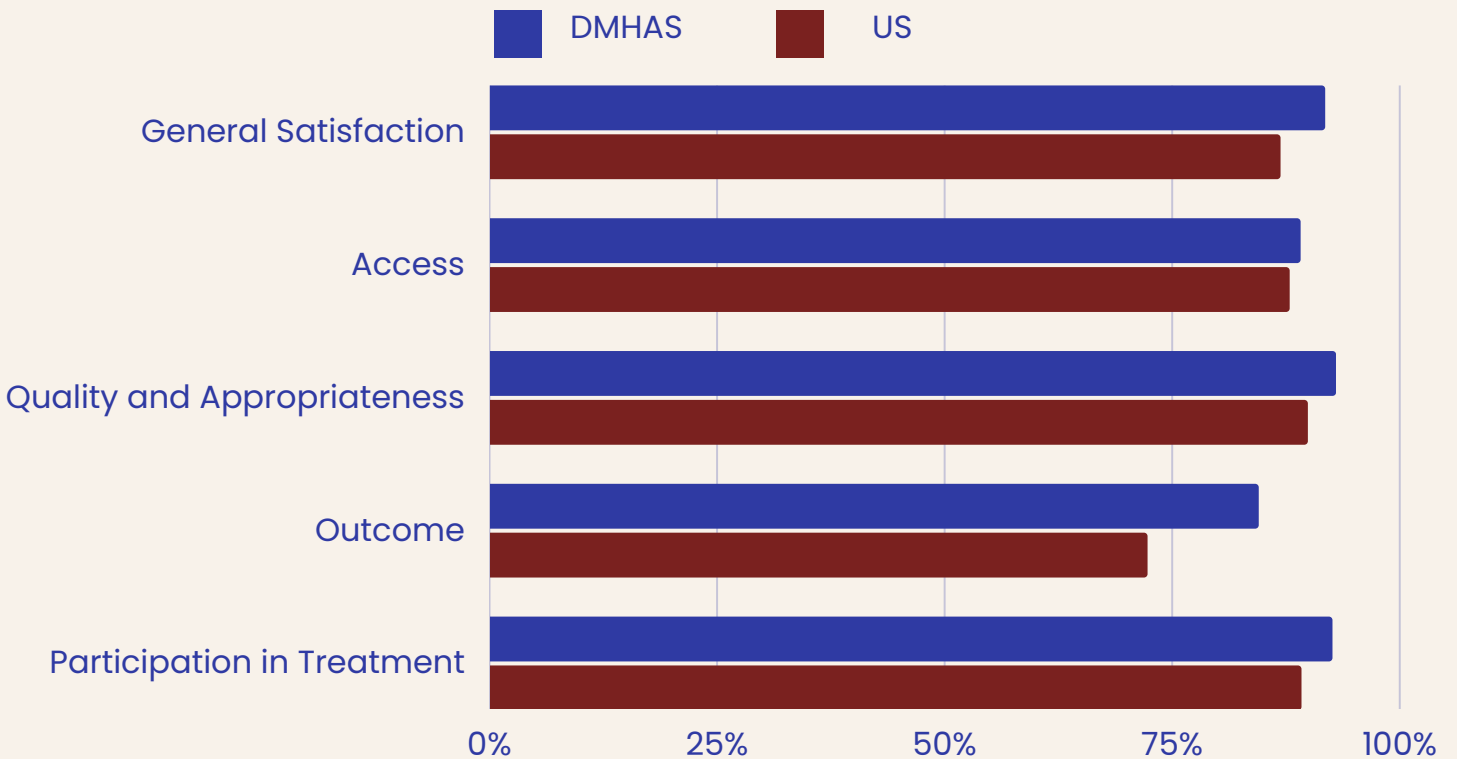
Statewide Results

FY21 Survey Domain Results (Rounded to whole %)



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

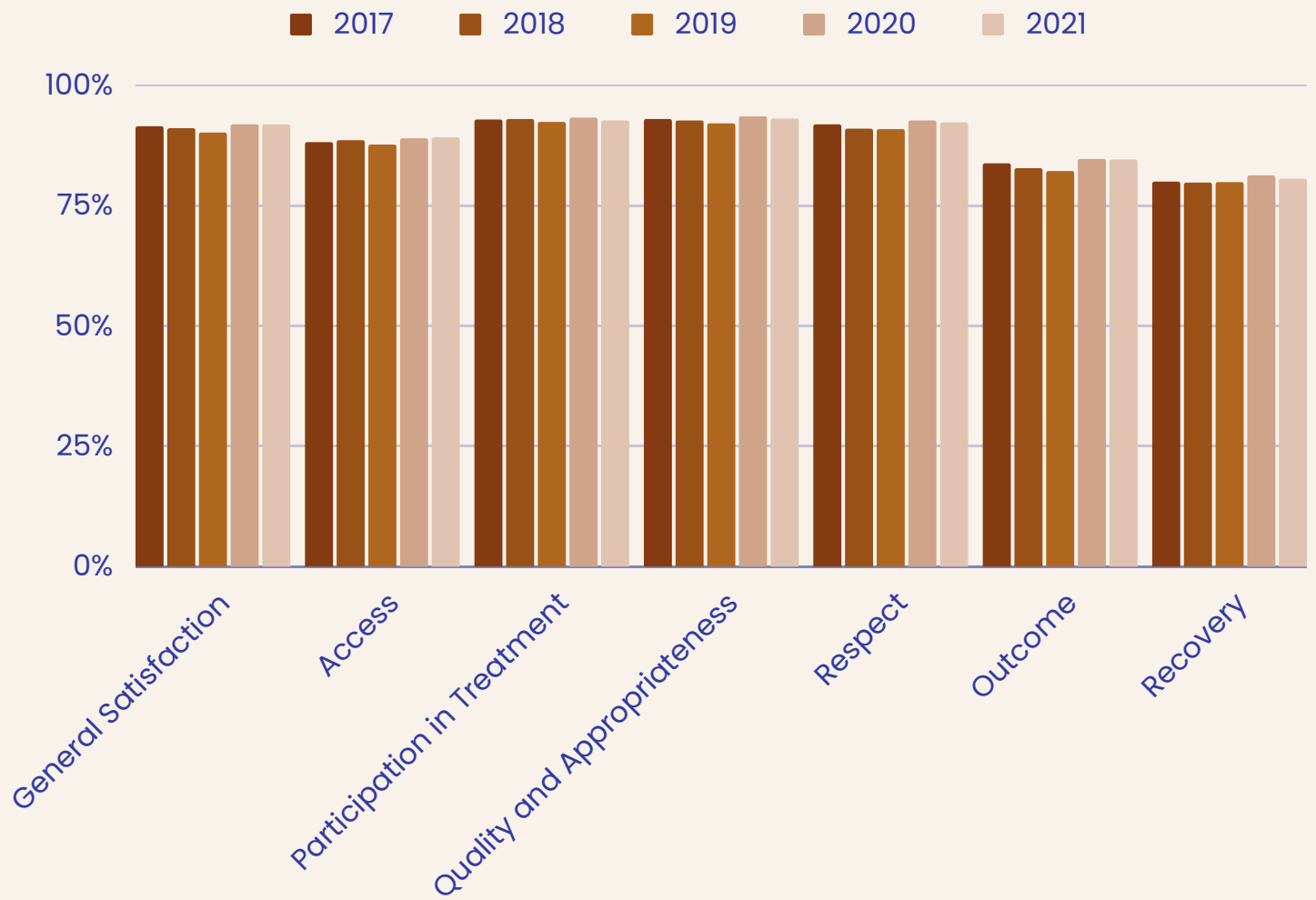
Connecticut vs. US Adult Consumer Satisfaction Measures



Connecticut consumers report higher levels of satisfaction in all domains, including 12% higher satisfaction with Outcomes and 5% higher General Satisfaction.

US domain scores from [Connecticut 2021 URS Output Tables](#)

Statewide Satisfaction Trends by Domain (2017-2021)



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

Domain	2017	2018	2019	2020	2021
General Satisfaction	91.3%	90.9%	90.0%	91.7%	91.7%
Access	88.0%	88.4%	87.5%	88.8%	89.0%
Participation in Treatment	92.7%	92.8%	92.2%	93.1%	92.5%
Quality and Appropriateness	92.8%	92.5%	91.9%	93.4%	92.9%
Respect	91.7%	90.8%	90.7%	92.5%	92.1%
Outcome	83.6%	82.6%	82.0%	84.5%	84.4%
Recovery	79.8%	79.6%	79.7%	81.1%	80.4%

Key Differences Between Groups

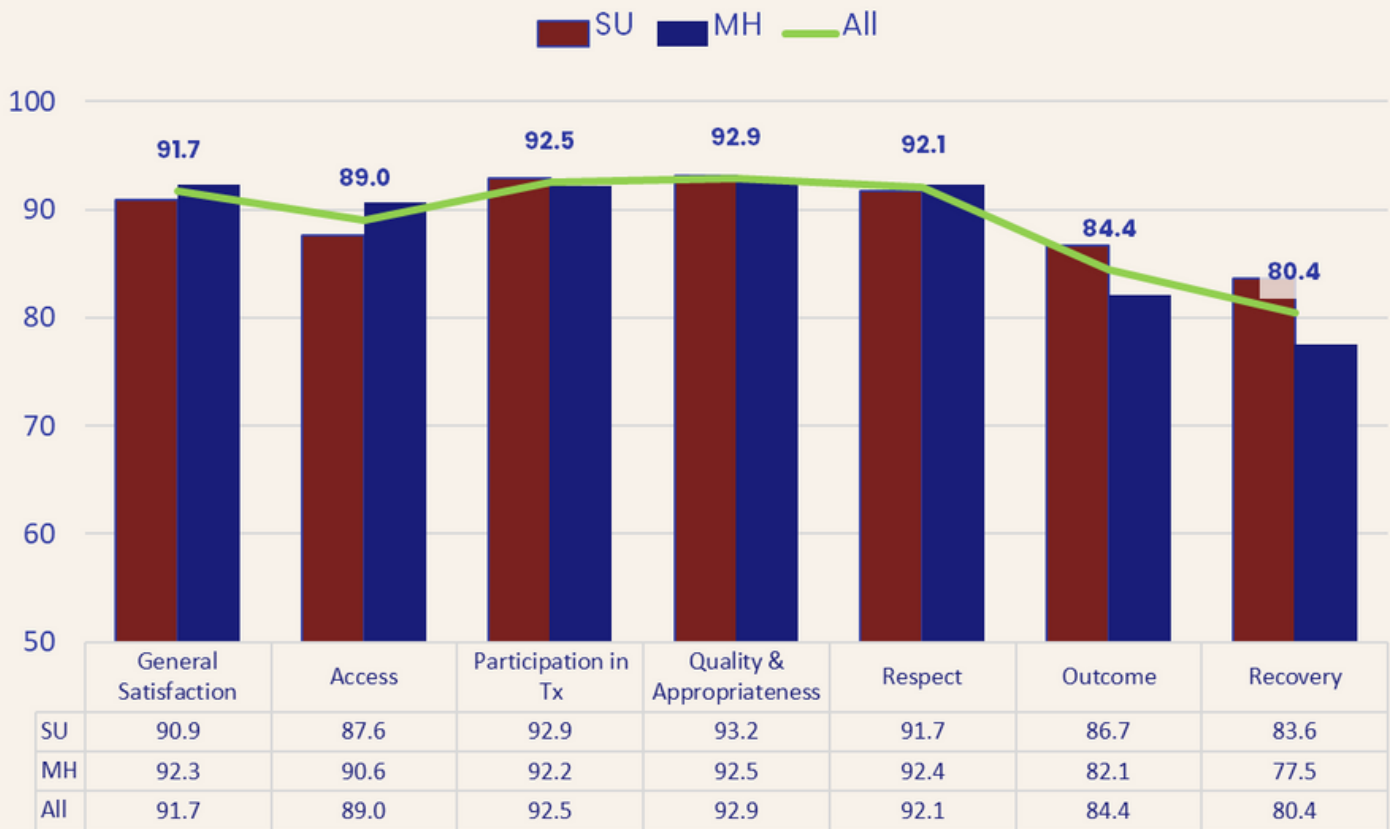
We use statistical tests to determine if differences between groups are not simply due to random chance.*

Differences by Program Type

In FY21, we found that people receiving substance use services tended to be significantly more satisfied with Participation in Treatment, Quality and Appropriateness, Outcome, and Recovery.

Conversely, people receiving mental health services reported significantly higher satisfaction with Access and General Satisfaction.

Differences by Program Type

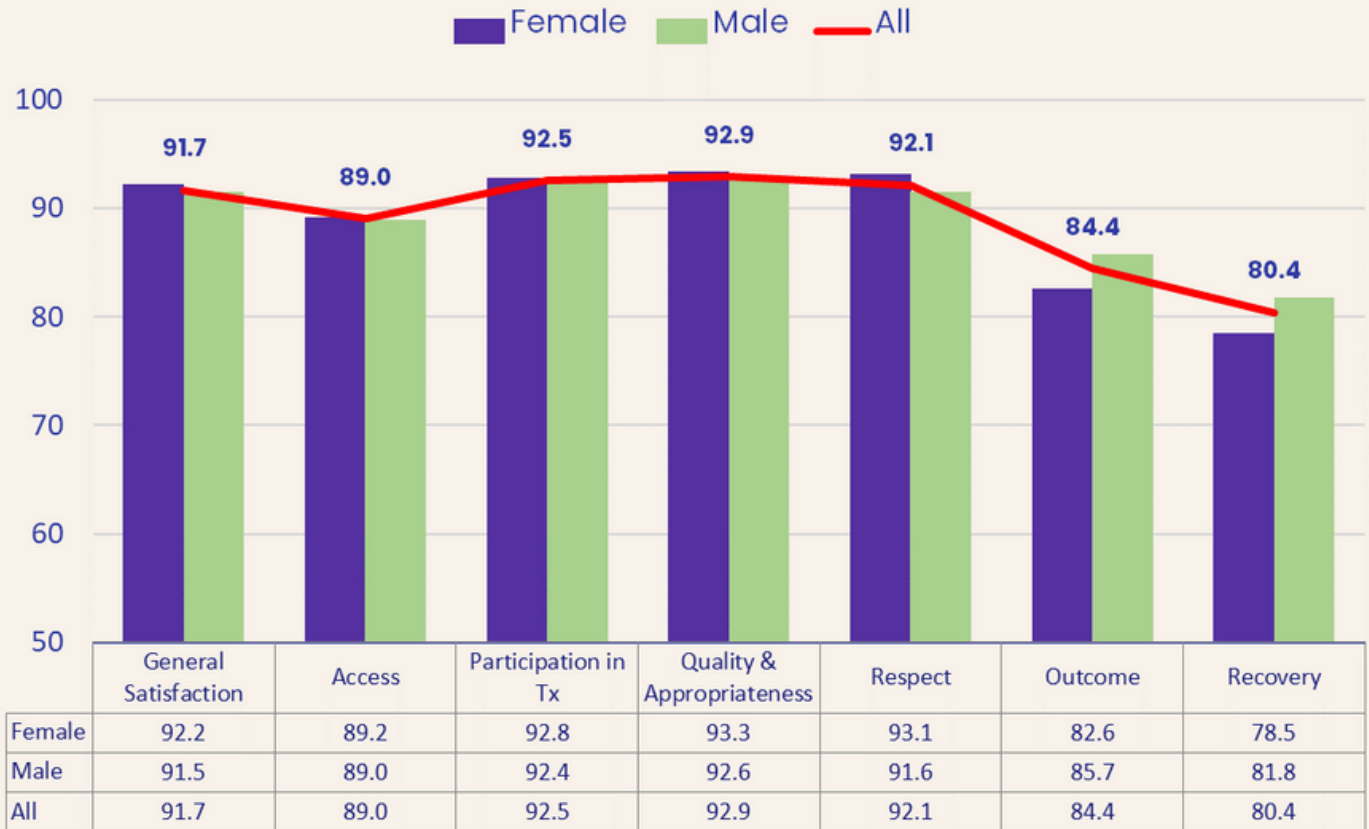


*Significance testing is performed using chi-square; we test at the $p < .05$ level.

Differences by Gender

Examining domain results by gender, we find that men tend to indicate significantly greater satisfaction with Outcome and Recovery, while women indicate greater satisfaction with Respect. Differences by gender for other domains were not statistically significant. Note that, although significant, these differences are small.

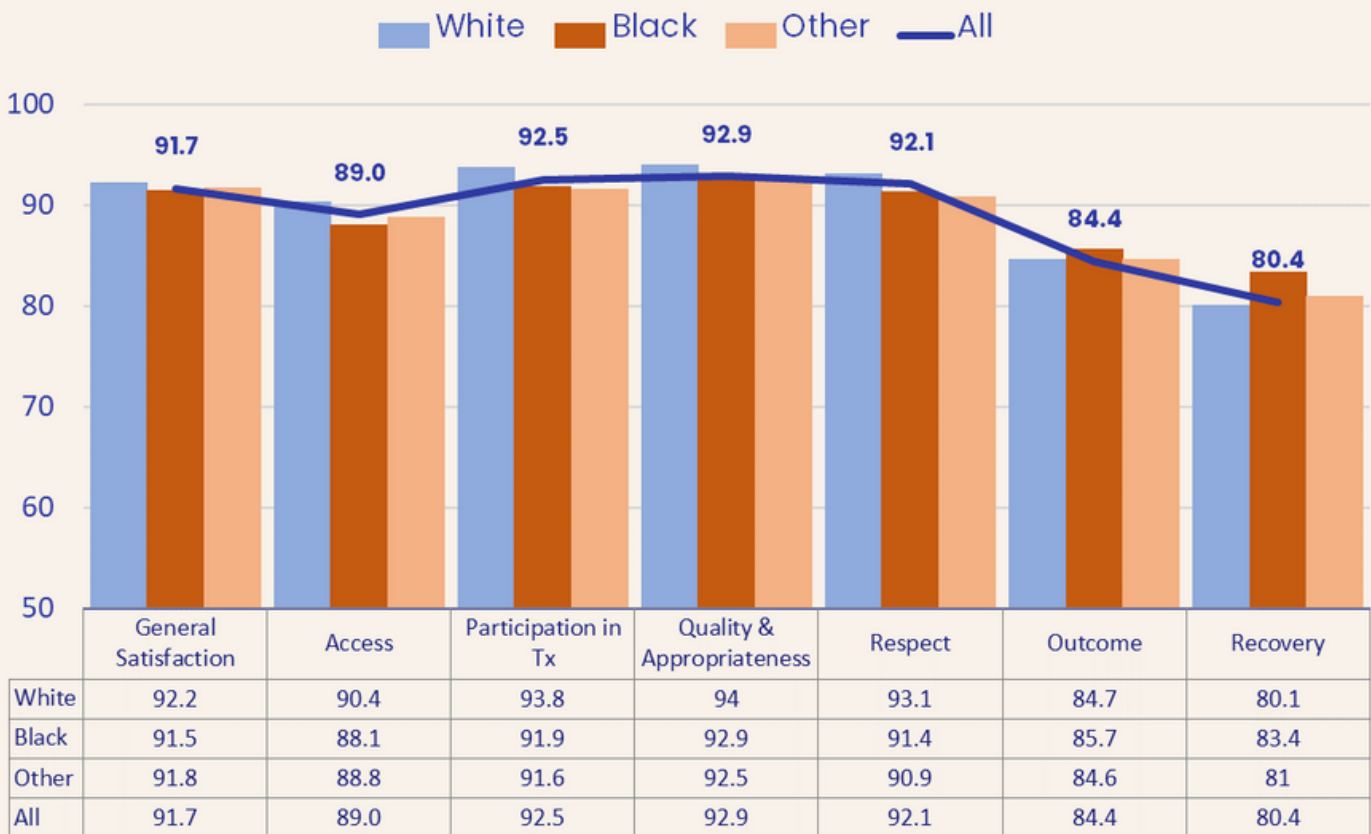
Differences by Gender



Differences by Race

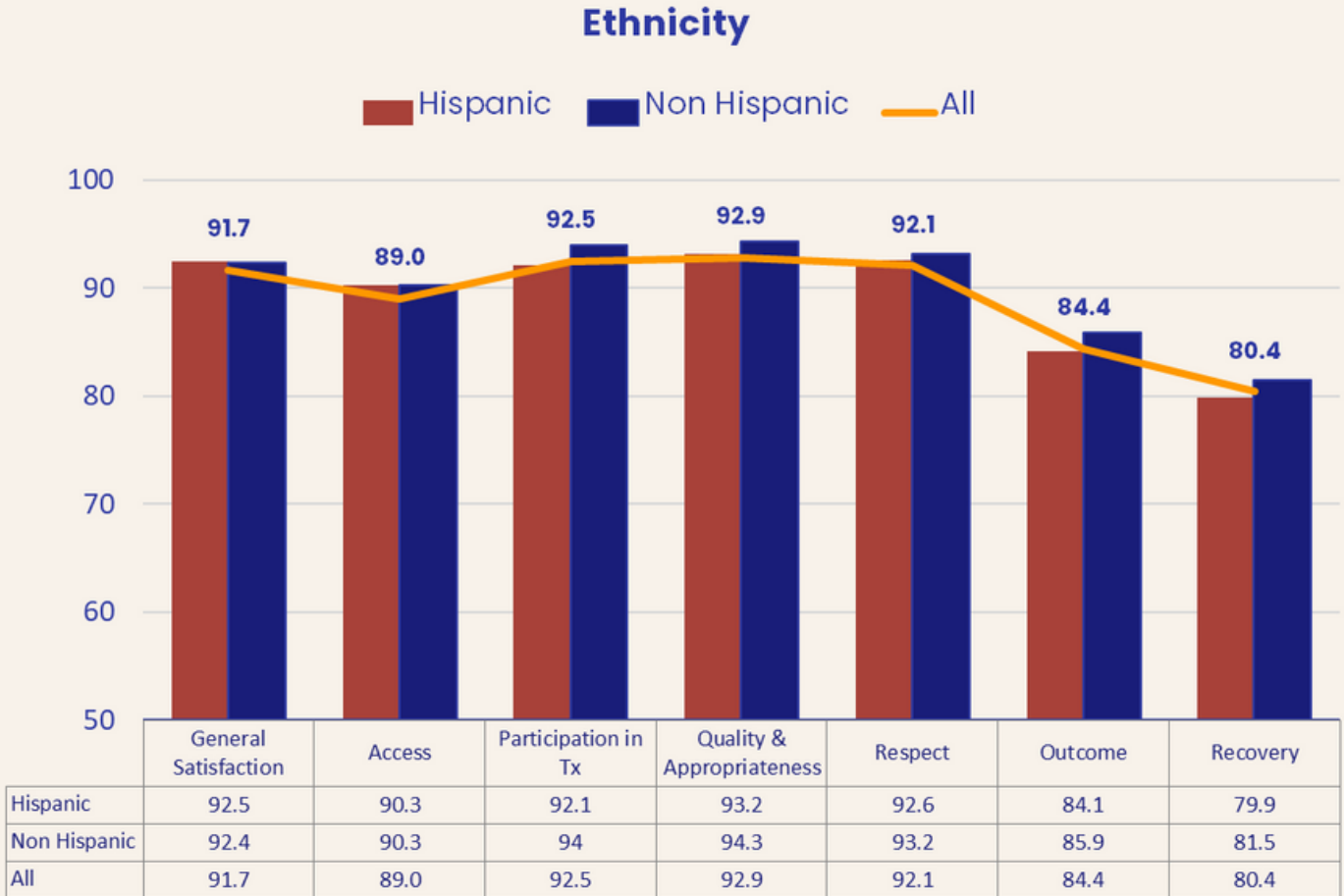
When we analyzed domain results by race, we found significant differences between racial groups in all domains except for General Satisfaction and Outcome. White respondents were more satisfied than other races in the General Satisfaction, Access, Quality and Appropriateness, and Respect domains. Black respondents tended to report higher satisfaction with Recovery than other groups.

Differences by Race



Differences by Ethnicity

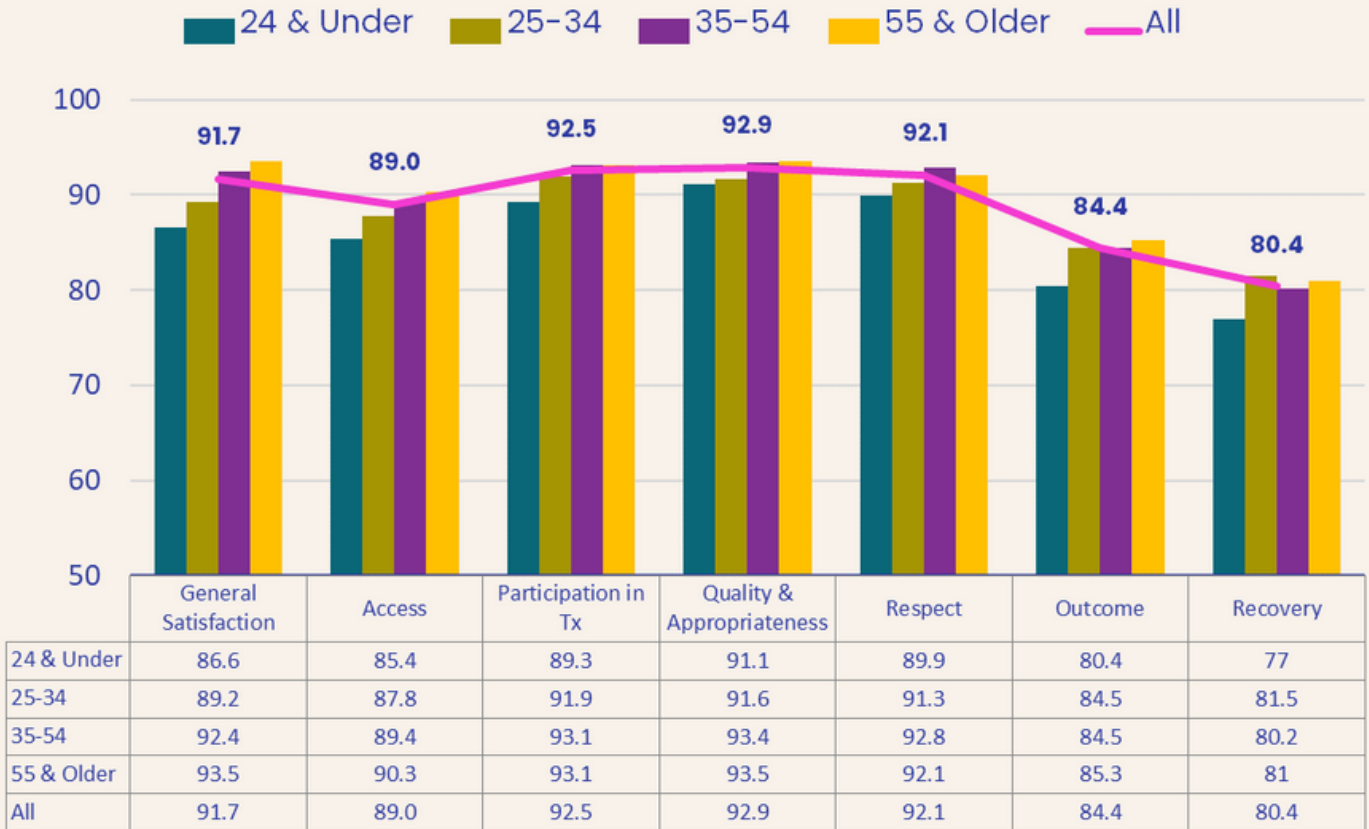
Examining domain results by ethnicity, we found significant differences between Hispanic and non-Hispanic respondents in Participation in Treatment, Quality and Appropriateness, Outcome, and Recovery. Hispanic respondents reported lower satisfaction in all of these domains compared to non-Hispanic respondents.



Differences by Age Group

Upon review of domain results by age, we found significant differences between age groups; most notable were the lower satisfaction rates within the 24 & Under group for General Satisfaction, Access, Outcome, and Recovery domains, compared to other age groups.

Differences by Age Group

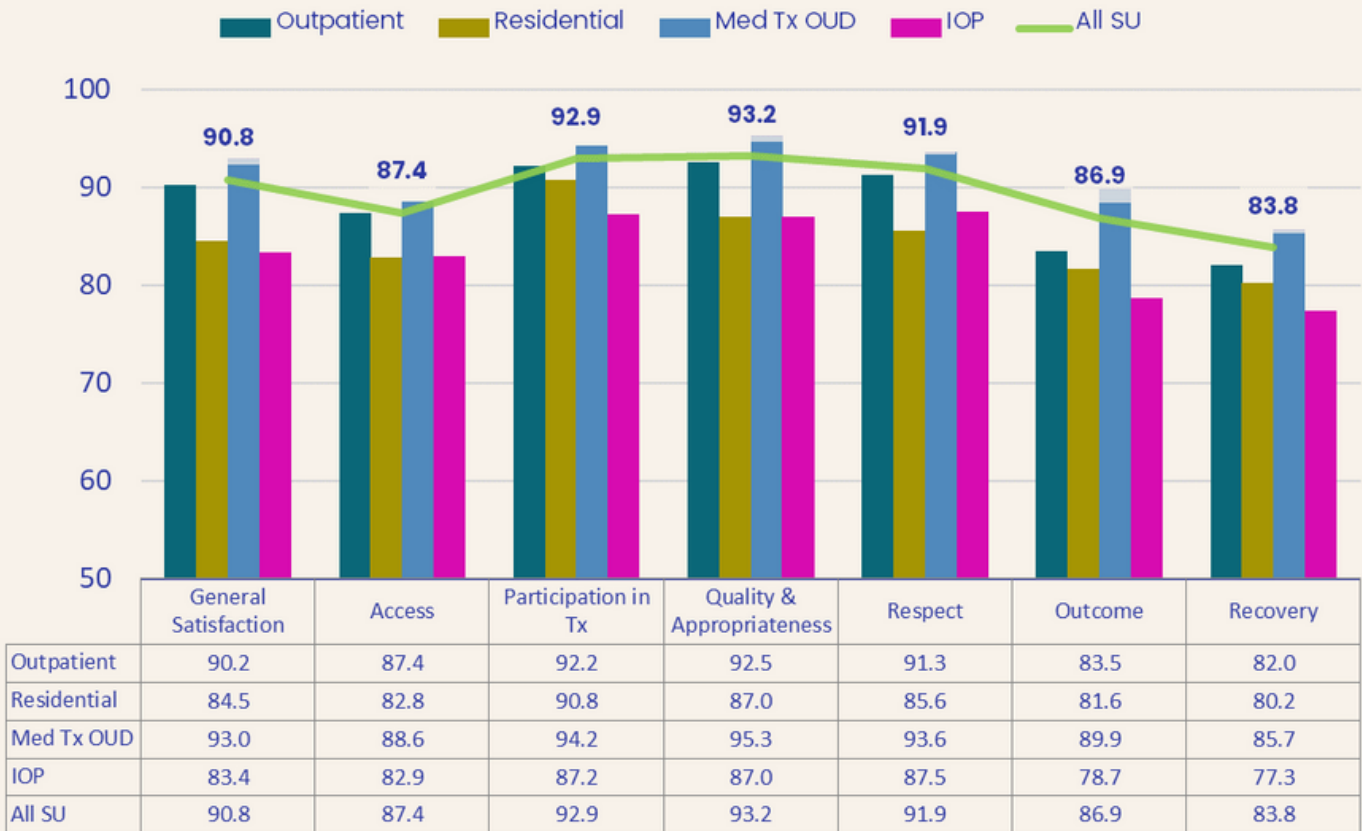


Differences by Level of Care

Substance Use

We found that certain Substance Use levels of care tended to have lower satisfaction rates than others: in particular, IOP and Residential. Conversely, Medication Treatment of Opioid Use Disorders and Outpatient programs reported higher satisfaction than other levels of care.*

Differences by SU Level of Care

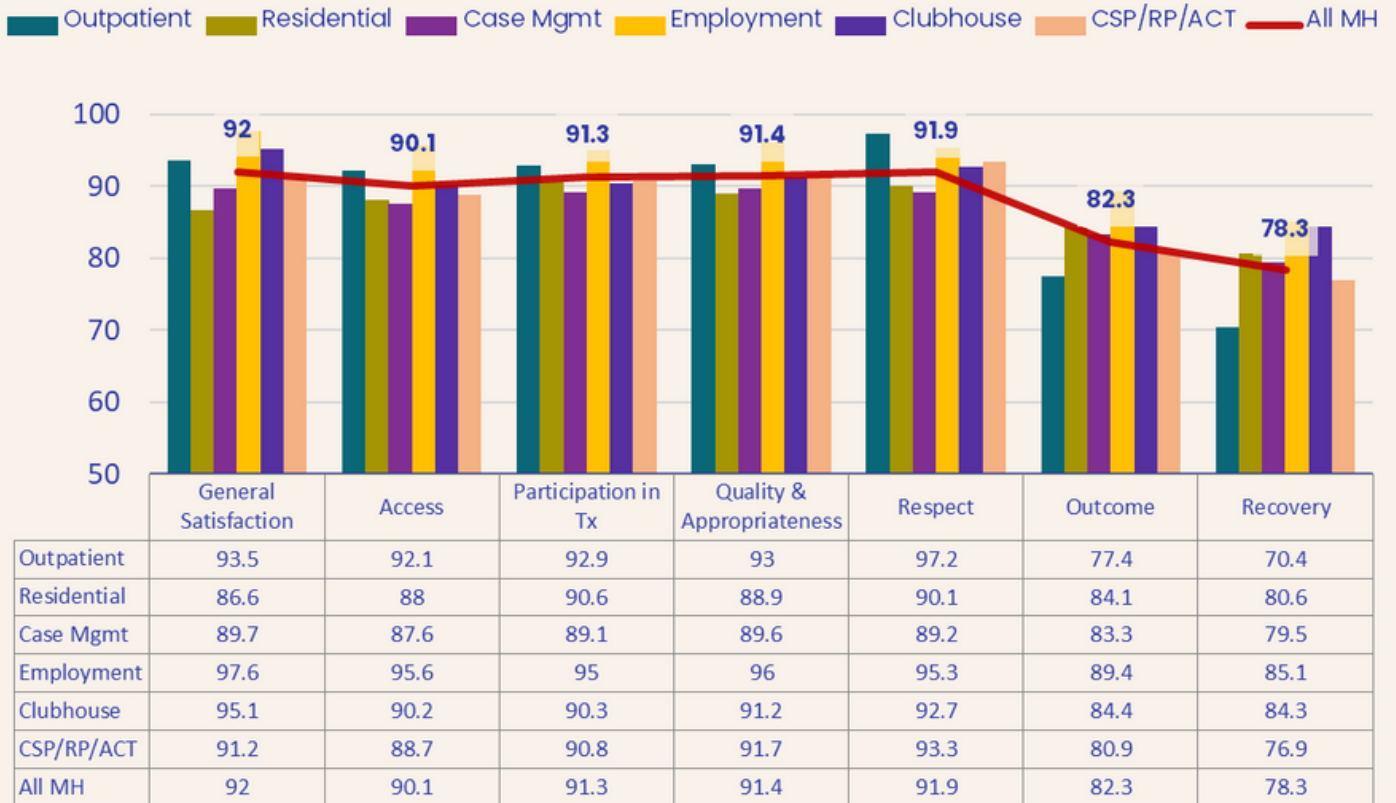


Differences by Level of Care

Mental Health

We found that certain Mental Health levels of care tended to have lower satisfaction rates than others: in particular, Residential and Case Management. Employment programs reported high satisfaction.

Differences by MH Level of Care

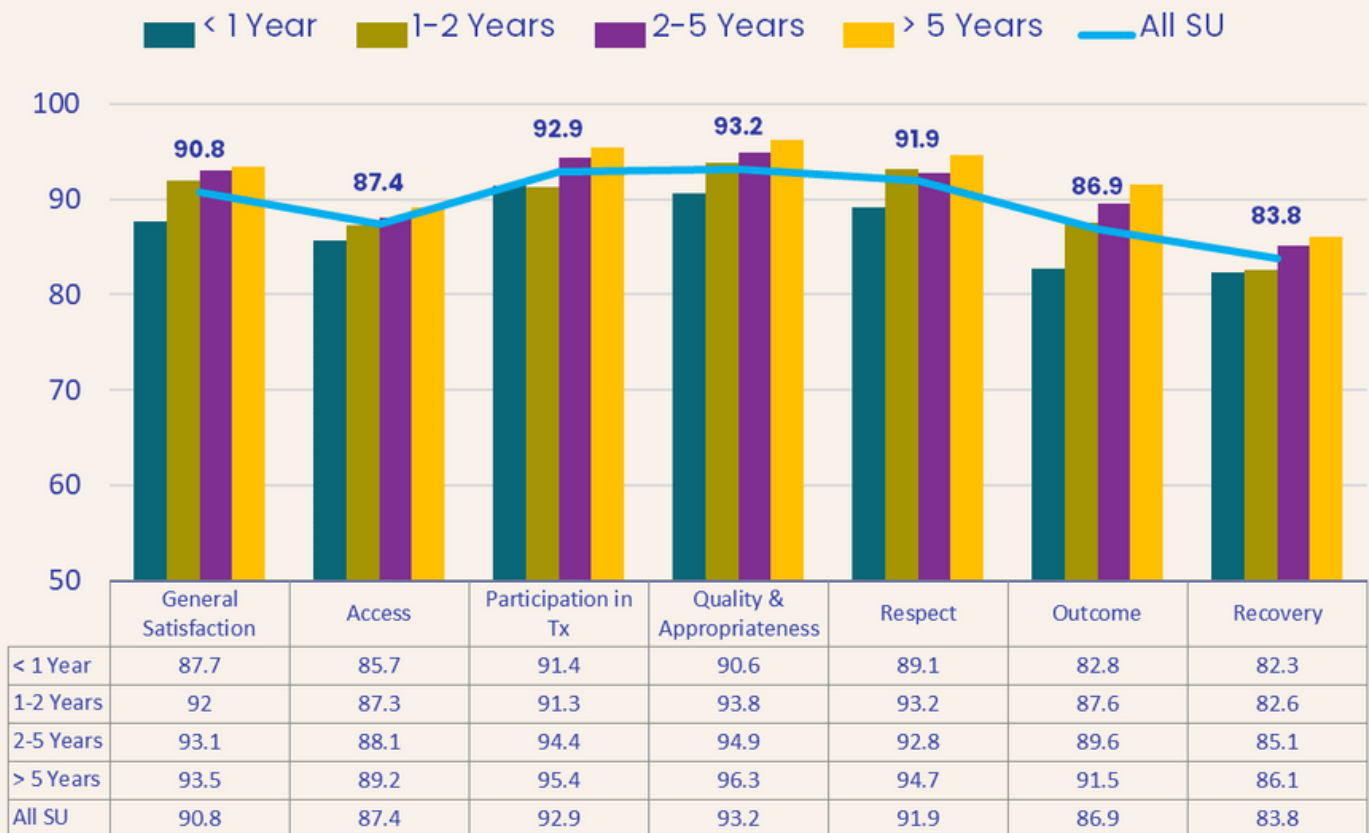


Differences by Treatment Length*

Substance Use

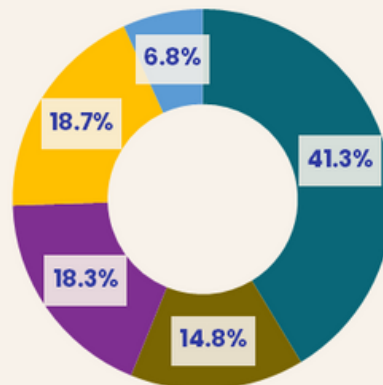
Significant differences were found in all domains except for Access and Recovery. In general, the longer in SU treatment, the more satisfied with services. Note that over 40% of respondents from SU programs were in treatment for less than one year; only 18.7% of SU respondents reported treatment of 5 or more years.

Differences by Treatment Length – SU Programs



Treatment Length in Respondents from SU Programs

Legend: < 1 Year (Teal), 1-2 Years (Olive), 2-5 Years (Purple), > 5 Years (Yellow), Unknown (Light Blue)



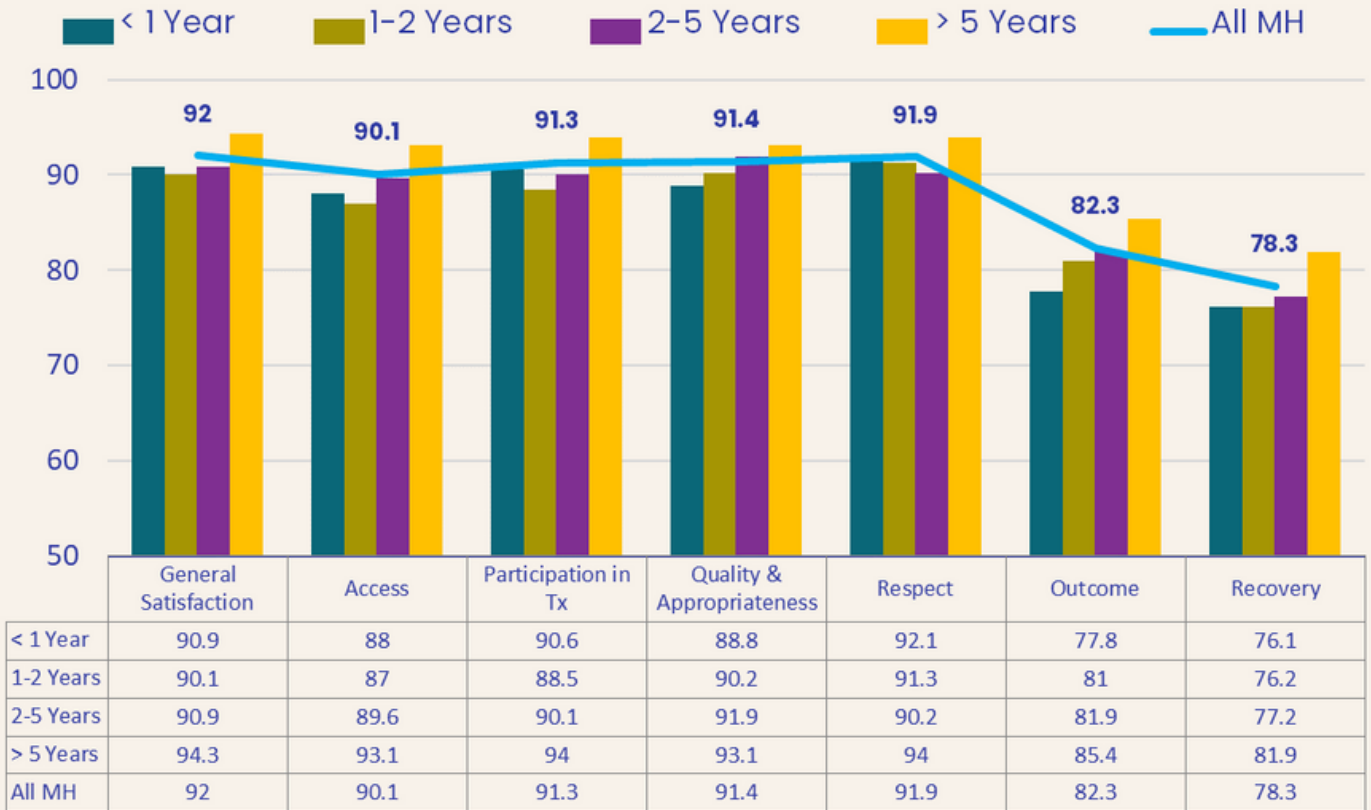
* Length of time in treatment is a self-reported item collected through the survey.

Differences by Treatment Length

Mental Health

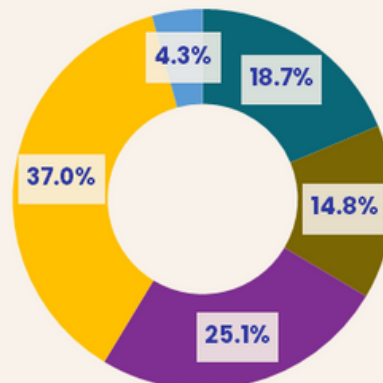
Fewer significant differences between treatment length groups were found in respondents receiving mental health services. People who reported receiving 5 or more years of mental health treatment were significantly more satisfied than other groups. Note that 37% of respondents from MH programs reported 5 or more years of treatment.

Differences by Treatment Length - MH Programs



Treatment Length in Respondents from MH Programs

Legend: < 1 Year, 1-2 Years, 2-5 Years, > 5 Years, Unknown

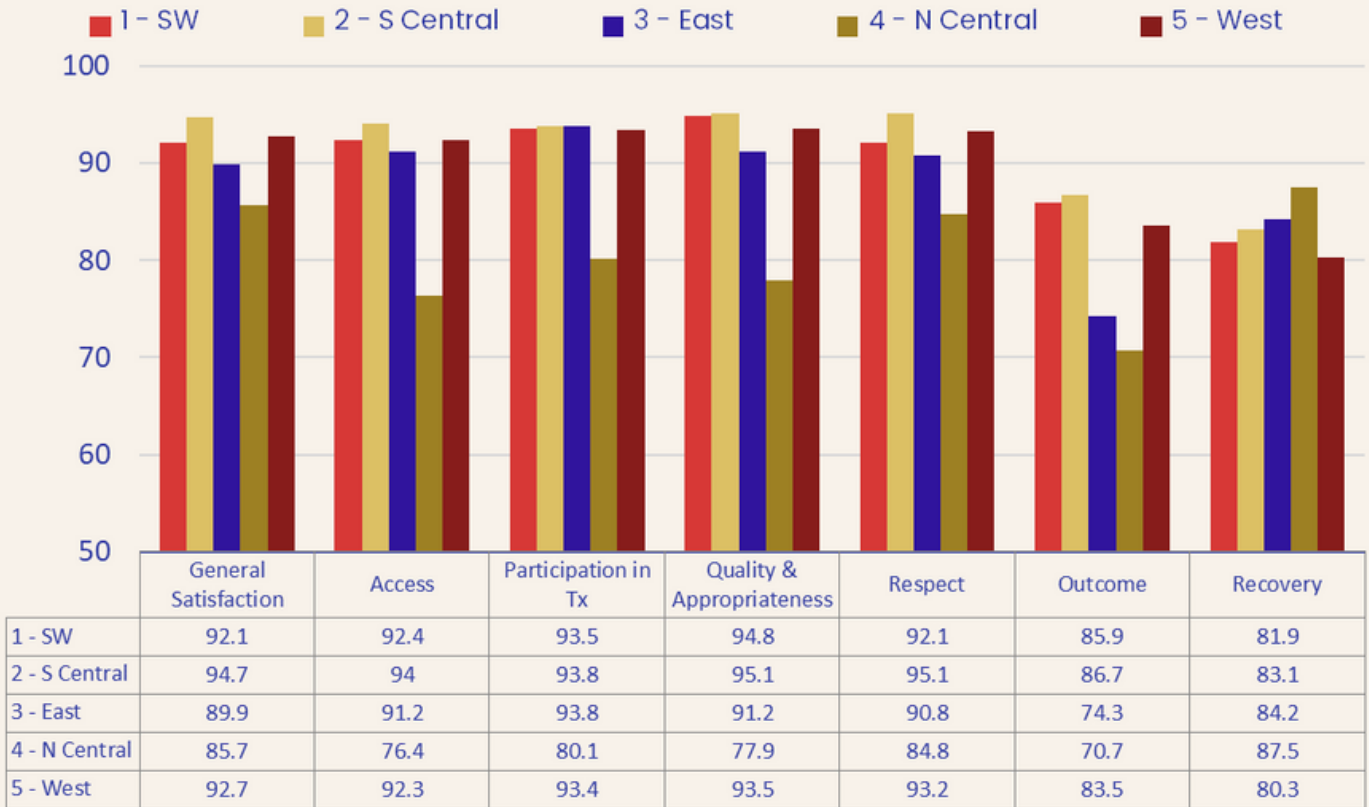


Differences by Service Region

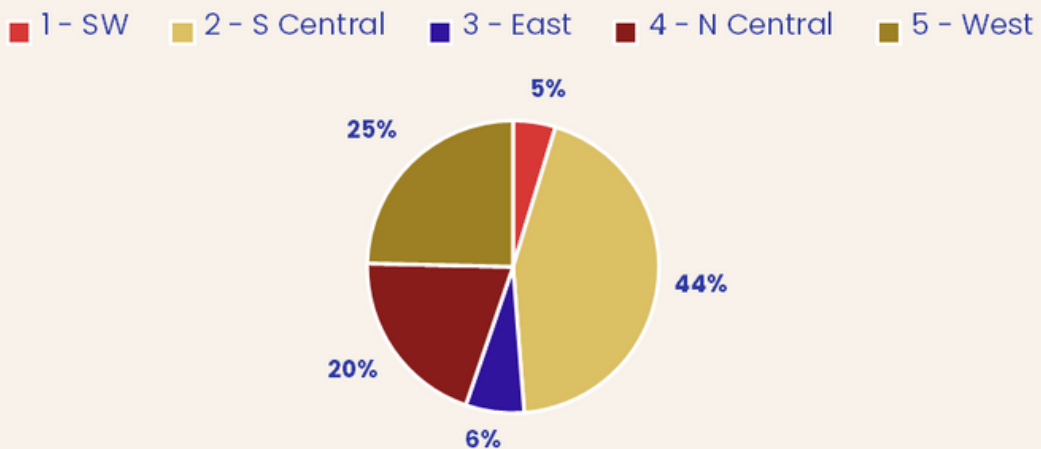
Substance Use

When satisfaction results are stratified by program type and service regions, we see that respondents from Region 2 consistently reported higher satisfaction and respondents from Regions 3 and 4 tended to report lower satisfaction. Note, however, that 44% of respondents were from Region 2, which has likely skewed the results.

Differences by Service Region - SU Programs



SU Respondents by Region

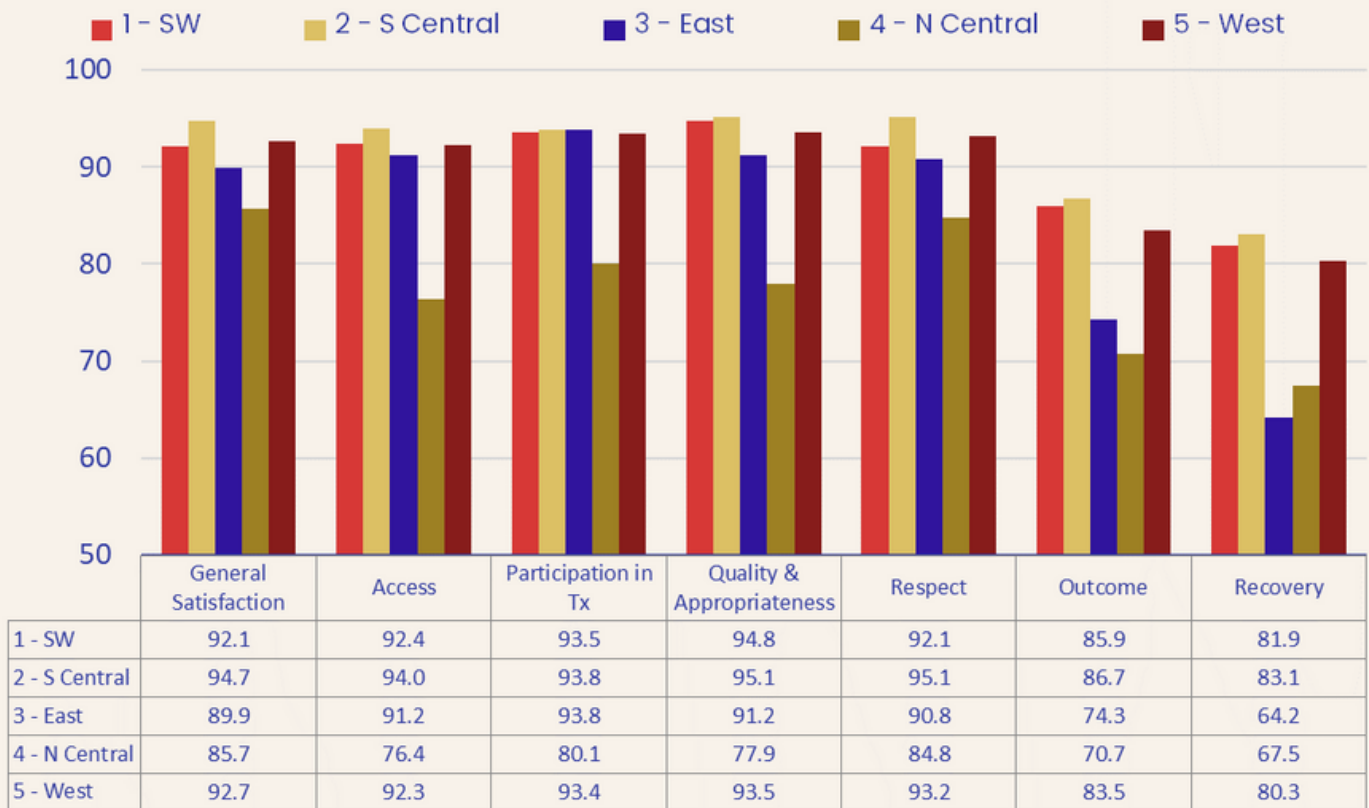


Differences by Service Region

Mental Health

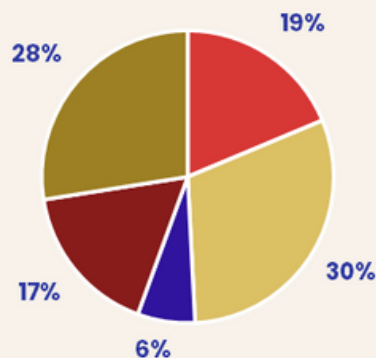
We observed more variance in the regional responses from mental health programs. Responses were somewhat more evenly distributed across regions, although over half of the responses came from Regions 2 and 4.

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. Percentages reported below were assessed on the statewide level. Results for all questions may be viewed in the [Data Supplement](#).



Highest Satisfaction

Staff here believes that I can grow, change, and recover.	93.7%
I like the services that I received here.	93.0%
Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	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.	92.1%



Lowest Satisfaction

In general, I give back to my family and/or community.	81.1%
As a result of services I have received from this agency, I do better in school and/or work.	80.3%
In general, I can have the life I want, despite my disease/disorder.	80.2%
As a result of services I have received from this agency, my symptoms are not bothering me as much.	78.4%
In general, I am involved in my community.	69.3%