

Consumer Satisfaction Survey Annual Report

FY 2022



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



Table of Contents

- 1 [Introduction](#)
- 2 [Demographics - Gender](#)
- 3 [Demographics - Race](#)
- 4 [Demographics - Ethnicity](#)
- 5 [Demographics - Age](#)
- 6 [Characteristics of Respondents - Program Type](#)
- 7 [Characteristics of Respondents - Level of Care](#)
- 8 [Characteristics of Respondents - Length of Time Receiving Services](#)
- 9 [Comparison of Survey Demographics vs. DMHAS Population](#)
- 10 [Statewide Results - FY22 Survey Domain Results](#)
- 11 [Statewide Results - Satisfaction Trends by Domain \(2018-2022\)](#)
- 12 [Key Differences Between Groups - Program Type](#)
- 13 [Key Differences Between Groups - Gender](#)
- 14 [Key Differences Between Groups - Race](#)
- 15 [Key Differences Between Groups - Ethnicity](#)
- 16 [Key Differences Between Groups - Age Group](#)
- 17 [Key Differences Between Groups - Level of Care \(SU\)](#)
- 18 [Key Differences Between Groups - Level of Care \(MH\)](#)
- 19 [Key Differences Between Groups - Treatment Length \(SU\)](#)
- 20 [Key Differences Between Groups - Treatment Length \(MH\)](#)
- 21 [Key Differences Between Groups - Service Region \(SU\)](#)
- 22 [Key Differences Between Groups - Service Region \(MH\)](#)
- 23 [Questions with Highest and Lowest Satisfaction Ratings](#)

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.

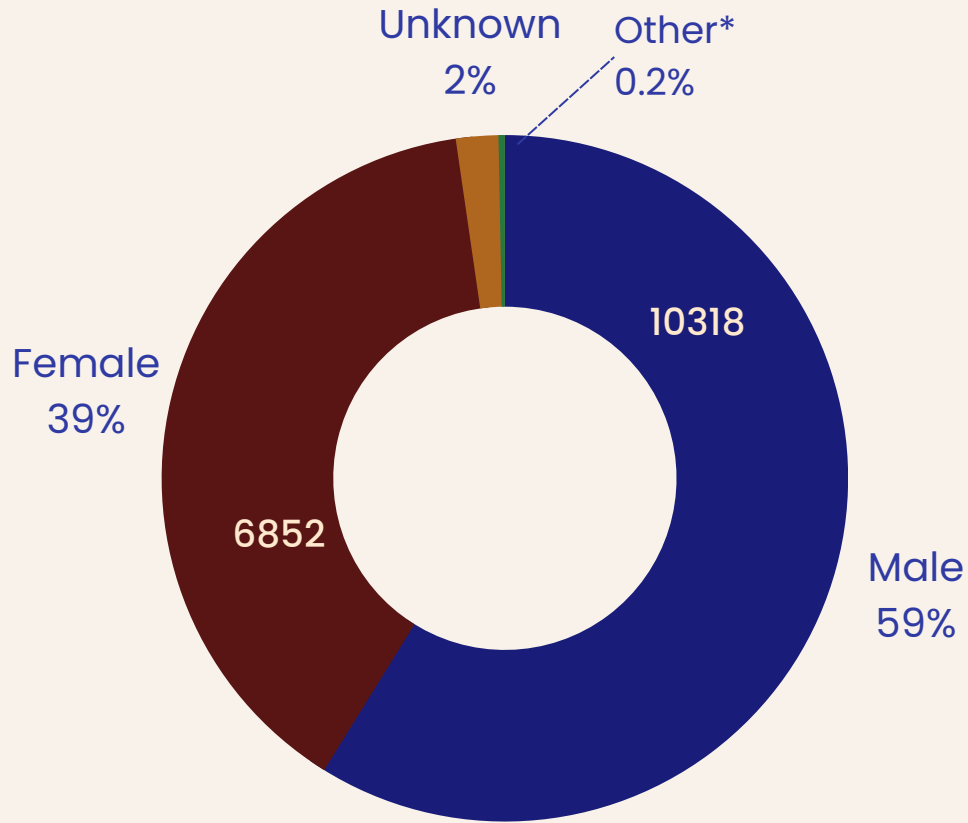
Consumer satisfaction survey responses provide DMHAS with valuable information regarding our successes and areas for growth in implementing a high-quality recovery oriented mental health and substance use service system.

Basic Statistics and Demographics

17,855 responses were collected from 101 providers in FY22.

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

Gender

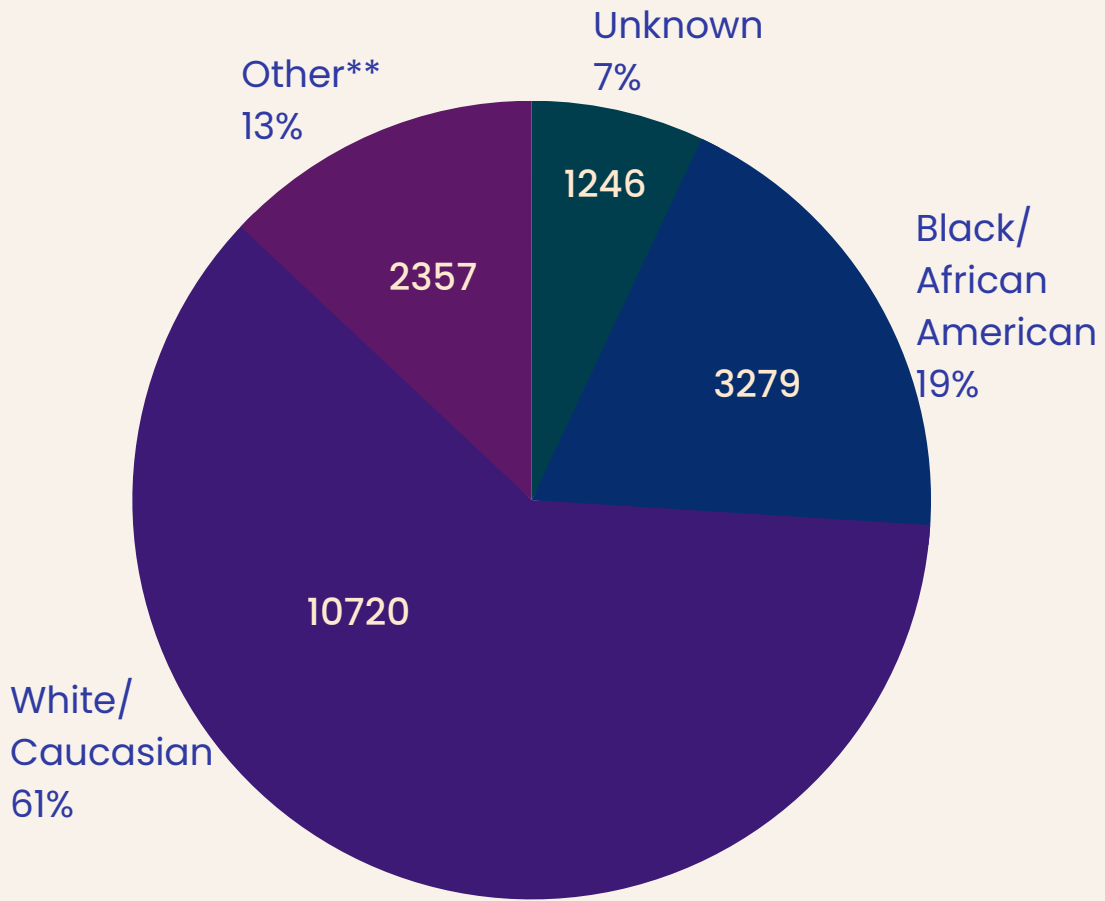


* Non-binary gender identification is currently collected as Other.

Overall, there were more male respondents than female respondents to the FY22 survey.

This pattern was seen in Mental Health programs (55% male), Substance Use programs (63% male), and in surveys without a program (71% male). Results are representative of the DMHAS population (58% male in FY22).

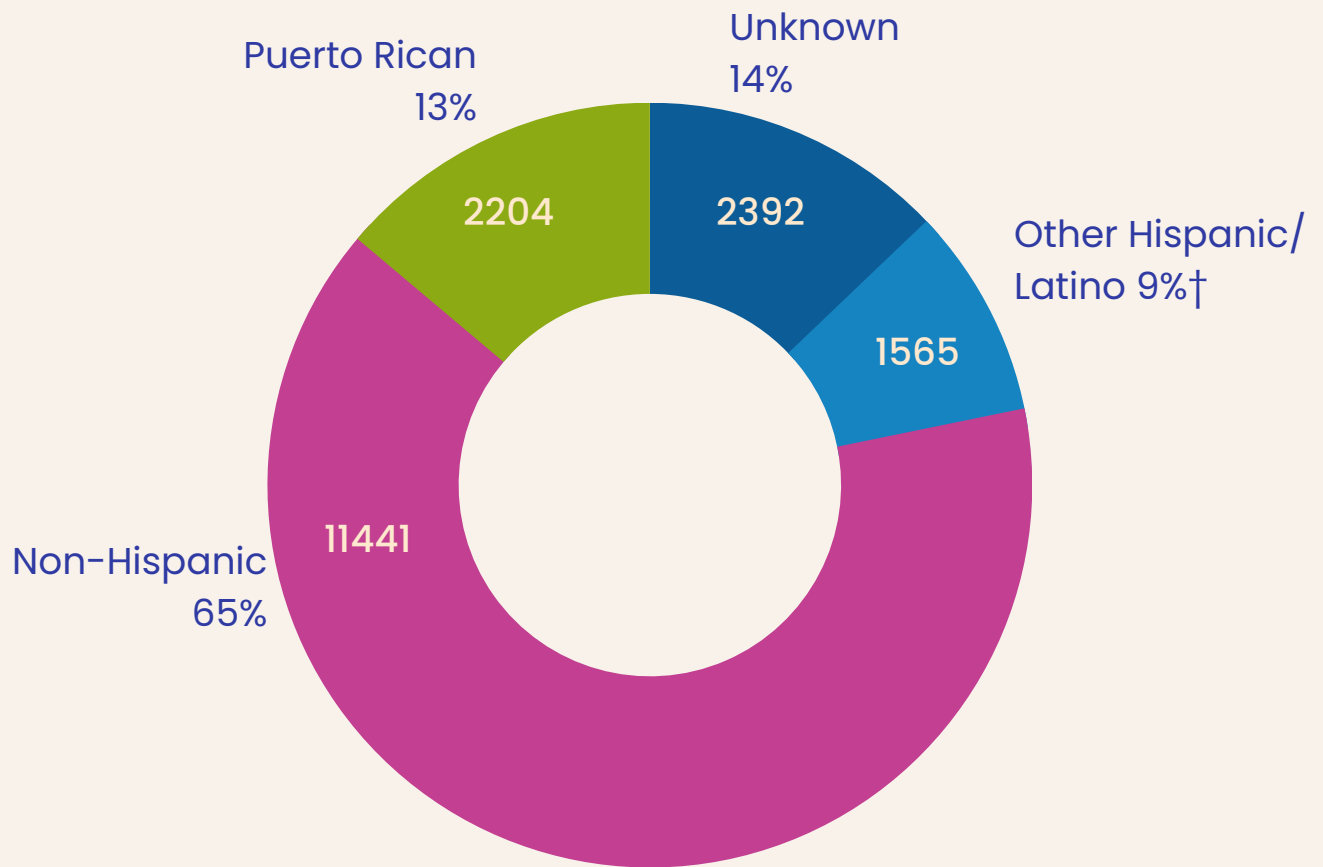
Race



Survey results by race were generally representative of the general DMHAS population in FY22, with slight over-sampling of Black respondents (19% 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.

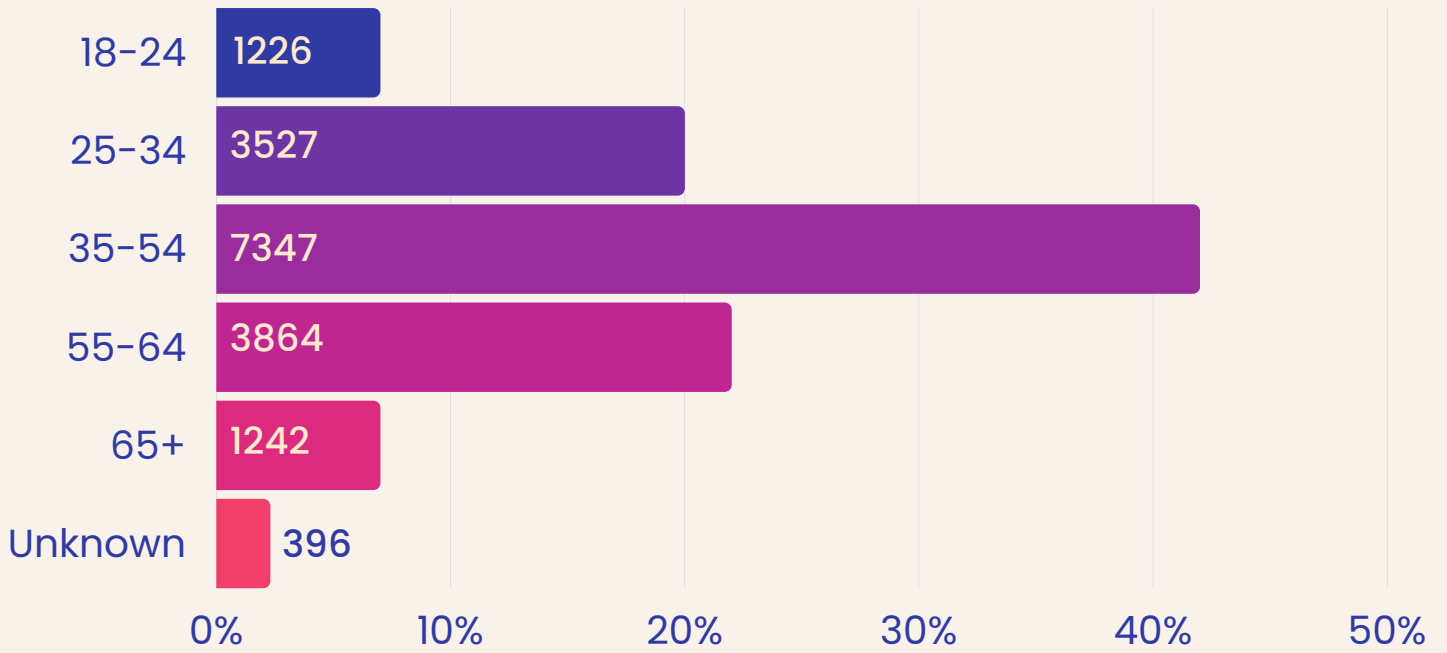
Ethnicity



Survey results by ethnicity were largely representative of the general DMHAS population in FY22. The survey oversampled (by 2%) Puerto Ricans and under sampled (also by 2%) non-Hispanics.

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

Age

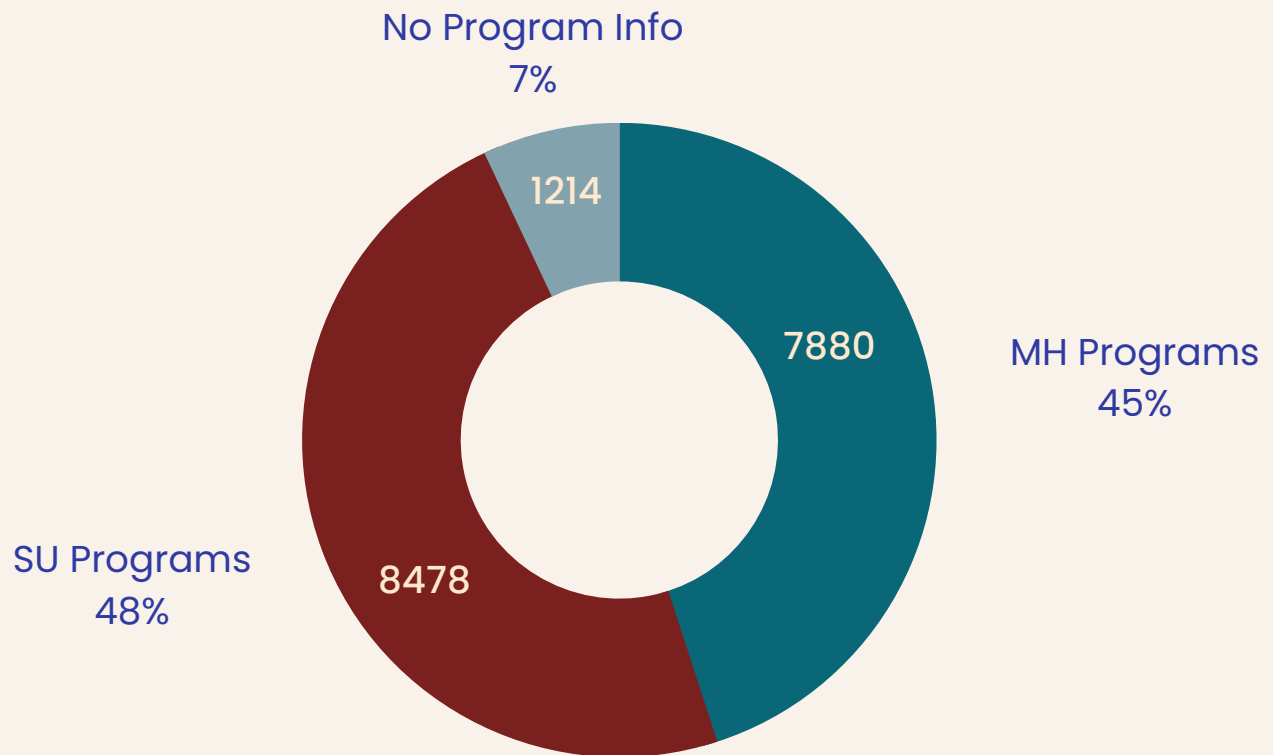


Survey results by age were representative of the general DMHAS population in FY22, with the largest group of respondents aged 35-54. Consumers aged 18-25 are somewhat underrepresented here - they comprise about 10% of the DMHAS population, but only about 7% of the survey sample.

The mean age of a DMHAS consumer was 44.1 years old in FY22.

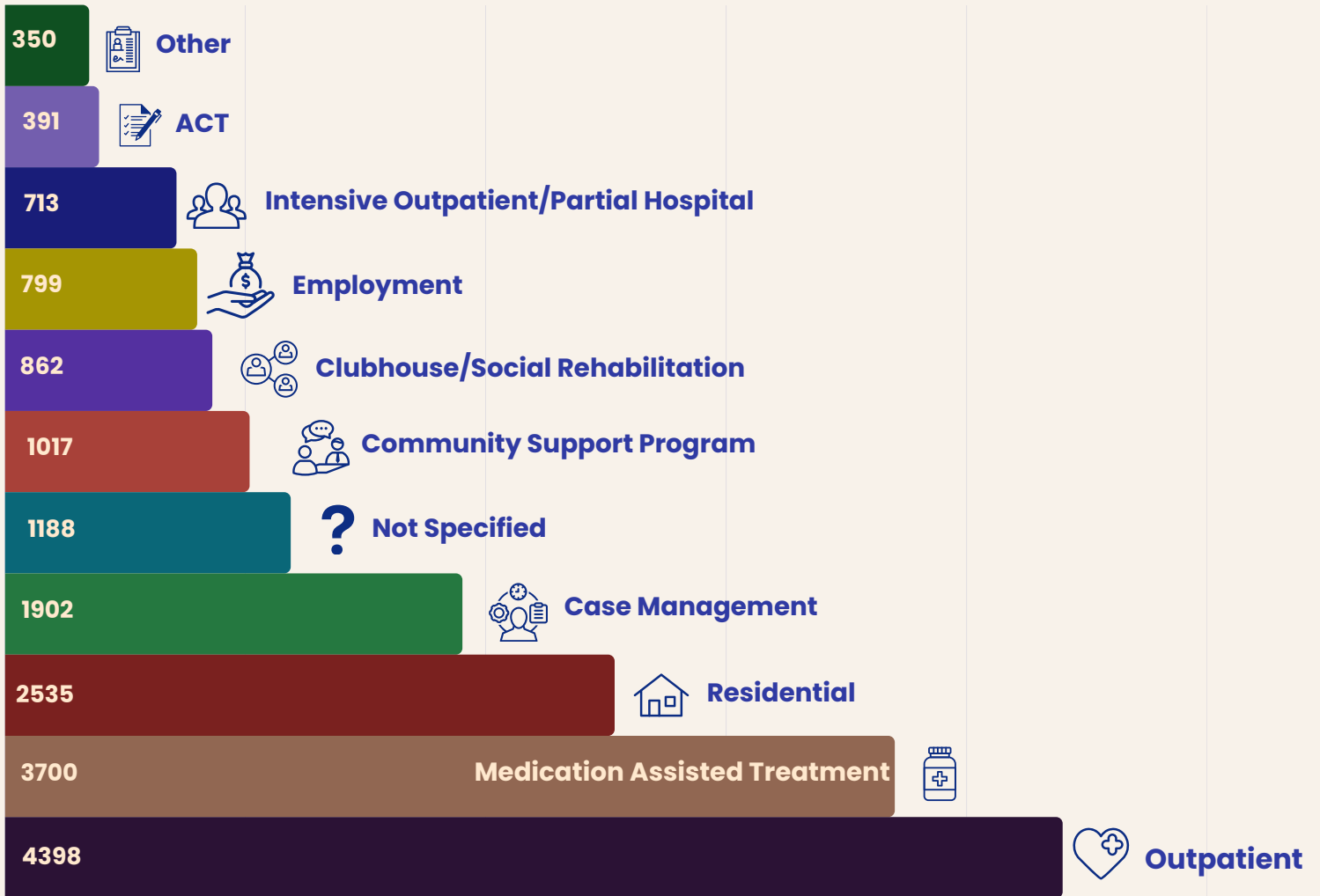
Characteristics of Survey Respondents

Program Type



Respondents to the FY22 survey were about equally distributed between Mental Health and Substance Use programs. About 7% of surveys did not have program type information- an increase of 2% from the previous year. The proportion of Mental Health surveys decreased 1% from FY21, and the number of Substance Use surveys also decreased by 1%.

Level of Care (n=17,855)‡

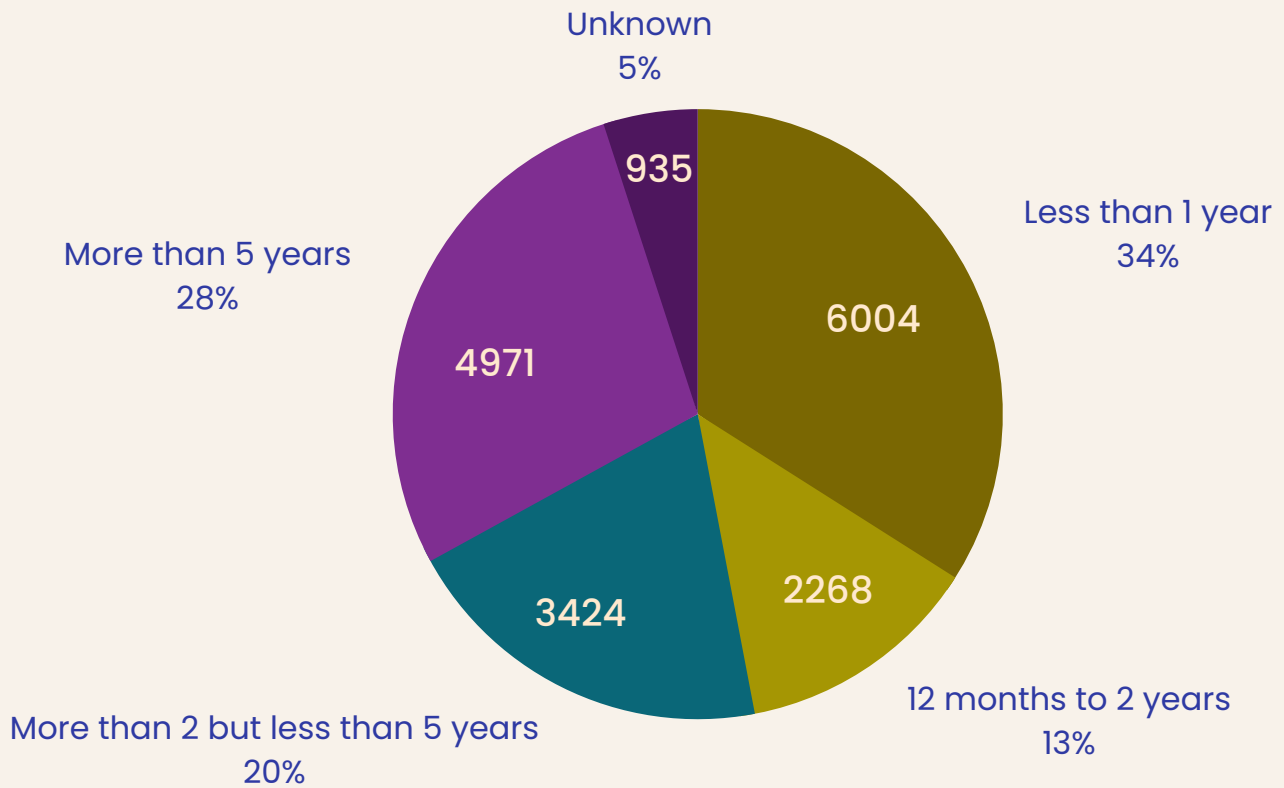


Almost half (45%) of surveys received were from Medication Assisted Treatment and Outpatient programs. The remaining 55% were distributed between Residential and other ambulatory levels of care.§

‡ 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](#).

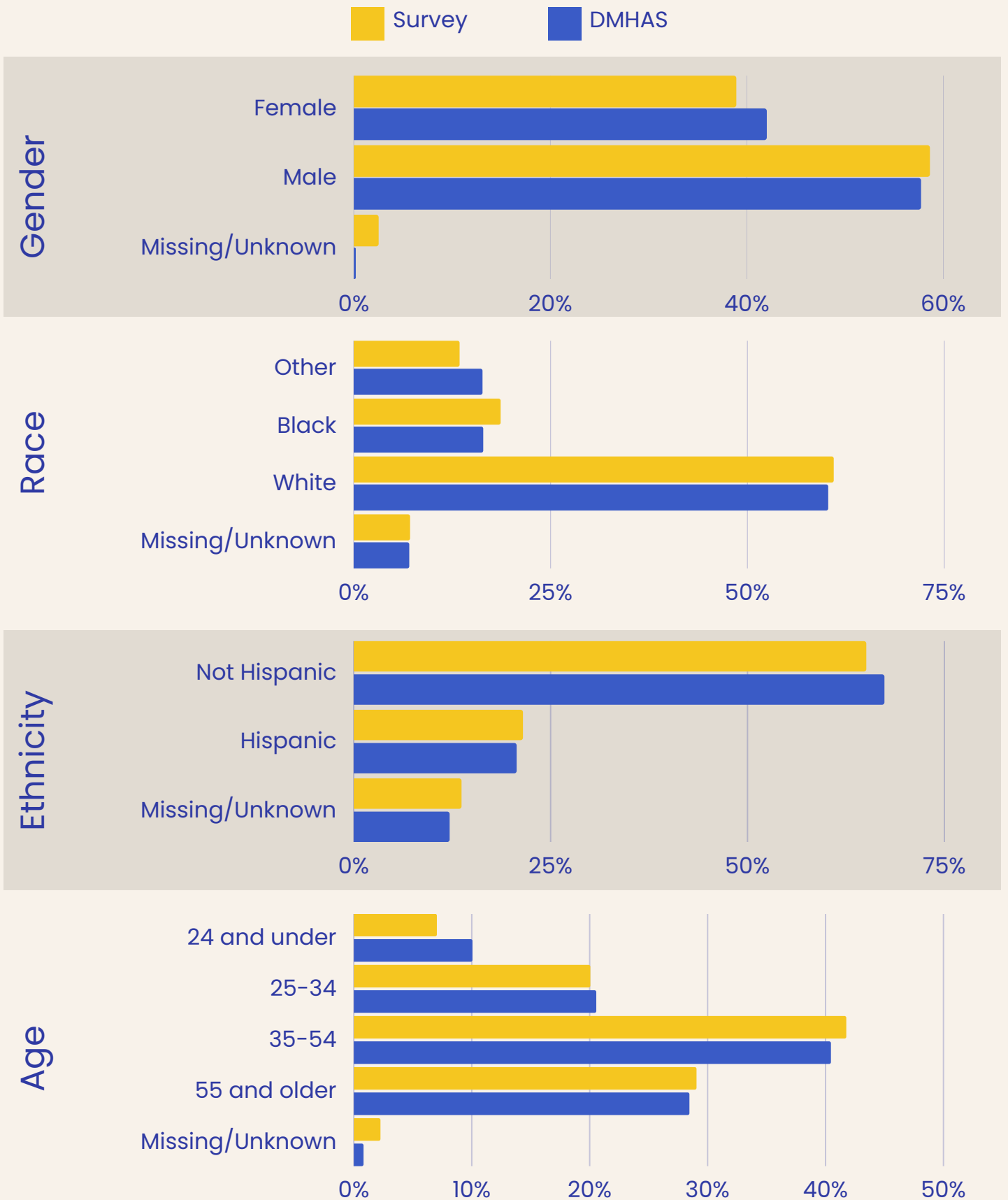
Length of Time Receiving Services



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.

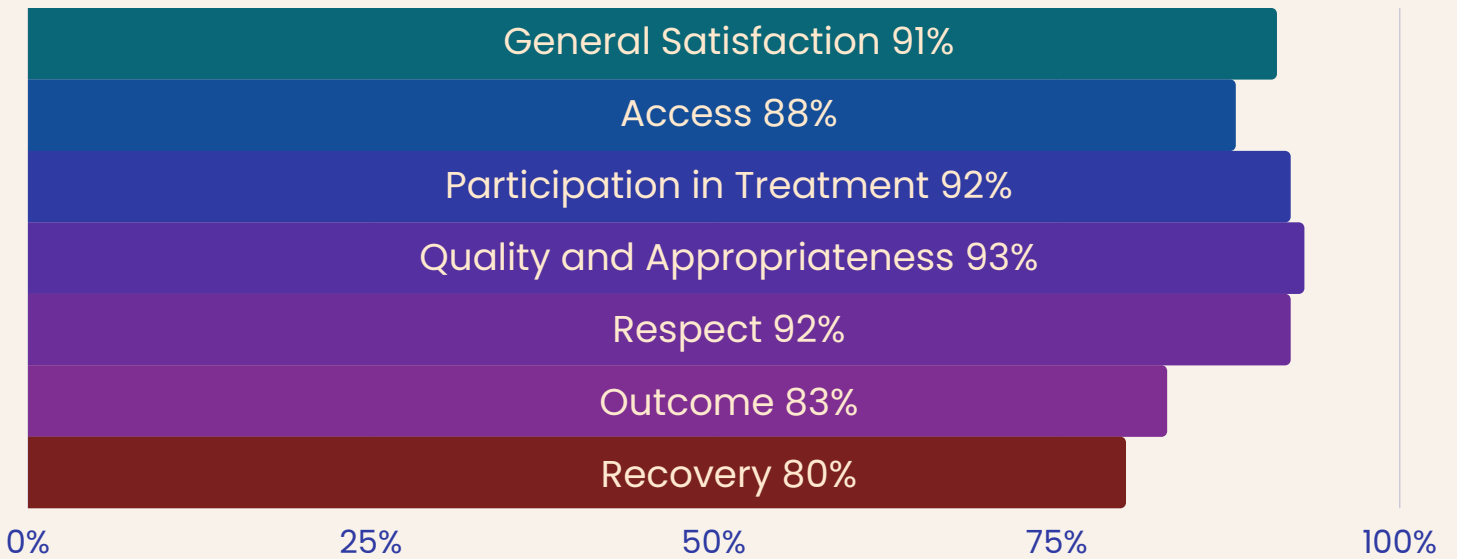
Comparison of Survey Demographics vs. DMHAS Population

We compared the consumer survey demographic information to the DMHAS demographic data for FY22.



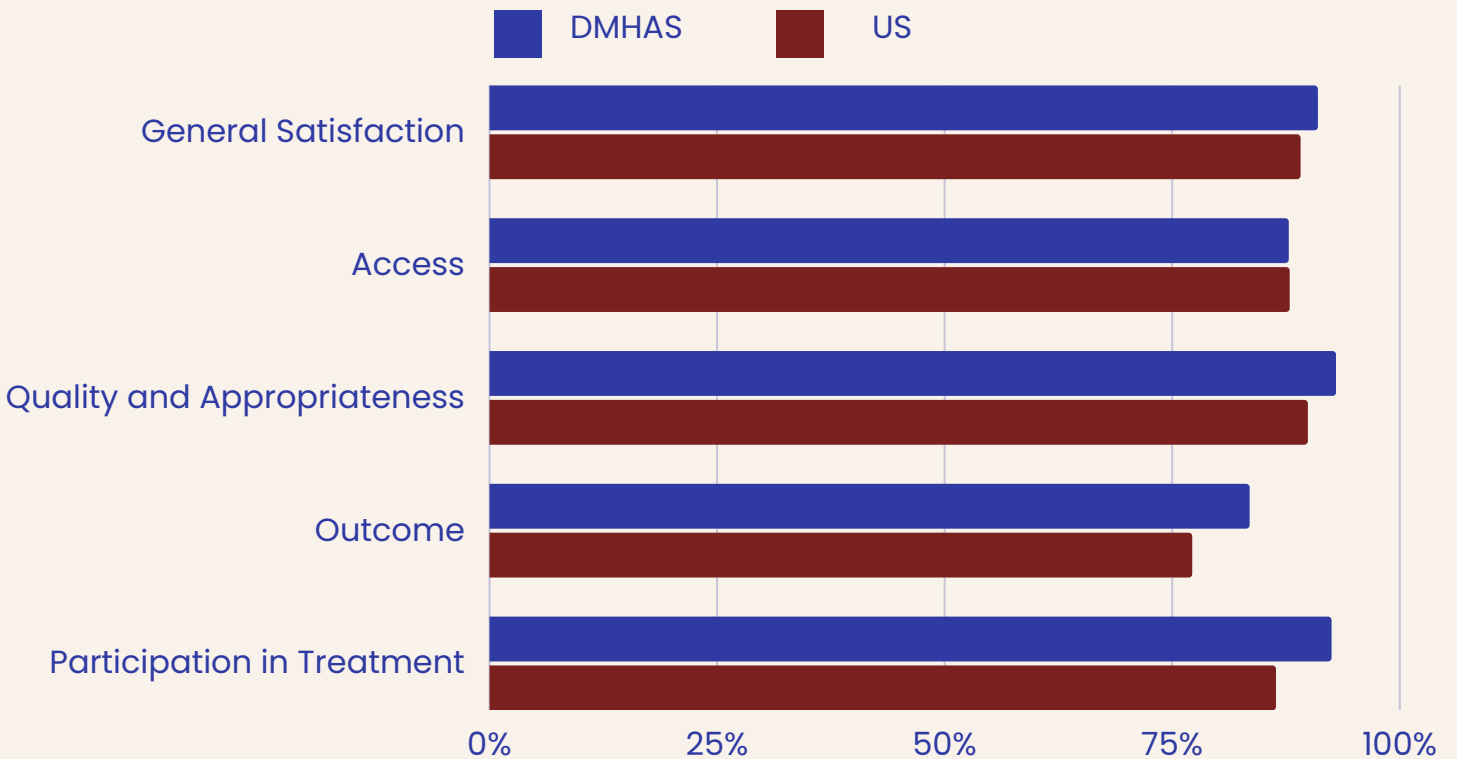
Statewide Results

FY22 Survey Domain Results (Rounded to whole %)



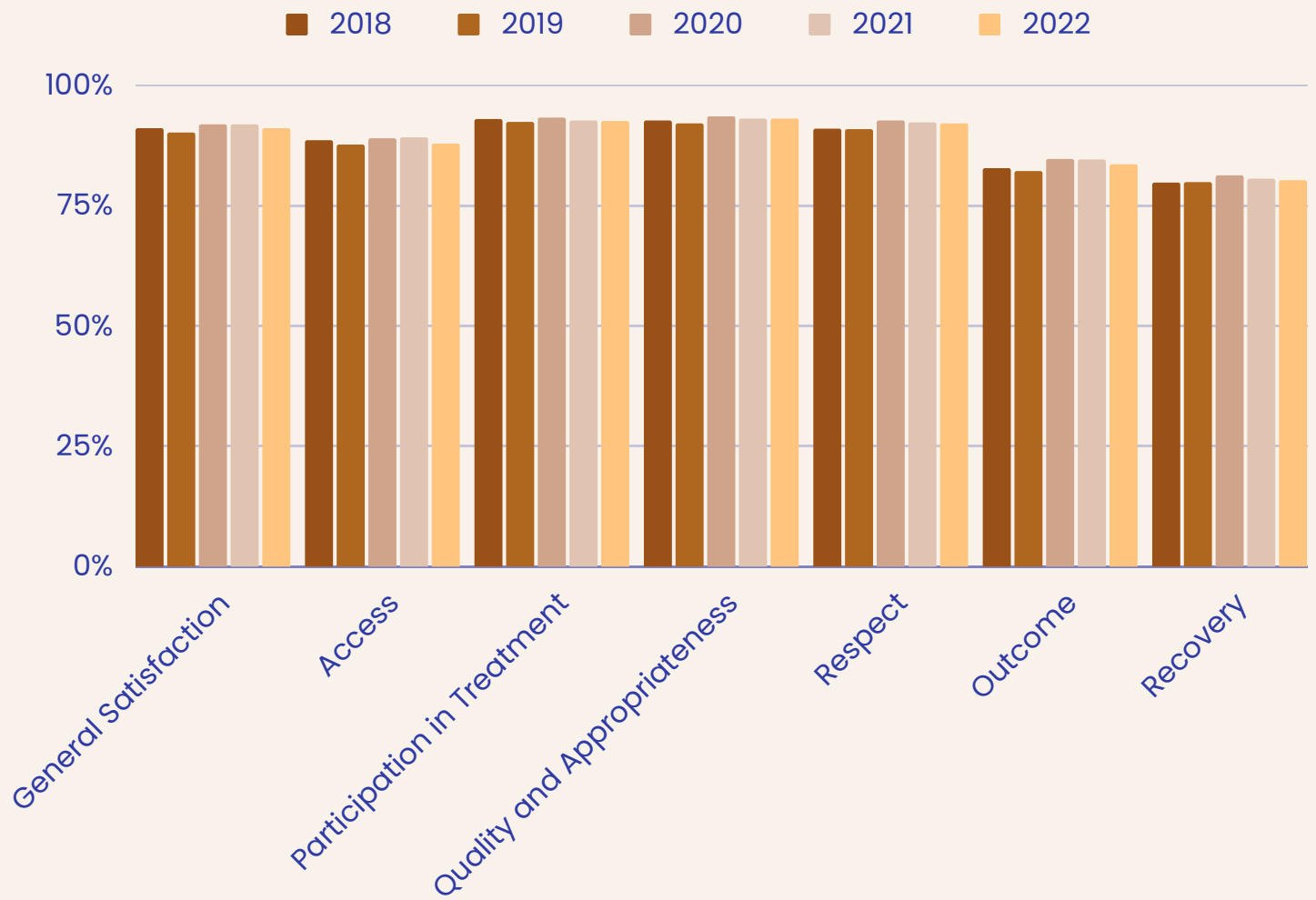
For exact (unrounded) percentages, please refer to our [Data Supplement](#), available online.

Connecticut vs. US Adult Consumer Satisfaction Measures



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

Statewide Satisfaction Trends by Domain (2018–2022)



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

Domain	2018	2019	2020	2021	2022
General Satisfaction	90.9%	90.0%	91.7%	91.7%	90.9%
Access	88.0%	87.5%	88.8%	88.8%	87.7%
Participation in Treatment	92.8%	92.2%	93.1%	92.5%	92.4%
Quality and Appropriateness	92.5%	91.9%	93.4%	92.9%	92.9%
Respect	90.8%	90.7%	92.5%	92.1%	91.9%
Outcome	82.6%	82.0%	84.5%	84.4%	83.4%
Recovery	79.6%	79.7%	81.1%	80.4%	80.1%

Key Differences Between Groups

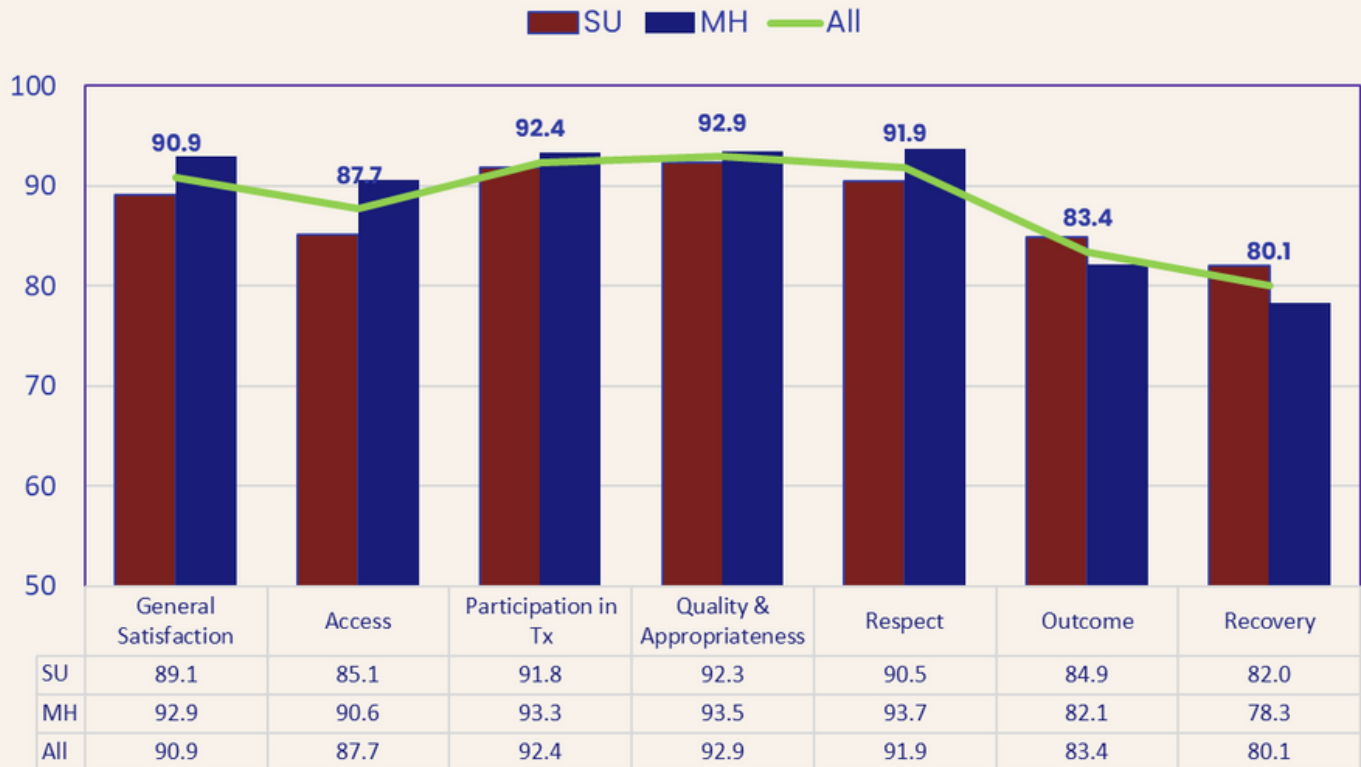
We use statistical tests to determine if differences between groups are not simply due to random chance.*

Differences by Program Type

In FY22, we found that a significantly higher percentage of people receiving mental health services were satisfied with Access, Participation in Treatment, Quality and Appropriateness, Respect, and General Satisfaction.

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

Differences by Program Type



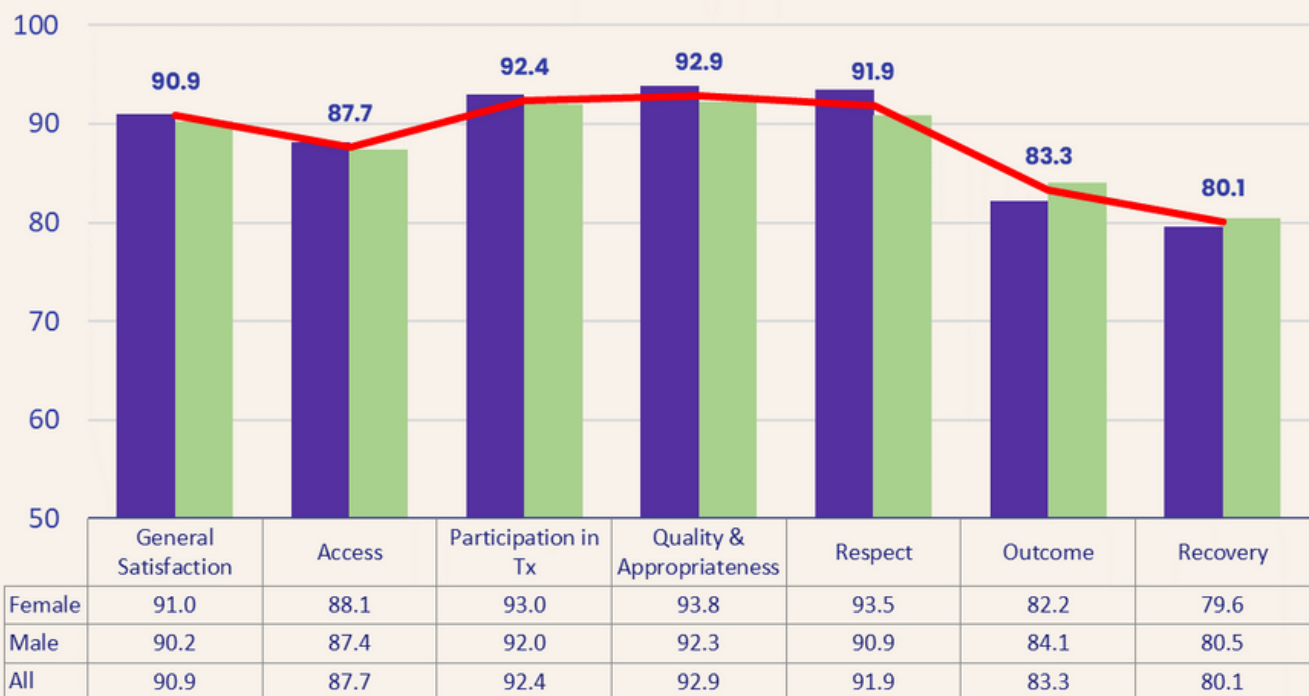
*Significance testing is performed using chi-square; we test at the $p < .05$ level.

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.

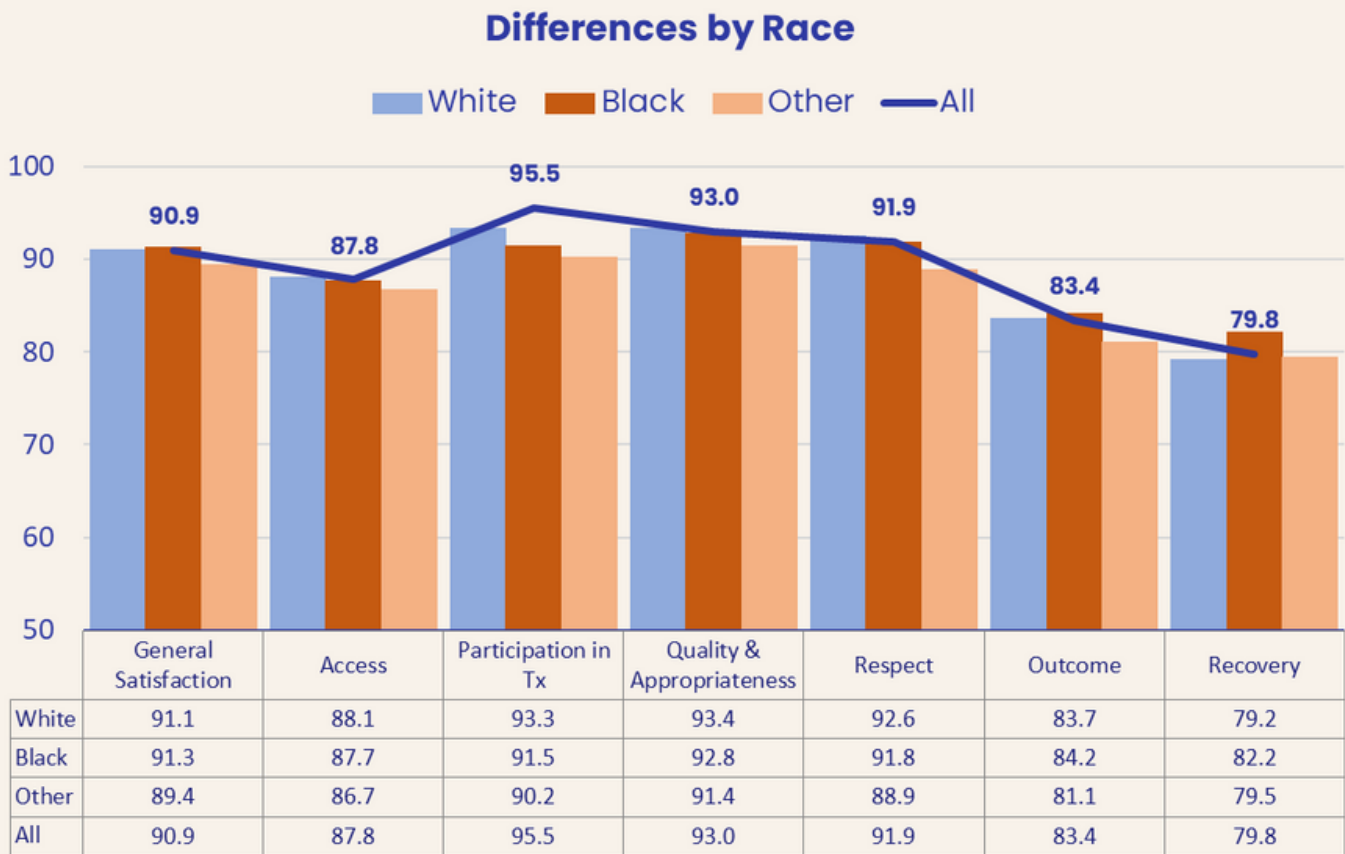
Differences by Gender

Female Male All



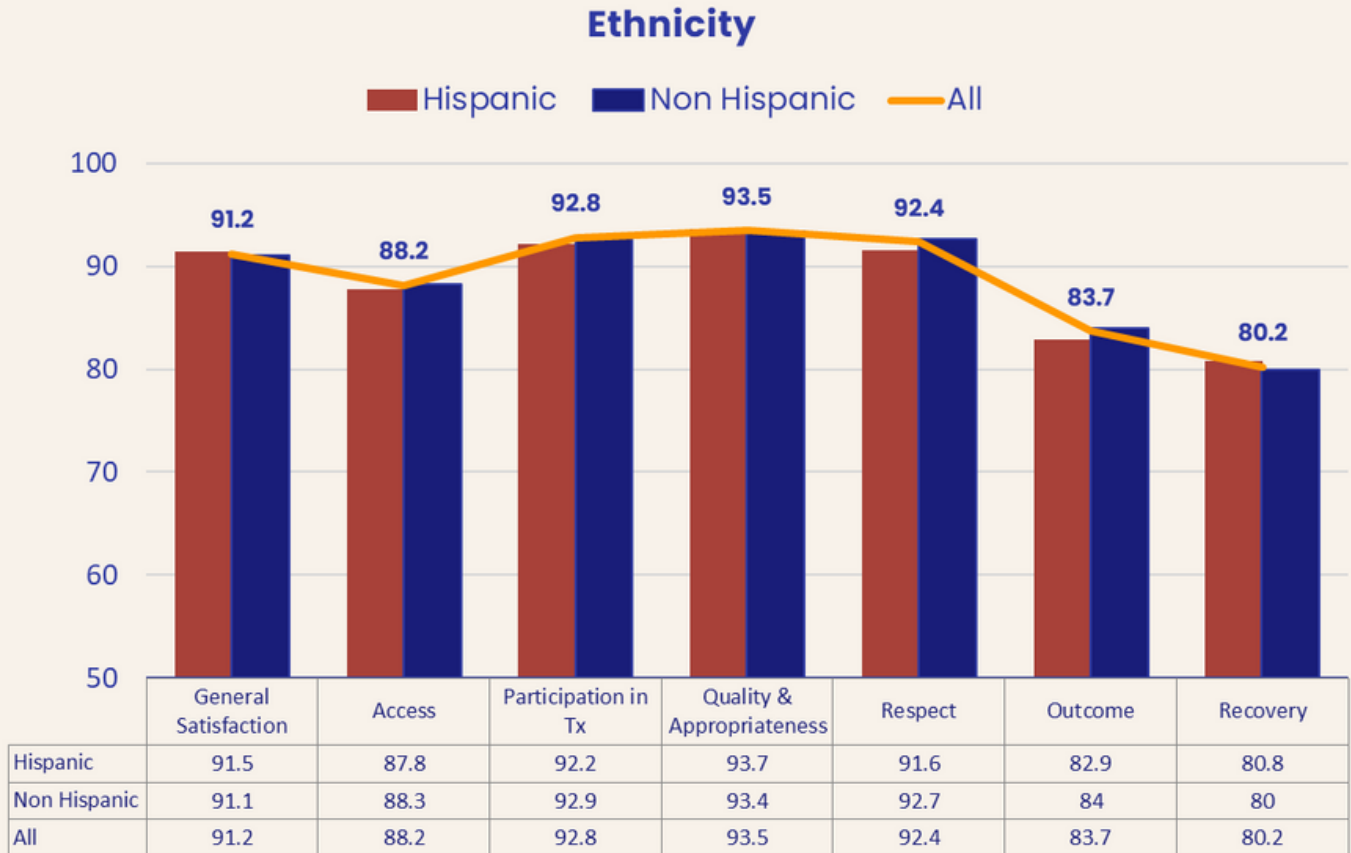
Differences by Race

When we analyzed domain results by race, we found significant differences between racial groups in all domains except for Access. Both Black and White respondents were more satisfied than other races in the General Satisfaction, Respect and Outcome domains. More White respondents reported satisfaction with Participation in Treatment than other groups. More Black respondents reported satisfaction with Recovery than other groups. In terms of Quality and Appropriateness, more White respondents than people from the Other racial category reported satisfaction.



Differences by Ethnicity

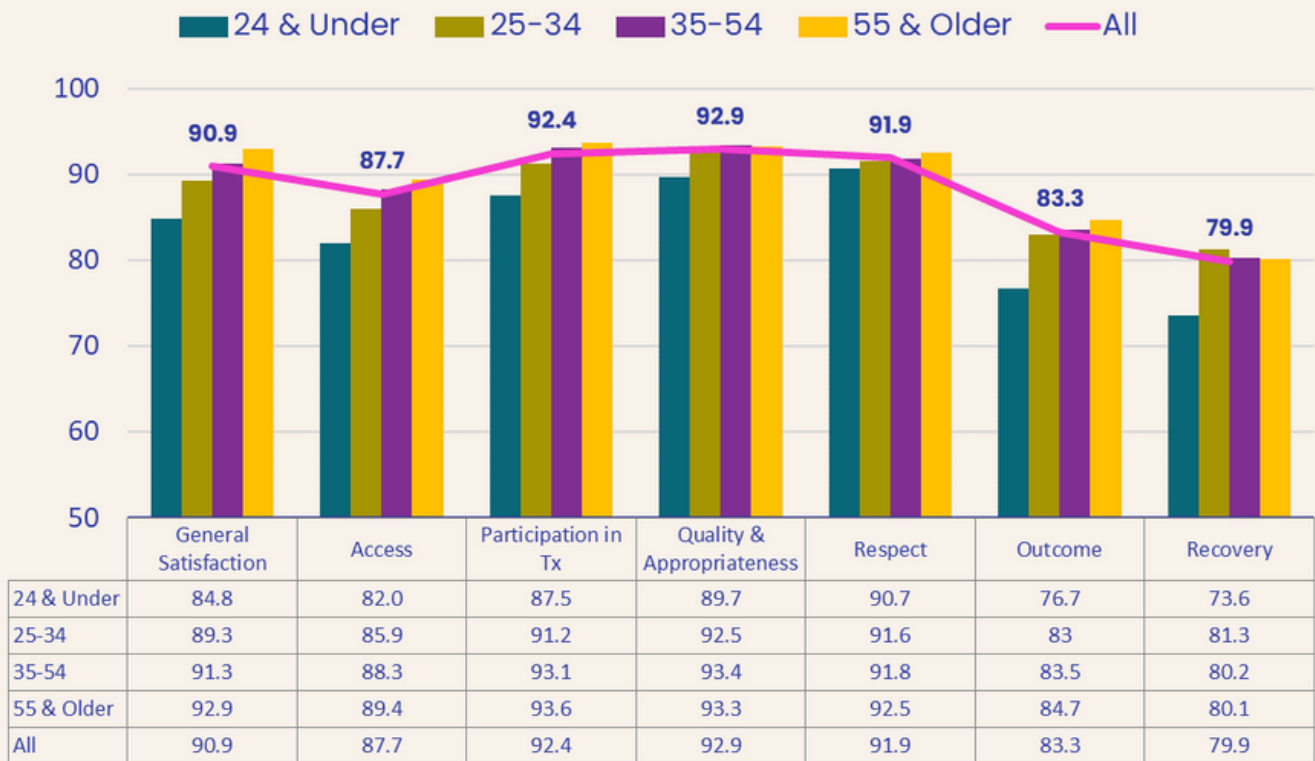
Examining domain results by ethnicity, we found only one significant difference in satisfaction: more non-Hispanic respondents reported satisfaction with Respect compared to Hispanic respondents.



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 Recovery domains compared to older age groups. Additionally, significantly more respondents who were 35 years and older indicated satisfaction with Access and Quality and Appropriateness 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

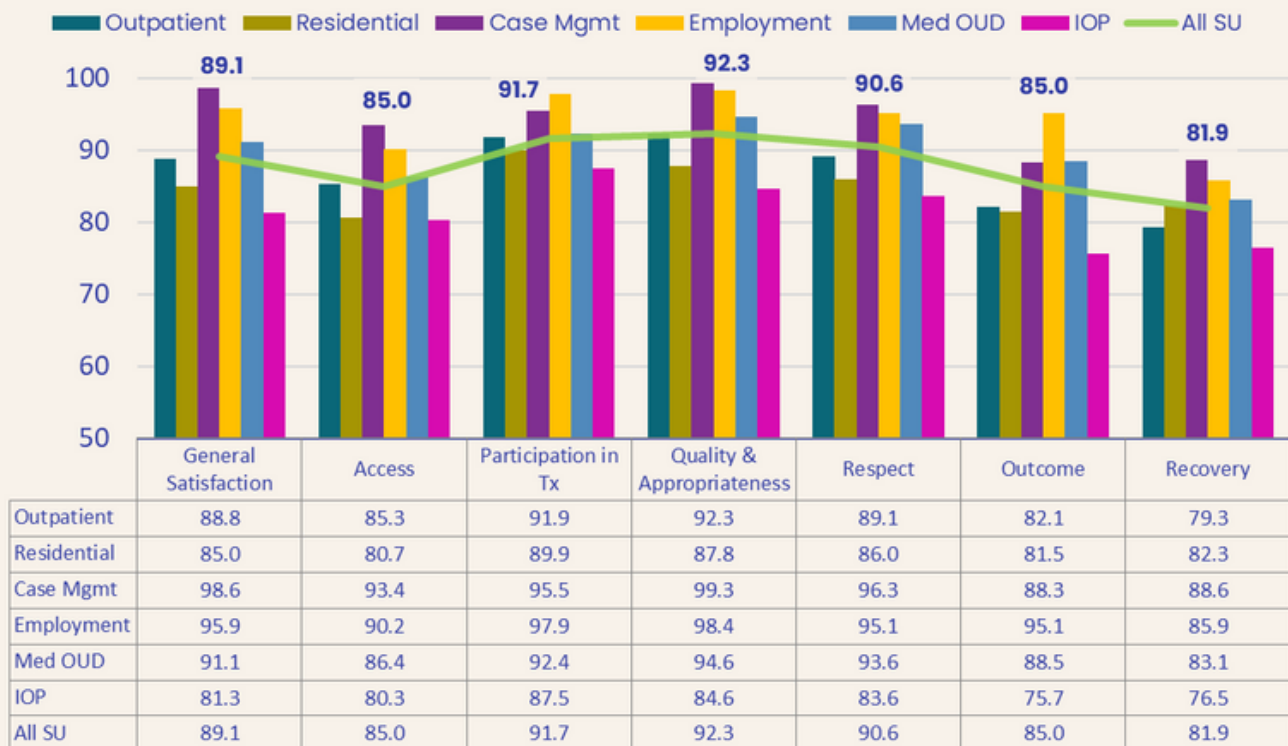


Differences by Level of Care

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, Case Management, and Employment services tended to have a higher percentage of satisfied people than other levels of care.

Differences by SU Level of Care

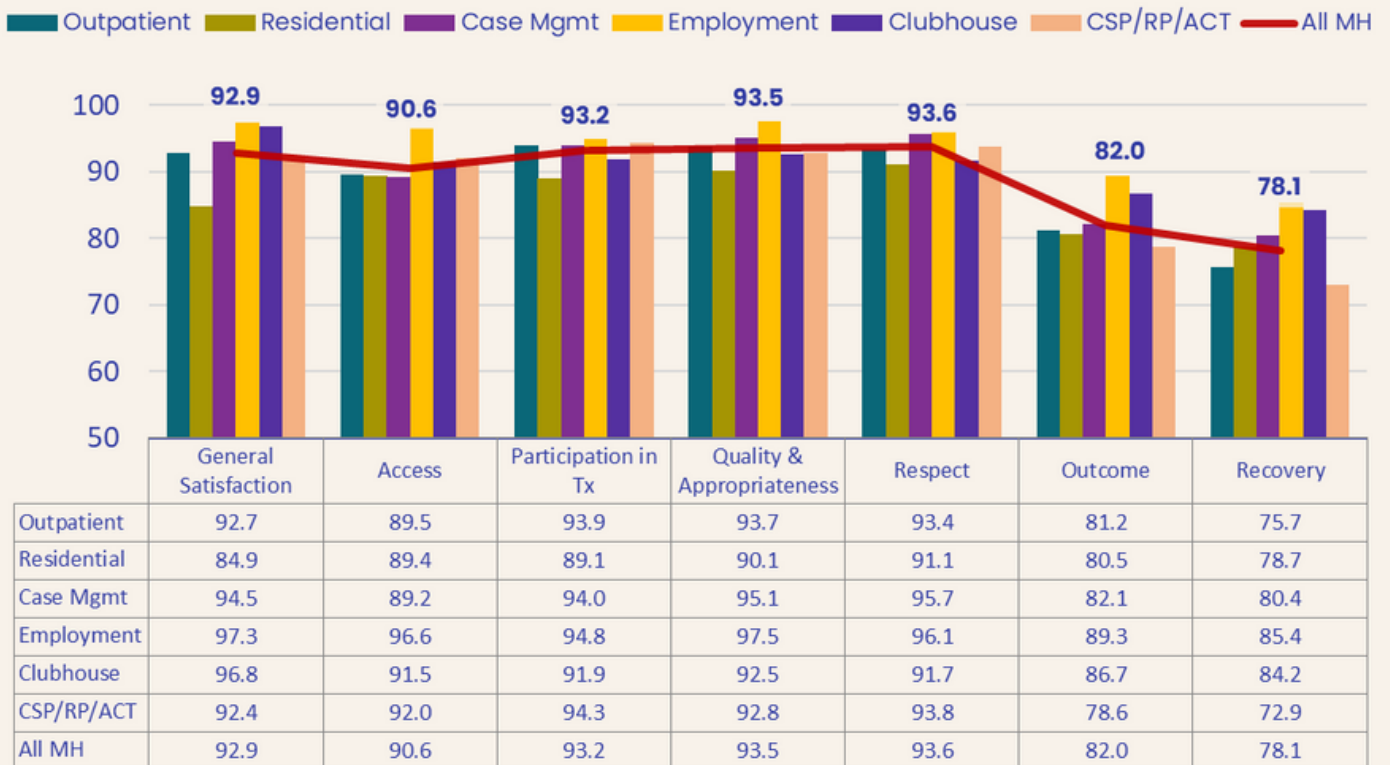


Differences by Level of Care

Mental Health

We found that certain Mental Health levels of care tended to have fewer satisfied consumers than others: in particular, OP and Residential. Conversely, Case Management, and Employment services tended to have a higher percentage of satisfied people than other levels of care.

Differences by MH Level of Care

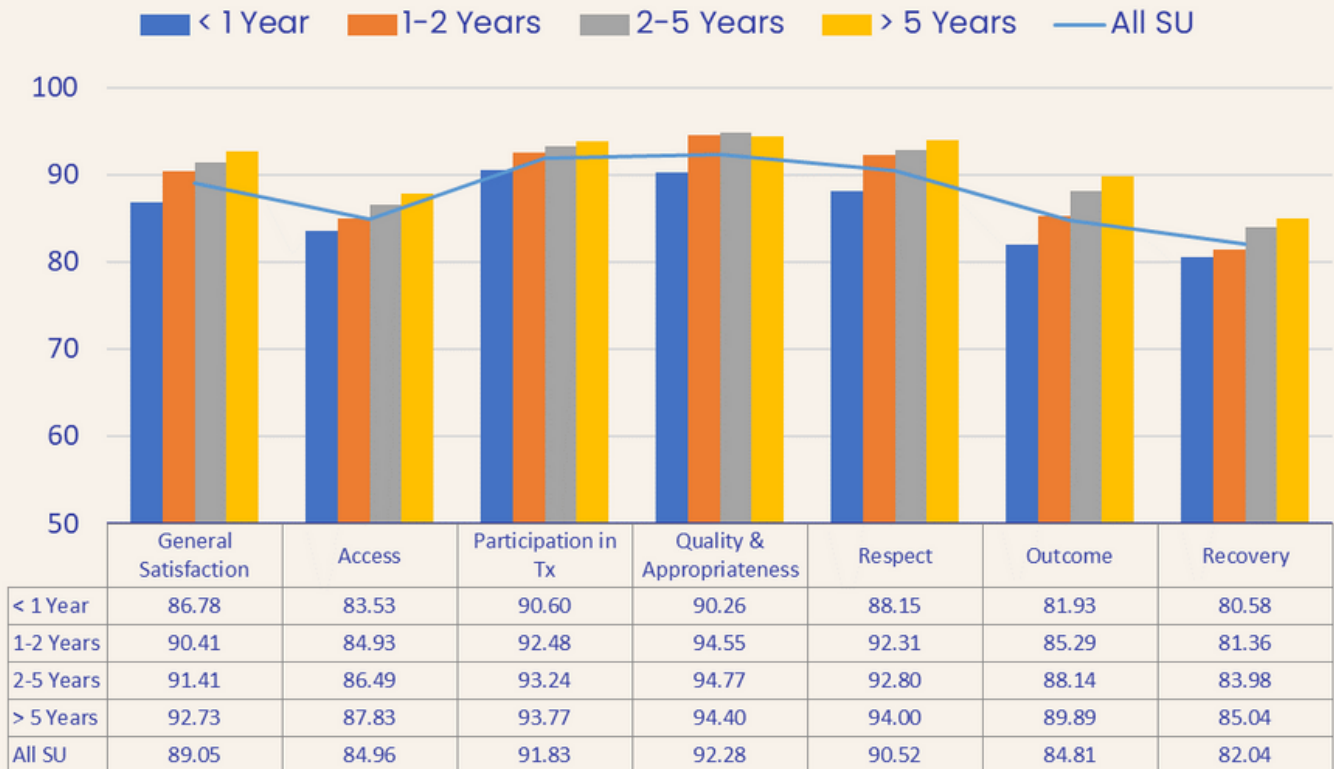


Differences by Treatment Length*

Substance Use

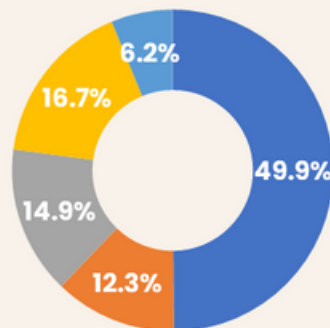
Significant differences were found in all domains. In general, longer times spent in SU treatment led to more respondents reporting satisfaction with services. Note that over half of respondents from SU programs were in treatment for less than one year; only 17% of SU respondents reported treatment of 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



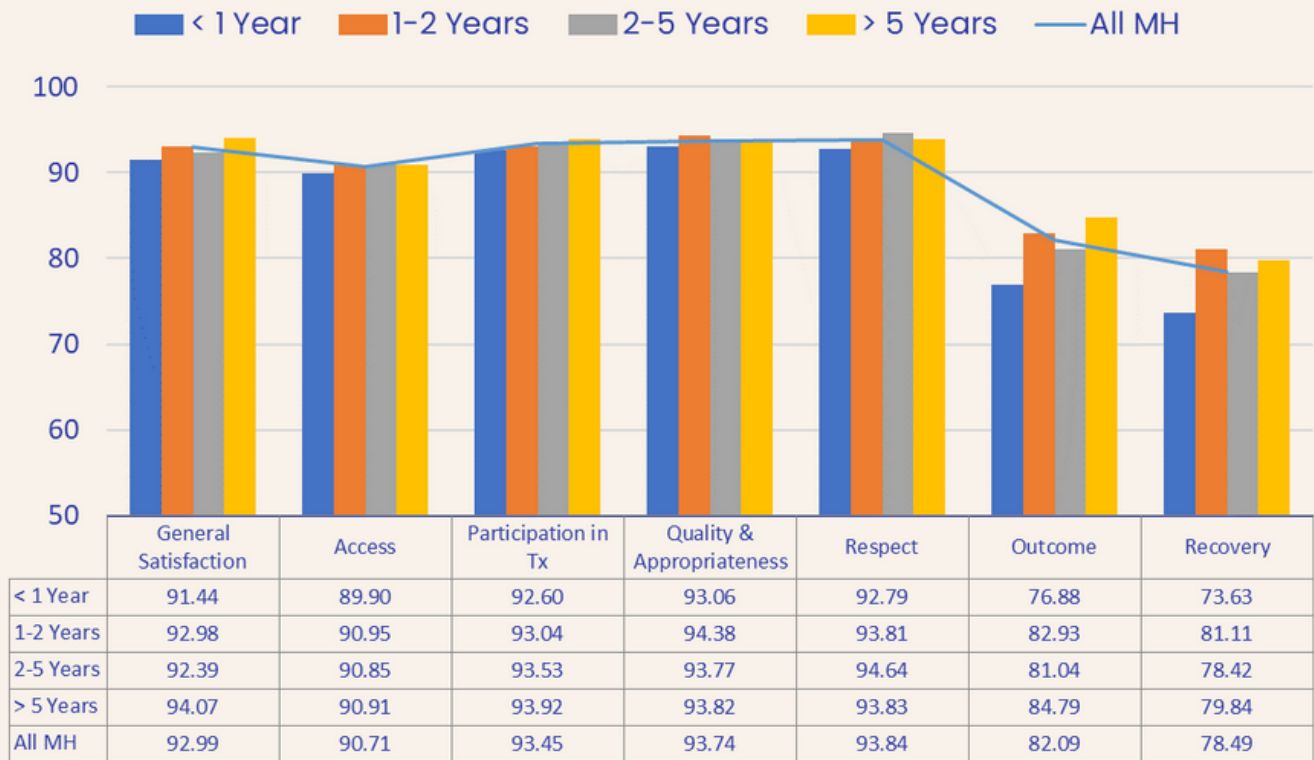
* Length of time in treatment is a self-reported item collected through the survey.

Differences by Treatment Length

Mental Health

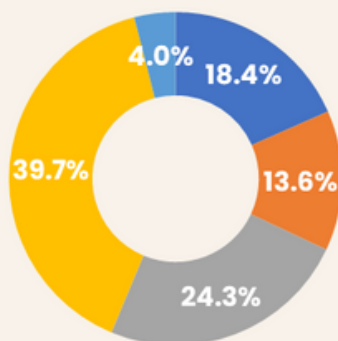
There were fewer significant differences in satisfaction between treatment length groups for respondents receiving mental health services. More people who reported receiving 1 or more years of mental health treatment were satisfied with services pertaining to Outcome and Recovery than people who had had less than one year of services. With regard to General Satisfaction, there were more satisfied respondents in the group who had 5 or more years of services than in the group who had less than one year. Note that 40% 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

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

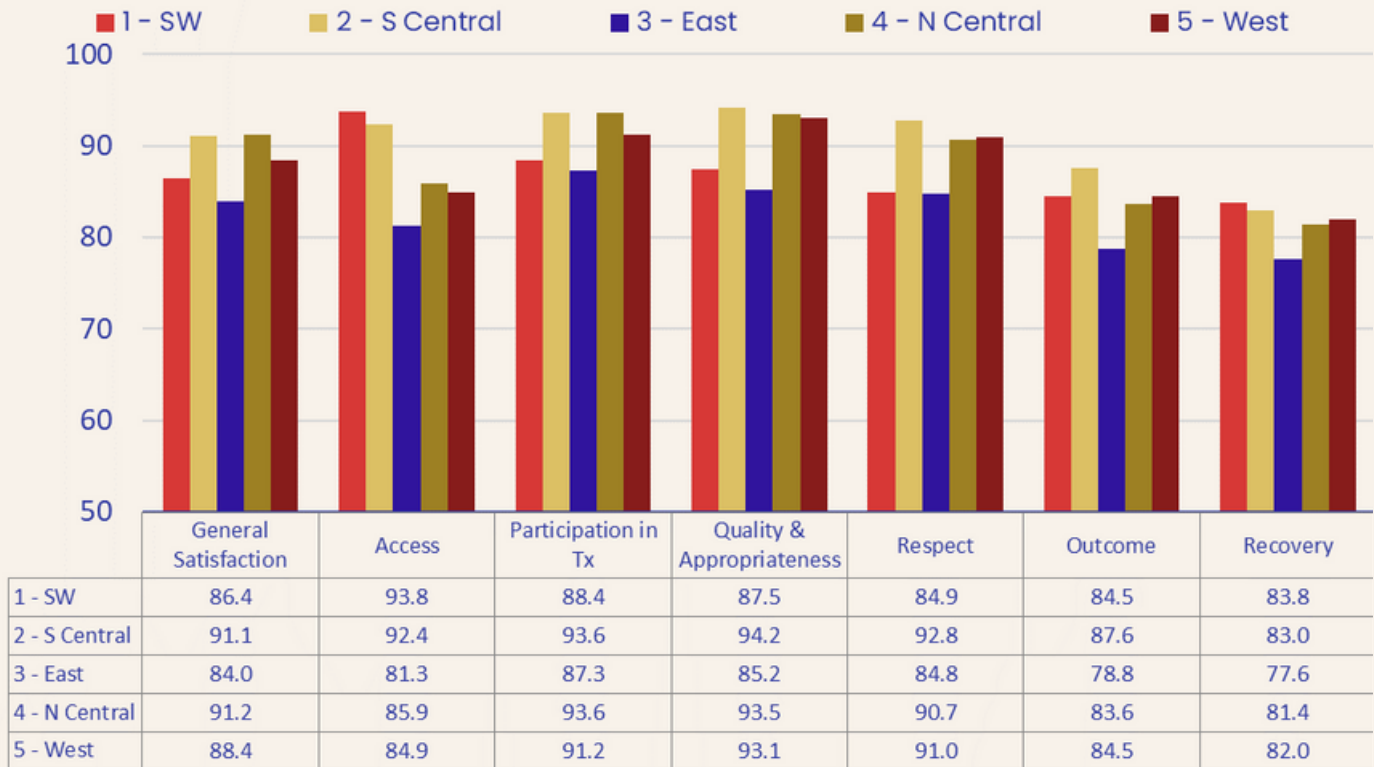


Differences by Service Region

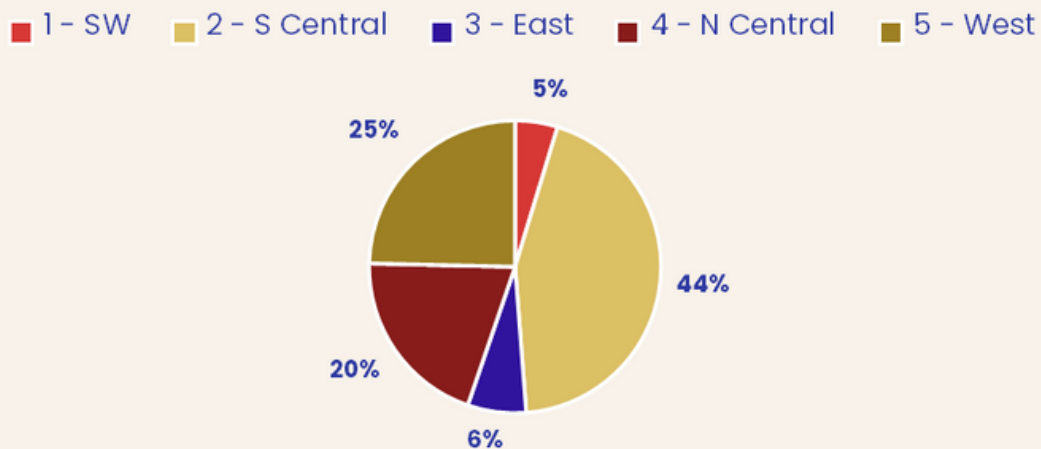
Substance Use

When satisfaction results are stratified by program type and service regions, we see that a consistently higher percentage of respondents from Region 2 reported satisfaction and fewer respondents from Region 3 reported satisfaction. Note that 44% of respondents were from Region 2.

Differences by Service Region – SU Programs



SU Respondents by Region

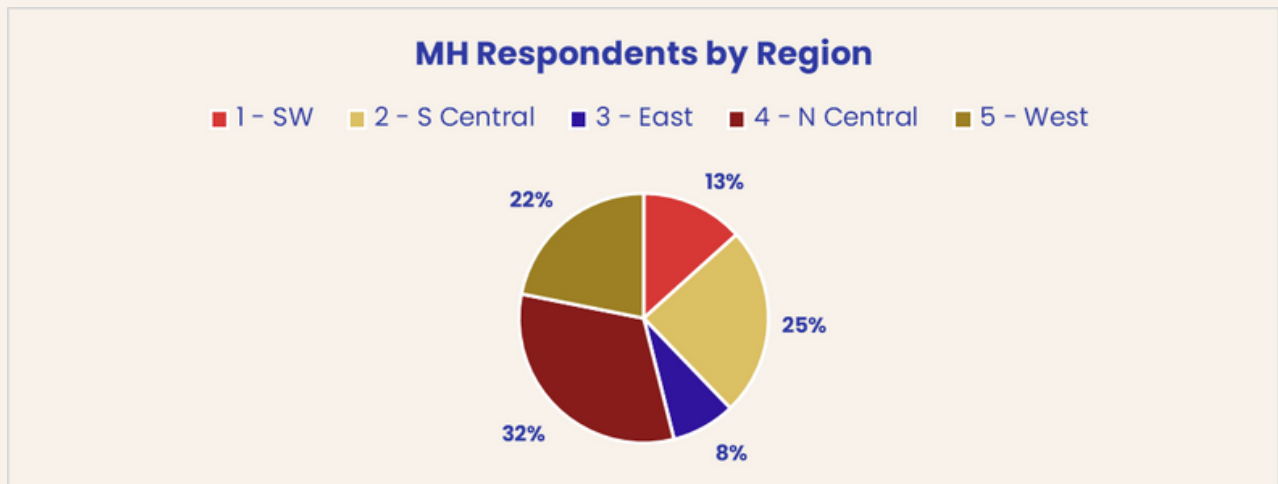
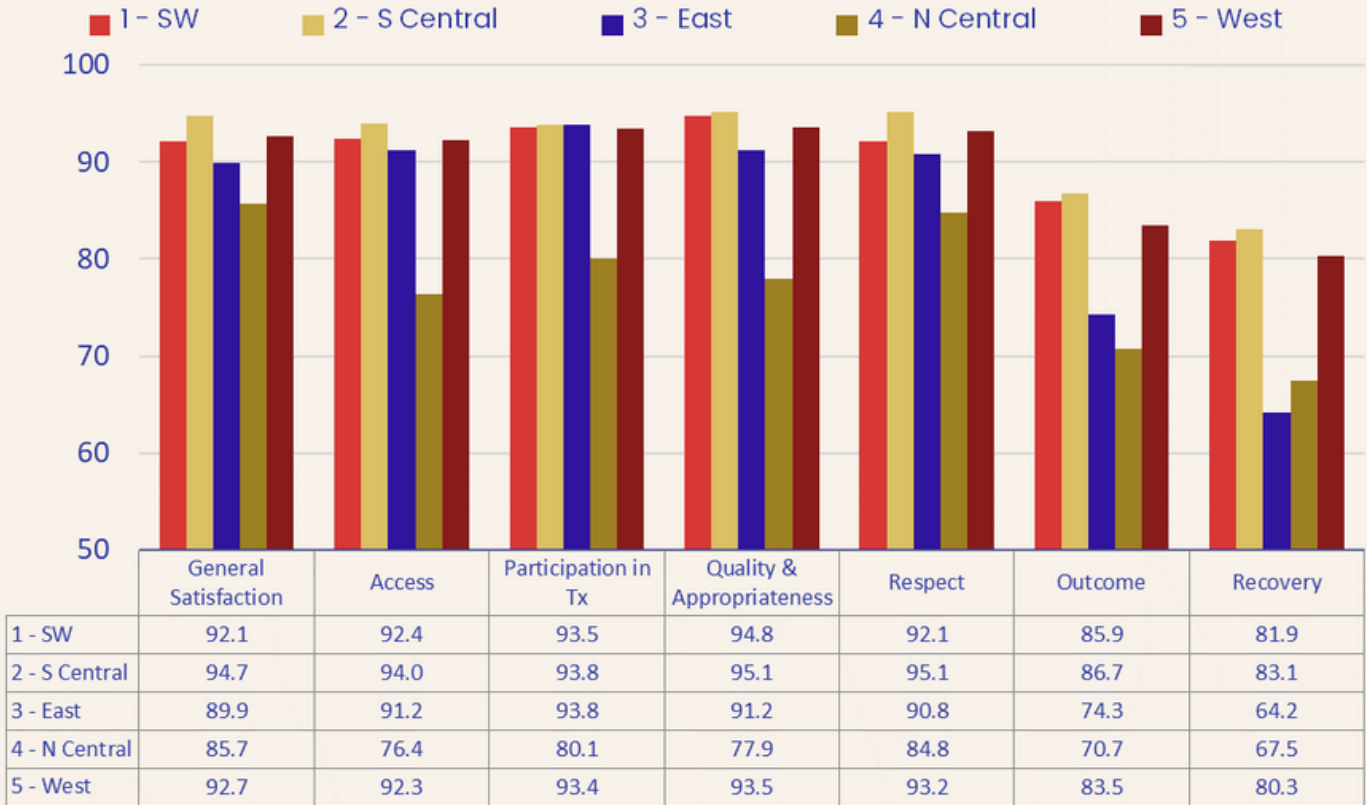


Differences by Service Region

Mental Health

In mental health programs, people from Regions 1, 2, & 5 were more likely to report satisfaction than people from Regions 3 & 4. 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



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.	93.6%
Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	92.9%
I like the services that I received here.	92.5%
I felt comfortable asking questions about my services, treatment, or medication.	92.4%
My wishes are respected about the amount of family involvement I want in my treatment.	91.9%



Lowest Satisfaction

In general, I give back to my family and/or community.	80.4%
I do better in social situations.	79.8%
I do better in school and/or work.	78.4%
My symptoms are not bothering me as much.	77.9%
In general, I am involved in my community.	68.3%