

Consumer Satisfaction Survey Annual Report

FY 2025



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 DMHAS' mental health and substance use service delivery system.

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

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.

There is one item on consumers' perception of participation in treatment. (Participation in Treatment)

There's one item on consumer experience of being respected by staff. (Respect)

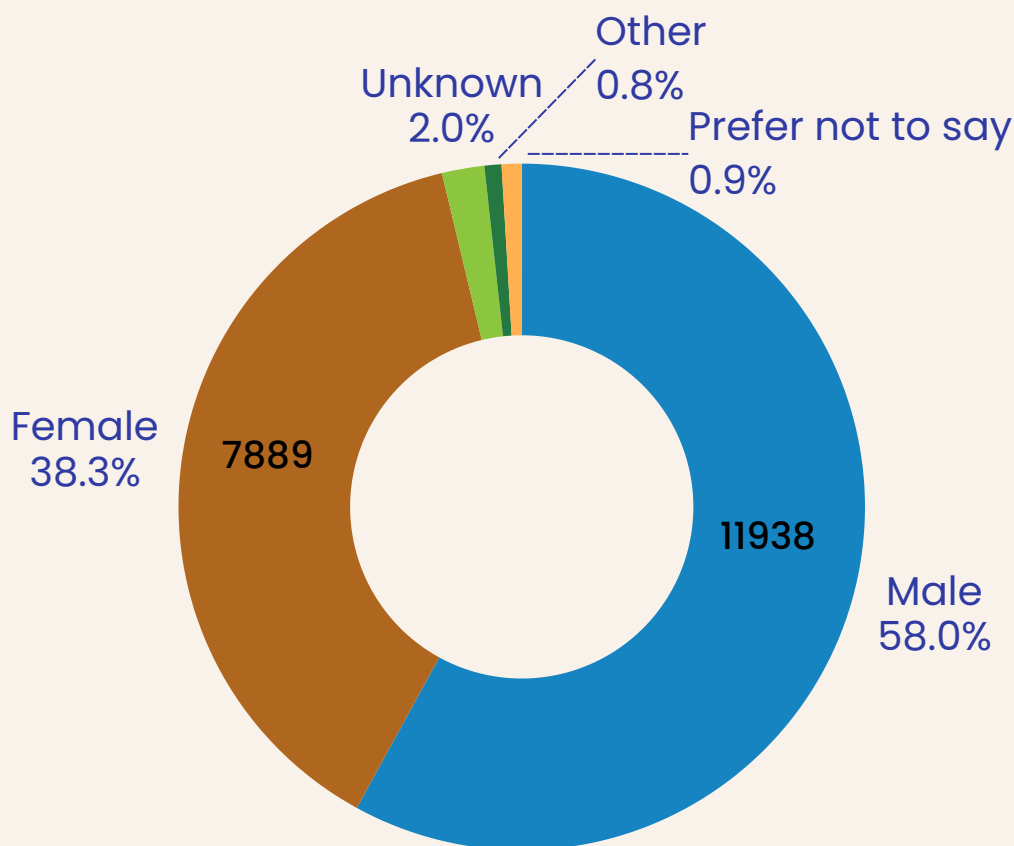
Consumer satisfaction survey responses provide DMHAS with valuable information regarding our successes and areas for growth in implementing a high-quality recovery-oriented mental health and substance use service system.

Basic Statistics and Demographics

21,066 surveys were collected from 103 providers in FY25.

Please note: This number is higher than the total for survey results in subsequent pages because it includes incomplete and refused surveys. There were **20,598** completed surveys that are summarized in this report.

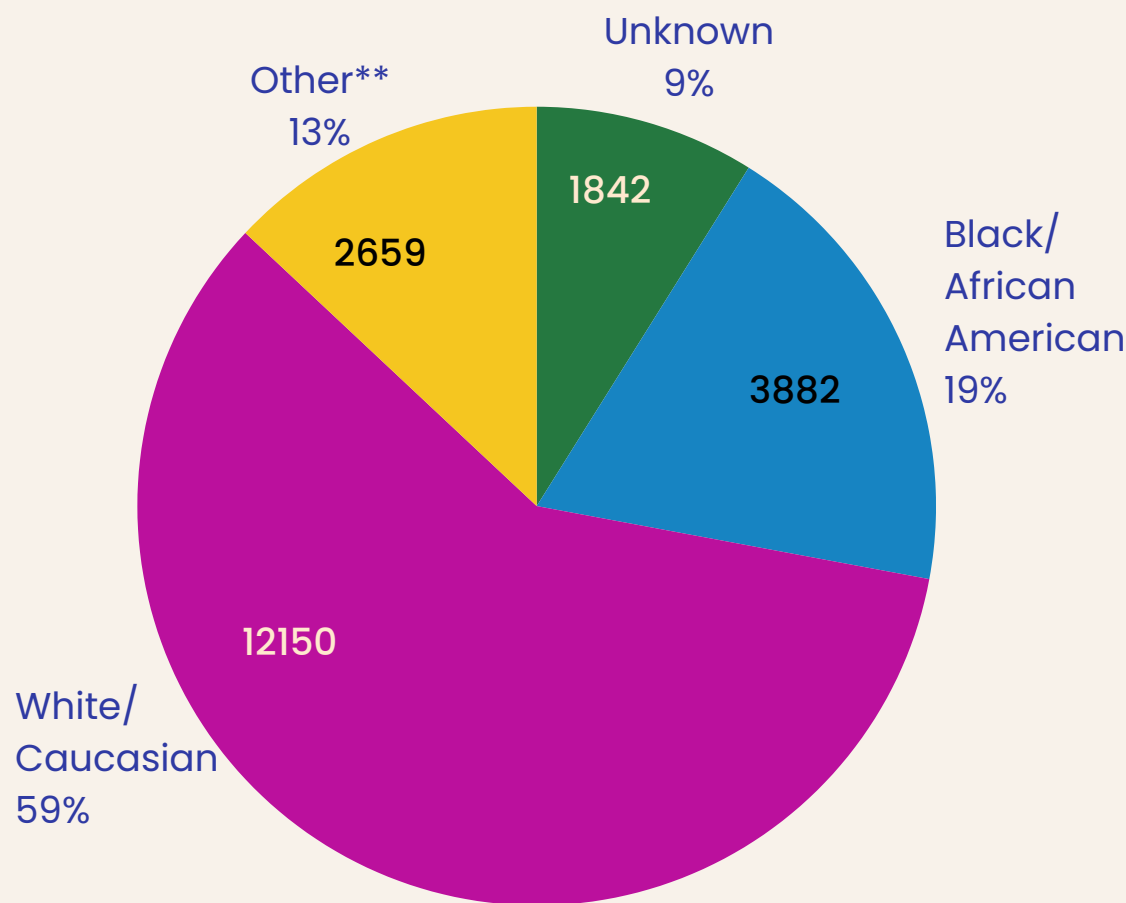
Gender



Overall, there were more male respondents than female respondents to the FY25 survey.

This pattern was seen in Mental Health programs (52% male), Substance Use programs (64% male), and in surveys without a program (49% male). Results are representative of the DMHAS population (55% male in FY25).

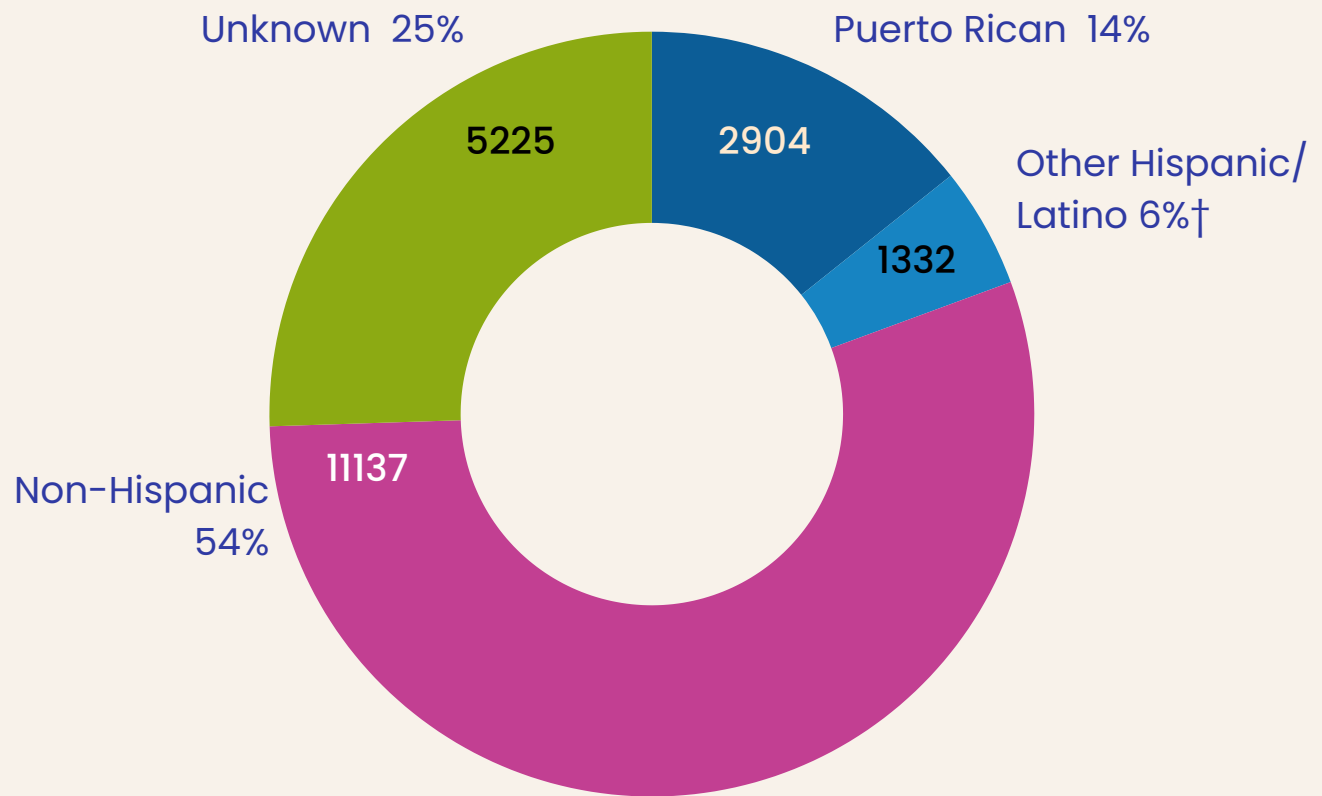
Race



Survey results by race were generally representative of the general DMHAS population in FY25, with some slight over-sampling of Black respondents (19% in survey vs. 17% 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. Many, but not all, people who indicate "Other" as their race identify as Hispanic or Latino origin.

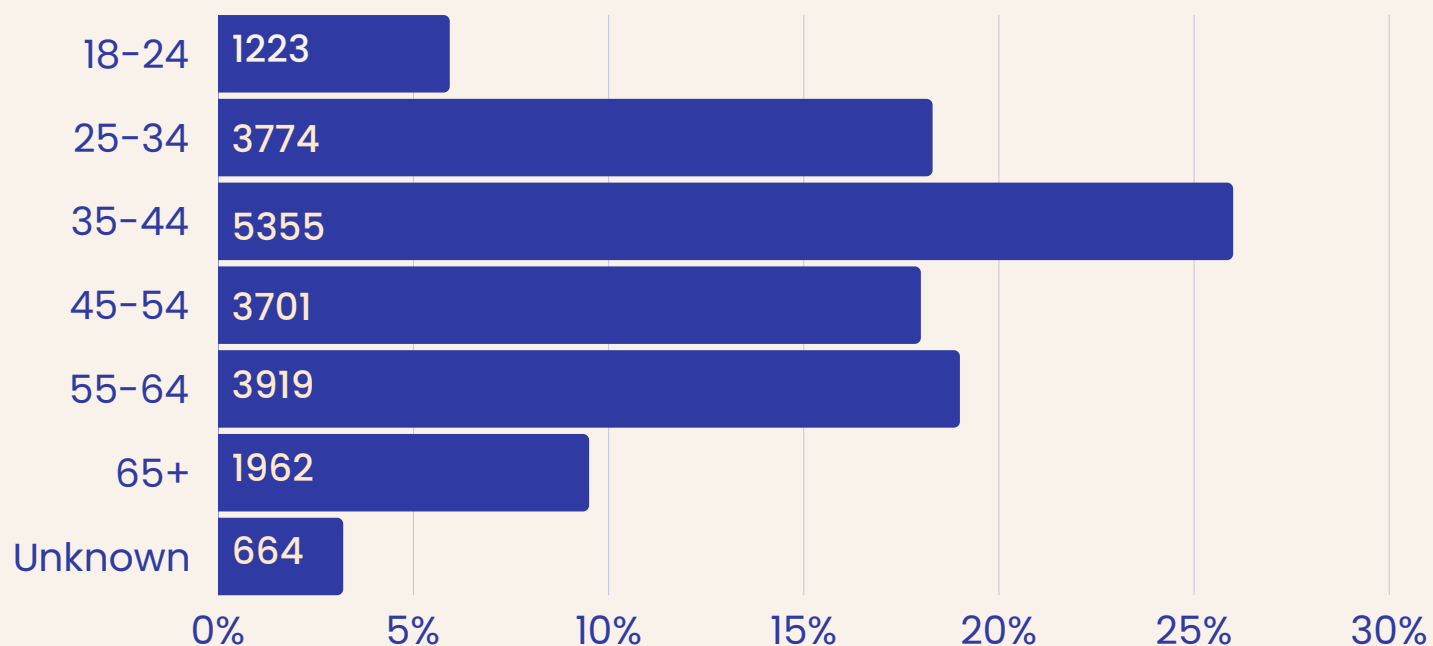
Ethnicity



Survey results by ethnicity were generally representative of the general DMHAS population in FY25. The survey under sampled non-Hispanics by 10% and the percentage of Unknown is 11% higher for the survey than in the DMHAS population.

† Mexican and Cuban ethnicities were grouped with Other Hispanic/Latino for this report.

Age

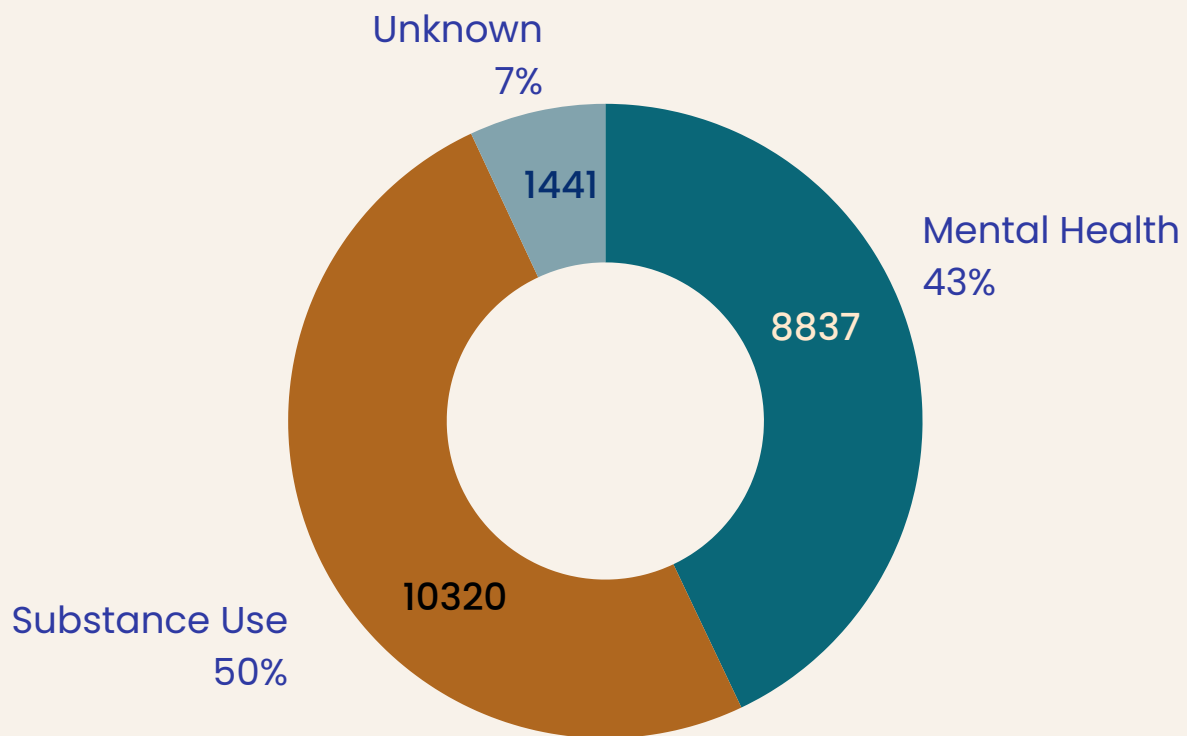


The age range bins for the survey were adjusted for FY25. Survey results by age were mostly representative of the general DMHAS population. Consumers under the age of 25 are somewhat underrepresented, as they comprise about 9% of the DMHAS population but only about 6% of the survey sample. Consumers over the age of 55 are also slightly underrepresented in the survey, by about 3%. The number of clients in the “Unknown” group is approximately 3% higher than in the DMHAS population.

The mean age of a DMHAS consumer was 45.0 years old in FY25.

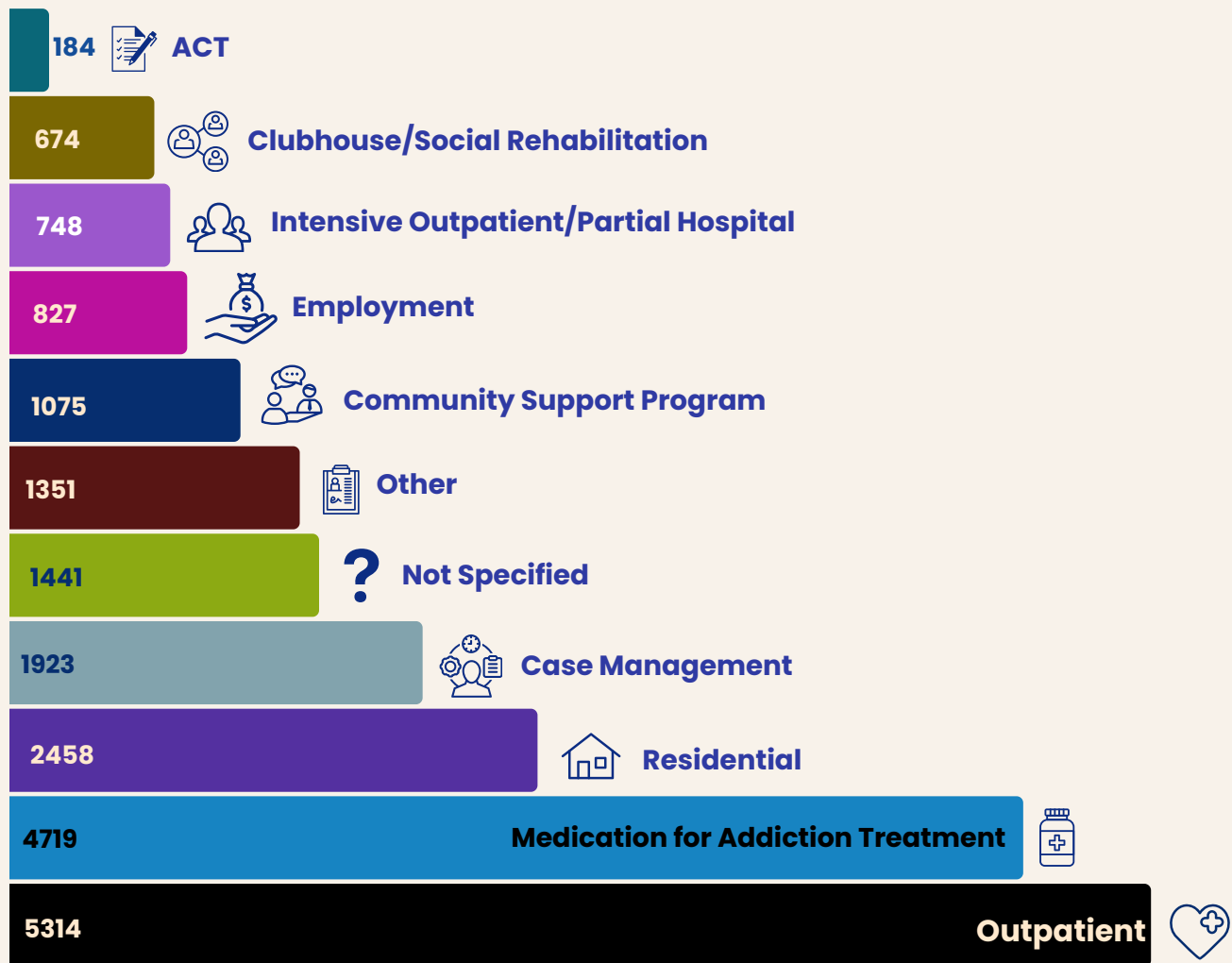
Characteristics of Survey Respondents

Program Type



Respondents to the FY25 survey were slightly more likely to be in a Substance Use program compared to a Mental Health program. About 7% of surveys did not have program type information—about 5% less than last year. The proportion of Mental Health surveys decreased 3% from FY24, and the number of Substance Use surveys increased by 8%.

Level of Care (n=21,727)‡

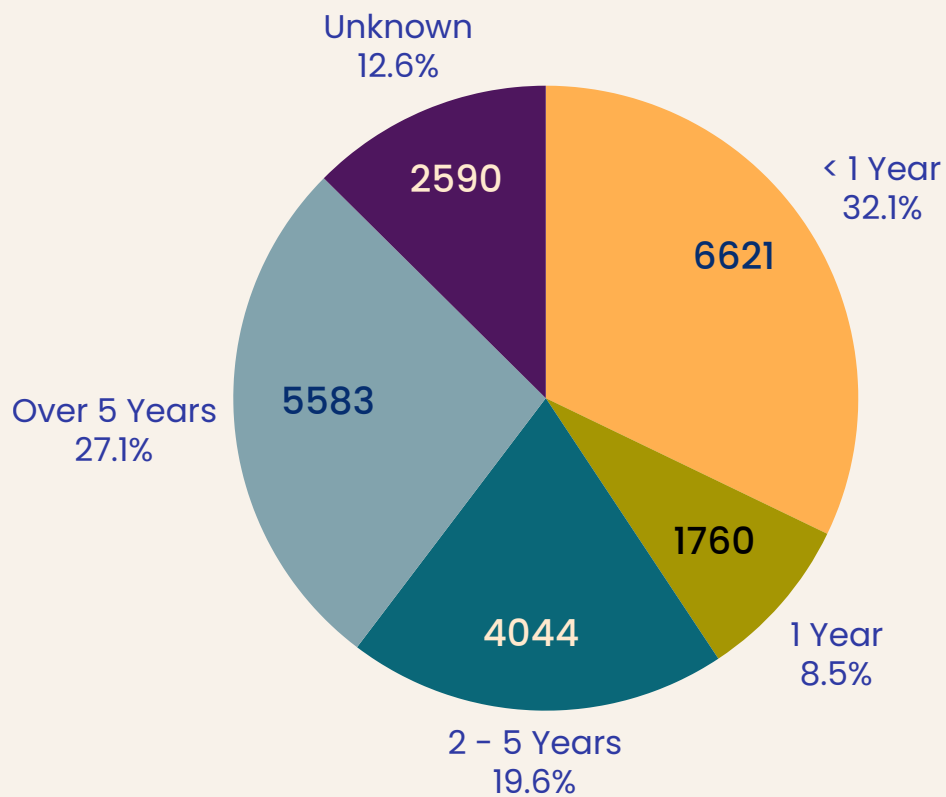


Over half (60%) of surveys received were from Residential, Medication for Addiction Treatment, and Outpatient programs. LOC was not specified for 7% of surveys. The remaining 23% were distributed among other ambulatory levels of care.§

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

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

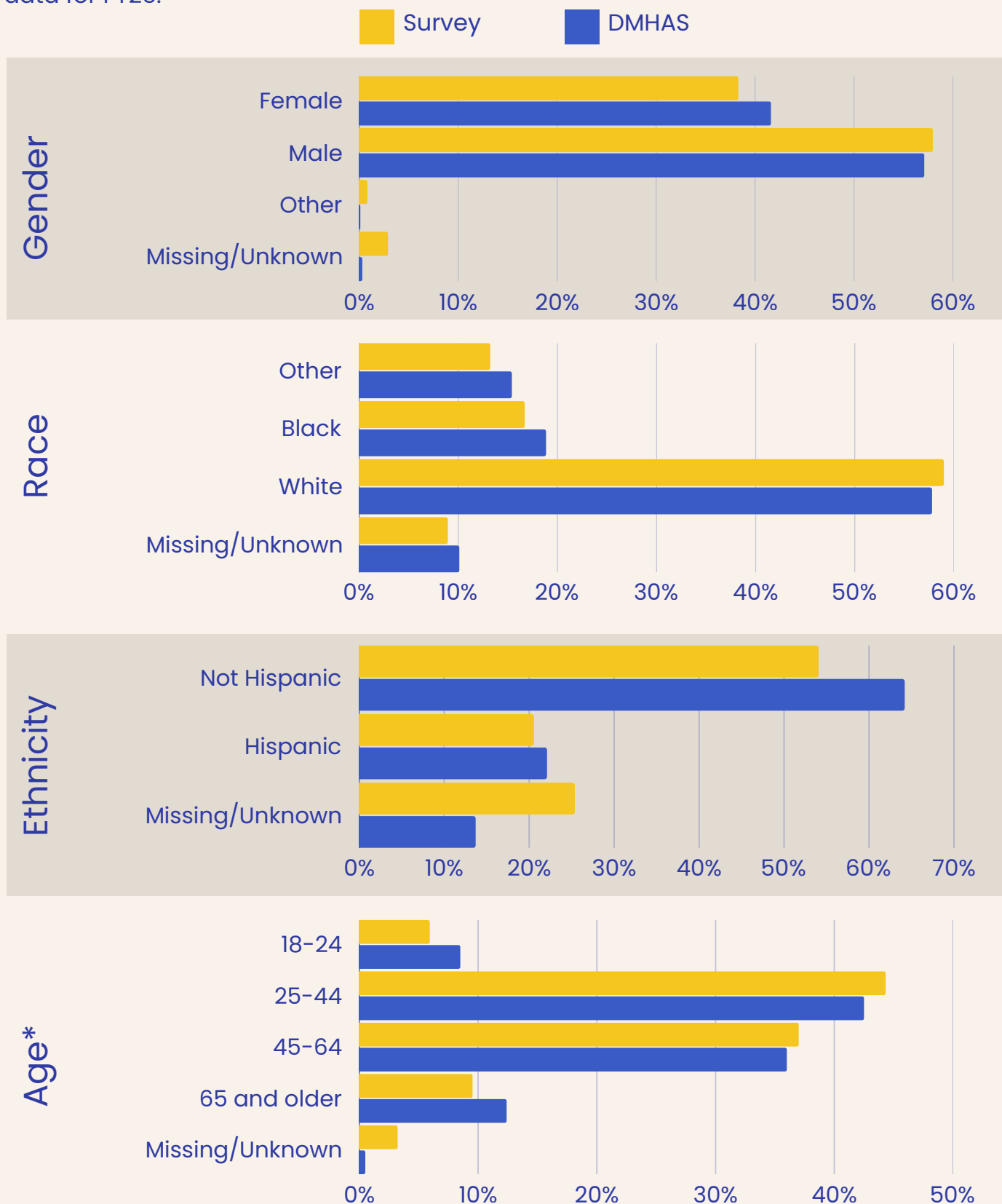
Length of Time Receiving Services



Close to 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.

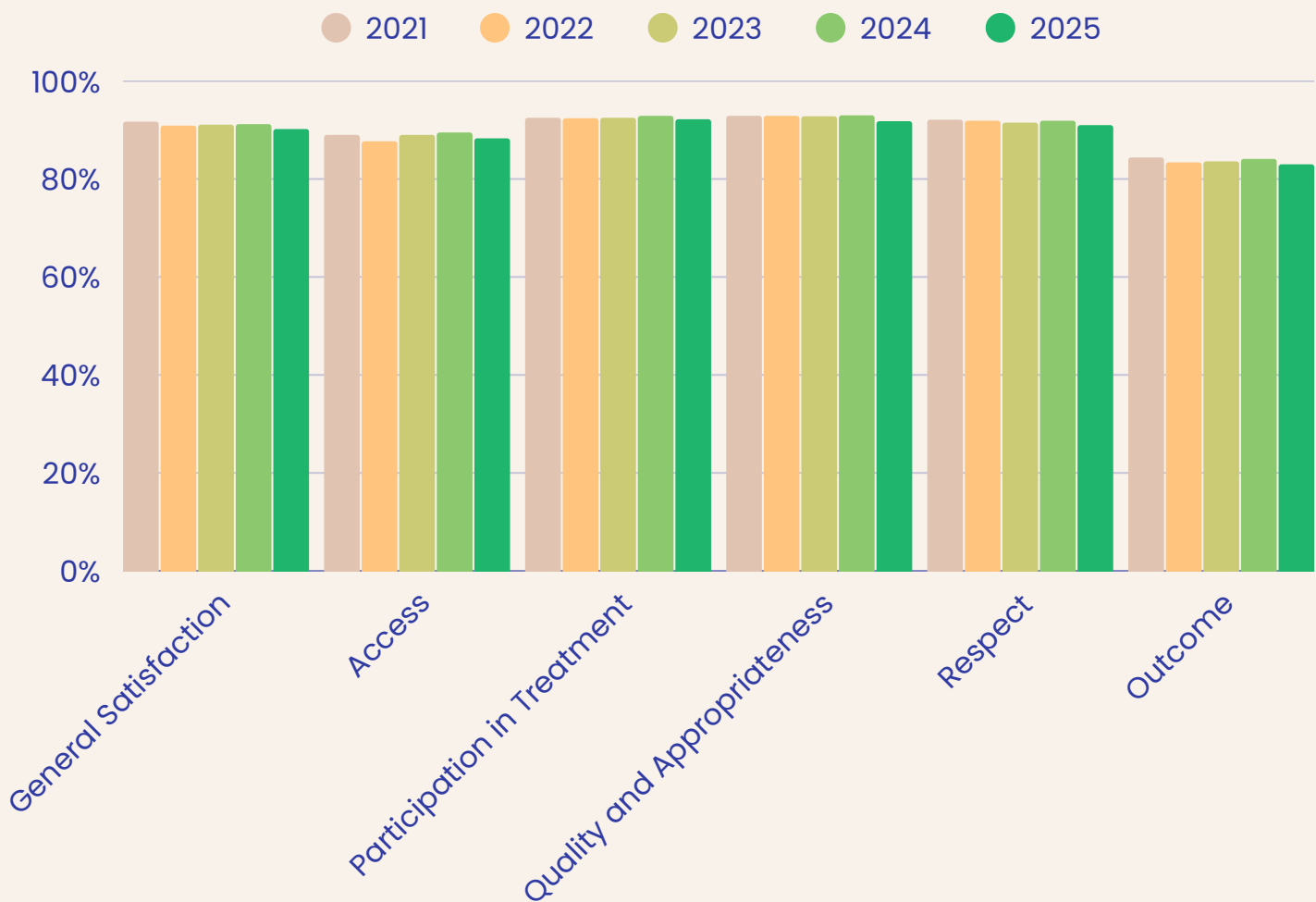
Comparison of Survey Demographics vs. DMHAS Population

Consumer survey demographic information was compared to the DMHAS demographic data for FY25.



*Note that the Age categories for the survey were updated in FY24 and are slightly different than the DMHAS categories. DMHAS categories are 18-25 & 26-44; all others are the same.

Statewide Satisfaction Trends by Domain (2021-2025)

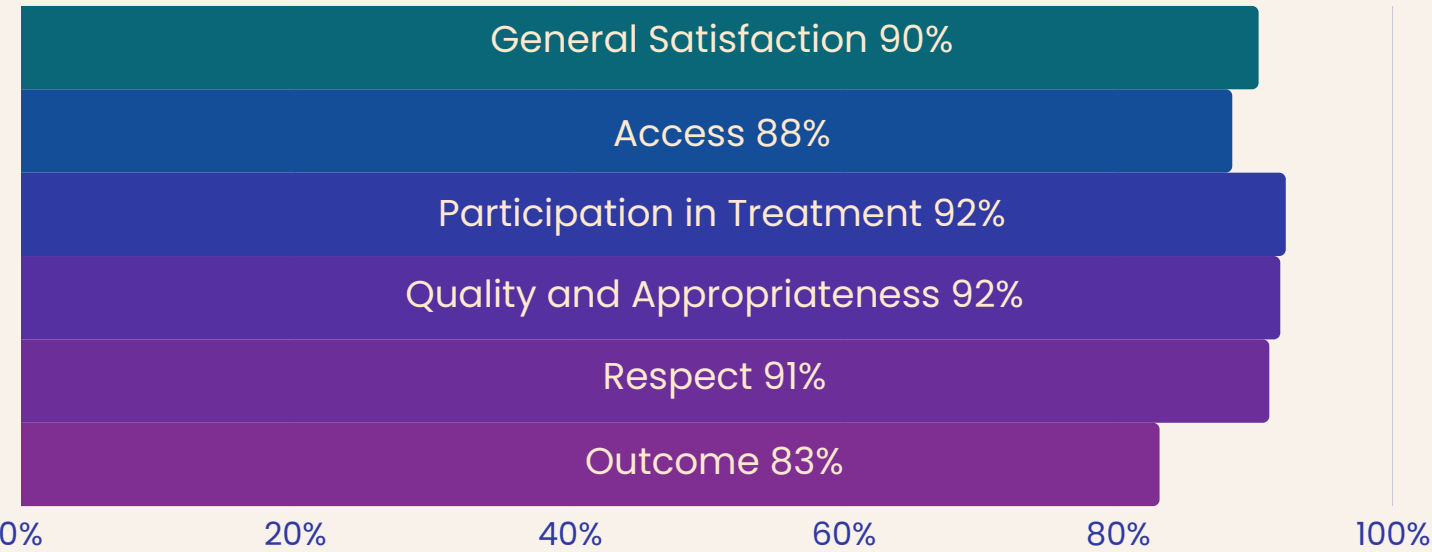


Satisfaction rates in each of the survey domains have remained consistent for the past 5 years.

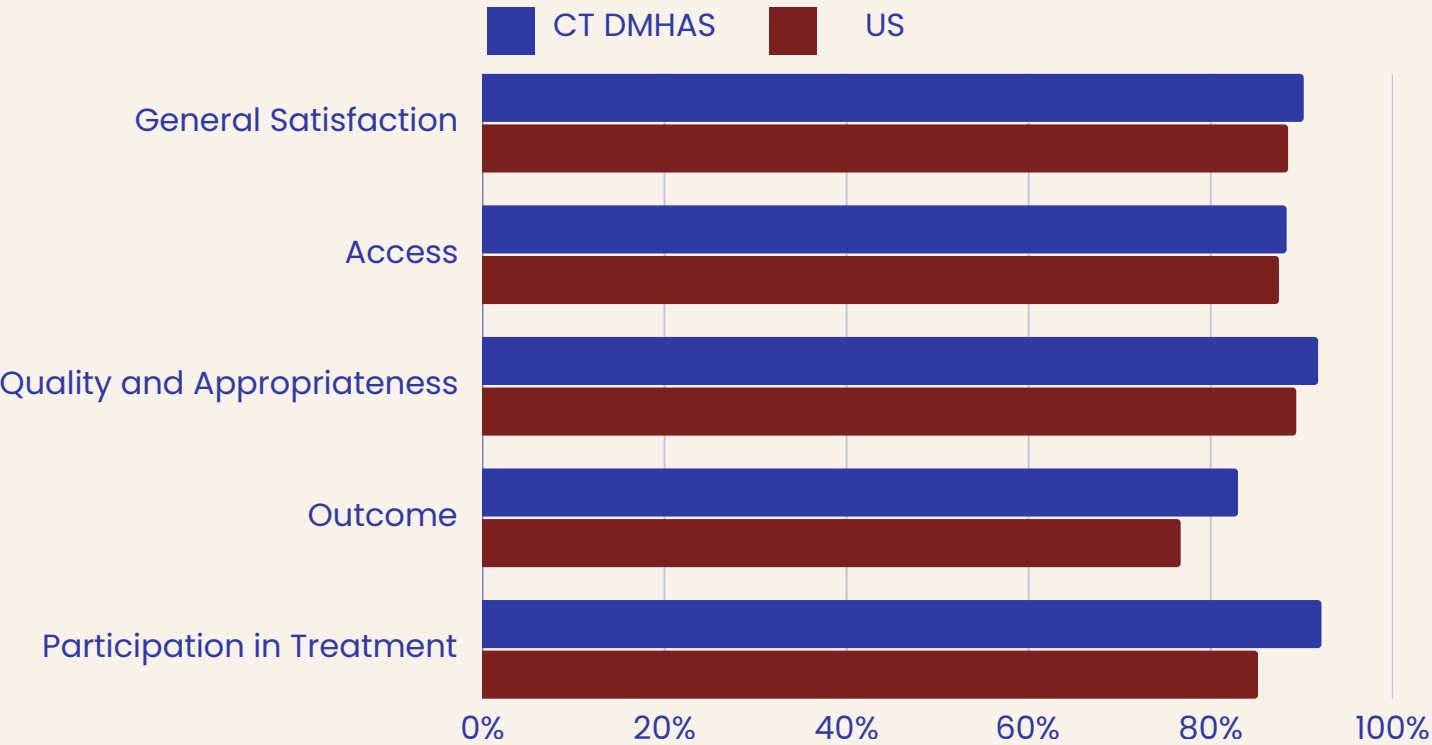
Domain	2021	2022	2023	2024	2025
General Satisfaction	91.7%	90.9%	91.1%	91.1%	90.2%
Access	88.8%	87.7%	89.0%	89.5%	88.3%
Participation in Treatment	92.5%	92.4%	92.5%	92.9%	92.2%
Quality and Appropriateness	92.9%	92.9%	92.8%	93.0%	91.8%
Respect	92.1%	91.9%	91.5%	91.9%	91.0%
Outcome	84.4%	83.4%	83.6%	84.1%	83.0%

Statewide Results

FY25 Survey Domain Results (rounded to whole %)



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 Participation in Treatment, 2% higher satisfaction with Quality and Appropriateness, and 1%-2% higher in General Satisfaction and Access.

Key Differences Between Groups

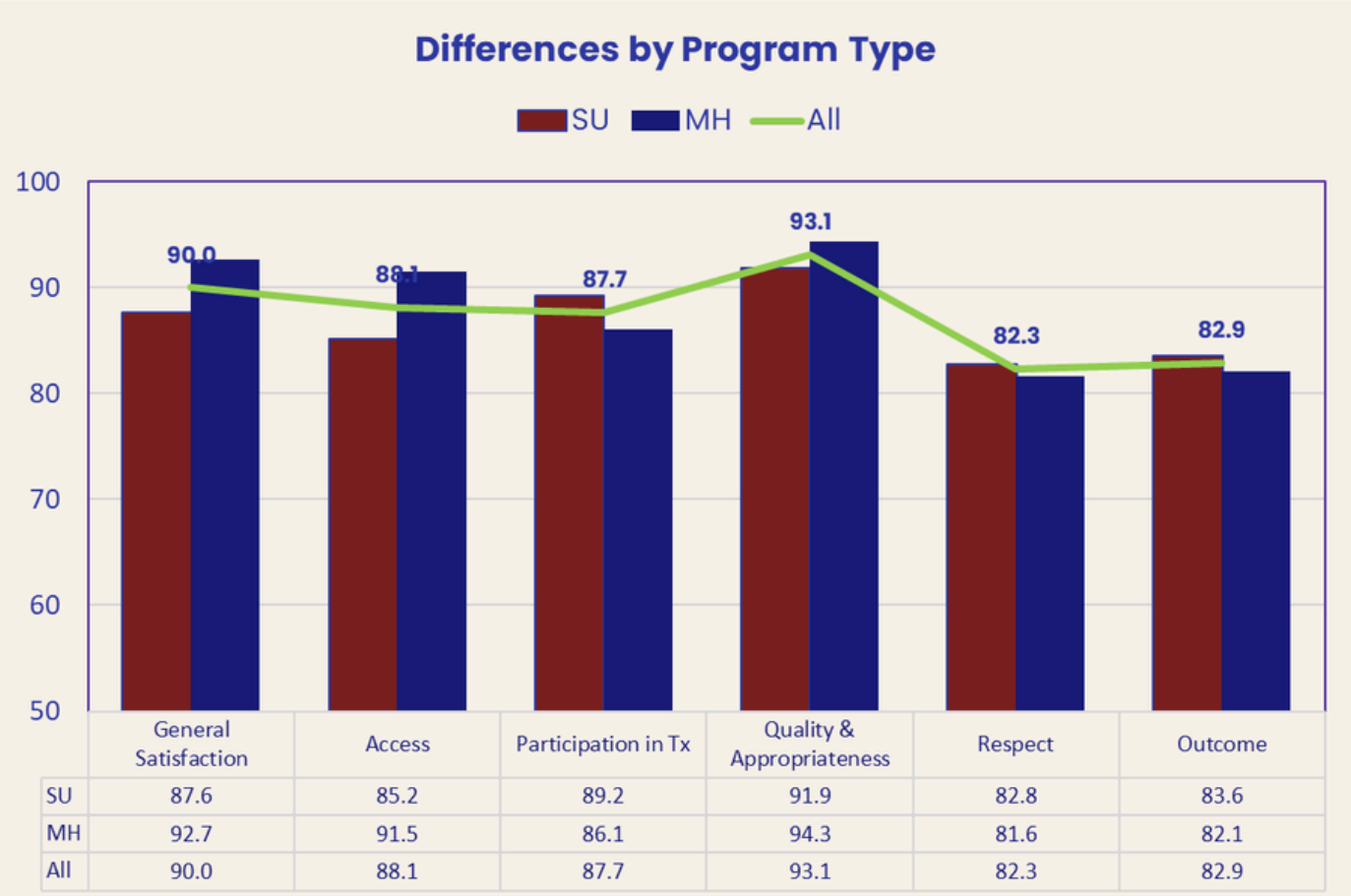
Statistical tests determine if differences between groups are not simply due to random chance.*

Differences by Program Type

As in FY23 and FY24, a significantly higher percentage of people receiving mental health services were satisfied with Access, Quality and Appropriateness, and General Satisfaction.

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

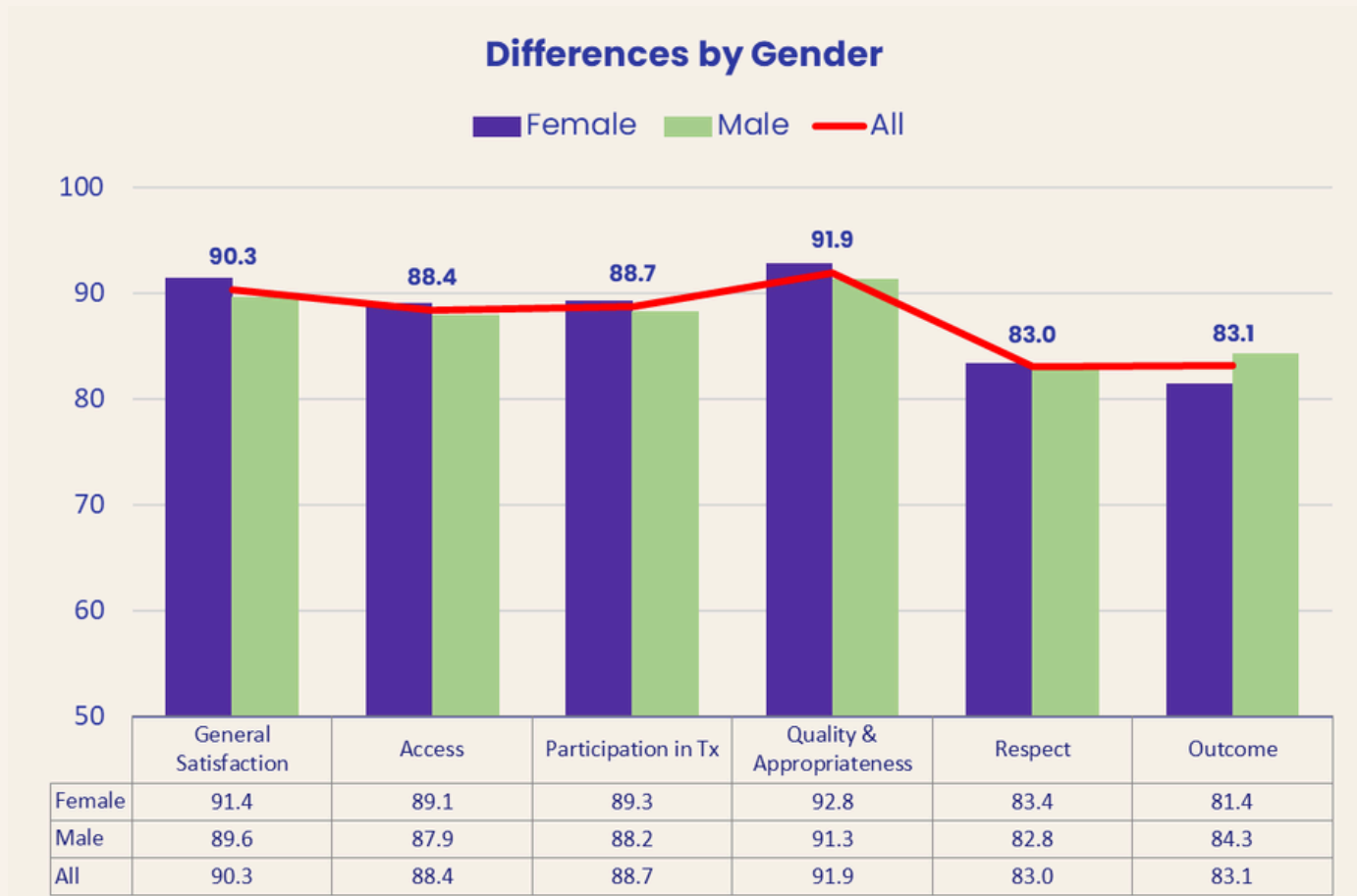
Overall in each domain, the percent of satisfied clients remained stable from FY24.



*Significance testing is performed using chi-square, $p < 0.05$.

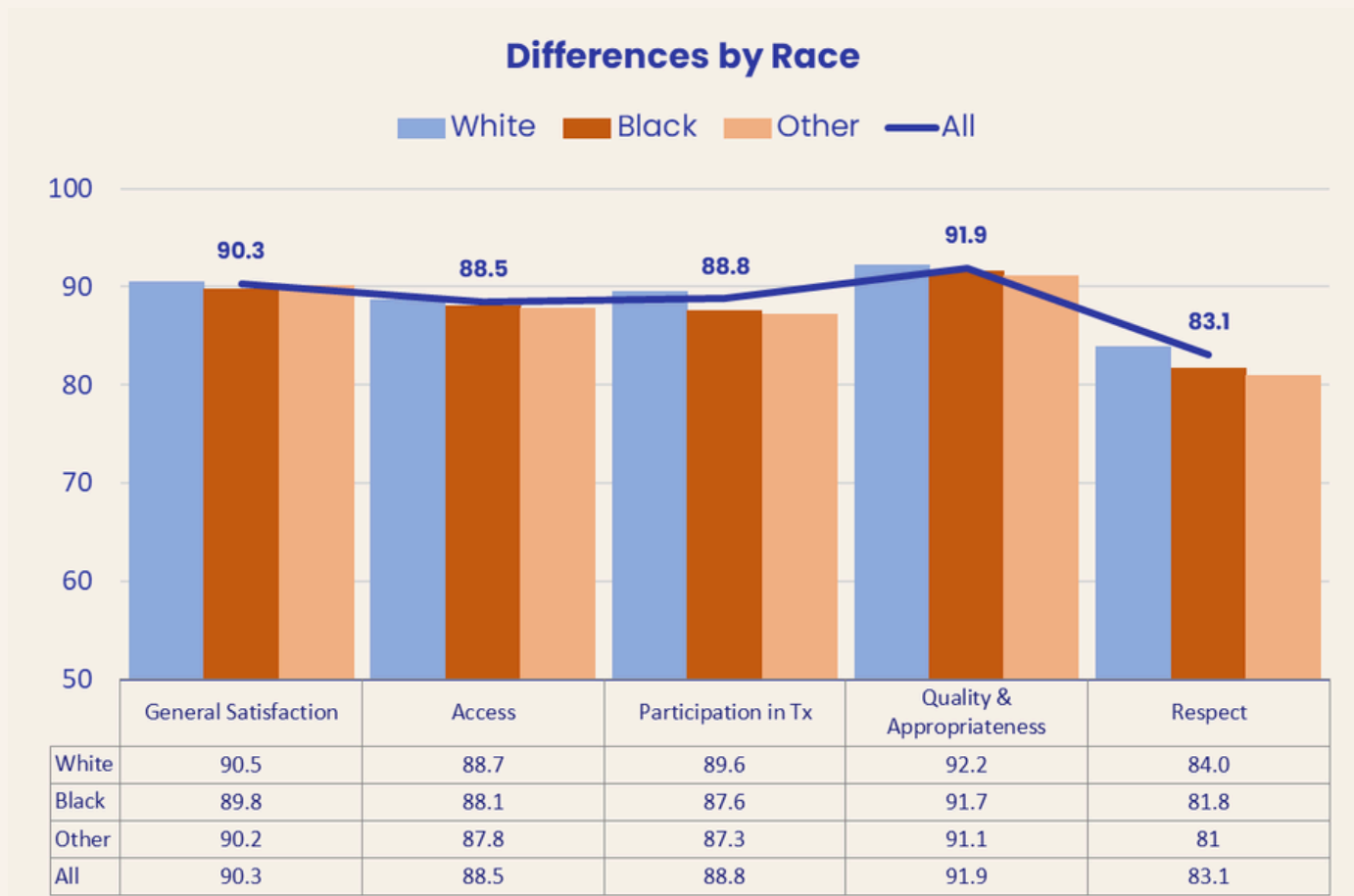
Differences by Gender

Examining domain results by gender, significantly more women indicated satisfaction with General Satisfaction, Access, and Quality and Appropriateness while significantly more Men reported satisfaction with Outcome. Differences by gender for other domains were not statistically significant.



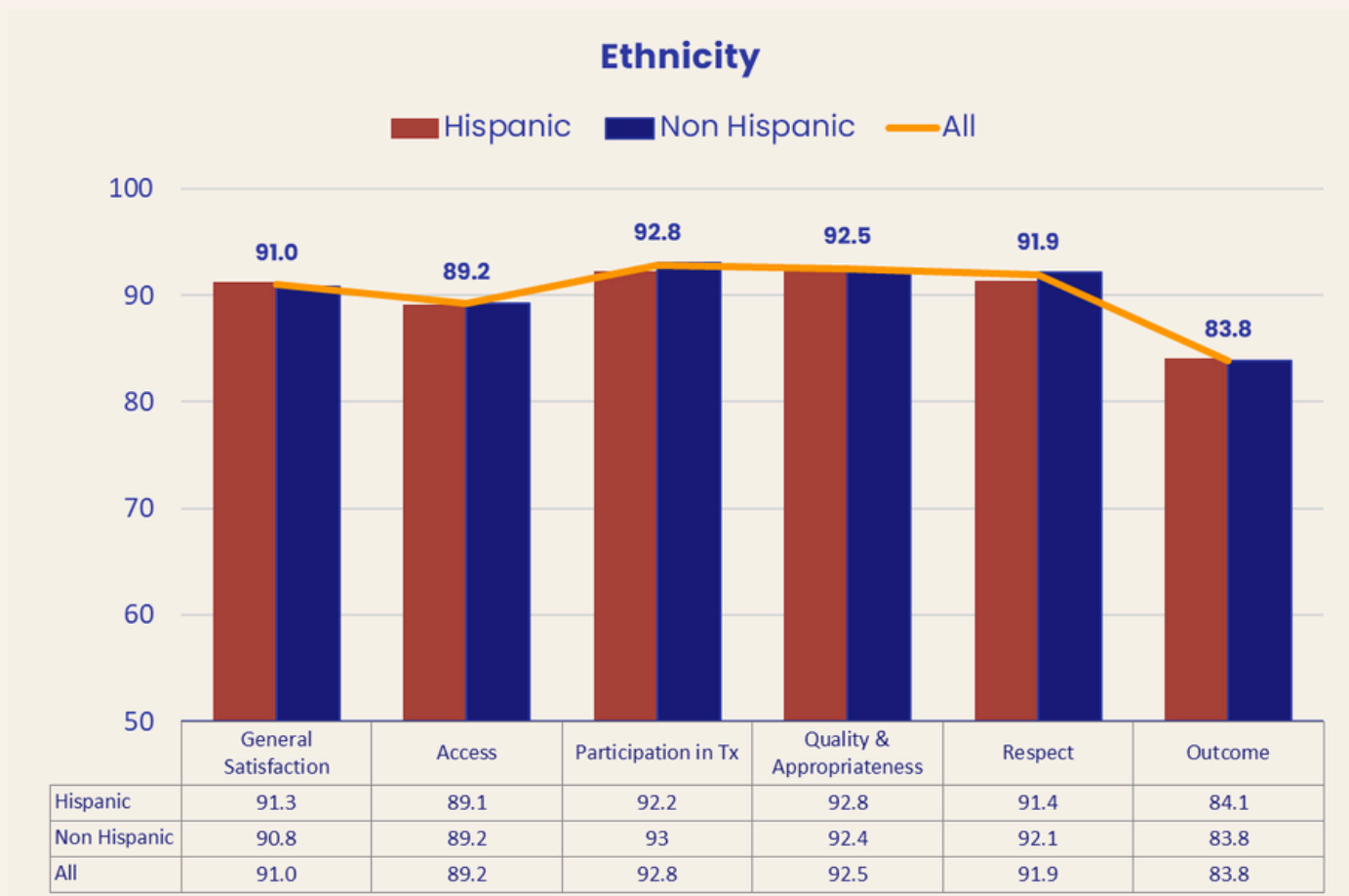
Differences by Race

When domain results were analyzed by race, more White respondents reported satisfaction with Participation in Treatment and Respect than other groups.



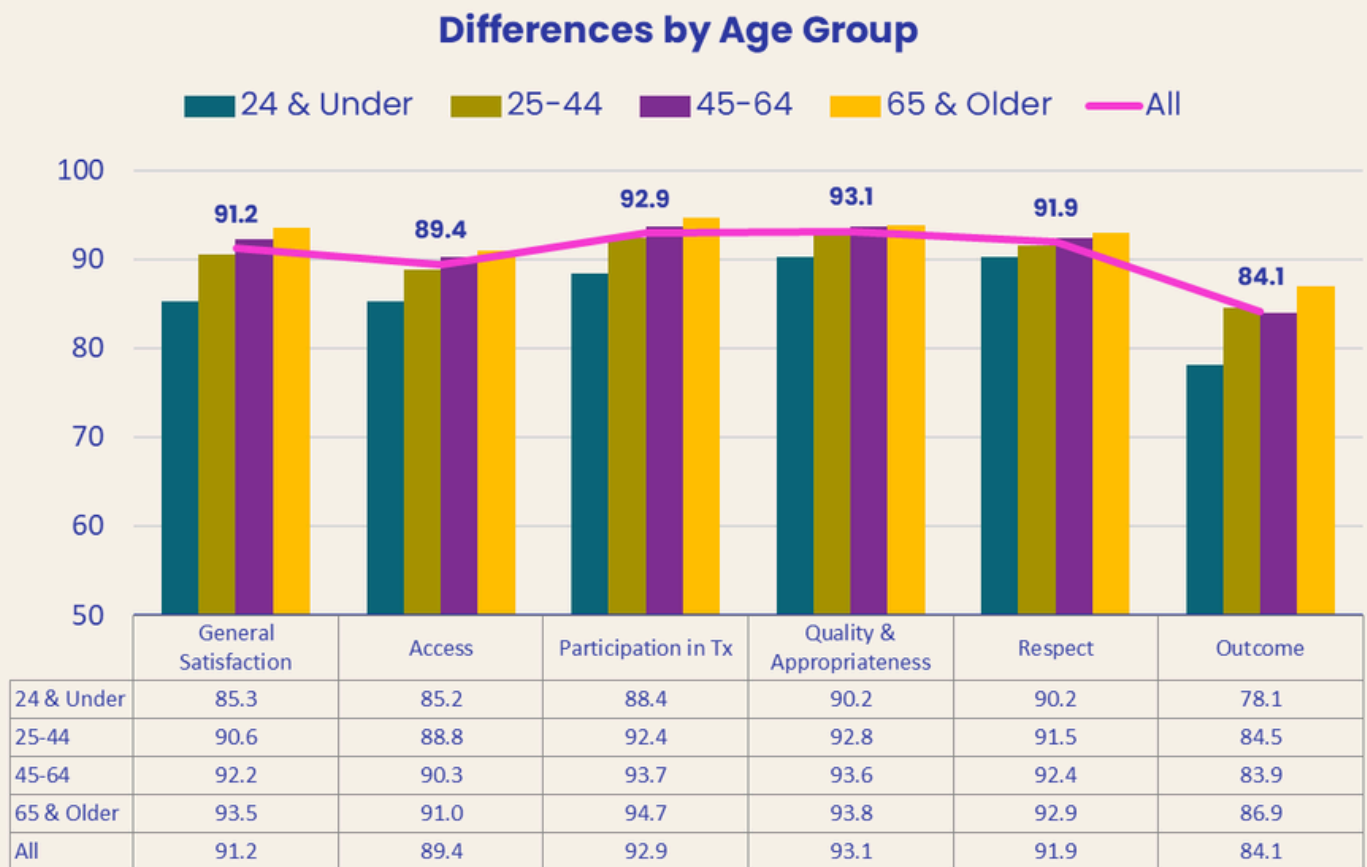
Differences by Ethnicity

Examining domain results by ethnicity, no significant differences in satisfaction were found between Hispanic and non-Hispanic respondents.



Differences by Age Group

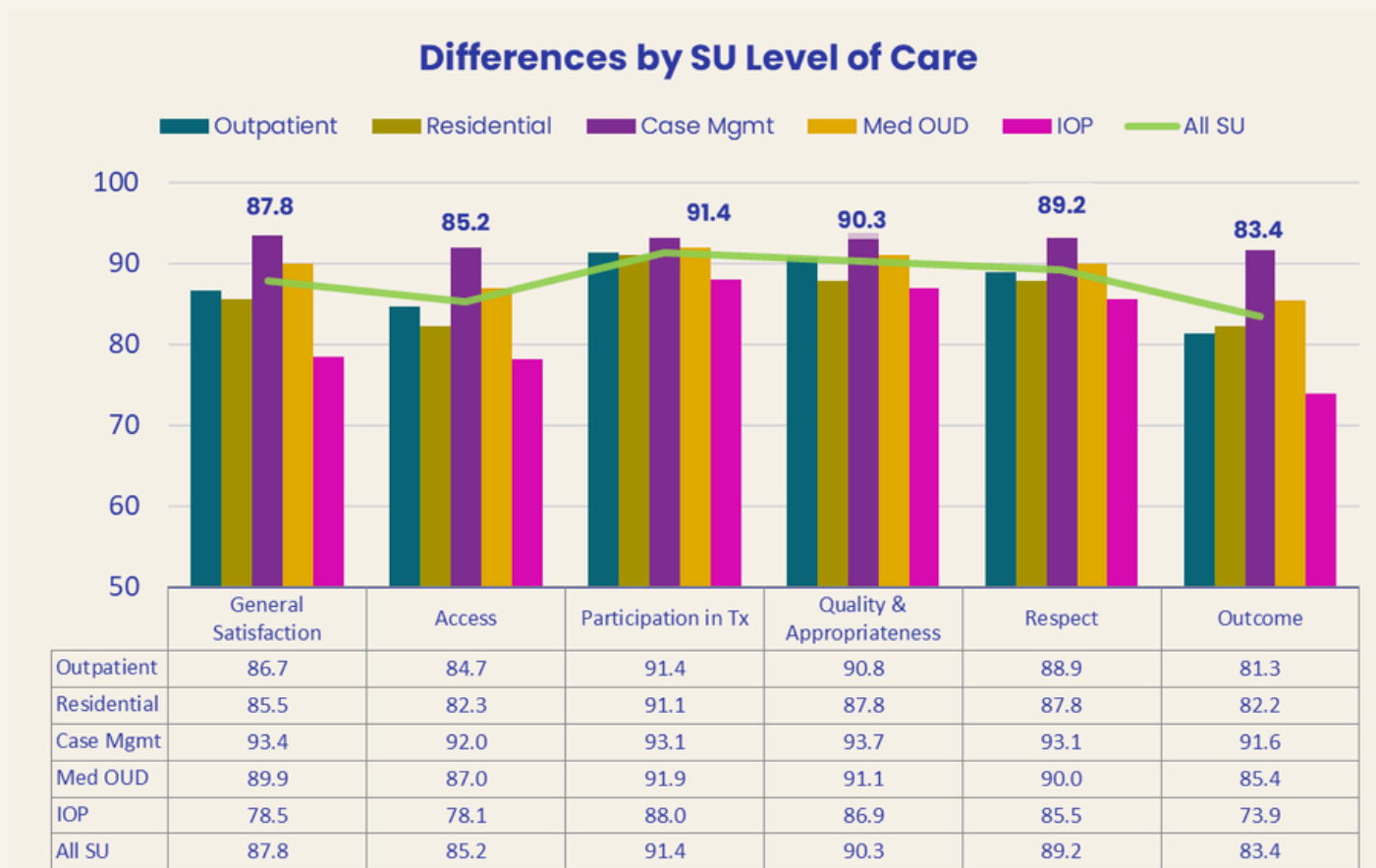
Upon review of domain results by age, significant differences between age groups were found; in general, more older respondents were satisfied compared to younger respondents. More respondents who were 45 years or older were satisfied with General Satisfaction, Access, and Participation in Treatment domains compared to the younger age groups. Additionally, more respondents who were 25 years and older indicated greater satisfaction with Quality and Appropriateness and Access than did the youngest respondents (18–24 years).



Differences by Level of Care

Substance Use

Certain Substance Use levels of care tended to have fewer satisfied consumers than others: in particular, IOP and Residential. Conversely, Case Management and Medication Treatment of Opioid Use Disorders services, tended to have a higher percentage of satisfied people than other levels of care.

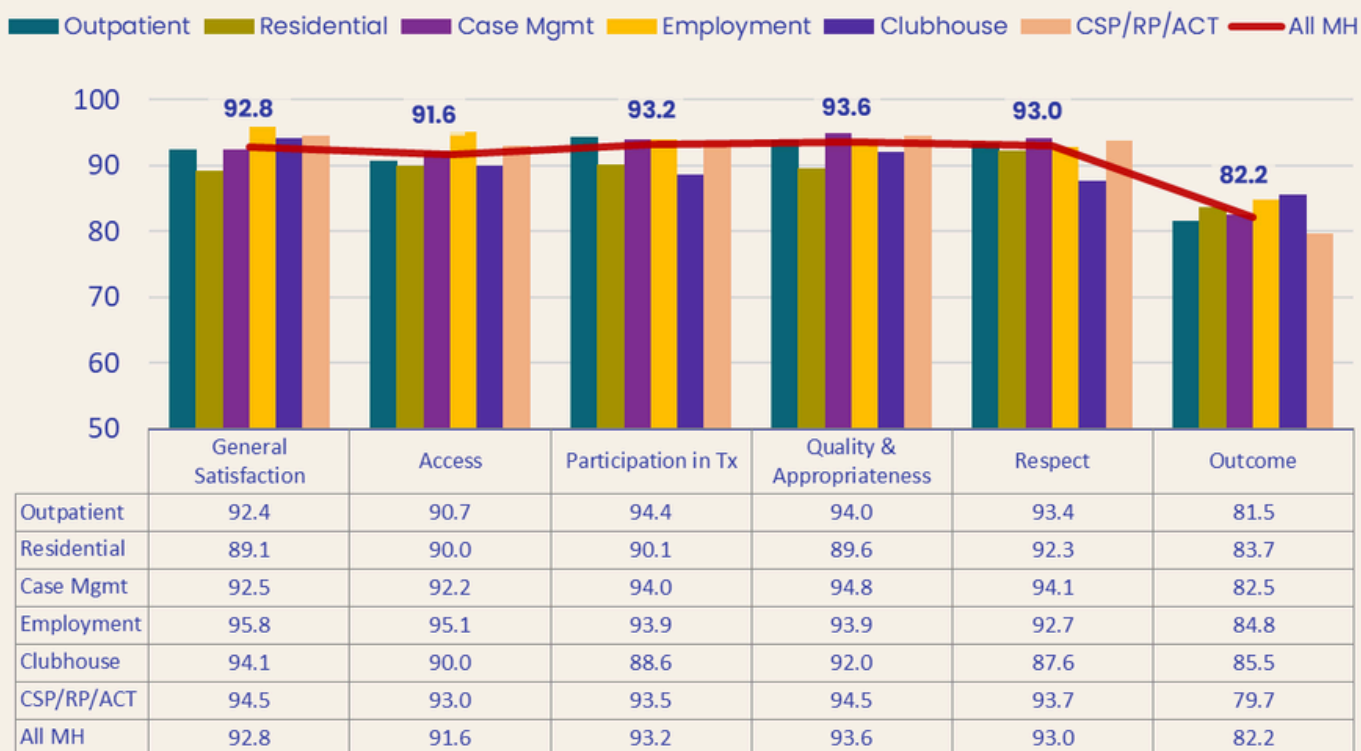


Differences by Level of Care

Mental Health

Employment Services and Case Management Levels of Care tended to have more satisfied consumers than other Levels of Care. Significantly fewer consumers in Residential or Clubhouse services reported satisfaction compared to other Levels of Care.

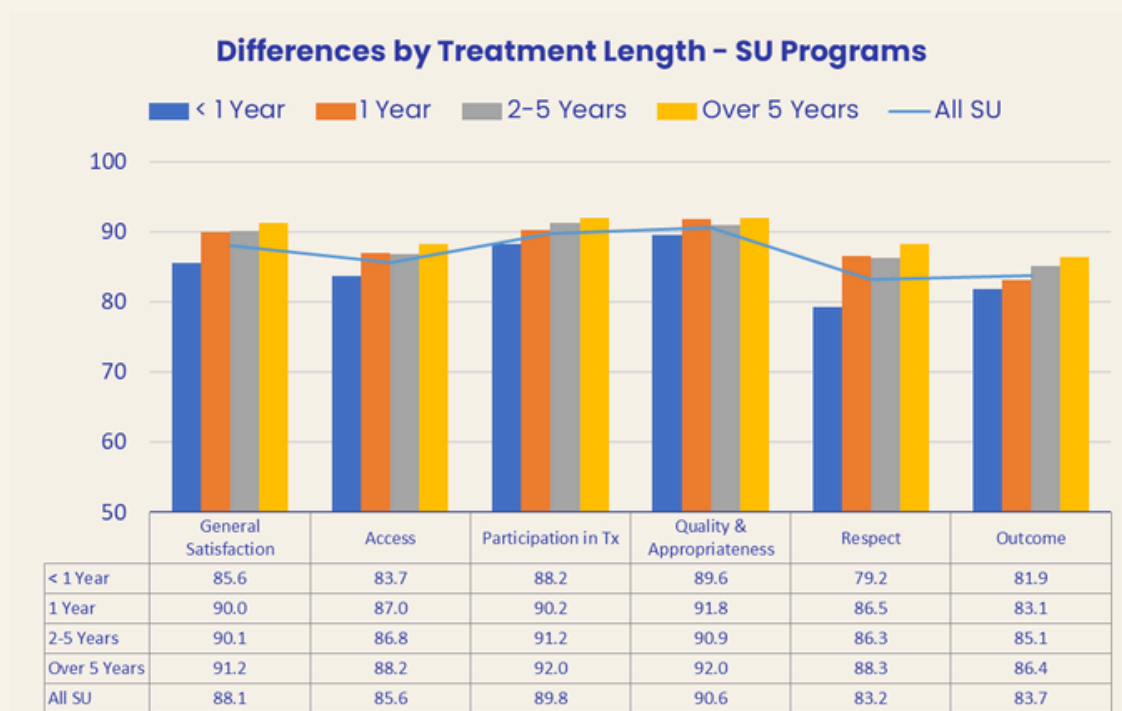
Differences by MH Level of Care



Differences by Treatment Length*

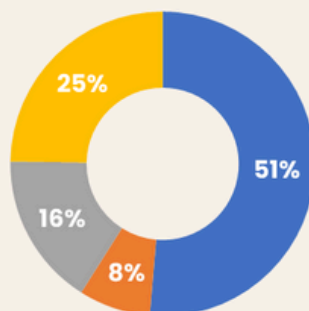
Substance Use

Significant differences were found in every domain. For General Satisfaction and Respect, longer times (one year or longer) spent in SU treatment led to more respondents reporting satisfaction with services compared to those spending less than one year in services. For Access, Participation in Treatment, and Outcome, more respondents reported satisfaction when in services for two or more years compared to less than one year. Clients in services for 5 or more years were more likely to be satisfied with Quality and Appropriateness than those in services for less than a year. Note that half of respondents from SU programs were in treatment for less than one year; 25% of SU respondents reported treatment of 5 or more years.



Treatment Length in Respondents from SU Programs

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

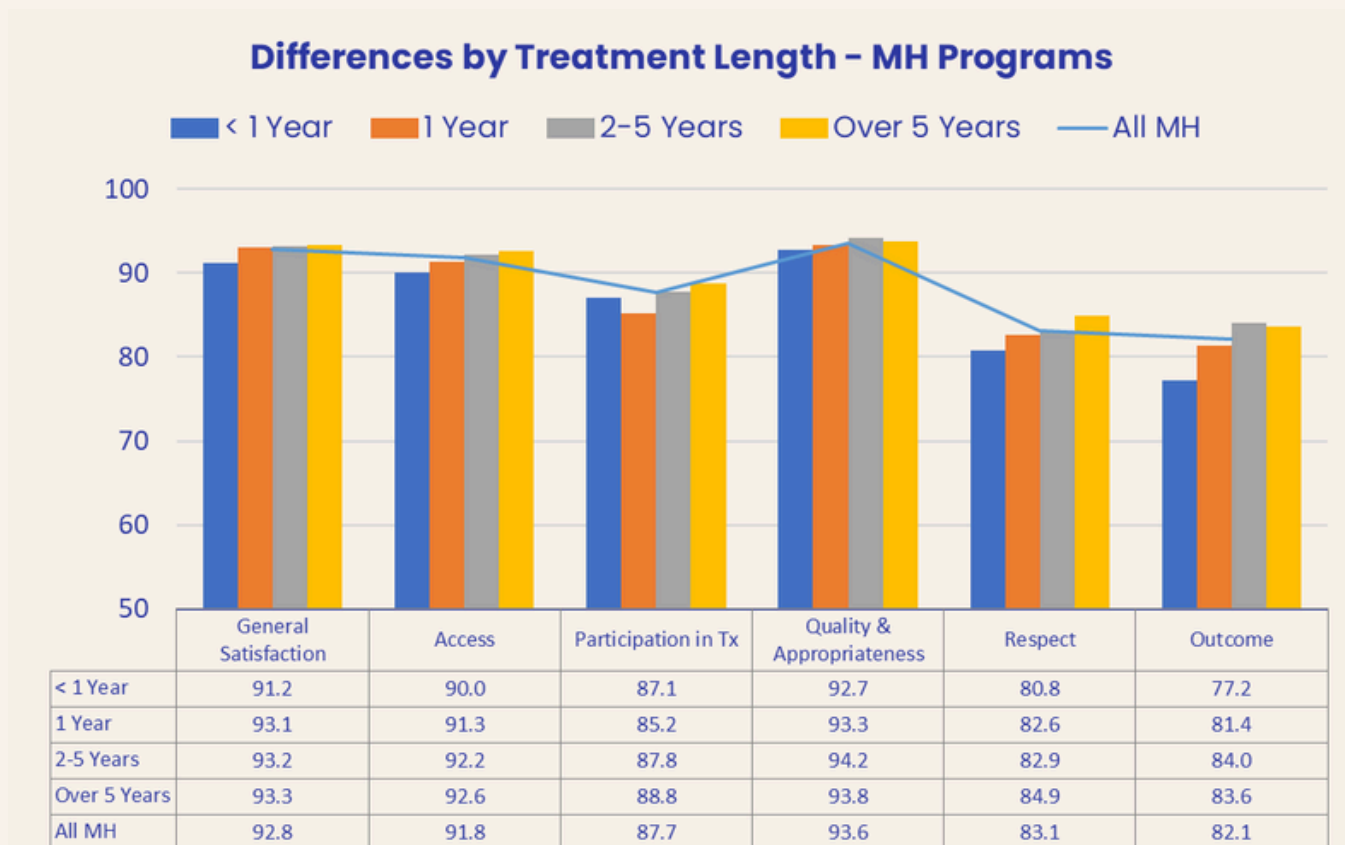


* Length of time in treatment is a self-reported item collected through the survey.

Differences by Treatment Length

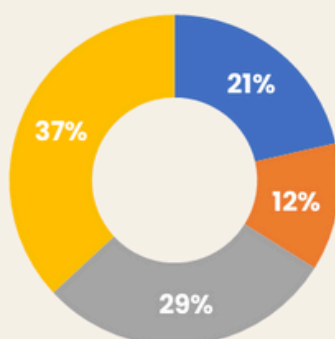
Mental Health

More people who reported receiving 5 or more years of mental health treatment were satisfied with services pertaining to General Satisfaction, Access, Participation in Treatment, and Respect than people who had had less than one year of service. Note that 39% of respondents from MH programs reported 5 or more years of treatment. More people who received services for 2 or more years (versus less than one) were satisfied in the Outcome domain. More than one third of respondents reported receiving mental health services for five years or more.



Treatment Length in Respondents from MH Programs

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

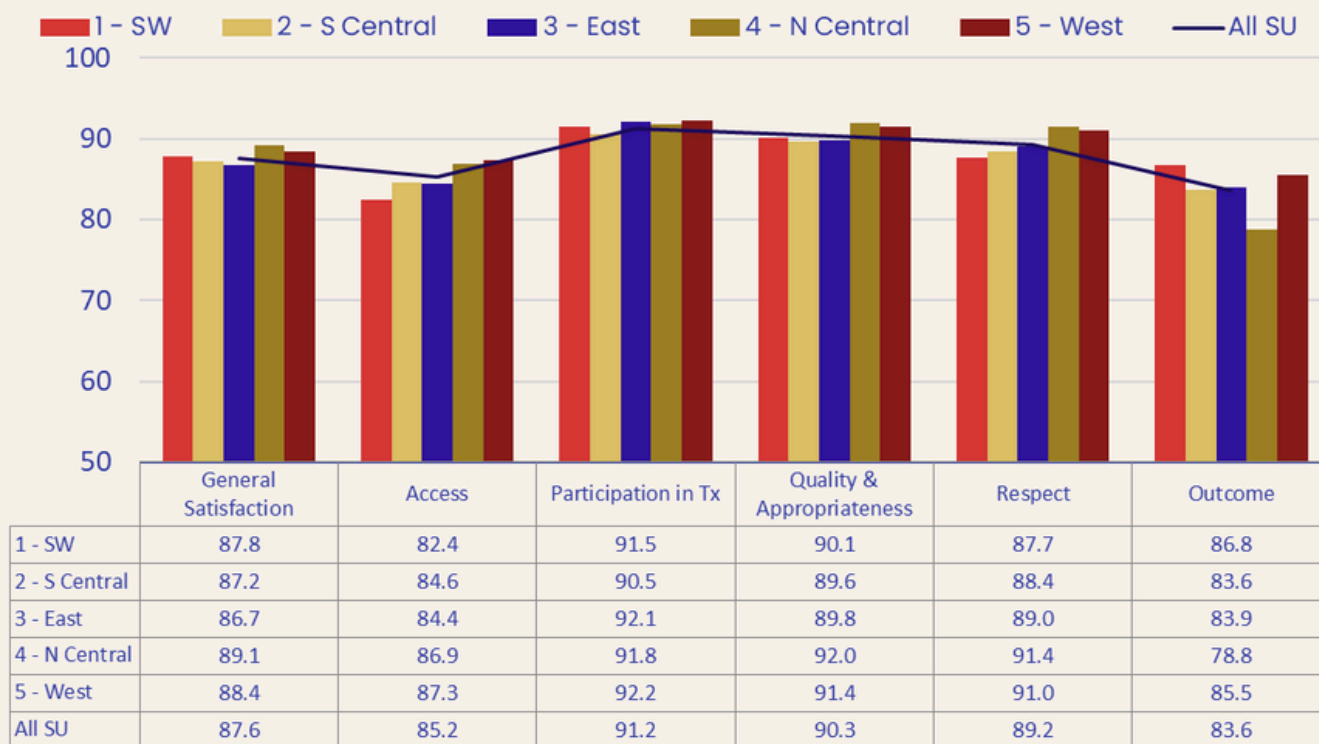


Differences by Service Region

Substance Use

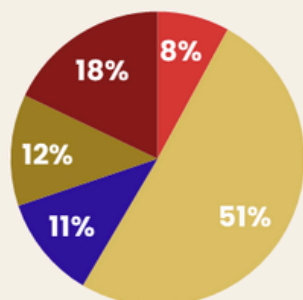
When satisfaction results are stratified by program type and service regions, a higher percentage of respondents from Regions 4 & 5 reported satisfaction with Respect compared to Region 2. In the Outcome domain, more respondents from all other Regions reported satisfaction compared to Region 4. In terms of Access, respondents from Region 5 were satisfied with substance use services compared to Region 1. Half of the respondents came from Region 2.

Differences by Service Region - SU Programs



SU Respondents by Region

1 2 3 4 5



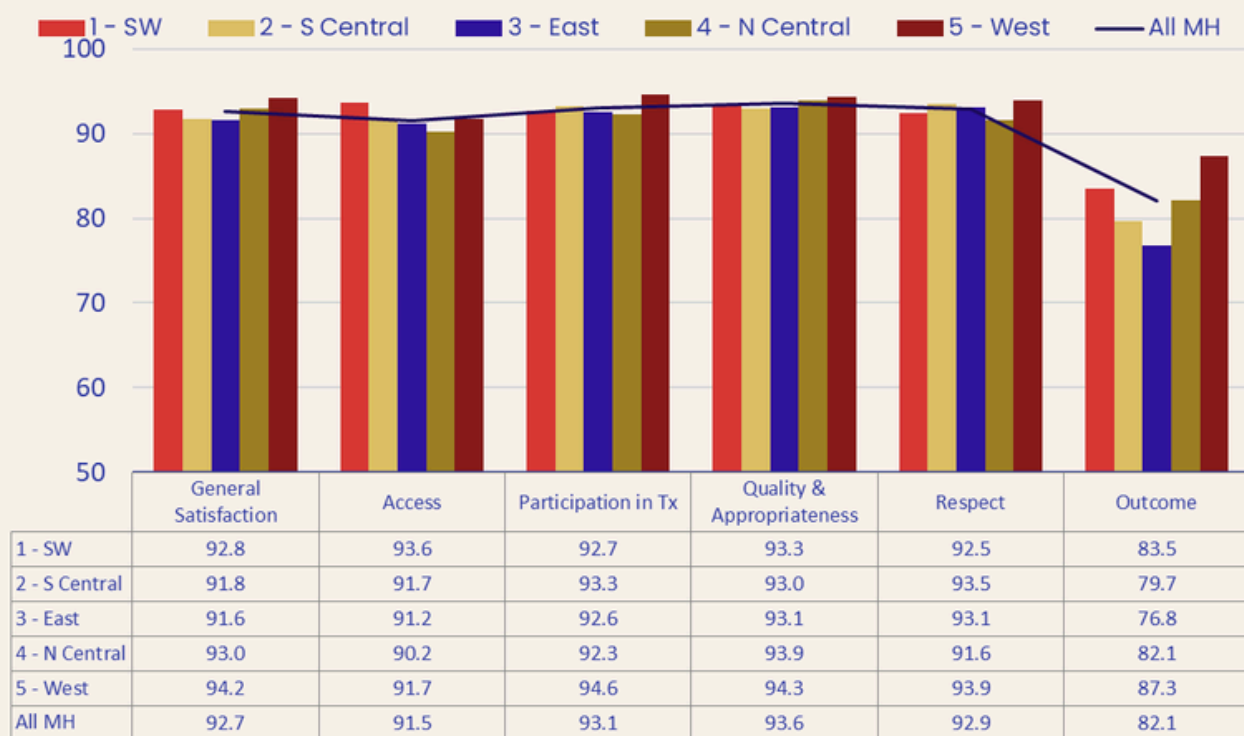
Region	# Surveys
1	814
2	5198
3	1163
4	1260
5	1842
Total	10277

Differences by Service Region

Mental Health

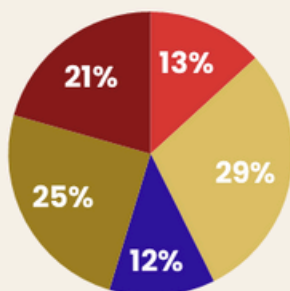
In mental health programs, there were a few significant differences in satisfaction scores. Regarding Participation in Treatment, people from Region 5 were more likely to report satisfaction than people from Region 4. For Outcome, people from Region 5 were more likely to report satisfaction than those from all other Regions. For Access, people from Region 1 were more likely to report satisfaction than those from Region 4. Similarly, for Participation in Treatment, people from Region 5 were more likely to report satisfaction than those from Region 4. There were no differences in the number of satisfied consumers in Respect 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 2 3 4 5



Region	# Surveys
1	1224
2	2630
3	1109
4	2272
5	1908
Total	9143

Questions with Highest and Lowest Satisfaction Ratings

In addition to scoring surveys by domain, individual questions were evaluated 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. These are the same questions that were the most and least satisfactory as last year.



Highest Satisfaction

Staff here believes that I can grow, change, and recover.	92.5%
I felt comfortable asking questions about my services, treatment, or medication.	92.2%
Staff respected my wishes about who is, and who is not, to be given information about my treatment and/or services.	91.9%
I like the services I received here.	91.8%
My wishes are respected about the amount of family involvement I want in my treatment.	91.0%



Lowest Satisfaction

I am better able to deal with crisis.	83.4%
I am getting along better with my family.	80.4%
I do better in social situations.	79.4%
I do better in school and/or work.	78.7%
My symptoms are not bothering me as much.	78.0%