

Behavioral Health Satisfaction Survey Report

The DC Department of Behavioral Health (DBH)’s Consumer and Family Affairs (CFA) division collects feedback on community mental health and substance use services through the Mental Health Statistics Improvement Program Survey (MHSIP) for Adult mental health consumers, the Youth Services Survey for Families (YSS-F) for parents and caregivers of child mental health consumers, and the Substance Use Disorder (SUD) Satisfaction Survey for adult SUD clients. These surveys identify areas for improvement and support efforts to enhance quality of care. Mandated annually by SAMHSA, the findings are submitted as part of the federal Uniform Reporting System (URS) Tables, which helps to assess nationwide trends, compare system strengths, and guide improvements in behavioral health care.

The surveys evaluated respondents' agreement with statements regarding services in eight domains: (1) Access; (2) Participation in Treatment Planning; (3) Person-Centered Care Planning; (4) Quality and Appropriateness (Adult) or Cultural Sensitivity (Child); (5) Social Connectedness; (6) Functioning; (7) Outcomes; and (8) General Satisfaction. DBH drew a random sample of 4,586 adult consumers and 2,514 child and youth consumers with at least four mental health visits in the past six months, and 874 clients receiving substance use services with at least two outpatient visits in the past three months. Among the valid contacts¹, 408 adults (38%) completed the MHSIP Survey, 384 caregivers of children and youth (41%) completed the YSS-F Survey, and 133 individuals (20%) completed the SUD Survey.

Data collection took place from October 2024 through September 2025 and was managed by CFA. Surveyors received training in telephone etiquette, interviewing techniques, maintaining confidentiality, adhering to survey protocols, ensuring data accuracy, and performing data entry. Respondents could complete the survey by phone or mail, with Spanish versions available for Spanish-speaking participants. Language line interpretation services were available for individuals who spoke languages other than Spanish or English. Participation was voluntary, with consent provided, and no monetary incentives were given.

The findings summarized in the report are based on self-reported data and provide valuable insights to enhance behavioral health services and care in the District. While subjective satisfaction differs from objective functional measures, these perspectives highlight opportunities for meaningful improvements. Comparisons to national data will be updated in this report once FY25 findings are available.

This report reviews year-to-year changes in domain scores over three years (3-year review figure), using the following definitions:

- **Increase:** A rise of 4% or more;
- **Decrease:** A drop of 4% or more;
- **Minimal or No Change:** Less than a 4% difference.

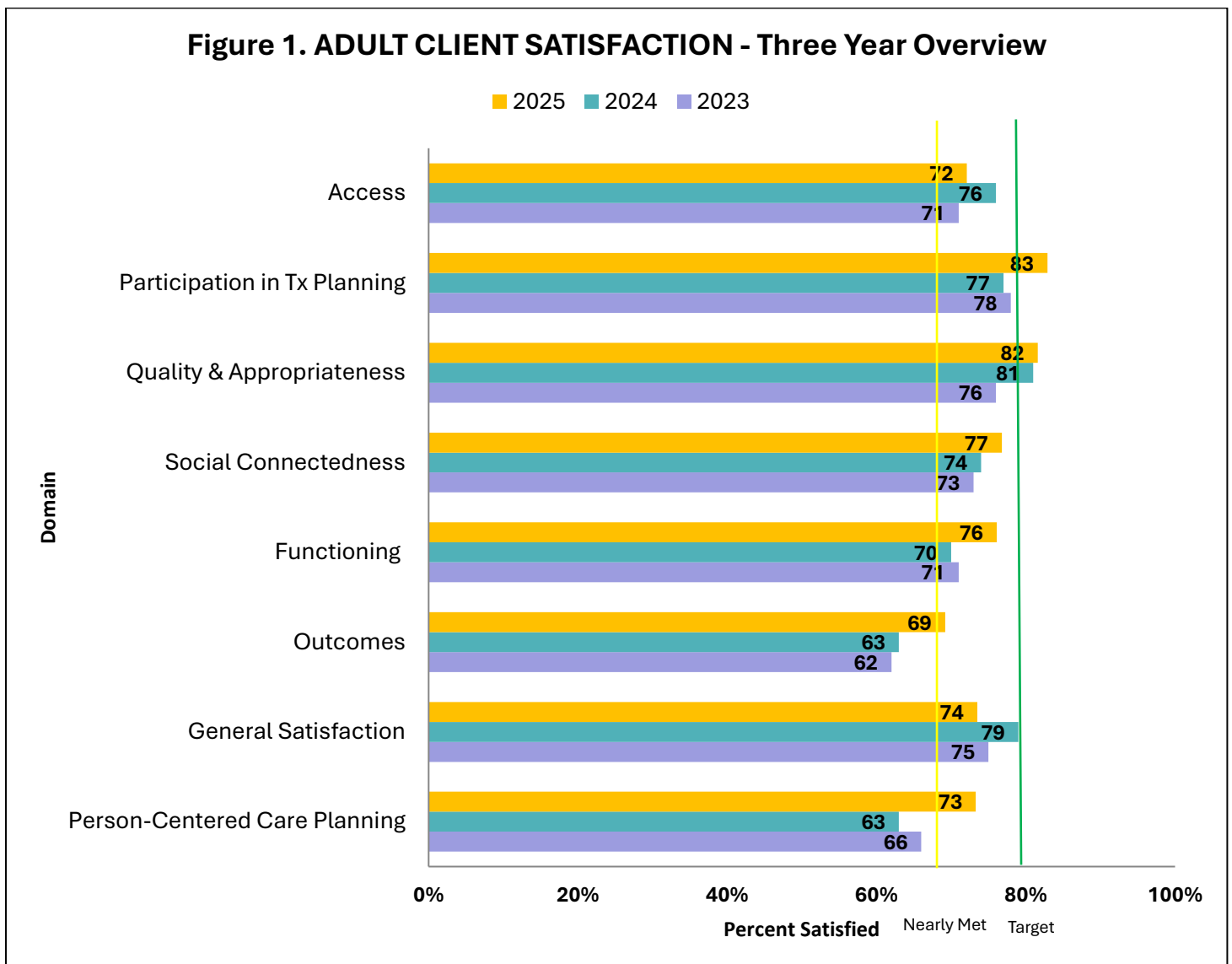
It also evaluates whether scores met the KPI target of at least 80%:

Met	80 – 100
Nearly Met	70 – 79
Not Met	0 – 69

¹ Valid contacts were calculated by dividing the number of completed surveys by the number of valid phone numbers or addresses: Adult (408/1064), Child (384/944), and SUD (133/658).

ADULT CONSUMER FEEDBACK provides valuable insights into the quality of mental health care, focusing on service effectiveness and overall experiences. By examining satisfaction trends, this section highlights opportunities for improving delivery of care to ensure services are responsive to individual needs. Most adult consumers surveyed were African American (73%), female (64%), of an average age of 46 years, and received services for at least one year or more (81%).

Adult consumer satisfaction scores (see Fig. 1) ranged from 62% to 83% over the past three years. From FY2023 to FY2025, most domains **increased** by more than 4%, while Access and General Satisfaction showed **minimal change**. Between FY2024 and FY2025, Participation in Treatment Planning, Functioning, Outcomes, and Person-Centered Care Planning **increased**, General Satisfaction and Access **decreased**, and Social Connectedness and Quality & Appropriateness showed **minimal change**. In FY25, satisfaction was at its highest level in the past three years for six of eight domains.



Note: Fig. 1 Sample Size for 2023 = 406; 2024 = 473; 2025 = 408. Of 408 respondents, 243 = Black/African American, 4 = Other, and 161 = Unknown. Note: Domain scores (Fig 1) = % with an average score of domain items less than 2.5; Individual item scores (Fig 2) = % with only strongly agree or agree responses. Highlights indicate met, nearly met, or not met 80% benchmark for Key Performance Indicator (KPI).

The lowest-scoring questions that fall under the “Not Met” category are described below:

Access showed variation across measures, with being seen as often as necessary (79) and receiving returned calls within 24 hours (74) in the “Nearly Met” range. Ability to see a psychiatrist when wanted (75) also scored “Nearly Met,” while **obtaining all needed services** scored lower at 68 in the “Not Met” range.

Functioning showed strengths in handling things when they go wrong (77) and doing wanted activities (75), both in the “Nearly Met” range. **Symptom management**, however, scored lower at 66 in the “Not Met” range.

Outcomes reflected a similar pattern, with daily problem-solving (77), crisis management (74), family relationships (76), and social situations (77) all in the “Nearly Met” range. **Symptom management** (66) and **improved housing** (59) fell into the “Not Met” range.

Person-Centered Care Planning showed a different pattern, with **support for employment and financial goals** (69) and **receiving a copy of the plan** (66) in the “Not Met” range, while the remaining items scored in the “Met” range.

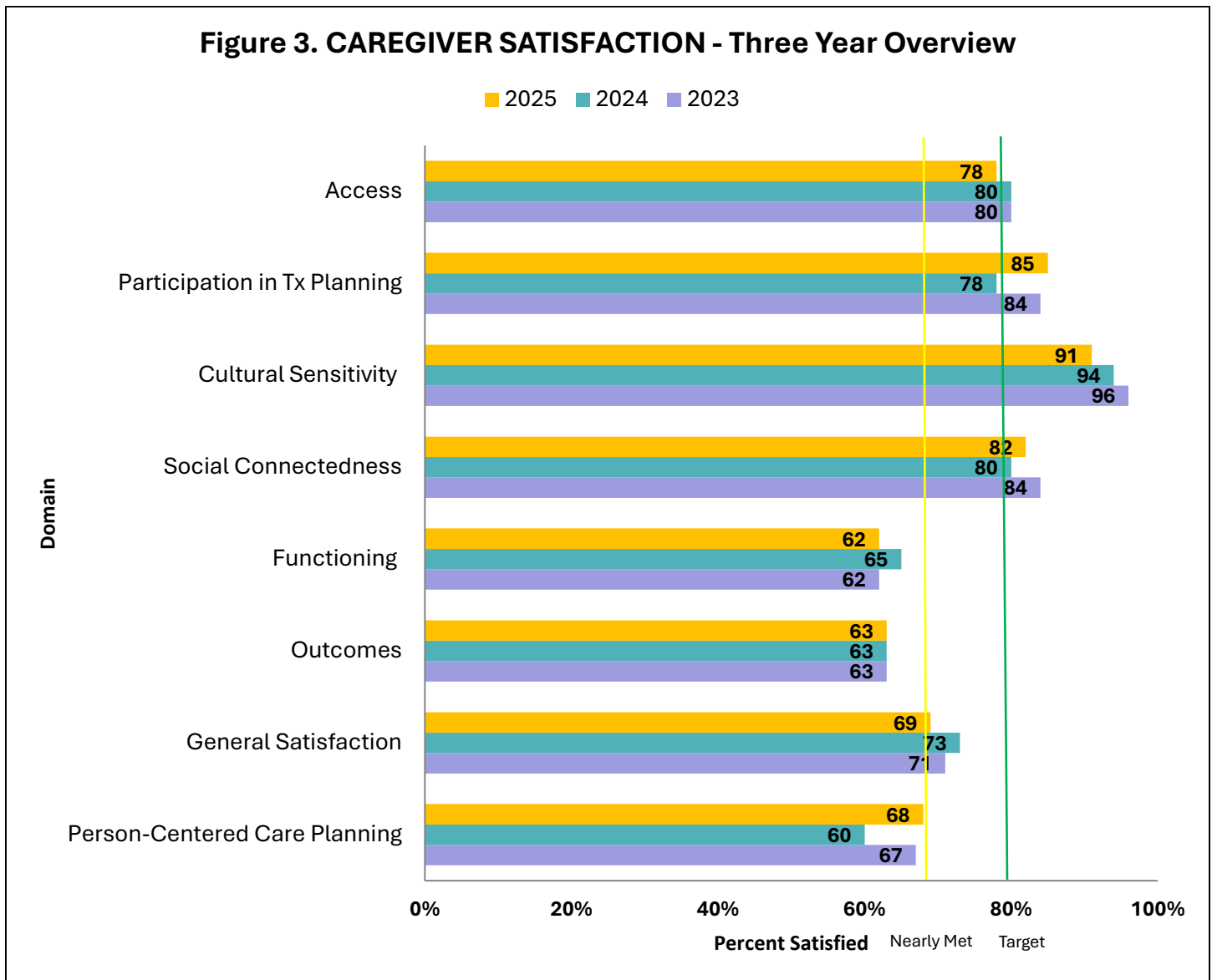
Figure 2. FY25 ADULT Satisfaction Scores by Survey Question

Access	• The location of services was convenient (parking, public transportation, distance, etc.).	87
	• Staff were willing to see me as often as I felt it was necessary.	79
	• Staff returned my calls within 24 hours.	74
	• Services were available at times that were good for me.	81
	• I was able to get all the services I thought I needed.	68
	• I was able to see a psychiatrist when I wanted to.	75
Participation in Treatment Planning	• I felt comfortable asking questions about my treatment and medication.	87
	• I, not staff, decided my treatment goals.	85
Quality and Appropriateness	• Staff here believe that I can grow, change, and recover.	84
	• I felt free to complain.	90
	• I was given information about my rights.	85
	• Staff encouraged me to take responsibility for how I live my life.	87
	• Staff respected my wishes about who is and who is not to be given information about my treatment.	92
	• Staff were sensitive to my cultural background (race, religion, language, etc.).	89
	• Staff helped me obtain the information I needed so I could take charge of managing my illness.	81
	• I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	75
	• Staff told me what side effects to watch out for.	79
	Social Connectedness	• I am happy with the friendships I have.
• I have people with whom I can do enjoyable things.		86
• I feel I belong in my community.		82
• In a crisis, I would have the support I need from family or friends.		80
Functioning	• I do things that are more meaningful to me.	84
	• I am better able to take care of my needs.	82
	• I am better able to handle things when they go wrong.	77
	• I am better able to do things that I want to do.	75

	<ul style="list-style-type: none"> • My symptoms are not bothering me as much. 	66
Outcomes	<ul style="list-style-type: none"> • I deal more effectively with daily problems. • I am better able to control my life. • I am better able to deal with crisis. • I am getting along better with my family. • I do better in social situations. • I do better in school and/or work. • My symptoms are not bothering me as much (repeat). • My housing situation has improved. 	77 80 74 76 77 82 66 59
General Satisfaction	<ul style="list-style-type: none"> • I like the services that I receive here. • If I had other choices, I would still get services at this agency. • I would recommend this agency to a friend or family member. 	79 70 77
Person-Centered Care Planning	<ul style="list-style-type: none"> • In my plan, I can see how I'll use my strengths to work on my goals. • I feel like staff support me in working on things like getting a job and managing my money, even if I still have other issues. • It is clear to me in my plan how certain interventions/treatments will help me achieve my goals. • I have a chance to review and make changes to my plan. • I get a copy of my plan to keep. 	86 69 83 81 66

CAREGIVER FEEDBACK sheds light on the quality of mental healthcare for children and youth, offering perspectives from parents and guardians. This analysis uncovers patterns in caregiver experiences and identifies areas for improvement, fostering a more family-centered approach to care. Most children and youth surveyed were African American (62%), male (58%), averaged 12 years old, and received services for at least one year (59%).

From FY2023 to FY2025, caregiver satisfaction ranged from 60% to 96%. Most domains showed **minimal to no change**, while Cultural Sensitivity showed a slight **decrease**. Between FY2024 and FY2025, Participation in Treatment Planning and Person-Centered Care Planning showed an **increase**, General Satisfaction showed a slight **decrease**, and the remaining domains showed **minimal to no change**.



Note: Fig. 3 Sample Size for 2023 = 395; 2024 = 416; 2025 = 384. Of 384 respondents, 229 = Black/African American, 6 = Other, and 149 = Unknown. Note: Domain scores (Fig 3) = % with an average score of domain items greater than 3.5; Individual item scores (Fig 4) = % with only strongly agree or agree responses. Highlights indicate met, nearly met, or not met 80% benchmark for Key Performance Indicator (KPI).

The lowest-scoring questions (Fig. 4) that fall under the “Not Met” category are described below:

Functioning and Outcomes share the same domain questions, except for satisfaction with family life, which is unique to Outcomes. Family life, getting along with family, and doing things the youth wants to do (70) fell within the ‘Nearly Met’ range, while **handling daily life** (65), **better friendships** (68), **better performance in school/work** (69), and **coping with challenges** (58) fell within the ‘Not Met’ range.²

General Satisfaction reflected items related to **getting the help needed** (69) and **getting the help wanted** (67) falling in the ‘Not Met’ range, while the remaining items scored in the ‘Nearly Met’ range.

Person-Centered Care Planning scores indicated that strengths-based planning (76), clarity of interventions (76), and the opportunity to review a copy of the plan (74) scored in the ‘Nearly Met’ range. In contrast, **support for school-related issues** (68) and **receiving a copy of the plan** (58) fell into the ‘Not Met’ range.

Figure 4. FY25 CAREGIVER Satisfaction Scores by Survey Question

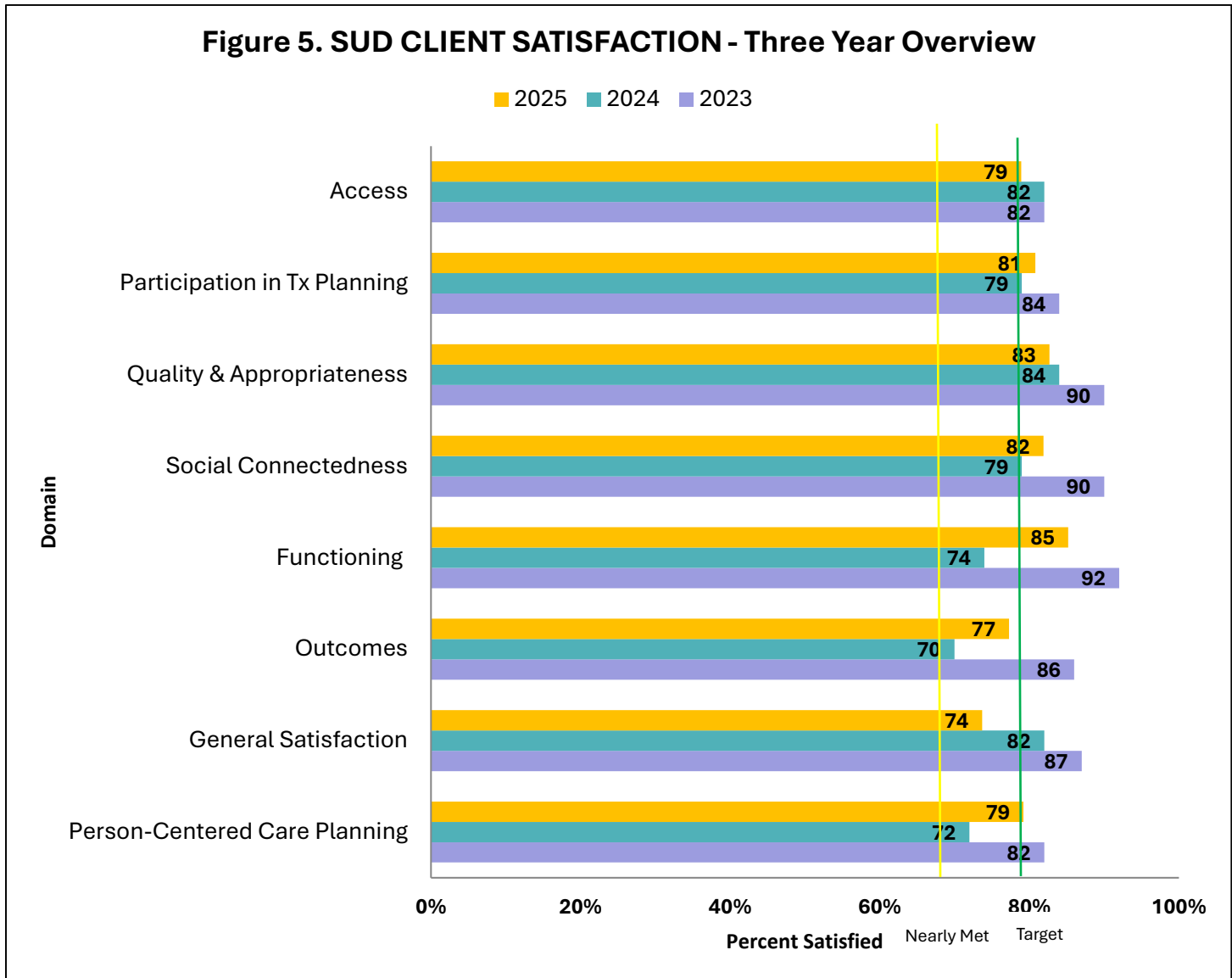
Access	• The location of services was convenient for us (parking, public transportation, distance, etc.).	89
	• Services were available at times that were convenient for us.	81
Participation in Treatment Planning	• I helped to choose my child’s services.	86
	• I helped to choose my child’s treatment goals.	86
	• I participated in my child’s treatment.	88
Cultural Sensitivity	• Staff treated me with respect.	93
	• Staff respected my family’s religious/spiritual beliefs.	92
	• Staff spoke with me in a way that I understood.	93
	• Staff were sensitive to my cultural/ethnic background (race, religion, language, etc.).	90
Social Connectedness	• I know people who will listen and understand me when I need to talk.	81
	• I have people that I am comfortable talking with about my child’s problems.	85
	• In a crisis, I would have the support I need from family or friends.	83
	• I have people with whom I can do enjoyable things.	91
Functioning	• My child is better able to do things he or she wants to do.	70
	• My child is better at handling daily life.	65
	• My child gets along better with family members.	70
	• My child gets along better with friends and other people.	68
	• My child is doing better in school and/or work.	69
	• My child is better able to cope when things go wrong.	58
Outcomes	• I am satisfied with our family life right now.	70
	• My child is better at handling daily life.	65
	• My child gets along better with family members.	70
	• My child gets along better with friends and other people.	68
	• My child is doing better in school and/or work.	69
	• My child is better able to cope when things go wrong.	58

² Based on FY24 data, Outcomes (63) and Functioning (65) show potential for growth compared to national averages of 71 and 73, respectively. These domains are consistently among the lowest-scoring nationwide, highlighting opportunities for targeted improvement.

General Satisfaction	• Overall, I am satisfied with the services my child received.	73
	• The people helping my child stuck with us no matter what.	78
	• I felt my child had someone to talk to when he/she was troubled.	76
	• The services my child and/or family received were right for us.	76
	• My family got the help we wanted for my child.	69
	• My family got as much help as we needed for my child.	67
Person-Centered Care Planning	• In my child's plan, I can see how my child's strengths will be used to work on his/her goals.	76
	• I feel like staff support my child in working on things like school-related issues (e.g., classwork, homework, tutoring, IEP/504 planning)	68
	• It is clear to me in my child's plan how certain interventions/treatments will help my child achieve his/her goals.	76
	• I have a chance to review and make changes to my child's plan.	74
	• I get a copy of my child's plan to keep.	58

CLIENTS RECEIVING SUD SERVICES provide essential insights to improve treatment quality and align care with clients’ unique needs. By analyzing satisfaction trends, this section emphasizes the importance of a personalized approach to support recovery journeys and enhance care effectiveness. Most clients receiving surveyed were African American (86%), male (51%), averaged 56 years old, and were currently receiving services (87%).

Over the past three years, client satisfaction scores ranged from 70% to 92%. From FY2023 to FY2025, most domains decreased, with Access, Participation in Treatment Planning, and Person-Centered Care Planning, showing only minimal change. Between FY2024 and FY2025, half of the domains experienced minimal change, while General Satisfaction decreased and Outcomes, Functioning, and Person-Centered Care Planning increased.



Note: Fig. 5 Sample Size for 2023 = 156; 2024 = 203; 2025 = 133. Of 133 respondents, 113 = Black/African American, 3 = Other, and 17 = Unknown. Note: Domain scores (Fig 5) = % with an average score of domain items greater than 3.5; Individual item scores (Fig 6) = % with only strongly agree or agree responses. Highlights indicate met, nearly met, or not met 80% benchmark for Key Performance Indicator (KPI).

The lowest-scoring questions (see Fig. 6) that fall under the “Not Met” category are described below:

Within the **Outcomes** domain, most survey items scored in the “Met” range; however, **housing** (56) fell into the “Not Met” category and remains a key focus for review. In **Person-Centered Care Planning**, **staff support with employment and finances** (68) also fell into the “Not Met” category.

Figure 6. FY25 SUD Satisfaction Scores by Survey Question

Access	• The location of services was convenient (parking, public transportation, distance, etc.).	87
	• Staff were willing to see me as often as I felt it was necessary.	86
	• Staff returned my calls within 24 hours.	81
	• Services were available at times that were good for me.	86
	• I was able to get all the services I thought I needed.	75
Participation in Treatment Planning	• I felt comfortable asking questions about my treatment.	89
	• I, not staff, decided my treatment goals.	82
Quality and Appropriateness	• Staff believe that I can grow, change, and recover.	84
	• I felt free to complain.	89
	• I was given information about my client rights.	89
	• Staff encouraged me to take responsibility for how I live my life.	82
	• Staff respected my wishes about who is and who is not to be given information about my treatment.	90
	• Staff were sensitive to my cultural background (race, religion, language, etc.).	92
	• Staff helped me obtain the information I needed so I could be responsible for remaining free of drugs and/or alcohol.	85
	• I was encouraged to use consumer-run programs (self-help support groups, Alcohol Anonymous – AA, Narcotics Anonymous – NA).	82
Social Connectedness	• I am happy with the friendships I have.	85
	• I have people with whom I can do enjoyable things.	83
	• I feel I belong in my community.	88
	• In a crisis, I would have the support I need from family, friends or my network.	87
Functioning	• I do things that are more meaningful to me.	87
	• I am better able to take care of my needs.	84
	• I am better able to handle things when they go wrong.	85
	• I am better able to do things that I want to do.	82
	• I am less likely to use drugs and/or alcohol (repeat).	72
Outcomes	• I deal more effectively with daily problems.	80
	• I am better able to manage my life.	86
	• I am better able to deal with crisis.	80
	• I am getting along better with my family.	85
	• I do better in social situations.	84
	• I do better in school and/or work.	80
	• My housing situation has improved.	56
	• I am less likely to use drugs and/or alcohol (repeat).	72
General Satisfaction	• I like the services that I received here.	78
	• If I had other choices, I would still get services from this provider.	78
	• I would recommend this provider to a friend or family member.	80

Person-Centered Care Planning

- In my plan, I can see how I'll use my strengths to work on my goals. 87
- I feel like staff support me in working on things like getting a job and managing my money, even if I still have other issues. 68
- It is clear to me in my plan how certain interventions/treatments will help me achieve my goals. 86
- I have a chance to review and make changes to my plan. 78
- I get a copy of my plan to keep. 80

SUMMARY

Overall, over the past two years, the data show minimal change across most domains for Child and SUD, while Adult domains demonstrated improvement. Person-Centered Care Planning increased across all three groups, whereas General Satisfaction declined across all samples, underscoring the need for strategic attention to the most impacted service and practice areas. These results highlight both notable strengths and clear opportunities for growth across the Adult, Child, and SUD domains.

For **adult mental health consumers**, Participation in Treatment Planning and Quality & Appropriateness performed well, scoring within the “Met” range. Areas for growth include symptom management, housing, access to needed services, and support in care planning.

For **caregivers of youth mental health consumers**, Participation in Treatment Planning, Cultural Sensitivity, and Social Connectedness demonstrated strong performance within the “Met” range. These results provide a solid foundation for continued progress. Strengthening daily life skills, familial and social relationships, school/work functioning, coping abilities, caregiver support, and care planning, will further enhance outcomes for children.

For **clients receiving SUD services**, Participation in Treatment Planning, Quality & Appropriateness, Social Connectedness, and Functioning performed well, scoring within the “Met” range. Housing, along with support in employment and finances, remain priority areas for improvement and present opportunities to strengthen outcomes. These findings provide actionable insights to guide continued progress and inform strategies that address critical needs.

This report summarizes findings from satisfaction surveys (MHSIP, YSS-F, SUD), providing insights into consumer, caregiver, and client experiences within the mental health and substance use service system. A comprehensive perspective requires integrating survey results with key performance indicators and ongoing feedback to guide service improvements at the agency level. DBH shared performance on key domains with providers as part of ongoing monitoring and performance improvement activities.

The District values stakeholder input as essential to building a strong, efficient, and responsive behavioral health system. By leveraging this feedback, DBH can refine its approach to better serve consumers and providers, fostering a more effective and impactful service experience for all.