

Agency Name: _____

Project Name: _____

CoC Grant Number, if applicable: CT _____

Connecticut Street Outreach Participant Survey Instructions

Background:

Connecticut Department of Mental Health and Addiction Services (DMHAS) values the input of people receiving services from Street Outreach (SO) projects. This survey provides an opportunity to gather that input. The survey information and other program data are used to evaluate and improve programs. Agencies with DMHAS Street Outreach projects are responsible for: 1) offering participants in those projects the opportunity to complete a survey; and 2) collecting surveys and submitting them to DMHAS. CT BOS CoC SNOFO funded projects, must submit surveys to CT BOS. Detailed instructions for survey submission will be provided by DMHAS/CT BOS.

For Provider Agencies:

Here's how you can help ensure participants feel comfortable sharing their honest feedback:

- **Appreciation and Confidentiality:** Reassure participants that their responses are private and thank them for sharing their honest thoughts.
- **Help Completing the Survey:** If a participant wants help filling out the survey, offer support. Let them know they can ask someone other than their usual staff member for help.
- **Privacy:** Make sure participants have a private space to complete the survey.
- **Anonymous Submission:** Provide ways to submit surveys anonymously, like a drop-box, or mail-in option (providing stamped, addressed envelopes).

Before handing out surveys, agency staff should fill in the information at the top of the survey. Surveys without this information may not be counted for project evaluation purposes. Note that the SNOFO projects [Renewal Evaluation](#) threshold for full points consumer survey completion rate is 35% of the participants contracted to serve at a single point in time. Other SO projects are encouraged to collect consumer feedback.

For Project Participants:

Thank you for taking the time to share your thoughts about the services you receive from a Street Outreach project. Your feedback is very important and helps improve these programs.

Here is what you should know:

- Your participation is **voluntary**. It's up to you whether you would like to complete a survey or not.
- Your responses are **confidential**. We hope you will feel free to share honestly.
- You can skip any questions that you don't want to answer.
- At the end of the survey, there's a space to share comments. You can write about your experience or anything else related to the survey.
- The survey should take about 10 minutes to finish.

If you have any questions about the survey, you can contact us at: [insert email](#). Thank you again for helping to make these services better!

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Connecticut Street Outreach Project Participant Satisfaction Survey - 2026

1. Which agency(ies) do you receive most outreach services from?
 Catholic Charities Fairfield Co. CCC YMCA CT Harm Reduction Alliance
 Liberation Programs Open Doors Operation Hope Pacific House
2. How long have you been getting help from an outreach worker from this agency? (check one)
 Less than 1 month 1-6 months 7-12 months More than 1 year
3. Do you get the help you need from this program? (check one)
 Always Most of the time Sometimes Never
4. What kind of help do you need from this program but don't get: (check all that apply)
 Housing Search Case Management Education Job Help Medical Care
 Benefits Help (SAGA, Social Security, Food Stamps, etc.) Mental Health Services Transportation
 Substance Use/Addiction services HIV Prevention/Education Other (add information below):

5. How often does staff at this program treat you with dignity and respect?
 Always Most of the Time Sometimes Never
6. Have you been given the opportunity to give input into how the program is running? Yes No
7. When you have an issue, problem or complaint, is an outreach worker or other staff person at this agency available to help you? Always Most of the Time Sometimes Never
8. Do you decide which services you get from this program and where/when you get them? (check all that apply)
 I decide which services I get I decide when I get services I decide where I get services
 I don't decide any of these
9. Do you trust staff at this program to keep your personal information private? Yes No Don't Know
10. Has your life improved since joining this program?
 A lot better A little better Stayed the same Gotten worse
a. If you want, tell us how your life has changed: _____

11. Does the outreach worker or other staff speak your language or provide translators?
 Yes No Don't Know
12. What is your race? (Optional): (Check all that apply.) Black, African American or African Asian or Asian American
 White American Indian, Alaska Native, or Indigenous Native Hawaiian or Pacific Islander
13. What is your ethnicity? (Optional) Hispanic/Latina/Latino/Latinx Non-Hispanic/Non-Latina/Latino/Latinx
14. How can we make this program better? _____

15. Any other comments?

