FY 2026
Accessibility Survey Report

LAPEER COUNTY COMMUNITY MENTAL HEALTH
SUPPORT & CARE FOR COMPLETE WELLNESS

Rebecca Brown, BS, Quality Improvement Analyst

Lisa Ruddy, MPH, CHES, CHC, Quality Improvement Supervisor

Survey Overview and Results

Lapeer County Community Mental Health (LCCMH) remains committed to ensuring its services are accessible, convenient, and responsive to the needs of all persons served. To evaluate the accessibility and availability of services and identify opportunities for improvement, LCCMH conducted its annual Accessibility Survey from August 17, 2026, through September 4, 2026. This report summarizes the survey methodology, response rate, demographics, key findings, comparative data, and opportunities for quality improvement.

METHODOLOGY

In FY26, LCCMH streamlined the Accessibility Survey and revised several questions to better assess the experiences of persons served receiving services. Separate survey options were provided for adults and children, with respondents selecting the age category that applied to them: Adults (age 18 and older) or children (under age 18).

Surveys were offered in person to individuals receiving services during the survey period. A total of 310 surveys were distributed through multiple channels, including front desk, primary case holders, and other LCCMH staff. Respondents could completed the using a paper form or access electronically through a QR code, providing an additional convenient option for participation.

The survey was designed to gather feedback across several areas, including awareness and access to services, barriers to obtaining care, experiences while receiving services, telehealth, and physical service environment.

RESPONSE RATE

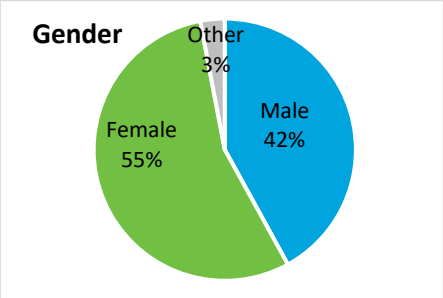
A total of 84 surveys were completed during the FY26 survey period, resulting in an overall response rate of **27%**. This represents a decrease from the 45% response rate reported in FY25. Not all respondents answered each survey question, therefore the number of responses represented in data graphs may vary.

Among the FY26 respondents, 70% identified as adults and 30% identified as children. The survey period also changed from April in FY25 to August-September in FY26. The change is survey timing, along with the revised survey format, should be considered when comparing FY26 results with prior-year data.

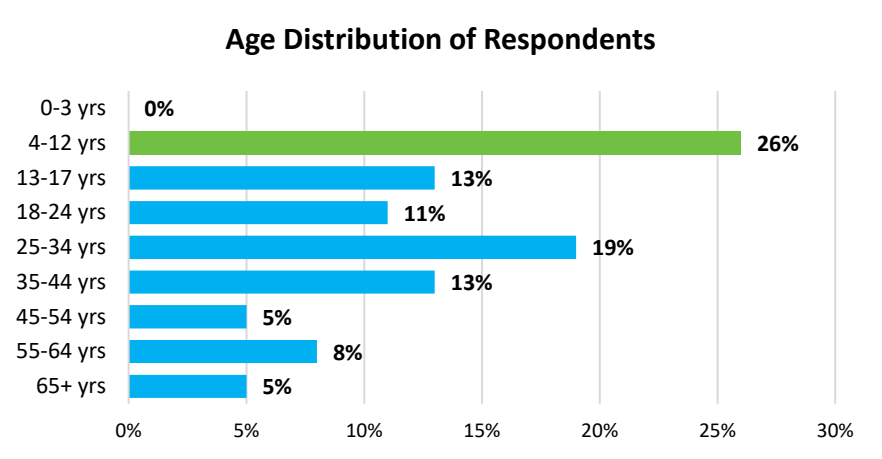
Although the response rate decreased from the previous year, the completed surveys provide valuable information regarding the accessibility of LCCMH services and the experiences of persons served.

DEMOGRAPHICS

The FY26 survey included respondents from across the populations served by LCCMH, including Mild to Moderate Mental Illness, Serious and Persistent Mental Illness, Serious Emotional Disturbance, Intellectual and Developmental Disabilities, Co-Occurring Disorders, and Substance Use Disorders. This broad representation provides insight into experiences across multiple service populations.

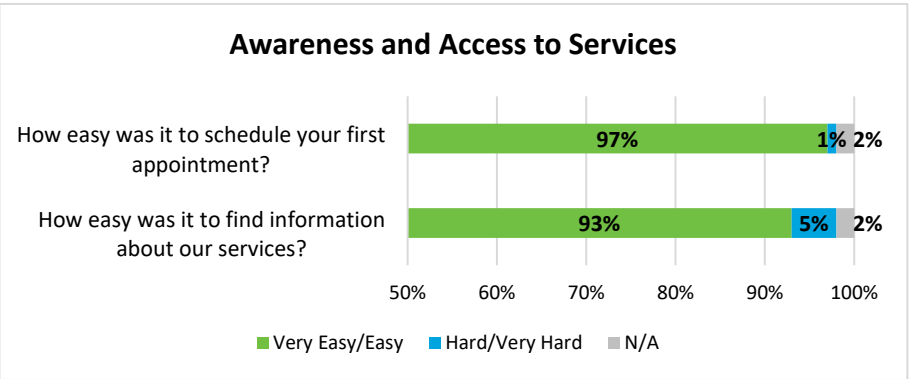


Among survey respondents, 55% identified as female, 42% identified as male, and 3% as "Other". Age information was provided by 62 respondents. Respondents represented a broad range of age groups, with ages 4-12 accounting for the largest group at 26%, followed by ages 25-34 at 19%. Representation across all reported age groups is shown in the chart to the right.



AWARENESS AND ACCESS

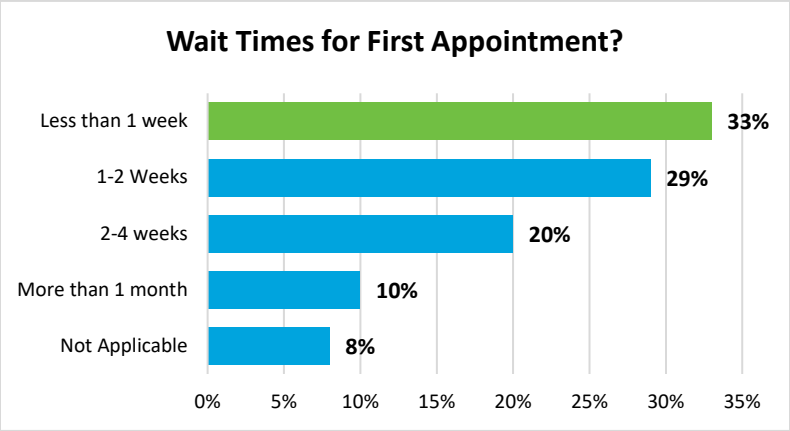
This series of questions focused on whether persons served needed services, attempted to obtain services, and how easily they were able to locate information and schedule an initial appointment. Overall, responses in this area were positive. Ninety-three percent of respondents reported that they needed mental health or substance use disorder services, and 93% reported they tried to obtain services. Respondents generally reported that information about services was accessible. In FY25, 99% reported scheduling an appointment was easy, while



97% reported positively when scheduling their **first** appointment in FY26. Only 5% reported difficulty finding information about available services. Among respondents who reported difficulty, lack of awareness was the most commonly reported concern, followed by work schedule conflicts and wait times.

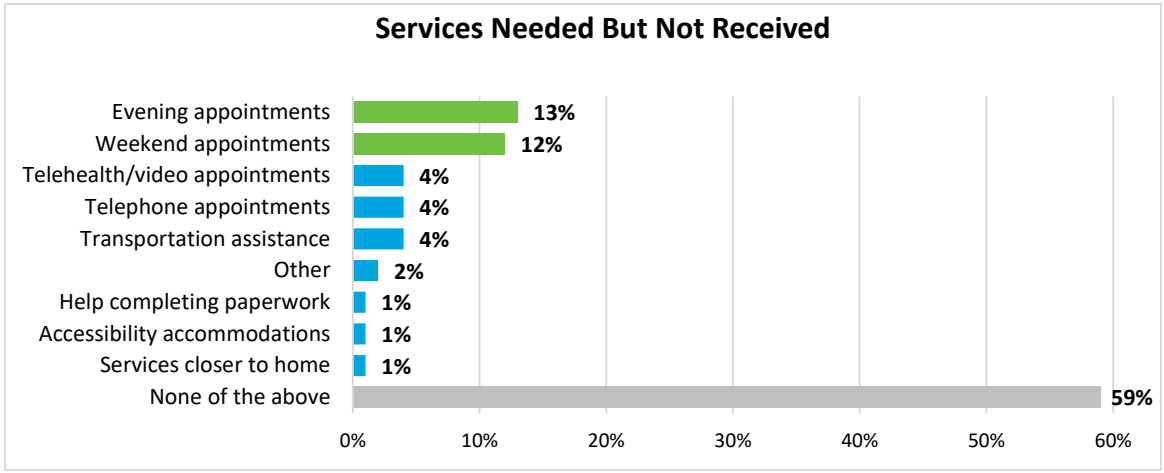
APPOINTMENT WAIT TIMES

Most respondents reported relatively short wait times for their first appointment. The majority, 33%, reported receiving an appointment in less than one week followed by 29% receiving an appointment in one-to-two weeks. A smaller group reported waiting more than one month, while some respondents indicated that the question was not applicable to them.



SERVICES NEEDED BUT NOT RECEIVED

When asked about services needed but not received, the majority of responses, 59%, indicated this category did not apply to them. Among those who identified unmet service needs, evening appointments was the most frequently reported with 13%, followed by weekend appointments with 12%. Other needs identified included telehealth/video appointments, telephone appointments, and transportation assistance.



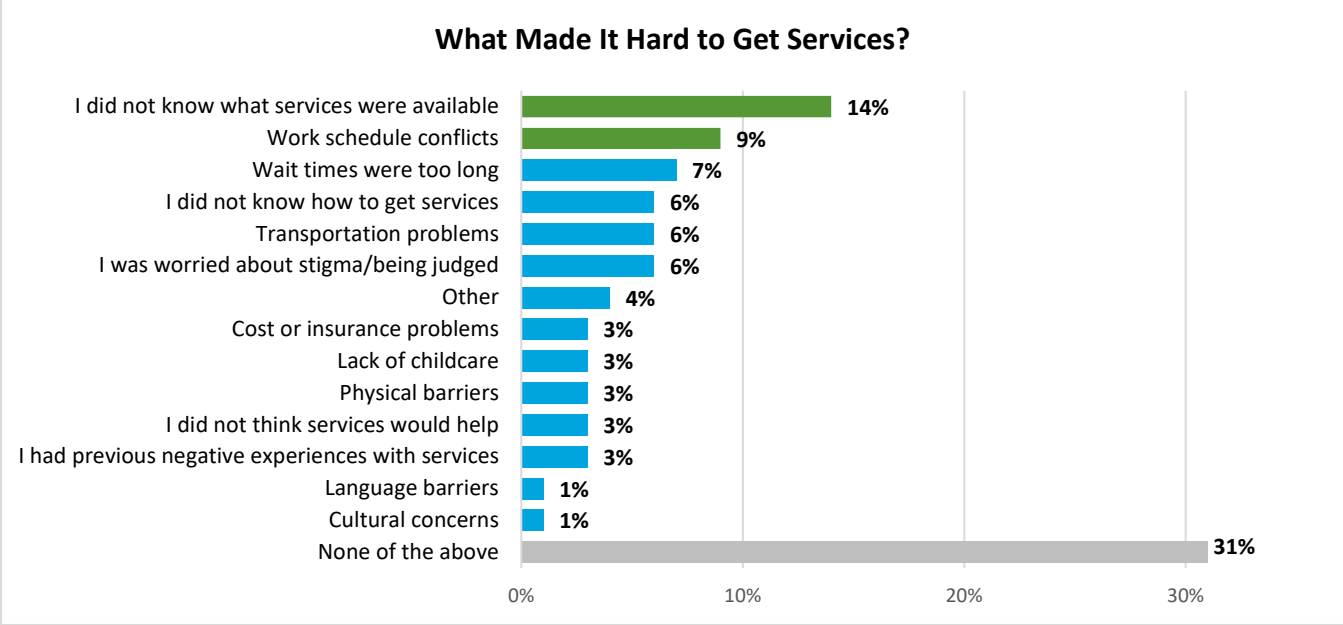
Respondents (0%) did not select language interpretation services and childcare assistance

Respondents were asked to identify what would make receiving services easier. The most common suggestions included offering evening, after-school, and weekend appointments to better accommodate personal schedules. Respondents also noted the need for shorter wait times, particularly for those experiencing a mental health crisis, as well as transportation assistance. In-home therapy, improving online access, and offering bus fare or tokens to help with transportation were also noted.

BARRIERS TO ACCESSING SERVICES

In FY25, respondents were asked if they experienced difficulty accessing services due to physical barriers, with 4% indicating they did. The FY26 survey included several questions designed to identify barriers that may make it difficult for persons served to obtain mental health and substance use services. Questions addressed factors that may interfere with accessing care and services that were needed but could not be obtained.

The majority of respondents indicated they did not experience any barriers. Among those who did specify, 14% reported they were unaware that services were available, while 9% noted conflicts with their work schedules. Additional responses are presented in the following graph.

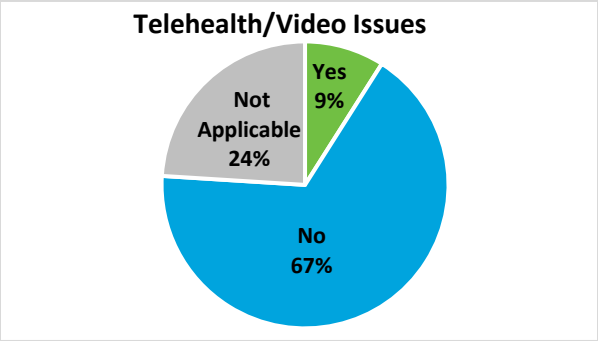


Additional comments: long wait times, transportation limitations, work schedule conflicts, lack of awareness of available services, and financial or insurance concerns.

When asked to expand on their selection(s), respondents identified common themes including stigma and fear of judgement, lack of awareness or knowledge about available services and how to access

them, and financial and insurance-related challenges. Some respondents identified housing and employment challenges as additional barriers, while others indicated that they were unsure of any barriers or felt that services were readily accessible. Overall, responses suggest that increasing community awareness and outreach, reducing stigma, and improving timely and flexible access to services may help address barriers to care.

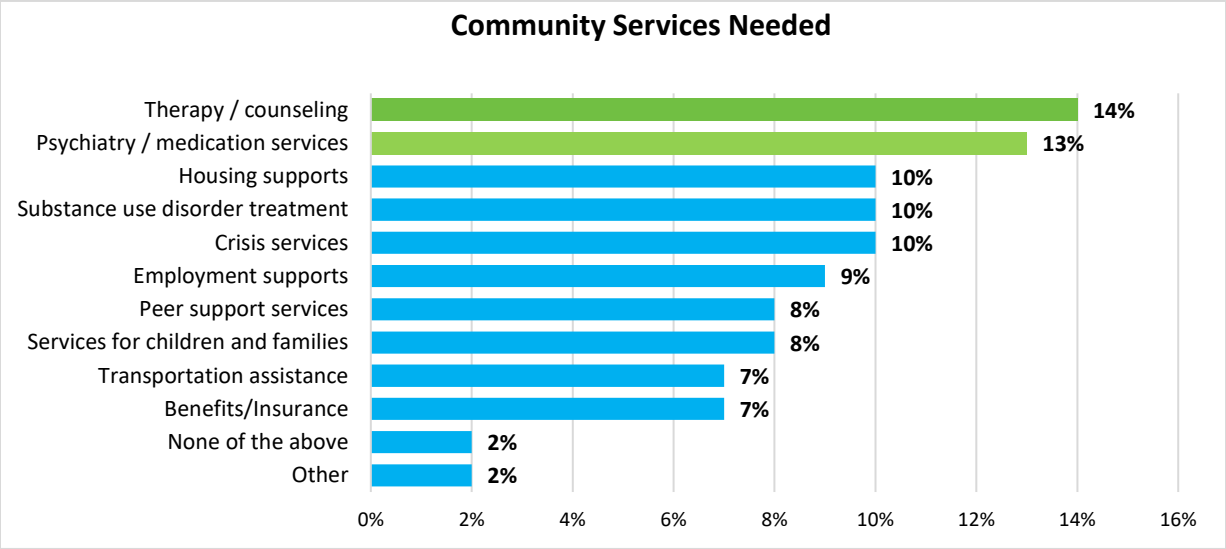
TELEHEALTH AND VIDEO SERVICES



Nine percent of respondents reported experiencing telehealth or video difficulties, an increase from 7% in FY25. These including technical issues, difficulty hearing the provider, challenges obtaining or scheduling services, and difficulty accessing the technology needed for telehealth. While the majority of respondents did not identify concerns, the feedback from those who did provides opportunities to improve accessibility and reliability of telehealth services.

COMMUNITY SERVICES NEEDED

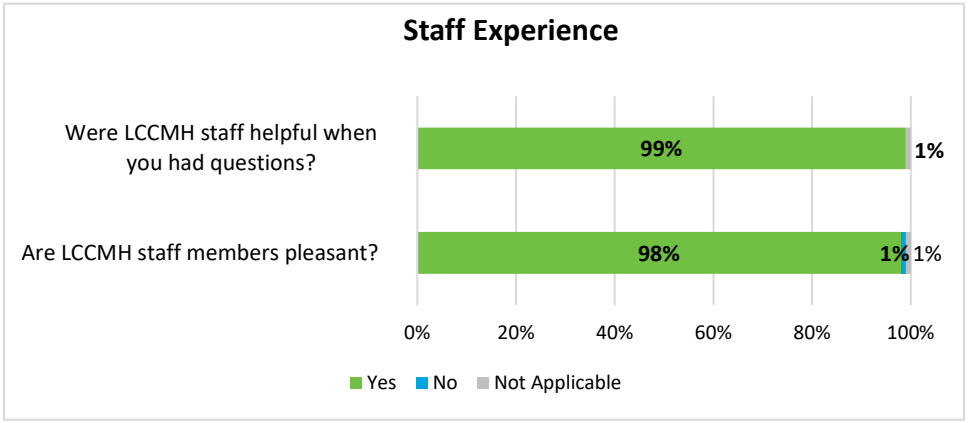
Respondents identified a range of community services they felt were needed. Therapy and counseling (14%) and psychiatry/medication services (13%) were reported most frequently. Crisis services, substance use disorder treatment, and housing supports were each identified by 10% of respondents. “Other” services included transportation and Attention-Deficit/Hyperactivity Disorder (ADHD).



When asked to describe the biggest barrier to getting mental health and substance use disorder services within the community, the most common barriers reported were stigma, fear of judgment, and uncertainty about seeking treatment. Respondents also noted limited awareness of services, financial and insurance challenges, transportation and housing issues, scheduling and employment conflicts, wait times, limited service hours, and limited access to therapists. Some reported difficult navigating the intake process or knowing whom to contact.

STAFF INTERACTION

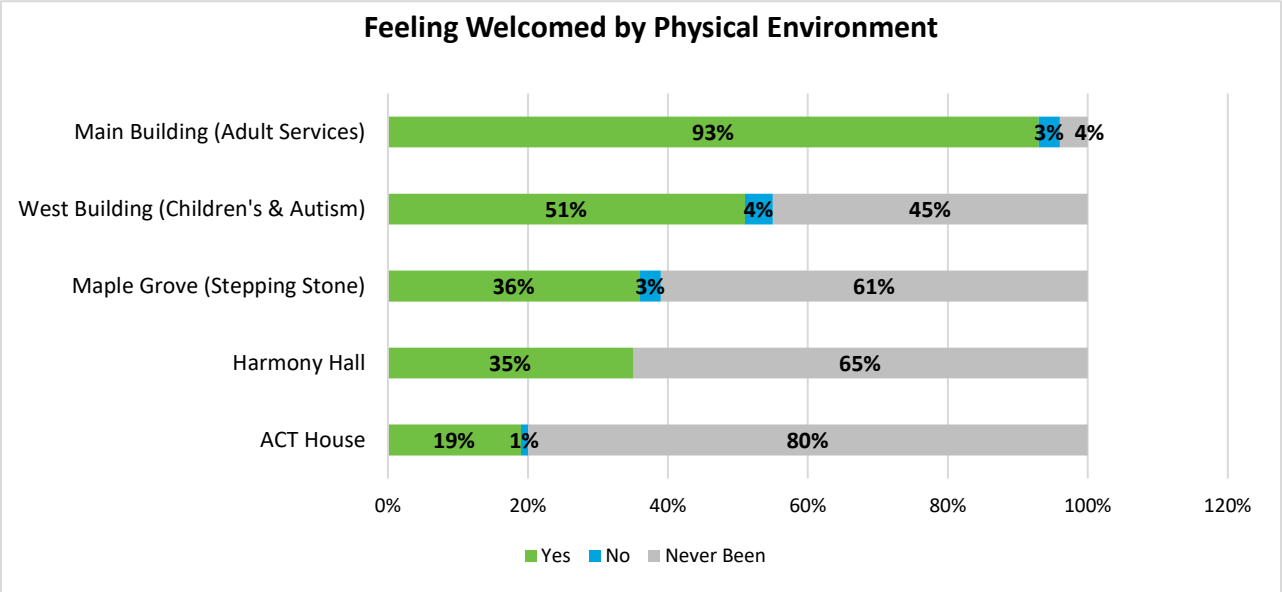
These questions related to experiences while receiving services, including interactions with staff. Overall, respondents reported positive experiences with 99% indicating that staff are helpful, the same as reported in FY25. When asked if staff are pleasant, 98% indicated agreement, a slight decrease from 100% in FY25. These results reflect a consistent strength in the experience of persons served and demonstrate the positive impact of staff interactions.



PHYSICAL ENVIRONMENT

These survey questions examined respondents' perceptions of the physical environment at LCCMH service locations. Questions addressed appearance, waiting areas, offices, and hallways, and whether respondents felt welcomed by the appearance of the locations they visited. While FY25 assessed perceptions overall, the FY26 survey asked to evaluate each building individually.

In FY25, 99% reported feeling welcomed overall. In FY26, respondents who visited these locations also generally reported feeling welcomed. The Main Building received the highest positive responses. At several locations, a high percentage of respondents indicated they never visited the location.



GENERAL COMMENTS

Respondents were provided an opportunity to share additional comments regarding their experiences with LCCMH. The comments below are presented as submitted, without edits or corrections.

- I'm very pleased with my therapy/therapist
- Pleased with groups, counselors – [Staff]
- Harmony Hall should be monitored more by case workers ASAP
- Surveys could be shorter, rarely have time to finish
- I get alot of help from CMH from my case manager and therapist. Also, I love Harmony Hall, they keep me going
- I like filling out survey questionnaires!
- I feel so welcomed and have received great help/support
- Do not feel comfortable in new building
- I'm overall very pleased
- Has been a great resource
- I work at the hospital and I always see people struggling with the way mental health is handled by our psych team. A bigger CMH presence or more training would help
- I am very grateful for and supportive of the services LCCMH provides. [Staff] is the best counselor I've had.

SUMMARY AND OPPORTUNITY FOR IMPROVEMENT

Overall, the FY26 Accessibility Survey findings reflect generally positive experiences among respondents, particularly regarding interactions with staff, ability to locate information, and scheduling

of initial appointments. Respondents also reported feeling welcomed at LCCMH locations and experienced few challenges with telehealth services.

At the same time, the survey identified several opportunities to strengthen accessibility and overall service experience. These include increasing awareness of available services, extending evening and weekend appointment availability, continuing efforts to monitor and reduce wait times, addressing transportation and financial barriers, providing additional support to persons served who experience issues with telehealth technology, and continuing to monitor the physical environments and experiences of persons served at individual locations.

The FY26 result provide LCCMH with valuable information for building existing strengths while addressing identified areas of opportunity. Findings from the survey will be reviewed with appropriate program and administrative teams to identify improvement strategies and priorities.

Areas identified for continued review will include service awareness and outreach, appointment flexibility, wait times, transportation and other access barriers, telehealth accessibility, and the physical service environment. Progress will be monitored through ongoing quality improvement activities, a six-month review of the Fiscal Year Accessibility Plan, and future accessibility surveys.

LCCMH will continue to use feedback from persons served as an important component of its efforts to ensure that services remain accessible, responsive, and aligned with the needs of individuals and families served.