

LAPEER COUNTY
Community Mental Health

**POST-DISCHARGE CUSTOMER SATISFACTION SURVEY REPORT
Fiscal Year 2020
(October 1, 2019 - September 30, 2020)**

Lapeer County Community Mental Health (LCCMH) conducts a post-discharge satisfaction survey to determine the on-going benefit of services provided by the agency and the reason the individual left services.

Methodology:

The names for the post-discharge surveys are pulled from the clinical record software the month after the file is closed for at least 30 days. The total population of closed cases during the specified timeframe is pulled for the survey. The information is filtered to eliminate the names of people who did not receive ongoing services from LCCMH, such as those who had a screening or an assessment, but no other services. Those who are homeless, requested not to be contacted, and/or who have passed away are also excluded. Each month, the closed case report is generated and the survey is mailed to the last known address on record with a self-addressed stamped return envelope. Per the recommendation of the Citizen’s Advisory Council, persons served were also called a few weeks after the survey was mailed to encourage them to complete it and mail back or to complete over the phone.

The survey responses are anonymous with minimal demographic information collected from the respondents, which include: self-report questions for their age range, insurance type, and service population category.

Surveys Mailed / Returned / Response Rate:

During this fiscal year, there were 355 surveys sent out with 32 surveys completed and returned.

	Fiscal Year 2015-2016	Fiscal Year 2016-2017 (phone surveys)	Fiscal Year 2017-2018	Fiscal Year 2018-2019	Fiscal Year 2019-2020
Surveys Mailed	259	547	584	393	355
Completed and Returned	24	107	90	28	32
Percentage Returned	10%	19.6%	15.4%	7.1%	9%

The survey responses and demographics are in the summary report in the following pages.

Analysis:

This year, LCCMH continued a mailed survey and added follow-up calls. Seven of the 32 responses were completed over the phone. Responses were captured by yes/no questions, along with not sure or not applicable as a response. The responses reflect the attitudes toward services received at LCCMH. A majority of persons served, 74%, had said they were overall satisfied with the services they had received. This increased 11 percentage points from last year (FY19).

The statement, “Since receiving CMH services, I am better able to deal with crises” had a response of 50% positive, which had a 5 percentage point decrease from last year. The response to the statement:

“Since receiving CMH services, I deal more effectively with daily problems”, increased from last year, at 63%.

As for the question: “Since receiving CMH services, my symptoms have improved” saw a large increase from 42% last year (FY19) to 50% this year. The trend was going up but saw a steep decline last year. When asked, “Since receiving CMH services, I get along better with people”, the response was positive and 63% of persons served said they did get along better with people.

A majority of persons served, 69%, say they do continue to benefit from the services they received from LCCMH after discharge. This is an increase from the past couple of years.

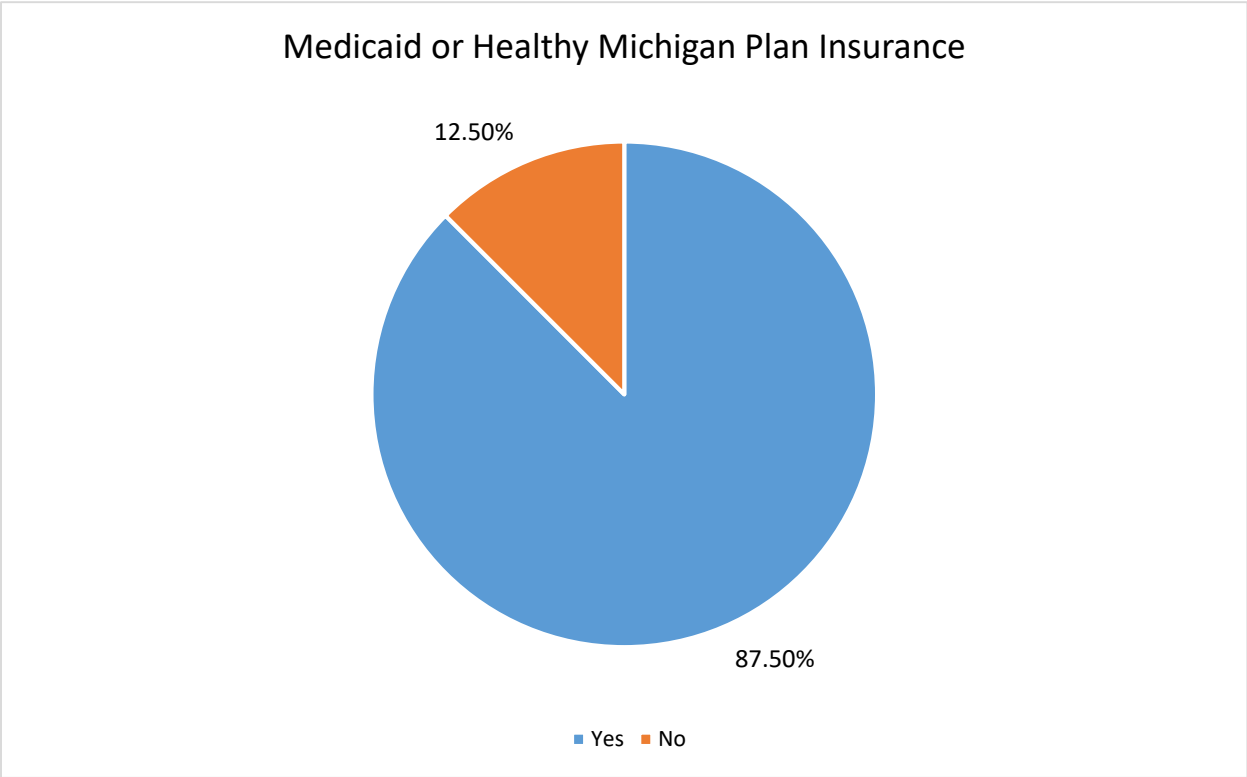
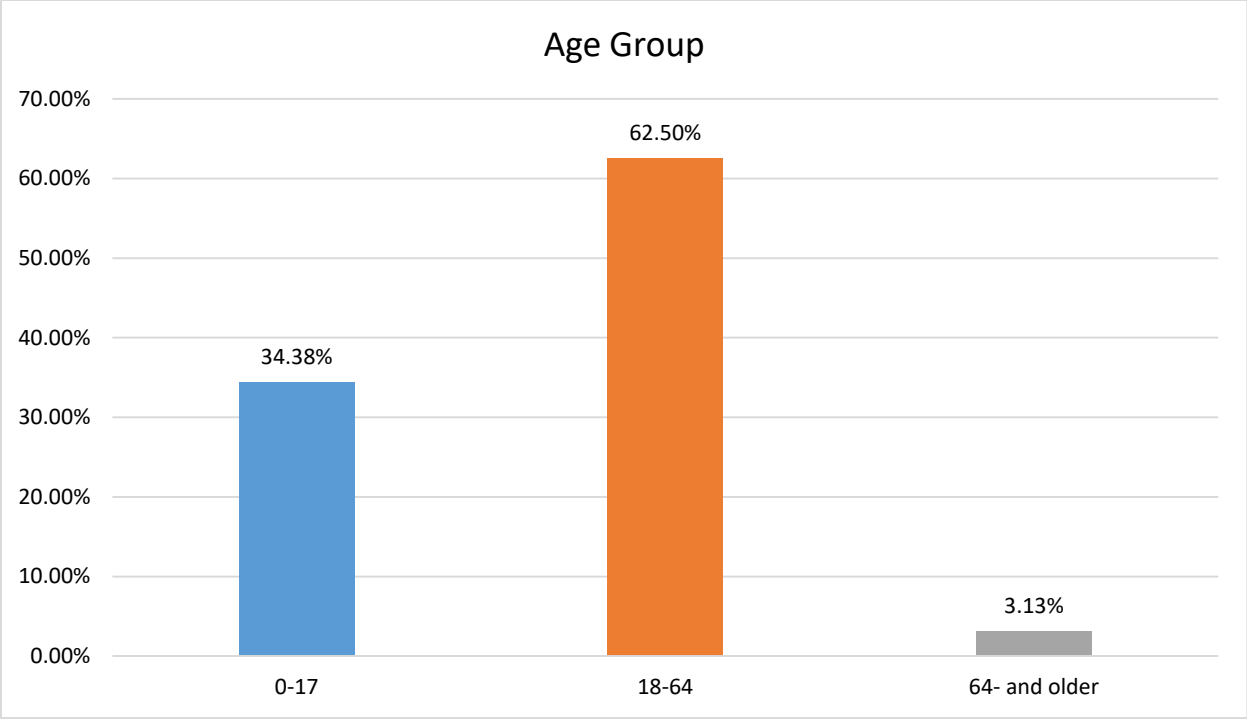
When reviewing why persons served left treatment, moving continued to be the biggest reason why they left. Moving out of the region accounted for 32% and transferring within Region 10 accounted for 3% of those who left. The next two biggest reasons for leaving were “dissatisfied with services” at 23% (increased 6 percentage points from FY19) and “dropped out of treatment/no longer wanted services” at 15% (increased 7 percentage points from FY19). Choosing another provider increased from 4% last year (FY19) to 10% this year. On a positive note, leaving because “services needed were not available” decreased from 12% last year (FY19) to 7% and leaving services because person served “met goals / completed treatment” increased from 8% to 12%. A few comments revealed that services were stopped by the person served due to the COVID-19 pandemic. Some additional comments indicated lack of satisfaction of staff members.

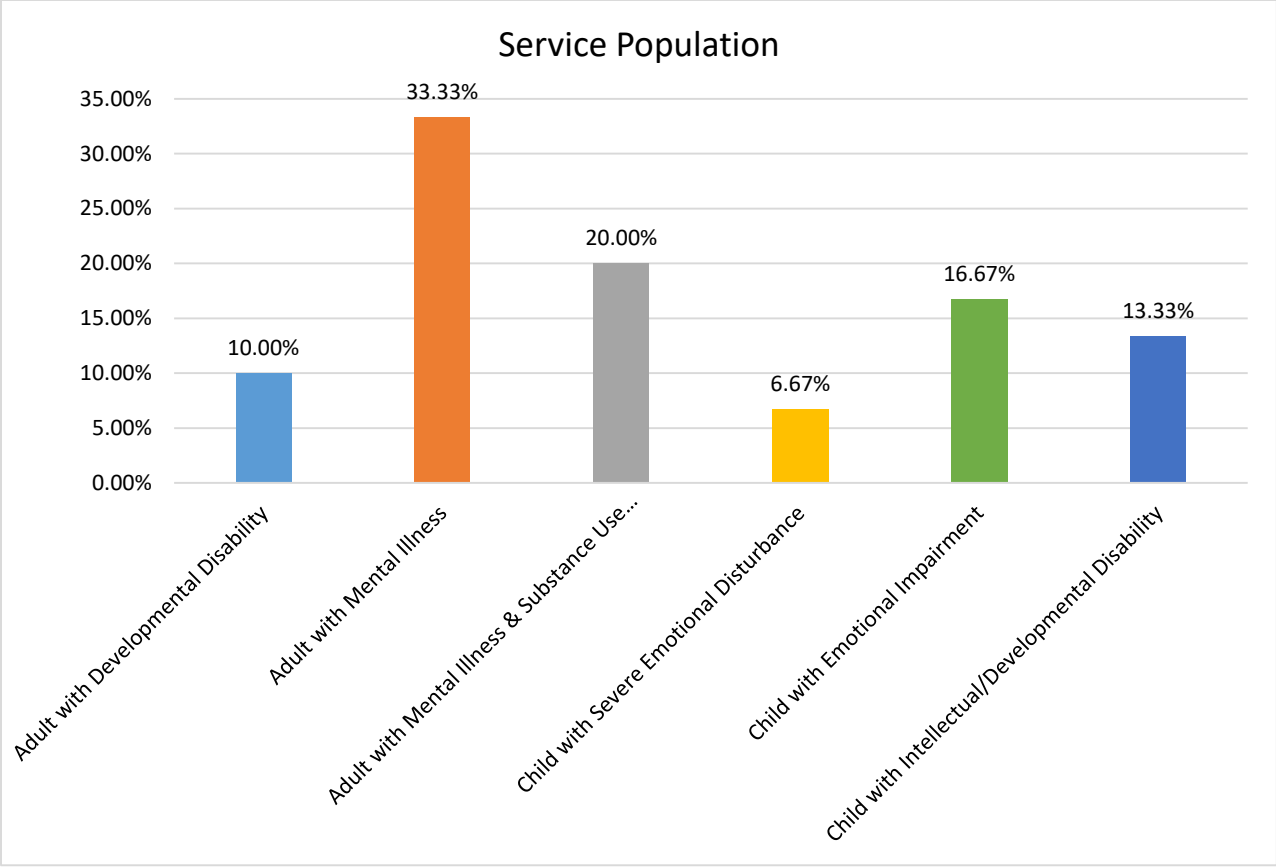
Recommendations:

This year, persons served leaving treatment due to dissatisfaction of services, dropping out of services, or choosing another provider increased. These reasons for leaving treatment suggest LCCMH must improve person served satisfaction of services. LCCMH will improve branding and clinical level services to increase persons served wanting LCCMH as the provider and decrease drop-out rates. The COVID-19 pandemic began mid-year and continued throughout FY20, decreasing face-to-face contacts and increasing use of telemedicine. While there was no evidence in the comments to suggest a direct correlation in the satisfaction rates and telehealth, LCCMH will include a question in the annual customer satisfaction and accessibility survey in 2021 for telehealth services received. While most yes/no questions trended positively up or remained similar as last year, the question “Since receiving services, I am better able to deal with crises” was the only one that decreased from last year. LCCMH should consider reviewing crisis plans and ensuring persons served can implement on their own during the discharge planning process.

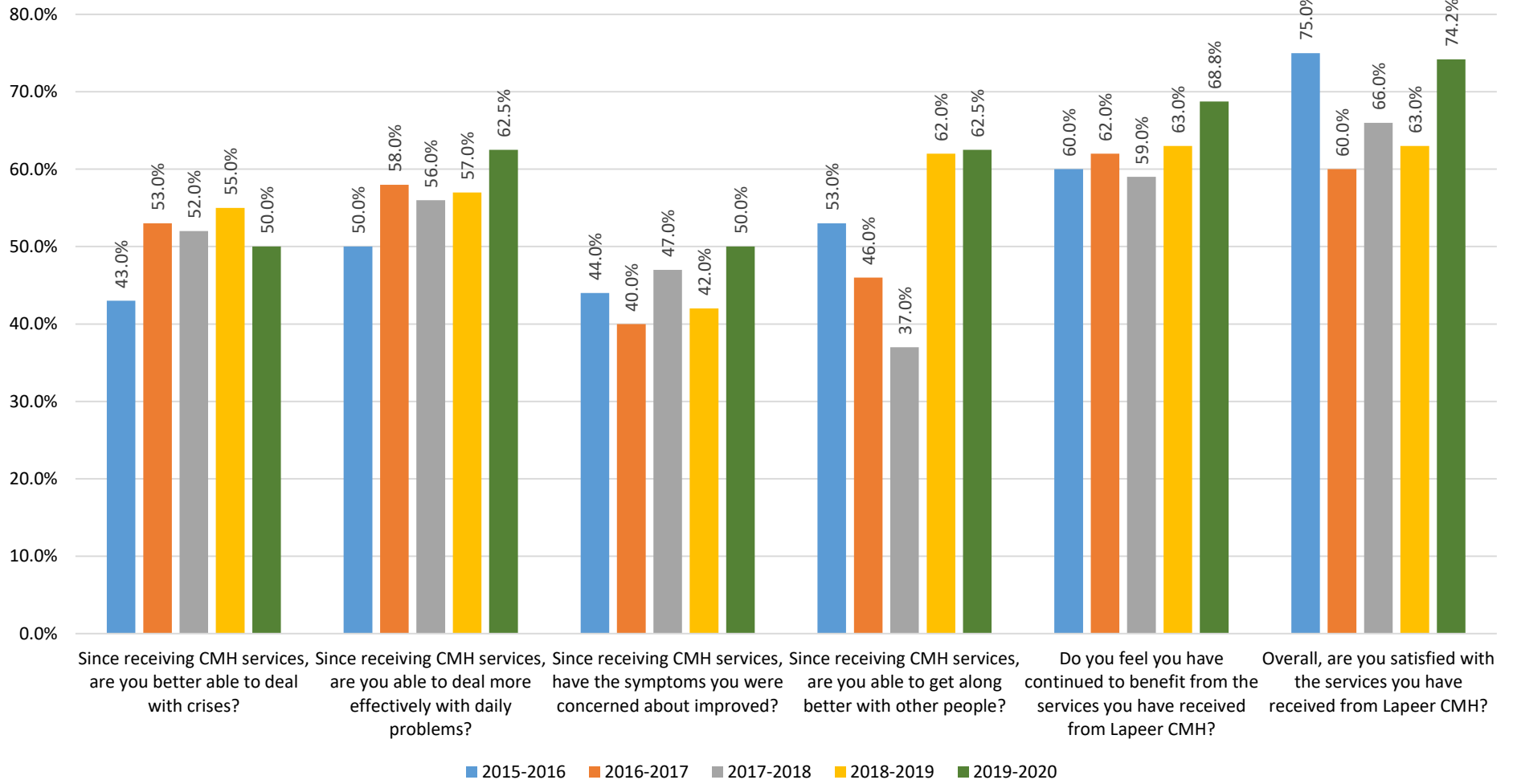
LCCMH continues to seek staff for psychological testing and has experienced a significant staffing shortage for the past two years for master’s level fully licensed social workers. This was also noted in the GAP Analysis and positions have been posted. LCCMH Administration will evaluate the need for extended hours during the weekdays. The 2020 Accessibility Survey identified adding weekday hours from 5:00 PM – 7:00 PM and Saturday hours from 8:00 AM – 5:00 PM would be beneficial for persons served.

Another area of concern continues to be the response rate. Fluctuation in the rates between years can have an impact on the data. While LCCMH did see an increase in response rate, the increase was not significant enough and other avenues to increase the response rate need to be explored in FY21. A more consistent response rate would help stabilize the numbers and give a better understanding of what can be improved and what is working.





% Yes Response to Survey Questions over 5 Years



% of Why Persons Served Left

