



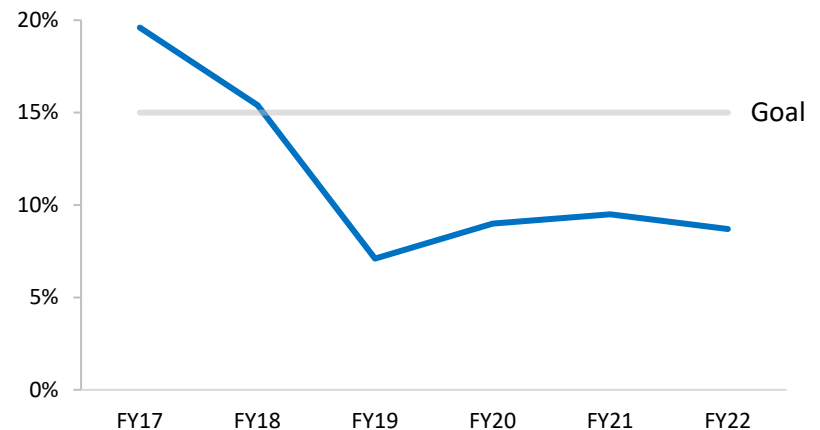
**Fiscal Year 2022  
(October 1, 2021 - September 30, 2022)**

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

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.

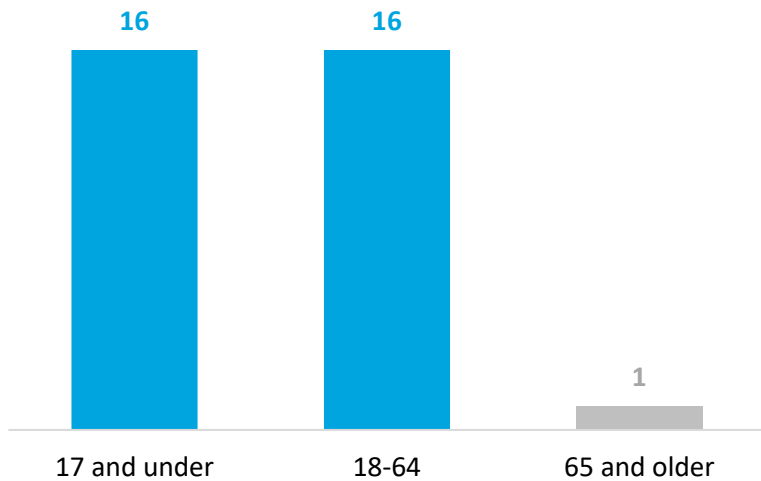
Each month, the total population of closed cases from the month after the case is closed for at least 30 days is pulled from the clinical record. The cases are filtered to eliminate the cases who did not receive ongoing services from LCCMH, such as those who had a screening or an assessment, but no other services. Those who are homeless, requested not to be contacted, who have passed away, or who have re-entered services are also excluded. A post-discharge survey is mailed to the last known address on record with a self-addressed stamped return envelope. The Citizen’s Advisory Council recommended persons served are called a few weeks after the survey was mailed to encourage them to complete it and mail back or to complete over the phone, however due to staff limitations this is not done consistently.

During this fiscal year, there were 389 surveys mailed with 34 surveys completed and returned. This is an 8.7% response rate, which is a decrease from the past two years.

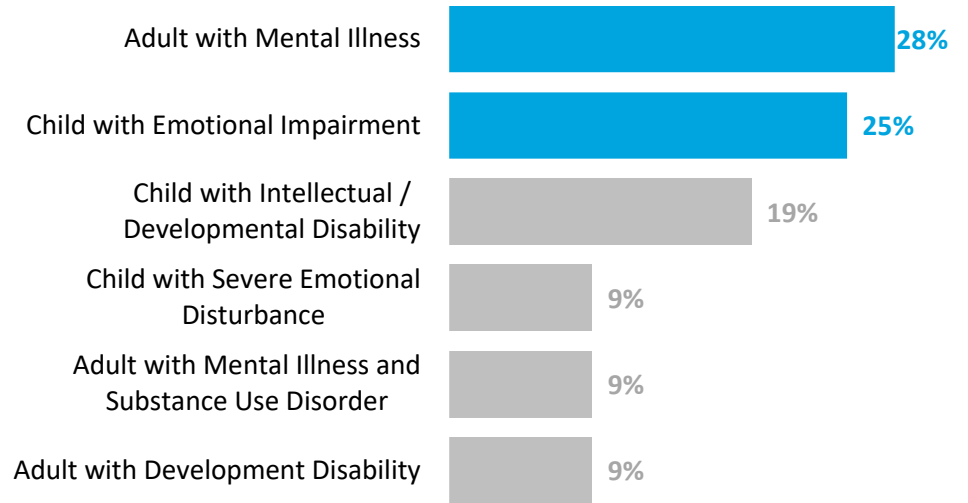


The majority of respondents were under 65 years old and have Medicaid or Healthy Michigan Plan for insurance. The highest number of respondents self-reported as adults with mental illness and received services for between 1 – 5 years.

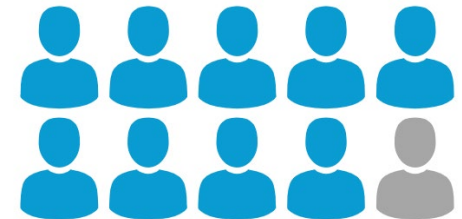
Most of the respondents were under age 65. For individuals aged 17 and under, surveys were mailed to their parent or legal guardian to completed on their behalf.



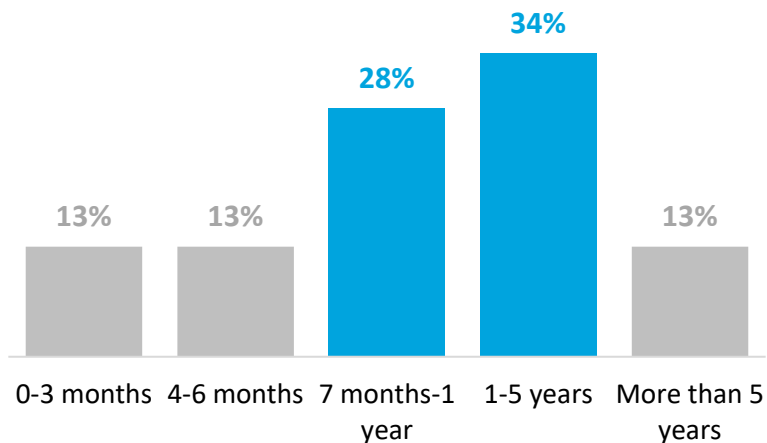
Respondents self-reported diagnosis. “Adult with mental illness” was the most reported service population. Child with emotional impairment was the second-most reported service population.



More than nine out of ten (90%) of the respondents had Medicaid or Healthy Michigan Plan insurance.



The majority (62%) of respondents received services between 7 months and 5 years.



This year, LCCMH continued a mailed survey. 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. Any questions answered “not applicable” were removed from the analysis. There is a detailed graph of responses on page 6.

A majority of persons served, 78%, said they were overall satisfied with the services they received. This was a decrease of 6 percentage points from last year (FY21).

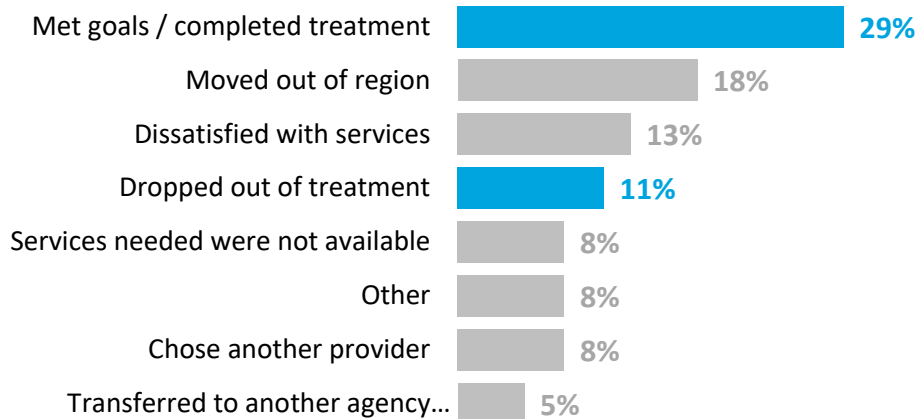
The statement, “Since receiving CMH services, I am better able to deal with crises” had a response of 75% positive, which was comparable to FY21 (71%). The response to the statement: “Since receiving CMH services, I deal more effectively with daily problems” decreased from 80% last year to 70% this year.

The question: “Since receiving CMH services, my symptoms have improved” saw a decrease from 78% last year (FY21) to 69% this year. When asked, “Since receiving CMH services, I get along better with people”, 65% of respondents said they did get along better with people, compared to 70% in FY21.

A majority of persons served, 70%, say they do continue to benefit from the services they received from LCCMH after discharge. This was the first time in four years this has decreased.

When reviewing why persons served left treatment, most (29%) reported meeting treatment goals as their reason for discharge. This is a significant increase from 12% in FY20 and comparable to 30% in FY21. The next two biggest reasons why persons served left services were “moved out of region” at 18% and “dissatisfied with services” at 13% (this is a slight increase from 8% in FY21). There was an 11 percentage point decrease in respondents “dropping out of treatment”, from 22% in FY21 to 11% in FY22. The remaining reasons for stopping treatment were dropping out of services were the services needed were not available, chose another provider, transferred to another agency within Region 10, and other. No

respondents reported treatment was stopped by LCCMH or because they became incarcerated. Some comments indicated leaving because of LCCMH employee turnover or not satisfied with their primary case holder.



This year, persons served leaving treatment due to meeting their treatment goals is comparable to last year and dropping out of treatment decreased. Leaving because they were dissatisfied with services increased some, so this is still an opportunity for improvement.

Most questions (deal more effectively with daily problems, symptom improvement, getting along better with other people, continue to benefit from services, and overall satisfied with services) had decreased “yes” responses compared to last year. The only question that improved from FY21 was

better able to deal with crises. These are areas LCCMH can continue to work on.

Peer led Wellness Recovery Action Plan (WRAP) treatment groups began in FY22. A Health Mentor was hired and began offering the Dimensions Well Body program in FY22. The LCCMH nursing staff will begin offering a tobacco cessation program in FY23. Additionally, LCCMH will begin Illness Management Recovery Groups in FY23, once staff have received training in the model. In FY22, LCCMH held a focus group to identify ways to improve attendance in group programs. Results from the focus groups were shared with staff. Group outings in Harmony Hall and Stepping Stone programs has also increased as COVID-19 restrictions have decreased throughout FY22. By offering a variety of groups and outings, LCCMH aims to improve symptom management and getting along with other people.

LCCMH continues to struggle with staffing shortages, specifically with Master’s level clinicians. LCCMH hired a Human Resources Manager who is increasing recruitment techniques. The County of Lapeer conducted a wage study in FY22 to ensure wages and benefits are competitive. By increasing staffing levels to provide consistency and continuity of care between the person served and staff, LCCMH intends to improve overall satisfaction with services and improve engagement to decrease dropout rates.

Another area of concern continues to be the response rate. Fluctuation in the rates between years can have an impact on the data. Avenues to increase the response rate need to be

explored in FY23. A more consistent response rate would help stabilize the numbers and give a better understanding of what can be improved and what is working. The LCCMH Quality Department will explore options and implement strategies to increase the response rates.

Most respondents reporting improved symptoms and ability to cope after receiving services.

