



# POST-DISCHARGE CUSTOMER SATISFACTION SURVEY REPORT

**Fiscal Year 2024**

**(October 1, 2023 - September 30, 2024)**

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.

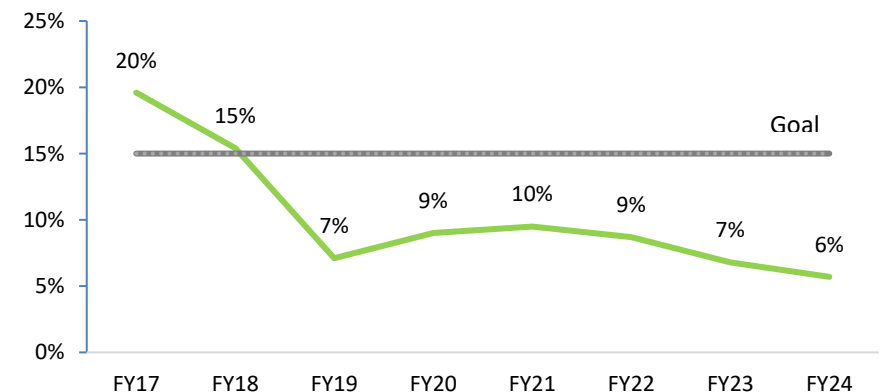
## METHODOLOGY:

Each month, the total population of closed cases, which have been closed for at least 30 days, is retrieved from the clinical records. These cases are then screened to exclude individuals who did not receive ongoing services from LCCMH, such as those who only underwent a screening or assessment without additional services. Additional exclusions are made for those who are homeless, have requested no further contact, have passed away, or have re-entered services. A Post-Discharge Survey is mailed to the last known address on file, accompanied by a self-addressed stamped envelope for return. In January, February, and March of 2024, a text message option was added as an additional method of completing the survey.

The survey responses remain anonymous, with only minimal demographic information collected, including self-reported details about the respondent's age range, insurance type, and service population category.

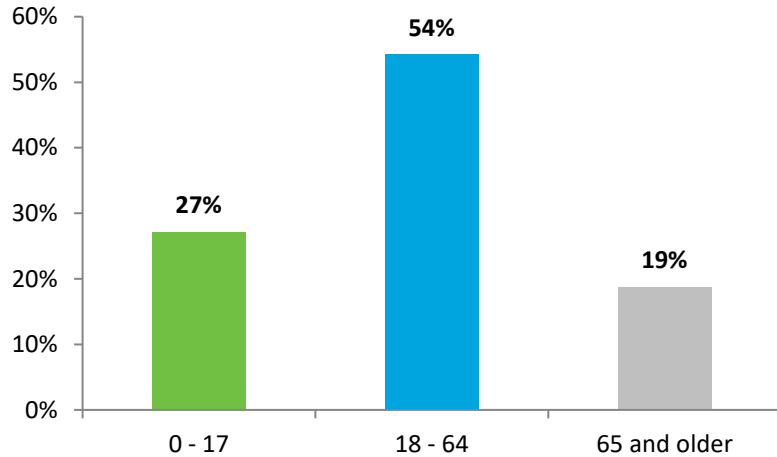
## SURVEY RESPONSE RATE:

In FY24, a total of 839 surveys were mailed out. Among them, 48 surveys were completed and returned, which represents a 6% response rate. This is a decline from the 7% response rate in FY23 and prior years. Additionally, 23 surveys were returned as undeliverable.



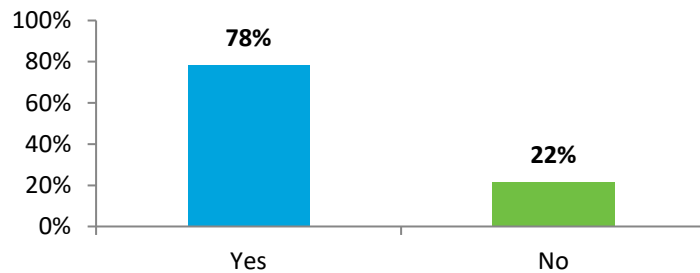
### AGE GROUP:

Of the total respondents, 54% were between the ages of 18 and 64 while 19% were 65 years or older. For persons served aged 17 and under, surveys were mailed to their parent(s) or legal guardian to be completed on their behalf. This age group accounted for 27% of respondents.



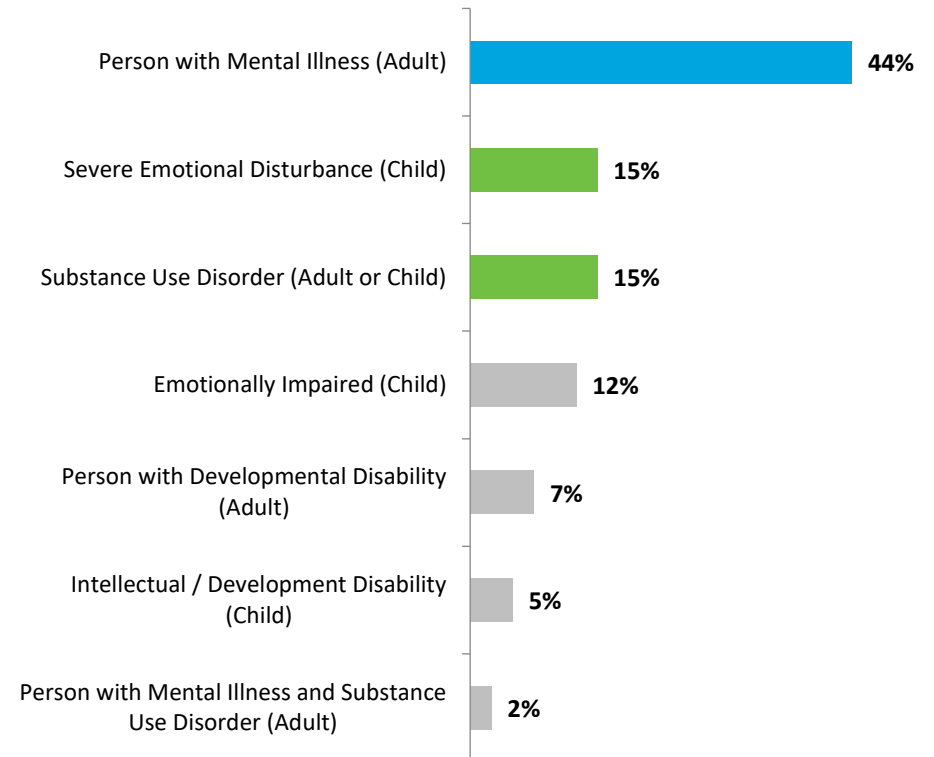
### HEALTH INSURANCE:

When asked about health insurance, 78% of respondents reported having Medicaid or Healthy Michigan Plan insurance compared to 86% in FY23.



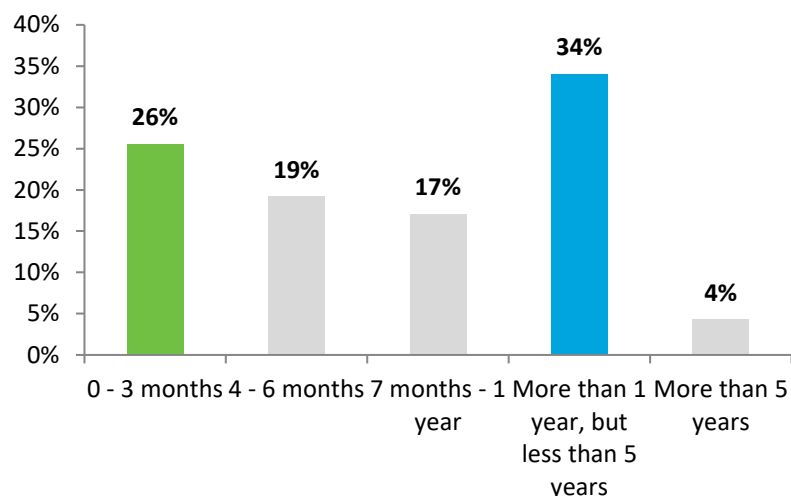
### SERVICE POPULATION:

Regarding service categories, the largest group was Persons with Mental Illness (Adult), with 44% of respondents self-identifying as such. The next largest groups, each representing 15% of respondents, were those identified as having Severe Emotional Disturbance (Child) and Substance Use Disorder (Adult or Child).



## LENGTH OF SERVICE:

Of all the respondents, 34% indicated they had received services for one to five years, while the second largest group, comprising 26%, reported receiving services for up to three months.



## ANALYSIS:

In FY24, LCCMH continued mailing surveys to individuals meeting the selection criteria. The responses were gathered through yes/no questions, with options for "not sure" or "not applicable" (N/A), as well as targeted questions designed to gather specific insights. Any questions marked as not sure or N/A were excluded from the analysis.

A variety of questions were asked in the survey, with notable findings regarding consumer satisfaction and the perceived effectiveness of services. The majority of respondents, 72%, reported being satisfied overall with the services they received, which remained unchanged from FY23. However, when asked if

they continue to benefit from LCCMH services, 61% responded favorably, reflecting a slight decrease from 76% in FY23.

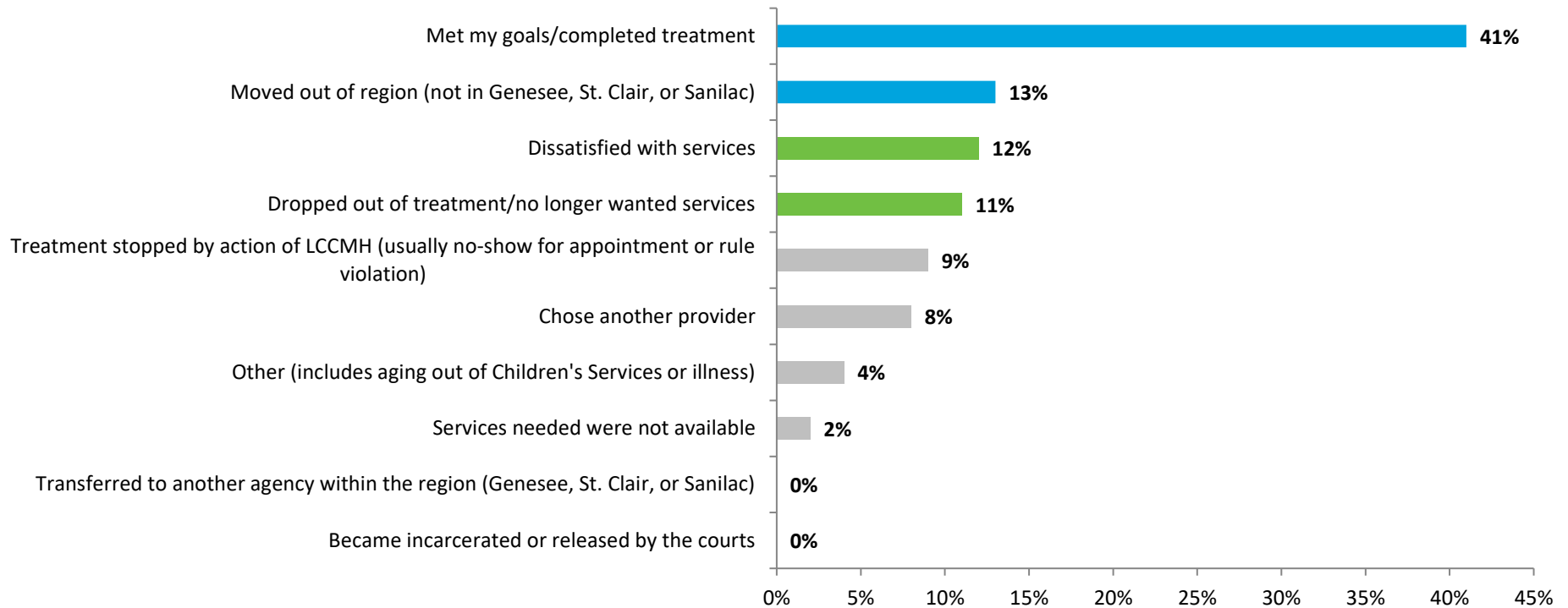
Being able to deal with crisis received a 65% positive response in FY24. This is one percentage point lower than the 66% positive response in FY23 indicating a slight decline in the perceived effectiveness of the services in helping individuals manage crises. Responses to the question regarding dealing more effectively with daily problems showed a decline from 63% in FY23 to 59% in FY24.

When asked if symptoms improved, 57% reported positively which is a decrease from 63% in FY23. Similarly, respondents reported 57% in agreement when asked if, after receiving LCCMH services, they were able to get along better with other people. This represents a significant drop from 77% in FY23. A graph detailing the survey question results can be found on page 5 of this report.

## REASONS FOR LEAVING SERVICES:

When reviewing the reasons why persons served left treatment, 41% reported meeting their treatment goals as the reason for discharge, a slight decrease from 44% in FY23. Other reasons for leaving treatment included moving out of the region (13% in FY24 compared to 16% in FY23), dissatisfaction with services (12% in FY24 compared to 6% in FY23), and dropping out or no longer wanting services (11% in FY24 compared to 9% in FY23). Additionally, 9% of respondents stopped treatment due to the actions of the service provider, 8% chose another provider, 4% cited "Other", and 2% reported that services were not available. No respondents indicated they transferred to another agency within the region or were incarcerated.

### Reasons for Leaving Services as Reported by Survey Participants:



### DISCUSSION AND ACTION PLAN:

Declines in response rates can impact the accuracy of results, fail to capture a full range of experiences of those served, and hinder the tracking of long-term trends. LCCMH continues to explore ways to increase the response rate for this survey, including trying to capture electronic responses via text and QR codes.

Most survey questions reflected a slight decrease in positive responses compared to FY23. This decline may be attributed to

several factors, including survey fatigue, changes in client needs, or external factors such as life stressors, financial difficulties, personal challenges, or changes in support systems. These factors may influence a person served's perception of their treatment, even if the services themselves have not changed.

In response, LCCMH is actively exploring strategies to improve symptom management. LCCMH continues to provide comprehensive staff training and implements evidence-based practices and groups to help person served manage their health and symptoms. LCCMH is a Certified Community Behavioral Health

Clinic (CCBHC) through a Substance Abuse and Mental Health Services Administration (SAMHSA) expansion grant. This grant has enabled LCCMH to expand its use of evidence-based practices such as Dialectical Behavior Therapy for Adolescents (DBT-A), Parenting Through Change (PTC), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Enhanced Illness Management and Recovery (E-IMR), Moral Reconciliation Therapy, Screening, Brief Intervention, and Referral to Treatment (SBIRT), and Zero Suicide.

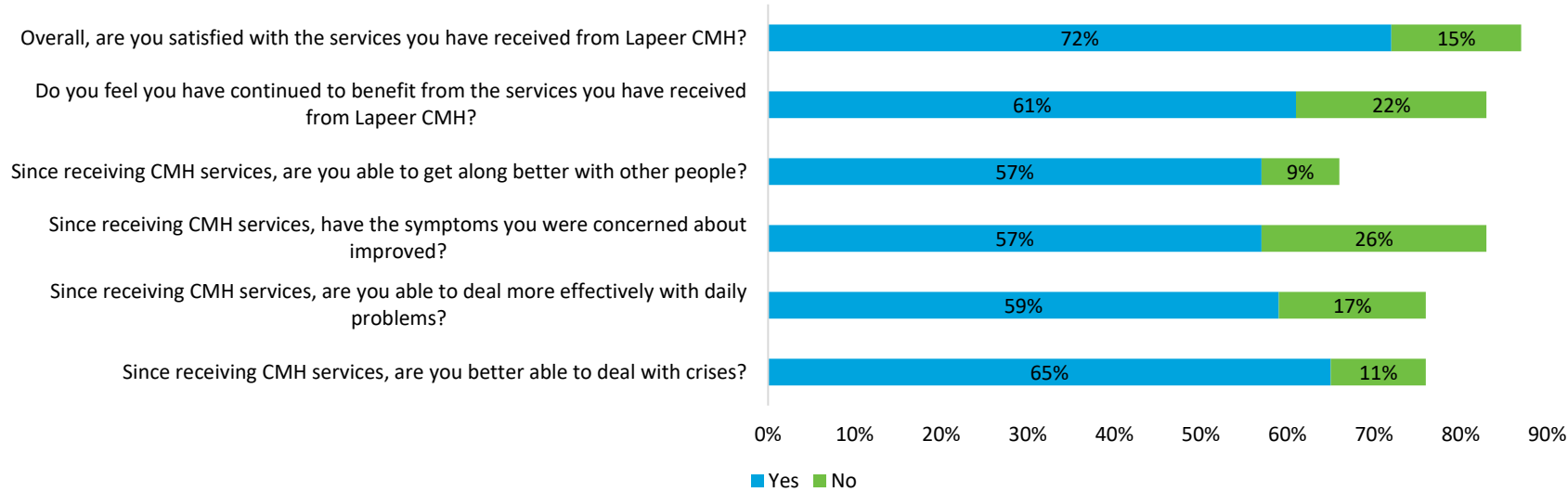
Additionally, LCCMH continues to offer established programs like Dimensions Well Body and the peer led Wellness Recovery

Action Plan (WRAP) treatment groups. Stepping Stone and Harmony Hall remain committed to providing skill-building and social participation opportunities, promoting community integration and socialization. In FY24, LCCMH also expanded its services by contracting with an additional Community Living Support (CLS) provider.

Furthermore, LCCMH is actively involved in the Region 10 Customer Satisfaction Survey process and conducts annual Accessibility Surveys. The feedback gathered from these surveys will be used to guide improvements and enhance service delivery.

**BENEFITS FROM SERVICES:**

FY24 Survey Question Results



\*N/A and Not Sure responses omitted