



POST-DISCHARGE CUSTOMER SATISFACTION SURVEY REPORT

Fiscal Year 2025

(October 1, 2024 - September 30, 2025)

Lapeer County Community Mental Health (LCCMH) administers a post-discharge satisfaction survey to evaluate the ongoing impact of its services and identify key factors contributing to an individuals' exit from care.

METHODOLOGY:

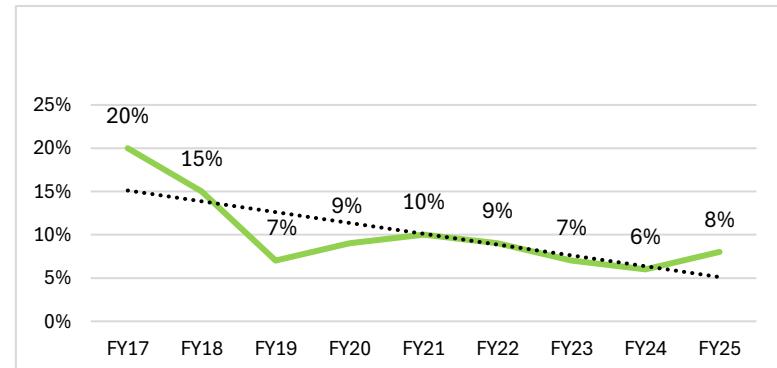
Post-discharge surveys are distributed monthly to individuals whose cases have been closed for at least 30 days. Prior to distribution, cases are reviewed to exclude individuals who did not receive services, were homeless, requested no further contact, are deceased, or have re-entered services.

The survey is mailed to the last known address on file and includes a self-addressed, stamped envelope for return. All responses are anonymous, with only limited demographic information collected, including self-reported age range, insurance type, and service population category.

Satisfaction data is documented by primary case holders in the electronic health record through progress notes and periodic reviews. Survey results are reported to the LCCMH Quality Council and shared with the Citizens' Advisory Council and LCCMH Services Board. Additionally, results are posted on the LCCMH website.

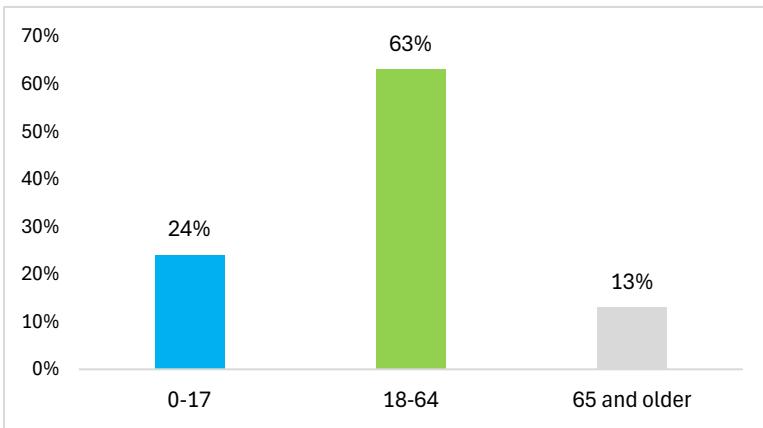
SURVEY RESPONSE RATE:

In FY25, a total of 685 surveys were mailed. Of these, 58 were completed and returned, resulting in an 8% response rate, an increase from 6% reported in FY24. An additional 38 surveys were returned as undeliverable.



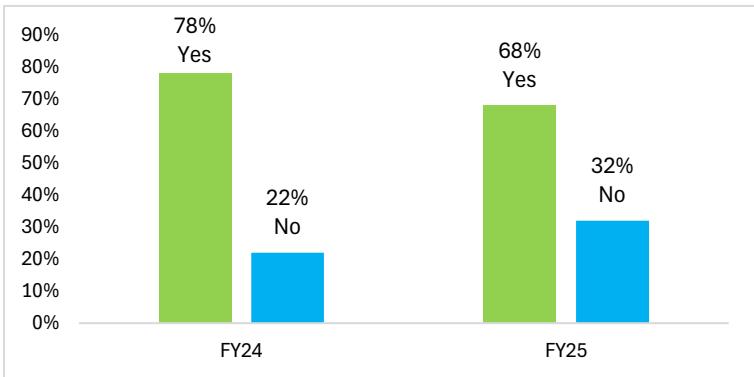
AGE GROUP:

Of all respondents, 63% were between the ages of 18 and 64 and 13% were 65 or older. For persons served aged 17 and under, surveys were sent to the parent(s) or legal guardian on file to be completed on their behalf. This age group represented 24% of the total respondents.



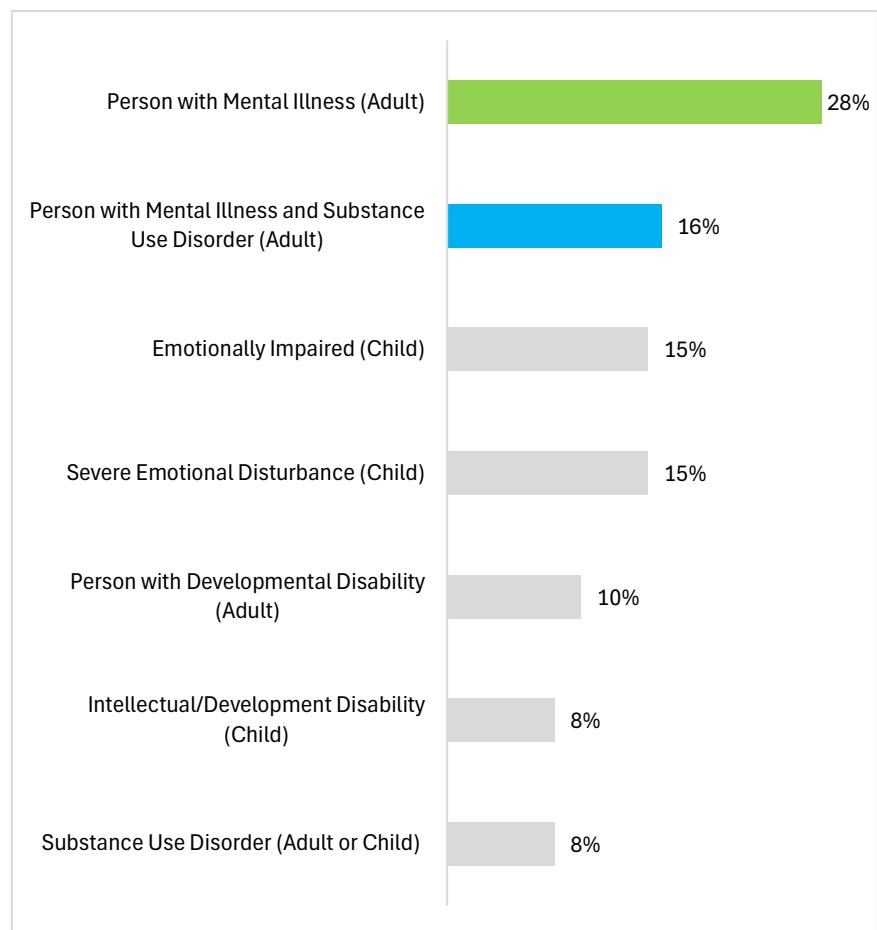
HEALTH INSURANCE:

When asked about health insurance, 68% of respondents reported having Medicaid or Healthy Michigan Plan insurance. This is a decrease from 78% reported in FY24.



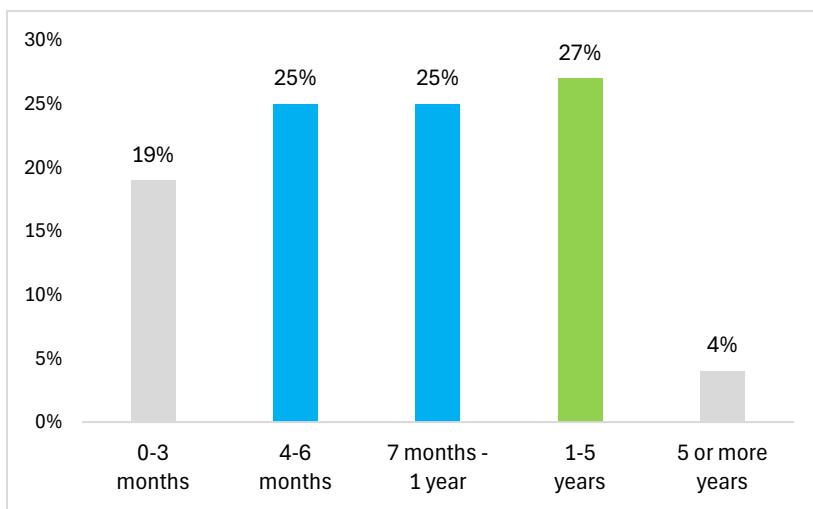
SERVICE POPULATION:

Regarding service categories, the largest group of respondents was Adult Persons with Mental Illness, representing 28% of all responses. The next largest group was Adults with both Mental Illness and Substance Use Disorder at 16%. Children with a Severe Emotional Disturbance and children identified as Emotionally Impaired each accounted for 15% of respondents.



LENGTH OF SERVICE:

Among all respondents, the most common length of service was one to five years, reported by 27% of participants. The next most common categories were four to six months and seven months to one year, each representing 25% of respondents. Fewer respondents reported in the categories of zero to three months and five or more years.



ANALYSIS:

In FY25, LCCMH continued mailing surveys to individuals who met the established selection criteria. The survey included yes/no questions with options for "not sure" or "not applicable" (NA), as well as targeted questions designed to gather more detailed insights.

The survey covered a range of topics, with several notable findings related to consumer satisfaction and perceived service effectiveness. Overall satisfaction increased, with 79% of respondents reporting they were satisfied with services received,

compared to 72% in FY24. Additionally, 66% indicated they continue to benefit from LCCMH services, up from 61% in FY24.

Perceptions of crisis management showed a slight decline, with 64% reporting they were better able to deal with crisis in FY25, compared to 65% in FY24. In contrast, the ability to handle daily problems improved, rising from 59% in FY24 to 67% in FY25.

When asked about symptom improvement, 63% responded positively, an increase from 57% in FY24. Additionally, 62% agreed they were better able to get along with others after receiving LCCMH services, representing a slight increase from 57% in FY24.

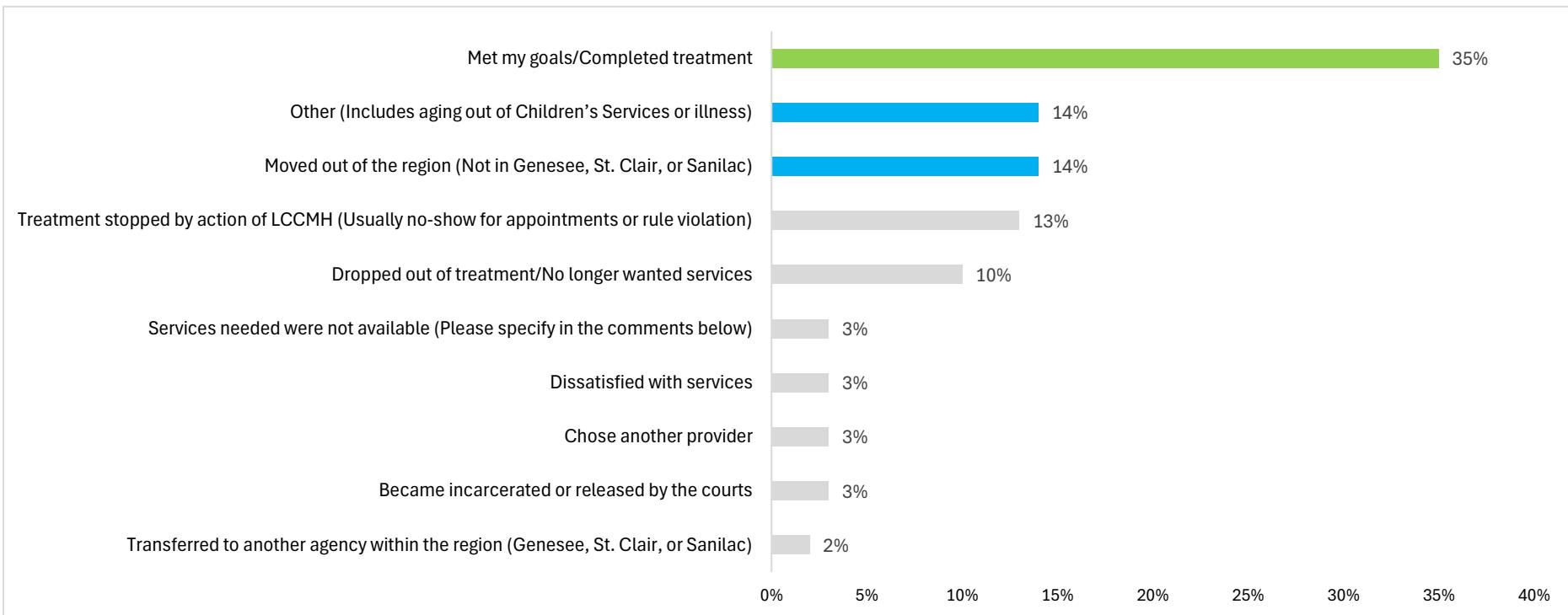
A graph illustrating the "Benefits From Service" is provided on page 5 of this report.

REASONS FOR LEAVING SERVICES:

When reviewing the reasons persons served left treatment, the most common reason remained completion of treatment goals, reported by 35% of respondents - a slight decrease from 41% in FY24. Other leading reasons included relocating outside the region with 14% reporting, up from 13% in FY24. Reasons classified as "Other", such as aging out of services or illness, also rated 14%. Additionally, 13% of individuals left treatment due to action taken by LCCMH, an increase from 8% in FY24. Common reasons for these actions include excessive no-show for appointments or rule violations.

A graph illustrating the reasons for service exit is provided on the following page.

REASONS FOR LEAVING SERVICES (SELF 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 QR codes.

Although most FY25 survey responses showed improvement compared to FY24, overall percentages remain low. This suggests that while progress has been made, there are still underlying

challenges that may be influencing how individuals perceive their experiences after leaving services.

Several factors may contribute to lower response percentages, including survey fatigue, changes in client needs or circumstances, or external factors (i.e., economic pressures, housing instability, limited access to community resources, transportation challenges, changes in insurance coverage, or social stressors such as family conflict).

In response, LCCMH is actively exploring strategies to enhance symptom management and improve client outcomes. The agency continues to invest in comprehensive staff training and the implementation of evidence-based practices and treatment groups that support persons served in managing their health and symptoms. As a Certified Community Behavioral Health Clinic (CCBHC) funded through a Substance Abuse and Mental Health Services Administration (SAMHSA) expansion grant, LCCMH has expanded the use of several evidence-based programs, including 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 Reconation Therapy, Screening, Brief Intervention, and Referral to Treatment (SBIRT), as well as the Zero Suicide initiative.

LCCMH also continues to offer established programs such as 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, community integration, and social participation opportunities, and LCCMH maintains a contract with a Community Living Support (CLS) provider to further support individual recovery needs.

Additionally, LCCMH remains engaged in the Region 10 Customer Satisfaction Survey process and conducts annual Accessibility Surveys and focus groups. Feedback gathered through these mechanisms will continue to support service improvements and guide ongoing efforts to enhance overall service delivery.

BENEFITS FROM SERVICES

