



POST-DISCHARGE CUSTOMER SATISFACTION SURVEY REPORT

Fiscal Year 2023
(October 1, 2022 - September 30, 2023)

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:

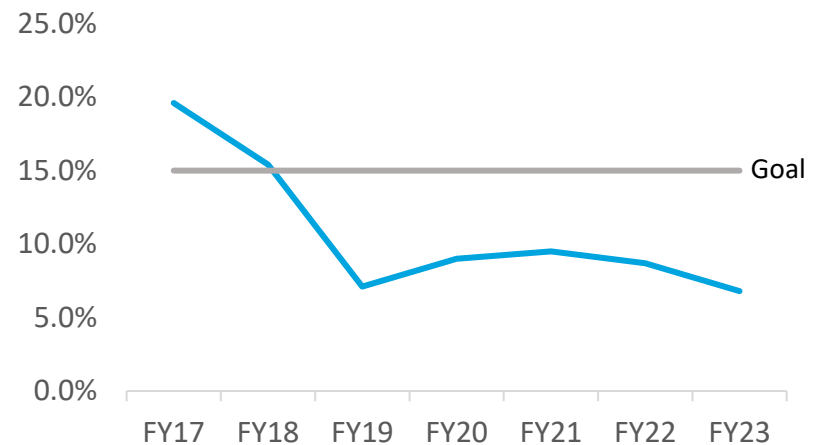
Each month, the total population of closed cases from the month after the case is closed for at least 30 days is pulled from the clinical record. The cases are filtered to eliminate the cases who did not receive ongoing services from LCCMH, such as those who had a screening or an assessment, but no other 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 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 526 surveys mailed with 36 surveys completed and returned. This is an 6.8% response rate, which is a decrease from the past two years.

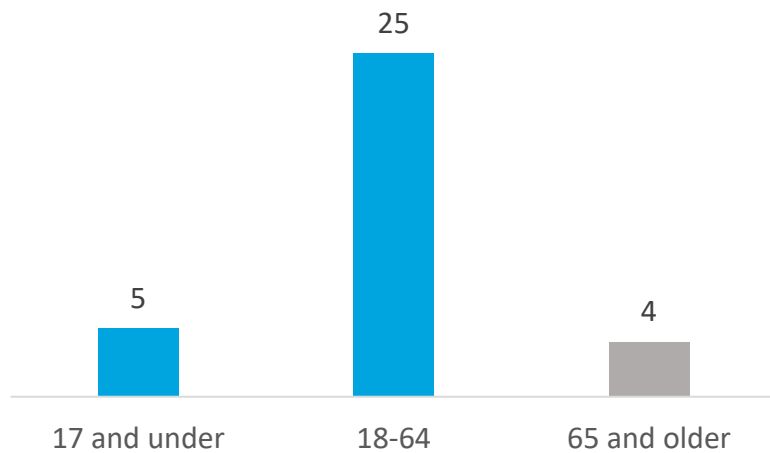


DEMOGRAPHICS:

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.

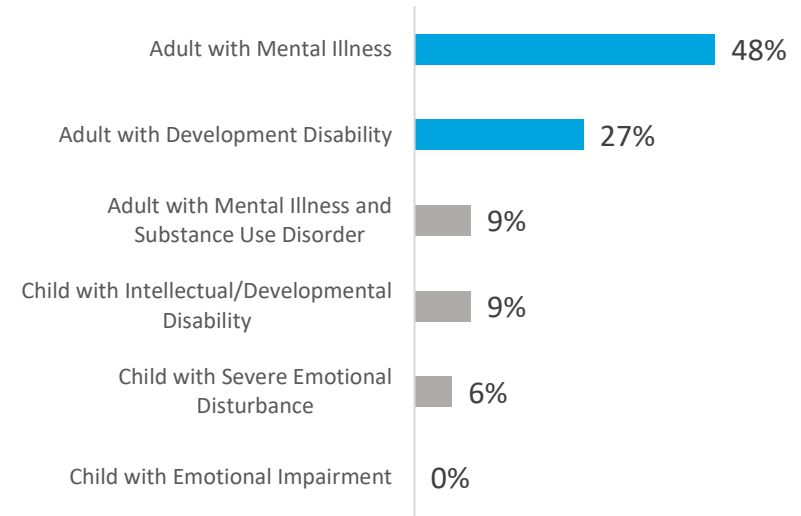
AGE GROUP

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



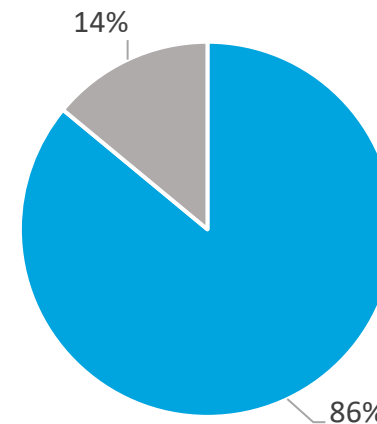
SERVICE POPULATION

Respondents self-reported diagnosis. “Adult with mental illness” was the most reported service population. “Adult with developmental disability” was the second-most reported service population.



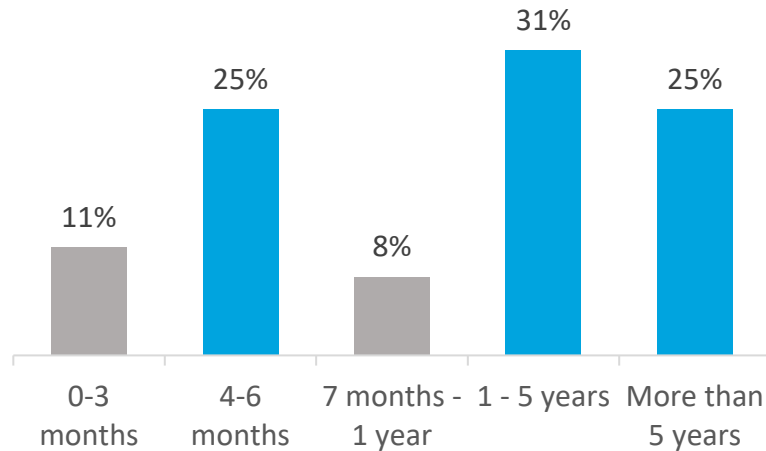
HEALTH INSURANCE

86% of the respondents had Medicaid or Healthy Michigan Plan insurance.



LENGTH OF SERVICE

The majority (89%) of respondents received services between 4 months and 5 years.



ANALYSIS:

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, 72%, said they were overall satisfied with the services they received. This was a decrease of 6 percentage points from last year (FY22).

The statement, “Since receiving CMH services, I am better able to deal with crises” had a response of 66% positive, which was a decrease from FY22 (75%). The response to the statement: “Since receiving CMH services, I deal more effectively with daily problems” decreased from 70% last year to 63% this year.

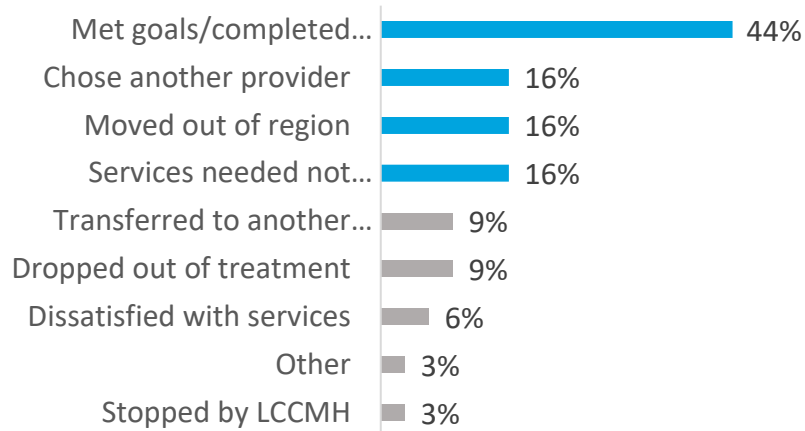
The question: “Since receiving CMH services, my symptoms have improved” saw a decrease from 69% last year (FY22) to 63% this year. When asked, “Since receiving CMH services, I get along better with people”, 77% of respondents said they did get along better with people, compared to 65% in FY21.

A majority of persons served, 76%, say they do continue to benefit from the services they received from LCCMH after discharge. This was an increase by 6 percentage points from last year (FY22).

REASONS FOR LEAVING SERVICES

When reviewing why persons served left treatment, most (44%) reported meeting treatment goals as their reason for discharge. This is a significant increase from 30% in FY21 and 29% in FY22. The next three equally biggest reasons why persons served left services were “moved out of region” at 16%, “chose another provider” at 16% and “services needed were not available” at 16%. There was an 2 percentage point decrease in respondents “dropping out of treatment”, from 11% in FY22 to 9% in FY23. The remaining reasons for stopping treatment were treatment stopped by action of LCCMH, transferred to another agency within the region, moved out of the region, dissatisfied with services, and other (was feeling

used at times, but thankful at other times). No respondents reported treatment was stopped by because they became incarcerated. Some comments indicated leaving because of inability to afford child care, personal issues, too many doctor appointments.



RECOMMENDATIONS:

This year, persons served leaving treatment due to meeting their treatment goals is an increase compared to last year and dropping out of treatment decreased. Leaving because they chose another provider increased from 8% in FY22 to 16% in FY23, so this is an opportunity for improvement.

Most questions (deal more effectively with daily problems, symptom improvement, better able to deal with crises, and overall satisfaction) had decreased “yes” responses compared to last year. The questions that improved from FY22 was benefiting from the services received and getting along with

other people better. These are areas LCCMH can continue to work on.

The area that was lowest scored was symptom improvement, followed by dealing more effectively with daily problems. LCCMH is continuing to increase evidence-based practices and groups to improve persons served improve self-management of symptoms. LCCMH was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral Health Clinic (CCBHC) expansion grant in FY23. Through this grant, LCCMH expanded evidence-based practices to include 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), Zero Suicide, and more. LCCMH continues to offer groups previously offered, such as Dimensions Well Body and the peer led Wellness Recovery Action Plan (WRAP) treatment groups. Group outings in Harmony Hall and Stepping Stone programs have continued to increase to pre-COVID-19 levels. 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 FY24. 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.

BENEFITS FROM SERVICES

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

