

FY25 Customer Satisfaction Survey Report

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FY25 Customer Satisfaction Survey Report

Lapeer County Community Mental Health

Lapeer County Community Mental Health (LCCMH) is committed to providing excellent service to all persons served. As part of our ongoing efforts to ensure high-quality care and responsive services, a customer satisfaction survey is conducted each year. The purpose of this survey is to assess the level of satisfaction among individuals receiving services and to improve our quality improvement efforts.

Developed and approved by Region 10 Prepaid Inpatient Health Plan (PIHP) Quality Management Council, the standardized customer satisfaction survey for Fiscal Year (FY) 2025 was distributed across the four counties served by Region 10 PIHP – Genesee, Lapeer, Sanilac, and St. Clair – with the resulting data provided for regional comparison and analysis.

Designed to be clear and accessible to a broad range of respondents, the survey included primarily Likert-scale questions ranging from “Strongly Agree” to “Strongly Disagree”, along with “Neutral” and “Not Applicable” (N/A) options to capture a wide spectrum of experiences. To further encourage feedback, an open-ended question was included at the end of the survey, allowing participants the opportunity to share additional comments in their own words.

OVERVIEW OF SURVEY RESULTS

The following pages present an overview of the survey methodology, summary of results, comparison data, and recommendations for improvement. Results reflect how persons served or their guardians perceive various aspects of the services they receive, based on their level of agreement or disagreement. Survey responses are categorized as follows and are included in the percentage calculations and charts: Agree (combined total of “Strongly Agree” and “Agree”), Disagree (combined total of “Strongly Disagree” and “Disagree”), “Neutral”, and “N/A”. Some demographic questions also include a “Prefer Not to State” option. These responses are excluded from certain graphs and percentage calculations.

Surveys included separate sets of questions for adults and children, which are presented in distinct charts where applicable. Findings are organized by categories for clarity and ease of interpretation.

METHOD

The survey was conducted from July 28, 2025, to August 29, 2025. During this period, surveys were distributed in person to individuals receiving services. Paper surveys were made available at the LCCMH main building front desk, through primary case holders, or directly from other staff members.

A total of 851 surveys were distributed: 303 for children and 548 for adults. Of these, 160 surveys were distributed to individuals receiving Home and Community-Based Services (HCBS). This distribution approach allowed for a broad and inclusive understanding of service experiences across both child and adult populations, including those enrolled in specialized support programs.

Some individuals received staff assistance in completing the survey. To encourage participation, all respondents, both adults and children, who returned the completed surveys by the posted deadline were entered into a random drawing for one of five \$20 gift cards.

In total, 303 surveys were completed, resulting in a **36%** overall response rate, an increase from **26%** in FY24. Of the completed surveys, 50 were from children, 208 from adults, and 45 from adult HCBS recipients. Among all respondents, 262 individuals (223 adults and 39 children), received Certified Community Behavioral Health Clinic (CCBHC) services.

DEMOGRAPHICS

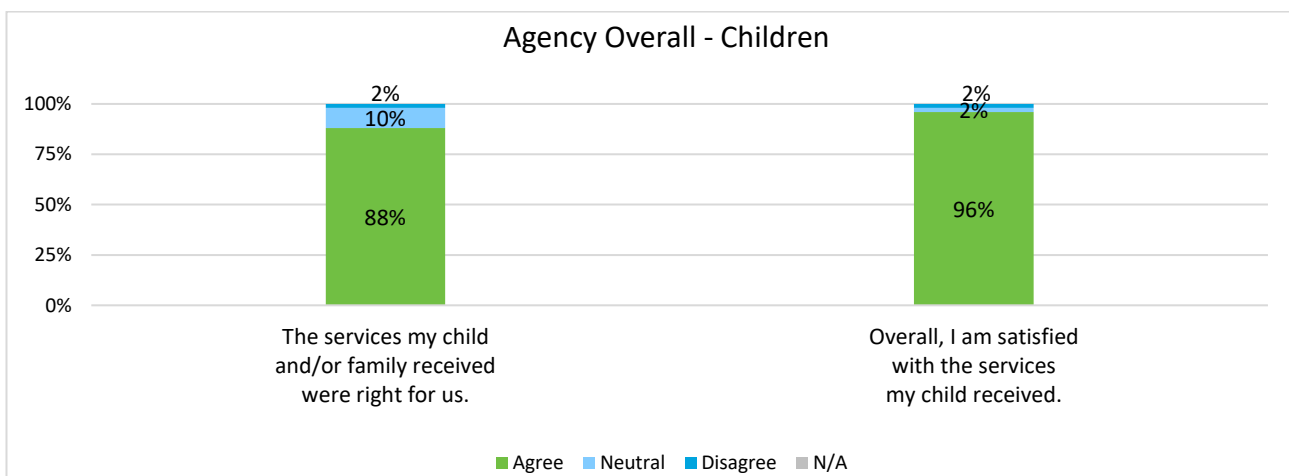
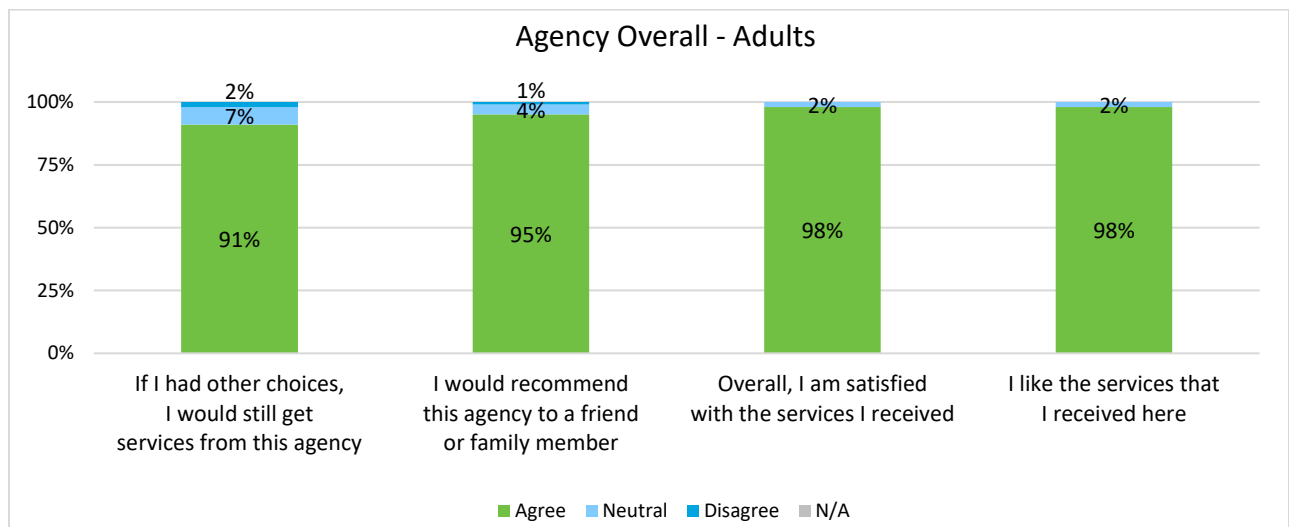
Surveys were distributed separately for adult and children's services and included responses from individuals across all service populations, including those with mild to moderate mental illness, serious and persistent mental illness, serious emotional disturbance, intellectual and developmental disabilities, co-occurring disorders, and substance use disorders.

Among adult survey participants (ages 18 and over), 60% identified as female, 37% as male, 2% as another gender identity, and 1% preferred not to state. Among child respondents (age 17 and under), 57% identified as male, 41% as female, and 2% preferred not to state. With regards to race, 89% of adult respondents identified as White (Caucasian), 4% as American Indian or Alaskan Native, 2% as Black or Biracial, 2% as Other, and 3% chose not to disclose their race. For child respondents, 89% were reported as White (Caucasian), 9% as Black or Biracial, and 2% were not specified.



Agency Overall

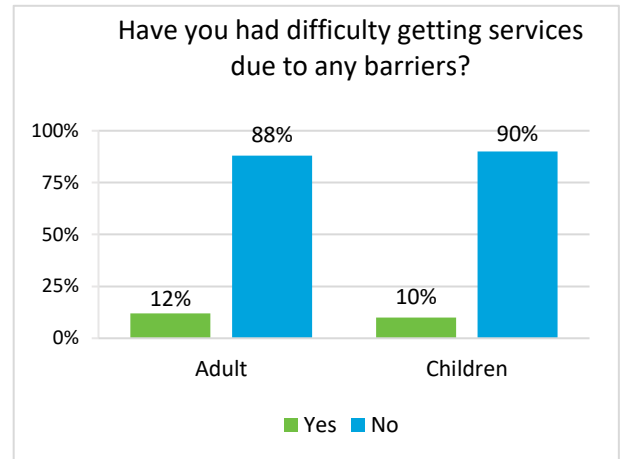
The results indicate a high overall satisfaction among both adult and child respondents regarding the services received. Among adults, 98% reported being satisfied with their services, an increase from 97% in FY24. Additionally, 95% stated they would recommend this agency to a friend or family member. For child respondents, 96% expressed satisfaction with services provided, representing an improvement from 91% in FY24. However, 88% felt services they received were right for them, reflecting a decrease from 95% the previous year.



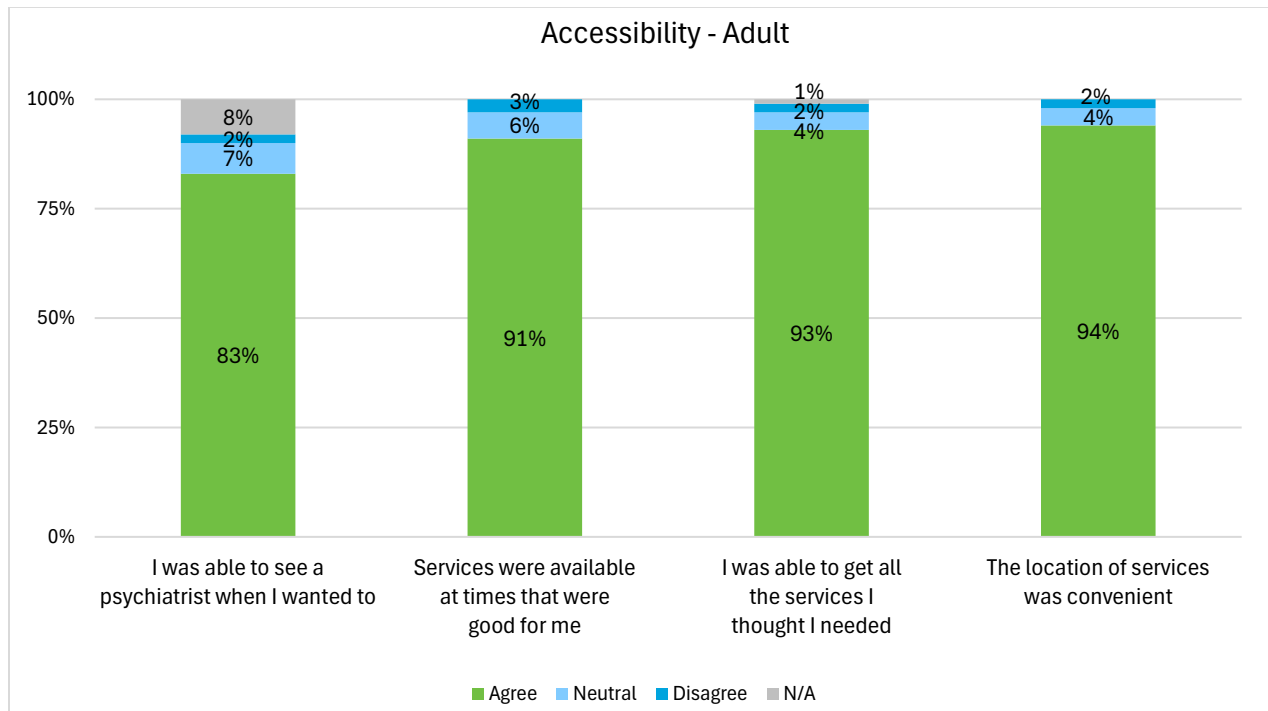


Accessibility

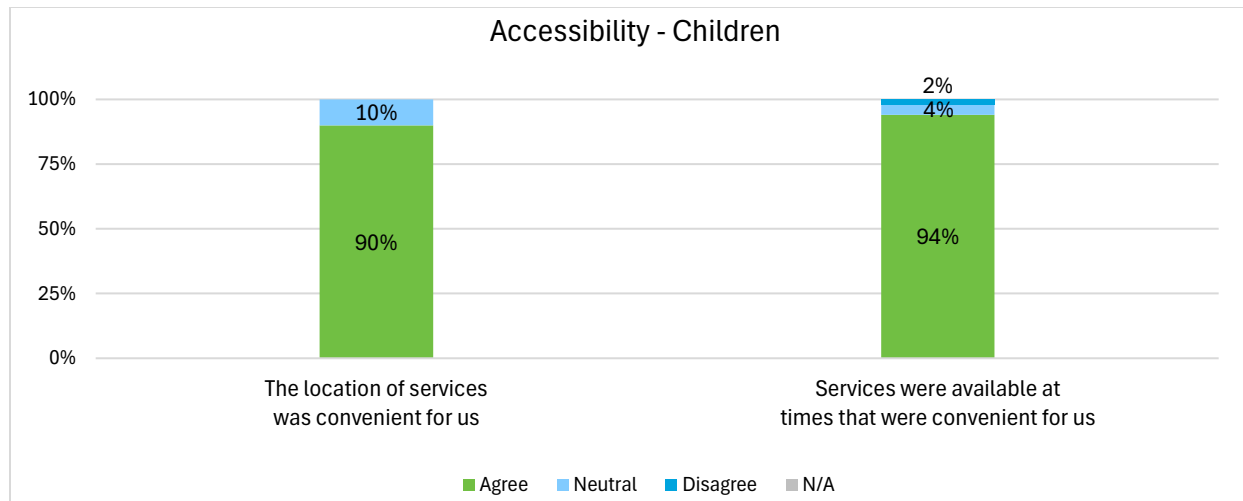
This set of questions focused on the convenience of service location and availability for both adults and children. In this category, 94% of adult respondents rated the location of services favorably, an increase from 90% in FY24. Among child respondents, 90% expressed satisfaction with service location, representing a slight decrease from 95% last year. Regarding the convenience of service times, 91% of



adults and 94% of children reported favorably. When asked about barriers to accessing services, 88% of adults reported experiencing no barriers, a slight decline from 91% in FY24. Similarly, 90% of child respondents reported no barriers. Among those who did report, common issues included: lack of transportation, insurance complications, financial difficulties, severity of mental or physical health symptoms, limited availability of counselors, and challenges with diagnosis.

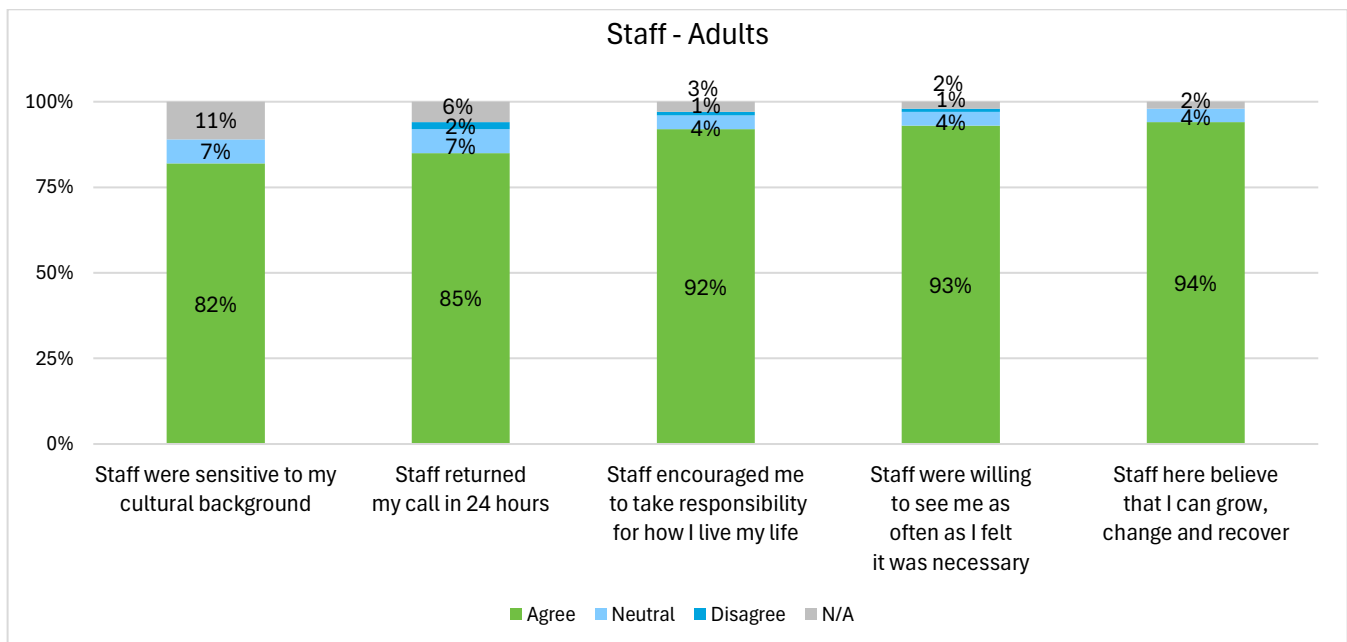


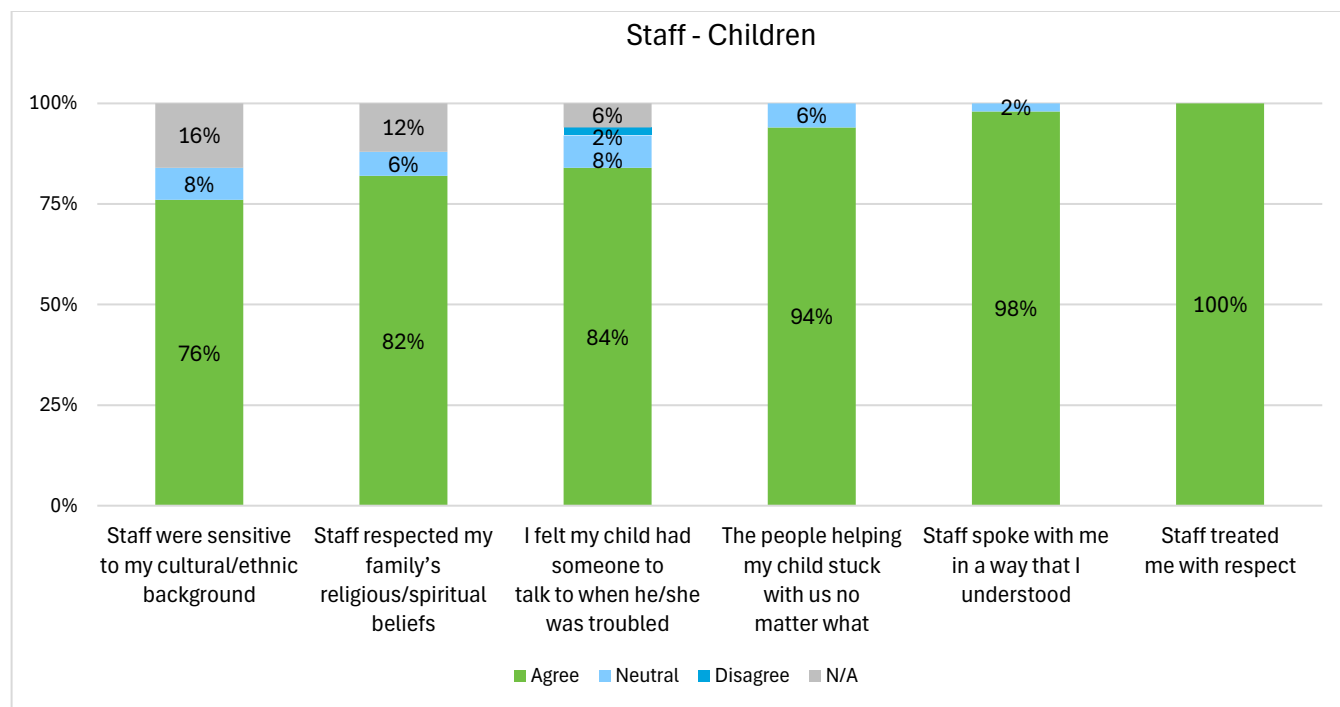
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Staff

This category focused on staff performance and interactions with tailored questions directed at both adult and child respondents. One shared question asked whether staff were sensitive to respondents' cultural and ethnic background (race, religion, and language). Among adults, 82% agreed, representing a slight decrease from 87% in FY24. In contrast, 76% of children responded in agreement, showing an improvement from 70% the previous year. The highest-rated question in this category for adults was whether staff believed they had the capacity to grow, change, and recover, with 94% of respondents in agreement. For children, the highest scoring question was if staff treated them with respect, receiving a 100% positive response rate.





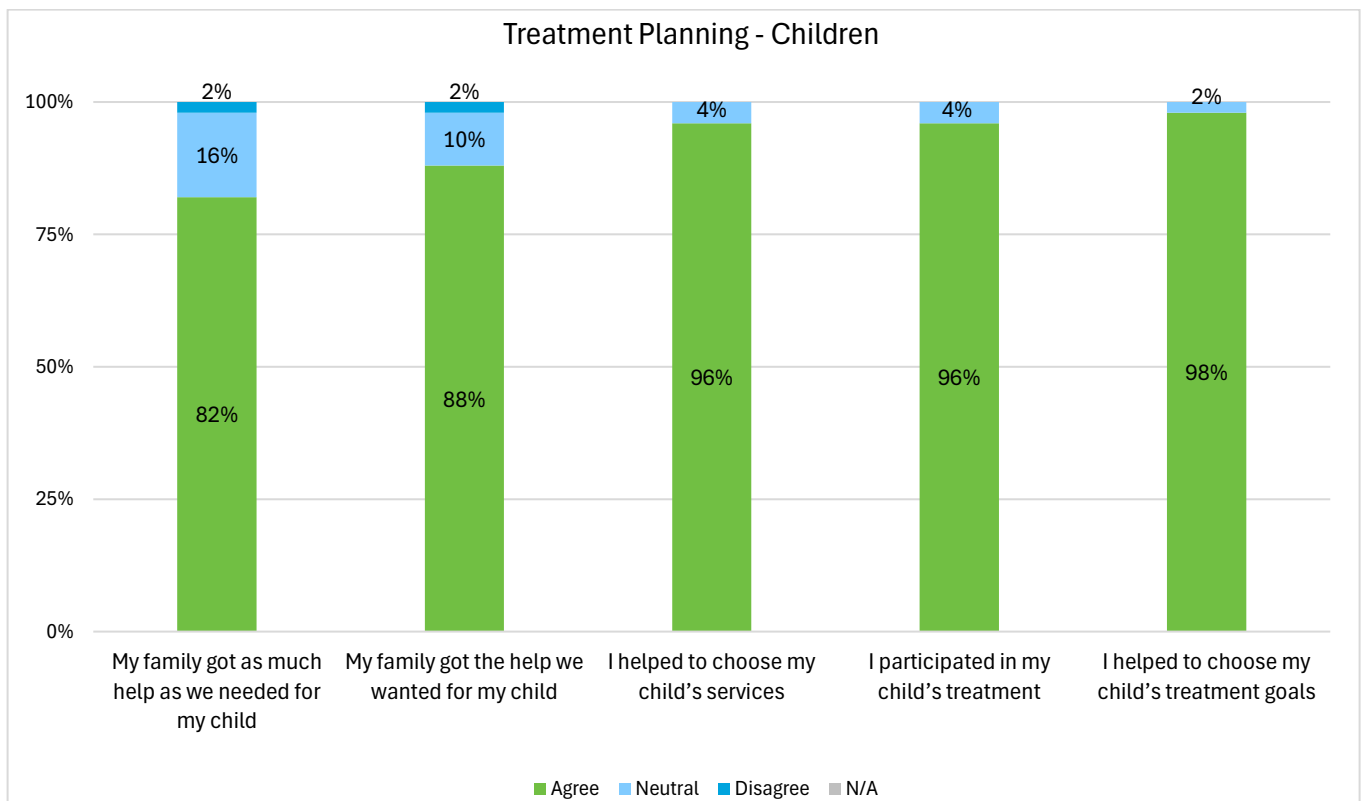
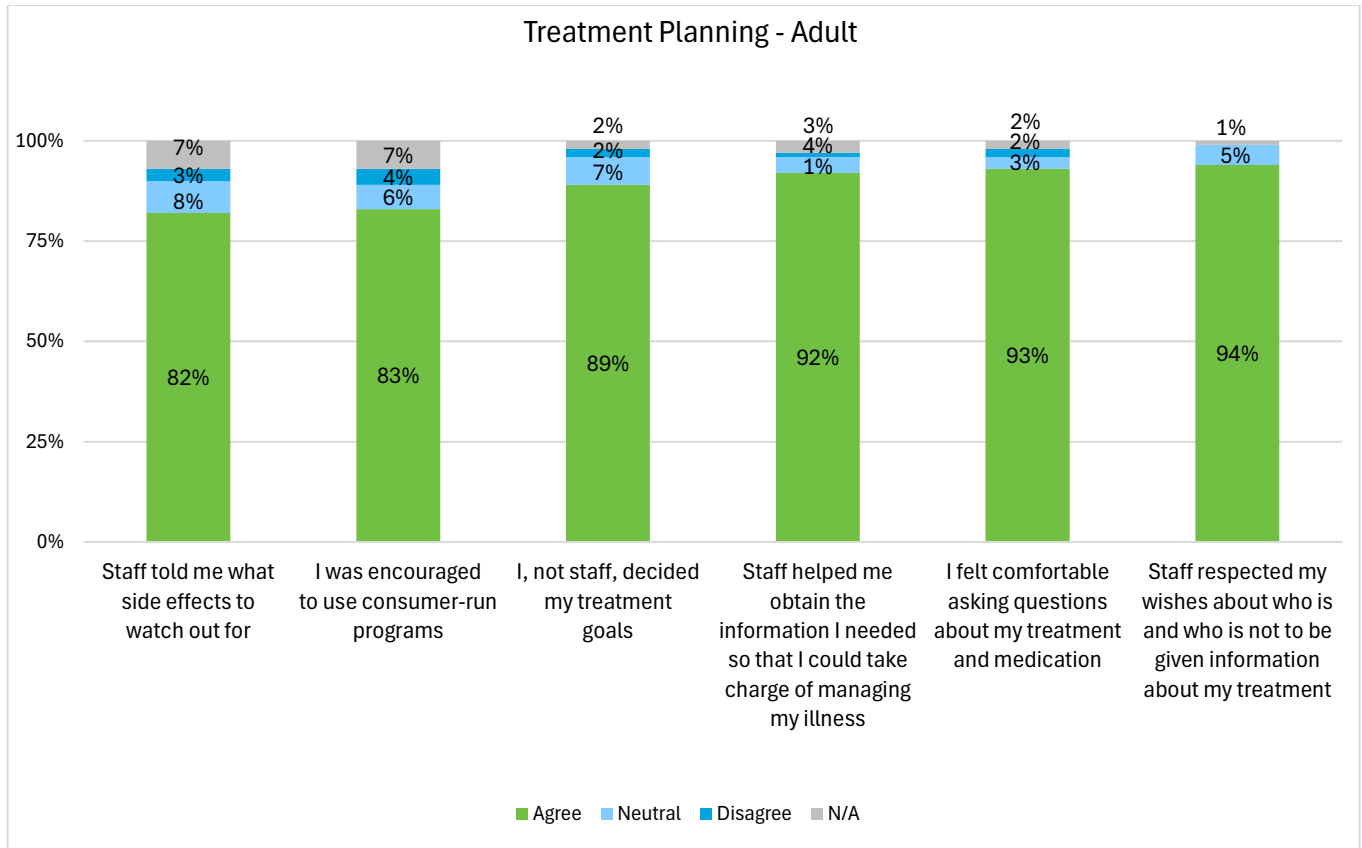
Recipient Rights

Adult survey participants were asked whether they felt free to voice complaints, with 90% indicating agreement. Additionally, 96% reported that they were given information about their rights. While the children's survey did not include questions related to rights, perceptions of family involvement in treatment and related areas were captured through questions in other survey categories.

Treatment Planning

The Treatment Planning category included distinct questions for adults and children, focusing on treatment involvement, goal setting, and perceived support. For adult respondents, the highest-rated question was staff respecting their preferences regarding the sharing of personal information, with 94% responding positively, matching the result from FY24. The lowest-rated question was whether staff informed them about potential side effects to watch for, which received an 82% favorable response, a slight increase from 80% the previous year. Among children respondents, the highest-rated question was related to receiving support in choosing services and setting treatment goals, with 98% responding positively, an increase from 95% in FY24. However, the question with the lowest score asked whether they received the help they wanted for their child, which declined to 82%, from 91% the previous year.

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Symptom Management

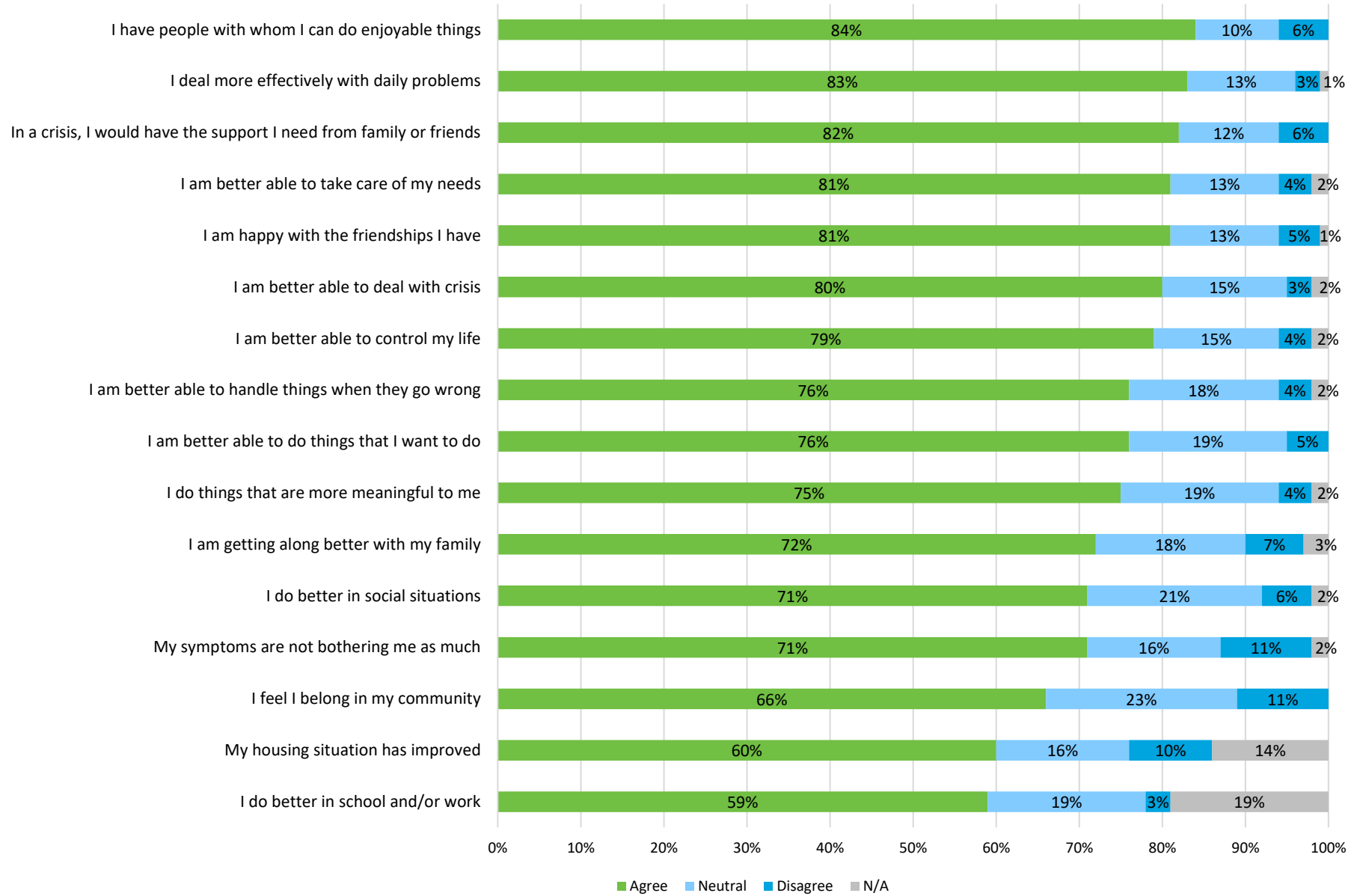
The survey questions related to symptom management were tailored to reflect the distinct experiences and priorities of adults and children. This category is a critical area of focus, as it directly reflects how well individuals are managing day-to-day impact of their behavioral health conditions and their ability to function in key areas of life such as school, work, family, and social relationships.

For adult participants, the questions in this category focused on aspects of their personal lives, their ability to handle crises, maintain social connections, and functioning effectively in work or school environments. When asked if they had people with whom they can do enjoyable things, 84% responded positively, a slight decrease from 86% in FY24. Similarly, 83% agreed that they deal more effectively with daily problems, an improvement from 80% last year. The lowest-rated question in this category for adults is related to functioning better in school and/or work with 59% agreeing, an increase from 57% in FY24.

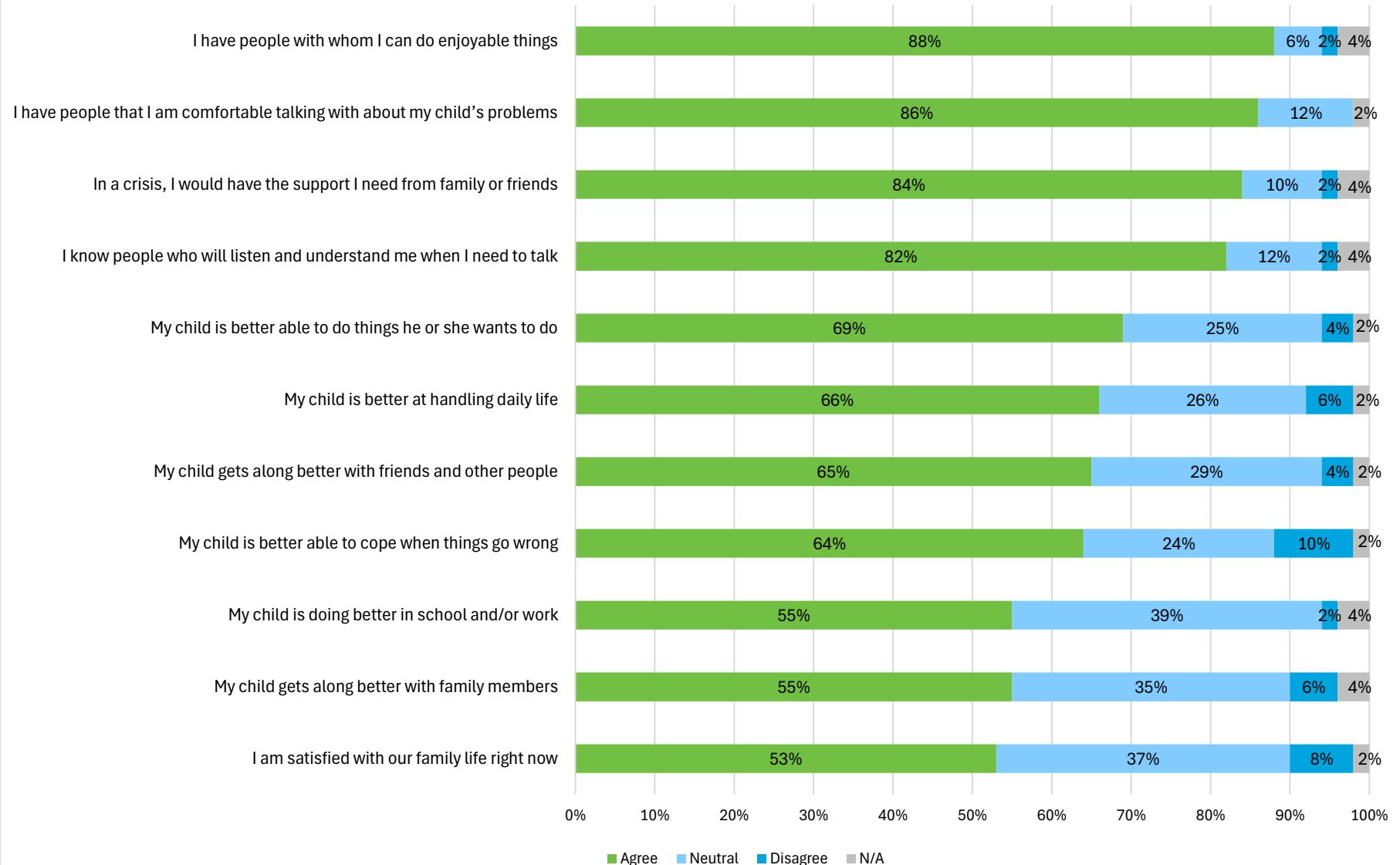
For child participants, the results also reflected both strengths and areas for growth. A total of 88% agreed that they have people with whom they can do enjoyable things, an increase from 82% the previous year. When asked whether they would have the support they need from family or friends during a crisis, 84% responded in agreement, an increase from 77% in FY24. The lowest rated question for children was satisfaction with family life, with 53% in agreement, reflecting a decrease from 64% last year.

The following graphs illustrate the full set of questions and responses within this category.

Symptom Management - Adult



Symptom Management - Children

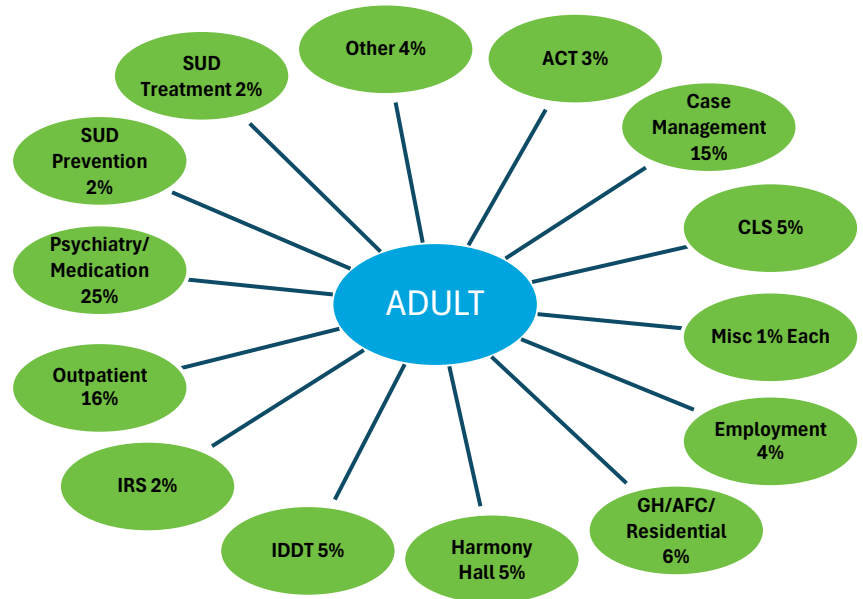


Services Received

As part of the Customer Satisfaction Survey, respondents were asked to indicate which services they had used. Understanding which services are most frequently utilized provides valuable context for interpreting overall satisfaction levels. The following graphs summarize the distribution of services among survey participants.

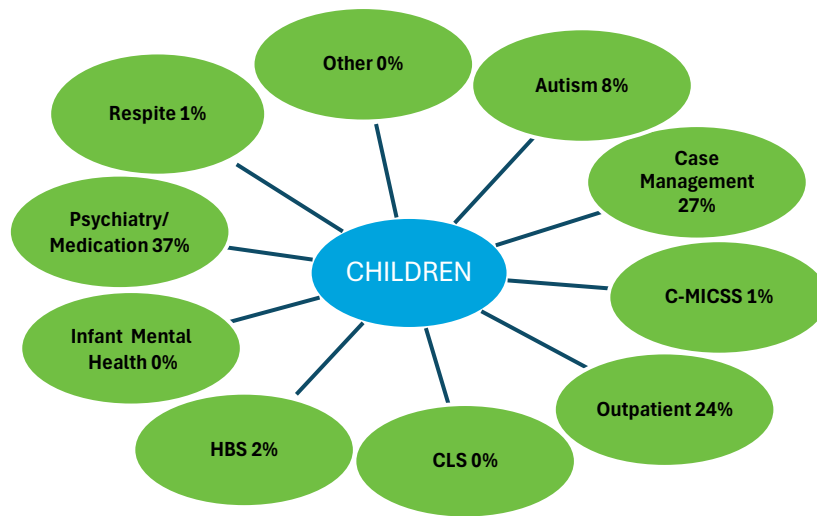
Adult Services:

- Assertive Community Treatment Program (ACT)
- Case Management
- Community Living Support (CLS)
- Creative Arts
- Dimensions Well Body
- Employment Services
- Group Home/Adult Foster Care (AFC)/Residential
- Habilitation Supports Waiver
- Harmony Hall Clubhouse Services
- Integrated Dual Diagnosis Treatment (IDDT)
- Intensive Recovery Services (IRS)
- Mobile Intensive Crisis Stabilization (MICSS)
- Outpatient Therapy
- Psychiatry and Medication Services
- Respite
- Stepping Stone
- Substance Use Disorder (SUD) Prevention
- Substance Use Disorder (SUD) Treatment
- Other



Misc programs include Creative Arts, Dimensions Well Body, Habilitation Supports Waiver, Mobile Intensive Crisis Stabilization, Respite, Stepping Stone.

Other, per survey comments include therapy, Mental Health Court, Citizens Advisory, Dialectical Behavior Therapy (DBT), Moral Reconciliation Therapy (MRT)

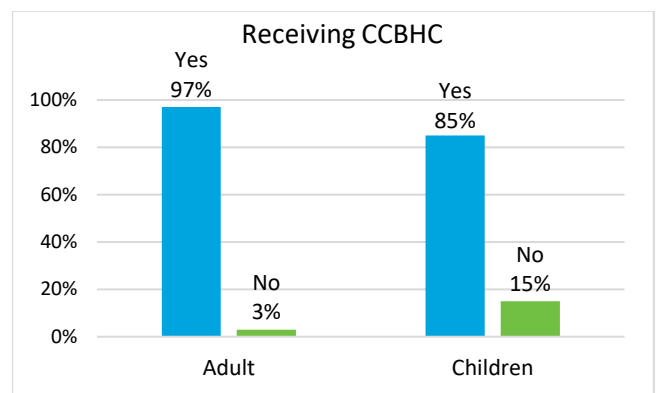
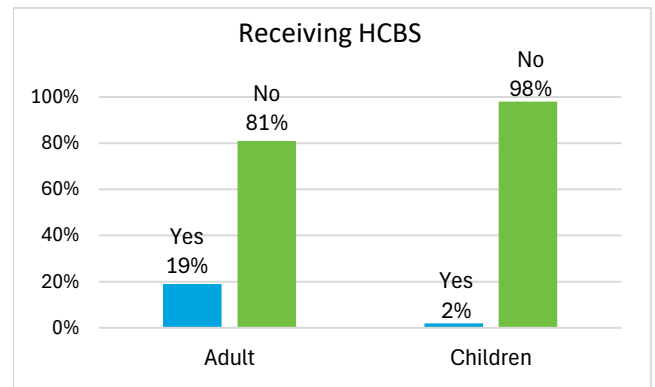


Children's Services:

- Autism Services
- Children's Case Management
- Children's Mobile Intensive Crisis Stabilization Services (C-MICSS)
- Children's Outpatient Therapy
- Community Living Support (CLS) Service
- Home Based Services
- Infant Mental Health
- Psychiatry or Medication Services
- Respite Service
- Other

HCBS and CCBHC Services

Both the adult and children's surveys asked respondents whether they receive Home and Community Based Services (HCBS) and/or Certified Community Behavioral Health Clinic (CCBHC) services. HCBS allow individuals to receive support in their own homes or communities rather than in institutional or isolated settings. These services may include skill-building, supported employment, and Community Living Supports (CLS) delivered in provider-owned settings, such as Adult Foster Care homes. CCBHC services aim to provide comprehensive, high-quality mental health and substance use disorder (SUD) care, serving all individuals regardless of diagnosis or insurance status.



Overall, the survey results suggest that a significant majority of respondents benefit from CCBHC services, while a smaller, yet meaningful, portion receives HCBS. Among adult respondents, 97% reported receiving CCBHC services, compared to 19% who reported receiving HCBS. For child respondents, 85% reported receiving CCBHC services, while only 2% reported receiving HCBS.

Respondent Comments

The surveys provided an opportunity for both adult and children respondents to share additional comments regarding the services they receive, challenges they face, and general feedback. The responses below are presented as written by respondents:

Have you had difficulty getting services:

- Only in the start, it took me over a month to finally get started
- Transportation, lack of money, severity of symptoms
- Transportation, mom being late, lack of money, no vehicle of my own



- In the end of 2023, my therapist was switched and when my new therapist could not get in touch with me I was terminated. Then I went through Access to get back in CMH and the person I had my intake with was very short with me in conversation & finally told me I did not need services. This person was tall & I think her first name was [staff]. So I went a year without treatment because I couldn't find a counselor to take my insurance. I came back again 2 or 3 months back
- Please advertise additional resources in the lobby. It's hard to notice them beyond the doors
- Complicated
- Not usually, sometimes it takes a little while to get into more appointments. I feel I need to talk more often sometimes
- Due to my son's father working they automatically won't help me
- Transportation confusion
- I have emphysema, back pain, incontinence
- Work services and transportation at times
- I'm working on going through MRS and therapist yet
- Transportation at the moment is a challenge
- One truck we share sometimes it's hard to do things that need to be done. Will love help with some of bills just to be up with everything, we are so behind
- I'm having difficulty finding someone who will fill out my evaluation for my VA mental disability claim
- Mental health services are hard to get
- Unable to receive medication to treat my mental health problems - the doctors will not offer many drugs
- Just with the nero center. It's difficult to get an appointment
- I don't drive
- Physical therapy that he wants to do
- Housing-independent and affordable
- When I lived in another county
- No working car
- Switching doctor
- Due to my child's diagnosis it limits what is available to her
- Counseling services no longer available on the day I have off work
- Limited due to child's age
- Waited for counselor to be available
- Trying to get a diagnosis to figure out if she is autistic
- CMH staff helps with transport

General Comments:

- If it wasn't for CMH I'm not sure where I would be
- Everyone at the Lapeer County CMH has been extremely patient, kind and helpful to myself & others
- I am new to getting treatment so my answers reflect that, not the program itself

- Working on apartment
- Currently talking to counselor every 3 weeks or so
- I am so thankful to have [staff] help me. They are wonderful
- I don't know how I would explain it really
- Thank you to [staff] for meeting me and changing needs
- I got the help I needed plus some. I enjoy it a lot
- Lack of communication about DBT and case management, IPS services
- I would like messaging access to my counselor for help outside of appointments
- I refer this one and Sandusky to people all the time
- Wonderful staff, from therapists to the front desk. Awesome place here
- ACT workers don't pressure me to work and I feel better that I can work on me with their help
- Staff is wonderful!
- First place I've come in years who communicates quickly & makes me feel heard
- [Staff] is an amazing therapist!
- Fantastic team that has helped me in my darkest of days. I have restored my faith, hope, and dreams through what the [staff] has taught me. I want to live the most fulfilling life now :-)
- Love my services. I'm happy at Harmony Hall
- My case manager/therapist [staff] is awesome! She is very knowledgeable and understanding. My psychiatrist, [staff], is great. [Staff] is very helpful and understanding and great. All staff at Harmony Hall are awesome!!
- [Staff] are awesome! The only issue I would have is what I believe is a diagnosis that doesn't fit DSM criteria
- My team here at LCCMH is so great they have helped me be able to live life again!
- Thank you everybody for your support in my growth
- [Q21-32] I only just started my services and can't say yet
- [Staff] has been wonderful & amazing!
- My husband and I have had guardianship of 2 grandchildren, for over 13 years. The situation is becoming untenable. Help!
- We love [staff]!!
- This does not need to be phrased this way. It could be asked what gender was your child at birth
- As my grandson has not been in treatment long, I probably don't need to be contacted at this time.

Regional Comparison

The survey data collected for both children and adults are submitted to the Region 10 PIHP for a regional comparison. A copy of the comparison results can be found on the Region 10 website

www.region10pihp.org.

Conclusion and Action Plan

For both children and adults, the highest-rated areas of satisfaction were related to how staff treated those served and the overall care environment. Respondents gave positive feedback about their involvement in treatment planning, the respectful and supportive attitudes of staff, and the assistance provided to help manage their illness. Many respondents reported feeling that they had someone to talk to who genuinely listened. Accessibility of services, such as convenient appointment times and locations, was also identified as a strength.

The lowest-rated areas were related to symptom management. Adult respondents indicated difficulty managing work or school responsibilities, while children respondents expressed dissatisfaction with their current family life. While symptom management continues to be an area with lower scores, one point to note is that persons served who complete this survey could be new to LCCMH services. Additionally, the interpretation of “symptom” could vary and may include physical health symptoms.

In response, the agency continues to explore and implement evidence-based practices (EBP) and staff training focused on improving symptom management and overall well-being. Key interventions include motivational interviewing, Dimensions Well Body, and Enhanced Illness and Management Recovery (E-IMR). Dialectical Behavioral Therapy (DBT) was implemented in FY25. LCCMH coordinates with both primary care physicians and behavioral health prescribers to ensure all needs of persons served are met, with about 67% of persons served seeing an LCCMH prescriber.

Programs such as Stepping Stone and Harmony Hall support skill-building, social participation, and community integration. LCCMH also offers Community Living Support (CLS). For children, adolescents, and their families, services include Infant Mental Health, Dialectical Behavioral Therapy for Adolescents (DBT-A), and Parenting Through Change (PTC).

LCCMH remains committed to ongoing evaluation and quality improvement. Satisfaction is assessed on an individual level annually and during periodic reviews. Additionally, the agency actively contributes to the Region 10 Customer Satisfaction Survey process and conducts annual Accessibility Surveys and Focus Groups to gather feedback from persons served. Survey results inform efforts to reduce service barriers and improve care. All feedback is reviewed by LCCMH’s Quality Council to identify targeted



areas for improvement. Survey findings are shared with the Citizen's Advisory Council, posted each year in the LCCMH lobby and on the agency website, and submitted to the LCCMH Services Board for use in strategic planning.

For additional information about this report or LCCMH services, contact us by phone at (810) 667-0500 or visit our website at www.lapeercmh.org.