

LAPEER COUNTY
Community Mental Health

**POST-DISCHARGE CUSTOMER SATISFACTION SURVEY REPORT
Fiscal Year 2021
(October 1, 2020 - September 30, 2021)**

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

Methodology:

The names for the post-discharge surveys are pulled from the clinical record software the month after the file is closed for at least 30 days. The total population of closed cases during the specified timeframe is pulled for the survey. The information is filtered to eliminate the names of people 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, or who have passed away are also excluded. Each month, the closed case report is generated and the survey is mailed to the last known address on record with a self-addressed stamped return envelope. Per the recommendation of the Citizen’s Advisory Council, persons served were also called a few weeks after the survey was mailed to encourage them to complete it and mail back or to complete over the phone.

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 410 surveys mailed with 39 surveys completed, 34 by mail and 5 by phone.

	Fiscal Year 2016-2017 (phone surveys)	Fiscal Year 2017- 2018	Fiscal Year 2018- 2019	Fiscal Year 2019- 2020	Fiscal Year 2020 - 2021
Surveys Mailed	547	584	393	355	410
Completed and Returned	107	90	28	32	39*
Percentage Returned	19.6%	15.4%	7.1%	9%	9.5%

*Includes 5 phone surveys.

The survey responses and demographics are in the summary report in the following pages.

Analysis:

This year, LCCMH continued a mailed survey and continued with follow-up calls. Five of the 39 responses were completed over the phone. 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. This year, any questions answered “not applicable” were removed from the analysis. This increased positive results for the questions compared to previous years.

A majority of persons served, 84%, had said they were overall satisfied with the services they had received. This was an increase of 10 percentage points from last year (FY20).

The statement, “Since receiving CMH services, I am better able to deal with crises” had a response of 71% positive, which had a 21 percentage point increase from last year. The response to the statement: “Since receiving CMH services, I deal more effectively with daily problems” increased from 62.5% last year to 80%.

As for the question: “Since receiving CMH services, my symptoms have improved” saw a significant increase from 50% last year (FY20) to 78% this year. When asked, “Since receiving CMH services, I get along better with people”, the response was positive and 70% of persons served said they did get along better with people.

A majority of persons served, 77%, say they do continue to benefit from the services they received from LCCMH after discharge. This has continued to increase over the past few years.

When reviewing why persons served left treatment, 30% reported meeting treatment goals as their reason for discharge. This is a significant increase from 12% in FY20. The next two biggest reasons why persons served left services were “dropped out of treatment/no longer wanted services” at 22% and “moved out of region” at 16% (this decreased significantly from FY20 at 32%). 8% reported being “dissatisfied with services,” which decreased 15 percentage points from FY20. Transferring to another provider within Region 10 accounted for 5% of those who left services and 8% reported choosing another provider. 5% of those surveyed reported “treatment stopped by action of LCCMH.” 5% reported “services needed were not available” and “other (includes aging out of Children’s Services or illness).” Some comments indicated LCCMH closed their cases and the person served did not agree with it. Some comments indicated issues with their therapist, such as the person served not opening up during therapy, not connecting with the therapist, reporting the therapist did not keep appointments or it was difficult to schedule with the therapist.

Recommendations:

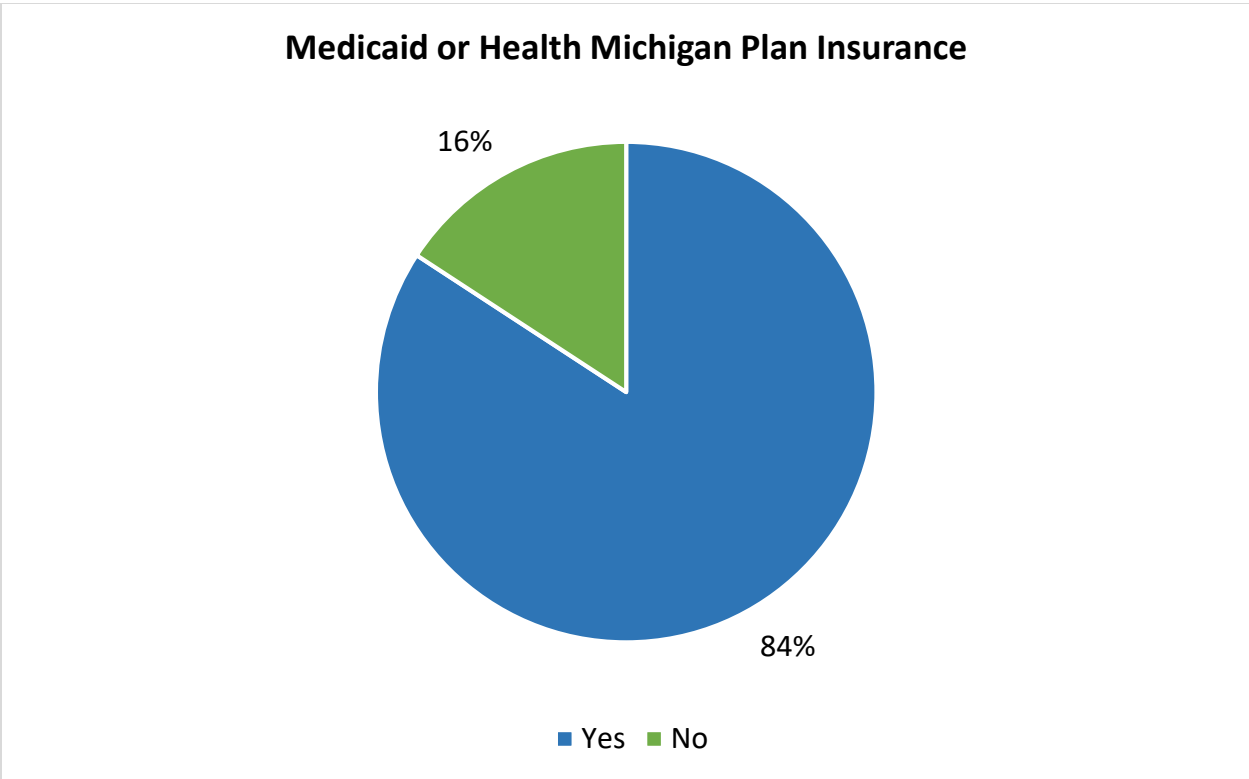
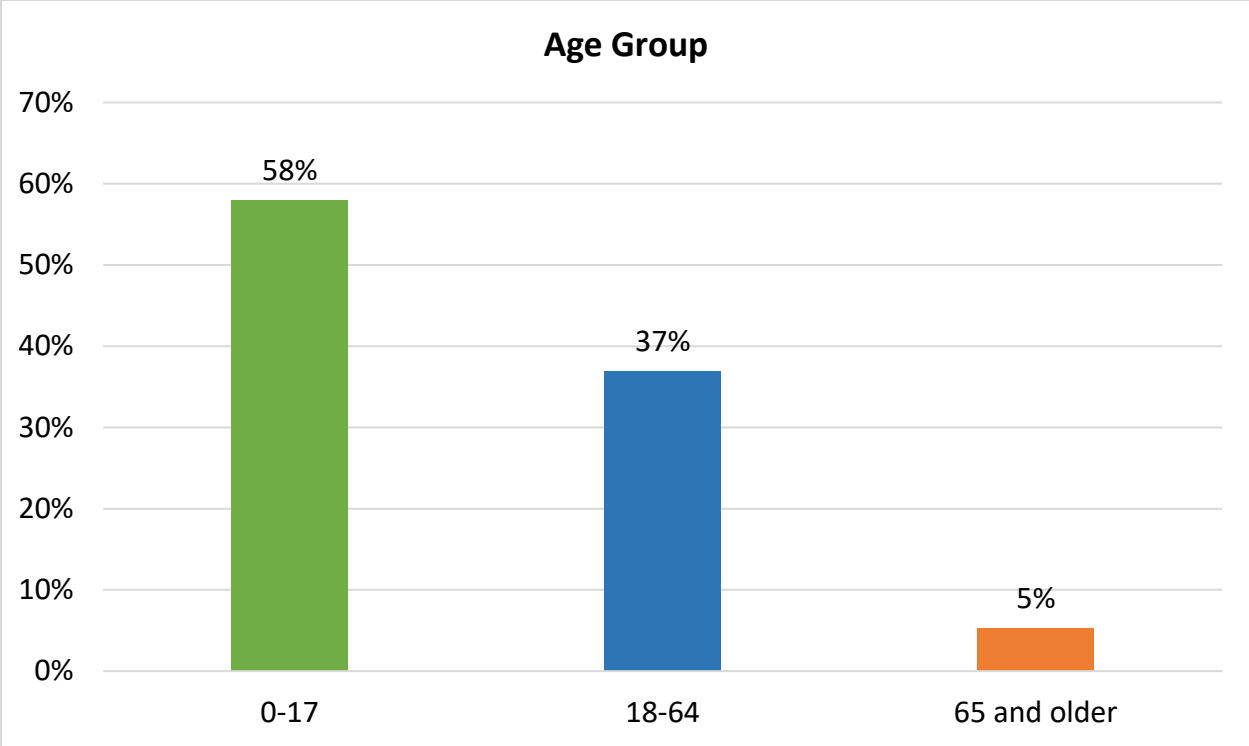
This year, persons served leaving treatment due to meeting their treatment goals more than doubled from last year and leaving because they were dissatisfied with services decreased. These suggest that person served satisfaction with services has improved. Dropping out of services remained similar to last year, so this is still an opportunity for improvement.

While dealing with crises, getting along with other people better, and symptom improved have increased, this may be in part due to eliminating “not applicable” responses from the analysis. The results for symptom management are similar to the results from the Fiscal Year 2021 Customer Satisfaction Survey. These are areas LCCMH can continue to work on.

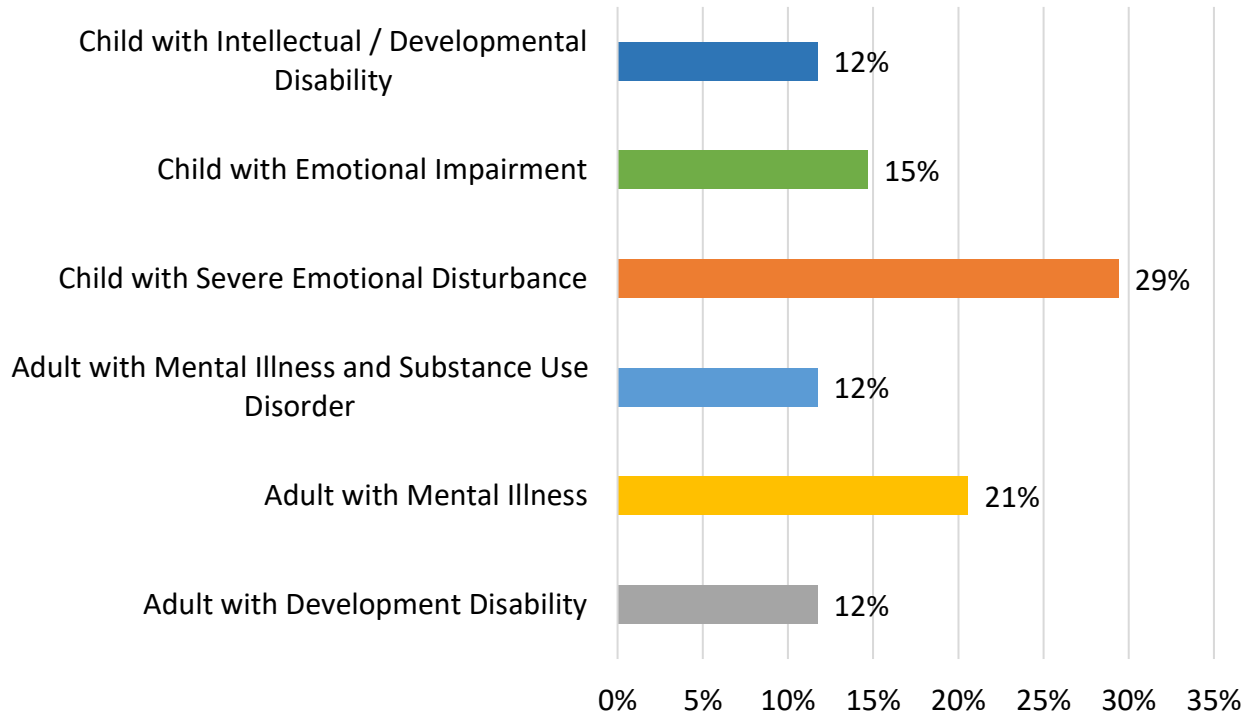
During active treatment, LCCMH uses the PHQ-9 (for adults) and PHQ-A (for adolescents) to measure depression symptoms. LCCMH hired an additional peer support in FY21. The peer has been trained in an evidence-based practice for Whole Health Action Management (WHAM). Peer led treatment groups will begin in FY22. Additionally, LCCMH will begin Illness Management Recovery Groups in FY22, once staff have received training in the model. Additional support and resources can be provided to persons served during treatment and discharge planning. LCCMH staff can also review crisis plans with persons served during discharge planning.

LCCMH continues to struggle with staffing shortages, specifically with Master’s level clinicians. LCCMH hired a Human Resources Manager who is increasing recruitment techniques. 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.

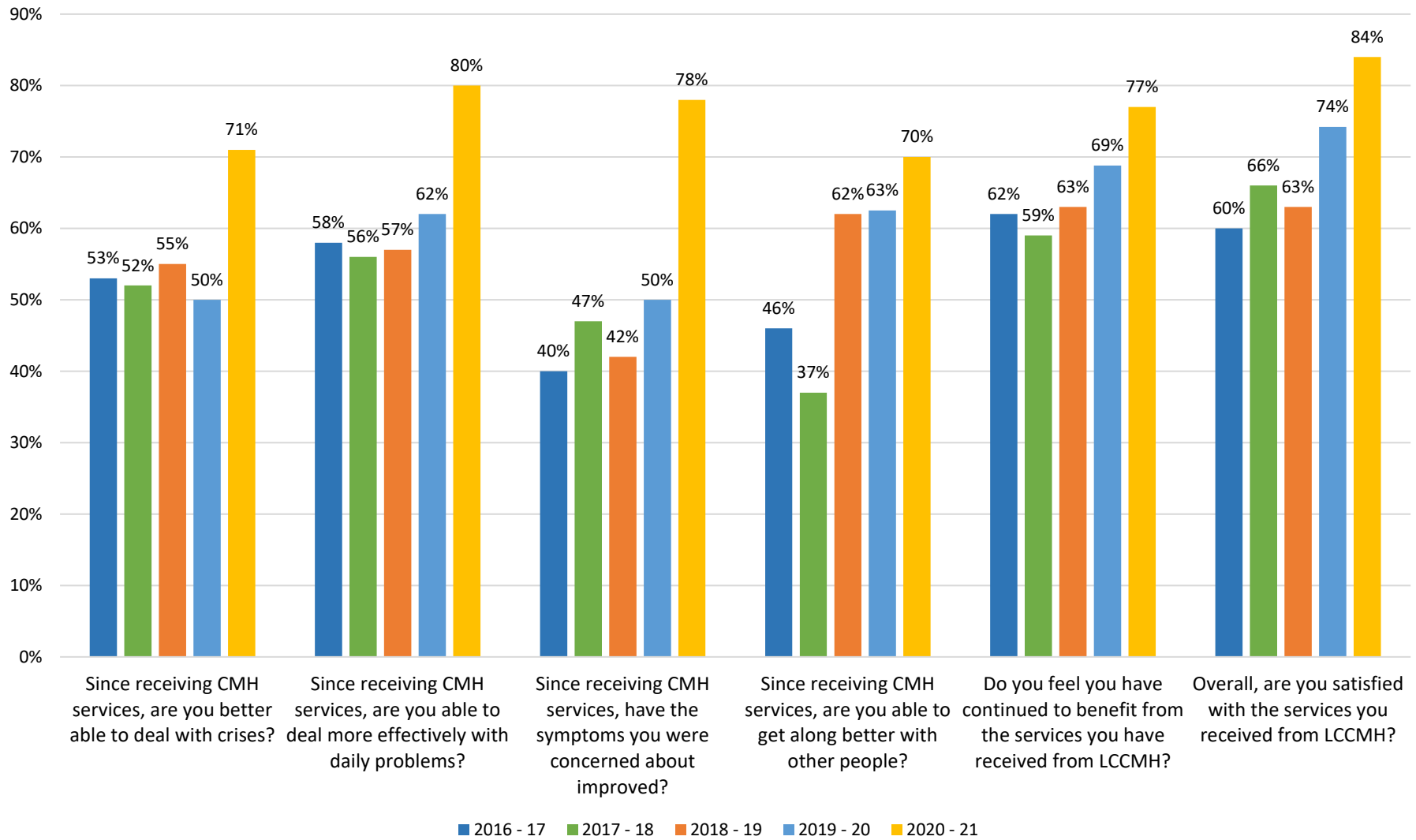
Another area of concern continues to be the response rate. Fluctuation in the rates between years can have an impact on the data. While LCCMH did see an increase in response rate, the increase was not significant enough and other avenues to increase the response rate need to be explored in FY22. A more 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.



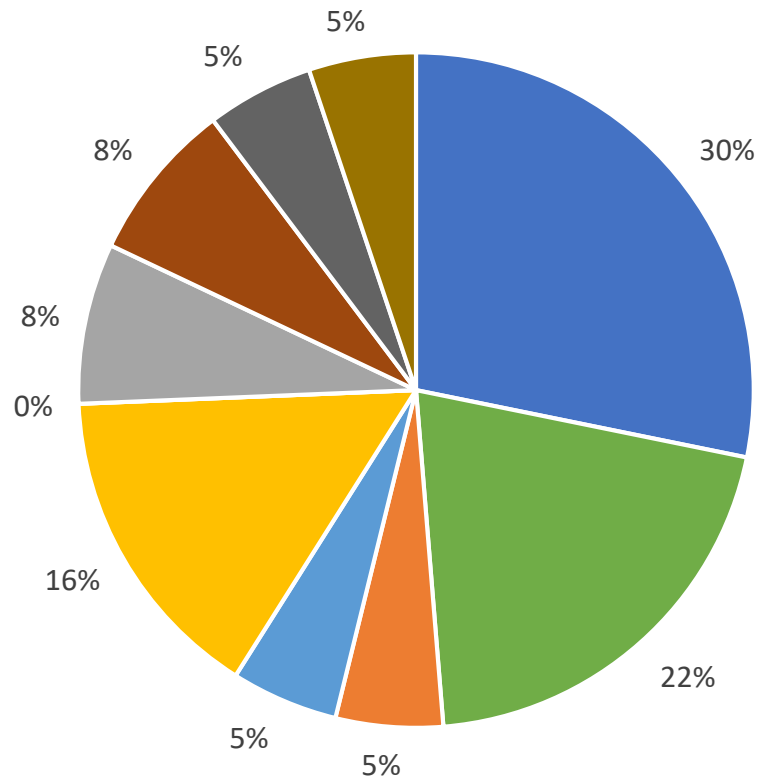
Service Population



% Yes Response to Survey Questions Over 5 Years



% of Why Persons Served Left



- Met goals / completed treatment
- Treatment stopped by LCCMH
- Moved out of region
- Chose another provider
- Other
- Dropped out of treatment
- Transferred to another agency within Region 10
- Became incarcerated
- Dissatisfied with services
- Services needed were not available