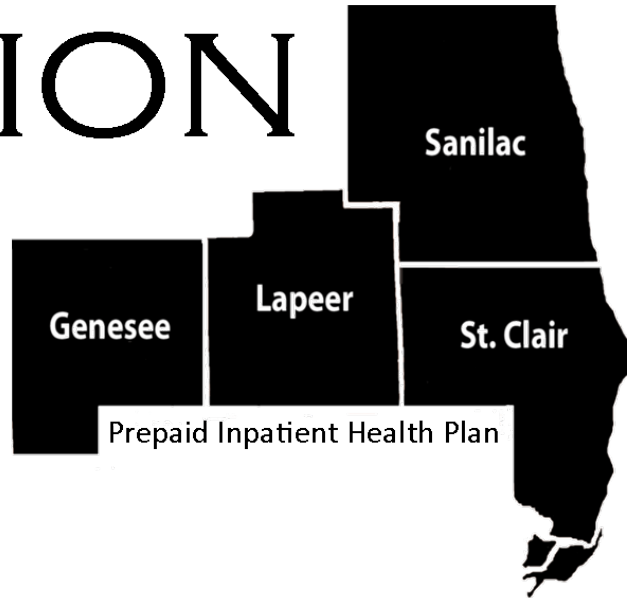


REGION

10



Customer Satisfaction Survey Report FISCAL YEAR 2022

**Region 10 Prepaid Inpatient Health Plan (PIHP)
Customer Satisfaction Survey Report FY2022
December 2022**

This report is a summary of the annual Region 10 PIHP Customer Satisfaction Survey regarding customer satisfaction in the regional provider network for Fiscal Year (FY) 2022. It represents the PIHP's effort to implement the Customer Satisfaction process as noted in the FY2022 Quality Improvement Program & Workplan.

Survey Methodology

In FY2022, Region 10 PIHP's Customer Satisfaction Survey project utilized aligned survey instruments. The survey instruments were designed in FY2016 and updated in FY2019 by the PIHP / Community Mental Health (CMH) Quality Management leaders on the Region 10 Quality Management Committee (QMC). In FY2019, four questions were added to the Adult survey and one to the Child survey to better address quality and availability of service delivery, while better aligning the two surveys. For FY2020, the questions were rearranged to mix the subjective/person-focused questions with the questions regarding satisfaction. In FY2022, some minor changes were made to the Adult and Child surveys after receiving feedback from the Region 10 Quality Management Committee. The wording of question number five on the Adult survey was changed to better align with Region 10's mission. On both the Adult and Child survey, the "provider use only" section used to identify members receiving Home and Community-Based Services (HCBS) was moved to the bottom of the survey, away from the questions, to alleviate confusion.

The CMH Adult population along with the Substance Use Disorder (SUD) network, specifically SUD Treatment Service Providers, were administered the Adult survey. The CMH Child population was administered the Child survey. The CMH Adult and Child surveys were administered to Region 10 Medicaid beneficiaries only. Individuals among the region were asked to collectively rate their service experience. The FY2022 Customer Satisfaction Survey was conducted from August 1, 2022 to September 2, 2022. Each CMH recorded survey responses via their preferred method and reported their data to the PIHP. The PIHP aggregated and analyzed the data.

Below are the questions asked in each survey. Questions are posed in a "yes" or "no" response format. Some questions allowed for the option to provide open-ended feedback.

The Region 10 Adult survey consisted of the following items:

1. I like the services I have received.
2. As a result of services received, my symptoms are not bothering me as much.
3. Staff were sensitive to my cultural/ ethnic background and treated me with respect.
4. As a result of services received, I am better able to control my life.
5. Staff believed in me by supporting my journey towards recovery, discovery, health, and independence.
6. Services were available at times that were convenient to me.
7. As a result of services received, I do better in social situations.
8. I am happy with the quality of services I have received.
9. Have you had any difficulty getting services due to any barriers? If yes, please explain.
10. As a result of services received, I deal more effectively with daily problems.
11. Overall, I am satisfied with the services I have received.
12. Do you have any other comments, questions, or concerns? If yes, please explain.

The Region 10 Child survey consisted of the following items:

1. As a result of services received, my child gets along better with family and others.
2. Services were available at times that were convenient for my family.
3. Staff were sensitive to my family's cultural/ethnic background and treated us with respect.
4. As a result of services received, my child is better able to do the things he/she wants to do.
5. My family got the help we needed for my child.
6. I am happy with the quality of services I have received.
7. As a result of services received, my child is better at handling everyday life.
8. Have you had any difficulty getting services due to any barriers? Please explain.
9. Overall, I am satisfied with the services I have received.
10. Do you have any other comments, questions, or concerns? Please explain.

It should be noted that on the Child survey at Lapeer CMH, question number 6 and 7 were inadvertently left off the survey that was administered to parents/guardians of children receiving services and no results for those questions were received.

In the Adult and Child CMH surveys, along with the SUD survey, the respondent was given the opportunity to provide their contact information if they wanted to be contacted by the provider for follow-up.

In both Adult and Child CMH surveys, one additional open-ended question was asked to supplement the findings obtained across each CMH:

- What would make services better for you or the community as a whole? Please explain.

In the SUD survey, two additional open-ended questions were asked to supplement findings across the SUD Network:

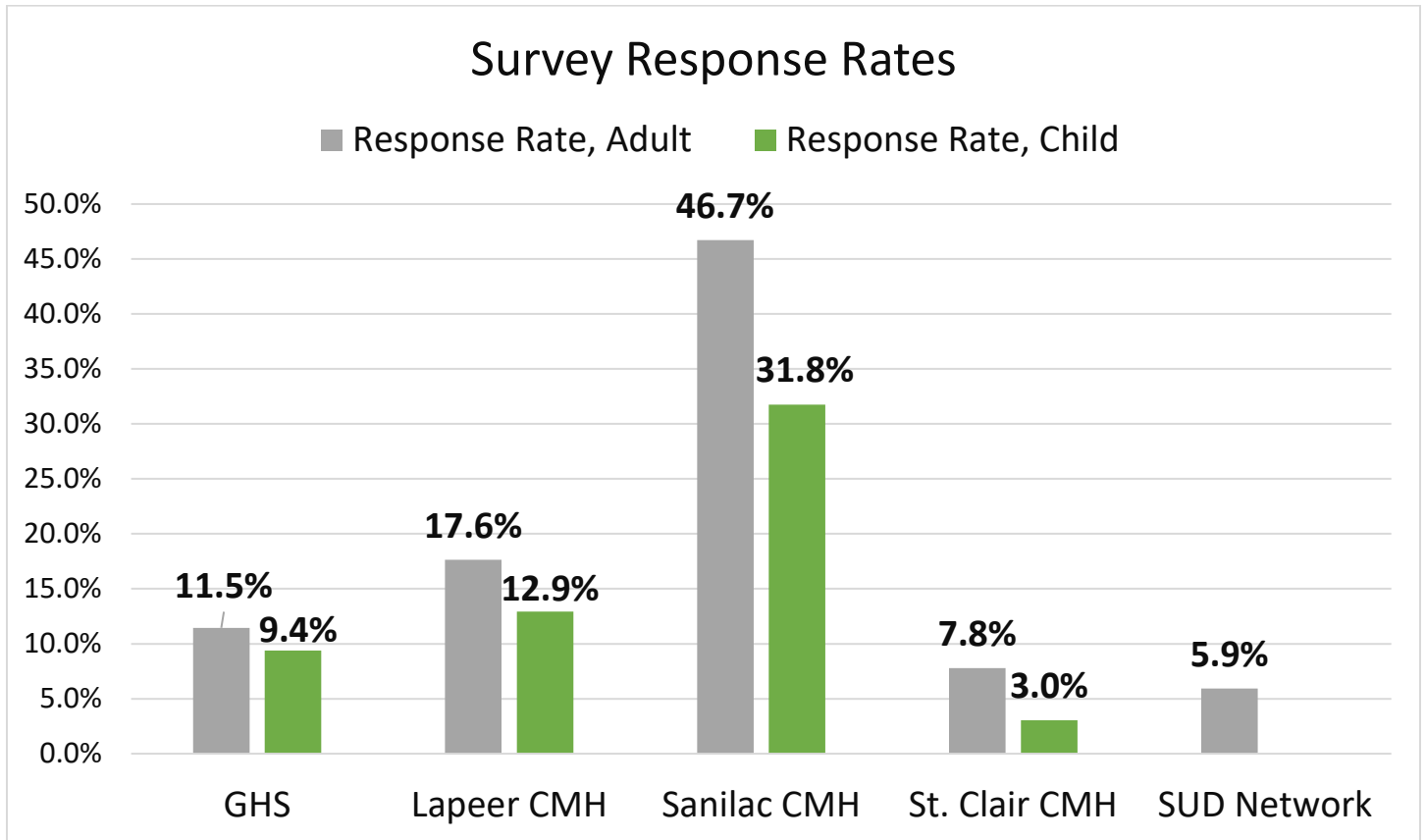
- Name one thing I like most about this program:
- Name one thing I think needs improvement in this program:

Individuals receiving long term support and services (LTSS) and HCBS were included in the sample population among each CMH and were included in the Adult and Child survey results. Survey data for the Adult HCBS population was also aggregated separately. HCBS provide individuals who need assistance with everyday activities the opportunity to receive services (such as personal care, homemaker, and adult day health services) in their own homes or the community as opposed to institutional settings. (Centers for Medicare & Medicaid Services, 2022)

Surveys were administered via mail by Genesee Health System (GHS), Lapeer CMH, Sanilac CMH, and St. Clair CMH. Sanilac CMH also administered a portion of surveys through telephone outreach. A random sample of 40% of adults and 40% of children who received a service during the month of May 2022 were selected to be surveyed by each CMH.

The PIHP mailed surveys on behalf of the SUD network. Surveys were sent to a random sample of 40% of individuals who received an SUD Treatment service during the month of May 2022. Addresses that were identified as erroneous by the PIHP were excluded from this sample. At least ten individuals were selected from each provider location. In instances where less than ten individuals were served at an SUD provider location during the selected time frame, all individuals received a survey. The surveys were mailed with a postage-paid return envelope to the selected individuals. The SUD surveys were mailed back directly to the PIHP and data was input into Survey Monkey. This data was then aggregated and analyzed by the PIHP.

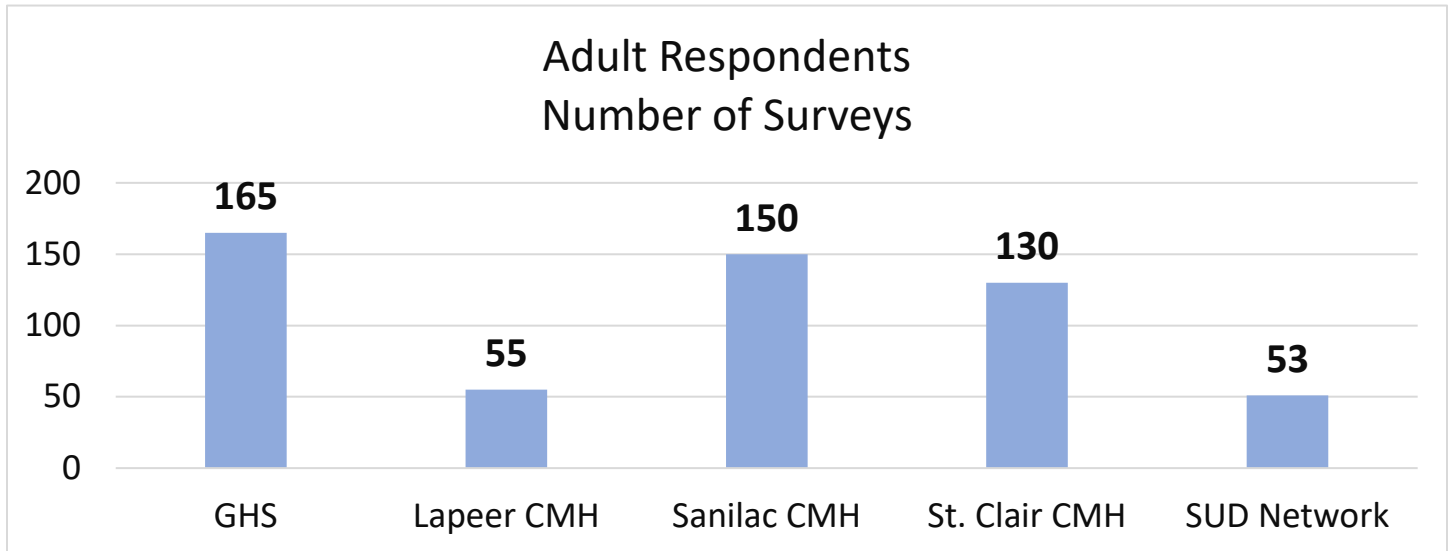
Survey response rates for FY2022 are as follows:



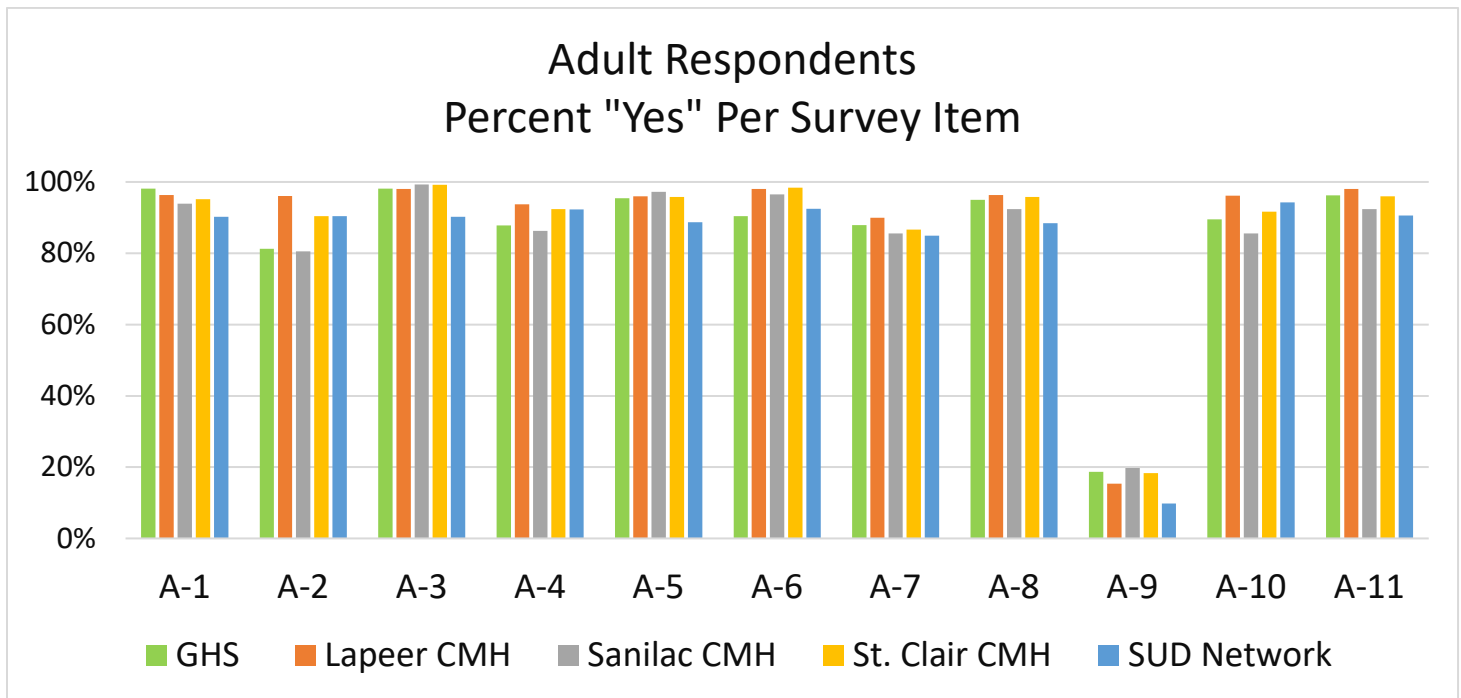
Region 10 Survey Results

Adult Surveys

A total of 553 surveys were completed by adults receiving services in the Region 10 PIHP network. Of the 553 surveys, 500 were completed by persons receiving CMH services. The remaining 53 surveys were completed by individuals receiving SUD Treatment services.



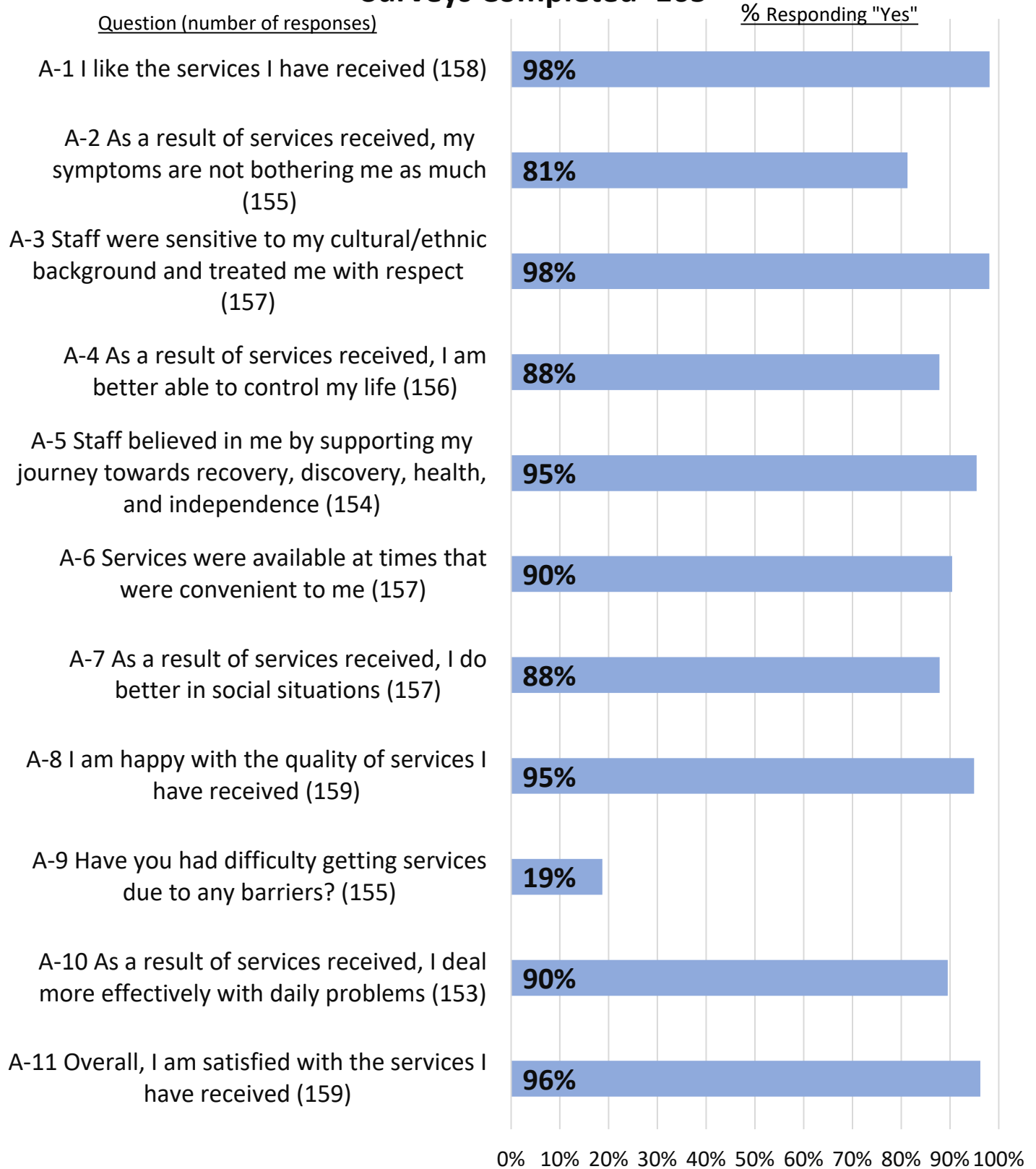
The graph below shows the percentage of “yes” responses per survey item for the Adult Survey.



The graphs on the following pages display survey detail from each CMH and the SUD Network for the Adult Survey. On each graph, “Surveys Completed” is the number of individuals completing the survey, the (n) next to each question is the number of responses received for the corresponding question, and the percentage is the percent of respondents answering “yes” to the corresponding question.

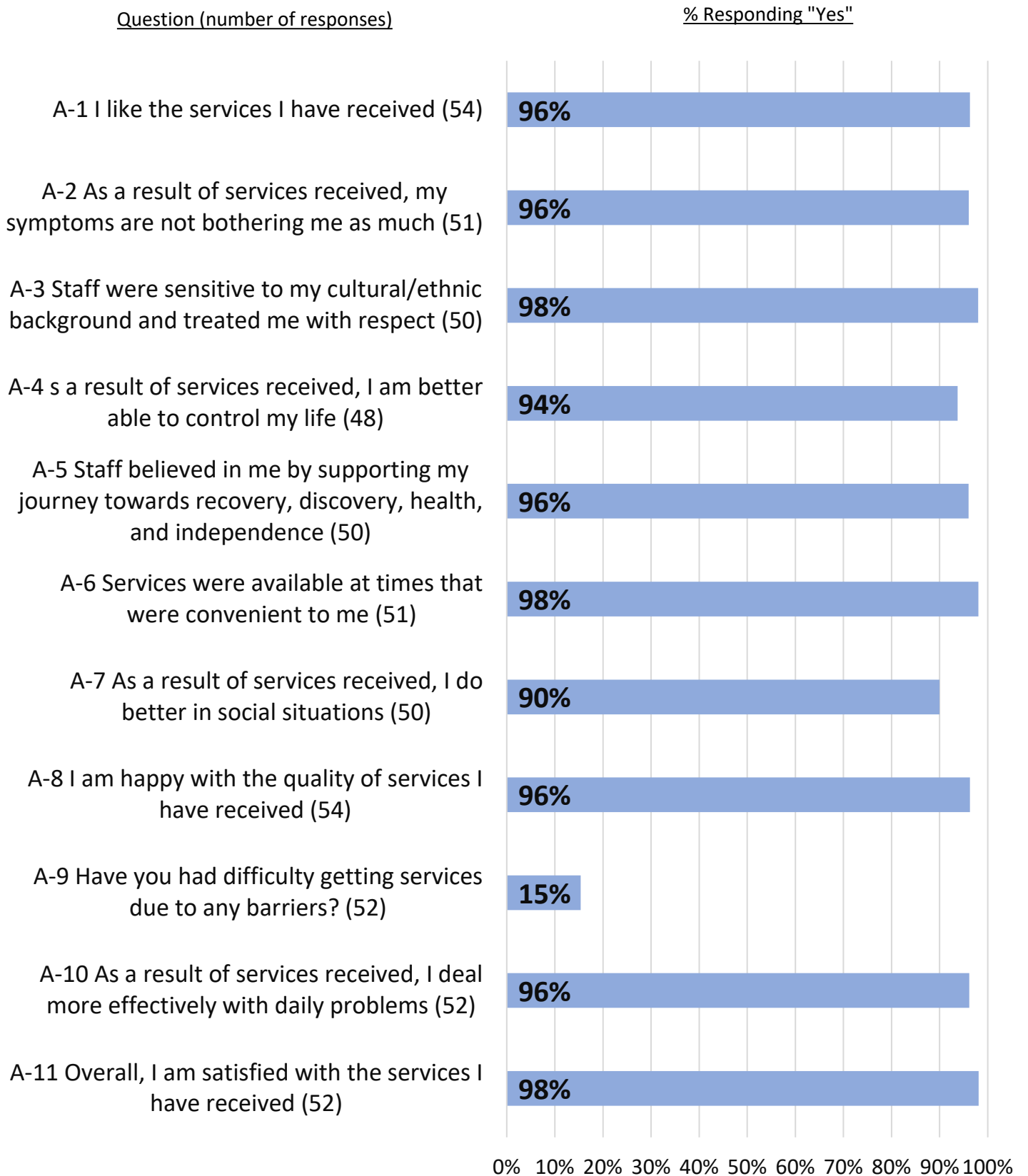
GHS 2022 Adult Survey Responses

Surveys Completed=165

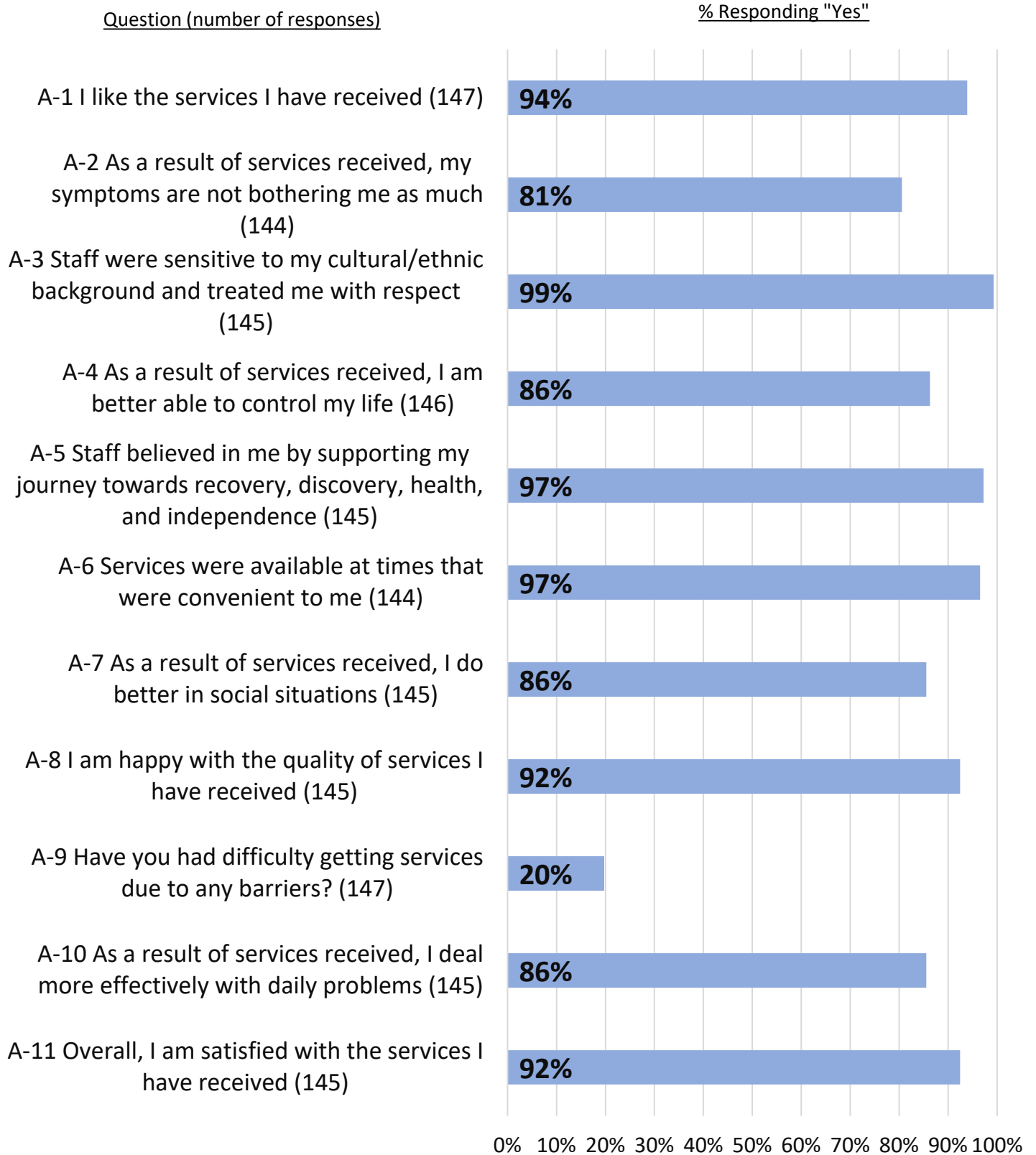


Lapeer CMH 2022 Adult Survey Responses

Surveys Completed=55

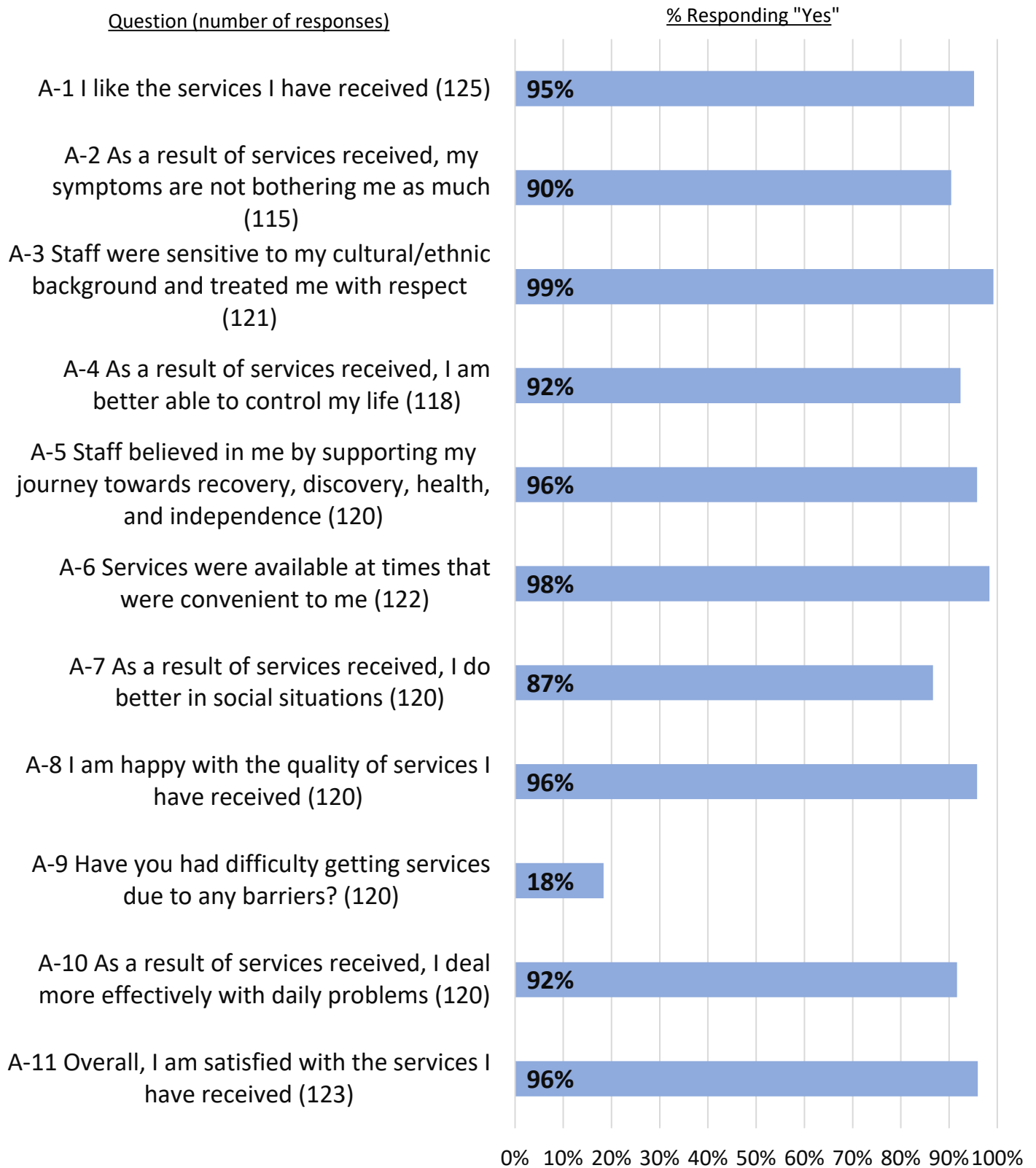


Sanilac CMH 2022 Adult Survey Reponses Surveys Completed=150



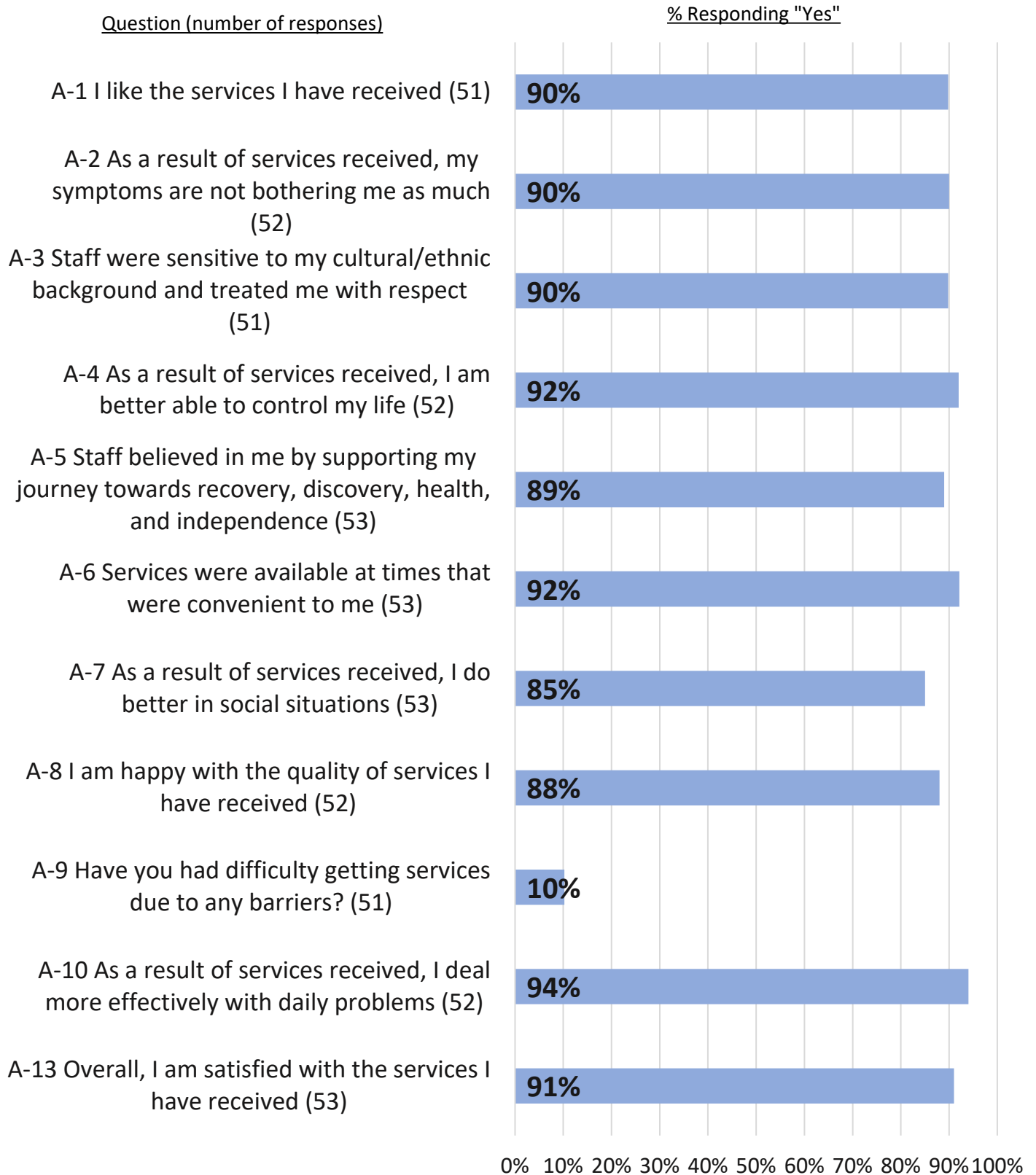
St. Clair CMH 2022 Adult Survey Responses

Surveys Completed=130



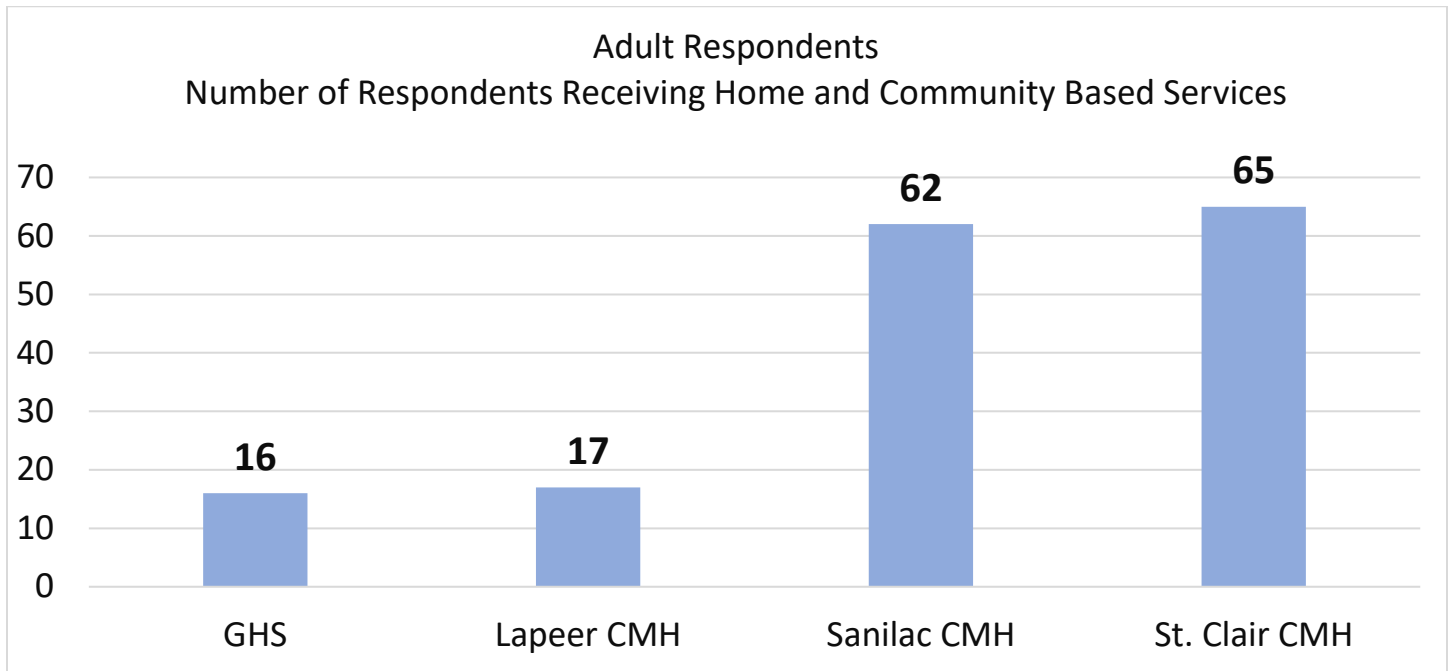
SUD Treatment Providers 2022 Survey Responses

Surveys Completed=53

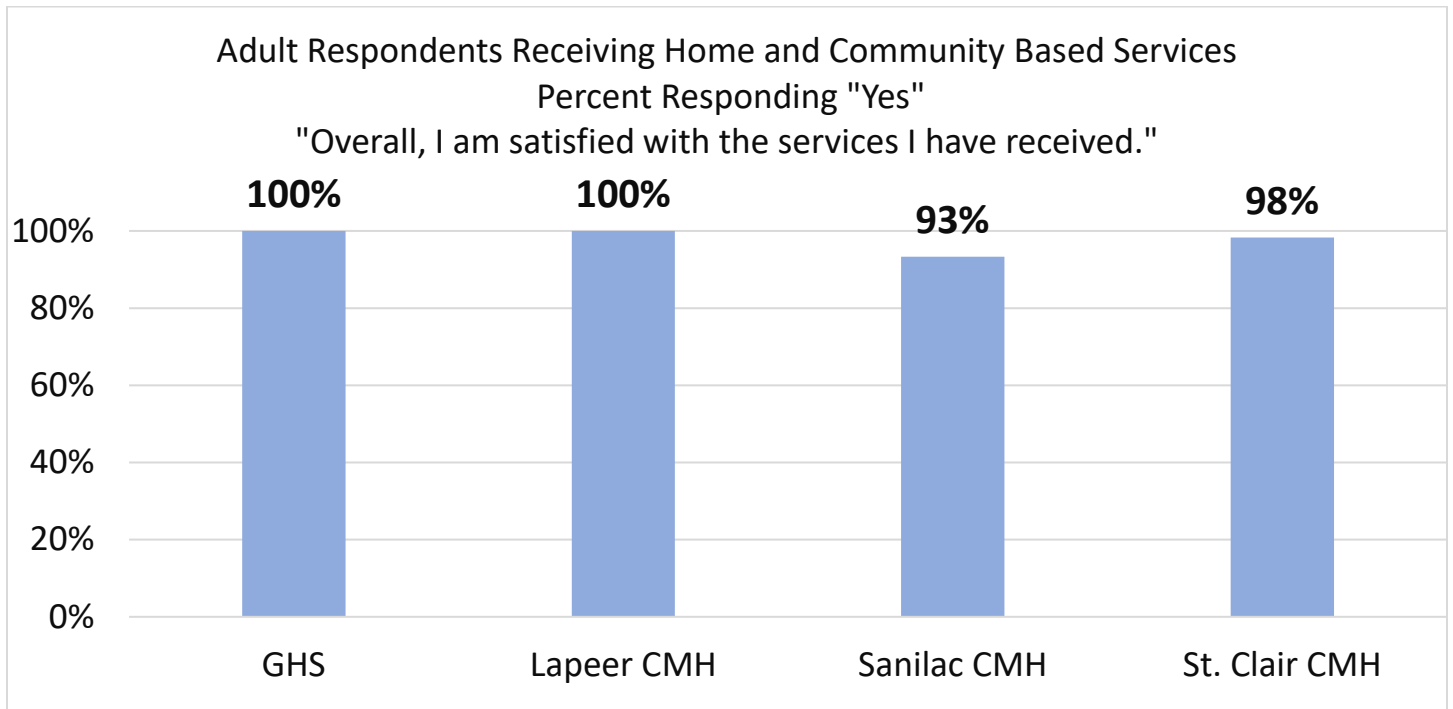


Home and Community Based Services (HCBS)

Each CMH was asked to identify survey respondents who are receiving HCBS. The chart below shows the number of the Adult Survey respondents identified as receiving HCBS for each CMH.



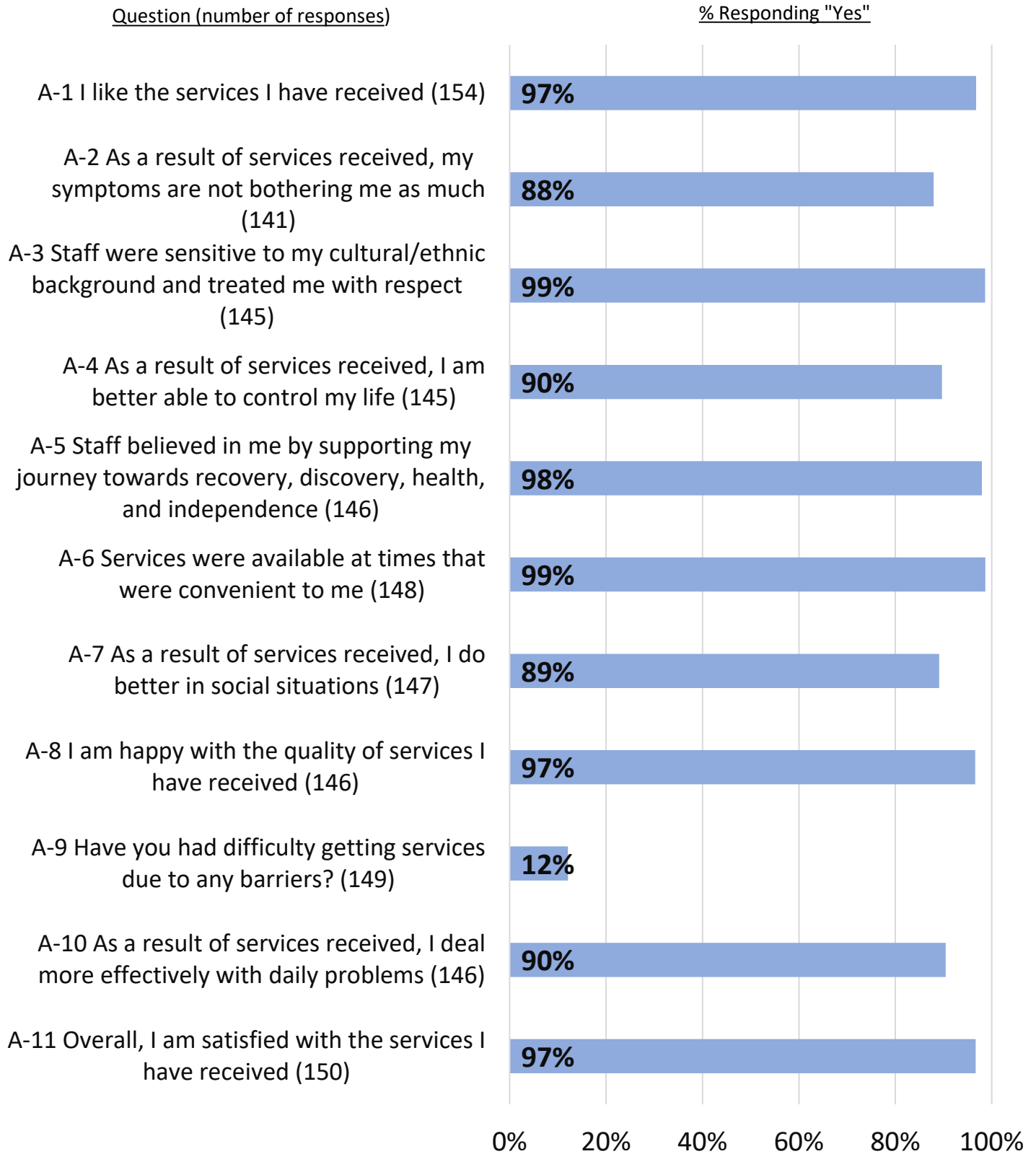
For those Adult Respondents identified as receiving HCBS, below is a breakout of the percentage who responded “yes” to the question “Overall, I am satisfied with the services I have received.”



The following page details the average survey response across all 160 adults surveyed who were identified as receiving HSBS throughout the region.

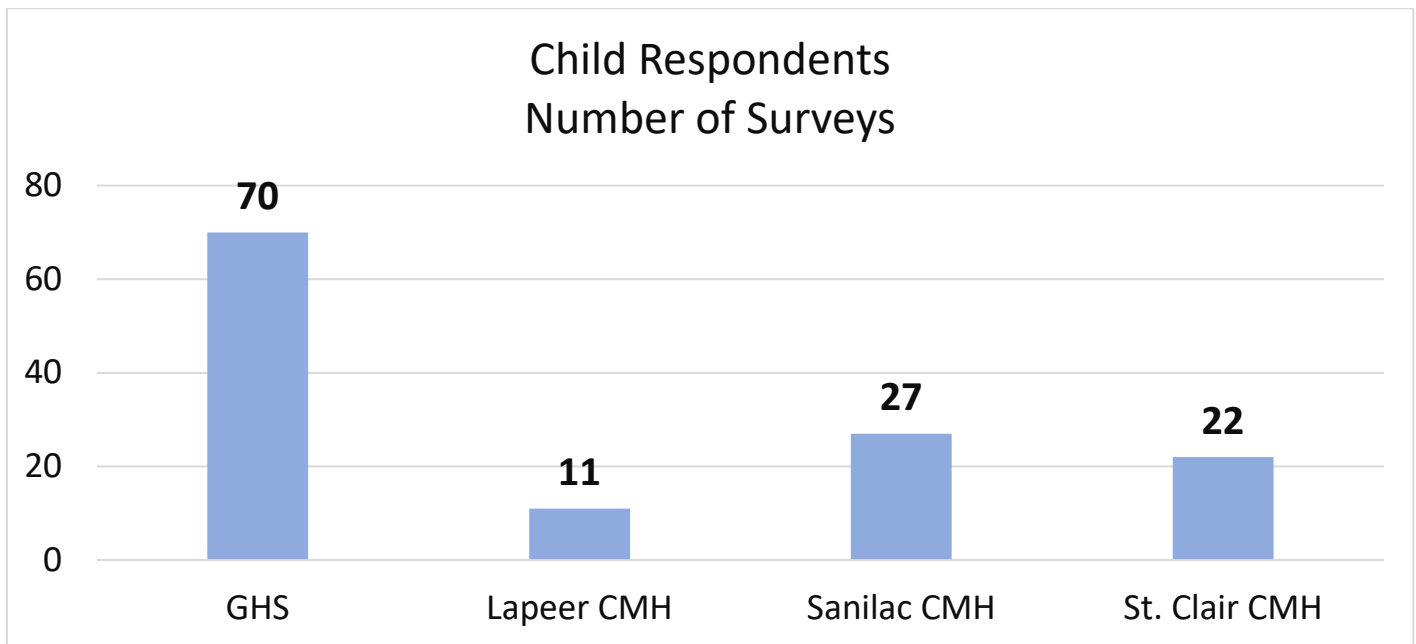
Region 10 2022 Adult HCBS Survey Responses

Surveys Completed = 160

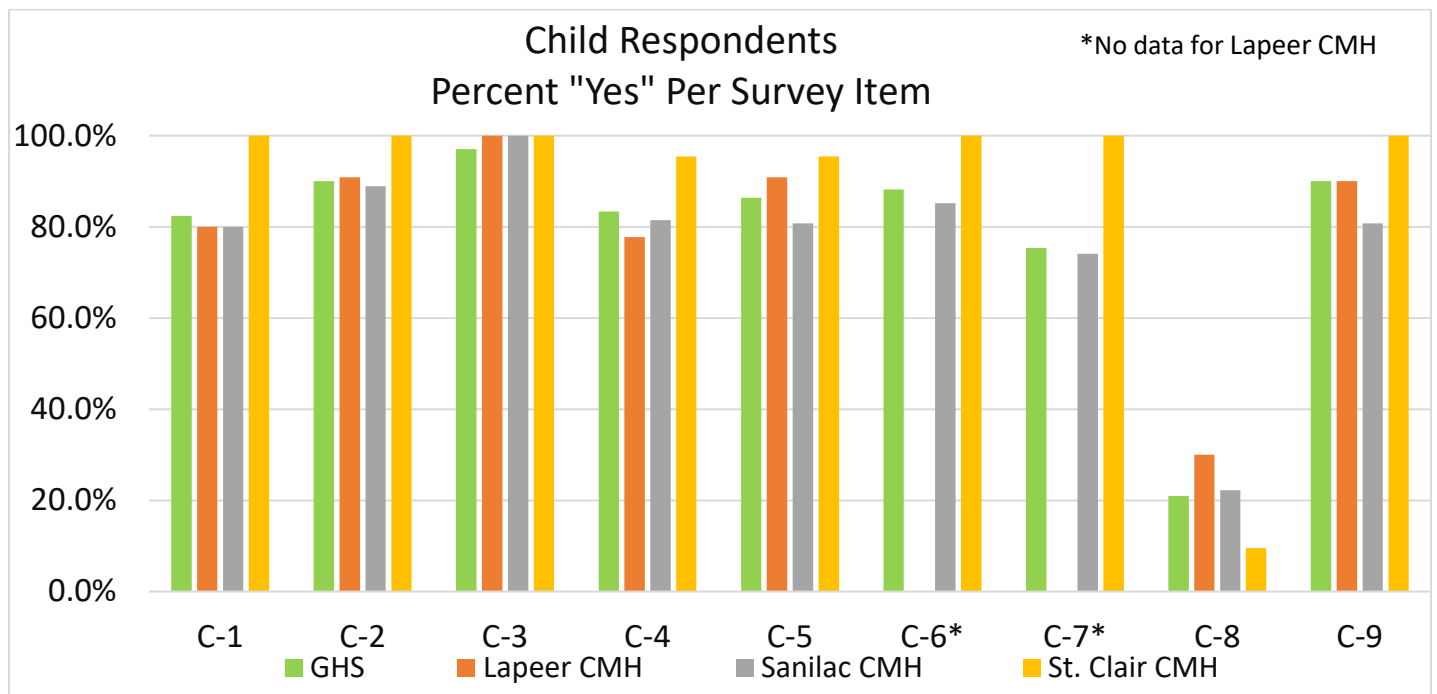


Child Surveys

A total of 130 surveys were completed by the parents/guardians of children receiving services at CMH. The graph below shows the number of Child Surveys completed at each CMH.



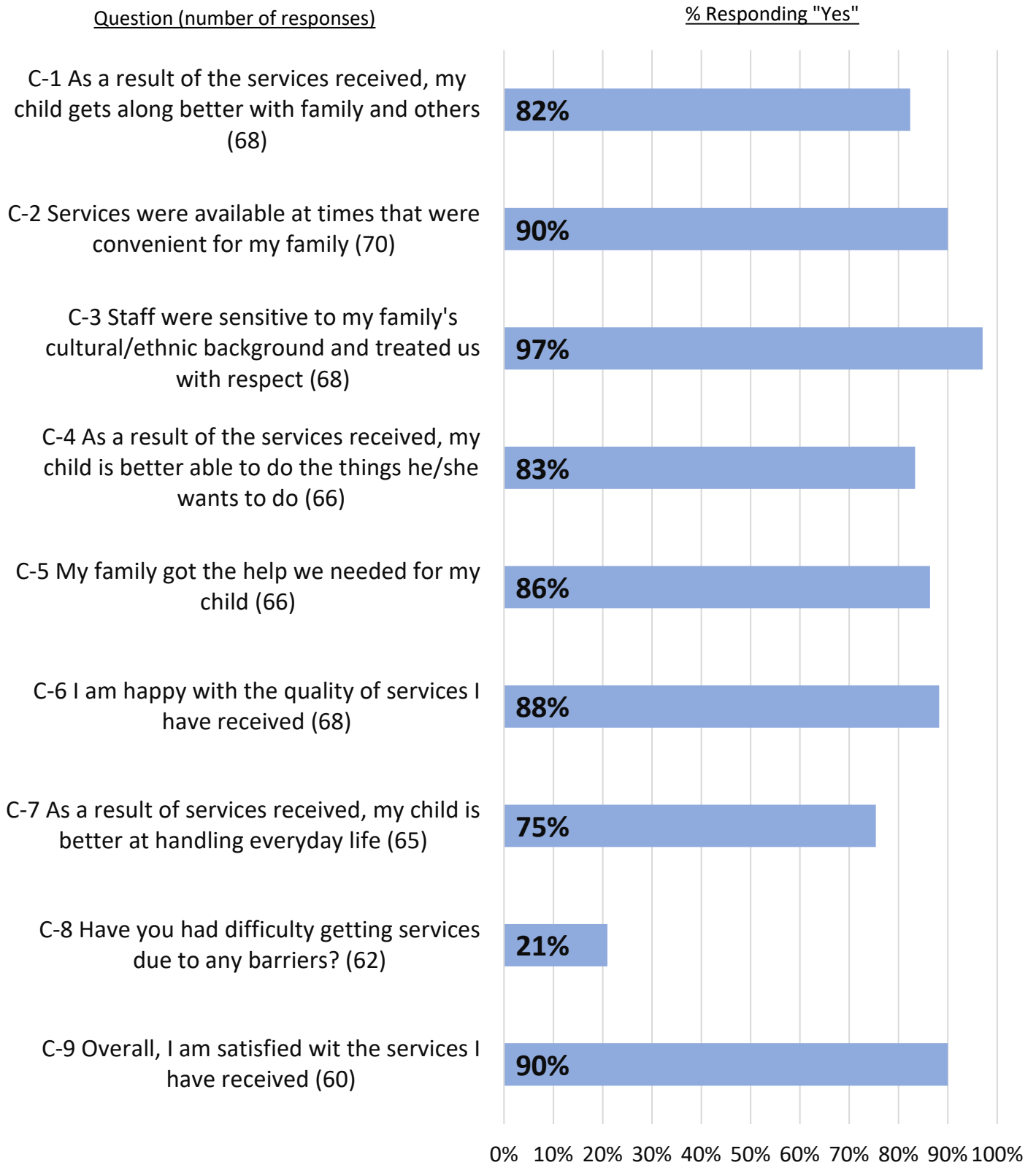
The graph below shows the percentage of “yes” responses for the Child Survey.



The graphs on the following pages display survey detail from each CMH for the Child Survey. On each graph, “Surveys Completed” is the number of individuals completing the survey, the (n) next to each question is the number of responses received for the corresponding question, and the percentage is the percent of respondents answering “yes” to the corresponding question.

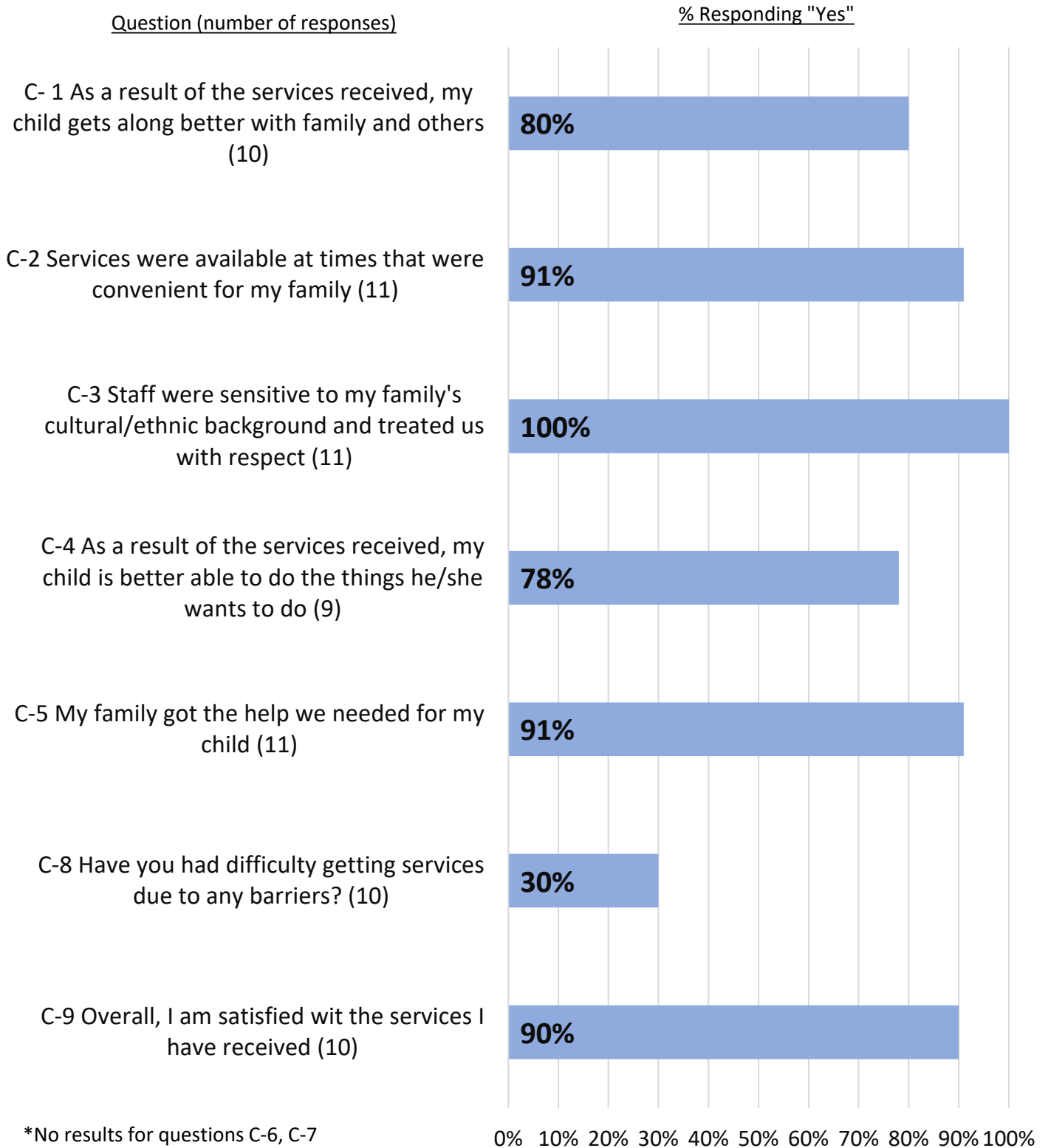
GHS 2022 Child Survey Responses

Surveys Completed=70



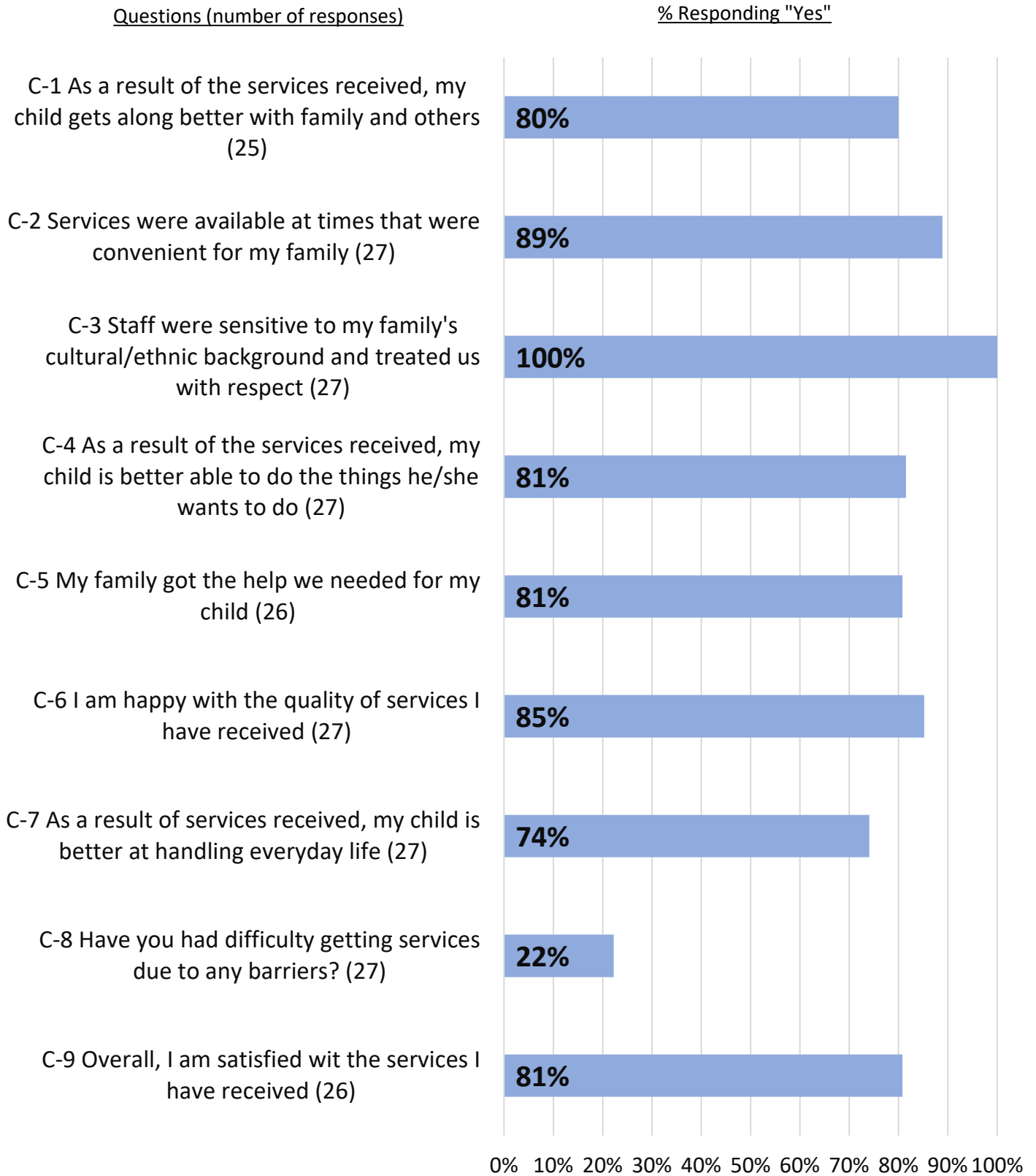
Lapeer CMH 2022 Child Survey Responses

Surveys Completed=11



Sanilac CMH 2022 Child Survey Responses

Surveys Completed=27

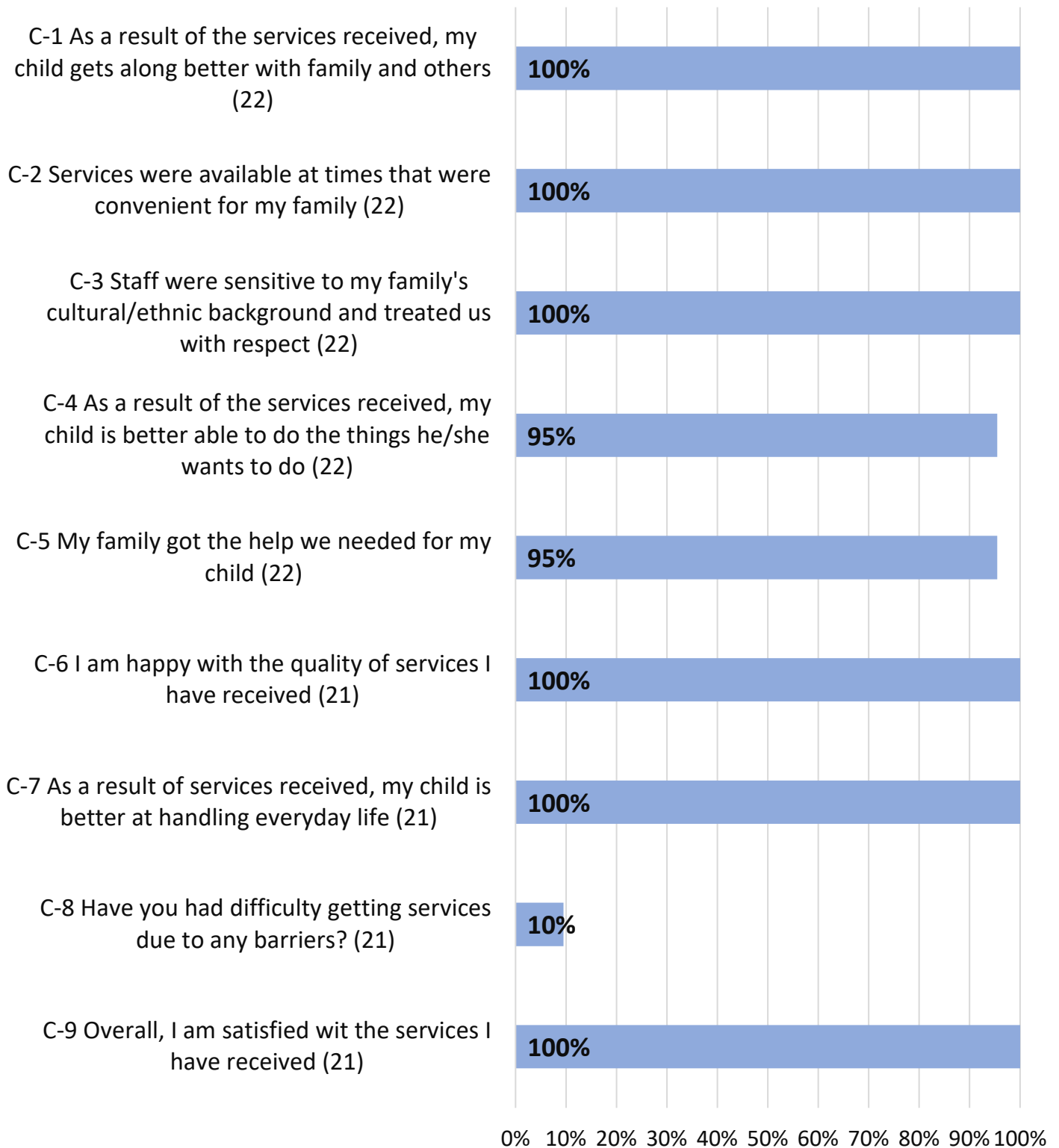


St. Clair CMH 2022 Child Survey Responses

Surveys Completed=22

Question (number of responses)

% Responding "Yes"



Longitudinal Comparison of Customer Satisfaction

The tables below show a longitudinal comparison of survey results from FY2016 to FY2022 for both the Adult and Child Surveys. These tables show the percentage of “yes” responses among the region for each item included in the surveys.

Adult Customer Satisfaction Survey Comparison

Survey Questions	FY2016	FY2017	FY2018*	FY2019*	FY2020	FY2021	FY2022
A-1. I like the services I have received.	97%	98%	96%	97%	97%	97%	95%
A-2. As a result of services received, my symptoms are not bothering me as much.	78%	77%	83%	84%	80%	82%	85%
A-3. Staff were sensitive to my cultural/ethnic background and treated me with respect.	98%	98%	96%	97%	97%	97%	98%
A-4. As a result of services received, I am better able to control my life.	68%	89%	94%	92%	90%	88%	89%
A-5. Staff believed in me by supporting my journey towards recovery, discovery, health, and independence.***	96%	96%	97%	97%	94%	93%	95%
A-6. Services were available at times that were convenient to me. *				93%	95%	94%	95%
A-7. As a result of services received, I do better in social situations.	84%	83%	86%	87%	81%	85%	87%
A-8. I am happy with the quality of services I have received. **				95%	95%	95%	94%
A-9. Have you had difficulty getting services due to any barriers? If yes, please explain. **				17%	14%	15%	18%
A-10. As a result of services received, I deal more effectively with daily problems.	87%	86%	88%	92%	87%	88%	90%
A-11. Overall, I am satisfied with the services I have received. **				97%	95%	95%	95%

* Persons served by SUD network providers added to survey process beginning FY2018

** Questions added FY2019 ***Question reworded in FY2022

Child Customer Satisfaction Survey Comparison

Survey Questions	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022
C-1. As a result of services received, my child gets along better with family and others.	81%	84%	77%	79%	83%	90%	85%
C-2. Services were available at times that were convenient for my family.	97%	95%	96%	95%	97%	92%	92%
C-3. Staff were sensitive to my family’s cultural/ethnic background and treated us with respect.	100%	99%	100%	99%	99%	99%	98%
C-4. As a result of services received, my child is better able to do the things he/she wants to do.	84%	91%	89%	85%	85%	87%	85%
C-5. My family got the help we needed for my child.	96%	92%	93%	93%	92%	88%	87%
C-6. I am happy with the quality of services I have received.**	81%	84%	77%	94%	96%	90%	90%
C-7. As a result of services received, my child is better at handling everyday life.**	84%	88%	83%	79%	84%	84%	80%
C-8. Have you had difficulty getting services due to any barriers? If yes, please explain. *				14%	21%	14%	20%
C-9. Overall, I am satisfied with the services I have received.	97%	95%	97%	96%	96%	89%	90%

*Question added FY2019

**No results for Lapeer CMH

Summary of Findings

Overall, customer satisfaction percentages reveal favorable levels of customer satisfaction throughout Region 10. The highest levels of satisfaction for adults were in the areas of cultural sensitivity of staff, support provided by staff, convenient service times, and overall satisfaction with services. The highest level of satisfaction for children was in the area reflecting cultural sensitivity of staff.

Both the Adult and Child Surveys included subjective and person-focused questions related to perceived changes in the individual's life resulting from services received. For the Adult population, questions such as reduction of symptoms, handling everyday life, and doing better in social situations scored lower than the satisfaction-based questions. A similar pattern was seen in the Child population. Questions regarding getting along with family and others, being able to do things he/she wants to do and being better able to handle everyday life scored lower than the satisfaction-based questions.

Longitudinal analysis of the Adult survey shows only slight variance in the percentages from FY2021 to FY2022. **Question A-2** (*As a result of services received, my symptoms are not bothering me as much*) had the highest improvement, increasing by 3% from FY2021 to FY2022. Six other survey questions had an increase of 1 to 2% FY2021 to FY2022. Two questions showed a decrease in satisfaction. First, **Question A-1** (*I like the services I have received*) decreased from 97% in FY2021 to 95% in FY2022. Second, **Question A-9** (*Have you had difficulty getting services due to any barriers*), increased from 15% of respondents reporting barriers in FY2021 to 18% reporting barriers in FY2022. This is the highest rate for this question since it was added to the survey in FY2019. **Question A-11** (*Overall, I am satisfied with the services I have received*) has remained at the same response rate, 95%, since FY2020.

Common barriers to getting services reported in the Adult survey included access to transportation, issues with insurance, and changes to staff/services. Some other less commonly reported barriers included issues with work schedule, resistance to treatment/anxiety about treatment, and homelessness.

Looking at SUD only results, marked increases were seen in the responses from FY2021 to FY2022 for several questions. **Question A-6** (*Services were available at times that were convenient to me*) increased by 9% to 92% in FY2022. **Question A-10** (*As a result of services received, I deal more effectively with daily problems*) also showed a 9% increase to 94% in FY2022. Another question to note, **Question A-9** (*Have you had difficulty getting services due to any barriers*), decreased from 18% in FY2021 to 10% in FY2022. One question showed a slight decrease in FY2022. **Question A-13** (*Overall, I am satisfied with the services I have received*) decreased by 1% to 91%.

The survey results for Adults receiving HCBS show that individuals receiving services are satisfied overall. In FY2022, two questions received an average score of 99%. Those questions were **Question A-3** (*Staff were sensitive to my cultural/ethnic background and treatment me with respect*) and **Question A-6** (*Services were available at times that were convenient to me*). In FY2022, two questions scored below 90%. Those questions were **Question A-2** (*As a result of services received, my symptoms are not bothering me as much*) which had an average score of 88%, and **Question A-7** (*As a result of services received, I do better in social situations*) which had an average score of 89%. Adults receiving HCBS reported a 97% overall satisfaction rating. Within the FY2022 survey population, 160 adults and 5 children received HCBS.

Longitudinal analysis of the Child survey shows slight variances of percentages from FY2021 to FY2022.

Question C-1 (*As a result of services received, my child gets along better with family and others*) decreased by 5% from FY2021 to 85%. **Question C-7** (*As a result of services received, my child is better at handling everyday life*) decreased by 4% from FY2021 to 80%. **Question C-8** (*Have you had difficulty getting services due to any barriers*), increased by 6% from FY2021 to 20%. **Question C-2** (*Services were available at times that were convenient for my family*) and **Question C-6** (*I am happy with the quality of services I have received*) remained the same since FY2021, rated at 92% and 90%, respectively. Overall satisfaction increased by 1% to 90% in FY2022. However, this is the second lowest overall rating since the survey began in FY2016.

Common barriers to getting services reported in the Child survey included staff turnover, long wait to see a therapist, and too long of a wait to start services. Some other less commonly reported barriers included working around work/school schedules and issues with getting Respite services.

Survey response counts have decreased significantly since the FY2019 Customer Satisfaction Survey. The total response count decreased by 46% from FY2019 to FY2020. This could be attributed to the change in survey administration method due to COVID-19 restrictions, with the preferred administration method being via mail in FY2020, with few surveys completed in person or via phone. The decrease in survey responses could also be attributed to changes in the sample size methodology. The FY2022 survey saw another significant decrease in response count, decreasing by 40% over FY2021. This could be attributed the preferred administration method continuing to be via mail. A small portion of surveys were also complete via phone in FY2022. The SUD Provider network saw the largest decrease in survey response counts from FY2019 to FY2020 due to changing to administering all surveys via mail, with a 90% decrease in survey responses. It should be noted that from FY2021 to FY2022, the SUD Provider network saw a 29% increase in the number of surveys completed.

Network affiliates are responsible for reviewing results with individuals served and/or their family members to obtain input and feedback. Following the conclusion of the survey, affiliates are responsible for acting on specific cases as appropriate and identifying the source of dissatisfaction. This process is also monitored via the PIHP's official contract monitoring process. Affiliates are also responsible for informing practitioners, providers, individuals served, and their Governing Body of survey results.

The results of these surveys are reported to numerous committees throughout the region. These committees include advisory boards and Boards of Directors. Survey results are also shared on agency websites. The Quality Management Committee will continue to review and discuss survey results, barriers to survey administration, response rates, and suggested changes to future survey processes, including a review of the survey questions.

Evaluation of Previous Year's Activities

At GHS, multiple areas of concern resulting from the FY2021 survey were identified and addressed through action plans. To address the lack of Respite staff, a new provider, Jackson's Best, was added for Respite services and Community Living Supports (CLS). GHS Provider Relations is also continuously working with existing providers concerning hiring additional staff. Another area of concern was a lack of day programs. GHS has worked closely with their skill building programs to redesign how services were delivered to better match the Medicaid service description. A new skill building assessment was developed and implemented on all previously authorized consumers to re-establish medical necessity or identify alternate services, such as CLS, if not meeting medical necessity. Skill-building programs were also reopened during the year to provide in-person services. To address the lack of Autism Spectrum Disorder (ASD) resources, four new Applied Behavior

Analysis (ABA) Providers were added through a Request for Proposal (RFP). A final area of concern was regularly changing case managers. To address this, GHS implemented multiple interventions to attract new staff to fill vacant positions such as sign-on bonuses and offering immediate insurance.

At Lapeer CMH, to address staffing shortages, same day access along with teletherapy services were introduced to eliminate the waiting list for outpatient therapy services. The Adult and Children's Clinical Directors have implemented monthly clinical supervision to improve uniformity across departments. Lapeer CMH has also been working on addressing secondary trauma of staff with a Trauma-Informed Care Work Plan. A Training and Staff Development Committee also planned various staff activities to increase morale. Lapeer CMH also worked to increase the number of groups and activities offered to help persons served improve their social skills, as many activities were suspended during COVID-19 restrictions. Lapeer CMH is also working to expand existing groups and increasing the number of persons served represented on various committees. To address needs of children receiving services, an additional Youth Peer Support Specialist was hired. Since many COVID-19 restrictions were lifted, there were increased social events and group outings for the Children's Department. Results received from Lapeer CMHs annual Accessibility Survey were also used to identify and decrease barriers.

At Sanilac CMH, several areas of concern were addressed as a result of the FY2021 survey. Sanilac CMH met with the Sanilac Transportation Corporation to discuss transportation concerns that were included in the survey results. Another improvement effort that resulted from the FY2021 survey was adding the ability to complete the survey administration process over the phone with some of the individuals selected to receive a survey for FY2022. This increased Sanilac CMH's response rate from FY2021 at 28% to 44% in FY2022.

At St. Clair CMH, resulting from the FY2021 survey, additional language was added to the Customer Satisfaction Survey Report to clarify what St. Clair CMH does regarding any needed/requested survey follow up. Any individual or parent/guardian that requested survey follow up was contacted by St. Clair CMH's Program Director. The Program Director was also given any surveys to investigate that mentioned specific staff, whether the comment was positive or negative and regardless of a request for follow up. Preliminary survey findings and responses were also shared with members of the St. Clair County Advisory Council. The council includes persons who receive services from public mental health (or their family members) in St. Clair County. The group provided comments on the responses.

FY2022 Improvement Activities

As a result of the FY2022 survey, each CMH is already working on improvement activities and action steps to address areas of dissatisfaction and improve survey data quality.

At GHS, those individuals that requested follow-up from their FY2022 survey response were contacted by GHS Customer Service to address any concerns. To improve survey data quality, GHS would like to investigate ways to increase the attempted/response rates by potentially doing a combination of mail out and in-person surveys for FY2023. GHS is currently reviewing the FY2022 Customer Satisfaction Survey results to develop additional action plans.

At Lapeer CMH, in order to be able to expand services, treat more individuals, hire additional staff, and promote the integration of physical and mental health, the organization completed a federal grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA) to obtain funding for and to become a Certified Community Behavioral Health Clinic (CCBHC). This would also enable Lapeer CMH to add additional service hours to meet the needs of persons served. Staffing shortages are also being addressed through recruitment efforts within the Human Resources Department and efforts via social media. Lapeer CMH will also continue to focus on integrated healthcare initiatives with its Integrated Care Workgroup. The group will focus on including healthcare goals in the individual plan of service (IPOS), providing health education classes, reducing hospital readmissions, and improving smoking cessation services. The Lapeer CMH Quality Council will also review comments from the survey to identify other possible areas for improvement. The Lapeer CMH Services Board received a copy of the report for strategic planning and results are shared with the Citizen's Advisory Council. Survey results are also posted on Lapeer CMH's website and for one month per year in the building's lobby.

At Sanilac CMH, leaders will continue meeting with the Sanilac Transportation Corporation to discuss transportation concerns and work with individuals to coordinate resources with community partners. A suggestion that was expressed during this year's survey was to add more programs. Sanilac CMH recently added SUD services and are working on adding CCBHC services to expand who can receive services at their agency.

At St. Clair CMH, the organization's Program Director was responsible for ensuring all individuals that requested follow-up from their FY2022 survey were contacted to address any concerns. Preliminary survey findings were presented to members of the St. Clair County Advisory Council. This council includes persons (or their family members served) who receive services from public mental health in St. Clair County. The group reviewed and analyzed survey results and suggested several action steps which included reviewing the survey administration method to increase response rates as well focus on **Question C-8** of the Child Survey (*Have you had difficulty getting services due to any barriers*) to determine what caused the higher response rate. St. Clair CMH will also continue to use other methods to survey individuals' satisfaction with services. St. Clair CMH's Quality Improvement office will also continue to evaluate survey administration methods and tools, as well as analyze survey results.

Recommendations

1. Address the increase in barriers to getting services that was reported on both the Adult and Child surveys across the region.
2. Continue to address the staffing crisis that has affected providers at all levels of organizations throughout the region, which may be contributing to lower levels of satisfaction.
3. Focus on ways to improve results for the person-focused questions on both the Adult and Child survey that have received historically lower responses.
4. Investigate the decrease in overall satisfaction reported on the Child survey that has been reported over the past two years.
5. For future surveys, the PIHP and QMC should address methods to increase survey response rates. Survey administration processes and sample sizes should be evaluated to determine what methods will yield an increase in responses and improve data quality.

6. For future surveys, the PIHP should work the with SUD Network to revisit the SUD survey administration method to improve the response rate for the SUD Network.
7. All survey data collected, including qualitative data, should be reported to the PIHP. For future surveys, the PIHP will give more specific direction for data reporting and survey expectations.
8. The PIHP and network affiliates should continue to be informed of these findings and investigate areas of dissatisfaction noted within the survey results.
9. Network affiliates should present data to Consumer Advisory Councils to obtain input from individuals receiving services and/or their family members.
10. The network affiliates should review survey results and identify opportunities for improvement within their service delivery system, including reviewing reported barriers and responses to open-ended questions.
11. The network affiliates should outline systemic action steps to follow up on findings. The PIHP and network affiliates should also evaluate the effects of the systemic action steps taken and determine if these steps have led to improved satisfaction. Network affiliates will report their actions steps to the PIHP via the PIHP's contract monitoring.

Appendix A: Overall Satisfaction by Provider

Provider	Location/Population	Total Responses	Overall, I am satisfied with the services I have received
GHS	Mental Health Adult	159	90%
	Mental Health Children	60	90%
Lapeer CMH	Mental Health Adult	52	98%
	Mental Health Children	10	90%
Sanilac CMH	Mental Health Adult	145	92%
	Mental Health Children	26	81%
St. Clair CMH	SUD - Port Huron	1	100%
	SUD - Marine City	1	100%
	Mental Health Adult	123	96%
	Mental Health Children	21	100%
Catholic Charities of Shiawassee and Genesee Counties	SUD	1	100%
Catholic Charities of Southeast Michigan	SUD - St. Clair County	2	100%
Alcohol Information and Counseling Center	SUD	1	100%
New Paths	SUD - Men's Facility	5	80%
	SUD - Women's Facility	1	100%
	SUD - 927 MLK Ave.	1	100%
BIOMED	SUD - Flint	12	92%
	SUD - Roseville	2	50%
Community Programs, Inc.	SUD - Waterford	1	100%
Flint Odyssey House	SUD - 529 MLK Ave.	1	0%
	SUD - 1108 Lapeer Rd.	6	100%
	SUD - 718 Oak	1	100%
	SUD - 505 W. Court St.	1	100%
Sacred Heart Rehabilitation Center	SUD - Flint	8	100%
	SUD - Port Huron	2	100%
	SUD - Richmond	2	50%
	SUD - Algonac	2	100%
Great Lakes Recovery Mission	SUD - 622 N. Grand Traverse	2	100%