



Customer Satisfaction Survey Results FY25



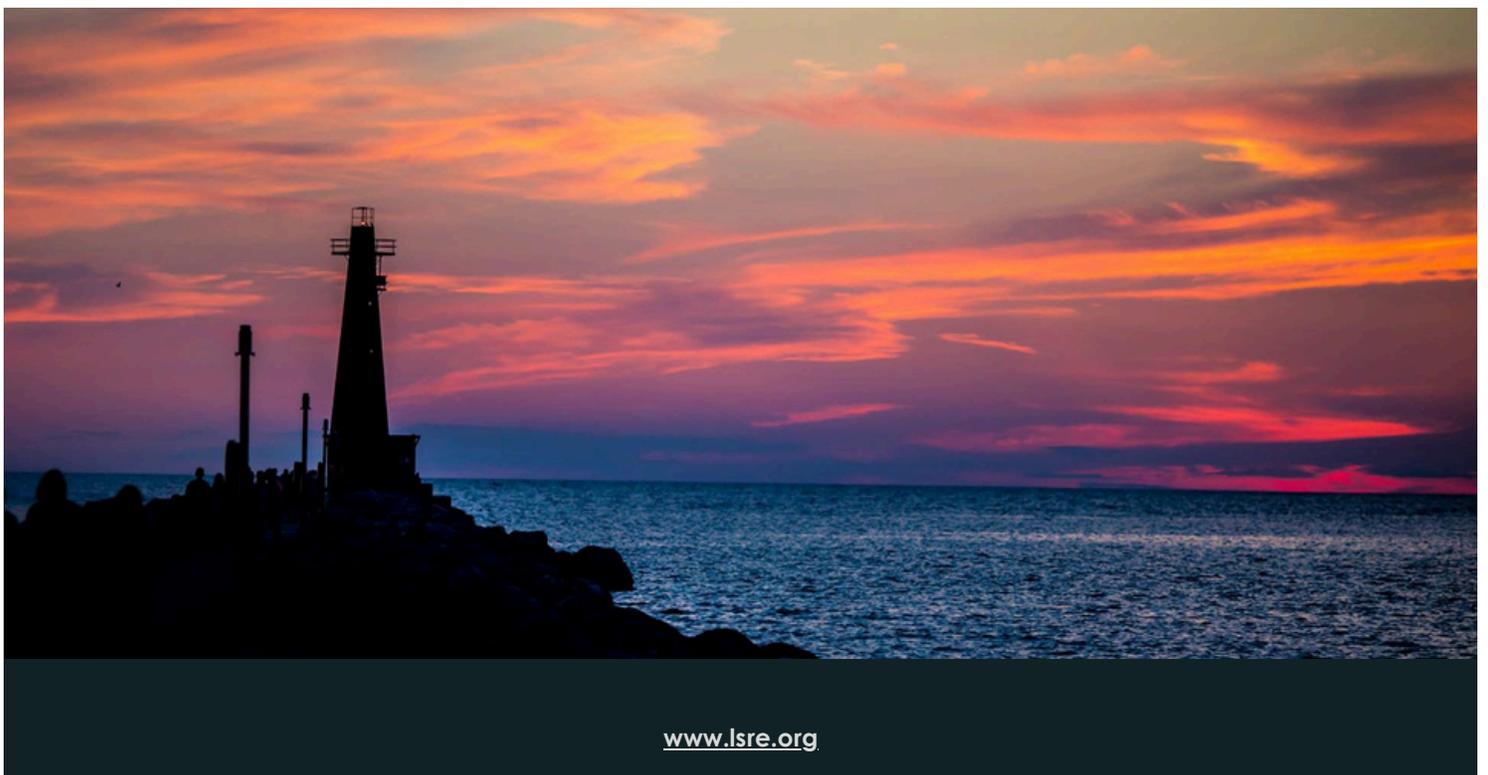
2025

Executive Summary

The Michigan Department of Health and Human Services (MDHHS) mandates that a satisfaction survey be conducted annually with a representative group of individuals served. Each year, **Lakeshore Regional Entity (LRE)**, in partnership with **Community Mental Health Services Programs (CMHSPs)** and their contracted providers, administers this survey to consumers engaged in CMHSP services. Lakeshore Regional Entity collaborates with CMHSPs to formally evaluate the survey and determine the most effective methods for administration. The primary objective is to develop and implement an annual customer satisfaction survey targeting adults and families receiving Medicaid-funded mental health services in outpatient or residential settings. Feedback from patients regarding their care experiences is vital for improving quality and health outcomes among populations facing mental health challenges.

In 2024 and 2025, the **Mental Health Statistics Improvement Program (MHSIP)** and **Youth Services Survey (YSS)** were selected as the preferred tools for gathering feedback across the state. These surveys assess perceptions of care among a representative sample.

This report outlines the survey administration methodology and provides a summary of the results, with a focus on five regional **Certified Community Behavioral Health Clinics (CCBHCs)**. It emphasizes areas of excellence and identifies opportunities for improvement.



SURVEY REQUIREMENTS

According to Health Services Advisory Group, Standard 13 sections 24 and 25, the requirements of Lakeshore Regional Entity and its CMHSPs are as follows:

The QAPIP includes periodic quantitative (e.g., surveys) and qualitative (e.g., focus groups) assessments of member experiences with its service.

- These assessments must be representative of the individuals served and the services and supports offered.
- The assessments must address the issues of the quality, availability, and accessibility of care.

As a result of the assessments, the PIHP:

- Takes specific action on individual cases as appropriate.
- Identifies and investigates sources of dissatisfaction.
- Outlines systemic action steps to follow up on the findings.
- Informs practitioners, providers, recipients of services, and the Governing Body of assessment results.
- Ensures the incorporation of individuals receiving long-term supports or services (e.g., individuals receiving case management or supports coordination) into the review and analysis of the information obtained from quantitative and qualitative methods.
- Evaluates the effects of activities implemented to improve satisfaction.



SURVEY TOOLS

Mental Health Statistics Improvement Program (MHSIP) uses validated surveys to measure Medicaid clients' perceptions of the quality and efficiency of the mental health services they receive. To support valid comparisons and benchmarking across care settings and over time, the MHSIP surveys are standardized in the following aspects:

- **The instrument:** The content and format of survey instruments are standardized so that everyone administering the survey asks the same questions in the same way.
- **The protocol:** The protocols for fielding the survey are standardized so that everyone adopts the same approach to drawing the sample, communicating with potential respondents, and collecting the data. This is important because the method of survey administration can affect the data.
- **The analysis:** MHSIP surveys include a set of analysis programs and instructions to minimize variations in how sponsors and vendors process and interpret the results of the surveys.
- **The reporting:** MHSIP surveys benefit from a well-tested approach to presenting survey results. Users of survey results can access reporting measures and guidelines reflecting "best practices" in reporting.

The MHSIP survey includes 36 items divided into seven domains. The content of the domains has been designed for the adult mental health population. Each item on the MHSIP is answered using a Likert scale ranging from one (strongly agree) to five (strongly disagree). Additionally, the survey includes a comment section for each domain to allow consumers to elaborate on that specific service experience and two additional questions that asks consumers to share 1) what has been most helpful about the services and 2) what would improve services.



The Youth Services Survey includes 26 items, divided into seven domains. The content of the domains has been designed for the child mental health population. Each item on the YSS-F is answered using a Likert scale ranging from one (strongly disagree) to five (strongly agree). Items in a domain are summed and divided by the total number of items, and scores greater than 3.5 are reported in the positive range for the domain. Additionally, the survey includes a comment section for each domain to allow consumers to elaborate on that specific service experience and two additional questions that ask consumers to share 1) what has been most helpful about the services and 2) what would improve services.

The LRE utilized the shorter version of the MHSIP and YSS surveys that was approved by MDHHS. This removed questions related to being involved in the legal system. Using the exact language of the national surveys allow for a comparative analysis of LRE results with state and national results when they are published.

SURVEY ADMINISTRATION

Due to requirements of CCBHC, the MHSIP and YSS became the 2024 and 2025 survey tools. It was determined the tools would be administered to non-CCBHC participants for one month and CCBHC participants in the next month. Participants were determined by service level and surveys were sent to those consumers distinguishing their CCBHC status. The final determination of data was made by service that the consumer placed on their survey.

The population group included adults and children (parents/guardians filled out the survey) with a mental illness, Substance Use Disorder and/or an intellectual disability, who received services in FY25. The raw data was required to be submitted to LRE no later than December 31, 2025. QR codes were available to be placed on the CMHSP websites along with the survey link. Push Dates were determined with non-CCBHC and CCBHC divided to ensure LRE was receiving data for the right requirements.

SURVEY LIMITATIONS

Survey Abandonment: Some surveys were clicked on and never filled out, while others were left uncompleted.

- **YSS:** Abandonment rate 10.1%
- **MHSIP:** Abandonment rate 20.6%

SURVEY TIMING

The survey was provided in March 2025. The CMHSPs had the option to distribute at that time or a later date. CMHSPs had until December 31, 2025, to add the survey results in the LRE database.



SURVEY METHODOLOGY

The YSS and MHSIP surveys had several sections to be completed by the client, parent, or guardian. The electronic version had key questions which control the flow of the form to seamlessly direct the client, parent, or guardian to the correct survey questions that they need to answer. The electronic version was built as one survey form containing all YSS and MHSIP questions, but the questions that are not needed will simply “remain hidden” by the automated workflow.

The paper versions of the survey have been separated into “child” and “adult” versions. If the person receiving services is under age 18, then the “child” survey form (which includes the YSS) should be used. If the person receiving services is 18 or older, then the “adult” survey form (which includes the MHSIP) should be used. Since the YSS and MHSIP surveys are age based, the YSS paper survey will list only the first 3 options below and the MHSIP paper survey will list only the last 3 options.

METHODOLOGY TOOLS

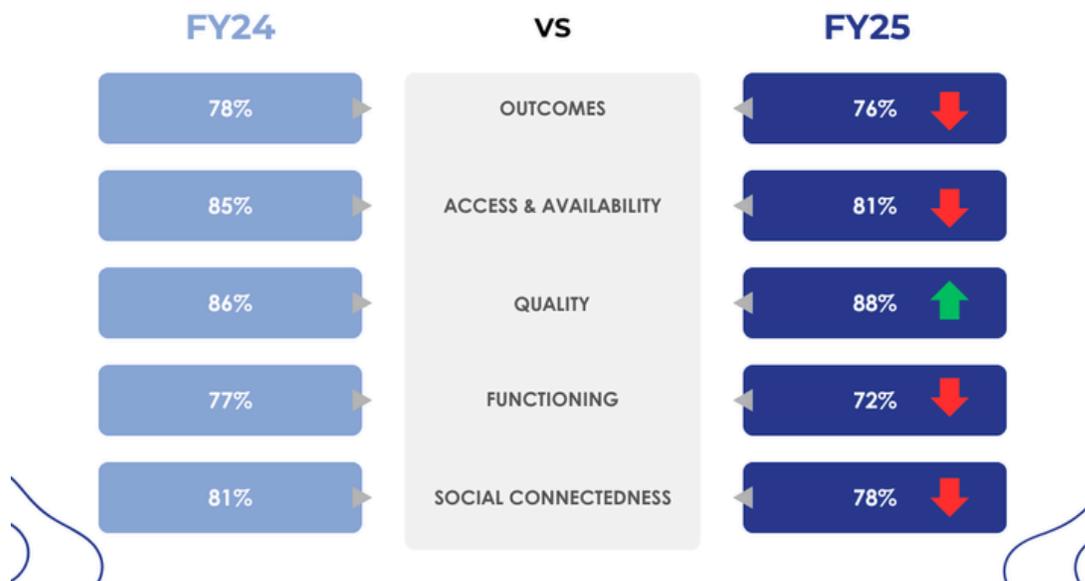


METHOD	NETWORK180	OTTAWA	ONPOINT	WEST MICHIGAN	HEALTHWEST
IN-PERSON	✓	✓	✓	✓	✓
MAILING	✓	✓	✓	✗	✓
PHONE	✗	✗	✗	✓	✗
TABLETS	✗	✗	✓	✗	✗
EMAIL	✓	✗	✗	✗	✗
QR CODES	✓	✗	✓	✗	✓
WEBSITE	✗	✗	✓	✗	✓
PATIENT PORTAL	✗	✗	✗	✗	✓
SOCIAL MEDIA POST	✗	✗	✓	✗	✓

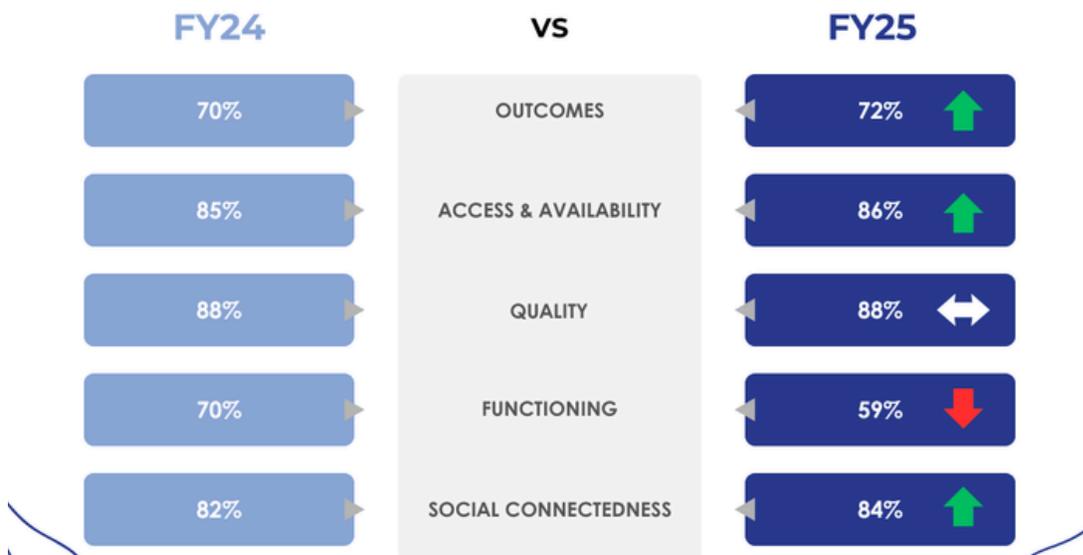
DATA OVERVIEW

The outcomes of the MHSIP and YSS function as a “report card” on how satisfied consumers are with community mental health services and provide insight for what is needed to enhance quality and continuity of care. The perspective of the consumer is valuable in that it provides a unique opportunity for the region to determine what changes may be needed for delivery, to foster collaboration with provider agencies, and to enhance service delivery and implementation strategies. The outcomes are graded in terms of category requirements for CCBHC. Each question is placed in one of the categories which are graded in total below:

MSHIP OUTCOMES



YSS OUTCOMES



DATA OVERVIEW-GENDER

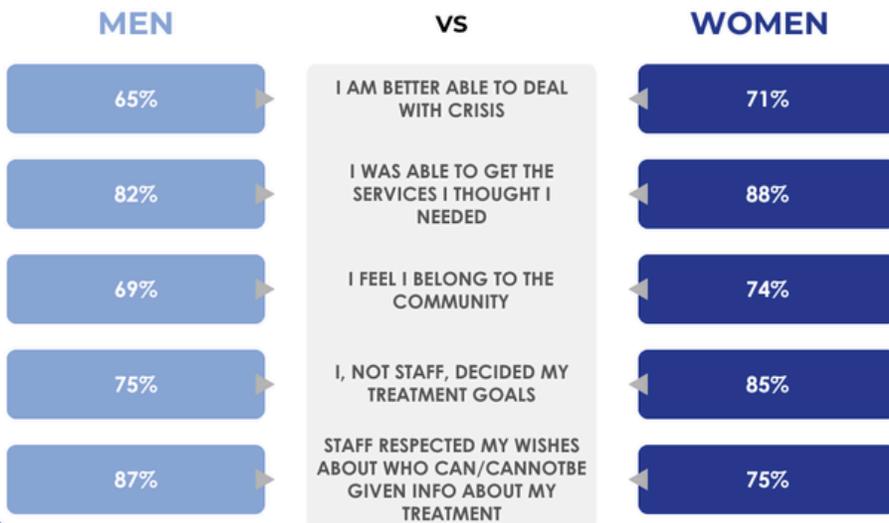
The number of surveys completed was comparable in the gender category, although the gender representation question response did not equal the total of all the surveys completed, denoting that some did not disclose a gender option.

YSS OUTCOMES



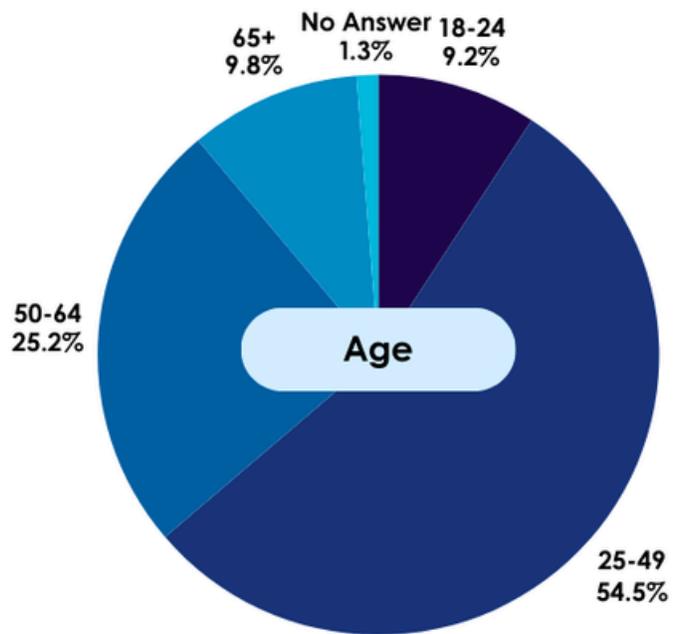
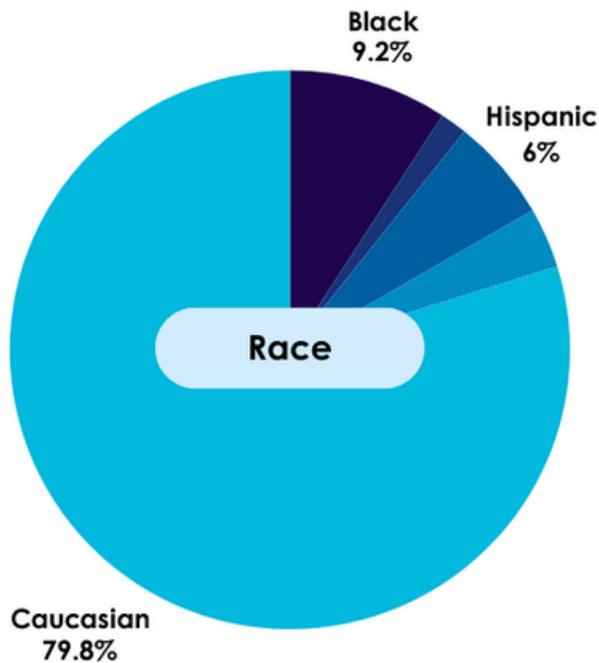
Women were more likely to report more positively on the Satisfaction domain compared to Men. In the satisfaction domain of the YSS Women scored high on the following questions.

MHSIP OUTCOMES



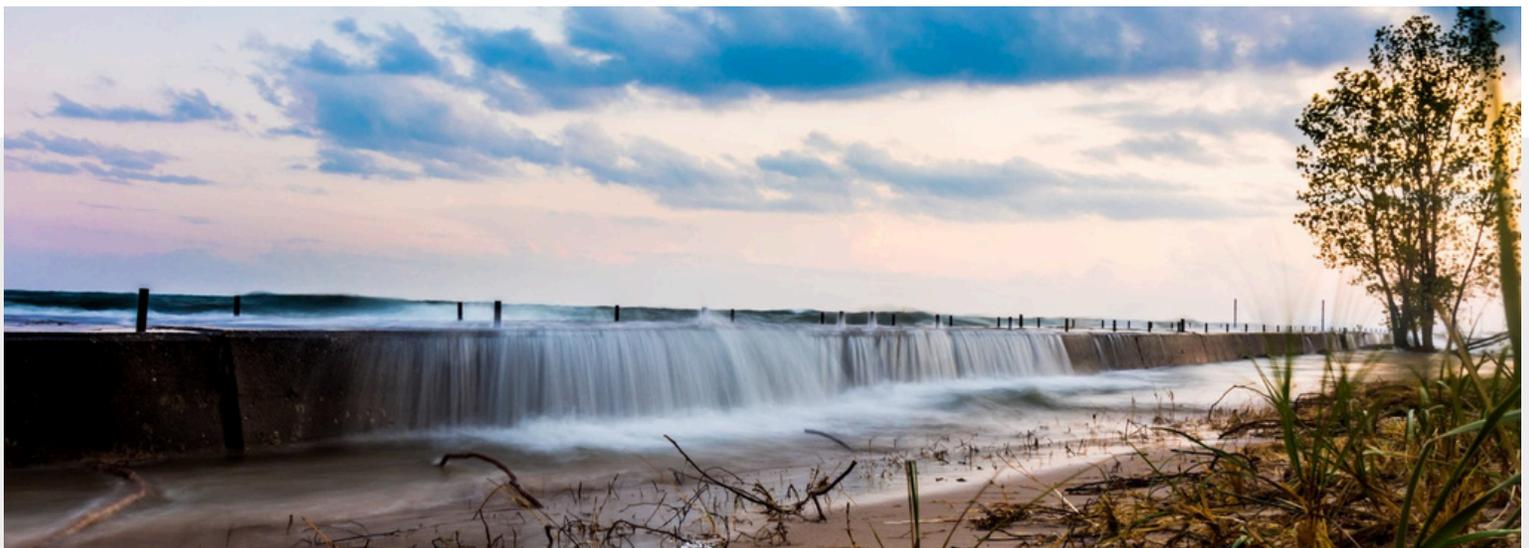
Domain scores between men and women on the MHSIP were not significantly different on most domains, except for the **Outcomes and Access** domains.

RACE & AGE DATA INFORMATION



- Black: 190
- Hispanic: 124
- Asian: 30
- Native American/Alaska Native: 72
- Caucasian: 1655

- 18-24: 168
- 25-49: 997
- 50-64: 460
- 65+: 180
- No Answer: 23



Service Types

Surveying across the behavioral health services array allows for comparison by service types when group sizes are large enough. While the aggregate domain scores allow for comparisons to other Michigan counties and national scores, comparing differences in the results across single county participants who access different service types can inform variation in participant experiences locally. For example, the experience of a participant enrolled over several years in an intensive, community-based program like a Community Support Program (CSP) or Targeted Case Management (TCM) is likely to look and feel different from a participant who needs a high intensity, short-term service like crisis care. Domain and item scores are expected to look different across these two groups, as their experience with the service, length of service, and purpose of the service are quite different. Across all domains except Functioning, clients enrolled in a CSP or TCM program reported higher domain scores. Crisis respondents reported significantly lower on the Access domain (61%) compared to CSP and TCM respondents (86%). This is common, as participants in CSPs and TCMs are generally established in their program, are more likely to have formal medication management and prescribing needs met, and more likely to have built positive relationships with their case managers and other staff who are critical to their recovery goals and treatment coordination.

**Substance Use
Disorder Services**

**Long Term Supports &
Services**

**Request for Follow Up
by CMH**

Consumer Feedback



Substance Use Disorder Services

While scores were positive in this area regarding satisfaction, 17% were neutral on housing situation improvements. We received 220 MHSIP responses and 2 YSS responses.



CCBHC Outcomes - MHSIP



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LTSS

Scores were extremely high, over 85% positive in the following questions

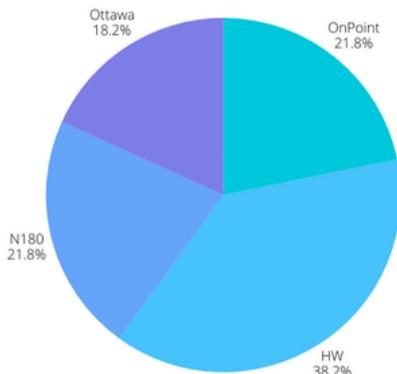
FY25 Score

I liked the services I received here.	91.5%
The location of the services was convenient for us.	88%
Services were available at times that were convenient for us.	91.1%
My family got as much help as we need.	91.4%

While scores were extremely positive in this area regarding satisfaction, the questions that would elicit a more positive response are likely to not be as relevant to the Long Term Services & Supports (LTSS) consumer. We received 77 MHSIP responses.

CONSUMER REQUEST FOR FOLLOW UP

Consumer Request for Follow Up Total 2025: 225



ONPOINT 49

HEALTHWEST 86

NETWORK 180 49

OTTAWA 41

WEST MICHIGAN 0

The satisfaction survey contained an area which allowed respondents to leave a comment, suggestion, feedback, or other written response. The survey also contained a space for the respondent to leave their name and phone number IF they would like someone to contact them regarding their experience. The LRE IT department programmed the survey collection dashboard to automatically generate an email to the appropriate customer services staff at the CMHSP each time a respondent filled in their name and phone number. A call back must be made within 4 days of request. The CMHSP staff would then document each call. These call logs are reported to the LRE for tracking purposes.

CONSUMER FEEDBACK

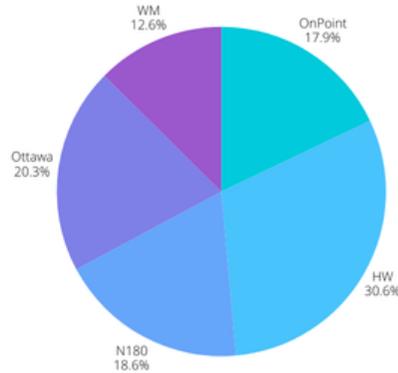
- *While I am still a "work in progress", OnPoint has helped me tremendously. Everyday is no longer dreaded. But looked forward to hope. For that I am thankful, also grateful to continue my recover journey through this facility with such amazing staff.*
- *Healthwest is awesome. Professional. And really concerned for me as a human being. A lot of resources. I have never received such good care. They really care about me.*
- *Had excellent services! Staff were very polite, courtesy, eager to accommodate my needs and kept my wait times minimal.*
- *Healthwest has the best customer service and does what benefits its clients. I love they way they encourage independency and know when to help clients.*
- *I appreciate and I am delightfully thankful for the services I get.*
- *I love my team, they are wonderful.*
- *I am very satisfied with the services I received. The program and the staff are amazing. Thank you for helping to better my life.*
- *I really enjoy that I am given. That I choose to stay in Kent County so I can still come here that I can get the help that I need.*

CMHSP COMPLETED SURVEYS 2023-2025



The 2023 survey was a much smaller survey consisting of twelve questions. Participation rates between the two years showed a change in numbers. In 2023, 1,997 people responded to at least one question on the LRE survey. In 2023, the satisfaction survey was distributed throughout the year, beginning in May 2023; while in 2024 the survey was distributed from August 2024 to December 2024. During 2024, 290 people responded to the YSS survey and 1,466 people to the MHSIP survey, which is 1,756 people. Onpoint and Healthwest had a higher rate of return of surveys in 2024, while Ottawa had a decrease in completed surveys. West Michigan and Network180 maintained similar rates of return. In 2025 numbers went back up for Ottawa and West Michigan also improved in survey completion. OnPoint and Healthwest numbers increased.

CMHSP # of Completed Surveys Total 2025: 2320



ONPOINT 416

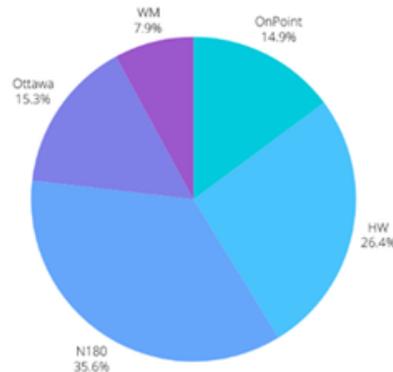
HEALTHWEST 711

NETWORK 180 431

OTTAWA 470

WEST MICHIGAN 292

CMHSP # of Completed Surveys Total 2024: 1756



ONPOINT 261

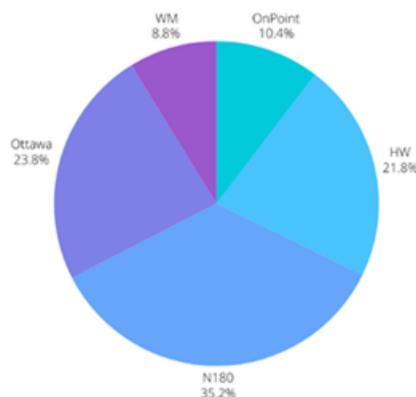
HEALTHWEST 463

NETWORK 180 625

OTTAWA 268

WEST MICHIGAN 139

CMHSP # of Completed Surveys Total 2023: 1997



ONPOINT 208

HEALTHWEST 412

NETWORK 180 773

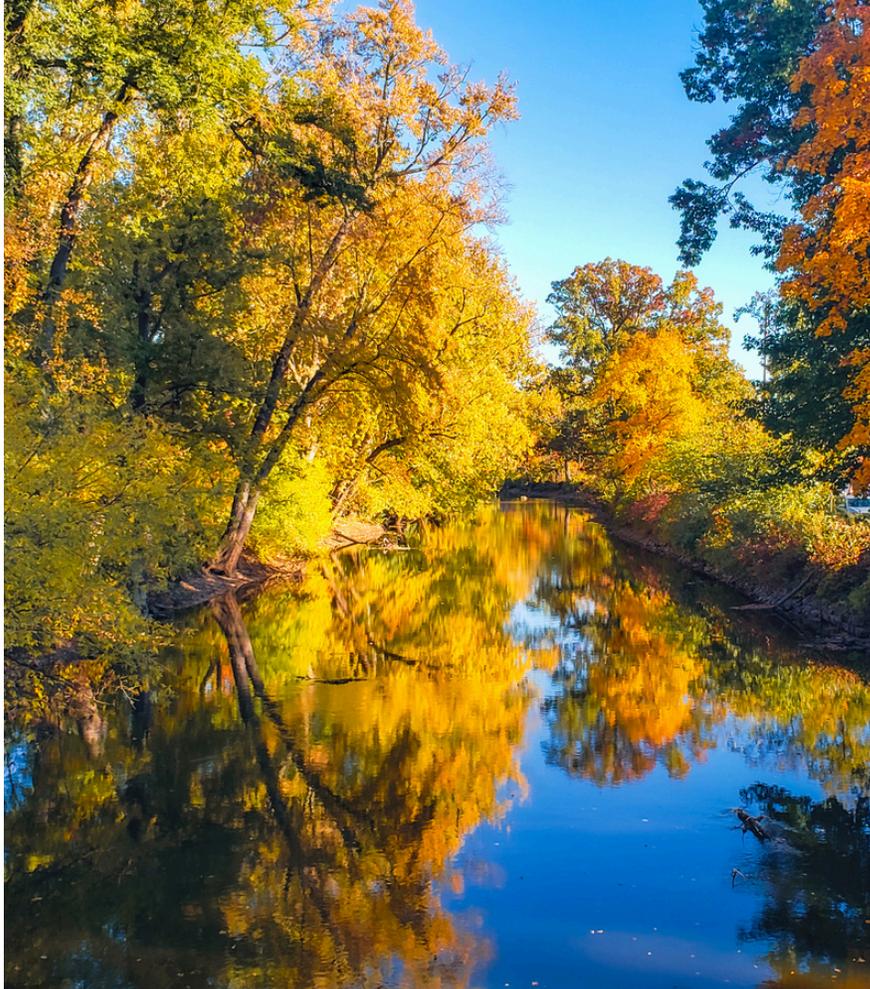
OTTAWA 437

WEST MICHIGAN 167

Report Card Comparison Questions

2023-2025 Compared Questions (YSS)	FY25%	FY24%	FY23%
Overall I am satisfied with the services my child received.	87.5	86.7	94
My child gets along better with family members.	67.2	54.1	87.4
I helped to choose my child's treatment goals.	90.5	90	90.7
The Services my child/family received were right for us.	84.6	89.4	93.5
Services were available at times that were convenient to us.	88.1	82.3	94.1

2023-2025 Compared Questions (MSHIP)	FY25%	FY24%	FY23%
The location of the services was convenient	85	87	93.5
I, not staff, decided my treatment goals.	79.3	79.4	90.7
I feel free to complain.	79.3	81.2	76.9
I like the services I receive here.	91	91.8	94
I was given information about my rights.	89.7	91.5	96.1
I am getting along better with my family.	67.6	66.4	87.4

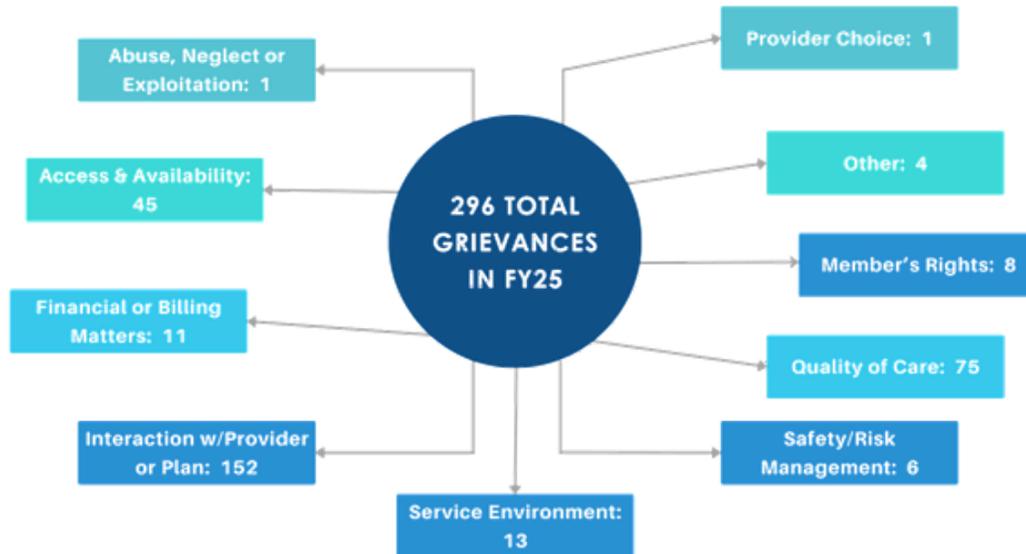


Consumer feedback

- *Kent County and Ottawa County have served my special needs daughter since birth and have done an awesome job. I pray financial cuts will not hurt the population that needs it the most.*
- *Great staff, great services.*
- *The team I work with always helps me with the process of bettering myself.*

Grievances

The CMHSPs had 296 grievances in 2025. The three service areas of concern with grievances were access and availability, quality of care, and interaction with the provider or plan (which had the highest number of grievances). Consumers are voicing their concerns and being heard.



Summary & Recommendations

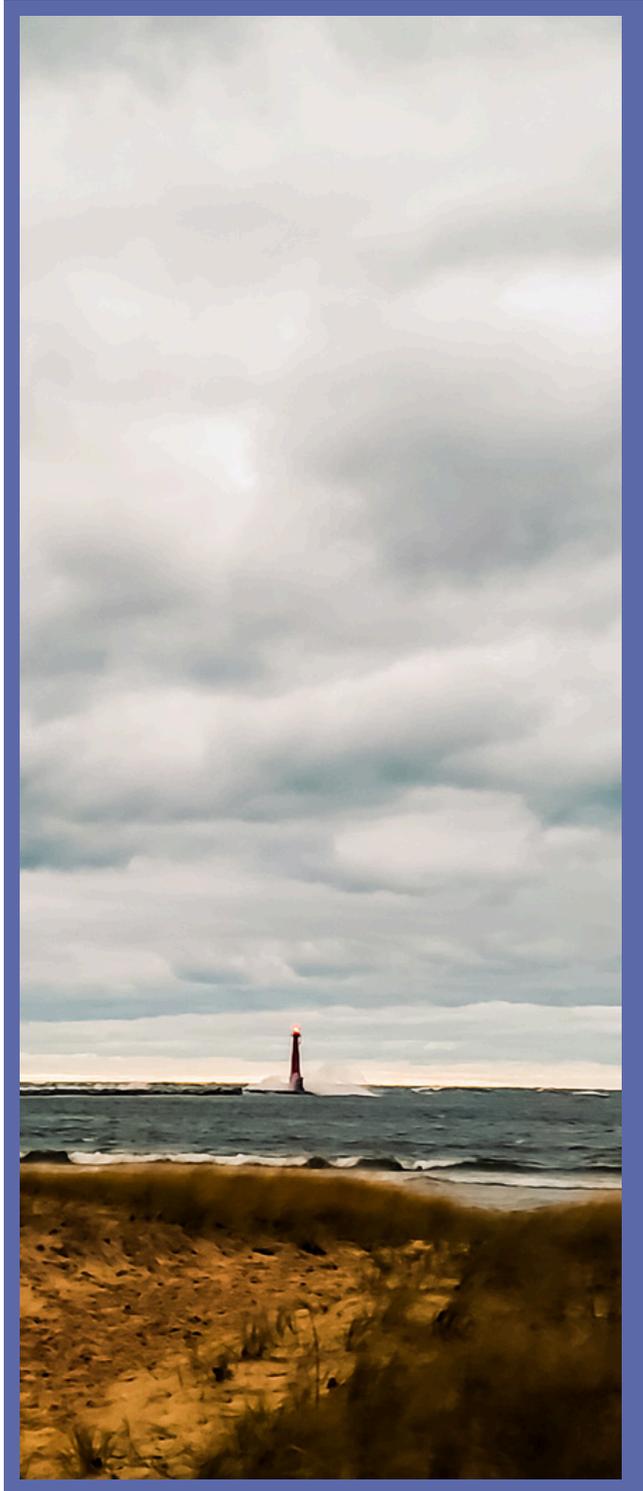
The FY25 Customer Satisfaction Survey workgroup was created to collaborate with the CMHSPs on all matters related to surveys in the region. The focus of the group for FY25 was the implementation of the MHSIP and YSS which would address the following: CCBHC requirements, data to share throughout the state, consistent data throughout the years. LRE is reviewing the data and determining best practices moving forward to address the needs of the individuals we serve.

- 1. The region should distribute the 2025 Customer Satisfaction Survey Report to the CMHSP participants through the following committee/council review: Regional Consumer Advisory Committee (RCAC).**
- 2. Each CMHSP will internally review individual cases of dissatisfaction and establish an action plan identifying growth areas, barriers, interventions, and processes to monitor effectiveness of interventions.**
- 3. Continue to review grievances and the categories to create ways of improvement with the CMHSPs.**
- 4. Define strategies to access the areas that had lower scores:**
 - a. YSS-Social Connectedness: I know people who will listen and understand me when I need to talk.**
 - b. ALL: involvement in consumer led programs.**
 - c. Men: scored lower on "I AM BETTER ABLE TO DEAL WITH CRISIS."**

Summary & Recommendations

Quality in collaboration with relevant LRE committees/council will establish a regional quality improvement plan identifying regional barriers and relevant regional interventions, with measures of effectiveness for the Perception of Social Functioning, Social Connectedness, and Outcomes of Services. Below is the final scores for the questions in relation to the LRE is categories required to report on.

FY25 SURVEY REPORT CARD-MHSIP



Customer Services Report Card (MHSIP)

Access & Availability (MHSIP)	FY25 Score
Staff were willing to see me as often as I felt it was	4.40
Staff returned my phone calls within 24 hours.	4.23
I was able to get all the services I thought I needed.	4.24
I was able to see a psychiatrist when I wanted to.	4.16

Quality (MHSIP)	FY25 Score
Staff believed that I could grow, change and recover.	4.35
I felt comfortable asking questions about my treatment, services and medication.	4.39
Staff were sensitive to my cultural background.	4.31
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	4.27
I was encouraged to use consumer run programs.	4.16
Staff encouraged me to take responsibility for how I live my life.	4.33
Staff told me what side effects to watch for.	4.17
Staff respected my wishes about who is and who is not to be given information about my treatment.	4.44

Customer Services Report Card (MHSIP)

Outcomes (MHSIP)	FY25 Score
I deal more effectively with daily problems.	4.06
I am better able to control my life.	4.07
I am better able to deal with crisis.	3.98
I do better in social situations.	3.91
I do better in school/work.	3.94
My housing situation has improved.	3.91

Functioning	FY25 Score
My symptoms are not bothering me as much.	3.90
I do things that are more meaningful to me.	4.08
I am better able to take care of my needs.	4.08
I am better able to handle things when they go wrong.	3.97
I am better able to do things I want to do.	4.03

Social Connectedness	FY25 Score
I am happy with the friendships I have.	4.01
I have people with whom I can do enjoyable things.	4.14
In a crisis, I would have the support I need from family or	4.23
I feel I belong in my community	3.91

Report Card Specific Questions (YSS)

Outcomes (YSS)	FY25 Score
My child is better at handling daily life	3.63
My child gets along better with friends and other people.	3.74
My child is doing better at school work and/or work	3.6
Social Connectedness	FY25 Score
I know people who will listen to me and understand me when I	4.14
I have people I am comfortable talking with about my child's	4.22
In a crisis I would have the support I need from my family or	3.92
I have people with whom I can do enjoyable things.	4.12
Functioning	FY25 Score
My child is better able to cope when things go wrong.	3.42
My child is able to do things he or she wants to do.	3.66
Satisfaction	FY25 Score
I am satisfied with our family life right now.	3.51

Report Card Specific Questions (YSS)

Access & Availability (YSS)	FY25 Score
The location of the services was convenient for us.	4.41
My family got the help we wanted for my child.	4.02
My family got as much help as we needed for my	3.90
Quality (YSS)	FY25 Score
I helped to choose my child's service.	4.17
The people helping my child stuck with us no	4.13
I felt my child had someone to talk to when he or	4.21
I participated in my child's treatment.	4.37
Staff treated me with respect.	4.50
Staff respected my family's religious/spiritual	4.44
Staff spoke to me in a way I understood	4.43
Staff were sensitive to my cultural/ethnic back-	4.36

