



2025 Consumer Satisfaction Survey Final Analysis & Recommendations

Dec. 2025

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Prepared for: Southwest Michigan Behavioral Health

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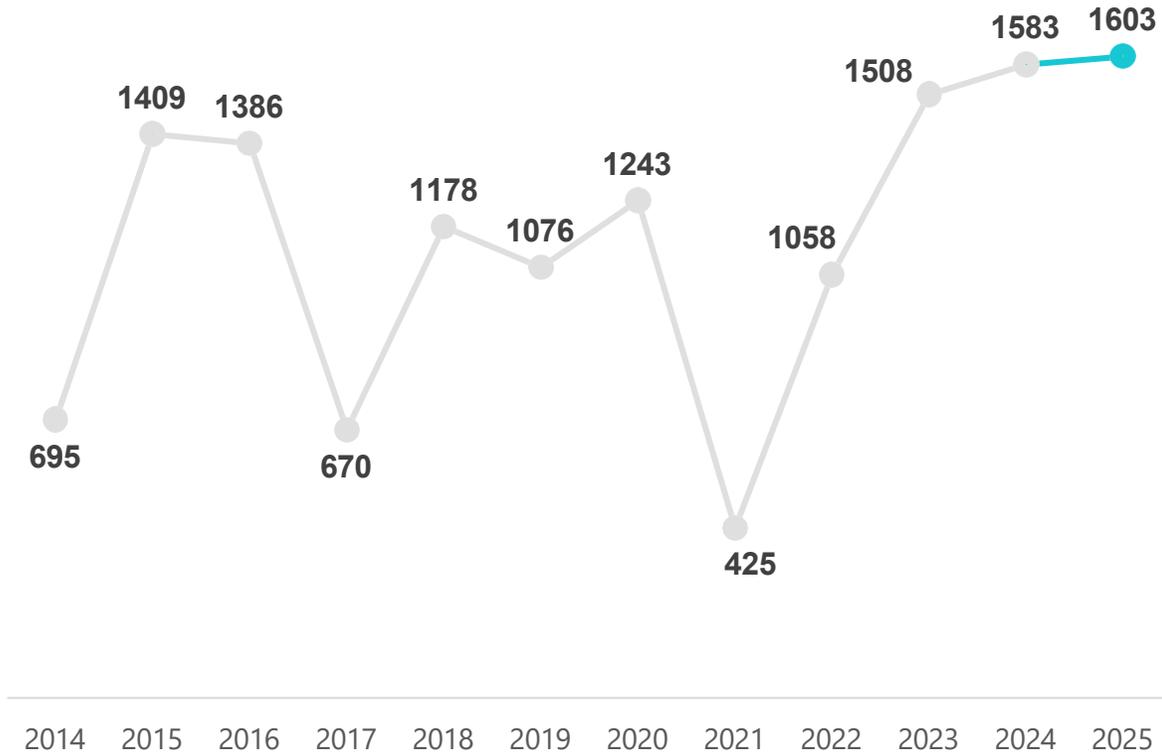
2025 Response Rates

Full methods breakdown available at end of report

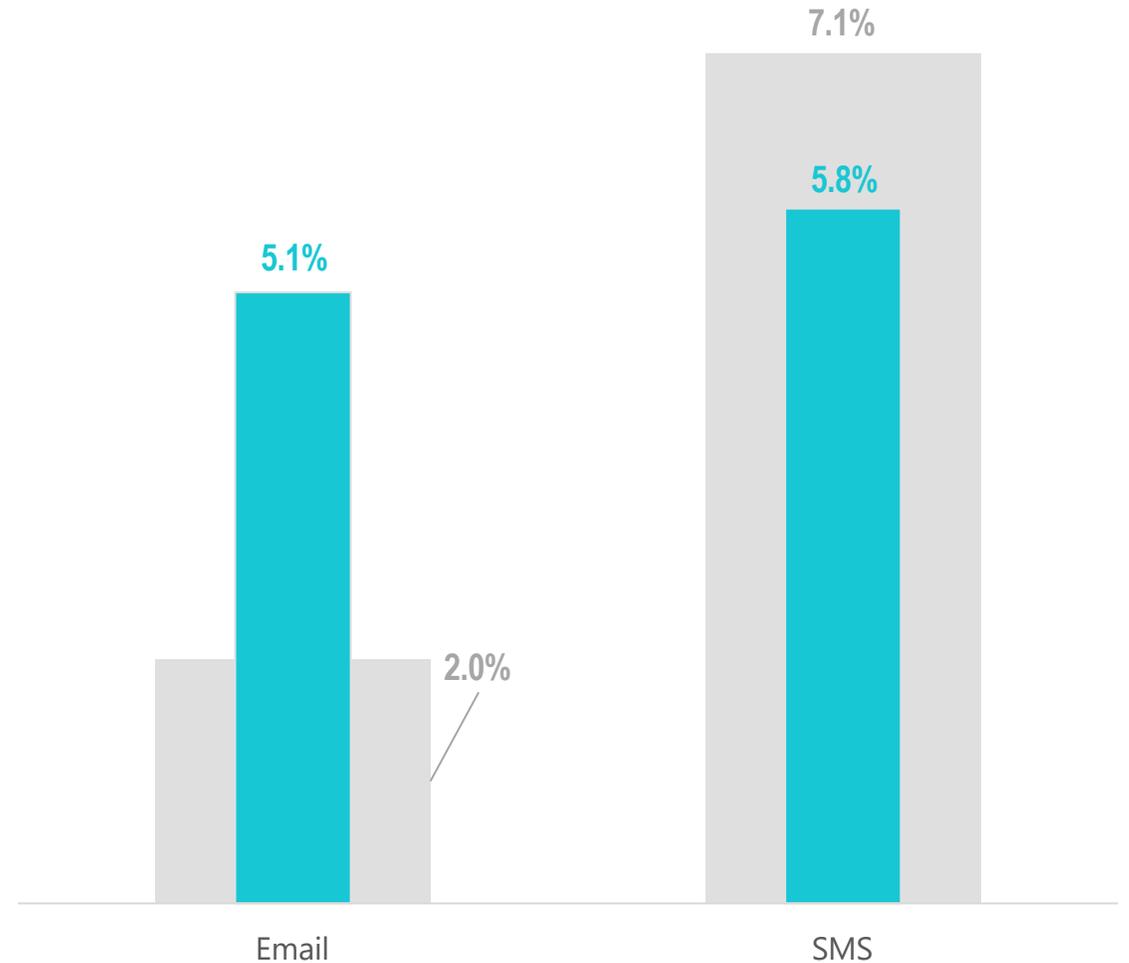
Highest number of responses ever recorded for 2025 MHSIP

Email response rate more than doubled in 2025, but SMS response rate lowered slightly

MHSIP # of responses, 2014-2025



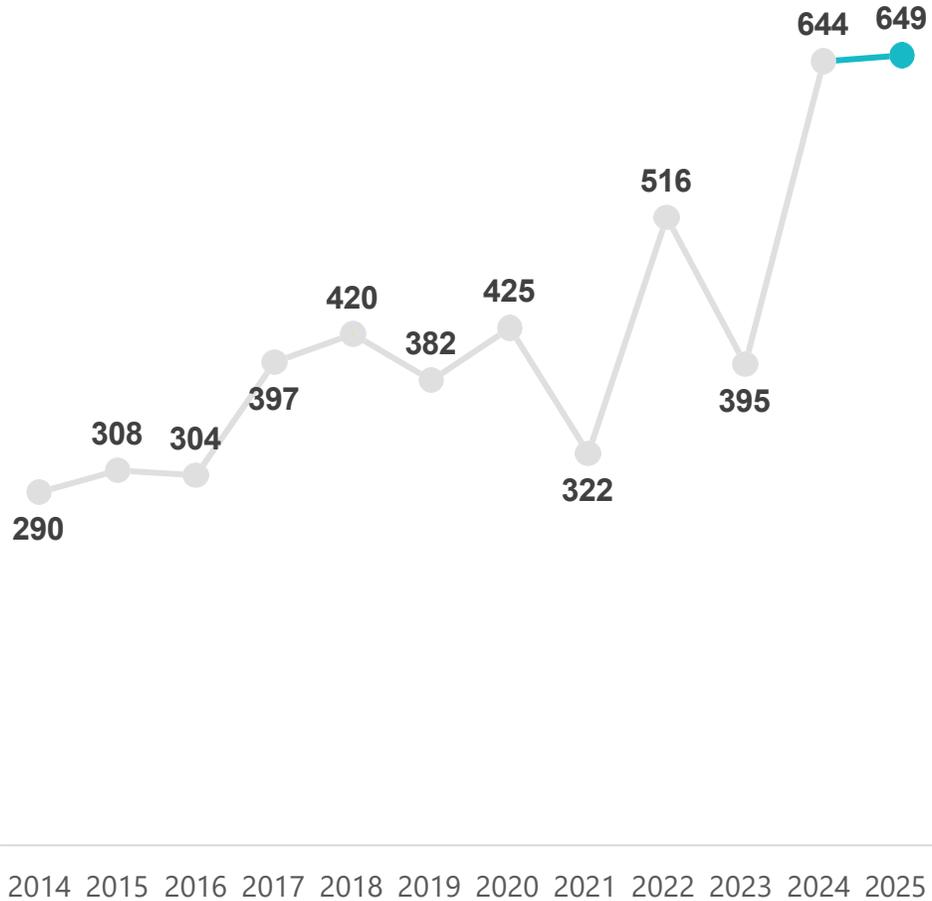
MHSIP response rate by medium 2024 vs. 2025



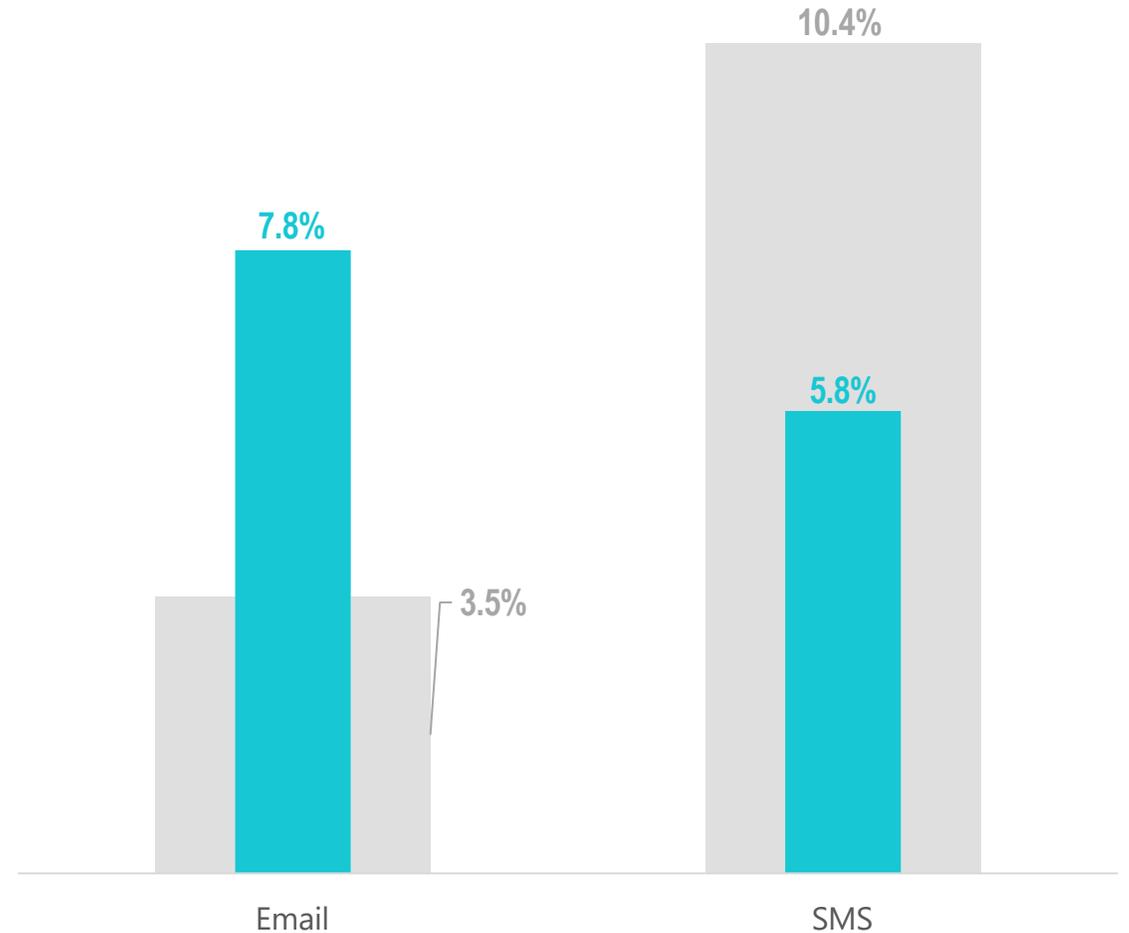
YSS number of responses hit highest ever recorded in 2025

Email response rates improved by more than double, while SMS response rates almost halved in 2025.

YSS # of responses, 2014-2025

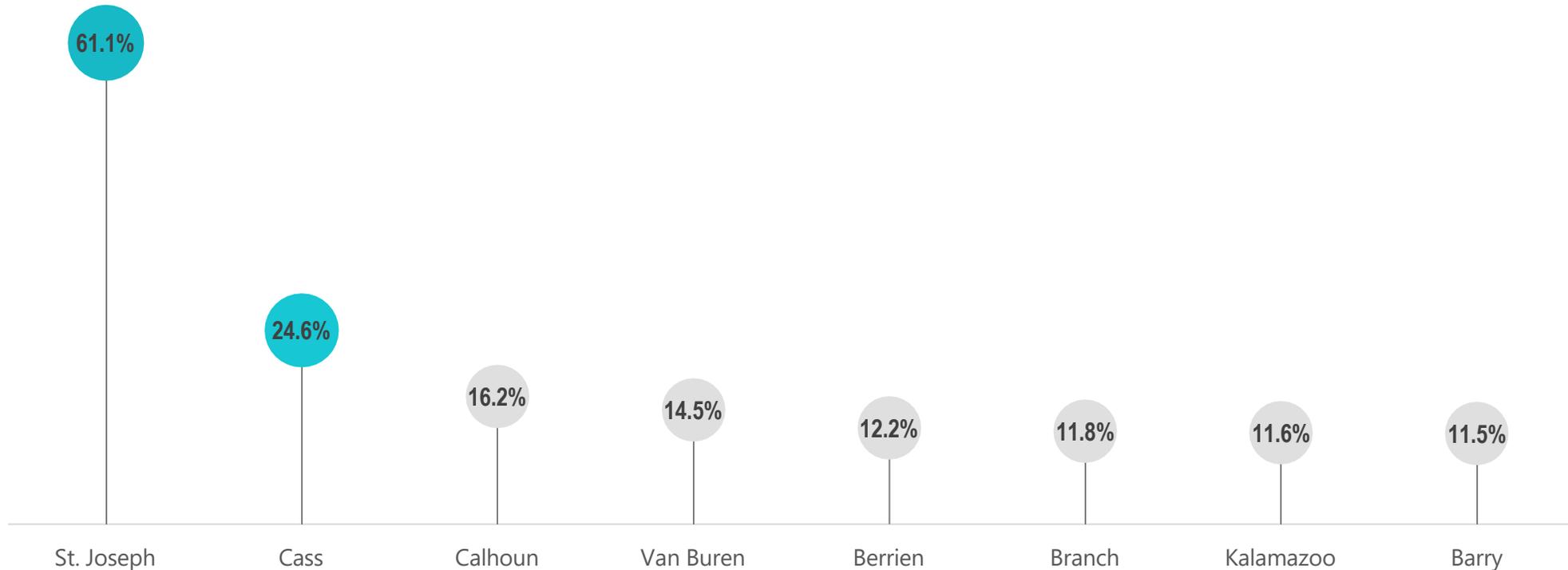


YSS response rate by medium 2024 vs. 2025



Pivotal had the highest overall response rate by a large margin

Woodlands also saw a relatively high response rate; these are likely due to large use of paper surveys and QR code flyers. All CMHs had response rates above 10%, which indicates strong participation across all counties.



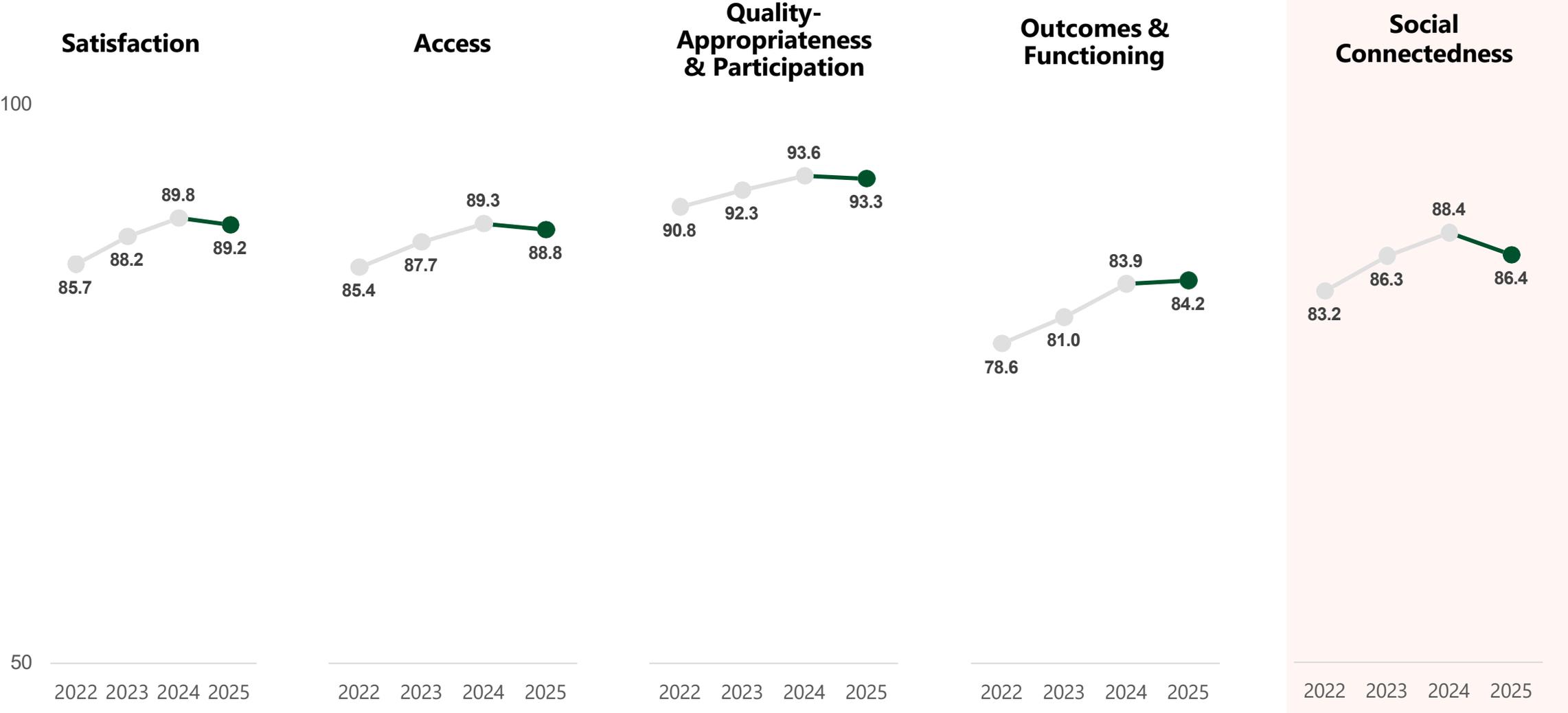


Mental Health Statistics Improvement Plan (MHSIP) Revised Tool: 2025 Results

Sample size: 1603

Adults' social connectedness may have decreased in 2025.

Social Connectedness may be an area to look out for with a close-to-statistically significant result; difference between 2024 and 2025 for other constructs did not show any inkling or possibility of statistically significant difference.



Potential statistically significant difference ($p = .09$) between this year and previous year

Consumers had life-changing accounts of benefit from their CMHSPs

“I am **not homeless** anymore. I’m also getting the mental help I need. **Life is so much easier** becuz of ISK.”

“After my husband passed of cancer almost 5 years ago I turned to alcohol to self medicate. I was killing myself with alcohol at 36 yrs old. My peer support specialist and my therapist played a huge role in **saving my life.**”

“After I started coming to Riverwood I have been **a lot more stable** and I'm able to **communicate much better.** My family dosent have to see me suffer every day now. Also **we all have a better understanding** of what I'm dealing with so it makes it easier being educated.”

“It **saved my life.** I was in a horrible dark place. My family wasn't even speaking with me... My children ignored me as if I didn't exist... Thanks to the help I received and the work I did, **my life is now amazing!!** I am **so close to my children,** my husband and I celebrated 30 years of marriage and I'm so **grateful to be alive** everyday!!”

“I am a **better mom** and a better, happier, **more functional** human being, these people **gave me my life back.**”

“Because of the therapy and meds and working through my trauma I have now been **a whole year without a hospital stay,** I **no longer self harm** and have a **better relationship with my kids** and important family.”

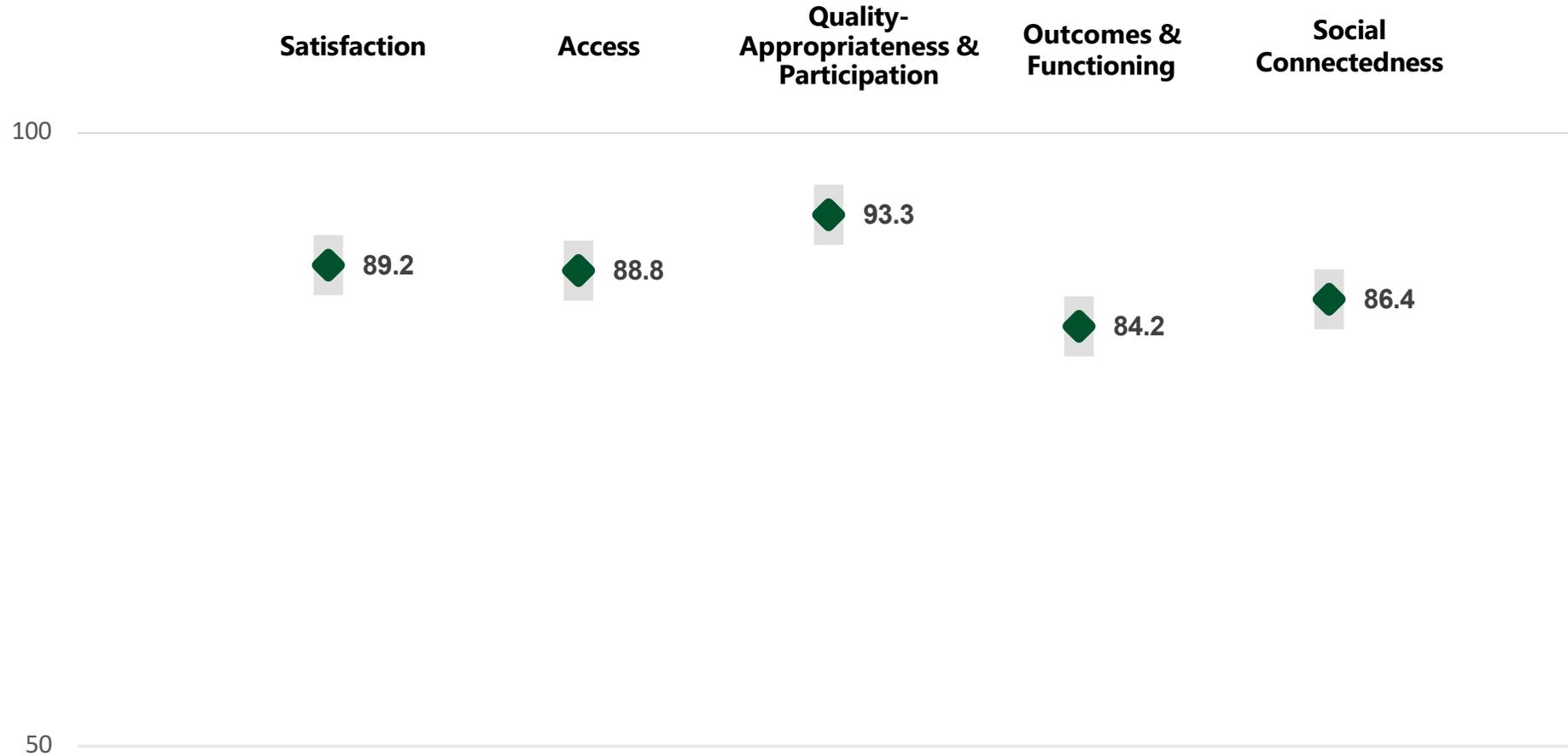
“I was an alcoholic I no longer drink. I have close to **two years clean** don't ever see myself going back to my old ways. Therefore, I get to spend **more time with my family.** I'm a **better employee.** I'm currently a **business owner** and everyone around me sees a better side of me.”

“This agency has **saved my life.** I was off of my meds, suicidal, and absolutely hopeless... My **entire quality of life** has greatly improved thanks to the services I received through ISK. I feel **hopeful and excited** for my future, and I feel **capable of functioning** in day to day life.”

All SWMBH CMHSPs: 2025 MHSIP scores by construct

Dark green denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all SWMBH consumers might lie (i.e., margin of error*)

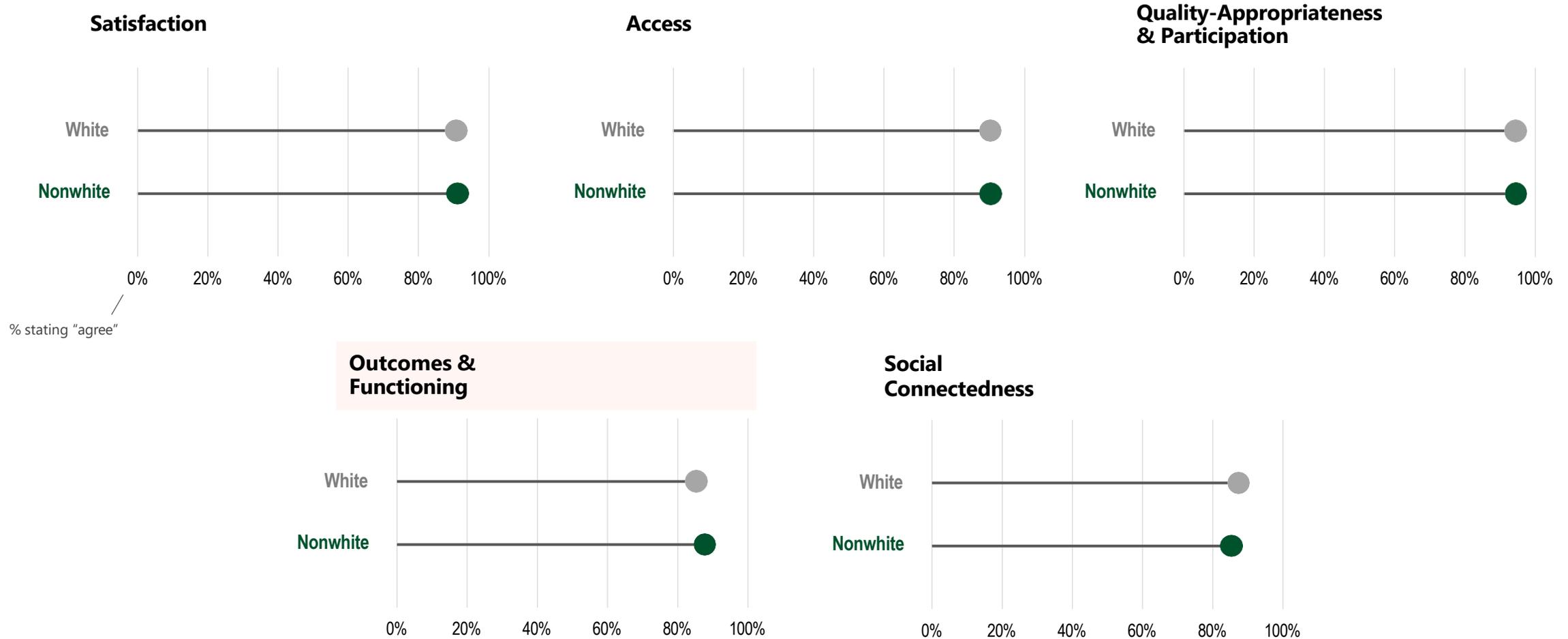


95% margin of error for all CMHSPs: ± 2.4 pts

n = 1603

Race: **Nonwhite** consumers reported slightly stronger outcomes

“Nonwhite” category comprises any race other than White, including Black/African American, Asian, Native American, Native Hawaiian/Pacific Islander, or any mix of races. This aggregation was done due to small sample sizes.



% stating "agree"

Outcomes & Functioning

Social Connectedness

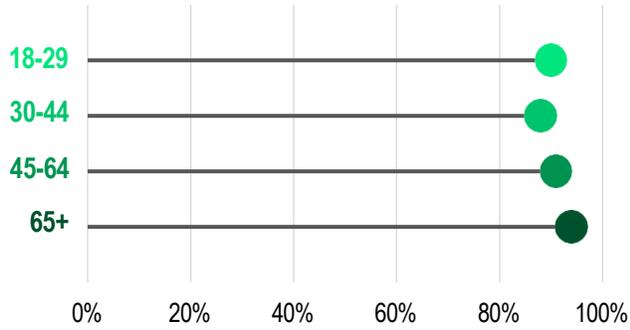
Statistically significant difference ($p < .05$) between groups (Mann Whitney U)

White n = 1,148
Nonwhite n = 455

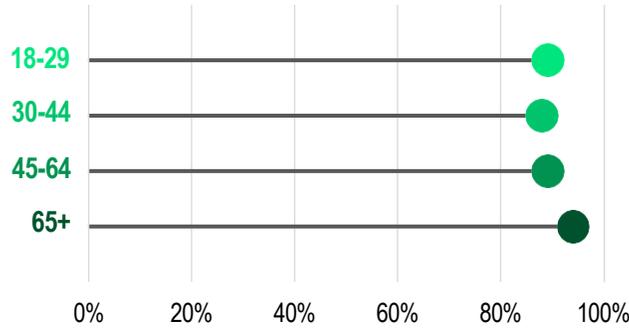
Age: **Oldest** respondents reported highest scores across all constructs.

Those aged 45-64 in particular reported some notably lower Outcomes and Social Connectedness scores.

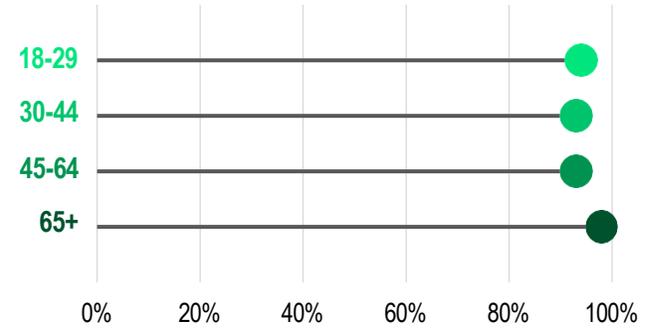
Satisfaction



Access

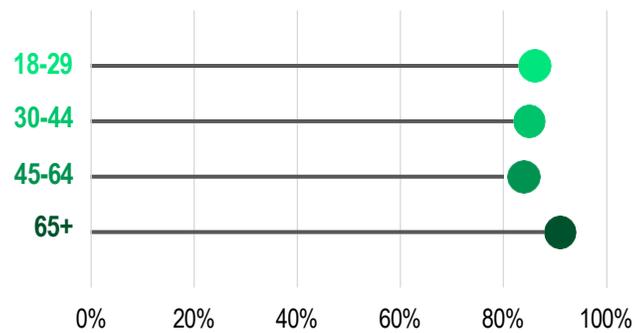


Quality-Appropriateness & Participation

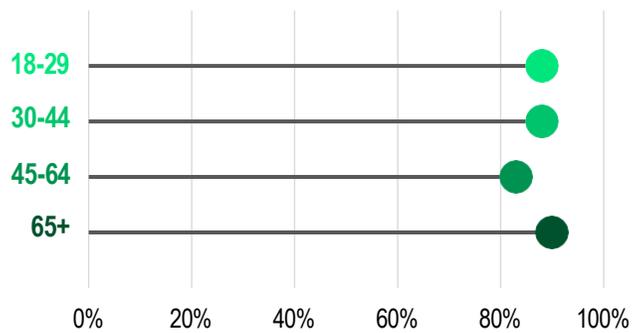


% stating "agree"

Outcomes & Functioning



Social Connectedness



Statistically significant difference ($p < .05$) between age groups (Kruskal-Wallis)

18-29 n = 344

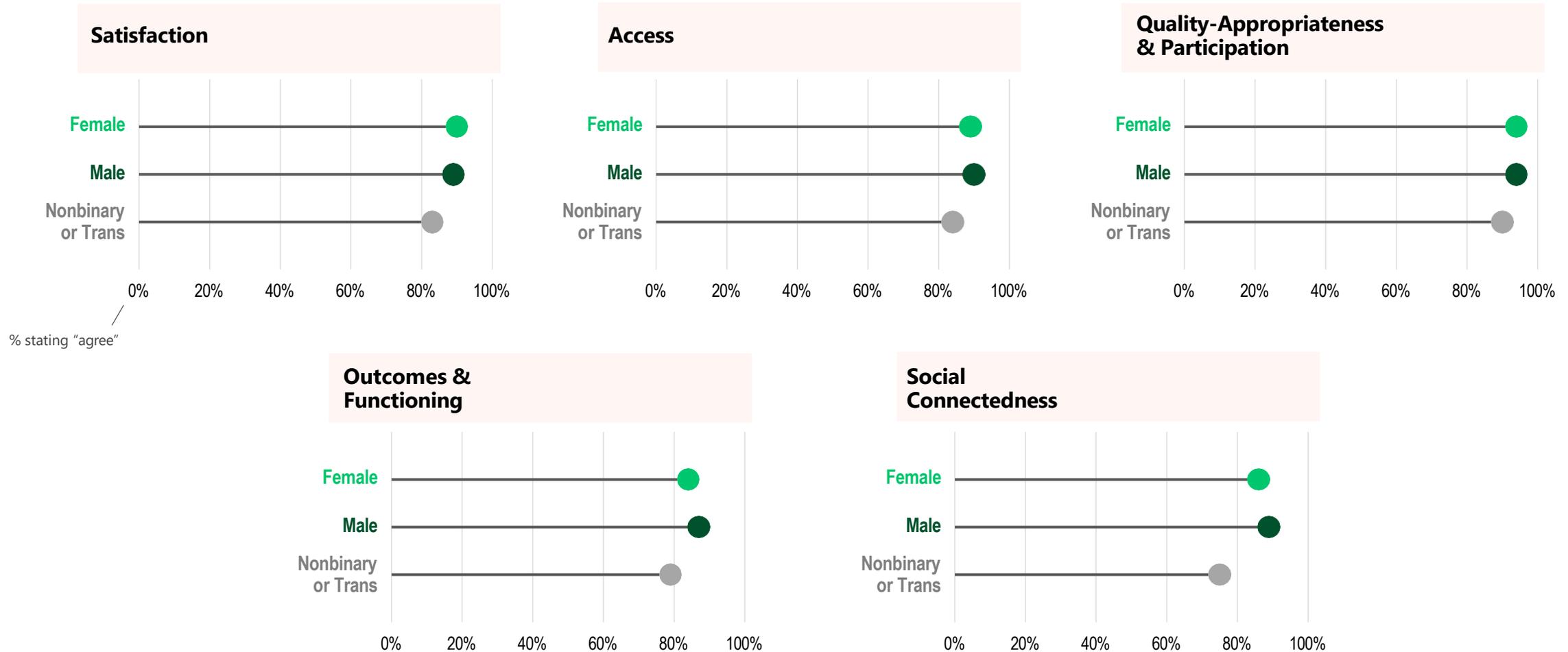
45-64 n = 550

30-44 n = 484

65+ n = 145

Gender: Male and female consumers reported higher scores than nonbinary or transgender consumers

Particularly, Outcomes/Functioning and Social Connectedness were notably worse for nonbinary or transgender consumers.



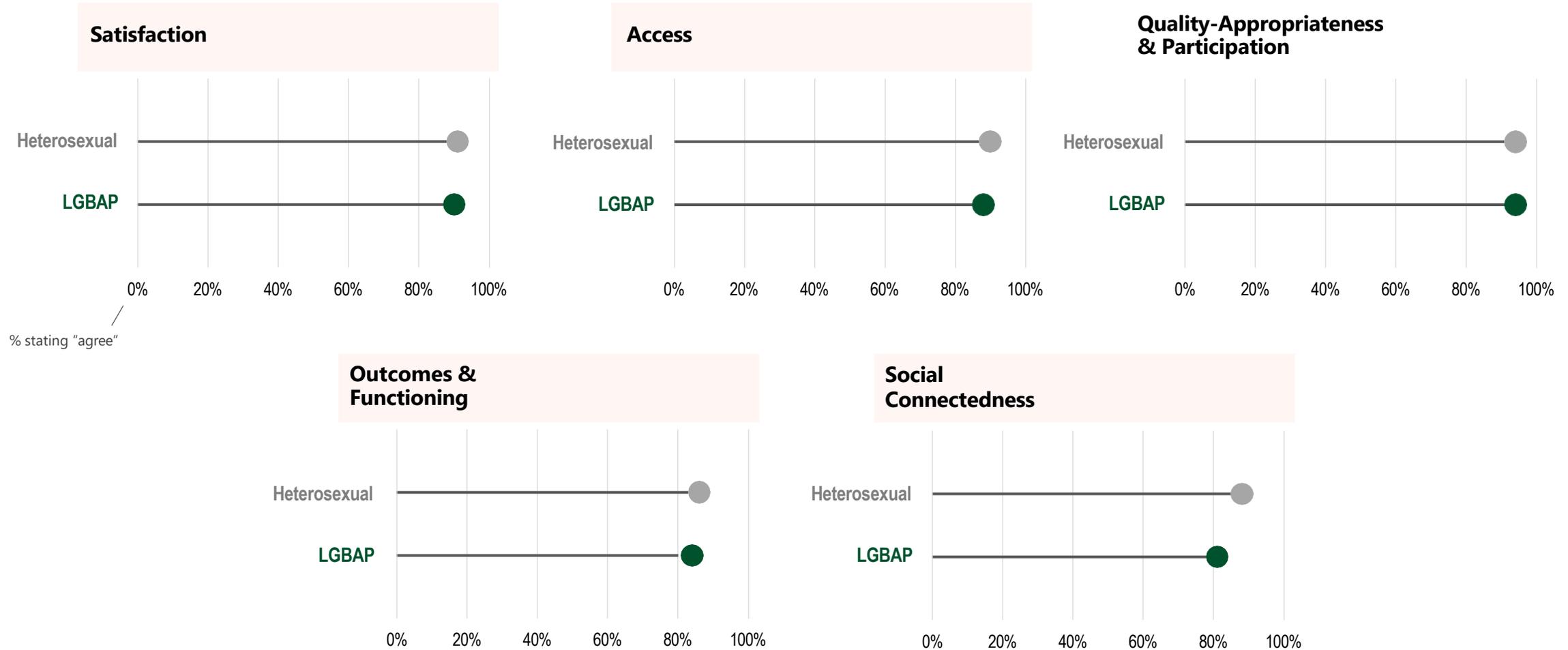
Statistically significant difference ($p < .05$) between gender groups (Kruskal-Wallis)

Female n = 903
Male n = 544

Nonbinary or Trans n = 78

Sexual Orientation: **LGBAP** consumers report slightly worse ratings than heterosexual/straight consumers, especially in social connectedness

LGBAP includes consumers identifying as lesbian, gay, bisexual, asexual, or pansexual



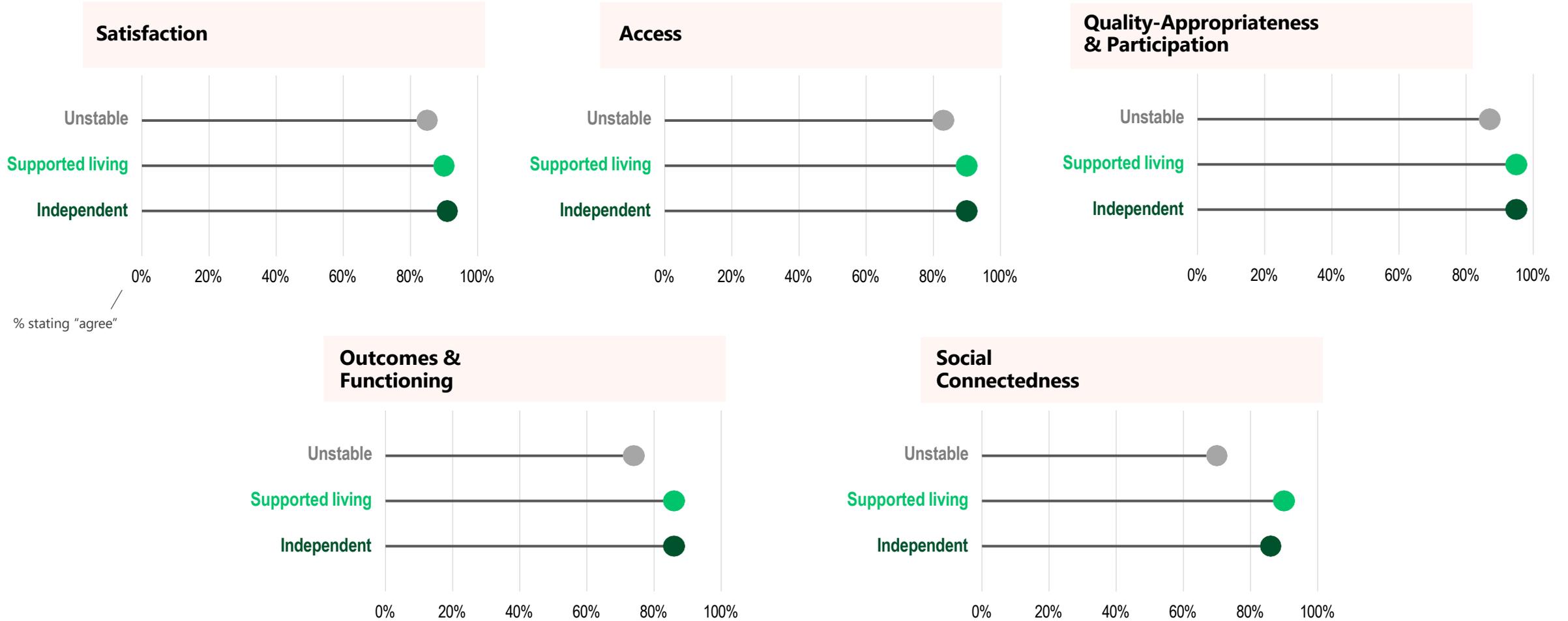
% stating "agree"

Statistically significant difference ($p < .05$) between groups (Mann Whitney U)

Heterosexual n = 1,182
LGBAP n = 224

Living situation: Those with unstable housing reported lower scores in each construct

"Unstable" was indicated if the respondent reported living in a shelter, motel/hotel, vehicle, etc. "Supported living" included AFC, group homes, relying on financial support from a relative, or other supported independent living. "Independent" included all other living situations.



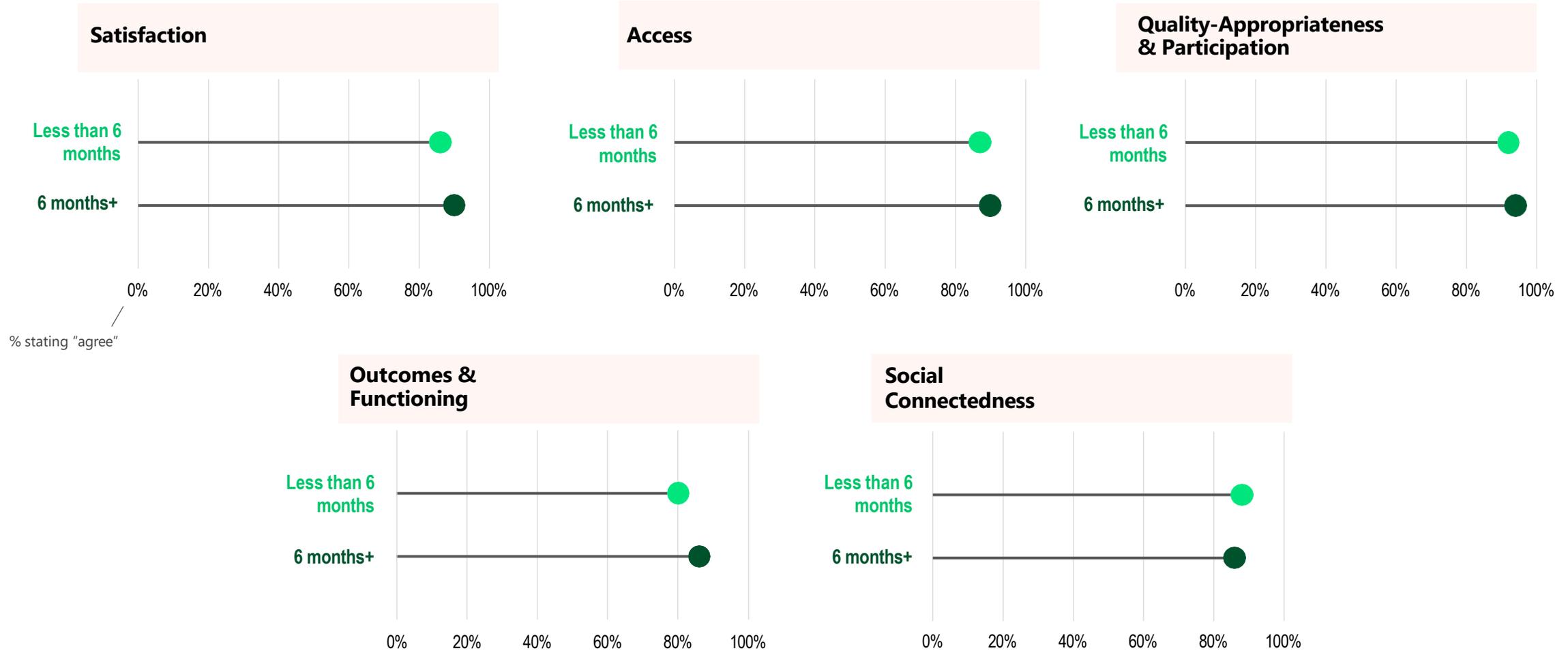
Statistically significant difference ($p < .05$) between groups (Mann Whitney U)

Unstable n = 102
Supported living n = 599

Independent n = 675

Length of Services: consumers with 6+ months of services had higher scores in each construct than those with less than 6mo except Social Connectedness

Those with shorter lengths of service actually reported higher social connectedness than those with longer lengths of service.



% stating "agree"

Statistically significant difference ($p < .05$) between groups (Mann Whitney U)

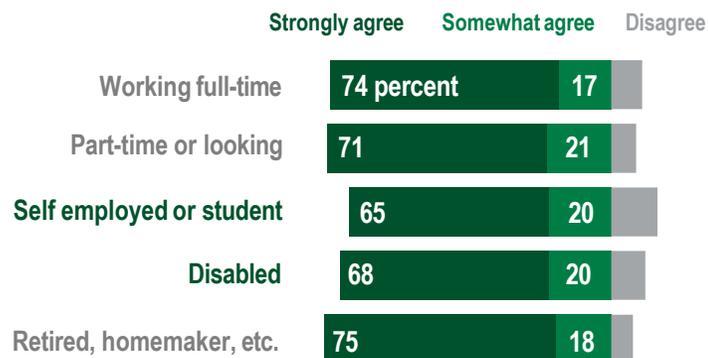
Less than 6 months n = 327

6 months+ n = 1,271

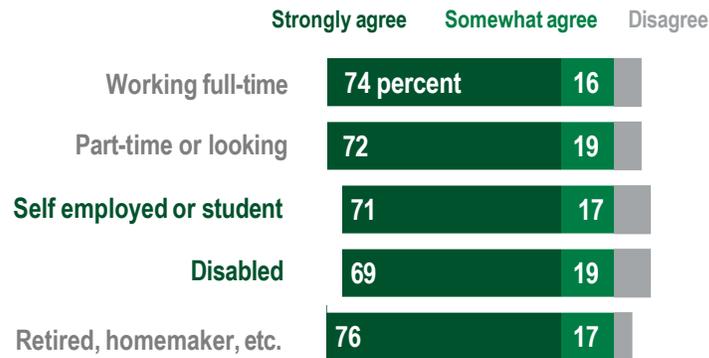
Employment status: Students & self-employed had lower satisfaction, access, and outcomes; disabled had lowest outcomes & social connectedness scores

Those working full time or retired/not seeking a job generally had the highest ratings across all groups

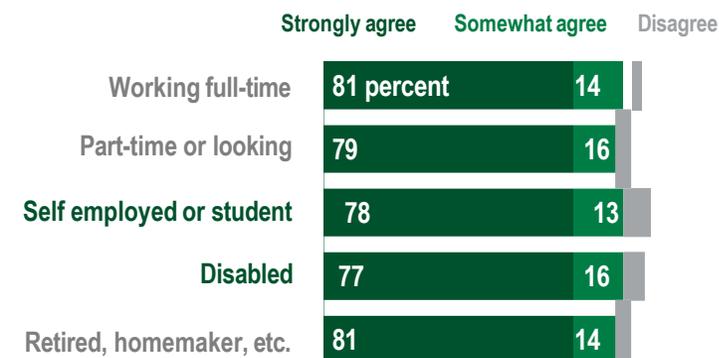
Satisfaction



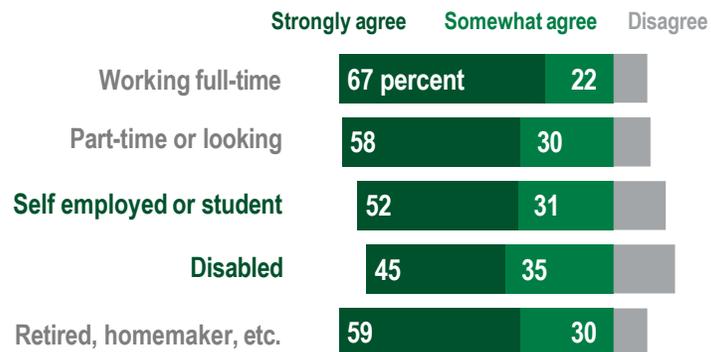
Access



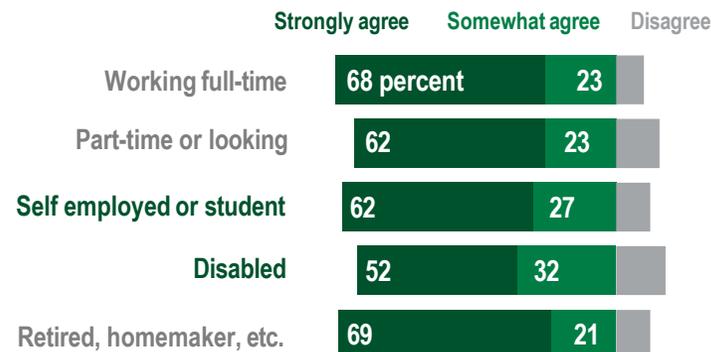
Quality-Appropriateness & Participation



Outcomes & Functioning



Social Connectedness



Statistically significant difference ($p < .05$) between age groups (Kruskal-Wallis)

Disabled n = 468
Self employed or student n = 74

Working full-time n = 294
Part-time or looking n = 401
Retired, homemaker, etc. n = 226

Adult **LTSS** consumers reported worse Access & Outcomes scores than **non-LTSS** adults*

Dark green denotes the percentage of LTSS (long-term social services) consumers in agreement for that construct's items
Gray bars denote the likely range where the true percentage for all LTSS consumers might lie (i.e., margin of error*)



Statistically significant difference (p < .05) between LTSS and non-LTSS

*result may be due to survey error leading to potential misclassification of LTSS consumers

margin of error for **LTSS** adults: ±4.2 pts (n = 536)
margin of error for **non-LTSS** adults: ±3.0 pts (n = 1,067)

Adult CCBHC consumers reported almost identical scores to non-CCBHC adults, except in Social Connectedness.

Dark green denotes the percentage of CCBHC (certified community behavioral health clinic) consumers in agreement for that construct's items
Gray bars denote the likely range where the true percentage for all CCBHC consumers might lie (i.e., margin of error*)



Average of all non-CCBHC consumers

Statistically significant difference ($p < .05$) between LTSS and non-LTSS

*margin of error for **CCBHC** adults: ± 2.7 pts (n = 1,276)
margin of error for **non-CCBHC** adults: ± 8.3 pts (n = 141)

Opportunities for improvement in access to and diversity of services, staff engagement with consumers,

Of MHSIP respondents who were *dissatisfied* with services, 5 major themes arose from qualitative feedback.

**Access, scheduling,
and responsiveness**

75 comments

**Inadequacy of service,
program, or support
options**

51 comments

**Medication
management issues**

41 comments

**Staff behavior,
perceived disrespect**

22 comments

**Staff turnover and
discoordination**

16 comments

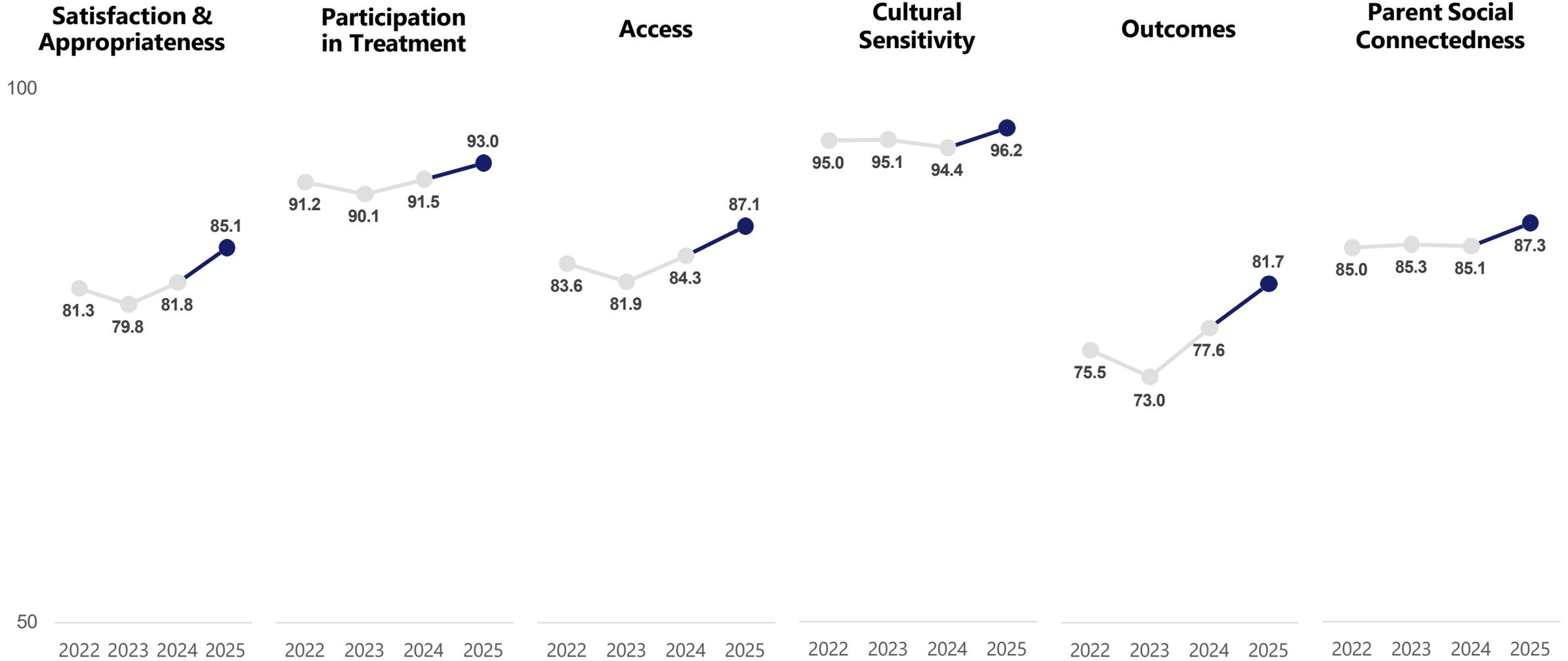


Youth Services Survey for Families (YSS) Revised Tool: 2025 Results

Sample size: 649

Overall, YSS saw improved scores compared to 2023, continuing 2024's trend

YSS scores by construct for previous 4 years. Differences in constructs between 2023 and 2025 are statistically significant for Satisfaction, Access, and Outcomes.



Positive highlights from the YSS comments section

“My son **isn't thinking of suicide**, he **isn't self harming**, he's **feeling hope** for his future, and although it's still a struggle for him, he knows he **has a team of people who have his back** and want him to succeed. That's an awesome feeling.”

“Just a **complete 180** for our family, all the help with services and rehabilitation centers, our child is **able to do so many new things** she wouldn't do a 1 1/2 year ago. **She's thriving** in school, using AAC devices, verbalizing now, singing, routines, motor skills, etc.”

“My child **hasn't self harmed** for a few months now since learning how to cope better with bullying and having anxiety and depression and also has **started engaging in sports again** after school. She seems **much better then when we started.**”

“My son was homeschooled for the last 2 and a half years because he was scared to be separated from mom. **He is back in school now.**”

“We are now **better able to communicate as a family**, with his better communication, our family is continuing to **grow stronger.**”

“I was totally lost and alone on helping my child until I was recommended to check out ISK. **From the very first intake** appointment, I was **filled with a sense of hope** for the first time in a long time. I truly believe ISK's support made a **life changing difference** for our family.”

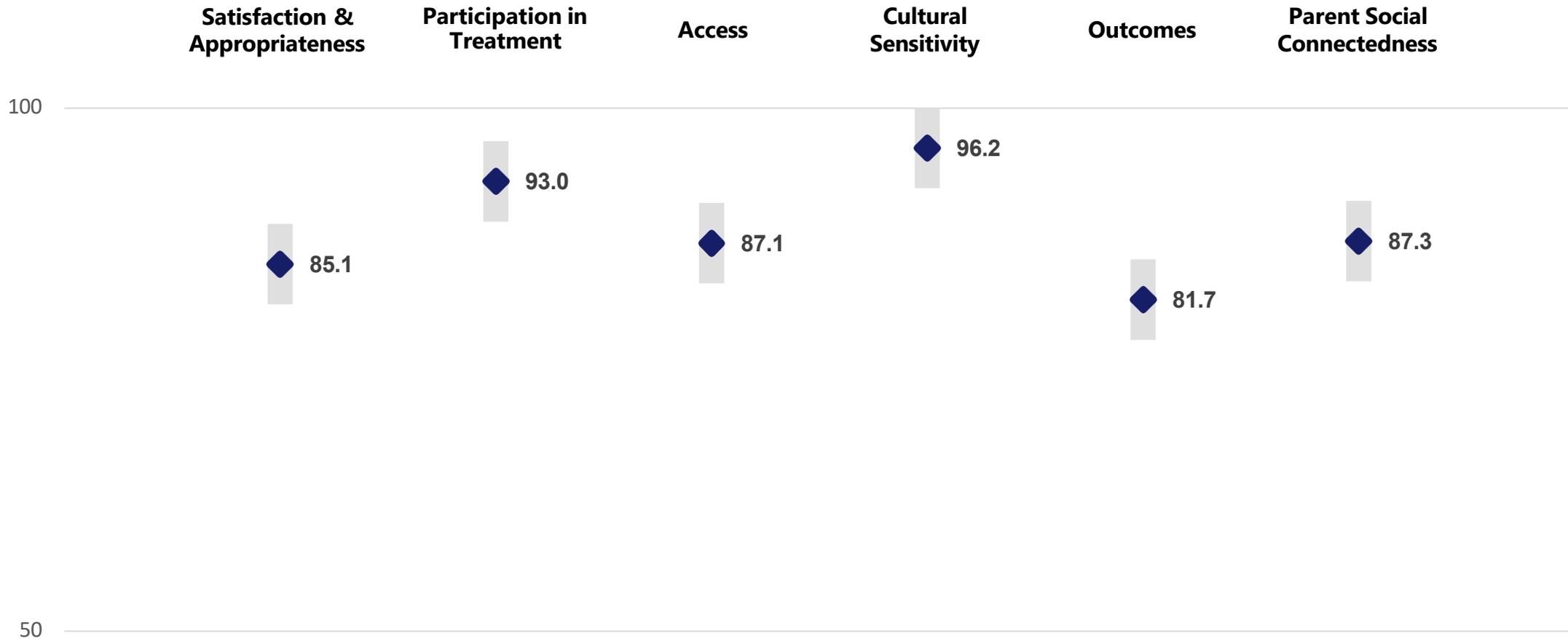
“My child **loves working with his therapist**. He doesn't want to see any other provider and asks when his next visit is. That's **such a switch from other therapy** that he's had. He is **creating more art** at home. He is **naming his emotions** and vocalizing them.”

“My son is **able to express his emotions** in a way that he never has before.”

All SWMBH CMHSPs: 2025 YSS scores by construct

Dark blue denotes the percentage in agreement for that construct's items

Gray bars denote the likely range where the true percentage for all SWMBH consumers might lie (i.e., margin of error*)

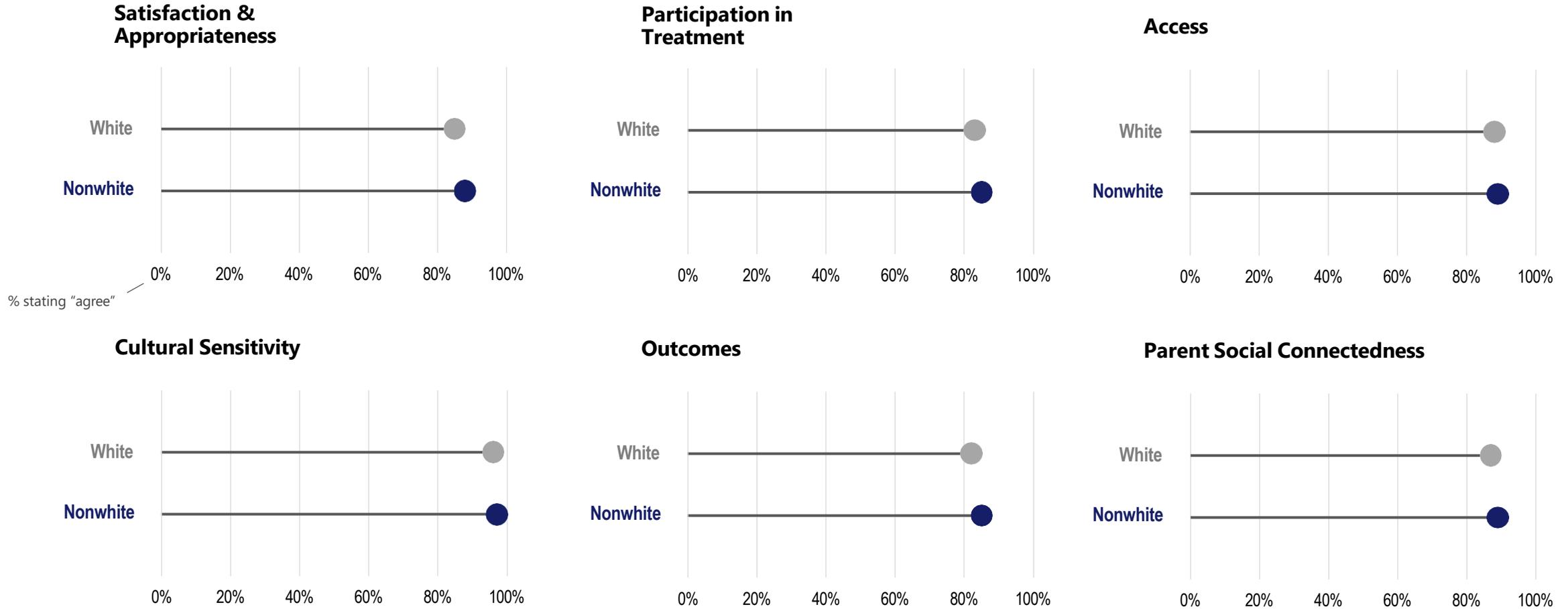


*margin of error for all CMHSPs: ± 3.8 pts

n = 649

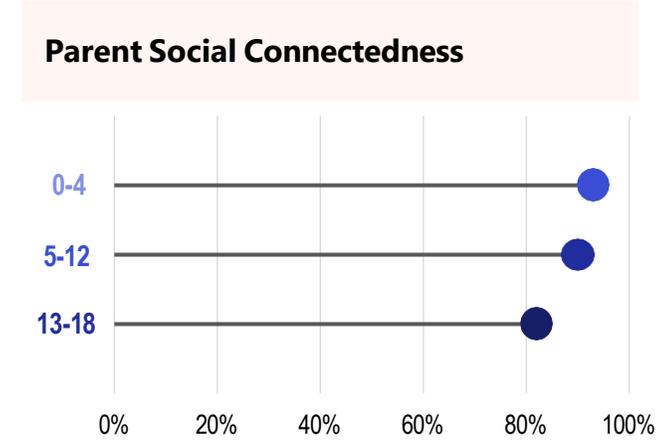
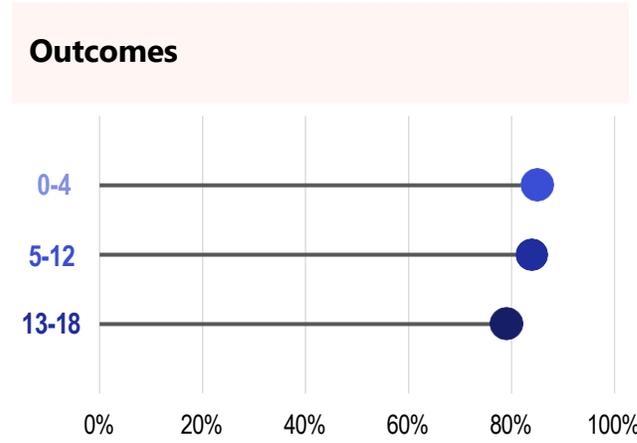
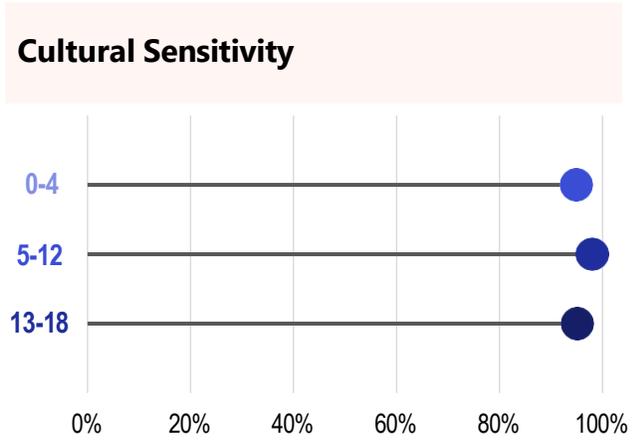
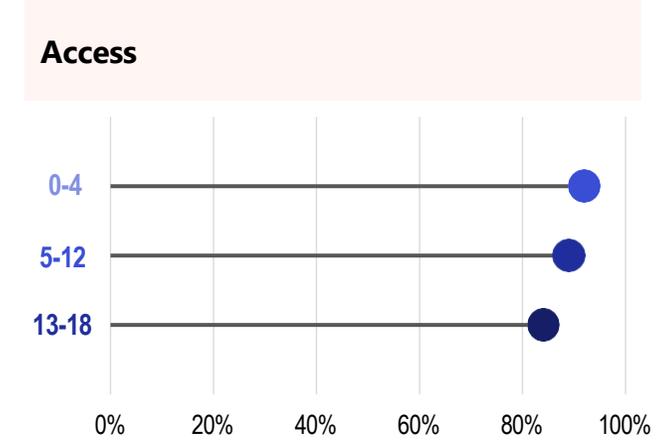
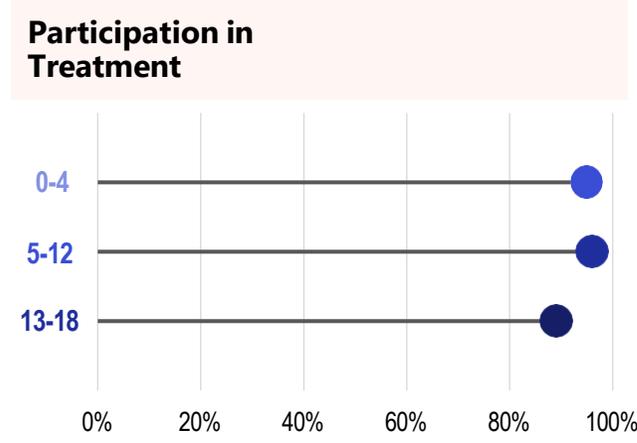
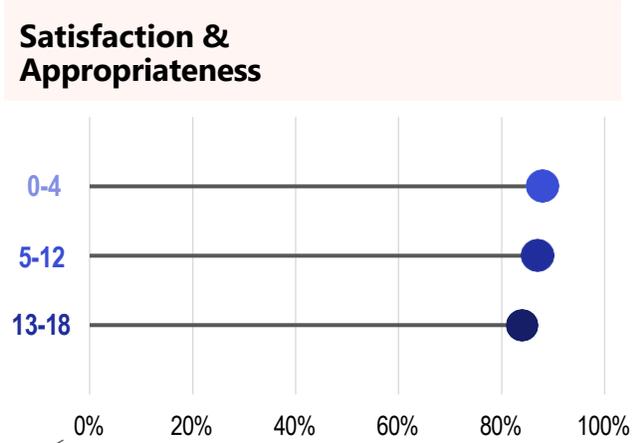
Race: Youth of all races had similar scores in 2025 YSS

“Nonwhite” category comprises any race other than White, including Black/African American, Asian, Native American, Native Hawaiian/Pacific Islander, or any mix of races.



Age: Generally, the older the youth, the lower the survey scores

Lower scores were most pronounced in access, outcomes, and parent social connectedness.



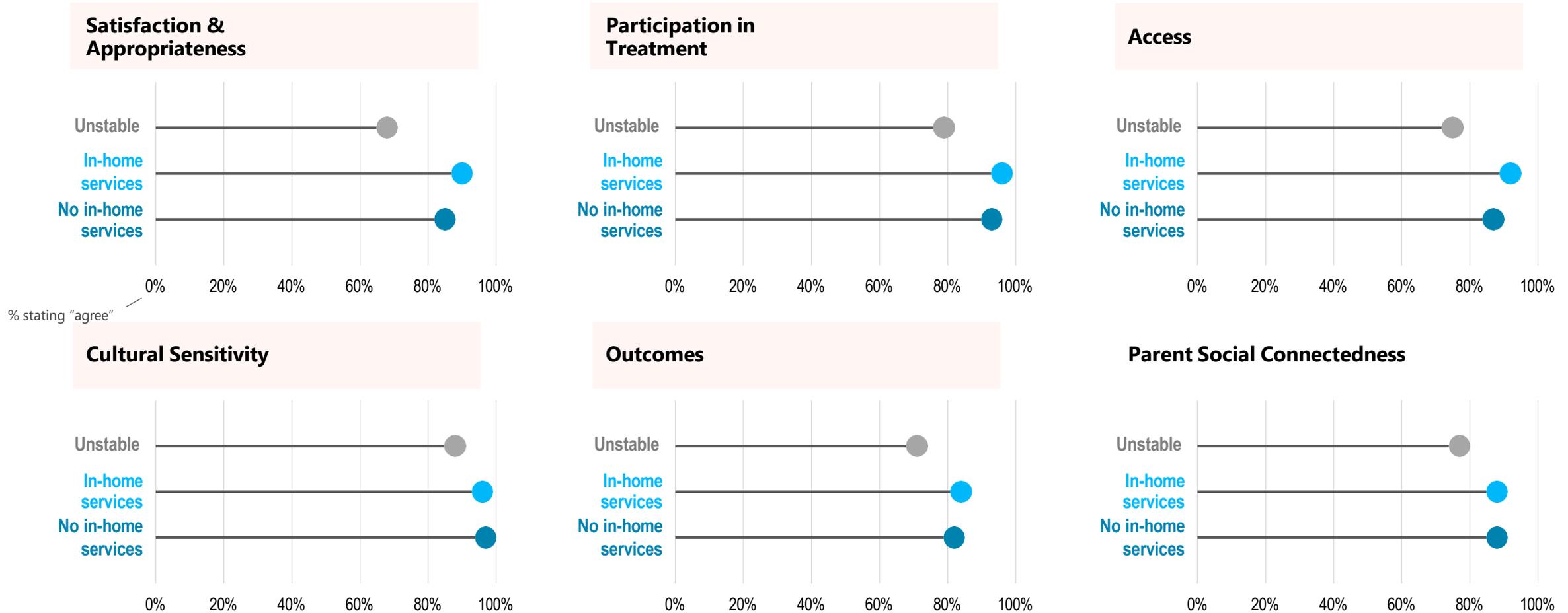
% stating "agree"

Statistically significant difference ($p < .05$) between age groups (Kruskal-Wallis)

0-4 n = 67 5-12 n = 329
13-18 n = 228

Housing: Youth in an unstable living situation had much lower reported scores

Differences were statistically significant despite the small sample size for youth with unstable housing.



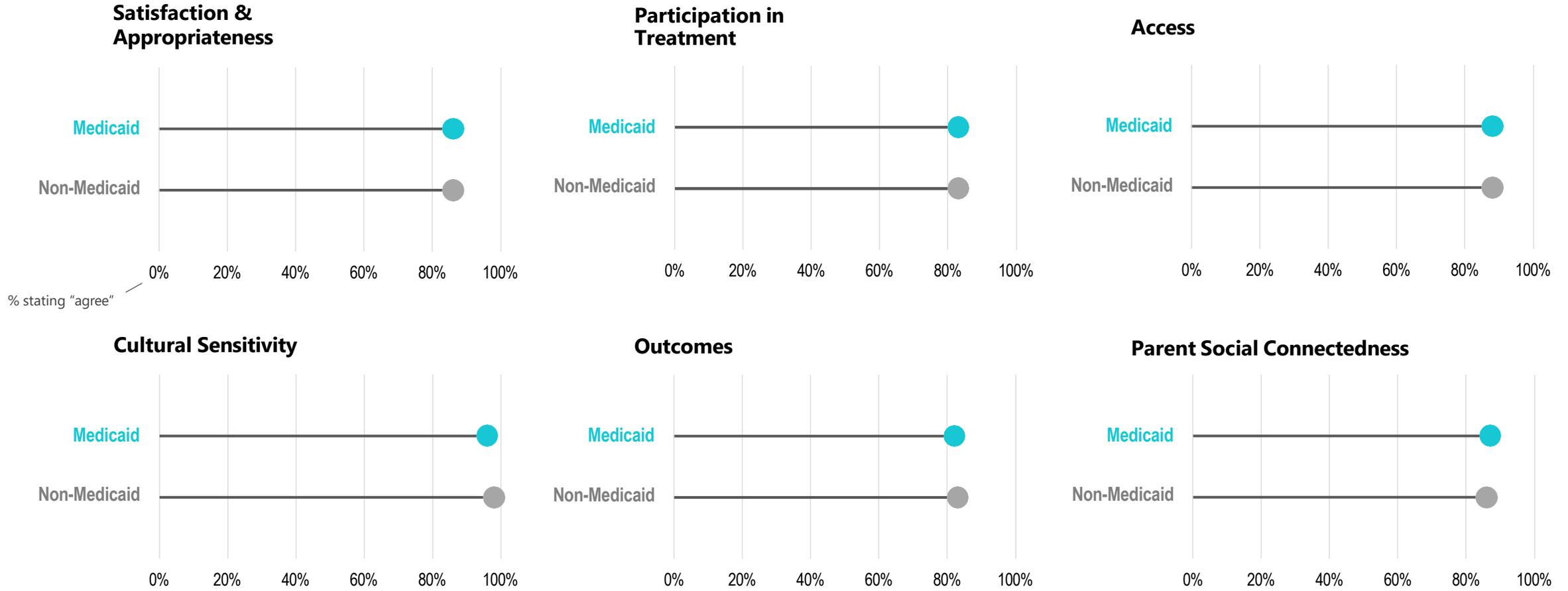
% stating "agree"

Statistically significant difference ($p < .05$) between age groups (Kruskal-Wallis)

Unstable n = 10
 In-home services n = 172
 No in-home services n = 384

Medicaid status: youth did not see different scores in 2025 whether they were using Medicaid or not

No differences between the two groups were statistically significant.

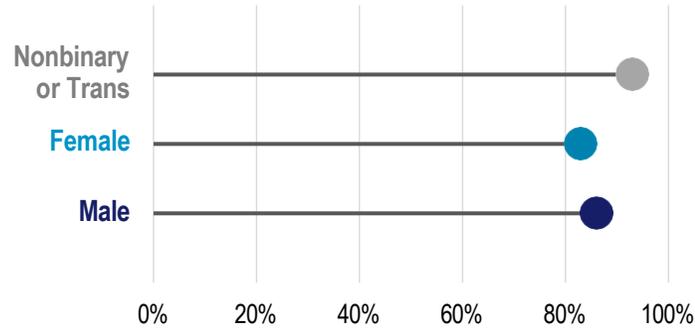


% stating "agree"

Higher scores for nonbinary/trans youth did not reach statistical significance

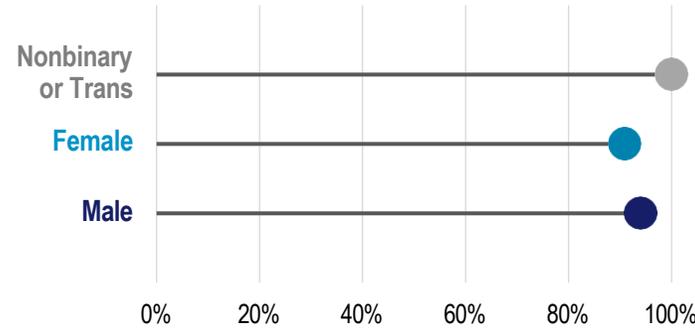
For participation in treatment, statistical significance stemmed from the difference between male and female youth.

Satisfaction & Appropriateness

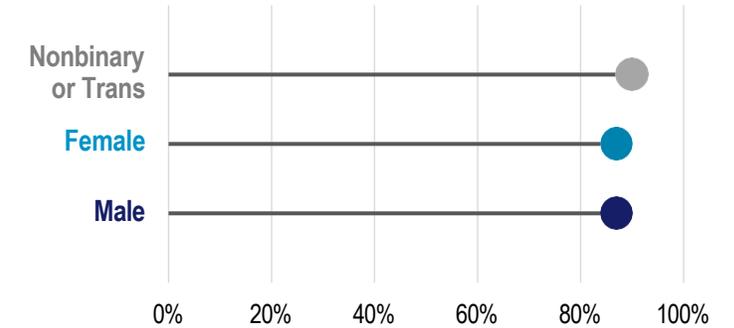


% stating "agree"

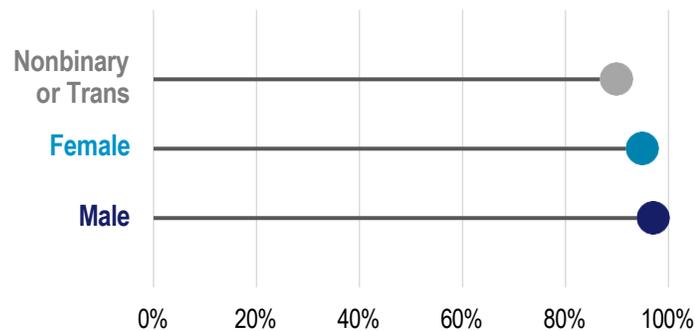
Participation in Treatment



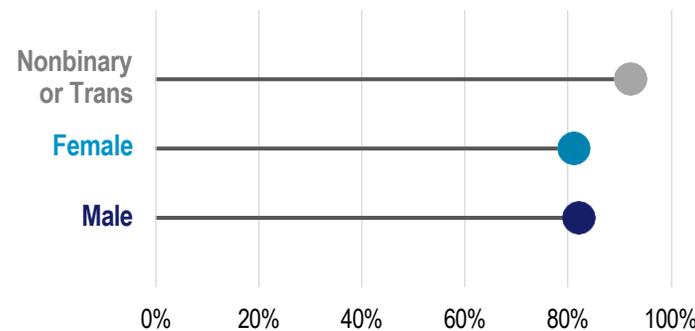
Access



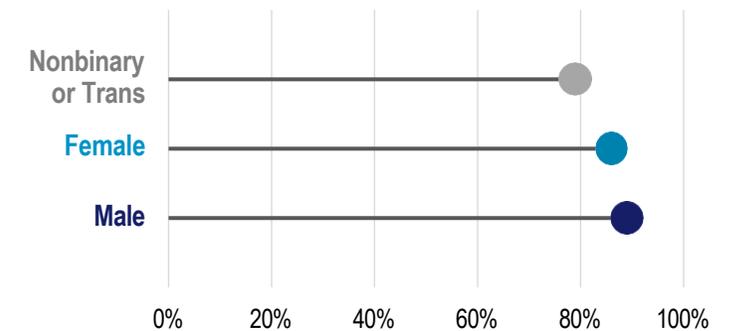
Cultural Sensitivity



Outcomes



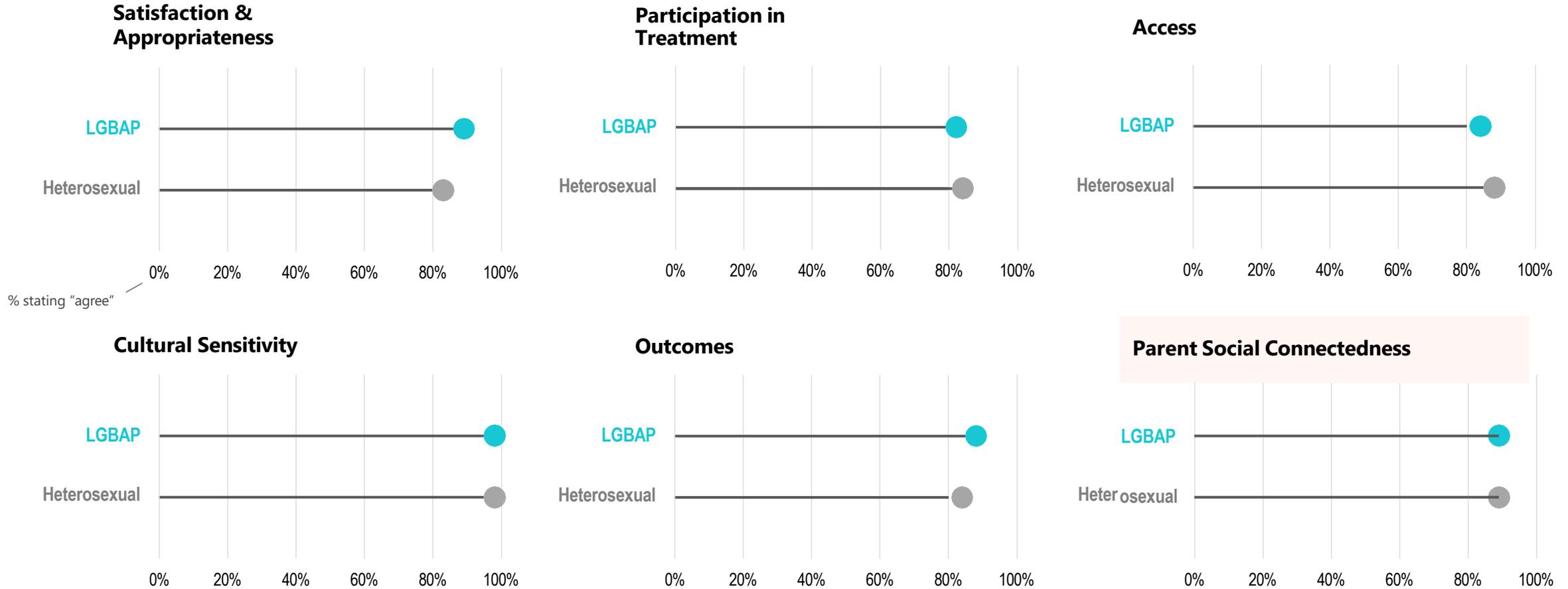
Parent Social Connectedness



Nonbinary or Trans n = 15
 Female n = 215
 Male n = 381

Parents of LGBAP youth had weaker ratings of social connectedness

Despite similar aggregate scores, only 38% of parents of LGBAP youth “strongly agreed” to the social connectedness questions (compared to 62% of parents of heterosexual youth)



Statistically significant difference ($p < .05$) between groups (Mann Whitney U)

LGBAP n = 37
Heterosexual n = 409

Length of services: those getting services for longer than 6 months reported better outcomes, satisfaction, & cultural sensitivity

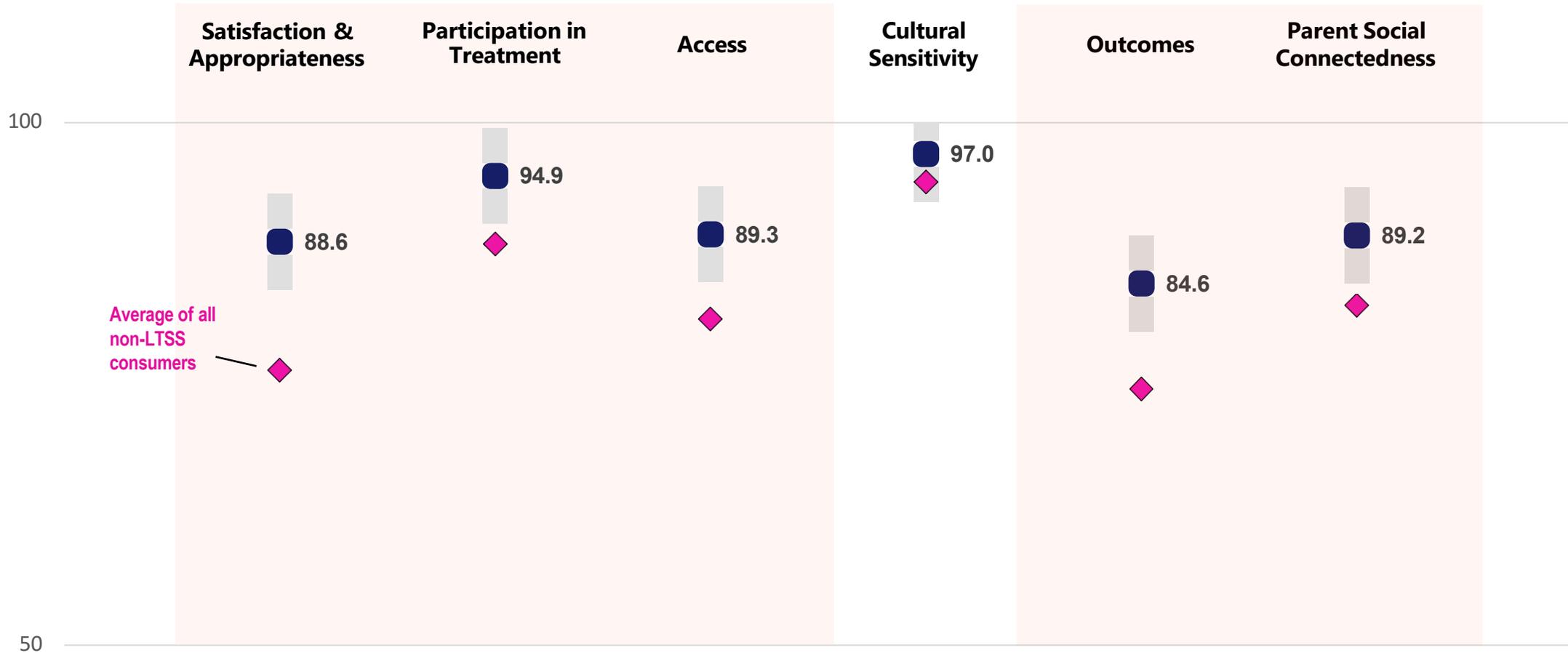
The difference was most substantial for outcomes and satisfaction, less so for cultural sensitivity.



% stating "agree"

Youth LTSS families report better scores in all constructs except cultural sensitivity in the 2025 YSS

Dark blue denotes the percentage of LTSS (long-term social services) consumers in agreement for that construct's items
Gray bars denote the likely range where the true percentage for all LTSS consumers might lie (i.e., margin of error*)



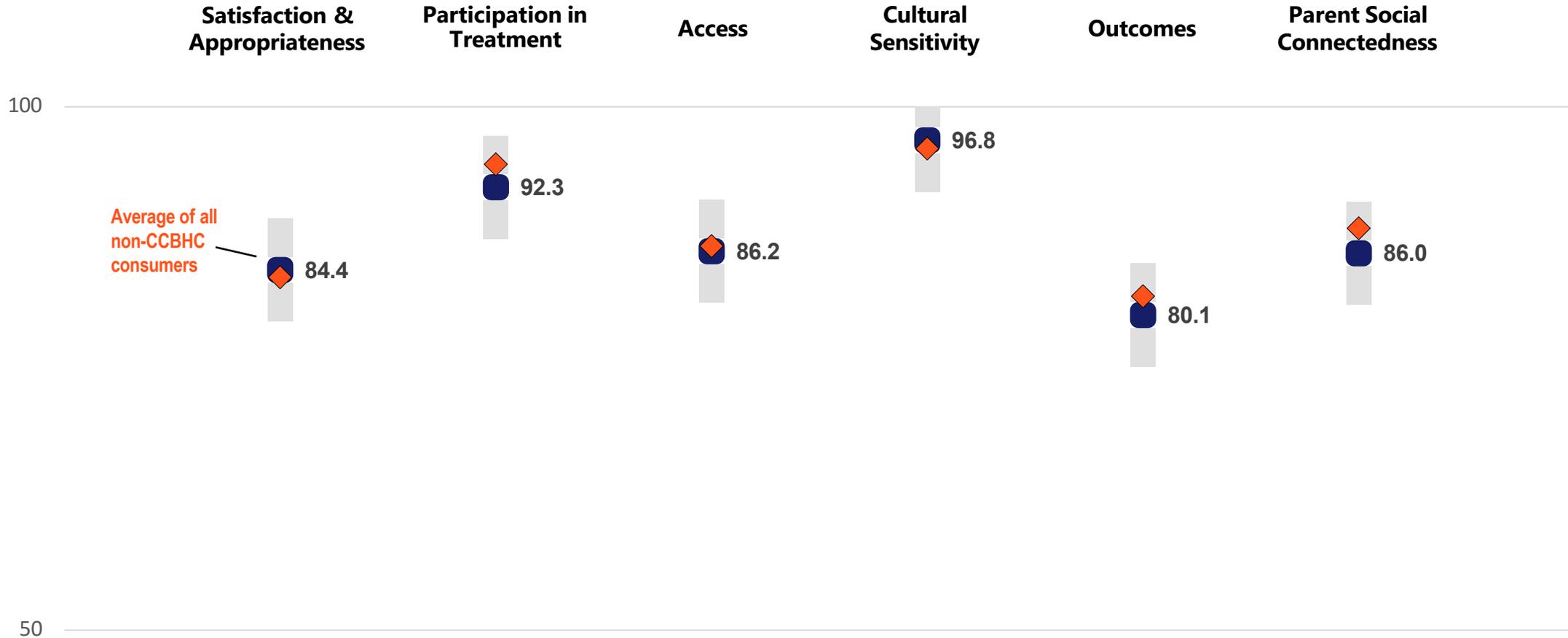
Average of all non-LTSS consumers

Statistically significant difference ($p < .05$) between LTSS and non-LTSS

*margin of error for **LTSS** youth: ± 4.6 pts (n = 457)
margin of error for **non-LTSS** youth: ± 7.1 pts (n = 191)

Youth CCBHC families reported scores statistically similar to non-CCBHC consumers

Dark blue denotes the percentage of CCBHC (certified community behavioral health clinic) consumers in agreement for that construct's items
Gray bars denote the likely range where the true percentage for all CCBHC consumers might lie (i.e., margin of error*)



Opportunities for improvement in access to services, staff engagement with consumers,

Of YSS respondents who were *dissatisfied* with services, 3 major themes arose from qualitative feedback.

**Limited
access/eligibility to
services**

30 comments

**Poor quality or
effectiveness of care**

30 comments

**Setbacks from
communication issues**

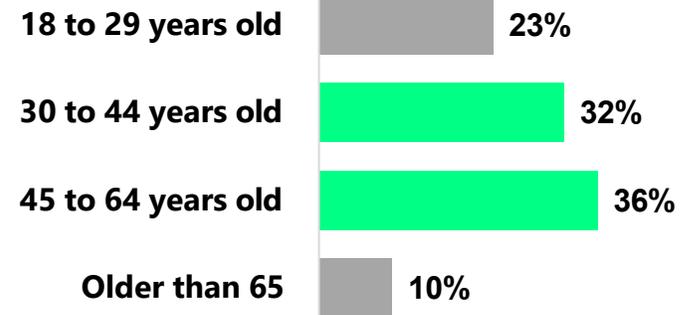
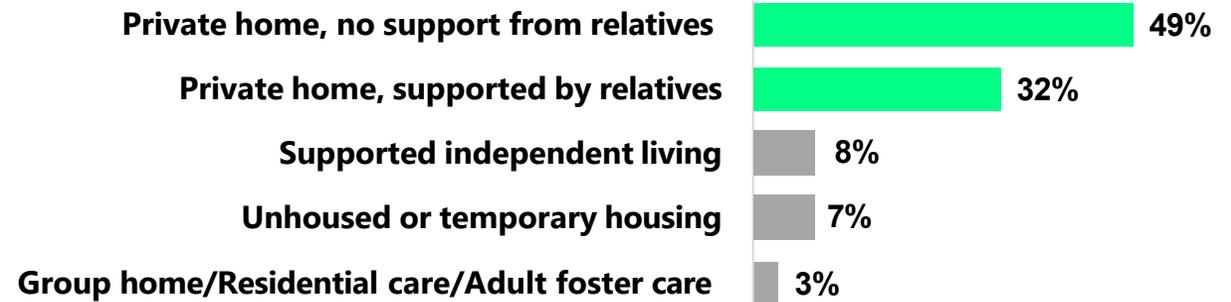
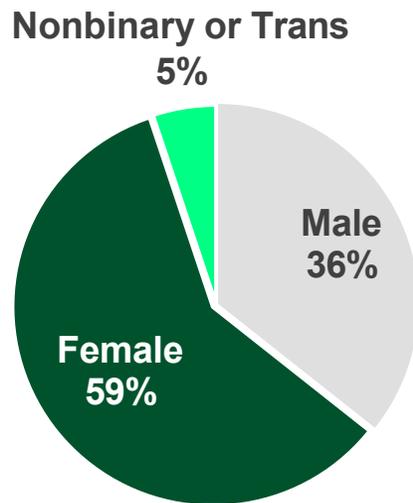
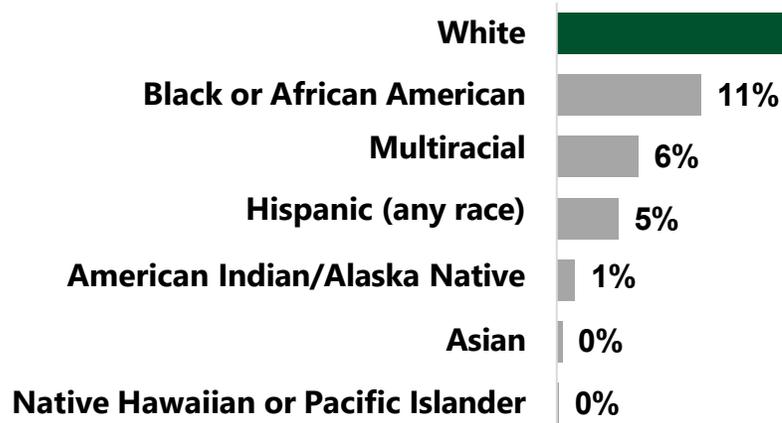
18 comments



Survey Diagnostics, Methods & Recommendations

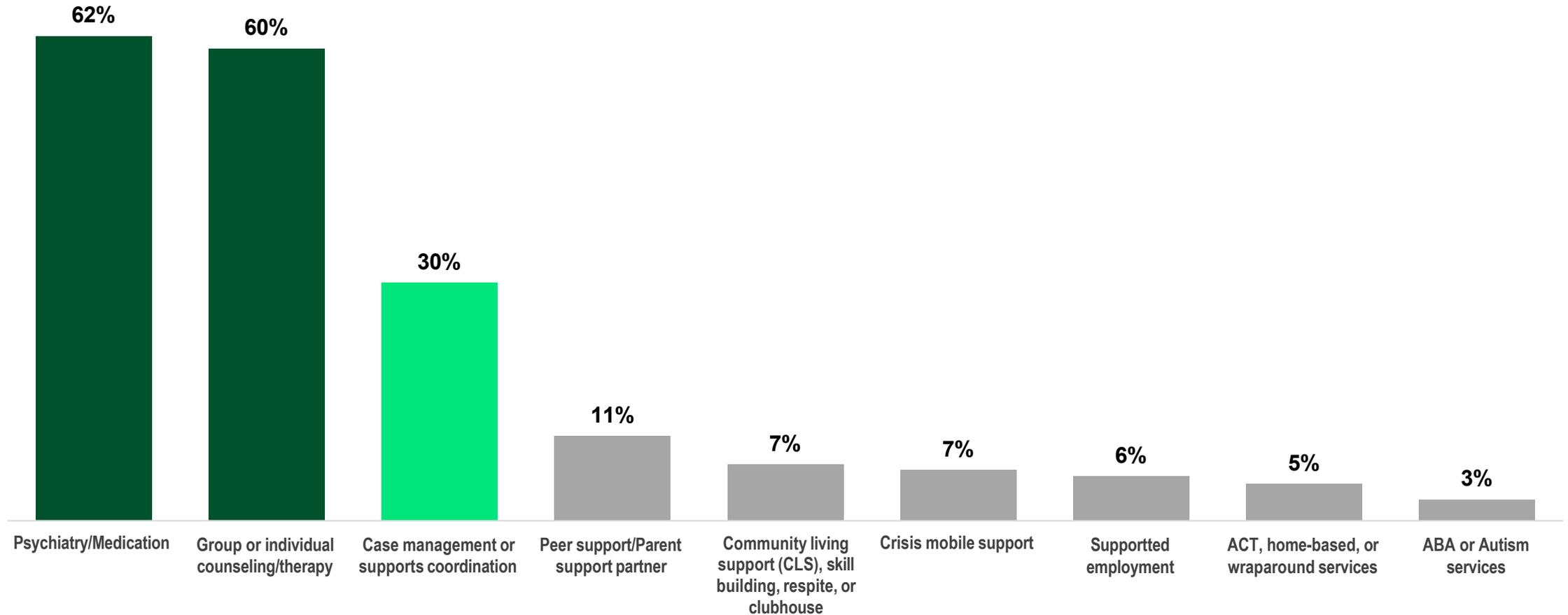
MHSIP 2025 respondents similar in makeup to prior years

Unknown or refused demographics were removed from total percentage calculations.



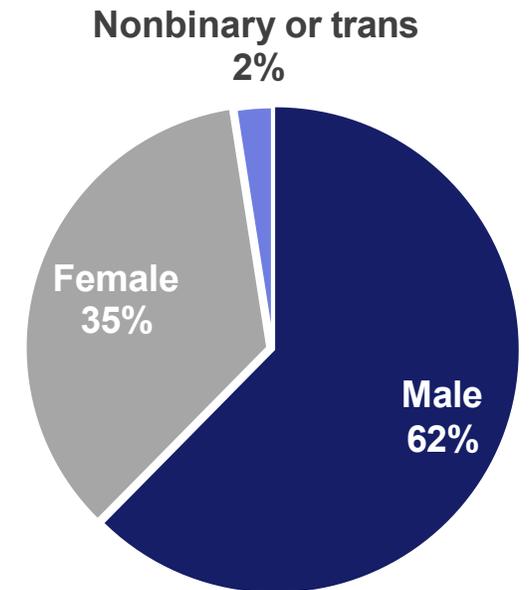
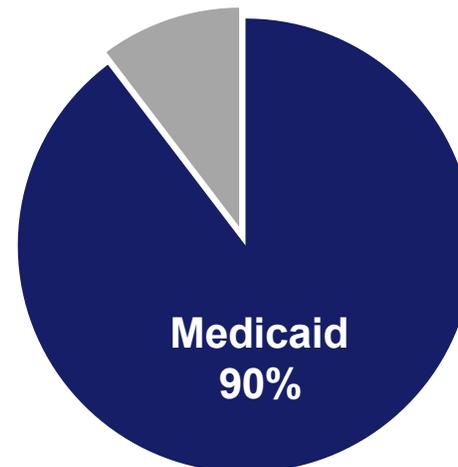
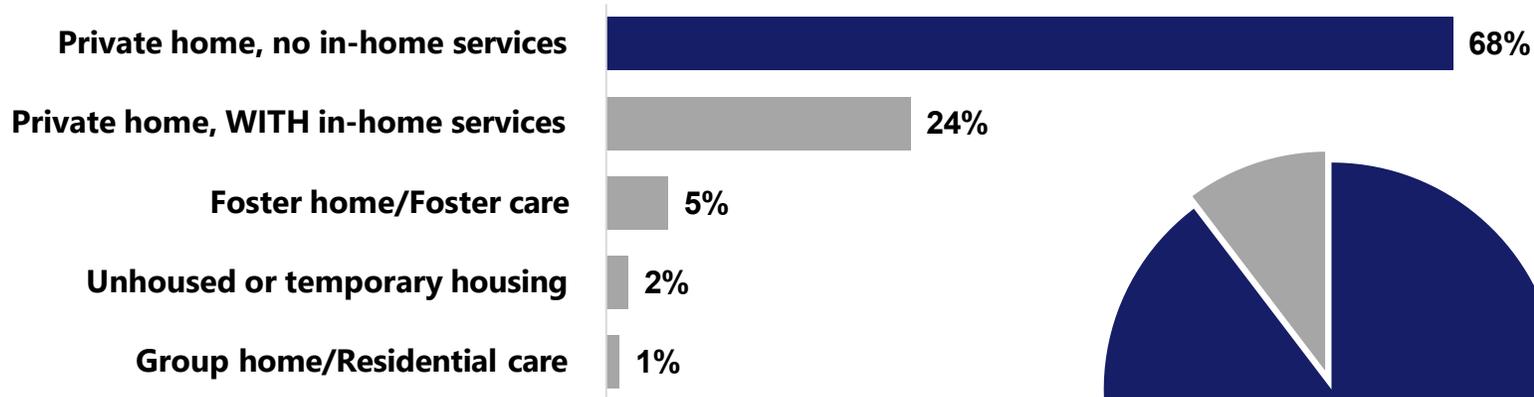
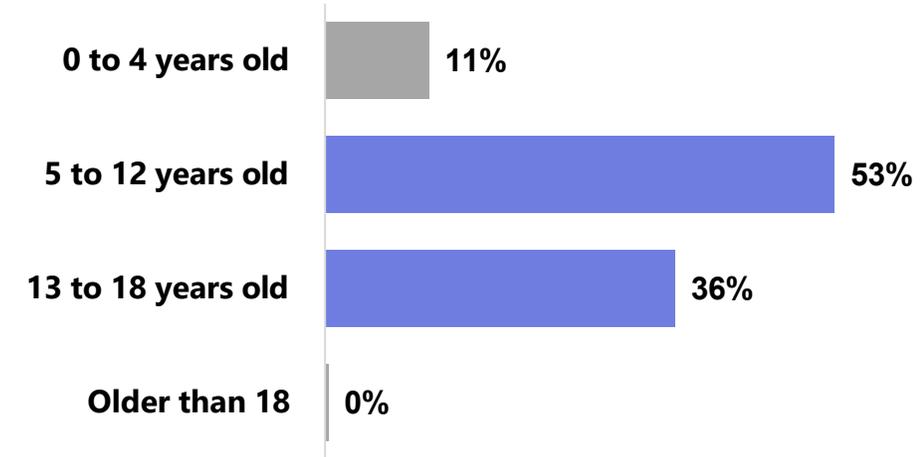
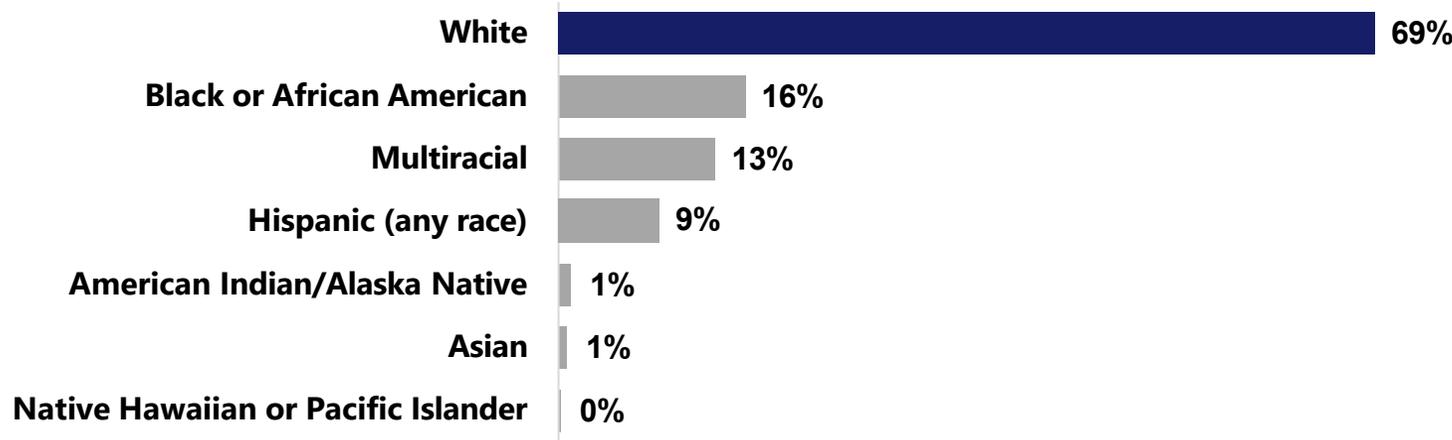
Most MHSIP respondents utilized **psychiatry and therapy**, followed by **case management**

Percentages represent the proportion of adults that used that service.



YSS 2025 youth were similar in demographic makeup to 2024

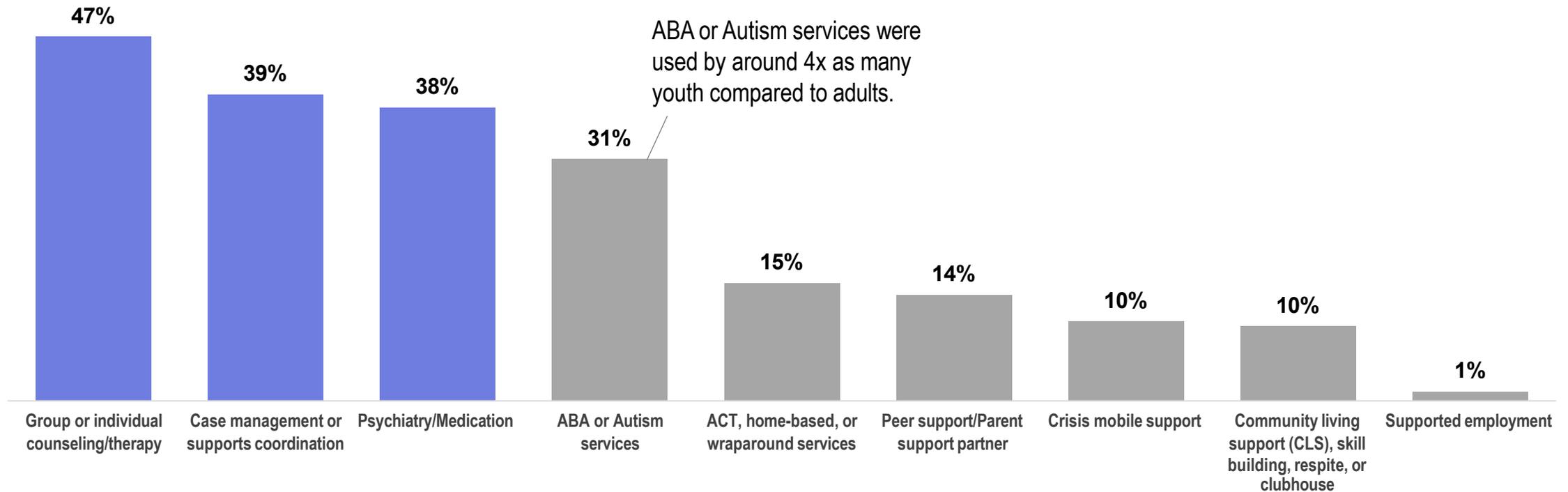
Youth population tended to be more diverse than adult population.



The plurality of YSS respondents utilized **therapy**, then **case management**, followed closely by **psychiatry/medication**

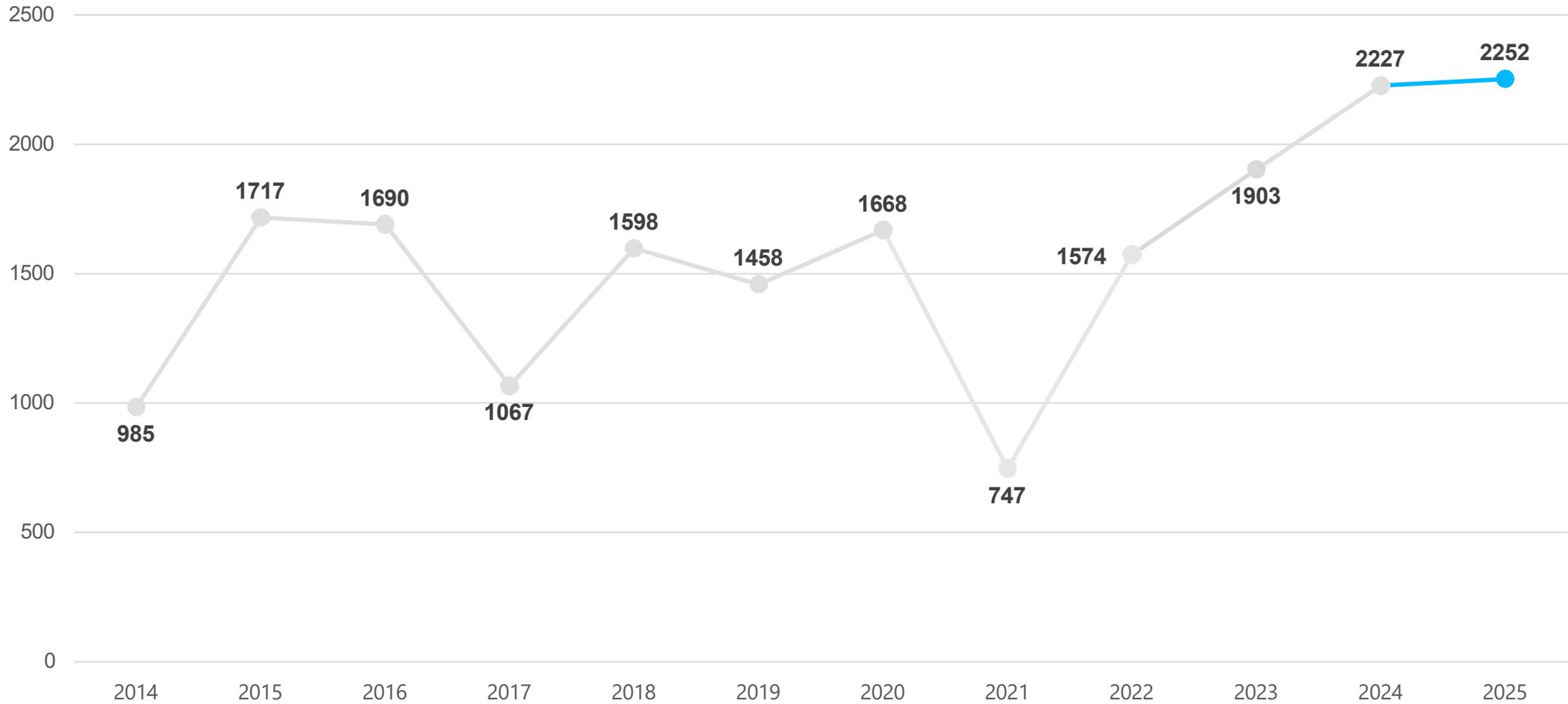
Percentages represent the proportion of consumers that used that service.

Note: the percentage of YSS respondents indicating ABA/Autism services increased by 8pts this year from 23% in 2024.



Total cumulative completions reached highest point again in 2025

This year, both YSS and MHSIP responses were at all-time highs.



“The amount of times they've single-handedly saved my life is immeasurable. I love my providers I love my service I love everything right down to the coffee they give me in the mornings. Great service, great people.”

- MHSIP respondent



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