
2018 COMMUNITY NEEDS ASSESSMENT SURVEY REPORT

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TABLE OF CONTENTS

TABLE OF CONTENTS.....Page 1

INTRODUCTION.....Page 2

STAKEHOLDER SURVEY.....Page 3

SUMMARY OF SURVEY RESPONSES.....Page 4

RESPONDENT DEMOGRAPHICS.....Page 5

SUMMARYPage 6

INTRODUCTION

Survey Purpose

Copper Country Mental Health Services (CCMHS) conducted a community needs assessment survey in early 2019. The purpose of the survey assessment was to:

- Identify stakeholder perceptions of community mental health needs (every two years)
- Prioritize the identified community mental health needs
- Determine Copper Country Mental Health's role in responding to the identified needs
- Fulfill a Michigan Department of Health and Human Services (MDHHS) certification standard that requires community mental health boards to annually assess community mental health needs

Methodology/Procedures

Instrument: An open-ended survey format developed by The Standards Group (TSG)¹ and recommended by the Michigan Department of Health and Human Services (MDHHS) and the Community Mental Health Association of Michigan (CMHAM), was utilized (see page 3). An additional question regarding the integration of mental and physical health care was included.

Field Procedure: The survey was made available on Survey Monkey, and the link to the survey was emailed to 116 stakeholders throughout the agency service area, which includes Baraga, Houghton, Keweenaw and Ontonagon counties. The stakeholders were chosen to represent the following areas: justice system; education; primary healthcare; the Michigan Department of Health and Human Services (MDHHS); private mental health and substance abuse provider organizations; public health; and consumers/advocates.

In addition to the survey mailing to stakeholders, the surveys were made available to CCMHS consumers in the waiting rooms of the clinics in all four counties. The completion of the surveys was voluntary.

The results of this report will be reviewed by the CCMHS Management Team and the Board of Directors. Program decisions and actions resulting from the issues addressed in this survey report will be determined by these groups. The report will be made available to the public on the CCMHS website and printed copies will be available in each CCMHS clinic. A letter containing a summary of the results and the link to the CCMHS website will be emailed to the original mailing list of stakeholders.

¹A joint effort of the Community Mental Health System, the Michigan Department of Health and Human Services, and the Community Mental Health Association of Michigan to work with consumers and advocates to provide focused attention to the development of recommendations for uniform and consistent administrative, programmatic and business practice standards for state-wide use in serving persons with mental illness and/or developmental disabilities and/or substance use conditions.

Response Rate: A total of 54 stakeholders responded to the survey (includes 2 consumer surveys). The overall response rate to the online survey was 45% (52 of 116 stakeholders).

STAKEHOLDER SURVEY

COPPER COUNTRY MENTAL HEALTH SERVICES Community Needs Assessment

COMMUNITY STAKEHOLDER SURVEY

Please provide us with the following information:

1.) Name (optional): _____

2.) County circle all that apply: Baraga Houghton Keweenaw Ontonagon

3.) Stakeholder Category circle only one that best applies to you:

Justice System Education (private or public) Primary Health Care

Private Provider (mental health & substance abuse services) MI Department Human Services

Public Health Department Consumers/Advocates

1.) What do you see as the most significant mental health needs currently not being addressed in our community?

2.) What trends have you identified that Community Mental Health should be aware of?

3.) Based on what you have shared, please identify the top three concerns/priorities.

4.) Integration of mental and physical health is a policy priority at both the state and federal levels. What suggestions can you make to improve the collaboration between mental health (including CMH) and physical health providers in our communities?

THANKS AGAIN FOR YOUR TIME AND CONSIDERATION.

SUMMARY OF SURVEY RESPONSES

1. What do you see as the most significant mental health needs currently not being addressed in our community?

Need	2018	2016
Local inpatient/outpatient MH programs	25%	29%
Mental health services for people who do not meet CCMHS eligibility criteria	13%	25%
Mental health services for children and youth	21%	23%
More access to psychiatry services	12%	21%
Services to address the increase in substance/drug abuse	10%	8%
Services needed for depression and anxiety disorders	8%	8%
Additional mental health services for existing CCMHS clients	2%	6%
Community education and prevention	2%	4%
Transportation resources	0%	2%
Interagency coordination of services	0%	2%
Other (e.g., services for people with intellectual disabilities; services for youth involved in the legal system)	8%	0%

2. What trends have you identified that Copper Country Mental Health Services should be aware of?

Trend	2018	2016
Drug and alcohol use continues to be significant	19%	23%
An increased need for mental health services for children	21%	14%
The need for mental health services for those who do not meet CCMHS eligibility criteria	12%	13%
Increase in children with depression and anxiety	9%	13%
An increase in suicide concerns	7%	9%
An increase in prescription drug abuse	0%	5%
Need for improved communication	2%	5%
Need for more inpatient/outpatient psychiatric services	16%	5%
Education about mental health issues	2%	4%
Other (e.g., more staff needed; more mentors needed)	12%	9%

Chart Description: The tables are a compilation of responses to an open-ended question, comparing the trends found in 2018 and 2016. If stakeholders provided multiple answers to the question, only their first response is included.

SUMMARY OF SURVEY RESPONSES

3. Based on what you have shared, please identify the top three concerns/priorities.

Top Concerns	Primary answer	Secondary answer
More access to mental health services	20%	13%
Need for local inpatient/outpatient programs	18%	32%
More psychiatry access	14%	2%
Mental health services for children 0-18 years old	14%	13%
Depression and anxiety in children	12%	9%
Interagency coordination	0%	9%
Community education and prevention	0%	6%
Increased substance/drug abuse	8%	2%
Need for follow-up services	2%	0%
Other (e.g., trauma training; transportation)	10%	15%

Chart Description: This table is a compilation of responses to an open-ended question. If stakeholders provided multiple answers to the question, only their first two responses were included in the chart.

TOTAL RESPONSES BY STAKEHOLDER

Category	Percent of responses
Justice system	16%
Education	43%
Primary health care	12%
Michigan Department of Health and Human Services	8%
Private provider of mental health and substance abuse services	8%
Consumers/Advocates	13%

TOTAL RESPONSES BY COUNTY

County	Percent of responses
Baraga	33%
Houghton	24%
Keweenaw	23%
Ontonagon	20%

SUMMARY

The results of the 2018 Community Needs Assessment Survey compiled in this report illustrate some of the mental health needs apparent in our catchment area. CCMHS understands and takes very seriously the responsibility to be a primary provider of mental health services in the area. We also understand that meeting the mental health needs of a community requires collaboration and cooperation among community partners.

This summary will address the top five concerns identified by stakeholders and discuss CCMHS's ability and capacity to respond to these concerns. Stakeholders responding to our survey identified the following:

- 1. The need for local inpatient/outpatient programs;*
- 2. The need for more access to mental health services;*
- 3. The need for more access to psychiatric services;*
- 4. The need for more mental health services for children 0-18 years old;*
- 5. The need to address depression and anxiety in children.*

These five concerns are very similar to those listed in the 2016 survey, with one change: depression and anxiety in children is now listed as a top need. This will be discussed below.

Access to inpatient and outpatient mental health care programs is the primary concern of stakeholders. Many stakeholders identifying this issue expressed particular concern for individuals that do not meet CCMHS eligibility criteria for services. Although our General Fund budget is still less than it was several years ago, we are very happy that funding has increased for FY2019, and that this increase may continue over the next several years. This has allowed us to reduce the number of people on the General Fund Waiting List from 17 at the beginning of FY2018 to 13 at the end of the fiscal year. Several years ago, this number was much higher. In addition, we are trying to help consumers access needs in the community through the use of Peer Supports Specialists. We have peer positions aimed toward helping adults, parents, and youth.

The Upper Peninsula is one of the demonstration project areas for MI Health Link, a program providing integrated care for individuals enrolled in both Medicare and Medicaid. Under this program, CCMHS provides services to participants with mild to moderate mental health conditions, who previously would not have been eligible for CCMHS services. In FY2017, 11 people received services with us, and 12 did in FY2018.

CCMHS will continue to educate community partners about eligibility requirements and assist them in understanding the services we provide, as well as other available resources. In cooperation with NorthCare Network, CCMHS will continue to provide persons looking for services who do not meet eligibility with referral information.

It is understandable that many stakeholders, especially those in primary care, are very concerned about **access to psychiatric services**, which are very limited in the area. Due to the nation-wide shortage of psychiatrists, many organizations are using telepsychiatry to meet the need for medication management. We also are relying more on telepsychiatry to provide this service. CCMHS' ability to provide psychiatric services to people depends on specific eligibility criteria, as required by the Mental Health Code and MDHHS contract. We are also working with NorthCare Network and the Michigan Child Collaborative Care Program to provide access to psychiatric consultation to primary care doctors who are working with children and mothers of very young children.

Regarding the concern for **more services to children**, CCMHS will continue to provide home-based, outpatient, wraparound, parent support, youth peer support and specialized autism services. In addition, the CCMHS Institute has in-school programs to address issues such as social-emotional health, physical fitness, and nutrition. We provide parents with information to reinforce the lessons children are learning. With sponsorship from the Rice Memorial Clinic Foundation, CCMHS Institute staff have been offering both Adult and Youth Mental Health First Aid® courses, which teach skills for helping someone who is developing a mental health problem or experiencing a mental health crisis. In 2018 we trained 54 Mental Health First Aiders, including parents, providers, law enforcement, EMTs, professionals from the medical community, school counselors and human service providers.

The last concern, which was new for this year, was **the need to address depression and anxiety in children**. CCMHS has three therapists who are certified in Trauma-focused cognitive behavior therapy (TF-CBT), and three more who will receive training in the model this year. TF-CBT is an evidenced-based treatment for children who have been exposed to trauma, and who often have accompanying depression and anxiety. Additionally, we have three therapists who are certified in Eye Movement Desensitization and Reprocessing (EMDR) therapy, which also addresses the anxiety and depression that stem from trauma. Last summer we offered a free forum to community members to help adults and children cope with the emotional aftermath of the Father's Day flood. We provided information about how children process trauma differently than adults, and how parents can support them. Finally, MyStrength is a web-based, free, self-help resource to support people in developing skills in managing depression, anxiety and other concerns. It is written at a level accessible to middle-school aged children and above. We provide the access information to consumers at intake and after crisis assessments, and we also made this available to the community in our annual report, which is located on our website.

The last survey question asked about how to improve the collaboration between mental health and physical health providers in our community. Several stakeholders suggested locating a primary care doctor in one of our CCMHS facilities. Research has shown that this arrangement is both cost-effective and beneficial to consumers. In our previous exploration of co-location, we ran into major systemic barriers; however, we remain open to continuing dialogue about this.

In conclusion, CCMHS would like to thank all those individuals who participated in this assessment process. Thank you to our stakeholders who took the time to complete and return the survey. We appreciate your feedback.