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**ANNUAL COMMUNITY NEEDS  
ASSESSMENT  
SURVEY/FOCUS GROUP REPORT**

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## INTRODUCTION

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### Survey Purpose

Copper Country Mental Health Services (CCMHS) conducted a community needs assessment survey in the summer of 2012. The purpose of the survey assessment was to:

- Identify stakeholder perceptions of community mental health needs
- 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 Community Health (MDCH) certification standard that requires community mental health boards to annually assess community mental health needs

CCMHS assembled an Annual Community Needs Assessment Committee (ACNAC) comprised of management level staff representing community services, community outreach and education, outpatient services, quality improvement and compliance to determine the methodology and procedures for the project.

### Methodology/Procedures

**Instrument:** The committee chose to utilize an open-ended survey format developed by The Standards Group (TSG)<sup>1</sup> and recommended by the Michigan Department of Community Health (MDCH) and the Michigan Association of Community Mental Health Boards (MACMHB).

The committee discussed at length the limitations imposed by an open-ended survey format and the difficulty and risk associated with providing an accurate and objective analysis of the data collected. Conversely, the committee considered the virtue of open-ended questions in that they do not force the respondent to adapt to preconceived answers.

In the end, the open-ended survey format was determined to be the most suitable method for this first in a series of assessments to occur over the years. The results would provide baseline data and information from which to build subsequent surveys utilizing closed-ended questions drawn from the results of this initial survey.

**Field Procedure:** The survey was mailed with a cover letter from the CCMHS Executive Director to a list of 198 stakeholders throughout the agency service area, which includes Baraga, Houghton, Keweenaw and Ontonagon counties. The stakeholders were chosen to represent the following disciplines: justice system; education; primary healthcare; the

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<sup>1</sup>a joint effort of the Community Mental Health System, the Michigan Department of Community Health, and the Michigan Association of Community Mental Health Boards 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.

Michigan Department of Human Services; private mental health and substance abuse provider organizations; public health; and consumers/advocates. Since population distribution varies greatly across the counties in the CCMHS service area, stakeholders representing each of the disciplines varied as well. Despite this overall disparity in numbers, it is still thought that the stakeholder categories or disciplines were each proportionately represented by the initial mailing list.

In addition to the survey mailing to stakeholders, the survey questions were presented to five focus groups representing CCMHS consumers, staff and advocates. Since consumers of CCMHS were not included on the initial survey mailing this year, the special effort was made to target consumers and advocates through these focus groups.

This report concludes the survey project. Subsequently, the report will be reviewed by the Annual Community Needs Assessment Committee (ACNAC), 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. A letter containing the link to the CCMHS website will be mailed to the original mailing list of stakeholders encouraging their review of the findings in this report.

**Response Rate:** The overall response rate to the mailed survey was 25% (49 of 198 total stakeholders). The focus groups were attended by 50 consumers and 26 staff/advocates.

## STAKEHOLDER SURVEY

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### 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?

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

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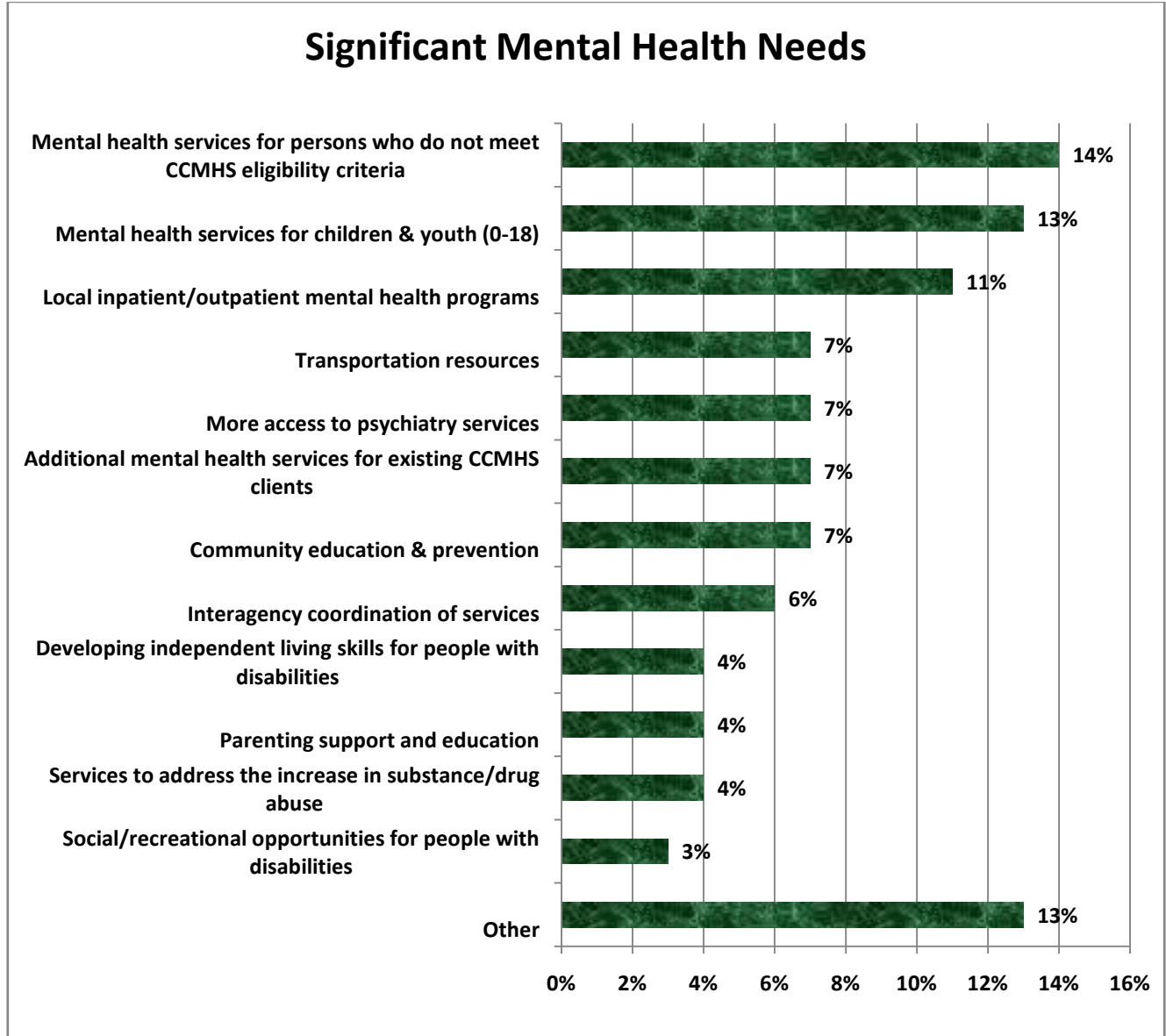
3.) Based on what you have shared, please identify the top three concerns/priorities.

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***THANKS AGAIN FOR YOUR TIME AND CONSIDERATION.***

## SUMMARY OF SURVEY RESPONSES

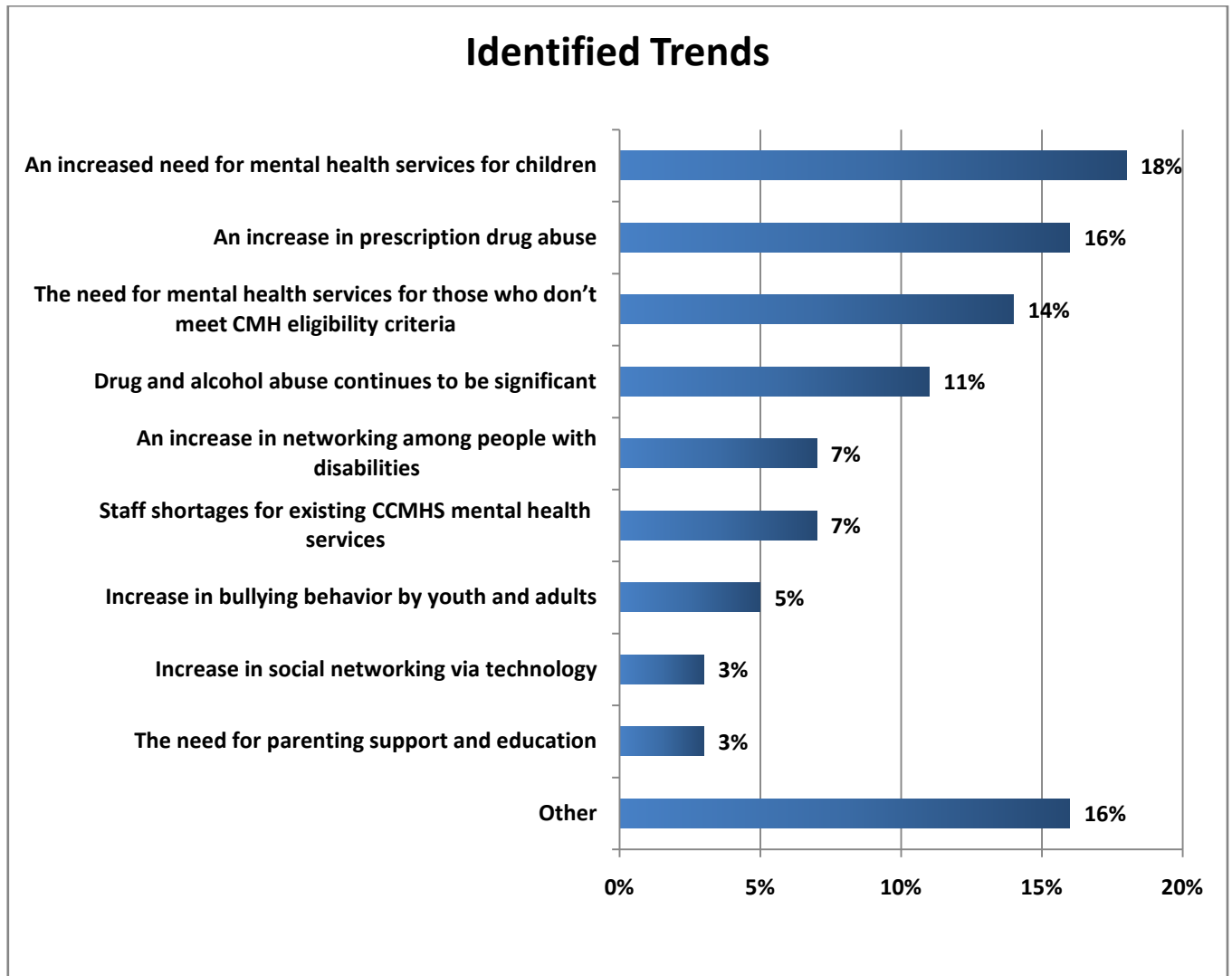
1. What do you see as the most significant mental health needs currently not being addressed in our community?



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

**“Other” includes:** Internet access in more locations (1.4%); Support to complete an education (1.4%); Medical Issues – diseases, cancer (brain), allergies, viruses (1.4%); Housing – affordable, barrier-free housing (1.4%); Addictions – especially internet (1.4%); Prescription drug abuse (1.4%); Anxiety issues (1.4%); Some patients put into hospital under court order don’t seem to be getting help they need - Released too soon (1.4%); Everybody who can, needs a job (1.4%).

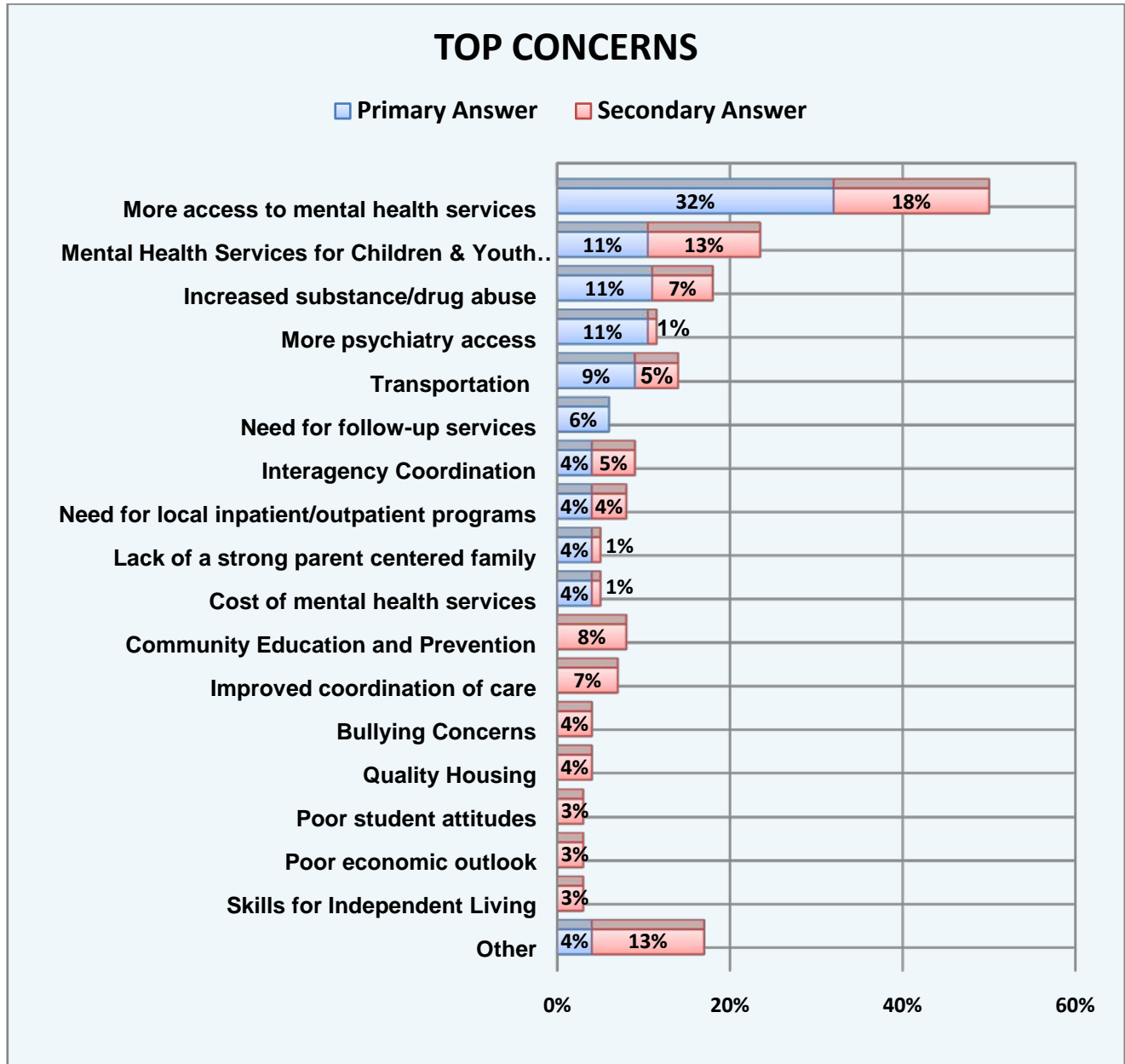
2. What trends have you identified that Copper Country Mental Health Services should be aware of?



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

**“Other” includes:** NorthCare – how it works – the administration(1.8%); There’s greater awareness of the mental health needs of returning veterans(1.8%); Lack of integration into the community of people with disabilities(1.8%); Very poor school attendance(1.8%); Hopelessness in community as jobs evaporate(1.8%); Cost to Sheriffs’ offices when a person is evaluated/transported to hospitals(1.8%); Increase incidence of Hepatitis C and B(1.8%); Children with ADHD and aggressive behavior(1.8%); Influx of “out of area” individuals with significant mental health issues(1.8%).

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



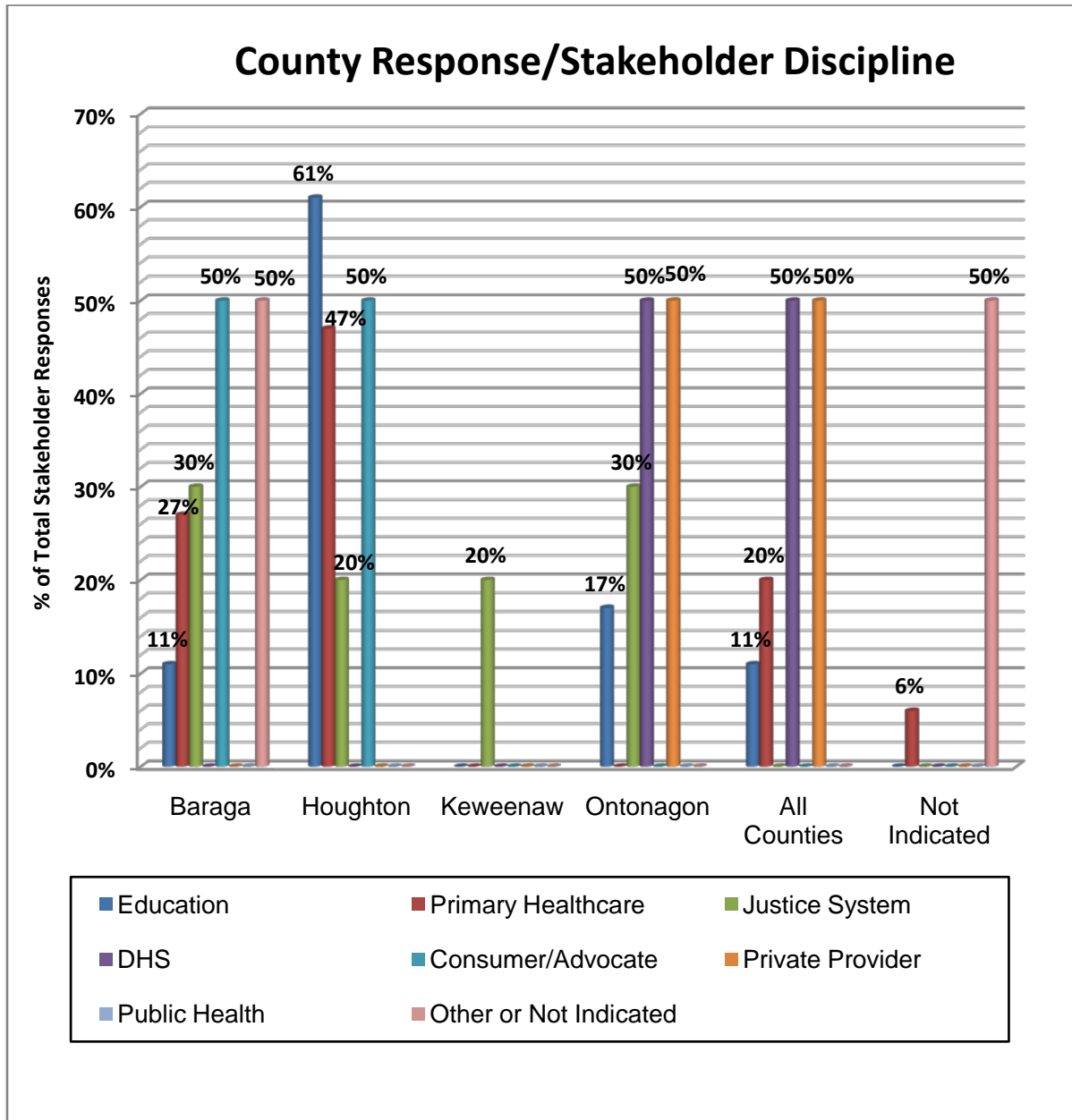
**Chart Description:** The chart is a compilation of responses to an open-ended question. If stakeholders provided multiple answers to the question, only their first response is included in the chart.

**“Other” Top Concerns include:** Anxiety(2%); and Loss of community identity(2%).

**“Other” Secondary Concerns include:** Places to go socialize(1.4%); Violence(1.4%); Anger management(1.4%); Depression(1.4%); Willingness to accept services(1.4%); Jail diversion(1.4%); Long term care(1.4%); Time of evaluation(1.4%); Dementia(1.4%).

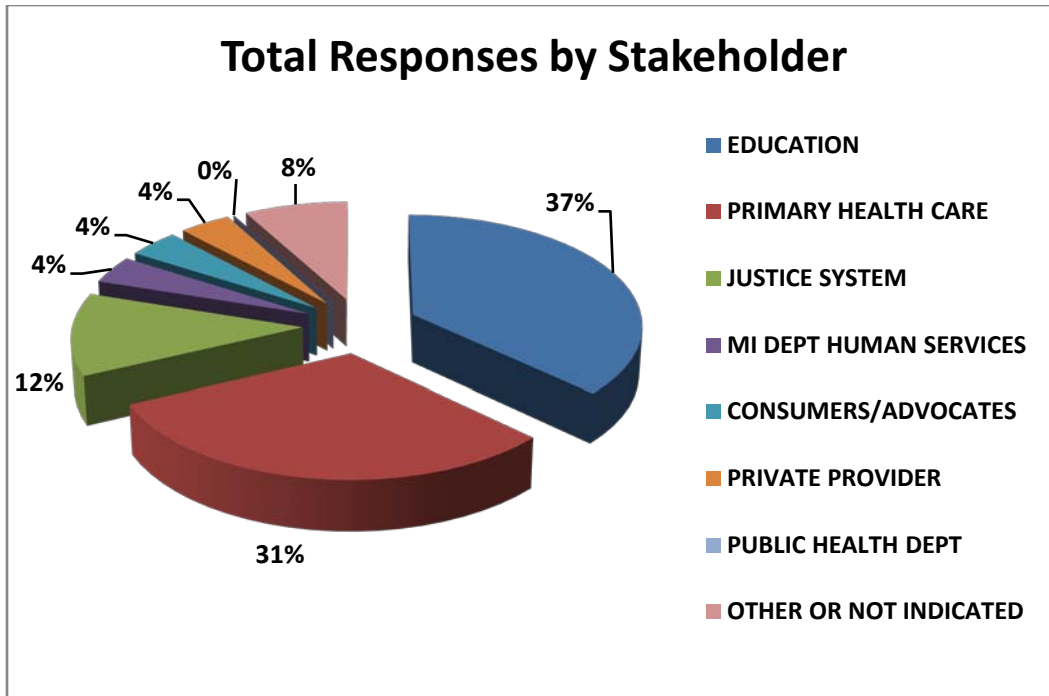


## RESPONDENT DEMOGRAPHICS

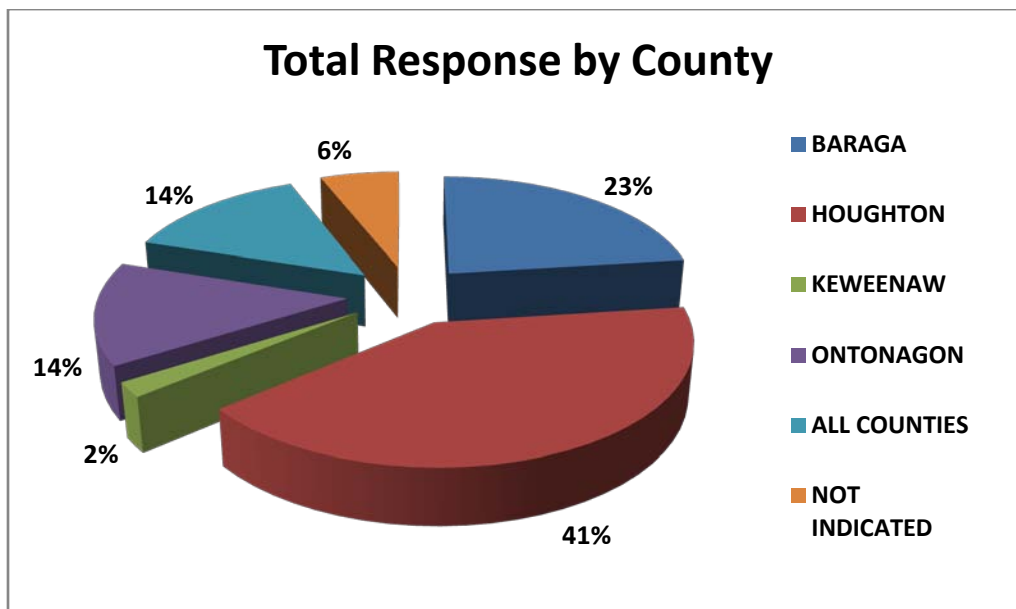


**Chart Description:** The chart illustrates the % of responses to the mailed survey by stakeholder category from each county. For example, responses from stakeholders identified as representing “justice system” were received by each of the four counties, whereas survey respondents identified as “consumer/advocate” were received from Baraga and Houghton counties.

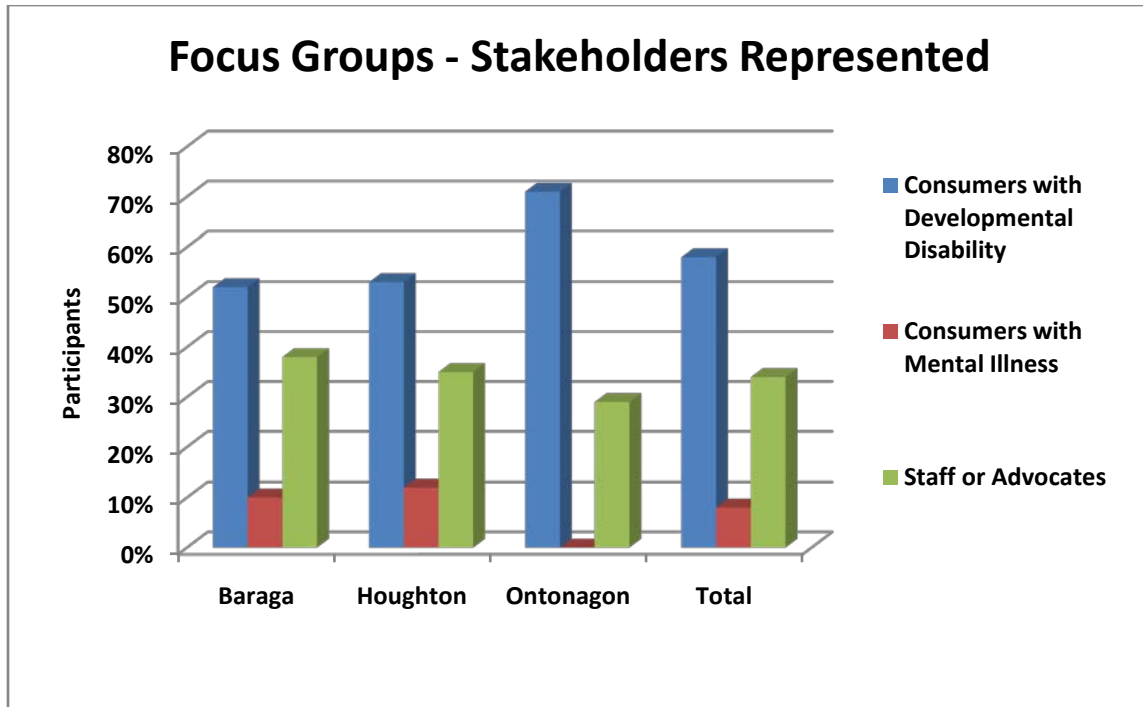
“All counties” is identified by a stakeholder if they serve all four counties. “Not indicated” are those stakeholders who did not identify the county or counties they serve.



**Chart Description:** The chart illustrates the total distribution of responses by stakeholder category. For example, 37% of the total responses were from stakeholders in education such as teachers and 12% were from individuals working in the justice system such as law enforcement officers.



**Chart Description:** The chart illustrates the distribution of responses by county. For example, 23% of the total responses were from stakeholders who reported serving the county of Baraga and 14% reported serving all four counties.



**Chart Description:** The chart illustrates the stakeholders represented at the five focus groups conducted as part of the survey process. “Consumers” are all consumers of CCMHS and “staff” are all staff of CCMHS. “Advocates” were individuals such as family members, secondary consumers or representatives of other organizations such as SAIL, Superior Alliance for Independent Living.

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## SUMMARY

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The results of the 2012 Community Needs Assessment Survey compiled in this report have illustrated some of the mental health needs apparent in our catchment area. As most anyone working in the healthcare arena knows, issues concerning mental health can never entirely be addressed by a single entity or provider. It takes collaboration and cooperation among community partners to meet the behavioral and primary healthcare needs of a community.

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

1. *The need for more access to mental health services;*
2. *The need for more mental health services for children and youth;*
3. *The concern over the increase of substance/drug abuse;*
4. *The need for more access to psychiatric services;*
5. *The need for more public transportation options.*

Access to mental health care is the primary concern of stakeholders. Most stakeholders identifying this issue expressed particular concern for children and youth that do not meet CCMHS eligibility criteria for mental health services. The need for more services reaching a broader range of children and youth was clearly indicated.

CCMHS ability to provide services to persons does depend on specified eligibility criteria. CCMHS will continue to educate community partners as to what those eligibility requirements are and assist them in understanding the services we provide as well as other resources that may be available to them in our community. In cooperation with NorthCare Network, CCMHS will continue to provide persons looking for services with the necessary referral information to assist them. Regarding the concern for more services to children, CCMHS will continue to provide community education and prevention programs, as well as home based, outpatient, and school social work services within the scope of current budget constraints and eligibility criteria.

The concern over the increase in substance/drug abuse in our communities is certainly recognized by the program efforts of CCMHS. CCMHS continues to provide services to persons with co-occurring disorders that meet the eligibility criteria for community mental health services. CCMHS refers persons to substance abuse providers in the area and collaborates with community partners such as the Western UP Regional Substance Abuse Services Coordinating Agency. CCMHS will continue to provide an updated list of Alcoholics Anonymous/Narcotics Anonymous meetings to persons served. CCMHS is also involved in the Baraga County Substance Abuse Coalition sponsored by Baraga County Memorial Hospital, a group engaged in efforts to respond to youth alcohol and opiate use.

The need for more access to psychiatry services was certainly not a surprise to CCMHS. For several years, CCMHS has attempted to recruit an additional psychiatrist to its staff without success. CCMHS is presently collaborating with a local primary healthcare provider, Portage Health Systems to recruit qualified providers of psychiatry services to our catchment area. In 2013, CCMHS will employ a part-time nurse practitioner to assist with providing psychiatry services to persons served. These two developments have been very encouraging to CCMHS in meeting this need.

Public transportation issues have been raised by area citizen groups throughout our catchment area for many years. So, it was not a surprise to hear this concern expressed by focus group participants, the majority of which are persons with developmental disabilities working in the community who find transportation their biggest hurdle to maintaining employment. Although CCMHS is not responsible for providing transportation services, it recognizes the limitations that a lack of affordable public transportation places on persons served. CCMHS continues to coordinate transportation services as well as advocate for and support the efforts of persons served to acquire public transportation. For example, the Ontonagon County RICC (Regional Interagency Consumer Committee) is working with the Ontonagon County Transit to provide transportation to groups for special events and the transit manager is a member of the RICC group. Also, the Houghton County RICC has invited their congressional representative to their meeting to discuss their concerns over the lack of affordable public transportation.

This survey was conducted to provide insight not only on the local level but statewide as well. Copper Country Mental Health Services is the primary provider of mental health services to Medicaid recipients in our four county designated catchment area and is accountable to the NorthCare Network and the Michigan Department of Community Health. Adding to the efforts CCMHS made through this assessment process is its collaboration with the Western Upper Peninsula District Health Department and numerous other healthcare providers in a comprehensive community health needs assessment. The final report from this collaborative effort will be made available to the public in the spring of 2013, providing CCMHS with additional information on the health status of the region. The health information gathered through these efforts will be shared with the NorthCare Network and the Michigan Department of Community Health in the hope that this information will continue to influence the direction of behavioral healthcare efforts both locally and statewide.

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 mailed survey and to those who participated in the numerous focus groups held throughout the area. Thank you again for your participation.