
2026 COMMUNITY NEEDS ASSESSMENT SURVEY REPORT

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INTRODUCTION

Survey Purpose

Copper Country Mental Health Services (CCMHS) conducted a community needs assessment survey in December 2025 and January 2026. 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 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).

Procedure: The survey was made available utilizing an electronic version through Google Forms, and the link to the survey was emailed to stakeholders throughout the agency service area, which includes Baraga, Houghton, Keweenaw, and Ontonagon counties. Additionally, the QR code/link was available through the agency Facebook page and on our website. 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 organizations; public health; and consumers/advocates.

In addition to the survey mailing to stakeholders, the surveys were made available to CCMHS consumers via several options: mailed to all open consumers/guardians, QR codes available in all of our waiting rooms, paper copies in all of our waiting rooms, QR code shared via Facebook and our website. Completion of the survey was voluntary.

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 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 116 stakeholders responded to the survey, including 66 consumers/advocates. Respondents could choose more than one answer to each survey question, so percentages add up to more than 100%.

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 need 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.

SUMMARY OF SURVEY RESPONSES

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

Need	2026	2024
Mental health services for people who do not meet CCMHS eligibility criteria	55%	50%
Mental health services for children and youth	30%	35%
More access to psychiatry services	42%	48%
Services to address the increase in substance/drug abuse	20%	28%
Services needed for depression and anxiety disorders	NA	1%
Services for Eating Disorders	NA	1%
Community education and prevention	29%	25%
Transportation resources	NA	1%
Integrated Care	NA	2%
Other (e.g.,independent living services, in-person therapy, safe substance abuse services for women, support for families of consumers, lack of outing opportunities, no day program, outreach to community, autism services, access to ketamine and EMDR)	16%	7%

**Note: None of the other identified areas were repeated from the previous survey in 2024. Those areas identified at that time included: services for people with intellectual disabilities; local NAMI group, marriage counseling, immediate access to services

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

Trend	2026	2024
Drug and alcohol use continues to be significant	34%	42%
A decrease in socialization opportunities	26%	24%
The need for mental health services for those who do not meet CCMHS eligibility criteria	53%	50%
An increase in suicide concerns	20%	30%
An increase in prescription drug abuse	13%	24%
Staff shortage	34%	44%
Need for more inpatient/outpatient psychiatric services	NA	1%
Services for veterans	NA	1%
Other (e.g lack of school social work services outside of school calendar/day, not enough supports for children with trauma history, CCMH should promote christian-based counseling, autism services)	11%	4%

SUMMARY OF SURVEY RESPONSES

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

Top Concerns	
Mental Health Services for individuals that do not meet CMH eligibility	61%
More psychiatry access	50%
Mental health services for children 0-18 years old	45%
Community education and prevention	28%
Staffing shortages	24%
Increased substance/drug abuse	19%
Services for substance/drug abuse	18%
Increase in suicide	17%
Prescription drug abuse	4%

RESPONDENT DEMOGRAPHICS

TOTAL RESPONSES BY STAKEHOLDER

Category	Percent of responses
Justice system	0.9%
Education	11%
Primary health care	8%
Michigan Department of Health and Human Services	8%
Private provider of mental health and substance abuse services	3%
Consumers/Advocates	56%
Public Health Department	1%
Other	13%

TOTAL RESPONSES BY COUNTY

County	Percent of responses
Baraga	9%
Houghton	56%
Keweenaw	6%
Ontonagon	29%

SUMMARY

The results of the 2026 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 of being 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. *More access to mental health services for those who do not meet CCMH eligibility criteria.*
2. *More psychiatric services.*
3. *More mental health services for youth.*
4. *Staffing Shortages.*
5. *Community education and prevention.*

More access to mental health services for individuals who do not meet CCMH eligibility criteria is the primary concern of stakeholders. Several years ago, our funding to provide services to people without Medicaid was severely cut, and we had to institute a General Fund Waiting List (GFWL). Happily, this funding has increased in recent years, and we have been able to serve 80 individuals in the current fiscal year, 69 individuals in fiscal year 2024, and 68 in fiscal year 2023 from the GFWL. We currently have sixteen people on the GFWL.

CCMH resumed access screenings from our Prepaid Inpatient Health Plan (PIHP), Northcare Network, in January 2024. With the return of access screenings being completed locally, CCMH has been building our connection and collaboration with our other behavioral health systems and private practitioners, so that we may provide a more specific referral to outside providers when someone does not meet eligibility criteria at CCMH. We have also added additional resources to our private provider resource list and continue to review and add to that list as we are aware of more providers in our area. This resource list is available on our website for community access and is regularly mailed and shared with community stakeholders and community members.

The second concern was ***the need for more psychiatric services.*** Difficulty recruiting medical students into psychiatry is one factor contributing to a national shortage of psychiatrists. As our staff psychiatrists retired, we were unable to hire new on-site doctors, so we looked at telehealth services. This trend changed in 2025 when we were able to hire a full-time on-site psychiatrist who provides services to adults in three of the four counties that we serve. CCMH fills the gap with telehealth providers. CCMH has five psychiatrists, including child/adolescent psychiatry, on staff covering 9.5 days per week of service (1.9 FTE).

Two of our local hospital systems are utilizing virtual on-demand psychiatric services within their emergency departments to address behavioral health crises, including the option to start psychotropic medications. Additionally, two of our counties have law enforcement who can access a behavioral health professional via iPad video conferencing when law enforcement is called to a home to address a behavioral health need. That behavioral health professional can consult with an on-demand psychiatrist or psychiatric nurse practitioner. Both programs have built in follow-up to ensure on-going connections are made, especially if medications are started or changed. CCMH has supported both programs and works closely with our community systems to collaborate and coordinate services.

Additionally, two of the local hospital systems also have telehealth psychiatry services available for other community members.

It is understandable that many stakeholders are genuinely concerned about ***mental health services for children 0-18 years old***. Fortunately, we have been able to serve many children who in previous years would have been put on the GFWL. We just ended a five-year grant program with our local ISD named the Project AWARE grant program. The goal was to increase awareness of youth mental health and strengthen the system for services. Our communities have also been fortunate to see a significant increase in behavioral health staff hired by the school systems and Federal Qualified Health Center. We also continue to provide Home-Based services, SED Waiver, Intensive Care Coordination with Wraparound, Outpatient therapy, Psychiatry, Case Management, Parent Support Partner, Youth Peer Support Services, and more for both prevention and to children at risk of out of home placement. Finally, we coordinate and collaborate with the local community entities that children are supported by in an individualized plan. This includes coordination with education, health care, and other systems.

Staffing shortages have been an issue that was exacerbated during the Public Health Emergency related to COVID. Additionally, COVID highlighted the national struggles with behavioral health secondary to isolation, fiscal impact, and more which resulted in a significant increase in adding behavioral health staff into other institutions and systems, such as schools. In a rural area, like the counties that CCMH serves, we saw a limited number of qualified behavioral health professionals trying to fill the increased staffing positions available. As a result, CCMH experienced a significant reduction in clinical staff. CCMH focused on making changes to attract employees. These included: sign-on bonuses, referral bonuses, restricting and increasing our pay scales for clinicians, supporting internships and practicums, and utilizing student loan forgiveness programs. These strategies have been successful and CCMH has only one professional position open at the writing of this report.

Community education and prevention. Our Training Institute provides education and prevention through several grants. One area of involvement is in elementary schools, where we provide information on coping skills and improving relationships.

Mental Health First Aid™ teaches participants how to help someone experiencing a mental health crisis. To date we have trained over three hundred Mental Health First Aiders, including parents, providers, law enforcement, EMTs, members of the medical community, school counselors, and human service providers. As mentioned above, we continue to provide prevention Home-Based services.

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.

The results of this report have been reviewed by the CCMHS Management Team and the Board of Director during our January Board meeting. Programming decisions and actions resulting from the issues addressed in this survey report will be determined by these groups.

For questions, please contact Leslie Griffith, Associate Director at (906) 482-9400.