

Community Needs Assessment Stakeholder Survey Feedback March 2019

Survey Background

- 88 community partners completed the survey.
- The community partners surveyed consisted of individuals from the local:
 - Justice system (2%),
 - School systems (16%),
 - Primary health care providers (12%),
 - Michigan Department of Human Services (5%),
 - Private mental health &/or substance abuse provider organizations (16%),
 - Public health system (18%),
 - Consumers and advocates (31%).
- Surveys were mailed and/or emailed to community partners for a two-week period in March of 2019. The survey could be returned via mail, email, fax, or through a *Survey Monkey* link that was provided.
- The survey asked the following three questions:
 1. What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?
 2. From the perspective of your field of work/service, what trends have you identified that Allegan County Community Mental Health Services should be aware of?
 3. Based on what you have shared, please identify the top three concerns or priorities.

Based on our survey results, we were able to identify the following top five concerns:

1. **Lack of Resources (33.5%):** The biggest concern found in the survey was the lack of funding. Our Quality Improvement (QI) team compiled the responses and included in this category: lack of services, lack of pay increases, and lack of ability to do more outreach. Larger caseloads were also a concern. Our stakeholders felt these issues were due to inadequate staffing as well as inadequate funding. Our stakeholders would like quicker responses and more support so that we can open services to more individuals in Allegan County.
2. **Education (28.9%):** In reviewing the aggregated data on education, consideration should be given to the fact that stakeholders may not be aware of all of services that we currently provide. Education/support was requested for the following areas: financial health, trauma training (for educators), the effects marijuana overuse, second-hand exposure risks of marijuana, qualification criteria for ACCMHS services, family resources for children with

anxiety/depression, safe and comfortable places for individuals to learn and socialize, suicide prevention, staff trainings (e.g., Supports Coordinators), and additional education for primary care physicians on how to diagnose/treat mental health conditions (e.g., depression can be confused with ADHD). Areas where ACCMHS already offers education include: sober living, community activities for consumers, family therapy for children with autism, removing the stigma of mental health, and community education on our housing program (there were several inquiries about housing availability and programs).

3. **Access/Barriers/Cost (24.2%):** The surveys showed that being in a large rural area limits access to services within Allegan County. Several surveys indicated a need for easier access to a psychiatrist. The high cost of mental health care and medications are also a big concern. A decrease in barriers and “hoops to jump through” for Medicaid patients to receive care was requested. There was trending in requests for: increased appointment availability, increased SUD services, increased services for depression, increased hours of operation, easier access to all services, and increased access to more ancillary services. Our QI team also included transportation issues in this section, which was mentioned in 15 different surveys.
4. **Coordination of Care (6.3%):** Better notes between caregivers, communication between employees/all involved in care, and better cooperation between supports coordination and provider agencies were all big concerns for our stakeholders. Developing better relationships in the community with stakeholders (including parent to child co-counseling) and better follow up was requested. Continuity of care and collaboration with other agencies/stakeholders was also mentioned. Requests were made to decrease the difficulty in getting authorizations.
5. **Job training/Opportunities/Skills Training for DD (6.9%):** Giving stakeholders assistance with mentorships and vocational opportunities for people with disabilities was requested.