

### Stakeholder survey findings - 2017

Genesee Health System surveyed the community between January 31 and February 17, 2017. The survey used content developed by the Michigan Department of Health and Human services, for state reporting. For each question, major content areas are noted, in descending order of frequency.

Surveys were administered via the SurveyMonkey online service; a paper version was also offered. GHS sent invitations widely throughout the community, via GHS staff and administrators, the GHS website, and allied community agencies.

A total of 73 surveys were returned. Respondents were not asked for identifying information. However, the survey did offer to send findings to respondents, if they wished to share email or postal addresses. Review indicated the following distribution among the 35 addresses provided:

Providers of primarily mental health services (including those within and outside the GHS network, providers of substance use disorder services, day programs, and other services)	23%
Addresses without a clear organizational affiliation, presumably mostly personal addresses	20%
K-12 education	14%
Higher education	9%
Other organizations (e.g., hospitals, employment services, community resource networks)	34%

### **Survey content and responses**

The three questions, and prevalent responses to them, were as follows:

#### **Question 1: What do you see as the most significant mental health needs not currently being adequately addressed in Genesee County?**

- Increased availability of inpatient and crisis services (often for children),
- Availability of services for children and families. Comments referenced individual clinical services as well as home-based services and parent supports.
- More timely service start within the GHS network.
- Services for substance use disorders and individuals with dual SUD and mental health concerns.

**Question 2: From your perspective, what trends have you identified that GHS should be aware of?**

- A need for increased access to services, including inpatient care (especially for children), state hospital services, services for individuals without Medicaid, and services for special populations including the homeless, home-bound individuals, and mothers/infants in the perinatal period.
- Continuing / increased need for SUD/COD services, particularly around heroin and other opiates.
- Impact of social and community factors, including poverty, lack of social support, harassment, and violence.
- In particular, the impact of the water crisis and related political events, and the stress they engender.

**Question 3: Based on what you have shared, what are your top three concerns or priorities?**

- Access to services, and service capacity. Timeliness of access to ongoing services within the GHS system was frequently cited. Also, again, children, individuals without Medicaid, and homebound individuals were mentioned as populations of particular concern.
- Increased collaboration, cooperation, and communication with community partners. Respondents identified other mental health providers, schools, the medical care system, courts, and law enforcement in particular.
- A need for specific services. The types of services cited were diverse, including the following:
  - SUD and COD services
  - Anger management classes
  - Long term psychotherapy
  - Communication skills
  - Parenting skills/support
  - Peer services
  - Adolescent supports (one respondent mentioned middle school girls in particular)
  - Services for children, especially those in crisis
  - Trauma treatment
  - Resources for housing and homelessness
  - Infant mental health services
  - Services for the elderly

## **Summary and analysis**

Access to services was often cited as a concern or need. Specific needs respondents identified included

- Increased availability of crisis services
- Timely access to CMH services
- Access for specific needs / populations, including infants, children, and families; co-occurring substance use and mental health disorders; individuals without Medicaid; and various special populations that may not be well-represented in the traditional CMH population.

Substance abuse services were often identified as a specific need. Various populations and substances were mentioned, notably families and opiates, respectively.

Respondents identified a number of community factors of concern, including safety, lack of mental health services in schools, poverty, court involvement, concern about the future of public health insurance, housing/homelessness, and the Flint water crisis.