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## Community Needs Assessment Community Stakeholder Survey Conducted for MDHHS

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On behalf of Michigan Department of Health & Human Services, Northpointe is required to conduct an annual assessment of the mental health needs of our community. This assessment must involve public and private providers, school systems, and other key community partners and stakeholders.

We understand that the mental health needs of our community manifest themselves in various ways. In order to better understand these needs, we are asking you as our community partner, to share with us the trends and needs you identify that may be related to, or indicative of, a mental health need.

### Please check your community partner category:

- |                                         |                                            |                                                                 |                                         |
|-----------------------------------------|--------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Justice System | <input type="checkbox"/> School System     | <input type="checkbox"/> Primary Health Care                    | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Public Health  | <input type="checkbox"/> Consumer/Advocate | <input type="checkbox"/> Mental Health-Substance Abuse Provider |                                         |

### What county are you a community partner in?

- |                                    |                               |                                    |
|------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Dickinson | <input type="checkbox"/> Iron | <input type="checkbox"/> Menominee |
|------------------------------------|-------------------------------|------------------------------------|

### Which three populations in your area are most in need of mental health services:

- |                                                                |                                                              |
|----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Blind or Other Visual Impairment      | <input type="checkbox"/> Deaf or Hard of Hearing             |
| <input type="checkbox"/> Neurological Disability               | <input type="checkbox"/> Learning Disability                 |
| <input type="checkbox"/> Chemical Dependency                   | <input type="checkbox"/> Psychiatric or Emotional Disability |
| <input type="checkbox"/> Intellectual/Developmental Disability | <input type="checkbox"/> HIV Positive/AIDS                   |
| <input type="checkbox"/> Other Physical Disability             | <input type="checkbox"/> Other: _____                        |

### What are the most significant mental health needs that are not currently being adequately addressed in our community (check up to three):

- |                                                                     |                                                                                        |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Early Intervention & Prevention Services   | <input type="checkbox"/> Inpatient Bed Availability (Mental Illness & Substance Abuse) |
| <input type="checkbox"/> Alcohol/Substance Abuse Treatment Services | <input type="checkbox"/> Services for Non-Medicaid Individuals                         |
| <input type="checkbox"/> Lack of Dr's working with I/DD persons     | <input type="checkbox"/> Trauma Focused Treatment                                      |
| <input type="checkbox"/> Staff/Resource Shortages in Schools        | <input type="checkbox"/> Access to CMHSP (Northpointe) Services                        |
| <input type="checkbox"/> Controlling Access to Prescription Drugs   | <input type="checkbox"/> Promotion of Healthy Living (nutrition, exercise)             |
| <input type="checkbox"/> Access to Crisis Services                  | <input type="checkbox"/> Other: _____                                                  |

**What are the biggest barriers to accessing mental health services in our community?**

- |                                                                 |                                                                |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Insurance                              | <input type="checkbox"/> Transportation                        |
| <input type="checkbox"/> Stigma                                 | <input type="checkbox"/> Staff/Resources in Community Supports |
| <input type="checkbox"/> Housing                                | <input type="checkbox"/> Employment                            |
| <input type="checkbox"/> Education                              | <input type="checkbox"/> Cost of Living                        |
| <input type="checkbox"/> Access to CMHSP (Northpointe) Services | <input type="checkbox"/> Other: _____                          |

**What are the biggest barriers to accessing/receiving recovery-oriented services in our community?**

- |                                                                         |                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Waiting or Priority Lists                      | <input type="checkbox"/> Stable Housing                     |
| <input type="checkbox"/> Language/Cultural/Sexual Orientation           | <input type="checkbox"/> Medication Management restrictions |
| <input type="checkbox"/> Availability of Providers (hours of operation) | <input type="checkbox"/> Available Transportation           |
| <input type="checkbox"/> Staff Training & Resources in the Community    | <input type="checkbox"/> Other: _____                       |

**From your perspective what trends have you identified that Northpointe should be aware of:**

**Please identify the top concern/priority the community should be aware of in 2026:**

Thank you for taking the time to answer these questions. Once we have collected input from our partners and stakeholders, we will develop a prioritized list of those needs we believe we can address. **Knowing that community needs require community solutions, we look forward to sharing our results with you and collaborating on solutions.**

**You may mail the completed survey to: Northpointe – Director of Quality Improvement, 715 Pyle Drive, Kingsford, MI 49802 or Fax to 906-774-1570, or return via email to**

**[ktompson@nbhs.org](mailto:ktompson@nbhs.org) Please respond by February 14<sup>th</sup>. Thank you! If you would like to receive the results and/or to participate in collaboration, please include your email:**

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