# Priority Needs & Planned Actions FY 26 & FY 27

CMHSP: Montcalm Care Network

Survey Results Analysis:

Montcalm Care Network surveyed stakeholders and received 42 responses. Representation included 29% social service agencies; 20% represented physical/mental/substance use providers; 17% law enforcement; 17% education; 5% business community; 10% community at large with remaining unidentified. In addition to the standard questions on community priorities, trends and needs, MCN asked stakeholders for their views on Social Determinants of Health impacting our community, information on underserved populations, views on what MCN is contributing to the community, experience in partnering with us, and likelihood of referring to MCN. Our partners rate our working relationships 4.2/5 with a 4.4/5 likelihood of referring to us in the future. We receive positive feedback about our collaborative nature with high praise for our school-based, jail-based, and community outreach efforts. Our community is particularly concerned about the homeless, incarcerated, and elderly populations. The most common concern in our community relates to the availability of social support resources. This includes stakeholders noticing trends of people losing Medicaid and uncertainty about the impact of upcoming changes on redeterminations and work requirements at the federal level. Further our stakeholders are worried about real losses of program funding that has caused cuts to a variety of housing, early childhood, and substance use prevention programs in the community. Comments included information regarding housing instability, growing stress on families to meet basic needs, and lack of ability to prioritize healthcare needs as a result. An area noted in any community needs assessment conducted in Montcalm County is substance use, and that held true this year. A requested area of focus was the need to support individuals experiencing crisis as a result of social instability. We received multiple comments in the priorities area around the lack of individual skill sets in regulating emotions in a way necessary to assist others. This feedback along with analysis of our community data was considered in the creation of our priority plan for the next two years.

Priority Plan:

| Priority Issue | Reasons For Priority | CMHSP Plan |
|---|---|---|
| 1. Assistance with Medicaid Redeterminations | MCN is already experiencing individuals falling off Medicaid. The community expresses concern about the impact of work requirements and shortened redetermination periods on our community members. Preserving individuals' entitlement to Medicaid is essential with limited General Fund resources. | 1. Provide education to persons served on redetermination requirements. Target by Jan 2027<br>2. Work with local DHHS partners to streamline processes for verifying waivers to work requirements due to SMI/IDD. Target Process in place by Jan 2027 and maintain ongoing<br>3. Track redetermination dates for persons served and utilize a designated team to assist in processes. Target- Year 1 track number of person falling off Medicaid Year 2 decrease number by 30% |

| Priority Issue | Reasons For Priority | CMHSP Plan |
|---|---|---|
| | | 4. Maintain staff trained as Medicaid Navigator. Target- At least one Navigator per clinical department |
| 2. Access to Crisis Services | MCN is experiencing more individuals entering services with urgent/emergent needs. Stakeholders identified crisis services as a top areas of focus. Instability in funding, decreased access to health insurance and social determinants of health factors increase the likelihood of individuals experiencing crisis. | 1. Partner with Protocall to dispatch Mobile Crisis after hours- M-F 5 pm to 8 pm. Target- Implement March 26.<br>2. Increase promotion of MC targeting 3 populations- homeless, persons released from jail, and elderly. Target- At least monthly outreach to individuals or organizations serving these populations ongoing by the MC team.<br>3. Ensure all members of MC complete Crisis Professional Training. Target- Year 1<br>4. Expand number of adults receiving up to 60 days follow up. Target- Year 1 25% increase over FY 25 baseline Year 2 50% increase<br>5. Provide a dedicated telehealth link to law enforcement to utilize onsite 24/7 when a mental health emergency is identified to increase diversion from emergency room when appropriate. Target- Year 1 Implement and gather baseline. Year 2 increase by 25% |
| 3. Substance Use Care Coordination | Substance use continues to be a primary concern of our stakeholders. Montcalm Co has both high use rates along with low access to treatment resources. Methamphetamine is prevalent. Recent community needs assessments performed by other providers in the county including Corewell Health and Mid-MI Health Department also rate it as a top area of concern. | 1. Implement a SUD-Health Home Target- June 2026<br>2. Focus efforts on enrollment of persons being released from the Montcalm Co Jail. Target- Year 1 enroll 50 people, Year 2 enroll an additional 30-50 people<br>3. Address SDOH for persons in the SUD-HH. Target- Year 1 Evaluate trends Year 2- Establish community partnerships around areas identified as trends in first year |

| Priority Issue | Reasons For Priority | CMHSP Plan |
|---|---|---|
| | | 4. Increase connection to Medication Assisted Treatment. Target- Year 1 establish baseline Year 2 increase by 30% |
| 4. Sustain Jail-Based Services | Funding our jail based co-occurring services has become more complex with shrinking funding resources. MCN does not anticipate having General Fund monies to support the program in future years. These services have been pivotal in creating a strong partnership with our law enforcement. The service is highly valued by the community and stakeholders are concerned about this population's access to care. | 1. Seek new state and federal funding sources. Target FY27.<br>2. Utilize SUD-HH funding to support the Recovery Coach position serving this population by braiding funds. Target FY27.<br>3. Work with Montcalm County Commissioners and established processes to leverage Opioid Settlement and Marijuana Tax monies. Target FY27 |
| 5. Partner to implement community wide emotion regulation model | The Montcalm Human Services Collaborative (MHSC) along with the results of the stakeholder survey indicate a lack of emotion regulation skill sets for the professionals and care givers in the community trying to support persons in need. The community is looking for a comprehensive approach and common language. MCN role as a collaborative partner is clearly valued in survey feedback. | 1. Partner with Montcalm Area ISD to train School Based Mental Health staff (31N) in Community Resilience Model. Target- FY26-27 school year<br>2. 31N staff will implement trainings for teachers within 7 local districts. Target FY 26-27 school year<br>3. Participate in MHSC efforts to evaluate other interested trainers and organization for the model. Target Year 1 train Year 2 sustain efforts |

| | |
|---|---|
| **CMHSP:** | **Montcalm Care Network** |
| **Contact person and email:** | **Julianna Kozara:** |
| | jkozara@montcalmcare.net |

**Reporting Period: October 1, 2024 to September 30, 2025**

## Waiting List Report

| Program Type | MI Adult | DD | SED | Total |
|---|---|---|---|---|
| **Targeted CSM/Supports Coordination** | | | | |
| ***Specify all HCPCS and CPT Codes included in this category here:*** | T1017 | | | |
| Number on waiting list as of date above | | | | 0 |
| Added during the time period covered | | | | 0 |
| Removed during the time period covered- service provided | | | | 0 |
| Removed during time period covered - all other reasons | | | | 0 |
| Number left at the end of the time period covered | | | | 0 |
| | | | | |
| **Intensive Interventions/Intensive Community Services** | | | | |
| ***Specify all HCPCS and CPT Codes included in this category here:*** | H0039, H2019, H0036, H2021 H2022, 97151, 9715x | | | |
| Number on waiting list as of date above | | | | 0 |
| Added during the time period covered | | | | 0 |
| Removed during the time period covered- service provided | | | | 0 |
| Removed during time period covered - all other reasons | | | | 0 |
| Number left at the end of the time period covered | | | | 0 |
| | | | | |
| **Clinic Services** | | | | |
| ***Specify all HCPCS and CPT Codes included in this category here:*** | 97802, 97803, 90791, 90792, 992xx, 993xx, 96116, 9716x, 9711x, 925xx, T1001, T1002, S5110, G0177, T1015 | | | |
| Number on waiting list as of date above | | | | 0 |
| Added during the time period covered | | | | 0 |
| Removed during the time period covered- service provided | | | | 0 |
| Removed during time period covered - all other reasons | | | | 0 |
| Number left at the end of the time period covered | | | | 0 |
| | | | | |
| **Supports for Residential Living** | | | | |
| ***Specify all HCPCS and CPT Codes included in this category here:*** | H2016, T1020 | | | |
| Number on waiting list as of date above | | | | 0 |
| Added during the time period covered | | | | 0 |
| Removed during the time period covered- service provided | | | | 0 |
| Removed during time period covered - all other reasons | | | | 0 |
| Number left at the end of the time period covered | | | | 0 |
| | | | | |
| **Supports for Community Living** | | | | |

| ***Specify all HCPCS and CPT Codes included in this category here:*** | H2015, T1005, H2023, H2014,H2030 | | | |
|---|---|---|---|---|
| Number on waiting list as of date above | | | | 0 |
| Added during the time period covered | | | | 0 |
| Removed during the time period covered- service provided | | | | 0 |
| Removed during time period covered - all other reasons | | | | 0 |
| Number left at the end of the time period covered | | | | 0 |

**NARRATIVE: How do you assure that service needs are met at an individual level as well as from a program capacity level?**

MCN consistently provides the required services without the use of waiting lists. We do this through careful management of our benefit. We assess individual outcomes and through the person centered planning process and a recover-oriented lens, we partner with individuals to move through appropriate levels of care. This includes rountine reviews of progress and use of standardized tools. The use of evidence based practices support improvements in functioning and often shortens length of stay in treatment. Additionally the implementation of a Behavioral Health Home has significantly impacted our ability to meet individual's needs and supported our primary case holders with the additional care coordination efforts of our nurse naviagators. We utilized the model for both or SMI and SED populations. From the program standpoint, we engage in strategies that support our staffing resource. Our prodoctivity and timeliness requirements promote efficent use of staff time and help to clearly understand the necessary resource needed in a program. Utilizing paraprofessional staff expands the capacity of teams to serve more individuals and addresses limitations in hiring pools. This has been especially effective in home based services and SMI case management. Program fidelity is measured and quality improvement projects enhance programming. This past year, in Children's Case Management we added a Family Skills Trainer position and Parent Support Partner to create a more robust benefit and improve program outcomes. Temporarily increasing caseloads during staff shortages occurs. We ran our home based program with a provisional certification using bachelors level staff to support and increasing Master level staff caseloads outside of the Medicaid Provider Manual requirements in order to ensure all families in need of the service received care. We did so while still providing the necessary intensity of intervention needed by each family. This adaptation was due to inability to fill master level positions. We are intentional in the creation of a culture that prioritizes the person served in decision-making at both the individual and program levels. Be innovative in achieving that priorite is a strenght of our organization.

CMHSP: Montcalm Care Network

Period: October 1, 2024 to September 30, 2025

Contact person and email: Julianna Kozara jkozara@montcalmcare.net

**Report on the Requests for Services and Disposition of Requests**

| Row | CMHSP Point of Entry-Screening | DD | MI Adult | SED | Unknown / All Others | Total |
|---|---|---|---|---|---|---|
| 1 | Total # of all people who telephoned or walked in with any request | 245 | 1390 | 569 | 941 | 3145 |
| 2 | Of the # in Row 1 (all people who telephoned or walked in), total # of people referred out due to non-mental health needs | 18 | 107 | 17 | 285 | 427 |
| 3 | Of the # in Row 1 (all people who telephoned or walked in) total # of people who requested services the CMHSP provides, irrespective of eligibility | 227 | 1283 | 552 | 656 | 2718 |
| 4 | Of the # in Row 3 (People requested services the CMHSP provides), total # of people who did not meet eligibility through phone or other screening | 1 | 39 | 17 | 61 | 118 |
| 5 | Of the # in Row 3 (People requested services the CMHSP provides), total # of people who were scheduled for assessment | 184 | 964 | 451 | 68 | 1667 |
| 6 | Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe below on line 32 | 42 | 280 | 84 | 527 | 933 |
| 7 | Is Row 1 (all people who telephoned or walked in) an unduplicated count in each category? Answer Yes or No for each category | No | No | No | No | N/A |

| Row | CMHSP ASSESSMENT | DD | MI Adult | SED | Unknown / All Others | Total |
|---|---|---|---|---|---|---|
| 8 | Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who did not receive intake/biopsychosocial assessment (dropped out, no show, etc.) | 22 | 127 | 32 | 22 | 203 |
| 9 | Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan) | 0 | 0 | 0 | 0 | 0 |
| 10 | Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA HP enrolled and referred out to MA health plan | 0 | 0 | 0 | 0 | 0 |
| 11 | Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who otherwise did not meet CMHSP non-entitlement intake/assessment criteria. | 4 | 20 | 16 | 5 | 45 |
| 11a | Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were referred out to other mental health providers | 1 | 17 | 11 | 3 | 32 |
| 11b | Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were not referred out to other mental health providers | 3 | 3 | 5 | 2 | 13 |
| 12 | Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who met the CMHSP intake criteria | 158 | 817 | 403 | 41 | 1419 |
| 13 | Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met emergency/urgent/priority conditions criteria | 51 | 313 | 152 | 30 | 546 |
| 14 | Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met regular/routine/usual admission criteria | 107 | 504 | 251 | 11 | 873 |
| 15 | Of the # in Row 12 (Met CMHSP eligibility criteria) - total # of people who were put on a waiting list | 0 | 0 | 0 | 0 | 0 |
| 15a | Of the # in Row 15 (Put on a waiting list) - total # of people who received some CMHSP services, but wait listed for other CMHSP services | 0 | 0 | 0 | 0 | 0 |
| 15b | Of the # in Row 15 (Put on a waiting list) - total # of people who were waitlisted for all CMHSP services | 0 | 0 | 0 | 0 | 0 |
| 16 | Other Requests for Service and Disposition of Requests - Report total # of people in each category and describe on Line 32. | 0 | 0 | 0 | 0 | 0 |

**Row 6 - Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe here**
and/or
**Row 16 - Other Requests, total # of people - Describe here**

Row 6 - 1) Case where clinician was unable to determine eligilibility through screening over the phone and requested for a face to face screening. 2) Cases where a call log was created in which services were requested and staff were unable to get back in touch or did not link a follow up Request for Services document with the call log.

**NARRATIVE:** Provide a brief description of how the CMHSP collects and maintains the data reported on this form.

**MCN tracks data on requests for services as part of our Electronic Health Record-PCE. Data indicators for the annual submission are built in EHR elements and track the type of service requests, disability designation, and disposition. All calls and walk-ins to the Access Center are logged in the EHR for a complete record of contacts with th community.**

**NARRATIVE:** Briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].

**Eligibility is determined by phone or face to face. MCN has an Open Access model which is direct run. We have two locations for determinations- Stanton and Greenville. A brief assessments evaluates presence of mental health signs/symptoms, functional disturbance, funding source, previous service utilization and county of residence. If eligible after brief screening a full psychosocial assessment occurs. This can be same day or scheduled based on person served preference. Assessments are in person or by telehealth. Service eligibility is determined by Medicaid service guidelines, funding source considerations, severity of signs/symptoms, previous service utilization, functional assessment (LOCUS, MichiCANS) and choice.**

**NARRATIVE:** Provide a brief but easily understood and clear narrative describing noticeable trends and what the CMHSP response is to these trends. If trends represent an increased demand for services, explain how the CMHSP plans to manage this increased demand moving forward. If changes in eligibility rules result in termination of services to current enrollees, include this information.

**MCN saw a 17.5% decrease in persons contacting our Access Department, but a 15% increase in individuals presenting with urgent/emergent needs. We have noted more individuals in our community lossing access to Medicaid with redetermination processes. This directly impacts persons in our community leveraging a variety of healthcar resources. MCN has invested resources into tracking redetermination dates and helping individuals complete processes. We continue to fund a .5 FTE local DHHS MARA Worker to carry a caseload of the individuals we serve. MCN implemented cost containment plans during FY25 to address underfunding by MDHHS. This included narrowing our benefit for person in the moderate range and more heavy reliance on the health plans to provide services especially to the Healthy Michigan Plan population. Unfortunately, many health plan providers in our community experience waiting lists. This may contribute to an increase in the use of our Mobile Crisis services. Early in FY 25, we expanded Mobile Crisis to 8 pm M-F to accomodate community needs and the team serves both children and adults. Additionally, we reduced community prevention efforts to ensure adequate general fund monies for service provision to our priority populations to prevent the need for waiting lists. We have engaged in strategies to improve efficiency of the workforce with increases to productivity requirements while activeily evaluating where internal processes can be streamlined. To maximize cost savings we have eliminated internal positions on both the support and clinical sides. WIth our provider networker, we have enhanced utilization managemer in the areas of Community Living Supports, Specialized AFC, and Autism. These efforts have been strategies to attempt to best address the needs of our community within the realities of current funding resources and administrative burdens. We have worked dilegently to expand our use of the Behavioral Health Home model. We have the highest number of persons enrolled in the Mid State region despite being a rural, smaller board. We will launch a SUD HH in FY26 while continuing our BHH expansion efforts.**

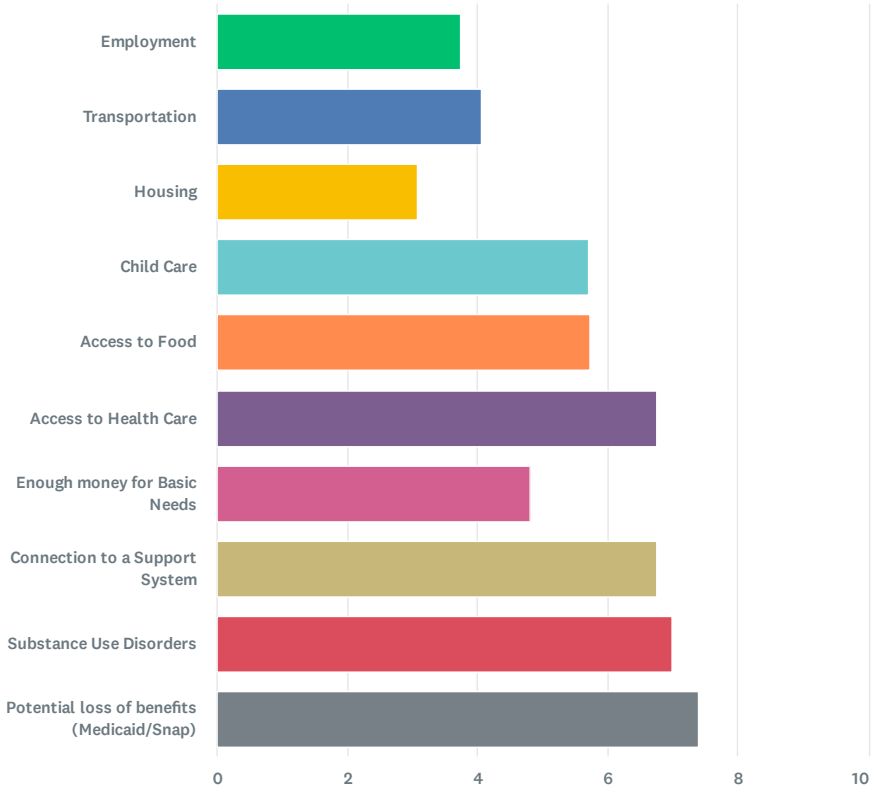
| Commuity Needs Assessment | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Community Data Sets | | | | | | | | | | | | | | | | | | |
| | **CMHSP name:** | Montcalm Care Network | | | | | | | | | | | | | | | | |
| | **Contact person and e-mail address:** | Julianna Kozara: jkozara@montcalmcare.net | | | | | | | | | | | | | | | | |
| **ROW 1** | **Population (Census)-- As of September -- by county** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| County 1 | **Montcalm** | | | | | | | | | | | | | | | | |
| County 2 | | | | | | | | | | | | | | | | | |
| County 3 | | | | | | | | | | | | | | | | | |
| County 4 | | | | | | | | | | | | | | | | | |
| County 5 | | | | | | | | | | | | | | | | | |
| County 6 | | | | | | | | | | | | | | | | | |
| | **Total CMHSP Population** | 63342 | 63236 | 63097 | 63105 | 62893 | 62945 | 62963 | 63550 | 63968 | 63888 | 66614 | 67320 | 67209 | 68154 | 69099 | **70197** |
| | Change from Prior Year | | -106 | -139 | 8 | -212 | 52 | 18 | 587 | 418 | -80 | 2726 | 706 | -111 | 945 | 945 | 1098 |
| | % change from Prior Year | | -0.17% | -0.22% | 0.01% | -0.34% | 0.08% | 0.0003 | 0.0093 | 0.0066 | -0.0013 | 0.0427 | 0.0106 | -0.0016 | 0.0141 | 0.0139 | 0.0159 |
| | Cumulative Change since 2009 | | -106 | -245 | -237 | -449 | -397 | -379 | 208 | 626 | 652 | 3517 | 4215 | 4316 | 5209 | 6136 | 6647 |
| | % cumulative change since 2009 | | -0.17% | -0.39% | -0.37% | -0.71% | -0.63% | -0.006 | 0.0033 | 0.0099 | 0.0103 | 0.0557 | 0.0668 | 0.0686 | 0.0828 | 0.0975 | 0.1046 |
| | | | | | | | | | | | | | | | | | |
| | **Source:** | World Population Review or US Census Bureau from 2019 Estimates for 2020 information | | | | | | | | | | | | | | | |
| | **Either source is acceptable to provide the numbers for this section.** | https://worldpopulationreview.com/us-counties/michigan | | | | | | | | | | | | | | | |
| | | https://data.census.gov/all | | | | | | | | | | | | | | | |
| | **Use data from previous reports for years before 2019 or reference this website for previous years** | https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&loc=5#detailed/5/3744-3826/false/1729,37,871,870,573,869,36,868,867,133/any/3 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| **ROW 2** | **Medicaid Enrollment - Average Enrollment for September:** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| County 1 | **Montcalm** | | | | | | | | | | | | | | | | |
| County 2 | | | | | | | | | | | | | | | | | |
| County 3 | | | | | | | | | | | | | | | | | |
| County 4 | | | | | | | | | | | | | | | | | |
| County 5 | | | | | | | | | | | | | | | | | |
| County 6 | | | | | | | | | | | | | | | | | |
| | **Total CMHSP Medicaid Enrollment** | 14524 | 14528 | 14062 | 14060 | 15805 | 17025 | 12536 | 12742 | 12713 | 11909 | 13440 | 14879 | 15310 | 14728 | 11986 | **11595** |
| | Change from Prior Year | | 4 | -466 | -2 | 1745 | 1220 | -4489 | 206 | -29 | -804 | 1531 | 1439 | 431 | -582 | -2742 | -391 |
| | % change from Prior Year | | 0.0003 | -0.0321 | -0.0001 | 0.12411 | 0.0772 | -0.2637 | 0.0164 | -0.0023 | -0.0632 | 0.1286 | 0.1071 | 0.029 | -0.038 | -0.1862 | -0.0326 |
| | Cumulative Change since 2009 | | 4 | -462 | -464 | 1281 | 2501 | -1988 | -1782 | -1811 | -2615 | -1088 | 817 | 1250 | -1077 | -5039 | -941 |
| | % cumulative change since 2009 | | 0.0003 | -0.0318 | -0.0319 | 0.0882 | 0.1722 | -0.1369 | -0.1227 | -0.1247 | -0.18 | -0.0749 | 0.0581 | 0.0889 | -0.0681 | -0.296 | -0.0751 |
| | | | | | | | | | | | | | | | | | |
| | **Source:** | https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| **ROW 3** | **Number of Children in Out of Home Care** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| | Children Ages Birth-17 in Out of Home Care-Abuse or Neglect (Number) | 60 | 76 | 91 | 81 | 50 | 70 | 71 | 88 | 86 | 112 | 133 | 102 | 71 | 61 | **62** | |
| | Children ages Birth-8 in out of home care - abuse or neglect (Number) | | | | | | | | | 50 | 72 | 77 | 66 | 42 | 32 | **26** | |
| | Children Ages Birth-5 in out of home care - abuse or neglect (Number) | 27 | 44 | 47 | 35 | 23 | 29 | 26 | 34 | 34 | 47 | 57 | 52 | 32 | 23 | **21** | |
| **Source:** | http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI | | | | | | | | | | | | | | | | |
| | ****Some information may not be available for every year.** | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | **Total CMHSP** | 87 | 120 | 138 | 116 | 73 | 99 | 97 | 122 | 170 | 231 | 267 | 220 | 145 | 116 | 109 | 0 |
| | Change from Prior Year | | 33 | 18 | -22 | -43 | 26 | -2 | 25 | 48 | 61 | 36 | -47 | -75 | -29 | -7 | -109 |
| | % change from Prior Year | | 37.93% | 15.00% | -15.94% | -37.07% | 35.62% | -0.0202 | 0.2577 | 0.3934 | 0.3588 | 0.1558 | -0.176 | -0.3409 | -0.2 | -0.0603 | -1 |
| | Cumulative Change since 2009 | | 33 | 51 | 29 | -14 | 12 | 10 | 35 | 83 | 111 | 129 | 104 | 72 | 17 | 12 | -122 |
| | % cumulative change since 2009 | | 37.93% | 58.62% | 33.33% | -16.09% | 13.79% | 0.1149 | 0.4023 | 0.954 | 0.925 | 0.9348 | 0.8966 | 0.9863 | 0.1717 | 0.1237 | -1 |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| Commuity Needs Assessment | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Community Data Sets** | | | | | | | | | | | | | | | | | | |
| **CMHSP name:** | | Montcalm Care Network | | | | | | | | | | | | | | | | |
| **Contact person and e-mail address:** | | Julianna Kozara: jkozara@montcalmcare.net | | | | | | | | | | | | | | | | |
| **ROW 4** | **Number of Licensed Foster Care Beds in Catchment Area** | | | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |
| | **Adults - Eneter the Total Number of Bed Capacity** | | | **261** | **263** | **300** | **294** | **361** | **350** | **341** | **NA** | **NA** | **359** | **369** | **374** | **368** | **367** | |
| **Source** | http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html | | | | | | | | | | | | | | | | | |
| | **Kids - Enter the Total Number of Licensed Facilities** | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | |
| **Source** | http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html | | | | | | | | | | | | | | | | | |
| | ***This data is also provided by MDHHS on the website under "Provided Information".** | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| **5** | **Prevalence Proxy Data** | | | | | | | | | | | | | | | | | |
| | | **1990** | | **2008** | **Change or most recent projection** | | | | | | | | | | | | | |
| **5-A** | **Adults with Serious Mental Illness (Kessler Methodology)** | | | | | | | | | | | | | | | | | |
| | Trend - Kessler Prevalance Data | | | | | | | | | | | | | | | | | |
| | *Provided by MDHHS in 2012 | | | | | | | | | | | | | | | | | |
| | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |
| **ROW 5B** | **Children at risk for Serious Emotional Disturbance 100% below poverty** | NA | 4504 | 4033 | 3953 | 3964 | 4229 | 3996 | 3549 | 3341 | 2794 | **NA** | 2038 | 2834 | 2334 | **3112** | | |
| | | | | | | | | | | | | | | | | | | |
| **Source** | Census Bureau Search | | | | | | | | | | | | | | | | | |
| | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |
| **ROW 5C** | **Persons with Developmental Disabilities: Formula Populated** | 316.71 | 316.18 | 315.49 | 315.525 | 314.465 | 314.73 | 314.82 | 317.75 | 319.84 | 319.44 | 333.07 | 336.6 | 336.05 | 340.77 | 345.5 | 350.99 | |
| | | | | | | | | | | | | | | | | | | |
| **ROW 6** | **Community Homelessness- catchment area** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |
| **ROW 6A** | **Local Continuum of Care Bi-ennial Homeless Count** | | | | | | | | | | | | | | | | | |
| | Change from Prior Time Period | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| **ROW 6B** | **# served from CMHSP data- of persons that are homeless** | | **5** | **0** | **0** | **6** | **8** | **50** | **48** | **69** | **55** | **98** | **116** | **125** | **144** | **143** | **142** | |
| | Change from Prior Time Period | | 5 | -5 | 0 | 6 | 2 | 42 | -2 | 21 | -14 | 43 | 18 | 9 | 19 | -1 | -1 | |
| | **Link to Homeless count report for some Michigan regions/counties-Source HUD.GOV** | AHAR Reports \| HUD USER | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| **ROW 6C** | **Community Employment** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |
| County 1 | **Montcalm** | **21911** | **22340** | **22785** | **22433** | **23105** | **2700** | **27046** | **27013** | **27014** | **27055** | **25986** | **25638** | **26861** | **27991** | **27750** | **30528** | |
| County 2 | | | | | | | | | | | | | | | | | | |
| County 3 | | | | | | | | | | | | | | | | | | |
| County 4 | | | | | | | | | | | | | | | | | | |
| County 5 | | | | | | | | | | | | | | | | | | |
| County 6 | | | | | | | | | | | | | | | | | | |
| | **Total CMHSP** | 21911 | 22340 | 22785 | 22433 | 23105 | 2700 | 27046 | 27013 | 27014 | 27055 | 25986 | 25638 | 26861 | 27991 | 27750 | 30528 | |
| | Change from Prior Year | | 429 | 445 | -352 | 672 | -20405 | 24346 | -33 | 1 | 41 | -1069 | -348 | 1223 | 1130 | -241 | 2778 | |
| | % change from Prior Year | | 1.96% | 1.99% | -1.54% | 3.00% | -88.31% | 9.017 | -0.0012 | 4E-05 | 0.0015 | -0.0395 | -0.0134 | 0.0477 | 0.0421 | -0.0086 | 0.1001 | |
| | Cumulative Change since 2008 | | 429 | 874 | 522 | 1194 | -19211 | 5135 | 5102 | 5103 | 5144 | 3646 | 2853 | 4428 | 4886 | 25050 | 3482 | |
| | % cumulative change since 2008 | | 1.96% | 3.99% | 2.38% | 5.45% | -87.68% | 0.2344 | 0.2329 | 0.2329 | 0.2348 | 0.1632 | 0.1252 | 0.1974 | 0.2115 | 9.2778 | 0.1287 | |
| | | | | | | | | | | | | | | | | | | |
| | **Source:** | State of Michigan Labor Market Information | | | | | | | | | | | | | | | | |
| | | https://milmi.org/DataSearch/LAUS | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| **ROW 7** | **Justice System** | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |
| **ROW 7A** | **Jail diversions** | **3** | **2** | **0** | **13** | **7** | **8** | **1** | **2** | **1** | **1** | **10** | **9** | **7** | **17** | **17** | **12** | |
| | **Internal Tracking- MCN Jail Diversion Team** | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | **2013** | **2014** | **2015** | **2016** | **2017** | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** | |

| Commuity Needs Assessment | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Community Data Sets | | | | | | | | | | | | | | | | | | |
| | CMHSP name: | Montcalm Care Network | | | | | | | | | | | | | | | | |
| | Contact person and e-mail address: | Julianna Kozara: jkozara@montcalmcare.net | | | | | | | | | | | | | | | | |
| ROW 7B | Prison discharges-number of people expected to meet SMI Criteria | | | | 3 | 1 | 0 | 4 | 1 | 2 | 2 | 1 | 0 | 1 | 2 | 2 | 5 | |
| | Montcalm Re-entry program | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ROW 8 | Education System | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | |
| ROW 8A | Number of students aging out or graduating special education | 100 | 127 | 93 | 120 | 77 | 86 | 97 | 78 | 84 | 77 | 94 | 73 | 98 | 106 | 135 | | |
| | | | | | | | | | | | | | | | | | | |
| ROW 9 | Graduation and Dropout Rate | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | |
| County 1 | Montcalm | | | | 58 | 41 | 33 | 34 | 38 | 95 | 207 | 278 | 284 | 335 | 354 | 364 | | |
| County 2 | | | | | | | | | | | | | | | | | | |
| County 3 | | | | | | | | | | | | | | | | | | |
| County 4 | | | | | | | | | | | | | | | | | | |
| County 5 | | | | | | | | | | | | | | | | | | |
| County 6 | | | | | | | | | | | | | | | | | | |
| | CMHSP Total: | 0 | 0 | 0 | 58 | 41 | 33 | 34 | 38 | 95 | 207 | 278 | 284 | 335 | 354 | 364 | 0 | |
| | | | | | | | | | | | | | | | | | | |
| ROW 9A | % graduated | 83.1 | 81.2 | 84.6 | 86.2 | 86.3 | 86.7 | 86.4 | 86.6 | 71.7 | 61.2 | 53.9 | 52.4 | 53.8 | 54.6 | 55.1 | | |
| ROW 9B | % dropped out | 8.1 | 7.7 | 6 | 6.8 | 5.1 | 4 | 4.1 | 4.5 | 9.6 | 16.2 | 19.2 | 19.1 | 20.4 | 21.5 | 21.2 | | |
| | Source: The Annie E. Casey Foundation-Kids Data Count Center | http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | DATE | | | | | | | | | | | | | | | | |
| | For primary health items, identify point in time being reported | 2/10/2026 | | | | | | | | | | | | | | | | |
| ROW 10 | Primary Health | | | | | | | | | | | | | | | | | |
| ROW 10A | % of CMHSP consumers with an identified Primary Care Physican | 89% | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 10B | CMHSP Medicaid recipients with primary care service/encounter | | | | | | | | | | | | | | | | | |
| 10C | # with primary care plus emergency room | | | | | | | | | | | | | | | | | |
| 10D | # with emergency room no primary care | | | | | | | | | | | | | | | | | |
| | MDHHS does not have this data (10B, 10C, 10D) available at this time. | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ROW 11 | Optional Information | | | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | |
| | Private Providers and Public SUD Providers | | | | | | | | | | | | | | | | | |
| ROW 11A | Number of Existing Private Providers in Community | | | | 3 | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 4 | NA | NA | NA | NA | |
| ROW 11B | Number of providers that utilize a sliding fee scale | | | | 3 | 3 | 3 | 3 | 3 | 4 | 5 | 4 | 4 | NA | NA | NA | NA | |
| ROW 11C | Number of providers that are accepting new clients | | | | 3 | 3 | 3 | 3 | 3 | 4 | 5 | 5 | 4 | NA | NA | NA | NA | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 2025v.1 | | | | | | | | | | | | | | | | | | |

# Q1 The physical, mental, and spiritual health of our citizens is impacted by a multitude of day-to-day stressors. What are the top three stressors you see as impacting people in our community?

Answered: 41 Skipped: 1



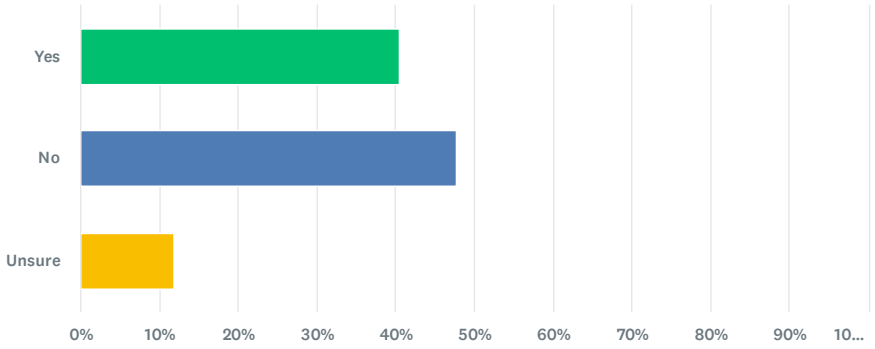

Collapse

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Employment** | 24.39%<br>10 | 12.20%<br>5 | 9.76%<br>4 | 26.83%<br>11 | 4.88%<br>2 | 9.76%<br>4 | 4.88%<br>2 | 0%<br>0 | 2.44%<br>1 | 4<br>2 |
| **Transportation** | 7.32%<br>3 | 14.63%<br>6 | 19.51%<br>8 | 19.51%<br>8 | 21.95%<br>9 | 4.88%<br>2 | 4.88%<br>2 | 4.88%<br>2 | 2.44%<br>1 | 0<br>0 |
| **Housing** | 19.51%<br>8 | 29.27%<br>12 | 17.07%<br>7 | 9.76%<br>4 | 12.20%<br>5 | 9.76%<br>4 | 0%<br>0 | 2.44%<br>1 | 0%<br>0 | 0<br>0 |
| **Child Care** | 4.88%<br>2 | 7.32%<br>3 | 0%<br>0 | 12.20%<br>5 | 21.95%<br>9 | 19.51%<br>8 | 12.20%<br>5 | 12.20%<br>5 | 4.88%<br>2 | 4<br>2 |
| **Access to Food** | 0%<br>0 | 7.32%<br>3 | 7.32%<br>3 | 12.20%<br>5 | 9.76%<br>4 | 17.07%<br>7 | 36.59%<br>15 | 7.32%<br>3 | 2.44%<br>1 | 0<br>0 |
| **Access to Health Care** | 4.88%<br>2 | 2.44%<br>1 | 7.32%<br>3 | 0%<br>0 | 0%<br>0 | 14.63%<br>6 | 26.83%<br>11 | 29.27%<br>12 | 12.20%<br>5 | 2<br>1 |

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Enough money for Basic Needs** | 21.95%<br>9 | 7.32%<br>3 | 17.07%<br>7 | 2.44%<br>1 | 7.32%<br>3 | 2.44%<br>1 | 12.20%<br>5 | 17.07%<br>7 | 12.20%<br>5 | 0<br>0 |
| **Connection to a Support System** | 0%<br>0 | 7.32%<br>3 | 7.32%<br>3 | 4.88%<br>2 | 17.07%<br>7 | 4.88%<br>2 | 2.44%<br>1 | 24.39%<br>10 | 24.39%<br>10 | 7.<br>3 |
| **Substance Use Disorders** | 9.76%<br>4 | 4.88%<br>2 | 9.76%<br>4 | 2.44%<br>1 | 2.44%<br>1 | 12.20%<br>5 | 0%<br>0 | 0%<br>0 | 31.71%<br>13 | 2<br>11 |
| **Potential loss of benefits (Medicaid/Snap)** | 7.32%<br>3 | 7.32%<br>3 | 4.88%<br>2 | 9.76%<br>4 | 2.44%<br>1 | 4.88%<br>2 | 0%<br>0 | 2.44%<br>1 | 7.32%<br>3 | 5<br>2 |

## Q2 Does your organization currently use an assessment tool to screen for these stressors (often termed Social Determinants of Health)?

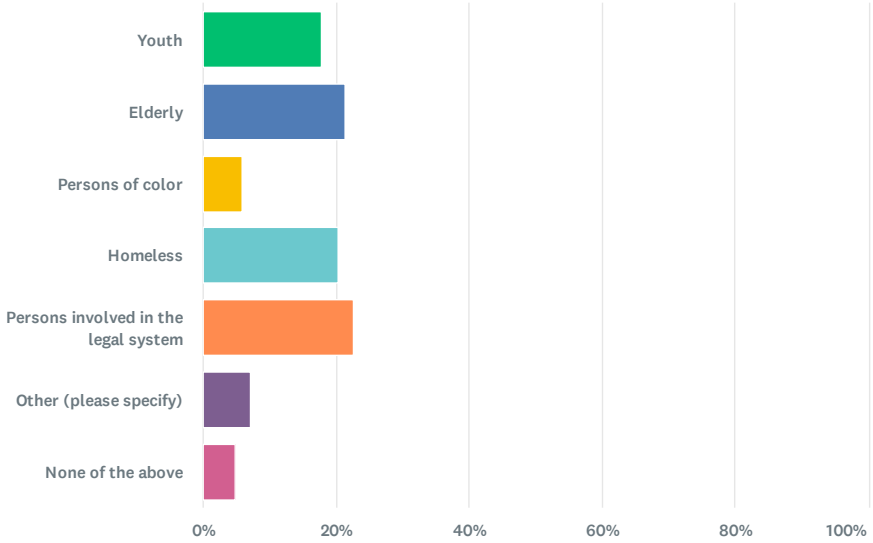
Answered: 42 Skipped: 0




| Answer Choices | Percentage | Responses |
|---|---|---|
| Yes | 40.48% | 17 |
| No | 47.62% | 20 |
| Unsure | 11.90% | 5 |
| **Total** | | **42** |

# Q3 Are there underrepresented populations in Montcalm County who you believe are unaware or hesitant to access mental services?

Answered: 40 Skipped: 2




| Answer Choices | Percentage | Responses |
|---|---|---|
| Youth | 17.86% | 15 |
| Elderly | 21.43% | 18 |
| Persons of color | 5.95% | 5 |
| Homeless | 20.24% | 17 |
| Persons involved in the legal system | 22.62% | 19 |
| Other (please specify) Show responses | 7.14% | 6 |
| None of the above | 4.76% | 4 |
| **Total** | | **84** |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|---|---|
| 1 | Parents of young children | 2/14/2026 3:45 PM |
| 2 | Those living in poverty | 2/12/2026 1:22 PM |
| 3 | believe all populations unaware or hesitant to access these services | 2/12/2026 12:59 PM |
| 4 | Professional people who have a reputation to maintain. | 2/12/2026 11:53 AM |
| 5 | all the above | 2/3/2026 1:29 PM |
| 6 | LGBTQIA+ community, ALICE households | 1/28/2026 9:43 AM |

# Q4 If so, do you have suggestions on ways to better reach these individuals?

Answered: 19 Skipped: 23

| # | RESPONSES | DATE |
|---|---|---|
| 1 | I would say be more active in school systems if you are not already | 2/15/2026 1:35 PM |
| 2 | Social Media- Tik Tok, Instagram, ETC. Create an online presence that connects with people- show people/faces not just clips and words. | 2/13/2026 8:37 AM |
| 3 | I think Joelle and Dusty do a great job with inmates, but I'm not sure non-incarcerated folks have the same exposure. Not sure how to do that, unless court mandated. | 2/13/2026 8:07 AM |
| 4 | I believe people that are incarcerated have a difficult time actually receiving mental health treatment due to lack of facilities. | 2/12/2026 7:17 PM |
| 5 | Through other resources such as homeless shelters, 211, senior centers. | 2/12/2026 4:00 PM |
| 6 | court intervention, better services through DHHS | 2/12/2026 3:07 PM |
| 7 | More funding for resources with housing and transportation | 2/12/2026 2:24 PM |
| 8 | Offer nontraditional hours to accommodate work schedules and family needs, better partnerships with local nonprofits and community organizations to increase awareness and trust, and better use outreach strategies that directly engage clients where they already receive services. | 2/12/2026 12:59 PM |
| 9 | Educate, Educate, Educate | 2/12/2026 12:36 PM |
| 10 | I don't. Stigma is a strong demotivator. | 2/12/2026 11:53 AM |
| 11 | communication with courts and parole/probation | 2/12/2026 10:43 AM |
| 12 | This demographic is so difficult because of the multiple stressors and issues usually associated with them | 2/12/2026 10:42 AM |
| 13 | Reaching back out to families who have been unenrolled in ABA services due to waitlists or lack of support when they still qualify. | 2/12/2026 7:42 AM |
| 14 | BETTER FUNDING. Low cost or free insurance or funding that covers services for these groups. Additional training (and sensitivity) for mental health professionals working with these marginalized and vulnerable groups. | 1/28/2026 9:43 AM |
| 15 | Commission on aging, churches, congregate meals, annual Dr visits, | 1/26/2026 9:47 PM |
| 16 | Social media/TicTok | 1/26/2026 3:41 PM |
| 17 | Addressing Transportations. Working on raising awareness of services that are available and how to access them. | 1/26/2026 2:34 PM |
| 18 | By continuing to be out in the community | 1/22/2026 5:28 PM |
| 19 | Schools and the jail/courts | 1/21/2026 5:49 PM |

# Q5 What do you see as the most significant mental health needs that are NOT being adequately addressed in Montcalm County?

Answered: 27 Skipped: 15

| # | RESPONSES | DATE |
|---|---|---|
| 1 | NA | 2/16/2026 8:47 AM |
| 2 | within schools: Anxiety, Depression; in general: generational trauma, substance abuse/use, and suicidal ideation | 2/16/2026 8:24 AM |
| 3 | Applying themselves in the workforce | 2/15/2026 1:35 PM |
| 4 | Suicidal ideation Passive and active. The screening completed pushes families to commit to a safety plan (of sorts) that the family doesn't always fully understand. MCN strongly resists allowing clients to be evaluated, and given appropriate medications within a short stay at an inpatient. Going through MCN takes much longer to access and locate the appropriate medication regiment, while safety and behaviors are still occurring. Collaboration of communication between various agencies would benefit from additional support. | 2/13/2026 8:37 AM |
| 5 | I think there are waaaaayyyyyy more people in need than there are resources to go around. Even if the majority who haven't had MCN contact would, there wouldn't be resources to help them all. | 2/13/2026 8:07 AM |
| 6 | It is a constant rotating of the same 20% of the population through the system. | 2/12/2026 5:03 PM |
| 7 | Access to medicine based on eligibility for Medicaid and lack of transportation | 2/12/2026 4:00 PM |
| 8 | counseling services | 2/12/2026 3:07 PM |
| 9 | Lack of providers and lack of information about how to find a mental health provider. This is especially true for those with private insurance. | 2/12/2026 2:37 PM |
| 10 | Co-Occurring Disorders | 2/12/2026 2:24 PM |
| 11 | Knowledge on available resources | 2/12/2026 1:22 PM |
| 12 | Greater wrap-around services that connect mental health care with social, housing, and support services. Improved engagement with clients who have had prior negative experiences with mental health services. | 2/12/2026 12:59 PM |
| 13 | Depression | 2/12/2026 12:36 PM |
| 14 | Mental health vs. Substance abuse issues. They go hand in hand and it's hard to determine which is the bigger issue. | 2/12/2026 11:05 AM |
| 15 | actual doctor to prescribe medications. | 2/12/2026 10:43 AM |
| 16 | Housing + Income | 2/12/2026 10:42 AM |
| 17 | I believe that consistent care is an issue, due to turn over in your organization. I know and am comfortable saying that leadership knows this and does everything possible. However, the question is still the question and i strongly feel it is an issue. | 2/12/2026 10:42 AM |
| 18 | Everyone is struggling given the state of the country | 2/3/2026 1:29 PM |
| 19 | Access to affordable mental health services for people who work but are uninsured or underinsured. AFTER HOURS (24/7) emergency care teams that could be activated in a mental health crisis. | 1/28/2026 9:43 AM |
| 20 | Isolation, for almost all demographics. | 1/26/2026 9:47 PM |
| 21 | Montcalm Care Network does an excellent job in terms of access and meeting people where they are at. | 1/26/2026 3:41 PM |
| 22 | Early Intervention and prevention. Work is not being done to help chidlren build resilency and or coping strategies. Behavior is off the charts; everywhere | 1/26/2026 3:35 PM |
| 23 | Mild to moderate depression/anxiety. Or other mild to moderate levels of mental health needs. | 1/26/2026 2:34 PM |
| 24 | ? \ mentalhealth in youth | 1/25/2026 12:48 PM |
| 25 | Supports in areas of life such as transportation, employment, and support funding continue to be decreased. | 1/23/2026 8:43 AM |
| 26 | SUD's, however they have to want the help so how do we make it more incentivized to encourage those with SUD's to attend and complete services. | 1/22/2026 5:28 PM |
| 27 | For those who are not in the system, counselling | 1/21/2026 5:49 PM |

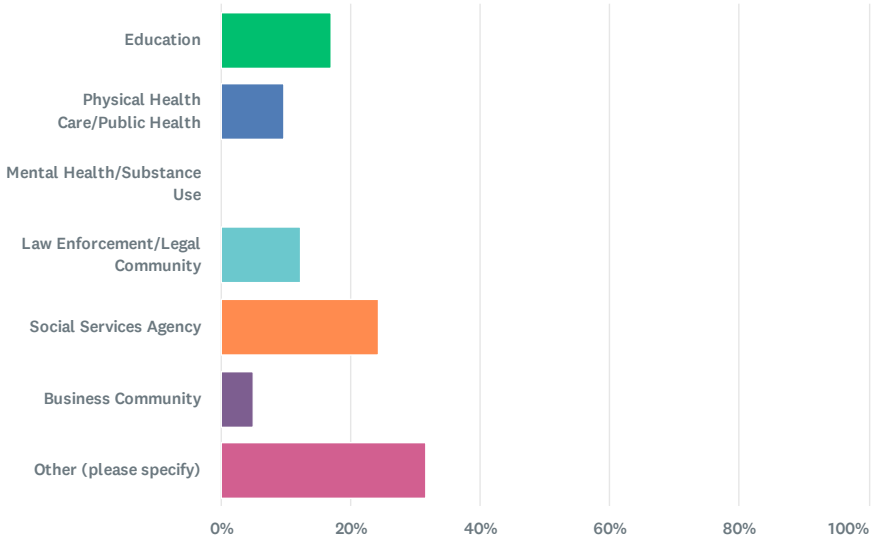
# Q6 Where do you see Montcalm Care Network making a positive impact in our community?

Answered: 31 Skipped: 11

| # | RESPONSES | DATE |
|---|---|---|
| 1 | NA | 2/16/2026 8:47 AM |
| 2 | All over | 2/16/2026 8:24 AM |
| 3 | Making a difference in many communities | 2/15/2026 1:35 PM |
| 4 | School Based mental health services | 2/14/2026 3:45 PM |
| 5 | The home-based program is accessible to family's that have lack of transportation and resources. The infant maternal program is a huge support. | 2/13/2026 8:37 AM |
| 6 | My knowledge is really only from the public safety committee, so that's the impact I see having the most impact. | 2/13/2026 8:07 AM |
| 7 | Outreach Resources and Education | 2/12/2026 5:03 PM |
| 8 | Mental health awareness Community involvement Programs | 2/12/2026 4:15 PM |
| 9 | For clientele that are working but still need additional support | 2/12/2026 4:00 PM |
| 10 | counseling | 2/12/2026 3:07 PM |
| 11 | I think for those individuals who receive Medicaid that MCN is a good resource for care. To better our community, outreach to those on private health insurance or no coverage to provide them with resources would benefit the entire community. | 2/12/2026 2:37 PM |
| 12 | Working with the imprisoned population | 2/12/2026 2:24 PM |
| 13 | 31n program | 2/12/2026 1:22 PM |
| 14 | Providing specialty mental health services for those who access them. Serving as a resource for individuals who successfully engage with their programs. | 2/12/2026 12:59 PM |
| 15 | Community outreach, school based programs, corrections facility programs | 2/12/2026 12:36 PM |
| 16 | MCN does an excellent job collaborating with other agencies that also serve their target population. | 2/12/2026 11:53 AM |
| 17 | MCN has been a blessing for us in the Sheriff's Office specifically the jail. They aren't miracle workers, but they try and are able to impact numerous people every day. | 2/12/2026 11:05 AM |
| 18 | The jail | 2/12/2026 10:43 AM |
| 19 | Mental Health Support | 2/12/2026 10:42 AM |
| 20 | In the services and partnerships provided not only from a MCN stand point, but also to partnerships you have with other providers- specifically MMI - CLS and Groups | 2/12/2026 10:42 AM |
| 21 | free Virtual counseling | 2/3/2026 1:29 PM |
| 22 | Working with individuals and families. Forming great partnerships and collaborations with agencies and the community. So much more. Thank you. | 1/28/2026 9:43 AM |
| 23 | In mental health and being able to advocate about the mental health for families. Being able to be out in the community events to let families know about MCN and what they offer for families. | 1/27/2026 11:19 AM |
| 24 | I don’t have much information about MCN so I can’t give a valid answer. | 1/26/2026 9:47 PM |
| 25 | Helpful that they are in schools and jail. | 1/26/2026 3:41 PM |
| 26 | Community outreach, networking, substance abuse treatement & prevention. | 1/26/2026 3:35 PM |
| 27 | MCN is the backbone for mental health services in our community. They're the experts. Crissi teams. Providing professional networking, providing mental health care. | 1/26/2026 2:34 PM |
| 28 | Getting the name out in the public more along with services and who can use them. | 1/25/2026 2:07 PM |
| 29 | continued support of services that are currently being cut because of budget cuts. | 1/23/2026 8:43 AM |
| 30 | MCN is always striving to find the most unique ways to reach out to the community and share what MCN is all about. | 1/22/2026 5:28 PM |
| 31 | Helping the most vulnerable who often don't have a voice. | 1/21/2026 5:49 PM |

# Q7 What sector do you represent?

Answered: 41 Skipped: 1




| Answer Choices | Percentage | Responses |
|---|---|---|
| Education | 17.07% | 7 |
| Physical Health Care/Public Health | 9.76% | 4 |
| Mental Health/Substance Use | 0% | 0 |
| Law Enforcement/Legal Community | 12.20% | 5 |
| Social Services Agency | 24.39% | 10 |
| Business Community | 4.88% | 2 |
| Other (please specify) Show responses | 31.71% | 13 |
| **Total** | | **41** |

| # | OTHER (PLEASE SPECIFY) | DATE |
|---|---|---|
| 1 | AFC | 2/16/2026 8:47 AM |
| 2 | Emergency Management/EMS | 2/13/2026 8:07 AM |
| 3 | non-profit | 2/12/2026 12:59 PM |
| 4 | MDOC | 2/12/2026 10:43 AM |
| 5 | Health Care | 2/12/2026 10:42 AM |
| 6 | ABA | 2/12/2026 7:42 AM |
| 7 | Adult Foster Care | 2/10/2026 10:04 AM |
| 8 | Senior citizen center | 1/26/2026 9:47 PM |
| 9 | Community Member | 1/25/2026 2:07 PM |
| 10 | Adult foster care | 1/25/2026 12:48 PM |
| 11 | Board of Directors | 1/22/2026 5:28 PM |
| 12 | Board member | 1/21/2026 5:49 PM |

| | | |
|---|---|---|
| 13 | Retired | 1/21/2026 5:37 PM |

# Q8 What are trends your sector sees happening that may impact people's mental health that MCN should be aware of in setting our priorities?

Answered: 30 Skipped: 12

| # | RESPONSES | DATE |
|---|---|---|
| 1 | Access to housing | 2/16/2026 8:47 AM |
| 2 | Family stressors related to income, health care, bullying- online/social media | 2/16/2026 8:24 AM |
| 3 | Patients that are aging and needing more Direct Cares. Help get on Medicaid Waiver | 2/15/2026 1:35 PM |
| 4 | Lack of FAP/Medicaid/SER/ funding. | 2/13/2026 8:37 AM |
| 5 | Substance abuse and MH issues that may be minor go undetected and untreated turn into major issues. | 2/13/2026 8:07 AM |
| 6 | Substance abuse | 2/12/2026 7:17 PM |
| 7 | Not enough mental health providers to meet the needs of those with no transportation and those in need being required to attend sessions for their mental health to receive benefits to help facilitate self improvement same as the TLFA for fap | 2/12/2026 4:00 PM |
| 8 | Increasing poverty and substance use disorder | 2/12/2026 3:07 PM |
| 9 | Stagnant wages, under-employment, lack of affordable housing. | 2/12/2026 2:37 PM |
| 10 | Co-Occurring disorders | 2/12/2026 2:24 PM |
| 11 | Redeterminations not being received hence benefits ending | 2/12/2026 1:48 PM |
| 12 | Poverty, job loss, drug and alcohol addiction, child protection (having adequate resources, at home). | 2/12/2026 1:22 PM |
| 13 | Clients often experience stigma, judgment, or lack of engagement, which can discourage seeking help. Awareness of MCN services is limited in the community, particularly among first-time clients. Better coordination with other community partners could be improved to provide holistic, wrap-around care. | 2/12/2026 12:59 PM |
| 14 | Students coming to school without social/emotional skills | 2/12/2026 12:36 PM |
| 15 | People getting arrested while they're in crisis, this usually comes with new chargers and or substance abuse issues. | 2/12/2026 11:05 AM |
| 16 | Medications, housing, transportation, etc… | 2/12/2026 10:43 AM |
| 17 | Shelters haveing new-more regulations , and having a turn over of people with safe, secure places to live | 2/12/2026 10:42 AM |
| 18 | We as an organization have realized areas we need to improve in order to provide better care in mental health situations and are actively pursuing improvements and paradigm shifts in this area of care. | 2/12/2026 10:42 AM |
| 19 | MCN is no longer acting as secondary insurance and picking up the costly bill for clients that have a primary private insurance and medicaid leaving a large out of pocket weekly cost for ABA services. Most families are just not able to and don't enroll | 2/12/2026 7:42 AM |
| 20 | Loss of Funds | 2/10/2026 10:04 AM |
| 21 | Growing numbers of clients who are unable to meet their basic needs but have barriers to accessing some the services and resources they need to survive (transportation is a big one and housing is equally impactful). | 1/28/2026 9:43 AM |
| 22 | Like all other groups, seniors are affected by the undercurrent of uncertainty in our government. Will they have a home, food, healthcare. Will they be safe in their homes? Will they be safe in stores, churches, schools? | 1/26/2026 9:47 PM |
| 23 | Rise in Autism | 1/26/2026 3:41 PM |
| 24 | Struggel to find staffing in any human services/edcuaiton field. We need help with behavior supports in all age groups | 1/26/2026 3:35 PM |
| 25 | Concerns for community members losing health insurance because of less people eligible, 6-month Medicaid re-determinations, increasing premiums on the health exchange, rising insurance costs. | 1/26/2026 2:34 PM |
| 26 | financial cuts | 1/25/2026 12:48 PM |
| 27 | Cutting services to those in need because of budget cuts. | 1/23/2026 8:43 AM |
| 28 | Parents dealing with the grief of having a child (even an adult child) with SUD. | 1/22/2026 5:28 PM |
| 29 | What will be the States next efforts to strip the Mental Health system. | 1/21/2026 5:49 PM |
| 30 | Collapse of governmental and societal structure; tyrannical government. | 1/21/2026 9:42 AM |

# Q9 What are the top 3 areas you believe MCN should be focused on in the next 2 years?

Answered: 34 Skipped: 8

| ANSWER CHOICES | RESPONSES | |
|---|---|---|
| 1 | 100.00% | 34 |
| 2 | 97.06% | 33 |
| 3 | 79.41% | 27 |

| # | 1 | DATE |
|---|---|---|
| 1 | Housing | 2/16/2026 8:47 AM |
| 2 | Impact of Social Media | 2/16/2026 8:24 AM |
| 3 | Medicaid Waiver planning | 2/15/2026 1:35 PM |
| 4 | Emotional Regulation | 2/14/2026 3:45 PM |
| 5 | Prepping families for even less financial stability/ impact mental health | 2/13/2026 8:37 AM |
| 6 | Detecting and treating issues when they are minor and keep them from becoming major | 2/13/2026 8:07 AM |
| 7 | Substance abuse treatment | 2/12/2026 7:17 PM |
| 8 | Making sure providers have adequate supports | 2/12/2026 4:15 PM |
| 9 | transportation barriers | 2/12/2026 4:00 PM |
| 10 | substance use disorder | 2/12/2026 3:07 PM |
| 11 | Holistic whole county approach to assisting individuals with obtaining service regardless of Medicaid/private health insurance status | 2/12/2026 2:37 PM |
| 12 | Substance Abuse | 2/12/2026 2:24 PM |
| 13 | retaining employees | 2/12/2026 1:48 PM |
| 14 | Access & Engagement: Reducing barriers, helping clients engage before crises escalate, and building trust within the community. | 2/12/2026 12:59 PM |
| 15 | social emotional skills for youth | 2/12/2026 12:36 PM |
| 16 | Inmate population | 2/12/2026 11:05 AM |
| 17 | In-person reports | 2/12/2026 10:43 AM |
| 18 | Housing Insecurities | 2/12/2026 10:42 AM |
| 19 | Maintaining constancy of care | 2/12/2026 10:42 AM |
| 20 | Secondary insurance payments | 2/12/2026 7:42 AM |
| 21 | community out reach and support | 2/3/2026 1:29 PM |
| 22 | Mental Health/Addiction Services | 1/28/2026 9:43 AM |
| 23 | Mental Health | 1/27/2026 11:19 AM |
| 24 | Program awareness | 1/26/2026 9:47 PM |
| 25 | accessible serives outside of working hours | 1/26/2026 3:41 PM |
| 26 | Sub abuse | 1/26/2026 3:41 PM |
| 27 | Community Outreach/ fighting stigma/ prevention | 1/26/2026 3:35 PM |
| 28 | Awareness of services in new ways | 1/26/2026 2:34 PM |
| 29 | Ability to serve more | 1/25/2026 2:07 PM |
| 30 | financial resources for clients | 1/25/2026 12:48 PM |
| 31 | Employment including transportation | 1/23/2026 8:43 AM |
| 32 | SUD's and how can MCN make the services more appealing to those who need them, maybe an incentive for attending/completing a SUD program. | 1/22/2026 5:28 PM |
| 33 | Keeping tabs on what's happening at the State and Federal level | 1/21/2026 5:49 PM |
| 34 | Anti-stigma | 1/21/2026 5:37 PM |

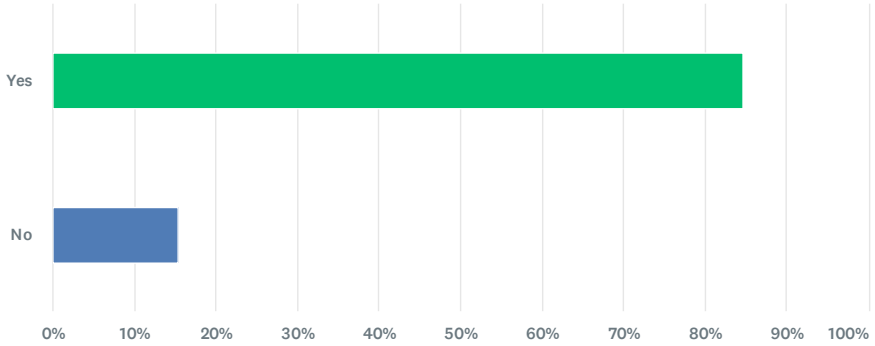
| # | 2 | DATE |
|---|---|---|
| 1 | Food Security | 2/16/2026 8:47 AM |
| 2 | Intergenerational trauma | 2/16/2026 8:24 AM |

| | | |
|---|---|---|
| 3 | Education in more Direct Cares | 2/15/2026 1:35 PM |
| 4 | Social Skills | 2/14/2026 3:45 PM |
| 5 | Communicating with agencies or the worker flucuating - new workers/workers leaving. | 2/13/2026 8:37 AM |
| 6 | Transportation for MH patients | 2/13/2026 8:07 AM |
| 7 | Mental health treatment for incarcerated people | 2/12/2026 7:17 PM |
| 8 | Mental health awareness | 2/12/2026 4:15 PM |
| 9 | other resources for medical assistance if they dont qualify | 2/12/2026 4:00 PM |
| 10 | parenting classes | 2/12/2026 3:07 PM |
| 11 | Outreach to schools in the area to assist the younger generation in being aware of their mental health | 2/12/2026 2:37 PM |
| 12 | Mental Health | 2/12/2026 2:24 PM |
| 13 | accept private insurance for all of montcalm county | 2/12/2026 1:48 PM |
| 14 | Integrated, Wrap-Around Services: Clients getting holistic support, not just therapy, helping to improve outcomes and reducing repeat crises. | 2/12/2026 12:59 PM |
| 15 | support for families with young children: self regulation skills | 2/12/2026 12:36 PM |
| 16 | Youth | 2/12/2026 11:05 AM |
| 17 | medications | 2/12/2026 10:43 AM |
| 18 | Inadequate Income | 2/12/2026 10:42 AM |
| 19 | Continuation of existing services | 2/12/2026 10:42 AM |
| 20 | case manager communication with contracted providers | 2/12/2026 7:42 AM |
| 21 | Free counseling services | 2/3/2026 1:29 PM |
| 22 | Integrated Care for the whole person | 1/28/2026 9:43 AM |
| 23 | Youth | 1/27/2026 11:19 AM |
| 24 | Support systems (individual and community) | 1/26/2026 9:47 PM |
| 25 | building healthy supports | 1/26/2026 3:41 PM |
| 26 | Substance abuse | 1/26/2026 3:35 PM |
| 27 | Medicaid re-determination mitigation | 1/26/2026 2:34 PM |
| 28 | Educate Community of services | 1/25/2026 2:07 PM |
| 29 | Access to ability to purchase clothing and other needs. | 1/25/2026 12:48 PM |
| 30 | Access to the community for those in need. | 1/23/2026 8:43 AM |
| 31 | More parent support for those who are going through the grief of feeling like they have lost a child due to SUD, how to coop with the stress and anxiety that this brings upon them | 1/22/2026 5:28 PM |
| 32 | Supporting our staff so they can do their job | 1/21/2026 5:49 PM |
| 33 | Access to care | 1/21/2026 5:37 PM |
| **#** | **3** | **DATE** |
| 1 | Access to Mental Health | 2/16/2026 8:47 AM |
| 2 | Depression | 2/16/2026 8:24 AM |
| 3 | Education/Training Schedules | 2/15/2026 1:35 PM |
| 4 | Coping appropriately with emotions | 2/14/2026 3:45 PM |
| 5 | Partnering families with use of the gym for mental health benefits. | 2/13/2026 8:37 AM |
| 6 | A way to be able to identify people with minor issues before they become major issues | 2/13/2026 8:07 AM |
| 7 | employment opportunities, skilled trade, internships | 2/12/2026 4:00 PM |
| 8 | general counseling | 2/12/2026 3:07 PM |
| 9 | Community outreach to make residents aware of public/private mental health services available | 2/12/2026 2:37 PM |
| 10 | Developing Daily Living Chioices | 2/12/2026 2:24 PM |
| 11 | Workforce Development & Quality of Care: Building a skilled, empathetic workforce that clients and partners trust, improves both experience and outcomes. | 2/12/2026 12:59 PM |
| 12 | substance abuse support | 2/12/2026 12:36 PM |
| 13 | Continuation of care with all that are in your ability to help. | 2/12/2026 11:05 AM |
| 14 | housing | 2/12/2026 10:43 AM |
| 15 | Poor relationships | 2/12/2026 10:42 AM |

| | | |
|---|---|---|
| 16 | Exploring more homeless out reach- perhaps partnering with other nonprofits | 2/12/2026 10:42 AM |
| 17 | provider incentives as medicaid is cut | 2/12/2026 7:42 AM |
| 18 | In home or virtual based care for individuals | 2/3/2026 1:29 PM |
| 19 | Improving community access for underserved communities | 1/28/2026 9:43 AM |
| 20 | Educating Parents | 1/27/2026 11:19 AM |
| 21 | Empowerment as stress relief | 1/26/2026 9:47 PM |
| 22 | Supporting families and children | 1/26/2026 3:35 PM |
| 23 | Identifying at risk populations to provide care to in new ways | 1/26/2026 2:34 PM |
| 24 | More posts to social media | 1/25/2026 2:07 PM |
| 25 | Dental care | 1/25/2026 12:48 PM |
| 26 | Assisting in applications for Medicaid and SSI/SSA | 1/23/2026 8:43 AM |
| 27 | Outreach to minor siblings giving them support so they do not follow tje sak | 1/22/2026 5:28 PM |

## Q10 Has your organization partnered with MCN in the past two years?

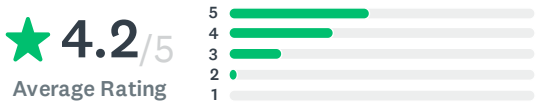
Answered: 39 Skipped: 3




| Answer Choices | Percentage | Responses |
|---|---|---|
| Yes | 84.62% | 33 |
| No | 15.38% | 6 |
| **Total** | | **39** |

# Q11 If so, rate our working relationship:

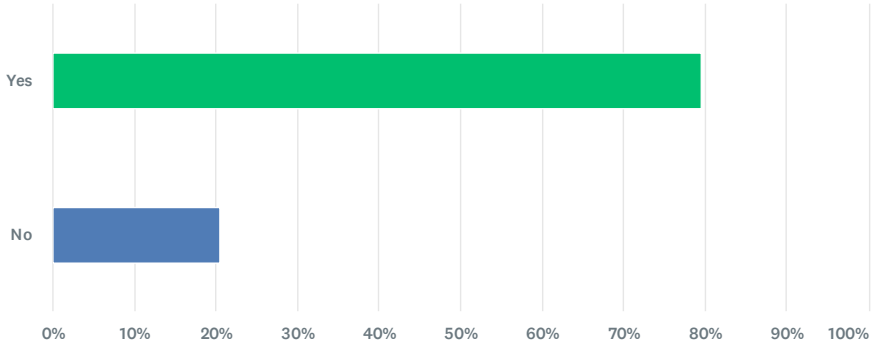
Answered: 35 Skipped: 7




| Rating | Percentage | Responses |
|---|---|---|
| **1** / 5 | 0% | 0 |
| **2** / 5 | 2.9% | 1 |
| **3** / 5 | 17.1% | 6 |
| **4** / 5 | 34.3% | 12 |
| **5** / 5 | 45.7% | 16 |
| **Average** 4.2 | | **35** |

## Q12 Have you referred someone to MCN in the past two years?

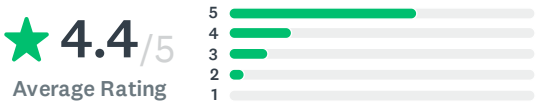
Answered: 39 Skipped: 3




| Answer Choices | Percentage | Responses |
|---|---|---|
| Yes | 79.49% | 31 |
| No | 20.51% | 8 |
| **Total** | | **39** |

## Q13 How likely are you to refer in the future?

Answered: 39 Skipped: 3




| Rating | Percentage | Responses |
|---|---|---|
| **1** / 5 | 0% | 0 |
| **2** / 5 | 5.1% | 2 |
| **3** / 5 | 12.8% | 5 |
| **4** / 5 | 20.5% | 8 |
| **5** / 5 | 61.5% | 24 |
| **Average** 4.4 | | **39** |