

Region 7E Adult Mental Health Initiative Needs Assessment Results

Chisago County

The Region 7E Adult Mental Health Initiative (AMHI) contracted with Wilder Research to conduct a post-COVID mental health needs assessment for Region 7E, which includes the counties of Chisago, Kanabec, Isanti, Mille Lacs, and Pine. This assessment was conducted via an online survey sent through county staff to mental health consumers and caregivers, as well as primary care providers, mental health providers, and county staff working in the region. This report summarizes the findings from the needs assessment results in Chisago County. In total, 38 consumers and 16 providers responded to the survey. Providers sometimes represented more than one county, and may have their data included in more than one county report. It should be noted that the Ns for county-specific reports are relatively low and conclusions from the data should be made with caution.

Demographics

Consumers and caregivers

In total, 38 consumers and caregivers from Chisago County responded to the survey. Survey respondents are compared to county-specific data available through Minnesota Compass (mncompass.org). With regard to age, respondents were comparable to the region as a whole, with a slight overrepresentation of 35-44 year olds and a slight underrepresentation of individuals age 65 or older (Figure 1). Underrepresentation of older adults could be due to the sampling methodology, as younger adults are often more likely to be more comfortable with completing surveys online. Race and ethnicity data, as well as education level were not measured in the exact same way between the survey and regional data, but overall racial and educational make up for both datasets is similar with some slight variations. With regard to gender, survey respondents over represent women when compared to county-specific data (76% compared to 48%). Three percent of respondents reported having been in jail or prison in the past two years, and 3% had been homeless.

1. RESPONDENT CHARACTERISTICS

Age	Survey respondents (N=38)	Chisago County (N=43,446)
18-24	3%	10%
25-34	16%	15%
35-44	26%	17%
45-54	18%	18%
55-64	26%	19%
65+	11%	20%

1. RESPONDENT CHARACTERISTICS (CONTINUED)

Race	Survey respondents (N=36)	Chisago County (N=56,300)
White	97%	92%
American Indian or Alaska Native	6%	1%
Black or African American	0%	1%
Other	0%	<1%
Asian or Pacific Islander	0%	1%
Two or more races, alone	0%	2%
Ethnicity	(N=37)	(N=56,300)
Hispanic or latino/a/e	3%	2%
Gender identity	(N=38)	(N=56,328)
Female (or woman)	76%	48%
Male (or man)	24%	52%
Non-binary, gender non-conforming, or genderqueer	0%	-
Identify as trans	(N=37) 0%	-
Education level	(N=38)	(N=39,212)
Some high school	8%	5%
High school diploma or GED	16%	33%
Vocational training	11%	40%
Associate degree	11%	
Some college	39%	
Bachelor's degree	8%	16%
Graduate degree	8%	6%

Note. All available regional data with the exception of age (includes ages 18+) and education level (includes ages 25+) includes data for children as well as adults in the region. Create your own regional profile at mncompass.org.

^a Column does not equal 100% as respondents were allowed to select more than one response.

^b These data are not available at the county level.

Seventy-three percent of survey respondents report having a disability or chronic condition that impacts their daily life, compared to 11% of the county as a whole (Figure 2). Thirty percent report that their disability affects their mobility, 27% affects their vision and 19% their hearing.

2. DISABILITY STATUS

Status	Survey respondents (N=37)	Chisago County (N=55,004)
Reports having a disability	73%	11%
Disability affects mobility	30%	- ^a
Disability affects vision	27%	- ^a
Disability affects hearing	19%	- ^a

^a These data are not available at the county level.

Consumers were asked about any diagnoses they may have. Most respondents reported having been diagnosed with an anxiety disorder or panic disorder (84%), major depression (71%), or Post-Traumatic Stress Disorder (PTSD; 58%; Figure 3).

3. DIAGNOSED CONDITIONS

Have you ever been told by a doctor or nurse that you have any of the following conditions?	% (N=38)
Anxiety disorder or panic disorder	84%
Major depression	71%
Post-Traumatic Stress Disorder (PTSD)	58%
Manic episodes or manic depression, also called bipolar disorder	53%
Anti-social personality disorder, borderline personality disorder, or any other severe personality disorder	37%
Substance abuse disorder	32%
Attention-deficit/hyperactivity disorder (ADHD)	22%
A concussion or Traumatic Brain Injury (TBI)	21%
Schizophrenia	11%
Anorexia, bulimia, or another eating disorder	11%
Paranoid or delusional disorder, other than schizophrenia	8%
Autism spectrum disorder	3%

Note. Column does not total 100% as respondents were allowed to select more than one response.

All consumer respondents report having health insurance, which is higher than the county average of 96% (Figure 4).

4. HEALTHCARE COVERAGE

Coverage	Survey respondents (N=38)	Chisago County (N=46,565)
Has health care coverage/insurance	100%	96%

Consumers most commonly had public health care coverage, whether that was Medicare (35%) or a public healthcare program other than Medicare (38%; Figure 5). Sixteen percent reported having private insurance.

5. HEALTHCARE COVERAGE TYPE

Coverage type	(N=37)
Public healthcare program other than Medicare (Medical Assistance, MinnesotaCare, PMAP Plan)	38%
Medicare	35%
Private insurance	16%
Other	11%

Other responses included: Medicare and Medica (3%); Medicare and Medicaid (3%); Medicare and MA (3%); Medicaid (3%).

Providers

In total, 16 providers working in Chisago County responded to the survey. They most commonly represented county staff members (25%) or mental health providers (25%; Figure 6), and most commonly worked for a mental health clinic (38%) or a public health/human services department (25%; Figure 7).

6. ROLE

Which of the following most closely describes your role?	(N=16)
County staff member	25%
Mental health provider/therapist ^a	25%
Foster care/housing provider	19%
Employment/vocational provider	13%
Nurse Practitioner (NP)	6%
Hospital administrator/clinical director	0%
Emergency Center/Department Physician or staff	0%
Other ^b	13%

^a Mental health provider/therapist was not included as a category in the survey, but was back-coded from the "Other" category.

^b Other responses include: CSP (6%); community outreach (6%); advocate (6%); ARMHS (6%).

7. TYPES OF ORGANIZATIONS

What type of organization do you work for?	(N=16)
Mental health clinic	38%
Public health/human services department	25%
Employment/vocational services	13%
Foster care/housing services	6%
Hospital or emergency department	0%
Medical or primary care clinic	0%
Psychiatry clinic	0%
Law enforcement	0%
Other ^a	19%

^a Other responses include: housing provider (13%); outpatient services (6%).

Services

Mental health services

Consumers

Most consumers (87%) had received services for their mental health in the last two years (Figure 8). The most common types of services received by consumer respondents are psychiatric services (88%), individual psychology services (81%), and mental health case management (75%; Figure 9).

8. RECEIVED MENTAL HEALTH SERVICES

In the past two years (24 months) have you received any services for your mental health?	(N=38)
Yes	87%
No	13%

9. TYPES OF SERVICES RECEIVED

Services received	(N=32)
Psychiatric services (e.g., medications, medication management)	88%
Individual psychology services (e.g., outpatient therapy or counseling)	81%
Mental health case management	75%
Adult Rehabilitative Mental Health Services (ARMHS)	59%
Transportation services	34%
Group psychology services (e.g., outpatient therapy or counseling)	28%
Community Support Program (CSP)	25%
Emergency room services or an emergency mental health hold	25%
Supportive housing (e.g., sober housing, mental health supportive housing, etc.)	22%
Crisis phone line, text line, or warm line	19%
In-home supports (e.g. behavioral aide, personal care attendant)	19%
Inpatient counseling or treatment	19%
Faith-based support services	16%
Day treatment (adult and children's)	13%
Integrated Mental Health/Chemical Dependency Treatment	13%
Recovery services	13%
Adult foster care (residential care for people age 18 or older that require mental health supports)	9%
Supported employment (services that help people get and maintain paid employment)	6%
Peer-to-peer support services	6%
Mobile crisis assessment/stabilization services	6%
Respite services (services that provide short-term care for caregivers)	3%
Children's Therapeutic Services and Supports (CTSS)	0%
Other	3%

When asked about their satisfaction with the services they received, 84% of Chisago County respondents reported being very satisfied or somewhat satisfied, 10% neither satisfied nor dissatisfied, and 6% somewhat or very dissatisfied (Figure 10).

10. SATISFACTION WITH SERVICES

Satisfaction with services (N=31)	Very/somewhat satisfied	Neither satisfied nor dissatisfied	Very/Somewhat dissatisfied
Overall, how satisfied are you with the services you have received?	84%	10%	6%

When asked how these services have helped them with specific life activities, the majority of respondents found services at least somewhat helpful. Ninety-one of respondents report services have been very or somewhat helpful in their ability to feel safe and stable and improve their overall quality of life (Figure 11). For more concrete activities, 86% report services were helpful in helping them perform daily activities, 82% in accessing mental health services, and 80% having personal relationships and spending time doing things they enjoy. Slightly fewer (67%) felt services were helpful with their ability to work or volunteer.

11. EXPERIENCE WITH SERVICES

Please rate how helpful the services you have received has been in supporting your ability to do the following life activities successfully	N	Very/somewhat helpful	Not very/Not at all helpful
Feel safe and stable	32	91%	9%
Improve your overall quality of life	32	91%	9%
Perform daily activities (chores, paying bills, etc.)	30	86%	13%
Access mental health services you need (completing paperwork, knowing options for services)	32	82%	18%
Have personal relationships	30	80%	20%
Spend time doing things you enjoy	30	80%	20%
Work or volunteer	24	67%	33%

Nearly all respondents (96%) feel that they have avoided in-patient psychiatric hospitalization because of the services they have received (Figure 12).

12. AVOIDANCE OF IN-PATIENT PSYCHIATRIC HOSPITALIZATION

Hospitalization (N=25)	Strongly agree or agree	Disagree or strongly disagree
Because of mental health services I have received in the past 24 months, I have avoided in-patient psychiatric hospitalization	96%	4%

Currently, the majority of respondents (86%) feel they have the support they need to remain safe and stable (Figure 13). In the past two years, 29% of respondents attempted to obtain services for their mental health but were unable to do so.

13. OBTAINING NEEDED SUPPORTS

Supports	N	%
Do you feel like you have the support you need to feel safe and stable?	37	86%
In the past two years, have you attempted to obtain services for your mental health and been unable to do so?	38	29%

In terms of their current mental health, 34% report their mental health getting better overall while 32% say it depends on the day, and 21% report it is staying the same (Figure 14). The remaining 13% report their mental health is getting worse overall.

14. MENTAL WELLBEING

Thinking about your mental health right now, overall would you say you are...	% (N=38)
Getting better	34%
Depends on the day	32%
Staying the same	21%
Getting worse	13%

Providers

Providers were asked about which services are most helpful for keeping consumers safe and stable. The top five supports included: mobile crisis assessment and stabilization services (38%), psychiatric services (31%), individual psychology services (31%), Adult Rehabilitative Mental Health Services (ARMHS; 31%), and Community Support Programming (CSP; 25%; Figure 15).

15. TOP THREE SERVICES FOR KEEPING CONSUMERS SAFE AND STABLE

In your experience, which services and supports are most helpful for keeping consumers with mental health needs safe and stable?	% (N=16)
Mobile crisis assessment/ stabilization services	38%
Psychiatric services (e.g., medications, medication management)	31%
Individual psychology services (e.g., outpatient therapy or counseling)	31%
Adult Rehabilitative Mental Health Services (ARMHS)	31%
Community Support Program (CSP)	25%
Mental health case management	19%
Supportive housing (e.g., sober housing, mental health supportive housing)	19%
In-home supports (e.g., behavioral aide, personal care attendant)	13%
Integrated Mental Health/Chemical Dependency Treatment	13%
Transportation services	13%
Adult foster care	13%
Emergency room services or emergency mental health hold services	13%
Inpatient counseling or treatment	13%

15. TOP THREE SERVICES FOR KEEPING CONSUMERS SAFE AND STABLE (CONTINUED)

In your experience, which services and supports are most helpful for keeping consumers with mental health needs safe and stable?	% (N=16)
Children's Therapeutic Services and Supports (CTSS)	6%
Day treatment services (adults and children)	6%
Peer to peer support services	6%
Crisis telephone, text line, or warm line	0%
Supported employment	0%
Group psychology services (e.g., outpatient therapy or counseling)	0%
Recovery services	0%
Faith-based support services	0%
Respite services	0%
None of the above	0%
Other	6%

Barriers to care

Consumers

When asked about barriers to service access, the most common reasons cited by consumers include not being able to access the service they need in their area (36%), not being able to find transportation to get to services (33%), and wait times being too long (30%; Figure 16). Twenty-four percent report not experiencing any barriers to services.

16. BARRIERS TO CARE

Have any of the following barriers prevented you from accessing services?	% (N=33)
The service I needed wasn't available in my area	36%
I couldn't find transportation to get to services	33%
The wait time was too long	30%
I wasn't eligible for the services	18%
I don't know what services are available	18%
I don't know how to access services	18%
I was worried about how I would be seen	18%
I don't have the technology I need to access telehealth services	18%
I couldn't pay for the services	15%
I don't think the service(s) will help	9%
I was worried about the effect on current or future employment	9%
I was worried about my family finding out	6%
I can't financially afford to take time off for treatment	6%
I don't require formal mental health services at this time	6%
I did not want to get exposed to the coronavirus while using in-person services	6%
The people who provide it don't speak my language/I couldn't get an interpreter	0%
The services weren't culturally specific	0%
I don't have a mental health diagnosis	0%
Other	3%
None of the above	24%

Providers

Providers were also asked about barriers to consumers getting the mental health care they need. The most commonly endorsed barriers were similar to consumer responses. The most commonly endorsed barrier from the provider perspective is not being able to find transportation to get to services (94%; Figure 17). Barriers related to knowledge were also commonly endorsed including consumers not knowing what services are available (75%) and consumers not knowing how to access services (50%). Barriers related to capacity also ranked fairly high, such as the wait time being too long (63%) or the service not being available in the area (56%). Barriers related to cost were also common, including consumers not being able to afford to take time off for treatment (44%) or not being able to pay for services (44%). Consumers not being eligible for services was also commonly a factor (44%).

17. BARRIERS TO ACCESSING SERVICES

In your experience, which of the following barriers prevent consumers in your area from getting the mental health care they need?	% (N=16)
Not being able to find transportation to get to services	94%
Consumers don't know what services are available	75%
The wait time is too long	63%
The service needed isn't available in my area	56%
Consumers don't know how to access services	50%
Consumers can't financially afford to take time off for treatment	44%
Not being able to pay for the services	44%
Not being eligible for the services	44%
Consumers don't feel they require formal mental health services at this time	38%
Consumers don't have the technology they need to access telehealth services	38%
Consumers are worried about how they will be seen/don't want to be judged	19%
Consumers are worried about the effect of services on current or future employment	19%
Consumers are worried about their family finding out	19%
Consumers don't think the service(s) will help	13%
Consumers don't have a diagnosis	13%
Consumers don't want to get exposed to the coronavirus while using in-person services	6%
The people who provide services don't speak their language/No interpreters available	0%
The services aren't culturally specific	0%
Other ^a	6%
None of the above	0%

^a Other responses include: lack of crisis services (6%).

Providers were asked to identify the biggest barrier out of the barriers they selected. The most commonly selected barrier by far is not being able to find transportation (44%), followed by the wait times being too long (13%), the needed service not being available in the area (13%); and consumers not knowing how to access services (13%; Figure 18).

18. BIGGEST BARRIER TO ACCESSING SERVICES

Of those, which is the biggest barrier?	% (N=16)
Not being able to find transportation to services	44%
The wait time is too long	13%
The service needed isn't available in the area	13%
Consumers don't know how to access services	13%
Not being able to pay for the services	6%
Consumers don't feel they require formal mental health services at this time	6%
Other barriers ^a	6%

^aOther responses include: lack of crisis services (6%).

Providers were asked about what they saw as the biggest gaps in mental health services. The top two most commonly cited gaps for Chisago County are psychiatric services and transportation services (44% each; Figure 19). Supportive housing, in-home supports, emergency room services, and inpatient counseling/treatment were also commonly cited (25% each).

19. BIGGEST GAPS IN MENTAL HEALTH SERVICES

Which of these do you consider the biggest gap in mental health services and supports available to consumers in your region?	% (N=16)
Psychiatric services (e.g., medications, medication management)	44%
Transportation services	44%
Supportive housing (e.g., sober housing, mental health supportive housing)	25%
In-home supports (e.g., behavioral aide, personal care attendant)	25%
Emergency room services or emergency mental health hold services	25%
Inpatient counseling or treatment	25%
Children's Therapeutic Services and Supports (CTSS)	19%
Mobile crisis assessment/ stabilization services	13%
Respite services	13%
Adult Rehabilitative Mental Health Services (ARMHS)	13%
Day treatment services (adults and children)	13%
Supported employment	13%
Community Support Program (CSP)	6%
Individual psychology services (e.g., outpatient therapy or counseling)	0%

19. BIGGEST GAPS IN MENTAL HEALTH SERVICES (CONTINUED)

Which of these do you consider the biggest gap in mental health services and supports available to consumers in your region?	% (N=16)
Mental health case management	0%
Integrated Mental Health/Chemical Dependency Treatment	0%
Adult foster care	0%
Peer to peer support services	0%
Crisis telephone, text line, or warm line	0%
Group psychology services (e.g., outpatient therapy or counseling)	0%
Recovery services	0%
Faith-based support services	0%
Other	0%
None of the above	0%

Respondents' organizations have done a variety of things to try and address gaps in mental health services in the past two years, including hiring more staff (50%), starting to offer telehealth services (44%), and opening a new location (19%; Figure 20).

20. ADDRESSING THE GAPS

What (if anything) has your organization been able to do to address gaps in the past 2 years (24 months)?	% (N=16)
Hire more staff	50%
Started offering telehealth services	44%
Open a new location	19%
Started offering new services	0%
Other ^a	19%
None of the above	19%

^a Other responses include: internships (6%); working on Residential Crisis Stabilization option (6%); networking with others and expanding services (6%).

Providers also provided information on service capacity in their area. For most area providers and most specific groups, service capacity is limited or not available (Figure 21). Providers most commonly reported services meet or exceed demand for adults age 25 years or older (40%). Providers most commonly report limited availability for people experiencing homelessness (77%), transition-age youth (77%), and children under 16 (75%). Finally, providers commonly report that services for specific cultural or ethnic groups (38%) are simply not available in their area.

21. SERVICE CAPACITY

What is the service capacity of your geographic area to meet the specific mental health needs of the following groups (N=12-15)	Exceeds demand	Meets demand	Limited availability	Not available
Adults age 25+	13%	27%	53%	7%
People experiencing homelessness	0%	8%	77%	15%
Transition-age youth (age 16-24)	8%	0%	77%	15%
Specific cultural or ethnic groups	0%	15%	46%	38%
Incarcerated individuals	0%	25%	58%	17%
Children under age 16	0%	17%	75%	8%

Primary care services

Most respondents (92%) report visiting a primary care doctor in the past two years. Of those, most (92%) feel that primary care doctors are respectful of them or family members when discussing mental health topics (Figure 22). Slightly fewer, but still a majority feel comfortable discussing mental health issues with their primary care doctor (78%), and feel that primary care doctors are knowledgeable about mental health topics (76%) and services and supports (69%). Slightly over half (57%) report that appropriate mental health resources are available at primary care offices.

22. PRIMARY CARE SERVICES AND MENTAL HEALTH

Primary care services and mental health	N	Strongly agree or agree	Disagree or strongly disagree
Primary care doctors are respectful of me and family when discussing mental health topics	27	93%	7%
I feel comfortable discussing mental health issues with my primary care doctor	32	78%	22%
Primary care doctors are knowledgeable about mental health topics	29	76%	24%
Primary care doctors are knowledgeable about mental health services and supports	26	69%	31%
Appropriate mental health resources (handouts, pamphlets) are available at primary care offices such as clinics and hospitals	28	57%	43%

Note. Rows may not total 100% due to rounding.

COVID-19 and mental health services

When asked if COVID-19 made mental health services harder to access, 58% of consumers said yes. Two thirds of consumer respondents (66%) agreed or strongly agreed that COVID-19 negatively impacted their mental health, while 58% said the same of their physical health (Figure 23).

23. COVID-19 AND MENTAL HEALTH

COVID-19 and mental health	N	Strongly agree or agree	Disagree or strongly disagree
COVID-19 negatively impacted my mental health	38	66%	34%
COVID-19 negatively impacted my physical health	38	58%	42%
I was able to find enough services and support to meet additional needs I had because of COVID-19	36	56%	44%
COVID-19 negatively impacted my ability to meet basic needs for myself (i.e., food or water, clothing or hygiene necessities)	38	47%	53%

Telehealth services

Seventy-three percent of respondents report receiving mental health services through telehealth in the past two years. Of those, roughly two thirds of consumer respondents from Chisago County had used telehealth 8 or more times (Figure 24).

24. TELEHEALTH SERVICE USAGE FREQUENCIES

Usage	% (N=21)
1-2 times	14%
3-4 times	5%
5-7 times	14%
8 or more times	67%

Note. There was a survey programming error that resulted in 40 respondents in total being misdirected for this question and are therefore not included.

When asked about telehealth services, 63% report that in-person services were cancelled or postponed because of COVID-19 sometimes or always (Figure 25). Roughly half (46-49%) of respondents report remote or telehealth services did not feel as helpful as in-person services and the services they needed were not available because of COVID-19. Most respondents (81%) rarely or never had issues with having the proper equipment to connect for remote services.

25. TELEHEALTH SERVICES

Services (N=36-38)	Always or sometimes	Rarely or never
In person services were cancelled or postponed because of COVID-19	63%	37%
Remote or telehealth services didn't feel as helpful as in-person services	49%	51%
Services I needed, even remote services, were not available because of COVID-19	46%	54%
I did not have a device, internet, and/or data plan necessary to connect for remote services (for example, no smartphone or tablet, or not enough Wi-Fi or cell service to connect for a Zoom group.)	19%	81%

Information about mental health services

In Chisago County, the most common place consumer respondents get information about mental health services in their area is online (50%), followed by peers, friends or family (39%) and various mental health services providers (other sources 29%; Figure 26).

26. WHERE RESPONDENTS GET INFORMATION ABOUT MENTAL HEALTH SERVICES

Where do you usually get information about mental health services in your area?	% (N=38)
Online search engines (e.g., Google, Yahoo)	50%
Peers, friends, or family	39%
Other	29%
My primary care provider	18%
The Region7E Adult Mental Health Initiative Website (www.adultmentalhealth.org)	18%
My neighborhood library or community center	11%
Social media pages (e.g., Facebook, Twitter, Instagram)	5%
None of the above	11%

Other responses included: case manager (16%); ARMHS worker (8%); ILS support (3%); county health and human services (3%); psychiatrist (3%); therapist (3%); TSA (3%); Canvas Health (3%).

Note. Respondents were able to select more than one option.

Respondents were asked about the Region 7E Adult Mental Health Initiative website. Overall, 35% of individuals report having visited the website (Figure 27). Thirty-nine percent knew (prior to receiving the survey) that the website was a place to get information on mental health services.

27. WEBSITE AWARENESS

Website awareness	% (N=34-38)
Have visited the Region 7E Adult Mental Health Initiative website	35%
Knew the website was a place to get information on mental health services prior to receiving the survey	39%

Key findings

- **The majority of consumers feel they have the support they need to keep themselves safe and stable.** A majority of respondents have used mental health services in the past two years. Most of them report being satisfied with the services they received and that these services have helped them improve a variety of aspects of their life, as well as avoid in-patient psychiatric hospitalization.
- **COVID-19 made services even harder to access.** Several respondents describe services as difficult to obtain anyway. Two-thirds of respondents felt that COVID-19 made mental health services harder to access.
- **Consumers most commonly get information about mental health services from online searches, from friends and family, and from mental health providers.** Several consumers have used the Region 7E Adult Mental Health Initiative website to look for available services in their area, but a majority of consumers are unaware of the resource.
- **Roughly three-quarters of consumers had used telehealth services.** Those that had used telehealth report using the services often. Several consumers, however, report not having access to needed technology to be able to utilize telehealth services.
- **For most area providers and most specific groups, service capacity is limited or not available.** The majority of providers identified limited or no capacity for all groups listed.
- **Similar barriers to accessing mental health services were provided by both consumers and providers.** Common barriers endorsed by both groups included: not being able to find transportation to get to services, the service needed isn't available in the area, and the wait times are too long.