Community Needs Assessment

2026-2028

RIVERWOOD CENTER

Table of Contents

1 Executive Summary

Our community in Berrien County is working together to understand and improve access to mental health and substance use services. This assessment—based on local data, surveys, and focus groups—highlights both the challenges many people face and the strengths we can build on. With the Certified Behavioral Health Clinic (CCBHC) model, we have an opportunity to create a more responsive, inclusive, and supportive system for everyone.

What We're Seeing in Our Community

Many individuals in our community are struggling with mental health and substance use needs—and some are affected more than others.

- **Black/African American residents** make up only 13.9% of the county population but represent 25% of people served by Riverwood. Young Black women are especially impacted by overdose and mental health crises. These numbers show a deeper need for services that are equitable, culturally sensitive, and trauma-informed.
- **People living in the 49022 ZIP Code** face the highest levels of poverty, housing struggles, unemployment, and disability—making it even harder to access care.
- **Medicaid members**, especially adults ages 18-64, are more likely to experience anxiety and other mental health conditions. But not everyone gets the care they need in time.
- Our **LGBTQ youth** are facing serious mental health challenges. Nearly 1 in 5 students in Berrien County identify as LGBTQ. Statewide, 45% have thought about suicide, and many report being unable to find support.
- **Substance use and suicide** remain serious concerns. In 2023, our county saw 51 overdose deaths, and an average of 24 suicides per year over the past seven years. Veterans are especially at risk.
- **Everyday challenges**—like food insecurity, unstable housing, and transportation—make it harder for people to focus on their mental health or keep appointments. Nearly 200 people we serve report they had concerns about where they live, and over 400 reported struggling with basic needs like food or utilities.

What Community Members Have Shared

We heard directly from residents, partners, and staff across the county through surveys and focus groups. The themes that emerged were:

- Financial conditions creating barriers to access, care, and the impact on behavioral health
- Social Drivers of Health and Equity Gaps
- Need for expanded outreach/lack of awareness of Riverwood services
- Structural Gaps in Behavioral Healthcare

What's Working—and What We Can Build On

While there are challenges, we also heard about the things that are helping:

- Riverwood's **three service locations** and a **24/7 helpline** make it easier for people to reach out.
- **Telehealth services** have helped many people access care from home—when the internet is available.
- **Crisis services are saving lives**, including expanded access to naloxone (Narcan) and a 24/7 crisis response team.
- The **Crisis Intervention Team (CIT)** program for first responders is working to connect people to treatment rather than the justice system.

This assessment shows that many of our neighbors are facing real struggles—but it also shows the incredible potential we have to do better, together.

With the CCBHC model, we can:

- Expand access to care, including in underserved areas
- Provide culturally responsive services that reflect the community
- Offer faster connection to services
- Raise awareness so more people know where to turn
- Address social needs that impact mental health, like food, housing, and transportation

We’re building a system that works for everyone—especially those who have been left out or overlooked. This journey requires strong partnerships, open conversations, and continued support from across the community. Together, we can create a healthier, more hopeful future for Berrien County.

Acknowledgements

We would like to extend our sincere gratitude to all community members, partner organizations, and staff who contributed their time and insights to this assessment. Your voices have shaped our understanding of the community's behavioral health needs and our collective path forward.

We would also like to acknowledge the invaluable support provided by TBD Solutions, Inc. in administering surveys, facilitating focus groups, and analyzing response data. Their expertise and professionalism contributed significantly to the quality and integrity of the data collection and analysis process. We appreciate their collaboration and dedication to advancing our understanding of community needs.

2 Introduction

2.1 Riverwood Center

Berrien Mental Health Authority (BMHA) dba Riverwood Center is the Community Mental Health Services Program (CMHSP) for Berrien County, Michigan. With a current workforce of 186 employees, Riverwood provides services to individuals who experience or are at risk of developing serious mental illness (SMI), serious emotional disturbance (SED), substance use disorders (SUD), and those with intellectual developmental disabilities (IDD), and has been doing so since 1975.

Our commitment to those seeking services:

Mission: We provide personalized, effective behavioral health services to build a stronger and healthier community.

Vision: Every person has an exceptional experience, every time.

Values: Compassionate, Effective Care—Ethical Behavior—Teamwork Diversity and Inclusion—Healthy Workforce

After becoming a state Certified Community Behavioral Health Clinic (CCBHC) in 2023, Riverwood Center expanded its services to facilitate access, stabilize crises, address complex mental illness and addiction, and emphasize physical/behavioral health integration. This expansion included the provision of personalized, effective behavioral health services to individuals with mild-to-moderate (M/M) mental health needs with the goal of building a stronger and healthier community. Services are available to any person with a behavioral health diagnosis. All people are entitled to walk into CCBHC clinics and receive a screening to determine behavioral health needs so they can be connected to timely and appropriate care regardless of residency, insurance coverage, or ability to pay.

Riverwood Services Available

Riverwood Center provides a wide range of available services directly or contracts with community providers to address community needs by ensuring accessible, person-centered, and coordinated care that supports recovery, independence, and overall well-being.

Services include **Community Living Supports (CLS)** to support independence and life skills in home and community settings, **Outpatient Clinic Services** for individual, group, and family therapy, and **Psychiatric Services** providing medication management to stabilize mental health symptoms. **Respite Services** support family caregivers by offering temporary relief, while the **Self-Directed Services program** empowers individuals with greater choice and control over their care.

To address more acute and specialized behavioral health needs, Riverwood Center provides **Assertive Community Treatment (ACT)** for individuals with serious mental illness and **Mobile Crisis Response**—all aimed at diverting unnecessary hospitalization and stabilizing individuals in their current environments**.** Riverwood provides pre-admission screening for those needing Crisis Residential Services and/or Inpatient Services. Riverwood also coordinates services with agencies throughout the state of Michigan and northern Indiana. In addition to preadmission screening, we provide **Urgent Care Services** to offer diversion from emergency department services and to address individuals experiencing behavioral health crises.

For individuals with intellectual and developmental disabilities (IDD), as a CMHSP, Riverwood Center offers **Applied Behavior Analysis**, **Skill Building Assistance**, **Environmental Modifications**, **Occupational Therapy**, and **Residential Care Services**, all aimed at enhancing independence, communication, and quality of life.

Case Management Services provide essential coordination of care and individualized planning and are offered to children and adults with intellectual and developmental disabilities, children with serious emotional disturbances, and adults with serious mental illness.

Children and families benefit from targeted supports such as **Functional Family Therapy (FFT)**, **Multi-Systemic Therapy (MST)**, and **Home-Based Services**, which work to stabilize the family unit, prevent out-of-home placement, and address behavioral challenges in the home and community context.

Riverwood's continuum of care is strengthened through **Supported Employment**, **Health Services**, **Peer-Delivered Support**, and **Nursing Home Mental Health Assessment and Monitoring**, ensuring that physical health, recovery, and community integration remain central to service delivery.

Riverwood provided services to **5,815** unduplicated consumers in FY 2024, an increase of over 500 individuals served in FY 2023. Within the population groups shown in **Table 2.1** below, there were a total of **63,083** direct encounters in FY 2024 compared to **57,539** direct encounters in FY 2023 from services provided by Riverwood staff.

Table 2.1 Service Encounters & CCBHC Visits

Service Encounters & CCBHC Visits					
Population Group	**FY 2023 Direct Services**	**FY 2023 Contracted Services**		**FY 2024 Direct Services**	**FY 2024 Contracted Services**
Intellectual Developmentally Disabled	10,572	183,298		10,423	197,694
Mentally Ill Adults	34,980	23,597		37,460	29,786
Serious Emotional Disturbance (Children)	1,299	3,962		5,485	1,375
Substance Use Disorders	7,310	99		10,394	277
Co-Occurring Conditions	63,019	0		69,335	0
Encounters for consumers without pop. assignment	9,039	0		9,740	0
Total Direct Encounters	57,539			63,083	
Total Contracted Encounters		208,345			227,601
Total CCBHC Visits				45,878	

2.2 Purpose and Objectives of the Needs Assessment

The purpose of this Community Needs Assessment is to evaluate the behavioral health needs of the population served by the Certified Community Behavioral Health Clinic (CCBHC) and to identify gaps in services, barriers to care, and opportunities for improvement. By analyzing community demographics, service utilization trends, and stakeholder input, this assessment provides a data-driven foundation for enhancing access to high-quality, integrated mental health and substance use disorder (SUD) services. This assessment will inform strategic planning, service expansion, and resource allocation, ensuring that the CCBHC model is effectively implemented to meet the diverse needs of the community.

The objectives of this Community Needs Assessment are to assess the behavioral health needs of the population served by the Certified Community Behavioral Health Clinic (CCBHC) by identifying the prevalence of mental health and substance use disorders, along with the social drivers of health that impact behavioral health outcomes. The assessment will evaluate existing services in the community, pinpoint gaps in access and service availability, and identify barriers such as workforce shortages, affordability, and transportation. Engaging stakeholders—including individuals with lived experience, families, providers, and community organizations—will provide valuable insights into the effectiveness of current services and areas for improvement. Additionally, the assessment will analyze disparities in care for underserved populations, such as veterans, youth, and justice-involved individuals, while examining access barriers. The findings will lead to data-driven recommendations for enhancing services, identifying policy and funding opportunities, and ensuring the sustainability of CCBHC programs.

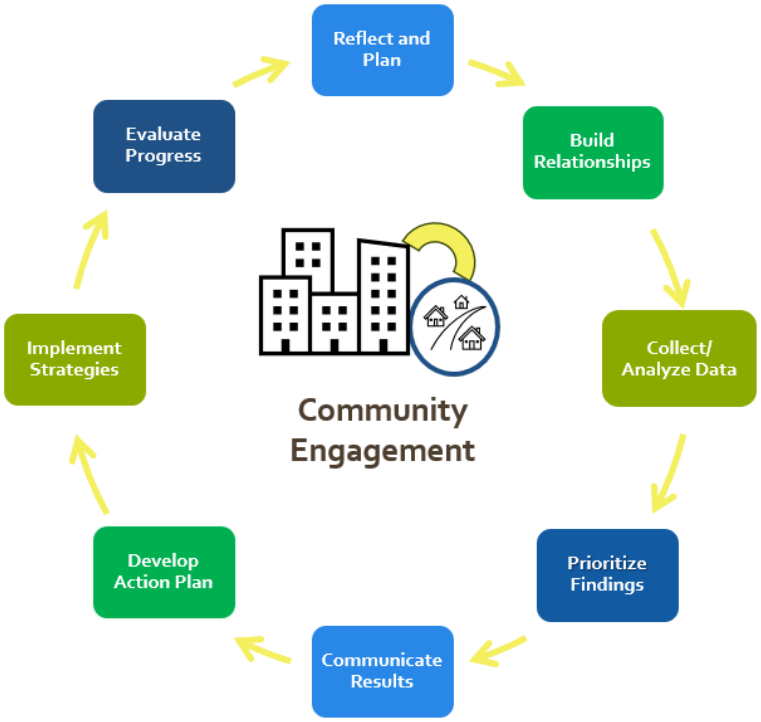
2.3 Description of the CCBHC Model and Its Role in the Community

A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated entity that provides comprehensive, person-centered mental health and substance use disorder (SUD) services. Designed to address the complex needs of individuals with behavioral health conditions, the CCBHC model ensures access to high-quality, coordinated care regardless of a person's ability to pay. CCBHCs operate under a framework that integrates mental health, substance use treatment, and primary care, emphasizing a whole-person approach.

The CCBHC model enhances the local behavioral health system by expanding access to timely and effective care. By reducing service fragmentation, CCBHCs improve health outcomes and support individuals in achieving long-term recovery. The model also strengthens crisis response systems, reducing the burden on emergency departments and law enforcement.

Through strong community partnerships, CCBHCs address social drivers of health—such as housing instability, employment barriers, and food insecurity—ensuring a holistic approach to care. Additionally, by leveraging sustainable funding mechanisms, CCBHCs help build a more resilient and balanced behavioral health system that meets the unique needs of the communities they serve.

3 Methodology

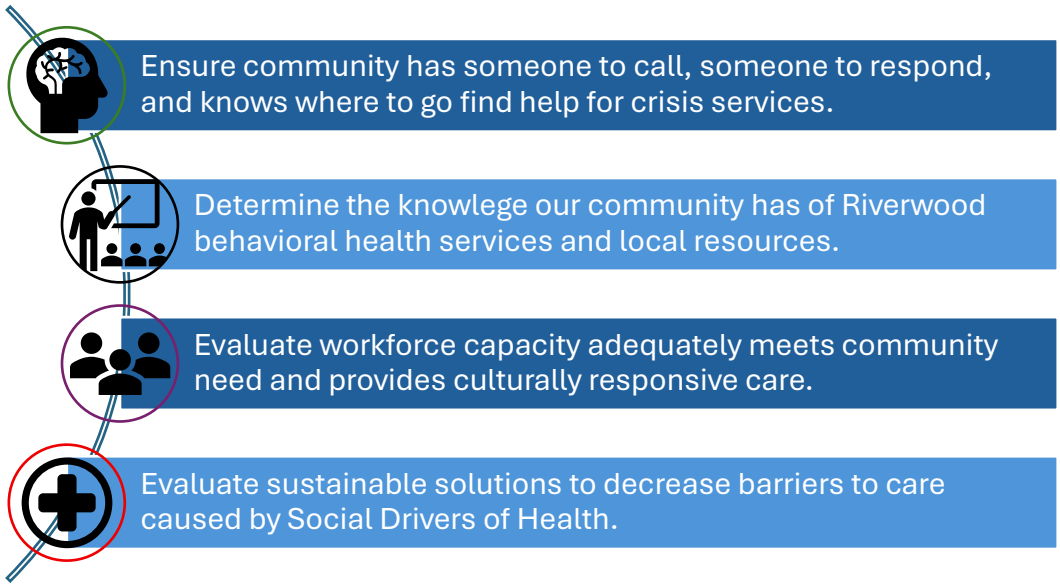


Beginning in August 2024, Riverwood established a needs assessment steering group consisting of our CEO, Director of Behavioral Health Services, Business Intelligence Manager, Continuous Quality Improvement (CQI) Coordinator, and Projects and Grants Coordinator, with the addition of our Human Resources Director in February 2025. This team met together for a bi-weekly planning session where they established guiding questions to highlight areas of focus. Establishing these areas of focus allowed us to make measurable goals, establish clear metrics for evaluation, and to adjust as needed over the three-year period based on outcome and changing community needs.

Needs Assessment Goals

The following areas of focus in **Table 3.1** were identified by the needs assessment steering group:

Table 3.1 Needs Assessment Areas of Focus



As outlined in **Table 3.2** over the next 7 months, the team gathered and analyzed quantitative (measurable) and qualitative (interpretive) data to understand the community needs, current conditions, desired services, and desired outcomes. This process was informed by input from internal and external data sources and input from community members, partners, staff, clients, and family members.

Quantitative data was compiled from sources such as:

- U.S. Census Bureau
- U.S. Department of Commerce
- University of Wisconsin Population Health Institute
- Center for Neighborhood Technology
- Michigan Overdose Data to Action Dashboard, Michigan Department of Health and Human Services (MDHHS)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

- Southwest Michigan Behavioral Health (SWMBH)
- Riverwood Center Electronic Health Record (EHR)

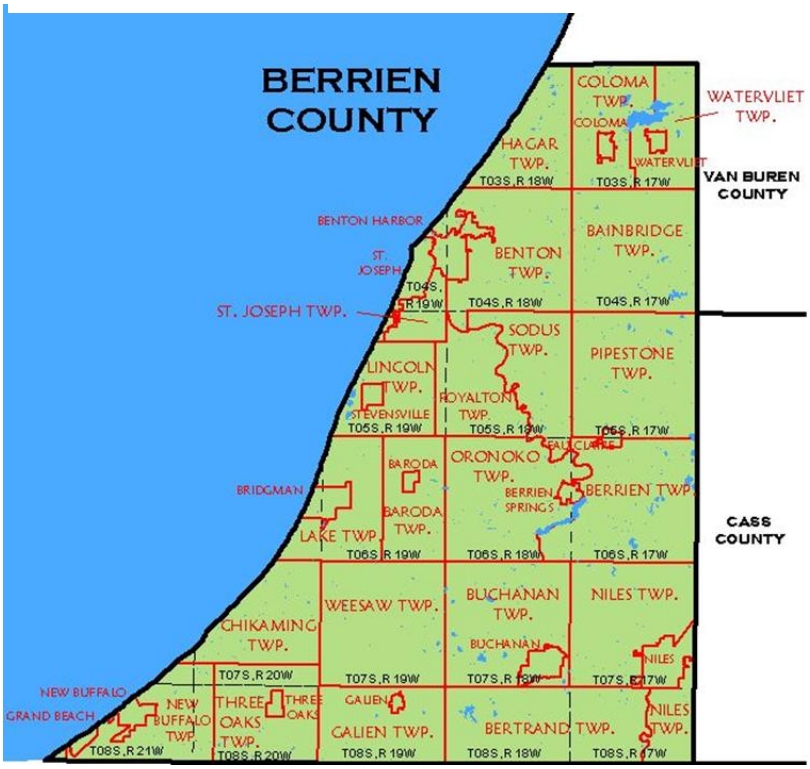
Table 3.2 Needs Assessment Timeline

Activity	Dates
Identified Goals (Guiding Questions) and Areas of Focus	August 2024 – December 2024
Community Partner Engagement/Relationship Building	September 2024 – December 2024
Quantitative Data Collection	September 2024 – March 2025
Surveys and Focus Groups	December 2024 – April 2025
Quantitative/Qualitative Data Analysis	April 2025 – May 2025
Community Needs Assessment Report Completed	June 2025

4 Community and Population Overview

4.1 Service Area

Table 4.1 Berrien County Service Area



Berrien County is a county in the U.S. state of Michigan. It is located at the southwest corner of the state's Lower Peninsula, located on the shore of Lake Michigan and sharing a land border with Indiana. The county seat is St. Joseph. Berrien County is part of the Niles-Benton Harbor, MI Metropolitan Statistical Area. Berrien County, which has an area of 585 square miles and a population of 152,703 (as of July 1, 2024), is surrounded by the following counties: Van Buren County to the north, Cass County to the east, and LaPorte County, Indiana, to the south, with Lake Michigan forming its western border.[1] Berrien County is considered a Metropolitan, however, 30.1% of the population lives in a low population density area (less than 2,000 housing units and less than 5,000 people). Berrien County is divided into 32 subdivisions consisting of townships and cities. The three largest county subdivisions are Benton Charter Township (pop. 14,121), Niles Township (pop. 14,262), and Lincoln Township (pop. 14,878). **Table 4.2** below breaks down the county by townships and cities with a population size greater than 1,400. [2]

[1] US Census Bureau. Population and Housing unit Estimates, July 1, 2024. Retrieved 4/1/2025 from https://www.census.gov/quickfacts/fact/table/berriencountymichigan,US/PST045224#PST045224

[2] https://www.countyhealthrankings.org/health-data/michigan/berrien?year=2024#health-outcomes. Accessed 11/12/2024

RIVERWOOD CENTER

Table 4.2 Townships with Population Size Greater Than 1,400

Township	City	Zip Code	Population
Bainbridge Township	Benton Harbor	49022	2,682
Baroda Township	Baroda	49101	2,835
Benton Charter Township	Benton Harbor	49022	**14,121**
Berrien Township	Berrien Springs	49103	4,868
Bertrand Township	Niles	49120	2,611
Buchanan Township	Buchanan	49107	3,436
Chikaming Township	Sawyer	49125	2,778
Coloma Charter Township	Coloma	49038	5,051
Fairplain Township	Benton Harbor	49022	7,402
Galien Township	Galien	49113	1,412
Hagar Township	Benton Harbor	49022	3,243
Lake Charter Township	Bridgman	49106	3,316
Lincoln Township	Stevensville	49127	**14,878**
New Buffalo Township	New Buffalo	49117	2,455
Niles Township	Niles	49120	**14,262**
Oronoko Township	Berrien Springs	49103	9,060
Pipestone Township	Benton Harbor	49022	2,177
Royalton Township	Saint Joseph	49085	5,137
Saint Joseph Township	Saint Joseph	49085	9,789
Sodus Township	Benton Harbor	49022	1,995
Three Oaks Township	Three Oaks	49128	2,324
Watervliet Township	Watervliet	49098	3,036
Weesaw Township	New Troy	49119	1,837

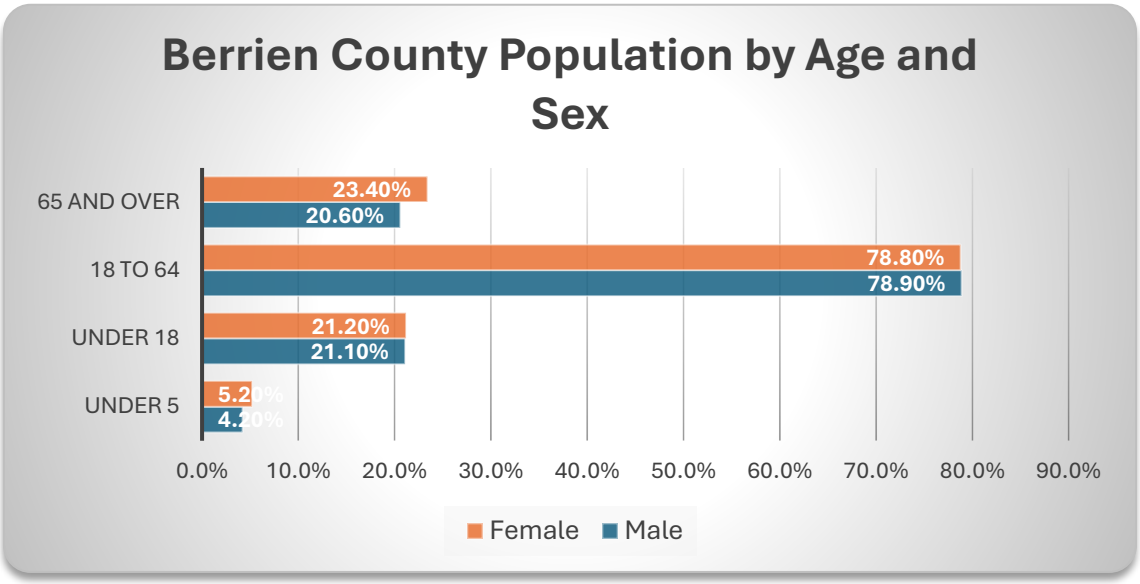
4.2 Service Sites

Riverwood Center's main office is located at 1485 M139, Benton Harbor, MI 49022. Riverwood also has three outpatient satellite offices located at 3950 Hollywood Rd, St. Joseph, MI 49085, 24 North St. Joseph Avenue, Suites A & G, Niles, MI 49120, and at the Berrien County Courthouse located at 811 Port St., St. Joseph, MI.

4.3 Demographic Data

Berrien County had a total of 152,261 people living in the 567.78 square mile report area defined for this assessment according to the U.S. Census Bureau 2023 population estimate, a -1.3% change from the 2020 census. Of the total population, 4.7% are under 5 years old, 21.1% are under 18, 78.9% are between 18 and 64 years, and 22% are 65 years and older, with the median age being 43 years old as shown in **Table 4.3**. The population density for this area, estimated at 271.8 persons per square mile, is greater than the national average population density of 93.8 persons per square mile.[3]

Table 4.3 Berrien County Population by Age and Sex

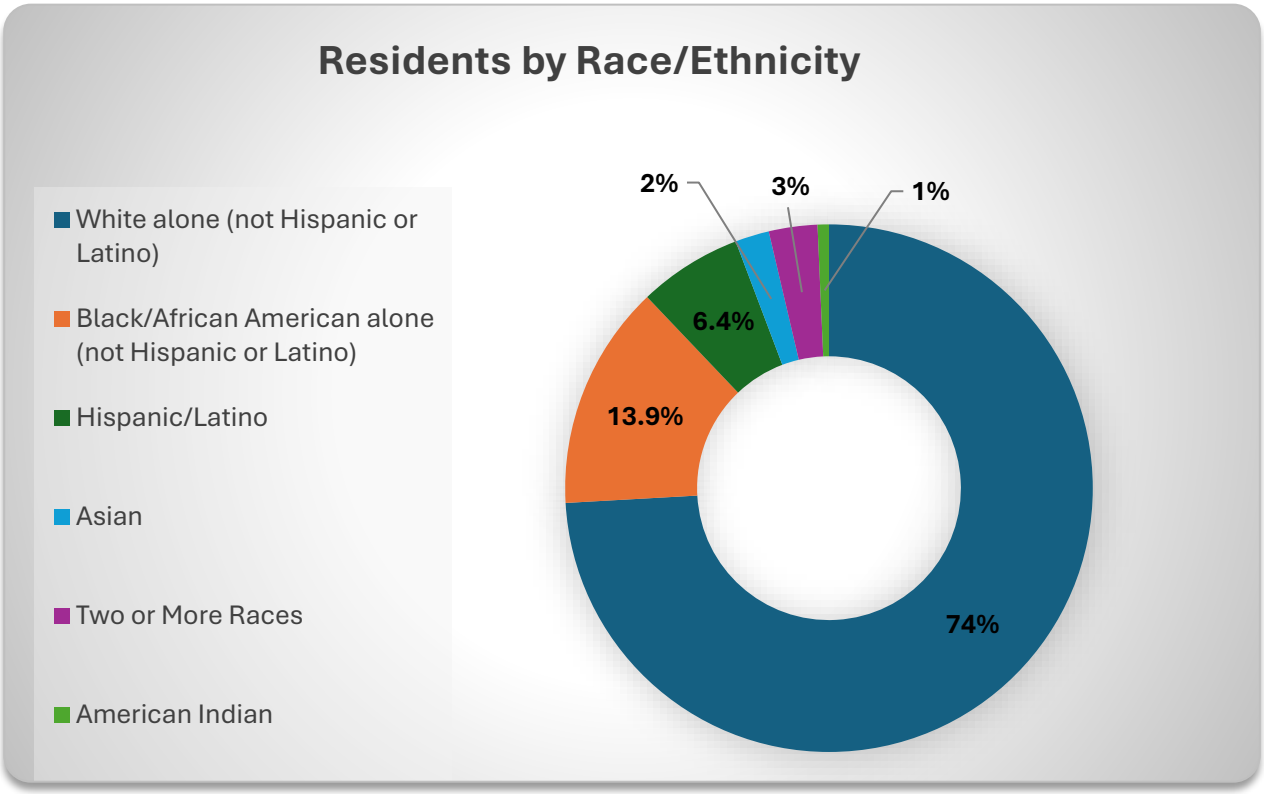


[3] U.S. Census Bureau, U.S. Department of Commerce. (2023). Age and Sex. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101*. Retrieved January 9, 2025, from https://data.census.gov/table/ACSST1Y2023.S0101?g=050XX00US26021

RIVERWOOD CENTER

As shown **Table 4.4** in below, Berrien County has a diverse population with 74.7% White alone (Not Hispanic or Latino), 13.9% Black/African American (Not Hispanic or Latino), 6.4% Hispanic/Latino, 2.1% Asian, 3% Two or More Races and 0.7% American Indian. English is the predominant language spoken.[4]

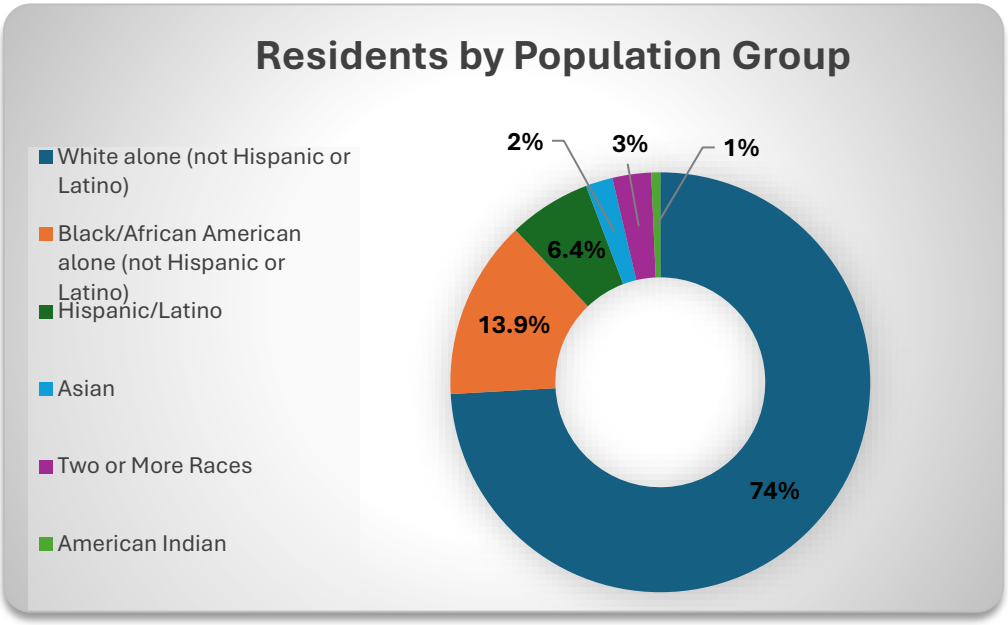
Table 4.4 Residents by Race/Ethnicity



[4] https://www.census.gov/quickfacts/fact/table/berriencountymichigan,MI,US/PST045223. Accessed 11/11/2024

As shown in **Table 4.5** below, Berrien County has a diverse population with 74.7% White alone (Not Hispanic or Latino), 13.9% Black/African American (Not Hispanic or Latino), 6.4% Hispanic/Latino, 2.1% Asian, 3% coming from Two or More population groups and 0.7% American Indian. English is the predominant language spoken.[5]

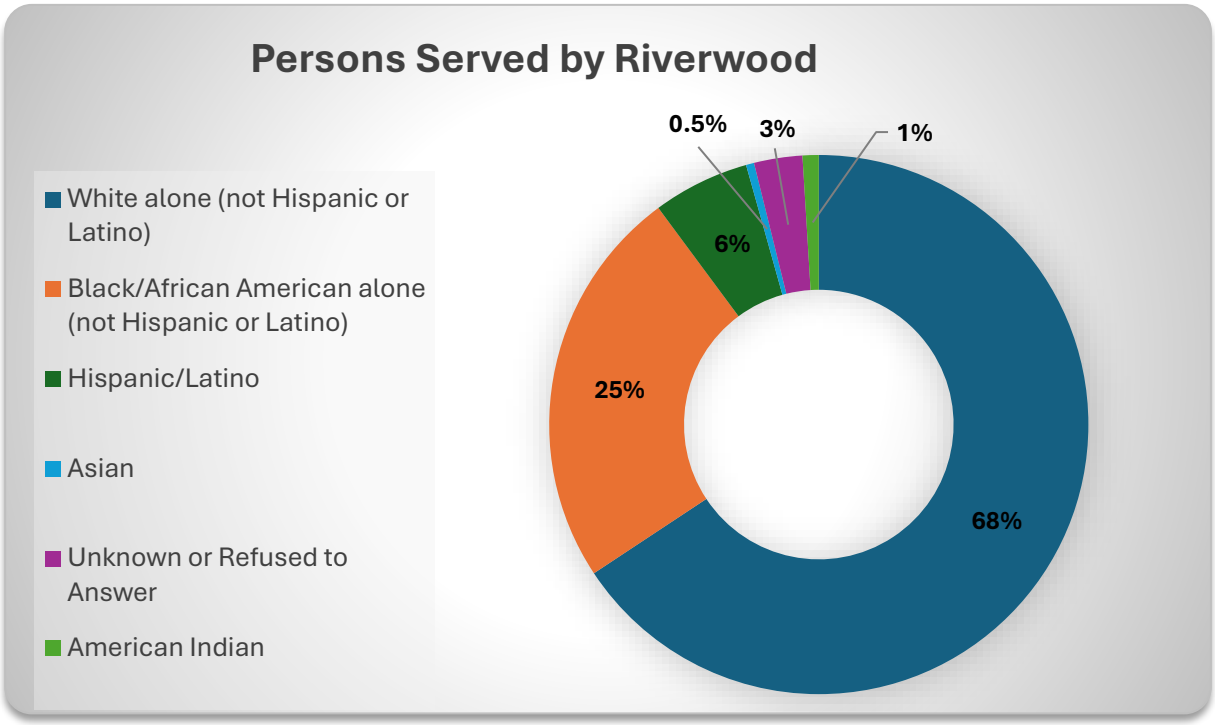
Table 4.5 Residents by Population Group



[5] https://www.census.gov/quickfacts/fact/table/berriencountymichigan,MI,US/PST045223. Accessed 11/11/2024

In comparison as shown in **Table 4.6**, of people served by Riverwood Center, 68% identify as white, 25% Black/African American, 6% Hispanic/Latino, 1% American Indian (non-Alaskan native), and 0.5% Asian. 3% were unknown or refused to answer.

Table 4.6 Persons Served by Riverwood



4.4 Social Drivers of Health Impacting Behavioral Health Needs

Social disparities such as high housing cost burden, poverty level, unemployment rate, and living with a disability play a significant role in many members in the community ability to afford treatment. Even if necessary treatment is covered by insurance, many residents are experiencing other barriers to care like transportation, access to healthy food, lack of health education, and safety. The Michigan Overdose Data to Action Dashboard in the **Table 4.8** below and compared to other zip-codes in shows that for 2022, the 49022-zip code tabulation area (ZCTA) had the highest percentage of housing cost burden, percentage of individuals below the federal poverty line, and those who were unemployed as compared to other cities within Berrien County with more than 1,400 residents. [6]

[6] Michigan Overdose Data to Action Dashboard. Social Disparities by ZCTA. https://www.michigan.gov/opioids/category-data

Table 4.8 Social Disparities by ZCTA, 2022

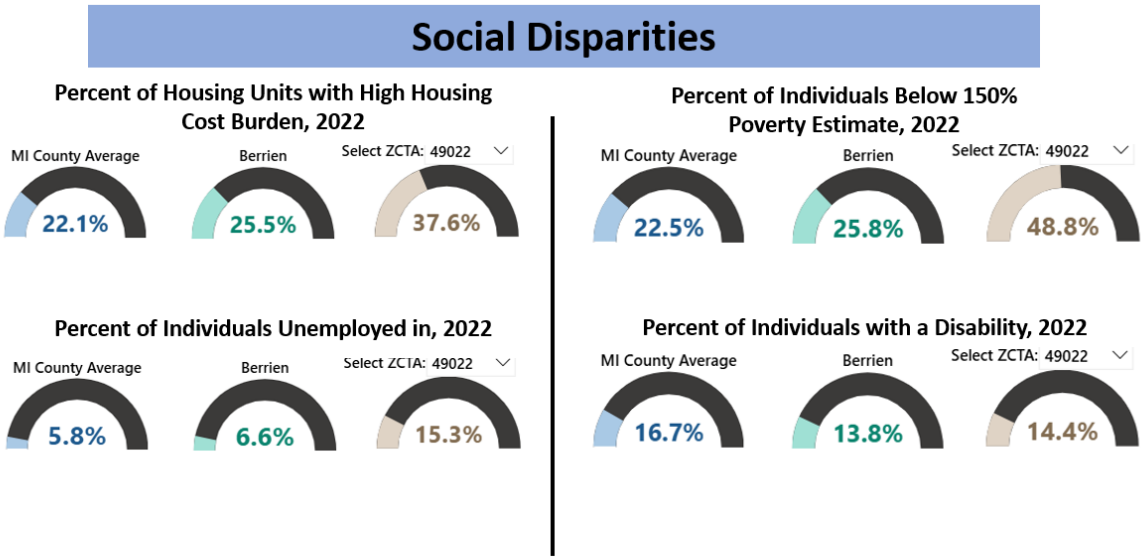


Table 4.7 Social Disparities of Residents in Berrien County, 2022

City	Zip Code	High Housing Burden	Below 150% Poverty Estimate	Unemployed	Individuals with a Disability	No High School Diploma
Baroda	49101	15.8%	14.7%	4.6%	13.0%	6.6%
Benton Harbor	49022	**37.6%**	**48.8%**	**15.0%**	14.4%	**16.9%**
Berrien Springs	49103	25.1%	23.6%	4.0%	10.7%	7.0%
Bridgman	49106	24.7%	15.0%	2.7%	16.6%	5.3%
Buchanan	49107	21.0%	17.3%	3.0%	13.4%	8.3%
Coloma	49038	29.0%	23.0%	4.7%	17.6%	6.7%
Galien	49113	26.8%	26.2%	8.3%	12.7%	7.9%
New Buffalo	49117	33.3%	24.3%	10.0%	14.7%	5.0%
New Troy	49119	9.7%	4.6%	0.0%	**22.4%**	6.0%
Niles	49120	22.6%	24.8%	6.0%	15.9%	8.2%
Saint Joseph	49085	17.8%	9.5%	2.0%	11.0%	3.2%
Sawyer	49125	19.7%	20.0%	1.0%	20.9%	2.8%
Stevensville	49127	18.2%	12.7%	5.4%	8.5%	2.4%
Three Oaks	49128	20.6%	10.6%	2.7%	16.0%	5.3%
Watervliet	49098	25.4%	34.2%	7.6%	14.0%	15.6%

4.4.1 Housing and Transportation

Transportation challenges in Berrien County, Michigan, significantly impact residents' access to behavioral health services. While services like Berrien Bus provide curb-to-curb transportation in rural areas, limited coverage and restricted availability make it difficult for individuals to consistently rely on public transit for essential services. Additionally, the lack of reliable transportation options, especially in areas like Benton Harbor, Buchanan, and Niles, where only Dial-A-Ride services are offered, creates barriers for individuals seeking timely mental health care. The financial strain residents experience, with housing and transportation consuming an average of 50% of household income, further exacerbates this issue, as many individuals may prioritize other needs over behavioral health services. Moreover, the county's low job access score and the fact that 7.8% of residents do not own a vehicle, compared to 6.2% statewide, highlights the broader mobility issues faced by those already at a disadvantage due to financial conditions.[7] These transportation barriers limit residents' ability to access consistent care, which can lead to untreated mental health conditions, increased stress, and a higher likelihood of crises requiring emergency intervention.

Beginning in October 2024, Riverwood implemented the use of the Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool. Answers to questions regarding a person's housing and transportation (as shown in **Table 4.9** below) were documented and followed up by our Community Health Workers to connect them to community resources. Between Q1 and Q2 of FY 2025, 1686 individuals were screened. Of those screened, 192 individuals had concerns about their living situation. 266 individuals in the last 12 months had a lack of transportation that prevented them from taking care of important needs.

[7] Housing and Transportation Affordability Index (2025). Center for Neighborhood Technology. https://htaindex.cnt.org/fact-sheets/?focus=county&gid=823 Accessed 1/28/2025

Table 4.9 Living Situation Responses to AHC Health-Related Social Needs Screening Tool by Persons Served

What is your living situation today?	Consumers
I have a place to live today, but I am worried about losing it in the future	124
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	68

In the past 12 months, has lack of reliable transportation kept you from important needs?	Consumers
Yes	266

4.4.2 Economic Stability

Financial instability is a significant driver of behavioral health challenges in Berrien County. With a median household income of $63,152, 15.2% of residents living at or below the poverty level, and an unemployment rate of 6.5%, many individuals experience heightened stress, anxiety, and depression.[8] Economic hardship can limit access to behavioral health services, medication, and insurance coverage, while unemployment can contribute to feelings of hopelessness, increased substance use, and worsening mental health conditions. These financial pressures create significant barriers to overall well-being and access to necessary care. A county map showing the concentration of where people are living below the federal poverty line (see **Appendix B:** Population Maps)

With 6.2% of the population lacking insurance, many residents in Berrien County may struggle to afford behavioral health services, leading to untreated mental health and substance use disorders.[9] Uninsured individuals are less likely to seek preventive care or early intervention, often delaying treatment until crises arise. This not only worsens individual health outcomes but also strains emergency services and increases long-term healthcare costs, creating further barriers to effective mental health care and recovery.

---

[8] U.S. Census Bureau, U.S. Department of Commerce. (2023). Poverty Status in the Past 12 Months. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*. Retrieved January 9, 2025, from https://data.census.gov/table/ACSST1Y2023.S1701?g=050XX00US26021.

[9] U.S. Census Bureau, U.S. Department of Commerce. "Selected Economic Characteristics." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03*, 2023, https://data.census.gov/table/ACSDP5Y2023.DP03?q=economic factors in Berrien County, Michigan. Accessed on February 13, 2025.

403 individuals who received services through Riverwood between Q1 and Q2 of FY 2025 reported that within the last 12 months, they had experienced the economic threat of running out of food or having utilities shut off.

Table 4.10 Economic Threat Responses to AHC Health-Related Social Needs Screening Tool by Persons Served

Within the past 12 months, the food you bought didn't last and you didn't have money to get more	Consumers
Sometimes true	208
Often true	68

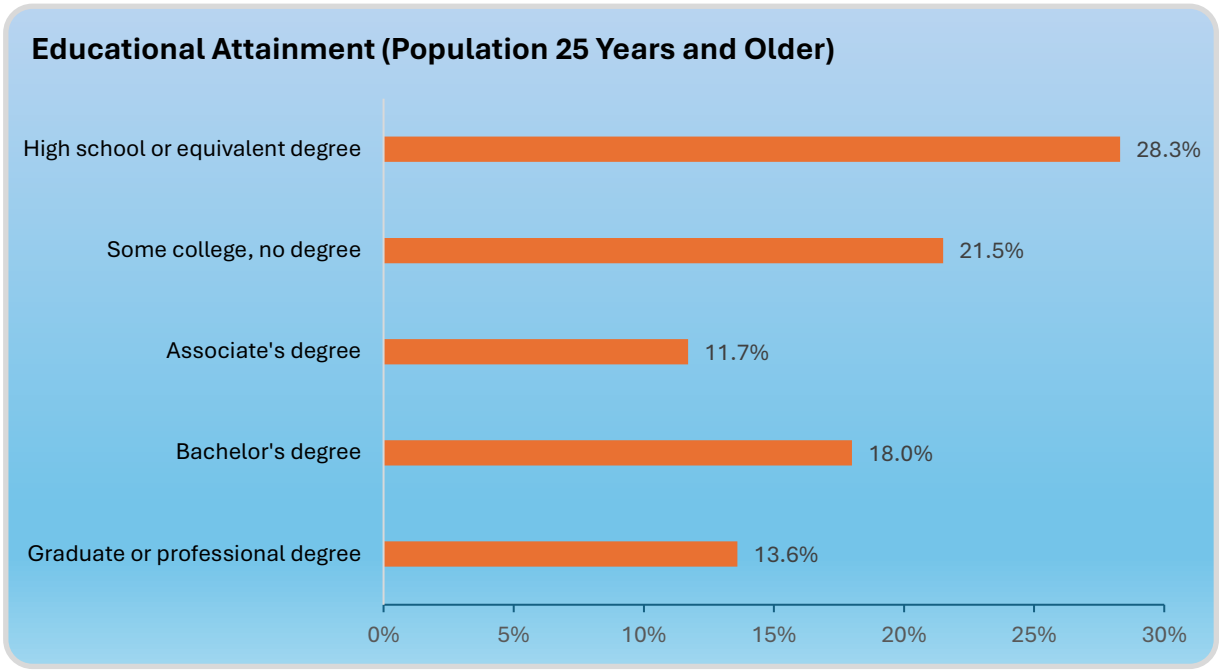
In the past 12 months has the utility company threated to shut off services to your home?	Consumers
Yes	118
Already shut off	9

4.4.3 Education

Lower educational attainment and reduced health literacy contribute significantly to behavioral health challenges in Berrien County. With only 18% of residents 25 and older holding a bachelor's degree, many individuals face limited job opportunities, leading to financial stress and an increased risk of mental health issues.[10] Additionally, lower education levels correlate with reduced health literacy, making it more difficult for residents to navigate the healthcare system, understand mental health conditions, and seek appropriate treatment. These factors combined create barriers to accessing care and managing behavioral health effectively.

[10] U.S. Census Bureau, U.S. Department of Commerce. (2023). Educational Attainment. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1501*. Retrieved January 6, 2025, from https://data.census.gov/table/ACSST1Y2023.S1501?g=050XX00US26021.

Table 4.11 Educational Attainment of Berrien County Residents (Population 25 years and Older)



4.4.4 Service Provider Capacity

Berrien County, Michigan, is designated as a Mental Health Professional Shortage Area (HPSA), highlighting a significant scarcity of mental health providers relative to the county's population. In Berrien County, the population to mental health provider ratio is 320:1, which is higher than both the state average of 280:1 and the national average of 300:1. The need met for mental health professionals in the state of Michigan is 40.3%, compared to the national percentage[11] Medicaid, many people in Michigan and in Berrien County do not have timely access to behavioral health services. [12]

4.4.5 Culture and Language

In Berrien County, Michigan, 7.6% of the population speaks a language other than English at home, highlighting the cultural and linguistic range present in the community.[13] This demographic factor can significantly impact behavioral health care, as language barriers

[11] County Health Rankings & Roadmaps. Berrien County Mental Health Providers. 2025. https://www.countyhealthrankings.org/health-data/michigan/berrien?year=2025
[12] Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary. (2025) https://data.hrsa.gov/default/generatehpsaquarterlyreport

[13] U.S. Census Bureau, U.S. Department of Commerce. (2023). Language Spoken at Home. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601*. Retrieved April 1, 2025, from https://data.census.gov/table/ACSST5Y2023.S1601?q=Languages+spoken+at+home+berrien+County,+mi.

may hinder effective communication between providers and clients, leading to misunderstandings or delays in care. Additionally, individuals from different cultural backgrounds and household characteristics (as shown in **Table 4.12**) may experience varying levels of stigma surrounding mental health, which could prevent them from seeking necessary services.

For people who have limited English proficiency (LEP), it is Riverwood's policy that all material is written at the 6.9 grade level and in the languages appropriate to people served, when possible. For people who are not able to read, arrangements are made to ensure that materials are read to and/or explained to them in terms they may understand. Riverwood assists individuals with accessing interpretation services and how they can request auxiliary aids and alternative formats. Riverwood also employs staff who are available to provide certified interpretation services for certain languages, as well as utilizing Michigan Relay Center (MRC) 711. To increase knowledge, confidence, and self-efficacy in communicating and providing patient-centered care for a diverse group of people, Riverwood provides training on cultural competence and humility to all staff at orientation and annually thereafter.

Table 4.12 Berrien County Population Groups, Languages, and Household Characteristics, 2023 Estimates

2023 Estimate		
	Berrien County	**Michigan**
Total Population	152,261	10,037,261
Race/Ethnicity[14]		
White alone	74.7%	78.7%
Black or African American alone	14.0%	14.1%
American Indian and Alaska Native	0.7%	0.8%
Asian alone	2.1%	3.6%
Native Hawaiian and other Pacific Islander alone	0.1%	0.03%
Two or more races	3.0%	2.8%
Hispanic or Latino (or any race)	6.4%	6.0%
Languages at Home		
English only	92.4%	89.8%
Language other than English	7.6%	10.2%
Household Characteristic[15]		
Total households	63,651	4,000,000
Average Household Size	2.4	2.43
Family Households	63.8%	62.7%
With own children under 18 years	24.4%	29.5%
Non-family households	36.2.0%	37.3%
Householder living alone	30.7%	30.4%
Households with individuals under 18 years	28.5%	27.4%
Households with individuals 65 years and over	35.0%	33.0%

[14] https://www.census.gov/quickfacts/fact/table/berriencountymichigan,MI,US/PST045223. Accessed 11/11/2024

[15] U.S. Census Bureau, U.S. Department of Commerce. (2023). Occupancy Characteristics. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2501*. Retrieved April 1, 2025, from https://data.census.gov/table/ACSST5Y2023.S2501?q=Household+Characteristics+for+Berrien+County. https://data.census.gov/table/ACSST5Y2023.S2501?q=Household+Characteristics+for+Michigan.

4.5 Prevalence of Mental Health and Substance Use in the Community

4.5.1 Mental Health Prevalence

A regional population health opportunity analysis was conducted by Southwest Michigan Behavioral Health (SWMBH), the regional Prepaid Inpatient Health Plan (PIHP) for region 4 in the state of Michigan. Counties under the purview of SWMBH are Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren. In 2022, there were 32,432 Medicaid recipients in Berrien County.[16] With SWMBH's analysis, it was found that 30.4% of the 8-county regional Medicaid population had a behavioral health diagnosis in 2022.[17] **Table 4.13** below shows the percentage of the Medicaid population with behavioral health diagnoses in 2022 for the entire SWMBH region compared to Berrien County. The percentages in the column may add up to more than 100% due to some enrollees being diagnosed with more than one behavioral health condition.

[16] U.S. Census Bureau, U.S. Department of Commerce. (2023). Allocation of Medicaid/Means-Tested Public Coverage. American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B992707. Retrieved March 4, 2025, from https://data.census.gov/table/ACSDT5Y2023.B992707?q=B992707:+Allocation+of+Medicaid/Means-Tested+Public+Coverage+in+Berrien+County,+MI.

Table 4.13 Percentage of Medicaid Population with Behavioral Health Diagnoses for the Entire SWMBH Region Compared to Berrien County, 2022

Behavioral Health Condition	Overall SWMBH Region	Berrien County
1+ Behavioral Health Diagnosis	30.1%	27.9%
Anxiety disorders	14.3%	12.4%
Depressive disorders	11.7%	10.2%
Adjustment disorders	5.3%	5.1%
Attention deficit hyperactivity disorder	5.3%	4.6%
Trauma-related disorders	3.9%	2.4%
Substance use disorders	3.7%	3.5%
Bipolar disorders	3.3%	2.6%
Schizophrenia and related	2.0%	2.0%
Impulse control and conduct disorders	1.5%	1.2%
Autism Spectrum Disorder	1.5%	1.6%
Intellectual disabilities	1.2%	1.3%
Personality disorders	1.1%	1.1%
Dementia	0.8%	0.8%
Obsessive-compulsive disorder	0.5%	0.4%

Within the 8-county SWMBH region, the Medicaid population between the ages of 18-64 years of age had the highest prevalence of a behavioral health diagnosis, at 34.7%. 23.0% of youth under the age of 18 and 29.8% of adults aged 65 and older had a behavioral health diagnosis, with anxiety being the most prevalent diagnosis, as shown in **Table 4.14**.

Table 4.14 Prevalence of Behavioral Health Conditions by Age

Behavioral Health Condition	Under 18 years	18 to 64 years	65 years and older
1+ Behavioral Health Diagnosis	23.0%	**34.7%**	29.8%
Anxiety disorders	6.0%	**19.6%**	13.1%
Depressive disorders	3.6%	16.5%	14.7%
Substance use disorders	0.2%	6.2%	1.5%
Adjustment disorders	5.3%	5.6%	2.3%
Bipolar disorders	0.3%	5.3%	2.5%
Trauma-related disorders	2.2%	5.2%	1.2%
Attention deficit hyperactivity disorder	8.1%	4.1%	0.3%
Schizophrenia and related	0.1%	3.0%	4.1%
Personality disorders	0.1%	1.8%	0.7%
Intellectual disabilities	0.4%	1.6%	1.8%
Autism Spectrum Disorder	2.5%	0.9%	0.2%
Impulse control and conduct disorders	2.7%	0.8%	0.4%
Obsessive-compulsive disorder	0.2%	0.6%	0.5%
Dementia	0.0%	0.2%	10.8%

Table 4.6 shows that within the 8-county SWMBH region among adults diagnosed with a behavioral health condition, there was a 10 percentage-point difference between females (38.6%) and males (28.6%) in 2022. For adult women, anxiety is the most prevalent diagnosis. In contrast, among children and adolescents, there was a greater percentage of male youth (25.4%) diagnosed with a behavioral health condition compared to female youth (20.4%). Among male youth, attention deficit hyperactivity disorder is the most prevalent diagnosis.[18]

Table 4.15 Prevalence of Behavioral Health Conditions by Sex

Behavioral Health Condition	Children and Adolescents		Adults	
	Females	Males	Females	Males
1+ behavioral health diagnosis	20.4%	25.4%	38.6%	28.6%
Anxiety disorders	**7.3%**	4.8%	**23.9%**	**12.7%**
Depressive disorders	4.9%	2.4%	20.2%	11.4%
Adjustment disorders	5.5%	5.2%	6.2%	4.0%
Attention deficit hyperactivity disorder	5.5%	**10.6%**	3.9%	3.5%
Trauma-related disorders	2.5%	2.0%	6.1%	3.2%
Substance use disorders	0.2%	0.2%	4.2%	7.7%
Bipolar disorders	0.3%	0.3%	5.6%	4.3%
Schizophrenia and related	0.1%	0.1%	2.3%	4.1%
Impulse control and conduct disorders	1.8%	3.6%	0.5%	1.1%
Autism spectrum disorder	1.2%	3.8%	0.4%	1.4%
Intellectual disabilities	0.3%	0.6%	1.3%	2.1%
Personality disorders	0.1%	0.1%	2.1%	1.3%
Dementia	0.0%	0.0%	1.5%	1.0%
Obsessive-compulsive disorder	0.2%	0.2%	0.7%	0.6%

When reviewing behavioral health diagnoses among different races and ethnicities within the 8-county SWMBH region, and shown in **Table 4.16**, individuals who identify as Asian are shown to be half as likely to have one or more behavioral health diagnoses compared to the overall population during the study in 2022. They were also less likely to receive a diagnosis

[18] Southwest Michigan Behavioral Health. (2024). 2022 Regional population health opportunity analysis. Author.

with the following conditions: anxiety, depression, or adjustment disorders; ADHD, PTSD, substance use disorders, bipolar disorders, impulse control or conduct disorders, and personality disorders.

It was noted that Individuals identifying as Hispanic or Latino were significantly less likely to have been diagnosed with one or more of the behavioral health conditions and less than half as likely to have a substance use disorder, intellectual disability, personality disorder, schizophrenia, dementia, or obsessive-compulsive disorder compared to the overall population.

Black or African American residents served within the SWMBH PIHP region were less likely to be diagnosed with a behavioral health condition compared to the rest of the population. However, there was a 50% higher rate of schizophrenia diagnosis given to Black or African American compared to the overall population.

The American Indian or Alaskan Native population and White populations were more likely than all other groups to be diagnosed with a behavioral health disorder during 2022. Particularly high rates of being diagnosed with depression, adjustment disorders, and trauma-related disorders among American Indian and Alaskan Natives compared to the rest of the population, but were half as likely to have had a dementia diagnosis. The were significantly higher rates of diagnosis for all but one of the conditions studied, schizophrenia, among the region 4 white population.

There was caution given in interpreting these results as the rates of diagnosis do not necessarily represent true population prevalence. For a diagnosis to be present in their data source (Medicaid claims), individuals must be diagnosed by a Medicaid provider, but this requires that the person be comfortable speaking to a healthcare provider as well as ensuring the provider is giving an unbiased diagnosis and treatment free from the interference of cultural or language barriers. We have included this information and use it to reflect upon whether these reported rates are what we see within our agency and explore any barriers to treatment a certain population may experience.[19]

[19] Southwest Michigan Behavioral Health. (2024). 2022 Regional population health opportunity analysis. Author.

Table 4.16 Prevalence of Behavioral Health Conditions by Population Group

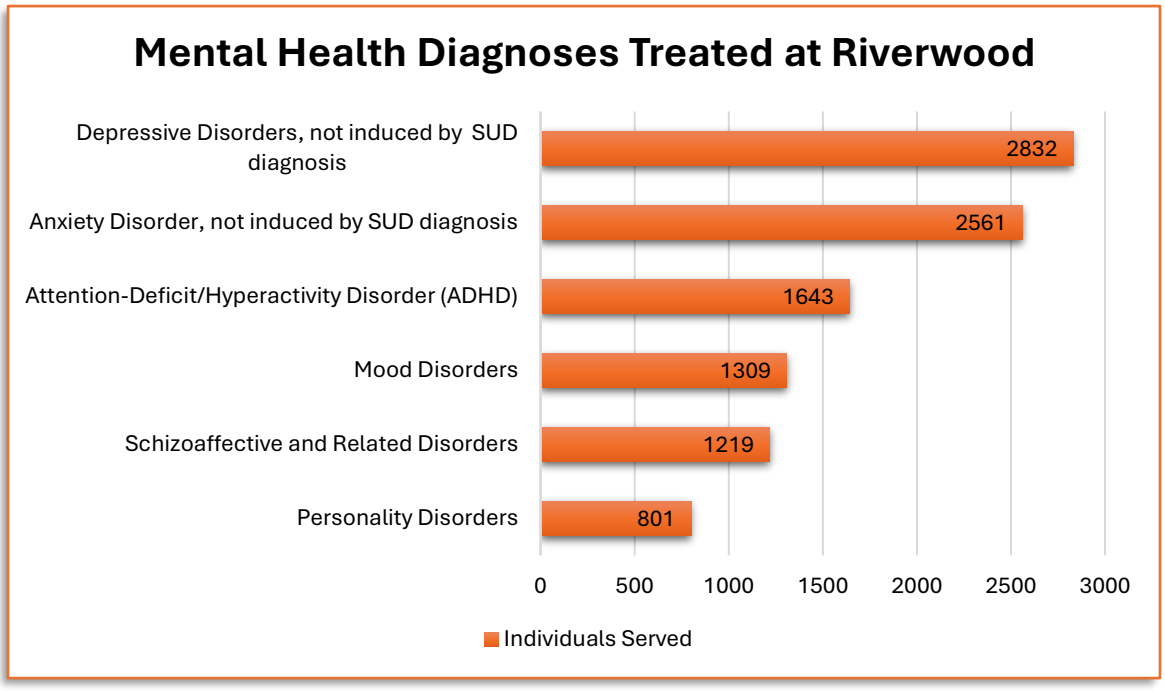
Behavioral Health Condition	Overall	American Indian or Alaskan Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	Other Race	Unknown Race	White
1+ Behavioral Health Diagnosis	30.1%	**36.6%**	**14.3%**	**24.2%**	**19.3%**	**22.1%**	**21.5%**	**18.9%**	**34.1%**
Anxiety disorders	14.3%	**18.9%**	**5.8%**	**8.5%**	**8.2%**	11.7%	**8.6%**	**8.2%**	**17.3%**
Depressive disorders	11.7%	**15.7%**	**5.1%**	**7.9%**	**6.5%**	**5.2%**	**6.6%**	**7.8%**	**13.9%**
Adjustment disorders	5.3%	**7.5%**	**1.2%**	3.3%	**2.7%**	2.8%	**4.6%**	**3.3%**	**6.3%**
Attention deficit hyperactivity disorder	5.3%	**6.4%**	**2.2%**	5.5%	**3.9%**	2.8%	**3.5%**	**2.6%**	**5.6%**
Trauma-related disorders	3.9%	**5.9%**	**1.3%**	**2.9%**	**2.1%**	3.7%	**2.6%**	3.6%	**4.5%**
Substance use disorders	3.7%	**4.9%**	**0.8%**	**3.3%**	**1.6%**	0.9%	**1.8%**	**2.4%**	**4.3%**
Bipolar disorders	3.3%	**4.2%**	**0.9%**	**2.2%**	**1.2%**	3.4%	**1.6%**	2.7%	**4.1%**
Schizophrenia and related	2.0%	2.5%	**0.9%**	**2.6%**	**0.6%**	0.6%	**1.1%**	2.0%	**2.1%**
Impulse control and conduct disorders	1.5%	2.0%	**0.4%**	1.3%	**0.8%**	0.9%	1.3%	1.1%	**1.6%**
Autism Spectrum Disorder	1.5%	1.8%	**0.8%**	**1.2%**	**0.6%**	1.8%	1.7%	0.8%	**1.6%**
Intellectual disabilities	1.2%	1.1%	1.0%	**1.0%**	**0.3%**	2.1%	1.2%	0.6%	**1.3%**
Personality disorders	1.1%	1.5%	**0.3%**	**0.7%**	**0.4%**	1.8%	**0.5%**	0.9%	**1.4%**
Dementia	0.8%	**0.4%**	0.4%	**0.5%**	**0.2%**	0.6%	0.9%	**2.2%**	**1.0%**
Obsessive-compulsive disorder	0.5%	0.5%	0.3%	**0.2%**	**0.2%**	0.0%	0.4%	0.3%	**0.6%**

Bold font with red or green shading indicates that a rate is significantly higher (red) or lower (green) than the remaining population. Darker shading indicates a greater proportional difference in rates.

According to the Berrien County Suicide Prevention Coalition 2022 Annual Report, Over the past 7 years, there has been an average of 24.1 suicides per year in Berrien County. The data indicates that in Berrien County, there has been a 40% increase in the age-adjusted suicide rate in the past ten years (2006–2010 to 2015–2019), and a 105% increase in the past twenty years (1996–2000 to 2015–2019).[20] In 2023 alone, there was a reported 29 deaths by suicide in Berrien County.[21]

In 2023, Riverwood served 5315 individuals with one or more mental health diagnoses. Among current individuals served, the most prevalent mental health diagnoses are Depressive Disorders, not induced by SUD diagnosis (2832 individuals), anxiety disorders, not induced by SUD diagnosis (2561 individuals), Attention-deficit/Hyperactivity Disorder (1643 individuals), Mood Disorders (1309 individuals), Schizoaffective and Related Disorders (1309 individuals), and Personality Disorders (801 individuals). (See **Table 4.17**)

Table 4.17 Prevalence of Mental Health Diagnoses Treated at Riverwood



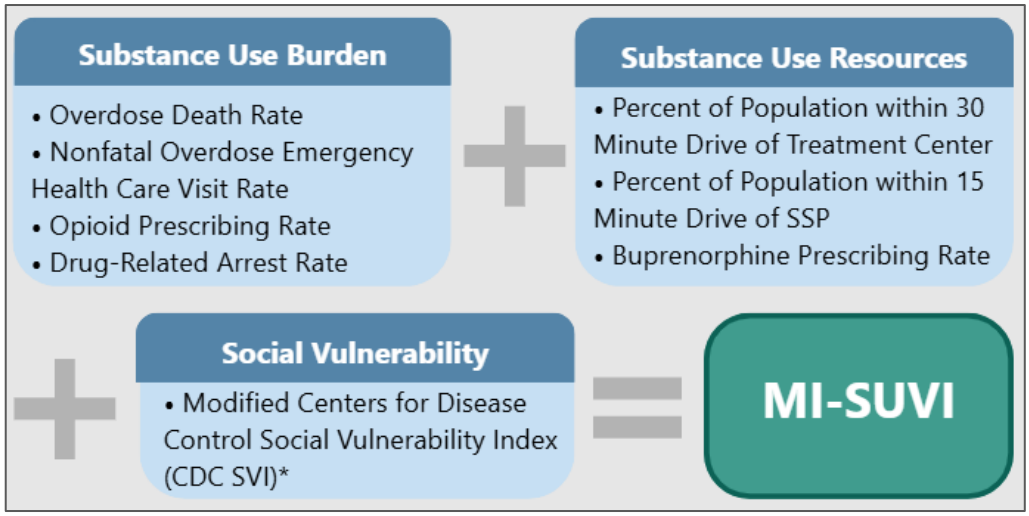
[20] Berrien County Suicide Prevention Coalition. 2022 Annual Report https://www.berriencounty.org/DocumentCenter/View/15610/03-24-22-Suicide-Prevention--Report-2022

[21] Berrien County Suicide Prevention Coalition. 2023 Berrien County Deaths Report. 2023 Berrien County Deaths Report

4.5.2 Substance Use Prevalence

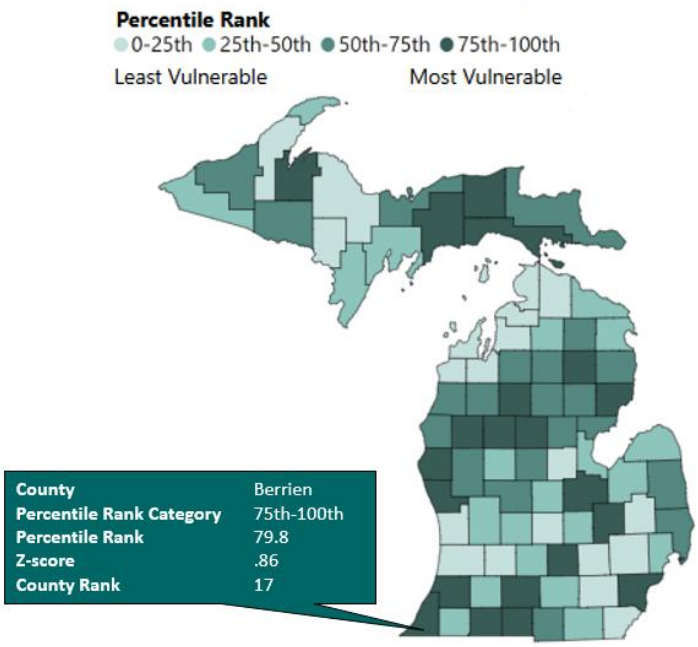
The Michigan Substance Use Vulnerability Index (MI-SUVI) is a measure of vulnerability to individual and community adverse substance use outcomes which according to the Michigan Overdose Data to Action Dashboard is a "standardized, composite score based on eight indicators" related to three elements: substance use burden, substance use resources, and social vulnerability, summarized in the diagram below.

Table 4.18 Substance Use Vulnerability Index (MI-SUVI)



Social Vulnerability looks at Social Drivers of health as non-medical factors that influence an individual's health and well-being. These factors include Economic Stability, Education Access and Quality, Health Access and Quality, Neighborhood and Built Environment, and Social and Community Context. Addressing social drivers of health (SDOH) is crucial for promoting health equity and improving the health and well-being of all the population. The CDC SVI was included above to capture the social drivers of health (SDoH) measurement and was modified to include technology and health care access information. 2022 MI-SUVI county results, Berrien County ranked in the 75th percentile (79.8) with a z-score of .86, falling in the most vulnerable percentage category. (See **Table 4.19**)[22]

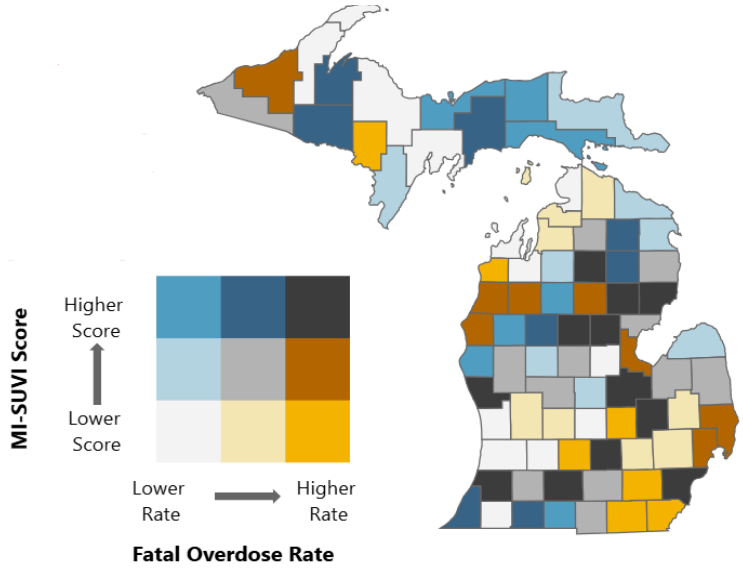
Table 4.19 Berrien County SUVI Results, 2022



[22] Michigan Department of Health and Human Services. (2022). Michigan 2020 Substance Use Vulnerability Index (Version 1). Michigan Overdose Data to Action Dashboard. https://www.michigan.gov/opioids/category-data (MI-SUVI counties/ZCTAs data are also available as a rank (county: 1 to 83, ZCTA: 1 to 971), with 1 being the most vulnerable county and 83/971 being the least vulnerable county, and as a percentile rank (1100), with higher percentiles corresponding to a higher MI-SUVI score and being more vulnerable.)

RIVERWOOD CENTER

Table 4.20 Bivariate Map of MI-SUVI Score vs Fatal Overdose Rate, MI Counties, 2022



In the bivariate map above, we can see the intersection between the MI SUVI-Score and Fatal Overdose Rate in all Michigan counties. Bright blue counties correspond to the worst outcome group in the "data point" in this case MI-SUVI score and the best outcome group for the "Comparison Point", here being Fatal Overdose Rate. Yellow counties represent the opposite. Counties with the worst outcome in both data points appear dark grey. The rate of fatal overdoses is estimated at 19.2 overdoses per 100,000 people in Berrien County. Berrien County's overdose death between Q1 2023 and Q4 2023 were 51 overdose deaths. The 12-month overdose emergency healthcare visit rate was 253.1 per 100,000 individuals. [23]

In the population health opportunity analysis conducted by SWMBH, the rate of substance use and gambling disorders among all counties within the SWMBH region was 36.6% compared to 35.1% for Berrien County (See **Table 4.21**). This data is limited to those who receive SWMBH-funded services due to federal restrictions preventing the sharing of information for those who do not receive SWMBH-funded services. SWMBH estimates that the general population prevalence for substance use disorders is 16-17%. It was also noted in the analysis that rates of diagnosis differ from the actual population prevalence due to the

[23] *Prior and Most Recent 12-month Counts for Specific Drug Trends (2023). Michigan Overdose Data to Action Dashboard.* https://www.michigan.gov/opioids/category-data

high level of instances where individuals experiencing substance use disorders are not receiving a formal diagnosis, even if receiving behavioral health treatment for other needs. [24]

Table 4.21 Prevalence of Substance Use and Gambling Disorders Among All Counties Within the SWMBH Region vs Berrien County

Substance Use or Gambling Disorder Diagnosis	All SWMBH Served	Berrien County
Any diagnosis	36.6%	35.1%
Alcohol related disorders	15.4%	**14.2%**
Cannabis related disorders	13.8%	13.1%
Other stimulant related disorders	10.6%	7.1%
Opioid related disorders	9.3%	10.1%
Cocaine related disorders	3.4%	3.5%
Other psychoactive related disorders	1.6%	1.9%
Nicotine dependence	1.9%	1.9%
Sedative, hypnotic, or anxiolytic related disorders	0.9%	1.0%
Hallucinogen related disorders	0.2%	0.2%
Gambling disorder	0.1%	0.0%
Inhalant related disorders	0.1%	0.0%

The SWMBH population analysis did not report any statistically significant data within the substance use or gambling disorder diagnosis rates among different races/ethnicities. As shown in **Table 4.22** below, it was reported that within the Black/African American population within the 8-county region, alcohol, cannabis, and cocaine-related disorders were significantly more common. Within the white population, stimulant-related disorders, opioid, sedative, hypnotic, and anxiolytic disorders were significantly more common.[25]

[24] Southwest Michigan Behavioral Health. (2024). 2022 Regional population health opportunity analysis. Author.
[25] Southwest Michigan Behavioral Health. (2024). 2022 Regional population health opportunity analysis. Author.

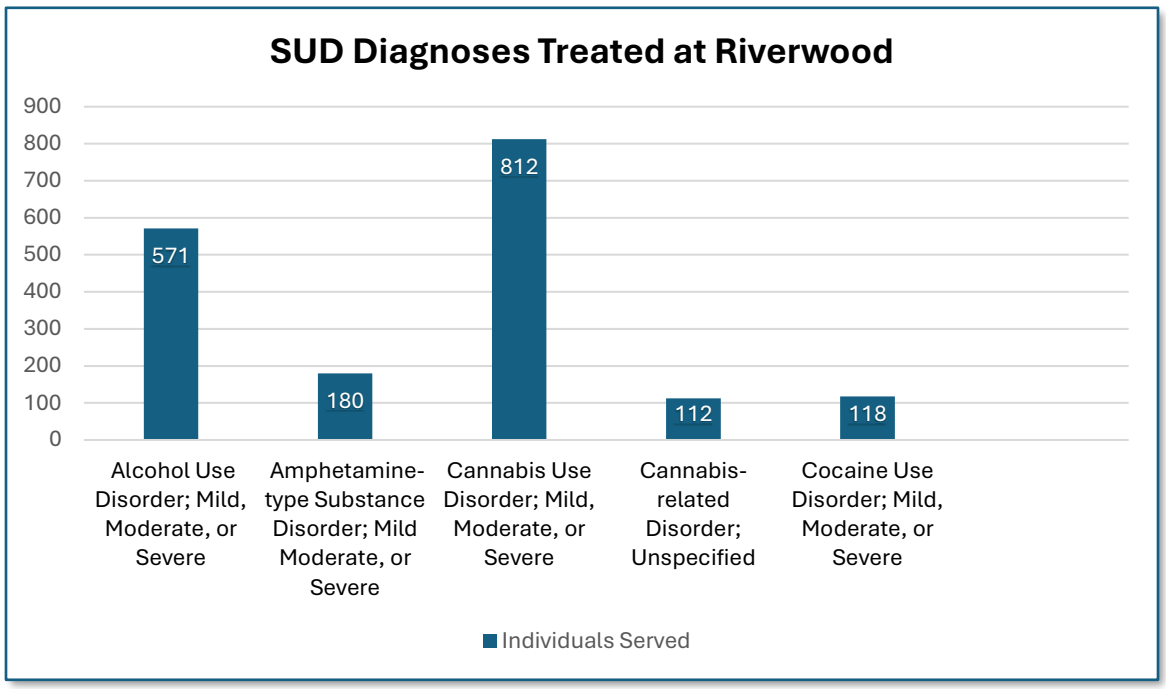
Table 4.22 Prevalence of Substance Use and Gambling Disorders Among Different Population Groups

Substance Use or Gambling Disorder Diagnosis	All SWMBH Served	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	Other Race	Unknown or Not Reported	White
Any diagnosis	36.6%	39.5%	**20.5%**	36.8%	36.5%	12.5%	**26.3%**	43.9%	37.0%
Alcohol related disorders	15.4%	15.8%	9.6%	**18.3%**	17.7%	8.3%	11.9%	23.5%	**14.8%**
Cannabis related disorders	13.8%	14.8%	7.2%	**16.8%**	16.0%	4.2%	**9.4%**	13.3%	**13.2%**
Other stimulant related disorders	10.6%	13.6%	1.2%	**4.3%**	10.0%	0.0%	**6.4%**	11.2%	**12.3%**
Opioid related disorders	9.3%	10.9%	3.6%	**4.7%**	7.7%	0.0%	**6.2%**	6.1%	**10.6%**
Cocaine related disorders	3.4%	2.2%	2.4%	**7.9%**	4.6%	0.0%	2.1%	7.1%	**2.4%**
Other psychoactive related disorders	1.6%	2.0%	0.0%	1.5%	1.6%	0.0%	1.2%	3.1%	1.6%
Nicotine dependence	1.9%	3.2%	1.2%	2.0%	1.5%	4.2%	1.0%	0.0%	1.9%
Sedative, hypnotic, or anxiolytic related	0.9%	0.3%	0.0%	**0.4%**	0.6%	0.0%	1.5%	0.0%	**1.0%**
Hallucinogen related disorders	0.2%	0.3%	0.0%	0.1%	0.6%	0.0%	0.2%	0.0%	0.2%
Gambling disorder	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%
Inhalant related disorders	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%

Bold font with red or green shading indicates that a rate is significantly higher (red) or lower (green) than the remaining population. Darker shading indicates a greater proportional difference in rates

In 2023, Riverwood served 1855 individuals with one or more SUD diagnoses, with referral sources from court/criminal justice, self-referral, alcohol/drug abuse care providers, or other health providers, schools, employers, other community referrals, and from our psychiatric department. However, not all consumers with an SUD diagnosis received SUD services. This is due in part because of a lack of engagement beyond initial assessment, or whether the individual did not want to receive SUD services once diagnosed by our psychiatric department. Among current individual served, the most prevalent SUD diagnoses (as shown in **Table 4.23**) are Mild, Moderate, or Severe Cannabis Use Disorder (812 individuals); Mild, Moderate, or Severe Alcohol Use Disorder (571 individuals); Mild, Moderate, or Severe Amphetamine-type Substance Disorder (180 individuals); Mild, Moderate, or Severe Cocaine Use Disorder (118 individuals), Unspecified Cannabis-related Disorder (112 individuals).

Table 4.23 SUD Conditions Treated at Riverwood



4.5.3 Prevalence of MH and SUD in Insufficiently Served Populations

Individuals with Co-Occurring Mental Health and Substance Use Disorders

In the state of Michigan, there is service utilization rates of approximately 39% of adults and 5% of children with co-occurring mental health/substance use needs compared to 28% and 7% respectively, at the national level.[26] According to a report looking at emergency department (ED) visit rates of probable drug overdose with co-occurring mental health conditions, it was found that in 2022, Black Michigan residents were 1.39 times more likely (rate ratio= 1.39) to experience an ED visit for a probable drug overdose with a co-occurring mental health condition than white residents. Between 2018-2022, Black females aged 15-24 had the highest average yearly ED visit due to probable overdose with co-occurring mental health conditions at a rate of 315 per 100,000 residents. The most common mental health conditions recorded for black females aged 15-24 were mood disorders (depression) with a rate of 221 per 100,000 residents and self-harm/suicidal behavior with a rate of 145 per 100,000 residents.[27]

[26] 2023 SAMHSA Uniform Reporting System (URS) Output Tables. Michigan State Mental Health Measures. https://www.samhsa.gov/data/sites/default/files/reports/rpt53125/Michigan.pdf

[27] Co-Occurrence of Drug Overdose & Mental Health Conditions Among Black Females (2023). https://www.michigan.gov/opioids/-/media/Project/Websites/opioids/documents/Co-occurrence-of-Drug-Overdose-and-Mental-Health-Conditions-Among-Young-Black-Females.pdf?rev=2cfe59b9427b4fbbb35dc7c07466d6cf

Veterans

Berrien County is home to 7,364 Veterans or 6.1% of the civilian population 18 years and over. About 2% of Riverwood active consumers have identified themselves as veterans. There is a VA clinic located in Benton Harbor, Michigan, however, most services are only provided at the VA center in Battle Creek, Michigan. 7% of the total county veteran population lives below the federal poverty level. 31% of the veteran population for whom poverty status was determined also live with some type of disability.[28] In a 2022 U.S. Department of Veterans Affairs report, it was reported that Michigan's veteran suicide rate was 31.9 per 100,000 residents compared to 18.4 per 100,000 residents nationally.[29]

LGBTQIA+

According to the Movement Advancement Project, 4% of adults (18+) and 373,000 of the population age 13 and older identify as LGBTQ in the state of Michigan.[30] According to the Michigan Profile for Healthy Youth (MiPHY), during the 2021-2022 school year, 17% of middle schoolers and 19% of high schoolers in Berrien County identified as LGBTQ.[31,32] From a 2022 statewide study, 45% of LGBTQ youth in Michigan considered suicide in the past year, with 15% of LGBTQ youth attempting suicide. 60% of LGBTQ youth in Michigan who were seeking mental health care in the past year were not able to get it.[33]

Riverwood is currently serving 252 individuals who identify as LGBTQ, which is approximately 6% of consumers. 64 individuals or about 1% of consumers chose not to disclose, or information was unable to be collected.

From conversations with community partners and statewide statistics, we believe there is a significant population of LGBTQ+ youth with unmet mental health needs in our service area.

Foster Youth

---

[28] U.S. Census Bureau, U.S. Department of Commerce. (2023). Veteran Status. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2101*. Retrieved February 10, 2025, from https://data.census.gov/table/ACSST1Y2023ACSST5Y2023.S2101?g=050XX00US26021.q=Berrien County, MI Veterans Status.

[29] Michigan Veteran Suicide Data Sheet, 2022. (2024). https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022_State_Data_Sheets_Michigan_508.pdf

[30] Michigan's Equality Profile. https://www.lgbtmap.org/equality_maps/profile_state/MI. Accessed 11/12/2024

[31] County reports- Michigan Profile for Health Youth, Demographics Summary Middle School, 2021-2022. https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportViewer.aspx?key=e090da38-1ac3-4993-aeb6-7c36c06d6c4f

[32] County reports- Michigan Profile for Health Youth, Demographics Summary High School, 2021-2022. https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportViewer.aspx?key=4ce4564d-51cf-4c06-b6c5-21f6960cf083

[33] 2022 National Survey on LGBTQ Youth Mental Health by State. https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Michigan.pdf

One population with a particularly high prevalence of Adverse Childhood Experiences (ACEs) is youth in foster care. Overwhelmingly, it has been documented that youth in the foster care system experience emotional injury and disruptive events by the time they begin their transition to adulthood. increased risk for physical health, mental health, and substance use disorders. These individuals also tend to perceive public services to be less supportive, have less trust in medical professionals, and do not place importance on keeping preventive health appointments. One element of this is the common occurrence of having several foster home placements, causing a lack of consistency in education and a loss of stability with friends, family, and siblings. Foster youth are also more likely to suffer from mental illness and substance use problems, impacting social and emotional development. Nationally, foster youth are almost four times more likely to have considered suicide and are more likely to have attempted suicide than those who have never been in foster care. [34]

The period of transition out of foster care at 18 years of age can be particularly challenging for individuals. In Michigan, approximately 58% of young people exit foster care because they are emancipated or aged out of the system without a recognized adult parenting relationship in place. [35] The transition from adolescence to adulthood is a critical developmental stage where young people normally learn skills to be healthy and productive adults. It has been found that of individuals diagnosed with SMI, SED, and/or SUD ages 18-25, those who were previously in foster care experience disparate access, use, and outcomes across a variety of service categories—from education and employment to stable housing and early parenthood, impacting their overall behavioral health. [36]

In an email interview with the Berrien County Health Liaison, it was noted that over the last 5 years, Berrien County has had anywhere between 170-314 children in the foster care system per year. In 2024, there were 318 unique consumers who *ever* had 'Foster Home/Foster Care (MH)' noted as a living arrangement, receiving services through Riverwood. Currently, Riverwood is providing services to 141 youth under the age of 18, about 3% of total consumers, who have 'Foster Home/Foster Care (MH)' or 'Youth Foster Care' noted as a living arrangement.

---

[34] Pilowsky, D. J., & Wu, L. T. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, *38*(4), 351–358.

[35] 2019 Kids Count in Michigan Data book. https://mlpp.org/wp-content/uploads/2019/04/2019-kcdb-master.pdf

[36] 2023 Michigan Profile Transition Age Youth in Foster Care. https://assets.aecf.org/m/resourcedoc/aecf-fosteringyouth-stateprofile-MI.pdf

5 Current Behavioral Health Landscape

5.1 Community Mental Health and Substance Use Services

5.1.1 Mental Health and Human Service Systems

Agencies in Berrien County that serve individuals with serious or mild-to-moderate mental illness with Medicaid are limited. Riverwood provides outpatient mental health services to anyone with serious or mild-to-moderate mental illness, whether they have Medicaid, private insurance, or private pay.

Additional mental health and human service agencies offering services to county residents with varying insurance coverage are Andrews University Community Counseling Services located in Berrien Springs, MI and offers free psychological services under the supervision of licensed psychologists. Inpatient services are available at Behavioral Health Inpatient Services at Corewell Health with locations in St. Joseph and Niles, MI. Corewell Health Center for Wellness in Benton Harbor, MI offers health and wellness, mental health services, and other support services to individuals living in Benton Harbor and Benton Heights, MI. Haelan Counseling Center located in Niles, MI offers mental health services for children, adults, couples and families. Lory's Place in St. Joseph, MI offers peer support groups and grief care for children and adults who have suffered the loss of a loved one.

Berrien County's federally qualified health center (FQHC), InterCare Community Health Network, provides health care and mental health services to individuals with mild-to-moderate mental health needs, as well as medication assisted treatment (MAT) services. For county residents needing day program services, MI-Journey in Benton Harbor, MI provides a safe environment for individuals diagnosed with severe mental illness to socialize and practice skill-building. Caring Connection Empowerment Center in St. Joseph, MI provides adult day services, support for those who have experienced domestic violence, and guardianship services. [37]

5.1.2 Substance Use Services

In Berrien County, opioid use disorder (OUD) presents a significant public health crisis. Assessing the substance use burden, substance use resources available, and social vulnerability, Berrien County ranks in the 80th percentile (z-score of .86) of the most vulnerable counties in the state. Despite efforts to combat this, critical gaps remain in both

[37] A detailed list of Berrien County substance use treatment, mental and physical health access resources can be found in **Appendix C:** Resource Directory.

treatment capacity and prevention education, underscoring the urgent need for additional resources.[38]

Substance use services offered for individuals who have Medicaid are limited in Berrien County. Locations like Carol's Hope Community Health Center offer a supervised, supportive setting where individuals with substance use and co-occurring disorders can work with a Peer Recovery Coach to develop a Recovery Plan and connect to services. Cass Family Clinic in Niles, MI and Harbortown Treatment Center in Benton Harbor, MI offer opioid treatment program (OTP) services. Harbortown also offers women's life skills, peers support services, and intensive outpatient treatment (IOP) services.

Other locations that offer SUD services for county residents with private insurance or who pay out of pocket are Bright Hope Counseling Center and Nairad Treatment Center , Psychiatric and Psychological Specialties in St. Joseph, MI.

Over the last two years, Riverwood Center's SUD retention rate has been steady at 15%. As of July 2024, the Riverwood consumer to staff ratio is 18:1. Top referral sources include court/criminal justice, self-referral, other health care provider, alcohol/drug abuse provider, or other community referral. Based on interviews with consumers and treatment providers, the current barriers to treatment are stable and safe living, transportation, access to a telephone, and adequate space to provide group therapy based on program fidelity requirements.

Currently, Riverwood's treatment programs are operating at capacity. Expanding our treatment capacity is essential to providing evidence-based services such as MAT services, counseling, and support services to more individuals. Without these resources, individuals face increased risks of overdose and other health complications, perpetuating cycles of addiction and loss.

Equally vital is the need to strengthen prevention education programs aimed at reducing opioid misuse. Effective prevention strategies can empower individuals with knowledge about the dangers of opioid misuse, reduce stigma, and foster early intervention. Unfortunately, limited funding has constrained our ability to reach vulnerable populations, including youth, at-risk adults, and communities insufficiently provided for.

In the last year, Riverwood distributed four hundred Naloxone kits, which resulted in 42 overdoses being reversed. With the 10% success rate, we would like to continue our Naloxone distribution in the community and increase the overdose reversal rate in Berrien

[38] Michigan Overdose Data to Action Dashboard, County Data. Accessed 12/02/2024 https://www.michigan.gov/opioids/category-data

County. To address the continued need for SUD treatment in Berrien County, Riverwood is currently assessing the need to expand our services by providing MAT services and an adolescent Intensive Outpatient Treatment group.

5.1.3 Crisis Services

Riverwood master's level licensed clinicians conduct pre-admission screening to determine medical necessity for admission, prior to and as a condition for any eligible person's admission to an inpatient, partial hospitalization, or crisis residential placement. Pre-screens may occur by telehealth at the emergency room of any local hospital and at the Berrien County Juvenile center, as well as any Riverwood Center site in-person during the Request for Service process. Pre-admission screening is provided to all open Riverwood Medicaid and general fund eligible person-served requiring inpatient services, as well as individuals not currently receiving services from Riverwood that have Medicaid, MI Child, or is an indigent person residing in Berrien County. As a courtesy, Riverwood also provides pre-admission screening for non-Berrien County residents with Medicaid, MI Child, or indigent, when requested by another county. Riverwood also provides timely and effective emergency assessments and interventions, as well as crisis response when there is a disaster in the community.

In accordance with the state of Michigan and national guidance for an integrated crisis care system (*someone to call*, *someone to respond, and a safe place for help*), Riverwood expanded its crisis stabilization services beginning in October 2024. In addition to a 24-hour crisis line (*someone to call*), Riverwood initiated 24-hour Mobile Crisis services (*someone to respond*) for all Berrien County residents across the lifespan in January 2025. The mobile crisis team provides supplemental crisis resolution for current individuals served as well as community members who do not currently receive services throughout Berrien County and respond within two (2) hours of the initial request.

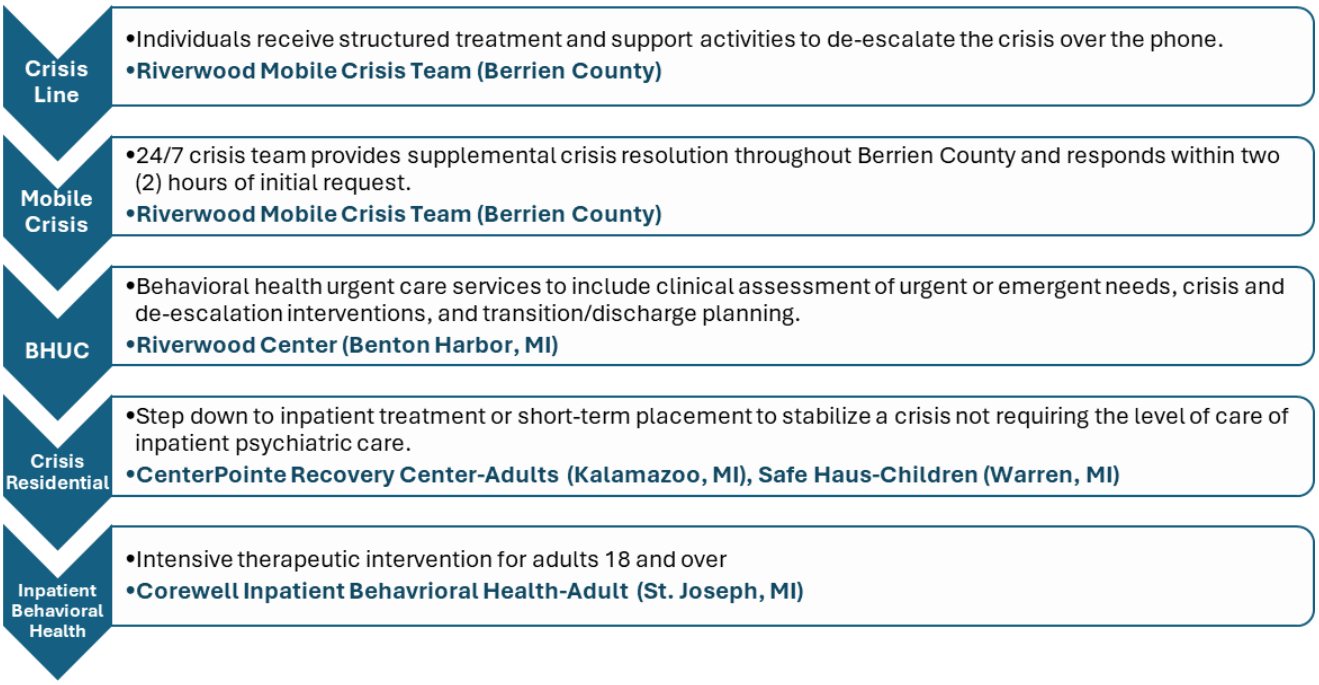
Services can be accessed by calling the 24-hour crisis line, where individuals receive structured treatment and support activities to de-escalate the crisis. If further invention is needed, a two-person team will respond in person. Services are provided where necessary, to alleviate the crisis and to permit the individual to remain in their usual home and community environment. The crisis team will provide recommendations for community support and follow-up treatment (including a referral to the Behavioral Health Urgent Care described in more detail below) before the end of the crisis contact. Behavioral Health Urgent Care (BHUC) staff will follow up with individuals who requested mobile crisis services, the next business day.

If there is a concern the individual may be at risk of harm to self or others, the mobile crisis team will contact appropriate community support and coordinate with responders on the most appropriate and least restrictive place to go for person served to ensure safety.

Riverwood started providing behavioral health urgent care services (*a safe place to help*) in October 2024, Monday through Friday from 8:30 am to 4 pm. This treatment model is intended to offer diversion from the use of emergency departments or hospitals on a walk-in basis, to address individuals experiencing a behavioral health crisis. Upon a triage determination of urgent or emergent behavioral health needs, a person will receive BHUC services to include clinical assessments, crisis and de-escalation interventions, and transition/discharge planning. Discharge planning includes care coordination and referrals to primary care as well as safety and after-care instructions. Next day follow-up will be provided to individuals seen in the BHUC. If needed, Riverwood will coordinate the transition to a higher level of care.

Emergency services are provided through Corewell Health Lakeland Hospitals at their St. Joseph and Niles locations. If intensive therapeutic intervention is needed for adults 18 and over, Corewell provides behavioral health inpatient services at their St. Joseph location. Riverwood also holds contracts with several hospitals across the state of Michigan and northern Indiana to provide inpatient psychiatric services. For step-down to inpatient treatment or brief placement to stabilize a crisis not requiring the level of care of inpatient psychiatric care, Center Pointe Crisis Recovery Center in Kalamazoo, MI, for adults, and Safe Haus in Warren, MI for children.

Table 5.1 Integrated Crisis Care System



5.2 Key Providers and Stakeholders in the Community

5.2.1 Care Coordination Partnerships

Riverwood Center has executed care coordination agreements with Cass Family Clinic (Niles Location) and Harbortown Treatment Center, both of which provide Outpatient Drug Treatment (OTP) services. Riverwood refers to detox facilities across the state of Michigan and northern Indiana. Additionally, we have initiated communication with our local FQHC, InterCare, to establish a Care Coordination agreement for referral and care coordination. This agreement is vital to providing integrated care to county residents as the two largest Medicaid health providers.

Riverwood has provided crisis management services to staff at the Berrien County courthouse in St. Joseph, MI and as well as the Benton Harbor High School in Benton Harbor, MI. Riverwood's partnerships with Berrien County Trial Court were initiated to allow Riverwood clinicians to provide MST, FFT, and psychiatric direct services at the courthouse to individuals served, allowing better access to care.

5.2.2 Designated Collaborating Organizations (DCO)

Riverwood Center provides all CCBHC core services and does not utilize services provided by a Designated Care Organization (DCO).

5.3 Gaps in Services and Barriers to Care

5.3.1 Gaps in Expertise or Resources

Staffing and Services

Riverwood provides initial screening, assessment, and diagnosis for behavioral health conditions directly. If it is determined that specialized services fall outside the expertise of current staff, Riverwood provides direct support or facilitates referrals through established partnerships with qualified providers. Additionally, when appropriate and necessary, Riverwood will utilize telehealth and telemedicine solutions to enhance access to care.

A full continuum of behavioral health care services is provided through Riverwood. This includes all 9 required CCBHC core services offered at one of our 5 sites, as well as non-CCBHC services by community provider partners, to ensure that community members receive the appropriate level of support and periodically assess staffing needs as demand for services increases. Through Mental Health First Aid, Peer Support Programs, and Community Health Workers (CHWs), we provide promotion and prevention activities to increase mental health literacy, reduce stigma, and improve access to resources. CHWs help bridge gaps in care by assisting individuals in navigating the health system and connecting them to community resources that support their overall well-being. Additionally, community outreach efforts and school-based mental health training have been vital in equipping youth, educators, and caregivers with the skills to recognize early signs of behavioral health challenges and seek timely support.

Law enforcement and first responders often encounter individuals experiencing behavioral health crises, making crisis prevention training essential in promoting de-escalation techniques and reducing unnecessary hospitalizations or incarcerations. Riverwood offers Crisis Prevention & Intervention training for law enforcement and first responders. For individuals and families requiring additional support, Riverwood offers parent management training as well as mental health and SUD groups. Mental Health and SUD groups provide targeted prevention support to current individuals served. Engaging in a support group helps to prevent the escalation of mental health symptoms and substance use disorders by fostering peer accountability, emotional support, and access to recovery-oriented resources.

For more complex treatment needs, Riverwood provides psychiatric services, outpatient treatment, Assertive Community Treatment (ACT) and case management services to ensure individuals receive structured, evidence-based interventions while remaining integrated within their communities. Wraparound and Community Living Supports are also provided to

facilitate stabilization and recovery. Wraparound services provide individualized, family-centered support to coordinate mental health care, social services, and educational resources to improve outcomes for youth and their families. Community living supports help individuals with intellectual developmental disabilities (I/DD), serious mental illness (SMI) and other behavioral health conditions maintain independent, meaningful lives by helping with daily living activities, social integration, and continued access to care.

Facilities

As Riverwood continues to expand access to care and services to a growing number of consumers, we are beginning to assess whether our current infrastructure adequately supports this growth. With more individuals with mild-to-moderate mental health needs seeking behavioral health support, the strain on physical space, particularly group programs and crisis services, has become increasingly apparent.

5.3.2 Complexity of Client Needs

Upon intake, individuals seeking services at Riverwood receive an initial assessment done by a qualified mental health professional who identifies all presenting needs, issues, strengths, resource support and barriers to achieving the individual's expressed or implied desired outcome. These elements also include screening for substance use and co-occurring disorders. Additionally, the intake clinician will discuss options available for determining how to proceed with person-centered planning, treatment, services and/or support. For children or consumers with intellectual or developmental disabilities, intake clinicians assess the needs of the family and caregivers as well.

Riverwood intake clinicians conduct other assessments or referrals for nutrition, medical, including physical pain, dental, psychological, including emotional pain, behavioral, psychiatric, occupational therapy, physical therapy, vocational, educational, etc.

Following this initial assessment, it is the policy of Riverwood to reassess the needs of the person served on a periodic and annual basis to ensure they are receiving the most appropriate care and progression towards their expressed or implied desired outcomes.

5.3.3 Service Accessibility and Availability

Riverwood currently provides a robust array of behavioral health services. These services are available Monday through Friday from 8:30 am to 5:00 pm at the Benton Harbor campus and satellite offices in Niles and St. Joseph, located in the Central and Southeast regions of Berrien County. Riverwood offers mobile crisis services across the entire county 24 hours a day, 7 days a week, ensuring rapid response to behavioral health emergencies regardless of location or time.

The concentration of services in the Central and Southeast regions provides strong support to residents in those areas. Clients residing in or near more moderately populated areas within these zones typically experience fewer barriers to accessing services, including public transportation options and proximity to clinics.

The mobile crisis team ensures countywide emergency response coverage, addressing acute needs and filling service gaps in rural and underserved areas. However, this crisis model is designed for short-term stabilization and linkage, not for ongoing care.

Riverwood will look at exploring to new care coordination agreements with primary care offices to assess the viability of offering psychiatric and outpatient treatment telehealth options for residents in the North and Southwest region of the county, more rural parts of the county, who may have trouble accessing services due to distance, lack of public transportation, or insufficient local service infrastructure.

6 Stakeholder and Community Input

6.1 Methodology for Data Collection and Analysis

The selected data collection and analysis strategies were chosen to ensure accessibility, efficiency, and relevance to the community context. An online survey was used due to its low cost, ease of distribution, and ability to quickly reach a wide audience across digital platforms.

Surveys

- **Instrument:** A 9-question survey was utilized for the community partner survey with an additional question eliciting their interest in being a part of a focus group. A 16-question survey was utilized for the employee survey with an additional question asking if they would like to be a part of our employee focus group. A 22-question survey was provided to community members with an additional question asking if they would like to participate in one of three focus groups.
- **Target Population:** Adult residents (ages 18+) living and/or working in Berrien County.
- **Sampling Method:** Convenience sampling was utilized, relying on voluntary participation through public postings and direct outreach.
- **Distribution Method**: The survey and focus group flyers with QR codes were distributed via email to local agencies who are currently a part of the Health Berrien Consortium and Health and Human Services group, posted in check-in windows at each Riverwood location, shared in posts on Riverwood's Facebook page, and posted at community libraries where two of the focus groups were held. Additionally, an

email with the staff survey link was sent to all Riverwood staff. Community partners and board members were also asked to encourage participation by forwarding the survey and focus group flyers to their networks.

Analysis of employee and community surveys incorporated both quantitative and qualitative methods. Descriptive statistics (counts and percentages) were calculated for all fixed-response survey questions, including Likert-type scales, yes/no, and multiple-choice items. Summary visuals were then developed to illustrate key findings.

For open-ended survey questions, a manual thematic analysis approach was used. Responses were read in full, and emergent themes were identified and synthesized using an inductive coding process, ensuring that the analysis represented respondents' perspectives. This process ensured that the nuanced perspectives of respondents were included alongside the quantitative data.

Focus Groups

A discussion guide was created for each focus group based on three distinct considerations:

1. Required components of a community needs assessment as outlined in the *Michigan Certified Community Behavioral Health Clinic (CCBHC) Handbook*
2. Stakeholder differentiation that accounted for the operational contexts of participating stakeholder groups
3. Emergent themes from preliminary survey analysis

The sequential mixed-methods design enabled focus group participants to provide qualitative feedback on factors impacting community mental health and substance use that had been identified by survey respondents.

The focus groups were led by two facilitators. Notes from each focus group were captured concurrently by a dedicated recorder.

Focus groups were conducted in person (employees) and via Microsoft Teams (community partners). The discussion from both focus groups was captured through Teams' native transcription functionality, generating a transcript to be used for the purpose of supplementing the concurrent notes.

Focus group data analysis followed a multi-step thematic analysis process that integrated both manual and technology-assisted methods. The analysis followed these steps:

1. Familiarization: The discussion guides and meeting notes were reviewed alongside the transcripts to establish context and identify areas of emphasis.

2. Initial Coding Using a Large Language Model (LLM): A large language model (LLM) was used to perform an initial round of coding, cluster identification, and extraction of illustrative quotations, following a modified process described by Turobov et al.[39] This step provided a broad clustering of thematic areas based on the transcript text.
3. Manual Review and Refinement: All codes, clusters, and quotations produced by the LLM were manually reviewed for relevance, accuracy, and alignment with the focus group discussions. Additional manual coding and clustering were conducted to ensure that emergent themes fully reflected participants' conversations.
4. Theme Documentation: Final themes (clusters), sub-themes (codes), and exemplary quotations were documented, accompanied by concise summaries to synthesize key findings.

[39] Turobov, A., Coyle, D., & Harding, V. (2024). Using ChatGPT for thematic analysis. *arXiv preprint arXiv:2405.08828*. https://arxiv.org/abs/2405.08828

Table 6.1 Survey and Focus Group Key Dates

Activity	Date
Community Partner Survey Opened	December 4, 2024
Reminder Email Sent	December 14,2024
Community Partner Survey Closed	January 10, 2025
Staff Survey Opened	February 26, 2025
Reminder Email Sent	March 10, 2025
Staff Survey Closed	March 14, 2025
Community Member Survey Opened (Shared on Facebook, Flyers Posted in Riverwood Offices, Emailed to Community Partners)	March 3 & 5, 2025
Reminder Facebook Posts	March 17 & 20, 2025
Staff Focus Group	March 20, 2025
Community Partner Focus Group	March 25, 2025
Community Member Focus Groups (Niles, New Buffalo, Benton Harbor)	April 15 & 17, 2025

6.2 Common Themes and Concerns

Common themes that emerged from focus group meetings and answers to survey questions showed that Community Members, Staff, and Community Partners were concerned about:

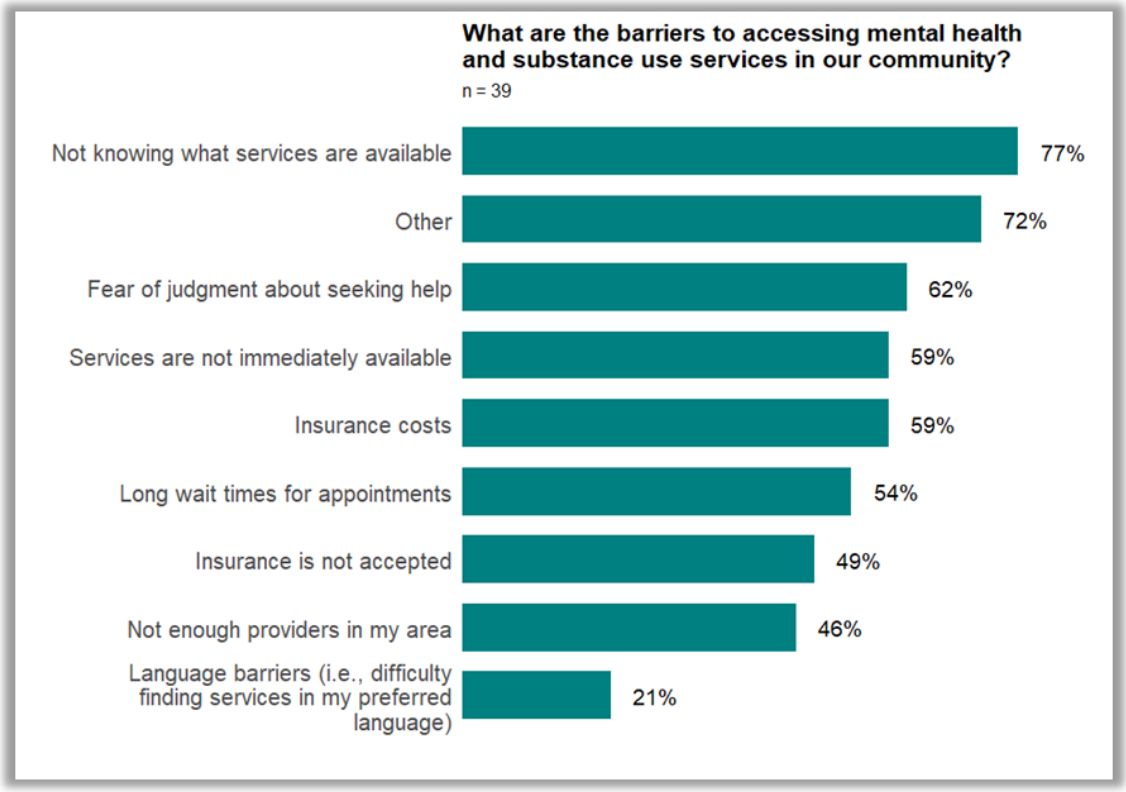
- Financial conditions creating barriers to access, care, and the impact on behavioral health
- Social Drivers of Health and Equity Gaps
- Need for expanded outreach/lack of awareness of Riverwood services
- Structural Gaps in Behavioral Healthcare

6.3 Perspectives

6.3.1 Community Members

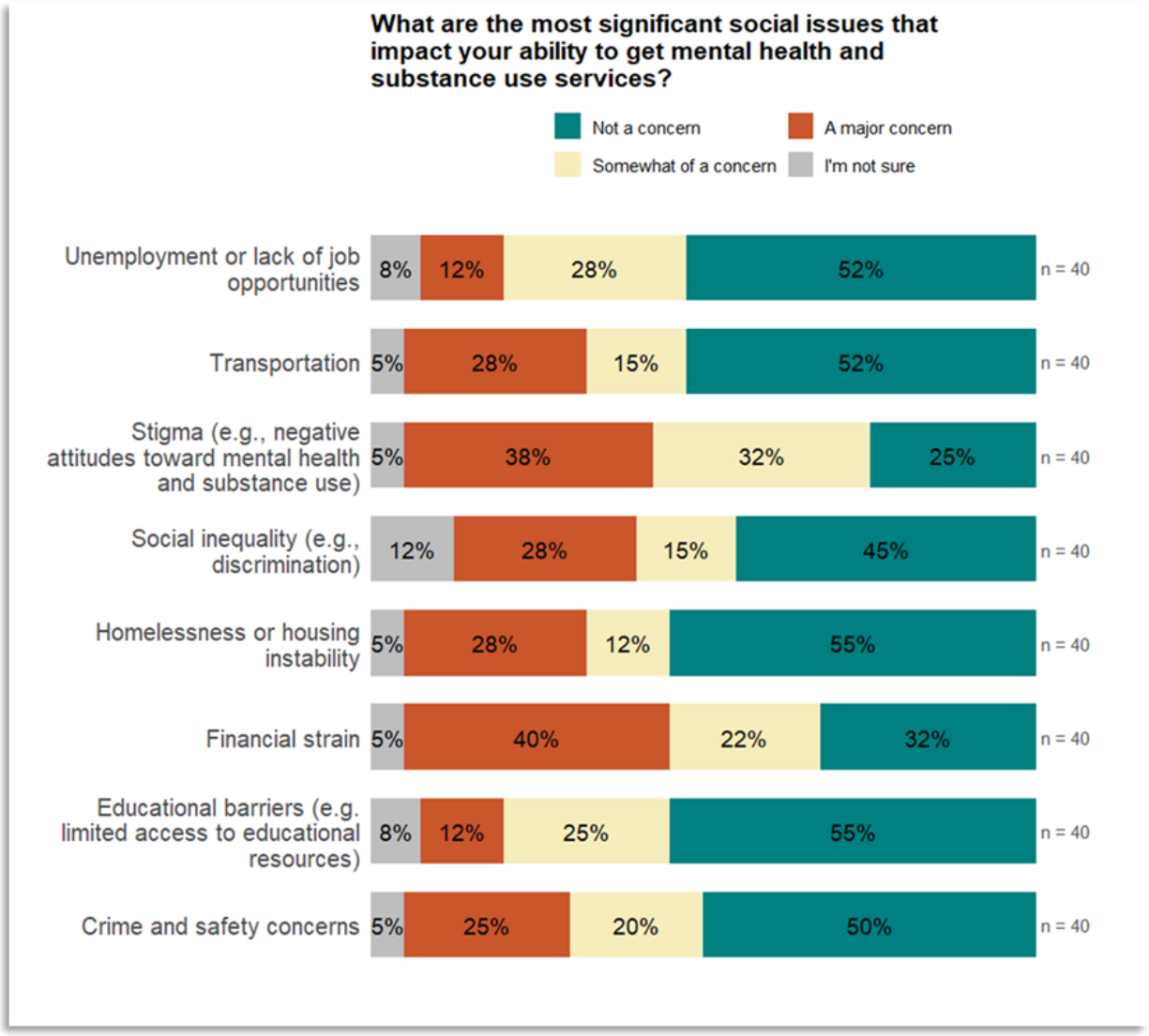
Financial conditions creating barriers to access, care, and the impact on behavioral health

When community members were asked what barriers to accessing mental and substance use services existed, 77% said they did not know what services were available, 72% said cost, and 62% said fear of judgment about seeking help.

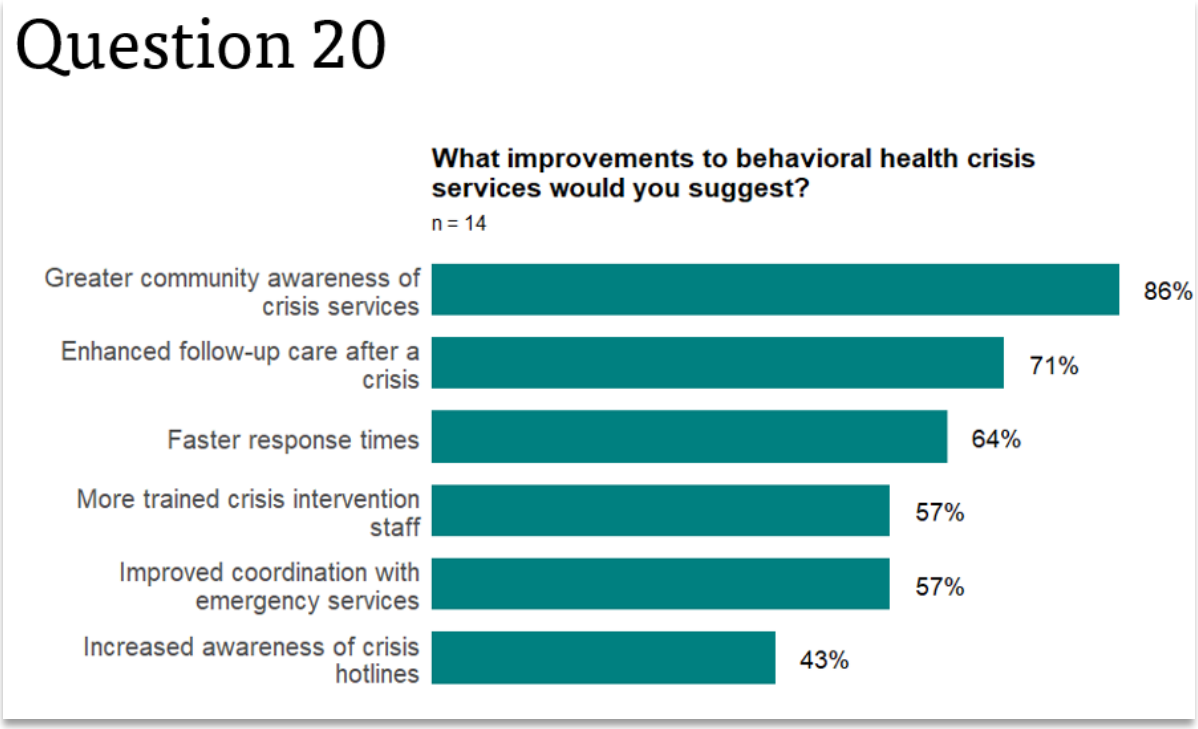


Social Drivers of Health and Equity Gaps

When community members were asked what social issues impact their ability to get behavioral health services, respondents answered that financial strain (40%), stigma (38%), and transportation, social inequity, and homelessness (28%) were major concerns. Additional concerns that were included: feeling alone, lack of support and community connection, lack of parental support and resources, lack of in-home services for the elderly or people with disabilities.



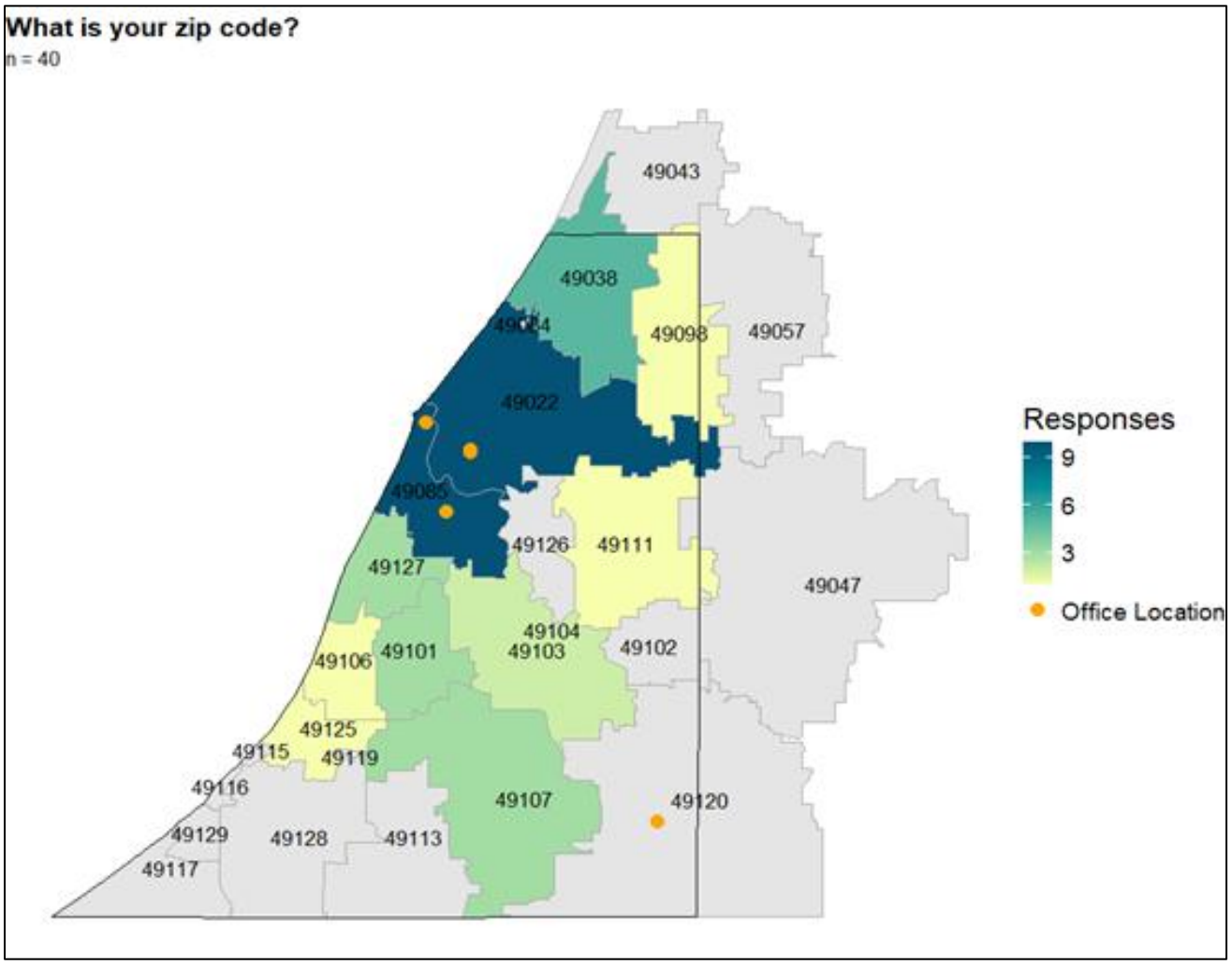
Need for expanded outreach/lack of awareness of Riverwood services



Community Survey Respondent Demographics

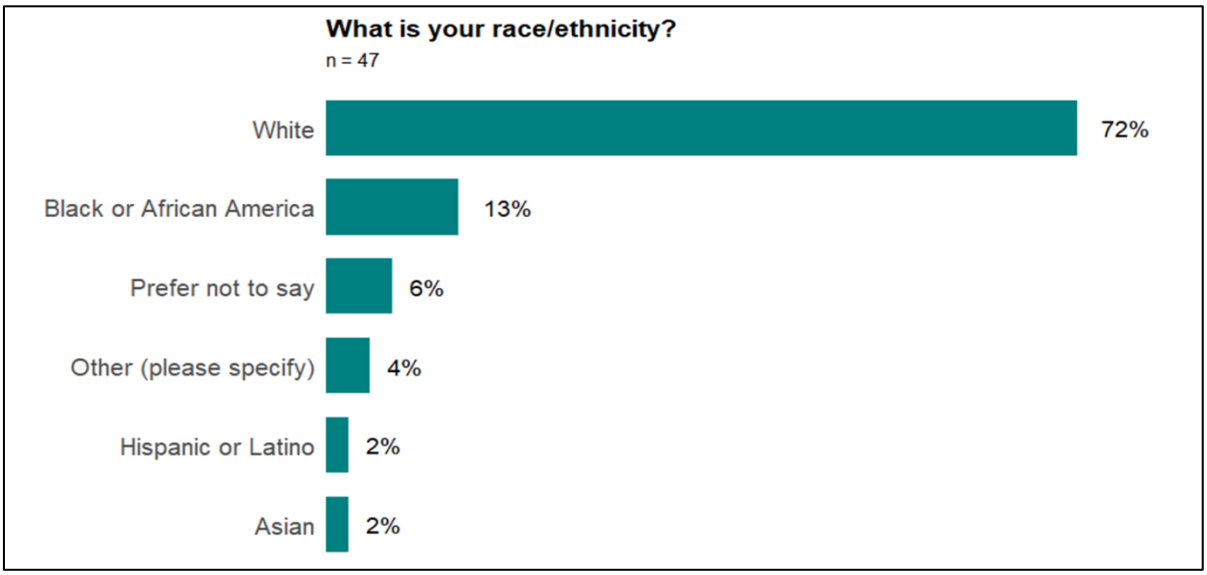
Question 5 of the community member survey asked what zip code participants resided in, ethnicity, age, gender identity, and primary language spoken. As you can see in the figure below, there was a larger concentration of survey participants that resided in 49022 and 49085 zip code, near our main campus in Benton Harbor.[40]

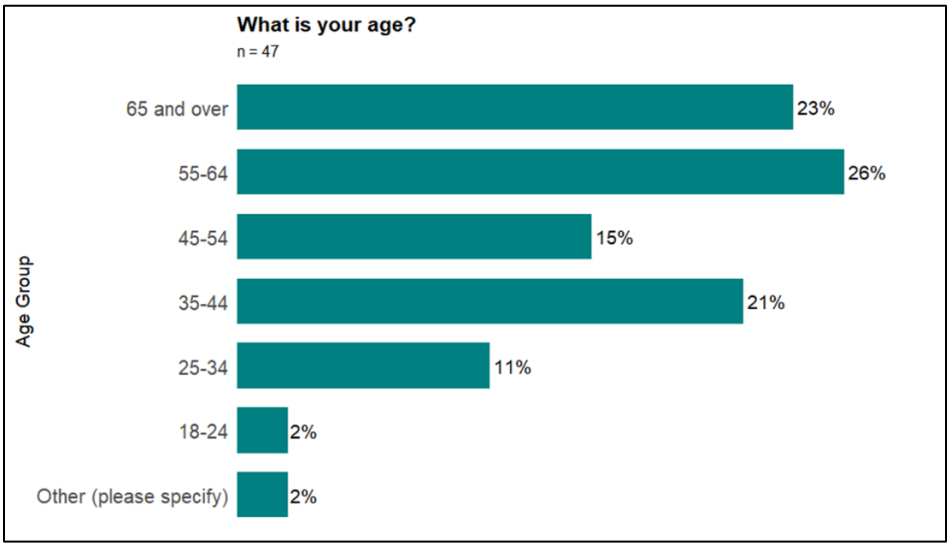
Figure 6.1 Community Survey Participant Residence by Zip Code

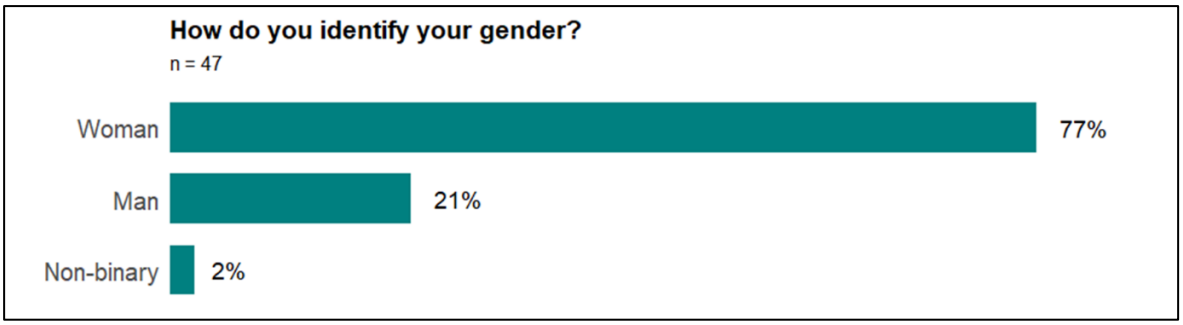


[40] See Poverty Level and Census comparison maps located in **Appendix B:** Population Maps**.**

72% of respondents identified as white, 13% identified as Black/African American, 6% preferred not to say, 4% chose *Other,* and 2% identified as Hispanic/Latino. 77% of respondents were women, 21% were men, and 2% were none All respondents responded that their primary language was English, however the survey was only provided in English.



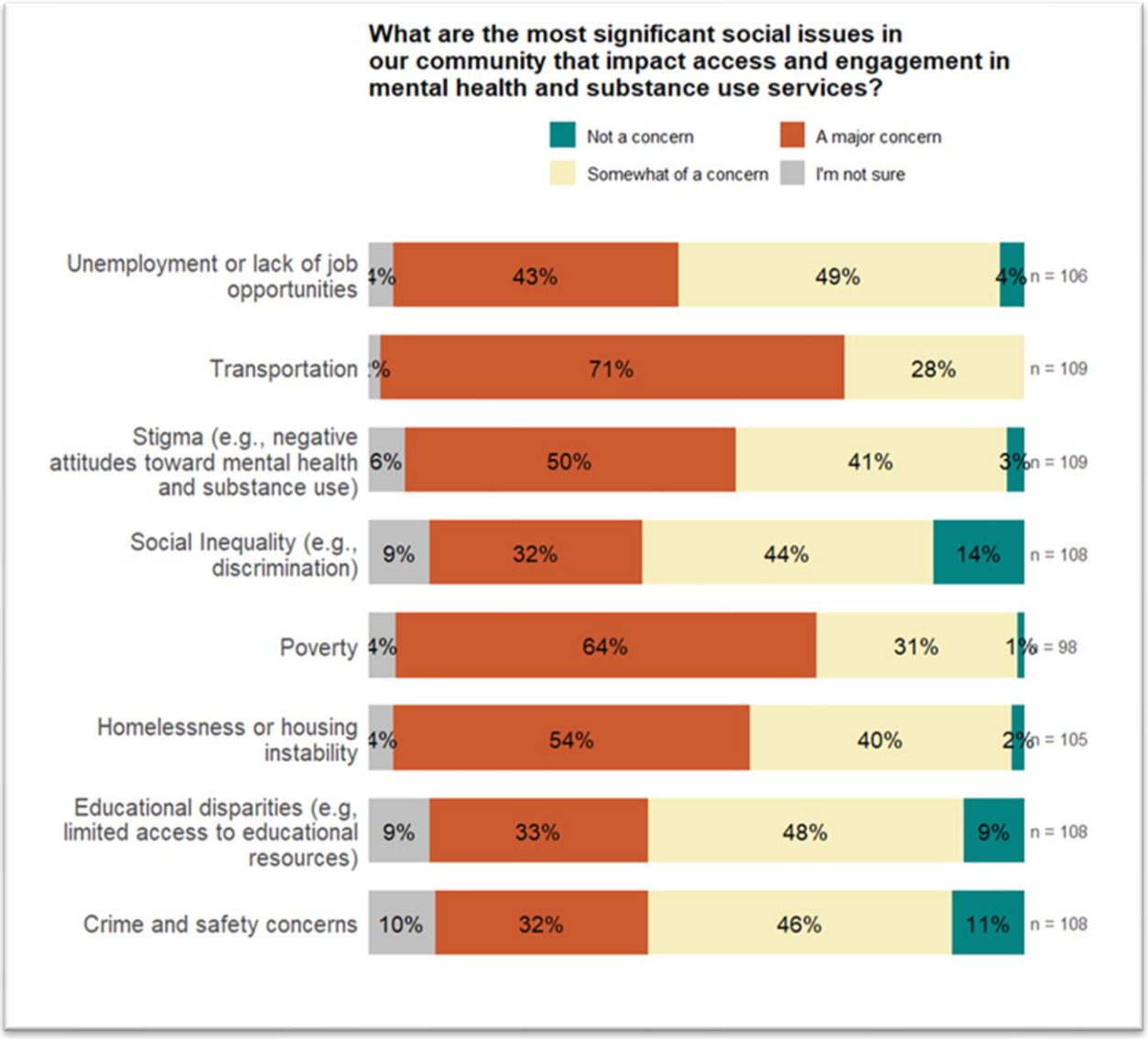




6.3.2 Employees

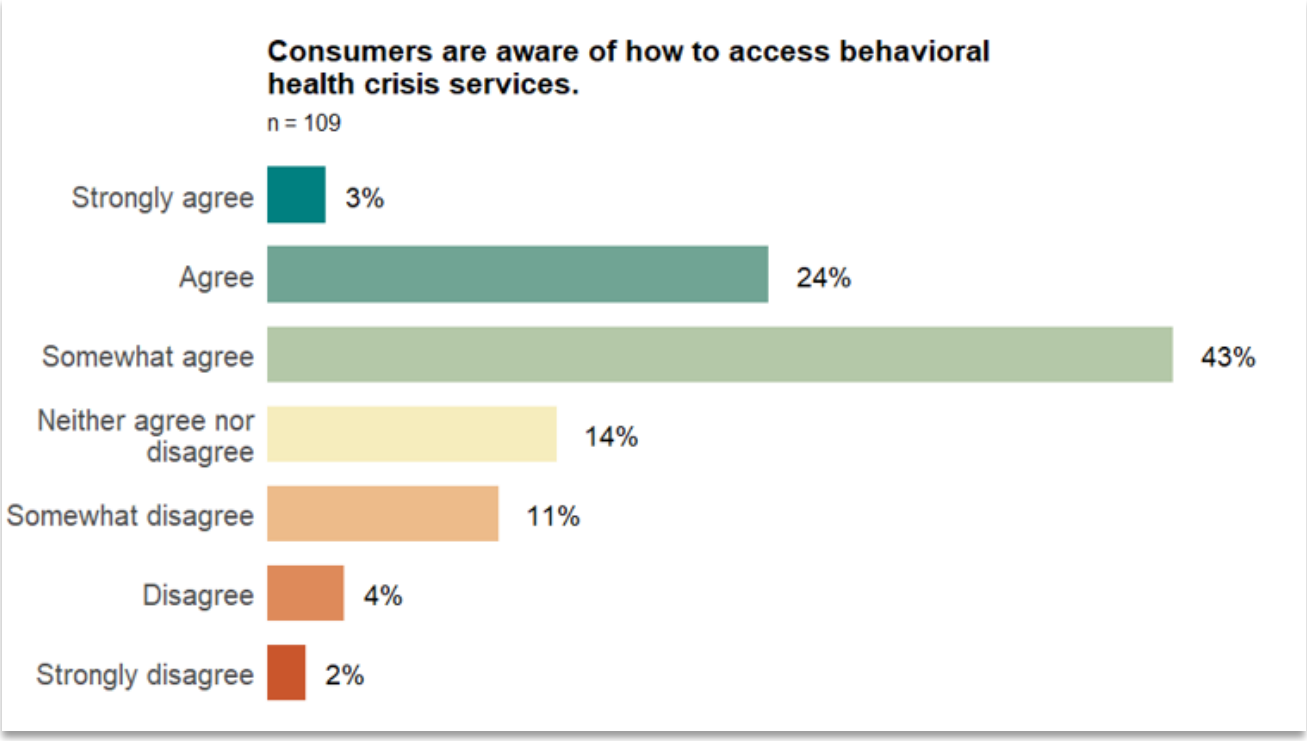
Financial conditions creating barriers to access, care, and the impact on behavioral health

When staff were asked what social issues have the most significant impact on access and engagement of behavioral health services, 71% of respondents said Transportation is major concern, 64% said Poverty is a major concern, 54% mentioned Homelessness, and 50% highlighted stigma**.**



Need for expanded outreach/lack of awareness of Riverwood services

When staff were asked if they believed consumers were aware of how to access behavioral health crisis services, 43% somewhat agreed, 24% agreed, and 14% neither agreed nor disagreed.

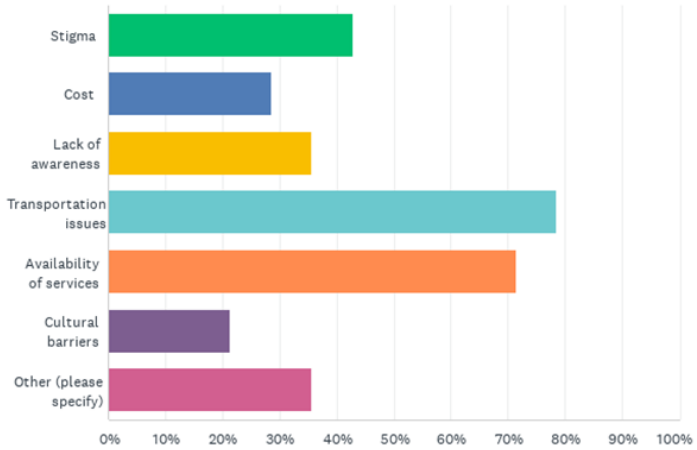


6.3.3 Community Partners

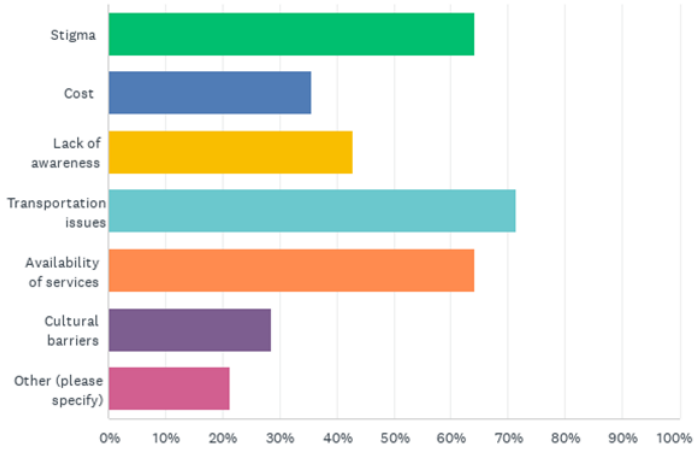
Financial conditions creating barriers to access, care, and the impact on behavioral health

When the community partner survey respondents were asked a similar question about barriers to accessing mental health services, 79% answered transportation issues, 71% answered availability of services, 43% answered stigma, followed by 36% answering lack of awareness [of resources]. Responses about barriers to accessing substance use services were almost identical.

Q3 What do you believe are the major barriers to accessing mental health services? Select all that apply.



Q4 What do you believe are some of the major barriers to accessing substance use services? Select all that apply.



Input from Stakeholders on Mental Health Needs

- Many people reported that if needed, they would **choose to receive mental health care through their primary care office**.

  Some noted mental health care could be improved with additional education and coordination with primary care providers.

- **Depression and anxiety** were cited as primary mental health concerns.

  Some expressed the belief that depression and anxiety in teens and young adults seem to be compounded by social media use.

- Many supported the need for additional **mental health resources in schools** that could provide education about mental health and suicide, including recognition of signs and symptoms and intervention strategies.
- Riverwood's ability to provide **24/7 crisis services** was universally seen as positive. While some said community members might not be aware of this resource or how to access crisis services, many reported that consumers currently served by Riverwood are likely familiar with how to access crisis services if needed.

Input from Stakeholders on Substance Use Needs

- **Primary prevention** was identified as a strategy that could impact substance use. Several stakeholders reported that many people do not understand the risks of drug use.

  Some expressed concern that the legalization of marijuana may send the message that there are no risks associated with its use.

- **Harm reduction** initiatives also received stakeholder support.

  The most identified strategies included Medication-Assisted Treatment (MAT) and naloxone interventions. Increased distributions of and training on the use of naloxone (Narcan) was described as an effective way for the community to prevent drug overdose.

- Stakeholders noted the **challenges related to substance use and criminal justice involvement**.

Some expressed the belief that diversion strategies could produce better long-term outcomes for people with substance use issues. Others noted that people who have struggled with addiction and had criminal records related to substance use could have subsequent difficulties finding a job or housing.

7 Findings

7.1 Strengths

Participants of the focus groups identified factors that Riverwood is currently doing to support positive outcomes in behavioral health:

Availability

- Participants shared that the availability of **3 service locations** across the county and a **toll-free 24/7 helpline** increases access.
- Offering a **Telehealth option** for some services makes it easier for consumers, with internet access and comfort using technology, to receive care.

Awareness and Equity

- **The Crisis Intervention Team (CIT)** program for first responders was specifically identified as a model facilitated by Riverwood and has been successful in diverting people into treatment.

Overall Mental Health and Substance Use Needs

- **24/7 crisis services** were universally seen as positive.
- Increased distribution of and training on **the use of naloxone (Narcan)** was described as an effective way for the community to prevent drug overdose.

7.2 Challenges

7.2.1 Stakeholder Perspective

Participants of the focus groups also identified several types of barriers they believed county residents face that impact both access and engagement in behavioral healthcare:

Environmental Factors

- **Lack of reliable transportation** was identified as a major factor limiting access to behavioral healthcare.
- **Homes without internet access** can prevent the use of telehealth to enable a virtual visit with a behavioral healthcare provider.

Social Factors

- **Stigma** about having mental health and substance use needs persists in many areas around the county. This included a stigma associated with Riverwood as an agency, given its history of serving individuals with significant mental health needs.
- **Certain population groups may experience unique challenges** in getting care. Some participants expressed the belief that people of color with a mental health or substance use need were more likely to end up in the criminal justice system because of concerns associated with those needs. Others noted that those who were unhoused may have difficulty getting in touch with their providers or vice versa. Some also reported that they did not have providers they felt they could relate to or who "looked like them".

Systemic Factors

- A **timely response to inquiries**, **time-consuming referral requirements for organizations making a referral**, and **lengthy time to initial service** were also noted as challenges.
- **Lack of expanded hours** makes it difficult for county residents who work during regular business hours to get the necessary services**.**

7.2.2 CCBHC Perspective

One challenge to the implementation of CCBHC services identified by Riverwood Leadership has been staff training, fatigue, and turnover providing services in an already underserved population area. Recruiting and retaining qualified behavioral health professionals in an economically depressed area has also been a challenge to maintaining a qualified workforce.

Berrien County's physical health, behavioral health, and social service agencies have had a history of being siloed; however, more recent efforts have been made to bring about awareness of each agency's contribution to the county, fostering collaboration. With the review of the County Community Health Needs Assessment done by Corewell Health and as well as responses to the survey conducted by Riverwood, it is apparent that although many behavioral health services are available, many community members are either unaware of services offered at Riverwood or have a lack of trust in seeking out available services.

Lastly, Riverwood continues to assess how to manage costs associated with expanded services, staffing for expanding services, and sustainability beyond the demonstration period.

8 Action Planning

8.1 Prioritization of Findings

To effectively prioritize the findings, Riverwood will identify and categorize the needs, assess the severity and urgency, evaluate the feasibility of addressing each need, consider community and stakeholder input, evaluate potential for positive outcomes, and use a scoring or ranking system.

8.2 Staffing Plan

Our current CCBHC staff model includes a Full-time Equivalent (FTE) team with 3 psychiatrists, 5 nurse practitioners, 4 registered nurses, 16 outpatient clinicians, 16 substance use treatment clinicians, 7 peer support or recovery coach staff, and 37 additional support staff to provide a continuum of mental health and substance use treatment services for children, youth, adults and families. This plan reflects both the intensity of community needs and our goal to offer person-centered, context-aware, and providing care for those who have experienced emotional injury.

Additionally, our staff have been trained in the required CCBHC evidence-based practices (EBP) as well as additional EBPs to meet the needs of the community, as shown in the following table.

Table 8.1 Evidenced Based Practices Treatment Provided at Riverwood

Primary Persons Served	Evidence-Based Practices (EBPs)	Age Group(s)
Behavioral Health Crisis	"Air Traffic Control" Crisis Model (24/7 crisis intervention services)	Throughout the Lifespan
Mental Health Disorders	Cognitive Behavioral Therapy (CBT)	Children, Adolescents, Adults, Older Adults
	Dialectical Behavior Therapy (DBT)	Adolescents, Adults
	Motivational Interviewing (MI)*	Adolescents, Adults, Older Adults
	Assertive Community Treatment (ACT)	Adults
	Supported Employment – IPS Model	Adults
Children, Youth, and Family Behavioral Issues	Functional Family Therapy (FFT)	Adolescents, Families
	Multisystemic Therapy (MST)	Adolescents, Families
	Parenting Through Change (PTC)	Children, Adolescents, Parents
	Trauma-Focused CBT (TF-CBT)	Children, Adolescents
	Infant Mental Health (IMH)	Infants, Young Children, Parents
Trauma and PTSD	Eye Movement Desensitization and Reprocessing (EMDR)	Children, Adolescents, Adults
	Trauma-Focused CBT (TF-CBT)	Children, Adolescents
	Trauma (General trauma-informed practices)	All Ages
Serious Mental Illness/Co-occurring Substance Use Disorders	Integrated Dual Disorder Treatment (IDDT)	Adults, Older Adults
Substance Use Disorders (SUD)	American Society of Addiction Medicine (ASAM)	Adolescents, Adults
	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Adolescents, Adults
	SUD Groups: • A Woman's Way Through Healing • A Man's Way Through Healing • Adolescent Group • Living in Balance • Matrix Intensive Outpatient Treatment (IOP) • Moral Reconation Therapy (MRT) • Moral Reconation Therapy-Domestic Violence (MRT-DV)	Adolescents, Adults
Suicide Prevention	Assessing and Managing Suicide Risk (AMSR)	Adolescents, Adults, Older Adults
	Zero Suicide	Adolescents, Adults, Older Adults

**Can be used for individuals with substance use disorders as well*

Riverwood staff members (n=108) were asked if they believed the current staffing levels at the CCBHC were adequate to meet consumer needs. **39%** of staff members who answered the survey either somewhat agreed, agreed, or strongly agreed that current staffing levels at the CCBHC are adequate to meet consumer needs. **37%** of staff answered that they either somewhat disagreed, disagreed, or strongly disagreed with this statement, while **23%** neither agreed nor disagreed.

The feedback received from our staff helped us to update our staffing plan and identify areas for improvement. Riverwood is committed to maintaining and supporting our current staff while providing a solution-focused approach to hiring. It is also the policy of Berrien Mental Health Authority (BMHA) to assist teaching institutions in providing quality educational experiences for future professionals and to promote higher education of existing staff.

Riverwood's commitment to current and future staff is shown by retention activities such as:

- A Robust Staff Development and Training Plan
- Alternative & Remote Schedules
- Council for Change Activities
- Employee Assistance Program
- Wellness & Self-Care Initiatives
- Committee Activities to Support Those Who Experienced Emotional Injury
- Public Service Loan Forgiveness
- MI Kids Now Loan Repayment Program Site

8.3 Implementation Plan

The implementation phase of needs assessment marks the transition from assessment to action—where identified community needs and service gaps are addressed through strategic, measurable steps. Our approach to implementation is both intentional and grounded in practicality, ensuring the goals established here are not only ambitious but also obtainable within the capacity and resources of the organization and community. By aligning evidence-based strategies with local priorities and stakeholder input, we aim to build a responsive, balanced, and recovery-oriented system of care that is achievable and impactful from the outset.

As part of our ongoing commitment to health equity and behavioral health access, Riverwood has developed the following 3-year action plan to address key themes identified through stakeholder engagement and needs assessment.

Theme 1: Social Drivers of Health and Equity Gaps

Objective: Implement sustainable solutions to reduce barriers to care related to social drivers of health and strengthen community partnerships.

Key Activities:

- Deploy the *Accountable Health Communities Health-Related Social Needs Screening Tool* to identify and respond to consumer barriers.
- Leverage Community Health Workers and Case Managers to link individuals to appropriate community-based services and support.
- Formalize partnerships with organizations serving special populations to expand access, enhance care coordination, and increase bidirectional referral pathways.

Theme 2: Limited Awareness of Riverwood Behavioral Health Services

Objective: Expand outreach and community knowledge of Riverwood services and available behavioral health resources.

Key Activities:

- Establish a Behavioral Health Outreach and Training Team to guide community engagement strategies and convene quarterly planning sessions.
- Implement a Mental Health First Aid (MHFA) initiative:
    - Increase number of staff trained to be certified MHFA instructors.
    - Deliver at least four annual community-based MHFA sessions.
- Launch internal communication to share Riverwood's evidence-based practices, as well as share via social media.
- Enhance Riverwood's website to include clearly described program and service offerings for improved public navigation.

Theme 3: Structural Gaps in Behavioral Healthcare

Objective: Strengthen workforce capacity to meet community needs and ensure the delivery of culturally responsive care.

Key Activities:

- Support the availability of specialty services through Riverwood's provider network via the Access system.
- Collaborate with local organizations to deliver cultural competency training for Riverwood and partner agency staff.

Theme 4: Financial Conditions Creating Barriers to Access and Crisis Response

Objective: Ensure the community has timely access to crisis behavioral health services and clear information on how to seek help.

Key Activities:

- Expand public awareness of crisis services and Behavioral Health Urgent Care (BHUC) by:
    - Distributing promotional materials at community events, partner sites, and high-visibility public locations.
    - Utilizing digital channels including social media for ongoing outreach.
- Update the Riverwood website to clearly display:
    - Hours of operation for walk-in and mobile crisis services.
    - Locations with urgent care services.
- Explore the expansion of telehealth access for underserved rural regions by:
    - Reviewing existing care coordination agreements with primary care providers.
    - Assessing feasibility for offering psychiatric and outpatient behavioral health services via telehealth platforms.

9 The Needs Assessment Cycle and Updates

9.1 Updating the Needs Assessment

To ensure we provide the most relevant and effective service as well as meet state and federal requirements, Riverwood will complete a needs assessment every 3 years. This needs assessment will be reviewed annually to identify any gaps in service delivery to underserved populations. If a gap in services is identified, a plan will then be developed to enhance outreach and service utilization.

9.2 Communicating the Needs Assessment

Riverwood will be taking a multi-platform approach to communicating the findings in a way that is accessible, engaging, and useful. A digital copy of the needs assessment will be available on our website, and for a broader reach, shared directly with staff, and short insights will be shared through infographics on our social media platform, making the information easy to understand and share. Riverwood will also offer briefing sessions with community partners and local leaders to discuss the implications of the findings and explore collaborative responses. Lastly, Riverwood will not just share the information; we will continue the conversation. We invite feedback from the community and current individuals served through surveys conducted by our regional Prepaid Inpatient Health Plan (PIHP), on how to move forward together and shape the next steps in programming, advocacy, and resource development.

9.3 Integrating the Needs Assessment in the Quality Improvement Process

Riverwood is committed to fostering a data-driven, person-centered approach to behavioral health services. The findings—rooted in stakeholder engagement, provider input, and community data—will serve as a foundational element in our Quality Improvement (QI) process. We recognize that ongoing assessment and responsive adaptation are vital to closing service gaps and achieving measurable outcomes.

The results of the needs assessment will be formally reviewed and incorporated into Riverwood's annual QI planning cycle. Themes identified—social drivers of health, service gaps, limited awareness of services, and barriers to access and care—informed the development of the priority QI initiatives outlined in the table below. These priorities will be aligned with our departmental engagement and leadership accountability.

Table 9.1 Priority QI Initiatives

Objective	Responsible Staff/Department	Goal/Activity/timeframe	Status Update & Analysis
Implement sustainable solutions to reduce barriers to care related to social drivers of health and strengthen community partnerships.	Clinical Management	Train all CHWs and Case Managers on the Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool for **90% of new clients to be screened within 30 days of assessment.**	To be completed in FY 2026
	Clinical Management	CHWs and Case Managers will **complete referrals for at least 85% of people served** who screen positive for social needs, using an internal tracking system to monitor and document linkage to community resources.	To be completed in FY 2026
	Clinical Management	Riverwood will formalize partnerships to **obtain at least four formal MOUs/agreements** with organizations that service special populations to support care coordination and establish bidirectional referral agreements.	To be completed in FY 2026
Expand outreach and community knowledge of Riverwood services and available behavioral health resources.	Clinical Management/ Customer Service/ Marketing	Form a Behavioral Health Outreach and Training Team and schedule **quarterly planning sessions.**	To be completed in FY 2026
	Agency Leadership	Riverwood will **certify a minimum of 2 additional staff members** as MHFA instructors to support community training and outreach efforts.	To be completed in FY 2026
	Program Supervisors/Digital Marketing	Launch internal communication to share Evidence-Based Practices (EBP) and share via social media and **increase awareness of services and engagement.**	To be completed in FY 2026
	Digital Marketing	Riverwood will update its website to include a **comprehensive list of behavioral health services,** with brief descriptions, hours of operation, and intake instructions, **verified through user testing for clarity**	To be completed in FY 2026

	Agency Leadership	Deliver at **least four annual community-based MHFA sessions**	To be completed by FY 2028
Strengthen workforce capacity to meet community needs and ensure the delivery of culturally responsive care.	Clinical Management	Riverwood will develop **written and digital educational materials** promoting the specialty services available through its provider network and distribute them to intake staff and access points, and will be measured by **# of referrals from Case Managers to contracted providers**	To be completed in FY 2026
	Human Resources	Riverwood will collaborate with community organizations to deliver **at least three cultural competency training sessions**, with **80% of attendees reporting increased knowledge** on post-training evaluations	To be completed in FY 2026
Ensure the community has timely access to crisis behavioral health services and clear information on how to seek help.	Behavioral Health Outreach and Training Team /Digital Marketing	Riverwood will distribute printed and digital outreach materials about crisis services and BHUC to **30 community locations**, post content to social media at least **twice monthly**, and track public engagement metrics.	To be completed in FY 2026 & ongoing assessment of outcomes from crisis marketing campaign through FY 2028
	Digital Marketing/Clinical Director	Riverwood will **update its website** to clearly display hours of operation for walk-in, mobile crisis, and urgent care services **ensuring content accuracy through quarterly reviews measuring time on services page**	To be completed in FY 2026 & ongoing assessment of outcomes from crisis marketing campaign through FY 2028
		Riverwood will complete a review of existing care coordination agreements and assess feasibility for implementing **two telehealth-based psychiatric and outpatient**	To be completed in FY 2027

		behavioral health services for rural regions of the county.	

10 Appendix A: Survey Tool

10.1 Community Survey

Riverwood Community Needs Assessment Survey

Welcome to the Riverwood Community Needs Survey for our Certified Community Behavioral Health Clinic (CCBHC).

Your input is important because it will help us to understand **what behavioral health services are most needed in our community**. We want to make sure that everyone can get the help they need, when the need it.

Your survey response will be kept confidential. We will only use the information you provide to help us offer the best and most needed behavioral health services for Berrien County.

You will have an opportunity to sign up for a one-time focus group. If you include your contact information for an invitation, that information will be separated from your other responses to ensure confidentiality.

Thank you for taking time to share your thoughts with us. **Your opinion counts!**

Riverwood Community Needs Assessment Survey

About You

1. What is your age?

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65 and over
- ◯ Prefer not to say
- ◯ Other (please specify)

2. How do you identify your gender?

- ◯ Man
- ◯ Woman
- ◯ Non-binary
- ◯ Prefer not to say
- ◯ Prefer to self describe

3. What is your race/ethnicity?

- ◯ Asian
- ◯ Black or African America
- ◯ Hispanic or Latino
- ◯ Native American or Alaska Native
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ White
- ◯ Prefer not to say
- ◯ Other (please specify)

4. What language is spoken at your home?

- ◯ English
- ◯ Spanish
- ◯ Other (please specify)

Riverwood Community Needs Assessment Survey

5. What is your zip code?

- ◯ 49022/49023 - Benton Harbor
- ◯ 49038 - Coloma
- ◯ 49039 - Coloma/Hagar Shores
- ◯ 49084 - Riverside
- ◯ 49085- St. Joseph
- ◯ 49098 - Watervliet
- ◯ 49101 - Baroda
- ◯ 49103 - Berrien Springs
- ◯ 49106 - Bridgman
- ◯ 49107 - Buchanan/Glendora
- ◯ 49111 - Eau Claire
- ◯ 49113 - Galien
- ◯ 49115 - Harbert
- ◯ 49116 - Lakeside
- ◯ 49117 - Grand Beach/Michiana/New Buffalo
- ◯ 49119 - New Troy
- ◯ 49120 - Niles
- ◯ 49125 - Sawyer
- ◯ 49126 - Sodus
- ◯ 49127 - Stevensville
- ◯ 49128 - Three Oaks
- ◯ 49129 - Union Pier
- ◯ I don't live in Berrien County.

6. Where do you **primarily** receive mental health or substance use care? Or, where would you choose to receive care if needed?

- ◯ Primary Care Doctor
- ◯ Emergency Department
- ◯ Health Department
- ◯ Community Mental Health/CCBHC (Riverwood)
- ◯ Other (please specify)

Riverwood Community Needs Assessment Survey

General Health and Wellness Needs

7. What are the most significant mental health and substance use issues in our community?
Select one response for each issue

	I Don't Know	Not a concern	Somewhat of a concern	A major concern
Anxiety Disorders	○	○	○	○
Depression	○	○	○	○
Substance Use (alcohol, drugs, overdose)	○	○	○	○
Eating Disorders	○	○	○	○
Behavioral Issues in Children and Adolescents	○	○	○	○
Suicide and Self-Harm	○	○	○	○
Post-Traumatic Stress Disorder (PTSD)	○	○	○	○

Please share any additional concerns about **mental health and substance use** in our community.

8. What are the most significant social issues that impact your ability to get mental health and substance use services? *Select one response for each issue*

	I'm not sure	Not a concern	Somewhat of a concern	A major concern
Financial strain	◯	◯	◯	◯
Homelessness or housing instability	◯	◯	◯	◯
Unemployment or lack of job opportunities	◯	◯	◯	◯
Transportation	◯	◯	◯	◯
Educational barriers (e.g. limited access to educational resources)	◯	◯	◯	◯
Social inequality (e.g., discrimination)	◯	◯	◯	◯
Crime and safety concerns	◯	◯	◯	◯
Stigma (e.g., negative attitudes toward mental health and substance use)	◯	◯	◯	◯

Please share any additional concerns about **social issues** that can make it difficult to connect to care.

9. Do you believe mental health and substance use services offered in your community are respectful of your cultural beliefs and practices?

- ◯ Yes
- ◯ No
- ◯ I don't know

Please share any additional information about **culturally appropriate** care in our community.

10. What additional mental health support systems or resources would you like to see in our community? *Select all that apply*

- [ ] More mental health clinics and treatment centers
- [ ] More available counseling and therapy services
- [ ] Support groups for specific issues (e.g., anxiety, depression, substance use)
- [ ] Community awareness programs about mental health
- [ ] Mental health crisis services (e.g., 24-hour hotlines, mobile crisis response teams)
- [ ] School-based mental health programs
- [ ] Telehealth options for mental health services
- [ ] Affordable treatment options
- [ ] Mental health training for first responders (e.g., police officers, fire fighters, emergency medical technicians)
- [ ] Peer support (i.e., people with lived mental health or substance use experience)
- [ ] Integrated care that combines physical and behavioral health services
- [ ] Other (please specify)

11. Please share any additional information about mental health and substance use **service needs** in our community

Riverwood Community Needs Assessment Survey

12. Are there any groups in our community that that experience more difficulty getting mental health and substance use services? *Select all that apply*

- [ ] Children and adolescents
- [ ] Older adults (aged 60+)
- [ ] LGBTQIA+ population
- [ ] Black, Indigenous, and People of Color
- [ ] People with low-incomes
- [ ] People with disabilities
- [ ] Veterans
- [ ] People experiencing homelessness
- [ ] Immigrants and refugees
- [ ] Other (please specify)

13. What are the barriers to accessing mental health and substance use services in our community? *Select all that apply*

- [ ] Transportation barriers (e.g., no personal vehicle, not near public transportation)
- [ ] Long wait times for appointments
- [ ] Services are not immediately available
- [ ] Not enough providers in my area
- [ ] Fear of judgment about seeking help
- [ ] Not knowing what services are available
- [ ] Insurance costs
- [ ] Insurance is not accepted
- [ ] Language barriers (i.e., difficulty finding services in my preferred language)
- [ ] Other (please specify)

14. What would be the **most convenient** time for you to access mental health and substance use services? *Select all that apply*

- [ ] Early Morning (7am-9am)
- [ ] Late Morning (9am-12pm)
- [ ] Early Afternoon (12pm-3pm)
- [ ] Late afternoon (3pm-6pm)
- [ ] Evening (6pm-9pm)
- [ ] Saturday or Sunday
- [ ] Other (please specify)

15. Please share any additional information about **access** to mental health and substance use in our community

Riverwood Community Needs Assessment Survey

Specific Health and Wellness Issues

16. What resources or actions are needed to prevent **suicide** in our community? *Select one (1) response for each resource type*

	I'm not sure	Not helpful	Somewhat helpful	Very helpful
Increased access to mental health services (e.g., more local clinics, telehealth options)	○	○	○	○
More crisis intervention services (e.g., 24/7 hotlines, mobile crisis units)	○	○	○	○
Enhanced training for healthcare providers and educators (e.g., workshops on recognizing and responding to suicidal behavior)	○	○	○	○
Greater community awareness and education programs (e.g., public seminars, school-based programs)	○	○	○	○

Support groups for individuals at risk and their families (e.g., peer support groups, family counseling)	○	○	○	○
Initiatives to reduce stigma around mental health and seeking help (e.g., anti-stigma campaigns, mental health awareness events)	○	○	○	○
Programs to promote social connections and community engagement (e.g., community events, volunteer opportunities)	○	○	○	○
School-based mental health programs (e.g., on-site counselors, mental health curriculum)	○	○	○	○
Workplace mental health initiatives (e.g., employee assistance programs, mental health days)	○	○	○	○

17. What treatment services for drug and alcohol use are needed in our community. *Select one (1) response for each service type*

	I'm not sure	Not helpful	Somewhat helpful	Very helpful
Medications for addiction treatment (e.g., methadone, Suboxone, naltrexone)	○	○	○	○
Counseling (i.e., individual, group, or family therapy)	○	○	○	○
Inpatient (overnight) rehab programs	○	○	○	○
Volunteer self-help groups (e.g., Alcoholics Anonymous, Narcotics Anonymous)	○	○	○	○
Peer recovery coaches	○	○	○	○
Harm reduction services (e.g., needle exchange, overdose prevention education)	○	○	○	○

18. What resources or actions are needed to prevent **overdoses** in our community? *Select one (1) response for each resource type*

	I'm not sure	Not helpful	Somewhat helpful	Very helpful
Increased access to substance use treatment programs (e.g., local rehab centers, outpatient services, medication-assisted treatment)	○	○	○	○
More availability of naloxone (Narcan) and training on its use (e.g., community distribution programs, training sessions for the public)	○	○	○	○
Enhanced education and awareness programs (e.g., school-based education, public awareness campaigns, workshops on overdose prevention)	○	○	○	○
Support groups for individuals struggling with substance use and their families (e.g., peer support groups, family counseling sessions)	○	○	○	○
Programs to address underlying issues (e.g., mental health services, housing support, job training programs)	○	○	○	○
Economic support programs (e.g., financial counseling, employment assistance, housing subsidies)	○	○	○	○

Other (please specify)

Crisis intervention services provide emergency intervention services, including clinical evaluation of the problem, appropriate interventions and referrals to inpatient care or outpatient services as appropriate.

19. How effective are mental health crisis services in our community?

Very Effective	Somewhat Effective	Not Effective	I Don't Know
○	○	○	○

Please share any additional information about **mental health crisis** services in our community.

Riverwood Community Needs Assessment Survey

20. What improvements to behavioral health crisis services would you suggest? *Select all that apply*

- ☐ Faster response times
- ☐ More trained crisis intervention staff
- ☐ Improved coordination with emergency services
- ☐ Increased awareness of crisis hotlines
- ☐ Enhanced follow-up care after a crisis
- ☐ Greater community awareness of crisis services
- ☐ Not sure/No suggestions
- ☐ Other (please specify)

21. If you were experiencing a behavioral health crisis, would you want a mobile crisis team to come to you or would you prefer to go to a behavioral health urgent care facility?

- ○ I would want a mobile crisis team to come to me
- ○ I would want to go to a behavioral health urgent care facility
- ○ I would want to go somewhere else
- ○ I don't know

Other (please specify)

22. Please include any additional information you would like to share with us about the mental health or substance use needs in our community.

Riverwood Community Needs Assessment Survey

Focus Group Interest

23. If you would like to participate in a one-time, 90-minute community focus group, please include your contact information below.

Your contact information will be separated from your responses above.

Name	
Email	
Phone	

10.2 Community Partner Survey

Community Partner Survey

Thank you for your participation! The purpose of this survey is to better understand the needs of our community with feedback from community stakeholders.

The survey will take 2-3 minutes. The insights you share today are very important, and your input will help guide how Riverwood provides services and builds partnerships in the future.

1. How would you rate the overall need for ***mental health services*** in the community?

- ◯ Very High
- ◯ High
- ◯ Moderate
- ◯ Low
- ◯ Very Low

2. How would you rate the overall need for ***substance use services*** in the community?

- ◯ Very High
- ◯ High
- ◯ Moderate
- ◯ Low
- ◯ Very Low

3. What do you believe are the major barriers to accessing ***mental health services***? Select all that apply.

- ☐ Stigma
- ☐ Cost
- ☐ Lack of awareness
- ☐ Transportation issues
- ☐ Availability of services
- ☐ Cultural barriers
- ☐ Other (please specify)

4. What do you believe are some of the major barriers to accessing ***substance use services***? Select all that apply.

- [ ] Stigma
- [ ] Cost
- [ ] Lack of awareness
- [ ] Transportation issues
- [ ] Availability of services
- [ ] Cultural barriers
- [ ] Other (please specify)

5. Among the services that Riverwood currently provides, which ones do you believe are most important to your clients? Select all that apply.

- [ ] Crisis intervention
- [ ] Outpatient mental health services
- [ ] Substance use treatment
- [ ] Case management
- [ ] Peer support services
- [ ] Medication management

6. What services do you refer your clients for the most?

- ○ IDD services
- ○ Homebased children and family services
- ○ Outpatient mental health services
- ○ Psych services (medication management)
- ○ Substance use treatment
- ○ I have never referred a client for services.
- ○ Other (please specify)

7. Are there any mental health or substance use services that you feel are currently <u>not</u> being provided in our community?

- ○ Yes
- ○ No

If ***yes***, please comment below the description of services you feel are needed.

8. Are there specific groups in the community that you feel are currently not being served? (Check all that apply)

- [ ] Veterans
- [ ] LBGTQ+
- [ ] Specific cultural or ethnic group (specify below)

Specific cultural or ethnic group

9. What do you feel would make our partnership more effective? Check all that apply:

- [ ] Improved care coordination for mutual clients
- [ ] Increased agency communication
- [ ] Improved care coordination (referrals, medical records requests, etc.)
- [ ] Collaboration on behavioral health community initiatives
- [ ] Other (please specify)

10. If you would like to be involved in further discussions or initiatives, please provide your name and contact information:

10.3 Riverwood Employee Survey

Riverwood Community Needs Assessment Employee Survey

Welcome to the Riverwood Community Needs Assessment Employee Survey for the Certified Community Behavioral Health Clinic (CCBHC).

We are requesting your input as part of our ongoing commitment to providing high-quality, accessible behavioral health services. With your proximity to services, you have a unique perspective on behavioral health needs, gaps in services, barriers to care, and areas for improvement.

We will use information provided by Riverwood employees to inform our Community Needs Assessment. Individual responses are confidential. Note: You will have an opportunity to volunteer to be considered for an employee focus group. Identifying focus group volunteer information will be separated from the rest of the individual responses by our survey host, TBD Solutions, in order to preserve confidentiality.

Thank you for taking time to share your perspective!

Riverwood Community Needs Assessment Employee Survey

1. What best describes your primary role with the Riverwood Center?

- ◯ Intake/Access
- ◯ FFT/MST/Home-based Services
- ◯ ACT/SMI/SE/CLS
- ◯ Psych
- ◯ OP
- ◯ SUD
- ◯ Behavioral Treatment; Children I/DD; Adult I/DD
- ◯ Administrative (non-clinical roles)

2. How familiar are you with the CCBHC model?

- ◯ I know very little about the model
- ◯ Somewhat familiar
- ◯ Very familiar
- ◯ What aspects of the CCBHC would you like to learn more about?

3. How familiar are you with all the services our CCBHC offers?

- ◯ Not familiar
- ◯ Somewhat familiar
- ◯ Very familiar
- ◯ What aspects of Riverwood's CCBHC would you like to learn more about?

4. Have you heard from consumers about barriers they or someone they knew experienced while trying to access services?

- ◯ Yes
- ◯ No
- ◯ N/A

If yes, please describe the barriers.

5. What could the CCBHC do to improve access to services? *Select all that apply*

- ☐ Expand service hours
- ☐ Expand telehealth
- ☐ More translation/interpretation services
- ☐ More outreach
- ☐ I don't know
- ☐ Other (please specify)

6. How effective have our efforts been at increasing community awareness and understanding of behavioral health issues?

- ◯ I'm not familiar with our community awareness efforts
- ◯ Not effective
- ◯ Somewhat effective
- ◯ Very effective
- ◯ Please describe efforts you believe could be effective in advancing awareness.

7. Which community partners could benefit from additional behavioral health education?
Select all that apply

- ☐ Faith leaders
- ☐ First responders (including law enforcement)
- ☐ Hospitals/emergency departments
- ☐ Schools
- ☐ I'm not sure
- ☐ Other (please specify)

8. What behavioral health education topics would our CCBHC consumers benefit from most?

- ☐ Understanding mental health conditions
- ☐ Symptom management
- ☐ Medication management
- ☐ Substance use awareness/anti-stigma
- ☐ Navigating the behavioral health system
- ☐ Trauma education
- ☐ I don't know
- ☐ Other (please specify)

9. How comfortable do you think consumers generally feel about using telehealth services?

- ◯ Not comfortable
- ◯ Somewhat comfortable
- ◯ Comfortable
- ◯ Very comfortable
- ◯ I don't know
- ◯ Other (please specify)

10. I have been adequately prepared for all of my responsibilities at the CCBHC.

- ◯ Strongly agree
- ◯ Agree
- ◯ Somewhat agree
- ◯ Neither agree nor disagree
- ◯ Somewhat disagree
- ◯ Disagree
- ◯ Strongly disagree

Tell us about additional resources that could be helpful.

11. Current staffing levels at the CCBHC are adequate to meet consumer needs.

- ◯ Strongly agree
- ◯ Agree
- ◯ Somewhat agree
- ◯ Neither agree nor disagree
- ◯ Somewhat disagree
- ◯ Disagree
- ◯ Strongly disagree

What more could the CCBHC do to ensure all consumer needs are being met?

12. What are the most significant social issues in our community that impact access and engagement in mental health and substance use services? *Select one (1) response for each issue*

	I'm not sure	Not a concern	Somewhat of a concern	A major concern
Poverty	○	○	○	○
Homelessness or housing instability	○	○	○	○
Unemployment or lack of job opportunities	○	○	○	○
Transportation	○	○	○	○
Educational disparities (e.g, limited access to educational resources)	○	○	○	○
Social Inequality (e.g., discrimination)	○	○	○	○
Crime and safety concerns	○	○	○	○
Stigma (e.g., negative attitudes toward mental health and substance use)	○	○	○	○

Please share any additional concerns about social issues that can make it difficult to connect to care.

13. What resources or actions are needed to prevent **suicide** in our community? *Select one (1) response for each issue*

	I'm not sure	Not a concern	Somewhat of a concern	A major concern
Increased access to mental health services (e.g., more clinics, telehealth)	○	○	○	○
More crisis intervention services (e.g., 24/7 hotlines, mobile crisis units)	○	○	○	○
Enhanced training for healthcare providers and educators (e.g., workshops on recognizing and responding to	○	○	○	○

suicide risks)				
Greater community awareness and education programs (e.g., public seminars, school-based programs)	○	○	○	○
Support groups for individuals at risk and their families (e.g., peer support groups, family counseling)	○	○	○	○
Initiatives to reduce stigma around mental health and help-seeking (e.g., anti-stigma campaigns)	○	○	○	○
Programs to promote social connections and community engagement (e.g., community events, volunteer opportunities)	○	○	○	○
School-based mental health programs (e.g., on-site counselors, mental health curriculum)	○	○	○	○
Workplace mental health initiatives (e.g., employee assistance programs, Mental Health First Aid)	○	○	○	○

Please share any additional information about efforts to reduce suicide.

14. What resources or actions are needed to prevent **overdoses** in our community? *Select one (1) response for each issue*

	I'm not sure	Not a concern	Somewhat of a concern	A major concern
Increased access to substance use programs (e.g., local rehab centers, outpatient services, medication-assisted treatment)	○	○	○	○
More availability of naloxone (Narcan) and training on its use (e.g., community distribution programs, training sessions for the public)	○	○	○	○
Enhanced education and awareness programs (e.g., school-based programs, public awareness campaigns, workshops of overdose prevention)	○	○	○	○
Support groups for individuals struggling with substance use and their families (e.g., peer support groups, family therapy)	○	○	○	○
Programs to address underlying issues (e.g., mental health services, housing support, job training programs)	○	○	○	○
Economic support programs (e.g., financial counseling, employment assistance, housing subsidies)	○	○	○	○

Please share any additional information about efforts to reduce overdoses.

15. Are you aware of gaps in the care continuum?

- ◯ Yes
- ◯ No
- ◯ I'm not sure

Tell us more about the gaps in the care continuum you have noticed.

16. Consumers are aware of how to access behavioral health crisis services.

- ◯ Strongly agree
- ◯ Agree
- ◯ Somewhat agree
- ◯ Neither agree nor disagree
- ◯ Somewhat disagree
- ◯ Disagree
- ◯ Strongly disagree

How can we raise awareness about available behavioral health crisis services?

17. If you're interested in participating in a one-time, 90-minute focus group, please include your contact information below.

The purpose of the focus group will be to follow up on themes from the survey. The focus group will be facilitated by TBD Solutions. It will be scheduled during a work day.

This response will be separated from your other individual responses to preserve confidentiality.

Name

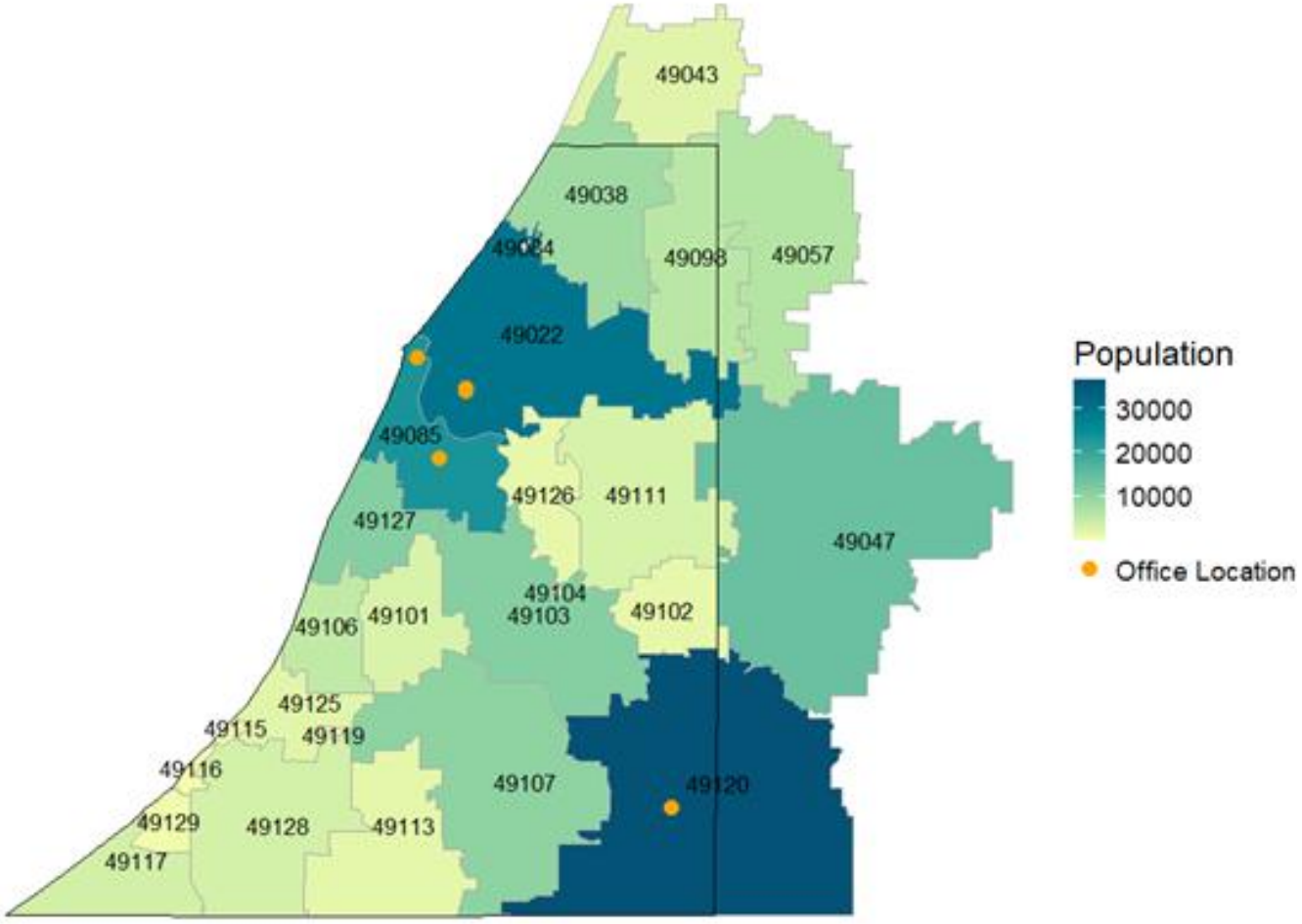
Email

11 Appendix B: Population Maps

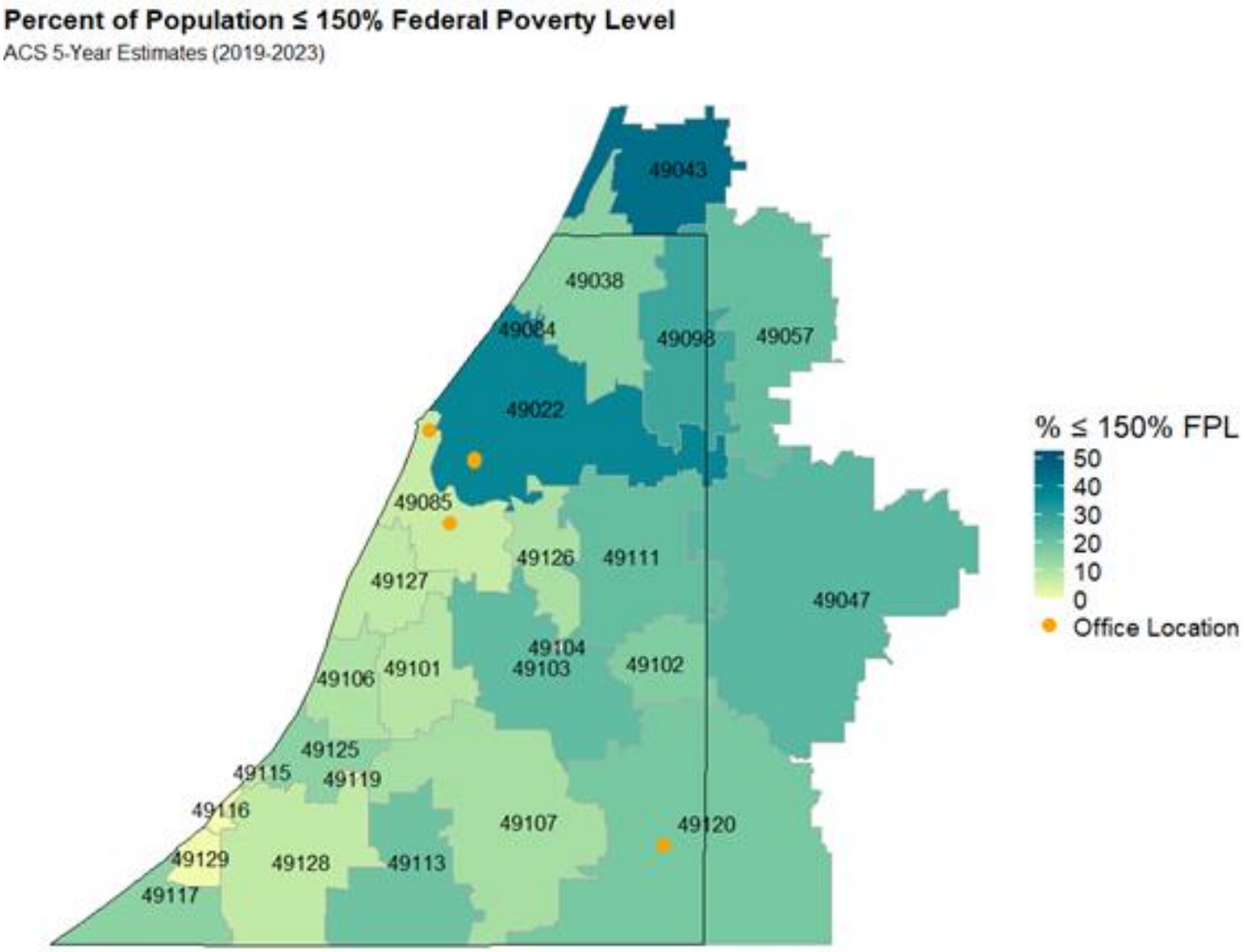
11.1 Census Bureau Map

Census Bureau Population Map

ACS 5-Year Estimates (2019-2023)



11.2 Federal Poverty Level Map



12Appendix C: Resource Directory

ADDICTIONS

Alano House/Al-Anon
4162 Red Arrow Hwy, Stevensville
(269) 428-3310

Alcoholics Anonymous Southwest MI
(269) 281-4939
www.southwestmichiganaa.org

Carol's Hope Engagement Center
4032 M-1349, St. Joseph, MI.
(269) 556-1526
www.communityhealingcenter.org

Celebrate Recovery Groups
https://locator.crgroups.info
Families Against Narcotics
910 E John Beers Rd. St. Joseph
(269) 580-8290
www.familiesagainstnarcotics.org

Gamblers Anonymous
(855) 222-5542
www.gamblersanonymous.org

Narcotics Anonymous
(818) 773-9999
www.na.org

Porn Addiction
Hinman Counseling Services
640 St. Joseph Ave, Berrien Springs
(269) 558-4002
www.hinmancounselingservices.com

Riverwood Center
1485 M139, Benton Harbor
115 S St Joseph Ave, Niles
(269) 925-0585
www.riverwoodcenter.org

Harbor Town Treatment Center
1022 E Main St, Benton Harbor
(269) 926-0015
https://www.harbortownclinic.com/

Nairad Health
3134 Niles Rd, St. Joseph
(269) 408-8235

Sacred Heart Rehabilitation Center
641 Deans Hill Rd, Berrien Center
(269) 815-5500

ANGER MANAGEMENT

Men in Crisis
P.O. 105, Baroda
(269) 422-2120

BENEFITS COUNSELING

Disability Network
(269) 345-1516
https://www.dnswm.org/

CHILDREN/ADOLESCENTS

Boys and Girls Club
600 Nate Wells Sr Dr, Benton Harbor
(269) 926-8766
www.bgcbh.org

CASA of Southwest Michigan, INC.
38 W. Wall St, Benton Harbor
(269) 934-3707
www.casaswmi.org

Children's Advocacy Center of Southwest Michigan
4938 S Niles Rd, St Joseph
(269) 556-9640
https://swmichigancac.org

Family Solutions
185 E Main St, Benton Harbor
(269) 757-7433
www.bestfamilysolutions.com

YMCA - Benton Harbor/St. Joseph
3665 Hollywood Rd, St. Joseph
(269) 429-9727
www.bhsjymca.org

YMCA - Niles
905 N Front St , Niles
(269) 683-1552
https://www.ymcagm.org/locations/niles-buchanan-ymca

COMMUNITY LIVING SUPPORTS

The Center for Growth and Independence
1440 E Empire Ave, Benton Harbor
(269) 487-9820

Living Alternatives for the Developmentally Disabled (LADD)
300 Whitney St, Dowagiac
(269) 782-0654
www.laddinc.net

Help At Home
1221 S Eleventh St, Niles
(269) 684-7380

DAY PROGRAM SERVICE

The Avenue
2450 S M139, Benton Harbor
(269) 925-1725
www.theavenue.ngo

MI Journey Drop-In Center
1286 Pipestone Rd. Benton Harbor
(269) 363-4271
https://mijourneybh.weebly.com/

DENTAL (MEDICAID)

Niles Community Health Center Dental
122 Grant St, Niles
(269) 262-4364

InterCare
800 M139, Benton Harbor
(269) 927-5300

Brite Dental
401 Ferry St, Berrien Springs
(269) 471-7970

Harbor Dental
143 E Main St, Benton Harbor
(269) 927-1313

DIVORCE SUPPORT

Cooperative Parenting and Divorce Berrien County Council for Children
4938 Niles Rd, St. Joseph
(269) 556-9640

Citizens Mediation Service, Inc.
811 Ship St., #302, St. Joseph
(269) 982-7898

Friend of the Court
(269) 983-7111 ext. 8332

DOMESTIC VIOLENCE

The Avenue Family Network, Inc.
2450 M139 #A. Benton Harbor
269-925-1725
www.theavenue.ngo

Battered Women's Justice Project, Civil and Criminal Justice Resource
(800) 903-0111

Cora Lamping Center
24 Hour Domestic Violence Hotline
(269) 925-9500

24 Hour Sexual Assault Hotline
(855) 779-6495

Department of Human Services, Adult Services
401 Eighth St, Benton Harbor
(269) 934-2000
Hotline: (269) 934-2300

Domestic Assault Shelter Coalition
PO Box 402, Three Rivers
(269) 273-6154
Hotline: (800) 828-2023
www.dasasmi.org

National Domestic Violence Hotline
Hotline: (800) 799-7233
www.ndvh.org

ELDERLY

Area on Agency on Aging
2900 Lakeview Ave, St. Joseph
(269) 983-0177

Benton Harbor/Township Senior Center
225 Colfax Ave., Benton Harbor
(269) 927-2497

Central County Senior Center
4083 E. Shawnee Rd., Berrien Springs
(269) 471-2017
https://centralcountyseniorcenter.org

Greater Niles Senior Center
1109 Bell Rd., Niles
(269) 683-9380
https://www.nilesseniorcenter.org

North Berrien Senior Center, Inc
6648 Ryno Rd., Coloma
(269) 468-3366
https://www.northberrienseniorcenter.org

St. Joseph Lincoln Senior Center
3271 Lincoln Ave, St. Joseph
(269) 429-7768

Senior Nutrition Services
1708 Colfax Ave, Benton Harbor
(269) 925-0137
www.snsmeals.org

Legal Hotline for Michigan Seniors
221 North Pine, Lansing
(517) 372-5959
Hotline: (800) 347-5297
www.michbar.org

EMPLOYMENT

The Center for Growth and Independence
1400 E Empire Ave, Benton Harbor
(269) 487-9820
http://gatewayvro.com

Michigan Rehabilitation Services (MRS) Michigan Department of Career Development
499 West Main, Benton Harbor
(269) 926-6168

Michigan Works
499 W Main St, Benton Harbor
(269) 927-1064
www.miworks.org

FOOD/FURNITURE/CLOTHES

211 Help line
www.211.org

Fairplain Seventh Day Adventist Church Food Pantry
140 Seneca Rd., Benton Harbor
(269) 926-8891

Feeding America West Michigan
1488 E Empire Ave, Benton Harbor
(269) 927-7195

Harbor Country Emergency Food
301 N Elm St, Three Oaks
(269) 756-7444

Living Water Food Pantry at Watervliet Free Methodist
7734 Paw Paw Ave, Watervliet
(269) 463-8280
www.wfmchurch.org

Neighbor to Neighbor
9147 US 31, Berrien Springs
(269) 471-7411
https://www.n2nhelps.com/

Oakridge Community Church Food Pantry
766 Oakridge Rd, St. Joseph
(269) 429-7141
www.oakridgebc.org/food-pantry

Our Lady Queen of Peace Food Pantry
3903 Lake St, Bridgman
(269) 465-6252

Soup Kitchen Inc
174W Main St, Benton Harbor
(269) 925-8204
www.soupk.org

St. Augustine's Church – Food Distribution Center
1753 Union Ave., Benton Harbor
(269) 925-2670

Southwest Michigan Community Action Agency
185 E Main St, Ste 200, Benton Harbor
(269) 925-9077

Women, Infant, and Children (WIC) Berrien County Health Department
2149 E Napier Ave, Benton Harbor
(269) 926-7121

GED/LITERACY

Andrew's University GED Counseling and Testing Center
123 Bell Hall, N US-31, Berrien Springs
(269) 471-3470

Benton Harbor Street Ministries
(269) 925-4333
GED-ON-LINE
www.GEDonline.org

Michigan Works
Benton Harbor Service Center
499 W Main St Benton Harbor
1-800-285-WORKS
https://www.miworks.org/

GRIEF

Lory's Place, Edgewater Center
445 Upton Dr, Ste 9, St. Joseph
(269) 983-2707
www.lorysplace.org

GUARDIANSHIP

Guardianship & Alternatives
PO Box 240, Dowagiac
(269) 782-2953
https://www.guardianshipandalternatives.com

Michiana Guardianship
2271 N 5th St., Niles
(269) 683-0408

Caring Connection Guardianship
777 Riverview Dr, Benton Harbor
(269) 934-9333
https://www.caringconnectionmi.org/guardianship

HOMELESS

The Ark Community Services
990 W Kilgore Rd, Kalamazoo
(800) 873-TEEN
www.arkforyouth.org

Emergency Shelter
645 Pipestone, Benton Harbor
(269) 925-1131

Salvation Army
232 Michigan St, Benton Harbor
(269) 927-1353

HOUSING

Community Management Associates
(877) 796-8883

MSHDA Housing Locator
http://www.michigan.gov/mshda

Section 8 Housing
Southwest Michigan Community Action Agency
185 E Main St, Ste. 200, Benton Harbor
(269) 925-9077

MENTAL HEALTH AND COUNSELING

Behavioral Health Inpatient Services
1234 W. Napier Ave, St. Joseph
Lakeland Medical Center
(269) 983-8316
https://corewellhealth.org/care-and-specialties/behavioral-health

Berrien County Suicide Prevention Coalition
4750 Beechnut Dr, St. Joseph
(269) 588-1133
www.berriencares.org

Bright Hope Counseling Center, PLLC
1101 Broad St, St. Joseph
(269) 944-7331
www.brighthopecounseling.com

The Center for Growth and Independence
1440 E Empire Ave, Benton Harbor
(269) 487-9820
www.thecentergi.org

Family Solutions
185 E. Main St. Suite 502. Benton Harbor
(269) 757-7433
www.bestfamilysolutions.com

Freedom Counseling Center
1901 Niles Ave, St. Joseph
(269) 982-7200
www.freedomcounselingusa.com

Hinman Counseling Services
640 St. Joseph Ave., Berrien Springs
(269) 558-4002
www.hinmancounselingservices.com

Lighthouse Behavioral Health
811 Ship Street Suite 4B. St. Joseph
(269) 985-3618
www.drhackworth.com

Light House Counseling
521 State St. St. Joseph
(269) 408-6031
www.lighthousecounselingandmediation.com

MI-JOURNEY Mental Health Recovery Center
1286 Pipestone Rd. Benton Harbor
(269) 363-4271
www.mijourneybh.weebly.com

Peace of Mind Counseling
3573 Hollywood Rd. St. Joseph
(269) 428-4789
www.peaceofmindcounselingsj.com

Psychiatric & Psychological Specialties
1030 Miners Rd. Suite D. St. Joseph
(269) 408-1688
www.psychspecialties.com

Riverwood Center
1485 M139, Benton Harbor
115 S St Joseph Ave, Niles
(269) 925-0585
www.riverwoodcenter.org

Southwestern Medical Clinic Counseling
5675 Fairview St. Stevensville
(269) 429-7727
https://corewellhealth.org/care-and-specialties

Thrive Psychology Group
1030 Miners Rd. Suite A. St. Joseph
(269) 408-8474
www.thrivepsychgroup.com

Trilogy Counseling Center
3408 Niles Rd. St. Joseph
(269) 429-3324
www.trilogycounselingmi.com

PREGNANCY

Birthright
2700 Niles Ave, St. Joseph
(269) 983-0700

LifePlan
204 W. Main St, Benton Harbor
(269) 757-7342
527 E. Main St., Niles
(269) 684-6200
https://www.lifeplan.org/

Women's Care Center
621 E Main St, Niles
(269) 684-4040

SEXUAL ABUSE

Children's Advocacy Center
4938 S Niles Rd, St. Joseph
(269) 556-9640

National Sexual Assault Hotline
(800) 656-HOPE

SUICIDE PREVENTION

988 Suicide and Crisis Lifeline
(Available 24/7)
Dial 988

Berrien County Suicide Prevention Coalition
National Hotline (800) 273-TALK (8255)
(269) 588-1133
www.berriencares.org

Link Crisis Intervention Center
2450 M-139, Benton Harbor
(269) 927-1422

National Suicide Prevention Lifeline
(800) 273-8255
www.suicidepreventionlifeline.org

TRANSPORTATION

Dial-A-Ride
(269) 927-4461

Berrien Bus
(269) 471-1100

VETERANS SERVICES

Benton Harbor VA Clinic
1275 Mall Dr, Benton Harbor
(269) 934-9123
www.va.gov

Berrien County Veterans Services
701 Main St. St. Joseph
(269) 983-7111 ext. 8224
www.berriencounty.org/874/Veterans-Services