

2025 CCBHC Community Needs Assessment Survey

*Please scan completed surveys to daniel_schmidt@hpcnef.org and cc tscannell@spbh.org

Starting Point Behavioral Healthcare (SPBH) would like your help. Please fill out this survey to share your opinions about mental health, substance use, and quality of life in Nassau County. Your feedback is important and will help make Nassau County a better place to live. This survey is anonymous, and the general results will be included in the 2025 Community Needs Assessment for SPBH. We have demographic questions at the end that help us know if we are getting responses from all types of people in Nassau County because we want to make sure everyone has a chance to have their voice or opinion heard. Thank you!

1. Have you or anyone you know ever experienced behavioral health (mental health or substance use) symptoms?
 - Yes
 - No
 - I Prefer Not to Answer

2. Are you aware of the mental health or substance use service options in Nassau County?
(choose one)
 - I do not know about the service options available
 - I know some of the service options available
 - I am aware of all the service options available

3. Have you heard of Starting Point Behavioral Healthcare?
 - Yes
 - No

4. If you were experiencing **mental health symptoms**, where would you go for help? (select all that apply)
 - Crisis Support Hotline / 988
 - Emergency Department
 - Urgent Care
 - Police Department / 911
 - Behavioral Health Center / Mental Health Counselor / Therapist
 - Primary Care Doctor
 - Faith-based Organization
 - Family and Friends
 - None of the Above
 - I Prefer Not to Answer
 - Other: _____



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5. If you were experiencing **substance use concerns**, where would you go for help? *(select all that apply)*
- Crisis Support Hotline / 988
 - Emergency Department
 - Urgent Care
 - Police Department / 911
 - Behavioral Health Center / Mental Health Counselor / Therapist
 - Detox Facility
 - Primary Care Doctor
 - Faith-based Organization
 - Family and Friends
 - None of the Above
 - I Prefer Not to Answer
 - Other: _____
6. If you were to seek help for a mental health or substance use concern, **what time of day** would you prefer to **schedule an appointment**? *(select all that apply)*
- 7 AM – 8 AM
 - 8 AM – 12 PM
 - 12 PM – 1 PM
 - 1 PM – 5 PM
 - 5 PM – 8 PM
 - Other: _____
7. If you were to seek help for a mental health or substance use concern, **what days of the week** would you prefer to **schedule an appointment**? *(select all that apply)*
- Monday – Friday
 - Saturday – Sunday
8. If you were to seek help for a mental health or substance use concern, **what time of day** would you prefer a provider to have **walk-in appointments available**? *(select all that apply)*
- 7 AM – 8 AM
 - 8 AM – 12 PM
 - 12 PM – 1 PM
 - 1 PM – 5 PM
 - 5 PM – 8 PM
 - Other: _____
9. If you were to seek help for a mental health or substance use concern, **what days of the week** would you prefer a provider to have **walk-in appointments available**? *(select all that apply)*
- Monday – Friday
 - Saturday – Sunday



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10. Which of the following services would you be interested in accessing? *(select all that apply)*

- Crisis Support Hotline / 988
- Telehealth Appointments
- Peer Support
- Case Management
- Care Coordination
- Medication Management
- Group Therapy
- Individual Therapy
- Family Therapy
- In-Home Therapy
- None of the Above
- I Prefer Not to Answer
- Other: _____

11. Which of the following resources would you be interested in accessing? *(select all that apply)*

- Financial Assistance
- Transportation Assistance
- Help with Finding Housing
- Help with Finding Employment
- Help with Getting Nutritious Food
- Help with Language Skills
- Help with Technology Skills
- Help with Finding a Primary Care Doctor
- Help with Finding a Dentist
- Community Support Groups (Social Groups, Bereavement, AA Groups, etc.)
- Childcare Support
- None of the Above
- I Prefer Not to Answer
- Other: _____

12. If you were looking for mental health or substance use services, which of the following would you consider before scheduling an appointment? *(select all that apply)*

- Clean Waiting Room
- Welcoming Environment / Atmosphere
- Respectful Staff
- Appointment Availability
- Location
- Positive Reviews / Recommendations from Someone Else
- Different Treatment Options Available
- Affordable Cost / Insurance Coverage
- None of the Above
- I Prefer Not to Answer
- Other: _____



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13. Which of the following might prevent you from seeking help for mental health or substance use concerns? *(select all that apply)*

- Stigma (Negative Attitudes, Beliefs, or Feelings from Other People)
- Transportation Issues
- No Insurance Coverage / Unaffordable Cost
- No Appointments Available That Fit my Schedule
- I Would Prefer to Deal With it on my Own
- I Would Prefer to Use Alternative Methods
- I'm Concerned About Possible Negative Impacts if I Seek Help
- None of the Above
- I Prefer Not to Answer
- Other: _____

14. How much do you agree with the following statement?

“There are negative views about mental health and substance use in our community.”

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- I Prefer Not to Answer

15. In your opinion, how can community agencies (behavioral health centers, police department, health department, county government, etc.) address mental health and substance use concerns in Nassau County?

16. Please provide any other comments or thoughts you have about Starting Point Behavioral Healthcare or mental health and substance use in Nassau County.



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17. What ZIP code do you live in?

- 32009
- 32011
- 32046
- 32097
- 32034
- Other: _____

18. What is your age?

- Under 18
- 18 – 30
- 31 – 40
- 41 – 50
- 51 – 64
- 65 and older

19. What is your gender identity?

- Male
- Female
- I Prefer Not to Answer
- Other: _____

20. How do you identify your race? *(select all that apply)*

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- White or Caucasian
- I Prefer Not to Answer
- Other: _____

21. How do you identify your ethnicity? *(choose one)*

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)
- I Prefer Not to Answer

22. What is the highest level of education you have completed? *(choose one)*

- Less than High School
- High School Diploma or GED
- Technical or Trade School
- Some College
- Two-Year / Associate's Degree
- Four-Year / Bachelor's Degree
- Graduate / Advanced Degree
- I Prefer Not to Answer
- Other: _____



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23. What is your occupation?

- Education
- Information Technology
- Retail
- Healthcare
- Service and Hospitality
- Construction
- Arts and Entertainment
- Law Enforcement, Armed Forces, First Responder
- Business
- Industrial and Manufacturing
- I Prefer Not to Answer
- Other: _____

24. Have you ever served in the military?

- Yes – I'm Currently Serving in the Military
- Yes – I'm a Veteran
- No
- I Prefer Not to Answer

Thank you for completing the survey!

