

MHRSB of Lucas County

Community Psychiatric Emergency Services Subcommittee:

Stakeholder Survey Analysis



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Executive Summary

In 2019, the Mental Health Recovery Services Board of Lucas County contracted with TBD Solutions to provide consultancy services as part of the efforts of the Community Psychiatric Emergency Services (CPES) Subcommittee. As part of its contracted responsibilities, TBD Solutions developed and administered a community survey to gauge community members' experiences with and attitudes towards the behavioral health crisis services in Lucas County.

Surveys were administered online and in paper form, and paper surveys were available in English, Spanish, and Arabic. Stakeholders were invited to complete the survey via public postings and service provider locations, e-mail blasts, newspapers, newsletters, support groups, advocacy organizations, and social media posts. Surveys were completed by individuals served, family members, providers and other community stakeholders. A total of 726 surveys were completed between July 2nd and August 23rd, 2019.

Quantitative Analysis

Thresholds for strengths of the crisis system were set at 80% or higher agreement with each statement. Weaknesses were identified at 67% or lower agreement. Agreement was calculated by combining "Strongly Agree" and "Somewhat Agree."

Identified Strengths included:

Overall Experiences of Recent Treatment

- Treatment was provided in a professional and respectful way (87%)
- The services offered helped me and my family member through a crisis (83%)
- Services were affordable (81%)

Overall Satisfaction with Lucas County Services

- Lucas County CMHCs offer a valuable service (86%)
- CMHCs protect the health and safety of individuals served (81%)

Identified Weaknesses included:

Overall Satisfaction with Lucas County Services

- CMHC offer high quality behavioral health crisis services (67%)
- CMHCs encourage community member engagement (66%)
- Crisis stabilization providers appropriately encourage family involvement in treatment (66%)
- Mobile Crisis Services provide effective and compassionate services (62%)
- Psychiatric hospitals involve family members (62%)

People with Lived Experience consistently reported the highest levels of agreement to statements about Lucas County Services, while CMHC employees reported some of the lowest levels of agreement.

Knowledge of Available Services

When asked “If you were to experience a psychiatric crisis or tragedy in your life, would you know where to go for help?” 83% (437 of 528) of respondents answered “yes.”

Of those who completed the survey in Arabic, only 26% (5 of 19) answered “yes.”

Strategic Priorities

Respondents were asked to rank the strategic priorities for MHR SB of Lucas County. The top five priorities identified were:

1. Timely crisis access
2. Prevent suicides
3. Raising awareness
4. Crisis & psychiatric hospital follow-up
5. Care coordination

Qualitative Analysis

Three survey questions elicited open-ended responses. Around half of survey participants (49%) provided qualitative responses on system strengths and areas for improvement.

Areas of strength included:

- Crisis stabilization, assessments, and access to medications (47 responses)
- Positive staff qualities (77 responses)
- Accessible crisis intervention (41 responses)

Forty-one (41) respondents used the “strengths” question to identify areas of weakness or identify an absence of strengths.

Areas for improvement included:

- Access (66 responses)
- Improving care coordination (66 responses)
- Staff performance and development (56 responses)
- Community awareness of services (42 responses)
- Outpatient capacity and inpatient processes (43 responses)

Context & Purpose

In 2019, the Mental Health and Recovery Services Board (MHRSB) of Lucas County, Ohio solicited the consultation services of TBD Solutions to develop recommendations and an implementation plan for comprehensive, evidence-based, and cost-effective emergency psychiatric and stabilization services within the public behavioral health network in Lucas County. The scope of this project included:

- Development of a stakeholder survey that is relevant and accessible to key population groups regarding the current functioning of existing psychiatric emergency services for adults and youth;
- Review of current practices related to the functioning of existing psychiatric emergency services for adults and youth that are culturally relevant and can be adapted to meet the unique needs of diverse population groups in Lucas County;
- Investigation of evidence-based intervention, treatment, and support models related to the provision of emergency psychiatric services for adults and youth;
- Development of recommendations to improve intervention, treatment, and support services for the diverse adult and youth consumer populations experiencing psychiatric emergencies in Lucas County;
- Development of recommendations regarding potential funding opportunities for recommended programs and services; and
- Creation and presentation of a written report to the Planning & Oversight Committee of the MHRSB.

In July 2019, TBD Solutions administered a survey to Key Stakeholders of Lucas County. MHRSB of Lucas County, TBD Solutions, and CPES Subcommittee members engaged in extensive outreach to encourage community members to complete the survey. Targeted marketing was focused on reaching persons with lived experience with mental illness and their family members, individuals who work in the community mental health system, and other community partners.

Survey Methodology

The survey was sponsored by MHRSB of Lucas County and conducted by TBD Solutions. The survey contained 19 questions and was administered as either an online survey or a paper survey. The survey was open between July 2nd, 2019 and August 23rd, 2019. Surveys were available in Spanish (online or in paper form), and answers were translated to English. Surveys were also available in Arabic in paper form and were then translated into English.

A comprehensive and collaborative effort was made by MHRSB of Lucas County and stakeholders to distribute the surveys and encourage participation. Outreach engagement included:

- MHRSB-funded agencies including Community Mental Health Centers and the Thomas M. Wernert Center
- Psychiatric hospitals (both adult and child/adolescent units)
- Hospital Emergency Departments

- Public Safety Departments (Police Department, EMS, and Fire Department)
- Toledo-Lucas County Health Department
- Northwest Ohio Syringe Services
- Water for Ishmael
- Latino Alliance
- Toledo Lucas County Public Library
- Healthy Lucas County
- Support groups
- Advocacy organizations
- Newspapers, including The Blade, The Sojourner's Truth, Toledo Journal, and La Prensa
- Equality Toledo
- The Equality & Social Justice Subcommittee of the Human Relations Commission
- MHR SB Board Members
- Community advocates and advocacy organizations, including NAMI Greater Toledo
- Lucas County Childrens Services
- Social Media (MHR SB and shared by funded agencies, staff, and stakeholders)

Survey questions included demographic inquiries about race, gender, age, and sexual orientation; experience with the MHR SB of Lucas County; experiences with behavioral health crisis services in Lucas County, and beliefs and attitudes towards behavioral health crisis services in Lucas County. Responses were gathered in quantitative (scaling and yes/no questions) and qualitative (open-ended response and comment) formats.

For a complete list of all survey questions, see Appendix B below.

Respondent Population

726 surveys were completed between July 2nd, 2019 and August 23rd, 2019. The number of respondents in each targeted population are outlined below.

Population Groups

Individuals were asked to identify their primary population group. Participants identified themselves in the following ways:

- 158 Persons with lived experience with mental illness or substance use disorders
- 122 Crisis services partners (law enforcement, fire department, EMS, criminal justice system, and children's services)
- 117 Employees of community mental health agencies
- 113 Family members of persons with lived experience
- 108 Employees of behavioral health service organizations
- 71 Citizens of Lucas County
- 4 Employees of the MHR SB of Lucas County
- 4 Trustees of the MHR SB of Lucas County

Race

Respondents identified their race in the following ways:

- 353 as White
- 250 persons preferred not to answer or skipped the questions about race
- 71 as African American
- 34 as Hispanic or Latino/a/x
- 12 as Two or More Races
- 5 as American Indian or Alaskan Native
- 1 as Asian
- 0 as American Native Hawaiian or Other Pacific Islander

Gender

Respondents identified their gender through the labeling of their pronouns in the following ways:

- 347 as She
- 136 as He
- 3 as They
- 240 persons preferred not to answer, did not identify with pronouns, or skipped the question

Language


Online and paper surveys were available in Spanish and English, and paper surveys were also available in Arabic. The survey did not ask individuals to indicate their preferred language, first language, or most used language. As a result, any language analysis will not include data on languages a respondent preferred, or if they had the survey read to them. Those who chose an English survey who might have preferred a Spanish, Arabic, or other translated survey, are grouped as English survey responses.


- 706 English Surveys
- 19 Arabic Surveys
- 1 Spanish Survey

Definitions

Person with Lived Experience: A person with lived experiences with a mental illness or substance use disorder. Persons with lived experience may or may not be Persons served.

Person Served: A person who has been served by the Lucas County Behavioral Health Services in the last 2 years.

 **Strongly Agree:** “Strongly Agree” answers from respondents are represented in dark green in the charts of this report.

 **Somewhat Agree:** “Somewhat Agree” answers from respondents are represented in light green

in the charts of this report.

■ **Somewhat Disagree:** “Somewhat Disagree” answers from respondents are represented in light red in the charts of this report.

■ **Strongly Disagree:** “Strongly Disagree” answers from respondents are represented in dark red in the charts of this report.

Agree: A combination of “Somewhat Agree” and “Strongly Agree” responses of survey participants.

Disagree: A combination of “Somewhat Disagree” and “Strongly Disagree” responses of survey participants.

Perspective of Persons Served and Family Members

The perspectives of persons served and their family members were critical to understanding the current satisfaction with the services provided to the Lucas County community. **This section of the report presents the results of questions posed to persons served and their family members about their overall treatment experience.**

A number of demographic comparisons were conducted including analysis by role, race, gender, and language. Persons served responses totaled 102 and family members represented in this section totaled 124. Of this 226, only 201 individuals (89%) answered a question in this section of the survey. Up to 144 individuals (64%) responded to any one question. Furthermore, only 94 individuals (42%) chose to response to the qualitative section.

Recent Treatment Experiences

Persons served and their families were asked to provide feedback on six different and critical components of high-quality care including affordability, clarity of options, helpfulness, receiving quick follow-up, respectfulness, and timeliness. Of the 726 total survey respondents, 94 respondents (13%) completed the portion of the survey.

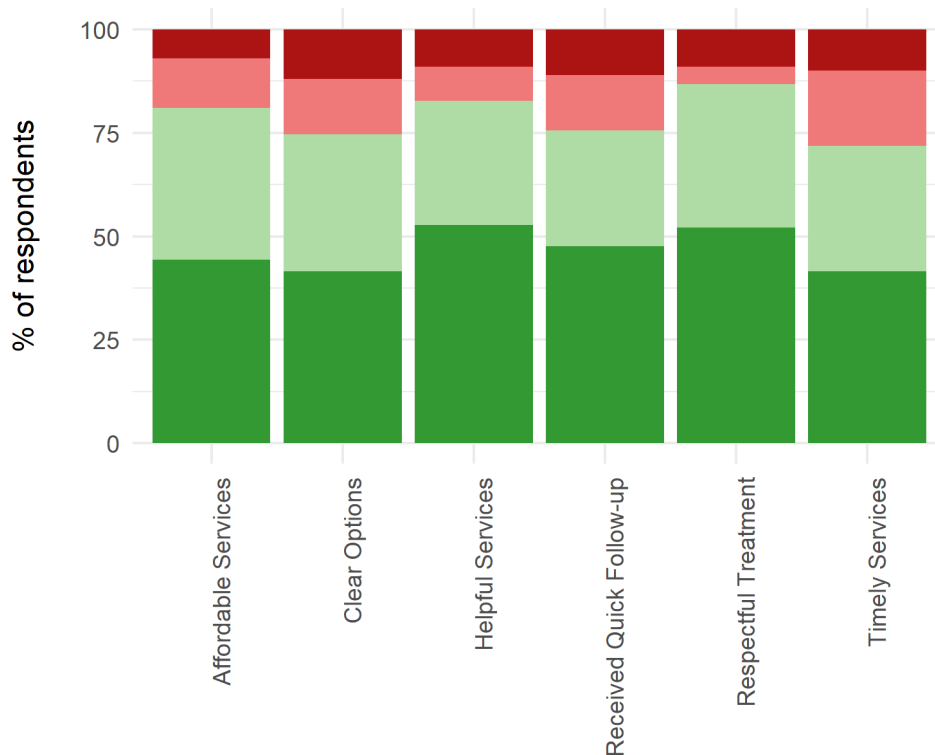
Respondents were asked “If you or a family member received treatment in a mental health crisis facility in the past two (2) years, how would you rate the following aspects of treatment?” Respondents were asked to rate their level of agreement or disagreement on the components of high quality of care through statements that are outlined below.

- **Services were affordable.**
 - Labeled below as Affordable Services
- **Treatment options based on my health care benefits were clearly explained to me.**
 - Labeled below as Clear Options
- **The services helped me/my family member through the crisis.**
 - Labeled below as Helpful Services
- **I received follow-up aftercare appointments as soon as I needed it.**
 - Labeled below as Received Quick Follow-Up
- **Treatment was provided in a professional and respectful way.**

- Labeled below as Respectful Treatment
- **I got help as soon as I needed it.**
 - Labeled below as Timely Services

Overall Experiences of Recent Treatment

The graph below shows the combined feedback of persons served and their family members on the key components of their recent treatment experience. Up to 144 respondents answered individual questions in this section.



Analysis

Respondents agreed most (87%) with the statement, “Treatment was provided in a professional and respectful way.” Respondents also highly agreed (83%) to the statement, “The services offered helped me/my family member through crisis.”

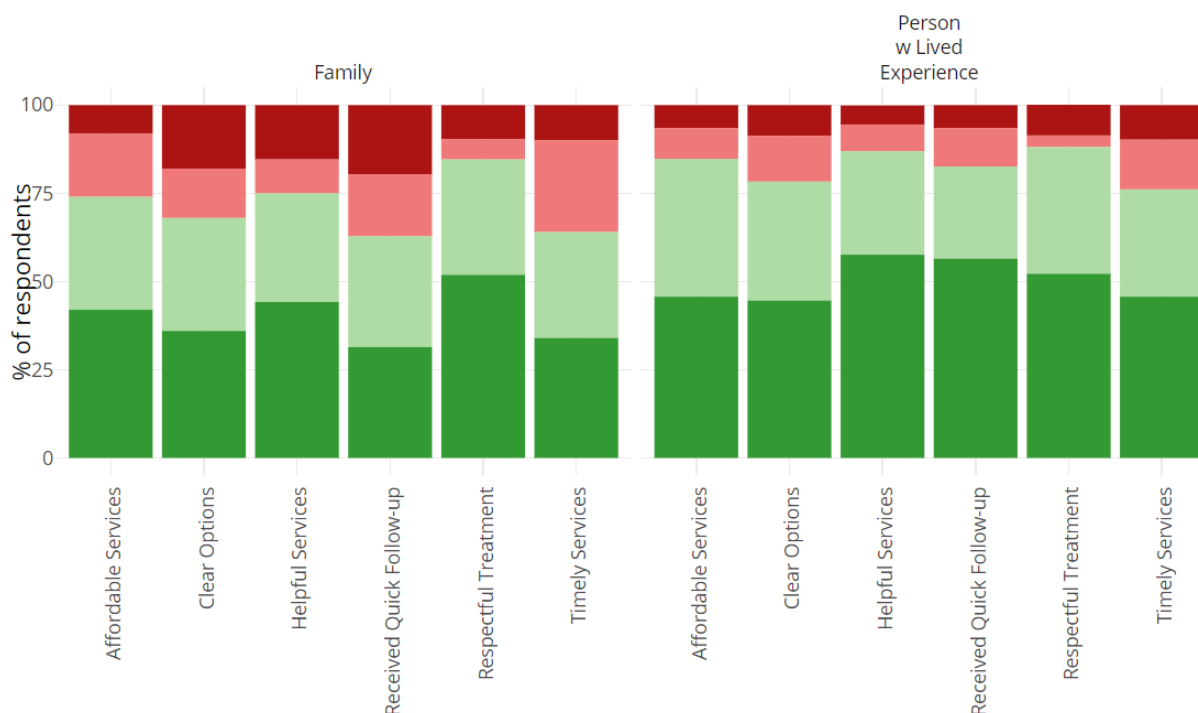
The most disagreement (28%) was in response to the statement, “I got help as soon as I needed it.” This response indicates that a little more than one in four people interacting with treatment services voiced that they did not get help as soon as they needed it.

Recent Treatment Experience by Role

The perspectives of persons served and their families were at the center of discussion on the

quality of services provided by Lucas County. However, it is important to display the difference in feedback related to treatment experience between persons served and their family members.

The chart below compares the feedback of persons served and their family members on the same key components of care including affordable services, clear options, helpful services, quick follow-up, respectful treatment, and timely services.



Analysis

As a whole, family members reported higher rates of disagreement with all of the statements related to recent treatment experience than did persons served. The largest discrepancy between persons served and their family members was in response to the statement, “I got help as soon as I needed it.”

- 36% of family members disagreed
- 24% of persons served disagreed

Similarly, family members had higher rates of disagreement than persons served in response to the statement “I received a follow-up aftercare appointment as soon as I needed it.”

- 38% of family members disagreed
- 17% of persons served disagreed

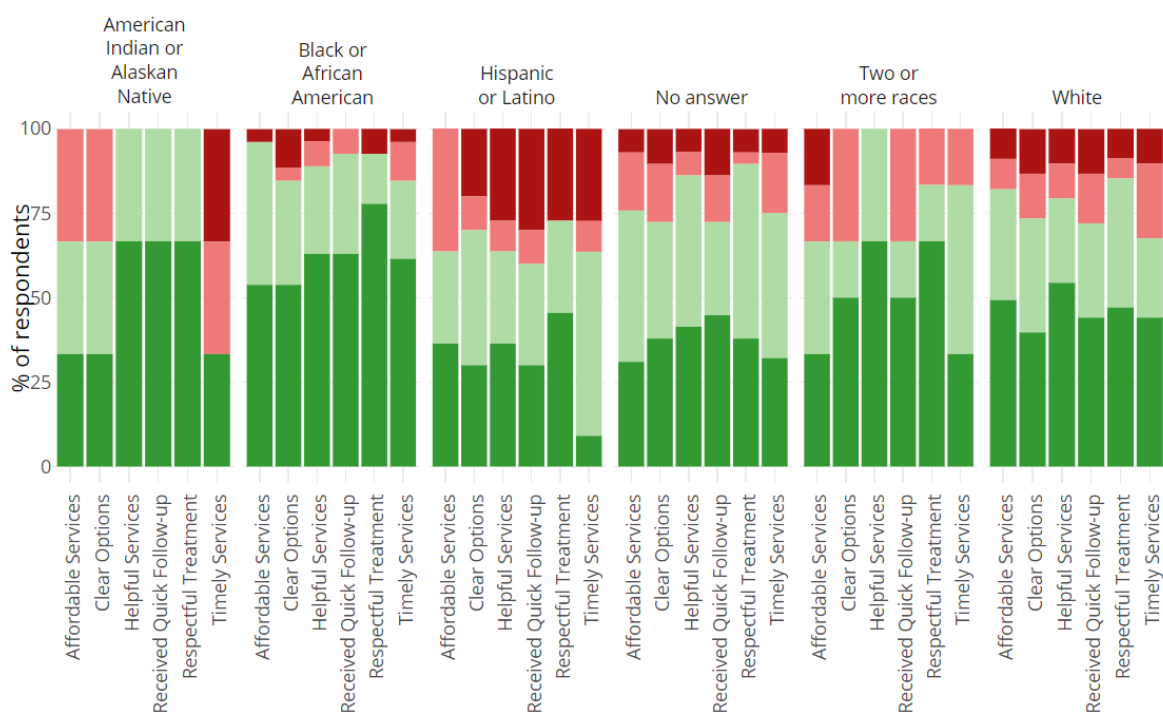
Family members reported higher levels of disagreement on all key components of care than did persons served.

Recent Treatment Experience by Race

Below is a chart displaying satisfaction with the recent treatment experience of persons served and their family members grouped by race. The same key components of care are reviewed including affordable services, clear options, helpful services, quick follow-up, respectful treatment, and timely services.

Of people who had a recent treatment experience, the number of respondents in each race category varied based on which questions they chose to answer. The maximum number of respondents by race were:

- 3 American Indian or Alaskan Native
- 27 Black or African American
- 11 Hispanic or Latino
- 29 “No answer” which includes those who preferred not to answer and those who skipped the question
- 29 Two or More races
- 68 White



Analysis

Individuals identifying as Black or African American answered in agreement most strongly to statements indicating a favorable treatment experience. Individuals identifying as Hispanic disagreed most strongly to these statements, indicating a negative or unfavorable treatment experience.

Statements receiving the most “Strong Agreement” responses from each race category include:

- American Indian or Alaskan Native
 - Helpful Services (67%)
 - Received Quick Follow-Up (67%)
 - Respectful Treatment (67%)
- Black or African American
 - Respectful Treatment (78%)
- Hispanic or Latino
 - Respectful Treatment (46%)
- No Answer (Includes both individuals who prefer not to answer and individuals who skipped the question)
 - Received Quick Follow-Up (45%)
- Two or More Races
 - Helpful Services (67%)
 - Respectful Treatment (67%)
- White
 - Respectful Treatment (25%)

Statements receiving the most “Strong Disagreement” in each race’s category include:

- American Indian or Alaskan Native
 - Timely Services (33%)
- Black or African American
 - Clear Options (12%)
- Hispanic or Latino
 - Received Quick Follow-Up (30%)
- No Answer (Includes both individuals who prefer not to answer and individuals who skipped the question)
 - Received Quick Follow Up (14%)
- Two or More Races
 - Affordable Services (17%)
- White
 - Clear Options (13%)
 - Received Quick Follow up (13%)

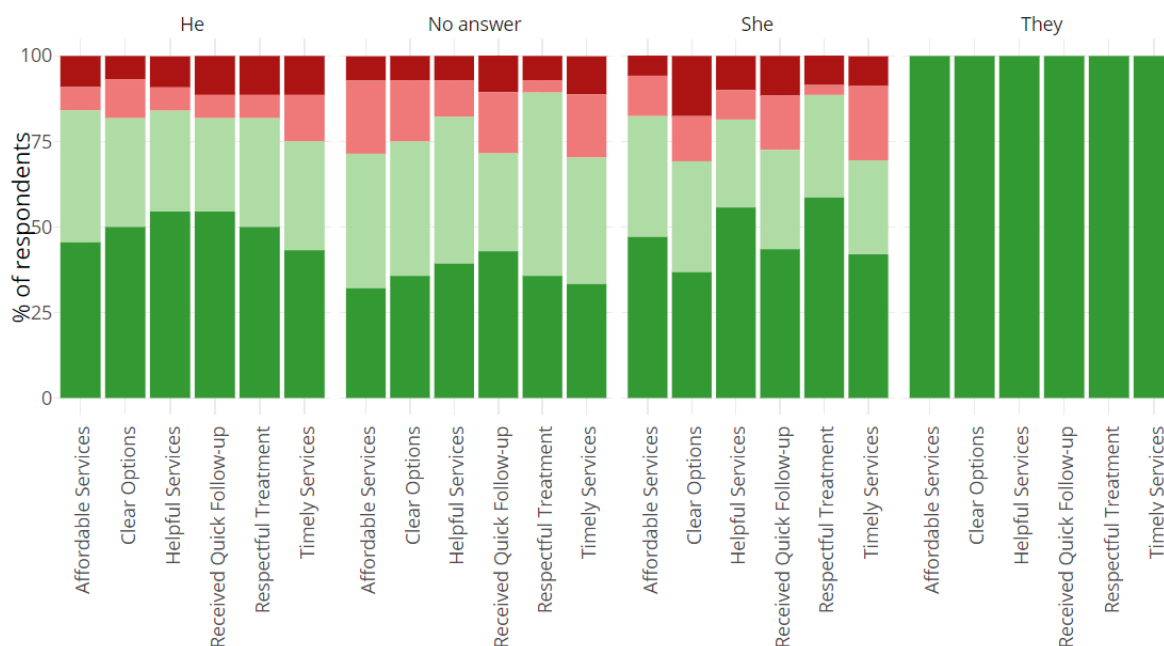
Recent Treatment Experience by Gender

Below is a chart displaying the recent treatment experience of persons served and their family members categorized by gender. The same key components of care are reviewed including affordable services, clear options, helpful services, quick follow-up, respectful treatment, and timely services.

Of people who had recent treatment experience, the number of respondents in each gender

category was:

- He (44)
- No Answer (Includes “prefer not to answer”) (28)
- She (70)
- They (2)



Analysis

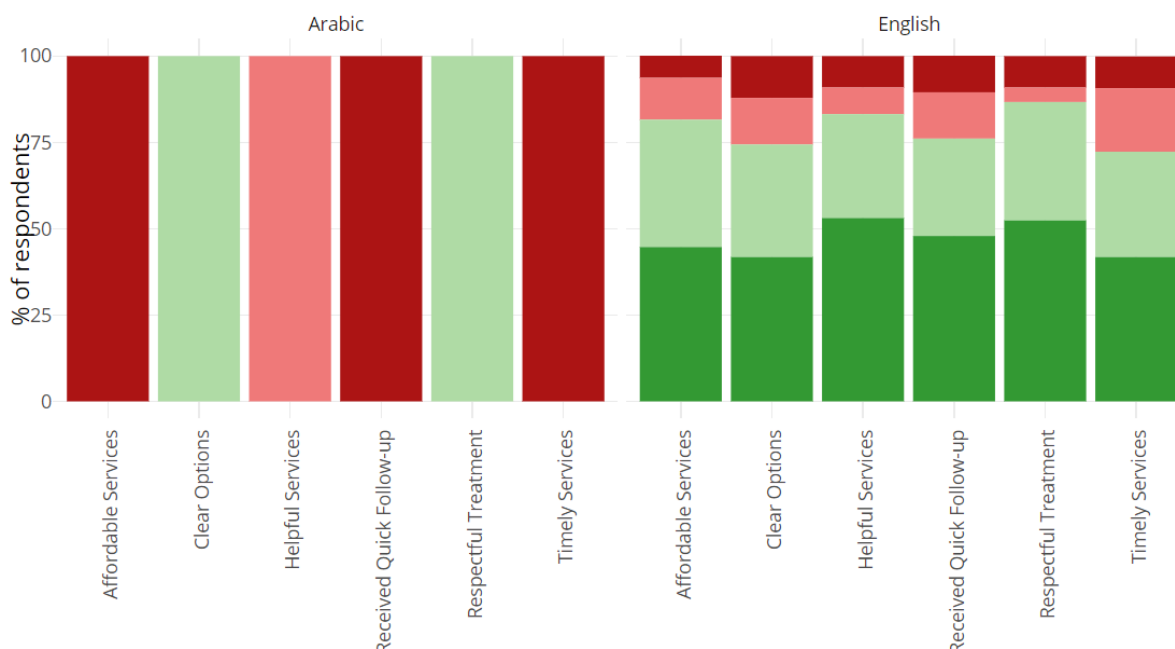
Individuals identifying as female responded “Strongly Agree” most often to the statements “Treatment was provided in a professional and respectful way” (59%) and “The services offered helped me/my family member through the crisis” (56%).

Male respondents answered all statements consistently. Seventy-five percent (75%) of answers by male respondents were “Somewhat Agree” or “Strongly Agree” to every question in this section.

Recent Treatment Experience by Language Used

Below is a chart displaying the recent treatment experience of persons served and their family members categorized by language of survey. The same key components of care are reviewed including affordable services, clear options, helpful services, quick follow-up, respectful treatment, and timely services.

Language was defined by the language in which a person completed a survey, not by their identified first language or preferred language. There were 143 respondents with recent treatment experience who utilized the English survey and one (1) person with recent treatment experience who utilized the Arabic survey.



Analysis

Responses from those who completed the survey in English provided somewhat consistent answers to all questions.

English Survey Respondents

- 86% agreed with the statement, “Treatment was provided in a professional and respectful way.”
- 27% disagreed with “I got help as soon as I needed it.”
- 26% disagreed with the statement, “Treatment options based on my health care benefits were clearly explained to me.”

Arabic Survey Respondent

The lone participant who responded in Arabic did not answer “Strongly Agree” to any statements and responded “Strongly Disagree” to 3 of the 6 statements.

Note: Spanish surveys were available both in paper and online. There were no Spanish surveys completed by persons served or their family members.

Recent Treatment Experience: Qualitative Responses

Note: While qualitative responses can enliven surveys in a dynamic and personable way, it is important to consider the context and limited generalizability of the responses. While some respondent quotes are passionate and emboldened, they only represent the experience of one individual and should not be extrapolated to serve as a theme for the survey.

Qualitative responses were aggregated according to presenting themes, with most groupings representing only a small portion of the total responses (for example, the largest identified category of responses from Recent Treatment Experience, “Beneficial Treatment”, only included 26 responses, which represents 28% of the total number of Recent Treatment Experience respondents, and only 3.5% of total survey respondents).

Respondents were given the opportunity to provide additional information by responding to the following prompt: “Please share any additional information about your experience as a person receiving behavioral health crisis services or the family member of an individual receiving services.”

Responses were organized into four categories:

- **Beneficial Treatment** (26 responses): These respondents reported that symptoms decreased and quality of life improved due to services provided. They also expressed appreciation and gratitude for care provided.
- **Lack of Timely Access** (11 responses): These respondents reported that access to psychiatric services is very limited, with providers often scheduling several months out for an appointment and case managers also having limited availability. Respondents also shared that staff responsible for admissions to services did not perceive their symptoms as severe enough to receive help.
- **Poor Service Quality** (11 responses): These respondents shared frustration that services did not meet their needs, and they did not understand why certain services were provided and other services were not available. They also reported that services did not result in improved functioning or quality of life but instead led to feelings of frustration or confusion.
- **Difficult to Access Aftercare** (6 responses): These respondents reported the scheduled aftercare appointments were not feasible due to transportation limitations or financial constraints. They also reported that the purpose or process of aftercare appointments was not communicated effectively.

A comprehensive summary of qualitative responses can be found in Appendix A.

Greater Community Feedback

The greater community feedback is the collection of the responses of persons served, the family members of those served, service providers, community partners, and Lucas County Citizens.

The sections below show the greater community’s feedback on specific service areas or entities.

The first graph shows overall feedback on Crisis Services of Lucas County, followed by overall satisfaction with the MHR SB. Finally, results are analyzed within each service area (including CMHCs, psychiatric hospitals, crisis stabilization providers, mobile crisis providers, and MHR SB) comparing by respondent population groups.

Although the size of each population group varied, the MHR SB Employee, MHR SB Trustee, and Other groups had the lowest levels of participation. The MHR SB Employee and Trustee groups had

less than five (5) each, the Other group size was between 15 and 21. Comparatively, other population groups had at least 30 respondents.

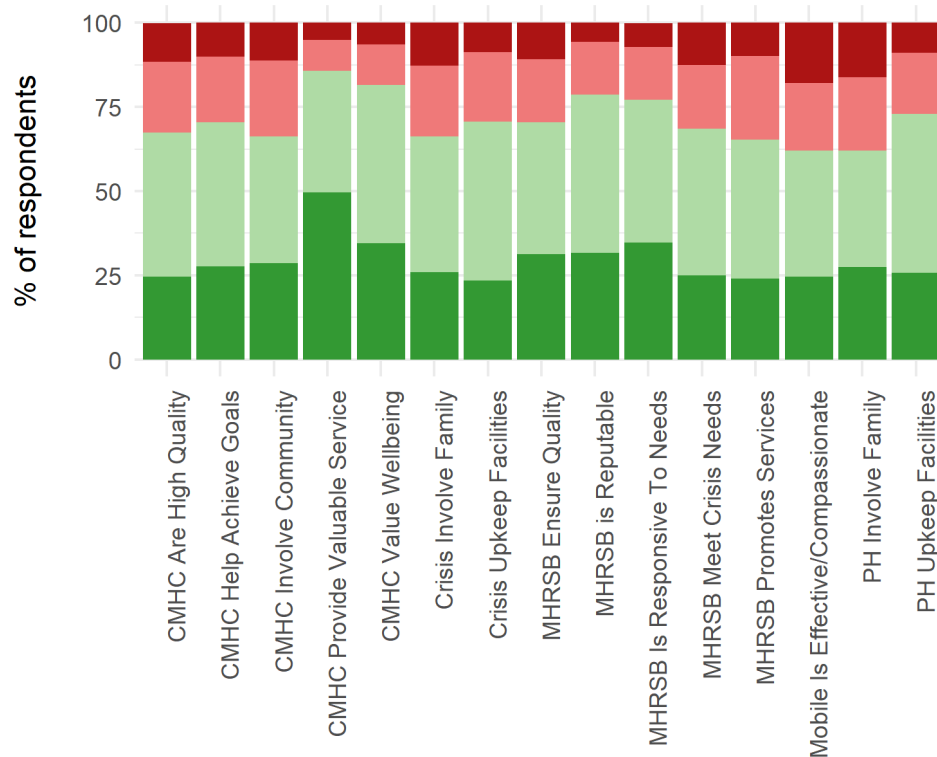
Overall Satisfaction with Lucas County Crisis Services

The chart below displays the overall responses to the question, “When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:”

The statements included:

- **CMHCs offer high quality behavioral health crisis services**
 - Labeled as CMHC Are High Quality
- **CMHCs help individuals in crisis achieve personal goals**
 - Labeled as CMHC Help Achieve Goals
- **CMHCs encourage community member engagement**
 - Labeled as CMHC Involve Community
- **CMHCs offer a valuable service**
 - Labeled CMHC Provide Valuable Service
- **CMHCs protect the health and safety of individuals served**
 - Labeled as CMHC Value Wellbeing
- **Crisis stabilization providers appropriately encourage family involvement in treatment**
 - Labeled as Crisis Involve Family
- **Crisis stabilization providers do a good job of maintaining facilities and equipment**
 - Labeled as Crisis Upkeep Facilities
- **MHR SB of Lucas County is committed to ensuring its CMHC provider are delivering the best crisis care possible**
 - Labeled below as MHR SB Ensure Quality
- **MHR SB of Lucas County maintains a strong and positive reputation with community members**
 - Labeled as MHR SB is Reputable
- **MHR SB of Lucas County staff are responsive to community requests and needs**
 - Labeled below as MHR SB Is Responsive To Needs
- **MHR SB of Lucas County, through its contracted CMHCs, provides services that meet the needs of people in crisis**
 - Labeled below as MHR SB Meet Crisis Needs
- **MHR SB of Lucas County is effective in letting people know what services are available**
 - Labeled below as MHR SB Promotes Services
- **Mobile Crisis teams (operated by Rescue Mental Health and Substance Abuse) compassionately and efficiently meet the behavioral health needs of individuals in crisis**

- This statement is listed below as Mobile Crisis Is Effective/Compassionate
- **Psychiatric hospitals appropriately encourage family involvement in treatment**
 - Labeled as PH Involve Family
- **Psychiatric hospitals do a good job of maintaining facilities and equipment**
 - Labeled as PH Upkeep Facilities



Analysis

When asked about Behavioral Health Crisis Services in Lucas County, more than 86% of respondents agreed to “Lucas County CMHCs offer valuable services”. Similar rates of respondents agreed with the statement “Lucas County CMHCs protect the health and safety of individuals served”.

Thirty-five percent (35%) of respondents disagreed with the statements “Mobile Services provide effective and compassionate services”, and “Psychiatric Hospitals involve family members”.

When asked about Behavioral Health Crisis Services in Lucas County, respondents agreed most with the following statements:

- CMHCs offer a valuable service (86%)
- CMHCs protect the health and safety of individuals served (82%)
- Respondents agreed least with the following statements:
- Psychiatric hospitals appropriately encourage family involvement in treatment (66%)

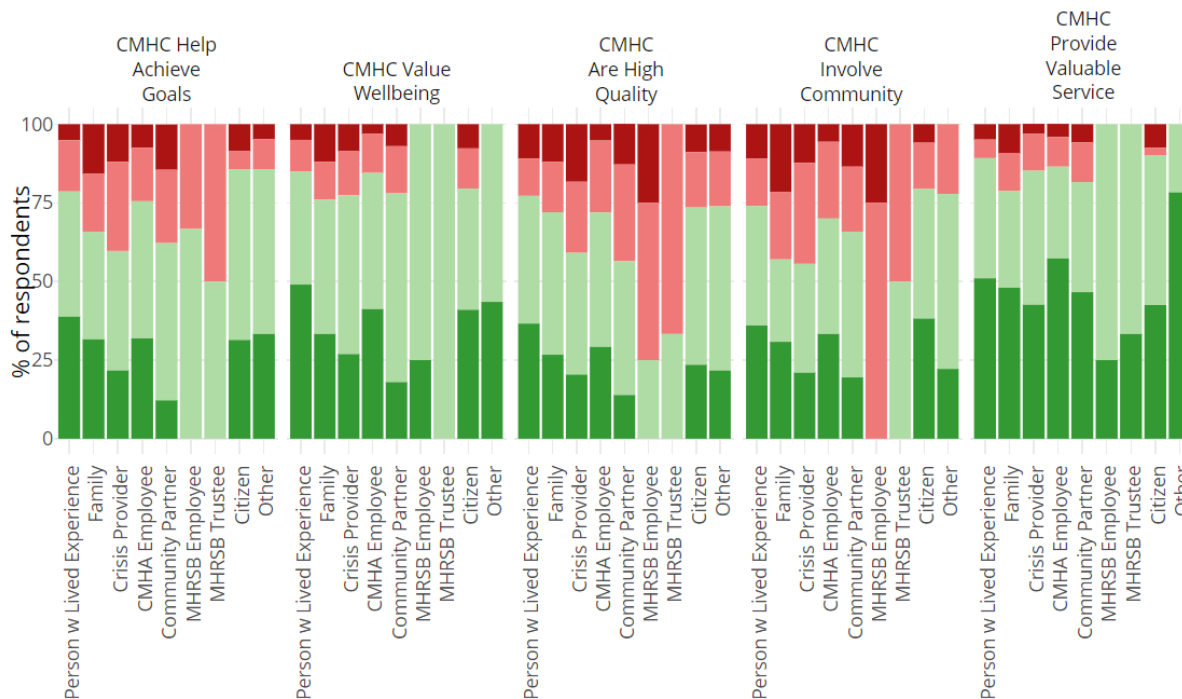
- Mobile Crisis teams compassionately and efficiently meet the behavioral health needs of individuals in crisis (62%)
- Psychiatric hospitals appropriately encourage family involvement in treatment (62%)

Respondents answered with moderate confidence (68%-79%) to the other seven statements.

Satisfaction with CMHCs

The chart below displays the greater community's satisfaction of the CMHCs' ability to meet five key components of care through statements that are abbreviated in the chart. Both the statements and their abbreviations are provided below.

- **CMHCs help individuals in crisis achieve personal goals**
 - Labeled as CMHC Help Achieve Goals
- **CMHCs protect the health and safety of individuals served**
 - Labeled as CMHC Value Wellbeing
- **CMHCs offer high quality behavioral health crisis services**
 - Labeled as CMHC Are High Quality
- **CMHCs encourage community member engagement**
 - Labeled as CMHC Involve Community
- **CMHCs offer a valuable service**
 - Labeled as CMHC Provide Valuable Service



Analysis

All populations agreed most with the statement “Lucas County CMHCs offer valuable services” while respondents most disagreed with the statements “CMHCs in Lucas County offer high quality behavioral health crisis services” and “Lucas County CMHCs encourage community member engagement”.

Respondent groups who **agreed** most with the statement, “CMHCs help individuals in crisis achieve personal goals” were:

- Lucas County Citizens (85%)
- Other (85%)
- People with Lived Experience (79%)
- CMHA Employees (76%)

Respondent groups who **disagreed** most with the statement “CMHCs help individuals in crisis achieve personal goals” were:

- MHRBS Trustees (50%)
- Crisis Providers (40%)

Respondent groups who **agreed** most with the statement “CMHCs protect the health and safety of individuals served” were:

- Other (100%)
- MHRBS Employee (100%)
- MHRBS Trustee (100%)
- Persons with Lived Experience (85%)

Respondent groups who **disagreed** most with the statement “CMHCs protect the health and safety of individuals served” were:

- Family Members (24%)
- Crisis Providers (23%)
- Community Partners (22%)
- Lucas County Citizens (21%)

Respondent groups who **agreed** most with the statement “CMHCs offer high quality behavioral health crisis services” were:

- People with Lived Experience (78%)
- Lucas County Citizens (74%)
- Other (74%)
- Family Members (72%)
- CMHC Employees (72%)

Respondent groups who **disagreed** most with the statement “CMHC offer high quality behavioral

health crisis services” were:

- MHR SB Employees (75%)
- MHR SB Trustees (67%)
- Crisis Providers (41%)

Respondent groups who **agreed** most with the statement “CMHCs encourage community member engagement” were:

- Lucas County Citizens (79%)
- Other (78%)
- People with Lived Experience (74%)

Respondent groups who **disagreed** most with the statement “CMHCs encourage community member engagement” were:

- MHR SB Employees (100%)
- MHR SB Trustees (50%)
- Crisis Providers (45%)
- Family Members (43%)

Respondent groups who **agreed** most with the statement “CMHCs offer a valuable service” were:

- Other (100%)
- MHR SB Employees (100%)
- MHR SB Trustees (100%)
- Lucas County Citizens (90%)
- People with Lived Experience (89%)

Respondent groups who **disagreed** most with the statement “CMHCs offer a valuable service” were:

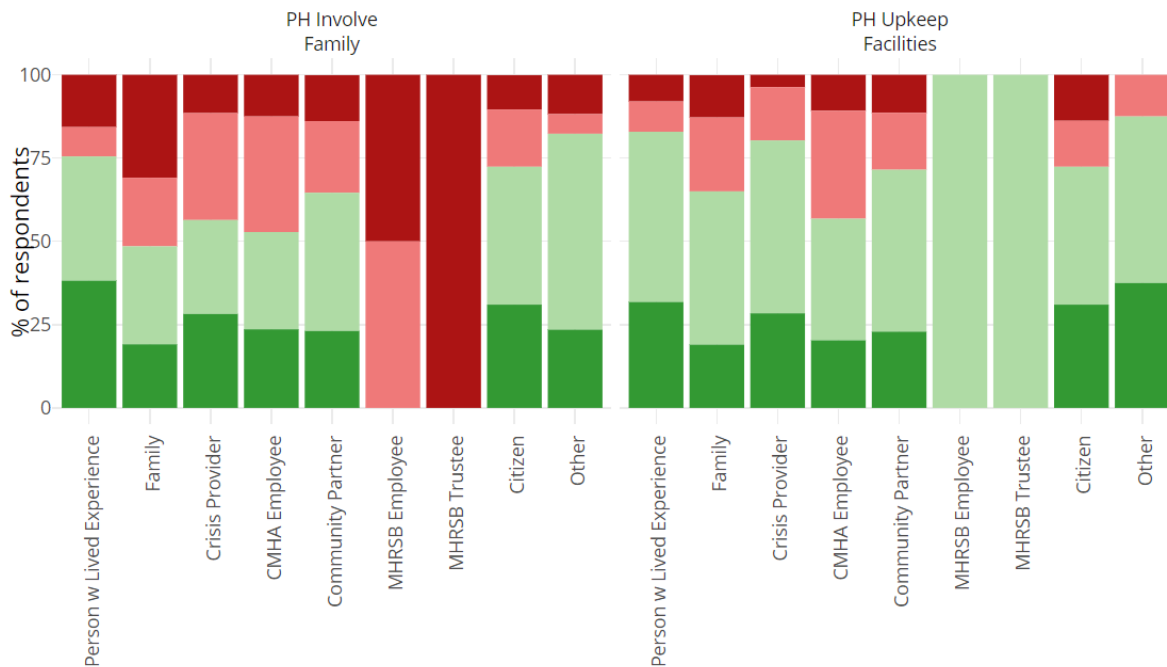
- Family Members (21%)
- Community Partners (18%)

Satisfaction with Psychiatric Hospital

The chart below displays the greater community’s satisfaction of the psychiatric hospitals’ ability to meet two key components of care through statements that are abbreviated in the chart. The two statements were:

- **Psychiatric hospitals appropriately encourage family involvement in treatment**
 - Labeled as PH Involve Family
- **Psychiatric hospitals do a good job of maintaining facilities and equipment**

- Labeled as PH Upkeep Facilities



Analysis

Agreement with family involvement by psychiatric hospitals was highest from two populations: People with Lived Experience (75%) and Lucas County Citizens (72%). Populations who disagreed most strongly that psychiatric hospitals involve family were MHRBSB Employees (100%) and MHRBSB Trustee (100%).

Agreement with maintenance and upkeep of psychiatric hospital facilities was strong (over 80% agree) in nearly every population. Agreement was highest in four groups:

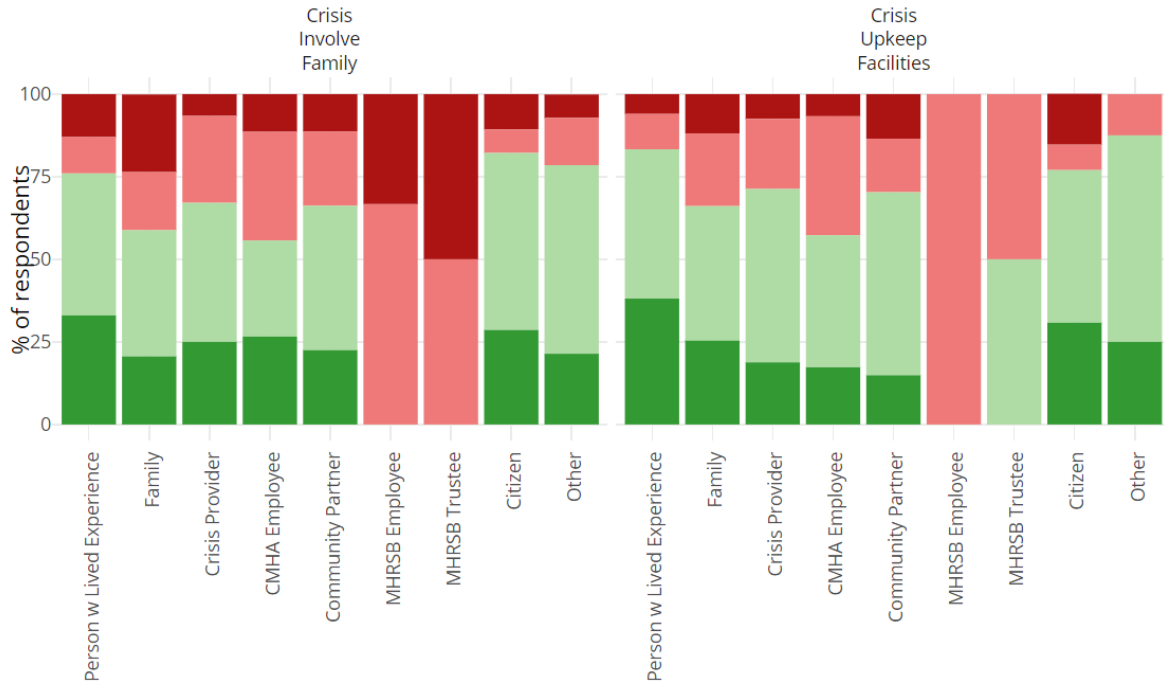
- MHRBSB Employee (100%)
- MHRBSB Trustee (100%)
- People with Lived Experience (83%)
- Crisis Providers (80%)
- Other (83%)

The highest levels of disagreement were reported by CMHA Employees (43%)

Satisfaction with Crisis Stabilization

The chart below displays the greater community's satisfaction of the crisis stabilization providers' ability to meet two key components of care through statements that are abbreviated in the chart. The two statements were:

- **Crisis stabilization providers appropriately encourage family involvement in treatment**
 - Labeled as Crisis Involve Family
- **Crisis stabilization providers do a good job of maintaining facilities and equipment**
 - Labeled as Crisis Upkeep Facilities



Analysis

Agreement with family involvement by crisis stabilization providers was highest from three groups of respondents:

- Lucas County Citizens (83%)
- Other (78%)
- People with Lived Experience (76%)

Populations who **disagreed** most strongly that crisis stabilization providers involve family were:

- MHRBS Employees (100%)
- MHRBS Trustee (100%)
- CMHA Employee (44%)

Agreement with maintenance and upkeep of crisis stabilization facilities was highest in three groups:

- Other (88%)
- People with Lived Experience (83%)
- Citizen (77%)

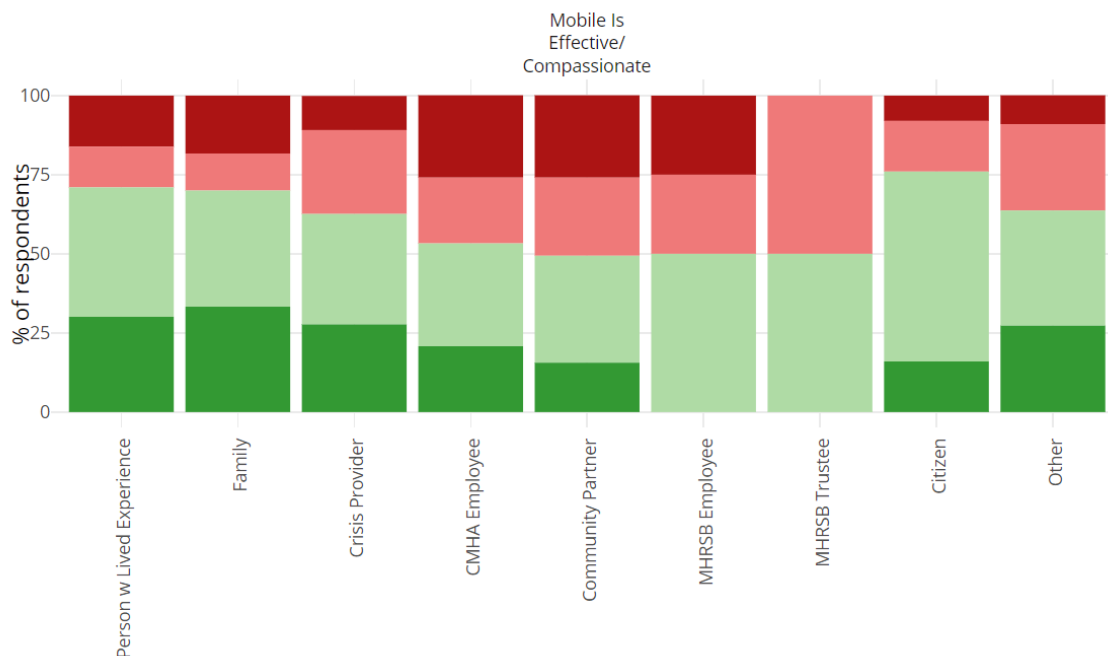
The highest levels of **disagreement** with maintenance and upkeep of crisis stabilization facilities was reported by:

- MHR SB Employees (100%)
- MHR SB Trustee (50%)
- CMHA Employees (43%)

Satisfaction with Mobile Crisis

The chart below displays the greater community's satisfaction of the Mobile Crisis teams' ability to meet a key component of care through the statement:

- **Mobile Crisis teams (operated by Rescue Mental Health and Substance Abuse) compassionately and efficiently meet the behavioral health needs of individuals in crisis.** This statement is listed below as Mobile is Effective/Compassionate.



Analysis

Satisfaction with Mobile Crisis teams' ability to compassionately and efficiently meet the behavioral health needs of individuals in crisis was highest in two groups:

- Citizens (76%)
- People with Lived Experience (71%)

Dissatisfaction with Mobile Crisis teams' ability to compassionately and efficiently meet the behavioral health needs of individuals in crisis was highest in four groups:

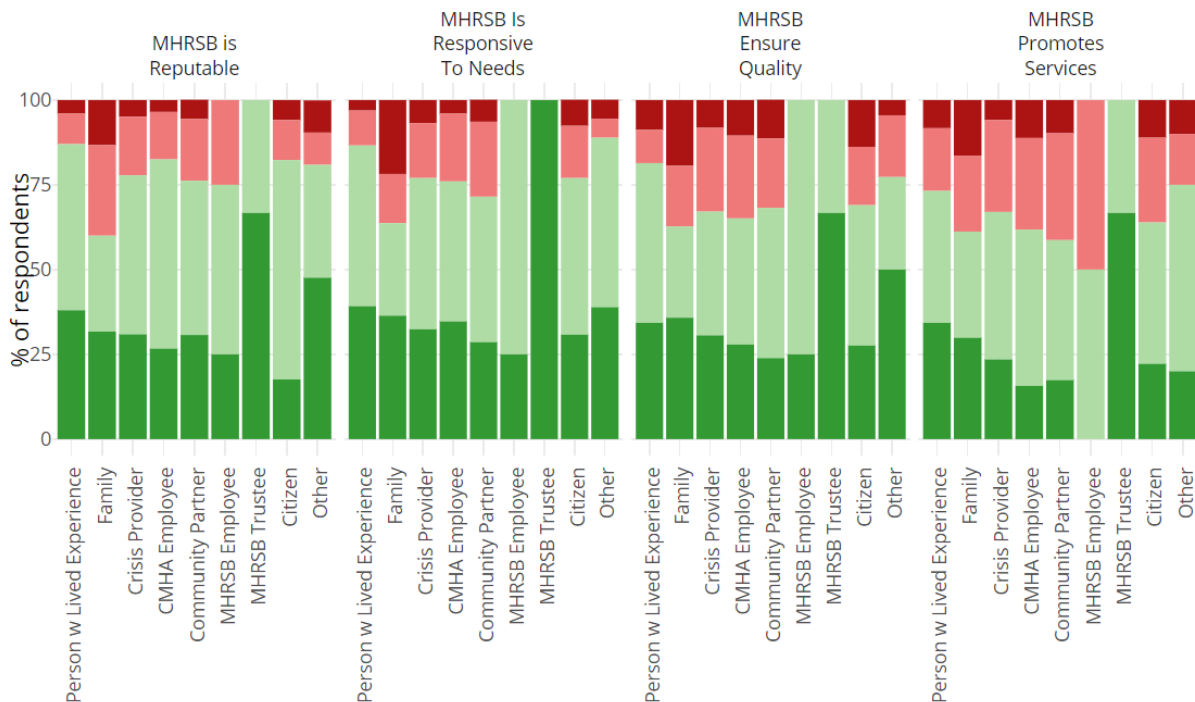
- Community Partners (51%)

- MHR SB Employees (50%)
- MHR SB Trustees (50%)
- CMHA Employees (47%)

Satisfaction with MHR SB

The chart below displays the greater community's satisfaction of the MHR SB's ability to meet key components through statements listed.

- **MHR SB of Lucas County maintains a strong and positive reputation with community members**
 - Labeled as MHR SB is Reputable
- **MHR SB of Lucas County staff are responsive to community requests and needs**
 - Labeled below as MHR SB is Responsive To Needs
- **MHR SB of Lucas County is committed to ensuring its CMHC provider are delivering the best crisis care possible**
 - Labeled below as MHR SB Ensure Quality
- **MHR SB of Lucas County is effective in letting people know what services are available**
 - Labeled below as MHR SB Promotes Services



Analysis

Respondent groups who **agreed** most with the statement “MHR SB of Lucas County maintains a strong and positive reputation with community members” were:

- MHR SB Trustee (100%)
- Persons with Lived Experience (87%)

Respondent groups who **disagreed** most with the statement “MHR SB of Lucas County maintains a strong and positive reputation with community members” were:

- Family members (40%)
- MHR SB Employee (25%)

Respondent groups who **agreed** most with the statement “MHR SB of Lucas County staff are responsive to community requests and needs” were:

- MHR SB Trustees (100%)
- MHR SB Employees (100%)
- Other (89%)
- People with Lived Experience (87%)

Respondent groups who **disagreed** most with the statement “MHR SB of Lucas County staff are responsive to community requests and needs” were:

- Family Members (36%)
- Community Partners (29%)

Respondent groups who **agreed** most with the statement “MHR SB of Lucas County is committed to ensuring its CMHC provider are delivering the best crisis care possible” were:

- MHR SB Employees (100%)
- MHR SB Trustees (100%)
- People with Lived Experience (81%)
- Other (77%)

Respondent groups who **disagreed** most with the statement “MHR SB of Lucas County is committed to ensuring its CMHC provider are delivering the best crisis care possible” were:

- Family Members (37%)
- CMHC Employees (35%)
- Crisis Providers (33%)
- Community Partners (32%)

Respondent groups who **agreed** most with the statement “MHR SB of Lucas County is effective in letting people know what services are available” were:

- MHR SB (100%)

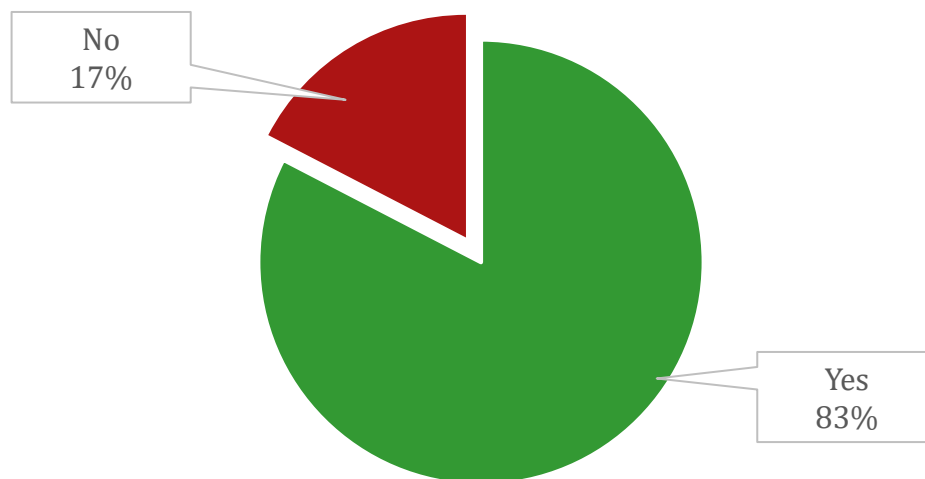
- Other (75%)
- People with Lived Experience (73%)

Respondent groups who **disagreed** most with the statement “MHR SB of Lucas County is effective in letting people know what services are available” were:

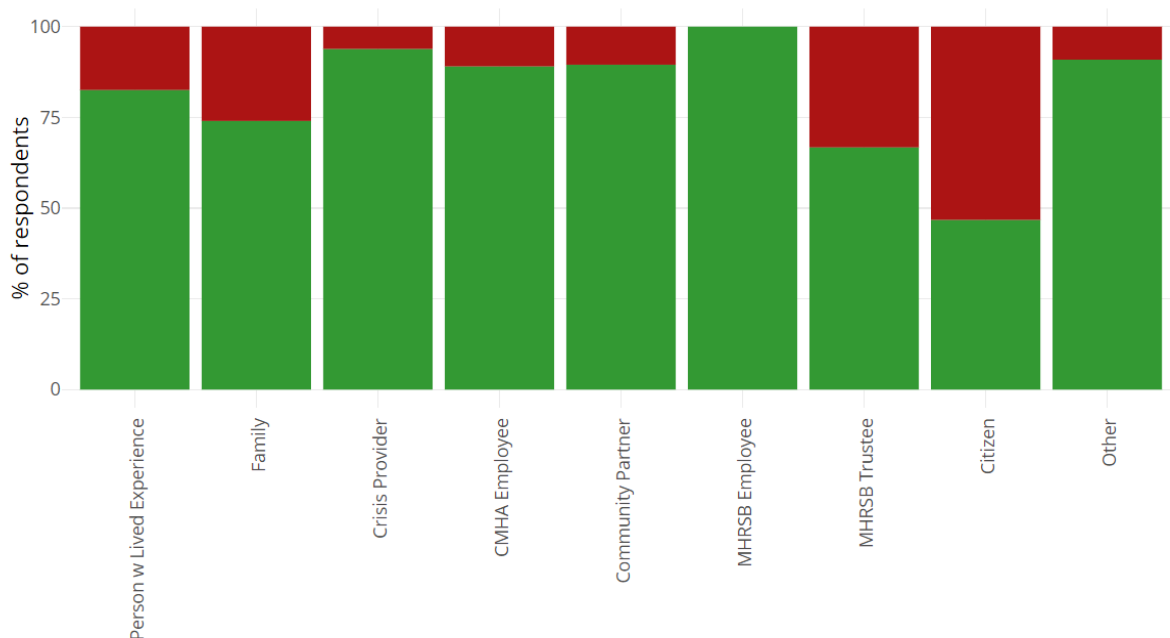
- MHR SB Employees (50%)
- Community Partners (42%)
- Family Members (39%)
- CMHC Employees (38%)
- Lucas County Citizens (36%)
- Crisis Providers (33%)

Knowledge of Available Services

Survey respondents were asked “If you were to experience a psychiatric crisis or tragedy in your life, would you know where to go for help?” Of the 529 individuals who responded, 437 of them said “Yes” (83%). “Yes” responses are represented by dark green and “No” responses are represented by dark red.



The chart below shows the response to the question “If you were to experience a psychiatric crisis or tragedy in your life, would you know where to go for help?” displayed by respondent role.



Analysis

Of the eight respondent groups (not including “Other”), five responded at an 80% rate or higher that they would know where to go for help in case of a psychiatric crisis or tragedy. Respondent groups that scored the highest were:

- MHRBSB Employees (100%)
- Crisis Providers (94%)

The other three groups responded below a 75% rate of agreement:

- Family Members (74%)
- MHRBSB Trustees (67%)
- MHRBSB Citizens (47%)

Respondents identifying as “Other” responded at a 91% rate of agreement.

Of those who completed the survey in Arabic, only 26% (5 of 19) answered “yes.”

Satisfaction: Qualitative Responses

Provider Strengths

340 of the 726 total survey respondents (47%) chose to respond to the question, “What do the behavioral health crisis providers in Lucas County do very well? What are their strengths?”

Responses were organized into three categories:

- **Crisis Stabilization, Assessments, and Access to Medication** (87 responses): Respondents identified individual providers or service types with which they were very pleased with the quality of care. Service mentioned most frequently included: psychiatry (medication), crisis assessments, and crisis stabilization. Multiple specific providers were mentioned but no clear theme emerged that respondents perceived one provider as more effective or higher quality than another.
- **Positive Staff Qualities** (77 responses): Respondents shared many positive qualities about staff including being responsive, caring, and being a good listener. Many respondents described staff as professional and understanding.
- **Accessible Crisis Intervention** (41 responses): Respondents shared that the 24/7 availability of crisis response is a critical feature of the system to ensure timely access to care for individuals in crisis.

29 respondents responded, “I don’t know” to this question.

Provider Areas for Improvement

353 of the 726 total survey respondents (49%) chose to respond to the question, “In what areas could behavioral health crisis providers in Lucas County do better? What are their areas of improvement?” Responses were organized into five categories:

- **Improve Access** (66 responses): Respondents reported frustration with the length of time they had to wait for crisis intervention as well as wait time for initial non-crisis service to be provided. They also shared how difficult it is to access services due to staff not perceiving the respondent was in crisis.
- **Improve Care Coordination** (66 responses): Respondents addressed the need for improved care coordination among providers to ensure that all providers understand the individual’s needs and are aware of all services being provided. Themes around improved care coordination centered around law enforcement, services for individuals with developmental disabilities, and primary care providers.
- **Staff Performance and Development** (56 responses): Respondents focused on the need for the system to provide enhanced training and support to staff as well as negative staff attributes.
- **Improve Outpatient Capacity and Inpatient Processes** (43 responses): Respondents requested additional outpatient or community-based services, such as Assertive Community Treatment (ACT) and psychiatric services that could decrease the need for crisis services. They also identified the need for improved access to step-down services when discharging from inpatient care. Respondents expressed frustration with specific providers at both the inpatient level of care and crisis stabilization level refusing (or being resistant) to admit individuals in crisis, especially those that have been pink slipped.
- **Improve Community Awareness of Services** (42 responses): Respondents stated there is a need for additional marketing to ensure the public understands what services are available and to reduce the stigma associated with seeking services for behavioral health needs.

It should be noted that for the “Provider Strengths” question, 41 respondents chose to give negative feedback in this category, responding to the question of “What do the behavioral health crisis providers in Lucas County do very well? What are their strengths?” with “None”, “Not a whole lot,” etc., indicating a dissatisfaction with services that was likely reflected in the “Areas for Improvement” responses.

Strategic Priorities


The section below displays how respondents ranked ten (10) elements of a quality mental health service continuum.


The ten items were:

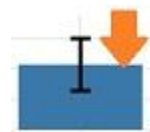
- **Raising community awareness of crisis services**-Labeled below as Raising Awareness
- **Coordination with law enforcement**-Labeled below as Coordinating with Police
- **Improving transportation options to/from crisis services**-Labeled below as Improving Crisis Transportation
- **Timely access to crisis services**-Labeled below as Timely Crisis Access
- **Suicide Prevention**-Labeled below as Prevent Suicides
- **Reduce Stigma**-Labeled below as Reduce Stigma
- **Increasing engagement with cultural/linguistic minorities**-Labeled below as Engage Minority Groups
- **Follow-up care after discharge from psychiatric hospital or crisis stabilization**-Labeled below as Crisis/Ph Follow-Up
- **Care coordination between behavioral health providers**-Labeled below as Care Coordination
- **More effective discharge planning**-Labeled below as Discharge Planning

Data displayed below has three main components; color, bar height, and line size.

Color represents mean ranking or how high or low a quality was rated in priority. The darker the color, the higher the quality was rated in priority. The lighter the color, the lower the quality was rated in priority.

 The darkest color blue represents the qualities that are rated the highest.

 The lightest color blue represents the qualities that are rated the lowest.

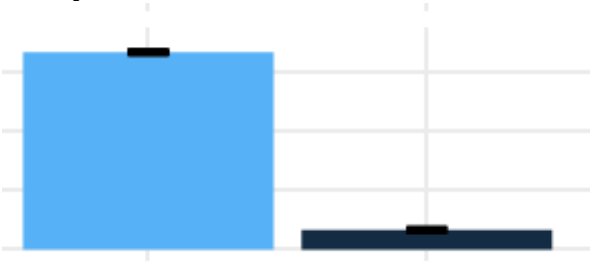


Bar height also represents mean ranking. The taller the bar height, the higher the mean ranking. The tallest bars are the qualities that were ranked as lower priority.



Line size represents standard deviation, or how consistently people agreed. The taller the line, the more variation. Or in other words, if the line is tall, respondents had more mixed feelings about that rating. If the line is short, people agreed on that rating.

Example:

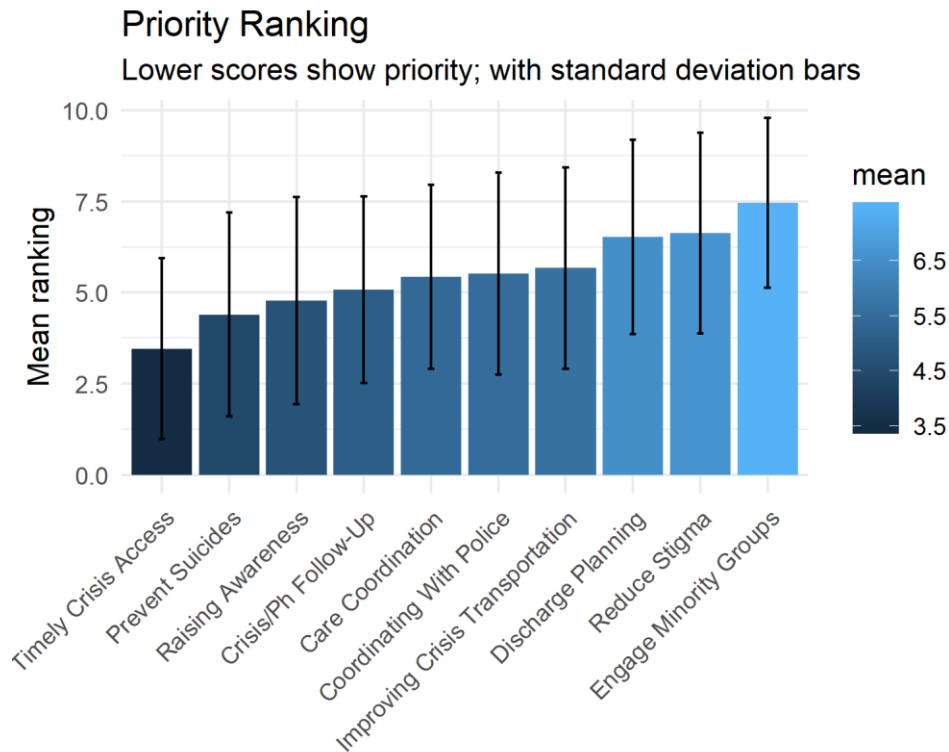


The chart on the left has a light color and a tall bar height. This means that this quality is rated low (10) for this population group. The line size is short, this population agreed on the low rating.

The chart on the right has a dark color and a short bar chart. The population group rated this quality as a big priority. The line size is short and indicates that the group agreed on this priority.

Priority Ranking

The chart below shows overall ranking of the ten quality items compared by population group.



Analysis

The top three priorities from the greater group were Timely Crisis Access (Mean rank of 3.5), Prevent Suicides (Mean rank of 4.4), and Raising Awareness (Mean rank 4.8).

The lowest priority was Engaging Minority Groups with a mean rank of 7.5.

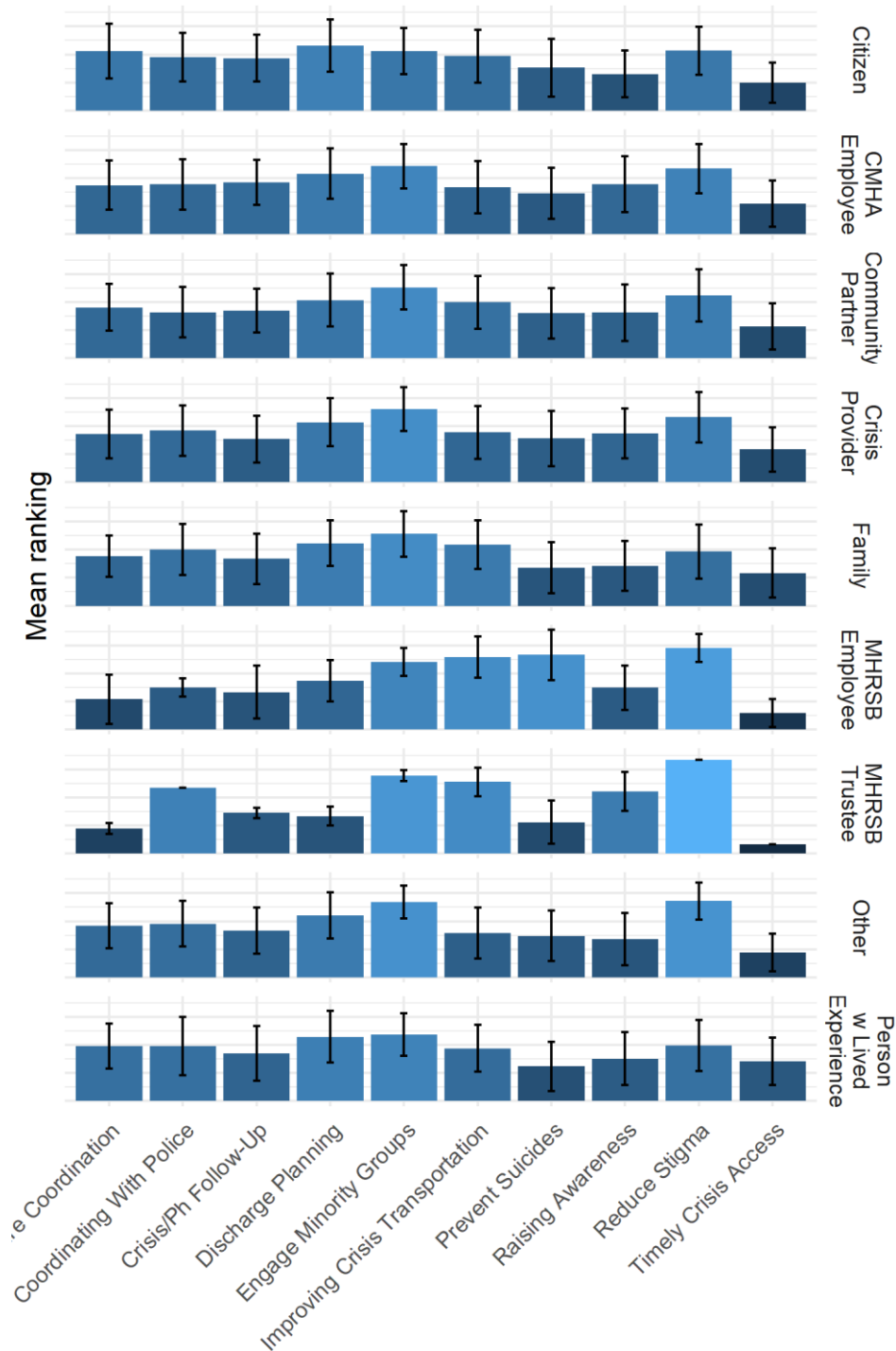
The line sizes indicate that there was variation between groups on the ranking of these items. There were no qualities that respondents unanimously agreed on.

Priority Rankings by Respondent Type

The plot below shows the rankings by respondent, to allow comparison of what is important to different groups. Note that different roles had various response rates, and thus values for smaller groups can have a mean that is more easily influenced by a single ranking.

Priority Ranking by Respondent Type

Lower scores show priority; with standard deviation bars



Analysis

Seven of the eight respondent groups plus those listed as “Other” identified “Timely Crisis Access”

as their top strategic priority. Only Persons with Lived Experience rated it lower, second to “Prevent Suicides.”

“Engaging Minority Groups” was the lowest rated strategic priority by Lucas County Citizens, CMHC Employees, Community Partners, Crisis Providers, Family Members, and Persons with Lived Experience.

MHR SB Employees, MHR SB Trustees, and those identifying as “Other” rated “Reduce Stigma” as their lowest priority.

Considerable deviation between respondents (2.6 or higher), as noted by the length of the bar, was correlated with groups that had the largest number of respondents, such as Persons with Lived Experience, Citizens of Lucas County, CMHC Employees, Family Members, and Community Partners.

Limited deviation between respondents (2.2 or lower) was correlated with groups that had the smallest number of respondents, such as MHR SB Trustees and MHR SB Employees.

Conclusion

Lucas County MHR SB actively engaged a thorough and comprehensive community survey.

Survey results indicate a general satisfaction with Lucas County crisis services, including services being affordable, helpful, and treatment providers being respectful. Several opportunities for improvement were identified, including the effectiveness and compassion of mobile crisis services, enhancing family members’ involvement in crisis stabilization and psychiatric hospital treatment, and CMHCs encouraging family member engagement.

Survey results will be included in a final recommendations report generated by TBD Solutions, in combination with CPES subcommittee meeting notes, program interviews, focus groups, and data reviews.

Survey Limitations

Because the survey was anonymous, individuals may have participated in the survey more than once.

While concerted efforts were made to engage minority populations in the survey, respondent demographics did not align with the racial make-up of Lucas County, although 250 of the 726 respondents (34%) chose not to provide information about their race.

Appendix A: Qualitative Survey Responses Overview

The 2019 MHRSB of Lucas County Survey included three open-ended questions where persons served, family of persons served, provider employees, MHRSB employees and trustees, and community partners could provide open-ended feedback about the services provided by the MHRSB of Lucas County. The summary below highlights the primary themes from the responses to these questions. Some quantitative questions also included an option to provide additional comments or feedback.

Experience of the Person Served/Family Member

(94 of 726 total responses, 13% response rate)

Feedback from persons served and their family members was collected as an optional form of survey input. Below is a summary of responses to the prompt “Please share any additional information about your experience as a person receiving behavioral health crisis services or the family member of an individual receiving services.”

Beneficial Treatment (26 responses)



- Respondents reported that symptoms decreased and quality of life improved due to services provided.
- Respondents expressed appreciation and gratitude for care provided.

Quotes:

- “Open, warm, compassionate care”
- “I will say I was well treated and they were all very helpful”
- “I appreciate the help my daughter received. Thank you”

Lack of Timely Access (11 responses)



- Respondents reported that access to psychiatric services is very limited, often scheduling several months out for an appointment.
- Respondents reported concerns that case managers/counselors could not see them soon enough or frequently enough.
- Respondents shared that staff responsible for admissions to services did not perceive their symptoms as severe enough to receive help.

Quotes:

- “Getting immediate counseling or psychiatric care is very difficult in Lucas County. People in crisis cannot wait two months for an appointment”
- “In all aspects of my interactions with crisis services—working for them, working with them, as a consumer—there is no crisis service. It’s a waiting game. It’s being turned away 20 times before someone finally gets hurt. It’s watching suicidal children being put back on the street only to self-injure. It’s been watching overdosing family members be told they don’t meet criteria for help”
- “Took three months to see a psychiatrist after initial diagnosis”

Poor Service Quality (11 responses)



- Respondents shared frustration that services did not meet their needs, and they didn't understand why certain services were provided and other services were not available.
- Respondents reported that services did not result in improved functioning or quality of life but instead led to feelings of frustration or confusion.

Quotes:

- “In the facility when visiting and listening to my son’s experience – the group sessions were superficial. The experience was like a holding tank”
- “Still having problems with housing and not able to see the psych doctor enough! Also, not enough case managers – 2 case managers for 600+ patients”
- “[Anxious and depressed] 23-year-old was treated at Addiction Center. Prescribed (6-day stay) many psychotropics. Asked to come to ‘intensive’ outpatient therapy for two weeks with addicts. Totally inappropriate. Our system is broken”
- “The process was messy. It was not explained to my family member that they would be pink slipped and sent to another hospital”

Difficult to Access After-Care (6 responses)



- Respondents reported that after-care was set up that they could not feasibly attend (i.e. no transportation).
- Respondents explained that after-care was not scheduled or explained. In some instances, only one appointment was scheduled but additional appointments were not offered.

Quotes:

- “The family member was not fully explained as to what steps to take next or was even given an appointment for [follow-up]. The staff gave up after a few days of trying to find a practice that was in network with our insurance”
- “When released from hospital there were appointments scheduled at facilities that my son, who doesn’t drive, couldn’t get to”
- “My niece was helped in crisis, but the aftercare wasn’t really sufficient”

Provider Strengths

(340 of 726 total responses, 47% response rate)

Below is a summary of responses to the question, “What do the behavioral health crisis providers in Lucas County do very well? What are their strengths?”

Crisis Stabilization, Assessments, and Access to Medication (87 responses)



- Respondents identified individual providers or service types with which they were very pleased with the quality of care.
- Service types mentioned most frequently included: psychiatry (medication), crisis assessments, and crisis stabilization. Multiple specific providers were mentioned but no clear theme emerged that respondents perceived one provider as more effective or higher quality than another.

Quotes:

- “Prescribing and monitoring medications to make sure they are effective before discharge”
- “Good at knowing what medications to prescribe/good medicines”
- “Interviewing those in crisis to be admitted to the psych hospital”
- “Provide good assessments”
- “I think they are effective with defusing crisis”

Positive Staff Qualities (77 responses)



- Respondents shared many positive qualities about staff including being responsive, caring, and being a good listener. Many respondents described staff as professional and understanding.

Quotes:

- “Kindness and compassion”
- “Help people, never giving up on an individual”
- “Nice and friendly. Respect you”
- “They care for clients with dignity”
- “[Your] strength[s] are your workers!! The reason it’s successful is because you still have a lot of great people that care and wanna help”
- “Their passion and desire to help”

Accessible Crisis Intervention (41 responses)



- Respondents shared that the 24/7 availability of crisis response is a critical feature of the system to ensure timely access to care for individuals in crisis.

Quotes:

- “They get you help with you need it”
- “Immediate help during a crisis”
- “Getting clients the services they need quickly”
- “There is real, frontline intervention available 24/7”
- “Their 24/7 policy is first and foremost, the most important. Having care available outside working hours is imperative”

Adverse Feedback (41 responses)



- Although this question was asking for strengths of the behavioral health crisis providers, some respondents were unable to identify a strength* and reported “none” or went on to make a negative statement.

Quotes:

- “Not a whole lot. They are largely unavailable and won’t transport patients on a pink slip”
- “I definitely notice a decline in people who care or even know what they are doing”
- “Make money. Scam people out of additional money”
- “Based on my observations they excel at firing people and shooting themselves in the foot”

- “Unfortunately they are limited by insurance, staff resources, etc. There are waiting lists to get in. Services are inconsistent and providers change frequently. I am not saying they do nothing well. I just feel that behavior health in general needs to be better supported in our society”

**Note that 29 people (.03% of all survey respondents) responded “don’t know”*

Provider Areas for Improvement

(353 responses of 726 total, 49% response rate)

Below is a summary of responses to the question, “In what areas could behavioral health crisis providers in Lucas County do better? What are their areas of improvement?”

Improve Access (66 responses)



- Respondents reported frustration with the length of time they had to wait for crisis intervention as well as wait time for initial non-crisis service to be provided.
- Respondents shared it is often difficult to access services due to staff not perceiving the respondent was in crisis.

Quotes:

- “Increase availability and provide a better road map of accessing crisis services for the community”
- “They need to let people come in for crisis instead of turning them away”
- “[I] feel the biggest obstacle is getting access to crisis services - individuals are turned away or told they are in the wrong place without being told what the other options are”
- “If a situation doesn’t meet an ‘emergency’ event, then at least have immediate appointment scheduling with a mental health provider. Waiting 2-3 weeks for an appointment is ridiculous in a mental health situation”
- “Improve access to crisis services, make it clear to patients and providers how to access services and what patients might expect”
- “Working together, giving all the information to referral sources and being able to better return phone calls. Many crisis centers have voicemails even for the ‘crisis line’ that says we are unable to take your call, please leave a message”

Improve Care Coordination (66 responses)



- The majority of these responses addressed the need for improved care coordination among providers to ensure that all providers understand the individual’s needs and are aware of all services being provided.
- Three themes were identified specific to the need for improved coordination with law enforcement (15 responses), providers of services to individuals with developmental disabilities (5 responses), and primary care (physical health) providers (3 responses).

Quotes:

- “Transition of care from inpatient crisis stabilization to outpatient care is very poor. There are big gaps in time between treatment connection and other barriers, such as lack of transportation, stable housing, [and] food, are not addressed”
- “Coordination of all services and communication between providers needs to be improved”
- “Coordinate care with CMHC providers so as records from patients are at the hospital in a timely manner, so as to decrease duplication of services or medication trials”
- “How can we better as a community gain information on [whether] clients are enrolled with an agency, and they dually enroll themselves with another agency, but do not tell current provider, or realize they are doing this. This is happening. In the hospital setting, how can we better communicate about discharges on the weekends when agencies are closed, and better communicate with providers for individuals who may not have a guardian but have case managers, and other forms of support. I understand HIPPA, and ROI’s [Releases of Information] but this puts a barrier on workers when we can’t have access to them to get them to sign off on the ROI”

Staff Performance and Development (56 responses)



- Comments in the section focused on two primary areas – 1) the need for the system to provide enhanced training and support for staff, and 2) negative staff qualities.

Quotes:

- “Workers in all areas are overworked and under-staffed. It makes the employees unsafe”
- “I am unsure of a solution, but it seems that our crisis providers are consistently overbooked, overworked, and close to burn-out. Better strategies/structure for handling the crisis needs of our community are needed”
- “Provide more support to staff, show appreciation, offer more consistent trainings”
- Better communication. Make instructions more understandable. Not speaking in ‘psychobabble,’ but explain things in ‘day-to-day’ terms, clearly”
- “They need to work in communication, kindness, and cultural competency. They need to be open to involving a person’s support system. The way people heal and improve is partly because of their support system. Clients deserve health literate care and an explanation of what is happening to them/what to expect”
- “Train the caseworkers better. Too many patients per dr. We’re not just numbers”
- “Hire more compassionate employees...people who actually want to help people in need. Not hiring judgmental people”
- “Need to be more compassionate and understanding. We get lost in the system as head counts for funding, insurance billing number, and grim statistics”

Improve Community Awareness of Services (42 responses)



- Respondents stated there is a need for additional marketing to ensure the public understands what services are available and to reduce the stigma associated with seeking services for behavioral health needs.

Quotes:

- “Getting the message out to the people that can use them”
- “More focus on crisis prevention and reducing stigma. People don’t seek help soon enough and can’t find help when they do”
- “Educat[ing] the community”
- “Services need more explanation to the public. Most misunderstand, thus, fear it”
- “Advertise their services. Explain what they cannot do. Let public [know] what population that they serve”

Improve Outpatient Capacity and Inpatient Processes (43 responses)



- Respondents requested additional outpatient or community-based services, such as Assertive Community Treatment (ACT) and psychiatric services that could decrease the need for crisis services.
- They also identified the need for improved access to step-down services when discharging from inpatient care. Respondents expressed frustration with specific providers at both the inpatient level of care and crisis stabilization level refusing (or being resistant) to admit individuals in crisis, especially those that have been pink slipped.

Quotes:

- “I wish there were more options for better, more comprehensive plans for people who are suicidal once they are discharged from the crisis center”
- “Finding that [the hospital] has been refusing pink slips of persons in mental [health] crisis. [Their] reason being they’ll be the ones to determine if the person is truly having a mental crisis. Also, they have refused people and forced law enforcement to take the person elsewhere. Since Toledo Hospital no longer treats adults many officers have defaulted to [other hospitals] for taking psych patients. The staff there doesn’t seem too thrilled to see us when we show up and do their best to downplay whatever is being reported by the officer”
- “Outreach is needed to area hospital doctors. Some of them are resistant (and occasionally hostile) when presented with a pink slipped client”
- “There is not enough focus on behavioral change that could aid in preventing crisis for individuals with frequent and repeated hospitalizations. For instance, many individuals would potentially benefit from ACT team involvement, but are not on the ACT team; many more would benefit for AOD tx, but are not referred on an outpatient level; many would benefit from medication reminder calls, but do not receive them; many would benefit from PHP, but are not referred; many would benefit from crisis plans that encourage staying out of the hospital, but do not have these (assuming that other safe alternatives and coping methods are available)”
- “Actual crisis services. More services for youth. More access to medications and psychiatrists. More funding for case management services. A centralized, county wide ACT team vs being housed by individual agencies”

Appendix B: Data Summary

Survey Questions

Question	Sub-question	Field ID	Label
Respondent ID	NA	respondent_id	NA
Collector ID	NA	collector_id	NA
Start Date	NA	start_date	NA
End Date	NA	end_date	NA
IP Address	NA	ip_address	NA
Email Address	NA	email_address	NA
First Name	NA	first_name	NA
Last Name	NA	last_name	NA
Custom Data 1	NA	custom_data_1	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I am a person with lived experience with mental illness or substance use disorder.	q_10_1	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I am the family member of a person with lived experience with mental illness or substance use disorder.	q_10_2	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I work for an organization that provides behavioral health crisis services (mobile crisis, psychiatric hospitalization, peer respite, etc.)	q_10_3	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I work for the MHRSB of Lucas County.	q_10_4	NA
Choose all items that	I work for an	q_10_5	NA

Question	Sub-question	Field ID	Label
describe your relationship to Lucas County's Community Psychiatric Emergency Services.	organization/department that interfaces often with crisis services (police, fire, EMS, justice system, children's services, etc.)		
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I work for a community mental health agency.	q_10_6	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I am a trustee of the MHRSB of Lucas County.	q_10_7	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	I am a citizen of Lucas County.	q_10_8	NA
Choose all items that describe your relationship to Lucas County's Community Psychiatric Emergency Services.	Other (please specify)	q_10_9	NA
Looking at the boxes you checked in Question 1, in which role will you respond to this survey? (If you only chose 1 option before, choose the same option here.)	Response	q_11_1	NA
Looking at the boxes you checked in Question 1, in which role will you respond to this survey? (If you	Other (please specify)	q_11_2	NA

Question	Sub-question	Field ID	Label
only chose 1 option before, choose the same option here.)			
Have you or a family member received behavioral health crisis services in Lucas County in the past two years?	Yes- I have received behavioral health crisis services in Lucas County in the past two years.	q_12_1	Individual Served
Have you or a family member received behavioral health crisis services in Lucas County in the past two years?	Yes-I am the family member of a person who has received behavioral health crisis services in Lucas county in the past two years.	q_12_2	Family
Have you or a family member received behavioral health crisis services in Lucas County in the past two years?	No	q_12_3	Not Recently Served
If you or a family member received treatment in a mental health crisis facility in the past 2 years, how would you rate the following aspects of treatment?	I got help as soon as I needed it.	q_13_1	Timely Services
If you or a family member received treatment in a mental health crisis facility in the past 2 years, how would you rate the following aspects of treatment?	Services were affordable.	q_13_2	Affordable Services
If you or a family member received treatment in a mental health crisis facility in the past 2 years, how would you rate the	Treatment options based on my health care benefits were clearly explained to me.	q_13_3	Clear Options

Question	Sub-question	Field ID	Label
following aspects of treatment?			
If you or a family member received treatment in a mental health crisis facility in the past 2 years, how would you rate the following aspects of treatment?	Treatment was provided in a professional and respectful way.	q_13_4	Respectful Treatment
If you or a family member received treatment in a mental health crisis facility in the past 2 years, how would you rate the following aspects of treatment?	The services offered helped me/my family member through the crisis.	q_13_5	Helpful Services
If you or a family member received treatment in a mental health crisis facility in the past 2 years, how would you rate the following aspects of treatment?	I received a follow-up aftercare appointment as soon as I needed it.	q_13_6	Received Quick Follow-up
Please share any additional information about your experience as a person receiving behavioral health crisis services or the family member of an individual receiving services.	Open-Ended Response	q_14	NA
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Community Mental Health Centers (CMHCs) in Lucas County offer high quality behavioral health crisis services	q_15_1	CMHC Are High Quality

Question	Sub-question	Field ID	Label
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Lucas County CMHCs protect the health and safety of individuals served	q_15_2	CMHC Value Wellbeing
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Lucas County CMHCs help individuals in crisis achieve personal goals	q_15_3	CMHC Help Achieve Goals
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Lucas County CMHCs offer valuable services	q_15_4	CMHC Provide Valuable Service
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Psychiatric hospitals do a good job of maintaining facilities and equipment	q_15_5	PH Upkeep Facilities
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Crisis Stabilization providers do a good job of maintaining facilities and equipment	q_15_6	Crisis Upkeep Facilities
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Psychiatric hospitals appropriately encourage family involvement in treatment	q_15_7	PH Involve Family
When thinking about	Crisis Stabilization	q_15_8	Crisis Involve Family

Question	Sub-question	Field ID	Label
BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	providers appropriately encourage family involvement in treatment		
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Lucas County CMHCs encourage community member engagement	q_15_9	CMHC Involve Community
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Mobile Crisis teams (operated by Rescue Mental Health & Substance Abuse) compassionately and efficiently meet the behavioral health needs of individuals in crisis	q_15_10	Mobile Is Effective/Compassionate
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	MHRSB of Lucas County is committed to assuring its CMHC providers are delivering the best crisis care possible	q_15_11	MHRSB Ensure Quality
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	MHRSB of Lucas County, through its contracted CMHCs, provides services that meet the needs of people in crisis	q_15_12	MHRSB Meet Crisis Needs
When thinking about BEHAVIORAL HEALTH CRISIS SERVICES IN LUCAS COUNTY, please rate how much you agree with the following statements:	Comments:	q_15_13	NA
When thinking about	Lucas County MHRSB	q_16_1	MHRSB Has Strong

Question	Sub-question	Field ID	Label
the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	has a strong and capable leadership team.		Leadership
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	MHR SB of Lucas County is effective in letting people know what services are available	q_16_2	MHR SB Promotes Services
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	Lucas County MHR SB easy to get to and accessible for all people	q_16_3	MHR SB Is Accessible
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	Lucas County MHR SB staff demonstrate they have received good training	q_16_4	MHR SB Demonstrates Training
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	MHR SB of Lucas County maintains a strong and positive reputation with community members	q_16_5	MHR SB is Reputable
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF	Lucas County MHR SB maintains strong and healthy relationships with other community	q_16_6	MHR SB is a Collaborator

Question	Sub-question	Field ID	Label
LUCAS COUNTY , please rate how much you agree with the following statements:	organizations		
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	MHR SB of Lucas County staff are responsive to community requests and needs	q_16_7	MHR SB Is Responsive To Needs
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	MHR SB of Lucas County effectively meets the community's mental health needs.	q_16_8	MHR SB Meets Needs
When thinking about the MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY , please rate how much you agree with the following statements:	Please comment with any additional areas not on this list.	q_16_9	NA
How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with "1" being most important and "10" being least important. Please note: once the first priority has been moved to the top, the other priorities will	Raising community awareness of crisis services	q_17_1	Raising Awareness

Question	Sub-question	Field ID	Label
<p>automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.</p>			
<p>How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with "1" being most important and "10" being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.</p>	Coordinating with law enforcement	q_17_2	Coordinating With Police
<p>How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following</p>	Improving transportation options to/from crisis services	q_17_3	Improving Crisis Transportation

Question	Sub-question	Field ID	Label
<p>areas? Please rank in order from 1 to 10, with “1” being most important and “10” being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.</p>			
<p>How important is it that Lucas County MHR SB’s Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with “1” being most important and “10” being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the</p>	Timely access to crisis services	q_17_4	Timely Crisis Access

Question	Sub-question	Field ID	Label
numbers will automatically update based on your preferences.			
How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with "1" being most important and "10" being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.	Suicide Prevention	q_17_5	Prevent Suicides
How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with "1" being most important and "10" being least important. Please note: once the first	Reducing Stigma	q_17_6	Reduce Stigma

Question	Sub-question	Field ID	Label
<p>priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.</p>			
<p>How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with "1" being most important and "10" being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.</p>	Increasing engagement with cultural/linguistic minorities	q_17_7	Engage Minority Groups
<p>How important is it that Lucas County MHR SB's Psychiatric</p>	Follow-up care after discharge from psychiatric hospital or	q_17_8	Crisis/Ph Follow-Up

Question	Sub-question	Field ID	Label
<p>Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with “1” being most important and “10” being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.</p>	crisis stabilization		
<p>How important is it that Lucas County MHR SB’s Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with “1” being most important and “10” being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag</p>	Care coordination between behavioral health providers	q_17_9	Care Coordination

Question	Sub-question	Field ID	Label
the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.			
How important is it that Lucas County MHR SB's Psychiatric Emergency Services Subcommittee focus on the following areas? Please rank in order from 1 to 10, with "1" being most important and "10" being least important. Please note: once the first priority has been moved to the top, the other priorities will automatically be assigned a number. To update your priorities, simply drag the priority to its appropriate place in the list, and the numbers will automatically update based on your preferences.	More effective discharge planning	q_17_10	Discharge Planning
What do the behavioral health crisis providers in Lucas County do very well? What are their strengths?	Open-Ended Response	q_18	NA
In what areas could behavioral health crisis providers in Lucas County do	Open-Ended Response	q_19	NA

Question	Sub-question	Field ID	Label
better? What are their areas for improvement?			
If you were to experience a psychiatric crisis or tragedy in your life, would you know where to go for help?	Response	q_20_1	NA
If you were to experience a psychiatric crisis or tragedy in your life, would you know where to go for help?	If you answered "Yes", where would you go?	q_20_2	NA
Using a six-star rating scale, how would you assess the existing support within Lucas County to assist those dealing with mental illness?	Response	q_21_1	NA
Using a six-star rating scale, how would you assess the existing support within Lucas County to assist those dealing with mental illness?	Comments	q_21_2	NA
Age	Response	age	NA
Gender: What is your personal pronoun preference?	Response	q_23_1	NA
Gender: What is your personal pronoun preference?	Other (please specify)	q_23_2	NA
Race:	Response	race	NA
Sexual Orientation	Response	sexual_orientation	NA
Sexual Orientation	If not listed above, please specify:	sexual_orientation	NA

Question	Sub-question	Field ID	Label
If you would like to receive information about an upcoming focus group on behavioral health crisis services in Lucas County, please fill out your contact information below. Alternatively, if you would rather have your survey responses remain anonymous but still want to receive information about the upcoming focus group, email your contact information to INFO@TBDSOLUTIONS.COM	Name	q_26_1	NA
" "	Company	q_26_2	NA
" "	Address	q_26_3	NA
" "	Address 2	q_26_4	NA
" "	City/Town	q_26_5	NA
" "	State/Province	q_26_6	NA
" "	ZIP/Postal Code	q_26_7	NA
" "	Country	q_26_8	NA
" "	Email Address	q_26_9	NA
" "	Phone Number	q_26_10	NA