

# Mental Health & Recovery Services Board (MHRSB) of Lucas County Strategic Planning Survey

Thank you for your engagement in this process! As a valued stakeholder of MHRSB, we appreciate the time you will take to provide invaluable feedback for the development of 18-month strategic plan.

What to expect: The below survey was developed by a team of consultants and features questions that focus on the impact of COVID-19 on the community, our approach to diversity, equity, and inclusion, and the sufficiency and effectiveness of our services.

Your candid feedback and insight will be aggregated with other feedback and used to develop the interim strategic plan for the next 18 months.

## Completed surveys can be submitted 1 of 3 ways:

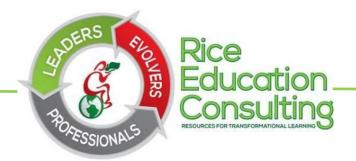
- Complete the survey online here: https://www.surveymonkey.com/r/MHRSBSurvey
- 2. Scan and email it to <a href="mailto:cRS@LCMHRSB.OH.GOV">CRS@LCMHRSB.OH.GOV</a>; or
- 3. Mail it to PO Box 24134, Cincinnati, OH 45224

All responses should be received by no later than Sunday, October 11<sup>th</sup>. Again, we appreciate your willingness to participate in this process and look forward to the honest feedback.



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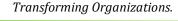
## **Everyone:**

- 1. Choose the response that best describes your relationship to the Mental Health & Recovery Services Board. Please select one response.
  - a. I am a person with lived experience with mental illness or substance use disorder (go to the **Pandemic Impact Community-Served** section)
  - b. I am the family member of a person with lived experience with mental illness or substance use disorder. (go to the **Pandemic Impact Community-Served** section)
  - c. I work for an organization that is funded by MHRSB (go to the **Pandemic Impact – Community Agencies and Partners** section)
  - d. I am a staff or trustee of the MHRSB of Lucas County (go to the **Community Agencies** and **Partners** section)
  - e. Other, please specify (go to the Pandemic Impact Community-Served section)

#### **Pandemic Impact – Community Agencies and Partners**

- 1. Choose the primary population you are serving during the COVID-19 pandemic. Please select only one response.
  - a. Seniors
  - b. Adults
  - c. Children/youth
  - d. Individuals experiencing homelessness or displacement
  - e. Economically disadvantaged individuals
  - f. Immigrants or individuals with limited English language proficiency
  - g. Women
  - h. Other (please specify)
- 2. Please describe any additional vulnerable populations you have begun serving specifically because of the COVID-19 outbreak.
- 3. What core programs and services that you typically provide are you now not able to offer? (If you are providing all of your normal core services and programs, type N/A)
- 4. What are clients asking for right now? Select all that apply.
  - a. Housing/Utilities
  - b. Food/Nutrition
  - c. Health/Safety
  - d. Employment/Unemployment

- e. Childcare
- f. Education
- g. Mental Health
- h. Substance Abuse Treatment



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5. What additional needs have you seen arise due to the COVID-19 pandemic?

## (GO TO Sufficiency and Effectiveness – Community Agencies and Partners)

### **Pandemic Impact - Community-served**

- 1. If you have a job, how have your work conditions changed? (Due to COVID-19.)
  - a. No Change
  - b. Decreased Hours
  - c. Increased Hours
  - d. Furloughed
  - e. Laid Off
  - f. Terminated
  - g. Work from home or remote work
  - h. Self-employed Decreased work opportunities
- 2. What is your primary concern AT THIS TIME?
  - a. Housing/Utilities
  - b. Food/Nutrition
  - c. Health/Safety
  - d. Employment/Unemployment
  - e. Childcare
  - f. Education
  - g. Mental Health
  - h. Nothing. I do not have any new or pressing needs related to COVID-19
- 3. What additional challenges have you, your family, and/or your community experienced due to COVID-19?



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- 4. Do you have access to health insurance (public or private)?
  - a. Yes
  - b. No
  - c. Unknown
- 5. Are you still using behavioral health services during COVID?
  - a. Yes
  - b. No
  - c. Why or why not?

(GO TO Sufficiency and Effectiveness – Community-Served)

## **Sufficiency and effectiveness – Community Agencies and Partners**

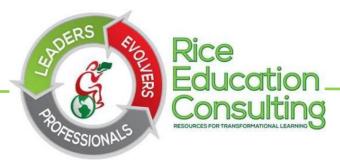
1. For the following question, barriers are something that prevents or hinders movement or action.

Based upon your experience, to	To little or	To <b>some</b>	To a	To a <b>great</b>	To a <b>very</b>
what extent, if at all, do you	<b>no</b> extent	extent	moderate	extent	great extent
believe each item serves as a			extent		
barrier					
Shortage of behavioral health	1	2	3	4	5
providers					
Poor insurance coverage	1	2	3	4	5
Service waitlist	1	2	3	4	5
Cost of medications	1	2	3	4	5
Access to transportation	1	2	3	4	5
Stigma (Shame, Disgrace, etc.)	1	2	3	4	5
Staff inconsistency	1	2	3	4	5
Technology	1	2	3	4	5

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2. Please list any other barriers you can think of that prevent individuals from obtaining the behavioral health service(s) they need.

For the following two questions, we use the term **sufficiently** to describe to the degree in which the service listed meets one's requirements or satisfaction.

- 3. From the following list of behavioral health support services, please select those that are not sufficiently serving the needs of Lucas County. (Choose as many as you like)
  - a. Housing
  - b. Supported housing
  - c. Employment/vocational support
  - d. Health and wellness support
  - e. Self Help Activities

- f. Peer Support
- g. Recovery Education
- h. Respite Bed
- i. Peer Respite
- 4. From the following list of behavioral health treatment services, please select those that are not sufficiently serving the needs of Lucas County.
  - i. Crisis services
  - k. Crisis stabilization beds
  - I. Hospitalization
  - m. Partial Hospitalization
  - n. Case management

- o. Psychiatric medication management
- p. Individual counseling
- q. Group counseling
- 5. What do you believe are the most significant challenges in meeting the behavioral health needs of individuals within Lucas County?
- 6. Please list any other behavioral health service needs that you believe are not currently being met in Lucas County.

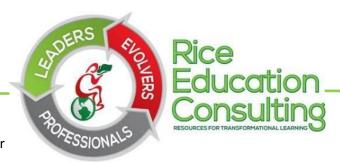
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- 7. Please indicate the total number of clients served by your agency during the most recent year.
  - r. 0-50
  - s. 51 100
  - t. 101 500
  - u. 501 1000
  - v. 1001 2000
  - w. 2001+

## (GO TO Diversity, Equity, and Inclusion – Community Agencies and Partners)

## **Sufficiency and Effectiveness – Community Served**

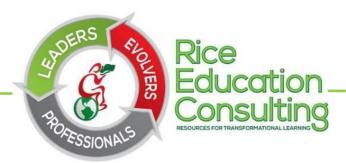
8. For the following question, barriers are something that prevents or hinders movement or action.

Based upon your experience, to	To little or	To <b>some</b>	Тоа	To a <b>great</b>	To a <b>very</b>
what extent, if at all, do you	<b>no</b> extent	extent	moderate	extent	great extent
believe each item serves as a			extent		
barrier					
Shortage of behavioral health	1	2	3	4	5
providers					
Poor insurance coverage	1	2	3	4	5
Comico conitica	1	2	3	4	5
Service waitlist	1	2	3	4	Э
Cost of medications	1	2	3	4	5
				_	_
Access to transportation	1	2	3	4	5
Stigma (Shame, Disgrace, etc.)	1	2	3	4	5
Staff inconsistency	1	2	3	4	5
Technology	1	2	3	4	5

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9. Please list any other barriers you can think of that may prevent you from obtaining the behavioral health service(s) you need.

For the following two questions, we use the term **sufficiently** to describe to the degree in which the service listed meets one's requirements or satisfaction.

10. From the following list of behavioral health support services, please select those that are not sufficiently serving your needs in Lucas County. (Choose as many as you like)

x. Housing

y. Supported housing

z. Independent living supports

aa. Community Integration support

bb. Employment/vocational support

cc. Health and wellness support

dd. Self Help Activities

ee. Peer Support

ff. Recovery Education

gg. Respite Bed

hh. Peer Respite

11. From the following list of behavioral health treatment services, please select those that are not sufficiently serving your needs in Lucas County.

ii. Crisis Intervention

jj. Crisis residential

kk. Hospitalization

II. Partial Hospitalization

mm. Case management

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nn. Psychiatric medication

management

oo. Individual counseling

pp. Group counseling

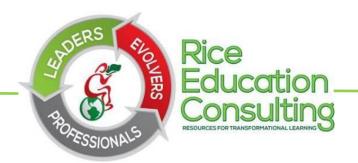
12. Please list any other behavioral health service needs that you believe are not currently being met in Lucas County.

(GO TO Diversity, Equity, Inclusion - Community-Served)



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## Diversity, Equity, Inclusion - Community-Served

Please indicate your level of agreement with the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
MHRSB is inclusive of individuals of other cultures.	1	2	3	4
It is clear that MHRSB has diversity and/or inclusion listed as a core value or as part of their mission statement.				
MHRSB provides a welcoming and inclusive environment.	1	2	3	4
MHRSB recognizes and celebrates diverse cultures and religious/spiritual affiliations (dietary, holiday, celebrations).	1	2	3	4
I am more comfortable getting services from people that look like me.	1	2	3	4
MHRSB's key communication materials (i.e., brochures, signage) are accessible to, and inclusive of diverse groups (e.g., translated into different languages, includes diverse images).	1	2	3	4
MHRSB's website is accessible to, and inclusive of diverse groups (e.g., accessibility functions, translated into different languages, includes diverse images).	1	2	3	4

(GO TO EVERYONE)



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## Diversity, Equity, and Inclusion – Community Agencies and Partners

<b>Policies:</b> Please indicate your level of agreement with the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
MHRSB have diversity and/or inclusion listed as a core value or as part of their mission statement.	1	2	3	4
Community agencies and partners know and understand why MHRSB values diversity and inclusion.	1	2	3	4
MHRSB policies promote diversity, equity, and inclusion (e.g., Non-discrimination Policy, Diversity and Inclusion Policy).	1	2	3	4
MHRSB has allocated financial resources for diversity, equity, and inclusion work.	1	2	3	4
MHRSB provides developmental opportunities for employees at all levels.	1	2	3	4
<b>Culture &amp; Communication:</b> Please indicate your level of agreement with the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
MHRSB leaders actively promote diversity, equity, and inclusion (e.g., leadership communicates about diversity, equity, and inclusion, management supports staff in setting and achieving diversity, equity, and inclusion goals).	1	2	3	4
MHRSB provides an inclusive and welcoming environment for diverse groups (e.g., decor, posters, signage reflect the diverse employee and client populations).	1	2	3	4
MHRSB ensures their key communication materials (i.e., brochures, signage) are accessible to, and inclusive of diverse groups (e.g. translated into different languages, include diverse images).	1	2	3	4

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MHRSB ensures that its website is accessible to, and	1	2	3	4
inclusive of diverse groups (e.g., accessibility functions,				
translated into different languages, includes diverse				
images).				
MHRSB recognizes and celebrates diverse cultures and	1	2	3	4
religious/spiritual affiliations (e.g., dietary requirements,				
holidays and celebrations, prayer accommodations).				
MHRSB develops community partnerships to enhance	1	2	3	4
service coordination and delivery to clients from				
vulnerable and marginalized communities.				
MHRSB consistently uses and/or conducts research and	1	2	3	4
needs assessments to identify diversity, equity, and				
inclusion related needs and gaps in services.				

(GO TO EVERYONE)

## **Everyone:**

- 1. Name at least 2 critical diversity, equity, and inclusion issues you like to see MHRSB address within the next 18 months.
- 2. Name 3 things that you think MHRSB could do to further improve diversity and inclusion in your community.
- 3. Please list any additional comments that you would like for MHRSB to know.

(GO TO Demographics)

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## **Optional Demographic Questions**

- 4. Please select your age group.
  - a. 0 17
  - b. 18 25
  - c. 26 34
  - d. 45-54
  - e. 55 64
- 5. Race/Ethnicity
  - a. White
  - b. Black or African American
  - c. Hispanic or Latino
  - d. Asian
  - e. American Indian or Alaskan Native
- 6. Gender: What is your personal pronoun preference?
  - a. He
  - b. She
  - c. They
  - d. Prefer not to answer
  - e. Other, please specify
- 7. Sexual Orientation
  - a. Heterosexual
  - b. Gay
  - c. Lesbian
  - d. Bi-sexual
  - e. If not listed, please specify
  - f. Prefer not to answer

- f. 65 74
- g. 75 84
- h. 85 over
- i. Prefer not to answer
- f. American Native Hawaiian or other Pacific Islander
- g. Arab Ancestry/Ethnic Origin
- h. Two or More races
- i. If not listed, please specify
- j. Prefer not to answer

Thank you for completing our survey. Your feedback is appreciated!

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