



Mental Health & Recovery Services Board (MHR SB) of Lucas County Strategic Planning Survey

Thank you for your engagement in this process! As a valued stakeholder of MHR SB, 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:

- 1. Complete the survey online here:**
<https://www.surveymonkey.com/r/MHR SBsurvey>
- 2. Scan and email it to CRS@LCMHR SB.OH.GOV; or**
- 3. Mail it to PO Box 24134, Cincinnati, OH 45224**

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





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 MHR SB (go to the **Pandemic Impact – Community Agencies and Partners** section)
- d. I am a staff or trustee of the MHR SB 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 | e. Childcare |
| b. Food/Nutrition | f. Education |
| c. Health/Safety | g. Mental Health |
| d. Employment/Unemployment | h. Substance Abuse Treatment |





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?





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 what extent, if at all, do you believe each item serves as a barrier...	To little or no extent	To some extent	To a moderate extent	To a great extent	To a very great extent
Shortage of behavioral health providers	1	2	3	4	5
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





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.
 - j. Crisis services
 - k. Crisis stabilization beds
 - l. 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.





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 what extent, if at all, do you believe each item serves as a barrier...	To little or no extent	To some extent	To a moderate extent	To a great extent	To a very great extent
Shortage of behavioral health providers	1	2	3	4	5
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





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 | dd. Self Help Activities |
| y. Supported housing | ee. Peer Support |
| z. Independent living supports | ff. Recovery Education |
| aa. Community Integration support | gg. Respite Bed |
| bb. Employment/vocational support | hh. Peer Respite |
| cc. Health and wellness support | |

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 | nn. Psychiatric medication management |
| jj. Crisis residential | oo. Individual counseling |
| kk. Hospitalization | pp. Group counseling |
| ll. Partial Hospitalization | |
| mm. Case management | |

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)





Diversity, Equity, Inclusion - Community-Served

<i>Please indicate your level of agreement with the following statements.</i>	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)				





Diversity, Equity, and Inclusion – Community Agencies and Partners

Policies: <i>Please indicate your level of agreement with the following statements.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
MHR SB 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 MHR SB values diversity and inclusion.	1	2	3	4
MHR SB policies promote diversity, equity, and inclusion (e.g., Non-discrimination Policy, Diversity and Inclusion Policy).	1	2	3	4
MHR SB has allocated financial resources for diversity, equity, and inclusion work.	1	2	3	4
MHR SB provides developmental opportunities for employees at all levels.	1	2	3	4
Culture & Communication: <i>Please indicate your level of agreement with the following statements.</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
MHR SB 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
MHR SB 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
MHR SB 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





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

Everyone:

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

(GO TO Demographics)





Optional Demographic Questions

4. Please select your age group.

- a. 0 – 17
- b. 18 – 25
- c. 26 – 34
- d. 45 – 54
- e. 55 – 64
- f. 65 – 74
- g. 75 – 84
- h. 85 – over
- i. Prefer not to answer

5. Race/Ethnicity

- a. White
- b. Black or African American
- c. Hispanic or Latino
- d. Asian
- e. American Indian or Alaskan Native
- 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

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

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

