

# Community Stakeholder Survey Project

A Presentation For

The Delaware-Morrow Mental Health & Recovery Services Board

April 9, 2009



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# Topics

- Project Background & Goal
- Study Methodology
- Results by Stakeholder Group
- Key Findings
- Appendix (available upon request from staff)

# Project Background

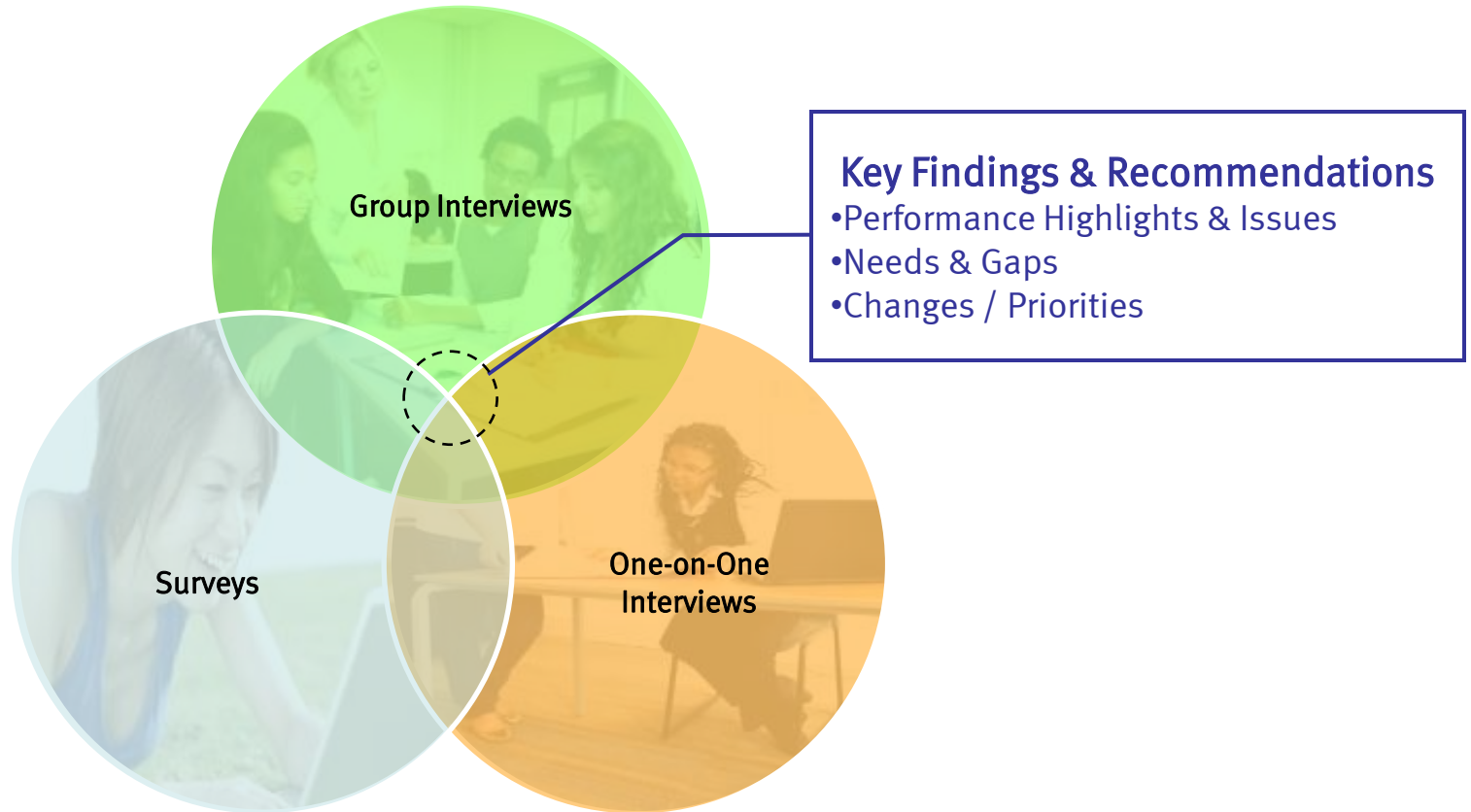
- In 2006, the DMMHRS Board finalized a 3-5 year strategic plan and successfully passed a five-year replacement levy issue
- The stakeholder project is a way to seek community feedback to address ongoing needs and priorities

# Project Goals

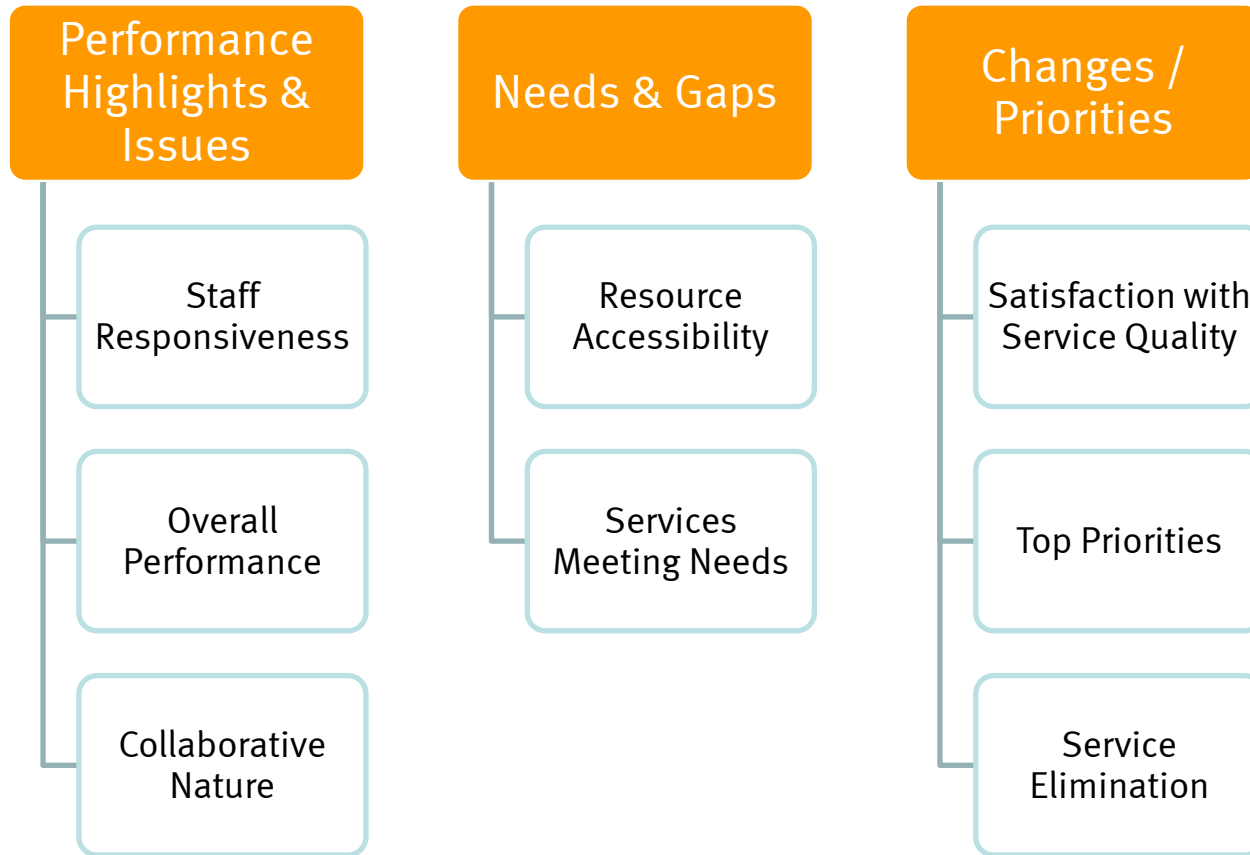
- Solicit feedback from various community stakeholders and constituents in the following areas:
  - DMMHRS Board and provider performance
  - Behavioral health needs, gaps and priorities
  - Suggested changes/improvements

# Study Methodology

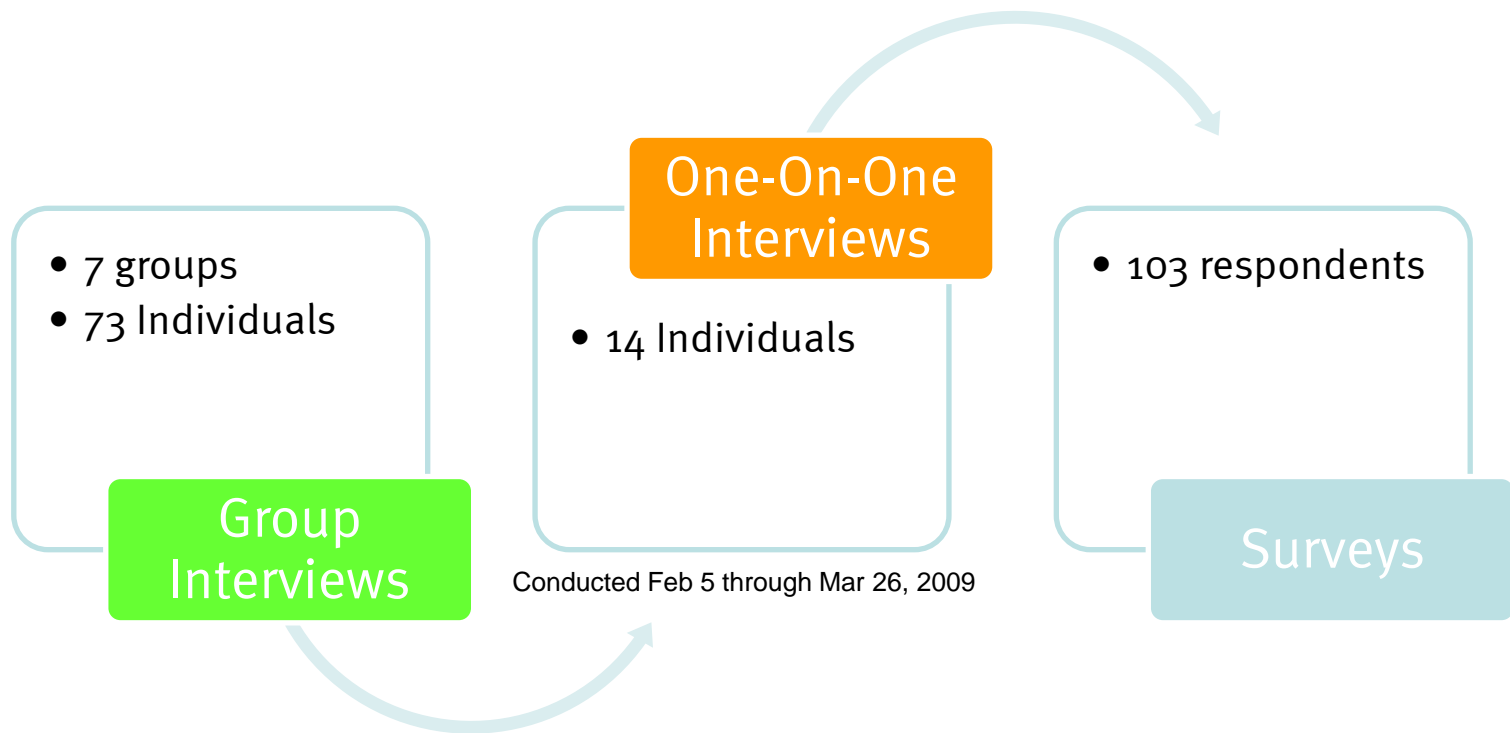
# OrangeBoy Methodology



# Interview/Survey Construct



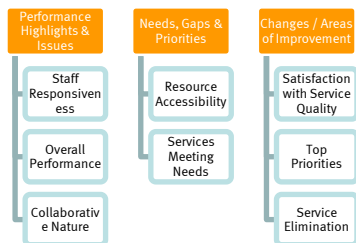
# Research Inputs



Survey study participation from 190 community stakeholders & constituents

Representing public officials, county agencies, school officials, consumers & contract providers

# Results by Stakeholder Group



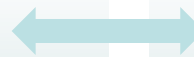
# Public Officials

(County Commissioners, Judges, Sheriffs, Police Chiefs)

## Performance Highlights & Issues

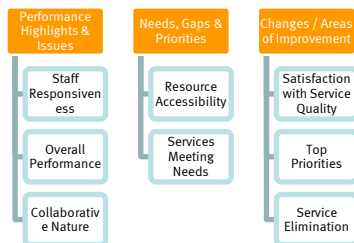
- Overall, board staff received favorable ratings with comments such as, “Great job” and “No issues.”
- Generally, providers received average to above average ratings with consistent comments on the following providers:
  - RPR – Response times generally good
  - COMH – Emergency services good, non-emergency response times delayed
- Collaboration between the board and providers was rated overall as good and improving

## Needs & Gaps



## Changes / Priorities

- Services were rated reasonably accessible with opportunities in the following areas:
  - Improve accessibility after normal business hours
  - Provide quicker access to services, particularly in the law enforcement arena
- General consensus that services not fully meeting needs due to the following contributing factors:
  - Transportation limitations
  - Extended wait times for assessment /interviews & after hours
  - Lack of transitional facilities on multiple levels from mental health hospital to homeless shelters to halfway houses
- Satisfaction with quality of services generally rated average to good with the following repeat themes surfacing:
  - Quicker and after-hour access to services
  - Opportunity for COMH to improve response times
  - RPR response time consistent and reliable
- Top priorities common among the public official audience included:
  - Improve response times precipitated by lack of resources
  - Substance abuse (with particular emphasis on heroin use)



# Public Officials

(County Commissioners, Judges, Sheriffs, Police Chiefs)

## Performance

“There is a lack of provider knowledge on the front line regarding who to call for what service. Would suggest an organizational chart that identifies key contact information and what they provide. Could be trained on this and keep handy to more effectively & efficiently deal with issues.”

- generally good
  - COMH – Emergency services good, non-emergency response times delayed
- Collaboration between the board and providers was rated overall as good and improving

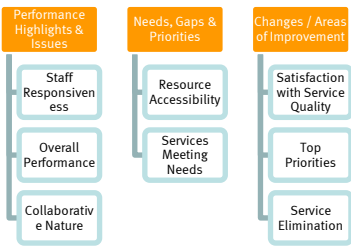
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## Changes / Priorities

“Inmate remains on suicide watch until someone comes out to do interview. This involves a lot of officer time checking person every 10 minutes. Additionally, it causes some inconvenience to the person who must remain in a paper gown or turtle suit (heavy green outfit) and sleep on floor with no blankets until suicide watch has been lifted.”

- public official audience included:
- Improve response times precipitated by lack of resources
  - Substance abuse (with particular emphasis on heroin use)



# County Agencies

(Health Department, MR/DD, JFS, FCFC, Community Hospital Officials)

## Performance Highlights & Issues

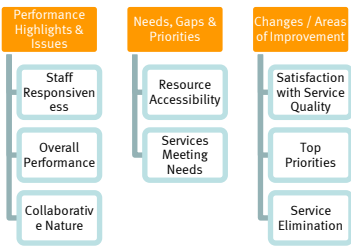
- Generally, board and providers were described as responsive to needs and professional with some variations by provider. For example:
  - HelpLine -- responsive to community needs
  - COMH – Seem to have staffing and financial issues
- Overall performance was rated excellent to good receiving comments such as, “We couldn’t survive without them” and “Doing a fine job”
- Collaborative nature between the board and providers was characterized as improving, with an opportunity for cross-agency collaboration to solve issues, plan and avoid duplication

## Needs & Gaps

- Services were generally rated somewhat accessible with the following key themes surfacing as limitations:
  - Transportation limitations with those who are homebound or without reliable transportation
  - Monetary limitations with those in-between individuals that don’t qualify for certain funding or can’t afford mileage
  - Youth service limitations – move from traditional services to services for multi-system kids
  - Staffing & response time limitations among providers
- Overall, county agencies felt services are somewhat meeting the needs with the following common gaps resonating throughout:
  - Youth services
  - Resource limitations (facility, staff, \$)

## Changes / Priorities

- Top priorities that were common among the county agency audience included:
  - Crisis services
  - Youth mental health services
  - Youth substance abuse
  - Alcohol/drug and mental health prevention, awareness and education
- The general view was that more services were needed given the demand



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## Performance

### Highlights & Issues

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- Overall performance was rated excellent to good receiving comments such as, “We couldn’t survive without them” and “Doing a fine job”

- “Our youth need help, and services are not readily available. Kids need mental health counseling from all perspectives: unstable home life, parental abuse, drug/alcohol use.”

## Needs & Gaps

“We’re not a psychiatric facility, so we can’t admit patients unless there is a physical ailment. Nor are we equipped to provide care for a long period of time. Therefore, we couldn’t survive without [these services]”

- or can’t afford mileage
  - Youth service limitations – move from traditional services to services for multi-system kids
  - Staffing & response time limitations among providers

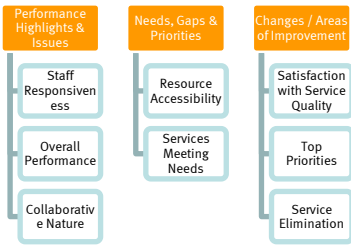
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  - Youth substance abuse
  - Alcohol/drug and mental health prevention, awareness and education

- The general view was that more services were needed given the

“We’ve seen a 52% increase in the number of psychiatric patients in the last 2-3 years. We are stretched to the max on the amount of clients in need of services, but limited with psychologists, social workers and time. We also continue to close psychiatric facilities which provides additional burden.”



# Behavioral Health Consumers

## Performance Highlights & Issues

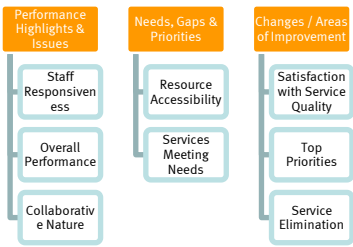
- ❑ Consumers generally characterized provider staff as approachable and friendly, calling out the following areas of concern:
  - Difficulty getting a live person at HelpLine
  - A few consumers felt staff did not “treat them as a real person” and made them feel like they were different
  - Staff turnover , particularly with doctors and COMH staff

## Needs & Gaps

- ❑ Consumers generally felt their needs are being met, but clearly indicated there are differences between providers. For example:
  - COMH – They do an okay job there. Assessment sometimes takes too long to get into system. As far as getting help, they do okay. I would refer them to a friend.
  - Maryhaven is run a lot better now.
- ❑ Transportation is an increasing barrier to service access
- ❑ Most (if not all) consumers felt their outreach centers are and continue to be vital in their ongoing recovery and wellness

## Changes / Priorities

- ❑ As it relates to service quality, consumers felt there should be a psychiatrist/psychologist on staff in addition to nurse practitioners and RNs
- ❑ Consumers also desired to see more funding to get disabled people back to work. For example, there used to be a paid position at the No Limits food bank, but funding went away.



# Behavioral Health Consumers

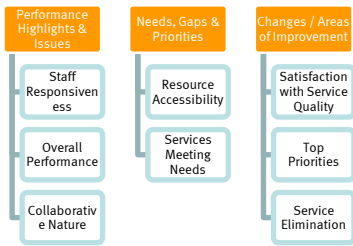
## Needs & Gaps

## Changes / Priorities

- “It’s hard enough to walk into these places [because you feel it’s exposing your disability], so I don’t need someone treating me as though I’m different.”
  - Difficulty getting a live person at Help Line
  - A few consumers felt staff did not “treat them as a real person” and made them feel like they were different
  - Staff turnover, particularly with doctors and COMH staff

- Consumers generally felt their
  - “You get attached to people and get used to working with them. When they leave, you have to start all over again. It is hard. This happens frequently – Can count 10 times.”
    - now.
  - Transportation is an increasing barrier to service access
    - Most (if not all) consumers felt their outreach centers are and continue to be vital in their ongoing recovery and wellness

- As it relates to service quality,
  - “Transportation is starting to become a big problem due to funding cuts. Feel more people could benefit from the center if could get here somehow.”
    - the NO LIMITS FOOD BANK, BUT
  - “I’m more open now that I’ve been by coming here. I used to not come out of my house. Was really sick, but now feel better than ever before.”
    - example, position at



# School Officials

## Performance Highlights & Issues

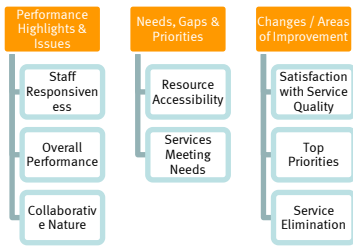
- ❑ Interaction occurs more with providers which was characterized as average for the following reasons:
  - Lack of follow through
  - Lack of regular visits, despite an increase in children with mental health needs (sense of frustration)
  - DMMHRS Board has been involved & helpful with these issues
  - See varying levels of professionalism by provider
- ❑ Overall performance was rated adequate to good with the following supportive comments:
  - Have seen a positive difference in responsiveness in the last several years
  - Need more communication between the board, agencies and those in the school district

## Needs & Gaps

- ❑ There was general consensus that accessibility could be improved in the following areas:
  - Transportation limitations
  - Greater support with rising number of children that need help
  - Greater visibility into resources one can access
- ❑ Overall, school officials felt that there are more needs than can be met, due to rising mental health needs and staffing limitations
- ❑ Conversely, felt alcohol and other drug services are sufficiently meeting needs at this time

## Changes / Priorities

- ❑ Satisfaction with the quality of the services ranged from average to good
- ❑ Top priorities were seen as follows:
  - Mental health – Children who can't learn due to mental illness & crises in the home
  - Substance abuse



# School Officials

## Performance

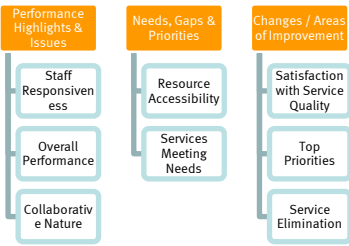
- ❑ “Transportation is still an issue, particularly with two working parent, single parent and low income [households]. Data Bus good means to use, but doesn’t work real well.”
  - DMMHRS Board has been involved & helpful with these
  - “Keep hearing about so many needs, but can’t meet them all. Mental health needs keep growing, particularly at high school level. Also filters down to middle school.”
  - between the board, agencies and those in the school district

## Needs & Gaps

- ❑ There was general consensus that accessibility could be improved in the following areas:
  - Transportation limitations
  - Greater support with rising number of children that need help
  - Greater visibility into resources one can access
- ❑ Overall, school officials felt that there are more needs than can be met, due to rising mental health needs and staffing limitations
- ❑ Conversely, felt also...
  - “So many more needs than can be met. The person that is the conduit is spread so thinly, they can’t be in the right place at the right time.”

## Changes / Priorities

- ❑ Satisfaction with the quality of the services ranged from average to good
- ❑ Top priorities were seen as follows:
  - Mental health – Children who can’t learn due to mental illness
  - “We’re seeing the COMH rep in the school building and hearing from others, “Thank heaven for this person.”



# Contract Providers

## Performance Highlights & Issues

For this audience segment, the focus was strictly on the DMMHRS Board. This group broke down their comments by staff and the board itself:

- ❑ Overall, comments about the staff were extremely positive, using such descriptors as, “easy to work with, respond promptly, attentive, knowledgeable, stable”
- ❑ Providers generally characterized the board’s performance as “pretty effective” and “better now than before,” noting the following perceptions:
  - There is a small percentage of the board that is actually engaged
  - Lack of reciprocal transparency into budget & financial decisions

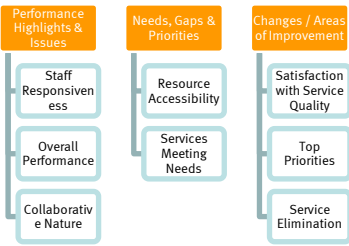
## Needs & Gaps

- ❑ Providers felt access to resources going well clinically, but not financially:
  - Could be more dollars available toward services (tie-in with budget perception)
  - We make cuts, but then extend services

## Changes / Priorities

The following key thoughts came forward when discussing priorities:

- ❑ Critical that board maintain services for severely mentally ill
- ❑ Remain a holistic entity
- ❑ Facilitate the collaboration of agencies and help find opportunities with less cost, greater efficiencies and greater integration
  - More focus on services vs. providers
- ❑ Improved planning processes to include provider input



# Contract Providers

## Performance Highlights & Issues

- For this was str  
This gr  
comme  
itself:  
 Overall well suc with knowledge "stable"
- There is more of a willingness to view organizations on a level playing field [objectively] and proceed with an open mind.**
- Providers generally characterized the board's performance as "pretty effective" and "better now than before," noting the following perceptions:
- There is a small percentage of the board that is actually engaged
  - Lack of reciprocal transparency into budget & financial decisions

## Needs & Gaps

- Providers felt access to resources going well clinically, but not fin
- We have to be a holistic entity. If we piece meal, it's going to burden someone. If you take one [service] down, it affects everyone else.**

**Would like to see more budget transparency. For example, what they spent last year vs what spending this year, instead of just a number.**

## Changes / Priorities

- The following key thoughts came forward when discussing priorities:
- Critical that board maintain services for severely mentally ill
  - Remain a holistic entity
  - Facilitate the collaboration of agencies and help find opportunities with less cost, greater efficiencies and greater integration
    - More focus on services vs. providers
  - Improved planning processes to include provider input

- Staff Responsiveness
- Overall Performance
- Collaborative Nature

- Resource Accessibility
- Services Meeting Needs

- Satisfaction with Service Quality
- Top Priorities
- Service Elimination

# Survey Respondents

## Performance Highlights & Issues

- ❑ Respondents rated responsiveness and overall performance good for both the Board and its providers
- ❑ The Board and its providers were characterized as somewhat collaborative, citing the following as opportunities for improvement:
  - Tapping provider expertise
  - Competitive climate and tone

## Needs & Gaps

- ❑ Mental health & substance abuse services were rated somewhat accessible, citing the following limitations:
  - Transportation
  - Long wait times, particularly with mental health services
- ❑ Similarly, respondents felt that services are somewhat meeting the needs, with transportation and wait time surfacing as repeat limitations

## Changes / Priorities

- ❑ Overall, respondents indicated they were somewhat satisfied with the quality of services citing the following support points:
  - Increasing demand (people losing homes, medication regimen interrupted)
  - Inconsistent and limited access to mental health care
- ❑ Top priorities that were common among the audience surveyed included:
  - Crisis services w/ 24 hr assistance
  - Mental health services for youth
  - Mental health services for adults

# Survey Respondents

“Through my interactions, there is virtually always a high degree of professionalism & responsiveness”

- ❑ Respondents rated responsiveness and overall performance good for both the Board and its providers
- ❑ The Board and its providers were characterized as somewhat collaborative, citing the following as opportunities for improvement:
  - Tapping provider expertise
  - Competitive climate and tone

“The board relied heavily on outside experts as it has conducted prevention planning. Although this has had some benefits, it was also unfortunate because it undermined and devalued the expertise that exists within the providers”

## Needs & Gaps

- ❑ Mental health & substance abuse services were rated somewhat accessible, citing the following limitations:
  - Transportation
  - Long wait times, particularly with mental health services
- ❑ Similarly, respondents felt that services are somewhat meeting

“Rather than making the process of student intervention/student assistance services a competition between agencies, the Board could bring together all providers [who offer these services] with school partners to lead a discussion about how these services could be better integrated.”

Transportation is better with DATA access, but would suggest that all agencies with board contracts have service contracts with DATA; otherwise, DATA overbooks and cuts services for overbooked clients from agencies

- regimen interrupted)
- Mental health services are extremely inaccessible. If you are not in dire emergency you are made to wait.
- ❑ To an in...
  - assistance
  - Mental health services for youth
  - Mental health services for adults

- Staff Responsiveness
- Overall Performance
- Collaborative Nature

- Resource Accessibility
- Services Meeting Needs

- Satisfaction with Service Quality
- Top Priorities
- Service Elimination

# Survey Snapshots

### 3. How would you rate the accessibility of mental health & substance abuse services in Delaware & Morrow Counties?

		Response Percent
Extremely accessible		28.3%
★ Somewhat accessible		42.4%
Somewhat inaccessible		14.1%
Extremely inaccessible		2.0%
Don't know		13.1%

### 6. Overall, how satisfied are you with the quality of the mental health & substance abuse services provided through contract service providers?

		Response Percent
Extremely satisfied		25.8%
★ Somewhat satisfied		51.6%
Somewhat dissatisfied		4.8%
Extremely dissatisfied		1.6%
Don't know		16.1%

- Staff Responsiveness
- Overall Performance
- Collaborative Nature

- Resource Accessibility
- Services Meeting Needs

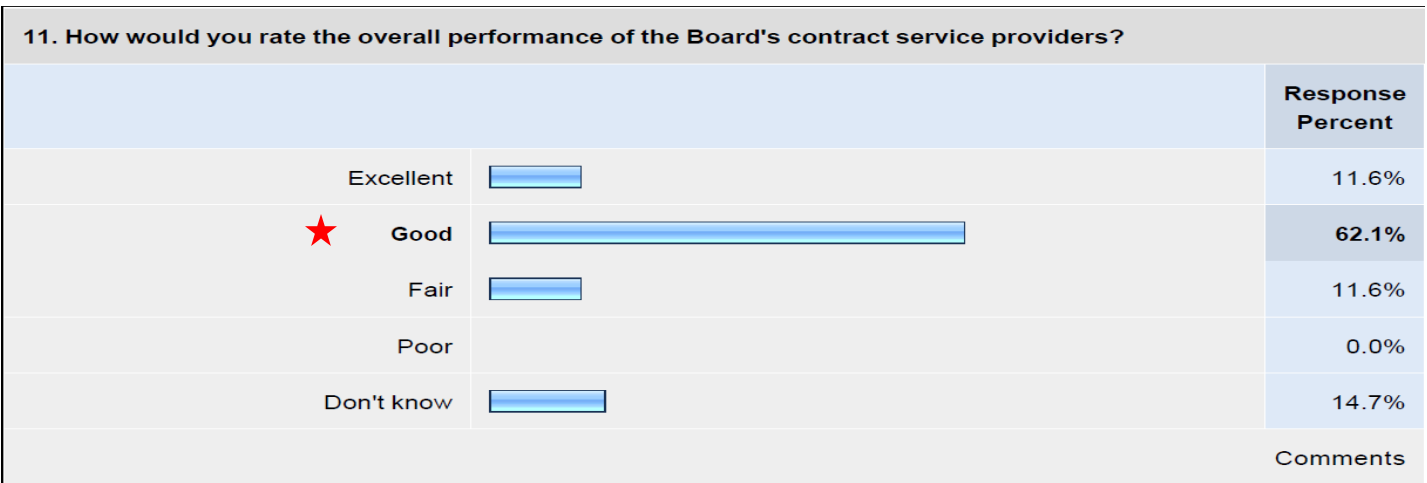
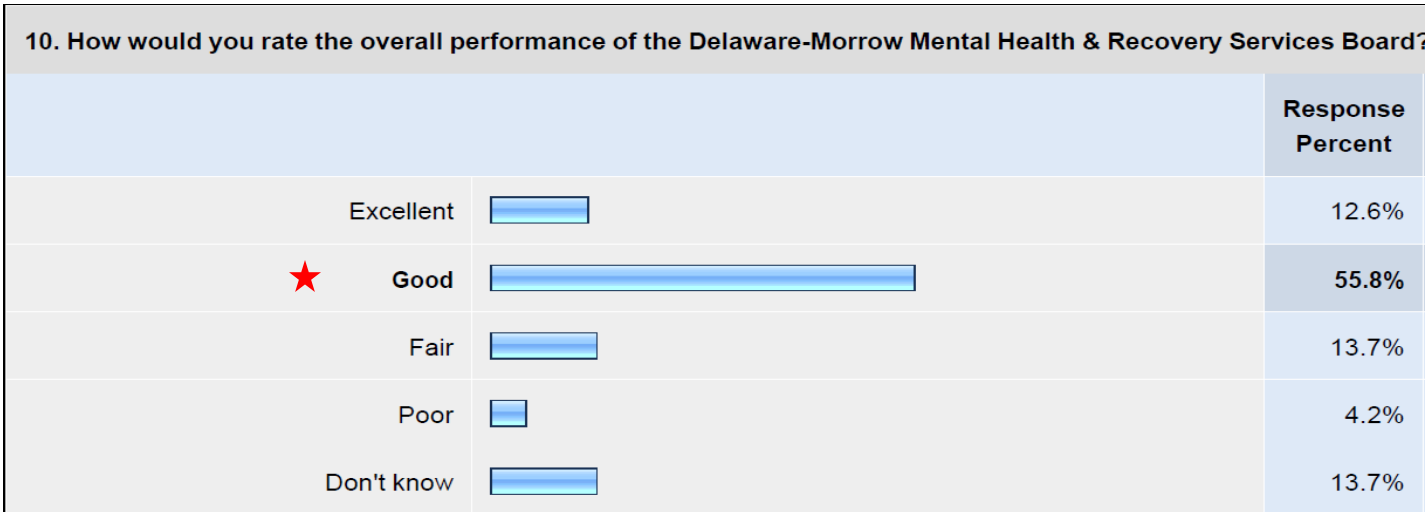
- Satisfaction with Service Quality
- Top Priorities
- Service Elimination

# Survey Snapshots

**9. If faced with budget constraints, how would you rank the following current services? [Please select ONE ranking service listed below]**

	Mission critical	Needed, but not critical	Nice to have, but not needed	Not needed	Rating Average
★ Crisis services with 24 hour assistance	90.6% (87)	9.4% (9)	0.0% (0)	0.0% (0)	3.91
★ Mental health services for youth	83.5% (81)	16.5% (16)	0.0% (0)	0.0% (0)	3.84
★ Mental health services for adults	78.4% (76)	21.6% (21)	0.0% (0)	0.0% (0)	3.78
Substance abuse services for youth	71.1% (69)	27.8% (27)	1.0% (1)	0.0% (0)	3.70
Substance abuse services for adults	64.9% (63)	32.0% (31)	3.1% (3)	0.0% (0)	3.62
Domestic violence shelter & services	67.0% (63)	26.6% (25)	6.4% (6)	0.0% (0)	3.61
Alcohol/drug & mental health prevention, awareness & education for school children & residents	22.3% (21)	51.1% (48)	25.5% (24)	1.1% (1)	2.95
Safe-housing & support services for persons with mental illness	44.7% (42)	44.7% (42)	9.6% (9)	1.1% (1)	3.33
Vocational & rehabilitation services	18.3% (17)	55.9% (52)	25.8% (24)	0.0% (0)	2.92

# Survey Snapshots



# Key Findings

# Key Findings

- ❑ Generally, all target audiences rated the responsiveness and overall performance of the DMMHRS Board and its staff as good, using such descriptors as “responsive to needs”
- ❑ Ratings for contract providers ranged from adequate to good depending on the provider with key issues centering around response times and accessibility

# Key Findings

- ❑ Service accessibility, fit (meeting the needs) and quality were consistently rated average to good, citing transportation, response times and youth mental health services as key needs and gaps
  
- ❑ Top service priorities among all audiences were:
  - Crisis services
  - Youth mental health services
  - Adult mental health services
  - Youth substance abuse services

# Key Findings

- ❑ Additionally, the need for improved response times surfaced consistently during discussions around priorities
  
- ❑ While there were no key differences in the responses between Delaware & Morrow County stakeholders, the following points about Morrow County were noted:
  - Morrow County is quite spread out and those on the periphery are not aware of services
  - Proximity to and use of domestic violence shelters
  - Inadequate mental health services for adolescents

# Appendix

# Appendix A: Web Survey Results

# Appendix B: Web Survey Verbatims

# Appendix C: Sample Facilitation Guide

# Appendix D: Interview Schedule & Stats