



MADISON COUNTY

MENTAL HEALTH BOARD

BEHAVIORAL NEEDS ANALYSIS 2022

SURVEY RESULTS REPORT

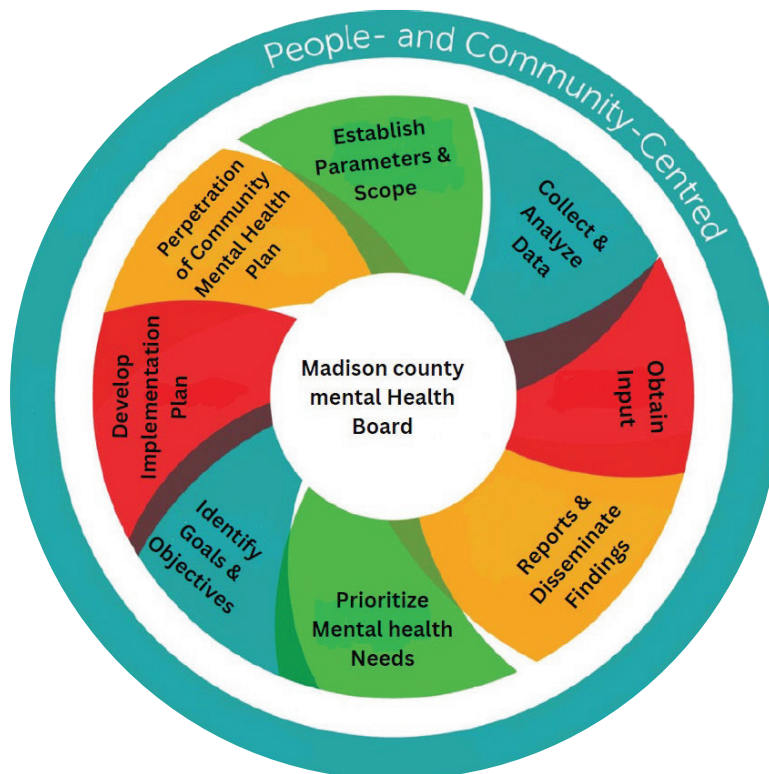


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Executive Summary

In accordance with House Bill – 708 Community Mental Health Act, community mental health authorities are mandated to develop a One & Three Year Plan. In order to facilitate this process, community mental health authorities conduct community behavioral health needs analyses to determine the level of community need in areas such as mental health, substance use treatment, and services for individuals with intellectual disabilities/developmental delays. The results of the analysis will assist in the development of the One & Three Year Plan by identifying major issues to be prioritized and addressed.

The 2022 analysis was conducted via a survey. Nearly 600 stakeholders from different agencies, services, and consumer groups in Madison County were contacted to participate in the analysis, from which 110 responses were collected. Stakeholders responded to general questions as well as more specific questions about their work if it fell into one of the following major categories: Crisis Management Services, Legal/Correctional System Services, Community Mental Health Services, Substance Use/Abuse Services, Intellectual and Developmental Disability Services, or Medical Services. Responses were collected between October 24th and November 9th. This document highlights the major needs and concerns as identified from a series of multiple-choice questions, multiple response questions, open-ended questions, and rating scales. A greater explanation of the survey structure and an analysis of the results is provided in the following sections.

Survey Responses and Analysis

The survey was divided into several sections to be completed. The first section consisted of basic demographic information, including name, email, and type of services provided. The next several sections consisted of questions that were specific to certain occupational categories. Stakeholders were directed to the appropriate section based on their response to the type of work they did. The next several sections were comprised of general questions that were seen and answered by all stakeholders. The general questions covered topics such as the availability of specific resources and services, barriers that may prevent access to certain services, communication between organizations, and educational opportunities for the community. The survey was concluded with three open-ended questions that allowed stakeholders to leave additional comments and recommendations. A full list of survey questions can be found in Appendix A.

Overview of Specific Work Categories

Crisis Management Services

Of the 110 people that completed the survey, only 3 identified as working in crisis management services. Their responses to the survey questions indicated that while services are available to individuals in the community, accessing these services can be difficult. A lack of the appropriate level of services and a lack of transportation were the most frequently identified barriers that may prevent community members from receiving services. Lack of bed capacity and a lack of workforce/staff were also identified as barriers. When services are able to be accessed however, wait times tend to be short. One individual identified wait times as being less than a day while another noted they were less than a week. A third individual expressed concern however that in a crisis situation, access to resources is not immediate.

Legal/Correctional System Services

Of the 110 people that completed the survey, 14 identified as working in legal/correctional system services. Their responses to the questions indicated that the availability of mental health services for inmates can vary. Available services typically include services from outside

organizations, counseling, and evaluations and referrals. Commonly identified barriers that prevent inmates from accessing services include a lack of mental health professionals and a lack of referral services. Lack of space for on-site services, poor access to medications, and several other barriers were also identified. Wait times for services tend to vary as well, with some inmates waiting less than a week and others waiting months before services become available. More specific data on accessibility and wait times can be found in Tables 1 and 2 below.

Table 1: Extent to which Mental Health Services are Available to Inmates		
Response Options	Response frequency (#)	Response frequency (%)
Very accessible	0	0%
Typically accessible	2	14.3%
Moderately accessible	7	50%
Typically not accessible	5	35.7%
Not accessible	0	0%

Table 2: Estimated Wait Times for Inmates Accessing Services		
Response Options	Response frequency (#)	Response frequency (%)
Less than a week	2	14.3%
A week to two weeks	3	21.4%
Three weeks to a month	5	35.7%
A month to two months	0	0%
Three to five months	3	21.4%
Other: I don't know	1	7.1%

Despite these difficulties, several strengths were reported. Several stakeholders identified specific services, such as crisis services and referral services, that they felt were done well within the legal/correctional system. Others commented on the strong process for providing services and the positive problem-solving efforts being made. Possible improvements that were recommended include the ability to offer more services, have more staff, and devote more time to mental health services.

Community Mental Health Services

Of the 110 people that completed the survey, 10 identified as working in community mental health services. Services provided included a number of evidence-based evaluation tools and therapies (e.g. CBT). The demand for mental health services in Madison County was reported to be somewhere between moderate and high, with most of the stakeholders identifying it as very high. The accessibility of these services was unanimously identified as only being moderate, indicating a possible gap between the number of people who need services and the number of people who are able to receive them. More specific data on the demand for services and service availability can be found in tables 3 and 4 below.

Table 3: Demand for Mental Health Services		
Response Options	Response frequency (#)	Response frequency (%)
Very high demand	7	70%
Somewhat high demand	2	20%
Moderate demand	1	10%
Somewhat low demand	0	0%
Very low demand	0	0%

Table 4: Availability of Mental Health Services		
Response Options	Response frequency (#)	Response frequency (%)
Very accessible	0	0%
Typically accessible	0	0%
Moderately accessible	10	100%
Typically not accessible	0	0%
Not accessible	0	0%

Several positive characteristics were reported for the community mental health services that the county offers. The allocation of funds, the response to crisis situations, and the ability to spread information to the community were all seen as strengths. Opinions on transportation were split, with one person believing that transportation to services was available and another identifying it as a problem that needs fixing. Other needed improvements that were mentioned

include more funding, more residential housing options, increased Medicaid access for psychiatric services, and reduced stigma.

Substance Use/Abuse Services

Of the 110 people that completed the survey, 5 identified as working in substance use/abuse services. Commonly provided evidence-based services include medication-assisted recovery and various therapies (e.g. CRA and CBT). The demand for substance use was reported to be high overall, with a majority of stakeholders identifying it as very high. The accessibility of these services was rated to be decent, with most people reporting that services are typically accessible. More specific data on the demand for services and service availability can be found in tables 5 and 6 below.

Table 5: Demand for Substance Use/Abuse Services		
Response Options	Response frequency (#)	Response frequency (%)
Very high demand	3	60%
Somewhat high demand	2	40%
Moderate demand	0	0%
Somewhat low demand	0	0%
Very low demand	0	0%

Table 6: Availability of Substance Use/Abuse Services		
Response Options	Response frequency (#)	Response frequency (%)
Very accessible	0	0%
Typically accessible	4	80%
Moderately accessible	1	20%
Typically not accessible	0	0%
Not accessible	0	0%

A number of strengths were reported by stakeholders in regard to the substance use services in Madison County. Access to services and harm reduction efforts were reported as being positive. Additionally, stakeholders were thankful for the county's efforts to support programs and

collect data relating to substance use. However, a need was identified for more housing and services for individuals requiring substance use treatment.

Intellectual and Developmental Disability Services

Of the 110 people that completed the survey, 4 identified as working in intellectual and developmental disability (ID/DD) services. Strengths-based community supports were commonly identified as being provided to individuals. Demand for such services was rated as being moderate to somewhat high. Availability of services in general was typically reported as moderate as well. For mental health services available to those with ID/DD however, ratings were slightly worse, with half of stakeholder reporting moderate accessibility and the other half reporting that such services are typically not accessible. Further data can be found in tables 7, 8, and 9.

Table 7: Demand for ID/DD Services		
Response Options	Response frequency (#)	Response frequency (%)
Very high demand	0	0%
Somewhat high demand	2	50%
Moderate demand	2	50%
Somewhat low demand	0	0%
Very low demand	0	0%

Table 8: Availability of ID/DD Services		
Response Options	Response frequency (#)	Response frequency (%)
Very accessible	0	0%
Typically accessible	0	0%
Moderately accessible	3	75%
Typically not accessible	1	25%
Not accessible	0	0%

Table 9: Availability of Mental Health Services to Individuals with ID/DD		
Response Options	Response frequency (#)	Response frequency (%)
Very accessible	0	0%
Typically accessible	0	0%
Moderately accessible	2	50%
Typically not accessible	2	50%
Not accessible	0	0%

The welcoming environment, numerous partnerships with community organizations, and resources available were all identified as strengths for ID/DD services in the county. To improve though, increased education and training, more intervention services, and more funding were all recommended.

Medical Services

Of the 110 people that completed the survey, 6 identified as working in medical services. Stakeholders in this field reported seeing individuals with mental health concerns on a frequent basis, with half of them reporting that it was a very frequent occurrence. However, nearly all of the individuals reported at least some level of difficulty involved with referring individuals to the needed services. Further data on this can be found in tables 10 and 11 below. The main barriers that prevented stakeholders from assisting those with mental health concerns included long wait times for services, a lack of transportation, and an inability to refer to the appropriate services. A lack of training on mental health, a shortage of staff/doctors, an inability to afford treatments or medications, and several other potential barriers were also noted.

Table 10: Frequency of Medical Professionals Seeing People with Mental Health Concerns		
Response Options	Response frequency (#)	Response frequency (%)
Very frequently	3	50%
Somewhat frequently	1	16.7%
Moderate frequency	2	33.3%
Somewhat infrequently	0	0%
Very infrequently	0	0%

Table 11: Difficulty for Medical Professionals Assisting People with Mental Health Concerns		
Response Options	Response frequency (#)	Response frequency (%)
Very easy	0	0%
Somewhat easy	0	0%
Moderately difficult/easy	1	16.7%
Somewhat difficult	4	66.7%
Very difficult	1	16.7%

Several strengths were identified in relation to mental health treatment in Madison County, including the amount of services and resources available and the care and dedication that is displayed by staff. However, several areas that need improvement were also identified, such as the need for more providers, more inpatient beds, and better communication with the community about what resources are available.

General Questions

Resource and Service Availability Ratings

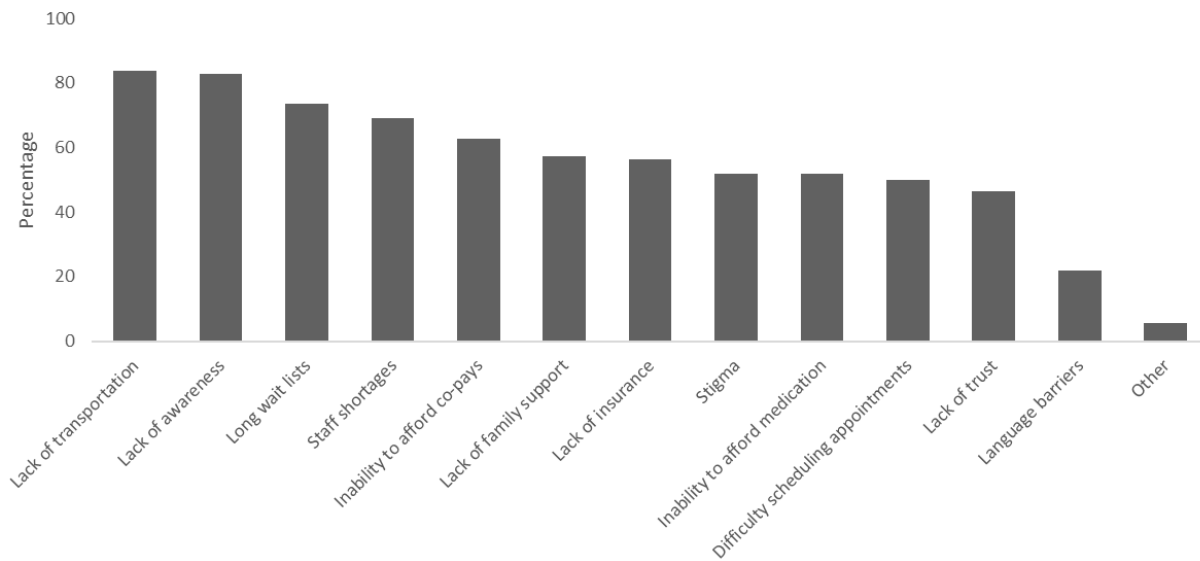
Stakeholders rated the availability of specific services and resources on a 1 to 7 scale, with 7 representing the highest level of availability and 1 the lowest. Resource directory information, community supports, and case management availability were the three most highly rated overall. Crisis residential beds, re-entry services, and supportive/supervised housing on the other hand received the lowest ratings. The average ratings of all resources/services can be found in table 12 on the following page. Additional graphs representing the response patterns and average ratings per work category for each resource/service, with higher values indicating larger availability, can be found under Appendix B.

Table 12: Average Availability Ratings per Resource/Service	
Resource/Service	Average
Resource Directory Information	4.61
Community Supports	4.43
Case Management	4.40
Specialty Court Services	4.28
Individual Counseling/Therapy	4.25
Crisis Outreach	4.24
Older Adult Services	4.24
Substance Use Treatment	4.21
Virtual Behavioral Health Services	4.12
Family Education/Support	4.06
Job Training Programs	4.05
Medication Management	4.03
Peer/Group Support	3.94
Children's Services	3.92
Recovery Services	3.74
Psychiatry	3.51
Transition Services	3.28
Inpatient Hospitalization	3.23
Supportive/Supervised Housing	3.18
Re-Entry Services	3.15
Crisis Residential Beds	2.58

Barriers to Accessing Available Services

Several barriers were identified that prevent people from accessing the needed services. Over 70% of stakeholders listed lack of transportation, lack of awareness, and long wait lists as significant barriers that prevent access to services. A number of other barriers were also selected, and a full breakdown of the responses can be seen in figure 1 on the following page.

Figure 1: Barriers to Accessing Services



Communication and Collaboration

Stakeholders tended to rate the amount of communication and collaboration that exists among organizations very differently. Most, however, rated the amount of communication as moderate. More response information can be found in table 13. When asked how communication could be improved, meetings were a commonly recommended solution. Some people believed that goal-directed, informational meetings would be helpful while others suggested informal social events. Relatedly, email lists and more groups/programs to facilitate communication were suggested as solutions. Better patient referral systems and information-sharing systems as well as changes to health information policies were also recommended. Additional comments focused on better awareness of mental health services in courts as well as in the general community.

Table 13: Amount of Communication/Collaboration Among Organizations		
Response Options	Response frequency (#)	Response frequency (%)
Constant communication	1	0.9%
A lot of communication	16	14.5%
A moderate amount of communication	57	51.8%
A small amount of communication	35	31.8%
No communication	1	0.9%

Educational Services

When asked if their organization offered any sort of educational opportunities, 69% of individuals responded “yes.” Community events, classes, internships, and trainings were commonly identified educational opportunities for members of the community. Overall effectiveness of these educational opportunities varied, and a list of responses can be seen in table 14 below. It was mentioned that educational experiences could be improved by increasing awareness of them, having more staff, having more funding for more opportunities, making events easier to access, and having better quality speakers/teachers.

Table 14: Effectiveness of Educational Opportunities Offered		
Response Options	Response frequency (#)	Response frequency (%)
Very effective	15	19.7%
Somewhat effective	24	31.6%
Moderately effective	23	30.3%
Somewhat ineffective	8	10.5%
Very ineffective	6	7.9%

Additional Comments and Recommendations

When asked to identify the top three largest priorities that should be addressed in Madison County, an increase in services was the most commonly identified need. Specific services mentioned include mental health services, substance use services, children’s services, crisis services, and jail services. Increased housing options was another major need that was

identified. Specifically, more housing for homeless individuals, more long-term care/residential facilities, and better affordability were mentioned. Better transportation was the next most commonly mentioned need in the community. Other reported priorities include more education and community awareness, more staff, more collaboration between organizations, more funding, reduced stigma, and more job training programs. Many of these priorities align with information obtained in other sections of the survey.

Additional comments included reports of services that were found to be lacking or ineffective, notes about the need for housing, and recommendations for changes to the Madison County Mental Health Board. A few people also expressed gratitude for being able to leave their input in the survey. Final recommendations involved more resources/services, more community awareness, and increased communication. Again, this aligns well with comments from previous survey sections.

Conclusions and Recommendations

This community behavioral health needs analysis was conducted in accordance with House Bill – 708 Community Mental Health Act, which states that community mental health authorities are mandated to develop a One & Three Year Plan that focuses on finding areas of improvement in local mental health, substance use treatment, and intellectual/developmental disability services. The survey analysis accumulated data from 110 individuals in order to identify the current needs. The major findings from the survey are summarized in the preceding sections of this document and were used to form a series of goals and objectives for the upcoming years.

- Continue to fund services throughout the county that align with the current needs of the community.
- Encourage further communication between agencies and organizations in order to create a more unified network of mental health professionals.
- Hold more events to increase the community's awareness of the mental health services that are available.
- Look into transportation options that are available through the county and work to increase the community's awareness of these options.

Additional demographic information for the county was compiled in a supplementary report. The data from this report indicates an increase in mental health concerns, suicide rates, and substance overdose deaths within the community. Although a number of programs currently exist to combat these crises, further efforts may be needed in the following areas:

- Mental health counseling
- Suicide prevention
- Substance abuse and overdose prevention

Appendix A

What is your name (Optional)?

What is your email address (Optional)?

What organization are you employed by or affiliated with?

Which of the following areas would you say best describes the work you do at your organization?

- ☐ Crisis Management Services
- ☐ Legal/Correctional System Services
- ☐ Community Mental Health Services
- ☐ Substance Use/Abuse Services
- ☐ Intellectual and Developmental Disability Services
- ☐ Medical Services
- ☐ Other _____

What barriers may prevent people from accessing crisis management services (Check all that apply)?

- ☐ Lack of appropriate level of services
- ☐ Lack of transportation
- ☐ Lack of bed capacity
- ☐ Lack of workforce/staff
- ☐ Poor access to medications
- ☐ Other _____

How long do community members typically wait for the appropriate level of services to become available?

- ☐ Less than a day
- ☐ Less than a week
- ☐ A week to two weeks
- ☐ Three to four weeks
- ☐ Other _____

What does Madison County do well in terms of supporting crisis management services (Optional)?

In what ways could Madison County improve in supporting crisis management services (Optional)?

What services/resources for mental health are available to inmates?

To what extent do you feel mental health services are available to inmates?

- ☐ Very accessible
- ☐ Typically accessible
- ☐ Moderately accessible
- ☐ Typically not accessible
- ☐ Not accessible

What barriers prevent inmates from accessing mental health services (Check all that apply)?

- ☐ Lack of mental health professionals
- ☐ Lack of referral services
- ☐ Lack of available space for on-site services
- ☐ Poor access to medications
- ☐ Other _____

How long do inmates typically wait for referral services to become available?

- ☐ Less than a week
- ☐ A week to two weeks
- ☐ Three weeks to a month
- ☐ A month to two months
- ☐ Three to five months
- ☐ Other _____

What does Madison County do well in terms of supporting inmates' mental health (Optional)?

In what ways could Madison County improve in supporting inmates' mental health (Optional)?

What is the demand for mental health services in Madison County?

- ☐ Very high demand
- ☐ Somewhat high demand

- Moderate demand
- Somewhat low demand
- Very low demand

To what extent do you feel mental health services are accessible by the community?

- Very accessible
- Typically accessible
- Moderately accessible
- Typically not accessible
- Not accessible

What specific evidence-based/innovative practices does your organization provide (Optional)?

What does Madison County do well in terms of supporting individuals' mental health (Optional)?

In what ways could Madison County improve in supporting individuals' mental health (Optional)?

What is the demand for substance use/abuse services in Madison County?

- Very high demand
- Somewhat high demand
- Moderate demand
- Somewhat low demand
- Very low demand

To what extent do you feel substance use/abuse services are accessible by the community?

- Very accessible
- Typically accessible
- Moderately accessible
- Typically not accessible
- Not accessible

What specific evidence-based/innovative practices does your organization provide (Optional)?

What does Madison County do well in terms of supporting services for substance use/abuse (Optional)?

In what ways could Madison County improve in supporting substance use/abuse services (Optional)?

What is the demand for ID/DD services in Madison County?

- ☐ Very high demand
- ☐ Somewhat high demand
- ☐ Moderate demand
- ☐ Somewhat low demand
- ☐ Very low demand

To what extent do you feel ID/DD services are accessible by the community?

- ☐ Very accessible
- ☐ Typically accessible
- ☐ Moderately accessible
- ☐ Typically not accessible
- ☐ Not accessible

To what extent do you feel mental health services are accessible to individuals with ID/DD?

- ☐ Very accessible
- ☐ Typically accessible
- ☐ Moderately accessible
- ☐ Typically not accessible
- ☐ Not accessible

What specific evidence-based/innovative practices does your organization provide (Optional)?

What does Madison County do well in terms of supporting individuals with ID/DD (Optional)?

In what ways could Madison County improve in supporting individuals with ID/DD (Optional)?

How frequently do you see individuals presenting with mental health concerns?

- ☐ Very frequently

- Somewhat frequently
- Moderate frequency
- Somewhat infrequently
- Very infrequently

How difficult is it for medical professionals to refer individuals to appropriate mental health services?

- Very easy
- Somewhat easy
- Moderately easy/difficult
- Somewhat difficult
- Very difficult

What barriers may medical professionals face when assisting those with mental health concerns (Check all that apply)?

- Long wait times for mental health services
- Lack of transportation
- Inability to refer to appropriate services
- Lack of training on mental health
- Lack of staff/doctors
- Inability to afford treatments or medication
- Other _____

What does Madison County do well in terms of supporting the community's mental health treatment needs (Optional)?

In what ways could Madison County improve in supporting the community's mental health treatment needs (Optional)?

Case management	1.....2.....3.....4.....5.....6.....7
Community supports	1.....2.....3.....4.....5.....6.....7
Crisis residential beds	1.....2.....3.....4.....5.....6.....7
Family education/support	1.....2.....3.....4.....5.....6.....7
Individual counseling/therapy	1.....2.....3.....4.....5.....6.....7
Inpatient hospitalization	1.....2.....3.....4.....5.....6.....7
Medication management	1.....2.....3.....4.....5.....6.....7
Crisis outreach	1.....2.....3.....4.....5.....6.....7
Older adult services	1.....2.....3.....4.....5.....6.....7
Children's services	1.....2.....3.....4.....5.....6.....7

Peer/group support	1.....2.....3.....4.....5.....6.....7
Psychiatry	1.....2.....3.....4.....5.....6.....7
Specialty court services	1.....2.....3.....4.....5.....6.....7
Substance use treatment	1.....2.....3.....4.....5.....6.....7
Supportive/supervised housing	1.....2.....3.....4.....5.....6.....7
Transition services	1.....2.....3.....4.....5.....6.....7
Re-entry services	1.....2.....3.....4.....5.....6.....7
Recovery services	1.....2.....3.....4.....5.....6.....7
Virtual behavioral health services	1.....2.....3.....4.....5.....6.....7
Job training programs	1.....2.....3.....4.....5.....6.....7
Resource directory information	1.....2.....3.....4.....5.....6.....7

What barriers prevent members of the community from accessing the available services (Check all that apply)?

- ☐ Lack of transportation
- ☐ Lack of awareness
- ☐ Long wait lists
- ☐ Staff shortages
- ☐ Inability to afford co-pays
- ☐ Lack of family support
- ☐ Lack of insurance
- ☐ Stigma
- ☐ Inability to afford medication
- ☐ Difficulty scheduling appointments
- ☐ Lack of trust
- ☐ Language barriers
- ☐ Other _____

How much communication and collaboration do you feel exists with outside organizations?

- ☐ Constant communication/collaboration
- ☐ A lot of communication/collaboration
- ☐ A moderate amount of communication/collaboration
- ☐ A small amount of communication/collaboration
- ☐ No communication/collaboration

How do you think communication between organizations can be improved (Optional)?

Does your organization provide educational opportunities for students and community members?

- ☐ Yes

- ☐ No
- ☐ I don't know

What kind of educational services do you provide?

To what extent do you feel the educational services you provide are effective?

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Moderately effective
- ☐ Somewhat ineffective
- ☐ Very ineffective

In what ways do you feel educational services could be improved (Optional)?

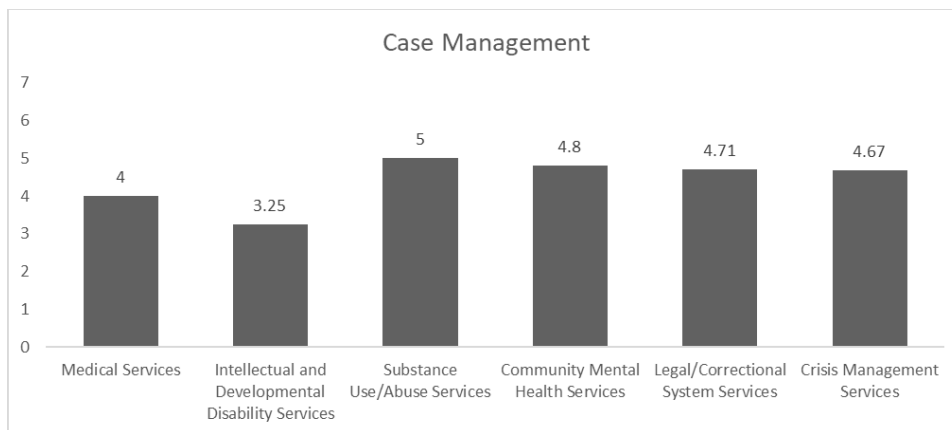
What three things do you feel are the largest priorities to address in Madison County (Optional)?

Are there any other comments you would like to include for review (Optional)?

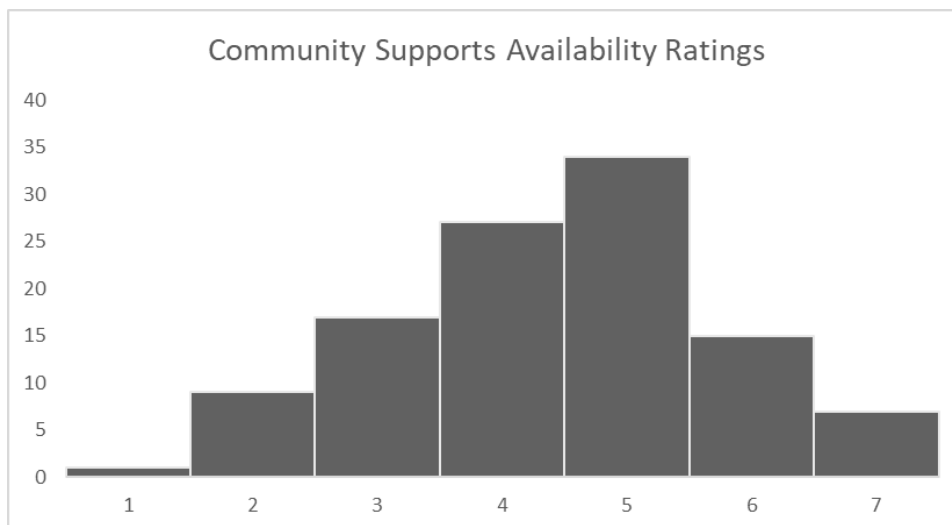
Do you have any recommendations for changes/improvements to Madison County's behavioral health systems (Optional)?

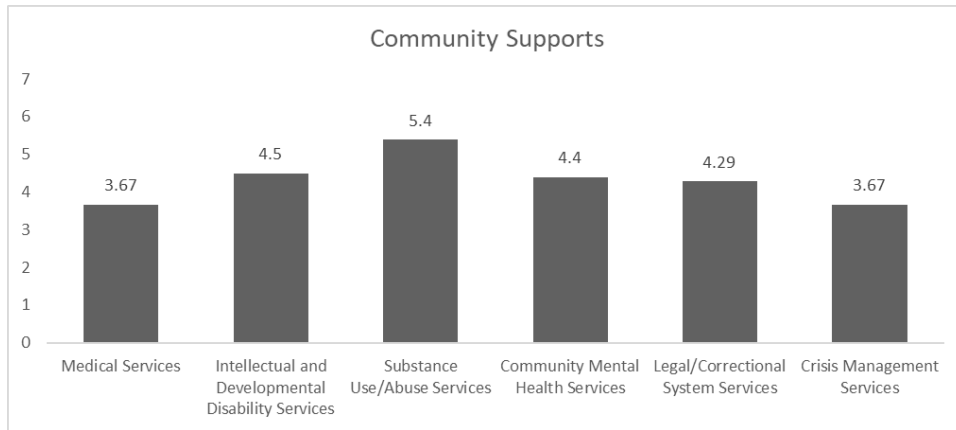
Appendix B

Case Management

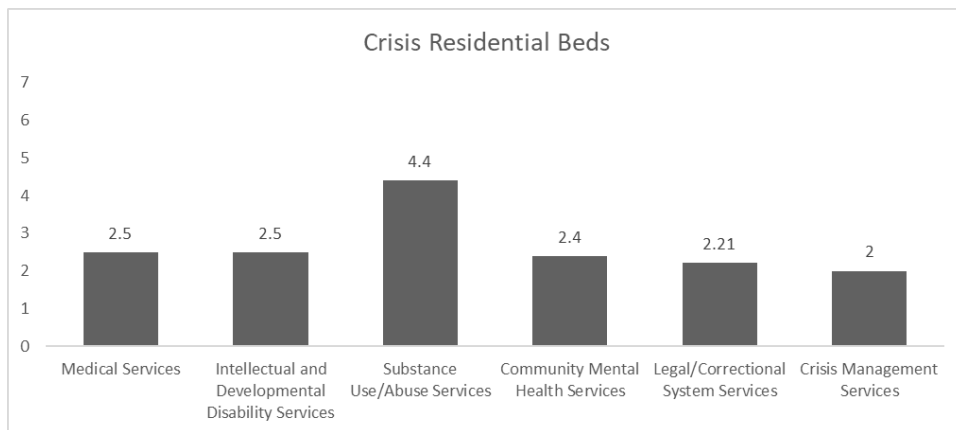
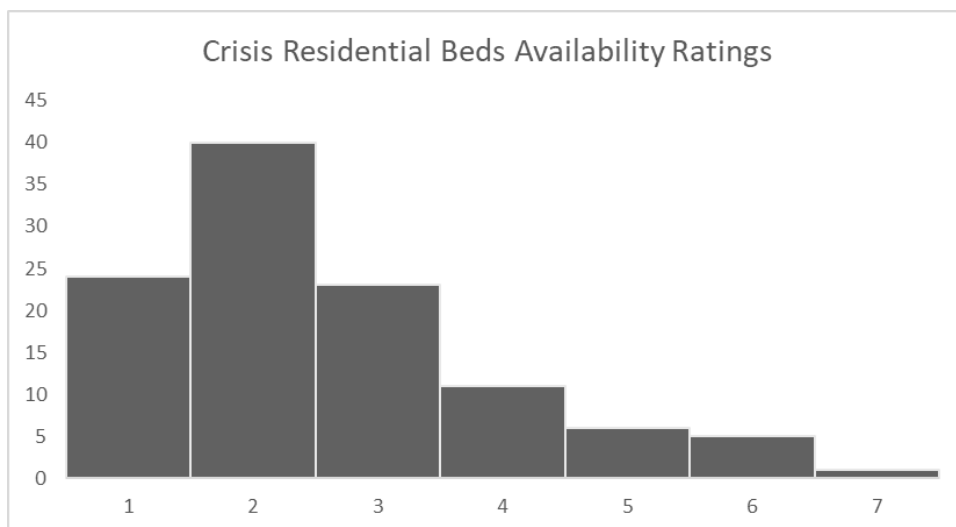


Community Supports

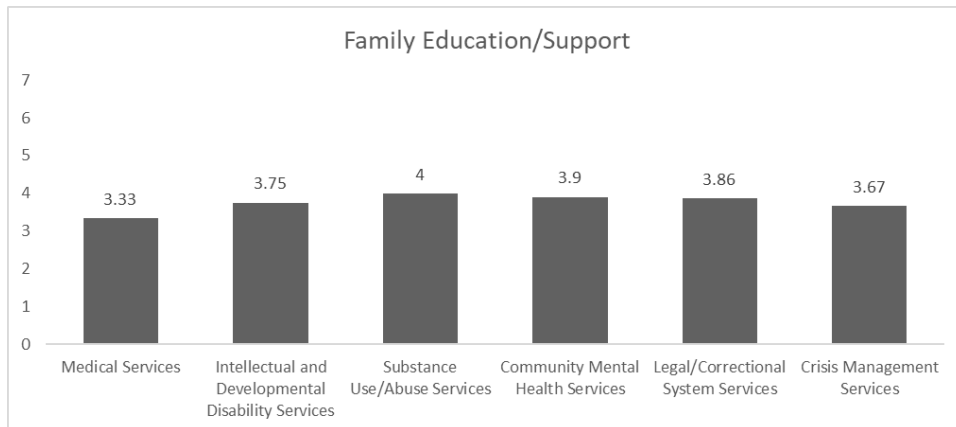
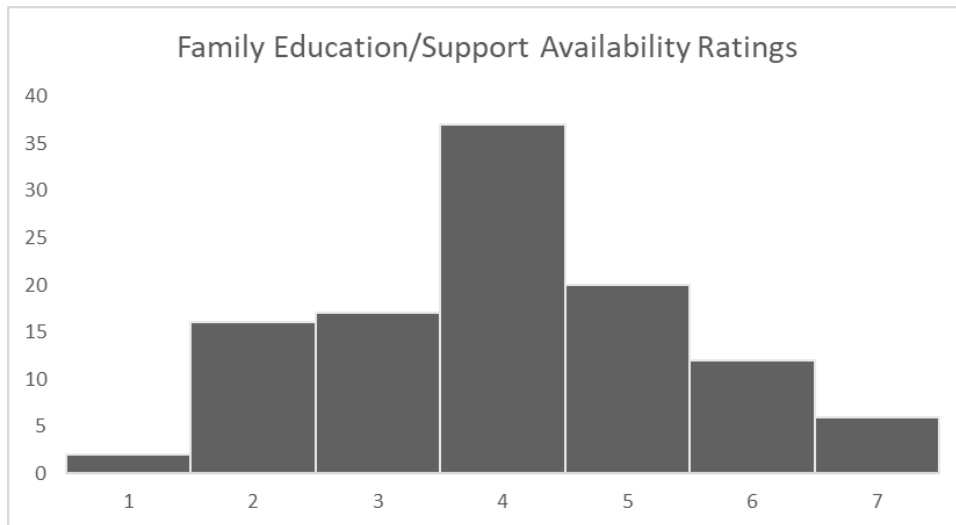




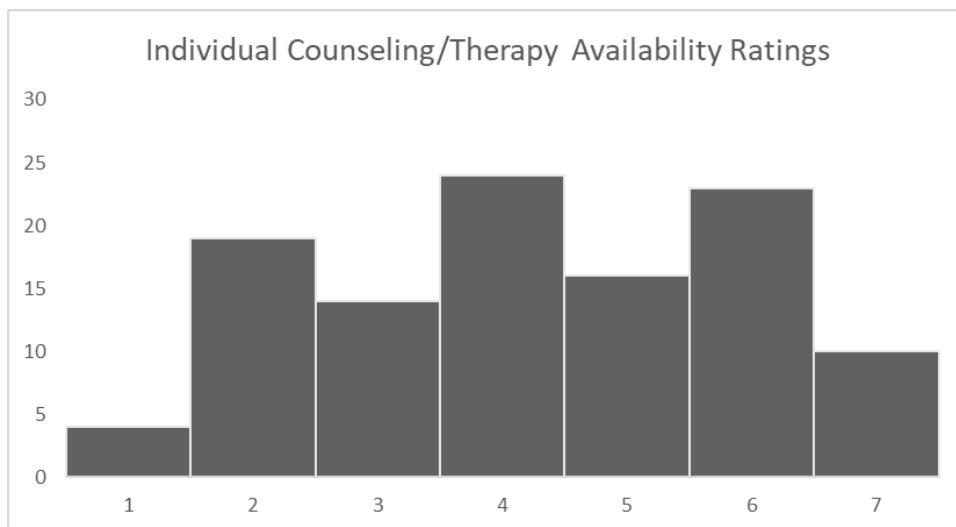
Crisis Residential Beds

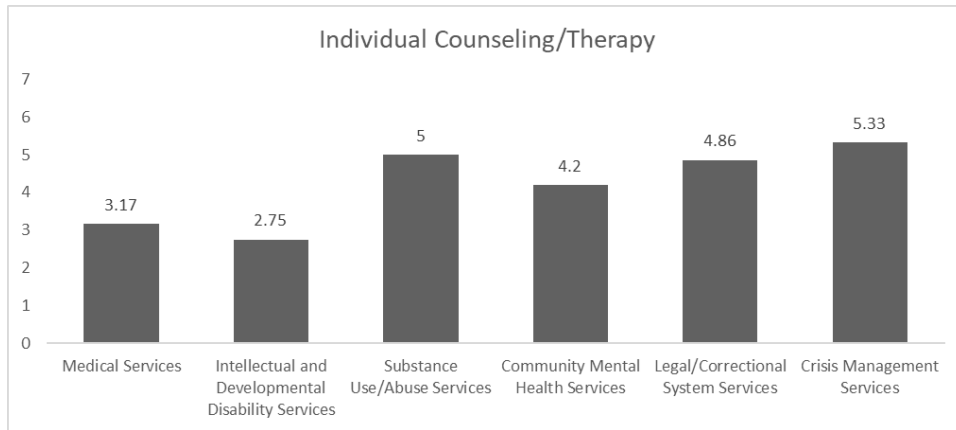


Family Education/Support

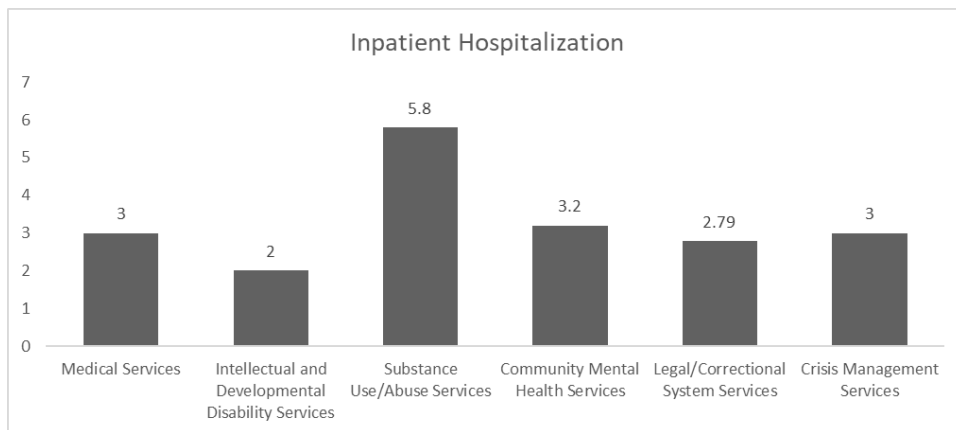
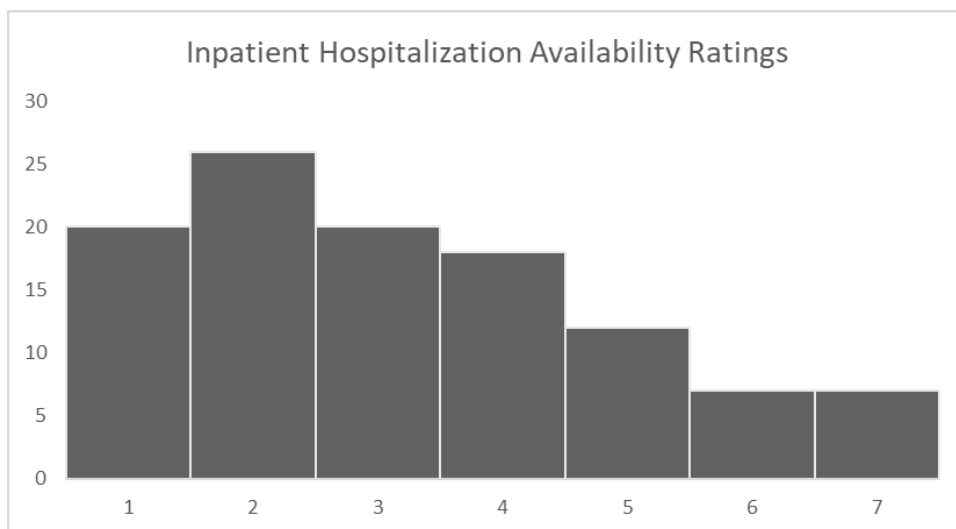


Individual Counseling/Therapy

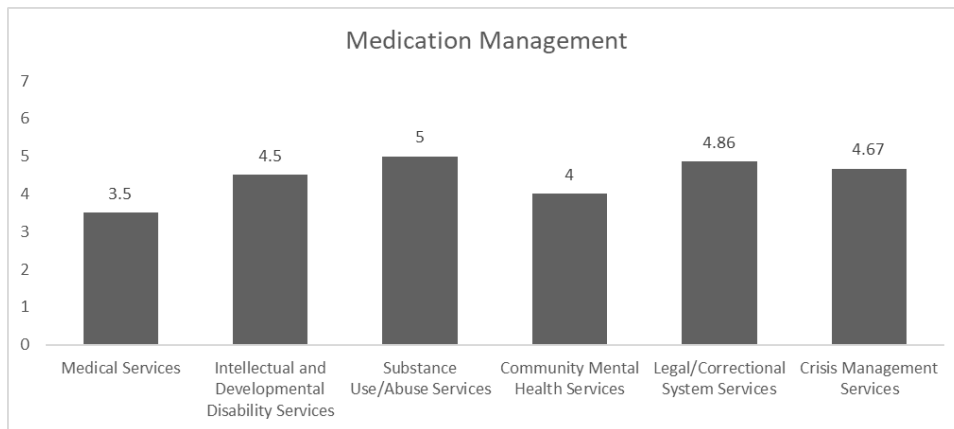
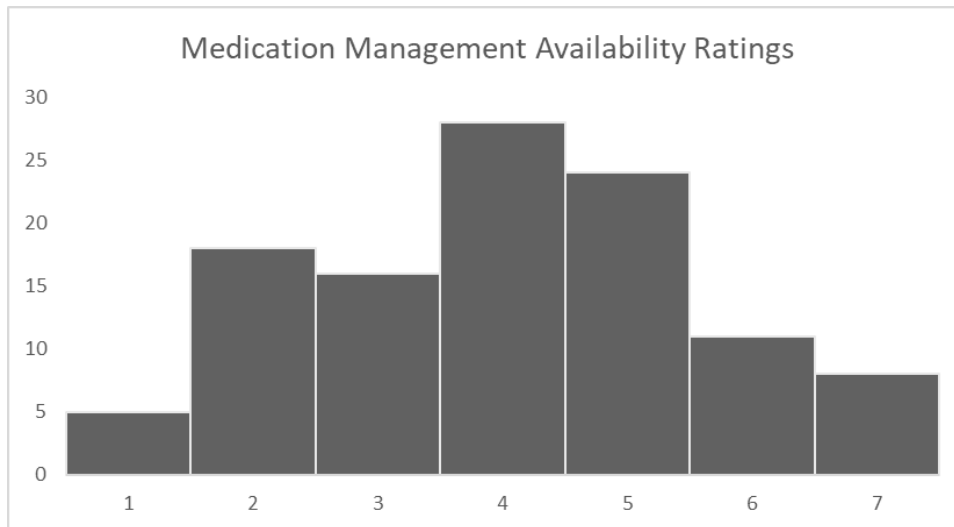




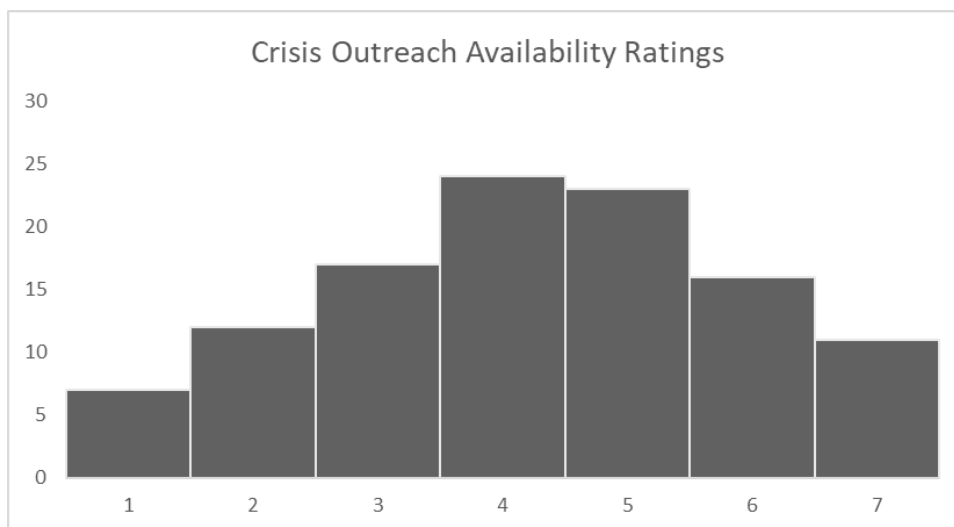
Inpatient Hospitalization

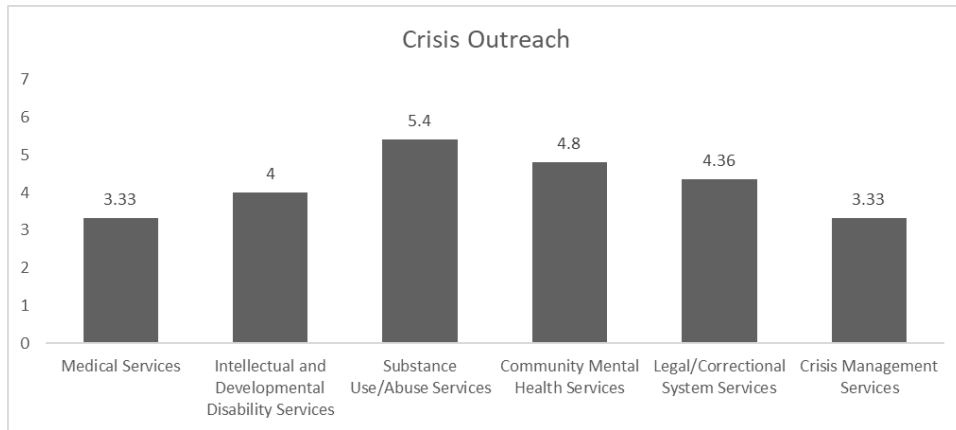


Medication Management

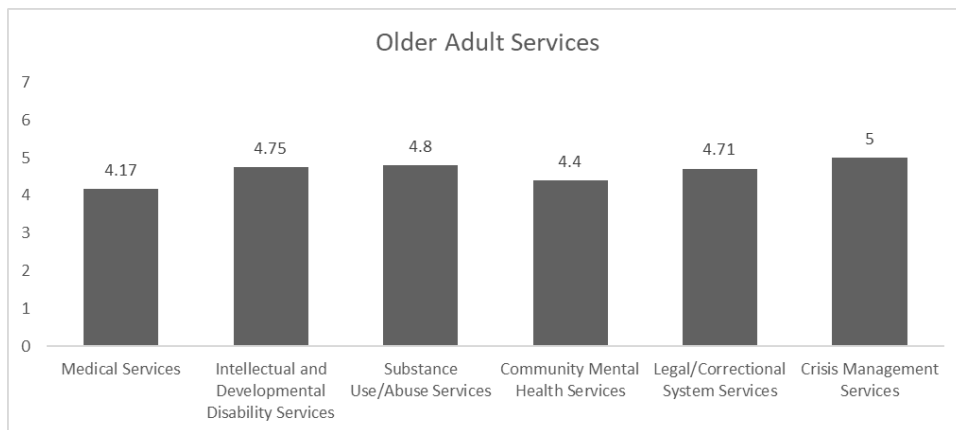


Crisis Outreach

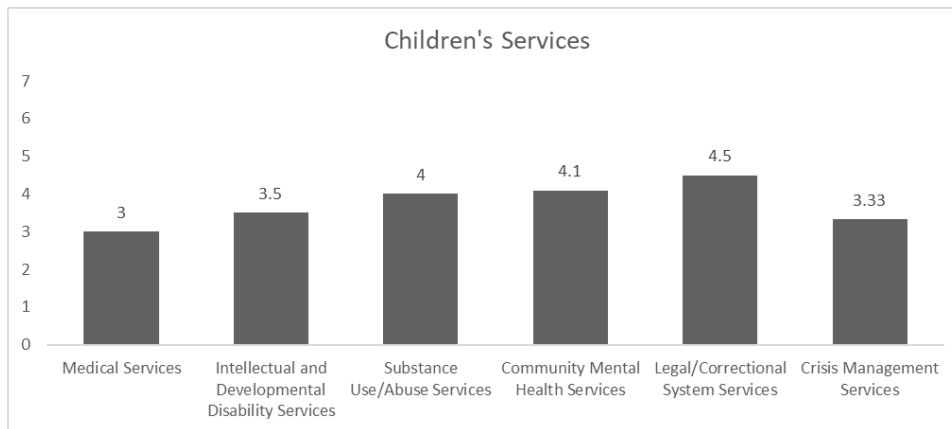
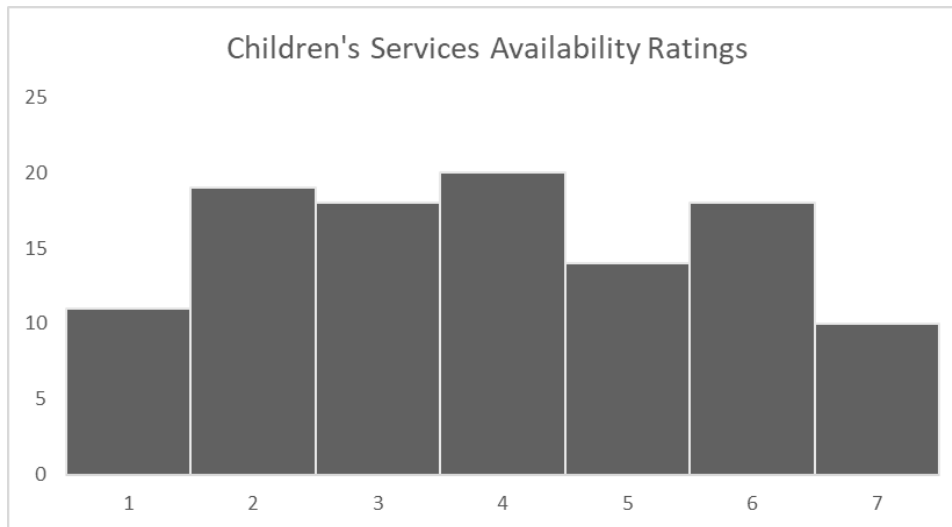




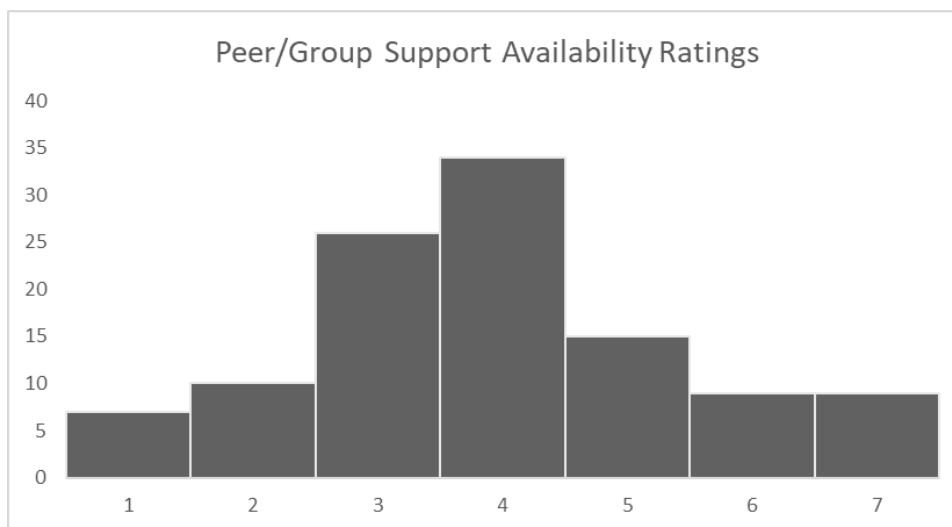
Older Adult Services

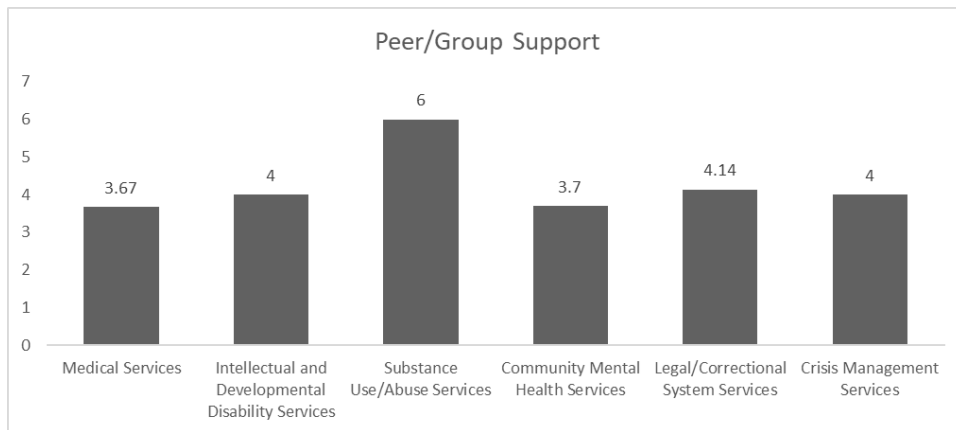


Children's Services

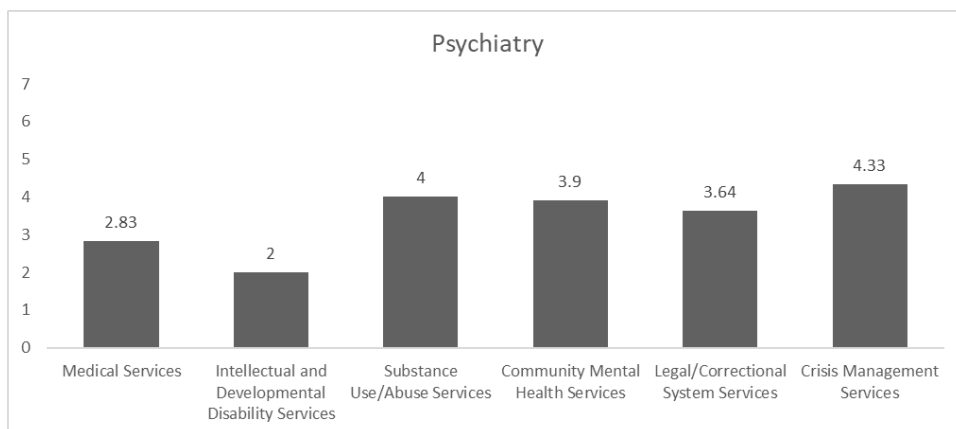


Peer/Group Support

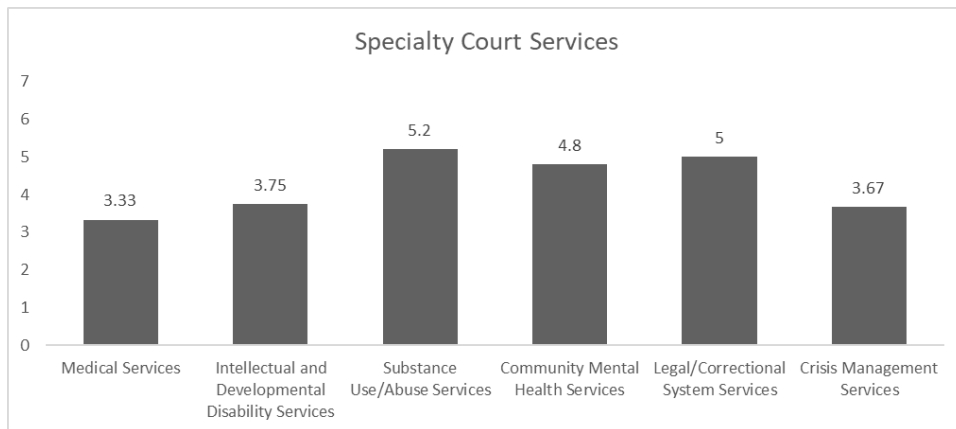




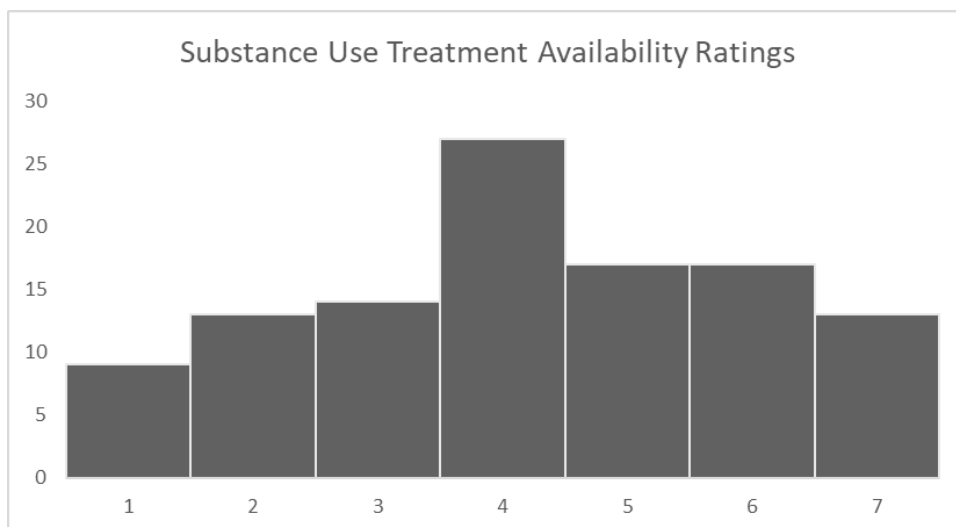
Psychiatry

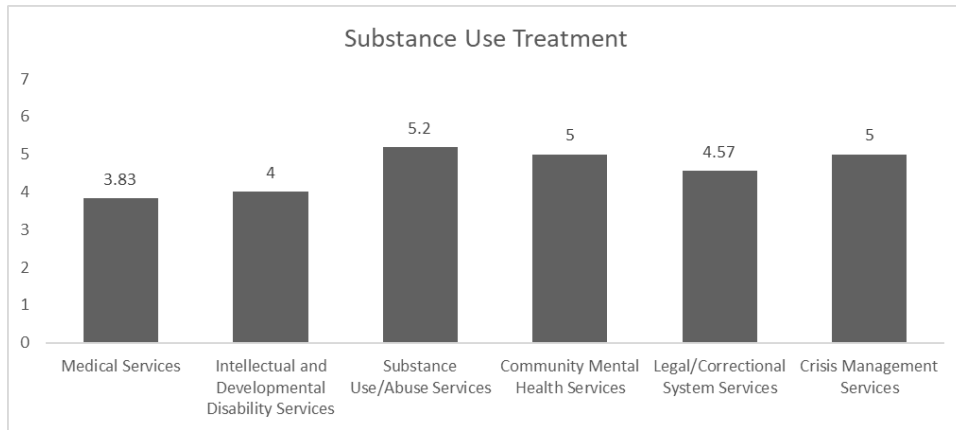


Specialty Court Services

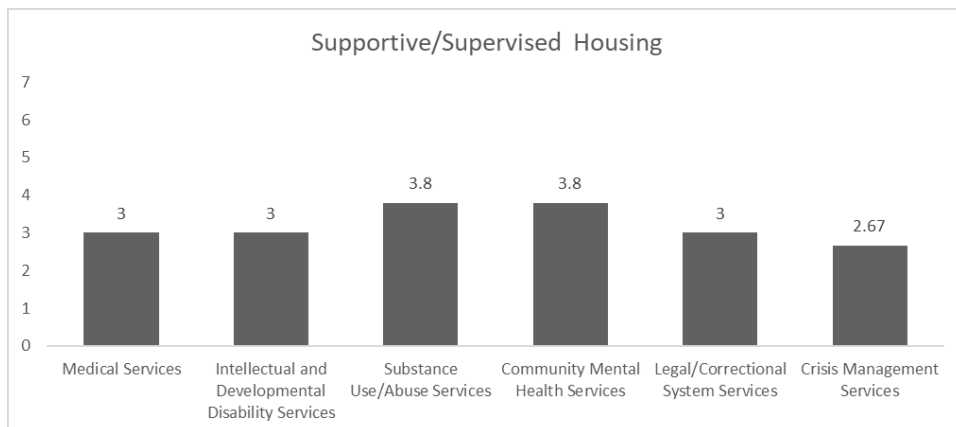


Substance Use Treatment

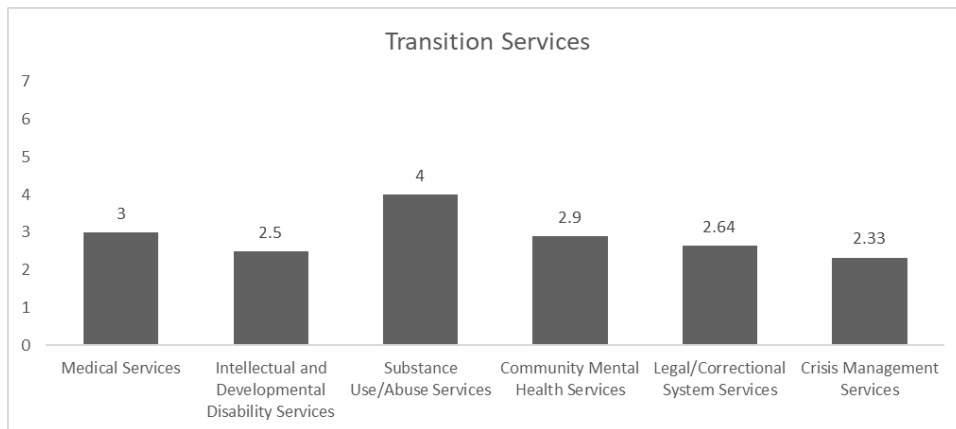




Supportive/Supervised Housing

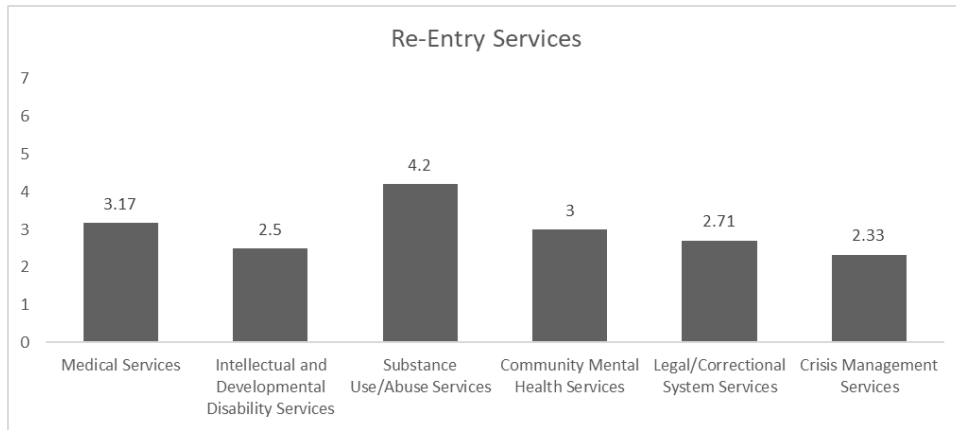


Transition Services

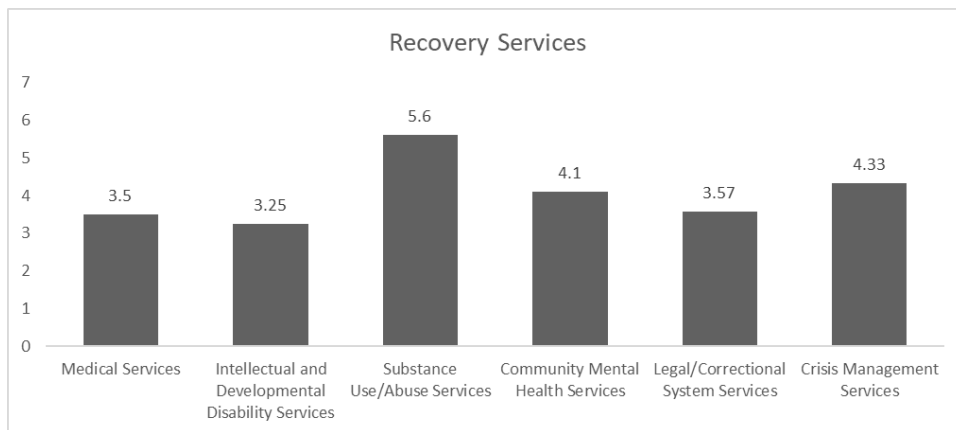
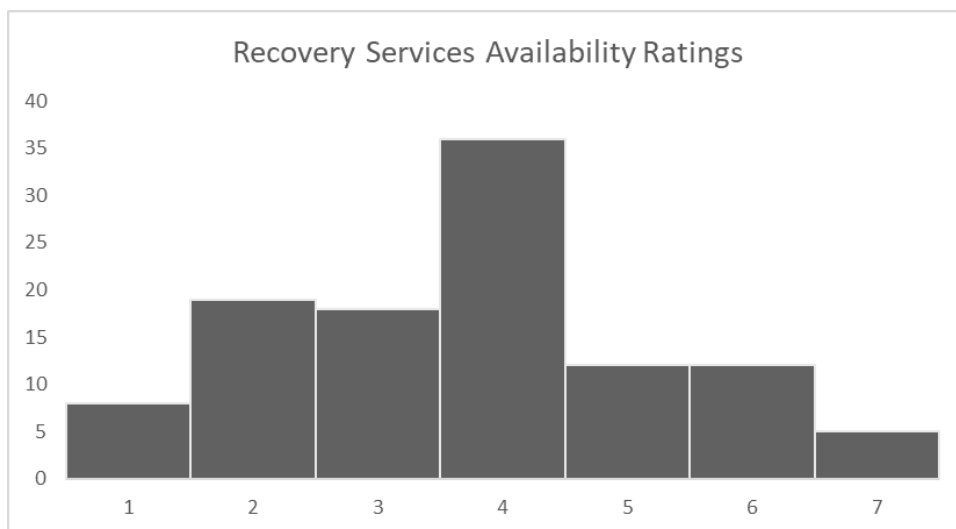


Re-Entry Services

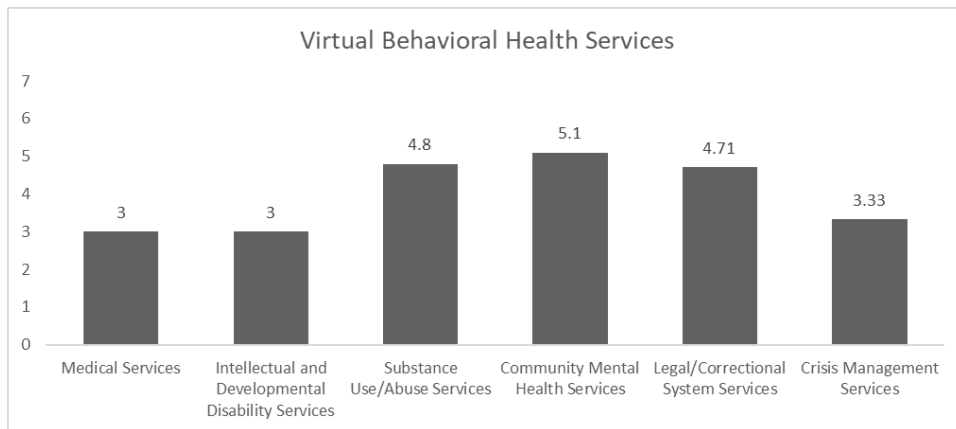




Recovery Services

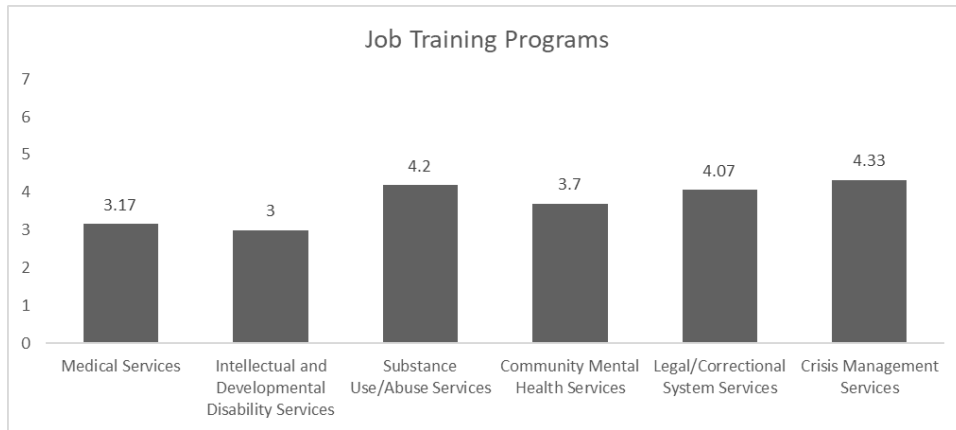


Virtual Behavioral Health Services



Job Training Programs





Resource Directory Information

