

Lexington Law Enforcement-Mental Health Taskforce: Local Data Report

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Executive Summary

Individuals with mental illness make up a disproportionate number of those who interact with law enforcement. Often times, those interactions are not related to criminal conduct. Previous studies have showed that police are likely to be involved in crisis situations for those with mental illness due to lack of initiation or engaged sustainment in mental health services. Due to this need, Serve & Connect sought to identify strategies to address and improve interactions between law enforcement, mental health service providers, and people with lived experience through the development of the Lexington Law Enforcement-Mental Health Initiative.

This report is a synthesis of local data collected by the Lexington Law Enforcement-Mental Health Initiative to better understand, 1) the relationships among law enforcement, mental health service providers, and individuals with lived experience of mental illness in Lexington County, and 2) the strengths, needs, and opportunities for improvement to better serve the mental health community within the county. Data was collected through surveys with law enforcement and local leaders, people with lived experience, as well as a survey and notes from a virtual event. Assessment is in collaboration with Wandersman Center and was made possible through funding by Lexington Medical Center Foundation.

Findings indicate positive relationships among law enforcement, mental health service providers, and people with lived experience overall, as well as readiness to work more closely together. Improved collaboration was identified as an opportunity for improving interactions and supports for individuals with mental illness. Law enforcement training was identified as a strength in the county, but also as an area for even further improvement, along with training and education for families. Transportation and access to resources--particularly in the more rural areas of the county--was also identified as a major need. Improving collaboration, particularly focused on enhancing education opportunities and awareness of resources for people experiencing mental illness and their families, may further enhance relationships among police, service providers, and people experiencing mental illness.

¹ American Psychiatric Association (n.d). What Is Mental Illness? Retrieved from https://www.psychiatry.org/patients-families/what-is-mental-illness 2 Brink, J., Livingston, J., Desmarais, S., Greaves, C., Maxwell, V., Michalak, E., Parent, R., Verdun-Jones, S., & Weaver, C. (2011). A Study of How People with Mental Illness Perceive and Interact with the Police. Retrieved from

https://www.mentalhealthcommission.ca/sites/default/files/Law_How_People_with_Mental_Illness_Perceive_Interact_Police_Study_ENG_1_0_1.pdf 3 Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "Gray Zone" of Police Work During Mental Health Encounters: Findings from an Observational Study in Chicago. Police quarterly, 20(1), 81–105. https://doi.org/10.1177/1098611116658875

Introduction

The Lexington Law Enforcement-Mental Health Initiative is a collaboration between the Lexington Medical Center Foundation, Serve & Connect, and partner organizations within and serving Lexington County including law enforcement agencies and mental health service organizations, as well as individuals who have experiences with mental health challenges (whom we refer to as "people with lived experience"). The Lexington Law Enforcement-Mental Health Initiative aims to improve the support of individuals experiencing mental health challenges in Lexington County through the identification of opportunities available and gaps that can be filled for promoting greater collaboration between law enforcement, mental health services, and people with lived experience. The Initiative utilized an evaluation process that included reviewing the academic literature, interviews with national leaders, a survey and focus group with representatives from stakeholder groups (e.g., law enforcement, mental health practitioners, individuals with mental illness). Through this process, the Initiative sought to identify the greatest areas of need in Lexington County, local efforts that are already underway, existing relationships that can be leveraged, and explore needs and strategies nationally that might inform the Initiative's work. This report focuses on the local data around needs and opportunities within Lexington County using three data sources: 1) a mental health needs assessment survey, 2) a post virtual event survey, and 3) a mental health needs assessment survey for people with lived experience.

Methods

This report includes four sources of local data to better understand the needs and resources impacting the mental health community in Lexington County and the collaborative efforts among mental health service providers, law enforcement, and individuals with lived experience of mental health challenges:

1) Lexington County Law Enforcement and Community Leader Survey, 2) Lived Experience Survey, and 3) Virtual Event Post Survey, 4) Virtual Event Notes (see Appendix for full list of survey questions).

Stakeholder Surveys

Two stakeholder surveys were administered: the Lexington County Law Enforcement and Community Leader Survey and Lived Experience Survey. The first was conducted with law enforcement and community leaders who engage with the mental health community (e.g., first responders, local mental health agency representatives, schools, and city council). The second was tailored for individuals with lived experience of mental illness and mental health challenges. The purpose of the surveys was to learn about the existing relationships among law enforcement, mental health service providers, and individuals with lived experience; existing resources; needs; and opportunities. Additional questions were added to the Lexington County Law Enforcement and Community Leader Survey to address changes and challenges due to the COVID-19 pandemic. Both surveys included a combination of quantitative and qualitative items.

Virtual Event Post Survey and Event Notes

The virtual event, originally planned to be in-person, was shifted to a virtual format in response to COVID-19. The event was originally designed to use a World Cafe approach, which provides

⁴ Estacio, E. V., & Karic, T. (2016). The World Café: An innovative method to facilitate reflections on internationalisation in higher education. Journal of Further and Higher Education, 40(6), 731-745.

participants to answer questions across multiple stations, and then come together for a consensus making process. Because such a process would have been difficult to duplicate virtually, and due to a decision to reduce the length of the event given the virtual format, the goal of the event was to primarily engage participants around discussion about needs, resources, and opportunities.

<u>Identification of Participants</u>

Key partners including Lexington Medical Center Foundation, Lexington County Sheriff's Department, and Serve & Connect provided recommendations for who to invite to participate in Initiative discussions. Individuals also volunteered to participate based on interest. Attendees at a Lexington Medical Foundation event were also invited to sign up if interested in participating in the Initiative. Selected individuals were invited to participate in the virtual event and asked to participate in the survey. The link to the Lived Experience Survey was shared virtually with organizations who engaged with individuals with lived experience of mental health challenges. Those organizations distributed the link out to individuals to participate in the survey.

Analysis of Responses

For quantitative questions, participants were asked to respond using a 5-point rating scale from "very poor" to "excellent." A "don't know: option was also included. The number of responses for each response option per question are reported. Questions were also analyzed per category of profession (i.e., mental health service provider, law enforcement, and other), in order to determine if different groups of participants responded differently. Open-ended questions were analyzed to identify themes for specific questions, as well as through grounded theory methodology, which identified themes that emerged across questions. Themes are reported per question when two or more participants responded similarly.

Results

Lexington County Law Enforcement and Community Leader Survey

Twenty individuals across 17 organizations participated in the mental health survey.

Table A. Survey Participants

Organization	# of Participants
11th Circuit PD	1
Cayce Public Safety	1
Columbia Airport DPS	1
Crossroads Counseling Center, Inc	1
Lexington County Community Mental Health Center	3
Lexington County EMS	1
Lexington County Fire Services	1

Lexington County School District 1	1
Lexington High School	1
Lexington Medical Center	2
Lexington Police	1
LifeChanges Family Guidance & Wellness, Inc.	1
LRADAC	1
National Alliance on Mental Illness	1
Pelion PD	1
Pine Ridge Police Department	1
Self Employed - County Council	1

Most open-ended questions had eighteen respondents. Questions related to police mental health were answered by fewer participants, with four individuals providing answers to existing supports for police mental health, and three respondents providing suggestions for opportunities to support police mental health.

Participants were asked to identify if their profession could be best categories as a "mental health service provider," "law enforcement," or "other" to allow comparisons in responses by group. Four individuals identified as "mental health service providers," four as "law enforcement," and nine indicated "other." These included:

- Attorney
- Crisis Intervention Team Director
- Education
- School Social Worker/Prevention Specialist
- Emergency Medical Services
- Fire Service
- Small business owner and county council member
- Healthcare worker
- One person who did not specify

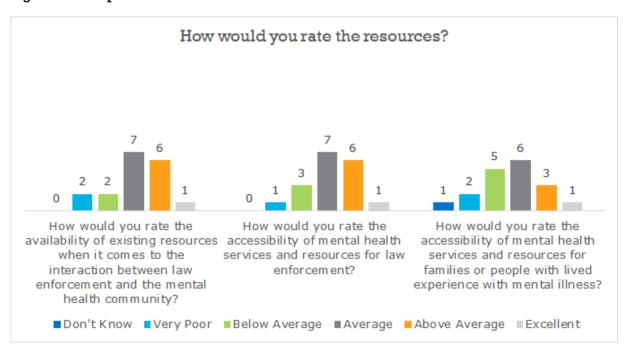
Participants were first asked to rate the existing relationships among law enforcement, mental health service providers, and individuals with lived experience. Their responses are shown below in Figure A. Overall, relationships between law enforcement and mental health service providers were rated highly, with "above average" being the most chosen response option (38.8%), followed by "average" (n=33.3%). Relationships between people with lived experience and law enforcement, and people with lived experience and mental health service providers were both rated as generally "average" (50% and 44.4% respectively). However, relationships between people with lived experience and mental health service providers were rated slightly better overall, with 4 "above average" responses.

Figure A. Perceived Relationships



Next, participants were asked to rate the availability and accessibility of resources (Figure B). "Availability of existing resources when it comes to the interaction between law enforcement and the mental health community" and "accessibility of mental health services and resources for law enforcement" were both rated fairly positively, with both questions having 7 "average" responses and 6 "above average" responses (38.9% and 33.3%). Responses indicated more room for improvement for "accessibility of mental health services and resources for families or people with lived experience with mental illness," with 5 "below average" responses and 2 ratings of "very poor" (27.8% and 11.1%).

Figure B. Perception of Resources



Participants were next asked about existing resources, relationships, and tools, and opportunities for improving interactions between law enforcement and the mental health community (Figure C). "Training for law enforcement (72.2%)" and "free/low cost of mental health services (61.1%)" were identified as existing resources. The greatest opportunity for improvement was "transportation services (61.1%)," followed by "training for law enforcement (55.6%)."

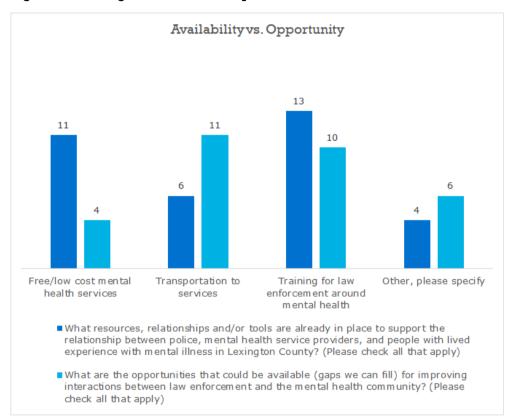


Figure C. Existing Resources and Gaps

Participants were asked about their vision for resources, and six themes emerged (see Table B). The most notable vision was for better collaboration among agencies and police departments. Specific suggestions included: "collaborative meetings among agencies", "more partnerships with smaller law enforcement agencies", "better collaboration between private agencies and governmental agencies", and "organizations to communicate to police specifically."

Table B. Vision for Resources

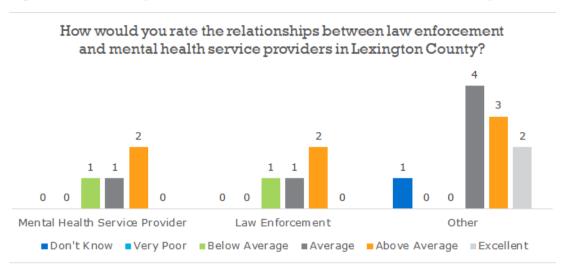
Themes	# of Responses
Collaboration among agencies/departments	6
Education and Awareness	3
Improved services	3
Focus on enhancing police (networking, training, communication)	3
CCRI telehealth	2
Additional Funding	2

Next, participant responses were compared by profession, to see if different groups had different perceptions around relationships, existing supports, and areas of strength and opportunity.

Figure D. Participants' Professions

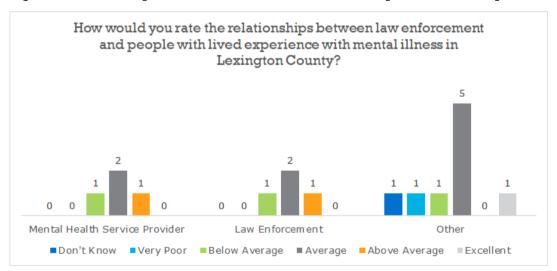


Figure E. Relationships Between Law Enforcement and Service Providers by Profession



Mental health service providers and law enforcement both rated the relationships between their two groups identically, and primarily "above average" (50%). Participants who identified as being in a "other" profession rated their perception of the relationship between mental health service providers and law enforcement more positively overall (50%).

Figure F. Relationships Between Law Enforcement and People with Lived Experience by Profession



Law enforcement and mental health service providers also rated relationships between law enforcement and people with lived experience the same, around "average." Participants in other professions also overwhelmingly rated that relationship as "average" (55.6%), but had more variability in responses across the group.

There was more variability in how the different profession groups rated the relationship between mental health services providers and people with lived experience. Mental health service providers tended to rate the relationship "above average" (n=3), law enforcement varied in response with one participant rating the relationship "very poor," two rating it "average," and one participant rating it "above average." Participants in other professions also showed variability in their perception of the

relationship between mental health service providers and people with lived experience. However, the majority (55.6%) of participants in other professions rated the relationship as "average."

Figure G. Relationship between Service Providers and People with Lived Experience by Profession

Next, the responses regarding resources and opportunities were compared by profession. Law enforcement and mental health service providers responded similarly across resource categories. However, while participants in other professions responded that "free/low mental health services" and "training for law enforcement" were existing strengths, "transportation to services" was not as prevalent.

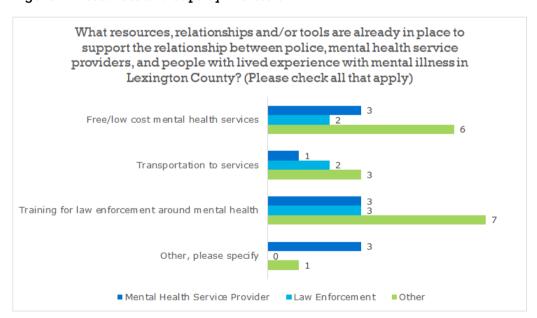
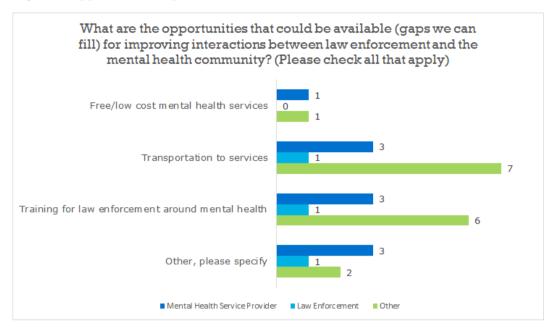


Figure H. Resources and Gaps by Profession

It was therefore not surprising that participants in other professions reported "transportation" as being an opportunity for improvement (77.8%), along with "training for law enforcement" (66.7%). Mental health service providers and law enforcement indicated opportunities across categories.

Figure I. Opportunities by Profession



Participants were asked to elaborate on gaps to be filled by providing what they felt were the greatest needs within Lexington County. There was variability in responses, and most participants provided more than one area of need. Similar to the quantitative responses, transportation was identified as a great need in the county, followed by addressing substance use needs and regular consistent treatment. Access to services, suicide prevention, and more resources in general were also mentioned.

Participants were also asked for whom they felt the above needs were greatest. While some respondents listed groups of people with specific needs (e.g., youth), individuals with low income and/or no insurance emerged as a high need group across the county.

Participants also reported where in the county the identified needs were greatest. There was great variability in responses, with multiple areas in the county identified. However, the most often identified location was "all over." The second most identified area was Lexington, followed by Gilbert, Pelion, and rural areas broadly. Red Bank and West Columbia were each mentioned twice.

Finally, participants were asked how ready they thought Lexington County was to improve the relationships between police, mental health service providers, and people with lived experience. Six of the 15 respondents felt that Lexington County was ready to focus on this work.

"I feel enough like minded people, in all the different fields, are ready to sit down, talk it out, and make some change. We're all fighting the same monster, we just need to do it united and with a plan!" - Law Enforcement and Community Leader Survey Participant

"We have the resources and motivation. We collectively need to ascertain the correct direction and selectively assign resources to the problems we prioritize as most important and in need." - Law Enforcement and Community Leader Survey Participant

Police Mental Health

Participants were also asked about the supports and needs for police officers' mental health, with far fewer responses provided. Emergency Assistance Programs (EAPs) were identified by three participants as an existing resource for officers in mental health crises. Two individuals also mentioned Critical Incident Debriefing. There was no synergy in responses around opportunities to enhance police mental health supports. A general support system, increased training from SCCJA, the inclusion within some departments of a mental health officer, and the challenges around a culture against asking for help and being seen as weak were mentioned by one participant each as areas to consider.

Impact and Needs due to COVID-19 Pandemic

Soon after the introduction of the Lexington Law Enforcement-Mental Health Initiative, the COVID-19 pandemic reached the United States. Two questions were added to the survey for participants to share the greatest changes being seen in their work because of COVID-19 and the greatest areas of need because of the pandemic. The most noted change was an increased need for mental health services, with higher rates of suicidality, domestic violence, substance use, depression, and anxiety being seen. Many people were engaging less in routine care, leading to more crisis calls. In addition, with closure of schools, participants were finding it more difficult to reach children with mental health needs. This related to the second most reported change due to COVID-19, which was the decrease of in-person interaction. This shift impacted the way in which services could be provided. Participants shared they no longer made house calls, a reduction in the number of available appointments, and a shift to virtual appointments.

In fact, increased virtual capacity for telehealth was the greatest need identified due to COVID-19. Participants particularly noted barriers around accessibility to services for individuals without internet access, "Virtual capabilities is a premium. There are tons of people in communities that don't have access to the internet or technology." However, one participant raised that some individuals preferred virtual counseling to in-person services, and that finding ways to continue that option moving forward may be important.

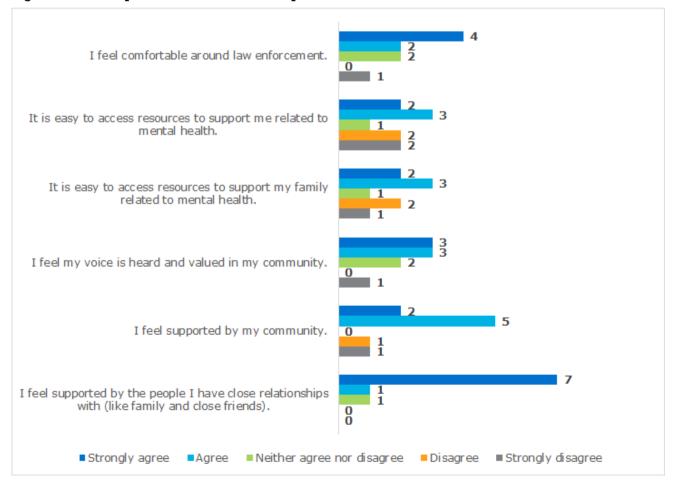
<u>Individuals with Lived Experience Survey</u>

Eleven individuals completed the Lived Experience survey. Table C shows where within Lexington County respondents live.

Residence within County	# of Responses
Lexington	4
Cayce	3
Columbia	2
West Columbia	1
Gilbert	1

Participants responded to six quantitative items asking about their comfort around law enforcement, access to resources, and feelings of value and support by their community. Their responses are shown in Figure J. Participants tended to feel supported and valued, and many reported feeling comfortable around police. However, they showed variability in their responses about ease of access to resources, indicating that access may be a particular need.

Figure J. Lived Experience Quantitative Responses



Nine of the 11 participants answered the question, "Have you had an experience with law enforcement during a mental health or substance abuse incident in the last 5 years?" Five individuals responded "yes," and four responded "no." Three of the five individuals had positive responses about their interaction with law enforcement during a crisis. One individual stated that while they were "A little intimidated otherwise I was comfortable." Another participant recalled how the police officer who drove them to a behavioral health facility "treated me well." They went on to explain how the officer "told me why they had to put me in handcuffs. They also let me listen to my choice of music." In a separate incident, the same individual was "scared to call the non-emergency police, but they listened to my complaint, and they took care of the problem. I feel that they did their job well.

"Two of the participants responded less positively but did not indicate having experienced truly negative interactions with law enforcement. For example, one participant explained how the police consistently respond to an individual who is frequently "making non -necessary 911 calls, [and] who has a history of lying to them [the police] and they [the police] keep coming out here." However, the participant pointed out that the police are slow to respond when there is "real trouble." Another participant stated that "I often feel as if law enforcement simply doesn't know what to do with mental health issues. They walk a fine line dealing with people who aren't breaking any law but are not appropriate to let walk away."

The same five participants then responded to questions about what was positive regarding their interaction, and what could have been improved. Two participants felt that law enforcement was "helpful." Other singular responses included law enforcement being "kind and respectful," "knowledgeable", "supportive" and "will help out." One participant stated how they "like how when I call the police or other emergency personnel, they take it seriously."

"...[Police] Checked me over and told me what symptoms to be aware of. They were very understanding. I appreciated that. Sometimes, it can be hard for people with autism to know how to handle certain situations especially situations that are different or new." - a participant's experience with law enforcement

The individual who noted their experience with law enforcement not responding quickly to serious issues shared that they "got an apology eventually from law enforcement." Overall, the responses indicate general positive interaction between individuals with lived experience and law enforcement, and an appreciation for the effort police in Lexington County have made to be respectful and thoughtful when engaging with individuals with mental illness.

The participants had some suggestions for how their interaction with law enforcement could have been improved. One participant reiterated how police should consider the reliability of the person making a call and should consider if the person has a history of "crying wolf" compared with a person

calling for the first time. Another participant noted that "any issues have been communication issues" between the medical community not "having a working knowledge of the law overall" and law enforcement not having knowledge of the medical professionals' "standing order." The two other participants who responded had suggestions for how law enforcement could make people with mental illness more at ease in a crisis. The first suggested "Maybe just one set of officers should arrive as no one was in danger." The second recounted a situation where they were experiencing a mental breakdown that affected their behavior in an emergency room. They noted the importance of being "nice" to individuals experiencing a mental health crisis and being more thoughtful about asking the person questions and communicating what is going on once the crisis has waned.

Survey participants who had not interacted with law enforcement in the past five years during a mental health crisis reported feeling "fine" and "safe" overall when interacting with police. The only ideas for improving interactions by those

"I was very confused, and the security guard was rough with me. He dragged me out of the nurse's station and into my room. During my mental breakdown, many people were not very nice to me. I think many people are not understanding when people lose their minds. Once, I became selfaware, they should have told me that I was at a psychiatric hospital. I also think that they should have asked me the reasons for my behavior." - Lived Experience survey participant

participants was one individual's suggestion for more training for officers interacting with the "direct public."

Participants were next asked what kinds of supports have been the most helpful. Lexington County Community Mental Health was the only resource mentioned by multiple participants (n=4). Other resources identified by one person each included: NAMI, Midlands Tech, self-help groups, church, parents and friends, Able SC, and the Courage Center. Three of the participants identified better transportation as one of the greatest health needs in Lexington County. One individual also pointed out the need for more in-person opportunities with professionals during the COVID-19 pandemic, which aligned with a challenge identified on the Lexington County Law Enforcement and Community Leader Survey. Two individuals responded that education would be most helpful to address needs--both to raise awareness and to help those with mental illness know how to reach out for help during an emergency. Three individuals responded that education would also improve collaboration among law enforcement, mental health service providers, and people with lived experience.

<u>Virtual Post Event Survey</u>

Themes from qualitative responses on the virtual event Post Survey were identified. If two or more responses were similar, those responses were included as themes. Responses that indicated needs, opportunities, or who else to include in the work are discussed in this section. Responses that were related to satisfaction or quality improvement of the virtual event were not included in this report.

First, participants responded to which part(s) of the Initiative they found to be the most promising. Themes included the explicit focus on collaboration and partnership, the demonstration of investment in the work, having the right people at the table, and the opportunity to hear and share about resources. In fact, hearing from others and building collaborative relationships were also what

participants found to be most valuable from the Virtual Event. While participants felt that the right people were "at the table," a few additional groups were identified as being important to engage and who were not represented at the virtual event. Those included faith-based organizations, youth and schools, and people with lived experience (who were not represented at the virtual event). Participants reported begin eager to begin identifying goals for the Initiative and working together to develop a resource guide.

"Everyone is doing their part on an individual level and now we have the platform to do something on a collective /collaborative level." - Virtual Event Participant

Virtual Event Notes

Notes taken from the Virtual Event were also analyzed to ensure that the qualitative content of the rich conversation be included as further local data. The discussion raised some of the same resources and needs as the surveys, but also brought to light more detail about resources available to multiple stakeholder groups. CCRI was identified as a successful new program being utilized in Lexington. However, it was noted that it could be better utilized in more rural areas with smaller police departments. Lack of resources and transportation in rural communities were also discussed. One solution for leaning more on additional resources in those communities was to provide more education to families and primary care providers. A large portion of the conversation focused on NAMI and the variety of tailorable trainings they have available for families, care providers, schools, and officers. Many of the event attendees were not aware of the variety of trainings that NAMI provided and felt that they were a resource that could be extremely helpful.

Conclusions

Grounded theory methodology was used to identify themes across the multiple data sources. Some common themes emerged around the needs and supports within Lexington County to better serve the mental health community and improve collaboration among law enforcement, mental health service providers, and individuals with lived experience. Three major needs that emerged were transportation; improved training and education; and increased collaboration. These needs appear to be particularly important in the more rural areas within the county. Though improved mental health training for law enforcement and the CCRI program were identified as real strengths, there was consensus that further training would be beneficial. Suggestions included leveraging training and education opportunities from NAMI for law enforcement, as well as primary care providers and families so that rural areas with fewer resources could more effectively embed mental health knowledge and support into existing resources and relationships. In addition, increased collaboration could help to bolster both awareness and access to resources and supports.

Overall, participants in the surveys and virtual events responded positively about the general relationship among law enforcement, mental health service providers, and individuals with lived experience in Lexington County, though they acknowledged room for improvement for relationships between people with lived experience and law enforcement and people with lived experience and mental health service providers. Law enforcement and mental health service providers tended to respond similarly, indicating that a fair level of shared agreement and understanding are already in place between those two groups. There was clear evidence that participants felt collaboration has improved in the county, particularly through the implementation of CCRI, and general feeling of enthusiasm and readiness for even further collaboration.

Next Steps

Next steps for the Lexington Law Enforcement-Mental Health Initiative include a review of the local data by the Initiative to help determine priority hot spots and areas of focus. This will inform the development of an implementation plan. A toolkit is also in development which will provide best practices and an evidenced-based approach to support planning, implementation, and evaluation of strategies. The toolkit will be piloted with the Lexington Law Enforcement-Mental Health Initiative. In addition, the Initiative will work to develop a resource portal to enhance awareness of and connection to resources.

Support for this work and the Lexington Mental Health Task Force is made possible through the generous support of the Lexington Medical Foundation.





Appendix 1: Lexington County Law Enforcement and Community Leader Survey

Survey Introduction and Instructions

Thank you for your willingness to help us understand opportunities for improving the relationship between police, mental health service providers, and people experiencing mental illness in Lexington County.

This survey is a part of the Lexington Law Enforcement-Mental Health Collaboration Taskforce. The goal of the taskforce is to build an understanding and determine the strategies for improving interactions between police, communities, and services within Lexington County around mental health to improve outcomes. This work will lead to the development of a best practices toolkit and an implementation plan for improving collaboration around mental health within Lexington County.

Your participation in this survey is completely voluntary and you may decline to participate in the assessment at any point without any penalty. You also may skip any questions you do not wish to answer. Should you decide to complete the survey, your responses will be kept strictly confidential.

The results from this survey will be combined and summarized and shared back with Lexington Medical Foundation and Serve and Connect. The resulting information will be utilized to inform future efforts by Lexington Medical Foundation and Serve and Connect to enhance and improve the relationships and resources between Law Enforcement, Mental Health Services, and people with lived experience with mental illness in Lexington County. Please respond honestly and as detailed as possible.

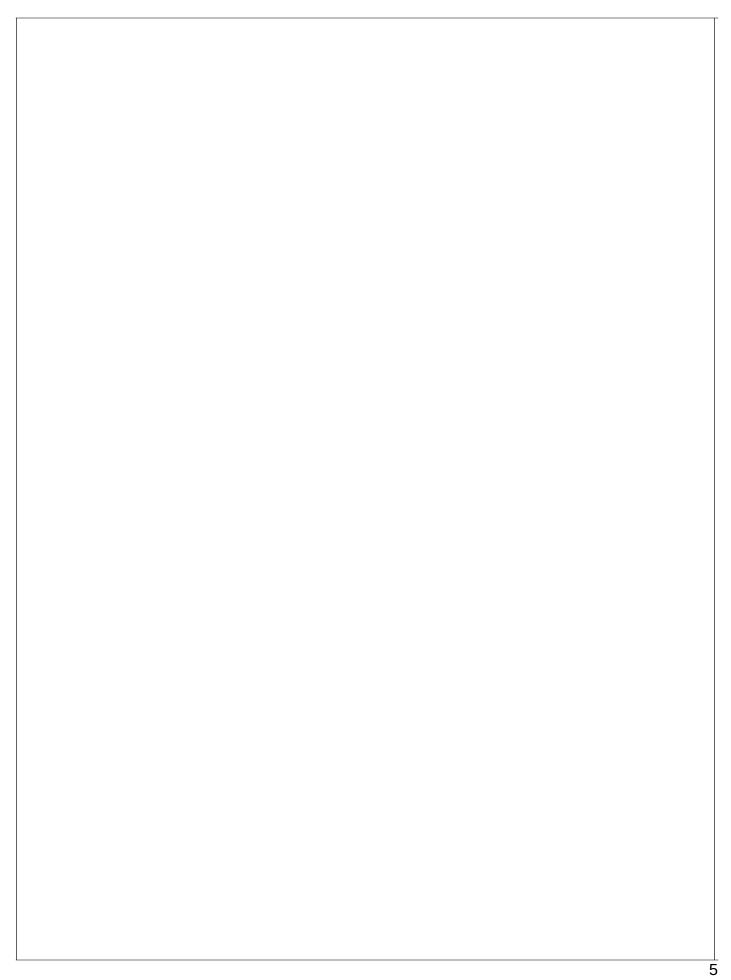
Lexington County Law Enforcement and Community Leader Survey 1. What organization do you work for? 2. How many years have you been with your current organization? Less than one year 1-3 years 4-5 years Greater than 5 years

3. Please rate the following statements using the scale (Very Poor to Excellent). Please note, below "people with lived experience with mental illness" is defined as people who are experiencing/have experienced mental illness and/or family members of people experiencing mental illness).

	Don't Know	Very Poor	Below Average	Average	Above Average	Excellent
How would you rate the relationships between law enforcement and mental health service providers in Lexington County?	0	0		0		
How would you rate the relationships between law enforcement and people with lived experience with mental illness in Lexington County?						
How would you rate the relationships between mental health service providers and people with lived experience with mental illness in Lexington County?		0				
4. How would you des lived experience with		-	-	ıl health serv	ice providers and	I people with
5. What do you hope	for the future of	these relation	nships moving fo	rward?		

6. Please rate the following statements using the scale (Very Poor to Excellent). When referring to availability, it is defined as the number and types of resources that could benefit the user. For accessibility, it is defined as the ease with which an user can utilize the resource.

	Don't Know	Very Poor	Below Average	Average	Above Average	Excellent
How would you rate the availability of existing resources when it comes to the interaction between law enforcement and the mental health community?		0				
How would you rate the accessibility of mental health services and resources for law enforcement?	\bigcirc	\bigcirc		\circ		
How would you rate the accessibility of mental health services and resources for families or people with lived experience with mental illness?		0	0	0		
7. What resources for available?	supporting peo	ple experienc	cing mental illnes	s in Lexingto	n County are cur	rently
8. What resources are mental illness?	specifically des	signed to sup	port police in the	ir interaction	with people expe	eriencing
9. What is your vision for, how can current re		_	forward? (i.e. Wh	at additional	resources would	be useful?



10. What resources, relationships and/or tools are already in place to support the relationship between police,
mental health service providers, and people with lived experience with mental illness in Lexington County? (Please check all that apply)
Free/low cost mental health services
Transportation to services
Training for law enforcement around mental health
Other (please specify)
11. What are the opportunities that could be available (gaps we can fill) for improving interactions between law enforcement and the mental health community? (Please check all that apply)
Free/low cost mental health services
Transportation to services
Training for law enforcement around mental health
Other (please specify)

	hese needs?						
Referring to yo	ur response to t	ne above que	stion, where ir	the county	are these ne	eds most pr	evalent?

How have these needs chan	ged as a result of COVID	19, ii at aii: 1 lease describe.	
What have been particularly	helpful supports or change	es in supports/services related to COVII	D-19?

		_	

L7. What is y	our profession?				
Mental He	Mental Health Service Provider				
Law Enfor	cement Officer/ Law Enfo	rcement Personnel			
Other (plea	ase specify)				

Where are there opportunitie	es for enhancing mental heal	th services for law enforcement personnel?



Appendix 2: Lived Experience Survey

5

Lexington County Mental Health Needs and Resources Lived Experience Survey

Welcome to the Lexington Law Enforcement-Mental Health Taskforce. We know how important it is to design solutions with the people who have direct experience with the area we are seeking to improve. We call that "lived experience." That is why we are asking for input from people with lived experience to help build understanding and determine strategies to improve interactions between police, communities, and services within Lexington County around mental health to improve outcomes.

We appreciate you taking the time out to help us hear your voice!

Who are we? My name is Macey Silano, and I am the Field Director for the Lexington Law Enforcement-Mental Health Collaboration Task Force at Serve and Connect. Founded in 2015, Serve & Connect is a South Carolina non-profit dedicated to the mission of igniting positive change through police and community partnerships. With the support of Lexington Medical Center and our Lexington partners, we are exploring how we can improve interactions between police and people experiencing mental health challenges. If you have any questions you can contact me directly at macey@serveandconnect.net.

1. What part of Lexington do you live in?	
Batesburg-Leesville	Pelion
Cayce	Pine Ridge
Chapin	South Congaree
Columbia	Springdale
Gaston	Summitt
Gilbert	Swansea
☐ Irmo	West Columbia
Lexington	
Other (please specify)	

Lexington County Mental Health Needs and Resources Lived Experience Survey

2. Please answer how much you agree with each of the following statements, with 1 being that you strongly disagree, to 5 being you strongly agree.

			Neither agree nor		
	Strongly disagree	Disagree	disagree	Agree	Strongly Agree
I feel comfortable around law enforcement.		\bigcirc		\bigcirc	0
It is easy to access resources to support me related to mental health.	\bigcirc	\bigcirc	\bigcirc		
It is easy to access resources to support my family related to mental health.		0			
I feel my voice is heard and valued in my community.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I feel supported by my community.		\bigcirc		\bigcirc	0
I feel supported by the people I have close relationships with (like family and close friends).	0	\bigcirc	0	\bigcirc	\circ

Lexington County	Mental Health	Needs and	Resources	Lived Experien	ce Survey
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the last 5 years? Yes			
No			

Lexington County Mental Health Needs and Resources Lived Experience Survey

This next set of questions ask you about your most recent experiences with law enforcement during a mental health or substance use incident where law enforcement was involved.

4. Overall, how did you feel when you interacted with law enforcement?

5. What was positive about your interaction(s) with law enforcement?

6. How could have your interactions with law enforcement been improved?

Lexington C	County Mental H	lealth Needs	and Resourc	ces Lived Expe	rience Surve	у
. Overall, how o	do you feel when y	ou interact wi	th law enforcen	nent?		
. What has bee	n positive about y	our interaction	ıs with law enfo	rcement?		
	<u> </u>					
How could you	ur interactions wit	h law enforcen	nent he improv	ad2		
Trow codia you		III iaw emorcem	Tient be improve	eu :		

Lexington County Mental Health Needs and Resources Lived Experience Survey

The next set of questions ask you about your experiences with supports and resources for your mental health or substance use recovery.



Appendix 3: Virtual Event Post Survey

5

Lexington Law Enforcement-Mental Health Collaboration Taskforce Virtual Meeting Evaluation

Thank you for your willingness to help us understand opportunities for improving the relationship between police, mental health service providers, and people experiencing mental illness in Lexington County. We appreciate your participation in our virtual launch.

Please note that your participation in this survey is completely voluntary and you may decline to participate at any point without any penalty. You also may skip any questions you do not wish to answer. Should you decide to complete the survey, your responses will be kept strictly confidential.

The results from this survey will be combined and summarized and shared back with Lexington Medical Foundation and Serve and Connect. The resulting information will be utilized to inform future efforts by Lexington Medical Foundation and Serve and Connect to enhance and improve the relationships and resources between Law Enforcement, Mental Health Services, and people with lived experience with mental illness in Lexington County. Please respond honestly and as detailed as possible.

Lexington Law Enforcement-Mental Health Collaboration Taskforce Virtual Meeting Evaluation

1. Please rate your agreement with the following statements.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
I understand the purpose of the Serve & Connect and Lexington Medical collaboration.		0		0	0
I think this work is valuable for Lexington County.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I think what is trying to be achieved is feasible.			\circ	\bigcirc	0
I am excited about what this work can accomplish.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

Lexington Law Enforcement-Mental Health Collaboration Taskforce Virtual Meeting Evaluation

2. Please rate your agreement with the following statements.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The purpose of the Virtual Launch of the Lexington Law Enforcement-Mental Health Collaboration Taskforce was clearly stated.					
The event agenda was followed.	\bigcirc	\bigcirc			\bigcirc
The event time was managed effectively.		\bigcirc	\circ	0	0
Everyone was encouraged to actively participate.		\bigcirc	\bigcirc	\bigcirc	
I was comfortable expressing my ideas and opinions.	0	\circ	\bigcirc		0
I felt my ideas and opinions were heard.	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I felt my time today was well spent by participating in the Virtual Launch of the Lexington Law Enforcement-Mental Health Collaboration Taskforce.		0			

	aw Enforcement-N				
	parts of the Virtual L I find most valuable?				lealth Collaboration
	the Virtual Launch o				ollaboration Taskfor
you find least	valuable? Please sh	nare what made the	ose parts less va	iluable.	

Lexington Law Enforcement-Mental Health Collaboration Taskforce Virtual Meeting Evaluation 5. Overall, which part(s) of the work of the Lexington Law Enforcement-Mental Health Taskforce do you find most promising? Please share what makes those parts promising. 6. Were there any people missing from the discussion at the Virtual Launch of the Lexington Law Enforcement-Mental Health Collaboration Taskforce? Who were they (groups or individuals)? 7. What are other things not discussed at the Virtual Launch of the Lexington Law Enforcement-Mental Health Collaboration Taskforce that you think it will be important for us to consider in this work?