



Behavioral Health

Equity Roadmap Assessment

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HPIO compiled data from the following publicly available data sources:

- U.S. Census Bureau, American Community Survey
- Ohio Medicaid Assessment Survey
- Centers for Disease Control and Prevention, National Center for Health Statistics
- U.S. Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry
- National Equity Atlas
- Ohio Department of Health, Social Determinants of Health Dashboard
- U.S. Department of Agriculture Food Access Research Atlas
- Montgomery County Online Community Health Assessment
- Ohio Public Health Data Information Warehouse
- Ohio Department of Education
- Ohio Department of Education/Ohio Department of Medicaid Healthy Student Profiles
- Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health
- Ohio Department of Health, Project DAWN Dashboard

HPIO requested data from the following sources:

- Alcohol, Drug Addiction, and Mental Health Services Board of Montgomery County
- Ohio Department of Education
- Ohio Department of Mental Health and Addiction Services
- A large, outpatient mental health and substance use disorder treatment provider serving Montgomery County residents
- Central State University (in partnership with Multiethnic Advocates for Cultural Competence, Mental Health and Addiction Advocacy Coalition, and Ohio University)
- Ohio Hospital Association data compiled by Ascend Innovations (Greater Dayton Area Hospital Association)
- JusticeWeb data compiled by Ascend Innovations
- Supreme Court of Ohio

The use of rates, percentages and numbers. To demonstrate the frequency of an event, incident or condition, this report often uses rates, which are calculated as the “number of incidences, per population.” Rates provide standardized measurement for comparison across different groups (e.g., white, compared to Black) or different geographic locations (e.g., Montgomery County as compared to Ohio overall). Percentages are often used to represent parts of a whole or express proportions, and are helpful for understanding relative values, or changes over time (e.g., 45% increase over 5 years, or 25% of the total population was impacted). Numbers, which describe absolute values or quantities, are useful for planning purposes but have limitations when comparing across groups of different sizes.

Disparity ratios. Disparity ratios were calculated by dividing the rate of the comparison group (groups that consistently experience worse outcomes and are systematically disadvantaged) to the rate of the reference group (the county overall value). For example, the zero-vehicle households rate for Black residents (comparison group) is 21%. The rate for the county overall (reference group) is 10%. The disparity ratio for zero-vehicle households is $21\% \div 10\% = 2.1$. This means that the zero-vehicle rate for Black households in Montgomery County is 2.1 times higher than the county overall. Disparities and inequities were assessed for all possible metrics, and only those which were 2X worse or higher were reported.

Population affected calculations. For several metrics, an estimated population affected by a social condition, or mental or behavioral health issue was reported. This was calculated by multiplying the percent affected by the estimated total population. For estimates that were collected for Montgomery County overall, both at the individual and household level, the American Community Survey (ACS) 2017-2021 5-year estimates were used. To calculate the number of students enrolled in Montgomery County, the Ohio Department of Education district county assignments were used, and enrollment numbers for all 16 Montgomery County traditional public school districts were added together. Enrollment numbers for the Ohio Department of Education and Ohio Department of Medicaid Healthy Student Profiles were also calculated by adding together the enrollment numbers for the 16 Montgomery County districts reported.

Map orientation

The maps below display the boundaries of the geographic areas included in maps in the assessment.

Figure B.1. Montgomery County by zip code

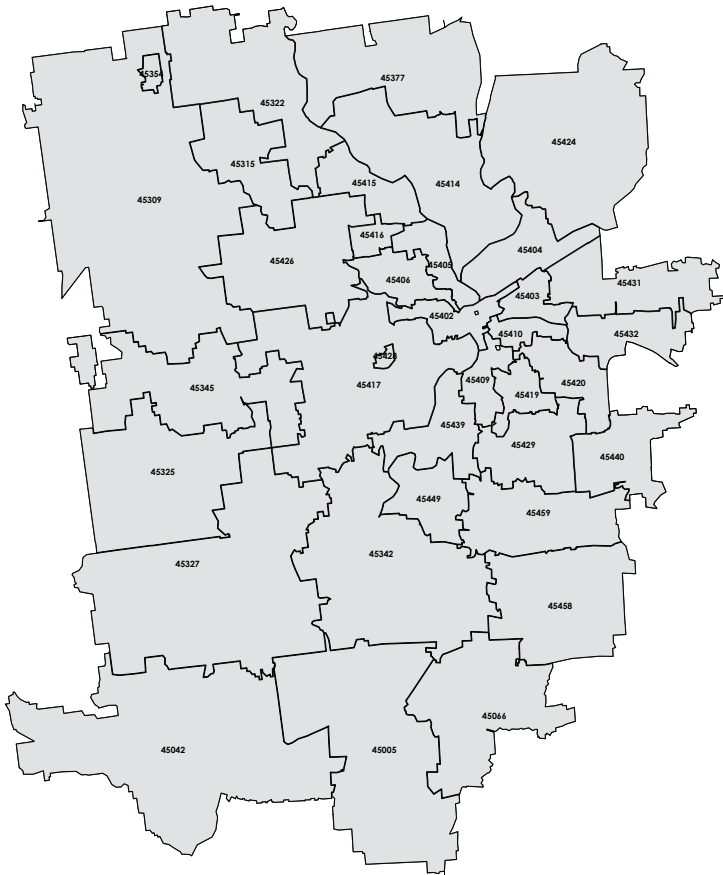


Figure B.2. Census tracts in Montgomery County

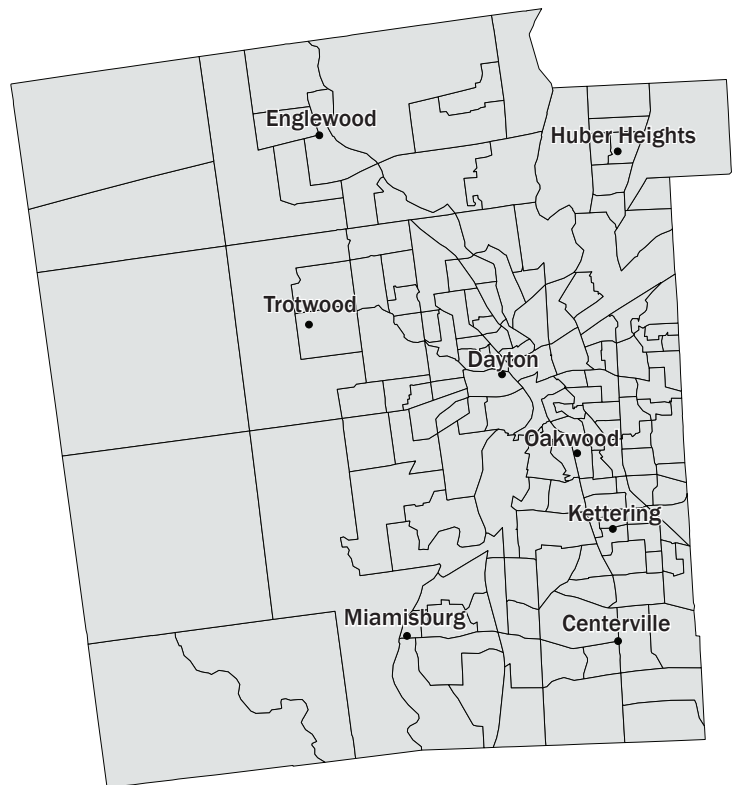


Figure B.3. School districts in Montgomery County



Focus group methods

HPIO facilitated five virtual provider focus groups and two in-person focus groups with people with lived experience (community members). HPIO worked with the MCADAMHS Steering Committee to develop the focus group approach, plan and scripts. Based on data needs and gaps, the Steering Committee identified the following priorities for the focus groups:

- Collect information and perspectives that have not been collected by any other organization in Montgomery County
- Focus on groups for which there is some indication that they experience significant disparities and inequities
- Address topics that affect a large number of people
- Address topics that MCADAMS has the power to influence and populations that can be reached through MCADAMS and partner activities

MCADAMHS worked with community partners to recruit focus group participants and secure dates and locations for the in-person groups. HPIO used a semi-structured interview script to conduct the focus groups, modifying questions as needed to fit each focus group type. HPIO staff captured notes during the focus groups and coded the notes to identify key themes. In this report, the tables summarize the most common responses that are relevant to the question listed in the figure sub-title. In some cases, focus group participants commented on a topic relevant to a different question asked earlier or later in the discussion. For clarity and usefulness, all relevant topics are grouped together in the report.

In addition, HPIO developed a survey to describe the characteristics of the focus group participants.

Figure C.1. Provider and community member focus group participation

Total number of provider focus group attendees	39*
Crisis Intervention Team (CIT) law enforcement officers and crisis response workers	11
Substance use disorder treatment providers*	7
School social workers and counselors	8
Social service providers serving people experiencing homelessness/housing instability*	11
Mental health providers who serve adolescents and transition age youth	4
Total number of community member attendees	14
Adults who have experienced homelessness or housing instability (in residential substance use disorder treatment program)	7
Immigrant and refugee adults (in English as a Second Language class)	7

*Total includes one participant who attended both the substance use disorder treatment provider and social service providers serving people experiencing homelessness/housing instability groups.

Provider focus groups

Thirty-nine providers, representing 25 organizations around Montgomery County participated in the provider focus groups. HPIO provided an asynchronous survey for providers who were invited to participate in the virtual focus group but were not able to attend (there were no responses to the asynchronous survey). HPIO also provided a supplemental survey for people who attended the virtual focus group to provide any additional information, and five people completed the supplemental survey.

The provider focus groups consisted of participants from the following organizations:

- Butler Township Police
- Dayton Children's Hospital
- DeCoach Centre
- Eastway Behavioral Healthcare
- Ebenezer Healthcare Access
- Goodwill Easterseals Miami Valley
- Miami Valley Hospital
- Miami Valley Housing Opportunities
- Miamisburg City Schools
- Montgomery County, Human Services Planning and Development
- Montgomery County Regional Dispatch Center
- Montgomery County Sheriff's Office
- Nova Behavioral Health Inc.
- PLACES Inc.
- Public Health Dayton & Montgomery County- Recovery Services
- RI International
- Samaritan Behavioral Health
- South Community
- St. Mary Development Corporation
- Stingley Elementary - Centerville City Schools
- St. Vincent de Paul, Dayton
- Urban Minority Alcoholism & Drug Abuse Outreach Programs (UMADAOP) of Dayton
- City of Vandalia Police

Figure C.2. Provider focus group characteristics (n=35)*

Characteristic		Number	Percent
Race/ethnicity	Asian	1	3%
	Black/African American	8	29%
	Middle Eastern/North African descent	0	0%
	Pacific Islander or Hawaiian native	0	0%
	White	26	74%
	Native American	1	3%
	Hispanic/Latino(a)(x)	1	3%
How would you describe yourself?	LGBTQIA+	2	6%
	Person with a disability	2	6%
	Immigrant/refugee	1	3%
	Veteran	1	3%
	Person with experience living in poverty	5	14%
	Person with experience living with a behavioral health condition	10	29%
	Parents or caregiver for someone living with a behavioral health condition	3	9%
	Person with experience in the criminal justice system	9	26%
	Person with experience in the children services system	2	6%
	None of the above	10	29%
	Prefer not to answer	5	14%
Provided services	Mental health treatment or recovery services	6	17%
	Substance use treatment or recovery services	7	20%
	Crisis services for a mental health or drug-related crisis (including CIT)	7	20%
	Harm reduction services (naloxone/Narcan, syringe services/needle exchange, fentanyl test strips, etc.)	5	14%
	Prevention programs (such as school programs or community initiatives to prevent suicide violence, drug use, etc.)	13	37%
	Other services	17	49%
Geographic area served	Montgomery County overall	33	94%
	City of Dayton	2	6%
	Other cities in Montgomery County	7	20%
	Other county(ies)	4	11%
Age group served	Children/youth (ages 0-17)	21	60%
	Young adults (ages 18-24)	30	86%
	Adults (ages 25-64)	29	83%
	Older adults (ages 65+)	25	71%

Note: Percentages in some categories add up to more than 100 because the participants had the option to select all answer choices that were applicable to them. Only 35 providers completed the provider focus group characteristics survey.

Community members

Fourteen people with lived experience participated in the two in-person community member focus groups. Local co-facilitators assisted with each group. For the immigrant/refugee group, the local hosts (English as a second language teachers) provided translation services, and the script and questions were modified to meet the literacy level of the participants. People who participated in the immigrant/refugee focus group were from the Democratic Republic of the Congo, Ethiopia, Russia and Sudan. The immigrant/refugee focus group was conducted at Goodwill Easter Seals, and the adults who had experienced homelessness or housing instability group was conducted at OneFifteen. HPIO also provided a supplemental survey for people who attended the focus group to provide any additional information.

Figure C.3. Community member focus group characteristics (n=14)

Characteristic		Number	Percent
Focus group type	People with lived experience of homelessness/housing instability	7	50%
	Immigrant/refugee	7	50%
	Total	14	100%
Race/ethnicity	Asian	0	0%
	Black/African American	3	21%
	Middle Eastern/North African descent	4	29%
	Native American	0	0%
	Pacific Islander or Hawaiian native	0	0%
	White	7	50%
	Hispanic/Latino(a)(x)	1	7%
How would you describe yourself?	LGBTQIA+	1	7%
	Person with a disability	4	29%
	Immigrant/refugee	7	50%
	Veteran	1	7%
	Person with experience living in poverty	6	43%
	Person with experience living with a behavioral health condition	6	43%
	Parents or caregiver for someone living with a behavioral health condition	1	7%
	Person with experience in the criminal justice system	5	36%
	Person with experience in the children services system	0	0%
City	Dayton	12	86%
	Hamilton	1	7%
	Clayton	1	7%
Zip code	45417	5	36%
	45015	1	7%
	43315	1	7%
	45424	2	14%
	45406	3	21%
	45403	1	7%
	Unknown	1	7%

Figure C.3. Community member focus group characteristics (n=14) (cont.)

Characteristic		Number	Percent
Age	Median age	39.5	n/a
	Minimum age	27	n/a
	Maximum age	61	n/a
How you define your community	My neighborhood	8	57%
	My city, county or other geographic area	5	36%
	My race, ethnicity, cultural or other group	3	21%
	My school, college or university	2	14%
	An online community	1	7%
Services you have received	Mental health treatment or recovery services	6	43%
	Substance use treatment or recovery services	7	50%
	Crisis services for a mental health or drug-related crisis	4	29%
	Harm reduction services (naloxone/Narcan, syringe services/needle exchange, fentanyl test strips, etc.)	2	14%
	Prevention programs (such as school programs or community initiatives to prevent suicide, violence, drug use, etc.)	2	14%
	Other services: Goodwill Easter Seals	3	21%
	None of the above	4	29%

Note: Percentages in some categories add up to more than 100 because the participants had the option to select all answer choices that were applicable to them.

Fatality review methods

Public Health Dayton and Montgomery County (PHDMC) coordinates the Overdose Fatality Review (OFR) Committee and the Suicide Fatality Review Committee. These committees meet on a regular basis to review cases of residents who have died from overdose or suicide, using data from several sources, including the Montgomery County Coroner's Office, the Ohio Department of Health, local hospital systems and the criminal justice system, as well as prescription and treatment history (starting in 2020¹). In addition, the committees review the results of family interviews in which a trained forensic behavioral health provider asks friends and family members a set of standardized, open-ended questions. Based on these findings, the committees identify recommendations to prevent overdose and suicide deaths in the future.

To supplement the fatality review reports posted on the [Community Overdose Action Team](#) website, HPIO requested and received the recommendations generated by the committees (which are not posted), as well as responses to HPIO's specific equity-focused questions regarding the 2022 annual fatality review reports which have not yet been released.

For the Behavioral Health Equity Roadmap Assessment, HPIO reviewed and analyzed the following documents (most-recent available reports with qualitative data):

Overdose deaths

- **2022.** PHDMC responses to fatality review equity questions (questions from HPIO regarding the 2022 overdose fatality review, which has not yet been finalized)
- **2020-2023.** Overdose Fatality Review Program/Policy Recommendations from 2020-2023 (issued 2-4 times per year)
- **2021.** Overdose Fatality Review Addendum: Poisoning Death Review Report Montgomery County, 2021 (family interview findings and key findings)
- **2020.** Overdose Fatality Review Addendum: Poisoning Death Review Report Montgomery County, 2020 (family interview findings and key findings)

Suicide deaths

- **2022-2023.** Suicide Fatality Review Program/Policy Recommendations from 2022-2023 (issued 1-3 times per year)
- **2022.** PHDMC responses to fatality review equity questions (questions from HPIO regarding the 2022 suicide fatality review, which has not yet been finalized)

HPIO identified key themes in these documents, focusing on implications for equity. HPIO coded the content based on themes relevant to the upstream to downstream framework and topics relevant to disparities and inequities. Note that the volume of qualitative data is much greater for overdose deaths, compared to suicide deaths. This analysis therefore focuses on factors that contributed to overdose deaths, although there were common themes across overdose and suicide, and many cases involved decedents with co-occurring substance use disorder and mental health conditions.

Parent survey methods

HPIO designed the online parent survey to gather input from parents and other caregivers on the needs of children with mental health or drug use challenges. MCADAMHS conducted outreach for the survey, sending the survey link and a survey flyer to the following organizations:

- Montgomery County Prevention Coalition members (334 individuals)
- MCADAMHS Staff (30 individuals who respectively shared with their contacts and listservs – across the continuum of care of behavioral health)
- Montgomery County Educational Service Center (Shared through school listservs)
- Sent to provider list for MCADAMHS Prevention & Early Intervention providers and Treatment & Supportive Service providers
- MCADAMHS sent email through Constant Contact (300 individuals)
- Sent to Dayton Children’s Student Resiliency Coordinators
- Shared with Foodbank, Choices, Daybreak, Juvenile Court, Omega CDC, East End Community Services, Homefull, Boys & Girls Club of Dayton, & The Glen at St. Joseph’s
- Posted on 4 Basecamp message boards
- Posted on LinkedIn through MCADAMHS and individuals on their personal platforms
- Shared at Family Peer Support Group meetings
- Posted at Bill’s Donuts, Dayton Children’s Connor Health Pavilion, Dayton Children’s Hospital, Washington-Centerville Public Library, Central Perc, Blue Turtle Toy Store, Flyboy’s Deli, Dorothy Lane Market, Dayton Metro Public Library, convenience stores, local churches and the community boards of several stores in Oakwood

Most respondents identified as parents, while there were other formal and informal caregivers. About half of the children were covered by private insurance (employer-sponsored or a marketplace plan), and 38.5% were covered by Medicaid.

Figure E.1. Parent and child characteristics (n=39)

Characteristic		Number	Percent
Relationship to child	Parent (biological, step or adoptive)	33	84.6%
	Grandparent or other formal or informal kinship caregiver (including aunt, uncle, family friend, etc.)	4	10.3%
	Other caregiving role	2	5.1%
Health insurance of child	Health insurance plan through an employer or union (your employer, spouse’s/partner’s employer, child’s employer if young adult, etc.) or through the healthcare marketplace (healthcare.gov)	21	53.8%
	Medicaid (including Medicaid through CareSource, United, Molina, Buckeye, Paramount, AmeriHealth Caritas, Anthem or Humana)	15	38.5%
	Other	3	7.7%
	Not sure/don’t know	2	5.1%
	No health insurance	1	2.6%
Age of child	0-5 years	1	2.8%
	6-12 years	9	25.0%
	13-17 years	15	41.7%
	18-24 years	11	30.6%

Figure E.1. Parent and child characteristics (n=39) (cont.)

Characteristic		Number	Percent
Child race/ethnicity	White	28	77.8%
	Black or African American	11	30.6%
	Hispanic/Latino(a)(x)	1	2.8%
	Other	2	5.6%
Services child has received	Mental health early intervention, treatment or recovery services	28	75.7%
	Crisis services for a mental health or drug-related crisis	15	40.5%
	Prevention programs (such as school programs or community initiatives to prevent suicide, violence, drug use, etc.)	13	35.1%
	Substance/drug use early intervention, treatment or recovery services	5	13.5%
	Other	5	13.5%
	None of the above	5	13.5%
Programs child is eligible for	Free or reduced school lunch	12	32.4%
	SNAP (Supplemental Nutrition Assistance Plan, also known as “food stamps”)	8	21.6%
	Pell grant (federal financial aid for college that doesn’t have to be paid back)	5	13.5%
	Not eligible for any of these	18	48.7%
	Unsure/don’t know	6	16.2%

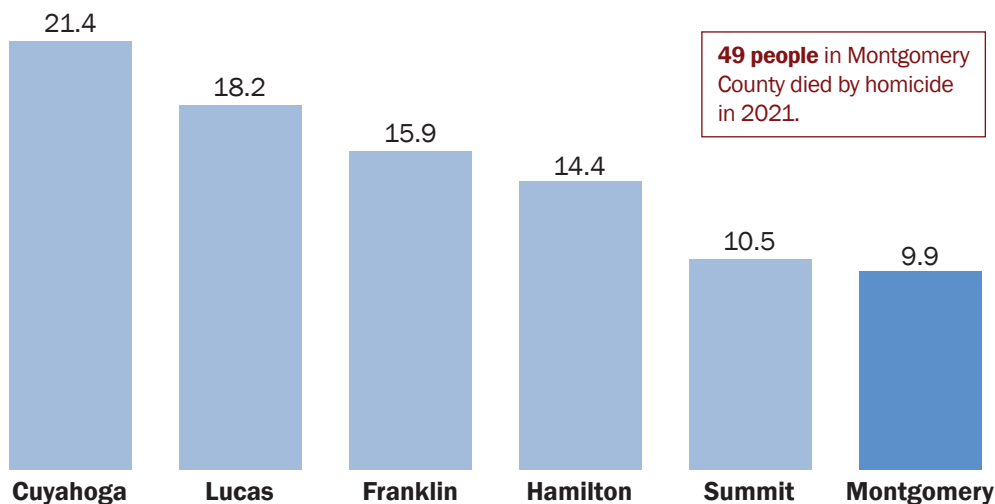
Community conditions

Figure F.1. Prevention Institute THRIVE factors



Source: Prevention Institute

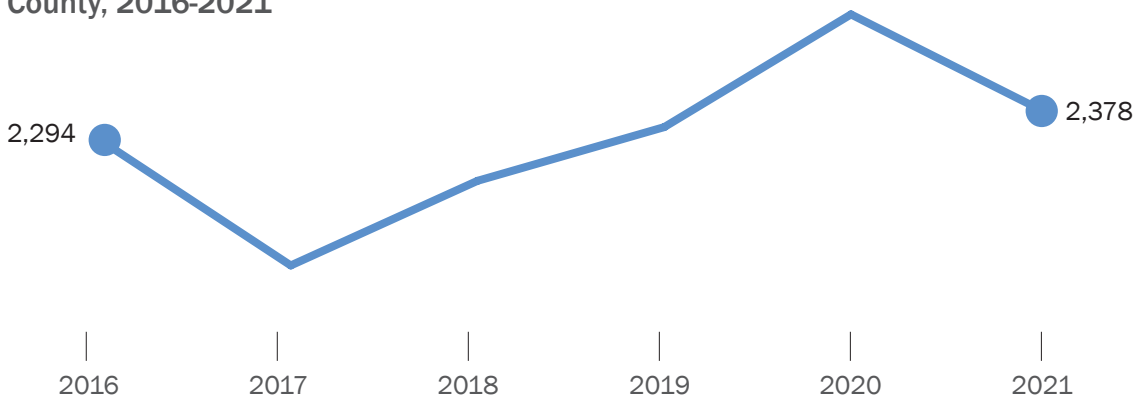
Figure F.2. Homicide by county. Number of deaths from homicide, per 100,000 population, 2021*, for selected urban counties, age adjusted rate



*Data from 2021 were marked as preliminary as of data compilation (5/30/2023)

Source: Public Health Data Warehouse

Figure F.3. Violent crime. Number of reported violent crimes in Montgomery County, 2016-2021



Source: Ohio Incident-Based Reporting System via the Montgomery County Online Community Health Assessment

Figure F.4. School district risk score. Overall level of risk*, by school district, 2021-2022 school year.

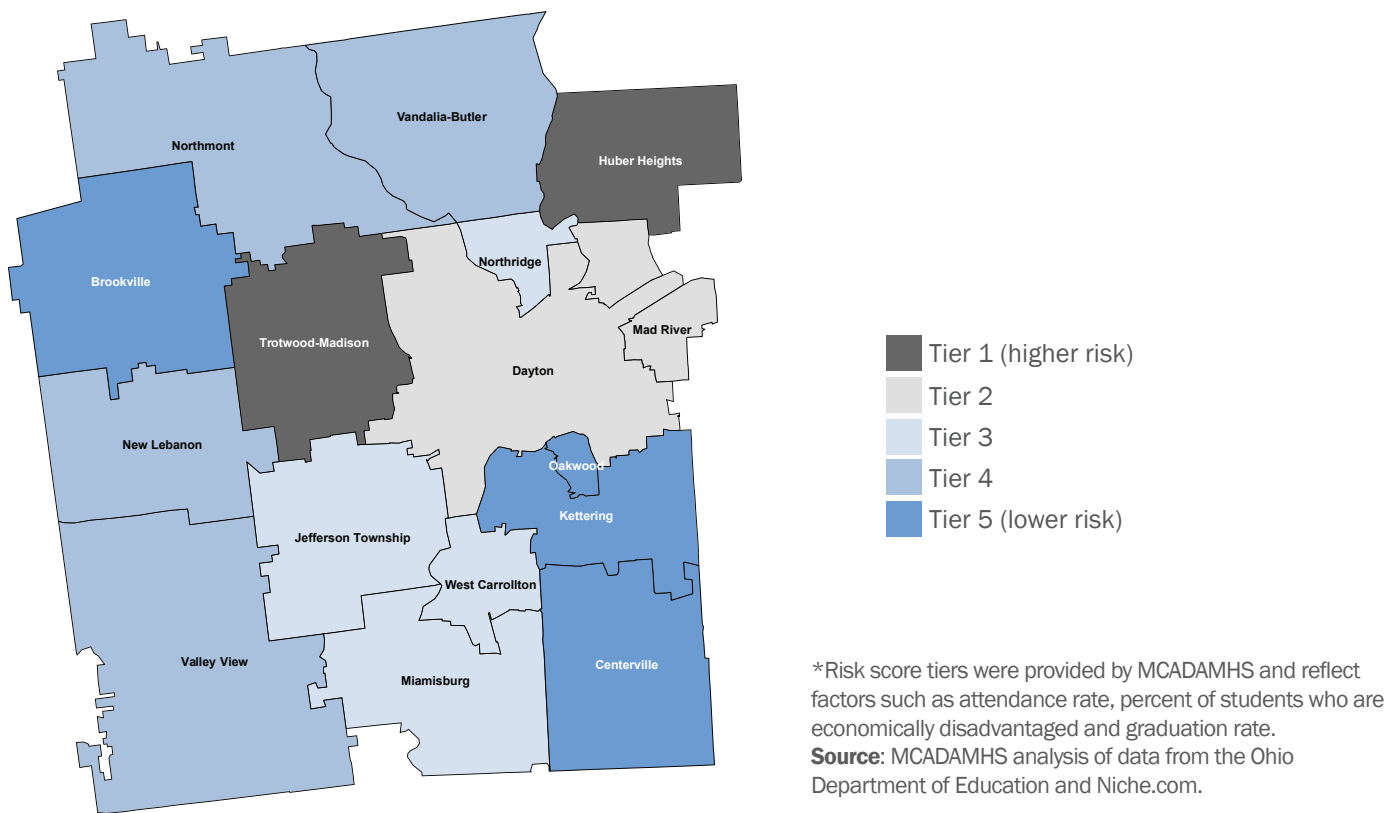
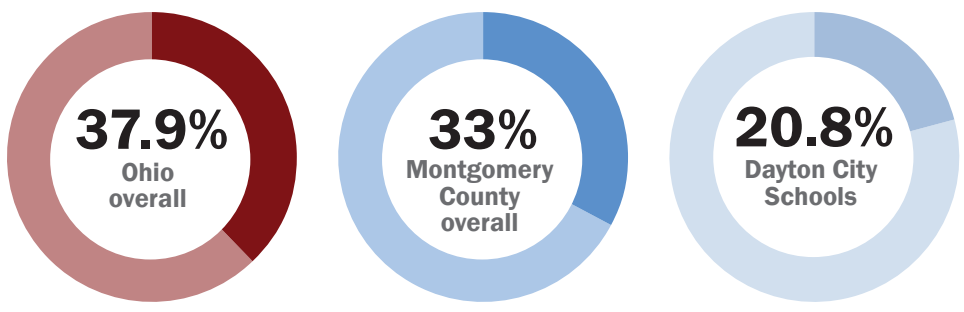
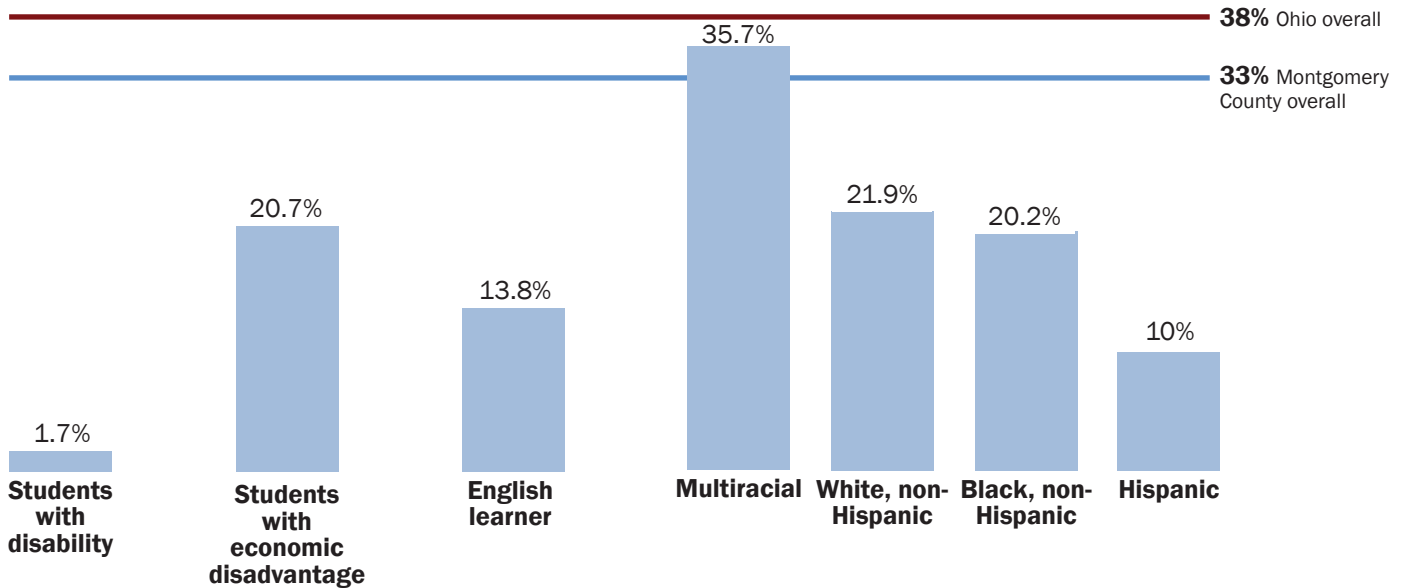


Figure F.5. Kindergarten readiness. Percent of students entering kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction, 2021-2022 school year.



Source: Ohio Department of Education School Report Card

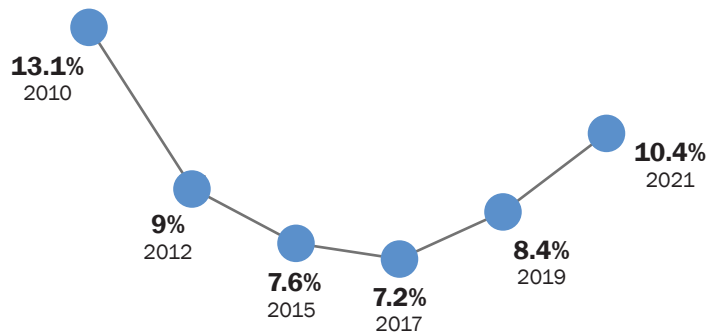
Figure F.6. Kindergarten readiness: Dayton City Schools. Percent of students entering kindergarten with sufficient skills, knowledge and abilities to engage with kindergarten-level instruction, Dayton City Schools, by demographic characteristics, 2021-2022 school year.



Source: Ohio Department of Education School Report Card

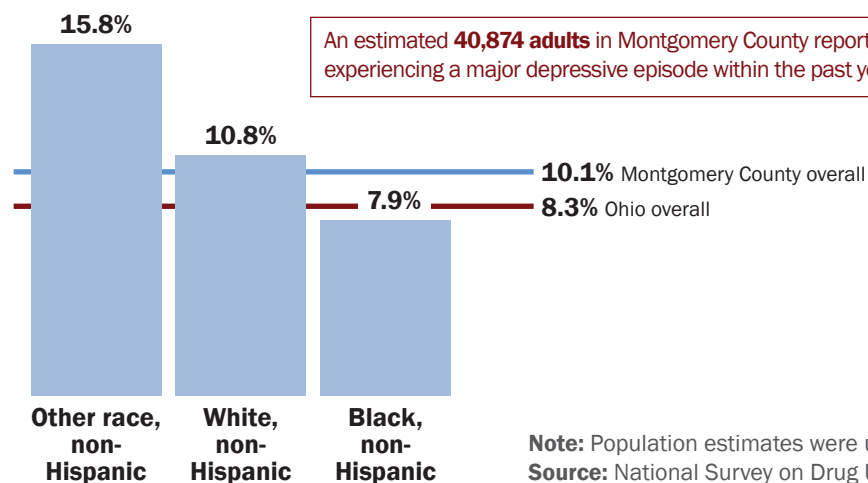
Mental health challenges

Figure F.7. Mental distress. Percent of adults, ages 19 and older, who reported 14 or more mentally distressed days in past month, Montgomery County, 2010 to 2021



Source: Ohio Medicaid Assessment Survey

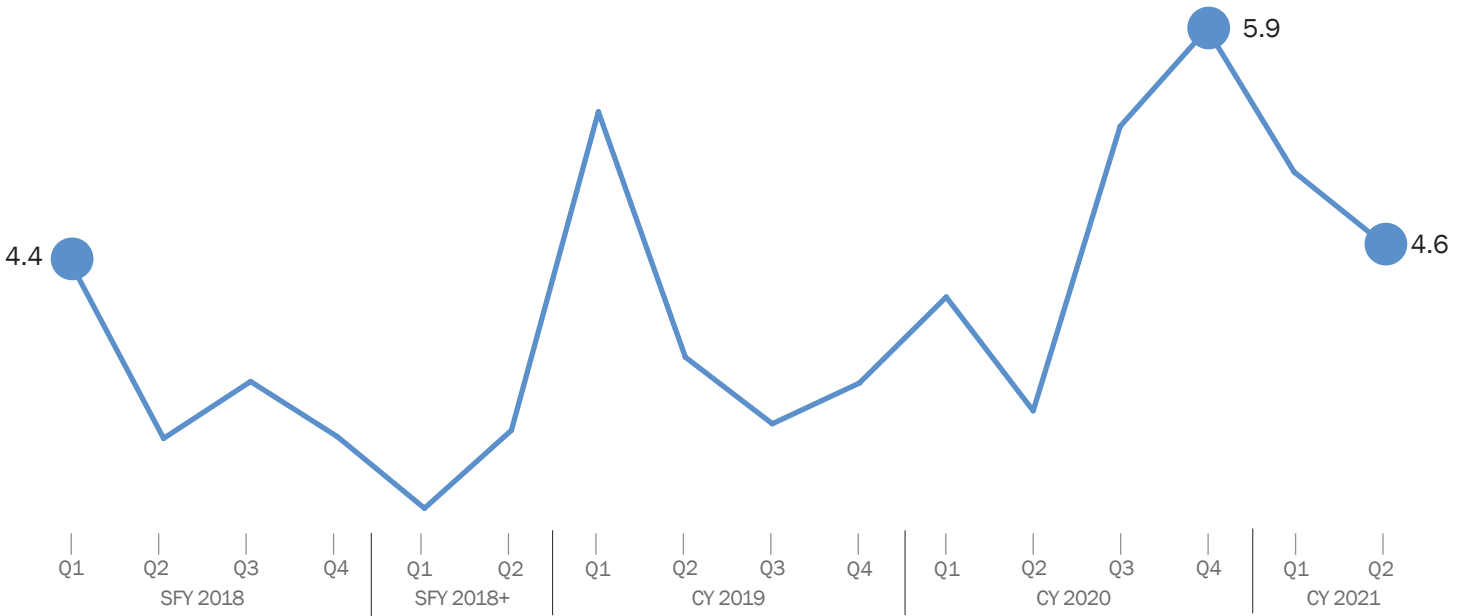
Figure F.8. Depressive episode. Percent of adults, ages 18 and older, who experienced a major depressive episode within the past year, Montgomery County, by demographic characteristics, 2010-2019



Timeliness of care

Figure F.9. displays timeliness of care data from the MCADAMHS Treatment Quality Report and includes data from all MCADAMHS-contracted outpatient providers.

Figure F.9. Overall timeliness of outpatient care (multiple providers). Average number of days from first contact to intake appointment among outpatient clinics, Montgomery County, 2018 to 2021.



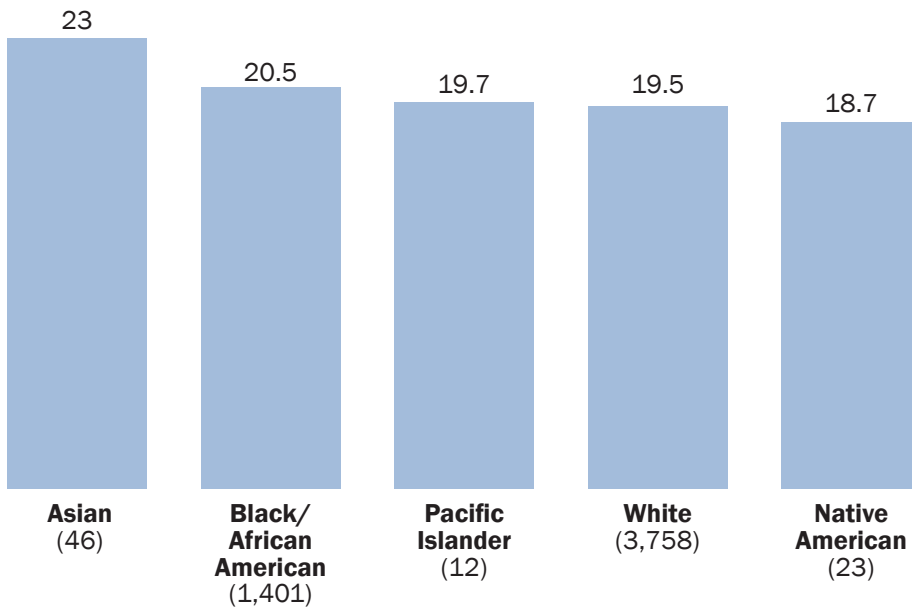
Source: MCADAMHS CY21 Treatment Quality Report

Figures F.10-F.12 display timeliness of care data from a large outpatient behavioral health provider in Montgomery County that is able to report performance disaggregated by race, ethnicity and age. (MCADAMHS does not currently collect timeliness of care data from contracted providers in a disaggregated format.)

Figure F.10 describes the average wait time for outpatient care from an initial contact to the first offered appointment, first scheduled appointment and first actual appointment in which the client is seen by a provider, typically for a diagnostic assessment. On average, adults are first seen 17.3 days after they call to request an appointment, and children are first seen in 24 days. The large gaps between first scheduled and first seen dates are generally due to client requests to reschedule due to scheduling conflicts, staff illness, no-shows, cancellations and other factors.

Average number of days to a first appointment varied slightly by race and ethnicity, with Asian clients waiting an average of 23 days for their first appointment (first seen), Black/African American clients waiting 20.5 days, and white clients waiting 19.5 days (all ages).

Figure F.10. Timeliness of outpatient care (one provider), adults, by race. Average number of days from first contact until client is first seen by an outpatient provider, Montgomery County adults*, by race, Jan. 1, 2017 to March 31, 2023.

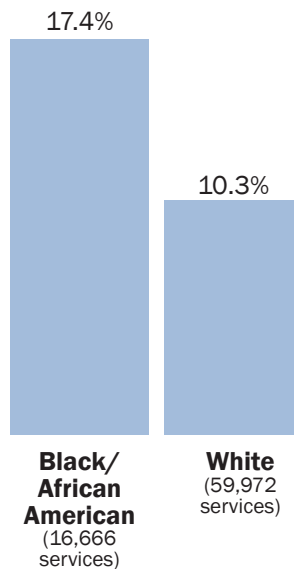


*93.5% of clients represented in this data are Montgomery County residents

Source: A large, outpatient mental health and substance use disorder treatment provider serving Montgomery County residents

Many factors can contribute to clients not attending their scheduled appointments, such as lack of transportation, not being able to get time off work, lack of child care or experiencing a crisis or behavioral health condition that makes it difficult for clients to manage their schedule. This varied somewhat by race, with a no-show rate of 17.4% for Black/African American clients, compared to 10.3% for white clients (displayed in figure F.11).

Figure F.11. Outpatient no show rates (one provider), all ages. Percent of behavioral health outpatient appointments the client did not attend, Montgomery County residents*, by race, 2022



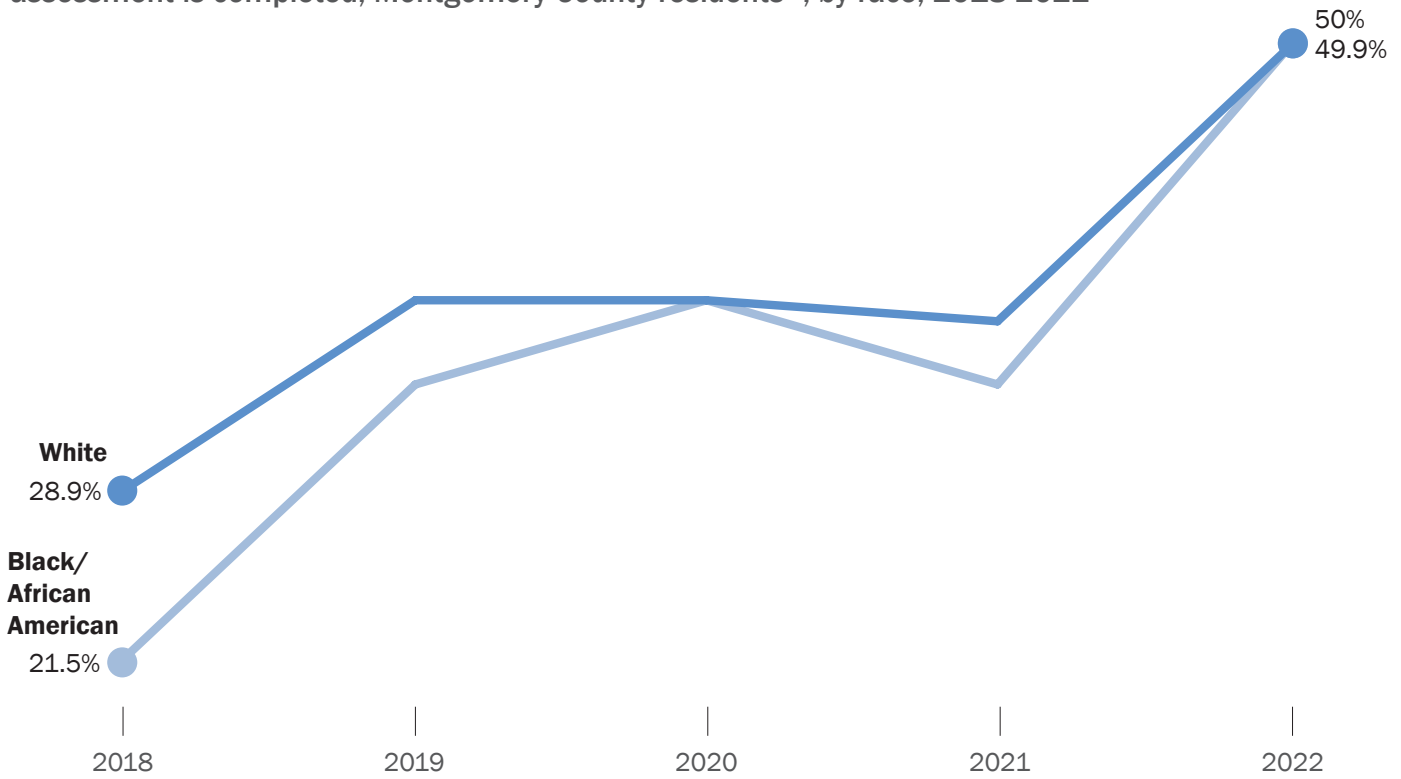
*93.5% of clients represented in this data are Montgomery County residents

Note: Racial groups for which there were less than 10 clients are not shown in the graphic.

Source: A large, outpatient mental health and substance use disorder treatment provider serving Montgomery County residents

The initial outpatient appointment is typically a diagnostic assessment.² Once a client returns for their next appointment, treatment services can begin. The timeliness of this follow-up outpatient appointment after the diagnostic assessment is an important indicator of treatment engagement and ongoing access to care. Figure F.12 displays the percent of clients who attended their first follow-up appointment within seven days. Overall, about half of clients had this appointment within seven days in 2022. Performance on this indicator improved from 2018 to 2022 and a Black/white disparity gap present in 2018 was eliminated by 2022. The provider reports that onsite services in schools and courts help to support high follow-up rates.³

Figure F.12. Follow-up outpatient appointment after diagnostic assessment (one provider), all ages. Percent of clients with a follow-up outpatient appointment/service within 7 days after diagnostic assessment is completed, Montgomery County residents*, by race, 2018-2022



*93.5% of clients represented in this data are Montgomery County residents

Note: Racial groups for which there were consistently less than 10 clients per year are not shown in the graphic.

Source: A mental health and substance use disorder treatment provider serving Montgomery County residents

Notes

1. Starting in 2021, the OFR had improved access to identified case data, thanks to legislation (HB 110 of the 123rd General Assembly; Ohio Revised Code § 307.631).
2. This can vary depending on the situation. The provider has several “front doors,” so the timing of first contact, intake and diagnostic assessment can differ based on the setting, referral source, etc.
3. Provider email message to author, July 24, 2023.