



Behavioral Health Equity Roadmap Assessment

About the assessment

Future roadmap. The purpose of this assessment is to provide the Montgomery County Alcohol, Drug Addiction and Mental Health Services (MCADAMHS) Board and their partners with information to inform development of a future Behavioral Health Equity Roadmap.

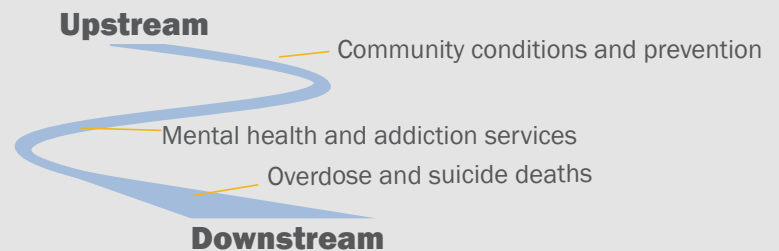


Diverse sources. The assessment draws upon data and community input to provide a comprehensive picture of community strengths, challenges, needs and disparities.

- ✓ Focus groups with 14 community members and 39 social service and behavioral health providers
- ✓ Survey completed by 39 parents and caregivers

- ✓ Data from surveys, state agencies, school districts, hospitals, courts and other sources
- ✓ Summary of findings from drug overdose and suicide death fatality reviews

Equity along the continuum of care. This report begins with upstream community conditions that affect mental health and addiction disparities, and then focuses more specifically on gaps downstream in prevention, treatment, crisis and recovery services for different groups in Montgomery County.



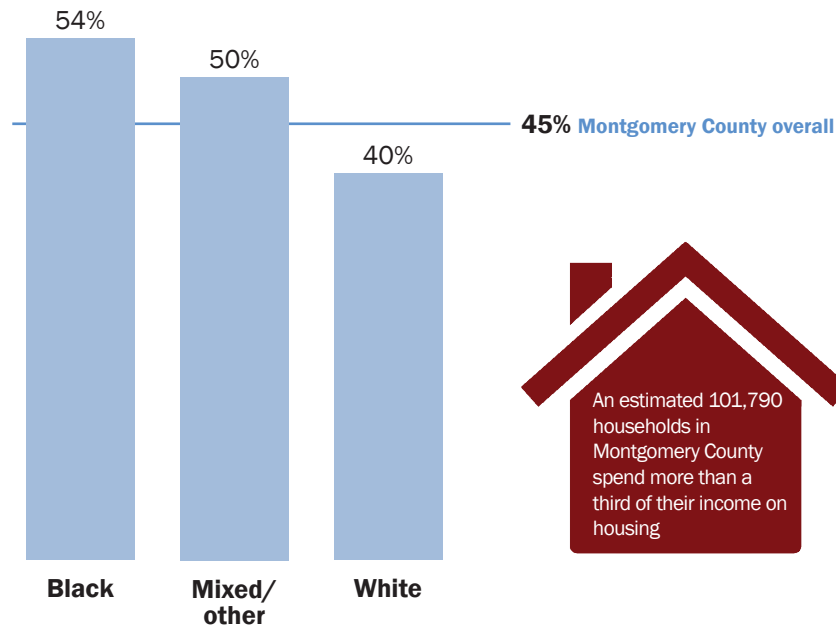
Key findings

Montgomery County has assets to build upon and challenges to overcome in order to improve behavioral health outcomes and ensure that every child and adult has the support needed to thrive. The following themes emerged across the diverse sources of quantitative and qualitative data as important factors and issues in the county:

Community conditions

- 1. Families, schools and inclusive public spaces support good mental and physical health.** Community members and social service providers identified many assets in Montgomery County that contribute to good mental and physical health, including family support, school-based resources, welcoming public spaces with easily accessible resources and access to nature and physical activity. Examples of healthy spaces mentioned by community members and providers include schools, libraries, YMCAs, drop-in centers, parks, playgrounds and sports fields.
- 2. Poverty and lack of housing are widespread problems.** Montgomery County has a higher poverty rate than Ohio overall. Almost half of households in the county spend more than 30% of their income on housing, leaving less money to pay for things like transportation and food (displayed in figure ES1). Fatality reviews found that housing instability is often a contributing factor to overdose deaths, such as when people newly in recovery resort to doubling up with friends or family members who use drugs, leading to relapse. Focus group participants talked about how a limited supply of affordable housing and barriers to renting lead to homelessness and disrupted connections to service providers.
- 3. Stigma and discrimination are holding people back.** Providers and community members talked about how stigma and discrimination can get in the way of thriving and recovery. Stigma against people with mental illness and discrimination against people with criminal justice involvement (collateral sanctions keeping people from getting jobs or housing) were frequently mentioned. Some parents cite fear of child welfare services as a barrier to getting help, indicating concerns about discrimination within that system based on class or race.

Figure ES1. Housing cost burden. Percent of owner and renter-occupied households spending more than 30% of income on housing costs, Montgomery County, by race, 2016-2020

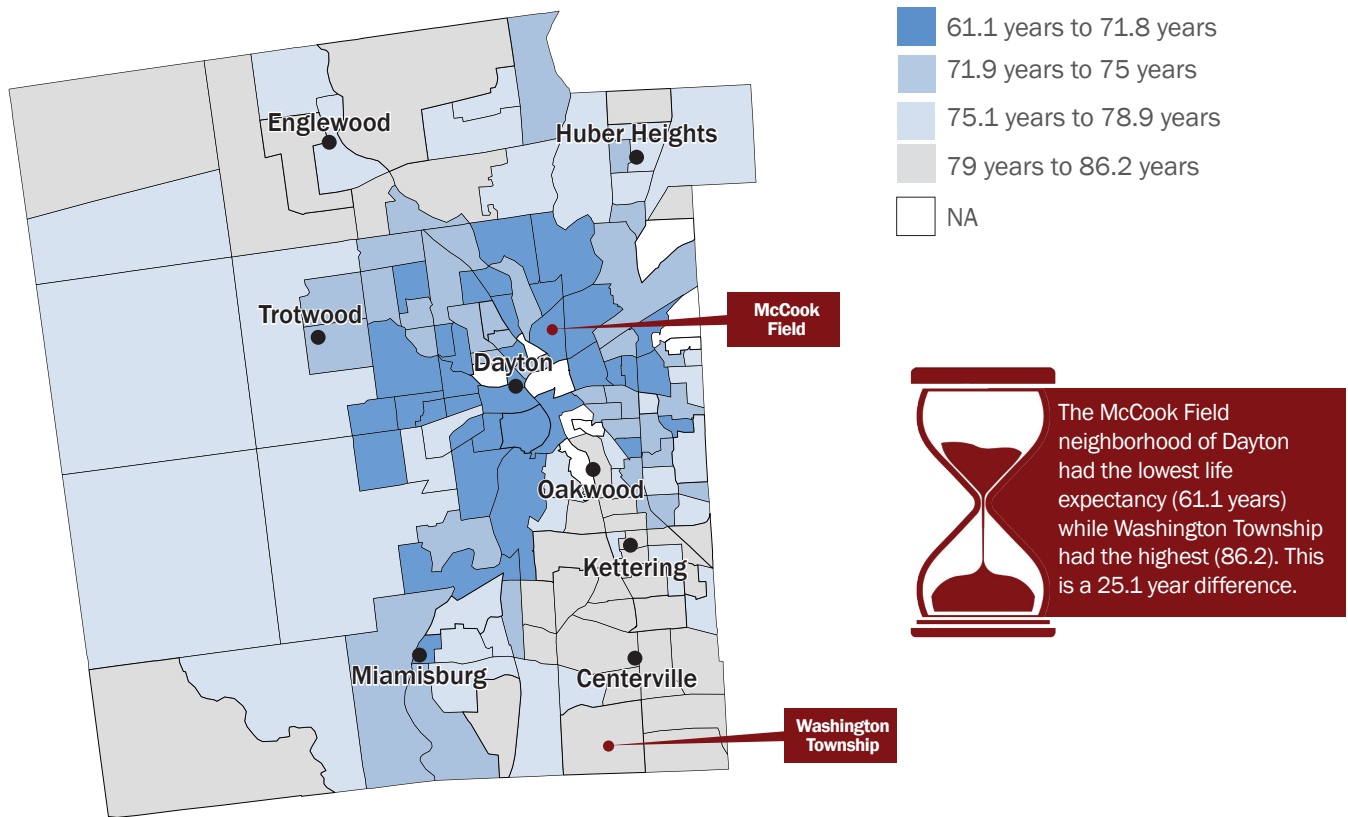


Source: U.S. Census Bureau American Community Survey 5-year estimates as compiled by National Equity Atlas

Disparities and inequities

- 4. Race and place affect well-being.** Economic conditions and discrimination have contributed to higher rates of housing cost burden and food insecurity and less access to transportation for people of color in Montgomery County. People living in neighborhoods in and near Dayton with more socioeconomic challenges live shorter lives, on average, than people living in other areas of the county (shown in figure ES2).
- 5. Disadvantaged students are concentrated in school districts that need more support.** Districts with many students from families with low incomes also have high rates of students missing school days (chronic absenteeism) (displayed in figure ES3). Providers report that students' social skills worsened as a result of the COVID-19 pandemic and that teachers are struggling to handle increased behavior problems. Large disparities in disciplinary occurrences signal that some schools may need more resources to support positive behavior and fair discipline practices.
- 6. Risks for different groups point to the need for tailored approaches and further exploration of factors driving poor outcomes.** Disparities in outcomes signal problems in the social, economic and physical environment and gaps in healthcare access. More community conversations are needed to explore root causes of these differences and to identify solutions that are a good fit for specific communities. Examples of inequitable systems and poor outcomes for different groups include:
 - **Adults with lower incomes/adult Medicaid enrollees.** Higher rates of mental distress and emergency department visits for suspected suicide attempts and drug overdoses
 - **Adults with disabilities.** Higher rates of mental distress
 - **Children with private insurance.** Higher rates of emergency department visits for suspected suicide attempts and mental health services (shown in figure ES4)
 - **Males.** Higher rates of overdose and suicide deaths
 - **White people.** Higher rates of suicide deaths and emergency department visits for suspected suicide attempts and mental health services
 - **Black people.** Higher rates of housing cost burden, living in a household without a vehicle, food insecurity, homicide, school disciplinary occurrences, criminal justice involvement, marijuana use and alcohol dependence
 - **Hispanic people.** Lower hourly wages and higher food insecurity
 - **Immigrants and refugees.** Reported concerns about gun violence in their neighborhoods and finding jobs that pay well
- 7. Data gaps must be overcome in order to fully understand strengths and disparities in Montgomery County.** Better data collection and analysis is needed to understand outcomes for groups not well represented in existing data sources, such as members of the LGBTQ+ community, specific Asian populations, immigrants, refugees and people involved in the criminal justice system. Deeper community engagement is needed to ensure that more voices are included in decision making about behavioral health services and community conditions.

Figure ES2. Life expectancy. Census tracts with the highest and lowest life expectancy at birth, Montgomery County, 2010-2015

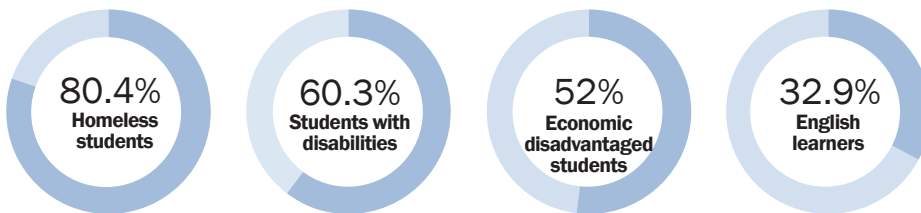


Source: CDC National Center for Health Statistics

Figure ES3. Chronic absenteeism: Dayton City Schools. Percent of K-12 students who were chronically absent (missed 10% or more of the school year for any reason), Dayton City Schools, by demographic characteristics, 2021-2022 school year.

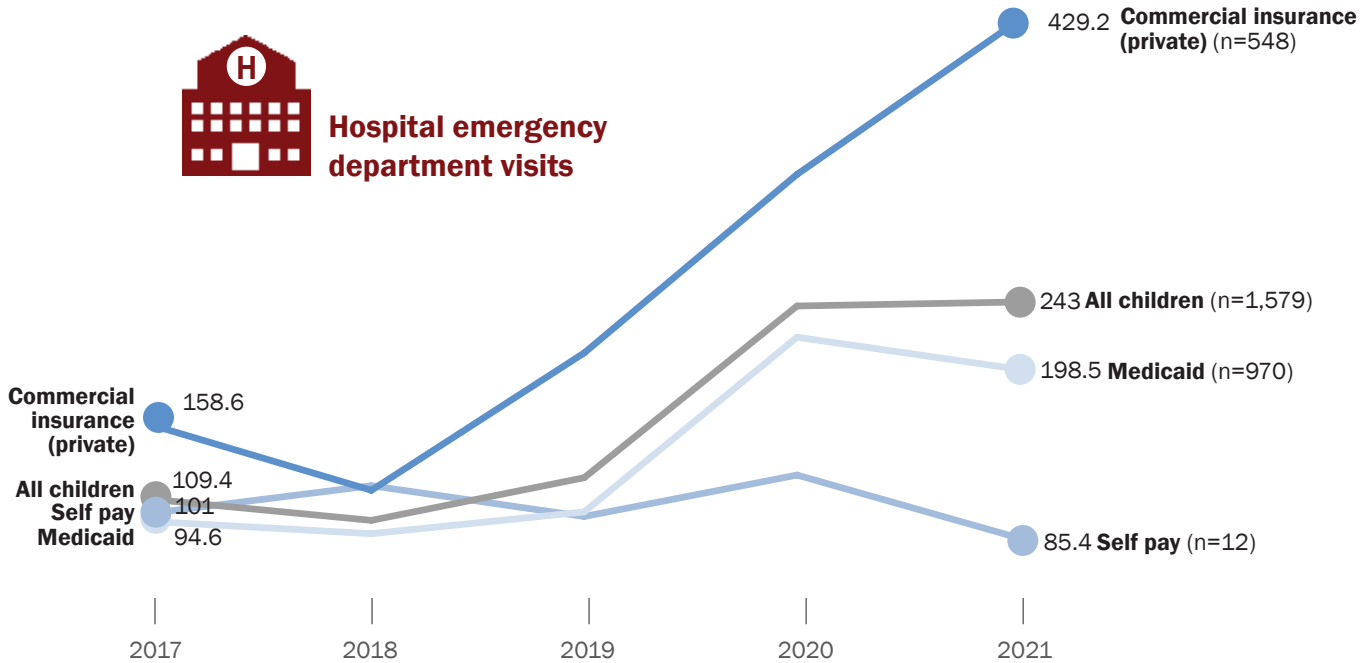


More than half (51.9%) of Dayton City Schools students missed 10% or more of the 2021-2022 school year



Source: Ohio Department of Education School Report Card

Figure ES4. Emergency department visits including mental health services among children, by payer. Number of emergency department visits including mental health services per 10,000 emergency department visits, child residents of Montgomery County, by payer, 2017-2021

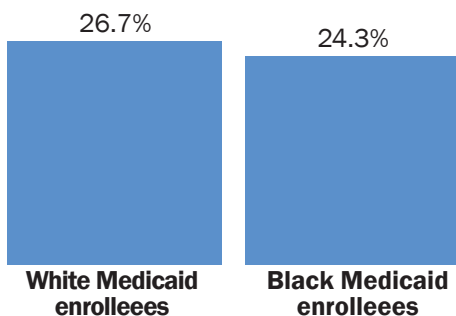


Source: Data from the Ohio Hospital Association, compiled by Ascend Innovations and analyzed by HPIO

Behavioral health services

- 8. Collaboration and system changes demonstrate that improvement is possible.** Providers described strong collaboration between organizations in Montgomery County. They specifically noted that communication and coordination between crisis response entities has improved in recent years.
- 9. Behavioral health workforce shortages threaten progress and decrease access to care.** Problems with recruitment, burnout and retention are leading to long wait times and disrupted care relationships. Workforce diversity is lacking for some types of providers. Racial diversity among the workforce is lacking for some types of providers, and LGBTQ+ community members are not always able to find providers who understand sexual orientation or gender identity and support them.
- 10. Fragmented systems lead to disjointed care and can push people into crisis.** Many people find it difficult to navigate the healthcare system and are frustrated by lack of communication and coordination between providers and systems. Providers struggle with administrative burdens. As a result, some people fall through the cracks and do not get timely, follow-up or ongoing care (displayed in figure ES5). People with layered challenges, such as dual diagnoses, homelessness or physical health problems or disabilities, are the most vulnerable to being pushed into a revolving door of crisis, repeatedly landing in the hospital or jail. Parents are frustrated by insurance problems, confusion about navigating services and problems related to moving from the pediatric to adult system.

Figure ES5. Follow-up after hospitalization for mental illness. Percent of Medicaid enrollees, ages 6 and older, who received follow-up care within 30 days of discharge from the hospital for mental illness, Montgomery County residents, by race, 2022 (n=2,612)



Fragmented care
About three-quarters of Medicaid enrollees in Montgomery County do not get timely follow-up care after they leave the hospital for mental illness.

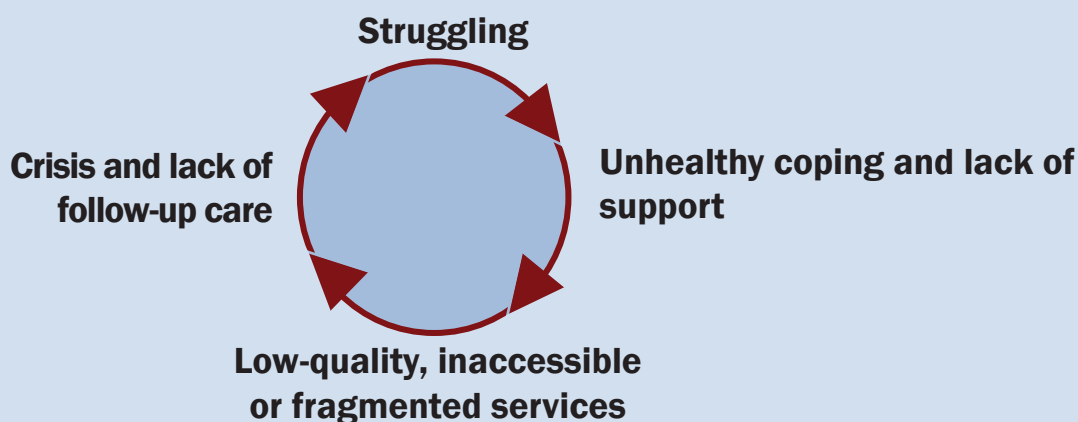
Notes: See main report for notes.
Source: Ohio Department of Medicaid claims data. Analysis by the Ohio Department of Mental Health and Addiction Services; Bureau of Quality, Planning and Research.

Challenges to overcome

Summary of challenges and inequities that harm physical and mental well-being in Montgomery County

Community conditions that do not support well-being

- Lack of affordable housing
- Poverty, food insecurity and economic inequity
- Lack of access to reliable transportation
- Violence and trauma
- Behavior problems in schools, bullying, social media and chronic absenteeism
- Stigma and discrimination
- Criminal justice system involvement of people with behavioral health conditions (jail instead of treatment and difficulties getting housing or employment due to background checks)



“We are one mistake or crisis away from being homeless (again). Housing is totally unaffordable and seems to get worse every year... I also worry about gun violence... That combined with lack of teacher support make it feel completely unsafe to have my child at school.”

— Parent survey respondent

“Kids don’t know how to handle conflict or sit still for a long time. So, teachers are overburdened with classroom management.”

— Provider focus group participant

“I like Dayton, but sometimes it’s not good for my kids to go outside in the neighborhood. **Sometimes there is fighting and guns.**”

— Community member focus group participant

“Well, I have a felony and it’s burglary, so that **limits me on [jobs]**. [The conviction is] 10 years old. But like for cashier positions, they’re probably gonna hire somebody else.”

— Community member focus group participant

“[Young people need] someone to listen and respond when the rough edges of the system cut too deep.”

— Parent survey respondent

“I remember one guy [in crisis]... All he wanted to do was talk to his therapist. And he called him and called him and called him, and he couldn’t get in to talk to the person. They were telling him ‘it’s going to be three weeks’ or something like that. Well in three weeks, **the crisis is over.**”

— Provider focus group participant

Mental health and addiction services

Strengths and challenges frequently mentioned by service providers, parents and other community members



What are the biggest barriers to accessing behavioral health care?

- Long wait times for appointments
- Insurance problems, confusion about how to navigate the system and concerns about cost of care
- Lack of identification documents and phone service and difficulty keeping appointments (especially for people with housing instability)

What causes people to fall through the cracks and not get the ongoing care they need?

- Co-occurring disorders and other needs across multiple systems, along with lack of communication between providers
- Staff turnover and disrupted care relationships
- Lack of follow-up after a hospitalization or other crisis
- Transitioning from the pediatric to the adult system

“One of the things that we see a lot is that when we take somebody to the hospital who needs in-patient mental health, either they’re never admitted or they’re released before they’re ready. Then they come out, they [law enforcement] see them again still in crisis, and then we have to take them back...

The other thing too is the nature of community mental health. You either are a client and you have to make sure that you attend your therapy appointments in order to get your medication. Or you’re not a client and you have to do a four-hour intake and you’re unstable because you just got out of an inpatient psych unit. And then you have to attend two therapy appointments before you get your meds and did the hospital prescribe you enough meds for you to take to make those two therapy appointments in order to get the refill? Suddenly you’re out of your meds, and

now we’re back in a crisis.”
— Provider focus group participant



What are positive ways that people cope?

- Family and peer support
- Trusted adults to talk to (for youth)
- Faith
- Music, art and crafts
- Pets

What helps people get the care they need?

- Services at the right time and right place, including on-call or walk-in services, care provided in schools and homes, telehealth and mobile units
- Consistent wrap-around care, including peer support, case management and continuous relationships with providers who are a good fit for your needs
- Coordinated care, smooth transitions and good communication between different systems and providers
- Strong and diverse behavioral health workforce with capacity to deliver timely and culturally responsive care

“I go to the doctor at the Samaritan Five Rivers Clinic by the Job Center... They have psychiatry. They do dental work. Everything. They’re all connected into the Five Rivers stuff [network]. And you can go there instead of going to one doctor for women’s stuff, and one doctor for one thing- **you can go there for every single thing.”**

— Provider focus group participant

“[Young people need] more available qualified providers so that finding someone who is the right fit isn’t so hard.”

— Parent survey participant

Vision for the Future

Summary of conditions and assets that community members and providers say support physical and mental well-being. Progress is needed to ensure that all Montgomery residents have these resources.

Community conditions that support well-being

- Affordable housing and fair housing practices
- Jobs with livable wages
- Safe communities free from violence
- K-12 schools with resources to provide holistic supports to students and families
- Positive attitudes about mental health and disability, and social support for people with mental illness and addiction
- Inclusive public spaces, such as drop-in centers, parks and playgrounds



“Until we figure out how we get people in housing that is safe and affordable, I think we’re going to continue to spin our wheels here.”

— Provider focus group participant

“I think in a lot of the schools, it’s the **connections that the kids make** with the different staff in the building, whether it be the janitor or their teacher, their school nurses— those relationships that they build with a positive adult in their lives help them.”

— Provider focus group participant

“The parents are more open to getting their kids help. That is something that is definitely shifting is that you are seeing more of a willingness and more of an **acceptance for help** for kids... The kids have no problem saying ... I go to therapy.”

— Provider focus group participant

“Here in Montgomery County, with the ADAMHS Board pushing it, the understanding that **we need to treat the whole individual**, the whole family... Because if we address one problem and leave the other ones unaddressed, there’s still the problems there.”

— Provider focus group participant

“I know that my peers [in addiction recovery] bring me joy. We have great conversations and support one another. Yeah. That brings me a lot of joy for real.”

— Community member focus group participant

“More options for mental health services that are **welcoming to all ethnic backgrounds.**

Having our children see counselors/therapists that are relatable.”

— Parent survey respondent

“Do you get the same [mental health therapist]? **I don’t want to keep repeating my story** once or twice a month.”

— Community member focus group participant



By the numbers

Number of Montgomery County residents affected among 536,136 total residents*:

- **148,524** people are living with a disability (2021)*
 - **101,790** households are housing cost burdened, meaning they spend more than a third of their income on housing (2016-2020)*
 - **82,029** people are living below the poverty line (2017-2021)*
 - **76,131** people are living with food insecurity (2020)*
- **42,088** adults reported experiencing mental distress in the past month (2021)*
 - **28,733** adults reported a disabling mental health condition (2021)*
 - **22,620** households do not have a vehicle (2016-2020)*
 - **18,693** students were chronically absent, meaning they missed 10% or more of the school year (2021-2022)
 - **7,383** public K-12 students enrolled in Medicaid had a diagnosed behavioral health condition (2021-2022)
 - **3,642** people who were hospitalized for a behavioral health condition had been in jail at least once within the year of their hospitalization (2021)
 - **2,884** emergency department visits for suspected drug overdose (2021)
 - **1,314** emergency department visits for suspected suicide attempts (2021)
- **304** people died from unintentional drug overdose (2021**)
 - **77** people died by suicide (2021**)
 - **49** people died by homicide (2021**)

*Estimate; **Preliminary

See main report for data sources. Numbers include children and adults, unless otherwise specified.

Note: A total of 7,369 Montgomery County residents died from any cause in 2021.**

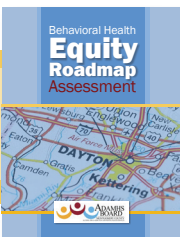
Next steps

MCADAMHS will continue to gather community input on the topics addressed in this assessment. Building upon these findings, MCADAMHS will facilitate development of a Behavioral Health Equity Roadmap for Montgomery County. The roadmap will use a **collective impact** approach to identify:

- ➔ **Goals** and measurable objectives
- ➔ **Evidence-informed strategies** and approaches to tailoring activities to fit community strengths and needs
- ➔ **Roles and responsibilities** of MCADAMHS and partner organizations
- ➔ **Areas of alignment** with other initiatives in Montgomery County and activities of the MCADAMHS Board
- ➔ **A plan** for ongoing evaluation, quality improvement, transparent communication of results and community engagement



To get involved, contact Tazeen Ahmed at tahmed@mcadamhs.org



Download the full Behavioral Health Equity Roadmap Assessment at www.mcadamhs.org/about_us/behavioral_health_equity_roadmap.php

MCADAMHS contracted with the Health Policy Institute of Ohio (HPIO) to conduct this assessment under the leadership of Board staff.

