

# MIND THE GAP

Creating  
a Robust  
Continuum  
of Behavioral  
Health Care  
for Young  
Ohioans



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# Mission Statements



The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

Children's Defense Fund-Ohio (CDF-Ohio) is grateful for the financial and technical support provided by the Annie E. Casey Foundation as part of the KIDS COUNT project. KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. As the state-level grantee in Ohio, CDF-Ohio develops data-driven products that provide a local picture of child well-being. CDF-Ohio also updates state and county level data on the KIDS COUNT Data Center at [datacenter.kidscount.org](http://datacenter.kidscount.org).

[CDFOHIO.ORG](http://CDFOHIO.ORG)

The Mental Health & Addiction Advocacy Coalition (MHAC) is comprised of over 120 member organizations statewide, including: health and human service agencies; the faith based community; Alcohol, Drug Addiction, Mental Health and Recovery Services Boards; advocacy organizations; courts; major medical institutions; the corporate arena; and behavioral health agencies serving children and adults. The MHAC's mission is to foster education and awareness of mental health and addiction issues while advocating for public policies and strategies that support effective, well-funded services, systems, and supports for those in need, resulting in stronger Ohio communities.

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# 1 Introduction

## BACKGROUND

In order to ensure young Ohioans thrive and flourish from birth through childhood and into adulthood in every aspect of their lives – physically, mentally, socially, and emotionally – it’s imperative that Ohio has a network of behavioral health services that provide quality care to all, regardless of income or location. Research shows that 20% of a child’s well-being can be impacted by clinical intervention;<sup>1</sup> however a uniform system of care does not currently exist for all young Ohioans, nor in all counties throughout Ohio.

Nationally, one in ten children has experienced three or more adverse childhood experiences (ACEs), placing them in a category of high risk for negative behavioral health outcomes. Children in Ohio are especially at risk given that Ohio is one of five states where as many as one in seven children have experienced three or more ACEs.<sup>2</sup> ACEs and traumatic events, which include living with an adult who has a mental health or substance use disorder among other circumstances, can negatively impact a child’s behavioral health. Additionally, as the frequency of ACEs increases, so does the impact over the course of a child’s life and into adulthood. Ohio ranks 46th in the nation for children having three or more ACEs. Minorities are at much higher risk of ACEs than their White peers. 51% of Hispanic children and 61% of Black children have had an adverse childhood experience, compared to 40% of their White peers.<sup>3</sup>

Mental illness and substance use disorders impact young Ohioans of all ages, genders, ethnicities, and income levels. Using data from the National Alliance on Mental Illness (NAMI), the National Survey on Drug Use and Health (NSDUH), and population estimates from the US

Census Bureau, it is estimated that more than 550,000 children and adolescents and 560,000 young adults age 18 to 25 in Ohio have a mental illness or substance use disorder.<sup>4</sup>

These disorders can be especially devastating to young people, impacting current health and school success and contributing to serious lifelong consequences. Specific data showing the impact of behavioral health diagnoses on this population include:

- Globally, 50% of all lifetime cases of mental illness begin by age 14.<sup>5</sup>
- Nationally, a higher percentage of children and adolescents 12 to 17 years old had a drug use disorder in the past year (3.6%) than adults over 26 years old (2.3%).<sup>6</sup>
- Nationally, an estimated 50-75% percent of youth encountering the juvenile justice system meet criteria for a mental health disorder and 40-80% of incarcerated juveniles have at least one diagnosable mental health disorder.<sup>7</sup>
- In Ohio, rates of teen suicide have spiked 46% over the last four years.<sup>8</sup>

A child, adolescent, or young adult’s access to quality services, ongoing treatment for chronic challenges, and coordination of care for complex circumstances, increase the likelihood of positive life outcomes and benefit all

Ohioans. According to the 2019 State of Mental Health in America report developed by Mental Health America, although Ohio ranked 13th in access to mental health care for youth, more than half of children who experienced major depression did not receive mental health services and only 33% received consistent treatment.

## **FRAMEWORK FOR ANALYSIS**

Across Ohio, young Ohioans and their families face challenges in their efforts to access needed services and supports due to an inadequate continuum of behavioral health care. As detailed later in this report, a comprehensive Continuum of Care (CoC) includes promotion, prevention, treatment, and recovery services and supports. There is no current research which specifically details what services and supports are limited or nonexistent at the county levels. This report proposes a definition of the children's CoC and uses this definition to gauge availability of services. The goal of this report is to positively impact access to behavioral health care by providing policy makers and other stakeholders with critical data needed to address gaps in the CoC.

This report focuses on developmental age ranges from prenatal/maternal up to 26 years old, along with caregivers, including: prenatal and maternal, ages 0-3, ages 4-9, ages 10-13, ages 14-18, and ages 19 up to 26. The report covers young adults up to age 26, as they are able to access health care coverage under a parent or legal guardian's insurance through their 25th year. Young adults previously in foster care also remain eligible for Medicaid until they turn 26 years old.

In order to analyze statewide access to the CoC, CDF-Ohio and the MHAC designed a detailed CoC, beginning prenatal/maternal up to 26 years old, along with caregivers. CDF-Ohio and the MHAC then surveyed Ohio's 50 local Alcohol, Drug Addiction, Mental Health and Recovery Services (ADAMHS) Boards across the state on local capacity to meet the need for the services in the CoC. The 50 ADAMHS Boards cover all 88 of Ohio's counties. The information provided by the ADAMHS Boards, coupled with data from the Ohio Departments of Medicaid and Mental Health and Addiction Services, provides a roadmap for ensuring young Ohioans and their families can access

and receive the behavioral health services and supports they need, when and where they need them.

## **PREVALENCE OF BEHAVIORAL HEALTH DISORDERS BY AGE GROUP FOR YOUNG OHIOANS**

### **Prenatal and Maternal**

From the earliest stage of development, children are vulnerable to the mental health and substance use disorders of their parents. In 2018, 24 out of 1,000 babies born in an Ohio hospital had been exposed to drugs through their mother,<sup>9</sup> and 12 of 1,000 had Neonatal Abstinence Syndrome/Neonatal Opioid Withdrawal Syndrome (NAS/NOWS).<sup>10</sup> Parental disorders play a role throughout a child's development. Each year in Ohio, over 100,000 reports are made to children's services agencies, and there are seven maltreatment cases for every 1,000 children. The number of children in Ohio who are living in foster care has been increasing over the last decade to over 10 in every 1,000 children in 2019.<sup>11</sup> In fact, according to the annual Public Children's Services Association of Ohio report in 2019, there were over 100,000 children in Ohio who were being raised by their grandparents.

### **Early Childhood (Ages 0-3)**

Caregiver-child attachment is critical during all stages of development and especially early childhood. Over 4,600<sup>12</sup> children ages 0-3 are in custody, and about one third of cases cited drug and alcohol use as a primary reason for removal.<sup>13</sup> For this age group, the caregiver risk factors included substance use in 63% of cases and emotional disturbance in 42% of cases.

In 2019, 40 in 1,000 children ages 0-3 who were participating in publicly-funded health care had a behavioral health condition.<sup>14</sup> Mental health is a foundation for the development of all other areas, including physical health, cognitive skills, literacy, forming friendships, and kindergarten-readiness. Yet, only 41% of Ohio children enter kindergarten ready to learn.<sup>15</sup>

## **Elementary School Age** (Ages 4-9)

As children enter kindergarten and advance through elementary school, there is more likelihood for mental health issues to surface in a setting where interventions are necessary. In 2019, over 86,000 children under the age of 12 were served by public mental health agencies, roughly 46 out of 1,000 children in this age group.<sup>16</sup>

## **Middle School Age** (Ages 10-13)

Behavioral health disorders often emerge during adolescence.<sup>17</sup> In the 2018-19 school year, ten out of every 1,000 K-12 public school students were identified as having an emotional disturbance, which qualified them for services through federal funding established in the Individuals with Disabilities Education Act (IDEA).<sup>18</sup> By 8th grade, 40% of children drank alcohol, with 13% having their first drink by age 11. Ten percent of middle school students had used marijuana. In this age group, suicide begins to be a risk. On average, 15% of 6th-8th graders seriously considered attempting suicide and 9% indicated that they attempted it.<sup>19</sup> Tragically, there were 31 deaths in Ohio for this age group in 2019.<sup>20</sup>

## **Middle Adolescence - High School Age** (Ages 14-18)

In 2019, a third of high school students surveyed reported feeling so sad or hopeless almost every day, two weeks or more in a row, that they stopped doing some usual activities. With it significantly more likely among females and Hispanic students, one in six students seriously considered suicide.<sup>21</sup> Tragically, 87 Ohio youth ages 15-19 died in 2019 due to suicide.<sup>22</sup> By their senior year in high-school, 38% of students currently drank alcohol and 20% currently used marijuana.<sup>23</sup> In 2019, almost 80,000 of Ohio's youth ages 13-17 were served by public mental health agencies, and two thirds were identified as having a serious emotional disturbance.<sup>24</sup>

## **Late Adolescence and Young Adulthood** (Ages 19 up to 26)

There are special categories of youth who require additional support during their late adolescence and young adulthood phase of development, such as youth who are transitioning from state custody or foster care.

Most youth in this transitional phase of life benefit from familial support and a social network that provides them with the important health, emotional, financial, and social guidance and support needed to successfully launch them into self-sufficiency and adulthood. However, many youth in this age group in Ohio and across the country, lack these critical connections. They don't have the safety net structure afforded by these bonds and cannot count on adults in their lives to help them when needed. Over 900 youth aged out of foster care in 2018.<sup>25</sup> More generally, the young adulthood age group has a high-risk of substance use disorders. In Ohio, one in four young adults ages 18 to 25 have a mental illness, and one in six have a substance use disorder.<sup>26</sup>

## **Caregivers** (Of ages 0 up to 26)

Throughout this report, the term caregiver, which includes parents, refers to any adult who is responsible for and provides direct care for a child or young adult. Because caregivers play a crucial role in the physical and emotional development of their children, it is critical that they are also involved in the child's behavioral health treatment. Caregivers facilitate the interaction between the child and the service system, and as such, are a principal component of the system of care. While attendance is important, true engagement is motivating and empowering caregivers to recognize their own needs, strengths, and resources, and to take an active role in changing things for the better.<sup>27</sup> Because of their critical role in a child or young adult's life, providing services to caregivers to address their behavioral health needs and capacity to participate in their child or young adult's behavioral health care is critically important to improve the quality and effectiveness of that care.<sup>28</sup>

## **OVERLAPPING SYSTEMS THAT IMPACT BEHAVIORAL HEALTH**

A robust CoC provides a variety of entry points for young Ohioans to access the care they need, which include interactions with, and participation in, childcare centers, schools, physical health care providers, hospitals, courts, and caseworkers, among others. These systems each have a role in prevention, proactive behavioral health screenings, integrated health care, and referral for

services. Coordinated, cross-system networks with multiple touch points will ensure that all young Ohioans get the help they need at the time they need it. In a well-functioning system, each entry point is equipped to determine appropriate interventions depending on the needs.

## **Physical Health Care**

Prenatal care provides the first step in access to care as obstetricians offer screenings for mothers connecting them to regular care and setting the stage for ongoing wellness throughout their child's lifetime. Infant mental health screenings allow early detection for the youngest children. Behavioral health screenings incorporated into annual well-child visits allow pediatricians to identify needed services. Healthchek is Ohio's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for babies, children, and young adults younger than age 21 who are enrolled in Ohio Medicaid. Participation varies by age group, and reporting doesn't show participation rates for specific screenings for mental health. When young Ohioans end up in urgent care or hospitals due to risky behavior or intentional self-harm, providers have the opportunity to screen for underlying behavioral health conditions and make referrals for ongoing treatment.

## **School-Based Services**

Although primary care providers are generally the entry point for health needs, over 70% of children who access mental health services receive them from their school.<sup>29</sup> With over 1.6 million children attending public schools in Ohio, schools play a key role in the behavioral health CoC. Many schools accomplish this by incorporating prevention strategies as well as psychologists and social workers into their education model. Schools can contract with community providers or employ their own personnel. Increasingly though, schools are choosing to partner with community behavioral health agencies to provide prevention programming and treatment services to children during school days. These partnerships are beneficial because they can connect family members to services, as well as ensure the child has access to ongoing and consistent care.

All schools must address discipline and bullying, which offer an opportunity to think strategically about screening and intervention for underlying behavioral health needs.

Strategies such as Positive Behavioral Interventions & Supports (PBIS) aim to achieve important social and learning outcomes in school communities while preventing problem behavior. In Ohio, this model provides a tiered approach to interventions as needs become more acute, including linking families to community behavioral health agencies.

## **Schools**

Students who have been identified as having special education needs also have access to services offered by schools. In the 2018-19 school year, 10 out of every 1,000 Ohio public school students were identified as having an Emotional Disturbance (ED), and 6 out of 100 students were identified as having Special Learning Disabilities, which includes conditions like Attention Deficit and Hyperactivity Disorder (ADHD), among others. These two identifications are among the disabilities that qualify children for services with funding through federal programs like IDEA, and for the 53% of children who are income-eligible, Medicaid School Program (MSP). The Ohio Department of Developmental Disabilities provides services for children who have physical and cognitive impairments that may overlap with behavioral health conditions.

Many colleges and universities opt to offer counseling services and screening tools to students as part of student services. These institutions can serve as a critical entry point for behavioral health care for young adults. On October 16, 2016, House Bill 28 was enacted by the state of Ohio in order to increase suicide prevention services; the bill required state-funded institutions to provide incoming students with information about mental health topics, including available depression and suicide prevention resources.<sup>30</sup> While there is an increasing demand for behavioral health services on campus settings, colleges and universities can model the partnerships many school districts have with community behavioral health agencies in order to provide care.

## **Early Care and Education**

Children and families participating in early care and education programs also have opportunities to receive early screening and intervention services. Help Me Grow and Maternal, Infant, Early Childhood Home Visiting (MIECHV) are evidenced-based home visiting services

that can serve as an entry point for babies and toddlers up to age 3. In 2017, there were over 9,600 Ohio families served with evidence-based home visiting.<sup>31</sup> Help Me Grow is offered in all 88 counties in Ohio, while MIECHV is currently offered in 28 counties.

Head Start is a federal program that promotes school readiness of children ages birth up to 5 from low-income families. The program provides behavioral health screenings for children at various stages of development, and it provides support to parents in meeting their own behavioral health needs. In Ohio, 34,000 children participate in Head Start,<sup>32</sup> and over 172,500, or 7% of children, participate in subsidized early care and education programs.<sup>33</sup>

## **Juvenile Justice**

The family and juvenile court systems provide another entry point to access services. Whether the court is hearing cases related to custody disputes, domestic abuse, delinquency, or maltreatment, young Ohioans who are touched by these life events are at risk of trauma and would benefit from intervention as early as possible.

Children and adolescents involved with the juvenile justice system are likely to have a mental health or substance use disorder. Studies show that in 2006, 65-75% of juvenile justice-involved (JJI) children and adolescents had at least one mental health or substance use disorder<sup>34</sup> and 20% to 30% reported suffering from a serious mental health disorder.<sup>35</sup> Courts can decide to participate in initiatives to connect children and adolescents to behavioral health services through diversion programs as alternatives to detention. Ohio's Behavioral Health/Juvenile Justice (BHJJ) Initiative is a pilot program operating since 2005 that shows improved outcomes for children and adolescents. The initiative seeks to increase screenings, evaluations, referrals, and initiation of treatment among justice-involved children and adolescents. Achieving these improved outcomes is complex because the providers as well as payment mechanisms may differ at each point in this process.

## **Foster Care**

Children's services agencies are a key entry point to access the behavioral health continuum. In recognition of this, Ohio has established various ways to ensure

young Ohioans in foster care receive screenings and access to appropriate care, however this process is oftentimes difficult to navigate. It is estimated that 1 in 4 former foster children suffer from post-traumatic stress disorder (PTSD).<sup>36</sup> While behavioral health screenings at the state-level are only required for some court-involved children and adolescents, several county children's services agencies have implemented initiatives through the National Child Traumatic Stress Network to screen children for PTSD and refer them to trauma-focused treatment. Ohio provides Medicaid coverage for all children and adolescents in the foster care and juvenile justice system. In some cases, therapeutic foster care or residential treatment is provided. Increasing the number of children and adolescents who engage in screening and connecting them to treatment requires caregivers to understand the complexities of the network of providers and payment mechanisms. The Public Children Services Association of Ohio (PCSAO) recommends professionalizing the role of the caregiver by expanding the descriptions of roles and skills required along with training and certification, and considering new levels of compensation.

Adolescents who have emancipated from foster care at age 18 continue to have access to some services until age 21, including referrals to behavioral health services, housing, employment, and educational supports, while Medicaid coverage is extended up to age 26. During this transition to adulthood, adolescents must navigate a new set of processes to remain enrolled in these services. The National Children and Adolescents in Transition Survey indicates that only 69% of Ohio adolescents aged 21 who were in foster care were enrolled in Medicaid, which limits their access to both primary care and behavioral health interventions.<sup>37</sup>

## **Summary**

Having a variety of entry points for young Ohioans to access care helps ensure that needs can be identified, however it also presents some challenges in ensuring that they receive treatment. Each system has its own mission and goals, funding sources, regulations, and confidentiality requirements. These systems must provide consistent coordination of care for young Ohioans and their families, which is another layer of ensuring access to behavioral health care. In Ohio, Family and Children



First Councils are partnerships between state and local governments that serve in this capacity, specifically for children with complex needs. They coordinate services for children and adolescents referred to as Multi-System youth (MSY), or youths who are involved in multiple systems like children services, developmental disabilities, mental health and addiction, and juvenile justice. Moving forward, more of these children and adolescents will have service coordination provided through Ohio's newest initiative to address these needs: a Medicaid managed care plan called OhioRISE, which is designed specifically for MSY and those with complex behavioral health needs.

## **PUBLIC HEALTH AND RACIAL EQUITY IMPACTS OF 2020**

Global and national events played an integral role in the state of young Ohioans' behavioral health in 2020 and 2021, when this report was written and published. It is pertinent to note these topics, and consider their short- and long-term potential to impact all Ohioans moving forward.

The COVID-19 pandemic created unprecedented disruptions to the lives of individuals and families around the world. Even before these impacts became apparent, researchers, clinicians, teachers, caregivers, and young Ohioans themselves had voiced concerns about the increasing stress, anxiety, and depression among youth. The pandemic has compounded the already rising negative trends, as isolation, loss of routine, and missed milestones exacerbate these feelings. Further, the role of systemic racism and its history in our society plays a significant role in the behavioral health of individuals and communities, adding stress and trauma to the experiences of young people of color.

Along with the enormous disruptions related to COVID-19, the current political environment and reckoning with centuries of systemic racism in the United States have also exacerbated behavioral health concerns for young Ohioans. National dialogue and protests against racism and police brutality after the deaths of Breonna Taylor, George Floyd, Walter Wallace, and others, have had negative mental health impacts on youth who are Black, Indigenous, and people of color (BIPOC youth).<sup>38</sup>

When the COVID-19 pandemic spread across the country in early 2020, lockdowns, school closures, and fears of contracting the virus disrupted the lives of children, adolescents, and young adults across the country. The related economic downturn created uncertainty further harming young people and their families and compounding already existing behavioral health issues.

During the last half of 2020, the U.S. Census Bureau's Household Pulse Survey reported that half of all Ohio adults with children in the household reported losing employment income and roughly one fifth reported that they had felt down, depressed, or hopeless more than half the previous week.<sup>39</sup> Emergency departments (EDs) are often the first point of care for children's mental health emergencies. Beginning in April 2020, the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through October 2020. Compared with 2019, the proportion of mental health-related visits for children and adolescents aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.<sup>40</sup>

As a result of the pandemic and behavioral health demands, the state of Ohio expanded access to telehealth services to ensure that individuals can continue receiving care when they need it most. In fact, a recent study showed that unscheduled behavioral health visits held virtually increased over 100% in April 2020, during the peak of the shutdown periods, and persisted at almost 70% above the pre-COVID baseline through June.<sup>41</sup> The repercussions of the events of 2020 and 2021 make it even more pressing to build a robust CoC for the behavioral health needs of young Ohioans.

# 2

## Continuum of Care

### INTRODUCTION TO THE CoC

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Good and Modern mental health and addiction service system, or Continuum of Care (CoC), following the passage of the Patient Protection and Affordable Care Act of 2010. The law recognizes behavioral health services as part of the health care system to improve the overall health and wellness of Americans. The CoC integrates physical and behavioral health care. According to SAMHSA, “The vision for a good and modern mental health and addiction system is grounded in a public health model that addresses the determinants of health, system and service coordination, health promotion, prevention, screening and early intervention, treatment, resilience and recovery support to promote social integration and optimal health and productivity.” The CoC should be used to develop state and local planning for identifying gaps in the health care system, allocating resources, and making policy decisions.

Using the CoC, a survey was distributed to local Alcohol, Drug Addiction, Mental Health and Recovery Services (ADAMHS) Boards in order to gain an understanding of Ohio’s behavioral health system for young Ohioans, and identify sufficient and insufficient capacity to meet the state’s behavioral health care needs. Before surveying the local ADAMHS Boards, the Ohio Department of Mental Health and Addiction Services (OhioMHAS), children’s behavioral health providers, and other stakeholders reviewed SAMHSA’s CoC and provided feedback and recommendations to add to the services and programs that make up the model for prenatal/maternal up to 26-year-olds, and their caregivers. In recognizing that services and programs identified may only apply to

certain ages, the CoC chart is divided by age group and lists what applies to each age cohort. The purpose of the CoC chart is to identify the “target audience” within the CoC. When determining which services apply to the caregiver, the question was asked, “Is the caregiver part of the target audience in the CoC for children and youth up to age 26?” In other words, is the service provided directly to the caregiver? If so, is the purpose of the service being provided to the caregiver to improve the behavioral health of the youth in their care? Another way to think of it is “Would this individual have received this service if it wasn’t for the child?” They may have sought out certain services for themselves, unrelated to a child.

The CoC model for prenatal/maternal up to 26-year-olds, along with caregivers, is an evolving framework, and includes eleven domains spanning physical health, health promotion and prevention, treatment, and recovery support services available both on a stand-alone and integrated basis with primary care. The eleven domains are:

- Health Care Home/Physical Health
- Prevention (including promotion)
- Engagement Services
- Outpatient Services
- Medication Services
- Community Supports (Rehabilitative)
- Other Supports (Habillitative)
- Intensive Support Services
- Out-of-Home Residential Services
- Acute Intensive Services
- Recovery Supports

## COC GLOSSARY

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
<b>Health Care Home/Physical Health</b>		
Psychosocial Education	OhioMHAS defines service terms through the OAC. Psychosocial education falls under “prevention services.” Prevention services are a planned sequence of culturally relevant, evidenced-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. Prevention services shall be intentionally designed to reduce risk or promote health before the onset of a disorder, and be population-focused and targeted to specific levels of risk. Providers certified for Prevention Services are required to identify interventions identified as effective by a nationally recognized organization based on the needs of the community.	OAC 5122-29-20 Prevention Service; provided by OhioMHAS
Acute Primary Care	Includes all promotive, preventive, curative, rehabilitative, or palliative actions, whether oriented towards individuals, or populations, whose primary purpose is to improve health and whose effectiveness largely depends on time-sensitive, and frequently, rapid intervention. Encompasses a range of clinical health-care functions, including emergency medicine, trauma care, pre-hospital emergency care, acute care surgery, critical care, urgent care, and short-term inpatient stabilization.	<a href="http://who.int">who.int</a>
Care Coordination and Health Promotion	Cross-cutting system intervention that is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Successful care coordination takes into consideration the continuum of health, education, early child care, early intervention, nutrition, mental/behavioral/emotional health, community partnerships, and social services.	<a href="http://aap.org">aap.org</a>
Comprehensive Care Management	Identifying through a systematic process, patients who benefit from clinical care management by using criteria that consider (1) behavioral health conditions, (2) certain social determinants of health, and (3) high use/high costs of health care services. Populations serviced by care management have a high prevalence of behavioral health conditions/issues.	<a href="http://samhsa.gov">samhsa.gov</a>
Comprehensive Transitional Care	A critical element of traditional medical care, community-based services, and non-traditional services provided by the health care team that patients and caregivers should receive to in order to promote positive health outcomes throughout periods of acute illnesses extending from hospital to home.	<a href="http://nih.gov">nih.gov</a>
General and Specialized Outpatient Medical Services	General, or primary, outpatient medical services are first contact care, comprehensive in scope, focus on the whole person, follow through the course of treatment and coordinate various activities, whereas specialty care is focused on a specific illness episode, organ system, or disease process. Services are provided in an outpatient capacity during a less than 24-hour period.	<a href="http://nih.gov">nih.gov</a>
General Health Screens, Tests, and Immunizations	Also can be referred to as well-child care, providing services for illness prevention and tracking growth and development.	<a href="http://healthychildren.org">healthychildren.org</a>
Referral to Community Treatment	It involves establishing a clear method of follow-up with patients that have been identified as having a possible dependency on a substance or in need of specialized treatment. The process consists of assisting a patient with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting.	<a href="http://samhsa.gov">samhsa.gov</a>

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
Early Childhood Mental Health Screening and Consultation	Incorporates a developmental, relational, and biological perspective on the presenting symptoms and includes data collected from interview, observation of dyadic or triadic interactions, as well scores on validated screening tools.	<a href="http://aacap.org">aacap.org</a>
Individual and Family Support	Services to help families care for their child such as parent training, parent support groups, etc.	<a href="http://samhsa.gov">samhsa.gov</a>
Home Visiting	Through regular, planned home visits by health, social service, and child development professionals, parents learn how to improve their family's health and provide better opportunities for their children. Home visits may include: supporting preventive health and prenatal practices, assisting mothers on how best to breastfeed and care for their babies, helping parents understand child development milestones and behaviors, promoting parents' use of praise and other positive parenting techniques, and working with mothers to set goals for the future, continue their education, and find employment and child care solutions.	<a href="http://hrsa.gov">hrsa.gov</a>

## Prevention and Promotion

Screening, Brief Intervention, and Referral to Treatment	Also known as SBIRT, is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.	<a href="http://samhsa.gov">samhsa.gov</a>
Warm Line/Textline	Unlike a hotline for those in immediate crisis, warm lines and textlines provide early intervention with emotional support that can prevent a crisis. The lines are confidential and sometimes staffed by volunteers or paid employees who have experienced mental health conditions themselves.	<a href="http://nami.org">nami.org</a>
Wellness Recovery Support	Also known as Wellness Recovery Action Planning (WRAP), is an approach that includes self-management and wellness planning by individuals with mental health problems. It serves to document triggers for difficult feelings or behaviors, encourages the identification of tools that contribute to well-being, proposes ways to self-monitor, helps develop action plans for managing wellness, and can be plans that are shared with others should that be necessary in times of illness or crisis. Key concepts possibly included are particularly those of personal responsibility, education, hope, self-advocacy and support, through patient self-directed interventions.	<a href="http://nih.gov">nih.gov</a>
Brief Motivational Interviewing	Clinical approach that helps people with mental health and substance use disorders and other chronic conditions make positive behavioral changes to support better health. The approach upholds four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy (client's belief s/he can successfully make a change).	<a href="http://samhsa.gov">samhsa.gov</a>
Screening and Brief Intervention for Tobacco	Typically occurring in the primary care setting, a patient is asked screening questions, and based on those results may have a short discussion tailored to the level of use identified by the screener.	<a href="http://aap.org">aap.org</a>
Relapse Prevention	Treatment that consists of helping patients to recognize the stages of recovery and the risks of relapse at each stage, as well as develop healthy coping skills and learn the basic rules around relapse.	<a href="http://nih.gov">nih.gov</a>
Facilitated Referrals	Consists of assisting a patient with accessing specialized treatment, selecting treatment facilities, and helping navigate any barriers such as treatment cost or lack of transportation that could hinder treatment in a specialty setting.	<a href="http://samhsa.gov">samhsa.gov</a>
Parent Training	Aims to improve parent wellbeing and parenting as well as children and adolescent mental and behavioral health by addressing the needs of parents of children and adolescents experiencing or at risk for mental health problems.	<a href="http://nih.gov">nih.gov</a>

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
Suicide Prevention Programming in School	Teachers, mental health providers, and all other school personnel who interact with students can play an important role in suicide prevention. The best way to prevent suicide is to use a comprehensive approach that includes these key components: promote emotional well-being and connectedness among all students, identify students who may be at risk for suicide and assist them in getting help, and be prepared to respond when a suicide death occurs.	<a href="http://sprc.org">sprc.org</a>
Early-onset Prevention including School Expulsion Prevention	OhioMHAS defines service terms through the OAC. Early-onset prevention including school expulsion prevention falls under “prevention service.” Prevention services are a planned sequence of culturally relevant, evidenced-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. Prevention services shall be intentionally designed to reduce risk or promote health before the onset of a disorder, and be population-focused and targeted to specific levels of risk. Providers certified for Prevention Services are required to identify interventions identified as effective by a nationally recognized organization based on the needs of the community.	OAC 5122-29-20 Prevention Service; provided by OhioMHAS
Youth-led Prevention/ Recovery Supports	OhioMHAS defines service terms through the OAC. Youth-led prevention/recovery supports fall under “prevention service.” Prevention services are a planned sequence of culturally relevant, evidence-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. Prevention services shall be intentionally designed to reduce risk or promote health before the onset of a disorder, and be population focused and targeted to specific levels of risk. Providers certified for Prevention Services are required to identify interventions identified as effective by a nationally recognized organization based on the needs of the community.	OAC 5122-29-20 Prevention Service; provided by OhioMHAS
Social/Emotional Behavioral Support	The process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.	<a href="http://oese.ed.gov">oese.ed.gov</a>

## Engagement Services

Consumer and Family Education	Information and materials appropriate to their level of understanding, assistance with interpreting and comprehending information when necessary, and information on policies that affect the treatment they receive.	<a href="http://nih.gov">nih.gov</a>
Family Engagement	Agency partners and a single family collaborate in making decisions that address their child’s unique strengths and needs and considers the family’s ideas of success.	<a href="http://youth.gov">youth.gov</a>
Service Planning (including crisis planning)	(Service) Care plans are individualized. They are guided by family and youth input and account for differences among children and children’s families, including their values, preferences, and available resources. Care plans are also coordinated in that they address the whole health of the youth or child. Behavioral and physical health conditions are considered simultaneously and are incorporated into a comprehensive approach. To accomplish this, the planning process requires team input.	<a href="http://samhsa.gov">samhsa.gov</a>
Outreach	The process of bringing individuals who do not access traditional services into treatment. Effective outreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support while assisting with immediate and basic needs, and referral to appropriate resources.	<a href="http://kdads.ks.gov">kdads.ks.gov</a>
Specialized Evaluations (psychological and neurological)	Evaluations that either focus on the relationship between a child’s cognitive, social, and emotional functioning and physical health (psychological) or evaluating a child’s medical and neurological disorders impact on thinking or behavior (neurological). A combined approach is called Neuropsychological Evaluation.	<a href="http://mha.ohio.gov">mha.ohio.gov</a>
Assessment	A measure to predict client engagement during treatment, which can determine how well a person will respond to professional input, identifying problem severity and personal characteristics to help determine engagement strategies.	<a href="http://nih.gov">nih.gov</a>

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
Early Childhood Mental Health	These services build protective factors in young children, increase skills of parents, and promote the competencies of early childhood providers, especially for children ages birth to six years who are at risk for abuse, neglect, and poor social and emotional health.	<a href="http://youth.gov">youth.gov</a>
Mentoring	OhioMHAS defines service terms through the OAC. Mentoring falls under “Peer Run Organization.” Peer Run Organization is any service or activity that is planned, developed, administered, delivered, and evaluated by persons, a majority of whom have a direct lived experience of a mental health or substance use disorder.	OAC 5122-29-16 Peer Run Organization; provided by OhioMHAS

## Outpatient Services

Family Therapy	Services address how the family's patterns of behavior influences the child. In family therapy, the unit of treatment isn't just the person, it is the set of familial relationships in which the person is embedded.	<a href="http://aamft.org">aamft.org</a>
Multi-family Therapy	An evidence-based intervention for treating persons with severe mental illness and their families, which integrates psychoeducation and behavioral family therapy in a multiple-family group format.	<a href="http://nih.gov">nih.gov</a>
Group Therapy	In group therapy, five to ten people meet face-to-face with one or more trained group therapists and talk about what is troubling them. Members also give feedback to each other by expressing their own feelings about what someone says or does. This interaction gives group members an opportunity to try out new ways of behaving and to learn more about the way they interact with others. What makes the situation unique is that it is a closed and safe system. The content of the group sessions is confidential; what members talk about or disclose is not discussed outside the group.	<a href="http://purdue.edu">purdue.edu</a>
Individual Evidence Based Therapies	Therapy chosen based on integrating the best-available research with clinical expertise in the context of the patient's culture, individual characteristics, and personal preferences.	<a href="http://nih.gov">nih.gov</a>
School-based Mental Health	Services offered through a child's school, that include individual, group, and family therapy, crisis counseling, mental health screenings, assessment, substance use counseling, and prevention.	<a href="http://apa.org">apa.org</a>
Mental Health Consultations to Caregivers	Problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more caregivers.	<a href="http://ecmhc.org">ecmhc.org</a>

## Medication Services

Laboratory Services	These services can include drug testing of patients, genetic testing, and technical assistance.	<a href="http://aacc.org">aacc.org</a>
Medication Management	Strategy for engaging with patients and caregivers to create a complete and accurate medication list which is the foundation for addressing medication reconciliation and medication management issues. It will also help to identify patient behaviors that may lead to an adverse drug event, such as overdosing, underdosing, or missing medications.	<a href="http://ahrq.gov">ahrq.gov</a>
Pharmacotherapy (including Medication Assisted Treatment)	Also known as drug therapy. The treatment of a disorder by the administration of drugs, as opposed to such means as surgery, psychotherapy, or complementary and alternative methods. Often used as a compliment to other treatments.	<a href="http://apa.org">apa.org</a>

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
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## Community Supports (Rehabilitative)

Permanent Supportive Housing, Stable Living Environment, Lead Exposure Mitigation	Long-term, community-based housing, which includes supportive services for homeless people with disabilities. This type of supportive housing is meant to enable the special needs population to live as independently as possible in a permanent setting.	<a href="http://mha.ohio.gov">mha.ohio.gov</a>
Psychosocial Rehabilitation	An intervention program that helps individuals achieve the fullest possible integration as an active and productive member of their family and community with the least possible ongoing professional intervention.	<a href="http://nih.gov">nih.gov</a>
Therapeutic Behavioral Services	Treatments that attempt to change unhealthy, potentially dangerous, or self-destructive behaviors. It focuses on helping an individual understand how the behavior affects life and emotions.	<a href="http://caresource.com">caresource.com</a>
Behavior Management and Supports	Interventions in improving child behavior and reducing potentially negative consequences of negative behavior later in life.	<a href="http://psychiatry.org">psychiatry.org</a>
Case Management/ Care Coordination	A range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human needs.	<a href="http://nasmhpd.org">nasmhpd.org</a>
Traditional Healing Services (e.g. holistic medicine, religious-based, mindfulness, yoga, meditation)	Services that use knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness.	<a href="http://who.int">who.int</a>
Skill Building (social/emotional, daily living, cognitive), Parenting Skills	Goal-directed training to enable individuals to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.	<a href="http://apa.org">apa.org</a>
Therapeutic Mentoring, After School Programming	Structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. Includes supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to other children and adolescents, as well as adults, in recreational and social activities pursuant to a behavioral health treatment plan.	<a href="http://masspartnership.com">masspartnership.com</a>
Educational Recovery Supports	Education-based recovery support services are designed to help individuals in early substance use disorder recovery achieve their educational goals while also focusing on the areas of their social, emotional, spiritual, and physical well-being needed to help sustain recovery.	<a href="http://RecoveryResearchInstitute">Recovery Research Institute</a>
Vocational Recovery Supports	Services focus on the process of improving an individual's functioning in primary life areas based on the person's values, interests, and goals. Provides a wide range of vocational, educational, supportive, and follow-up services.	<a href="http://samhsa.gov">samhsa.gov</a>
Supported Employment	Services focus on achieving outcomes by matching individuals to jobs best suited for their skills, strengths, interests, and capacities, by providing continuous support during employment. Vocational rehabilitation focuses on career counseling, job-seeking skills, training, and assistance navigating job markets.	<a href="http://samhsa.gov">samhsa.gov</a>
Record Expungement	In law, "expungement" is the process by which a record of criminal conviction is destroyed or sealed from state or federal record. An expungement order directs the court to treat the criminal conviction as if it had never occurred, essentially removing it from a defendant's criminal record as well as, ideally, the public record.	<a href="http://americanbar.org">americanbar.org</a>

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
Parenting/Caregiver Support	Aims to improve caregiver wellbeing and parenting as well as children and adolescents' behavioral health by addressing the needs of parents of children and adolescents experiencing or at risk for behavioral health problems.	<a href="http://nih.gov">nih.gov</a>
Recovery Housing	A safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in traditional clinical treatment. Residents typically benefit from peer support and accountability, relapse prevention, case management, and employment skills training as they transition to living independently.	<a href="http://mha.ohio.gov">mha.ohio.gov</a>

## Other Supports (Habilitative)

Personal Care	Services that benefit individuals who require assistance with activities of daily living (ADLs), including eating, dressing, bathing, toileting, and mobility.	<a href="http://medicaid.ncdhhs.gov">medicaid.ncdhhs.gov</a>
Supported Education	Program that assists people with psychiatric disabilities in their pursuit of higher education.	<a href="http://samhsa.gov">samhsa.gov</a>
Homemaker	Program that provides homemaker services, including cleaning, shopping, and cooking.	<a href="http://caregiver.org">caregiver.org</a>
Interactive Communication Devices	OhioMHAS defines service terms through the OAC. Interactive Communication Devices fall under "Telehealth." Telehealth refers to the use of, real-time audiovisual communications of such quality as to permit accurate and meaningful interaction between at least two persons, one of which is a certified provider of the service being provided pursuant to Chapter 5122-25 of the Administrative Code. Asynchronous modalities that do not have both audio and video elements are considered telehealth.	<a href="#">OAC 5122-29-31 Telehealth: provided by OhioMHAS</a>
Recreational Services	OhioMHAS defines service terms through the OAC. Recreational Services falls under "Peer Run Organization." Peer Run Organization is any service or activity that is planned, developed, administered, delivered, and evaluated by persons, a majority of whom have a direct lived experience of a mental health or substance use disorder.	OAC 5122-29-16 Peer Run Organization; provided by OhioMHAS
Trained Behavioral Health Interpreters	Interpreting services used to overcome language and cultural barriers between the client and the clinician that impeded successful provider-consumer interaction.	<a href="http://nlbha.org">nlbha.org</a>
Transportation	Non-medical assisted transportation for needed behavioral health services.	<a href="http://samhsa.gov">samhsa.gov</a>
Respite	A patient stays briefly away from home with specially trained individuals.	<a href="http://AACAP.org">AACAP.org</a>
Assisted Living Services	Residential services for people who need help with daily care, but not as much help as a nursing home provides.	<a href="http://nih.gov">nih.gov</a>
Special Education	Instruction designed to meet the needs of a child with a disability, which is outlined in an Individualized Education Plan.	<a href="http://nationwidechildrens.org">nationwidechildrens.org</a>

## Intensive Support Services

Intensive Care Management	Also known as wraparound services, it is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and often includes the exchange of information among participants responsible for different aspects of care.	<a href="http://samhsa.gov">samhsa.gov</a>
Multi-systemic Therapy	Typically uses a home-based model of service delivery with the overriding goal to keep adolescents who have exhibited serious clinical problems (e.g., drug use, violence, severe criminal behavior) at home, in school, and out of trouble through intensive involvement and contact with the family.	<a href="http://youth.gov">youth.gov</a>



TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
Intensive Home Based Treatment	A team of specially trained staff go into a home and develop a treatment program to help the child and family.	<a href="http://AACAP.org">AACAP.org</a>
Partial Hospitalization	Provides all the treatment services of a psychiatric hospital, but the patients go home each evening.	<a href="http://AACAP.org">AACAP.org</a>
Mental Health Day Treatment	An intensive, structured, goal-oriented, distinct, and identifiable treatment service that utilizes multiple mental health interventions which address the individualized mental health needs of the client.	<a href="http://OAC.5122-29-06.Mental%20health%20day%20treatment%20service">OAC 5122-29-06 Mental health day treatment service</a>
Substance Use Intensive Outpatient	Direct services for people with substance use disorders or co-occurring mental and substance use disorders who do not require medical detoxification or 24-hour supervision.	<a href="http://nih.gov">nih.gov</a>
Assertive Community Treatment	A team-based treatment model that provides multidisciplinary, flexible treatment and support to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together.	<a href="http://nami.org">nami.org</a>

## Out-of-Home Residential Services

Clinically Managed Medium Intensity Care	Services provided in a structured, residential setting that is staffed 24 hours daily and are managed by nonphysician addiction specialists rather than medical personnel. Medium intensity care (ASAM Level 3.5) is designed to promote recovery skill development and deter relapse in patients in imminent danger because of maladaptive behavioral or temperament extremes. Focus is on stabilizing current severity in preparation to continue treatment in less intensive levels of care.	<a href="http://medicaid.gov">medicaid.gov</a>
Crisis Residential/ Stabilization	This setting provides short-term (usually fewer than 15 days) crisis intervention and treatment. Patients receive 24-hour-per-day supervision.	<a href="http://AACAP.org">AACAP.org</a>
Clinically Managed 24-hour Care	Services provided in a structured, residential setting that is staffed 24 hours daily and are managed by nonphysician addiction specialists rather than medical personnel. Low-intensity programs (ASAM level 3.1) require at least 5 hours per week of services, including medication management, recovery skills, relapse prevention, and other similar services.	<a href="http://medicaid.gov">medicaid.gov</a>
Therapeutic Foster Care	Also known as treatment foster care, provides a home environment by foster parents with specialized training to care for a wide variety of children and adolescents, usually those with significant emotional, behavioral, or social issues or medical needs.	<a href="http://childwelfare.org">childwelfare.org</a>
Children's Mental Health Residential	Patients with severe mental illness receive intensive and comprehensive psychiatric treatment in a campus-like setting on a longer-term basis.	<a href="http://AACAP.org">AACAP.org</a>
Youth Substance Use Residential	Residential treatment is a resource-intensive high level of care, generally for adolescents with severe levels of addiction whose mental health and medical needs and addictive behaviors require a 24-hour structured environment to make recovery possible. These adolescents may have complex psychiatric or medical problems or family issues that interfere with their ability to avoid substance use.	<a href="http://drugabuse.gov">drugabuse.gov</a>
Adult Mental Health Residential	Residential treatment offers high-quality, long-term mental health care within a structured, homelike setting that contributes to healing and a sense of community.	<a href="http://artausa.org">artausa.org</a>
Adult Substance Use Residential	Residential treatment for substance use comes in a variety of forms, including long-term (12 months or more) residential treatment facilities, criminal justice-based programs, halfway houses, and short-term residential programs. Historically, residential substance use treatment facilities have provided treatment to clients with more serious and active substance use disorders but with less serious mental illness (SMI). Most providers now agree that the prevalence of people with SMI entering residential substance use treatment facilities has risen.	<a href="http://ncbi.nlm.nih.gov">ncbi.nlm.nih.gov</a>

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
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## Acute Intensive Services

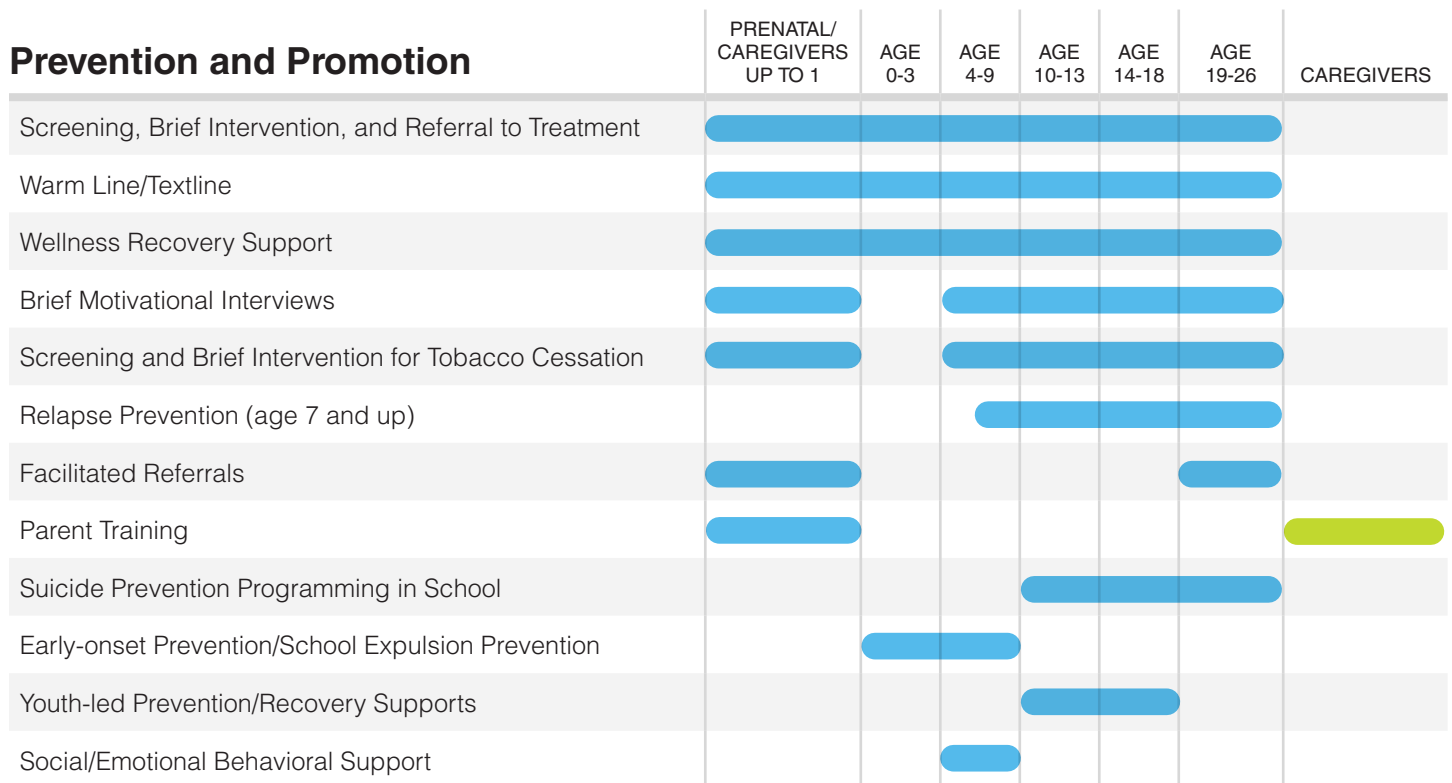
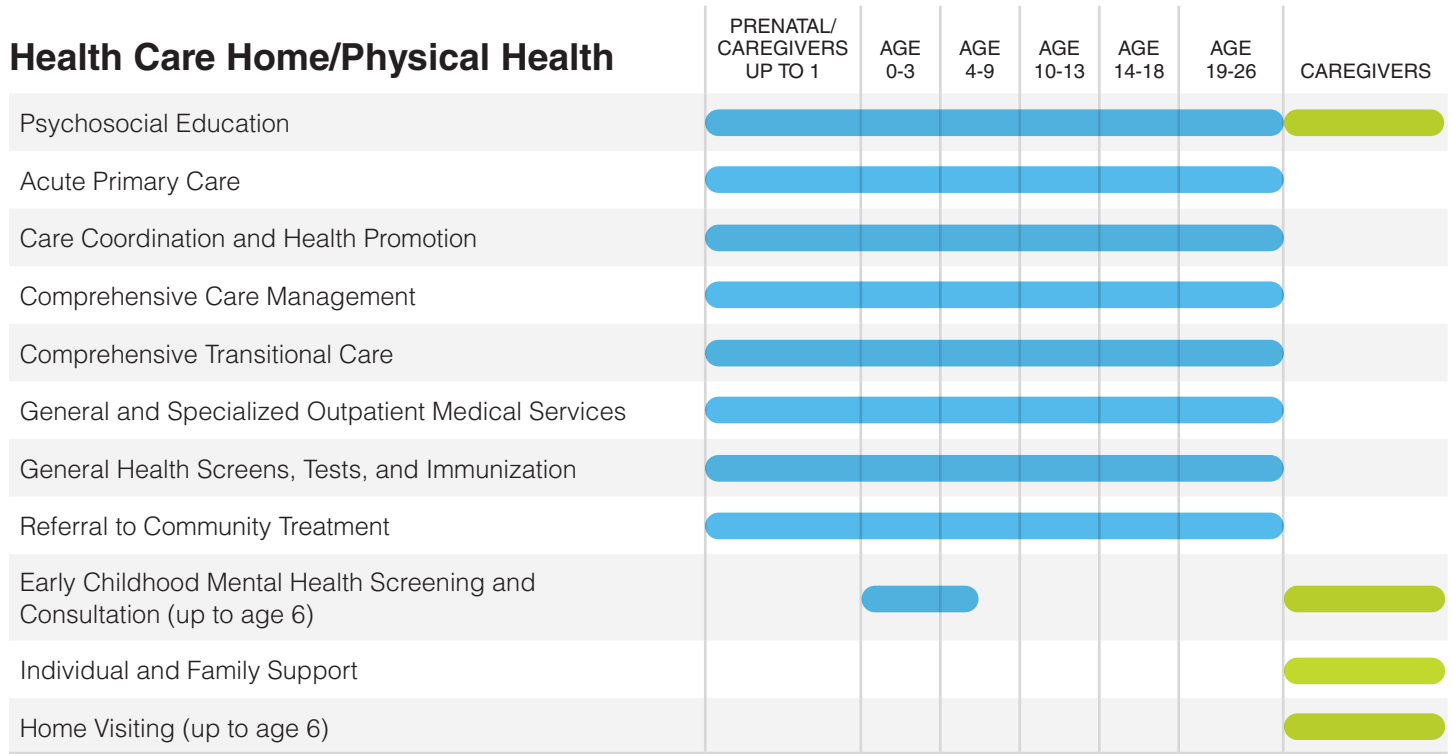
Medically Monitored Intensive Inpatient	Services provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, and others under the direction of a licensed physician. For adolescents with co-occurring psychiatric disorders or symptoms that hinder success in SUD treatment in other settings, these services are appropriately a highly structured 24-hour service (ASAM Level 3.7).	<a href="http://medicaid.gov">medicaid.gov</a>
Mobile Crisis Services	Mobile crisis team services offer community-based intervention to individuals in need wherever they are, including at home, work, or anywhere else in the community where a person is experiencing a crisis.	<a href="http://samhsa.gov">samhsa.gov</a>
Urgent Care Services	Face-to-face interaction with a person in response to a crisis or emergency situation they are experiencing.	Urgent services – OAC 5122-29-10; provided by OhioMHAS
24/7 Crisis Hotline	24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephone, text, and chat).	<a href="http://samhsa.gov">samhsa.gov</a>
23 Hour Crisis Stabilization Services	23-hour crisis observation or stabilization is a direct service that provides individuals in severe distress with up to 23 consecutive hours of supervised care to assist with deescalating the severity of their crisis and/or need for urgent care.	<a href="http://samhsa.gov">samhsa.gov</a>
Peer Based Crisis Services	OhioMHAS defines service terms through the OAC. Peer based crisis services fall under "peer recovery services." Peer recovery services are community-based services for individuals with a mental illness or substance use disorder and consist of activities that promote recovery, self-determination, self-advocacy, well-being, and independence. Peer recovery services are individualized, recovery-focused, and based on a relationship that supports a person's ability to promote their own recovery. Peer recovery services promote self-directed recovery by assisting an individual. They promote trauma informed care and diversity competence, encourage self-direction, and advocate for informed choice. 'Recovery' refers to the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions. Peer recovery services may include, but are not limited to: ongoing exploration of recovery needs; supporting individuals in achieving personal independence as identified by the individual; encouraging hope; supporting the development of life skills such as budgeting and connecting to community resources; developing and working toward achievement of personal recovery goals; modeling personal responsibility for recovery, teaching skills to effectively navigate to the health care delivery system to effectively and efficiently utilize services; providing group facilitation that addresses symptoms or behaviors, through processes that assist an individual in eliminating barriers to seeking or maintaining recovery, employment, education, or housing; assisting with accessing and developing natural support systems in the community; promoting coordination and linkage among similar providers; coordinating or assistance in crisis interventions and stabilization as needed; and conducting outreach, attending and participating in treatment team, or assisting individuals in the development of empowerment skills through self-advocacy and activities that mitigate discrimination and inspire hope.	OAC 5122-29-15 Peer Recovery Service; provided by OhioMHAS

TERM	DEFINITION (when a definition is provided by an established source)	SOURCE
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## Recovery Supports

Peer Support	Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.	<a href="http://samhsa.gov">samhsa.gov</a>
Continuing Care for Substance Use Disorders	OhioMHAS defines service terms through the OAC. All services in these rows are defined under "peer recovery services." Peer recovery services are community-based services for individuals with a mental illness or substance use disorder and consist of activities that promote recovery, self-determination, self-advocacy, well-being, and independence. Peer recovery services are individualized, recovery-focused, and based on a relationship that supports a person's ability to promote their own recovery. Peer recovery services promote self-directed recovery by assisting an individual. They promote trauma informed care and diversity competence, encourage self-direction, and advocate for informed choice. 'Recovery' refers to the personal process of change in which Ohio residents strive to improve their health and wellness, resiliency, and reach their full potential through self-directed actions. Peer recovery services may include, but are not limited to: ongoing exploration of recovery needs; supporting individuals in achieving personal independence as identified by the individual; encouraging hope; supporting the development of life skills such as budgeting and connecting to community resources; developing and working toward achievement of personal recovery goals; modeling personal responsibility for recovery, teaching skills to effectively navigate to the health care delivery system to effectively and efficiently utilize services; providing group facilitation that addresses symptoms or behaviors, through processes that assist an individual in eliminating barriers to seeking or maintaining recovery, employment, education, or housing; assisting with accessing and developing natural support systems in the community; promoting coordination and linkage among similar providers; coordinating or assistance in crisis interventions and stabilization as needed; and conducting outreach, attending and participating in treatment team, or assisting individuals in the development of empowerment skills through self-advocacy and activities that mitigate discrimination and inspire hope.	OAC 5122-29-15 Peer Recovery Service; provided by OhioMHAS
Recovery Support Coaching		
Supports for Self-Directed Care		
Recovery Support Center Services		

## COC CHART



## Engagement Services

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Consumer/Family Education	[Blue bar]						[Green bar]
Family Engagement	[Blue bar]						[Green bar]
Service Planning (including crisis planning)	[Blue bar]						[Green bar]
Outreach	[Blue bar]						[Green bar]
Specialized Evaluations (psychological, neurological)	[Blue bar]						
Assessment	[Blue bar]						
Early Childhood Mental Health		[Blue bar]					
Mentoring				[Blue bar]			

## Outpatient Services

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Family Therapy	[Blue bar]						[Green bar]
Multi-family Therapy	[Blue bar]						[Green bar]
Group Therapy	[Blue bar]						
Individual Evidence Based Therapies	[Blue bar]						
School Based Mental Health			[Blue bar]				
Mental Health Consultation to Caregivers							[Green bar]

## Medication Services

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Laboratory Services	[Blue bar]						
Medication Management	[Blue bar]						
Pharmacotherapy (including MAT)	[Blue bar]						

<b>Community Supports (Rehabilitative)</b>	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Permanent Supported Housing Stable Living Environment, Lead Exposure Mitigation	[Blue bar]						[Green bar]
Psychosocial Rehabilitation	[Blue bar]						[Green bar]
Therapeutic Behavioral Services	[Blue bar]						[Green bar]
Behavioral Management Supports	[Blue bar]						
Case Management/Care Coordination	[Blue bar]						
Traditional Healing Services (E.G. Holistic Medicine, Mindfulness, Yoga, Meditation)	[Blue bar]						
Skill Building (Social/Emotional, Daily Living, Cognitive, Parenting)	[Blue bar]		[Blue bar]				[Green bar]
Therapeutic Mentoring	[Blue bar]		[Blue bar]				[Green bar]
Educational Recovery Supports	[Blue bar]				[Blue bar]		
Vocational Recovery Supports	[Blue bar]				[Blue bar]		
Supported Employment (age 18 and up)	[Blue bar]					[Blue bar]	
Record Expungement (age 18 and up)	[Blue bar]					[Blue bar]	
Parent/Caregiver Support	[Blue bar]						[Green bar]
Recovery Housing (age 18 and up)					[Blue bar]		

<b>Other Supports (Habilitative)</b>	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Personal Care	[Blue bar]						[Green bar]
Supported Education	[Blue bar]						[Green bar]
Homemaker/Independent Living Skills/Parenting Skills	[Blue bar]			[Blue bar]			[Green bar]
Interactive Communication Devices	[Blue bar]						
Recreational Services/Play	[Blue bar]						
Trained Behavioral Health Interpreters	[Blue bar]						
Transportation	[Blue bar]						
Respite			[Blue bar]				
Assisted Living Services				[Blue bar]			
Special Education			[Blue bar]				

### Intensive Support Services

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Intensive Care Management	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	
Multi-Systemic Therapy		Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	Yellow bar
Intensive Home Based Treatment (early mental health intervention services, trauma)		Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	
Partial Hospitalization		Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	
Mental Health Day Treatment	Blue bar		Blue bar	Blue bar	Blue bar	Blue bar	
Substance Use Intensive Outpatient	Blue bar			Blue bar	Blue bar	Blue bar	
Assertive Community Treatment (age 18 and up)					Blue bar	Blue bar	

















### Out-of-Home Residential Services

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Clinically Managed Medium Intensity Care	Blue bar		Blue bar	Blue bar	Blue bar	Blue bar	
Crisis Residential/Stabilization	Blue bar		Blue bar	Blue bar	Blue bar	Blue bar	
Clinically Managed 24-hour Care (age 12 and up)	Blue bar			Blue bar	Blue bar	Blue bar	
Therapeutic Foster Care		Blue bar	Blue bar	Blue bar	Blue bar		
Children's Mental Health Residential			Blue bar	Blue bar	Blue bar		
Youth Substance Use Residential				Blue bar	Blue bar		
Adult Mental Health Residential	Blue bar					Blue bar	
Adult Substance Use Residential	Blue bar					Blue bar	

### Acute Intensive Services

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Medically Monitored Intensive Inpatient	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	
Mobile Crisis Services	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	
Urgent Care Services	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	Blue bar	
24/7 Crisis Hotline			Blue bar	Blue bar	Blue bar	Blue bar	
23 Hour Crisis Stabilization Services				Blue bar	Blue bar	Blue bar	
Peer Based Crisis Services	Blue bar			Blue bar	Blue bar	Blue bar	

## Recovery Supports

	PRENATAL/ CAREGIVERS UP TO 1	AGE 0-3	AGE 4-9	AGE 10-13	AGE 14-18	AGE 19-26	CAREGIVERS
Peer Support (age 10 and up)							
Continuing Care For Substance Use Disorders (age 10 and up)							
Recovery Support Center Services							
Recovery Support Coaching							
Supports for Self-directed Care (age 7 and up)							



# 3

## Challenges to Creating and Accessing a Complete CoC

Creating and maintaining a full behavioral health Continuum of Care (CoC) is a challenging, yet achievable, endeavor. According to research, stigma is a significant barrier to care in addition to lack of knowledge, inability to recognize symptoms, and lack of adequate access to care and resources.<sup>42</sup> Reducing stigma can increase people's willingness to seek treatment and increase support for integrated and well-funded services. Beyond addressing stigma and engagement, more must be done to build this CoC. There are six cross-cutting challenges that must be addressed: parity of insurance coverage for behavioral health services, allocation of funding, workforce shortages in the behavioral health field, caregiver participation in treating and understanding behavioral health disorders, racial equity in behavioral health, and access to data.

### PARITY

A common practice among insurance plans is covering illnesses of the brain more restrictively than illnesses of the rest of the body. While insurance plans have made progress in providing coverage for behavioral health disorders, challenges persist. The Patient Protection and Affordable Care Act of 2010 requires health plans to cover certain services called Essential Health Benefits (EHB). EHBs include mental health and substance use disorder (SUD) services. However, insurance companies establish quantitative treatment limitations, such as limits on the number of allowable visits, and non-quantitative treatment limitations, or non-numerical limits impacting treatment, which can be related to reimbursement rates. To ensure

parity, both types of limits must be the same for behavioral health coverage as they are for physical health coverage.

Affordability for many families depends on the availability of behavioral health providers in their plan's network. Low reimbursement rates for behavioral health services have driven many providers from participation in insurance plans. As a result, a young Ohioan's mental health office visit is 10 times more likely to be out-of-network than a primary care office visit.<sup>43</sup>

In Ohio, private insurer reimbursement rates for the same behavioral health care services provided by different provider types show stark contrasts. According to a 2019 Milliman report, in-network reimbursement rates for behavioral health office visits were over 20% less than they were for in-network medical/surgical office visits in 2017.<sup>44</sup> Reimbursement rates are critical because they affect a provider's ability to cover their costs, they drive the availability of services, and lower rates can weaken the behavioral health workforce. Lower reimbursement for services means the system relies on braided sources of revenue that may or may not be sustainable from local tax levies and county or state operating budgets. Non-quantitative treatment limitations continue to widen disparities between coverage for behavioral health services generally, which further amplifies the challenges Ohio faces toward achieving a full CoC.

In 2006, Ohio passed parity legislation that required coverage for only major mental illnesses and limited alcohol treatment services. In 2008, the federal government passed the Mental Health Parity and Addiction Equity Act (MHPAEA) to ensure that access to behavioral health treatment is the same as physical health

care treatment. October 3, 2018 marked the 10-year anniversary of MHPAEA. Since then, Ohio received an “F” rating from the Kennedy-Satcher Center for Mental Health Equity because of how behavioral health conditions are defined and covered in addition to how the parity law is monitored and enforced.<sup>45</sup>

In December 2020, Ohio passed a new parity law aligning Ohio law with federal law. It updates Ohio's statute bringing more comprehensive coverage and enforcement in parity between behavioral and physical health. It also requires the Ohio Medicaid Director to implement and enforce parity when contracting with managed care plans. While the passage of this state law is an important step, building a full CoC hinges on compliance with, and enforcement of, parity in insurance plan coverage for both physical and behavioral health care services to support overall health and wellness.

## FUNDING

Funding for behavioral health services is derived from multiple sources, and many services can be covered by health insurance plans. In 2019, over 50% of Ohio children and adolescents aged 0-18 had private health insurance such as through their parent's employer group plan, while 45% of Ohio children and adolescents aged 0-18 were covered by Medicaid, and almost 5% were uninsured.<sup>46</sup> Young Ohioans must have current and continual health insurance coverage in order to access care. While health insurance coverage is important for paying for behavioral health services, a complete CoC includes many services that are not currently covered by insurance plans. Providers in the behavioral health system recognize that achieving wellness means promoting optimal health outcomes, preventing sickness and disease, and addressing inequities in social determinants of health. The behavioral health system fosters these approaches and recognizes that many illnesses are the result of poor social determinants of health, which can lead to stress, anxiety, and behavioral health challenges for the individual. Treatment is only one aspect in the system of behavioral health care; prevention and recovery services and supports are needed to complete the framework.

Prevention programs delivered to young Ohioans can promote a lifetime of wellness and are invaluable to health

outcomes. However, funding is more difficult to obtain for prevention services than it is for treatment because the health care system uses a “sick model” when determining payment strategies and does not reimburse for prevention and recovery supports. For example, many school districts build relationships with community mental health and substance use disorder service providers to increase access to behavioral health treatment services. However, prevention programming is not a reimbursable service through insurance, and therefore, is not as widely accessible.

Prevention efforts are often paid for by local Alcohol, Drug Addiction, Mental Health and Recovery Services (ADAMHS) Boards, or included in the state operating budget by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Ohio currently provides Student Wellness and Success funding for school districts to fund wellness services including behavioral health, wraparound services, mentoring, and after-school programs through the Ohio Department of Education (ODE). The flexible funding allows schools to use these resources for other health-related services.

Behavioral health services can also receive funding through local tax levies, county government general funds, municipalities, and local tax funds, in addition to philanthropic support.<sup>47</sup> Ohio contributes funds to pay for services from its general revenue fund which goes to agencies including OhioMHAS, ODE, the Ohio Department of Medicaid (ODM), and the Ohio Department of Job & Family Services, among others.

Federal programs like Medicaid, Children's Health Insurance Program (CHIP), Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), Head Start and Early Head Start, Child Care Development Fund, SAMHSA's Children's Mental Health Initiative (CMHI), and other SAMHSA block grants all provide funds to programs and services within the CoC.

As previously noted, overall health is influenced by several factors referred to as social determinants of health. These factors include clinical care access, but also quality health behaviors like nutrition, and the social, economic, and physical environment in which families live. Although Ohio has many strengths related to health care access, Ohio performs worse than other states when it comes to the social, economic, and physical environments, public health and prevention, and many health behaviors.<sup>48</sup> Of

all the factors that influence health, clinical care access and quality contribute 20% to overall health.<sup>49</sup> The social, economic, and physical environments make up half of what impacts individuals' health outcomes.<sup>50</sup>

Notably, children in Ohio are more likely than children in other states to have three or more adverse childhood experiences (ACEs). ACEs, which are strongly linked to the development of a wide range of health problems, include a child's exposure to family dysfunction, violence in the home or neighborhood, and living in a family with financial hardship.<sup>51</sup> These experiences significantly effect a child's behavioral health outcomes, demonstrating the importance of investing in social determinants of health besides clinical care.

Besides being a delivery of care model that improves health outcomes, integrated care, a general term for any attempt to fully or partially blend behavioral health services with general and/or specialty medical services, is also a funding model for improving behavioral health care. This blending of care can occur within inpatient or ambulatory clinical settings. By treating both the mental and physical needs of children, adolescents, and young adults, the health system can meet the triple aim of improved patient outcomes and satisfaction at a lower cost by addressing common, disabling, and costly behavioral health problems.<sup>52</sup>

A study conducted by the Children's Hospital Boston and Harvard Medical School on how other countries fund behavioral health for children showed that there are several low- or middle-income countries which, with their limited resources, were able to develop and implement progressive child mental health policies. The integration of child and adolescent mental health services into the primary care system helped to reduce the costs of services and minimize stigma.<sup>53</sup>

## **Note-worthy Funding Models**

The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model that aims to reduce expenditures and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs. Ohio is one of seven states that was awarded funding in 2020 for a 7-year 1115 research and demonstration project

waiver made possible by The Centers for Medicare and Medicaid.<sup>54</sup> Ohio InCK goals are to use the strength of local partnerships and community-based services, early identification and treatment, and enhanced care coordination and data sharing to address behavioral health needs and reduce out of home placement within the targeted population.<sup>55</sup>

ResultsOHIO is an infrastructure within the Ohio Treasurer's office that enables policymakers and innovators to pursue pay-for-success (PFS) projects aimed at tackling the most pressing social and public health challenges facing Ohio. Two of the first five projects approved as PFS projects by the Ohio Treasurer are related to behavioral health needs. OneFifteen's recovery project plans to use \$9.1 million over a three-year period to create a comprehensive safety net for individuals with substance use disorders in the criminal justice system in order to receive treatment, achieve sustained recovery, and reduce recidivism and length of incarceration.

Through the co-location of telehealth hubs in currently utilized places (ex. probation offices), Every Child Succeeds plans to use \$4 million over five years to reduce preterm births and associated adverse impacts, including infant mortality, by expanding its delivery of evidence-based home visiting to high-risk pregnant women in Hamilton County. Visits will start during pregnancy, conclude six months after birth of the child, and will include screenings for maternal depression. Each project will be reimbursed by state funds if they deliver on their performance measures determined by an independent evaluation.<sup>56</sup>

## **WORKFORCE**

Behavioral health workforce challenges present a significant barrier for those in need of services across the CoC. This workforce requires passion and productivity, but the emotionally challenging content of the work can lead to burnout and secondary trauma. Shortages across the behavioral health field exist, and recruiting and retaining staff is a struggle for employers, particularly within community behavioral health centers. This lack of behavioral health professionals and services is worse in rural areas.<sup>57</sup>

## Recruitment and Retention

Workforce shortages occur for multiple reasons. More individuals are needed to enter the field to meet an increasing demand. Further, attention must be paid to retention efforts so that existing professionals have the proper supports in place to remain in the field.<sup>58</sup> Lower than average salaries for behavioral health professionals compared to similar professions also plays a significant role in the field's inability to recruit and retain talent.<sup>59</sup> Financial incentives such as loan repayment/forgiveness programs, scholarship programs, and higher salaries commensurate with education and experience can have a significant positive impact on the field's ability to recruit and retain members of the workforce.

For example, the American Academy of Child and Adolescent Psychiatry (AACAP) estimates that the country

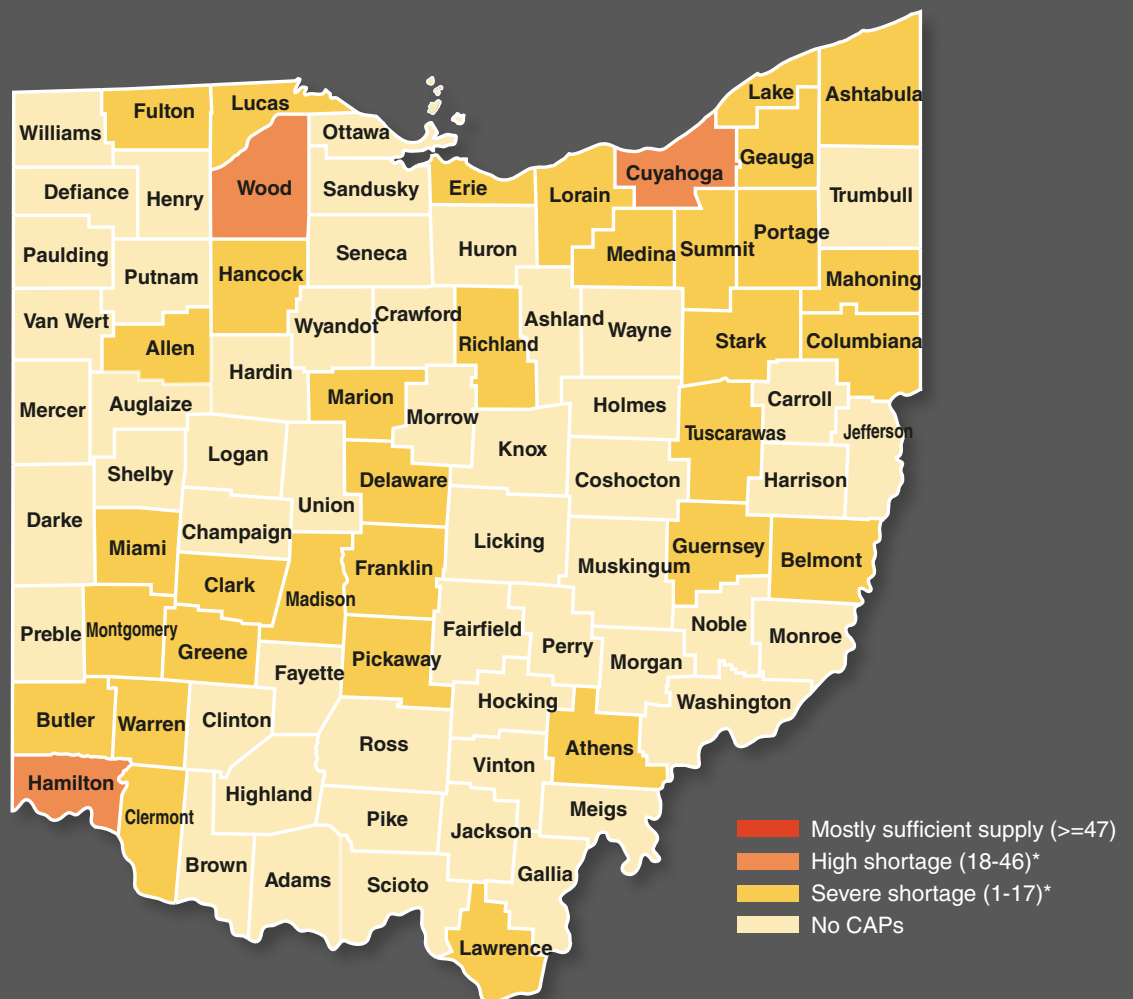
needs 47 child psychiatrists per 100,000 children. Yet, according to the AACAP's interactive mapping tool in Figure 1, Ohio had just 11 child psychiatrists per 100,000 children in 2017.<sup>60</sup> Some Ohio counties have no child psychiatrists at all, while others have a severe shortage. Only three counties in the state - Cuyahoga, Hamilton, and Wood - come close to meeting the recommendation by the AACAP.

## Need for Workforce Reflecting the Community

In addition to the general shortage in the field, the existing workforce does not reflect the racial, ethnic, or linguistic diversity of the clients it serves. A 2004 study reported that non-Hispanic Whites made up 76% of all psychiatrists, 95% of psychologists, 85% of social workers, 80% of counselors, 92% of marriage and

**FIGURE 1:**  
Practicing child and adolescent psychiatrists by county (2017)

Rate per 100,000 of children ages 0-17.



family therapists, and 90% of psychiatric nurses.<sup>61</sup> This contrasts sharply with the demographic makeup of the U.S. population, which is nearly one-third Latino, African American, Asian American, or Native American/Pacific Islander, numbers which continue to rise.<sup>62</sup> Linguistic barriers can make completing licensure exams difficult for non-native English speakers, further exacerbating the underrepresentation of individuals in the workforce that reflect the populations they serve. Additionally, members of the Lesbian, Gay, Bisexual, Transgender, and Queer community self-report higher mental health service use than their heterosexual counterparts, indicating a need for a workforce competent in supporting the specific needs of this population.<sup>63</sup>

Studies show that a shared racial or cultural identity between patient and provider results in higher treatment effectiveness and retention than among patients and providers who do not share these identities.<sup>64</sup> More effort to educate and retain a workforce that reflects its clients and/or understands the unique needs of different populations is critical. Increasing the diversity of the workforce relies on removing barriers to entering the field, as well as conducting targeted recruitment outreach to the populations where higher representation is needed.

## **Professional Burnout**

The combination of low pay and significant community needs can lead to professional burnout and high turnover. In the behavioral health field, burnout is often experienced by a combination of emotional exhaustion, depersonalization of clients, and feelings of ineffectiveness or lack of personal accomplishment.<sup>65</sup> Research demonstrates that turnover rates for behavioral health professionals vary nationally and average around 30% per year.<sup>66</sup> Turnover costs are significant in the behavioral health field, with costs including the time and expense for recruitment, hiring, training, and ongoing staff development to meet client needs. Implementing interventions to support behavioral health professionals and mitigate turnover must be explored to better meet the growing demand for services throughout Ohio.

## **Need for Mentoring and Supervision**

Quality clinical supervision is critical to equipping newer members of the workforce with the tools they need to

respond to complex cases and provide high quality care. When entering the field, professionals must practice with a dependent license for a set period of time before they can practice independently. This time period varies depending on the type of license held. In order to gain independent licensure, newer members of the workforce must complete regular sessions of structured supervision with a more experienced clinician. Upon successful completion of this supervision and a clinical exam, individuals are able to gain independent licensure. This status carries benefits to both the individual and the employer: the ability to practice without supervision, to draw on professional experience and skill to provide higher-quality care, to bill for a wider range of services to a wider range of insurers, and to draw higher rates of reimbursement for services rendered. Having these tools will improve outcomes for clients and job satisfaction for those in the workforce.

## **Reimbursement Rate Increases**

Reimbursement rates directly impact an employers' ability to pay staff a competitive wage, and an increase in these rates across Ohio could allow employers to raise salaries and incentivize retention among their behavioral health workforce.

In Tennessee, the state's Medicaid program, TennCare, began using a "pay for performance" model in 2014, where reimbursement rates are set based on a quality score that each facility earns through a variety of measures. These measures include patient satisfaction, clinical performance, staff competency, and more.<sup>67</sup> Facilities with high staff retention and skill score higher, and as a result, have higher Medicaid reimbursement rates. This can further improve staff satisfaction, retention, and ultimately, quality of care. In the five years since this model began, initial quality measures have shown significant signs of improvement.<sup>68</sup> The TennCare model offers one example of how reimbursement rates could be raised in Ohio.

While reimbursement rate increases are critical, the goal of improving workforce satisfaction and retention also requires ensuring that these increased payments are reflected in staff salaries. Some states have implemented wage pass-through requirements to ensure these funds go toward wages of direct service staff.<sup>69</sup>

## **Curricula in Higher Education**

Creating a unified understanding of behavioral health across health care disciplines can support an incoming workforce prepared to deliver integrated physical and behavioral health care. When members of the workforce are adequately prepared to provide quality care to their patients, outcomes can improve, along with workplace satisfaction for professionals, resulting in better retention rates.

Cross-campus collaborations connecting curricula from medical schools and nursing programs with schools of social work and departments of psychology provide a model for training a workforce prepared to deliver integrated care. The University of Texas at Austin's Integrated Behavioral Health Scholars program involves a competency-based curriculum focused on developing skills in integrated care, inter-professional practice, and cultural competence. Participants in the program follow a collaborative curriculum with coursework from the university's Dell Medical School, the Steve Hicks School of Social Work, School of Nursing, Department of Psychology, Department of Educational Psychology, and Texas Child Study Center.<sup>70</sup>

In Ohio, Case Western Reserve University health care students participate in Interprofessional Education (IPE), a foundational course that brings together students from the schools of medicine, dental medicine, nursing, social work, public health, nutrition, physician's assistant, and psychological services. The course includes a series of interactive learning sessions and simulations that allow students to learn from one another through interprofessional teams.<sup>71</sup>

Educational models encouraging interprofessional collaboration are an important tool in improving workforce skill and retention, as well as supporting integrated care.

## **Loan Repayment**

Scholarships and loan repayments provide an opportunity to recruit and retain behavioral health professionals in the field, particularly in underserved areas. The National Health Service Corps' (NHSC) loan repayment program provides financial incentives to encourage health care professionals to work in underserved areas and is the largest public program of its kind in the United States. This program was originally intended to support an influx

of primary care physicians and dentists into underserved areas, but broadened to include mental health professionals including psychiatrists, psychologists, psychiatric nurse practitioners, and licensed clinical social workers.<sup>72</sup> A 2012 study reported that 61.1 percent of mental health care professionals continued to practice in underserved areas for at least four years after completing their NHSC service commitment.<sup>73</sup>

The Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program and Health Services and Resource Administration's (HRSA) Graduate Psychology Education Program are examples of federal programs that address workforce diversity; however, the percentage of racial and ethnic minorities in the behavioral health workforce still does not reflect the individuals being served, and minority leadership in the behavioral health field is critically low. Grants and/or loan forgiveness specifically targeted at populations reflecting the local/state patient demographics would improve relatability and access to care.<sup>74</sup>

## **CAREGIVER PARTICIPATION**

Mental health literacy refers to knowledge and beliefs about mental health disorders that aid in their recognition, prevention, and management. Jorm et al. coined the term "mental health literacy," as an extension to the domain of health literacy, to focus more attention to this area of health care. This is important as caregivers are significant gatekeepers to behavioral health services, which depends greatly on their mental health literacy.<sup>75 76</sup> Caregivers play a significant role in obtaining diagnoses and making treatment available to children and adolescents who face stress, trauma, and behavioral health conditions. Further, attitudes about disorders and treatment vary widely, can cause racial and ethnic disparities, and create barriers to accessing needed treatment.<sup>77</sup> Studies have shown that mental health literacy programs for caregivers improve the health outcomes for children.<sup>78</sup> There is an urgent and growing need to improve awareness of disorders and health literacy among the general public and for caregivers.

Caregivers who lack an understanding of behavioral health disorders may not realize their child could be experiencing developmental, social, emotional, or behavioral health disorders, or where to turn to for help. In these cases, their

own misunderstanding of what their children are facing can lead to feelings of shame, resulting in isolation and symptoms that are left untreated.<sup>79</sup> When caregivers understand behavioral health disorders, they are more likely to seek treatment for their children, and their children are more likely to get the help they need to thrive.

One way to overcome these barriers is to integrate behavioral health care into primary care.<sup>80</sup> Screenings that are administered by a trusted pediatrician with a warm handoff facilitated by an in-house social worker would allow caregivers to navigate treatment within the context of a health care home that is associated with physical health and thus has less stigma. Similarly, children's hospitals can integrate behavioral health services into their practices. The role of the in-house social worker that facilitates warm handoffs is a key piece in integrating care. Pediatricians who introduce behavioral health screenings into their practice face the challenge of helping the caregiver identify next steps within the time constraints of strict appointment schedules.

When children are seen by a physician during yearly wellness visits, there is an opportunity to discuss behavioral health disorders and increase caregivers' understanding of these disorders. A robust CoC creates an integrated system so physical and behavioral health can be addressed. Well-child visits with a primary care physician or pediatrician are critical because these visits give caregivers access to well-established benchmarks to measure and monitor their child's physical development as they grow. Behavioral health should be similarly prioritized and monitored with greater frequency.

The effectiveness and efficiency of treatment is also largely reliant on the caregivers' role in participating actively and meaningfully in the service, both in interactions with providers and by following through with treatment recommendations. While recognizing and seeking help for a child's behavioral health needs is critical, it's also important that caregivers participate in treatment sessions and through actions at home. Furthermore, the significant influence of family context on children's development and behavior often results in child treatment focusing on the family regardless of the underlying treatment approach or modality. Caregiver participation includes sharing opinions, asking questions, and providing one's point of view on a problem or solution, as well as participating in therapeutic activities such as

games and role playing. It also includes caregiver follow-through with home action plans, also known as homework, such as changing one's own caregiving behavior, serving as a "co-provider" to continue intervention at home, and supporting the child's behavioral change efforts.

Despite the potential benefit, caregiver participation in treatment may be lacking. They may face challenges to participating actively in treatment. These challenges include feeling blamed, judged, and not listened to by therapists, not feeling supported by the formal service system, and feeling dissatisfied with their children's behavioral health services in general.<sup>81</sup>

## **RACIAL EQUITY**

Despite centuries of systemic racism and trauma, Ohioans who are Black, Indigenous, and people of color (BIPOC), have demonstrated remarkable resilience and developed positive coping strategies. However, when behavioral manifestations of trauma and mental health disorders are present, young Ohioans of color are more likely to face discipline, criminalization, and disparities in care. Not only do they experience disproportionate levels of trauma that impact their behavioral health,<sup>82</sup> many also face unequal access to care and unequal treatment within the health care system.

There is growing awareness that our institutions must confront systemic biases that cause young people of color to experience higher rates of school discipline<sup>83</sup> and lower rates of accessing behavioral health services. As schools confront bias and move toward approaches that refer children to treatment rather than discipline, treatment providers must confront biases that exist in their practices. Many behavioral health professionals understand the importance of cultural humility in their practice, which is a term used to describe a set of attitudes, perspectives, behaviors, and policies – both individually and organizationally – that promote positive and effective interactions with diverse cultures. General knowledge and understanding of implicit bias, the concept of cultural humility, in contrast with cultural competence, plays an important role in breaking down racial disparities in treatment.<sup>84</sup> With cultural humility, practitioners can view disparities and ask themselves what they are doing to contribute to them.

In addition to bias, challenges also exist because of racial/identity mismatch between individuals and practitioners. Individuals are often being served by providers who do not look like them or share their experiences, and this inhibits their ability to truly understand the issues young people face and the best ways to address them.

Despite experiencing similar rates of behavioral health disorders, BIPOC are less likely than their White counterparts to access treatment.<sup>85</sup> Depression is reported as the most common mental health diagnosis across BIPOC populations, but experiencing and witnessing chronic and systemic racism can also increase the risk of post-traumatic stress disorder (PTSD).<sup>86</sup> Experiencing and witnessing chronic and systemic racism can also release stress hormones, such as Cortisol, that negatively impact both physical health and behavioral health for BIPOC.<sup>87</sup> Additionally, while the rates of depression among Black and Hispanic/Latino/x individuals are lower than among White people, the depression that Blacks and Hispanics/Latino/x experience is more likely to be persistent.<sup>88</sup>

**BIPOC also experience disparities in their access to care and in the quality of treatment they receive. Reasons for this include:**

- Stigma surrounding behavioral health, which is often greater among BIPOC;
- Lack of diversity among behavioral health providers;
- Lack of culturally competent providers;
- Language barriers;
- Distrust in the health care system;
- Lack of insurance or underinsurance; and
- Inadequate support for behavioral health in safety net systems.<sup>89</sup>

Disparities in access to care for substance use disorders also present an opportunity for practitioners to reflect on how interventions designed from a specific cultural perspective may not engage people of color, or whether implicit bias may turn people away. As with treatment for mental illnesses, experiencing and witnessing chronic

and systemic racism can deter BIPOC from accessing substance use disorder treatment. Research shows that Black and Latino people are less likely than Whites to access specialized treatment for substance use disorders and less likely to complete treatment programs for substance use disorders.<sup>90</sup> Other studies invite a deeper inquiry into whether bias or funding constraints prevent certain prescriptions or follow-up visits from being ordered. For instance, a study from the University of Michigan found that most buprenorphine (brand name Suboxone) prescriptions went to White Americans, who were 35 times more likely than Black Americans to receive a prescription.<sup>91</sup> Another study looked at privately insured individuals and revealed that BIPOC are less likely than Whites to receive follow up care after an emergency room visit for an overdose.<sup>92</sup>

Adding to the negative impact of the access gap, is the impact of civil unrest on the mental health of Black individuals. According to the American Psychological Association, the proportion of Black adults who say discrimination is a significant source of stress increased from 42% to 55% in June 2020 as protests erupted across the country in response to several high-profile incidents of racial violence.<sup>93</sup>

The impact of racism and disparate access to care is also apparent when considering the prevalence of suicidal ideation and substance use among young people since the beginning of the COVID-19 pandemic. Based on a nationwide opt-in online survey from April and May 2020, estimates of self-reported suicidal thoughts/ideation among Hispanic persons (22.9%) were four times those among non-Hispanic Black persons (5.2%) and White persons (5.3%) and approximately twice those of multiracial and non-Hispanic persons of other races/ethnicities (8.9%). Increased or newly initiated substance use was reported among 36.9% of Hispanic respondents, compared with 14.3%–15.6% among all other respondents.<sup>94</sup>

In 2019, the Youth Risk Behavior Survey (YRBS) found that Ohio's Black high school students had the highest rate of suicide attempts in the 12 months before the survey was conducted.<sup>95</sup> 15.8% of Black students attempted suicide one or more times during the 12 months prior to the survey, while 4.1% of White students attempted suicide one or more times during the 12 months prior to the survey. The percentage of Hispanic/Latino/x students



who attempted suicide prior to the survey was not shown because fewer than 100 Hispanic/Latino/x students responded to the survey.

## DATA

Data plays a critical role in developing a robust CoC, both in understanding the scale of need at the community level and in coordinating care on an individual level. Information from each of the different overlapping systems, like schools, primary care practices, community behavioral health care providers, and courts, can inform decisions at various levels so children and families receive quality and timely care, but in many cases, it is not available. In response to the MHAC and CDF-Ohio surveys, which are outlined in the [county profiles section](#) of this report, many ADAMHS boards stated that a lack of access to data, specifically Medicaid data, represented a barrier to coordinating services.

The state is in the process of developing a data-sharing system with providers and local ADAMHS Boards. Providers will use this system, called the Ohio Behavioral Health Information System (OBHIS) to report client-level data for all publicly-funded behavioral health care, including Medicaid. It will cover substance use disorder and mental health treatment and outcomes, expanding on the current TEDS (Treatment Episode Data Set) which only covers substance use disorder treatment. The extent to which providers participate in populating this data will determine whether it will provide a comprehensive picture of the state and local services and needs of young Ohioans in different age groups. Participation is required, but technical barriers and limited information technology resources may prevent full participation.

Data analysis is needed on several fronts to help inform policy. The need to understand Ohio's behavioral health system from both workforce and racial equity perspectives and the overall capacity of the treatment system is fundamental to strengthening the system. In this report, SAMHSA's Good and Modern Continuum of Care (CoC) is used as a framework of services that should be accessible to care for young Ohioans, which allows for consistent measurement of services. Currently, there is not a statewide framework in place to allow comparison of the availability of local services for young Ohioans between

local communities. While licensure data includes types of services offered by location, it doesn't include information about whether children, adolescents, and young adults would be able to access these services.

Ohio faces challenges toward creating an integrated and well-funded behavioral health CoC that is accessible to meet the growing need for prevention, treatment, and recovery supports. Obstacles standing in the way of optimal health for young Ohioans include stigma, parity in insurance coverage, funding, workforce, caregiver participation, racial equity, and data. It is imperative that the issues outlined in this report are used to make informed decisions to improve Ohio's delivery of behavioral health programs and services.

# 4

## Medicaid and OhioMHAS Data

### MEDICAID

Medicaid plays a major role in ensuring services along the Continuum of Care (CoC) are available for Ohio's children and families. At the most basic level, Medicaid is a health insurance program that utilizes a combination of state and federal funding to pay for health care for low-income children and adults, pregnant women, the aged, and people with disabilities or who are blind. The Ohio Department of Medicaid (ODM) oversees the program and influences both access and quality of behavioral health services.

Over half of all children in Ohio rely on Medicaid for their health insurance and three out of five people enrolled in Medicaid are under the age of 26. One in four of the 1.7 million children, adolescents and young adults participating in the program have been diagnosed with a behavioral health condition.<sup>96</sup> As a result, Medicaid represents a major component of the behavioral health care system. The following data sample provides insight into the prevalence and treatment of behavioral health disorders among young Ohioans.

### Medicaid Enrollment and Behavioral Health Diagnoses

A robust CoC will provide the set of services that meet the unique behavioral health needs of different age groups. Figure 2 shows the number of young Ohioans participating in Medicaid in 2019 for each age group, relative to the population, as well as the number of those in the program who have a behavioral health diagnosis.

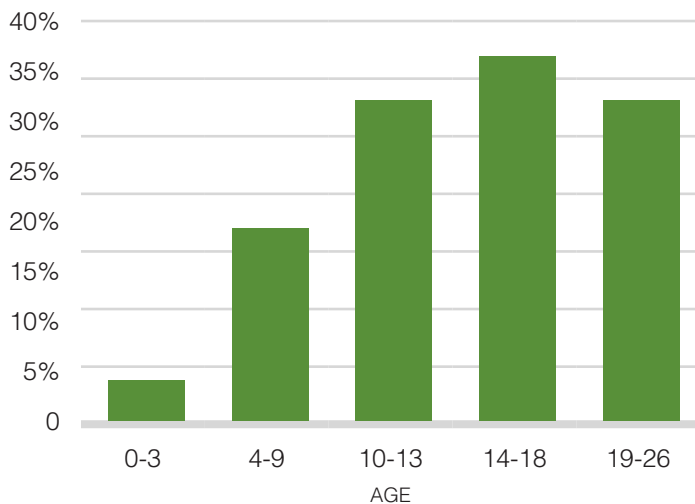
**FIGURE 2: 2019 Medicaid enrollment and behavioral health diagnoses**

AGE GROUP	OHIO POPULATION	MEDICAID ENROLLMENT	PARTICIPANTS WITH BEHAVIORAL HEALTH DIAGNOSIS
0-3	548,747	389,071	15,391
4-9	850,548	497,952	108,025
10-13	584,717	337,628	111,540
14-18	745,667	353,153	126,700
19-26	1,063,489	348,713	114,091
<b>Total</b>	<b>3,793,168</b>	<b>1,710,914</b>	<b>416,987</b>

The percentage of children, adolescents, and young adults who participate in Medicaid and have a behavioral health diagnosis varies across age groups. High-school age adolescents have the highest rate of behavioral health diagnoses among those under age 26. Later onset of symptoms for certain conditions and the length of time required for symptoms to be identified and formally diagnosed contribute to higher rates among older youth. However, the rate drops for young adults (19 up to 26). The decrease in enrollment rates could be attributed to a number of reasons and more research is needed to understand whether loss of coverage at age 18 played a role in the decrease. In 2019 in Ohio, less than 5% of children and adolescents under 18 were uninsured, while more than 10% of those aged 19 up to 26 were uninsured.<sup>97</sup> Other factors that could impact the portion of people who have been diagnosed are the contexts in which conditions are identified, and the role that

institutions like schools and colleges play in referring people for treatment. A robust CoC will ensure that everyone who has a condition is identified and treated, using programs like Medicaid.

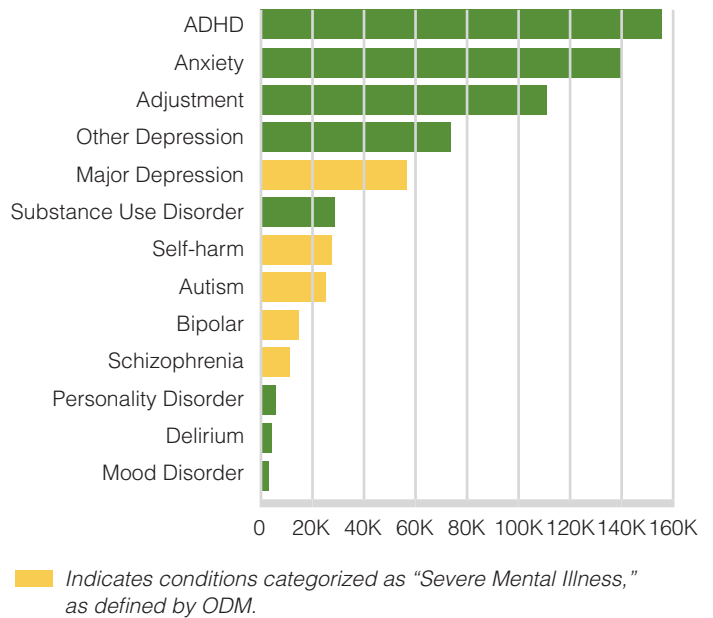
**FIGURE 3: Percentage of Medicaid recipients receiving any behavioral health service (Penetration Rate) by age group (2019)**



## Behavioral Health Conditions Among Young Ohioans

One in four young Ohioans under age 26 in the Medicaid program have a behavioral health condition. The diagnoses included in this category are shown in Figure 4. The conditions highlighted in the chart represent Severe Mental Illness (SMI) as defined by ODM, which encompasses Major Depression, Autism, Bipolar, Self-harm, and Schizophrenia. More common conditions include Attention Deficit and Hyperactivity Disorder (ADHD), which affects over 155,000 children, Anxiety (140,000), Adjustment Disorder (110,000), and Other Depression (74,000).

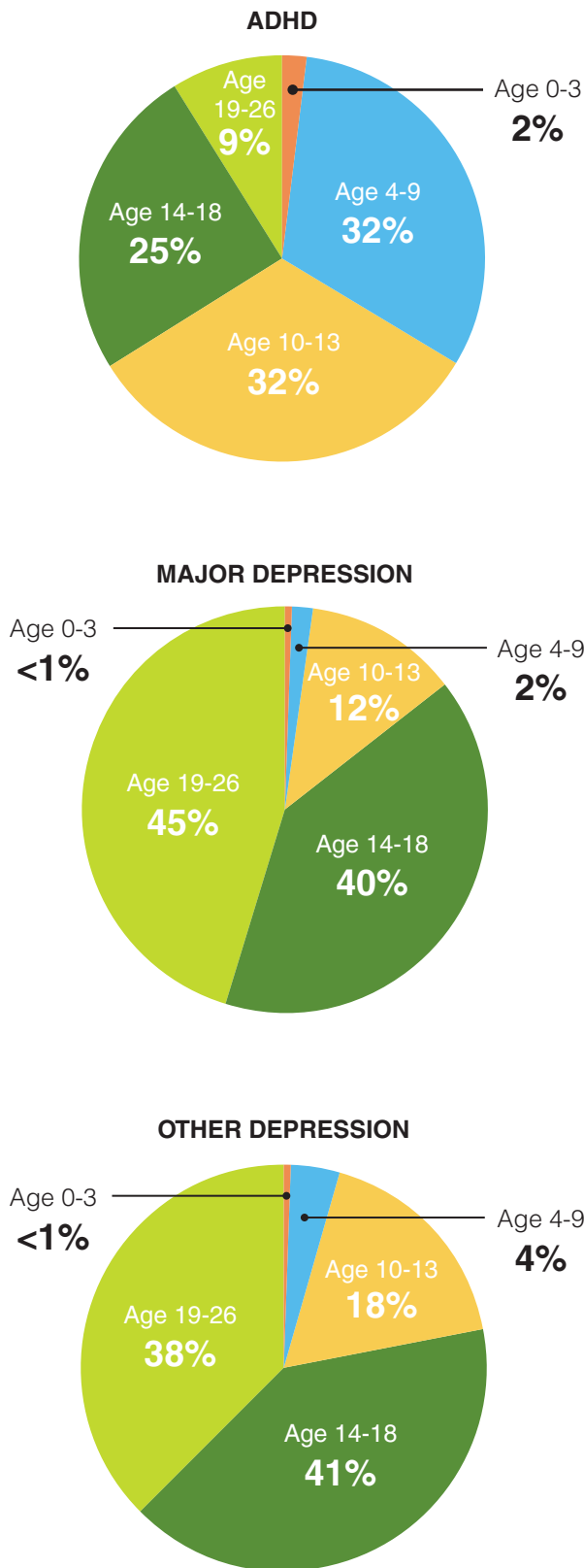
**FIGURE 4: Behavioral health conditions among young Ohioans as defined by Medicaid (2019)**



There are 417,000 young Ohioans representing over 650,000 diagnoses, which indicates that a portion of these individuals have more than one diagnosis.

Based on diagnoses, disorders don't affect each age group in the same way, as shown in Figure 5. Elementary and middle-school age children are more likely to be diagnosed with ADHD (32% of the total diagnoses for those under 26) than high-school age (25%). High-school age adolescents are more likely to be diagnosed with Major Depression (40% of total diagnoses) or Other Depression (41% of total diagnoses), than younger children and almost as likely as young adults. Infants and toddlers represent a very small portion of the total number of children with diagnosed conditions.

**FIGURE 5: Differences in disorders by age group (2019)**



## Community Mental Health Centers and Medicaid

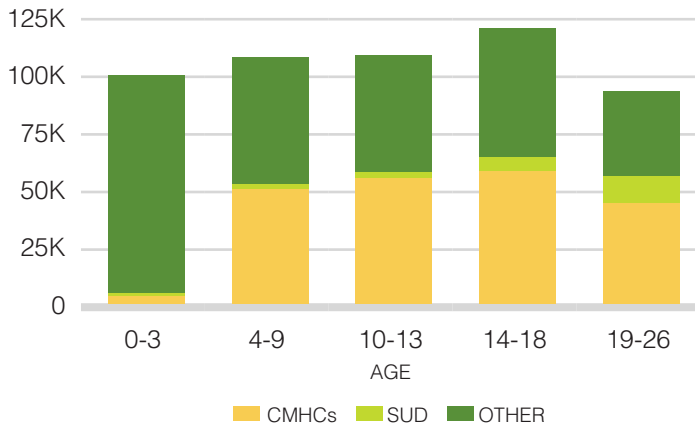
There are different types of providers that meet the needs of young Ohioans. ODM tracks the number of children, adolescents, and young adults who are insured by Medicaid that receive services from different types of providers, including community providers that are certified through OhioMHAS. Certified providers are referred to as Community Mental Health Centers (CMHCs) as well as Substance Use Disorder (SUD) Treatment providers.

**FIGURE 6: Young Ohioans served by provider type and age group in 2019**

AGE GROUP	CMHCs	SUD TREATMENT	OTHER BH PROVIDERS	TOTAL
0-3	3,090	26	97,137	100,253
4-9	52,864	627	56,747	110,238
10-13	55,490	1,074	54,015	110,579
14-18	57,501	5,777	59,006	122,284
19-26	37,943	15,028	37,583	90,554
<b>Total</b>	<b>190,636</b>	<b>22,219</b>	<b>293,364</b>	<b>506,219</b>

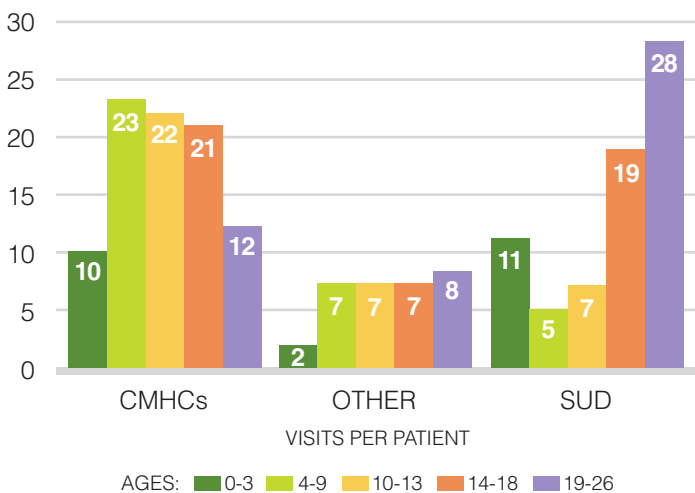
The number of young Ohioans receiving services provided by CMHCs differs across age groups, as shown in Figure 6. Very few infants and toddlers (ages 0-3) are served by CMHCs. The school-age groups are roughly equal in terms of the number of children receiving services by CMHCs and other providers, and very few receive services by SUD treatment providers. More young adults are accessing SUD services but overall fewer are accessing services, which is notable given that this age group spans seven years, more than any other group. There are 114,091 people in this age group that have been diagnosed, but only 90,554 who received treatment in the past year. On the other hand, one fourth of the 390,000 infants and toddlers on Medicaid had some type of behavioral health service.

**FIGURE 7: Young Ohioans served by provider type and age group (2019)**



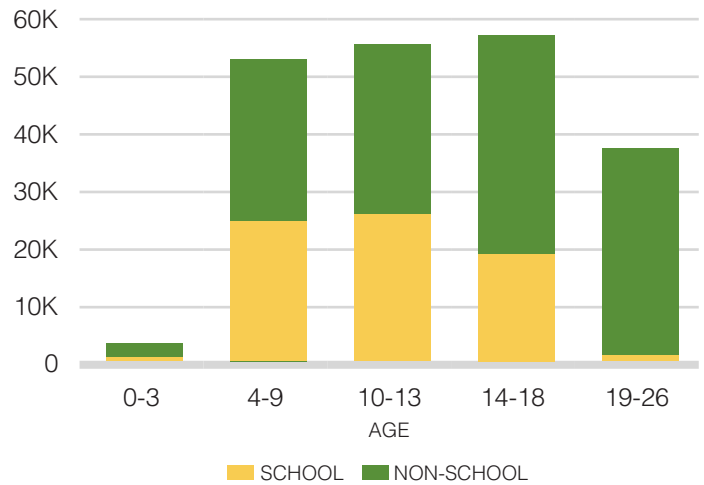
While the number of patients is roughly the same for CMHCs as other providers, young Ohioans visit CMHC providers more frequently. The average number of visits for children, adolescents, and young adults served by CMHCs was 22 compared with only seven for other provider types. The number of visits per patient for those served by CMHCs was higher among school-age children and adolescents than those ages 0-3 and 19-26. Part of this can be explained by students who access services through partnerships between schools and CMHCs. For SUD providers, the average number of visits varied widely across age groups.

**FIGURE 8: Visits per young Ohioan by provider type (2019)**



CMHC partnerships with local schools account for a large portion of services for elementary (ages 4-9) and middle school students (ages 10-13). For these age groups, almost half of the Medicaid-insured services were accessed at school.

**FIGURE 9: Location of CMHC services for young Ohioans (2019)**



## Approaches to Improve Behavioral Health Care Access for Young Ohioans

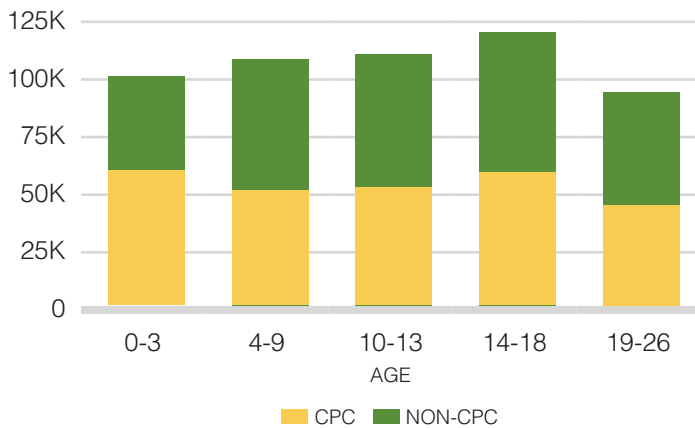
ODM has several strategies for improving behavioral health care for young Ohioans: increasing access to behavioral health care through schools, improving the coordination of behavioral and physical health care through Comprehensive Primary Care practices, and the development and implementation of a new managed care plan specifically designed for individuals with complex behavioral health needs.

As noted above, behavioral health providers that partner with schools can be reimbursed for services provided to young Ohioans who participate in Medicaid. In a more recent effort, school districts themselves can seek reimbursement through the Ohio Medicaid School Program (MSP). This program allows schools to claim federal Medicaid matching dollars for services delivered to Medicaid-enrolled students who have individualized education plans (IEPs) in place. MSP provides reimbursement for a specific set of services to support students in classroom settings, which can improve academic performance.<sup>98</sup> Because not all students have IEPs, schools may choose to contract with providers in

addition to participating in MSP to reach more young Ohioans.

A second strategy is to expand Medicaid’s Comprehensive Primary Care (CPCs) initiative. Beginning in 2020, Medicaid offered an enhanced monthly rate to pediatric CPC practices, which implement routine screening for adverse childhood events and linkage to behavioral health treatment, among other efforts. The data in this report offers a 2019 benchmark of the level of behavioral health visits for patients in different age groups. In 2019, about half of young Ohioans receiving behavioral health services through Medicaid were patients at CPCs.

**FIGURE 10: Patients receiving behavioral health services through comprehensive primary care as a portion of all behavioral health services (2019)**



In 2022, ODM will begin offering a specialized managed care plan for children, adolescents, and their families, who require support from multiple state systems, or whose behavioral health needs are complex and require intensive to moderate care coordination. The plan, called OhioRISE (Resilience through Integrated Systems and Excellence) is estimated to address the needs of 50,000 to 60,000 young Ohioans up to age 21.<sup>99</sup> The plan will provide many of the services outlined in the CoC as part of its basic benefit package, including:

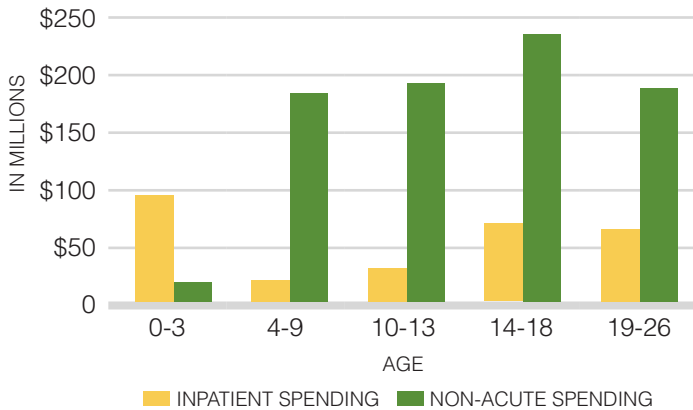
- Intensive care coordination using High Fidelity Wraparound;
- Moderate care coordination using a wraparound-informed approach;
- Mobile Response and Stabilization Services (MRSS);
- Intensive Home-Based Treatment (IHBT) Services;
- Respite services for members under the age of 21 with behavioral health needs;
- Inpatient psychiatric hospital services, including services provided in a free-standing psychiatric hospital or a general acute care hospital, including those accredited as psychiatric residential treatment facilities (PRTFs);
- Opioid Treatment Programs (OTP); and
- Behavioral health services rendered by psychiatrists, advanced practice registered nurses and other licensed practitioners, including outpatient hospital providers, federally qualified health centers (FQHCs), and rural health centers (RHCs).

This strategic investment has the potential to increase the availability of these services in areas where there are known gaps in accessing the behavioral health CoC.

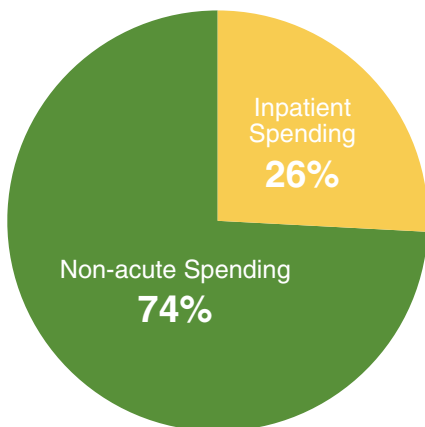
**Investments in Behavioral Health Services by Age Group**

Behavioral health spending varies significantly between non-acute non-emergent<sup>100</sup> services and inpatient admissions. The total amount spent on non-acute services for children and adolescents, which encompass many of the services that are offered in schools and CPCs, was \$824 million in 2019. During the same time period, \$291 million was spent on inpatient treatment.

**FIGURE 11: Spending on inpatient and non-acute services by age group (2019)**



AGE GROUP	INPATIENT SPENDING	NON-ACUTE SPENDING
0-3	\$98,001,373	\$14,913,787
4-9	\$22,134,092	\$185,323,467
10-13	\$34,945,151	\$194,484,402
14-18	\$71,045,639	\$237,773,610
19-26	\$64,578,390	\$191,255,012
<b>Total</b>	<b>\$290,704,644</b>	<b>\$823,750,278</b>



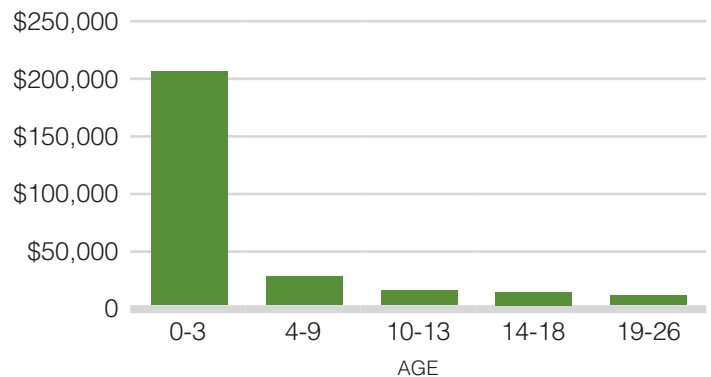
Per person spending for non-acute services averaged \$1,600 for those under age 26, compared with \$16,000 for inpatient services. In most age groups, more is spent on non-acute services, but for infants and toddlers, inpatient spending is higher. The early childhood age group (ages

0-3) represents a small portion of the patients who have been diagnosed with a condition and who receive non-acute services, but they account for a large portion of inpatient expenses. The payments per patient for infants and toddlers was over \$205,000, roughly eight times the level of the next age group in elementary school.

**FIGURE 12: Inpatient payments per patient by age group (2019)**

AGE GROUP	PATIENTS	TOTAL INPATIENT PAYMENT	INPATIENT PAYMENT PER PATIENT
0-3	476	\$98,001,373	\$205,885
4-9	891	\$22,445,874	\$25,192
10-13	2,566	\$34,945,151	\$13,619
14-18	6,265	\$71,045,639	\$11,340
19-26	7,961	\$64,578,390	\$8,112
<b>Total</b>	<b>17,965</b>	<b>\$291,016,426</b>	<b>\$16,199</b>

**FIGURE 13: Inpatient behavioral health care payment per patient by age group (2019)**



The early childhood (0-3) age group includes infants who received inpatient care during their hospitalization after birth. Of the more than 450 children in this age group who were hospitalized for a BH condition, opioid dependence and withdrawal or neonatal abstinence syndrome (NAS), were among the more frequent diagnoses.<sup>101</sup> Neonatal care is one of the most costly services that hospitals provide.<sup>102</sup>

## Medicaid is Essential to the Continuum of Care for Young Ohioans

Medicaid is the largest insurance provider covering 1.7 million of the almost 3.8 million young Ohioans up to age 26 in the state. Due to Medicaid's role in covering a large number of individuals in Ohio, it also has the ability to influence quality standards for Ohio's entire health infrastructure. Focusing on the services that Medicaid provides to young Ohioans is a strategic way to improve behavioral health outcomes for a significant portion of the population. Initiatives like partnerships between schools and community behavioral health agencies, expanding access to CPCs, and Medicaid's OhioRISE program, are meant to improve access to quality care for more young Ohioans and create a more robust CoC.

## OhioMHAS

OhioMHAS provides statewide leadership on programs, policy, and quality of care for both children and adults. It also oversees the ADAMHS Boards in implementing state and federal laws and distributes funding from federal and state governments to them. OhioMHAS licenses providers, but it does not identify whether they serve young Ohioans or not. In addition, its data collection system historically only captured treatment related to substance use disorders and did not capture those seeking treatment for mental health disorders. Measuring the number of young Ohioans who are served by the system, or providers who offer services for them, is limited at this time.

In October 2020, OhioMHAS launched its new data collection system which will address these gaps in information, called the Ohio Behavioral Health Information System (OHBIS). Providers will use this system to report client-level data for both substance use disorder and mental health treatment and outcomes, which will also include the age of the client. Only clients who receive services paid for by Medicaid, local ADAMHS Board funding, or OhioMHAS funding will be included. In addition, there is an initiative to measure access points to assess capacity, rather than just treatment. This would measure available "slots" to assist with planning. In the future, county and state-level reporting on behavioral health for young Ohioans will be much more robust if providers actively participate in these initiatives.

For this report, OhioMHAS was able to provide information for specific areas for which they do collect information. The first is a grant-funded program which targets children and adolescents called Mobile Response and Stabilization Services (MRSS). The second is substance use treatment provided to 18 up to 26 year olds. OhioMHAS also contributed data about providers who are licensed to offer services in the state, which is included as a map at the end of this section.

## Mobile Response and Stabilization Services

When a young Ohioan is experiencing a behavioral health crisis, families and caregivers may not know where to turn other than emergency rooms and law enforcement. Emergency room visits are costly and may not be equipped to offer effective treatment. Law enforcement response is oftentimes insufficient to address the needs of children and families, as officers may have no experience or limited training on handling individuals in crisis, especially children and adolescents. Further, there are also documented disparities in the use of force against communities of color and people with behavioral health disorders. However, in some communities MRSS provide an alternative for families in need.

MRSS programs include mobile, on-site, and rapid intervention for youth experiencing a behavioral health crisis. The goal of MRSS is de-escalation in the least restrictive setting possible to prevent the condition from worsening. The mobile crisis component of MRSS is designed to provide on-demand crisis intervention services in any setting where a behavioral health crisis is occurring, including homes, schools, and emergency departments (ED). In some cases, stabilization may include providing a safe environment away from home on a temporary basis. A growing body of evidence points to MRSS as a cost-effective method for improving behavioral health outcomes. It prevents ED and inpatient admissions, reduces out-of-home placements and the lengths of stay, and reduces the cost of inpatient hospitalizations. MRSS also increases access to behavioral health services, and families often report greater satisfaction with MRSS when compared to the ED.



Ohio is currently piloting this model in 13 counties and has treated 883 children and youth between 2017 and 2019. 73% of the interventions were in the youth's home, followed by 6.3% occurring at their school. Only a handful of the responses occurred in the ED. Children ages 10-14 represented 43% of the youth using these services, followed by 28% who were between ages 15 and 18 years old. As more research becomes available about referral for services, data will show how many ED visits were avoided.

A robust CoC will ultimately ensure critical services are available to promote health and avoid crisis situations and redefine what people view as the default options during a crisis. The OhioRISE initiative, mentioned earlier in the report, will include this service as covered by the Medicaid program ensuring more access for young Ohioans.

## **Substance Use Treatment**

Publicly funded treatment for substance use disorders is a key part of the CoC. Local ADAMHS Boards provide funding to community-based treatment facilities, so they can provide services to people even if they don't have the means to pay. Some providers specialize in serving children and adolescents and offer a variety of types of services on the CoC from group therapy to residential treatment.

A national data system tracks the number of admissions to substance use treatment for individuals as young as 12 years old, known as the Treatment Episode Data Set (TEDS). Though 2019 data is not available for youth under the age of 18, OhioMHAS reported that over 36,000 young Ohioans ages 18-25 sought treatment for substance use disorders between 2015 and 2018. Of those, 72% were White and 20% were Black. The group was made up of 57% men and 43% women.

Admission to these programs can be voluntary, but they can also be court-ordered for a variety of types of cases, including DUIs, child protective services, and possession of illicit substances, among others. National data shows that roughly 27% of referrals to substance use treatment were made by the court. As youth transition to adulthood, they will face the adult justice system if their substance use leads to court involvement. Court-ordered substance use treatment is often used as a form

of alternative sentencing. This is especially important for youth transitioning to adulthood, as developments in neuroscience show that the last areas of the brain to mature are those that are involved with executive functions like decision-making and impulse control. These areas may not be fully developed until well into one's 20s.

The process of determining if court-ordered substance use treatment is an appropriate sentence involves the advocacy of family members, an investigation by police officers and addiction specialists, and is ultimately up to the judge. In some cases, courts develop specialized dockets to review these cases. Some are generally referred to as drug courts, and others are even more specialized, reviewing cases that involve mothers with SUDs of young children in domestic and family court.

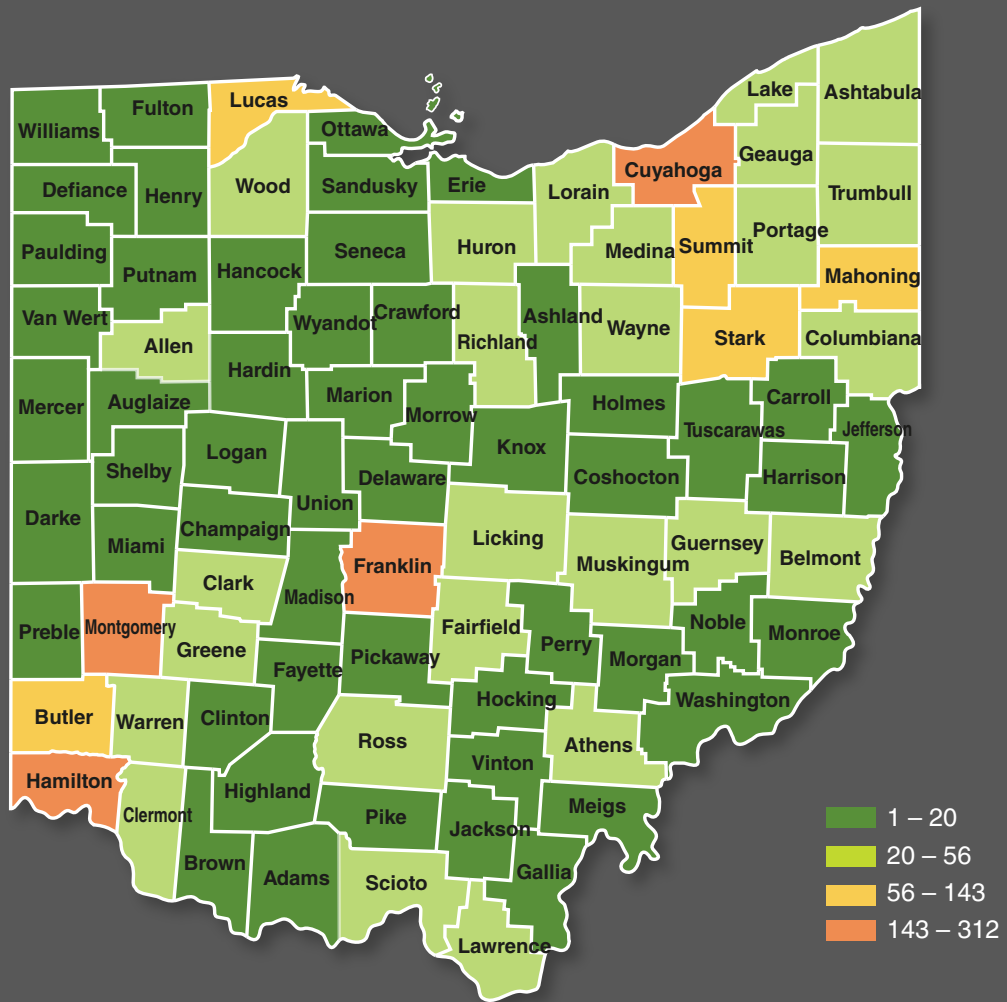
When considering the overlapping systems of care, specialized court dockets are a clear entry point into the CoC for both youth transitioning into adulthood and caregivers in the child welfare system. In 2019, OhioMHAS funded 48 specialized dockets, which impacts both children of caregivers in the court system, as well as juvenile offenders.

Between July and December 2019, 296 juvenile offenders were impacted by these programs, with 2% committed to the Department of Youth Services. Family drug courts served 454 parents, with 150 children being reunified with their parents.

## **A Look at Providers Across the State**

Figure 14 shows a snapshot of providers who are licensed and certified by OhioMHAS as of October 1, 2020 to offer certain services. The providers are licensed by location and certified by 19 types of services which they can provide. There are 957 providers licensed in the state of Ohio. Many providers have multiple sites and provide a variety of services. Figure 14 shows the locations of licensed sites, serving either children or adults. At this time, OhioMHAS does not identify sites that serve children specifically. Roughly a third of Ohio counties have fewer than 10 licensed sites. Seven counties have over one hundred licensed sites.

**FIGURE 14:**  
Providers across  
the state



# 5

## Policy Recommendations

### PARITY

1. Set and enforce reporting requirements on parity compliance efforts for health insurance plans, especially related to non-quantitative treatment limits (NQTL). NQTLs are processes, strategies, evidentiary standards, or other factors used in applying limitations to mental health and substance use disorder benefits. They must be applied no more stringently than those used for physical health benefits.
2. Enforce parity to improve access to behavioral health services. Enforcement efforts can be the responsibility of the federal and state regulating agencies such as the Ohio Department of Insurance and the Department of Labor. Enforcement means addressing consumer complaints, identifying parity violation trends across plans, addressing systemic parity issues, and providing a thorough insurance product analysis before approval.
3. Educate consumers, employers, and health care providers about behavioral health parity in health plans. Education efforts can be conducted by the health plans, state agencies, regulators, local stakeholder groups, employers, and health care providers. Although parity laws are in place, more awareness will help individuals and families learn what questions to ask and where to turn to with concerns about any possible parity violations.

### FUNDING

1. Protect investments made for Student Wellness and Success that support wraparound services for students. Behavioral health supports are among the eligible services that qualify for these funds. These types of school-based and community connected efforts would be enhanced by having the education system partner with community behavioral health providers to coordinate services and supports.
2. Support funding and other resources needed to implement OhioRISE (Resilience through Integrated Systems and Excellence), a specialized managed care program for youth with complex behavioral health and multi-system needs.
3. Continue to strengthen parity laws and governance over health plans that prohibit discrimination in all facets of health insurance coverage between physical and mental health and substance use services.
4. Improve reimbursement rates by having the rates reflect the time-intensive and human resource-intensive treatments required for efficiently managing mental health and substance use disorders.
5. Support federal, state, and local investments that promote the implementation of effective community-based integrated care models that improve overall health outcomes, better fund the behavioral health system, and lower overall health care costs and utilization.
6. Expand investments into programs that support social determinants of health and help advance health equity.

7. Ensure continuity of Medicaid coverage for young Ohioans by creating higher reasonable compatibility thresholds in the enrollment and renewal process. This would mean more flexibility to conduct determinations by lowering the barriers for comparable data.

## **WORKFORCE**

1. Publish a biennial workforce study through the RecoveryOhio Initiative or other appropriate state agency to quantify the behavioral health workforce needs of Ohio, identify disparities through geographical, racial, ethnic, and cultural lenses, and create a biennial action plan to address recruitment, training, and retention challenges. This study should include identification of local and state trends in the field and opportunities to provide higher education and workforce training that recognizes and responds to changing needs.
2. Learn from other programs in the state that are building Ohio's talent pipeline for in-demand occupations. Pipeline programs, such as Ohio Department of Education's Career Pathways and the Ohio Means Jobs Tech Cred program introduce middle school, high school, and community college students to opportunities, education, and work experience in health and social service fields. Similar types of approaches can be used to expand Ohio's behavioral health workforce pipeline.
3. Increase the diversity of professionals in the behavioral health field. Targeted recruitment from underserved communities can grow a talent pool of prospective health care professionals.
4. Create a behavioral health loan forgiveness program. The program can be modeled off other successful workforce development programs and be contingent upon a minimum tenure of service in the behavioral health field in Ohio.
5. Provide tax credits for qualified behavioral health professionals working in rural communities and other severe provider shortage areas.
6. Provide for interprofessional education to better prepare health care professionals to offer integrated care. Ohio colleges and universities play a foundational role for students in terms of their education, building professional competencies, and setting professional expectations once they are in the field.
7. Conduct a compensation study of Ohio's behavioral health workforce. Recruitment and retention of behavioral health professionals is challenging and compensation levels are a contributing factor to shortages. A compensation study will provide a better understanding of the salary levels and needs to adequately build and maintain a behavioral health workforce in Ohio.
8. Ensure that high-quality, consistent supervision for dependently licensed staff is prioritized and financially supported. This is a critical component in developing a skilled workforce. Further, this may also present opportunities for professional development, residency programs, and career advancement, which are components in supporting staff retention.

## **CAREGIVER PARTICIPATION**

1. Create incentives for community behavioral health centers to partner and deliver culturally competent mental health literacy content within schools, workplaces, community sports groups, and other civic organizations that engage caregivers and young Ohioans.
2. Curate and distribute recommended mental health literacy content in various formats including in different languages using culturally competent terminology and easy to understand language and in different modalities including digital, live web-based, face-to-face, and other models. Ensure that this content is updated regularly and keeps pace with national advances in practice.
3. Embed mental health literacy delivery models within pediatric practices and children's hospitals.
4. Develop and clarify the role of social workers within pediatric practices, children's hospitals, and comprehensive primary care practices as a key link between physical and behavioral health.

5. Develop technical assistance networks for behavioral health professionals located in pediatric practices to connect with the broader community behavioral health system. These professionals will require support in understanding their local behavioral health services to ensure that referrals are appropriate, high quality, and don't have excessive wait times.
6. Identify funding mechanisms to pay for behavioral health professionals within pediatric practices, children's hospitals, and comprehensive primary care practices.
5. Conduct regular reviews internally within behavioral health agencies to assess ability to provide culturally competent services to BIPOC and provide training to staff at regular intervals.
6. Fund studies to evaluate interventions designed specifically by and for BIPOC so they can be included on lists of evidence-based interventions that qualify for federal funding through programs like the Family First Prevention Services Act.

## **RACIAL EQUITY**

1. Facilitate community engagement activities to listen to the experiences of BIPOC pursuing behavioral health treatment, research existing racial inequities in behavioral health care, identify strategies to address these inequities, and hold local, state, and federal governments responsible for funding, enacting, and evaluating these strategies.
2. Adopt and implement policies that address implicit bias and systemic racism in mental health and substance use disorder prevention, treatment, support, and recovery services, including adequate and sustained funding for any included initiatives. This must include equitable economic access, coverage, and affordability.
3. Provide funding to offer incentives for BIPOC to train in, enter, and remain in the behavioral health field, and facilitate the development of organizations led by BIPOC.
4. Incentivize cultural humility and diversity, equity, and inclusion training as components of continuing education through Ohio's licensing boards. Examples of opportunities for training topics include:
  1. Awareness of racial issues;
  2. Assessments adapted to the real needs of Black individuals;
  3. A humanistic approach to medication; and
  4. A treatment approach that addresses the real needs and issues related to racism experienced by BIPOC individuals.

## **DATA**

1. Encourage OhioMHAS to provide a comprehensive list of service providers who serve children specifically. Current licensure data does not identify whether providers offer services to young Ohioans.
2. Uniformly collect data on race and ethnicity. The absence of data on race and ethnicity removes the ability to determine accessibility and utilization trends. Work towards health equity is dependent on this more robust data collection and continued analysis and monitoring of performance
3. Require that data entered into the Ohio Behavioral Health Information System (OBHIS) is disaggregated by race across access of various types of services. This type of data collection may indicate where under-utilization exists and offer insights as to how to more effectively target services to meet the needs of all people.
4. Support active participation of all providers in the OBHIS. Providers are required to participate in OBHIS; however, broader support is needed to ensure this data is provided.
5. Encourage the creation of publicly available dashboards that can be disaggregated by age ranges, race and ethnicity, and county for the purposes of research and policy development. In the same way that the Ohio Department of Job and Family Services has made available a Children Services Dashboard and that ODM has created the Medicaid Demographic and Expenditure dashboard, OhioMHAS professionals in this space, policy makers, and local leaders would benefit from visualization tools and easy to access data.

6. Adopt and utilize a standardized, comprehensive CoC to identify the capacity and needs across the state to allow comparison of the availability of local services for young Ohioans within and between local communities.
7. Assess needs and opportunities to support the sharing of data to better coordinate care for individuals. Current attempts to collect and share data across agencies and systems are complex and can provide limited and piecemeal results. With client consent, sharing information from the same data system could help stakeholders understand care at a comprehensive level.

## **DEVELOPING AND SUPPORTING THE COC**

1. Define and adopt the Continuum of Care (CoC) for young Ohioans by age range and for the entire state. A universally recognized and adopted CoC will support the state and each county's ability to determine their capacity and assess needs.
2. Conduct an annual assessment of the status of the entire CoC across the state.
3. Provide support to ensure the existence of the entire CoC across the state.

# 6

## County Profiles

### **SURVEY METHODOLOGY: ACCESS TO THE CONTINUUM OF CARE ACROSS OHIO'S 88 COUNTIES**

The administration of the community behavioral health system of care occurs at both the state and local levels, with variation across the state in funding, availability of different services, and workforce capacity. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) provides statewide leadership on programs, policy, and quality of care. OhioMHAS also works with the local Alcohol, Drug Addiction, Mental Health and Recovery Services (ADAMHS) Boards, who are statutorily empowered to plan, develop, fund, manage, and evaluate community-based mental health and addiction services at the local level. OhioMHAS is also responsible for the distribution of funding from federal and state governments to local ADAMHS Boards.<sup>103</sup>

Ohio has 50 ADAMHS Boards that collectively operate within all 88 Ohio counties. Local Boards do not directly provide treatment services; however, they distribute federal, state, and local (if available) funding to behavioral health providers in their respective communities.<sup>104</sup> The local Boards are established and governed by Ohio Revised Code Section 340.03(A), which details the statutory responsibilities of local ADAMHS Boards, including the following:

(1) Serve as the community addiction and mental health planning agency for the county or counties under its jurisdiction, and in so doing it shall:

(a) Evaluate the need for facility services, addiction services, mental health services, and recovery supports;

(b) In cooperation with other local and regional planning and funding bodies and with relevant ethnic organizations, evaluate strengths and challenges and set priorities for addiction services, mental health services, and recovery supports. A board shall include treatment and prevention services when setting priorities for addiction services and mental health services.

In order to fulfill these statutory responsibilities, ADAMHS Boards need a concrete and universal Continuum of Care (CoC) to enable thorough and comparable evaluation of the availability of local services. The Substance Abuse and Mental Health Services Administration (SAMHSA) outlined the Good and Modern Continuum of Care in 2011. While advocacy for adoption and support for the entire CoC has occurred since that time, Ohio has never adopted a detailed outline of the CoC or provided an overall structure on how to establish and support it.

ADAMHS Boards contract with local providers of prevention, treatment, supportive, and consumer-operated services to deliver care to individuals in need. These providers, as well as those who operate independently from the ADAMHS Boards, play a role in access to the CoC at the local level. A subset of these providers operates solely for private insurance or self-pay clients. Services provided through Ohio's Medicaid program, as well as those supported by non-Medicaid funding streams, including state funding and local levy funds,

provide at least a part of the CoC for individuals with behavioral health needs.<sup>105</sup>

In order for a CoC to be truly holistic, individuals with behavioral health disorders must be able to access all services within the CoC in their home communities. Access to the CoC in Ohio from prenatal up to age 26 depends on a variety of factors, including but not limited to geographic location, health insurance status and coverage, funding streams, workforce availability, and caregiver education. To determine the availability of a CoC within each of Ohio's 88 counties, the MHAC and CDF-Ohio surveyed all 50 Ohio ADAMHS Boards on local availability of services for young Ohioans and their families.

## Survey Methodology

Ohio's 50 ADAMHS Boards were invited to complete a series of three surveys regarding the capacity of behavioral health services for young Ohioans prenatal up to age 26, as well as for caregivers of individuals in that age range, in their local communities. An initial survey asked boards to report on their total budget and operating budget, the number of contract agencies, the number of programs offered specifically for services for young Ohioans as well as for maternal mental and physical health, and the number of children served (prenatal up to 26). In the initial survey, CDF-Ohio and the MHAC detailed the CoC from prenatal up to 26 years old and asked the boards to score their service capacity accordingly.

The initial survey, which was 95 questions in length, attempted to measure capacity of the CoC across service categories and age ranges, and proved challenging in the collection of consistent and complete data from a variety of Boards across the state. In order to collect data from a broader representation of Boards, the MHAC and CDF-Ohio circulated a second version of the survey, abbreviated to 23 questions. This shorter version still asked Boards to evaluate capacity of the CoC, but did not ask for specifics around access for each of the age groups. The challenges in data collection were due to: the lack of a universally accepted CoC in Ohio for young Ohioans; inconsistencies across Boards in their responses; differences in how the Boards determine and assess needs; and the length of the initial survey.

After reviewing the results and feedback from partners including the ADAMHS Boards and the statewide association, these original surveys were replaced with a third and final follow-up survey called "Evaluating Unmet Need for Children's Behavioral Health Services." This scaled-down survey included one question about where there is unmet need within the Board's local service area and four open-ended questions regarding each Board's nuanced need and approach to addressing unmet need. Board responses to these questions are detailed in the "Evaluating Local Need" section of the county profiles and responses to the open-ended questions were included verbatim.

### Open-ended survey questions included the following:

- Specifically for children and families, how does your Board "evaluate the need for facility services, addiction services, mental health services, and recovery supports" as required by Ohio Revised Code Section 340.03(A)?
- What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?
- Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.
- What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?



## Collective Survey Themes

The ADAMHS Boards noted a variety of methods used to evaluate local needs, including the following, which were referred to by multiple Boards:

1. **Local needs assessments**, such as independently contracted assessments specific to behavioral health needs, shared community health assessments taking a broader view on health needs, and Family and Children First Council shared plans.
2. **Other quantitative methods**, such as provider-reported metrics on service utilization, waitlists, and demographic/social indicators of need, and data from surveys such as the Recovery Oriented Systems of Care (ROSC) survey, the Pride Survey, the Ohio Healthy Youth Environments Survey (OHYES!), and the Youth Risk Behavior Survey (YRBS).
3. **Other qualitative methods**, such as focus groups, public forums, requests from child-serving departments, and conversations with local providers and other stakeholders.
4. **ADAMHS Board strategic plans**, which can encompass survey results, asset identification, and aspects of the other three methods listed.

The ADAMHS Boards also identified the following as supports or resources that would assist them in evaluating need:

1. **Frequently cited was access to complete and real-time data**, including Medicaid and private payer service data, as well as local data for other social service utilization such as data from Departments of Job and Family Services.
2. **Additional coordinated community-wide surveys.**
3. **Universal needs assessment tool** that would be state-led and used across ADAMHS Boards, including technical support and training to ensure correct and complete use of the tool; would ideally be attached to mid-year and year-end reporting to improve efficiency of reporting for providers.
4. **Support for partnerships with local colleges/universities** to conduct meaningful needs assessments.
5. **State guidance/uniformity** for how services should be assessed and delivered.

## County Profiles

The following section includes a profile for each of Ohio's 88 counties. These profiles capture data from the Ohio Department of Medicaid (ODM) on behavioral health conditions and utilization of services and the survey responses from the local ADAMHS Boards. While some ADAMHS Boards operate within a single county, others are multi-county Boards which oversee several counties as part of their service area. For that reason, data in the county profiles relating to multi-county Boards refers to the entire board area and not just a singular county. It is also important to note that each of Ohio's counties is unique,

facing varied challenges and opportunities. Population, funding, available workforce, partnerships, economics, and many other differences exist. Recognizing these varying county characteristics and their impacts, this report highlights key information about each county in order to support current and future work benefiting young Ohioans and their families.

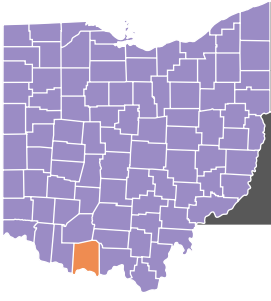
Each profile offers a snapshot of the needs and services provided in its respective county or Board area. The profiles provide basic demographic information with an estimated number of young Ohioans who live in the county. This data is followed by information from the

Department of Medicaid depicting the percentage of young Ohioans who are enrolled in Medicaid as well as the percentage of those enrolled who have a behavioral health condition. The ADAMHS Board section on page one of each profile includes survey responses from the initial survey, which details the respective Board's total budget, contract agencies, programs, and more.

The Demographic Information section disaggregates the population by race for comparison to the number of clients served. In many cases, ADAMHS Boards did not track client data by race, which demonstrates a need to uniformly collect this data. Other measures are all specific to those covered by Medicaid. These include the frequency of various behavioral health conditions, percentage with a diagnosis by age group, Medicaid spending by age group, and children served by Community Mental Health Centers (CMHC). The final component of the profiles includes verbatim responses to open-ended questions regarding the evaluation of local need.

## COUNTY PROFILES

Adams County . . . . .	52	Hamilton County . . . . .	134	Noble County . . . . .	214
Allen County . . . . .	55	Hancock County . . . . .	137	Ottawa County . . . . .	217
Ashland County . . . . .	58	Hardin County . . . . .	139	Paulding County . . . . .	220
Ashtabula County . . . . .	61	Harrison County . . . . .	142	Perry County . . . . .	222
Athens County . . . . .	64	Henry County . . . . .	144	Pickaway County . . . . .	225
Auglaize County . . . . .	69	Highland County . . . . .	147	Pike County . . . . .	228
Belmont County . . . . .	72	Hocking County . . . . .	150	Portage County . . . . .	231
Brown County . . . . .	74	Holmes County . . . . .	155	Preble County . . . . .	233
Butler County . . . . .	76	Huron County . . . . .	157	Putnam County . . . . .	235
Carroll County . . . . .	79	Jackson County . . . . .	160	Richland County . . . . .	238
Champaign County . . . . .	82	Jefferson County . . . . .	163	Ross County . . . . .	241
Clark County . . . . .	84	Knox County . . . . .	165	Sandusky County . . . . .	244
Clermont County . . . . .	86	Lake County . . . . .	168	Scioto County . . . . .	247
Clinton County . . . . .	88	Lawrence County . . . . .	171	Seneca County . . . . .	250
Columbiana County . . . . .	91	Licking County . . . . .	174	Shelby County . . . . .	253
Coshocton County . . . . .	93	Logan County . . . . .	177	Stark County . . . . .	256
Crawford County . . . . .	96	Lorain County . . . . .	179	Summit County . . . . .	259
Cuyahoga County . . . . .	98	Lucas County . . . . .	182	Trumbull County . . . . .	261
Darke County . . . . .	101	Madison County . . . . .	184	Tuscarawas County . . . . .	264
Defiance County . . . . .	104	Mahoning County . . . . .	186	Union County . . . . .	267
Delaware County . . . . .	107	Marion County . . . . .	188	Van Wert County . . . . .	269
Erie County . . . . .	110	Medina County . . . . .	190	Vinton County . . . . .	271
Fairfield County . . . . .	113	Meigs County . . . . .	193	Warren County . . . . .	276
Fayette County . . . . .	115	Mercer County . . . . .	196	Washington County . . . . .	279
Franklin County . . . . .	118	Miami County . . . . .	198	Wayne County . . . . .	282
Fulton County . . . . .	120	Monroe County . . . . .	201	Williams County . . . . .	284
Gallia County . . . . .	123	Montgomery County . . . . .	203	Wood County . . . . .	287
Geauga County . . . . .	126	Morgan County . . . . .	205	Wyandot County . . . . .	290
Greene County . . . . .	129	Morrow County . . . . .	208		
Guernsey County . . . . .	131	Muskingum County . . . . .	211		



## MIND THE GAP

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Adams County Profile

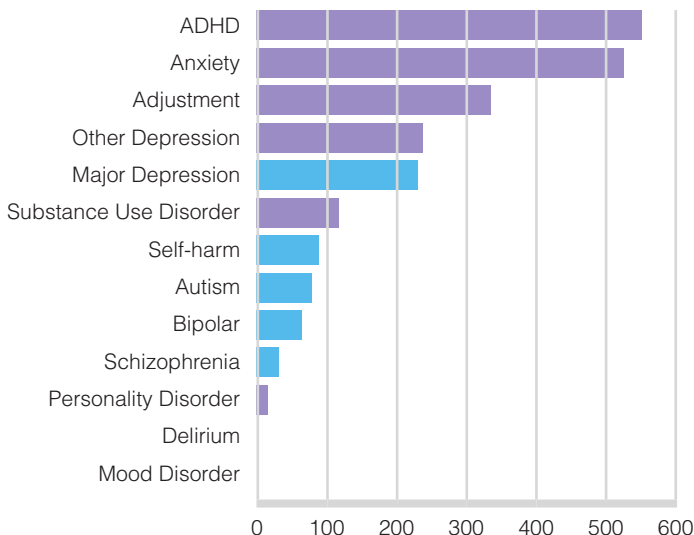
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	8,945
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	64%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,376	88%	4%
4-9	2,078	76%	25%
10-13	1,573	78%	32%
14-18	1,902	66%	33%
19-26	2,016	56%	34%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

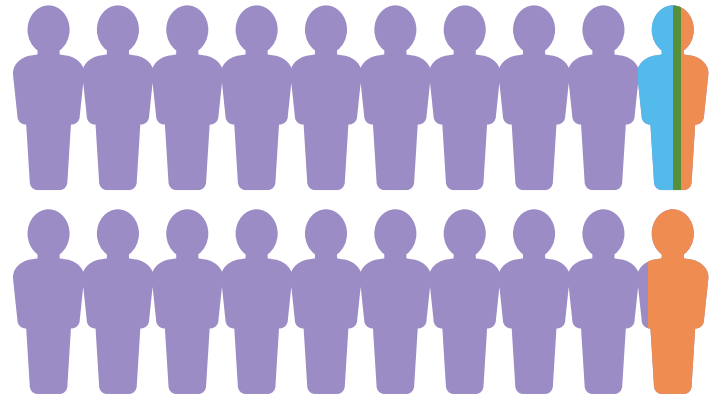
## ADAMHS BOARD OF ADAMS, LAWRENCE, SCIOTO COUNTIES

Total budget	\$3,284,270
Operating budget	\$810,750
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	3
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	68

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	97%	93%
Black or African American	1%	4%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	2%	3%

Client demographic data refers to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$244	\$1,111	\$2,035	\$2,634	\$2,748
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	129	191	187	133
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	37	187	252	221	191
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13			✓	
14-18			✓	
19-26		✓		
Caregivers for ages 0-26	✓			There is a great need for Therapeutic Foster Care in our area, as well regular Foster Care services.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Through collaboration with the county and city health departments and the Community Health Assessments and working with the Providers in our areas.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The need for more staff to help with doing a community wide needs assessment from the Board.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

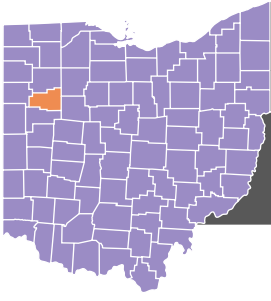
The need for more funds to help determine the full unmet needs within our community and the staff to follow through. The fact that we are in a workforce shortage with in the Appalachian area is a cause of great concern. Need more share information from other local governmental agencies, i.e. Childrens Services and JFS.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The need for more qualified and certified counselors and the funds to pay for more programming. Without levy funds our Board does not have the flexibility to provide non billable services or wrap around services to families.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Allen County Profile

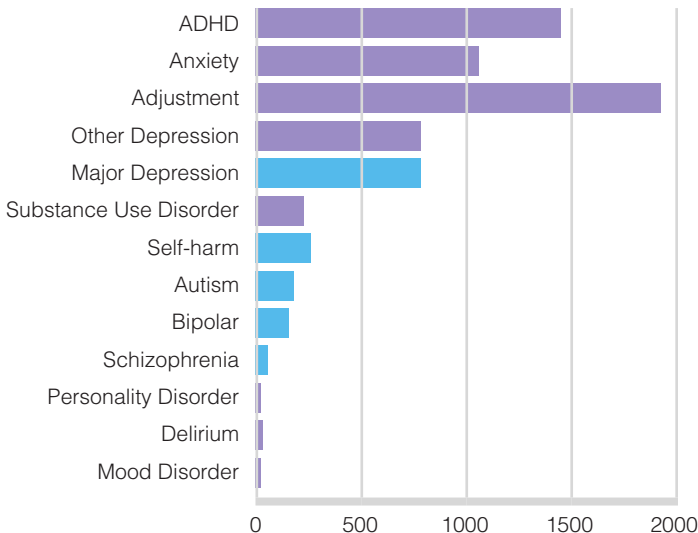
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	34,737
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	50%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	5,010	83%	6%
4-9	7,664	64%	24%
10-13	5,352	62%	36%
14-18	6,863	51%	42%
19-26	9,848	36%	33%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



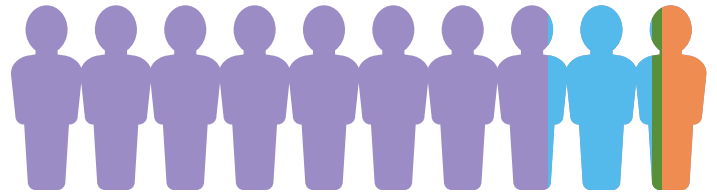
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MHRS BOARD OF ALLEN, AUGLAIZE & HARDIN COUNTIES

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	78%
Black or African American	15%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	7%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$109	\$851	\$837	\$1,096	\$1,378
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	23	385	418	426	308
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	46	153	221	217	121
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Allen, Auglaize, and Hardin counties.

### QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9			✓	
10-13	✓			We do not have LOCAL residential, crisis stabilization, partial, or in-patient psychiatric care.
14-18	✓			We do not have LOCAL residential, crisis stabilization, partial, or in-patient psychiatric care.
19-26	✓			We have no homelessness or transitional housing for some of the ages
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

### QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

We receive quarterly reports from contracted organizations, we collect data from additional community partnerships, and we use both census and state baseline data to compare.

### QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

State wide data, Medicaid and managed care data, private providers required to register services.



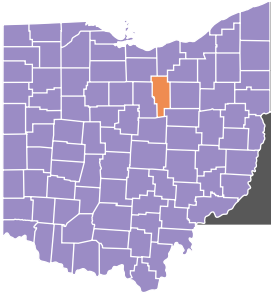
**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

We do monitor length of wait times, numbers served, contract dollars usage, stakeholder feedback.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

State wide baseline data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.



# Ashland County Profile

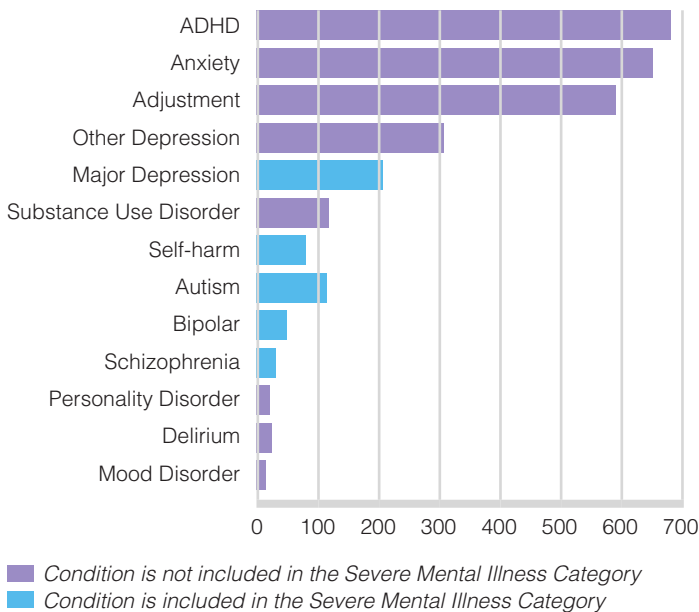
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,377
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	36%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,416	63%	5%
4-9	3,937	47%	27%
10-13	2,730	48%	39%
14-18	3,675	39%	42%
19-26	5,619	24%	32%

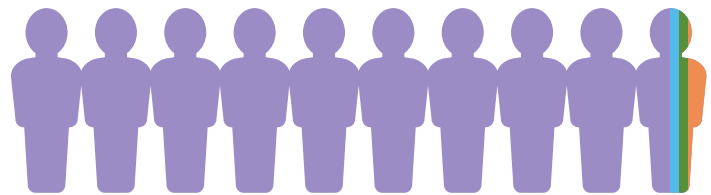
## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## MH&R BOARD OF ASHLAND COUNTY

Total budget	\$4,514,458
Operating budget	\$440,988
Number of contract agencies	3
Programs serving young Ohioans <sup>1</sup>	Numerous outpatient programs
Programs for maternal health	Unknown
Total number of young Ohioans <sup>1</sup> served	Not collected

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$102	\$1,297	\$1,166	\$1,576	\$1,372
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	32	271	264	293	150
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	34	128	185	164	77
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			Short-term Crisis Respite (3-5 beds)
14-18	✓			Short-term Crisis Respite (3-5 beds)
19-26	✓			Short-term Crisis Respite (3-5 beds) -Additional funds to expand Transitional Aged Youth Services (Both funds to subsidize housing)
Caregivers for ages 0-26	✓			More robust and coordinated Kinship Navigator Services

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

The Ashland Board continues to feel strongly that they are in best position to know the behavioral health needs of the local community. The primary methodology utilized consisted of both formal assessment/outcomes results as well as participant/consumer feedback and various community

collaborations (partner meetings.) Board staff are involved with multiple community/regional collaboratives in an effort to continually assess the behavioral needs of the county. Additionally, the Board’s “Outcomes-Satisfaction Survey” process is one mechanism the Board uses to collect needs information directly from those participating in behavioral health services. The Board has regular meetings (monthly) with its provider partners and both use the opportunity to discuss current/emerging needs as well as solutions to those needs. The Board, in partnership with the County-City Health Department and Hospital, participated in a communitywide

needs assessment. The Board, along with its partners contracted with the Hospital Council of Northwest Ohio (HCNO) to conduct the survey and guide the CHIP process. Survey data is being used to inform this community plan process as well as MHRB planning for the next 1-4 fiscal years (SFY 20-23).

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

We feel our current process is sufficient.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

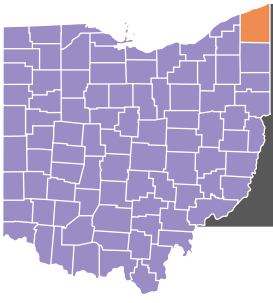
Unmet behavioral health needs (Treatment, Prevention, and Recovery Supports) are best determined by listening to those seeking and receiving services. Additionally, our contract partners and other community partners provide value data to determine the type/extent of unmet needs. Given that funding is always a limiting factor, the Board works strategically in investing in services to reduce unmet behavioral health needs.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

This is a complicated question. One overarching principle we feel is important is that the individual themselves is in the best position to determine their needs - not an outside person/entity/system. Time/space does not allow for a full response but the reader is directed to Michael O'Brien's piece in Child & Family Social Work, "The conceptualization and measurement of need: a key to guiding policy and practice in children's services (2010) for additional guidance.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Ashtabula County Profile

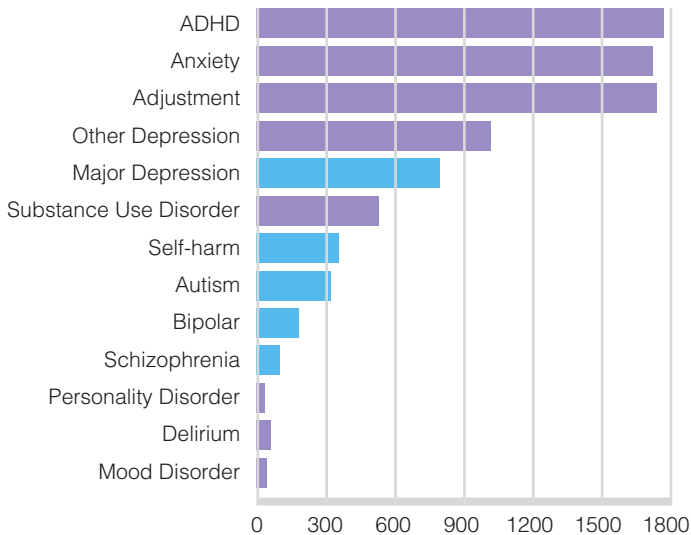
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	29,847
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	59%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	4,449	87%	3%
4-9	6,860	74%	26%
10-13	4,971	71%	40%
14-18	6,195	60%	42%
19-26	7,372	50%	40%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



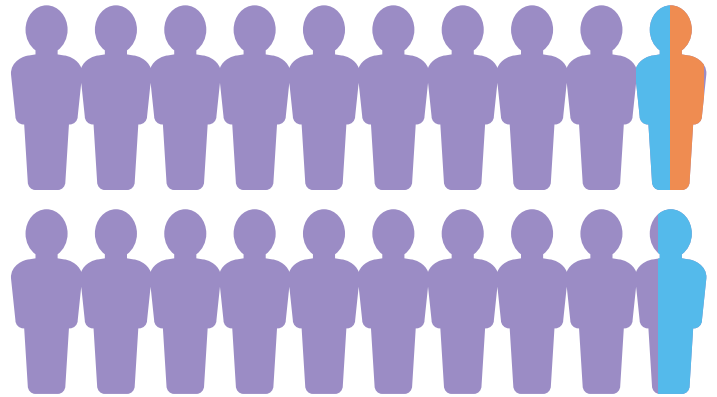
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## ASHTABULA COUNTY ADAMH BOARD

Total budget	4,670,000
Operating budget	395,000
Number of contract agencies	9
Programs serving young Ohioans <sup>1</sup>	11
Programs for maternal health	4
Total number of young Ohioans <sup>1</sup> served	2,220

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	90%	93%
Black or African American	4%	7%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	N/A

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$241	\$2,069	\$1,740	\$1,911	\$2,379
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	23	833	934	904	647
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	27	189	283	252	202
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			Recovery Support Services such as more recovery housing.
0-3	✓			More clinicians trained in trauma informed approaches to support early parenting.
4-9	✓			More service supports in the schools to address unmet needs.
10-13	✓			More service supports in the schools to address unmet needs. More psychiatry.
14-18	✓			More service supports in the schools to address unmet needs. Also services to assist with homeless youth. Expansion of our Transitions to Independence Program. More psychiatry.
19-26	✓			More peer supports for this age group and the ability to expand our current employment and transitions programming for this age group. More psychiatry.
Caregivers for ages 0-26	✓			More parent education and peer support groups for families. Ability to expand our respite program.

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

The Board conducts ongoing needs assessments for the entire county, works with our local partners such as child welfare, Juvenile Court, agencies serving children and

families, schools and our Family and Children First Council. We also conduct a youth survey every other year with all of our school districts.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Complete Medicaid data for planning purposes.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

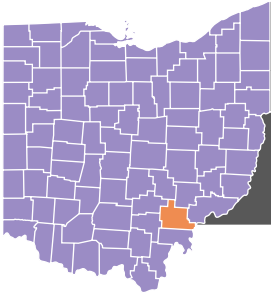
We look at patterns of use, gather data from our partners that serve children and families, discuss staff shortages with contract agencies, mine data from other federal, state and local resources.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Complete Medicaid data for planning purposes.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Athens County Profile

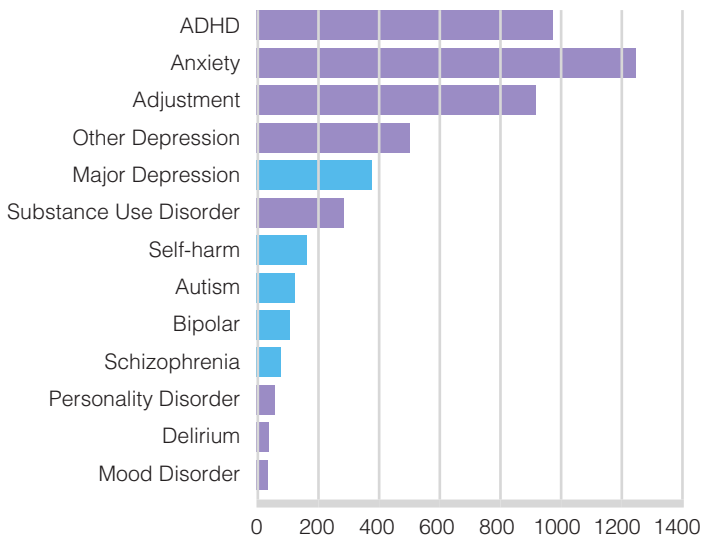
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	28,610
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	28%
Behavioral health condition <sup>2</sup>	24%	35%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,978	83%	6%
4-9	3,057	67%	29%
10-13	2,059	72%	45%
14-18	4,340	40%	50%
19-26	17,176	12%	47%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

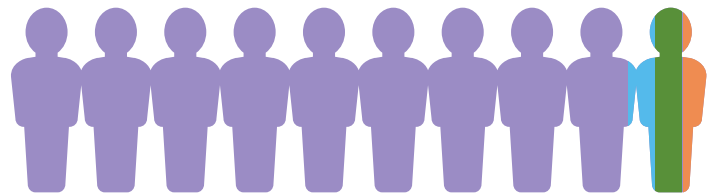
## ATHENS-HOCKING-VINTON ADAMHS BOARD

Total budget	\$9,830,718
Operating budget	\$1,028,976
Number of contract agencies	30
Programs serving young Ohioans <sup>1</sup>	13
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Athens, Hocking, and Vinton counties.

14 private non-profits and 16 public partnerships.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	89%
Black or African American	4%
Asian American	4%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$133	\$2,368	\$3,421	\$2,702	\$2,419
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	14	327	384	405	338
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	52	196	326	199	55
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Athens, Hocking, and Vinton Counties.

### QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/ Maternal*	✔			<p>More capacity to support moms in recovery and to have appropriate MAT - we have some but need more capacity; Increased funding for training in evidence-based treatment; Supportive housing that accommodates kids - 2020 brought a dramatic increase in needed intensive services for this group; We had more requests than we could accommodate for support within primary care settings such as OBGYN and pediatrics across the region; Family and youth homelessness and barriers to WIFI connectivity; These services are needed for all ages of child/youth - while not forgetting services to the adults that care for them area also essential to the child/youth's success:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Care coordination</li> <li>• Intensive Home and Community Based Family Services available 24/7</li> <li>• Youth Acute/Residential Programs - focused on short stay and family/kin engagement</li> </ul>
0-3	✔			<p>Increased funding for training in evidence-based treatment; More providers trained in PCIT and CPP and another full time Healthy Steps consultant for Athens County; 2020 brought a dramatic increase in needed intensive services for this group; Family and youth homelessness and barriers to WIFI connectivity. These services are needed for all ages of child/youth - while not forgetting services to the adults that care for them area also essential to the child/youth's success:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Care coordination</li> <li>• Intensive Home and Community Based Family Services available 24/7</li> <li>• Youth Acute/Residential Programs - focused on short stay and family/kin engagement</li> </ul>

\* Maternal includes women with children up to age 1

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
4-9	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; More prevention and outreach services for clients 5-12 and their families; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense;; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>
10-13	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; More prevention and outreach services for clients 5-12 and their families; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense;; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>
14-18	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement; Supportive employment and job/career development for DD/SPMI</p>

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
19-26	✔			<p>More transitional services between older teen to young adult; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; Supportive employment and job/career development for DD/SPMI</p> <p>Means to pay for residential treatment short term rehab (room and board) for women in the category of 19-26 - treatment services covered but no monies for room and board. Therefore, they often don't get treatment, referral sources are reluctant to refer because they don't want to be on the hook for paying and the result is they stay in the community and end up in the judicial system. Outpatient is there for them intensive and home based but sometimes they need to be out of the environment they are in, even to get a strong foundation in treatment before they go back to the community.</p>
Caregivers for ages 0-26	✔			<p>More capacity to support moms in recovery and to have appropriate MAT - we have some but need more capacity; Increased funding for training in evidence-based treatment; Supportive housing that accommodates kids - 2020 brought a dramatic increase in needed intensive services for this group; We had more requests than we could accommodate for support within primary care settings such as OBGYN and pediatrics across the region; Family and youth homelessness programs; Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; WIFI connectivity-limited access in SE Ohio; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Athens-Hocking-Vinton Board takes a multifaceted approach in assessing community needs to establish priorities. Qualitative and quantitative data is gathered from surveys, telephone interviews and virtual meetings that are done with community members, contract agency employees, and other stakeholders. Less targeted approaches are made through the review of data collected throughout the year that included: agency outcome measurements, calls for assistance from community members, and miscellaneous coordination of care efforts dictated by urgent needs.

Through these assessments, the Board identified system of care strengths, along with areas for improvement. Several areas would be strengthened by additional investments, with the highest ranking identified as: affordable and safe housing, homelessness, uninsured/underinsured, services for transitional ages (18-21), residential treatment, stigma busting/public education, and minority/cultural competence

concerns. Addressing COVID 19 needs became an unplanned local priority. These needs included: means for quick, consistent and effective communication; the necessity of technology availability and connectivity; the ability to re-work all services from prevention to treatment and recovery support strategies; and flexible, creative ways to distribute resources quickly to support agencies and community members.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Ideally, there would be both longitudinal and up-to-date data that is uniformly collected from all child and family serving organizations in each county and easily accessible to the public. The Board has worked with health department and health care providers on their Community Health Assessments and look forward to continued collaboration in the future. Funding for quality needs assessment focused on the needs of children and families would be helpful.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

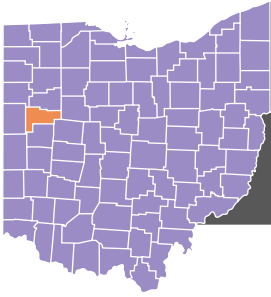
The Board utilizes various metrics to determine the quantity of need. This year's board priority areas included: increased funding for behavioral health and schools was determined by the amount of staffing and resources necessary to implement programming in all 8 school districts. The need for additional beds/housing resources for victims of domestic violence was determined by the number of families turned away because the shelter was full. The need for additional resiliency programming has been determined by geographic availability or non-availability.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

We are hopeful that the new OBHIS system will provide comprehensive and uniform data across all counties in Ohio which will be useful for planning and assessing need. It is hoped that the data will be of sufficient quality and will become a reliable source. County summary reports for Medicaid-funded behavioral and primary health care would be helpful. The Athens-Hocking-Vinton Board has a small staff and by necessity takes a generalist approach to planning that addresses issues across the lifespan with a focus on the needs that can be most impacted by Board action. A more thorough and population specific planning process, that would address system issues beyond what the Board is able to fund, would require additional financial support.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Auglaize County Profile

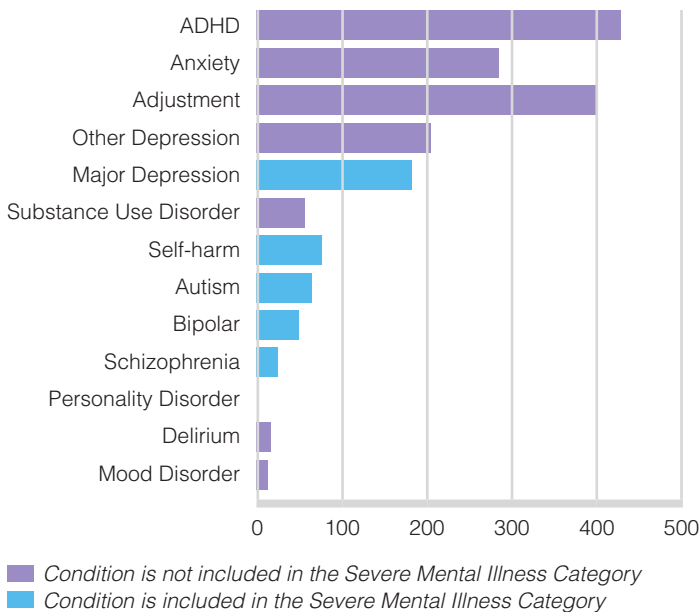
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	15,058
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	30%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,292	47%	4%
4-9	3,613	36%	25%
10-13	2,498	35%	33%
14-18	3,114	31%	38%
19-26	3,541	23%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

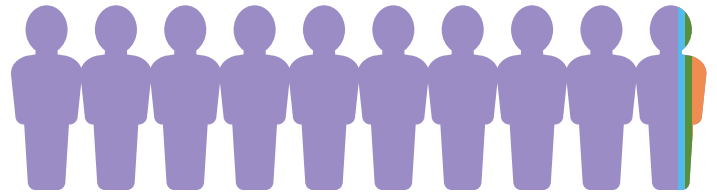


## MHRS BOARD OF ALLEN, AUGLAIZE & HARDIN COUNTIES

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$77	\$569	\$978	\$1,012	\$1,248
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	113	104	182	115
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	18	87	115	119	84
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Allen, Auglaize, and Hardin counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9			✓	
10-13	✓			we do not have LOCAL residential, crisis stabilization, partial, or in-patient psychiatric care.
14-18	✓			we do not have LOCAL residential, crisis stabilization, partial, or in-patient psychiatric care.
19-26	✓			We have no homelessness or transitional housing for some of the ages.
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

We receive quarterly reports from contracted organizations, we collect data from additional community partnerships, and we use both census and state baseline data to compare.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

State wide data, Medicaid and managed care data, private providers required to register services.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

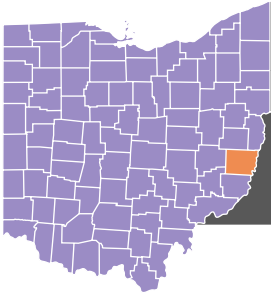
We do monitor length of wait times, numbers served, contract dollars usage, stakeholder feedback.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

State wide baseline data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Belmont County Profile

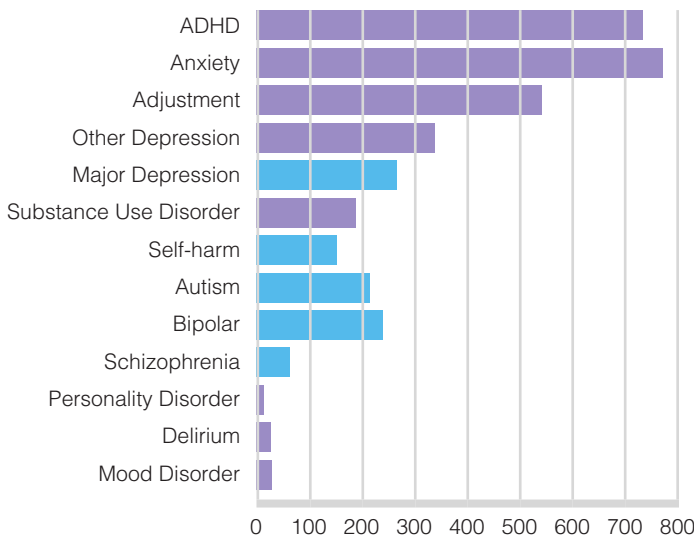
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,391
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	47%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,480	72%	4%
4-9	4,242	59%	23%
10-13	2,857	60%	36%
14-18	3,686	50%	36%
19-26	5,126	36%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

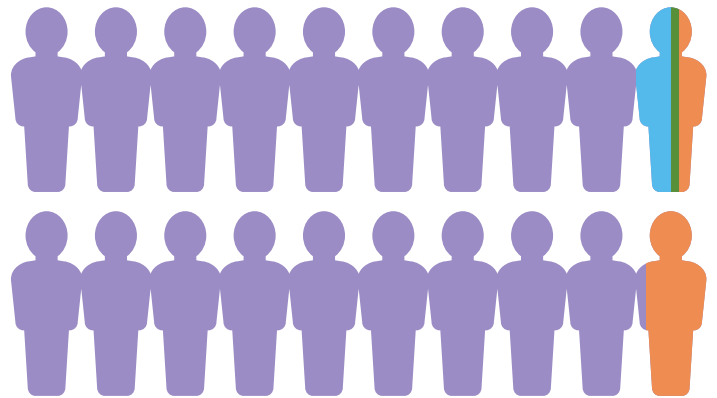
## MH & R BOARD SERVING BELMONT, HARRISON & MONROE COUNTIES

Total budget	\$6,253,858
Operating budget	\$560,620
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	20
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	5,694

Responses in this section refer to the entire ADAMHS Board area, which includes Belmont, Harrison, and Monroe counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	90%	91%
Black or African American	5%	0%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	9%

Client demographic data refers to the entire ADAMHS Board area, which includes Belmont, Harrison, and Monroe counties.

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$94	\$1,238	\$1,623	\$1,451	\$1,591
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	11	294	345	362	261
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	27	138	213	182	126
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

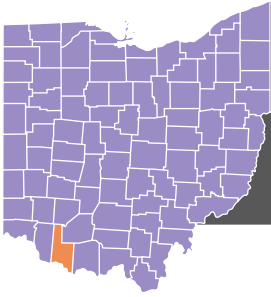
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Brown County Profile

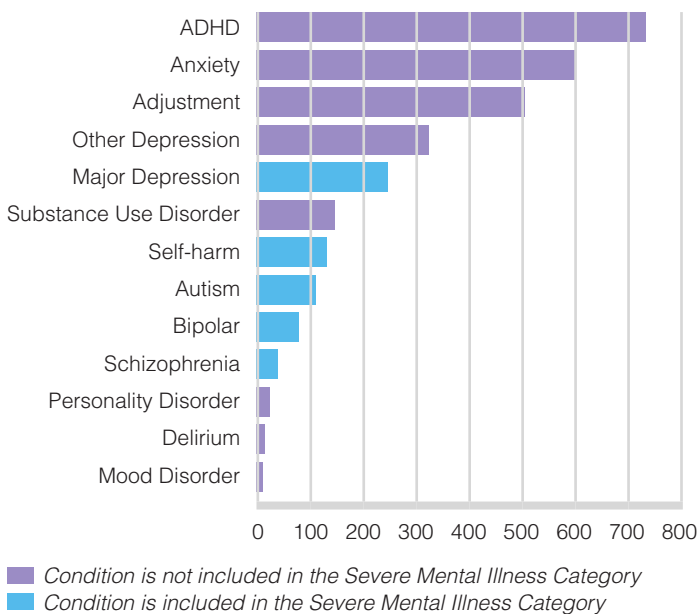
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	13,622
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	56%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,020	84%	5%
4-9	3,214	67%	24%
10-13	2,285	72%	34%
14-18	2,927	57%	38%
19-26	3,176	44%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

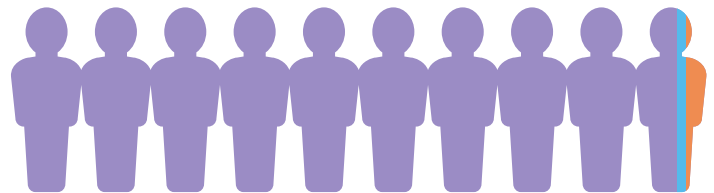


## BROWN COUNTY COMMUNITY BOARD OF MH & ADDICTION SERVICES

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$184	\$1,256	\$1,597	\$1,896	\$1,635
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	14	240	272	282	131
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	40	165	249	215	157
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

At the time of this publication, details about evaluating local need were not available to the authors. Boards may be able to provide this information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

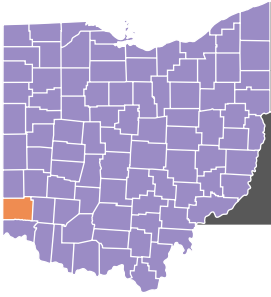
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Butler County Profile

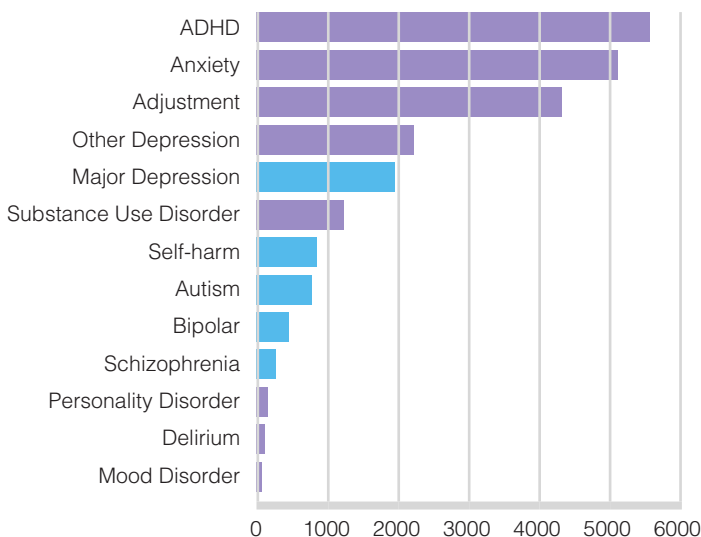
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	140,873
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	41%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	18,200	74%	5%
4-9	29,405	58%	23%
10-13	20,659	56%	34%
14-18	26,840	43%	38%
19-26	45,769	24%	33%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



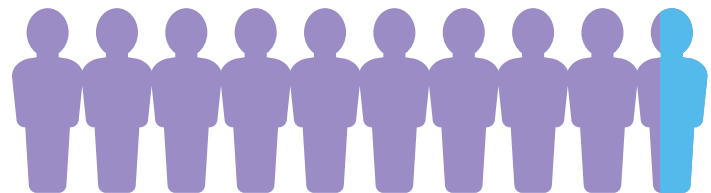
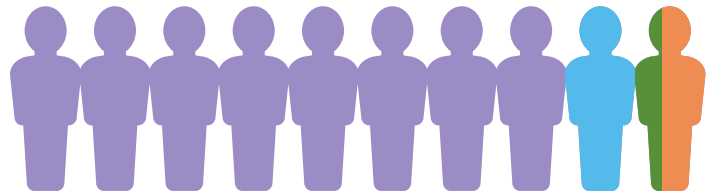
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## BUTLER COUNTY MENTAL HEALTH & ADDICTION RECOVERY SERVICES BOARD

Total budget	\$15,000,000
Operating budget	Not Available
Number of contract agencies	19
Programs serving young Ohioans <sup>1</sup>	19
Programs for maternal health	2, Mama's House & Brightview
Total number of young Ohioans <sup>1</sup> served	3,843

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	80%	93%
Black or African American	10%	6%
Asian American	4%	N/A
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	5%	N/A

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$394	\$1,769	\$1,761	\$1,897	\$2,054
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	261	1,903	1,869	1,681	981
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	36	137	194	164	78
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			Butler County is in need of more residential treatment and recovery beds for expecting mothers and mothers with children up to age 1.
0-3	✓			Yes one of my MH/SUD stakeholders/providers indicated they have a need to expand early childhood intervention services/consultation programming through expanding staffing by 1 FTE in "Incredible Years" types of preschool Programming
4-9	✓			The above 0-3 early childhood intervention/services extends to 5-6 years old. Secondly, Butler County does not have respite services for this age group.
10-13	✓			Butler County does not have respite services or a residential crisis stabilization center for this age group. Butler County does not have residential substance abuse services for youth of this age and has limited outpatient substance abuse services for youth.
14-18	✓			Butler County does not have respite services (I believe these services exist for DD & DD/MH/SUD clients in the county supported by BCDD Board) or residential crisis stabilization center for this age group. Butler County also does not have any specialized programming for this age group that includes supportive housing. There is a lack of therapeutic mentors. Butler County does not have residential substance abuse services for youth under 18 and has limited outpatient substance abuse services for youth. There is a need for more recovery housing for those 18 and older.

\* Maternal includes women with children up to age 1

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
19-26	✔			There are no specialized SMD services for this age group. There is a lack of supportive housing for this age group. There are few agencies that offer residential substance abuse services, and there is a need for more recovery housing.
Caregivers for ages 0-26	✔			Butler County currently does not have MH/SUD respite care available for caregivers. I believe these services exist for DD & DD/MH/SUD clients in the county supported by BCDD Board.

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The BCMHARSB completes a needs assessment and strategic plan every 3 years. The Board Executive Director and staff meets with MH/ADAS providers and stakeholders (local and state especially) frequently to have ongoing conversations about community needs. Finally, ongoing conversations with other state ADMHAS Board’s discussing gaps/needs (e.g. OACBHA/State Board Association) is ongoing. Additionally, the Ohio Department of Mental Health and Addiction Services (ODMHAS provides) needs assessments and strategic plans also for Ohio.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Settings (e.g. conferences) to discuss MH/SUD needs/gaps which includes stakeholders as well as access to all datasets (e.g. Medicaid) for Boards so queries can be run to identify needs/gaps. Finally, more public surveys on local and state MH/SUD issues should be done.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

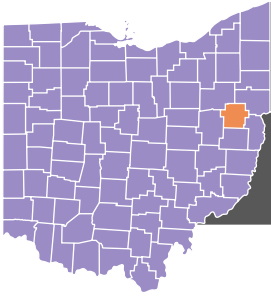
The BCMHARS Board receives quarterly data from contract agencies that informs us how many new unduplicated clients they serve and how long it takes for a client to receive initial clinical services. Quarterly conversations with MH/SUD providers and stakeholders promote discussions identify areas of need and the quantity of unmet needs. For example, I had a monthly check in call with one of my providers/ stakeholders yesterday and they identified a need for additional IOP/PH services in the 10-14 year old age group (30 additional slots) and some trend analysis that this need extends to 5 - 10 year olds in Butler County.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Similar to Question 3 response. Needs Assessing and Strategic Planning meeting settings (e.g. conferences) and better dataset access and analysis. I would also offer better outcome data publication (especially local and state) with accepted outcome norms and metrics specifically defined and measured recognizing validity and reliability. One who presents this informations should always discuss the limitations of the data/information.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Carroll County Profile

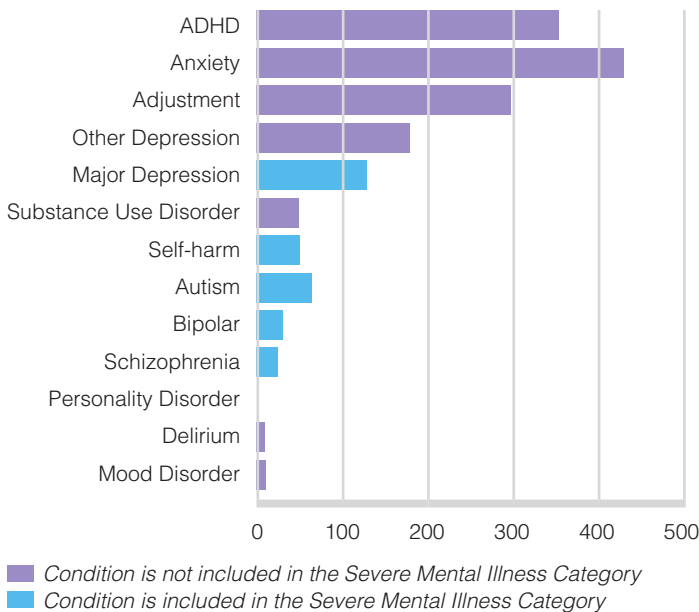
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	7,827
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	46%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,128	68%	3%
4-9	1,734	60%	23%
10-13	1,377	57%	39%
14-18	1,710	47%	40%
19-26	1,878	37%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



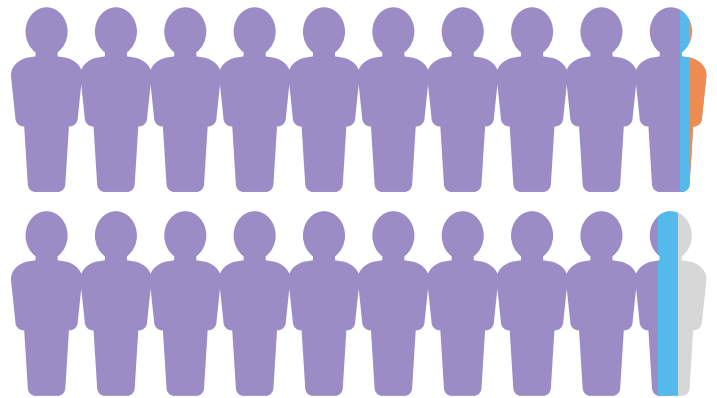
## ADAMHS BOARD OF TUSCARAWAS & CARROLL COUNTIES

Total budget	\$3,861,747
Operating budget	\$677,900
Number of contract agencies	4
Programs serving young Ohioans <sup>1</sup>	10
Programs for maternal health	4
Total number of young Ohioans <sup>1</sup> served	1889 in FY20

Responses in this section refer to the entire ADAMHS Board area, which includes Tuscarawas and Carroll counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

Race/Ethnicity	% OF COUNTY	% OF CLIENTS
White	96%	93%
Black or African American	1%	2%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	2%	N/A

Client demographic data refers to the entire ADAMHS Board area, which includes Tuscarawas and Carroll counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$62	\$1,303	\$1,738	\$1,434	\$1,185
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	138	191	162	89
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	20	138	221	188	131
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Tuscarawas and Carroll counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			We have been unable to find staff to resurrect an IHBT program that had been successful.
10-13	✓			We have been unable to find staff to resurrect an IHBT program that previously existed.
14-18	✓			We have been unable to find staff to resurrect an IHBT program that previously existed
19-26	✓			Transitional housing for this age group would be helpful. The quantity would be determined in collaboration with JFS, schools, and court. Past review of information indicated a 3-4 unit complex could meet this need.
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

In addition to the many county collaboratives board staff participate in that often results in discussion of needs, the board has completed the ROSC survey, strategic planning, needs assessments, etc.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

At this point, the board has developed a plan to reach this goal.



**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

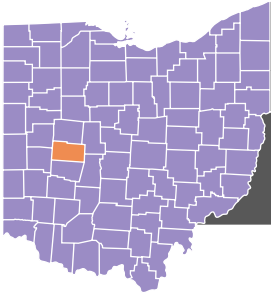
As indicated, there are a number of ways this is determined. This includes: wait list data; length of time between sessions; the number of individuals going out of county for services such as detox or men's residential tx; etc.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

At this point, no additional resources are need to evaluate needs. Funding and workforce is needed to develop the services to meet the needs of the community.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Champaign County Profile

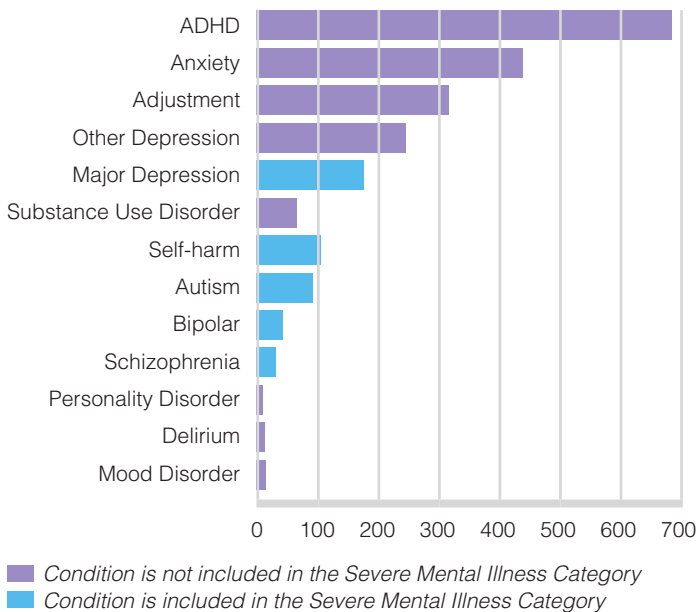
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	12,360
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	43%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,720	67%	5%
4-9	2,683	56%	24%
10-13	2,087	56%	37%
14-18	2,646	43%	39%
19-26	3,224	30%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

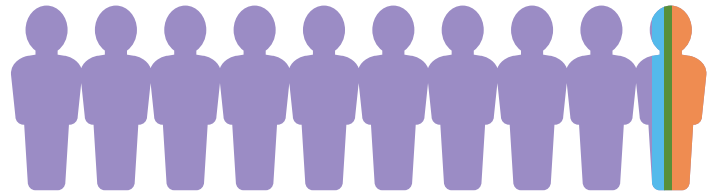


## LOGAN-CHAMPAIGN COUNTIES MHDAS BOARD

Total budget	\$4,420,631
Operating budget	\$535,868
Number of contract agencies	35
Programs serving young Ohioans <sup>1</sup>	17
Programs for maternal health	10
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Logan and Champaign counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	92%
Black or African American	2%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	5%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$147	\$1,137	\$1,747	\$1,196	\$1,155
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	70	131	124	86
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	33	133	206	169	107
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

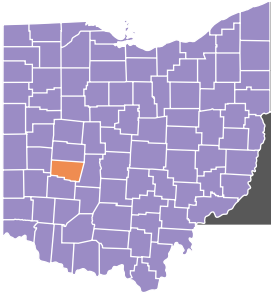
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Clark County Profile

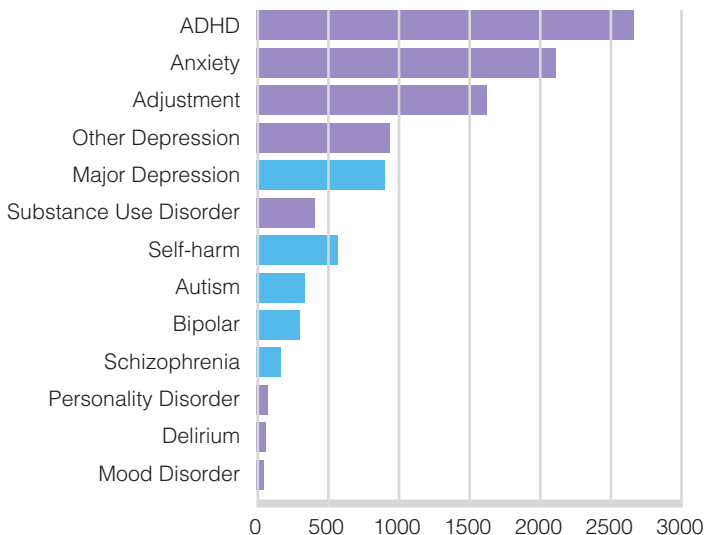
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	43,546
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	58%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	6,263	93%	3%
4-9	9,817	75%	22%
10-13	6,948	75%	34%
14-18	8,675	61%	37%
19-26	11,843	42%	33%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

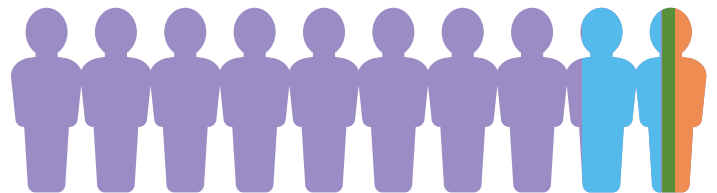
## MENTAL HEALTH & RECOVERY BOARD OF CLARK, GREENE & MADISON COUNTIES

Total budget	\$18,850,249
Operating budget	\$2,791,182
Number of contract agencies	23
Programs serving young Ohioans <sup>1</sup>	22
Programs for maternal health	
Total number of young Ohioans <sup>1</sup> served	7,524

Responses in this section refer to the entire ADAMHS Board area, which includes Clark, Greene, and Madison counties.

Twenty-three contract provider agencies; Providers reported the number of children served.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	82%
Black or African American	11%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	6%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$86	\$1,096	\$1,181	\$1,415	\$1,884
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	10	402	505	565	409
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	30	168	256	228	141
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

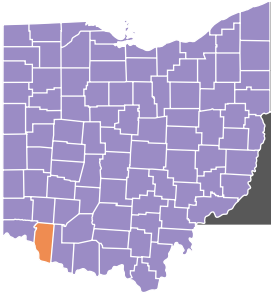
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Clermont County Profile

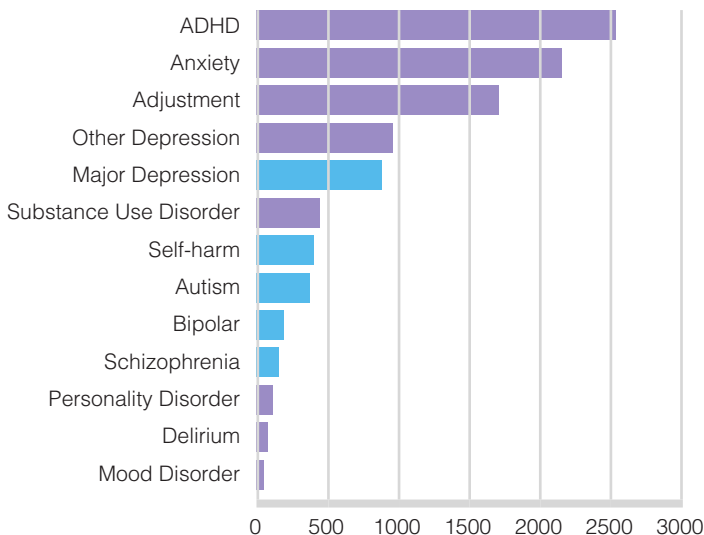
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	65,226
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	35%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	9,368	55%	6%
4-9	15,124	45%	25%
10-13	11,071	43%	37%
14-18	13,769	35%	41%
19-26	15,894	27%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



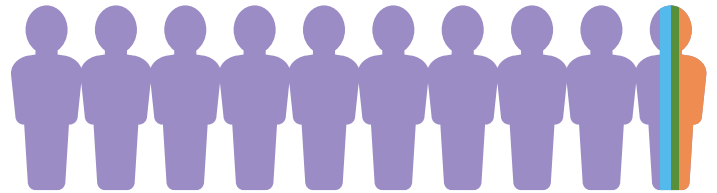
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## CLERMONT COUNTY MENTAL HEALTH & RECOVERY BOARD

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	93%
Black or African American	2%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$224	\$1,611	\$1,729	\$2,645	\$2,424
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	58	730	803	858	344
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	31	114	157	142	103
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

At the time of this publication, details about evaluating local need were not available to the authors. Boards may be able to provide this information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

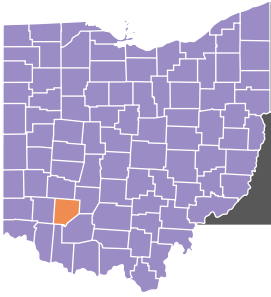
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





## MIND THE GAP

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Clinton County Profile

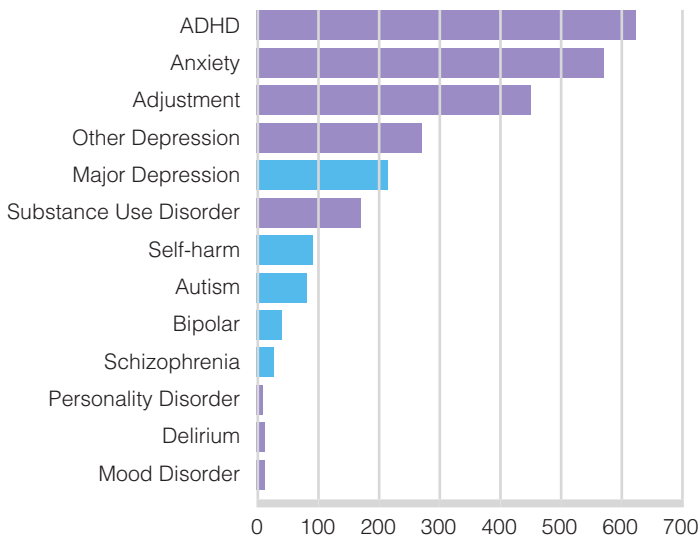
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	13,960
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	47%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,965	76%	4%
4-9	3,154	58%	23%
10-13	2,159	60%	32%
14-18	2,843	52%	40%
19-26	3,839	35%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MENTAL HEALTH RECOVERY BOARD SERVING WARREN & CLINTON COUNTIES

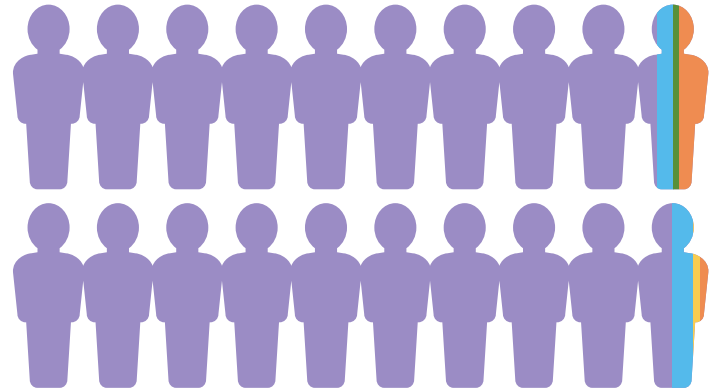
Total budget	\$14,304,701 (FY21)
Operating budget	\$1,783,302 (FY21)
Number of contract agencies	34
Programs serving young Ohioans <sup>1</sup>	32
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	922

Responses in this section refer to the entire ADAMHS Board area, which includes Warren and Clinton counties.

32 MHRBWCC contract agencies and two MHRBWCC funded programs. Children served includes treatment and client specific recovery services only (prevention and manual invoice billing excluded).

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

Race/Ethnicity	% OF COUNTY	% OF CLIENTS
White	92%	95%
Black or African American	3%	3%
Asian American	1%	0%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	1%

Client demographic data refers to the entire ADAMHS Board area, which includes Warren and Clinton counties.

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$170	\$1,186	\$1,624	\$1,829	\$1,721
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	10	183	204	253	154
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	32	134	196	205	126
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Client demographic data refers to the entire ADAMHS Board area, which includes Warren and Clinton counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3	✓			Early Childhood MH Trained Therapist (1)
4-9	✓			Early Childhood MH Trained Therapist (3); Wraparound Coordinator (1)
10-13	✓			Wraparound Coordinator (1), Child MH Clinicians, Therapeutic Foster Care
14-18	✓			Wraparound Coordinator (1), Child MH Clinicians (7), Therapeutic Foster Care (3 beds), Emergency Overnight Respite (<1 bed/night)
19-26	✓			Specialized Housing for young adults
Caregivers for ages 0-26	✓			In home training for caregivers while child is in residential treatment (non-Medicaid billable services)-Average 8/families per month, Adoption Disruption Prevention Services (unknown quantity)

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Needs Assessments, Stakeholder Input, Wait Lists, Constituent surveys, Service Utilization.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Medicaid Billing Information.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

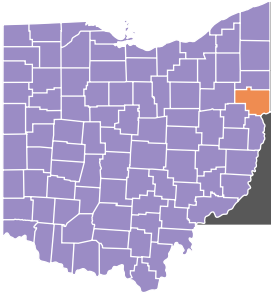
Additional funds (if available) may be allocated if providers expend their contracted amounts prior to the end of the term or if wait times are unacceptable. New programs will be funded if a need is identified, funding is available and clear benefit to MHRBWCC's mission is demonstrated.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

School data related to IEP/504/Disabilities due to Behavioral health needs; Medicaid Billing Data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Columbiana County Profile

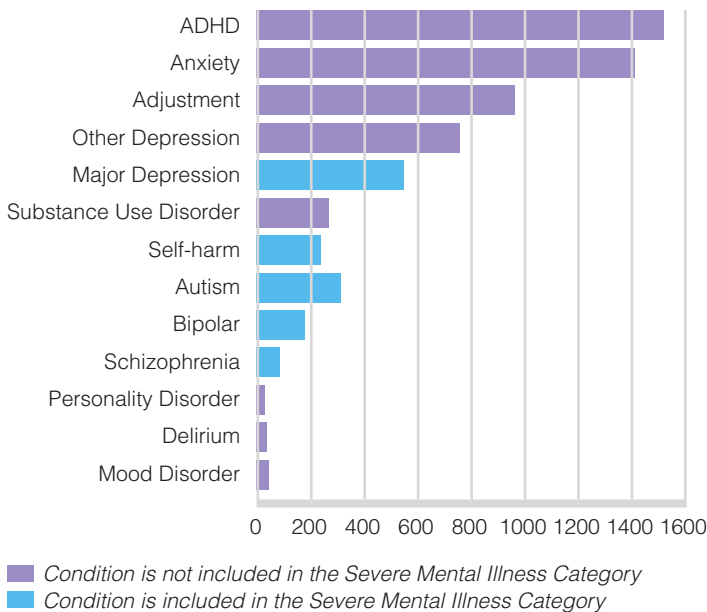
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	28,984
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	54%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	4,206	82%	3%
4-9	6,686	67%	23%
10-13	4,765	64%	35%
14-18	6,041	55%	38%
19-26	7,286	45%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



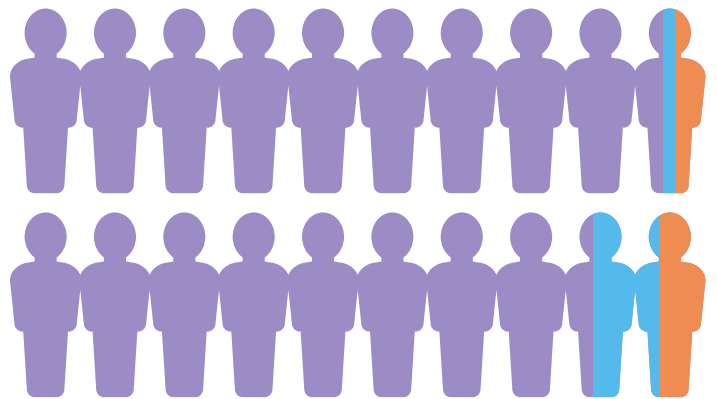
## COLUMBIANA COUNTY MENTAL HEALTH & RECOVERY SERVICES BOARD

Total budget	\$5,592,392.00
Operating budget	579,425.00
Number of contract agencies	9
Programs serving young Ohioans <sup>1</sup>	30
Programs for maternal health	6
Total number of young Ohioans <sup>1</sup> served	3,500 (FY20)

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	94%	84%
Black or African American	2%	9%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	6%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$54	\$1,113	\$1,439	\$1,433	\$1,565
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	33	672	629	705	524
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	27	155	226	208	174
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

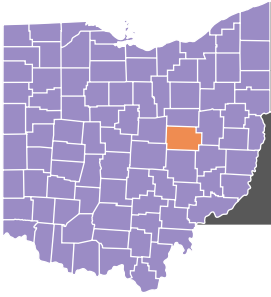
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Coshocton County Profile

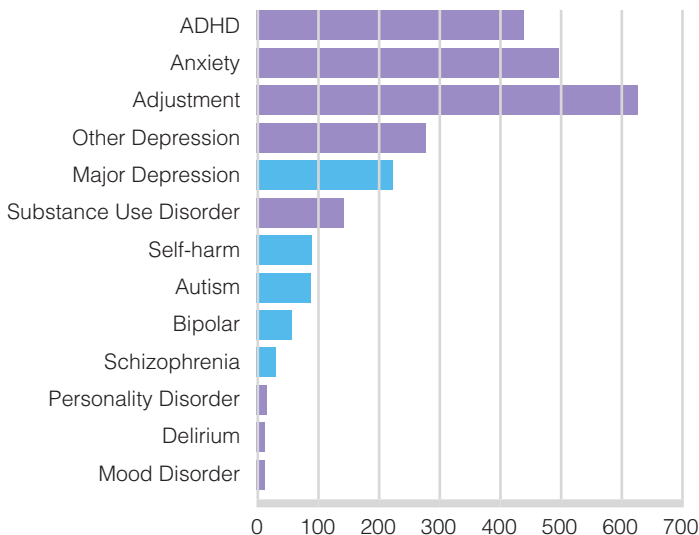
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	11,799
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	53%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,904	71%	9%
4-9	2,900	64%	22%
10-13	1,905	64%	34%
14-18	2,449	54%	38%
19-26	2,641	45%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



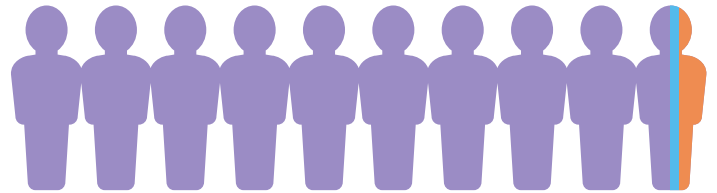
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MUSKINGUM AREA MHRS BOARD (COSHOCOTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE & PERRY COUNTIES)

Total budget	\$12,986,832
Operating budget	\$861,600
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	15
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	-

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$99	\$987	\$1,204	\$1,583	\$2,004
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	12	150	182	241	143
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	66	138	217	203	173
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			BH Workforce capacity
10-13	✓			Trauma service, crisis stabilization and/or respite
14-18	✓			Trauma service, crisis stabilization and/or respite, life skills support
19-26	✓			Transitional Housing
Caregivers for ages 0-26	✓			Targeted parenting supports, trauma training, respite care resources

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

This is done informally, primary use of focus groups, community stakeholder and client surveys. surveys.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Assistance to improve capacity for BH services. Technical support with the development of an effective needs assessment tool.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

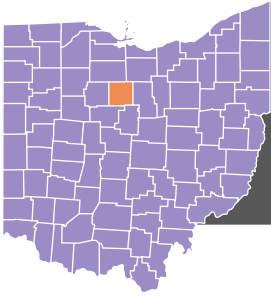
Wait times are our primary indicator along with increased funding for specific services and supports.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Crawford County Profile

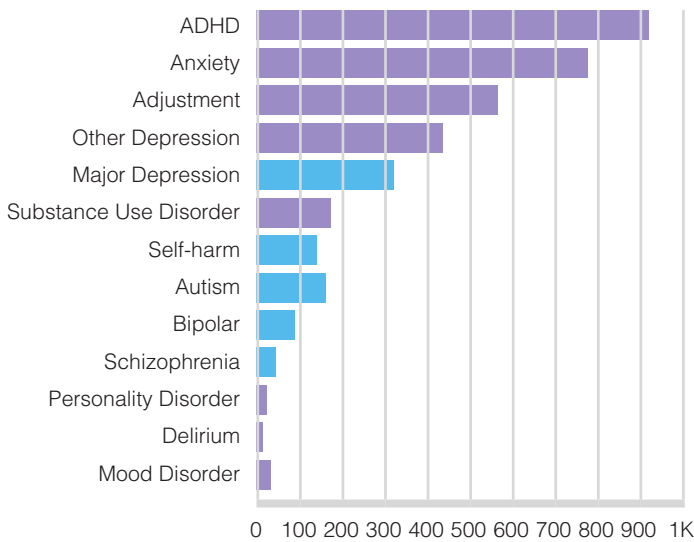
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	12,610
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	62%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,850	95%	4%
4-9	2,932	73%	27%
10-13	2,055	73%	42%
14-18	2,605	62%	42%
19-26	3,168	54%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## CRAWFORD-MARION BOARD OF ADAMHS

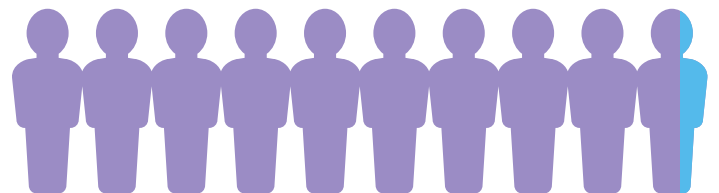
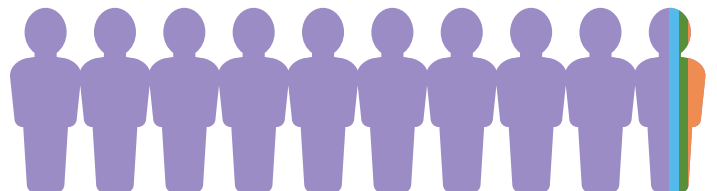
Total budget	\$4,268,285
Operating budget	\$552,195
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	19
Programs for maternal health	5
Total number of young Ohioans <sup>1</sup> served	14,510

Responses in this section refer to the entire ADAMHS Board area, which includes Crawford and Marion counties.

Children served does not include Medicaid services but served includes prevention services; data are not unduplicated.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	95%	96%
Black or African American	1%	3%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Crawford and Marion counties.

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$129	\$1,238	\$1,775	\$2,051	\$1,192
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	13	241	322	328	220
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	37	194	304	260	197
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

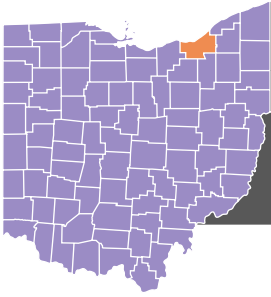
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Cuyahoga County Profile

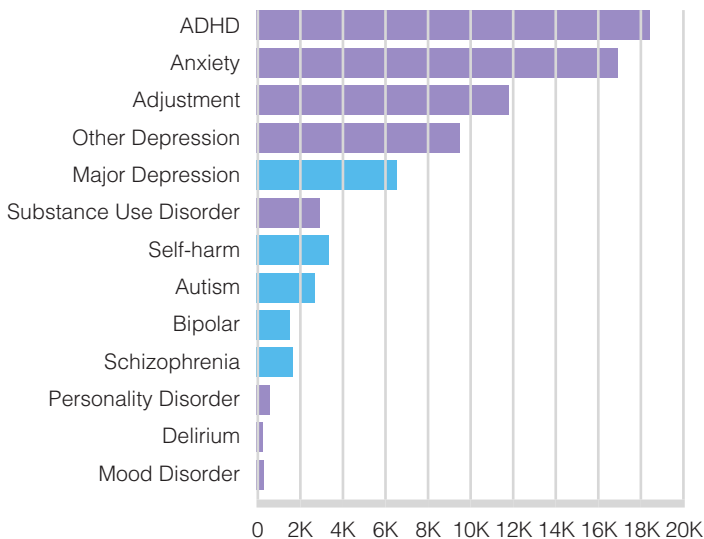
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	377,822
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	56%
Behavioral health condition <sup>2</sup>	24%	23%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	55,943	82%	4%
4-9	83,643	71%	21%
10-13	56,369	72%	31%
14-18	72,729	60%	33%
19-26	109,138	45%	28%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



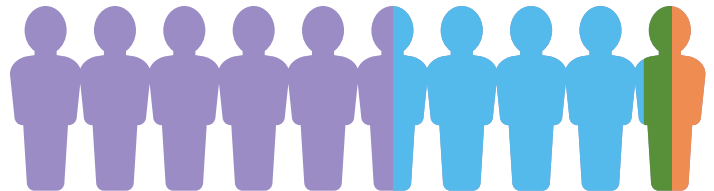
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## ADAMHS BOARD OF CUYAHOGA COUNTY

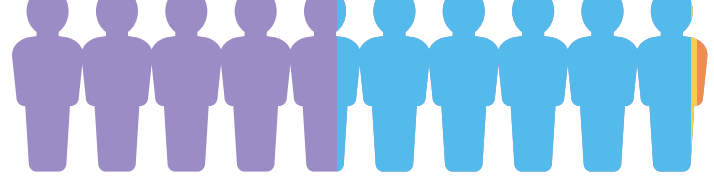
Total budget	\$65,719,911
Operating budget	\$5,973,414
Number of contract agencies	75
Programs serving young Ohioans <sup>1</sup>	220
Programs for maternal health	20
Total number of young Ohioans <sup>1</sup> served	Estimated 3,500

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS



	% OF COUNTY	% OF CLIENTS
White	55%	47%
Black or African American	36%	51%
Asian American	4%	0%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	2%

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$208	\$2,097	\$2,346	\$2,437	\$2,300
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	350	6,506	6,862	6,630	3,944
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	33	148	225	197	125
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/ Maternal*	✓			There are few services in the County for women who are mothers, especially residential services where they may also bring their children. The Needs Assessment authors recommend considering looking specifically at strategies to increase access and acceptability of programs for women, especially for women who have children and/or who may be pregnant. (Study Conclusions & Recommendations, NA)
0-3		✓		
4-9		✓		
10-13	✓			3,974 individuals in Cuyahoga County aged 12-17 have unmet needs for Alcohol and SUD treatment (Table 4.2.1, NA) 2) 5,654 individuals in Cuyahoga County aged 12-17 have unmet needs for a Major depressive episode (MDE) but did not receive treatment (Table 4.3.6, NA)
14-18	✓			3,974 individuals in Cuyahoga County aged 12-17 have unmet needs for Alcohol and SUD treatment (Table 4.2.1, NA) 2) 5,654 individuals in Cuyahoga County aged 12-17 have unmet needs for a Major depressive episode (MDE) but did not receive treatment (Table 4.3.6, NA)
19-26	✓			1) 97,611 individuals in Cuyahoga County ages 18+ have unmet needs for Alcohol and SUD treatment (Table 4.2.1, NA). 2) 62,116 individuals in Cuyahoga County ages 18+ have unmet needs for mental health treatment, while 79,864 individuals have perceived unmet need for mental health treatment (Table 4.3.2, NA) 3) The findings suggest that transition-age youth may be underserved and are an at-risk population. It can be difficult for transition-age youth to be engaged in treatment. We recommend continuing and strengthening strategies to enhance a coordinated system of care while emphasizing flexibility in services and across organizations. (Study Conclusions & Recommendations, NA)

\* Maternal includes women with children up to age 1

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Caregivers for ages 0-26	✔			There are few services in the County for women who are mothers, especially residential services where they may also bring their children. The Needs Assessment authors recommend considering looking specifically at strategies to increase access and acceptability of programs for women, especially for women who have children and/or who may be pregnant. (Study Conclusions & Recommendations, NA)

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Cuyahoga County ADAMHS Board contracted with Cleveland State University (CSU) to conduct a Needs Assessment. CSU calculated unmet needs by using the 2018 National Survey on Drug Use and Health (NSDUH) data and the population estimate for Cuyahoga County based on the 2018 American Community Survey (ACS). In addition, the Board completed a Community Plan as well a Strategic Plan to address opportunities for service improvement based on the trends identified and Cuyahoga County’s unique population. Standing monthly and/or quarterly meetings with providers continue to provide the Board timely feedback to allow for pivots needed to best serve clients. Finally, in 2021, the Board will be implementing a metrics collections system which will create efficiencies and allow the Board to evaluate the success of programs and agencies more easily as well as identify any performance issues early on.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

N/A

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

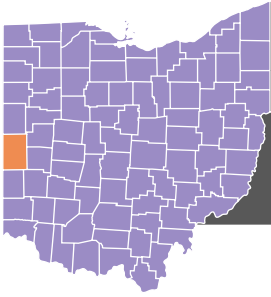
The Cuyahoga County ADAMHS Board contracted with Cleveland State University (CSU) to conduct a Needs Assessment. CSU calculated unmet needs by using the 2018 National Survey on Drug Use and Health (NSDUH) data and the population estimate for Cuyahoga County based on the 2018 American Community Survey (ACS). In addition, the Board completed a Community Plan as well a Strategic Plan to address opportunities for service improvement based on the trends identified and Cuyahoga County’s unique population. Standing monthly and/or quarterly meetings with providers continue to provide the Board timely feedback to allow for pivots needed to best serve clients. Finally, in 2021, the Board will be implementing a metrics collections system which will create efficiencies and allow the Board to evaluate the success of programs and agencies more easily as well as identify any performance issues early on.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

N/A

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Darke County Profile

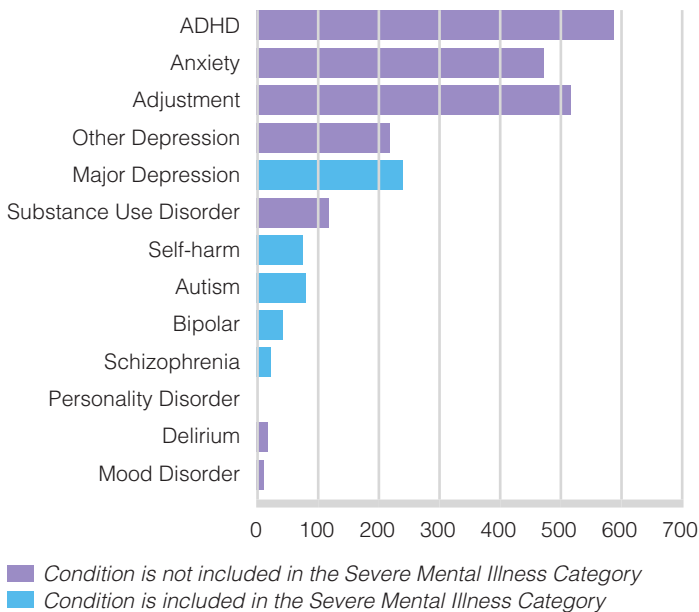
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	16,606
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	40%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,544	60%	3%
4-9	3,847	51%	21%
10-13	2,839	47%	32%
14-18	3,483	38%	34%
19-26	3,893	31%	32%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

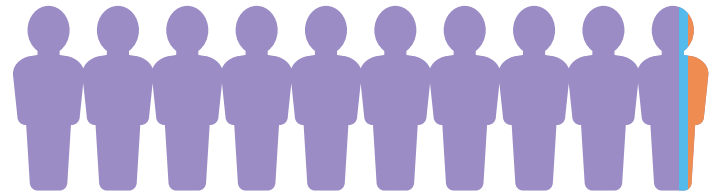


## TRI-COUNTY BOARD OF RECOVERY & MENTAL HEALTH SERVICES (DARKE, MIAMI & SHELBY COUNTIES)

Total budget	\$8,090,151
Operating budget	\$1,012,725
Number of contract agencies	7
Programs serving young Ohioans <sup>1</sup>	30
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Darke, Miami, and Shelby counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$263	\$1,008	\$1,234	\$999	\$1,526
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	90	117	113	99
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	20	109	149	130	101
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

At the time of this publication, details about evaluating local need were not available to the authors. Boards may be able to provide this information directly upon request.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9			✓	
10-13			✓	
14-18			✓	
19-26			✓	
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

By open communication channels with service providers, collecting and interpreting data on waitlists, by participating in community coalitions with community leaders and business partners, and by regular communication with county government officials, law enforcement agencies, and service providers.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

A complete set of service data to include services paid by Medicaid and private payers.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

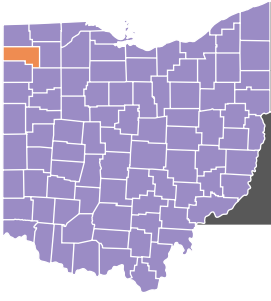
See Question 2 response. It is also important to distinguish between “unmet need” and “unmet demand.” Need is often apparent, but demand for service lags. Wait times, wait lists, number of no shows or dropouts.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Defiance County Profile

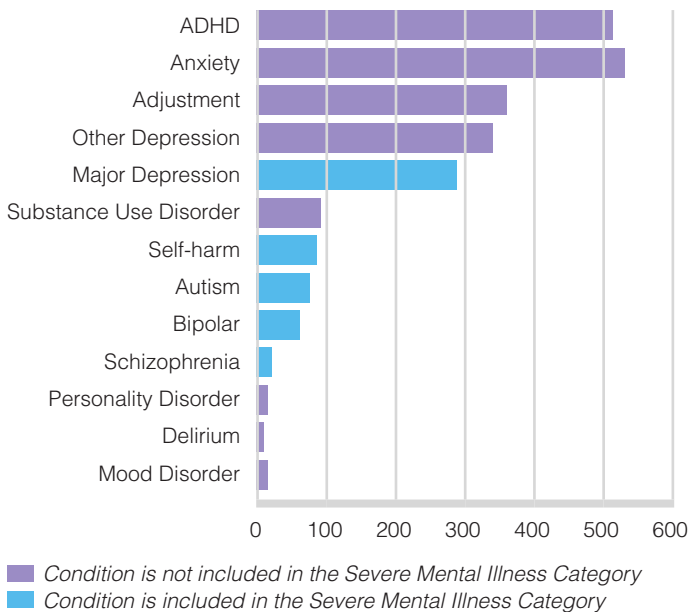
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	12,400
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	44%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,708	70%	3%
4-9	2,797	57%	24%
10-13	2,000	54%	35%
14-18	2,639	47%	42%
19-26	3,256	32%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



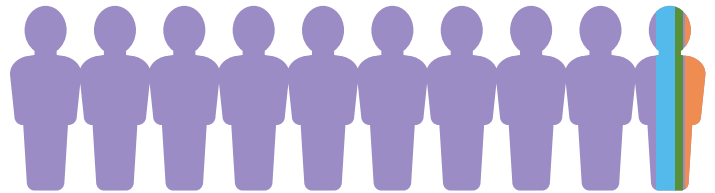
## FOUR COUNTY BOARD OF ADAMHS (DEFIANCE, FULTON, HENRY & WILLIAMS)

Total budget	Approx. \$6 million
Operating budget	Approx. \$600,000
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	9
Programs for maternal health	6
Total number of young Ohioans <sup>1</sup> served	170

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	93%	95%
Black or African American	3%	5%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	0%

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$69	\$1,626	\$1,710	\$1,847	\$1,612
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	10	242	227	311	172
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	20	139	191	198	129
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			More inpatient psych beds as needed.
14-18	✓			More inpatient psych beds as needed.
19-26		✓		
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Evaluate the needs by reviewing the Board’s strategic plan, the Community Health Improvement Plan, the Community Plan, and provider data.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The Ohio Association of County Behavioral Health Authorities, Health Departments, and the Ohio Department of Mental Health and Addiction Services.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

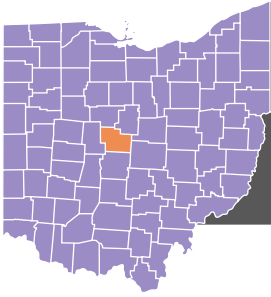
Length of wait time in emergency rooms - lack of inpatient psych beds.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Area hospitals.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Delaware County Profile

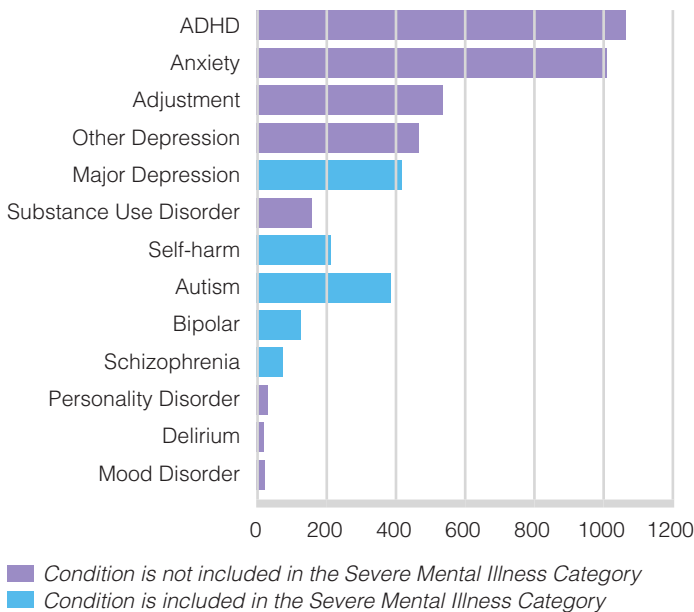
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	72,552
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	14%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	9,660	23%	4%
4-9	18,031	17%	22%
10-13	12,935	17%	34%
14-18	16,485	14%	39%
19-26	15,441	12%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



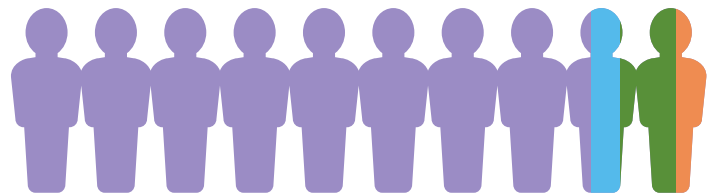
## DELAWARE-MORROW MENTAL HEALTH & RECOVERY SERVICES BOARD

Total budget	\$18,074,514
Operating budget	\$885,245
Number of contract agencies	10
Programs serving young Ohioans <sup>1</sup>	19
Programs for maternal health	22
Total number of young Ohioans <sup>1</sup> served	17,886

Responses in this section refer to the entire ADAMHS Board area, which includes Delaware and Morrow counties.

Includes Prevention and Treatment programming; The number of children served is an estimate for Prevention and Treatment services. Some of these may be duplicated since some Prevention counts are not enrolled in GOSH.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	84%
Black or African American	4%
Asian American	8%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	4%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$202	\$1,362	\$2,173	\$2,565	\$2,152
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	202	220	288	213
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	10	38	57	53	45
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Delaware and Morrow counties.

### QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✔			There is no Obstetrician serving Morrow County. Pregnant women receive OB/GYN care out of county. If they experience any BH issues including postpartum depression or SUD issues, there is not familiarity of resources in Morrow County for the physician to refer them to for ongoing care. Stable Cradle program in Morrow County provides some support to pregnant women with SUD concerns past or present. They serve a limited number of women per year. If yes, what additional services are needed and in what quantity: Not sure as there is not a mechanism to track this information
0-3	✔			Parent education and support programs like Triple P have not been well attended. Morrow County has a shortage of early intervention programs for children or families. If yes, what additional services are needed and in what quantity: Unable to determine as this has not been tracked previously. Both Delaware and Morrow Counties are expected to have population growth over the next 10 years.
4-9	✔			Clinicians trained in play therapy are needed If yes, what additional services are needed and in what quantity: play therapy training and recruitment/retention of Clinicians. Unable to determine quantity. Our largest Youth provider will not have office space in Morrow County until later in 2021. Once they are open for Outpatient services, they may be able to track information to establish a baseline

\* Maternal includes women with children up to age 1

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
10-13	✓			Clinicians trained in EMDR and family therapy. If yes, what additional services are needed and in what quantity: Unable to determine quantity.
14-18	✓			Clinicians trained to treat severe trauma, family systems, and youth with SUD are needed. Need Crisis Stabilization capacity. If yes, what additional services are needed and in what quantity: Unable to determine quantity.
19-26	✓			Clinicians trained to treat severe trauma, family systems, and dual diagnosis BH/SUD are needed. We also need Crisis Stabilization and housing support for transitional youth age group. If yes, what additional services are needed and in what quantity: Unable to determine quantity.
Caregivers for ages 0-26	✓			All of the same issues listed above. If yes, what additional services are needed and in what quantity: Unable to determine quantity.

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Our Board reviews community data to include; Community Health Assessments completed by each Health Department in collaboration with our Board and other partners, Community Health Improvement Plans developed by each Health Department with input from our Board, Youth Risk Behavior Survey results, Community Needs Assessment completed by our Board. Some of our School Districts have started to utilize the Panorama survey to help guide decision making, however, this is in the early stages. As part of Board strategic planning, we assess need via focus groups, community surveys and consumer, provider and partner feedback.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

We would like the Medicaid and private insurance service utilization data to be shared with each Board area to assist with planning for programming.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

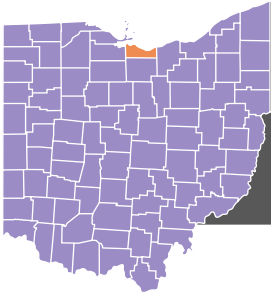
Our Board requires contracted providers to submit information tracking accessibility to include number of clients on the waiting list for services and time from initial call to first appointment. Our Board also solicits feedback on requests for services that were not able to be met due to lack of programming. We also require board funded providers to notify of staff vacancies for board funded positions and will review retention rates and practices for FY2022.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board area has a Behavioral Health workforce shortage. Many positions remain unfilled despite available funding. Our Board would recommend that every District in Ohio receive funding for Panorama surveys as this helps identify unmet needs for school-age children.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Erie County Profile

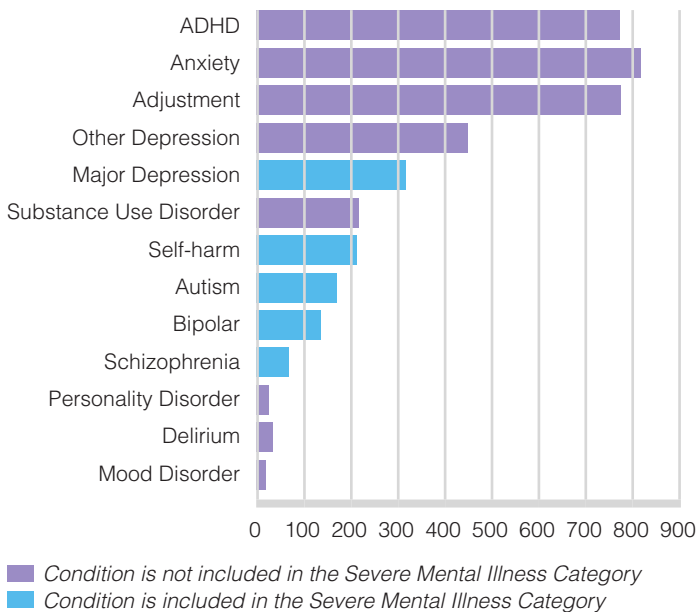
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	21,588
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	47%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	3,114	76%	3%
4-9	4,845	60%	22%
10-13	3,381	59%	32%
14-18	4,479	46%	37%
19-26	5,769	36%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



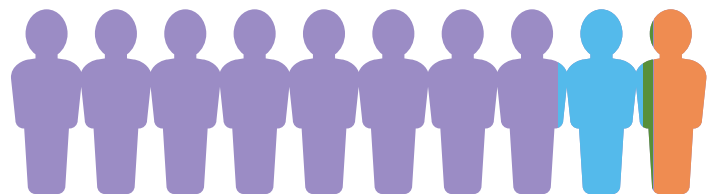
## MENTAL HEALTH & RECOVERY BOARD OF ERIE & OTTAWA COUNTIES

Total budget	\$8.8 million (includes \$4.7 million levy)
Operating budget	\$972,700
Number of contract agencies	16
Programs serving young Ohioans <sup>1</sup>	225
Programs for maternal health	5
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Erie and Ottawa counties.

Includes the number of programs/services, not the number of providers. Most of these services are for ages 18-26.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	79%
Black or African American	12%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	8%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$55	\$863	\$1,223	\$1,354	\$1,604
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	9	244	265	318	240
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	25	130	190	170	134
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Erie and Ottawa counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3		✓		
4-9	✓			Less wait time for services; more psychiatric services; minimize workforce shortage which results in an ability to find professionals who will do home-based services
10-13	✓			Less wait time for services; more psychiatric services; minimize workforce shortage which results in an ability to find professionals who will do home-based services
14-18	✓			Less wait time for services; more psychiatric services; minimize workforce shortage which results in an ability to find professionals who will do home-based services
19-26	✓			Independent living; Same/similar age peer supporters; minimize workforce shortage; additional psychiatric services
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Board contacts community stakeholders and hold public forums which includes consumers. In addition, an evaluation of data is completed.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Regional analysis of services needs vs availability; Local Job and Family Services data; Training on best practices for at risk families and reunification plans for children in custody; Alternatives to inpatient psychiatric treatment;

*Continued*

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

The Board contacts community stakeholders and hold public forums which includes consumers. In addition, an evaluation of data is completed.

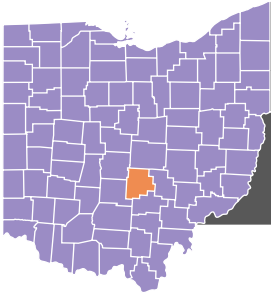
**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Regional analysis of at-risk children and existing programs/ services vs recommended new programs/services.; Analysis of workforce shortage.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







## MIND THE GAP

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Fairfield County Profile

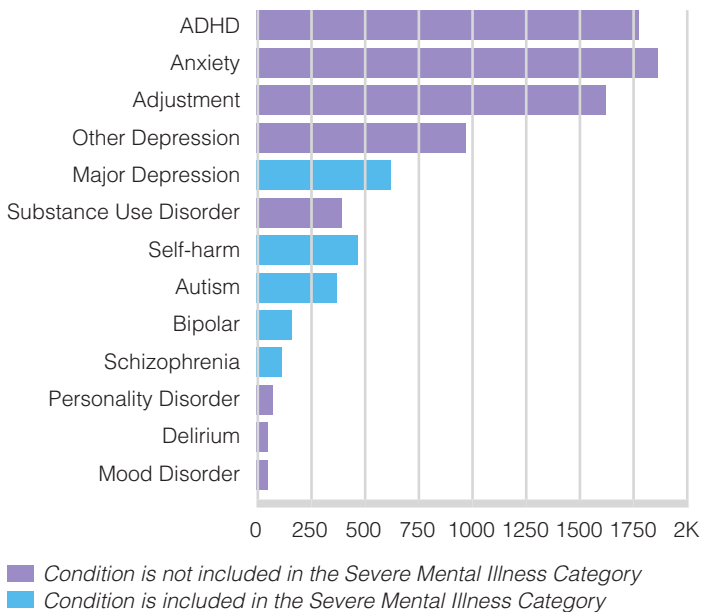
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	52,476
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	39%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	7,355	61%	4%
4-9	12,367	49%	22%
10-13	8,836	46%	33%
14-18	11,046	40%	39%
19-26	12,872	31%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



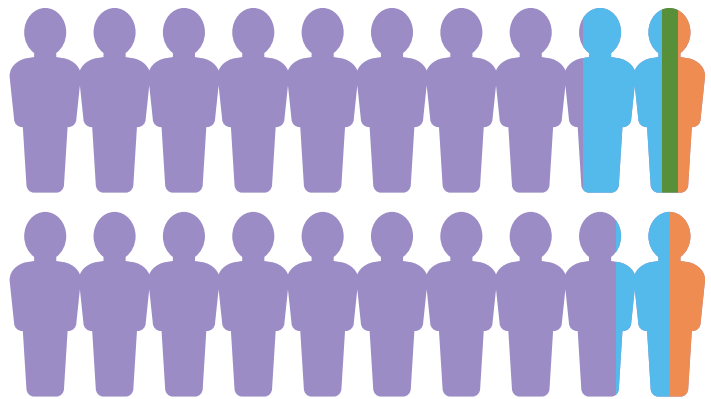
## FAIRFIELD COUNTY ADAMH BOARD

Total budget	\$12,031,912
Operating budget	\$1,662,894
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	22
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	11,356

Includes Prevention and Treatment programming; The number of children served for Prevention services does not include demographics such as race and DOB, that information is not collected for these programs. Some of the persons counted may be duplicated since some Prevention recipients may also be enrolled in GOSH for clinical services. 12 programs geared toward young Ohioans and their parents, and 10 School-based prevention programs.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	82%	87%
Black or African American	11%	7%
Asian American	2%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	5%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$78	\$1,486	\$1,442	\$1,710	\$1,935
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	22	597	588	687	476
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	24	108	153	156	111
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

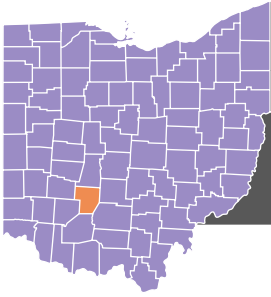
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Fayette County Profile

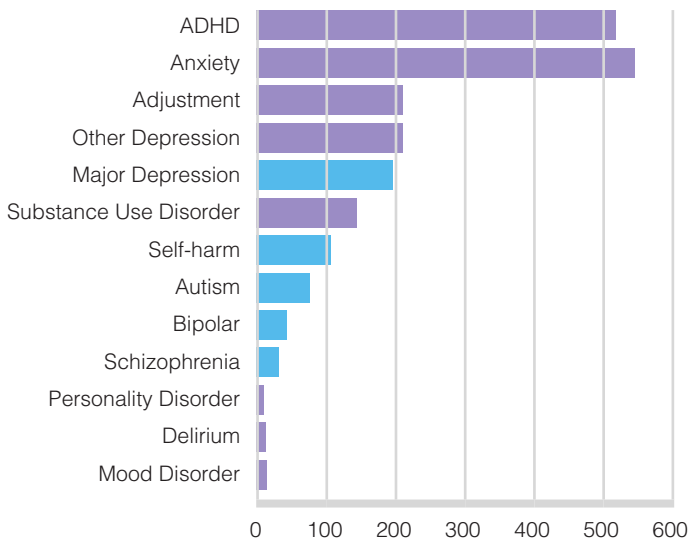
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	9,165
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	58%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,359	87%	3%
4-9	2,202	72%	21%
10-13	1,567	70%	32%
14-18	1,830	63%	39%
19-26	2,207	45%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## PAINT VALLEY ADAMH BOARD (FAYETTE, HIGHLAND, PICKAWAY, PIKE & ROSS COUNTIES)

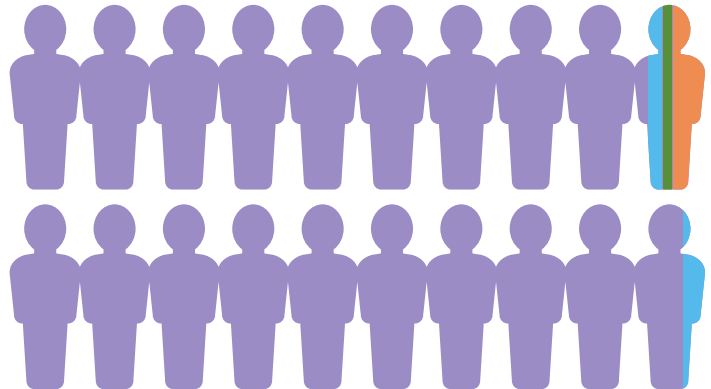
Total budget	\$11,978,698
Operating budget	\$1,047,035
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	6
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	621

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Ages 0-26 CY 2019 Non-Medicaid; We are a five county Board, some services exist in a small program but do not reach all counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	92%	97%
Black or African American	2%	3%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$60	\$692	\$1,575	\$1,964	\$1,635
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	132	183	198	80
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	26	153	222	246	173
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			While services are available for this age group, our region could use additional mental health practitioners specializing in early childhood.
10-13	✓			Our region needs access to close to home crisis stabilization beds and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
14-18	✓			Our region need access to local inpatient psychiatric beds, crisis stabilization beds, and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Paint Valley ADAMH Board plays an active role in each of our 5 counties Family and Children First Council. Additionally, we participate and use the data from each of the 5 counties Community Health Assessments. Recently, we held one regional and 5 county level crisis summits exploring the crisis needs of our communities. FCFC coordinators and all of the public school superintendents were invited to participate in this endeavor. The ADAMH Board holds frequent meeting with leadership of out contract agencies to hear their concerns for the populations that they serve. Also, we survey our communities through the Recovery Oriented System of Care Survey. During this process, we both send out the survey electronically, and hold focus groups.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

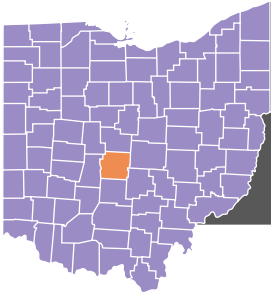
The Paint Valley ADAMH Board monitors any additional need for funding through our contract agencies. Additionally, we monitor agency waitlists. The reports from all of the regions Family and Children First Councils are also used to monitor quantity of unmet needs.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Franklin County Profile

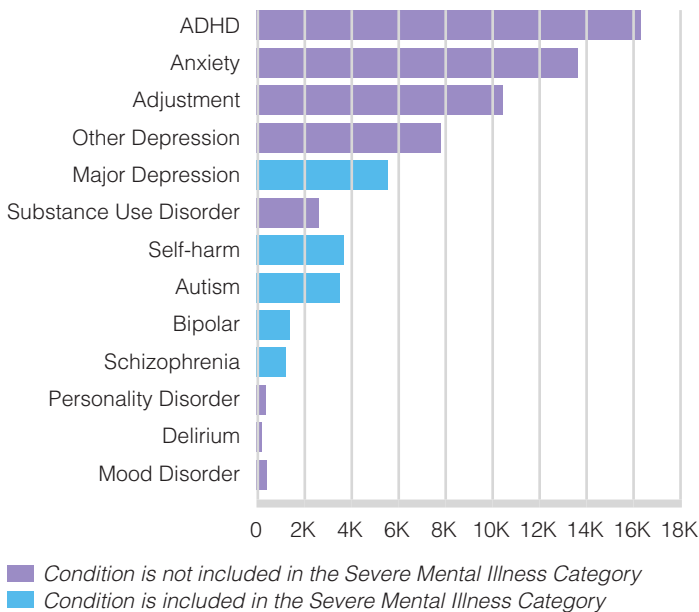
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	455,596
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	50%
Behavioral health condition <sup>2</sup>	24%	19%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	73,458	76%	3%
4-9	105,049	66%	17%
10-13	65,249	68%	26%
14-18	78,867	56%	29%
19-26	132,973	30%	27%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



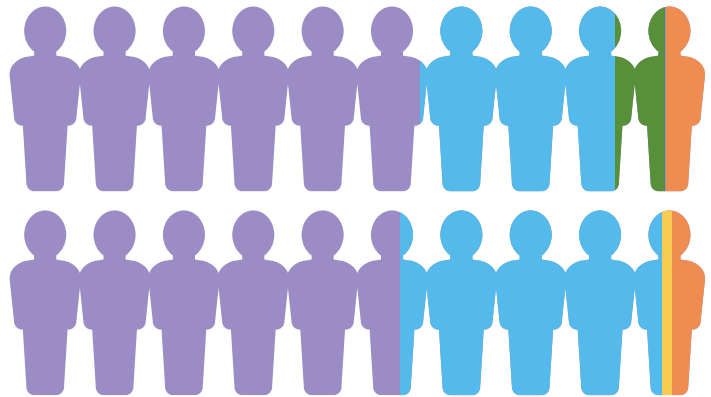
## THE ADAMH BOARD OF FRANKLIN COUNTY

Total budget	\$108,588,318
Operating budget	\$7,373,164
Number of contract agencies	33
Programs serving young Ohioans <sup>1</sup>	50+
Programs for maternal health	Multiple
Total number of young Ohioans <sup>1</sup> served	6,307 youth ages 1-24 in 2019

ADAMH funds more than 50 programs that youth; We offer programs that support women during and after pregnancy as well as family programs focused on women but does not have programs for maternal mental health throughout the lifespan of the child.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



	% OF COUNTY	% OF CLIENTS
White	59%	56%
Black or African American	28%	38%
Asian American	6%	0%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	6%	4%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$110	\$2,222	\$1,677	\$1,852	\$2,419
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	168	4,671	4,459	4,646	3,062
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	26	109	176	163	81
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

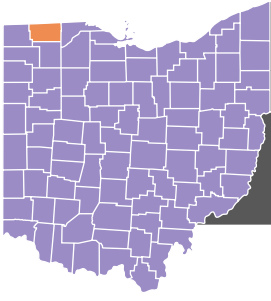
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Fulton County Profile

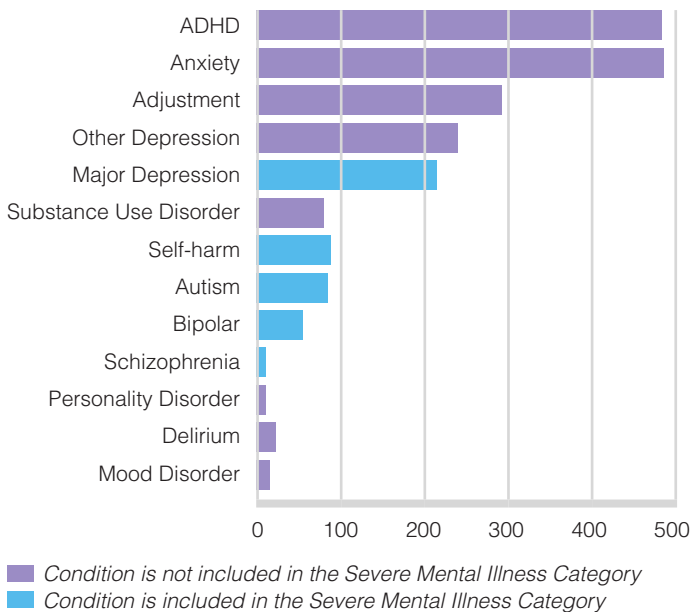
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	13,758
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	35%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,034	55%	4%
4-9	3,176	44%	22%
10-13	2,354	44%	37%
14-18	2,838	37%	42%
19-26	3,356	26%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



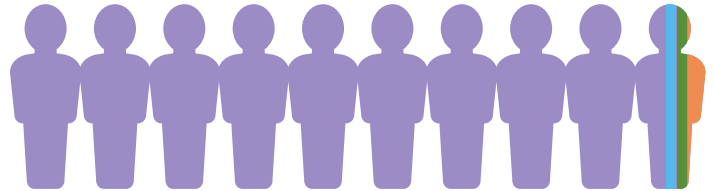
## FOUR COUNTY BOARD OF ADAMHS (DEFIANCE, FULTON, HENRY & WILLIAMS)

Total budget	Approximately \$6 million
Operating budget	Approximately \$600,000
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	9
Programs for maternal health	6
Total number of young Ohioans <sup>1</sup> served	170

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	95%	95%
Black or African American	1%	5%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	0%

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$76	\$935	\$1,356	\$1,686	\$2,011
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	10	150	185	201	91
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	21	96	163	154	95
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			More inpatient psych beds as needed.
14-18	✓			More inpatient psych beds as needed.
19-26		✓		
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Evaluate the needs by reviewing the Board’s strategic plan, the Community Health Improvement Plan, the Community Plan, and provider data.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The Ohio Association of County Behavioral Health Authorities, Health Departments, and the Ohio Department of Mental Health and Addiction Services.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

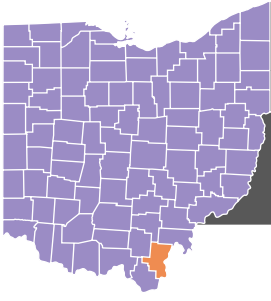
Length of wait time in emergency rooms - lack of inpatient psych beds.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Area hospitals.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Gallia County Profile

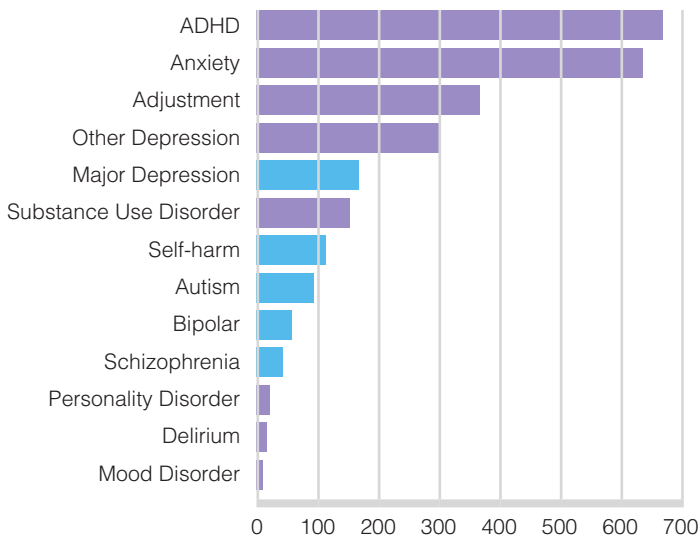
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	9,665
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	57%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,424	81%	6%
4-9	2,292	68%	27%
10-13	1,550	71%	38%
14-18	1,922	63%	40%
19-26	2,477	48%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

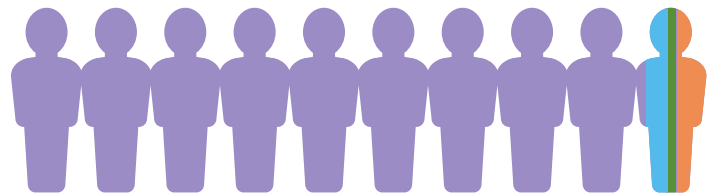
## GALLIA-JACKSON-MEIGS BOARD OF ADAMHS

Total budget	\$4,198,588
Operating budget	\$887,031
Number of contract agencies	17
Programs serving young Ohioans <sup>1</sup>	8
Programs for maternal health	4
Total number of young Ohioans <sup>1</sup> served	Average 1300/month

Responses in this section refer to the entire ADAMHS Board area, which includes Gallia, Jackson, and Meigs counties.

3 Primary agencies. Plus 8 school districts, FCFC, 9 courts, 2 recovery houses, 2 niche providers, 3 coalitions

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	91%
Black or African American	3%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	1%
Two or more race/ethnicities	4%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$114	\$1,001	\$1,369	\$1,733	\$2,633
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	15	155	156	179	147
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	51	183	271	253	177
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Gallia, Jackson, and Meigs counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			Two additional clinical staff for MOMS programs. Facilitated referral processes for infants born with NAS across state lines.
0-3	✓			ECMH consultants adequate to each school system.
4-9	✓			Two additional psychiatrists. Two psychologists qualified for comprehensive evaluations, 3 additional counselors/social workers in each county, 3 additional crisis on-call staff. TIC Consultants for each school district (4 additional)
10-13	✓			Refer to answer under 4-9 age group
14-18	✓			Refer to answers for other age groups
19-26	✓			Psychiatry, peer services, vocational/employment supports
Caregivers for ages 0-26	✓			Home-based supports

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

1. Participation in 3 county Health Department CHIPs. 2. Participation in 3 FCFC Shared Plans. and 3. Monthly data reviews and meetings with provider agencies regarding demographics and services.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Simplified access to relevant data as well as staff with expertise in data collection and management.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

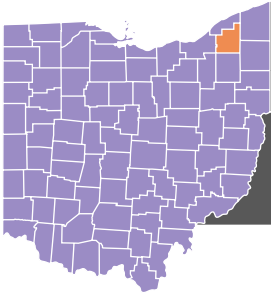
Currently this is a multi-pronged cooperative effort between Board staff and community partners. 1. Our two largest providers offer a monthly report of demographics, services requested/rendered, waiting times, cancellations and other data mutually determined to be beneficial in this process. This data is reviewed in a monthly meeting of clinical and administrative leadership. 2. Our Board has benefited from participation in Community Health Improvement Plans in our counties. 3. We rely on conversations, planning efforts and feedback from our partners in the 3 county Family & Children First Councils.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Staff with data expertise as well as simplified access to data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Geauga County Profile

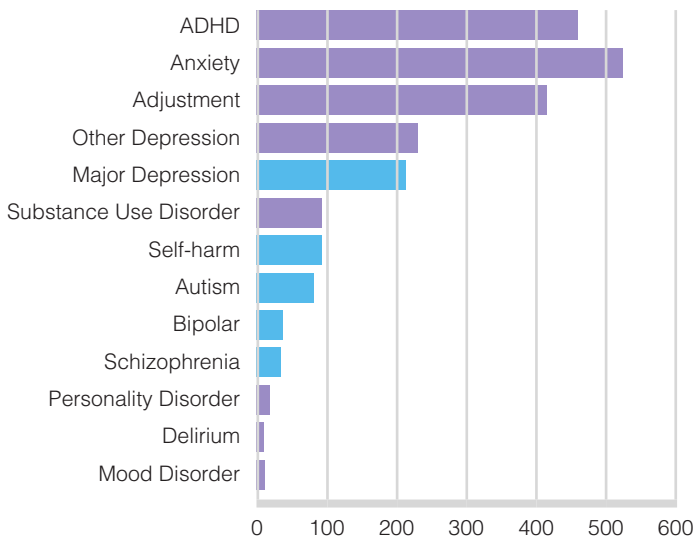
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	29,700
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	16%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	3,858	26%	4%
4-9	6,670	20%	23%
10-13	4,905	18%	35%
14-18	6,922	15%	42%
19-26	7,345	13%	40%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

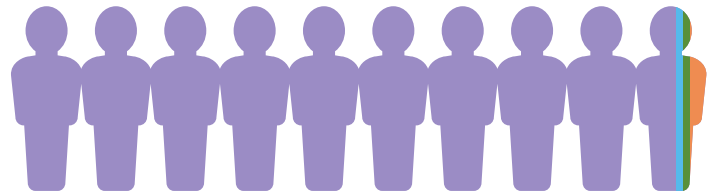


■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## GEAUGA BOARD OF MENTAL HEALTH & RECOVERY SERVICES

Total budget	\$5,700,000
Operating budget	\$530,000
Number of contract agencies	10
Programs serving young Ohioans <sup>1</sup>	18
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	7,502 (est.)

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$257	\$1,529	\$1,911	\$2,497	\$2,000
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	173	180	236	154
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	9	45	63	62	50
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			SUD residential treatment for mothers with young children continues to be a need.
0-3	✓			Additional facility based treatment for families continues to be an ongoing need, in part due to lack of facilities, funding, and staff.
4-9		✓		
10-13	✓			In-home, and school based services can always be expanded. Residential facilities may not have capacity for residential treatment for low incident needs.
14-18	✓			Residential treatment facilities may not be able to accommodate youth with certain behavioral issues.
19-26	✓			Transitional housing from adoptive homes to independent living.
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

The Geauga Board produces needs assessments, utilization review reports, wait lists, and a combination of other data and key informant information to help identify local needs.

**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

No additional supports are identified at this time.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

Children and families that are wait listed, or referred to Job and Family Services are tracked and documented. Average wait times to see councilors and psychiatrists are also monitored. Programs that remain full are evaluated for expansion when funding, and staffing is available.

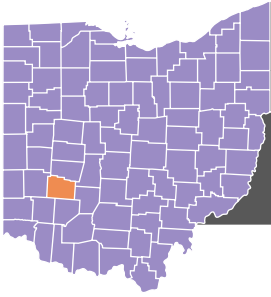
**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

No additional supports are identified at this time.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







# Greene County Profile

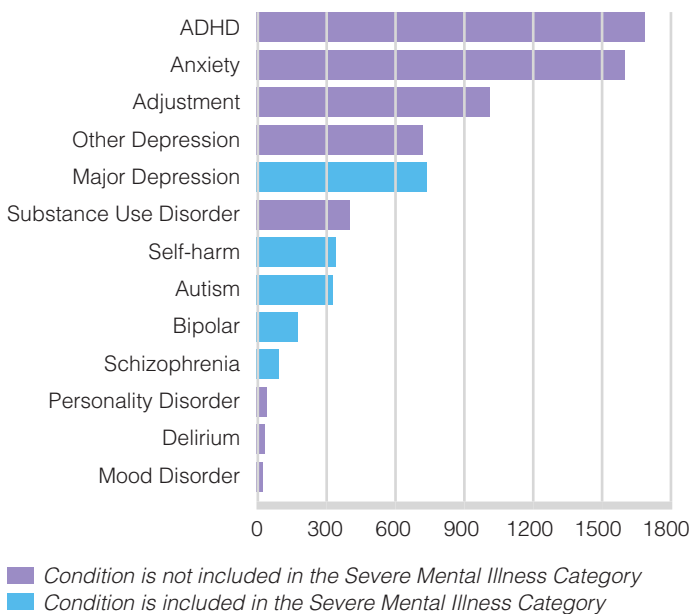
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	57,047
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	31%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	7,414	54%	4%
4-9	11,683	43%	22%
10-13	7,665	43%	36%
14-18	10,735	34%	40%
19-26	19,550	21%	34%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



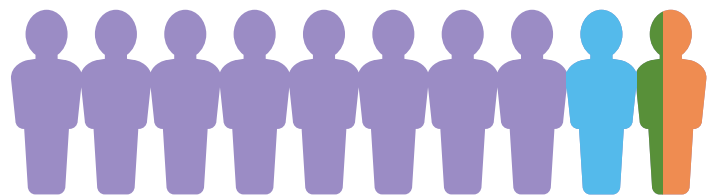
## MENTAL HEALTH & RECOVERY BOARD OF CLARK, GREENE & MADISON COUNTIES

Total budget	\$18,850,249
Operating budget	\$2,791,182
Number of contract agencies	23
Programs serving young Ohioans <sup>1</sup>	22
Programs for maternal health	
Total number of young Ohioans <sup>1</sup> served	7,524

Responses in this section refer to the entire ADAMHS Board area, which includes Clark, Greene, and Madison counties.

Twenty-three contract provider agencies; Providers reported the number of children served.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	80%
Black or African American	10%
Asian American	3%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	6%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$110	\$1,151	\$1,522	\$1,884	\$1,946
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	19	450	533	660	367
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	23	97	155	134	70
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

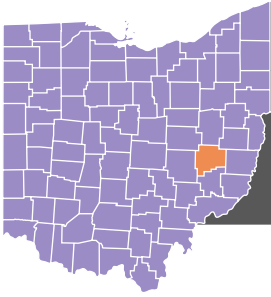
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Guernsey County Profile

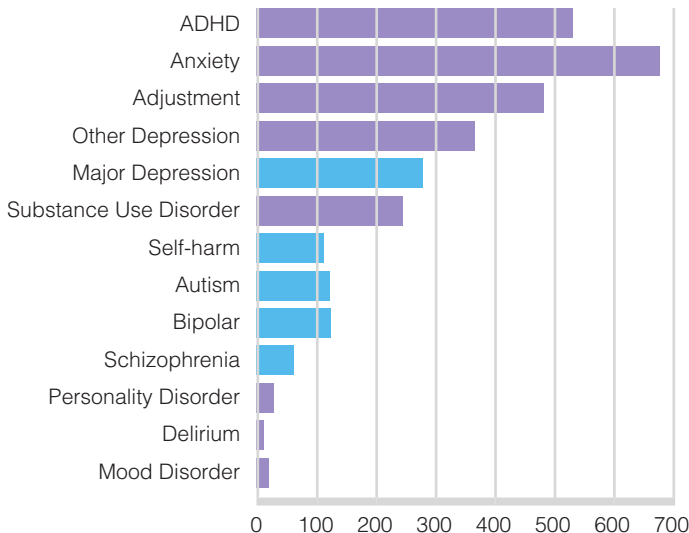
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	12,025
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	55%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,813	77%	5%
4-9	2,798	65%	23%
10-13	1,924	64%	31%
14-18	2,447	59%	41%
19-26	3,043	49%	42%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



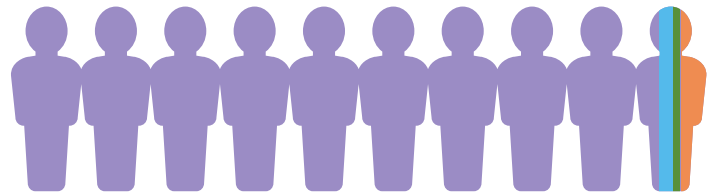
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MUSKINGUM AREA MHRS BOARD (COSHOCOTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE & PERRY COUNTIES)

Total budget	\$12,986,832
Operating budget	\$861,600
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	15
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	-

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocoton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	93%
Black or African American	2%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	4%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$99	\$1,229	\$1,604	\$2,056	\$2,670
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	14	226	217	335	249
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	35	153	197	238	206
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			BH Workforce capacity
10-13	✓			Trauma service, crisis stabilization and/or respite
14-18	✓			Trauma service, crisis stabilization and/or respite, life skills support
19-26	✓			Transitional Housing
Caregivers for ages 0-26	✓			Targeted parenting supports, trauma training, respite care resources

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

This is done informally, primary use of focus groups, community stakeholder and client surveys. surveys.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Assistance to improve capacity for BH services. Technical support with the development of an effective needs assessment tool.

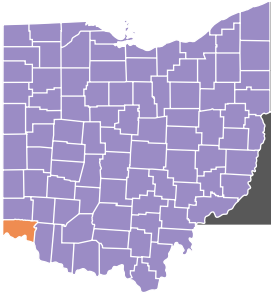
**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

Wait times are our primary indicator along with increased funding for specific services and supports.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.



# Hamilton County Profile

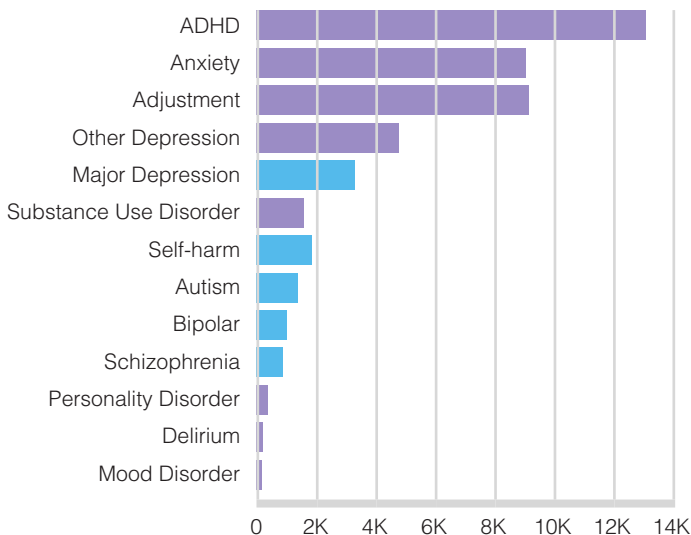
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	275,821
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	48%
Behavioral health condition <sup>2</sup>	24%	23%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	42,160	72%	4%
4-9	63,031	62%	22%
10-13	41,640	64%	33%
14-18	51,423	52%	35%
19-26	77,567	32%	28%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

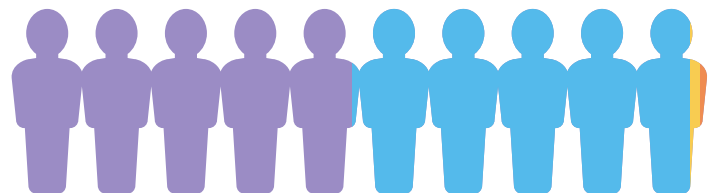
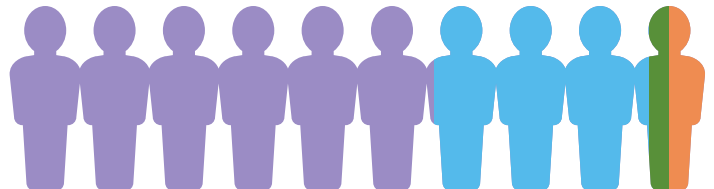
## HAMILTON COUNTY MENTAL HEALTH & RECOVERY SERVICES

Total budget	\$67 million (2020)
Operating budget	Not Available
Number of contract agencies	37
Programs serving young Ohioans <sup>1</sup>	37
Programs for maternal health	Multiple
Total number of young Ohioans <sup>1</sup> served	10,080

The HCMHRS Board counts agencies and not programs. Our Board Contracted with 37 Agencies in CY2020; Children served represents half of funding - POS clients

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	61%	49%
Black or African American	31%	49%
Asian American	3%	0%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	1%

Continued

**BEHAVIORAL HEALTH MEASURES BY AGE GROUP** (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$199	\$2,064	\$2,298	\$2,692	\$2,238
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	226	4,379	4,329	4,118	2,067
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	32	138	211	182	90
OHIO AVG. ▶	28	127	191	170	124

**EVALUATING LOCAL NEED**

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			Intensive support services, acute intensive services; substance abuse services, residential services. We currently do not have quantifiable data.
0-3	✓			Intensive support services, acute intensive services; substance abuse services, residential services for children and caregivers; workforce expertise, options to support families in hopes of avoiding placement out of the home. We currently do not have quantifiable data.
4-9	✓			Intensive support services, Acute intensive services for children and caregivers; adequate workforce and expertise, child psychiatrists; non-traditional and EB treatment and support services, options to support families so as to avoid out of home placement, residential services when necessary.
10-13	✓			Intensive support services, Acute Intensive services for children and caregivers; adequate workforce and workforce expertise, child psychiatrists, non-traditional and EB treatment and support services, options to support families to avoid out of home placement, residential services.
14-18	✓			In addition to all services listed above, youth peer support and independent living skill development.
19-26	✓			Same as above to also include- transition age youth supports, including peer and independent living skill development.
Caregivers for ages 0-26	✓			Family and kinship support services, options to support families so as to avoid out of home placement, including respite services.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

MHR SB continually collects and analyzes data from many sources to guide in decision making, setting and prioritizing goals, and evaluating progress. By focusing on data, MHR SB is able to make informed decisions regarding system planning, resource allocation, client benefit management and staff management. In addition, MHR SB offers an incentive payment to providers to collect and submit outcomes data. Use of this data ensures that clients are receiving the best, most efficacious treatments available.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Evaluation of agency’s and communities requires resources and funding. It could be helpful to develop partnerships with universities and others who evaluate community need; access to state and community level data in real time would be helpful.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

Wait times are our primary indicator along with increased funding for specific services and supports.

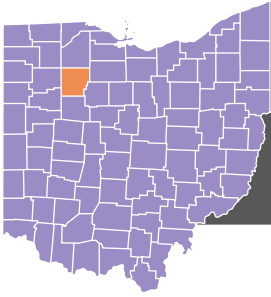
**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Funding would be beneficial, Partnerships with universities, and other entities who evaluate communities, access to real time data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







# Hancock County Profile

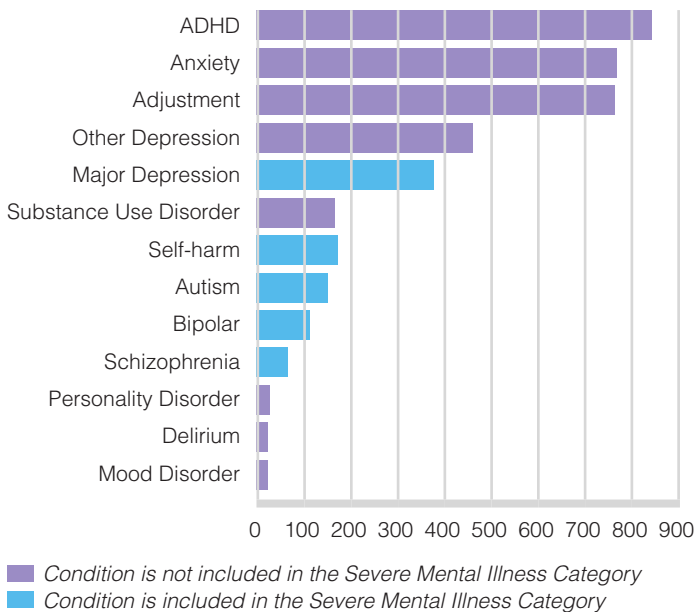
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	24,508
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	35%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	3,532	56%	5%
4-9	5,568	46%	24%
10-13	3,776	45%	34%
14-18	4,880	36%	40%
19-26	6,752	25%	40%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

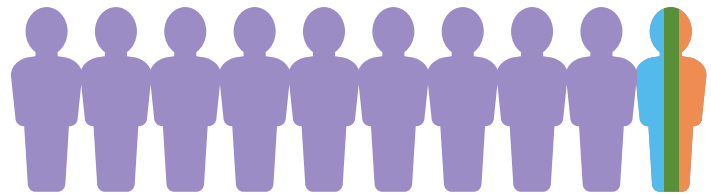


## HANCOCK COUNTY ADAMHS BOARD

Total budget	6,682,239
Operating budget	521,943
Number of contract agencies	4
Programs serving young Ohioans <sup>1</sup>	Do not track by programs
Programs for maternal health	Do not track by programs
Total number of young Ohioans <sup>1</sup> served	1,203

An additional 5,000 are served through prevention and early intervention services

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	90%
Black or African American	3%
Asian American	2%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	4%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$43	\$751	\$746	\$1,356	\$1,843
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	25	254	261	294	197
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	27	112	156	144	98
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

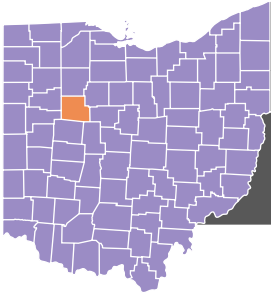
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Hardin County Profile

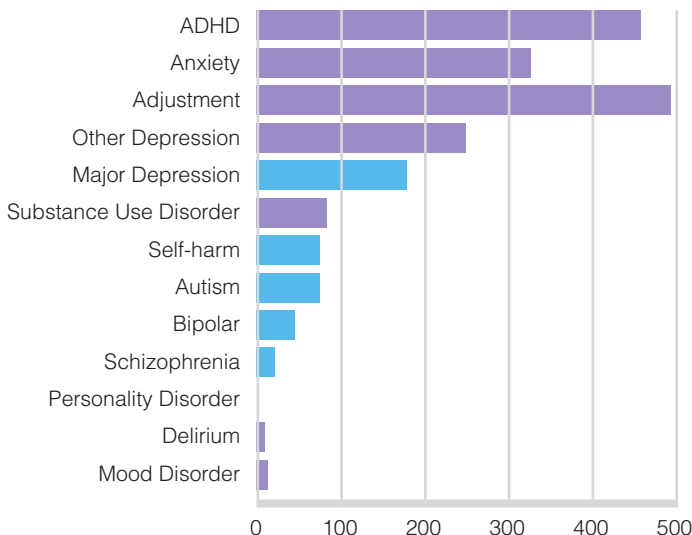
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	12,402
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	36%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,495	71%	3%
4-9	2,391	54%	24%
10-13	1,665	51%	43%
14-18	2,278	39%	45%
19-26	4,573	19%	40%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



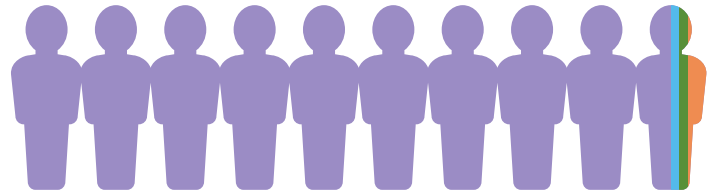
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MHRS BOARD OF ALLEN, AUGLAIZE & HARDIN COUNTIES

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$76	\$917	\$1,200	\$1,193	\$1,077
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	97	136	181	80
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	19	131	219	178	77
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Allen, Auglaize, and Hardin counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9			✓	
10-13	✓			We do not have LOCAL residential, crisis stabilization, partial, or in-patient psychiatric care.
14-18	✓			We do not have LOCAL residential, crisis stabilization, partial, or in-patient psychiatric care.
19-26	✓			We have no homelessness or transitional housing for some of the ages
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

We receive quarterly reports from contracted organizations, we collect data from additional community partnerships, and we use both census and state baseline data to compare.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

State wide data, Medicaid and managed care data, private providers required to register services.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

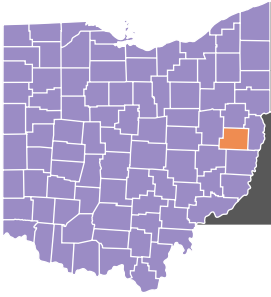
We do monitor length of wait times, numbers served, contract dollars usage, stakeholder feedback.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

State wide baseline data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Harrison County Profile

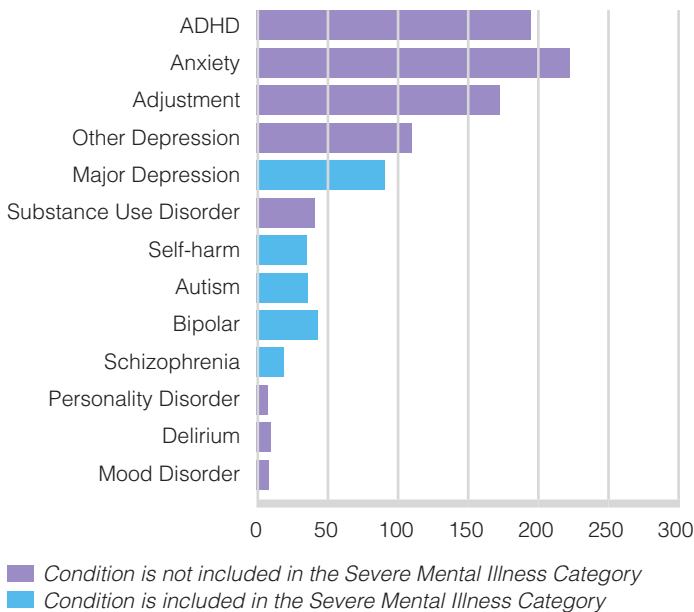
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	4,276
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	51%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	596	68%	3%
4-9	980	64%	22%
10-13	738	63%	33%
14-18	972	53%	43%
19-26	990	47%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## MH & R BOARD SERVING BELMONT, HARRISON & MONROE COUNTIES

Total budget	\$6,253,858
Operating budget	\$560,620
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	20
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	5,694

Responses in this section refer to the entire ADAMHS Board area, which includes Belmont, Harrison, and Monroe counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	94%	91%
Black or African American	2%	0%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	9%

Client demographic data refers to the entire ADAMHS Board area, which includes Belmont, Harrison, and Monroe counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$30	\$900	\$1,530	\$1,908	\$1,667
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	65	76	109	66
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	18	140	210	228	169
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

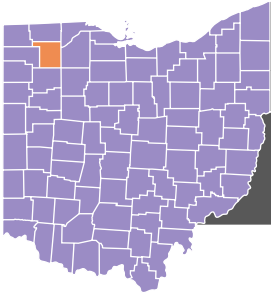
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Henry County Profile

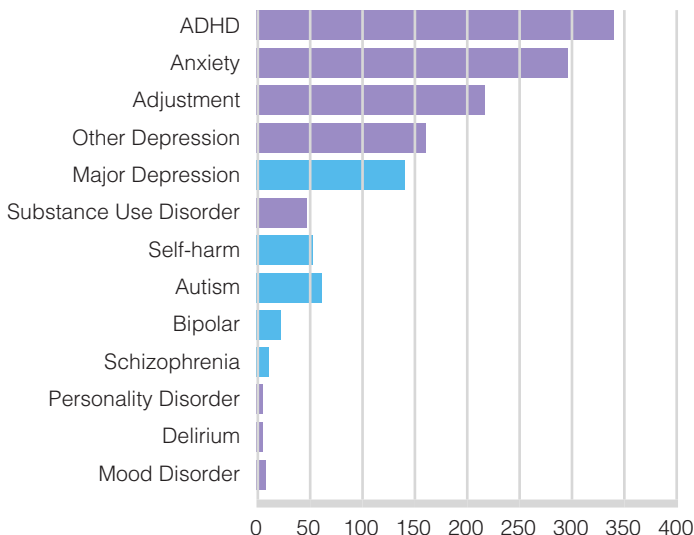
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	8,595
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	34%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,283	53%	2%
4-9	2,022	40%	25%
10-13	1,468	38%	41%
14-18	1,805	34%	44%
19-26	2,017	26%	42%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

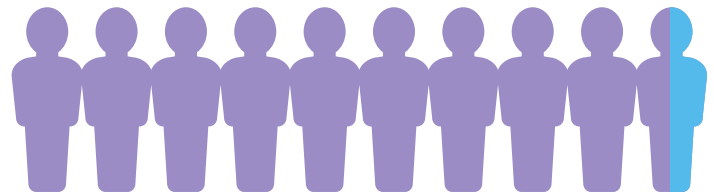
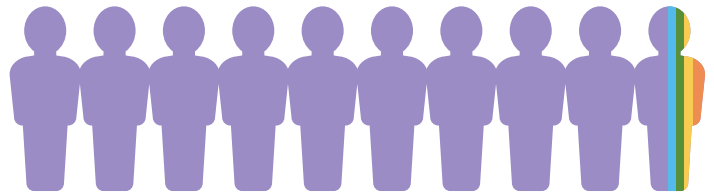
## FOUR COUNTY BOARD OF ADAMHS (DEFIANCE, FULTON, HENRY & WILLIAMS)

Total budget	Approx. \$6 million
Operating budget	Approx. \$600,000
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	9
Programs for maternal health	6
Total number of young Ohioans <sup>1</sup> served	170

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	96%	95%
Black or African American	1%	5%
Asian American	1%	0%
American Indian and Alaska Native	1%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	2%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$71	\$1,263	\$2,551	\$2,691	\$1,814
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	117	139	149	96
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	13	102	157	150	110
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			More inpatient psych beds as needed.
14-18	✓			More inpatient psych beds as needed.
19-26		✓		
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Evaluate the needs by reviewing the Board’s strategic plan, the Community Health Improvement Plan, the Community Plan, and provider data.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The Ohio Association of County Behavioral Health Authorities, Health Departments, and the Ohio Department of Mental Health and Addiction Services.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

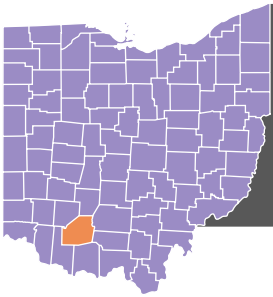
Length of wait time in emergency rooms - lack of inpatient psych beds.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Area hospitals.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Highland County Profile

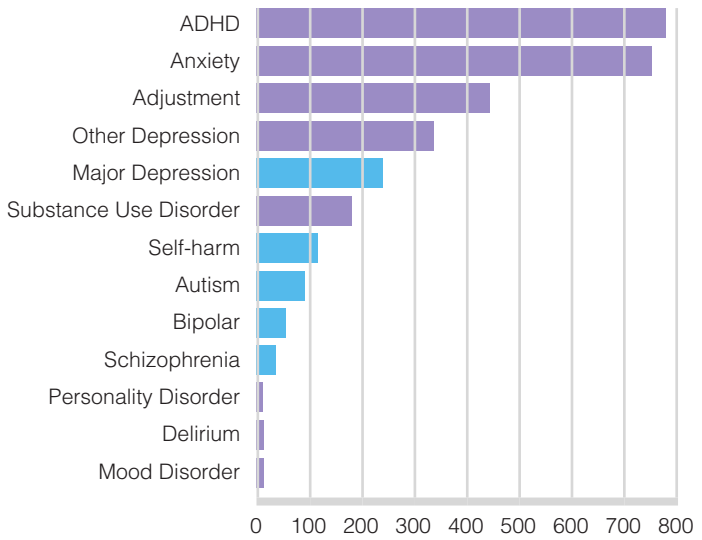
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	13,946
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	60%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,191	88%	4%
4-9	3,242	73%	23%
10-13	2,318	71%	32%
14-18	2,970	61%	35%
19-26	3,225	52%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## PAINT VALLEY ADAMH BOARD (FAYETTE, HIGHLAND, PICKAWAY, PIKE & ROSS COUNTIES)

Total budget	\$11,978,698
Operating budget	\$1,047,035
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	6
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	621

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.  
 Ages 0-26 CY 2019 Non-Medicaid; We are a five county Board, some services exist in a small program but do not reach all counties.

## DEMOGRAPHIC INFORMATION



PERCENT OF CLIENTS	% OF COUNTY	% OF CLIENTS
White	94%	97%
Black or African American	1%	3%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$132	\$969	\$1,916	\$1,759	\$1,612
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	6	248	289	307	146
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	35	167	227	214	182
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Client demographic data refers to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			While services are available for this age group, our region could use additional mental health practitioners specializing in early childhood.
10-13	✓			Our region needs access to close to home crisis stabilization beds and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
14-18	✓			Our region need access to local inpatient psychiatric beds, crisis stabilization beds, and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Paint Valley ADAMH Board plays an active role in each of our 5 counties Family and Children First Council. Additionally, we participate and use the data from each of the 5 counties Community Health Assessments. Recently, we held one regional and 5 county level crisis summits exploring the crisis needs of our communities. FCFC coordinators and all of the public school superintendents were invited to participate in this endeavor. The ADAMH Board holds frequent meeting with leadership of out contract agencies to hear their concerns for the populations that they serve. Also, we survey our communities through the Recovery Oriented System of Care Survey. During this process, we both send out the survey electronically, and hold focus groups.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

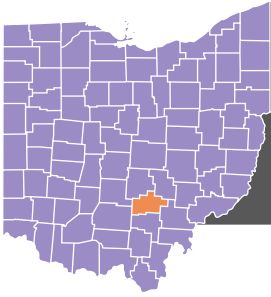
The Paint Valley ADAMH Board monitors any additional need for funding through our contract agencies. Additionally, we monitor agency waitlists. The reports from all of the regions Family and Children First Councils are also used to monitor quantity of unmet needs.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Hocking County Profile

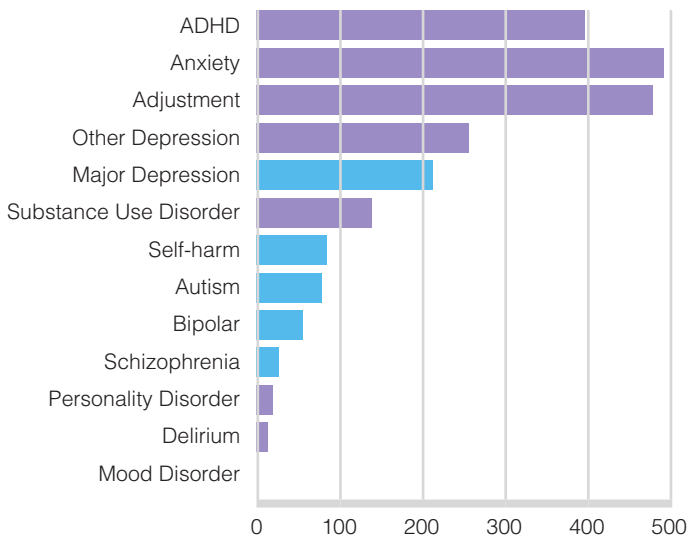
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	8,556
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	51%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,225	88%	4%
4-9	2,008	61%	26%
10-13	1,433	55%	39%
14-18	1,829	48%	45%
19-26	2,061	45%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

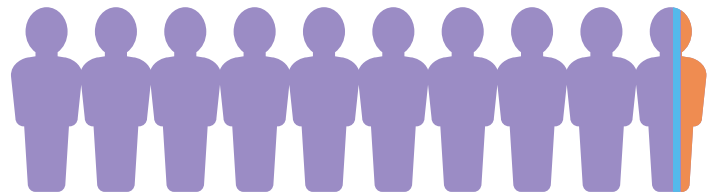
## ATHENS-HOCKING-VINTON ADAMHS BOARD

Total budget	\$9,830,718
Operating budget	\$1,028,976
Number of contract agencies	30
Programs serving young Ohioans <sup>1</sup>	10
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Athens, Hocking, and Vinton counties.

14 private non-profits; 16 public partnerships

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$63	\$1,707	\$2,666	\$3,756	\$2,651
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	134	151	204	124
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	39	157	217	216	184
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Athens, Hocking, and Vinton Counties.

### QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/ Maternal*	✔			<p>More capacity to support moms in recovery and to have appropriate MAT - we have some but need more capacity; Increased funding for training in evidence-based treatment; Supportive housing that accommodates kids - 2020 brought a dramatic increase in needed intensive services for this group; We had more requests than we could accommodate for support within primary care settings such as OBGYN and pediatrics across the region; Family and youth homelessness and barriers to WIFI connectivity; These services are needed for all ages of child/youth - while not forgetting services to the adults that care for them area also essential to the child/youth's success:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Care coordination</li> <li>• Intensive Home and Community Based Family Services available 24/7</li> <li>• Youth Acute/Residential Programs - focused on short stay and family/kin engagement</li> </ul>
0-3	✔			<p>Increased funding for training in evidence-based treatment; More providers trained in PCIT and CPP and another full time Healthy Steps consultant for Athens County; 2020 brought a dramatic increase in needed intensive services for this group; Family and youth homelessness and barriers to WIFI connectivity. These services are needed for all ages of child/youth - while not forgetting services to the adults that care for them area also essential to the child/youth's success:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Care coordination</li> <li>• Intensive Home and Community Based Family Services available 24/7</li> <li>• Youth Acute/Residential Programs - focused on short stay and family/kin engagement</li> </ul>

\* Maternal includes women with children up to age 1

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
4-9	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; More prevention and outreach services for clients 5-12 and their families; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense;; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>
10-13	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; More prevention and outreach services for clients 5-12 and their families; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense;; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>
14-18	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement; Supportive employment and job/career development for DD/SPMI</p>



AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
19-26	✔			<p>More transitional services between older teen to young adult; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; Supportive employment and job/career development for DD/SPMI</p> <p>Means to pay for residential treatment short term rehab (room and board) for women in the category of 19-26 - treatment services covered but no monies for room and board. Therefore, they often don't get treatment, referral sources are reluctant to refer because they don't want to be on the hook for paying and the result is they stay in the community and end up in the judicial system. Outpatient is there for them intensive and home based but sometimes they need to be out of the environment they are in, even to get a strong foundation in treatment before they go back to the community.</p>
Caregivers for ages 0-26	✔			<p>More capacity to support moms in recovery and to have appropriate MAT - we have some but need more capacity; Increased funding for training in evidence-based treatment; Supportive housing that accommodates kids - 2020 brought a dramatic increase in needed intensive services for this group; We had more requests than we could accommodate for support within primary care settings such as OBGYN and pediatrics across the region; Family and youth homelessness programs; Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; WIFI connectivity-limited access in SE Ohio; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Athens-Hocking-Vinton Board takes a multifaceted approach in assessing community needs to establish priorities. Qualitative and quantitative data is gathered from surveys, telephone interviews and virtual meetings that are done with community members, contract agency employees, and other stakeholders. Less targeted approaches are made through the review of data collected throughout the year that included: agency outcome measurements, calls for assistance from community members, and miscellaneous coordination of care efforts dictated by urgent needs.

Through these assessments, the Board identified system of care strengths, along with areas for improvement. Several areas would be strengthened by additional investments, with the highest ranking identified as: affordable and safe housing, homelessness, uninsured/underinsured, services for transitional ages (18-21), residential treatment, stigma busting/public education, and minority/cultural competence

concerns. Addressing COVID 19 needs became an unplanned local priority. These needs included: means for quick, consistent and effective communication; the necessity of technology availability and connectivity; the ability to re-work all services from prevention to treatment and recovery support strategies; and flexible, creative ways to distribute resources quickly to support agencies and community members.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Ideally, there would be both longitudinal and up-to-date data that is uniformly collected from all child and family serving organizations in each county and easily accessible to the public. The Board has worked with health department and health care providers on their Community Health Assessments and look forward to continued collaboration in the future. Funding for quality needs assessment focused on the needs of children and families would be helpful.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

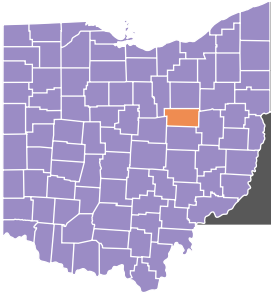
The Board utilizes various metrics to determine the quantity of need. This year's board priority areas included: increased funding for behavioral health and schools was determined by the amount of staffing and resources necessary to implement programming in all 8 school districts. The need for additional beds/housing resources for victims of domestic violence was determined by the number of families turned away because the shelter was full. The need for additional resiliency programming has been determined by geographic availability or non-availability.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

We are hopeful that the new OBHIS system will provide comprehensive and uniform data across all counties in Ohio which will be useful for planning and assessing need. It is hoped that the data will be of sufficient quality and will become a reliable source. County summary reports for Medicaid-funded behavioral and primary health care would be helpful. The Athens-Hocking-Vinton Board has a small staff and by necessity takes a generalist approach to planning that addresses issues across the lifespan with a focus on the needs that can be most impacted by Board action. A more thorough and population specific planning process, that would address system issues beyond what the Board is able to fund, would require additional financial support.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Holmes County Profile

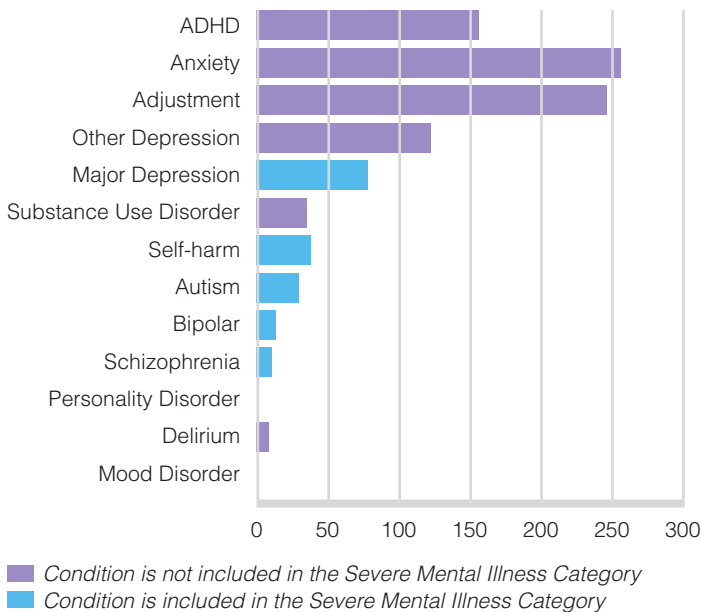
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,506
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	14%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,906	22%	4%
4-9	4,368	18%	22%
10-13	3,035	16%	32%
14-18	3,886	14%	36%
19-26	4,311	11%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

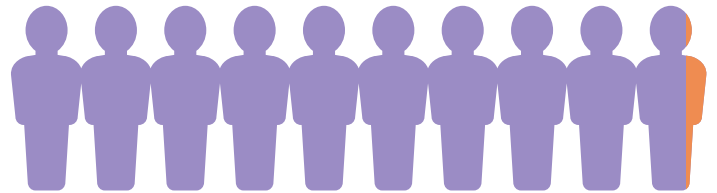


## MENTAL HEALTH & RECOVERY BOARD OF WAYNE & HOLMES COUNTIES

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	98%
Black or African American	0%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	1%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$128	\$2,403	\$3,023	\$2,678	\$1,142
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	8	104	95	116	60
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	10	40	52	49	39
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

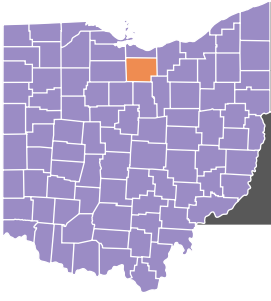
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Huron County Profile

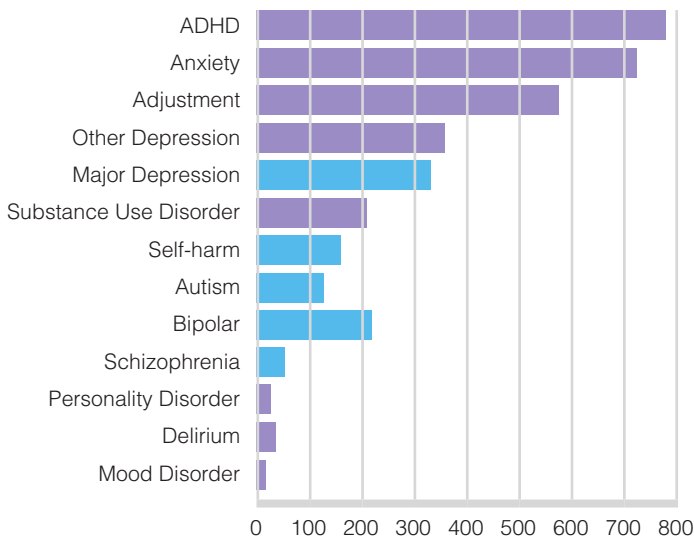
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	19,418
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	50%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,971	74%	4%
4-9	4,443	64%	20%
10-13	3,224	62%	30%
14-18	4,076	50%	35%
19-26	4,704	39%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



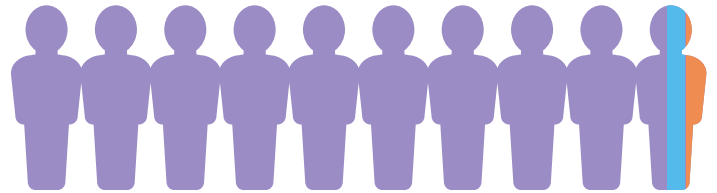
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## HURON COUNTY MENTAL HEALTH & ADDICTION SERVICES BOARD

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	94%
Black or African American	2%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$137	\$782	\$835	\$1,365	\$1,363
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	9	180	211	270	181
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	32	126	182	172	148
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3	✓			Early Childhood Mental Health, Parenting
4-9	✓			Early Childhood Mental Health, Parenting
10-13	✓			Resiliency, suicide prevention
14-18	✓			Resiliency, suicide prevention, Intensive Home Based Treatment, Wraparound
19-26	✓			Services specific to this age group
Caregivers for ages 0-26	✓			Parenting, Intensive Home Based Treatment, Wraparound

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

Needs are assessed primarily through feedback from service providers, community partners and community members. The Huron County Health Assessment is also used to assess needs. Beginning in 2021 we will be utilizing the OHYES! Survey in all of our local schools to assess needs and gather feedback from local youth.

**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Access to evaluation tools and support with data collection and analysis.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

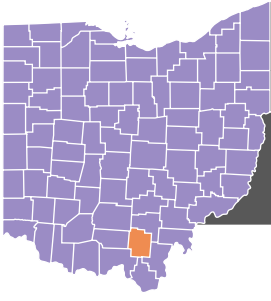
Length of wait times, number of additional programs needed and funding needed to support the addition of these programs, number of additional professionals needed.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Funding for services for children and families, state wide focus on workforce expansion.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Jackson County Profile

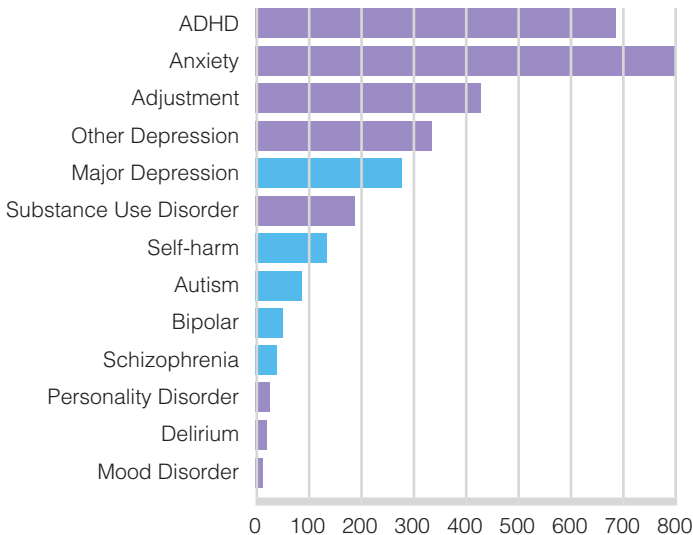
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	10,598
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	60%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,726	79%	5%
4-9	2,533	71%	27%
10-13	1,729	72%	36%
14-18	2,148	64%	40%
19-26	2,462	55%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

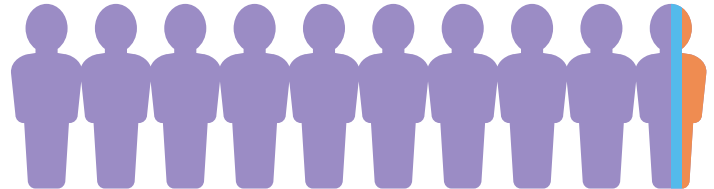
## GALLIA-JACKSON-MEIGS BOARD OF ADAMHS

Total budget	\$4,198,588
Operating budget	\$887,031
Number of contract agencies	17
Programs serving young Ohioans <sup>1</sup>	8
Programs for maternal health	4
Total number of young Ohioans <sup>1</sup> served	Avg. 1300/month

Responses in this section refer to the entire ADAMHS Board area, which includes Gallia, Jackson, and Meigs counties.

3 Primary agencies. Plus 8 school districts, FCFC, 9 courts, 2 recovery houses, 2 niche providers, 3 coalitions

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$110	\$1,096	\$2,054	\$2,324	\$2,330
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	10	187	214	245	161
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	38	189	257	256	225
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Gallia, Jackson, and Meigs counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			Two additional clinical staff for MOMS programs. Facilitated referral processes for infants born with NAS across state lines.
0-3	✓			ECMH consultants adequate to each school system.
4-9	✓			Two additional psychiatrists. Two psychologists qualified for comprehensive evaluations, 3 additional counselors/social workers in each county, 3 additional crisis on-call staff. TIC Consultants for each school district (4 additional)
10-13	✓			Refer to answer under 4-9 age group
14-18	✓			Refer to answers for other age groups
19-26	✓			Psychiatry, peer services, vocational/employment supports
Caregivers for ages 0-26	✓			Home-based supports

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

1. Participation in 3 county Health Department CHIPs. 2. Participation in 3 FCFC Shared Plans. and 3. Monthly data reviews and meetings with provider agencies regarding demographics and services.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Simplified access to relevant data as well as staff with expertise in data collection and management.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

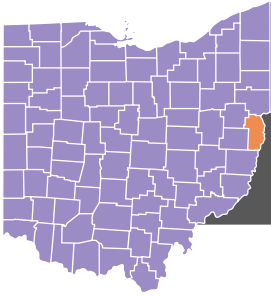
Currently this is a multi-pronged cooperative effort between Board staff and community partners. 1. Our two largest providers offer a monthly report of demographics, services requested/rendered, waiting times, cancellations and other data mutually determined to be beneficial in this process. This data is reviewed in a monthly meeting of clinical and administrative leadership. 2. Our Board has benefited from participation in Community Health Improvement Plans in our counties. 3. We rely on conversations, planning efforts and feedback from our partners in the 3 county Family & Children First Councils.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Staff with data expertise as well as simplified access to data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Jefferson County Profile

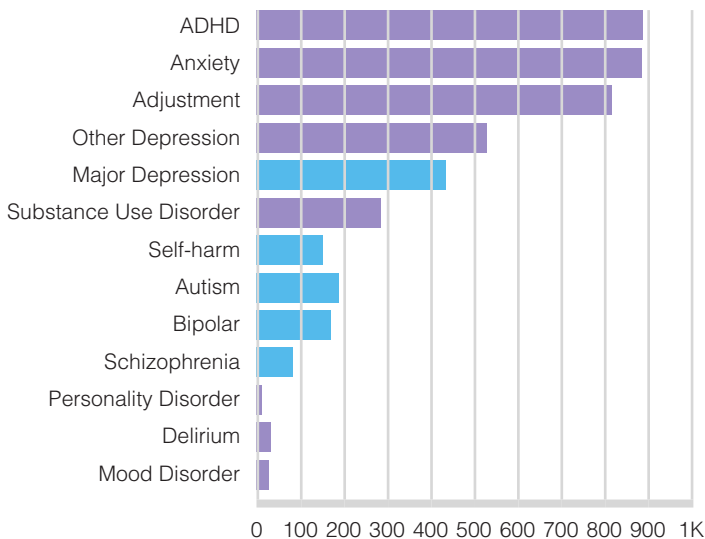
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	19,398
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	57%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,602	92%	3%
4-9	4,022	77%	21%
10-13	2,921	73%	33%
14-18	3,841	60%	37%
19-26	6,012	43%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



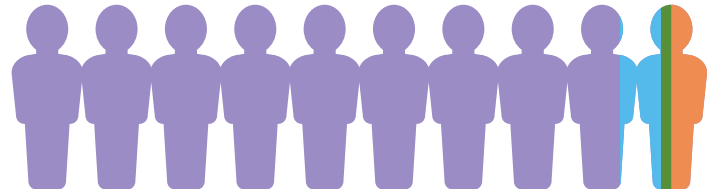
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## JEFFERSON COUNTY PREVENTION AND RECOVERY BOARD

Total budget	\$3,359,808
Operating budget	\$500,000
Number of contract agencies	2
Programs serving young Ohioans <sup>1</sup>	0
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	Not Available

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	87%	87%
Black or African American	7%	10%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	2%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$31	\$834	\$1,235	\$1,557	\$1,490
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	322	371	420	411
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	31	160	239	225	154
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

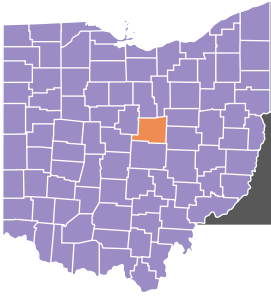
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Knox County Profile

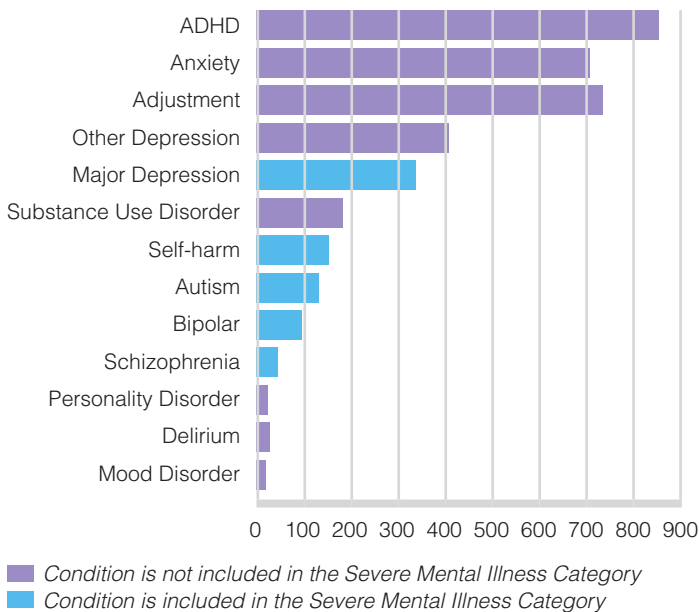
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	21,940
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	38%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	3,034	62%	6%
4-9	4,518	54%	26%
10-13	3,300	51%	35%
14-18	4,263	41%	39%
19-26	6,825	23%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## MENTAL HEALTH & RECOVERY FOR LICKING & KNOX COUNTIES

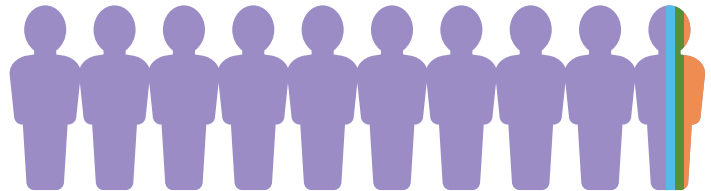
Total budget	\$12,494,387
Operating budget	\$839,500
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	85
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	15,846

Responses in this section refer to the entire ADAMHS Board area, which includes Licking and Knox counties.

9 in county and 3 outside of board service area; Ages 0-17 Services other than prevention: 3,398; Prevention services: 12,448; Ages 18 - 26 are served in adult services with the exception of the youth mobile crisis team. We do not break down data for ages 18 - 26; Involved with ODM/ Nationwide Children's Hospital Licking County InCK project that is addressing maternal health issue.

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS	% OF COUNTY	% OF CLIENTS
White	95%	91%
Black or African American	1%	5%
Asian American	1%	0%
American Indian and Alaska Native	0%	7%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Licking and Knox counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$67	\$898	\$1,320	\$2,195	\$2,888
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	36	246	224	251	190
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	40	141	178	162	84
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Licking and Knox counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9	✓			While all levels of care exist for this age group, there is a need for more of these services including access to higher levels of care.
10-13	✓			While all levels of care exist for this age group, there is a need for more of these services including access to higher levels of care.
14-18	✓			While all levels of care exist for this age group, there is a need for more of these services including access to higher levels of care.
19-26	✓			While all levels of cre exist for this age group, there is a need for more of these services including access to higher levels of care.
Caregivers for ages 0-26	✓			Family support groups and services are offered by a number of providers in both counties. A family/parenting peer support program is being developed to meet needs of families with children, youth, and young adults.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Community assessment – Health department Community Health Assessments (CHA) and resulting Community Health Improvement Plan (CHIP), Children and Family First Council community assessments leading to the development of the Shared Plan, MHR Annual Provider Performance Target and Outcomes Measures Evaluation, Recovery Oriented System of Care Survey (ROSC), United Way Collective Impact and Community Planning, Children’s Nationwide Hospital/ Ohio Department of Medicaid InCK grant and community assessment, school district assessments and Collation planning – Drug Free Community grant local collation, local education/behavioral health collation, children and family first councils and subcommittees.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

It would be helpful to have access to Medicaid data and other state information for all behavioral health organizations in our counties. This would help us understand how many children and young adults and their families are receiving services, whether they are seeking services out of county, and the type of services as well as other demographics.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

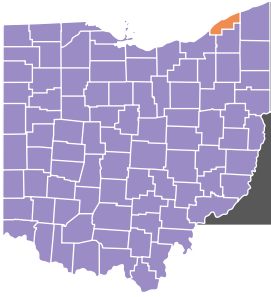
Information for unmet need is determined by community surveys, feedback from child/youth related collations and advocacy groups. Information might include access to appropriate levels of care, quality and effectiveness of services, wait times, funding requests, and new program development.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

It would be helpful to have access to Medicaid data and other state information for all behavioral health organizations in our counties. This would help us understand how many children and young adults and their families are receiving services, whether they are seeking services out of county, and the type of services as well as other demographics.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Lake County Profile

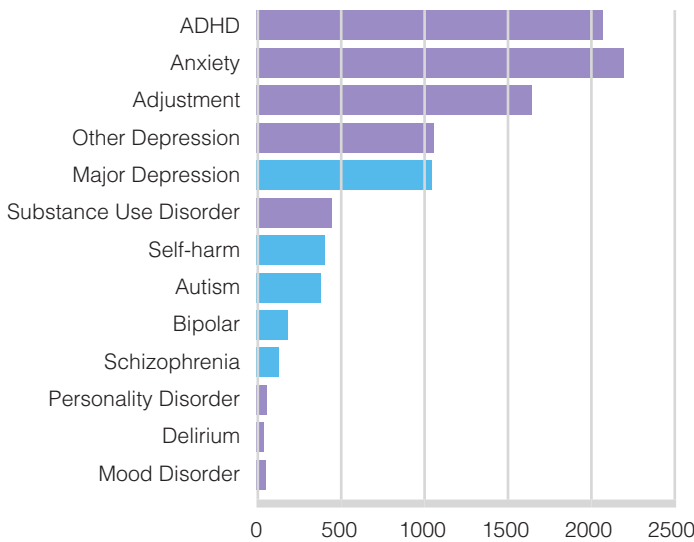
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	65,799
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	34%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	8,892	54%	4%
4-9	14,333	45%	21%
10-13	10,705	41%	34%
14-18	14,171	33%	39%
19-26	17,698	25%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



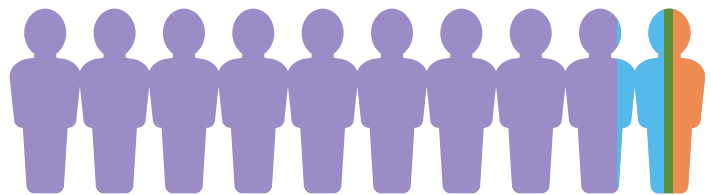
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## LAKE COUNTY ADAMHS BOARD

Total budget	\$17,699,852.82
Operating budget	\$1,073,627
Number of contract agencies	16
Programs serving young Ohioans <sup>1</sup>	62
Programs for maternal health	66
Total number of young Ohioans <sup>1</sup> served	10,136

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	88%	74%
Black or African American	6%	20%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	6%



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$210	\$1,775	\$1,697	\$1,989	\$2,006
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	36	674	787	919	654
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	21	94	140	128	97
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3	✓			Greater fiscal/clinical support to early intervention (daycare) programs
4-9		✓		
10-13	✓			In county residential treatment
14-18	✓			In county residential treatment
19-26	✓			Housing/supports for youth transitioning out of foster care
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Annual Community Planning Process, Long Range Planning Committee - Board Strategic Planning Process, Annual Non-Medicaid Request for Proposals/Contracting Process, County Community Needs Assessment, Collaboration with Family and Children First Council, Board Committee/Review Process, Fiscal Claims and Financial Reports, Quality Improvement Reports submitted by Providers, System-Wide Collaboratives - Crisis Coalition, Suicide Prevention Coalition, Opiate Task Force.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Unified, single community wide survey, consumer outreach/satisfaction surveys, regional and statewide comparative data.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

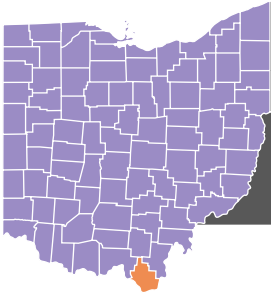
Fiscal/clinical requests from provider network, quarterly grant reports, Purchase of Service weekly billings, waiting list information, Compass Line call data, presentation requests, data/statistics from program reviews.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Unified, single community wide survey, consumer outreach/satisfaction surveys, regional and statewide comparative data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Lawrence County Profile

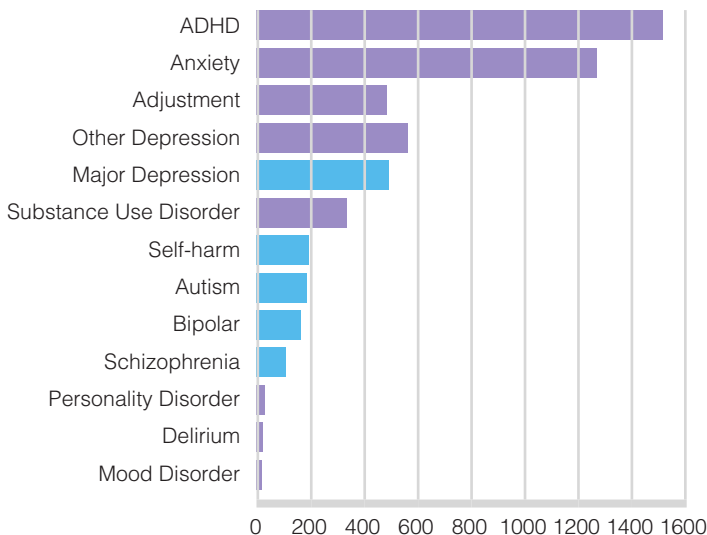
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,007
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	61%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,536	87%	5%
4-9	4,225	71%	26%
10-13	3,016	73%	38%
14-18	3,745	65%	41%
19-26	4,485	55%	42%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

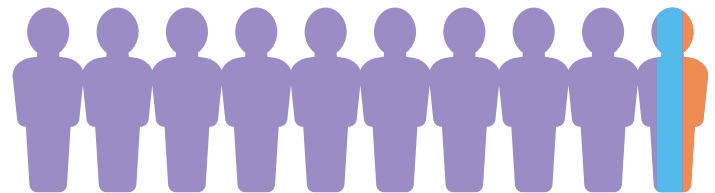
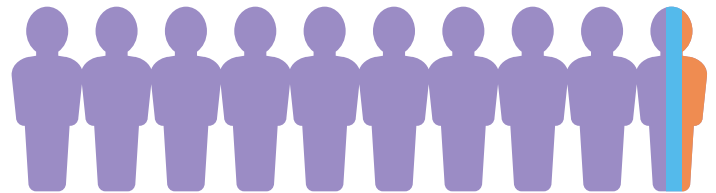
## ADAMHS BOARD OF ADAMS, LAWRENCE, SCIOTO COUNTIES

Total budget	\$3,284,270
Operating budget	\$810,750
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	3
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	68

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	94%	93%
Black or African American	2%	4%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	3%

Client demographic data refers to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$90	\$1,216	\$1,523	\$1,912	\$4,205
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	21	308	387	431	292
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	43	180	279	264	231
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13			✓	
14-18			✓	
19-26		✓		
Caregivers for ages 0-26	✓			There is a great need for Therapeutic Foster Care in our area, as well regular Foster Care services.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Through collaboration with the county and city health departments and the Community Health Assessments and working with the Providers in our areas.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The need for more staff to help with doing a community wide needs assessment from the Board.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

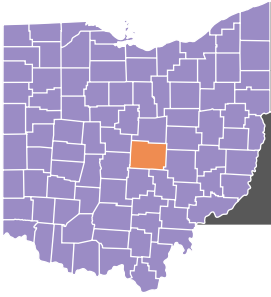
The need for more funds to help determine the full unmet needs within our community and the staff to follow through. The fact that we are in a workforce shortage with in the Appalachian area is a cause of great concern. Need more share information from other local governmental agencies, i.e. Childrens Services and JFS.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The need for more qualified and certified counselors and the funds to pay for more programming. Without levy funds our Board does not have the flexibility to provide non billable services or wrap around services to families.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Licking County Profile

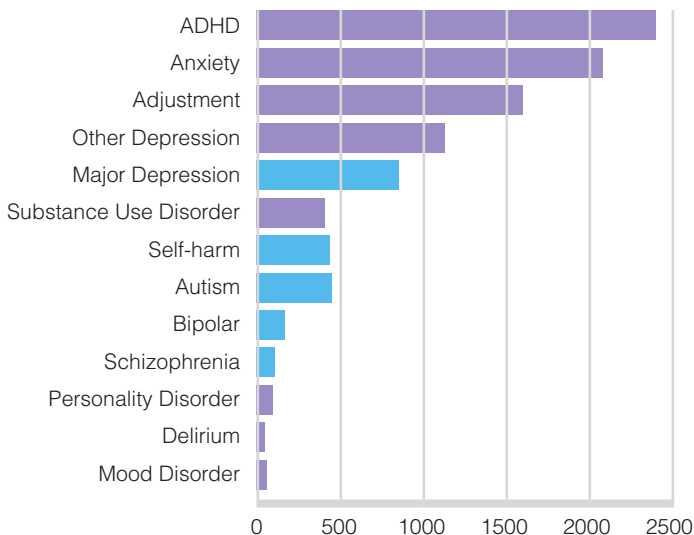
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	58,242
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	40%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	8,338	65%	5%
4-9	13,594	52%	23%
10-13	9,371	50%	37%
14-18	11,751	40%	39%
19-26	15,188	29%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MENTAL HEALTH & RECOVERY FOR LICKING & KNOX COUNTIES

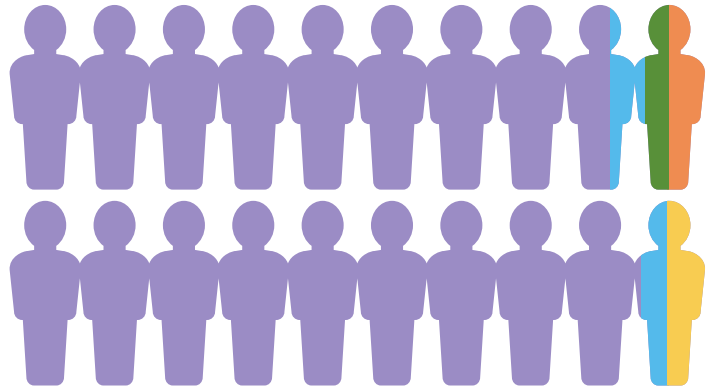
Total budget	\$12,494,387
Operating budget	\$839,500
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	85
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	15,846

Responses in this section refer to the entire ADAMHS Board area, which includes Licking and Knox counties.

9 in county and 3 outside of board service area; Ages 0-17 Services other than prevention: 3,398; Prevention services: 12,448; Ages 18 - 26 are served in adult services with the exception of the youth mobile crisis team. We do not break down data for ages 18 - 26; Involved with ODM/Nationwide Children's Hospital Licking County InCK project that is addressing maternal health issue.

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	87%	91%
Black or African American	5%	5%
Asian American	3%	0%
American Indian and Alaska Native	0%	7%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Licking and Knox counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$86	\$1,043	\$1,475	\$2,125	\$1,650
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	49	693	743	808	567
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	31	123	185	160	104
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Licking and Knox counties.

### QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9	✓			While all levels of care exist for this age group, there is a need for more of these services including access to higher levels of care.
10-13	✓			While all levels of care exist for this age group, there is a need for more of these services including access to higher levels of care.
14-18	✓			While all levels of care exist for this age group, there is a need for more of these services including access to higher levels of care.
19-26	✓			While all levels of cre exist for this age group, there is a need for more of these services including access to higher levels of care.
Caregivers for ages 0-26	✓			Family support groups and services are offered by a number of providers in both counties. A family/parenting peer support program is being developed to meet needs of families with children, youth, and young adults.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Community assessment – Health department Community Health Assessments (CHA) and resulting Community Health Improvement Plan (CHIP), Children and Family First Council community assessments leading to the development of the Shared Plan, MHR Annual Provider Performance Target and Outcomes Measures Evaluation, Recovery Oriented System of Care Survey (ROSC), United Way Collective Impact and Community Planning, Children’s Nationwide Hospital/ Ohio Department of Medicaid InCK grant and community assessment, school district assessments and Collation planning – Drug Free Community grant local collation, local education/behavioral health collation, children and family first councils and subcommittees.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

It would be helpful to have access to Medicaid data and other state information for all behavioral health organizations in our counties. This would help us understand how many children and young adults and their families are receiving services, whether they are seeking services out of county, and the type of services as well as other demographics.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

Information for unmet need is determined by community surveys, feedback from child/youth related collations and advocacy groups. Information might include access to appropriate levels of care, quality and effectiveness of services, wait times, funding requests, and new program development.

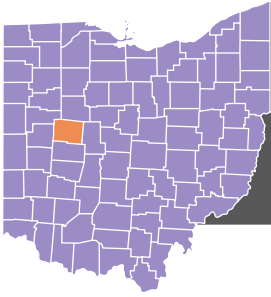
**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.







**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Logan County Profile

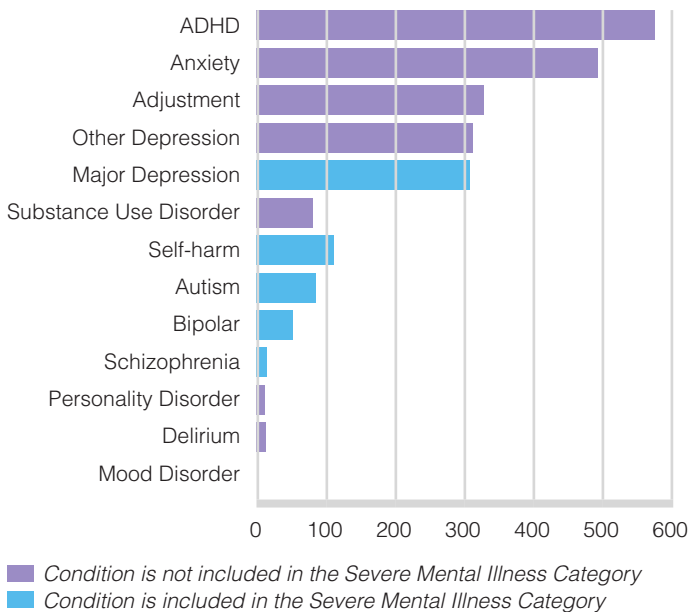
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	14,566
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	41%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,205	64%	4%
4-9	3,390	52%	21%
10-13	2,466	47%	33%
14-18	2,989	41%	38%
19-26	3,516	33%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

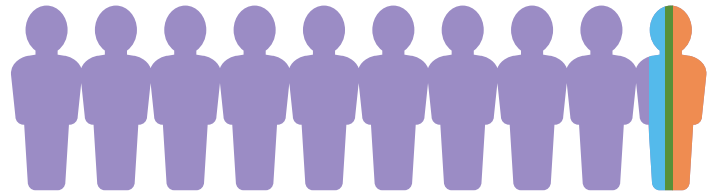


## LOGAN-CHAMPAIGN COUNTIES MHDAS BOARD

Total budget	\$4,420,631
Operating budget	\$535,868
Number of contract agencies	35
Programs serving young Ohioans <sup>1</sup>	17
Programs for maternal health	10
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Logan and Champaign counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	92%
Black or African American	2%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	5%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$97	\$998	\$655	\$1,211	\$1,158
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	95	139	163	113
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	24	107	156	157	116
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

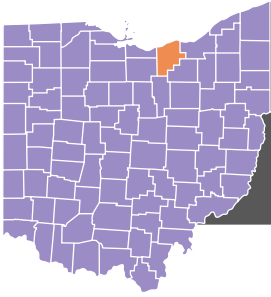
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Lorain County Profile

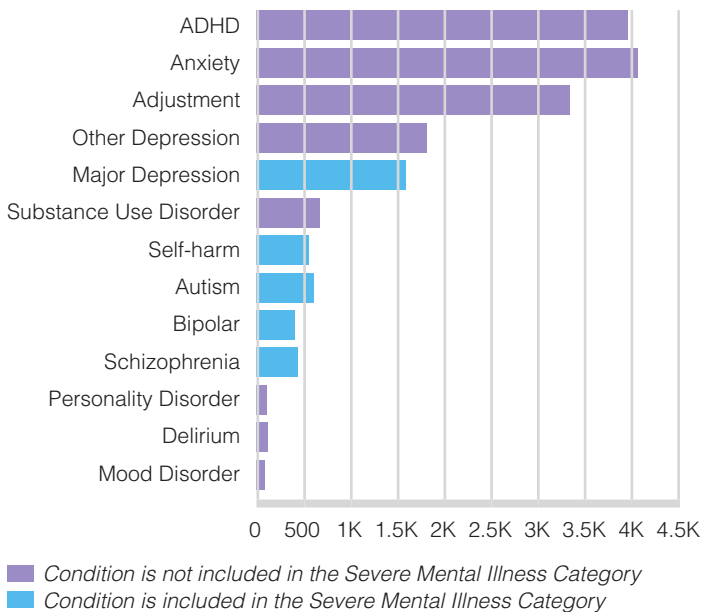
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	97,580
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	42%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	13,413	69%	4%
4-9	22,456	54%	24%
10-13	15,529	52%	37%
14-18	20,179	43%	38%
19-26	26,003	32%	35%

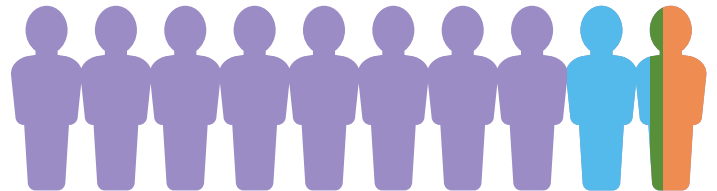
## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## MHARS BOARD OF LORAIN COUNTY

Total budget	\$25,645,228
Operating budget	\$2,677,694
Number of contract agencies	24
Programs serving young Ohioans <sup>1</sup>	49
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	Not collected

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	80%
Black or African American	12%
Asian American	2%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	7%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$133	\$1,531	\$1,652	\$1,674	\$1,943
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	69	1,297	1,403	1,417	900
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	29	131	192	165	113
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			IHBT - wait times are at 45 days. It is our belief that IHBT should begin within 72 hours. It is difficult to translate this into needed FTEs
14-18	✓			IHBT - wait times are at 45 days. It is our belief that IHBT should begin within 72 hours. It is difficult to translate this into needed FTEs
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

Agencies submit capacity and wait time reports weekly for outpatient, IOP, specialized targeted treatments like IHBT, maternal, trauma focused, etc. mental health and SUD services. Quarterly metrics regarding access to services/ response times are submitted. We have an Intersystems

Program Director who leads access to care for children and families who are multisystemic (29 year old collaborative similar to Ohio Rise). This group meets twice monthly to review those in care and those needing care to ensure access.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

An electronic system that can post real time information across the provider agencies as well as include services which augment family functioning would be helpful. We are just getting familiar with the Open Beds project which may be an opportunity to focus on the needs of children and families. However, these needs are often beyond just our system. Coordinating economic, basic needs, and other social supports would be helpful.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

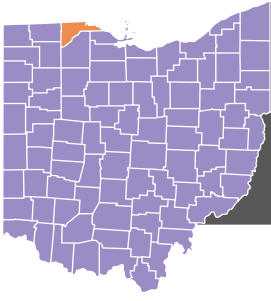
Wait times is a predominant method. We have providers linked with schools and work closely with our ESC to address expressed needs and gaps. We fund consultation to assist with this on a granular level as well as to bring to light broad issues. We have a Navigator Line (BH specific 211 information with warm hand off linkage to a service provider) which records calls and requests giving results of referrals and submitting gaps. Ultimately, personnel is usually the limiting factor. Work force development, recruitment and retention are the significant needs for providers.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Is there a gold standard metric for this? Is there a National Council consultant to take advantage of?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Lucas County Profile

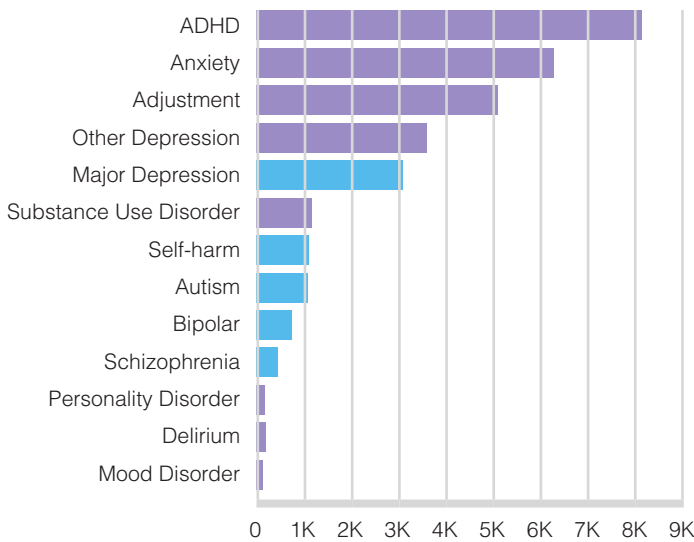
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	141,671
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	56%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	21,666	84%	4%
4-9	32,745	70%	23%
10-13	22,130	70%	37%
14-18	27,111	58%	39%
19-26	38,019	43%	33%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

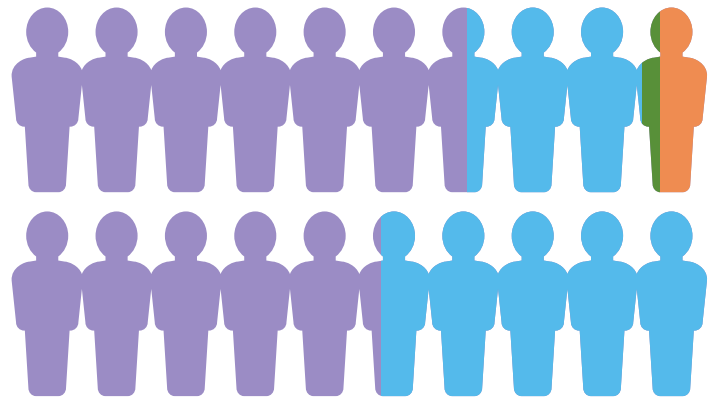
## MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Total budget	\$30,017,005
Operating budget	\$1,952,553
Number of contract agencies	20
Programs serving young Ohioans <sup>1</sup>	68
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	10,118

68 programs (inclusive of any program that can serve age 0-26)

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	66%	53%
Black or African American	25%	47%
Asian American	2%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	7%	N/A

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$285	\$2,321	\$2,007	\$1,744	\$2,420
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	340	3,508	3,448	3,142	2,214
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	31	166	257	226	143
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

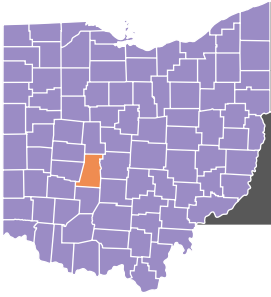
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Madison County Profile

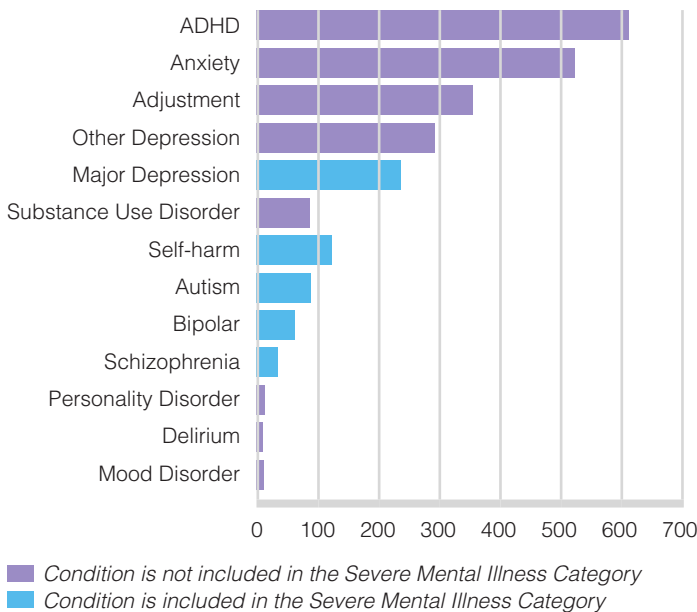
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	13,159
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	42%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,812	70%	3%
4-9	2,951	55%	22%
10-13	2,127	53%	36%
14-18	2,686	42%	42%
19-26	3,583	28%	39%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



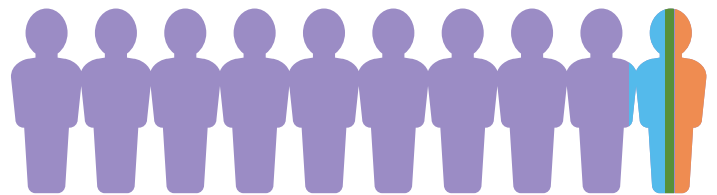
## MENTAL HEALTH & RECOVERY BOARD OF CLARK, GREENE & MADISON COUNTIES

Total budget	\$18,850,249
Operating budget	\$2,791,182
Number of contract agencies	23
Programs serving young Ohioans <sup>1</sup>	22
Programs for maternal health	
Total number of young Ohioans <sup>1</sup> served	7,524

Responses in this section refer to the entire ADAMHS Board area, which includes Clark, Greene, and Madison counties.

Twenty-three contract provider agencies; Providers reported the number of children served.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	89%
Black or African American	5%
Asian American	2%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	4%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$270	\$1,218	\$977	\$1,321	\$1,482
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	6	92	125	148	88
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	22	124	190	178	108
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

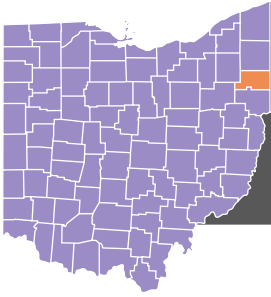
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Mahoning County Profile

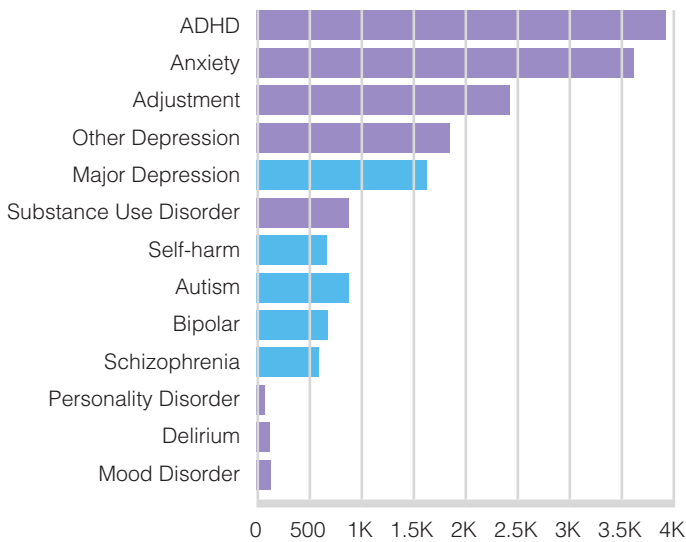
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	68,210
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	60%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	9,665	88%	4%
4-9	14,546	75%	25%
10-13	10,349	75%	36%
14-18	13,712	64%	36%
19-26	19,938	49%	33%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



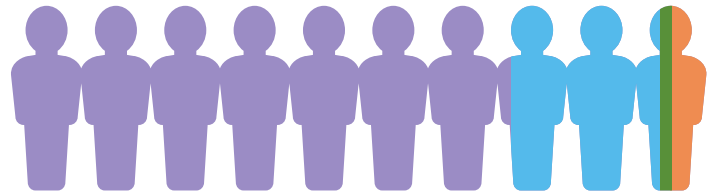
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## MAHONING COUNTY MENTAL HEALTH AND RECOVERY BOARD

Total budget	\$13,667,079
Operating budget	\$1,318,133
Number of contract agencies	22
Programs serving young Ohioans <sup>1</sup>	7
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	2500-3000 at Alta

Contract Agencies include 10 large contracts and 12 mini-grants; Number serving children include 4 major contracts and 3 small contracts.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	72%
Black or African American	21%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	5%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$274	\$2,084	\$2,022	\$1,588	\$2,023
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	134	1,700	1,704	1,638	1,287
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	38	188	270	232	164
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

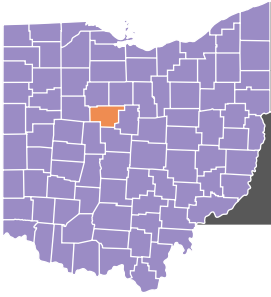
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Marion County Profile

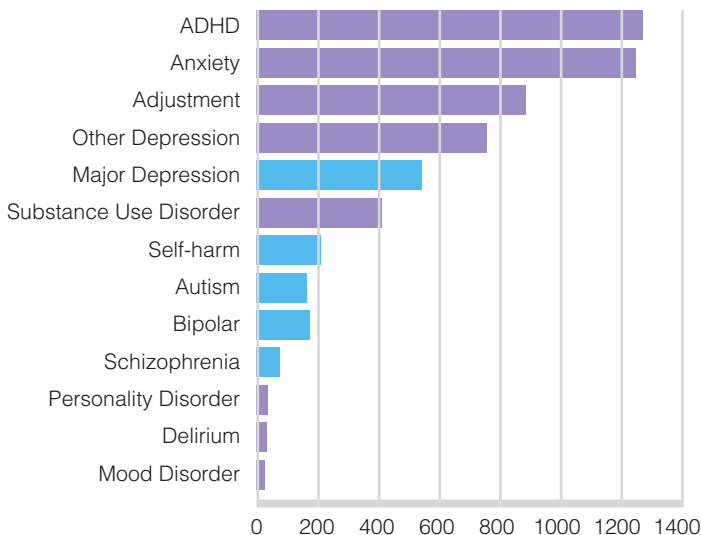
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	19,791
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	73%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,944	>99%	4%
4-9	4,721	91%	21%
10-13	2,975	90%	33%
14-18	3,750	74%	38%
19-26	5,401	59%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## CRAWFORD-MARION BOARD OF ADAMHS

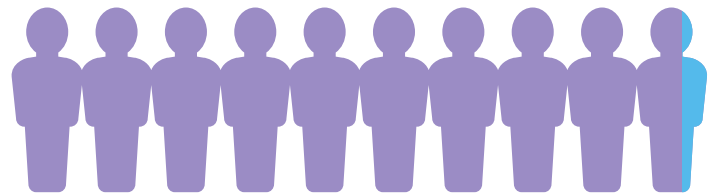
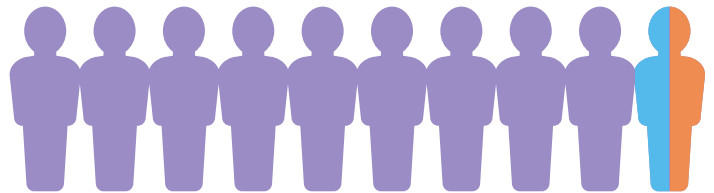
Total budget	\$4,268,285
Operating budget	\$552,195
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	19
Programs for maternal health	5
Total number of young Ohioans <sup>1</sup> served	14,510

Responses in this section refer to the entire ADAMHS Board area, which includes Crawford and Marion counties.

Children served does not include Medicaid services; data are not unduplicated.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	89%	96%
Black or African American	5%	3%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	5%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Crawford and Marion counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$100	\$1,230	\$1,271	\$1,839	\$1,541
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	16	343	321	376	296
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	43	190	295	281	220
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

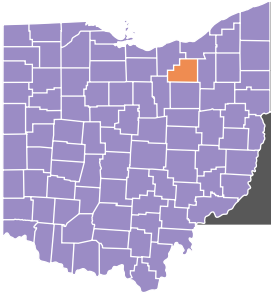
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Medina County Profile

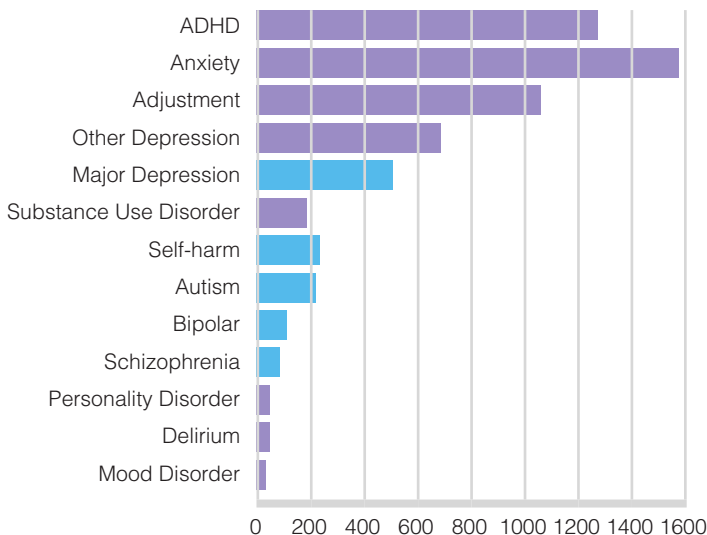
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	54,923
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	24%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	7,363	37%	5%
4-9	12,733	30%	28%
10-13	9,446	28%	38%
14-18	12,266	23%	39%
19-26	13,115	20%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

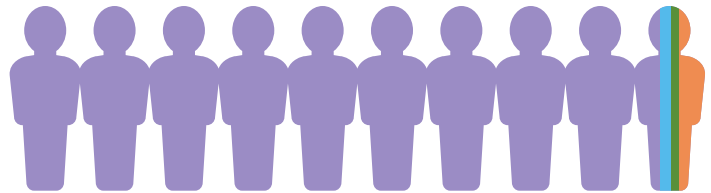
## MEDINA COUNTY ADAMH BOARD

Total budget	\$4,972,897
Operating budget	\$643,617
Number of contract agencies	3
Programs serving young Ohioans <sup>1</sup>	21
Programs for maternal health	6
Total number of young Ohioans <sup>1</sup> served	5,047

Information from ADAMH Board contracted agencies

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	94%	91%
Black or African American	2%	6%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	1%
Two or more race/ethnicities	3%	2%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$324	\$1,650	\$1,621	\$1,154	\$1,642
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	27	398	425	403	259
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	19	83	106	90	75
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9		✓		
10-13		✓		
14-18	✓			This age group could benefit from peer and recovery support options. This is an initiative being addressed by the ADAMH Board. Additionally, we are seeing a need for respite services, youth mental health and crisis stabilization, and dual diagnosis residential facilities.
19-26		✓		
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

The Medina ADAMH Board monitors our provider’s performance by looking at budgeted expectations and investigating any significant deviations. We rely on utilization data to identify trends and corroborate what we learn about

service needs, gaps, and trends. Service providers identify needs, advocate for change and implement treatment based on research.

The Board sought community input through a stakeholder survey prior to the FY21-22 Community Plan. Leaders in the recovery community assisted in outreaching family members and individuals with behavioral health needs. The survey asked to rate community services and rank the top mental health and addiction services they would like to see

Continued

increased. Results helped to shape upcoming projects.

The ADAMH Board participates in the Living Well Medina County project. This community-wide needs assessment looks at the health and well-being of County children, youth and adults and drives strategies and programs to meet priority needs. The Board participates in the Community Health Improvement Plan committee to address needs from the survey.

The ADAMH Board actively participates on our Family First Council subcommittee, and are continually engaged in strategic planning and the incorporation of key findings.

The K-12 partnership with each school in the county required a School Self-Assessment, which helped the Board identify needs in each school district.

The Board has a strong relationship with the recovery community in Medina County and has supported peer and recovery supports including a Recovery Community Organization, run by Hope Recovery Community. They initiated a Strengths and Weaknesses Survey, to identify how recovery supports and treatment services are meeting community need.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

With the loss of access to Medicaid data, our ability to see the “whole picture” in our community has become much more difficult. The Board strongly advocates for a data base that would allow client level data from the Ohio Department of Medicaid to be accessible in an effort to assist us in meeting our statutory mandates.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

To determine current demand for services, the Medina ADAMH Board collects data monthly from contract providers, to include; wait times for services, the number of youth currently receiving treatment and psychiatric care, and the number of youth being referred from Caring Contact collaborations. In addition, ADAMH Board providers are actively engaged in providing services in county school districts. Providers give updates regarding these services and whether or not there is an increase in need.

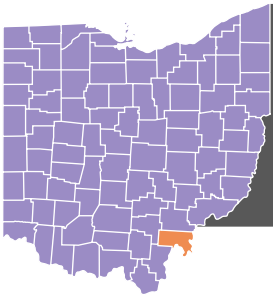
It is important to note that in Medina County, the number of high-risk, multi-system youth has expanded and the number of youth needing residential treatment has grown. Notably, we have seen an increase in youth committing sex offenses, and/or exhibiting problematic sexual behavior and needing inpatient and outpatient sex offender treatment. Funding needs have grown exponentially due to this. In addition, we have seen an increase in the need for youth mental health and crisis stabilization, respite services, and dual diagnosis residential facilities.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

With the loss of access to Medicaid data, our ability to see the “whole picture” in our community has become much more difficult. The Board strongly advocates for a data base that would allow client level data from the Ohio Department of Medicaid to be accessible in an effort to assist us in meeting our statutory mandates. Additionally, the Medina County ADAMH Board is seeking resources to build a Child and Family Outpatient Trauma Center to meet mental health/trauma needs. Lastly, it would be most helpful for us to have a flexible funding source that would allow us to meet our local needs.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Meigs County Profile

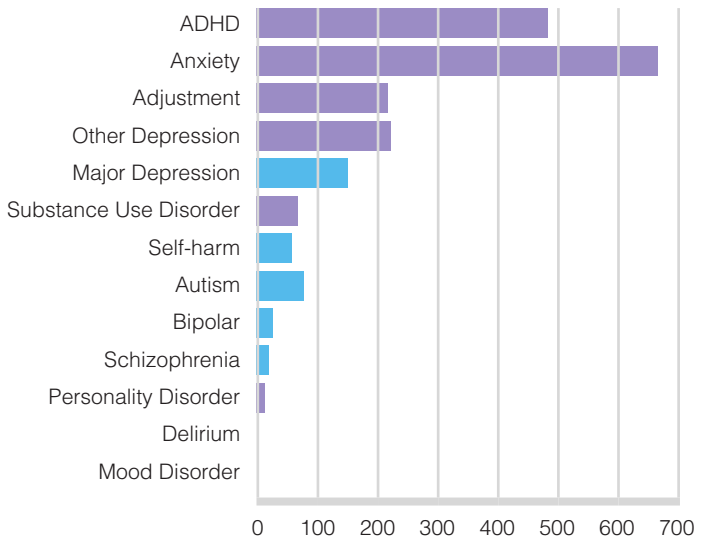
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	6,637
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	63%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	975	87%	4%
4-9	1,494	79%	26%
10-13	1,114	77%	38%
14-18	1,543	65%	42%
19-26	1,511	55%	39%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

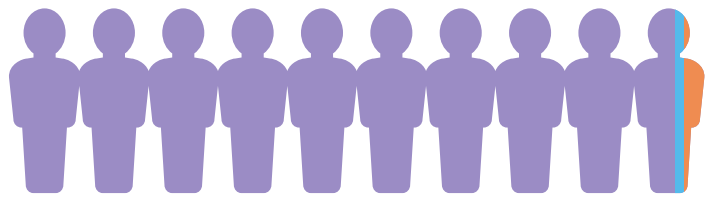
## GALLIA-JACKSON-MEIGS BOARD OF ADAMHS

Total budget	\$4,198,588
Operating budget	\$887,031
Number of contract agencies	17
Programs serving young Ohioans <sup>1</sup>	8
Programs for maternal health	4
Total number of young Ohioans <sup>1</sup> served	Avg. 1300/month

Responses in this section refer to the entire ADAMHS Board area, which includes Gallia, Jackson, and Meigs counties.

3 Primary agencies. Plus 8 school districts, FCFC, 9 courts, 2 recovery houses, 2 niche providers, 3 coalitions

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$94	\$1,206	\$2,163	\$1,967	\$1,630
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	7	151	177	200	88
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	36	208	294	273	214
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Gallia, Jackson, and Meigs counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			Two additional clinical staff for MOMS programs. Facilitated referral processes for infants born with NAS across state lines.
0-3	✓			ECMH consultants adequate to each school system.
4-9	✓			Two additional psychiatrists. Two psychologists qualified for comprehensive evaluations, 3 additional counselors/social workers in each county, 3 additional crisis on-call staff. TIC Consultants for each school district (4 additional)
10-13	✓			Refer to answer under 4-9 age group
14-18	✓			Refer to answers for other age groups
19-26	✓			Psychiatry, peer services, vocational/employment supports
Caregivers for ages 0-26	✓			Home-based supports

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

1. Participation in 3 county Health Department CHIPs.
2. Participation in 3 FCFC Shared Plans.
3. Monthly data reviews and meetings with provider agencies regarding demographics and services.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Simplified access to relevant data as well as staff with expertise in data collection and management.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

Currently this is a multi-pronged cooperative effort between Board staff and community partners.

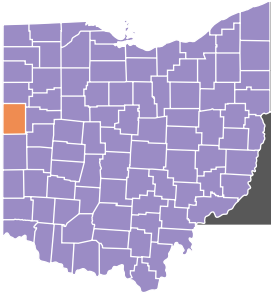
1. Our two largest providers offer a monthly report of demographics, services requested/rendered, waiting times, cancellations and other data mutually determined to be beneficial in this process. This data is reviewed in a monthly meeting of clinical and administrative leadership.
2. Our Board has benefited from participation in Community Health Improvement Plans in our counties.
3. We rely on conversations, planning efforts and feedback from our partners in the 3 county Family & Children First Councils.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Staff with data expertise as well as simplified access to data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Mercer County Profile

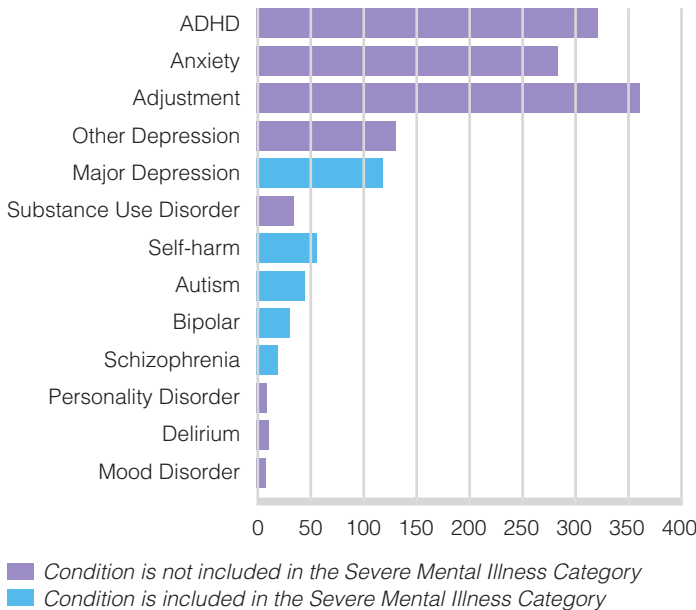
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	14,366
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	24%
Behavioral health condition <sup>2</sup>	24%	25%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,566	34%	4%
4-9	3,442	32%	23%
10-13	2,349	32%	33%
14-18	2,806	25%	42%
19-26	3,203	17%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

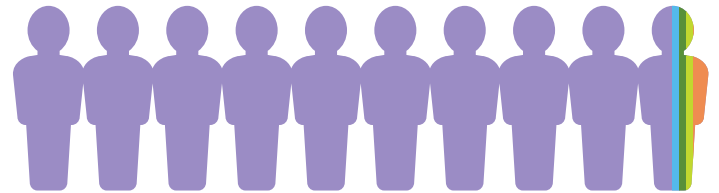


## ADAMHS BOARD OF MERCER, VAN WERT & PAULDING COUNTIES

Total budget	\$4,500,000
Operating budget	\$555,000
Number of contract agencies	3
Programs serving young Ohioans <sup>1</sup>	Not available
Programs for maternal health	Not available
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Mercer, Van Wert, and Paulding counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	1%
Two or more race/ethnicities	2%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$178	\$1,141	\$1,236	\$1,880	\$1,087
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	115	122	144	73
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	12	73	108	104	61
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

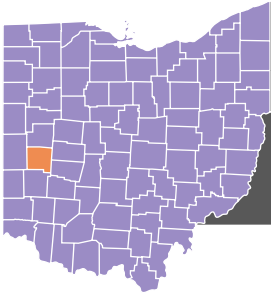
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Miami County Profile

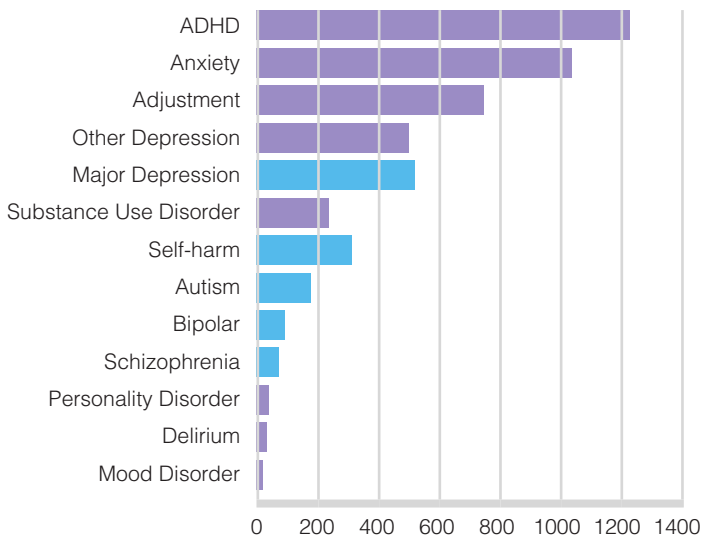
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	33,410
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	40%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	4,958	63%	4%
4-9	8,103	49%	21%
10-13	5,715	45%	32%
14-18	7,027	38%	35%
19-26	7,607	34%	32%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



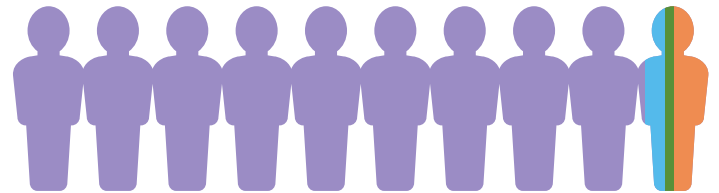
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## TRI-COUNTY BOARD OF RECOVERY & MENTAL HEALTH SERVICES (DARKE, MIAMI & SHELBY COUNTIES)

Total budget	\$8,090,151
Operating budget	\$1,012,725
Number of contract agencies	7
Programs serving young Ohioans <sup>1</sup>	30
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Darke, Miami, and Shelby counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	91%
Black or African American	3%
Asian American	2%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	5%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$58	\$612	\$846	\$1,316	\$1,791
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	26	345	368	377	219
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	24	102	145	133	109
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

At the time of this publication, details about evaluating local need were not available to the authors. Boards may be able to provide this information directly upon request.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9			✓	
10-13			✓	
14-18			✓	
19-26			✓	
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

By open communication channels with service providers, collecting and interpreting data on waitlists, by participating in community coalitions with community leaders and business partners, and by regular communication with county government officials, law enforcement agencies, and service providers.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

A complete set of service date to include services paid by Medicaid and private payers.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

See Question 2 response. It is also important to distinguish between “unmet need” and “unmet demand.” Need is often apparent, but demand for service lags. Wait times, wait lists, number of no shows or dropouts.

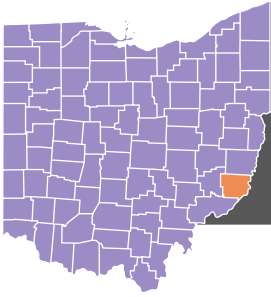
**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







# Monroe County Profile

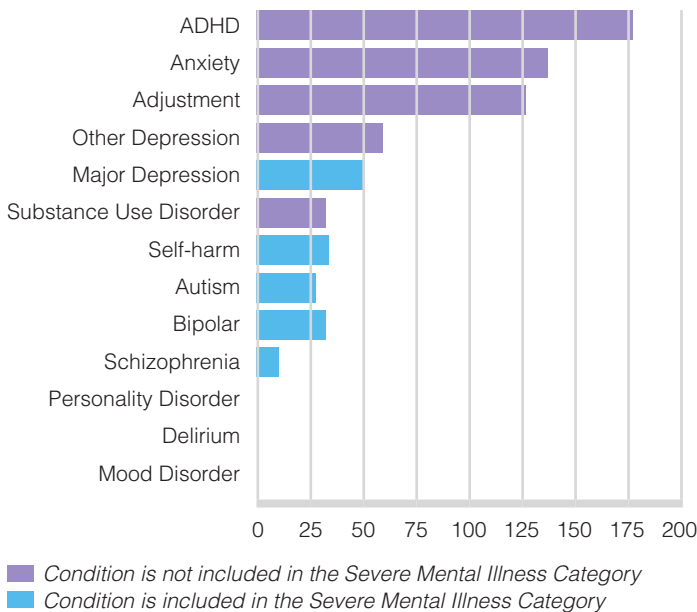
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	3,789
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	52%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	524	70%	4%
4-9	956	60%	21%
10-13	617	63%	32%
14-18	786	60%	33%
19-26	906	46%	31%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



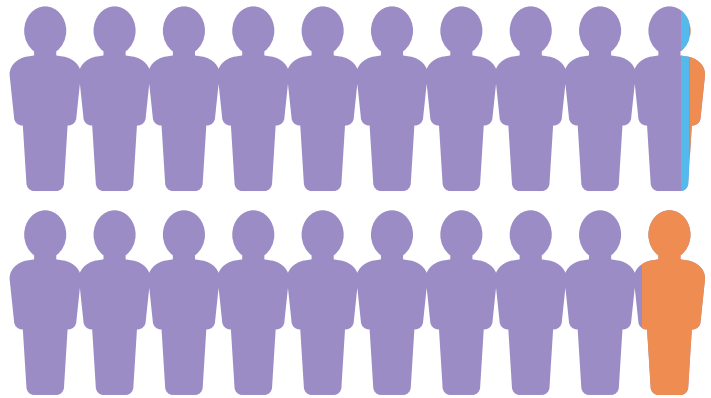
## MH & R BOARD SERVING BELMONT, HARRISON & MONROE COUNTIES

Total budget	\$6,253,858
Operating budget	\$560,620
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	20
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	5,694

Responses in this section refer to the entire ADAMHS Board area, which includes Belmont, Harrison, and Monroe counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	97%	91%
Black or African American	1%	0%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	2%	9%

Client demographic data refers to the entire ADAMHS Board area, which includes Belmont, Harrison, and Monroe counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$61	\$565	\$962	\$1,908	\$909
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	54	57	71	43
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	25	126	203	197	146
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

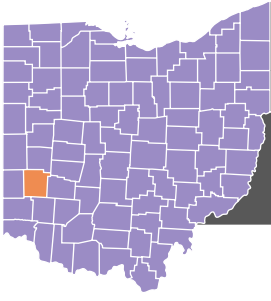
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





## MIND THE GAP

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Montgomery County Profile

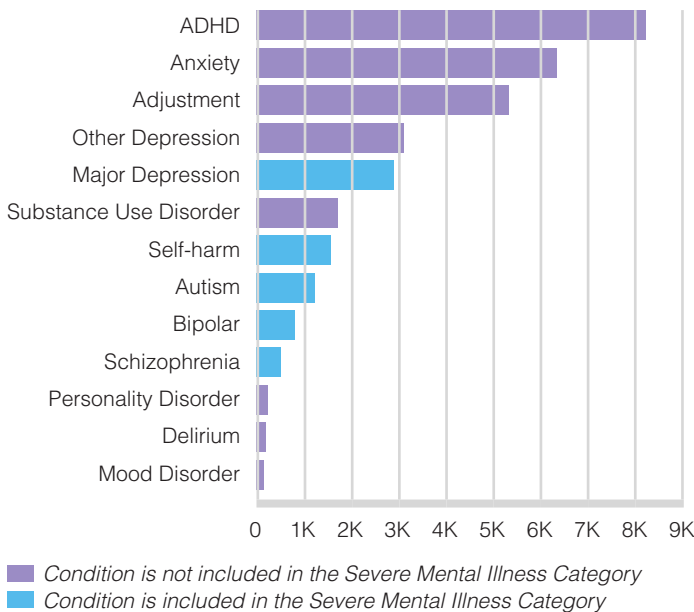
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	172,648
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	53%
Behavioral health condition <sup>2</sup>	24%	22%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	26,176	81%	4%
4-9	38,636	68%	20%
10-13	25,724	69%	30%
14-18	32,783	56%	33%
19-26	49,329	38%	30%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



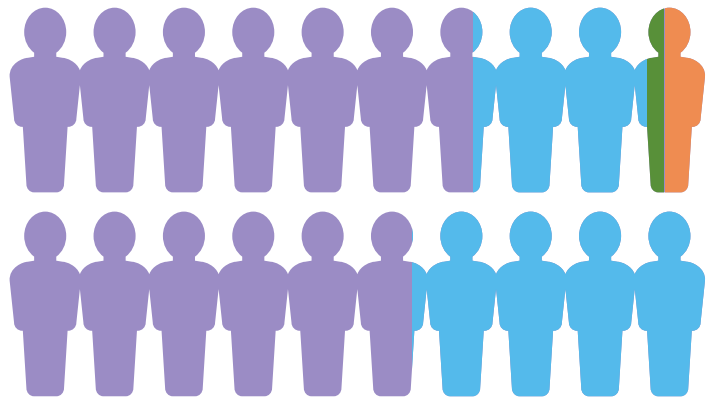
## MONTGOMERY COUNTY ADAMHS BOARD

Total budget	\$42,900,000
Operating budget	Not Available
Number of contract agencies	10
Programs serving young Ohioans <sup>1</sup>	28 Treatment/Support Services and 19 Prevention
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	33,536

Budget estimate is based on average cost of \$1,754/child multiplied by 9,830 children served; ADAMHS contracted children's BH providers; Prevention - 23,706 children served, Treatment - 9,830 children served

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	67%	58%
Black or African American	25%	42%
Asian American	2%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	6%	0%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$103	\$1,365	\$1,618	\$1,785	\$2,026
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	160	2,276	2,471	2,525	1,756
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	29	135	210	184	116
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

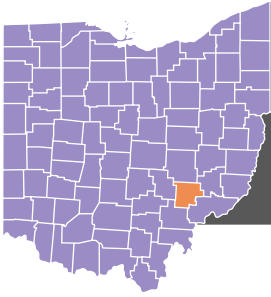
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Morgan County Profile

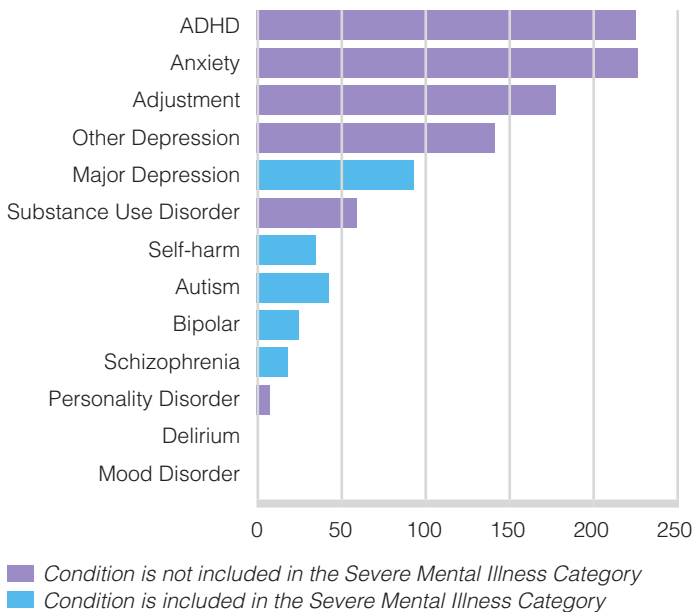
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	4,197
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	57%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	605	80%	3%
4-9	918	70%	21%
10-13	739	64%	35%
14-18	897	60%	42%
19-26	1,038	52%	39%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

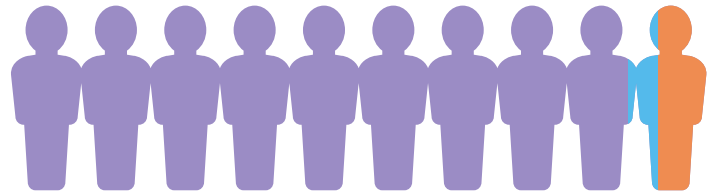


## MUSKINGUM AREA MHRS BOARD (COSHOCTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE & PERRY COUNTIES)

Total budget	\$12,986,832
Operating budget	\$861,600
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	15
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	-

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	89%
Black or African American	3%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	7%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$32	\$795	\$897	\$1,224	\$2,425
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	52	69	115	47
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	28	144	225	256	204
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			BH Workforce capacity
10-13	✓			Trauma service, crisis stabilization and/or respite
14-18	✓			Trauma service, crisis stabilization and/or respite, life skills support
19-26	✓			Transitional Housing
Caregivers for ages 0-26	✓			Targeted parenting supports, trauma training, respite care resources

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

This is done informally, primary use of focus groups, community stakeholder and client surveys. surveys.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Assistance to improve capacity for BH services. Technical support with the development of an effective needs assessment tool.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

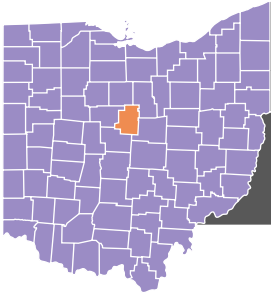
Wait times are our primary indicator along with increased funding for specific services and supports.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Morrow County Profile

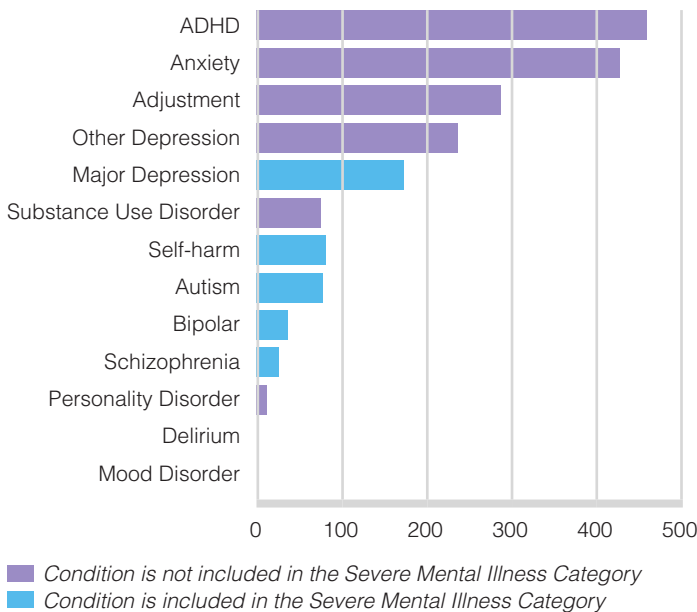
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	10,813
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	46%
Behavioral health condition <sup>2</sup>	24%	23%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,555	69%	4%
4-9	2,450	60%	19%
10-13	1,855	58%	31%
14-18	2,516	44%	35%
19-26	2,437	37%	32%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



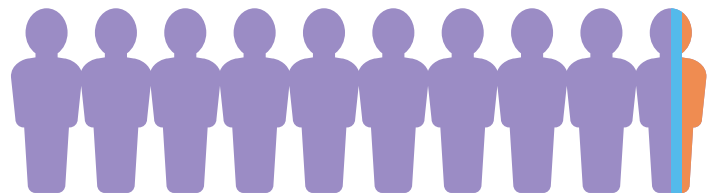
## DELAWARE-MORROW MENTAL HEALTH & RECOVERY SERVICES BOARD

Total budget	\$18,074,514
Operating budget	\$885,245
Number of contract agencies	10
Programs serving young Ohioans <sup>1</sup>	19
Programs for maternal health	22
Total number of young Ohioans <sup>1</sup> served	17,886

Responses in this section refer to the entire ADAMHS Board area, which includes Delaware and Morrow counties.

Includes Prevention and Treatment programming; The number of children served is an estimate for Prevention and Treatment services. Some of these may be duplicated since some Prevention counts are not enrolled in GOSH.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$67	\$1,073	\$1,248	\$1,404	\$1,813
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	81	117	119	92
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	25	113	181	155	118
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Delaware and Morrow counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✔			There is no Obstetrician serving Morrow County. Pregnant women receive OB/GYN care out of county. If they experience any BH issues including postpartum depression or SUD issues, there is not familiarity of resources in Morrow County for the physician to refer them to for ongoing care. Stable Cradle program in Morrow County provides some support to pregnant women with SUD concerns past or present. They serve a limited number of women per year. If yes, what additional services are needed and in what quantity: Not sure as there is not a mechanism to track this information
0-3	✔			Parent education and support programs like Triple P have not been well attended. Morrow County has a shortage of early intervention programs for children or families. If yes, what additional services are needed and in what quantity: Unable to determine as this has not been tracked previously. Both Delaware and Morrow Counties are expected to have population growth over the next 10 years.
4-9	✔			Clinicians trained in play therapy are needed If yes, what additional services are needed and in what quantity: play therapy training and recruitment/retention of Clinicians. Unable to determine quantity. Our largest Youth provider will not have office space in Morrow County until later in 2021. Once they are open for Outpatient services, they may be able to track information to establish a baseline

\* Maternal includes women with children up to age 1

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
10-13	✔			Clinicians trained in EMDR and family therapy. If yes, what additional services are needed and in what quantity: Unable to determine quantity.
14-18	✔			Clinicians trained to treat severe trauma, family systems, and youth with SUD are needed. Need Crisis Stabilization capacity. If yes, what additional services are needed and in what quantity: Unable to determine quantity.
19-26	✔			Clinicians trained to treat severe trauma, family systems, and dual diagnosis BH/SUD are needed. We also need Crisis Stabilization and housing support for transitional youth age group If yes, what additional services are needed and in what quantity: Unable to determine quantity.
Caregivers for ages 0-26	✔			All of the same issues listed above If yes, what additional services are needed and in what quantity: Unable to determine quantity.

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Our Board reviews community data to include; Community Health Assessments completed by each Health Department in collaboration with our Board and other partners, Community Health Improvement Plans developed by each Health Department with input from our Board, Youth Risk Behavior Survey results, Community Needs Assessment completed by our Board. Some of our School Districts have started to utilize the Panorama survey to help guide decision making, however, this is in the early stages. As part of Board strategic planning, we assess need via focus groups, community surveys and consumer, provider and partner feedback.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

We would like the Medicaid and private insurance service utilization data to be shared with each Board area to assist with planning for programming.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

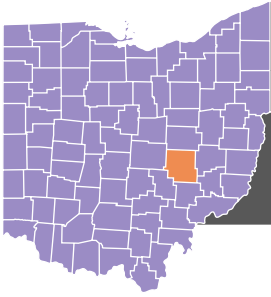
Our Board requires contracted providers to submit information tracking accessibility to include number of clients on the waiting list for services and time from initial call to first appointment. Our Board also solicits feedback on requests for services that were not able to be met due to lack of programming. We also require board funded providers to notify of staff vacancies for board funded positions and will review retention rates and practices for FY2022.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board area has a Behavioral Health workforce shortage. Many positions remain unfilled despite available funding. Our Board would recommend that every District in Ohio receive funding for Panorama surveys as this helps identify unmet needs for school-age children.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Muskingum County Profile

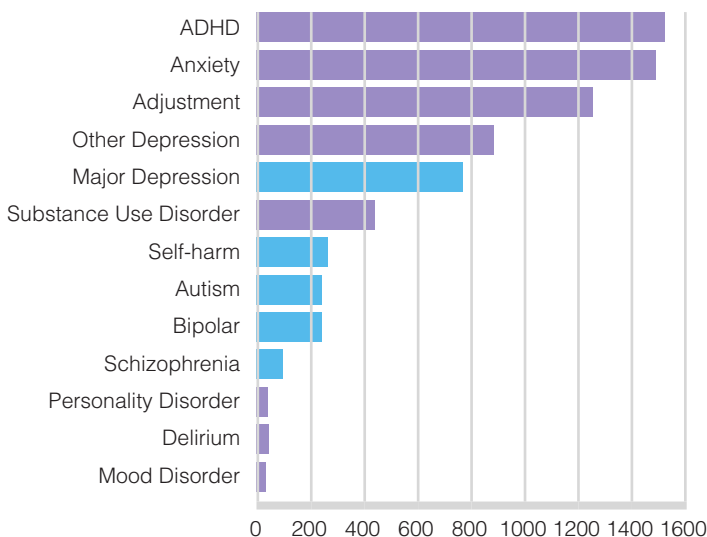
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	28,211
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	59%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	4,089	87%	4%
4-9	6,505	70%	22%
10-13	4,385	73%	34%
14-18	5,461	64%	40%
19-26	7,771	50%	42%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



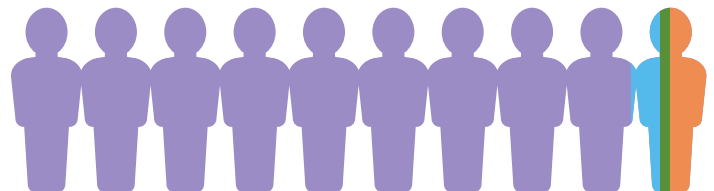
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## MUSKINGUM AREA MHRS BOARD (COSHOCTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE & PERRY COUNTIES)

Total budget	\$12,986,832
Operating budget	\$861,600
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	15
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	-

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	89%
Black or African American	4%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	6%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$29	\$855	\$1,144	\$1,248	\$2,017
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	9	401	499	629	441
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	34	158	247	254	209
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			BH Workforce capacity
10-13	✓			Trauma service, crisis stabilization and/or respite
14-18	✓			Trauma service, crisis stabilization and/or respite, life skills support
19-26	✓			Transitional Housing
Caregivers for ages 0-26	✓			Targeted parenting supports, trauma training, respite care resources

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

This is done informally, primary use of focus groups, community stakeholder and client surveys. surveys.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Assistance to improve capacity for BH services. Technical support with the development of an effective needs assessment tool.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

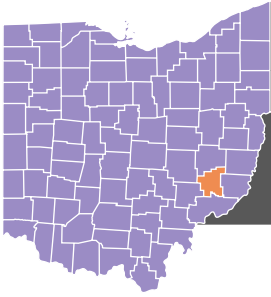
Wait times are our primary indicator along with increased funding for specific services and supports.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Noble County Profile

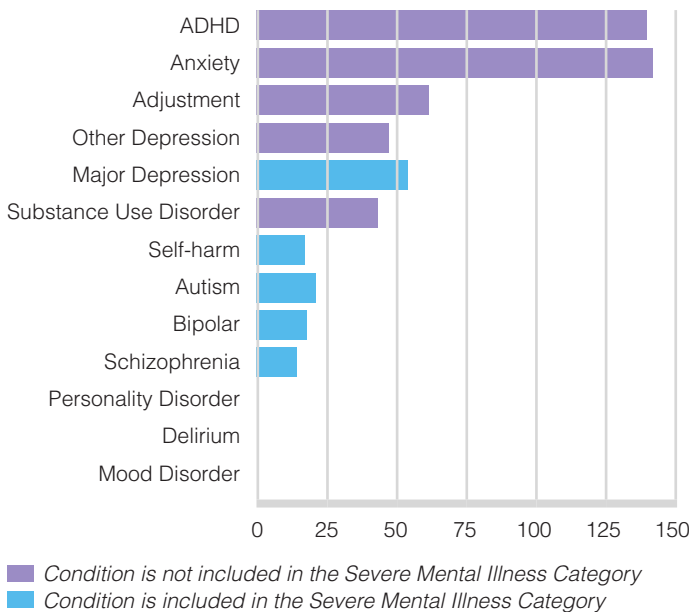
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	3,664
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	45%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	567	61%	3%
4-9	903	52%	18%
10-13	627	54%	28%
14-18	708	50%	36%
19-26	859	42%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

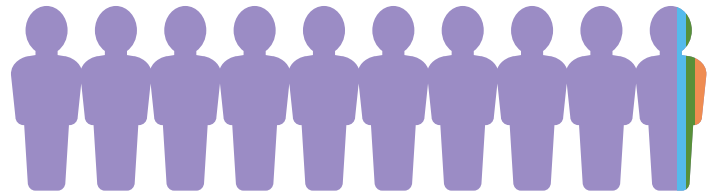


## MUSKINGUM AREA MHRS BOARD (COSHOCOTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE & PERRY COUNTIES)

Total budget	\$12,986,832
Operating budget	\$861,600
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	15
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	-

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocoton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$89	\$899	\$1,445	\$2,266	\$1,831
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	51	46	59	45
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	16	95	152	179	148
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			BH Workforce capacity
10-13	✓			Trauma service, crisis stabilization and/or respite
14-18	✓			Trauma service, crisis stabilization and/or respite, life skills support
19-26	✓			Transitional Housing
Caregivers for ages 0-26	✓			Targeted parenting supports, trauma training, respite care resources

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

This is done informally, primary use of focus groups, community stakeholder and client surveys. surveys.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Assistance to improve capacity for BH services. Technical support with the development of an effective needs assessment tool.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

Wait times are our primary indicator along with increased funding for specific services and supports.

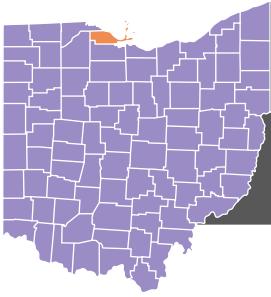
**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Ottawa County Profile

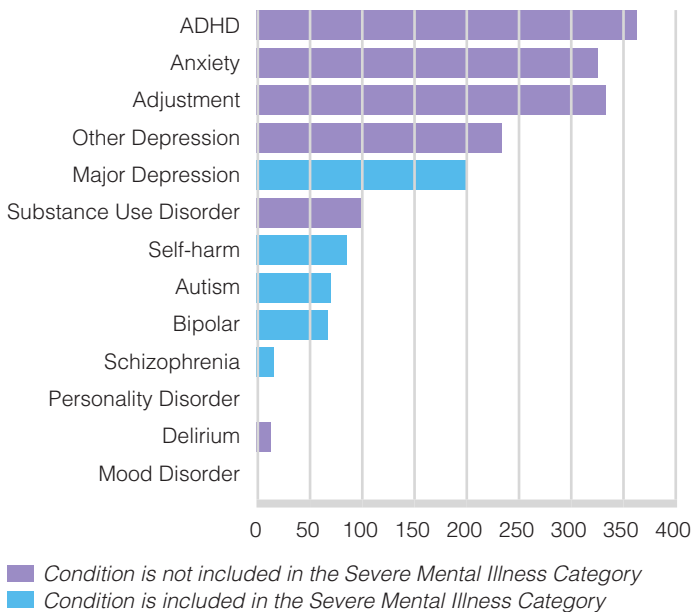
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	10,364
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	38%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,350	61%	4%
4-9	2,282	48%	25%
10-13	1,782	48%	36%
14-18	2,346	39%	36%
19-26	2,604	33%	39%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



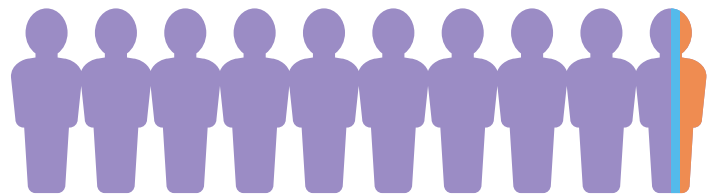
## MENTAL HEALTH & RECOVERY BOARD OF ERIE & OTTAWA COUNTIES

Total budget	\$8.8 million (includes \$4.7 million levy)
Operating budget	\$972,700
Number of contract agencies	16
Programs serving young Ohioans <sup>1</sup>	225
Programs for maternal health	5
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Erie and Ottawa counties.

Includes the number of programs/services, not the number of providers. Most of these services are for ages 18-26.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$94	\$908	\$1,424	\$1,523	\$1,809
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	12	116	128	149	112
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	22	118	171	140	129
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Erie and Ottawa counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3		✓		
4-9	✓			Less wait time for services; more psychiatric services; minimize workforce shortage which results in an ability to find professionals who will do home-based services
10-13	✓			Less wait time for services; more psychiatric services; minimize workforce shortage which results in an ability to find professionals who will do home-based services
14-18	✓			Less wait time for services; more psychiatric services; minimize workforce shortage which results in an ability to find professionals who will do home-based services
19-26	✓			Independent living; Same/similar age peer supporters; minimize workforce shortage; additional psychiatric services
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Board contacts community stakeholders and hold public forums which includes consumers. In addition, an evaluation of data is completed.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Regional analysis of services needs vs availability; Local Job and Family Services data; Training on best practices for at risk families and reunification plans for children in custody; Alternatives to inpatient psychiatric treatment.

*Continued*

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

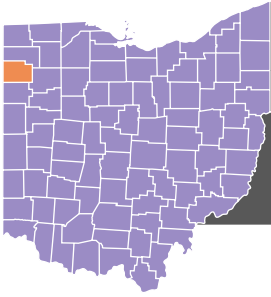
The Board contacts community stakeholders and hold public forums which includes consumers. In addition, an evaluation of data is completed.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Regional analysis of at-risk children and existing programs/ services vs recommended new programs/services.; Analysis of workforce shortage.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Paulding County Profile

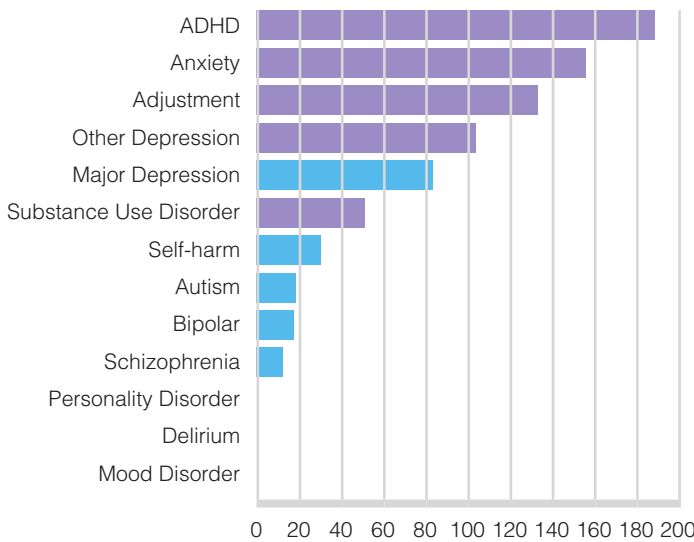
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	6,011
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	36%
Behavioral health condition <sup>2</sup>	24%	23%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	847	62%	2%
4-9	1,393	47%	20%
10-13	1,065	42%	32%
14-18	1,317	32%	39%
19-26	1,389	29%	34%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



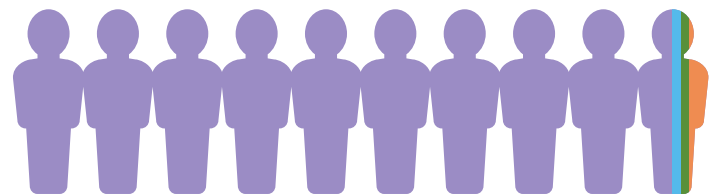
■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## ADAMHS BOARD OF MERCER, VAN WERT & PAULDING COUNTIES

Total budget	\$4,500,00
Operating budget	\$555,000
Number of contract agencies	3
Programs serving young Ohioans <sup>1</sup>	Not available
Programs for maternal health	Not available
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Mercer, Van Wert, and Paulding counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$51	\$664	\$996	\$1,104	\$912
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	60	70	80	32
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	13	93	132	125	100
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

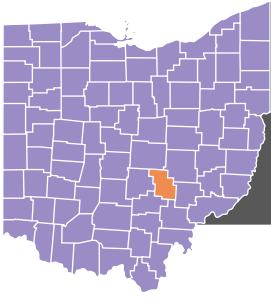
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Perry County Profile

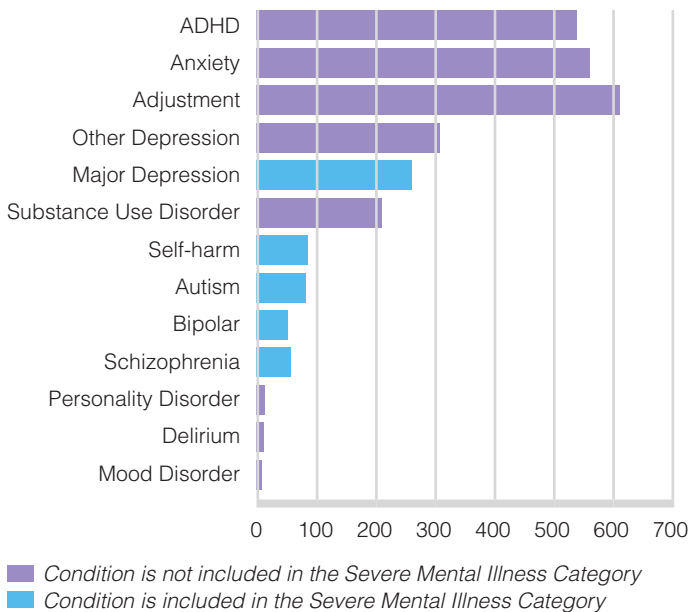
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	11,610
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	57%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,699	85%	4%
4-9	2,814	66%	22%
10-13	2,009	64%	35%
14-18	2,375	59%	38%
19-26	2,713	52%	40%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

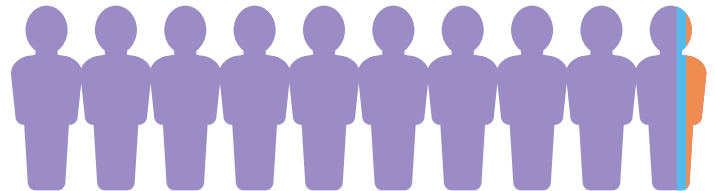


## MUSKINGUM AREA MHRS BOARD (COSHOCOTON, GUERNSEY, MORGAN, MUSKINGUM, NOBLE & PERRY COUNTIES)

Total budget	\$12,986,832
Operating budget	\$861,600
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	15
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	-

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$94	\$806	\$1,418	\$2,306	\$2,075
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	9	162	202	258	172
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	38	144	222	226	207
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			BH Workforce capacity
10-13	✓			Trauma service, crisis stabilization and/or respite
14-18	✓			Trauma service, crisis stabilization and/or respite, life skills support
19-26	✓			Transitional Housing
Caregivers for ages 0-26	✓			Targeted parenting supports, trauma training, respite care resources

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

This is done informally, primary use of focus groups, community stakeholder and client surveys. surveys.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Assistance to improve capacity for BH services. Technical support with the development of an effective needs assessment tool.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

Wait times are our primary indicator along with increased funding for specific services and supports.

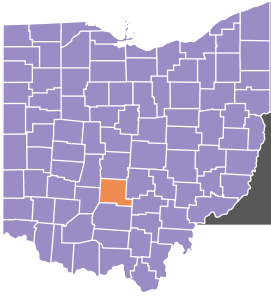
**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







# Pickaway County Profile

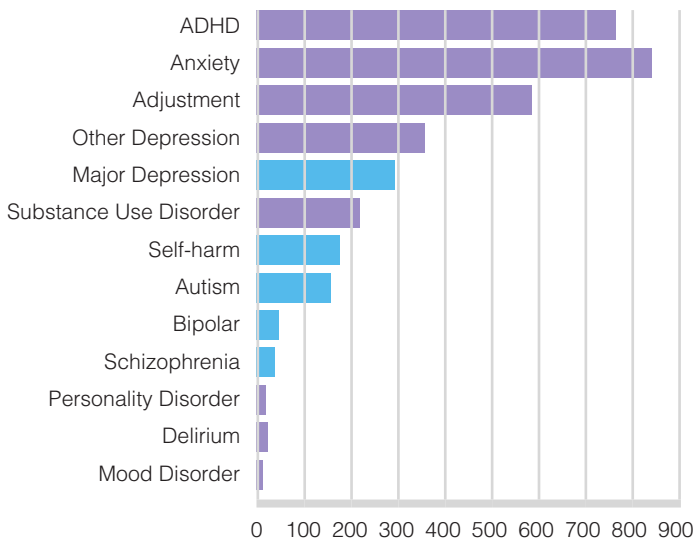
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,277
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	41%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,461	69%	4%
4-9	4,076	55%	26%
10-13	2,887	53%	41%
14-18	3,751	43%	42%
19-26	5,102	28%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## PAINT VALLEY ADAMH BOARD (FAYETTE, HIGHLAND, PICKAWAY, PIKE & ROSS COUNTIES)

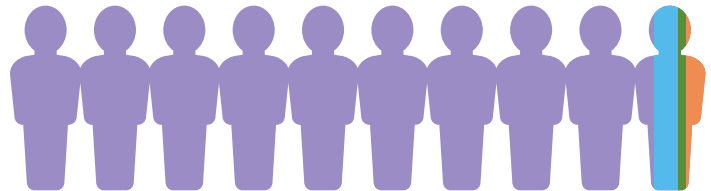
Total budget	\$11,978,698
Operating budget	\$1,047,035
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	6
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	621

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Ages 0-26 CY 2019 Non-Medicaid; We are a five county Board, some services exist in a small program but do not reach all counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	92%	97%
Black or African American	4%	3%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$97	\$1,370	\$1,896	\$1,863	\$2,201
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	268	352	298	139
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	28	145	216	179	106
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			While services are available for this age group, our region could use additional mental health practitioners specializing in early childhood.
10-13	✓			Our region needs access to close to home crisis stabilization beds and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
14-18	✓			Our region needs access to local inpatient psychiatric beds, crisis stabilization beds, and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Paint Valley ADAMH Board plays an active role in each of our 5 counties Family and Children First Council. Additionally, we participate and use the data from each of the 5 counties Community Health Assessments. Recently, we held one regional and 5 county level crisis summits exploring the crisis needs of our communities. FCFC coordinators and all of the public school superintendents were invited to participate in this endeavor. The ADAMH Board holds frequent meeting with leadership of out contract agencies to hear their concerns for the populations that they serve. Also, we survey our communities through the Recovery Oriented System of Care Survey. During this process, we both send out the survey electronically, and hold focus groups.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

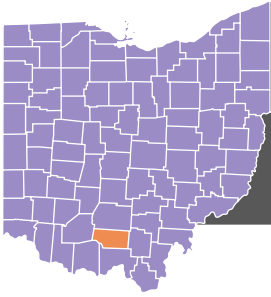
The Paint Valley ADAMH Board monitors any additional need for funding through our contract agencies. Additionally, we monitor agency waitlists. The reports from all of the regions Family and Children First Councils are also used to monitor quantity of unmet needs.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Pike County Profile

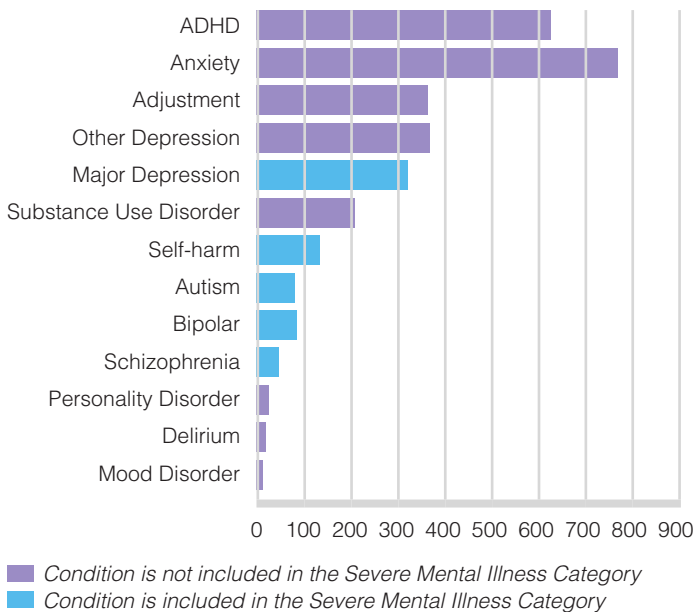
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	8,992
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	69%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,373	100%	5%
4-9	2,035	84%	25%
10-13	1,514	78%	38%
14-18	1,926	72%	43%
19-26	2,144	64%	44%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## PAINT VALLEY ADAMH BOARD (FAYETTE, HIGHLAND, PICKAWAY, PIKE & ROSS COUNTIES)

Total budget	\$11,978,698
Operating budget	\$1,047,035
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	6
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	621

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Ages 0-26 CY 2019 Non-Medicaid; We are a five county Board, some services exist in a small program but do not reach all counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	94%	97%
Black or African American	1%	3%
Asian American	0%	0%
American Indian and Alaska Native	1%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$124	\$1,047	\$1,653	\$1,988	\$4,098
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	203	257	288	168
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	47	212	301	310	283
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			While services are available for this age group, our region could use additional mental health practitioners specializing in early childhood.
10-13	✓			Our region needs access to close to home crisis stabilization beds and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
14-18	✓			Our region need access to local inpatient psychiatric beds, crisis stabilization beds, and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Paint Valley ADAMH Board plays an active role in each of our 5 counties Family and Children First Council. Additionally, we participate and use the data from each of the 5 counties Community Health Assessments. Recently, we held one regional and 5 county level crisis summits exploring the crisis needs of our communities. FCFC coordinators and all of the public school superintendents were invited to participate in this endeavor. The ADAMH Board holds frequent meeting with leadership of out contract agencies to hear their concerns for the populations that they serve. Also, we survey our communities through the Recovery Oriented System of Care Survey. During this process, we both send out the survey electronically, and hold focus groups.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

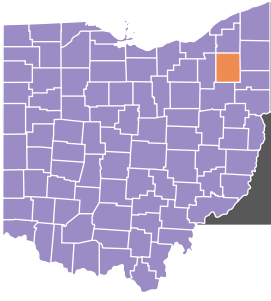
The Paint Valley ADAMH Board monitors any additional need for funding through our contract agencies. Additionally, we monitor agency waitlists. The reports from all of the regions Family and Children First Councils are also used to monitor quantity of unmet needs.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Portage County Profile

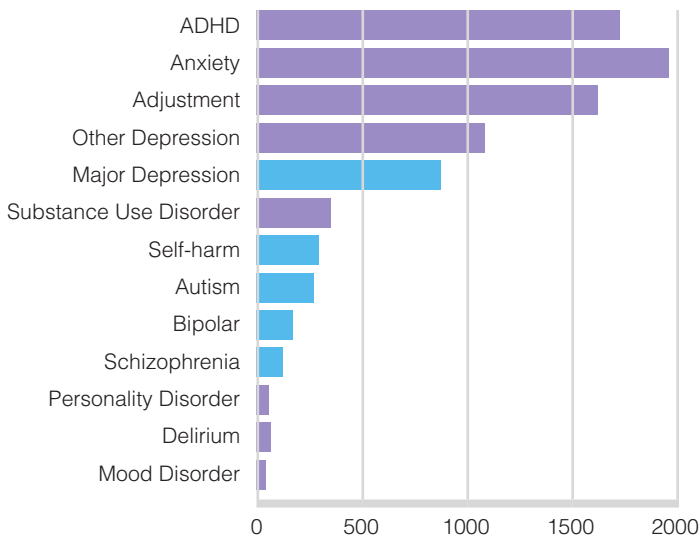
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	58,138
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	31%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	5,713	66%	4%
4-9	9,645	51%	25%
10-13	7,141	48%	37%
14-18	10,493	36%	43%
19-26	25,146	17%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



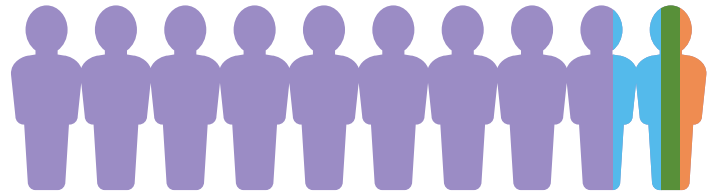
■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MENTAL HEALTH & RECOVERY BOARD OF PORTAGE COUNTY

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	87%
Black or African American	7%
Asian American	3%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	4%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$132	\$1,712	\$1,981	\$2,291	\$1,948
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	45	711	752	912	654
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	26	126	179	155	63
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

At the time of this publication, details about evaluating local need were not available to the authors. Boards may be able to provide this information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

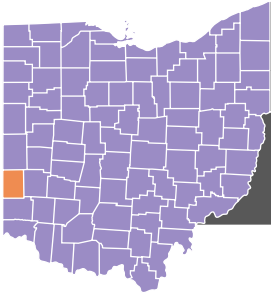
**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Preble County Profile

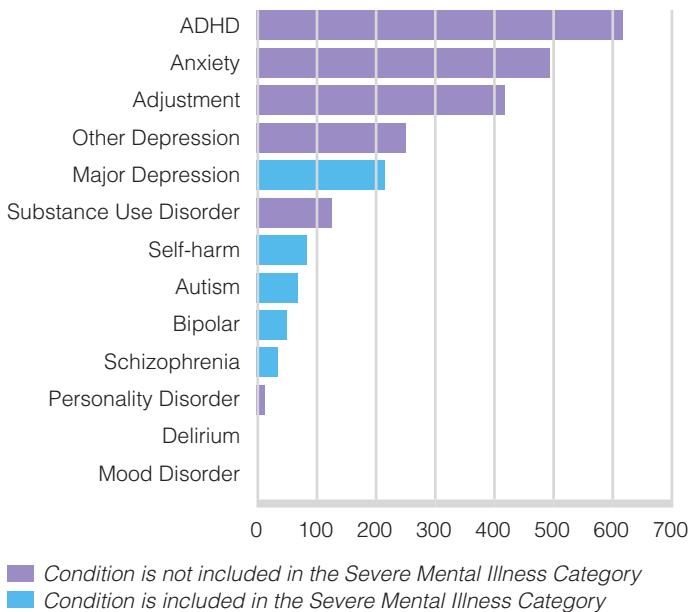
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	12,564
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	46%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,763	73%	5%
4-9	2,835	58%	24%
10-13	2,252	54%	34%
14-18	2,727	46%	35%
19-26	2,987	35%	37%

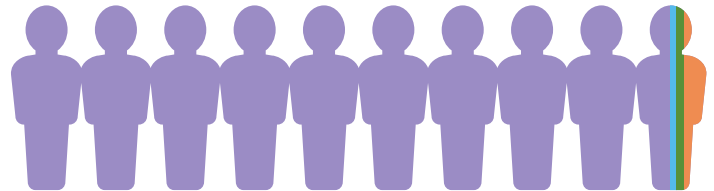
## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## PREBLE COUNTY MENTAL HEALTH & RECOVERY BOARD

Total budget	2,430,159
Operating budget	2,430,159
Number of contract agencies	5
Programs serving young Ohioans <sup>1</sup>	21
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	We don't collect unduplicated numbers

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$170	\$1,467	\$1,504	\$1,664	\$1,373
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	12	171	202	155	101
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	36	139	187	162	130
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

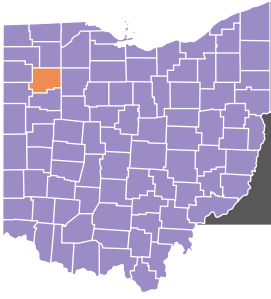
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Putnam County Profile

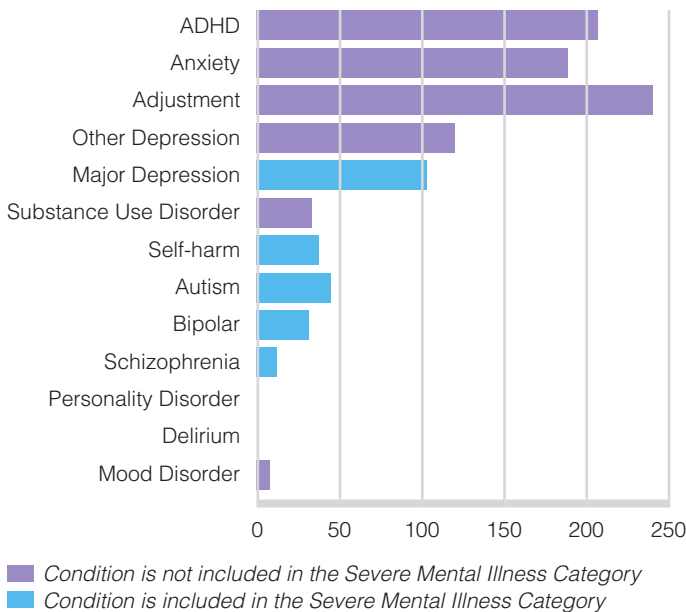
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	11,558
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	24%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,770	37%	4%
4-9	2,974	28%	19%
10-13	1,997	30%	31%
14-18	2,273	25%	37%
19-26	2,544	21%	36%

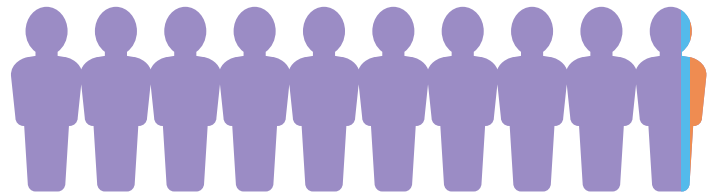
## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## MH & ADA RECOVERY BOARD OF PUTNAM COUNTY

Total budget	NA
Operating budget	NA
Number of contract agencies	3
Programs serving young Ohioans <sup>1</sup>	15+
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	218

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	97%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$24	\$517	\$922	\$1,801	\$1,104
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	38	50	68	53
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	14	53	94	93	74
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		This population is typically not seen for behavioral health.
4-9		✓		
10-13		✓		
14-18		✓		Psych. services.
19-26		✓		Psych services
Caregivers for ages 0-26		✓		Overall, qualified staffing is an issue among most populations.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Information is used from the PRIDE survey, CHIP, Task Force for Youth, Strategic Plan and waiting list.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Unified reporting/assessment tool possibly attached to mid-year and end year reports. This would avoid another report and information would be obtained from the providers.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

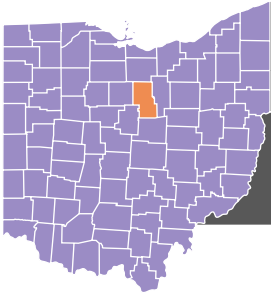
Need for qualified staff. If there wait times for certain services, that is reviewed also.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Employee recruiting.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Richland County Profile

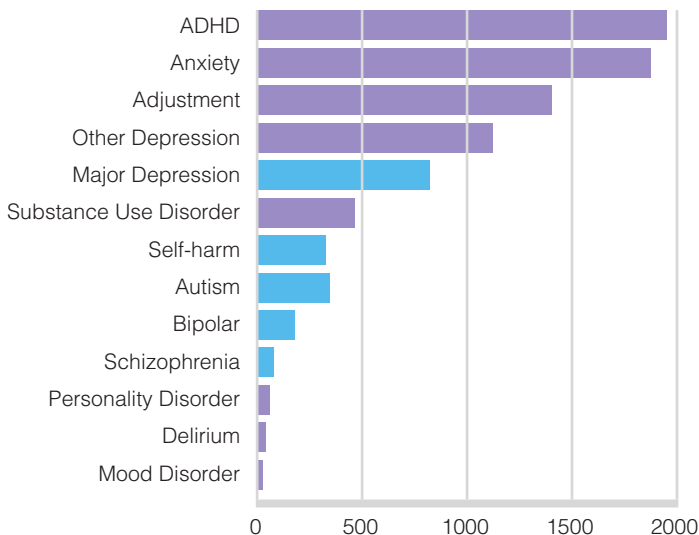
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	37,768
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	54%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	5,419	88%	4%
4-9	8,727	68%	23%
10-13	6,021	65%	35%
14-18	7,367	58%	39%
19-26	10,234	40%	34%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

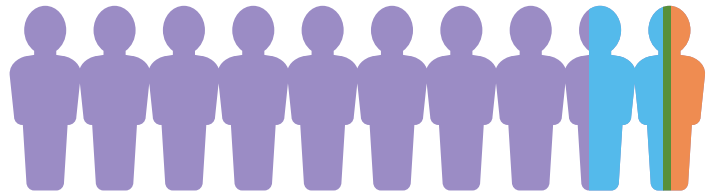
## MENTAL HEALTH & RECOVERY SERVICES BOARD OF RICHLAND COUNTY

Total budget	\$6,500,000
Operating budget	\$650,000
Number of contract agencies	5
Programs serving young Ohioans <sup>1</sup>	9
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	3,754 between the ages of 0-24

4 contract providers and 5 affiliate agencies

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	83%	67%
Black or African American	11%	17%
Asian American	1%	N/A
American Indian and Alaska Native	0%	N/A
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	5%	N/A

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$116	\$1,551	\$1,190	\$1,877	\$2,028
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	43	586	601	675	455
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	37	153	230	224	137
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			Crisis and hospital level of care.
14-18		✓		
19-26		✓		
Caregivers for ages 0-26	✓			Better family supports and onsite child care that would allow parents and opportunity to meet with professionals without children in the office.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

ROSC 2.0 Survey, Community Health Assessment through the Richland Public Health, Both hospitals also do a Community Health Assessment.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The State could align all of the Community Assessments and encourage a more complete review with less survey fatigue.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

Each agency has a mechanism for person served and family input. The Board does specific focus groups and advisory committees. We are a mandated member of the Richland County Youth and Family Council (FCFC), where we frequently generate needs and incubate solutions for youth and families of all ages.

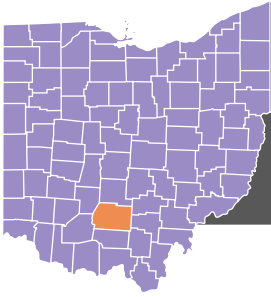
**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Better State Funding for Family and Children First Councils.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.







# Ross County Profile

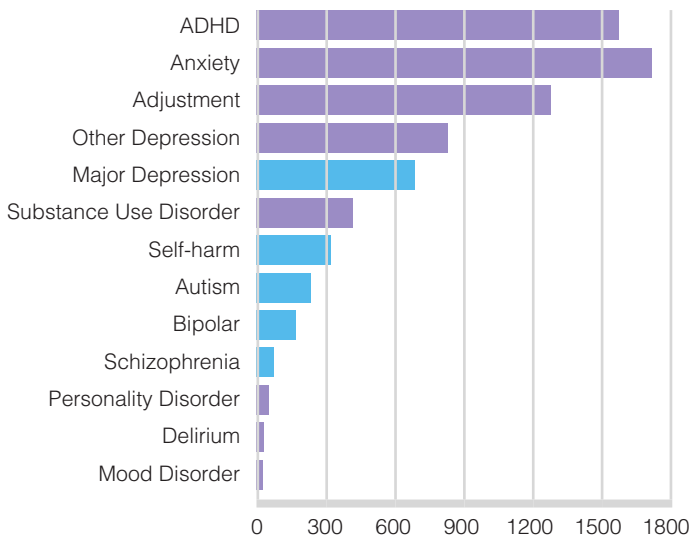
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	23,230
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	66%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	3,485	91%	4%
4-9	5,109	83%	26%
10-13	3,860	81%	40%
14-18	4,624	74%	43%
19-26	6,152	54%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## PAINT VALLEY ADAMH BOARD (FAYETTE, HIGHLAND, PICKAWAY, PIKE & ROSS COUNTIES)

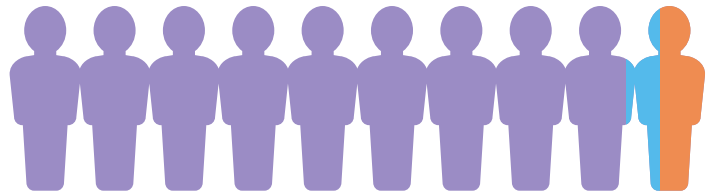
Total budget	\$11,978,698
Operating budget	\$1,047,035
Number of contract agencies	6
Programs serving young Ohioans <sup>1</sup>	6
Programs for maternal health	0
Total number of young Ohioans <sup>1</sup> served	621

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Ages 0-26 CY 2019 Non-medicaid; We are a five county Board, some services exist in a small program but do not reach all counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



PERCENT OF CLIENTS	% OF COUNTY	% OF CLIENTS
White	89%	97%
Black or African American	4%	3%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	6%	0%

Client demographic data refers to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$88	\$1,754	\$2,070	\$2,776	\$2,812
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	14	575	734	747	382
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	40	216	323	321	220
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Fayette, Highland, Pickaway, Pike, and Ross counties.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			While services are available for this age group, our region could use additional mental health practitioners specializing in early childhood.
10-13	✓			Our region needs access to close to home crisis stabilization beds and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid.
14-18	✓			Our region need access to local inpatient psychiatric beds, crisis stabilization beds, and partial hospitalization for this age group. In addition, while most of our schools have mental health clinicians available during the school day, not all agencies working in the schools are able to serve students without Medicaid
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Paint Valley ADAMH Board plays an active role in each of our 5 counties Family and Children First Council. Additionally, we participate and use the data from each of the 5 counties Community Health Assessments. Recently, we held one regional and 5 county level crisis summits exploring the crisis needs of our communities. FCFC coordinators and all of the public school superintendents were invited to participate in this endeavor. The ADAMH Board holds frequent meeting with leadership of out contract agencies to hear their concerns for the populations that they serve. Also, we survey our communities through the Recovery Oriented System of Care Survey. During this process, we both send out the survey electronically, and hold focus groups.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

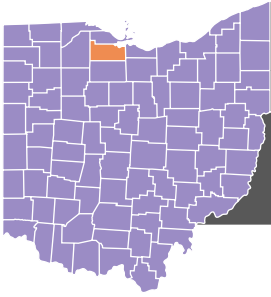
The Paint Valley ADAMH Board monitors any additional need for funding through our contract agencies. Additionally, we monitor agency waitlists. The reports from all of the regions Family and Children First Councils are also used to monitor quantity of unmet needs.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Our Board needs Medicaid data so that we can see what behavioral health services are currently being accessed by residents of our region.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Sandusky County Profile

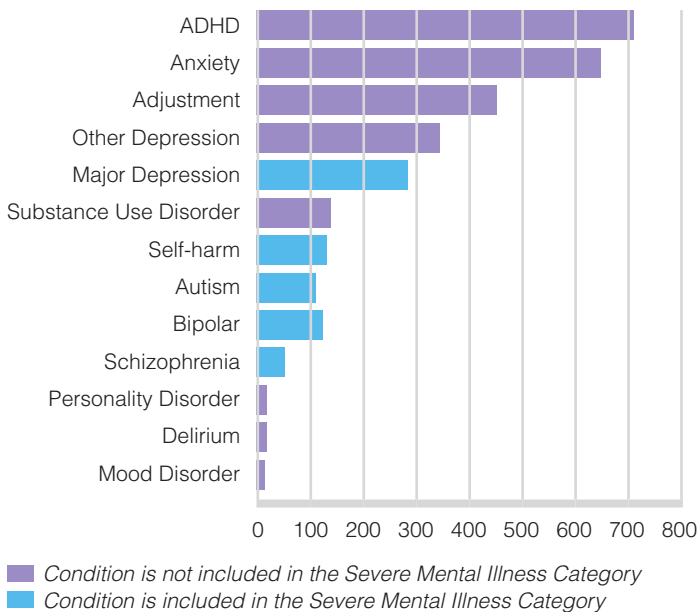
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,107
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	45%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,592	72%	3%
4-9	4,168	57%	20%
10-13	3,036	54%	31%
14-18	3,869	44%	33%
19-26	4,442	35%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

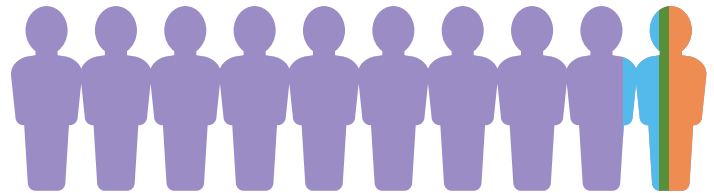


## MH & RECOVERY SERVICES BOARD OF SENECA-SANDUSKY-WYANDOT

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	88%
Black or African American	5%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	6%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$104	\$724	\$707	\$1,040	\$1,545
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	13	143	157	180	166
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	24	114	169	144	131
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Seneca, Sandusky, Wyandot Counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	We were not made aware of any concerns. We do know that our female recovery housing in our board district does not currently allow for children to reside in the home with the women.
0-3			✓	
4-9	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
10-13	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
14-18	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
19-26	✓			There is a lack of psychiatry to meet the need and there have been challenges with finding state hospital beds when needed in general for adults.
Caregivers for ages 0-26	✓			Respite is always a needed resource especially during COVID. Trying to be creative in meeting the need.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Our board engages with community members and stakeholders including our county commissioners by participating in coalitions, task forces, alliances, FCFC, etc. We have also conducted surveys such as ROSC, grant specific surveys and we have participated in local health assessments. We use these results to help set our priorities, develop our Community Plan and our Board strategic plan.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The sharing of any relevant and reliable data is always welcomed and considered helpful. It is also helpful to hear ongoing updates on projects throughout the region and state, funding opportunities and best practices.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

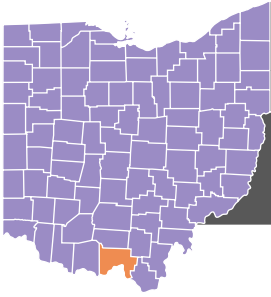
Our Board reviews local and regional data such as wait times, crisis utilization, workforce development data (psychiatrists or lack there of). We also measure informally just but anecdotal or verbal reports we hear regarding access to treatment for example. Our grants have at times required us to gather data on workforce and access to treatment issues which has been helpful.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Any tools for quantitative data measurement on behavioral health services, resources or other related items would be helpful.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





## MIND THE GAP

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Scioto County Profile

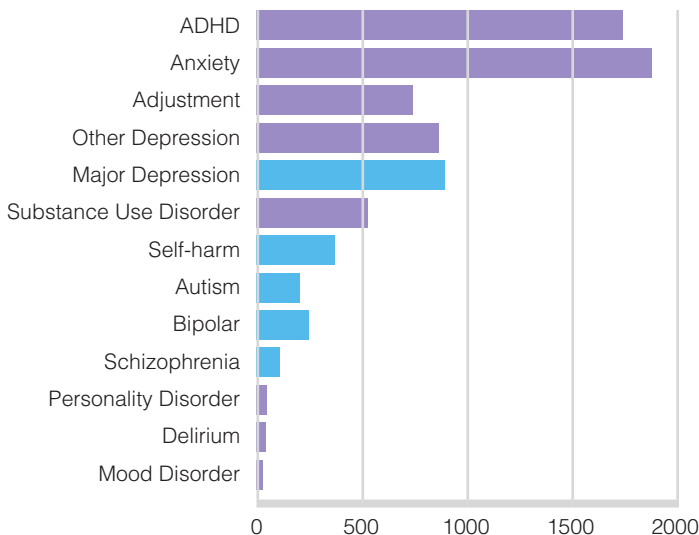
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	23,692
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	62%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	3,438	90%	4%
4-9	5,295	75%	26%
10-13	3,763	79%	37%
14-18	4,752	68%	43%
19-26	6,444	51%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

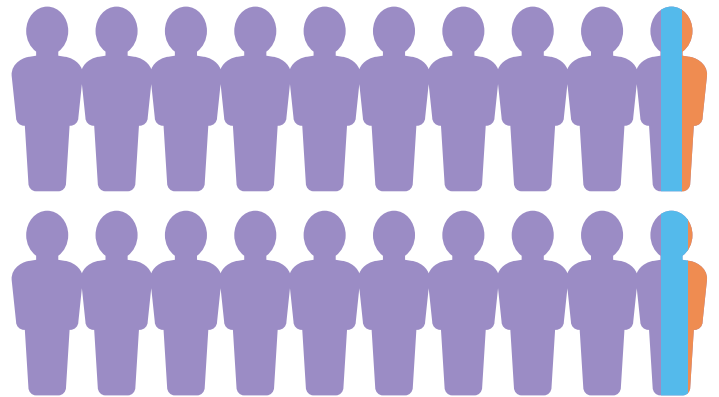
## ADAMHS BOARD OF ADAMS, LAWRENCE, SCIOTO COUNTIES

Total budget	\$3,284,270
Operating budget	\$810,750
Number of contract agencies	8
Programs serving young Ohioans <sup>1</sup>	3
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	68

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	93%	93%
Black or African American	3%	4%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	3%

Client demographic data refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$215	\$1,446	\$2,085	\$2,880	\$5,273
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	21	486	595	732	471
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	38	192	290	295	210
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Adams, Lawrence, and Scioto counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13			✓	
14-18			✓	
19-26		✓		
Caregivers for ages 0-26	✓			There is a great need for Therapeutic Foster Care in our area, as well regular Foster Care services.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Through collaboration with the county and city health departments and the Community Health Assessments and working with the Providers in our areas.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The need for more staff to help with doing a community wide needs assessment from the Board.



**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

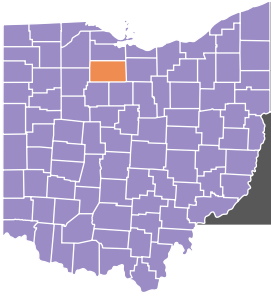
The need for more funds to help determine the full unmet needs within our community and the staff to follow through. The fact that we are in a workforce shortage with in the Appalachian area is a cause of great concern. Need more share information from other local governmental agencies, i.e. Childrens Services and JFS.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The need for more qualified and certified counselors and the funds to pay for more programming. Without levy funds our Board does not have the flexibility to provide non billable services or wrap around services to families.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Seneca County Profile

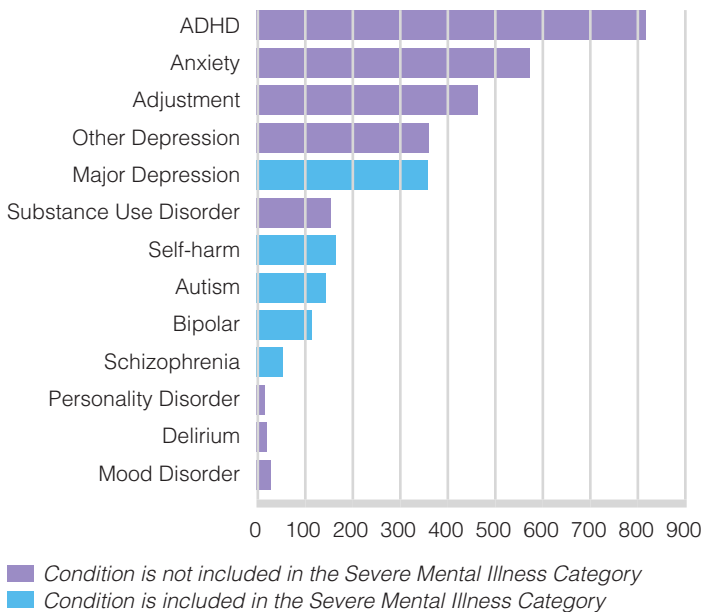
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	18,432
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	41%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,454	70%	4%
4-9	3,712	58%	22%
10-13	2,787	55%	35%
14-18	3,920	42%	37%
19-26	5,559	27%	38%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

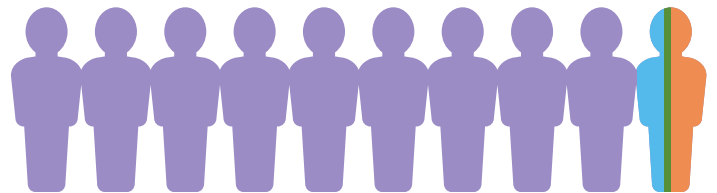


## MH & RECOVERY SERVICES BOARD OF SENECA-SANDUSKY-WYANDOT

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	90%
Black or African American	4%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	5%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$39	\$456	\$1,383	\$1,938	\$1,725
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	11	123	183	237	167
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	29	126	192	158	101
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Seneca, Sandusky, and Wyandot counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	We were not made aware of any concerns. We do know that our female recovery housing in our board district does not currently allow for children to reside in the home with the women.
0-3			✓	
4-9	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
10-13	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
14-18	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
19-26	✓			There is a lack of psychiatry to meet the need and there have been challenges with finding state hospital beds when needed in general for adults.
Caregivers for ages 0-26	✓			Respite is always a needed resource especially during COVID. Trying to be creative in meeting the need.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Our board engages with community members and stakeholders including our county commissioners by participating in coalitions, task forces, alliances, FCFC, etc. We have also conducted surveys such as ROSC, grant specific surveys and we have participated in local health assessments. We use these results to help set our priorities, develop our Community Plan and our Board strategic plan.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The sharing of any relevant and reliable data is always welcomed and considered helpful. It is also helpful to hear ongoing updates on projects throughout the region and state, funding opportunities and best practices.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

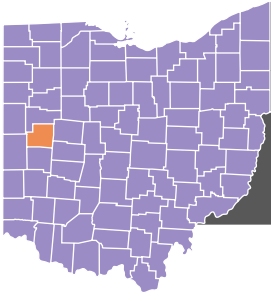
Our Board reviews local and regional data such as wait times, crisis utilization, workforce development data (psychiatrists or lack there of). We also measure informally just but anecdotal or verbal reports we hear regarding access to treatment for example. Our grants have at times required us to gather data on workforce and access to treatment issues which has been helpful.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Any tools for quantitative data measurement on behavioral health services, resources or other related items would be helpful.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Shelby County Profile

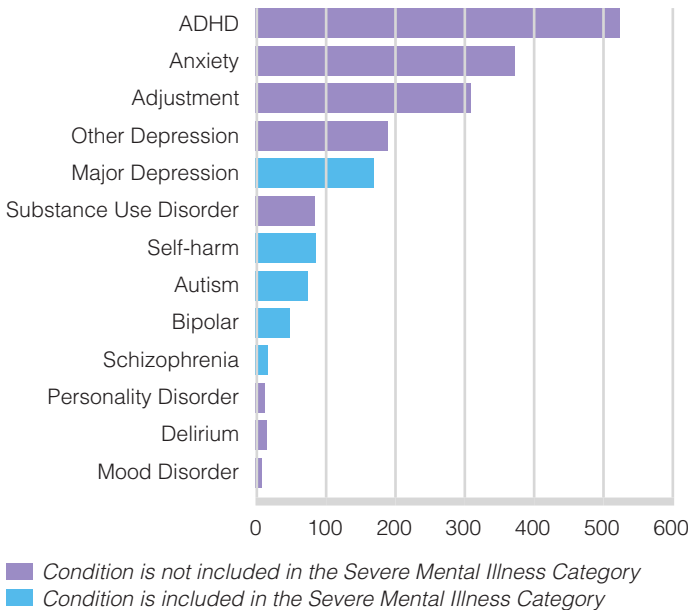
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	16,541
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	35%
Behavioral health condition <sup>2</sup>	24%	22%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,470	57%	4%
4-9	3,854	44%	20%
10-13	2,766	41%	28%
14-18	3,526	34%	35%
19-26	3,925	26%	32%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

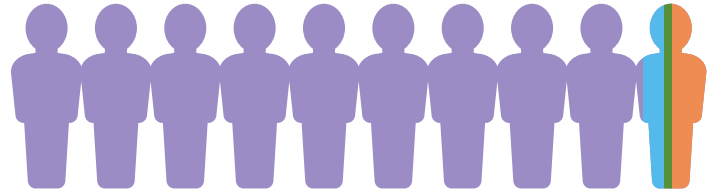


## TRI-COUNTY BOARD OF RECOVERY & MENTAL HEALTH SERVICES (DARKE, MIAMI & SHELBY COUNTIES)

Total budget	\$8,090,151
Operating budget	\$1,012,725
Number of contract agencies	7
Programs serving young Ohioans <sup>1</sup>	30
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Darke, Miami, and Shelby counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	91%
Black or African American	3%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	5%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$60	\$662	\$715	\$826	\$1,183
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	6	126	128	172	118
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	21	89	117	118	83
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

At the time of this publication, details about evaluating local need were not available to the authors. Boards may be able to provide this information directly upon request.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3			✓	
4-9			✓	
10-13			✓	
14-18			✓	
19-26			✓	
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

By open communication channels with service providers, collecting and interpreting data on waitlists, by participating in community coalitions with community leaders and business partners, and by regular communication with county government officials, law enforcement agencies, and service providers.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

A complete set of service date to include services paid by Medicaid and private payers.

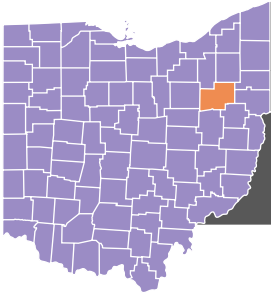
**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

See #1. It is also important to distinguish between “unmet need” and “unmet demand.” Need is often apparent, but demand for service lags. Wait times, wait lists, number of no shows or dropouts.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

See 1.a.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.



# Stark County Profile

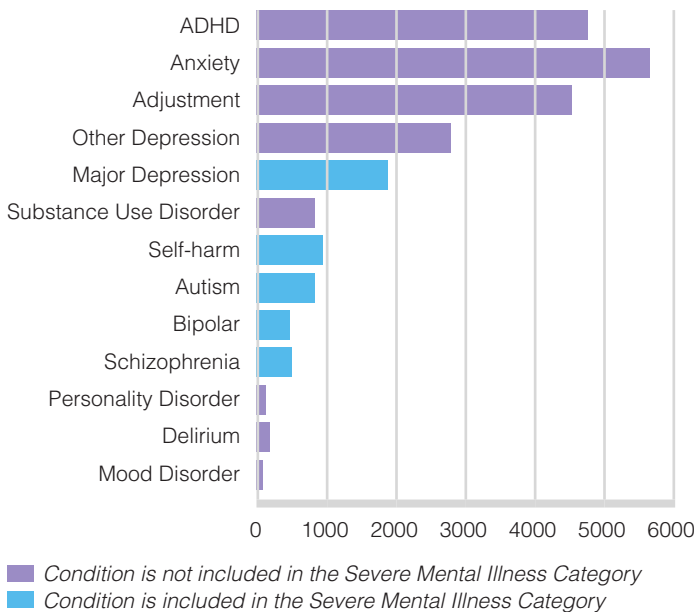
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	114,795
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	46%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	16,370	73%	3%
4-9	25,718	60%	23%
10-13	18,181	59%	37%
14-18	23,271	48%	40%
19-26	31,255	35%	36%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



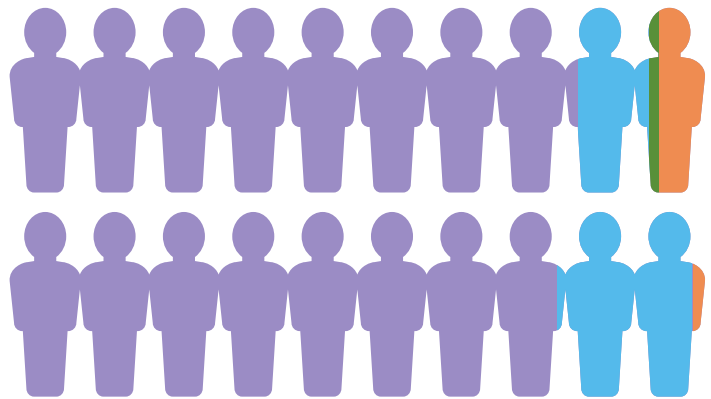
## STARK COUNTY MENTAL HEALTH & RECOVERY

Total budget	\$30,612,155
Operating budget	\$2,963,982
Number of contract agencies	15
Programs serving young Ohioans <sup>1</sup>	73
Programs for maternal health	None that specialize
Total number of young Ohioans <sup>1</sup> served	8,511

*15 funded agencies; multiple other contracts with agencies; Funded Programs that serve this population is 73, with 36 of those solely serving that population. Of the children served 7,608 are through board contracted agencies.*

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	82%	79%
Black or African American	10%	19%
Asian American	1%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	6%	2%

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$65	\$1,063	\$1,256	\$1,519	\$1,576
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	109	2,007	2,076	2,150	1,640
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	24	137	214	191	126
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			1 Inpatient, 1 day treatment, 1 IOP, 3 IHBT, 3 med/som
14-18	✓			1 Inpatient, 1 day treatment, 1 IOP, 3 IHBT, 10 peer support, 3 med/som
19-26	✓			1 Inpatient, 1 day treatment, 10 peer support, 3 med/som, 3 recovery supports such as housing
Caregivers for ages 0-26	✓			2 Parent education, 2 suicide postvention education, 3 med/som

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

Community plan, community focus groups and survey data, wait lists, collaborative cross system partner survey data, coalition data.

**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Access to all Medicaid data, any information about per capita expectations/guidelines per type of service to gauge expected access availability.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

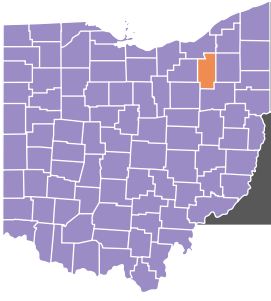
Stark County Family Council convenes cross system partner meetings weekly and monthly to discuss needs for complex youth/families. Quarterly care coordination meetings with local hospitals, health dept, and educational service system to discuss data trends and needs, wait lists from providers.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

See Question 3 response.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Summit County Profile

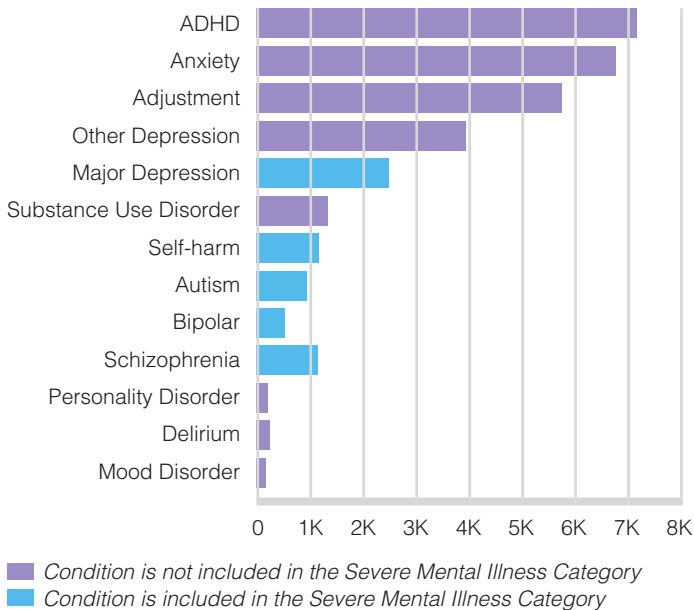
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	165,001
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	46%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	23,999	70%	4%
4-9	36,964	60%	24%
10-13	25,122	57%	37%
14-18	32,668	47%	38%
19-26	46,248	36%	33%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



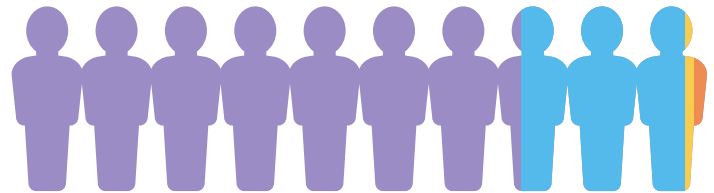
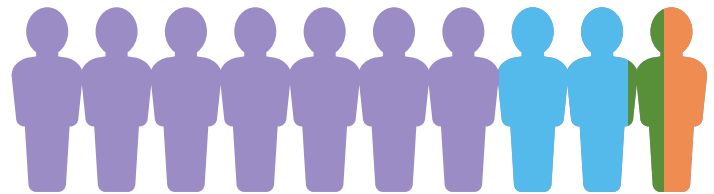
## COUNTY OF SUMMIT ADM BOARD

Total budget	\$45,566,968
Operating budget	\$2,852,747
Number of contract agencies	30
Programs serving young Ohioans <sup>1</sup>	Over 100
Programs for maternal health	15
Total number of young Ohioans <sup>1</sup> served	2,746 individuals under 27

The well-being of children in utero is served through our Maternal Depression Network and its partners to ensure appropriate screening and referrals are occurring for pregnant and new mothers. Unfortunately, we cannot account for the number of children that have benefited.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	70%	73%
Black or African American	19%	24%
Asian American	5%	0%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	6%	2%

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$128	\$2,078	\$1,786	\$1,862	\$2,112
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	139	3,250	3,222	2,863	1,996
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	28	145	212	178	119
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

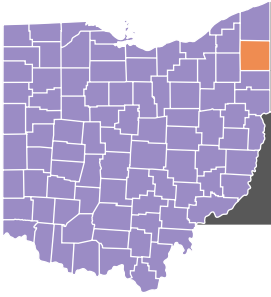
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Trumbull County Profile

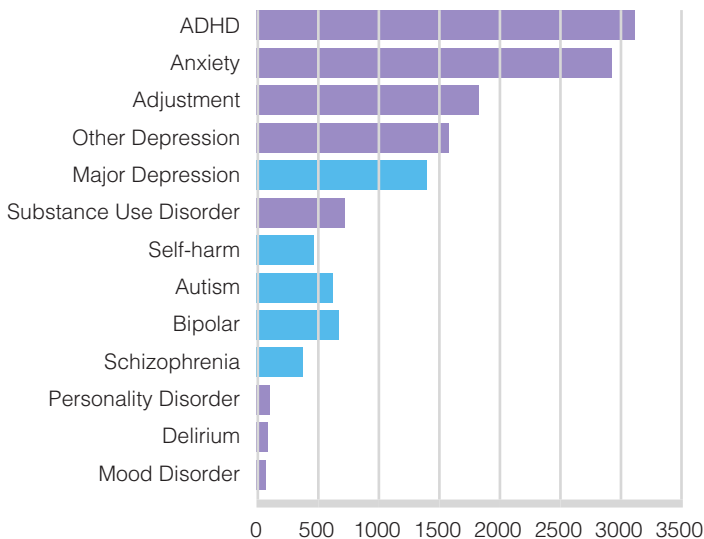
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	57,799
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	57%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	8,339	88%	3%
4-9	12,832	72%	24%
10-13	9,326	69%	35%
14-18	11,873	58%	37%
19-26	15,429	48%	37%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
■ Condition is included in the Severe Mental Illness Category

## TRUMBULL COUNTY MENTAL HEALTH & RECOVERY BOARD

Total budget	\$8,653,608
Operating budget	\$1,198,198
Number of contract agencies	40
Programs serving young Ohioans <sup>1</sup>	27
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	4,682 from age 0-24

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	83%	84%
Black or African American	11%	16%
Asian American	0%	0%
American Indian and Alaska Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	5%	N/A

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$155	\$1,798	\$1,699	\$1,631	\$2,221
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	59	1,241	1,300	1,367	1,211
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	28	171	241	214	177
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			FASD Prevention and Intervention
0-3	✓			Fetal Alcohol Spectrum Disorders (FASD) Assessment and Treatment
4-9	✓			FASD Assessment and Treatment; Mobile Response and Stabilization Services (MRSS)
10-13	✓			FASD Assessment and Treatment; Mobile Response and Stabilization Services (MRSS); Eating Disorders Treatment; AOD Detox and Residential for Adolescents
14-18	✓			FASD Assessment and Treatment; Mobile Response and Stabilization Services (MRSS); Eating Disorders Treatment; AOD Detox and Residential for Adolescents
19-26	✓			Supported Housing for transition aged-youth; treatment for eating disorders
Caregivers for ages 0-26	✓			MRSS

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

We use six general needs-assessment strategies in our ongoing efforts to identify, understand, and address our community's changing behavioral health needs. Data oriented strategies include: 1. Demographic/Social indicators 2. Rates under treatment 3. Epidemiological studies. Perception Oriented strategies include: 1. Key informants 2. Community forums 3. Community surveys. Completion of the Essential Services Inventory as part of the annual Community Plan, helps us to identify potential gaps in our systems of care.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Comparison of true prevalence data with utilization data (also known as rates under treatment) is one way to quantify unmet need. We have very few “true prevalence” indicators to use in our planning efforts and we are not confident that rates under treatment from the MITS system are truly complete and accurate. Assuring that all Medicaid episodes were included in the data abstracts that are available to Partner Solutions, our ASO, would be a good start.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

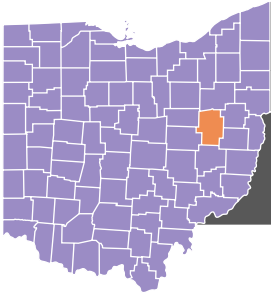
We review billing trends, wait times for services, and stakeholder reports to help determine the quantity of unmet need.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

As previously mentioned, having accurate prevalence data would help us compare actual number of people served vs. actual number in need. In addition, information about developing and financing evidence-based programs is always welcome. The finance piece is crucial for services that may not be eligible for Medicaid reimbursement.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Tuscarawas County Profile

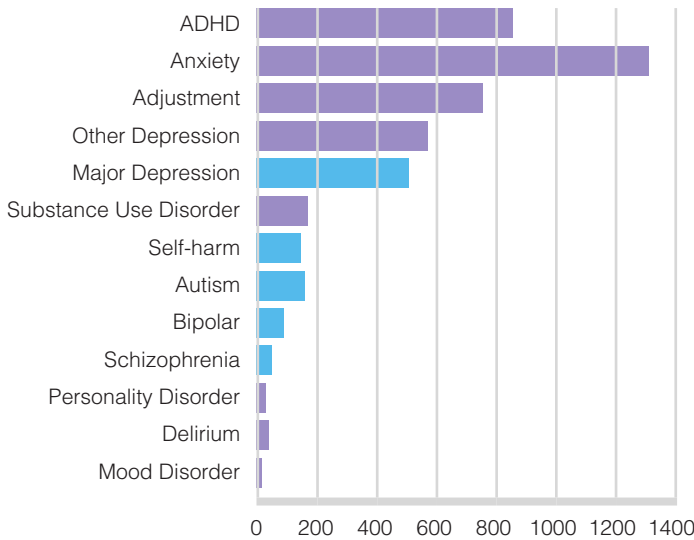
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	29,279
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	43%
Behavioral health condition <sup>2</sup>	24%	24%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	4,621	66%	3%
4-9	6,831	53%	20%
10-13	4,693	50%	31%
14-18	5,943	43%	36%
19-26	7,191	34%	35%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## ADAMHS BOARD OF TUSCARAWAS & CARROLL COUNTIES

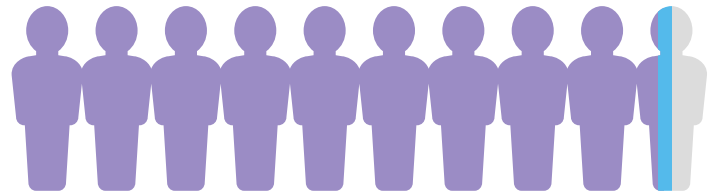
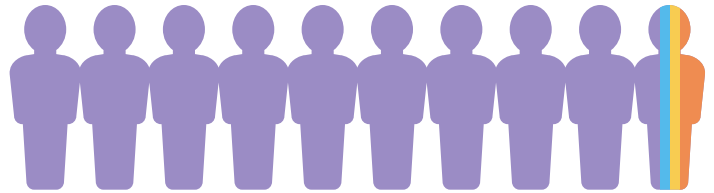
Total budget	\$3,861,747
Operating budget	\$677,900
Number of contract agencies	4
Programs serving young Ohioans <sup>1</sup>	10
Programs for maternal health	4
Total number of young Ohioans <sup>1</sup> served	1889 in FY20

Responses in this section refer to the entire ADAMHS Board area, which includes Tuscarawas and Carroll counties.

Total budget does not include our Board Budget

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	94%	93%
Black or African American	1%	2%
Asian American	0%	0%
American Indian and Alaska Native	1%	0%
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	3%	N/A

Client demographic data refers to the entire ADAMHS Board area, which includes Tuscarawas and Carroll counties.

Continued



## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$61	\$1,316	\$1,214	\$1,797	\$1,421
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	23	325	326	425	363
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	22	104	155	152	119
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Tuscarawas and Carroll counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9	✓			We have been unable to find staff to resurrect an IHBT program that had been successful.
10-13	✓			We have been unable to find staff to resurrect an IHBT program that previously existed.
14-18	✓			We have been unable to find staff to resurrect an IHBT program that previously existed
19-26	✓			Transitional housing for this age group would be helpful. The quantity would be determined in collaboration with JFS, schools, and court. Past review of information indicated a 3-4 unit complex could meet this need.
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

In addition to the many county collaboratives board staff participate in that often results in discussion of needs, the board has completed the ROSC survey, strategic planning, needs assessments, etc.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

At this point, the board has developed a plan to reach this goal.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

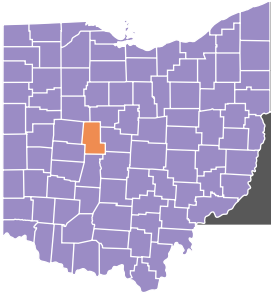
As indicated, there are a number of ways this is determined. This includes: wait list data; length of time between sessions; the number of individuals going out of county for services such as detox or men's residential tx; etc.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

At this point, no additional resources are need to evaluate needs. Funding and workforce is needed to develop the services to meet the needs of the community.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Union County Profile

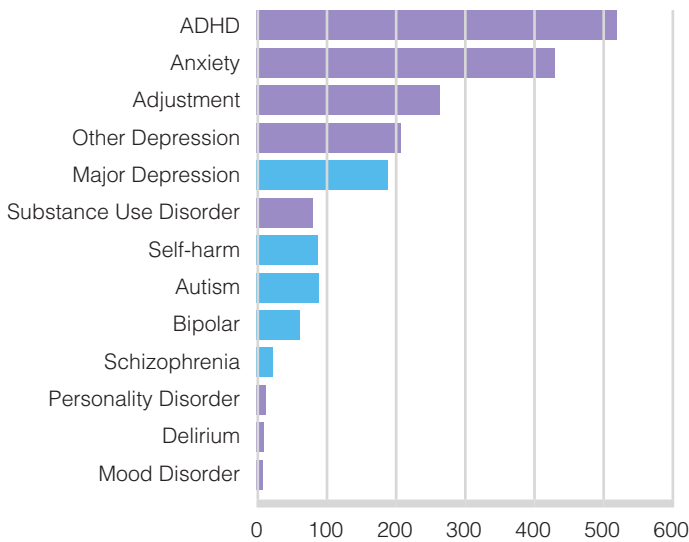
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	19,852
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	22%
Behavioral health condition <sup>2</sup>	24%	28%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,935	33%	4%
4-9	4,815	25%	25%
10-13	3,327	26%	37%
14-18	4,113	22%	43%
19-26	4,662	18%	39%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MENTAL HEALTH & RECOVERY BOARD OF UNION COUNTY

Total budget	\$5,250,000
Operating budget	\$572,144
Number of contract agencies	10
Programs serving young Ohioans <sup>1</sup>	38
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	591

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	89%	90%
Black or African American	2%	3%
Asian American	5%	1%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	3%	5%

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$39	\$1,320	\$884	\$1,601	\$1,479
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	60	96	134	76
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	12	63	97	97	68
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

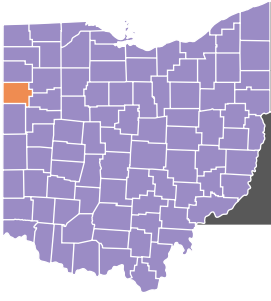
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.





# Van Wert County Profile

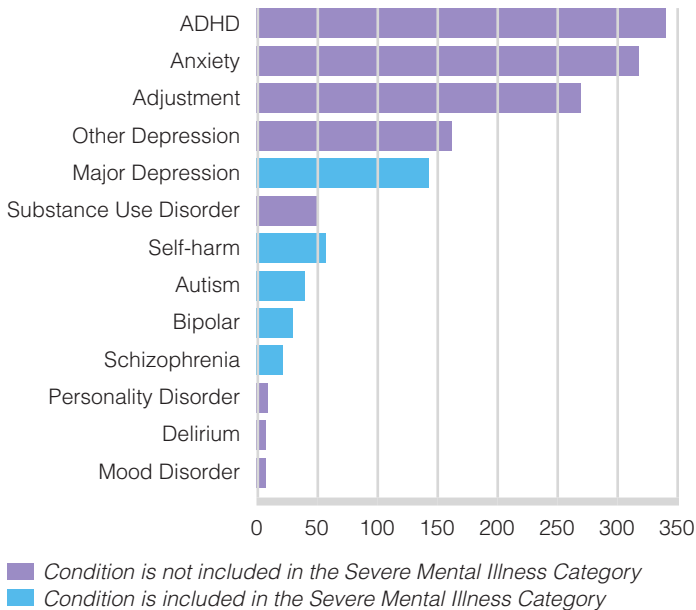
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	9,098
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	38%
Behavioral health condition <sup>2</sup>	24%	26%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,437	58%	4%
4-9	2,064	46%	21%
10-13	1,512	48%	32%
14-18	1,876	40%	42%
19-26	2,209	27%	39%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

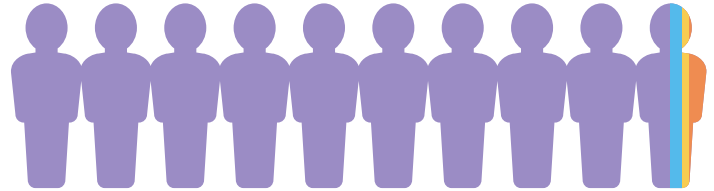


## ADAMHS BOARD OF MERCER, VAN WERT & PAULDING COUNTIES

Total budget	\$4,500,000
Operating budget	\$555,000
Number of contract agencies	3
Programs serving young Ohioans <sup>1</sup>	Not available
Programs for maternal health	Not available
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Mercer, Van Wert, and Paulding counties.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	2%
Asian American	0%
American Indian and Alaska Native	1%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$212	\$1,182	\$1,123	\$1,515	\$1,310
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	79	100	125	80
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	22	98	155	165	107
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

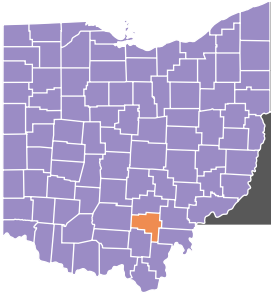
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Vinton County Profile

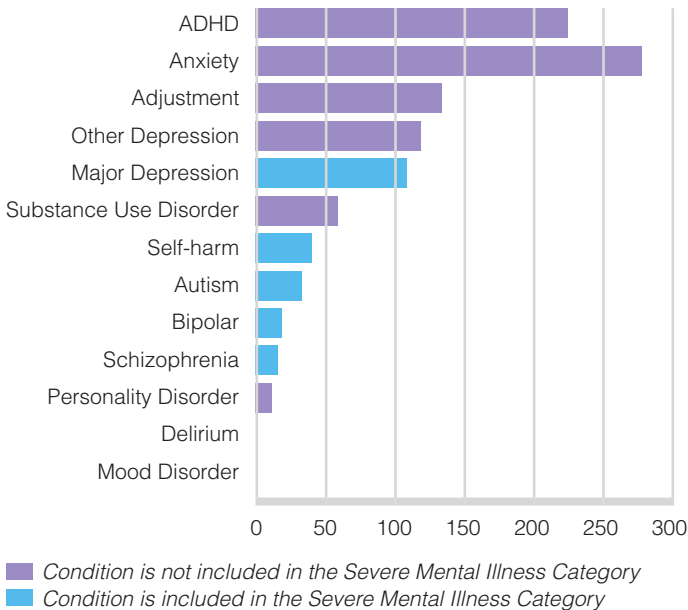
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	3,944
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	55%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	595	72%	5%
4-9	902	68%	24%
10-13	646	66%	39%
14-18	858	58%	42%
19-26	943	50%	43%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



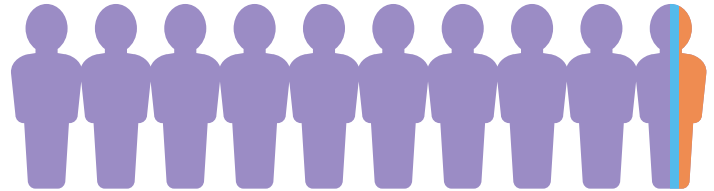
## ATHENS-HOCKING-VINTON ADAMHS BOARD

Total budget	\$9,830,718
Operating budget	\$1,028,976
Number of contract agencies	30
Programs serving young Ohioans <sup>1</sup>	11
Programs for maternal health	3
Total number of young Ohioans <sup>1</sup> served	Not collected

Responses in this section refer to the entire ADAMHS Board area, which includes Athens, Hocking, and Vinton counties.

14 private non-profits; 16 public partnerships

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	95%
Black or African American	1%
Asian American	0%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$177	\$1,056	\$2,499	\$2,886	\$1,809
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	64	68	82	66
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	34	165	255	241	215
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Athens, Hocking, and Vinton Counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/ Maternal*	✔			<p>More capacity to support moms in recovery and to have appropriate MAT - we have some but need more capacity; Increased funding for training in evidence-based treatment; Supportive housing that accommodates kids - 2020 brought a dramatic increase in needed intensive services for this group; We had more requests than we could accommodate for support within primary care settings such as OBGYN and pediatrics across the region; Family and youth homelessness and barriers to WIFI connectivity; These services are needed for all ages of child/youth - while not forgetting services to the adults that care for them area also essential to the child/youth's success:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Care coordination</li> <li>• Intensive Home and Community Based Family Services available 24/7</li> <li>• Youth Acute/Residential Programs - focused on short stay and family/kin engagement</li> </ul>
0-3	✔			<p>Increased funding for training in evidence-based treatment; More providers trained in PCIT and CPP and another full time Healthy Steps consultant for Athens County; 2020 brought a dramatic increase in needed intensive services for this group; Family and youth homelessness and barriers to WIFI connectivity. These services are needed for all ages of child/youth - while not forgetting services to the adults that care for them area also essential to the child/youth's success:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Care coordination</li> <li>• Intensive Home and Community Based Family Services available 24/7</li> <li>• Youth Acute/Residential Programs - focused on short stay and family/kin engagement</li> </ul>

\* Maternal includes women with children up to age 1



AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
4-9	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; More prevention and outreach services for clients 5-12 and their families; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense;; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>
10-13	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; More prevention and outreach services for clients 5-12 and their families; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense;; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>
14-18	✔			<p>Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; Family and youth homelessness programs; WIFI connectivity-limited access in SE Ohio; Workforce shortage in Vinton and Hocking Counties- difficulty meeting therapy demand ; Need child psychiatrist for the Vinton County; Easier access and funding for residential treatment - Vinton County rarely puts children in residential treatment due to the expense; Increase healthy recreational activities for Vinton County youth – there’s no pool, skate park, movie theater, rec center, YMCA, etc.; Adventure therapy programs for kids; Incentives to attend group - might include additional money for rode trips, snacks, art supplies, cover admission fees to zoos, museums, learning centers, recreational activities (zip lining, rock walls) etc; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; More therapist trained in DBT; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement; Supportive employment and job/career development for DD/SPMI</p>

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
19-26	✔			<p>More transitional services between older teen to young adult; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; Supportive employment and job/career development for DD/SPMI</p> <p>Means to pay for residential treatment short term rehab (room and board) for women in the category of 19-26 - treatment services covered but no monies for room and board. Therefore, they often don't get treatment, referral sources are reluctant to refer because they don't want to be on the hook for paying and the result is they stay in the community and end up in the judicial system. Outpatient is there for them intensive and home based but sometimes they need to be out of the environment they are in, even to get a strong foundation in treatment before they go back to the community.</p>
Caregivers for ages 0-26	✔			<p>More capacity to support moms in recovery and to have appropriate MAT - we have some but need more capacity; Increased funding for training in evidence-based treatment; Supportive housing that accommodates kids - 2020 brought a dramatic increase in needed intensive services for this group; We had more requests than we could accommodate for support within primary care settings such as OBGYN and pediatrics across the region; Family and youth homelessness programs; Youth crisis, youth resiliency operating funding, and residential mental health for multi-system youth; Wider sliding fee scale for any aged clients who have private insurance but who have difficulty with co-pays due to wages below cost of living or not stretching to whole family needs; Greater access to transportation; WIFI connectivity-limited access in SE Ohio; Severely lacking in crisis respite for all ages of youth as well as acute inpatient for youth ages 5-18; Prevention, Care Coordination, and Intensive Home, Community Based Family Services available 24/7; Youth Acute/Residential Programs - focused on short stay and family/kin engagement</p>

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

The Athens-Hocking-Vinton Board takes a multifaceted approach in assessing community needs to establish priorities. Qualitative and quantitative data is gathered from surveys, telephone interviews and virtual meetings that are done with community members, contract agency employees, and other stakeholders. Less targeted approaches are made through the review of data collected throughout the year that included: agency outcome measurements, calls for assistance from community members, and miscellaneous coordination of care efforts dictated by urgent needs.

Through these assessments, the Board identified system of care strengths, along with areas for improvement. Several areas would be strengthened by additional investments, with the highest ranking identified as: affordable and safe housing, homelessness, uninsured/underinsured, services for transitional ages (18-21), residential treatment, stigma busting/public education, and minority/cultural competence

concerns. Addressing COVID 19 needs became an unplanned local priority. These needs included: means for quick, consistent and effective communication; the necessity of technology availability and connectivity; the ability to re-work all services from prevention to treatment and recovery support strategies; and flexible, creative ways to distribute resources quickly to support agencies and community members.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Ideally, there would be both longitudinal and up-to-date data that is uniformly collected from all child and family serving organizations in each county and easily accessible to the public. The Board has worked with health department and health care providers on their Community Health Assessments and look forward to continued collaboration in the future. Funding for quality needs assessment focused on the needs of children and families would be helpful.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

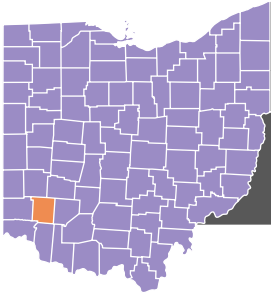
The Board utilizes various metrics to determine the quantity of need. This year's board priority areas included: increased funding for behavioral health and schools was determined by the amount of staffing and resources necessary to implement programming in all 8 school districts. The need for additional beds/housing resources for victims of domestic violence was determined by the number of families turned away because the shelter was full. The need for additional resiliency programming has been determined by geographic availability or non-availability.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

We are hopeful that the new OBHIS system will provide comprehensive and uniform data across all counties in Ohio which will be useful for planning and assessing need. It is hoped that the data will be of sufficient quality and will become a reliable source. County summary reports for Medicaid-funded behavioral and primary health care would be helpful. The Athens-Hocking-Vinton Board has a small staff and by necessity takes a generalist approach to planning that addresses issues across the lifespan with a focus on the needs that can be most impacted by Board action. A more thorough and population specific planning process, that would address system issues beyond what the Board is able to fund, would require additional financial support.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Warren County Profile

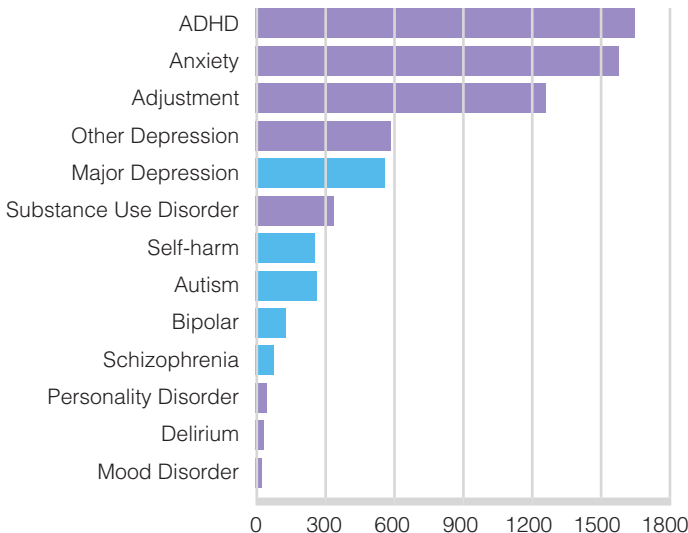
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	78,199
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	21%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	10,235	37%	6%
4-9	18,603	26%	25%
10-13	13,570	24%	36%
14-18	17,475	19%	39%
19-26	18,316	16%	34%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



■ Condition is not included in the Severe Mental Illness Category  
 ■ Condition is included in the Severe Mental Illness Category

## MENTAL HEALTH RECOVERY BOARD SERVING WARREN & CLINTON COUNTIES

Total budget	\$14,304,701 (FY21)
Operating budget	\$1,783,302 (FY21)
Number of contract agencies	34
Programs serving young Ohioans <sup>1</sup>	32
Programs for maternal health	2
Total number of young Ohioans <sup>1</sup> served	922

Responses in this section refer to the entire ADAMHS Board area, which includes Warren and Clinton counties.

32 MHRBWCC contract agencies; 2 MHRBWCC funded programs; Children served includes treatment and client specific recovery services only (prevention and manual invoice billing excluded)

## DEMOGRAPHIC INFORMATION

PERCENT OF COUNTY



PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	85%	95%
Black or African American	4%	3%
Asian American	7%	0%
American Indian and Alaska Native	0%	1%
Native Hawaiian/Other Pacific Islander	0%	0%
Two or more race/ethnicities	4%	1%

Client demographic data refers to the entire ADAMHS Board area, which includes Warren and Clinton counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$530	\$1,684	\$1,188	\$1,650	\$1,661
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	55	415	365	454	269
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	22	65	88	75	55
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Warren and Clinton counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3	✓			Early Childhood MH Trained Therapist (1)
4-9	✓			Early Childhood MH Trained Therapist (3); Wraparound Coordinator (1)
10-13	✓			Wraparound Coordinator (1), Child MH Clinicians, Therapeutic Foster Care
14-18	✓			Wraparound Coordinator (1), Child MH Clinicians (7), Therapeutic Foster Care (3 beds), Emergency Overnight Respite (<1 bed/night)
19-26	✓			Specialized Housing for young adults
Caregivers for ages 0-26	✓			In home training for caregivers while child is in residential treatment (non-Medicaid billable services)-Average 8/families per month, Adoption Disruption Prevention Services (unknown quantity)

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Needs Assessments, Stakeholder Input, Wait Lists, Constituent surveys, Service Utilization.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Medicaid Billing Information.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

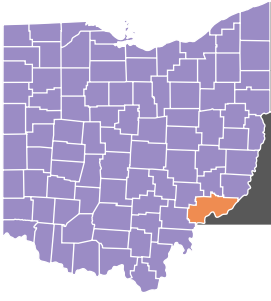
Additional funds (if available) may be allocated if providers expend their contracted amounts prior to the end of the term or if wait times are unacceptable. New programs will be funded if a need is identified, funding is available and clear benefit to MHRBWCC's mission is demonstrated.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

School data related to IEP/504/Disabilities due to Behavioral health needs; Medicaid Billing Data.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Washington County Profile

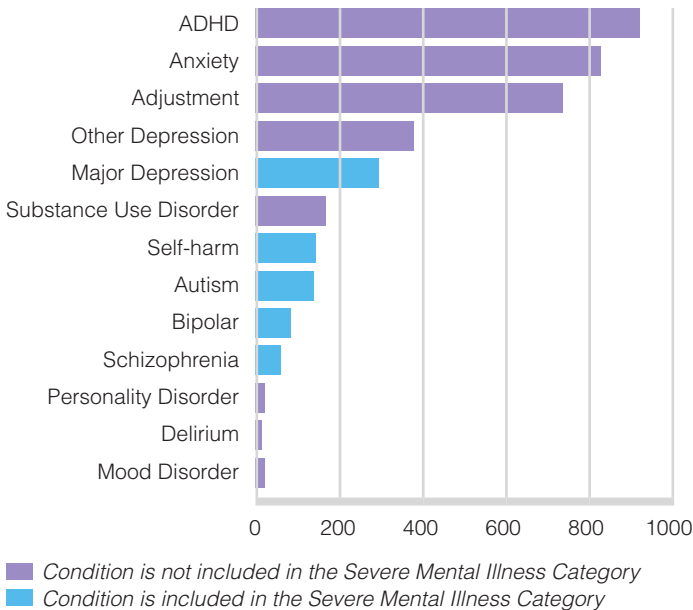
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	17,548
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	45%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	2,412	69%	5%
4-9	3,848	59%	27%
10-13	2,678	58%	38%
14-18	3,618	49%	39%
19-26	4,992	32%	39%

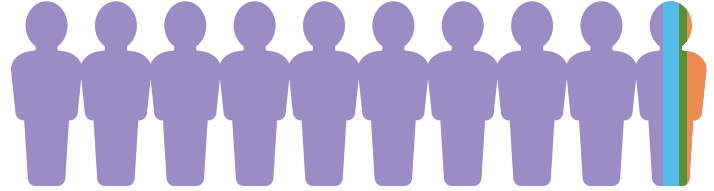
## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



## WASHINGTON COUNTY BEHAVIORAL HEALTH BOARD

Total budget	\$2,735,000
Operating budget	\$522,000
Number of contract agencies	4
Programs serving young Ohioans <sup>1</sup>	5
Programs for maternal health	5
Total number of young Ohioans <sup>1</sup> served	Not collected

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	94%
Black or African American	2%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$78	\$2,918	\$3,707	\$2,181	\$1,371
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	9	319	328	330	193
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	33	158	223	190	122
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	
0-3	✓			More screening, access to psychiatrist/psychologist. 40 hours per week
4-9	✓			Access to psychiatrist/psychologist. 40 hours per week
10-13	✓			Access to psychiatrist/psychologist. 40 hours per week
14-18	✓			Access to psychiatrist/psychologist. 40 hours per week
19-26	✓			Psychiatrist/psychologist. 40 hours per week
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

Needs assessment.

**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Guidance from OhioMHAS.



**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

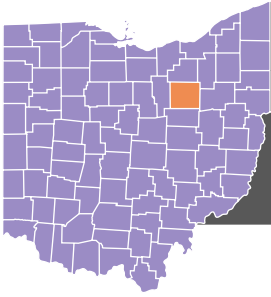
supply vs. demand.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

guidance from OhioMHAS.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





**MIND THE GAP**

Creating a Robust Continuum of Behavioral Health Care for Young Ohioans

# Wayne County Profile

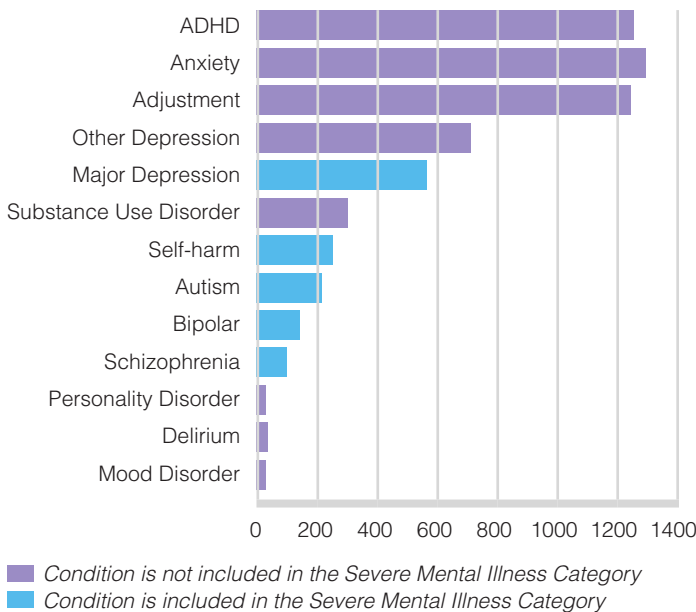
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	40,393
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	31%
Behavioral health condition <sup>2</sup>	24%	30%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	5,958	46%	4%
4-9	9,354	39%	26%
10-13	6,241	39%	39%
14-18	8,073	33%	43%
19-26	10,767	22%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

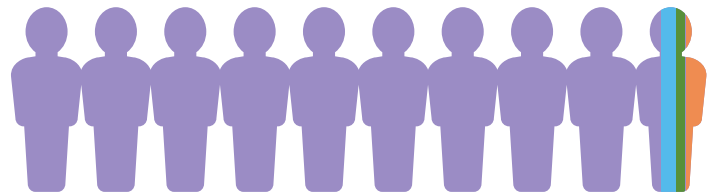


## MENTAL HEALTH & RECOVERY BOARD OF WAYNE & HOLMES COUNTIES

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	93%
Black or African American	2%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$188	\$1,401	\$1,471	\$1,966	\$2,212
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	18	436	467	584	401
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	18	101	154	142	91
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

This Board responded to previous questions about local capacity; however, they did not respond to the following questions. The Board may be able to provide more information directly upon request.

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*				
0-3				
4-9				
10-13				
14-18				
19-26				
Caregivers for ages 0-26				

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

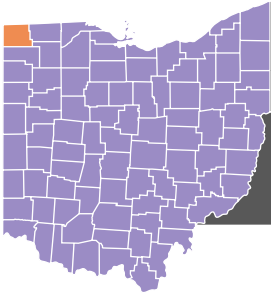
**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Williams County Profile

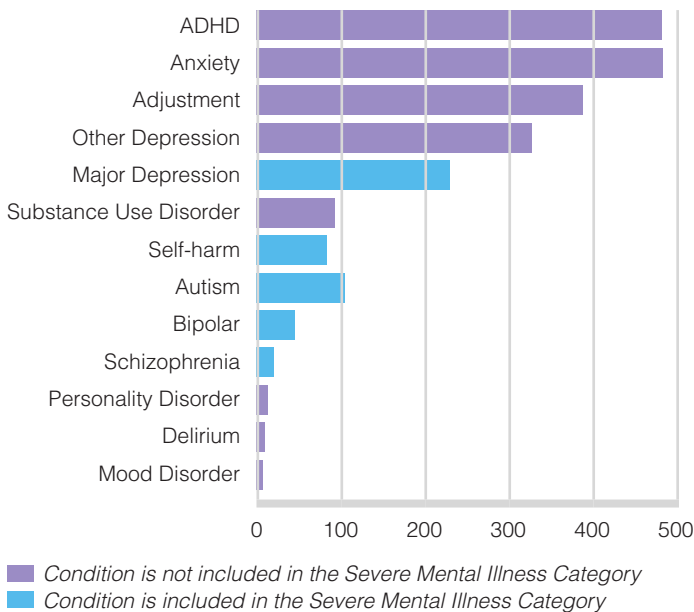
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	11,591
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	45%
Behavioral health condition <sup>2</sup>	24%	27%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	1,698	75%	3%
4-9	2,660	54%	24%
10-13	1,903	51%	35%
14-18	2,474	44%	44%
19-26	2,856	35%	41%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID



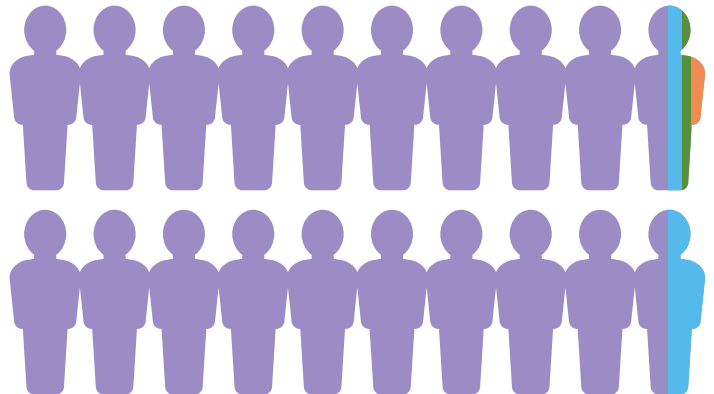
## FOUR COUNTY BOARD OF ADAMHS (DEFIANCE, FULTON, HENRY & WILLIAMS)

Total budget	Approximately \$6,000,000
Operating budget	Approximately \$600,000
Number of contract agencies	12
Programs serving young Ohioans <sup>1</sup>	9
Programs for maternal health	6
Total number of young Ohioans <sup>1</sup> served	170

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

## DEMOGRAPHIC INFORMATION

### PERCENT OF COUNTY



### PERCENT OF CLIENTS

	% OF COUNTY	% OF CLIENTS
White	95%	95%
Black or African American	2%	5%
Asian American	1%	N/A
American Indian and Alaska Native	0%	N/A
Native Hawaiian/Other Pacific Islander	0%	N/A
Two or more race/ethnicities	2%	N/A

Client demographic data refers to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

Continued

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$61	\$974	\$860	\$1,058	\$1,737
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	13	174	159	212	115
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	19	131	176	191	140
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Defiance, Fulton, Henry, and Williams counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*		✓		
0-3		✓		
4-9		✓		
10-13	✓			More inpatient psych beds as needed.
14-18	✓			More inpatient psych beds as needed.
19-26		✓		
Caregivers for ages 0-26			✓	

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Evaluate the needs by reviewing the Board’s strategic plan, the Community Health Improvement Plan, the Community Plan, and provider data.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The Ohio Association of County Behavioral Health Authorities, Health Departments, and the Ohio Department of Mental Health and Addiction Services.

**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

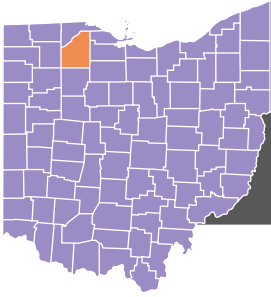
Length of wait time in emergency rooms - lack of inpatient psych beds.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Area hospitals.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Wood County Profile

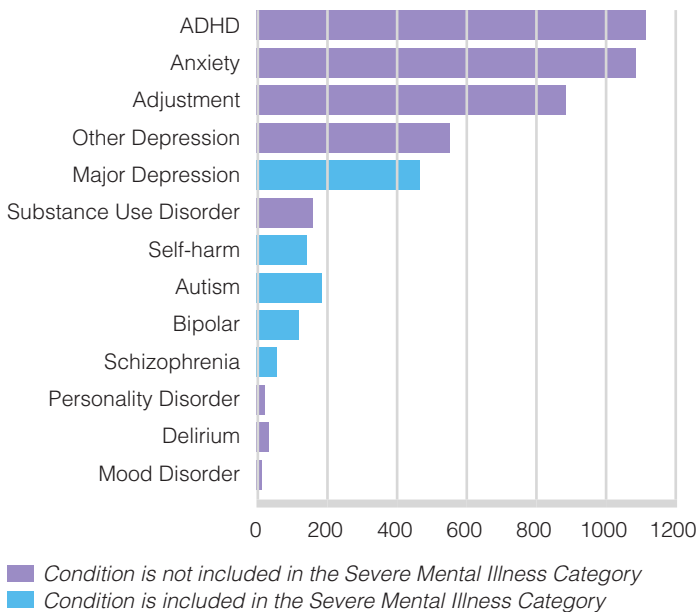
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	50,786
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	22%
Behavioral health condition <sup>2</sup>	24%	29%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	5,480	45%	5%
4-9	8,714	35%	25%
10-13	6,059	33%	39%
14-18	8,762	26%	43%
19-26	21,771	11%	40%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

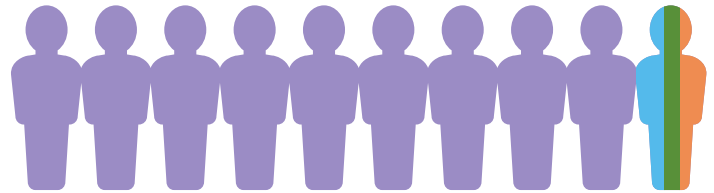


## WOOD COUNTY ADAMHS BOARD

Total budget	\$12 million
Operating budget	\$900,000
Number of contract agencies	7
Programs serving young Ohioans <sup>1</sup>	20
Programs for maternal health	1
Total number of young Ohioans <sup>1</sup> served	400 board-funded

Agencies estimate 80-90% of their clients are Medicaid, so we estimate around 3,000 clients served.

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	90%
Black or African American	4%
Asian American	2%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	3%

At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$442	\$1,302	\$1,209	\$1,200	\$1,421
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	26	365	386	502	380
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	21	87	131	110	43
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

**QUESTION 1:** On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*	✓			We have some services that are geographically limited, so not all residents have easy access. i.e. MOMS program. I do not have a quantity to report.
0-3	✓			PCIT would be beneficial for many families. I don't have a number to provide.
4-9		✓		
10-13	✓			Group home intensive services. SUD services.
14-18	✓			Group home intensive services. SUD services.
19-26		✓		
Caregivers for ages 0-26		✓		

\* Maternal includes women with children up to age 1

**QUESTION 2:** Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?

Formal requests for input from child serving agencies.  
 Informal input from families in the community. Formal surveys (population census) provided to all students in the county.  
 Surveys at local event (convenience samples). As well as other methods.

**QUESTION 3:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

More collaboration among sources gathering data.



**QUESTION 4:** Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.

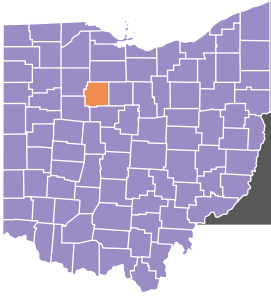
Waitlist data, informal reports from people working in or accessing the behavioral health system. This often weighs heavily to the anecdotal.

**QUESTION 5:** What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?

Consistent established measurement methods for determining unmet needs.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid.  
<sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full *Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans* report.





# Wyandot County Profile

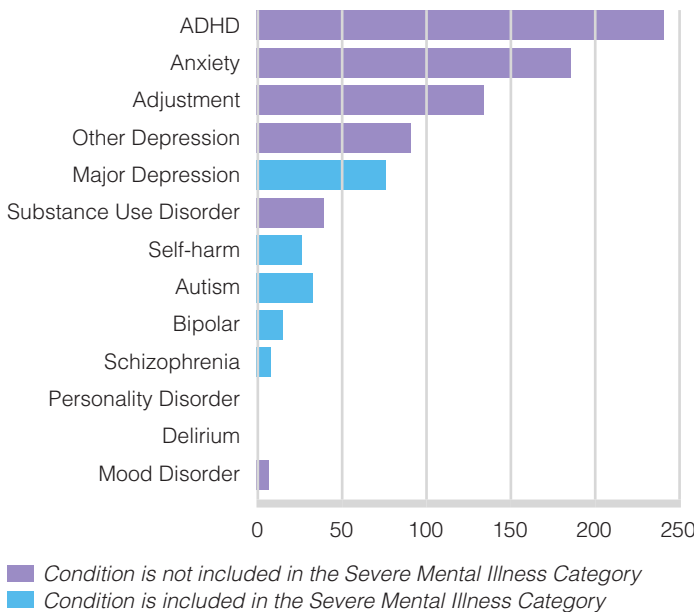
## STATE & COUNTY STATISTICS (2019)

	OHIO	COUNTY
Young Ohioan <sup>1</sup> population	3,793,168	6,780
Young Ohioans <sup>1</sup> enrolled in Medicaid	45%	37%
Behavioral health condition <sup>2</sup>	24%	23%

## MEDICAID PROFILE

AGE	POPULATION	MEDICAID	BH CONDITION <sup>2</sup>
0-3	955	62%	4%
4-9	1,597	45%	22%
10-13	1,168	42%	30%
14-18	1,437	36%	32%
19-26	1,623	29%	34%

## BEHAVIORAL HEALTH CONDITIONS<sup>2</sup> AMONG YOUNG OHIOANS<sup>1</sup> AS DEFINED BY MEDICAID

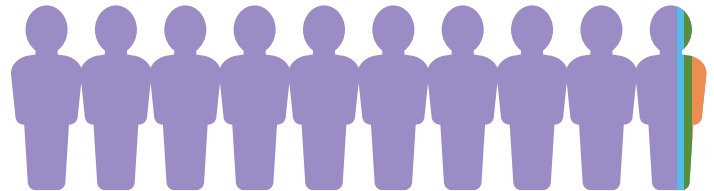


## MH & RECOVERY SERVICES BOARD OF SENECA-SANDUSKY-WYANDOT

Total budget	Not Available
Operating budget	Not Available
Number of contract agencies	Not Available
Programs serving young Ohioans <sup>1</sup>	Not Available
Programs for maternal health	Not Available
Total number of young Ohioans <sup>1</sup> served	Not Available

*At the time of this publication, the information was not available to the authors. Boards may be able to provide this information directly upon request.*

## DEMOGRAPHIC INFORMATION



	% OF COUNTY
White	96%
Black or African American	1%
Asian American	1%
American Indian and Alaska Native	0%
Native Hawaiian/Other Pacific Islander	0%
Two or more race/ethnicities	2%

*At the time of this publication, demographic data relating to the Board's clients was not available. In many cases, Boards indicated that this data was not collected.*

## BEHAVIORAL HEALTH MEASURES BY AGE GROUP (2019)

	0-3 YRS	4-9 YRS	10-13 YRS	14-18 YRS	19-26 YRS
Medicaid spending <sup>3</sup> per young Ohioan for behavioral health services	\$53	\$452	\$1,003	\$1,476	\$1,444
OHIO AVG. ▶	\$149	\$1,681	\$1,759	\$1,944	\$2,112
Young Ohioans served by Community Mental Health Centers (Medicaid-insured only)	-	26	43	57	36
OHIO AVG. ▶	3,090	52,864	55,490	57,501	37,943
Young Ohioans with a behavioral health condition per 1,000 (Medicaid-insured only)	24	97	126	116	97
OHIO AVG. ▶	28	127	191	170	124

## EVALUATING LOCAL NEED

Responses in this section refer to the entire ADAMHS Board area, which includes Seneca, Sandusky, and Wyandot counties.

**QUESTION 1: On January 1, 2020, did your County/Board area have unmet need for behavioral health services for the following ages of individuals:**

AGES	YES	NO	UNKNOWN	IF YES, WHAT ADDITIONAL SERVICES/QUANTITY ARE NEEDED?
Prenatal/Maternal*			✓	We were not made aware of any concerns. We do know that our female recovery housing in our board district does not currently allow for children to reside in the home with the women.
0-3			✓	
4-9	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
10-13	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
14-18	✓			There is a lack of child psychiatry to meet the need and there have been challenges with finding hospital beds especially with COVID screening issues.
19-26	✓			There is a lack of psychiatry to meet the need and there have been challenges with finding state hospital beds when needed in general for adults.
Caregivers for ages 0-26	✓			Respite is always a needed resource especially during COVID. Trying to be creative in meeting the need.

\* Maternal includes women with children up to age 1

**QUESTION 2: Specifically for children and families, how does your Board “evaluate the need for facility services, addiction services, mental health services, and recovery supports” as required by Ohio Revised Code Section 340.03(A)?**

Our board engages with community members and stakeholders including our county commissioners by participating in coalitions, task forces, alliances, FCFC, etc. We have also conducted surveys such as ROSC, grant specific surveys and we have participated in local health assessments. We use these results to help set our priorities, develop our Community Plan and our Board strategic plan.

**QUESTION 3: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

The sharing of any relevant and reliable data is always welcomed and considered helpful. It is also helpful to hear ongoing updates on projects throughout the region and state, funding opportunities and best practices.

**QUESTION 4: Specifically for children and families, how does your Board determine the quantity of unmet need for each service or support? Various ways to quantify may include additional funding amount needed, number of additional professionals or programs needed, length of wait times (numbers of people or average wait times), among others.**

Our Board reviews local and regional data such as wait times, crisis utilization, workforce development data (psychiatrists or lack there of). We also measure informally just but anecdotal or verbal reports we hear regarding access to treatment for example. Our grants have at times required us to gather data on workforce and access to treatment issues which has been helpful.

**QUESTION 5: What supports or resources would assist your Board in evaluating need for facility services, addiction services, mental health services, and recovery supports?**

Any tools for quantitative data measurement on behavioral health services, resources or other related items would be helpful.

<sup>1</sup>Prenatal and up to age 26 unless otherwise noted. <sup>2</sup>Among young Ohioans insured by Medicaid. <sup>3</sup>Non-acute non-emergent services only. \*Additional notes about data sources can be found in the full Mind the Gap: Creating a Robust Continuum of Behavioral Health Care for Young Ohioans report.



# Appendix: Data Notes

## Population and Demographic Data

Population data included in the county profiles is from the Center for Disease Control's National Center for Health Statistics. The U.S. Census Bureau annually releases unbridged population estimates for five-year age groups and race at the county level. The Census Bureau does not release bridged-race or unbridged estimates by single-year of age at the county level due to concerns about the reliability of these estimates. However, these estimates are provided to the National Center for Health Statistics to meet programmatic needs such as the creation of age groupings that differ from the standard groupings used by the Census Bureau. Users of the single-year-of-age county-level bridged race population estimates should carefully consider the limited reliability of these estimates. Age groups were defined to correspond with Ohio Family and Children First, an office of the Governor's Children's Cabinet that coordinates the needs of families and children across the state.

Racial demographic data is included to demonstrate the proportion of the population that may be under-represented in services. The categories for this report are based on the racial categories used by the U.S. Census Bureau: Black or African American; American Indian and Alaska Native; Asian; and Native Hawaiian and Other Pacific Islander. We did not include ethnicity categories for this study, which is why Hispanic is not represented. The population data includes young Ohioans up to age 26 based on the Population Estimates Program unbridged estimates for five-year age groups and race at the county level. ADAMHS Boards were asked to report on these same racial categories for all clients, not specifically young Ohioans. In many cases this data is not available, for various reasons. In some cases, the data was collected for some racial categories but not others. If ADAMHS Boards reported clients as "unknown" they were not included in the subtotals.

## Medicaid Behavioral Health Conditions, Patients, and Spending

Behavioral health diagnosis and treatment data for Medicaid participants was provided by IBM Watson Health processing services in response to a data request submitted to the Ohio Department of Medicaid (ODM). The full methodology can be provided upon request. Primary diagnosis was used to report behavioral health conditions. A look-back period of two years was used to identify primary diagnoses that were included in a list of 1,126 unique ICD-10 data codes developed in partnership with the behavioral health policy staff at ODM and Ohio Department of Mental Health and Addiction Services (OhioMHAS) staff, ODM's data governance/analytical staff, and the Government Resource Center (GRC) as part of the Behavioral Health Redesign (BHR) and further refined with the actuarial vendor, Milliman.

This report does not include data that reflects diagnosis and treatment for those who use private insurance. In some counties and age groups, it appears that there is a low percentage of young Ohioans with behavioral health conditions, however this could be as a result of a smaller percentage of young Ohioans enrolled in Medicaid.

The percentage of young Ohioans in the section on "Behavioral Health Conditions Among Children as Defined by Medicaid" measures the number of young Ohioans with a behavioral health condition who are Medicaid-insured relative to the number of Medicaid-insured in the county. This is used as a proxy for the portion of young Ohioans with a condition, even though the data doesn't reflect those with private insurance. It is possible that the portion could vary when considering other types of insurance if there is a difference in these populations in terms of the prevalence and access to treatment, but that is beyond the scope of this study.

Medicaid spending per child data include non-acute, non-emergent services as distinct from inpatient admissions and emergency room visits. This data reflects the amount spent corresponding with the chart "Behavioral Health Measures by Age Group," which consists of different

types of providers. Community Mental Health Centers (CMHCs) and Substance Use Disorder (SUD) Treatment providers are identified separately, and are included in the total of all providers. The difference between the total and those specifically identified are referred to as “other.” The number of “Children Served by Community Mental Health Centers” is the subset that reflects those served by CMHCs and also refers to non-acute non-emergent services. County-level age group data related to inpatient admissions and spending is available upon request.

## **Survey Data**

Because the survey relied on a perceptual assessment of capacity, the responses should be considered subjective. In some cases, respondents expressed concerns that their responses may not be fully informed. For example, one respondent stated: “We may not necessarily know every program for children within our communities... Please note that as small rural communities come together to address a specific problem with a specific youth, we often find ways to meet the needs and learn about a program that is helpful, but doesn’t exist six months later.” As such, these results should be taken as a snapshot in time that reflects the knowledge and expertise of leaders at the local level who are responsible for overseeing services but who also may be constrained by limited information.

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96. In this report, behavioral health diagnoses represent conditions that fall within a definition developed in partnership with the behavioral health policy staff at ODM and OhioMHAS staff, ODM's data governance/analytical staff, and the Government Resource Center (GRC) as part of the Behavioral Health Redesign (BHR). See the Data Notes Appendix for more detail.
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98. Services offered through MSP may not be reflected in the school data due to reimbursement methods.
99. Eligibility will be based on a child's involvement with multiple systems such as children's services, juvenile court, developmental disabilities, and their scores from the Child and Adolescent Needs and Strengths (CANS) assessment tool, an evidence-based tool for clinical and service decision-making, among other factors.
100. The term non-acute non-emergent is used to describe services that are not provided in an emergency department or inpatient hospital setting.
101. Other diagnoses include the "other disorders of psychological development" and stereotyped movement disorders which can be associated with fetal alcohol exposure, amphetamine intoxication, or autism spectrum disorder.
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# MIND THE GAP

Creating  
a Robust  
Continuum  
of Behavioral  
Health Care  
for Young  
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