

Ashland County CAP Survey Results (N = 70) - 2022

1. The following have been identified by respondents as the top 5 service gaps/access challenges in Ashland County (rank-ordered from the highest to lowest by the percentage of respondents who selected the category as a “major” challenge for Children, Youth, & Families):
 1. Mental, emotional, and behavioral health conditions in children & youth (overall; 60%)
 2. Youth depression (60%)
 3. Adverse Childhood Experiences (56%)
 4. Youth-other illicit drug use (49%)
 5. Children in out-of-home placements due to parental substance use disorders (44%)

2. The following have been identified by respondents as the top 5 needs for addressing service gaps/access challenges in Ashland County’s continuum of care (rank-ordered from the highest to lowest by the percentage of respondents who selected the category as a “major” challenge for Children, Youth, & Families):
 1. Mental health treatment workforce shortages (61%)
 2. Substance use disorder treatment workforce shortages (61%)
 3. Unmet need for mental health treatment (47%)
 4. Substance Use Disorder Treatment services (39%)
 5. Lack of follow-up care for children prescribed psychotropic medications (39%)

3. The following have been identified by respondents as the top 5 social determinants of health driving behavioral health challenges for children, youth, and families in Ashland County (rank-ordered from the highest to lowest by the percentage of respondents who selected the category as a “major” challenge):
 1. Family disruption (divorce, incarceration, parent deceased, child removed from the home, etc.; 55%)
 2. Poverty (55%)
 3. Attitudes about seeking help (53%)
 4. Lack of physical activity (52%)
 5. Unemployment or low wages (52%)
 6. Violence, trauma, crime, and abuse (52%)

4. The following have been identified by respondents as the top 5 service gaps/access challenges in Ashland County (rank-ordered from the highest to lowest by the percentage of respondents who selected the category as a “major” challenge for Adults):

1. Adult substance use disorder (62%)
2. Adult illicit drug use (58%)
3. Adult heavy drinking (54%)
4. Mental, emotional, and behavioral health conditions among adults (overall; 50%)
5. Adult depression (42%)

5. The following have been identified by respondents as the top 5 needs for addressing service gaps/access challenges in Ashland County's continuum of care (rank-ordered from the highest to lowest by the percentage of respondents who selected the category as a "major" challenge for Adults):

1. Substance use disorder treatment services (42%)
2. Unmet need for major depressive disorder (42%)
3. Recovery Supports (38%), substance use disorder workforce shortages (38%), unmet need for outpatient medication-assisted treatment (38%), and lack of follow up after ED visit for mental health (38%)

6. The following have been identified by respondents as the top 5 social determinants of health driving behavioral health challenges for adults in Ashland County (rank-ordered from the highest to lowest by the percentage of respondents who selected the category as a "major" challenge):

1. Unemployment/low wages (60%)
2. Family Disruptions (60%)
3. Violence, crime, trauma, and abuse (52%)
4. Poverty (50%)
5. Lack of affordable or quality housing (50%)

7. What are the TOP THREE (3) most significant strengths that Ashland County has that can be used to address needs and gaps?

1. Collaborations and partnerships (25%)
2. Engaged community members (18%)
3. Availability of specific resources or assets (13%)

Considering the Mental Health & Recovery Board (MHRB) of Ashland County's relationships within the behavioral health system AND with other community and system partners, please review the descriptions of different levels of collaboration and then indicate the extent to which the Ashland MHRB currently interacts with each potential type of community partner.

Collaboration:

1. Local School Districts (17%)
2. Food access (such as food bank/farmer's markets; 17%)
3. Local prevention (13%)

Coordination:

1. Local prevention (35%)
2. Local health district (25%)
3. Local tax-exempt hospital (25%)
4. Local school districts (25%)
5. Educational Service Center (25%)
6. Family and Children Service Council (25%)

Cooperation:

1. Law enforcement (60%)
2. Child protective services (55%)
3. Criminal justice system/courts (50%)

Networking:

1. Private psychiatric hospitals (25%)
2. Housing (such as the Housing continuum of care COC entity or public housing authority; 35%)
3. Transportation (30%)
4. Job training and economic development (30%)

No interaction at All:

1. Local tax-exempt hospital (25%)
2. Private psychiatric hospital (25%)
3. Urban Minority Alcoholism and Drug Abuse Outreach Programs (22%)
4. State Psychiatric Hospital (22%)