

health policy institute of ohio



Child and youth mental health

Advisory group meeting

August 21, 2025



VISION

Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.



Core funders





Thank you

to the organizations that
have generously
supported HPIO's child
mental health work



harmonyproject



OHIO STATE BAR
FOUNDATION



woodruff foundation

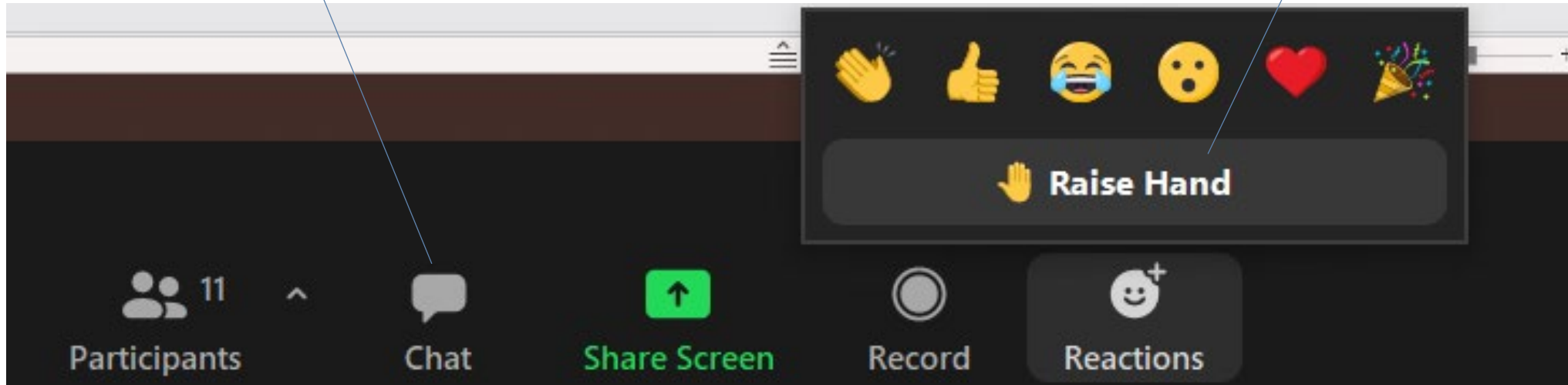
Participating in Zoom

Chat

(found in bottom toolbar)

Raise hand

(found inside reactions button)



Child mental health advisory group page

health policy institute of ohio

ABOUT US SUPPORT OUR WORK HEALTH POLICY NEWS

Focus Areas Our Work Advisory Groups Events Work With Us

Overview

Equity Advisory Group

Health Value Dashboard Advisory Group

Health-Related Social Needs (HRSN) Workgroup

Child Mental Health Advisory Group

Translate. Connect. Navigate.

HPIO translates complex data into actionable policy insights, connects diverse perspectives to inform policy decisions and offers expertise to navigate the changing policy environment.

STAY UP TO DATE WITH HPIO

Access to mental health care among Ohio children and youth



Objectives

As a result of this meeting, the **Advisory Group will be aware of:**

- Data on access to care for Ohio children and youth
- HPIO's initial plan for the access to care publication(s)

As a result of this meeting, **HPIO will have guidance** from the Advisory Group on:

- The most important aspects of mental health care access in Ohio
- Objectives for the publication(s) and how to make the content digestible
- Policy recommendations for HPIO to consider



Role of the advisory group

Input on policy brief content

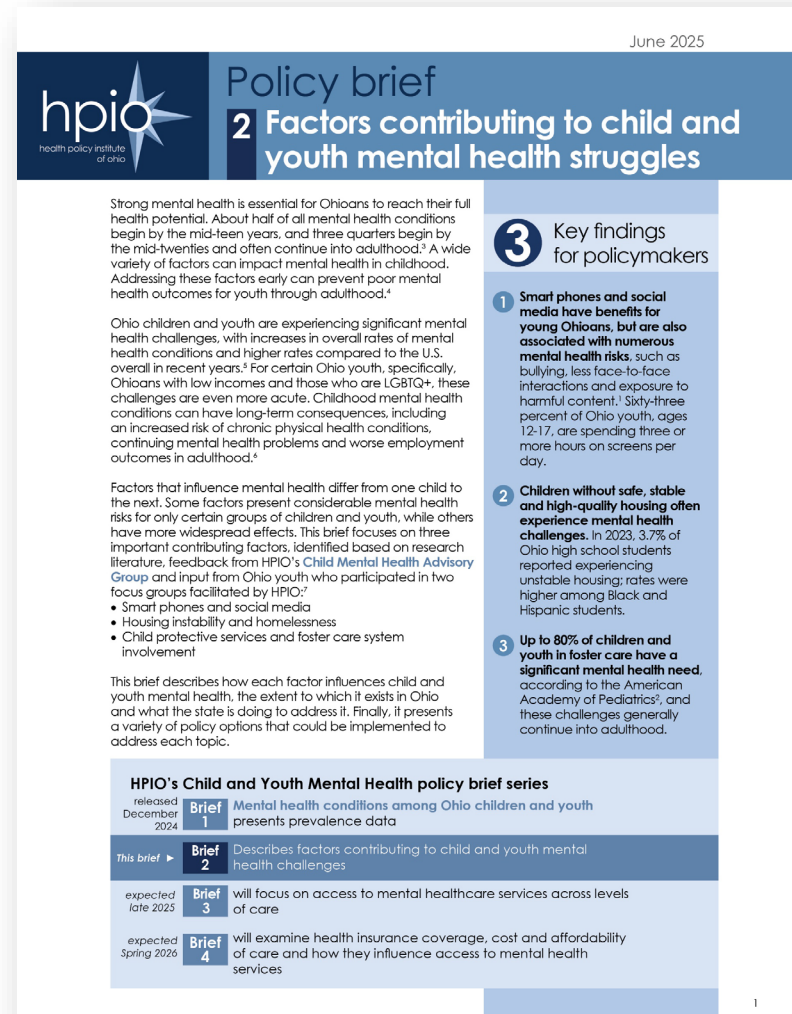
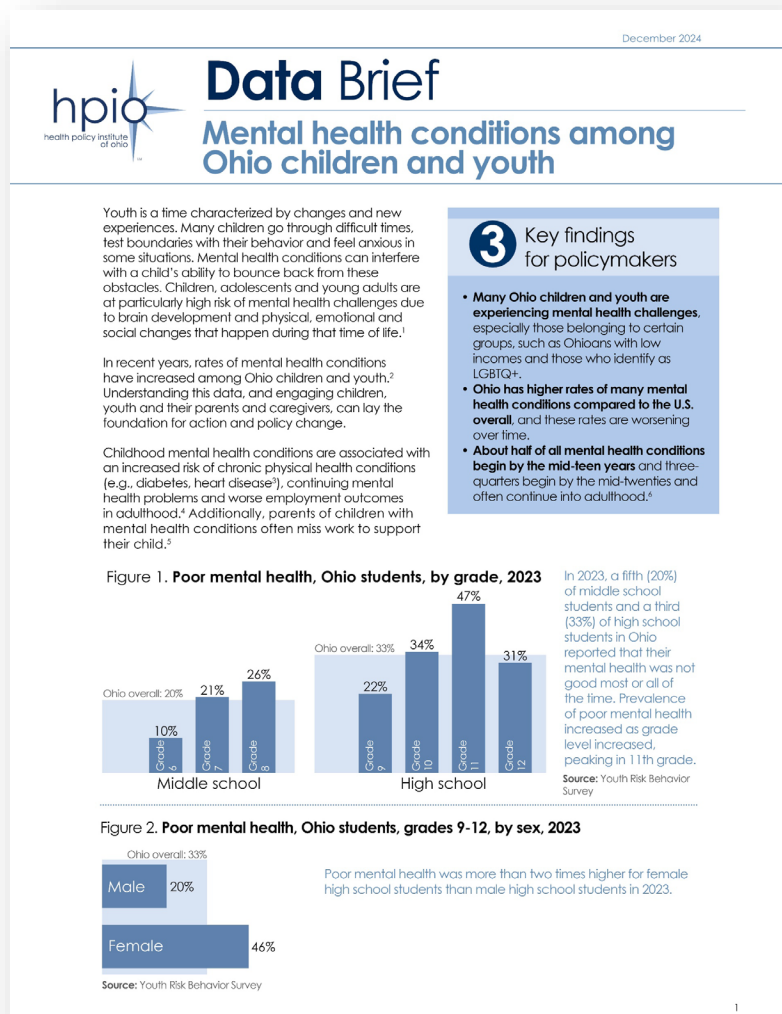
- HPIO will convene a meeting for each brief
- Possible post-meeting follow-up requests

Feedback on draft policy briefs

Assistance with sharing and dissemination



First two briefs in the series



HPIO's Child and Youth Mental Health policy brief series

released
December
2024

Brief 1

Mental health conditions among Ohio children and youth
presents prevalence data

released
July 2025

Brief 2

Factors contributing to child and youth mental health struggles
describes factors contributing to child and youth mental health challenges

This brief ▶

Brief 3

Focuses on access to mental healthcare services across levels of care

expected
Spring 2026

Brief 4

Will examine health insurance coverage, cost and affordability of care and how they influence access to mental health services

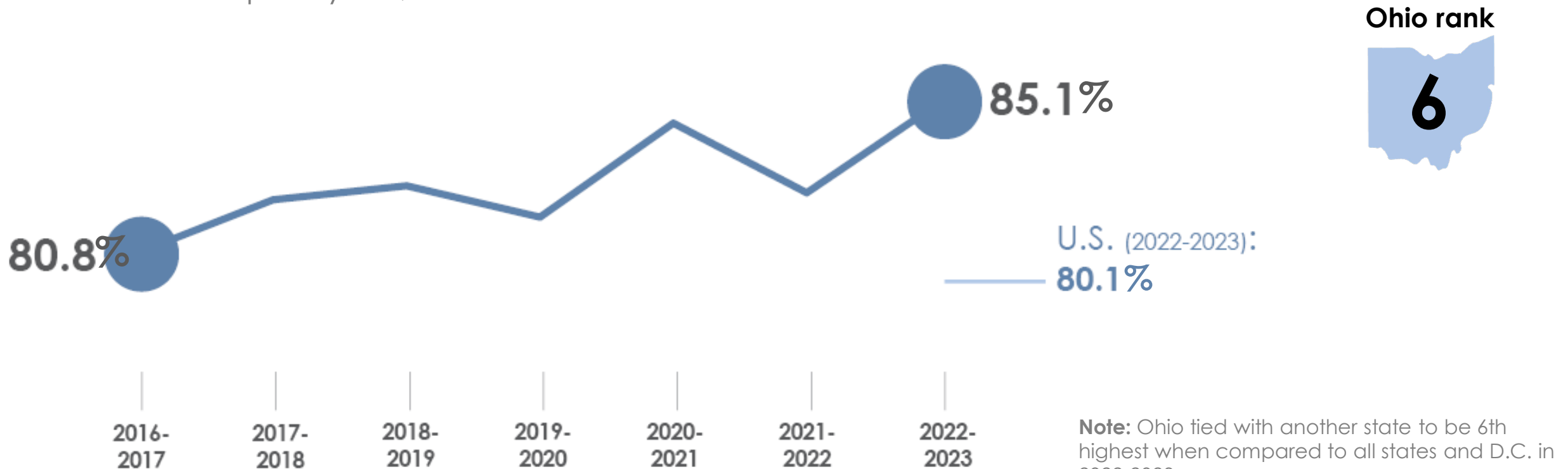
Draft objectives for mental health care access publication(s)

After reading the publication(s), the audience will understand:

- The extent to which Ohio children and youth are able to access mental health care services
- The groups of Ohio children and youth who experience more challenges accessing care
- Some of the biggest barriers to accessing child mental health care
- How frequently children are visiting the emergency department or accessing crisis services for mental health
- What Ohio can do to improve access to mental health care

Mental health care access

Percent of Ohio children (ages 3-17) who received needed mental health treatment in past year, 2016-2017 – 2022-2023

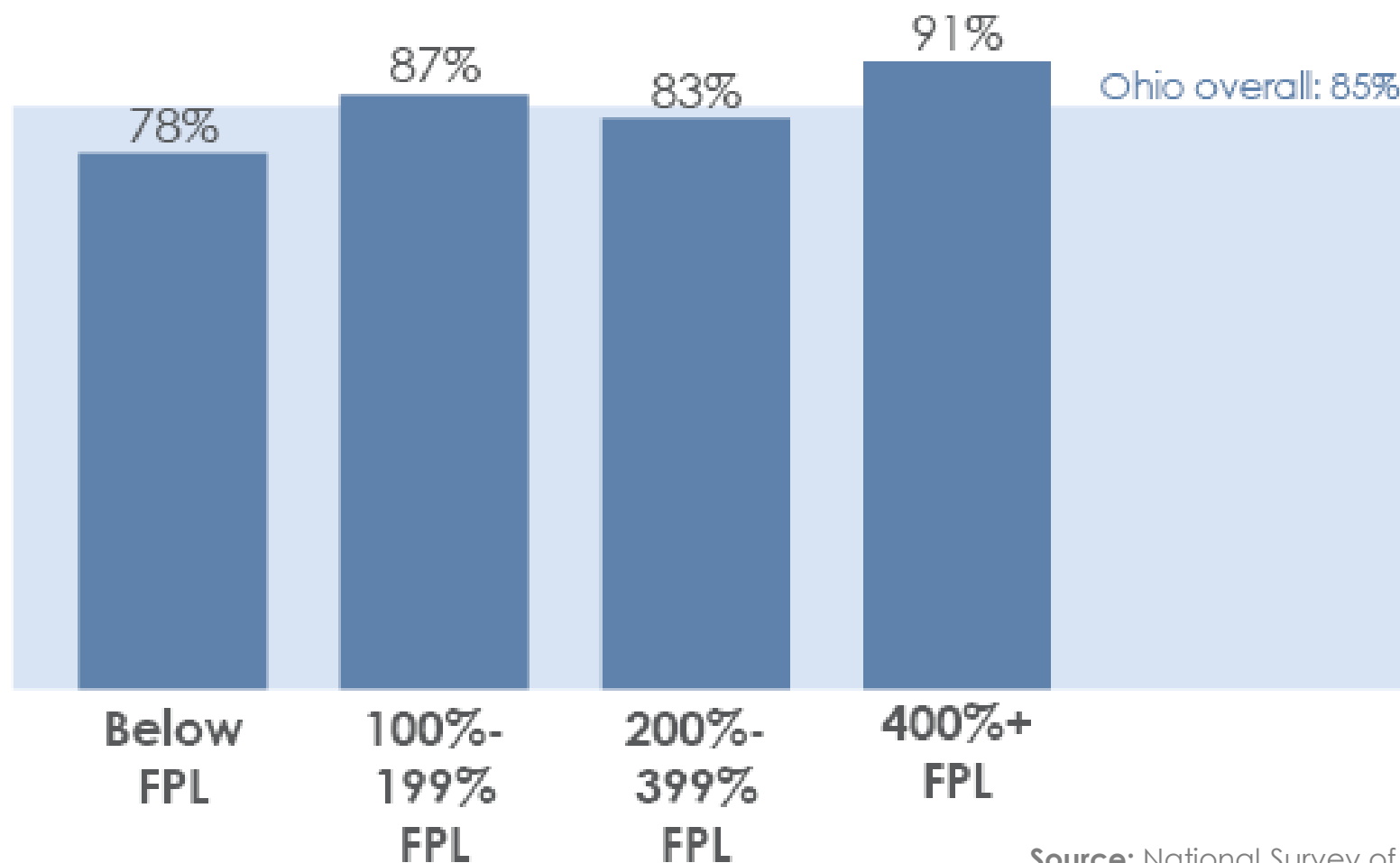


Note: Ohio tied with another state to be 6th highest when compared to all states and D.C. in 2022-2023

Source: National Survey of Children's Health as reported by the Commonwealth Fund

Mental health care access

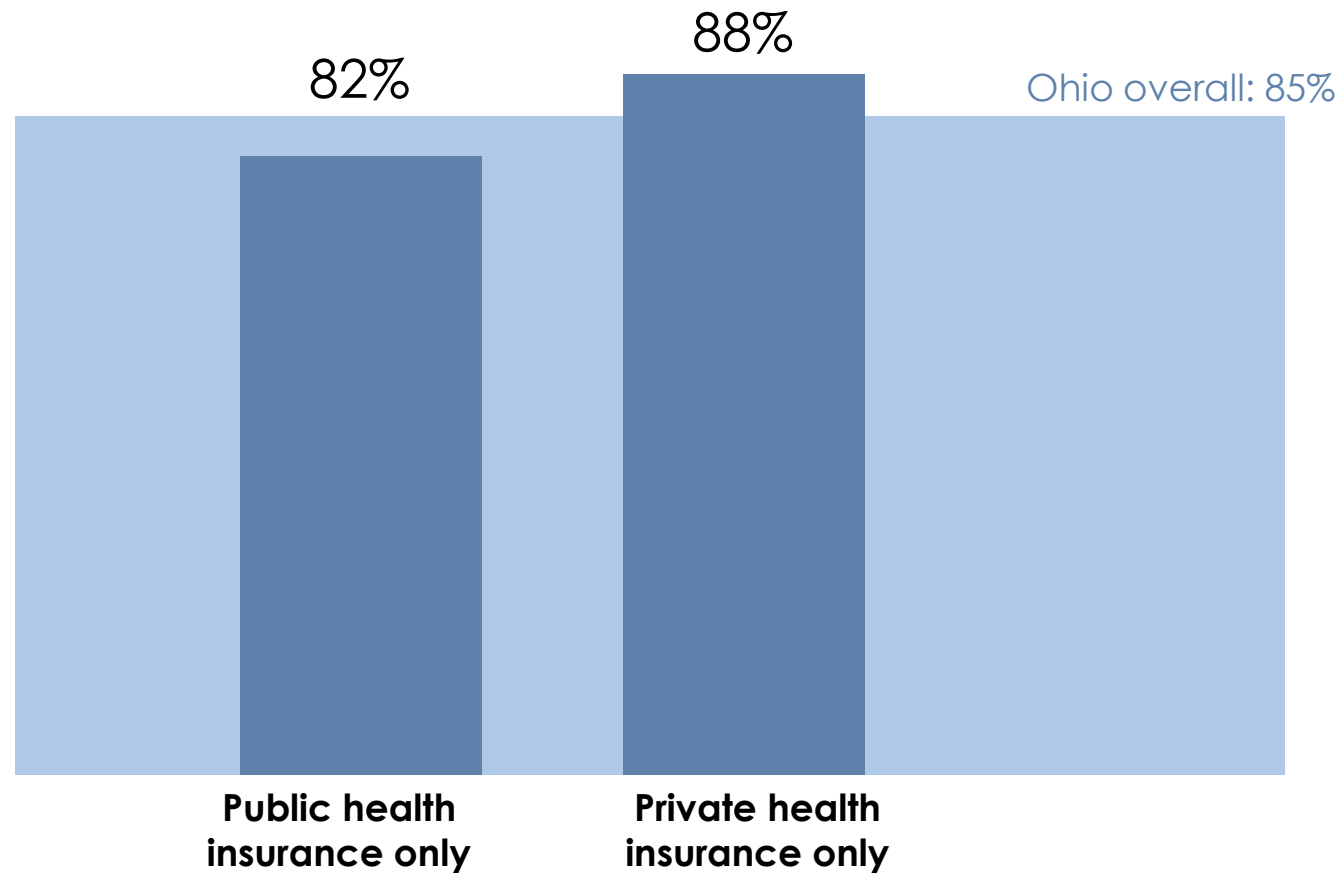
Percent of Ohio children (ages 3-17) who received needed mental health treatment in past year, **by income**, 2022-2023



Source: National Survey of Children's Health

Mental health care access

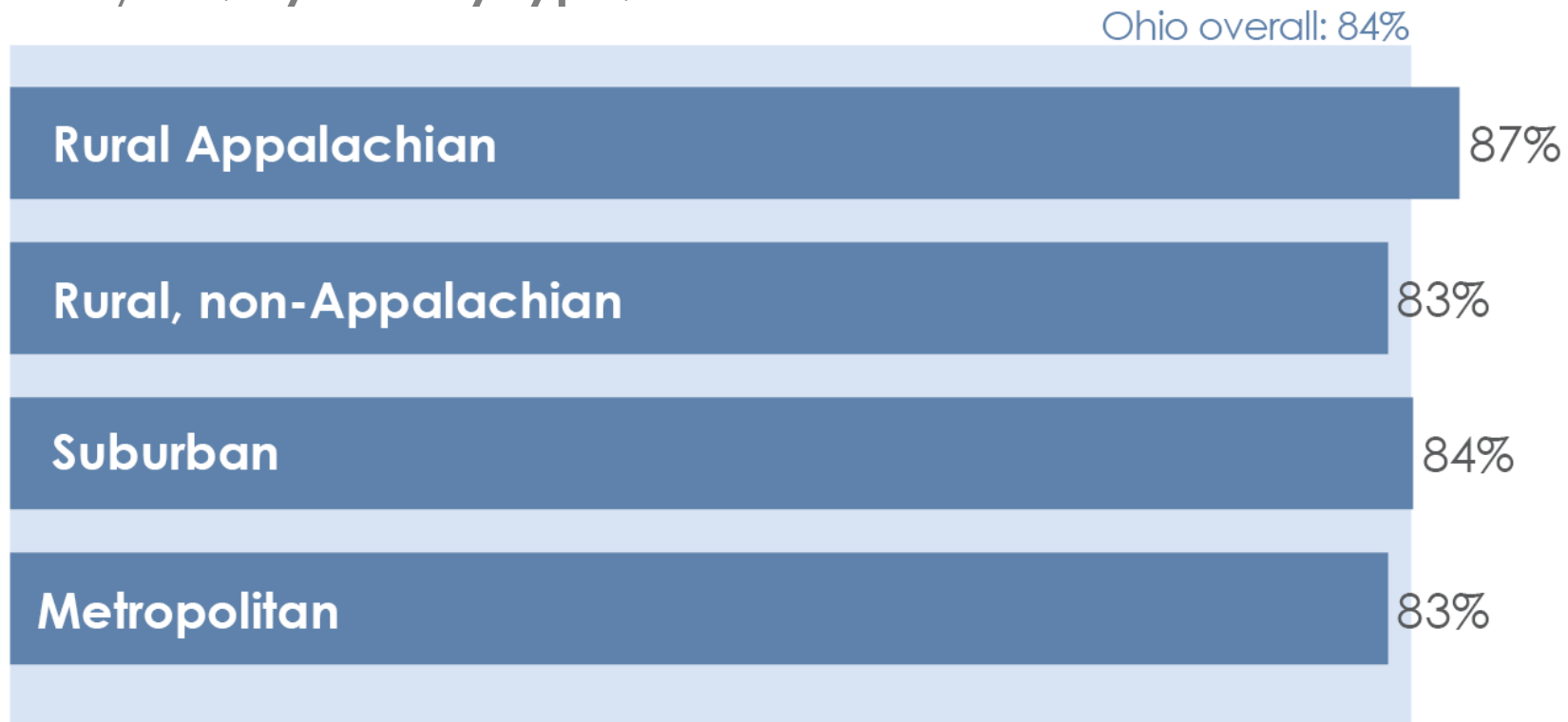
Percent of Ohio children (ages 3-17) who received needed mental health treatment in past year, **by insurance type**, 2022-2023



Source: National Survey of Children's Health

Mental health care access

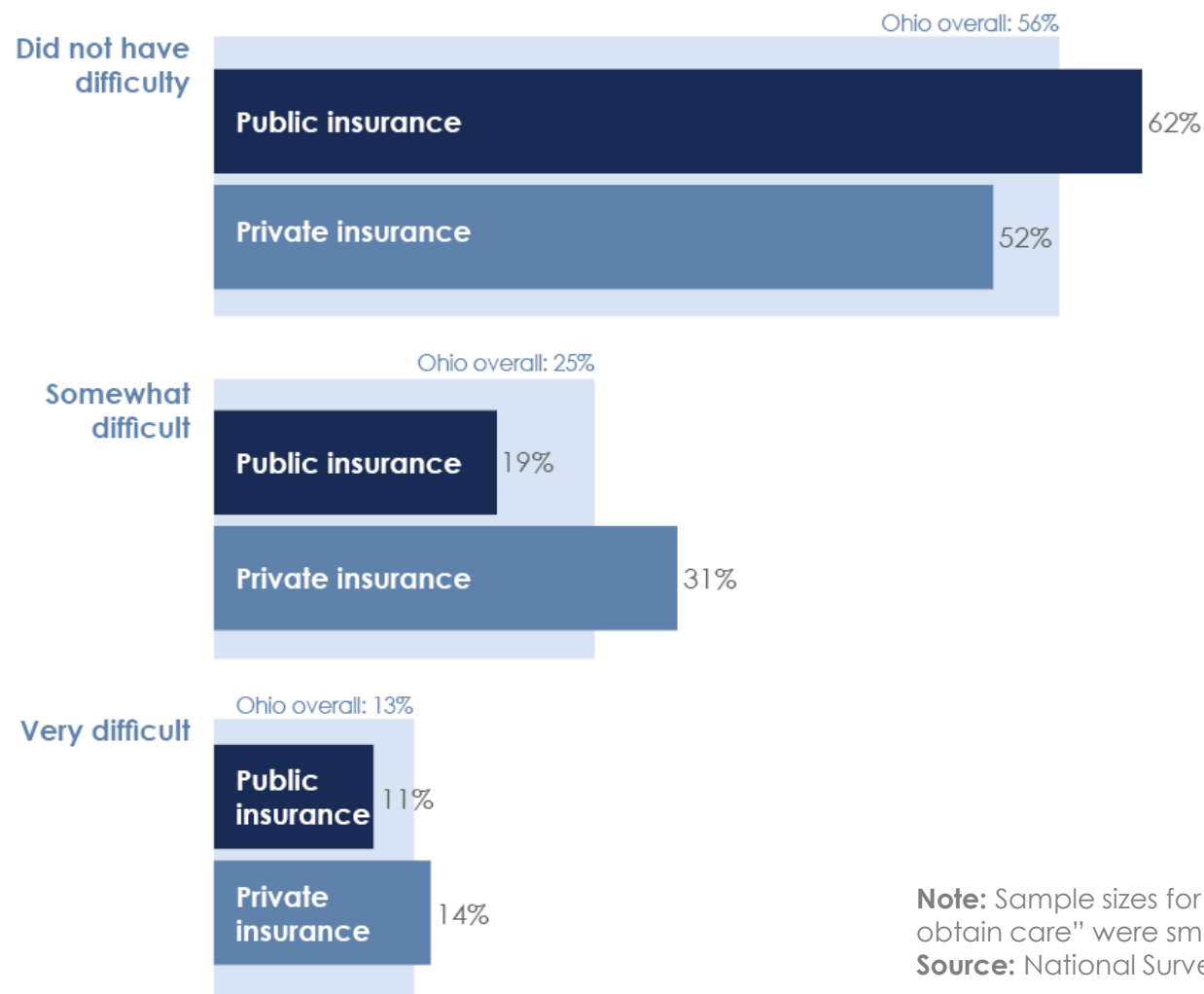
Percent of Ohio children (ages 12-18) who received needed mental health treatment in past year, **by county type**, 2023



Source: Ohio Medicaid Assessment Survey

Difficulty accessing care

Difficulty accessing mental health care, Ohio children (ages 3-17), **by insurance type**



Note: Sample sizes for those reporting "Not possible to obtain care" were small; these values are unreliable
Source: National Survey of Children's Health

Mental health care access

Other groups that had more difficulty accessing care:

- **Ages 6-11:** 50.5% reported that accessing care was somewhat or very difficult
- **Income 200-399% FPL:** 42.5% reported that accessing care was somewhat or very difficult
- **Income 400% FPL and above:** 47.3% reported that accessing care was somewhat or very difficult



Was care helpful?

Percent of youth who had received mental health treatment or counseling in the past 12 months and reported that it helped at least “some”, 2021-2022

Ohio

57%

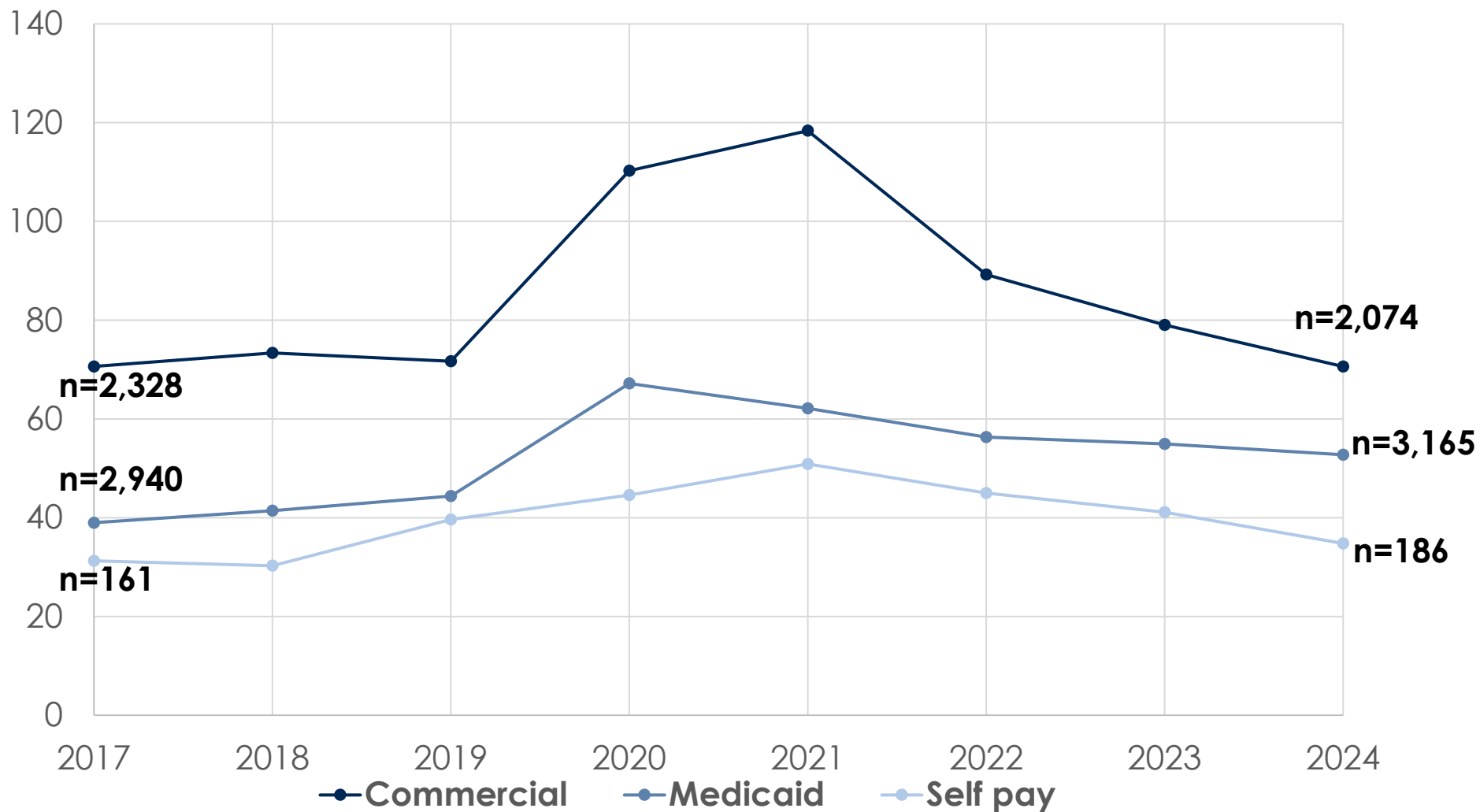
U.S.

65%

Source: National Survey on Drug Use and Health via “The State of Mental Health in America” 2024 edition

ED visits for suspected suicide

Number of emergency department visits for suspected suicide attempts per 10,000 emergency department visits, among Ohio children ages 0-17, **by insurance type**, 2017- 2024



Source: Ohio Hospital Association

Discussion

1. Why does Ohio rank well relative to other states?
2. What stories does this data not tell?/What are we missing? (e.g., *Timeliness of care, more challenges at certain levels of care or with specific conditions, quality of care, etc.*)



Discussion

Based on the previous discussion and what you believe Ohio policymakers would benefit from seeing, **what suggestions do you have to make the publication objectives more specific?**



Draft objectives for mental health care access publication(s)

After reading the publication(s), the audience will understand:

- The extent to which Ohio children and youth are able to access mental health care services
- The groups of Ohio children and youth who experience more challenges accessing care
- Some of the biggest barriers to accessing child mental health care
- How frequently children are visiting the emergency department or accessing crisis services for mental health
- What Ohio can do to improve access to mental health care

HPIO proposal for child and youth access to care bundle of 3 publications

1. Overview of child and youth access to care in general

- Brief overview of the different levels of care
- Data on unmet need, level of difficulty accessing care, and whether care helped

2. Barriers to child and youth mental health care access

- Parent/caregiver focus group findings and relevant quantitative data

3. Mental health emergency department visits and crisis services utilization

- Data on ED visits for suspected suicides and with mental health primary diagnosis
- MRSS data
- 988 data
- Data on follow-up care after ED visit for mental health

Current Ohio initiatives will be incorporated into each



Policy recommendations will also be included

Discussion

What are your reactions to the proposed bundle of 3 publications?



Discussion

What initial ideas do you have for policy recommendations to highlight in this brief?



Next steps

- Drafts should be ready to review in mid-October
- Brief 4 meeting likely to be in early 2026





Contact

Becky Carroll

Director, Policy Research and Analysis

bcarroll@hpio.net

www.hpio.net

Mental health of system-involved youth





VISION

Ohio is a model of health, well-being and economic vitality

MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.



Core funders





Thank you

to the organizations that
have generously
supported HPIO's child
mental health work



harmonyproject



OHIO STATE BAR
FOUNDATION



woodruff foundation

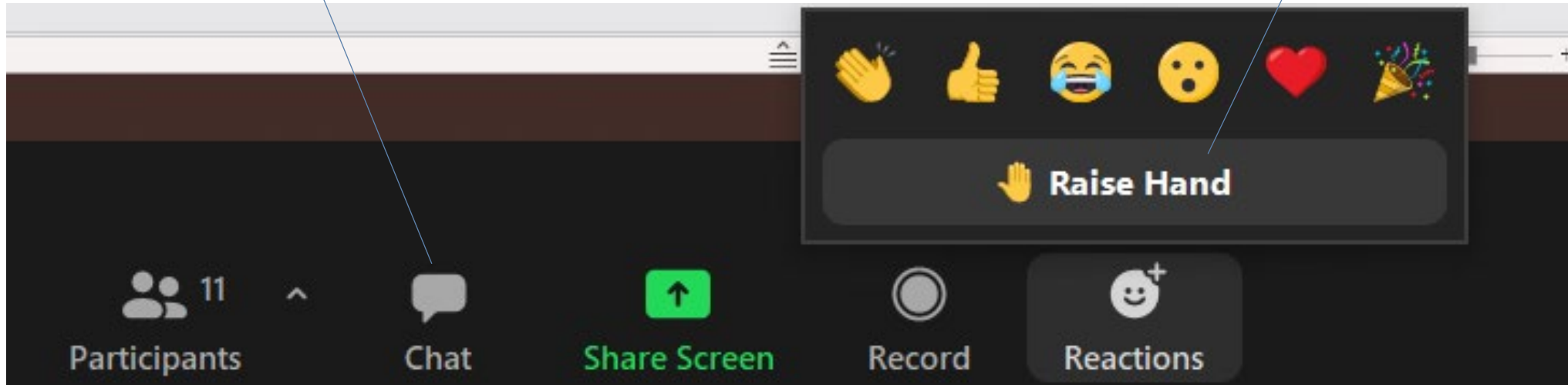
Participating in Zoom

Chat

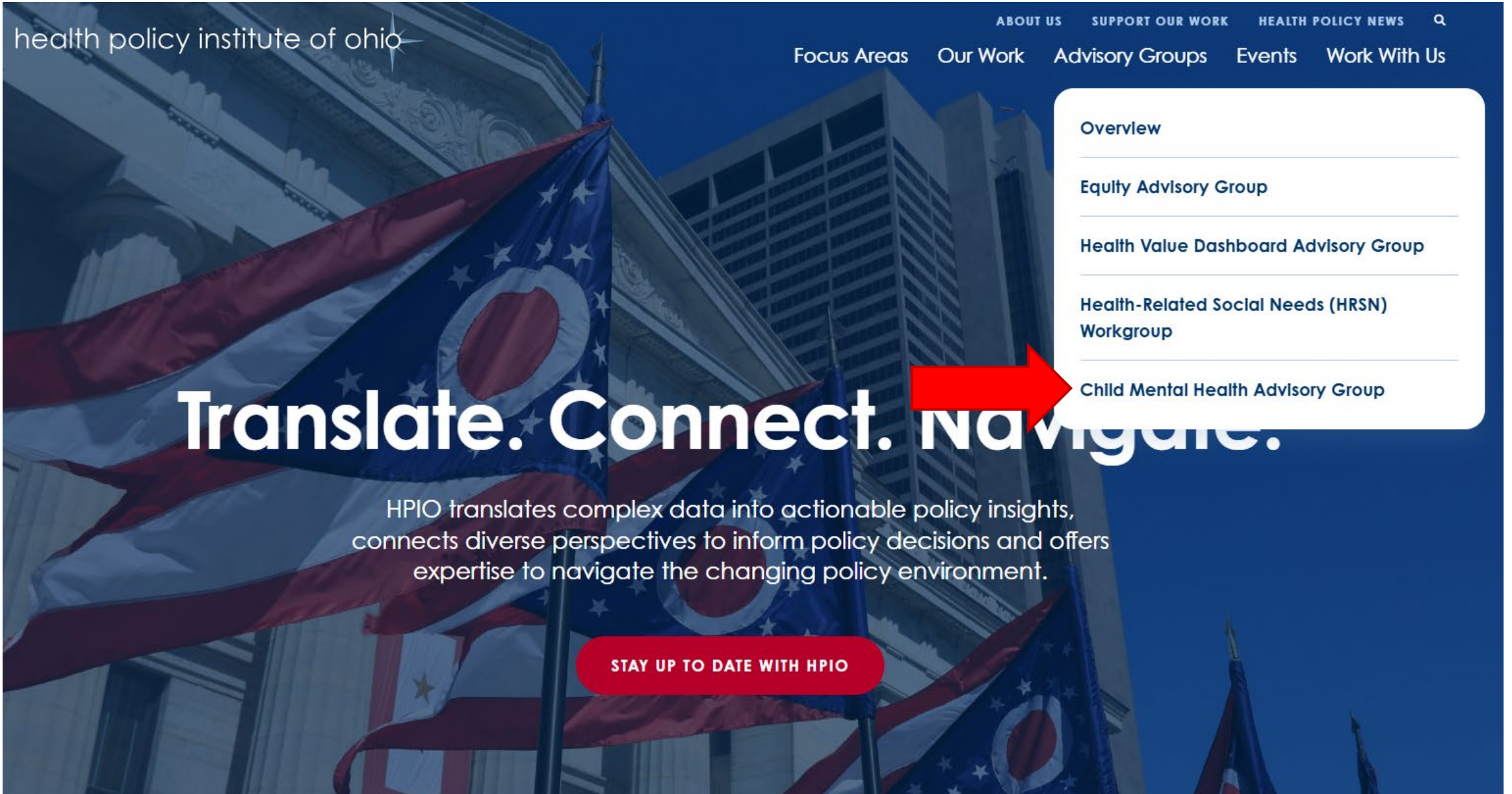
(found in bottom toolbar)

Raise hand

(found inside reactions button)



Child mental health advisory group page



health policy institute of ohio

ABOUT US SUPPORT OUR WORK HEALTH POLICY NEWS

Focus Areas Our Work Advisory Groups Events Work With Us

Overview

Equity Advisory Group

Health Value Dashboard Advisory Group

Health-Related Social Needs (HRSN) Workgroup

Child Mental Health Advisory Group

Translate. Connect. Navigate.

HPIO translates complex data into actionable policy insights, connects diverse perspectives to inform policy decisions and offers expertise to navigate the changing policy environment.

STAY UP TO DATE WITH HPIO

Agenda

- Background and foundation setting
- Discussion: scope and purpose
- Next steps



Objectives

- As a result of participating in this meeting:
 - **Advisory Group members** will be familiar with HPIO's upcoming brief on the mental health of system-involved youth
 - **HPIO** will have guidance from the Advisory Group on the scope and purpose of the brief on the mental health of system-involved youth



Introductions



Background and foundation setting



Overview

According to the HPIO Health Value Dashboard, Ohio ranks 47 out of 50 states and D.C. on health value — a composite measure of population health outcomes and healthcare spending. Incarceration, arrest and crime contribute to Ohio's poor health value rank.

This brief summarizes research on the complex connections between criminal justice and health (see figure 1), with a focus on the impact of criminal justice involvement on health and well-being. The brief also outlines policy options that state policymakers and other community leaders can take to reduce incarceration and improve the health of Ohioans at highest risk for criminal justice involvement.

The research evidence is clear that poor mental health and addiction are risk factors for criminal justice involvement and that incarceration is detrimental to health. Obstacles to health and well-being are particularly striking for Ohioans who are at highest risk of criminal justice involvement.

Figure 1. The relationship between criminal justice and health



3 key findings for policymakers

- There is a two-way relationship between criminal justice and health. Mental health and addiction are risk factors for criminal justice involvement, and incarceration is detrimental to health.

Public and private leaders across Ohio work to build and support safe, just and healthy communities where every Ohioan can thrive. Criminal justice partners, including law enforcement, courts and corrections, play an important role in that effort. Goals of the criminal justice system include preventing crime and improving community safety. However, these worthy goals are not achieved under current criminal justice policies.

Involvement with the criminal justice system has wide-ranging, negative effects on physical and mental health for Ohioans. At the same time, justice involvement creates trauma, barriers to employment, education and housing, and may increase a person's likelihood of re-offending.¹ Communities of color in particular have been disproportionately impacted by our criminal justice system.

Building upon HPIO's policy brief, *Connections Between Criminal Justice and Health*, this brief takes a closer look at the role of race within criminal justice policy. The two-way relationship between criminal justice and health is influenced by racism and other forms of discrimination, which can drive poor outcomes in both sectors (see in figure 2). Ohioans of color are often negatively impacted by unjust biases, policies and structures in the criminal justice system. This results in stark racial disparities in criminal justice outcomes, such as incarceration (see figure 1). Improvements within the criminal justice system can lead to safer, healthier and more vibrant communities in Ohio.

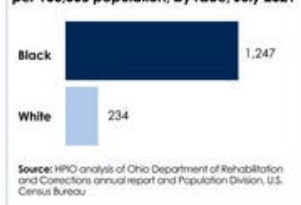
This brief explores:

- The relationship between the criminal justice system and race
- Barriers to justice at the individual, institutional and structural levels that lead to poor outcomes for people of color
- Recommendations and resources for public and private stakeholders to promote safe and healthy communities across Ohio

3 key findings for policymakers

- Disparities in the criminal justice system are not inevitable, and although unjust biases, policies and structures exist, improvement is possible.
- Ohioans of color experience barriers to justice stemming from a long history of racism in the criminal justice system that casts a shadow over modern policymaking.
- Public and private stakeholders can take meaningful action to eliminate racism in the criminal justice system and improve health, safety and well-being for every Ohioan.

Figure 1. Ohio incarcerations in state prison per 100,000 population, by race, July 2021



Every Ohioan wants to live in a community that is safe, provides opportunities for good health and where their families can flourish. This policy brief examines the impact of pretrial incarceration and the money bail system on the health, safety and well-being of Ohioans and their families.

3 key findings for policymakers



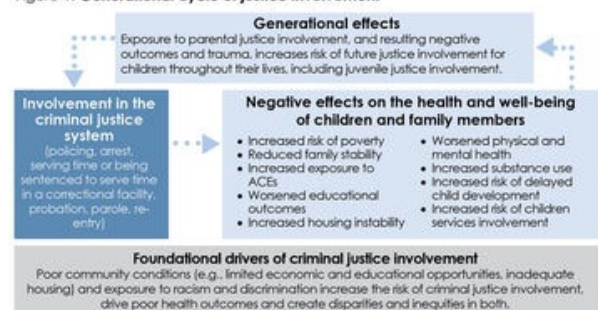
Safe, stable environments and nurturing relationships are essential for healthy child development. Criminal justice involvement disrupts family stability and strains relationships, exposing children to adversity and trauma at no fault of their own.

Incarceration of a household member is an adverse childhood experience (ACE) that can cause serious and long-lasting health and economic harms across generations and for individuals, families and communities. These harms include increased likelihood of future justice involvement of children (displayed in figure 1).¹

At the same time, children need to grow up in safe communities, free from crime and violence, requiring a balance between community safety, family stability and child well-being in Ohio's criminal justice policies.

Though Ohio ranked near the bottom (40th out of 50 states) on incarceration in HPIO's 2023 Health Value Dashboard, Ohioans are resilient and have a strong framework to support children whose family members are justice involved. Policymakers and other leaders can build upon this framework to prevent future involvement with the justice system and mitigate harm.

Figure 1. Generational cycle of justice involvement



Everyone deserves to live in a safe and healthy environment, free from violence. Yet, violent crime occurs across Ohio communities, with more than 30,000 crimes, including homicide, rape, robbery and aggravated assault, reported in 2023.¹

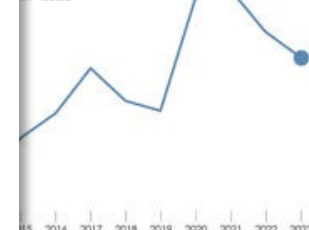
Even with laws and penalties such as arrest and incarceration in prison, violent crime persists and causes harm to communities.

3 key findings for policymakers

- There are evidence-informed policy and program solutions to improve community conditions, prevent violence and improve community health and safety.
- Community conditions can perpetuate or prevent violence. Community factors include social norms, exposure to racism, income inequality and access to quality housing, education, employment and health care impact violence.
- Violence is a public health problem and is detrimental to the physical and mental health of individuals and communities.

social drivers of violence, including racism, income inequality, social norms, education and employment, health care access, and community conditions that may have an impact on community safety and health.

Figure 1. Ohio's violent crime rate, 2015-2023



Goals and purpose

- Describe the connections between health and justice involvement, including drivers of poor outcomes in both sectors
- Highlight barriers to justice by race at the individual, institutional and structural levels
- Examine the impacts of pretrial incarceration and parental justice involvement
- Describe the community drivers of violent crime
- Elevate policies that improve health and well-being for people who are justice-involved, support families and prevent crime



Health

Health, including substance use and mental health, can impact criminal justice outcomes, such as:

- Arrest
- Pretrial detention
- Incarceration
- Community and collateral sanctions

Engagement with the criminal justice system impacts health, safety and well-being at all levels of society

Communities

Families

Individuals

Criminal justice

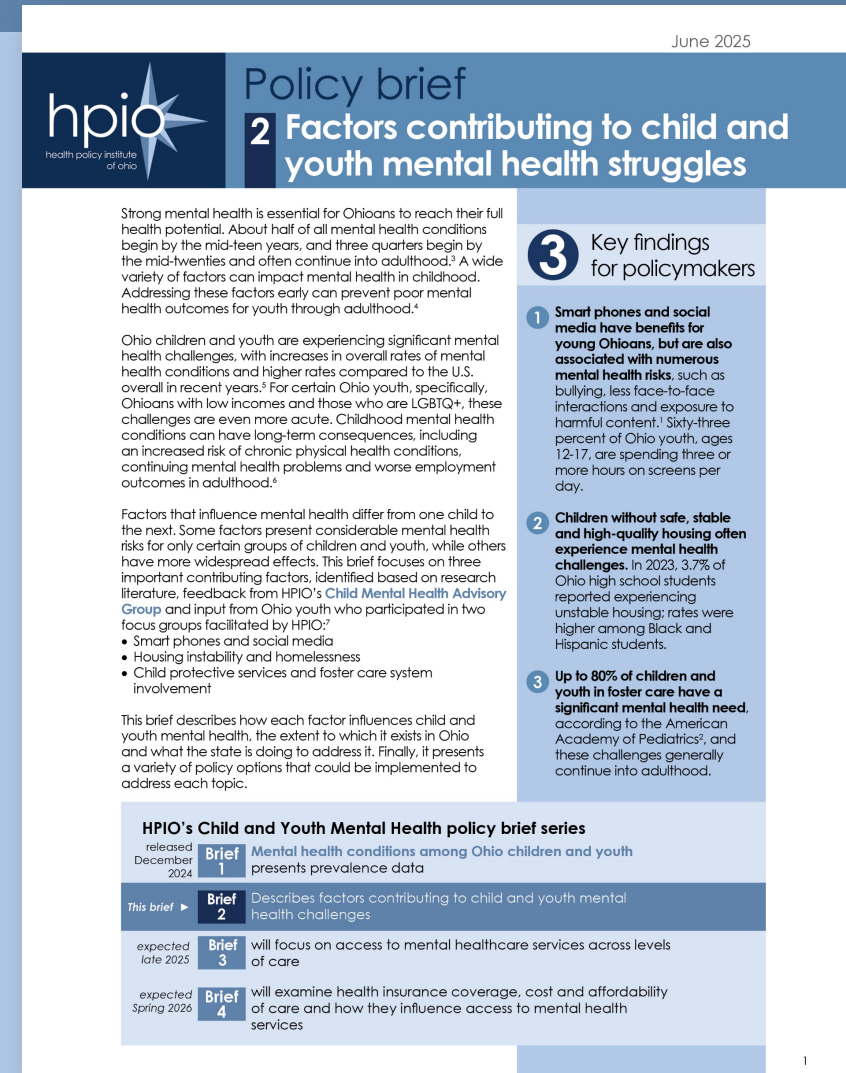
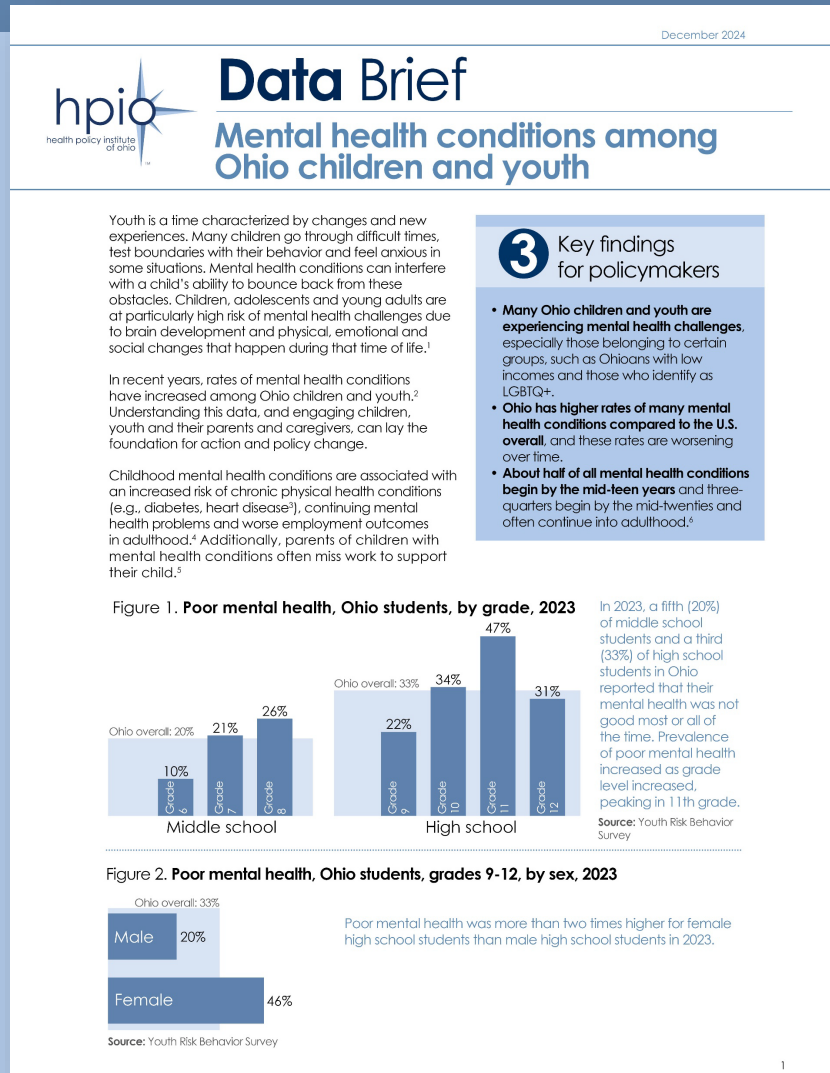
Involvement in the criminal justice system can impact health outcomes, such as:

- Infectious disease
- Chronic disease
- Mental health conditions and addiction

Racism is a systemic and ongoing crisis with serious consequences for the health and well-being of Ohioans inside and outside of the criminal justice system. Racism, ableism, classism and other forms of discrimination drive **disparities** and **inequities** in criminal justice and health outcomes.

Community conditions are foundational drivers of outcomes in both criminal justice and health. Examples of community conditions include income, employment, education, housing, exposure to trauma and family well-being.

First two briefs in the series



Discussion:

Scope and purpose



Research questions

- How does involvement in the juvenile justice system affect youth mental health?
- How does youth mental health affect juvenile justice system involvement?
- How do community conditions affect youth mental health and contact with the juvenile justice system?
- What effect does juvenile justice involvement have on mental healthcare access?
- What strategies prevent juvenile justice involvement and/or support the mental health of justice-involved youth?



Mental health

Mental health and substance use can impact and are affected by involvement with the juvenile justice system, such as:

- Arrest
- Detention

Juvenile justice

Involvement in the juvenile justice system is affected by and affects the mental health and well-being of youth, such as:

- Depression
- Anxiety
- Post-traumatic stress disorder
- Drug use

Racism, classism and other forms of discrimination can affect the health and well-being of Ohio youth inside and outside of the juvenile justice system. These forms of discrimination drive disparities and inequities in juvenile justice and health outcomes.

Underlying drivers of juvenile justice involvement and poor mental health

Involvement with children services, parental incarceration, school discipline policies, experiences of poverty, community violence, neglect and other ACEs negatively affect the mental health of young Ohioans and can increase involvement with the juvenile justice system.

Discussion questions

- What is most relevant to this part of the framework that HPIO needs to discuss?
- What is happening across Ohio (either statewide or locally) to which HPIO should align on this topic?
- What role does mental health care access play as it relates to the connection between mental health and juvenile justice?
- What relevant data exists? What analysis would be helpful in conversations with policymakers?



Mental health

Mental health and substance use can impact and are affected by involvement with the juvenile justice system, such as:

- Arrest
- Detention

Juvenile justice

Involvement in the juvenile justice system is affected by and affects the mental health and well-being of youth, such as:

- Depression
- Anxiety
- Post-traumatic stress disorder
- Drug use

Racism, classism and other forms of discrimination can affect the health and well-being of Ohio youth inside and outside of the juvenile justice system. These forms of discrimination drive disparities and inequities in juvenile justice and health outcomes.

Underlying drivers of juvenile justice involvement and poor mental health

Involvement with children services, parental incarceration, school discipline policies, experiences of poverty, community violence, neglect and other ACEs negatively affect the mental health of young Ohioans and can increase involvement with the juvenile justice system.

Discussion questions

- What does HPIO need to discuss in the brief that is most relevant to the mental health portion of the framework?
- What efforts are happening across Ohio (statewide or locally) to which HPIO should align on mental health outcomes for justice-involved youth?
- What treatment gaps and outcomes exist for justice-involved youth both in community and in DYS facilities?



Mental health

Mental health and substance use can impact and are affected by involvement with the juvenile justice system, such as:

- Arrest
- Detention

Juvenile justice

Involvement in the juvenile justice system is affected by and affects the mental health and well-being of youth, such as:

- Depression
- Anxiety
- Post-traumatic stress disorder
- Drug use

Racism, classism and other forms of discrimination can affect the health and well-being of Ohio youth inside and outside of the juvenile justice system. These forms of discrimination drive disparities and inequities in juvenile justice and health outcomes.

Underlying drivers of juvenile justice involvement and poor mental health

Involvement with children services, parental incarceration, school discipline policies, experiences of poverty, community violence, neglect and other ACEs negatively affect the mental health of young Ohioans and can increase involvement with the juvenile justice system.

Discussion questions

- What does HPIO need to discuss in the brief that is most relevant to the juvenile justice side of the framework?
- What efforts are happening across Ohio (statewide or locally) to which HPIO should align on juvenile justice involvement and its impact on youth mental health?



Mental health

Mental health and substance use can impact and are affected by involvement with the juvenile justice system, such as:

- Arrest
- Detention

Juvenile justice

Involvement in the juvenile justice system is affected by and affects the mental health and well-being of youth, such as:

- Depression
- Anxiety
- Post-traumatic stress disorder
- Drug use

Racism, classism and other forms of discrimination can affect the health and well-being of Ohio youth inside and outside of the juvenile justice system. These forms of discrimination drive disparities and inequities in juvenile justice and health outcomes.

Underlying drivers of juvenile justice involvement and poor mental health

Involvement with children services, parental incarceration, school discipline policies, experiences of poverty, community violence, neglect and other ACEs negatively affect the mental health of young Ohioans and can increase involvement with the juvenile justice system.

Discussion questions

- What does HPIO need to discuss in the brief that is most relevant the underlying drivers of justice involvement and poor mental health, including experiences of discrimination?
- What efforts are happening across Ohio (either statewide or locally) to which HPIO should align on reducing disparities and inequities and/or improving community conditions?
- What role does mental health care access play as it relates to the connection between mental health and juvenile justice?



Potential data

- Youth residing in juvenile detention, correctional and/or residential facility, Ohio
- Students who reported feeling sad or hopeless
- Youth poor mental health
- Out of school suspensions or expulsions
- Parent/guardian went to jail
- Received needed mental health treatment, children
- DYS admissions data



Discussion questions

- What other relevant data exists?
- What analysis would be helpful in conversations with policymakers?



Next steps



Next steps

- Reconvene advisory group in late October to discuss key findings
- Advisory group review of brief in late October



Save the date



THURSDAY
OCTOBER 9

Prioritizing what works

*A focus on policies with the greatest
return on investment*



Columbus State Community College

The Event Center at Mitchell Hall

250 Cleveland Avenue
Columbus, OH 43215

Registration open:
www.hprio.net/events



Contact

Jacob Santiago

Senior policy analyst

jsantiago@hpio.net

www.hpio.net

Thank you!

