

August 2024

HEY!
HOPEFUL
EMPOWERED
YOUTH



Youth Mental Well-Being in Greater Cincinnati: A Collaborative Strategy

August 2024

Table of Contents

- I. Who We Are, Our Why, Our Vision**
- II. Our 10 Year Strategy and Scope**
- III. Key Challenges and Focus Areas**
 - I. Schools**
 - II. Communities and Caregivers**
 - III. Treatment**
 - IV. Enabling Levers: Advocacy and Measurement**
- IV. How We Work**
- V. Appendix**
 - I. Working Group Strategies and Activities**
 - II. Assessment Findings**

Who are we?



We are a **diverse coalition** of over 200 organizations, healthcare providers, educators, policymakers, families, and most importantly, youth, working to create a community that supports the **mental well-being of all youth** from ages 0-24 in Greater Cincinnati¹, especially those facing the greatest barriers and disparities.

Notes: 1) We are focused on the 12 counties in the Greater Cincinnati MSA between Ohio and Kentucky. The counties in Kentucky include Boone, Bracken, Campbell, Gallatin, Grant, Kenton, and Pendleton. The counties in Ohio include Brown, Butler, Clermont, Hamilton, and Warren.



What do we mean by mental well-being?



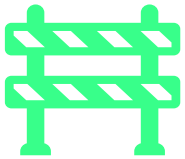
We define mental well-being as the holistic relationship between **emotional, psychological, physical, and social experiences** that enables youth to feel agency and belonging, **cope with stress**, and **make informed decisions**—including those pertaining to **substance use**.

Why did we form HEY! Greater Cincinnati?



Greater Cincinnati is experiencing an acute youth mental well-being crisis

- Youth suicide rates in Ohio increased 54% from 2012-2020, compared to a 29% increase nationwide.
- Challenges to mental well-being include decreased **social connections**, **limited opportunities for social-emotional skill building**, and a **health system with limited capacity to meet the needs of the region's youth**. **Siloed funding** makes it harder to provide resources where they are needed.



Marginalized youth face disproportionate barriers to well-being

- Black youth consistently face **more risk factors**, and **worse mental well-being outcomes** (e.g., in 2019, 16% of Black Ohio high schoolers attempted suicide compared to 4% of their white counterparts).
- **LGBTQ+ and systems-involved youth** also experience unique challenges impacting mental health outcomes (e.g., low availability of gender affirming care, high rates of child maltreatment).



The challenges are too complex for any one organization or sector to solve

- Improving mental well-being requires **cooperation** across the entire community.
- HEY! Greater Cincinnati leverages an array of **community expertise and perspectives** to build and implement a **youth-led strategy** to shift the barriers holding youth mental health and wellbeing problems in place.

What challenges are contributing to this well-being crisis?



Many community, home, and school settings are not conducive youth thriving

- Most youth do not have adequate access to safe, free community spaces outside of home and school.
- The adults in the lives of youth are often not equipped with the skills, resources, or tools to adequately prevent mental health challenges.

“I want the community to feel more communal. COVID-19 played a part in it – people don’t know how to socialize anymore. We don’t get that 1:1 in person communication anymore... It’s hard to find a space where people can sit and hang together that doesn’t involve money or alcohol.” – M., White female, 18+



Growing contemporary social issues are causing stress and changing community life

- Youth are constantly inundated with information about contemporary issues via social media, amplifying their existing worries.
- COVID-19 created new stressors for youth (e.g., loss of meaningful connection to a larger community).

“[We] keep on hearing about climate change and how it’s just getting worse, and nothing is being done about it... And the rising cost of college and living expenses... There are a lot of daunting challenges that we’re facing, not just as an individual but as a society today.” – J., White male, 18+



The behavioral health system is strained and under resourced trying to meet increased needs

- Ohio and Kentucky have some of the worst Medicaid reimbursement rates in the country, making serving the most vulnerable youth unsustainable for many providers.
- 85% of Ohio counties and 98% of Kentucky counties are designated mental health professional shortage areas

“We pay for [insurance] privately and it’s very expensive. Then we constantly get rejected. My son had two accidents last year and I was trying to get him to see a therapist ...It was very hard to find one that was available, that would take our insurance.” – Local parent

Our Vision



Vision: The Youth of Greater Cincinnati are **valued and supported** by the community and **have a say in systems** that help them achieve well-being.

Mission: We **work with youth and system leaders** from across sectors to **institute practices, programs, and policies** that **respond to youth experiences** and **improve their mental well-being** in schools, healthcare settings, home environments, and the community.

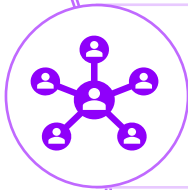


What We Do

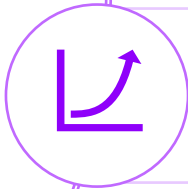
**We are
building a
community-
wide
movement for
change**



Research: HEY conducted extensive research, completing a [Greater Cincinnati Youth Mental Well-Being Collaborative Needs Assessment](#) involving interviews, focus groups, and community meetings engaging over 300 stakeholders, including 60 youth



Coordinated Strategies: Over 500 community members, including 25 youth fellows and 13 funders, collaborated to develop our 10-year strategy across school systems, the community and caregivers, and mental health providers



Collective Action: HEY members work directly with youth leaders to develop programs, inspire practice changes, build community momentum, and mobilize resources towards shared strategic priorities



Advocacy: HEY's goals are also being advanced through education and advocacy that engages youth and members

Table of Contents

- I. Who We Are, Our Why, Our Vision**
- II. Our 10 Year Strategy and Scope**
- III. Key Challenges and Focus Areas**
 - I. Schools**
 - II. Communities and Caregivers**
 - III. Treatment**
 - IV. Enabling Levers: Advocacy and Measurement**
- IV. How We Work**
- V. Appendix**
 - I. Working Group Strategies and Activities**
 - II. Assessment Findings**

Our 10-Year Strategy

Vision The Youth of Greater Cincinnati are **valued and supported** by the community and **have a say** in systems that help them achieve well-being

Mission We work with **youth and system leaders** from across sectors to institute practices, programs, and policies that respond to youth experiences and improve their well-being

Guiding Principles

<i>Equity</i>	<i>Youth Leadership</i>	<i>Empathy</i>	<i>Learning</i>	<i>Collaboration</i>
---------------	-------------------------	----------------	-----------------	----------------------




Impact Outcomes

Increased youth sense of belonging and agency	Increased number of trusted adults in youth’s lives	Improved youth behavioral health
---	---	----------------------------------

Focus Areas

Schools	Communities and Caregivers	Treatment
Mental well-being is a central pillar of education.	Communities are safe, connected, and proactively promote youth wellbeing.	All youth can access evidence-based, holistic, and culturally responsive care.
<ul style="list-style-type: none"> <i>Mental health & prevention education</i> <i>School environments</i> <i>School-based screening and care</i> 	<ul style="list-style-type: none"> <i>Adult awareness and capacity</i> <i>Community conditions</i> <i>Safe spaces</i> 	<ul style="list-style-type: none"> <i>Care Coordination</i> <i>Care Quality</i> <i>Provider Capacity</i>

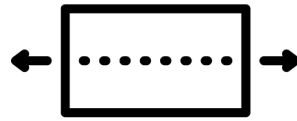
Enabling Levers

Advocacy 	Data & Measurement 	Coordinated Funding 
--	--	---



We work to improve mental well-being for all youth and design implementation to address the greatest disparities

Age



Universal goal

Full spectrum
Ages 0-24

Targeted design*

Youth ages
12-24

Geography

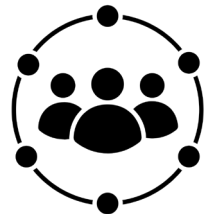


All 12 Ohio and
Kentucky Counties
in the MSA

*KY: Boone, Bracken, Campbell, Gallatin,
Grant, Kenton, & Pendleton. OH: Brown,
Butler, Clermont, Hamilton, and Warren.*

TBD by working
groups

Populations



All youth

- Black/brown youth
- LGBTQ+ youth
- System-involved youth

A [targeted universalism approach](#) achieves **universal goals** by designing implementation strategies that support youth facing the **greatest barriers**. *Initial design approaches will expand and evolve over time.



Table of Contents

- I. Who We Are, Our Why, Our Vision**
- II. Our 10 Year Strategy and Scope**
- III. Key Challenges and Focus Areas**
 - I. Schools**
 - II. Communities and Caregivers**
 - III. Treatment**
 - IV. Enabling Levers: Advocacy and Measurement**
- IV. How We Work**
- V. Appendix**
 - I. Working Group Strategies and Activities**
 - II. Assessment Findings**

Schools | Youth do not always experience school as a safe and supportive environment that supports their mental well-being

Bullying

“Some rumors started and [...] we were receiving death threats. Being on the other side of [the rumor] was definitely a different perspective.” – A

Academic Pressure



Referrals to care spike in the fall in spring – when new school terms start and student stress mounts¹

Staff Relationships

“ [Adults] say ‘you can talk to me’ but then [they] don’t come across as someone that you can talk to. They’ll say that the first day of school, and then after that, they’re the cause of half of the issues you have.” –M

Discipline

6x

Some students are experiencing harsh punishment for their behaviors. Black students in local public schools are **6 times** more likely to receive out-of-school suspension²

Schools | Working Group Strategies

Mental well-being is a central pillar of education

Goals

1. Strengthen mental well-being skills for staff, youth, and caregivers

- Identify and build on existing mental well-being trainings and programming
- Integrate mental well-being into the curriculum and after-school programming including whole family intervention/prevention activities
- Build a shared understanding of the state of mental well-being knowledge and skills amongst youth and staff in Greater Cincinnati schools

2. Promote school environments that foster belonging and connection

- Assist in the creation and implementation of physically and emotionally safe spaces
- Foster authentic relationships amongst young people, caregivers, and school staff
- Explore the relationship of technology, phone use, and social media and its connection to building positive relationships and supporting a culture of belonging
- Shift schools from punitive, exclusionary discipline to more restorative approaches

3. Increase access to prevention and intervention programs and resources

- Identify current screening practices to build on existing efforts and increase accessibility of mental well-being screening and programming
- Increase youth and community awareness of resources
- Expand funding to increase comprehensive school-based services

The group is focusing initial activities around the highlighted strategies

Communities & Caregivers | Many youth do not have safe, connected, community environments with supportive adults

Generational Stigma

“My dad doesn't believe in mental disorders. He's like, ‘the mind is more powerful than all those things. You can overcome anything if you put your mind to it.’” –M

Decreased Connection



Youth do not feel connected to their community, are feeling lonelier since COVID-19¹, and some struggle with social anxiety

Missed Warning Signs

4%

Only 4% of local parents surveyed view their child's mental health as worse than good, whereas 39% of youth report feeling anxious all or most of the time^{2,3}

Lack of Safe Spaces

“ [Youth want to have] fun – just a place where they can go and hang out, hear some music, play video games – a place to kick back. ‘We don't have a place to kick back,’ is what they say.” – Local behavioral health provider

Community & Caregivers | Working Group Strategies

Communities are safe, connected, and proactively promote youth wellbeing

Goals

1. Build safe, accessible spaces that facilitate well-being and resilience for youth

- **Define, identify, and resource** existing spaces (i.e., programs, initiatives, forums) where youth feel belonging
- Support **conditions and programs** that create safe neighborhoods as defined by youth
- **Invest in replicating and scaling successful safe space programs and initiatives** for youth, especially youth experiencing disproportionate barriers (i.e., *Black/brown and LGBTQ+ youth*)

2. Equip adults to promote safety, wellbeing and resilience for youth

- **Build capacity** of parents, caregivers, and other adults who interact with youth to **facilitate safety** for youth and support their **well-being and resilience**
- Build **adults' ability to navigate mental health systems** and generate a **shared sense of ownership** amongst adults to promote youth mental well-being

3. Integrate holistic wellness into the community

- Support **efforts to increase community wellbeing and social connection** (e.g., *game days, cultural events*)
- Build **community awareness and solidarity** around youth wellbeing issues and needs
- Support initiatives that promote the **wellbeing of system involved youth**
- Support access to holistic wellbeing supports for families (e.g., *basic need programs*)

The group is focusing initial activities around the **highlighted strategies**

Treatment | Many youth do not receive compassionate, high-quality care from equipped providers

Incompatible infrastructure



There are dozens of different electronic record system among youth care providers in Greater Cincinnati that cannot share data.

Limited provider capacity

1-2

The average tenure of any provider in the field of behavioral health in the U.S. is about 1-2 years¹

Lack of personal connection with youth clients

“ [We want to] be understood as people receiving mental health services, having a provider who you can relate to, and you can feel comfy with.” – Youth Fellow

Insufficient cultural awareness and compassion

“I've never been so triggered by a therapist before in my life. She would constantly ask me if I was a lesbian. I'm like, I'm a trans guy... she would always misgender people.” – D

Sources: 1. “Behavioral Health Specialist Demographics and Statistics in the US,” Zippia The Career Expert, <https://www.zippia.com/behavioral-health-specialist-jobs/demographics/>



Treatment | Working Group Goals

All youth can access evidence-based, holistic, and culturally responsive care

Goals

Strategies

1. Improve care coordination so that youth can access behavioral health care through many entry points with health information that facilitates healing

- A. Refine **client engagement processes** to be more youth-centered (e.g., *inventory intake practices, youth patient advisory boards*)
- B. Identify and explore **data and information sharing systems** and processes that center youth experiences (e.g., *learn about EHR compatibility*)
- C. Increase the **availability of and connection to treatment resources** in places where youth already are (e.g., *integration with primary care, telehealth*)

2. Advance care quality so that youth experience evidence-based, compassionate, holistic treatment

- A. Identify and resource **evidence-based, culturally responsive care and continuing education opportunities** to respect and understand the diverse identities of youth (e.g., *incentives*)
- B. Ensure that **family systems** are considered in treatment to support holistic care for youth (e.g., *transportation stipends*)

3. Increase provider capacity so youth can find providers that share their identities and engage with them as individuals

- A. Increase the **physical, social, and emotional well-being** of behavioral health providers so that they can be more present with the youth (e.g., *decrease utilization requirements, provider appreciation activities, peer support groups*)
- B. Increase resources to **expand and diversify the provider pipeline** so that youth can find providers that share their identities (e.g., *mentorship programs, scholarships*)

The group is focusing initial activities around the highlighted strategies





Enabling Lever | Advocacy

Goals



Connect the voices of youth, families, and others on the ground to leaders and policy makers



Support the collaborative to speak with one, powerful voice on policy issues



Shift public policy affecting youth mental well-being to create sustainable structural change

Functions

- **Develop and steward an advocacy scope** and platform informed by the work and experiences of members and Youth Fellows.
- **Identify opportunities** to shift legislation and funding towards strategic priorities and **create and execute strategies** to capitalize on them.
- **Tap into advocacy leaders and policy experts** on specific strategies to inform a precise and coordinated approach.
- **Build the capacity** of collaborative members to engage in advocacy and work with the Steering Committee to **mobilize the collaborative** around key advocacy opportunities.
- **Educate policy makers** on the funding, legislative, and social challenges negatively impacting youth mental wellbeing

Enabling Lever | 10-Year Advocacy Platform

Prioritize prevention and community-initiated care

- Increase funding and improve policies for safe, youth-centered **community spaces**.
- Increase **mental well-being curricula, resources, and care** in schools for students in partnership with providers and staff.
- Support policies that prioritize and address the unique well-being **needs of youth from marginalized communities**.
- **Address the socio-economic barriers** that contribute to poor mental health for youth and their caregivers.
- Promote school policies that support a **safe school culture and environment**, including restorative and trauma-informed approaches to discipline.

Improve parity and reimbursement

- Ensure all children and families have comprehensive and affordable insurance coverage by enhancing policies and **enforce parity** laws for behavioral health care.
- Unlock funding and enhance policies that **build out the continuum of care** needed for all youth.

Strengthen workforce and care quality

- Strengthen behavioral health services for youth with diverse, trauma-informed and culturally and linguistically responsive **behavioral health professionals**.
- Improve **quality data collection** and sharing to respond to youth mental health needs more rapidly.



Enabling Lever | Data & Measurement

Functions



Develop and refine
measures of
progress and
outcomes



Design and support
the infrastructure
to track, report on,
and leverage data
to advance impact



Coordinate cross-
collaborative data
collection and
learning activities



Build the capacity
of collaborative
members to
engage with data
for continuous
learning



Support the
communication of
progress to the
community





Our 10 Year Goals

Working Group

Potential Long-Term Outcomes*

Community Impact

Schools

- Improved youth sense of **safety, accountability, and belonging** in the school environment
- Increased **retention** and **well-being** of school staff
- Decrease in well-being **crisis spikes** during the school year
- Increased mental health **skills** for youth and school staff

Increased youth sense of belonging and agency

Communities and Caregivers

- Decrease in youth **risk behaviors**, esp. for Black and LGBTQ+ youth
- Increased access and utilization of **safe spaces**, esp. for youth with historically low access (e.g., low-income, Black/brown, LGBTQ+ youth)
- Increase in adults' **mental wellness literacy**
- Increase in number of families **equipped to support** youth wellbeing and resilience

Increased number of trusted adults in youth's lives

Treatment

- Increased provider mental **well-being, retention, and agency**
- Increased number of LGBTQ+ and Black youth who **shared identities** and **feel safe** with their provider
- Decreased **length of time** from referral to treatment and to reach **successful care** outcomes, especially for LGBTQ+ and Black/brown youth
- Increased **capacity** of care providers to serve patients, especially multi-system youth

Improved youth behavioral health

Table of Contents

- I. Who We Are, Our Why, Our Vision**
- II. Our 10 Year Strategy and Scope**
- III. Key Challenges and Focus Areas**
 - I. Schools**
 - II. Communities and Caregivers**
 - III. Treatment**
 - IV. Enabling Levers: Advocacy and Measurement**
- IV. How We Work**
- V. Appendix**
 - I. Working Group Strategies and Activities**
 - II. Assessment Findings**

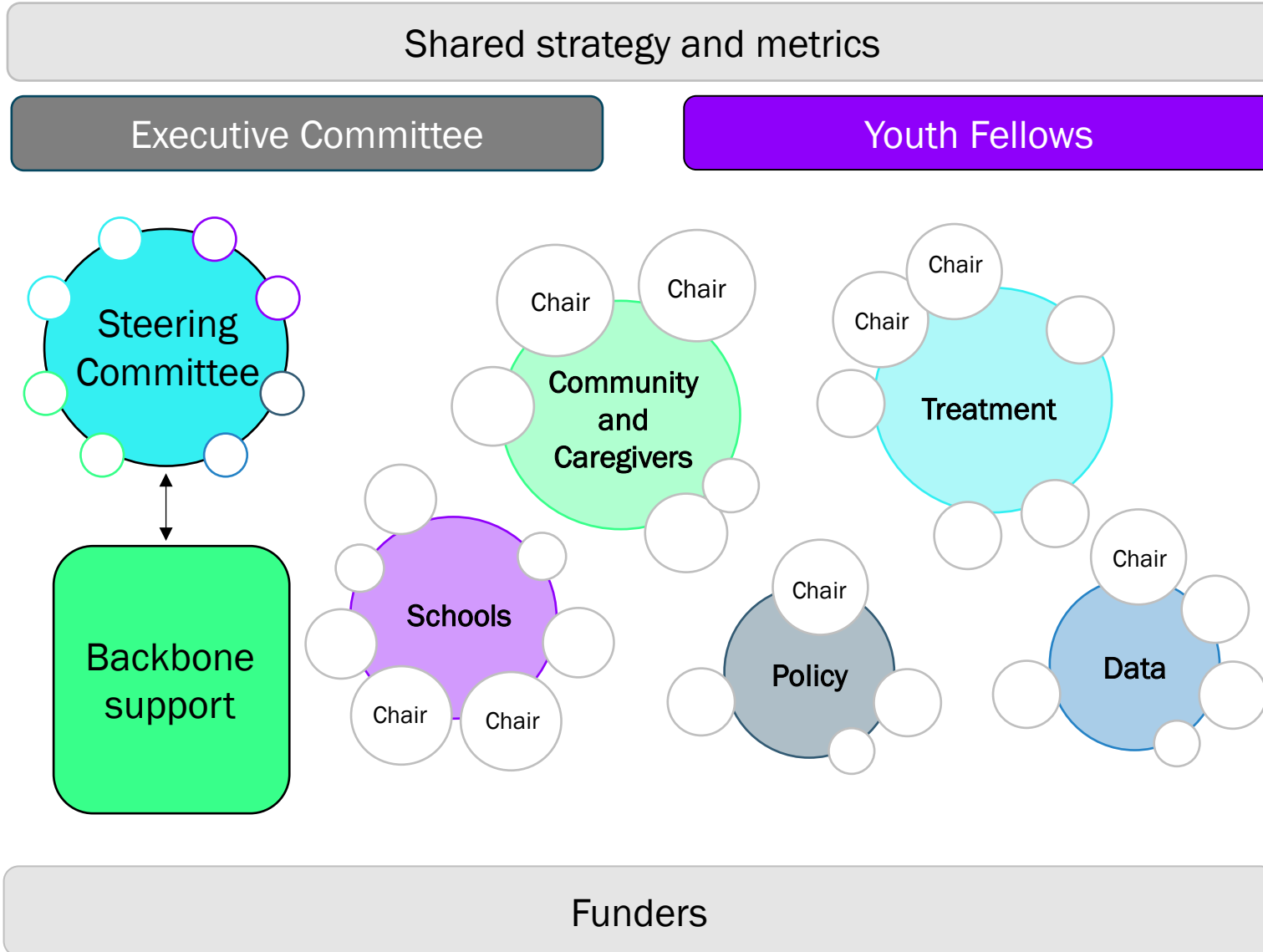
We use a Collective Impact model to build power with youth through coordinated leadership

Executive Committee:

3 Youth Fellows and 3 Steering Committee members that guide the backbone and troubleshoot challenges

Steering Committee: Working group members, community leaders, and advocates who **steward the overall direction** of the initiative, ensure alignment, and marshal resources

Backbone: Independent staff to **coordinate and align** among various groups and foster collaboration. This includes the Executive Director, and any additional staff hired.



Youth Fellows: Twenty-five youth ages 14-26 who guide the initiative's **decision making** and ensure that it is grounded in the **perspective, leadership, and priorities** of youth

○ = *Community Partner* (e.g., nonprofit, funder, business, public agency, parent)

Working Groups: Community partners who create specific **goals, strategies, and ways of measuring progress** for each of the areas elevated in the needs assessment

Centering Youth Leadership



Focus Groups: 60 youth and families guided the community assessment.

Youth Fellowship: 25 youth (of 150 applicants) engaged in a 6-month, paid fellowship to co-create the strategy.

Age

14-17: 14
18-23: 11

Gender

Female: 12
Male: 8
Trans/Nonbinary: 5

School

High School: 14
College: 9
Not Enrolled: 2

Lived Experiences

25 identify as having experience with mental health challenges
16 identify as BIPOC
12 identify as LGBTQ+
5 identify as Low Income
2 identify as Rural
4 identify as System Involved

State

Ohio: 21
Kentucky: 4

Pictured: 2024 Youth Fellowship Cohort, Facilitated By:



Get involved

We need YOU to make our vision a reality!

Vision:

“The Youth of Greater Cincinnati are **valued and supported** by the community and **have a say** in systems that help them achieve well-being”

Join us!

Learn more about our movement and contact us here



Table of Contents

- I. Who We Are, Our Why, Our Vision**
- II. Our 10 Year Strategy and Scope**
- III. Key Challenges and Focus Areas**
 - I. Schools**
 - II. Communities and Caregivers**
 - III. Treatment**
 - IV. Enabling Levers: Advocacy and Measurement**
- IV. How We Work**
- V. Appendix**
 - I. Working Group Strategies and Activities**
 - II. Assessment Findings**

Schools | Working Group Strategies

Mental well-being is a central pillar of education

Goals

1. Strengthen mental well-being skills for staff, youth, and caregivers

- Identify and build on existing mental well-being trainings and programming
- Integrate mental well-being into the curriculum and after-school programming including whole family intervention/prevention activities
- Build a shared understanding of the state of mental well-being knowledge and skills amongst youth and staff in Greater Cincinnati schools

2. Promote school environments that foster belonging and connection

- Assist in the creation and implementation of physically and emotionally safe spaces
- Foster authentic relationships amongst young people, caregivers, and school staff
- Explore the relationship of technology, phone use, and social media and its connection to building positive relationships and supporting a culture of belonging
- Shift schools from punitive, exclusionary discipline to more restorative approaches

3. Increase access to prevention and intervention programs and resources

- Identify current screening practices to build on existing efforts and increase accessibility of mental well-being screening and programming
- Increase youth and community awareness of resources
- Expand funding to increase comprehensive school-based services

The group is focusing initial activities around the highlighted strategies

Schools | Goal 1. Potential Strategies

Strengthen mental well-being skills for staff, youth, and caregivers

Strategies

1A. Identify existing mental well-being **trainings and programming**

- Build a comprehensive list of current trainings on topics like mental health, trauma, suicide prevention, etc.
- Create a shared database of all current resources being used organized by content, geography, and payer source
- Get feedback from youth, teachers, and administrators needs and identify gaps in available trainings

1B. Integrate mental well-being into the **curriculum and after-school programming** including whole family prevention

- Develop a curriculum that prioritizes holistic well-being (e.g., Daily mind-body sessions (physical health, mental health beyond P.E. class, support for music and cultural arts)
- Incentivize after school activities that integrate outdoor activities
- Use school spaces for community gathering afterschool and on weekends (collaborate with Community and Caregivers WG)

1C. Build a shared understanding of the **state of mental well-being** knowledge and skills amongst youth and staff in Greater Cincinnati schools

- Build on PreventionFIRST! Student Survey and OHYES Survey to include more mental health questions, and broaden school participation across the region
- Support agencies to track student mental health needs and trends over time
- Evaluate knowledge, skills, and understanding (e.g., confidence in reaching out for help, confidence in responding to certain behaviors)

Illustrative Activities

Schools | Goal 2. Potential Strategies

Promote school environments that foster belonging and connection

Strategies

2A. Assist in the creation and implementation of physically and emotionally **safe spaces**

- Work with students to define what connection and safety in school means to them (e.g., schoolwide indoor and outdoor designated safe spaces)
- Foster gender inclusive school environments (e.g., gender-neutral bathrooms, visible pride flags, use of preferred pronouns)
- Ensure school promotes and supports diversity of identity (e.g., celebrate historical figures of different identities, wellness spaces meet needs of students and staff with marginalized identities)
- Implementing staff and students tap in / tap out when they become overwhelmed or need a quick break
- Advocate at the school board-level for policy change and necessary resources to support technical assistance for school districts moving towards restorative practices
- Collect data on technology use during school day and consider shift to a focus on in person connection
- Explore existing school culture surveys and make recommendations for activities for improvement

2B. Foster **authentic relationships** amongst young people, caregivers, and school staff

- Develop youth advisory councils to liaise between students and school staff
- Train administrators, teachers, and staff to develop positive school culture (e.g., Relationship skills, trauma-informed practices, encouragement, connectivity, proactive positive outreach with families)
- Create opportunities to build community e.g., – optional groups, spaces, and places where adults practice modeling: share stories and experience of healthy coping with the students
- Develop tools for youth and staff to navigate social media and technology in a way that supports positive relationships
- Promote youth led initiatives to improve school culture

Schools | Goal 3. Potential Strategies

Increase access to prevention and intervention programs and resources

Strategies

3A. Identify current screening practices and increase accessibility of **mental well-being screening** and programming

- Create a database that includes screeners being used in the school setting including frequency, type, and age range
- Develop and implement regular evidence-based, high-quality early screening trainings across schools systems through capacity building (e.g., consortium of fully-funded trainers, train-the-trainer model, incentives for participation)
- Implement regular screening trainings for all school staff (not just teachers) with on-going coaching support

3B. Increase youth and **community awareness** of resources

- Expand on projects that are already in progress and share out resources consistently across service providers (i.e. CCHMC school strategy work, MindPeace, 1N5)
- Use innovative and consistent distribution models to share resources (e.g., QR codes in schools, share resources during summer and spring breaks, regular newsletter to increase salience for parents, social media campaign)

3C. Expand funding to increase comprehensive **school-based services**

- Expand funding for resource or wellness coordinator in schools to assist families in navigating resources, services, and wrap around supports that may be needed in addition to mental health treatment.
- Incentivize school based mental health practitioners through stipends or other benefits.
- Increase funding for prevention services in schools so that state initiatives like HB 123 can be implemented with fidelity across all schools.

Draft Schools Working Group Measurement Approach

Goals	Strategies	Short-Term Indicators	Medium-Term Indicators	Long-Term Outcomes	
Strengthen mental well-being skills for staff, youth, and caregivers	<ul style="list-style-type: none"> Identify existing mental well-being trainings and programming Integrate mental well-being into the curriculum and after-school programming including whole family prevention Build a shared understanding of the state of mental well-being knowledge and skills amongst youth and staff in Greater Cincinnati schools 	<ul style="list-style-type: none"> More students and staff can easily locate resources Creation of a central portal for training and data capture 	<ul style="list-style-type: none"> Increased knowledge, skills, understanding, and awareness Knowledge of brain science increases; more common language More staff equipped to address youth mental health issues; Staff confident in responding to student behaviors More youth and staff are confident reaching out for help Increase in student/staff interactions (both overall and related to mental health) More students engaged in class, school events, and extra-curriculars 	<ul style="list-style-type: none"> Decrease stigma around mental health Increase in early interventions Decrease in health/ mental health crisis spikes during the school year 	
	Promote school environments that foster belonging and connection	<ul style="list-style-type: none"> Assist in the creation and implementation of physically and emotionally safe spaces Foster authentic relationships amongst young people, caregivers, school staff 	<ul style="list-style-type: none"> More youth-led initiatives throughout the school setting More physical wellness spaces available throughout school that prioritize wellness and promote positive coping strategies More emotionally safe language and policies at school Increased understanding of the benefits and challenges of technology in schools 		<ul style="list-style-type: none"> More youth participate in clubs and activities outside the classroom More students and teachers report positive work environments/ school culture (e.g., workforce innovation center, HR Safety Assessment, and others)
		<ul style="list-style-type: none"> Increase mental well-being screening access Increase youth and community awareness of resources Expand funding to increase comprehensive school-based services 	<ul style="list-style-type: none"> Increased use of community partners providing screenings Increased number of partners sharing mental well-being resources in school settings Greater awareness and community buy-in about the need for school-based mental well-being services 		<ul style="list-style-type: none"> Increase in number of students reporting that they have a trusted adult at school Youth, staff, caregivers, providers all have more youth-led conversations An increase in the number of students screened for mental well-being Increased ability of students and staff to refer peers and students to mental well-being resources More funding available for prevention services and supports for all students An increase in the number of school-based providers participating in new reimbursement models
Increase access to prevention and intervention programs and resources at schools				<ul style="list-style-type: none"> Decrease staff turnover/ Improve teacher retention Decrease in student peer-to-peer violence/ altercations or “BIG” behaviors Attendance improves More schools are places of safety and accountability and youth feel belonging Decrease in exclusionary discipline practices (behavior referrals, suspension rates, seclusion and restraint, disciplinary infractions decrease) Decrease in treatment for more acute conditions (due to early detection) Self harm, hospitalizations (tracked by agencies and schools) are decreased Youth survey metrics on mental health improve Reduction in intensity of supports needed for students who have experienced trauma 	



Community & Caregivers | Working Group Strategies

Communities are safe, connected, and proactively promote youth wellbeing

Goals

1. Build safe, accessible spaces that facilitate well-being and resilience for youth

- **Define, identify, and resource** existing spaces (i.e., programs, initiatives, forums) where youth feel belonging
- Support **conditions and programs** that create safe neighborhoods as defined by youth
- **Invest in replicating and scaling successful safe space programs and initiatives** for youth, especially youth experiencing disproportionate barriers (i.e., *Black and LGBTQ+ youth*)

2. Equip adults to promote safety, wellbeing and resilience for youth

- **Build capacity** of parents, caregivers, and other adults who interact with youth to **facilitate safety** for youth and support their **well-being and resilience**
- Build **adults' ability to navigate mental health systems** and generate a **shared sense of ownership** amongst adults to promote youth mental well-being

3. Integrate holistic wellness into the community

- Support **efforts to increase community wellbeing and social connection** (e.g., *game days, cultural events*)
- Build **community awareness and solidarity** around youth wellbeing issues and needs
- Support initiatives that promote the **wellbeing of system involved youth**
- Support access to holistic wellbeing supports for families (e.g., *basic need programs*)

The group is focusing initial activities around the **highlighted strategies**



Communities and Caregivers | Goal 1. Potential Strategies

Build safe, accessible, spaces that facilitate social connection and a sense of belonging for youth

Strategies

1A. Define, identify, and resource **existing “safe” spaces** (i.e., programs, initiatives, forums) where youth feel belonging

- Identify the characteristics of adults and programs effectively creating trusting relationships with youth and facilitating safety and communicate them broadly with leaders of youth-serving organizations
- Explore disparities in which youth have access to safe “spaces” and disaggregate by neighborhood, race, age, income, and other socio-economic factors
- Provide general operating support to safe spaces and programs, particularly those serving youth with the least access to safe spaces, to help scale their reach

1B. Invest in **replicating and scaling** successful safe space programs and initiatives for youth

- Identify the characteristics of adults and programs effectively creating trusting relationships with youth and facilitating safety and communicate them broadly with leaders of youth-serving organizations
- Explore disparities in which youth have access to safe “spaces” and disaggregate by neighborhood, race, age, income, and other socio-economic factors
- Provide general operating support to safe spaces and programs, particularly those serving youth with the least access to safe spaces, to help scale their reach

1C. Support conditions and programs that **create safe neighborhoods**

- Identify and pilot innovative programs that support neighborhood safety for youth (e.g., walking school bus programs that facilitates safe transit for youth back and forth from home to school and safe spaces)

Communities and Caregivers | Goal 2. Potential Strategies

Equip adults to facilitate safety, wellbeing and resilience for youth

Strategies

2A. Build capacity of parents, caregivers, and other adults who interact with youth to **facilitate safety** for youth and **support their well-being and resilience**

- Develop targeted education programs to build essential wellness skills (e.g., self care, preventive care, mental health treatment 101) for adults caring for youth, differentiated by demographic group and identity (e.g., by age, cultural identity, gender)
- Partner with community organizations to deliver mental health and wellbeing trainings and resources, and develop adult and peer mental well-being champions and educators (e.g., train the trainer models)
- Support access to free and subsidized education and counseling for caregivers to build their own mental resiliency toolkit (e.g., through Employee Assistance Programs)

2B. Build adults' ability to **navigate mental health systems**, and generate a **shared sense of ownership** amongst adults to promote youth mental well-being

- Develop and implement training program that educate families on how to navigate mental health care systems
- Promote utilization of a comprehensive directory of mental health providers by specialty, population of focus, treatment method

Illustrative Activities

Communities and Caregivers | Goal 3. Potential Strategies

Integrate holistic wellness into the community and attend to basic needs that support wellbeing

Strategies

3A. Support the wellbeing of youth and families through **access to holistic wellbeing supports** (e.g., integrated social services and basic needs supports)

- Identify gaps in existing community-level mental well-being resources and identify community-based partners with the capacity to fill those gaps
- Build community understanding of where there are critical gaps in basic needs for families and identify partners to fill those gaps
- Connect families experiencing gaps in essential needs (e.g., food, housing, utilities) with social services and community care networks to help meet their needs

3B. Build community awareness and ownership of youth wellbeing needs, and support efforts to **increase connection and belonging**

- Host cultural events at youth centers for families and leverage as opportunity to use music, dance, and the cultural arts to build connection and educate community members about mental well-being
- Develop adult-youth and peer-to-peer mentorship and connection opportunities for youth to support one another and develop a collective sense of belonging

3C. Support initiatives that facilitate the wellbeing of **system involved youth**

- Advocate for juvenile courts to have mental health professionals at all hearings
- Restart community courts
- Advocate for increased trauma-informed services for youth involved in the foster system

Draft Community and Caregivers Working Group Measurement Approach

Goals	Strategies	Short-Term Indicators	Medium-Term Indicators	Long-Term Outcomes
Build safe, accessible spaces that facilitate well-being and resilience for youth	Define, identify, and resource existing spaces (i.e., programs, forums) where youth feel belonging	<ul style="list-style-type: none"> Increased amount of funding supporting safe space programs 	<ul style="list-style-type: none"> Increased sustainability of safe spaces (fiscal, human resources, etc.) 	<ul style="list-style-type: none"> Decrease in youth risk behaviors, esp. for historically marginalized youth Increased utilization of safe spaces, esp. for youth with historically low access
	Invest in replicating and scaling successful safe space programs and initiatives for youth	<ul style="list-style-type: none"> Increased number of quality safe space programs and initiatives available for youth 	<ul style="list-style-type: none"> More youth report having access to a safe third space in their lives 	
	Support conditions and programs that create safe neighborhoods	<ul style="list-style-type: none"> Increased cross-sector and community dialogue about the importance of safe neighborhoods 	<ul style="list-style-type: none"> Increase in resources addressing neighborhood safety 	
Equip adults to facilitate safety, wellbeing and resilience for youth	Build capacity of parents, caregivers, and other adults who interact with youth to facilitate safety for youth and support their well-being and resilience	<ul style="list-style-type: none"> Increased number of adults educated to facilitate well-being and resilience 	<ul style="list-style-type: none"> Increase in caregivers and families open to discussing wellbeing at home Increase in the number of youth who report having at an adult they can talk to about serious problems Increase number of adults using mental wellbeing and resilience strategies for themselves 	<ul style="list-style-type: none"> Increase in adult's mental wellness literacy Increased trust and communication between youth and adults Decrease in mental health stigma Increase in number of families equipped to support youth during a mental health crisis
	Build adults' ability to navigate mental health systems and generate a shared sense of ownership amongst adults to promote youth mental well-being	<ul style="list-style-type: none"> Increased number of adults trained to navigate mental health systems Increased number of adults participating in initiatives to promote youth well-being in the community 	<ul style="list-style-type: none"> Increased caregiver and family understanding of mental health assessment and treatment options Increased number of caregivers who are knowledgeable about low-cost treatment options 	
Integrate holistic wellness into the community	Support the wellbeing of families through access to holistic wellbeing supports (e.g., integrated social services)	<ul style="list-style-type: none"> Increased number of families connected to social service organizations addressing basic needs 	<ul style="list-style-type: none"> Decreased length of time between social service referrals and families accessing resources 	<ul style="list-style-type: none"> Fewer families report inability to meet basic needs (e.g., food and housing insecurity) Increased number of systems involved youth who feel ready for adulthood Increased sense of belonging and connection in community
	Build community awareness of youth wellbeing issues and needs, and support efforts to increase connection and belonging	<ul style="list-style-type: none"> Increased number of community-level youth wellbeing events, forums, and initiatives Increased efforts to increase connection including establishing baseline data on community connection and belonging 	<ul style="list-style-type: none"> Increased accessibility of mental well-being resources for youth within the community/in community spaces Decreased feelings of exclusion between youth and their community 	
	Support the wellbeing of system-involved youth	<ul style="list-style-type: none"> Increased number of foster and justice-system workers trained to provide trauma-informed services 	<ul style="list-style-type: none"> Increase in trauma-informed services provided to system-involved youth 	

Treatment | Working Group Goals

All youth can access evidence-based, holistic, and culturally responsive care

Goals

1. Improve care coordination so that youth can access behavioral health care through many entry points with health information that facilitates healing

2. Advance care quality so that youth experience evidence-based, compassionate, holistic treatment

3. Increase provider capacity so youth can find providers that share their identities and engage with them as individuals

Strategies

- A. Refine client engagement processes to be more youth-centered (e.g., inventory intake practices, youth patient advisory boards)
 - B. Identify and explore data and information sharing systems and processes that center youth experiences (e.g., learn about EHR compatibility)
 - C. Increase the availability of and connection to treatment resources in places where youth already are (e.g., integration with primary care, telehealth)
-
- A. Identify and resource evidence-based, culturally responsive care and continuing education opportunities to respect and understand the diverse identities of youth (e.g., incentives)
 - B. Ensure that family systems are considered in treatment to support holistic care for youth (e.g., transportation stipends)
-
- A. Increase the physical, social, and emotional well-being of behavioral health providers so that they can be more present with the youth (e.g., decrease utilization requirements, provider appreciation activities, peer support groups)
 - B. Increase resources to expand and diversify the provider pipeline so that youth can find providers that share their identities (e.g., mentorship programs, scholarships)

The group is focusing initial activities around the highlighted strategies



Treatment | Goal 1. Potential Strategies

All youth can access care through many entry points with health information that facilitates healing

Strategies

1A. Refine **client engagement processes** to be more youth-centered

- Inventory organizational **intake processes** to identify best practices for **client engagement**
- Increase processes and resources to facilitate **collaborative care** for youth with multiple providers
- Support opportunities for **increased awareness of youth experiences** in treatment (*e.g., patient advisory boards*)

1B. Identify and explore **data and information sharing systems** and **processes** to center youth experiences

- Learn about regional initiatives focused on shared **EHR systems**, identify leaders in the space, and develop partnerships
- Explore **centralized credentialing process** for insurance and MCOs
- Learn about and support the **integration of social services data** in health information systems

1C. Increase the **availability of and connection to treatment resources** in places where youth already are

- **Strengthen communication and relationships with youth-serving institutions** (*e.g., school systems, colleges and universities, youth community organizations, youth employers*)
- Explore and promote investment in and expansion of **integrated care models and partnerships**
- Integrate **telehealth** into practices when it is appropriate and supports best-practices
- Resource **trainings to primary** care providers to conduct behavioral health screening and referrals

Illustrative Activities

Treatment | Goal 2. Potential Strategies

Youth experience evidence-based, compassionate, holistic treatment

Strategies

2A. Identify and resource evidence-based, culturally responsive care and continuing education opportunities to respect and understand the diverse identities of youth

2B. Ensure that family systems are considered in treatment to support holistic care for youth

Illustrative Activities

- Generate ideas about how to incentivize organizations to send providers to trainings and professional development opportunities by “paying off” or “balancing” the cost in loss of billable hours through financial means or measurable outcomes improvement
- Identify effective gender and sexual orientation and racial awareness trainings to promote across Greater Cincinnati providers
- Create opportunities for youth to lead panels and information sessions to inform training on culturally responsive care
- Support and advance the existing efforts to increase the implementation of evidence-based practices (e.g., PINQ Network)
- Identify treatment opportunities that promote the involvement of caretakers in treatment when appropriate
- Provide caretakers and families with psychoeducation on mental health, when appropriate
- Increase caretakers and families understanding of intergenerational trauma, when appropriate
- Standardize processes assess other needs that may exist for caretakers to connect them with the right resources, especially low-income families (e.g., transportation assistance, legal services, primary care health services)

Treatment | Goal 3. Potential Strategies

Youth can find providers that share their identities and can engage with them as individuals

Strategies

3A. Increase the physical, social, and emotional well-being of behavioral health providers so that they can be more present with the youth

- Explore and pilot the development of **provider peer to peer support programs**
- Facilitate conversations and develop plans to increase a sense of **physical safety** for providers
- Catalyze **provider appreciation** activities (e.g., *provider appreciation day, provider wellness days, provider celebration gatherings*)
- Support the leadership and **development of supervisors and managers** (e.g., *leadership training and mentorship opportunities*)
- Advocate within and across provider organizations for **practices, policies, and approaches** that allow providers to utilize best practices to offer personalized care to youth (e.g., *sharing personal information when appropriate, setting boundaries and sharing processes during intake conversations, etc.*)
- Host **cross-organization provider learning spaces** to promote a sense of community, build relationships, and advance learning (e.g., *speaker series, youth-led panels, provider panels*)

3B. Increase resources to expand and diversify the provider pipeline so that youth can find providers that share their identities

- Support the development of **mentorship programs** for interns, trainees, and young providers
- Procure funding for **scholarships** to support students to get licensed
- Procure funding to **pay community behavioral health interns**
- Increase partnerships with local universities to **support hands-on learning in the behavioral health field** through practicums and shadowing
- Procure resources for community behavioral health providers to attend **high-school career events**

Illustrative Activities

Draft Treatment Working Group Measurement Approach

Goals	Strategies	Short-Term Indicators	Medium-Term Indicators	Long-Term Outcomes
Increase provider capacity	Increase the physical, social, and emotional well-being of behavioral health providers so that they can be more present with youth	<ul style="list-style-type: none"> Increased number of provider organizations offering peer support opportunities to their staff Increased number of managers attending leadership trainings Increased number of provider organizations designing and implementing safety plans 	<ul style="list-style-type: none"> Reduced safety instances for behavioral health providers Increased provider satisfaction 	<ul style="list-style-type: none"> Increased provider mental well-being Increased provider retention Increased sense of provider agency Increased number of youth who have providers with shared identities
	Expand and diversify the provider pipeline so that youth can find providers that share their identities	<ul style="list-style-type: none"> Increased number of paid internships and scholarships for students Increased number of mentorship opportunities for students/trainees 	<ul style="list-style-type: none"> Increased number of students enrolling and graduating in behavioral health education locally Increased retention of interns/trainees 	
Build providers' cultural responsiveness	Identify and resource evidence-based continuing education opportunities for providers to respect and understand the diverse identities of youth	<ul style="list-style-type: none"> Increased number of providers with gender and sexual identity and anti-racism cultural responsiveness training in the last 3 years 	<ul style="list-style-type: none"> Increased incentives and guidance for cultural responsiveness training by provider organizations 	<ul style="list-style-type: none"> Decreased length of treatment to achieve symptom management Increased number of youth completing treatment who meet definition of treatment success Increased number of youth who feel respected by their provider
	Augment approaches that consider caretaker treatment and/or support , when appropriate, to facilitate healing and well-being at home	<ul style="list-style-type: none"> Increased number providers offering home-based care options for low-income families Increased youth-led learning opportunities for providers (e.g., panels) 	<ul style="list-style-type: none"> Increased number of family engagement specialists Increased feedback collection from youth about their care experiences and implementation of learnings 	
	Develop and integrate feedback loops between youth and providers		<ul style="list-style-type: none"> Increased number of youth reporting feeling safe in their first interaction with a provider 	
Improve care coordination	Improve intake processes to build trust and facilitate greater understanding between youth and providers	<ul style="list-style-type: none"> Increased number of providers that utilize youth-informed intake processes 	<ul style="list-style-type: none"> Increased number of providers who report having access to helpful data from previous treatments Increased number of providers who have compatible EHR systems 	<ul style="list-style-type: none"> Decreased length of time from referral to treatment Increased number of new patients served per fulltime provider per organization Increased number of youth and/or their caretakers who can readily access care
	Refine data and information sharing systems and processes to center youth experiences and increase information flow	<ul style="list-style-type: none"> Increased number of warm-handoffs between providers for low-income families Increased collaboration between provider organizations on information sharing 	<ul style="list-style-type: none"> Increased number of insurance providers who have streamlined credentialing processes Increased number of integrated behavioral health and primary care providers Increased number of behavioral health screenings in primary care settings 	
	Increase the availability of and connection to treatment resources in places where youth already are	<ul style="list-style-type: none"> Increased number of schools, primary care offices, and youth centered places that have resources and connections to behavioral health providers in low-income communities 		

Working Group Goal & Strategy Roll-Up: 2024-25 Priorities

Schools

Mental well-being is a central pillar of education

1. Strengthen mental well-being skills for staff, youth, and caregivers

Identify and build on existing mental well-being trainings and programming

2. Promote school environments that foster belonging and connection

Foster authentic relationships amongst young people, caregivers, and school staff

3. Increase access to prevention and intervention programs and resources

Treatment

All youth can access evidence-based, holistic, and culturally responsive care

1. Improve care coordination so that youth can access behavioral health care through many entry points with health information that facilitates healing

Refine client engagement processes to be more youth-centered

2. Advance care quality so that youth experience evidence-based, compassionate, holistic treatment

Identify and resource evidence-based, culturally responsive care and continuing education opportunities

3. Increase provider capacity so youth can find providers that share their identities and engage with them as individuals

Communities & Caregivers

Communities are safe, connected, and proactively promote youth well-being

1. Build safe, accessible spaces that facilitate well-being and resilience for youth

- Define, identify, & resource existing spaces where youth feel belonging
- Invest in replicating safe space programs and initiatives for youth

2. Equip adults to promote safety, wellbeing and resilience for youth

Build capacity of parents, caregivers, and other adults to support youth well-being and resilience

3. Integrate holistic wellness into the community

Table of Contents

- I. Who We Are, Our Why, Our Vision**
- II. Our 10 Year Strategy and Scope**
- III. Key Challenges and Focus Areas**
 - I. Schools**
 - II. Communities and Caregivers**
 - III. Treatment**
 - IV. Enabling Levers: Advocacy Agenda and Measurement**
- IV. How We Work**
- V. Appendix**
 - I. Working Group Strategies and Activities**
 - II. Assessment Findings**

Youth in Greater Cincinnati are experiencing increasingly acute behavioral health challenges with limited support

91% of PARENTS

view their child's mental health as good, very good, or excellent



39% of YOUTH

feel anxious all or most of the time

Young people and their families say:

"It's a school building full of kids who are depressed. They [adults] say 'you can talk to me' but then [they] don't come across as someone that you can talk to." - M., African American female, 15-18

"My parents didn't believe in any mental health help or therapy or anything like that or medicine... To them that was the same as any type of drug". -D., White male, 18+

"Once we bring up a new emotion or go through a new struggle, they're instantly 'Let's find treatment, let's find cure, let's...' No, we need to stop focusing on treatment and focus on getting to the root cause [of] why I may be feeling this way..." -E, African American Female, 15-22

	USA	Kentucky	Ohio
Depression Children 3-17, 2021	4%	7% highest rate in the nation	5%
Death by Suicide 8-year spike in teen (15-19 y/o) suicide, 2012-2020	29% increase	28% increase	53% increase
Alcohol Use Kids who have used alcohol by 8 th grade, 2021	1 in 4	1 in 4	1 in 3 30% higher than national average



The behavioral health system is continuously strained and underfunded trying to meet this increased need

Ohio and Kentucky have some of the worst Medicaid reimbursement rates in the country

Making serving the most vulnerable youth unsustainable for many providers



6th lowest rates



11th lowest rates

Insights from young people and their families

“Marketplace insurance sucks. We pay over \$2,000 a month for bad insurance. You have *to appeal or write letters [to get reimbursed]*. The insurance companies want to exhaust you.”

– Local parent

“*[All the therapists] are booked*. Either they don’t take our insurance, [or] it’s many weeks before [we can be seen]. My friend had a son who threatened to kill himself at school and it was *STILL* hard to find a therapist for him.” – Local parent

“*We didn’t get [the diagnosis] until after the third mental health hospitalization* because my child was experiencing suicidal ideation to point where they made a plan [to take their life].” – Local parent

350%+

Increase in demand for behavioral health services in Ohio, 2013-19

85,000+

Children dropped from Ohio Medicaid or CHIP during a 6-month period in 2023

1,300

Number of young people on a **waitlist** at just ONE large local provider

1 – 2 years

Average **tenure** of behavioral health providers at an employer

Amongst Ohio youth, Black youth are facing more risk factors and challenging outcomes

Higher Rates of Adverse Childhood Experiences (ACEs)¹

61% of Black Ohioans experience an ACE

Compared to 51% and 40% of Hispanic and white Ohioans, respectively (2016)

- ▶ *Mirrors national data that ACEs are more common for all marginalized groups*

Higher Rates of Suicide Attempts

16% of Black Ohioan High Schoolers attempted suicide

In the past year, compared to 4% of their white counterparts (2019)

- ▶ *Disparity does not improve into adulthood – Black men are the group that face the highest risk in Ohio*

Outsized Impact of Discrimination on Mental Health

Young Black Ohioans who experience discrimination are **4x** more likely to report frequent mental distress^{2,3}

- ▶ *Perception of racial discrimination is associated with emotional, developmental, and behavioral challenges for which treatment or counseling is needed*

Notes: 1) ACEs = [Adverse Childhood Experiences](#); 2) Ages 6-18, reported by caregivers, 2020; 3) Frequent mental distress = ≥ 7 out of 30 days reporting stress, depression, and problems with emotions or substance use (substance use omitted for those under 13); Sources: 1) [Trauma-Informed Care Implementation Resource Center](#); 2) [Ohio Journal of Public Health](#); 3) [Mind the Gap](#); 4) [Behavioral Health in Ohio: An Overview of Opportunities](#); 5) [Child Trends](#)



Health Inequities

LGBTQ+, low-income, and system involved youth also experience unique challenges

LGBTQ+

- ▶ Lack of affirming providers and those employing culturally competent care for LGBTQ+ youth frequently noted as a top concern
- ▶ Homeless youth are disproportionately LGBTQ+, true in the Cincinnati metro region and the US at-large

Low-Income

- ▶ Caregivers note poverty as a major barrier to youth mental health
- ▶ 1 in 4 young Ohioans under the age of 26 enrolled in Medicaid have a behavioral health condition

Youth in State Custody

- ▶ Kentucky and Ohio have high rates of child maltreatment¹ leading to foster care²

Per 1000	Child Maltreatment	Foster Care
USA	49	3.5
KY	106.6	7.4
OH	74.4	4.6

Notes: 1) NCANDS definition of child abuse and neglect, values represents unique victims; 2) NCANDS datasets from 2018-2021; Sources: Interact for Health Youth 2022 Mental Health Partner Survey; 2) [Interact for Health & Cohear Mental Health and Well-Being in Greater Cincinnati](#); 3) [Cincinnati Children's Hospital's 2022 CHNA](#); 4) [Ohio Journal of Public Health](#); 5) [WVXU](#); 6) [Child Trends](#)



Health Inequities

Hamilton County has low rates of income and wealth compared to the greater region and the nation¹



	Hamilton County 1 county area	USA	Greater Cincinnati 8 county area ²
Median Household Income	\$57,212	\$62,843	\$68,975
Home Ownership ³	58%	64%	71%
Families in Poverty ⁴	23%	19%	17%

Hamilton's less favorable socioeconomic factors disproportionately affect Black residents

The Black population comprises 26% of the county compared to 13% of Greater Cincinnati²

Notes: 1) 2019 Census data; 2) Data represents Cincinnati Children's Hospital's Primary Service Area, see appendix for further information; 3) Owner-occupied housing; 4) Defined as family with child under 18 and household income under 100% of the federal poverty level; Sources: 1) [Cincinnati Children's Hospital's 2022 CHNA](#)



Health Inequities

HEY!

HOPEFUL
EMPOWERED
YOUTH

This work is made possible by
13 generous funders

bi3

INTERACT
FOR HEALTH



UNITED WAY
Greater Cincinnati

The R. C. Durr Foundation, Inc.



The heart of Northern Kentucky

TQL  CARES



Millstone Fund
doing good turns for others



Jewish Foundation
of Cincinnati
INVESTING IN OUR COMMUNITY



Adam R. Scripps
Foundation

Manuel D. & Rhoda
MAYERSON
FOUNDATION



Jacob G. Schmidlapp
TRUSTS
FIFTH THIRD BANK, TRUSTEE

+ 1 anonymous
donor



GREATER
CINCINNATI
FOUNDATION