

Abstract / Introduction

- The Affordable Care Act of 2010 requires nonprofit hospitals to complete Community Health Needs Assessments (CHNAs) every three years and develop corresponding Implementation Strategies (ISs).
- U.S. health systems have historically separated mental and physical health.
- Recent community assessments increasingly identified mental and behavioral health as top priorities
- Some hospitals have developed programs that aim to integrate mental and physical health services
- Previous research has largely focused on hospital efforts related to substance use, leaving other mental and behavioral health needs underexplored.
- This study examines how hospitals address mental and behavioral health needs when these issues are identified as community priorities

Methods

- **Sample:** 111 nonprofit acute care hospitals in Ohio (2022) with publicly available CHNAs and ISs; 103 prioritized mental/behavioral health
- **Design:** Two independent coders reviewed each hospital's CHNA and IS
- **Coding Approach:**
 - Step 1: Determined whether identified mental/behavioral health needs were addressed in the IS
 - Step 2: Categorized types of strategies used (excluding substance-use-only strategies)
- **Strategy Characterization:** Strategies were further coded by thematic category, evidence-based approach, and measurability
- **Reliability:** Coding conducted in separate Excel sheets and reconciled through consensus
- **Additional Data:** County-level variables included rural/urban classification, mental health provider ratios, poor mental health days, and frequent mental distress
- **Analysis:** Content analysis and descriptive statistics were used to summarize strategy use and examine patterns across hospitals and counties

Results

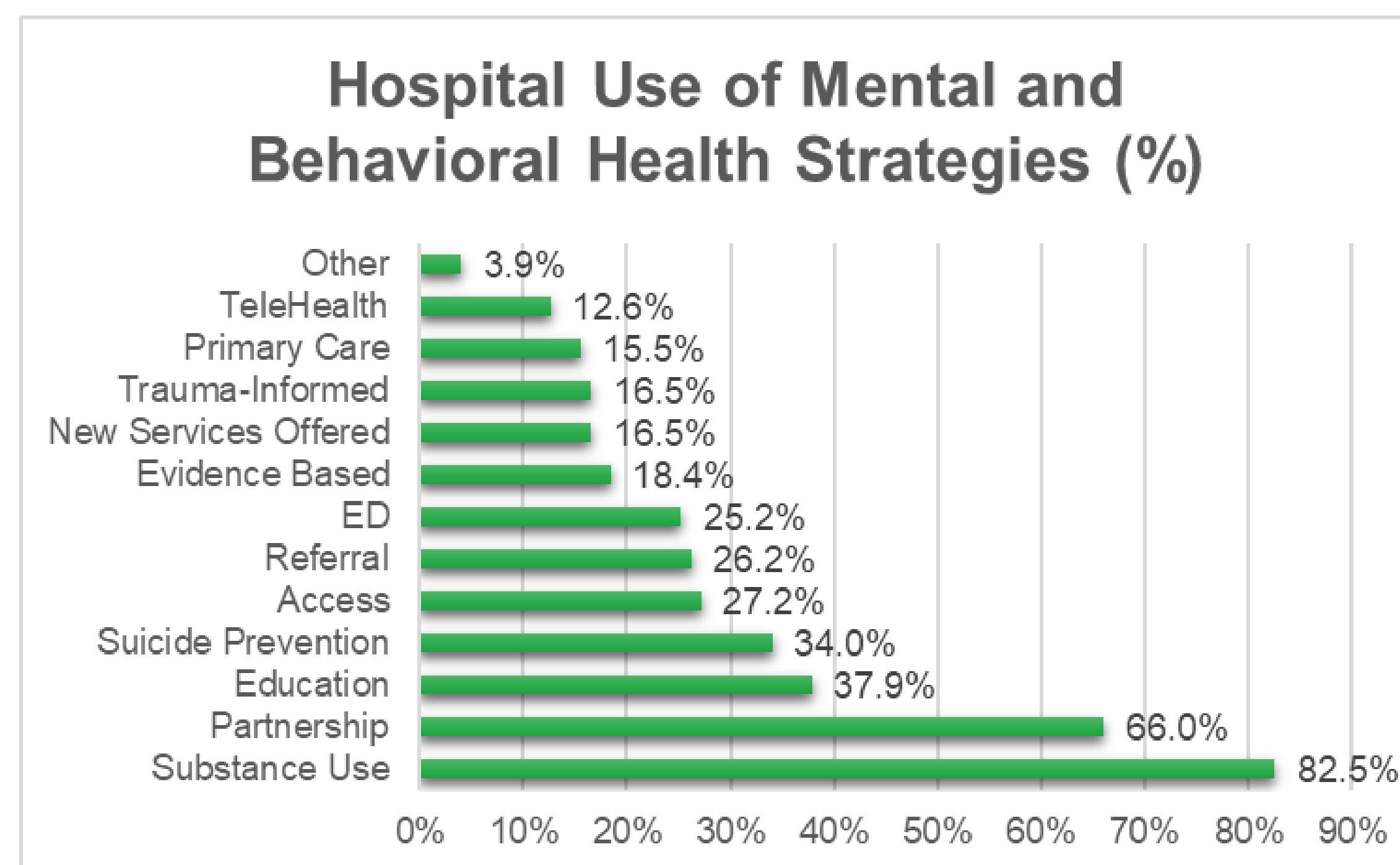


Figure 1. Percentage of hospitals implementing specific mental and behavioral health strategies in Implementation Strategies (ISs), with substance use, partnerships/collaboration, and education as the most frequently reported approaches.

Note. “New services offered” refers to the implementation of new initiatives within a hospital’s IS, including both locally developed programs and newly adopted external or national initiatives. “Other” includes mobile services, measurement/tracking of mental health outcomes (e.g., healthy days), and staff training in mental health awareness.

Category (n, %)	Description (All Pertain to Addressing Mental Health)	Examples
ED (26, 25%)	Use of Emergency Departments to improve access and treatment.	Connect ED patients to recovery services (Cleveland Clinic Akron General Lodi); update resource info in ER/waiting areas (ProMedica Fostoria); assess ED care gaps (Salem Regional/East Liverpool).
Telehealth (14, 14%)	Use of telehealth to expand mental health services.	Implement tele-mental health (Aultman Orrville); expand telemedicine (Pomerene); track and increase telehealth use (Mercy Health–St. Elizabeth Youngstown).
Partnerships/ Collaboration (73, 71%)	Collaboration with community/hospital partners.	Partnerships for wellness services (UH Ahuja); support uninsured patients (Mercy Health Anderson); build workforce pipelines (Mercy Regional).
Education (43, 42%)	Provide mental health education and resources.	Educate staff (Magruder Memorial); educate community (Fisher-Titus); provide education resources to providers/agencies (Blanchard Valley).
Suicide Prevention (37, 36%)	Programs, treatment, educational resources, and training to prevent suicide.	Crisis response services (Blanchard Valley); risk assessments (Fairfield Medical Center); raising staff awareness and training (Lake Health).
Substance Use (88, 85%)	Programs, resources, and treatment for substance use disorders.	Medical Assisted Treatment (MAT) programs (UH Geauga); drug disposal (OhioHealth Grady); opioid education for physicians (UH Ahuja).
New Services (17, 17%)	Development of new programs/services.	Community events (UH Ahuja); internships (Mercy Regional); school-based programs (Trinity Hospital Twin City).
Referral (27, 26%)	Referral to mental health services/resources.	Refer to free resources (Adena Greenfield); screen & refer (Summa Health); crisis referrals (Holzer Jackson).
Access (28, 27%)	Efforts to improve access to care.	Expand outpatient services (Holzer); school-based providers (Van Wert County); workforce pipeline (Mercy Allen).
Primary Care (17, 17%)	Integration into primary care.	Integrated care model (St. Vincent Charity); SBIRT (Screening, Brief Intervention, Referral, and Treatment) Program (Mercy Health Willard); provider screening tools (Mercy Health–St. Elizabeth Boardman).
Trauma-Informed Care (17, 17%)	Care recognizing impact of trauma.	Training plans and TIC sub-committees (Mercy Health–St. Elizabeth Boardman); identify gaps (Magruder); increase awareness (Community Hospitals & Wellness Centers).
Mobile Services (2, 2%)	Use of mobile health services/tools.	Assess mobile crisis response feasibility (Blanchard Valley; Bluffton).
Evidence-Based (19, 18%)	Use of evidence-based practices to make treatment optimal.	Best practices (Hillcrest); early identification (St. Vincent Charity); opioid prescribing education (Mary Rutan).
Measure/Track (1, 1%)	Data tracking of mental health metrics.	Track assessments & telehealth use (Mercy Health–St. Joseph Warren).
Caregiver Resilience (0, 0%)	Support for caregivers.	Not addressed.
Staff Training (1, 1%)	Training to improve care delivery.	Trauma-focused staff training (Springfield Regional).

Table 1: Categories of mental and behavioral health strategies identified in hospital Implementation Strategies (ISs), with corresponding descriptions and representative examples.

- 103 of 111 hospitals (93%) prioritized mental and behavioral health in their Implementation Strategy (IS) processes; substance use was commonly included in plans addressing these needs
- Common strategy themes included partnerships/collaboration, education, suicide prevention, access to care, referrals, emergency services, telehealth, trauma-informed care, and mobile services
- Partnerships/collaboration and education were the most prevalent approaches
- Hospitals implemented a range of innovative strategies, including:
 - Workforce expansion (e.g., clinical internship programs to increase providers)
 - Employee support (e.g., monitoring use of employee assistance programs)
 - School-based mental health initiatives
 - Expansion of outpatient services to improve community access

Discussion

- Mental and behavioral health was consistently identified as a top community need across hospitals
- Hospitals are implementing a wide range of strategies to address these needs, reflecting diverse and adaptable approaches
- Partnerships and collaboration emerged as the most common strategy, highlighting the central role of cross-sector engagement
- Findings underscore the importance of coordinated efforts between healthcare systems, community organizations, and public health initiatives
- These results highlight practical, scalable strategies that can inform and strengthen efforts to address growing mental health needs
- Policymakers, public health leaders, and hospitals can use these insights to evaluate current approaches, strengthen partnerships, and expand access to mental health services

Conclusions

Mental and behavioral health is a consistent priority across hospitals, with partnerships and education serving as key strategies. These findings provide a practical framework to guide collaborative, community-based efforts to improve mental health outcomes.

References

- Cronin, C. E., Singh, S. R., Burns, A., Yeager, V. A., Puro, N., Santos, T., Mathew, A., & Franz, B. (2024, June). *Ohio Presents Opportunities For Understanding Hospital Alignment With Public Health Agencies On Community Health Assessments.* Health Affairs Journal. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.00017>