



COMMUNITY HEALTH NEEDS ASSESSMENT

BEACON MENTAL HEALTH

3100 NE 83RD STREET
KANSAS CITY, MISSOURI 64119
OFFICE: (816) 468-0400
FAX: (816) 468-6635

**Beacon Mental Health
Community Health Needs Assessment
July 2024**

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I. Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires all Certified Community Behavioral Health Clinics (CCBHC) to conduct a Community Needs Assessment every three years to explore and evaluate the behavioral health needs and experiences of individuals (children, youth, adults, and families) in their geographic area. These insights are in turn to be used to inform development and implementation of strategies related to outreach, screening, assessment, treatment, care coordination and recovery supports. The knowledge gained through a Community Needs Assessment also is intended to guide decisions about staffing and to define and guide opportunities for community partnerships/collaborations.

Community Needs Assessments are required to include both primary and secondary data. As outlined in the CCBHC Toolkit, the Needs Assessment Report generated must address the following elements:

- Description of the CCBHC’s service area and list of sites where services are offered.
- Data regarding the prevalence of mental health and substance use conditions and related needs in the service area.
- Data regarding health conditions and health behaviors that may be affecting/contributing to behavioral health conditions.
- Analysis of treatment and recovery needs in the community including exploration of entry points to treatment and identification of potential missed opportunities for engagement.
- Identification of underserved populations including the needs of sub-populations (e.g., racial, ethnic, gender and sexual minorities) who experience disparities in access to behavioral health services.
- Identification of potential barriers to accessing services and support, including transportation, income, culture, and technology to understand how or why people in need of behavioral health services may not be engaging with them.
- Exploration of economic factors and social determinants of health affecting access to care in the service area, including unmet health-related social needs such as food insecurity or inadequate or unstable housing.
- Identification of cultural and linguistic needs of populations of focus in the catchment area.
- Inclusion of explicit input from people with lived experience with mental health/substance abuse conditions and from key community partners. Their feedback should explore CCBHC services, issues related to access to care, and barriers to care in the area served.
- Description of how the CCBHC’s staffing plan will address Needs Assessment findings.
- A plan for updating the Needs Assessment every three years.

Beacon Mental Health (BMH) launched its first formal Community Needs Assessment in January 2024. The BMH Community Needs Assessment (CNA) Committee organized the assessment process using the CCBHC Needs Assessment Toolkit published by SAMHSA’s CCBHC-E National Training & Technical Assistance Center and the National Council for Mental Wellbeing.

BMH Community Needs Assessment Committee Participants

Beacon Mental Health CEO	Older Adult Education and Outreach Specialist
Chief Quality and Compliance Officer	Open Access Manager
Chief Clinical Officer	QI Compliance Manager
Director of Nursing and Healthcare Home	Court Monitor
Director of Youth Services & Prevention	Community Behavior Health Liaison Team Leader
Quality Improvement Coordinator	Community Prevention Specialist
Outcomes Specialist	

The CNA Committee and BMH leadership stepped into the needs assessment process with five key questions they sought to explore:

1. Who are the individuals we are not currently serving and why?
2. What changes are needed to make BMH services more accessible?
3. What behavioral health services are needed that aren't currently being provided in our community?
4. What are our current staffing needs?
5. What partnerships new partnerships are needed to extend our outreach into the community? Which existing partnerships could/should be expanded?

To answer these questions, the committee gathered and analyzed secondary (quantitative) data about the clients and families they serve and about the population living in the three counties--Clay, Platte and Ray—that comprise the BMH service area. Further, they actively sought direct feedback from both clients and the wider community to explore experiences with and perceptions about Beacon Mental Health and to probe for unmet needs, barriers to access, or gaps in services. Where feasible, they compared client and community data and feedback to try to uncover where meaningful differences and alignments might exist.

II. Data/Information Gathering Process Overview

Secondary Data

The CNA Committee explored data about community demographics, health outcomes, health behaviors, access to care, and social, economic and environmental factors impacting health and well-being. The team accessed this data from a wide variety of sources including Missouri Vital Statistics, County Health Rankings, Missouri Department of Health and Senior Services, and the data aggregator, exploreMoHealth. Developed by researchers at the Hospital Industry Data Institute and Washington University School of Medicine, exploreMOhealth combines Missouri Zip Health Rankings with County Health Rankings to examine major health behaviors and health outcomes. The resulting dataset provides powerful insights into health issues and disparities at the sub-county level. ZIP code-level data included in the most recent version of the site are based on hospital discharges occurring between fiscal years 2020 and 2022 (October 1, 2019 through September 30, 2022), and the 2021 American Community Survey of the U.S. Census.

Primary Data

In a Community Needs Assessment, data tells only part of the story. It is imperative to seek the voice of the individuals and families directly served and to actively request the thoughts and perspectives of the wider community. To accomplish this, Beacon Mental Health conducted surveys with BMH consumers and families and with people and organizations serving the community. Respondents included people working in public health, local schools and hospitals, those engaged in law enforcement, corrections and the courts, as well as policy makers, public and elected officials and staff of social service agencies. With the support of local public health departments, schools, and libraries BMH promoted a survey designed to gather feedback from individuals living and working in Clay, Platte and Ray Counties. The CNA Committee worked diligently to ensure the surveys were widely promoted:

Consumer/Family Survey

- Met with the BMH Consumer Advisory Board prior to distribution to review the questions and received feedback on what should be included. CAB members were advocates for getting others to complete the surveys.
- Emailed all BMH staff asking them to hand the survey out to their consumers (or parent/guardian) during the month of March. Provided them with hard copies, QR codes, and the direct link.
- Posted QR code to the survey throughout all locations where clients receive services.

Community Partners

- CNA Committee developed a list of current and potential community partners in each county. Identified a BMH contact person for each community partner.
- Created and distributed a list of community partner assignments to the BMH contacts identified and requested they directly contact their assigned community partner(s) to ask them to complete the survey.

- Asked BMH staff who attended community meetings with partner organizations to take the QR code and paper surveys with them to meetings.

General Public

- Requested local health departments post the QR code at their locations.
- Worked with community libraries to post the QR code.
- Partnered with local school districts to include the QR code in their family newsletters.
- Posted on social media, including purchasing sponsored ads on Facebook targeting Platte, Clay, and Ray counties.
- Encouraged BMH staff to share the QR Code via their personal social media.
- Took paper surveys to community events where BMH had a booth (e.g. Mushroom Festival in Richmond, MO)

Community Needs Assessment Data/Information Gathering & Analysis Timeline

Research Effort	January	February	March	April	May	June
Secondary Data						
Consumer/Family Survey						
Community Partner Survey						
General Public Survey						

III. Beacon Mental Health: Organizational Overview

Beacon Mental Health traces its beginning to 1990 when it began providing safety net services for mental and behavioral health and substance use disorders as Tri-County Mental Health. The organization launched a rebrand and name change in October 2023 to more accurately reflect the regional scope of its work and relationships and to emphasize its work to provide light, hope and connection the community.

BMH Mission Statement

To provide prevention and recovery-oriented mental health and substance use services which are quality assured and person-centered, with increased attention to the “whole person.”

BMH serves children, youth, families, adults, and seniors in Clay, Platte, and Ray Counties in Missouri, communities located in the northern portion of the Kansas City metropolitan area. These counties include urban, suburban, and rural settings meaning that the clients coming through the doors of a BMH clinic location arrive with widely diverse backgrounds and life experiences. Beacon Mental Health provides programs and services through five locations across the three counties. Three locations offer Walk-in/ Same Day Access to appointments, two offer access via referral/appointment only. The BMH Mobile Crisis Response Team is available 24 hours a day, 7 days a week to provide responsive, trauma-informed crisis intervention either face-to-face or by phone to resident of Clay, Platte or Ray counties.

Beacon Mental Health Locations

<p>Maple Woods (Main Location) 3100 NE 83rd Street Suite 1001 Kansas City, MO <i>Same Day Access or by Referral/Appointment</i></p>	<p>Excelsior Springs Office 1087 B Italian Way Excelsior Springs, MO <i>By referral/appointment only</i></p>	<p>Richmond Office 108 West North Main Richmond, MO <i>Same Day Access or by Referral/Appointment</i></p>
<p>Choteau Trafficway Office 4420 NE Chouteau Trafficway, Ste. 101, Kansas City, MO <i>Same Day Access or by Referral/Appointment</i></p>	<p>Mobile Crisis Response Team In-person, by phone 24 hour/day, 7 days/week</p>	

Beacon Mental Health offers behavioral health treatment and support services to adults, older adults, youth and families. Consumers are referred to the services most appropriate for their needs based on an initial intake assessment. The treatment/support programs available include:

- Outpatient Therapy: Individual and family therapy in locations throughout Clay, Platte and Ray Counties.
- Community Support: Evaluation, crisis intervention and resolution, medication management, case management, and psychosocial rehabilitation for those with a diagnosed mental illness or disability.
- Psychiatry Services: Evaluating, prescribing and managing medication for individuals seeking treatment is to reduce symptoms that interfere with their ability to function effectively and achieve meaningful goals.
- Substance Use Treatment: Outpatient substance use treatment services for adults, adolescents ages 12-17, and their families/significant others.
- School Based Services: Services to meet the diverse needs of partner schools including case management, crisis intervention, family therapy, group counseling, individual therapy, substance use group and individual counseling, Expressive Therapies, and classroom-based resilience programs.
- Healthcare Home: Support for clients with chronic diseases through the involvement of a dedicated Nurse Care Manager who works to help them manage their health conditions and improve overall health outcomes.
- Older Adult Support: Support groups for older adults and caregivers led by licensed clinicians.
- Special Services for Adults including employment services and Therapeutic Alternative Programs (TAP) involving group therapy and group education to help individuals manage their mental health symptoms

<https://www.beaconmentalhealth.org/youth-adult-services/>

<https://www.beaconmentalhealth.org/additional-adult-services/>

BMH is the Prevention Resource Center serving Clay, Platte and Ray Counties. Certified prevention specialists on the BMH staff collaborate with a network of partners across the service area to deliver prevention programs dedicated to reducing alcohol, tobacco and drug use by youth and to promoting the health, safety and well-being of all youth and families in the communities served. This work includes providing technical assistance to 15 prevention coalitions organized around school district boundaries. BMH hosts an annual Northland Prevention Conference, offers Youth Mental Health First Aid training, supports the Youth With Vision leadership and advocacy coalition, and promotes/provides support materials for wide variety of mental health-focused campaigns such as ParentUp, Roots of Resilience, Grow Strong KC and Encourage, Hope and Help.

<https://www.beaconmentalhealth.org/prevention/>

Throughout its history, Beacon Mental Health has demonstrated an ongoing commitment to providing innovative and evidence-based practices that are person-centered, cost-effective, and deliver successful, recovery-oriented outcomes. These include organization-wide adoption and implementation of the Trauma-Informed Care (TIC) framework and Zero Suicide approach, and supporting the community through Hospital Diversion Programs, engaging as Mental Health Liaisons with law enforcement and by participation in Treatment Courts.

<https://www.beaconmentalhealth.org/innovative-treatment-practices/>

IV. The Big Picture: Beacon Mental Health Service Area and Client Demographics and Data

According to the most recent census, Clay, Platte and Ray counties are home to just under 400,000 individuals. The population in Clay County is more than double that of Platte County and eleven times the size of Ray County. (Table 1) The population growth experienced by Clay and Platte counties between 2010 and 2020 places them among the top 10 fastest growing counties in the state of Missouri. According to the 2020 County Census Profiles compiled by the MidAmerica Regional Council, Clay County experienced a 20% increase in population between 2010 and 2020, faster than any other county in the MARC region. During the same period, the Platte County population increased by 14% while the Ray County population declined by 1%.

Table 1: Population by County

County	Total Population
Clay	257,033
Platte	110,534
Ray	23,107

Source: US Census Bureau (2020)

During 2023, Beacon Mental Health actively provided service to over 6000 clients; the majority of those served lived in Clay County. (Table 2)

Table 2: 2023 BMH Active Clients by County

County	Total Number of Clients Served	Percentage of All BMH Clients
Clay County	4413	71.0%
Platte County	1239	20.0%
Ray County	297	5.0%
Other Counties	284	4.0%

Source: BMH Client Data

BMH clients came from 48 different zip codes in Clay, Platte, and Ray Counties, but the majority of clients were centered in 18 zip codes. (Table 3)

Table 3: Zip Codes with the Largest Number of BMH Clients by County*

Clay County		Platte County		Ray County	
Zip Code	#/% of Clients from County	Zip Code	#/% of Clients from County	Zip Code	#/% of Clients from County
64118	998/16%	64151	389/6.25%	64085	201/3.2%
64068	679/11%	64152	327/5.25%	64084	27/.40%
64119	610/9.8%	64079	172/2.8%	64077	23/.40%
64117	374/6%	64150	96/1.5%		
64025	360/5.8%	65154	96/1.5%		
64155	329/5.3%				
64116	317/5%				
64089	152/2.4%				
64060	148/2.4%				
64157	140/2.2%				

Source: BMH Client Data

*Client tallies from other zip codes in each county were not included in this table because they accounted for 1% or less of the total number of clients from that county.

Gender, Race/Ethnicity/Age/Disability/Veteran Status

The population in the BMH service area is evenly divided among males and females, with males comprising approximately 49% of the population and females comprising 51%. Like many health care providers, the BMH client population has a higher percentage of females (56%) than males (44%).

The majority of the population in the three counties BMH serves is White (Table 4), but diversity is increasing. The MARC 2020 Census Profiles noted that the largest share of population growth that occurred in Clay and Platte Counties was due to an increase in the number of persons of color living there. **64% of population growth in Platte County and 70% of the population growth in Clay County between 2010 and 2020 was attributed to an increase in the of persons of color living in those communities.** Overall, the percentage of the population comprised of persons of color residing in both

counties grew from 16% in 2010 to 24% in 2020. While the population in Ray County declined overall, increases in population among persons of color did occur, growing from 5% in 2010 to 10% in 2020.

<https://www.marc.org/sites/default/files/2022-10/2020-Census-Clay-County-Profile.pdf>
<https://www.marc.org/sites/default/files/2022-10/2020-Census-Platte-County-Profile.pdf>
<https://www.marc.org/sites/default/files/2022-10/2020-Census-Ray-County-Profile.pdf>

Table 4: Percentage of Population by Race/Ethnicity by County

Race/Ethnicity	Clay	Platte	Ray
White	85%	84.40%	95.40%
Black/African American	8%	8.60%	1.40%
American Indian/Alaska Native	0.70%	0.60%	0.70%
Native Hawaiian/Pacific Islander	0.50%	0.60%	0.10%
Two or More Races	3.30%	2.90%	2%
Hispanic/Latino	7.70%	6.90%	2.90%

Source: US Census Bureau (2020)

Analysis of BMH 2023 client demographics showed that individuals who identified as White accounted for 79% of those served. Persons of color totaled 11% of all clients, 8% identified as Black/African America, and 3% identified as Hispanic/Latino, percentages that align with the overall demographics of the service area. BMH understands how important it is for clients to be supported by counselors and staff who understand their lived experience. To that then, organization provides regular training on cultural awareness and cultural competence. 20% of the current BMH staff is comprised of individuals who identify as American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, or Two or More Races.

BMH asked community partners to answer the question: *“Do you think Beacon Mental Health provides services in a culturally sensitive way?”* Nearly 60% of Clay County partners, over 50% of Platte County partners, and 45% of Ray County partners said yes. Across the three counties, 35-40% of community partners responded *“I don’t know.”* (Tables 5, 6, 7)

Table 5: Clay County Community Partners

Answer Choices	Responses	
Yes	57.94%	73
I don't know	35.71%	45
Needs Improvement	6.35%	8
	Answered	126

Table 6: Platte County Community Partners

Answer Choices	Responses	
Yes	54.24%	32
I don't know	35.59%	21
Needs Improvement	8.47%	5
No	1.69%	1
	Answered	59

Table 7: Ray County Community Partners

Answer Choices	Responses	
Yes	45.00%	9
I don't know	40.00%	8
Needs Improvement	15.00%	3
	Answered	20

The population of individuals younger than age 18 averages about 23% in all three counties. The population of individuals aged 65 and above is more varied, accounting for just under 20% in Ray County and 15-16% of the population in Clay and Platte Counties.

The average age of the people served by Beacon Mental Health is just under 37 years of age. Overall, 30% of BMH clients are under the age of 18 but just 7% are age 65+. Recognizing that older adults are under-represented in its client population, BMH launched grant-funded outreach services to older adults to increase awareness of the programs and services offered.

In the BMH service area, 13-14.5% of the population under age 65 reported living with a disability. The largest percentage of disabilities reporting fell into one of four categories: Ambulatory Disabilities, Independent Living Difficulties, Cognitive Difficulties, Vision and Hearing Difficulties. More than 22,000 veterans live in the Clay, Platte and Ray Counties. While the Veterans Health Administration provides care for the majority of these individuals, BMH does work with veterans to provide services not available through the VA.

Gender Identity/Sexual Orientation

The state of Missouri does not collect data about gender identity or sexual orientation. Beacon Mental Health began asking new clients to share information about their gender identity and sexual orientation beginning in 2022. Since that time, 2.75% have identified as transgender or genderqueer and 16.5% identified their sexual orientation as gay, lesbian, bi-sexual or other.

Employment & Education

2023 employment data shows that Clay and Ray counties had a higher percentage of individuals over age 16 seeking work than Platte County. (Table 8)

Table 8: Unemployment Rate by County

County	% Unemployed
Clay	5.0%
Platte	4.0%
Ray	6.5%

Source: County Health Rankings 2023

Education

A high percentage of the population age 25 and older in Clay, Platte and Ray counties are high school graduates. The counties also have a large number of people who have completed at least some college. (Table 9)

Table 9: Population Percentage with High School Completion/Some College by County

County	High School Completion (% of Population)	Some College (% of Population)
Clay	94%	72%
Platte	97%	80%
Ray	89%	49%

Source: County Health Rankings

Summary of Key Takeaways from the Data

The Needs Assessment team reviewed the demographics for persons residing in Clay, Platte and Ray counties and compared that data to the demographics of persons served at Beacon Mental Health. The population in the service area of our CCBHC is predominately White (80% in Clay and Platte and 93% in Ray), similar to the demographics of the clients Beacon serves (80% White). Another similarity observed was in the percentage of the population in the Clay and Platte county portion of the service area and in Beacon Mental Health clients served that identify as Black. Approximately 8% of the population in the two counties identifies as Black, 8% of the clients BMH serves identify as Black.. A difference observed was that while Clay and Platte have a Hispanic population of around 7%, only 3% of clients served by Beacon Mental Health identify as Hispanic. A key takeaway from the data is that Beacon Mental Health could do more to outreach to the Hispanic population.

V. The Big Picture: Economic and Social Drivers Impacting the BMH Service Area and Clients

Household Income & Poverty

Median Household income is significantly higher in Clay and Platte counties and slightly higher in Ray County than in the state of Missouri overall. (Table 10) The annual average household income for the Beacon Mental Health clients is \$ 9,478.

The percentage of population living below the Federal Poverty Level (FPL) is lower in Clay and Platte Counties than in Ray County. (Table 11) As the map below shows, poverty exists at higher rates in pockets of each county. (Map 1) Persons of color experience poverty at higher rates than White individuals do in all three counties. (Table 12)

Table 10: Median Household Income by County and State

Clay	Platte	Ray	Missouri
\$75,100	\$86,700	\$68,600	\$65,920

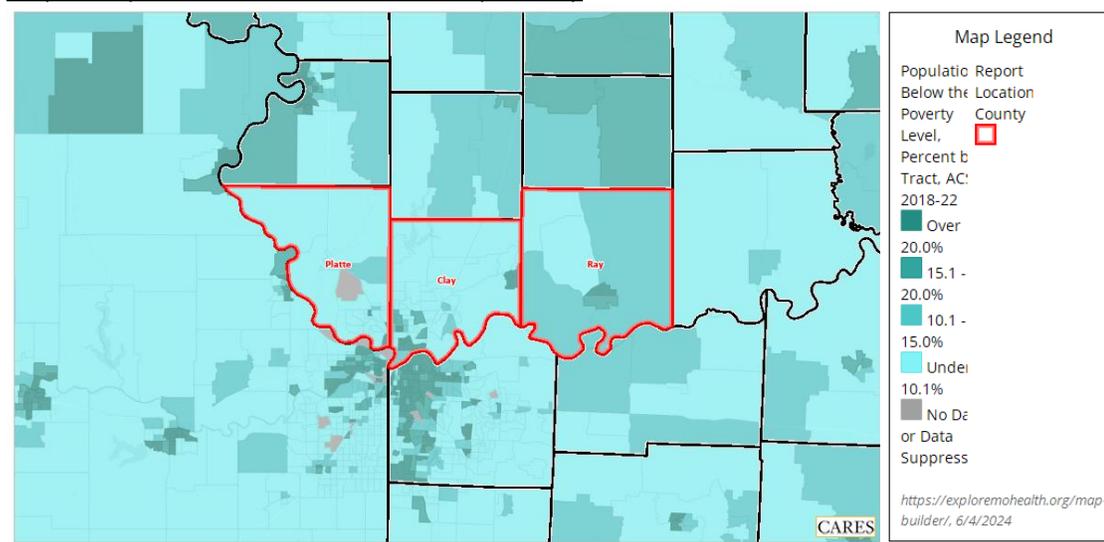
Source: 2022 Missouri Census Data Center reports

Table 11: Percentage of Population Living Below the FPL by County

Clay	Platte	Ray	Missouri
8.3%	7%	12%	12.8%

Source: American Community Survey 2018-2022

Map 1: Population Below 100% of FPL by County



Source: exploreMOhealth

Table 12: County Population in Poverty by Race/Ethnicity

County	White	Black/African American	Native American/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Some Other Race	Multiple Races	Hispanic/Latino
Clay	6.8%	19%	12.5%	9.5%	15.25%	19%	11%	7.8%
Platte	5.8%	8%	3%	2%	9%	7%	8%	6%
Ray	10.5%	29%	0%	0%	0%	0%	19%	11%

Source: American Community Survey 2018-2022

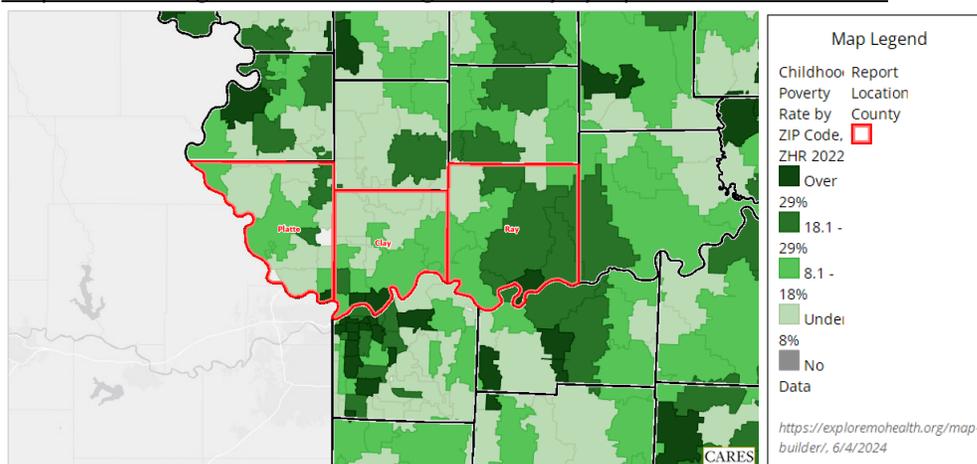
Across the three counties, the percentage of children living in poverty ranges from 8-14%, lower than the state's 17%. It should be noted, however, that key zip codes served by BMH are home to some significantly larger populations of impoverished children. (Table 13, Map 2)

Table 13: Childhood Poverty Rates for Key BMH Client Zip Codes

Zip Code/Neighborhood	% of Children Living in Poverty
64150/Riverside	35%
64118/KC-Oakwood Park	22%
64085/Rayville	22%
64119/KC-Maple Park	14%
64116/KC-Kansas City North	13%

Source: exploreMOhealth

Map 2: Percentage of Children Living in Poverty by Zip Code in Service Area



Source: exploreMOhealth

Housing Cost Burden

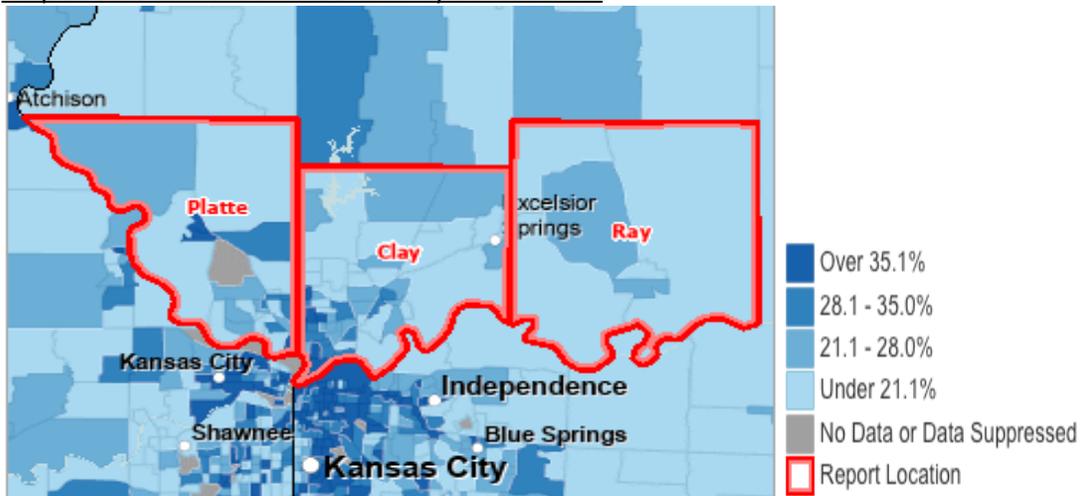
Households are considered burdened when housing costs account for 30% or more total household income. Nearly 25% of households in Clay County are burdened by housing costs. (Table 14) More than 35% of households in census tracts in Clay and Platte counties are cost-burdened households. (Map 3). It is worth noting that 30% of respondents to a 2021 community survey conducted by the Northland Health Alliance indicated that housing access was one of the top barriers to being healthy in Clay and Platte counties.

Table 14: Percentage of Housing Cost-Burdened Households

County	Percentage of Cost-Burdened Households
Clay	24.7%
Platte	23.5%
Ray	18.0%

Source: American Community Survey 2018-22

Map 3: Cost Burdened Households by Census Tract



Source: American Community Survey 2018-22

Food Insecurity

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. Ray County has the highest rate of food insecurity in the BMH service area. The percentage of the Ray County population that experienced food insecurity at some point in the past year is higher than rate in the state of Missouri and the US. (Table 15) The percentage of children experiencing food insecurity in the service area ranges from 9% to over 13%. (Table 16)

Table 15: Percentage of Food Insecure Population by County

Location	% of Population Experiencing Food Insecurity in Past Year
Clay County	10.0%
Platte County	9.0%
Ray County	11.6%
Missouri	11.4%
US	10.3%

Source: Feeding America 2021

Table 16: Percentage of Food Insecure Children by County

Location	% of Population Under age 18 Experiencing Food Insecurity in the Past Year
Clay County	11.6%
Platte County	9.0%
Ray County	13.5%
Missouri	14.0%
US	14.4%

Source: Feeding America 2021

Access to Food Assistance

This indicator reports the estimated percentage of the total population and the population under age 18 that experienced food insecurity at some point during the report year but are ineligible for State or Federal nutrition assistance. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs. (SNAP, WIC, school meals, CSFP and TEFAP). **The percentage of food insecure individuals ineligible for assistance in all three counties is higher than the state percentage.** (Table 17)

Table 17: Percentage of Population Ineligible for Food Assistance

Location	Percentage of Food Insecure Population Ineligible for Food Assistance	Percentage of Food Insecure Children Ineligible for Food Assistance
Clay County	48%	28%
Platte County	56%	44%
Ray County	43%	31%
Missouri	37%	23%
US	29%	22%

Source: Feeding America 2021

Motor Vehicle Access

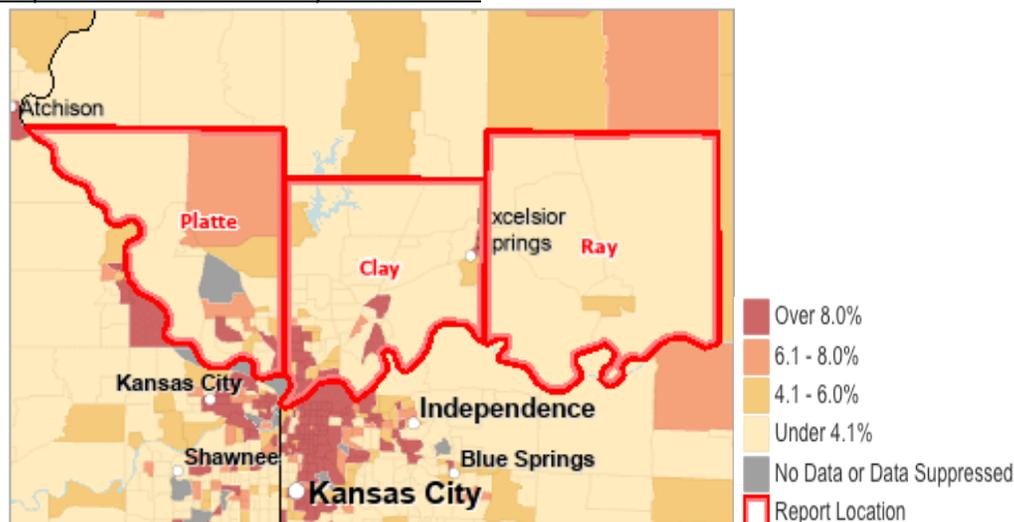
Across the BMH service area approximately 4% of households have no motor vehicles. (Table 18) The rate is highest in census tracts in southern Clay County and northeast Platte County where 6-8% of households have no motor vehicles. (Map 4).

Table 18: Households with No Motor Vehicle by County

County	% of Households with No Motor Vehicle
Clay	4.5%
Platte	4.0%
Ray	2.3%

Source: American Community Survey 2018-22

Map 4: No Motor Vehicle by Census Tract



Source: American Community Survey 2018-22

BMH completes Transportation Needs Assessment every three years. The last assessment (completed in 2021) received 67 client responses to a transportation survey. Of those responses, 16% of respondents reported using public transportation in the previous 12 months. Survey feedback from BMH staff regarding how the clients they served typically get to their appointments reported that 10% travelled by bus, 4% by taxi and 8.5% by ride share (Uber, Lyft, KCRide).

English Language Proficiency

The total population with limited language proficiency, individuals ages 5 and up who speak a language other than English at home and who identify as speaking English less than “very well” is low in all three counties. (Table 19)

While the overall population with Limited English Proficiency in the service area is low, in an average year, Beacon staff members provide behavioral health treatment and support to individuals who speak more 15 languages including Arabic, Iraqi, Iranian, Bosnian, Croatian, Russian, Somali, Spanish, Farsi, French, Urdu, Ethiopian, Pakistani, Haitian, Albanian, Micronesian, Swahili, Chinese, Vietnamese, Portuguese, and American Sign Language. In 2021, BMH conducted an analysis of the Language Assistance Needs of clients. A review of language capabilities of active clients showed that 81 individuals listed a language other than English as their primary language. To ensure that it can meet the needs of all clients, Beacon Mental Health maintains a contract with interpreting services to provide on-site interpretation for all programs and with a contract for a phone-based service to provide interpretation if local interpreters are not available or in urgent situations.

Table 19: Percentage of County Population with Limited English Proficiency

Clay	2.5%
Platte	2.3%
Ray	0.3%

Source: American Community Survey 2018-2022

Broadband Access

80%-90% of households in the BMH service area have access to broadband. (Table 20) However, zip code level data is not available so there is no concrete information about the level of internet access that individuals living in low income neighborhoods or in rural areas of each county have. Lack of access can impact everything from the ability to make medical appointments to participating in online care.

Table 20: Percentage of Households with Broadband Access by County

Clay	90%
Platte	92%
Ray	80%

Source: County Health Rankings 2023

Online Access to Information and Services: The Voice of BMH Clients and Families and the General Public

A survey of BMH clients and families revealed that the majority are able to access resources and information about mental health and substance use online. (Tables 21-23) For those who reported being unable to do so, the top reasons were no internet access or not knowing where to look. (Tables 24-26) Interest in accessing telehealth was strongest in Ray County (75% of respondents) but a majority of Clay and Platte County respondents also expressed interest receiving care via a telehealth option. (Tables 27-29) There appears to be room to strengthen awareness of the 988 Crisis Line among BMH clients and families in all three counties; 35-40% of survey respondents said they were unfamiliar with these crisis services. A survey of the general public showed that awareness of the 988 Crisis Line was strongest in Clay County (68%); 60% of respondents from Clay and Platte Counties were aware of the service. While many respondents were aware of the service, few had used it, about 8% in Ray County, 5% in Clay and Platte counties. (Tables 30-33)

BMH Clients and Families: Ability to Access Mental Health/Substance Use Resources/Information Online

Table 21: Clay County

Answer Choices	Responses	
Yes	80.00%	216
No	21.48%	58
	Answered	270

Source: BMH Client/Family Survey

Table 22: Platte County

Answer Choices	Responses	
Yes	86.11%	93
No	13.89%	15
	Answered	108

BMH Client/Family Survey

Table 23: Ray County

Answer Choices	Responses	
Yes	74.07%	20
No	25.93%	7
	Answered	27

BMH Client/Family Survey

BMH Clients and Families: Reasons Unable to Access Online Resources

Table 24: Clay County

Answer Choices	Responses	
No internet or limited internet access	41.82%	23
Don't know where to look	34.55%	19
Hard to view information on a cell phone	20.00%	11
Difficult to access information	14.55%	8
I didn't answer "no" above	14.55%	8
Other	7.27%	4
	Answered	55

BMH Client/Family Survey

Table 25: Platte County

Answer Choices	Responses	
No internet or limited internet access	31.25%	5
Don't know where to look	31.25%	5
I didn't answer "no" above	18.75%	3
Difficult to access information	12.50%	2
Other	12.50%	2
Hard to view information on a cell phone	6.25%	1
	Answered	16

BMH Client/Family Survey

Table 26: Ray County

Answer Choices	Responses	
No internet or limited internet access	33.33%	2
Don't know where to look	33.33%	2
Difficult to access information	16.67%	1
Hard to view information on a cell phone	16.67%	1
I didn't answer "no" above	16.67%	1
	Answered	6

BMH Client/Family Survey

BMH Clients and Families: Interest in Receiving Telehealth Services

Table 27: Clay County

Answer Choices	Responses	
Yes	62.41%	166
No	29.70%	79
Yes, but unable to access due to technology issues	9.02%	24
	Answered	266

BMH Client/Family Survey

Table 28: Platte County

Answer Choices	Responses	
Yes	62.96%	68
No	33.33%	36
Yes, but unable to access due to technology issues	3.70%	4
	Answered	108

BMH Client/Family Survey

Table 29: Ray County

Answer Choices	Responses	
Yes	75.00%	18
No	20.83%	5
Yes, but unable to access due to technology issues	4.17%	1
	Answered	24

BMH Client/Family Survey

BMH Clients and Families: Familiar with 988 Crisis Line?

Table 30: Clay County

Answer Choices	Responses	
Yes	57.25%	158
No	39.49%	109
Yes, and I have used it	3.99%	11
	Answered	276

BMH Client/Family Survey

Table 31: Platte County

Answer Choices	Responses	
Yes	50.46%	55
No	42.20%	46
Yes, and I have used it	8.26%	9
	Answered	109

BMH Client/Family Survey

Table 32: Ray County

Answer Choices	Responses	
Yes	57.69%	15
No	34.62%	9
Yes, and I have used it	7.69%	2
	Answered	26

BMH Client/Family Survey

Table 33: General Public: Familiar with 988 Crisis Line?

County	Yes	Yes, and have used it	No
Clay	68.0%	4.7%	28.7%
Platte	61.5%	7.7%	32.7%
Ray	60.7%	5.4%	34.0%

BMH General Public Survey

Access to Health Care

The majority of people living in Clay, Platte and Ray counties have health insurance. The uninsured population ranges from 9%-13% across the three counties. (Table 34)

Table 34: Percentage of Uninsured Individuals Under Age 65 by County

Clay	9%
Platte	7%
Ray	13%.

Source: American Community Survey 2018-2022

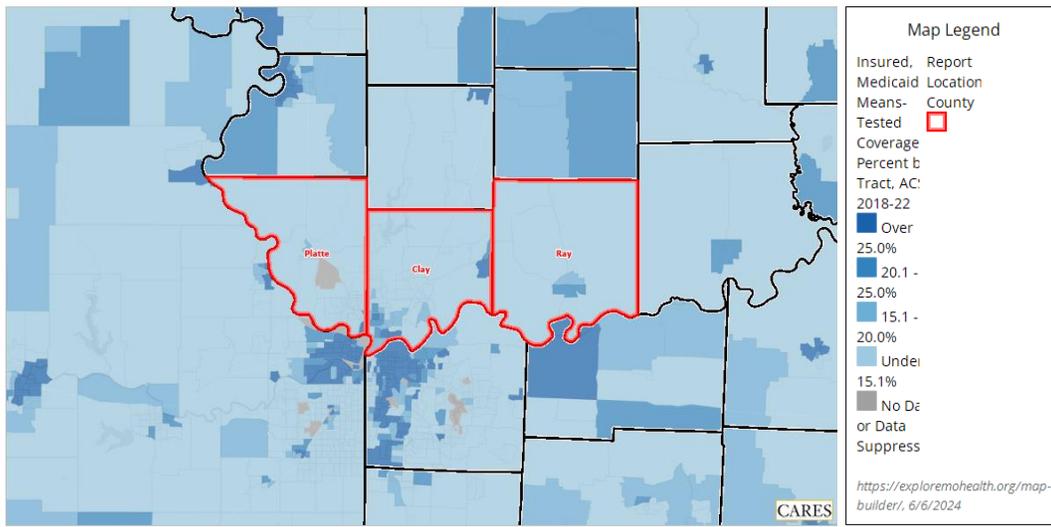
Ray County has a higher percentage of its total population enrolled in Medicaid than the other counties, although Clay has a higher total number of people enrolled. (Table 35) Those who are enrolled in Medicaid tend to be concentrated in specific zip codes in all three counties. (Map 5) In some zip codes, 20% or more of the population is enrolled in Medicaid.

Table 35: Medicaid Enrollment by County

County	Percentage of Population Enrolled in Medicaid	Total Number of Individuals Enrolled in Medicaid
Clay	11%	36,293
Platte	8%	7,855
Ray	14%	2,930

Source: American Community Survey 2018-2022

Map 5: Medicaid Enrollment by Zip Code



Source: exploreMOhealth

Summary of Key Takeaways from the Data

The Needs Assessment Team reviewed the social and economic data for the communities of Clay, Platte and Ray. Clay and Platte counties were both well above the state and national averages for high school and college graduation rates and also well above the state and national average for household income. In addition, both Clay and Platte counties scored below the state and national average for children in poverty. Ray County, on the other hand, was well below state and national averages for college graduation. While median household income for Ray County was similar to the national average and slightly above the state average, it was below Clay and Platte counties. The data showed a similar result related to the child poverty rate in Ray County. While the rate is below the national and state average, Ray County had a higher child poverty rate than Clay and Platte counties. Platte County's uninsured rate was less than the state and national average while Clay County's uninsured rate was the same as the national average, slightly below the state average. Ray County had a higher uninsured rate than both state and national averages. The takeaway determined by this data is that Ray County has higher economic needs than Clay and Platte counties, and therefore, clients living Ray County may need additional supports in such areas as obtaining insurance and securing financial assistance.

VI. The Big Picture: Health Indicators and Behaviors Impacting Health in the BMH Service Area

It is well understood that a person’s physical health affects their mental health and vice versa. More than that, a person Physical health and mental well-being are inextricably intertwined.

Physical Activity

Less than half the population of Ray County has adequate access to locations for physical activity while 80% or more of the populations in Clay and Platte County do. (Table 36) 20% or more of adults ages 20 and over in each county reported having no time for leisure time physical activity. (Table 37)

Table 36: Access to Locations for Physical Activity

County	% of Population with Adequate Access to Physical Activity
Clay	80%
Platte	85%
Ray	47%

Source: County Health Rankings 2023

Table 37: Access to Leisure Time Physical Activity

County	% of Population with No Leisure Time Activity
Clay	21%
Platte	20%
Ray	27%

Source: County Health Rankings 2023

Obesity and Chronic Disease

Missouri ranks 35th out of 50 states for obesity. 37% of adults living in the state have a body mass index of 30 or higher based on reported height and weight. Obesity rates in the state have been on a steady rise since 1990 when the obesity rate stood at 12%. Nationally, more than 2 in 5 adults or 42% have obesity. While the obesity rate in the BMH service area is at or just above the state and national average, it is significant and has serious implications for the health and well-being of people in the community. (Table 38)

Obesity and chronic disease often go hand in hand and there is a strong correlation between obesity and diabetes. While the prevalence of diabetes among adults over age 20 in the BMH service area is lower than the rate occurring at the state and national levels, the disease has considerable impact on the quality of life for a large number of people living in the community. (Table 39)

Table 38: Population with Obesity

Location	% of Population with Obesity
Clay	34%
Platte	31%
Ray	39%
Missouri*	37%
US**	42%

Sources:

County Health Rankings 2023

*America’s Health Rankings 2023

**CDC Adult Obesity Prevalence Map 2022

Table 39: Diabetes Prevalence

Location	Diabetes Prevalence (% of Adults with Diabetes Diagnosis)
Clay	9%
Platte	8%
Ray	9%
Missouri*	11%
US**	11.6%

Sources:

County Health Rankings 2023

*Missouri Department of Health and Senior Services 2023

**CDC Diabetes Statistics Report

The impact of health behaviors and health factors like obesity and chronic disease can be seen in data reflecting the day to day experiences of health of people living in the BMH service area. Across the three counties individuals reported having an average of 3+ days of physically unhealthy day. (Table 40) 8-11% of the population in the service area reported experiencing 14 or more days of poor physical health per month, lower than the 14% of Missourians who reported this experience and the 12.4% of US adults. (Table 41)

Table 40: Physically Unhealthy Days

County	Average Number of Physically Unhealthy Days per Month
Clay	3.3
Platte	3.0
Ray	3.7

Source: County Health Rankings 2023

Table 41: Frequent Physical Distress

Location	Percentage of Adults Reporting 14 or more Physically Unhealthy Days per Month
Clay	9%
Platte	8%
Ray	11%
Missouri*	14.4%
US*	12.4%

Sources

County Health Rankings 2023

*America's Health Rankings 2022

Summary of Key Takeaways from the Data

The Needs Assessment Team reviewed health and health behaviors data for the communities of Clay, Platte and Ray counties. Platte County has a better ratio of primary care providers to residents (1:1,280 residents) than either the state (1:1,410 residents) or national (1:1,310 residents) averages. The ratio of residents to providers is higher than the state and national averages in Clay County (1:1,580). Ray County has a significantly higher ratio (1:3,820), meaning people living in the county have much less access to primary health care. This gap in access is concerning given that Ray County residents have higher rates of smoking, obesity, physical inactivity, and premature death than state and national averages. Ray County is also well above state and national averages for motor vehicle crash deaths. Clay and Platte counties are similar to state and national averages for most health behaviors. A standout exception is that all three counties have a higher than average rate of alcohol impaired driving deaths. Takeaways from review of this data suggest the need for more care coordination to ensure clients are connected to Primary Care Physicians, especially in Ray County, and more physical health education and resources.

VII. The Big Picture: Mental Health and Substance Use Conditions and Related Needs Impacting the BMH Service Area

According to analysis by the Health Resource & Services Administration, all three counties in the Beacon Mental Health service area are considered Health Professional Service Shortage Areas for Mental Health, meaning that areas/populations within these counties are experiencing a shortage of mental health professionals.

<https://data.hrsa.gov/topics/health-workforce/shortage-areas>

Across the BMH service area, 15% of population reported experiencing 14 or more days of poor mental health a month and having an average of 5 mentally unhealthy days in the last 30. (Tables 42 and 43)

Table 42: Frequent Mental Distress

County	Percentage of Adults Reporting 14 or more Days of Poor Mental Health Monthly
Clay	15%
Platte	14%
Ray	16%

Source: County Health Rankings 2023

Table 43: Poor Mental Health Days

County	Average Number of Mentally Unhealthy Days in the Last 30
Clay	5
Platte	4.5
Ray	5

Source: County Health Rankings 2023

The number of suicides completed is higher in all three counties in the service than the rate in Missouri and the US. (Table 44)

Table 44: Suicide Completion per 100,000 Population

Location	Suicides per 100,000 population	Total Number of Suicides Completed (2022)	Total Number of Suicides Completed (2023)
Clay	20	49	41
Platte	18	10	18
Ray	28	7	2
Missouri	19	1200	No data
US	13	49,449	No data

Source: County Health Rankings 2023

Substance Use Data

Opioid Use Disorder

Based on FY2021-23 hospital inpatient, emergency department and outpatient diagnosis, the following tables highlight the zip codes in each county with the highest rates of diagnosis for opioid use disorder. Ray County had higher rates of opioid use disorder diagnosis in more zip codes than either Clay or Platte County. (Tables, 45, 46, 47)

Table 45: Clay County

Zip Code	Opioid Use Diagnoses per 1000 population
64024 Excelsior Springs	37.45
64048 Holt	23.76
64161 Kansas City-Birmingham	16.33
Kansas City-Maple Park	15.63

Source: Missouri Zip Health Rankings

Table 46: Platte County

Zip Code	Opioid Use Diagnoses per 1000 population
64164 Kansas City-Skyview Avenue	54.55
64484 Rushville	34.60
64163 Kansas City Ferrelview	30.34
64444 Edgerton	20.98

Source: Missouri Zip Health Rankings

Table 47: Ray County

Zip Code	Opioid Use Diagnoses per 1000 population
64668 Norborne	65.18
64036 Henrietta	59.57
64024 Excelsior Springs	37.45
64077 Orrick	32.9
64085 Richmond	30.62
64084 Rayville	26.99
64035 Hardin	26.49
64062 Lawson	22.01

Source: Missouri Zip Health Rankings

Substance Use Disorder

Based on FY2021-23 hospital inpatient, emergency department and outpatient diagnosis, the following tables highlight the zip codes in each county with the highest rates of diagnosis for substance use disorder. (Tables 48,49,50)

Table 48: Clay County

Zip Code	Substance Use Disorder Diagnosis per 1000 population
64161 Kansas City-Birmingham	5.76
64116 Kansas City-North KC	5.4
64117 Kansas City Holiday Hills	2.46
64118 Kansas City-Oakwood Park	2.35

Source: Missouri Zip Health Rankings

Table 49: Platte County

Zip Code	Substance Use Disorder Diagnosis per 1000 population
64164 Kansas City-Skyview Avenue	6.06
64153 Kansas City-KCIA	2.24
64444 Edgerton	1.79

Source: Missouri Zip Health Rankings

Table 50: Ray County

Zip Code	Substance Use Disorder Diagnosis per 1000 population
64637 Cowgill	3.58
64024 Excelsior Springs	2.02
64017 Camden	1.68
64085 Richmond	1.67

Source: Missouri Zip Health Rankings

Missouri ranked 31st among all states for drug overdose death rates in 2021. Drug overdose was the leading cause of death among adults ages 18-44 in the state. (Table 51)

Table 51: Drug Overdose Deaths per 100,000 Population

County	Total Deaths	Deaths per 100,000 Population
Clay	120	16
Platte	41	14
Ray	No Data	No Data
Missouri	2180	28
US	107,081	23

Source: County Health Rankings 2023

Missouri ranks 41st out of 50 states for percentage of population that reports engaging in excessive drinking. The definition of excessive drinking is consuming four or more drinks (females), five or more (males) on one occasion in the past 30 days or drinking eight or more drinks/week (females) or 15 or more drinks/week (males). The rate of excessive drinking in all three counties in the BMH service area aligns with the state percentage. (Table 53)

Table 53: Excessive Drinking

Location	% of Adults Reporting Binge or Heavy Drinking
Clay	20%
Platte	19%
Ray	19%
Missouri	20.2%

Source: County Health Rankings 2023

In 2022, Missouri had the 15th-highest rate of motor vehicle deaths involving at least one drunken driver in the US. All three counties in the BMH service area have higher percentages of alcohol-related crash deaths than the state of Missouri. (Table 54)

Table 54: Alcohol-Impaired Driving Deaths

Location	Percent of Motor Vehicle Deaths Involving Alcohol
Clay	36%
Platte	33%
Ray	33%
Missouri	28%

Source: County Health Rankings 2023

Survey Analysis: BMH Clients & Families, the General Public and Community Partners Weigh in on Behavioral Health Care in their Counties

The surveys Beacon Mental Health conducted with clients and families, the general public, and community partners in each county explored perceptions about the quality of behavioral services available, asked questions to identify the

biggest mental health challenges and the most significant barriers to accessing mental health care and substance use treatment, and sought feedback on the availability of behavioral health services.

Perception of Overall Quality of Behavioral Health Delivery in Your County

The surveys suggested there is a significant difference in perception between BMH clients and families and the general public about the quality of behavioral health care delivery in two of the three counties in the service area. While more than 60% of BMH clients and families from all three counties rated the quality of behavioral health care delivery in their county as Good or Very Good, only 13% of general survey respondents in Platte County and 20% of general survey respondents in Ray County did so. Respondents to the general survey in Clay County were more aligned with BMH clients and families in the community, with 65% rating the quality of behavioral health care delivery as Good or Very Good, slightly higher than the client/family rating.

About half of community partners in Clay and Platte counties rated quality of behavioral health delivery as Good/Very Good. 40% of respondents in both counties rated the quality as Average. The experience of community partners in Ray County was different. Just under half rated quality of delivery as Average and just under 40% rated it as Poor/Very Poor. Only 15% rated it as Good.

Survey Question: How Would You Rate the Overall Quality of Behavioral Health Delivery in your County?

Responses: BMH Clients and Families by County

Clay

Answer Choices	Responses	
Good	33.22%	94
Very Good	31.10%	88
Average	27.56%	78
Poor	7.07%	20
Very Poor	1.41%	4
	Answered	283

BMH Client/Family Survey

Platte

Answer Choices	Responses	
Good	35.78%	39
Average	32.11%	35
Very Good	25.69%	28
Poor	4.59%	5
Very Poor	1.83%	2
	Answered	109

BMH Client/Family Survey

Ray

Answer Choices	Responses	
Very Good	37.50%	12
Good	28.13%	9

Average	28.13%	9
Poor	6.25%	2
Very Poor	6.25%	2
	Answered	32

BMH Client/Family Survey

Responses: General Public by County

Clay County

Answer Choices	Responses	
Average	35.29%	54
Poor	30.07%	46
Good	15.69%	24
Very Poor	13.73%	21
Very Good	5.23%	8
	Answered	153

BMH General Public Survey

Platte County

Answer Choices	Responses	
Average	63.46%	33
Poor	17.31%	9
Good	7.69%	4
Very Good	5.77%	3
Very Poor	5.77%	3
	Answered	52

BMH General Public Survey

Ray County

Answer Choices	Responses	
Poor	37.29%	22
Average	27.12%	16
Very Poor	15.25%	9
Good	11.86%	7
Very Good	8.47%	5
	Answered	59

BMH General Public Survey

Responses: BMH Community Partners by County

Clay

Answer Choices	Responses	
Average	42.19%	54

Good	39.84%	51
Poor	10.16%	13
Very Good	8.59%	11
	Answered	128

BMH Community Partners Survey

Platte

Answer Choices	Responses	
Average	40.68%	24
Good	35.59%	21
Very Good	11.86%	7
Poor	10.17%	6
Very Poor	1.69%	1
	Answered	59

BMH Community Partners Survey

Ray

Answer Choices	Responses	
Average	47.37%	9
Poor	31.58%	6
Good	15.79%	3
Very Poor	5.26%	1
	Answered	19

BMH Community Partners Survey

Top Behavioral Health Concerns in the Community

Anxiety, Depression, substance use/misuse (illicit drug use, alcohol overuse, illegal use of prescription drugs) were identified as top behavioral health concerns by all survey groups. Clay County general survey respondents and Platte County community partners identified homelessness as a top three issues. Suicidal thoughts/attempts were in the top three issues identified by community partners in Clay County.

Survey Question: Please Check the Top Three Behavioral Health Concerns in Your County.

Responses: BMH Clients & Families by County

Clay County

Answer Choices	Responses	
Depression	76.95%	217
Anxiety	62.06%	175
Illicit drug use	31.21%	88
Homelessness	30.85%	87
Suicidal thoughts/attempts	23.40%	66
Domestic violence	16.31%	46
Alcohol overuse	15.25%	43
Cannabis use	12.77%	36
Self-harming behaviors	12.41%	35
Underage tobacco use/vaping	11.35%	32

Illegal use of prescription drugs	10.99%	31
Underage alcohol use	4.61%	13
	Answered	282

BMH Client/Family Survey

Platte County

Answer Choices	Responses	
Depression	70.00%	77
Anxiety	57.27%	63
Alcohol overuse	30.91%	34
Illicit drug use	27.27%	30
Homelessness	24.55%	27
Suicidal thoughts/attempts	22.73%	25
Underage tobacco use/vaping	15.45%	17
Illegal use of prescription drugs	13.64%	15
Domestic violence	11.82%	13
Cannabis use	11.82%	13
Self-harming behaviors	10.91%	12
Underage alcohol use	10.91%	12
	Answered	110

BMH Client/Family Survey

Ray County

Answer Choices	Responses	
Anxiety	63.33%	19
Depression	53.33%	16
Alcohol overuse	33.33%	10
Illegal use of prescription drugs	30.00%	9
Illicit drug use	30.00%	9
Domestic violence	20.00%	6
Underage tobacco use/vaping	16.67%	5
Suicidal thoughts/attempts	13.33%	4
Underage alcohol use	13.33%	4
Self-harming behaviors	10.00%	3
Homelessness	6.67%	2
Cannabis use	3.33%	1
	Answered	30

BMH Client/Family Survey

Responses: General Public by County

Clay County

Answer Choices	Responses	
Depression	61.44%	94
Anxiety	45.10%	69
Homelessness	40.52%	62
Domestic violence	30.07%	46

Illicit drug use	30.07%	46
Suicidal thoughts/attempts	27.45%	42
Alcohol overuse	21.57%	33
Self-harming behaviors	18.30%	28
Illegal use of prescription drugs	17.65%	27
Underage tobacco use/vaping	15.69%	24
Cannabis use	8.50%	13
Underage alcohol use	6.54%	10
	Answered	153

BMH General Public Survey

Platte County

Answer Choices	Responses	
Depression	50.94%	27
Anxiety	45.28%	24
Alcohol overuse	33.96%	18
Suicidal thoughts/attempts	32.08%	17
Underage tobacco use/vaping	24.53%	13
Illicit drug use	24.53%	13
Homelessness	20.75%	11
Underage alcohol use	18.87%	10
Cannabis use	15.09%	8
Self-harming behaviors	13.21%	7
Illegal use of prescription drugs	13.21%	7
Domestic violence	9.43%	5
	Answered	53

BMH General Public Survey

Ray County

Answer Choices	Responses	
Illicit drug use	67.80%	40
Depression	55.93%	33
Alcohol overuse	40.68%	24
Suicidal thoughts/attempts	40.68%	24
Domestic violence	33.90%	20
Anxiety	33.90%	20
Illegal use of prescription drugs	23.73%	14
Underage tobacco use/vaping	18.64%	11
Homelessness	18.64%	11
Self-harming behaviors	15.25%	9
Cannabis use	13.56%	8
Underage alcohol use	11.86%	7
	Answered	59

BMH General Public Survey

Responses: Community Partners by County

Clay County

Answer Choices	Responses	
Anxiety	67.19%	86
Depression	61.72%	79
Suicidal thoughts/attempts	39.06%	50
Illicit drug use	26.56%	34
Self-harming behaviors	21.09%	27
Homelessness	19.53%	25
Alcohol overuse	17.19%	22
Cannabis use	15.63%	20
Underage tobacco use/vaping	15.63%	20
Domestic violence	12.50%	16
Illegal use of prescription drugs	11.72%	15
Underage alcohol use	6.25%	8
	Answered	128

BMH Community Partners Survey

Platte County

Answer Choices	Responses	
Depression	61.02%	36
Anxiety	44.07%	26
Homelessness	33.90%	20
Alcohol overuse	32.20%	19
Domestic violence	30.51%	18
Illicit drug use	30.51%	18
Suicidal thoughts/attempts	20.34%	12
Illegal use of prescription drugs	18.64%	11
Self-harming behaviors	11.86%	7
Underage tobacco use/vaping	10.17%	6
Cannabis use	6.78%	4
Underage alcohol use	6.78%	4
	Answered	59

BMH Community Partners Survey

Ray County

Answer Choices	Responses	
Illicit drug use	50.00%	10
Depression	40.00%	8
Alcohol overuse	40.00%	8
Homelessness	35.00%	7
Domestic violence	30.00%	6
Illegal use of prescription drugs	25.00%	5
Anxiety	25.00%	5
Cannabis use	20.00%	4
Suicidal thoughts/attempts	20.00%	4
Underage tobacco use/vaping	20.00%	4
Underage alcohol use	15.00%	3

Self-harming behaviors	5.00%	1
	Answered	20

BMH Community Partners Survey

Challenges/Barriers to Receiving Mental Health Care

Lack of insurance and financial stressors were identified as the two top barriers to care by BMH Clients/Families in Clay and Platte counties. Lack of insurance and lack of knowledge about mental health services available were the top barriers identified by Clients/Families in Ray County. Lack of transportation, distance from mental health care facilities, and waitlists for services were among the top five barriers across all Client/Family respondents and across all respondents to the general survey. Waitlists for services, lack of mental health providers in the community and lack of insurance were the top barriers identified by the general public in all three counties and by community partners in Clay and Ray County. Community Partners in Platte and Ray counties called out stigma associated with receiving of receiving mental health services as a top 5 barrier to care. Community partners also identified lack of transportation, and no insurance/limited insurance as significant barriers to mental health care.

Survey Question: What Challenges/Barriers Keep Community Residents from Receiving Mental Health Care in your County? (Check all that apply)

Responses: BMH Clients & Families by County

Clay County

Answer Choices	Response s	
No insurance/limited insurance	51.48%	139
Financial stressors	45.56%	123
Waitlist for services	42.22%	114
Lack of transportation	40.00%	108
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	38.15%	103
People don't know about local mental health services for those with limited resources	36.30%	98
Prescription costs	30.00%	81
Stigma of receiving mental health services	29.26%	79
Limited access - can't get an appointment/limited hours	27.41%	74
Not enough evening or weekend hours for mental health care	26.30%	71
Distance from mental health care facility	17.78%	48
Inconsistent care - not able to see the same mental health care provider over time	15.56%	42
Lack of childcare	13.33%	36
Concerns about privacy	11.11%	30
Poor quality of care	11.11%	30
Limited telehealth capabilities	10.00%	27
Language barrier	6.30%	17
Not understanding my culture	5.93%	16
Literacy barriers	5.56%	15
	Answered	270

BMH Client/Family Survey

Platte County

Answer Choices	Responses	
Financial stressors	46.67%	49
No insurance/limited insurance	45.71%	48
Lack of transportation	38.10%	40
Waitlist for services	33.33%	35
People don't know about local mental health services for those with limited resources	32.38%	34
Stigma of receiving mental health services	30.48%	32
Prescription costs	29.52%	31
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	28.57%	30
Limited access - can't get an appointment/limited hours	25.71%	27
Not enough evening or weekend hours for mental health care	25.71%	27
Distance from mental health care facility	19.05%	20
Inconsistent care - not able to see the same mental health care provider over time	15.24%	16
Lack of childcare	12.38%	13
Concerns about privacy	12.38%	13
Poor quality of care	8.57%	9
Not understanding my culture	6.67%	7
Limited telehealth capabilities	6.67%	7
Literacy barriers	5.71%	6
Language barrier	2.86%	3
	Answered	105

BMH Client/Family Survey

Ray County

Answer Choices	Responses	
No insurance/limited insurance	46.15%	12
People don't know about local mental health services for those with limited resources	46.15%	12
Distance from mental health care facility	46.15%	12
Lack of transportation	42.31%	11
Financial stressors	34.62%	9
Stigma of receiving mental health services	30.77%	8
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	30.77%	8
Waitlist for services	19.23%	5
Prescription costs	19.23%	5
Limited access - can't get an appointment/limited hours	19.23%	5
Lack of childcare	15.38%	4
Inconsistent care - not able to see the same mental health care provider over time	15.38%	4
Concerns about privacy	11.54%	3
Not enough evening or weekend hours for mental health care	11.54%	3
Poor quality of care	7.69%	2
Limited telehealth capabilities	7.69%	2

Language barrier	3.85%	1
	Answered	26

BMH Client/Family Survey

Responses: General Public

Clay County

Answer Choices	Responses	
Waitlist for services	71.90%	110
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	71.24%	109
No insurance/limited insurance	69.28%	106
Financial stressors	60.13%	92
Limited access - can't get an appointment/limited hours	56.86%	87
People don't know about local mental health services for those with limited resources	52.29%	80
Lack of transportation	47.71%	73
Not enough evening or weekend hours for mental health care	47.71%	73
Stigma of receiving mental health services	39.87%	61
Prescription costs	37.25%	57
Inconsistent care - not able to see the same mental health care provider over time	31.37%	48
Lack of childcare	27.45%	42
Poor quality of care	24.84%	38
Distance from mental health care facility	19.61%	30
Concerns about privacy	15.69%	24
Language barrier	15.03%	23
Limited telehealth capabilities	14.38%	22
Literacy barriers	9.80%	15
Not understanding my culture	5.23%	8
	Answered	153

BMH General Public Survey

Platte County

Answer Choices	Responses	
No insurance/limited insurance	66.04%	35
Waitlist for services	64.15%	34
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	56.60%	30
Limited access - can't get an appointment/limited hours	54.72%	29
Financial stressors	52.83%	28
People don't know about local mental health services for those with limited resources	45.28%	24
Lack of transportation	37.74%	20
Stigma of receiving mental health services	32.08%	17
Not enough evening or weekend hours for mental health care	30.19%	16
Prescription costs	24.53%	13
Inconsistent care - not able to see the same mental health care provider over time	22.64%	12

Lack of childcare	20.75%	11
Distance from mental health care facility	18.87%	10
Concerns about privacy	13.21%	7
Poor quality of care	11.32%	6
Limited telehealth capabilities	9.43%	5
Language barrier	5.66%	3
Not understanding my culture	5.66%	3
Literacy barriers	3.77%	2

BMH General Public Survey

Ray County

Answer Choices	Responses	
No insurance/limited insurance	65.52%	38
Lack of transportation	62.07%	36
People don't know about local mental health services for those with limited resources	62.07%	36
Financial stressors	58.62%	34
Distance from mental health care facility	53.45%	31
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	53.45%	31
Limited access - can't get an appointment/limited hours	50.00%	29
Waitlist for services	48.28%	28
Not enough evening or weekend hours for mental health care	44.83%	26
Prescription costs	36.21%	21
Stigma of receiving mental health services	36.21%	21
Lack of childcare	32.76%	19
Poor quality of care	31.03%	18
Inconsistent care - not able to see the same mental health care provider over time	27.59%	16
Limited telehealth capabilities	20.69%	12
Concerns about privacy	17.24%	10
Literacy barriers	8.62%	5
Not understanding my culture	8.62%	5
Language barrier	5.17%	3
	Answered	58

BMH General Public Survey

Responses: Community Partners by County

Clay County

Answer Choices	Responses	
Waitlist for services	80.47%	103
No insurance/limited insurance	71.88%	92
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	68.75%	88
Lack of transportation	62.50%	80
Limited access - can't get an appointment/limited hours	60.94%	78

Financial stressors	58.59%	75
People don't know about local mental health services for those with limited resources	45.31%	58
Not enough evening or weekend hours for mental health care	45.31%	58
Stigma of receiving mental health services	39.06%	50
Prescription costs	26.56%	34
Inconsistent care - not able to see the same mental health care provider over time	25.00%	32
Lack of childcare	20.31%	26
Distance from mental health care facility	20.31%	26
Language barrier	15.63%	20
Concerns about privacy	14.06%	18
Literacy barriers	8.59%	11
Poor quality of care	7.81%	10
Limited telehealth capabilities	7.81%	10
Not understanding my culture	3.91%	5
	Answered	128

BMH Community Partners Survey

Platte County

Answer Choices	Responses	
Lack of transportation	73.68%	42
No insurance/limited insurance	57.89%	33
Financial stressors	45.61%	26
Stigma of receiving substance use services	45.61%	26
Waitlist for services	43.86%	25
People don't know about local substance use treatment for those with limited resources	42.11%	24
Not enough substance use treatment providers (counselors, case workers, etc.)	38.60%	22
Not enough evening or weekend hours for substance use treatment services	36.84%	21
Limited access - can't get an appointment/limited hours	29.82%	17
Distance from substance use treatment facility	29.82%	17
Lack of childcare	24.56%	14
Inconsistent care - not able to see the same substance use treatment provider over time	21.05%	12
Prescription costs	15.79%	9
Concerns about privacy	14.04%	8
Poor quality of care	12.28%	7
Language barrier	10.53%	6
Not understanding my culture	7.02%	4
Literacy barriers	5.26%	3
Limited telehealth capabilities	5.26%	3
	Answered	57

BMH Community Partners Survey

Ray County

Answer Choices	Responses	
Waitlist for services	75.00%	15
Lack of transportation	70.00%	14
No insurance/limited insurance	70.00%	14
Stigma of receiving mental health services	60.00%	12
People don't know about local mental health services for those with limited resources	55.00%	11
Not enough mental health providers (social workers, counselors, nurses, case workers, psychiatrists, etc.)	55.00%	11
Financial stressors	50.00%	10
Distance from mental health care facility	50.00%	10
Limited access - can't get an appointment/limited hours	40.00%	8
Not enough evening or weekend hours for mental health care	35.00%	7
Concerns about privacy	25.00%	5
Inconsistent care - not able to see the same mental health care provider over time	25.00%	5
Lack of childcare	20.00%	4
Prescription costs	20.00%	4
Limited telehealth capabilities	15.00%	3
Literacy barriers	10.00%	2
Poor quality of care	10.00%	2
Language barrier	5.00%	1
Not understanding my culture	5.00%	1
	Answered	20

BMH Community Partners Survey

Challenges/Barriers to Receiving Substance Use Treatment Services

Lack of insurance/limited insurance, lack of transportation, financial stressors, and lack of knowledge about substance use services for those with limited resources were the top barriers to receiving substance use treatment identified by BMH Clients/Families. Client/Family respondents from Platte County also elevated stigma associated with treatment to a top 5 barrier. Lack of insurance and lack of substance use treatment providers in the community were top 3 issues identified by general survey respondents in Clay and Platte counties. Survey respondents in Ray County called out lack of transportation and distance from services as significant barriers. Lack of knowledge about the treatment services available was identified as a key barrier by general survey respondents in all three counties. Lack of insurance/limited insurance and lack of transportation were the top 2 barriers identified by community partners in all three counties. Waitlists for services, lack of knowledge about services available and limited availability of appointments were also surfaced by community partners as barriers to treatment.

Survey Question: What Challenges/Barriers Keep Community Residents from Receiving Substance Use Treatment Services in your County? (Check all that apply)

Responses: BMH Clients & Families by County

Clay County

Answer Choices	Responses	
No insurance/limited insurance	45.16%	84
Financial stressors	44.62%	83
Lack of transportation	41.40%	77
People don't know about local substance use treatment for those with limited resources	37.63%	70
Not enough substance use treatment providers (counselors, case workers, etc.)	32.26%	60
Stigma of receiving substance use treatment services	30.11%	56
Waitlist for services	27.96%	52
Prescription costs	25.27%	47
Limited access - can't get an appointment/limited hours	24.19%	45
Distance from substance use treatment facility	24.19%	45
Not enough evening or weekend hours for substance use treatment services	20.97%	39
Inconsistent care - not able to see the same substance use treatment provider over time	15.05%	28
Lack of childcare	14.52%	27
Poor quality of care	14.52%	27
Concerns about privacy	13.98%	26
Limited telehealth capabilities	11.29%	21
Not understanding my culture	8.06%	15
Language barrier	6.99%	13
Literacy barriers	2.69%	5
	Answered	186

BMH Client/Family Survey

Platte County

Answer Choices	Responses	
Financial stressors	41.94%	26
Lack of transportation	37.10%	23
Stigma of receiving substance use treatment services	37.10%	23
No insurance/limited insurance	35.48%	22
People don't know about local substance use treatment for those with limited resources	32.26%	20
Distance from substance use treatment facility	27.42%	17
Limited access - can't get an appointment/limited hours	25.81%	16
Not enough evening or weekend hours for substance use treatment services	25.81%	16
Prescription costs	24.19%	15
Waitlist for services	20.97%	13
Not enough substance use treatment providers (counselors, case workers, etc.)	19.35%	12
Concerns about privacy	14.52%	9
Lack of childcare	11.29%	7
Poor quality of care	11.29%	7

Inconsistent care - not able to see the same substance use treatment provider over time	11.29%	7
Literacy barriers	6.45%	4
Limited telehealth capabilities	4.84%	3
Not understanding my culture	3.23%	2
	Answered	62

BMH Client/Family Survey

Ray County

Answer Choices	Responses	
People don't know about local substance use treatment for those with limited resources	50.00%	6
No insurance/limited insurance	41.67%	5
Lack of transportation	33.33%	4
Distance from substance use treatment facility	33.33%	4
Not enough substance use treatment providers (counselors, case workers, etc.)	33.33%	4
Waitlist for services	25.00%	3
Financial stressors	25.00%	3
Prescription costs	25.00%	3
Lack of childcare	16.67%	2
Stigma of receiving substance use treatment services	16.67%	2
Limited access - can't get an appointment/limited hours	16.67%	2
Not enough evening or weekend hours for substance use treatment services	16.67%	2
Language barrier	8.33%	1
Concerns about privacy	8.33%	1
Poor quality of care	8.33%	1
Inconsistent care - not able to see the same substance use treatment provider over time	8.33%	1
	Answered	12

BMH Client/Family Survey

Responses: General Public by County

Clay County

Answer Choices	Responses	
No insurance/limited insurance	71.83%	102
Not enough substance use treatment providers (counselors, case workers, etc.)	59.86%	85
Financial stressors	57.75%	82
People don't know about local substance use treatment for those with limited resources	57.75%	82
Waitlist for services	54.93%	78
Stigma of receiving substance use treatment services	47.18%	67
Limited access - can't get an appointment/limited hours	45.07%	64
Lack of transportation	41.55%	59
Not enough evening or weekend hours for substance use treatment services	36.62%	52
Distance from substance use treatment facility	29.58%	42
Prescription costs	27.46%	39

Concerns about privacy	26.76%	38
Lack of childcare	23.94%	34
Poor quality of care	21.83%	31
Inconsistent care - not able to see the same substance use treatment provider over time	20.42%	29
Language barrier	11.27%	16
Literacy barriers	9.15%	13
Limited telehealth capabilities	8.45%	12
Not understanding my culture	4.23%	6
	Answered	142

BMH General Public Survey

Platte County

Answer Choices	Responses	
No insurance/limited insurance	58.82%	30
Not enough substance use treatment providers (counselors, case workers, etc.)	54.90%	28
People don't know about local substance use treatment for those with limited resources	50.98%	26
Waitlist for services	45.10%	23
Financial stressors	45.10%	23
Lack of transportation	37.25%	19
Stigma of receiving substance use treatment services	35.29%	18
Limited access - can't get an appointment/limited hours	35.29%	18
Distance from substance use treatment facility	27.45%	14
Not enough evening or weekend hours for substance use treatment services	25.49%	13
Inconsistent care - not able to see the same substance use treatment provider over time	25.49%	13
Lack of childcare	21.57%	11
Concerns about privacy	21.57%	11
Poor quality of care	17.65%	9
Limited telehealth capabilities	13.73%	7
Prescription costs	13.73%	7
Not understanding my culture	5.88%	3
Language barrier	1.96%	1
Literacy barriers	0.00%	0
	Answered	51

BMH General Public Survey

Ray County

Answer Choices	Responses	
Lack of transportation	66.07%	37
No insurance/limited insurance	57.14%	32
People don't know about local substance use treatment for those with limited resources	55.36%	31
Distance from substance use treatment facility	51.79%	29
Lack of childcare	46.43%	26

Financial stressors	46.43%	26
Waitlist for services	44.64%	25
Not enough evening or weekend hours for substance use treatment services	41.07%	23
Stigma of receiving substance use treatment services	39.29%	22
Limited access - can't get an appointment/limited hours	39.29%	22
Prescription costs	33.93%	19
Not enough substance use treatment providers (counselors, case workers, etc.)	32.14%	18
Poor quality of care	28.57%	16
Concerns about privacy	23.21%	13
Limited telehealth capabilities	17.86%	10
Inconsistent care - not able to see the same substance use treatment provider over time	17.86%	10
Not understanding my culture	14.29%	8
Literacy barriers	7.14%	4
Language barrier	5.36%	3
	Answered	56

BMH General Public Survey

Responses: Community Partners by County

Clay County

Answer Choices	Responses	
No insurance/limited insurance	58.47%	69
Lack of transportation	57.63%	68
People don't know about local substance use treatment for those with limited resources	55.08%	65
Waitlist for services	50.00%	59
Not enough substance use treatment providers (counselors, case workers, etc.)	50.00%	59
Financial stressors	46.61%	55
Stigma of receiving substance use services	44.92%	53
Not enough evening or weekend hours for substance use treatment services	35.59%	42
Limited access - can't get an appointment/limited hours	34.75%	41
Distance from substance use treatment facility	26.27%	31
Concerns about privacy	21.19%	25
Lack of childcare	16.10%	19
Prescription costs	15.25%	18
Inconsistent care - not able to see the same substance use treatment provider over time	14.41%	17
Poor quality of care	13.56%	16
Limited telehealth capabilities	12.71%	15
Language barrier	11.86%	14
Literacy barriers	8.47%	10
Not understanding my culture	7.63%	9

BMH Community Partners Survey

Platte County

Answer Choices	Responses	
Lack of transportation	73.68%	42
No insurance/limited insurance	57.89%	33
Financial stressors	45.61%	26
Stigma of receiving substance use services	45.61%	26
Waitlist for services	43.86%	25
People don't know about local substance use treatment for those with limited resources	42.11%	24
Not enough substance use treatment providers (counselors, case workers, etc.)	38.60%	22
Not enough evening or weekend hours for substance use treatment services	36.84%	21
Limited access - can't get an appointment/limited hours	29.82%	17
Distance from substance use treatment facility	29.82%	17
Lack of childcare	24.56%	14
Inconsistent care - not able to see the same substance use treatment provider over time	21.05%	12
Prescription costs	15.79%	9
Concerns about privacy	14.04%	8
Poor quality of care	12.28%	7
Language barrier	10.53%	6
Not understanding my culture	7.02%	4
Literacy barriers	5.26%	3
Limited telehealth capabilities	5.26%	3
	Answered	57

BMH Community Partners Survey

Ray County

Answer Choices	Responses	
No insurance/limited insurance	75.00%	15
Lack of transportation	60.00%	12
Limited access - can't get an appointment/limited hours	55.00%	11
People don't know about local substance use treatment for those with limited resources	50.00%	10
Waitlist for services	45.00%	9
Financial stressors	45.00%	9
Stigma of receiving substance use services	45.00%	9
Not enough evening or weekend hours for substance use treatment services	45.00%	9
Distance from substance use treatment facility	45.00%	9
Concerns about privacy	35.00%	7
Not enough substance use treatment providers (counselors, case workers, etc.)	35.00%	7
Lack of childcare	30.00%	6
Poor quality of care	25.00%	5
Limited telehealth capabilities	25.00%	5

Inconsistent care - not able to see the same substance use treatment provider over time	15.00%	3
Literacy barriers	10.00%	2
Prescription costs	10.00%	2
Not understanding my culture	5.00%	1
	Answered	20

BMH Community Partners Survey

Availability of Mental/Behavioral Health Services in Your Community

Community partners were asked to rate the availability of the services offered by Beacon Mental Health. The rating with the highest percentage of responses for each service is highlighted in each of the tables below. Clay and Platte County community partners were more likely to rate BMH services as Good or Fair. Of the 17 services listed, 30-35% of community partners in both counties indicated they were unfamiliar with them. Opinion about the availability of services in Ray County was more negative. Availability of services in that county was rated as Poor or Very Poor by 70% of the community partners who responded to the survey.

Survey Question: How Would You Rate the Availability of these Services in the County where you Work/Volunteer?

Responses: Community Partners by County

Clay County

Survey Respondents=128

	Very Good	Good	Fair	Poor	Very Poor	Not Familiar
Community Support/Case Management	5.56%	26.19%	37.30 %	17.46 %	0.79%	12.70%
Community Trainings (e.g. Mental Health First Aid)	9.52%	40.48 %	25.40%	8.73%	1.59%	14.29%
Crisis Services	10.32%	29.37%	37.30 %	12.70 %	0.00%	10.32%
Day Program Services	5.69%	25.20%	26.02%	12.20 %	0.00%	30.89%
Employment Services	3.23%	20.97%	32.26%	8.87%	0.81%	33.87%
Healthcare Home	2.46%	15.57%	24.59%	9.84%	2.46%	45.08%
Housing Services and Support	0.83%	14.88%	33.88 %	17.36 %	4.96%	28.10%
Mental Health Liaisons with Law Enforcement	5.56%	20.63%	29.37 %	13.49 %	3.97%	26.98%
Older Adult Mental Health Services	3.97%	14.29%	33.33%	8.73%	1.59%	38.10%
Open Access/Walk-in Intakes	4.76%	17.46%	34.13 %	18.25 %	6.35%	19.05%
Prevention/Community Education and Engagement	12.90%	37.90 %	29.03%	8.87%	1.61%	9.68%

Psychiatric Services (Doctor/Nurse Practitioner)	3.94%	14.17%	38.58 %	17.32 %	8.66%	17.32%
School Based Services	19.05%	26.98%	27.78 %	6.35%	3.17%	16.67%
Substance Use Services	2.38%	26.19%	35.71 %	11.90 %	2.38%	21.43%
Therapy	6.30%	29.13%	41.73 %	9.45%	4.72%	8.66%
Treatment Court	8.13%	16.26%	20.33%	8.94%	1.63%	44.72%
Youth Services	8.94%	25.20%	33.33 %	8.94%	3.25%	20.33%

Platte County

Survey Respondents=59

	Very Good	Good	Fair	Poor	Very Poor	Not Familiar
Community Support/Case Management	5.17%	29.31 %	34.48 %	13.79 %	6.90%	10.34%
Community Trainings (e.g. Mental Health First Aid)	6.78%	30.51 %	27.12 %	13.56 %	5.08%	16.95%
Crisis Services	8.47%	27.12 %	27.12 %	13.56 %	8.47%	15.25%
Day Program Services	5.08%	22.03 %	20.34 %	13.56 %	10.17%	28.81%
Employment Services	3.39%	20.34 %	32.20 %	15.25 %	3.39%	25.42%
Healthcare Home	0.00%	23.73 %	27.12 %	5.08%	3.39%	40.68%
Housing Services and Support	0.00%	15.25 %	32.20 %	25.42 %	11.86%	15.25%
Mental Health Liaisons with Law Enforcement	6.78%	22.03 %	20.34 %	18.64 %	8.47%	23.73%
Older Adult Mental Health Services	1.72%	18.97 %	41.38 %	8.62%	6.90%	22.41%
Open Access/Walk-in Intakes	1.69%	13.56 %	25.42 %	22.03 %	10.17%	27.12%
Prevention/Community Education and Engagement	8.47%	30.51 %	30.51 %	13.56 %	3.39%	13.56%
Psychiatric Services (Doctor/Nurse Practitioner)	1.69%	15.25 %	35.59 %	8.47%	16.95%	22.03%
School Based Services	12.07%	24.14 %	25.86 %	5.17%	6.90%	25.86%
Substance Use Services	0.00%	12.50 %	41.67 %	12.50 %	0.00%	33.33%
Therapy	3.39%	23.73 %	33.90 %	13.56 %	6.78%	18.64%

Treatment Court	18.64%	25.42 %	13.56 %	5.08%	5.08%	32.20%
Youth Services	6.90%	13.79 %	31.03 %	10.34 %	3.45%	34.48%

Ray County

Survey Respondents=20

	Very Good	Good	Fair	Poor	Very Poor	Not Familiar
Community Support/Case Management	5.26%	21.05 %	26.32 %	31.58 %	5.26%	10.53%
Community Trainings (e.g. Mental Health First Aid)	0.00%	31.58 %	21.05 %	21.05 %	15.79%	10.53%
Crisis Services	0.00%	36.84 %	26.32 %	15.79 %	10.53%	10.53%
Day Program Services	0.00%	21.05 %	5.26%	31.58 %	15.79%	26.32%
Employment Services	5.56%	11.11 %	11.11 %	33.33 %	16.67%	22.22%
Healthcare Home	5.56%	16.67 %	16.67 %	33.33 %	5.56%	22.22%
Housing Services and Support	5.26%	10.53 %	10.53 %	31.58 %	21.05%	21.05%
Mental Health Liaisons with Law Enforcement	0.00%	5.56%	16.67 %	44.44 %	16.67%	16.67%
Older Adult Mental Health Services	0.00%	22.22 %	22.22 %	38.89 %	5.56%	11.11%
Open Access/Walk-in Intakes	0.00%	15.79 %	15.79 %	15.79 %	36.84%	15.79%
Prevention/Community Education and Engagement	0.00%	31.58 %	26.32 %	15.79 %	15.79%	10.53%
Psychiatric Services (Doctor/Nurse Practitioner)	0.00%	10.53 %	15.79 %	31.58 %	36.84%	5.26%
School Based Services	0.00%	15.79 %	42.11 %	15.79 %	10.53%	15.79%
Substance Use Services	0.00%	25.00 %	25.00 %	0.00%	25.00%	25.00%
Therapy	0.00%	10.53 %	31.58 %	15.79 %	31.58%	10.53%
Treatment Court	5.00%	10.00 %	20.00 %	20.00 %	10.00%	35.00%
Youth Services	0.00%	5.56%	38.89 %	22.22 %	16.67%	16.67%

BMH Client/Family Satisfaction with Services Received

BMH conducts an annual survey with active clients exploring their experience and satisfaction with the services/programs in which they engage. The following table presents a summary analysis of the feedback received 2021-2023.

Service/Program	FY21	FY22	FY23
Adult Community Psychiatric Rehab (community support/case management) <i>Overall Satisfaction: Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	92% (97 surveys received)	100% (36 surveys received)	100% (206 surveys received)
Day Program <i>Happiness on scale of 1-10 Percentage=total number of responses that rated as 8,9 or 10)</i>	79% (84 surveys received)	88% (79 surveys received)	89% (69 surveys received)
Youth Community Psychiatric Rehab <i>Overall satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	100% (28 surveys received)	100% (11 surveys received)	99% (54 surveys received)
Intake <i>Overall satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	100% (22 surveys received)	100% (58 surveys received)	100% (41 surveys received)
Crisis Services <i>Overall satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	100% (11 surveys received)	83% (6 surveys received)	89% (9 surveys received)
Medication Services <i>Overall satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	91% (443 surveys received)	98% (88 surveys received)	98% (98 surveys received)

Outpatient Therapy <i>Overall satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	100% (208 surveys received)	100% (143 surveys received)	99% (135 surveys received)
Employment Services <i>Overall satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	100% (8 surveys received)	94% (18 surveys received)	96% (28 surveys received)
Adolescent Comprehensive Substance Treatment and Rehabilitation <i>Feel accepted by treatment team</i>	n/d	100% (4 surveys received)	100% (8 surveys received)
Comprehensive Substance Treatment and Rehabilitation (Adult) <i>Treated with respect and dignity</i>	100% (13 surveys received)	95% (47 surveys received)	96% (47 surveys received)
Treatment Court <i>Treated with respect and dignity</i>	99% (47 surveys received)	100% (23 surveys received)	100% (33 surveys received)
Outpatient Opioid Treatment <i>Treated with respect and dignity</i>	100% (21 surveys received)	100% (143 surveys received)	95% (19 surveys received)
Healthcare Home <i>Overall Satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	100% (93 surveys received)	100% (53 surveys received)	100% (66 surveys received)
School Based Services <i>Overall Satisfaction Percentage that Answered “Strongly Agree or Agree to question about satisfaction with services overall.</i>	91% (373 surveys received)	95% (271 surveys received)	98% (523 surveys received)
Youth Psychosocial Rehab <i>Happiness on scale of 1-10</i>	n/d	100% (2 surveys received)	100% (17 surveys received)

Percentage=total number of responses that rated as 8,9 or 10)			
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Summary of Key Takeaways from the Data

The Needs Assessment Team reviewed mental health and substance use data for the Clay, Platte and Ray communities. All three counties fall well below the state and national average for ratio of mental health providers per resident.

Clay	Platte	Ray	Missouri	US
1:1,670	1:750	1:2,300	1:430	1:340

This data demonstrates that while all three counties we serve suffer from a lack of mental health providers, Ray County has the greatest need. All three counties were higher than the national average for suicide rate, with Ray County having the highest rate per 100,000 residents. Overdose deaths were lower than the national average for all three counties, but Clay County did have the highest rate of the three counties. Juvenile arrests per 1000 youths were well below state and national averages for both Clay and Platte counties but well above state and national averages in Ray County. The takeaways determined by this data were that BMH should continue its substance use prevention efforts. While there is room for improvement, the data suggests that what BMH is doing related to prevention is having an impact, serving to keep overdose deaths at a lower rate than the national average. Another takeaway is that BMH should work to increase awareness of the 988 crisis line and other crisis supports available to address the suicide rate. In addition, the juvenile arrest rate in Ray County suggests that BMH has an opportunity to explore more options to better partner with juvenile justice agencies in Ray County.

IX. BMH Current Strengths and Challenges

As part of the Community Needs Assessment it is important for the CCBHC to look internally, to identify and explore its strengths and challenges as an organization and to consider ways in which those strengths can be leveraged, and challenges overcome to increase the effectiveness of the services provided. To inform this assessment, the Community Needs Assessment Committee developed a spreadsheet that included current staffing levels and retention information, data on staff training, current hours and locations of operations, waitlist information, number of consumers being seen in each program, engagement numbers, community partnerships, crisis call information, and other internal data. Based on analysis and discussion of this data the Committee identified the Strengths and Challenges noted below.

Beacon Mental Health Strengths

BMH identified the following areas of success:

- ◆ Offers culturally sensitive and linguistically appropriate care with the demographics of the community, as identified in your needs assessment.

The needs assessment results seemed to indicate that Beacon is providing culturally sensitive and linguistically appropriate care. Beacon has a Diversity Committee that is comprised of staff members from various departments/disciplines. The committee meets on a monthly basis to review cultural and linguistic needs of Beacon clients. Beacon has a Cultural Competency, Diversity & Inclusion Plan that outlines the current demographics of the community we serve and also of our current consumers, outlines what we are currently providing to offer culturally sensitive and linguistically appropriate care, and includes goals to continue and improve this care. We also have a Diversity Outreach position within the North Kansas City school district that helps families from diverse backgrounds get connected with our services or referred to appropriate resources in the community.

- ◆ Provides services aligned with the community's mental health and substance use needs, as identified in your needs assessment.

The top mental health/substance use needs identified in our needs assessment were Anxiety, Depression, Alcohol Overuse, Illicit Drug Use, Suicidal Thoughts/Attempts, and Homelessness. Our services are aligned with these top needs

in that we have medication management services, crisis services, day programs, community support services, substance use services, treatment court services, school based services, employment services, housing services, law enforcement liaison services, school based and youth services, and therapy services available to address these needs, as well as a Prevention program to provide community education.

◆ Provides services to address the social drivers of health and other barriers to care, as identified in your needs assessment.

The top social drivers of health and other barriers to care that were reported by those who completed our needs assessment were: no or limited insurance, lack of transportation, financial stressors, waitlist for services, not enough mental health/substance use providers, lack of knowledge about local resources, and stigma of receiving mental health/substance use services. Beacon Mental Health is the safety net provider for Clay, Platte and Ray counties. We are able to provide services to those with no or limited insurance. We are also able to offer telehealth services for individuals who don't have transportation available. For individuals already receiving services through us, we are able to provide transportation or transportation vouchers depending on the program. We also have a Benefits Case Manager who assists individuals in services with us with obtaining Medicaid insurance coverage. Beacon attempts to address stigma in the community through social media posts and offering trainings such as mental health first aid.

◆ Delivers evidence-based practices that are aligned with the community's mental health and substance use needs, as identified in your needs assessment.

Beacon utilizes the Evidence Based Practices listed below when providing mental health and substance use services. We believe that these align with the community's needs as identified on the needs assessment.

- Illness Management and Recovery
- Integrated Treatment for Co-Occurring Disorders
- Individual Placement and Support
- Zero Suicide
- Parent-Child Interactive Therapy
- Dialectical Behavioral Therapy
- Eye Movement Desensitization and Reprocessing
- Tobacco Treatment Specialist
- Motivational Interviewing
- Wellness Coaching
- American Society of Addiction Management Assessment

◆ Ensures timely access to care, including extended hours, community-embedded providers, and crisis services, as identified in your needs assessment.

Beacon offers an open-access/walk in model for individuals wanting to get started with services for both our mental health and substance use treatment programs. We are typically able to offer same day access. We offer some evening and weekend hours depending on the service/program. We have multiple offices where therapy is provided in all three counties. We offer community based medication clinics as well.

◆ Is staffed with the professionals, with appropriate credentials/training and in appropriate numbers, to provide the types of services needed, as identified in your needs assessment.

Beacon has high quality staff as evidenced by outcomes and satisfaction survey results. We ensure that they are well-trained and that they have the appropriate credentials for the services they are providing. The needs assessment completed by our consumers indicated overall that they are happy with their treatment providers.

◆ Ensures a diverse workforce that is reflective of the demographics and cultural profile of your community, as identified in your needs assessment.

Based on demographic data available about our services area, our current clients, and our current staff, the Beacon workforce appears to be reflective of the community we serve.

- ◆ Conducts outreach to populations of focus and/or populations at higher risk of negative outcomes, as identified in your needs assessment.

Beacon currently has several outreach programs including a partnership with law enforcement and a disease management program to assist individuals that are high utilizers of Medicaid to get connected with mental health and substance use treatment services. We are also working with the Transformation of Rural Community Health (ToRCH) initiative in Ray County to better coordinate the efforts of healthcare providers, community-based organizations and social service agencies.

- ◆ Partners with other organizations in your community to address health and social needs, as identified in your needs assessment.

Needs assessment data from our community partners indicates overall that they appreciate the services that we provide. We partner with many organizations in our community to address health and social needs. We are present at community meetings to help identify areas of concern and plan for addressing these concerns.

- ◆ Partners with other organizations in your community on care coordination for shared clients, as identified in your needs assessment. As mentioned above, we partner with multiple community providers. We have formal partnerships with health departments, and FQHCs. We also have informal partnerships with hospitals and PCP offices. Our Healthcare Home team does an excellent job of care coordination.

Beacon Mental Health Challenges and Gaps

The assessment team identified the following gaps/opportunities for improvement:

- ◆ Offers culturally sensitive and linguistically appropriate care with the demographics of the community, as identified in your needs assessment:

We did not see this as an issue on the needs assessment, however, we are sure there are groups of individuals in our community that aren't receiving services because they aren't aware of them. More community education would help us target the populations we aren't serving.

- ◆ Provides services aligned with the community's mental health and substance use needs, as identified in your needs assessment:

While we feel like we are able to provide services that meet the community's mental health and substance use needs, as indicated in the needs assessment, we realize that there is a great demand for these services and not enough resources. We hope to be able to provide more of these services in all areas of our catchments areas at times that are convenient for the individuals who need our services.

- ◆ Provides services to address the social drivers of health and other barriers to care, as identified in your needs assessment:

Needs assessment indicated a gap in services in rural areas, especially Ray County and northern Platte County.

- ◆ Delivers evidence-based practices that are aligned with the community's mental health and substance use needs, as identified in your needs assessment:

Results of needs assessment did not indicate the need for an EBP that we are not currently providing.

- ◆ Ensures timely access to care, including extended hours, community-embedded providers, and crisis services, as identified in your needs assessment:

Needs assessment indicates a need for additional extended hours. We will be looking at ways to expand evening and weekend service and how to add additional open access times.

- ◆ Is staffed with the professionals, with appropriate credentials/training and in appropriate numbers, to provide the types of services needed, as identified in your needs assessment:

Having the right amount of staff is always challenging, but has been even more so in the last few years. There is a shortage of mental health professionals, especially in rural areas. We will working on developing a staffing plan to determine our needs and help determine future planning.

◆ Ensures a diverse workforce that is reflective of the demographics and cultural profile of your community, as identified in your needs assessment:

While we believe our workforce is reflective of the demographics and cultural profile of the community we serve, we are currently working with a DEI consultant on best practices for recruitment of a diverse workforce.

◆ Conducts outreach to populations of focus and/or populations at higher risk of negative outcomes, as identified in your needs assessment:

While we do have many outreach programs, it is clear that there are still many individuals in the community that are not familiar with our services or do not know how to access them. We would like to provide more community education in order to reach these individuals and either provide services to them directly or help connect them to other resources in the community.

◆ Partners with other organizations in your community to address health and social needs, as identified in your needs assessment:

Affordable housing and homelessness is a challenge in our community, as well as surrounding areas, and was reported as a need and concern in our needs assessment. We will continue to work with our partners on the best ways to address this in our community. In addition, the Clay County Children's Services Fund has been very valuable in helping us address needs in Clay County. There is a need for these services in Platte and Ray counties as well. We will continue to advocate for funding opportunities to provide these same services in those counties. We would also like to partner more with local churches as we know they are often the first place people go to for assistance.

◆ Partners with other organizations in your community on care coordination for shared clients, as identified in your needs assessment:

One area that we saw in the comments for the general public was frustration when Beacon is not able to provide our services to certain individuals (due to their insurance, etc.). We would like to improve our care coordination for individuals who don't qualify for our services. We would like to have more staffing to assist them with appropriate referrals and to follow-up with them to ensure that they were able to access those referrals.

Summary of Findings: Key takeaways

- Biggest unmet needs and health disparities overall exist in rural areas. We are working on adding a clinician in Ray County and possibly northern Platte County.
- Waitlist for services and need for more availability. We will be working on a staffing plan and including this in our long-term strategic planning.
- Lack of awareness about services that are available. Still many consumers and community members that are not aware of 988. We need to provide more education about what services are available and that we are providing, for example, school based and children's services.
- Lack of insurance and financial concerns/issues are a barrier for people to engage in services. While we are able to serve many of these individuals, we need to do a better job of communicating this so everyone is aware of our ability to see uninsured individuals and to work on a sliding fee scale.
- Lack of housing resources. We would like to work with our community partners to determine the best ways to address this.
- There is still a lot of stigma surrounding seeking help for mental health and substance use treatment. We would like to provide more community education, including more Mental Health First Aid classes.

X. Description of Process for Needs Assessment Data Review and Determination of Action Plan Priorities

The process for the Needs Assessment Data review and determination of Action Plan Priorities involved the Needs Assessment Work Group meeting on a weekly basis to review the Needs Assessment survey results to identify the needs specific to each county in our service area as well as the top barriers to accessing mental/behavioral health care. During these meetings, the Needs Assessment Work Group plotted quantitative data on spreadsheets to compare by county, state and nation. The data was reviewed to determine the greatest disparities between counties, and disparities between the BMH service area, the state of Missouri, and the nation as a whole. The group discussed which needs were highest, which of those needs were currently being addressed by the agency, and which needs could be addressed by the agency with additional planning and supports.

This analysis identified:

- Rural, non-English speaking, single mothers, pregnant women, older adults as the populations with the largest unmet needs in our service area.
- Surfaced transportation, wait list for services, and not enough mental health/substance use providers as the top barriers to care.
- Established a consensus list of the top needs across the three county service area:
 - More access for youth services,
 - More community education on BMH services
 - More education on 988
 - More therapy and psychiatric medication providers,
 - More transportation options,
 - More care coordination,
 - More staff to provide services,
 - Increased resources for homeless population
 - More evening/weekend hours) the populations with the most needs

The Needs Assessment Committee determined the priority needs by consensus decision-making based on the quantitative and qualitative data reviewed. There was a strong consensus across the committee about what these priorities should be so no formal ranking/rating process or vote was included in the decision-making process. While the Beacon Mental Health board of directors was not involved in reviewing the determining these priorities, they were involved in the general needs assessment process. They were educated about the Needs Assessment process and received updates on progress.

The final priorities chosen for Beacon Mental Health's 2025-2027 are:

- Expand Beacon Mental Health's regular physical presence in rural communities
- Expand Hours:
 - Evening hours for crisis services;
 - Add a Saturday for walk-in appointments.
- Increase Community Education and outreach
- Increase the delivery of Care Coordination services