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INTRODUCTION

This report was commissioned by the ADAMHS Board of Cuyahoga County as a part of the strategic planning for the agency to identify “areas of greatest need for client services for planning, funding, evaluating, and advocacy purposes.” Three major types of data are used to identify the greatest need for the mental health and substance use community in Cuyahoga County.

First, we collected primary, qualitative data through surveys, interviews, and focus groups. Initially, we had planned to collect data from all four constituents of the community: executive directors of the agencies that provide services, providers of the services, clients and their family members, and community leaders. Unfortunately, however, COVID-19 hit hard in the beginning of March 2020 after just a month into the project, forcing us to change the methods of data collection because of Ohio’s stay-at-home order for the remainder of the project. After discussions with the ADAMHS Board, we decided to conduct online surveys of executive directors and providers, virtual focus groups using Zoom with clients and their family members, and phone interviews with some executive directors as a follow-up to the online survey. We were, unfortunately, unable to collect information from community leaders for this project.

Second, we analyzed secondary, quantitative data using mainly the national prevalence of substance use and mental illness from the National Survey on Drug Use and Health (NSDUH) survey collected in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency in the U.S. Department of Health and Human Services, and the county population estimates based on the American Community Survey (ACS) collected in 2018 by the U.S. Census. As discussed in Chapter 1, Cuyahoga County is not representative of the country; thus, county prevalence of substance use and mental illness is not identical to the national prevalence. However, without conducting a survey among a county representative sample, this is the best estimate for the county prevalence for substance use and mental illness.

Third, we reviewed literature related to mental health and substance use, the service delivery for mental illness and substance use, and evidence-based practice as well as other national and state data related to mental health and substance use throughout the report. The triangulation, collecting data using different methods, especially the combination of quantitative and qualitative data, is considered the best research practice to learn about any topic, especially a topic as controversial as substance use and mental health. Although none of the data collected for this project is perfect, we

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1 The quote from the RFP in Appendix A.
hope that triangulation allows us to report as accurately as we can the areas of greatest needs for the service delivery for our vulnerable members of the community.

The executive summary provides a summary of the overall findings as they relate to the primary purpose of this needs-assessment project: shedding light on the need for mental health and substance use services in Cuyahoga County.

Chapter 1 examines the estimates of Cuyahoga County demographics using the ACS 2018 and examines the unique features of the county population that need to be considered in order to understand the needs of substance use and mental illness treatment services in the county’s population and determine the needs in the county.

Chapter 2 reviews the literature for risk factors for mental illness and substance use using the stress-process and life-course models, popular perspectives to examine the disparities in health outcomes. Space is limited to examine all possible risk factors or review all existing studies; instead we offer a brief summary of risk factors that are most frequently researched.

Chapter 3 provides estimates of substance use and mental illness in Cuyahoga County using the national prevalence from the NSDUH 2018 and the population estimate from the ACS 2018. This chapter also reviews the Monitoring the Future (MTF), Youth Risk Behavior Surveillance System (YRBSS), National Survey on Children’s Health (NSCH), and National Health Interview Survey (NHIS), along with the Uniform Crime Reports (UCR) for drug use violations.

Chapter 4 provides estimates of unmet needs by specific populations and levels of care using the prevalence of unmet needs from the NSDUH 2018 and the population estimate from the ACS 2018. Unmet needs are examined by age, gender, and race/ethnicity.

Chapter 5 provides estimates of people who need publicly funded services for mental health and substance use. The health insurance information of Cuyahoga County is examined extensively first using the ACS 2018. Then the estimates of people who need publicly funded services are calculated using the prevalence of individuals who need publicly funded services from the NSDUH (2018) and the population estimate from the ACS 2018.

Chapter 6 examines utilization data by comparing local prevalence of mental illness and substance use (Chapter 3), local unmet needs (Chapter 4), local publicly funded service needs (Chapter 5), and local service rates calculated using the data provided by the
ADAMHS Board of Cuyahoga County. This chapter also reviews the National Survey on Substance use treatment Services (N-SSATS), Treatment Episode Data Set: Admissions (TEDS-A), and Treatment Episode Data Set: Discharges (TEDS-D).

Chapter 7 reviews the literature on the evidence-based practices for mental health and substance use interventions and promising practices for the future. The chapter also provides a summary from the surveys on the evidence-based practices used by the agencies funded by the ADAMHS Board.

Chapter 8 assesses the impact of the Medicaid Redesign Initiative that began in Ohio in 2017. The chapter provides a background on the redesign, a summary on how it changed the way behavioral health is funded, and a summary of responses from the executive director survey and provider survey.

Chapter 9 discusses the role of the ADAMHS Board for service delivery of mental health and substance use. This chapter mainly summarizes the results of focus groups, surveys, and interviews, including recommendations for the ADAMHS Board by the survey respondents, focus group participants, and interviews.

Conclusion and recommendations provide a brief summary of overall findings as well as our own recommendations for the ADAMHS Board for “planning, funding, evaluating, and advocacy” for the community of people who experience mental illness or substance use.
STUDY OVERVIEW

The purpose of this project is to shed light on the need for mental health and substance use services in Cuyahoga County. The study includes all four types of possible needs assessments: epidemiological analysis, utilization analysis, and input from both clients and “experts”, or agency executive directors and direct service providers. Demographic and epidemiological data found in Chapters 1 through 3 of this study were used to estimate the unmet needs for substance use and mental health treatment in Cuyahoga County.

Estimated need for substance use treatment

Overall, our estimates suggest there is a large disparity between those with alcohol and drug concerns and those who receive treatment in Cuyahoga County. There is also a large unmet need for services. We estimate that the following adults and youth could benefit from substance use treatment due to alcohol use disorder or drug use in Cuyahoga County:

- About 1,413 youth age 12 to 17 (1.6%) and 62,116 adults aged 18 and older (6.3%) had an alcohol use disorder but did not receive treatment in the past year.

- About 2,208 youth age 12 to 17 (2.5%) and 30,565 adults age 18 and older (3.1%) had an illicit drug use disorder but did not receive treatment in the past year.

- About 353 youth age 12 to 17 (0.4%) and 4,930 adults age 18 and older (0.5%) had both alcohol and illicit drug use disorders but did not receive treatment for either one in the past year.
Estimated need for mental health treatment

Similarly, there is a large disparity between those with a mental health concern and those who receive services, suggesting a large unmet need for mental health treatment. In addition, suicide and drug overdose rates in Cuyahoga County are higher than the national rate. We estimate the following for adults and youth:

**Adult mental health needs**

- About 62,116 adults age 18 and older (6.3%) experienced a mental illness but did not receive any treatment in the past year.

- The most popular mental health treatment people received was prescription medication (13%). Only a small percentage of the population received inpatient (1.2%) or even outpatient (8.8%) mental health treatment.

- About 17,746 adults age 18 and older (1.8%) reported having both serious mental illness and SUD in the past year.

**Mental health needs of youth**

- About 12,455 youth (14.1%) reported having a major depressive episode (MDE) in the past year.

- Of the youth who experienced a major depressive episode, about half received treatment, and an estimated 5,654 youth age 12 to 17 who experienced a MDE did not get any treatment.

- About 1.6% of youth age 12 to 17 or an estimated 1,413 youth reported having both a major depressive episode and SUD in the past year.
Need for publicly funded services and rate of uninsured

Many of the individuals who need substance abuse or mental health treatment in Cuyahoga County rely on publicly funded services, largely Medicaid.

- There is a high rate of individuals eligible for Medicaid in Cuyahoga County. Nationally, 20.5% of the population receives Medicaid, while 21.7%, or 306,958 residents in Cuyahoga County receive Medicaid.

- An even larger percentage of Cleveland residents (44.4%, or 167,907 individuals) are on Medicaid.

- A smaller percentage of Cuyahoga County residents are uninsured, when compared to the state of Ohio and nationally.

- 5.7% of residents, or 70,248 individuals are uninsured, compared to 6.5% of Ohio residents and 8.9% of the population in the United States.

- Cleveland’s uninsured rate is higher than the County overall, as 7.9% or 29,959 individuals were uninsured in 2018.
Gaps in service delivery

The following findings are based on an analysis of the publicly funded client data provided by the ADAMHS Board. It describes services publicly funded clients received during the period January 1, 2019 to December 31, 2019. The dataset includes 13,458 clients who in all, received a total of 421,938 services during this time period.

Of these 13,458 clients:

- **Funding**
  - 5,013 received services funded by the ADAMHS Board only (37.2%)
  - 6,200 received services funded by Medicaid only (46.1%)
  - 2,245 received services funded by both the ADAMHS Board and Medicaid (16.7%)

- **Services received**
  - 4,139 received services for substance use disorder (SUD) only (31.8%)
  - 8,345 received mental health (MH) services only (66.5%)
  - 374 received services for both SUD and MH (2.8%)

- **ADAMHS Board and Medicaid Funding**
  - The ADAMHS Board was more likely to fund MH services (67.7%) than SUD services (30.4%)
  - Medicaid was even more likely to fund MH services (87.5%) than SUD services (11.8%)
  - Services funded by both the ADAMHS Board and Medicaid were more likely for SUD services (83.9%) than for MH services (5.6%)

Overall, the ADAMHS Board pays considerably more on service than Medicaid for each client, especially when the ADAMHS Board is the only payer.
**Funding for SUD treatment, 12 and older**

Of the 1.2 million people in Cuyahoga County, an estimated:

- 15,860 people were uninsured and had a SUD in the past year
- 27,978 people were on Medicaid and had a SUD in the past year

Overall, only a small fraction of the 15,860 uninsured and 27,978 on Medicaid age 12 and older in Cuyahoga County who had SUD received any service for substance use funded by the ADAMHS Board (N=1,619), Medicaid (N=774), or both (N=2,111). These numbers include both SUD only and both SUD and MH clients.

**Age 12 to 17**

Few of the youth who could benefit from services for SUD received services from either the ADAMHS Board or from Medicaid.

- 15 of the 176 uninsured youth received services for their SUD funded by the ADAMHS Board.
- 11 of the 1,356 on Medicaid received services for their SUD funded by Medicaid.
- 25 received services for their SUD funded by both the ADAMHS Board and Medicaid

This leaves an estimated 1,481 youth age 12 to 17 with SUD could benefit from publicly funded services for their SUD but did not receive treatment.

**Age 18 to 64**

Overall, of the 15,577 uninsured and 19,186 on Medicaid age 18 to 64 in Cuyahoga County who had SUD in the past year:

- 1,535 received services for their SUD funded by the ADAMHS Board
- 719 received services for their SUD funded by Medicaid
- 2,066 received services for their SUD funded by both the ADAMHS Board and Medicaid

Based on our estimates, 30,443 adults age 18 to 64 with SUD could benefit from publicly funded services for their SUD but did not receive treatment.
**Age 65 and over**

Overall, of the 107 uninsured and 7,436 on Medicaid age 65 and older in Cuyahoga County who had SUD in the past year:

- 69 received services for their SUD funded by the ADAMHS Board
- 44 received services for their SUD funded by Medicaid
- 20 received services for their SUD funded by both the ADAMHS Board and Medicaid

**Funding for Mental Health Treatment, 18 and older**

Of the 1.2 million people in Cuyahoga County, an estimated:

- 7,730 people were uninsured and had serious mental illness in the past year.
- 12,848 people were on Medicaid and had serious mental illness in the past year.

Overall, only a small fraction of the 7,730 uninsured and 12,848 on Medicaid age 18 and older in Cuyahoga County who had serious mental illness received any service for mental illness funded by the ADAMHS Board (N=3,490), Medicaid (N=5,467), or both (N=362). These numbers include both MH only and both SUD and MH clients.

**Age 18 to 64**

Overall, 7,730 uninsured and 12,791 on Medicaid age 18 to 64 in Cuyahoga County who had serious mental illness in the past year:

- 2,280 received services for their mental illness funded by the ADAMHS Board
- 2,947 received services for their mental illness funded by Medicaid
- 316 received services for their mental illness funded by both the ADAMHS Board and Medicaid

This leaves an estimated 14,978 adults age 18 to 64 with serious mental illness who could benefit from publicly funded services for their mental illness but did not receive treatment.
Age 65 and over

Overall, 0 uninsured and 57 on Medicaid age 65 and older in Cuyahoga County had serious mental illness in the past year, and:

- 427 received services for their mental illness funded by the ADAMHS Board
- 216 received services for their mental illness funded by Medicaid
- 10 received services for their mental illness funded by both the ADAMHS Board and Medicaid

This leaves an estimated 0 adult age 65 and older with serious mental illness who could benefit from publicly funded services for their mental illness but did not receive them.

However, the numbers of adults age 65 and older who had any mental illness or a MDE in Cuyahoga County who could benefit publicly funded services for mental health are much higher than the number of individuals 65 and older with a serious mental illness.

Equitable service delivery

- Males were more likely than females to receive services funded by the ADAMHS Board. On the other hand, females were more likely than males to receive services funded by Medicaid.

- Of the three age groups:
  - Seniors age 65 and older were most likely to receive services that were funded by the ADAMHS Board.
  - Children age 0 to 17 were least likely to receive services funded by the ADAMHS Board when client count is examined.
  - Children age 0 to 17, on the other hand, were most likely to receive services funded by Medicaid.

- Race/Ethnicity (Client Level Data)
  - Whites were more likely than blacks/African Americans or Asians to receive services that were funded by the ADAMHS Board.
  - Blacks/African Americans were least likely to receive services that were funded by the ADAMHS Board.
  - On the other hand, blacks/African Americans were most likely to among race/ethnicity groups to receive services that were funded by Medicaid.
• The high likelihood of services funded by Medicaid among blacks/African Americans might be explained by the fact that a higher proportion of African Americans are on Medicaid than the proportion of whites in Cuyahoga County.

• Hispanics and non-Hispanics were equally likely to receive services that were funded by the ADAMHS Board. They were also equally likely to receive services funded by Medicaid.

• Race/Ethnicity (Service Level Data)
  o When examining service level data, blacks/African Americans were more likely than whites to receive services that were funded by the ADAMHS Board.
  o The likelihood of receiving services that were funded by Medicaid was about the same for whites and blacks/African Americans.

• While at the individual client level, African Americans might be less likely than whites to receive services funded by the ADAMHS Board, each of the ADAMHS Board funded African Americans received more services per client funded by the ADAMHS Board than whites.

• When examining the amount of payments the ADAMHS Board spent on clients by race, we found that:
  o The ADAMHS Board funded an average of $114.94 per service for black/African American clients and $86.90 per service for white clients for mental health services.
  o The ADAMHS Board funded an average of $54.79 per service for black/African American clients and $55.91 per service for white clients for SUD services.

Funding oversight

This analysis examined the extent that clients remained either on ADAMHS Board funding, Medicaid funding, and/or moved between the two funding sources.

• There was a total of 2,941 clients in the dataset who received services between July 1, 2019 through December 31, 2019.
• Publicly funded clients did not move to Medicaid from ADAMHS Board as the primary payer. In all, of the 1,399 clients who started out with ADAMHS Board funding, 1,242 people remained on ADAMHS Board as the primary payer.

• Of 1,399 clients who started out with the ADAMHS Board funding, only 166 clients moved from ADAMHS Board to Medicaid as the primary payer. Of these 166 clients, 37 came back to ADAMHS Board as the primary payer.

**Demographics of Cuyahoga County**

People who are served by agencies funded by the ADAMHS Board are a highly diverse population, with multiple risk factors contributing to their mental health and substance use concerns and the need for treatment. Following is a summary of the demographics of the County, and prevalence of risk factors associated with substance use and mental health treatment. These data are drawn from a range of national, state, and regional databases and reports.

**Age**

• Cuyahoga County residents are slightly older than the national median age (40.4 years vs. 38.2 years).

• The County also has a smaller proportion of those under age 25 and a larger percentage of those over 75 years in age when compared nationally.

**Socioeconomic status**

• Cuyahoga County residents have a consistently lower SES, when measured by household income, unemployment rate, poverty, and educational attainment.

• Cuyahoga County ranked 37th in median household income among 88 counties in Ohio.

• Cleveland ranked 248th in median household income among 250 cities in Ohio. Median household income of Cuyahoga County is significantly lower than the national median household income ($49,910 vs $61,937).

• The lower median household income is driven by the low median household income of Cleveland residents of $29,953, which is less than half the national
median household income and less than the 2020 federal poverty guidelines for a household with five people ($30,680).

Risk factors

Risk factors that can contribute to mental health disorders and substance use include the literacy rate, having a disability, being homeless, Medicaid eligibility, experiencing violence through violent crimes, intimate partner violence and child maltreatment. Other risk factors include marital status, or single parent households, employment, and education. Cuyahoga County residents have higher rates of these risk factors overall when compared to the state of Ohio and nationally.

- In terms of literacy, almost 1 in 3 adult residents of Cleveland are disadvantaged economically due to their lack of literacy skills.

- The overall percentage of persons with a disability is higher in Cuyahoga County (10.9%) and Cleveland (17.0%), when compared to the national average (8.6%).

- Cuyahoga County had the largest number of homeless persons among all counties in Ohio.

- At one point in time in January 2017, Cuyahoga County had 1,727 homeless persons in shelters, compared to 1,691 in Franklin County and 1,162 in Hamilton County.

- With 4,004 beds in permanent supportive housing for homeless persons, Cuyahoga County has about 25% of the total number of beds (16,770) in the state.

Victims of crime

- Residents of Cuyahoga County are twice as likely to be the victim of a crime than Ohio residents, or the country overall.

- The murder rate and nonnegligent manslaughter per 10,000 individuals (1.18) in Cuyahoga County was twice that of the U.S. as a whole (.53).

- Crime rates are even more staggering in Cleveland, as the rate of violent crime (155.68) per 10,000 residents was more than four times the national rate (39.40 per 10,000).
**Intimate partner violence**

- Estimates of lifetime intimate partner violence victimization are similar in Ohio when compared to national prevalence rates, with one exception.

- Both females and males in Ohio reported a higher rate of any psychological aggression. For females, the rate in Ohio is 46.8%, compared to 36.4% nationally. Similarly, the rate for males in Ohio is 48.6%, compared to 34.2% nationally.

- Over one-third of women in Ohio (34.5%) reported experiencing physical intimate partner violence in their lifetime, higher than the national average of 30.6%.

**Child maltreatment**

- The percentage of children under age six who were investigated for maltreatment gradually increased from 2000 to 2008.

- Children living in Cleveland were between two and three times more likely than children residing in the suburban areas of the County to be investigated for child maltreatment.

- Overall, 6.9% of children under age six in Cuyahoga County were involved with the Department of Children and Family Services.

**Marital status**

- A smaller percent of Cleveland residents are married (24.1%), than residents of Cuyahoga County overall (39.3%). The disparity is even greater when compared to the national average of 47.8%.

- Only 15.6% of African-American residents of Cleveland are married, compared to 20.8% of African-Americans in Cuyahoga County, and 29.3% nationally.

- Cleveland has the highest percent of female head of households (19.6%), higher than Cuyahoga County overall (14.8%) and nationally (12.5%).
**Unemployment**

- Unemployment data are from 2018, and it is anticipated that rates will be even higher in 2020, given the impact of COVID-19 on employment. Specifically, based on Bureau of Labor Statistics, the county had a higher unemployment rate than the state overall, and it is anticipated that a similar trend will be evident.

- The unemployment rate in Cuyahoga County of 6.9% is higher than the rate in Ohio overall (4.9%) and nationally (4.9%).

- The unemployment rate in Cleveland is quite high, at 11.7%.

**Education**

- Educational attainment of Cuyahoga County residents is comparable to the U.S. population and the state of Ohio overall. However, there are quite large racial/ethnic differences in educational attainment among residents of Cuyahoga County.

- Both Black or African-American and Hispanic or persons of Latino origin have lower educational attainments compared to national averages. Rates were even lower when looking at Cleveland only.

- High school graduation rates are lower for persons of Hispanic or Latino origin than Blacks or African-Americans or whites.

- Nationally, 86.5% of African-Americans achieve a high school degree, compared to 85.9% in Ohio, 84.7% in Cuyahoga County, and 79.10% in Cleveland.

- 73.6% of persons of Hispanic or Latino origin in Cuyahoga County, and only 66% in Cleveland receive a high school degree. Among persons of Hispanic or Latino origin, only 69.7% achieve a high school degree nationally, 76.5% in Ohio.

**Arrest and incarceration rates**

Other indicators of the potential need for services include high levels of arrest that were drug use violations and a large number of individuals who are under the supervision of the criminal justice system.
• Cuyahoga County had the highest number of commitments with a total of 7,396 inmates with 15.2% of the total incarcerated offenders of Ohio.

• Of those, 95.5% were males, and a disproportionately high percent (75.1) were African Americans.

**Crime rates**

Many of the individuals arrested in Cleveland tested positive for drugs. The high prevalence of substance use prior to the crime, especially property crimes, suggest that people commit crimes to support their drug use. In 1997, even before the opioid epidemic, 64% of males and 57% of female arrestees tested positive for a drug.

**The social determinants of health**

In summary, these factors are some of the social determinants of health that contribute to residents’ health disparities. Ultimately, these health disparities and the unmet needs for adequate mental health and substance use treatment contribute to residents’ dying at a younger age.

• While there are many at-risk populations in Cuyahoga County, the population that frequently “falls through the cracks” and who experience health disparities are:
  
  o persons with a dual diagnosis
  o persons who are chronically homeless

• Other underserved populations who may experience health disparities include:
  
  o women with children
  o pregnant women
  o transitional adults age 18-25
  o persons whose primary language is other than English.

**Evidence-based interventions**

To meet the myriad and complex needs for substance use and mental health treatment, all agencies are encouraged to use evidence-based interventions. In surveys of executive directors and providers, respondents were asked to indicate the evidence-
based interventions used at their agency. The interventions most frequently reported were:

- Assertive Community Treatment
- Cognitive Behavior Therapy
- Cognitive Processing Therapy
- Dialectical Behavior Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Motivational Interviewing
- 12-step self-help
- Seeking Safety
- Solution-Focused Therapy

There were myriad other interventions identified, many of which were reported by one agency or provider. Most of the interventions reported were evidence-based, while some may be considered to be “promising practices” or needing additional research to assess their efficacy. The extent that all the identified interventions are culturally-appropriate or have been adapted to meet the needs of the communities being served is an area that may merit further exploration and delving further into the research literature.

**Medicaid redesign**

Respondents to the surveys were also asked to comment on the extent that Medicaid Redesign impacted service delivery as well as the role of the ADAMHS Board. Regarding Medicaid Redesign, respondents’ comments may be characterized as both having a less than positive effect as well as having some benefits.

Primary concerns were the length of time required to wait for reimbursement, having to negotiate the amount of reimbursement for specific services such as assessments and funding length of stay for residential treatment.

Primary benefits were that it increased the number of individuals who could be served and began paying for services not funded previously.

**Role of the ADAMHS Board**

Regarding the role of the ADAMHS Board, respondents most frequently saw the Board’s role as providing funding. However, there were several other roles that were identified, including advocacy and support, oversight and accountability, and leadership.
Respondents’ recommendations

Respondents’ provided their recommendations for improving services and what they thought individuals needed to get better. These include:

- the needs of individuals for hope that they can recover, or get better
- stability in their lives and in their treatment
- skills for daily living and employment
- and the belief that services being offered will actually help them.

Individuals may also need assistance in obtaining other needed services, such as:

- academic help for their children
- accessing SNAP and other services
- housing
- childcare.
- Families need information on the treatment process and more support services.

Recommendation for Medication Assisted Treatment

While medication-assisted treatment (MAT) is available and offered at a higher rate than the national average, respondents indicated that there continues to be a need for MAT, including consideration of the types of medications available and prescribed, the number of MAT providers, and the need for provider education on MAT.

Recommendations for the system of care

In terms of the system of care, several respondents and focus group participants identified:

- the need for additional prevention services
- early intervention
- a greater need for care coordination for substance use and mental health services
- collaboration between mental health and substance use providers
- an increased emphasis toward a population health direction.

There was a recognition that reimbursement would need to be adjusted toward population health, moving away from providing services to “the person in front of the
provider, who is able to come in.” Several respondents identified the need for increased funding of specific types of services and providers.

There was a call to pay increased attention to the social determinants of health and factors that may be barriers to accessing services, such as being able to get off work, and having caregiving responsibilities. These are especially important because of the high prevalence of single-female households in Cuyahoga County. Tending to the social determinants of health was seen as especially important for the population served by agencies in Cuyahoga County, given the range of contributing health disparities.

Conclusion

The report concludes with recommendations from the authors. These recommendations are drawn from the report’s findings as well as the authors’ understanding of the current state of the art in behavioral health. The most important recommendation, and our sincere hope is that the recommendations, along with the report’s findings may serve as a resource in planning how to best meet need the needs of the residents of Cuyahoga County for substance use and mental health service.