APPENDIX A: ORIGINAL RFP

Background Information

The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County is issuing this Request for Proposal (RFP) to identify qualified, independent evaluation contractor to conduct a comprehensive Needs Assessment. The Needs Assessment project will assist the ADAMHS Board in identifying areas of greatest need for client services for planning, funding, evaluating, and advocacy purposes.

The ADAMHS Board is responsible for the planning, funding and monitoring of public mental health and substance use disorder treatment, prevention and recovery services delivered to the residents of Cuyahoga County. Under Ohio law, the ADAMHS Board is one of 50 Boards coordinating the public mental health and addiction treatment and recovery system in Ohio. The Board contracts with provider agencies to deliver services that assist clients on the road to recovery.

The local behavioral health system continues to adapt to an environment of Behavioral Health redesign. In order to provide a system of care that enables clients to access high quality, culturally competent, behavioral health services to manage their illness and improve their lives, it is necessary to conduct a comprehensive interdisciplinary needs assessment.

Areas to be Included

1. Analysis of most current county census data (including demographics of age, gender, ethnicity, residence areas, poverty levels, and risk factors), analyses of national prevalence data, and calculation of local prevalence rates.
2. Comparison of local prevalence rates to local service rates to establish unmet needs.
3. Estimations of mental illness and substance use prevalence.
4. Estimation of the size of the population needing publicly-funded mental health and/or substance user services.
5. Estimation of unmet needs for mental health and addiction treatment, prevention, and recovery services by specific populations and levels of care.
6. Collection of key survey data where needed.
7. Assessment of the use of evidence-based practices.
8. Assessment of the impact of Ohio’s Behavioral Health redesign on the Board’s service mix and provider funding strategies.
9. Conduct focus group with key community stakeholders and analyze results throughout project.

Community Benefit

This process will ultimately enable the ADAMHS Board and other funders to invest resources in the areas of greatest client need, strengthen safety net services and support the use of Evidence-Based Practices. This will create a system of superior services which is client focused, cost efficient, and which improves the lives of clients and Cuyahoga County residents.
APPENDIX B: STUDY DESIGN

Introduction

As shown on the timeline of the project, most data collected for the project are secondary quantitative data with supplemental qualitative data collected using focus groups and interviews. This is not ideal but is an acceptable method for needs-assessment research to inform policy. The results could also be used for future, more in-depth and targeted research projects, as discussed in the recommendations. Collecting primary data through focus groups and structured interviews for some needs-assessment questions involved non-probability samples (because of the nature of the population of the project). Random sampling of agencies receiving ADAMHS Board funding was used to select a sample of agencies for structured interviews.
### Timeline

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<tr>
<th>Areas/Type of Needs Assessment</th>
<th>Type of Needs Assessment</th>
<th>Objectives</th>
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<tr>
<td>1. Analysis of most current county census data (including demographics of age, gender, ethnicity, residence areas, poverty levels, and risk factors), analyses of national prevalence data, and calculation of local prevalence rates.</td>
<td>Comparative: Secondary national, state, and local data</td>
<td>Collect the current county census data and data on national/state prevalence of substance abuse and mental health disorders.</td>
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<td>2. Comparison of local prevalence rates to local service rates to establish unmet needs.</td>
<td>Utilization/expressed needs: ADAMHS Board administrative data</td>
<td>Calculate local prevalence rates and write up a report.</td>
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<tr>
<td>3. Estimations of mental illness and substance use prevalence.</td>
<td>Comparative: Secondary national, state, or local data</td>
<td>Collect national/state mental health illness and substance use prevalence.</td>
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<td>4. Estimation of the size of the population with substance abuse and/or mental health disorder who may need publicly funded mental health and/or substance user services</td>
<td>Comparative: Secondary national, state, or local data</td>
<td>Collect national/state incidence of substance abuse and/or mental health disorders who need publicly funded mental health and/or substance user services.</td>
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<td>5. Estimation of unmet needs for mental health and addiction treatment, prevention, and recovery services by specific populations and levels of care.</td>
<td>Experts interview/survey data</td>
<td>Estimate the size of the local population with substance abuse and mental health disorders who may need publicly funded mental health and/or substance user services and write up a report.</td>
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<tr>
<td>6. Assessment of the use of evidence based practices.</td>
<td>Experts interview/survey data</td>
<td>Conduct structured interviews (or surveys) with Executive Directors and/or key administrators of Cuyahoga County mental health and addiction treatment, prevention, and recovery agencies, to assess unmet need by specific populations and levels of care.</td>
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<td>Analyze interview data to estimate local incidence of unmet needs for mental health and addiction treatment, prevention, and recovery services by specific populations and levels of care; write up a report.</td>
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<td>Conduct structured survey interviews (or surveys) with Executive Directors and/or key administrators of Cuyahoga County mental health and addiction treatment, prevention, and recovery agencies, to assess unmet need by specific populations and levels of care.</td>
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<tr>
<td>7. Assessment of the impact of Ohio’s Behavioral Health redesign on the Board’s service mix and provider funding strategies.</td>
<td>Utilization data before and after; survey</td>
<td>Plan focus group/interview</td>
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<td>8. Conduct focus groups with key community stakeholders and consumers to assess need for substance abuse and mental health prevention and treatment services (Perceived Need).</td>
<td>Perceived need through focus group studies</td>
<td>Focus group of providers; Focus groups of clients and family members; Focus group with key community stakeholders (community organizations and other county agencies)</td>
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RATIONALE FOR STUDY DESIGN

As with other types of needs assessments, studies assessing substance abuse and mental health counseling demonstrate that the amount of services needed depends on the way need is measured. The need for substance abuse and mental health services may be defined in four ways, felt need, expressed need, expert need, and comparative need (Bradshaw, 1972).

Felt need indicates the amount of need for services individuals report that they need. Expressed need, also reported in utilization studies, indicates the amount of need based on the extent that individuals use substance abuse and mental health services. Expert assessments of individuals’ need for substance abuse and mental health services rely on the assessments of professionals to determine the amount and type of services needed. Finally, comparative studies of need use epidemiological data to assess the need for services, based on the prevalence of certain conditions in the population.

When using comparative need as a framework researchers and policymakers rely on demographic and epidemiological data, such as prevalence of substance use and mental health disorders among a given population to estimate the amount of services needed. Comparative, or epidemiological studies are among the most commonly found needs assessment.

When using felt need, researchers seek to measure consumers’ perceptions of their own need for substance abuse services. In the fields of substance abuse and mental health services, consumers can be the individuals themselves, family members, or their partners. One way to assess individuals’ need for substance abuse and mental health services is to compare individuals’ responses to their perceived or felt need for substance abuse services with the number of individuals who received substance use treatment from providers who are supported by the ADAMHS Board, Cuyahoga County. For example, this approach has been used to assess the need for children’s’ mental health services. In 2002, Kataoke et al (2002) used parents’ responses to the Child Behavior Checklist to indicate whether children needed a mental health evaluation and compared this need to the number of children who received an evaluation. From this measure, the researchers estimated that 7.5 million children, or 21% of all children in the United States, had an unmet need for a mental health evaluation. Further, minority children and children who were uninsured had an even greater rate of unmet need (Kataoka, Zhang, & Wells, 2002).

As discussed by Lewandowski (2018), one limitation of felt need is that individuals, especially individuals who use or abuse substances, may not be aware of their need for substance abuse and/or mental health treatment, due to being in denial, or in the
precontemplation stage of change. Because they observe their family members in their natural environments, one might argue that family members are in the best position to make an accurate assessment of their family members’ need for substance abuse and/or mental health treatment services. On the other hand, family members may either underestimate or overestimate their family member’s need, perhaps out of concern for the stigma their family member may acquire by receiving treatment, being diagnosed with a disorder, or as a consequence of themselves being in a precontemplation stage of change regarding their own, or their family member’s need for services. Further, having a disorder does not automatically equate with needing services. Some individuals recover on their own or may avail themselves of self-help approaches only. Similarly, some individuals with a substance abuse or mental health disorder may be in recovery, and in the maintenance stage of change.

Thus, given the limitation of these four strategies to assessing need, using more than one approach and comparing, triangulating findings may provide a more accurate picture of actual need.

**PROJECT OVERVIEW**

We proposed four types of needs assessment studies: focus groups to examine perceived need, structured interviews (or surveys) with administrators to examine expert need, utilization studies to examine need for services based on service usage patterns, and epidemiological assessment, or comparative needs assessment using secondary datasets to compare prevalence of substance abuse and mental health disorders nationally and regionally with local trends. The statistical methods/tests that are used in data analysis depended on the type of data collected and the scope of the analysis (e.g., describe, estimate, compare, etc.), including descriptive statistics (e.g., frequencies and rates) displayed in graphs and inferential statistics (confidence intervals and p-values).

The CBHS research team worked with ADAMHS Board staff to identify agencies where focus groups could be conducted. The team also collaborated with ADAMHS Board staff in developing the final focus group questions.

Expressed need was assessed by analyzing service utilization data in ADAMHS Board databases in coordination with the ADAMHS Board staff. Expert need was assessed by conducting structured interviews or surveys of executive directors and/or administrators of service providers identified by ADAMHS Board staff. Similar to needs assessment of need for child psychiatrists in New York (Kaye, Lewandowski, Rose, Acker, & Chiarella, 2006), executive directors or key administrators are in a good position to be aware of trends in demands for services, populations that may be most underserved, and
waitlists (as a measure of unmet need). Administrators were asked about their perceptions of consumer groups who may be underserved (age, gender, sexual orientation, parents with children, geographic area, etc.); services for types of substance abuse and/or addiction (e.g. alcohol, opioid, cocaine, marijuana, etc.); and type and level of services (e.g. outpatient, intensive outpatient, residential, medication assisted treatment; etc.). Agency administrators were also be asked about the use of evidence-based interventions, and barriers to implementing evidence-based interventions. Finally, the CBHS team coordinated with the ADAMHS Board to conduct a comparative, or epidemiological assessment of need for substance abuse and mental health treatment services using local, regional, and national databases.

The primary data collected through focus groups and interviews are qualitative data based on non-probability samples, though structured interviews include some quantitative data, such as estimates of numbers of consumers served. Qualitative content analysis was used to analyze the information collected to supplement the findings based on the quantitative data throughout the report. See Appendix A for questions for focus groups that the team used for this project. There were three targeted population groups: 1) providers, 2) clients and family members, and 3) community organizations and other country agencies. Focus groups can be divided into two large groups: one focusing on substance use treatment services and the other focusing on mental health treatment services. We had between 5 to 10 participants in each focus group for a total of 50 participants.
APPENDIX C: METHODS AND SAMPLING

We used both primary qualitative and secondary quantitative data for this project. Primary qualitative data consist of online surveys of executive directors and providers (IRB-FY2020-203), focus groups of clients, family members, and providers (IRB-FY2020-131), and interviews of executive directors as a follow-to the survey (IRB-FY2020-203). Secondary, quantitative data consist of the GOSH claim system data and publicly available secondary datasets collected by various government agencies (IRB-FY-2020-214). All studies to collect the primary data and utilize the secondary data were approved by the CSU’s Institutional Review Board (IRB) with the IRB number in the parentheses.

The ADAMHS Board sent out an email to all agencies funded by the ADAMHS Board to participate in the online survey using Google Forms. We also received a list of emails of executive directors of these agencies from the ADAMHS Board. In addition to the email from the ADAMHS Board, we sent out a recruitment email to all agencies. In the end, 34 executive directors and 63 providers participated in the online surveys. We completed a total of four focus groups with a total of 26 participants. One focus group was recruited through NAMI, two focus groups were a combination of clients, family members, and providers. They were recruited through the ADAMHS Board. One focus group was recruited through the University Hospital, and participants were a combination of psychiatric residents and some faculty. Originally, we had planned to hold focus groups face to face, but due to the stay-home-order resulting from COVID-19, we had to hold all focus groups by Zoom. Survey participants were asked if they were willing to participate in a follow-up interview. In the end, we interviewed seven executive directors to get more information and clarification on their survey responses. These interviews lasted about 30 minutes each.

The secondary quantitative data consist of the GOSH data collected by the ADAMHS Board during the period January 1, 2019 through December 31, 2019. The GOSH data were deidentified, stripped of any personal, identifying information, and uploaded to the secure, HIPPA-approved sever (HCP Anywhere) provided by Cleveland State University. We requested and received the population estimates for Cuyahoga County for 2018 from the U.S. Census. Most of the census data from Chapter 1 come from the census.gov interactive data search engine, and the majority of Census data we used in this report are from the American Community Survey (ACS) 2018.

Other secondary data include the 2018 National Survey on Drug Use and Health (NSDUH), the 2018 National Mental Health Services Survey (N-MHSS), the 2018 National Survey on Substance use treatment Services (N-SSATS), and the 2017 Treatment Episode Data Set: Admissions (TEDS-A) and Discharges (TEDS-D), which

The Cuyahoga County arrest data were requested to and provided by the Office of Criminal Justice Services of Ohio Department of Public Safety. The 2018 National Survey of Children's Health (NSCH) data are available at the Data Resource Center for Child and Adolescent Health of the Child and Adolescent health measurement Initiative website (https://www.childhealthdata.org/learn-about-the-nsch/NSCH). The 2018 National Health Interview Survey (NIS) is available at the National Center for Health Statistics of the Centers for Disease Control and Prevention website (https://www.cdc.gov/nchs/nhis/nhis_questionnaires.htm). The 2019 Monitoring the Future survey data are available at the National Institute on Drug Abuse (NIDA) website (https://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future).

The secondary data used in this report that are not mentioned here come from reports published by the agencies collecting the information, and we did not analyze the original data. When the original quantitative data were analyzed, we primarily used the SPSS, R, or SAS statistical software, depending on the individual investigator’s preference. Most analyses were conducted using the recoded variables provided in the datasets, though in some cases, we created our own variables for the purpose of the report.
APPENDIX D: SURVEY INSTRUMENTS

Appendix D.1 Executive director survey

Online Survey
Executive Directors/Key Administrators
ADAMHS Board Needs Assessment

Need for Mental Health Services

Please indicate the type of mental health services your agency provides (Check all that apply)

__Prevention  
__Education  
__Outreach  
__Peer Support  
__Crisis intervention  
__Short-term individual treatment (six sessions or less)  
__Long-term treatment (More than six sessions)  
__Group therapy or group support  
__Self-Help Groups (e.g. NAMI, etc.)  
__Residential Care  
__Medication Management/monitoring  
__Other

Other mental health services (Please specify)

Please indicate the evidence-based interventions that are used in your agency. (Check all that apply)

__Motivational Interviewing  
__Dialectical Behavior Therapy  
__ACT (Assertive Community Treatment)  
__Cognitive Behavior Therapy  
__Solution-Focused Therapy  
__EMDR (Eye Movement Desensitization and Reprocessing)  
__Prolonged Exposure Therapy  
__Cognitive Processing Therapy  
__Seeking Safety  
__Twelve-Step Self-Help
Other Evidence- Based Mental Health Services. Please specify

We would like information on the mental health prevention evidence-based interventions or practices at your agency. Please indicate below.

We would like information on the mental health treatment evidence-based interventions or practices at your agency. Please indicate below.

**Barriers to Mental Health Service**

Please indicate the extent to which you believe each of the following is a barrier to receiving mental health services at your agency.

1. Please indicate the extent to which each one is a perceived barrier for clients served by your agency for mental health services. The responses are

   “1= Strongly Disagree, 2=Disagree, 3= Unknown/Undecided, 4= Agree, 5= Strongly agree

   - Number of professionals qualified to assess mental health needs
   - Ability hiring qualified workplace personnel
   - Care coordination across providers and organizations
   - Availability of public funds
   - Reimbursement procedures
   - Provider follow up on referrals within the organization
   - Provider follow up on referrals outside the organization
   - Individual follow-up on upcoming appointments
   - Family or guardian follow up on upcoming appointments
   - Transportation
   - Available childcare
   - Parent/family knowledge of mental health problems
   - Parent/family information about available services
   - Stigma
   - Turnover rate of personnel
   - Other – Please specify

Other (please specify)
Top 3 Barriers to Mental Health Access

Please rate the extent that the following are barriers to receiving mental health services at your agency. (Number 1, 2, or 3).

___ Number of qualified professionals
___ Ability hiring qualified personnel
___ Difficulty with care coordination
___ Availability of public funds
___ Reimbursement procedures
___ Referral follow-up within the agency
___ Referral follow-up outside agency
___ Individual follow-up on appointments
___ Family follow-up on appointments
___ Transportation
___ Office hours of providers
___ Childcare
___ Family knowledge of mental illness
___ Family information about services
___ Stigma
___ Turn-over rate of personnel
___ Other

Other barriers to mental health services (please specify)

It would be helpful if you could provide examples of how these are barriers for your clients seeking mental health services.

Waitlists at your Agency

Do you maintain a waitlist at your agency for any mental health service at your agency?

Yes
No
Not sure
Access and Barriers to Mental Health Services in Cuyahoga County

Which age group do you perceive faces the greatest barriers to receiving mental health services?
__Children (birth to age 5)
__Youth (6-17)
__Transitional Age Youth (18 – 24)
__Adults (26 – 64)
__Seniors (65 and older)

Please rank the extent that these age groups can access mental health services.
1=least difficulty, 2=mild difficulty, 3=unknown /uncertain, 4=moderate difficulty, 5=greatest difficulty

__ Children (birth to age 10)
__ Youth (11 – 17)
__ Young Adults (18 – 25)
__ Adults (26 – 54)
__ Seniors (55 and older)

Which gender do you perceive faces the greatest barriers to receiving mental health services?
__ Men
__ Women
__ Transgender
__ No difference
__ Not sure

What are the system-wide barriers to providing mental health to these individuals (e.g. the gender identified as facing the greatest barriers)?

What are your agencies’ barriers to providing mental health to these individuals (e.g. the gender identified as facing the greatest barriers)?

To what extent do you perceive that the following populations of adults and youth have adequate access to mental health services?
1=Not well served, 2= mildly served 3= unknown /uncertain, 4= moderate served, 5=adequately served

__ Hispanic/Latino
__ White
__ Black or African-American
__ Asian
__ American Indian
__ Alaska Native
__ Chinese
__ Filipino
__ Korean
__ Japanese
__ Other Asian
__ Native Hawaiian
__ Samoan
__ Chamorro
__ Other Pacific Islander
__ Other race
__ Immigrants
__ Children (age 5 – 10)
__ Youth/adolescent (age 11- 18)
__ Young adults (age 19-30)
__ Adults (31-60)
__ Seniors (61 and Older)
__ LGBTQ
__ Women with children
__ Pregnant women
__ Parolees
__ Persons with co-occurring conditions
__ Persons with Severe and Persistent Mental Illness
__ Persons at risk for suicide
__ Persons who are homeless
__ Persons with difficulty with English
__ Persons who have been incarcerated
__ Persona with co-occurring mental illness/ disorders
Professional Groups

Which professional groups are responsible for rendering mental health services in your agency? (Select all that apply).

___ Certified Peer Support Specialists
___ Certified Prevention Professionals
___ Chemical Dependency Counselors
___ Clinical Psychologists
___ Licensed Counselors
___ Marriage and Family Therapists
___ Pastoral/Faith-Based Counselors
___ Psychiatric Nurses
___ Social Workers
___ Other

Which professional groups are responsible for medication-related mental health services in your agency? (e.g. prescribing and monitoring). Select all that apply.

___ Certified Peer Support Specialists
___ Certified Prevention Professionals
___ Chemical Dependency Counselors
___ Clinical Psychologists
___ Licensed Counselors
___ Marriage and Family Therapists
___ Pastoral/Faith-Based Counselors
___ Psychiatric Nurses
___ Social Workers
___ Other

Other (please specify)

Which professional group is facing the greatest shortage in supply to meet demand for mental health services in Cuyahoga County?

___ Certified Peer Support Specialists
___ Certified Prevention Professionals
___ Chemical Dependency Counselors
___ Clinical Psychologists
___ Licensed Counselors
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Marriage and Family Therapists
Pastoral/Faith-Based Counselors
Psychiatric Nurses
Social Workers
All of the above
None, no shortage
Other

Other (please specify)

Population Trends at Your Agency

Are there any trends or changes in the individuals who are currently receiving mental health services as compared to individuals who were receiving mental health over the past 10 years?

Yes
No
Don’t Know/ Not sure

If so what sort of trends or changes have you witnessed? Please describe.

Mental Health Funding and Improving Services

Please indicate the funding streams your agency receives for mental health services. (Check all that apply.)

Cuyahoga County ADAMHS Board
Other ADAMHS Board
Medicaid
Medicare
CHIP
Private Insurance
Contributions
Foundations/Grants
Charity Care (services you provide but are not reimbursed)
Other County Funding
None
Other

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Other (Please specify)

1. What are your recommendations for improving the mental health system of care in Cuyahoga County?
2. Is there anything you’d like to add regarding the need for mental health services in Cuyahoga County?
NEED FOR SUBSTANCE ABUSE SERVICES
The following questions address the need for substance abuse services in Cuyahoga County.

Substance Abuse Services & Evidence-Based Practice

Please indicate the type of substance abuse services your agency provides (Check all that apply).

___ Prevention
___ Education
___ Outreach
___ Peer Support
___ Crisis intervention
___ Intensive Outpatient
___ Outpatient
___ Group therapy or group support
___ Self-Help Groups (AA, NA, etc.)
___ Residential Treatment
___ Needle Exchange
___ Medication Management/monitoring (e.g., for dual diagnosis)
___ Medication Assisted Treatment
___ Other (Please specify)
___ None

Other Services? Describe the other substance abuse services your agency provides.

Please indicate the evidence-based interventions that are used in your agency for substance abuse. (Check all that apply).

___ Motivational Interviewing
___ Dialectical Behavior Therapy
___ Cognitive Behavior Therapy
___ Solution-Focused Therapy
___ Twelve-Step Self Help
___ Seeking Safety
___ Locally Developed Model (please specify)
___ Other (Please specify)
We would like information on the substance abuse prevention evidence-based interventions or practices at your agency. Please indicate below.

We would like information on the substance use treatment evidence-based interventions or practices at your agency. Please indicate below.

Barriers to Substance Abuse Services

Please indicate the extent to which you believe each of the following is a barrier to receiving substance services at your agency.

The responses are:
“1=Strongly Disagree, 2=Disagree, 3=unknown/ undecided, 4= agree 5 =Strongly Agree

___ Number of professionals qualified to assess substance use treatment needs
___ Ability hiring qualified workplace personnel
___ Care coordination across providers and organizations
___ Availability of public funds
___ Reimbursement procedures
___ Provider follow up on referrals within the organization
___ Provider follow up on referrals outside the organization
___ Individual follow-up on upcoming appointments
___ Family or guardian follow up on upcoming appointments
___ Transportation
___ Office hours of substance abuse service providers
___ Available childcare
___ Parent/family knowledge of substance abuse problems
___ Parent/family information about substance abuse
___ Stigma
___ Turnover rate of personnel
___ Other

Other barrier to receiving substance abuse services. (Please specify).

It would be helpful if you could provide examples of how these are barriers for your clients seeking substance abuse services.
Access and Barriers to Substance Abuse Services in Cuyahoga County

Which age group do you perceive faces the greatest barriers to receiving substance use treatment and prevention services in Cuyahoga

___ Children (birth to age 5)
___ Youth (6-17)
___ Transitional Age Youth (18-24)
___ Adults (26-64)
___ Seniors (65 and older)

How long do individuals usually wait? This would depend on the service see comment above

“1=Least Difficult, 2=Mild Difficulty 3=Unknown/ Uncertain, 4= Moderate Difficulty 5 =Greatest Difficulty

___ Children (birth to age 5)
___ Youth (6-17)
___ Transitional Age Youth (18-24)
___ Adults (26-64)
___ Seniors (65 and older)

Which gender do you perceive faces the greatest barriers to receiving substance abuse services?

Men
Women
Transgender
No difference
Not sure

What are the system-wide barriers to providing substance abuse services to these individuals (e.g. the gender identified as facing the greatest barriers)?

What are your agencies' barriers to providing substance abuse services to these individuals (e.g. the gender identified as facing the greatest barriers)?

Access and Barriers to Substance Abuse Services in Cuyahoga County
To what extent do you perceive that the following populations of adults and youth have adequate access to substance abuse services?

1=Not well served, 2= mildly served 3= unknown /uncertain, 4= moderately served, 5=adequately served

__ Hispanic/Latino
__ White
__ Black or African-American
__ Asian
__ American Indian
__ Alaska Native
__ Chinese
__ Filipino
__ Korean
__ Japanese
__ Other Asian
__ Native Hawaiian
__ Samoan
__ Chamorro
__ Other Pacific Islander
__ Other race
__ Immigrants
__ Children (age 5 – 10)
__ Youth/adolescent (age 11- 18)
__ Young adults (age 19-30)
__ Adults (31-60)
__ Seniors (61 and Older)
__ LGBTQ
__ Women with children
__ Pregnant women
__ Parolees
__ Persons with co-occurring conditions
__ Persons with Severe and Persistent Mental Illness
__ Persons at risk for suicide
__ Persons who are homeless
__ Persons with difficulty with English
__ Persons who have been incarcerated
__ Persona with co-occurring mental illness/ disorders
Please rank the extent that you think the following are barrier to access substance use treatment and prevention services at your agency. (Number 1, Big barrier 2, Somewhat of a Barrier or 3 Not a barrier).
___ Number of qualified professionals
___ Ability hiring qualified personnel
___ Difficulty with care coordination
___ Availability of public funds
___ Reimbursement procedures
___ Referral follow-up within the agency
___ Referral follow-up outside agency
___ Individual follow-up on appointments
___ Family follow-up on appointments
___ Transportation
___ Office hours of providers
___ Childcare
___ Family knowledge of mental illness
___ Family information about services
___ Stigma
___ Turn-over rate of personnel
___ Other

Other (please specify)

It would be helpful if you could provide examples of how these are barriers for your clients seeking substance abuse services. *

**Waitlist for substance abuse services**

Do you maintain a waitlist at your agency for any substance abuse services?

Yes

No

Not sure/NA
Professional groups for Substance Abuse Services

Which professional groups are responsible for NON-MEDICATION related substance abuse services in your agency? (Select all that apply).

___ Certified Peer Support Specialists
___ Certified Prevention Professionals
___ Chemical Dependency Counselors
___ Clinical Psychologists
___ Licensed Counselors
___ Marriage and Family Therapists
___ Pastoral/Faith-Based Counselors
___ Psychiatric Nurses
___ Social Workers
___ Not Sure
___ Other

Other Professional groups (please specify)

Which professional group is there a shortage of in rendering substance abuse services?

___ Certified Peer Support Specialists
___ Certified Prevention Professionals
___ Chemical Dependency Counselors
___ Clinical Psychologists
___ Licensed Counselors
___ Marriage and Family Therapists
___ Pastoral/Faith-Based Counselors
___ Psychiatric Nurses
___ Social Workers
___ Not Sure
___ Other

Other professional groups (please specify)

When considering medication-assisted treatment, which professional groups are responsible for prescribing and/or monitoring medications assisted treatment? (Select all that apply).

___ Psychiatrists
___ Primary care physicians
Pediatricians (for children and youth)
Nurse practitioners
Neurologists
Psychiatric Pharmacist
Not Sure
Other

Other professional group for medication-assisted treatment (Please specify)

When considering medication-assisted treatment, which of these groups is there a shortage of?

Psychiatrists
Primary care physicians
Pediatricians (for children and youth)
Nurse practitioners
Neurologists
Psychiatric Pharmacist
Not Sure
All of Above
None of the above - no shortage
Other

Population Trends within your agency
MEDICAID REDESIGN/ROLE OF ADAMHS BOARD

Are there any trends or changes in the individuals who are currently receiving substance use treatment as compared to individuals who were receiving substance use treatment services over the past 10 years?

Yes
No
Unknown/Uncertain
Not applicable to the organization

If so what sort of trends or changes have you witnessed?
Substance Abuse Funding and Improving Services

Please indicate the funding streams your agency receives for substance abuse services. (Select all that apply.)

___ Cuyahoga County ADAMHS Board
___ Other ADAMHS Board
___ Medicaid
___ Medicare
___ CHIP
___ Private Insurance
___ Contributions
___ Foundations/Grants
___ Charity Care (services you provide but are not reimbursed)
___ Other County Funding
___ None; our agency does not provide substance abuse services
___ Don’t know; not sure
___ Other

Other funding (please specify)

What are your recommendations for improving the substance abuse system of care in Cuyahoga County?

Is there anything you’d like to add regarding the need for substance abuse services in Cuyahoga County?

Plans for Future Services

Please indicate the services your agency is planning to start or enhance now or in the near future. Check all that apply.

___ Online Chat
___ Tele-health
___ Video Conferencing
___ Webinars
___ Online app
___ Other

Other services (Please describe)
COVID-19

The next questions relate to how COVID-19 is affecting service delivery in your agency.

Our agency will be seeking to purchase additional personal protective equipment such as masks and disposable gloves in response to COVID-19.

___Strongly Disagree  ___Disagree  ___Neither Disagree or Agree  ___Agree  ___Strongly agree

Medicaid Redesign and Role of ADAMHS Board

These next few questions will ask you about Medicaid redesign and the role of the ADAMHS Board in general. They apply to both mental health and substance abuse.

To what extent has Medicaid redesign impacted the delivery of mental health and substance abuse services in Cuyahoga County?

Not at all  
A little  
Unknown/ Uncertain  
Somewhat  
Quite a lot

Please describe how you perceive the Medicaid Redesign impacted the delivery of mental health and substance abuse services.

Role of the ADAMHS Board

What do you think is the role of the ADAMHS Board?

TELEPHONE FOLLOW-UP

We would like to follow-up with some respondents with a telephone interview to further explore responses to this survey. Please indicate whether you would be willing to be contacted by the research team for a follow-up interview.
I would be willing to be contacted by the research team for a follow-up telephone interview.

Yes/No

If yes, please provide your contact information.

Name
Agency
Position
Telephone
Email
Appendix D.1 Provider survey

Online Survey
Provider
ADAMHS Board Needs Assessment

Need for Mental Health Services

Please indicate the type of mental health services your agency provides (Check all that apply)

___Prevention
___Education
___Outreach
___Peer Support
___Crisis intervention
___Short-term individual treatment (six sessions or less)
___Long-term treatment (More than six sessions)
___Group therapy or group support
___Self-Help Groups (e.g. NAMI, etc.)
___Residential Care
___Medication Management/monitoring
___Other

Other mental health services (Please specify)

Please indicate the evidence-based interventions that are used in your agency. (Check all that apply)

___Motivational Interviewing
___Dialectical Behavior Therapy
___ACT (Assertive Community Treatment)
___Cognitive Behavior Therapy
___Solution-Focused Therapy
___EMDR (Eye Movement Desensitization and Reprocessing)
___Prolonged Exposure Therapy
___Cognitive Processing Therapy
___Seeking Safety
___Twelve-Step Self-Help
___Other
Other Evidence-Based Mental Health Services. Please specify

We would like information on the mental health prevention evidence-based interventions or practices at your agency. Please indicate below.

We would like information on the mental health treatment evidence-based interventions or practices at your agency. Please indicate below.

**Barriers to Mental Health Service**

Please indicate the extent to which you believe each of the following is a barrier to receiving mental health services at your agency.

1. Please indicate the extent to which each one is a perceived barrier for clients served by your agency for mental health services. The responses are

   "1= Strongly Disagree, 2=Disagree, 3= Unknown/Undecided, 4= Agree, 5= Strongly agree"

   ___ Number of professionals qualified to assess mental health needs
   ___ Ability hiring qualified workplace personnel
   ___ Care coordination across providers and organizations
   ___ Availability of public funds
   ___ Reimbursement procedures
   ___ Provider follow up on referrals within the organization
   ___ Provider follow up on referrals outside the organization
   ___ Individual follow-up on upcoming appointments
   ___ Family or guardian follow up on upcoming appointments
   ___ Transportation
   ___ Available childcare
   ___ Parent/family knowledge of mental health problems
   ___ Parent/family information about available services
   ___ Stigma
   ___ Turnover rate of personnel
   ___ Other – Please specify

Other (please specify)
Top 3 Barriers to Mental Health Access

Please rate the extent that the following are barriers to receiving mental health services at your agency. (Number 1, 2, or 3).

___ Number of qualified professionals
___ Ability hiring qualified personnel
___ Difficulty with care coordination
___ Availability of public funds
___ Reimbursement procedures
___ Referral follow-up within the agency
___ Referral follow-up outside agency
___ Individual follow-up on appointments
___ Family follow-up on appointments
___ Transportation
___ Office hours of providers
___ Childcare
___ Family knowledge of mental illness
___ Family information about services
___ Stigma
___ Turn-over rate of personnel
___ Other

Other barriers to mental health services (please specify)

It would be helpful if you could provide examples of how these are barriers for your clients seeking mental health services.

Waitlists at your Agency

Do you maintain a waitlist at your agency for any mental health service at your agency?

Yes
No
Not sure
Access and Barriers to Mental Health Services in Cuyahoga County

Which age group do you perceive faces the greatest barriers to receiving mental health services?
- [ ] Children (birth to age 5)
- [ ] Youth (6-17)
- [ ] Transitional Age Youth (18 – 24)
- [ ] Adults (26 – 64)
- [ ] Seniors (65 and older)

Please rank the extent that these age groups can access mental health services.

1=least difficulty, 2= mild difficulty, 3= unknown /uncertain, 4=moderate difficulty, 5=greatest difficulty

- [ ] Children (birth to age 10)
- [ ] Youth (11 – 17)
- [ ] Young Adults (18 – 25)
- [ ] Adults (26 – 54)
- [ ] Seniors (55 and older)

Which gender do you perceive faces the greatest barriers to receiving mental health services?

- [ ] Men
- [ ] Women
- [ ] Transgender
- [ ] No difference
- [ ] Not sure

What are the system-wide barriers to providing mental health to these individuals (e.g. the gender identified as facing the greatest barriers)?

What are your agencies' barriers to providing mental health to these individuals (e.g. the gender identified as facing the greatest barriers)?

To what extent do you perceive that the following populations of adults and youth have adequate access to mental health services?

1=Not well served, 2= mildly served 3= unknown /uncertain, 4= moderate served, 5=adequately served
__ Hispanic/Latino
__ White
__ Black or African-American
__ Asian
__ American Indian
__ Alaska Native
__ Chinese
__ Filipino
__ Korean
__ Japanese
__ Other Asian
__ Native Hawaiian
__ Samoan
__ Chamorro
__ Other Pacific Islander
__ Other race
__ Immigrants
__ Children (age 5 – 10)
__ Youth/adolescent (age 11- 18)
__ Young adults (age 19-30)
__ Adults (31-60)
__ Seniors (61 and Older)
__ LGBTQ
__ Women with children
__ Pregnant women
__ Parolees
__ Persons with co-occurring conditions
__ Persons with Severe and Persistent Mental Illness
__ Persons at risk for suicide
__ Persons who are homeless
__ Persons with difficulty with English
__ Persons who have been incarcerated
__ Persona with co-occurring mental illness/ disorders
Professional Groups

Which professional groups are responsible for rendering mental health services in your agency?  (Select all that apply).

__ Certified Peer Support Specialists
__ Certified Prevention Professionals
__ Chemical Dependency Counselors
__ Clinical Psychologists
__ Licensed Counselors
__ Marriage and Family Therapists
__ Pastoral/Faith-Based Counselors
__ Psychiatric Nurses
__ Social Workers
__ Other

Which professional groups are responsible for medication-related mental health services in your agency?  (e.g. prescribing and monitoring). Select all that apply.

__ Certified Peer Support Specialists
__ Certified Prevention Professionals
__ Chemical Dependency Counselors
__ Clinical Psychologists
__ Licensed Counselors
__ Marriage and Family Therapists
__ Pastoral/Faith-Based Counselors
__ Psychiatric Nurses
__ Social Workers
__ Other

Other (please specify)

Which professional group is facing the greatest shortage in supply to meet demand for mental health services in Cuyahoga County?

___ Certified Peer Support Specialists
___ Certified Prevention Professionals
___ Chemical Dependency Counselors
___ Clinical Psychologists
___ Licensed Counselors
___ Marriage and Family Therapists
___ Pastoral/Faith-Based Counselors
___ Psychiatric Nurses
___ Social Workers
___ All of the above
___ None, no shortage
___ Other

Other (please specify)

Population Trends at Your Agency

Are there any trends or changes in the individuals who are currently receiving mental health services as compared to individuals who were receiving mental health over the past 10 years?

Yes
No
Don’t Know/ Not sure

If so what sort of trends or changes have you witnessed? Please describe.

Mental Health Funding and Improving Services

Please indicate the funding streams your agency receives for mental health services. (Check all that apply.)

___ Cuyahoga County ADAMHS Board
___ Other ADAMHS Board
___ Medicaid
___ Medicare
___ CHIP
___ Private Insurance
___ Contributions
___ Foundations/Grants
___ Charity Care (services you provide but are not reimbursed)
___ Other County Funding
___ None
___ Other

Other (Please specify)
1. What are your recommendations for improving the mental health system of care in Cuyahoga County?
2. Is there anything you’d like to add regarding the need for mental health services in Cuyahoga County?
NEED FOR SUBSTANCE ABUSE SERVICES
The following questions address the need for substance abuse services in Cuyahoga County.

Substance Abuse Services & Evidence-Based Practice

Please indicate the type of substance abuse services your agency provides (Check all that apply).

___ Prevention
___ Education
___ Outreach
___ Peer Support
___ Crisis intervention
___ Intensive Outpatient
___ Outpatient
___ Group therapy or group support
___ Self-Help Groups (AA, NA, etc.)
___ Residential Treatment
___ Needle Exchange
___ Medication Management/monitoring (e.g., for dual diagnosis)
___ Medication Assisted Treatment
___ Other (Please specify)
___ None

Other Services? Describe the other substance abuse services your agency provides.

Please indicate the evidence-based interventions that are used in your agency for substance abuse. (Check all that apply).

___ Motivational Interviewing
___ Dialectical Behavior Therapy
___ Cognitive Behavior Therapy
___ Solution-Focused Therapy
___ Twelve-Step Self Help
___ Seeking Safety
___ Locally Developed Model (please specify)
___ Other (Please specify)
We would like information on the substance abuse prevention evidence-based interventions or practices at your agency. Please indicate below.

We would like information on the substance use treatment evidence-based interventions or practices at your agency. Please indicate below.

**Barriers to Substance Abuse Services**

Please indicate the extent to which you believe each of the following is a barrier to receiving substance services at your agency.

The responses are:
“1=Strongly Disagree, 2=Disagree, 3=unknown/undecided, 4=agree 5=Strongly Agree

___ Number of professionals qualified to assess substance use treatment needs
___ Ability hiring qualified workplace personnel
___ Care coordination across providers and organizations
___ Availability of public funds
___ Reimbursement procedures
___ Provider follow up on referrals within the organization
___ Provider follow up on referrals outside the organization
___ Individual follow-up on upcoming appointments
___ Family or guardian follow up on upcoming appointments
___ Transportation
___ Office hours of substance abuse service providers
___ Available childcare
___ Parent/family knowledge of substance abuse problems
___ Parent/family information about substance abuse
___ Stigma
___ Turnover rate of personnel
___ Other

Other barrier to receiving substance abuse services. (Please specify).

It would be helpful if you could provide examples of how these are barriers for your clients seeking substance abuse services.
Access and Barriers to Substance Abuse Services in Cuyahoga County

Which age group do you perceive faces the greatest barriers to receiving substance use treatment and prevention services in Cuyahoga County?

___ Children (birth to age 5)
___ Youth (6-17)
___ Transitional Age Youth (18-24)
___ Adults (26-64)
___ Seniors (65 and older)

How long do individuals usually wait? This would depend on the service see comment above

“1=Least Difficult, 2=Mild Difficulty 3=Unknown/ Uncertain, 4= Moderate Difficulty 5 =Greatest Difficulty

___ Children (birth to age 5)
___ Youth (6-17)
___ Transitional Age Youth (18-24)
___ Adults (26-64)
___ Seniors (65 and older)

Which gender do you perceive faces the greatest barriers to receiving substance abuse services?

Men
Women
Transgender
No difference
Not sure

What are the system-wide barriers to providing substance abuse services to these individuals (e.g. the gender identified as facing the greatest barriers)?

What are your agencies’ barriers to providing substance abuse services to these individuals (e.g. the gender identified as facing the greatest barriers)?
Access and Barriers to Substance Abuse Services in Cuyahoga County

To what extent do you perceive that the following populations of adults and youth have adequate access to substance abuse services?

1=Not well served, 2= mildly served 3= unknown /uncertain, 4= moderately served, 5=adequately served

__ Hispanic/Latino
__ White
__ Black or African-American
__ Asian
__ American Indian
__ Alaska Native
__ Chinese
__ Filipino
__ Korean
__ Japanese
__ Other Asian
__ Native Hawaiian
__ Samoan
__ Chamorro
__ Other Pacific Islander
__ Other race
__ Immigrants
__ Children (age 5 – 10)
__ Youth/adolescent (age 11-18)
__ Young adults (age 19-30)
__ Adults (31-60)
__ Seniors (61 and Older)
__ LGBTQ
__ Women with children
__ Pregnant women
__ Parolees
__ Persons with co-occurring conditions
__ Persons with Severe and Persistent Mental Illness
__ Persons at risk for suicide
__ Persons who are homeless
__ Persons with difficulty with English
__ Persons who have been incarcerated
__ Persona with co-occurring mental illness/ disorders
Please rank the extent that you think the following are barriers to access substance use treatment and prevention services at your agency. (Number 1, Big barrier 2, Somewhat of a barrier or 3 Not a barrier).

___ Number of qualified professionals
___ Ability hiring qualified personnel
___ Difficulty with care coordination
___ Availability of public funds
___ Reimbursement procedures
___ Referral follow-up within the agency
___ Referral follow-up outside agency
___ Individual follow-up on appointments
___ Family follow-up on appointments
___ Transportation
___ Office hours of providers
___ Childcare
___ Family knowledge of mental illness
___ Family information about services
___ Stigma
___ Turn-over rate of personnel
___ Other

Other (please specify)

It would be helpful if you could provide examples of how these are barriers for your clients seeking substance abuse services. *

**Waitlist for substance abuse services**

Do you maintain a waitlist at your agency for any substance abuse services?

Yes

No

Not sure/NA
Professional groups for Substance Abuse Services

Which professional groups are responsible for NON-MEDICATION related substance abuse services in your agency? (Select all that apply).

___ Certified Peer Support Specialists  
___ Certified Prevention Professionals  
___ Chemical Dependency Counselors  
___ Clinical Psychologists  
___ Licensed Counselors  
___ Marriage and Family Therapists  
___ Pastoral/Faith-Based Counselors  
___ Psychiatric Nurses  
___ Social Workers  
___ Not Sure  
___ Other  

Other Professional groups (please specify)

Which professional group is there a shortage of in rendering substance abuse services?

___ Certified Peer Support Specialists  
___ Certified Prevention Professionals  
___ Chemical Dependency Counselors  
___ Clinical Psychologists  
___ Licensed Counselors  
___ Marriage and Family Therapists  
___ Pastoral/Faith-Based Counselors  
___ Psychiatric Nurses  
___ Other  
___ Not Sure  

Other professional groups (please specify)

When considering medication-assisted treatment, which professional groups are responsible for prescribing and/or monitoring medications assisted treatment? (Select all that apply).

___ Psychiatrists  
___ Primary care physicians
___ Pediatricians (for children and youth)
___ Nurse practitioners
___ Neurologists
___ Psychiatric Pharmacist
___ Not Sure
___ Other

Other professional group for medication-assisted treatment (Please specify)

When considering medication-assisted treatment, which of these groups is there a shortage of?

___ Psychiatrists
___ Primary care physicians
___ Pediatricians (for children and youth)
___ Nurse practitioners
___ Neurologists
___ Psychiatric Pharmacist
___ Not Sure
___ All of Above
___ None of the above - no shortage
___ Other

Population Trends within your agency

MEDICAID REDESIGN/ROLE OF ADAMHS BOARD

Are there any trends or changes in the individuals who are currently receiving substance use treatment as compared to individuals who were receiving substance use treatment services over the past 10 years?

Yes
No
Unknown/Uncertain
Not applicable to the organization

If so what sort of trends or changes have you witnessed?
Substance Abuse Funding and Improving Services

Please indicate the funding streams your agency receives for substance abuse services. (Select all that apply.)

___ Cuyahoga County ADAMHS Board
___ Other ADAMHS Board
___ Medicaid
___ Medicare
___ CHIP
___ Private Insurance
___ Contributions
___ Foundations/Grants
___ Charity Care (services you provide but are not reimbursed)
___ Other County Funding
___ None; our agency does not provide substance abuse services
___ Don’t know; not sure
___ Other

Other funding (please specify)

What are your recommendations for improving the substance abuse system of care in Cuyahoga County?

Is there anything you’d like to add regarding the need for substance abuse services in Cuyahoga County?

Plans for Future Services

Please indicate the services your agency is planning to start or enhance now or in the near future. Check all that apply.

___ Online Chat
___ Tele-health
___ Video Conferencing
___ Webinars
___ Online app
___ Other

Other services (Please describe)
COVID-19

The next questions relate to how COVID-19 is affecting service delivery in your agency.

Our agency will be seeking to purchase additional personal protective equipment such as masks and disposable gloves in response to COVID-19.

___Strongly Disagree
___Disagree
___Neither Disagree or Agree
___Agree
___Strongly agree

Medicaid Redesign and Role of ADAMHS Board

These next few questions will ask you about Medicaid redesign and the role of the ADAMHS Board in general. They apply to both mental health and substance abuse.

To what extent has Medicaid redesign impacted the delivery of mental health and substance abuse services in Cuyahoga County?

Not at all
A little
Unknown/ Uncertain
Somewhat
Quite a lot

Please describe how you perceive the Medicaid Redesign impacted the delivery of mental health and substance abuse services.

Role of the ADAMHS Board

What do you think is the role of the ADAMHS Board?
TELEPHONE FOLLOW-UP

We would like to follow-up with some respondents with a telephone interview to further explore responses to this survey. Please indicate whether you would be willing to be contacted by the research team for a follow-up interview.

I would be willing to be contacted by the research team for a follow-up telephone interview.

Yes/No

If yes, please provide your contact information.

Name
Agency
Position
Telephone
Email
Appendix D. 3 Focus group questions

Focus group interview questions

1. What do you think is the biggest challenge in seeking out services for substance abuse/mental health treatment? (Facilitator)
2. What do you think is the biggest challenge in getting substance abuse/mental health treatment? (Co-Facilitator)
3. Do you know of anyone who has encountered difficulty finding mental health and/or substance abuse services? (Ask about outpatient, residential, and inpatient/hospitalization). What was it like for them? (Facilitator)
4. Comment on the availability of support services for family members of individuals seeking treatment for substance abuse and/or mental health concerns. (Co-Facilitator)
5. Which group do you believe faces the greatest challenges in accessing services (e.g., children and youth)? (Facilitator)
6. What do you find are the areas of greatest need for substance use treatment/mental health services? (Co-Facilitator)
7. What do you think people need to get better? (Facilitator)
8. What else do you think we should know about the need for services? (Co-Facilitator)
9. Anything else you’d like to add? (Facilitator)

List of questions asked about each substance on NSDUH to measure dependence and abuse:

- During the past 12 months, was there a month or more when you spent a lot of your time getting or using heroin?
- During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the heroin you used?
- During the past 12 months, did you try to set limits on how often or how much heroin you would use?
- Were you able to keep to the limits you set, or did you often use heroin more than you intended to?
- During the past 12 months, did you need to use more heroin than you used to in order to get the effect you wanted?
- During the past 12 months, did you notice that using the same amount of heroin had less effect on you than it used to?
- During the past 12 months, did you want to or try to cut down or stop using heroin?
- During the past 12 months, were you able to cut down or stop using heroin every time you wanted to or tried to?
- During the past 12 months, did you cut down or stop using heroin at least one time?
• Please look at the symptoms listed below. During the past 12 months, did you have 3 or more of these symptoms after using heroin?
  o Feeling kind of blue or down
  o Vomiting or feeling nauseous
  o Having cramps or muscle aches
  o Having teary eyes or a runny nose
  o Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin
    - Having diarrhea
  o Yawning
  o Having a fever
  o Having trouble sleeping

• Please look at the symptoms listed below. During the past 12 months, did you have 3 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using heroin?
  o Feeling kind of blue or down
  o Vomiting or feeling nauseous
  o Having cramps or muscle aches
  o Having teary eyes or a runny nose
  o Feeling sweaty, having enlarged eye pupils, or having body hair standing up on your skin
    - Having diarrhea
  o Yawning
  o Having a fever
  o Having trouble sleeping

• During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of heroin?
• Did you continue to use heroin even though you thought it was causing you to have problems with your emotions, nerves, or mental health?
• During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of heroin?
• Did you continue to use heroin even though you thought it was causing you to have physical problems?
• This question is about important activities such as working, going to school, taking care of children, doing fun things such as and spending time with friends and family. During the past 12 months, did using heroin cause you to give up or spend less time doing these types of important activities?
• Sometimes people who use heroin have serious problems at home, work or school - such as:
  o neglecting their children
  o missing work or school
  o doing a poor job at work or school
  o losing a job or dropping out of school
• During the past 12 months, did using heroin cause you to have serious problems like this either at home, work, or school?
• During the past 12 months, did you regularly use heroin and then do something where using heroin might have put you in physical danger?
• During the past 12 months, did using heroin cause you to do things that repeatedly got you in trouble with the law?
• During the past 12 months, did you have any problems with family or friends that were probably caused by your use of heroin?
• Did you continue to use heroin even though you thought it caused problems with family or friends?