Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County
Needs Assessment

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EXECUTIVE SUMMARY

The Needs Assessment, referenced as “the study” in this document, evaluated current mental health and substance use disorder treatment and recovery support services, identified gaps in services and proposed recommendations for change at many levels in the Cuyahoga County system of care for which the ADAMHS Board makes programmatic and funding decisions.

This study, completed by Cleveland State University (CSU), analyzed data collected from January through December 2019 utilizing 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 used disorder and mental health treatment in Cuyahoga County. 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.”

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.

Estimated need for substance use treatment

The study indicates a large disparity between individuals with substance use disorders and individuals who receive treatment in Cuyahoga County. The study estimates that in Cuyahoga County:

- Approximately 1,413 youth age 12 to 17 (1.6% of youth), and 62,116 adults age 18 and older (6.3% of adults) had an alcohol use disorder but did not receive treatment in the past year.
- Approximately 2,208 youth age 12 to 17 (2.5% of youth), and 30,565 adults age 18 and older (3.1% of adults) had a substance use disorder but did not receive treatment in the past year.
- Approximately 353 youth age 12 to 17 (0.4% of youth), and, 4,930 adults age 18 and older (0.5% of adults) had both alcohol and other substance use disorders in the past year but did not receive treatment for either one.
Estimated need for mental health treatment

The study indicates a large disparity between individuals with a mental health disorder and individuals who receive treatment and/or service. The study estimates that in Cuyahoga County:

- Approximately 5,654 youth age 12-17 (6.4% of youth) reported having a major depressive episode (MDE) but did not receive any treatment in the past year.
- Approximately 62,116 adults age 18 and older (8.1% of adults) experienced a mental illness but did not receive any treatment in the past year.

Estimated need for dual diagnosis treatment:

- Approximately 1,413 youth ages 12 to 17 (1.6% of youth) reported having both a major depressive episode and substance use disorder in the past year.
- Approximately 17,746 adults age 18 and older (1.8% of adults) reported having both serious mental illness and substance use disorder in the past year.

Need for publicly funded services and rate of uninsured:

Many of the individuals who need substance use or mental health treatment in Cuyahoga County rely on publicly funded services, largely Medicaid, and/or are uninsured. This section also looks at the socioeconomic status of residents in Cuyahoga County.

Important findings:

Based on analysis of the publicly funded client data provided by the ADAMHS Board and responses from surveys to behavioral health and systemwide partners, the data below describes important findings.

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.
Funding:

- Publicly funded substance use disorder and mental health treatment services were provided to 13,458 clients in 2019.
  - 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%).
  - The ADAMHS Board funded more MH services (67.7%) than SUD services (30.4%)
- Medicaid funded more mental health services (87.5%) than substance use services (11.8%).
- Services funded by both the ADAMHS Board and Medicaid were more often for substance use disorder treatment (83.9%) than for mental health treatment (5.6%).
- The ADAMHS Board provides recovery support services that are not covered by Medicaid and pays considerably more for services than Medicaid for each client, especially when the ADAMHS Board is the only payer.

Equitable service delivery:

The study analyzed service delivery by gender, race/ethnicity and age. Some important findings include:

Gender: Males were more likely than females to receive services funded by the ADAMHS Board only and when services were funded by both ADAMHS Board and Medicaid. Females were more likely than males to receive services funded by Medicaid only.

Age: 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:
- Whites were more likely than African Americans or Asians to receive services that were funded by the ADAMHS Board on an individual level, but each of the ADAMHS Board funded African Americans actually get more services per client
funded by the ADAMHS Board than whites. When examining service level data, blacks/African Americans were more likely than whites to receive services funded by the ADAMHS Board.

- African Americans were most likely (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 very high proportion of African Americans receive Medicaid than the proportion of whites receiving Medicaid 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.

- The likelihood of receiving services that were funded by Medicaid was about the same for whites and blacks/African Americans.

**Risk factors and gaps in services:**

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, arrest and incarceration rates and education.

Cuyahoga County residents have higher rates of these risk factors overall when compared to the state of Ohio and nationally. These categories are called Social Determinants of Health, which describe health disparities and unmet needs in the community. They can result in poor health outcomes, earlier death and increase risk of mental health and substance use disorders. While there are many at-risk populations in Cuyahoga County, the populations that frequently “fall through the cracks” and who experience health disparities are:

- persons with a dual diagnosis
- persons who are chronically homeless
- persons living in poverty (especially single mothers and their children)
- single women with children
- pregnant women
- transitional adults age 18-25
- persons whose primary language is other than English.
Study Recommendations:

Researchers analyzed data from a wide-variety of resources, which are shared throughout the full study. The recommendations below are a compilation of the researcher’s recommendations and recommendations that were made by providers, family members and clients. All of the provided recommendations aim to improve services for and meet the needs of persons living with mental illness and substance use disorders in Cuyahoga County.

Recommendations for the system of care:

- **A greater need for care coordination and collaboration amongst substance use disorder and mental health service treatment providers.** Consider more co-located services and integrated behavioral healthcare models. Integrating mental health and substance use treatment to the extent possible, can have many benefits toward reducing health disparities, improving substance use and mental health outcomes, especially among the most underserved populations, improving outcomes and increasing efficiency. This is especially relevant for individuals with co-occurring disorders and those with multiple and/or chronic concerns.

- **Adaptation of culturally-competent and culturally-appropriate evidence-based interventions:** While identified in surveys, interviews, and focus groups, the research literature also supports the necessity of implementing interventions that are culturally-competent and culturally-appropriate as well as being evidence-based. Such strategies can enhance service acceptability and improve outcomes.

- **Client-engagement and client-based practice research:** To address the need for culturally-competent services and services that are acceptable to a wide range of populations, engage clients in developing models from the ground up, and keep them involved throughout.

- **Evidence-based interventions and Treatment Fidelity:** Consideration may be given to providing more centralized education, training, and resources to agencies and providers to support the implementation of evidence-based interventions. In addition to this suggestion, there may be other strategies to support implementing and sustaining evidence-based interventions county-wide. Once implemented, evidence-based interventions have very specific fidelity measures that must be accomplished to be considered an evidence-based practice. Treatment fidelity is an ongoing process to assess the extent that an evidence-based intervention has been implemented as designed and that providers adhere to the components of the intervention. Assessing fidelity on an
ongoing basis can be time-consuming, and perhaps is not a reimbursable activity. Dissemination of strategies for resource-efficient methods to assess fidelity could support agencies and providers in monitoring fidelity.

- **Adjust reimbursement toward population health**, move 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 for specific types of services and providers.

- **Inclusion of identified social determinants of health and addressing barriers to accessing services in program development**. Tending to social determinants of health was especially important for the population served by agencies in Cuyahoga County, given the range of contributing health disparities.

- **Tele-health, service delivery, and COVID-19**: Continue to support and grow tele-health as a viable option for mental health and substance use service delivery, as appropriate. Many agencies began or increased their use of tele-health and are finding for the most part it is working well.

- **Increase access to medication assisted treatment (MAT)**: MAT has been shown to be safe, cost-effective, reduce overdose risk, increase treatment retention, reduce transmission of infectious diseases, and reduces criminal activity. While MAT is supported in Cuyahoga County, there is an ongoing need to increase access and reduce barriers to access. This may include increasing provider and community knowledge of the full spectrum of available medications, including buprenorphine-naloxone (Suboxone) and naltrexone (Vivitrol), among others.

- **Harm reduction**: Continue harm reduction, which includes a set of strategies aimed at reducing the negative consequences associated with drug use. It is a public health strategy developed initially for adults with substance use problems for whom abstinence was not feasible. Harm reduction approaches have been effective in reducing morbidity and mortality in adult populations with substance-abusing populations when abstinence does not work. They have also been shown to lower risky alcohol use and risky behaviors associated with HIV transmission.

- **Increase prevention and public health strategies**: Several respondents mentioned the value and importance of prevention and we urge that prevention and public health approaches to addressing substance use and mental health be increasingly adopted to address disparities and improve outcomes.
Recommendations for clients and families:

- Increase prevention and early intervention services.
- Instill a sense of hope that individuals can recover, get better stability in their lives and in their treatment, and that services being offered will help them.
- Develop skills for daily living and employment and assisting individuals with obtaining other services such as: Academic help and wraparound services for children, accessing SNAP and other services, housing and childcare.
- Help families find information on the treatment process and more support services.

Medicaid redesign recommendations:

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.

Conclusion

This document is a summary of the report’s findings related to needs for treatment, gaps in services, risk factors, equitable service delivery, and the perception of the ADAMHS Board’s role in the behavioral healthcare system. This executive summary also outlines a mixture of researcher and community recommendations for addressing areas of concern. The recommendations shared in the summary can be found throughout the study. Each chapter in this report includes a conclusion that summarizes key findings for specific research areas. The entire study concludes with recommendations from the authors based on the full research and overall findings. It CSU’s sincere hope that the report’s findings and these recommendations will provide useful information and “food for thought” for strategically planning the way forward in Cuyahoga County’s behavioral health system.