

Ohio Department of Mental Health and Addiction Services (OhioMHAS) 2023-2025 Community Assessment and Plan (CAP)

ASSESSMENT

The Assessment section of the CAP Template informs the priorities in the Plan.

All standardized indicators referred to in this template align with existing state agency plans or initiatives, including:

- [OhioMHAS 2021-2024 Strategic Plan Pathway to Impact](#)
- SAMHSA block grant
- Ohio Department of Health and Ohio Department of Aging plans ([2020-2022 State Health Improvement Plan](#) and [2020-2022 Strategic Action Plan on Aging](#))
- [Ohio Children's Behavioral Health Prevention Network](#)
- Ohio Department of Medicaid [quality measures](#) for managed care plans ([HEDIS](#) and other metrics)
- Integrated care measures, such as Certified Community Behavioral Health Clinics [Quality Measures](#)

Acronyms

ACS	American Community Survey (U.S. Census Bureau)
BRFSS	Behavioral Risk Factor Surveillance System (CDC)
CHR	County Health Rankings
HEDIS	Healthcare Effectiveness Data and Information Set (HEDIS)
HRSA	Health Resources and Services Administration
NSCH	National Survey of Children's Health
NSDUH	National Survey on Drug Use and Health
NSSATS	National Survey of Substance Abuse Treatment Services
OARRS	Ohio Automated Rx Reporting System
ODE	Ohio Department of Education
ODH	Ohio Department of Health
ODJFS	Ohio Department of Job and Family Services
ODM	Ohio Department of Medicaid
OHFA	Ohio Housing Finance Agency
SACWIS	Statewide Automated Child Welfare Information System
SHA	State Health Assessment
YRBS	Youth Risk Behavior Survey

Mental health and addiction challenges

Based on the assessment findings, identify the level of need in your community for addressing the outcomes listed below.

	Major challenge	Moderate challenge	Minimal challenge	Top 3 challenges
Children, youth and families				Select 3
Mental, emotional and behavioral health conditions in children and youth (overall)	X			X
Youth depression	X			
Youth alcohol use	X			
Youth marijuana use	X			
Youth other illicit drug use		X		
Youth suicide deaths	X			X
Children in out-of-home placements due to parental SUD		X		
Chronic absenteeism among K-12 students ¹		X		
Suspensions and expulsions among K-12 students		X		
Adverse childhood experiences (ACEs)	X			X
Other child/youth outcome, specify: ADHD & other Conduct or Disruptive Disorders	X			
Other child/youth outcome, specify:				
Adults				Select 3
Mental health and substance use disorder conditions among adults (overall)	X			
Adult serious mental illness	X			X
Adult depression	X			
Adult substance use disorder	X			X
Adult heavy drinking		X		
Adult illicit drug use	X			
Adult suicide deaths	X			
Drug overdose deaths	X			X
Problem gambling			X	
Other adult outcome, specify:				
Other adult outcome, specify:				

Disparities - Mental health and addiction challenges

While there are many populations at risk in Cuyahoga County, according to the ADAMHS Board 2020 Community Needs Assessment, the populations who frequently experience health disparities are: persons with a dual diagnosis; persons who are chronically homeless; persons living in poverty (especially single mothers and their children); LGBTQ+ individuals; single women with children; pregnant women; transitional adults ages 18-25, and persons whose primary language is other than English.

The ADAMHS Board serves 175,000+ clients per year, through a network of approximately 70 provider agencies that employ almost 20,000 individuals. The ADAMHS Board recently compiled an estimate of the race, ethnicity and gender demographics of clients and staff within the local provider network (2022 data), compared to Cuyahoga County census data (2020). The comparison showed:

Race data

- 63% of Cuyahoga County residents are white, compared to 48% of clients and 61% of staff
- 31% of Cuyahoga County residents are Black, compared to 44% of clients and 26% of staff
- 3% of Cuyahoga County residents are Asian, compared to 2% of clients and 3% of staff
- 2% of Cuyahoga County residents are in the "Other-including two or more races" category, compared to 6% of clients and 9% of staff
- 0.5% of Cuyahoga County residents are Native Hawaiian or Other Pacific Islander, compared to 1% of clients and a negligible percentage of staff
- 0.5% of Cuyahoga County residents are American Indian or Alaskan Native, compared to a negligible percentage of clients and staff

Ethnicity data:

- 7% of Cuyahoga County residents are Hispanic (Latinx), compared to 8% of clients and 6% of staff

Gender data:

- 52% of Cuyahoga County residents are female, compared to 48% of clients and 71% of staff
- 48% of Cuyahoga County residents are male, compared to 50% of clients and 29% of staff
- 2% of clients and a negligible percentage of staff identify as non-binary (Census data unavailable)

According to the County's 2019 Community Health Assessment, Cuyahoga County residents are more likely to live in poverty (18%) compared to both Ohio (14%) and national (13.4%) percentages. County residents are also more likely to be unemployed (7.3% versus 5.2% for Ohio and 5.3% nationally).

The trends impacting young people continue to be concerning as well, according to the “Mind the Gap” report from the Children’s Defense Fund-Ohio and the Mental Health & Addiction Advocacy Coalition (MHAC). During the last half of 2020, the U.S. Census Bureau’s Household Pulse Survey reported that half of all Ohio adults with children in the household reported losing employment income and roughly one fifth reported that they had felt down, depressed, or hopeless more than half the previous week. Emergency departments (EDs) are often the first point of care for children’s mental health emergencies. Beginning in April 2020, the proportion of children’s mental health–related ED visits among all pediatric ED visits increased and remained elevated through October 2020. Compared with 2019, the proportion of mental health–related visits for children and adolescents aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

Also related to youth, in 2021, 18 individuals ages 25 and under died by suicide, as ruled by the Cuyahoga County Medical Examiner. Eight were female (4 Black, 1 Black/Hispanic, 1 Asian, and 2 white), and ten were male (3 Black, 5 white, 2 white/Hispanic).

Based on the assessment findings, which of the following groups are experiencing the worst outcomes in your community for mental health and addiction challenges, service gaps, and social determinants of health.

X People with low incomes or low educational attainment

People with a disability

Residents of rural areas

Residents of Appalachian areas

X Black residents

X Hispanic residents

White residents

Other racial/ethnic group

Older adults (ages 65+)

Veterans

Men

Women

X LGBTQ+

X Immigrants, refugees or English language learners

X Pregnant women

Parents with dependent children

People who use injection drugs (IDUs)

X People involved in the criminal justice system

X Other, specify: dual diagnosis/co-occurring disorders

X Other: chronically homeless, unhoused

X Other: transitional adults ages 18-25

X Other: single mothers with children

Additional assessment findings

Those categories listed above as a “major challenge” are typically also listed as “area of concern” in state comparison data, meaning that Cuyahoga County's numbers are worse than the state overall. Many of the county and state indicators are very close, with the county numbers just slightly higher, but are worth noting. Other data sources indicating major challenges are included below.

According to the 2021 [Cuyahoga County Youth Risk Behavior Survey](#) (YRBS), of the 9th through 12th grade students in Cuyahoga County high schools who completed the survey:

Youth depression/suicide

- 35% felt sad or hopeless (almost every day for 2 weeks or more in a row; during the 12 months before the survey)
- 15.4% seriously considered attempting suicide (during the 12 months before the survey)
- 12.5% made a plan about how they would attempt suicide (during the 12 months before the survey)
- 7.6% actually attempted suicide (one or more times during the 12 months before the survey)
- 33% reported that their mental health was most of the time or always not good (including stress, anxiety, and depression; during the 30 days before the survey)

Youth alcohol/marijuana use

- 19.1% currently drank alcohol (had at least 1 drink of alcohol on at least 1 day during the 30 days before the survey)
- 10.1% currently were binge drinking (had four or more drinks of alcohol in a row if they were female or five or more drinks of alcohol in a row if they were male, within a couple of hours; on at least 1 day during the 30 days before the survey)
- 16.8% currently used marijuana (one or more times during the 30 days before the survey)

For youth ages 0-17, it is also worth noting that according to “primary diagnosis” data from SFY 2020, SUD concerns are very low (of a total of 14,555 children included in the results, SUD concerns included alcohol-6, opioid-1, SUD other-112), while diagnoses like “ADHD & other Conduct or Disruptive Disorders,” anxiety, and depressive disorders are high (5,356, 1,646, and 1,620, respectively).

Trends are changing quickly, and have the potential to impact individuals and families from marginalized communities more dramatically.

Some communities that were identified in the 2020 ADAMHS Board Community Needs Assessment as being more likely to experience disparities, like transitional aged youth, are reporting increased need in the last two years. According to the 2022 CVS Health/Morning Consult survey, 74% of respondents aged 18-34 experienced mental health concerns for themselves, family or friends, reflecting a 12% increase compared

to two years ago. Also, Black Americans surveyed saw an 11% increase in mental health concerns since the start of the pandemic.

Also, alcohol use has increased during the pandemic. Our current figures on risky alcohol consumption and behaviors are mixed. However, according to a study from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the number and rate of alcohol-related deaths increased approximately 25% between 2019 and 2020, the first year of the COVID-19 pandemic. Rates increased prior to the pandemic, but less rapidly (2.2% mean annual percent change between 1999 and 2017). Previous reports suggest the national number of opioid overdose deaths increased 38% in 2020, with a 55% increase in deaths involving synthetic opioids such as fentanyl. There were similar increases in the number of deaths in which alcohol contributed to overdoses of opioids (40.8%) and, specifically, synthetic opioids (59.2%). According to the study, "deaths involving alcohol reflect hidden tolls of the pandemic. Increased drinking to cope with pandemic-related stressors, shifting alcohol policies, and disrupted treatment access are all possible contributing factors."

According to the Pew Research Center, the drug overdose death rate among Black men in the U.S. more than tripled between 2015 and 2020. Fentanyl, a synthetic opioid, is the leading cause of drug overdose death in Cuyahoga County. Fentanyl is often mixed with other drugs without the user's knowledge, is now being discovered in a myriad of drugs. Overdose deaths reported in the community that can be attributed to fentanyl are disproportionately affecting African American males in the city of Cleveland and the inner ring east side suburbs.

Mental health and addiction service gaps

Based on the assessment findings, identify the level of challenge experienced in your community related to prevention, treatment and recovery service access and quality.

	Major challenge	Moderate challenge	Minimal challenge	Top 3 challenges
Overall service gaps in continuum of care				Select 3
Prevention services, programs and policies		X		
Mental health treatment services		X		
Substance use disorder treatment services		X		
Crisis services	X			X
Harm reduction services		X		
Recovery supports		X		
Mental health workforce (mental health professional shortage areas)	X			X
Substance use disorder treatment workforce	X			X
Other service gap, specify:				
Other service gap, specify:				
Other service gap, specify:				
Access for children, youth and families				Select 3
Unmet need for mental health treatment, youth	X			X
Unmet need for major depressive disorder, youth		X		
Lack of well-child visits			X	
Lack of child screenings: Depression		X		
Lack of child screenings: Developmental			X	
Lack of child screenings: Anxiety		X		
Lack of follow-up care for children prescribed psychotropic medications)		X		
Lack of school-based health services			X	
Uninsured children			X	
Other child/youth access challenge, specify: Waitlists for behavioral health services due to lack of direct service workforce	X			X
Other child/youth access challenge, specify: Insufficient options for out-of-home placement for youth	X			X
Other child/youth access challenge, specify:				

Access for adults				Select 3
Unmet need for mental health treatment, adults	X			X
Unmet need for major depressive disorder, adults		X		
Unmet need for outpatient medication-assisted treatment		X		
Low SUD treatment retention		X		X
Lack of follow-up after hospitalization for mental illness challenges		X		
Lack of follow-up after ED visit for mental health		X		X
Lack of follow-up after ED visit for substance use			X	
Uninsured adults		X		
Other adult access challenge, specify:				
Other adult access challenge, specify:				
Other adult access challenge, specify:				

Disparities - Mental health and addiction service gaps

The following gaps were identified in the Diversity, Equity and Inclusion (DEI) Baseline Data Report of the ADAMHS Board of Cuyahoga County conducted by Rice Education Consulting, LLC (RedCon) in the last quarter of 2021 and first quarter of 2022, and are being addressed through the network's DEI Strategic Implementation Plan:

- Lack of Culturally Responsive Care: lack of racial/ethnic diversity across providers and the lack of focus on providing tailored services to some marginalized groups.
- Inconsistent Service Quality: There were a few treatment and support services identified as not sufficiently meeting client needs.
- Access to Services: There are a wide range of services offered; however, some community members noted that they are unable to access services due to barriers such as transportation, insurance, stigma, childcare, etc.

Additional assessment findings

Every identified gap is exacerbated by the workforce shortage. The "Behavioral Health Workforce Supply and Demand" study completed in 2021 by OhioMHAS, the Governor's Office of Workforce Transformation, InnovateOhio, and Deloitte found that the demand for behavioral healthcare services in Ohio increased 353% from 2013-2019 while the workforce increased only 174% over the same time period.

Social determinants of health

Social determinants of health driving behavioral health challenges. Based on the assessment findings, describe the extent to which the following factors are driving mental health and addiction challenges in your community.

	Major driver	Moderate driver	Not a driver or unknown	Top 3 driver
Social and economic environment				Select 3
Poverty	X			X
Unemployment or low wages	X			
Low educational attainment		X		
Violence, crime, trauma and abuse	X			X
Stigma, racism, ableism and other forms of discrimination	X			X
Social isolation		X		
Social norms about alcohol and other drug use		X		
Attitudes about seeking help	X			
Family disruptions (divorce, incarceration, parent deceased, child removed from home, etc.)		X		
Other, specify:				
Physical environment and health behaviors				Select 3
Lack of affordable or quality housing	X			X
Lack of transportation	X			X
Lack of broadband access		X		
Lack of access to healthy food		X		
Other physical environment, specify:				
Lack of physical activity		X		
Lack of fruit and vegetable consumption		X		
Food insecurity	X			X
Other health behaviors, specify: Safety	x			

Disparities – Social determinants of health

Cuyahoga County ranks 82 out of 88 counties for social and economic factors influencing health. The [Healthy Northeast Ohio](#) database uses this indicator to show the ranking of the county in social and economic factors according to the County Health Rankings. The ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate.

The physical environment factor ranking is even worse, 85 out of 88. The ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.

This impacts certain groups disproportionately. For example, Cleveland was ranked the worst metropolitan area in the nation for Black women in 2020, according to [Bloomberg CityLab](#). The study used a livability index and measured factors including health, education and economic outcomes.

Additional assessment findings

Survey data was collected by Rice Education Consulting, LLC (RedCon) from ADAMHS Board leadership, staff, agencies and community members, to indicate perceptions around unmet needs as part of the Diversity, Equity and Inclusion (DEI) initiative of the Board. "Housing" and "Supported Housing" were the top categories in the "Support Service Quality" section that stakeholders perceived as unmet needs (61.94% and 61.54% respectively).

The need for subsidized housing in Cuyahoga County is so great that there is a lottery to be placed on the waitlist. In 2019, when the Cuyahoga County Metropolitan Housing Authority held a lottery to win spots on the waiting list, 33,000 families submitted applications for 15,000 spots, according to "CMHA's long waiting list for housing vouchers and where they are being used: Statistical Snapshot," Nov. 19, 2019, [cleveland.com](#).

Also, homelessness is a challenge. According to the [Northeast Ohio Coalition for the Homeless \(NEOCH\)](#), based on Census Data and the Department of Education's definition of homelessness, NEOCH estimates that there were about 23,000 people experiencing homelessness in 2018 in Cuyahoga County. The Office of Homeless Services estimated that only 7,000 of these people entered a shelter for housing. 80% of these residents were people of color. Cleveland Metropolitan School District recorded 2,972 homeless students in 2018. Family homelessness increased 35% to 2,572 individuals.

The [Center for Community Solutions and The Council for Economic Opportunities in Greater Cleveland \(CEOGC\)](#) conducted a survey in 2019 of low-income residents of Cuyahoga County. "About one-third [surveyed] said that transportation was sometimes a challenge when seeking help, so it is not a surprise nearly 90 percent of people in Cuyahoga County prefer to get help near their homes." It is also worth noting that in the same survey, mental health assistance was one of the most commonly met needs in Cuyahoga County, and two-thirds of people who said they needed these services got them. However, individuals had a more difficult time when seeking drug or alcohol treatment for themselves or a family member.

The [food insecurity rate in Cuyahoga County](#) is 18.4%, which is higher than the state's rate of 14.5%.

Strengths, including community assets and partnerships

Select strengths that are the most significant in your community:

X Collaboration and partnerships

X Engaged community members

X Availability of specific resources or assets

Economic vitality

X Creativity and innovation

Natural resources and greenspace

X Colleges or universities

X Faith-based communities

Social support and positive social norms

Indicate the strength of your Board's collaboration with community partners.

Definitions for five levels of collaboration:²

- *Networking: Aware of organization; little communication*
- *Cooperation: Provide information to each other; formal communication; regular updates on projects of mutual interest*
- *Coordination: Share ideas; defined roles; some shared decision making; common tasks and compatible goals*
- *Collaboration: Signed MOU; long-term planning; integrated strategies and collective purpose; consensus is reached on all decisions; shared trust*

Partner	No interaction at all	Networking	Cooperation	Coordination	Collaboration	Entity Does Not Exist
Local prevention coalition(s) (suicide, tobacco, Drug Free Community, etc.)					X	
Local health district(s)					X	
Local tax-exempt hospital				X		
Local school district(s)					X	
Educational service center(s)				X		
Law enforcement				X		

Partner	No interaction at all	Networking	Cooperation	Coordination	Collaboration	Entity Does Not Exist
Criminal justice system/courts					X	
Child protective services (PCSA)					X	
Family and Children Services Council(s)					X	
Private psychiatric hospitals				X		
State psychiatric hospitals					X	
People with lived experience/ people in recovery				X		
UMADAOP					X	
Area Agency on Aging			X			
Housing (such as the Housing continuum of care (COC) entity or public housing authority)				X		
Transportation (such as the regional planning commission or transit authority)					X	
Job training and economic development (such as OhioMeansJobs center(s) or chamber of commerce)				X		
Food access (such as food bank(s) or farmer's markets)		X				
Other: Universities					X	
Other: Mental Health and Addiction Advocacy Coalition (MHAC)					X	

Other: NAMI Greater Cleveland					X	
Mental Health Response Advisory Committee (MHRAC) with the City of Cleveland					X	

Identify the number of providers in the Board area across the continuum of care:

75 agencies will be under contract with the ADAMHS Board in 2023 (see current list: <https://www.adamhsc.org/home/showpublisheddocument/3443/637510467245870000>).

In addition to the 75 provider agencies under contract, the ADAMHS Board has agreements with or participates in:

- Corrections Planning Board
- One Ohio Region Three Member
- US Attorney Heroin Opioid Action Plan Committee
- Cuyahoga County Diversion Center
- Ohio Association of County Behavioral Health Authorities (OACBHA)
- Drug Court Training Grant
- Office of Homeless Services Advisory Board
- City of Cleveland Co-Responder Team
- Greater Cleveland Career Consortium
- CIT International
- Community Based Correctional Facility Governing Board
- Cleveland Drug Court Board
- Cuyahoga County Drug Court Board
- Division of Senior and Adult Services Advisory Board
- Cuyahoga County Advisory Council on Persons with Disabilities
- Greater Cleveland Coordinated Response to Human Trafficking
- City Club Health Committee
- Opiate Task Force
- Cuyahoga County Suicide Prevention Coalition
- Latino Mental Health Network
- Mental Health & Addiction Advocacy Coalition

Links to other community assessments

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County Needs Assessment by the Center for Behavioral Health Sciences at Cleveland State University (<https://www.adamhsc.org/about-us/budgets-reports/needs-assessments>)

ADAMHS Board 2021-2025 Five-Year Strategic Plan (<https://www.adamhsc.org/about-us/budgets-reports/strategic-plan>)

ADAMHS Board Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan (<https://www.adamhsc.org/about-us/budgets-reports/dei-strategic-implementation-plan>)

ADAMHS Board Clients Rights Reports (<https://www.adamhsc.org/about-us/budgets-reports/clients-rights-reports-and-manual>)

2019 Cuyahoga County Community Health Assessment (CHA) (https://hipcuyahoga.org/wp-content/uploads/2019/10/2019_CHNA_10.25_Web_compressed-1.pdf)

2021 Cuyahoga County Youth Risk Behavior Survey (<http://prchn.org/ccyrbs-hs/>)

Cuyahoga County Citizens' Advisory Council on Equity (<https://cuyahogacounty.us/docs/default-source/executive-library/cacstatusreport.pdf>)

Mental Health Response Advisory Committee (MHRAC) Annual Report, Cleveland Division of Police (<https://www.adamhsc.org/home/showpublisheddocument/4569/637792265138568196>)

Healthy Northeast Ohio database (<https://www.healthyneo.org/files/index/display?id=185014592887315282>)