2023-2025 Community Assessment and Plan
ADAMHS Board of Cuyahoga County

Mr. Scott Osiecki – Executive Director

Background and Statutory Requirements

The new Community Assessment and Plan (CAP) process is designed to better support policy development, strategic direction, strategic funding allocation decisions, data collection and data sharing, and strategic alignment at both the state and community level. This planning process balances standardization and flexibility as the Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards identify unmet needs, service gaps, and prioritize community strategies to address the behavioral health needs in their communities. Included in these changes is an increased focus on equity and the social determinants of health that are now imbedded in all community planning components.

Based on the requirements of Ohio Revised Code (ORC) 340.03, the community ADAMH Boards are to evaluate strengths and challenges and set priorities for addiction services, mental health services, and recovery supports in cooperation with other local and regional planning and funding bodies. The boards shall include treatment and prevention services when setting priorities for addiction services and mental health services.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has redesigned the CAP to support stronger alignment to the 2021-2024 OhioMHAS Strategic Plan, and to support increased levels of collaboration between ADAMH Boards and community partners, such as local health departments, local tax- exempt hospitals, county Family and Children First Councils (FCFCs), and various other systems and partners. The new community planning model has at its foundation a data-driven structure that allows for local flexibility while also providing standardization in the assessment process, identification of disparities and potential outcomes.

Required Components of the CAP

Assessment – OhioMHAS encourages the ADAMH Boards to use both quantitative and qualitative data collection methods and to partner with other organizations, such as local health departments, tax-exempt hospitals, county FCFCs, community stakeholders, and individuals served to conduct the assessment. During the assessment process, ADAMH Boards are requested to use data and other information to identify mental health and addiction needs, service gaps, community strengths, environmental factors that contributes to unmet needs, and priority populations that are experiencing the worst outcomes in their communities (disparities)

Plan – ADAMH Boards develop a plan that identifies local priorities across the behavioral health continuum of care that addressed unmet needs and closed service gaps. The plan also identifies priority populations for service delivery and plans for future outpatient needs of those currently receiving inpatient treatment at state and private psychiatric hospitals.

Legislative Requirements – This new section of the CAP is reserved to complete and/or submit statutorily required information. The use of this section may vary from plan-to-plan.

Continuum of Care Service Inventory – ADAMH Boards are required to identify how ORC-required continuum of care services (340.033 and 340.032 Mid-Biennial Review) are provided in the community. This information is to be completed via an external Excel spreadsheet.

Contents

CAP Plan Highlights – Continuum of Care Priorities and Age Groups of Focus

The CAP Plan priorities section is organized across the behavioral health continuum of care and two special populations. Each of the Plan continuum of care priority areas will be defined on the following pages. The information in this CAP Plan will also include the Board's chosen strategy identified to address each priority, the population of focus, identification of potential populations experiencing disparities, the chosen outcome indicator to measure progress ongoing, and the target the Board is expecting to reach in the coming years.

For each identified strategy, the Board was requested to identify the age groups that are the focus for each identified CAP Plan strategy. These age groups include Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), and Older Adults (ages 65+). The table below is an overview of which ages are the focus of each priority across the continuum of care.

Continuum of Care Priorities	**Children** (ages 0-12)	**Adolescents** (ages 13-17)	**Transition-Aged Youth** (ages 14-25)	**Adults** (ages 18-64)	**Older Adults** (ages 65+)
Prevention		●	●		
Mental Health Treatment	●	●	●	●	●
Substance Use Disorder Treatment				●	●
Medication-Assisted Treatment				●	
Crisis Services	●	●	●		
Harm Reduction			●	●	
Recovery Supports		●	●	●	●
Pregnant Women with Substance Use Disorder				●	
Parents with Substance Use Disorder with Dependent Children	●	●	●	●	

CAP Plan Highlights – Continuum of Care Priorities

→ ***Prevention***: *Prevention services are a planned sequence of culturally relevant, evidenced-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. **

- **Strategy:** Increase capacity for youth and family engagement in community behavioral health, wellness and safety planning by developing a community advisory group based on Youth Move model - Year 1: - Identify which communities need increased access to behavioral health services closer to home - Develop a community advisory group - Year 2: - Implement the community advisory group - Plan and define metrics for top priorities, as identified by the community advisory group and ADAMHS Board, to increase access to services and promote wellness and safety in the community - Begin implementation of top priorities
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (14-25)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Black Residents, Hispanic Residents, LGBTQ+, People Involved in the Criminal Justice System, Other racial/ ethnic group (specify: defined as marginalized through DEI initiative)
- **Outcome Indicator(s):** Percentage of community advisory board members representing marginalized communities
- **Baseline:** Implement baseline
- **Target:** 50% by 2025

→ ***Mental Health Treatment***: *Any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's condition or mental health.*

- **Strategy #1:** Increase number of clients accessing the provider network agency or service for the first time, including those from special or marginalized populations, by adding demographic and new client reporting measures to provider outcomes reports
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Black Residents, Hispanic Residents, LGBTQ+, Immigrants, Refugees or English Language Learners, People Involved in the Criminal Justice System, Other racial/ ethnic group (specify: defined as marginalized through DEI initiative)
- **Outcome Indicator(s):** Clients received services without having been entered into the GOSH online electronic enrollment and claims system as receiving service in previous years
- **Baseline:** 4,028
- **Target:** 5,000 by 2025

**All definitions of the BH Continuum of Care are from Ohio Revised Code (ORC) and Ohio Administrative Code (OAC)*

- **Strategy #2:** Increase median wage in local provider network through incentivizing or compensating quality and necessary services or functions
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator:** - Annual median wage of substance abuse, behavioral disorder, and mental health counselors in the Cleveland-Elyria OH area (per US Bureau of Labor Statistics delineation)
- **Baseline:** $47,550
- **Target:** $50,000 by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Substance Use Disorder Treatment***: *Any care, treatment, or service to treat an individual's misuse, dependence, and addiction to alcohol and/or legal or illegal drugs.*

- **Strategy #1:** Increase number of individuals receiving ASAM-appropriate residential services by tracking intake versus completion rates and providing coaching and technical assistance to providers if needed
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Black Residents, LGBTQ+, Parent with Dependent Children
- **Outcome Indicator(s):** Percentage of clients remaining engaged in substance use disorder (SUD) treatment
- **Baseline:** 33%
- **Target:** 35% by 2025

- **Strategy #2:** Increase number of individuals with Chemical Dependency Counselor Assistant (CDCA) and Peer certifications who are living and working in Cuyahoga County by promoting certification opportunities
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator:** - Percentage of responses to the survey question "What level (certification, licensure, expertise, etc.) of clinician do you need in your workforce that you do not currently have or do not have in adequate numbers?" related to CDCA or Peer certified professionals
- **Baseline:** 15%
- **Target:** 5%

→ ***Medication-Assisted Treatment***: *Alcohol or drug addiction services that are accompanied by medication that has been approved by the USDA for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.*

- **Strategy:** Make appropriate referrals for individuals from the Diversion Center to MAT services by developing linkage processes for new providers and/or educating existing providers
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Black Residents, Hispanic Residents, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Percentage of clients receiving detoxification or substance use disorder (SUD) Treatment from the Cuyahoga County Diversion Center that receive referrals to care providers
- **Baseline:** 47.9%
- **Target:** 60% by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Crisis Services***: *Any service that is available at short notice to assist an individual to resolve a behavioral health crisis or support an individual while it is happening.*

- **Strategy:** Expand crisis placement options for youth in the Department of Children and Family Services (DCFS) system by developing a new 8-bed facility through a funding and operational partnership with Cuyahoga County, DCFS, the Developmental Disability Board, the Juvenile Detention Center and The Centers
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17). Transition-Aged Youth (14-25)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Black Residents, Hispanic Residents, LGBTQ+
- **Outcome Indicator(s):** Percentage of children that return home to their parent or guardian
- **Baseline:** 74% (This a comparative measure from existing crisis beds for children)
- **Target:** 80% by 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** Update the local crisis continuum through the provider network Process involves: - Assess crisis system in partnership with consultant - Implement updates based on assessment, through the RFP process and other administrative functions - Partner with the state on crisis initiatives - Develop plan to launch crisis center - Develop plan to launch Adam and Amanda-like facility - Develop care response pilot Measures: - Client and family satisfaction levels indicate

quality service (internal measure = Annual survey to be developed) - Other measures to be developed/determined for each project in Year 2 and 3.

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Harm Reduction***: *A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.*

- **Strategy:** Reduce overdose deaths by increasing access to overdose-prevention information and harm reduction products for the general public by distributing or placing Narcan vending machines, Fentanyl Test Strips, Narcan Kits, and Nalox Boxes, overdose sensors and alert buttons, the Brave App for individuals using substances alone to initiate a response if they overdose, and other emerging innovations
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Black Residents, Hispanic Residents, Men, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of unintentional overdose deaths (per 100,000 rate)
- **Baseline:** 38.6
- **Target:** 35 by 2025

→ ***Recovery Supports***: *Services that promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs to "be well," manage symptoms, and achieve and maintain abstinence).*

- **Strategy:** Ensure high quality housing options through providers funded by the Board by monitoring compliance to standards, including Recovery Housing for adults/adolescents in recovery from addiction and Class 1 and 2 Residential Facilities for adults with mental illness
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Black Residents, White Residents, LGBTQ+
- **Outcome Indicator(s):** Perceived quality of housing and residential care providers by clients
- **Baseline:** Implement Baseline
- **Target:** 80% by 2025

CAP Plan Highlights - Special Populations

Due to the requirements of the federal Mental Health and Substance Abuse and Prevention Block Grants, the Board is required to ensure that services are available to two specific populations: Pregnant Women with Substance Use Disorder, and Parents with Substance Use Disorder with Dependent Children.

→ ***Pregnant Women with Substance Use Disorder:***

- **Strategy:** Expand programming for pregnant women by contracting with one new provider
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Pregnant Women with Substance Use Disorder
- **Outcome Indicator(s):** Number of African-American women participating in program
- **Baseline:** Implement Baseline
- **Target:** 60 by 2023

→ ***Parents with Substance Use Disorder with Dependent Children:***

- **Strategy:** Expand funding in Year 1 (2023) to children's shelter/crisis nursery to support parents receiving mental health and SUD treatment through a specialized provider
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Parents with Substance Use Disorder with Dependent Children
- **Outcome Indicator(s):** Percentage of parents/guardians that believed their stability improved through program
- **Baseline:** 29%
- **Target:** 33% by 2025

Optional: Collective Impact to Address Social Determinants of Health

→ ***Violence, Crime, Trauma, and Abuse:***

- **Community Partners:** Criminal justice system/courts, Specialized Docket Drug Courts with both Cuyahoga County Common Pleas Court and Cleveland Municipal Court, as well as Mental Health and Developmental Disabilities Court (MHDD) and Recovery Court dockets with Cuyahoga County Common Pleas and community agencies
- **Strategy:** Maintain collaboration between Specialized Docket Drug Courts with both Cuyahoga County Common Pleas Court and Cleveland Municipal Court, as well as Mental Health and Developmental Disabilities Court (MHDD) and Recovery Court dockets with Cuyahoga County Common Pleas and community agencies to help provide improved care
- **Priority Populations and Groups Experiencing Disparities:** People involved with the Criminal Justice System
- **Outcome Indicator:** Number of meetings held per year between the ADAMHS Board and court/justice partners (Monthly: Community Based Correctional Facility Governing Board; Conditional Release/Forensic Monitor Meeting; North Coast Behavioral Health/Court Forensic Meeting; Jail Liaisons – County; Corrections Planning Board Women's Re-entry/TASC; Outpatient Competency Restoration Meeting; Quarterly: ATP – Common Pleas/Cleveland Municipal; Domestic Relations Court - Families First Program)
- **Baseline:** 80
- **Target:** 80

Optional: SMART Objectives for Priority Populations and Groups Experiencing Disparities

→ ***Black Residents:***

- **Strategy:** Increase community understanding and awareness of suicide prevention by developing, funding and publishing traditional and innovative public-education approaches and outreach for African American males
- **Outcome Indicator:** Suicide deaths among African-American Males (Number of deaths due to suicide, per 100,000)
- **Baseline:** 16.8
- **Target:** 15 by 2025

Optional: SMART Objectives for Priority Populations and Groups Experiencing Disparities Cont.

→ ***Black Residents:***

- **Strategy:** Increase community understanding and awareness of harm reduction by developing, funding and publishing traditional and innovative public-education approaches and outreach for African American males
- **Outcome Indicator:** Overdose deaths among African-American Males (Number of deaths due to overdose, per 100,000)
- **Baseline:** 65.6
- **Target:** 62 by 2025

CAP Plan Highlights - Other CAP Components

→ ***Family and Children First Councils:***

- **Service Needs Resulting from Finalized Dispute Resolution Process:** The ADAMHS Board of Cuyahoga County is a long-standing partner of the Cuyahoga County Family and Children First Council (FCFC). The ADAMHS Board CEO is a member of the Executive Committee and Board staff participate on various committees and in service-coordination planning. The current Board and FCFC service coordination plan for serving multi-system children utilizes a Wraparound Philosophy. This family-driven approach assists families in identifying their needs and strengths to achieve goals through an individualized strategy within a team. The family is known as the spearhead of decisions while additional team members provide expertise and knowledge. This is often achieved by intervening with intensity and frequency to divert a potential placement, prevent involvement in a mandated system, or to reduce the length of stay if a placement is sought. The goal is to resolve conflicts at the earliest level of intervention.

  The current process for resolving inter-system challenges is: For parent-initiated dispute resolution, the parent or custodian should notify their FCFC Service Coordinator or Service Coordination Liaison in writing that the family wishes to initiate the dispute resolution process. If the request is provided to a Service Coordination Liaison, the liaison shall forward the request to the FCFC Office immediately. An FCFC Service Coordinator will convene an emergency meeting within 72 hours, which includes the involved systems, the family, and the family support system to discuss the concerns. At the family's request, they may be included in all aspects of the process. The FCFC Service Coordinator will document the findings and make a recommendation to the Executives of the involved agencies. The Executives or their System Coordination Committee designee will respond within 24 hours. The FCFC Director will send the family a written determination of the Council's findings within 36 hours. For system-to-system-initiated disputes, resolution begins with one-on-one communication between case workers. The case would be brought to the next level of problem solving only when line staff are unable to resolve the concern. For crisis level cases, the goal is to resolve the issue within 7 working days. If no crisis exists, resolution needs to be achieved within 30 days. Each system will be notified of this procedure during the intake

process. Families will be notified in writing by the FCFC office that a system has initiated a system-to-system dispute. All Service Coordination Liaisons must be trained in this process. In some cases, there are situations that do not require service coordination. In those cases, parents/guardians must contact the agency in which services are rendered to address disputes.

This process is in addition to, and does not replace, other rights or procedures parents/guardians may have under other sections of the Ohio Revised Code. Each agency represented through FCFC, providing services or funding for services subject of a dispute initiated by a parent, shall continue to provide those services or funding during the dispute process. The dispute resolution sequence is as follows: Worker to Worker - (if not resolved within 24 hours, engage Supervisors) Supervisor to Supervisor - (if not resolved within 24 hours, engage Liaisons) Liaison to Liaison - (if not resolved within 24 hours, contact FCFC to engage the System Executives) Executive to Executive - (if not resolved within 24 hours, contact FCFC to engage the full Executive Committee) FCFC Executive Committee - (if not resolved within 24 hours, contact FCFC to engage the County Executive or the Health and Human Services Director to convene the Mediation Committee). Role of the Mediation Committee - (if not resolved within 24 hours, file with Juvenile Court) Final arbitration - Juvenile Court Administrative Judge

- **Collaboration with FCFC(s) to Serve High Need Youth:** The ADAMHS Board is a partner in the FCFC Shared Plan, with the priorities of improving service coordination and strengthening service coordination infrastructure. The Board participates in cross-system committees that review data and relevant information to serve multi-system youth. The ADAMHS Board also serves on the FCFC Service Coordination Team as a liaison to share knowledge of other resources or services available in the local behavioral health system to assist with linkage and navigation around system barriers. The Service Coordination Team often works with existing wrap teams to assist when children are in crisis and in need of short-term stabilization. Community partners from the children's crisis services system meet quarterly to collaborate on system barriers and improve referral and system flow for youth experiencing a mental health crisis in Cuyahoga County. Partners include Cuyahoga County Board of Developmental Disabilities (CCBDD), Cuyahoga County Juvenile Court (CCJC), Department of Children Family Services (DCFS), Applewood, Bellefaire, Ohio Guidestone, Frontline, Family and Children First Council (FCFC).
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** The ADAMHS Board of Cuyahoga County is an active member of the FCFC's Service Coordination Team to act as a system liaison to guide community partners and stakeholders through the comprehensive continuum of services and resources available for youth and families within Cuyahoga County to prevent out of home placements. ADAMHS Board works closely with other system liaisons (especially DCFS, Juvenile Court and CCBDD) to coordinate and monitor care of youth receiving shared cost residential treatment which is facilitated by FCFC service coordinators.

  In the area of juvenile justice, the Board works in collaboration with Cuyahoga County Juvenile Court (CCJC), Applewood, Bellefaire, Ohio Department of Youth Services (ODYS), Case Western Reserve University (CWRU), Ohio Department of Mental Health Services (OhioMHAS), local police departments and the Family and Children First Council (FCFC) with developing, implementing and assessing a continuum of early intervention and diversion services to connect youth with mental health or behavioral health needs to treatment services. The Behavioral Health Juvenile Justice service continuum includes Project CALM, Intervention Center, two intensive home-based treatment modalities:

Integrated Co-occurring Treatment (ICT) through Bellefaire and Multisystemic Therapy (MST). ADAMHS Board continues in this work as a community partner,but is no longer the administrative agent for the grant. Community partners meet quarterly to collaboratively develop services and address any barriers that arise to service provision.

CAP Plan Highlights - Other CAP Components Cont.

→ ***Hospital Services:***

- **Identify How Outpatient Service Needs Are Identified for Current Inpatient Private or State Hospital Individuals Who Are Transitioning Back to the Community:** Staff members from the ADAMHS Board of Cuyahoga County provide consultation to the state hospital, private hospitals, community providers, and crisis system partners in the following ways: ADAMHS Board of Cuyahoga County staff meet via phone at least weekly with the Clinical Director at Northcoast Behavioral Health. Plans are in place to review and enhance this service as the goal is to assist with discharge planning, system issues and as a liaison to the community Providers. ADAMHS Board staff assist with addressing barriers, resources, and linkage to the appropriate level of care. This may involve both the public and private systems. The Board funds a 15 bed Crisis Stabilization Unit (CSU) for residents with mental illness and/or dual diagnosis that is operated by Frontline. Two of the CSU beds are used as diversion beds for the Cleveland Division of Police.

  The Board hosts an ongoing collaborative Psychiatric Emergency Service Providers (PESP) meeting that includes representatives from the Board of Developmental Disabilities, all the hospital systems in Cuyahoga, City of Cleveland Police, Managed Care Organizations, and behavioral health providers. This meeting includes clinical and non-clinical staff. The goal of the group is to collaborate on system issues, share information, identify gaps in services and develop solutions, and to advocate and remove barriers regarding clients who are using crisis services. The Board hosts an ongoing collaborative Crisis Provider meeting to discuss, problem solve, advocate and remove barriers regarding clients who are using crisis services. This meeting includes clinical and non-clinical staff from the public and private systems including all hospital systems, Managed Care Organizations, DD Board and local service Providers.

  The Board also hosts an Emergency Services Provider meeting every other month to discuss issues of concern to any providers in the community to whom it is pertinent. This can include hospitals, agencies, and/or insurance providers. The Cuyahoga County Diversion Center opened on May 3, 2021. It is not a stepdown facility for hospitals, but it is an addition to the crisis continuum for individuals, law enforcement and community partners. It is a 50-bed facility, with staff onsite 24/7. Services can include assessment, medical evaluation, case management, counseling, medications, Medication Assisted Treatment (MAT), withdrawal management (detox), NAMI educational groups, referral and linkage to other community services. Frontline Adult Mobile Crisis Team continues to provide crisis assessment services and recommendations for hospitalizations as warranted; the Adult Mobile Crisis Team also utilizes the Crisis Stabilization Unit to assist those who may not require hospitalization but are in need of a safe environment to address their acute crisis needs. Behavioral health providers continue to collaborate and receive referrals, and link and or provide appropriate services.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of communication/cooperation from private psychiatric hospital(s), Lack of access to state regional psychiatric hospital, Lack of access to private psychiatric hospital(s)

- **Explain How the Board is Attempting to Address Those Challenges:** Lack of communication/cooperation from private psychiatric hospital(s): The ADAMHS Board is conducti...

→ ***Optional: Data Collection and Progress Report Plan:***

- Data is collected primarily on a 6-month basis, though some service/program-level data is collected monthly. We will collect population-level data on or near the same deadlines for our 6-month outcomes reports from our providers, or align the reporting periods for service, system and population data. Staff members of the Strategic Initiatives and QI/evaluation/Research teams will serve as the "point" or responsible parties for coordinating information and meeting deadlines. The Executive staff team will serve as the quality-assurance review for the CAP Progress Reports.

→ ***Optional: Link to The Board's Strategic Plan:***

As of February 2023

- ADAMHS Board 2021-2025 Five-Year Strategic Plan (https://www.adamhscc.org/about-us/budgets-reports/strategic-plan)
- ADAMHS Board Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan (https://www.adamhscc.org/about-us/budgets-reports/dei-strategic-implementation-plan)

→ ***Optional: Link to Other Community Plans:***

As of February 2023

- 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.adamhscc.org/about-us/budgets-reports/needs-assessments)
- ADAMHS Board Clients Rights Reports (https://www.adamhscc.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/cacestatusreport.pdf)
- Mental Health Response Advisory Committee (MHRAC) Annual Report, Cleveland Division of Police (https://www.adamhscc.org/home/showpublisheddocument/4569/637792265138568196)
- Healthy Northeast Ohio database (https://www.healthyneo.org/tiles/index/display?id=185014592887315282)

CAP Assessment Highlights

As part of the CAP Assessment process, the Board was required to consider certain elements when conducting the assessment. Those elements included identifying community strengths, identifying mental health and addiction challenges and gaps, identifying population potentially experiencing disparities, and how social determinants of health are impacting services throughout the board area. The Board was requested to take these this data and these elements into consideration when developing the CAP Plan.

→ ***Most Significant Strengths in Your Community:***

- Collaboration and Partnerships
- Colleges and Universities
- Faith-Based Communities

→ ***Mental Health and Addiction Challenges:***

Top 3 Challenges for Children Youth and Families

- Mental, emotional, and behavioral health conditions in children and youth (overall)
- Youth Suicide Deaths
- Adverse Childhood Experiences (ACEs)

Top 3 Challenges for Adults

- Adult Serious Mental Illness
- Adult Substance Use Disorder
- Drug Overdose Deaths

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Black Residents, Hispanic Residents, LGBTQ+, Immigrants, Refugees or English Language Learners, People Involved in the Criminal Justice System, Pregnant Women, Dual Diagnosis/Co-Occurring, Homeless, Transitional-Aged Youth (ages 14-25), Single Mother with Children

Optional Disparities Narrative

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).

Optional 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.

CAP Assessment Highlights Cont.

→ ***Mental Health and Addiction Service Gaps:***

Top 3 Service Gaps in the Continuum of Care

- Crisis Services
- Mental Health Workforce
- SUD Treatment Workforce

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Waitlists for behavioral health services due to lack of direct service workforce
- Insufficient options for out-of-home placement for youth

Top 3 Challenges for Adults

- Unmet Need for Mental Health Treatment
- Low SUD Treatment Retention
- Lack of Follow-Up After ED Visit for Mental Health

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Black Residents, Hispanic Residents, LGBTQ+, Immigrants, Refugees or English Language Learners, People Involved in the Criminal Justice System, Pregnant Women, Dual Diagnosis/Co-Occurring, Homeless, Transitional-Aged Youth (ages 14-25), Single Mother with Children

Optional Disparities Narrative

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.

Optional 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.

CAP Assessment Highlights Cont.

→ ***Social Determinants of Health:***

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Violence, Crime, Trauma, and Abuse
- Stigma, Racism, Ableism, and Other Forms of Discrimination

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

- Lack of Affordable of Quality Housing
- Lack of Transportation
- Food Insecurity

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, Black Residents, Hispanic Residents, LGBTQ+, Immigrants, Refugees or English Language Learners, People Involved in the Criminal Justice System, Pregnant Women, Dual Diagnosis/Co-Occurring, Homeless, Transitional-Aged Youth (ages 14-25), Single Mother with Children

Optional Disparities Narrative

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.

Optional Assessment Findings

In 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. Eighty percent 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%.

→ ***Optional: Link to Other Community Assessments:***

As of February 2023

- 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.adamhscc.org/about-us/budgets-reports/needs-assessments)
- ADAMHS Board 2021-2025 Five-Year Strategic Plan (https://www.adamhscc.org/about-us/budgets-reports/strategic-plan)
- ADAMHS Board Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan (https://www.adamhscc.org/about-us/budgets-reports/dei-strategic-implementation-plan)
- ADAMHS Board Clients Rights Reports (https://www.adamhscc.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/cacestatusreport.pdf)
- Mental Health Response Advisory Committee (MHRAC) Annual Report, Cleveland Division of Police (https://www.adamhscc.org/home/showpublisheddocument/4569/637792265138568196)
- Healthy Northeast Ohio database (https://www.healthyneo.org/tiles/index/display?id=185014592887315282)