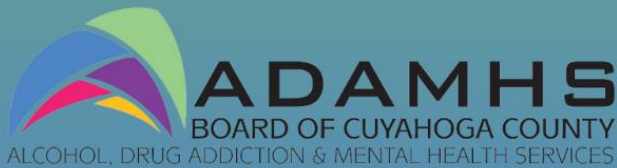


2024 COMMUNITY NEEDS ASSESSMENT



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ABOUT



The Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County plays a crucial role in ensuring the health and well-being of the county's residents. It is tasked with the planning, funding, and monitoring of public mental health and addiction treatment, prevention, crisis, and recovery services. This comprehensive approach aims to provide effective and accessible care to individuals struggling with mental health and substance use disorders.

Under Ohio law, the ADAMHS Board is one of fifty boards that coordinate the public mental health and addiction treatment and recovery system across the state. The boards work collaboratively to create a cohesive and effective network of services that address the diverse needs of Ohio's population. The ADAMHS Board of Cuyahoga County stands out for its dedicated efforts to meet the specific needs of its local community.

The Board is an independent political subdivision of the State of Ohio, authorized by statute and governed by a volunteer Board of Directors appointed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and Cuyahoga County. The dedicated individuals bring a wealth of experience and passion by guiding the Board's strategic direction and ensuring that its activities align with the community's needs. The Board's independent status allows it to operate with a degree of autonomy, ensuring that decisions are made with a focus on the best interests of the community.

The ADAMHS Board contracts with a variety of provider agencies to deliver essential services. The agencies are selected based on their ability to provide high-quality care and support to clients on the road to recovery. By partnering with providers, the Board ensures a wide range of services are available, including prevention, treatment, and recovery support for people living with mental health and substance use disorders.

A key component of the ADAMHS Board's strategy is its commitment to understanding and responding to the evolving needs of the community. Every three to five years, the Board conducts a comprehensive community needs assessment. This assessment involves gathering and analyzing data on the current state of mental health and addiction in the county, identifying gaps in services, and understanding emerging trends and challenges. The findings from this assessment inform the Board's planning and funding decisions, ensuring that resources are allocated effectively and that services remain relevant and responsive to the community's needs.

The Board is a pivotal funder in the mental health and addiction services landscape, operating primarily as a Payor of Last Resort (POLR) for treatment services. The Board steps in to cover treatment costs for clients who have exhausted all other funding options, ensuring that the most vulnerable populations receive necessary critical support. The commitment is to bridge the gap in funding, making essential services accessible to individuals who would otherwise go without care.

The ADAMHS Board of Cuyahoga County is dedicated to fostering a healthier, more resilient community. Through its strategic planning, collaborative partnerships, and commitment to continuous improvement, the Board strives to provide the support and resources needed to help individuals achieve lasting recovery and improve quality of life.



MISSION



Enhance the quality of life for our community through a commitment to excellence in mental health and addiction prevention, treatment and recovery services coordinated through a person-centered network of community supports.

VISION

Mental health, addiction, prevention, treatment and recovery services will be available and accessible for every county resident in need and the ADAMHS Board will provide a preeminent, seamless and integrated system of care.

VALUES

For our Clients, we value:

- Understanding that we are here to ensure superior services to our Clients.
- Treating Clients with dignity and respect.
- Listening to concerns of Clients and answering all questions with patience and clarity.
- Including participation and input from Clients, family members and advocates as partners in planning alcohol, drug addiction and mental health services, changes and special events.
- Working collaboratively with stakeholders to link and improve services for Clients thereby assuring easy access.
- Encouraging empowerment of Clients as they work toward their own recovery.
- Advocating for Clients with enthusiasm, compassion, current knowledge and information.
- Working to obtain/keep Medicaid for Clients.
- Emphasizing the importance of employment, housing and education/training for



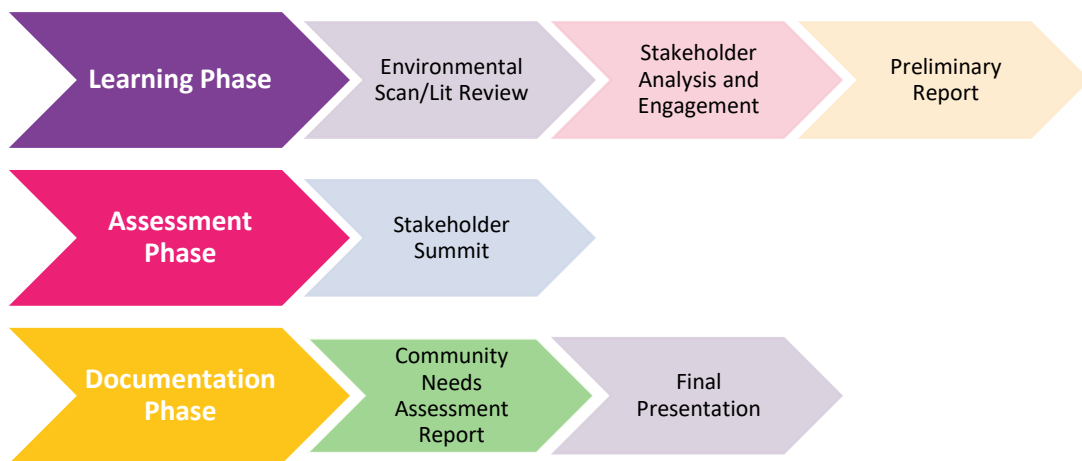
For our Providers, we value:

- Eliminating duplicative efforts whenever possible.
- Utilizing existing data whenever possible.
- Avoiding excessive new data reporting requirements.
- Holding Providers accountable and responsible for quality services.
- Using indicators of quality improvement and technical assistance as tools, as opposed to punishment.
- Using timely, practical and relevant data.
- Seeking and utilizing Provider input in quality improvement initiatives.
- Sharing the summary of results and conclusions with Providers.
- Encouraging evidence-based best practices.
- Cooperating with Providers, utilizing transparency and open communication in all areas

PROCESS OVERVIEW

RAMA Consulting (RAMA) is a performance management consulting firm based in Columbus, Ohio with expertise in evaluation and assessment, strategic planning, leadership development, and cultural competence. RAMA's role in facilitating the ADAMHS Board's 2024 Community Needs Assessment was to collect and review the appropriate data, effectively engage stakeholders, develop and execute the community summit for incorporation of the community voice, and collaboratively review all compiled data and subsequent recommendations, culminating in this community needs assessment. The needs assessment process was designed to develop a comprehensive overview of the needs in Cuyahoga County – both from a community member lens and from that of the ADAMHS Board's over seventy provider agencies.

The process can be summarized by the following diagram, which demonstrates RAMA's proven 3-phase approach to assessments: Learning | Assessment | Documentation



Approach to Assessing Needs

Learning Questions

As a basis for the engagement process, RAMA developed learning questions to serve as a guide to gather relevant and specific data that addressed key areas of interest or concern. These learning questions were not posed directly to stakeholders but were used to develop the protocols used in interviews, focus groups, and surveys.

- ✓ What are the primary challenges facing the community that the ADAMHS Board serves and what role can they play in addressing these needs?
- ✓ What does the current landscape of behavioral health look like and what are the current best practices in this industry?
- ✓ What does the service population of the ADAMHS Board look like and what trends are we seeing in their demographic makeup and needs?

Methodology

The 2024 Community Needs Assessment conducted by the ADAMHS Board of Cuyahoga County utilized a structured and multi-dimensional approach to comprehensively capture the mental health and addiction needs of the community. This assessment process, spanning from December 2023 to July 2024, involved various data collection methods, stakeholder engagement, and an emphasis on inclusivity and representation.

The assessment employed multiple methods to gather extensive data and insights:

1. **ADAMHS Internal Data:** Analyzed internal records and service utilization data to identify trends and patterns within existing programs and services.
2. **Community Data:** Examined broader community-level data, including public health statistics, socioeconomic indicators, and demographic information to provide context.
3. **System Key Informant Interviews:** Conducted in-depth interviews with key informants within the mental health and addiction system to gather expert insights and identify critical areas for improvement. These interviews included community providers and stakeholders to ensure a well-rounded perspective.
4. **Focus Groups:** Facilitated multiple focus groups to explore the experiences, needs, and perspectives of diverse community members and behavioral health providers in more detail.
5. **Provider Survey:** Distributed a digital survey to service providers to capture observations, challenges, and recommendations regarding service delivery and community needs.
6. **Community Survey:** Conducted a broad-based survey targeting residents of Cuyahoga County. This survey was developed and distributed in both English and Spanish.
7. **Community Summit:** Facilitated a half-day in-person event to collect additional feedback and further refine data gathered during the engagement process. Previously collected data was shared to validate assessment feedback up to that point, identify any gaps, and provide space for additional community insights.

Stakeholder Engagement

Stakeholders across various groups had numerous opportunities to engage in the community needs assessment in a variety of ways. The chart below indicates the number of engagement activities that were conducted for each stakeholder group by engagement type.

The far-right column indicates the number of participants from each stakeholder group participating in total.

ADAMHS Board Stakeholder Groups	Individual Interviews	Focus Groups	Digital Survey	Summit	Total Participants
ADAMHS Board of Directors	2	x	x	3	5
Cuyahoga Community	x	10	1	1	633
ADAMHS Board Staff	1	x	x	2	3
Partner/Provider Agencies	17	5	1	1	135
Estimated Total Participants:					771

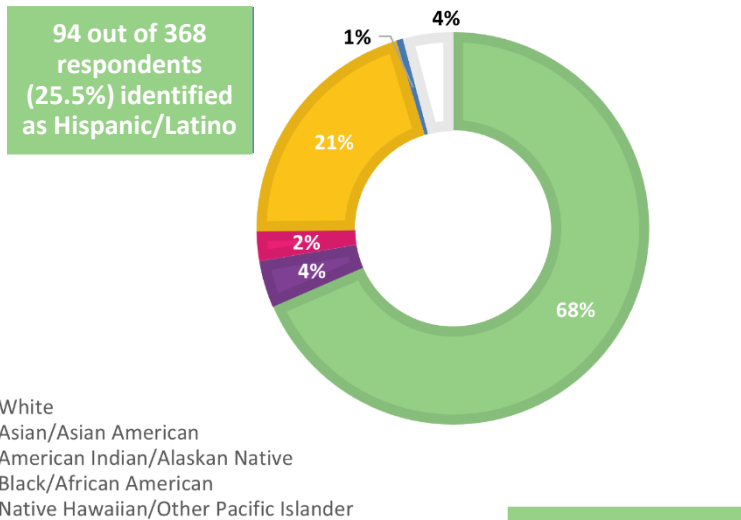
The total participation number is not an exact figure and could reflect some level of duplication as all surveys were anonymous and therefore it is unknown if an individual participated in numerous engagement activities. Additionally, the stakeholder summit included ADAMHS Board

members, community members, and providers but for purposes of the chart below all summit participants were included in the Cuyahoga County total participants' number.

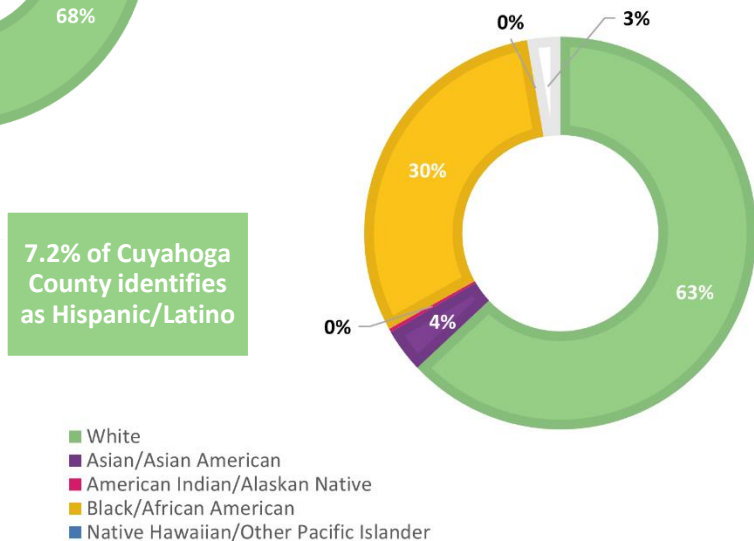
Demographic Data Comparison

To ensure the survey results were reflective of the community, a comparison of demographic data was conducted between Cuyahoga County's overall demographic data and the demographic data collected from the community survey.

RACIAL BREAKDOWN - SURVEY



RACIAL BREAKDOWN - CUYAHOGA COUNTY



Data Analysis

Standard qualitative thematic analysis was used to aggregate responses from the interviews, focus groups, and surveys. Themes were compared for similarities and differences to better understand the current state of mental health and addiction services in the region, as well as opportunities for improvement.

The consulting team assigned each question from the interviews, focus groups, and surveys to one of the four learning questions. The responses to each question were then aggregated and analyzed resulting in data points. Each of these data points was tallied and then grouped by similar theme or topic areas, thus resulting in a summary of findings for each engagement tactic for each learning question.

A final analysis and consolidation of these summary findings across stakeholder groups and engagement tactics was then completed, resulting in the development of key themes.

In any comprehensive data collection and analysis effort, anomalies also referred to as irregularities or deviations that do not align with expected patterns or trends, can arise that may

impact the interpretation and application of findings. These manifested during this process as outliers, missing values, inconsistent entries, or unexpected results, each of which is defined below:

Outliers: Extreme values that differ significantly from other observations.

Missing Data: Gaps in the dataset where information was not collected or recorded.

Unexpected Trends: Patterns that contradict established knowledge or prior assessments.

Upon identifying these anomalies, the data was cross-referenced with the sources to confirm the accuracy and cleaned to correct or remove inconsistent entries or fill in missing information, where feasible. By addressing data anomalies transparently and systematically, this community needs assessment provides accurate and actionable insights for decision-makers.

CURRENT BEHAVIORAL HEALTH LANDSCAPE

Analyzing the current state of behavioral health across the nation and within Ohio sheds light on the specific challenges and opportunities facing Cuyahoga County. National data on the prevalence of mental health and substance use disorders, intensified by the COVID-19 pandemic, reveal significant issues such as increased rates of anxiety, depression, and substance use, as well as workforce shortages and evolving policy responses. State-level strategies, particularly those from the Ohio Department of Mental Health and Addiction Services (OhioMHAS), which focus on enhancing crisis response systems and developing the Behavioral Health Workforce Roadmap, provide targeted insights and approaches. By examining these broader trends and initiatives, we can better understand and address the behavioral health needs within Cuyahoga County.

National Landscape

Prevalence Approximately 20.78% of adults in the United States experience a mental illness (\approx 50 million individuals), 5.44% experience severe mental illness, 4.84% of adults experience serious thoughts of suicide (\approx 12.1 million individuals), and over half (54%) of those with any mental illness received no treatment¹. Additionally, among adults, 15% reported having a substance use disorder, 7% had illicit drug use, 11% had an alcohol use disorder and 94% did not receive any treatment.²

Of youth, 12% (\approx 2.7 million youth) have severe major depression, with rates highest among those who identified as more than 1 race, and 60% are not connected with treatment. 6% of youth experience a substance use disorder, 3% have an alcohol use disorder, and 5% have an illicit drug use disorder.³

Impact of COVID-19 on Behavioral Health Even before the COVID-19 pandemic, there was a rising demand for behavioral health services in the United States. However, this demand is challenged by a national shortage of behavioral health providers and issues with reimbursement rates, particularly under Medicaid, which hinders access and treatment for many individuals due to high costs and coverage limitations.⁴ During the pandemic, annual drug overdose deaths increased by 30% and there was a threefold increase in individuals reporting anxiety and depression symptoms compared to previous years.⁵ The crisis accelerated the adoption of tele-behavioral health services and exacerbated existing disparities in behavioral health care, disproportionately affecting young people, the LGBTQ+ community, and historically

¹ Reinert, M, Fritze, D. & Nguyen, T. (October 2022). "The State of Mental Health in America 2023" Mental Health America, Alexandria VA

² Id.

³ Id.

⁴ American Hospital Association, TrendWatch: The Impact of COVID 19 pandemic on behavioral health, May 2022. <https://www.aha.org/system/files/media/file/2022/05/trendwatch-the-impacts-of-the-covid-19-pandemic-on-behavioral-health.pdf>

⁵ Id.

marginalized populations. These groups faced compounded challenges in accessing and receiving adequate mental health and substance use disorder treatment.⁶

Behavioral Health Workforce Over the next 15 years, the National Center for Health Workforce Analysis (NCHWA) anticipates significant shortages in several critical behavioral health professions as noted below:

- 87,630 addiction counselors
- 69,610 mental health counselors
- 62,490 psychologists
- 42,130 psychiatrists
- 27,450 marriage and family therapists
- 21,030 school counselors

These projections highlight anticipated gaps in the workforce, which could impact access to essential behavioral health services across the nation.

Behavioral Health Policy Over the last several years, the U.S. Congress and the Biden administration took steps to increase funding and support for mental health services across schools, businesses, communities, and behavioral health systems through new laws and executive actions. This included funding for the 988 Suicide and Crisis Lifeline, state planning grants for Certified Community Behavioral Health Centers, and workforce initiatives such as Behavioral Health Workforce Education and Training. Additional policies being considered focus on pediatric behavioral health, equity in mental health, and payment rates for behavioral health services.⁷

State Landscape

Similar to challenges faced nationwide, Ohio confronts significant behavioral health concerns that require comprehensive solutions. These challenges include ensuring equitable access to crisis services, workforce shortages, addressing diverse needs across communities, and promoting long-term recovery and stability for individuals in crisis. OhioMHAS has developed strategic plans and collaborative initiatives aimed at enhancing crisis response systems, aligning with broader national efforts to improve mental health care delivery and support services.

Crisis System Ohio has dedicated significant efforts to enhance its behavioral health crisis system. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) outlined a vision in 2021 for a crisis services continuum that is accessible, person-centered, and focuses on stabilizing individuals and supporting their well-being in the community.

Behavioral Health Workforce OhioMHAS also developed the Behavioral Health Workforce Roadmap, which outlines the plan for implementation of initiatives to address workforce challenges in Ohio over the next several years. These initiatives include streamlining and

⁶ Id.

⁷ NBCC 2023: The Year of Federal Mental Health Policy Implementation and Investments. Retrieved (July 2024) at <https://www.nbcc.org/resources/nccs/newsletter/2023-the-year-of-federal-investments>

simplifying language; modernizing reimbursement and pay parity; increasing community representation; core skills training for practitioners; developing supervisor leadership programs; evaluating/updating documentation practices in community mental health; recommending internship and practicum grant opportunities; allowing reciprocity for state licensees; incentives for education assistance; holistic wellness services; adding licensure capabilities; modernizing career path templates; providing behavioral health resources in K-12 schools; improving classifications of behavioral health professionals; developing high school behavioral health certifications; developing practical content for higher ed curriculum; developing a centralized e-hub for practitioners; social media campaign to attract more people to the field; establishing virtual communities of practice; setting guidelines for caseload maximums; gathering best practices for flexible work options; and advancing behavioral health programs in higher education institutions.⁸

Cuyahoga County

Perception of ADAMHS Board

Community partners reiterated the value they believe the ADAMHS Board can provide as the central convener of the many agencies that play a role in community behavioral healthcare. They acknowledge that behavioral health needs have many facets including direct service providers, school systems, courts and jails, and peer support. Areas where they felt the ADAMHS Board could have the most impact moving forward to address community needs are noted below:



Advocacy



Equitable Funding



Transparency



Intentional Diversity
and Inclusion

- **Advocacy:** Key informants expressed a desire for the ADAMHS Board to play a prominent role in advocating for some of the community’s most complex behavioral health challenges. Examples provided included leading the way in reducing overdose deaths and working closely with harm reduction organizations to find solutions. Another example was convening organizations consistently to build partnerships, improve agency coordination, and address supporting agencies and the system in solving workforce challenges.
- **Equitable Funding:** Stakeholders asked that the ADAMHS Board utilize a more structured process to ensure funding decisions are equitable. The following are potential considerations that could aid in the decision-making process:
 - *Outcomes* - base funding decisions on outcomes achieved.
 - *Agency size* - Understand the challenges faced by agencies of varying sizes and tailor funding and billing practices to address their unique needs, rather than applying a one-size-fits-all approach.
 - *Utilization of funds* – Ensure full utilization of available funds by reallocating any unused resources to high-performing providers.

⁸ Ohio Department of Mental Health & Addiction Services. Workforce Roadmap. Retrieved July 2024 at <https://mha.ohio.gov/know-our-programs-and-services/wellness-workforce/workforce-roadmap/workforce-roadmap>

- *Intentional diversity* - prioritize diversity in funding allocations to support culturally competent providers in neighborhoods most in need.
- *Longstanding agencies* - Prioritize well-established agencies that have consistently provided quality services in the community for many years.
- **Transparency:** Stakeholders expressed a desire for increased transparency in the Board's funding decisions and direction.
- **Intentional diversity and inclusion:** Intentionality in diversity and inclusion would ensure that both the board staff and the provider network reflect the demographics of the community they serve. Providing a more open and inclusive process and providing opportunities for the community to share their perspectives and feedback enables the Board to better understand the community and their individual needs and ensures that these are reflected in the Board's decisions.

Community Behavioral Health Operations in Cuyahoga County

The "12 Month Outcomes All Provider Profile" details the demographic breakdown of ADAMHS clients, providing a comprehensive overview of service utilization and staffing needs over 12 months. The total number of ADAMHS clients served was 150,000, for the programs tracked in this report (complete totals are published in the ADAMHS Board annual reports). In terms of age distribution, 58% of the clients were adults aged 18-64, 18% were adolescents aged 13-17, 17% were children aged 0-12, and 7% were older adults aged sixty-five and above.

Ethnically, most clients (84%) were non-Hispanic, with the remaining 16% identifying as Hispanic. Racially, the clients were 43% Black or African American (40,864 clients), 42% White (40,247 clients), 12% Two or More Races (11,452 clients), and 3% Native or Other Pacific Islander (2,314 clients). Gender distribution showed a slight male majority, with 52% male clients (61,604), 47% female clients (54,651), and 1% non-binary clients (1,299).

The actual number of ADAMHS clients served exceeded projections by 13%, serving 17,570 more clients than the anticipated 132,437 for the programs reported. Across all payor sources, the total number of clients served was 216,495. Staffing data revealed a significant need, with 2,648 staff members required to fully implement the programs, yet 373 positions remained vacant, indicating a 14% vacancy rate.

Workforce Challenges

The 2024 Workforce Credential Survey for Cuyahoga County provides an in-depth analysis of the current staffing, credentials, and training among local providers. Although not conducted as part of the 2024 Community Needs Assessment (CNA), this survey offers vital context to the ongoing discussion regarding the workforce as a barrier to client services.

The survey encompassed sixty-seven providers with a total staff network of 8,864 individuals, of which 1,463 are involved in case management. Most of the staff are full-time (75.5%), while part-time and contract staff constitute 19.8% and 4.7%, respectively. Notably, 70% of providers offer case management services. Despite the high engagement in case management, only 57% of these providers also offer client transportation, highlighting a gap in service accessibility. There is a significant need for Registered Nurses (RNs), Licensed Social Workers (LSWs), and Peer Recovery Supporters (PRS), with these positions experiencing the highest vacancies.

Case management services encompass a range of support for both adults and children. For adults, the primary service provided is Therapeutic Behavioral Services (TBS), with 516 staff members dedicated to this area. TBS for adults focuses on assisting clients in managing their behaviors through therapeutic techniques and support. In the realm of children's services, 315 staff members are involved in TBS, which similarly aims to help children manage their behaviors but often includes additional components tailored to the developmental needs of children. Additionally, other forms of case management offered for both adults and children in Cuyahoga County include Community Psychiatric Support Treatment (CPST), Psychosocial Rehabilitation (PSR), and Substance Use Disorder (SUD) services. These services provide comprehensive support addressing psychiatric, psychosocial, and substance use needs. The corresponding maps included in the report are heat maps that illustrate the availability of all case management services within the County, with one map dedicated to adult services and another to children's services.

Additionally, 61% of providers have at least one multilingual staff member, predominantly Spanish, Russian, and Ukrainian speakers. The provider network faces a turnover rate of 36.87% and a vacancy rate of 15.4%, with resignations accounting for many staff losses. Addressing the high vacancy rates, particularly in critical areas such as social work and mental health and enhancing administrative support and training will be essential for improving service delivery and community outcomes.⁹

How to Read Heat Maps

The figures pictured below are heat maps. They show the concentration or density of case management services in the ADAMHS Board provider network in Cuyahoga County. An area filled in color indicates that there are case management services.

Each area with services includes a 3-mile radius around the provider facility because that distance is generally considered a reasonable coverage area for client access.

In areas where case management services are present, the color indicates the concentration or density of services available. Lighter is less dense and darker is denser. The locations indicate where case management services currently may be offered within the network, but do not necessarily indicate availability to new clients or clients outside of a particular program.

Mapping is based on the best location estimations from the data available at the time.

⁹ Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County 2024 Case Management, Workforce Credentials, and Training Survey

Adult and Children Case Management Services Heat Maps

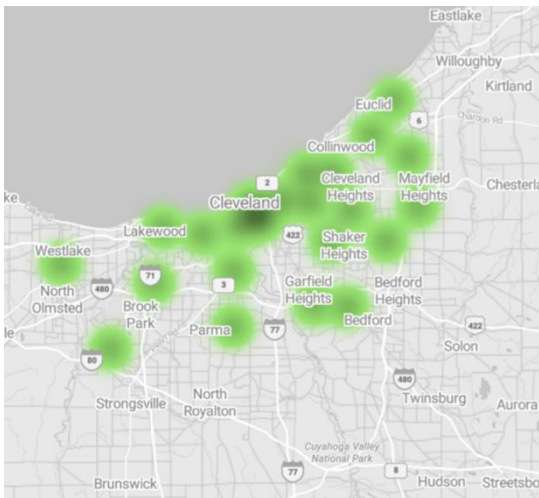


Figure 2: All Children's Case Management Services - Cuyahoga County 2024 Case Management, Workforce Credentials, and Training Survey

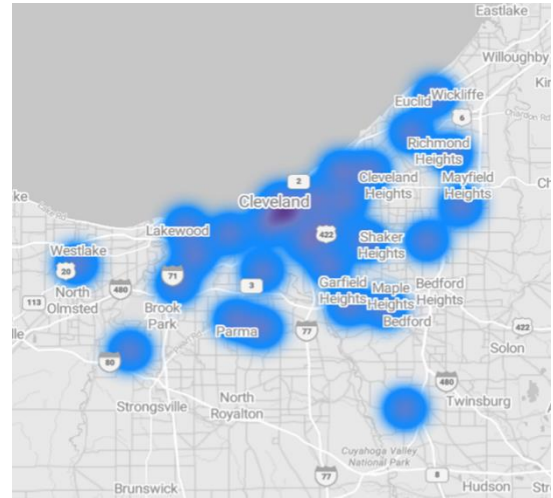


Figure 1: All Adult Case Management Services - Cuyahoga County 2024 Case Management, Workforce Credentials, and Training Survey

These case management maps illustrate the largest possible staffing representation in the Cuyahoga County ADAMHS provider network. These maps assume the highest number of staff (per provider) at each provider location within the county.

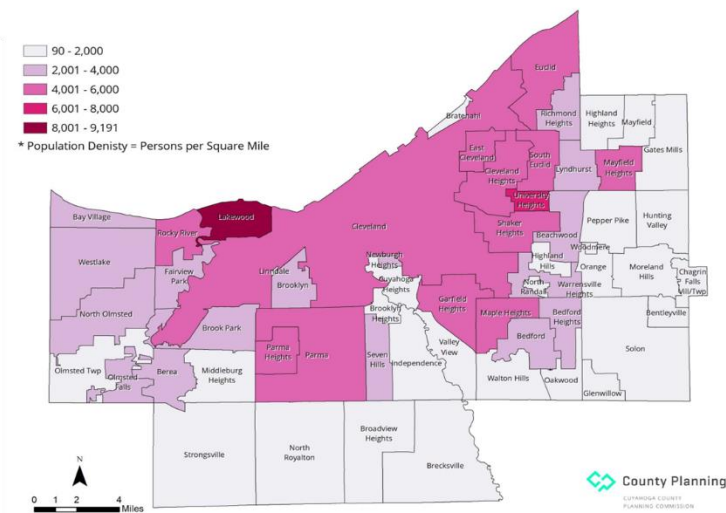


Figure 3: Cuyahoga County Context: Population Density, 2020

Strengths of the System

The following emerged as strengths of the system throughout the process.

Diverse Services: The availability of diverse counseling services in the community is a significant strength. Comprehensive counseling options, including individual, family, and specialized services, ensure that the needs of various groups such as teenagers, veterans, and seniors are met. This range of services allows for an integrated approach to mental health and substance use care, providing tailored support that addresses different aspects of individuals'

¹⁰ Cuyahoga County Planning Commission using 2020 Census Data:
<https://www.countyplanning.us/resources/census-data/decennial-census/2020-population-density-and-area/>

lives. The ability to offer such specialized and varied services enhances the overall quality of care available to community members.

Crisis Intervention Training: The community benefits from Crisis Intervention trained officers who are well-equipped to handle mental health crises effectively. Additionally, there is a commitment to continuous education and training for law enforcement officers, EMTs, and other first responders in crisis response and trauma-informed care. This ongoing training ensures that first responders can offer immediate support and de-escalation during mental health emergencies, leading to better outcomes for individuals in crisis. The presence of trained officers and responders contributes to a safer and more supportive community environment.

Support for Harm Reduction: Harm reduction initiatives such as test strips, NaloxBoxes, and vending machine programs are vital resources that are well-received by the community. These tools play a crucial role in harm reduction efforts, helping to minimize the risks associated with substance use. Additionally, anti-stigma campaigns aimed at reducing the negative perceptions around mental health and substance use are appreciated, fostering a more understanding and supportive community. Overall, these harm reduction strategies enhance community safety and well-being by providing essential resources and support to those in need.

Collaborative Partnerships: Encouraging collaborative partnerships between provider agencies, government entities, non-profits, faith-based groups, and community stakeholders is necessary for improving outcomes. Such cross-sector collaboration leverages resources effectively, shares best practices, and maximizes the impact of mental health and substance use services. By working together, these diverse groups can offer comprehensive support that addresses various aspects of individuals' needs, promoting overall well-being. Collaboration ensures a coordinated approach to care, enhancing the effectiveness of services provided to the community. Most stakeholders agree that while this is a strength, there are still opportunities to build on this.

Community Impact: The financial support provided by the ADAMHS Board is highly recognized and appreciated within the community. This support plays a crucial role in enabling mental health and substance use services to operate and expand. The ADAMHS Board's efforts in making healing possible are often acknowledged for their significant, though sometimes unseen, impact. The agency's work leaves lasting positive outcomes and provides essential survival tools for individuals and families living with mental health and substance use challenges. Community members value the ongoing commitment and contributions of the ADAMHS Board, recognizing the positive difference it makes in their lives.

SYSTEM NEEDS AND UNMET NEEDS



Underserved Populations

In the realm of behavioral health services, significant gaps continue to persist. For minority groups, the absence of culturally representative services exacerbates feelings of isolation and alienation, impeding their willingness to seek help. Accessing care remains a formidable challenge, with disparities in timely access and the labyrinthine nature of the system hindering progress. Even the middle class finds themselves ensnared in a web of difficulties when attempting to access resources, further deepening the divide. Compounding these issues are restrictive policies that limit treatment options, deflate reimbursement rates, and impose income limits, effectively erecting barriers to affordability and compromising service quality.

Providers were asked to provide insight into what specific populations they believed to be the most underserved based on their experiences and observations. The number indicates the percentage of providers who placed that population in each category.

Underserved Populations for Mental Health Services

Population	Extremely Underserved	Moderately Underserved	Unsure/ Uncertain	Moderately Served	Adequately Served
Children (0-5)	12.20%	18.29%	48.78%	14.63%	6.10%
Children (6-12)	7.41%	25.93%	40.74%	17.28%	8.64%
Adolescents (13-17)	15.85%	21.95%	31.71%	20.73%	9.76%
Young Adults (18-24)	22.35%	23.53%	24.71%	21.18%	8.24%
Adults	13.25%	26.51%	13.25%	31.33%	15.66%
Older adults	29.76%	28.57%	15.48%	22.62%	3.57%
Black/African American, Non-Hispanic	31.40%	33.72%	11.63%	18.60%	4.65%
White, non-Hispanic	1.20%	18.07%	20.48%	37.35%	22.89%
Hispanic/Latino	27.38%	32.14%	23.81%	13.10%	3.57%
Asian/Pacific Islander	22.89%	19.28%	43.37%	10.84%	3.61%
LGBTQ+ community	27.59%	24.14%	19.54%	20.69%	8.05%
Veterans	16.87%	24.10%	21.69%	24.10%	13.25%
Pregnant women	17.07%	21.95%	39.02%	19.51%	2.44%

Population	Extremely Underserved	Moderately Underserved	Unsure/ Uncertain	Moderately Served	Adequately Served
Caregivers/family members	33.72%	37.21%	13.95%	15.12%	0.00%
Individuals with co-occurring conditions	19.77%	30.23%	19.77%	23.26%	6.98%
Criminal justice-involved individuals	27.38%	28.57%	20.24%	17.86%	5.95%
Individuals with a disability	22.35%	31.76%	20.00%	20.00%	5.88%
Persons experiencing homelessness	50.00%	28.41%	12.50%	6.82%	2.27%
Immigrants and refugees	40.96%	15.66%	38.55%	3.61%	1.20%

Notable data points from this analysis include the identification of the most extremely underserved populations are persons experiencing homelessness, immigrants and refugees, caregivers/family members, and Black/African Americans. Additionally, caregivers/ family members and Black/African Americans were also identified as the top moderately underserved populations.

Also of note is the populations in which providers felt the most unsure or uncertain as to their level of available services are Children (0-5), Children (6-12), and Adolescents (13-17). Additionally, there is significant uncertainty about services available for Asian/ Pacific Islanders as well as pregnant women. Finally, White, non-Hispanic people were identified as the most moderately and adequately served populations.

Underserved Populations for Substance Use Services

Population	Extremely Underserved	Moderately Underserved	Unsure/ Uncertain	Moderately Served	Adequately Served
Children (0-5)	3.85%	3.85%	82.05%	5.13%	5.13%
Children (6-12)	7.59%	10.13%	67.09%	8.86%	6.33%
Adolescents (13-17)	12.20%	32.93%	34.15%	14.63%	6.10%
Young Adults (18-24)	16.87%	28.92%	22.89%	19.28%	12.05%
Adults	7.50%	31.25%	16.25%	31.25%	13.75%
Older adults	16.25%	31.25%	22.50%	21.25%	8.75%
Black/African American, Non-Hispanic	24.69%	28.40%	14.81%	24.69%	7.41%
White, non-Hispanic	2.50%	18.75%	20.00%	35.00%	23.75%
Hispanic/Latino	28.40%	29.63%	19.75%	14.81%	7.41%
Asian/Pacific Islander	20.00%	20.00%	41.25%	13.75%	5.00%
LGBTQ+ community	26.51%	30.12%	20.48%	14.46%	8.43%
Veterans	10.00%	28.75%	25.00%	21.25%	15.00%
Pregnant women	13.75%	23.75%	35.00%	18.75%	8.75%

Population	Extremely Underserved	Moderately Underserved	Unsure/ Uncertain	Moderately Served	Adequately Served
Caregivers/family members	27.16%	33.33%	24.69%	11.11%	3.70%
Individuals with co-occurring conditions	19.75%	27.16%	22.22%	23.46%	7.41%
Criminal justice-involved individuals	26.51%	25.30%	14.46%	20.48%	13.25%
Individuals with a disability	21.25%	32.50%	22.50%	16.25%	7.50%
Persons experiencing homelessness	48.19%	30.12%	9.64%	9.64%	2.41%
Immigrants and refugees	34.15%	19.51%	36.59%	3.66%	6.10%

Notable data points from this analysis include the identification of the most extremely underserved populations are persons experiencing homelessness and immigrants and refugees. Caregivers/ family members received the largest number of responses for the moderately underserved category followed by Adolescents (13-17), individuals with a disability, immigrants and refugees, the LGBTQ+ community, older adults, and adults.

The population in which providers felt the most unsure or uncertain as to their level of available services included children (0-5) as the population they were the most unsure of. White, non-Hispanic people were identified as the most moderately and adequately served populations.

Beyond the ranking exercise in the survey, providers were also asked to identify underserved populations during focus groups. The following list encompasses the populations that were most frequently identified during these sessions:

- Youth (including foster youth, adoptees, and transitional age)
- BIPOC communities (with a specific mention of both African American men and women)
- Homeless
- Older Adults
- Parents
- Veterans
- LGBTQIA+

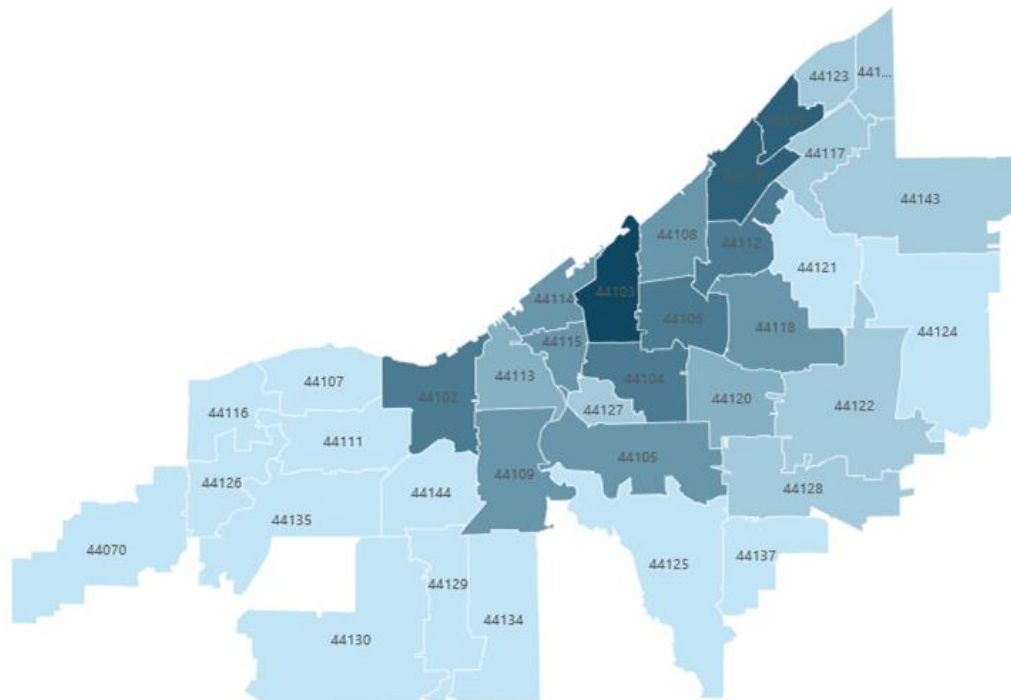
Underserved Neighborhoods and Zip Codes

In addition to analyzing the underserved population groups, this assessment also sought to identify geographic areas that do not have access to the services they need. Service providers were asked to identify the neighborhoods and zip codes they believed to be the most underserved. They provided a diverse list of areas with the most common responses being East Cleveland and the Detroit-Shoreway neighborhood.



Upon reviewing the locations of the current ADAMHS Board service providers the majority are located near the areas in and around the city of Cleveland. The areas near the edges of the county, particularly the southern border, have the fewest number of providers. It is important to note that the location of providers is only one factor in the availability of services. Providers often specialize in certain types of service offerings and population groups and have varying levels of culturally competent care and capacity limits that may result in waitlists. Therefore, although a neighborhood may have one or more providers in it, there is a likelihood that members of that community have service needs that do not align with the offerings of their local agencies.

Underserved Zip Codes in Cuyahoga County



Improving Access

Providers recognize that improving services to underserved populations will need to be a multi-pronged approach as there is no one-size-fits-all solution that will address the challenges being faced. Respondents highlighted the need for culturally relevant services and increased accessibility. Ease of access could be addressed through geographic expansion and the utilization of satellite offices to help bring services into all corners of the county along with expanded hours of operations and increasing the number of quality staff to meet these needs. Additionally, the diversification of staff to reflect those whom they serve can be a powerful tool allowing for more effective care through culturally relevant service offerings.

Enhancing support services to prevent crises and homelessness, improving accessibility through transportation and telehealth, and addressing the needs of specific populations like seniors and youth are key opportunities. Additionally, creating diverse support groups tailored to cultural backgrounds and lived experiences, along with effective resource allocation and a focus on stigma reduction, can significantly improve access to behavioral healthcare services.

COMMUNITY PERSPECTIVE

Survey Demographics

The 2024 Cuyahoga County Community Survey received responses from 368 individuals, providing valuable demographic insights. The age distribution of respondents showed that 47.1% were between 18 and 44 years old, 32.2% were between 45 and 65 years old, and 20.7% were over 65 years old. Notably, no respondents were under 18 years old.

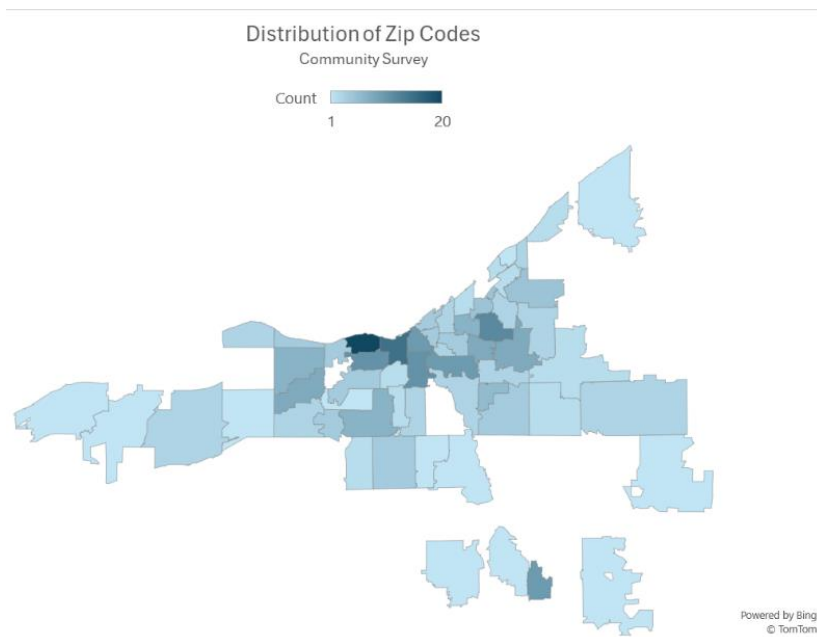
Race and Ethnicity

In terms of racial composition, 368 individuals provided their background, with 68% identifying as White, 21% as Black or African American, 4% as Asian, 2% as American Indian or Alaska Native, 1% as Native Hawaiian or Other Pacific Islander, and 4% as Other. Ethnicity data from 353 respondents indicated that 74.5% were not Hispanic or Latino, while 25.5% identified as Hispanic or Latino.

Location

Additionally, ZIP code information was collected from 283 participants, with the most frequently reported ZIP code being 44107, representing 7.1% of the respondents. This demographic snapshot highlights the diverse age, racial, ethnic, and geographic composition of the survey participants, providing a comprehensive view of the community's characteristics.

There was one (1) response recorded from each of the following zip codes, not represented in the accompanying graphic; 43512, 43701, 43402, and 45406.



Behavioral Health Challenges

A total of 368 individuals completed the community survey. To provide context and better understand perspectives around behavioral health challenges and other elements, participants were first asked to indicate their experience with behavioral health services in Cuyahoga County. The responses are indicated in the table below.

	Experience with Mental Health Services in Cuyahoga County	Experience with Substance Use Services in Cuyahoga County
A family member or friend has received services	87	96
I am an interested community member	57	71
I have received services	108	79
I work in the mental health field	132	133

Although a separate survey was deployed for behavioral health care providers, the largest self-identification reported reflects that many of the community survey respondents are also mental healthcare and substance use professionals. Participants were able to select multiple designations therefore one individual may be represented multiple times in this graphic.

Top 3 Mental Health Challenges

Respondents were asked to identify the top three mental health challenges prevalent in Cuyahoga County. The feedback provided offers valuable insights into the key areas they perceive as requiring attention and intervention:



1. **Depression** emerged as the most significant mental health concern among participants. Community members highlighted the pervasive impact of depression on their daily lives and the critical need for more accessible and effective treatments. Many emphasized the importance of increased support and resources to manage and alleviate depressive symptoms.
2. **Anxiety** was the second most reported challenge. Participants expressed a growing need for better anxiety management strategies and resources. The prevalence of anxiety symptoms indicates a pressing need for community-based interventions, including therapy, support groups, and educational programs to help individuals cope with anxiety.
3. **Stigma** associated with mental health issues was identified as a major barrier. This stigma often prevents individuals from seeking the help they need, leading to untreated mental health conditions and further exacerbation of symptoms. Addressing stigma through awareness campaigns and community education is essential to foster a supportive environment where individuals feel comfortable accessing mental health services.

Individuals responding to the Spanish language survey indicated that culturally responsive and Spanish-speaking providers were a top challenge for them, although depression/anxiety and access to services were listed as the top two challenges experienced.

Other challenges identified by community members include substance use and abuse, access to care and services, trauma/PTSD, and stress.

Top 3 Substance Use Challenges

Respondents were also asked to identify the top three substance use issues affecting the community today. Answers varied but highlighted growing concern around a few substances.



Fentanyl and opioids were frequently mentioned as especially dangerous, with concerns about their widespread use and the high risk of overdose. Fentanyl is deemed a challenge because of the belief that they are not able to “turn off the supply.” Alcohol was also identified as a major concern, for its pervasive use. Respondents noted that it is both widely accepted and highly lethal, emphasizing the dual impact of immediate fatalities and long-term health issues. Marijuana, since its legalization, has also been noted for causing serious issues, with increased accessibility leading to potential misuse. The issue of polysubstance use was another critical point, with many respondents highlighting the dangers of using multiple substances together, such as "combination: alcohol, marijuana, fentanyl & opioids."

Other Challenges Impacting Behavioral Health

Social and Community Issues

Several prevalent community issues emerged during the community focus groups. Homelessness, community violence, and crime were identified as pressing challenges affecting neighborhoods leading to heightened feelings of anger and distress among residents. The neglect of children and the broader issue of meeting basic needs were highlighted as critical areas requiring immediate attention and support. Participants emphasized the importance of community infrastructure and resources to foster a safer and more supportive environment. Moreover, there was a strong consensus on the need to promote general kindness and empathy within the community to address these complex issues effectively. These insights underscore the urgent need for collaborative efforts and resources to enhance community well-being and safety.

Healthcare System - Treatment and Resources

Several critical systemic challenges affecting access to healthcare and services within the community were also illuminated. Participants expressed concerns about insurance barriers and the availability of funding, highlighting competition for limited resources as a significant issue. A severe workforce shortage, particularly in psychiatry, was identified as a major obstacle to providing timely and quality care. This included challenges such as retaining qualified staff, providing competitive salaries, ensuring a culturally representative workforce, and balancing staff workloads. Moreover, respondents considered the struggle to meet these challenges related to staffing workloads, service quality, and culturally representative services when providers are already experiencing a smaller than necessary workforce.

Multiple providers sharing limited resources while also facing challenges in defining and measuring recovery effectively is a factor that prohibits individuals from experiencing successful recovery journeys. However, participants also emphasized the importance of diverse provider representation and the need for adequate resources to improve service quality. Access to services, especially for those affected by poverty, minority communities, and single moms was highlighted as a pressing concern, underscoring the need for streamlined intake processes and enhanced resource allocation to ensure equitable healthcare access for all community members.

Difficulty finding services that align with acute care needs poses a challenge for successful entry into and completion of programming or accessing resources. Crisis care is also a challenge, as well as co-occurring disorders and a rising intensity in the presenting issues for youth in the juvenile justice system. In addition, relapse rates were seen as particularly challenging because the community is struggling with not having the resources to provide needed services like ongoing/long-term case management or the workforce to provide services. There is also a perceived reluctance to explore new scientific developments and best practices in behavioral health treatment, as well as a lack of enthusiasm from the greater community to engage in creative problem-solving.

Addressing the Challenges

To address some of the challenges brought forth, the following were highlighted as opportunities. Note that while all of these are not within the scope of the ADAMHS Board, they are relevant to addressing the holistic needs of individuals served and can be used to identify additional partnership or collaboration opportunities with agencies to supplement the support that is within the Board's scope.

- Providing wholistic care approaches
- Ensuring culturally responsive services and culturally competent providers
- Advocating for payment reform and affordable care
- Providing wraparound services, especially for older adults, pregnant women, transgender individuals, the LGBTQIA+ community, and youth.
 - Examples include harm reduction, increased access, and training on naloxone for community members, prevention, and early childhood mental health.
- Better understanding of local government influence and the impact of policies pursued by the state legislatures.
- Developing innovative solutions to increase the workforce pipeline.
- Increased funding with funding decisions based on outcomes.

Changes in Needs and Trends

According to responses, changes in mental health concerns and substance use as compared to those from 5-10 years ago are noticeable. The following graphics highlight the specific areas where community members reported shifts.

Mental Health Trends

Increased Mental Health Issues	Many responses highlight the increase in mental health concerns, including anxiety, depression, substance abuse, and trauma.
Pandemic Impact	COVID-19 has had a significant negative impact on mental health, causing heightened anxiety, depression, and loneliness.
Access to Services	There are concerns about lengthy wait times to see providers, shortage of mental health professionals, and challenges in accessing mental health services.
Youth Mental Health	There is a notable increase in mental health issues among children and adolescents, including ADHD, depression, and anxiety.
Stigma Reduction & Increased Awareness	There is recognition of reduced stigma and increased awareness of mental health issues, leading to more people seeking help and support.

Substance Use Trends

Increased Fentanyl Use	Increasingly prevalent in the local drug supply, either alone or mixed with other substances.
Shift Towards Opioids	A shift in general, but specifically heroin, methamphetamine, and prescription drugs.
Rise in Synthetic Drugs	There is a rise in these drugs, which are often more potent and unpredictable than traditional substances.
Increased Marijuana Usage	The normalization and legalization of marijuana in certain areas is a contributing factor to increased marijuana usage.
Increased Polydrug Use	A reported troubling trend towards polydrug use, where individuals combine different substances, heightening the risk of overdose and other health complaints.

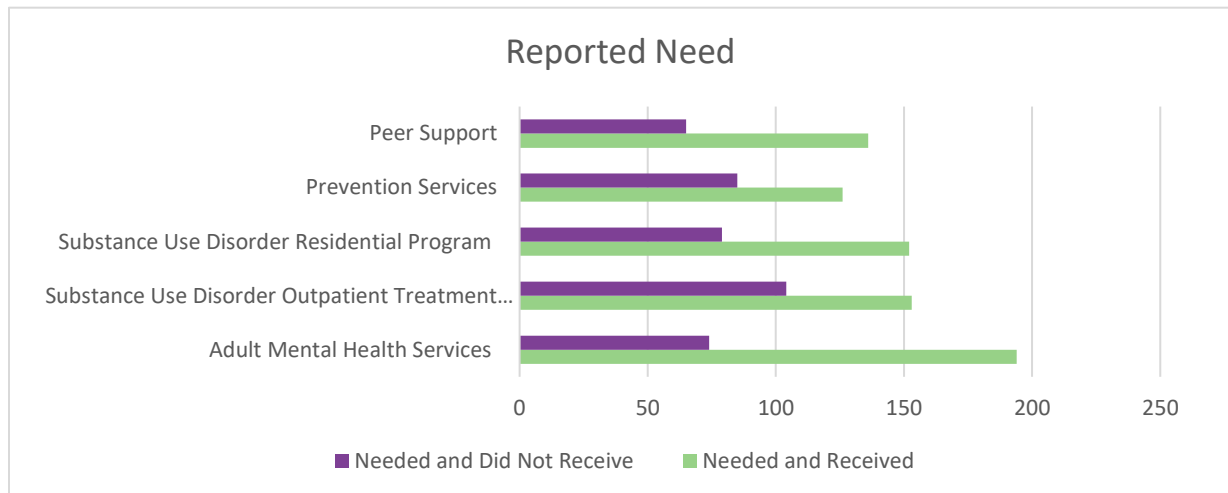
When asked about the shift in needs and general trends since the 2020 needs assessment, the following were identified:

- **Severity of behavioral health needs:** This included an increase in suicidal ideation, trauma, youth mental health (specifically anger, depression, attention issues, and social anxiety), fentanyl use, overdose deaths, and workforce challenges. Domestic violence and homelessness (particularly among Black youth), which fall outside of the ADAMHS Board scope, but are a factor in their care, were also flagged as seeing increases over the past 4 years.
- **Delivery of care:** Stakeholders discussed an increased desire among staff for remote work which has led to increased access to care for those who want telehealth services but simultaneously impacted culturally responsive services for those communities that desire personal connection. Others indicated low program enrollment numbers since 2020 and a need for increased coordination of care among providers.
- **Workforce:** Regarding changes in the workforce, key informants again noted staff's desire for remote work, the need for higher pay to attract people to the field, and a decrease in both the number of qualified staff available to hire and the ability to retain staff.
- **Community's self-awareness of their mental health:** According to key informants, more people in the community are aware of their own mental health needs and the need for coping skills and self-care.
- **Lifestyles:** Stakeholders highlighted a change in the community's lifestyle including the need for social reconnection, decreased school enrollment, an increase in youth entering the workforce, and a housing shortage for all that significantly reduces the number of available units for those with mental health.

Perception of Behavioral Health Services

Reported Needs

A focal point of the community survey was to better understand the current need for services within the county, both in terms of mental health and substance use resources. Respondents were provided a list of twelve areas associated with behavioral health services and asked to identify which areas represented a need that was either addressed or unaddressed by the current systems in place. The top five responses are depicted in the graph below.

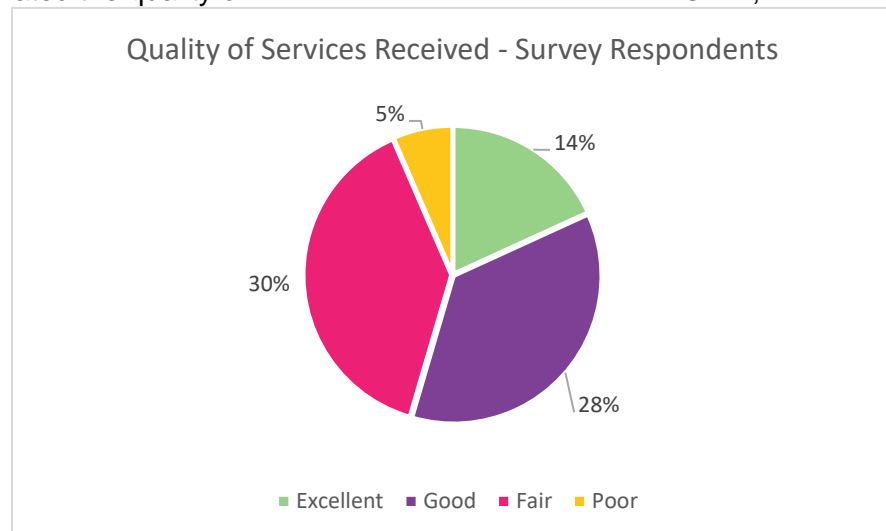


Focus group participants shared similar perspectives around needs, but shared that homelessness compounds these challenges, further exacerbating mental health issues and substance abuse problems due to housing insecurity. Other needs highlighted include trauma-informed care approaches, increased social support for those seeking treatment, continuity of care, and transition support, with respondents stressing the importance of seamless transitions from detox to sober living and eventual reintegration into society. This included the need for post-detox and sober living support, vocational training, and additional support for the homeless population.

Quality of Services

Most survey respondents rated the quality of services as either “Excellent” or “Good,” indicating a positive perception among a sizable portion of the community.

However, a considerable number rated the services as “Fair,” suggesting there is room for improvement. 23.2% of respondents reported not receiving services at all, highlighting a potential gap in service delivery or accessibility. Overall, while there is a generally positive view



of the service quality, opportunities exist to improve the quality and reach of services to better meet the community’s needs.

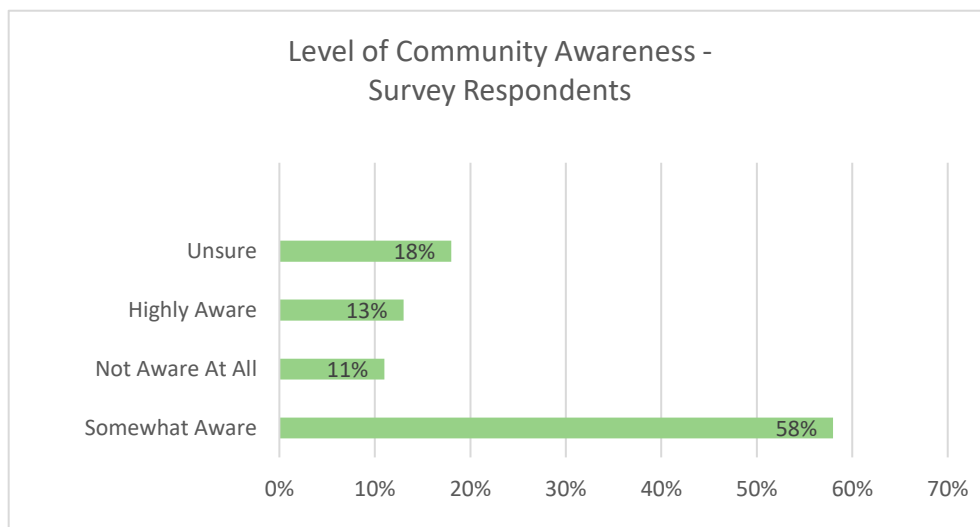
The focus group responses reveal a multifaceted landscape of experiences and concerns regarding the quality of services received and avenues for improvement. Participants express a range of satisfaction levels with the care provided, emphasizing the importance of personalized attention, compassionate staff, and effective treatment programs. However, concerns about access and availability persist, with participants highlighting issues such as long wait times, limited support group options, and financial constraints on accessing essential services.

Care coordination and collaboration among service providers to ensure holistic support and continuity of care impact quality. Participants advocate for integrated approaches that address the complex needs of individuals and families. They stress the importance of well-trained and empathetic staff, expressing concerns about high turnover rates and the impact on service consistency.

Communication emerges as a critical area for improvement, with participants citing challenges related to unclear referrals between provider agencies, inconsistent messaging from providers, and difficulties accessing timely and accurate information.

Level of Awareness

Most residents reported being “Somewhat Aware” or “Highly Aware” of the behavioral health services in Cuyahoga County, underscoring concern about accessibility and other barriers preventing residents from receiving the support they need. Focus group participants had a different perspective and felt that there was a lack of awareness among community members about available services, with many expressing difficulties in accessing help until they reached a crisis point. Participants emphasized the need for increased advertising and community engagement efforts to address this issue, suggesting strategies such as TV ads, billboards, and pop-up events to reach those in need.



Consumer Satisfaction

As part of the Cuyahoga County Community Needs Assessment, specific questions on consumer satisfaction with services were not directly addressed. To fill this gap, we are including results from a recent 2023 consumer satisfaction survey conducted by the ADAMHS Board of Cuyahoga County¹¹. This survey provides valuable insights into client satisfaction with mental health and addiction services, covering areas such as overall satisfaction, access, engagement, quality of care, and treatment outcomes.

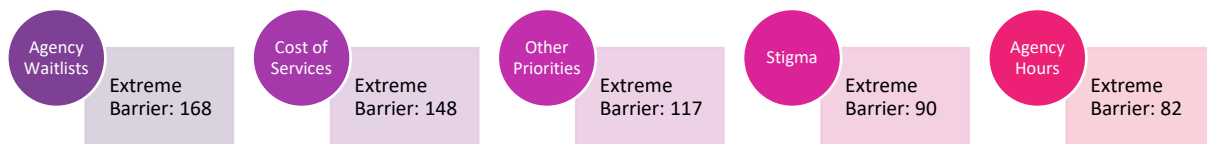
2023 Client Satisfaction Survey Report	Overall Satisfaction	85.4% of respondents expressed positive general satisfaction with the services received.
	Access to Services	84.8% reported positive perceptions regarding the accessibility of services.
	Engagement	84.2% felt positively engaged by their service providers.
	Quality of Services	80.2% were satisfied with the quality of care.
	Treatment Outcomes	81.2% reported improvements in symptoms, functioning, and overall quality of life.

The survey highlighted the importance of provider engagement and quality of care in achieving high client satisfaction and positive treatment outcomes. These insights are critical for future planning and enhancing service delivery in Cuyahoga County.

Barriers

Barriers to Seeking Care

In Cuyahoga County, achieving optimal access to behavioral health services, including mental health and substance use treatment, remains a challenge. Residents may encounter a multitude of barriers that hinder their ability to seek or receive essential care. The barriers that had the highest responses of posing an extreme barrier to access are presented in the graphic below.



Stigma: Stigma remains a significant barrier with ninety respondents marking it as an extreme barrier and 130 as a slight barrier. Despite some indicating it is not a barrier (50), the perception and societal judgment associated with seeking treatment can hinder access.

Cost of Services: The cost is a major barrier, with 148 marking it as an extreme barrier and seventy-six as a slight barrier. Only a small fraction (16) consider it not a barrier, highlighting financial constraints as a significant obstacle for many individuals.

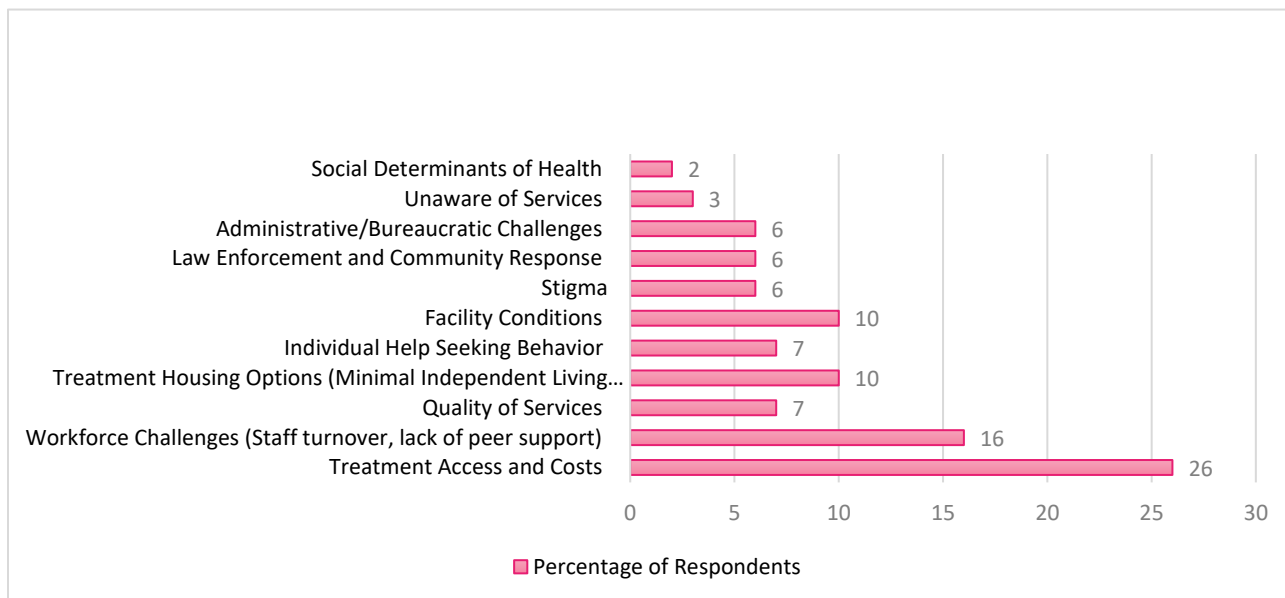
Other Priorities: Competing priorities are also significant, with 117 seeing them as an extreme barrier and 147 as a slight barrier. This indicates that many individuals place other life needs above treatment access.

¹¹ Putman, A. (2023) Client Satisfaction Survey Report.

Agency Hours: Agency operating hours are a considerable barrier, with eighty-two seeing them as an extreme barrier and ninety as a slight barrier. This suggests that the mismatch between agency hours and individuals' schedules can impede access to treatment.

Agency Waitlists: Long waitlists are a substantial barrier, with 168 marking it as an extreme barrier and ninety-four as a slight barrier. This emphasizes the challenge of timely access to treatment services.

Focus group respondents had a slightly different perspective when identifying barriers to seeking treatment or support for mental health or substance use issues as seen below.



Barriers by Community Group

The 2023 Center for Community Solutions survey sheds light on the significant barriers to accessing mental health and substance use services among low-income residents of Cuyahoga County¹². The survey included 410 residents from households earning less than \$35,000 annually, revealing that 42% of respondents needed mental health assistance in recent years.

Alarmingly, 18% reported needing help but not receiving it, highlighting a critical gap in service provision. The survey uncovered disparities in access based on race and gender. While Black and white residents reported similar levels of need, 66% of white respondents received help compared to only 47% of Black respondents. Gender differences were also evident: 47% of females reported needing help versus 36% of males. However, a higher proportion of males (64%) who needed help received it compared to females (54%).

Veterans struggle most with **transportation** (53.6%), **other priorities** (50.0%), and **culturally competent services** (46.4%).

¹² <https://www.communitysolutions.com/resources/residents-with-low-income-arent-getting-the-mental-health-care-they-need>

Relationship status also influenced access to services, particularly for men. Partnered men were significantly more likely to receive help (79%) compared to their single counterparts (58%).

Parents with children under 18 face significant barriers related to **waitlists** (41.9%), **childcare** (41.1%), and **other priorities** (37.1%).

These findings align with data from the Spanish-speaking respondents of the Cuyahoga County Community Needs Assessment survey, which identified several barriers to accessing mental health and substance use treatment. Key barriers include:

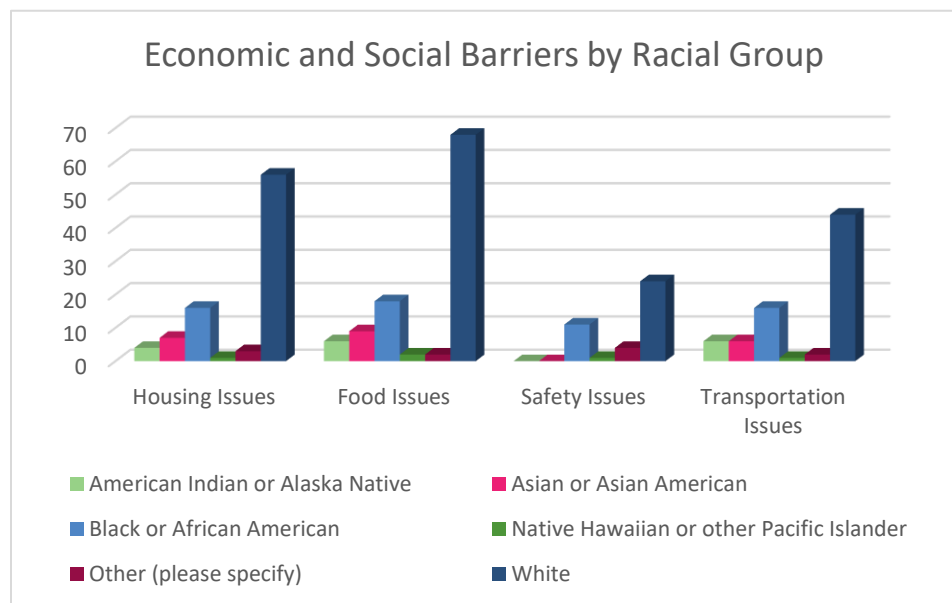
- **Quality of services:** 61% of respondents viewed this as a barrier.
- **Cultural competence:** 78% cited services not being culturally competent as a barrier.
- **Agency waitlists:** 67% indicated long waitlists as a barrier.
- **Childcare responsibilities:** 67% found this to be a barrier.
- **Transportation:** 83% viewed this as a barrier.
- **Inconvenient agency hours:** 61% considered this a barrier.
- **Lack of needed treatment services:** 88% identified this as a barrier.
- **Competing priorities:** 84% found this to be a barrier.
- **Cost of services:** 84% viewed cost as a barrier.
- **Stigma:** 83% cited stigma as a barrier.

Economic and Social Factors

The following section presents an analysis of the barriers related to housing, food security, safety, and transportation faced by the different racial demographics who participated in the survey.

Respondents were asked a series of questions to assess their concerns and experiences in these areas. The responses provide insight into how

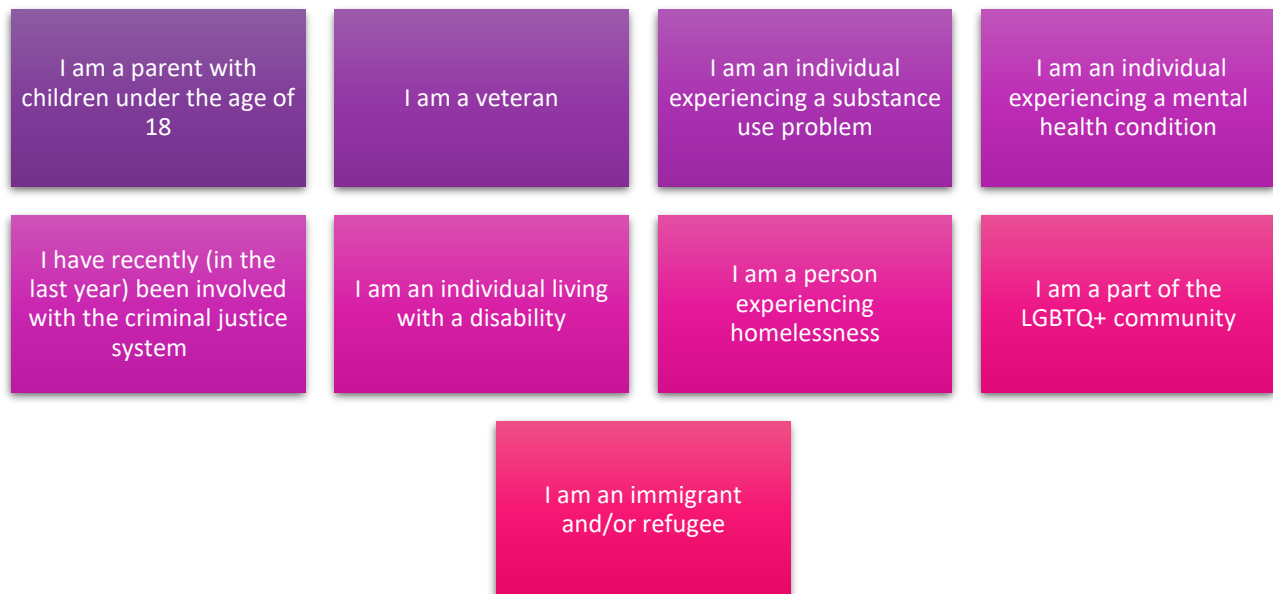
these issues vary across different racial groups, highlighting the specific challenges faced by each demographic. The percentages reflect the proportion of respondents within each racial group who reported significant concerns in these areas.



While these concerns are not directly tied to the services provided by the ADAMHS Board of Cuyahoga County, they significantly impact the successful entry and completion of mental health and substance use treatment services. Addressing these underlying barriers is crucial to ensure that individuals can fully engage with and benefit from the behavioral health services available to them. These insights underscore the importance of holistic approaches that consider the broader social determinants affecting the well-being and treatment outcomes of different demographic groups in Cuyahoga County.

Barriers by Other Social Factors

As a part of the community survey, respondents were allowed to self-identify as falling into one of the following categories:

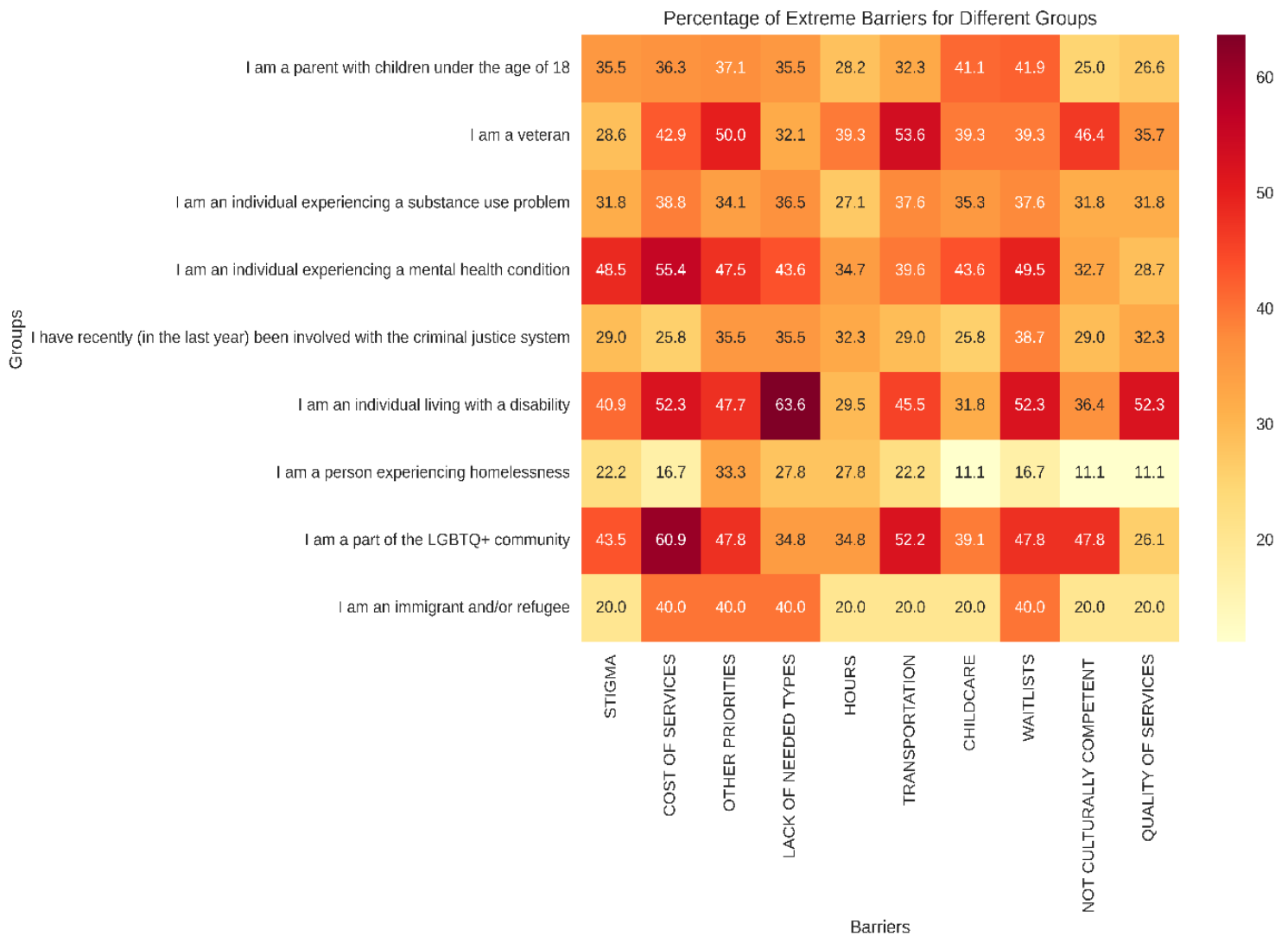


For individuals within these various groups, significant barriers exist to accessing behavioral health services.

- Parents with children under the age of eighteen identified childcare responsibilities (41.1%) and waitlists (41.9%) as their top barriers.
- Veterans face transportation issues (53.6%) and other priorities (57.1%) as the most significant obstacles.
- Individuals experiencing substance use problems reported the cost of services (34.1%) and waitlists (43.5%) as their primary barriers.
- For those experiencing mental health conditions, the cost of services (54.5%) and stigma (45.5%) were the most substantial barriers.
- Individuals recently involved with the criminal justice system highlighted waitlists (45.2%) and other priorities (38.7%) as top challenges.
- Those living with disabilities identified the lack of needed types of services (63.6%) and cost of services (52.3%) as primary obstacles.

- Persons experiencing homelessness struggled most with other priorities (27.8%) and service hours (38.9%).
- Members of the LGBTQ+ community faced barriers related to the cost of services (60.9%) and transportation (52.2%).
- Immigrants and refugees reported stigma (80%) and cost of services (40%) as their top barriers.

Additional data relative to this can be found in the below heat map as well as in Appendix A, Figure 1.



Takeaways

The barriers to accessing behavioral health services in Cuyahoga County are multifaceted, with stigma, cost, and competing priorities being the most significant obstacles identified by both survey and focus group respondents. Stigma remains a major barrier, with high levels of societal judgment preventing many from seeking treatment. The cost of services presents significant financial constraints, making it difficult for individuals to access necessary care. Many also prioritize other life needs over treatment, further hindering access. Specific challenges include cultural competence, long waitlists, agency operating hours, transportation, and childcare responsibilities. There is a clear need for more culturally appropriate treatment options, as cultural competence is a notable concern. The perception of long waitlists and a lack of on-demand services along with logistical barriers such as transportation and childcare add to the challenges.

Disparities in access are evident among Black residents, females, and single individuals, who face greater difficulties in receiving help. Specific groups, such as veterans, individuals with disabilities, and the LGBTQ+ community, encounter unique obstacles. Addressing these barriers requires comprehensive solutions, including improving service quality, affordability, accessibility, and cultural competence, while also combating stigma. Ensuring that all community members can receive the necessary mental health and substance use treatment requires a multifaceted approach that addresses these various barriers effectively.

These insights highlight the multifaceted and intersecting barriers faced by low-income and Spanish-speaking communities in Cuyahoga County in accessing mental health and substance use services. Addressing these barriers requires a comprehensive approach, including improving service quality, ensuring cultural competence, reducing waitlists, providing childcare support, enhancing transportation options, offering flexible service hours, expanding treatment services, addressing cost issues, and combating stigma.

Improving Connectivity to Resources

Survey respondents suggested several strategies to better connect people to the resources and service providers that they need.

- Centralized information platforms and regular community outreach programs can enhance awareness and accessibility.
- Utilizing technology such as teletherapy and online support groups can bridge gaps for those with limited mobility or in rural areas.
- Increased education and training for community members, teachers, and first responders can improve early detection and referrals.
- Expanding outreach through social media, public awareness campaigns, and partnerships with local organizations can increase visibility.
- Improving transportation options, offering services in schools and community centers, and providing mobile services can enhance access.
- Peer support, mentoring, and culturally competent services can foster trust and engagement.
- Reducing stigma through education and storytelling, enhancing coordination among service providers, and increasing funding to reduce wait times are also crucial.
- Comprehensive care plans, tailored interventions, and persistent follow-up can ensure continuous support for individuals in need.

Additional Feedback

The feedback from stakeholders in Cuyahoga County paints a picture of opportunity and potential for enhancing mental health and substance use services. There is a clear consensus on the desire to improve accessibility and resources with initiatives like Project Soar displaying the county's ability to innovate and respond effectively to crises by streamlining access to treatment from emergency settings.

A positive aspect highlighted is the community's commitment to prevention and education. Stakeholders emphasize expanding efforts within schools and diverse community settings to reduce stigma and increase awareness. This proactive approach fosters healthier attitudes toward mental health and lays the groundwork for long-term behavioral change and resilience.

Stakeholders also advocate for robust data collection and evaluation mechanisms, reflecting a proactive stance towards continuous quality improvement within mental health services. This commitment to monitoring effectiveness ensures that resources are used efficiently and effectively.

Collaboration emerges as a cornerstone of progress, with agencies, nonprofits, and first responders working together to maximize resources and provide holistic care. This collaborative spirit not only enhances service delivery but also fosters a supportive ecosystem where innovative solutions can thrive.

There is a recognition of the county's readiness to address diverse demographic needs, including language-specific services and cultural competency. By focusing on inclusivity, Cuyahoga County ensures that all residents receive equitable access to the care they need.

“The majority of people with mental illness often feel like they don’t have a place to go, and they are not connected with any entity or people who look like them.”

Community Partner Respondent

Overall, the feedback underscores a community-driven approach that celebrates the Board's strengths in innovation, collaboration, and proactive service improvement. By building on these foundations, the ADAMHS Board is well-positioned to create a more supportive and effective system for mental health and substance use services, enhancing the well-being of its residents.

Community Summit

As part of this assessment, the Community Summit was a pivotal event designed to engage participants and gather comprehensive feedback. Activities focused on identifying existing assets (resources, initiatives, partnerships, etc.) and new opportunities within several critical areas identified during the learning phase to better address the emerging needs of the community; prioritizing a list of community needs that emerged from engagement activities as a means to understanding perspectives on the most pressing behavioral health needs facing Cuyahoga County; and identifying programs, services or initiatives that the ADAMHS Board should start investing in, stop investing in, or increase their investment in. The summit provided a structured approach to validate and expand upon the data collected throughout the process, ensuring a thorough and inclusive assessment of community needs.

Outcomes & Recommendations from Summit

Overall Themes

Several themes emerged during the community summit as opportunities for growth and collaboration, focusing on expanding and improving services across multiple dimensions:



Expansion and Accessibility of Services

- Expanding the hours of operation to include evenings and weekends.
- Increasing access to services for those who may not qualify for Medicaid but cannot afford private insurance.
- Addressing transportation barriers to ensure individuals can access services.

Coordination and Integration of Services

- Increased collaboration and better coordination among different service providers to enhance program offerings and the referral process.
- Development of a universal database to streamline information sharing and care coordination.

Support and Development of Workforce

- Enhancing career advancement opportunities and providing better wages to attract and retain professionals.
- Offering financial assistance and paid internships for career-related education

Peer Support and Community Involvement

- The value of peer support is emphasized across several areas, noting the benefits of support from individuals with lived experience.
- Engaging community and faith-based leaders in education and awareness initiatives.

Educational Opportunities

- Expanding educational programs about addiction and substance use in schools and communities.
- Continuous education focusing on risks associated with drug use and mental health.

Housing and Basic Needs

- Addressing the need for transitional/drop-in housing.
- Increasing the capacity and availability of recovery housing.

Follow-up and Continuity of Care

- Establishing plans and systems for post-crisis follow-up to ensure continuity of care.

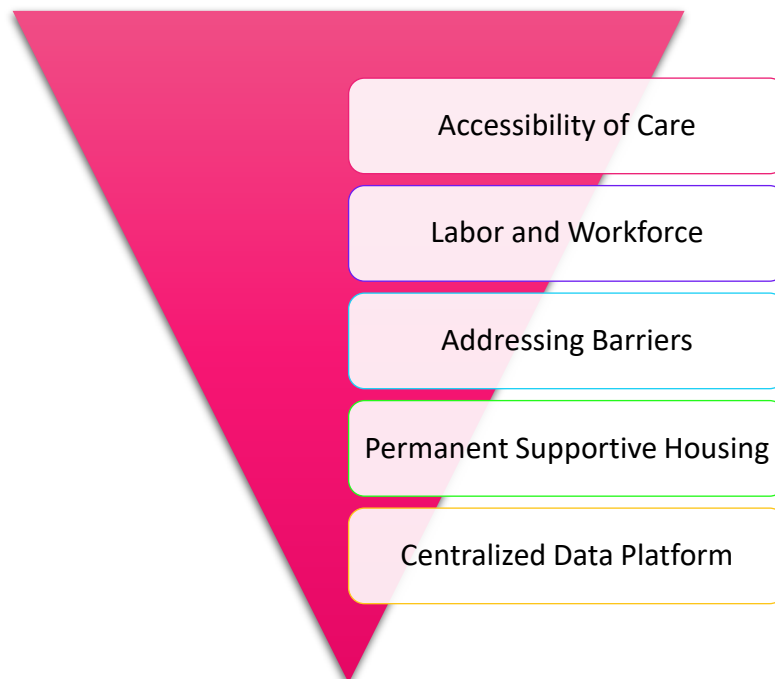
- Implementing follow-up services for individuals discharged from emergency care to ensure ongoing support.

Technological and Data Solutions

- Leveraging technology for a prescription drug monitoring program (PDMP) which is an electronic database that tracks controlled substance prescriptions, as well as recovery support
- Developing and utilizing centralized data platforms to improve service delivery and measure outcomes.

Prioritization & Consensus Building

In the Community Needs Assessment process, prioritization and consensus building are critical components to ensure that the most pressing needs of the community are addressed effectively. This process involves engaging community members and stakeholders to review identified needs, discuss their significance, and come to a consensus on the top priorities. Below are the top five prioritized needs identified during the community summit. The full list of priorities and the number of votes for each area is listed in Appendix A, Figure 2.



Start, Stop, Accelerate

During the summit, attendees participated in robust discussions to identify programs or initiatives that the ADAMHS Board should start investing in, stop investing in, or increase their investment in the areas of prevention, treatment, and recovery. This collaborative process resulted in a comprehensive set of recommendations, reflecting the community's priorities and aspirations for improving mental health and addiction services and highlighting its commitment to fostering a more effective, inclusive, and supportive system of care.

Prevention

Start	Stop	Accelerate
<ul style="list-style-type: none">• More youth prevention• Interdisciplinary training including all aspects of mental health services• Provide education to families who are affected by mental illness	<ul style="list-style-type: none">• Service deserts• Continuous funding of agencies/programming that lack innovation	<ul style="list-style-type: none">• Permanent supportive housing• Funding for school-based prevention & consultation• Peer support services• Youth Programming

Treatment

Start	Stop	Accelerate
<ul style="list-style-type: none">• Incentivizing cross-agency collaboration• Funding training and support for case management• Funding youth respite services	<ul style="list-style-type: none">• Funding programs not meeting quality metrics• Supporting non-credentialed providers	<ul style="list-style-type: none">• Art Therapy• Behavioral Health urgent care• SUD Housing capacity

Recovery

Start	Stop	Accelerate
<ul style="list-style-type: none">• Utilizing a more inclusive consumer-driven definition of what recovery is• Investing in scholarships for the workforce to advance education/licensure and help fund paid internships• Fund family education and support for recovery	<ul style="list-style-type: none">• Changing critical needs priorities	<ul style="list-style-type: none">• Culturally specific recovery• Funding of innovative care approaches & pilot programs

Disclaimer: The exercise conducted by summit participants to prioritize behavioral health needs and provide insight on areas the board should invest in is intended solely to provide insight into community perspectives on pressing issues. It is not meant to dictate the focus of the ADAMHS Board's activities. Instead, it serves as one of many inputs that the Board will consider in making informed decisions about addressing behavioral health needs within the community.

PROVIDER PERSPECTIVE

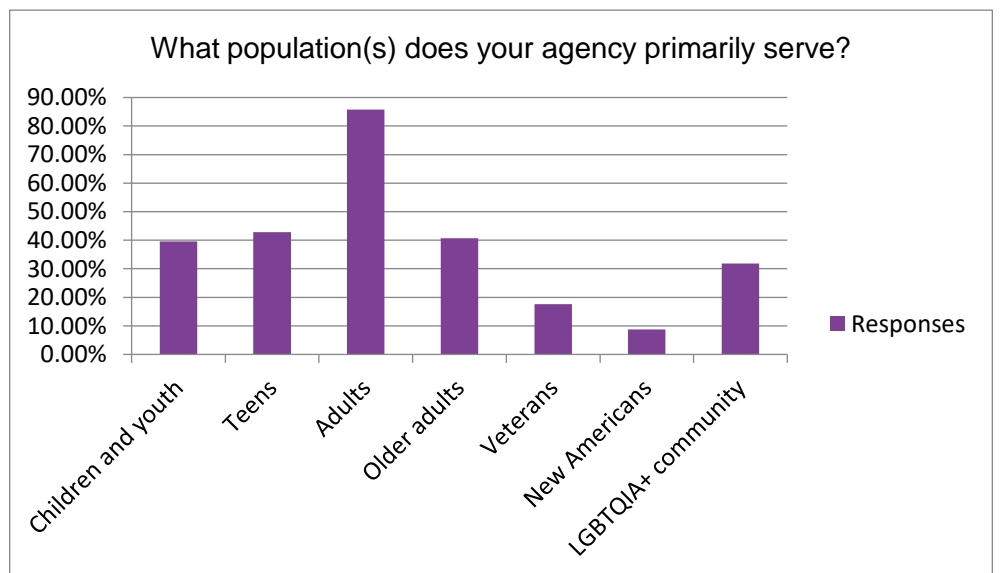


Behavioral Health care providers offer a crucial lens into the community needs assessment process. Their expertise, lived experience, and training allow them to provide key data points and insights into both the accomplishments and challenges of the community behavioral health system in Cuyahoga County. For these reasons, providers were provided three unique opportunities to share their insights during this process including a digital survey, focus groups, and a community summit.

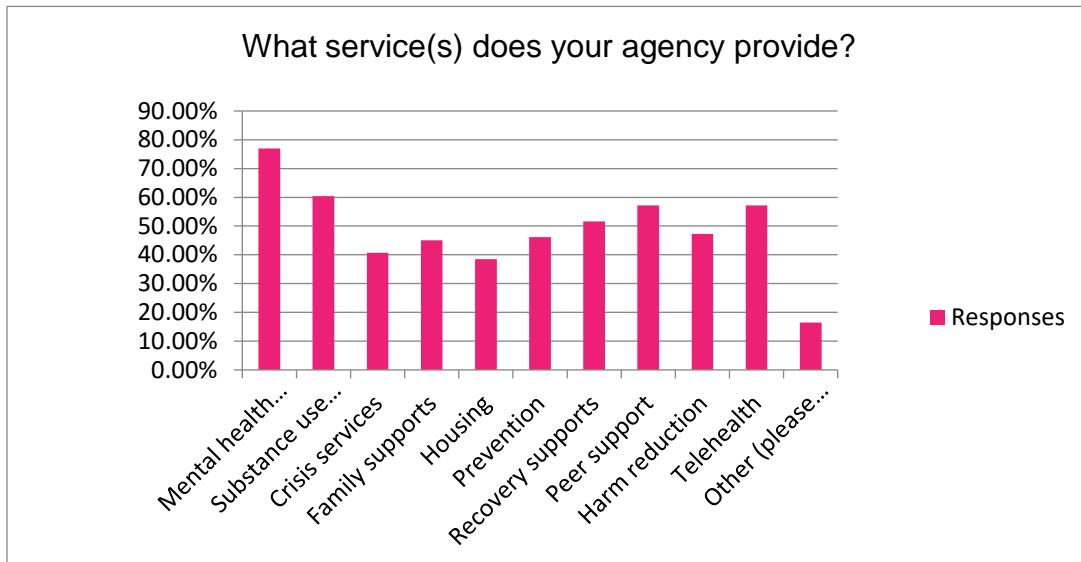
Service Delivery

The provider survey asked respondents to provide specific data regarding the populations they serve, services they provide, and waitlists. The following data serves to provide additional context when analyzing survey data results. Survey respondents primarily serve the adult population, with the fewest providers reporting they primarily serve the New American and Veteran populations.

Respondents were also asked what services their



agency provides. The majority, (77%) reported providing mental health treatment, while housing was identified as the service provided by the fewest number (38%) of respondents.

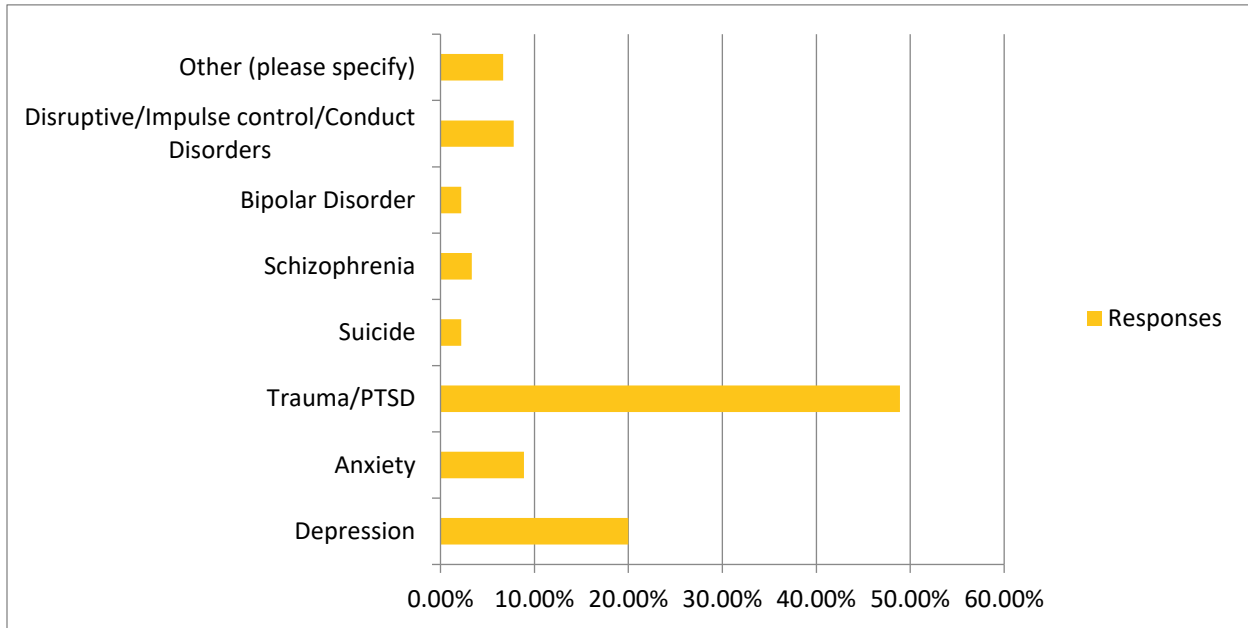


The availability and accessibility of services are an important factor in receiving the services and support needed. Approximately 56% of agencies indicated that they do not have a waitlist for providing services. For those that do, wait times vary depending on the program, ranging from 2 days to 6 months, with the majority reporting one month or less. There does appear to be a misconception amongst some community members that more providers operate with a waitlist and therefore create a barrier to accessing and receiving treatment. Further discussions with providers revealed that clients might interpret the inability to be seen “right away” as a sign of a waitlist when it is typically just a scheduling issue. This distinction is an important consideration when trying to understand and address barriers to services. Those who had received services emphasized how quickly the desire to seek help could change depending on circumstances and stressed that without an option for immediate care often people may put off or avoid seeking treatment.

Behavioral Health Trends

Community health care providers play an important role in identifying the current trends in behavioral health needs as well as providing insight into how these needs have evolved and what future trends they predict based on their experiences.

Providers indicated that the most prevalent mental health issue affecting the community is Trauma/PTSD with 49% of responses. In further discussions with providers and community partners, they stressed the prevalence of co-occurring mental health and substance use challenges, noting that Trauma/PTSD is often present alongside additional diagnosis. The increase in these co-occurring conditions can make both receiving an accurate diagnosis and providing treatment challenging. Particularly in the case of substance misuse, underlying mental health issues can be clouded or overlooked while clients focus on their sobriety. The increase in trauma/PTSD can also be seen in the increased demand for trauma-informed care. Providers shared that these practices have become commonplace for many providers however, this approach has not been adopted across all providers.



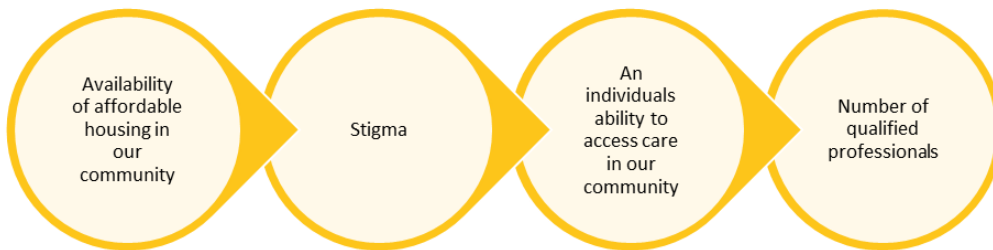
As it relates to trends or changes in the mental health needs clients are seeking treatment for or are presenting with compared to the issues that were prevalent 5 to 10 years ago, most providers (60%) indicated that they have seen a noticeable shift. They identified these changes as an increase in depression, post-COVID trauma (especially in young children), rising PTSD diagnosis, and declining social skills.

In addition to identifying the prevalent mental health issues, providers were also asked to provide insight into the varying community factors that contribute to them and to rate them as risk factors or protective factors, indicating the degree to which they fell into their perspective categories.

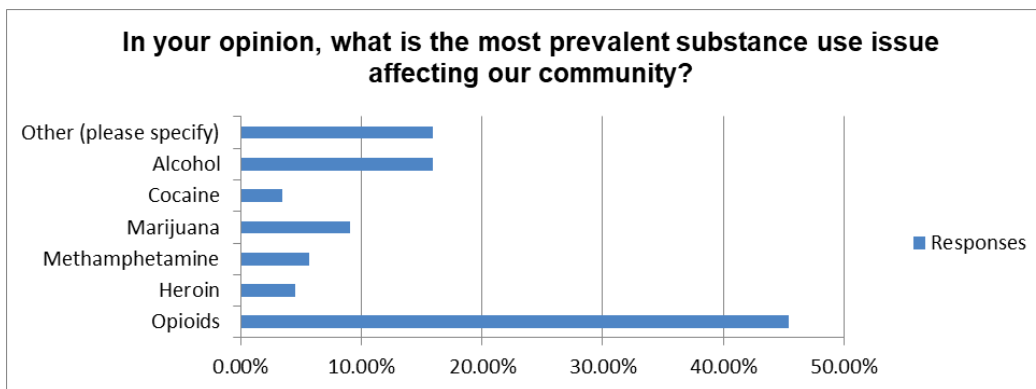
Factors Contributing to Poor Mental Health

Poverty and Economic Stress	Trauma and Adverse Experiences	Lack of Access to Care and Resources	Social Isolation and Poor Social Relationships	Systemic Issues and Discrimination
<ul style="list-style-type: none"> Financial stressors, economic instability, underemployment, and inadequate housing. 	<ul style="list-style-type: none"> Childhood trauma, generational trauma, community violence, and domestic violence. 	<ul style="list-style-type: none"> Limited access to affordable mental health care, lack of crisis services, and inadequately funded community programs. 	<ul style="list-style-type: none"> Isolation, lack of family and social support, and poor social relationships. 	<ul style="list-style-type: none"> Systemic racism, discrimination, and the impact of the criminal justice system on mental health.

Most Significant Risk Factors for Mental Health (full data included in Appendix A, Figure 3)



When assessing specific substance use issues and the trends that are presenting themselves, opioids were identified as the most prevalent substance affecting the community (45% of the total responses). The second most prevalent substance was identified as alcohol. It was highlighted that alcohol's legal status and social acceptability often lead to it being perceived less severely than other substances. Consequently, some providers believe alcohol has a more significant negative impact on the community than data may suggest. Like trauma and PTSD, alcohol frequently co-occurs with other substance use or mental health challenges.



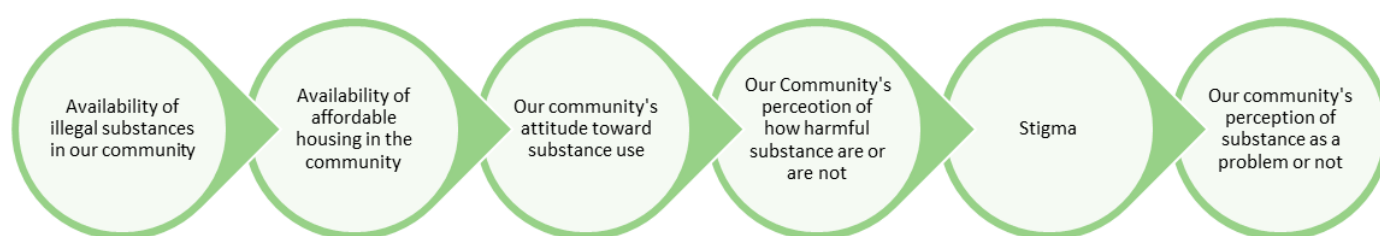
Much like mental health needs, providers also reported seeing a shift in trends or changes in the substances individuals are using or seeking treatment for. Notable shifts include the intentional lacing of drugs, stronger synthetic versions, normalization of marijuana use, and increased opioid addiction and overdoses (including from Fentanyl). The prevalence of opioids and marijuana throughout the county has also been attributed to providing additional challenges for those who seek sobriety. Providers report that these trends further illuminate the need for comprehensive substance use disorder treatment.

Another important piece of this puzzle is identifying the primary factors that are contributing to substance use disorder in the county. Providers shared their insight and identified the following factors as having the most impact on the individuals they serve, rating them as either a risk factor or a protective factor and indicating the degree to which they fall into their respective categories. Although many of these factors are out of the direct purview of the ADAMHS Board they continue to impact the system and community needs in a meaningful way.

Factors Contributing to Substance Use Disorder

Socioeconomic Factors	Trauma and Mental Health Issues	Enviromental and Scioeconomic Factors	Systemic Factors	Lack of Coping Mechanisms
<ul style="list-style-type: none"> Poverty, unemployment, homelessness, and lack of affordable housing 	<ul style="list-style-type: none"> Trauma, mental health issues, and stigma around seeking help. 	<ul style="list-style-type: none"> Lack of community support, peer pressure, and normalization of substance use. 	<ul style="list-style-type: none"> Systemic racism, criminal justice involvement, and lack of education about substance use. 	<ul style="list-style-type: none"> Self-medication for mental health issues and lack of healthy coping skills.

Most Significant Risk Factors of Substance Use *(full data included in Appendix A, Figure 4)*



Barriers to Care & Service Gaps

Providers were given a list of common barriers and asked to indicate the level to which they believe each of them impacts community members. The most extreme barriers identified were transportation and childcare followed by clients competing priorities.

Along with barriers to care, consumers are also impacted by gaps in available services. 59% of responding providers indicated that they believe there are mental health and substance use services that are not currently provided but are needed. Providers ideated around opportunities to make services more accessible and aligned with community needs.

It is worth noting that most of their recommendations are consistent with the perspectives of consumers shared earlier in this report.

Factor	Not a Barrier	Slight Barrier	Extreme Barrier	Unsure
Stigma	7%	44%	48%	1%
The cost of services	14%	33%	46%	7%
A client's competing priorities	3%	35%	56%	6%
Lack of needed treatment service types	20%	42%	29%	9%
Agency hours of when services are provided are limited	10%	61%	21%	8%
Transportation	3%	31%	64%	1%
Childcare	2%	26%	66%	6%
Agency waitlists	11%	40%	42%	7%
Lack of culturally competent treatment services	13%	41%	36%	10%
Quality of services	23%	48%	20%	9%

Improved Intake Systems: Mental health agencies should streamline intake processes to reduce waiting times for doctors and case managers. Clients want “relief first” before completing paperwork and the lack of data sharing between agencies causes clients to go through multiple intakes and assessments, slowing the process.

Cultural Diversity: Agencies need to prioritize cultural diversity within their psychiatric teams to better serve diverse populations. A lack of culturally aligned care was also identified as a reason the community is not seeking/engaging in treatment.

Expanded Therapeutic Options: More experiential forms of therapy, such as art and music therapies, are needed alongside traditional methods.

Community Support Services: Peer support services, drop-in centers, and group therapies can combat stigma and provide socialization opportunities.

Specialized Services: Specific services are required for various demographics, including seniors and teens in schools. Providers saw a gap in residential services for men and the LGBTQIA+ community; therapeutic foster care; CRT, family services; dual diagnosis services, and the utilization of evidence-based practices.

Dual Diagnosis Treatment: There is a need for integrated treatment addressing both mental health and substance use disorders.

Staffing and Training: Increasing access to case management and providing better training and support can enhance community support and service delivery.

Holistic Approaches: Services should focus on holistic healing, addressing mental health issues and trauma underlying substance use, and incorporating alternative medicine where possible.

Crisis Intervention and Prevention: On-demand crisis placements for children, Emergency Department (ED) diversion programs, and efforts targeting out-of-school youth with mental health or addiction prevention are essential.

Ability to Access Care: Providers gave several reasons why people may not be able to access care. These included: the cost of care, the location of services, transportation, service hours, lack of digital access, the ability to navigate the system, social determinants of health, and an underfunded system.

Stigma: Stigma has decreased in recent years but still is very much a determining factor that prevents people from seeking care.

Services for the Homeless: The homeless population continues to grow and approximately 70% of them are living with behavioral health challenges. Although some of the diagnoses may mirror the rest of the service population, factors such as a lack of identification or documentation, mistrust in the system, and severe psychosis can require specialized help. Enhancing collaborations between the mental health system and the homeless services system can help ensure the unique needs of this population are addressed.

Discharge Planning & Follow-up Care: Respondents indicated that hospitals or ED stays often will end in discharges that include the names of providers or agencies for further treatment but no set plan which often results in a lack of follow-through from patients.

Policies: Providers also discussed the limitations of policies that resulted in barriers to treatment. These included reimbursement rates, policies on allowable services, residential service time limits, income limits (results in the middle class not being able to afford service or qualify for assistance); and the reimbursement rate for translation services (provider loses money).

“Any study will show that 90 days is the sweet spot for residential treatment facility – but no insurance company will do that – they set up parameters that are not set up to get better outcomes but to reduce and contain costs – we’re not working towards better outcomes, just less money spent but that causes more money to be spent in the long-run and less successful outcomes.” – Behavioral Healthcare Provider

Emerging Needs

In addition to discussing current needs and gaps providers were also challenged to think about the needs that could emerge and become more prevalent in the coming years. The following list includes the most identified needs. This list includes both ongoing challenges and critical areas that are often overlooked or underemphasized.

- Utilizing the ever-evolving relationship between technology and service delivery (including telehealth and AI)
- Workforce – staffing challenges, changing needs of workers, compensation, and increased competition.
- Housing
- Focus on outcomes-based funding.
- Emphasis on evidence-based practice
- System partnership (among youth systems in particular)
- Youth mental health needs
- Service delivery mix – balancing remote and in-person services.
- Improved pathways to get people accurately diagnosed, referred, and connected to treatment.

Best Practices

Providers indicated that the evidence-based practices used at their agencies are multifaceted, encompassing various therapeutic modalities, supportive interventions, assessment methods, and consultation services. Many reported frequent utilizations of peer support, alongside person-centered support services tailored to individual needs, particularly for those with co-occurring disorders.

Many employ evidence-based practices such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to address mental illness and substance use disorders effectively. Peer support and person-centered support services tailored to individual needs, particularly for those with co-occurring disorders, are frequently utilized. Additionally, more providers are emphasizing holistic approaches like Housing First and art/music therapy, alongside harm reduction strategies and withdrawal management protocols.

Continued commitment to regular staff training and the prioritization of culturally humble practices and a focus on peer support and supportive interventions aimed at preventing adverse outcomes like hospitalization and isolation are also often utilized. Collaborative consultation and referral services further enhance their ability to meet diverse client needs, ensuring a holistic and client-centered approach to recovery.

Workforce Challenges

Provider perspectives on workforce challenges were aligned with other perspectives. However, their perspective is unique in that they have direct insight into the operational impacts of these challenges. Particularly, smaller providers are challenged with providing competitive pay and benefits that larger providers or hospital systems can provide. The following are recommendations for addressing the workforce challenges in Cuyahoga County:

Higher Pay and Better Benefits

- Many respondents emphasized the need for higher salaries and improved benefits, including healthcare, paid time off, and retirement plans. There's a widespread sentiment that mental health providers are underpaid for the challenging work they do.

Training and Education Support

- There's a call for increased funding for training and education, including tuition support, continued education opportunities, and assistance with obtaining licenses or certifications. This would help

Reduced Workload and Administrative Burden

- Several respondents mentioned the need to reduce caseloads, administrative tasks, and documentation requirements to prevent burnout and allow more time for direct client care.

Funding and Government Support

- Calls for increased government funding to support higher wages, better training, and improved services. There's also a suggestion for incentives for staff retention and funding based on staff retention numbers.

Improved Work Environment and Company Culture

- Suggestions include creating a more supportive and empathetic work environment, promoting work-life balance, and implementing trauma-informed practices at all levels of the organization.

Recruitment and Pipeline Development

- Recommendations include recruiting bilingual staff from specific regions, establishing pipelines for mental health professionals, and offering internships to attract and retain talent.

Advocacy and Policy Changes

- Some suggestions involve advocating for policy changes, such as increasing funding for mental health services and revising licensure testing requirements.

Overall, these recommendations highlight the complex challenges facing mental health providers, including low wages, high caseloads, and systemic issues within the healthcare system. Addressing these challenges will require a multifaceted approach involving increased funding, improved training and support programs, and advocacy for policy changes to ensure fair compensation and a supportive work environment for mental health professionals.

This community needs assessment includes a robust amount of data and input from stakeholders with diverse and varying perspectives. The goal of this assessment was to accurately and thoroughly represent the information gathered to develop an understanding of what factors impact and define community behavioral health in Cuyahoga County. Some of these factors can be controlled or directly impacted by the ADAMHS Board or individual providers, however many of them are a result of much larger societal challenges or realities that extend far beyond the reach of any one individual entity. The following Key Takeaways summarize the findings of this assessment across all stakeholder groups.

- **Workforce Shortage and Support:** There is a consistent concern regarding the workforce shortage in behavioral health services. This shortage is multifaceted, encompassing challenges such as retaining qualified staff, providing competitive salaries, ensuring cultural representation in the workforce, and managing workload balance. Additionally, providers express frustration with policies and licensure requirements that hinder the entry of quality professionals into the field. Addressing this shortage is seen as crucial for improving access to care and enhancing service quality.
- **Access to Care and Service Navigation:** Accessing behavioral health services proves to be a significant challenge, as highlighted by all parties involved. Various barriers contribute to this issue, including bureaucratic hurdles, lack of awareness about available resources, fear of stigma, limited insurance coverage, and practical challenges like transportation and childcare. There is a consensus on the need for simplified intake processes and a centralized location for the storing of medical information. Providers expressed a strong interest in utilizing a platform like Epic to accurately capture and retain critical information without causing additional burdens to patients.
- **Stigma Reduction and Community Engagement:** Stigma surrounding mental health and substance use disorders is identified as a pervasive barrier to seeking treatment. This stigma is perpetuated by societal misconceptions, negative interactions with healthcare and law enforcement, and fears of judgment or discrimination. To combat stigma, there is a call for comprehensive education and awareness campaigns targeting both the public and professionals. Additionally, community engagement initiatives, including peer support programs and culturally competent outreach efforts, are seen as essential for building trust and reducing stigma.
- **Lack of Funding:** Some of the biggest factors shaping the behavioral health environment were related to funding. In particular, stakeholders identified mental health parity laws and funding decisions as having a major impact on the system due to their influence on reimbursement rates. Additionally, mental health prevention, which is more cost-effective, is often not prioritized in funding decisions. Furthermore, costs continue to rise as providers are challenged with meeting a growing need for services including more complex cases, a continual need to invest in training and evidence-based service offerings, and growing labor costs. Stakeholders would like to see high-quality providers with successful outcomes prioritized when funding decisions are made.

- **Social Determinants of Health:** Homelessness and economic hardships have a major impact on the behavioral health of the community. Providers shared that “poor economic conditions lead to poor health outcomes” and to a lack of resources. Additional social determinants of health contributing to community challenges include systemic racism, low wages, transportation, and violence.

Trauma: Stakeholders discussed trauma (personal and community) as a significant factor affecting behavioral health, noting that males and youth often experience higher levels of trauma. They highlighted various contributing factors to trauma, including gun violence and social media, lack of support, and social isolation, which can exacerbate the impact of trauma and reduce resilience.

- **Lasting Impact of COVID-19:** The pandemic precipitated a surge in substance use and mental health challenges, fueled by heightened stress, social isolation, and disruptions to daily routines. Traditional support systems, like in-person meetings and established networks, were compromised, intensifying feelings of isolation and leading to relapses and deteriorating mental health. Moreover, the socio-economic fallout, marked by job loss, financial strain, and inflation, exacerbated these issues, worsening vulnerabilities, and impeding access to essential support services.
- **Quality of Services:** Participants highlighted diverse experiences concerning quality of care, stressing the significance of tailored, compassionate treatment and effective programs. While some commended providers for their dedication and empathy, others voiced concerns over inconsistent care delivery. Issues of accessibility and affordability were also prominent, with worries over lengthy wait times, limited support group availability, and financial strains associated with treatment. There was a consensus on the necessity for improved accessibility, resources, and support networks, particularly in underserved regions. Furthermore, participants underscored the importance of enhanced coordination and collaboration among service providers to ensure seamless transitions and comprehensive client support. They advocated for a more integrated approach to address the complex needs of individuals and families effectively. Communication challenges were also raised, with frustrations surrounding unclear referrals, inconsistent messaging, and difficulties in accessing timely and accurate information, all of which hinder effective care delivery.
- **Collaboration and Coordination:** Across all groups, there is a clear emphasis on the importance of collaboration and coordination among the various agencies involved in community behavioral healthcare. Community partners, providers, and community members all express a desire for the ADAMHS Board to play a central role in facilitating collaboration and ensuring effective coordination among agencies. This includes efforts to manage a large number of agencies, promote collaboration among them, and address challenges such as outdated systems and processes.
- **Severity and Frequency of Needs:** In recent years, there has been an increase in the severity of behavioral health needs, including suicidal ideation, trauma, youth mental health issues, fentanyl use, domestic violence, overdose deaths, and homelessness. The growing complexity and prevalence of co-occurring conditions have been matched by an increase in individuals actively seeking care. Moreover, the demand for specialized care that exceeds the capabilities of many providers is also rising. Notably, the youth population has experienced a significant rise in the severity of their behavioral

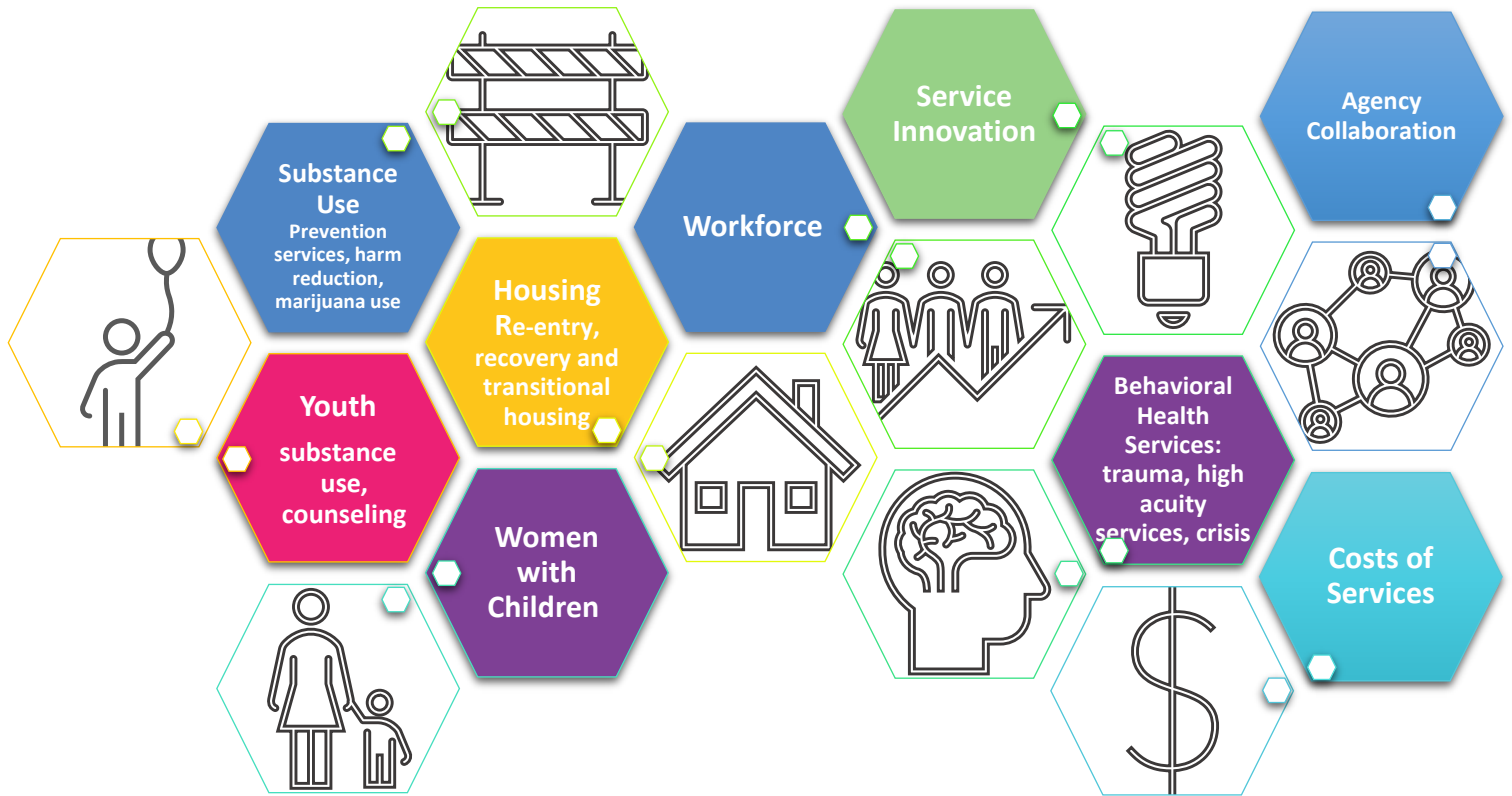
health needs, often coupled with diminished resilience and difficulty in effectively addressing these challenges.

- **Service Gaps are Heightened for Certain Demographics:** In the realm of behavioral health services, significant gaps continue to persist. Stakeholders emphasized their desire to pursue a more comprehensive approach to behavioral health, emphasizing whole-person care and culturally responsive services. This includes tailored attention to specific demographics such as older adults, pregnant women, Trans individuals, the LGBTQIA+ community, the homeless, and youth. For many minority groups, the absence of culturally representative services exacerbates feelings of isolation and alienation, impeding their willingness to seek help. Accessing care remains a formidable challenge, with disparities in timely access and the labyrinthine nature of the system hindering progress. Even the middle class finds themselves ensnared in a web of difficulties when attempting to access resources, further deepening the divide. Compounding these issues are restrictive policies that limit treatment options, deflate reimbursement rates, and impose income limits, effectively erecting barriers to affordability and compromising service quality.

OPPORTUNITIES TO ADDRESS COMMUNITY BEHAVIORAL HEALTH NEEDS

Forecasting Needs

The greatest behavioral health needs in Cuyahoga in the next 5 years according to participants in the focus group included:



Throughout the community needs assessment, stakeholders provided numerous opportunities and ideas to benefit community behavioral health care in Cuyahoga County. While soliciting feedback and engagement, it became clear that there is confusion about which agencies or entities are responsible for various aspects of community needs and how these needs are being addressed or unmet. Much of the discussions touched on large complicated systemic or societal challenges that lacked clear solutions. As behavioral health permeates many aspects of an individual's life, many aspects of life often impact the quality of one's behavioral health.

As the leading authority on community behavioral health in Cuyahoga County, the ADAMHS Board is well-positioned to drive positive change within the community. While the Board does not provide direct services, it plays a multifaceted role, including that of a funder, thought leader, convener, partner, and advocate.

The following opportunity areas identified by the stakeholders engaged in this process include bodies of work that span agencies, government departments, administrations, direct service providers, and beyond. These opportunity areas are provided for the consideration of ADAMHS Board leadership as they evaluate what role, if any, they are best suited to play to bring these concepts to fruition.

Collaboration and Coordination: Across all groups, there is a clear emphasis on the importance of collaboration and coordination among the various agencies involved in community behavioral healthcare. Community partners, providers, and community members all express a desire for the ADAMHS Board to play a central role in facilitating collaboration and ensuring effective coordination among agencies. This includes efforts to manage a large number of agencies, promote collaboration among them, and address challenges such as outdated systems and processes.

Infrastructure Expansion: The need for increased physical infrastructure was highlighted. This includes expanding the locations of existing clinics and treatment centers, particularly in underserved areas, along with improving services for the homeless population. Flexible service hours and 24/7 access were seen as crucial for accommodating community needs. An opportunity exists to integrate artificial intelligence into existing technology and expand technology use for improved efficiency. Bringing services directly to communities and schools, and developing mobile services were also proposed as ways to increase service reach and effectiveness.

Workforce Enhancement and Support: A well-trained and supported workforce is essential. Participants called for hiring more mental health and substance use professionals, offering competitive pay and ongoing training opportunities. Reviewing credential requirements to ease entry for new professionals was another suggestion. Supporting existing professionals with student loan repayment and competitive compensation are potential opportunities to address workforce shortages.

Community Outreach: Reducing stigma and encouraging early help-seeking requires robust outreach efforts. Residents suggested outreach at school events, mobile events, and community fairs. Regularly held meetings between service providers and those seeking services were seen as beneficial for communication and service delivery. Advertising through local media and social media can further spread information. Public awareness campaigns can increase the visibility of available resources. Training community members to recognize signs of mental distress and developing programs for specific populations (unhoused, childcare assistance) were also highlighted.

Personalized Care: A focus on individual needs is important. Community members emphasized the importance of holistic and individualized treatment plans that address broader social needs like housing and transportation. Integrating services with trusted community locations and increasing collaboration with primary care physicians and first responders can streamline referrals. Establishing comprehensive service centers offering various services and providing low- or no-cost access were also seen as crucial for personalized care.

Harm Reduction Strategies: Harm reduction strategies are essential for addressing substance use. Stakeholders expressed the value of needle exchange programs and naloxone distribution, along with creating more affordable treatment centers. Creating safe spaces for those in active addiction was also brought forward as a way to reduce deaths related to overdoses. Offering simultaneous treatment for mental health and addiction issues was seen to improve outcomes for individuals with co-occurring disorders. Establishing emergency hotlines or services for mental health crises is crucial for ensuring immediate support.

Systemic Change: Systemic changes are needed to create a more supportive environment. Participants advocated for reforming policies to decriminalize substance use and increasing funding for mental health and substance use programs. Improved coordination among

stakeholders across different systems is essential for building a robust support network. Strengthening collaboration between departments, integrating existing resources, and advocating for policies that ensure accessibility of services were all seen as important steps towards systemic change. Public information and education campaigns can play a role in raising awareness and reducing stigma. Implementing a feedback mechanism and encouraging community involvement can further improve service connection efficiency and build a more supportive environment.

Expanding Recovery Supports: Various strategies exist to enhance community support and engagement, including maximizing community resources and spaces, establishing drop-in centers, organizing community service projects, adding more sober living options that promote recovery, and providing mentoring initiatives. Additionally, participants discussed the introduction of financial incentives for prosocial behaviors, record expungement, and vocational services as potential solutions.

Housing Crisis: While the housing crisis, in general, does not fall under the scope of the ADAMHS Board, homelessness severely impacts those living with mental health and substance use issues and must be factored in when considering the needs of these individuals. Several housing-related concerns arose during this assessment process, including affordable housing initiatives, housing accessibility for targeted communities such as women and children, and mitigating issues associated with gentrification. While the Board cannot directly address these concerns, they will continue to partner with organizations to address these needs for those they serve.

Addressing Social Determinants of Health: Stakeholders highlighted a broad spectrum of social determinants impacting behavioral health, including economic opportunities, housing, and concerns related to food security and personal safety. Transportation was also identified as a critical factor influencing access to essential services and resources. These diverse issues collectively underscored the group's emphasis on addressing systemic barriers and promoting holistic well-being.

Increased Funding: Stakeholders called for more funding, payment reform, affordable care, and collaboration between systems to leverage funding. They also called for new funding models and standards of care such as SAMHSA's CCBHC model and expressed interest in outcomes-based funding.

ADAMHS Engagement and Diversity: Stakeholders expressed that to better serve clients, the Board could support them by continuing to build relationships with community partners and effectively representing the diverse needs of Cuyahoga County. Interviewees desired ADAMHS to not only focus on gaps in treatment but to also leverage new system relationships to expand services and reach more people.

Reporting Requirements: Stakeholders expressed a desire for data-driven policies and relief from administrative burdens such as policies or mandates that are intended to address a problem with one provider and then applied to all. Key informants felt this reduced the amount of time they could be focused on client care.

Access to Care: Access to care was highlighted as a needed change to better serve clients. Stakeholders desired "barrier-free access to care" and changes in service hours to better accommodate those seeking services. This could be achieved by expanding digital services, assisting with transportation, and providing on-demand service offerings.

Early Intervention: Emphasis is placed on early intervention, especially for children, to prevent long-term issues and reduce costs associated with addressing problems later in life.

Cultural Competency: There is a demand for more culturally competent services, including representation of diverse backgrounds among providers and tailored programs for different communities.

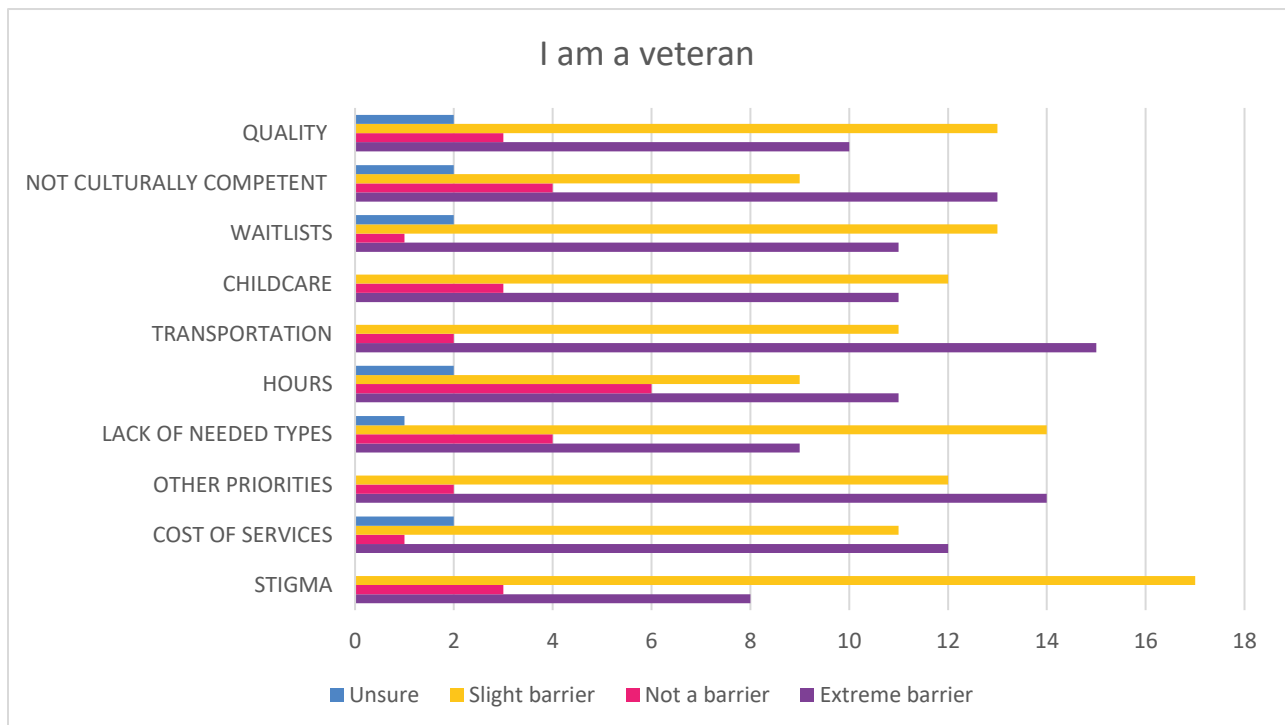
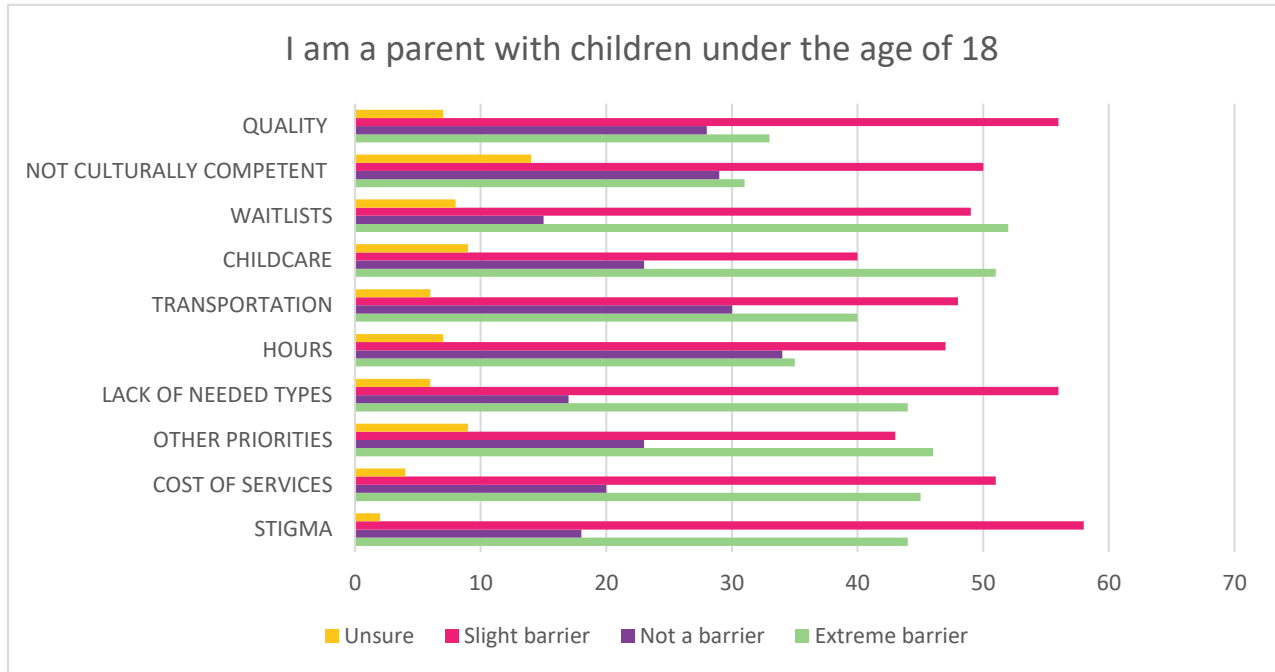
Equitable Funding: Participants were vocal about wanting equity in the Board's funding decision-making process. Stakeholders expressed a desire for the ADAMHS Board to consider the following when determining which agencies to fund.

- *Outcomes* - base funding decisions on outcomes achieved.
- *Board administrative overhead vs. community programming* - Limit the ADAMHS Board administrative overhead to make more funding available for community programming.
- *Agency size* - Understand the challenges facing agencies based on size and adjust funding and billing practices to alleviate some of the problems that are unique to agencies of different sizes, rather than a one-size-fits-all approach.
- *Utilization of funds* - When funds are available, allocate them in entirety.
- *Intentional diversity* - prioritize diversity, not just in the mission statement, but when deciding funding allocations.
- *Longstanding agencies* - prioritize agencies that have been in the community, faithfully providing service for decades.

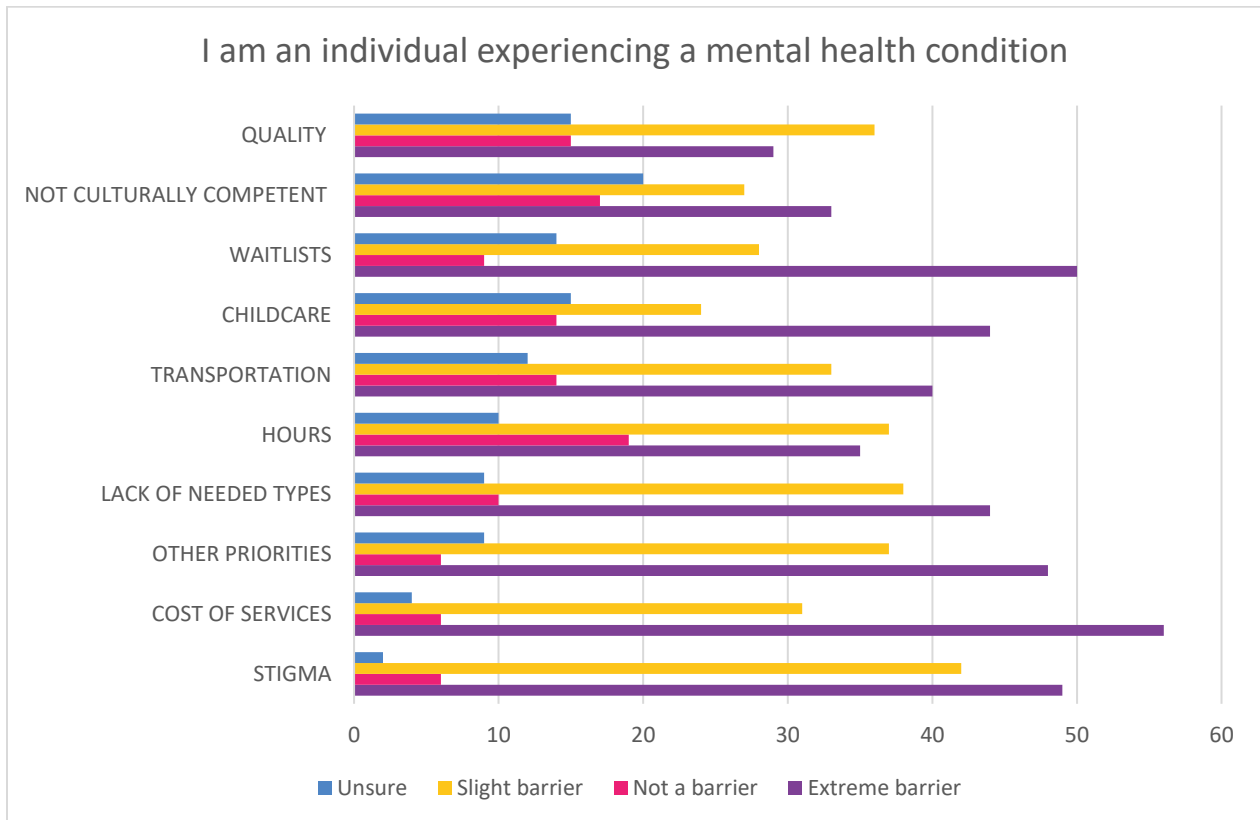
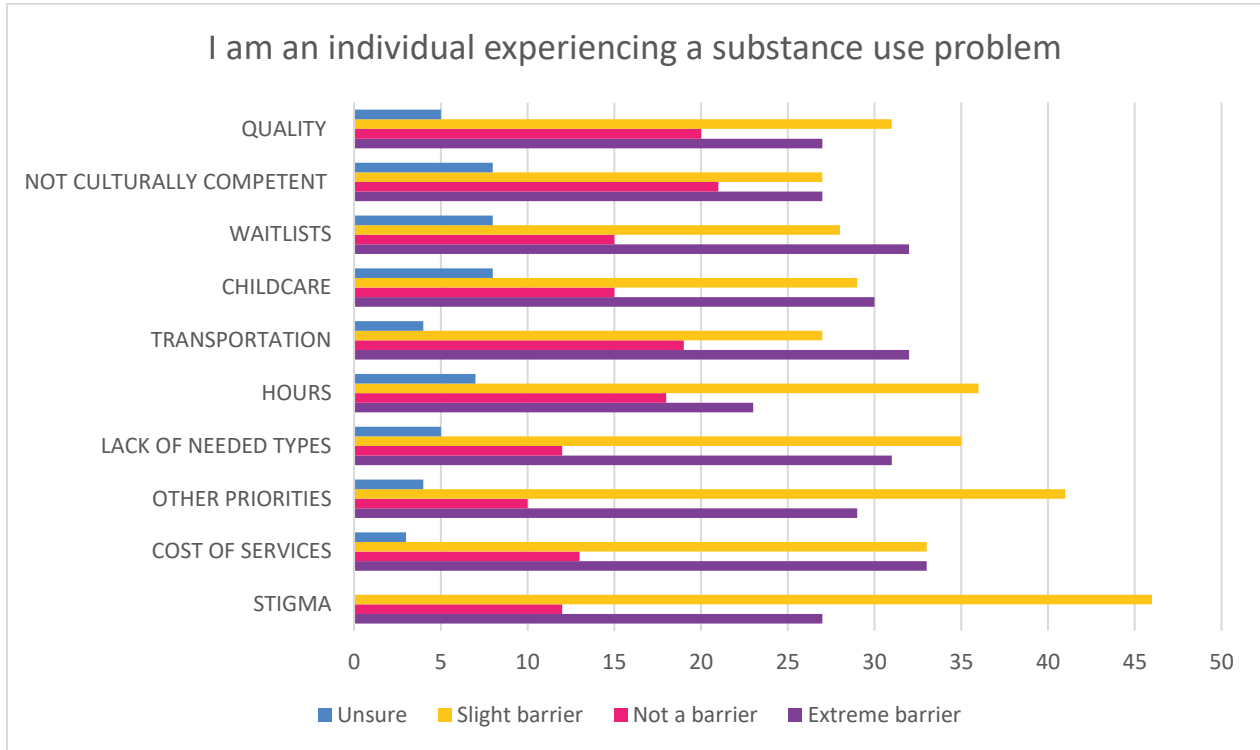
Conclusion

This behavioral health community needs assessment has unveiled significant opportunities for enhancing the well-being of the community. Through comprehensive analysis and extensive stakeholder engagement, we have identified system needs, gaps, and barriers, all critical to assess when determining the most effective interventions and system changes. While challenges remain, the opportunities identified in this assessment provide the ADAMHS Board with a roadmap for meaningful progress. By leveraging its strengths, fostering collaboration, and embracing innovation, the ADAMHS Board of Cuyahoga County can create a brighter, healthier future for all and ensure that every individual has access to the behavioral health support they need to thrive.

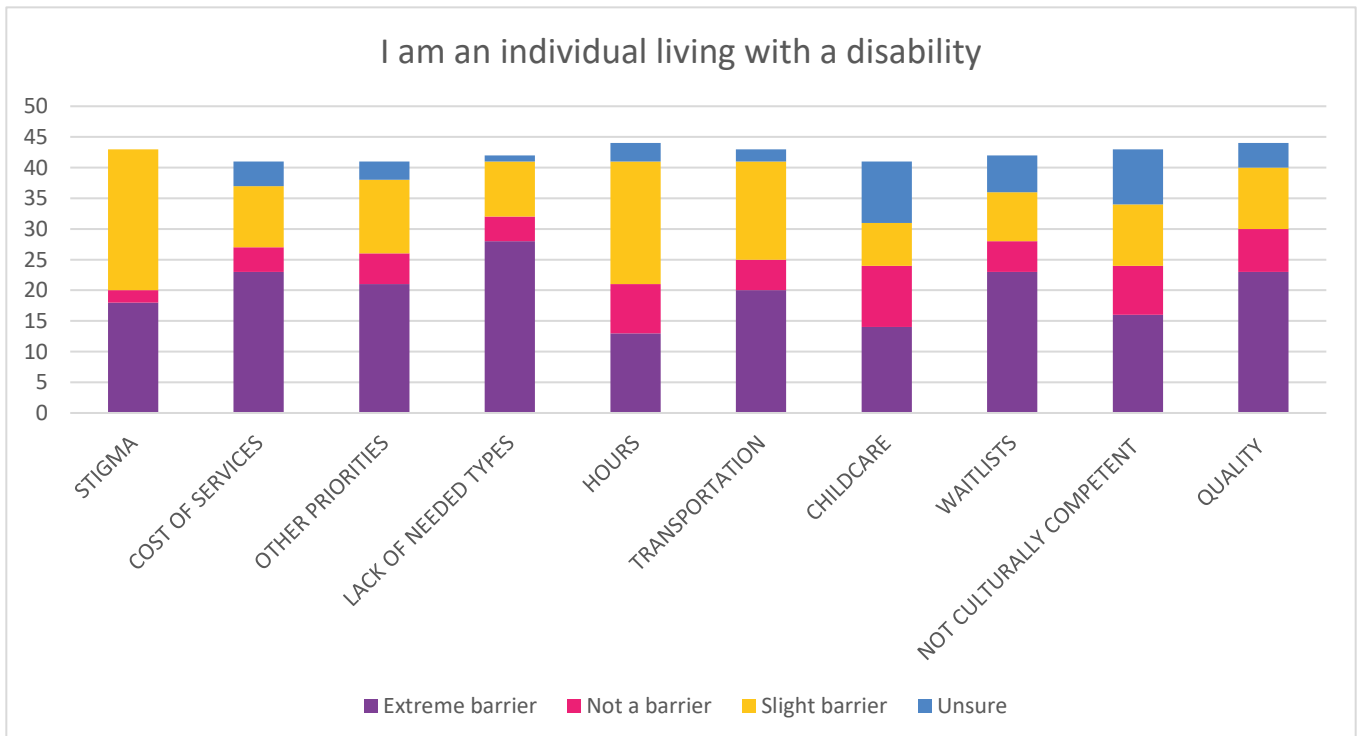
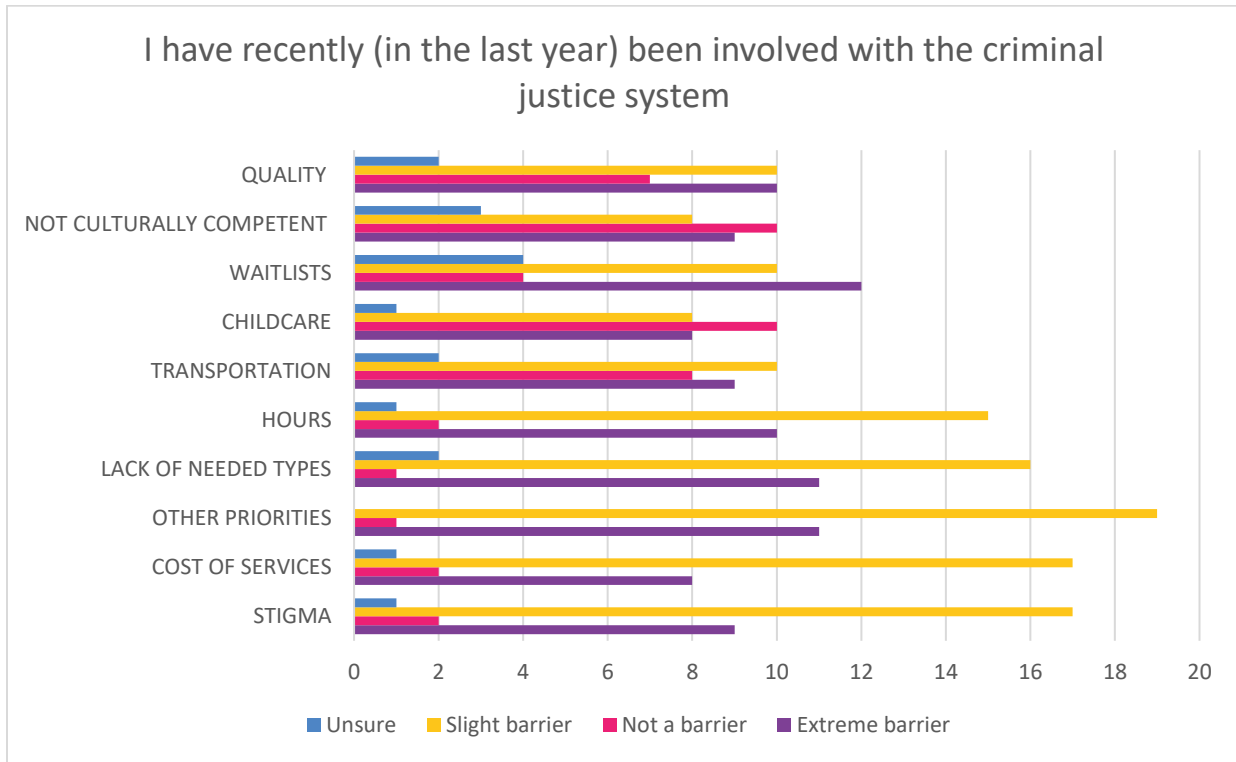
Appendix A, Figure 1



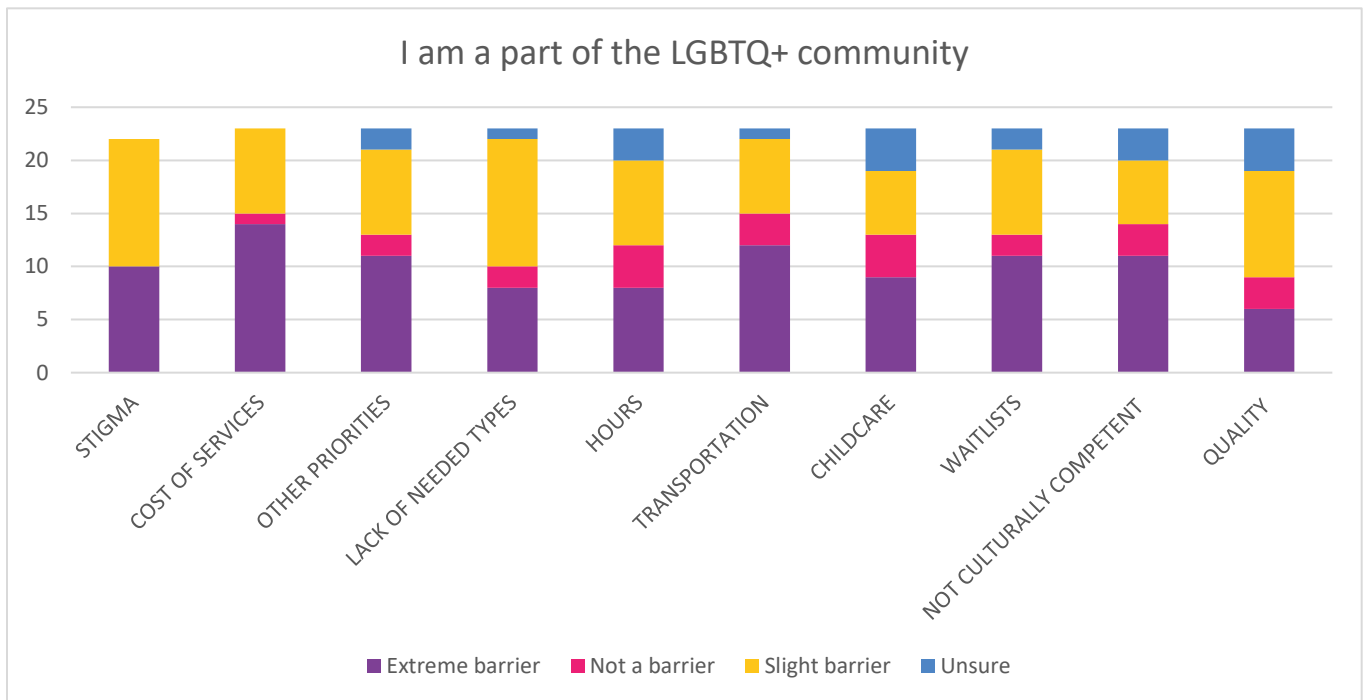
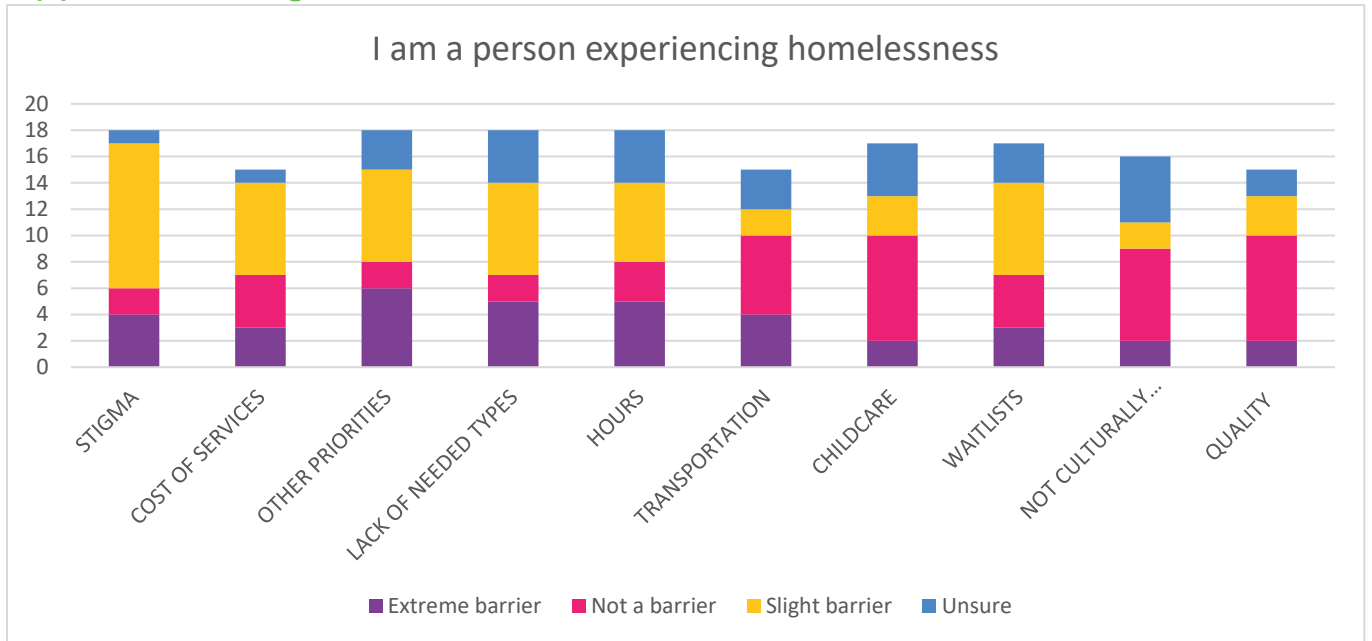
Appendix A, Figure 1 Conti.



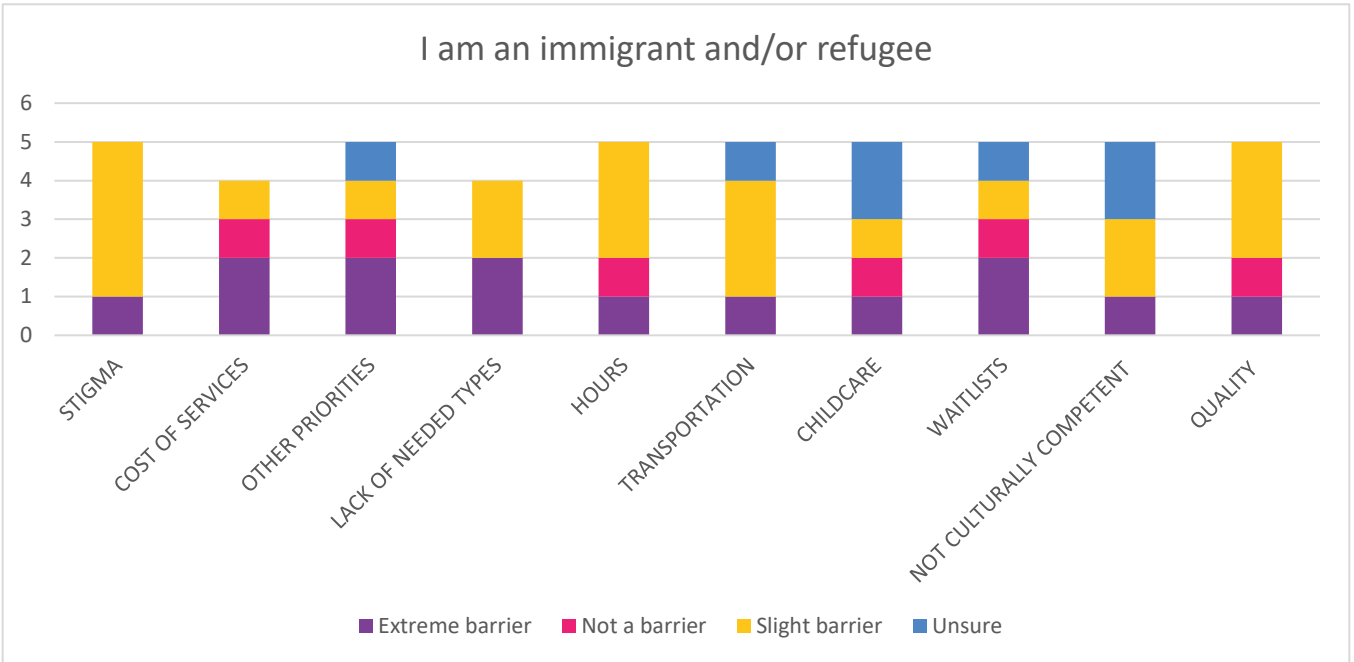
Appendix A, Figure 1 Conti.



Appendix A, Figure 1 Conti.



Appendix A, Figure 1 Conti.



Appendix A, Figure 2

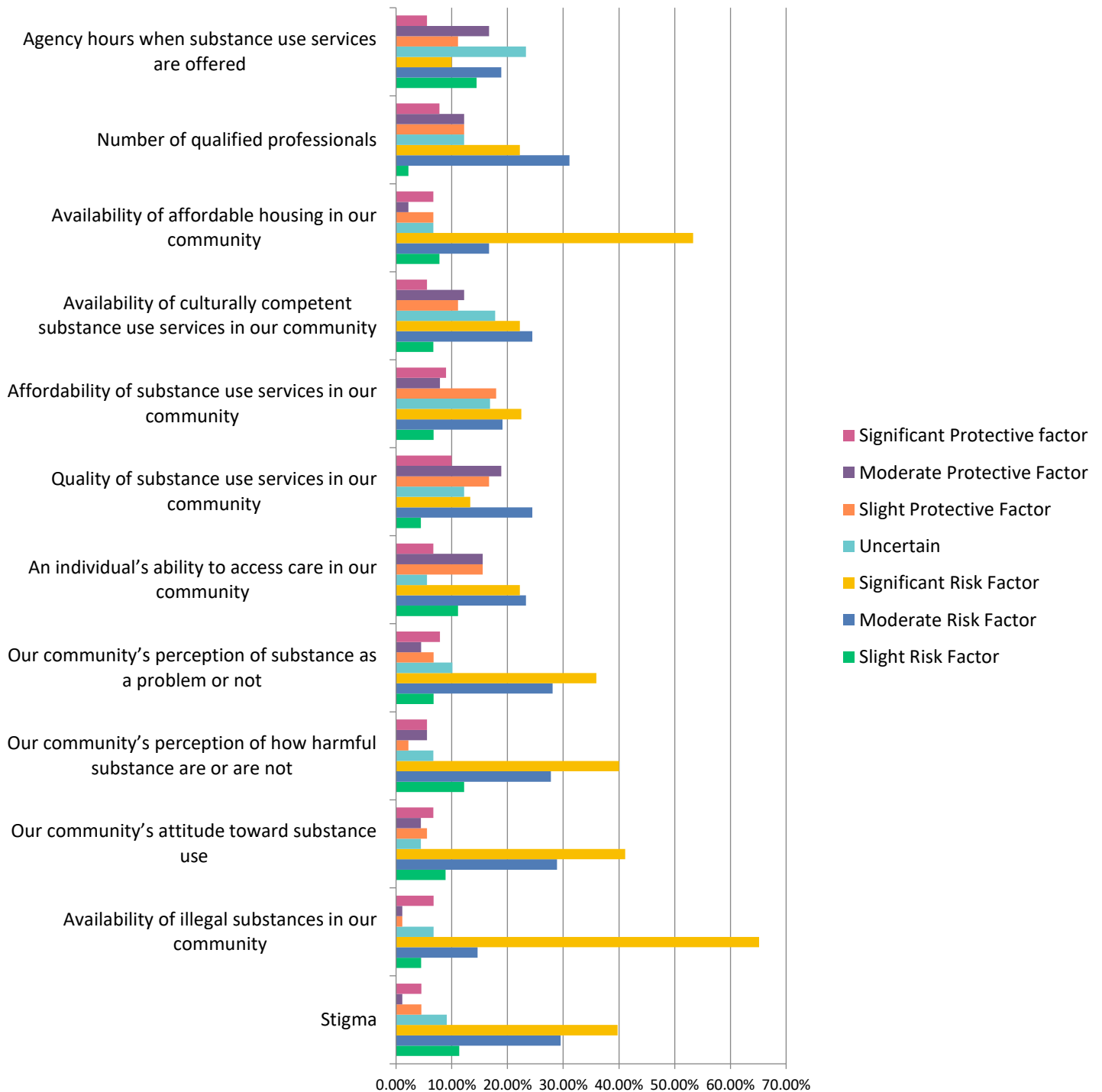
Community Needs Prioritization Exercise

1. Accessibility of Care (Location, Hours, Culturally Competent Providers) **(19)**
2. Labor & Workforce (Recruitment, Retention, and Training & Development) **(13)**
3. Addressing Barriers (Stigma, Transportation, Childcare, etc.) **(12)**
4. Permanent Supportive Housing **(10)**
5. Centralized Data Platform **(8)**
6. Children/Youth Behavioral Health Services **(7)**
7. Children / Youth Crisis Services **(6)**
8. Peer Support Services **(5)**
9. Prevention Services (Education, Harm Reduction, & Early Childhood Mental Health) **(5)**
10. Substance Use Disorder Prevention, Education & Treatment **(4)**
11. Justice Related Services (Re-entry Programs, Treatment Programs, etc.) **(4)**
12. Mental Health Residential Facilities **(3)**
13. Ensuring Quality Services and Measuring Outcomes **(3)**
14. Adult Crisis Services **(3)**
15. Adult Behavioral Health Services **(2)**
16. Reform Model for Reimbursement **(2)**
17. Recovery Housing **(2)**
18. Family Members Education on Substance Use Disorder **(1)**
19. Older Adult Services **(1)**
20. In Patient Psychiatric Beds **(1)**
21. Harm Reduction **(1)**
22. Coordinated Referral/Care **(1)**
23. Education Scholarships **(1)**
24. Employment Services **(0)**
25. General Education and Awareness **(0)**



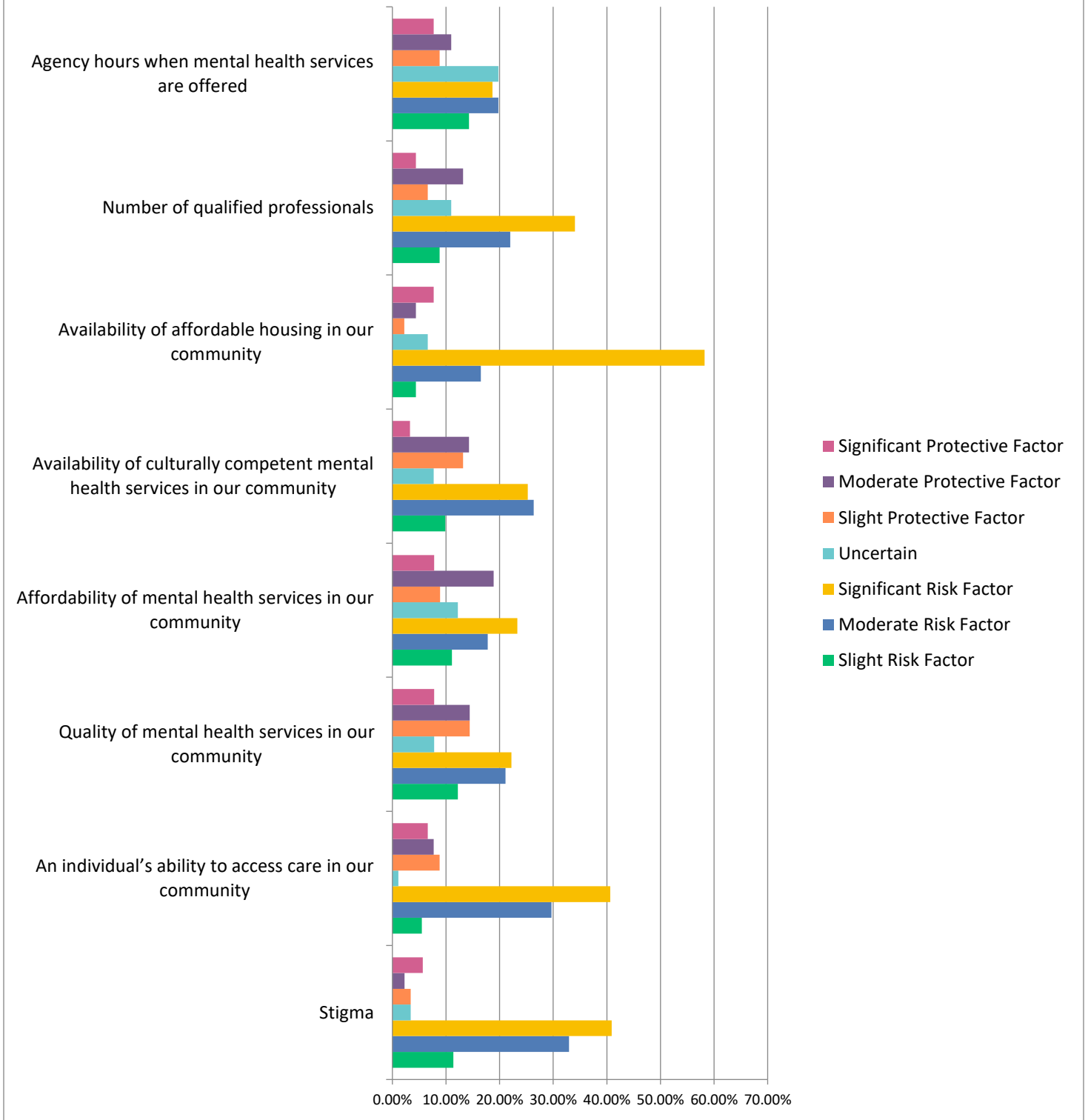
Appendix A, Figure 3

Indicate the degree to which, in your opinion, each of the following are risk factors or protective factors that are occurring in our community around substance use.



Appendix A, Figure 3 Conti.

Indicate the degree to which, in your opinion, each of the following are risk factors or protective factors that are occurring in our community around mental health.





ACKNOWLEDGEMENTS

- J. Robert Fowler, Ph. D., Board Chair
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- Clare Rosser, Chief Strategy and Performance Officer
- Maggie Tolbert, RN, C, Assistant Chief Clinical Officer - retired 7/24
- Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County Staff
- Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County Board Directors
- Staff at Stella Maris, Murtis Taylor, Life Exchange, and Northern Ohio Recovery Association for Providing Space for Focus Groups
- Cuyahoga County Community Residents
- Cuyahoga County Behavioral Health Providers

**MAKING IMPACT TO ENSURE HEALTH
AND WELL-BEING FOR CUYAHOGA
COUNTY RESIDENTS.**