

## **Glenbeigh Community Health Needs Implementation Strategy 2022**

This document compliments Glenbeigh’s 2022 Community Health Needs Assessment (CHNA) as required by the Treasury Department and the Internal Revenue Service pursuant to the Affordable Care Act of 2010. Within this Implementation Strategy, Glenbeigh, including its five outpatient centers, addresses the needs identified in the Community Health Needs Assessment (CHNA) published in October 2022. Glenbeigh conducted a full Community Health Needs Assessment from January 2022 through October 2022. During the formation of the 2022 Assessment, COVID-19, was affecting the community. While collecting data for the CHNA, COVID-19 protocols and precautions, initiated to limit the spread of the virus, remained in place. Details of how the pandemic affected the compilation of CHNA data is detailed in the full report. The final report was presented to the Board of Directors with no significant amendments recommended to the CHNA.

The full CHNA report is available at [www.glenbeigh.com](http://www.glenbeigh.com) or a printed copy is available upon request. The published Implementation Strategy describes Glenbeigh’s planned initiatives for calendar years 2023, 2024 and 2025.

The comprehensive assessment was conducted in a timeline complying with requirements set forth in the Affordable Care Act. The CHNA furthers the hospital’s commitment to community health and population health management in relation to alcohol and drug addiction, the focus of Glenbeigh’s mission. This Implementation Strategy addresses the community health needs Glenbeigh intends to meet in whole or in part. Addressed needs will be tailored to Glenbeigh’s programs and priorities while taking into account resources as well as collaboration with other organizations. It also explains any needs that will not be addressed by the hospital and why.

Glenbeigh also took into account key findings from the State of Ohio Health Assessment, which was released on September 9, 2019. The document was prepared by the Health Policy Institute of Ohio. Glenbeigh’s CHNA and Implementation Strategy complements the State of Ohio improvement plan areas\* that are in line with the mission of Glenbeigh – with a focus on addiction and recovery from substance use disorders.

\* Note: The State of Ohio had not yet released an updated State Health Improvement Plan. Therefore, Glenbeigh’s CHNA and Implementation Strategy align with the 2017-2019 SHIP and with information published in the 2019 SHA.

Glenbeigh reserves the right to amend and update this Implementation Strategy as circumstances warrant. Glenbeigh's strategy is a planned, managed and measured organizational approach to meeting identified community health needs. Certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the years 2023 through 2025, other community organizations may address certain needs allowing Glenbeigh to amend its strategies and refocus on other identified health problems.

The Glenbeigh Implementation Strategy includes the following information:

- Glenbeigh's Mission Statement
- Hospital and Community Profile
- Selection of Priority Community Health Needs and Proposed Actions
- Role of Glenbeigh in a Healthy Community

### **Glenbeigh's Mission Statement**

Glenbeigh is committed to supporting its mission, "to provide the highest quality healthcare to those in need of alcohol and drug addiction treatment and to support ongoing addiction recovery efforts" and provides meaningful and sustainable programs that benefit individuals and families struggling with substance use disorders.

### **Hospital and Community Profile**

#### **Hospital Profile**

Glenbeigh, a non-profit specialty hospital located in Rock Creek, Ashtabula County, Ohio, is a regional provider of inpatient and outpatient services for adults, age 18 and over, with substance use disorders. Glenbeigh's five outpatient centers are located in Beachwood, Canton, Niles, and Rocky River, Ohio and Erie, Pennsylvania, providing regional access to assessments, outpatient treatment, continuing care and family programs.

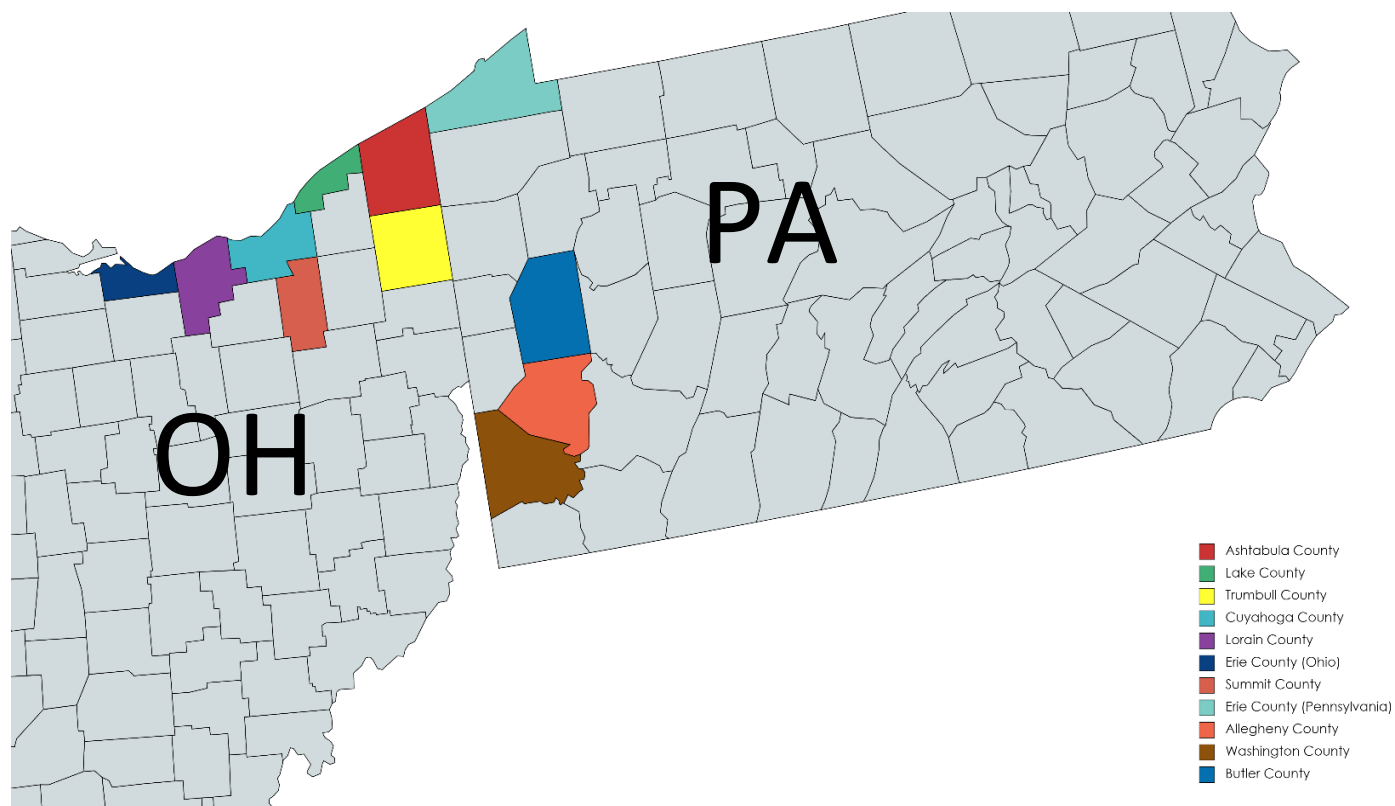
#### **Community Profile - Definition of Service Area**

Glenbeigh serves individuals from Ohio as well as other states. For purposes of the 2022 CHNA report, Glenbeigh's community is defined as seven (7) counties in Ohio (Ashtabula, Cuyahoga, Erie, Lake, Lorain, Summit and Trumbull) and four (4) counties in Western Pennsylvania (Allegheny, Butler, Erie and Washington). COVID-19 restrictions had a significant impact on admissions therefore, for the purpose of the 2022 CHNA, Glenbeigh's primary service area includes counties with the highest volume of admissions tallied from zip codes and comprising 80% of the total inpatient population. Aggregate data over several years was drawn on. While the entire service area has comparatively unfavorable health status and socioeconomic indicators, the counties of Ashtabula and Trumbull in Ohio as well as Allegheny, Butler, Erie and Washington in Pennsylvania are considered part of the Appalachian Region. The Appalachian Region is noted for limited educational opportunities, employment options, income advancement and access to housing, health care and transportation. Secondary data in the CHNA shows there are significant disparities between northeast Ohio and the rest

of the state as well as western Pennsylvania versus the remainder of the commonwealth. These areas were substantially impacted by the opioid epidemic and have high rates of alcohol use.

The total population of Glenbeigh’s defined service community in 2022 was approximately 4,619,000.

**The map below outlines the defined regional service area for Glenbeigh for 2022 CHNA.**



**Summary of Regional Service Area Information:**

- The total population in the 2022 Glenbeigh service community increased concurrently with the increase in the geographic territory. The 2019 CHNA and Implementation Strategy defined Glenbeigh’s service area as consisting of 10 counties, 6 in Ohio and 4 in Pennsylvania. The 2022 CHNA and Implementation Strategy are based on Glenbeigh’s defined service area increasing to include a total of 11 counties, 7 in Ohio and 4 in Pennsylvania. The total population change from 2018 (4,485,000) to 2021 (4,619,000) increased by 134,000.
- Glenbeigh’s main hospital facility is located in Ashtabula County, Ohio. Ashtabula County is a 2021 designated Health Resources and Services Administration (HRSA) Health Professionals Shortage Area (HPSA) for primary care, dental health and mental health. The

county also has regions eligible as Medically Underserve Areas for program year 2022 as designated by the Ohio Department of Health.

- Health needs continue to be associated with poverty. The U.S. Census Bureau reported 13.4% of Ohioans and 12.1% of Pennsylvanians were living in poverty in 2022. Low-income tracts are prevalent in all of the counties in Glenbeigh's defined service community. Ashtabula had the highest percent of people living in poverty (16.5%) among the Ohio counties while Erie was the highest (13.4%) out of the Pennsylvania service area.
- In 2019, the latest data available, the average uninsured rate in the Glenbeigh service community was 9.1%, which was slightly higher than the Ohio average of 9.0%, but considerably higher than the Pennsylvanian average of 6.5%. Ashtabula County, Ohio had a higher uninsured rate (11.0%) than the Ohio average.
- The overall defined service area has a high incidence of alcohol-impaired driving deaths and experienced significant increases in the number of overdose deaths through 2021. Glenbeigh's Ohio service community includes counties within the three highest tiers for unintentional drug overdose deaths. Trumbull County, Ohio, had a death rate ranking the county as the fourth highest in the state for unintentional drug overdose fatalities.
- Ohio's 2019 State Health Assessment reported concern due to increases in Hepatitis C and the number of children in foster care because of the addiction crisis.
- The overall wellbeing of Ohioans continues to decline due to significant numbers of overdose deaths as well as other poor health indicators. Trends in premature death, life expectancy and overall health status indicate that the health of Ohioan has worsened since the previous State Health Assessment.
- Underlying drivers of inequity include poverty, racism, discrimination, trauma, violence and toxic stress. The impact of racism and discrimination persists – particularly among the African American/black population.

Additional information regarding community demographics is reported in the CHNA final report.

### **Selection of Priority Community Health Needs**

In addition to statistical data obtained through multiple sources, community engagement and feedback were integral parts of the CHNA process. COVID-19 restrictions on gatherings limited the collection of primary data. Significant data was collected through other methods including surveys and phone interviews. Glenbeigh also reviewed the 2019 Ohio State Health Assessment and referenced initiatives identified as priorities. A committee comprised of hospital leadership and directors had the opportunity to review and assess the 2022 CHNA findings and to select the key issues Glenbeigh addresses in this Implementation Strategy. The committee team members who reviewed the CHNA and proposed strategies included Glenbeigh's President, Director of Operations and the Director of Development. Prior to final approval, ACHC Healthcare System's President and CEO, Vice President of Business Development and the Board of Directors reviewed Glenbeigh's CHNA.

Glenbeigh’s 2022 CHNA revealed several pronounced needs within the defined service community. Primary priority outcomes that relate to Glenbeigh’s mission remain similar to previous years and include:

- Access to Treatment for Alcohol and Drug Addiction
- Education on Addiction and Recovery
- Workforce Development

Additionally, Glenbeigh’s efforts align with the following areas identified in Ohio’s State Health Assessment:

- Mental Health Concerns
- Increases in ancillary infections such as HIV and Hepatitis C

Key Findings were broken down into two components: socioeconomic needs and health needs. The following needs emerged across the various research components and were identified as significant health needs within Glenbeigh’s service area.

**Community Health Needs Identified for Glenbeigh**

The following chart lists the identified community needs and an indication of Glenbeigh’s attempt to meet those needs or Glenbeigh’s plans to not address the need. Reasons will be detailed later in this document.

Identified Need	Plan to Address
<b>Socioeconomic Needs</b>	
1. Drug and alcohol abuse continues to affect people of all races and ages. Poverty, income and insurance coverage restrict access to treatment and successful recovery. Employment and income, along with other social and economic determinants, correspond to alcohol and drug use. Transportation remains a significant barrier.	YES
2. Drug abuse has transitioned to synthetic opioids such as fentanyl. There was also an increase in the use of cocaine and methamphetamines. The use of poly-substances is common. While alcohol involved accidents decreased during the pandemic, alcohol use reportedly increased. Drugs remain easily available and inexpensive.	NO
3. Many drugs, such as cocaine, are laced with fentanyl resulting in overdoses. Alcohol use remains a top drug of choice. Prescription abuse continues to be prevalent yet transitioned from opioids to stimulants and other types of drugs.	NO
4. People dealing with active addiction continue to encounter roadblocks when seeking information on addiction, treatment and recovery. There continues to be a lack of understanding, education and information regarding addiction, treatment and recovery support.	YES
5. In many areas there continues to be a lack of recovery support options. Recovery support includes recovery housing and recovery oriented events.	YES

<b>Health Needs</b>	
1. Barriers exist that affect access to treatment either limiting or excluding certain demographics from obtaining treatment services. Telehealth is contingent on access to internet services.	YES
2. Individuals with a substance use disorder more often than not feel they do not need treatment. Yet self-help groups remain an important resource within the community.	NO
3. Stigma continues. Employers lack education to help employees secure confidential treatment and return to work. Stigma around drug abuse remains while alcohol use remains tolerated.	YES
4. Among healthcare providers, there is a lack of qualified, educated, licensed individuals to work in the field of addiction treatment: from entry-level positions to physicians and nurses.	YES
5. Established healthcare professionals lack education on addiction, treatment and recovery.	NO
6. There is a need for combined mental health and addiction services within the community.	YES

*The 2022 CHNA provides details for each identified health need.*

Glenbeigh has a history of providing significant amounts of community benefit to the areas it serves. Glenbeigh will continue this commitment by allocating appropriate human and financial resources to meet community needs through the implementation of the following strategy beginning in 2023 and continuing through 2025.

### **Socioeconomic Needs**

---

1. Drug and alcohol abuse continues to impact people of all races and ages. Poverty, income and insurance coverage significantly influence access to treatment and successful recovery. Employment and income, along with other social and economic determinants, correspond to alcohol and drug use. **YES**

No single organization has the capacity to address poverty along with contributing factors within the defined service community. Addressing the factors connected to poverty is beyond the scope of Glenbeigh’s expertise. Other agencies provide assistance with food and housing. Glenbeigh will continue to support those efforts and provide assistance when possible to other agencies. Glenbeigh recognizes that substance abuse is a contributing factor that may drive individuals into poverty. Glenbeigh also recognizes the need for transportation, especially to individuals residing in Appalachian regions and other areas with high levels of poverty.

**Action:** Glenbeigh will continue to provide treatment services to all patients regardless of race, creed, gender identity, disability, origin or ability to pay. Glenbeigh works to improve access to care for individuals suffering with alcohol and drug addictions.

- i. Work with individuals in need of treatment and continue to collaborate with counties that lack resources to provide detox services to vulnerable populations.

- ii. Continue to provide charitable care opportunities for substance use treatment and recovery support to individuals who meet clinical and financial eligibility and who may be uninsured or underinsured.
- iii. Continue to maintain a referral network to assist individuals in need of support services. Collaborate and refer to, or accept referrals from, other agencies in order to assist individuals seeking treatment.
- iv. Continue to collaborate with drug courts and social service agencies to provide treatment and education options.
- v. Identify at-risk patients. Increase knowledge of and access to screening of infectious diseases such as HIV and Hepatitis C and provide follow-up care, referral or prevention information.
- vi. Increase sensitivity in addressing the needs of diverse patient populations.
- vii. Continue to provide transportation services to individuals who lack transportation.

2. Drug abuse has transitioned to synthetic opioids such as fentanyl. There was also an increase in the use of cocaine and methamphetamines. The use of poly-substances is common. While alcohol involved accidents decreased during the pandemic, alcohol use reportedly increased. Drugs remain easily available and inexpensive. **NO**

**Action:** Law enforcement takes the lead addressing access to and availability of drugs. Local, State and Federal agencies are dedicated to reducing access to alcohol by youth, alcohol related accidents, drug use and crime. Glenbeigh cannot address this community health need, as it does not specialize in enforcing laws. Glenbeigh will continue to support enforcement efforts that promote prevention and assist individuals with substance use disorders.

3. Many drugs, such as cocaine, are laced with fentanyl resulting in overdoses. Alcohol use remains a top drug of choice. Prescription abuse continues to be prevalent yet transitioned from opioids to stimulants and other types of drugs. **NO**

**Action:** Drug use, and the resulting overdoses, is being addressed by multiple agencies including law enforcement. Glenbeigh will not specifically address the availability of synthetic drugs but will continue to provide information and education that targets specific demographics on the topics of alcohol and drug addiction and recovery.

- i. Offer public education opportunities on the topics of addiction and recovery.
- ii. Make resources available through various forms of communication. Utilize traditional, social media and web related resources.
- iii. Work with other organizations to develop and launch public service messaging targeting different sectors. Update frequently to keep material relevant to trends.
- iv. Support the efforts of other organizations to educate and spread positive recovery messaging.

4. People dealing with active addiction continue to encounter roadblocks when seeking information on addiction, treatment and recovery. There continues to be a lack of understanding, education and information regarding addiction, treatment and recovery support. **YES**

**Action:** Glenbeigh continually strives to be a resource and meet the needs of its service community by offering education, treatment, referral and recovery support services.

- i. Assess various ways other communities are successfully helping people seeking treatment and providing recovery support. Sponsor and/or adopt successful programs.
- ii. Continue to provide education and support services that can reduce relapse and overdose deaths.
- iii. Continue to collaborate with providers and sponsor access to naltrexone within various communities as long as there is a need and demand for services.
- iv. Continue to offer and support training and distribution of Narcan (naloxone) to the public as well as to first responders, businesses and other entities in need.
- v. Sponsor or host non-clinical programs to educate the public on substance use disorder, treatment options and sustaining recovery.

5. In many areas there continues to be a lack of recovery support options. Recovery support includes recovery housing and recovery oriented events. **YES**

**Action:** Glenbeigh endeavors to meet the needs of people suffering from the disease of addiction by providing treatment, long-term support, housing opportunities and events that promote and enhance recovery. Increase supportive housing census for individuals in recovery.

- i. Continue to assess the need for transitional housing and recovery living options and explore opportunities to add beds as needed.
- ii. Connect with other recovery residences and providers to build a recovery support network that benefits the community.
- iii. Continue to explore ways to engage people in recovery through social events and by offering various means to sustain long-term recovery.
- iv. Expand sponsorship of sober areas at venues so the public has access to alcohol free zones.
- v. Utilize social media to publicize events and opportunities.
- vi. Continue to work with other agencies to expand recovery support within communities that lack or have limited resources.

## **Health Needs:**

---

1. Barriers exist that affect access to treatment either limiting or excluding certain demographics from obtaining treatment services. Telehealth is contingent on access to internet services. **YES**



**Action:** Transportation remains among the top barriers to securing inpatient and outpatient treatment services especially in the Appalachian Region. Being uninsured or underinsured remains a significant barrier to seeking treatment. Another identified barrier was insurance bias – not paying for adequate length of treatment.

- i. Work with individuals in need of treatment and continue to provide detox services to counties that lack resources.
- ii. Provide charitable care opportunities for substance use treatment and recovery support to individuals who meet clinical and financial eligibility and who may be uninsured or underinsured.
- iii. Continue to maintain a referral network to assist individuals in need of support services. Collaborate and refer to, or accept referrals from, other agencies in order to assist individuals seeking treatment.
- iv. Provide transportation for both inpatient and outpatient services when available and possible.
- v. Increase ways to provide easy access to testing services such as for HIV and Hepatitis within the community and distribute information on where to seek further care.

2. Individuals with a substance use disorder more often than not feel they do not need treatment. Yet self-help groups remain an important resource within the community. **NO**

**Action:** Glenbeigh will not actively create self-help support groups. However, Glenbeigh will support the efforts of other agencies and organizations that provide self-help assistance and educate the public on prevention and the basics of substance abuse. Glenbeigh will continue to:

- i. Work with various agencies to offer public education on addiction, treatment and recovery.
- ii. Continue to provide active recovery support services.
- iii. Continue to provide safe meeting space for support groups both at Glenbeigh facilities and in other communities.
- iv. Work with other agencies to expand resources in various communities.

3. Stigma continues. Employers lack education to help employees secure confidential treatment and return to work. Stigma around drug abuse remains while alcohol use is tolerated. **YES**

**Action:** Glenbeigh strives to break down the stigma associated with substance use disorders. Other agencies are working to reduce the stigma associated with drug addiction and alcoholism. There is still considerable work needed in this area therefore Glenbeigh may support the efforts of these other agencies by providing resources.

- i. Continue to work with and support other organizations dedicated to positive messaging about addiction, treatment and recovery.
- ii. Assess the need for workforce education. Explore possibility of distributing educational material targeting businesses through non-traditional methods.

- iii. Assist/sponsor other organizations that provide education to the public on the dangers of alcohol misuse, binge drinking and alcoholism.
  - iv. Participate in health fairs and health events held at businesses, in hospitals and throughout the community and distribute educational materials to help reduce stigma.
4. Among healthcare providers, there is a lack of qualified, educated, licensed individuals to work in the field of addiction treatment from entry-level positions to physicians and nurses. **YES**

**Action:** Glenbeigh is committed to workforce development and providing opportunities in order for individuals within the service region to advance their education and secure sustainable wage employment. Increase the number of individuals completing educational workshops, internships or obtaining continuing education credits for sustaining licensure.

- i. Develop educational workshops for professionals who work with individuals and families struggling with addiction.
  - ii. Continue to provide internships and other educational programs targeting future counselors, social workers, counseling assistants, nurses and other healthcare professionals interested in entering the field of chemical dependency.
  - iii. Update topics and create relevant educational programs for professionals seeking continuing education credits to retain licensure.
  - iv. Collaborate with other agencies to ensure the educational needs of local workers are met and opportunities are present to advance.
  - v. Provide resource material and education to address drug and alcohol use.
  - vi. Work with community agencies and become a resource for workforce development programs.
  - vii. Continue to target other demographics, such as clergy, that would benefit from specialized education.
  - viii. Offer educational workshops to professionals who work with individuals and families struggling with addiction.
  - ix. Create and distribute information about trends, addiction and recovery.
5. Established healthcare professionals lack education on addiction, treatment and recovery. **NO**

**Action:** As an expert in the field of treatment for substance use disorders, Glenbeigh has the resources to educate established healthcare professionals, such as physicians. Due to tight scheduling, it is difficult to persuade busy professionals to attend educational symposiums on addiction and recovery. Glenbeigh will support the efforts of other organizations and offer materials designed to increase the knowledge of physicians and other healthcare providers so they can better serve patients in active addiction or in recovery. Glenbeigh will continue to:

- i. Offer resources that help healthcare professionals work with patients living in recovery.
- ii. Assist in education and training opportunities that target healthcare providers.

- iii. Collaborate with organizations that connect with medical schools, colleges and universities to educate future caregivers.
  - iv. Provide resource material and education that addresses alcohol and drug use and how to successfully promote/achieve long-term recovery after treatment.
  - v. Provide information on how families can secure appropriate treatment, available community resources and living in recovery.
6. There is a need for combined mental health and addiction services within the community. **YES**

**Action:** COVID-19 pandemic restrictions significantly affected the global community resulting in increases of anxiety, fear, and isolation. Financial worries and health worker exhaustion also increased during the pandemic. Concurrently, there was a disruption in mental health services. According to the World Health Organization, COVID-19 triggered a 25% increase in anxiety and depression globally. The recommendation is an increase in mental health and psychosocial support. Glenbeigh will assess the need for and take action in the following areas:

- i. Provide access to mental health services in addition to addiction treatment.
- ii. Provide online support through telehealth services for those unable to attend in person.
- iii. Explore new means to help individuals work through basic mental health issues. Create a referral network for individuals requiring intensive mental health services.
- iv. Integrate mental health and psychosocial support. Build relationships with other agencies that provide mental health services.
- v. Continue to support/sponsor events that promote social interaction.

### **Implementation Strategy to Address Identified Health Needs**

Glenbeigh remains committed to the communities where we live and work. Glenbeigh will continue its commitment to our defined regional service areas and support efforts and programs that promote recovery. Glenbeigh will continue to allocate appropriate resources to implement the following strategies in an effort to meet the identified health needs of our community.

### **Planned Collaboration(s) With Other Related or Unrelated Organizations**

Glenbeigh's strategies will be implemented with community partners including, but not limited to:

- Glenbeigh Outpatient Centers
- Community-based non-profit organizations
- Community-based social service agencies
- Community-based family services organizations
- Faith-based organizations
- Educational institutions

Glenbeigh's Implementation Strategy is a representation of the actions the hospital, along with its outpatient centers, intends to undertake in an effort to address the identified community health needs in the

2022 CHNA. The actions listed are not intended to be a comprehensive directory of Glenbeigh’s goals. The Implementation Strategy is reviewed annually and goals and actions may be adjusted as community needs related to substance use and addiction can change frequently. Significant changes to the Implementation Strategy will be documented and reported in Glenbeigh’s community benefit reports.

### **Glenbeigh’s Role in a Healthy Community**

The health of the community affects everyone. Glenbeigh is committed to providing the highest quality care to those among us who are struggling with substance use disorders. Glenbeigh helps people learn to make healthy choices so they can improve their lives through a positive approach to living and wellness that does not include the use of alcohol or other drugs. This positive approach emphasizes the whole person – mind, body and spirit – and encourages each individual to integrate into their community and to make better choices in life.

**The Glenbeigh Community Health Needs Assessment and the Implementation Strategy may be found on the Glenbeigh website at [www.glenbeigh.com](http://www.glenbeigh.com) or at [www.glenbeigh.org](http://www.glenbeigh.org)**

The Community Health Needs Assessment was reviewed and approved by Glenbeigh’s Executive Management and Board of Directors in October 2022. This corresponding Implementation Strategy was reviewed and approved on February 22, 2023.

**Glenbeigh  
P.O. Box 298  
2863 State Route 45  
Rock Creek, Ohio 44084  
1-800-234-1001  
[www.glenbeigh.com](http://www.glenbeigh.com)**

**Glenbeigh**  
ACMC Healthcare System

An affiliate of  
 **Cleveland Clinic**