Glenbeigh
ACMC Healthcare System

An affiliate of
Cleveland Clinic

Community Health Needs Assessment

2016

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Glenbeigh (Glenbeigh or "the hospital") to identify significant community health needs, to inform development of an Implementation Strategy to address current needs and to evaluate the impact of ongoing efforts to address previously identified community needs.

Glenbeigh is a not-for-profit, drug and alcohol rehabilitation specialty hospital in Ashtabula County, Ohio, with inpatient and outpatient sites in Northeast Ohio. The hospital's mission is to provide the highest quality care to adults 18 and older and support to individuals and their families suffering from drug or alcohol addiction. Glenbeigh is a member of the ACMC Healthcare System, which is affiliated with Cleveland Clinic. Additional information on the hospital and its services is available at: http://glenbeigh.com/.

Cleveland Clinic health system includes an academic medical center, multiple regional hospitals, two children's hospitals, a rehabilitation hospital, a Florida hospital and a number of other facilities and services across Northeast Ohio and Florida. Additional information about Cleveland Clinic is available at: https://my.clevelandclinic.org/.

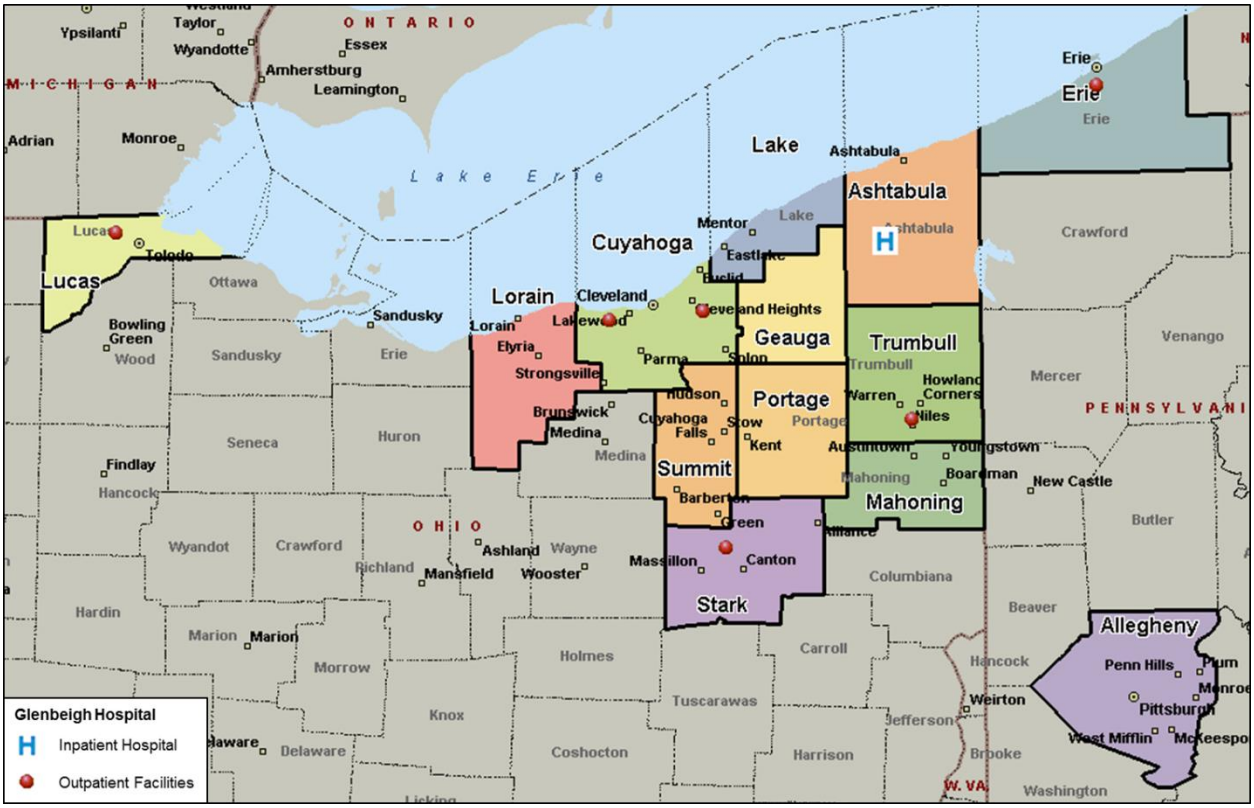
Each Cleveland Clinic hospital is dedicated to the communities it serves. Cleveland Clinic hospitals verify the health needs of communities by performing periodic health needs assessments. These formal assessments are analyzed using widely accepted criteria to determine and measure the health needs of a specific community.

Community Definition

For purposes of this report, Glenbeigh's community is defined as eleven counties in Northeast Ohio[1] and two counties in Western Pennsylvania[2] comprising approximately 71 percent of the hospital's inpatient and outpatient volumes. This area has comparatively unfavorable health status and socioeconomic indicators, particularly for minority residents. The total population of Glenbeigh's community in 2014 was approximately 5,463,000.

[1] Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Lucas, Mahoning, Portage, Stark, Summit and Trumbull counties
[2] Allegheny and Erie counties

The following map portrays the community served by Glenbeigh.



Significant Community Health Needs

Based on an assessment of secondary data (a broad range of health status and access to care indicators) and of primary data (received through key stakeholder interviews and focus groups), the following were identified as significant health needs in the community served by Glenbeigh:

1. Drug and alcohol abuse is widespread and has become more prevalent in all social-economic sectors impacting all races and ages
2. Social and economic factors are correlated with drug and alcohol abuse
3. Drug overdose death rates have increased significantly throughout the community, as have the accessibility and affordability of heroin
4. The increased use of fentanyl has led to a significant increase in overall drug overdose deaths
5. Opioid pain medication is being over-prescribed throughout the region
6. There is a lack of resources available in the community to treat drug and alcohol addiction
7. The community lacks education and information regarding the services and programs available

OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[3] Each tax-exempt hospital facility must conduct a CHNA that identifies the most significant health needs in the hospital's community.

The regulations require that each hospital:

- Take into account input from persons representing the broad interests of the community, including those knowledgeable of public health issues, and
- Make the CHNA widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Tax-exempt hospital organizations also are required to report information about the CHNA process and about community benefits they provide on IRS Form 990, Schedule H. As described in the instructions to Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. Community benefit activities and programs also seek to achieve objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.[4]

To be reported, community need for the activity or program must be established. Need can be established by conducting a Community Health Needs Assessment.

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?

[3] Internal Revenue Code, Section 501(r).
[4] Instructions for IRS form 990 Schedule H, 2015.

- ***Why*** are these problems present?

The question of ***how*** each hospital can best address significant community health needs is the subject of the separate Implementation Strategy.

Methodology

Federal regulations that govern the CHNA process allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[5] The community assessed by Glenbeigh, eleven Ohio counties and two Pennsylvania counties, accounts for 71 percent of the hospital's 2014 inpatient and outpatient discharges, and this report was prepared recognizing Glenbeigh's focus on providing drug and alcohol rehabilitation services.

Secondary data from multiple sources were gathered and assessed. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively

Input from the community was received through key informant interviews and focus groups. These informants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by other organizations, and (3) the key informants who participated in the interview process.

Collaborating Organizations

Glenbeigh is a member of the ACMC Healthcare System, which is affiliated with the Cleveland Clinic health system. As such, in conducting this CHNA, the hospital collaborated with Cleveland Clinic Main Campus, Cleveland Clinic Children's, as well as seven other Cleveland Clinic community hospitals, including Euclid Hospital, Fairview Hospital, Hillcrest Hospital, Lutheran Hospital, Marymount Hospital, Medina Hospital, and South Pointe Hospital. Glenbeigh also collaborated with Ashtabula County Medical Center.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local

[5] 501(r) Final Rule, 2014.

community service organizations, and Cleveland Clinic. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from over thirty persons representing the broad interests of the community was taken into account through key informant interviews and focus groups. Interviewees included: individuals with special knowledge of or expertise in public health; local public health departments; agencies with current data or information about the health and social needs of the community; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Information Gaps

This CHNA relies on multiple data sources and community input gathered between January 2016 and July 2016. A number of data limitations should be recognized when interpreting results. For example, some data (e.g., County Health Rankings, Community Health Status Indicators, Behavioral Risk Factors Surveillance System, and others) exist only at a county-wide level of detail. Those data sources do not allow assessing health needs at a more granular level of detail, such as by ZIP code or census tract.

Secondary data upon which this assessment relies measure community health in prior years. For example, the most recently available mortality data published by the Ohio Department of Health are from 2012. Others sources incorporate data from 2010. The impacts of recent public policy developments, changes in the economy, and other community developments are not yet reflected in those data sets.

The findings of this CHNA may differ from those of others conducted in the community. Differences in data sources, communities assessed (e.g., hospital service areas versus counties or cities), and prioritization processes can contribute to differences in findings.

DATA AND ANALYSIS

Definition of Community Assessed

This section identifies the community that was assessed by Glenbeigh. The community was defined by considering the geographic origins of the hospital's 2014 inpatient discharges and is also based on Glenbeigh's "principal functions" as a drug and alcohol rehabilitation specialty hospital for adults aged 18 and older.

Glenbeigh's community is comprised of eleven Ohio counties and two Pennsylvania counties (**Exhibit 1**).

Exhibit 1: Glenbeigh Inpatient Discharges by ZIP Code, 2014

County	Inpatient Cases	Percent of Total Cases
Cuyahoga County, OH	869	21.1%
Trumbull County, OH	325	7.9%
Lucas County, OH	217	5.3%
Summit County, OH	215	5.2%
Ashtabula County, OH	183	4.4%
Lorain County, OH	179	4.3%
Stark County, OH	171	4.2%
Lake County, OH	170	4.1%
Allegheny County, PA	168	4.1%
Erie County, PA	137	3.3%
Mahoning County, OH	137	3.3%
Geauga County, OH	77	1.9%
Portage County, OH	76	1.8%
Community Total	**2,924**	**71.0%**
Total Inpatient Cases	**4,116**	**100.0%**

Source: Analysis of OHA Discharge Data, 2014.

In 2014, these thirteen counties accounted for 71 percent of Glenbeigh's inpatient discharges.

The total population of this community in 2014 was approximately 5,463,000 persons (**Exhibit 2**).

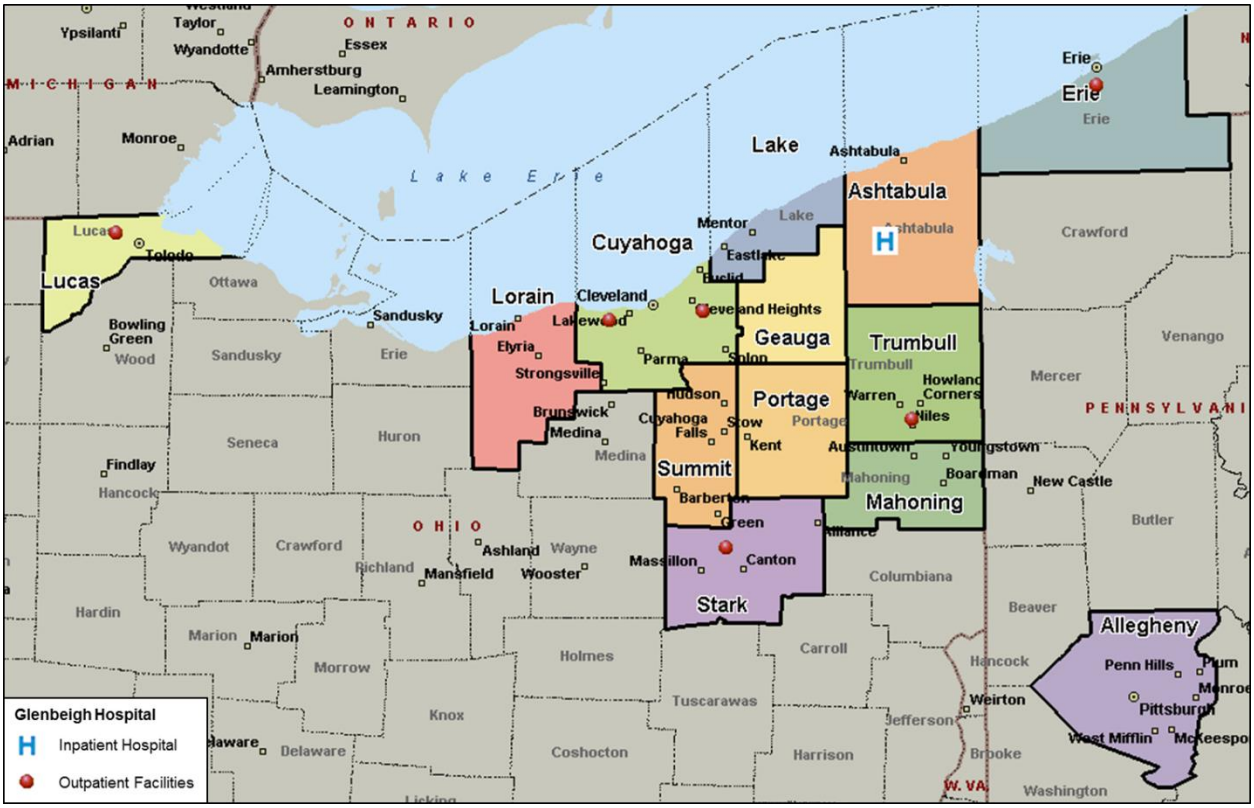
Exhibit 2: Community Population, 2014

County	Total Population 2014	Percent of Total Population 2014
Ashtabula County, OH	100,346	1.8%
Cuyahoga County, OH	1,267,513	23.2%
Geauga County, OH	93,819	1.7%
Lake County, OH	229,602	4.2%
Lorain County, OH	302,465	5.5%
Lucas County, OH	438,167	8.0%
Mahoning County, OH	235,809	4.3%
Portage County, OH	161,553	3.0%
Stark County, OH	375,090	6.9%
Summit County, OH	541,464	9.9%
Trumbull County, OH	207,596	3.8%
Allegheny County, PA	1,229,172	22.5%
Erie County, PA	280,132	5.1%
Total	**5,462,728**	**100.0%**

Source: US Census Bureau, ACS 5-Year Estimates, 2010-2014.

Glenbeigh's hospital facility is located in Ashtabula County, Ohio (city of Rock Creek, ZIP code 44084). Glenbeigh also has six outpatient facilities located in the following counties: Cuyahoga County (OH, two facilities), Lucas County (OH), Stark County (OH), Trumbull County (OH), and Erie County (PA).

Exhibit 3: Glenbeigh Community



Source: Microsoft MapPoint and Cleveland Clinic, 2015.

Secondary Data Summary

The following section summarizes principal findings from the secondary data analysis. Appendix C provides more detailed information.

Demographics and Economic Indicators

Population characteristics and changes directly influence community health needs. The total population in the Glenbeigh community is expected to decrease 2.9 percent from 2010 to 2020.

Data from the National Survey on Drug Use and Health indicate that the 15-24 age cohort has had the highest rates of illicit drug use and binge drinking. The highest percentages of residents 15-24 years of age were in Portage County, OH (ZIP code 44243), Summit County, OH (ZIP code 44304), and Allegheny County, PA (ZIP codes 15213 and 15219).

Many health needs have been associated with poverty. According to the U.S. Census, in 2014 approximately 15.9 percent of people in Ohio and 13.5 percent of people in Pennsylvania were living in poverty. Ashtabula (OH), Cuyahoga (OH), Erie (PA), Lucas (OH), Mahoning (OH), Portage (OH), and Trumbull (OH) counties had higher poverty rates than their respective states. Poverty rates in all counties served by Glenbeigh have been comparatively high for African American and Hispanic (or Latino) residents. Low income census tracts are prevalent in each of the thirteen counties served by Glenbeigh.

In 2014, Pennsylvania had higher rates of driving under the influence, broken liquor laws, and drunkenness than the national average. Ohio also had a higher rate of driving under the influence than the United States.

The percentage of people uninsured has declined in recent years, due to two primary factors. First, between 2010 and 2015, unemployment rates at the county, state, and national level decreased significantly. Many receive health insurance coverage through their (or a family member's) employer. Second, in 2010 the Patient Protection and Affordable Care Act (ACA, 2010) was enacted, and Ohio was among the states that expanded Medicaid eligibility. In 2014, the average uninsured rate in the Glenbeigh community was 9.8 percent, which was lower than the Ohio average of 10.9 percent, but higher than the Pennsylvania average of 9.5 percent. Ashtabula (OH), Geauga (OH), Lucas (OH), and Trumbull (OH) counties had higher uninsured rates than the Ohio average.

Alcohol and Substance Abuse Indicators

National Issues and Indicators

Substance abuse and drug overdose-related deaths in the United States have increased significantly over the last five years. Substance abuse has increased across almost every demographic cohort.

Nationally, the overall drug overdose mortality rate increased by 6.5 percent between 2013 and 2014. In recent years, national heroin overdose deaths have more than tripled, from 3,036 in 2010 to 10,574 in 2014. Drug overdose deaths related to prescription drugs, prescription opioids, illicit drugs, cocaine, and benzodiazepine have all increased over this time period. Across the United States, males have experienced more drug overdose deaths than females for all six drug types.

Between 2010 and 2013, a higher percent of Black persons in the United States have reported illicit drug use than other races or ethnicities.

Heroin uses has increased across almost every demographic cohort. The highest rates have occurred for those with the lowest annual income (less than $20,000) and those without health insurance. Heroin use among the Non-Hispanic White population and the population aged 18-25 has more than doubled in recent years.

State Issues and Indicators

Between 2010 and 2014, drug-induced mortality rates in Ohio and Pennsylvania consistently have been above the national average. During this time period, the drug-induced mortality rate in Ohio increased by 8.7 deaths per 100,000 population (52 percent) and Pennsylvania increased by 6.8 deaths per 100,000 population (43 percent). In comparison, the national rate increased by 2.6 deaths per 100,000 population (20 percent).

The availability and abuse of fentanyl has become increasingly problematic in recent years, particularly in Ohio. In 2014, Ohio ranked seventh in the United States in terms of population but first for fentanyl confiscations. Between 2012 and 2014, the number of fentanyl-related deaths in Ohio increased six-fold.

According to the National Survey on Drug Use and Health (NSDUH) in 2014, Ohio benchmarked unfavorably compared to the United States for the percent of persons 18 and older with illicit drug dependence and abuse, binge alcohol use, and nonmedical use of pain relievers in the past year. Across Ohio, Pennsylvania, and the United States, the 18-25 age group reported the highest use rates.

The over prescription of pain medications by physicians has increased the availability of these drugs as well as the opportunity for abuse. In 2012, the prescribing rate for opioid pain relievers in Ohio was significantly above the national average, with more than one prescription per person. The opioid prescribing rates for opioid pain relievers and benzodiazepines were also above the national average in Pennsylvania.

Regional Issues and Indicators

Regional data from the Ohio Substance Abuse Monitoring (OSAM) Network *Surveillance of Drug Abuse Trends in the State of Ohio, June 2015-January 2016* provide characteristics of drug consumers and tends in drug use. The counties served by Glenbeigh are located in three of the eight regions in Ohio; Akron-Canton, Cleveland, and Youngstown.

The Akron-Canton Region is comprised of Carroll, Portage, Stark, Summit, and Tuscarawas counties. The majority of OSAM drug consumers in this region are white and have median households incomes between $20,000 and $29,000. The availability of heroin, methamphetamine, Suboxone, and anabolic steroids for illicit use has increased. Crystal meth is also highly available in parts of the region. Reduced social stigma for heroin use and the cutting of heroin with fentanyl have resulted in more overdose deaths.

The Cleveland Region is comprised of Ashland, Cuyahoga, Geauga, Holmes, Lake, Lorain, Medina, and Wayne counties. The majority of OSAM drug consumers in the Cleveland Region are white; however there are also a disproportionately high percentage of Black drug consumers. Drug consumers from this region tend to have lower incomes and lower education levels than the general population. Within this region, marijuana and Suboxone availability and abuse are high. The abuse of alpha-PVP ("flakka") is also becoming problematic.

The Youngstown Region is comprised of Ashtabula, Columbiana, Jefferson, Mahoning, and Trumbull counties. While over 85 percent of OSAM drug consumers from this region are white, there are a comparatively high percentage of Hispanic (or Latino) drug consumers. More than 45 percent of OSAM drug consumers in the Youngstown region live below the poverty level. Heroin, marijuana, and methamphetamine availability have increased throughout the region and treatment providers have noted an increase in admissions for methamphetamine use. An increasing number of opiate users are seeking Neurontin to help with withdrawal.

County Issues and Indicators

In the 2016 *County Health Rankings*, Ashtabula (OH), Lorain (OH), and Lucas (OH) counties ranked in the bottom quartile of Ohio counties for Drug Overdose Deaths. During the same year, Geauga (OH), Lake (OH), Lucas (OH), and Portage (OH) counties ranked in the bottom quartile for Excessive Drinking, and Ashtabula (OH), Cuyahoga (OH), Lorain (OH), Summit (OH), and Trumbull (OH) counties ranked in the bottom quartile for Alcohol Impaired Deaths.

In 2016, Allegheny County (PA) ranked in the bottom quartile for Drug Overdose Deaths and was ranked as the worst county in Pennsylvania for Excessive Drinking. Erie County (PA) also ranked in the bottom quartile for Excessive Drinking as well as Alcohol Impaired Deaths.

In the 2015 *Community Health Status Indicators*, which compares community health indicators for each county with those for peers across the United States, Allegheny (PA), Ashtabula (OH), Erie (PA), Lake (OH), Lucas (OH), Summit (OH), and Trumbull (OH) counties benchmarked unfavorably to peer counties for Adult Binge Drinking.

According to the Centers for Disease Control and Prevention:

- In 2014, Lucas (OH), Summit (OH), and Allegheny (PA) counties had significantly higher age-adjusted drug and alcohol-related mortality rates than their respective state averages. During the same year, more than 3.7 percent of all deaths in Lorain (OH) and Lucas (OH) counties were related to drugs and alcohol.
- Between 2010 and 2014, drug-induced mortality rates increased in every county in the Glenbeigh community except for Mahoning (OH). In 2014, Ashtabula (OH), Lucas (OH), Trumbull (OH), and Allegheny (PA) counties had drug-induced death rates that were significantly higher than state averages.

Ohio Department of Health data also indicate that in 2012, heroin poisoning rates in Cuyahoga (OH), Geauga (OH), Lake (OH), Mahoning (OH), and Trumbull (OH) counties were significantly higher than the Ohio average and opioid-related poisoning rates were higher in Cuyahoga (OH), Lake (OH), Mahoning (OH), and Trumbull (OH) counties.

Primary Data Summary

Community input (primary data) was gathered through key informant interviews and focus groups. This section summarizes the input that was received. Issues identified by interview and focus group participants ("participants") are presented in general order of importance.

Cost of Treatment and Insurance Coverage. Participants cited unaffordability of services and gaps in insurance coverage as the most prominent barriers to drug and alcohol treatment. Participants indicated that cost of rehabilitation services, particularly for uninsured and low-income populations, made most treatment options in the Glenbeigh community unattainable. Additionally, many were concerned that those with health insurance have inadequate coverage for drug and alcohol rehabilitation services. Lower-cost care was a prominent need articulated by virtually all interview and focus group participants.

Use of Heroin, Opiates, and Prescription Drugs. Participants expressed the greatest concerns about the abuse of heroin, opiates and prescription drugs in the community. Many attribute abuse of these drugs entirely to their high availability in the area. Problematic use of prescription drugs is facilitated by the over prescribing of pain medications. Many interviewees indicated that abuse of prescription drugs contributes to subsequent use of heroin and opiates.

Usage Trends. Participants stated that while alcohol use rates have remained relatively consistent, drug use has increased among all population groups in the community. Concerns were expressed in particular about younger persons, who appear able to access many substances beginning in their teenage years. Participants also indicated that many parents are unable to notice signs of substance abuse in their children, leading to prolonged periods of abuse in adolescence. Participants also identified younger, working adults (typically aged between 25 and 40 years) as a group at particular risk for substance abuse. This may result from a weak economy and a stagnant job market, which contribute to a sense of hopelessness and substance abuse.

Availability of Services. Many participants observed that an undersupply of substance abuse providers and services exists in the community. More inpatient treatment options and detoxification beds accessible to residents of all income levels are needed. Services that are available typically have long waiting lists.

Stigma Against Seeking Treatment. Participants stated that stigma associated with seeking/receiving drug abuse treatment presents a significant barrier for many. Those potentially seeking treatment are particularly concerned about employer reactions. The same level of stigma does not apply to alcohol abuse as many employers are more sympathetic to alcohol usage.

Transportation. Participants stated that another primary barrier to accessing care is the lack of transportation options to substance abuse services, particularly for low-income and uninsured populations. While transportation options to/from inpatient treatment are available, fewer options exist for other substance abuse services such as Alcoholics Anonymous and Narcotics Anonymous.

Lack of Education and Information. Participants believed that more substance abuse education programs and information on services are needed in the community. While some substance abuse education is provided in high schools, interventions in earlier grades are needed. Participants also indicated that more information about treatment options and programs is needed across the community. Many interviewees were unaware of Glenbeigh and the availability of services at other treatment centers.

Need for Programs for Family Members. Participants also identified the need for programs that help family members of abusers during and after treatment. Many family members do not understand how best to help those in treatment and would benefit from training regarding establishing/maintaining healthy environments that help maintain sobriety in daily life. Family members also need training regarding signs of relapse and how best to intervene. Family members experience significant mental stress, and more support groups for them would be beneficial.

Need for Post-Incarceration Programs. Participants identified a high need for post-incarceration programs. Challenges adjusting to post-incarceration life often contribute to relapse, and those reentering society would benefit from programs that help them find employment.

Mental Health Conditions. Participants indicated that untreated mental health problems in the community contribute to substance abuse. Self-medication by mentally ill individuals with heroin, opiates, and other drugs is fairly common. Improved access to mental health services would significantly reduce the prevalence of substance-abuse in the area.

Use of Medication Assisted Treatment. Participants indicated that several treatment centers in the community now are providing medication assisted treatment (MAT), particularly for opioid addiction. Many interviewees expressed concern about this type of intervention, including drug prescribing practices by providers. Dependency on Suboxone, a common MAT drug, and side effects may be increasing.

SIGNIFICANT COMMUNITY HEALTH NEEDS

The following section highlights why certain community health needs were determined to be "significant." Needs were determined to be significant if they were identified as problematic by at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by other organizations (e.g., local Health Departments), and (3) the key informants who participated in the interview process.

Drug and alcohol abuse is widespread and has become more prevalent in all social-economic sectors impacting all races and ages

National trends:

- Rates of heroin use have increased significantly across the United States, particularly for the 18-25 age group.
- Between 2010 and 2013, the percent of persons reporting illicit drug use in the United States has increased.

Ohio and Pennsylvania trends:

- According to the National Survey on Drug Use and Health (NSDUH), Ohio has compared unfavorably to the United States across all age groups for the percent of the population reporting nonmedical use of pain relievers in the past year as well as illicit drug use in the past year. Ohio and Pennsylvania also reported higher rates of alcohol use and binge alcohol use than the United States.
- Those reporting to the Ohio Substance Abuse Monitoring Network (OSAM) indicate that alcohol, crack cocaine, heroin and prescription opioids are the most frequently used drugs in Ohio.

Regional and local trends:

- Excessive drinking and alcohol impaired deaths are problematic in the Glenbeigh community. County Health Rankings (CHR) data show that in 2016, eleven of the thirteen counties in the Glenbeigh community ranked in the bottom quartile of their respective state counties for at least one alcohol-related indicator.
- In Community Health Status Indicators (CHSI), Allegheny (PA), Ashtabula (OH), Erie (PA), Lake (OH), Lucas (OH), Summit (OH), and Trumbull (OH) counties benchmarked unfavorably to peer counties for Adult Binge Drinking.
- Interviewees and focus group participants indicated that drug use has increased for all demographic groups in the community. Particular concern was raised for younger populations due to increased affordability and accessibility of heroin.

Social and economic factors are correlated with drug and alcohol abuse

Household income and insurance status influence rates of heroin use. Individuals making less than $20,000 are more than three times as likely to use heroin as those making more than $50,000. Rates of heroin use are higher for uninsured persons.

Interviewees identified the cost of treatment and lack of (and gaps in) insurance coverage as significant barriers to drug and alcohol treatment.

Drug overdose death rates have increased significantly throughout the community, as have the accessibility and affordability of heroin

National trends:

- The national age-adjusted drug overdose death rate has been increasing rapidly.
- Among drug types, heroin overdose deaths have risen the most steeply in the U.S., from 3,036 in 2010 to 10,574 in 2014.

Ohio and Pennsylvania trends:

- Drug-induced mortality rates in Ohio and Pennsylvania have been well above national averages between 2010 and 2014.

Regional and local trends:

- OSAM data suggest that the current availability of heroin is high in the regions served by Glenbeigh and has increased in Akron-Canton and Youngstown regions.
- The drug and alcohol mortality rate in the community has been high. Cuyahoga (OH), Lake (OH), Lorain (OH), Lucas (OH), and Summit (OH) counties had a higher rate than the Ohio average; Allegheny (PA) and Erie (PA) counties also had higher rates than Pennsylvania.
- A number of other relevant drug and alcohol-related needs assessments have identified increasing drug overdose mortality rates as a significant concern.
- Interviewees cited the growing availability and affordability of heroin as a significant concern in the community.

The increased use of fentanyl has led to a significant increase in overall drug overdose deaths

The total number of fentanyl-related deaths in Ohio increased from 79 in 2012 to 515 in 2014.

In 2014, Ohio ranked 1st among the 50 states for the total number of fentanyl confiscations, even though it only ranked 7th in terms of overall population size.

In 2014, fentanyl-related overdoses accounted for 19.9 percent of accidental overdoses, a significant increase from 4.0 percent in 2013.

Opioid pain medication is being over-prescribed throughout the region

Prescribing rates for opioid pain relievers, long-acting opioid pain relievers, high-dose opioid pain relievers, and benzodiazepines in Ohio and Pennsylvania were higher than the national averages.

Ohio Department of Health data indicate that the rate of opioid-related poisonings in Cuyahoga (OH), Lake (OH), Mahoning (OH), and Trumbull (OH) counties was significantly higher than the Ohio average.

Many interviewees indicated that the overprescribing of pain medication was a serious community health problem. Interviewees indicated that abuse of prescription drugs contributes to subsequent use of heroin and opiates.

There is a lack of resources available in the community to treat drug and alcohol addiction

NSDUH data indicate that a number of people in the community do not receive needed substance abuse treatment.

Many interviewees and focus group participants observed that an undersupply of substance abuse providers and services exists in the community. More inpatient treatment options and detoxification beds accessible to residents of all income levels are needed. Services that are available typically have long waiting lists.

Interviewees indicated that cost, gaps in insurance coverage, stigma associated with seeking/receiving treatment, and a lack of transportation options represent significant barriers to access.

The community lacks education and information regarding the services and programs available

Interviewees indicated that more substance abuse education programs and information regarding available services are needed. Other needs include: training for family members regarding how best to support those in treatment and expanded mental health services particularly for individuals who are self-medicating.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities and resources available in the community served by Glenbeigh that are available to address community health needs.

Drug and Alcohol Treatment Centers

Exhibits 4 and 5 present information on drug and alcohol treatment centers that operate in the community. According to the National Directory of Drug and Alcohol Abuse Treatment Centers, approximately one hundred treatment centers currently operate across the thirteen counties.

Exhibit 4: Drug and Alcohol Treatment Centers – Ohio

Facility	ZIP Code	County
Glenbeigh	44084	Ashtabula
Glenbeigh Outpatient Center of Beachwood	44122	Cuyahoga
Moore Counseling and Mediation Services Inc	44117	Cuyahoga
Recovery Resources West Side Office	44107	Cuyahoga
Glenbeigh Outpatient Center of Rocky River	44116	Cuyahoga
Beacon Health	44060	Lake
Charak Center for Health and Wellness Rakesh Ranjan MD and Associates Inc	44060	Lake
Crossroads Lake County Adolescent Counseling Services	44060	Lake
Lake Geauga Recovery Centers Inc	44060	Lake
Lake Geauga Recovery Centers Inc Drug Abuse/Lake House	44077	Lake
Lake Geauga Recovery Centers Inc Drug Abuse/Oak House	44077	Lake
Signature Health	44094	Lake
Windsor Laurelwood Center for Behavioral Medicine	44094	Lake
Lorain County Alcohol and Drug Abuse Services Inc	44035	Lorain
Psychiatric and Psychological Services	44035	Lorain
Lorain County Alcohol and Drug Abuse Services Inc	44055	Lorain
Lorain County Alcohol and Drug Abuse Services Inc	44053	Lorain
Lorain County Alcohol and Drug Abuse Services Inc/ Adolescent Treatment Center	44052	Lorain
Nord Center Addiction Services	44053	Lorain
Glenbeigh Outpatient Center of Toledo	43606	Lucas
Arrowhead Behavioral Health	43537	Lucas
A Renewed Mind	43604	Lucas
Compass Corporation for Recovery Servs (COMPASS)	43620	Lucas
Lutheran Social Services Northern Region Office	43620	Lucas
Substance Abuse Services Inc	43604	Lucas
TASC of Northwest Ohio	43604	Lucas
Unison Behavioral Health Group Dual Recovery Program	43604	Lucas
Philio Inc. DBA New Concepts	43615	Lucas
Rescue Inc	43610	Lucas
Meridian Community Care	44509	Mahoning
Meridian Community Care	44511	Mahoning
Neil Kennedy Recovery Clinic	44507	Mahoning
Neil Kennedy Recovery Clinic	44515	Mahoning
Turning Point Counseling Services Inc	44502	Mahoning
Townhall II	44240	Portage
Compass Recovery Center	44266	Portage
Townhall II Horizon Halfway House	44266	Portage
Glenbeigh Outpatient Center of Canton	44718	Stark
Quest Recovery House/Wilson Hall Mens Residential Facility	44646	Stark
Quest Recovery and Prevention Services	44647	Stark
Akron General Edwin Shaw Rehab Inst The Dobkin Recovery Center	44221	Summit
Glenbeigh Outpatient Center of Niles	44446	Trumbull
Neil Kennedy Recovery Clinic	44484	Trumbull
Saint Joseph Health Center New Start Treatment Center	44485	Trumbull

Source: National Directory of Drug and Alcohol Abuse Treatment Centers, 2015.

Exhibit 5: Drug and Alcohol Treatment Centers – Pennsylvania

Facility	ZIP Code	County
Freedom Healthcare Services	15017	Allegheny
Gateway Rehabilitation Center Liberty Station	15017	Allegheny
Auberle	15132	Allegheny
Center for Substance Abuse	15132	Allegheny
Monroeville	15146	Allegheny
Jade Wellness Center	15146	Allegheny
Wellplace Inc Monroeville	15146	Allegheny
Addiction Recovery Services	15222	Allegheny
Alliance Medical Services Inc Ensign II	15226	Allegheny
Allied Addiction Recovery LLC	15222	Allegheny
Alpha House Inc	15206	Allegheny
Arche Wellness LLC	15238	Allegheny
Center for Psychiatric and Chemical Dependency Services WPIC	15213	Allegheny
Cove Forge Behavioral Health System	15203	Allegheny
Discovery House PA	15206	Allegheny
Familylinks	15206	Allegheny
Familylinks Family Treatment Center	15210	Allegheny
Familylinks Family Treatment Center	15235	Allegheny
Gateway Allegheny Valley	15238	Allegheny
Gateway Greentree	15205	Allegheny
Gateway Squirrel Hill	15217	Allegheny
Greenbriar Treatment Center Monroeville	15235	Allegheny
Greenbriar Treatment Center Robinson Township	15205	Allegheny
Greenbriar Treatment Center South Hills	15227	Allegheny
Greenbriar Treatment Center Squirrel Hill	15217	Allegheny
Holy Family Institute/SHORES	15202	Allegheny
Mercy Behavioral Health	15203	Allegheny
Mercy Behavioral Health Center for Hearing and Deaf Services	15219	Allegheny
POWER House	15218	Allegheny
POWER Outpatient Program	15208	Allegheny
Persad Center Inc	15224	Allegheny
Pittsburgh Mercy Health System Mercy Behavioral Health	15212	Allegheny
Progressive Medical Specialists Inc	15201	Allegheny
Pyramid Healthcare Inc	15203	Allegheny
Pyramid Healthcare Inc Transitions/Detox	15221	Allegheny
Salvation Army Harbor Light Center	15233	Allegheny
Sojourner House	15206	Allegheny
Summit Medical Services	15201	Allegheny
Tadiso Inc	15233	Allegheny
Turtle Creek Valley MH/MR Inc Alternatives	15203	Allegheny
UPMC/Mercy Hospital	15219	Allegheny
VA Pittsburgh Healthcare System Center for Trt of Addictive Disorders	15240	Allegheny
Wesley Spectrum Services	15221	Allegheny
Western Psychiatric Institute/Clinic Narcotic Addiction Treatment Program	15208	Allegheny
Family Services of Western PA	15084	Allegheny
Gateway Pleasant Hills	15122	Allegheny
Brooktree Health Services	15090	Allegheny
Greenbriar Treatment Center Wexford	15090	Allegheny
Catholic Charities Counseling and Adoption Services	16502	Erie
Cove Forge Behavioral Health System Division of White Deer Run Inc	16505	Erie
Deerfield Dual Diagnosis	16503	Erie
Esper Treatment Center	16501	Erie
Gaudenzia Erie Inc	16507	Erie
Gaudenzia Erie Inc Community House	16502	Erie
Gaudenzia Erie Inc. Halfway House for Men	16507	Erie
Gaudenzia Erie Inc Outpatient	16501	Erie
Glenbiegh Outpatient Center of Erie	16509	Erie
Mill Creek Community Hospital Substance Abuse Services	16509	Erie
Veterans Affairs Medical Center Substance Abuse Treatment Program	16504	Erie

Source: National Directory of Drug and Alcohol Abuse Treatment Centers, 2015.

Other Community Resources

There is a wide range of agencies, coalitions, and organizations available in the region served by Glenbeigh. Ohio 2-1-1 United Way maintains a large database to help refer individuals in need to health and human services in Ohio. This is a service of the Ohio Department of Social Services and is provided in partnership with the Council of Community Services, The Planning Council, and Ohio United Way.

- Basic Needs (including food, housing/shelters, material goods, transportation, and utilities)
- Consumer Services (including consumer assistance and protection, consumer regulation, money management, and tax services).
- Criminal Justice and Legal (including courts, correctional system, judicial services, law enforcement agencies and services, legal assistance, legal education and information, and legal services and organizations).
- Education (including educational institutions and schools, educational programs and support services).
- Environmental/Public Health/Public Safety (including environmental protection and improvement, public health, and public safety).
- Health Care (including emergency and general medical services, screening and diagnostic services, health care support services, reproductive services, inpatient and outpatient facilities, rehabilitation facilities, specialized treatment, and specialty services).
- Income Support and Employment – (including employment services, public assistance and social insurance programs, and temporary final assistance).
- Mental Health and Substance Abuse (including counseling approaches and settings, mental health care facilities, mental health evaluation and treatment programs, mental health support services, and substance abuse services).
- Individual and Family Life (volunteer programs and services, recreation and leisure activities, spiritual enrichment, individual and family support services, domestic animal services, and death certification and burial arrangements).
- Organizational, Community, and International (including arts and culture, community facilities and centers, disaster services, donor services, community planning and public works, community economic development and finance, occupational and professional associations, organization development and management services, military services, and international affairs).

Additional information about these resources is available at:
http://ouw.org/

APPENDIX A – CONSULTANT QUALIFICATIONS

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Alexandria, Virginia. The firm serves clients throughout the United States as a resource that helps health care providers conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 50 needs assessments for hospitals, health systems, and community partnerships nationally since 2010.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in community benefit and Community Health Needs Assessments.

APPENDIX B – ACTIONS TAKEN SINCE THE PREVIOUS CHNA

Glenbeigh uses evidence-based approaches in the delivery of healthcare services and educational outreach with the aim of achieving healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied.

Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. We continue to evaluate the cumulative impact.

Each identified health need and action items in our 2013 CHNA Implementation Strategy are described below with representative impacts.

1. **Identified Need: Access to Drug and Alcohol Addiction Services across all Demographics**
   Action: Glenbeigh used marketing data to evaluate community need for outpatient services, community, student, and referent educational opportunities, and recovery activities. The hospital also continued to provide financial assistance to maximize access to treatment. Glenbeigh also pursued different collaborations and referral networks throughout the community to provide treatment options for adolescents, low income, and many other demographic groups.
   Highlighted Impact:
   - Through continuous assessment of sober living options, Glenbeigh is positioned to provide housing opportunities for individuals leaving treatment through acquisitions and a growing referral network.
   - The family program provides adolescents and kin the opportunity to learn about addiction and the recovery process for a loved one receiving treatment.
   - Caregivers collaborate with community organizations to create a continuum of care for individuals seeking treatment services.

2. **Identified Need: Cost of Treatment, particularly for the Underinsured**
   Action: Glenbeigh continues to provide financial assistance and discounts to many in the community, based upon a combination of family income, equity in primary residence, assets, and number of dependents. The hospital also continued to expand its referral network to provide additional options for those seeking treatment. Glenbeigh also offered meeting space to independent recovery groups (such as NA and AA) and also provided transportation to individuals who do not have access to a vehicle.
   Highlighted Impact:
   - Glenbeigh provided transportation to more than 5,300 individuals seeking treatment and to patients with standing off-site appointments (such as doctors, dentists, or court) from 2013 to 2015, helping to ease the barrier of transportation to accessing treatment.

- More than 20,000 individuals attended meetings held at Glenbeigh's facilities from 2013 to 2015, ensuring an active and vibrant sober community.

3. **Identified Need: Limited Inpatient Treatment Options and Detox Beds**
   Action: Glenbeigh continues to assess the need for expanding the number of detoxification beds available in the community. This continued assessment led to additional beds and structures as well as the purchase of additional property to expand in the future. Glenbeigh also continues to provide detoxification services to counties without resources.
   Highlighted Impact:
   - Increased the number of inpatient and extended care beds in the Glenbeigh system to 172.
   - The Rock Creek inpatient hospital gained 3 additional detoxification beds and 3 additional step-down beds.
   - A replacement building at Rock Creek campus was constructed to accommodate 10 additional patients.

4. **Identified Need: Transitional Services**
   Action: Glenbeigh established and expanded a referral network for post-treatment housing that promotes recovery community living. The hospital also continued to check and adjust the use of intensive outpatient programs for recovery. These assessments led to the purchase of two new long-term recovery residences for patients from 2013 to 2015.
   Highlighted Impact:
   - Through the purchase of 2 houses for long-term recovery, 11 additional beds were added to the community. By providing sober living options after inpatient treatment, Glenbeigh promotes healthy behaviors and a lifestyle conducive to long-term recovery.
   - Glenbeigh proactively builds relationships with qualified residential housing providers to increase the number of options to patients following treatment. The number of residential housing options continues to increase in service areas where Glenbeigh outpatient centers are located.

5. **Identified Need: Heroin Addiction**
   Action: Glenbeigh has taken a leading role in the promotion and distribution of Naloxone to treat opioids, promoting local health departments in its distribution and offering Naloxone training and kits. Glenbeigh also provided 61 professional education workshops for professional counselors, social workers and EAPs. The hospital also created multiple social media accounts to distribute information regarding heroin addiction and recovery.
   Highlighted Impact:
   - As local health departments take the lead on distribution of Naloxone through the Project DAWN program, Glenbeigh works with these organizations to compliment training.

- The 61 professional education workshops were attended by over 3,500 individuals.

6. **Identified Need: Addiction among Younger Populations**
   Action: As a part of the Scrappers Healthy Community Program, Glenbeigh distributed 50 Street drugs books and reference materials to schools annual from 2013 to 2015. The hospital also sponsored a number of opiate summits and provided educational and social events for the recovering community.
   Highlighted Impact:
   - Distribution of resources and materials regarding drug and alcohol addiction at schools help employees recognize illicit drugs and be aware of associated behavior.
   - Glenbeigh has seen a consistent increase in the number of people attending sober events during the three year cycle.
   - Through education on addiction and recovery, all parties involved with the addicted individual benefit and reduce the risk of relapse. This goal is accomplished through a variety of family programs, such as the Sunday Family Program.

7. **Identified Need: Education on Resources Available to Providers and Other Professionals**
   Action: Glenbeigh offered 61 Rise and Shine educational workshops for to provide continuing education opportunities from 2013 to 2015. The hospital also hosted nursing, counseling, and social worker interns from 10 different universities and colleges. Glenbeigh also distributed information regarding drug and alcohol abuse, professional education, and more at health fairs, summits, and through social media.
   Highlighted Impact:
   - Clinical education opportunities for a diverse range of students is important in cultivating professionals in the field and training future caregivers in evidence-based practices for the treatment of drug and alcohol addiction.
   - Collaboration with businesses and other service organizations on treatment and recovery enhances the community by creating a continuum of care for patients and their families and colleagues.

APPENDIX C – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Glenbeigh community. The section begins with a review of information about the community's demographics and economic characteristics. Data regarding the prevalence of alcohol and substance abuse issues are then presented at a national, state, regional, and county level of detail. The section then provides information about relevant findings from other, recently conducted community health needs assessments.

Demographics

Population characteristics and changes directly influence community health needs. Between 2010 and 2020, the total population in the Glenbeigh community is expected to decrease 2.9 percent (**Exhibit 6**).

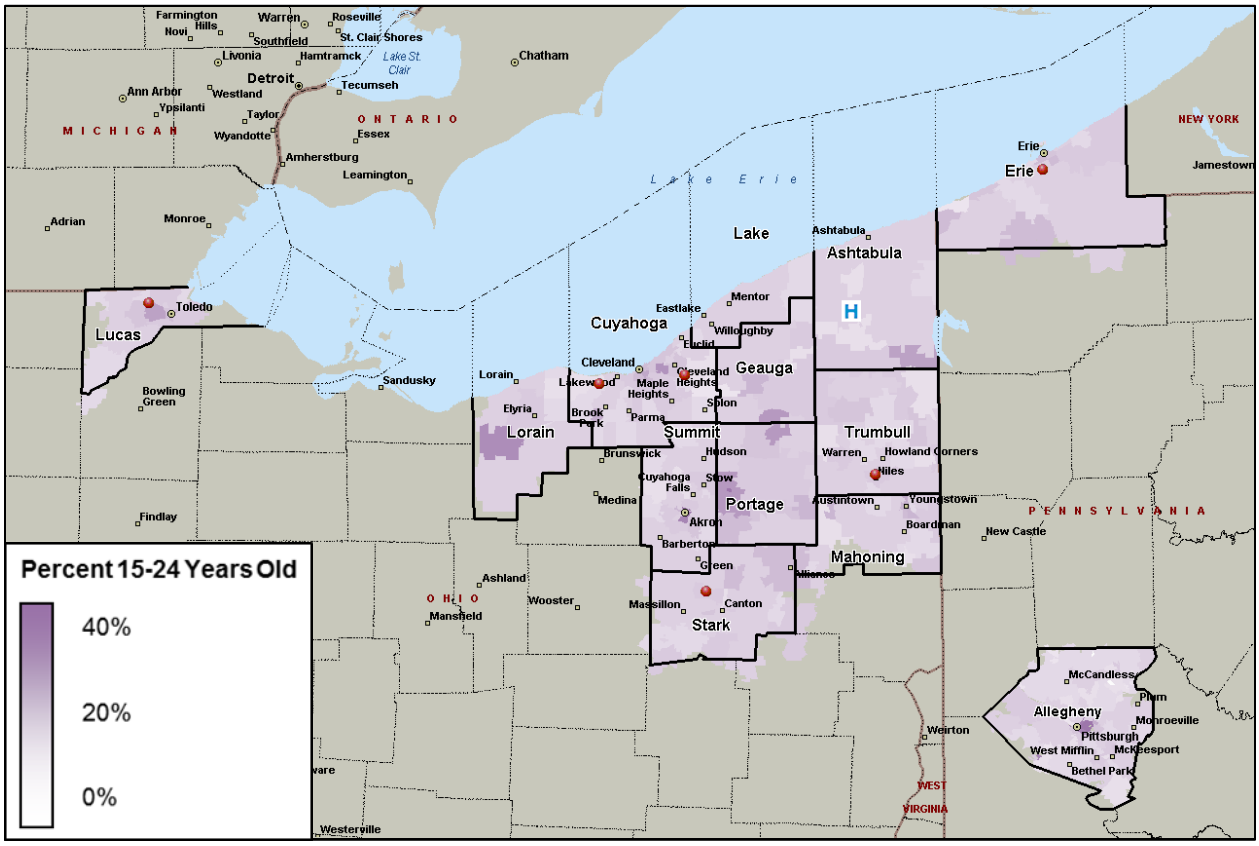
Exhibit 6: Percent Change in Community Population 2010-2020

County	Estimated Population 2010	Projected Population 2020	Percent Change 2010-2020
Ashtabula County, OH	101,497	101,230	-0.3%
Cuyahoga County, OH	1,280,122	1,209,550	-5.5%
Geauga County, OH	93,389	93,510	0.1%
Lake County, OH	230,041	228,600	-0.6%
Lorain County, OH	301,356	310,230	2.9%
Lucas County, OH	441,815	430,450	-2.6%
Mahoning County, OH	238,823	224,680	-5.9%
Portage County, OH	161,419	161,410	0.0%
Stark County, OH	375,586	368,210	-2.0%
Summit County, OH	541,781	534,150	-1.4%
Trumbull County, OH	210,312	200,840	-4.5%
Allegheny County, PA	1,210,748	1,169,207	-3.4%
Erie County, PA	280,397	275,355	-1.8%
Total	**5,467,286**	**5,307,422**	**-2.9%**

Source: Ohio Development Services Agency, 2015; Pennsylvania State Data Center, 2010.

Data from the National Survey on Drug Use and Health indicate that the 15-24 age cohort has had the highest rates of illicit drug use and binge drinking. **Exhibit 7** shows locations in the community where the percentages of the population that are in this cohort were highest in 2014.

Exhibit 7: Percent of Population Aged 15-24 Years Old, 2014

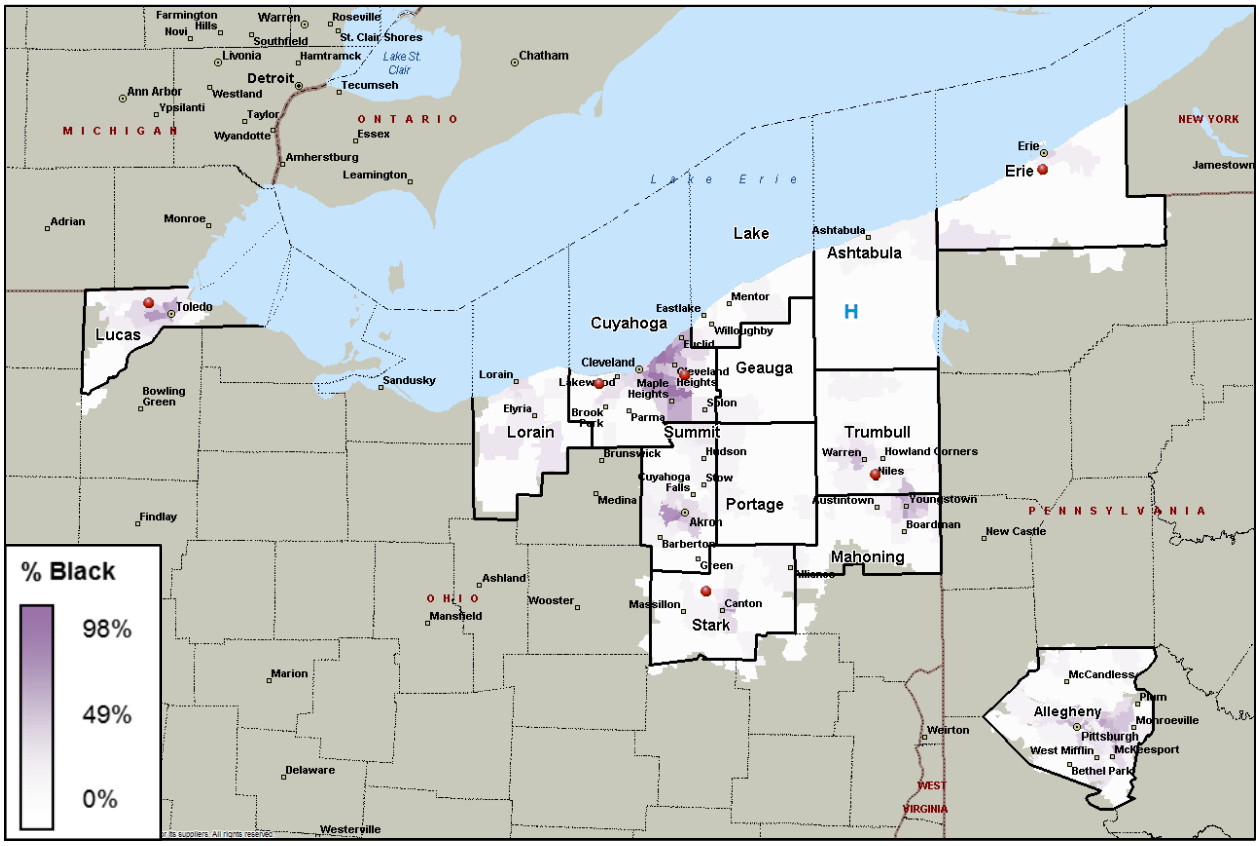


Source: U.S. Census, ACS 5-Year Estimates, 2010-2014.

The highest percentages of residents 15-24 years of age were in Portage County, OH (ZIP code 44243), Summit County, OH (ZIP code 44304), and Allegheny County, PA (ZIP codes 15213 and 15219).

Between 2010 and 2013, the Black population in the United States experienced higher rates of illicit drug use than other racial and ethnic cohorts. **Exhibit 8** shows locations where the percentages of the population that are Black were highest in 2014.

Exhibit 8: Percent of Population - Black, 2014



Source: U.S. Census, ACS 5-Year Estimates, 2010-2014.

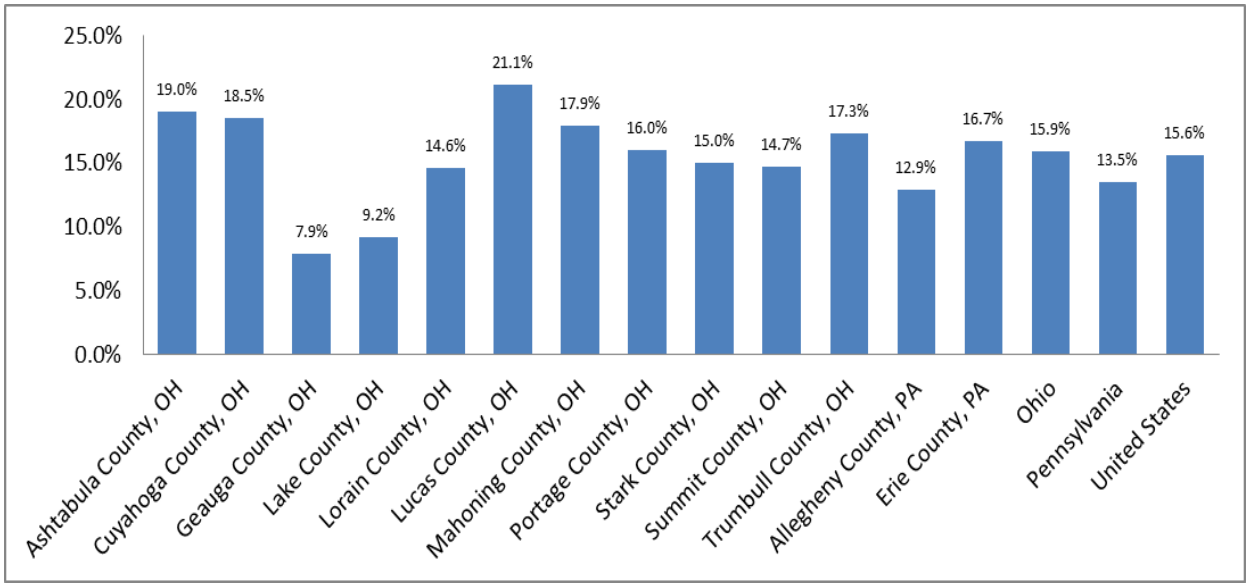
Over 80 percent of residents of Cuyahoga County, OH ZIP codes 44104, 44128, 44108, 44112, 44307, 44110, and 44103 were Black.

Poverty

Many health needs are associated with poverty. For example, **Exhibit 24** shows that the national rate of heroin use for those with an annual household income under $20,000 was more than three times the rate for those making more than $50,000.

According to the U.S. Census, in 2014 approximately 15.9 percent of people in Ohio and 13.5 percent of people in Pennsylvania were living in poverty. Ashtabula (OH), Cuyahoga (OH), Erie (PA), Lucas (OH), Mahoning (OH), Portage (OH), and Trumbull (OH) counties had higher poverty rates than their respective states (**Exhibit 9**).

Exhibit 9: Percent of People in Poverty, 2014



Source: U.S. Census, ACS 5-Year Estimates, 2010-2014.

Considerable variation in poverty rates is present in each county and state across racial and ethnic categories (**Exhibit 10**).

Exhibit 10: Poverty Rates by Race and Ethnicity, 2014

County	White	Black	Asian	Hispanic
Ashtabula County, OH	18.0%	40.6%	3.1%	44.1%
Cuyahoga County, OH	11.2%	33.6%	12.3%	31.5%
Geauga County, OH	7.7%	24.4%	3.8%	11.6%
Lake County, OH	8.3%	27.7%	6.9%	20.3%
Lorain County, OH	11.1%	39.9%	17.4%	29.5%
Lucas County, OH	14.7%	40.5%	24.6%	30.6%
Mahoning County, OH	13.2%	40.2%	12.5%	38.0%
Portage County, OH	14.2%	40.0%	25.8%	22.1%
Stark County, OH	12.6%	35.2%	8.7%	32.0%
Summit County, OH	11.0%	31.8%	18.9%	21.3%
Trumbull County, OH	14.4%	43.5%	26.9%	38.1%
Allegheny County, PA	9.2%	31.9%	18.6%	24.1%
Erie County, PA	14.0%	38.4%	31.4%	40.6%
Ohio	**12.8%**	**34.2%**	**12.9%**	**29.0%**
Pennsylvania	**10.5%**	**29.0%**	**16.1%**	**32.7%**
United States	**12.8%**	**27.3%**	**12.7%**	**24.8%**

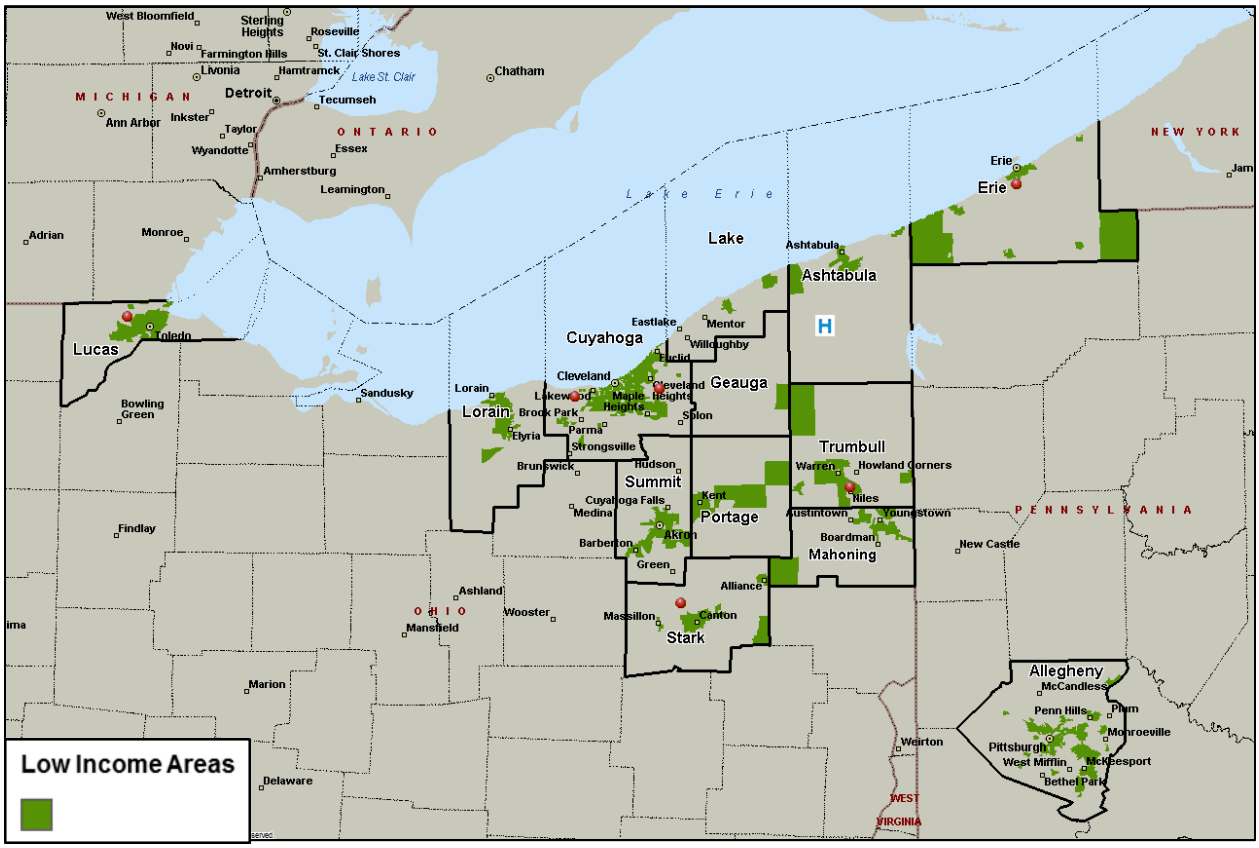
Source: U.S. Census, ACS 5-Year Estimates, 2010-2014.

Poverty rates in all counties served by Glenbeigh have been comparatively high for African American and Hispanic (or Latino) residents.

Exhibit 11 portrays the locations of low-income census tracts in the community. The U.S. Department of Agriculture defines "low-income census tracts" as areas where poverty rates are

20 percent or higher or where median family incomes are 80 percent or lower than the area-wide average.

Exhibit 11: Low-income Census Tracts



Source: US Department of Agriculture Economic Research Service, ESRI, 2015.

Low-income census tracts are present in each of the thirteen counties in the Glenbeigh community.

Unemployment

Unemployment is problematic because many receive health insurance coverage through their (or a family member's) employer. If unemployment rises, access to employer based health insurance can decrease. According to the 2013 National Survey on Drug Use and Health, among unemployed adults aged 18 or older in 2013, 18.2 percent were current illicit drug users, double the percent among employed adults.[6]

Exhibit 12 shows unemployment rates for 2011 through 2015 for each county with Ohio, Pennsylvania and national rates for comparison.

[6] https://nsduhweb.rti.org/respweb/homepage.cfm

Exhibit 12: Unemployment Rates, 2011-2015

County	2011	2012	2013	2014	2015
Ashtabula County, OH	10.9%	9.4%	9.5%	7.2%	6.0%
Cuyahoga County, OH	7.6%	6.8%	7.0%	6.2%	5.0%
Geauga County, OH	6.0%	5.3%	5.7%	5.0%	4.0%
Lake County, OH	6.8%	5.9%	6.3%	5.5%	4.4%
Lorain County, OH	7.8%	7.1%	7.4%	6.4%	5.4%
Lucas County, OH	9.9%	8.3%	8.7%	6.4%	5.3%
Mahoning County, OH	9.8%	8.3%	8.5%	6.7%	6.1%
Portage County, OH	8.9%	7.3%	7.7%	5.9%	4.9%
Stark County, OH	9.3%	7.5%	7.6%	5.8%	5.3%
Summit County, OH	9.1%	7.5%	7.6%	5.9%	4.9%
Trumbull County, OH	10.7%	9.0%	9.3%	7.2%	6.5%
Allegheny County, PA	7.1%	7.0%	6.6%	5.4%	4.8%
Erie County, PA	8.1%	7.8%	7.5%	6.2%	5.3%
Ohio	**8.8%**	**7.4%**	**7.5%**	**5.8%**	**4.9%**
Pennsylvania	**7.9%**	**7.8%**	**7.4%**	**5.9%**	**5.1%**
United States	**8.9%**	**8.1%**	**7.4%**	**6.2%**	**5.3%**

Source: Bureau of Labor Statistics, 2010-2014.

Between 2011 and 2015, unemployment rates at the county, state, and national level decreased significantly. However, the unemployment rates in Ashtabula (OH), Mahoning (OH), and Trumbull (OH) counties consistently have been higher than average.

Insurance Status

Exhibit 13 presents the estimated percent of populations in the Glenbeigh community without health insurance (uninsured).

Exhibit 13: Percent of the Population without Health Insurance, 2014

County	Total Population 2014	Percent Uninsured 2014
Ashtabula County, OH	97,202	12.9%
Cuyahoga County, OH	1,251,991	10.8%
Geauga County, OH	93,189	11.4%
Lake County, OH	227,578	9.0%
Lorain County, OH	295,839	9.0%
Lucas County, OH	432,852	11.6%
Mahoning County, OH	229,955	10.3%
Portage County, OH	160,539	9.6%
Stark County, OH	370,281	10.3%
Summit County, OH	536,363	10.2%
Trumbull County, OH	203,844	12.4%
Allegheny County, PA	1,214,370	7.5%
Erie County, PA	274,824	8.9%
Community Total	**5,388,827**	**9.8%**
Ohio	**11,386,433**	**10.9%**
Pennsylvania	**12,553,967**	**9.5%**

Source: US Census Bureau, ACS 5-Year Estimates, 2010-2014.

In 2014, the average uninsured rate in the Glenbeigh community was 9.8 percent. Ashtabula (OH), Geauga (OH), Lucas (OH), and Trumbull (OH) counites had uninsured rates above the Ohio average.

Subsequent to the ACA's passage, a June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Ohio was one of the states that expanded Medicaid. Medicaid expansion accounted for over 76 percent of Ohio's ACA enrollment and plans purchased through the federal healthcare.gov exchange accounted for about 24 percent.[7]

In Ohio, Medicaid primarily is available for low-income individuals, pregnant women, children, low-income elderly persons, and individuals with disabilities.[8] With a network of more than 83,000 providers, the Ohio Department of Medicaid covers over 2.9 million Ohio residents. Across the United States, uninsured rates have fallen most in states that decided to expand Medicaid.[9]

Ohio Medicaid beneficiaries in need of alcohol and drug addiction resources have access to the following services: alcohol/drug screening analysis/lab urinalysis, ambulatory detoxification, assessment, case management, crisis intervention, individual or group counseling (MHA certified providers), induction of buprenorphine, injection of naltrexone (to treat addiction), intensive outpatient (to treat addiction), medical somatic, and methadone administration. Any

[7] http://watchdog.org/237980/75percent-ohio-obamacare/
[8] http://medicaid.ohio.gov/FOROHIOANS/WhoQualifies.aspx
[9] See: http://hrms.urban.org/briefs/Increase-in-Medicaid-under-the-ACA-reduces-uninsurance.html

Ohio Medicaid beneficiary with a medical need is eligible for these services, with no benefit limit and a zero dollar copay.[10]

The recent election of the new president raises questions regarding whether access improvements associated with the Affordable Care Act will be sustained.

Crime

Exhibit 14 provides drug and alcohol-related crime statistics for Ohio and Pennsylvania, with national data for comparison.

Exhibit 14: Drug and Alcohol-Related Crime Rates, Per 100,000, 2014

Region	Population	Drug Abuse Violations	Driving Under the Influence	Liquor Laws	Drunkenness
Ohio	8,531,005	425.9	405.9	94.9	30.5
Pennsylvania	12,433,961	461.6	378.1	112.3	186.4
United States	318,857,056	489.6	350.6	100.7	130.1

Source: FBI, 2014.

In 2014, Pennsylvania had higher rates of driving under the influence, broken liquor laws, and drunkenness than the national average. Ohio also had a higher rate of driving under the influence than the United States.

Alcohol and Substance Abuse Indicators

The following section presents drug and alcohol abuse indicators for the United States, Ohio and Pennsylvania, and the region and counties served by Glenbeigh. Data and cells are highlighted if indicators are unfavorable – because they are worse than comparison benchmarks (e.g., United States averages). Where confidence interval data are available, cells are highlighted only if variances are unfavorable and also statistically significant. Light grey shading indicates measure is worse than benchmark. Dark grey shading indicates measure is more than 50 percent worse than benchmark.

National Issues and Indicators

Substance abuse and drug overdose-related deaths in the United States have increased significantly over the last five years. The number of heroin overdose deaths has more than tripled since 2010. Data indicate that low-income Black males between the ages of 18 and 25 are the most likely to use drugs; however, substance abuse has increased across almost every demographic cohort.

Exhibit 15 presents national, age-adjusted drug overdose mortality rates by demographic cohort.

[10] http://www.medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx#61542-alcohol-and-drug-addiction

Exhibit 15: National Age-Adjusted Drug Overdose Death Rates per 100,000 Population, by Demographic Cohort, 2013-2014

Cohort	Deaths 2013	Age-adjusted Rate 2013	Deaths 2014	Age-adjusted Rate 2014	% Change 2013-2014
United States	**43,982**	**13.8**	**47,055**	**14.7**	**6.5%**
Male	26,799	17.0	28,812	18.3	7.6%
Female	17,183	10.6	18,243	11.1	4.7%
Age					
0-14	105	0.2	109	0.2	0.0%
15-24	3,664	8.3	3,798	8.6	3.6%
25-34	8,947	20.9	10,055	23.1	10.5%
35-44	9,320	23.0	10,134	25.0	8.7%
45-54	12,045	27.5	12,263	28.2	2.5%
55-65	7,551	19.2	8,122	20.3	5.7%
> 65	2,344	5.2	2,568	5.6	7.7%
Race					
White	35,581	17.6	37,945	19.0	8.0%
Black	3,928	9.7	4,323	10.5	8.2%
Hispanic	3,345	6.7	3,504	6.7	0.0%

Source: Centers for Disease Control and Prevention, 2014.

The overall drug overdose mortality rate increased by 6.5 percent between 2013 and 2014. Drug overdose rates were highest among male, middle-aged adult, and white cohorts in 2014.

Exhibit 16 provides drug overdose mortality rates for Ohio, Pennsylvania, and the United States.

Exhibit 16: Age-Adjusted Drug Overdose Death Rates per 100,000 Population, by Age/Sex/Racial Cohort, 2013-2014

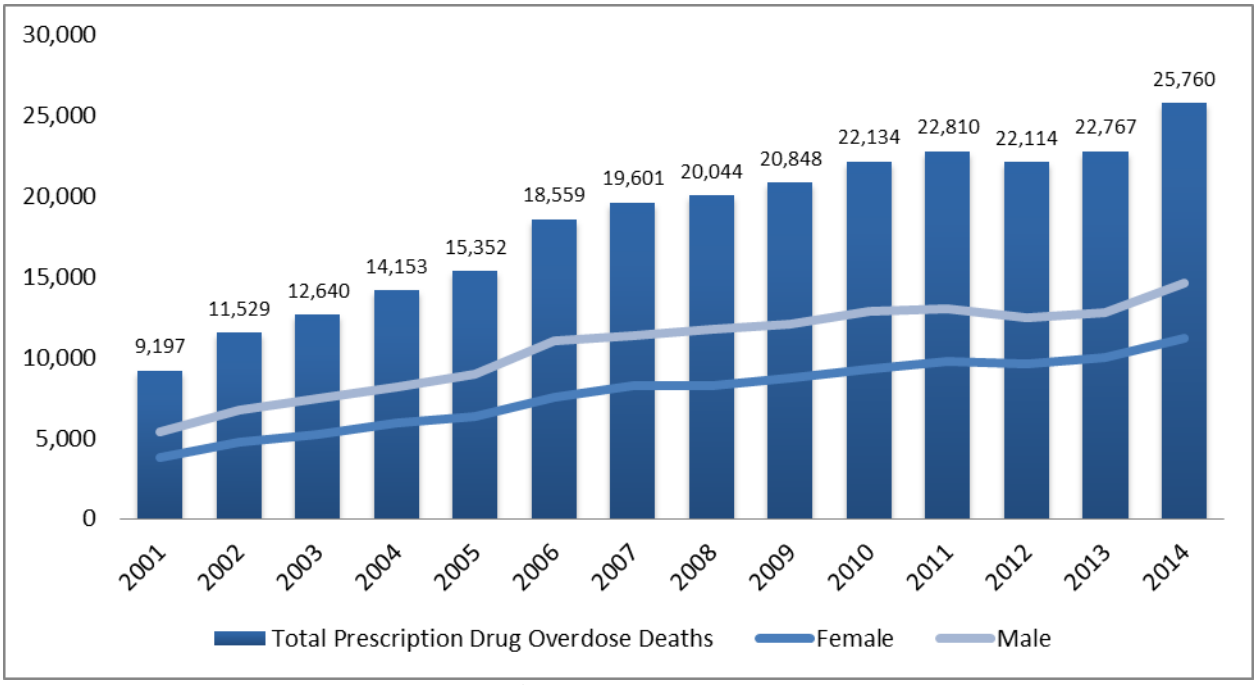
Cohort	Deaths 2013	Age-adjusted Rate 2013	Deaths 2014	Age-adjusted Rate 2014	% Change 2013-2014
Ohio	2,347	20.8	2,744	24.6	18.3%
Pennsylvania	2,426	19.4	2,732	21.9	12.9%
United States	**43,982**	**13.8**	**47,055**	**14.7**	**6.5%**

Source: Centers for Disease Control and Prevention, 2014.

Between 2013 and 2014, the age-adjusted drug overdose mortality rate has increased by 18.3 percent in Ohio and 12.9 percent in Pennsylvania. In 2014, the age-adjusted mortality rates in Ohio were 67 and 49 percent greater than the national average, respectively.

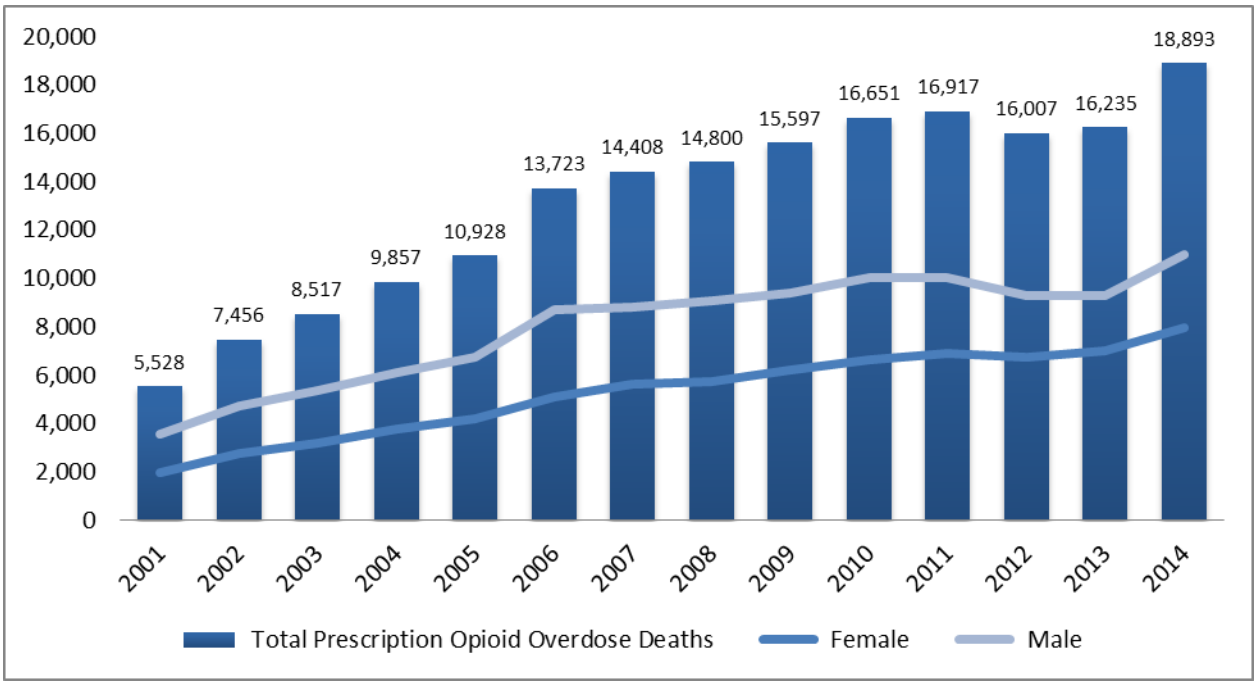
Annual drug overdose deaths have been increasing over many years in the United States. **Exhibits 17-22** provide national trends in drug overdose deaths by sex and drug type.

Exhibit 17: Total Prescription Drug Overdose Deaths, 2001-2014



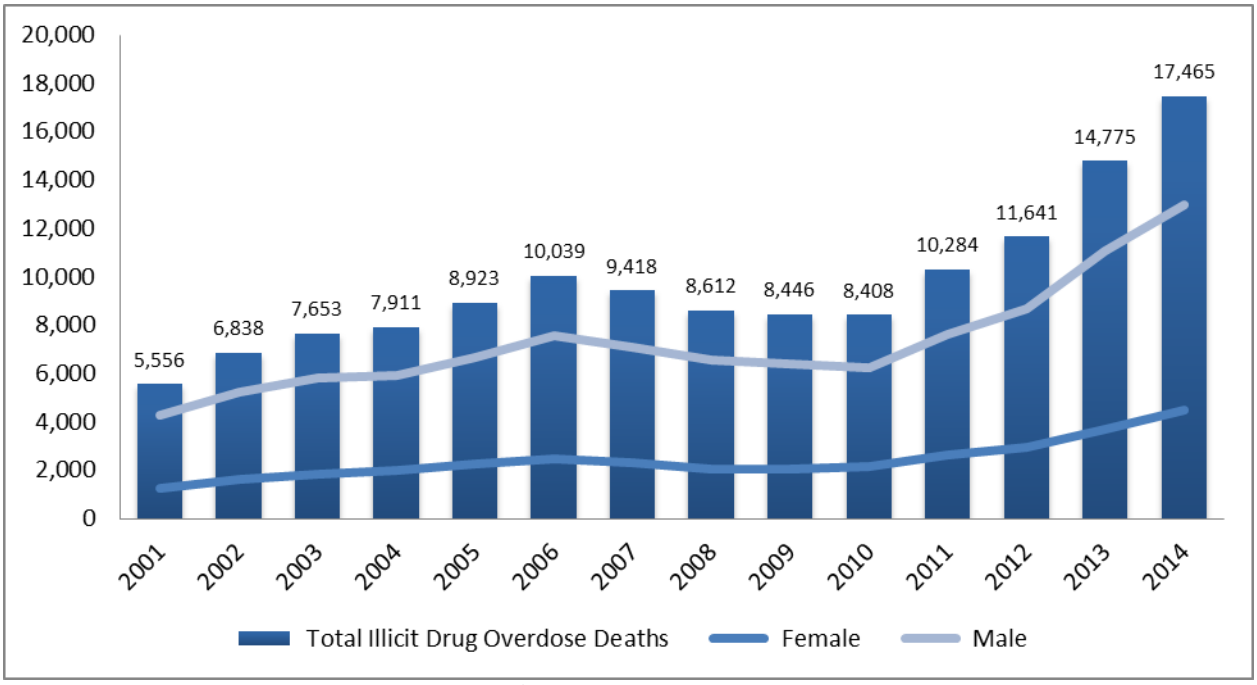
Source: Centers for Disease Control and Prevention, 2014.

Exhibit 18: Total Prescription Opioid Overdose Deaths, 2001-2014



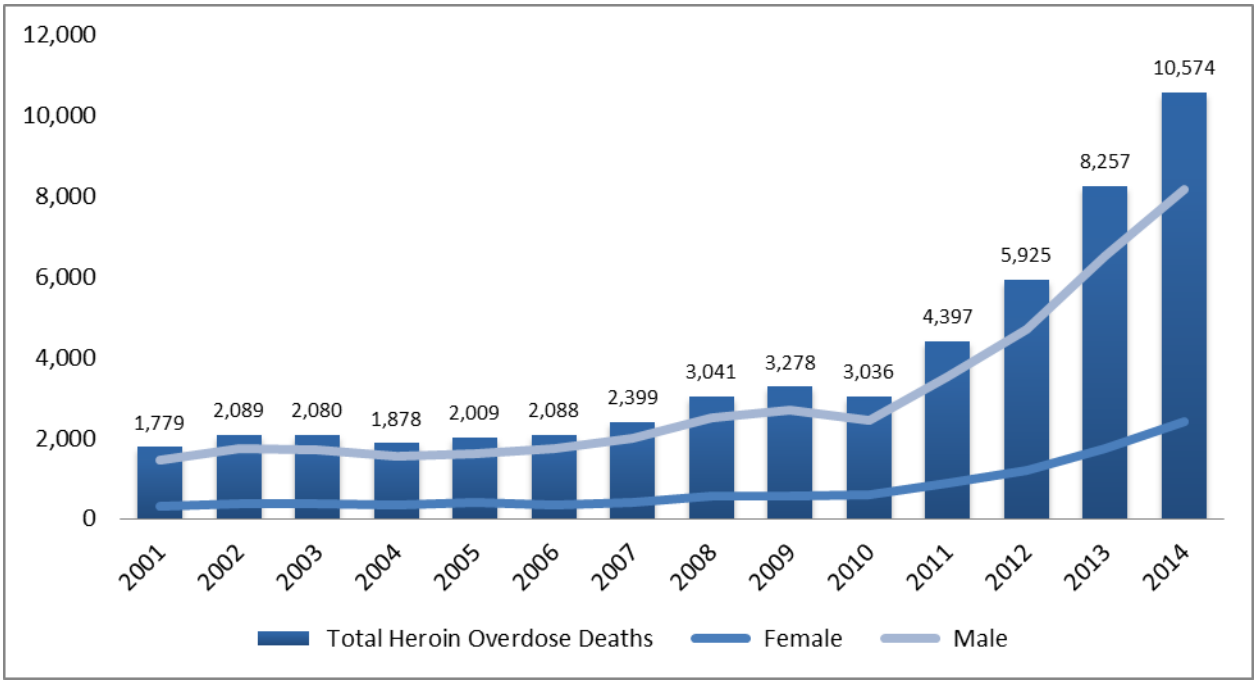
Source: Centers for Disease Control and Prevention, 2014.

Exhibit 19: Total Illicit Drug Overdose Deaths, 2001-2014



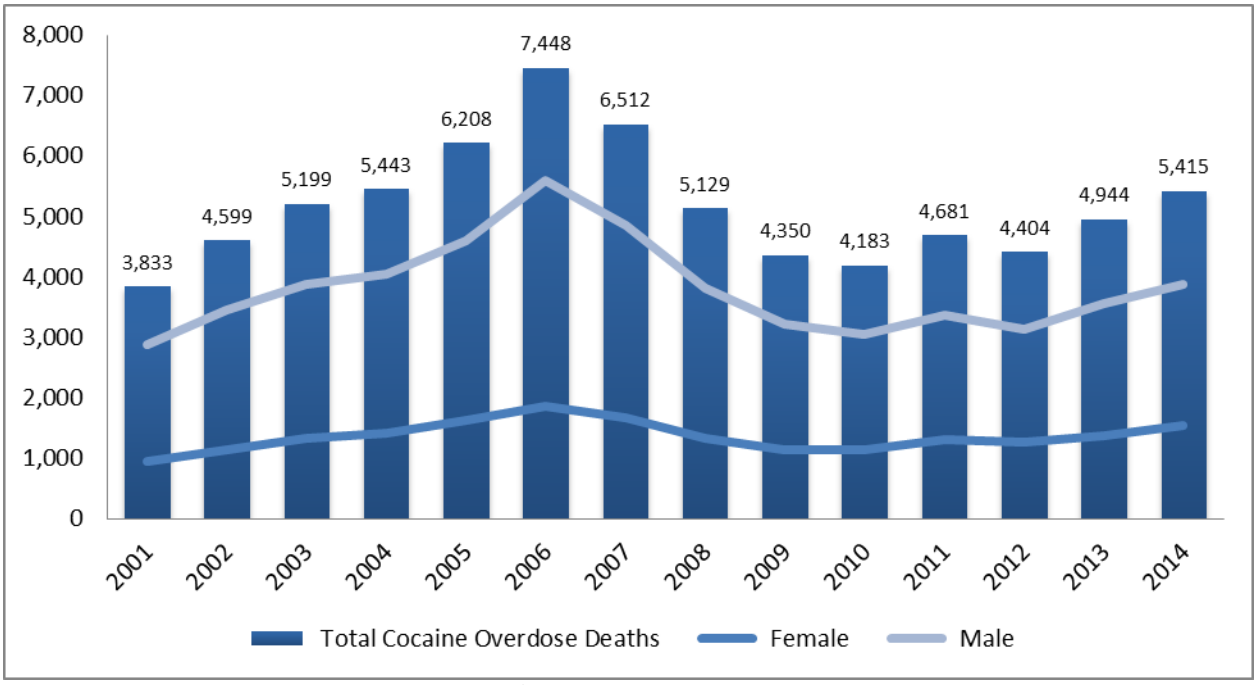
Source: Centers for Disease Control and Prevention, 2014.

Exhibit 20: Total Heroin Overdose Deaths, 2001-2014



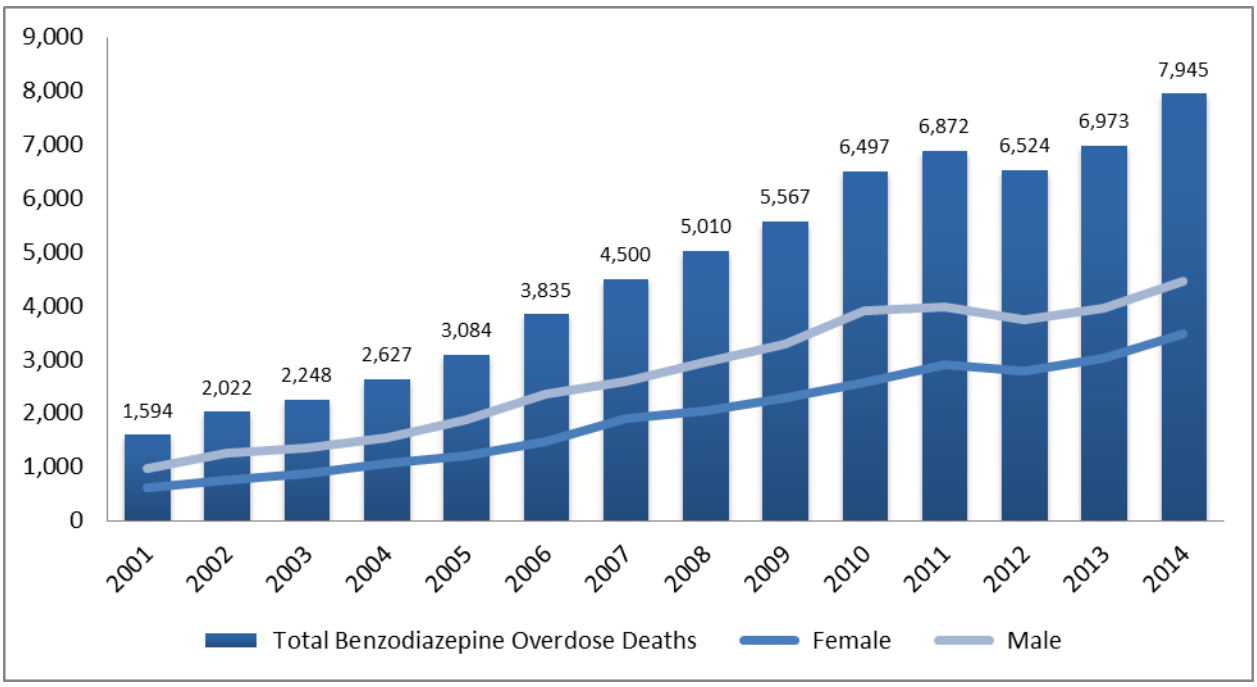
Source: Centers for Disease Control and Prevention, 2014.

Exhibit 21: Total Cocaine Overdose Deaths, 2001-2014



Source: Centers for Disease Control and Prevention, 2014.

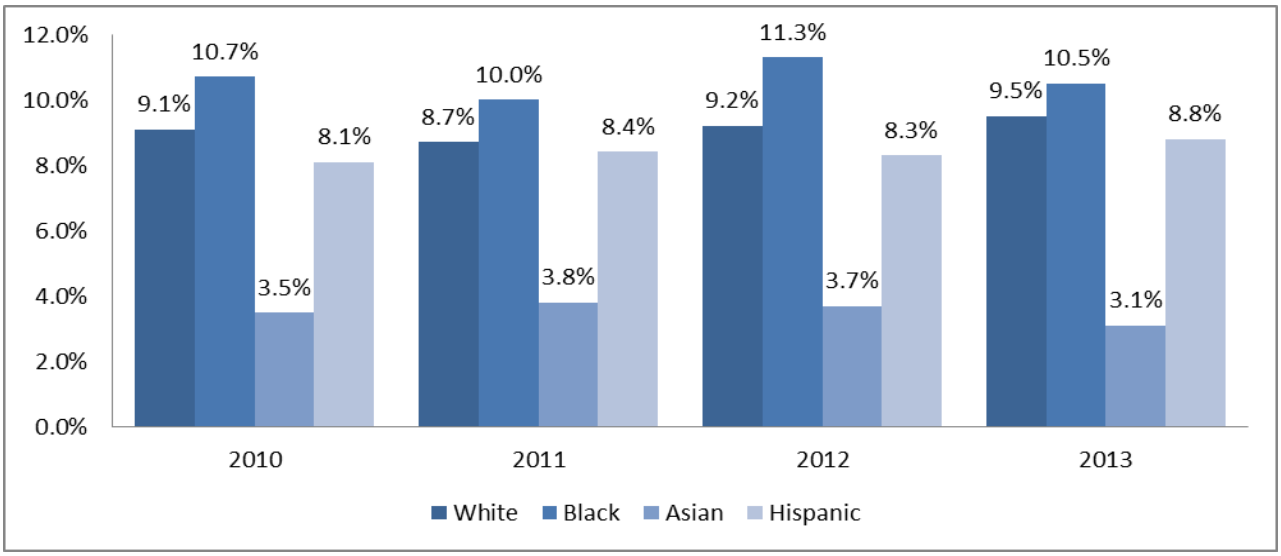
Exhibit 22: Total Benzodiazepine Overdose Deaths, 2001-2014



Source: Centers for Disease Control and Prevention, 2014.

Exhibit 23 shows the percent of the population aged 12 or older by race and ethnicity who reported past month illicit drug use.

Exhibit 23: Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity, 2010-2013



Source: National Survey on Drug Use and Health, 2013.

Between 2010 and 2013, a higher percent of Black persons in the United States have reported illicit drug use than other races or ethnicities.

Exhibit 24 provides data on heroin use rates by demographic cohort, in 2002-2004 and in 2011-2013.

Exhibit 24: National Rates of Heroin Use among Selected Demographic Cohorts, 2002-2004 and 2011-2013

Cohort	2002-2004	2011-2013	Percent Change
Sex			
Male	2.4	3.6	50.0%
Female	0.8	1.6	100.0%
Age			
18-25	3.5	7.3	108.6%
26 or older	1.2	1.9	58.3%
Race/Ethnicity			
Non-Hispanic White	1.4	3.0	114.3%
Other	2.0	1.7	-15.0%
Annual Household Income			
Less than $20,000	3.4	5.5	61.8%
$20,000-$49,999	1.3	2.3	76.9%
$50,000 or more	1.0	1.6	60.0%
Health Insurance Coverage			
None	4.2	6.7	59.5%
Medicaid	4.3	4.7	9.3%
Private or other	0.8	1.3	62.5%

Source: Centers for Disease Control and Prevention, 2014.

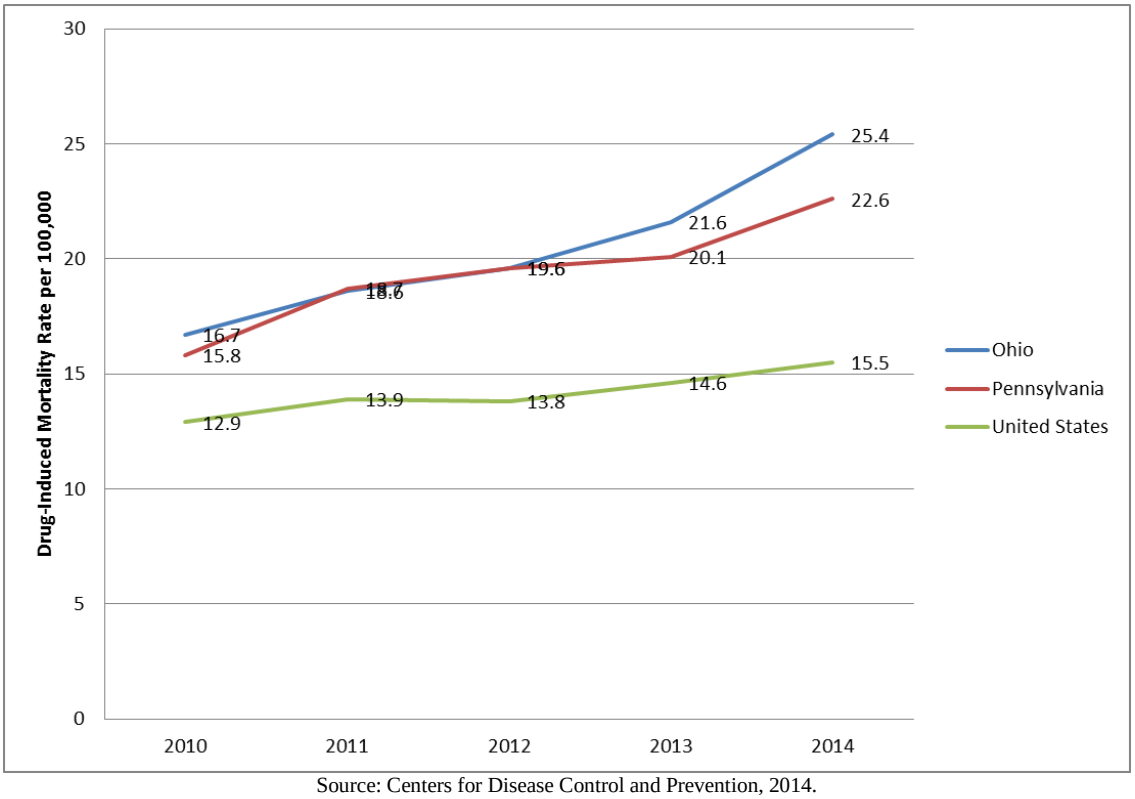
Heroin uses has increased across almost every demographic cohort. The highest rates have occurred for those with the lowest annual income (less than $20,000) and those without health insurance. Heroin use among the Non-Hispanic White population and the population aged 18-25 has more than doubled in recent years.

State Issues and Indicators

This section assesses rates of substance abuse and drug overdose deaths in Ohio and Pennsylvania. Data sources include: (1) Centers for Disease Control and Prevention, (2) Ohio Department of Health, (3) National Survey on Drug Use and Health (NSDUH), and (4) the Substance Abuse and Mental Health Services Administration.

Exhibit 25 shows annual drug-induced mortality rates for Ohio, Pennsylvania, and the United States between 2010 and 2014.

Exhibit 25: Drug-Induced Mortality Rate per 100,000 Population, 2010-2014

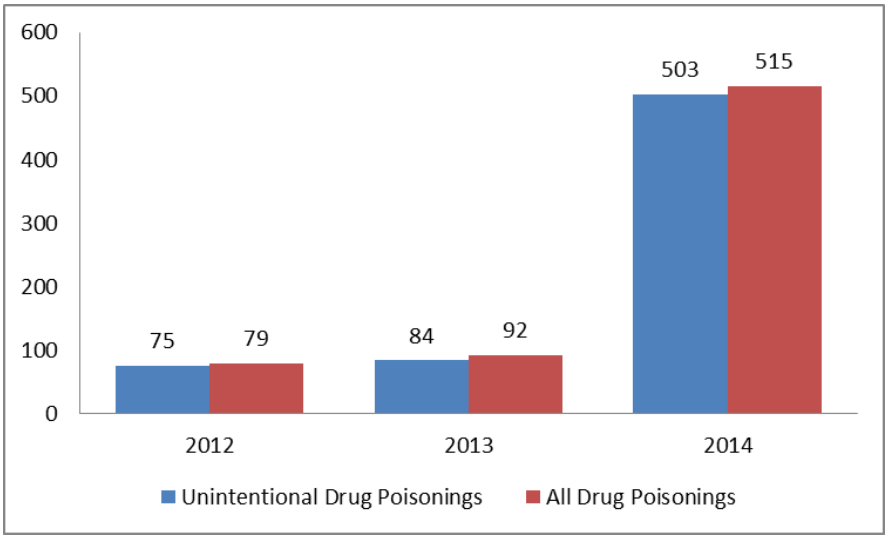


Source: Centers for Disease Control and Prevention, 2014.

Between 2010 and 2014, drug-induced mortality rates in Ohio and Pennsylvania consistently have been above the national average. During this time period, the drug-induced mortality rate in Ohio increased by 8.7 deaths per 100,000 population (52 percent) and Pennsylvania increased by 6.8 deaths per 100,000 population (43 percent). In comparison, the national rate increased by 2.6 deaths per 100,000 population (20 percent).

Exhibit 26 shows that deaths related to fentanyl have been a major contributor to the above trend.

Exhibit 26: Fentanyl-related Deaths in Ohio, 2012-2014



Source: Ohio Department of Health, *2014 Ohio Overdose Report*, 2014.

Between 2012 and 2014, the number of fentanyl-related deaths in Ohio increased six-fold.

Exhibit 27 presents data on fentanyl confiscations. The top ten states are presented. Ohio and Pennsylvania were ranked first and third in terms of fentanyl confiscations.

Exhibit 27: Fentanyl Drug Confiscations, by State, 2014

State	Number of Fentanyl Confiscations	Confiscations Rank	2014 Population Rank
Ohio	**1,245**	**1**	**7**
Massachusetts	630	2	14
Pennsylvania	**419**	**3**	**6**
Maryland	311	4	19
New Jersey	238	5	11
Kentucky	232	6	26
Virginia	222	7	12
Florida	183	8	3
New Hampshire	177	9	42
Indiana	133	10	16

Source: Centers for Disease Control and Prevention, 2014.

In 2014, Ohio ranked seventh in the United States in terms of population but first for fentanyl confiscations.

Exhibits 28-30 present selected drug use measures from the National Survey on Drug Use and Health (NSDUH) for Ohio, Pennsylvania, and the United States - by age group.

The National Survey on Drug Use and Health (NSDUH) is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older. The survey provides national and state-level data on the use of tobacco products, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Exhibit 28: National Survey on Drug Use and Health (NSDUH) Illicit Drug Use Estimates, by Age Group, 2013-2014

Measure	Region	Age Group			
		18-25	26 or Older	18 or Older	12 or Older
Illicit Drug Use in the Past Month	**United States**	**21.8%**	**7.8%**	**9.8%**	**9.8%**
	Ohio	20.5%	6.9%	8.8%	8.7%
	Pennsylvania	22.2%	7.1%	9.2%	9.2%
Illicit Drug Use Other Than Marijuana in the Past Month	**United States**	**6.6%**	**2.7%**	**3.3%**	**3.3%**
	Ohio	6.8%	2.5%	3.1%	3.1%
	Pennsylvania	6.7%	2.6%	3.2%	3.2%
Cocaine Use in the Past Year	**United States**	**4.5%**	**1.3%**	**1.8%**	**1.7%**
	Ohio	3.8%	1.1%	1.5%	1.4%
	Pennsylvania	4.2%	1.2%	1.6%	1.5%
Nonmedical Use of Pain Relievers in the Past Year	**United States**	**8.3%**	**3.3%**	**4.0%**	**4.1%**
	Ohio	9.3%	3.8%	4.6%	4.6%
	Pennsylvania	8.7%	3.1%	3.9%	3.9%
Illicit Drug Dependence or Abuse in the Past Year	**United States**	**7.0%**	**1.8%**	**2.6%**	**2.6%**
	Ohio	7.2%	2.0%	2.7%	2.8%
	Pennsylvania	7.6%	1.9%	2.7%	2.7%
Illicit Drug Dependence in the Past Year	**United States**	**5.0%**	**1.3%**	**1.9%**	**1.9%**
	Ohio	5.5%	1.6%	2.1%	2.1%
	Pennsylvania	5.5%	1.5%	2.0%	2.0%
Dependence or Abuse of Illicit Drugs or Alcohol in the Past Year	**United States**	**16.8%**	**7.1%**	**8.5%**	**8.2%**
	Ohio	17.3%	7.6%	8.9%	8.5%
	Pennsylvania	18.4%	7.0%	8.6%	8.3%
Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year	**United States**	**6.4%**	**1.5%**	**2.3%**	**2.4%**
	Ohio	6.5%	1.6%	2.3%	2.4%
	Pennsylvania	6.4%	1.6%	2.3%	2.3%

Source: National Survey on Drug Use and Health, 2014.

Exhibit 29: National Survey on Drug Use and Health (NSDUH) Alcohol Use Estimates, by Age Group, 2013-2014

Measure	Region	Age Group			
		18-25	26 or Older	18 or Older	12 or Older
Alcohol Use in the Past Month	**United States**	**59.6%**	**56.2%**	**56.7%**	**52.4%**
	Ohio	62.0%	57.7%	58.3%	53.8%
	Pennsylvania	64.4%	60.8%	61.3%	57.1%
Binge Alcohol Use in the Past Month	**United States**	**37.8%**	**22.4%**	**24.7%**	**22.9%**
	Ohio	41.5%	24.9%	27.2%	25.2%
	Pennsylvania	42.6%	23.4%	26.1%	24.4%
Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	**United States**	**33.4%**	**42.3%**	**41.0%**	**40.8%**
	Ohio	28.7%	37.9%	36.6%	36.7%
	Pennsylvania	27.4%	38.1%	36.6%	36.7%
Alcohol Dependence or Abuse in the Past Year	**United States**	**12.6%**	**5.9%**	**6.9%**	**6.5%**
	Ohio	13.0%	6.1%	7.1%	6.7%
	Pennsylvania	14.0%	5.9%	7.0%	6.6%
Alcohol Dependence in the Past Year	**United States**	**5.6%**	**2.9%**	**3.3%**	**3.0%**
	Ohio	5.0%	3.1%	3.3%	3.1%
	Pennsylvania	5.2%	2.6%	3.0%	2.8%
Needing But Not Receiving Treatment for Alcohol Use in the Past Year	**United States**	**12.2%**	**5.6%**	**6.6%**	**6.2%**
	Ohio	12.5%	5.8%	6.8%	6.4%
	Pennsylvania	13.0%	5.7%	6.7%	6.3%

Source: National Survey on Drug Use and Health, 2014.

Exhibit 30: National Survey on Drug Use and Health (NSDUH) Marijuana Use Estimates, by Age Group, 2013-2014

Measure	Region	Age Group			
		18-25	26 or Older	18 or Older	12 or Older
Marijuana Use in the Past Year	**United States**	**31.8%**	**9.6%**	**12.9%**	**12.9%**
	Ohio	30.9%	8.4%	11.6%	11.6%
	Pennsylvania	32.2%	8.3%	11.6%	11.7%
Marijuana Use in the Past Month	**United States**	**19.3%**	**6.1%**	**8.0%**	**8.0%**
	Ohio	17.9%	5.2%	7.0%	6.9%
	Pennsylvania	19.4%	5.3%	7.3%	7.3%
Perceptions of Great Risk from Smoking Marijuana Once a Month	**United States**	**14.2%**	**30.1%**	**27.7%**	**27.4%**
	Ohio	11.8%	26.4%	24.3%	24.3%
	Pennsylvania	13.0%	28.8%	26.6%	26.5%
First Use of Marijuana	**United States**	**7.7%**	**0.2%**	**1.3%**	**1.9%**
	Ohio	8.0%	0.2%	1.3%	1.9%
	Pennsylvania	7.9%	0.2%	1.2%	1.8%

Source: National Survey on Drug Use and Health, 2014.

In 2014, Ohio benchmarked unfavorably compared to the United States for the percent of persons 18 and older with illicit drug dependence and abuse, binge alcohol use, and nonmedical use of pain relievers in the past year. Across Ohio, Pennsylvania, and the United States, the 18-25 age group reported the highest use rates.

Exhibit 31 displays the physician prescribing rate of select pain medications in 2012.

Exhibit 31: Selected Medication Prescribing Rates per 100 Persons, by State, 2012

Region	Opioid Pain Relievers	Long-Acting (Extended) Opioid Pain Relievers	High-Dose Opioid Pain Relievers	Benzodiazepines
Ohio	100.1	11.2	4.2	41.3
Pennsylvania	88.2	14.9	5.4	46.1
United States	**82.5**	**10.3**	**4.2**	**37.6**

Source: Centers for Disease Control and Prevention, 2012.

In 2012, the prescribing rate for opioid pain relievers in Ohio was significantly above the national average, with more than one prescription per person.

Regional Issues and Indicators

This section provides regional data from the Ohio Substance Abuse Monitoring (OSAM) Network *Surveillance of Drug Abuse Trends in the State of Ohio, June 2015-January 2016.* Eight regional epidemiologists (REPIs) support OSAM in the following regions of Ohio: Akron-Canton, Athens, Cincinnati, Cleveland, Columbus, Dayton, Toledo and Youngstown. The OSAM Network conducts focus groups and individual interviews with active and recovering drug users and community professionals (including treatment providers and law enforcement officials) to describe local substance abuse trends.

The counties served by Glenbeigh are located in three of the eight regions in Ohio; Akron-Canton, Cleveland, and Youngstown. Reported regional trends in drug use are summarized below.

Akron-Canton Region – Carroll, Portage, Stark, Summit, Tuscarawas Counties

- Heroin, methamphetamine, and Suboxone availability has increased
- Social stigma for heroin use has been reduced
- Prescription opioids availability has decreased
- Fentanyl often is mixed with heroin or sold as heroin
- Crystal meth is highly available in parts of region
- Availability of anabolic steroids for illicit use has increased

Cleveland Region – Ashland, Cuyahoga, Geauga, Holmes, Lake, Lorain, Medina, Wayne Counties

- Marijuana and Suboxone availability has increased
- Overdose deaths most often are due to fentanyl
- High-grade marijuana is widely available
- More medical marijuana is coming into the region
- Marijuana extracts/concentrates (“dabs”) are more common
- Alpha-PVP (“flakka”) is becoming available

Youngstown Region – Ashtabula, Columbiana, Jefferson, Mahoning, Trumbull

- Heroin, marijuana, and methamphetamine availability has increased
- More crack cocaine dealers also are selling heroin
- Fentanyl remains a popular adulterant for heroin
- Marijuana extracts/concentrates ("dabs") are more common
- Treatment providers note an increase in admissions for methamphetamine use
- Opiate users are seeking Neurontin to help with withdrawal

Exhibits 32-34 provide OSAM data regarding the availability of frequently abused drugs and the characteristics of drug users for regions served by Glenbeigh.

Exhibit 32: Reported Availability Change of Selected Drugs, January – June 2016

Drug	Akron-Canton		Cleveland		Youngstown	
	Current Availability	Availability Change	Current Availability	Availability Change	Current Availability	Availability Change
Powdered Cocaine	High	No Change	Moderate to High	No Change	High	No Change
Crack Cocaine	High	No Consensus	High	No Change	High	No Consensus
Heroin	High	Increase	High	No Change	High	Increase
Prescription Opioids	Moderate to High	Decrease	High	No Consensus	High	No Consensus
Suboxone	High	Increase	High	Increase	High	No Consensus
Sedative-Hypnotics	High	No Change	High	No Change	High	No Change
Marijuana	High	Increase	High	Increase	High	Increase
Methamphetamine	High	Increase	No Consensus	No Consensus	Moderate to High	Increase
Prescription Stimulants	Moderate	No Change	Moderate	No Change	Moderate to High	No Change
Ecstasy/Molly	Moderate to High	No Consensus	Low to Moderate	No Consensus	Low to Moderate	No Change
Synthetic Marijuana	No Consensus	No Consensus	High	No Consensus	Low	No Consensus

Source: Ohio Substance Abuse Monitoring Network, 2016.

Exhibit 33 provides a demographic profile of drug users based on OSAM data.

Exhibit 33: Demographic Profile of OSAM Drug Consumers

Indicator	Akron-Canton Region		Cleveland Region		Youngstown Region		Ohio
	Total	OSAM Drug Consumers	Total	OSAM Drug Consumers	Total	OSAM Drug Consumers	
Total Population	1,200,888	41	2,275,513	38	710,934	42	**11,560,380**
Gender (Female)	51.4%	53.7%	51.7%	52.6%	50.9%	45.2%	**51.1%**
White	88.1%	82.9%	78.1%	61.1%	89.7%	85.7%	**84.8%**
African American	11.1%	9.8%	19.7%	27.8%	10.5%	0.0%	**13.6%**
Hispanic or Latino origin	1.9%	2.5%	4.9%	16.2%	3.0%	7.5%	**3.3%**
High School Graduation Rate	86.7%	85.4%	83.0%	75.7%	84.2%	85.7%	**82.6%**
Median Household Income	$48,510	$20,000-$29,999	$55,422	$20,000-$29,999	$41,405	$19,500-$23,500	**$49,349**
Persons Below Poverty Level	13.7%	37.5%	15.5%	38.2%	17.9%	45.2%	**15.3%**

Source: Ohio Substance Abuse Monitoring Network, 2016.

Drug consumers tend to have lower incomes and be non-white, however in the Youngstown region, there is a comparatively large number of white drug consumers.

Exhibit 34: OSAM Drug Consumer Characteristics, June 2015-January 2016

Drug Consumer Characteristics		Akron-Canton (N=41)	Cleveland (N=38)	Youngstown (N=42)
Gender	Male	46.3%	47.4%	54.8%
	Female	53.7%	52.6%	45.2%
Age	20s	39.0%	2.6%	28.6%
	30s	29.3%	28.9%	42.9%
	40s	14.6%	39.5%	21.4%
	50s	14.6%	18.4%	7.1%
Education	Less than High School Graduate	14.6%	10.5%	14.3%
	High School Graduate	43.9%	23.7%	40.5%
	Some College or Associates Degree	36.6%	31.6%	38.1%
	Bachelor's Degree or Higher	4.9%	39.5%	7.1%
Household Income	<$12,000	26.8%	2.6%	33.3%
	$12,000 - $19,999	22.0%	31.6%	16.7%
	$20,000 - $29,999	4.9%	10.5%	7.1%
	$30,000 - $39,999	22.0%	13.2%	14.3%
	>$40,000	22.0%	10.5%	28.6%
Drugs Used	Alcohol	63.4%	23.7%	71.4%
	Cocaine, Crack	34.1%	71.1%	40.5%
	Cocaine, Powdered	14.6%	34.2%	40.5%
	Ecstasy/Molly	7.3%	23.7%	14.3%
	Heroin	39.0%	5.3%	59.5%
	Marijuana	41.5%	34.2%	71.4%
	Methamphetamine	36.6%	60.5%	21.4%
	Prescription Opioids	46.3%	39.5%	64.3%
	Prescription Stimulants	17.1%	5.3%	16.7%
	Sedative-Hypnotics	36.6%	26.3%	42.9%
	Other Drugs	9.8%	7.9%	7.1%

Source: Ohio Substance Abuse Monitoring Network, 2016.

County Issues and Indicators

This section provides county-level data regarding drug and alcohol abuse.

County Health Rankings

County Health Rankings, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation, incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." These health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[11] social and economic factors, and physical environment.[12] *County Health Rankings* is updated annually. *County Health Rankings 2016* relies on data from 2006 to 2015, with most data from 2010 to 2013.

Exhibit 35 presents 2016 rankings for select indicator categories. Rankings indicate how each county ranked in relation to all 88 counties in the Ohio or all of the 67 counties in Pennsylvania, with 1 indicating the most favorable ranking and 88 the least favorable. Cells are shaded light grey if county ranks in bottom half of counties in the state. Cells are shaded dark grey if county ranks in bottom quartile of counties in the state.

[11] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[12] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Exhibit 35A: County Health Rankings – Ohio, 2016

Category	Measure	Ashtabula County	Cuyahoga County	Geauga County	Lake County	Lorain County	Lucas County	Mahoning County	Portage County	Stark County	Summit County	Trumbull County
Overal Measures	Health Outcomes	62	64	2	15	30	73	75	22	45	52	65
	Health Factors	79	53	6	13	41	80	62	26	36	46	72
	Length of Life	70	54	3	17	30	63	66	21	34	40	67
	Quality of Life	59	73	4	13	33	79	78	32	57	60	65
	Health Behaviors	68	39	2	6	20	73	52	15	36	40	54
	Clinical Care	80	5	12	16	29	51	13	39	10	22	56
	Social & Economic Factors	76	79	10	22	52	86	72	29	43	48	75
	Physical Environment	82	61	59	49	77	50	86	73	81	84	83
Drug and Alcohol Measures	Excessive Drinking	11	64	68	88	39	80	24	81	55	18	8
	Drug Overdose Deaths*	61	52	13	54	63	56	50	29	28	44	55
	Alcohol Impaired Deaths	72	80	36	51	83	66	46	8	63	85	69
Other Measures	Adult Smoking	79	18	4	10	15	53	58	45	36	49	59
	High School Graduation Rate	57	85	27	54	68	87	80	34	63	73	74
	Unemployment	70	59	19	39	65	57	63	45	40	44	69
	Frequent Physical Distress	70	63	5	5	31	81	74	33	37	44	63
	Frequent Mental Distress	66	54	5	6	31	79	71	27	39	31	51

*Ranking is out of 74 counties with available data

Source: County Health Rankings, 2016.

In 2016, Ashtabula (OH), Lorain (OH), and Lucas (OH) counties ranked in the bottom quartile of Ohio counties for Drug Overdose Deaths. During the same year, Geauga (OH), Lake (OH), Lucas (OH), and Portage (OH) counties ranked in the bottom quartile for Excessive Drinking, and Ashtabula (OH), Cuyahoga (OH), Lorain (OH), Summit (OH), and Trumbull (OH) counties ranked in the bottom quartile for Alcohol Impaired Deaths.

Exhibit 35B: County Health Rankings – Pennsylvania, 2016

Category	Measure	Allegheny County	Erie County
Overall Measures	Health Outcomes	26	45
	Health Factors	21	56
	Length of Life	27	39
	Quality of Life	30	48
	Health Behaviors	27	65
	Clinical Care	18	14
	Social & Economic Factors	21	49
	Physical Environment	52	54
Drug and Alcohol Measures	Excessive Drinking	67	59
	Drug Overdose Deaths*	49	39
	Alcohol Impaired Deaths	27	53
Other Measures	Adult Smoking	26	62
	High School Graduation Rate	31	48
	Unemployment	18	38
	Frequent Physical Distress	14	27
	Frequent Mental Distress	19	61
*Ranking is out of 57 counties with available data			

Source: County Health Rankings, 2016.

In 2016, Allegheny County (PA) ranked in the bottom quartile for Drug Overdose Deaths and was ranked as the worst county in Pennsylvania for Excessive Drinking. Erie County (PA) also ranked in the bottom quartile for Excessive Drinking as well as Alcohol Impaired Deaths.

Community Health Status Indicators

The Centers for Disease Control and Prevention's *Community Health Status Indicators* provide health profiles for all 3,143 counties in the United States. Counties are assessed using 44 metrics associated with health outcomes including health care access and quality, health behaviors, social factors, and the physical environment.

The *Community Health Status Indicators* allow comparing a given county to other "peer counties." Peer counties are assigned based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly and poverty rates.

Exhibit 36 compares each county in the Glenbeigh community to its respective peer counties and cities and highlights community health issues found to rank in the bottom quartile of the counties included in the analysis.

Exhibit 36: Community Health Status Indicators, 2015

County	Adult Binge Drinking
Ashtabula County, OH	22.4%
Cuyahoga County, OH	17.0%
Geauga County, OH	18.6%
Lake County, OH	22.3%
Lorain County, OH	19.2%
Lucas County, OH	19.1%
Mahoning County, OH	17.6%
Portage County, OH	16.5%
Stark County, OH	14.7%
Summit County, OH	19.0%
Trumbull County, OH	21.0%
Allegheny County, PA	20.0%
Erie County, PA	19.1%

Source: Community Health Status Indicators, 2015.

The CHSI data indicate that Ashtabula (OH), Lake (OH), Lucas (OH), Summit (OH), Trumbull (OH), Allegheny (PA), and Erie (PA) counties benchmarked unfavorably to peer counties for Adult Binge Drinking.

Other Sources (CDC, SAMHSA, OHA)

The Centers for Disease Control and Prevention, the Ohio Department of Health, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Ohio Hospital Association (OHA) provide statistics on drug and alcohol-related mortality rates, poisonings, risk factors, hospital visits and treatment needs. Cells in the exhibits are shaded if the indicator for the county exceeded the state average for that indicator.

Exhibit 37 provides age-adjusted drug and alcohol-related mortality rates, by county in 2014.

Exhibit 37: Drug and Alcohol-related Deaths, Age-Adjusted Rates per 100,000 Population, 2014

County	Total Deaths	Percent Drug and Alcohol Deaths	Drug and Alcohol Mortality Rate
Ashtabula County, OH	1,151	2.6%	30.2
Cuyahoga County, OH	13,288	3.3%	34.8
Geauga County, OH	784	1.7%	13.8
Lake County, OH	2,353	3.4%	34.9
Lorain County, OH	2,946	3.7%	35.5
Lucas County, OH	4,410	3.9%	39.1
Mahoning County, OH	3,043	2.3%	30.0
Portage County, OH	1,366	2.6%	22.2
Stark County, OH	4,072	2.8%	29.8
Summit County, OH	5,754	3.5%	36.9
Trumbull County, OH	2,543	2.8%	35.1
Allegheny County, PA	13,520	3.1%	34.1
Erie County, PA	2,862	2.9%	29.8
Ohio	**114,510**	**3.3%**	**32.6**
Pennsylvania	**128,434**	**2.9%**	**28.6**

Source: Centers for Disease Control and Prevention, 2014.

In 2014, Lucas (OH), Summit (OH), and Allegheny (PA) counties had significantly higher age-adjusted drug and alcohol-related mortality rates than their respective state averages. During that year, more than 3.7 percent of all deaths in Lorain (OH) and Lucas (OH) counties were related to drugs and alcohol.

Exhibit 38 presents age-adjusted drug-related poisonings and death rates for Ohio counties in 2012.

Exhibit 38: Drug-related Poisonings and Deaths, Age-Adjusted Rates per 100,000 Population, 2012

County	Heroin poisonings	Opioid-related poisonings	Unintentional drug deaths
Ashtabula County	1.0	2.0	25.6
Cuyahoga County	7.4	13.9	18.0
Geauga County	7.5	8.6	8.6
Lake County	6.1	15.7	20.9
Lorain County	1.3	3.7	23.2
Lucas County	0.7	5.7	19.9
Mahoning County	5.0	16.3	20.1
Portage County	1.2	2.5	9.9
Stark County	3.5	8.5	9.3
Summit County	1.9	5.5	16.8
Trumbull County	9.5	17.6	16.2
Ohio	**3.7**	**10.0**	**16.6**

Source: Ohio Department of Health, 2014.

In 2012, heroin poisoning rates in Cuyahoga (OH), Geauga (OH), Lake (OH), Mahoning (OH), and Trumbull (OH) counties were significantly higher than the Ohio average and opioid-related poisoning rates were higher in Cuyahoga (OH), Lake (OH), Mahoning (OH), and Trumbull (OH) counties.

Exhibit 39: Drug-Induced Deaths, Age-Adjusted Rates per 100,000 Population, 2010-2014

Region	2010	2011	2012	2013	2014	Percent Change 2010-2014
Ashtabula County, OH	20.1	22.0	29.0	21.8	35.1	74.6%
Cuyahoga County, OH	14.3	18.1	19.6	22.2	23.1	61.5%
Lake County, OH	18.8	22.2	23.2	22.4	26.2	39.4%
Lorain County, OH	12.6	12.6	26.3	30.6	27.8	120.6%
Lucas County, OH	15.3	15.5	24.3	18.7	28.7	87.6%
Mahoning County, OH	25.4	22.6	22.6	23.8	23.5	-7.5%
Stark County, OH	12.9	13.7	12.8	15.2	21.3	65.1%
Summit County, OH	18.3	14.1	20.4	19.1	26.3	43.7%
Trumbull County, OH	24.1	31.3	20.3	22.5	33.3	38.2%
Allegheny County, PA	19.3	21.0	22.7	22.0	26.1	35.2%
Erie County, PA	9.4	19.7	19.6	24.7	22.6	140.4%
Ohio	**16.7**	**18.6**	**19.6**	**21.6**	**25.4**	**52.1%**
Pennsylvania	**15.8**	**18.7**	**19.6**	**20.1**	**22.6**	**43.0%**
United States	**12.9**	**13.9**	**13.8**	**14.6**	**15.5**	**20.2%**

Source: Centers for Disease Control and Prevention, 2014.
*Data for Geauga and Portage counties was unavailable for analysis.

Between 2010 and 2014, drug-induced mortality rates increased in every county in the Glenbeigh community except for Mahoning (OH). In 2014, Ashtabula (OH), Lucas (OH), Trumbull (OH), and Allegheny (PA) counties had drug-induced death rates that were significantly higher than state averages.

Exhibit 40 presents the number of Ohioans receiving treatment through the publicly-funded System, by NSDUH Survey Region.

Exhibit 40: Number of Ohioans Receiving Treatment through the Publicly-Funded System, by NSDUH Survey Region

Region	Number Receiving Treatment (OHBH)		
	2007-2008	2009-2010	2011-2012
Ashtabula, Trumbull	1,475	3,023	2,275
Cuyahoga, Lorain	10,012	18,282	15,674
Geauga, Lake, Portage	2,485	5,383	5,526
Lucas	4,969	9,594	5,384
Mahoning, Stark	4,043	10,424	9,873
Summit	5,838	10,064	7,967
Ohio	**81,318**	**145,527**	**119,801**

Source: Ohio Department of Mental Health and Addiction Services, 2012.

According to 2010-2012 NSDUH survey data, about 6.5 percent of persons who needed treatment for alcohol abuse and 2.4 percent of persons who needed treatment for illicit drug use were unable to receive such treatment (**Exhibit 39**).

Exhibit 41: Estimated Number of People Needing but not Receiving Treatment for Alcohol and Illicit Drug Use, 2010-2012, Three-Year Average, by NSDUH Survey Region

Region	Needing But Not Receiving Treatment for Alcohol Use in the Past Year		Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year	
	Percent	Estimate	Percent	Estimate
Ashtabula, Trumbull	6.3%	16,547	2.2%	5,745
Cuyahoga, Lorain	6.8%	91,410	2.6%	34,900
Geauga, Lake, Portage	6.8%	28,687	2.5%	9,479
Lucas	7.3%	26,968	2.8%	10,395
Mahoning, Stark	6.0%	31,615	2.2%	11,764
Summit	7.5%	34,899	2.5%	11,741
Ohio	**6.5%**	**638,442**	**2.6%**	**253,023**
United States	**6.4%**	**20,036,482**	**2.4%**	**7,572,108**

Source: 2010-2012 NSDUH, U.S. Census Bureau.

The Ohio Hospital Association published 2012 data regarding hospital emergency room visits and admissions with a primary diagnosis of drug or alcohol-related diagnoses (**Exhibit 42**).

Exhibit 42: ER Visits and Hospital Admissions with Drug or Alcohol-Related Diagnoses, 2012

Region	Population	Emergency Room		Inpatient	
		Primary Diagnosis	Any	Primary Diagnosis	Any
Ashtabula County	100,298	455	1,316	195	1,338
Cuyahoga County	1,266,049	5,915	20,528	2,840	21,166
Geauga County	93,840	155	419	90	681
Lake County	229,528	871	2,279	343	2,527
Lorain County	301,597	1,335	3,063	526	3,712
Lucas County	437,201	1,836	4,852	454	7,711
Mahoning County	235,463	676	2,037	291	2,899
Portage County	163,851	436	1,400	236	1,622
Stark County	375,105	1,375	3,653	302	3,033
Summit County	541,106	2,243	7,430	796	6,403
Trumbull County	207,403	591	1,625	361	2,772
Ohio	**11,553,031**	**38,420**	**128,468**	**14,913**	**126,069**

Source: Ohio Hospital Association, U.S. Census Bureau, 2012.

The data indicate that across Ohio, about 30 percent of emergency room visits and 12 percent of inpatient admissions were associated with drug or alcohol-related primary diagnoses.

Exhibit 43 summarizes available drug and alcohol abuse-related, county-level indicators.

Exhibit 43: Summary of County-Level Health Measures

Source	Measure	Ashtabula County	Cuyahoga County	Geauga County	Lake County	Lorain County	Lucas County	Mahoning County	Portage County	Stark County	Summit County	Trumbull County	Allegheny County	Erie County
CHR	Excessive Drinking			•	•		•		•				•	•
	Drug Overdose Deaths	•				•	•						•	
	Alcohol Impaired Deaths	•	•			•					•	•		•
CHSI	Adult Binge Drinking	•			•		•				•	•	•	•
CDC	Percent Drug and Alcohol Deaths					•	•							
	Drug and Alcohol Mortality Rate						•				•		•	
	Drug-Induced Death Rate*	•					•					•	•	
ODH	Heroin Poisonings**		•	•	•			•				•		
	Opioid-related Poisonings**		•		•			•				•		
	Unintentional Drug Deaths**	•			•	•	•	•						
Total Unfavorable Measures		**5**	**3**	**2**	**5**	**4**	**7**	**3**	**1**	**0**	**3**	**5**	**5**	**3**

*Data for Geauga, Portage, and Erie counties was unavailable

**Data for Allegheny and Erie counties was unavailable

Ashtabula (OH), Lake (OH), Lucas (OH), Trumbull (OH), and Allegheny (PA) counties all have comparatively unfavorable indicators.

Findings of Other Community Health Needs Assessments

Other needs assessments published since 2014 were reviewed. In addition to those conducted by hospitals, seven such assessments have been conducted in the Glenbeigh area and were publicly available. Key findings from those assessments are presented below.

Ohio Department of Health 2014 Drug Overdose Report

- Unintentional drug overdoses caused the deaths of 2,531 Ohio residents in 2014, the highest number on record and a 20 percent increase over 2013
- Increased fentanyl contributed significantly to higher mortality
    - Nationally, fentanyl drug seizures increased by 300 percent from 2013 to 2014
    - There were 503 fentanyl-related overdose deaths in 2013, an increase from 84 in 2013; fentanyl accounted for 4 percent of accidental overdose deaths in 2013 and 19.9 percent in 2014
- There were 1,196 overdose deaths related to heroin in 2014, accounting for 47.3 percent of overdose deaths (compared to 983 deaths in 2013)
- Fifty-nine percent of overdose deaths in 2014 involved more than one drug
- Opioids accounted for 2,020 overdose deaths in 2014 (80 percent of all overdoses)
- From 1998 to 2011, there was a 643 percent increase in the per-capital distribution of opioids by pharmacies

Increasing Heroin Overdoses in Ohio: Understanding the Issue (2014)

- Drug overdose deaths increased 366 percent from 2000 to 2012
- The increasing availability of heroin throughout Ohio has been the principal contributing factor
- Since 2003, the number of naloxone administrations for opioid-related overdoses increased by 164 percent (from 4,010 to 10,589)
- Several programs have been established to distribute naloxone, most notably Project DAWN, which provides high-risk users with naloxone and trains individuals and family members or friends on how to respond to overdoses

Ohio Substance Abuse Monitoring Network (OSAM) Surveillance of Drug Abuse Trends in the State of Ohio, January-June 2015

- The most highly available, abused drugs across Ohio are: powdered cocaine, crack cocaine, and heroin; availability has been increasing in parts of the state, including Toledo, Akron, and Cincinnati
- Other drugs, such as marijuana, sedative-hypnotics, Suboxone, and methamphetamines also have a general high availability in all Ohio regions
- Prescription opioids have "moderate to high" availability across Ohio
- The availability of Ecstasy varies across Ohio and has stabilized

Behavioral Health Priorities Survey: A Statewide Survey of System Stakeholder Preferences (2014)

According to system stakeholders, the following represent drug and alcohol-related priorities:

- Treatment (40 percent)
    - 30 percent of all respondents believed that outpatient substance abuse treatment is the highest priority for the state's alcohol or drug services
        - Demand is greatly exceeding the current available supply of treatment
    - Another 12 percent believed that more medication-assisted treatment is needed
    - Both detoxification services and inpatient treatment options also are thought to be high priorities (11 percent each)
- Treatment Supports (28 percent)
    - Safe and affordable housing is the largest priority
    - Employment assistance is the second most common specified need
- Affordability and Finances (13 percent)
    - More funding for substance abuse services and insurance/Medicaid billing issues are the most common issues associated with affordability
- Prevention (9 percent)
    - Community education and reducing stigma are the two most important issues in this category
- Community Issues (8 percent)
    - Issues with poverty, crime, and neighborhood safety are the most identified community issues in the survey
- Workforce (2 percent)
    - Workforce training in behavioral health is the largest priority in this category

Behavioral Health Barometer, Ohio, 2014

- Ohio youth's illicit drug use rates were consistent with national rates from 2009-2013, with both at 9.2 percent for the 2012-2013 year
    - About 89,000 adolescents (9.6 percent of all adolescents) used illicit drugs within the month prior to being surveyed from 2009-2013
- Among those aged 12-20 years in Ohio, 15.5 percent displayed binge alcohol use (compared to 14.7 percent nationally)
- The rates of youth substance abuse, cigarette usage, and binge drinking all declined between the first and last year of the survey (2009-2013)
- The rate of alcohol dependent or abusing individuals (aged 12 and older) in Ohio was higher than national averages for every year of the survey excluding the last year (Ohio rate of 6.4 percent compared to US average of 6.7 percent)
- Illicit drug abuse among individuals 12 or older in Ohio was 2.9 percent, compared to 2.7 percent nationally
- Heavy alcohol use among those 21 years and older was higher in Ohio than the United States (7.7 percent compared to 6.8 percent)
- Substance abuse treatment enrollment in Ohio rose from 35,664 in 2009 to 37,262 in 2013, with a peak of 38,089 in 2012; 52.1 percent of those enrolled in treatment had both drug and alcohol problems
- 91.3 percent of those that displayed alcohol abuse or dependency did not receive treatment between 2009 and 2013
- 86.1 percent of those with illicit drug dependencies did not receive treatment between 2009 and 2013

- The number of patients in opioid treatment programs and substance treatment programs that received methadone or buprenorphine increased between 2009 and 2013

Behavioral Health Barometer, Pennsylvania, 2014

- Pennsylvania's youth illicit drug use was below national averages for every year between 2009 and 2013 (8.5 percent compared to 9.2 percent in 2012-2013)
- Youth binge drinking exceeded US averages every year, with a Pennsylvania average of 17 percent in 2012-2013 and 14.7 percent nationally
- Among all individuals 12 or older, Pennsylvania rates of alcohol dependency or abuse were generally below US averages (6.5 percent in 2012-2013 compared to 6.7 percent nationally)
- 2.8 percent of respondents displayed illicit drug dependence in 2013 (2.7 percent nationally)
- 7.4 percent of Pennsylvanians aged 21 and over displayed heavy alcohol use in the previous month, compared to 6.8 percent in the United States
- Enrollment in substance abuse treatment in Pennsylvania rose every year from 2009-2013, going from 49,528 to 57,715
- 50.3 percent of those enrolling in treatment were for a drug problem only; 36.3 percent entered for both drug and alcohol problems
- Among those who displayed alcohol abuse, 93.6 percent did not receive treatment
- Among those who displayed illicit drug use, 83.1 percent did not receive treatment
- The number of patients in opioid treatment programs and substance treatment programs that received methadone or buprenorphine increased between 2009 and 2013

By The Numbers 3: Analysis of Alcohol and Other Drug Treatment in Ohio (2015)

- As of 2011-2012, 238,000 Ohio residents abuse or are depend on an illicit drug
- Additionally, 629,000 Ohioans abuse or are dependent on alcohol
- Many of those that show substance abuse issues do not receive treatment
    - 216,000 adults needed treatment for drug use but were not able to get treatment
    - 595000 adults needed treatment for alcohol use but were not able to get treatment
- Drug overdoses increased by over five times from 2000 to 2013, rising from 411 to 2,110
- The three treatment services that received the most funding were group counseling, intensive outpatient counseling, and individual counseling (60 percent of all board treatment funds in 2012)
- In 2011 and 2012, nearly 160,000 people received treatment for an addiction through a publicly-funded treatment system in Ohio
    - Men made up 63 percent of clients from 2007 and 2012
    - People aged 26 through 44 made up 45 percent of clients
- While alcohol remained the most commonly treated addiction in 2012, the percentage receiving treatment decreased from 2007-2012
- Treatment for marijuana, heroin, and other opiates increased steadily
- In 2012, Ohio residents with alcohol or drug-related diagnoses visited emergency services or admitted to inpatient hospitalization more than 250,000 times; 53,000 of these encounters had a diagnosis that was primarily drug or alcohol related

APPENDIX D – COMMUNITY INPUT PARTICIPANTS

Individuals from a wide variety of organizations and communities participated in the interview process (shown in **Exhibit 44**).

Exhibit 44: Interview Participants

Type	Title	Population Represented
Interview	Director of Pharmacy Operations	Parent and Healthcare Provider - Washington County, PA
Interview	Interventionist/Person in Recovery	Lucas County - Toledo, OH
Interview	Programming Content Director	Recovery Community Service Provider
Interview	Ashtabula County Drug Court Coordinator and Intern at Juvenile Court	Actively using drug/alcohol offenders with a current felony case in the court system
Interview	Interventionist	Individuals and families dealing with active addiction and those in recovery in Allegheny County, PA
Interview	Ashtabula County Mental Health and Recovery Board	Social Service Organizations and public patients
Interview	Abuse Specialist	Cleveland Area College Students in active addiction or recovery from drug and alcohol addiction
Interview	Program Coordinator Project DAWN, Trumbull County	Trumbull County Health Department/Combined Health District
Interview	City Police Officer	First Responders - Lucas County - Toledo
Interview	Work and Family Representative (EAP)	Families and Individuals
Focus Group	Niles, Ohio - 9 Participants	Mix of those in recovery - loved ones of those in recovery and one professional caregiver in recovery
Focus Group	Joint Law Enforcement Personnel	Community at large
Focus Group	Pittsburgh, PA - 12 Participants	Mix of those in recovery and parents of those in recovery