TRAUMA INFORMED CARE COALITION
SUMMIT COUNTY

Joint Change Direction & Trauma Informed Care Coalitions

December 5, 2025

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TODAY'S AGENDA

Summit County Trauma-Informed Care & Change Direction Joint Coalition Meeting

Friday, December 5, 2025
9:30–11:30 AM
Summit County Public Health Auditorium
1867 W. Market Street, Akron, OH 44313

Agenda

9:00 – 9:30 AM
Sign-In & Breakfast
Participants check in, network, and enjoy a light continental breakfast.

9:30 AM
Welcome & Opening Remarks

9:35 AM
Invocation

9:35 – 9:50 AM
Ice-Breaker & Introductions
Brief activity to build connection across coalition members.

9:50 – 10:00 AM
Overview of the TIC Initiative Goals & Purpose of Today's Meeting
Summary of the initiative's objectives, alignment across coalitions, and desired outcomes for the session.

10:00 – 10:30 AM
Presentation: Key Findings & Recommendations from the TIC Assessment Report
Review of the county-wide trauma-informed care assessment

10:30 – 11:15 AM
Breakout Group Discussions
Small-group work to review recommendations, identify priority areas, and suggest actionable next steps.

11:15 – 11:30 AM
Next Steps & Q&A

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SUMMIT COUNTY PUBLIC HEALTH
SCPH

COUNTY OF SUMMIT
1840

ILENE SHAPIRO
COUNTY EXECUTIVE

ADM BOARD
COUNTY OF SUMMIT
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

The University of Akron

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TIC Goals

- Support system wide, top-down organizational changes to advance Trauma-Informed Care (TIC)
- Apply an evidence-based approach to guide the initiative.
- Conduct a county-wide environmental scan of current TIC efforts.
- Assess readiness-for-change assessments across organizations.
- Create of learning communities to build shared capacity.
- Serve as central hub for TIC policies, standards, and implementation guidance within the community.

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Today's Purpose

- Convene a diverse group of stakeholders who can review recommendations and prioritize them into select "Buckets."
- Once accomplished, we will reconvene to establish action steps and timelines.

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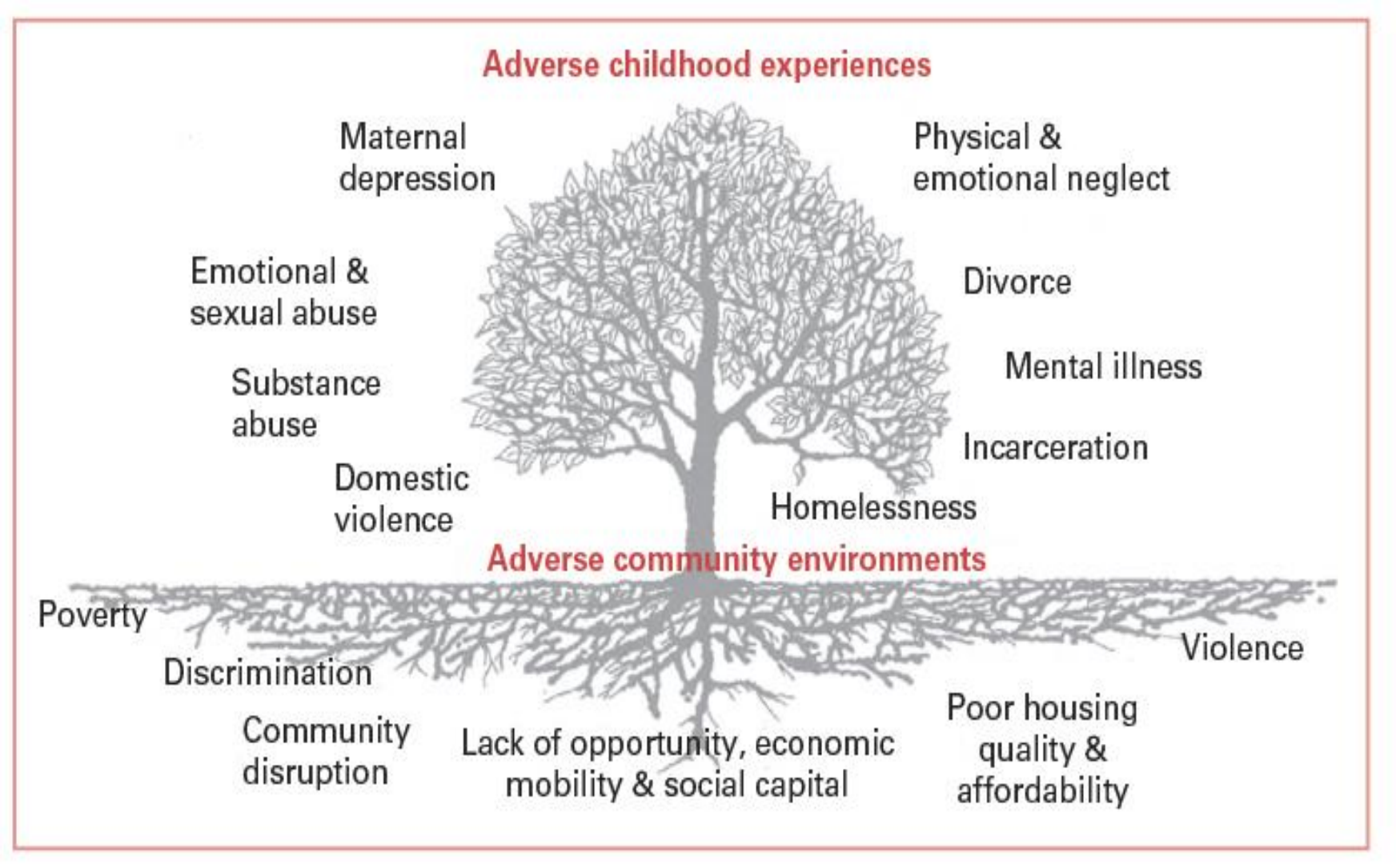
TIC Report and Recommendations



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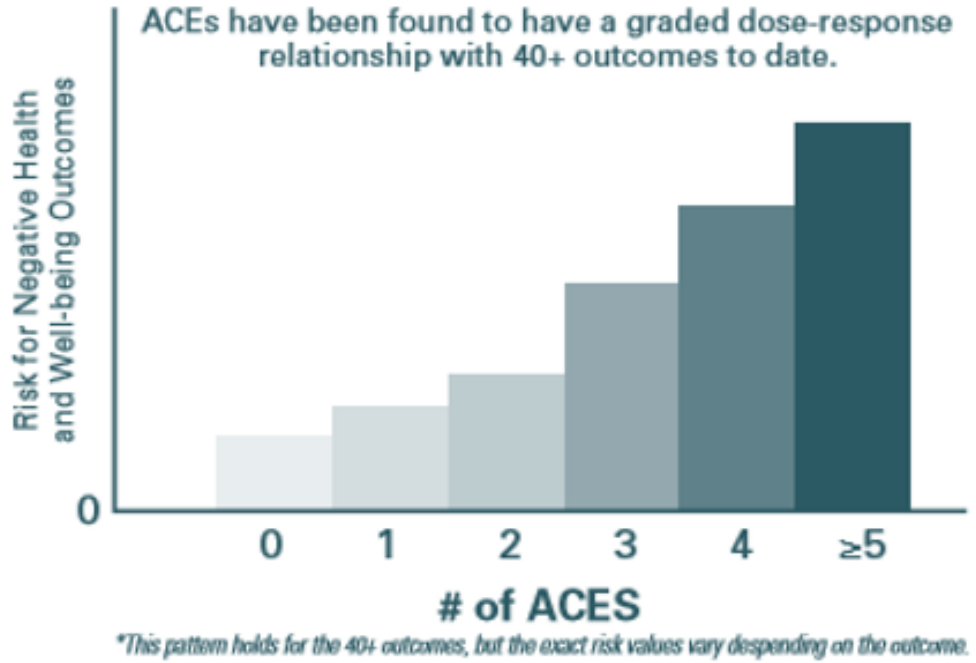
Adverse Childhood Experiences (ACEs)

ACES *can* have lasting effects on...

HEALTH
(obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

BEHAVIORS
(smoking, substance misuse, addiction)

LIFE POTENTIAL
(graduation rates, academic achievement, lost time from work)



Original source: Centers for Disease Control and Prevention.

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Adverse Childhood Experiences (ACEs)

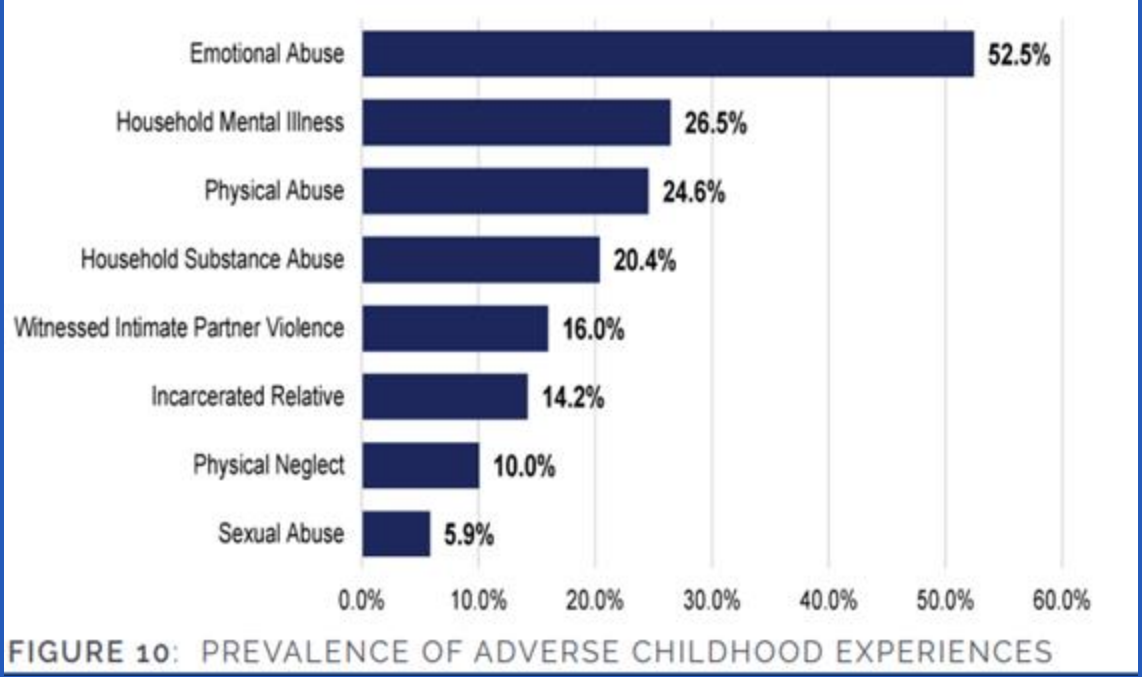

FIGURE 10: PREVALENCE OF ADVERSE CHILDHOOD EXPERIENCES

	No ACEs		4+ ACEs	
	3 PCEs n=764 %	No PCEs n=66 %	3 PCEs n=198 %	No PCEs n=574 %
Suicide ideation	0.5	6.7	24.4	41.9
Suicide attempt	0	3.4	10.2	19.3
Current tobacco use	1.1	0	19.2	23.2
Current marijuana use	0.9	1.7	29.6	32.0
Current alcohol use	5.6	0	30.5	27.4
Ever misused prescription medication	0.7	0	7.9	21.8
Ever used illicit drugs	1.3	1.3	18.6	25.5
Current gambling	12.1	7.3	22.9	20.8
Carried a weapon	2.1	4.0	13.6	22.0
Could get a loaded gun without permission	13.2	9.4	35.7	41.6
In a physical fight	3.7	31.2	34.1	32.4
Had obesity	10.9	22.8	24.0	28.4
Obtained 8 or more hours of sleep	38.7	23.7	20.8	9.7
Had 4 or more sexual partners	7.5	10.9	37.0	33.5

Source: SCPH YOUTH RISK BEHAVIOR SURVEY - HIGH SCHOOL (YRBS), 2023

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Our Data Collection includes both **Archival** and **Qualitative** data

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Archival data is currently existing or historical data that has been used to evaluate or inform local BH priorities.

Archival data under review Includes:

- 5-year Victim Assistance Data: Statistics, Outcomes, client surveys, Policies and procedures.
- Overdose data, fatality review reports
- State and County Public health reports
- Community Correction utilization
- Suicide and Assault Data/Reports
- Gun Violence ED Visits and Gun Violence reports
- State and County Drug trends
- SSAB and ADM Global Ends Reports, and Community Plan
- Youth Risk Behavior Survey
- Summit County Profiles
- BH Treatment Resources
- Children Services Community Report
- Recovery Oriented System of Care Assessment
- Select Service Utilization Data
- Agency Utilization
- Summit and Montgomery County Sheriff Department Annual Reports
- Ohio Substance Abuse Monitoring System
- Literature Reviews

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What follows are select findings from our archival data review.

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SAMPLE ARCHIVAL DATA

- Assault related deaths are the highest in the 15–34-year-old age group.
- Over 2/3 (72%) of all homicide victims are between 15-44 and **62% of all homicides are African American.**
- Firearm-related deaths as a percent of deaths from all causes has been growing since 2013. Firearm deaths as a percent of all assault deaths peaked at nearly 90% in 2021, then declined to just over 70% by 2024.

Source: SCPH DATA BRIEF ASSAULT-RELATED DEATHS AND ER VISITS, 2007-2024

Summit County Homicides and Gun Violence

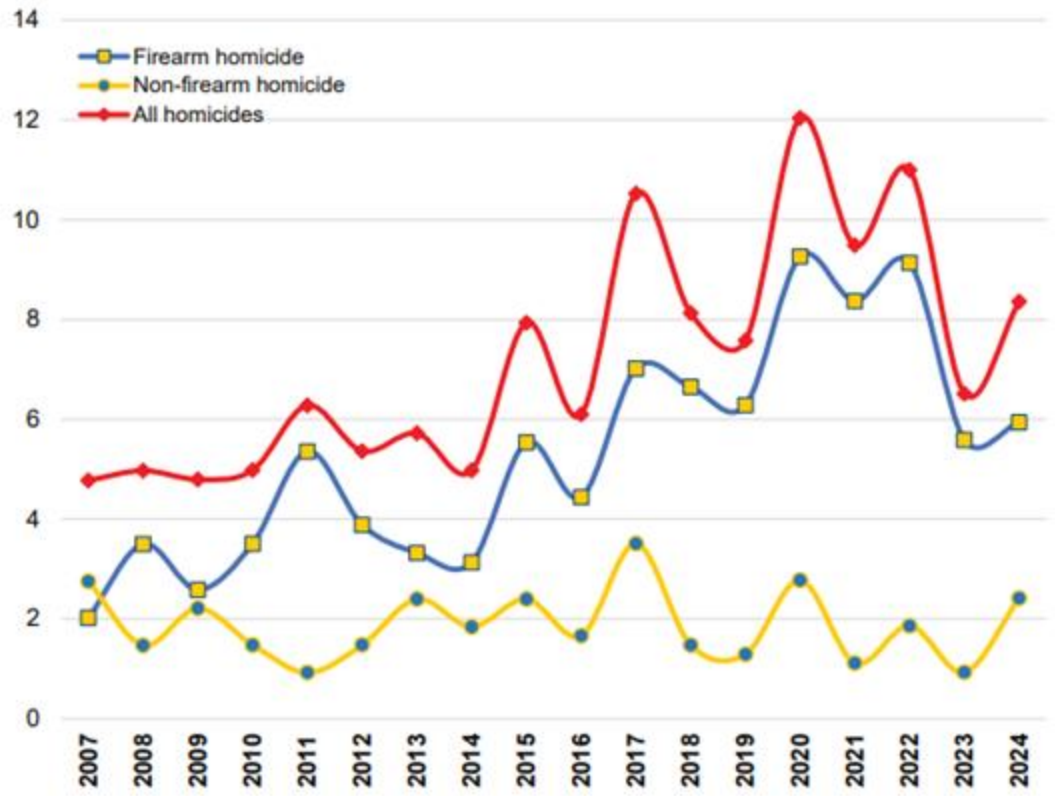

FIGURE 1: ASSAULT-RELATED DEATH RATES IN SUMMIT COUNTY, 2007-2024: SOURCE: SCPH / OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATE DATA

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SUMMIT COUNTY: CAUSES OF DEATH BY AGE GROUP

Rank	Under 5	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64
1	Perinatal conditions	Accidents	Accidents	Accidents	Accidents	Cancer	Cancer
2	Accidents	Cancer	Suicide	Suicide	Heart disease	Heart disease	Heart disease
3	Congenital / chromosomal abnormalities	Suicide	Homicide	Homicide	Cancer	Accidents	Chronic lower respiratory
4	Heart disease	Homicide	Cancer	Heart disease	Suicide	Suicide	Accidents
5	Homicide	Heart disease	Heart disease	Cancer	Homicide	Chronic liver / cirrhosis	Diabetes

Source: SCPH CAUSE OF DEATH RANKINGS BY AGE GROUP, 2007-2025

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Local Violent Crime Trends

From 2016 to 2021 there were 1000 local emergency room visits for gunshot wounds (GSW). These events doubled from .2/day in 2016 to .4/day in 2021.

Summit County has 38 zip codes, >50% of all GSW were from the following 5: 44306, 44320, 44311, 44310, 44305.

Zip codes are now recognized as social determinants of health.

Summit County Victim Assistance (SCVA) provides on-scene or post-scene support for persons victimized by violence locally. They provided services to 4,666 individuals in 2022, including criminal justice support, court advocacy, crisis intervention, safety planning, and check-in calls/contacts.

2016-2024 Summit County Emergency Room Visits	
Sex Violence	**1 event/2.4 days**
Elderly Assault	**1 event/8.7 days**
Child Assault	**1 event/3.6 days**
Assault by firearm	**1 event/ 2.3 days**
Accidental Firearm Injury	**1 event/3.6 days.**

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QUALITATIVE DATA SUMMARY

Trauma is pervasive across systems: Stakeholders consistently identified trauma as a root cause of challenges in healthcare, mental health, substance use, education, justice, and workforce stability.

Need for consistent definitions: Participants emphasized that "trauma-informed care" is understood differently across sectors. A common, standardized definition is essential to create alignment and avoid fragmented efforts.

Workforce strain and burnout: Qualitative feedback highlighted high levels of stress, vicarious trauma, and burnout among professionals, especially those working in frontline and crisis response roles.

Peer support is underutilized: There was strong recognition that certified peer recovery supporters are valuable, but they remain under-supported, underfunded, and inconsistently integrated into systems.

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QUALITATIVE DATA SUMMARY

Equity and disparities: Participants stressed that trauma disproportionately impacts marginalized communities and emphasized the need for culturally responsive and identity-affirming approaches.

Systems are siloed: Stakeholders reported a lack of coordination across sectors, leading to duplication, inefficiency, and clients having to retell their stories multiple times which can retraumatize them.

Community hunger for action: Feedback from coalitions and community members reflected eagerness for implementation. Many stressed that TIC cannot remain a theoretical framework visible, practical changes are needed.

Training gaps: While many staff have had introductory TIC exposure, few have received sustained or sector-specific training. Stakeholders want more role-specific, evidence-informed training opportunities.

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Some Points to Consider...

There has been much discussion on the causes of violence, gun control, community safety, and the relationship between law enforcement and communities...

... there has been less discussion surrounding community trauma and community healing.

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Some Points to Consider…

For every violent death, there remains a grieving mother, father, sister, brother, teacher, pastor, coach, friends, classmates, and community.

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RECOMMENDATIONS (UNRANKED)

1. Adhere to a **standard definition** of trauma-informed care.
    a. Provide training on the definition.
2. **Generate Community Buy-In:**
    a. Through Community Capacity Building, Trauma-Informed Education/Training.
    b. Success is linked to buy-in from community leaders.
3. **Add TIC Language to local grants and funding contracts:**
    a. Agency/entity to complete the TIC Agency Self Survey when requested.
4. **Coalition Engagement:**
    a. Engaged coalitions develop a project plan that includes a short-term goal (<6 mos.) and a long-term goal (> 1 year < 2 years). E.g., stigma-reducing events, faith-based speakers' training, community healing activities, interfaith speakers' bureau, collaboration with the Interfaith Justice Alliance, and Summit County High School Athletic Directors/Coaches.

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RECOMMENDATIONS (UNRANKED)

5. Target hard-hit communities &demographics.

a. Increase pro-health-seeking behavior within minority communities. Examples of activities may include Afrocentric Mental Health Stigma Reduction Campaign, Outreach activities, train credible reporters for MHFA/QPR/Recovery Coaching

6. Recovery Coach Expansion: Peer support is a key principle of TIC.

a. Develop a cadre of recovery coaches that can be sorted and matched by lived experience and demographic.

7. Disseminate TIC training/education:

a. Tailored to different professions or lay persons
b. Investment in Evidence-Based Clinical Practices, e.g. trauma Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, or EMDR, Prolonged Exposure Therapy:

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RECOMMENDATIONS (UNRANKED)

8. Patient-focused:

a. Key principles of TIC include transparency, empowerment, peer support, and collaboration. For these to occur, service consumers are to have a voice in their clinical treatment plans and in the evaluation of their agency experience. Examples of activities include- Walkthrough Surveys, Cultural competency training through a TIC lens, matching to a recovery coach with similar "lived experience where possible.

9. Stigma reduction activities/initiatives:

a. Launch a countywide mental illness stigma reduction campaign that uses multimedia to disseminate messaging that promotes pro-health-seeking behavior.

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RECOMMENDATIONS (UNRANKED)

10. Local Media buy-in:

a. Trauma-Informed Journalism is a new approach to train reporters and journalists to be more sensitive to trauma. Incorporate local media in stigma reduction campaigns and launch dialogue with their editorial committees on trauma-informed journalism training and practices.

11. Workforce Wellness:

a. The request for workplace wellness initiatives has been nearly universally requested, per the qualitative data collected for this report.

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The Project "Buckets"

Evidence-Based Clinical Treatment for Trauma	Expand access to quality, evidence-based trauma treatment.
Workforce Wellness and Sector-Specific Professional Development	Strengthen staff wellness, preparedness, and trauma- responsive skills.
Policy and Systems Change	Embed trauma-informed principles into agency policies, contracts, and operations.
Community Engagement and Capacity Building	Build a strong, informed, and empowered community that supports healing and resilience.

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The Project "Buckets"

Evidence-Based Clinical Treatment for Trauma

Goal: Expand access to high-quality, evidence-based trauma treatment across the county.

- Conduct assessments of community agencies to understand existing clinical capacity and identify training gaps.
- Provide targeted training for behavioral-health and allied professionals in evidence-based trauma treatments.
- Prioritize evidence based approaches such as EMDR and TF-CBT for children, adolescents, and adults.
- Build a sustainable pipeline of trained clinicians to ensure long-term treatment availability.

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The Project "Buckets"

Work Force Wellness & Sector-Specific Professional Development

Goal: Strengthen staff wellness, preparedness, and trauma-responsive skills across systems.

- Implement programs such as Mental Health First Aid (MHFA) and Question, Persuade, Refer (QPR) to enhance early recognition and response.
- Provide trauma-informed care training tailored to specific sectors (e.g., healthcare, education, first responders, child protection, justice, housing).
- Address staff burnout, secondary traumatic stress, and resilience-building within the workforce.
- Ensure training is practical, relevant, and easily transferable to daily roles.

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The Project "Buckets"

Policy and System Change

Goal: Embed trauma-informed principles into agency policies, contracts, and countywide operations.

- Establish a shared, countywide definition of Trauma-Informed Care to create consistency across systems.
- Embed TIC principles and training requirements into social services contracts, funding agreements, and MOUs.
- Use agency self-assessment tools (e.g., TIC organizational readiness assessments) to set baselines and track progress.
- Promote cross-agency alignment to reduce re-traumatization and create coherent system-level change.

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The Project "Buckets"

Community Engagement & Capacity Building

Goal: Expand access to high-quality, evidence-based trauma treatment across the county.

- Implement a train-the-trainer model to develop local champions who can teach TIC concepts and facilitate dialogue.
- Offer community workshops, learning circles, and forums that promote healing, safety, and connection.
- Launch public awareness efforts that help residents understand trauma, build resilience, and access support.
- Expand access to culturally responsive healing practices to foster a more compassionate, connected Summit County.
- Partner with media outlets to promote trauma-informed journalism, ensuring sensitive, ethical reporting that reduces harm and supports community healing.

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Breakout Instructions

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Next Steps and Feedback

Next Steps:

- **Analyze data** gathered from today's meeting and breakout activities.
- **Use insights** to inform findings and establish priorities.
- **Plan next meeting** (TBD, early February) to review results, establish priorities and determine actionable next steps.

We Value Your Feedback:

- Scan the QR code to complete a brief feedback survey.
- Your input will help guide ongoing efforts and planning.

https://scph.link/TICEXIT

Thank you!

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