

# Geauga County HUB Strategic Plan

## Geauga County HUB Coalition Members

### **Executive Committee**

Christine Lakomiak, Geauga County Board of Mental Health & Recovery Services

Kate Gehlfuss, Ravenwood Health

Missy Bell, Ravenwood Health

Michelle Maneage, Geauga County Board of Mental Health & Recovery Services

### **Law Enforcement**

Tracy Jordan

Chief Rowan

### **Courts/Prosecutor's Office**

Maureen Maruna, New Leaf Program, Common Pleas Court

Cindy Haycox-Wellman, GC Prosecutor's Office

### **Behavioral Health**

Brittain Paul, Ravenwood Health

Tia Lawrence, Torchlight YMA

Angi Daugherty, Family Pride

Michelle Bertman, Catholic Charities

### **Non-Profit**

Dee Marjenin/Tia Lawrence, Torchlight YMA

Angela North, NAMI

### **Business**

### **Family/Parent/Lived Experience**

Stephanie Martinez

### **Treatment Recovery**

Kristy Mowry, Red Tulip

### **Faith-Based**

Kelly Phillips, New Horizons Church  
Justin Boyles, New Horizons Church

### **Health Organization**

Dan Lark, GPH

### **Coordinating Agency**

Geauga County Board of Mental Health & Recovery Services

- Christine Lakomiak, Executive Director
- Kathy Johnson, Board of Directors, GCBMHRS
- Michelle Maneage, GCBMHRS

### **Schools**

Matt Petersen, Prevention Educator in the Schools

Missy Bell, Prevention Educator in the Schools

Jennie Canganelli, ESC of NEO

## **Assessment Overview**

Geauga Public Health:

Access to engage in 2025 Community Health Assessment [https://bit.ly/2025LGCHNA\\_English](https://bit.ly/2025LGCHNA_English)  
2023 – 2025 Geauga CHIP Plan <https://gphohio.org/wp-content/uploads/sites/17/2023/03/Geauga-County-CHIP-report-2023-2025.pdf>

2023 United Way Needs Assessment <https://www.unitedwaycleveland.org/3d-flip-book/geauga-community-needs-assessment/>

Geauga County Board of Mental Health & Recovery Services:

NEOMED, Ohio Criminal Justice Coordinating Center of Excellence; Sequential Mapping Workshop 5/3/2024 – Priorities for Change (1) transportation; (2) housing; (3) service access at intercept 1; (4) mental health stabilization and unrestorable; (5) detox services

## **Geauga County HUB Overview**

The HUB Program is a requirement of *Ohio Revised Code 340.30 - County HUB Program to Combat Opioid Addiction*, to be administered by each board of alcohol, drug addiction, and mental health services. The purposes of the program are as follows:

- (1) To strengthen county and community efforts to prevent and treat opioid addiction;
- (2) To educate youth and adults about the dangers of opioid addiction and the negative effects it has on society;
- (3) To promote family building and workforce development as ways of combating opioid addiction in communities;
- (4) To encourage community engagement in efforts to address the purposes specified in divisions (A)(1) to (3) of this section.

**Strategic Planning Initial Survey**

Strategy	Strengths	Weaknesses
Prevention	<ul style="list-style-type: none"> <li>Evidence-based programs in schools</li> <li>Collaboration between agencies</li> <li>Torchlight TYM mentoring program</li> <li>Medication take back</li> <li>Outreach/collab for medication take back</li> <li>ECMH from CC for early prevention</li> <li>Chagrin Falls Park Programs</li> <li>Events at Geauga Parks, connection</li> <li>Summer Camps/funding availability</li> <li>Programming at local libraries</li> <li>Prosecutor's Office sting operations</li> </ul>	<ul style="list-style-type: none"> <li>Lack of community involvement</li> <li>Lack of understanding of what's out there</li> <li>Lack of data collection, data sharing</li> <li>Lack of mentors</li> <li>Transportation for programming</li> <li>Stigma about MH and SUD programs esp in rural counties</li> <li>Some schools refrain from prevention programming</li> </ul>
Environmental Strategies	<ul style="list-style-type: none"> <li>Jail services &amp; programs</li> <li>Reentry</li> <li>2 MAT Providers</li> <li>NAMI support services accessible virtual/in-person, for families and individuals</li> <li>New Leaf</li> <li>QRT within 24hrs</li> <li>Board financial support</li> <li>Overdose Fatality Review Board</li> <li>Stepping Up (SIM)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of detox services in county</li> <li>UH program is limited</li> <li>Lack of ambulatory detox services</li> <li>Financial hardship for detox services</li> <li>Lack of recovery housing</li> <li>Lack of policies that suggest refraining from drugs/alcohol</li> <li>Reduce access to marijuana, vapes, etc.</li> <li>SOS funding has decreased</li> <li>School policies that decrease SUD</li> <li>Above national avg in binge drinking</li> <li>Underage purchases of alcohol to amish community</li> <li>School &amp; other fundraisers including alcohol</li> </ul>

<p>Care Coordination</p>	<p>Strong collaborators, all agencies, established connections  Expanding QRT  Crisis Resource Coordinator – Tracy Jordan, new appointee  CCBHC Model of engagement at RH  New Leaf Program coordination  Support and group buy in of victim advocacy  Regular meetings with UH/RH/Board  Citizens Circle  Adult Collaborative for ALICE population</p>	<p>HIPAA prevents information sharing  Need to expand Citizens Circle  Community awareness of programs &amp; services  Lack of transportation despite all the coordination efforts  Need more PRS and Case Managers  Need to strengthen transit services to meet the needs  Services (provide a ride) aren't dependable or timely  Designating resource navigation  Peer support in hospitals, churches</p>
<p>Treatment</p>	<p>Strong SUD services across many agencies  Strong support and community perceptions of programming  Younger generation is more engaged in MH/SUD helping services  Amish outreach (prosecutor's office, RH, UH)  Alternative Programming to 21-step (SMART recovery, Reformers, Life Recovery, Wellness Recovery at YMCA)  Criminal justice collaboration</p>	<p>Waitlists (psychiatry &amp; counseling)  Stigma in older generation to engage in services  Lack of awareness/willingness in older generation  Engaging men in services  Staff retention  Salaries needed for professionals do not meet expectations/needs  Lack of providers to meet all 5 levels in continuum of care  Lack of faith-based programs (only 2 avail)  Bring in McIntyre Center/Prosperity Haven to collaborate  Need updated list of AA/12-step  Some attending out of county  Lack of immediate care outside of business hours, lack of assistance for law enforcement  Need to expand mobile crisis service hours  Lack of acute stabilization services  Strengthen relationship between mobile crisis teams/pastoral/peer support and law enforcement</p>
<p>Harm Reduction</p>	<p>Minimize risk/Maximize Life is available  GPH Narcan availability, increased distribution  Deterra distribution  MAT Programs</p>	<p>Minimize risk/Maximize Life can be utilized better  Need to partner with GPH to share Narcan with partner agencies  Need for free hygiene distribution to prevent spread of communicable disease  Stigma related to harm reduction</p>

Data Sharing	Collaborations	Data can be made more available and shared more often Lack of information sharing from hospitals (possible GPH/UH connection) HIPAA related concerns Lack of connection to deaths of Geauga residents who die out of county
Policy Protocols	Access to assessments, same day access available Competency in assessing level of risk	Workforce shortages Lack of engagement (assessment) from the community regardless of availability Lack of marijuana policy embedded in treatment agencies

Definition of Terms:

\*Prevention in Substance Use Disorders (SUD) involves educating and supporting individuals and communities to prevent drug use and the development of SUD. Secondary prevention aims to detect subclinical disease and intervene before the onset of problems, using methods such as screening and counseling.

\*Environmental strategies in substance use disorder seek to make change on a large scale in the community by impacting community norms, regulations, and access/availability of substances. These strategies can be implemented at the school, community, or county level. They focus on changing conditions in the environment, such as passing and enforcing laws, policies, and practices.

\*Care coordination in substance use disorder describes the relationships between the patient/client and all other healthcare team members. It ensures that the treatment plan put in place by the care team is working effectively for all involved. It is important to designate who is responsible for coordinating the care of patients who receive services from multiple agencies.

\*Treatment refers to the delivery of adequate measures that are modeled to alleviate a pathological condition. Psychological treatment is the specific purview of trained mental health professionals, which incorporates diverse theories and techniques used for producing healthy and adaptive change in an individual's actions, thoughts, and feelings. Psychological treatment is designed to increase a client's adaptability and independent function.

\*Harm reduction is an approach to treating those with alcohol and other substance use problems that does not require patients to commit to complete abstinence before treatment begins. It is a public

health intervention that aims to reduce the harm associated with using drugs. It is a practical and transformative approach to reducing the collective consequences of drug use that incorporates community-driven public health strategies to empower people who use drugs.

\*Data sharing is the process of making data resources available to multiple applications, users, or organizations. It is useful in improving efficiency and collaboration, improving data-driven decision making, and also fostering a positive social impact.

\*Policy and protocols, in the context of Substance Use Disorder (SUD), refer to the standards, regulations, and guidelines that govern the management and treatment of SUD. These include licensure standards, provider manuals, contracts, and medical necessity criteria.

**Geauga County Strategies**

STRATEGIC PLANNING TERMINOLOGY

**Action Steps:** Specific steps that need to be taken to meet the objective.

**Timeline:** The timeframe within which activities will take place.

**Responsible Party:** Who will be responsible for ensuring the objective is met?

Strategy 1: CARE COORDINATION  
 Christine Lakomiak, Chair, email: [clakomiak@geauga.org](mailto:clakomiak@geauga.org)  
**Objective: Strengthen the relationship between mobile crisis teams, the pastoral community, peer support, and law enforcement.**

Action Steps	Timeline	Responsible Party

**Objective: Enhance transportation services to improve access to SUD programming.**

Action Steps	Timeline	Responsible Party

**Objective: Enhance information sharing by providing HIPAA guidance.**

Action Steps	Timeline	Responsible Party

**Strategy 2: MEDICAL, TREATMENT & RECOVERY**

Kate Gehlfuss, Chair, email: [GehlfussK@ravenwoodhealth.org](mailto:GehlfussK@ravenwoodhealth.org)

**Objective: Expand mobile crisis/Quick Response Team (QRT) service capacity.**

Action Steps	Timeline	Responsible Party

**Objective: Reduce stigma, enhance awareness, and help-seeking behaviors, especially in seniors and men.**

Action Steps	Timeline	Responsible Party

**Objective: Enhance access to clinical and non-clinical SUD services.**

Action Steps	Timeline	Responsible Party

**Strategy 3: PUBLIC SAFETY & POLICY**

Michelle Maneage, Chair, email: [mmaneage@geauga.org](mailto:mmaneage@geauga.org)

**Objective: Improve SUD workforce shortages and staff retention efforts.**

Action Steps	Timeline	Responsible Party

**Objective: Reduce access by eliminating underage purchases of alcohol, marijuana, and vapes.**

Action Steps	Timeline	Responsible Party

**Objective: Reduce stigma of harm reduction strategies.**

Action Steps	Timeline	Responsible Party

**Strategy: PREVENTION & EDUCATION**

Missy Bell, Chair, email: [BellMA@ravenwoodhealth.org](mailto:BellMA@ravenwoodhealth.org)

**Objective: Increase community awareness of programs and services.**

Action Steps	Timeline	Responsible Party

**Objective: Increase access to prevention programming not offered in some schools.**

Action Steps	Timeline	Responsible Party

**Objective: Reduce the stigma around SUD prevention and programming.**

Action Steps	Timeline	Responsible Party