EATON COUNTY BOARD OF COMMISSIONERS/HEALTH AND HUMAN SERVICES COMMITTEE

MONDAY, JULY 1, 2024, 9:00 A.M.

BOARD OF COMMISSIONERS' ROOM, COUNTY COURTHOUSE, CHARLOTTE

AGENDA

1. Call to Order.
2. Pledge of Allegiance.
3. Agenda Additions and Changes.
4. Approval of June 3, 2024 Minutes.
5. Limited Public Comment.
6. Barry-Eaton District Health Department – Milea Burgstahler.
7. Draft Strategic Plan – Substance Use and Misuse – Milea Burgstahler.
8. Miscellaneous.
9. Limited Public Comment.
10. Adjournment.

A quorum of the Board of Commissioners may be present at this meeting.

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eatoncounty.org

HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MONDAY, JUNE 3, 2024
9:00 A.M.
MINUTES

MEMBERS PRESENT: Commissioners Brian Lautzenheiser, Mark Mudry, Blake Mulder, Joe Brehler, Scott Hansen, Barbara Rogers, and Jeanne Pearl-Wright.

ALSO PRESENT: Commissioners Brian Droscha and Frank Holmes; Claudine Williams, Logan Bailey, Kyle Anderson, Jody Nelson, Harriet Dean, Kim Thalison, Sara Lurie, and Rick Todd.

The June 3, 2024 regular meeting of the Health and Human Services Committee was called to order at 9:00 a.m. by Chairperson Lautzenheiser.

The Pledge of Allegiance was given by all.

Commissioner Mulder moved to approve the June 3, 2024 amended agenda. Commissioner Pearl-Wright seconded. Motion carried unanimously.

Commissioner Rogers moved to approve the May 6, 2024 minutes, as presented. Commissioner Pearl-Wright seconded. Motion carried unanimously.

Limited Public Comment. None.

Juvenile Justice Millage Program Proposal Presentations:

Kyle Anderson, Mental Health Therapist at Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI), gave an overview of the Truancy Intervention Mental Health program.

Jody Nelson, Coordinator at CMHA-CEI, spoke about "Stress Buster" groups provided by the Integrated Community Youth Outreach Unit (ICYOU). These groups provide skills building to improve youth emotional regulation focusing on stress management, anger management, and social skills.

Harriet Dean, Eaton Regional Education Service Agency, Truancy Intervention Program (TIP) Coordinator, gave an overview of how the TIP program operates. Kim Thalison, Director of School Wellness and Prevention Services, also spoke about the effectiveness of the program. Discussion was held.

A representative from CapCAN was not available to discuss their College Access program.

Assistant Director of Housing Services of Mid-Michigan, Bridgette Flynn, presented information on the Shared Housing Intervention program which works to prevent families with school age children from going to a homeless shelter.

Commissioner Brehler moved to send the proposals to the Ways and Means Committee. Discussion held. Commissioner Mudry seconded. Motion failed.

Logan Bailey, Communications Director, provided an update on the Substance Use and Misuse Strategic Plan. He said the Committee is in the final stages of drafting the Plan.

Commissioner Brehler provided background on the Resolution Opposing MDHHS Plans to Implement New Conflict Free Access and Planning Strategies in Michigan. Commissioner Brehler moved to recommend approval of the Resolution to the Board of Commissioners. Commissioner Pearl-Wright seconded. Motion carried unanimously.

Sara Lurie from Community Mental Health spoke about the value of providing mental health services.

Rick Todd from Crosswalk Teen Center spoke about the necessity of mental health services for teens.

Chairperson Lautzenheiser adjourned the meeting at 10:06 a.m.

The next regularly scheduled meeting of the Health and Human Services Committee will be held on **Monday, July 1, 2024** at 9:00 a.m., in the Board of Commissioners Room of the Courthouse located at 1045 Independence Blvd, Charlotte MI 48813.

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Brian Lautzenheiser, Chairperson

BARRY-EATON DISTRICT HEALTH DEPARTMENT

EATON COUNTY HEALTH & HUMAN SERVICES COMMITTEE

Presented By:
Milea Burgstahler, MPH
Planning & Promotion Director

Barry-Eaton District Health Department
Be Active • Be Safe • Be Healthy

ENVIRONMENTAL HEALTH

Mosquito Surveillance Project

- Mosquitoes are collected and analyzed by our EH intern twice per week in Barry and Eaton counties.
- This program helps us understand the prevalence of mosquitoes in our area that may transmit vector borne disease.

Hedgerow

- BEDHD is working on implementing a new software, Hedgerow, which has many more capabilities than the old outdated EH data management software.
  - The Hedgehog web portal will have more interactive capabilities for the public and a streamlined workflow for staff.
- We have been working to facilitate the implementation and are now in the home stretch.
- We plan to go live in the next 30-60 days.

HEALTHY! CAPITAL COUNTIES

Community Health Needs Assessment (CHNA)/Community Health Improvement Plan (CHIP)

- Healthy! Capital Counties:
  - BEDHD partners with Ingham County Health Department and Mid-Michigan District Health Department to collectively create a CHNA and CHIP for the Tri-County Lansing Area which includes Eaton, Ingham, and Clinton Counties.
  - The most recent CNHA was published in 2021. The most recent CHIP was published in 2022.
  - By the end of 2024, the Tri-County will be publishing the 2024 CHNA with a 2025 CHIP to follow.
    - The community survey was available April to May for anyone who lived or worked in the Tri-County area to share their insights and help us better understand the primary health concerns impacting the tri-county community.
    - Tri-County documents can be found here: www.healthycapitalcounties.org/

MEDICAL MARIJUANA LOCKBOX GIVEAWAY

Eaton County Health giving away free marijuana lockboxes

By WILX News 10
Published: Jun. 23, 2024 at 10:12 PM EDT

EATON COUNTY, Mich. (WILX) - People of Barry and Eaton County had the opportunity on Saturday to get a free lock box for their marijuana.

The Barry-Eaton County Health Department held this event at their department office in Charlotte. All you had to do was drive through and grab a free lockbox without any questions asked.

The Public Information Officer, Emily Smale, says the whole point of doing this is to make sure kids and animals are staying safe.

"So one of the biggest concerns with marijuana use is accidental ingestion from children and pets and so we wanted to provide a way for people to keep it locked away and keep it up and away from children so they don't accidentally ingest any of it," said Emily Smale.

- Free lockboxes are available in Eaton County at the BEDHD Charlotte Office.
- No personal information is collected, no questions asked.
- Drive-thru event on 6/22:
  - 35 lockboxes distributed
  - 12 boxes of Narcan distributed
  - 4 drug disposal bags distributed

OVERDOSE DATA 2 ACTION (OD2A) GRANT

What's new in 2024…

- New access points for harm reduction supplies
  - Vending Machine at Delta Township Library
  - Vending machine at Eaton County Jail anticipated in July
  - Siren Shelter has supplies
- Contracting with CMH-CEI to provide funding to employ a Peer Recovery Coach to serve Eaton County
- Expanding BEDHD Connections program to assist with connecting clients to substance use treatment, harm reduction resources, and other SDOH needs

UPCOMING EVENTS

Breastfeeding Event

- There will be resources from local vendors, info on how businesses can become more breastfeeding-friendly, snacks, speakers, and a walk around the event with breastfeeding facts along the way.
- **Eaton County Event**
  - Date: **Wednesday, August 7th, 2024**
    Time: 9am to 12pm
    Location: AL!VE

EMERGENCY PREPAREDNESS

Highly Pathogenic Avian Influenza (HPAI) / H5N1

- **Case #s**
  - **Human:** 2 cases have been reported in Michigan (NOT in our jurisdiction)
  - **Poultry:** 8 total Facilities (1 backyard flock and 7 commercial) No new detections since May 9th.
  - **Cattle:** 25 total Herds, last state detection June 7th.
  - **Cats:** 2 total cats (Household)
- **PPE**
  - We have received request from 1 farm (has been fulfilled) and we provided PPE last week to 2 individual farmworkers who were concerned.
- **4H/Fairs**
  - MDARD Order (5/1):
    - Poultry clock has run out (there have been no new positive flocks in at least 30 days, therefore poultry is permitted to be at fairs (with precautions).
    - No lactating dairy cows are permitted (this needs to be 60+ days)
  - We have been in contact with MSU-E 4H contacts to offer support/guidance.

THANK YOU FOR YOUR TIME!!

Barry-Eaton District Health Department

Be Active • Be Safe • Be Healthy

EATON COUNTY SUBSTANCE USE AND MISUSE STRATEGIC PLAN

THREE-YEAR - JULY 2024

Barry-Eaton District Health Department

EATON COUNTY

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LETTER FROM THE BOARD OF COMMISSIONERS

Eaton County Residents,

On behalf of the Eaton County Board of Commissioners, I am excited to share the Eaton County Substance Use and Misuse Strategic Plan.

This strategic plan is the culmination of work from many community stakeholders representing various fields and entities coming together to tackle the issue of substance use and misuse. Collaboration and coordination have been at the center of this meaningful work to address substance use and misuse across our community and we are grateful to those who dedicated their time and energy to this plan.

Our community, like many others, has been greatly impacted by substance use and the drug overdose crisis; these impacts are felt collectively and individually. Our hope is to be able to continue the great work that is already taking place and identify ways in which we can increase support for those directly impacted by substance use and misuse in our community. The strategic plan is a working document that will be updated as work continues and the landscape changes.

This work is far from done, but I am confident we are taking the right step forward with this plan now and well into the future.

Sincerely,

Jim Mott

Chairman

Eaton County Board of Commissioners

INTRODUCTION

In 2021, a $26 billion nationwide settlement was reached to resolve all Opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors: McKesson, Cardinal Health, and AmerisourceBergen ("Distributors"), and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (collectively, "J&J"). In 2022, additional settlements with pharmacies and manufacturers were announced, including CVS, Walmart, Walgreens, Allergan and Teva. An additional non-national settlement with Meijer also impacts Eaton County. At the time of the publication of the strategic plan, Eaton County is expected to receive around $7.5 million in settlement funds[i]. This outlines the companies from which Eaton County will receive settlement funds, the State of Michigan will also receive funds that may be directed to local areas, and additional settlements are expected for both the state and local governments. For most settlements, 50 percent (50%) of the settlement amounts will be sent directly to county and local governments. Payments for settlements will be received separately. The two largest settlements received by Michigan specify that 85 percent (85%) of funds must be used for opioid remediation, with 70 percent (70%) being used for future opioid remediation, or activities that have not yet taken place. Exhibit E[ii], a document attached to most of the national opioid settlement agreements, provides a non-exhaustive list of allowable uses for spending settlement funds, organized by core strategies and approved uses.

While the settlements related to the opioid crisis sparked the need for additional planning and action at the county level, the goal of this strategic plan is to think about, and address, substance use and substance misuse more broadly and sustainably. This strategic plan aims to transition focus from opioids to all substances and to think about the sustainability of existing activities as well as how to best increase opportunities for care and coordination in the substance use space.

Eaton County agencies are working together to address a significant public health issue: drug overdose. In 2023, the Sparrow Medical Examiner's Office reported that 19 individuals in Eaton County lost their lives due to drug-related causes, with opioids playing a predominant role[iii]. Fentanyl, an exceptionally potent synthetic opioid, was implicated in a staggering 85 percent (85%) of these opioid-related overdose deaths. Additionally, cocaine was found in over half (54%) of these fatal opioid overdoses in 2023, suggesting potential polysubstance use. Racial disparities are apparent, data from the Michigan Overdose Data to

Action Program in 2022 shows that Black residents had a higher rate of emergency department visits for overdoses compared to White residents (366 per 100,000 vs. 267 per 100,000)[iii]. According to further data from the Sparrow Medical Examiner's Office, the crisis disproportionately affected Eaton County residents aged 25-44 years old, with the median age of fatal opioid overdoses being 41[iii]. Additionally, males were significantly more likely than females to die from opioid overdoses in 2023 (12:1 ratio)[iii].

PROCESS

OVERVIEW OF PROCESS

In the summer of 2023, the Eaton County Board of Commissioners, in partnership with the Michigan Association of Counties (MAC) and the Barry-Eaton District Health Department (BEDHD), formed an Opioid Settlement Steering Committee. The steering committee agreed to initiate the development of a community-wide strategic plan, facilitated by the Barry-Eaton District Health Department, to provide a template for decision-makers and stakeholders to move the County forward in addressing substance use in the community. In December of 2023, BEDHD and Eaton County convened the community to begin the community-based strategic planning process aimed at addressing the overall issues with substance use and misuse to address the escalating drug overdose epidemic. The overarching objective was to foster improved coordination and cooperation among various stakeholders, including healthcare providers, community-based organizations, and residents to gain an understanding of the substance use crisis landscape.

- **STAKEHOLDER KICK-OFF STRATEGIC PLANNING MEETING** (Appendix A)
  - Establish Mission, Vision, and Core Principles
  - Data Overview
  - Situational Assessment: SWOT Analysis (Appendix B)
  - Pillars to Address Substance Use and Misuse: Consensus Workshop (Appendix C)
- **STAKEHOLDER STRATEGIC PLANNING MEETING** (Appendix D)
  - Review and Clarifications from Previous Meeting
  - Community Assessment Survey Review
  - Asset Mapping (Appendix E)
  - Needs & Gap Inventory (Appendix F)
  - Pillars to Address Substance Use and Misuse Subcommittee Sign-Ups
- **SUBCOMMITTEE MEETING #1** (Appendix G)
  - Goal Identification for Each Pillar
  - High-Level Discussion on Potential Strategies for Each Pillar
- **SUBCOMMITTEE MEETING #2** (Appendix H)
  - Goal Finalization
  - Strategy Identification for Each Pillar
  - High-Level Discussion on Potential Activities & Measures for Each Pillar
- **SUBCOMMITTEE MEETING #3** (Appendix I)
  - Strategy & Activity Finalization
  - Measure Identification for Each Strategy

- Section Overview of Pillar

- **STAKEHOLDER STRATEGIC PLANNING MEETING** (Appendix J)
  - Overview of the Subcommittee Sections
  - Prioritization of Strategies of Each Pillar

Gathering Additional Community Input

In collaboration with Michigan State University, Eaton County and Barry-Eaton District Health Department conducted a substance use-focused community assessment as part of their strategic planning efforts. This initiative included a wide-ranging survey, focus groups, and individual interviews, facilitated in partnership with the Michigan Association of Counties. The assessment aimed to gather insights into substance use and misuse across the county from diverse groups such as individuals with lived experience, their families, community members, healthcare providers, and public safety personnel. It sought to explore various aspects of substance-related issues, including prevalence rates, usage patterns, treatment access barriers, community impacts, and existing knowledge gaps. Preliminary data was used to inform initial strategic activities where available, but the full needs assessment data was not yet integrated into the strategic planning process during goal prioritization. The steering committee anticipated completing the substance use needs assessment by May 2024 to incorporate findings into ongoing subcommittee discussions on goals, strategies, and activities. However, the release has been delayed to September 2024, at which point the strategic plan will be revisited and adjusted based on the comprehensive findings and further stakeholder consultations.

MISSION

Our mission is to address substance use issues with respect and dignity. We use evidence-based methods, focusing on individual care and unique journeys. By involving communities and collaborating across them, we create a supportive environment. Our goal is to empower individuals, fostering lasting recovery and building a healthier, more connected society.

VISION

A future where substance use is addressed with compassion and respect through person-centered care and community collaboration, decrease negative impacts of substance use and foster a healthier, connected society.

PILLARS TO ADDRESSING SUBSTANCE USE

The stakeholder group utilized the four pillars from the US Department of Health and Human Services Overdose Prevention Strategy to address substance use comprehensively. These pillars guided their discussions, helping them identify gaps in current strategies. Each

pillar provided a basis for developing effective strategies, activities, and measures. By aligning efforts with these pillars, the group ensured a systematic approach. This framework guided their discussions, and fostered collaboration among stakeholders, leading to a unified and effective response to substance use in their community.

SUMMARY OF ENVIRONMENTAL SCAN & SWOT ANALYSIS

In preparation for the in-person strategic planning sessions, BEDHD conducted an environmental scan of existing data to gain insight into substance use and misuse in Eaton County. Strategic planning participants completed the following activities to provide important context and input for the strategic planning process:

1. Reviewed existing community health assessment and needs data.
2. Conducted a SWOT analysis during the first in-person strategic planning session of stakeholders, which is included below.
3. Reviewed existing assets related to the Johns Hopkins Bloomberg School of Public Health Principles for the Use of Funds from the Opioid Litigation[iv] inside or near Eaton County at the second in-person strategic planning session.

Environmental Scan Results

BEDHD reviewed documents including the most recent community health assessment for Eaton County, BEDHD's overdose surveillance reports[iii], National Overdose Prevention Network's Recovery EcoSystem Index[v], Treatment Episode Data Set (TEDS)[vi], publicly available health data, Michigan Profile for Healthy Youth (MiPHY)[vii], and Michigan's Behavioral Risk Factor Surveillance System (BRFSS)[viii] data. BEDHD highlighted health concerns identified as the top three health problems impacting health in Eaton County's Community Health Survey[ix]: alcohol and drug issues, mental health, and lack of access to care. In addition, relevant substance use treatment and support data were included. Data related to substance use and substance use treatment provides crucial information about trends in substance use and treatment needs, including the most commonly used

substances and the demographics of those impacted by substances. *Key findings have been highlighted below:*

Substance Use

- Access to substance use disorder (SUD) treatment is challenging in Eaton County, with residents averaging 14.3 miles from the nearest Medication-Assisted Treatment (MAT) provider and 37 miles from the nearest Syringe Service Program.
- Recovery housing options are limited within the county, with most treatment providers located outside its boundaries, as indicated by asset mapping conducted by BEDHD.
- Eaton County experienced 31 drug overdose deaths among residents from January to September 2023, with opioids contributing to 74 percent (74%) of fatalities, peaking in 2020 and decreasing in 2021 and 2022.
- Drug-related fatalities were higher among Black residents compared to White residents from 2021 to 2023.

Access to Healthcare

- Approximately 20 percent (20%) of adults in Eaton County reported being unable to afford a doctor's visit.
- Eaton County has fewer primary care physicians, dentists, and mental health providers per resident compared to the state average.
- On average, about 19 percent (19%) of adults in Eaton County lack a primary healthcare provider.
- Access to healthcare is particularly limited for people of color, individuals with lower incomes, and young adults aged 25–34 in Eaton County.

Mental & Behavioral Health

- Adults and high-school students in Eaton County show a significant prevalence of poor mental health and depression symptoms.
- Opioid-related deaths constituted over 70 percent (70%) of overdose fatalities in Barry and Eaton Counties between 2020 and 2022, indicating a major community challenge.

SWOT Analysis

The stakeholder group went through a Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis to evaluate Eaton County's substance use landscape. The SWOT analysis assessed internal and external factors in addition to current and future potentials to assist in the development of a strategic planning baseline.

STRENGTHS:	**WEAKNESSES:**
Willingness to Collaborate Knowledgeable of Gaps Some Awareness of Resources Available Legal Supports (*drug court, increased education for first responders*) Treatment Supports (*transportation, mental health, medication-assisted treatment, youth facility*) Juvenile Courts Justice Mileage Faith-Based Community Organizations Good Samaritan Laws Syringe Service Programs (SSP) Across Lines	Outpatient Treatment Options Funding Restrictions Transportation to Services Provider Ratios/Staff Retention Transitional Housing Recovery Services Lack of Awareness / High Stigma Limited Mental Health Resources No Syringe Service Program (SSP) Youth Focused Prevention Accountability for Illicit Drug Sales Limited Communication between Agencies Provider Barrier with Licensing
OPPORTUNITIES:	**THREATS:**
Resource Access Points - Naloxone Availability School Partners Tri-County Connections Evidence-Based Youth Programming Funding Housing Shortage Wrap Around Services/ Treatment Intake 24/7 Data Gathering Activity Engagement/Alternatives to Use	Cost of Care (Insurance / Assistive Resources) Harm Reduction Stigma Funding Stability Substance Use Trends & Focus Housing / Job Availability Criminal Justice System – Client History Limited Client-Centered Treatment In-School Suspension for Youth Use Prescription Balance with True Need False Collaboration

UTILIZING THE COMMUNITY STRATEGIC PLAN

UNIVERSAL THEMES & CONSIDERATIONS

The strategic plan is a working document that will be updated as work continues and the landscape changes. The purpose of community-wide strategic planning around substance use is to enhance coordination and collaboration in response to the drug overdose crisis. It seeks to understand the current landscape, identify needs, and pinpoint gaps while leveraging funding opportunities and ensuring efficient resource utilization. By aligning efforts strategically, the community can enhance its response to substance abuse effectively.

Over the next three years, Eaton County aims to reduce the prevalence of substance use and misuse. Goals include reducing fatal and nonfatal overdoses, making existing services more accessible and widely used, and expanding the range of services offered to community members. These efforts are designed to ensure better support for residents and to create a healthier and more resilient community overall.

Themes to Incorporate in All Strategic Planning Work

Several themes emerged during the strategic planning process that are important to highlight as being essential to incorporate into all of the priorities. These themes emerged from each of the strategic planning meetings and echoed in the discussions of the sub-committees. Throughout the strategic planning process, the subcommittees identified several universal themes that should be integrated into each of the pillars to address substance use and misuse:

- Increase coordination and collaboration across the county to address substance use and substance misuse
- Reduce stigma associated with substance misuse, fostering understanding and support for individuals with lived experience and their loved ones.
- Establish mechanisms for collecting, analyzing, and interpreting the current status of substance use and services in Eaton County.
- Secure sustainable funding to effectively address substance use across various levels, ensuring comprehensive support.
- Incorporate promising practices and data trends into the implementation of initiatives.
- Advocate for policy assessment to addressing substance use effectively, to help identify and overcome barriers that hinder effective implementation of prevention, harm reduction, treatment, and recovery strategies.

SECTIONS OF PLAN

The strategic plan is broken into four sections intended to cover the continuum of care, or care pathway: prevention, harm reduction, treatment, and recovery. Each section includes the definition of the area of the care pathway and an overarching goal of all the strategies encompassed within the associated section. The sections then outline the specific strategies, and activities to be implemented or carried out to achieve the broader goal.

PREVENTION

DEFINITION

Efforts conducted to educate and support individuals and communities to prevent the use and misuse of drugs.

GOAL

Enhance access to existing resources and expand program capacity to effectively prevent substance use disorder, leveraging community engagement through comprehensive education, empowerment, and prevention initiatives.

STRATEGIES

Strategy 1 - Increase awareness of addiction and addiction prevention resources.

Activity 1 - Publish anti-stigma messages around the purpose of MAT/MOUD

Activity 2 – Increase the percentage of individuals who recognize the signs and symptoms of SUD from 87 percent (87%) through community educational sessions.

Activity 3 - Increase the number of SUD educational sessions available to the community.

Strategy 2 – Increase awareness of community resources and referral sources.

Activity 1 – Increase the percentage of healthcare office staff comfortable making referrals from 76 percent (76%) by implementing referral and resource education.

Activity 2 - Increase the percentage of healthcare providers sharing contact information for substance use resources during their referral process from 72 percent (72%) by providing resource education.

Activity 3 - Engage in strategic partnerships with community organizations to enhance resource sharing and education regarding their programs and services.

Strategy 3 – Increase utilization of early intervention referrals and resources.

Activity 1 – Increase the percentage of providers offering early intervention programs and supports for substance use disorder.

Activity 2 – Increase the percentage of individuals who are utilizing early intervention programming and supports from three percent (3%).

Strategy 4 - Promote best practices to prevent substance misuse among those who prescribe OR among providers who prescribe.

Activity 1 – Increase the number of healthcare provider offices and clinics that engage in annual clinical best practice training sessions for SUD prevention.

Activity 2 – Host educational sessions for local retailers and vendors of addictive substances, such as nicotine and cannabis, in annual best practice training sessions for SUD prevention.

Strategy 5 – Expand trauma assistance resources available to individuals in high-stress settings, such as courts, law enforcement, emergency rooms, funeral homes, etc., focusing on early intervention and prevention strategies.

Activity 1 – Improve coordination and communication among community-based organizations by implementing resource and referral education to reduce the percentage (18%) that perceive gaps in meeting the community's need for substance use resources and support.

Activity 2 – Host annual educational sessions on SUD prevention and trauma assistance resources for entities in high-stress settings.

Strategy 6 – Enhance community engagement opportunities for individuals displaying risk factors for SUD to explore alternative substance use options.

Activity 1 - Establish specialized family support groups and mutual aid societies for relatives and companions of individuals in substance use or recovery.

Activity 2 – Improve the rate of people with lived experience reporting being able to access mutual aid societies from 12 percent (12%).

HARM REDUCTION

DEFINITION

Active engagement with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.

GOAL

To provide diverse education, enhance resources, nurturing support, and prevent overdoses, while improving healthcare access, promoting wellness, and combating stigma.

STRATEGIES

Strategy 1 – Coordinate harm reduction events to raise awareness about the risks associated with substance misuse and proficiency in utilizing harm reduction interventions effectively.

> **Activity 1 –** Increase the percentage of individuals who are knowledgeable about Narcan (naloxone) and its proper administration from 66 percent (66%) by conducting community harm reduction education sessions.
>
> **Activity 2 –** Increase the number of community health workers and peer recovery coaches available.

Strategy 2 – Increase access to harm reduction supplies and services.

> **Activity 1 –** Increase the number of community navigators providing wound supplies, test strips, and overdose reversal supplies education at community events, leveraging their identification as among the most valuable programs for enhancing harm reduction efforts.
>
> **Activity 2 –** Increase availability of harm reduction supplies at community-based organizations within the community
>
> **Activity 3 –** Partner with neighboring syringe service programs to provide expansion of services to Eaton County.

Strategy 3 – Provide support for family members and friends of those in recovery and those with substance use, substance use disorder, and co-occurring disorders.

> **Activity 1 -** Improve awareness of family support groups and mutual aid societies available for friends and loved ones (or you can keep family/companion) of individuals in recovery.
>
> **Activity 2 -** Explore evidence-based strategies and promising practices and identify funding opportunities for utilizing family or friend peer models to support individuals impacted by substance use, substance use disorder, and co-occurring conditions.

TREATMENT

DEFINITION

Reducing barriers to accessing the most effective treatments, to encourage those who might be reluctant. Advance strategies to improve retention and engagement.

GOAL

Reduce opioid overdose by addressing barriers to care, destigmatizing SUD and accessing treatment, and establishing a continuum of evidence-based services while integrating peer support and leveraging community resources.

STRATEGIES

Strategy 1 – Promote the integration of peer recovery coaches into treatment programs, ensuring ongoing training, while establishing sustainable long-term support mechanisms for these coaches.

> **Activity 1** – Develop a follow-up recovery support network for individuals who have completed treatment.
>
> **Activity 2** – Increase access and utilization of peer recovery coaches for individuals with lived experience of SUD by expanding these services into additional community settings such as sheriff's offices, jails, and court systems.
>
> **Activity 3** - Conduct an assessment to explore the feasibility and evidence behind the implantation of peer recovery or peer mentor programs within schools and youth facilities.

Strategy 2 - Identify and remove barriers to accessing medication and mental health treatment due to transportation challenges.

> **Activity 1** – Reduce the percentage of individuals (12%) who identified transportation as a barrier to accessing treatment locations by increasing the availability of transportation options and exploring options for improving access to substance use treatment within the county.
>
> **Activity 2** – Establish partnerships with local transportation providers in Eaton County to coordinate and facilitate transportation for individuals accessing treatment services.

Strategy 3 – Connect individuals with evidence-based treatment models tailored to their needs. This includes providing information on accessing insurance coverage and available services, especially for those without insurance.

Activity 1 - Develop a centralized comprehensive resource guide specific to substance use. disorder (SUD) treatment, with the potential of creating a user-friendly online based application.

Activity 2 – Improve availability of treatment services within the court system (specialty court, probation, incarceration, post-incarceration).

Strategy 4 - Implement an education initiative to address stigma associated with MAT/MOUD.

Activity 1 – Increase the percentage of individuals offered support related to SUD from their place of work from 60 percent (60%) through the implementation of in-house educational sessions to employers on substance use and treatment services.

Activity 2 – Expand SUD treatment services within the criminal justice system.

Activity 3 – Increase the percentage of healthcare facilities providing MAT and MOUD services from 30 percent (30%) by educating healthcare providers on clinical best practices for addressing substance use.

Strategy 5 – Ensure healthcare facilities provide education and support for loved ones and friends of those in recovery and those with substance use, substance use disorder, and co-occurring disorders.

Activity 1 – Enhance healthcare staff comfort (76%) in providing referrals and resources to individuals with lived experience and their loved ones through comprehensive training opportunities on effective referral and resource awareness.

Activity 2 – Increase the percentage of healthcare facilities (72%) who are providing contact information for resources like mutual aid societies and support groups to individuals with lived experience and loved ones.

RECOVERY

DEFINITION

Characterized by continual growth and improvement in one's health and wellness and managing setbacks with the development of resiliency.

GOAL

Increase access to and engagement in recovery support services countywide.

STRATEGIES

Strategy 1 – Explore ways to promote and integrate recovery support services with current harm reduction and treatment services.

> **Activity 1** – Enhance awareness of behavioral health services across surrounding counties by distributing a comprehensive substance use services resource guide to local providers and community-based organizations interacting with individuals with lived experience and their loved ones.
>
> **Activity 2** – Provide education to the general public on the benefits, roles and responsibilities of community health workers, peer recovery coaches, behavioral health professionals, and other roles involved in the care pathway.
>
> **Activity 3** – Strengthen existing partnerships and explore new partnerships with behavioral health providers in surrounding counties.

Strategy 2 – Develop and utilize a recovery coach collaborative to facilitate continuous support and development for peer recovery coaches, peer recovery specialist, and community health workers.

> **Activity 1** – Establish a regular schedule for collaborative meetings inclusive of peers and community health workers to foster ongoing connections and collaboration.
>
> **Activity 2** – Identify and develop opportunities for professional development for those with a peer certification or designation and community health workers.

Strategy 3 – Increase access to, and availability of, appropriate and affordable recovery and sober housing.

> **Activity 1** - Research and assess the availability of recovery and sober housing options in adjacent counties that accept individuals not residing within their jurisdiction.
>
> **Activity 2** – Identify nearby recovery and sober housing organizations and initiate conversations with these organizations to explore expanding into Eaton County.

Activity 3 – Increase the percentage of individuals who were able to access recovery/sober housing from 17 percent (17%) by providing education to landlords on recovery friendly housing.

Activity 4 – Identify sustainability funding options for local recovery and sober housing in Eaton County.

Activity 5 - Identify and pursue funding opportunities to support individuals seeking or currently in recovery and sober housing.

Strategy 4 – Address barriers faced by youth engaging in recovery supports through the integration wraparound services including counseling, life skills training, and peer support programs.

Activity 1 – Consult with the juvenile criminal justice system to determine the need for youth peer support for substance use recovery.

Activity 2 – Address barriers to implementing youth peer support services.

Activity 3 – Encourage youth enrollment in a recovery support network.

Strategy 5 – Reduce the transportation barrier experienced by those in recovery.

Activity 1 – Assess current resources for transportation assistance used by the criminal-legal system and community-based organizations for those in recovery.

Activity 2 – Increase access to transportation through partnerships with CBOs and public transit and offering transportation assistance.

Activity 3 – Increase the percentage of providers (47%) who refer to transportation assistance for clients in recovery by educating providers on available transportation assistance resources.

Strategy 6 – Integrate community health workers into the recovery journey of individuals navigating substance use, substance use disorder, and co-occurring disorders.

Activity 1 – Conduct an environmental scan of all substance use providers employing peers and community health workers that provide services to Eaton County residents and document populations served, and the organization's referral process.

Activity 2 – Increase the availability of community health workers dedicated to individuals in recovery to increase in the utilization of their services.

Activity 3 – Utilize promotion efforts to increase awareness of community health workers within the substance use and recovery community.

STAKEHOLDER ENGAGEMENT

A THANK YOU

STEERING COMMITTEE MEMBERS

Blake Mulder, Eaton County Commissioner
Jim Mott, Eaton County Commissioner
Joseph Brehler, Eaton County Commissioner
Claudine Williams, Eaton County Intergovernmental Affairs & Development
Logan Bailey, Eaton County Communications
Amy Dolinky, Michigan Association of Counties | Vital Strategies
Milea Burgstahler, Barry-Eaton District Health Department
Kaylynne Miesen, Barry-Eaton District Health Department

SUBCOMITTEE LEADS

Prevention | Kim Thalison, Eaton Regional Education Service Agency
Harm Reduction | Kaylynne Miesen, Barry-Eaton District Health Department
Treatment | Emily Smale, Barry-Eaton District Health Department
Recovery | Amy Dolinky, Michigan Association of Counties | Vital Strategies

ACTIVE COMMUNITY ORGANIZATIONS

AL!VE
Barry-Eaton District Health Department
Capital Area Community Services
Charlotte City Council District 1
Community Mental Health of Clinton, Eaton, and Ingham
DMV Consulting & Networking
Eaton Community Health
Eaton County 911
Eaton County Circuit Court
Eaton County Commissioners
Eaton County Community Corrections
Eaton County District Court Probation
Eaton County Jail
Eaton County Medical Examiner's Office
Eaton County Public Defenders
Eaton County Sheriff's Department
Eaton County Youth Facility
Eaton Rapids Medical Center
Eaton Rapids Police Department
Eaton Regional Education Services Agency
Michigan State Police (Tri-County Metro Narcotics Squad)
Mid-Michigan Recovery Services
Mid-State Health Network
Prevention Network
Punks With Lunch Lansing
Sanctuary Counseling
Sparrow - Eaton
The University of Olivet

GLOSSARY

Behavioral health[x] - Mental health and substance use disorders, life stressors and crises and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.

Community[xi] - *Regional*: The individuals, families, groups, agencies, facilities or institutions within the geographic area. *Individualized*: A person's self-selected associations pertaining to locations, populations and affiliations to which they connect through commonalities, comfort and support.

Co-occurring disorders[xi] - A term used when a person has both a mental health disorder and a substance use disorder. Both the mental health and the substance use disorders may create significant challenges, but the interactions of these disorders require integrated treatment.

Harm reduction[xii] - Active engagement with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.

Intervention[xiii] - A planned interaction with an individual who may be dependent on one or more psychoactive substances, with the aim of making a full assessment, overcoming denial, interrupting drug-taking behavior, or inducing the individual to initiate treatment.

Medicated for addiction treatment (MAT) / Medication to treat opioid use disorder (MOUD)[xiv] - Is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders.

Naloxone[xv] - a medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids.

Opioid remediation[xvi] - Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

Overdose[xvii] - The inadvertent or deliberate consumption of a dose much larger than that either habitually used by the individual or ordinarily used for treatment of an illness, and likely to result in a serious toxic reaction or death.

Polysubstance use[xviii] - The use of more than one drug. This includes when two or more are taken together or within a short time period, either intentionally or unintentionally.

Prevention[xi] - Efforts conducted to educate and support individuals and communities to prevent the use and misuse of drugs.

Recovery[xix] - Characterized by continual growth and improvement in one's health and wellness and managing setbacks with the development of resiliency.

Stakeholders[xx] - Individuals or entities involved or potentially impacted by a certain phenomenon.

Stigma[xi] - The assignment of an attribute, behavior, or reputation that is socially discrediting.

Substance use disorder (SUD)[xi] - Those disorders in which repeated use of alcohol and/or other drugs results in significant adverse consequences. Substance dependence and substance abuse are both considered substance use disorders.

Sustainable[xxi] - Meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Treatment[xxii] - Reducing barriers to accessing the most effective treatments, to encourage those who might be reluctant. Advance strategies to improve retention and engagement.

APPENDIX A – STAKEHOLDER MEETING #1 AGENDA

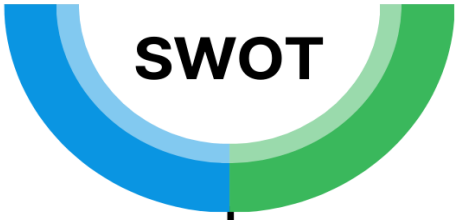
Substance Use & Misuse Strategic Planning Kick-Off Meeting

AGENDA

Friday, December 8th 2023 9:00AM – 1:00PM	Eaton RESA 1790 Packard Hwy., Charlotte

TIME	**AGENDA ITEM**	***FACILITATOR***
9:30 – 9:40	Welcome/Introduction	
9:40 – 10:00	Settlement Fund Overview	
10:00 – 10:20	Landscape Analysis & Data Presentation - Brief Data Gap Discussion	
10:20 – 11:30	Situational Assessment - SWOT Analysis - Development of Mission Statement	
11:30 – 11:45	*BREAK*	
11:45 – 12:40	The Pillars to Address Substance Use Disorder - Pre-Established Pillars - Consensus Workshop - Missing Priorities Discussion	
12:40 – 12:50	Subcommittee Selection	
12:50 – 1:00	Reflection - Timeline Review - Action Items	
1:00	Adjourn	

APPENDIX B – SWOT ANALYSIS



STRENGTHS

- **Willingness to collaborate**
- Knowledgeable of gaps
- **Some awareness of resources available**
- **Legal supports (drug court, increased education for 1st responders)**
- **Treatment supports (transportation, mental health, MAT, youth facility)**
- **Juvenile courts**
- Justice mileage
- Faith-based community organizations
- Good Samaritan Laws
- SSP nearby

TABLE RESPONSES

- **RSAT/RMAT jail based services**
- Specialty Courts
- CMH
- Samaritas
- Public Transportation
- ECSD trained to administer Narcan in CIT
- Lansing organizations can help across county lines using SS grants from MDHHS
- Increase public transit
- Access to Narcan
- Less hesitation to call 911
- **Drug Court**
- Strong community involvement
- Lock Boxes
- Free Narcan
- Engaged health department
- Faith based community
- Hospital community engagement
- **Juvenile Justice Millage** / Safety court
- Communities are very tight with community pride
- Coalitions (ECSAAG)
- Eaton RESA as a service Provider
- Truancy Court
- Eaton Medical Center
- Holistic Approach by many services providers
- Handle with Care in Eaton Rapids suicide prevention initiatives
- Hospital System Regional
- Diversion and Restorative Practices
- Sobriety Court
- Youth Services
- ERMC Suboxone Clinic
- CMH Detox Program
- Willingness to collaborate
- Passion around substance use
- Knowledge about gaps/what's missing
- Aware of gaps in services
- Tri-county collaboration
- Treatment courts and jail services
- Naloxone /Narcan Access
- OD2A Funding
- Overdose fatality review team
- 8 Problem-Solving courts in the county
- MAT program @ the jail
- SUD therapist @ the youth facility

WEAKNESSES

- Outpatient treatment options
- Funding expansion restrictions
- **Transportation to services**
- **Low staffing/provider ratios/staff retention**
- **Transitional housing recovery services**
- Lack of awareness
- **Limited mental health resources, no psych eval services**
- High Stigma
- No SSP
- Youth focus prevention
- Accountability for Illicit Drug Sales
- Lots of agencies but limited communication
  - FAN / DARE
- Provider barrier w/ licensing

TABLE RESPONSES

- No Detox, sober living, residential support
- Lack of funding
- Stigma attached to sud
- Court ordered/probation drops our of county?
- No Treatment providers in Eaton County
- Licensing for treatment
- Time and resources need to get MAT
- Jail not providing MAT - does Eaton do this and commit to it
- Too much compartmentalization
- Duplication of resources
- Lack of Residential treatment
- No accountability for drug dealers
- Needle drops/disposal
- Networking
- DARE in the youth/FAN
- No Psych Evals
- Some missing services
- Tight communities are also siloed
- "Dirty laundry" stays local
- Prevalent stigma very present in our county often More puntative that supportive
- "Pull yourself up by your bootstraps" mentality
- Youth vaping and parental acceptance
- Lack of awareness of programsf
- Mental health resources
- Transportation
- Not having and SSP
- Harm reduction resistance
- Equity Work
- Lack of knowledge of / lack of treatment access
- System distrust
- Gap in integrated health systems
- Awareness of resources
- No Residential treatment
- No transitional sober living
- Limited number of MAT providers

SWOT

OPPORTUNITIES

- **Resource Center (harm reduction material pick-up)**
- **Narcan availability**
- School partners
- **Tri-County Connections**
  - Red Project, Lansing Mobile Unit, Mental Health Services in Lansing, ERMC
- Evidence based youth programming
- **Funding**
- **Housing shortage - wrap around services**
- Data gathering
- **Networking awareness**
- Treatment intake 24/7

TABLE RESPONSES:

- SUD Crisis Center
- Youth education
- Harm reduction
- Jail staff placing Narcan on property
- Narcan vending machine
- Fentanyl test strips
- Using public spaces for Narcan distribution (Delta township library), Eaton Co Fair
- Supportive housing trauma informed care and wrap around services
- 24/7 treatment intake
- Data from all sources
- Advertising resources
- Networking opportunities
- Coalition against substance use
- Going regional w/ working together
- More regional/tri county partnership and collaboration
- Breaking down silos
- Expand effective programming
- Training local agencies on effective prevention
- ERMC partnership with Mental Health
- Funding
- Tri-county hub of resources
- Tri-county collaboration
- Involve those with lived experience
- SBIRT training
- Naloxone/Narcan community Trainings
- School partnerships
- School CHWs
- SUD CHWs
- RED Project - harm reduction on west side of state
- Mobile medical unit - S Lansing
- CMH services in Ingham Co, not available in Eaton Co.

THREATS

- Insurance Cost of Care
- Cost of Assistive Resources
- **Harm reduction stigma - risk factor for using materials/resources**
- **Funding for stability**
- **Substance use trends & focus**
- Housing /job availability
- Activity engagement (sober fun)
- Criminal justice system -
  - client history burden
  - limited client-centered treatment
- In-School Suspension for youth use
  - Only 2 districts have youth intervention programs
- **Effective evidence-based programs (SSP)**
- Prescription balance with true need
- False Collaboration

TABLE RESPONSES

- Lack of insurance
- Cost of MAT /Narcan
- Private/commercial insurance is a barrier to receiving treatment
- Differing enforcement behaviors for first responders and outreach
- Public misunderstanding
- Non-collaboration
- Minimal funding
- Policies
- Inaccurate death
- Stigma of drug use
- Finding a balance between medical need
- Court system
- Lack of understanding of prevention science
- Lack of compassion for SUD
- Grant funding flex over years, sustainability
- Lack of understanding how “system” works with average voter
- Housing shortage
- “DARE” mentality - effective vs not effective
- Funding
- Criminal justice system
- Awareness of problem severity
- Stigma
- Public resistance to harm reduction resources in schools
- Resistance to prevention in the schools staffing
- Funding
- Constantly changing funding and ending of programs
- Unpredictable funding leads to unsustainable programming
- Changing trends in substance use, emerging drugs
- Access to Money
- Housing availability job opportunities
- Pro-social activities - availability of those activities

APPENDIX C – CONSENSUS WORKSHOP

Consensus Workshop

What actions need to take place to meet the community need?

PREVENTION

- Teaching CBT and RBT in schools and to families
- Youth prevention
- Embed equity thinking into all initiatives
- Evidence programming
- Data driven decisions

HARM REDUCTION

- Mobile/MAT/Needle exchange/naloxone program
- Mentor Assisted to individuals from start to finish
- Invest in housing infrastructure to support individuals with SUD
- Trauma informed supportive housing

IMPACT ON ALL PILLARS

- Antistigma
- Political will
- Reduce stigma
- Buyback voucher programs
- Combine resources
- Determine focus of funding
- Education about resources
- Funding sources for uninsured/underinsured create sustainable plan
- Formal partnerships between LEO and treatment workers
- Collaboration of resources groups

TREATMENT

- Teaching CBT and RBT in schools and to families
- Mentor assigned to individuals from start to finish
- Treatment & Recovery centers with 24/7 availability
- Invest in housing infrastructure to support individuals with SUD
- Trauma informed supportive housing

RECOVERY

- Treatment & Recovery centers with 24/7 availability
- Involved people with lived experiences more (PRC, connecting to treatment)
- Transparent process
- Involved affected community in decision making
- Mentor assigned to individuals from start to finish
- Invest in housing infrastructure to support individuals with SUD
- Trauma informed supportive housing

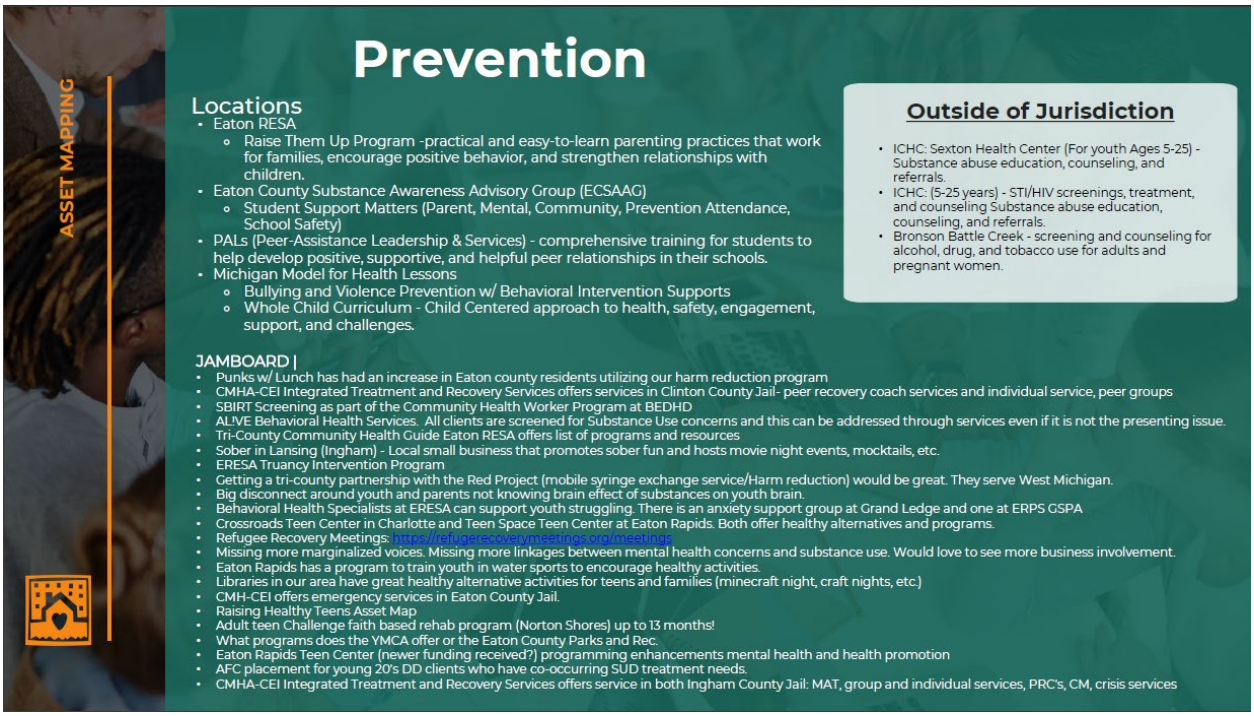
APPENDIX D – STAKEHOLDER MEETING #2 AGENDA

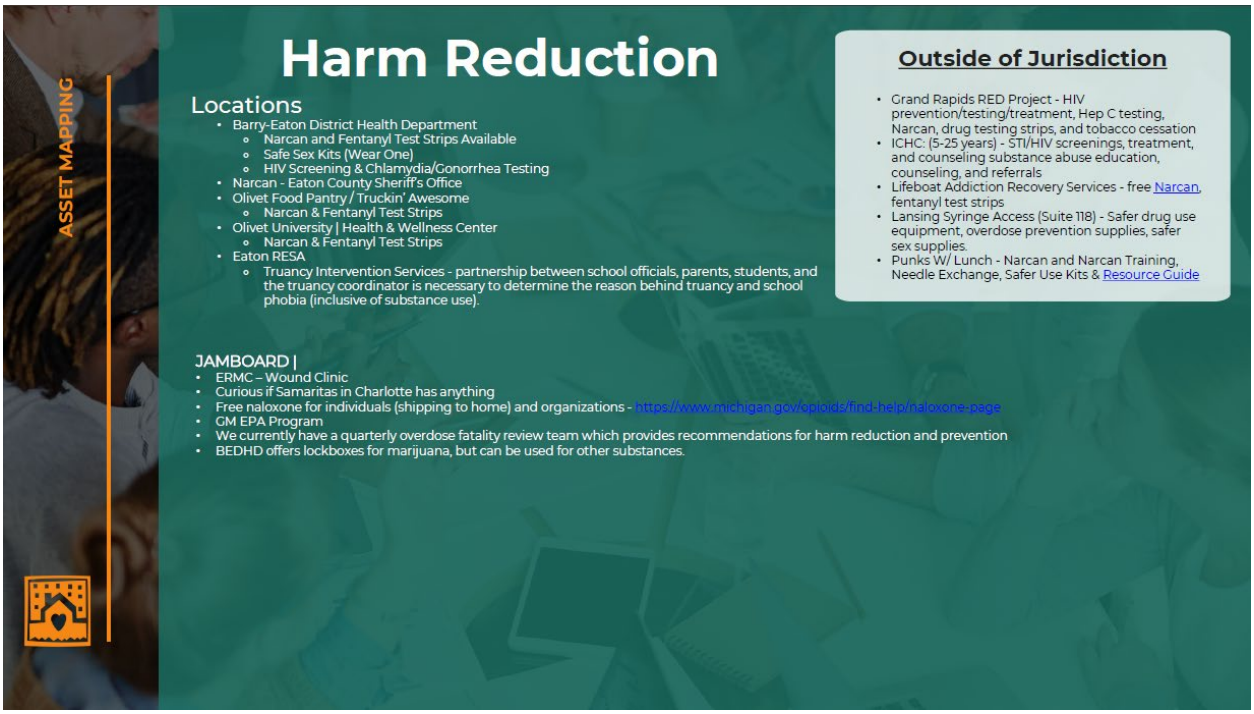
Substance Use & Misuse Strategic Plan Meeting
Part 2

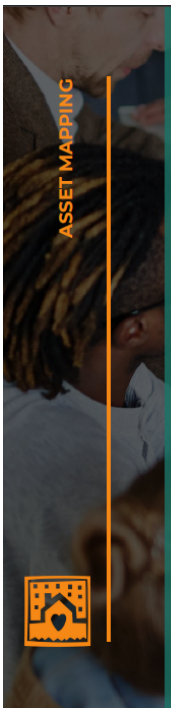
Wednesday, January 29th 2024 9:00AM – 12:00PM	Virtual Meeting Zoom **https://bit.ly/3OjU6ZD**

TIME	**AGENDA ITEM**	**FACILITATOR**
9:00 – 9:05	Welcome - Purpose Overview - Subcommittee Sign-Ups QR Code	
9:05 – 9:50	Mission / Vision Statement Survey Review Data Clarifications SWOT & Cluster Reflection Community Survey Review	
9:50 – 10:00	Break - Subcommittee Sign-Ups QR Code	
10:00 – 11:55	Asset Mapping Exploration Needs & Gap Inventory	
11:55 – 12:00	Subcommittee Sign-Ups QR Code	
12:00	Adjourn	

APPENDIX E – ASSET MAPPING







Treatment

Locations

- **Samaritas** - counseling, MAT, case management and recovery coaching
- **Eaton Rapids Medical Center** - Suboxone Clinic
- **Prevention & Training Services (PATS)** - alcohol/substance use education, Outpatient substance use treatment, intensive outpatient treatment, women specific outpatient treatment, relapse treatment, and MRT
- **Cognitive Consultants** - assessments (drug & mental health), intensive outpatient, outpatient, and education to address substance use and other addiction disorders.
- **TDC Substance Abuse Treatment** - Medical detox, inpatient/residential rehab, outpatient rehab and intensive outpatient programs, sober living facilities, narcotics anonymous, address dual diagnoses.
- **Eaton RESA**
  - CHOICES Early Intervention Program
- ***CMHA of Clinton, Eaton, and Ingham** *(office outside of jurisdiction)* - Detox Services, Residential Services, Outpatient Services, Corrections SUD, Corrections Mental Health, Integrate Healthcare,

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- RSAT (Residential Substance Abuse Treatment) Program for inmates at ECJ. This includes classes and counseling. MAT is started on qualifying inmates.
- Jail Cog and Moto Dorm are programs available in the jail that focus on cognitive restructuring for qualifying inmates
- Is anything available at Olivet College, Lansing Community College?
- MSHN has online list of providers
- Treatment listed here in tri-county health guide: https://www.eatonresa.org/prevention/school-health-and-whole-child/tri-count-community-health-guide/
- Reality Counseling Services has a substance use disorder treatment location in Charlotte as well as one in North Lansing
- CMH in ECJ available for crisis intervention, suicide risk assessment, and care coordination.
- Eaton Co. Treatment Courts - Vet Court, DV Court, Felony Drug Court, Felony Sobriety Court, District Hybrid Court, Grads, Incentives, Sanctions, Case Mgrs, Probation Agents/Officers
- Eaton County Treatment Courts...judicially supervised treatment programs that focus on treatment the whole person
- Samaritas provides outpatient MAT and counseling services for SUD.
- CMH-Integrated Services- Crisis Services

Outside of Jurisdiction

- **Reality Counseling Services** - Alcohol Treatment and Drug Rehab Center
- **Wedgewood Christian Services** - SUD outreach, intensive outpatient program, recovery coaching, case management, MAT, Women/Family specialty services, residential treatment for youth *(not covered by insurance)*.
- **Pine Rest Christian Mental Health Services**
- **DOT Caring Centers**
- **Child & Family Charities** - SUD tx, assessments, therapy, early intervention (13-15yo), case management
- **Cristo Rey Community Center** - assessment and referral, case management, and therapy.
- **Professional Psychological and Psychiatric Services** - comprehensive outpatient mental health and substance abuse treatment clinic offering psychiatric, psychological, social, educational, vocational and prevention services to individuals, families and groups.
- **Victory Clinical Services** - MAT, detox/maintenance, counseling/therapy, HIV/HCV screening and referral, case management, addiction education and relapse prevention
- **Michigan Therapeutic Consultants** - MAT, screening and assessments early intervention, counseling, coordination of care
- **Mid-Michigan Recovery Services** - Outpatient services, early intervention and support groups, residential treatment services recover coaching and housing.
- **Life Journeys** - Drug rehab, Outpatient care, Intensive outpatient program, Aftercare support
- **Meridian Professional Psychological Consultants** - Detox, long/short term rehab, inpatient and outpatient.
- **Sparrow Behavioral Health Services St Lawrence Campus** - treatment for co-occuring disorders, mental health rehab, inpatient and our patient.
- **ICHC:** (5-25 years) STI/HIV screenings, treatment, and counseling Substance abuse education, counseling, and referrals
- **Narcotics Anonymous** - Resource Guide

Recovery

Locations

- **Samaritas** - counseling, MAT, case management and recovery coaching
- **Cognitive Consultants** - assessments (drug & mental health), intensive outpatient, outpatient, and education to address substance use and other addiction disorders.
- **Alcoholics Anonymous** - LINK
- **Narcotics Anonymous** - LINK
  - All Together (Eaton Rapids)
  - Charlotte Hard Heads
  - Today's Reality (Grand Ledge)
- **Smart Recovery** - LINK

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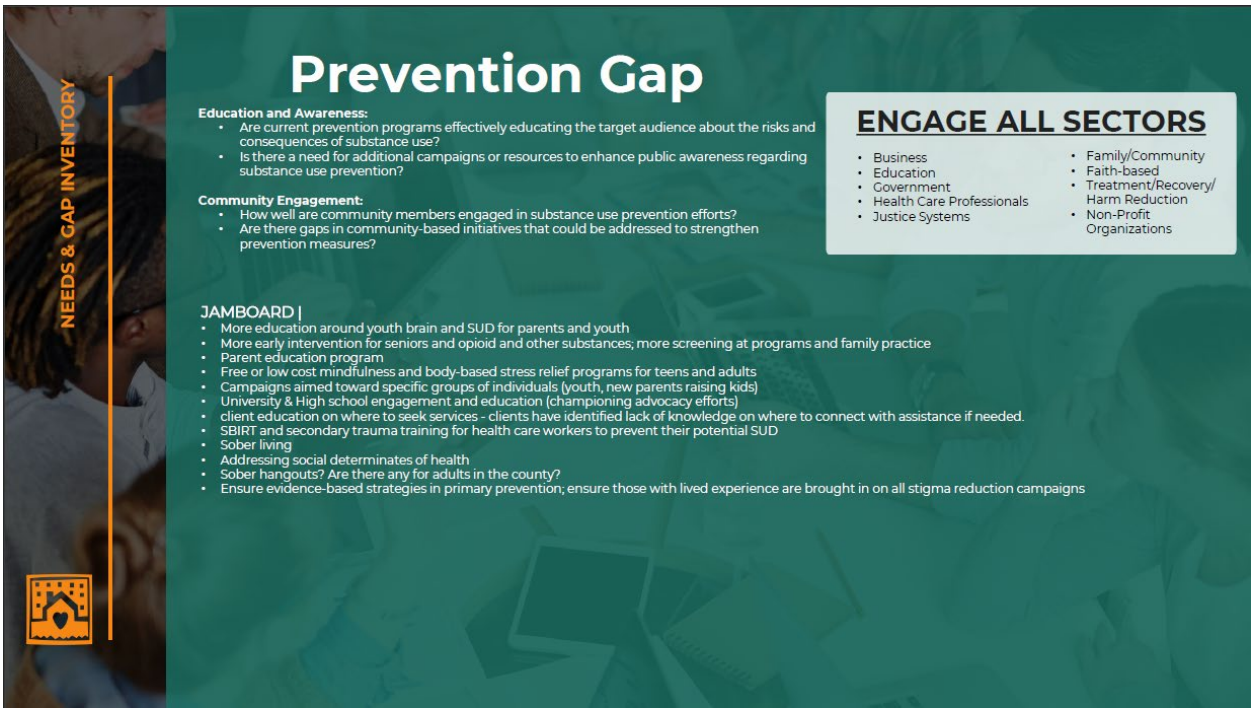
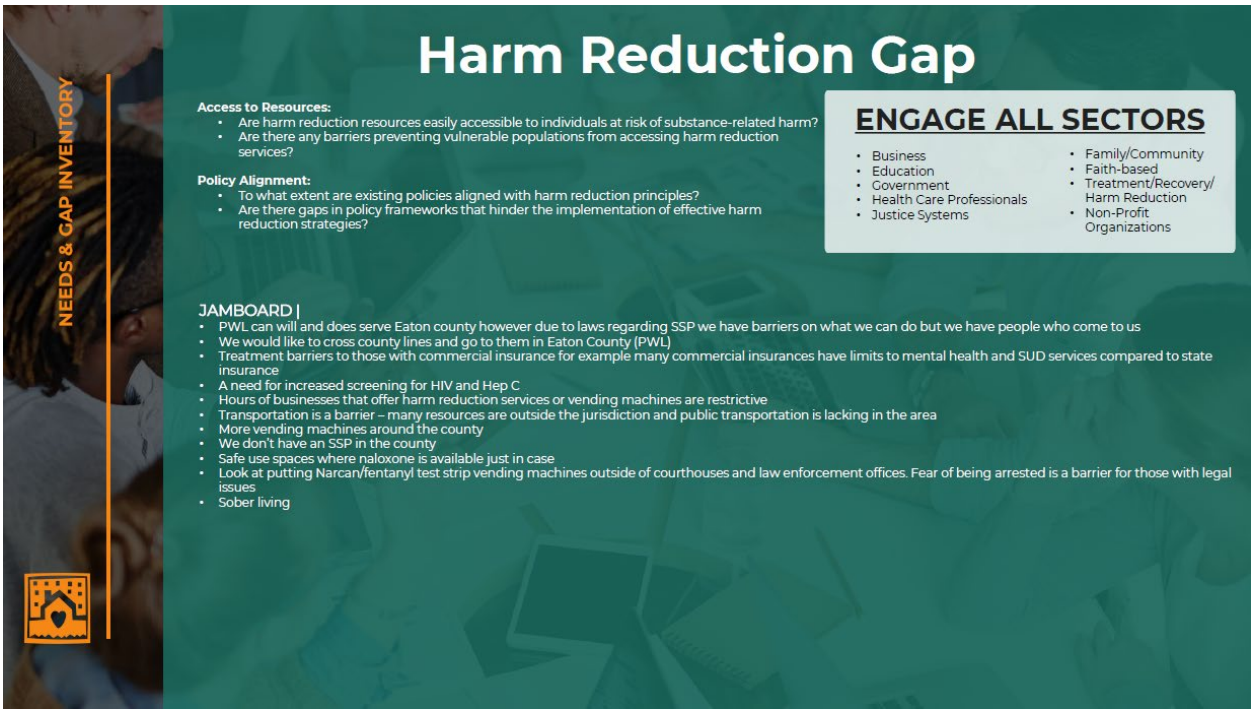
- Celebrate Recovery
- Assistance with DMV/SOS?
- 12 step programs for behavioral addictions and people affected (e.g., Alanon, Gam-anon, Overeaters anonymous, gamblers anonymous, Sex and Love addicts anonymous, etc.)
- Michigan Quitline and My Life, My Quit offer some coaching to recover
- ECJ inmates that participate in RSAT leave with a discharge plan and links to recovery services and sober living.
- Legal Aid
- PATS (Prevention and Training Services) offers substance use disorder treatment and domestic violence treatment in Delta Township in Eaton County.
- 12 Step Yoga for Recovery Online with Lansing local class
- Childcare options? Transportation options? Employment opportunities/training?
- Pinnacle Recovery Group - Sober Living
- RISE - in Ingham County offers sober living
- Connected Health in Okemos. Offers MAT and offers telehealth appointments.
- Local businesses can become "recovery-friendly workplaces" - https://recoveryfriendlymi.com/
- Alateen for youth through Lansing Central AA
- Reality Counseling Services Substance Use Disorder Treatment -- location in Charlotte, MI as well as in North Lansing
- MSU Collegiate Recovery Group and Recovery dorms

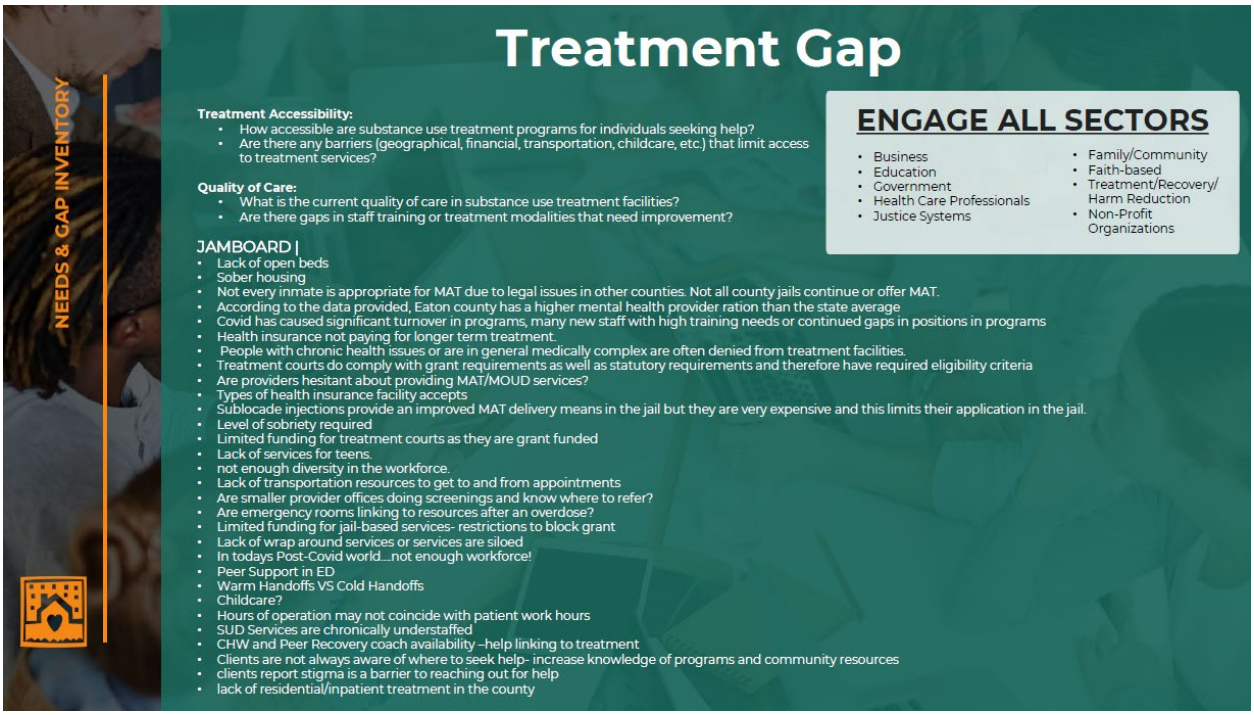
Outside of Jurisdiction

- **Behavioral Health Group (BHG)** - MAR with Suboxone, Addiction Counseling, MAR with Methadone, Assist with underlying/co-occurring health issues, Outpatient care.
- **CMHA of Clinton Eaton & Ingham** - Skill building/vocational support, Peer mentoring, Healthcare integration, Wellness coaching, House of Commons, MAT, Transitional services, Recovery support services, Integrated Treatment and Recovery Services (ITRS).
- **Child & Family Charities** - SUD tx, assessments, therapy, early intervention (13-15yo), case management .
- **Cristo Rey Counseling Services** - assessment and referral, case management, and therapy.
- **Diversity Psychological Services** - all ages SUD services.
- **Guide to Personal Solutions (GPS) Mental & Addiction Treatment** - Opiate support group.
- **Mid-Michigan Recovery Services** - Recovery coaching, Early intervention, Long-term residential, Outpatient, Intensive outpatient, Sober living facilities, Housing support services.
- **Pinnacle Recovery Services** - Recovery housing, supportive services, Peer recovery coaching, DHS help, Housing and employment assistance.
- **Reality Counseling Services** - Alcohol Treatment and Drug Rehab Center
- **Sparrow Hospital St. Lawrence Campus Behavioral Health Services** - treatment for co-occurring disorders, mental health rehab, inpatient and our patient.
- **Victory Clinical Services** - Counseling, Addiction education, Life skills education, Group therapy, Case management, Peer recovery supports, Relapse prevention and aftercare.
- **Wellness Inx., LLC** - SBIRT, Recovery coaching, Peer-facilitated recovery groups, Education/planning/training.
- **Lifeboat Addiction Recovery Services** - Peer recovery coaches, homeless outreach, support with education courses, and open computers.
- **Narcotics Anonymous** - Resource Guide

APPENDIX F – GAP & NEEDS INVENTORY






NEEDS & GAP INVENTORY
Treatment Gap
Treatment Accessibility:
How accessible are substance use treatment programs for individuals seeking help?
Are there any barriers (geographical, financial, transportation, childcare, etc.) that limit access to treatment services?
Quality of Care:
What is the current quality of care in substance use treatment facilities?
Are there gaps in staff training or treatment modalities that need improvement?
ENGAGE ALL SECTORS
Business
Education
Government
Health Care Professionals
Justice Systems
Family/Community
Faith-based
Treatment/Recovery/ Harm Reduction
Non-Profit Organizations
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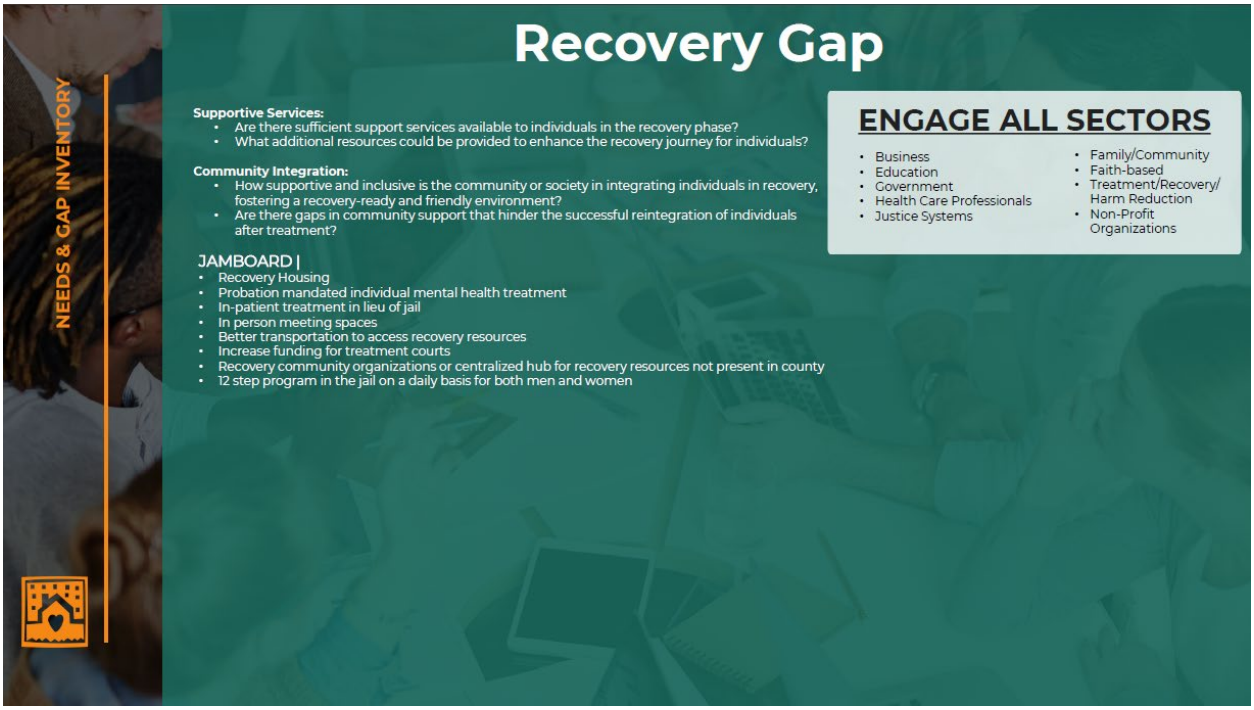
Lack of open beds
Sober housing
Not every inmate is appropriate for MAT due to legal issues in other counties. Not all county jails continue or offer MAT.
According to the data provided, Eaton county has a higher mental health provider ration than the state average
Covid has caused significant turnover in programs, many new staff with high training needs or continued gaps in positions in programs
Health insurance not paying for longer term treatment.
People with chronic health issues or are in general medically complex are often denied from treatment facilities.
Treatment courts do comply with grant requirements as well as statutory requirements and therefore have required eligibility criteria
Are providers hesitant about providing MAT/MOUD services?
Types of health insurance facility accepts
Sublocade injections provide an improved MAT delivery means in the jail but they are very expensive and this limits their application in the jail.
Level of sobriety required
Limited funding for treatment courts as they are grant funded
Lack of services for teens.
not enough diversity in the workforce.
Lack of transportation resources to get to and from appointments
Are smaller provider offices doing screenings and know where to refer?
Are emergency rooms linking to resources after an overdose?
Limited funding for jail-based services- restrictions to block grant
Lack of wrap around services or services are siloed
In todays Post-Covid world....not enough workforce!
Peer Support in ED
Warm Handoffs VS Cold Handoffs
Childcare?
Hours of operation may not coincide with patient work hours
SUD Services are chronically understaffed
CHW and Peer Recovery coach availability --help linking to treatment
Clients are not always aware of where to seek help- increase knowledge of programs and community resources
clients report stigma is a barrier to reaching out for help
lack of residential/inpatient treatment in the county


NEEDS & GAP INVENTORY
Recovery Gap
Supportive Services:
Are there sufficient support services available to individuals in the recovery phase?
What additional resources could be provided to enhance the recovery journey for individuals?
Community Integration:
How supportive and inclusive is the community or society in integrating individuals in recovery, fostering a recovery-ready and friendly environment?
Are there gaps in community support that hinder the successful reintegration of individuals after treatment?
ENGAGE ALL SECTORS
Business
Education
Government
Health Care Professionals
Justice Systems
Family/Community
Faith-based
Treatment/Recovery/ Harm Reduction
Non-Profit Organizations
JAMBOARD |
Recovery Housing
Probation mandated individual mental health treatment
In-patient treatment in lieu of jail
In person meeting spaces
Better transportation to access recovery resources
Increase funding for treatment courts
Recovery community organizations or centralized hub for recovery resources not present in county
12 step program in the jail on a daily basis for both men and women

APPENDIX G – SUBCOMMITTEE MEETING #1

Eaton County Substance Use and Misuse Strategic Planning
Subcommittee Meeting
March 2024

Agenda

- Welcome and Introductions
- Review Continuum of Care (prevention, harm reduction, treatment, recovery) Definition
- Review Asset Map
    - Make adjustments as needed
- Review Needs and Gap Inventory
    - Make adjustments as needed
- Review Strategic Plan Model
- Create Overarching Goal for Specific Section of Strategic Plan
- Begin Development of Strategies
- Next Steps/Action Items
    - Bring any relevant data to next meeting

Future Meetings
April , May

APPENDIX H – SUBCOMMITTEE MEETING #2

Eaton County Substance Use and Misuse Strategic Planning
Subcommittee Meeting
April 2024

Agenda

- Welcome and Introductions
- Progress Report and Action Items
    - Review data brought in since last meeting
- Finalize Strategies
- Begin Development of Activities and Measures
- Next Steps/Action Items
    - Bring list of current activities and funding streams (spreadsheet to be shared with the group for updating between meetings)

APPENDIX I – SUBCOMMITTEE MEETING 3

Eaton County Substance Use and Misuse Strategic Planning
Subcommittee Meeting
May 2024

Agenda

- Welcome and Introductions
- Progress Report and Action Items
    - Review data brought in since last meeting
- Finalize Activities and Measures
- Update Spreadsheet on Current Activities and Funding Streams
- Next Steps
    - June meeting will include all stakeholders and subcommittees for review of draft strategic plan

Future Meetings
June

APPENDIX J – STAKEHOLDER MEETING #3

Substance Use & Misuse Strategic Planning

Large Group Follow-Up

June 17, 2024 | AM HOURS | Virtual

Agenda

Welcome & Thank You

Overview of Sections

- Open Remark/Discussion
- Strategy Prioritization Activity for each

Strategic Plan Reflection – Round Table

Next Steps –

- Implementation Intent
- Meaningful Engagement and Recruitment (ECSAAG, TOED, SUAT, OFR, ERHA…)
    - Open Floor – what do you need from the county to maintain engagement and implement the plan.

Large Group Announcements –

REFERENCES

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HEALTH AND HUMAN SERVICES COMMITTEE **JULY 1, 2024**

Clinton-Eaton-Ingham Community Mental Health Board - 3 year term

Jason White	12/31/25
Paula Yensen	12/31/24

Department of Human Services Board - 3 year term

Thomas Eveland	10/31/25
John Forell	10/31/26

Eaton County Human Services Collaborative Council

Paula Yensen	12/31/24
Health and Human Services Committee Members	

Tri-County Aging Consortium Advisory Council - 3 year term

Barbara Smith	12/31/24
Ruth Pearson	12/31/25
Sue Hoffman	12/31/26

Mid-State Health Network Substance Use Disorder Policy Oversight Council

Kimberley Thalison	8/31/25

County Medical Examiner - 4 year term

Dr. Michael Markey	12/31/24