



LAKE COUNTY
OPIOID COMMUNITY
ASSESSMENT

2023-2024

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Introduction

This Opioid Community Assessment (OCA) 2023-2024 was conducted with Lake County Government in collaboration with Michigan State University's (MSU) team within the Michigan Department of Health and Human (MDHHS) Technical Assistance Collaborative (TAC). The impetus for the assessment is the incoming Opioid Settlement dollars and a desire to have those dollars generate positive community impact for decades to come. The charge was to collect information from the community regarding opioid use disorder (OUD) and other co-occurring substance use disorders/mental health disorders. This definition will be referred to as substance use disorder (SUD) throughout this report. MSU acknowledges the importance of using inclusive language. However, in this report, there may be some non-inclusive language present. The data referenced in this report is cited work, and for the sake of maintaining its integrity, we are unable to alter the findings to make them inclusive to all.

Who Was Involved in This Assessment

Upon engaging with the Technical Assistance Collaborative and the MSU Community Assessment team, the Lake County Government formed a working group with representation from the District Health Department #10, West Michigan Community Mental Health, and Lake County Government. MSU and the local working group met multiple times to identify guiding questions for the assessment; what do we want to know? The assessment's direction was determined jointly with the working group reviewing and approving all surveys and focus group questions for fidelity to guiding questions and accuracy of intent.

Why We Did This Assessment

Lake County Government prioritized hearing the voices of people with lived experience (PWLE) with substance use disorder and mental health conditions (SUD), and people directly impacted by SUD, such as family and friends, throughout the assessment process. People whose occupations are impacted by SUD were also given the opportunity to be heard. This information gathered through the surveys, focus groups, and personal interviews will serve to help identify local strategies, inform new funding opportunities, and strengthen both the community and local governments' understanding from a variety of perspectives.

Methodology of this Assessment

Focus groups and interviews for the OCA were organized and implemented in collaboration with Baldwin Family Health Center, West Michigan Community Mental Health, Bread of Life Food Pantry and the OCA working group. Focus group questions were informed by the OCA working groups' guiding questions. The focus groups were facilitated, recorded, transcribed, and coded by MSU. Focus group participants with lived experience or who identified as being directly impacted by SUD were recognized as subject matter experts and compensated with \$50 gift cards for their time and for sharing their experience and knowledge.

Survey questions were created collaboratively by MSU, and the Lake County OCA working group and informed by the guiding questions. The Organizational Survey was shared through the Lake County Community Collaborative and the First Responder survey was distributed via relevant organizations. The survey for PWLE was distributed online and in person and survey participants were compensated with \$25 gift cards upon survey completion. MSU administered the surveys and interpreted the survey results to inform this report.

Table of Focus Groups, Interviews, and Survey Participants and Respondents

Method	Responses/Participants
Organizational Survey	35
First Responder Survey	30
Directly Impacted People Survey	103
PWLE Focus Group	4
Loved Ones and PWLE Focus Group	8
Red Project Interview	1
Total Community Engagement	181

Guiding Questions Used for Assessment

- What is the scale of the opioid epidemic in Lake County?
- What is the percent prevalence of neonatal opioid withdrawal syndrome/neonatal abstinence syndrome (NOW/NAS)?
- Who does opioid use disorder affect indirectly?
- How is the scale of substance use impacting current systems/services?
- What assets exist to respond to the opioid epidemic for residents in Lake County?
- How effective are the different interventions/strategies being used in the community?
- Are there discontinued assets that were effective?
- What are the gaps in services in responding to the opioid epidemic in Lake County?
- How can we engage with the community of people who use drugs?
- What are the barriers that community members face in accessing existing services?
- What role does living in a rural community play when it comes to access to services?
- What role does stigma play in access to services?
- How can organizations address the full continuum of care from active use, detox, through continued recovery support?
- Where can education be implemented to help the community understand the work being done?
- How can the community be educated on services currently available and organizations that are active?
- Are there things that local community systems could be doing (suggested actions)?

Demographics of survey respondents

General respondents to the Directly Impacted People survey in Lake County were predominantly White or Caucasian (66%), followed by Black or African American (17.5%) and American Indian Alaska Native AIAN (8.7 %). All other ethnicities accounted for about 5.9% of responses, and 1.9% of respondents identified as Spanish, Hispanic, or Latino.

These data compared with the 2023 census Race and Hispanic Origin data for Lake County which estimates that the white population accounts for 83.7% residents, while the Black or African alone population makes up 10.7% of residents, AIAN residents account for 1.4% of the population and Hispanic or Latino comprise 9.1% of the population. [US Census Bureau](#)

The largest group of respondents in the Directly Impacted People survey was aged 56-65 (26.5%), followed by 46-55 (21.4%). Followed by 25-35 and over 65 with one respondent under age 18.

Demographic Observations in Lake County

- What is the scale of SUD in Lake County?

“Everything. Methamphetamine has got fentanyl in it. Everything does now, yes.”

“Yeah. I used to use the strips to test the meth. Seriously, it was always in there. Every time, in every bag.”

From 2018-2020 there were 35 recorded ED visits for non-fatal drug overdose.

The 3-year average for the nonfatal overdose ED visit rate was 289.5. per 100,000 people. (2018-2020)

The 5-year average fatal overdose rate was 6.7 per 100,000 people. (2016-2020) [MiTracking Michigan Overdose Data to Action Dashboard](#) indicates 5 overdose deaths in 2021 in Lake County with 3 deaths involving synthetic opioids.

According to [The System For Opioid Overdose Surveillance \(SOS\)](#) from January to August 2024, there have been 9 EMS Naloxone administrations reported in Lake County with 1 suspected fatal overdose reported in this same time.

There were 8 new Hepatitis C cases diagnosed in 2022. Injection drug use (IDU) is the leading

risk factor for hepatitis C virus (HCV) transmission in the U.S.

[Hepatitis C virus risk among young people who inject drugs](#)

In 2022, there were 24 people living with HIV in Lake County. 6 people are utilizing PrEP. [AIDSVu map Emory University](#)

HIV is spread by having sex or sharing syringes and other injection equipment with someone who is infected with HIV. Substance use can contribute to these risks.

[HIV Risk and Prevention CDC](#)

- What is the prevalence of neonatal opioid withdrawal syndrome/neonatal abstinence syndrome NOWS/NAS).

The 2020 neonatal abstinence syndrome (NAS) and neonatal opioid withdrawal syndrome (NOWS) rate for Lake County was 800.0 per 100,000 population compared to 835.8 per 100,000 in Michigan for the same year. The 2019 prosperity region 4 had a count of 62 cases of NAS/NOWS out of 18,404 births for a rate of 336.9 per 100,000 population. [Michigan 2020 Primary Care Needs Assessment](#)

- Who does opioid use disorder affect indirectly?

The impacts of chronic substance use have wide impact in communities.

We heard from several people about the impact of overdose deaths on family and children.

“And I had a friend of mine OD a couple of months ago, about six months ago, my kids’ mother. So, you know that took a toll on me and my kids and I’m just bummed as hell.”

We heard stories of pain motivating change and hope.

“I used to have a problem doing methamphetamine myself. Had a girlfriend, my son’s mother. Lost her. It was meth and fentanyl... But yeah, I ended up losing her to

drugs as well. But I’ve been sober since I’ve been up here, so we got that going for me.”

We heard how difficult it is for friends and families to support their loved ones on their own and that they would like to have a better understanding of SUD and related resources in the community. We heard that loved ones need to be educated and supported so that they can better support people who are struggling.

“I’ve had friends that have been addicted to meth, the opioids, all that. So just to get a little information, you know, it’d be nice.”

Observations of Assets in Lake County

- What assets exist to respond to the opioid epidemic for residents in Lake County?

When organizations providing services in Lake County were asked, *‘What substance use related supports and services does your organization facilitate in Lake County?’* harm reduction services were the most frequently provided, with 45.7% organizations reportedly offering them. Transportation support and post-incarceration support were also common, with 31.4% of organizations each providing these services. Resource navigation (34.3%) and recovery coaches/peer support (28.6%) are also notable services offered by several organizations. A variety of other supports, including housing, advocacy, and diversity/inclusion, are also provided by a portion of the organizations. This data highlights the diverse range of reported services available to address substance use in Lake County, with a focus on harm reduction, transportation, and post-incarceration support. Of these reported services offered, organizations indicate that harm reduction services have been the most successful, followed by transportation support and resource navigation. Other services, such as mutual aid and post-incarceration support, have seen moderate success. The least successful services, based on the number of valid responses, are housing support (emergency, transitional, permanent).

Asset: Harm Reduction and Naloxone Distribution

Community acceptance for Harm Reduction assets ranked high in this assessment.

“A lot of people don’t care how it’s done, and they’re just happy it’s here (harm reduction), and it might reduce people getting intravenous diseases and stuff like that, you know.”

“I think it’s a great, great thing.” (Access to Harm Reduction)

Having naloxone/Narcan and drug testing supplies available in a low barrier way is seen as

an asset in the community. According to the Overdose Data to Action Dashboard (MODA) the local health department ordered 240 naloxone kits in 2023 from the MDHHS Naloxone Portal. In 2024 MODA shows 24 kits ordered from Lake County by First Responders. West Michigan Community Mental Health was the most frequent location reported for accessing Narcan/naloxone in the PWLE survey.

“I love that there’s Narcan in the (dispenser) at CMH.”

“Yesterday when I was in there, I took a picture in front of it” (Narcan dispenser)

“They even got the fentanyl strips in there. Test strips, that you can give for free too. Because they're putting fentanyl in everything.”

“Right, I think that's amazing.”

Two focus group participants shared that someone administering naloxone/Narcan while they were experiencing an overdose had saved their lives.

“Actually, Narcan saved my life.”

“It saved mine too.”

People spoke of a desire to expand barrier-free access to naloxone/Narcan across the county.

“I think every town should have them. They should have it at the grocery store on the way out next to the vending machine, or the kids, by their machines. I'm serious.”

People also spoke about the importance of acknowledging the role of people with lived experience in overdose response by ensuring availability that allows for secondary distribution through social networks, family and friends.

“But just in case, somebody might call us, because we've been through it before. They're like, “Hey, do you have any Narcan on hand?” And we can have it.” (Secondary distribution)

Asset: Mutual Aid Support and Peer Recovery Positions

Peer recovery coaches (PRC) were lifted as valuable assets for navigating resources and attaining recovery goals through shared experience, connection, and trust.

People expressed the importance and value of the existing mutual aid support groups and peer recovery resources in the county. The importance of having access to people in professional and social settings with lived experience and the value of resource sharing opportunities provided by mutual aid meetings was stressed.

“Just support groups where people get together, talk, share stories, any new resources that are out in the area at the time could be addressed. And just to network a little bit.”

We heard that peer support is essential for continued achievement of goals and feelings of connection to community.

“And once you quit, it progressively, we talked about that today, (peer support group) it progressively gets better. One thing after the other.”

People spoke of a Community Mental Health peer recovery coach initiative that facilitates weekly recovery friendly activities as an asset for creating positive engagement, building trust and community.

“But there's also a group on Fridays. CMH pays for it. It's a bunch of recovering addicts, and we all hop in the van, and we go do different things that CMH funds. Last week we didn't have anything really to do. We were going to go look for more mushrooms, all of us. But the weather that day wasn't right, so we just went to Shrine of the Pines and just chilled there. We talk about our issues, and things like that. Everything stays within the group.”

We heard the importance of having access to these resources that continue to support someone beyond detox and outpatient/inpatient rehab.

“I've been sober for almost eight months, and still in my head I play through all the reasons that I should do it, and all the benefits of it, and have to stop myself. And my brother, he used to use meth, and he said that'll never stop for the rest of my life. All the rest of my life, I will think that way about it.”

We heard a strong desire for building stronger recovery communities across the county. People spoke of many reasons why having a strong recovery community is important to them.

“When I started doing nothing, quit drinking all the time. Everybody quit talking to me because I didn't drink. I was like, “What the heck? I just lost all my friends.”

“I went for 15 years when I was clean and sober. I went three, sometimes four times a week.”

“Now I'm trying to do it on my own, and it's just too painful.”

- How effective are the different interventions/strategies being used in the community?

Asset: Medication to treat opioid use disorder/medication assisted treatment (MOUD/MAT)

The asset mentioned as most important in our conversations was the availability of medication for OUD. The largest number of respondents indicated ‘Other’ as the location they accessed medication for opioid use disorder in Lake County but did not indicate a specific location. Primary care provider and Community mental health were the second and third most common locations for access of MOUD/MAT inside Lake County. The high "NA" response when questioned about access locations inside Lake County (69.9%) indicates that many respondents did not access MOUD within the county.

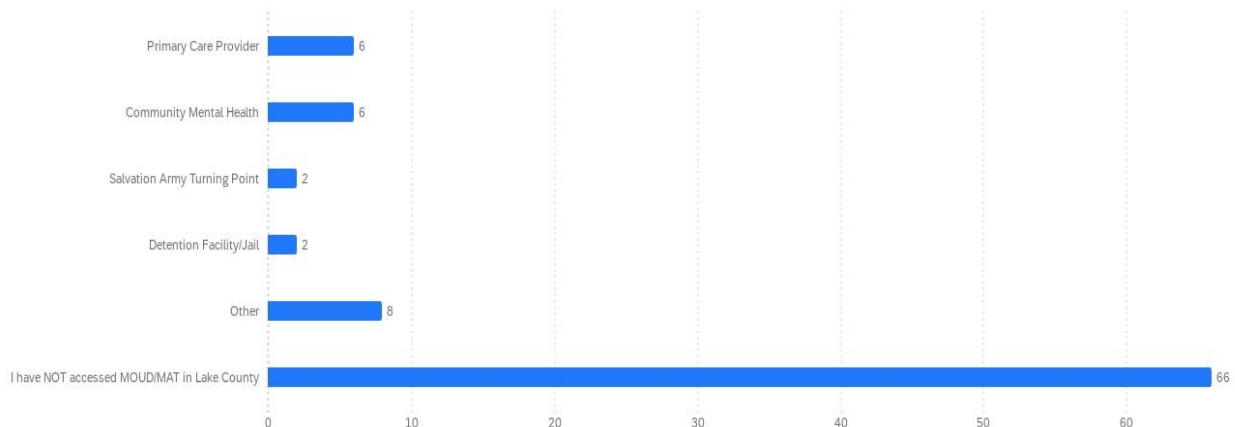
Survey responses show Suboxone, and other treatments are accessed more frequently

outside of Lake County than inside. Vivitrol usage is relatively similar both inside and outside Lake County. Methadone was only accessed outside of Lake County, with no reported use inside. It was noted in text box responses that Methadone is not an available choice for MOUD/MAT within the county. More people seem to access treatments outside Lake County, especially when looking at Suboxone, Methadone, and other options.

“I'm on the Sublocade shot. That thing has probably saved my life.” (Buprenorphine)
“The Suboxone saved me. The Suboxone, it's definitely working.” (Buprenorphine)
“I get the Vivitrol shot for drinking.” (Naltrexone)

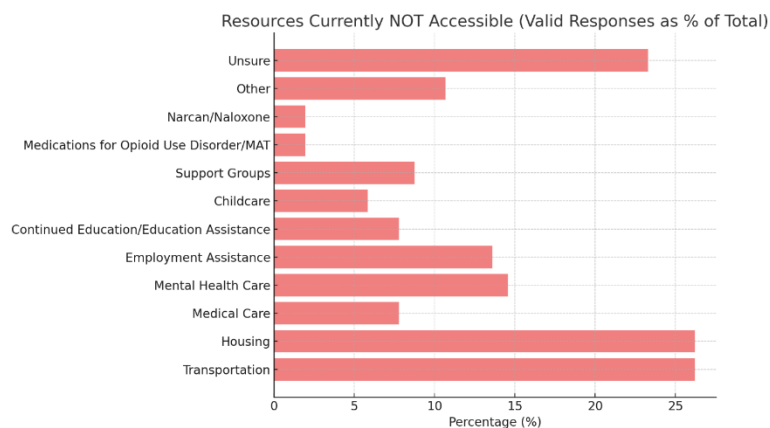
Other mentioned valued assets in this assessment were the Dial-a-ride transportation service, [NEXT Distro](#) mailed based naloxone/Narcan access, Michigan Works and free access to Wi-Fi at the library.

If you have accessed Medications for Opioid Use Disorder/Medication-Assisted Treatment, where in Lake County have you received Medications for Opioid Use Disorder/Medication-Assisted Treatment? Mark all that apply. 87 ⓘ



Observations of Gaps in Lake County

- What are the gaps in services in responding to the opioid epidemic in Lake County?



When PWLE were surveyed about missing resources ‘Transportation’ and ‘Housing’ were the largest identified gaps followed by ‘Mental Health Care’, and ‘Employment Assistance’.

Organizations expressed that they perceive resource gaps in Housing Support (37.1%), followed by Transportation Supports (31.4%) and Supports for Family and Friends (28.6%).

Organizations align with PWLE in listing both transportation and housing as missing resources in the community.

Gap: Mutual Aid and Peer Support

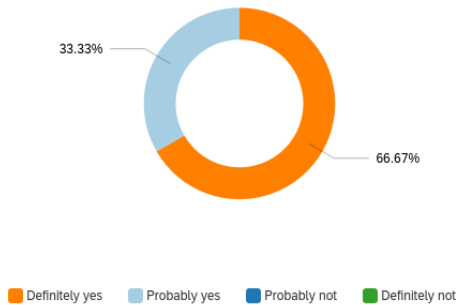
In focus groups people spoke of recovery as a lifelong pursuit and the need to have strong recovery friendly community built in support at all stages of someone’s recovery journey.

People spoke of the need for more recovery friendly events and substance free spaces to gather. Increased mutual aid support group opportunities and expanding access to peer recovery coaches to all areas of the county was stated as important to recovery success.

Gap: Community Education and Harm Reduction

“Just how to support somebody who's an addict, and to quit letting people die when they're overdosing, because there's no need for that.”

Community education was the most mentioned gap in our conversations. Education needs were often tied to harm reduction strategies.



In the organizational survey 100% of respondents indicated that their organization could benefit from education and training opportunities related to substance use. Suggested topics included; harm reduction, trauma informed care, criminal justice policy, Medicaid funded treatment vs non-Medicaid funded treatment.

As mentioned above, when talking with loved ones a desire to have a greater understanding

of substance use disorder and how to support people with SUD was expressed.

“And classes and how to support people that are addicted, instead of being confrontational or down-right crazy. I've seen some people get crazy with their family members... But just for people to learn about how to help those they know on drugs.”

People want to know more about overdose response in general and especially the importance of Michigan’s Good Samaritan Law as it applies to overdose response protections was stressed.

“But a lot of people, I've heard so many people dying. Or their friend will be dying, so they'll light the house on fire within a minute. And they're finding girls in dumpsters and stuff, because they just don't want to have to call the cops or call the paramedics. You don't even have to be there. You can call the paramedics and tell them what's going on and leave. And people don't know that. There needs to be huge advertisement for that.”

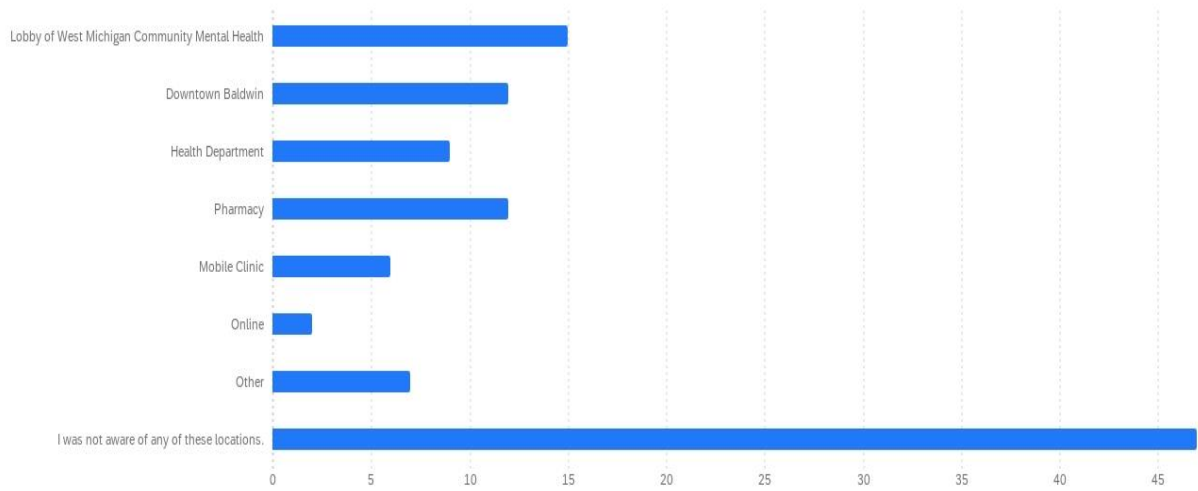
However, people expressed doubt about the law’s protections and mistrust of law enforcement when summoning medical help in the event of an overdose.

“The cops really won't get you in trouble for the drugs that are there, if you're high, or... They're just going to deal with the person who the wellness checkup is on, and they're going to leave. And nobody trusts that.”

“If you call the police and tell them about something, trust me, they're going to be questioning you too.”

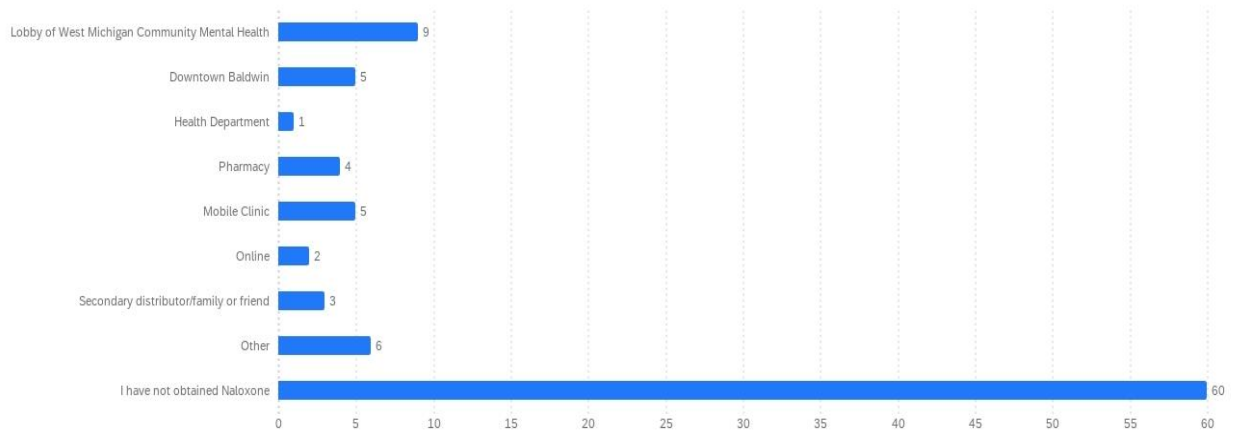
The most common response when asking about awareness of naloxone distribution points in the county was "I was not aware of any of these locations" (47.6%), indicating that nearly half of respondents are unaware of naloxone/Narcan distribution locations in Lake County. Among those who are aware of distribution points, the Lobby of West Michigan Community Mental Health and Downtown Baldwin were the most commonly recognized locations.

Do you know the following Naloxone/Narcan dispenser locations within Lake County? Mark all that apply. 85 ⓘ



It is significant that 68% of Directly Impacted People responded that they have not accessed Narcan/naloxone when asked, “Have you obtained a Narcan/naloxone kit at any of these locations?” Locations listed in the ‘Other’ response were Harm Reduction organization and Pain management for naloxone access points.

Have you obtained a Narcan/Naloxone kit at any of these locations? Mark all that apply. ⓘ



Observations of Barriers in Lake County

- What are the barriers that community members face in accessing existing services?

Barrier: Refused Care

Survey responses indicate that the most common place where care was refused is at Primary Care Physicians, followed by Treatment Facilities. The remaining categories, such as Emergency Departments and Counseling Services, have lower response rates. This suggests that while care refusal happens across multiple settings, it is more frequently encountered in primary care and treatment facilities.

Common reasons for care refusal in substance use or medication-assisted treatment settings include stigma and bias from healthcare providers, lack of specialized training in addiction medicine, and financial or insurance barriers. Capacity issues at treatment facilities, legal or policy restrictions on certain medications, and perceived non-compliance with treatment plans can also lead to care being denied. These challenges reflect the complex barriers individuals may face when seeking substance use treatment.

Barrier: Lack of Awareness of Resources and Accessibility

We heard that people don't know what resources are available in the community. There was an expressed need for more outreach to raise awareness of existing resources and help to navigate engagement.

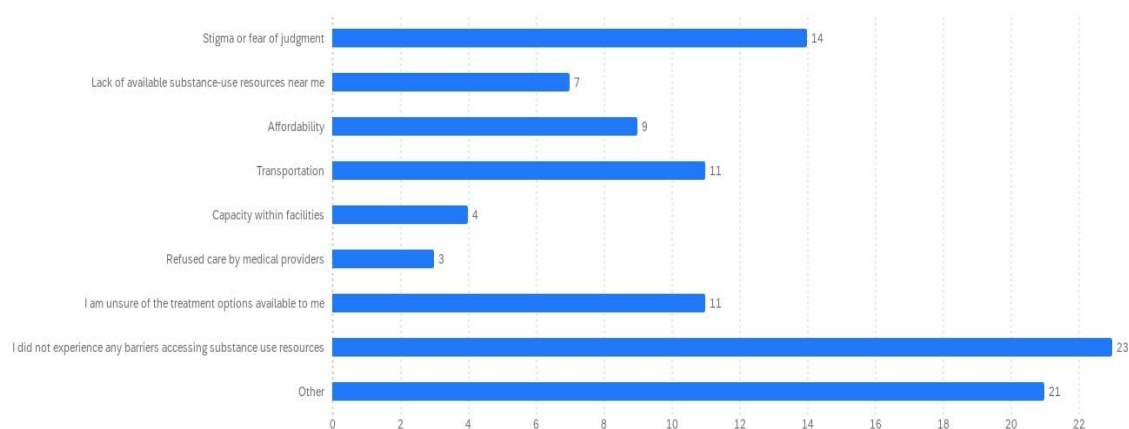
"Like I said, awareness and the knowledge of the resources around is the biggest thing we don't have."

"I think there needs to be more advertisement of there being a harm reduction that we have here. I don't know if that's, like I said, if it's actual harm reduction, or a red project or whatever. I think that there should be more knowledge of knowing that it's there."

People expressed that even when they know, they aren't always certain how to access needed resources.

"If you have Medicaid or Medicare, there's a little tiny number on there that you can call and ask for help, but I don't know if that help is available in the middle of the night. Yeah. Yeah. See and that's the thing is you just never know."

What makes it hard for you to access substance use resources? Mark all that apply. 80 ⓘ



When asked, 'When people are ready to get help for substance use, how accessible are resources and help?', the most frequent response was "I am unsure how accessible the process is" indicating many people were unsure about how accessible help was. The fact that "I did not experience any barriers" is the top response to the question 'What makes it hard for you to access substance use resources?'

suggests that some respondents may not have tried accessing services, contributing to their uncertainty about accessibility. A significant number of respondents chose “I am unsure of the treatment options available to me”. Meanwhile, others face tangible barriers like stigma and transportation.

- Are there discontinued assets that were effective?

People spoke of barriers to attending mutual aid support groups due to the lack of availability in their area and the distance required for travel to mutual aid support groups from the outlying communities. People spoke of lost mutual aid resources in their communities and resulting transportation barriers.

“I'm not sure around here if they even have AA.” “They don't no more.” “Don't they? Because they don't in Luther either.” “There's nothing, not even AA. I mean you can't even...”

Barrier: Internet Access

Online access to mutual aid support groups were mentioned as an available substitute to in-person support but lack of internet access prevents everyone from participating and some felt the lack of personal connection in this option made it less valuable.

“There are online classes, but a lot of people would want face-to-face, AA or NA.” “I did the in the rooms, to try and get my license back, and I learned how easily you can skate around that. You don't have to talk, you don't have to turn your camera on if you don't want to, you know? ...it is not the same as this.” (in-person meeting)

Barrier: Placement of Naloxone/Narcan Dispensers

People with lived experience said that they do not feel safe and comfortable accessing naloxone at all of the chosen locations for the following reasons. There were suggested alternatives mentioned that they felt would be better utilized by people who use drugs and people in recovery. There was an expressed distrust of law enforcement when utilizing access to public naloxone.

- *“Awful places to put them, too, by the way. Both within view from the courthouse, the cop shop. Just saying.”*
- *“I wouldn't want to go there... because then the cops would be able to see me.”*
- *“This is my addict-mind talking. And they would be able to mark me down as an addict and they watch me. You know what I mean?”*
- *“Anywhere that the cop shop doesn't have view of it.”*
- *“Bar backyard.”*
- *“Yeah, that's actually a great idea. Behind any bar, an alley, and grocery store bathrooms.”*

Barrier: Medication for Opioid Use Disorder/Medication Assisted Treatment

People spoke about the barriers to staying engaged in MOUD/MAT. They expressed that meeting the requirements to engaging with current MOUD programs is a burden regarding time and travel and creates barriers to employment.

- *“Somebody in jail told me this. They said, “Well, what's more important, your recovery or a job?” I said, “Man, how can you even say that?” You're comparing it for real. They both are essential and a necessity to life.”*
- *“... you start out with a weekly drug test to be on the medication we're on. You have to attend a group meeting weekly. Every week, plus see the doctor. That's three things. Plus, your peer*

recovery, so that's four things. Then after a month, or 60 days or something like that, it tapers off. You go to the bi-weekly. If you got a full-time job though? It's hard, it's hard."

- *"Yeah, and hard." "It's not just hard, it's impossible." "Right. Absolutely impossible."*
- *"Man, because that stuff and the turnaround with so many appointments." "That definitely needs to... Change that, or switch something up. Yeah." "If you could do it all in one shift- In one day."*
- What role does stigma play in access to services?

In survey responses stigma was the second most reported barrier to services.

"Yeah, there's definitely more of a stigma towards drugs than there's alcohol. And alcohol is socially acceptable, where drugs, you're just a terrible disgusting person if you've done drugs is how I feel that I'm viewed as. And I've been in both worlds."

Other Observations in Lake County

- What role does living in a rural community play when it comes to access to services?

Rurality impacts access to services, specifically outside of the most populated areas. Mental health and primary care provider shortages exacerbate the access issues associated with rurality. This shortage of locally available providers highlights the need for transportation and internet access for connecting to care. In Lake County, 100% of the population lives in a low population density area.

"Here, they don't have nothing. Ludington is the biggest town. This town, they ain't going to do nothing for you."

Underscoring the challenges to access healthcare are the provider ratios reported on [County Health Rankings and Roadmaps](#).

In 2023 there was one mental health provider per 1,140 people (1,140:1) registered in Lake County, Michigan. The statewide ratio is 300:1. The ratio of population to primary care physicians in 2021 in Lake County was 12,310:1, compared to 1,280:1 statewide.

Transportation was the most frequent reported gap in services directly related to rurality and a frequent reported barrier to services in survey responses and focus groups.

"... it's not readily available around here in our area unless you want to drive a long way. A lot of people don't have access to transportation or the gas money. Even if they did have a car and insurance and a driver's license."

Community Planning

From the data presented in this report, we have identified potential actions or steps that can be taken to support the residents of Lake County. The actions and steps we have chosen to highlight are; (1) creating a collaborative plan to raise awareness of all available resources combined with recovery friendly community building and organizational education and training opportunities, (2) identifying and raising awareness and acceptance of existing harm reduction resource strategies and supporting the expansion of new harm reduction resources in the county, and (3) innovative collaborative efforts to reduce transportation barriers. The following recommendations are broad examples and are not inclusive of potential strategies for implementation.

Recommendations for Community Action

- How can organizations address the full continuum of care from detox to continued recovery support?
- How can the community be educated on services currently available and organizations that are active?
- Where can education be implemented to help the community understand the work being done?
- How can we engage with the community of people who use drugs?

Collaboration, Education, and Training

Recommendation: Convene for Planning the Growth of Organizational Collaboration

- Achieving continuum of care, health care that follows patients over a period of time from preventive care to treatment for medical concerns, rehabilitation, and maintenance, depends heavily upon awareness of resources, availability of necessary and alternative resources, identifying and addressing stated barriers, and dedicated collaboration and cooperation systems between providers. These are necessary components to continued engagement throughout

preventative care in active use, detox, in-patient and out-patient treatment, stable recovery housing, employment and maintenance of other set recovery goals.

Recommendation: Awareness of Resources

Lack of awareness of resources was identified as a barrier to services in this assessment. Collaboration and partnership between organizations that are offering services and locations already being accessed by people with living and lived experience can be utilized to identify and share resources.

- Form an advisory board of consumers of related services. Hear the voices of those most directly impacted about solutions based on needs and input on success potential for strategies.
- Many organizations in the survey identified as providing harm reduction services or partnering with an organization that provides harm reduction services. This provides an avenue for reaching people who are actively using drugs who may be able to provide insight into strategies to inform needs for resource dissemination in an advisory fashion.
- Engage in asset mapping activities with organizations to identify existing and missing resources available for stages of care and to provide a template for sharing and planning within organizations to raise awareness of existing resources.

Recommendation: Community Events, Resource Rallies

“Everyone on that list (CMH) should get something mailed. And then they should have the events inside of that. That would network people.”

- Meeting people where they are at through organizing and convening regular family friendly events or ‘resource rallies will build community and trust, clear messaging that all are welcome. Facilitators would arrange for a relevant SUD education and dialogue opportunity. Use innovative transportation solutions, i.e. community or church buses, free bus tickets or ride share boards, and choosing a central location on a bus route during operational hours to alleviate transportation barriers to attendance. These events could serve food and have local music. Resource sharing could take place with resource organizations being present during the event to share information about their resources and make immediate face to face connections for navigation and engagement. People with living and lived experience could be provided opportunities to speak and share their stories. Naloxone kits could be available to distribute along with health screenings like HIV/HCV testing and vaccinations. Faith based community involvement could bring spiritual healing and prayer and help to build a sense of belonging in community.

Recommendation: Workshops and Seminars

“I’ve had friends that have been addicted to meth, opioids, all that. So just to get a little information, you know, it’d be nice.”

- A desire for more community substance use education and public dialogue was identified. Organize small scale events that educate community members on SUD 101, raise awareness of support resources available for family and friends, provide naloxone training and educate about

secondary distribution (from family and friends). Lastly there was a call to foster more public dialogue.

“I lost a really good friend a couple years ago to opiates, and I know a lot of people that have the alcohol and meth and all that problem. I'm just trying to learn a little bit more about it.”

Recommendation: Overdose Protection Educational Campaign

“I mean, if you follow the news, I don't know, but you got to watch all the legislation and all that, and know what bills are being passed or being worked on. But I don't think typically it's something that comes up very often on the general news, you know? And I don't think they post it much in the paper. So, I mean if it's just about hearsay...”

- Organizationally specific and community-wide Understanding Good Samaritan Overdose Protection Legislation Public Campaign. As related earlier in this assessment, the community would like to receive trusted information about Michigan’s Good Samaritan Law as it pertains to calling for assistance in an overdose event. There is a lack of clarity of what the language in the law is/means and lack of trust in law enforcement abiding by the current legislation during an overdose response in the community. This causes hesitation to dial 911 when the medical emergency involves drug overdose which leads to preventable deaths and criminal charges that result from a call for medical assistance when everyone doesn’t know the law or how to enforce it. The community needs an agreed upon response within the current legislation that is shared freely in a way that builds trust and results in more overdose calls.

Recommendation: Organizational Training

- The majority of respondents in the First Responders survey (72.2%) believe the community would definitely or probably benefit from opportunities for substance use education and public dialogue. 29.6% of respondents identified as law enforcement. 100% of respondents in the organizational survey indicated their organization could use substance use education and training.

Recommendation: Harm Reduction

Identify and Convene Organizations Practicing Harm Reduction Strategies in Lake County

“But if we could somehow create a relationship with a couple people who really have a desire to break down barriers between health, whatever that means, whatever any substance user needs. That might be mental health services, it might be just a good primary care physician that's not going to be judgmental. If we can create a relationship with a place that has that to offer, then yeah, that would be awesome. I think it would be cool if we (harm reduction) could just be a little bit more immersed in the community. I think that would be really cool.”

- Community members expressed a desire to raise awareness and increase community education about harm reduction services. They were the most frequently reported provided service, with 45.7% organizations saying they offer some form of harm reduction services in the organizational survey. When asked ‘Which types of programs or services have you been successful in?’ organizations rated harm reduction services as their most successful programs and services. Identifying these providers for convening, awareness, and asset mapping of harm reduction

services in the county could identify gaps in services areas and strategies for planning and growth and help to foster collaboration and referrals among providers.

Recommendation: Increased Awareness and Locations for Naloxone Distribution

- Nearly half of survey respondents are unaware of naloxone/Narcan distribution locations in the county. To improve awareness of naloxone/Narcan dispenser locations, community outreach campaigns, public advertising, and partnerships with healthcare providers, recovery community, and local harm reduction organizations are essential. Soliciting feedback on distribution sites from end users. Engaging primary care providers, pharmacies, and mental health facilities to inform patients about naloxone, along with placing clear signage at key community locations, can help increase visibility. Additionally, creating online directories and mapping tools and collaborating with schools and universities will further ensure that individuals know where to access naloxone. Buy-in from local law enforcement and expressing agreement not to ‘police’ distribution sites are essential for community trust and utilization of public distribution sites. A comprehensive, multi-channel approach will maximize awareness and accessibility.

Transportation

Recommendation: Expanding Transportation Resources and Implementing Innovative Strategies

- Transportation was established as a major barrier for sustained engagement in medical treatment, in mutual aid support and to access other resources.
- Yates Dial a Ride was identified as a successful resource and people expressed gratitude for the resource being available. However, sometimes people don’t have a dollar to ride, or the schedule doesn’t fit their needs, or they have a need to travel outside of Lake County to access resources. In these instances, ‘the dial a ride’ resource does not meet their transportation needs and barriers remain. People spoke of leaving focus groups for this assessment early because they had to catch the last ‘dialer’.
- There is a need to explore innovative solutions to transportation barriers.
- In focus groups we heard suggestions for gas cards, free bus passes, and extended schedules.

Are there things that local community systems could be doing (suggested actions)?

Recommendation: Explore barriers and pathways to MOUD/MAT initiation upon entry into the jail setting and growing the program to offer all MOUD medication options.

- There was agreement that offering MOUD in the jail is a potential asset. One suggested action that had agreement in the PWLE focus group is to begin initiating MOUD upon entry into the jail instead of waiting until 30 days before release.

“CMH, even Lake County Jail has the Suboxone program. 30 days before you get out, you can start on the Suboxone medicine, which I think is backwards. I think they should have it accessible for people coming in and they're detoxing.”

“But I was just in there for four months almost, and I'm like, "I'm clean, why start back on the Suboxone again because I'm getting out." My folks asked me that. They said, "Why do you want to do that?" It's a relapse prevention thing, so they could offer that. Oh, when people are coming in, I think that would be beneficial.”

There was acknowledgement that pre-release initiation is relapse prevention but more importantly waiting allows people to suffer unnecessarily upon arrival and that after going through withdrawal some feel that it is counterproductive to initiate MOUD before release after having time sober in jail.

“There could be a lot of improvements when you look at that one.” (Criminal-legal system MOUD) “Yeah, no doubt. That’s what my biggest fear is, yeah...” (detoxing in jail)

People also spoke of a lack of treatment options for methamphetamines in the jail setting.

“... he’s been locked up for three years, and he’s still on meth in jail.”

People spoke of the unpleasant conditions in the jail for people withdrawing from substances and the impact it has on other people who are incarcerated with them.

“Who wants to sit there for days just picking your skin?” “Oh, yeah. I was a trustee over there and... Oh, my goodness...”

People called for medical detox treatment and Suboxone initiation upon entry into the jail.

“It’s actually crazy in the holding cells up there. It’s “a big headache for everybody when people are doing that. (withdrawal in the cells) It would help the people from hurting themselves, (early initiation of MOUD and treatment of withdrawal) because in that mind state... people are banging their heads on the walls, bleeding all over, all kinds of crazy stuff. That would be a nice thing to have.”

MDHHS contracts with Health Management Associates, a national healthcare consulting firm, to provide jails technical assistance, medication grants for opioid use disorder programs

Community Assessment Planning

The community assessment process can be an ongoing process. We always recommend looking back at what was done and what information was not acquired. It is also important to note questions raised in the current assessment that you may want to explore answering in future community assessment and planning processes.

Recommendations Based on Trends

Wellness Response Team

When First Responders were surveyed about utilizing the Wellness Response Team for post overdose support the majority of respondents (76.5%) indicated that they **never** contact the Wellness Response Team, even when their services are appropriate only a small portion reported using the team's services about half the time or most of the time. When asked to rate the usefulness of the response team the most common response was moderately useful (50.0%), while 25.0% felt the team was not at all useful. Fewer respondents found the team very or extremely useful. There were a wide variety of responses when asked about not contacting the wellness team. Notably, none of the reasons were related to HIPPA concerns. Family resistance, unaware of contact info, not in my job description, rely on EMS to contact were some of the responses given in text response explain why they don’t contact the overdose response team. It would seem worthwhile to have conversations with the Wellness Response Team, people who have received this service, and First Responders to dig deeper on processes; identify and remove barriers together to make sure people can utilize this resource in a way that is valuable to them.

Champion a Regional Approach

Explore support for engagement and collaborative efforts with neighboring counties who have shared needs to collectively advocate for removal of policy barriers, to reduce duplication of investments in resources, and identify opportunities to work together to build a foundation of care for people with SUD and mental health conditions. Regionally building the capacity to implement harm reduction philosophy and strategies, transportation solutions and safe affordable housing options on all levels (emergency,

supportive, permanent) is an innovative approach to accomplish collective impact in rural communities. [The National Association of Counties](#) highlights four communities working cooperatively in unique individual ways to ensure their opioid settlement funds make the greatest possible difference in their communities.

Report Resources:

[US Census Bureau](#)

[MiTracking](#)

[Michigan Overdose Data to Action Dashboard](#)

[The System For Opioid Overdose Surveillance \(SOS\)](#)

[Hepatitis C virus risk among young people who inject drugs](#)

[AIDSVu map Emory University](#)

[HIV Risk and Prevention CDC](#)

[Michigan 2020 Primary Care Needs Assessment](#)

[NEXT Distro](#)

[County Health Rankings and Roadmaps](#)

[217 Recovery Rides](#)

[National Association of Counties](#)

Other Resources:

[In the Works: Training the Harm Reduction Workforce](#)

[Developing a Rural Community Approach to Overcoming Stigma](#)

[MSU Extension opioid, substance use disorder community education program](#)

[Change. At your own pace.](#)

[Michigan Center for Rural Health](#)

[Words Matter: Preferred Language for Talking About Addiction](#)

[Naloxone Vending Machines and Distribution Boxes](#)

[Rural Transportation Toolkit](#)

[217 Recovery Rides](#)

[Successful Strategies for Addressing the Opioid Epidemic in Rural Communities: Transportation](#)

[MDHHS Peer Recovery Information](#)

[MDHHS Naloxone Portal](#)

[Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects](#)

[Michigan Association of Counties Opioid Settlement Resource Center](#)

[Principles for the Use of Funds from the Opioid Litigation](#)