

Introduction

This Community Assessment was conducted with Van Buren County Government in collaboration with Michigan State University's (MSU) team within the MDHHS Technical Assistance Collaborative. The impetus for the assessment is the incoming Opioid Settlement dollars to Van Buren County 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

MSU's team joined the Van Buren County Opioid Steering Committee to complete the community assessment. This group was given a worksheet to collect what information they believed would be valuable in decision making, what services they currently provide, and what barriers they believe exist within the community. MSU and members of the steering committee met multiple times from February to October to identify guiding questions for the assessment, create survey and focus group questions, distribute surveys, and organize focus groups.

Why We Did This Assessment

Van Buren County Government prioritized hearing the voices of People With Lived Experience (PWLE) with substance use, and people directly impacted by substance use, such as family and friends, throughout the assessment process. People who were directly impacted and those working to address SUD in Van Buren County were given the opportunity to participate in focus groups and complete a survey, while the community at large was given the opportunity to complete a survey.

The information gathered through the surveys and focus groups 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

This assessment process began with meeting with members of the steering committee to discuss the goals and purpose of the assessment. After this meeting, MSU put together guiding questions to be used for the assessment process. These were then reviewed and edited by members of the steering committee and were used throughout the assessment to ensure that the questions were answered.

Subsequent meetings with members of the steering committee entailed the creation of two surveys, one for the community and one for organizations working within the community. The MSU team created these two surveys and brought them to members of the steering committee to review and edit. These meetings then focused on the distribution of surveys and collection of participants for focus groups. The MSU team then analyzed the survey data that was collected and facilitated the focus groups that were organized by members of the steering committee. Once the data collection was finished, the

MSU team compiled the survey results into a presentation to show to members of the steering committee. This presentation ensured that the assessment had followed the guiding questions and given information that would be beneficial to the community. After this meeting, the MSU team compiled this final report, a final presentation to be given to the larger group, and an executive summary to be shared with the larger group.

Guiding Questions Used for Assessment

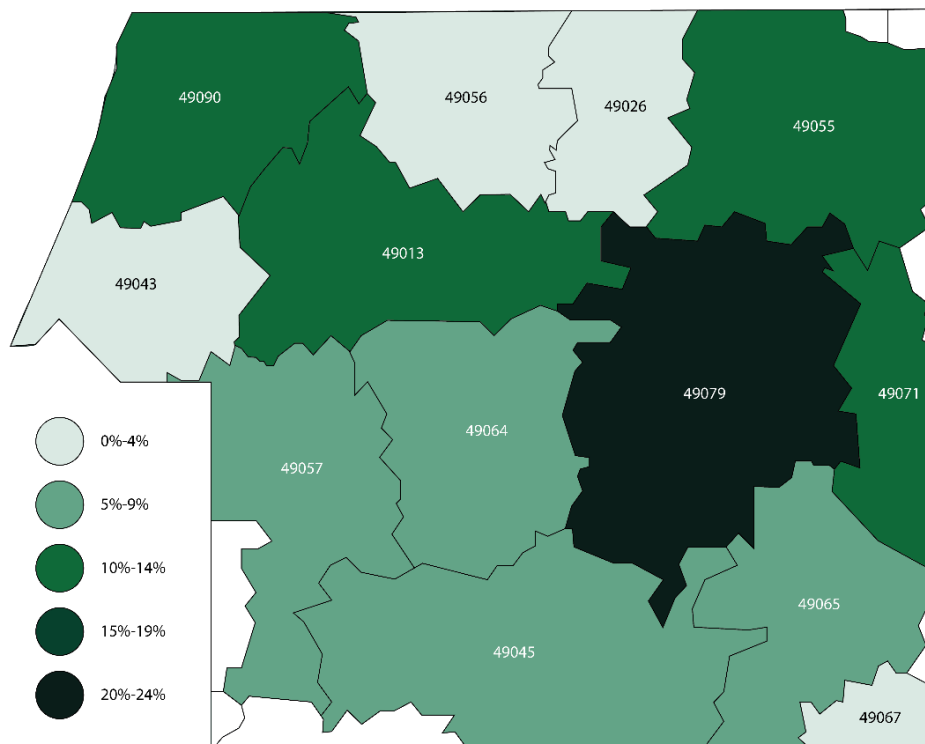
1. What is the scale of the opioid epidemic in our county?
 - a. Who experiences Opioid Use Disorder? (demographics of community)
 - b. Who does Opioid Use Disorder affect indirectly?
2. What assets exist already to respond to the opioid epidemic for residents in our county?
 - a. When individuals are ready and willing to get help, how accessible is the process?
 - b. What resources are most utilized within the community?
 - c. What resources do individuals feel the most supported by? (And why?)
3. What are the gaps in services in responding to the opioid epidemic in our county?
 - a. What resources or support systems are currently lacking in our community to address the opioid problem effectively?
 - b. What do those impacted by opioids (individuals and their friends/family) need from the community?
 - c. What do those whose jobs are impacted by opioids (first responders/providers/etc.) need from the community?
 - d. What are some of the barriers preventing individuals from seeking help for opioid addiction in our community?
 - e. What are some of the barriers preventing stakeholders/providers from providing services?
 - f. What resources are underutilized within the community?
4. How do you think we can create a more compassionate and stigma-free environment for individuals struggling with opioid addiction in our community?
 - a. How can community members, organizations, and local governments work together to create a comprehensive and sustainable plan to combat the opioid epidemic?
 - b. How many organizations understand SUD?

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

| Method | Responses/Participants |
|--|------------------------|
| Community-Wide Survey | 142 Respondents |
| Organizational Survey | 18 Respondents |
| People with Lived Experience Focus Group | 5 Participants |
| Loved Ones Focus Group | 7 Participants |
| Organizational Focus Groups | 14 Participants |

Demographics of Community Survey Respondents

The community survey that was distributed received 142 validated responses. Of those respondents, 101 identified as a PWLE, 34 identified as having a loved one with lived experience, and 7 identified as neither of the above. 109 of the respondents took the survey through an anonymous link and 33 took the survey by scanning a QR code. A map of respondents by zip code is presented below.



Most respondents were under the age of 45, with 46 respondents in the 35-44 age range, 29 respondents in the 25-34 age range, and 45 respondents in the 18-24 age range. When it came to education of respondents, most respondents completed at least some college. The income of respondents sat mostly in the \$10,000-\$49,000 range, with 71 respondents answering that they were within that range. 6 respondents answered that they were in the less than \$10,000 range and 5 respondents answered that they were in the more than \$150,000 range.

Looking at the ethnicity, race, and gender of respondents, many of the respondents were white, not Spanish, Hispanic, or Latino, and male. 25 respondents identified as Black or African American, and 2 respondents identified as American Indian/Alaska Native. 23 respondents identified as Spanish, Hispanic, or Latino. And 4 respondents identified as non-binary or other gender.

What is the scale of the opioid epidemic in our county?

Who experiences Opioid Use Disorder?

The demographics for PWLE respondents were similar to all respondents of the survey. When reviewing the Michigan Overdose Data to Action Dashboard for Van Buren County, it provides a breakdown of overdose deaths and emergency healthcare visits by demographic groups. From July 2022 to June 2023, all deaths were white, non-Hispanic males in the 25-34 age range. Emergency health care visits from January 2023 to December 2023 were 60% Black and 40% White, and 38% Hispanic and 62% non-Hispanic. During the same time frame, emergency health care visits were 56% female and 44% male, and the 15-24 age range was the most frequent, with 22%.

Who does Opioid Use Disorder affect indirectly?

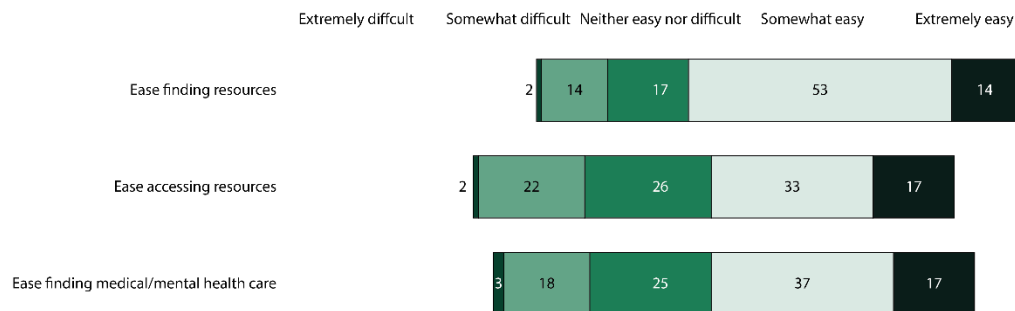
In this community assessment, a focus group was conducted with those who have been impacted by a loved one with an SUD. The individuals that participated were mothers, fathers, friends, aunts, uncles, and siblings of someone with an SUD. Focus groups were also conducted with those working in fields that address SUD, including health professions, social services, criminal justice services, education field, and more.

What assets exist already to respond to the opioid epidemic for residents in our county?

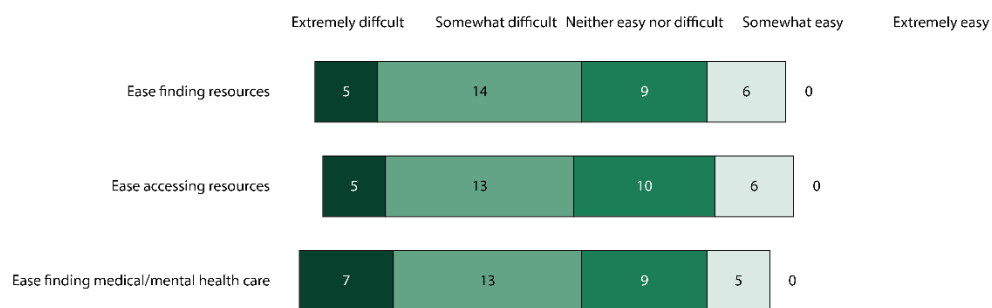
When individuals are ready and willing to get help, how accessible is the process?

When surveying PWLE and loved ones, they were asked three questions regarding ease and accessibility of the process. For PWLE, when it came to finding and accessing SUD, mental health, and medical resources, most respondents answered that it was somewhat easy, followed by neither easy nor difficult. However, this mostly positive sentiment was not shared with loved ones. When loved ones were asked the same questions, most respondents answered that it was somewhat difficult, followed by neither easy nor difficult. From these answers, it appears that the process is less accessible for loved ones than it is for PWLE.

Ease and Accessibility of Services for PWLE



Ease and Accessibility of Services for Loved Ones

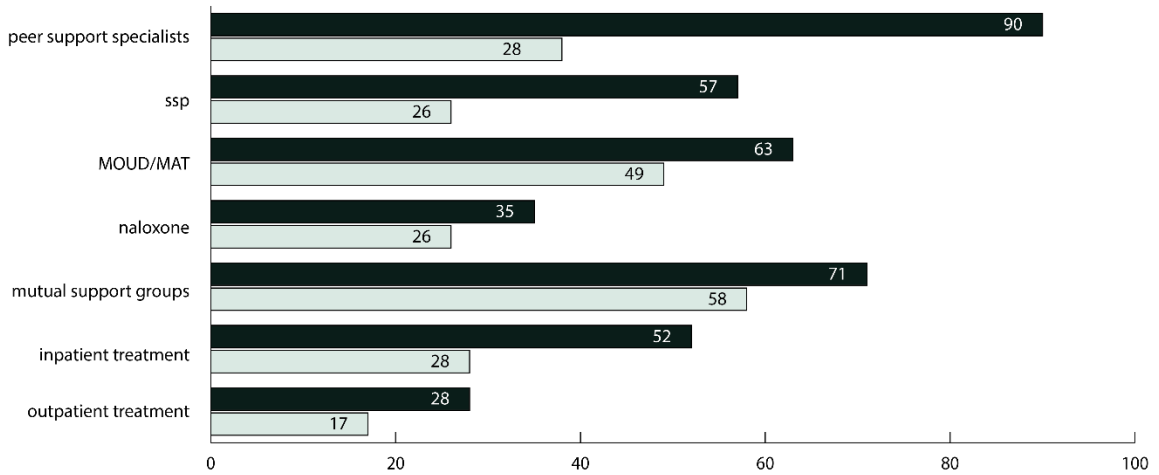


What resources are most utilized within the community?

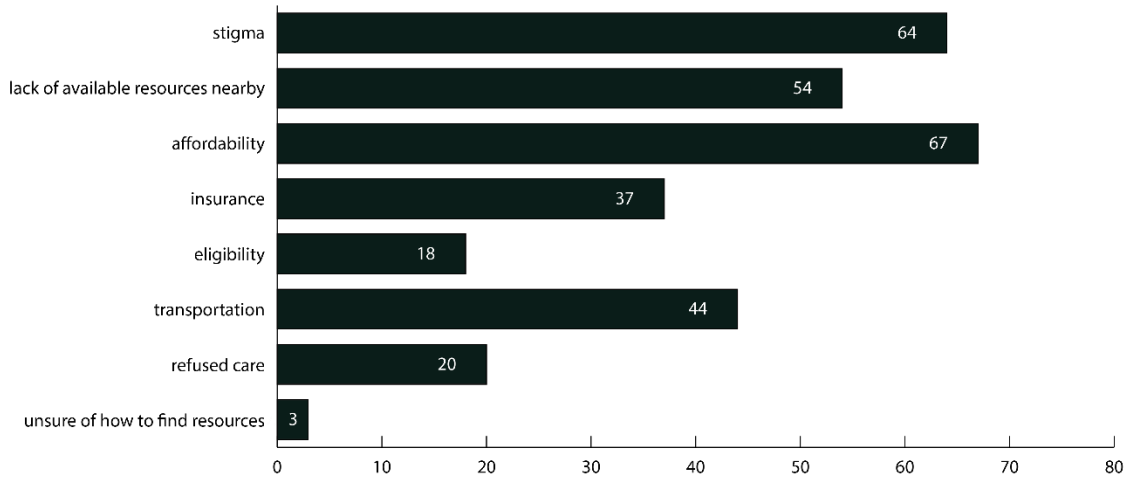
In the survey, there were two questions regarding services accessed. The first question asked PWLE respondents which services or programs they have accessed. The most common response was peer support specialists, with 90 respondents identifying this as a service they used. The next most popular responses were mutual support groups, at 71 responses, and medication for opioid use disorder (MOUD)/medication assisted treatment (MAT), at 63 responses.

The second question asked the same respondents which of the services they have accessed were in Van Buren county. The most common response for in county services was mutual support groups, with 58 respondents, followed by MOUD/MAT with 49 responses, and peer support specialists with 38 responses. While only four respondents answered that they have not accessed any programs in Van Buren County, the decrease in peer support specialists accessed within county is apparent.

Programs/Services Accessed



Barriers Encountered by PWLE



What resources do individuals feel the most supported by?

During focus groups with PWLE and loved ones, the most mentioned asset was peer recovery support. This was followed by treatment and mutual aid peer support. The frequent mentions of these topics were joined with comments on how they have helped them or their loved one through recovery.

“This recovery zone. This has been incredibly beneficial. Having a physical location to be here for people to come to is important. There's nothing more frustrating than having a family member or friend that is having issues that has no place to go.” – Loved Ones Focus Group

What are the gaps in services in responding to the opioid epidemic in our county?

What resources or support systems are currently lacking in our community to address the opioid problem effectively?

When surveying the community, every respondent was asked what they perceive the largest gap to be in Van Buren County. The most common response was MOUD/MAT, with 28 respondents, followed closely by outpatient treatment, with 25 respondents. The third, fourth, fifth, and sixth most common responses were housing, employment training and support, peer supports, and residential treatment, respectively.

“I really think that we need to think wisely what we want to do and where this money should go. Those two, sober living and the intake is crucial to a lot of people, and we just don't have that around here.” – PWLE Focus Group

“So, there [are] no inpatient services in Van Buren County whatsoever.” – Loved Ones Focus Group

During focus groups, the most common gaps that were mentioned were housing and transportation. Transitional housing specifically, was brought up as a nearly non-existent resource, especially for men coming out of jail. Transportation was mentioned due to the size and sparseness of Van Buren County. Since there are areas of the county that have more resources than others, getting individuals to those areas with the resources or programs often brings difficulties.

“Van Buren County just doesn't have the housing resources or the transportation resources” – Professionals Focus Group

Another gap that was commonly brought up during PWLE and loved ones focus groups was the lack of capacity for already existing programs. They know of programs that are available, but often times they mentioned that there are not beds open, space for them, or staff available to help when they need help.

“We need money for things, for places and organizations that can help them like [the Recovery Zone], and that can stand with them and walk.

But we're short on volunteers. People... can't volunteer, they're spread so thin now that we really need funding that will help us with these issues.” – Loved Ones

Focus Group

“After someone gets out of the drug court program and they're thrown back into the world, I think there should be some kind of allocation towards extending that therapy... follow-up” – PWLE Focus Group

What do those impacted by opioids (individuals and their friends/family) need from the community?

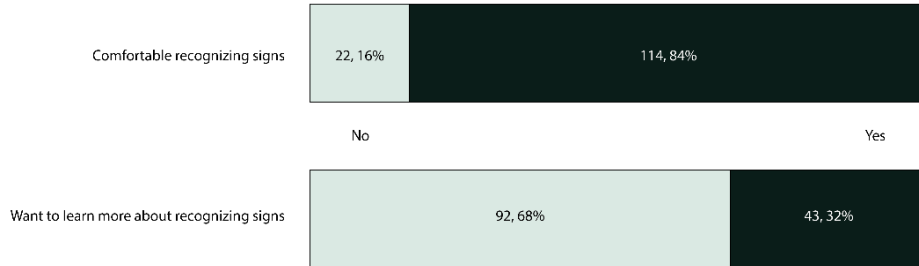
Stigma was one of the largest gaps that PWLE and loved ones identified during the survey and focus groups. Individuals taking the community survey were given five statements and asked to rank their agreement with the statement from 0-100. The higher their response, the more they agree with the statement. This can be used to judge stigma towards certain common topics. The first statement regarded alternative sentencing, and the average agreement was 72/100. The second statement, regarding healthcare options for those with an SUD, had an agreement of 72/100. The third statement, regarding MOUD/MAT, had an agreement of 33/100. The fourth and fifth statements, regarding employment for those with an SUD and MOUD/MAT clinics, had agreement of 73/100 and 70/100 respectively.

“I think education with the public. People have a stigma, they portray us in a certain way, and until people really see who we truly are, they don't get the whole picture.” –

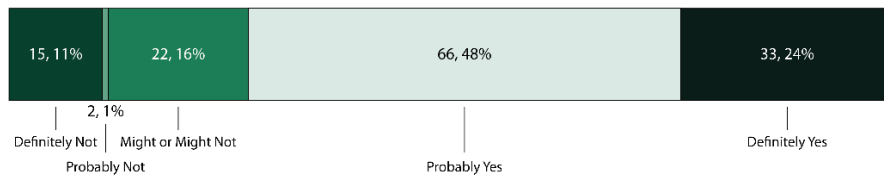
PWLE Focus Group

When surveying the community, all respondents were asked if they felt that the community would benefit from education. Most respondents answered either probably yes (66 responses) or definitely yes (33 responses). Some of the suggestions for topics of education were mental health, family resources, stigma, general education on SUD, and healthy communication.

Community Education



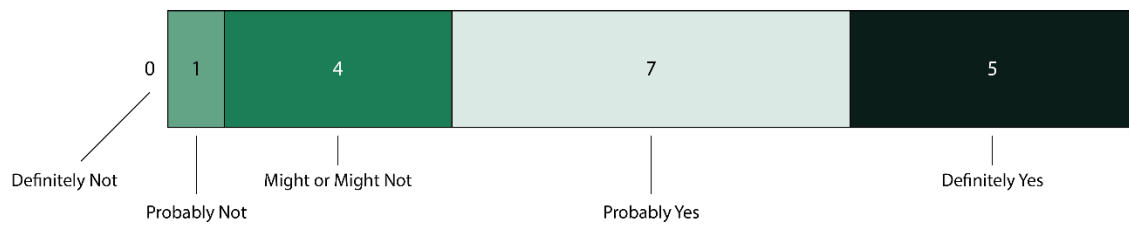
Community Benefit from SUD Education/Training



What do those whose jobs are impacted by opioids (first responders/providers/etc.) need from the community?

When conducting focus groups with professionals, they brought up stigma as one of the barriers they encounter at their job. Specifically, stigma against harm reduction and recovery housing was discussed. When the community is not open to change, it makes the jobs of professionals more difficult since it often comes with lack of funding and capacity building opportunities.

Organization Benefit from SUD Education/Training

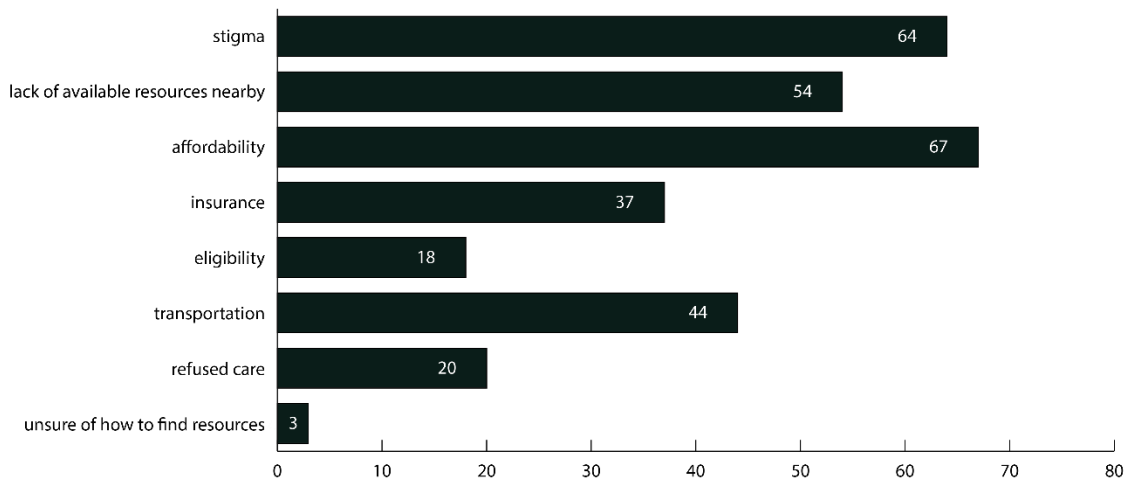


“We could expand on the harm reduction line in public health if we had more funding and that'd be great if we did that.” – Professionals Focus Group

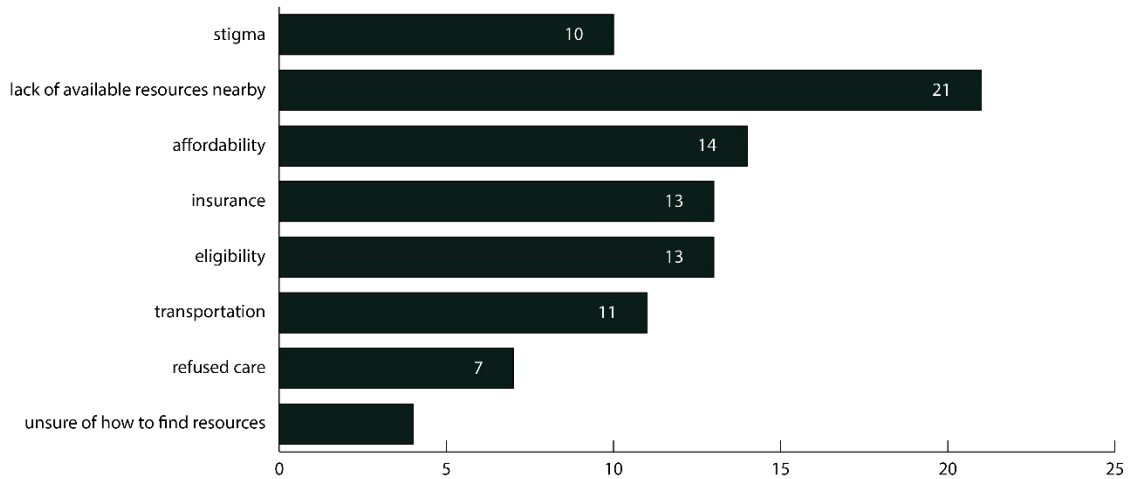
What are some of the barriers preventing individuals from seeking help for opioid addiction in our community?

When surveying PWLE and loved ones, they were asked which barriers they encountered during their journey. The most common response from PWLE was affordability, with 67 respondents. This was followed by stigma, with 64 respondents, and lack of nearby resources, with 54 respondents. When loved ones were asked the same question, the most common response was lack of nearby resources, with 21 respondents, followed by affordability (14 respondents) insurance (13 respondents), and eligibility (13 respondents).

Barriers Encountered by PWLE



Barriers Encountered by Loved Ones



Additionally, 16 PWLE respondents answered that they ran into the issue of not being eligible for community health centers services. Another 16 PWLE respondents answered that they were refused care at a primary care physicians office, four answered that they were refused care from the emergency department, and two answered that they were refused care from a dentist.

What are some of the barriers preventing stakeholders/providers from providing services?

During focus groups with professionals, the most discussed barrier to providing services was available resources for warm handoffs and capacity. Professionals mentioned that having something available 24/7 would allow for more handoffs to be made. Since time is of the essence when getting an individual into treatment, individuals can get lost in the process of paperwork and waiting for locations to open.

“In the middle of the night when I screen, there's nowhere to call, and then you kind of lose the person at that point because there's no... When they're ready in that moment, and if you can't do it, then it's like they leave the ER and then you just never hear from them again. And if we would've had something right then at 2:00 AM, it probably would be a different outcome.” – Professionals Focus Group

What resources are underutilized within the community?

A common theme during all of the focus groups was the realization of a program or service that an individual had not heard of before the focus group. The frequency of this occurring during focus groups shows that a well known and distributed resource list would be utilized within the community. A resource list helps more than just PWLE to navigate resources, it also aids loved ones with guiding a PWLE in recovery and helps organizations to complete more warm hand-offs.

How do you think we can create a more compassionate and stigma-free environment for individuals struggling with opioid addiction in our community?

How can community members, organizations, and local governments work together to create a comprehensive and sustainable plan to combat the opioid epidemic?

One of the biggest takeaways from the focus groups conducted was that the process of addressing SUD in the community needs to be transparent and include everyone. By conducting a community assessment, the process has started off on an open and transparent foot. Continuing this down the line allows for those that are making decisions to hear from those that are working to address SUD in their day-to-day life at work, which gives more insight into what the landscape looks like.

“The people that are making these rules and implementing these policies and procedures... they don't have boots on the ground.” – Professionals Focus Group

How many organizations understand SUD?

When surveying professionals, they were asked if they felt that their organization would benefit from SUD education/training. 12 out of 17 respondents said either probably or definitely yes, their organization would benefit from training. Some suggested topics for training/education were family support engagement, generalized education and treatment options, overdose awareness and safety, screening training, and naloxone training.

“I know mental health professionals [to] be like, ‘I don’t want to touch anything with substance use.’ And then I know substance use therapists would be like, ‘I deal with substances, I don’t deal with [mental health].’ And I’m like, no, no, no, no, no. You have to be able to deal with both, they’re integrated, they co-exist.” – Professionals Focus Group

Community Planning

From the data presented in this report, we have identified potential actions or steps that can be taken to support the recovery journey of Van Buren County residents and those who work to support them. SAMHSA defines recovery as, “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” The actions and steps we have chosen to highlight are: capacity building, community education, and creation of a resource list.

Recommendations for Community Action

Utilizing already existing organizations within the community and helping them to increase their capacity is an efficient and effective way to target some of the gaps and barriers identified in the community assessment. Already existing organizations can work to increase family support, peer support specialists, availability of resources around the clock, and transitional housing. Instead of starting new organizations to help with these gaps and barriers, increasing capacity for those already working in the community to gives them the opportunity to help more or in new areas.

Education of the community was brought up multiples times during the assessment process. By offering educational opportunities for the general community, stigma can be combatted. Specifically stigma around SUD and MOUD/MAT were the most commonly mentioned during the assessment.

Lastly, creation of a resource list would be a benefit to everyone in the community. It would allow for streamlined access to care and eliminate the barrier of not knowing where to look. It could also eliminate the barriers presented to providers of not knowing where or how to complete a warm hand-off of their patients and clients.

Community Assessment Planning

Community Assessment is a process that is never completed. We always want to look back at what we have done and what information was not acquired. It’s also important to note questions raised in the current assessment that we may want to explore answering in the next community assessment process.

Recommendations Based on Missing Populations

During this assessment process, the survey response rate from professionals was lower than hoped for. In future assessments, a more intensive reminder system may be set up to increase the

response rate of organizations. Since there was not an issue of many individuals starting but failing to complete the survey, it's not expected that the length of the survey was the issue.

Recommendations Based on Trends

The community survey during this assessment process got the highest response rate from younger age groups. In future assessments, it might be beneficial to target older age groups to balance the response rate. Potential options for targeting this demographic include offering paper surveys at providers' office's and sending targeted emails to providers that have older clients.