



**Kalamazoo County
2023 Opioid Community Needs Assessment**



Introduction

This Opioid Community Needs Assessment (OCNA) 2023 was conducted with Kalamazoo 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 Kalamazoo 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

With MSU's guidance, a local Opioid Community Needs Assessment working group was formed with broad community representation including public health, prevention, rehabilitation, criminal justice, local government, recovery community, mental health, and SUD service provision.

MSU and the local working group met multiple times from June to August to identify guiding questions for the assessment; what do we want to know? The working group reviewed and approved all survey questions for fidelity to guiding questions and accuracy of intent. Asset mapping of current resources was discussed, and the direction of the assessment was determined collaboratively. Members of the working group assisted in suggesting populations to speak with, hosting space for focus groups, and in some cases recruiting participants.

Methodology of This Assessment

Focus groups and interviews for the OCNA were organized and scheduled in collaboration with community members, the OCNA working group, and the community-organized Kalamazoo County Opioid Coalition to find willing hosts and participants. Focus group questions were informed by the OCNA 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 Kalamazoo OCNA working group and informed by the guiding questions. The 7 surveys created were shared both on the Kalamazoo County Government website and distributed via relevant organizations and individuals. 226 community survey participants were compensated with \$15 gift cards via email. MSU administered the surveys and interpreted the survey results to inform this report.

Why We Did This Assessment

Kalamazoo 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 whose occupations are impacted by substance use were given the opportunity to be heard and the community at large had the option to attend a public listening session, participate in focus groups, and take the community-wide survey.

The information gathered through the surveys, focus groups, a community listening session, 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.

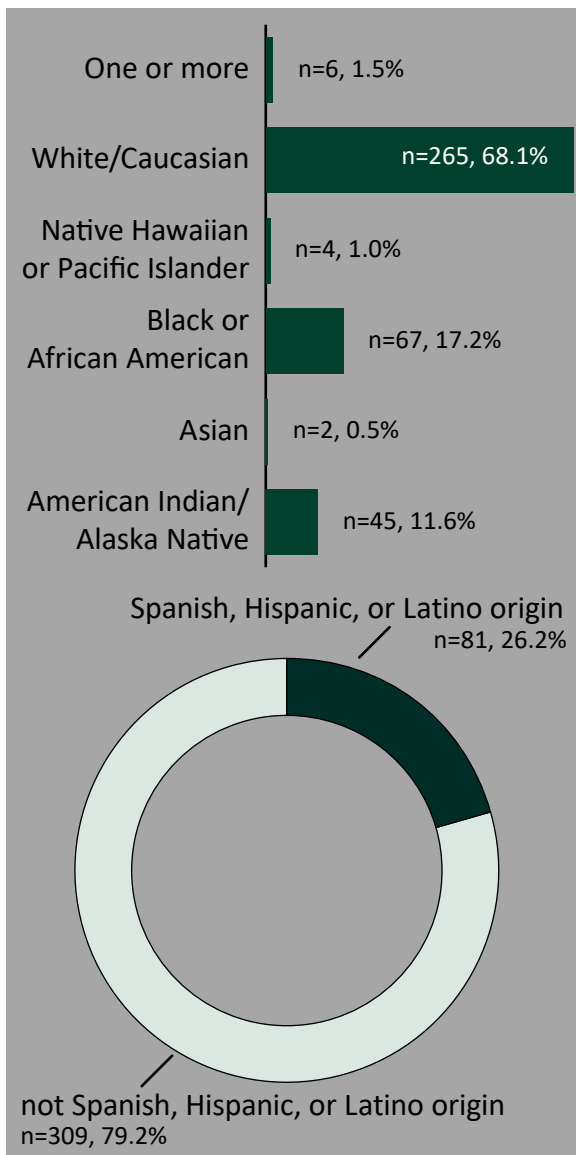
Guiding Questions Used for Assessment

- What is the scale of the opioid epidemic in Kalamazoo County?
- Who experiences Opioid Use Disorder?
- What are the contributing causes of opioid use?
- Who does Opioid Use Disorder affect indirectly?
- What assets exist to respond to the opioid epidemic for residents in Kalamazoo County?
- How is follow-up addressed within organizations that are providing treatment services?
- What services and support are available for families within Kalamazoo County?
- How much information about the resources available does the average citizen have?
- What are the gaps in services in responding to the opioid epidemic in Kalamazoo County?
- What are the barriers that community members face in accessing services?
- How do those with lived experience interact with the services within the community?
- What are the repercussions of the criminal justice system?
- What is the community's experience with harm reduction services in the area?
- How accessible are basic needs, such as transitional housing or transportation?

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

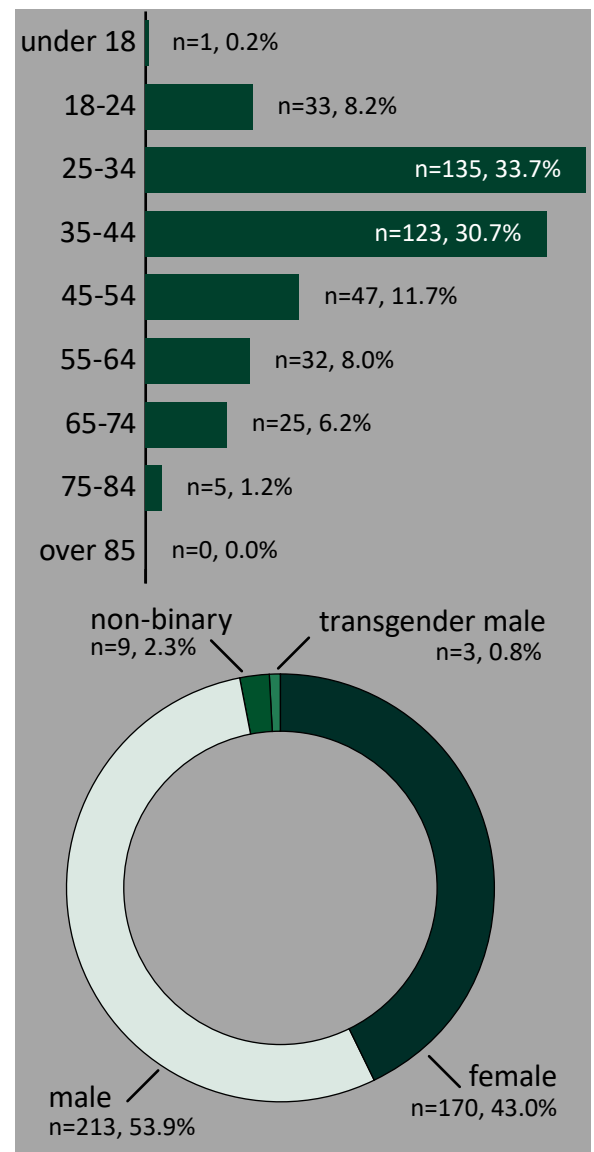
Method	Responses/Participants
Community-Wide Survey	563 Respondents
Emergency Services Survey	7 Respondents
Criminal Justice Survey	10 Respondents
Community-Based Organizations Survey	16 Respondents
Provider Survey	16 Respondents
People with Lived Experience Focus Groups	31 Participants
Loved Ones Focus Group	2 Participants
Community-Based Organizations Focus Group	2 Participants
Providers Focus Groups	11 Participants
Public Safety/Law Enforcement Focus Group	9 Participants
Person with Lived Experience Interview	1 Participant
Provider Interview	1 Participant
Medical Examiner's Office Interview	1 Participant

Demographics of Survey Respondents

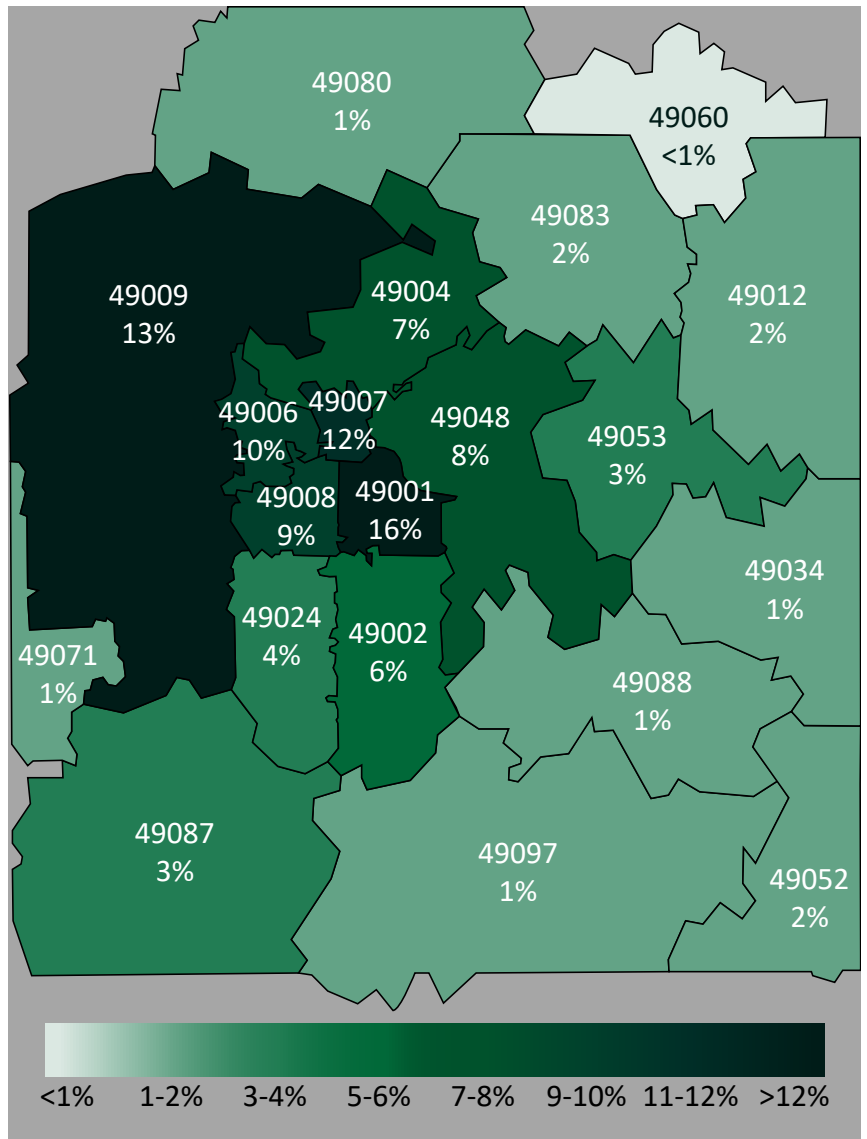


The race of respondents from the community survey fairly aligned with the demographic information of the county from the 2022 census. However, the surveyed American Indian/Alaska Native and Black or African American population is higher than the county, while the surveyed Asian population is lower. The ethnicity of survey respondents aligns with the county's population.

The survey respondents were mostly in the 25-44 age range. The county has a higher population of those under 18, which is not represented in survey respondents. Most survey respondents were male, while the county has a slightly higher female population than reflected.



The survey required zip codes from respondents to verify that it was reaching the correct geographical populations. These zip codes are displayed in the heat map to visualize where survey respondents are located. To the right, this map reflects the population density of the county accurately. The center zip codes had higher response rates, as expected from the higher populations. Outer zip codes had lower response rates, which was also expected from their populations. In future assessments, special considerations can be made to gather more responses from these areas.



Demographic Observations in Kalamazoo County

What is the scale of the opioid epidemic in Kalamazoo County?

In the 2023 (Jan-June) WMU Medical Examiners preliminary report for Kalamazoo County, most overdose deaths were attributed to polysubstance use; 18 involved a single substance, 13 involved two substances, and 16 involved 3 substances. The following substances were listed most often in the cause of death in this order; Fentanyl alone, Methamphetamine alone, Methamphetamine and Fentanyl, and Cocaine and Fentanyl. In the Law Enforcement focus group, it was stated; *“We focus so much, so much on heroin and fentanyl and, ‘Oh, it’s so bad. It’s so bad.’ Meth, tenfold. I’m telling you that right now.”* There was also consensus from providers that the scope of the problem they are seeing has changed. One provider said, *“I think in the last five years, I can count on one hand the number of people that I’ve worked with who had a prescription opiate addiction. Everybody else, thousands of people, have a fentanyl problem, and it’s not necessarily just heroin, fentanyl, it’s fentanyl and meth, fentanyl and cocaine, fentanyl in every illicit substance on the street.”* These conversations made it clear that those who are doing work in the community feel as if the focus should be wider than just opioids, as the need has spread and changed in the community.

In the [Michigan Overdose Data to Action Dashboard](#), the most recent data point of provisional number of overdose deaths in Kalamazoo County was 24 deaths in Q2 2023. This is the highest number recorded on the dashboard, with the second highest peak being 22 deaths in Q2 2020. When looking at the years overall, there is a steady increase in overdose deaths within the county. With the first two quarters reported for this year, 2023 is on the way to having the most overdose deaths. When examining the specific drug trends on the dashboard, cocaine, synthetic opioids, other psychostimulants, and poly-drug-involved deaths are all increasing while heroin-involved deaths are decreasing. In 2021, poly-drug had 46 reported overdose deaths, synthetic opioids had 44 deaths, other psychostimulants had 29 deaths, heroin had 7 deaths, and cocaine had 5 deaths. These reported numbers are non-exclusive, and one overdose death could be classified under multiple substance groups.

Who experiences Opioid Use Disorder?

In the 2021 [Kalamazoo Annual Deaths Related to Opioids and Other Drugs](#) (DROOD) Report, they break down the demographics of overdose deaths. It was reported in 2021 that 18% of people who had died of drug-related causes had been released from incarceration within the past 60 days, whereas in the 2020 DROOD report, 50% of decedents had been released from incarceration in the past 60 days. 21% were experiencing homelessness or insecure housing at the time of death, 48 of 82 decedents were unemployed, and only 11 of the 82 decedents in 2021 were reported to have an education level above a High School diploma or GED. Despite representing 11.8% of Kalamazoo County’s population, 28% of decedents were African American/Black. The Kalamazoo DROOD report is dedicated in memory of those who lost their life or a loved one to substance use and states these losses must motivate us all to prevent future deaths.

In the Michigan Overdose Data to Action Dashboard, provisional overdose deaths from July 2022 to June 2023 show that the overdose rate for Black individuals is over four times higher than for White individuals. In the same data, males have over double the rate of females. It should be noted that this data is compiled from a source that used sex assigned at birth. When looking at overdose emergency department visits, Black individuals have a rate over three times as high as White individuals, and Hispanic individuals have a slightly higher rate than non-Hispanic individuals. In this same data, males and females have similar rates of emergency department visits.

What are the contributing causes of opioid use?

In the WMU Medical Examiners preliminary report, they report that within a 12 County area, including Kalamazoo, from January to June 2023 among 209 accidental drug-related deaths. 38.6% had a documented mental illness, 48.5% of all people had a documented chronic illness, excluding SUD, and 21.1% of all accidental drug-related deaths had both documented mental illness and chronic illness. 77% of overdose decedents in 2021 were alone when they used the fatal substance(s).

In the focus group with loved ones, they spoke about the importance of understanding that trauma is a contributing factor to SUD. One loved one stated that it's important to *"[understand] trauma and pain and that they're just trying to survive their day- their life, and drugs and alcohol unfortunately work in the beginning."* Following the same thread, in a focus group with PWLE, the importance of addressing and understanding the connection to mental health was brought up. One individual stated, *"When you're suffering from drug addiction, you're suffering from mental health. You have mental issues. So, all that has to be addressed before you can try to see somebody grow."* Loved ones and those with lived experience highlight the importance of understanding and treating co-occurring mental health disorders.

Who does Opioid Use Disorder affect indirectly?

Friends and family are greatly impacted when their loved ones have a Substance Use Disorder. Those without lived experience with substance use engage with an unfamiliar side of the system when they are trying to get resources or access to programs for their loved ones. One family member stated in a focus group that, *"It was really hard. Trying to know how to call systems, where to call. I called a lot of numbers off the internet, 800 numbers, trying to call rehabs and really not getting any understanding of how to use the system, which is again very problematic for families because they don't know what to do and how and who to turn to."*

Law Enforcement and First Responders spoke about the impact on their mental health in response to their roles in the opioid epidemic. This was emphasized during focus groups with members of Law Enforcement talking about taking on new roles and responsibilities in the public health crisis. With the increased stress of providing additional services to the community, some Law Enforcement and First Responders are looking for training on how to handle the trauma that responding on scene can bring.

"And another piece that is going to be overlooked by many people in this, is that some of these opioid dollars are perfectly suited to help with law enforcement's mental health. One of the number one things in our nation that's neglected is the mental health of our emergency providers. Our emergency providers deal with this. They're raised to suck it up. They're told today's another day or tomorrow's another dollar or another day, and that we have to keep going and doing this same thing over and over."

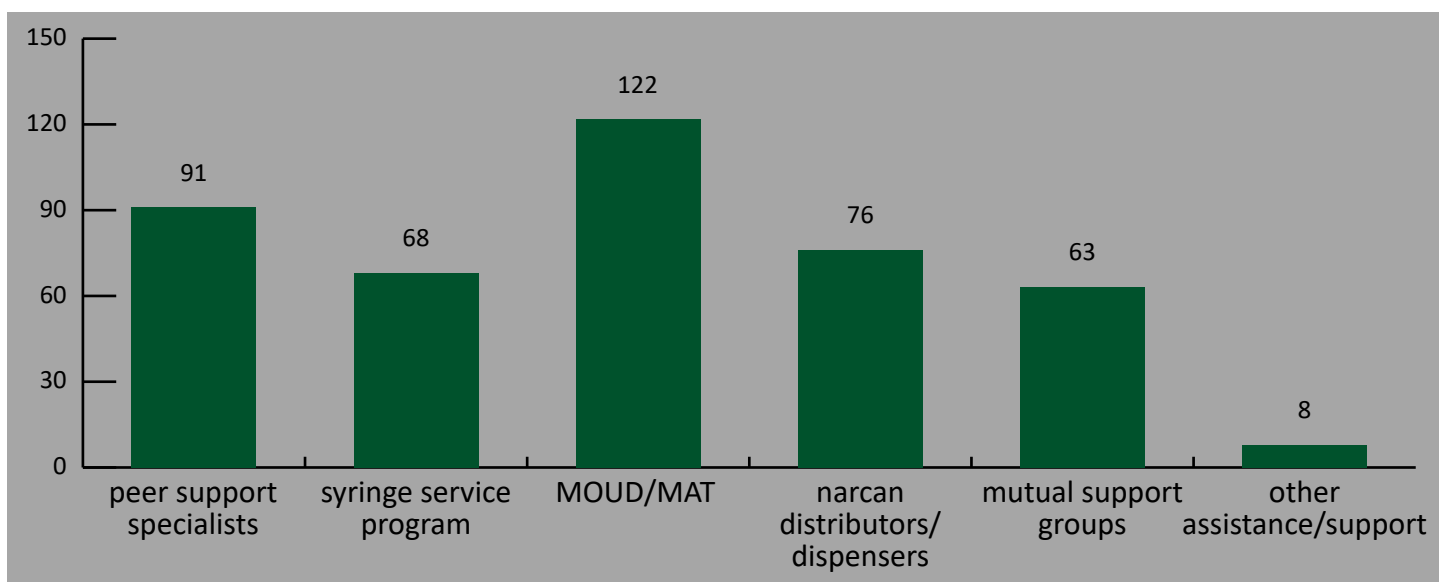
– Law Enforcement focus group

Observations of Assets in Kalamazoo County

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

Many organizations within Kalamazoo County provide people with a feeling of connection and community. One PWLE described their support groups as family, saying that they are, “...*something to be a part of, picks you up, picks your spirit up, and helps you through the dry spots.*” This existing community can be used to disseminate education, information, and resources to individuals who may need them. When speaking with PWLE in a focus group participants expressed that by providing people with a sense of community and letting them know that they have somewhere to go, they will be able to be honest and receive the help and support that they are looking for.

Throughout the focus groups, participants commented that the Harm Reduction efforts in the community are beneficial. In 2023 Community-Based Organizations had the largest request in Kalamazoo County from the MDHHS Naloxone portal, receiving 5,760 Naloxone kits from Jan-Nov. The widespread harm reduction efforts are an asset to the county and are another avenue for spreading education, information, and resources to individuals who may need them, though stigma and community resistance to Harm Reduction services still exists.



When surveying those with lived experience, a question was asked to identify the most utilized programs and resources. The most utilized program was Medication for Opioid Use Disorder/Medication Assisted Treatment, with 122 respondents identifying that they accessed it. The second and third most accessed programs were peer support specialists and Naloxone distributors/dispensers, with 91 and 76 respondents indicating they've accessed them, respectively.

How is follow-up addressed within organizations that are providing treatment services?

In one focus group with providers, they discussed how they send peer recovery coaches to follow up with individuals in the emergency room when they enter the system. In an interview with another provider, they discuss the importance of meeting individuals where they are at and having differing levels of referrals based on the person's needs. In another focus group with providers, they discussed starting treatment with medications for opioid use disorder while patients were experiencing withdrawal symptoms on the inpatient floor. Within these discussions, care plans were not mentioned as a tool for follow-up.

What services and supports are available for families within Kalamazoo County?

Families within Kalamazoo County have access to a community of other families who are going through or have gone through similar situations through a variety of means but primarily accessed through grassroots mutual aid support groups and Harm Reduction programming. This sense of community and belonging is a strength that allows families to become aware of and connect to resources that are available to them. In the loved ones focus group, one family member described the struggle for understanding and seeking help and how family members are directly impacted. As part of their journey, they have created a support system for other families, stating, *“...that was the wake-up call. From that point on, I worked on being able to have a better understanding and not have families suffer the way I did with lack of knowledge and lack of resources... to have that connection to families that is about understanding and perspective, taking and recognizing that what they go through, the emotions they go through are real and they’re scary and they’re painful.”*

Observations of Gaps in Kalamazoo County

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

When meeting with providers, criminal justice employees, and community-based organizations, they all mentioned that communication across organizations could be improved. Their main concern with current communications is that they feel they have too many meetings without enough substance. Individuals brought up that there were too many meetings with too many coalitions and that there was not a clear central organizing coalition or committee that led the charge.

“And it’s like, well, we could have fewer committees and fewer meetings and we could have fewer people trying to do something that has their organization out in front. But in the end, that’s what we’re faced with. And it’s a blessing and a curse. It’s a blessing to have so many different groups who are dedicated to this...”

– Law Enforcement focus group

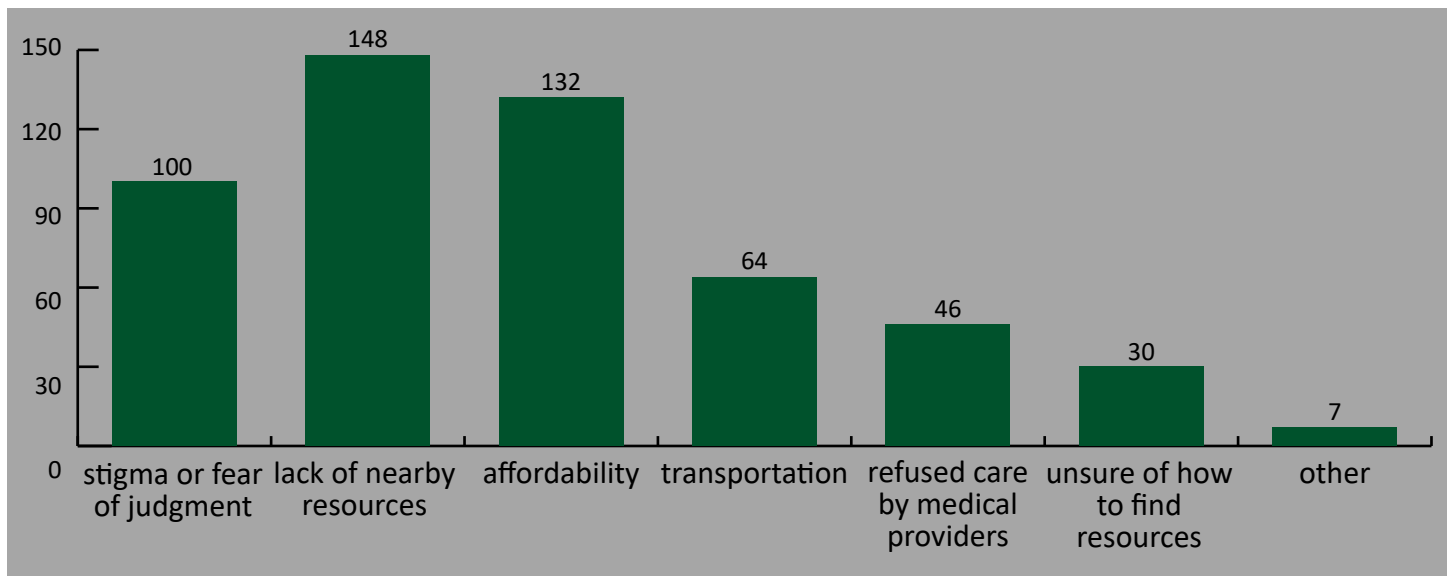
“I guess for me, in the beginning of my recovery it was scary. It was unstable, not knowing if there was really somewhere to go to meet and interact with people like me suffering from drug addiction.”

– People with Lived Experience focus group

Community members also brought up that the area lacks a strong recovery community. Some examples of what a recovery community might look like include substance-free events or group meetings and safe spaces for peers to connect. In an interview with a person with lived experience, they defined recovery as “...an improved quality of life. Improved quality of life is tough to define, but it’s certainly going from survival to stability, to whatever you define success as.” By supporting those in their recovery journey through community, people can find the support they need in others who are going through similar journeys.

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

When conducting focus groups with both PWLE and providers, treatment capacity was identified as one of the largest barriers to providing and accessing services. Organizations within the county feel that they are stretched too thin to provide all the services that individuals are requesting from them. Some organizations lack the staff to continue their programs at their current level. PWLE reported being turned away due to a lack of space for them in inpatient treatment and detox settings.



When surveying those with lived experience, they identified the lack of available resources near them as the largest barrier, with 148 respondents indicating that they've encountered this barrier. Affordability and stigma or fear of judgment were the second and third most encountered barriers, with 132 and 100 responses respectively. The feelings of stigma and negative judgment also arose repeatedly in focus groups.

How much information about the resources available does the average citizen have?

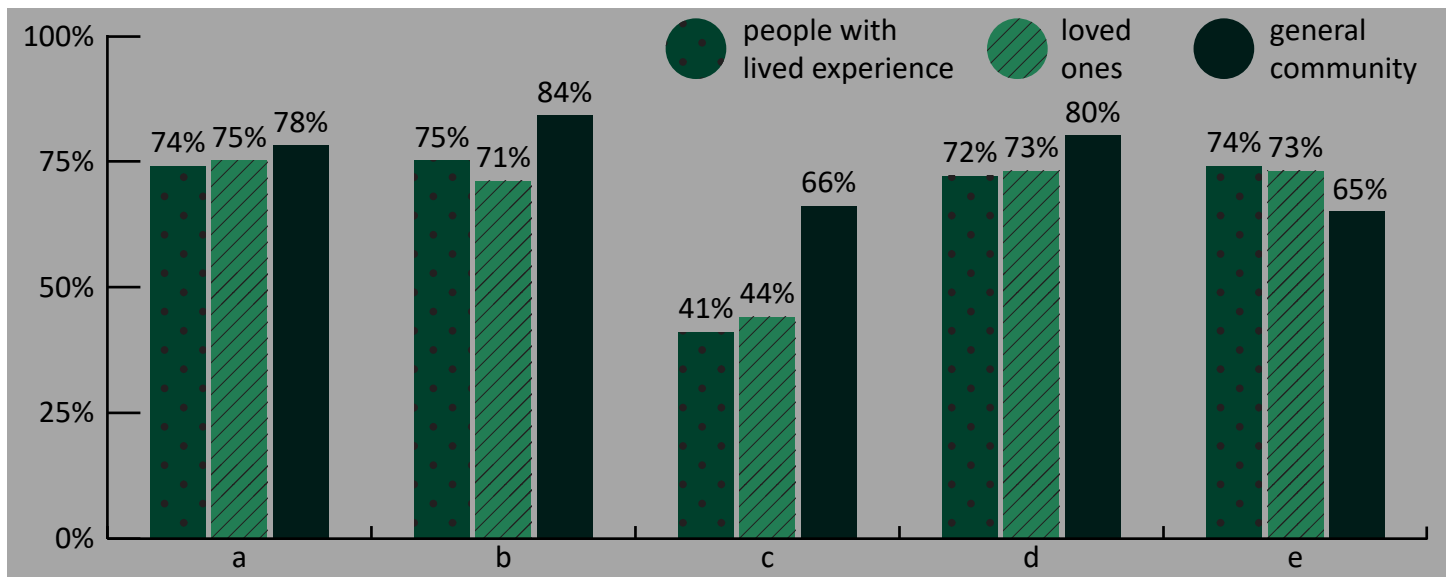
Although there is a sense of community within the county for those with a Substance Use Disorder (or with a loved one affected by a SUD), those who are not already looped into that community can struggle to know where to turn. Information is not consolidated in one location that is easy for individuals to access and use.

In focus groups and interviews with providers, criminal justice employees, and community-based organizations, individuals mentioned their desire for a consistent and up-to-date resource guide. However, creating and maintaining a resource guide takes a considerable amount of time and resources, which many organizations do not have the capacity for. One provider stated, *"There's always the ongoing want for [a resource guide], and then the question of who's going to get paid to keep it up because it changes daily."*

Other Observations in Kalamazoo County

Stigma has a significant impact on those with lived experience. To gauge the acceptance of the community, respondents were asked to identify how closely they agreed with five statements. These statements correlated to various examples of where stigma might exist related to substance use disorder, and medications for opioid use disorder. The statements asked are as follows:

- People in contact with the criminal justice system because of substance use should receive treatment options instead of being sentenced to prison for drug-related, non-violent crimes.
- Healthcare providers should care for someone with a substance use disorder just as they would treat anyone else with a chronic illness.
- Medication for Opioid Use Disorder just substitutes one drug for another. (responses were inverted to reflect acceptance of MOUD treatment)
- Employers should provide opportunities for people with substance use disorder to seek treatment and stay employed.
- I would be willing to have a clinic that provides Medication for Opioid Use Disorder in my neighborhood.



As the graph above shows, the lowest-scoring stigma question was regarding Medication for Opioid Use Disorder. A majority of those asked think that MOUD substitutes one drug for another, which displays some lack of acceptance for MOUD as a treatment and recovery option. The second lowest-scoring stigma question was also regarding MOUD, this time asking if respondents would be willing to have a MOUD clinic in their neighborhood. The lower acceptance score here represents the lack of acceptance of MOUD as a treatment option again. This can be a consequence of bias in the community or of a lack of understanding and education about MOUD. It should also be noted that the general community respondents were, on average, more accepting of these questions than those with lived experience or loved ones, although this could be due to a lower sample of this population.

In one focus group, a provider stated, *"I think also Narcan's one step down the path of harm reduction, but there've been other things in Kalamazoo, like needle exchange, and there's a lot of pushback and stigma around all of that, too."* While harm reduction services are a great asset to the community, there is still a stigma surrounding them. Acceptance of naloxone is a start for further harm reduction programs to be accepted down the line if community education efforts are continued.

How do those with lived experience interact with services within the community?

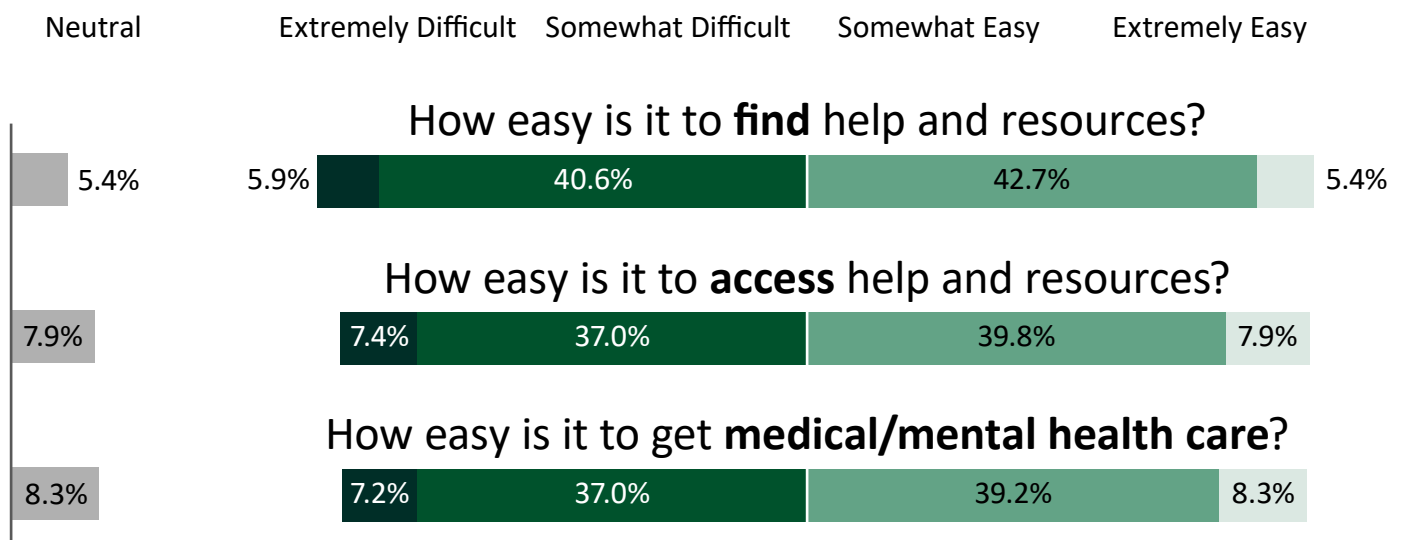
While meeting with PWLE for focus groups and interviews and while surveying that population, there was an underlying consensus of distrust in the decision-making process. Many directly impacted individuals felt that they were likely to be misrepresented by any decisions made for spending the settlement funds. They expressed a desire for the decision-making process to be transparent and to include the input of PWLE before anything is decided. One person with lived experience said, “[we] have been clamoring for a seat at the table for years, and have not gotten a seat at the table until the last several years... That is progress, and we need a lot more of it.”

In focus groups, a feeling of distrust was also brought up where individuals felt that there was favoritism from local government. One individual said, “...it makes the small grassroots programs hardly ever catch up to the funds for what their needs are,” when discussing how larger providers were more likely to receive settlement funds.

“I have patience today where I can sit back and wait to see where them dollars go, and then we can always go to the county or the city commission and address how y’all send people into the communities to gather information. But the information you get, you do nothing with until there’s another grant or another pot of money for y’all to get. You’re not helping us at all. Go for it.”

– People with Lived Experience Focus Group

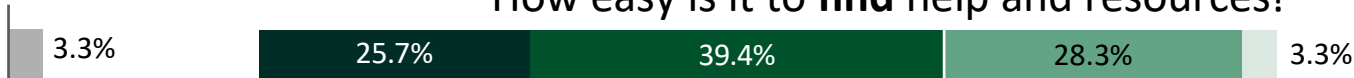
In the survey of PWLE and someone whose loved one has lived experience, they were asked how they perceived their experience in finding and accessing help and resources and receiving medical/mental health care. The differences between these two populations highlight the different systems that PWLE and loved ones must navigate through.



Those with lived experience responded with mostly ‘somewhat difficult’ or ‘somewhat easy’, making their experience neutral. This displays that for those affected by substance use, finding help and resources, accessing help and resources, and getting medical/mental health care are neither difficult nor easy, which leaves room for improvement.

Neutral Extremely Difficult Somewhat Difficult Somewhat Easy Extremely Easy

How easy is it to **find** help and resources?



How easy is it to **access** help and resources?



How easy is it to get **medical/mental health care**?



Those who have a loved one who is affected by substance use responded with mostly 'somewhat difficult' or 'extremely difficult' with very few neutral responses. This displays that when it comes to family or friends finding help and resources, accessing help and resources, and getting medical/mental health care for their loved one is difficult, which leaves a lot of room for improvement.

What are the repercussions of the criminal justice system?

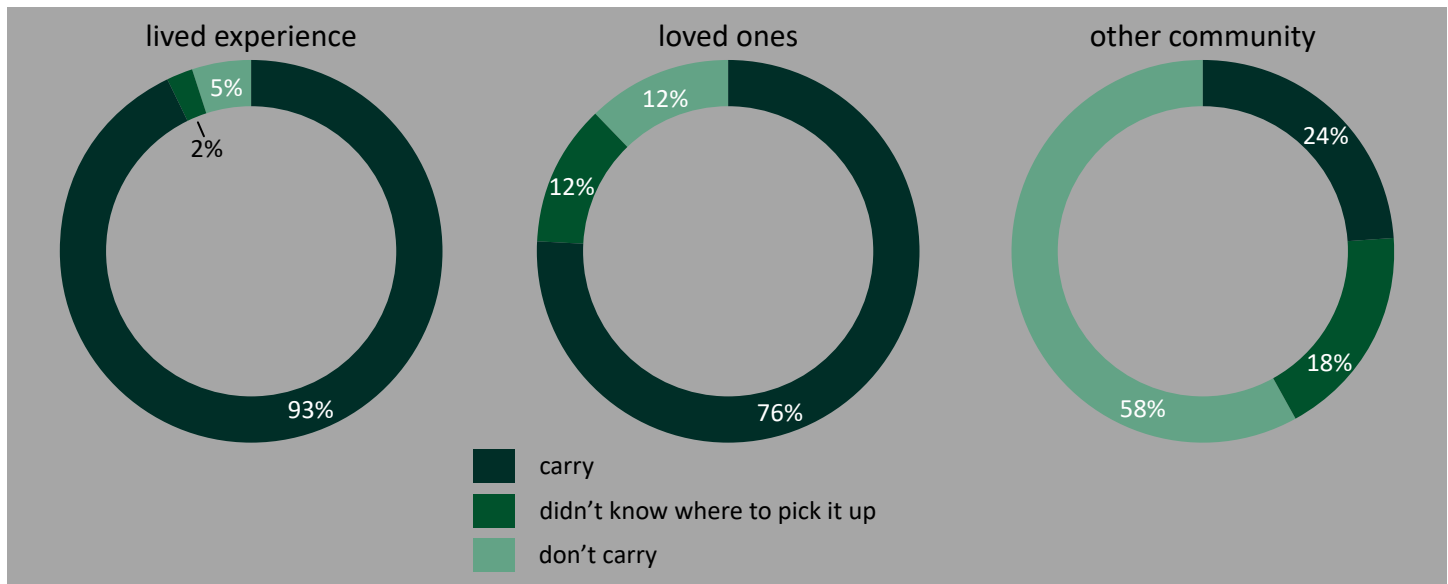
Community members expressed a desire to shift from punitive responses to more supportive responses. When discussing drug court and family dependency treatment court, one person with lived experience stated, *“Those types of programs need to be available to people before they get in trouble.”* One family member mentioned in a focus group that, *“punishment just teaches you to not get caught. Accountability helps you to change.”* This sentiment was shared by those in law enforcement, with one individual stating, *“... if there's ways where we can have stronger diversion when a crime is committed, that gives us a path out... I guess options. I think from a political community standpoint, when we have enforcement as a consequence, that there is a human-centered option available, it tends to help when you say ‘Look, we don't want to go this route.’”*

Within the county, the negative impact of police programs and policies on people who use drugs was brought up within focus groups. One loved one described their frustration with how the police were interacting with their child, stating, *“And I think that we also need to... set up a training for [law enforcement], because [a detective] called [my child's phone] constantly when they were trying to get in drug court...trying to get them to rat on people and keep them out there using because [the detective] didn't [care] if she went out there and died. And that pissed me off, finally. And then he was lying to us too, saying they had more than just the charges that drug court was going to take care of.”* This negative perception is also noted by members of law enforcement, with one individual explaining, *“We've got people thinking that we're the devil because we're out there saving lives. We're out there trying to make the community safer and healthier at the same time. I like some of the talk when people say this is a public health crisis. Well, maybe they could look at law enforcement a little bit better if people realize that we're part of that public health team trying to help in this.”*

What is the community's experience with harm reduction services in the area?

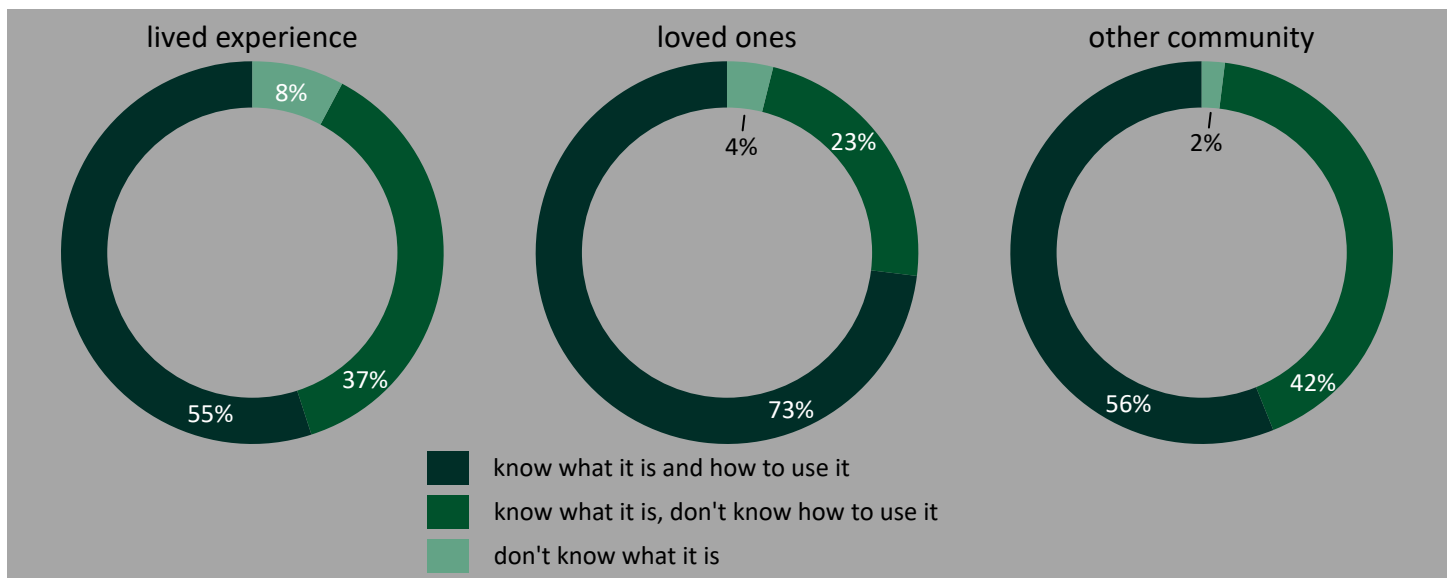
During a Provider focus group, they reported that some Harm Reduction strategies are being implemented at less-than-optimal levels. When discussing Naloxone prescriptions, one individual stated, "We still have barriers with providers prescribing Narcan. You've got a patient on opioids, get them some Narcan. That's not even happening in a level that it probably should."

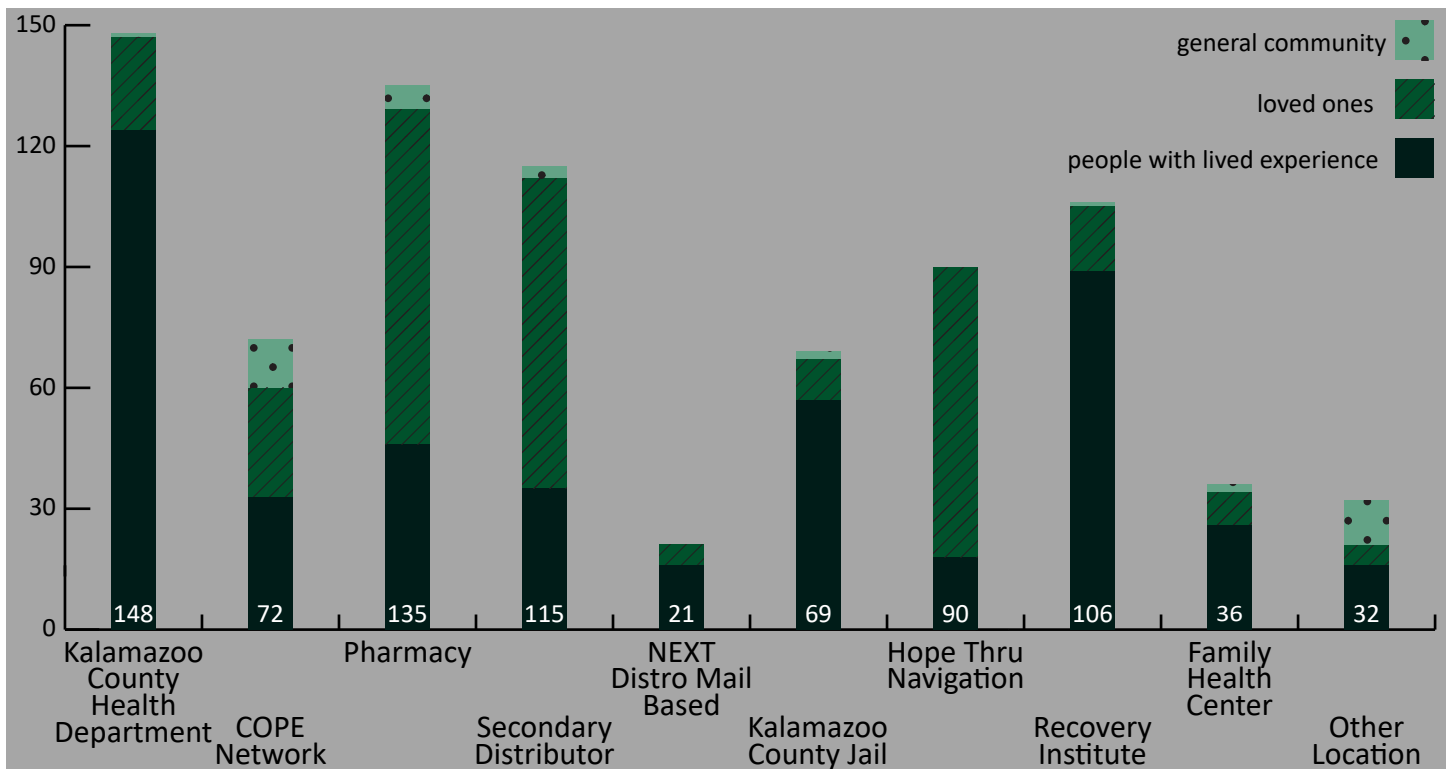
The Law Enforcement focus group talked about the importance of Naloxone access stating, "You walk out of the jail as an inmate or an ex-inmate at that point, but we have the vending machine there and we go through at least 40 a month of the [Naloxone] kits that we just give out." The importance of expanding this easy access to new locations, such as the courthouse, was also discussed within this focus group. Most focus groups mentioned expanding Naloxone access in some way, whether by adding new dispenser locations or by increasing in-person distribution.



When surveying the community, the majority of PWLE and loved ones carry Naloxone. The majority of the general community reported not carrying Naloxone, but only 18% stated they didn't know where to pick it up from. This data represents a good sense of knowledge of where to get Naloxone from within the community.

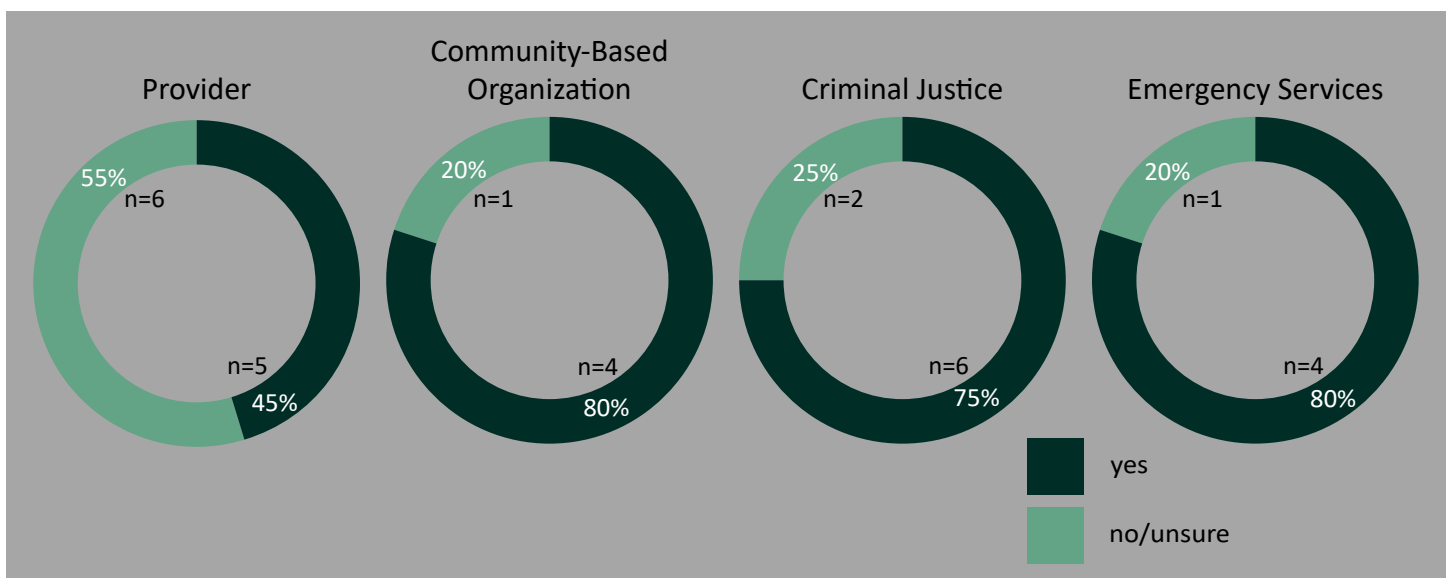
Within the community survey, individuals were also asked what their knowledge level of Naloxone was. The majority of all three surveyed populations reported knowing what it is and how to use it. This displays a good level of community education around Naloxone.





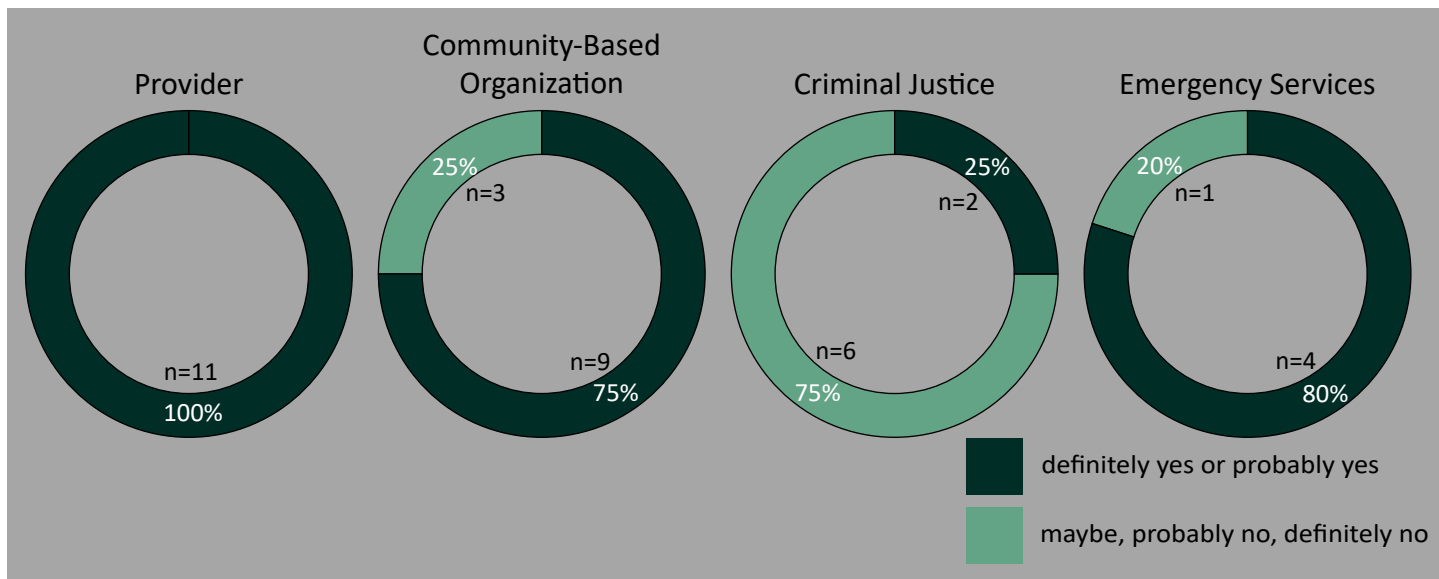
Those taking the survey also indicated where they've picked up Naloxone from, as displayed above. The highest location was the Kalamazoo County Health Department, with 148 respondents indicating they've received Naloxone there. The second and third highest were Pharmacies and Second Distributor, respectively. PWLE used the Health Department and Recovery Institute most frequently, while Loved Ones used Pharmacies, Secondary Distributors, and Hope Thru Navigation most frequently. While the general community did not have very high rates at any location comparatively, they did indicate receiving Naloxone from COPE Network most frequently.

When surveying local organizations, respondents were asked if they had an established relationship with local harm reduction organizations. Providers reported the lowest rate of collaborative relationships with harm reduction agencies, with only 45% of respondents indicating that they have such a relationship. However, there is movement within the community to change that. One provider stated during an interview that they are building relationships with local harm-reduction organizations, training their staff, and embracing a harm-reduction mindset when employing their programs.



What interest exists for community education opportunities?

When surveying the community, they were asked about their interest in various educational opportunities. 66% of community respondents stated that they were interested in learning more about the signs and symptoms related to identifying an SUD. 85% of respondents expressed a belief that opportunities for substance use education and public dialogue would benefit the community. Some common requests for community education were learning the basics of SUD, Harm Reduction education, the impact of stigma and stigma reduction, and understanding the relationship between mental health, trauma, and SUD.



The organizational surveys also asked organizations if they believed that their organization could benefit from substance use-related education/training. As displayed in the graph above, most organizations indicated an interest in education and training. Within focus groups, Law Enforcement specifically expressed a desire to have educational opportunities for the public to understand this issue from their perspective and to have more educational opportunities for officers who will potentially be on the scene where drug use is present, while also expressing that time and staffing capacity are a barrier for officer education. Within the organizational survey, individuals commonly requested Medication-Assisted Treatment training, trauma-informed care training, Harm Reduction training, and training on the basics of SUD.

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 Kalamazoo 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; creating a community-wide resource guide, a central hub or agency for SUD and Recovery services within the county, establishing SUD Resource Navigator positions, third-party program evaluations, and resources to address trauma experienced by First Responders.

Recommendations for community action

Creating a resource guide or asset map that is kept up to date and made easily accessible to the community would fill a stated need for the county. This would improve community awareness of organizations and programs within the area. It would also allow the opportunity to review what additional steps may need to be taken to fill gaps in the community. One PWLE stated, *“We just need to shoestring that together in a communication strategy so that the public can log onto one website and walk through that well-oiled shopping mall to get everything they need from start, to finish, to that improved quality of life. That does not exist in our community at all.”* Providers, community-based organizations, criminal justice members, loved ones, and PWLE all expressed that identifying and navigating access to resources is difficult in the current system. Establishing positions for SUD Resource Navigators and training for families in resource navigation could help streamline the process of identifying relevant resources while reducing stigma and establishing a caring culture toward people who use drugs and their families who are seeking resources and help. Some example resources include the [Washington State’s SUD Family Education and Curriculum](#) or [Bridge to Treatment’s Hiring a Navigator](#).

Having a central hub for addressing Substance Use Disorder and supporting Recovery would be a great asset to the county. By having one body that leads the charge, there would be the opportunity to improve communication across organizations and programs in the county and raise awareness of available resources. It would also create opportunities for organizations to truly collaborate and improve the continuum of care in the county. This could lessen the stress on individual organizations to provide every type of resource. In a focus group with Law Enforcement, one individual stated, *“We need a clearing house. We need some ability to have everybody kind of check into the same systems.”* By supporting collaboration within organizations in the area, a designated SUD and Recovery office/space could increase capacity for existing programs and forge partnerships to support all people and families impacted by mental health and/or substance use conditions to pursue recovery, build resilience, and achieve wellness. An example resource is [SAMHSA’s guide to Recovery and Recovery Support](#).

People expressed concern about knowing the outcomes of settlement-funded programs. One provider stated, *“I’ve heard that the Commissioners are considering doing some granting of funds to nonprofits and things like that, which in the scheme of things, that’s great. We want to support nonprofits and whatnot. I would hope that if they’re going to do that... they are very clear about looking at outcomes...”* On the other hand, organizations spoke about reporting burdens interfering with their ability to produce outcomes. *“You still have a building to fund, and people don’t like to fund that stuff. They want to fund the programs, they want to fund that good stuff, but there’s all that other stuff that goes along with it people don’t want to fund... And then the things you have to do for those grants to show outcomes and to prove all this stuff, you have to balance is it worth taking that money and having to do all that work?”* Third-party program evaluation could be a viable solution to both concerns while giving valuable input to inform future funding decisions and provide a means to identify program strengths and gaps. Evaluation can go beyond non-profit and provider programs. This process could also be valuable to review programs and processes and identify strengths and gaps within the County Criminal Justice system such as the jail, probation, and Recovery and Drug Treatment Court programs.

First Responders identified experiencing increased workloads, lack of ability to have adequate staffing, and limited capacity to respond effectively. And, importantly, the need to address the negative emotional effects related to their role in responding to the opioid epidemic. Some example starting resources are [Frontline Strong Together's program](#) and [SAMHSA's First Response: Working on the Front Lines of the Opioid Crisis Training Course](#).

"...I want to make sure staffing needs to be stated, highlighted, underlined."

– Law Enforcement focus group

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

Primary prevention strategies did not get a lot of attention during this assessment and should be prioritized during the subsequent assessments. We recommend asking local organizations what primary prevention work/programs they are currently engaged in and how they assess them for impact. This might include meeting with local school systems to hear about evidence-based SUD prevention strategies in their curriculum including information and resources provided to students and having conversations with students related to this curriculum. This could include having conversations with school staff about identifying individuals at high risk for SUD and asking medical providers how they educate their consumers about SUD prevention.

We did not meet with any faith-based organizations during this assessment. We would recommend speaking to leaders and other members of this community who are engaged in work supporting people in recovery and outreach work that is aimed at providing community and connection for people who use drugs to identify these assets and better understand how the community benefits from faith-based initiatives. Identify potential ways to support this community work.

Recommendations based on trends

During conversations with providers, care plans were not brought up as a method of following up with patients. Warm hand-off referrals and meeting people where they are at were heard as optimal but limited by organizational capacity and grant restrictions. The current spectrum of follow-up care could be an important branch to investigate for future community assessments including post-incarceration transitions.

Community members also expressed interest in further listening sessions on this topic. One individual with lived experience said, *"I think creating multiple ongoing listening sessions would be a good idea. It would be great to hear from the people who've been frustrated with the system, to hear from families who've struggled to find resources. What we need is more listening sessions to get input from them, really create a safe space for them to talk about the problems that they are able to bring to the table, the challenges that they face."* Listening sessions not only allow local government to learn from the community but also provide an outlet for community members to express concerns. This could help strengthen trust from the community in government processes while giving valuable feedback on implemented programs.