

# CLINTON COUNTY BOARD OF COMMISSIONERS

**Chairperson**  
Bruce DeLong  
**Vice-Chairperson**  
Zach Rudat

**Members**  
Nicole Fickes  
Brian Hurtekant  
Robert Showers  
John Andrews  
Dwight Washington

**COURTHOUSE**  
**100 E. STATE STREET**  
**ST. JOHNS, MICHIGAN 48879-1571**  
**989-224-5120**



**Administrator/Controller**  
John F. Fuentes  
**Clerk of the Board**  
Debra A. Sutherland

## Clinton County Opioid Settlement Advisory Steering Committee

- I. Call to Order – Welcome
- II. Approval of January 27, 2025 Agenda
- III. Approval of Meeting Minutes – None
- IV. Public Comment
- V. Old Business - None
- VI. New Business
  - A. Mid-Michigan District Health Department Data Presentation
  - B. Review Clinton County 2024 Opioid Community Assessment Report
  - C. Review Request For Proposals (RFP) Language/Scoring Template/Process
  - D. Mid-State Health Network (MSHN): Opioid Settlement Funds
  - E. Develop Timeline
- VII. Other Business
  - A. Future Meeting Schedule
- VIII. Adjournment

**For Attending Remotely, please use the Microsoft Teams Meeting Link Below:**

**Microsoft Teams** [Need help?](#)

**[Join the meeting now](#)**

Meeting ID: 229 037 222 104

Passcode: zo6br9hQ



# CLINTON COUNTY

2024 Opioid Community Assessment

Introduction .....	2
Who Was Involved in This Assessment.....	2
Why We Did This Assessment.....	2
Methodology of this Assessment.....	2
Guiding Questions Used for Assessment .....	3
Identified Themes from the Data.....	3
Theme: Scope of the Problem .....	5
Theme: Local SUD and Mental Health Services .....	7
Case Management, Peer Recovery Coach, and Detox Gaps.....	7
Peer-led Mutual-aid Support .....	8
Mental Health Services .....	9
Theme: Support for Local Harm Reduction Services .....	11
Theme: Criminal Justice System.....	12
Theme: The Importance of Housing and Basic Needs in SUD Recovery.....	14
Theme: Building Effective Systems & Recovery-oriented Communities .....	16
Theme: Transportation .....	18
Theme: Youth Prevention .....	19
Theme: Stigma & Acceptance .....	20
Scope Of Stigma .....	21
Stigma In Medical Settings.....	22
Need For Education And Understanding .....	23
Recommendations .....	23
Community Assessment Planning.....	25
Bibliography .....	26

## Introduction

This Opioid Community Assessment (OCA) 2024 was conducted with Clinton 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 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, some non-inclusive language may be present. The data referenced in this report is cited work, and for the sake of maintaining its integrity, we cannot alter the findings to make them inclusive to all.

### Who Was Involved in This Assessment

MSU collaborated with the locally formed Opioid Community Assessment (OCA) working group, which included representatives from the Mid-Michigan District Health Department, Eaton RESA, Clinton Area Ambulance Service Authority, one person representing people with lived experiences, and one mental health provider. Members of the OCA working group also sit on the Clinton County SUD Coalition. The OCA working group met bi-weekly to define the scope of the community assessment and support reaching out to the community to implement the community assessment. The OCA developed the guiding questions for the work and provided feedback on the community assessment methods.

### Why We Did This Assessment

This assessment was conducted to prepare Clinton County to distribute the Opioid Settlement Funds. In collaboration with MSU's team, the workgroup identified questions they would want answered during the assessment process to aid community leaders in decision-making and strategic planning for the long term. The information gathered through focus groups and personal interviews helps identify local strategies, inform new funding opportunities, and strengthen the community and local governments' understanding from various perspectives.

### Methodology of this Assessment

Focus groups and interviews for the OCA were organized and scheduled with the support of the Clinton County OCA working group. The OCA working groups' guiding questions informed the development of focus group questions. MSU facilitated, recorded, transcribed, and coded the focus groups and interviews with professionals (SUD/OUD providers, faith-based organizations, public safety representatives, and community-based organizations) (n=32) and people with lived experiences (PWLE) (n = 23). Interview/focus group questions were informed by the guiding questions and were created collaboratively by MSU and the Clinton County OCA working group. MSU conducted the interviews and focus groups, analyzed the data, and interpreted the results to inform this report. Data were gathered in September of 2024.

Table 1

Method	Responses/Participants
Providers, Public Safety, Faith-based Organizations, & Community-based Organizations (Professionals)	32
People with Lived Experience (PWLE)	23

### Guiding Questions Used for Assessment

How can community members, organizations, and local governments work together to create a comprehensive and sustainable plan to combat the harms associated with substance use?

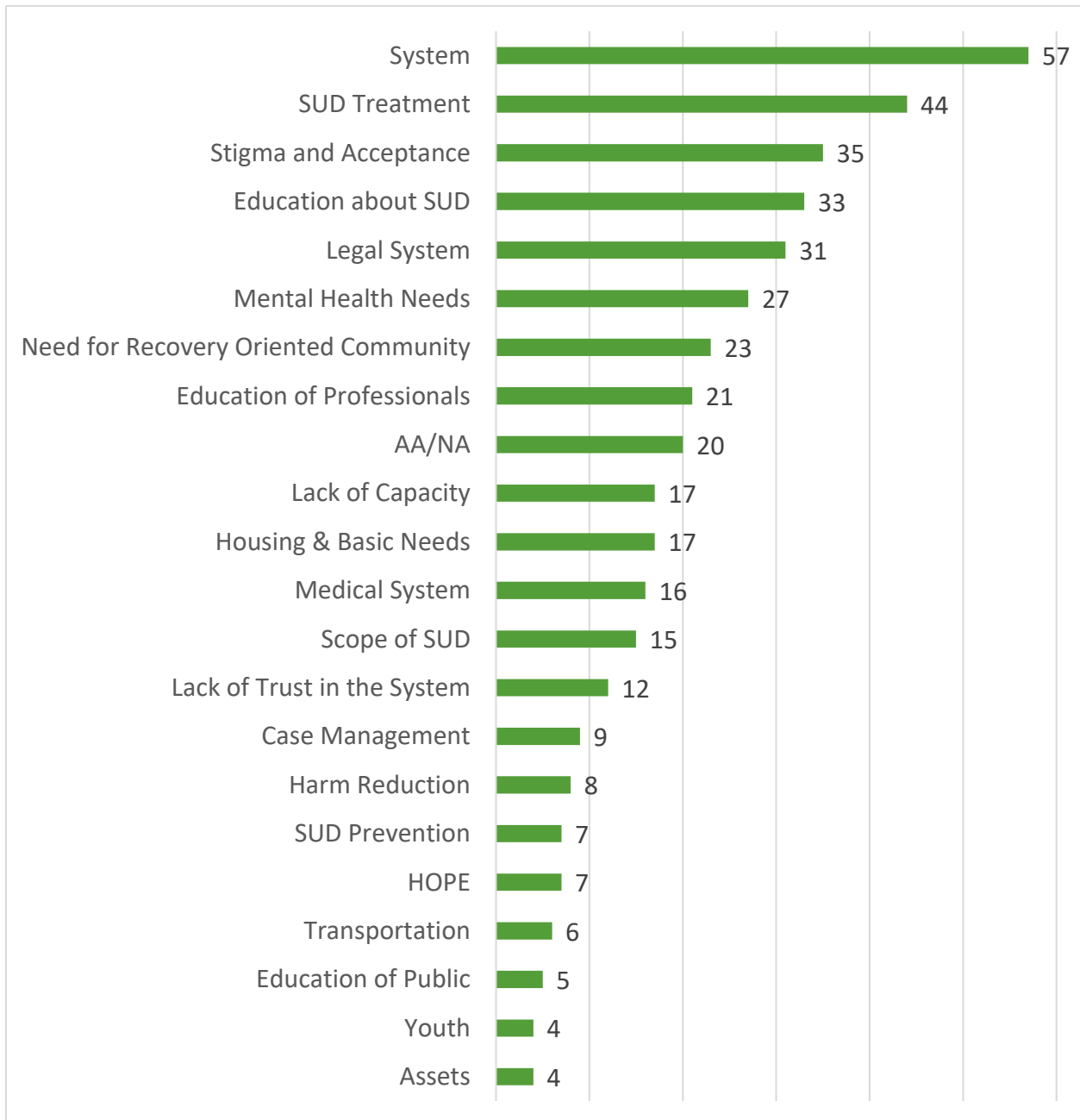
1. What resources and services exist in Clinton County for people in active use or seeking recovery?
2. What do loved ones impacted by substance use disorder need from the community?
3. What are some of the barriers preventing individuals from seeking help for substance use disorder in our community?
4. How can systems in Clinton County that interact with people experiencing substance use be improved?

### Identified Themes from the Data

Transcripts from the sessions conducted by the MSU team were coded and analyzed using qualitative analysis software, Atlas.ti. Coding qualitative data is an iterative process that includes multiple stages of analysis and coding. In the first stage of analysis and coding, the transcripts were reviewed to identify quotes that contained information related to the four guiding questions. In the second stage of analysis and coding, these quotes were pulled into Atlas.ti and codes were identified through a second reading of the quotes. These codes were entered into Atlas.ti to be applied as relevant to the quotes. In the third stage of analysis and coding, the quotes were read a third time to identify which codes applied to each quote or segment of the quote. A fourth reading of the quotes yielded the identification of new codes or refinement of existing code definitions. A fifth reading of the quotes was conducted to ensure all quotes were accurately coded. Through these iterations of analyses, 140 text segments were identified, and from those 140 text segments, codes were applied to 151 quotes. Some segments provided more than one quote.

Table 2 displays the codes and the frequency with which each code was applied to a quote or quote segment. As shown in Table 2, the most frequently applied code was related to mentions of SUD Treatment, and the second most frequently applied code was related to Stigma and Acceptance. The Stigma and Acceptance code was applied to all quotes in which people discussed the impact of either stigma regarding or acceptance of people who are experiencing SUD, various forms of SUD treatment, or harm reduction initiatives.

Table 2. Code Frequencies



Looking holistically at the qualitative focus group/interview data, we have identified several community themes related to substance use in Clinton County. These themes emerged through analysis of the codes and the cross-loadings of codes on quotes. The cross-loadings of codes on quotes are important to examine as they provide evidence of the larger themes within the data. The identified themes are shown in Table 3.

Table 3

Identified Themes
Scope of the Problem
Local SUD, Mental Health, and Harm Reduction Services
Legal System and SUD Services
Local Harm Reduction Services
The Importance of Housing and Basic Needs in SUD Recovery
Building Effective Systems & Recovery-oriented Communities
Transportation
Youth Prevention
Stigma and Acceptance

### Theme: Scope of the Problem

According to community members, the scope of SUDs in Clinton County is underrecognized. In every focus group conducted, at least one participant described SUDs as being prevalent in Clinton County. Both people with lived experiences and providers discussed the prevalence of SUDs and deaths caused by SUDs.

*“I buried six this year in less than a year.” – Person with Lived Experiences*

*“But that isn't [called an] overdose, but that's called suicide or heart attack. If you have anybody under the age of 50 dying from a heart attack, nine times out of 10, it's probably drugs. They just don't say it.” – Person with Lived Experiences*

*Exchange regarding drug use in DeWitt: Speaker A: “It's everywhere. It's everywhere.” Speaker B: “It is. The [hotel name] at night. You know how many times you hear of overdoses in that place?” Speaker A: “Oh, I know. I know of an overdose that happened there.” – Person with Lived Experiences*

*Exchange regarding drug use in St. John's: Speaker A: “Meth is huge in St. John's.” Speaker B: “Huge.” Speaker 9: “Huge. I mean, I could walk into a marked trailer park, and I guarantee five doors to knock on, I'll find meth on one of them. I will find meth.” – Person with Lived Experiences*

*“Meth is very big here. And I think meth is pretty big in a lot of areas, rural areas in the state of Michigan as a whole, because A, it's very cheap. We were discussing it last week in one of our ... meetings that drug and narcotics interdiction teams all over the state of Michigan were discussing how cheap meth is for grams of meth, and that just wasn't heard of back in the day. It was a little expensive, but I think that they're making different kinds and all small fish, big*

*fish. But it's readily available and it is cheap to get your hands on, so I think that is the drug of choice right now, for sure.” – Provider*

*“So as far as drug addiction goes, we deal with kids all the time at the school district where mom's not picking them up on time or dad's not providing them with adequate shoes to wear. That's all part of drug addiction.” – Provider*

*“I would say first and foremost, probably meth, and following right next to it would be alcohol. And then maybe just below it would be prescription medicine that are coming from the doctors.” – Provider*

---

Both people with lived experiences and providers also reported that community members either are unaware of the problem because it is not discussed or do not acknowledge the problem due to stigma.

*“But they kind of get forced to hide away because there's a big kind of assumption that St. Johns is just this little quaint town and there's no addiction here.” – Person with Lived Experiences*

*“The stigma in this county is so dramatic, you don't hear. You don't hear about the overdose, you don't hear about the drug abuse. And I sit and listen to that every night, guys getting arrested for meth. And God, the amount of drunks I hear arrested on a daily basis is unreal. We don't see those [numbers].” – Person with Lived Experiences*

*“But people don't think that it can't happen here. It doesn't happen here. And it's, I guess, the isolation and the insulation. Nothing's happening around you, and yet the boy just three or four houses down, overdosed... Then you go to the next stage of, “Well, how did it happen here?” And then if nothing is done, then it goes back to “it can't happen here.” – Provider*

*And now I think that there's a lot of members in Clinton County that don't know how bad the addiction crisis really is here. – Provider*

*“but they kind of get forced to hide away because there's a big kind of assumption that St. Johns is just this little quaint town and there's no addiction here. Because I mean, you drive around St. Johns and there's beautiful homes. There's not homes that have the wood on the windows or bars on the windows. So there's so much stigma surrounding the word that it's really easy to just kind of turn the other way and say like, “Oh, that's not happening here.” – Provider*

*[I] just feel like sometimes people in Clinton County don't think it's a problem. – Provider*

*But people don't think that it can't happen here. It doesn't happen here. And it's, I guess, the isolation and the insulation. Nothing's happening around you, and yet the boy, just three or four houses down, overdosed... Then you go to the next stage of, "Well, how did it happen here?" And then, if nothing is done, then it goes back to "it can't happen here." – Provider*

---

## Theme: Local SUD and Mental Health Services

Participants from every focus group noted a need for *local* mental health services and SUD treatment services. In fact, of the 151 quotes, 59 quotes were related to the importance of SUD treatment services. These SUD treatment services included peer-led mutual-aid supports (Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups), detox services, in-patient treatment services, case management, and transitional or recovery housing. Of these 59 quotes, 16 specifically identified Clinton County as lacking the capacity to provide these SUD services locally. Participants described the importance of receiving detox, case management, peer recovery coaches, and transitional or recovery housing locally. Although recovery housing is a SUD service, the need for that service is described in the Housing and Basic Needs Theme. Some participants also discussed the importance of having various harm reduction services available in Clinton County.

### *Case Management, Peer Recovery Coach, and Detox Gaps*

Case management and Peer Recovery Coaching were reported as being provided through CMH; however, many people discussed the need for more widely available services through program coordinators or peer recovery coaches for those experiencing substance use disorder. While some people directly mentioned the importance of case management services, many talked indirectly about such services. When participants described the gaps in their own treatment or gaps in the services their clients receive, it became evident that having these services available locally would prevent or bridge these experienced gaps in treatment or support. Detox services were noted as not being provided in Clinton County.

*“And a lot of the drug court programs do have coordinators, and my coordinator was almost more so my PO than my actual PO. ... I mean, especially in that early recovery while I was in transitional housing, we talked on a daily basis because it really is restarting your entire life.” – Person with Lived Experiences*

*Speaker 1: “Three times, I was sent to a hospital or a treatment center, but the other two times, I was just booted to the curb, just booted, ‘Go take care of business.’ And when I got out of treatment centers, they said, ‘You need to go talk to your counselor.’ They barely said anything else. I mean, yeah, I’ve got a plan here, I’ll find a meeting. But there’s no aftercare. There’s no aftercare for guys that get out of these wards.” Speaker 2: “Just you’re not our problem anymore. Speaker 1: “Right. And they don’t even have anybody to talk to. Even if you are certainly getting hit with a bomb, say, ‘Hey, here’s what I got going on.’ Regardless if you know mentally what you’ve got or what.” Facilitator: “So it was*

*on you...” Speaker 1: “It was on me.” Speaker 3: “To coordinate your own care.”  
Speaker 1: “Right. That or I had one follow-up appointment that they had sent a  
month out.” – Persons with Lived Experiences*

*“So I think one of the biggest barriers is there's no peer recovery coaching at all in  
Clinton County. There is a very, very small amount, but it comes from CMH, and  
the people are employed normally in Ingham County through CMH.” – Provider*

*“So I really wish that there was [services], and I know it's hard, I really do, the  
resources just aren't there as far as making a successful plan for everyone.”  
– Provider*

*“We don't have any facilities to detox people or have a treatment, any treatment.  
I used to have a program at St. Lawrence that I know about and worked at, but  
they closed that quite a while ago. So right now, as far as I know.” – Person with  
Lived Experiences*

---

#### *Peer-led Mutual-aid Support*

There were differing perspectives on peer-led mutual-aid support provided in Clinton County. While many participants shared that the AA meetings provided locally have been important in their recovery, others noted that it has been challenging to consistently provide/attend NA meetings locally. There were many discussions in all of the groups with people with lived experiences regarding the challenges of attending AA meetings when a person is experiencing addiction to illicit or prescription drugs.

*“And if you make a meeting just for meth, nobody wants to show up to that  
meeting. Right. Alcohol has gotten--the stigma has come down a little bit. That  
certainly has not [for other substances]. I remember them trying to do the opioids  
meeting, and they specifically told me meth addicts are not allowed. I was  
seeking recovery, but I wasn't allowed to go there.” – Person with Lived  
Experiences*

*“Technically it is all addiction. Alcoholism is a drug in NA, right? But a lot of  
people who feel more like people who say, ‘Oh, well, I've only struggled with  
alcohol sometimes.’ I've heard that they feel more comfortable in an AA  
environment because drug addicts are scary. I've heard that out of people's  
mouth.” – Person with Lived Experiences*

---

As described by the participant in this quote, the stigma regarding people who are experiencing illicit or prescription drug SUDs can cause AA meetings in Clinton County to be an unwelcoming recovery space for those seeking support. Several participants described needing to attend NA meetings in Lansing in order to find a supportive group. However, having to attend meetings in Lansing created challenges regarding the cost of transportation. This is evident in one exchange between two participants.

*Exchange about traveling to Lansing for a meeting that accepts people who use methamphetamine. Participant 1: I don't want to drive 34 miles roundtrip. Participant 2: Well, we have to be willing to- Participant 1: Go to any length? Participant 2: That's right. Participant 1: Go homeless? Do you get what I'm saying? It wouldn't work. And I tried to just go to AA three times a week. Kills me. It kills me. I'm on a fixed income. I got a seventeen-year-old kid graduating this year. I can't do it. I can't give up my home to go to a meeting. Participant 2: Well, it sounds like they're giving up a lot already. Participant 1: I'm being sober and go to meetings every day. So there's that. But I'm lucky that [the] meeting in St. John's [is now allowing] me to go. – Person with Lived Experiences*

---

A participant in another group described their hope for beginning a new type of peer-led mutual-aid group that would help those experiencing any type of SUD.

*See, for me, I also know I'm trying to start my recovery works meetings up because in this little town, AA is its own thing and NA is its own thing. And we are stronger in the group. So I'm going to start... try to start recovery works and that way AA people can put away their differences of just being alcoholics and NA do the same thing and we all can come together. Because I know there's people in AA, who don't even know we're in the same damn town struggling with addiction and vice versa. There people in NA that AA don't even know about it. So I'm trying to bring us all together in the same community. – Person with Lived Experiences*

---

Providing a group such as this would fill the gap for those who reported not feeling welcome or supported in AA or NA.

### *Mental Health Services*

Qualitative data also highlighted the need for more mental health support and services. The literature on SUD has long recognized the impact of mental health issues co-occurring with substance use (Jones & McCance-Katz, 2019). People with lived experiences and providers working with individuals with SUD reported the importance of mental health as a contributing factor to chronic SUDs. The stories shared by participants included severe and life-threatening mental health disorders faced by these individuals, and they described the unique challenges faced when attempting to receive either SUD services that were sensitive to their mental health or mental health services that were inclusive of the SUD.

The quotes below exemplify the severity of the mental health disorders faced by people with SUD in Clinton County.

*“So a year before I did meth I was 41 years old, tried to hang myself.” – Person with Lived Experiences*

*“And just like a lot of people I know, I got out of rehab and a group of us were trying to stop a group of us. Three weeks she made it before she hung herself, she died of suicide...” – Person with Lived Experiences*

*“So after I got out of rehab, there's three times, four, four times that I was suicidal again in one way or another. So mental health.” – Person with Lived Experiences*

*“I think I went through four therapists over about seven years. In order to at least get a diagnosis of the borderline. And that took a while because we had to follow the cycles and the behaviors and the patterns and a lot of the negative impacts I've had.” – Person with Lived Experiences*

*“I relapsed after 20 years on drugs that I never even thought I would've ever relapse again. ...But it's the guys that relapsed, it's the guys that just jumped back off the edge that you send see overdosing ... But again, my mental illness is going to tell me it doesn't matter because I don't have control over that mental illness yet, I don't have a way to escape. I don't have a way to explain what I've got going on to somebody that's going to understand, give me better feedback.” – Person with Lived Experiences*

*“And I know that's [these] kind of programs [are] sometimes [hard] to get into. And it was fortunate that they had a psychiatrist and they fortunately have now a psychiatrist here in Clinton County. And I know she's going to get really busy real quick too.” – Person with Lived Experiences*

*“They have mental illness, and then they decide to go to the drugs instead of taking their medicine or going to seek mental help.” – Provider*

*“As a healthcare facility, you're constantly waiting for behavioral health and mental health admissions and having to hold patients longer in emergency departments because there's nowhere to accept them. And that's the reality that we live in. It is that mental health is significant, and there is definitely the link between mental health and substance use. Can they be independent? Yeah. Are they often independent? No. You see it together all the time.” – Provider*

---

People also noted that the available peer-led mutual-aid support groups are limited in utility, especially for those seeking to understand and treat underlying mental health conditions.

*“And that's where I start looking to pick up getting plugged into an AA program or an NA program. It works to an extent to curb maybe that immediate use, but it doesn't help understand the underlying problem of why I'm feeling this way and getting ahead of that.” – Person with Lived Experiences*

*“I walked into a 12-step program this time around, even last few times just willingly because I knew life had to change and I was going to die if it didn't. And it was a struggle to find a place in the program. It's a struggle to even communicate sometimes in the program for the fear that people aren't going to understand. A lot of guys that try to talk to don't understand [mental health issues] and it's a very difficult.” – Person with Lived Experiences*

---

## Theme: Support for Local Harm Reduction Services

*“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.” — Harm Reduction Coalition*

Harm reduction is a practical approach that supports individuals who use drugs to lead healthy, self-directed lives. It focuses on preventing overdose and infectious disease transmission while improving overall well-being. The approach prioritizes direct engagement with people who use drugs to provide easy access to healthcare services, including treatment for substance use and mental health disorders. Services include many services, including the provision of opioid overdose reversal medication, syringe service programs (SSPs), drug testing services/kits, infectious disease testing, and wound care kits. Although some of these harm reduction services are controversial, it is a critical aspect of any community's overdose prevention strategy, and communities with strong harm reduction approaches to working with people who use drugs are more likely to support connections to SUD treatment. Many participants, across all groups, indicated that they support Harm Reduction Services such as syringe service programs (SSPs) in Clinton County to help those not ready to completely abstain from substance use reduce their risk of illness and disease.

*“They save people's lives. Even though you're still doing drugs, 'cause we all know you can't drag somebody kicking and screaming to get help. So if you're going to do it anyway, at least you're not killing yourself now if you've got a safe needle. Yeah, lots of cities that use those.” – Person with Lived Experiences*

*“My personal opinion is if someone's asking for a clean needle, I'd rather them have a clean needle than reuse one that is not, but I'm limited by our policies. But there's the component of when you give access to free needles, we've seen it, I've seen it, where they go out into the parking lot, and they overdose in the parking lot, or they leave then a dirty needle in the parking lot, and a child picks that up. And so I mean, there's... I have concerns with both ways.” – Provider*

*“I want them to have free access to clean if they're going to use because I would rather it be clean than risk infection, but I also want to make sure that we're keeping the rest of the community safe in that capacity as well.” – Provider*

---

Even though harm reduction approaches such as Narcan reduce death due to opioid overdose and SSPs reduce the incidences of infectious diseases and improperly discarded used needles in the community, there was still mention of reluctance to use or provide such services.

*“Well, I know that for a while some Narcan vending machines or just some place that distributes Narcan was talked about. And I feel like we haven't had an agency or an organization that's really been willing to, because I know in other counties, they either have the vending machine or they just have it out available for people to come in and take.” – Provider*

*“But just the fact that we don't have a lot of services in Clinton County. Maybe getting to those services in Lansing may be a barrier. Because I know even I'll get calls about drug testing and things like that, and we don't even have anywhere to send them for that.” – Provider*

*“I think that there is controversy over both ways, and from my personal experience, while I was heavily using, and there's no way I was going to go and admit or go and exchange anything, even to get any new tools or anything to exchange.” – Person with Lived Experiences*

*“In St. John's, they're not going to go get that clean needle because where are they going to go? Everybody's going to know what they're doing. You know what I mean? They don't want anyone to know.” – Person with Lived Experiences*

---

## Theme: Criminal Justice System

While the national average of SUD for the general population is less than 20% (16.5% in a 2021 SAMHSA National Survey on Drug Use and Health), approximately 63% of those in jail have a SUD. Given the extent to which those with SUD are involved in the criminal justice system, it is unsurprising that the “legal system” code was applied to 31 quotes.

*“Well especially because everybody ends up, eventually ends up in the system, in the legal system. Most, not every but most end up somewhere in the legal system and they don't have the knowledge, the abilities, resources.” – Person with Lived Experiences*

---

However, many of the participants, including providers, noted that the judicial system and the jail are not adequately equipped to provide the support and services needed by those in the system who are experiencing SUD. As described in the quotes below, all criminal justice system representatives must have the resources, knowledge, and skills to effectively support those with SUD.

*Get coordinated, at least maybe people can understand that, whether it be in the court systems, programs in the court system because you have mental health, but*

*they don't understand what it truly means, the mental health that we suffer through, they don't get that. They look at words on paper and they don't find the human element behind it. – Person with Lived Experiences*

*When I was in the jail here in town, serving my sentence, and this was more than 10 years ago, right after I had my nerve injury, they would not give me my prescription medication. I was going through withdrawal and instead of giving me my medication or letting me seek medical attention, like taking me to the hospital, yeah, the nurse refused to address any of my issues. They left me in my cell for an entire day in my bunk dealing with the withdrawal. Then threw me in the drunk tank for three days with no attention, didn't even give me a pillow or a blanket. Just left me in the drunk tank. Didn't feed me for a day and a half, just left me in there, puking my guts out, basically seizing with no attention for three days. Then kicked me out. – Person with Lived Experiences*

*see somebody in withdrawal and just go, oh, they'll get over it, they'll dry out. And not realize that that can be deadly. – Person with Lived Experiences*

*And I get it, jails are not supposed to be what... I do understand that, but let's be humane. Can we be humane? – Person with Lived Experiences*

*I think we do need to have our officers more educated on that type of behavior. Some officers have never dealt with a type of addiction in their personal life as far as family members, they've never been exposed to somebody that's had a severe addiction before. And I think that shows too to, because they understand what they can and cannot do and what the law states, but do they actually understand the type of behaviors and why that person is actually doing what they're doing? – Person with Lived Experiences*

*Somebody who's going through an alcohol or opiate withdrawal, pass out, fall out, crack their head open. And "Oh, they bled out. Oh, dear. Didn't know." I just stood there and listened to them say, "Shut up, I told you to be quiet for eight hours and now you got two more. You don't get a blanket for eight more hours." – Person with Lived Experiences*

*"The court system does not have any empathy for the people struggling with alcohol or drugs or any-or mental health." – Person with Lived Experiences*

---

Participants, however, did describe a few initiatives in Clinton County that provided meaningful SUD support to those in the criminal justice system. Two people described conducting NA meetings in the jail, and one person described a diversion program they personally completed.

*So the biggest part that helped me, I was so blessed, I didn't think I was when I got it, but I was really blessed with the program that I was put into. And it's called Journey Corps... It's right here in Clinton County. While I was in jail, I was being educated on how addiction rate in my brain and I had different worksheets and different things that I had to be doing to start the betterment of my life to start waking up in the morning. So one of the biggest benefits was that it started while I was in jail, and I was being educated on how addiction works in my brain. And I had a solid, substantial period. I had six months of time to let my brain heal and sit still. And I think that was such a big necessary thing. And I don't like saying that jail is necessary for people, but it really was for me. – Person with Lived Experiences*

---

## Theme: The Importance of Housing and Basic Needs in SUD Recovery

According to community members, one of the frequently identified needs in Clinton County was housing and basic needs. During focus groups and interviews, people with lived experiences and professionals identified the prevalence of housing instability.

*“There are people, not so much entirely homelessness or yet, but there's a lot of... a big population of people that are living out of their car that are struggling to have food.” – Provider*

*“But there is at least a small community of homeless, like a gathering area right near downtown. And so that space exists. Healthcare is aware of it and able to offer services and things. We do different collections for helping stock those distribution centers too. So for clothing as well as food and things, we do just a general closet that we have if patients do come in and get... to receive healthcare and are in need of those things as well.” – Provider*

*“We have people [who don't say they] homeless, they're couch surfing, but that's homeless. Who knows that? Only people that they feel safe to tell that to. And many of them come from addiction, that's why they're homeless. Or their families are addicted, and they don't have a place to live due to that. – Person with Lived Experiences*

*“I have, at one point in my life, been the stereotypical addict and just didn't have clean clothes, was living out of tents, was living in very poor conditions.” – Person with Lived Experiences*

---

These individuals described a need for adequate and supportive housing for those in recovery. They highlighted the difficulties faced by those individuals attempting to reintegrate into the community after

periods of incarceration or in-patient treatment while working to maintain their recovery journey. Barriers included a lack of available housing options in Clinton County after incarceration.

*“Having an option of transitional housing for the people in this community would really fill that huge hole ... I think it's so important.” – Person with Lived Experiences*

*“But then the most substantial part I think for me was that transitional housing piece. And a lot of people don't have that because their whole life is here in St. John's, they might even have a job that they could go back to and you're so ready to start your life.” – Person with Lived Experiences*

*“But having that transitional housing piece that keeps you accountable, it is your housing. So there are certain things that you have to do to be able to live there. So you're still being accountable, but you get to start your life and have a whole house of support for any struggle. Anytime you get a craving or anything, you have somebody that's always there to go and talk to. I would not be where I am without transitional housing [in Lansing]. So then once I got done with that program, I had to uproot and completely restart my entire recovery just because I came back to my hometown.” – Person with Lived Experiences*

---

In addition to transitional housing, the need for affordable housing overall in Clinton County was highlighted by nearly every group. In a focus group with faith-based and other providers, a representative from Housing Services Mid Michigan described the challenges encountered when supporting those experiencing housing instability. All of the providers present during the focus group described significant challenges faced by those in the community who don't have stable homes. Faith-based representatives talked about their work to connect community members with Housing Services Mid Michigan to quickly support those who don't have housing. The high level of collaboration between the faith-based organizations and housing service supports was evident, and this collaboration provides a good model for community-based organizations across the county. Even with these collaborations, all providers discussed the lack of affordable housing as a problem. The Housing Services Mid Michigan representative described the importance of understanding the unique needs of those who are experiencing homelessness and SUD. Research demonstrates that there is a bidirectional relationship between the experiences of SUDs and homelessness (Stablein et al., 2021), meaning that while SUD can lead to homelessness, the experience of being homeless can also lead to SUD. No matter which comes first, the co-occurrence of SUD and homelessness is dangerous. Those who are experiencing housing instability and SUD are at higher risk of death. In fact, research has shown that reducing homelessness rates significantly reduced opioid overdose death rates (Bradford & Lozano-Rojas, 2024). This study also found that for every 1% increase in homelessness, there were corresponding increases in rates of death from opioid overdose, alcohol use-related death, and cocaine use-related death.

*“Our findings have important policy implications. Although homelessness is associated with substance-related policies, our first-stage models indicated that several landlord-tenant policies may be effective at mitigating homelessness. This should lead to a renewed interest in understanding the mechanisms through which such policies induce homelessness and SUD among the homeless population. Although opioids have received most of the recent media and research attention, mortality from the misuse of other substances, both legal and illegal, was also affected by changes in homelessness.” – p. 248*

---

## Theme: Building Effective Systems & Recovery-oriented Communities

Building effective systems to support community members experiencing SUD is critical for reducing mortality and promoting community health. Comprehensive substance use systems of care have been described as having five key features:

1. Providing a full continuum of treatment and service options that meet each person’s unique needs
2. Providing high-quality treatment and services
3. Providing treatment and services based on the latest evidence
4. Providing access to appropriate treatment and services to all in need
5. Providing people with social services and basic needs

In addition to these key features, effective systems of care have seamless transitions between systems such as medical, legal, mental health, SUD, housing & basic needs, and education. Many of the participants, both people with lived experiences and providers, discussed situations in which the lack of coordination across systems resulted in a gap in services. For some of these individuals, the gap in services led to a relapse or attempt to end their life.

*“And right now, in Clinton County, I actually take a NA meeting into the jail as well, and there is no help for these women. So I’ll be able to go in and say, ‘Hey, this program really works. This program saved my life.’ And it kind of ends there because to get... to be able to have treatment be a part of the sentence goes through the PO. But there’s a gap there of, okay, the probation officer says, ‘Okay, yes, your last 90 days you can go to treatment,’ and that’s great. But then there’s nobody to bridge that gap of them being able to get in treatment, and they have to have an intake phone call.” – Person with Lived Experiences*

*“You have two ends of the spectrum: prevention and then recovery. Somehow where those two can meet at some point. And so, we don’t have somebody slipping in between needing it and not knowing where to find it, or I guess I think you see where I’m going.” – Provider*

*“The suicidal rate and the idea of me committing suicide was so huge even up to recent. And I could not find help in the mental health. They sent me from the hospitals to the psych wards and then back to here, ‘Go see your counselor. But by the way, we can get you in once a month.’ And, ‘Oh no, we can’t get you medication yet.’” – Person with Lived Experiences*

*“[A person can want to get treatment at] 6:00 p.m. and then two days later they don’t want it. That’s the critical transition from being dope sick or being alcoholic sick to getting into treatment is that point of contact right there and then.”  
– Provider*

*“It’s really hard just regularly. But if you have some type of mental health, like bipolar, schizophrenia, there’s a lot of people in the program with issues like that. I can’t imagine how hard that would be. That’s extremely hard when there’s no resources out there. You’re just winging it, I guess.” – Person with Lived Experiences*

*“Rehab in all realities, there should have been something set up before I ever got out of there. I think that’s the biggest thing.” – Person with Lived Experiences*

*“Or like me, so I’m on this probation. Well, I can’t take half my medication if I do because my probation officer. So if I do, then they’re going to charge me. They’re going to punish me.” – Person with Lived Experiences*

*“The people that live in St. John’s, right they got busted for doing drugs. They’re already low income, they’re already struggling. That’s why they did drugs. Now they’re forced to go to NA. We don’t have NA there. So they got to drive, they ask them how much money they have to go, so they end up homeless and in jail.”  
– Person with Lived Experiences*

*“I’ve been going to CMH in St. John’s back off and on since I was 12. I have never had a therapist for a year, which is why I didn’t make it that year or the year after [I tried to hang myself]... it didn’t matter.” – Person with Lived Experiences*

*“If they’re in treatment and they’re going to be leaving treatment in 24 hours, there has to be a bridge set up between that institution and the real-world. And we have that in Lansing with alcohol. If somebody’s in there for alcohol, we’ll have people from AA meet them and tell them, ‘This is where you need to be today. We have a meeting at this point in time.’” – Provider*

*“So I really wish that there was, and I know it’s hard, I really do, the resources just aren’t there as far as making a successful plan for everyone.” – Provider*

For the one person who completed the Journey Corps diversionary court program, it was the intentional connections across systems that resulted in long-term recovery. The participant described that once released from jail, they were immediately entered into an in-patient facility. After completing in-patient treatment, they were moved into transitional or recovery housing (in Lansing). During transitional/recovery housing, they received counseling, educational opportunities, life skills training, and continued SUD treatment and services. This individual shared that they believe these connections can be created outside of a court program by creating a connected system of programs and services.

*I was so blessed by the program [Journey Court] that I got put on. But I would say this, less than 1% of people that are charged with drug charges get that level of care. So even if it's not necessarily another court, because that is a whole other thing, but even just coming together as a community of Clinton County [to provide programs to people while they are in jail]. [There are existing programs such as] Seeking Safety, Helping Women Recover, and Anger Management in Recovery... And there's even people, I'm a peer recovery coach and there's peer recovery coaches from communities all over that would probably be willing, at least even in the very beginning, just to volunteer time because there are so many people that are really passionate. – Person with Lived Experiences*

---

Other participants also shared their hopes for a connected and caring recovery-oriented system.

*And if we were to get more services here in St. Johns, I would say really being interlinked with Cedar Creek and really figuring out a way to address both of these things. In my opinion, it would start with detox talks and then possibly Cedar Creek and then back to inpatient treatment and then into a transitional housing. – Person with Lived Experiences*

*And so to have some sort of program that people can just kind of follow, maybe that's even outside of the court system, so that being honest with the people in this program doesn't mean you're going to get violated or doesn't mean that you're going to get in trouble because you are struggling. I think that would be really beneficial, but it'd be even more beneficial if we could incorporate, "Hey, we have this transitional house for you to get your life back together, and we have somewhere for you to stay. You're not all on your own." – Provider*

---

## Theme: Transportation

A lack of accessible and affordable transportation was indicated as a barrier in Clinton County. County residents described the difficulty of navigating the recovery process, especially for those attending meetings or in court-mandated programs. Residents indicated a lack of services, a lack of service consistency, and cost as contributing factors.

*“I had to have someone come and get me for meetings to call me or text me and remind me what day it was, what was going on, and come and get me for meetings, because I wasn't aware of what was going on.” – Person with Lived Experiences*

*“And now I believe that the prices [for the Blue Bus] have gone up and that is not going to be very available. I do believe I have heard that it's just appointments in Ingham County or a medical reasoning, and I've heard that the prices have gone up significantly as well.” – Provider*

*“In the treatment center that I work in, [Lansing SUD Provider] actually has a transportation bus for their transitional housing people and it's... Well, it's like a van, and that proves to be super beneficial, as well as peer recovery coach services, so with the... the peer recovery coach can be assisting them while providing transportation too.” – Provider*

*“Another thing, there's a lot of people in this county, in this area that go to a lot of recovery meetings. There's a lot of people on what we refer to on paper, that don't have a way to get to other places. It would be nice if some of that money could possibly go towards maybe setting up a bus once a week to go in for recovery meetings, set up a certain time, date to go into one of the clubs, maybe east club one day when there's a block of meetings for a couple of hours. Meet here, go in and bus comes back at this time, another day a week it goes to a different club for a couple of hours, comes back at this time while the blue buses takes it in, come back, have that set up at a particular time and schedule. That would be a nice resource to have available.” – Person with Lived Experiences*

---

## Theme: Youth Prevention

Although there were only four quotes related to youth prevention efforts, the people who discussed youth initiatives were passionate about the importance of supporting youth to create a better future for Clinton County. These residents highlighted youth SUD education and prevention as a top priority.

*“It's the teachers in school. Can you spot it ahead of time? Because the kids, that's where it starts. Education at the child level. When do you start it? Do you do it in high school? Do you put a program on? Have them all come to whatever the cafeteria for a big class for three classes. You want people to be aware of it. Again, when I was in school, it was a long time ago, but we didn't know anything, they never talked about it.” – Person with Lived Experiences*

*“I think the biggest thing that I would like to see is more education on this, I mean, even going into the middle schools because kids get into this kind of stuff at a very young age.” – Person with Lived Experiences*

*“I think another thing that I forgot to mention that I think would be very beneficial is there's a program called StraightTalk, and it's for high schoolers. It's similar to D.A.R.E. but on a very different perspective. And it's just truly phenomenal. The people that put it on are actually from RISE Recovery Community, and it's like a mother and a son, and they play out these different scenarios, and then they have a whole conversation about it. And it really reaches out to the high school age just to start having that conversation and to open up the conversation and to decrease the stigma surrounding it. So to make children or adolescent comfortable talking and having the conversations of... and being open and honest and of like, 'I'm seriously thinking about trying this.'” – Provider*

*“I feel like we have to increase action. We have to increase availability for measures to help prevent so that we can kind of... we can hopefully curb this for the upcoming generations. As a parent of young children, I ultimately want to prevent them from getting into positions that they feel that desperation. And I think that starts by taking a larger role in it now and showing that we have a supportive community.” – Provider*

---

Once more data on youth SUD use in the county has been obtained, the county can build out informed prevention programming targeting this demographic.

## Theme: Stigma & Acceptance

Attitudes and understanding of substance dependence have been demonstrated to influence the recovery journey of those persons struggling with SUD. The stigma surrounding substance use contributes to a range of negative consequences for affected individuals, including limiting access to employment and housing, creating greater barriers to health care, and reducing help-seeking (Krendl, 2023).

In addition to the stigma around harm reduction earlier, affected individuals in Clinton County illuminated other ways in which stigma acts as a barrier to their recovery and care. Research has highlighted the ethical imperative to recognize addiction as a treatable disease rather than as a moral failing (Adams, 2020), and qualitative data collected reinforces that need in Clinton County.

*“I never would've thought in a million years that I would be sitting here saying 'I'm a meth addict.' And for me, before I ever did it, I certainly judged them. Absolutely. It's one of the worst things you can do. Why would you ever, you are dumb. You're a loser. You have to be unintelligent. These are the things that I*

*thought of, a lot of different things. So I know what people are thinking 'cause I thought of myself.” – Person with Lived Experiences*

*“P1: They think a meth user is somebody that's got holes in their face picking their face and tweaking out on a corner or something. There's Sunday school teachers.*

*P2: People still think that about alcoholism. Like you have to be living under a bridge or have a paper bag in your hand and homeless.*

*P1: These are people that work at the food pantry. They're Sunday school teachers, they're professionals.” – Persons with Lived Experiences*

---

### *Scope Of Stigma*

While rural communities are disproportionately affected by SUD, the stigma around SUD impedes access and utilization of treatment and support services (Miller, 2024). A noted aspect of stigma around SUD is a reluctance to speak about the problem.

*“And to be able to talk about things within our county instead of it just always being hush-hush. We don't talk about it. We pretend like it didn't happen, and I think that that would be a very significant thing... I think it would just be so neat to see... to let Clinton County be known as the first small town that is making a huge impact and really tackling this head-on instead of allowing the stigma of a small town to just kind of eat it alive like almost all small towns have been doing. They just kind of hush-hush, pretend like it's not happening.” – Provider*

*“but they kind of get forced to hide away because there's a big kind of assumption that St. Johns is just this little quaint town and there's no addiction here... And I was talking to some of the commissioners, and they said that it wasn't a problem, that Clinton County doesn't have a problem here. So there's a lot of stigma and a lot of blinders that are pulled over... So there's so much stigma surrounding the word that it's really easy to just kind of turn the other way and say like, "Oh, that's not happening here." - Provider*

*“I think that there's a lot of members in Clinton County that don't know how bad the addiction crisis really is here.” – Provider*

*“The stigma in this county is so dramatic, you don't hear. You don't hear about the overdose, you don't hear about the drug abuse. And I sit and listen to that every night, guys getting arrested for meth. And God, the amount of drunks I hear arrested on a daily basis is unreal. We don't see those [numbers].” – Person with Lived Experiences*

---

Stigma against people who struggle with SUD has been shown to be a significant barrier to seeking or sticking to recovery. Experiencing stigma can be dehumanizing towards people with SUD and prevent

them from seeking or accessing services. This is exacerbated by the rurality of Clinton County's small communities.

*“A lot of them aren't going to go to meetings. They don't want anybody to know, even though they're trying to get clean because they're such a, it's just stigmatism, that's it.” – Person with Lived Experiences*

*“I think that there's that constant fear of the stigma. Even if the stigma is lessening, it still is apparent. And so people aren't necessarily going to want to step forward because we're a small town. Every county in here is a small town. So someone's speaking up and saying, "I need help," what's that going to do? And how fast is that going to spread within the county, and how's that going to be perceived? So I think that stigma does play a huge role.” – Provider*

---

### *Stigma In Medical Settings*

People with SUD expressed a need for better communication and understanding from medical professionals regarding SUD. Having open and honest discussions around SUD topics is imperative for effective medical care, suggesting the need for more provider education.

*“When I tell somebody that I do meth, the look on their face, my own doctor, my own PA, they don't hear anything after that. I did meth. They're stuck on that. I'm a bad person. I'm an addict. Why do I still have teeth? You know how many times I've heard that. It's not fun.” – Person with Lived Experiences*

*“Well, [Participant] ... I was saying that a lot of doctors, a lot of medical health professionals are not educated in addiction and alcoholism and addiction or they're paid off by the pharmaceutical companies and they're helping the addict or they just don't know. Or most of the people that go hide the fact that they're an addict or alcoholic. And when I go to the doctor's office, I tell them I'm a recovering person. I'm careful.” – Person with Lived Experiences*

---

Addressing stigma is an important step in combatting SUD because stigma extends to those suffering from mental health issues, which is a known contributor to the overall SUD burden facing the community.

*“And it was a struggle to find a place in the program. It's a struggle to even communicate sometimes in the program for the fear that people aren't going to understand. A lot of guys that try to talk to don't understand [mental health issues] and it's a very difficult” – Person with Lived Experiences*

---

### *Need For Education And Understanding*

Stigma, by its very nature, is an isolating experience for those subjected to it. Isolation tends to lead to increased or riskier substance use (Roe, 2021). Clinton County residents expressed the need for stigma-free spaces and groups where SUD-impacted individuals can feel safe and judgment-free.

*“Because they're sitting at home and they're trying to get over, get through their addiction, if we can give them a purpose and some type of way and have different programs where they're not being judged. Because that's another big thing that they talk about, “Everywhere I go, I'm being judged.” – Provider*

---

Stigma was also shown to be a factor between people with SUDs.

*“Technically it is all addiction. Alcoholism is a drug in NA, right? But a lot of people who feel more like people who say, oh, well, I've only struggled with alcohol sometimes I've heard that they feel more comfortable in an AA environment because drug addicts are scary. I've heard that out of people's mouth.” – Person with Lived Experiences*

---

People with SUDs identified a general need for empathy and understanding for those impacted by SUD.

*“I never would've thought in a million years that I would be sitting here saying “I'm a meth addict.” And for me, before I ever did it, I certainly judged them. Absolutely. It's one of the worst things you can do. Why would you ever, you are dumb. You're a loser. You have to be unintelligent. These are the things that I thought of, a lot of different things. So I know what people are thinking 'cause I thought of myself.” – Person with Lived Experiences*

*“They don't have no empathy. The court system does not have any empathy for the people struggling with alcohol or drugs or any-or mental health.” – Person with Lived Experiences*

---

The most effective identified intervention for reducing SUD stigma is increasing contact between impacted populations and the wider population (Corrigan PW, 2018). As such, any stigma-related intervention should take into consideration the typology of stigma related to SUD, particularly around public, enacted, and structural stigma (Tsai AC, 2019).

## Recommendations

From the data presented in this report, we have identified potential actions or steps that can be taken to support Clinton County residents. The actions and steps we have chosen to highlight address the three interconnected themes identified by participants as essential to developing recovery-oriented

communities in Clinton County. The resources we have chosen to include with these recommendations are suggested places to begin and are not exhaustive lists of available resources.

**Recommendation:** Reduce Stigma Through Education and Organizational Training

Stigma is one of the significant barriers that keep people from seeking and accepting treatment for SUD and can also prevent communities from seeking evidence-based solutions. Small changes at the community level can reduce people’s experience with stigma, as it was identified as occurring across settings. Addressing stigma must be the first step in any SUD campaign because stigma is either implicitly or explicitly a consideration in all SUD policies.

- Identify and implement one of many available community anti-stigma campaigns that align with community readiness and goals to address the stigma associated with SUD.
- Develop community events to support positive interactions and activities between the general public and SUD-impacted individuals.
- Identify and implement organizational training that educates staff at all levels to understand the physiology of addiction, related evidence-based practice, and the basic harm reduction principles across systems.

**Recommendation:** Develop Supportive Transitional Housing Services in Clinton County to Provide Local Access

Transitional housing is associated with decreased substance use, reduced likelihood of return to use, and other positive outcomes (Rural Health Information Hub, 2024).

- Work with existing agencies, organizations, businesses, and advocates to build recovery housing options in the county.
  - As noted above in the report, there is wide acceptance in the community survey for recovery housing within Clinton County.
- Encourage the use of transitional housing language instead of recovery housing to potentially increase support and adoption at the leadership levels.

**Recommendation:** Develop Connected Systems to Support a Recovery-oriented Community

Work with community partners and community-based organizations to develop a strategic plan to increase the interconnections across the housing, basic needs, transportation, medical, legal, mental health, and SUD provider systems to identify critical gaps and develop bridges across systems and services.

- Create a collaborative body that informs and guides SUD services, training, and connections.
  - The collaborative body should include representation from providers and those with lived and living experiences with SUD.
- Identify and amplify existing housing, basic needs, and transportation resources. Ensure these resources have the training to effectively work with those experiencing SUD.
- Conduct asset mapping to identify available resources and create a resource guide for community member use and use in referral training for all social service and health organizations.

- Develop a dissemination plan for the guide to ensure it is accessible to the general community and providers.
- Connect with PIHP to understand available funding streams for needed services.

**Recommendation:** [Develop Transparent Data Reporting Systems](#)

To reduce opioid and other drug-related deaths and increase the health and well-being of the community, there must be an accurate data reporting system that works for all involved agencies and sectors. The data system should be updated regularly, and annual public reports should be made. Data reporting systems should, at a minimum, include:

- Sheriff’s Department
- Medical Examiner’s Office
- Local Police Departments
- Courts
- Correctional Facility
- Emergency Medical Services
- Hospitals and other medical provider systems
- Mental health provider systems
- Public health systems
- SUD provider systems

In addition to developing a transparent data reporting system, it is recommended that the county explore establishing a [Fatality Review Committee](#).

### Community Assessment Planning

The community assessment process is never completed. We always recommend looking back at what was done and what information was not acquired. It is also essential to note questions raised in the current assessment that should be explored in future community assessment processes and to assess progress in the identified measurable goals. Monitoring and evaluation will be essential to understand the impact of the work taking place and identify additional gaps and needs that may be present. To ensure the strategic plan remains accurate and reflective of the current landscape, the plan should be updated every three years, with additional community assessments taking place every second year to align with the development of the new strategic plans.

## Bibliography

- 217 Recovery. (2024). *Helping People in Early Recovery*. Retrieved from 217 Recovery: <https://www.217recovery.com/rides>
- Adams, V. J. (2020). Ethical imperatives to overcome stigma against people with substance use disorders. *AMA Journal of Ethics*, 22(8), 702-708.
- Barry-Eaton District Health Department. (2024, April). *Overdose and Substance Use Surveillance*. Retrieved from Barry-Eaton District Health Department: <https://barryeatonhealth.org/wp-content/uploads/2024/05/Eaton-Overdose-Report-April-2024.pdf>
- Bureau of Justice Assistance. (2022, June). *Successful Strategies for Addressing the Opioid Epidemic in Rural Communities: Transportation*. Retrieved from <https://acrobat.adobe.com/id/urn:aaid:sc:va6c2:bbb41ea3-ab02-4633-ac0d-a495a039237e>
- Corrigan PW, N. K. (2018). Stigma and the public health agenda for the opioid crisis in America. *Int J Drug Policy*, 59, 44-49.
- Krendl, A. C. (2023). Stigma toward substance dependence: Causes, consequences, and potential interventions. *Psychological Science in the Public Interest*, 24(2), 90-126.
- Mandy D. Owens, C. J.-G. (2023). Insights into a Recovery Community Center Model: Results from Qualitative Interviews with Staff and Member Facilitators from Recovery Cafe in Seattle, Washington. *Alcoholism Treatment Quarterly*, 62-75.
- Miller, E. S.-R. (2024). Perceptions of substance use disorder in rural areas: How the brain disease model impacts public stigma.
- Roe, L. P. (2021). Isolation, solitude and social distancing for people who use drugs: An ethnographic perspective. *Frontiers in Psychiatry*, 11, 623032.
- Rural Health Information Hub. (2024). *Rural Transportation Toolkit*. Retrieved from RHHub: <https://www.ruralhealthinfo.org/toolkits/transportation>
- Tsai AC, K. M. (2019, May 30). Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLOS Medicine*, 16(11), e1002969. Retrieved from Research Square: <https://doi.org/10.21203/rs.3.rs-4383918/v1>

Name of Code	Number of Quotes to Which the Code was Applied
AA/NA	20
Assets	4
Case Management	9
Education about SUD	33
Education of Professionals	21
Education of Public	5
Harm Reduction	8
HOPE	7
Housing & Basic Needs	17
Lack of Capacity	17
Lack of Trust in the System	12
Legal System	31
Medical System	16
Mental Health Needs	27
Need for Recovery Oriented Community	23
Scope of SUD	15
Stigma and Acceptance	35
SUD Prevention	7
SUD Treatment	44
System	57
Transportation	6
Youth	4



## Opioid Settlement Funds

### Request for Funding Proposals - 2025

#### Summary

Clinton County invites organizations or groups addressing opioid prevention, harm reduction, treatment, and recovery to apply for funding to support development, implementation, enhancement, or expansion of programs. This includes programs addressing substance use disorders, polysubstance use and co-occurring mental health and substance use disorders. While the selection process will utilize a competitive Request for Proposals (RFP) process, the number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available will differ annually and proposals will be accepted annually beginning **March 1<sup>st</sup> 2025 through April 14<sup>th</sup>**.

#### Goal

The goal of this opportunity is to serve Clinton County through development, implementation, enhancement or expansion of evidence-based strategies or promising practices to prevent and address the adverse impacts of the drug overdose epidemic.

#### Eligibility

Organizations or groups addressing opioid prevention, treatment, recovery, and harm reduction are eligible for funding to support development, implementation, enhancement, or expansion of programs. This includes programs addressing substance use disorders, polysubstance use and co-occurring mental health and substance use disorders. We encourage volunteer groups to also apply.

Out of county organizations may be considered for funding if they are primarily serving Clinton County residents and 100% of the funds requested will be used to provide services to Clinton County residents. Further, priority will be given to organizations with an established presence in Clinton County.

#### Availability of Funds

The number of awards will be dependent on the amount of funds available for annual allocation. The funds available will differ annually. Proposals will be accepted annually between **March 1<sup>st</sup> 2025 through April 14<sup>th</sup>**.

The initial period of funding will be from **July 1, 2025 through December 31, 2026** with the opportunity of extended funding on a yearly basis, dependent upon funding availability and with satisfactory progress of the work plan. Future awards will be on an annual cycle beginning January 1, 2027.

## Requirements

The Clinton Opioid Taskforce has identified local priority needs; **Education, Treatment and Recovery and Access**. Funds will be allocated to support programs in Clinton County that fall within the needs of these areas and address gaps in county services.

- Focus on individuals and areas of the county most profoundly impacted by opioid use disorder (OUD) and co-occurring substance use disorder/mental health conditions (SUD/MH)
- Education programs that address Stigma and increase community awareness
- Education programs for youth
- Programs that provide equitable access to treatment and recovery
- Programs that are accessible to uninsured and underinsured residents
- Access to specialized regional programs such as Maternal Health Programs
- Expand **MOUD** programs and support existing recovery infrastructure

Organizations awarded funding are required to:

- Utilize funds within calendar year funds are awarded
- Ensure that utilization of funds as supplemental funding, rather than replacing existing funding
- Ensure all funds are used in alignment with Exhibit E and the definition of opioid remediation
- Ensure indirect costs do not exceed 15 percent (15%) of awarded funds.
- Provide data on program outputs, outcomes, impact, and effectiveness, following agreed upon metrics with Clinton County Opioid Taskforce
- Complete required biannual progress reports Reporting Requirements
- Organizations should provide semi-annual progress reports to Clinton County Administrator/Controller **John Fuentes** ([fuentesj@clinton-county.org](mailto:fuentesj@clinton-county.org)) outlining the following:
  - Staff working on the project.
  - Community partners involved with the project.
  - Challenges and barriers experienced within the associated timeframe.
  - Successes experienced within the associated timeframe.
  - Anticipated next steps.
  - Summary of funds expended
- Annual report to be provided at project close to John Fuentes by **June 15<sup>th</sup> of the grant year**.
  - Metrics to gauge outputs, outcomes, impact, and effectiveness as determined through scope of work.

## Allowable Uses of Funds & Funding Restrictions

Activities must meet the definition of opioid remediation, be evidence-based strategies<sup>12</sup> or promising practices and align with allowable uses outlined by [Exhibit E](#).<sup>3</sup> These strategies include:

### 1.) Core Strategies

- Naloxone or another FDA-approved drug to reverse opioid overdoses
- Medication-assisted Treatment (MAT) distribution and other opioid-related treatment
- Address the needs of pregnant and postpartum women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm hand-off programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

### 2.) Approved Uses - Prevention

- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Prevent overdose deaths and other harms (harm reduction)

### 3.) Approved Uses - Treatment

- Treat Opioid Use Disorder (OUD)
- Support people in treatment and recovery
- Connect people who need help to the help they need (connections to care)
- Address the needs of criminal justice-involved persons
- Address the needs of pregnant or parenting women and their families, including babies with NAS

### 4.) Approved Uses – Other Strategies

- Supporting first responders

---

<sup>1</sup> <https://www.lac.org/assets/files/TheOpioidEbatement-v3.pdf>

<sup>2</sup> [Public Health Considerations for Strategies and Partnerships | Overdose Prevention | CDC](#)

<sup>3</sup> <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

- Leadership, planning and coordination
- Training
- Research

**5.) Selection and Award Process**

- Describe the project(s) for which funds are requested with an implementation plan.
- Explain how funds will be used to coordinate efforts with other agencies, if applicable.
- Describe the impact these funds will have on the community and what you hope to accomplish.
- Explain how these funds will be combined with other funding or matching funds to complete the project, if applicable.
- Explain anticipated outcomes that will result from this grant.
- Submit a detailed budget showing how the requested funds will be expended.
- Proposals will be considered based on the following schedule:

**Highly Important:**

***Evidenced Based Strategy –***

The proposal uses an Evidence Based Strategy.

***Feasibility –***

Demonstrate that the organization has the Ability to deliver on the proposal.

***Suitability –***

Indicate how the proposal fits Clinton County’s needs. How will the proposal be sustainable? Will the proposal involve a person or persons with lived experiences?

**Moderately-Highly Important:**

***Evaluation –***

Submit a workplan listing the outcomes to be measured.

***Equity –***

Describe how the project addresses the Community needs in a fair and equitable Manner.

***Reach –***

Describe how the project reaches/targets those Most impacted by the opioid epidemic in Clinton County.

**Additionally Important:**

***Additional Items –***

The budget is comprehensive and meets  
The criteria for indirect costs not exceeding  
15% of awarded funds.

Proposals are due to Clinton County at [admin@clinton-county.org](mailto:admin@clinton-county.org) by noon on April 14, 2025.

Notice of award is expected to occur by June 2, 2025. Following the notice of award, all awardees may be required to meet with the Opioid Task Force Committee to discuss the deliverables and specific metrics for the project identified. The period of funding will be Date 1, 2025 through Date 31, 2025.

With questions related to this funding opportunity, please contact Clinton County Administrator/Controller John Fuentes at [fuentesj@clinton-county.org](mailto:fuentesj@clinton-county.org)

**KEY DATES:**

Request for Proposals Issued	March 3, 2025
Optional Question and Answer Session	March 10, 2025 (12 pm)
Due Date for proposals	April 14, 2025 (12 pm)
Tentative Date for Award	June 2, 2025
Grant Agreements Due to Clinton County	June 30, 2025
Grant Agreement Start Date:	July 1, 2025



---

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Organization Address: \_\_\_\_\_

Time Frame: \_\_\_\_\_

---

Questions to be answered by the applicant, along with the criteria reviewers will use to evaluate the responses below. Unless otherwise specified, applicant responses are limited to 5,000 characters.

**Evidence Based Strategy**

Describe how the proposal uses an Evidence Based Strategy.

**Feasibility**

Demonstrate that the organization has the ability to deliver on the proposal.

**Suitability**

Indicate how the proposal fits Clinton County’s needs. How will the proposal be sustainable? Will the proposal involve a person or persons with lived experiences?

**Evaluation**

Submit a work plan listing outcomes to be measured.

**Equity**

Describe how the project addresses community needs in a fair and equitable manner.

**Reach**

Describe how the project reaches/targets those most impacted by the opioid epidemic in Clinton County.

**Additional Items**

Indicate how the budget is comprehensive and meets the criteria for indirect costs not exceeding 15% of awarded funds.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

