

Port Huron, Michigan—St. Clair County Community Mental Health (SCCCMH)

Session Date: January 10, 2024

Summary

A community listening session was held in Port Huron, Michigan on January 10, 2024. The session was open to the public and promoted as a “listening session on the use of state opioid settlement funds”.¹

The session was held at St. Clair County Community Mental Health (SCCCMH), located within the 48060 ZIP code; St. Clair County.² SCCCMH is a community mental health entity with the following vision and mission: To “...remain the leader in integrated behavioral healthcare” with the mission of “providing opportunities for health, wellness and connection”.³

The community listening session was 120 minutes in length and held at time mutually identified by SCCCMH and the Opioid Advisory Commission (OAC). Approximately 8 individuals attended the listening session, with primary representation from local government, behavioral health, and recovery sectors.

Attendees were provided a brief overview of the Opioid Advisory Commission (OAC) and the Community Voices initiative. Facilitation format and participation expectations were discussed at the beginning of the session. Session structure was flexible, allowing for roundtable discussion, with voluntary participation, as desired. Clarifying questions from the OAC facilitator(s) were permitted by the group. Attendees were provided with the following considerations for discussion:

Your experience—*What would you like to share about your experience(s)?
Professionally and/or personally*

Your observations—*What are you seeing in your community?
Strengths/Benefits; Needs/Gaps*

Your input—*How should the State be spending [state share] opioid settlement dollars?*

Your questions—*What questions do you have for the Opioid Advisory Commission or state government officials?*

¹ https://council.legislature.mi.gov/Content/Files/OAC/OAC_Port%20Huron_1.10.2024.pdf

² “48060” ZIP Code Tabulation Area (ZCTA) ranked in the 77th percentile per the Michigan Department of Health and Human Services, Substance Use Vulnerability Index (2020 MI-SUVI ZCTA Results). <https://www.michigan.gov/opioids/category-data>

³ <https://scccmh.org/about-us/mission-vision-statement/>

The following themes were identified from discussion with participating attendees. The “Recommendations” category was developed by OAC staff to capture thematic elements shared during the Port Huron/SCCCMH community session.

Recommendations

Improve immediate access to care and increase options for stabilization; establish a psychiatric urgent care, crisis residential center, and/or engagement center

Recommendations were made for increasing linkages to care and improving immediate access to crisis supports for stabilization of substance use, SUD, and acute psychiatric needs. Discussion was held around the importance of integrated care/services offered within a 24/7 setting that could present an alternative to hospitalization, with sufficient supervision and integrated medical and behavioral health clinical/peer support. Noting participant discussion around the need for enhanced cross-system coordination to support successful implementation.

Increase housing options, especially those available for women

Recommendations were made to increase supports across the housing continuum, with specific needs identified around emergency, recovery, and transitional housing for women. Additional recommendations were made to expand housing supports for mothers and families, including wraparound supports to address the needs of individuals and families experiencing substance use disorders (SUD), co-occurring disorders (COD), and housing needs.

Improve education and increase anti-stigma efforts

Recommendations were made to address stigma around substance use, SUD, and mental health conditions. Discussion was held around community-specific stigma, particularly that surrounding use of medications for opioid use disorder (MOUD) and medication assisted treatment (MAT). Further discussion was held around limited community-based MOUD providers/prescribers and limited transportation options to support access to current MOUD services.

Recommendations were made to improve education and anti-stigma efforts within all key sectors/systems, including but not limited to K-12 education system, community health/behavioral health, criminal-legal system, and among local service providers.

Increase support for co-occurring disorders (COD) and expand peer recovery services

Recommendations were made to increase services and supports for co-occurring substance use and mental health disorders and to expand resources for complex needs including but not limited to housing, legal, transportation, education, employment, and medical needs. Discussion was held around current services and supports to address complex needs, including work conducted by peer professionals in local recovery, SUD treatment, community supervision (probation/parole) and community mental health settings.

Recommendations were made for expansion of peer support/peer recovery services.

Expand youth prevention services

Recommendations were made to increase supports for youth prevention services, education and early intervention services within the K-12 system. Noting further discussion around the need for education and early intervention related to substance use, substance use disorders, and mental health conditions.

Expand supports for justice-impacted individuals

Recommendations were made to increase supports for justice-impacted persons, noting community strengths identified in existing “jail-based” programming (services delivered in carceral settings) and coordination efforts across systems. However additional needs were identified in medication-linkage and transitional services to support continuity of care from within carceral settings to the community.

Additional Considerations

The following items represent additional considerations and recommended strategies/services shared by participants:

- Increase and improve culturally specific behavioral health supports, including but not limited to tailored supports for Veterans and BIPOC communities.
- Increase transportation supports to ensure linkages to necessary care.
- Expand the use of medications for opioid use disorders (MOUD); increase access to MOUD and lateral supports (e.g., transportation).
- Increasing provider education and training around trauma (“trauma-informed care”).
- Increase transportation supports and explore enhanced coordination options for transportation, across multiple care systems.