

## Flint, Michigan—Serenity House Communities (SHC)

Session Date: January 17, 2024

### Summary

A community listening session was held in Flint, Michigan on January 17, 2024. The session was open to the public and promoted as a “listening session on the use of state opioid settlement funds”.<sup>1</sup>

The session was held at Serenity House Communities (SHC), located within the 48502 ZIP code; Genesee County.<sup>2</sup> SHC is a Recovery Community Organization (RCO) that “provides substance use and co-occurring disorders support for men and women in Lapeer and Genesee counties. Services are conducted utilizing a Community Resiliency model that meets participants in their current stage of change and empowers them towards a path of recovery. SHC provides a wide spectrum of services including advocacy and educational events to reduce stigma, recovery coaching, and recovery support groups. The organization specializes in the delivery of holistic medicine approaches that range from Recovery Reiki to yoga and acupuncture.”<sup>3</sup>

The community listening session was approximately 120 minutes in length and held at a time that aligned with the existing community meeting schedule at SHC. Approximately 14 individuals attended the listening session, with primary representation from recovery, prevention, harm reduction, behavioral health, and legal 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?*

---

<sup>1</sup> [https://council.legislature.mi.gov/Content/Files/OAC/OAC\\_Flint\\_1.17.2024.pdf](https://council.legislature.mi.gov/Content/Files/OAC/OAC_Flint_1.17.2024.pdf)

<sup>2</sup> “48502” ZIP Code Tabulation Area (ZCTA) ranked in the 98.9<sup>th</sup> percentile, per the Michigan Department of Health and Human Services, Substance Use Vulnerability Index (2020 MI-SUVI ZCTA Results); noting Genesee County ranked in the 89<sup>th</sup> percentile (2020 MI-SUVI County Results).  
<https://www.michigan.gov/opioids/category-data>

<sup>3</sup> <https://flintserenityhouse.org/our-story>

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

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 Flint/SHC community session.

## **Recommendations**

### **Enhance coordination across key systems and sectors**

Recommendations were made to enhance coordination efforts across key systems and sectors including but not limited to public health, emergency medical/hospital, community mental health, substance use disorder (SUD) treatment, prevention, recovery, harm reduction, and courts/corrections.

Discussion was held around the complexity of client needs and the importance of integrated, coordinated response efforts to support individuals most effectively within the community, especially those involved in multiple systems.

### **Enhance transitional support services and increase supports delivered at critical times**

Recommendations were made to enhance transitional support services and expand supports delivered at critical times (e.g., transitions from carceral and/or treatment settings; post-incident/post-overdose).

Participants discussed the need to increase and enhance supports to assist with systems navigation, resource-linkage, service coordination, housing, and transportation—presently, the RCOs and/or peer professionals embedded within other key sectors, are supporting much of this work.

Further recommendations were made to expand transitional support services provided within key systems (e.g., correctional facilities; residential treatment facilities), while also ensuring adequate support and “follow-up” during an individual’s transition out of these systems and into the community.

### **Increase supports for housing and transportation**

Recommendations were made to increase supports for local housing and transportation.

Participants provided recommendations for expansion across the housing continuum, with local needs noted in emergency, transitional, recovery, and long-term housing. Further discussion was held around administrative barriers to accessing housing, including lengthy applications and limited support (e.g., case management) for navigating various housing systems/processes.

Further barriers were noted in (a) limited housing options for families (particularly in emergency, transitional, and recovery housing), and (b) limited access to broader family supports, due to

restrictive eligibility requirements, including legal marital status and/or biological family member status.

Participants also discussed the need for increased transportation options to support access to and/or engagement with health, behavioral health, recovery support services, MOUD services<sup>4</sup>, and/or legal services/requirement of criminal-legal system (probation/parole).

While the public transit system was identified as a support, limitations were noted in the current bus schedule. Participants discussed the importance of RCOs in providing transportation services to support linkages to care, with recommendation for increased/expanded transportation delivered by RCOs and/or peer professionals in other key sectors.

### **Support family-oriented recovery within all care systems**

Recommendations were made to support family-oriented recovery across the care continuum by increasing supports within key sectors (e.g., residential SUD treatment; emergency/transitional/recovery housing) and providing education around the importance of family-connectedness, throughout the recovery process.

Gaps were identified within key sectors (primarily treatment and housing), noting limited supports to address/incorporate the family unit within an individual's healing/recovery process. Further limitations were noted in accessibility of broader family supports, due to restrictive eligibility requirements, including legal marital status and/or biological status. Recommendations were made to modify restrictive policies in favor of more inclusive, strengths-based considerations that may increase service utilization, improve engagement, and support family connectedness within all care systems.

Noting further recommendation for education, coordination, and trauma-informed services within the Children's Protective Services (CPS) system to support family preservation/reunification during an individual's recovery process. Recommendation was made for expanding the peer navigator workforce (individuals with lived experience of substance use, SUD, and/or co-occurring mental health conditions and prior involvement with the CPS system), within the CPS system and/or affiliated sectors.

### **Expand youth prevention and education services; increase secondary and tertiary prevention supports for youth and transitional-aged youth**

Recommendations were made to expand youth prevention services, education, and early intervention services within K-12 education systems as well as community-based settings. Further discussion was held around the need for education and early intervention related to substance use, substance use disorders, and co-occurring mental health conditions, with additional recommendations for increasing secondary and tertiary prevention measures (e.g., treatment options; harm reduction supports) for youth and transitional-aged youth, delivered by multiple providers, in various community settings.

---

<sup>4</sup> "MOUD": Medications for opioid use disorder; <https://www.samhsa.gov/medications-substance-use-disorders>

## **Increase support for co-occurring disorders (COD) and expand recovery support 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.

## **Additional Considerations**

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

- Increase supports for harm reduction/health promotion services, especially those directed to wound care and smoking supplies.
- Improve response measures for justice-impacted individuals, including expanding access to medications for opioid use disorders (MOUD) within the local jail system and improving transitional support for community re-entry. Change current county/correctional policies to support health and safety, including eliminating jail releases at midnight, where access to necessary supports (transportation, housing, medical, and recovery services), may be significantly limited.
- Increase community outreach and education efforts around health promotion, substance use, SUD, mental health conditions, trauma, and local resources.
- Increase anti-stigma efforts and increase education within all key sectors; elevate voices with lived experience and utilize individuals in recovery in helping develop and provide education.