BRIDGING THE GAP SUB-COMMITTEE

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MEMBERS
Judge T. Morgan, Monica Hunt, Sarah Palmani, Garry Clift, Bronna Kahle, Terry Collins, Sheriff Troy Bevier, Kevon Martis, Tim Kelly

MEETING LOCATION
Commission Chambers
301 N. Main St,
Adrian, MI 49221

Minutes: Tuesday, September 16, 2025

I. Call to Order

Present: *Kevon Martis, Terry Collins*

Also Present: *Sheriff Troy Bevier, , Community Development Coordinator Francine Zysk, Community Impact/Advocate Bronna Kahle, Medical Examiner Office Manager Sarah Palmani, Health Officer Monica Hunt, Citizen Garry Clift, Mental Health Rep. Tim Kelly, Community Engagement Quinn Wilt, Admin. Coordinator Carissa Zubke, County Administrator Kim Murphy, Deputy County Administrator Shannon Elliott*

Absent: Judge Todd Morgan

II. Approval of Minutes

A. Approval of Minutes: August 20, 2025

Motion by Collins, seconded by Bevier to approve the minutes of August 20, 2025. Motion carried.

III. Old Business

No discussion.

IV. New Business

A. S.T.O.P Program- *Lenawee Juvenile Court and Lenawee Community Mental Health*

Deonne Bowers from the Lenawee Juvenile Court and Niki Feller from Lenawee Community Mental Health presented their proposal for the S.T.O.P Program (Strength to Overcome Problems).

Over the last 5 years, Lenawee Juvenile court has received 1,000 petitions and 850 were authorized by the court. Bowens stated that from assessments they found that 1 in 5 youth had co-occurring mental health and substance use. Juvenile Court and Community Mental Health have worked together to address the growing public health concern regarding co-

occurring disorders.
Bowens provided key facts about youth with co-occurring disorders:

- *60–75% of the youth in the juvenile justice system meet the criteria for a mental health disorder.*
- *40–50% also have a substance-use disorder.*
- *Co-occurring disorders have a higher rate of truancy, suspensions, dropouts.*
- *Increase to being in the juvenile justice system*
- *At a greater risk of self-harm and health issues*
- *Difficulty maintaining family and peer connections*

Additionally, Bowens shared information from national statistics. In 2025, 19.5% of adolescents experienced a major depressive episode (MDE) in the past year.

Bowens stated that locally, co-occurrance is very common but under-treated. Lenawee Community Mental Health has received 523 referrals and 355 assessments since 2021. Bowens shared that the changes to the Michigan Juvenile Justice Reform Law require mental health screenings for all juveniles involved in the court system.

Nikki Feller provided an overview of some barriers to treatment for juveniles with co-occurring disorders. Funding for the STOP program proposal would assist families with out-of-pocket expenses for care.
The STOP programs target population include:

- *Youth ages 12–17*
- *Court-involved or school/parent referrals*
- *Co-occurring substance use and mental health issues.*

Through the STOP program, they are hoping to further unite the Juvenile Court and Community Mental Health to break the school-to-prison pipeline. Using a collective impact model to address youth substance use and mental health issues is critical to reduce juvenile delinquency. By putting their resources together and working towards a shared goal, they hope to reduce substance use, recidivism, decrease high-school drop-out, and risky behaviors among young people.

Best practices show that by treating SUD and mental health disorders together, there is an increased success rate. Families of the juveniles would also be included to improve the outcome and stability.
The STOP program would utilize trauma-informed approaches by trained professionals who utilize trauma treatment practices. Additionally, the STOP program would be dedicated to the following:

- *Identify at-risk youth early*

- *Academic re-engagement*
- *Family/community connections*
- *Integrated mental health and SUD assessments*
- *Trauma-informed intervention—at no cost*
- *Engages families, schools, community*
- *Tracks data/outcomes*

The proposed budget would support Personnel, Program materials, Evaluation & Contingency, and Facility Rental.

Discussion opened. It was asked what transportation would include? Bowens reported it could include gas cards, passes for bus transportation, or to cover in-home therapy. Bowens stated this program has not been implemented elsewhere.

Discussion was held about what facility rentals would be for and Bowens stated that due to budget cuts, after-hours services, and hosting in a neutral space would require a fee, they may need to pay for space rentals.
It was discussed that Tranquil Parenting coursework is currently used in the courts and will continue. At the schools, the program would build upon what they are already doing in the schools.

Discussion regarding future grant applications was held; Bowens stated that as administrators they would find a way to ensure grant applications are submitted for sustainability. Bowens and Feller also participate in state-level meetings regarding mental health and the Juvenile Justice system.

B. Evidence Base Care for OUD - *Bicycle Health*

Elizabeth Chehregosha, the Director of Growth Operations for Bicycle Health, presented the proposal to deploy universal access to community-based tratement of SUD in Lenawee County.
Bicycle Health is a national group founded in 2017 as a way to connect those with opioid use disorders with providers over the phone or computer.
Services are offered in 27 states, 15K patients are served every month, and they have 46 peer recovery coaches. Commercial insurance and Medicaid are accepted.

Chehregosha reviewed the treatment gap in Lenawee County. 85% of individuals in need of addiction treatment are not currently engaged in care. The average opioid prescribing rate is 81.7 per 100 residents in Lenawee. Lenawee County is also designated as a federal Health Professional Shortage Area for mental health care, further limiting access to behavioral health services.
In 2023, 17,558 Michigan residents were admitted for opioid use disorder.
Vulnerable Groups to face Opioid Use Disorder (OUD) include Youth, justice-involved individuals, uninsured and rural residents.

Bicycle Health is a telemedicine-enabled model to assist those with treatment barriers such as transportation, stigma, and provider shortages. The model includes providing OUD treatment regardless of insurance, transportation, and any adult 18+ in need.
Chehregosha stated they have plans for a 16+ treatment model, as well.
Services offered include Medication-Assisted Treatment, overdose prevention, at-home urine and saliva drug testing, and treating co-occuring treatment disorders.
Behavioral Support and Peer Support groups will be provided for all patients with an opioid use disorder.

The proposed campaign in Lenawee could include working with Hickman Hospital, Lenawee County Jail, and Gus Harrison correctional facility. Brochures would be distributed at the hospital and correctional facilities. They hope to implement jail re-renty teams, and provide referrals for outpatient care.
The 5 core areas of OUD Care include: Remediation, Requirements, Program Fit/Complementarity, Staff, and Implementation.

Funding for this proposal would support individuals in need without insurance coverage, 24/7 on-call care, peer recovery coaches, care management, and care collaboration. Bicycle Health would hire 1 part-time Care Manager and 1 full-time Care Navigator.
Bicycle Health is not intended to take over care, but to collaborate and develop 2-way referral relationships.
The request is for $810,800 over a four-year period.

A question was asked if Bicycle Health is currently working at any Michigan jail; currently they have not done so in Michigan.
The referral process was discussed; Chehregosha shared that referrals are made through outreach efforts, marketing, commercials, and various social media platforms.
Currently, the services rendered are billed to their insurance or are self-paid.

Bicycle Health has started outreach in Michigan and is hoping that with additional funding, they could implement outreach in Lenawee. It was asked what the current no-show rate is and Chehregosha stated their rate is less than 10%.

Discussion opened up on how the process could be implemented at the Jail. They are currently working with the Federal Bureau of Prisons to provide care, and they also offer transitional care at residential re-entry facilities.
They offer 300 peer support groups, peer recovery specialists and recovery coaches available all on the app. Bicycle health has the ability to write a prescription for MAT care.

Services are currently offered all across the United States with peer coaches nationally. Three peer coaches currently reside in Michigan and all services are done through the app or computer.

Discussion continued about their contract with the Bureau of Prisons. Chehregosha shared that it excludes any mental health counseling but does include peer support services. Bicycle

Health offers MAT prescriptions for individuals being released from prison who then receive the ancillary services.

C. Harm Reduction for Prepare-Plan-Implement - *Impact Marketing & Communications, Inc.*

Sarah Cook-Raymend, President & CEO of Impact Marketing & Communications, reviewed the proposal for Media & Marketing in Lenawee County.
Impact Marketing currently works with a wide variety of systems and organizations, including government experience with the US Department of Health & Human Services, the CDC, the Department of Labor and, further, worked with the New York State Department of Health that entailed numerous healthcare campaigns.
Specifically related to the Opioid pandemic, Impact Marketing & Communications contracted with Erie County and implemented a "Detect to Protect" Campaign which addressed the opioid pandemic.

Cook-Raymond highlighted the impact of Public Health Campaigns. These campaigns can be successful by increasing public knowledge, changing attitudes, influencing health behaviors, normalize seeking harm behavior, and recovery services to reduce the stigma. Targeted messaging campaigns are key to having the material be seen by the right people, at the right time. Increasing visibility can lead to community outreach and collaboration, especially when you include non-traditional campaign placement.
In addition to audio campaigns, the importance of visual information was shared.

A public health campaign in Lenawee would be geared towards individuals in the county at risk for drug overdose as well as their families, friends, and community leaders. The objective is to increase awareness, promote harm reduction, reduce stigma, drive action, and sustain this through community ambassadors.
The anticipated outcome would be reducing overdose rates, increase access to resources, and enhance community engagement.

It is proposed to have the campaign run for 1 year and evaluate the outcomes after.
Cook-Raymond highlighted the various mixture of media that would be utilized, like search engine ads, social media ads, broadcasting and streaming radio, broadcast and connected TV, and location-based display ads. Ads also include posters, brochures, window clings and even coasters, to be distributed at some of the non-traditional locations. Materials could be printed for community members and faith-based leaders, as talking points.
Pixels on websites distribute ads based on your location.
Success would be measured by the number of website visits, social media impressions, increase in harm reduction supply orders, and reduction in opioid-related overdose and deaths.

Cook-Raymond discussed what the formative research period would include, to tailor the campaign to Lenawee County needs.

Examples were provided from the 2-year campaign done in the Erie County "Detect to

Protect" Campaign. Coasters, posters, and window clings were distributed at bars, restaurants, barbershops, gas stations, corner stores, and pharmacies. In the first year, they had over 9.4 million social media impressions, and more than 133,000 visits to the campaign website to order fentanyl test strips and narcan.
Additionally, there was a 14% decrease in opioid deaths in one year in Erie County.
Impact also implemented a social media campaign in Pennsylvania that resulted in 1.3 million impressions.

Discussion opened up regarding what the QR code directed visitors to? Cook-Raymond stated it would direct them to a website with information the County requests. All visits to the website are trackable.
It was shared that during the research period, they would work with the County to determine when it would go live and new programs/information that may also be funded by the opioid settlement, may be added.

D. Case Management for Every Step - *Share the Warmth*

Shannon Desloover from Share the Warmth presented their proposal for: Case Management for Every Stage of Recovery.
Share the Warmth of Lenawee offers year-round emergency shelter with 62 beds. Anyone over 18 years is welcome. They provided intensive case management and have been present in Lenawee for 20 years.

In 2024, they served 94 people who self-reported having drug addiction; some were referred from a SUD treatment facility or from jail/prison. Desloover stated that our region (including other counties) was 3rd in the state to have the highest homeless population. We are not only responding to homelessness but to substance use.
Share the Warmth offers a variety of services, more than housing advocacy but medical & mental health care, legal assistance, harm reduction and narcan training, and peer support and community resources.

With the Opioid grant funding, Share the Warmth plans to expand their outreach efforts and meet people where they are, to offer available services.
The timeline includes 4 phases:

- *Planning & Infrastructure*
- *Program Launch & Outreach*
- *Ongoing case management & expansion*
- *Evaluation & Sustainability*

The goal is to see a reduction in recidivism rates, an increase in housing stability, and strengthen community partnerships.

Funding for this proposal would assist with the following:

- *Direct client services such as legal, clinic, peer support, and outreach services.*

- *Case management and staffing*
- *Program Operations and Infrastructure like technology, transportation, enhancing shelter space*
- *Community Engagement & Sustainability by hosting additional training and evaluation for future funding,*

Success measures would include client surveys, community feedback, data, and reporting. Desloover discussed that the findings would be shared with community members, as well.

Discussion opened up regarding the services currently available. Desloover discussed that many of the services are already being done. However, with this grant, they plan to expand peer support services and market their services in the community further.
Currently, Share the Warmth does not have in-house SUD treatment classes but instead provides the space for other organizations to come in and offer services.

Discussion was held regarding the training requirements for peer support individuals. DeSloover shared that peer support leaders are different from licensed professionals and generally require them to have some "lived-experience", having lived with some of the same barriers.
It was discussed that the staffing/salary portion of the proposal is for the 13 current staff members to be trained in harm reduction and trauma-informed care. Desloover discussed that, over the years, the number of volunteers for services has dramatically decreased.
The proposed program would be focused on those individuals already at the shelter and for additional outreach services. Last year alone, they served 376 individuals.
It was discussed what the average length of stay is, being about 52 days, and they are at about 82% capacity currently.

V. Public Comment

No comment.

VI. Adjournment

Motion by Bevier, to adjourn at 3:55pm, seconded by Clift. Motion carried.