OPIOID ADVISORY COMMISSION (OAC)

Brighton, Michigan—Recovery Advocates in Livingston (RAIL) and Livingston County Human Services Collaborative (LCHSC) Substance Use Disorder Prevention, Treatment, and Recovery Workgroup

Session Date: February 22, 2024

Summary

Two (2) community listening sessions were held in Brighton, Michigan on February 22, 2024. Both sessions were open to the public and promoted as "listening sessions on the use of state opioid settlement funds"; local community providers and individuals and families with lived experience were encouraged to attend.[1]

Sessions were held in collaboration with Recovery Advocates in Livingston (RAIL), a local Recovery Community Organization (RCO),[2] and the Livingston County Human Services Collaborative (LCHSC) Substance Use Disorder Prevention, Treatment, and Recovery Workgroup; both sessions were offered at the 242 Community Center, located within the 48114 ZIP code; Livingston County.[3]

Each community listening session was approximately 120 minutes in length and held at 9:00 am and 12:00 pm, respectively.

Approximately 35 individuals attended the provider-specific (9:00 am) listening session, with primary representation from recovery, prevention, behavioral health, faith-based, and housing sectors.

Approximately 18 individuals attended the community (12:00 pm) session, noting that most participants shared personal and/or familial lived experience with substance use, substance use disorder(s), mental health conditions, and/or involvement in the criminal-legal system; representation from local government, state government, and the recovery sector, was also noted.

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:

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[1] https://council.legislature.mi.gov/Content/Files/OAC/OAC_Brighton_2.22.2024.pdf

[2] https://www.recoveringallies.org/

[3] "48114" ZIP Code Tabulation Area (ZCTA) ranked in the 10.5th 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

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?*

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 Brighton/RAIL/LCHSC listening sessions.

Recommendations

Prioritize community-based recovery supports
Recommendations were made to prioritize community-based recovery supports and expand recovery ecosystems, including but not limited to funding for community-based organizations offering recovery support (e.g., local Alano club), recovery community organizations (RCOs), recovery housing providers, and workforce development of peer professionals within recovery, health and behavioral health sectors.

Noting discussion around key supports offered within the local recovery ecosystem, including outreach and engagement, community support groups, education, case management, social and recreational events, supportive housing, skill-building classes, transportation, and service coordination. Discussion was held around the necessity of local recovery organizations in supporting principles of safety, inclusion, social connectedness, community, and recovery maintenance, with an emphasis on funding as the primary need within the recovery sector.

Expand housing and transportation supports
Recommendations were made to expand emergency, transitional, recovery, and long-term housing options, with emphasis on the need for local housing that addresses both adults (men, specifically) and families.

Additional recommendations were made for ancillary supports, including transportation, as a community need. Noting limited transportation as a barrier in service utilization and further resource-linkage. Discussion was held around increasing transportation supports to include options delivered by recovery organizations and peer professionals, as well as improving access to existing public transportation options.

Increase supports for polysubstance use and co-occurring disorders (COD)
Recommendations were made to increase supports to address polysubstance use and co-occurring disorders (COD). Discussion was held around the importance of integrated care to address specialized needs, including active use of multiple substances and co-occurring SUD and mental health disorders. Despite provider coordination being identified as a community strength, limitations were noted around the need for additional integrated care options and specialized supports to address COD, across multiple systems.

Expand youth prevention, education, and youth enrichment programming
Recommendations were made to expand youth prevention services, including education, and early intervention supports within K-12 education systems as well as in community-based settings.

Recommendations were made to establish/expand youth enrichment/development programming as a primary prevention strategy, with discussion around the importance of "after school" activities, social connectedness, and community functions centered around youth engagement..

Increase supports for justice-impacted individuals
Recommendations were made to increase supports for justice-impacted individuals in (a) carceral settings and (b) during critical transitions out of carceral settings, including recovery maintenance supports, delivered in the community.

Recommendations were made to increase transitional support for individuals re-entering the community from carceral settings, including wraparound services, access to medication for opioid use disorder (MOUD), supportive housing, adequate transportation to support adherence to medical, behavioral health, and community supervision (probation/parole requirements), specialized behavioral health supports, peer recovery support services, employment supports, and connection to local recovery communities.

Increase access to harm reduction and health promotion supports; provide education to the community
Recommendations were made to increase access to harm reduction and health promotion supports, including overdose reversal products (naloxone). Noting further discussion around stigma as a perceived barrier to utilization, with the need to increase education offered at both the community and provider level, around overdose prevention, substance use disorders, and the importance of harm reduction efforts.

Additional Considerations

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

- Improve immediate access to care and increase support to local engagement centers for service expansion; increase availability of withdrawal management services and residential/inpatient treatment options of SUD/COD.
- Increase SUD/behavioral health supports for seniors and individuals experiencing complex medical needs; provide specialized care, including case management/systems navigation to assist individuals with complex needs.
- Increase long-term supports to address aftercare and recovery maintenance; increase wraparound services for priority populations.
- Increase mental health and COD treatment options for youth; improve immediate access to care for stabilization of severe mental health/COD needs; ensure supportive safe and stable housing options for youth/transitional aged youth experiencing housing instability.
- Increase supports for kinship care, including but not limited to financial support for guardians (e.g., funding to assist with costs of living, childcare, college tuition/scholarship), and clinical/community support services for family members and children of decedents.
- Increase education, training, and integration of trauma-specific supports; improve community awareness of trauma, generational trauma, and impacts on SUD/COD/mental health disorders.