

OPIOID ADVISORY COMMISSION (OAC)

Grief Recovery After a Substance Passing (GRASP)

Mid-Michigan Chapter

Session Date: November 2, 2023

Summary

A 90-minute listening session was held on November 2, 2023, with the regional support group Grief Recovery After a Substance Passing¹ (GRASP—Mid-Michigan Chapter); GRASP “was created to offer understanding, compassion, and support for those who have lost someone they love through addiction and overdose”². The Mid-Michigan chapter offers a monthly in-person support group, of same or similar meeting duration.

The session was held in East Lansing, Michigan, at the group’s standing meeting location; 18 attendees were present.

Attendees were provided with the following discussion considerations in advance of the meeting and were given approximately five (5) minutes each, to share (voluntarily) during the session; session format and facilitation was similarly aligned with the group’s regularly scheduled meetings.

The Opioid Advisory Commission (OAC) is hoping to learn more about the following:

- *The experiences of family members who have had a loved one die from overdose, substance-related death, or suicide.*
- *Any supports that helped them [members] following their loss.*
- *Any supports that they [members] sought, but had difficulty accessing, following their loss.*
- *Any information about the experience of their loved one.*
- *Any information about supports that helped their loved one.*
- *Any information about supports that their loved one had difficulty accessing.*
- *Any thoughts or recommendations for how state opioid settlement funds should be used.*
- *Any thoughts or recommendations for existing services and supports that could be improved or expanded.*
- *Any thoughts or recommendations for supports and services for family members who have lost a loved one to overdose, substance-related death, or suicide.*
- *Any other areas that are not included but should be considered.*

The following themes were identified from the personal and familial accounts of participating attendees. Categories for “Recommendations” and “Experiences” were developed by OAC staff to capture thematic elements shared during the session.

¹ <https://grasphelp.org/m/>

² <https://grasphelp.org/about-us/>

Recommendations

Improve early identification and intervention

Recommendations were made for increasing supports within the K-12 system, for education, training, and resource allocation, to improve early identification and response measures for mental health conditions, learning disabilities, substance use disorders, co-occurring disorders, and trauma, among youth.

Improve education, youth prevention, and anti-stigma efforts

Recommendations were made to improve education and outreach efforts for youth within the K-12 system, including earlier delivery of educational and prevention programming, expansion of prevention services beyond primary prevention initiatives, and intentional efforts to reduce stigma associated with substance use disorders and mental health conditions.

Specific strategies for education/prevention were discussed by participants, including but not limited to:

- Education on the harms associated with substance contamination (e.g., presence of fentanyl in various substances).
- Education on fentanyl and associated risks, including mortality.
- Education on mental health conditions, substance use, substance use disorders, and trauma.
- Education on resources available for youth and families interested in support for mental health conditions, learning disabilities, substance use, substance use disorders, and trauma.

Increase supports for co-occurring disorders and complex needs

Recommendations were made for increasing services and supports that address co-occurring substance use and mental health disorders and complex needs, including but not limited to housing instability, medical and/or physical health needs, involvement in the criminal-legal system, and trauma/complex trauma.

Specific strategies that may support co-occurring and complex needs were discussed by participants, including but not limited to:

- Integrated care and co-location of mental health professionals within key systems/sectors.
- Increased education, training, and support for mental health needs and co-occurring disorders—particularly within key systems/sectors that may encounter or provide services to impacted individuals.
- Enhanced coordination across key systems/sectors including emergency services, medical settings, behavioral health, court/carceral settings, and recovery networks.
- Increased education, training, and services to support trauma-informed care.
- Representation and inclusion of individuals with lived experience in key systems/sectors; increased integration of peer recovery coaches and peer support professionals.
- Inclusion of systems navigators or coordinators; professionals to assist individuals in navigating multiple systems and making linkages to care.

- Expansion of specialized, wraparound teams that may provide a variety of supportive and/or clinical services.

Increase whole-person care and supports for basic needs

Recommendations were made to increase supports that address the whole person and provide for an individual's basic needs.

Specific strategies that may support whole person care and address basic needs, were discussed by participants, including but not limited to:

- Access to housing; increasing emergency, transitional, recovery, and/or supportive housing options.
- Access to transportation; increasing availability of and access to transportation that supports linkage to necessary services.
- Access to essentials; increasing support and low barrier paths for individuals to obtain essential items (food, clothing, etc.) at any point in their recovery process.
- Representation and inclusion of individuals with lived experience in key systems/sectors; increased integration of peer recovery coaches and peer support professionals.
- Inclusion of systems navigators or coordinators; professionals to assist individuals in navigating multiple systems and making linkages to care.

Increase supports for justice-impacted individuals

Recommendations were made for increased and enhanced supports, specific to justice-impacted persons.

Specific strategies that may improve response efforts for justice-impacted individuals were discussed by participants, including but not limited to:

- Expanding embedded clinical and/or peer staff within law enforcement teams and/or first-responder agencies.
- Increasing diversion pathways for individuals with substance use disorders, mental health conditions, and/or co-occurring needs.
- Increasing transitional supports for individuals transitioning into the community from carceral settings (county jail or state/federal correctional facilities).
- Increasing supports for substance use disorders, mental health conditions, and transitional services, in carceral settings.
- Expanding specialized community support services for individuals with current justice-involvement.
- Representation and inclusion of individuals with lived experience (including experience with the criminal-legal system); increased integration of peer recovery coaches and peer support professionals.
- Inclusion of systems navigators or coordinators; professionals to assist individuals in navigating multiple systems and making linkages to care.

Expand supports delivered at critical times and critical intervention points

Recommendations were made for improving/expanding supports for delivery at critical times (e.g., transitions from treatment or carceral settings; post-incident/post-overdose) and at critical intervention points (e.g., embedded staff with law enforcement and/or first-responder teams; emergency departments; crisis residential and/or engagement centers; emergency housing providers; recovery organizations).

Improve immediate access to care and extended stays

Recommendations were made for improving immediate access to necessary health, behavioral health, and/or housing services including but not limited to withdrawal management programs, residential/inpatient SUD/COD treatment facilities, psychiatric inpatient facilities, engagement centers, crisis residential centers, community mental health providers, Medication for Opioid Use Disorder (MOUD)/Medication Assisted Treatment (MAT) providers, and emergency housing providers.

Recommendations were also made to extend program duration for detoxification services, and long-term residential/inpatient SUD/COD programming, including accessible options that extend beyond 6+ months.

Ensure supports for (and representation of) impacted families

Recommendations were made for increasing supports for impacted families including but not limited to (1) financial support for family members of decedents (e.g., funding to cover or offset burial/memorial costs), (2) financial support for children of decedents and/or funding to support kinship care (e.g., funding to assist with costs of living, childcare, college tuition/scholarship), and (3) general supports for impacted families (e.g., clinical/community support services for family members impacted by the loss of a loved one to overdose, substance-related death, and/or suicide).

Recommendations were also made to support meaningful inclusion and representation of impacted families in advisory and/or community planning spaces. Specifically, intentional representation of individuals who have experienced the loss of a family member due to overdose, substance-related death, and/or suicide.

Experiences

Familial lived experience

All attending individuals shared lived experience in the loss of a family member(s) due to overdose, substance-related death, suicide, and/or associated causes.

Noting additional experiences shared regarding family member(s) in current/active use, and those experiencing substance use disorders (SUD), and/or co-occurring mental health disorders (COD).

Stigma

The theme of “stigma” was identified based on prevalent report. Participants reported experiences of stigma, including but not limited to negative interactions, inequitable response measures, and/or unfair or false beliefs expressed to family members (and decedents), by first responders/law enforcement, behavioral health professionals, medical professionals, and/or educational professionals, regarding substance use, substance use disorder, mental health disorders, co-occurring disorders, involvement with the criminal-legal system, and/or overdose.

Co-occurring needs

The theme of “co-occurring needs” was identified based on prevalent report of a family member (decedent) experiencing a mental health condition(s) and co-occurring substance use disorder(s) and/or participant reference to the need for mental health services/supports.

Complex needs

The theme of “complex needs” was identified based on prevalent report of a family member (decedent) experiencing housing instability, multi-systems involvement, medical/physical conditions, co-occurring disorders and/or participant reference to the need for associated services/supports.

Early intervention

The theme of “early intervention” was identified based on prevalent report of a family member (decedent) experiencing a mental health condition(s) and/or additional learning needs, in early/middle childhood or adolescence, and/or participant reference to services/supports/training needed/lacking within the K-12 system.

Access to care

The theme of “access to care” was identified based on prevalent report of a family member (decedent) experiencing significant barriers (often repeated) to accessing necessary health, behavioral health, and/or housing services.

Justice-involvement

The theme of “justice-involvement” was identified based on prevalent report of a family member (decedent) experiencing involvement with the criminal-legal system, including but not limited to prior arrest and/or court involvement, experience in carceral/correctional settings, and/or experience on community supervision (probation/parole).

Additional Considerations

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

- Policy recommendations: Drug Decriminalization
- Policy and Program Development: Safe Use Sites/Supervised Consumption Services
- Utilization of Housing First models
- Improved service coordination (across key systems)
- Step-down models and structured/phased approaches to transitioning individuals out of care or carceral settings.
- Assisted Outpatient Treatment (AOT)³ and/or court-determined therapeutic mandates.
- Emphasis on wraparound, case management, and/or peer support as critical services
- Expansion/development of SUD/COD residential treatment facilities.
- Increasing/enhancing research efforts around substance use, substance use disorders, mental health conditions, and co-occurring needs.

³ [https://behaviorhealthjustice.wayne.edu/aot#:~:text=Assisted%20outpatient%20treatment%20\(AOT\)%20is,at%20risk%20for%20negative%20outcomes](https://behaviorhealthjustice.wayne.edu/aot#:~:text=Assisted%20outpatient%20treatment%20(AOT)%20is,at%20risk%20for%20negative%20outcomes).