

## OPIOID ADVISORY COMMISSION (OAC)

# Lansing, Michigan—Lifeboat Addiction Recovery Services (Lifeboat)

Session Date: November 20, 2023

## Summary

A listening session was held in Lansing, Michigan on November 20, 2023. 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 Lifeboat Addiction Recovery Services (Lifeboat), a Recovery Community Organization (RCO)<sup>2</sup> and “... a Mid-Michigan, registered non-profit organization, certified in providing support services, to the addiction recovery community” with the following mission: “To provide community and peer support to all who seek recovery from substance use disorder and their loved ones. To end the stigma surrounding addiction and create a more recovery-positive culture”.<sup>3</sup>

The listening session was 90-minutes in duration and held at a time that aligned with the existing “community drop-in” schedule at Lifeboat; 13 total attendees were present.

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?*

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<sup>1</sup> <https://council.legislature.mi.gov/Content/Files/OAC/Lifeboat%20Final%20Flyer.pdf>

<sup>2</sup> [https://facesandvoicesofrecovery.org/wp-content/uploads/2023/03/070623\\_National-Standards-for-RCOs.pdf](https://facesandvoicesofrecovery.org/wp-content/uploads/2023/03/070623_National-Standards-for-RCOs.pdf)

<sup>3</sup> <https://lifeboataddictionrecovery.org/services>

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 Lifeboat community session.

## **Recommendations**

### **Increase supports for individuals with multi-systems involvement**

Recommendations were made to increase supports for individuals involved in multiple systems (e.g., public SUD, criminal-legal, community mental health, emergency housing). Specific recommendations were made to support workforce development of system navigators, envisioned as professionals with unique knowledge of multiple, public systems, who could provide comprehensive support through systems navigation, resource-linkage, and general service coordination.

Participants identified significant gaps around information accessibility, low barrier access points, and limited service coordination. The lack of easily accessible information around critical processes, potential resources, eligibility requirements, and ancillary services, was identified as a significant barrier to service access and utilization. Participants also described how barriers for one system/service are exacerbated by the lack of coordinated efforts across multiple systems/services—presenting a significant challenge for any individuals seeking services—especially those most vulnerable, who present with the greatest need, the least resources, and the highest degree of systems involvement.

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

Recommendations were made to increase funding for housing, transportation and employment supports.

Participants discussed the necessity of expanding housing supports to address emergent, transitional, recovery, and long-term (housing) needs. Consideration was made for the development of supportive/recovery housing options and/or communities, that could provide safe and quality housing, in strategic (geographic) locations with limited access to drugs and alcohol.

Participants also discussed the enduring need for transportation, especially for accessing and maintaining engagement with health, behavioral health, recovery support services, MOUD services<sup>4</sup>, maintaining adherence with legal requirements, and maintaining employment.

Recommendations were also made to expand/enhance employment services, especially those provided during critical transition periods and those built into existing supportive housing or court programming.

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

### **Increase supports delivered at critical times and critical intervention points**

Recommendations were made to increase supports delivered at critical times (e.g., transitions from carceral or treatment settings; post-incident/post-overdose) and at critical intervention points (e.g., Recovery Community Organizations, carceral settings, crisis residential and/or engagement centers; emergency housing).

Participants discussed the need for increased (and adequate) supports to assist with systems navigation, resource-linkage, care/service coordination, housing, transportation, and employment—all deemed necessary for successful transition back into the community.

Significant gaps were identified in the lack of transitional support around:

- Discharge from inpatient/residential SUD treatment facilities and,
- Community re-entry from correctional facilities (carceral settings).

Further recommendations were made to expand transitional support services provided within key systems (e.g., jails, prisons, and residential treatment facilities), while also ensuring adequate support and “follow-up” during an individual’s transition period.

### **Ensure representation, culturally responsive supports, and consumer choice**

Recommendations were made to ensure that key sectors and systems are inclusive and representative of BIPOC communities,<sup>5</sup> including professional training and direct representation of BIPOC professionals within provider agencies. Considerations were discussed for developing culturally responsive services and ensuring that consumers/recipients have a choice in who is providing their care. Participants identified the ways in which feeling comfortable with a support worker/service provider (e.g., clinician, peer recovery coach, physician) may play a crucial role in initial trust-building and service-engagement/utilization.

### **Ensure provider accountability; develop a state oversight board for public SUD service providers**

Recommendations were made to increase accountability for and oversight of, public SUD service providers, to ensure the delivery of quality care and consumer protection. Participants discussed the need for a state-level oversight board to develop/enhance standards and practices related to SUD services, monitor providers for adherence to set standards, and manage consumer complaints. Participants discussed how a state-level oversight board may also serve as a centralized point for receiving and investigating concerns about SUD service-providers; noting uncertainty around current state-level resources to address consumer concerns.

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<sup>5</sup> “BIPOC”: Black, Indigenous, People of Color

## **Expand assertive outreach and engagement**

Recommendations were made to increase support for direct engagement and assertive outreach<sup>6</sup> as a means to reducing barriers to care.

Participants emphasized the importance of engagement, especially with individuals considered hard-to-reach due to multiple, complex needs, and environmental barriers (e.g., housing instability, active substance use, co-occurring mental health disorders, and involvement with the criminal-legal system).

Participants described current processes for accessing care that often presented additional burden on the individual. Services with lengthy requirements and determination processes with multiple, complicated steps, were discussed as a significant barrier to linking individuals with supportive services.

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<sup>6</sup> “Assertive outreach” is intended to include community outreach activities, delivered strategically, at specific times, locations, or settings, where the chance for contact/engagement with a target population is greatest, while environmental barrier(s) for contact/engagement, are lowest. Assertive outreach activities involve targeted efforts for engagement with the most “hard-to-reach” populations, for the purpose of providing education, resource linkages, and/or service-delivery.

## Additional Considerations

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

- Increase education, advocacy, and funding to support development of supervised consumption services/safe use sites.<sup>7</sup>
- Expand existing supports for life skills/support services, including but not limited to budgeting/financial management.
- Reduce compartmentalization (“siloeing”) of support services and key systems; develop regional/local access points to assist individuals in navigating services and systems.
- Increase SUD and mental health services offered in carceral settings; ensure that services are in place for continuation of necessary medications in carceral settings, including psychiatric medications and MOUD.

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<sup>7</sup> <https://harmreduction.org/issues/supervised-consumption-services/>