

OPIOID ADVISORY COMMISSION (OAC)

Tuscola County Overdose Fatality Review (OFR) Team

Session Date: November 2, 2023

Summary

A 90-minute listening session was held on November 2, 2023, with the Tuscola County Overdose Fatality Review team; "Overdose Fatality Review (OFR) teams are multidisciplinary and include individuals who can share information about a decedent or contribute to the analysis of available data to make recommendations that will prevent future overdose deaths."¹

The session was held at the group's standing meeting time and offered virtually, to align with the team's existing meeting platform; 8 attendees were present.

Attendees were provided a brief overview of the Opioid Advisory Commission (OAC), the Community Voices initiative, and the format for the virtual session. Session structure was flexible, allowing for roundtable discussion, with voluntary participation, as desired. Clarifying questions from the OAC facilitator 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?*

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 session.

¹ <https://michiganofr.org/>

Recommendations

Expand treatment options and improve immediate access to care

Recommendations were made for expanding treatment options for substance use disorders (SUD), mental health conditions, and co-occurring disorders (COD), specifically inpatient/residential services. Regional limitations were noted in the lack of (1) withdrawal management programs, (2) SUD inpatient/residential treatment facilities, and (3) limited bed availability for both emergency and psychiatric inpatient services, within the Thumb Region.²

The absence of a local (regional) residential treatment facility, requires individuals seeking supports for withdrawal management and/or inpatient/residential SUD programming, to utilize services outside of the Thumb Region; this presents additional barriers for service access and increases the need for ancillary resources (transportation) to support admission. Noting additional needs identified in limited adolescent inpatient psychiatric services (“bed availability”) and adolescent SUD treatment options.

Expand supports delivered at critical times and critical intervention points

Recommendations were made for improving/expanding supports 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 community organizations).

Participants identified opportunities for strategic outreach/engagement, as a means to improving resource-linkages and optimizing service-delivery. Current (local) efforts, including strategic placement of peer recovery coaches, were discussed, with recommendation to expand existing services, especially those utilizing peer professionals in key sectors, at critical times and critical intervention points.

Increase housing and transportation supports

Recommendations were made to increase funding for transportation and housing supports; both were identified as enduring needs within the Thumb region.

Transportation

While public transportation options were referenced, significant limitations were noted in regional accessibility; noting that the Thumb is a predominantly rural community³. Further needs were noted in limited transportation options to support immediate linkage to necessary services.

Alternative transportation options presently available include utilization of peer professionals via Recovery Community Organizations (RCOs); transportation services offered in this capacity were

² “Thumb Region” is intended to describe the communities of Tuscola, Huron, and Sanilac counties.

³ https://www.ers.usda.gov/webdocs/DataFiles/53180/25577_ML.pdf?v=0

identified as vital to the community and regularly utilized. However additional recommendations were made for (1) service expansion, and (2) increasing options for transportation at critical times, including admission to/discharge from crisis programming (SUD and/or mental health), discharge from carceral settings (community re-entry), discharge from the emergency medical/psychiatric settings (hospital discharge), withdrawal management and/or inpatient/residential SUD programming, and emergency housing admission/discharge.

Noting additional needs identified for transport to non-emergent (routine), necessary community-based services including but not limited to mental health and/or SUD treatment (including medication for treatment of opioid use disorder; MOUD services), primary and/or specialty medical care, court and/or required programming of the criminal-legal system, recovery programming, social services and/or organizations utilized to obtain necessary resources (food, clothing, etc.).

Housing

The need for housing was similarly emphasized, noting limited supportive housing options available in the Thumb region. Participants identified the need for general service development and expansion to address community needs, including but not limited to emergency housing, transitional housing, recovery housing (“sober living”), specialized supportive housing (e.g., justice-impacted individuals; families) and/or permanent supportive housing.

Increase supports for co-occurring disorders and complex needs

Recommendations were made to increase services and supports for co-occurring substance use and mental health disorders, and complex needs, including but not limited to medical, housing, transportation, education, employment, financial, familial/interpersonal, and legal.

Improve whole-person care and increase supports for basic needs

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

Strategies were identified to support whole-person care and resources to address basic needs, including but not limited to:

- Increasing funding for and 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
- Maintaining alignment and cross-sector collaboration to improve needs identification and response measures.
- Strategic placement of systems navigators/coordinators; professionals to assist individuals in navigating multiple systems and making linkages to care.
- Inclusion and utilization of peer professionals (individuals with lived experience) in all settings; ensuring representation of individuals with lived experience in key sectors.

Expand supports for justice-involved individuals

Recommendations were made to expand and enhance supports for justice-impacted persons. Community strengths were identified in existing diversion initiatives (specialty court programming). Gaps were identified in medication-linkage and transitional services, however participants identified local efforts underway to improve medication and resource-linkage within local carceral settings.

Strategies were identified to support justice-impacted individuals, including but not limited to:

- Increasing access to necessary medications in local carceral settings (county jail), including but not limited to medications for treatment of opioid use disorder (MOUD) and other substance use disorders (SUD); medications for treatment of mental health disorders.
- Increasing transitional supports for individuals re-entering the community from local carceral (county jail) settings; supports to be offered both in carceral settings and in the community, post-release.
- Increasing general 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.
- Maintaining strategic, cross-sector partnerships to support collaborative interventions for populations with complex needs.

Additional Considerations

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

- Increasing provider education and training around trauma (“trauma-informed care”).
- Increasing funding for supports and services to address trauma and complex trauma, in multiple systems.
- Ensuring mental health and substance use disorder parity, in Michigan⁴; developing a comprehensive plan to support mental health and substance use disorder parity, including supports for integration/transition at the local level.
- Expanding coverage for fentanyl testing at local hospitals and treatment via LC/MS, GC/MS, or other valid, confirmatory processes; ensuring Medicaid reimbursement/coverage for fentanyl testing.
- **Experience:** Secondary trauma and professional “burnout” in key sectors.
Recommendation: Development of a provider support network, facilitated at the regional and/or state level to support the following aims:
 - Development of a professional community, with inclusion of local/regional providers (and staff).
 - General support to address secondary trauma and/or professional burnout of direct service providers.
 - Provider learning network, to exchange ideas/strategies/experiences with other providers/professionals.
 - Planning and development: community planning for program planning and development.

⁴ <https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity>