

Prepaid Inpatient Health Plan (PIHP) Regions 5, 10, and 6— Michigan Department of Corrections (MDOC) Virtual Listening Sessions on the Use of State Opioid Settlement Funds

Session Dates:

January 26, 2024

February 23, 2024

Summary

Two (2) non-public listening sessions were held on January 26, 2024, and February 23, 2024.

Both sessions were held in collaboration with the Michigan Department of Corrections (MDOC)¹ and included peer recovery coaches from MDOC's Recovery Advocacy and Program Supports (RAPS) program.

The listening sessions were approximately 90 minutes in length and held at times that aligned with existing team programming (MDOC). The sessions were held virtually and included peer professionals from Prepaid Inpatient Health Plan (PIHP) Regions 5, 10, and 6. In total, approximately 14 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 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?*

¹ <https://www.michigan.gov/corrections>

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 MDOC/Regional listening sessions.

Recommendations

- **Increase housing supports**, especially emergency housing, recovery housing and/or sober living. Explore scholarships and direct funds to support transitional and long-term housing options, especially those accessible to justice-impacted individuals
- **Value the unique expertise of peer professionals and support fair and just compensation; expand peer recovery services in all key sectors**, with consideration for ongoing support of the recovery sector.
- **Remove administrative barriers and expand pathways for certification and workforce development of peers professionals who have experiential knowledge (lived experience) of the criminal-legal system**; support professional pathways for justice-impacted peer professionals.
- **Provide ongoing opportunities for professional development and advancement of peer professionals**. Direct funds to support training, certification, and development opportunities for peer professionals in all key sections.
- **Increase transportation options and ensure transportation supports** for justice-impacted individuals. Ensure that individuals involved in the criminal-legal system have sufficient resources for transportation.
- **Expand peer-delivered transportation for justice-impacted individuals**; direct funds to increase capacity for transportation provided by peer recovery coaches/peer professionals in all key sectors.
- **Improve and expand support for mental health and co-occurring disorders** by improving education of mental health and co-occurring needs, expanding integrated care and increasing services that address the whole person.
- **Establish and expand wraparound services for justice-involved individuals**; utilize collaborative support models with inclusion of multi-disciplinary teams; ensure support for case management, transportation, employment, recovery, housing, and health/behavioral health. Provide long-term supports for recovery maintenance.
- **Expand engagement centers; utilize peer professionals for planning, program development, and service-delivery of engagement centers**; incorporate multi-disciplinary teams/affiliates.
- **Improve immediate access to care and expand afterhours supports** through 24/7 drop-in centers, engagement centers, on-call peer services, and 24/7 availability for screenings (e.g., screening for SUD service authorization through ACCESS departments; Medicaid beneficiaries and uninsured individuals).
- **Improve and expand anti-stigma efforts** to reduce stigma around involvement in the criminal-legal system, substance use, substance use disorders (SUD), mental health conditions, and co-occurring disorders.

- **Utilize non-stigmatizing language** when referring to justice-impacted individuals; promote strengths-based language as a means to reducing stigma.
- **Ensure education on and delivery of trauma-informed care** in all key recovery, legal, health, and behavioral health sectors. Ensure that both local and state correctional facilities receive ongoing training on trauma-informed care.
- **Improve provider understanding of justice-involvement**, including stigma and barriers encountered in housing, transportation, employment, court, and behavioral health treatment sectors.
- **Ensure culturally responsive care for justice-impacted individuals**, including provider understanding of trauma, multi-systems involvement, complex needs, substance use disorder (SUD), mental health conditions, co-occurring needs..
- **Expand mental health, SUD, and recovery supports in local and state correctional facilities.**
- **Explore options for pet care** for individuals entering inpatient SUD/mental health programming.

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