

Monroe, Michigan—Recovery Advocacy Warriors (RAW)

Session Date: February 20, 2024

Summary

Three (3) community listening sessions were held in Monroe, Michigan on February 20, 2024. Two of three sessions were open to the public and promoted as “listening sessions on the use of state opioid settlement funds”; justice-impacted individuals and individuals and families with lived experience were encouraged to attend.¹

Sessions were held in collaboration with Recovery Advocacy Warriors (RAW), a local Recovery Community Organization (RCO)² with the following mission and vision: “...to reduce stigma and enhance the recovery community in Monroe County by raising awareness through three core activities: education, recovery support services, and policy and advocacy activities... we [RAW] envision a community that encompasses and honors all pathways of recovery and promotes the quality of recovery. It is our vision that anyone in need, can access the full spectrum of recovery-related services.”³

All listening sessions were offered at RAW’s main office, located within the 48161 ZIP code; Monroe County.⁴

Each public listening session was approximately 120 minutes in length and held at 11:00 am and 1:00 pm, respectively. One non-public listening session was held at 10:00 am with RAW’s Board of Directors, including primary representation from individuals with direct and/or familial lived experience.⁵

Of the public listening sessions, approximately 13 individuals attended the justice-impacted session (11:00 am), with primary representation from recovery, behavioral health, criminal-legal, and employment support sectors; noting that most participants shared personal and/or familial lived experience with substance use, substance use disorder(s), and/or mental health conditions. Approximately 6 individuals attended the community session (1:00 pm), with primary representation from local government, medical, and recovery sectors.

All 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

¹ https://council.legislature.mi.gov/Content/Files/OAC/OAC_Monroe_2.20.2024.pdf

² <https://rawmonroe.org/>

³ <https://rawmonroe.org/>

⁴ “48161” ZIP Code Tabulation Area (ZCTA) ranked in the 60th 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>

⁵ <https://rawmonroe.org/about>

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?*

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 Monroe/RAW listening sessions.

Recommendations

Elevate voices with lived experience and promote inclusive planning processes; increase representation of individuals with lived experience at all levels and within all key sectors

Recommendations were made for intentional planning processes that (a) include individuals with lived experience, (b) value and incorporate experiential knowledge (e.g., experiential knowledge related to substance use, substance use disorders, mental health conditions, and/or involvement with the criminal-legal system), and (c) elevate voices with lived experience through direct representation.

Noting further discussion around the importance of representation at local, regional, and state levels, and across key sectors, including but not limited to prevention, treatment, recovery, harm reduction, criminal-legal, behavioral health, medical, and housing.

Recommendations were made around the importance of intentional outreach to and inclusion of recovery communities/organizations and peer professionals, as an actionable strategy to support representation and inclusion.

Prioritize community-based recovery supports; increase workforce development of peer professionals

Recommendations were made to prioritize community-based recovery supports through (a) increased funding; and (b) inclusion of recovery leaders in substance use disorder (SUD), co-occurring disorder (COD), and overdose response efforts. Noting further discussion around expansion of recovery ecosystems through targeted funding and policy, including but not limited to expansion of the peer

professional workforce (at all levels), and establishment of multiple pathways to support certification and professional development/advancement of individuals with lived experience.

Discussion held around key activities provided by recovery organizations and peer professionals embedded within various service sectors, including but not limited to the following:

- Engagement and peer support
- Linkage to necessary resources (basic needs, housing, transportation, recovery, treatment, etc.)
- Peer/client advocacy
- Transportation
- Facilitation of recovery support groups
- Systems navigation
- Skill-building; life-skills support
- Service coordination; coordination of care
- Case management
- Crisis response/intervention
- Employment support
- Education support
- Social support and community connectedness
- Interpersonal support; empowerment
- Health and wellness activities

Expand aftercare supports and enhance transitional supports at critical times

Recommendations were made to expand and extend aftercare supports for individuals transitioning back into the community from carceral (local jail; state/federal correctional facilities) and/or therapeutic settings (inpatient SUD/mental health treatment; hospital/medical care). Participants identified opportunities for outreach within different systems (at critical times), to improve service engagement/retention and increase linkages to necessary care and resources; recommendation was made to expand supports deemed valuable within the community, including integration of peer professionals for aftercare support and recovery maintenance.

Community strengths were noted in current supports/services offered within the local jail setting, engagement center, probation/parole offices, and RCO, with recommendation to expand the presence peer professionals and increase service capacity within these settings.

Increase housing and transportation supports for justice-impacted persons

Recommendation was made to increase housing options and transportation, with prioritization of housing and transportation supports for justice-impacted persons.

While community strengths were noted in the presence of emergency and recovery housing options, limitations were noted in the availability of safe, supportive, and accessible housing options (emergency, transitional, and/or recovery housing), for justice-impacted individuals.

Discussion was held around consideration for allowances of medication for opioid use disorder (MOUD), including methadone, and increasing available housing options for women.

Recommendations were also made to increase transportation options to support adherence to recovery, treatment, and/or court-ordered (probation/parole) appointments, with noted limitations around public transit.

Increase anti-stigma efforts and expand education around recovery

Recommendations were made to support anti-stigma efforts around substance use, substance use disorders, mental health conditions, and involvement in the criminal-legal system. Recommendations were made to increase anti-stigma efforts including community outreach and education within key systems/sectors on recovery. Noting emphasis on education efforts/learning opportunities to be developed in collaboration with and delivered by individuals with lived experience.

Noting discussion around need for provider education on trauma, co-occurring needs, and cultural considerations for different communities, including justice-impacted individuals.

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 (across all key sectors) to address specialized needs, including active use of multiple substances and co-occurring SUD and mental health disorders. Despite provider coordination 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.

Additional Considerations

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

- Expand harm reduction and health promotion supports; provide education to the community on the benefit of syringe service programs.
- Offer regular professional training and education around recovery and culturally responsive practices.
- Increase access to medications for opioid use disorder (MOUD), provider capacity, and lateral supports that enable service/medication linkage (e.g., transportation).
- Build on existing partnerships and collaborate across systems to enhance integrated care options; ensure inclusion of members from the recovery sector.
- Expand youth prevention and education supports; increase treatment and housing options for youth experiencing housing instability, justice-involvement, and/or behavioral health needs.
- Increase treatment and recovery supports for families.