

Prepaid Inpatient Health Plan Region 5—Virtual Listening Session

Session Date: March 18, 2024

Summary

A virtual listening session was held on March 18, 2024. The session was open to the public and promoted as a “listening session on the use of state opioid settlement funds”; individuals and families with lived experience were encouraged to attend.¹

The session was held in collaboration with Peer 360 Recovery Alliance, a Recovery Community Organization (RCO)² with a regional presence and the following mission and vision: “We [Peer 360] are many hopeful pathways from active substance use disorder to recovery. United to reduce stigma and offer support, education, and advocacy in our communities”; “we [Peer 360] will create communities where recovery from alcohol and other substance use disorder is understood, embraced, and enjoyed; and all who seek it will have access to the support, care, and resources they need to achieve long-term recovery and have a better life”.³

The listening session was approximately 120 minutes in length and held through a virtual meeting platform.

Approximately 9 individuals attended the session with primary representation from the recovery sector. Most participants shared personal and/or familial lived experience with substance use, substance use disorder(s), and/or mental health conditions.

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*

¹ https://council.legislature.mi.gov/Content/Files/OAC/OAC_Region%205_Peery%20360%20Virtual_3.18.2024.pdf

² <https://www.peer360recovery.org/>

³ <https://www.peer360recovery.org/>

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 Region 5/Peer 360 virtual listening session.

Recommendations

Support the recovery ecosystem; increase workforce development of peer professionals and ensure adequate compensation

Recommendations were made to prioritize community-based recovery supports through direction of funds to the recovery ecosystem, including but not limited to Recovery Community Organizations (RCOs) and peer professionals practicing in key sectors. Noting further discussion around workforce development (peer professionals); incentivizing work within the recovery sector and establishing multiple, inclusive pathways for certification and professional development/advancement.

Further recommendations were made to support adequate compensation for peer professionals, including health care coverage and equitable wages that (a) compensate for the scope of work/services provide by peer professionals; (b) compensate for the unique expertise of peer professionals; and (c) support recruitment and retention in the recovery sector.

Discussion was held around key activities provided by peer professionals, especially those working within RCOs. The following items were identified by participants:

- Transportation
- Service/provider coordination
- Client engagement and peer support
- Resource-linkages (basic needs, housing, transportation, recovery, treatment, etc.)
- Peer/client advocacy
- Facilitation of recovery support groups
- Systems navigation
- Community outreach and education
- Assertive community outreach
- Afterhours response
- Social and behavioral modeling
- Skill-building; life-skills support
- Case management
- Crisis response/intervention
- Post-incident/post-overdose response (“Quick Response Teams”)
- Specialized support to justice-impacted individuals in carceral and community settings

- Vocational training
- Employment support
- Education support
- Social support and community connectedness
- Interpersonal support; empowerment
- Health and wellness activities
- Recreational activities
- Coalition-building/maintenance
- Anti-stigma efforts
- Stakeholder/partner engagement
- Project management/project implementation
- Program development
- Strategic planning
- Budget management
- Professional training

Increase transportation supports

Transportation was identified as a persistent community need. Recommendations were made to increase transportation supports, with specific strategies aimed at capacity-building (within recovery organizations) and increasing overall transportation options available at the community level.

Discussion was held around the need for transportation to support linkages to care, including but not limited to withdrawal management programming (“detox”), inpatient substance use disorder (SUD) and/or mental health treatment (“residential”), medical appointments, court/legal appointments, among other maintenance related activities including recovery support groups, social/cultural/recreational activities, and education/employment supports.

Further discussion was held around the unique position of RCOs (and peer professionals) to provide transportation and the strategic benefit of transportation within the recovery sector in (a) linking to necessary services/supports and (b) supporting client/service engagement.

Recommendations were made to increase funding to the recovery sector, specifically RCOs, to increase provider capacity for transportation (additional staff members) and support the purchase of vehicles, as capital investments.

Increase housing supports

Housing needs were identified as persistent, with gaps in emergency, transitional, and recovery housing. Participants discussed the necessity of expanding housing to ensure shelter and safety for all individuals seeking support.

Specific recommendations were made to expand options along the housing continuum (e.g., Housing First) and remove barriers that may otherwise exclude individuals during “active illness”.

Expand transitional supports, delivered at critical times; support peer professionals in delivering these services

Recommendations were made to expand transitional supports, delivered at critical times (e.g., admission/discharge from inpatient SUD/mental health treatment; admission/discharge to hospital/medical care; intake into/release from carceral settings; rapid response post-incident/post-overdose).

Participants identified opportunities for outreach, primarily by peer professionals, within key systems. Noting emphasis around engagement with peer professionals at critical times to improve service engagement/retention and increase linkages to care/general resources.

Direct funds to communities and incentivize cross-sector collaboration

Recommendations were made to direct opioid settlement funds back to the community to support/maintain and expand existing services within key sectors, including but not limited to recovery, prevention, treatment, harm reduction, and housing.

Recommendations were made to improve coordination and collaboration across key sectors with the suggestion to incentivize collaborative and/or integrated care efforts. Cross-sector collaboration was identified as essential to all planning and coordination efforts, and in (a) understanding individual and community-specific needs, and (b) developing impactful response measures.

Additional Considerations

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

- Increase services and supports for youth/transitional aged youth, including but not limited to prevention, education, and behavioral health treatment; expand inpatient SUD/mental health treatment facilities for youth. Expand emergency housing and recovery housing for youth and transitional aged youth.
- Increase employment support, recovery friendly workplaces and vocational training opportunities.
- Provide supports for kinship care; ensure that the children and family members of decedents have clinical supports and broader community resources.
- Explore options for pet care for individuals entering inpatient SUD/mental health programming.
- Increase treatment and recovery supports for families.