Gaps and Opportunities for Substance Use Disorder Recovery

Considerations for spending opioid settlement funds

A REPORT TO THE MICHIGAN OPIOID PARTNERSHIP

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Executive Summary

Background

This research is funded by the following members of the Michigan Opioid Partnership:

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Last year, more than 112,000 people nationwide — including nearly 3,000 in Michigan — died from drug overdoses according to data from the U.S. Centers for Disease Control and Prevention. Since 2000, opioid overdose deaths have grown tenfold in Michigan. Michigan now ranks 22nd among all U.S. states for drug overdose deaths. This epidemic impacts thousands of Michiganders each year, as well as their families, friends, and communities. It's one of the greatest public health crises in our lifetime.

In 2021, national settlements were reached to resolve litigation brought by states and local governments against the three largest pharmaceutical distributors of opioids—McKesson, Cardinal Health, and Amerisource Bergen—as well as the manufacturer of opioids, Janssen Pharmaceuticals (and its parent company, Johnson & Johnson).[i] These 2021 settlements, which are already being distributed to the states, amount to up to $26 billion dollars over 18 years. Other national opioid settlements were finalized in January 2023 with three pharmacy chains—CVS, Walgreens, and Walmart—and manufacturers Allergan and Teva. For the state of Michigan, the total amount from the multiple opioid settlements is anticipated to be just over $1.5 billion dollars over the next 18 years.

Half of these funds will be distributed to local governments and the remainder to the state of Michigan. While the influx of funding is essential to help local governments and the state of Michigan address the opioid epidemic, it is imperative to leverage this funding in ways that reflect community needs, informed by the evidence-base and lived experience, and with an understanding of the gaps of the current system in Michigan for addressing opioid use disorder

Over the course of year-long discussions with community-based recovery organizations, members of the Michigan Opioid Partnership (MOP), a public-private collaborative including representatives from Michigan state government and key philanthropic organizations, learned about the needs and challenges these organizations face in treating and supporting recovery for individuals and families. The Michigan Opioid Partnership contracted with the Center for Health and Research Transformation (CHRT) at the University of Michigan to research gaps and identify opportunities to address those gaps with relation to opioid settlement funding and to develop potential recommendations for local governments and the state to consider.

This report is based on qualitative interviews and open-ended survey responses from community recovery organizations and people with lived experience with substance use disorder recovery. While there are limitations, such as a lack of sufficient responses to allow analysis at the county level, the results provide important insights into opioid recovery system gaps and challenges and ways to address them.

Major themes from respondents centered around:

- The lack of sufficient or consistent funding for recovery support services, peer support workers, recovery housing, and recovery community organizations.
- The importance of harm reduction strategies, such as syringe service programs, as a tool to prevent

overdoses and deaths and to keep people safe.

- The prevalence of stigma and a misunderstanding of recovery fundamentals and harm reduction strategies that may be preventing important evidence-based practices from being implemented at local levels.
- The importance of substance use disorder intersectionality as an approach to understanding and addressing high-risk populations including those recently released from the criminal justice system, those with co-occurring mental health diagnoses, and those with poly-substance use.
- Critical challenges related to recruiting and retaining workers, credentialing, and licensing as well as challenges coordinating across key stakeholders, like Michigan's pre-paid inpatient health plans (PIHP).

In Fiscal year 2024, the Michigan Department of Health and Human Services (MDHHS) anticipates spending over $15 million on substance use recovery and harm reduction services and supports. Findings from this report support this investment and can be used to inform future investments.

There is a real need for local and state-level funding for recovery support services, collaboration, and ongoing listening, learning, and sharing of best practices across the state to reduce the harms of opioid use disorder and to improve access to recovery and harm reduction services for people who want and need them.

Recommendations for the state of Michigan

To address the challenges identified in this research, the following overarching approaches could be leveraged by the state:

- Convene thoughtful and deliberate planning processes to solicit additional feedback from communities impacted by the opioid crisis, people with lived experience, and especially, those working in recovery and harm reduction. Being willing to think outside of the box and develop innovative approaches for the use of opioid settlement funding could be an important opportunity for Michigan to become a national leader in addressing the opioid epidemic.
- Continue to build collaboration, cooperation, and coordination across all state agencies and branches of state government involved in managing opioid settlements funding, addressing the opioid crisis, and providing treatment, recovery, and harm reduction services and supports.
- Develop a substance use disorder workforce strategic plan to address workforce shortages and barriers to recruiting and retaining substance use disorder staff, especially peer coaches and support specialists, therapists, and counselors. In addition to examining reimbursement policy, this plan could address ways to improve compensation overall, address burnout, and review rules governing training and certification requirements. This is especially urgent as staffing shortages are sure to be exacerbated by growing demand for services as state and local efforts ramp up to address opioid use disorder in communities.

Recommendations for local governments and counties

Local governments and counties are in a unique position to leverage opioid settlement funds to improve the health of their communities and reduce opioid overdoses and deaths. Some overarching things they could consider might be:

- Engage in a deliberate and thorough planning process to understand the unique needs of the community through data review and community input.

- Develop a strategic approach grounded in a review of data and community input from those providing recovery support services and individuals and families with lived experience. Local opioid settlement funds can be used to fill local needs, like those identified in this report, and create community-informed solutions.
- Find consensus around local needs and address gaps boldly; don't be afraid to think outside of the box. Use available resources to learn about best practices across the state and country through the state of Michigan's opioid resources webpage, or the Michigan Association of Counties Opioid Settlements Resource Center.
- Tackle the stigma and misunderstanding of opioid use disorder, addiction, and recovery. Stigma is a barrier to a truly holistic and humane approach for people and families struggling with opioid addiction and navigating the recovery journey.

Introduction

Last year, more than 112,000 people nationwide — including nearly 3,000 in Michigan — died from drug overdoses according to data from the U.S. Centers for Disease Control and Prevention. Since 2000, opioid overdose deaths have grown tenfold in Michigan. Michigan now ranks 22nd among all U.S. states for drug overdose deaths. This epidemic impacts thousands of Michiganders each year, as well as their families, friends, and communities. It's one of the greatest public health crises in our lifetime.

In 2021, national settlements were reached to resolve litigation brought by states and local governments against the three largest pharmaceutical distributors of opioids—McKesson, Cardinal Health, and Amerisource Bergen—as well as the manufacturer of opioids, Janssen Pharmaceuticals (and its parent company, Johnson & Johnson).[ii] These 2021 settlements, which are already being distributed to the states, amount to up to $26 billion dollars over 18 years. Other national opioid settlements were finalized in January 2023 with three pharmacy chains—CVS, Walgreens, and Walmart—and manufacturers Allergan and Teva. For the state of Michigan, the total amount from the multiple opioid settlements is anticipated to be just over $1.5 billion dollars over the next 18 years.

Half of these funds will be distributed to local governments and the remainder to the state of Michigan. While the influx of funding is essential to help local governments and the state of Michigan address the opioid epidemic, it is imperative to leverage this funding in ways that reflect community needs, informed by the evidence-base and lived experience, and with an understanding of the gaps of the current system in Michigan for addressing opioid use disorder.

After a series of meetings with community organizations that treat and support individuals and families in recovery, members of the Michigan Opioid Partnership (MOP), a public-private collaborative including representatives from Michigan state government and key philanthropic organizations, learned about the needs and challenges these organizations face in treating and supporting recovery for individuals and families. The Michigan Opioid Partnership contracted with the Center for Health and Research Transformation (CHRT) at the University of Michigan to research gaps and identify opportunities to address those gaps with relation to opioid settlement funding and to develop potential recommendations for local governments and the state to consider.

The goals of the research were to:

- Highlight key recommendations from community-based recovery service and support providers for investing opioid settlement funds across the state of Michigan.
- Share current barriers and challenges for opioid use disorder recovery and the individuals and organizations that support recovery.
- Identify existing resources in Michigan for a) supporting people in recovery, b) providing harm reduction services, and c) developing services and supports for individuals and families on the recovery journey.
- Provide information and recommendations for local governments, the state of Michigan, and concerned stakeholders to consider as they make decisions about how to utilize opioid settlement funds.

It is hoped that this document can be a useful resource that counties, local governments, the state of Michigan and other concerned stakeholders might use as a starting point to explore options for their communities and decide how best to leverage the settlement funds. It is not exhaustive of all possible options for a community and should be used in conjunction with other resources, tools, and recommendations.

Methodology

The research team used mixed methods to accomplish study goals. This included:

- A review of opioid use disorder resources, services, and supports across Michigan.
- A review of the priorities for spending opioid settlement dollars, as identified by the Michigan Department of Health and Human Services prioritization survey.
- Interviews with community recovery organizations and providers to identify un- and under-funded areas of opioid use disorder recovery, barriers, and suggestions for the use of settlement funds.
- A survey of peer-based recovery organizations, including people with lived experience, that included a series of open-ended questions that asked about gaps in the current system.

In the early stages of the project, CHRT also met with representatives from the Michigan Association of Counties, the Michigan Health and Hospital Association, Michigan Medicine, the Michigan Municipal League, Michigan State University, the Michigan Townships Association, and Wayne State University. During these meetings, CHRT presented in-progress work, solicited feedback on research methods, discussed available data, and learned about related work to avoid duplication of effort. The feedback from these organizations was essential to refining the research and developing the current report.

To inform qualitative interviews and subsequent analysis with community recovery organizations and providers, CHRT utilized the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) working definition of recovery that emphasizes a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." [iii] As part of this definition, SAMHSA emphasizes four dimensions of recovery:

- **Health.** Getting and staying healthy from opioid use disorder through access to appropriate treatment such as medications to treat opioid use disorder, outpatient, or inpatient treatment.
- **Home.** Having a safe and stable place to live.
- **Purpose.** Participating in meaningful daily activities such as work, school, or family gatherings.
- **Community.** Being connected with supportive organizations and individuals.

Recovery support services and recovery-oriented systems of care, represent a paradigm shift in thinking about and treating addiction and opioid use disorder by conceptualizing it as a chronic disease rather than an acute episode, treating recovery as a continuum or journey.[iv]

Recovery support services can include:

- peer recovery coaching,
- peer-run programming,
- recovery community centers,
- employment and educational assistance,
- social and family support services,
- childcare,
- care management, and
- housing support.

In recovery-oriented systems of care there is an emphasis on whole-person care and wraparound services. Evidence suggests that peer services and supports play an important role in recovery through the provision of these collateral services and improve outcomes in a variety of ways including engaging people into treatment, supporting them throughout the recovery journey, and achieving overall treatment outcomes.[v] Yet many of the core activities that define a recovery-oriented system of care remain unfunded or under-funded.

To better understand this system of care and the gaps that exist in the current system in Michigan, CHRT conducted group interviews and surveyed recovery support services organizations and community clinical providers to understand their needs, the gaps they experience, and opportunities to address the gaps using opioid settlement funding. We used the following methods:

- Redistribution of the MDHHS opioid settlement prioritization survey to a purposive sample of 29 recovery support service organizations and community clinical providers. Contacts were asked to forward the survey to their networks. We received 123 responses in total, including 42 with open-ended responses.
- Focused interviews and discussions with recovery and recovery support service organizations including representatives from Sacred Heart Rehabilitation Center, Great Lakes Recovery Centers, Self-Help Addiction Rehabilitation, Inc., Northern Michigan Opioid Response Consortium, and the Michigan Center for Rural Health.

The focused interviews and discussions included the following topics:

- Strategies, populations, services, or activities that might be supported with opioid settlement funding.
- Essential areas of substance use recovery that are unfunded or under-funded.
- Challenges to provision of recovery support services.
- Recommendations for how the state and localities might use settlement funds to increase recovery support services in Michigan.

Responses were analyzed and coded using thematic analysis with MAXQDA software. The first coding was developed using the major categories that MDDHS used to organize the survey: treatment and recovery, prevention, harm reduction, along with any other major themes that emerged. A second review produced more detailed sub-codes that allowed a more nuanced analysis.

Final themes highlighted in this report were developed by coder consensus after themes and sub-themes were consistently identified across responses—a technique known as thematic saturation—which provided a validity check for the findings. Where possible, illustrative quotes were identified to support the analysis.

Findings

Results from the MDHHS Opioid Settlement Survey

Over 1,000 respondents across Michigan completed the MDHHS survey of priorities for opioid settlement funding dollars. Of these respondents:

- 97 percent identified with an organization or agency that was associated with opioid use disorder prevention, treatment, recovery, or harm reduction;
- One-third reported personal experience with opioid use disorder (either themselves or a loved one); and
- 17 percent reported themselves as being in recovery.

Although there were some noted limitations in the final sample—namely, insufficient survey responses to conduct analysis at the local or county level—the survey produced statistically significant results both for the state of Michigan overall and at the regional Prepaid Inpatient Health Plan level.[1]

CHRT analyzed the survey responses and produced a report, Results from the MDHHS Opioid Settlement Prioritization Survey 2021-22. Highlights from the report include:

- The largest group of survey respondents (36 percent) prioritized recovery support services, including peer support and wrap-around services.
- Residential treatment programming was the most chosen support service with 24 percent of respondents including it as the top priority for treatment and recovery support services.
- Individuals with co-occurring mental health diagnoses and other substance use disorders were the most frequently selected priority population for treatment and recovery support services, selected by 41 percent of respondents.

Because recovery support services were identified as a top priority by respondents to the MDHHS opioid settlement prioritization survey and were also highlighted as a top priority for the Michigan Opioid Partnership, CHRT conducted an in-depth study of the gaps identified by survey and interview respondents to provide context and guidance to local governments as they consider how to utilize the settlement funding.

The gaps and opportunities presented below were developed from the survey and interview analyses. They are provided as suggested actions and are not meant to be exhaustive or prescriptive. Underlying all suggested actions is an assumption that communities will develop their own plans for the use of opioid settlement funds, through local processes that examine local data, engage people with lived experience, and solicit feedback from the community.

It is important to note that while the focus of this research was on the gaps and needs, respondents acknowledged progress that has been made to improve the system of care for opioid use disorder by the state of Michigan, Medicaid, other payers, and within their own local communities. They also acknowledged in their comments that in many instances, there is funding for recovery supports services and harm reduction efforts. However, when it comes to this funding, the overarching theme among their comments was that what is currently and has historically been made available is not sufficient to cover all costs, not sustainable, and not always consistent.

[1] Prepaid Inpatient Health Plans are regional organizations that manage the Medicaid mental health, developmental disability, and substance abuse services in their geographic area under contract with the State of Michigan.

Opportunities for counties and local governments

Recovery housing

Recovery housing is specifically designed to address the recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer supports. The standard is based upon the Social Model of Recovery Philosophy (Social Model). The model recognizes four levels of recovery housing that offer different service intensities:

> "We know that the social determinants of health play such a critical role in someone's success, but the amount of navigation and care coordination it takes to link all those different facets, especially family-based care and services, those aren't billable components on the navigational work that's done."

- **Level 4 residences** are state-licensed treatment providers who blend the "Medical Model" and" Social Model" to create a more supportive environment for the person in recovery.
- **Level 3 residences** offer a paid staff supportive environment with life skills training and peer-based recovery supports.
- **Level 2 residences** have unpaid staff who monitor resident participation in individual and community recovery activities.
- **Level 1 residences** are democratically run homes where the residents self-govern by a set of "house rules" and share monthly expenses.

> "...we see a lot of inconsistent funding approaches and models that provide…either inadequate funding or no funding at all. One of those inadequate funding streams is recovery housing."

While certification is not required to start or operate a recovery residence, certification through the Michigan Association of Recovery Residences (MARR) is required to be eligible for state grant funding.

Gaps: While our survey and interview respondents acknowledged that the state of Michigan does fund recovery housing, they discussed recovery housing challenges due to insufficient funding and reimbursement. Current residential housing program grant funding does not support Level 1 recovery housing, so not all types of housing are eligible. Furthermore, the grants do not include the on-going or total costs of operating a recovery house, such as funding for necessary capital improvements. Challenges are compounded by insufficient reimbursement for certified peer support specialists, certified peer recovery coaches, and case managers.

Additionally, community stigma, a 'not in my backyard' mentality, and zoning are barriers to establishing and expanding recovery housing within communities. There is a particular need for recovery housing for people who use medications to treat opioid use disorder. While the Michigan Department of Health and Human Services has indicated an intention to expand recovery housing and funding for recovery community organizations, this additional funding may do little to address the concern raised by respondents, and without addressing stigma and community resistance, efforts at expansion may be hindered.

> "[We] don't have a lot of flexible money for the social determinants of health issues… that make a difference in somebody's life…when somebody might need a car or somebody might need an apartment or some safety net of some type…And, uh, it's just a problem."

Opportunities: Respondents suggested that one way local and county governments might explore using opioid settlements funding is to support capital and infrastructure improvement more directly. As part of a local needs

assessment, they might also review zoning regulations, engage their communities in discussions about opioid use disorder and recovery, and hold listening sessions to engage the community over its concerns. Efforts could also be made to provide support for local media and community campaigns to reduce the stigma of opioid use disorder and recovery.

> "We currently receive $27 a day...This is less than 25% of the funds needed to run a small recovery house."

Comprehensive recovery supports for individuals and their families

Gaps: Providing comprehensive services to support the whole person is widely recognized as an essential component of successful recovery. For example, research has shown that among those who left treatment and recovery programs, over half cited a social service need (e.g., transportation, childcare, job training, housing) for leaving their program.[vi] Comprehensive recovery support services include transportation, educational assistance and training, employment assistance, family care and support, and childcare. According to our survey and interview respondents, these costs are not routinely covered by existing funding mechanisms or reimbursements. While the state of Michigan is attempting to address this—in part by making grant funding available to local communities—it does not address the potential issue of long-term sustainable funding for these services.

Opportunities: Respondents suggested that local governments and counties might consider funding needed components of comprehensive recovery support services for individuals and families, such as transportation or other needs. These needs should be identified through a local planning process and focus on critical gaps in the area's comprehensive recovery support services system for individuals and their families.

Certified peer support specialists and peer recovery coaches

Peer support workers have been demonstrated to improve outcomes for persons with substance use disorder, including increased abstinence, reduced incidences of relapse, improved relationships with treatment providers, and overall satisfaction with treatment. At the same time, peer support workers also improve access to social and other support services and reduce interaction with the criminal justice system.[vii] Respondents specifically identified two types of peer workers, Peer Recovery Coaches and Peer Support Specialists, who are important parts of their workforce.

Peer support specialists[viii] are individuals with first-hand lived experience with a mental health condition that has caused life disruption. Persons in recovery share mutual experiences with the peer support specialist.

Peer recovery coaches[ix] are individuals in recovery from substance use, co-occurring disorders, and/or non-substance addictive disorders. Peer recovery coaches help to remove barriers, assist with harm reduction, help with resources in the recovery community, and provide role modeling and support. Building upon the strong foundation of a recovery-oriented philosophy and evidence-based practices (EBPs), peer recovery coaches may offer Screening, Brief Intervention, & Referral to Treatment (SBIRT) to a full continuum of substance use disorder treatment and recovery supports. Some of the settings that peer recovery coaches may work include residential treatment facilities, Medication Assisted Treatment (MAT) programs, Recovery Community Organizations (RCO), hospital emergency rooms, Opioid Health Homes (OHH), housing programs, outpatient treatment and prevention, drug courts, and other justice involved settings.

Gaps: There is inconsistent funding in Michigan for individuals with lived experience and in long-term recovery to become certified and employed as a peer recovery coach or support specialist. A significant challenge is the upfront cost of attaining certification in Michigan—both for the employer and for the prospective peer support specialist or coach. Another issue is the need for sufficient reimbursement mechanisms or funding to ensure that certified peer support specialists and peer recovery coaches are paid livable wages and benefits to improve retention. While respondents highlighted that grant funding through the state of Michigan was available, and many of them relied on it, it was often restrictive and not viewed as a sustainable source of funding to enable maintaining a peer support workforce. These challenges leave the long-term sustainability of employing peer recovery workers in question, despite the evidence that they are an important component of successful recovery.

> "Prevent future harms by addressing structural and systemic inequities for people who use drugs. Specifically remove punitive practices and policies to address substance use as a health issue and update policies and standardize related utilization of medications for opioid use disorder and substance use disorder treatment based on the most up-to-date scientific evidence that complies with Americans with Disabilities Act guidelines and human rights."

Opportunities: To increase the number of certified peer support specialists and certified peer recovery coaches, local governments could help offset the upfront costs of getting peer workers certified. They could also identify local needs and gaps in funding to support peer workers. To assist with recruitment and retention, local governments or counties could seek to work and partner with community organizations to explore ways that opioid settlement funds could be used to increase pay and benefits or provide other recruitment/retention benefits.

Recovery community organizations

> "Most RCOs operate from a tiny budget, and the funding period is only eight months through the PIHP. Unacceptable and not sustainable."

A recovery community organization (RCO) is "an independent, non-profit organization led and governed by representatives of local communities of recovery that provides non-clinical services and, in resource-scarce communities, offers clinical services to meet the community's needs better. Services are available to all community members and are not restricted to individuals enrolled in a specific educational, treatment, or residential program."[x]

Recovery community organizations (RCO) provide varying levels of support to individuals they serve. Key standards include non-profit status, grassroots, and peer-led with more than 50 percent of the board of directors or advisory board self-identifying as people recovering from substance use disorders. RCOs must respect all pathways within recovery and provide peer substance use disorder recovery support services.

Gaps: As respondents highlighted, recovery community organizations, services, and supports are consistently underfunded yet hold much promise for improving outcomes for those in recovery. By providing wraparound and basic needs–specific areas highlighted above as gaps, recovery community organizations can offer a more comprehensive range of peer-based services that are not traditionally provided in clinical settings. Improving funding is key, but so is improving our understanding of the total costs incurred by recovery community organizations and recovery housing

> "Some best practices: elevating those with lived experience, community driven groups, embedding those with lived experience in different settings like recovery coaches and treatment courts, and a lot of this is done in a volunteer capacity, which is not sustainable, so how can we build infrastructure and support for people to be in these roles?"

programs. While the state of Michigan does provide grant funding to support recovery community organizations, respondents again noted that grant funding is often not sufficient to cover all costs and is not a long-term sustainability strategy. Also of note, because eligibility for state grants is contingent on certification or conditional certification, a barrier could exist to expansion of these organizations throughout the state.

> "The most effective way to address stigma is to let people share their stories of lived experiences across the spectrum: law enforcement, health care, treatment, recovery, medical providers. We need to humanize the experience and offer hope to show people thriving in new environments and new ways of life."

Opportunities: Opioid settlement dollars might be used to support local organizations seeking to increase their capacity to become recovery community organizations. There may be specific needs for support or bolstering of organizations to meet certification requirements and for paying annual fees to the national accreditation body, the Alliance of Recovery Community Organizations. To further support efforts to start, support, and expand recovery community organizations, local governments or counties could consider creating local commissions where all stakeholders are represented and can create a recovery ecosystem and local collaborative to address opioid use disorder.

Harm reduction

> "Stigma is a huge barrier to success—if people don't even talk about SUD, it will be difficult for the community to embrace investments to improve the crisis."

Results from the Michigan Department of Health and Human Services (MDHHS) opioid settlement prioritization survey show that 11 percent of the respondents believe that harm reduction services such as syringe service programs, fentanyl test strips, and naloxone/Narcan training and distribution should be among the top overall priorities for opioid settlement funding.

Harm reduction is an evidence-based approach that saves lives for those individuals who are not yet ready to begin treatment and recovery by meeting them where they are and providing services and tools to prevent overdose and death. Harm reduction also addresses infectious public health diseases such as HIV and Hepatitis C spread. Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; to improve physical, mental, and social wellbeing; and to offer low barrier options for accessing health care services, including substance use and mental health disorder treatment. The U.S. Department of Health and Human Services' Overdose Prevention Strategy recognizes harm reduction as a key pillar.

In 2022, the Michigan legislature expanded access to naloxone and MDDHS has established a Naloxone ordering portal to facilitate greater access and distribution for individuals and community groups. Training and distribution are funded by the State of Michigan with programs for individuals and organizations.

> "Support Recovery Community Organizations directly from MDHHS, not the PIHPs. Otherwise, …nothing actually changes."

Gaps: During discussions with community organizations, it was highlighted that more syringe service programs are needed in Michigan**.** Currently, many counties don't have a program. Another issue is that local ordinances regarding the legality of non-medical syringe possession do not recognize the public health exemption, placing public health workers, harm reduction advocates and individuals utilizing syringe service programs at risk of arrest and prosecution. Stigma is the most significant challenge to establishing or increasing the number and types of harm reduction services.

Opportunities: One of the clearest actions for local governments and counties would be to review local ordinances to ensure that they are supportive of syringe service programs and other harm reduction programming. Local governments can also provide support to organizations that want to begin local syringe service programs. To do so,

they may need to work with local public health and other organizations to develop an engagement process to learn about and address community concerns about harm reduction programs, particularly syringe service programs and fentanyl test strip distribution, and to increase community awareness of state support of syringe services and naloxone distribution access and training.

Stigma

Gaps: Respondents mentioned stigma as a barrier/roadblock to recognizing the nature of substance use disorders as a medical disease and recovery as a continuum rather than a 'cure.' Respondents advocated for education about substance use disorders and sharing stories of people with lived experiences to put faces to treatment and recovery. They also advocated for promoting more open dialogue within communities. Respondents see stigma as prevalent, particularly in understanding the recovery continuum and the science of addiction.

> "For people who are being incarcerated, [there are] other options than incarceration, such as 3/4 housing and recovery court. Our community has a small recovery court that could expand to help more people and open the doors to more than SUD only; our mental health court is growing and could use more options for housing and programs for individuals to be successful."

Opportunities: To battle stigma, local governments and counties can work with local agencies and organizations to create more educational opportunities and to foster dialogue between residents, law enforcement officers, health care providers, and others. Opioid settlement dollars could also be used to support widespread community stigma reduction campaigns and approaches in collaboration with local public health, criminal justice, law enforcement, and public schools.

Recovery for criminal justice involved persons

According to the Council of State Governments Justice Center, at least 17 percent of people in local jails have a serious mental illness, substance use disorder, or both. These health issues, combined with being incarcerated, represent an example of intersectionality,[2] which adds to the complexity of treatment.

The criminal justice involved population is a special focus by the Michigan Department of Health and Human Services' (MDHHS) opioid strategic plan. Recently, the Department has begun implementing plans to expand access to medications to treat opioid use disorder in jails through a program to recruit county jails to participate in individualized technical assistance and training.

Gaps: Respondents noted that local jails and the Michigan Department of Corrections can increase efforts at providing medication treatment for opioid use disorder (MOUD) as well as recovery supports for those formerly incarcerated persons as they transition back into their communities. While expansion of programs to support use of medication treatment for opioid use disorders access is increasing, respondents noted that continued stigmatization can be a barrier to more standardized and wider-spread access. Several respondents described inconsistency in local jails with providing medication for opioid use disorder and recovery support services. Respondents also indicated that appropriate recovery support services are needed for formerly incarcerated people as well as their caregivers and families to increase the likelihood of continued recovery post-incarceration.

Opportunities: Where a community identifies incarcerated persons as a priority population and opioid use disorder treatment and recovery for them as a concern, local governments and counties can explore the best ways to increase

[2] Intersectionality is a framework for understanding how a person's various social, economic, and geographic identities combine to create different experiences and outcomes related to discrimination, privilege, and access to necessary resources.

access to medications to treat opioid use disorders (MOUD) and recovery support services to reduce the likelihood of overdose or death. Such efforts can also examine the best ways to facilitate continued recovery post release by helping the incarcerated and their social supports transition outside of the jail setting. There are numerous resources from the state of Michigan that can fund and support such services. Additionally, local governments and counties could tie in any efforts at expanding recovery housing for formerly incarcerated persons within communities. Like many of the other gaps and opportunities in this report, there may also be a need to tie efforts to stigma-reduction activities. Finally, Michigan courts often have pretrial diversion programs that offer an opportunity to avoid a permanent criminal conviction. These are upstream interventions that aim to address substance use disorder, co-occurring behavioral health needs and other social and material needs, to prevent an individual from becoming incarcerated. Local governments and counties could explore how best to increase use of and access to these programs for individuals where appropriate and better connect to more appropriate care and support settings.

Improve collaboration and coordination

Gaps: As funding decisions are being made, respondents were concerned about the level of collaboration between stakeholders. They expressed a wish to be invited to the table as part of assessing needs and engaging in decision-making about spending within their communities.

Respondents also expressed concern about decision-making around how settlement funds are utilized and their impact. Respondents frequently mentioned not wanting to repeat the mistakes of the Tobacco Settlement Master Services Agreement. A clear plan that identifies and measures benchmarks and progress will build trust, allowing communities and the state to plan, implement, study, learn, and reshape programs until they achieve their objectives.

> "The multitude of localities receiving funds could result in multiple efforts with little or no coordination with existing programs and systems of care. Mechanisms are recommended to facilitate collaboration, encourage consistency in program development, and provide information to help localities build upon existing infrastructure and care delivery."

Opportunities: According to respondent feedback, access to recovery services and supports can be improved by better integrating services, improving transitions from one setting to another, providing more options for treatment and recovery, and addressing regional access challenges, especially for rural populations. Many of these issues can be addressed through better collaboration and coordination within communities across prevention, treatment, recovery, and harm reduction services and supports.

> "[what is needed is] addressing methods of care inside the prisons and jails, including alternative recovery programs inside, counseling for families on the outside and also with their loved ones inside."

Decisions about using opioid settlement funds will occur locally, and all communities will need to craft their unique approach. For assistance and support with collaborative planning and improved coordination, local governments and counties could explore resources available through the state of Michigan, Michigan universities, or statewide organizations involved with behavioral health care and substance use disorder recovery—all of which can provide technical assistance to establish and facilitate such a process.

Local governments and counties could also consider ways to publicly report to the community on progress, planning efforts, community engagement opportunities, spending plans, decision-making processes, and community outcomes. Part of a planning process could involve researching ways to make this information accessible to the community and deciding how to invest resources accordingly. This could involve creating websites or microsites, newsletter stories, mailings, social media, and other communications vehicles.

Opportunities for the state of Michigan

> "The rates in SUD treatment do not have parity with mental health and medical. We lose staff frequently to education, mental health, criminal justice, and medical because we cannot compete with the wages offered in these other areas."

Many of the gaps and opportunities outlined in the recommendations for local government leaders will also apply to state leaders, as well. In the section that follows, however, we share gaps and opportunities that are specific to state level solutions—ones that could be supported with opioid settlement funds and ones that could be addressed at the state level to bolster recovery support services and harm reduction strategies at the local level.

Build collaboration and coordination

Gaps: For the state, respondents identified coordination and collaboration across different pillars of the substance use disorder ecosystem as a priority. As with local community planning for use of opioid settlements funding, respondents indicated that they would like to be engaged in decision-making and prioritization of how the money is spent and that their perspectives would be likely to yield better outcomes.

Additionally, respondents would like to see better resource coordination at the local and regional levels to facilitate alignment, reduce competition, and limit stress on resources. Much like the opportunities for local governments and counties outlined above, the state of Michigan can consider similar processes to identify and measure benchmarks and progress, build trust, and allow the state to demonstrate progress and lessons learned.

Opportunities: There may be a role for the state in facilitating coordination and alignment across local or regional levels to promote collaboration, communication, and information sharing and to reduce the likelihood of duplication of effort and competition for resources. Learning communities could be leveraged to help more systematically facilitate this. To continue the forward momentum, the state can continue to build out its opioid settlement website and identify ways to best communicate and disseminate information and demonstrate progress. Additionally, the Opioid Task Force convenes stakeholders across government and can be a vehicle to include those with lived experience and organizations on the front lines of the opioid crises. Furthermore, it is open to the public and provides opportunities for collaboration.

Funding and reimbursement

> "Benchmark best practices with results and establish a 10-year plan based on data with evaluation also funded."

Many of the gaps and opportunities that respondents identified were attributed to insufficient funding either through current grant funding or reimbursement from Medicaid and other payers. In particular respondents noted challenges for recovery housing, comprehensive recovery support for individuals and families, and recovery supports for unhoused individuals. While issues related to reimbursement cannot be addressed using settlement funds, the fact that this was consistently voiced as a concern is worth elevating here. This could be an opportunity for the state to think outside the box to identify where and how it can address the specific gaps identified here, for example through grant funded programs that can fill in funding gaps caused by limitations in reimbursement.

Gaps: Respondents highlighted state level funding and reimbursement as a major challenge to providing recovery support services. Unfunded and under-funded recovery support services were mentioned in both the survey and interviews. Despite funding from Prepaid Inpatient Health Plans (PIHPs) for recovery support services, peer-led organizations are most likely to be unfunded or underfunded. This makes the fee for service (FFS) model unsustainable for community organizations that are only providing peer recovery support services.

Fee for service models reimburse recovery support services at a much lower rate than clinical treatment services. Additionally, these models usually only cover a limited range of recovery support services and to fill funding gaps, recovery housing must rely on 'program fees' paid by participants or grant funding which is not sustainable. Additionally, it is difficult to cover social and material needs for individuals in recovery and their families under current funding and reimbursement models. The state of Michigan is beginning to address this through grant funding to local organizations for transportation to help individuals get to treatment and recovery services and supports but this is one of the many needs identified by respondents. Efforts like this should continue and be expanded. Most importantly, grant programs should include expectations towards sustainability within local communities and the state can support sustainability efforts through technical assistance to help communities develop the necessary partnerships, funding streams, data, and evidence and to build a value case for sustaining programming at the conclusion of grant funding.

Opportunities: As the state of Michigan works to transform the ways that substance use disorder treatment and recovery systems are funded and delivered, it should also consider revising/updating payment methodologies for peer-led and recovery support services to be more equitable. It can work to identify and/or develop instances where more flexible funding can be provided to cover social, economic, and material needs either through reimbursement methodologies or grant funding. Finally, it might consider commissioning development of a value case study specific to recovery support services to help demonstrate impact and value to payers and the state. This should consider including an assessment of the comprehensive set of the social and material needs addressed, supports and services provided by community-based recovery organizations and include harm reduction strategies as well. This could align well with state strategies to better address social determinants of health and health equity among the population and could lead to sustainable solutions to the gaps identified by respondents.

> "And when we talk about expanding access, I can't even look at that because half the time I have to restrict my current services based on my staffing levels."

Staffing and workforce

> "We're taking staff from each other. We're not adding more people to the field.
>
> Somehow, we have to entice people to enter the field and to reward the people that are currently in the field."

Gaps: Respondents made clear that the funding or reimbursement their organizations receive for the services provided by a certified peer recovery specialist or coach are often insufficient. While their services may be covered by fee for service (FFS) reimbursement or covered through staffing grants through the local Prepaid Inpatient Health Plans (PIHP), respondents expressed concern that low reimbursement and inflexible funding make employing peer workers challenging and not sustainable. State certification requirements for peer recovery specialists and recovery coaches were noted as a challenge as well because of the upfront costs associated with initial certification.

These issues were raised against the backdrop of system-wide concerns about staff shortages, recruitment, and retention in the substance use disorder clinical and recovery support services fields. Partly due to low pay (for example, one respondent indicated that a local fast-food restaurant was offering hourly wages higher than what they were able to offer), partly due to burnout, respondents indicated that the system needs to find ways to entice people into careers in the substance use disorder service and support sector as well as finding ways to retain them.

Opportunities: The state of Michigan might consider examining ways it could revise and update payment methodologies for peer-led and recovery support services to be more equitable, as well as identify ways that staffing grants might be improved or made more flexible. This could be tied to the recommendation above about developing

a value case to payers or others regarding the value of recovery support services, which should include examination of the role and impact of peer recovery workers.

Given the well-documented shortages in the behavioral health workforce, the state of Michigan could also ould develop a behavioral health workforce strategic plan that addresses short- and long-term needs for substance use disorder treatment, recovery, and harm reduction strategies. Demand for substance use disorder services and supports will only grow as settlement funds are invested and the potential demand for treatment, recovery, and harm reduction services and supports increases. This work could be multi-disciplinary and include all levels of clinical and peer support professionals as well as examine roles for community health workers and volunteers. It can seek innovative and sustainable solutions that address short-term, urgent needs for staff as well as long-term sustainability strategies to address recruitment and retention.

Further Considerations: Lessons from the Tobacco Master Settlement

Finally, as Michigan implements distribution and use of opioid settlement funds, learnings from the past tobacco master settlement agreement (MSA) can be applied to the present.

In November 1998, attorney generals from 46 states signed an agreement with the five largest tobacco companies in the United States. The agreement capped a long legal battle to hold the tobacco industry accountable for the harm to state residents and the subsequent state Medicaid costs associated with tobacco use.

The hopes and intention of the suit was for states to use the settlement dollars to fund tobacco cessation and prevention programs, and to cover supplemental Medicaid costs associated with smoking related illness and death. However, in most cases, that did not happen, which is largely viewed as a lost opportunity to move the needle on tobacco cessation and improving public health.

Many have noted shortcomings from the tobacco settlement that contributed to the overall inability to impact smoking and tobacco use. The tobacco MSA did not include:

- Guidelines or guardrails on how the money should be spent.
- Accountability, transparency, or reporting requirements, at either the state or federal level, to ensure money was directed toward tobacco programming.
- Requirements or infrastructure to support evaluations, to share data, or to measure impact to demonstrate progress in tobacco cessation or abatement.

Unlike the tobacco master settlement agreement, recent national opioid settlements provide clearer guardrails.[xi] Across the multiple settlements, most of the funds are earmarked to go directly to participating states and local governments to fund abatement of the opioid epidemic.

The state of Michigan has established three mechanisms to manage and administer funding from the opioid settlements.

1. The Michigan Opioid Healing and Recovery Fund was established in the Department of Treasury allow the state to receive and distribute opioid settlement funds.

2. The Opioid Task Force within Michigan Department of Health and Human Services and the newly formed Opioid Advisory Commission which functions as an advisory body to the legislature, both provide strategic guidance over the use of settlement funds.

3. As an additional safeguard for the state, funds that are not expended or appropriated within a fiscal year cannot be allocated to the Michigan General Fund.

In 2023, the Opioid Advisory Commission published its first annual report, which provided some important recommendations (some of which overlap with work the state has developed since the report's release earlier in 2023):

- Increase awareness of the Bloomberg/Hopkins principles to provide guidance to the state and local governments in developing spending plans and implementing programs.
- Enhance reporting requirements to improve communication and information sharing about spending and implementation.
- Monitor the state's portion of the opioid settlement.
- Promote cross-branch partnership, information sharing, and collaborative strategic planning to support informed decision making and data-driven recommendations.

However, since the OAC is an advisory body, specific legislative action (where allowable), or collaboration with MDHHS or other stakeholders, would be required to implement recommendations.

In addition to the work of the OAC, MDHHS has developed and launched an opioid settlements website. The website functions as a clearinghouse for local communities, substance use disorder treatment and recovery organizations, and Michigan residents to find information about the opioid settlements and state spending plans, services and supports for local communities, planning resources, and technical assistance. The website also includes

Hopkins/Bloomberg Principles

The Johns Hopkins Bloomberg School of Public Health developed five principles to guide jurisdictions as they receive and spend opioid settlement funds.

1. **Spend money to save lives:**
   - Establish a dedicated fund
   - Supplement don't replace existing funding
   - Don't spend the money all at once

2. **Use evidence to guide spending:**
   - Direct spending to evidence-based programs
   - Examine and remove policies block promising programs
   - Build-out data collection and reporting capacity

3. **Invest in youth prevention:**
   - Direct funds to evidence-based interventions for young people.

4. **Focus on racial equity:**
   - Invest in and involve communities affected by discriminatory policies.
   - Support diversion programs in your community
   - Fund anti-stigma campaigns.

5. **Develop a fair and transparent process to spend money:**
   - Determine areas of need and get input from a diverse group of stakeholders.
   - Align funding to ensure it goes to communities and populations most affected by the opioid epidemic.

Source: *The Principles for the Use of Funds from the Opioid Litigation.* (2023). Johns Hopkins Bloomberg School of Public Health. https://opioidprinciples.jhsph.edu/ Accessed November 27, 2023

a spend plan programming planning document (a.k.a. a logic model) that sketches out the multitude of efforts currently underway within the state of Michigan to help coordinate work and detail opioid settlements spending plans.

An important feature of the plan includes the identification of outputs with specific equity outputs to place equity front and center of state efforts and lay the groundwork for a statewide evaluation. While short- and long-term outcomes are yet to be developed, the website and plan are steps in the right direction. The 2023 MDHHS Opioid Annual Report contains detailed data on overdoses, death rates, emerging trends, as well as a score of other metrics documenting the opioid crisis in Michigan. It also provides updates on spending plan progress and discusses future planned efforts.

Much has been accomplished in planning, bringing stakeholders to the table, and putting the necessary structures in place to leverage the opioid settlement funds. MDHHS regularly convenes the Opioid Taskforce, which is open to the public, and seeks to build collaboration and provide a space for communication and coordination across state departments. Similarly, the OAC meetings are also open to the public and are identifying ways to address and inform opioid settlement spending. However, without strong collaboration between these two bodies, there is a risk of duplication of effort.

Conclusion: A call to action

Respondents discussed their experiences with the many gaps within the recovery services and supports and harm reduction ecosystems.

Major themes that emerged center around the lack of sufficient or consistent funding for recovery support services and harm reduction and the need to address stigma and misunderstanding about recovery and recovery support services.

There also needs to be emphasis on addressing the intersectionality of substance use disorder for at risk populations including those individuals involved with or released from the criminal justice system, those with co-occurring mental health diagnoses, and those with histories of polysubstance abuse.

Respondents discussed challenges with state of Michigan structures related to recovery support services. This included fee-for-service reimbursements that do not sufficiently cover the cost of recovery services and supports; challenges with staffing and workforce shortages, credentialing, and licensing and a lack of coordination across key stakeholders, like the pre-paid inpatient health plans (PIHP).

The findings of this report support the need for local and state-level engagement with those providing services and supports in communities. This can help prioritize funding for recovery support services, build collaboration, and develop opportunities for ongoing listening, learning, and sharing of best practices to reduce the impact of opioid use disorder and to increase the numbers of people receiving the recovery and harm reduction services they want and need.

Recommendations for the state of Michigan

To address the challenges identified in this research, the following overarching approaches could be leveraged by the state:

- Convene thoughtful and deliberate planning processes to solicit additional feedback from communities impacted by the opioid crisis, people with lived experience, and especially, those working in recovery and harm

reduction. Being willing to think outside of the box and develop innovative approaches for the use of opioid settlement funding could be an important opportunity for Michigan to become a national leader in addressing the opioid epidemic.

- Continue to build collaboration, cooperation, and coordination across all state agencies and branches of state government involved in managing opioid settlements funding, addressing the opioid crisis, and providing treatment, recovery, and harm reduction services and supports.
- Develop a substance use disorder workforce strategic plan to address workforce shortages and barriers to recruiting and retaining substance use disorder staff, especially peer coaches and support specialists, therapists, and counselors. In addition to examining reimbursement policy, this plan could address ways to improve compensation overall, address burnout, and review rules governing training and certification requirements. This is especially urgent as staffing shortages are sure to be exacerbated by growing demand for services as state and local efforts ramp up to address opioid use disorder in communities.

Recommendations for local governments and counties

Local governments and counties are in a unique position to leverage opioid settlement funds to improve the health of their communities and reduce opioid overdoses and deaths. Some overarching things they could consider might be:

- Engage in a deliberate and thorough planning process to understand the unique needs of the community through data review and community input.
- Develop a strategic approach grounded in a review of data and community input from those providing recovery support services and individuals and families with lived experience. Local opioid settlement funds can be used to fill local needs, like those identified in this report, and create community-informed solutions.
- Find consensus around local needs and address gaps boldly; don't be afraid to think outside of the box. Use available resources to learn about best practices across the state and country through the state of Michigan's opioid resources webpage, or the Michigan Association of Counties Opioid Settlements Resource Center.
- Tackle the stigma and misunderstanding of opioid use disorder, addiction, and recovery. Stigma is a barrier to a truly holistic and humane approach for people and families struggling with opioid addiction and navigating the recovery journey.

As a community, the citizens of Michigan need to advocate that their elected officials use the settlement dollars to save lives. To be most successful, funds should add to—rather than replace—existing spending.

Citations

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[xi] The National Opioids Settlement: Executive Summary. Available at: https://nationalopioidsettlement.com/

Attachment #1.

Recovery support services in Michigan

This attachment includes examples of resources and programs for recovery support services available in Michigan. It is meant to provide a guide for local governments and counties to consider how they might use opioid settlement funds to address gaps and challenges highlighted in the report and in response to local needs. This list is not exhaustive and is meant only to provide evidence-based examples that decisionmakers can explore to learn more about how something similar might work within their own communities.

This document, Recovery support services in Michigan, contains dozens of helpful hyperlinks and is best viewed and shared online.

Links to various resources are underlined throughout this document. As the state of Michigan develops spending plans, including funding opportunities for local communities, they will be posted to the MDHHS Opioid Resources website and Settlement Spending pages, which can also be an important resource to local planning and implementation efforts.

Sections include:

- Housing
- Peer support coaches and specialists
- Jail support services
- Recovery community organizations
- Recovery service providers

Housing resources.

Value of recovery housing.

Recovery housing is specifically designed to address the recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer supports. The standard is based on the Social Model of Recovery Philosophy. The model recognizes four levels of recovery housing that offer different services and implement the model to different degrees.

- Level 4 residences are state-licensed treatment providers who blend the medical and social model to create a more supportive environment for those in recovery.
- Level 3 residences offer a paid staff-supportive environment with life skills training and peer-based recovery supports.
- Level 2 residences have unpaid staff who monitor resident participation in individual and community recovery activities.
- Level 1 residences are democratically run homes where the residents self-govern by a set of "house rules" and share monthly expenses.

Suggested recovery housing resources.

- Best practices for recovery housing, U.S. Substance Abuse and Mental Health Services Administration
- National Alliance of Recovery Residences, recovery residence standards, education, training, best practices, and technical assistance

- Michigan Association of Recovery Residences, training, support, and certification of recovery residences in Michigan
- MSHDA Recovery Housing Program, funding assistance for public and non-profit organizations responding to the needs of populations recovering from substance use disorder

Value of supportive or transitional housing and homeless shelters.

Transitional or supportive housing and homeless shelters can help stabilize people with mental health needs and substance use disorders who are experiencing homelessness. This type of housing provides temporary shelter with supportive services, such as counseling and case management, to individuals and families experiencing homelessness. The goal: Interim stability and support to successfully move to and maintain permanent housing.

Suggested supportive or transitional housing and homeless shelter resources.

- Homelessness programs and resources, U.S. Substance Abuse and Mental Health Services Administration
- Projects for Assistance in Transition from Homelessness (PATH), U.S. Substance Abuse and Mental Health Services Administration
- Michigan PATH program, Michigan Department of Health and Human Services
- Grants for the Benefit of Homeless Individuals (GBHI), U.S. Substance Abuse and Mental Health Services Administration
- Treatment for Individuals Experiencing Homelessness (TIEH), U.S. Substance Abuse and Mental Health Services Administration
- SSI/SSDI Outreach, Access, and Recovery (SOAR), U.S. Substance Abuse and Mental Health Services Administration

Value of engagement centers.

Engagement centers provide short-term shelter for people with substance use disorder and are a short-term crisis intervention strategy that provides a supervised, supportive setting for individuals with substance use. They are an alternative to emergency room care and are aimed at clients who require observation for safety in an appropriate setting.

Suggested engagement center resources.

- Pathways Recovery Engagement Center, Lenawee Community Mental Health, Adrian, MI
- Engagement Center, Home of New Vision, Ann Arbor and Ypsilanti, MI
- Stepping Stones Engagement Center, Key Development Center, Howell, MI
- Carol’s Hope Engagement Center, Community Healing Centers, Saint Joseph, MI

Peer support coaches and specialists.

Value of peer support coaches and specialists.

SAMHSA defines recovery as: “[A] process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one’s health and wellness and managing setbacks.

- **Recovery coaches** are professionals who live a life of recovery from substances and provide prevention, support, and treatment services to others like themselves.

- **Peer support specialists** are professionals with lived experience with mental illness who provide community mental health services.

Suggested peer support coach and specialist resources.

- MDHHS Peer Recovery Information
- Great Lakes Recovery Centers Peer Engagement
- CARE Southeastern Michigan
- Hegira Health Peer Support and Recovery Coaching
- Families Against Narcotics Navigate
- Detroit Recovery Training Institute

Jail support services.

Value of jail support services.

These are services provided to inmates with substance abuse disorders or opioid use disorders and can include treatment, coping mechanisms, counseling, employment skills, and more. Several programs in Michigan are expanding their offerings to build resiliency among inmates develop, implement, and improve residential substance abuse treatment programs in state and local correctional and detention facilities, and help them create and maintain community-based aftercare services for probationers and parolees.

Suggested jail support service resources.

- Center for Behavioral Health and Justice, Wayne State University
- OUD in Michigan Jails, Wayne State University
- Opioid Treatment Ecosystem: MOUD In-Jail Model, Wayne State University
- Expanding Naloxone Distribution in Jails, Wayne State University
- How to open a halfway house in Michigan, Halfway Group, LLC
- Screening and Assessment of Co-Occurring Disorders in the Justice System, U.S. Substance Abuse and Mental Health Services Administration

Recovery community organizations (RCOs).

Value of recovery community organizations.

Recovery Community Organizations (RCOs) are independent, non-profit organizations led and governed by representatives of local communities of recovery. RCOs apply for membership and, through a peer-review process, receive a recommendation for membership by the Alliance for Recovery Centered Organizations (ARCO). All RCOs perform the following activities:

- Conduct ongoing local recovery support needs assessment surveys or focus groups
- Organize recovery-focused policy and advocacy activities
- Increase recovery workforce capacity and expertise through training and education
- Carry out recovery-focused outreach programs to engage people seeking recovery, in recovery, or in need of recovery-focused support services or events to educate and raise public awareness
- Conduct recovery-focused public and professional education events
- Provide peer recovery support services (PRSS)
- Support the development of recovery support institutions such as recovery community centers, recovery cafes, and recovery ministries

- Host local, regional, or national recovery celebration events
- Collaborate on the integration of recovery-focused activities within local prevention, harm reduction, early intervention, and treatment initiatives

These activities are available to all community members and are not restricted to individuals enrolled in a specific educational, treatment, or residential program.

Suggested recovery community organization resources.

- An overview of RCOs: Alliance for Recovery Centered Organizations
- RCOs in Michigan:
  - Serenity House Communities, Flint, MI
  - Lifeboat, Lansing, MI
  - Recovery Advocates in Livingston (RAIL Recovery Support), Howell, MI
  - Detroit Recovery Project, Inc., Detroit, MI
  - Passenger Recovery, Hamtramck, MI
  - WAI-IAM and Rise Recovery Community, Lansing, MI
  - WRAP – The Washtenaw Recovery Advocacy Project, Ann Arbor, MI
  - Community Recovery Alliance, Petoskey, MI
  - Live Rite Structured Recovery Corp, Roseville, MI
  - Recovery Alliance Warriors, Monroe, MI
  - 217 Recovery, Traverse City, MI
  - CARE Recovery United Community Center (RUCC), Fraser, MI
  - Jackson Area Recovery Community, Jackson, MI
  - Recovery Advocates in Livingston, Inc. Brighton, MI
  - Blue Water Recovery and Outreach Center, Port Huron, MI
  - Peer 360 Recovery Alliance, Bay City, MI

Recovery service providers.

Value of recovery service providers.

Recovery service providers provide a variety of services to those in recovery, which may include: Detoxification, MAT/MOUD, inpatient residential treatment, outpatient treatment, HIV/AIDS services and supports, women's specialty services, and wrap-around services. For specific services, contact the provider directly to learn more.

Suggested recovery service provider resources.

- Sacred Heart (statewide)
- SHAR (Detroit/Wayne County)
- Great Lakes Recovery Centers (UP)
- Mid-Michigan Recovery Services (Clinton, Eaton, and Ingham Counties)
- Bringing Recovery Supports to Scale Technical Assistance Center Strategy

Attachment #2.

Harm reduction strategies in Michigan

This attachment includes sampling of resources and programs for harm reduction strategies and services available in Michigan. It is meant to provide a guide for local governments and counties to consider how they might use opioid settlement funds to address gaps and challenges highlighted in the report and in response to local needs. It is not exhaustive and is meant to provide evidence-based examples that decision-makers could use to learn more about how something similar might work within their own communities. It is a starting point and not a 'how to' list. Links to various resources are underlined and bolded throughout this document.

This document, Harm reduction strategies in Michigan, contains dozens of helpful hyperlinks and is best viewed and shared online.

Sections include:

- Harm reduction services
- Naloxone/Narcan training and distribution
- Syringe service programs
- Overdose prevention
- Other evidence-based resources

Harm reduction services.

Value of harm reduction.

Harm reduction strategies aim to reduce the negative stereotypes, consequences, and blame often associated with drug use, and targeted at individuals. It is considered an important part of recovery. Many principles underlie harm reduction as a philosophy and approach to recognizing both the existence of drug use and to reinforce the agency of people who use drugs. See harm reduction principles.

Example harm reduction resources.

- Find harm reduction services near you, search by zip code and by service type (syringe services, naloxone sites, and treatment providers)
- Harm Reduction Michigan, an overview of services, events, and trainings available in Traverse, MI
- Grand Rapids Red Project provides syringes and supplies at no cost via an anonymous exchange. Also offers Hepatitis C and HIV testing and support, overdose education and naloxone distribution, and sexual health products. Has offices and mobile units, providing services in Kent County and Muskegon Counties.
- Michigan Safer Opioid Prescribing Toolkit shows ways to administer Naloxone, how and where to purchase Naloxone over the counter, costs associated with Naloxone, and more
- Overdose Prevention-Wayne State University, STOP Overdose Deaths is a harm reduction initiative that provides research, trainings, and resources to prevent and reduce overdose deaths

Naloxone/Narcan training and distribution.

Value of Naloxone/Narcan training and distribution.

County jails interested in implementing a vending machine to distribute naloxone at their facility can contact or email the Center for Behavioral Health and Justice (CBHJ) at Wayne State University to obtain information about purchasing a machine directly from the distributor or to seek grant funds that could help cover the cost of a machine. The CBHJ has also published a toolkit that jails can reference when implementing or expanding a naloxone distribution program.

Example Naloxone/Narcan training and distribution resources.

- MDHHS Naloxone Request Form, for families and community groups interested in receiving Naloxone without a prescription. MDHHS has a Naloxone ordering portal for community organizations to get it for free. This enables distribution through vending machines across dozens of locations throughout Michigan.
- NEXT Distro, an online and mail-based harm reduction program. For persons who are using but not near a harm reduction program or syringe exchange program catchment area, harm reduction supplies can be secured online. NEXT Distro works to identify in-person opportunities for harm reduction services.
- Opioid and overdose prevention information and tools, University of Michigan Injury Center. Provides information, resources, and training videos.

Syringe service programs.

Value of syringe service programs.

Community-based programs that provide access to sterile needles, syringes, and other injection equipment to people who inject drugs (PWID) and promote safe disposal of used injection equipment. SSPs often provide PWID with other supporting services, including overdose risk education, provision of condoms, naloxone, vaccinations, infectious disease testing, and referrals and links to substance use treatment and social support services.

Michigan is noteworthy for its rapid expansion of this harm reduction strategy since 2017. As of June 30, 2023, there were 97 SSPs being operated by 36 organizations with additional growth anticipated. However, not all counties have a SSP. Refer to "Find a syringe service program near you" to see what is available in your county.

Example syringe service program resources.

- What are Syringe Service Programs?
- Find a Syringe Service Program Near You
- Needle Exchange Sites
- Syringe Service Programs

Overdose prevention.

Value of prevention.

Prevention is an upstream focus that works to stop individuals from misusing of opioids, developing opioid use, disorder, overdose, or death. While traditional prevention efforts focus on the disseminating and promoting us of toolkits, evidence-based practices, and media campaigns to educate the public about opioids, other efforts involve safe collection of unused opioids, distribution of harm reduction materials such as fentanyl test strips.

Example prevention resources.

- Michigan Overdose Prevention Coalition
- Overdose Prevention Centers
- Prescription Drug Overdose (PDO) Prevention Initiative

- Opioid & Overdose Prevention Resources

Fentanyl strips are a harm reduction product that allows users to test a drug for fentanyl prior to consumption.

Example overdose prevention resources.

- Pilot program providing Fentanyl test strips at SSPs
- Checking for fentanyl
- Fentanyl myths vs facts
- Check it: How drug testing programs can reduce overdose deaths
- Harm Reduction Coalition
- Detecting fentanyl, saving lives

Other evidence-based resources.

Drug takeback programs.

Drug takeback programs attempt to minimize risk/exposure of unconsumed (expired, unwanted, unused) medicines including controlled substances, solid medicines, liquid medicines, sharps, and needles. All have different disposal requirements.

Example drug takeback program resources.

- Map of drug takeback locations
- Household drug takeback directory
- Drug disposal printable flyer
- MDHHS drug disposal information

Warmlines.

Warmlines are an alternative to traditional psychiatric crisis hotlines and are used to avoid extreme emotional distress that can lead to hospitalization or other severe outcomes that are preventable with early intervention of peer support. Warmlines alleviate the burden on crisis responders by offering a solution for non-crisis callers.

Example warmline resources.

- MICAL – Michigan peer-run warmline
- 988 Suicide & Crisis Lifeline
- Never Use Alone Hotline, for people to call if they are using drugs alone

Quick overdose response teams.

Community based post-overdose response teams that connect with overdose survivors to offer support and resources. Peer-based with addition of other professionals (i.e., paramedics/nurses, faith leaders, case managers). Many programs around the state funded through MDHHS grants.

Example quick response team resources.

- Bay City, MI Quick Response Team
- Genesee County Quick Response Team (QRT)
- Come Back Quick Response Team
- City of Allen Park Quick Response Team