THREE-YEAR SUBSTANCE USE DISORDER (SUD) STRATEGIC PLAN

Fiscal Years 2021-2023

Executive Summary

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I. Background and Introduction:

Each PIHP must develop a strategic plan for submission to Office of Recovery Oriented Systems of Care (OROSC) for FY21 through FY24 and submit by July 2020. The Strategic Plans for SUD must provide evidence of implementing a recovery-oriented system of care (ROSC) that includes prevention, treatment, and recovery support.

OROSC has identified the following priorities which must be incorporated:

- Expansion and enhancement of an array of services
- Reduction in health disparities among high-risk populations receiving services
- Reduction in underage drinking
- Reduction in opioid prescription abuse, including misuse of opioids for non-medical purposes
- A reduction in marijuana use among youth and young adults
- Expansion of behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders
- A reduction in underage youth tobacco access and use; including vape products
- Access to treatment for persons living with Opioid Use Disorder
- Access to prevention and treatment services for older adults (55 and older)
- Access to treatment for criminal justice involved population returning to communities
- Trauma responsive services

Additional content is required for submission. This document represents excerpts of the most relevant information

II. Logic Model Development:

Logic Models were developed to provide the framework and foundation for development of the OROSC Strategic plan. These logic models provide an overview of the prioritized SUD problems and system improvements needed, a description of actions that will be taken to address each priority and outcomes that will be used to monitor success and improvement for each targeted issue. The SUD Oversight Policy Board has reviewed and provided feedback on the draft logic models.

<u>Prevention:</u>

The Prevention Logic Model (Attachment 1) is developed in partnership with the provider network and updated every two years when new MIPHY data is related. A regional summary of county and regional level indicators for substance use and risk factors among youth is compiled and reviewed to inform identification of emerging issues that need to be addressed.

This most recent logic model was enhanced to incorporate new efforts to address the emerging issues of vaping and legalization of recreational marijuana use. In addition, expansions to address prevention among older adults were added within the alcohol and opioid sections to address this new OROSC priority. The SUD prevention workgroup reviewed the draft and provided feedback and recommendations for improvement.

Treatment and Recovery:

The Treatment and Recovery Logic Model (Attachment 2) is newly developed and was designed to address each of the applicable OROSC identified priority areas and findings identified in the LRE Evaluation of SUD Treatment conducted by Dr. Lubbers in March of 2019.

Development of this logic model was done in partnership with the SUD ROAT and is designed to address each of the applicable OROSC identified priority areas and findings identified in the LRE Evaluation of SUD Treatment conducted by Dr. Lubbers in March of 2019. Information was collected in partnership with the SUD ROAT to better understand current initiatives, service gaps, and opportunities for each OROSC identified priority. Results were used to develop a regional approach to address priorities while working to improve access to services, engagement in services, and connection to community supports to support recovery. The SUD ROAT was then given an opportunity to provide additional feedback and recommend revisions for the logic model. This logic model will provide a framework in the coming years to guide evaluation and monitoring for targeted improvement areas.

III. Current SUD System and Priorities for Enhancement

The LRE region and its providers offer a full array of evidence-based prevention, treatment and recovery support services. The LRE will continue working to expand the provider network and expand services in the coming years as needs arise in our region.

Prevention:

The Lakeshore Regional Entity manages prevention centrally with the LRE overseeing priorities for programming and contracting directly with prevention providers. The LRE requires that all prevention programming is evidence-based and data-driven. To support this requirement, the LRE provides ongoing training and technical assistance to support providers in finding and initiating evidence-based programming and models.

The LRE contracts with the following 11 prevention providers:

- Allegan County Community Mental Health (ACCMHS)
- Arbor Circle (2 locations)
- Family Outreach Center
- Kent County Health Department
- Network 180
- Wedgewood Christian Services
- District Health Department #10 (3 locations)

- Mercy Health-the Health Project
- Public Health Muskegon County
- Ottawa County Community Mental Health
- Ottawa County Department of Public Health

Each of these providers is required to coordinate services with the local substance abuse prevention coalition, and to document how the planned prevention activities align and support the strategic plan for the coalition serving their county. To strengthen these coalitions the LRE provides funding to support the development and coordination of these county coalitions through this provider network when other funding is not available. Underage Drinking, Prescription Drugs, and Early Initiation of Alcohol, Tobacco and Other Drugs (ATOD).

The Strategic Planning Framework is used by each of these coalitions to develop data-driven strategic plans to increase capacity and efforts to prevent and reduce substance abuse in the communities. This planning process increases capacity (skills and abilities) and organizes infrastructure (agencies, staff, and other resources) in local communities to create positive, lasting population level change involving substance use and abuse. Our focus is to engage local communities in Data Driven Decision Making to reach prevention outcomes. Communities utilize local, regional, state, and national data to identify needs, develop plans, and allocate resources.

Treatment and Recovery:

The LRE delegates responsibility for managing treatment and recovery services to the five Community Mental Health Strategic Plan Partners (CMHSP's) through subcontracts. This design allows for improved integration of Substance Use Disorder treatment within the CMH system. In addition, the CMHSP ensures local priorities are quickly identified and addressed in partnership with community stakeholders. The 5 CMHSPs subcontracted to manage these services include:

- Allegan County Community Mental Health
- Network180 (Kent County)
- Healthwest (Muskegon County)
- Ottawa County Community Mental Health
- West Michigan Community Mental Health (Lake, Mason and Oceana Counties)

Each of these CMHSPs has established a provider network to fulfill the required continuum of treatment and recovery services and continues to support and incentivize new or enhanced services in their service area on behalf of the LRE region. A complete list of treatment providers within this network is available at mirecovery.org.

In recent years, the rate of opioid use and the need for treatment has increased significantly. Additional providers have been added and work continues to address service gaps. Of note, is the need for increased medication assisted treatment throughout the region. State Opioid Response (SOR) and State Targeted Response (STR) grants have allowed the LRE region to expand services greatly in the past few years, including new suboxone

providers, MAT transportation, recovery homes and recovery management teams. Narcan has expanded and office hours are now available to all counties via the Red Project through these grants.

Over the next year, the LRE will work to better understand the rising admissions for methamphetamine use and to support the provider network in responding accordingly. When methamphetamine was an issue in the early 2000's it presented very differently. Community stakeholders have requested support in better understanding what is contributing to the increase and guidance on how to respond accordingly to prevent further problems. In addition, treatment for methamphetamine requires unique methods and providers need support to ensure competence.

Another issue that continues to be a challenge in rural areas is access to reliable transportation to and from treatment. Although we have made strides in this area through incentives for volunteers to drive individuals to and from treatment facilities, we are continually looking for ways to expand participation to more individuals in need of transportation.

Progress is being made with regards to expanding services in jails in each county of the region. Vivitrol is available to those in need, as well as peer recovery coaches. On April 1st of 2020, the LRE Region became responsible for recovery for individuals who are transitioning back into the community after being incarcerated. Working together with the Michigan Department of Corrections, the LRE is partnering with the SUD ROAT to identify ways to improve coordination and services for this population as they return to their communities.

The LRE region also has a network of Women's Specialty Service (WSS) providers to ensure the unique needs and challenges of women who are pregnant, parenting, and/or at risk of losing custody of their children are addressed. The LRE region plans to enhance this area of focus during the next 3 years. A regional workgroup made up of WSS agency key staff has been established and will continue to meet twice per year. During these meetings, the LRE will provide support, training, technical assistance, and resources. These meetings will also provide an opportunity for providers to identify and problem solve challenges and highlight successful initiatives. The LRE SUD ROAT and WSS designated staff at the CMHSP's will develop regionally agreed upon policy to guide WSS procedure and administrative oversight with the goal of ensuring consistent, quality WSS service availability throughout the region.

IV. Analysis of SUD Treatment Needs:

As shown in Table 9, the region's primary substances reported by persons admitted to publicly funded substance use disorder treatment are as follows: Alcohol (39.8%), Heroin (22.9%), prescription Opioids (10.6%), Cocaine (10.2%) Marijuana (9.8%), and Methamphetamine (4.9%). All other substances represented less than 1% of admissions.

Table 9:

Primary Drug	LRE Region		Michigan	
Alcohol	2,445	39.8%	27,909	36.8%
Heroin	1,409	22.9%	22,514	29.7%
Synthetic and Other Opiates	648	10.6%	7,884	10.4%

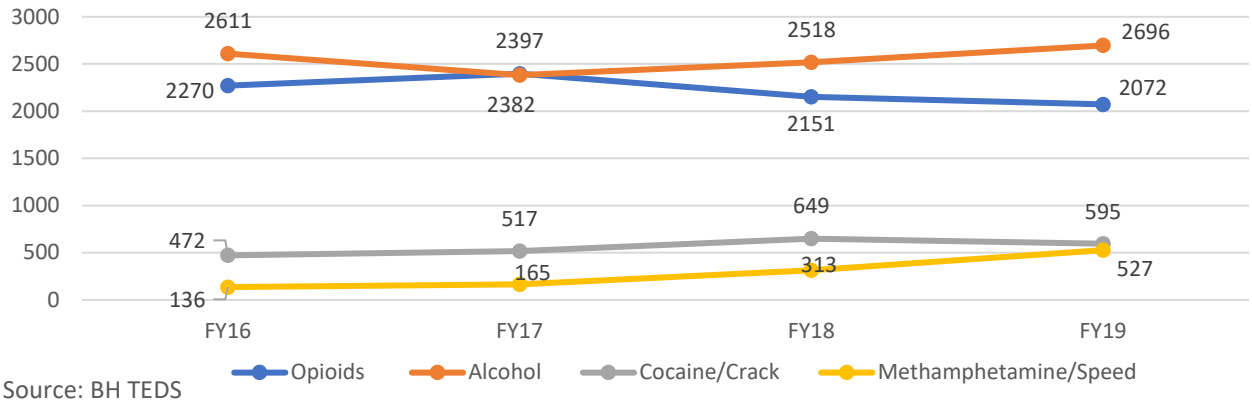
Cocaine	624	10.2%	6,624	8.7%
Marijuana	602	9.8%	6,415	8.5%
Methamphetamine	303	4.9%	2,802	3.7%
Benzodiazepines	49	0.8%	753	1.0%
MDMA Ecstasy	25	0.4%	205	0.3%
Stimulants	7	0.1%	70	0.1%
Others	19	0.3%	382	0.5%
None	10	0.2%	317	0.4%

Source: MDHHS Annual Legislative Report for FY2018

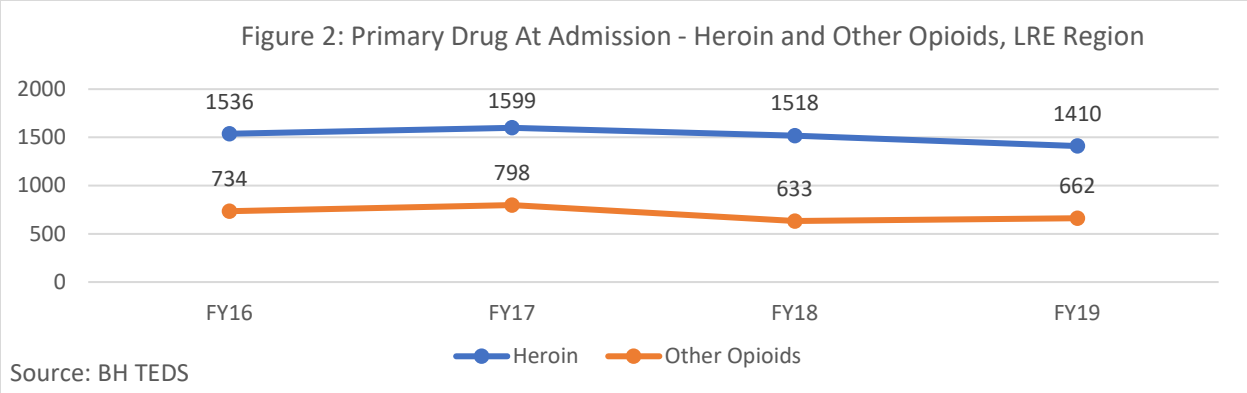
As shown in figure 1, the number of admissions with methamphetamine as the primary drug are increasing while admissions for alcohol and cocaine have remained relatively stable. Admissions for heroin and other opioids combined represent the second most reported substance of abuse at admission, with alcohol having the most admissions. As shown in figure 2, when heroin and other opioids are separated, admission rates reflect that heroin is more prevalent and that number of admissions for each have declined slightly in recent years.

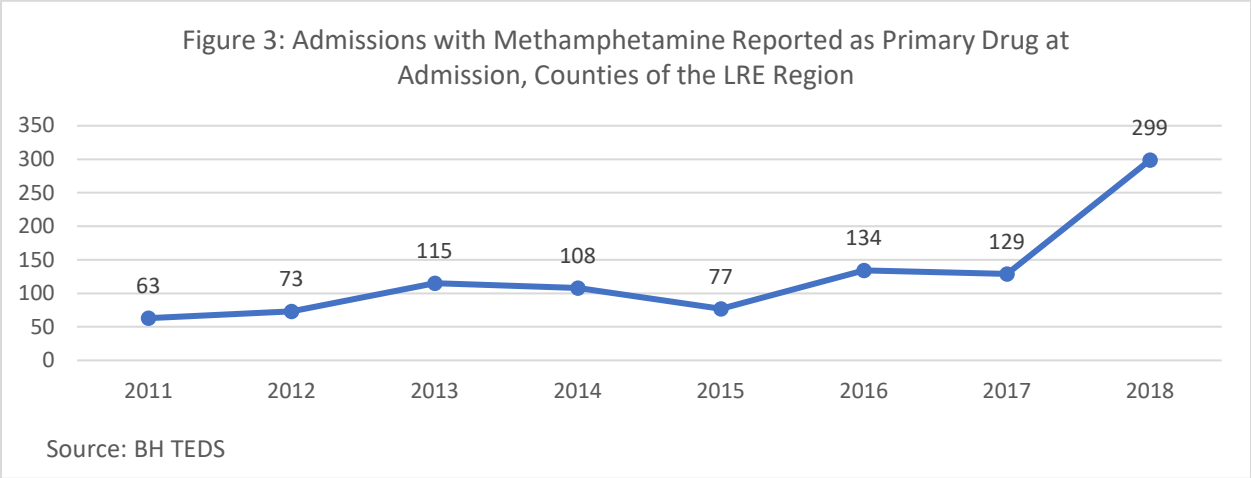
Of concern, is the increase in stimulant use with methamphetamine admissions increasing almost threefold between FY16 and FY19 (figure 3). In 2018 there were 299 admissions for methamphetamine, greatly exceeding the 99 admissions that occurred in 2005 for the LRE counties during the height of the methamphetamine crisis, and a 131% increase between FY18 and FY19. It should be noted that in 2005 the admissions for methamphetamine were heavily concentrated in Allegan county, whereas admissions are now more equitably distributed throughout the area with the most admissions occurring in Ottawa (77), Allegan (74), Kent 66) and Muskegon (66) in FY18.

Figure 1: Primary Drug At Admission, LRE Region



Source: BH TEDS





In 2019 the LRE hired an independent evaluation to assess the LRE system of care to better understand the nature of variations in the quality of substance use treatment and identify competencies and concerns for the system. The treatment and recovery support logic model provided as Attachment 2 has incorporated priorities identified through this assessment and provides data support used to determine priority actions to improve address the system's service gaps and ensure a quality, comprehensive system able to provide quality care, achieve positive outcomes, and reduce health disparities.

Priorities include ensuring that services address a wide array of treatment concerns and approaches, including:

- Ability for clients to begin treatment quickly, including MAT
- Engagement and continued success of clients in treatment, including successful transitions between level of care
- Ensuring client connections to community supports to maintain recovery

The LRE recognizes that provider capacity must be sufficient to avoid lengthy waiting lists, which implies the need for the region to offer adequate choice of quality/stable service providers and the need to operate within budgetary resource limits. It is anticipated that the recently revised allocation formula, which has increased funds available to support services in the LRE region

will greatly enhance our ability to ensure adequate capacity to support a full continuum of care to address these needs.

V. **Evaluation:**

KWB Strategies will be retained to provide evaluation services to support the SUD Director in monitoring, reviewing, and facilitating discussions regarding data trends related to targeted outcome measures and system enhancement initiatives.

Prevention:

For prevention, the logic model provided as Attachment 1 provides the framework for monitoring effectiveness of the regional plan to improve targeted community indicators. As data becomes available, updated data is reviewed and summarized. Any issues that have worsened or are not showing adequate improvement will be noted and discussed at the Regional Prevention Workgroup. Action steps will be developed to document what will be done to strengthen the likelihood of improvement in these areas.

Providers report on the short-term outcomes for their local initiatives in annual and quarterly reporting. For initiatives implemented at the regional level, evaluation tools and procedures will be developed prior to implementation and findings reviewed by the Prevention Workgroup to inform improvement of efforts.

An annual evaluation of efforts to prevent youth access to tobacco will also continue to be provided by ReFocus LLC. The purpose of this evaluation is to utilize the data that each county has collected through the compliance check process to analyze results, find possible trends, make recommendations for improvements to the compliance check process, and ensure compliance with the Synar Amendment of 1992. A standardized database has been developed for providers to enter each compliance check record which is used for analysis.

In addition, the LRE SUD Director monitors: completion of proposed outcomes, percentage of evidence-based programs, and compliance with administering the MPDS outcomes survey.

Treatment and Recovery:

The treatment and recovery support logic model provided as Attachment 2 provides a framework for monitoring and evaluating the effectiveness of the region in improving targeted issues. The SUD ROAT will receive quarterly reports summarizing the trends related to each of the identified goals and objectives for each county and as a region. For issues that are not showing improvement, KWB Strategies will assist the group in further analysis of available data to understand the issue. Action items will be developed to address the issues of concern. Annually an evaluation summary will be done to review trends in targeted data indicators, a summary of efforts undertaken to address each, and to provide recommendations for future improvement.

VI. **Coordination of services:**

As required in P.A. 500, the LRE ensures collaboration and coordination with adult and children's services, faith-based communities, education, housing authorities; agencies serving older adults, agencies serving people who inject drugs/Syringe Service Programs, military and veteran organizations, foundations, and volunteer services.

Prevention:

The LRE partners with community providers to support local coalitions to ensure coordination and collaboration are integral to prevention service development. These coalitions serve as the primary mechanism for enhancing local input, collaboration, and stakeholder engagement in prevention efforts. The LRE supports the work of these coalitions to implement the Strategic Planning Framework to guide substance abuse prevention in the local communities. Since its inception the LRE has sought to strengthen local coalitions and has succeeded in establishing a coalition for each county of the region. All but 3 are mature coalitions with 13-15 years of success all have established representation of the 12 key sectors recommended by the Community Anti-Drug Coalitions of America (CADCA).

To support these coalitions and ensure locally driven prevention services the LRE contracts with 13 prevention provider organizations throughout the region. Each of these providers is required to work in partnership with their local coalition to prevent substance abuse and each funded initiative must align with the data-driven strategic plan developed by their local coalition. Many of these providers are funded by the LRE to support the work and coordination of their county coalition.

To monitor coordination of services with public and private sectors, the LRE has established the following objectives:

- Each county in the LRE region maintains a viable community coalition with the mission of reducing and preventing substance use.
- Each of these coalitions will:
    - Collect and review local data to inform planning processes.
    - Engage local stakeholders as necessary to impact prioritized issues.
    - Maintain representation from each of the following 12 sectors: youth, parents, businesses, media, schools, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, state, local, or tribal governmental agencies with expertise in substance misuse, other organizations involved in reducing substance misuse.
- Each prevention provider receiving LRE funds will align services with the priorities and plans established by the coalition in their county.

Treatment and Recovery:

Each of the 5 CMHSPs coordinates services with public and private service delivery systems in the managing and oversight of SUD Treatment and recovery services. The SUD Regional Operations Advisory Team (SUD ROAT) provides a mechanism to connect the work of these CMHSPs and provides the LRE with the ability to identify common priorities and supports needed to enhance collaboration.

The SUD ROAT includes representatives from each of the 5-member CMH's and meets monthly to discuss provider network capacity, service gaps, and improvement initiatives. The discussions focus on whether there are enough providers to meet the need of capacity, if there are any problems associated with a provider (and address solutions), and ongoing review of BH TEDS data to identify issues in a timely manner. Possible solutions for any inaccuracies or outliers are discussed and addressed. In addition to monthly SUD ROAT meetings, provider network meetings are also held, and all Mental Health, Developmental Disabilities and SUD Providers are invited to share information that aid in problem solving any systematic or quality issues. This monthly meeting is an opportunity for the LRE to have direct communication with providers to gain insight into emerging issues or challenges being experienced by the provider network.

VII. Allocation Plan

The region will maintain current contracts moving forward. The LRE will continue to allocate funds to implement a full continuum of evidence-based care for individuals in need of treatment and recovery support services through the 5 Community Mental Health Strategic Plan Partners (CMHSPs) through subcontracts. A comprehensive array of outpatient, intensive outpatient, detox, residential, methadone/medication assisted treatment exists within reasonable geographic reach of all persons needing SUD treatment. A range of outreach-based services exist to bridge the access gap for persons in rural regions of the network. For those with transportation barriers, the LRE will continue to support community-based Recovery Management teams. The region employs teams that specialize in corrections, pregnant women who are using, and women who are pregnant or at risk of losing custody of dependent minors. An array of specialized case/recovery management services exists and is consistently being monitored for adequacy across the region. Included in this array are case management services for persons with chronic SUD, women with SUD – including those caring for dependent children, and persons involved in medication assisted treatment.

The LRE employs a director of SUD services who is responsible, under the PIHP director, to implement the legal and contractual obligations of the entity related to SUD services. The LRE delegates SUD Treatment and Recovery services to its 5 member Community Mental Health's who are responsible for the following: SUD Treatment and Recovery Services provider network evaluation, procurement, contracting and management, screening, authorization, and referral for services to all levels of care, data reporting, budget management, claims payment, and overall treatment system development to meet the needs of our communities. The CMHSP's ensure that there is a full continuum of evidence-based care to individuals seeking treatment and recovery support services. SUD Prevention is managed directly by the PIHP and the SUD Director manages all 11 contracted prevention agencies and several regional prevention projects.

The Oversight Policy Board (OPB) meets every year in September to review the allocation recommendations developed by the LRE staff and based on current years spending and projections for the next FY. After the OPB approves the PA2 funds and recommends funding for the other buckets of funding it is compiled and presented to the LRE full board of directors for review and approval of the entire regional SUD budget. This process is designed to ensure each board has an opportunity to discuss and pose any questions or concerns. After allocations have been approved by the full LRE Board of Directors, the LRE issues contracts to contracted prevention providers directly and to each CMHSP in the region for an October 1st start date.

Substance Abuse Block Grant (SABG) Funds for treatment and recovery services are allocated based on population of the service area to the CMHSP's who work to identify and expand services to address local priorities. Local PA2 funds are allocated for use in the county for which the revenue was collected. Priority populations receive preference for SABG funded services as required.

SABG prevention funds are allocated to provide representative funds proportional to the population of the region residing in the respective counties. Within counties with multiple providers are funded, funds are allocated various organizations based on justification of need provided during the procurement process and to ensure that priorities are addressed adequately. Historically, the LRE has funded prevention at or near 25% of the SABG funding and will continue to exceed the 20% requirement each of the year. A portion of prevention funds are allocated to support region-wide prevention initiatives.

Additional funds from several grants (STR, SOR, PFS, etc.) have helped to train the workforce in many programs such as: Life Skills, Prime for Life, Strengthening Families, other parenting programs. Thru the 2015 procurement process new providers were identified and contracts with providers not achieving required benchmarks were discontinued to ensure a strong and effective prevention panel in the region.

The LRE convenes the Finance ROAT (Regional Operations Advisory Team) monthly to review allocations and budgets for the region. In addition, the SUD Rate Group meets monthly to ensure regional reimbursement rates are adequate and to address provider concerns regarding rates and capacity. This regional approach allows the region to establish and justify the rates for each service in a fair and consistent manner. These processes include managing the funds for Healthy Michigan, Medicaid, Block Grant, PA2 as well as Specialty Grants such as the State Opioid Response grant. Historically the LRE has received requests for services that exceed funding availability resulting in a deficit. These regional groups monitor spending throughout the year and develop a regional response to manage risk and reduce deficits while ensuring service delivery continues to meet requirements as established by OROSC.

VIII. Regional Oversight Functions:

The LRE employs a director of SUD services who is responsible, under the PIHP director, to implement the legal and contractual obligations of the entity related to SUD services. The LRE delegates SUD Treatment and Recovery services to its 5 member Community Mental Health's who are responsible for the following: SUD Treatment and Recovery Services provider network evaluation, procurement, contracting and management, screening, authorization, and referral for services to all levels of care, data reporting, budget management, claims payment, and overall treatment system development to meet the needs of our communities. SUD Prevention is managed directly by the PIHP and the SUD Director manages contracted prevention agencies and several regional prevention projects.

<u>Prevention:</u>

Every year in August, prevention providers develop and submit annual plans for the LRE that adhere to the regional strategic plan. A regional meeting is held to discuss new ideas providers may have and any new trends the region wants to see the prevention providers address in the coming FY in their annual plans. These plans are then reviewed by the SUD Director to be approved or modified to ensure that they meet the needs of the region and will

help achieve the outcomes established in the strategic plan. Each year the LRE conducts a site visit/audit of each prevention provider to ensure they are meeting all required expectations and a plan of correction is required for any non-compliant findings. Providers are required to submit quarterly reports to document they are meeting established benchmarks and performing as expected. MPDS (Michigan Prevention Data System) activity is reviewed quarterly by the LRE to ensure accuracy of data and achievement of adequate performance. Providers are given a quarterly report of MPDS activity that assesses units provided for each strategy, cost per unit of service, and units completed for each full-time staff equivalent. When necessary, corrective action plans are used as necessary to ensure providers meet contractual obligations.

Treatment and Recovery:

Implementation of Treatment and Recovery is coordinated by the SUD Director at the LRE in partnership with the SUD Directors at each of the 5 CMHSPs in the region. These individuals, with support from other departments such as finance, utilization management, and provider networks ensure that this strategic plan is implemented successfully.

The LRE convenes a clinical standards ROAT group that works on regional implementation and consists of the designated SUD system manager from the PIHP and the designated clinical lead from each of the five CMHSPs to establish and monitor implementation of a common system of care with common standards for admission and treatment, with common contract language and payment standards.

The SUD Treatment ROAT meets monthly to review the provider network. This includes any areas of concern as to provider performance and or needs. The group also reviews each month the BH TEDS submission to look for trends, data outliers, proper data population, and overall usage patterns. This group also reviews the strategic plan and evaluation efforts to ensure that we are on track. Data reports will be developed and provided to the SUD ROAT quarterly that monitor trends in targeted goals and objectives as defined in the Treatment and Recovery Logic Model. Review of this data will allow for quick identification and response to ensure continued improvement.

Each CMHSP has a utilization management department that manages all authorizations and requests for higher levels of care. Although SUD treatment and recovery services are managed by each of the CMHSPs the LRE has established a 'no wrong door' access model to improve accessibility for individuals seeking services. The LRE utilizes responsible screening and admission criteria to assure that MDHHS priority populations contractual standards are being met to comply with SUD Block Grant fund requirements. Each CMHSP will monitor their local needs but collaborate across CMHSP boundaries through designated leads to assure that no need goes unmet while a capacity for service exists anywhere within (or outside of) the region. Routine reporting on the instances of demand for priority population services will be produced by CMHSPs and collated by the Region 3 PIHP to monitor demand and the need for increased capacity. Each CMH meets with their respective provider network quarterly, at a minimum, to ensure that the needs of the consumers are being heard, provide technical assistance, and provide guidance to ensure compliance with contractual obligations.

Audits are conducted of each SUD Treatment provider and CMHSP annually to ensure they are meeting contractual requirements. The LRE contracts with Beacon Health Options

to conduct these audits and provide findings to the LRE and respective CMHSP. Problematic findings are reviewed by the SUD ROAT and a corrective action plan developed, as necessary.

IX. Role of the SUD Oversight Policy Board:

In accordance with Public Act 500 of 2012, Section 287(5), the Lakeshore Regional Entity Board of Directors has established a Substance Use Disorder Oversight Policy Board (SUD OPB). The SUD OPB includes at least 1 member appointed by the county board of commissioners for each county served by the LRE and new members receive an orientation.

The LRE OPB meets minimally four times per year to fulfill the following responsibilities:

- Approval of any LRE budget containing local funds for SUD services.
- Advice and recommendations regarding department-designated community mental health entities' budgets for SUD treatment or prevention using other non-local funding sources.
- Advice and recommendations regarding contracts with providers.
- Reviews all regional SUD License applications and makes formal recommendations to Licensing and Regulatory Affairs (LARA).
- Evaluates the financial performance of the providers and provides recommendations for changes in policies or laws if necessary.
- When necessary, communicate with constituent counties to share relevant information and problem solve.

Attachment 1: Lakeshore Regional Entity/Region #3-Prevention Logic Model, Fiscal Years 2021 thru 2023

Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities Activities in italics funded by LARA Bureau of Medical Marihuana Regulation, Medical Marihuana Operations and Oversight Grant	Provider/ County	Intermediate Outcome (s)
Marijuana Use Regionally, 13.8% of HS students report recent use of marijuana (MIPHY and OYAS 2018) **Long Term Goal:** Reduction in Past 30 day use by 5%	**Youth Access:** Almost half (45%) of HS students in region report it would be easy to get marijuana (MIPHY 2018)	People with marijuana are not storing/ monitoring in the home	Support medical marijuana patients in safe storage in the home	*Promote Safe Storage in the Home:* • *Educate medical marijuana consumers on how to store in the home and why it's important* • *Distribute lockboxes to medical marijuana consumers.*	*LARA Grants: KCHD, OCPHD, PHMC*	Reduction in % of HS students reporting it would be easy' to get marijuana.
		Local dispensaries - requirements and restrictions related to local dispensaries for marijuana are not developed	Ensure appropriate monitoring and oversight related to marijuana sales and distribution	Advocate for LARA to put in place appropriate measures to ensure dispensaries have appropriate standards for packaging, distribution, sales, etc. and adequate supervision/monitoring for compliance.	Region-wide	
				Promote local policies that restrict or disallow Retailer density, Dispensaries near places frequented by youth such as schools and churches, and/or free samples and community events with marijuana		
	Perception of Risk: Legalization of recreational marijuana use normalizes use and makes it seem safe. More than half of HS students (55%) report regular marijuana use is low-risk (MIPHY 2018)	Due to newness of legislation, policies not in place	Develop and promote model policies for local adoption	• Encourage public organizations such as schools and businesses to add marijuana to their no-smoking policies • Encourage businesses with drug-free policies to maintain marijuana restrictions.	Region-wide	Reduce the % of HS students that report using marijuana 1 or 2x / week is low risk.
		Youth do not understand the risks of marijuana use.	Incorporate marijuana info into existing edl efforts	Prime For Life – expand use of new curricula component that addresses marijuana	DHD10 Mason & Oceana	
				Workshops for professionals that work with youth on the risks of marijuana exposure for children (LARA)	*LARA:: KCHD, OCPHD, PHMC*	
		People don't understand the risks of marijuana use while pregnant.	Provide information on the risks of marijuana use while pregnant.	• *Edu medical marijuana providers on the risks of marijuana use by pregnant women and children. (LARA)* • *Provide edu materials to pregnant women and their families thru WIC and perinatal care providers (LARA)* • *Edu health care professionals on risks of MJ use by pregnant women.*	*LARA Grants: KCHD, PHMC* DHD10 Mason	
		People don't understand the risks of driving after using marijuana.	Raise awareness of the risks of driving after using marijuana.	• Community education on the consequences of driving after using marijuana. • Raise awareness of improvements in ability to catch/prosecute impaired driving for marijuana/drugs. • Enhance messaging about what impaired means; coordinate timing with high visibility enforcement • Encourage residents to report impaired driving to 911	OCPHD, AC Ott	

Attachment 1: Lakeshore Regional Entity/Region #3-Prevention Logic Model, Fiscal Years 2021 thru 2023

Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/ County	Intermediate Outcome (s)
Reduce Childhood and Underage Drinking Regionally, 16.6% of HS students report recent use of alcohol (MIPHY and OYAS 2018) **Long Term Goal:** Reduction in Past 30 day use by 5%	**Easy Access:** Regionally, 57.9% of students report it would be 'sort of' or 'very easy' to get alcohol, (MIPHY and OYAS 2018)	**Parents not monitoring:** Regionally, 20.0% of HS students who drank recently report they usually get their alcohol by taking it from a family member (MIPHY 2018 exc. Ottawa)	Increase awareness of social host laws and the legal consequences	Conduct Parents Who Host Lose the Most Campaign	N180	• Reduction in % of students reporting it would be easy' to get alcohol. * • Reduction in % students who drank recently that report they usually get their alcohol by taking it from home. • Maintain the low rate of recent drinkers reporting they usually buy it at a store or gas station.
				Raise parental awareness of the consequences of providing to a minor by working with youth to place stickers on alcohol at local retailers (Kent) and on pizza boxes.	N180, DHD10 Mason & Oceana	
				Incorporate parental responsibility info into existing programs that work with parents (MIP Classes), drug trends presentations	DHD#10 (Mason & Oceana), KCHD, ACCMHS, OCPHD, AC Ott., PHMC	
				Enhance enforcement for social host laws and underage drinking parties: • Promote consistent and active enforcement • Publicize enforcement activities and the results • Encourage community resident to report underage parties to law enforcement for targeted party patrols.	ACCMH, AC Ott., OCDPH, DHD#10, N180	
				Partner with colleges to educate students on the social host consequences to prevent legal age young adults from providing to minors.	PHMC, AC Ott(ROADD)	
		Retail Access: Regionally, 1.4% of HS students who drank in the past month report they usually get their alcohol by buying it from a store or gas station. (MIPHY 2018 excl Ottawa)	Educate and support retailers to prevent sales to minors	Retailer education including responsible beverage service (TIPS TAMS), Vendor Education for alcohol retailers and trainings events with the MLCC; incorporate info on the harms of overserving older adults	ACCMHS, OCDPH, DHD#10 (Lake, Mason, Oceana), PHM, MCHP, N180 AC Ott, PHMC	
				Safe Prom/Graduation Initiatives to inform retailers of local events increasing likelihood of youth attempts to purchase alcohol.		
			Increased enforcement	Conduct law enforcement compliance checks	ACCMHS, PHMC, MCHP OCDPH	
	Favorable Attitudes 17% of students believe friends feel regular alcohol use is 'not	**Low perception of risk:** 29.4% of students report binge drinking is low-risk (MIPHY and OYAS 2018)	Increase awareness of the legal consequence of underage alcohol use.	Increase efforts and visibility of MIP enforcement at prom, graduations, and underage drinking parties, MIP brochure distribution with local law enforcement, and FaceTheBook	ACCMHS AC Ott, OCDPH, MCHP, N180	Reduce the % of youth reporting binge-drinking as low risk.*
		Social norms: Regionally, 31.9% of HS students report	Engage area high school groups in	Youth developed messaging to their peers:	AC Ott, N180/Kent, WW, PHMC	Decrease the % of students reporting more than half

	wrong' or 'only a little bit wrong' (MIPHY 2018)	that more than 1/2 of peers drank recently; only 16.6% have. (MIPHY and OYAS 2018)	development and distribution of messaging to correct the inaccurate perception of peer use	• Train local and SLIC groups on youth leadership, media messaging and having an influence on their peers. • Partner with local SLIC groups to implement social messaging. (Above the Influence, Sober Life is Cool, Safe Prom, Etc.) • ATI Mobile Experience (Kent county only) • Coordinate SADD Groups (Kent county only)		their peers drank alcohol in the past month. *
			Decrease normality of heavy/excessive drinking among adults to improve community norms.	Rethink Drinks: Reduce excessive alcohol consumption through education on responsible drinking through social media and education.	KCHD	
				Raise awareness among older adults of the impact of changing metabolism as one ages on the effects of alcohol consumption.	Region	

Problem/ Goal	Intervening Variable	Local Condition	Activities	Provider/ County	Intermediate Outcome (s)
Opioid related overdoses (prescription, and illicit) are increasing with 1.7 hospitalizations/10k residents in 2017 and 145 deaths in 2018. Methamphetamine use is on the rise w/ a 68% increase in treatment admissions	**Easy Access to prescription opioids:** 25.7% of Ottawa county students report it would be 'sort of' or 'very easy' for them to get a Rx drug w/out a Rx. (OYAS 2017) *Data not available regionally*	**Over-prescribing**: *1.2 opioid Rxs were dispensed per resident in 2017.*	Educate pharmacists and doctors from a broader perspective of safe prescribing practices and encourage prescribing practitioners to check the MAPS system before prescribing medications with abuse potential,	DHD#10 Mason ACCMHS, KCHD, PHMC, MCHP, OCCMHS	Decrease youth reporting easy access to prescription drugs. (data not available) Decrease the rate of opiate prescriptions written per 10,000 residents.*
			Educate pharmacists on proper medication disposal and to distribute talk sooner information to customers	DHD #10 Mason, KCHD, ACCMHS, PHMC, MCHP, OCCMHS	
			Educate doctors and pharmacists on screening for addiction and encourage referral to treatment;	DHD#10 Oceana & Mason, PHMC, MCHP, OCCMHS	
		Youth **take/steal from home** and other's homes (Misc. focus group reports)	Educate the community of the dangers of misusing prescription drugs so that they will appropriately store and dispose of their prescription medications	N180, DHD#10 Oceana & Mason, ACCMHS, AC Ott, PHMC, MCHP	
			Identify and promote appropriate methods for community residents to dispose of prescription medications	DHD#10 Oceana & Mason, ACCMHS, AC Ott, PHMC, MCHP, OCCMHS	
			Work to establish additional disposal locations including non-law enforcement locations such as hospitals and hospice facilities	DHD #10 Mason, ACCMHS	

between 2015 and 2017 in the region. Stakeholders report persons addicted to opioids are turning to meth as an alternative**.** **Long Term Goal:** Reduction in opioid related deaths.			Talk Sooner Campaign to educate parents on proper prescription medication management and how to talk to their kids about not misusing Rx drugs.	Region	
			Provide resources to help parents properly manage, monitor and dispose of Rx medications thru parent workshops, info at community events & communications.	DHD #10 Mason & Oceana, ACCMHS, AC Ott, PHMC, MCHP	
			Promote the use of lock boxes for monitoring of medications within the home	DHD #10 Mason & Oceana, ACCMHS, PHMC	
		Youth **sell and/or share** Rx medications	Compile information about the risks and develop materials; disseminate through various groups and programs	N180, DHD #10 Mason & Oceana, ACCMHS, AC Kent, PHMC	
			Educate parents on the legal consequences of youth selling or sharing their prescription medications through Talk Sooner, events and communications.	N180, DHD #10 Mason & Oceana, ACCMHS, PHMC, MCHP	
	Perception of Risk: Regionally, 22.0% of HS students report using a Rx drug w/out a Rx is low-risk (MIPHY and OYAS 2018)	Rx drugs are **considered safe** because they are a 'medicine'	Develop materials for schools and organizations to share with families on signs, symptoms, consequences of RX abuse, and resources for youth who need help.	DHD #10(Mason), WW, ACCMHS, AC(Kent), PHMC, MCHP, AC Ott	Decrease MS and HS students reporting low risk for using Rx drugs without a Rx.*
			Provide resources and tools to schools and youth serving organizations to incorporate into their programming; promote MI Model Rx misuse lesson.	N180, DHD #10 Mason & Oceana, ACCMHS, AC Ott & Kent, PHMC, OCCMHS	
			Incorporate information on the risks into presentations to health education classes and other community presentations; include information specific to older adults where appropriate.	N180, DHD #10 Mason & Oceana, KCHD, ACCMHS, AC Ott, PHMC	
			Provide the Botvin's Life Skills opioid lesson	KCHD	
			Promote the risks of Rx drug misuse through the Talk Sooner Campaign.	Region	
			Partner with pharmacists to develop and promote information to patients on the risks of Rx opioids	OCCMHS	
			Incorporate information for older adults age 55+ into informational materials and presentations on the impact of changing metabolism, drug interactions, and addictive nature of Rx drugs.	Region	
	Low perception of risk for meth	Community does not understand meth risks.	Incorporate the risks of methamphetamine into presentations and curricula.	Region	Increased perception of risk for methamph-etamine
			Provide info and resources to people who work w/youth to communicate the risks		
	Persons with untreated opioid addiction	People with addiction are not	Provide tools and/or referral resources to increase ATOD screening for women and men of childbearing age (4Ps Plus)	PHMC	Increase in persons admitted to treatment.

	at high risk of overdose	identified and connected to services and supports.	Encourage additional physicians trained and registered to provide suboxone.	OCCMHS	
			Death review teams identify underlying issues contributing to overdoses	Region	
			Encourage PCPs and Emergency Depts to prescribe Naloxone alongside opiate prescriptions esp. for patients with Red Flags such as an OD history, or co-prescriptions of benzos or stimulants.	OCCMHS, DHD10 Mason	Increased availability of naloxone.
			Promote awareness and availability of Naloxone through community education and reduced stigma	OCCMHS, DHD10 Mason	

Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider/ County	Intermediate Outcome (s)
Tobacco Use Regionally 4.5% of HS students report smoking cigarettes and 24.1% report use of an electronic vapor product in the past month (MIPHY and OYAS 2016) **Long Term Goal:** Reduction in Past 30day use of vaping & Maintain low rate of	**Easy Access:** Regionally, 44.5% of HS students report it would be 'sort of' or 'very easy' to get cigarettes, (MIPHY and OYAS 2018)	**Retail Access:** Regionally, 9.1% of HS students who smoked in the past month report they usually get their cigarettes by buying at a store or gas station (MIPHY 2018 excl. Lake, Mason and Oceana)	Increase enforcement of YTA thru compliance checks	• Conduct law enforcement compliance checks with tobacco retailers. • Work with the court to ensure that the maximum penalties are imposed for YTA related violations.	ACCMHS, KCHD, DHD#10, OCPHD, PHMC	Maintain a formal Synar compliance rate of 80% or greater.*
			Educate and support retailers to prevent sales to minors	• Educate retailers on responsible tobacco retailing practices. • Increase the perception of consequences for selling tobacco to minors		
		E-Cigs: Regionally, 9.6%of HS students who vaped in past month report they usually get them by buying at a store or gas station (MIPHY 2018).	Educate and support retailers to comply with age restrictions on sales of electronic vapor products.	• Incorporate e-cig information into retailer education and No Cigs for Our Kids materials • Conduct compliance checks for electronic vapor products.	DHD#10, KCHD, ACCMHS, OCPHD, PHMC	Retailers will not sell e-cigs to minors. Measure via compliance checks.
			Advocate for improved regulations and oversight	• Advocate for improved legislative requirements for retailer training, product placement, and oversight to ensure compliance	Region-wide	
	Perception of Risk: Regionally 18.7% of students report	Youth don't understand the physical risks of using tobacco, including electronic vapor products.	Educate youth about the risks of tobacco use	• Tobacco prevention education on risks of use • Incorporate info on e-cigs into educational programming, materials and presentations.	MCHP, KCHD, ACCMHS, OCPHD, PHMC, DHD10 Mason	Decrease % of MS and HS students reporting low risk for cigarette use.*

cigarette use.	smoking 1+ packs/day as low-risk (MIPHY and OYAS 2018) Teens in focus groups report the belief that vaping is safe.		Educate parents so they communicate risks of vaping to their youth.	• Presentations, workshops and informational materials to help parents and caregivers understand the health risks of vaping, identify use in their child, and communicate risks to their youth.	AC Ott, DHD10 Mason	Decrease in teens reporting vaping is 'safe' during focus groups.
		Youth are able to use at school without consequences	Promote enhanced school policy and enforcement for vaping.	• Develop model policies re vaping and promote adoption. • Support school personnel in identifying vaping use and providing appropriate consequences and support to youth found using.	AC Ott, DHD10 Mason	

Problem/ Goal	Intervening Variable	Local Condition	Strategies	Activities	Provider	Intermediate Outcome (s)
Early Initiation of ATOD use contributing to addiction in later life. Regionally, 9.1% of HS Students report drinking alcohol before the age of 13 and 4.3% report trying marijuana before the age of 13 (MIPHY and OYAS 2018) **GOAL:** Reduce the % of HS	**Low perception of risk:** Regionally, 30.7% of MS students report that binge drinking is low risk; 38.2% report smoking marijuana is low risk and 24.2% report using a Rx medication w/out a Rx is low risk (MIPHY and OYAS 2018)	MS youth don't understand negative impacts of using substances at a young age and messaging often waits to communicate risks to older ages that have already initiated use.	Educate elementary and MS students about the immediate and long-term effects of alcohol and other drug use	Strengthening Families youth component (PFS)	AC Mkg (PFS), DHD #10 Mason &Oceana (PFS), ACCMHS (STR), AC Ott (STR), KCHD (STR)	Decrease % of students reporting 'no risk' or 'slight risk' for: • Binge drinking 1 or 2x/weekend * • Smoking marijuana 1 or 2x/week* • Using a Rx medication w/out a Rx*
				Total Trek Quest -Provide lessons on the negative impact of alcohol use on youth choices and coping skills	AC Ott	
				Peer refusal skills training of high school students and their presentations to younger students and counseling of peers (including suicide prevention)	AC Ott &Kent, N180, PHMC	
				Project Success educational series to help students identify and resist pressures to use, correct misperceptions about prevalence and acceptability of use, and consequences of use. Includes Red Ribbon Week and National Drug Fact week campaigns w/ assemblies, social media campaigns and daily activities.	WW	
				Yo Puedo - weekly educational sessions	KCHD	
				Life Skills Programming – curricula addresses risks of substance use.	DHD #10, KCHD(SOR), AC Kent & Ott (SOR)	
				Project ALERT – curricula addresses risks of substance use.	DHD #10 Mason & Oceana	
				Provide Drug Risk Teaching Toolkit to teachers to provide relevant content on the risks of youth substance abuse.	N180, AC Ott	
				Strong Voices, Bold Choices – Provide education on risks of alcohol and other drugs (FOC Kent)	FOC	

students reporting use of alcohol and marijuana before the age of 13.				Participate in national awareness weeks to promote true alcohol facts and educate youth on the risks of underage drinking (i.e. National Drug Facts Week, Red Ribbon Week, etc.)	AC Ott, N180, DHD #10, ACCMHS	
				Prime 4 Life programming to help youth understand the risks and potential for development of addiction w/ alcohol and marijuana use	ACCMHS (SOR), DHD #10(Mason, Oceana (PFS), PHMC(PFS), KCHD (SOR)	
	Regionally 27.2% of students report they do NOT have any **best friend committed to being drug free** in the past year (MIPHY 2018, excludes Ottawa)	Youth lack opportunities to engage w/ positive peers and give back to their communities in a meaningful way.	Provide opportunities for youth to build relationships w/ positive peers thru leadership development opportunities and pro-social activities.	Peer refusal skills training of high school students and their presentations to younger students and counseling of peers (including suicide prevention)	Region (minus Lake, Oceana, and Mason)	Increase in students reporting at least one best friend who made a commitment to be drug free in the past year.
				• Youth Leadership Groups (SLIC, Dream Team, TOPPC, PRIDE, PALS, PYT, AIM, SADD) to develop leadership skills and provide opportunities for projects. • Youth Summit	ACCMH, PHMC, DHD#10, N180, WW, AC Kent & Ott., MCHP	
				Project Success- School wide awareness and community outreach activities including alcohol free activities, campaigns to increase awareness and student developed pro social messaging.	WW	
				Yo Puedo Program - Recruitment of high-risk youth, visits to local universities, opportunities for community service projects and recreational activities.	KCHD	
				Strong Voices, Bold Choices – Youth work together to develop messaging for peers to prevent alcohol use.	FOC	
	Family Dynamics including management, conflict, expectations, and communication	Regionally, 21.6% of HS students report they could NOT ask their mom or dad for help w/ personal problems (MIPHY 2018 Excl. Ottawa)	Parental skill training to support effective boundary setting boundaries, monitoring, and preventing substance use	Strengthening Families Program (PFS) and Nurturing Parent program	AC Mkg (PFS), DHD #10 Mason &Oceana (PFS), ACCMHS (STR), AC Ott (STR), KCHD (STR)	Increase in % of HS students reporting that they could ask their mom/dad for help w/ personal problems.*
				Inside out dads (Triple P) program for fathers in jail who will be released soon.	AC Ott.	
				Circle of Parents groups providing parent management skills & linkage to community supports & resources	AC Ott.	
				Parent workshops on how to identify and respond to drug use and/or paraphernalia	N180, DHD #10 Mason & Oceana, PHMC, AC Ott	
				Project Success – Parent Education Programs to teach communication skills and how to prevent substance use and promote healthy choices.	WW	

Early initiation continued…				Coordinate a collaborative committee to plan and implement enhanced parenting services and supports.	AC Mkg (PFS)	
		Only 78.6% of students report an adult in their family has talked to them about alcohol and other drugs (MIPHY 2018, exc Ottawa).	Encourage parents to talk to their kids and set clear expectations about alcohol, tobacco, and drug use	• Talk Sooner Campaign to educate parents on the consequences of teen use, how to talk to their youth about the consequences thru community events, social media, lunch and learns, newsletters. • Family Meals Month: To promote TalkSooner & family communication/involvement	Region	Increase % of students reporting adults in family have talked about what they expect when it comes to alcohol and other drugs*
				Cool Parent Campaign to promote responsible parenting as the new 'cool' parent.	ACCMHS	
				Provide info to parents on how to talk to their kids about alcohol and other drugs at community events o Strong Voices, Bold Choices Program o Native American Community Services o MIP Program/parent section	FOC, DHD#10, KCHD	
	People are unable to access community resources to address problems before they lead to addiction.	Services inadequate to meet needs	Collaborate to build services in community	Encourage and promote tobacco cessation services.	PHMC, MCHP, DHD10	TEDS increased admission to SUD treatment for persons under age 18 and age 18-25.*
				Assess current service system for SUD and work to enhance.	MCHP, DHD #10 Mason & Oceana	
		Problems are not identified early and persons connected to appropriate services	Problem identification and referral	Identification and referral of youth requiring more intensive interventions/ services to appropriate services, including: Project Success, Yo Puedo, Arbor Circle Homeless and Runaway Youth program, MIP Programming, Project Success Small Group Intervention	WW, KCHD, AC Kent, WW, AC Ott	
			Education for youth experimenting with use	Provide educational programming to support youth experimenting with use to prevent further use and future addiction, including: Minor in Possession programming, and Prime for Life	OCDPH, PHMC, DHD#10 (PFS), ACCMHS (SOR), KCHD (SOR) AC Ott	
				PHAT Life programming for youth involved with justice system to teach health knowledge and emotional management skills. (PFS)	PHMC (PFS)	
				Prime 4 Life programming for youth and young adults experimenting with use, inc. including as an alternative to suspension for youth caught using marijuana/vaping	PHMC (PFS), DHD#10 Mason & Oceana (PFS)	
				Project Success small groups with youth who are **to** further engage those who are experimenting and reduce suspensions for these students.	WW	
			Early ID & referral for youth at risk of suicide to reduce self-medicating	• Conduct Mental Health First Aid (MHFA) and QPR-Question Persuade Refer Classes • Educate youth on signs of suicide and how to find help	N180, PHMC, AC Ott, ACCMHS, DHD10 Oceana	

Early continuation continued…	Youth use substances to deal with stressors: Regionally, 20.5% of HS students report seriously considering suicide in past year (MIPHY and OYAS 2018)	Elementary, Middle and HS youth lack the skills to cope with life stressors with one-third (32.2%) of students reporting depression in the past year (MIPHY and OYAS 2018)	Education to develop coping and refusal skills that can be utilized to manage life stressors	Disseminate educational prevention material at resource fairs, school events, and other community events.	N180, FOC, DHD#10, KCHD, ACCMHS, AC Ott & Kent, PHMC	Reduction in % of HS students seriously considering suicide.* *Note: There are many efforts other than those within this plan working to prevent suicide. This plan is but a small part of larger community efforts to address this complex issue.*
				Native American Community Services - Collaborate with the Straight School to engage 6-10 youth in student leader program (FOC Kent)	FOC	
				• Strong Voices, Bold Choices Program – provide youth education teaching refusal skills and encouraging healthy choices. (FOC Kent) • Yo Puedo (Cherry Health Kent)	FOC, KCHD	
				Collaborate with recovery programs to educate parents using the Program Kit for Children of Addicted Parents.	FOC	
				PALS program – Trained students provide one-on-one support/mentoring to other students.	ACCMHS	
				Conduct Red Cliff Wellness Program (Native American only)	AC Kent	
				Early Risers program for HR elementary youth to teach social emotional skills	ACCMHS	
				STAR program to support teen parents with life skills and educational support to achieve a HS diploma	ACCMHS	
				Education on coping and refusal skills provided within early intervention groups and Prevention Education Series.	WW	
			Provide support for homeless and runaway youth to manage trauma and develop coping skills.	Provide family sessions for these indicated youth	AC Kent	
				Seeking Safety psychoeducation and coping skills	AC Kent	
				Say it Straight Curricula- communication training program to help youth develop empowering communication skills and increase self-awareness, self-efficacy, and personal and social responsibility	AC Kent	
				Street Smart skills-building program to improve social skills, assertiveness and coping through exercises on problem solving, identifying triggers, and reducing harmful behaviors.	AC Kent	

*Data indicator being tracked regionally for evaluation purposes

Attachment 2: Lakeshore Regional Entity/Region #3-Treatment and Recovery Logic Model, Fiscal Years 2021 thru 2023

Note: Items in blue text represent state mandated priorities.

Goal	Objectives	Strategies	Activities	Interm. Outcomes	Long-Term Outcomes
Improve access to SUD Treatment Services	Increase access to treatment for persons living w/ Opioid Use Disorder- FY19 average time to service was 5.5 days for clients w/OUD Dx ranging from 4.1 in Kent to 9.6 in Ottawa	Expand availability of Medication Assisted Treatment (MAT) services.	– Expand MAT providers to areas without current coverage – *Provide transportation to MAT services thru bussing services, gas cards, etc.** – Continue providing MAT in jails with specialty grants as available*	Increased capacity for MAT services – ↑# MAT providers – ↑ geographic coverage of MAT providers – ↑ # counties that w/ MAT provider	Decrease average days between request for service and first service for persons w/ OUD *Baseline FY19:5.5days*
	access to treatment services for older adults (55+) In FY19 there were 539 admissions for persons age 55-69 representing 9% of admissions.	Promote availability of services and how to access services	– Develop informational materials and disseminate – Add information to LRE and other websites	# Persons reached with messaging re availability and access to treatment	Increase in # of admissions for individuals age 55-69 *Baseline FY19: 539*
		Provide training for providers on addressing behavioral health needs of older adults	– Ensure access centers are knowledgeable and prepared to assist older adults in accessing services funded by Medicare – Identify and promote relevant trainings; consider providing locally when appropriate	– # Access centers with procedures to assist older adults – # training attendees – # trainings offered	
	Increase access to treatment for criminal justice involved population returning to communities: In FY19 32.7% of admissions were for clients with CJ involvement including 19.2% on parole or probation, and 7.4% in	Improve coordination with jails and parole/probation officers to connect to community-based services upon release	– Coordinate w/ specialty courts (Allegan, Kent, Mkg, Ottawa) – MiREP Program (Kent) – Community Health Workers connect individuals coming out of the jail with community resources (Muskegon) – Region ROAT team discuss management of MDOC clients on parole and establish guidance and best-practice procedures for these clients.	– Sustain county arrangements in place with Jail systems to support re-entry connection to services at 100% *Baseline FY19:* – LRE policy established & consistently implemented for MDOC clients.	Increase in # admissions with legal status as on parole or probation at admission Baseline: 1,050 (19.2% of admissions) FY19 Increase # admissions with legal

	jail or prison, 0.5% diverted pre or post booking.	Enhance service provision for inmates in jail to improve engagement and active referrals for community-based services upon release.	– Recovery Coach address SUD issues w/ jail inmates to connect with resources when released from jail (Ottawa) – Designated SUD therapist and a peer providing SUD services in county jails & 'discharge' planning to improve connection to resources upon release from jail (Lake, Mason, Oceana) – MAT provided in the jail* (Kent, Mkg) – Full OP program including MAT, Recovery Management, and regular OP available to all returning CJ population (region)	Sustain counties with services provided in the jails at 100%	status as diversion pre or post booking at admission Baseline: 27 (0.5% of admissions) Increase # admissions with legal status as 'in jail' at admission Baseline: 432 (7.2% of admissions) FY19
	Decrease wait time: The average number of days between request and 1st service was 5.2 days in FY19 ranging from a low of 4.1 in Kent to a high of 6.8 in Ottawa and Muskegon. LT residential had the longest wait (16.4 days), followed by OP w/ MAT (6.5), and outpatient w/out MAT (5.7). Detox (1.9) and ST Residential (1.6) had the shortest waits.	Maintain short (<2days) wait time for persons with IVDU: Among admissions w/ IVDU the average time to service was 4.8 days in FY19, with a low of 2.5 for detox and a high of 16.5 for LT residential; OP w/ MAT averaged 5.1 days	– Increase availability and capacity of MAT services – Maintain detox capacity of provider network.	↑ capacity for MAT services – ↑ # MAT providers – ↑ geographic coverage of MAT providers – ↑ # counties that have MAT provider	Maintain an average wait time of less than 3 days for persons with IVDU for detox. *Baseline FY19: 2.5 days* Decrease average time to service for clients w/ IVDU entering outpatient with MAT. *Baseline FY19: 5.1 days*
		Reduce wait time Outpatient for admissions without MAT: In FY19 average time to service was 6.5 days; ranging from 2.6 in Allegan to 13.4 in Ottawa. For IOP w/out MAT was 3.9 days on average; ranging from 2.6 in Kent to 7.1 in Muskegon.	– Work to increase number of outpatient providers throughout region (incentivize expansion) – Monitor data for wait times to OP by county and by LOC; review with CMHSPs to identify challenges and opportunities. – Explore ways to utilize remote (tele-health) service provision as a mechanism to expand availability of services in rural communities.	↑ # OP/IOP providers in region in rural counties.	Decrease average days' time to service for Outpatient or IOP Levels of Care (not including MAT) *Baseline FY19:* *OP = 6.5 days* *IOP = 3.9 days*

Attachment 2: Lakeshore Regional Entity/Region #3-Treatment and Recovery Logic Model, Fiscal Years 2021 thru 2023

Goal	Objectives	Strategies	Activities	Interm. Outcomes	Long-Term Outcomes
Improved continuity of care across treatment continuum	**Increase engagement in services:** Half (50.2%) of FY18 discharges were for 'completed treatment' or 'transferring/ completion of level of care'; 39% of discharges were for clients who 'dropped out'. In FY17, compared to national benchmarks, the LRE had a lower rate of OP discharges for 'completed treatment' (32.1% vs 36.5%) and higher rate of OP discharges for 'dropped out' (46.9% vs. 30%).	Increase in the use of integrated services for persons with co-occurring substance use and mental health disorders: In FY19 17.1% of clients at discharge who had a co-occurring SUD and MH problems that received integrated treatment; decreasing from previous years at 31.3% in FY17 and 20.8% in FY18.	– Cross-training of staff (Ottawa) – Explore feasibility of increasing availability of MAT in MH programming and psychiatry services in SUD programs. (Ottawa) – Provide training for clinicians and provider agencies on integrated services – Establish expectations for provision of integrated services; annual review with corrective action plans required for those not meeting benchmark.	↑ in % of clients w/ co-occurring diagnosis that received integrated services. *Baseline FY19: 17.1%*	• Reduce % of discharges with reason as 'dropped out' for all LOC. *Baseline FY19– 40.5%* • ↑ % of outpatient clients w/ discharge reason of completed treatment. *Baseline FY17 – 32.1%* • ↑ % of clients seen for a second appointment within 14 days of initial service. *Baseline FY19 – 88.6%* • ↑ average # of treatment encounters *Baseline FY19- 16.7 encounters (excludes Methadone dosing)*
		Ensure trauma-responsive services….	Provider training for provision of trauma responsive services	# Attendees trained # trainings held	
		Support providers in preventing and responding to methamphetamine use among clients with an Opioid Use Disorders	– Incentive-based process with MAT clients also using methamphetamines (Ottawa) – Provide materials and training to existing staff as best practice treatment options become known for this population (Lake, Mason, Oceana) – Provide training for providers on evidence-based treatment for methamphetamine (e.g. Matrix Model) – Monitor issue and provide forum(s) to identify emerging issues and develop coordinated response and supports.	# of supportive resources/opportunities provided to treatment clinicians by the LRE	

		Improve process for discharge from detox or residential levels of care to improve entry to subsequent level of care. In FY17 33.6% of Detox and 19.8% of ST Res clients were discharged as 'dropped out'. In FY19, 14% of clients discharged from treatment and 41.3% discharged from ST Residential were not readmitted to a lower level of care and an additional 15.5% of detox and 38.9% of STR were not admitted w/in 7 days.	Work with providers to ensure they assist client in making appt in next LOC prior to discharge. – Discuss issue with SUD ROAT and develop a plan to improve quality of discharge planning for detox and ST Residential. – Review data quarterly to identify issues and respond as necessary – Monitor recidivism for clients to multiple detox episodes to understand issue and improve procedures.	Discharges from detox and/or residential LOC: – Decrease % discharges for 'completed treatment'. *Baseline FY19: 69.2% ST Res and 36.8% Detox* – ↑ % discharges for 'transfer/ completed level of care. *Baseline: 1.8% ST Res and 31.7% Detox*	↑ % of discharged detox and ST residential clients successfully transitioned to the next level of care within 7 days. *Baseline FY19: Detox: 70.5% ST Res: 19.8%* Decrease average # days between discharge and admission to next level of care for detox and for ST residential. *Baseline FY19: Detox: ST Res:*
Goal	**Objectives**	**Strategies**	**– Activities**	**Interm. Outcomes**	**Long-Term Outcomes**
Increase clients that maintain recovery	Clients establish connections to community supports to assist them in maintaining recovery	Expand availability of Recovery Housing.	– *Continue current partnerships with recovery houses* (all 7 counties)* – *Incentivize establishment of new Recovery Residences and pursuing MARR certification** – Develop plan to continue support of Recovery Housing after SOR Funding	Increase capacity (as measured by # beds and # of residence locations) for Recovery Houses with agreements in place located w/in region: *Baseline 2020: 29 residences 146 bed capacity*	↑ # clients that live in Recovery Housing following treatment. *Baseline: TBD*
		Ensure clients have access to support groups: In FY19 19.9% of clients had attended a support group in past 30 days at discharge ranging from 46.0% in Lake to 7.1% in Muskegon.	Expand SMART recovery groups and other support groups and strategies throughout the region	# counties with availability of support groups in place inc. types, frequency, and locations: *Baseline 2020: 4 of 7 counties*	↑ % of clients at discharge reporting attendance at support group in past 30 days *Baseline FY19: 19.9%*

		Women's Specialty services providers work with pregnant and parenting women to reduce barriers to treatment, ensure appropriate medical care, and connect to community resources for other needs.	– Establish consistent training for WSS providers to ensure clinicians and supervisors understand WSS requirements, expectations and best-practices. – Bi-annually regional meetings with WSS providers that include training content – Add WSS to standing agenda for SUD ROAT to ensure issues are addressed throughout treatment systems and increase awareness and visibility of program; establish agreements for how to implement consistently throughout region and monitoring procedures. – Assess each county's relationship with Child Protective Services to identify opportunities for coordination and enhanced partnerships. – Continue Specialized Pregnancy Assistance (SPA) programs (Muskegon and Kent) and expand to additional areas.	– Regional WSS meeting 2x/year – Region-wide agreement of how to implement w/ monitoring procedures – Increase in WSS providers that demonstrate effective coordination with CPS as documented during Site Visit reviews. *Baseline: TBD*	Regional consistency in services and supports available to WSS eligible clients as documented during LRE Site Visit reviews.
		Promote healthy births	– Partner with healthcare systems to implement universal screening for pregnant moms. (Kent, Muskegon) – Ensure pregnant clients in treatment have access to transportation, childcare and other resources(region) – Staff of recovery management trained in model that cares for expecting mothers in treatment (birth plans, support, etc.) (Lake, Mason, Oceana, Allegan)	Increase # of pregnant women served *Baseline FY19: 87*	% of pregnant clients served at WSS provider with a drug-free birth. *Baseline: TBD*

*SOR Funded activity