July 13, 2020

Kimberlee Kenyon
Bureau of Community Based Services
Office of Recovery Oriented Systems of Care 320 S. Walnut Street
Lansing, MI 48913

Re: TRANSMITTAL LETTER FOR 3 YEAR SUD STRATEGIC PLAN

This transmittal letter is a required component of the attached 3-year Strategic Plan for Substance Use Disorder Prevention, Treatment and Recovery Services for Fiscal Years 2021-2023 for Lakeshore Regional Entity (LRE), Region 3 PIHP.

This plan responds to the requirements specified in the MDHHS/OROSC guidelines for developing the 3-year strategic plan for SUD as published on March 31, 2020.

The submitted plan has been formally approved by the LRE Oversight Policy Board on June 3, 2020, and the LRE Executive Board of Directors on June 18, 2020.

If you have any questions related to the LRE Strategic Plan, please contact Stephanie VanDerKooi, SUD Director at stephaniev@lsre.org.

Sincerely,

Greg Hofman,
CEO Lakeshore Regional Entity

D. Mark De Young

Mark DeYoung,
Chairperson Lakeshore Regional Entity
Board of Directors

THREE-YEAR SUBSTANCE USE DISORDER (SUD) STRATEGIC PLAN

Fiscal Years 2021-2023

Table of Contents

1. Identification and Prioritization of Problems

The vision of the Lakeshore Regional Entity is to promote the efficiency and effectiveness of the Member CMHSPs by jointly serving as the PIHP for Medicaid Specialty Behavioral Health Services for the region. Behavioral Health Services include services for persons with developmental disabilities, adults with mental illness, children with emotional disturbance and persons with substance use disorders. The Lakeshore Regional Entity seeks to build upon and maximize the unique strengths of the individual Member CMHSP Boards serving Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa Counties, while establishing a regional organization and identity that supports an essential standard for services. The Lakeshore Regional Entity will promote performance that supports and advocates for and is informed by the needs of the individuals the Entity serves across the region. This 3-year Strategic Plan will provide a detailed summary of the region's demographics, unique challenges the region faces, a focused logic model, an implementation plan and evaluation methods.

The logic model that is provided as Attachment 1, identifies and prioritizes the substance use disorder problems that impact the region's community the most. Areas of focus include alcohol, tobacco, marijuana, vaping and opioid misuse. It should be noted that Muskegon County is currently facing a particularly large opioid crisis. Muskegon leads the state in opioid abuse hospitalizations and is 8th in the nation according to a medical claims analysis from 2015-2016. Muskegon County's Medicare hospitalization rate for opioid abuse is more than six times the national rate and more than four times Michigan's rate. Muskegon's hospitalization rate was 2.66. That is above the national rate of 0.43 and Michigan's overall rate of 0.63. Many of these admissions were older adults who accidently overdosed on their prescription medications.[1]

1.1 Demographic Profile

The demographic profile for our population shows that the region's total population was last estimated in 2019 at 1,307,896 with 86.1% of the population being White, 9.5%, Hispanic/or Latino, 7.8% African American, 2.6 % Asian, 2.6% Multi-racial, and 0.8% as American Indian/Alaska Native (US Census). The majority of the population for the LRE region resides in Kent county with 50.2% of the total population. Kent and Oceana counties include the highest number of English as a second language-speakers in the county at 12.4% and 12.8%, respectively, which is about 3% higher than the state average. Federally recognized tribes in the region include The Nottawaseppi Huron Band of the Potawatomi (NHBP), Little River Band of Ottawa Indians, and the Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan.

The LRE region is made up of 50.5% female and 49.5%% male residents. The high school graduation rate for the region is 90.8% and 30.7% of residents hold a bachelor's degree or higher. It should be noted that at the time of this report, regional demographics including literacy and sexual identity were not able to be obtained.

There is great variation in the demographic profile throughout the region. Kent County is the largest in the region and has half of the regional population. Ottawa County is one of the fastest growing counties in the state of Michigan with regards to population and is also one of the wealthiest with a median household income in 2019 of $67,468, which is $12,000

[1] (2) Moore, L. (2017, November 17). Opioid hospitalization in Muskegon County highest in state, 8th in U.S. Mlive Media Group Retrieved from https://www.mlive.com/news/muskegon/2017/11/opioid_hospitalization_in_musk.html

higher than state-wide. In contrast, the LRE region also includes Lake County with only 11,853 residents, and the poorest county in Michigan, with a median household income of $34,631. Lake county is also an 'aging' county with 28.6% of its population over the age of 65. Compared to the region's average, this is 13.4% higher. 16.2% of Lake County residents are under the age of 18, compared the region's average of 23.8%.

Table 1: Population Distribution

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region
Population	118,081	656,955	11,853	29,144	173,566	26,467	291,830	1,307,896
Percent of Total	9.0%	50.2%	0.9%	2.2%	13.3%	2.0%	22.3%	100.0%

Source: US Census Bureau, 2019 Population Estimates

Table 2*:* Socioeconomic Characteristics

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Median household income	$59,883	$60,351	$34,631	$49,663	$48,329	$46,217	$67,468	--	$54,938
Per capita income	$28,073	$31,005	$19,012	$28,812	$24,101	$23,018	$30,558	--	$30,336
Persons below poverty level	10.7%	11.3%	22.3%	12.1%	15.7%	15.5%	6.8%	11.0%	14.1%
Owner-occupied housing	82.3%	69.1%	84.1%	78.2%	74.5%	81.5%	78.4%	73.7%	71.0%
Persons w/out health insurance	5.5%	6.8%	8.8%	7.1%	6.0%	10.9%	6.1%	6.5%	6.4%

Source: US Census Bureau, 2019 Population Estimates

Table 3. Education

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
High school graduates	90.7%	90.3%	83.0%	92.4%	90.8%	85.9%	92.6%	90.8%	90.5%
Bachelor's degree	22.7%	35.2%	11.3%	23.2%	19.1%	18.8%	33.5%	30.7%	28.6%

Source: US Census Bureau, 2019 Population Estimates

Table 4. Race/Ethnicity

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
White	94.9%	82.3%	87.2%	95.3%	81.1%	95.1%	92.5%	86.1%	79.3%
African American	1.5%	10.5%	8.7%	0.9%	14.1%	1.3%	1.9%	7.8%	14.1%
Amer.Indian/ Alaska Native	0.7%	0.8%	1.0%	1.1%	1.0%	1.6%	0.6%	0.8%	0.7%
Asian	0.9%	3.4%	0.3%	0.8%	0.7%	0.3%	3.0%	2.6%	3.4%
2+ Races	1.9%	3.0%	2.9%	1.9%	3.0%	1.7%	2.0%	2.6%	2.5%
Hispanic or Latino	7.4%	10.7%	2.6%	4.6%	5.8%	15.1%	10.0%	9.5%	5.2%

Source: US Census Bureau, 2019 Population Estimates

Table 5. Language and Foreign Born

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Language other than English at home	5.8%	12.4%	2.9%	3.7%	3.4%	12.8%	9.6%	9.7%	9.6%
Foreign born persons	3.1%	8.3%	1.5%	2.0%	1.8%	5.7%	5.7%	6.1%	6.7%

Source: US Census Bureau, 2019 Population Estimates

Table 6. Gender

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Female	50.0%	50.7%	49.2%	50.4%	50.3%	49.3%	50.6%	50.5%	50.8%
Male	50.0%	49.3%	50.8%	49.6%	49.7%	50.7%	49.4%	49.5%	49.2%

Source: US Census Bureau, 2019 Population Estimates

Table 7. Age

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Persons < 18	24.2%	24.1%	16.2%	20.2%	23.1%	22.8%	24.0%	23.8%	21.7%
Persons 65+	16.5%	13.7%	28.6%	23.6%	17.0%	20.6%	15.0%	15.2%	17.2%

Source: US Census Bureau, 2019 Population Estimates

1.2 Population of Focus

The population of focus for treatment services includes all persons who have a diagnosable substance use disorder and who are covered by one or more of the several public funding streams managed by the Region 3 PIHP. The relationship of the population of focus to the overall population in the PIHP catchment area is that they will be drawn from the same population in varying amounts based on the prevalence of use for various addictive substances in the region. Any individual who meets medical necessity criteria in our region will be served.

LRE provides ongoing workforce development to enhance provider capacity to improve outreach, engagement, and quality of care for minority and underserved populations. In addition to ensuring culturally competent services, LRE also requires providers to address social influencers of health, such as employment, housing, and access to physical healthcare within treatment plans because these are known to positively impact treatment outcomes among disparate populations.

As documented in the 2018 Annual Legislative Report and shown in Table 8, LRE has successfully engaged minority populations in treatment services. When comparing LRE SUD Treatment Admissions to population estimates, LRE successfully engaged African American/Black and multi-racial populations with the rate of admissions 2x that of the population. Admission rates for Hispanic and American Indian populations were in-line with population estimates while the Asian population was underrepresented in treatment, like state level admissions compared to population estimates.

Table 8:SUD Treatment Admissions, Minority Populations

	LRE REGION		Michigan	
	% Admissions FY18	% of Population	% Admissions FY18	% of Population
African American/ Black	16.7%	7.8%	20.9%	14.1%
Hispanic or Latino	8.1%	9.5%	4.4%	5.2%
2+ races	4.4%	2.6%	4.6%	2.5%
American Indian/ Alaska Native	0.8%	0.8%	0.9%	0.7%
Asian	0.5%	2.6%	0.2%	3.4%

Source: US Census Bureau, Annual Legislative Report for FY2018

1.3 Current System for SUD prevention, treatment, and recovery services

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

a conceptual framework for comprehensive system development which is intended to comport favorably with a medical model for responding to chronic disease. Scott Monteith, from Beacon Health Options, serves as our medical director and provides support and guidance in ensuring a robust system which addresses the following:

- Robust Prevention (from universal to targeted)
- Comprehensive Screening (early identification)
- Early Intervention
- Effective Treatment
- Continuous Care for Chronic Conditions
- Recovery Supports
- Community Advocacy

LRE will continue to offer a comprehensive system of care in the region which is fully capable of performing each of these functions for every person in every county in the region. The primary goal is to avoid onset in the first place through a robust prevention service system. The next step would be to find those with disease onset and to respond as quickly and effectively as possible to restore health and function. We strive to assist those with the most serious forms of the illness to achieve optimal health and wellness through intensive and extensive interventions. Overall, we intend to foster an optimal environment for all of the above and, in fact, achieve the ideal of a prevention-prepared community to prevent onset and provide a supportive environment for persons in recovery.

Prevention

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

LRE contracts with the following 11 prevention providers. A summary of programming and initiatives supported by LRE at each of these providers is provided as Attachment 3.

- Allegan County Community Mental Health (ACCMHS)
- Arbor Circle
- Community Mental Health of Ottawa County
- District Health Department #10 (3 locations)
- Family Outreach Center
- Kent County Health Department
- Mercy Health-the Health Project
- Network 180
- Wedgewood Christian Services
- Ottawa County Department of Public Health
- Public Health Muskegon County

- Wedgwood Christian Services

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, LRE provides funding to support the development and coordination of these county coalitions through this provider network when other funding is not available.

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.

When LRE was formed, Mason and Oceana counties did not have coalitions and Lake County's coalition was relatively new and did not have a strategic plan. Since then, LRE has provided assistance to strengthen these services. Currently, each of the counties in the region has a robust prevention coalition complete with strategic and evaluation plans and key stakeholder engagement.

In addition to local initiatives LRE develops and supports regional initiatives through partnership with the prevention providers. Ongoing regional initiatives include:

- No Cigs for Our Kids: A responsible tobacco retailing campaign that focuses on educating the retailers on the importance of compliance with the youth tobacco act. The campaign has been an ongoing joint effort with local law enforcement to combat the problem of vendors selling tobacco to our kids. Local compliance checks along with vendor educations have been completed on a regular basis in all 7 counties, to bring awareness to retailers on the sales of tobacco to minors.
- TalkSooner is another regional project and is the product of the region, with numerous coalitions from county's around the State joining in the effort. This campaign works together to send out a common message to parents of youth ages 10-18 about alcohol, tobacco, and other substances. The goal of TalkSooner is to delay the onset of substance use through encouraging positive, honest conversations with youth that are centered on factual information.

One area of prevention that is providing a barrier and a gap to service access is vaping and marijuana. As newly emerging issues, LRE has found that there is little to no evidence-based programming to address these issues appropriately. In response, LRE is working to identify and develop evidence-informed interventions and ensure evaluation to monitor the effectiveness of these newly developed services.

Treatment

On October 1, 2014, PA 500 of 2012 took effect in Michigan, changing the way the public SUD system was managed, moving from SUD Coordinating Agency regional management to PIHP regional management. Since that time, in the PIHP Region 3, the Lakeshore Regional Entity has maintained their current system for providing substance use

disorder treatment and recovery services which delegates responsibility for managing treatment and recovery services to each of the 5 Member Community Mental Health Service Programs (CMHSP's) through subcontracts. This design allows for improved integration of Substance Use Disorder treatment within the CMH system. In addition, the CMHSPs ensure 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
- Community Mental Health of Ottawa County
- Healthwest (Muskegon County)
- Network180 (Kent County)
- West Michigan Community Mental Health System (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 area on behalf of the LRE region. A complete list of treatment providers within this provider 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 distribution has expanded and office hours are now available to all counties via the Red Project through these grants.

Over the next year, LRE will work to better understand the rising admissions for methamphetamine use and 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 to those in rural areas of the region 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 regard to expanding services in jails in each county of the region. Vivitrol is available to those in need, as well as peer recovery coaches. In April of 2020, LRE became responsible for recovery for individuals in the region who are transitioning back into the community after being incarcerated. Working together with the Michigan Department of Corrections, LRE is partnering with the SUD Regional Operations

Advisory Team (ROAT) to identify ways to improve coordination and services for this population as they return to their communities.

The 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. A list of WSS providers and services available at each is provided in section 8, Table 15. 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, 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 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.

1.4 Extent (morbidity and mortality) and prevalence of substance use disorder problems

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 Substances of those admitted to publicly funded SUD treatment

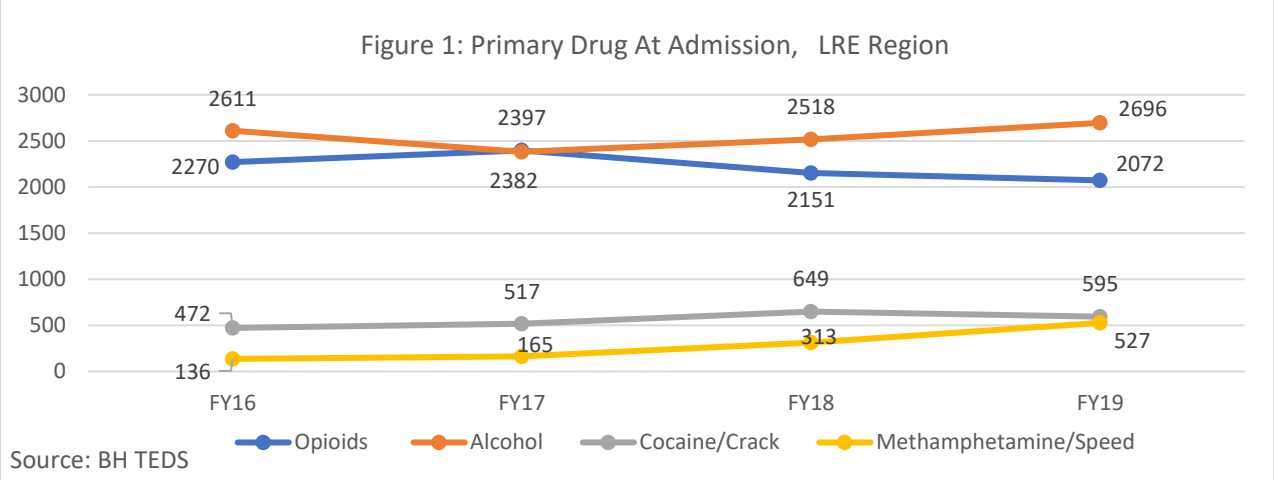
Primary Drug	LRE Region		Michigan	
Alcohol	2,445	39.8%	27,909	36.8%
Heroin	1,409	22.9%	22,514	29.7%
Synthetic and Other Opiates	648	10.6%	7,884	10.4%
Cocaine	624	10.2%	6,624	8.7%
Marijuana	602	9.8%	6,415	8.5%
Methamphetamine	303	4.9%	2,802	3.7%
Benzodiazepines	49	0.8%	753	1.0%
MDMA Ecstasy	25	0.4%	205	0.3%
Stimulants	7	0.1%	70	0.1%
Others	19	0.3%	382	0.5%
None	10	0.2%	317	0.4%

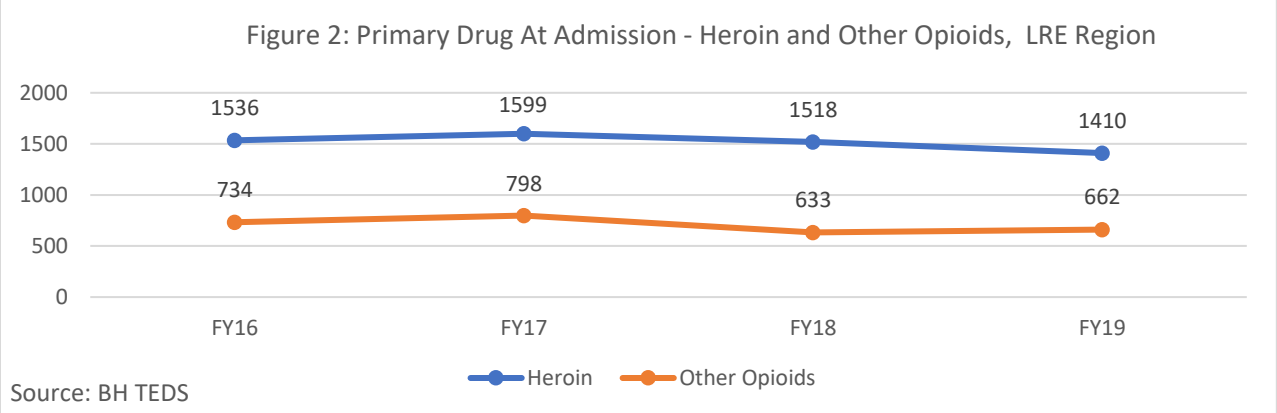
Source: MDHHS Annual Legislative Report for FY2018

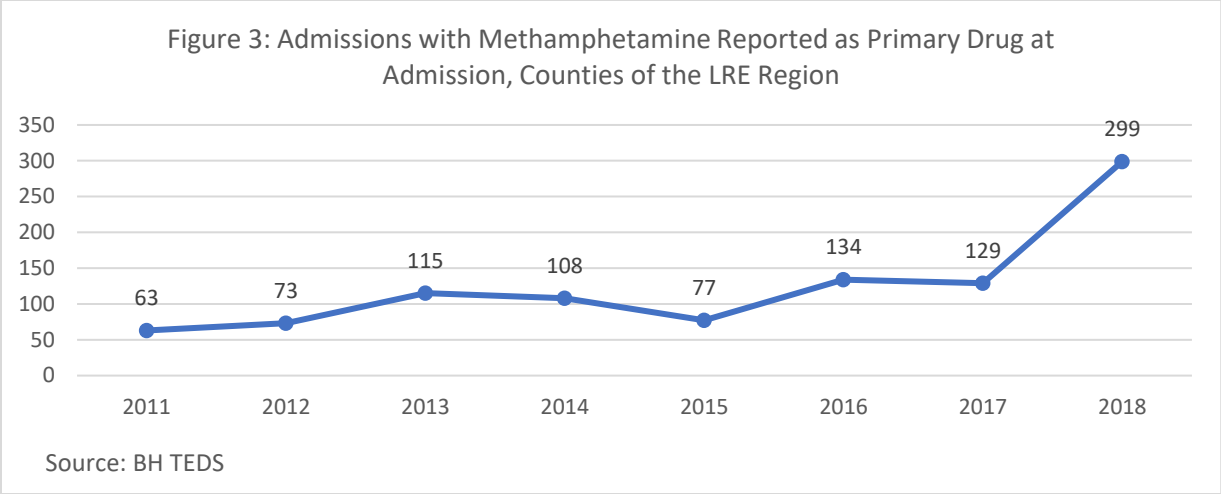
As shown in Figure 1, the number of admissions with methamphetamine as the primary drug are increasing while admissions for alcohol and cocaine have remained relatively stable. Admissions for heroin and other opioids combined represent the second most reported substance of abuse at admission, with alcohol 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 the number of admissions for each have declined slightly in recent years.

Of concern, is the increase in stimulant use with methamphetamine admissions increasing almost 300% between FY16 and FY19 (Figure 3). In 2018 there were 299

admissions for methamphetamine, greatly exceeding the 99 admissions that occurred in 2005 for 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.







In 2019, LRE hired an independent evaluator to assess the LRE system of care to improve 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 address the system's service gaps and ensure a quality, comprehensive system able to provide adequate care, achieve positive outcomes, and reduce health disparities.

Priorities are 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; and
- Ensuring client connections to community supports to maintain recovery.

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 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.

The prevention logic model for the region provides the framework for determining the prioritized consequences and intervening variables for underage drinking, underage tobacco use, youth and young adult marijuana use, and prevention of opioid misuse. The logic model is developed in partnership with the provider network and updated every two years to reflect emerging issues and changing priorities determined throughout the region. Every two years, when updated MIPHY becomes available, the LRE region conducts a regional analysis to identify trends in targeted issues and emerging areas of concern. This data is reviewed by the Regional Prevention Workgroup and a discussion of issues being identified locally drives further data collection or analysis as necessary. The most recent version of the

prevention logic model is being submitted for the OROSC strategic plan. Using this process, this version was enhanced to incorporate new efforts to address the emerging issues of vaping and the legalization of recreational marijuana in 2019. 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 reviews each updated logic model and provides feedback and recommendations for improvement.

1.5 Communicable Disease

LRE will implement communicable disease services in accordance with requirements set forth in Prevention Policy #2: Addressing Communicable Disease Issues in the Substance Abuse Network. To do so, LRE will assure that screening for HIV/AIDS and other STI's will occur through its SUD Provider Network using a standardized Communicable Diseases screening tool. Persons screening positively are referred for testing. In addition, persons engaging in higher risk activities will receive health education on risk reduction.

Contracts with providers issued through LRE specify that *all clients* are to be screened at assessment for risk of TB, STD, HIV, and Hepatitis in a manner that is consistent with MDHHS standards. If the screen identifies high risk behavior, the individual must be referred for testing. Referral for Hepatitis C testing is required for persons with a history of IV drug use. Referral for STD and HIV testing is required for all pregnant women. Persons entering residential treatment must receive TB testing within 48 hours of admission.

Providers have referral agreements with communicable disease testing sites, including local health departments, which specifies the method for ensuring that the agency to which the individual has been referred has the capacity to accept the referral. In addition, we require that providers have a protocol for linking infected individuals with appropriate treatment/support resources and/or recording the screening, referral, and linking activities in the client's clinical record. Finally, providers complete the communicable disease reporting requirement as specified by MDHHS.

Compliance with communicable disease requirements are monitored during annual site visits and providers not achieving compliance are required to submit a corrective action plan.

2. Data-Driven Goals and Objectives

2.1 Prevention

Based on the epidemiological profile, the following goals and objectives have been identified for the LRE region for prevention services. Unless otherwise specified, the data source is county-level youth surveys and these survey results will be used to monitor progress. Baseline data is provided from 2018 survey results with regional rates calculated using county level results. Survey tools include the Michigan Profile for Healthy Youth for each county except Ottawa, where the Ottawa Youth Assessment Survey provides the necessary information.

The logic model provided in attachment 1 provides an overview of the data that was used to prioritize the selected problems and related intervening variables that resulted in the

development of these goals and objectives. This logic model also provides an overview of the actions to be taken by LRE and providers to impact these goals and objectives.

Table 10: Prevention Service Goals and Objectives

Priority	**Metrics**	**Baseline provided by MIPHY 2018** (unless otherwise specified)
Underage Marijuana Use	**Goal 1**: Decrease in HS students reporting recent use of marijuana by 5% by 2024	13.8%
	Obj. 1.1: Reduction in % of HS students reporting it would be easy' to get marijuana by 5% by 2024	45%
	Obj 1.2: Reduce the % of HS students that report using marijuana 1 or 2x / week is low risk by 5% by 2024	55%
Underage Alcohol Use	**Goal 2:** Reduction in Past 30-day alcohol use by HS students by 5% by 2024	16.6%
	Obj 2.1: Reduction in % of students reporting it would be 'easy' to get alcohol by 5% by 2024	57.9%
	Obj 2.2: Reduction in % students who drank recently that report they usually get their alcohol by taking it from home by 5% by 2024	20.0%
	Obj 2.3: Maintain the low rate of recent drinkers reporting they usually buy it at a store or gas station at 2% or less through 2024.	2.0%
	Decrease the % of HS students who report their friends feel regular alcohol use is 'not wrong/a little bit wrong' from by 5% by 2024	17.0%
	Reduce the % of youth reporting binge-drinking as low risk by 5% by 2024	29.4%
	Decrease the % of students reporting more than half their peers drank alcohol in the past month by 5% by 2024	31.9%
Opioid Misuse	**Goal 3:** Reduction in opioid related deaths in the region by 10% by 2023 (Source: MI SUD Data Repository).	145
	Decrease youth reporting easy access to prescription drugs during focus groups.	Na
	Decrease the rate of opiate prescriptions written per 10,000 residents by 5% by 2023 (Source: MAPS via MI SUD Data Repository).	70.1/100 residents in 2018
	Decrease MS and HS students reporting low risk for using Rx drugs without a Rx by 5% by 2024	22.0%
Tobacco	**Goal 4:** Reduction in past 30-day use of electronic vaping products by 5% by 2024	24.1%

	Goal 5: Maintain low rate of cigarette use at 4.5% or below through 2024.	
	Maintain a formal Synar compliance rate of 80% or greater each year through 2024.	4.5%
	Decrease % of students (MS and HS) reporting low risk for cigarette use by 5% by 2024	18.7%
Early age of initiation	**Goal 6**: Decrease the percent of HS students who report use of alcohol and marijuana before age 13 by 5% by 2024	Alcohol – 7.1% MJ – 4.3%
	Increase in students reporting at least one best friend who made a commitment to be drug free in the past year by 5% by 2024	72.8%
	Increase in % of HS students reporting that they could ask their mom/dad for help w/ personal problems by 5% by 2024	78.4%
	Increase % of students reporting adults in family have talked about what they expect when it comes to alcohol and other drugs by 5% by 2024	78.6%
	Reduction in % of HS students seriously considering suicide by 5% by 2024	20.5%

2.2 Treatment and Recovery

Based on the epidemiological profile, the following goals and objectives have been identified for the LRE region for treatment and recovery services. Unless otherwise specified, the data source is Behavioral Health Treatment Episode Data Set (BH TEDS) and encounter data reported to LRE and will be used to monitor progress. Baseline data is provided from FY2019 unless otherwise noted. The logic model provided in Attachment 2 provides an overview of the data that was used to establish the following priority areas and the metrics selected. This logic model also provides an overview of the actions that will be taken by LRE, the CMHSPs, and the provider network to impact these goals and objectives. Additional process measures are identified throughout the logic model as appropriate to monitor progress related to designated activities.

Table 11: Treatment and Recovery Service Goals and Objectives

Priority	**Metrics**	**Baseline FY19** (unless otherwise specified)
Increase access to treatment for persons living with Opioid Use Disorder	Decrease average days between request for service and first service for persons living with OUD	19.5 days
	Increase # MAT providers	11 days
	Increase geographic coverage of MAT providers	TBD

	Increase # counties that have MAT provider located within the county	5 of 7
Increase access to treatment services for older adults (55+)	Increase in # of admissions for individuals age 55-69	539 Admissions
Increase access to treatment for criminal justice involved population returning to communities.	Increase in # admissions with legal status as on parole or probation	1,050 (19.2% of admissions)
	Increase # admissions with legal status as diversion pre or post booking	27 (0.5% of admissions)
	Increase # admissions with legal status as 'in jail'	432 (7.2% of admissions)
	Sustain county arrangements in place with Jail systems to support re-entry connection to services at 100%	100%
	Sustain counties with services provided in the jails at 100%	100%
Improve access to SUD for individuals with IVDU	Maintain an average wait time of less than 3 days for persons with IVDU for detox.	2.5 days
	Decrease average time to service for clients w/ IVDU entering outpatient with MAT.	5.1 days
Increase access to SUD for rural communities.	Decrease average days' time to service for Outpatient or IOP Levels of Care (not including MAT)	OP = 6.5 days IOP = 3.9 days
	Increased # OP/IOP providers in region in rural counties.	5
Increase engagement in treatment	Reduce % of discharges with reason as 'dropped out' for all LOC.	FY18: 39%
	Increase % of outpatient clients w/ discharge reason of completed treatment.	FY17: 32.1%
	Increase % of clients seen for a second appointment within 14 days of initial service.	88.6%
	Increase average # of treatment encounters	16.7 encounters
	Increase in % of clients w/ co-occurring diagnosis that received integrated services.	17.1%
Increase engagement by ensuring continuity of care between levels of care.	Decrease discharges from detox and/or residential LOC with reason identified as 'completed treatment'.	ST Res =72.3% Detox = 38.8% (FY17)
	Increase % discharges from detox and/or residential LOC with reason identified as 'transfer/ completed level of care.	ST Res – 1.8% Detox – 31.7%
	Increase % of discharged detox clients successfully transitioned to the next level of care within 7 days.	ST Res – 19.8% Detox: 31.7%

	Decrease average # days between discharge and admission to next level of care for detox and for ST residential.	Detox - 16.4 ST Res- 72.5
Clients establish connections to community supports to assist them in maintaining recovery	Increase capacity (as measured by # beds and # of residence locations) for Recovery Houses with agreements in place.	29 residences 146 beds
	Increase # clients that live in Recovery Housing following treatment.	TBD
	Increase % of clients at discharge reporting attendance at support group in past 30 days	19.9%
	# counties with adequate (type, locations, frequency) of support groups in place	4 of 7
Pregnant and parenting women receive support to reduce barriers to treatment and assist them in maintaining recovery	% of pregnant clients served at WSS provider with a drug-free birth.	TBD
	Increase # of pregnant women served	87

3. Goals, objectives, and strategies for coordinating services

As required in P.A. 500, 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.

3.1 Prevention

LRE partners with community providers to support local coalitions and ensures 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. 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, 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, LRE contracts with 11 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 LRE to support the work and coordination of their county coalition.

Table 12:

County Coalition	Mission Statement	Year Coalition Established:	Prevention Providers receiving LRE funds to Support
Allegan Substance Abuse Prevention Coalition (ASAP)	Uniting the community to identify and solve substance abuse issues.	2004	Allegan County Community Mental Health Services
Kent County Prevention Coalition (KCPC)	To build a healthier community by preventing and reducing harmful substance use behaviors in Kent County, focusing on youth.	2006	Kent County Health Department Arbor Circle Wedgewood Family Outreach Center Network 180
Ottawa Substance Abuse Prevention Coalition (OSAP)	We who live, work and care about youth in Ottawa County will prevent substance abuse through effective, coordinated and sustainable action.	2001	Arbor Circle Ottawa Community Mental Health Services Ottawa County Public Health Department
Coalition for a Drug Free Muskegon	Our mission is to reduce substance use disorder in Muskegon County through education, prevention, and treatment.	2005	Mercy Health – the Health Project Public Health Muskegon County Arbor Circle
Lake County Communities that Care Coalition	Build successful partnerships to create, initiate, and promote healthy lifestyles within our community.	2013	District 10 Health Department
Oceana LEADS coalition	To achieve a reduction in drug and alcohol abuse by empowering our community to engage in opportunities that will promote a healthy and quality life.	2016	District 10 Health Department
Leeward Initiative	Working together to achieve a reduction in substance use by increasing understanding,	2016	District 10 Health Department

(Mason County)	ensuring treatment services, and supporting our families and communities.		

LRE's regional prevention logic model, provided as Attachment 1, was developed in partnership with the provider network and is updated every two years. The prevention logic model is used to guide evaluation of initiatives as well as summarize efforts across the region by priority issue. Within this logic model, the provider(s) addressing each area are identified using the following acronyms. When a provider serves more than one county but only provides the service in some of their service area, the counties have been identified throughout the logic model.

ACCMHS – Allegan County Community Mental Health Services

AC – Arbor Circle (Kent, Ottawa and Muskegon Counties)

CMHOC – Community Mental Health of Ottawa County

DHD#10 – District Health Department #10 (Lake, Mason and Oceana Counties**)**

FOC – Family Outreach Center (Kent County)

KCHD – Kent County Health Department

MCHP- Muskegon Community Health Project (Muskegon County)

N180 – Network 180 (Kent County)

OCDPH – Ottawa County Department of Public Health

PHMC - Public Health Muskegon County

WW – Wedgewood (Kent County)

This most recent version 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. The logic model also identifies which prevention providers are working to address each goal and objective area.

For information on which prevention providers are implementing activities related to each goal and objective, refer to the Prevention Logic Model provided as Attachment 1. In addition, a summary of programming offered at each prevention provider is provided in Attachment 3.

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

- 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.

3.2 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 LRE with the ability to identify common priorities and supports needed to enhance collaboration.

The SUD ROAT includes representatives from each of the five Member CMHSPs 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 LRE to have direct communication with providers to gain insight into emerging issues or challenges being experienced by the provider network.

The work of this group has resulted in the treatment and recovery logic model provided in Attachment 2. This newly developed model will be used to provide a framework in the coming years to guide evaluation and monitoring for targeted improvement areas. 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 evaluation of LRE 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.

4. Key decision-making undertaken by the SUD Oversight Policy Board

In accordance with Public Act 500 of 2012, Section 287(5), the Lakeshore Regional Entity Board of Directors 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 in the LRE region. SUD OPB performs the following functions and responsibilities: (a) Approval of any LRE budget containing local funds for treatment or prevention of substance use disorders. (b) Advice and recommendations regarding department-designated community mental health entities' budgets for substance use disorder treatment or prevention using other non-local funding sources. (c) Advice and recommendations regarding contracts with substance use disorder treatment or prevention providers.

The LRE OPB meets minimally four times per year with specific agenda items identified such as an annual review of the OPB bylaws and approval of the SUD budget. Additionally, the OPB reviews all regional SUD License applications and makes formal recommendations to Licensing and Regulatory Affairs (LARA). The OPB evaluates the financial performance of the providers and provides recommendations for changes in policies or laws if necessary. Providers who exemplify exceptional practices are recognized by the OPB. When the opportunity presents itself, the OPB will communicate with constituent counties to share relevant information and problem solve.

The annual organizational meeting to elect officers of the OPB is held during the first meeting of each calendar year. New members are appointed by the member county Board of Commissioners in December of each year, and each new member is provided an orientation on the role and functions of the OPB. Bylaws are reviewed annually and updated as necessary.

5. Evidence-Based Programs, Policies and Practices

The LRE's partnerships with member CMHSPs and prevention provider network enables a system which is nimble enough to make rapid changes to respond to emerging issues. For example, when COVID-19 occurred, most prevention programming was able to move to a virtual system and treatment providers embraced the use of telehealth to continue serving clients.

5.1 Prevention

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

The prevention logic model identifies prioritized goals, related objects for intervening variables, activities designed to impact these issues, agencies responsible for implementation, and short-, intermediate- and long-term outcomes that will be monitored to track progress.

5.2 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.

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 and engagement in services, as well as connection to community resources 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. The SUD Oversight Policy Board also reviewed and provided feedback on the draft logic model prior to submission.

6. Allocation Plan

Region 3 PIHP has centralized SUD administration/management/planning functions for the substance use disorder services. LRE employs a director of SUD services who is responsible, under the PIHP Chief Executive Officer, to implement the legal and contractual obligations of the entity related to SUD services. LRE delegates SUD Treatment and Recovery services to its five-member CMHSPs 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
- Overall treatment system development to meet the needs of our communities.

The CMHSPs 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 11 contracted prevention agencies and several regional prevention projects.

SUD Medicaid and Healthy Michigan will be allocated to the member CMHSPs using the same methodology as MDHHS uses to allocate the dollars to the Entity. MDHHS Block Grant dollars will be allocated first by the allocation set by MDHHS to the splits between Prevention and Treatment Dollars. Prevention will be retained by the Entity and used for the centralized management of prevention services and functions.

Prevention funds are allocated to provide representative funds proportional to the population of the region residing in the respective counties. Within each county when multiple providers are funded, funds are allocated to various organizations based on justification of need provided during the procurement process and to ensure that priorities are addressed adequately.

Treatment funds will be divided between the Member CMHSPs based on General Fund (GF) need as calculated based on the population for each of the counties. The ACS 200% Federal Poverty Level (FPL) –(American Community Survey-United States Census Bureau) will be used to determine the base for initial need and subtracting the following: Medicaid Eligible, Healthy Michigan Eligible and Marketplace Enrollment (Less than or equal to 200% FPL). This method will determine the base for SUD GF Block Grant Distribution.

Public Act 2 (PA2) Liquor Tax funds will be approved for distribution by the Entity SUD Oversight Policy Board. PA2 funds will be allocated back to the county from which the funds originated. Any surpluses will be sent back to the Entity for distribution in the following years from which the funds originated.

The Oversight Policy Board Meets every year in September to review the allocation recommendations developed by LRE staff and based on current year's 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, LRE issues contracts to contracted prevention providers directly and to each CMHSP in the region for an October 1 start date.

Substance Abuse Block Grant Funds for treatment and recovery services are allocated based on population as well to the CMHSPs 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. A wait list is maintained by each CMHSPs and reported to the LRE weekly. The SUD ROAT uses this information to discuss service gaps and collaborate to enhance capacity to address unmet needs.

Prevention services

Prevention services have been funded at or near 25% in the region for the entirety of the region's existence. This is well beyond what is required because this region values prevention and knows that if prevention is successful, we can reduce the demand for treatment and recovery. Procurement occurs every 6 years in the region with FY 2021-22 as the next year to procure prevention services to ensure a robust panel is operating in the region. Priorities for prevention funds ensure inclusion of efforts targeting environmental change and integration of SUD prevention and health promotion. During this procurement process, any Michigan Tribal entities meeting requirements to contract as a prevention provider will be notified of the opportunity and the procurement process will require all prevention providers to identify planned collaboration with tribal entities in their service area.

LRE allocates a portion of prevention funds to support region-wide prevention initiatives such as TalkSooner.org. Regional meetings of the provider network include

efforts to collaborate with primary care through promotion of screening, brief intervention and referral, as well as supporting pediatric offices in promoting parent resources such as the parent self-screening tool that identifies local prevention programming based on the parent response to a 6 simple questions available on the TalkSooner.org home page. Additionally, when other issues arise regionally, LRE convenes meetings to work on issues such as marijuana use, Family Meals Month, data tracking, vaping, opiates and now stimulants.

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, and other parenting programs. Through 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.

Treatment and Recovery services

The 5 CMHSP's have been budgeting and managing the SUD treatment services since 2014. 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 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, 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.

The region will maintain current contracts moving forward. 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 Service Programs (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, 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.

During the past five years, the region has achieved significant expansion of services to better meet the needs of the community and ensure a full continuum of services. Outcomes of expansion efforts that will be sustained, include:

– Establishment of local Medication Assisted Treatment providers for both Vivitrol and Buprenorphine (Ottawa, Lake, Mason, Oceana, and Muskegon).

- Addition of Recovery Management Services (Allegan, Ottawa, Lake, Mason, Oceana, and Muskegon) and expansion (Kent) which includes case management and peer recovery coaching.
- Establishment of new community-based mutual aid recovery groups in the community as alternatives to AA/NA, namely Life Ring and Celebrate Recovery groups (Lake, Mason and Oceana), and Smart Recovery (Muskegon).
- Initiation and several years of sustained Naloxone training and kit distribution to both the public and all law enforcement departments, which has resulted in many saved lives in all counties.
- Awarding of many STR/SOR grants to address issues include: MAT Service enhancement, SUD transportation, supporting the use of Recovery Residences, expansion of jail-based SUD services and community linking up on release with treatment services and peer coaching.
- Other community efforts include establishment of recovery residences, the State Police Angel Project, and now integration in working with the Michigan Department of Corrections (MDOC) population.

LRE will ensure that there is knowledge of the problem and related research to be addressed, and that the services plan consists of evidence-based services to impact that issue. Expertise is required at both planning and service implementation levels, which will be provided in part by the continuing participation of a SUD Medical Director as a contractual resource. Dr. Scott Monteith, MD currently works for Beacon Health Options and partners with our region to aid the PIHP and serve as our medical director. In this role, he assists the LRE in assessing and addressing the problem and developing service plans consisting of evidence-based services appropriate to impact the identified issues.

The long-standing capacity of members to link with Native American tribal organizations (e.g., Nottawaseppi Huron Band of the Potawatomi (NHBP), Grand River Band of Ottawa Indians (GRBOI), and other federally recognized or unrecognized tribes) in developing and providing culturally competent services will continue. As tribal organizations express the desire and capacity to provide services, LRE will encourage and support their efforts to do so through CMHSP provider panel opportunities.

Through multicultural grants obtained by LRE under Mental Health Block grant funding, robust training is available to support working with Native Americans under the guidance of Family Outreach Center who is the regional lead in working with this population. This effort has led to all providers being trained in how to improve our relationships and services with the local Native American population. This resource also provides enhanced opportunity to continue improving integration of Mental Health and SUD providers.

The LRE works to ensure a trauma informed system of care by providing training to the provider network. Monitoring delivery of services and requiring the provider network to document how they ensure delivery of trauma-informed care during planning and procurement processes is also a fundamental requirement. Each of the CMHSPs ensures their Access Management System has staff and procedures that are trauma-informed and the regional clinical ROAT discusses issues related to trauma-informed care, as necessary.

7. Implementation Plan

LRE employs a director of SUD services who is responsible, under the PIHP Executive Director, to implement the legal and contractual obligations of the entity related to SUD services. LRE delegates SUD Treatment and Recovery services to its 5 member CMHSPs 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 all 11 contracted prevention agencies and several regional prevention projects.

7.1 Prevention

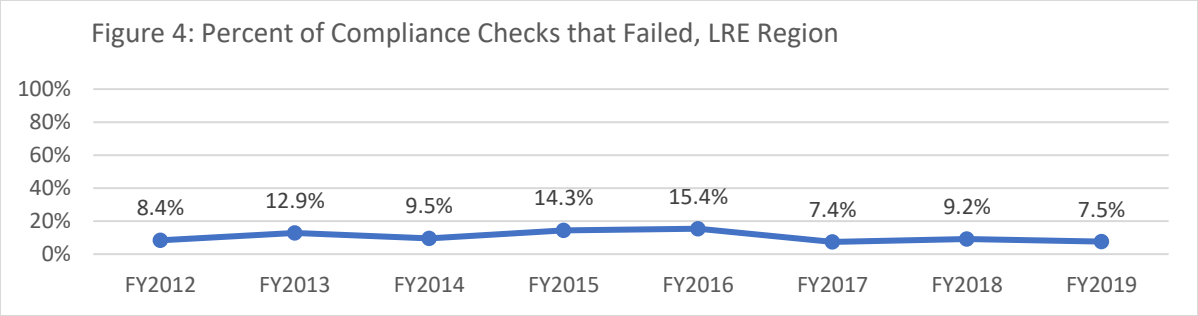
Each year in August, prevention providers develop and submit annual plans for the LRE that adhere to the regional strategic plan. A regional meeting is held to discuss new ideas providers may have and any new trends the region wants to see the prevention providers address in the coming FY in their annual 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. Annually 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 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.

An overview of planned key prevention services is detailed in the Prevention Logic Model (Attachment A).

As noted earlier, LRE provides regional coordination of the TalkSooner Campaign and has initiated partnerships with all area hospitals in the region to promote. The hospital systems will promote at all of their locations our TalkSooner collateral material (posters, prescription pads, and table tents). Campaign materials will be developed regionally, with the support of contracted marketing consultants, and distribution of messaging will be purchased by LRE for coverage throughout the region.

LRE also coordinates the regional No Cigs for Our Kids campaign with the goal of ensuring LRE achieves 80% compliance during formal Synar investigations each year. The "No Cigs For Our Kids" campaign focuses on educating tobacco vendors in the region regarding the importance of compliance with the Youth Tobacco Act. Funding is provided to enable the substance abuse prevention coalitions in the region to work with local law enforcement agencies to ensure that tobacco retailers do not sell tobacco products to minors. These compliance checks have been occurring in several of the region's counties since 2011 and, over the last three years, have occurred in each of the region's seven counties.

This campaign has been in place since 2004 and has been shown to have successfully achieved the required compliance during formal Synar inspections. Figure 4 displays the percent of compliance checks reported per year in the LRE region that failed. Tobacco sales to minors have remained below the twenty percent (20%) threshold established by the Synar Amendment since 2012, with the most recent percentage being 7.5%.



7.2 Treatment and Recovery

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

Beacon Health Option will reconvene a clinical standards ROAT group to work on regional implementation. This group 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 they 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, LRE has established a 'no wrong door' access model to improve accessibility for individuals seeking services. 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 Provider and CMHSP annually to ensure they are meeting contractual requirements. LRE contracts with Beacon Health Options to conduct these audits and provide findings to LRE and respective CMHSP. Problematic findings are reviewed by the SUD ROAT and corrective action plans developed as necessary.

Implementation priorities will continue to include:

- Continued development of evidence-based management, auditing/oversight, financial risk management, and network management.
- Continued coordinated planning for utilization management, auditing/accountability, financial risk management, etc. through SUD ROAT, Finance and Rate groups.
- Focused development of evidence-based practices and best standards of service and care (e.g., co-occurring capability development, trauma informed care, cultural competence, etc.)
- Capacity management for priority populations.
- Implementation of common outcomes tools and systems, including regional evaluation efforts.
- Provider education and technical assistance
- Budget management for providers and services

An overview of key treatment and recovery support initiatives have been detailed in the Treatment and Recovery Support Logic Model (Attachment 2). The timeline for achievement of goals and objectives has been provided under question 2.

7.3 Timeline

Table 13

Timeline:	**Responsible**	**FY21**	**FY22**	**FY23**
Prevention Annual Plan Submission	Prevention Providers	August 2020	August 2021	August 2022
Provider Audit/Site Visits - Treatment and Recovery Providers	Beacon Health Options	Ongoing	Ongoing	Ongoing
Provider Audit/Site Visits- Prevention Providers	SUD Director	Ongoing	Ongoing	Ongoing
SUD Treatment ROAT Workgroup	SUD Director	Quarterly	Quarterly	Quarterly
SUD Clinical Workgroup	SUD Director	Quarterly	Quarterly	Quarterly
Regional Prevention Workgroup	SUD Director	Quarterly	Quarterly	Quarterly

Prevention Reporting MPDS	Prevention Providers	Monthly	Monthly	Monthly
Prevention Progress Reporting	Prevention Providers	Quarterly	Quarterly	Quarterly
Procurement process for Prevention Services	SUD Director	September 2020	Na	Na

8. Evaluation Plan

LRE has consistently implemented evaluation processes that support identification of opportunities for improvement in implementation of a recovery-oriented system of care. In FY21, KWB Strategies will be retained for evaluation services to support the SUD Director in establishing data tracking mechanisms to monitor and review the effectiveness and impact on targeted outcomes for regionally planned services. In addition, discussions to facilitate provider and stakeholder discussions related to evaluation findings will support engagement in developing regional plans to inform improvements across the region in response to findings.

8.1 Prevention

KWB Strategies has provided evaluation for prevention services in the past and will be retained to do so again. The previous evaluation report for prevention services is provided as Attachment 4.

For this evaluation process, the regional logic model (Attachment 1) provides the framework for monitoring effectiveness and outcomes of the regional plan to improve targeted community indicators. Identified long-term goals and objectives for each targeted issue have been provided under question 2.

As data becomes available, data trends are reviewed and summary reports are created that include calculations for regional rates based on county MIPHY results. Any issues that have worsened or are not showing adequate improvement will be noted and discussed during Regional Prevention Provider meetings. Action steps will be developed to document what will be done to strengthen the likelihood of improvement in these areas.

In addition to regional evaluation, each provider establishes an evaluation plan with identified outcomes for local initiatives. Progress toward achievement of these outcomes is reported to LRE 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 Regional Prevention Providers 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 (Attachment 5). 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 will monitor the following each quarter:

- Percent of evidence-based programming at each provider, and regionally, as measured by MPDS data records.
- Units of service provided per funded full-time equivalent (FTE) sustained at required level.
- MPDS Outcome Survey completion rate for each provider for programming that meets criteria.

8.2 Treatment and Recovery

The treatment and recovery support logic model provided as Attachment 2 displays a framework for monitoring and evaluating the effectiveness of the region in improving targeted issues. Goals and objectives identified for the intermediate and long-term outcomes for targeted improvement areas have been provided under question 2 and are referenced throughout this section as appropriate.

KWB Strategies will be retained to support ongoing monitoring and evaluation of treatment and recovery initiatives, including monitoring of data trends, progress, and identification of corrective action plans or enhancements as applicable.

Data for each indicator will be monitored and 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.

In addition, LRE will monitor and track performance in the following indicators:

Table 14

<table>
<tr><th>Domain</th><th>Measure</th><th>Evaluation Mechanism</th></tr>
<tr><td>Health and Safety</td><td>Sentinel Events</td><td>LRE data system reporting</td></tr>
<tr><td rowspan="7">Administration: use of public funds</td><td>On-time reporting</td><td>OROSC reporting</td></tr>
<tr><td>Withdrawal Management Subsequent Services</td><td rowspan="3">BH TEDS</td></tr>
<tr><td>Outpatient Continuation</td></tr>
<tr><td>Treatment Outcome:
– Housing
– Employment
– Education
– Recidivism</td></tr>
<tr><td>Funds spent on services</td><td rowspan="3">LRE Financial Reporting System</td></tr>
<tr><td>Funds spent on integrated services</td></tr>
<tr><td>Funds spent on recovery supports</td></tr>
<tr><td rowspan="2">Treatment Penetration Rates for Selected Populations</td><td>Youth ages 12-17</td><td rowspan="2">BH TEDS</td></tr>
<tr><td>Young adults age 18-25</td></tr>
</table>

	Women of childbearing age	
	African Americans	
	Hispanic	
	Native American	
	Persons with Opioid Use Disorder	

8.3 Evidence-Based Interventions and Integration of Trauma Responsive Services

LRE requires that all prevention, treatment and recovery support programming is evidence-based and data-driven. To support this requirement, LRE provides ongoing training and technical assistance to support providers in finding and initiating evidence-based programming and models. Just some of the evidence-based programs currently implemented in the LRE region include:

- Strengthening Families Program for Youth ages 10-14
- Prime for Life
- Botvin's Life Skills
- Project Alert
- Community Trials to Reduce High Risk Drinking
- Compliance checks with alcohol and tobacco retailers
- Vendor education for alcohol and tobacco retailers
- Michigan Model
- No Cigs for Our Kids Responsible tobacco retailing campaign
- Motivational interviewing
- Matrix Model
- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy (DBT)
- Trauma Informed Cognitive Behavior Therapy
- Medication Assisted Treatment including Vivitrol, suboxone, methadone, Buprenorphine
- Contingency Management
- Eye Movement Desensitization Training (EMDR)
- Seeking Safety
- Smart Recovery

The LRE has worked to integrate trauma-responsive services throughout the entire continuum of services and each CMHSP is required to ensure that their Access Management System has staff and procedures that are trauma informed. LRE supports these requirements by providing ongoing training to the provider network. Providers are required to document how they ensure delivery of trauma-informed care during planning and procurement processes. LRE monitors delivery of services to ensure compliance during annual site review visits.

8.4 Women's Specialty Services (WSS)

There are currently 12 Women's Specialty Service programs throughout the LRE region. Strengths of the WSS network are the collective diversity of treatment offerings and the geographic coverage of the provider network. Of primary focus for the region is continuing efforts to strengthen trauma-informed services within WSS provider agencies, including expansion of the evidence-based program Seeking Safety. In addition, the LRE encourages providers to attend WSS state meetings where resources and training for trauma informed services are often provided. A list of providers and the services available is provided in Table 15.

Table 15:

WSS Providers	County/Location	Type of Care
Arbor Circle	Allegan	Outpatient (OP), Intensive Outpatient (IOP), Recovery Management (Women's services embedded), Women's Reentry
	Ottawa	OP
	Kent	OP, IOP, Enhanced Women's Services, Family Engagement Program, Women's case management, Women's Reentry
	Muskegon	OP, Recovery Management (Women's Services Embedded)
Family Outreach Center	Kent	OP, Family Engagement Program
Hackley Life Counseling, DBA Mercy Health Life Counseling	Muskegon	IOP, OP; Women-only groups; Childcare: onsite 0-10 years; Family Therapy: 0-17 years; transportation covered: Enhanced Women's Services
Ottagan Addictions Recovery Inc (OAR) - Harbor House	Ottawa	Women's residential; Childcare: 0-1 years; Family Therapy: 0-17 years, infants may stay in residence with mom; transportation
Ottagan Addictions Rehabilitation, Inc. - Women's Services	Ottawa	IOP (w/domicile), OP; Childcare: 0-12 years; Family Therapy: 0-17 years; transportation
Our Hope Association	Kent	Residential, Childcare: 0-10 years of age

Table 15:		
WSS Providers	**County/Location**	**Type of Care**
Pine Rest Christian Services- Women & Children's Center	Kent	Residential; Childcare: 0-8 years
Wedgwood	Muskegon	Family Engagement Program, SPA
	Ottawa	OP, IOP Family Engagement Program

While much progress has been made to strengthen the WSS service provider network, the following deficits have been identified:

- the need to improve capacity for childcare arrangements for the number of children and ranges of ages as realistically presented for service.
- Ensuring that WSS programs fully identify and address the preventative and developmental needs of children, focusing especially on the offering of trauma-informed services/groups such as Seeking Safety.

To address these deficits, and enhance effectiveness of WSS services, planned initiatives include:

- Establish consistent training for WSS providers to ensure clinicians and supervisors understand WSS requirements, expectations, and best-practices.
- Hold regional meetings bi-annually 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.

LRE has established the following metrics to monitor progress and improvement for WSS services:

- Increase number of pregnant women served,
- Increase percent of pregnant clients served at WSS provider with a drug-free birth.
- Increase number of counties in the LRE region with at least one WSS service provider.
- Regional WSS meeting held 2x/year

- Increase WSS providers that demonstrate effective coordination with CPS as documented during Site Visit reviews.
- Regional consistency in services and supports available to WSS eligible clients as documented during LRE Site Visit reviews.

8.5 Persons with Opioid Use Disorder.

All treatment providers in the LRE region's network are able to provide treatment services for persons abusing or dependent on opioids. Programs specializing in the treatment of opioid dependence that provide medication assisted treatment include:

Table 16

MAT Providers	County	MAT offered
ACAC	Muskegon	Suboxone
Cherry Street Health Services	Kent	Methadone
Healthwest	Muskegon	Buprenorphine
Muskegon Recovery Center of Cherry Health Services	Muskegon	Methadone
Salvation Army /Turning Point	Muskegon	Suboxone
Salvation Army/Turning Point	Mason	Suboxone
Wedgwood	Ottawa	Suboxone
West Michigan Treatment Center	Ottawa	Methadone

To evaluate the effectiveness of efforts to enhance and improve outcomes for persons with opioid use disorder, LRE will monitor the following:

Table 17

Metrics	**Baseline FY19** (unless otherwise specified)
Decrease average days between request for service and first service for persons living with OUD	19.5 days
Increase # MAT providers	11 days
Increase geographic coverage of MAT providers	TBD
Increase # counties that have MAT provider located within the county	5 of 7
Maintain an average wait time of less than 3 days for persons with IVDU for detox.	2.5 days
Decrease average time to service for clients w/ IVDU entering outpatient with MAT.	5.1 days

9. Cultural Competency of Policies, Programs and Practices

LRE ensures that policies, programs and practices are conducted in a culturally competent manner for LRE as well as each CMHSP and provider in the network. LRE requires planning documents to demonstrate how providers will ensure culturally competent implementation of programs and monitors related issues during each provider site visit.

As stated in the LRE's Organizational Values and Principles, LRE, CMHSP members and provider network maintain 'Mutual commitment to ensuring the voice of Persons Served, their families and their supporters is solicited, heard, honored and reflected in the work of the Entity, Members, and regional service providers in a meaningful and substantive manner.'

Member CMHSPs and providers are encouraged to incorporate the recommended action steps outlined in the *Transforming Culture and Linguistic Theory into Action: A Toolkit for Communities* and CADCA's *Cultural Competence Primer* into daily practices for achieving cultural competence. Specific actions to ensure cultural-competent services include:

- Develop support for change throughout the coalition and represented organizations.
- Identify the cultural groups to be involved.
- Identify barriers to cultural competence.
- Assess current level of cultural competence – (defining what knowledge, skills and resources to build on, as well as define gaps and barriers).
- Identify the resources needed – (define what is needed to bring about the change).
- Develop goals, implementation steps, and deadline for achieving cultural competence.
- Commit to an ongoing evaluation of progress and be willing to respond to change.

LRE monitors issues related to cultural competence during annual site visits. Technical assistance and trainings are provided by LRE to address identified local need. As noted earlier, the Native American and Hispanic Services grants obtained by LRE under Mental Health Block grant funding enables LRE to offer enhanced training in relation to service provision for these specific populations. In light of recent events, the LRE plans to work with each ROAT workgroup and provider network to identify how the region can improve services for minority populations, reduce health disparities, and address systemic racism and its impact on the health and well-being of those we serve.

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

Note: Items in purple text represent items added to address the OROSC priorities for older adults.

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 edu 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 through 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:	Engage area high school	Youth developed messaging to their peers:	AC Ott, N180/Kent, WW, PHMC	Decrease the % of students reporting

Underage drinking continued …	wrong' or 'only a little bit wrong' (MIPHY 2018)	Regionally, 31.9% of HS students report that more than 1/2 of peers drank recently; only 16.6% have. (MIPHY and OYAS 2018)	groups in 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)		more than half 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	

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

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. Methampheta mine use is on the rise w/ a 68% increase in treatment admissions 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.	**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, CMHOC	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, CMHOC	
			Educate doctors and pharmacists on screening for addiction and encourage referral to treatment.	DHD#10 Oceana & Mason, PHMC, MCHP, CMHOC	
		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, CMHOC	
			Work to establish additional disposal locations including non-law enforcement locations such as hospitals and hospice facilities.	DHD #10 Mason, ACCMHS	
			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 through 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	Rx drugs are **considered safe** because	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, CMHOC	

Opioids continued…	w/out a Rx is low-risk. (MIPHY and OYAS 2018)	they are a 'medicine'.	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.	CMHOC	
			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 at high risk of overdose.	People with addiction are not identified and connected to services and supports.	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.
			Encourage additional physicians trained and registered to provide suboxone.	CMHOC	
			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.	CMHOC, DHD10 Mason	Increased availability of naloxone.
			Promote awareness and availability of Naloxone through community education and reduced stigma.	CMHOC, DHD10 Mason	

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

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 cigarette use.	**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 through 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.	DHD#10, KCHD, ACCMHS, OCPHD, PHMC	Retailers will not sell e-cigs to minors. Measure via compliance checks.
				• Conduct compliance checks for electronic vapor products.		
			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 smoking 1+ packs/day as low-risk (MIPHY and OYAS 2018) Teens in focus groups report the belief that vaping is safe.	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.*
			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	

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

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 students reporting use of alcohol and marijuana before the age of 13.	**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	
				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	Youth lack opportunities to engage	Provide opportunities for youth to	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

Early initiation continued…	report they do NOT have any **best friend committed to being drug free** in the past year. (MIPHY 2018, excludes Ottawa)	w/ positive peers and give back to their communities in a meaningful way.	build relationships w/ positive peers through leadership development opportunities and pro-social activities.	• 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	least one best friend who made a commitment to be drug free in the past year.
				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	
				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 through 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	FOC, DHD#10, KCHD	

Early continuation continued…				○ MIP Program/parent section		
	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, 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	
	Youth use substances to deal with stressors: Regionally, 20.5% of HS students report seriously considering suicide in past year.	Elementary, Middle and HS youth lack the skills to cope with life stressors with one-third (32.2%) of students reporting	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*
				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	

Early continuation continued…	(MIPHY and OYAS 2018)	depression in the past year. (MIPHY and OYAS 2018)		PALS program – Trained students provide one-on-one support/mentoring to other students.	ACCMHS	*plan working to prevent suicide. This plan is but a small part of larger community efforts to address this complex issue.*
				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 through 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 through 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 jail or prison, 0.5% diverted pre or post booking.	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 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
		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%.	

	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 through 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

Attachment 3: SUD Prevention Funded Agency Guide

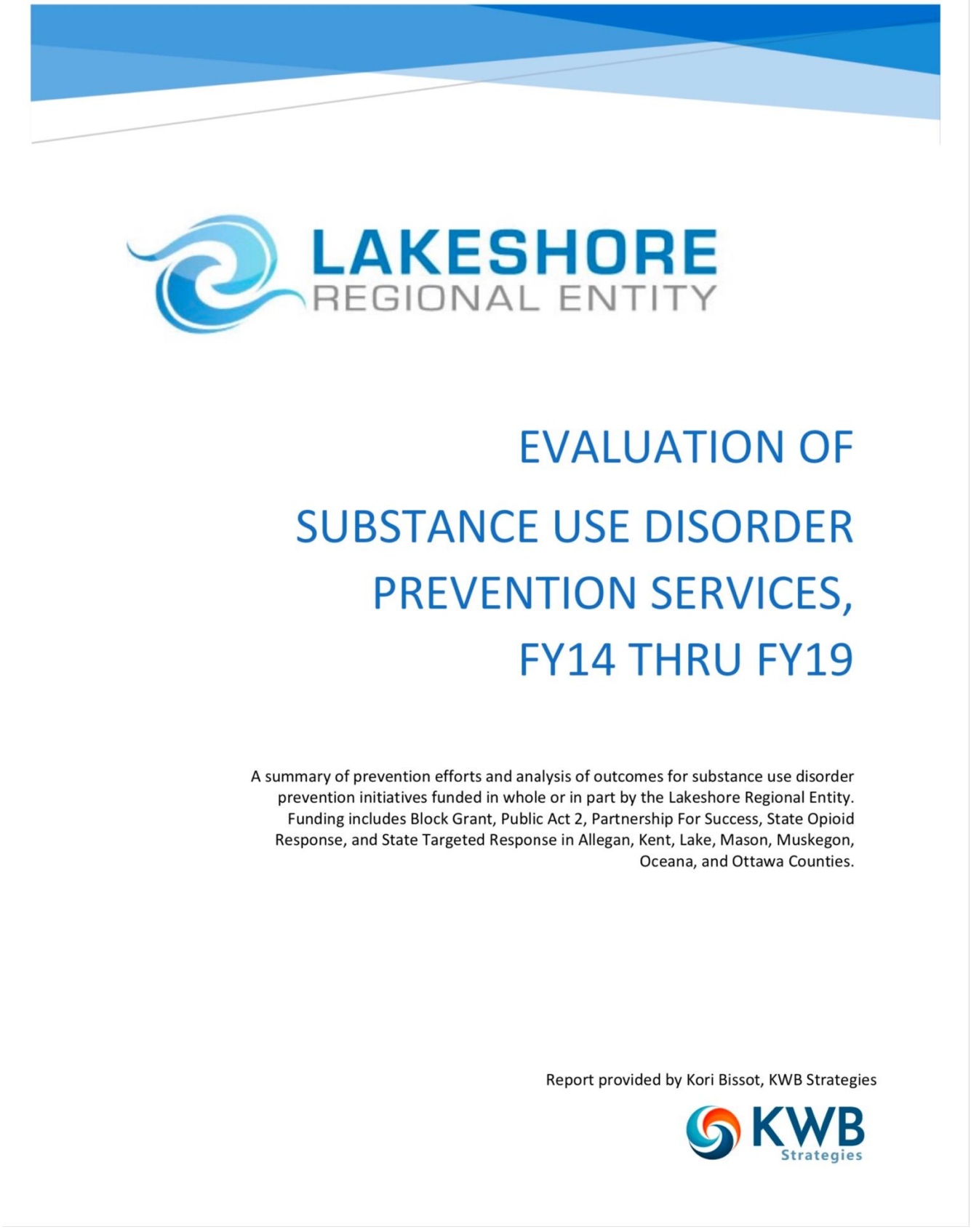
To open the document below, right-click on the image and select 'open link'.

Substance Use Disorder Prevention Funded Agency Guide 2019-2020

LAKESHORE REGIONAL ENTITY

Attachment 4: SUD Prevention Evaluation Report FY14 through FY19

To open the document below, right-click on the image and select 'open link'.



LAKESHORE REGIONAL ENTITY

EVALUATION OF SUBSTANCE USE DISORDER PREVENTION SERVICES, FY14 THRU FY19

A summary of prevention efforts and analysis of outcomes for substance use disorder prevention initiatives funded in whole or in part by the Lakeshore Regional Entity. Funding includes Block Grant, Public Act 2, Partnership For Success, State Opioid Response, and State Targeted Response in Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.

Report provided by Kori Bissot, KWB Strategies

KWB Strategies

Attachment 5: Youth Access to Tobacco, Evaluation Report 2012 - 2019

To open the document below, right-click on the image and select 'open link'.

LAKESHORE REGIONAL ENTITY

2012-2019

Tobacco Sales Compliance Regional Analysis

LAKESHORE REGIONAL ENTITY

BY REFOCUS, L.L.C.