THREE-YEAR SUBSTANCE USE DISORDER (SUD) STRATEGIC PLAN

Fiscal Years 2024-2026

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1. Identification and Prioritization of Problems

The mission of Lakeshore Regional Entity (LRE) is: "Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services." [Mission and Values - Lakeshore Regional Entity (lsre.org)](https://lsre.org) LRE serves persons with developmental disabilities, adults with mental illness, children with emotional disturbance and persons with substance use disorders in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa Counties. 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.

Attachment 1 (Lakeshore Regional Entity/Region #3-Logic Model SUD Continuum, Fiscal Years 2024 - 2026), identifies and prioritizes the substance use disorder problems that impact the region's community the most. Areas of focus include alcohol, tobacco, marijuana, vaping, methamphetamine, and opioid misuse.

1.1 Demographic Profile

The demographic profile for our population shows that the region's total population was last estimated in 2023 at 1,348,651 with 88% of the population being White, 8.4%, Hispanic/or Latino, 5.3% African American, .9 % Asian, 2.8% Multi-racial, and 0.9% as American Indian/Alaska Native (US Census). The majority of the population for the LRE region resides in Kent County with 50% of the total population. Kent and Oceana counties include the highest number of English as a second language-speakers in the county (see table 5). 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% female and 50% 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regional demographics including literacy and sexual identity were not able to be obtained as they were significantly out of date or nonexistent.

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 2023 of $79,116, which is $16,000 higher than state-wide. In contrast, the LRE region also includes Lake County with only 12,264 residents, and the poorest county in Michigan, with a median household income of $40,753 and 19.4% of persons living below the poverty level. Lake county is also an 'aging' county with 30% of its population over the age of 65. Compared to the region's average, this is 10% higher. 16.5% of Lake County residents are under the age of 18, compared to the region's average of 20.7%.

Table 1: Population Distribution

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region
Population	123,229	674,579	12,264	29,157	176,916	26,686	305,920	1,348,651
Percent of Total	10%	50%	0.9%	2.2%	13%	1.9%	22%	100.0%

Source: US Census Bureau, 2023 Population Estimates

Table 2: Socioeconomic Characteristics

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Median household income	$74,371	$72,071	$40,753	$55,035	$55,462	$56,454	$79,116	$61,894	$63,498
Per capita income	$34,191	$36,714	$22,234	$31,382	$27,278	$26,289	$37,184	$26,270	$35,353
Persons below poverty level	9.6%	9.8%	19.4%	14.8%	14.2%	13.0%	7.7%	12.6%	13.1%
Owner-occupied housing	88.0%	70.95%	84.5%	77.4%	75.2%	86.1%	79.0%	80%	72.2%
Persons w/out health insurance	4.5%	4.9%	6.7%	6.0%	4.6%	9.7%	2.9%	5.6%	5%

Source: US Census Bureau, 2020 Population Estimates

Table 3. Race/Ethnicity

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
White	85%	81.8%	88.3%	95.1%	81.1%	95%	92.3%	88.4%	79%
African American	1.6%	10.7%	7.1%	1%	13.8%	1.2%	2%	5.3%	14.1%
Amer.Indian/ Alaska Native	0.7%	1.7%	1%	1%	.9%	1.5%	0.1%	0.9%	0.7%
Asian	0.9%	.7%	0.3%	0.8%	0.7%	0.3%	2.9%	.9%	3.4%
2+ Races	3.9%	3.2%	3%	2%	3.5%	1.9%	2.1%	2.8%	2.7%

Hispanic or Latino	7.8%	11.3%	3%	4.8%	6.2%	15.5%	10.4%	8.4%	5.6%

Source: US Census Bureau, 2023 Population Estimates

Table 4. Language and Foreign Born

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Language other than English at home	5.2%	8%	3%	2.1%	2.9%	6.5%	5.9%	4.8%	7.3%
Foreign born persons	3.3%	7.8%	0.6%	2.0%	2.3%	6.5%	5.9%	5.9%	6.8%

Source: US Census Bureau, 2023 Population Estimates

Table 5. Gender

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Female	50.0%	50.0%	48%	50%	51%	49%	51%	50%	50%
Male	50.0%	50.0%	52%	50%	49%	51%	49%	50%	50%

Source: US Census Bureau, 2023 Population Estimates

Table 6. Age

	Allegan	Kent	Lake	Mason	Muskegon	Oceana	Ottawa	Region	MI
Persons < 18	23.7%	23.7%	16.5%	20.4%	22.8%	22.4%	23.5%	23.7%	20.7%
Persons 65+	17.6%	14.5%	30%	24%	18.5%	20.7%	15.7%	17.6%	19.6%

Source: US Census Bureau, 2023 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 Table 7, 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 7: SUD Treatment Admissions, Minority Populations

	LRE Region		Michigan	
	% Admissions FY22	% of Population	% Admissions FY22	% of Population
American Indian/ Alaskan Native	0.9%	0.8%	1.1%	0.9%
Asian	0.6%	0.7%	0.2%	0.5%
African American/ Black	18.1%	17.1%	23.2%	23.3%
Native Hawaiian or Pacific Islander	0.1%	0.2%	0.1%	0.1%
Other	4.5%	5.7%	2.8%	3.7%
Refused to Provide	0.9%	2.6%	0.3%	1.4%
2+ Races	3.9%	5.1%	3.9%	4.7%

Source: US Census Bureau, BHTEDS

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, Chief Medical Officer and Dr. Richard Tooker, Medical Director, provide 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 2.

- OnPoint formerly Allegan County Community Mental Health Services
- 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 continues to impact our region along with the state, is vaping and marijuana. As these substance trends continue, the LRE has found that overwhelmingly schools are requesting support for evidence-based programming to address these issues appropriately. In response, LRE is working to enhance evidence-informed interventions and ensure evaluation to monitor the effectiveness of these critical 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:

- OnPoint
- 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 the COVID-19 and American Rescue Plan Act (ARPA) grants have allowed the LRE region to expand services greatly in the past few years, including enhanced MAT for those incarcerated, expanded recovery homes and peer recovery coaches. Narcan distribution has been expanded and office hours are now available to all counties via the Red Project through these grants. A Mobile Health Unit and an Engagement Center have also been added to the region.

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 regarding expanding services in jails in each county of the region. MAT is available for 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) and our new Priority Population Manager 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 are met. 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. We've made WSS issues a standing agenda item on our monthly SUD ROAT meetings and the LRE intends to provide support, training, technical assistance, and resources as issues arise. These meetings will also provide an opportunity for providers to identify and work on challenges as well as to 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. We will also work to expand WSS in Lake, Mason and Oceana counties.

Michigan anticipates it will receive over $1.45 billion from opioid settlements which will be divided between local subdivisions and the State of Michigan. The opioid settlement funds that the State receives will be directed to the Michigan Opioid Healing and Recovery Fund (MCL 12.253) created by the Legislature in 2022 at which time it also created the Opioid Advisory Commission (MCL 4.1851) to make recommendations for use of the State's opioid settlement funds.

PIHPs will not for the most part be direct recipients of opioid settlement funds. We will nonetheless continue to be guided by the values we share with the Opioid Advisory Commission (OAC) like advancing health equity, reducing stigma and cross-system collaboration, and we fully endorse the OAC's recommendation in its 2023 Annual Report that opioid settlement funds be applied to best practice strategies for SUD prevention, treatment, harm reduction and recovery, and in particular to strategies with otherwise limited fund streams, e.g., jail-based services which currently can't be funded by Medicaid. LRE will continue to collaborate with the OAC, MAC, and other statewide and local stakeholders, including the local subdivisions in our regions involved directly in the receipt and deployment of opioid settlement funds.

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

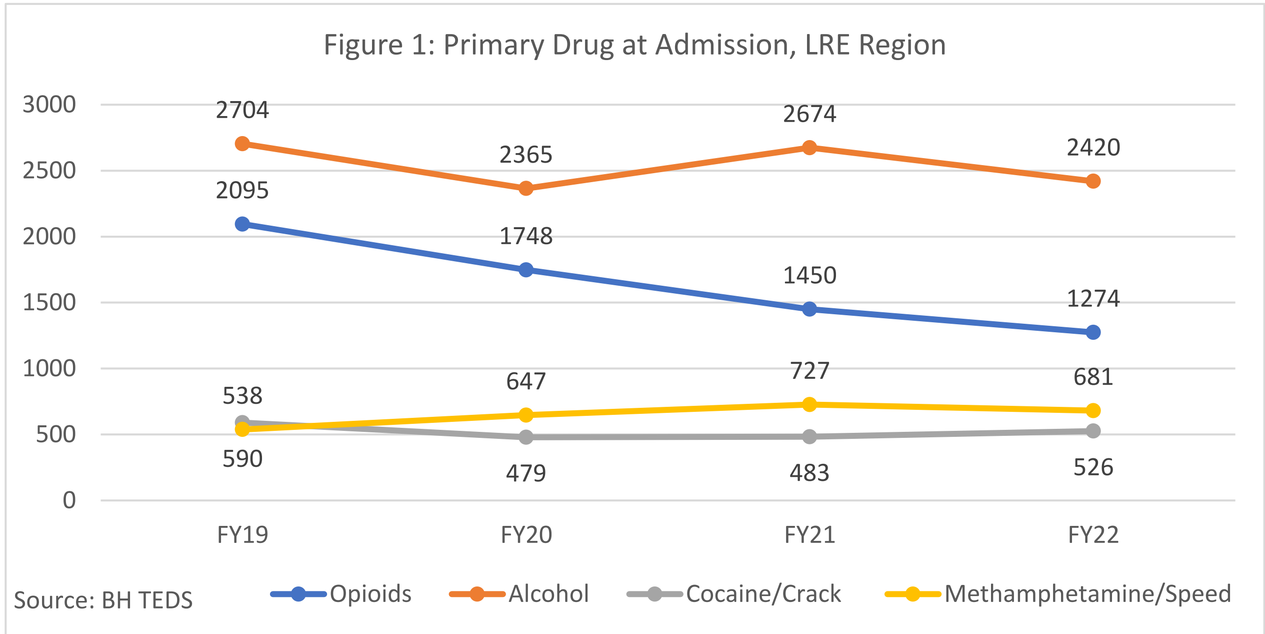
As shown in Table 8, the region's primary substances reported by persons admitted to publicly funded substance use disorder treatment are as follows: Alcohol (45.2%), Heroin (18.5%), Prescription Opioids (5.5%), Cocaine (9.8%) Marijuana (5.8%), and Methamphetamine (12.7%). All other substances represented less than 1% of admissions.

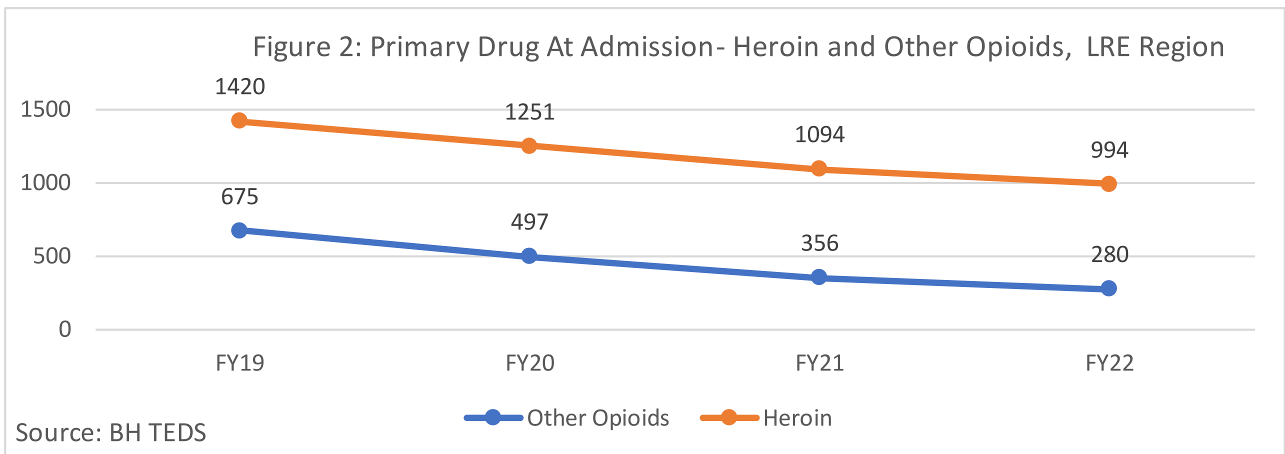
Table 8: Primary Substances of those admitted to publicly funded SUD treatment

Primary Drug	LRE Region		Michigan	
Alcohol	2,396	45.2%	26,744	42.7%
Heroin	979	18.5%	14,246	22.7%
Cocaine	519	9.8%	6,524	10.4%
Marijuana	307	5.8%	2,643	4.2%
Methamphetamine	676	12.7%	6,468	10.3%
Benzodiazepines	30	0.6%	520	.8%
MDMA Ecstasy	16	0.3%	182	0.3%
Stimulants	36	0.7%	138	0.2%
Others	18	0.3%	339	0.5%
Rx Opiates	294	5.5%	4,532	7.2%
None	35	0.7%	355	0.6%

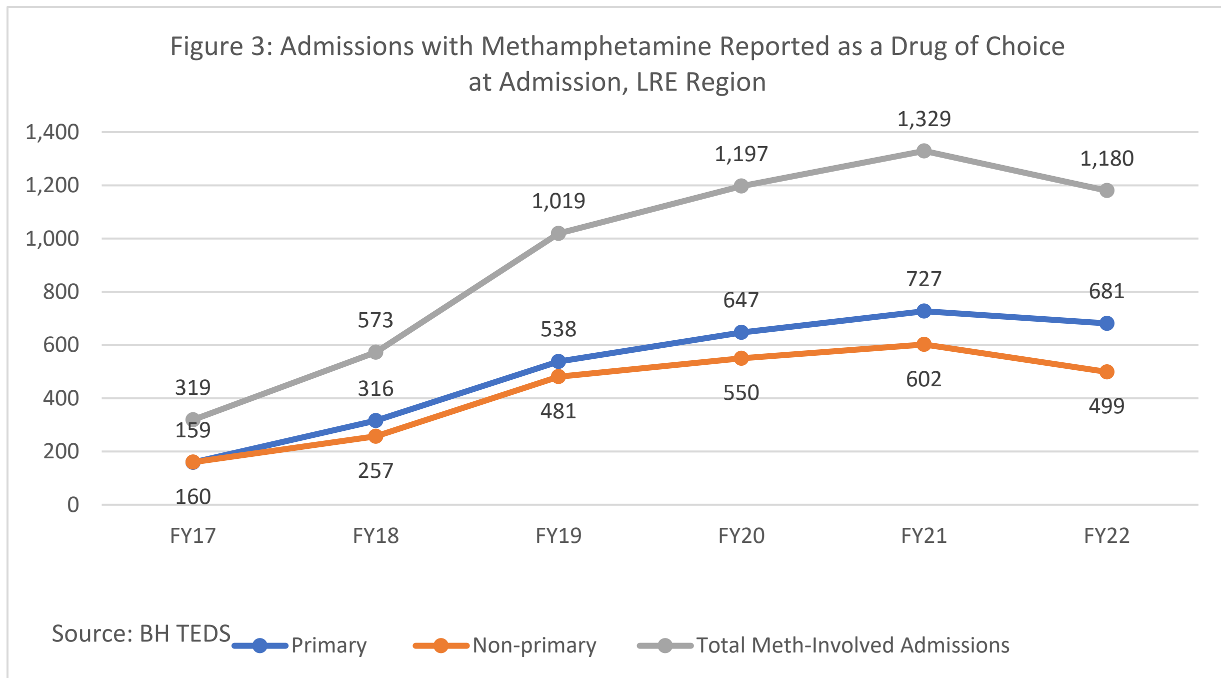
Source: BH TEDS FY 2022

As shown in Figure 1, the number of admissions with methamphetamine and alcohol as the primary drug are increasing while admissions for opiates 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.





Of concern, is the increase in methamphetamine primary admissions increasing 450% between FY17 and FY21 (Figure 3). 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 region- thus necessitating a region-wide strategy for education, prevention and treatment related to methamphetamine use. As seen in Figure 2, Opioid use is steadily decreasing throughout the region, a trend that will hopefully continue.



LRE has secured an independent evaluator to assess the system of care, to identify variations in the quality of substance use treatment and to determine competencies and concerns within the system. The treatment and recovery support logic model provided as (Attachment 1) has incorporated priorities identified through this assessment and the data 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 Michigan Profile for Healthy Youth (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 Supervisor 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 SUGE 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 the SUGE continuation of this 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 screening and testing 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 Access Centers and 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 ensures 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. <u>Data-Driven Goals and Objectives</u>

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 2021-2022 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.

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 9: Prevention Service Goals and Objectives

Priority	**Metrics**	**Baseline provided by MIPHY 2021**(unless otherwise specified)
Marijuana Use	**Goal 1**: Decrease in HS students reporting recent use of marijuana by 5% by 2026	11.9%
	Obj. 1.1: Reduction in % of HS students reporting it would be easy' to get marijuana by 5% by 2026	42.8%
	Obj 1.2: Reduce the % of HS students that report using marijuana 1 or 2x / week is low risk by 5% by 2026	55.2%
Underage Alcohol Use	**Goal 2:** Reduction in Past 30-day alcohol use by HS students by 5% by 2026	13.8%
	Obj 2.1: Reduction in % of HS students reporting it would be 'easy' to get alcohol by 5% by 2026	57.8%
	Reduce the % of HS Students reporting binge-drinking as low risk by 5% by 2026	30.4%
	Decrease the % of HS students reporting more than half their peers drank alcohol in the past month by 5% by 2026	28.7%
Prescription drug misuse, including Opioid Misuse	**Goal 3:** Reduction in opioid related deaths in the region by 10% by 2026 (Source: MI SUD Data Repository).	197
	Decrease the rate of opiate prescriptions written per 10,000 residents by 5% by 2026 (Source: MAPS via MI SUD Data Repository).	73.7/100 residents in 2021
	Decrease MS and HS students reporting low risk for using Rx drugs without a Rx by 5% by 2026	21.7%
Tobacco	**Goal 4:** Reduction in past 30-day use of electronic vaping products by HS students by 5% by 2026.	14%
	Goal 5: Maintain low rate of cigarette use at 1.8% or below through 2026.	
	Maintain a formal Synar compliance rate of 80% or greater each year through 2026.	9.6%
	Decrease % of students (MS and HS) reporting low risk for cigarette use by 5% by 2026.	17.4%
Early age of initiation and onset	**Goal 6**: Decrease the percent of HS students who report use of alcohol and marijuana before age 13 by 5% by 2026.	Alcohol – 10.8% MJ – 3.5%
	Increase in % of HS students reporting that they could ask their mom/dad for help w/ personal problems by 5% by 2026.	77.9%

	Increase % of students reporting adults in family have talked about what they expect when it comes to alcohol and other drugs by 5% by 2026.	77.8%
	Reduction in % of HS students seriously considering suicide by 5% by 2026.	17.7%
	Reduction in % of MS and HS students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past months by 5% by 2026.	31.8%
Prevention services for older adults	Key educational opportunities will be offered to target this population and those that serve this population (MHFA Older Adult curricula, Emerging Drug Trends, Gambling Prevention & Resources)	MPDS Numbers served

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 FY 2019 unless otherwise noted. Attachment 1 gives 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 10: Treatment and Recovery Service Goals and Objectives

Priority	**Metrics**	**Baseline FY 22** (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	5.7 days
	Increase # MAT providers	9
	Increase geographic coverage of MAT providers	Mobile Health Unit
	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	583 Admissions
Increase access to treatment for criminal justice involved	Increase in # admissions with legal status as on parole or probation	21.9% of admissions
	Increase # admissions with legal status as diversion pre or post booking	0.5% of admissions

population returning to communities.	Increase # admissions with legal status as 'in jail'	6.8% 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.	7.1 days
	Decrease average time to service for clients w/ IVDU entering outpatient with MAT.	6.7 days
Increase access to SUD for rural communities.	Decrease average days' time to service for Outpatient Level of Care (not including MAT)	OP = 10.3 days
Increase engagement in treatment	Reduce % of discharges with reason as 'dropped out' for all LOC.	37.9%
	Increase % of outpatient clients w/ discharge reason of completed treatment.	41.7%
	Increase % of clients seen for a second appointment within 14 days of initial service.	92.4%
	Increase in % of clients w/ co-occurring diagnosis that received integrated services.	13.8%
	Decrease discharges from detox and/or residential LOC with reason identified as 'completed treatment'.	ST Res =54.3% Detox = 18.2%
	Increase capacity (as measured by # beds and # of residence locations) for Recovery Houses with agreements in place.	29 residences 170 beds
Clients establish <u>connections to community supports</u> to assist them in maintaining recovery	Increase # clients that live in Recovery Housing following treatment.	TBD
	Increase % of clients at discharge reporting attendance at support group in past 30 days	22%
	# counties with adequate (type, locations, frequency) of support groups in place	4 of 7
	% of pregnant clients served at WSS provider with a drug-free birth.	TBD
Pregnant and parenting women receive support to reduce barriers to treatment and assist them in maintaining recovery	Increase # of pregnant women served	52
	Decrease % of drug exposed births in Lake County	37/1000 live births

3. <u>Goals, objectives, and strategies for coordinating services</u>

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. The LRE hosts Joint Care Coordination Meetings monthly to provide the opportunity for coordination of care on behalf of members who are enrolled in a health plan and who also receive services provided by our partner CMHSP's.

CMHSP's are tasked with reviewing the Risk Stratification report which provides information related to members who have been placed into a HIGH Risk Category. These members status is reviewed at the CMHSP to determine whether opening the member for an Integrated Care Plan would be beneficial. If opened, members are reviewed at the Joint Care Coordination Monthly meetings where Health Plans and CMHSP staff coordinate care to engage members in treatment and care.

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. More information about each coalition, their mission statements and activities may be found at Partners - TalkSooner:

County/Coalition:

Allegan/Allegan Substance Abuse Prevention Coalition (ASAP) Est 2004

Funded Provider: OnPoint

Kent/Kent County Prevention Coalition (KCPC) Est 2006

Funder Providers: Network 180, Kent County Health Department, Arbor Circle, Wedgwood, Family Outreach Center

Ottawa/Ottawa Substance Abuse Prevention Coalition (OSAP) Est 2001

Funded Providers: Arbor Circle, Ottawa Community Mental Health Services, Ottawa County Public Health Department

Muskegon/Muskegon Coalition for a Drug Free Muskegon (DFC) Est. 2005

Funded Providers: Trinity Health – the Health Project, Public Health Muskegon County, Arbor Circle

Lake/Lake County Communities that Care Coalition Est. 2013

Funded Provider: DHD#10

Oceana/ Oceana LEADS Est. 2016

Funded Provider: DHD#10

Mason/ Leeward Initiative Est. 2016

Funded Provider: DHD#10

LRE's regional prevention logic model (Attachment 1) was developed in partnership with the provider network while data is updated every two years to reflect youth survey cycles (MIPHY, Youth Assessment Survey (YAS), regional data). 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 county(s) addressing each area are identified. This most recent version was enhanced to incorporate new efforts to address the emerging issues of vaping and legalization of recreational marijuana use. The logic model/evaluation efforts will also identifies which prevention providers are working to address each goal and objective area.

For information on which county(s) are implementing activities related to each goal and objective, refer to Attachment 1. In addition, a summary of programming offered at each prevention provider is provided in Attachment 2.

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 the 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 quality improvement initiatives. The discussions focus on whether providers have capacity to meet community need, 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 1. 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 SUGE identified priority areas and findings identified in the evaluation of LRE SUD treatment conducted by KWB Strategies in 2022. Information was collected in partnership with the SUD ROAT to better understand current initiatives, service gaps, and opportunities for each SUGE 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.

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 SUGE 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 continuation of the SUGE 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 shown in Attachment 1 is newly developed and was designed to address each of the applicable SUGE identified priority areas and findings identified in the LRE Evaluation of SUD Treatment conducted KWB Strategies in 2022.

Information was collected in partnership with the SUD ROAT to better understand current initiatives, service gaps, and opportunities for each SUGE 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. <u>Allocation Plan</u>

Region 3 PIHP has centralized SUD administration/management/planning functions for the substance use disorder services. LRE employs a team of SUD Managers who are responsible, under the PIHP Chief Operations 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 available to individuals seeking treatment and recovery support services. SUD Prevention is managed directly by the PIHP and the Manager of SUD Prevention 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 that 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, based on the current year's spending and projections for the next fiscal year. After the OPB approves the PA2 funds and provides recommendations for other funding sources, the LRE Board of Directors reviews and approves 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 LRE Board of Directors, the LRE issues contracts to prevention providers directly and to each CMHSP for treatment and recovery 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 CMHSP's. 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 above 20% 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 will occur in FY 22-23 for SUD prevention services to ensure a robust panel is operating in the region and will be planned for future years as needed. 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 work with community stakeholders to highlight emerging trends for parents/caregivers. 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 stimulants. The LRE convenes a Regional Training workgroup to ensure current evidence-based trainings to support workforce development needs. This groups also identifies activities to support SUD related issues in the region in order to leverage funded dollars. The LRE is an approved Social Work CEUs and MCBAP training credits provider. Any related opportunities for workforce development initiatives are shared through the SUD Roat and LRE Prevention Providers communications.

Additional funds from several grants (SOR3, Gambling Prevention) and supplement funding (COVID 19, ARPA) have helped to train the workforce in many programs such as: Life Skills, Prime for Life, Strengthening Families, emerging drug trends, evidence-based parenting programs and needs of older adults. These funds are procured through LRE contracted prevention providers through a supplement funding request process.

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. 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, 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 several 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. As well as Naloxone Administration Follow-up Teams.
- Grant awards to address issues include: MAT Service enhancement in corrections settings, a Mobile Health Unit, Expansion of Recovery Residences, Engagement Center funding, expansion of recovery coach services at access centers, community-based models and within public housing complexes, expansion of naloxone and Fentanyl-test strip distribution, as well as the LEAD program.

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 interventions that will impact the issue. Expertise is required at both planning and service implementation levels, which will be provided in part by the continuing participation of LRE's Medical Directors: Scott Monteith, Chief Medical Officer and Dr. Richard Tooker, Medical Director. In these roles, they assist 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 program itself delivers education, therapy and opportunities for community connection (i.e. talking circles) and utilizes culturally relevant practices as a space to improve mental health and provide harm reduction for SUD for Native individuals.

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.

The LRE includes the special provisions for Priority Populations in all contracts and regularly monitors not only the Priority Population Wait List Report, but as well ensures that Priority Populations are receiving care within expected timelines both through IT data extraction and at SUD ROAT. Priority Population expectations are also monitored through annual audits. This year the LRE filled the Priority Population Manager position to assist the SUD Treatment Manager in monitoring the flow of these individuals through the treatment continuum.

7. Implementation Plan

LRE employs a managers of both Prevention and Treatment Services who is responsible, under the PIHP Chief Operations Officer, 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 manager of SUD Prevention manages all 11 contracted prevention agencies and several regional prevention projects.

7.1 Prevention

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 Prevention Manager 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 an annual report of MPDS activity that assesses units provided for each

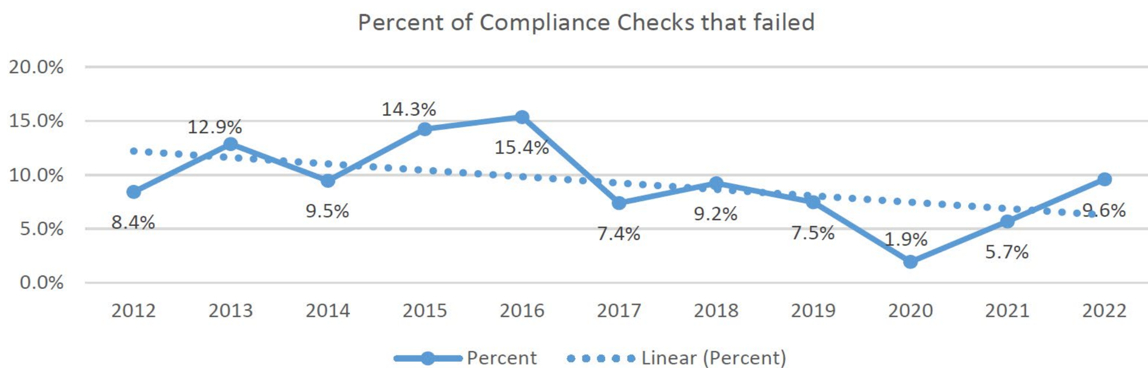
strategy, cost per unit of service, and units completed for each full-time staff equivalent. When necessary, corrective action plans are used as necessary to ensure providers meet contractual obligations.

An overview of planned key prevention services is detailed in the Prevention Logic Model (Attachment 1).

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 9.6%.



7.2 Treatment and Recovery

Implementation of Treatment and Recovery Programming 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.

The LRE convenes a clinical standards ROAT group to work on regional implementation of common clinical practices. This group consists of the designated 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. 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 1). The timeline for achievement of goals and objectives has been provided under question 2.

7.3 Timeline

Table 11

	Responsible	FY24	FY25	FY26
Prevention Annual Plan Submission	Prevention Providers	September 2024	September 2025	September 2026
Provider Audit/Site Visits - Treatment and Recovery Providers	LRE Internal Team	Ongoing	Ongoing	Ongoing
Provider Audit/Site Visits- Prevention Providers	SUD Prevention Manager	Ongoing	Ongoing	Ongoing
SUD Treatment ROAT Workgroup	SUD TX Manager	Quarterly	Quarterly	Quarterly
Regional Prevention Workgroup	SUD Prevention Manager	Quarterly	Quarterly	Quarterly
Prevention Reporting MPDS	Prevention Providers	Monthly	Monthly	Monthly
Prevention Progress Reporting	Prevention Providers	Quarterly	Quarterly	Quarterly
Prevention Annual Reports - (Prevention Activities Summary and Tobacco Compliance Analysis)	LRE evaluator(s) SUD Prevention Manager	Yearly	Yearly	Yearly
SUD Treatment Evaluation Reports	LRE Evaluator SUD TX Manager	Quarterly	Quarterly	Quarterly

8. <u>Evaluation Plan</u>

LRE has consistently implemented evaluation processes that support identification of opportunities for improvement in implementation of a recovery-oriented system of care. An outside evaluator has and will continue to assist the SUD Managers 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 review of evaluation findings will support engagement in developing regional plans to inform improvements across the region in response to findings.

8.1 Prevention

An evaluator has provided evaluation for prevention services in the past and will be retained to do so again. The FY22 evaluation report for prevention services is provided as Attachment 3.

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. Methods used to administer outcome surveys are based on evidence-based program. Several prevention providers in the LRE region use Qualtrics or Survey Monkey to administer their pre/posttests and many coalitions use a contract evaluator to complete a formative assessment as needed. 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 an evaluator (Attachment 4). 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 Prevention Manager 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 1 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.

An evaluator 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, the evaluator 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 12

Domain	Measure	Evaluation Mechanism
Health and Safety	Sentinel Events	LRE data system reporting
Administration: use of public funds	On-time reporting	SUGE reporting
	Withdrawal Management Subsequent Services	BH TEDS
	Outpatient Continuation	
	Treatment Outcome: – Housing – Employment – Education – Recidivism	
	Funds spent on services	LRE Financial Reporting System
	Funds spent on integrated services	
	Funds spent on recovery supports	
Treatment Penetration Rates for Selected Populations	Youth ages 12-17	BH TEDS
	Young adults age 18-25	
	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
- LEAD Program

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 11 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 programs Seeking Safety and Beyond Trauma. 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 13.

Table 13:

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

WSS Providers	County/Location	Type of Care
	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
Reach for Recovery - Harbor House	Ottawa	Women's residential; Childcare: 0-1 years; Family Therapy: 0-17 years, infants may stay in residence with mom; transportation
Reach for Recovery. - 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
Wedgwood	Ottawa	OP, IOP Family Engagement Program
	Muskegon	Family Engagement Program, SPA

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.
- Expansion of EWS into WMCMH.

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.
- 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.

– Work specifically with WMCMH on introducing an EWS program to work to decrease the number of infants born with substance exposure.

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.
- 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 14

MAT Providers	County	MAT offered
ACAC	Muskegon	Suboxone
Cherry Street Health Services	Kent	Methadone
Healthwest	Muskegon	Suboxone
Muskegon Recovery Center of Cherry Health Services	Muskegon	Methadone
Eastside Clinic	Muskegon	Methadone
Reach for Recovery	Ottawa	Suboxone
Wedgwood	Ottawa	Suboxone
West Michigan Treatment Center	Ottawa	Methadone
West Michigan CMH	Lake, Mason, Oceana	Suboxone

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

Table 15

Metrics	Baseline FY22 (unless otherwise specified)
Decrease average days between request for service and first service for persons living with OUD	5.6 days
Increase # MAT providers	9
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.	7.1 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. Additionally, LRE has obtained a grant for staff training on DEI efforts for FY23-26. Currently all staff have taken the Implicit Bias Training, and each year another training will be required/provided. 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.

*Data indicator being tracked regionally for evaluation purposes

Attachment 1: Lakeshore Regional Entity/Region #3-Logic Model SUD Continuum, Fiscal Years 2024 - 2026

PREVENTION SERVICES

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
Youth use of – Alcohol – Marijuana – E-cigarettes – Rx misuse In 2022, too many high school students reported recent use of alcohol (13.8%), marijuana (11.9%), E-cigs (14.0%), cigarettes (1.8%), and Rx painkillers (2.6%) and stimulants (2.6%) not prescribed to them.	**Low perception of risk:** Among HS students, too many report the following is low risk: – Binge drinking (30%), Marijuana use (50.1%), – Rx misuse (21.7%), and – Smoking (17.4%) (LRE Region, MIPHY 2022). In Lake County, 48% reported vaping w/ nicotine was low risk (LYS 2022), and in Ottawa, 20% reported vaping was low risk (OYAS 2021)	Raise youth awareness of the potential health and legal consequences of substance misuse.	Encourage parents to communicate the risks of substance misuse with their youth by promoting TalkSooner and parent educational presentations and programming.	Region	Increase in youth reporting a parent or other adult in their family has spoken to them about alcohol or other drug use.	Increase the % of HS students reporting moderate or great risk for the following, by 2026 as measured by the MIPHY: – Binge drinking – Regular marijuana use – Rx misuse *Baseline data not available for vaping.*	Decrease in HS students reporting recent use of the following in the region by 2026 as measured by the MIPHY: – Alcohol use – Marijuana use – E-cigarette use – Rx misuse
			Support schools and youth serving organizations to incorporate education and information into their programming.	Region	# of schools incorporating SUD education into programming across the region		
			Provide information to youth on the risks through educational programming and presentations. Raise youth awareness of the risks of substance misuse to correct inaccurate beliefs and enhance refusal skills.	Region	# Presentations # educational series		
		Improve the ability of adults to identify when youth are misusing substances and provide support.	Support schools to improve identification of substance misuse among students and enhance penalties and connection to services.	Allegan, Ottawa	Creation of referral pathway for youth using substances.		
			Support parents and other adults who work with youth on how to identify and respond to youth substance misuse.	Allegan, Kent, Lake, Ottawa	# of parent's education on substance use identification and resources available		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	Easy access to substances: Among HS students in the region too many report easy access to alcohol (58%), marijuana (43%), cigarettes (20%), e-cigs, and Rx medications not prescribed for them. In 2020 there were 57 Opioid prescriptions dispensed for every 100 residents in the region.	**Encourage responsible prescribing of Opioids to decrease l**ikelihood of diversion.	Educate pharmacists and doctors on the risks of over prescribing and how to support patients. Raise community awareness of the risks of opioid prescriptions to decrease patient demand.	Region	# of trainings provided to healthcare providers on opioid prescribing.	Reduce the % of HS students reporting it would be sort of or very easy to get the following by 2026 as measured by the MIPHY: – Alcohol – Marijuana – Cigarettes *Baseline not available for vaping and Rx drugs*	
		Decrease youth access to legal substances in their homes (Rx, Alcohol, and Marijuana): Among HS students who drank recently, 16% report they usually got alcohol by taking from a family member, 42% report they usually drank at home, and 50% report they usually drank at another person's home. (LRE Region, MIPHY 2022)	Promote proper storage of substances in the home to prevent youth access.	Allegan, Muskegon, Oceana, Ottawa	# of medication lock boxes distributed % HS students reporting they usually get their alcohol by taking it from home		
			Promote proper disposal of Rx and OTC medications.	Muskegon, Oceana, Ottawa	# of pounds of medication collected.		
			Raise awareness of the consequences of providing youth with substances to use.	Allegan, Kent, Oceana, Ottawa	# of individuals receiving information and/or attending presentations		
		Encourage responsible retailing of legal substances. (Alcohol, Marijuana, e-cigs, tobacco): Among HS students who drank recently, 5% usually got it bought from a retailer (LRE Region, MIPHY 2022). In Ottawa, 9% of 12 graders bought vape products in a store in the past year (OYAS 2021)	– Retailer (tobacco, alcohol, and cannabis) compliance checks. – Retailer education (tobacco, alcohol, and cannabis) – Advocate for improved regulations and oversight of retailers.	Allegan, Kent, Muskegon, Oceana, Ottawa	# of retailers participating in education # compliance checks completed.		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	Youth lack **protective factors** necessary to prevent substance use and mental health problems.	**Promote positive peer groups/social norms**: Among HS students, many youth believe that more than half of their peers had used substances in the past 30 days with 29% reporting this for alcohol, 60% for marijuana, and 11% for cigarettes even though the rate of recent use was much lower (14%,12%, and 2% respectively). (LRE Region, MIPHY 2022)	Opportunities to engage with peers at fun substance free activities. Raise visibility of peers who choose not to use substances.	Allegan, Kent, Muskegon, Oceana, Ottawa	# of substance free activities available to youth.	Reduce the % of HS students reporting more than half of their peers have used the following, by 2026 as measured by the MIPHY: – Alcohol – Marijuana	
		Promote prosocial involvement: Almost 1-in-5 HS students (18%) report not having any best friend who participated in clubs, organizations, or activities at school in the past year. (LRE Region, MIPHY 2022)	Coordinate youth groups to develop leadership skills and messaging for their peers.	Allegan, Lake, Ottawa	# of youth presentations delivered to their peers.	Increase the % of HS students reporting at least one best friend who participated in activities at school in the past year by 2026 as measured by the MIPHY.	
			Youth leadership training.	Region-wide	# of youth participate in leadership training		
			Provide youth community service opportunities (not part of a standing leadership group).	Ottawa	# of community service opportunities provided to youth.		
		Support Positive Family Dynamics In 2022, 22.1% of HS students in the region reported they could not ask their mom or dad for help with a personal problem.	Parenting skills training programs to support effective parenting and positive family dynamics	Allegan, Lake, Oceana, Ottawa	# of parents to receive education on positive family dynamics	Increase the % of HS students reporting they could ask their mom or dad for help with a personal problem by 2026 as	
			Promote opportunities for families to participate in positive activities together.	Region-wide	# of family events offered		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
		Youth with families that provide the following are less likely to develop addiction or mental illness:[1] – Structure, limits, rules, monitoring, and predictability – Supportive relationships w/family members – Clear expectations for behavior & values	Promote awareness of ways to foster positive family dynamics.	Region-wide	Estimated reach	measured by the MIPHY:	
		Enhance Skills: Youth with good coping, problem-solving, and social emotional regulation skills are less likely to develop addiction or mental illness.[i]	Provide youth and/or families with opportunities to improve their social/emotional, coping, and/or life skills.	Allegan, Lake, Muskegon, Oceana, Ottawa	# of youth to participate in positive coping, problem solving and social emotional regulation skills training.	Increase in % of youth with improved skills as demonstrated at post test.	
Mental, emotional, and behavioral (MEB) disorders—which include depression & substance abuse, affect almost 20% of young people at any given time. Many disorders have life-long effects	The ability to **access services, support, and community resources** can reduce the likelihood of addiction related harms.	Improve early identification of substance misuse or mental health challenges early so we can provide or connect individuals to preventative interventions.	Improve problem identification and referral processes within community organizations.	Allegan, Lake, Mason, Muskegon, Oceana, Ottawa)	% of individuals referred into treatment through referral pathway within community organizations	Increase in referrals to services	Decrease in youth and young adults with untreated mental illness or addiction.
			Integrate screening procedures in prevention programming to identify and refer youth as appropriate.	Lake	# of screenings administered to youth in prevention programming		
			Increase availability of mental health training for individuals who work with youth (MHFA & QPR).	Ottawa	# of scheduled mental health trainings for individuals who work with youth		
			Educate youth on recognizing signs of	Oceana	# of youth provided with information on		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
that include high psychosocial and economic costs, not only for the young people, but also for their families, schools, and communities. [ii]			suicide in their peers and how to find help.		suicide prevention resources.		
		Support the communities in identifying and addressing social determinants of health, including trauma, to support individuals and families, and ensure effective service systems.	Promote and support development of trauma-informed systems and services. Raise community awareness of the effects of trauma and how to prevent intergenerational patterns.	Allegan, Ottawa	# of providers specializing in trauma informed systems and services.	Increase in community awareness of social determinants of health, including trauma and its impacts.	
		Improve the ability of residents to access services, support, and community resources is necessary to reduce related harms.	Educational programming for youth who have initiated substance misuse or their families.	Allegan, Mason, Ottawa	# of youth and/or families who participate in substance use education once use has initiated	Increase in youth and young adults accessing behavioral health services.	
			Promote availability of services.	Allegan, Lake, Mason, Muskegon, Oceana	Reach of marketing around services available across the region		
			Anti-stigma messaging and education to improve the willingness of persons with addictions to seek help.	Lake, Muskegon, Oceana, Ottawa	% of Community exposure to anti-stigma messaging and treatment resources		
			Train students to provide support to their peers.	Allegan, Oceana	# of youth who receive peer support training		
			Advocate for enhanced capacity of local services and/or reduced barriers to accessing services.	Allegan, Kent, Mason, Muskegon, Oceana, Ottawa	Barriers to access services are reduced		

HARM REDUCTION SERVICES

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
Individuals who misuse substances have an increased likelihood of high-risk behaviors that put themselves at risk of personal or community-level harm.	During 2021 there were 1,478 alcohol-involved & 411 drug-involved traffic crashes in the region.	Raise awareness of the risks of driving under the influence of substances.		Allegan	# of individuals receiving info on risks of driving under the influence of substances	Increased community awareness of the risks of driving under the influence.	Decreased in alcohol and drug-involved traffic crashes.
	In 2020, MI had 11 newborns with NAS per 1,000 newborn hospital stays, higher than national with 6 per 1,000. [iii]	Raise awareness of the risks of using substances while pregnant, even those which are legal for adult use.	Distribute information in the community and through health care providers.	Region	# of women of childbearing age exposed to messaging about risks of using substances while pregnant.	Increased community awareness of risks of prenatal substance misuse	Decrease in drug affected births.
	Alcohol is the leading cause of AOD-related death among Michigan older adults[iv]	Raise awareness of the risks associated with alcohol and/or substance misuse for older adults.	Promote availability of treatment to adults ages 55+ Disseminate information about the risks of alcohol use for older adults	Region	# of older adults exposed to messaging about risks of using substances.	Increased awareness of risks of alcohol use among older adults	Decrease in alcohol related deaths among older adults
	Persons with untreated opioid addiction are at high risk of overdoses. In 2021 there were 197 overdose deaths in the region.[v]	Overdose survivors are at high risk of a subsequent overdose in the days that follow. [vi]	Post overdose visits to OD survivors to provide resources and offer treatment resources	Ottawa, West MI, Kent	% of overdoses that receive a post-overdose visit.	Increase in individuals with overdose prevention resources. Increase # of individuals connected to treatment through community-	Decrease accidental overdose poisonings by 2026.
		Research suggests that high rates of naloxone distribution among laypersons and emergency personnel could avert 21 percent of opioid overdose deaths, and the majority of overdose death reduction would result from	Promote use of Narcan to reverse overdoses. – Promote awareness & availability of Naloxone and/or fentanyl testing strips, to prevent opioid overdose deaths.	Region-wide Vending: West MI, Muskegon	# of Narcan kits and fentanyl testing strips distributed # of Narcan administrations by a first responder.		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
		increased distribution to laypersons.[vii]	– Dispense in vending machines at no cost. – Promote use of Naloxone by first responders.			based supports.	
		Provide outreach to provide resources and encourage linkages to treatment when ready.	Recovery Management, Community-Based Recovery Coaching Services	Region-wide	# of SUD clients accessing recovery management/Community-based Recovery Coaching Services		
			Community-based support and outreach to provide resources and connection to treatment services – Recovery coaches in homeless shelters – 24/7 drop-in center to support readiness for treatment – Mobile unit – Pilot program to place a coach and therapist in a public housing complex with high rates of substance misuse problems to provide ongoing services for residents	*Ottawa, Kent, Allegan*	# client contacts # of individuals connected to treatment through community-based supports.		

TREATMENT SERVICES

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
Improve access to SUD Treatment Services.	Increase access to services for pregnant women. In the LRE region the # of pregnant women served has decreased each year since FY19, with only 54 admissions for pregnant women in FY22.	Support identification and engagement of pregnant women who use substances to provide support and promote healthy births	Partner with healthcare systems to implement universal screening for pregnant moms.	Kent, Muskegon	% of healthcare providers adopting the universal screening	↑ # of pregnant women served	↑ % of pregnant clients served at WSS provider with a drug-free birth.
			Staff of recovery management trained in model that cares for expecting mothers in treatment (birth plans, support, etc.)	Lake, Mason, Oceana, Allegan	# of recovery management staff trained in supporting expectant mothers.		
			Enhanced women's services– work with women who are pregnant and using drugs to increase readiness for treatment with the aim of reducing drug exposed births.	Kent	# of pregnant women referred to specialty resources		
	Increase access to MAT services for persons living w/ Opioid Use Disorder- In FY22 the avg time to service (TTS) for MAT was 5.6 days for clients w/OUD ranging from 4.7 in Muskegon to 9.0 in Allegan.	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*. – Launch mobile MAT for difficult to engage populations.	Region	# of clients accessing medication assisted treatment.	Decrease avg TTS for MAT services	Decrease average days between request for service and first service for persons w/ OUD

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	Increase access to service for persons with intravenous drug use (IVDU) . The average number of days between request and 1st service for individuals with IVDU was 7.1 days in FY22.	Expand capacity for higher levels of care. Among admissions w/ IVDU the average time to service in FY22 was 3.9 days for detox, 17.3 days for LT residential	Expand the number of detox and residential providers in the region	Region	# of detox and residential providers in the region.	Decrease avg TTS for Detox. Decrease avg TTS for LT Res.	Maintain an average wait time of less than 3 days for persons with IVDU.
		Among admissions w/ IVDU the average time to service in FY22 was 6.6 days for non-intensive outpatient.	Promote the use of Recovery Coaches as interim services providers	Region	# of clients accessing care through recovery coaches.	Decrease avg. TTS for clients w/ IVDU entering outpatient	
	Increase access to treatment services for <u>older adults</u> (55+) In FY22 there were 584 admissions for persons age 55-69 representing 10.9% of admissions.	Promote availability of services and how to access services.	Develop informational materials and disseminate. Add information to LRE and other websites .	Region	# of materials developed & number distributed.	# Persons reached with messaging re availability and access to treatment.	Increase in # of admissions for individuals age 55-69
		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; with at least one training related to older adult SUD	Region	# of access centers with procedures to assist older adults. # training attendees. # trainings offered.	Number of older adults accessing SUD services	
	Increase access to treatment for <u>criminal justice involved</u> population returning to	Improve <u>coordination w/ probation</u> officers to connect to community-based services upon release.	– Coordinate w/ specialty courts	Allegan, Kent, Muskegon, Ottawa	# of probation officers that SUD Clinicians coordinate with.	Sustain existing county arrangements with jail systems to	Increase in # admissions with legal status as on probation at admission.
			– MiREP Program (Kent) .	Kent	# individuals served		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	communities on probation: In FY22 21.9% of admissions were for clients on probation, ranging from a low of 17% in Oceana to a high of 35% in Allegan.		– Community Health Workers connect individuals coming out of the jail with community resources (Muskegon) .	Muskegon	# individuals receiving resources	support re-entry connection to services.	
			– Region ROAT team discuss management of MDOC clients on parole and establish guidance and best-practice procedures for these clients.	Region	LRE Policy established	LRE policy consistently implemented for MDOC clients. Increase # of individuals on probation served	
			– -Priority population manager will monitor engagement in treatment for MDOC identified individuals following return to the community to increase accountability, oversight and coordination.	Region			
		Maintain <u>service provision for inmates in jail</u> 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	# of individuals accessing SUD treatment within jail.	Sustain counties with services provided in the jails at 100%.	
			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	Region			

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			Full OP program including MAT, Recovery Management, and regular OP available to all returning CJ population	Region			
Improved continuity of care across treatment continuum	Increase engagement in services: In FY22, 38.3% of discharges were for clients who 'dropped out' and 18.2% of treatment episodes had only one encounter. Of treatment episodes with more than one encounter, 82.7% had a second service within 14 days.	Increase in the use of integrated services for persons with co-occurring substance use and mental health disorders: In FY22 14% of clients at discharge who had a co-occurring SUD and MH problems were recorded as having received integrated treatment.	Cross-training of staff	Ottawa	# of trainings provided on integrated services # of corrective action(s) distributed across the region on integrated services.	↑ in % of clients w/ co-occurring diagnosis that received integrated services.	↓ % of discharges with reason as 'dropped out' for all LOC. ↓ % of treatment episodes with only one encounter.
			Explore feasibility of increasing availability of MAT in MH programming and psychiatry services in SUD programs. (Ottawa).	Ottawa			
			Provide training for clinicians and provider agencies on integrated services.	Region			
			Establish expectations for provision of integrated services; annual review with corrective action plans required for those not meeting benchmark.	Region			
			Monitor provider data entry to improve our ability to record and monitor delivery of integrated care.	Region			
		Enhance trauma-responsive services.	– Provider training for provision of trauma responsive services. – Support WSS staff in attending trauma-related trainings – Pilot trauma-responsive outreach	Region	# Attendees trained # trainings held.	# of supportive resources/ opportunities provided to treatment clinicians by the LRE.	

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			and groups with grant funding.				
		Support providers in preventing and responding to methamphetamine use among clients, including those with an opioid use disorder.	– Incentive-based process with MAT clients also using methamphetamines. – Provide materials and training to existing staff as best practice treatment options become known for this population. – 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. – Promote availability of treatment for methamphetamine and that it can work. – Maintain MA specific benefit package for individuals admitted to treatment to extend time in short-term res to allow for stabilization and	Region	# of providers in the region utilizing incentive based programs with MAT clients using methamphetamines. # of trainings for providers on evidence -based treatment for methamphetamine across the region.		

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			addressing MA-related psychosis.				
		Improve process for discharge from ST residential levels of care to improve entry to subsequent level of care. In FY22, only 55% of clients were admitted to a lower level of care within 30 days. Among those that were admitted to the next LOC, 33% were admitted to the next LOC within 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.	Region	% of clients who successfully transferred into the next LOC prior to discharge.	↑ % discharges from ST Res with reason as 'transfer/ completed level of care'.	Among individuals discharged from ST residential, ↑ the % admitted to the next LOC w/in 30 days Of those admitted within 30 days, ↑ the % admitted w/in 7 days.
		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.	Ensure pregnant clients in treatment have access to transportation, childcare and other resources. – Establish consistent training for WSS providers to ensure clinicians and supervisors understand WSS requirements, expectations and best-practices.	Region	# of trainings provided throughout the region to WSS Providers	– Regional WSS meeting 2x/year – Region-wide agreement of how to implement w/ monitoring procedures	Regional consistency in services and supports available to WSS eligible clients as documented during LRE Site Visit reviews.

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
			– 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 ID opportunities for coordination and enhanced partnerships.			– ↑ in WSS providers that demonstrate effective coordination with CPS as documented during Site Visit reviews.	Increase # of pregnant women served.
			Continue Specialized Pregnancy Assistance (SPA) programs and expand to additional areas.	Muskegon, Kent	# of pregnancy assistance programs in the region.		

Recovery Services

Problem	Intervening Variables	Strategy	Activities	Counties	Outputs	Intermediate Outcomes	Long-term outcomes
Increase clients that maintain recovery	Clients establish <u>connections to community</u>	Expand availability of Recovery Housing.	– Continue current partnerships with recovery houses* (all 7 counties).	Kent, Lake, Mason, Oceana	# of recovery houses within the region.	↑ capacity (as measured by # beds and # of residence	Increase in individuals sustaining recovery

Problem	Intervening Variables	Strategies	Activities	Counties	Outputs	Intermediate Outcomes	Long-Term Outcomes
	supports to assist them in maintaining recovery		– Incentivize establishment of new Recovery Residences and pursuing MARR certification* – Develop plan to continue support of Recovery Housing after SOR Funding.			locations) for Recovery Houses in the region.	
		Opportunities for persons in recovery to develop community connections.	Recovery organization funded in Ottawa to launch a social center for sober activities in the community.	Ottawa	# of prosocial activities that are substance free and/or promote recovery	# of individuals in recovery engaging in prosocial opportunities within the community.	
			Partner and support local coalitions that support prosocial activities in their community that are substance free and/or promote recovery.	Mason, Muskegon, Ottawa	# of prosocial activities that are substance free and/or promote recovery		

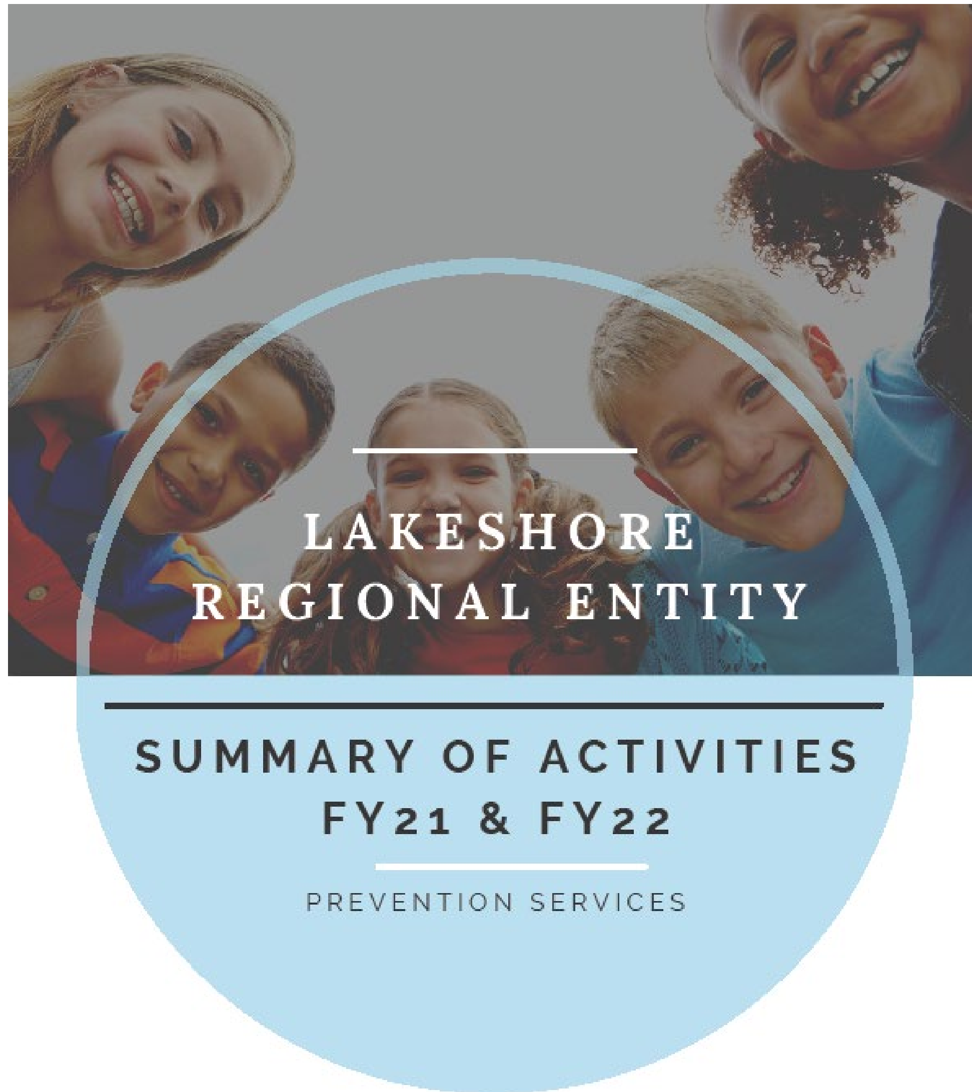
Attachment 2: SUD Prevention Funded Agency Guide

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

Substance Use Disorder Prevention
Funded Agency Guide
2022-2023

Attachment 3: SUD Prevention Evaluation Report

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



Attachment 4: Youth Access to Tobacco, Evaluation Report

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

2012-2022

Tobacco Sales Compliance Regional Analysis

LAKESHORE REGIONAL ENTITY

BY REFOCUS, L.L.C.

[i] [i] Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle (csifdl.org)

[ii] Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle (csifdl.org)

[iii] Data and Statistics About Opioid Use During Pregnancy (cdc.gov)

[iv] Michigan Older Adult Wellbeing Initiative Strategic Plan: Focusing on Our Future

[v] www.mi.suddr.com

[vi] [3] Weiner SG, Baker O, Bernson D, Schuur JD. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. Ann Emerg Med. 2020 Jan;75(1):13-17. doi: 10.1016/j.annemergmed.2019.04.020. Epub 2019 Jun 20. PMID: 31229387; PMCID: PMC6920606.

[vii] FDA. *FDA approves first generic naloxone nasal spray to treat opioid overdose [news release]*. 2019; Available from: https://www.fda.gov/news-events/press-announcements/fda-approves-first-generic-naloxone-nasal-spray-treat-opioid-overdose.