








Access to Services

Summary of Trends for Targeted Metrics:

The following provides a summary of trends in targeted metrics related to access for these prioritized populations as identified within the Strategic Plan.

Targeted Metrics: Access		FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Criminal Justice Involved	↑ admissions with legal status as on probation (% of all admissions)	21.0%	20.0%	20.0%	22.0%	24.0%	
	↑ admissions with legal status as diversion pre or post booking (% of all admissions)	0.4%	0.3%	0.3%	0.5%	0.2%	
	↑ admissions with legal status as 'in jail' (% of all admissions)	8.0%	7.0%	6.0%	8.0%	6.0%	
Persons with Opioid Use Disorder (OUD)	↓ avg days between request for medication assisted treatment (MAT) and first service	13.7	7.0	13.4	5.6	7.4	
	Maintain an average wait time of less than 3 days for persons with IVDU	6.6	6.4	9.8	7.1	8.0	
	↓ average days' time to service for Outpatient Level of Care for persons with intravenous drug use (IVDU)	9.5	6.3	9.5	5.5	7.5	
Older Adults	↑ in # of admissions for individuals aged 55-69	597	473	579	585	648	

*  Improving  Worsening  Relatively stable

Engagement and Retention

Summary of Trends for Targeted Metrics:

The following provides a summary of trends in targeted metrics related to engagement and retention in care as identified in the Strategic Plan.

Targeted Metrics: Engagement and Retention		FY19	FY20	FY21	FY22	FY23	Trend* FY19-23	
Integrated Treatment	↑ in % of clients w/ co-occurring diagnosis who received integrated svcs	6.0%	7.0%	11.0%	14.0%	20.0%		
Continuity of Care	↑ % of clients discharged from ST residential that transitioned to the next level of care w/in 7 days	27.9%	24.8%	25.3%	29.4%	36.5%		
	↓ average # days between discharge and admission to next level of care following ST residential	w/in 7 days	2.0	2.4	1.6	1.8	1.1	
		7+ days	17.5	17.6	17.2	16.6	15.4	
	Overall	7.8	9.1	9.1	8.3	7.1		
	↓ % of discharges from detox and ST Res with reason as 'completed treatment'	Detox	25.2%	19.0%	18.2%	18.5%	29.7%	
		ST Res	67.6%	73.4%	70.5%	54.8%	71.0%	
↑ % discharges from residential svcs w/reason as 'transfer/ completed level of care'	Detox	41.8%	51.7%	53.0%	49.1%	44.2%		
	ST Res	1.7%	1.5%	1.9%	18.1%	4.7%		
Initial Engagement	↓ % of treatment episodes with no 2nd visit	11.8%	11.4%	10.1%	10.9%	8.0%		
	↑ clients seen for a 2nd encounter w/in 14 days of 1st service (of those w/ a 2nd encounter)	87.4%	88.3%	88.0%	89.5%	92.7%		

* Improving Worsening Relatively stable

Responding to Methamphetamine (MA)

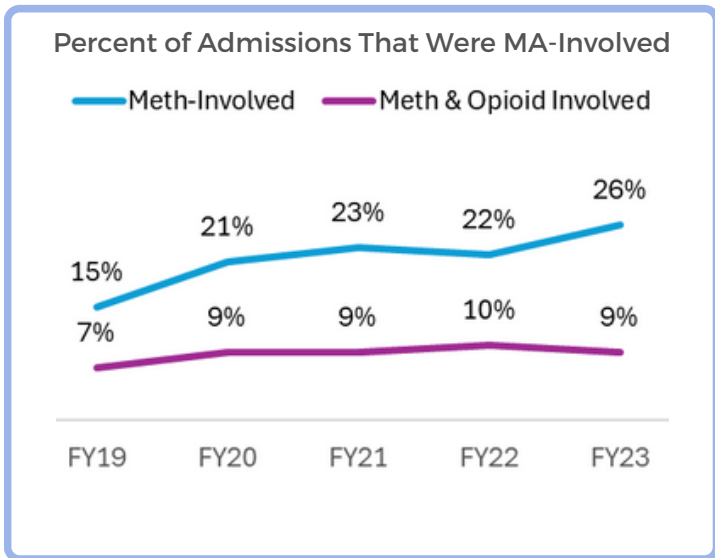
Methamphetamine emerged as a growing problem with treatment admissions for individuals reporting MA use increasing 400% between FY17 and FY21.

DATA HIGHLIGHTS

MA-involved admissions increased again in FY23 with 1-in-4 admissions involving MA (26%). Admissions involving both MA and an opioid has remained relatively stable at 9-10% of admissions.

Counties with the highest rate of MA-involved admissions were Allegan (48%), Lake (45%), and Oceana (40%); and the lowest was Kent (17%).

Counties with the highest rate of admissions involving both MA and an opioid were Oceana (18%), Muskegon (16%) and Lake (16%).

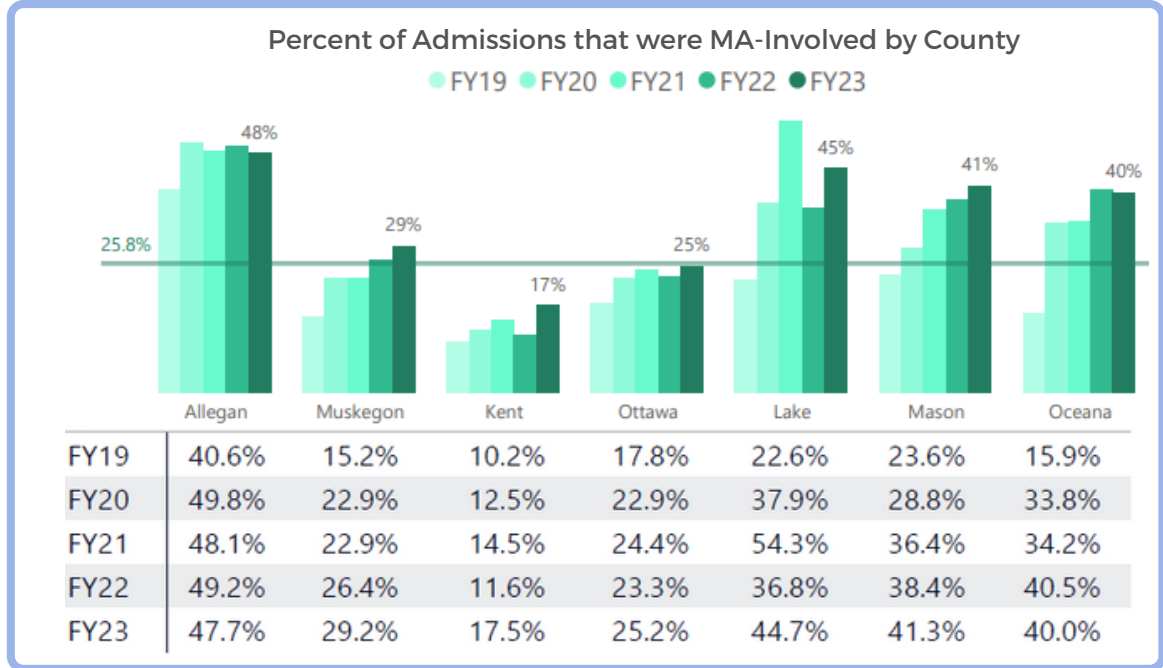


IMPROVEMENT EFFORTS

To address this issue, the LRE partnered with the Allegan Substance Abuse Prevention Task Force to commission a needs assessment for the region. In Feb. 2021, findings were presented followed by discussion to identify opportunities for action. This report is available [here](#).

In addition, the LRE promoted state training for providers on evidence-based treatment for MA, including training on Contingency Management and the Matrix Model.

Throughout the region, many providers unsuccessfully attempted to establish Contingency Management for clients using MA in outpatient settings.



Women's Specialty Services

In Michigan, women who are pregnant and parenting are given priority for admission to treatment services and Substance Abuse Prevention and Treatment Block Grant requires states to spend a minimum amount each year for treatment and ancillary services for eligible women. To reduce barriers to treatment engagement, Women's Specialty Services (WSS) providers offer gender-responsive services and supports to address the unique needs of pregnant and parenting women. Ancillary services can include childcare, transportation, case management, therapeutic interventions for children, and primary medical and pediatric care.

IMPROVEMENT EFFORTS

To support WSS providers, the LRE established a regional workgroup for WSS providers in FY21. In FY22, it was decided to add Women's Specialty Services to the SUD ROAT for monthly discussion.

During FY21, COVID caused special challenges for mothers. In response, WSS providers implemented the following:

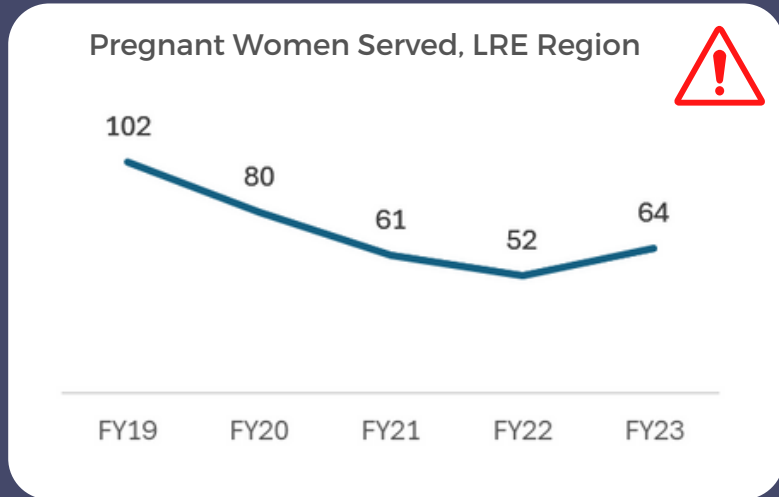
- Contingency Management child-based incentives.
- Creative solutions to ensure confidentiality during telehealth visits.
- Outreach through primary care providers, health clinics, and Dept. of Human Services. One physician began referring all pregnant women with a positive drug-screen to the WSS provider.
- Added swings and sandboxes for children to use while mother is in treatment.

IPost-COVID, WSS providers reported the following efforts to support pregnant and parenting women in treatment:

- Onsite childcare so women can focus on just themselves during services.
- Parenting skills programming such as Parenting Wisely, Safe Sleeping, and Love and Logic.
- Trauma programs such as Seeking Safety and Beyond Trauma.
- Collaboration with MDHHS to help women to access community resources such as food assistance more easily.
- Working with the public defender's office to coordinate on shared cases.
- Celebrating recovery anniversary dates and client milestones.
- Partnering with the YMCA to provide holistic health programming.
- Providing a Mentor program for young sons of moms in treatment to support positive family dynamic and involve fathers.
- Assisted moms in getting Christmas presents for their children and back to school shopping in the fall.

Data Highlights

The number of pregnant women served in the region has declined consistently and substantially since FY19, with a slight increase in FY23 to 64 pregnant women served. Of these women, 38% received services at a Women's Specialty Services Provider.



Pregnant Women Served by CMHSP

	FY19	FY20	FY21	FY22	FY23
Allegan	6	4	6	4	4
Muskegon	34	23	15	26	19
Kent	40	43	26	18	28
Ottawa	16	8	6	5	8
West MI	6	2	7	2	5
Out of Region	0	1	2	0	0
TOTAL	102	80	61	52	64

Total Number of Pregnant Women Served by Women's Specialty Providers

Women's Specialty Provider	FY 21	FY 22	FY 23
Arbor Circle	10	8	4
Family Outreach Center	3	4	2
Mercy Health Life Counseling	2	2	3
OAR - Harbor House	2	4	5
OAR - Women's Services (Grand Haven)	0	0	0
OAR - Women's Services (Holland)	2	3	6
Our Hope Association	3	2	4
Wedgwood	0	2	0
TOTAL	22	25	24