

Region 1  
NorthCare Network

Three-Year Strategic Plans for Substance Use Disorder  
Prevention, Treatment & Recovery Services

Fiscal Years 2021-2023

June 30, 2020

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# 1. SUBSTANCE USE DISORDER PROBLEMS IMPACTING THE UPPER PENINSULA

*A narrative identifying and prioritizing substance use disorder problems impacting the community with respect to ROSC that includes prevention and treatment, as well as all other services necessary to support recovery. The narrative should include identification of related long term and short-term consequences at the regional/community level. There should be evidence of an epidemiological profile in the prioritization of substance use disorder issues/problems.*

## Introduction

Region 1 includes the 15 counties of the Upper Peninsula and is both geographically, demographically, and economically unique. The distance between one end of the UP to the other is more than 320 miles which is almost a six-hour drive. Beyond the long distances between larger populated areas the harsh winters make service delivery much more difficult.

According to the Economic Research Service, all fifteen Upper Peninsula counties are classified as rural or level 1 frontier communities with county populations range between 2,116 and 66,699. The regional total population is declining, dropping just over 4% since 2010. Demographics collected for the 2018 Upper Peninsula Community Health Needs Assessment indicated a homogeneous English-speaking population with 89.36% White and 4.27% Native American. The Upper Peninsula is home to five federally recognized tribes which include Lac Vieux Desert Band of Lake Superior Chippewa Indians. Keweenaw Bay Indian Community, Hannahville Indian Community, Bay Mills Indian Community, and the Sault Ste. Marie Tribe of Chippewa Indians.

Although over 90% Upper Peninsula residents graduate high school or earn GEDs the percentage of residents with post-secondary degrees falls below 25% in all but one county while Michigan rate is at 37%. According to the US Census Quick Facts website, in 2019 all 15 Upper Peninsula counties had a median household income below Michigan's with 15.03% of the population living below poverty level.

## Prevention

Universal prevention has been the primary focus of prevention programming in Region 1 for the last several years. According to epidemiologist Geoffrey Rose, most cases of any disease come from those at low to moderate risk while the minority of cases come from the high-risk population. However, it is important to note that most Upper Peninsula youth are at least at moderate risk because of depression, low perceived risk of harm, poverty and lack of parents communicating about substance use. Our goal is to ensure primary universal prevention programs are available in each community. Prevention programs currently being funded are:

- Botvin's Life Skills is a universal evidence-based program for middle-school students and recently added an evidence-based high school program for 9<sup>th</sup> grade students. Life Skills has been shown to be effective in preventing early initiation of alcohol use, binge drinking, delinquency, illicit drug and tobacco use as well as increasing emotional regulation.
- Guiding Good Choices is being used as a universal/selected five-session program for parents of middle school students with one session that youth attend with their parents to work on refusal skills. This program has been shown to positive parent-child interactions

and to reduce early initiation of alcohol use, illicit drug use, delinquency, and depression.

- Prime for Life is used across the region primarily as a selected/indicated program for either youth (MIP) or adults (DUI) or with high school or college students that have had an issue with substance use and are referred by their school.
- Communities that Care (CTC) coalition model has been shown to effectively address youth, alcohol use including binge drinking, antisocial-aggressive or delinquent behavior, tobacco, and illicit drug use.
- Social Development Strategy (SDS) is an integral part of the CTC model, it works by helping communities provide opportunities for positive interactions that teach skills needed for success. It also provides for consistent recognition for effort/improvement which allows for bonding/emotional connection to adults who provide clear standards for behavior. The original 5<sup>th</sup> grade SDS cohort are still being followed 25 years later. Research has shown when compared to the control group, not only are their mental health outcomes better than the control group but the children of those involved in the program have had fewer school related behavior problems, fewer developmental delays, higher academic performance and lower youth alcohol and drug onset.

Each of the 15 counties have Communities that Care (CTC) coalitions to bring additional programming to their community based on their prioritized risk factors, disparities, and other focused information. UP Coalition Network is a collaborative of the Upper Peninsula CTC coalitions which focuses on collective messaging/media campaigns to enhance the evidence-based services being provided. While the current stay at home order has proven to be a challenge, it has offered a way of providing some additional programming to areas that are hard to reach logistically. We will monitor data to ensure expected outcomes are being met while looking forward to providing programming in areas that have not been cost effective to reach.

Prevention services are delivered across the region by thirteen appropriately license agencies. Individual practitioners are offered many local, distance and peer learning opportunities to ensure their ability to obtain/maintain the Michigan Certification Board for Addiction Professionals Certified Prevention Specialist credential. This allows for a strong provider network and high-quality service delivery. The prevention provider agencies include local health departments, treatment/prevention providers, community mental health as well as intermediate school districts.

Provider	Counties Served
Bay Mills Boys & Girls Club	Chippewa County
Big Brothers Big Sisters	Alger & Marquette Counties
Chippewa County Health Department	Chippewa County
Copper Country Mental Health	Baraga, Gogebic, Houghton, Keweenaw & Ontonagon
Dial Help	Baraga, Gogebic, Houghton, Keweenaw & Ontonagon
Dickinson-Iron Health Department	Dickinson & Iron
Great Lakes Recovery Center	Alger, Delta, Dickinson, Iron, Luce, Mackinac & Schoolcraft
LMAS District Health Department	Alger, Luce, Mackinac & Schoolcraft
Marquette-Alger RESA	Marquette
Marquette County Health Department	Marquette

Menominee County ISD	Menominee
Public Health Delta Menominee	Delta & Menominee
Western UP Health Department	Baraga, Gogebic, Houghton, Keweenaw & Ontonagon

*Table 1 - Prevention Providers & County Served*

## Treatment

Per the agreement between Michigan Department of Health and Human Services and NorthCare Network, all treatment providers funded under the agreement must be licensed, accredited, and designated for ASAM LOC for the services under contract. The region is served by seven treatment providers. Three providers are licensed in more than one location. Services including medication assisted treatment at Office Based Opioid Treatment (OBOTs), outpatient, residential and social detox are available within the region. Current programming examples include:

- Auricular Acupuncture
- Cognitive Behavioral Therapy
- Life Goals
- Living in Balance
- Rational Emotive Behavioral Therapy
- Seeking Safety
- Smart Recovery

State Opioid Response (SOR) funding will support the opening the first OTP (Opioid Treatment Provider) setting in the Upper Peninsula. Sacred Heart will open an office in St. Ignace (Mackinac County) with opening anticipated during the fall of 2020. It is likely that residents from northern lower Michigan will also access services at this location. Two additional residential providers outside of the Upper Peninsula meet specialty population placement needs.

The State Opioid Response 2 (SOR2) funding allows for stimulant disorder program development. NorthCare will work with its treatment provider network to identify and implement best practice programming. Focus will be specific to those ages 18-39 as admission data reflects the greatest increase in primary drug at admission to treatment services. Refer to Attachment III Treatment Admission by Primary Drug by Age.

Following the requirements outlined in the Prevention Policy #2-Effective January 1, 2012: Addressing Communicable Disease Issues in the Substance Abuse Network, all providers are required to document Level 1 training for all employees. Screening is required at admission to services. If a client is identified as high risk as a result of the screening process, any further actions must be documented in the progress notes.

Treatment Provider	Counties Served	Service Type	Specialty Services (if any)
Catholic Social Services of the UP	Delta, Marquette	Outpatient	MAT
Great Lakes Recovery Centers	Chippewa, Delta, Dickinson, Houghton, Gogebic, Mackinac, Marquette	Outpatient	Opioid Health Home Provider

Great Lakes Recovery Centers	Chippewa, Marquette (site location)	Residential, Residential Detox	
Great Lakes Recovery Centers	Chippewa, Marquette (site location)	Residential, Residential Detox	Women's Specialty
Great Lakes Recovery Centers	Marquette	Residential	Adolescent
Great Lakes Recovery Centers	Baraga, Chippewa, Marquette	Recovery Housing	
Keweenaw Bay Indian Community	Baraga	Outpatient	
Keweenaw Bay Indian Community	Baraga (site location)	Residential	Native American
Phoenix House, Inc	Gogebic, Houghton, Keweenaw, Ontonagon	Outpatient	
Phoenix House, Inc.	Houghton (site location)	Men's Residential	
Public Counseling Services, LLC	Houghton	Outpatient	
Sacred Heart	Mackinac (site location) * Anticipate opening Fall of 2020	Outpatient	OTP
Upper Great Lakes Family Health Centers	Gogebic, Houghton, Keweenaw, Marquette, Menominee, Ontonagon	Outpatient	Opioid Health Home Provider

*Table 2 - Treatment Providers by Service Type & County*

## Recovery Supports

NorthCare will continue efforts to strengthen recovery support programming. Maintaining a workforce of trained recovery coaches has been a greater challenge than anticipated despite various grants to offer Project ASSERT, Peers aligned with Treatment Courts, and in Crisis/FQHCs/Outpatient settings. Overall, the rural landscape of the Upper Peninsula, requires that peer support programming offered is a combination of all types listed. As a result, NorthCare will be establishing a Recovery Coordinator Position with the goal of assuring the appropriate combination of recovery supports across the region. During FY20, four local Recovery Coaches became CCAR Train the Trainers. This combination of Regional Recovery Coordinator and local trainers will assure the continued development of recovery supports.

Recovery Provider	Counties Served	Service Type	Specialty Services (if any)
Child & Family Services of the Upper Peninsula	Alger, Delta, Dickinson, Marquette, Menominee	Peer Recovery	Treatment Courts
DIAL Help, Inc	Baraga, Gogebic, Houghton, Keweenaw, Ontonagon	Peer Recovery	Early Intervention
Great Lakes Recovery Centers	Chippewa, Marquette	Peer Recovery	Treatment Courts
Phoenix House, Inc	Gogebic, Houghton, Keweenaw, Ontonagon	Peer Recovery	Treatment Courts

Superior Recovery Housing 906	Dickinson, Marquette* (anticipate opening July 2020)	Recovery Community Organization	Recovery Housing
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Table 3 – Recovery Supports by Service Type & County

## 2. DATA DRIVEN GOALS & OBJECTIVES

*A narrative, based on the epidemiological profile, identifying and explaining data-driven goals and objectives that can be quantified, monitored, and evaluated for progress (increase in access to SUD services, behavior change, quality improvement, and positive treatment outcomes, an increase in recovery support services, and improvement in wellness) over time.*

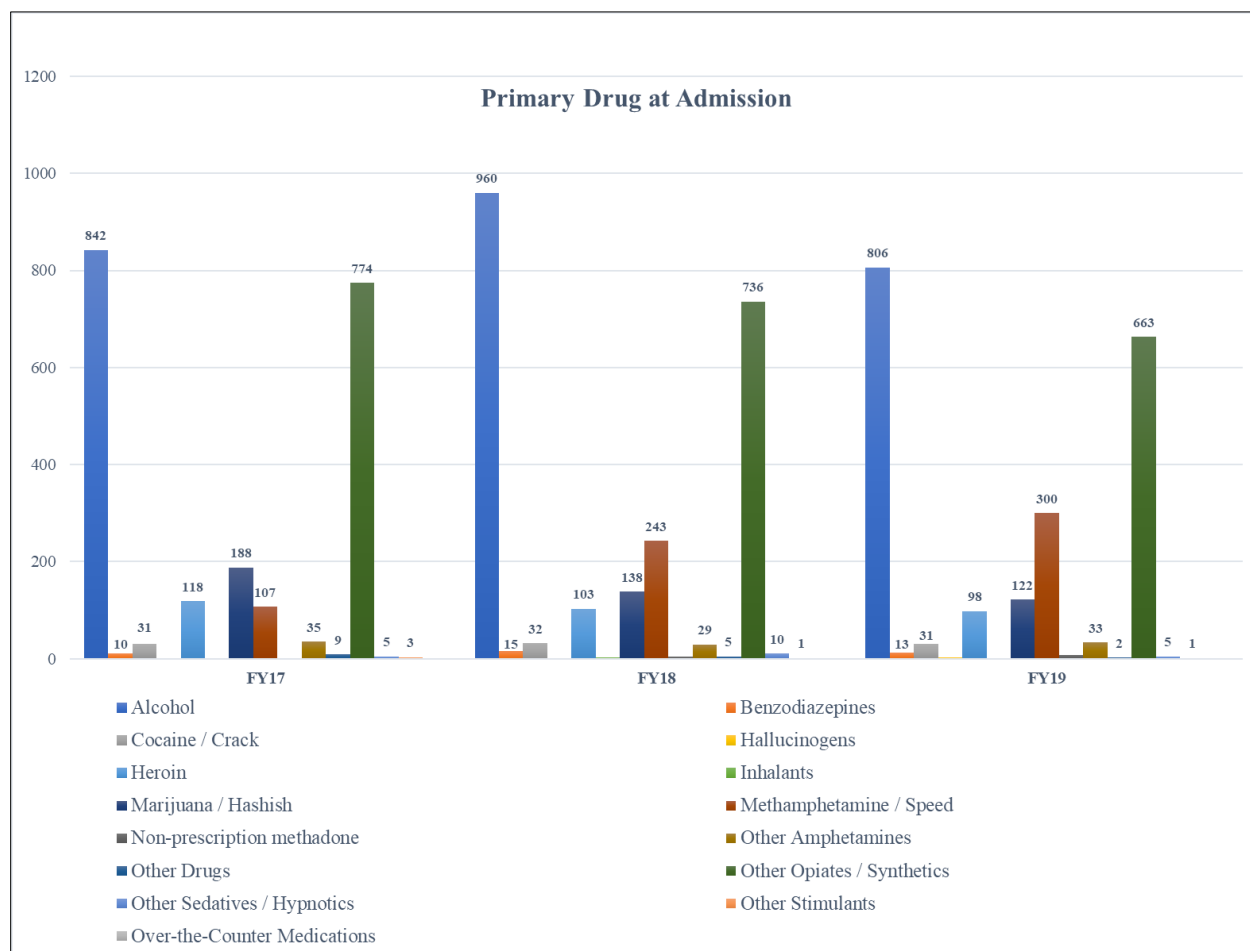


Table 4 - 3 years of Primary Drug at Admission by Fiscal Year

Addressing opioid dependence will continue with the implementation of Opioid Health Homes in the Upper Peninsula. Offering OBOT and OTP programming within the region will result in improved outcomes and sustained recovery for Upper Peninsula residents living with OUD. Developing best practice programming throughout the region will decrease the need for individuals to travel long distances and possibly seek services from providers that don't offer the full continuum of recovery supports. Improved access will also decrease diversion of buprenorphine – one reason some communities have been reluctant to support medication

assisted treatment.

Strengthening trauma-informed care will result in improved outcomes. Recidivism data collected at NorthCare reflects lower rates of recidivism for those individuals that complete treatment at the residential level versus those that leave treatment prior to completion.

Workforce capacity has become an even greater challenge as the SUD network has been impacted by Licensing and Regulatory Affairs (LARA) rule changes. The 2018 Upper Peninsula Community Health Needs Assessment reflects that twelve of the fifteen counties are designated Mental Health Care Health Shortage Population Areas. These workforce shortages have a direct impact on the service array.

Within Region I, continued effort will be to support, sustain and grow the existing qualified provider network. Increasing women's designated providers will be addressed in FY21 with a goal of adding two providers in the Western UP and one additional in the central UP. It is expected that Sacred Heart will be paneled as a designated women's provider in Mackinac county. NorthCare will also support the evaluation, selection, and implementation of the state-wide assessment tool.

Primary Substance	CY2017	CY2018	CY2019
<i>Alcohol</i>	3	6	7
<i>Marijuana</i>	5	2	1
<i>Opiates</i>	133	102	60
<i>Other Drugs</i>	11	11	13
Total:	152	121	81

*Table 5 - Number of Pregnant Clients by Primary Drug*

The number of women reported as pregnant at admission reached a high of 160 during FY15. The downward trend is illustrated in the chart above showing the previous three-year data. Collaboration with the maternal infant health and home visiting programming will continue. This effort began as a result of the decline in programming at UP Health Systems Marquette for their Women & Infant program. Care coordination and referrals to other programming have improved engagement for participants. The NorthCare Clinical Director will oversee Women's Specialty Services.

### **3. COORDINATING SERVICES**

A narrative illustrating goals, objectives, and strategies for coordinating services with public and private service delivery systems. Provide evidence of collaboration or coordination with primary and all other relevant resources as provided in P.A. 500, 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.

myStrength.com is a web-based platform that offers evidence-based behavioral health access to promote higher levels of engagement and satisfaction, improved outcomes and is available 24 hours per day, seven days a week. Through the integrated-care grant, this service is offered widely in the region to support managing individual care pathways and provide support on demand.



In accordance to Prevention Policy #2 Addressing Communicable Disease Issues in the Substance Abuse Network, the region currently has two functioning syringe programs with the primary objective of reducing the spread of blood-borne infections. While the prevalence of communicable diseases is lower in the Upper Peninsula of Michigan, enhanced treatment and comprehensive care is being offered through a variety of different methods including a mobile unit run by the Chippewa County Health Department. Chippewa County's syringe access program is one example of an inclusive health initiative to assist in limiting the spread of communicable diseases through distribution of mini sharps containers, condoms, injection kits, hygiene kits, and on-site or in-office testing for HIV and Hepatitis C. The Chippewa County's syringe access program reported that in a 6-month time span 38% of participants were tested for HIV and 49% of participants were tested for Hep C.

The Marquette County Health Department New Points syringe exchange program is also following suit by offering syringe disposal, clean supplies, and referrals for free HIV and Hepatitis C testing. The New Points Syringe Exchange program reported collecting 3,096 used syringes in the first quarter of 2020. Free or low-cost testing for HIV and STD's is also being offered through the Western Upper Peninsula Health Department, Dickinson-Iron District Health Department, Marquette County Health Department, Luce-Mackinac-Alger-Schoolcraft District Health Department, Public Health of Delta and Menominee Counties, and Chippewa County Health Department. As the Opioid Health Home becomes operational more communicable disease testing and screening will be offered to high risk individuals.

## Prevention

Working toward the highest level of collaboration with both prevention partners and key stakeholders is our goal for the region. Working with our 13 prevention providers listed in Table 1, we have successfully partnered to access additional resources for the region which has included funding, additional human resources, and coalition support.

- Through a partnership with Dial Help and the 14 CTC coalitions we were able to complete the Tri-ethnic Readiness Survey for each county across the region which has made it possible to identify barriers to services that can now be addressed
- To increase the ability for all partners across the region to be successful in obtaining funding and other resources NorthCare Network has partnered with each of the regional health departments and community mental health agencies to complete a regional health needs assessment
- In collaboration with Great Lakes Recovery Services, Western UP Health Department, all 14 CTC coalitions and Dial Help we have successfully brought in funding to expand support and resources for each of the coalitions
- By partnering with our local tribal entities, our prevention coordinator was able to help expand services in several counties in a way that complements the services that were already being delivered
- NorthCare Network along with the Medical Control Authority, Upper Peninsula EMS, Great Lakes Recovery Center, Dial Help and Michigan Rural EMS have formed a consortium that has brought funding for Opioid prevention and treatment expansion to the region.
- NorthCare and the CTC coalitions have teamed up with Upper Peninsula pharmacies and

other local entities to distribute over 1,300 medication lockboxes

- With a partnership between Michigan State University as well as MSU Extension, NorthCare Network and the CTC coalitions will be working with physicians to accept referrals for non-medical pain management for older adults. In addition, there will be offerings for improving older adults with their aging health issues.
- The CTC coalitions, NorthCare Network and Michigan Works will be partnering to offer community and employer training on the Social Development Strategy to increase protective factors for young people entering the workforce.

In addition, at the community level many of our coalitions have been successful in finding amazing opportunities to partner with:

- Their schools to ensure data collection and increased program delivery
- Local media to spread awareness about their work and to diminish stigma around mental health including substance use
- Businesses for additional resource/funding opportunities as well as Narcan trainings
- Tribal entities to ensure culturally appropriate programs are available
- Law enforcement to collaboration on evidence-based prevention program delivery and ensure data driven prevention is understood

Although there are many instances of amazing collaborative efforts across the region, we will continue to focus on increasing some stakeholders that are missing or not fully engaged. Parents/grandparents, youth, religious sector, courts, colleges, hospitals, and other medical professionals and community mental health are sectors still needing engagement.

## Treatment

Collaboration with the maternal infant health and home visiting programming to improve care coordination has shown improved engagement. The implementation of the Opioid Health Home and Behavioral Health Home models in Region 1 during FY21 will provide further opportunities to implement integrated care programming. Associated performance reporting will be used to demonstrate improved outcomes for those participating in one of the Health Home model programs. With increased recovery programming, care coordination will be available to the individuals served by SUD providers at several levels. Individuals could be connected to a Recovery Coach at their outpatient provider, their Opioid Health Home provider, their local treatment court, or via one of the stand-alone recovery providers. Contracted treatment agencies will be aware of the availability of recovery support services and directed to make referrals as appropriate. The Recovery Coordinator at NorthCare will collect and maintain Peer activity that will include care coordination referral information. The NorthCare SUD Access team will be able to use the recovery support system to assure individuals have access to necessary supports as they move through the levels of care appropriate to their needs.

Additionally, NorthCare is a member of the Coordination of Care Committee which primarily addresses homelessness as a social determinant of health. This is a regional committee consisting of stakeholders invested in reducing the number of homeless in Region 1 and assisting individuals in locating stable housing while connecting them to other needed resources. One of the members of the committee representing NorthCare is the Veteran Navigator who is also a

member of the Network Management Committee and is familiar with SUD programming options in the region. Veteran referrals are made as appropriate with continued support from the Veteran Navigator. Goals for FY21 include implementing Veteran Peer Support Specialist training and placement. The details are not yet final.

#### **4. SUD POLICY OVERSIGHT BOARD & DECISION-MAKING PROCESS**

*A summary of key decision-making processes and findings undertaken by the SUD Policy Oversight Board or other regional advisory or oversight board*

The following responsibilities and functions are outlined in the Intergovernmental Agreement with the counties:

Approval of any portion of NorthCare Network's budget that contains 1986 PA 2 (MCL 211.24e(11)) funds for the treatment or prevention of substance use disorders.

Advise and make recommendations regarding NorthCare Network's budgets for substance use disorder treatment or prevention using non-PA 2 funds.

Advise and make recommendations regarding contracts with substance abuse disorder treatment or prevention providers.

The NorthCare Network Substance Use Disorder Policy Board By-Laws include the purpose statement: The NorthCare Network Substance Use Disorder Policy Board is a designated committee of the NorthCare Network Governing Board. The SUD Policy Board shall advocate in the planning, development and provision of substance abuse services for the fifteen (15) counties of the Upper Peninsula, including Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon and Schoolcraft.

Each county appoints one member to the NorthCare SUD Policy Board.

#### **5. LOGIC MODELS**

*A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services in your array necessary to support recovery. The logic model approach should include common risk and protective factors contributing to substance use and mental health disorders and its consequences, as well as opportunities for recovery.*

##### **Prevention**

Between 2018 & 2019 each of the fourteen Communities That Care coalitions collected youth survey data for 6<sup>th</sup> – 12<sup>th</sup> grade students. Based on this data, NorthCare Network's prevention efforts for FY21 – FY23 will be to reduce:

- underage drinking
- marijuana use in youth & young adults

- stimulant use among youth
- opioid prescription abuse including non-medical opioid misuse & abuse
- youth access to tobacco
- youth vaping

In addition, we will be working to increase:

- SUD prevention services for adults 55 & older

Youth in the Upper Peninsula are still using alcohol at a higher rate than marijuana or other drugs. The regional rate for 30-day alcohol use is 19.2% which should be noted includes 6<sup>th</sup> grade youth. Many counties are seeing near 50% for 12<sup>th</sup> grade 30-day use rates. Risk factors of low of perceived risk of harm, depression, and lack of parental communication around substance use are among the risk factors most targeted by the CTC coalitions across the region. These risk factors will also address the regions 30-day marijuana use rate of 10.63% which is not as high as other areas of the state, but has climbed since the state's legalization of marijuana. There are several programs/strategies that will be used to address these risk factors including Botvin's Life Skills, Social Development Strategy and Guiding Good Choices as well as focused campaigns around parental communication.

According to several recent studies, young students with frequent use of energy drinks had higher rates of cocaine use, prescription stimulant misuse, and alcohol problems compared with students who did not consume energy drinks. We believe that targeting this risk factor will help reduce the rate of stimulant use in young adults. Energy drink use among youth in the regions is currently at 43.57%, a rate far above the national average. In addition to increased rates of substance use, youth are also at risk for numerous other physical health problems. An educational campaign to educate both youth and parents will be implemented to reduce the rate our youth are consuming energy drinks.

The introduction of e-cigarettes/vape products has driven youth use to an epidemic rate of 43.57% for past 30-day use across the Upper Peninsula. The primary issues with combating e-cigarette/vape product use is the number of youth and adults who do not understand risk for youth and the ability hide use. The primary risk factor that will be addressed is low perceived risk of use. The use of school-based education in addition to media/community education will be primary strategies used to target youth use of e-cigarettes/vape products.

Although large numbers of youth in the Upper Peninsula are not misusing/abusing opioid prescriptions right around 3% are. In addition, we understand the importance of working across the lifespan to change the trajectory of the opioid crisis. The primary prevention risk factors being addressed are easy access and low perceived risk of harm. Many of our prevention providers have begun implementing Botvin's Life Skills additional lesson regarding opioid use and this risk factor is also addressed during Guiding Good Choices. In addition, we will work to reduce the risk of overdose death. The focus, again across the region will be to provide lockboxes and support safe drug take back to address ease of access, Narcan, education, pain management alternatives and reduce stigma around treatment and recovery.

NorthCare Network in collaboration with the local coalitions and our Designated Youth Tobacco Use Representatives (DYTUR) have been able to reduce the sell rate for Synar compliance checks. Vendor education has been the key in the region, and we will continue to educate 100%

of all vendors each year. The development of the CTC coalitions and the Upper Peninsula Coalition Network over the last few years has allowed for an increase in prevention services, and will continue to increase the capacity, readiness and educate our communities on the strategic prevention framework for decision making.

Lastly, NorthCare Network will begin working with the local coalitions and other local agencies to include SUD prevention services for adults 55 & older. Activities will include community education, alternative pain management education as well as other resources. NorthCare Network's Prevention Coordinator will continue as a member of the Michigan Older Adult Wellbeing Strategic Planning Workgroup to ensure data and information is available for further planning. While programming can be increased around older adult SUD, more data is required to determine measurable consequences and long-term outcomes.

## Treatment

The SUD Treatment Provider Panel will evolve with the addition of Opioid Health Home Providers. Upper Great Lakes Family Health (FQHC) joined the provider panel during FY20. Sacred Heart will join later in FY20 or early in FY21 depending on site development progress. Both agencies will bring integrated care services and programming to locations that have been without these services. Additional recovery supports including recovery housing will further strengthen local options for Upper Peninsula residents. These program options will contribute to the Recovery Oriented System of Care implementation efforts.

As we know that there is a strong correlation between trauma and addiction, NorthCare Network, Region 1 will begin a focus on increasing access for consumers to trauma responsive services to better support their recovery. Most SUD provider staff in this region are trained internally and without formal process. NorthCare will first focus on a 3-county area, Marquette, Chippewa, and Houghton where our residential providers are located, to improve staff trainings by increasing the educational opportunities in addition to the internal training they currently receive. Currently, staff trauma responsiveness is not consistent, thus potentially contributing to patients leaving against medical advice (AMA) without completing the treatment episode; admission to a higher level of care such as inpatient hospitalization; or increased recidivism. Becoming a trauma-responsive agency means looking at every aspect of an organization's programming, environment, language, and values and involving all staff in better serving clients who have experienced trauma.

To be a Trauma informed agency is to acknowledge and have an understanding of the widespread impact of trauma; recognize trauma signs and symptoms; incorporate this knowledge into policies, procedures and treatments, and avoid the re-traumatization of clients. To that end, the ACE (Adverse Childhood Experiences) is one screening tool currently used in the NorthCare region to assist in identifying individuals who have experienced trauma and thus, more appropriately support their journey towards recovery. Additional trauma history is also generally obtained during the course of the intake assessment. As this is often a first step in properly identifying individuals who have experienced trauma, in collaboration with the newly formed Regional SUD Clinical Provider Work Group, NorthCare will:

- Begin to review the trauma screening tools used by providers
- Identify additional trauma screening tools, and implement use of trauma screening and assessment tool(s) for the region

- Collaborate with SUD Regional Clinical Provider Work Group to identify, develop, and offer trauma-responsive trainings for staff in the region
- Identify funding sources for training
- Develop SUD Providers trauma training curriculum for staff (internal training).

NorthCare is proposing and will collaborate with the Clinical work group, on establishing a monthly schedule of trainings for SUD and Mental Health staff which will offer CEU's to further support trauma informed/responsive education.

With an internal trauma training curriculum for staff; increased offerings for external trauma training; and consistent use of trauma screening tools, client outcomes will improve as they receive trauma responsive, treatment suited to condition, in a safe, therapeutic environment which promotes a healthy recovery. Thus, the long-term outcome will be demonstrated by successful completion of treatment and a reduction in recidivism.

In addition to increasing access for consumers to Trauma Responsive services, NorthCare will also focus efforts on increasing access to SUD treatment for the Criminal Justice involved population returning to the community. For example, according to Michigan's Opioid Task Force, more than 20% of incarcerated individuals in Michigan have been identified as having an opioid use disorder, and those leaving prison are anywhere from 40 to 120 times more likely to die of an overdose within two weeks of release. Estimates suggest that as many as two-thirds of incarcerated individuals have a history of substance use disorder. The release of these individuals back to the community without access to care potentially increases their risk of jail recidivism, relapse, overdose and overdose death, (ASAM/Elizabeth Salisbury-Afshar, M.D.). NorthCare believes, for those wanting SUD treatment along the continuum of their incarceration, or planning for treatment as they approach their release date, that by expanding the referral network to include not only probation officers but the Jail Mental Health worker, and corrections staff if available, there will be more opportunity for an offender to potentially enter SUD treatment vs sitting in jail without.

Additionally, as there continues to be a stigma associated with the use of MAT (medication assisted treatment, e.g. buprenorphine, etc.), NorthCare, assisted by the Michigan Opioid Collaborative (MOC), as well as members of our provider network, will work with Criminal Justice stakeholders on education related to stigma and the misconceptions associated with the use of MAT. NorthCare will continue to advocate for the inclusion of MAT for the criminal justice population within the jail system. To that end, NorthCare will screen/refer all MDOC referred clients to the appropriate Level of Care, collaborate with stakeholders to address access barriers, educate stakeholders in collaboration with the MOC on the efficacy of MAT, refer to NorthCare's contracted DHS (Department of Human Services) worker to assist with any insurance issues which are creating a barrier to accessing treatment, and update or create NorthCare Policy/Procedure which would support these initiatives. "Medication-assisted treatment, along with additional substance abuse treatment services increases the likelihood of long-term recovery, reducing the chance of recidivism," according to Marti Kay Sherry, MDOC acting administrator, Bureau of Health Care Services, thus successful implementation of these outlined efforts will be evidenced by the long term outcomes of reduction in jail recidivism and overdose deaths, and improved quality of life.

## 6. ALLOCATION PLAN

*Provision of an allocation plan, derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery oriented system of care that includes prevention and treatment, as well as all other services in your array, necessary to support recovery in identified communities of greatest need consistent with a data-driven, needs-based approach and evidence-based practices.*

**NorthCare will adhere to the SUD related contractual obligations including:**

- Expending a minimum of twenty percent of Community Grant funding for primary prevention services.
- Continued collaboration with Upper Peninsula Tribal entities: Hannahville Indian Community, Lac View Desert, and Sault Ste. Marie Tribe of Chippewa Indians.
- Continued contracting with Bay Mills and Keweenaw Bay Indian Community.
- Peer Recovery and Women's Specialty programming will be expanded and strengthened.
- Standards for those clients meeting the priority status definition will be met, including admission and service capacity. Required reports will be submitted on time and reflect compliance.
- The updated Performance Indicator Standards will be monitored. The Quality Management Team will work providers that do not meet established standards.
- Trauma informed programming will be expanded and will involve PIHP and provider staff.
- The purpose of the SUD Policy Board as outlined in the by-laws is to advocate in the planning, development, and provision of substance abuse services for the 15 counties of the Upper Peninsula. Specific functions and responsibilities include:
  - a. Approval of any portion of NorthCare Network's budget that contains 1986 PA 2 (MCL 211.24e(11)), funds ("PA 2 Funds") for the treatment, prevention, and recovery services of substance use disorders which shall be used only for substance use disorder services in the Counties from which the PA 2 Funds originated;
  - b. Advise and make recommendations regarding NorthCare Network's budgets for substance use disorder services using non-PA 2 Funds; and
  - c. Advise and make recommendations regarding contracts with substance use disorder treatment, prevention or recovery providers.

## 7. IMPLEMENTATION PLAN

*An implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three (3) year timeline that identifies persons or entities responsible for the completion of strategies and completion dates.*

Prevention

Across the region Botvin's Life Skills is currently being delivered to about 75% of middle school students. Prevention providers and CTC coalitions will work with schools to increase services with a goal of 90% by 2023 school year.

In addition, there are trained facilitators for Guiding Good Choices covering seven of the 15 counties. Our Prevention Coordinator is in the process of being trained as a master trainer for Guiding Good Choices and will be able to train additional facilitators across the region with the goal of training 300 families a year by FY23. Significant effort will be necessary to reach this penetration as parent programs have historically be difficult to engage parents. There are several strategies being implemented that will help increase participation:

- Prepare a video with testimonials from Upper Peninsula Parents
- Engage schools to invite parents when their child reaches middle school age
- Partner with agencies that provide adoption services
- Work with pediatricians to ask parents to attend when their child goes to middle school
- Engage court systems to make referrals
- Engaging employers to attend virtually during the scheduled work day

Beyond the regular Communities That Care coaching, NorthCare Network will utilize the Upper Peninsula Coalition Network to improve coalition performance by using peer to peer CTC facilitator mentoring. This will allow additional resources to be infused into communities that are struggling. CTC, like any coalition model takes time to build a solid community foundation. There are several goals regarding CTC coalitions:

- Twenty percent increase in active members across the region
- Solid Community Action Plans for every coalition
- Every coalition has completed all of Phase 5
- Readiness survey results increase by at least 2 points for every coalition
- Each community coalition will receive training on the Social Development Strategy
- CTC Milestone & Benchmark progress will be monitored quarterly

## Treatment

Region 1 will begin a focus on increasing access for consumers to trauma responsive services to better support their recovery. NorthCare will first focus on a 3-county area, Marquette, Chippewa, and Houghton where our residential providers are located, to improve staff trainings by increasing the educational opportunities in addition to the internal training they currently receive. Further, in collaboration with the newly formed Regional SUD Clinical Provider Work Group, NorthCare will:

- Begin to review the trauma screening tools used by providers
- Identify additional trauma screening tools, and implement use of trauma screening and assessment tool(s) for the region
- Collaborate with SUD Regional Clinical Provider Work Group to identify, develop, and offer trauma-responsive trainings for staff in the region



- Identify funding sources for training
- Develop SUD Providers trauma training curriculum for staff (internal training).

With an internal trauma training curriculum for staff; increased offerings for external trauma training; and consistent use of trauma screening tools, client outcomes will improve as they receive trauma responsive, treatment suited to condition, in a safe, therapeutic environment which promotes a healthy recovery. Thus, the long-term outcome will be demonstrated by successful completion of treatment and a reduction in recidivism.

Implementation of the Opioid Health Home model will follow MDHHS guidelines. NorthCare Opioid Health Home Coordinator and/or SAPT Director will meet with providers for weekly or bi-weekly technical assistance calls as long as necessary. Monthly calls are planned thereafter. As additional providers join the Opioid Health Home, monthly provider meetings will be held to discuss updates, share data related to enrollment and provide technical assistance. All Opioid Health Home providers will be invited to join the Michigan Opioid Collaborative (if not already enrolled).

Strengthening/expanding recovery supports will involve the NorthCare Recovery Coordinator. Working with the four train the trainers who have agreed to serve as mentors to the Recovery Coach network within the region, the Recovery Coordinator will schedule monthly mentoring sessions and quarterly regional meetings. The routine meeting schedule has been lacking over the last 18 months and been identified as an essential resource by providers and peer staff. As the recovery support network has grown to include Peer Recovery Coaches working with local health departments in the syringe service programs, being able to offer opportunities to connect and network with others throughout the region will support awareness of available programming available to individuals seeking services. The effort dedicated to recovery supports will strengthen the recovery-oriented system of care across the entire region.

## Timeline

### FY21/Q1

#### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
- Social Development Strategy (*NorthCare/CTC Coalitions*)
  - a. Provide training for the region
  - b. Ensure all coalitions complete the local portion of the training
  - c. Assist in the development of an SDS plan for each coalition
  - d. Develop a plan to monitor implementation of the SDS
- Work with coalitions to increase capacity to do education on youth vaping & tobacco use (*NorthCare*)
- Partner with adoption agencies to offer Guiding Good Choices to adoptive parents (*Prevention Providers/Coalitions*)
- Evaluate school-based service delivery via school survey (*NorthCare*)

## Treatment

- Ensure uniform implementation of statewide assessment tool across provider network (*NorthCare*)
- Ensure Opioid Health Home services & systems are operational (*NorthCare/Providers*)
- Conduct annual provider update meeting in October (*NorthCare*)
- Finalize training planned for FY21 (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)

## Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- Planning for quarterly Peer Recovery Coach CCAR trainings (*NorthCare*)

## FY21/Q2

### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
  - a. Sustainability
  - b. Branding/community reach
  - c. Recruiting/sustaining members
- Provide annual regional provider training/workshop (*NorthCare*)
  - a. Stimulants
  - b. Vaping
  - c. Tobacco laws
- Implement campaign/community trainings to educate public about the dangers of vaping (*NorthCare & CTC Coalitions*)
- Develop an implementation plan to ensure education is disseminated (*NorthCare/Prevention Provider/CTC Coalitions*)
- Prepare video promoting Guiding Good Choices (*NorthCare/Prevention Provider/CTC Coalitions*)
- Engage courts in promoting Guiding Good Choices (*Prevention Provider/CTC Coalitions*)

## Treatment

- Ensure uniform implementation of statewide assessment tool across provider network (*NorthCare*)
- Ensure Opioid Health Home services and systems are operational (*NorthCare/Providers*)

- Continue program development opportunities for Opioid Health Home & Women's Specialty Services (*NorthCare*)
- Local ASAM Provider training (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Begin quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
  - b. Provider network
- On-going regional integrated care CEU offerings (NorthCare)
  - a. Harm reduction
  - b. Co-occurring
  - c. Trauma responsive
  - d. Vaping
  - e. SBIRT
  - f. Other relevant training

#### Recovery

- Review training opportunities for Veteran Peer Support Specialist (*NorthCare*)
- CCAR Recovery Coach training
- Quarterly regional recovery meeting
- Continue program development opportunities (*NorthCare*)
- Treatment Courts (*NorthCare/Recovery Providers*)

#### FY21/Q3

#### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
- Ongoing prevention provider training/workshop (*NorthCare*)
  - a. Stimulants
  - b. Vaping
  - c. Tobacco laws
- Release video promoting Guiding Good Choices (*NorthCare/Prevention Provider/CTC Coalitions*)

#### Treatment

- Conduct annual provider site visits (*NorthCare*)

- Review training needs/plans (*NorthCare/Providers*)
- Ensure Opioid Health Home programming (*NorthCare/Providers*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
  - b. Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a. Harm reduction
  - b. Co-occurring
  - c. Trauma responsive
  - d. Vaping
  - e. SBIRT
  - f. Other relevant training

#### Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- Continue program development opportunities
- CCAR Recovery Coach training

#### FY21/Q4

##### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
- Review SDS implementation plans with each coalition (*NorthCare*)
- Evaluate CTC Milestone & Benchmark progress (*NorthCare/CTC Coalitions*)
- Implement campaign correlating high rates of energy drinks & stimulant use (*NorthCare/CTC Coalitions*)
- Engage schools and physicians especially family care & pediatrics to encourage parents to attend Guiding Good Choices (*Prevention partners/CTC Coalitions*)

##### Treatment

- Review sliding fee scale for FY22 (*NorthCare*)
- Local ASAM provider training (*NorthCare*)
- Provider training (*NorthCare*)
- Ensure Opioid Health Home programming (*NorthCare/Providers*)

- Complete review of SUD provider trauma screening tools (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a. MAT
  - b. Stigma
  - c. SUD education 101
  - d. Recovery opportunities
  - e. Increase awareness of co-occurring
  - f. ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
  - b. Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a. Harm reduction
  - b. Co-occurring
  - c. Trauma responsive
  - d. Vaping
  - e. SBIRT
  - f. Other relevant training

#### Recovery

- Conduct site visits (*NorthCare*)
- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach training

#### FY22/Q1

#### Prevention

- Provide technical assistance to regional coalitions – on going (*NorthCare*)
- Continue campaign correlating high rates of energy drinks & stimulant use (*NorthCare/CTC Coalitions*)
- Re-administer Tri-ethnic Readiness Survey (*NorthCare/CTC Coalitions*)

- Monitor use of Social Development Strategy (*NorthCare/CTC Coalitions*)
- Share pre/post results of school-based services with coalitions and schools (*NorthCare/Prevention Providers/Coalitions*)

#### Treatment

- Conduct annual provider update meeting in October (*NorthCare*)
- Local ASAM provider training (*NorthCare*)
- Provider training (*NorthCare*)
- Review FY21 performance (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a.* MAT
  - b.* Stigma
  - c.* SUD education 101
  - d.* Recovery opportunities
  - e.* Increase awareness of co-occurring
  - f.* ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a.* NorthCare staff
- Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a.* Harm reduction
  - b.* Co-occurring
  - c.* Trauma responsive
  - d.* Vaping
  - e.* SBIRT
  - f.* Other relevant training

#### Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach training

FY22/Q2

#### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
- Provide annual prevention provider training/workshop (*NorthCare*)
  - a. Older adults SUD
  - b. Tobacco laws

#### Treatment

- Local ASAM provider training (*NorthCare*)
- Provider training
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a. MAT
  - b. Stigma
  - c. SUD education 101
  - d. Recovery opportunities
  - e. Increase awareness of co-occurring
  - f. ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
  - b. Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a. Harm reduction
  - b. Co-occurring
  - c. Trauma responsive
  - d. Vaping
  - e. SBIRT
  - f. Other relevant training

#### Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach training

## FY22/Q3

### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)

### Treatment

- Conduct annual provider site visits (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*) Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a.* MAT
  - b.* Stigma
  - c.* SUD education 101
  - d.* Recovery opportunities
  - e.* Increase awareness of co-occurring
  - f.* ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a.* NorthCare staff
  - b.* Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a.* Harm reduction
  - b.* Co-occurring
  - c.* Trauma responsive
  - d.* Vaping
  - e.* SBIRT
  - f.* Other relevant training

### Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach Training

## FY22/Q4

### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
- Evaluate CTC Milestone & Benchmark progress (*NorthCare/CTC Coalitions*)



## Treatment

- Review Sliding Fee Scale criteria for FY23 (*NorthCare*)
- Provider Training
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a. MAT
  - b. Stigma
  - c. SUD education 101
  - d. Recovery opportunities
  - e. Increase awareness of co-occurring
  - f. ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
- b. Provider network
  - On-going regional integrated care CEU offerings (*NorthCare*)
    - a. Harm reduction
    - b. Co-occurring
    - c. Trauma responsive
    - d. Vaping
    - e. SBIRT
    - f. Other relevant training

## Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Conduct site visits (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach Training

## FY23/Q1

### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)
- Monitor use of Social Development Strategy (*NorthCare/CTC Coalitions*)

- Share pre/post results of school-based services with coalitions and schools (*NorthCare/Prevention Providers/Coalitions*)

#### Treatment

- Conduct Annual Provider Update meeting in October (*NorthCare*)
- Local ASAM Provider Training (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a.* MAT
  - b.* Stigma
  - c.* SUD education 101
  - d.* Recovery opportunities
  - e.* Increase awareness of co-occurring
  - f.* ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a.* NorthCare staff

#### *b.* Provider network

- On-going regional integrated care CEU offerings (*NorthCare*)
  - a.* Harm reduction
  - b.* Co-occurring
  - c.* Trauma responsive
  - d.* Vaping
  - e.* SBIRT
  - f.* Other relevant training

#### Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach training

#### FY23/Q2

#### Prevention

- Provide training for regional coalition coordinators – on going (*NorthCare*)

- Provide annual prevention provider training/workshop (*NorthCare*)
- Complete readiness survey for all 15 counties (*NorthCare Network*)

#### Treatment

- Local Provider ASAM Provider Training (*NorthCare*)
- Provider Training
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a.* MAT
  - b.* Stigma
  - c.* SUD education 101
  - d.* Recovery opportunities
  - e.* Increase awareness of co-occurring
  - f.* ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a.* NorthCare staff
  - b.* Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a.* Harm reduction
  - b.* Co-occurring
  - c.* Trauma responsive
  - d.* Vaping
  - e.* SBIRT
  - f.* Other relevant training

#### Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach Training

#### FY23/Q3

#### Prevention

- Provide technical assistance to regional coalitions – on going (*NorthCare*)

## Treatment

- Conduct annual provider site visits (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a. MAT
  - b. Stigma
  - c. SUD education 101
  - d. Recovery opportunities
  - e. Increase awareness of co-occurring
  - f. ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
  - b. Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a. Harm reduction
  - b. Co-occurring
  - c. Trauma responsive
  - d. Vaping
  - e. SBIRT
  - f. Other relevant training

## Recovery

- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach training

## FY23/Q4

### Prevention

- Provide technical assistance to regional coalitions – on going (*NorthCare*)
- Evaluate CTC Milestone & Benchmark progress (*NorthCare/CTC Coalitions*)

### Treatment

- Review Sliding Fee Scale criteria for FY24 (*NorthCare*)

- Local ASAM Provider Training (*NorthCare*)
- Regional SUD Clinical Provider Workgroup (*NorthCare/Providers*)
- Convene criminal justice collaborative workgroup (*NorthCare/Providers/Criminal justice system*)
  - a. MAT
  - b. Stigma
  - c. SUD education 101
  - d. Recovery opportunities
  - e. Increase awareness of co-occurring
  - f. ACES
- Continue quality improvement for Trauma Responsive awareness for Region 1 (*NorthCare/Providers*)
  - a. NorthCare staff
  - b. Provider network
- On-going regional integrated care CEU offerings (*NorthCare*)
  - a. Harm reduction
  - b. Co-occurring
  - c. Trauma responsive
  - d. Vaping
  - e. SBIRT
  - f. Other relevant training

#### Recovery

- Conduct site visits (*NorthCare*)
- Quarterly regional recovery meeting (*NorthCare*)
- Mentoring (*NorthCare/Recovery Providers*)
- CCAR Recovery Coach training

## 8. EVALUATION PLAN

*An evaluation plan that identifies baseline, process and outcome data for implementing a ROSC that includes prevention and treatment, as well as all other services necessary to support recovery, including process and procedures for conducting the evaluation. The evaluation plan should describe how the identified issues/problems, strategic plan, and evaluation data will be used for making adjustments in the implementation of a ROSC.*

#### Prevention

Prevention services across the region are all evidence-based except for the community level campaigns/education. Working with our prevention providers, community coalitions we can provide programs with high quality, multiple longitudinal studies while ensuring fidelity to the best of our abilities. Besides the Communities That Care coalition model we fund Botvin's Life Skills, Guiding Good Choices and Prime for Life. Program level outcomes are monitored through pre/post-test. For the past two years NorthCare has been able to look at Botvin's program level outcomes by provider, school, county, and region.

In addition to monitoring program level outcomes, each CTC coalition is required to do fidelity evaluations for each prevention program being delivered in their county. Currently only a few coalitions have begun that process but through the coalition coaching process all coalitions will be monitoring by the end of FY2021. In addition, when the data is collected every two years the priority risk factors are reexamined to determine the impact programming has made on those factors. The data collection every two years allows the coalition to adjust program penetrations, participation, and implementation if necessary.

Other outcome measures that NorthCare will monitor are number of lockboxes and Narcan distributed as well as the extent of community engagement. Community engagement will be measured by the increase in coalition members in each county. Each year individual coalitions set goals around recruitment because the diversity of the county populations that looks very different across the region. Additionally, each coalition coordinator is required to attend quarterly local and national trainings, submit meeting agenda/minutes and reports. NorthCare's Prevention Coordinator provides regular CTC coaching to each coordinator to ensure the coalition are following the model with fidelity.

Synar work is very important to the region. For the last few years, the DYTURs in partnership with the coalitions have educated 100% of our tobacco vendors each year. 100% vendor education will continue as we have seen drastic reduction (from over 30% to just over 6%) in our sell rate during the annual formal Synar compliance checks.

All prevention providers/coalition coordinators are instructed in the use of MPDS and the data is monitored quarterly with a mandatory quarterly prevention report. Currently, NorthCare providers are not delivering any programming that requires MPDS outcome surveys.

Quarterly prevention reports monitor:

1. Program implementation vs contract
2. Agendas/meeting minutes for all coalition meetings
3. Progress toward moving through the CTC Milestones & Benchmarks
4. Coalition progress including active members
5. Coalition coordinator meeting attendance/number of coaching calls

NorthCare Network's Prevention Coordinator monitors all service delivery including quarterly meetings, trainings as well as other prevention activities on a quarterly basis. When issues arise, our coordinator works with the agency/preventionist to find a solution.

## Treatment

NorthCare follows the MDHHS contract requirements regarding Sentinel Events with residential providers in the NorthCare region. Critical Incident occurrence and reporting is reviewed during

annual site reviews. The NorthCare Clinical team receive, and process reports within 2 business days to either request additional information or accept the report as final.

Provider incident logs are reviewed during annual site reviews to assess the adequacy of incident report activity.

NorthCare adheres to contract reporting requirements related to SUD programming. The Annual Legislative Report offers comprehensive information related to program expenditures. Program development has been focused on recovery supports, especially recovery housing during recent specialty grant cycles. During the FY21-FY23 Strategic Plan period, expanding recovery support services to additional communities will occur. During this period, recovery housing program development will be considered for men and women in Houghton county. Women's recovery housing opportunities will be sought in Chippewa and Delta counties. Other locations will be considered as funding becomes available. Expanding recovery support programming will improve overall access to safe housing, employment and education opportunities that will help individuals to sustain recovery. Overall recidivism will decrease.

NorthCare will follow Opioid Health Home program requirements including program implementation, provider enrollment, beneficiary enrollment, reporting services, and payment information.

NorthCare staff are in the process of developing protocol to implement a monitoring process for selected populations. We'll begin monitoring penetration rates for Youth (12-17 years-of-age), Young Adults, and Older Adults using the monthly 820 files. Improvement will be sought for each age category. Protocol including bonus payments for providers achieving defined goals will be included in FY21 SUD Provider Treatment agreements.

Expansion of Women's Specialty Program providers will lead to increased services for Women of Childbearing Age. Encounters including the HD modifier will support the additional programming and support services. Efforts to support services for Native Americans are on-going within the region. Increased program availability at Keweenaw Bay Indian Community will be reflected by increased treatment admissions at the outpatient and residential treatment levels as well as by recovery support activities.

Currently, Great Lakes Recovery Centers, Inc offers Women's Specialty Services at the locations listed:

**Adult Residential Services** in Marquette – Gender competent programming

**New Hope Women's Residential** in Sault Ste. Marie-including capacity for children and Gender competent programming

**New Hope Outpatient** in Sault Ste. Marie-Gender competent programming, ancillary supports including transportation, childcare, and specialty supports as appropriate.

**Ishpeming Outpatient** office – Gender competent programming, transportation and specialty supports as appropriate.

**Marquette Outpatient** office - Gender competent programming, transportation and specialty supports as appropriate.

Approximately 20% of treatment admissions include Women's Specialty Services. Treatment admissions of women of childbearing age are just over 40%.

In order to expand services and increase the admissions to Women's Specialty Services, NorthCare will work to expand the number of Women's Specialty Services providers.

NorthCare anticipates that the Sacred Heart OTP opening in St. Ignace will be a designated Women's Specialty provider. Planning is already under way for Upper Great Lakes Family Health to be obtain designation as a Women's Specialty provider at the Gwinn, Hancock, Marquette, and Menominee OHH locations. Workforce challenges will impact planning in this area, especially in Menominee county. Great Lakes Recovery Centers, Inc. will be encouraged to expand their Women's Specialty Services to Baraga and Delta counties. This provider recently opened a recovery house for women in Baraga county. Technical assistance from MDHHS will be helpful with this location. Designation during the 3<sup>rd</sup> quarter of FY23 will be the target. Great Lakes Recovery offers outpatient programming in Delta county. Building staff capacity will enable specialty programming services to expand at this location. This location could be designated during FY21.

Two new agencies in Houghton county will be invited to become Women's Specialty Service providers. The Program Director at Public Counseling Services in Houghton has been involved with Women's Specialty programming at another agency and meets the training requirements. Our office will offer support for policy development and assistance with obtaining the Women's Specialty Designation. The timeline for this project to be complete will be during the 2<sup>nd</sup> quarter of FY22. DIAL Help Inc. has been a long-time prevention partner and is currently working on CARF accreditation. Once they achieve accreditation and become a member of the NorthCare SUD Treatment Provider Panel, they will be invited to become a Designated Women's Specialty Provider. The timeline for this project will extend through the 2<sup>nd</sup> quarter of FY23.

The increase of designated providers will result in greater numbers of services in expanded locations. By the end of FY23, BH TEDS admission records will reflect an increase to 35% of eligible women participating in Women's Specialty Services at designated providers.

NorthCare is fortunate to be working with the Michigan Opioid Collaborative to support the expansion of Medication Assisted Treatment (MAT) for persons with Opioid Use Disorders (OUD). A Behavioral Health Consultant (BHC) located at the PIHP is responsible for identifying, enrolling, and engaging providers to participate. In turn the provider receives consultation with MAT Specialists who are trained psychiatrists experienced in prescribing MAT for patients with OUD. The BHC has assisted providers across the Upper Peninsula with waiver training enrollment, establishing policies/procedures, and assuring consultations with the U of M staff when requested. This has resulted in approximately 8-10 additional providers in the Upper Peninsula over the past 16 months.

The Opioid Health Home funding via the State Opioid Response (SOR) grant has helped to build capacity within the NorthCare SUD Treatment Provider panel. There are currently seven physicians/physician's assistants offering MAT programming at NorthCare providers agencies. Site availability will expand in FY21 with on-going training and recruiting efforts.

Over the FY20 4<sup>th</sup> quarter, NorthCare staff will participate in Opioid Health Home meetings and trainings with MDHHS staff. During July and August of 2020, the Opioid Health Home Coordinator will work with Health Home providers to offer training and review forms and protocols. Health Home staff will begin to complete enrollment applications for beneficiary enrollment. Staffing information at each Health Home location will be collected to assure compliance with the model. During FY21, technical assistance will be available to the providers to



assure service availability as well as effective & efficient processing of enrollments, reporting, and claims processing. Also, during FY21, additional providers will be invited to join the Opioid Health Home. Community Mental Health agencies, Rural Health Clinics and Tribal Health Clinics are potential providers. Offering evidence-based programming across the region will help to improve outcomes for individuals living with OUD and reduce the high incidence of diversion in the region.

## 9. CULTURAL COMPETENCE

*Evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner. For reference, see Transforming Culture and Linguistic Theory into Action: A Toolkit for Communities, February 2012, at [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)*

### Prevention

Enhancing inclusion and equity into CTC implementation is woven into all 5 phases of the process and is discussed regularly during coordinator calls. In addition, all preventionists throughout the region receive cultural humility training as part of their Substance Abuse Prevention Skills Training as well as during Prevention Ethics. Cultural Humility suggests that Cultural Competence is a process-oriented approach. It is understood that no one will ever achieve cultural competence but rather continues to learn and grow.

NorthCare's Prevention Coordinator has worked with program developers and prevention providers to make adaptations to programs being delivered to meet cultural needs. For example, Botvin's Life Skills teaches tobacco and other drug resistance skills but this message if not couched with additional information could be abrasive to local Ojibwe people who use tobacco (asemima) in traditional ceremonies. It was important that the youth receiving prevention programming to understand the lessons taught did not refer to tobacco used traditionally. Prevention provider's got proper language from tribal elders to ensure the information was taught without cultural misunderstanding.

With continued technical assistance from NorthCare Network, prevention partners and coalitions across the region will continue to find ways to build cultural inclusive coalitions and look to increase equity wherever possible.

### Treatment

NorthCare Network follows its Cultural Sensitivity Policy applicable to staff and the treatment provider network. Elements include:

- Incorporate cultural competency into the overall organizational plan.
- Ensure individual staff development plans include cultural competency training.
- Ensure that utilization, customer satisfaction, customer outcomes and census data will be used in the development of cultural competency plans.
- Assess annually that individual staff have had cultural competency training.
- NorthCare Network will review the cultural sensitivity plans annually to provide recommendations to the providers.

Agency personnel are required to complete annual training in this area. The PIHP endorses the on-line training options available at [www.improvingMIPractices.org](http://www.improvingMIPractices.org). Treatment provider staff are required to complete the Cultural Competence: Basic Concepts training within 30 days of hire and annually thereafter.

## 10.ATTACHMENT I

### Prevention Logic Model

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
Reduce underage drinking	Past 30-day alcohol use for: <b>Students</b> (6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> & 12 <sup>th</sup> grades) <b>19.22%</b> Communities That Care Youth Survey 2018/2019	Low of perceived risk of harm	<b>Education/Information Dissemination</b> Provide evidence based middle school, parent programs & media campaign to increase knowledge of community knowledge around brain science and youth addiction  <b>Communities That Care</b> Give communities the tools to address adolescent health and behavior problems through identified risk and protective factors	Increase perception of harm	Past 30-day alcohol use for: <b>Students</b> (6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> & 12 <sup>th</sup> grades) <b>18.00%</b> Communities That Care Youth Survey 2022/2023	All 15 Counties  Each county will monitor changes in risk factors & 30-day alcohol use when data is collected
		Depression	<b>Education</b> Provide evidence-based parent program designed enhance effective child management behaviors and parent-child interactions and bonding  <b>Information Dissemination</b> Increase anti-stigma social media messages to increase likelihood of family seeking treatment for depression	Reduce youth depressive symptoms		
		Lack of parental communication around underage drinking	<b>Education</b> Provide evidence-based parent program designed to teach parents how to reinforce skills to resist peer influence, and to reduce adolescent problem behaviors.	Increase parental communication around underage drinking		

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
Reduce marijuana use in youth & young adults	<p><b>Past 30-day marijuana use: 10.63%</b></p> <p>2018/2019 Communities That Care Youth Survey 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> &amp; 12<sup>th</sup> grades</p>	Low of perceived risk of harm	<p><b>Education/Information Dissemination</b> Provide evidence based middle school, parent programs &amp; media campaign to increase knowledge of community knowledge around brain science and youth addiction</p> <p><b>Communities That Care</b> Give communities the tools to address adolescent health and behavior problems through identified risk and protective factors</p>	Increase perception of harm	<p><b>Past 30-day marijuana use: 9.5%</b></p> <p>2022/2023 Communities That Care Youth Survey 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> &amp; 12<sup>th</sup> grades</p>	<p>All 15 Counties</p> <p>Each county will monitor changes in risk factors &amp; 30-day marijuana use when data is collected</p>
Reduce stimulant use among youth	<p><b>Past 30-day energy drink use: 43.57%</b></p> <p>2018/2019 Communities That Care Youth Survey 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> &amp; 12<sup>th</sup> grades</p>	Low of perceived risk of harm	<p><b>Education/Information Dissemination</b> Provide information to parents and youth about the dangers of extreme amounts of stimulants on young developing brains</p> <p><a href="https://teens.drugabuse.gov/blog/post/energy-drinks-and-drug-use-surprising-connection">https://teens.drugabuse.gov/blog/post/energy-drinks-and-drug-use-surprising-connection</a></p> <p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5657439/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5657439/</a></p>	Increase perception of harm	<p><b>Past 30-day energy drink use: 42.00%</b></p> <p>2022/2023 Communities That Care Youth Survey 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> &amp; 12<sup>th</sup> grades</p>	<p>All 15 Counties</p> <p>Each county will monitor changes in 30-day marijuana use when data is collected</p>
Reduce opioid prescription abuse, including non-medical opioid misuse & abuse	<p><b>Lifetime use of pain relievers: 2.95%</b></p> <p>2018/2019 Communities That Care Youth Survey 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> &amp; 12<sup>th</sup> grades</p>	Low of perceived risk of harm	<p><b>Education/Information Dissemination</b> Provide evidence based middle school, parent programs &amp; media campaign to increase knowledge of community knowledge around opioid addiction</p>	Increase perception of harm	<p><b>Lifetime use of pain relievers: 2.00%</b></p> <p>2022/2023 Communities That Care Youth Survey 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> &amp; 12<sup>th</sup> grades</p>	
		Availability	<p><b>Distribution of Lock boxes</b> Will include campaign to on save disposal</p> <p><b>Education/Information Dissemination</b> In addition to prevention programming a media campaign to increase knowledge around opioid addiction will be used</p>	Decrease availability		

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
<b>Increase SUD prevention services for adults 55 &amp; older</b>	Will work to collect data around older adult substance use in collaboration of the Michigan Older Adult Wellbeing Strategic Planning Workgroup				Will work to collect data around older adult substance use in collaboration of the Michigan Older Adult Wellbeing Strategic Planning Workgroup	
<b>Reduce youth vaping</b>	<b>Past 30-day e-cigarette/vape pen use: 43.57%</b>  2018/2019 Communities That Care Youth Survey 6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> & 12 <sup>th</sup> grades	Low of perceived risk of harm	<b>Education/Information Dissemination</b> Provide evidence based middle school, parent programs & media campaign to increase knowledge of community knowledge around opioid addiction	Increase perception of harm	<b>Past 30-day e-cigarette/vape pen use: 41.0%</b>  2022/2023 Communities That Care Youth Survey 6 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> & 12 <sup>th</sup> grades	
<b>Reduce youth access to tobacco</b>	<b>Tobacco retailer violation rate 6.9%</b>  Synar report 2020	Lack of knowledge around laws pertaining to youth tobacco sales	<b>Vendor Education</b> Continue to provide education to 100% of tobacco vendor in the region	Increase knowledge around laws pertaining to youth tobacco sales	<b>Tobacco retailer violation rate 5.0%</b>  Synar report 2024	

## 11.ATTACHMENT II

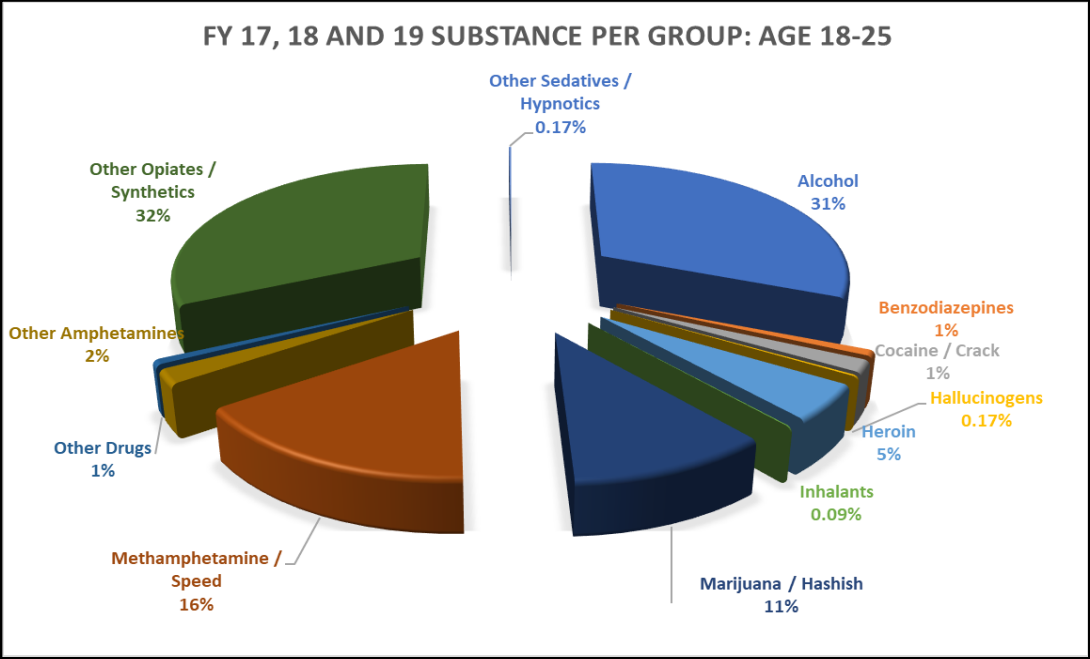
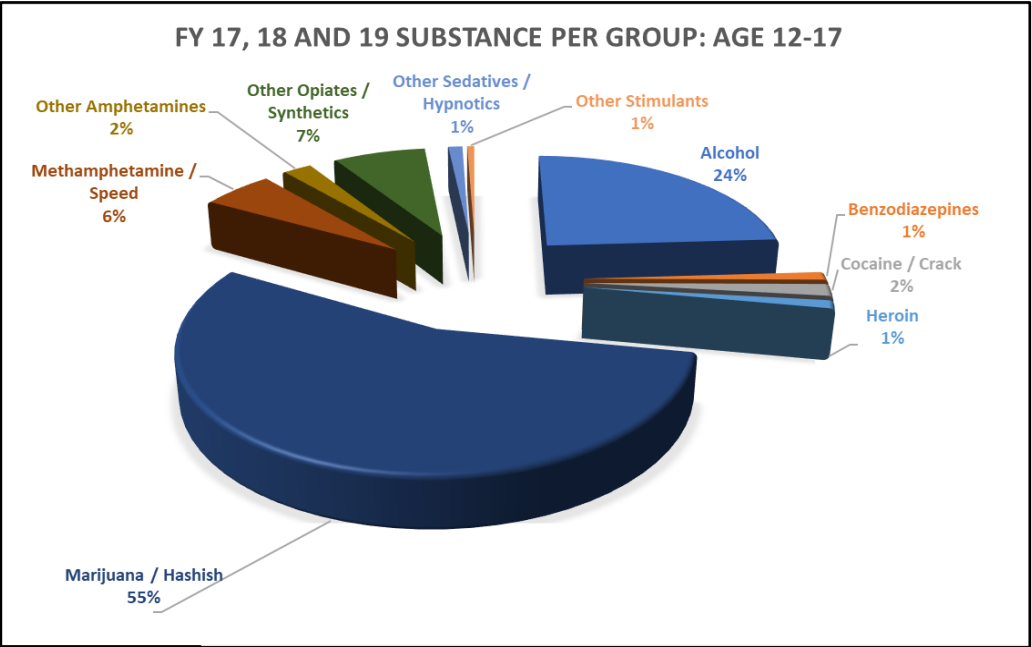
### Treatment Logic Model

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
<b>Increase Peer Programming Services</b>	Lack of availability of cost effective training  Lack of provider access	Develop Recovery Coordinator Position at NorthCare  Implement regional programming to support training & recruiting	<b>Training Capacity</b> Develop local Train the Trainer capacity & provide quarterly training for new staff at contracted agencies Schedule quarterly regional meetings for Peer Recovery Coaches	Provider capacity will increase  Recovery support services available in all counties served	Increased access to recovery services as indicated by recovery encounters  Improved outcomes as evidenced by reduced recidivism for those receiving recovery support services	Alger Baraga Gogebic Iron Keweenaw Luce Mackinac Menominee Ontonagon Schoolcraft
<b>Increase Access to Medication Assisted Treatment</b>	Insufficient # of Waivered Providers	Increase # of Waivered Providers Serving Patients	<b>Build Provider Capacity</b> Support Michigan Opioid Collaborative Behavioral Health Consultant efforts Recruit/train waiver providers Expand Opioid Health Home provider panel	Increase access to care within 60 miles for Individual diagnosed with OUD	Best practice Medication Assisted Treatment Services will be available to individuals seeking services.  Increased care coordination	Alger Baraga Chippewa Dickinson Gogebic Iron Luce Mackinac Menominee Ontonagon Schoolcraft
	Limited Local Pharmacy access	Increase # of Pharmacies that will fill MAT prescriptions	<b>Increase MAT Prescription Access</b> Educate local communities about best practice MAT programming Support local pharmacies willing to fill MAT Prescriptions	Pharmacy	Reduced diversion of Buprenorphine	Baraga Delta Schoolcraft

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
High rates of recidivism	<b>FY19 Q2-4 Residential Recidivism Rate 16.23%</b> (without consideration of discharge reason)	Staff undertrained in trauma responsive deliver of service	<b>Provide Evidence-based Training</b> Collaborate with SUD Regional Clinical Provider Work Group  <b>Identify/review SUD Provider Trauma Screening tools</b>	Increase staff trauma responsiveness	<b>FY23 Residential Recidivism Rate 12%</b> (without consideration of discharge reason)	All 15 counties
Lack of access to treatment for Criminal Justice involved population returning to communities	<b>Insufficient jail-based referrals FY19 (138 individuals referred)</b>	Insufficient staff training around referral sources	<b>Education/Update Procedure</b> Provide education to jail/mental health/access staff on revised jail-bases referral process	Improved staff competency around referral sources	<b>Increased jail-based referrals FY22 (20% increase, or #166 total # of individuals referred)</b>	All 15 counties

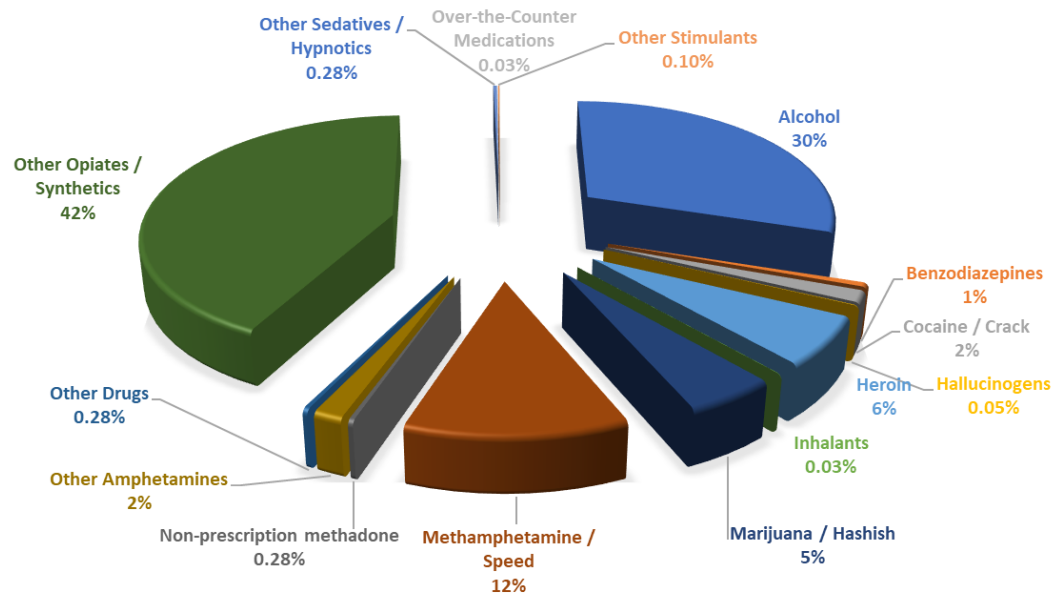
12.ATTACHMENT III

Primary Drug by age group

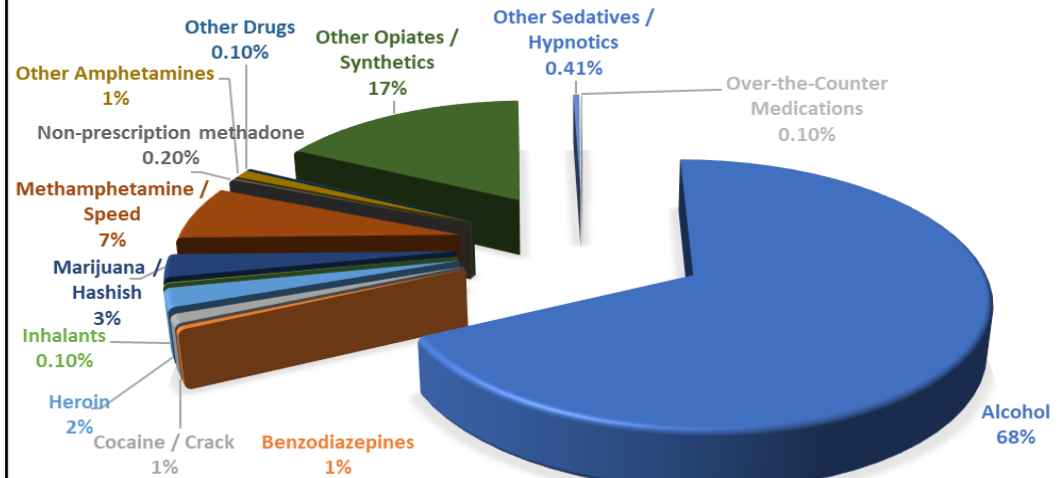




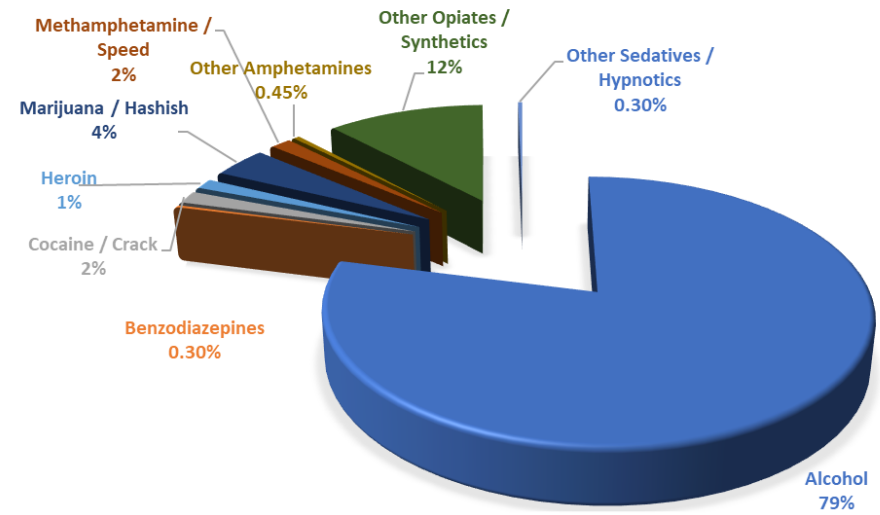
### FY 17, 18 AND 19 SUBSTANCE PER GROUP: AGE 26-39



### FY 17, 18 AND 19 SUBSTANCE PER GROUP: AGE 40-49



FY 17, 18 AND 19 SUBSTANCE PER GROUP: AGE 50-64



FY 17, 18 AND 19 SUBSTANCE PER GROUP: AGE 65+

