



SUBSTANCE USE DISORDER INITIATIVES

Three Year Strategic Plan

FISCAL YEARS 2021-2023

DETROIT WAYNE INTEGRATED
HEALTH NETWORK

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Detroit Wayne Integrated Health Network (DWIHN) Substance Use Disorders (SUD) Three Year Strategic Plan Fiscal Years 2021 - 2023

Executive Summary

The Detroit Wayne Integrated Health Network (DWIHN) Substance Use Disorder (SUD) three-year strategic plan has an integral part with its Mission and Vision:

Mission

We are a healthcare safety net organization that provides access to a full array of integrated services that facilitate individuals to maximize their level of function and create opportunities for quality of life.

Vision

To be recognized as a national leader that improves the behavioral and physical health status of those we serve, through partnerships that provide programs promoting integrative holistic health and wellness.

DWIHN SUD prevention, treatment and recovery services strive to have a recovery-oriented system of care (ROSC) that is consumer, community and data driven. This three-year strategic plan will identify and prioritize SUD problems impacting the community. The plan aligns with Michigan Department of Health and Human Services (MDHHS) priorities and will include an epidemiological profile. It is our desire to explain data driven goals and objectives that can be quantified, monitored, and evaluated for progress. Throughout the plan, it will illustrate DWIHN goals, objectives, and strategies for coordinating services with public and private service delivery systems. It will describe how key decision-making processes and findings undertaken by the SUD Oversight Policy Board are conducted. DWIHN have combined detailed logic models for selecting and implementing evidence-based programs, policies, and practices for implementing a ROSC that includes prevention and treatment, as well as all other services in our array to support recovery. The plan will describe DWIHNs allocation process derived from input of the SUD Oversight Policy Board for funding. It will include an implementation plan that describes how key prevention, treatment, and recovery services, will be implemented and a three (3) year timeline that identifies SUD staff responsible for the completion of strategies and completion dates. Also, it will contain an evaluation plan that identifies baseline and outcome data. DWIHN will describe its process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner.

1. Identifying and prioritizing Substance Use Disorder (SUD) problems impacting the community demographic profile.

Demographic Profile

Wayne County has 43 municipalities, including Detroit and 33 other cities and 9 townships. Wayne County's population in 2018-2019 census data was estimated at 1,749,343, with the City of Detroit estimated at 672,662. The racial and ethnic makeup of Wayne County is 54.6% white, 38.8% Black or African American, 6.1%, Hispanic or Latino, 2.8%, Asian, 3.5% of two or more races, and 2.6% American Indian. The estimated ages of persons living in Wayne County are as follows: under 5 years 6.5%, under 18 years 23.6%, 65 years and over 15.4% and approximately 51.8 % females in the county. The majority of the residents at 65% DWIHN serve are between the ages of 18 and 25. Wayne County residents is estimated at 23.3% having a bachelor's degree or higher and the City of Detroit is estimated at 14.6%.

Detroit is the largest city in Wayne County with 78.6% Black or African American, 14.6% White, 7.6% Hispanic or Latino, 1.9% two or more races, 1.6% Asian, and 0.3% American Indian. The estimated ages of persons living in Detroit are as follows: under 5 years 7.3%, under 18 years 25.1%, 65 years and over 13.3% and approximately 52.7% females in the city.

Persons living below the poverty level in Wayne County are 23.7% of the population. The percentage living below the poverty level in Detroit is 37.9%. The average household income in the City of Detroit is \$19,157.00 for a family of four. The most common racial or ethnic group living below the poverty line in Wayne County, MI is Black, followed by White and Hispanic. The largest demographic living in poverty are Females 25 - 34, followed by Females 35 - 44 and then Females 18 - 24.

People that speak another language other than English spoken at home in Wayne County are 15.3%, and the City of Detroit is 9.5%. The most common foreign languages spoken in Wayne County, MI are Arabic (89,296 speakers), Spanish (72,785 speakers), and Bengali (12,677 speakers).

Health disparities in the city of Detroit are as follows: lack of access to fresh produce also is a contributing factor for obesity, where high-calorie, high-sugar, high-fat food is more readily available than healthy food. High rates of asthma, diabetes, heart disease, HIV/AIDS, being poor, unemployment, lack of healthcare, access to care and high blood pressure the very conditions that make it more likely to be susceptible to COVID-19. 94.1% of the population of Wayne County, MI has health coverage, with 42.5% on employee plans, 30% on Medicaid, 11.3% on Medicare, 9.58% on non-group plans, and 0.739% on military or VA plans.

Lesbian, Gay, Bisexual and Transgender (LGBT) adults in Michigan are racially and ethnically diverse: 13.7% are Black or African American, 8.1% are Latino/or Hispanic, 6.8% are multiracial, 4.0% are of another racial or ethnic group, and 67.4% are White.

Data from the 2015-2017 Gallup Daily Tracking poll show similar disadvantages for LGBT people in Michigan, including: 25% of LGBT adults in Michigan reported that they do not have enough money for food, compared to 15% of non-LGBT adults. 28% of LGBT adults in Michigan reported

having a household income below \$24,000, compared to 20% of non-LGBT adults. 10% of LGBT adults in Michigan reported that they were unemployed, compared to 5% of non-LGBT adults. In addition, the 2015 National Transgender Discrimination Survey found that 19% of transgender respondents in Michigan were unemployed, and 30% were living in poverty .299%. One-fifth of respondents in Michigan reported experiencing homelessness in the past year because they were transgender.

The 2017 Michigan Youth Risk Behavior Survey found that LGBT students were more likely to report being bullied at school (38.2% v. 21.1%) and electronically bullied (30.9% v. 17.9%) in the 12 months prior to the survey than heterosexual students. In addition, LGBT students in Michigan were more likely than heterosexual students to report missing school because they felt unsafe at least once in the month prior to the survey (16.5% v. 6.9%).

According to the data, alcohol continues to be the number one abused drug of choice in Wayne County. Data also shows an increasing trend in treatment admissions for opioids and cocaine admissions. The rate of clients admitted for marijuana is also showing an upward trend in the Detroit/Wayne County (DWC) area as a whole.

Individuals released from prison/jail are placing an increasing burden on the DWC SUD system. According to Michigan Department of Corrections, Wayne County is leading all counties in the number of residents entering their system and has the highest numbers of returning citizens on parole than any other county. Wayne County has the most for all offenses, including non-assaultive, drug, and assaultive. FY 19, 25.74 % of SUD consumers are on probation through Michigan Department of Corrections (MDOC).

Persons in Wayne County (compared to the rest of the state) are exposed to more violence, incarceration, poverty, homelessness, unemployment, poor physical health, and chronic disease. They tend to have poor utilization of healthcare services, are less likely to recover from SUDs, have poor quality of care, are underrepresented in mental health research, are often more misdiagnosed, under use community outpatient care, drop out of treatment early, and have a lack of accessibility to mental health and SUD services. In Detroit especially, there is continuing population decline and high unemployment. Currently, Wayne, Oakland and Macomb Counties make up 80% of the COVID-19 cases in Michigan. Detroit has been identified as a hot spot affecting people of color the hardest, due to low income, overcrowding, unemployment, underlying health conditions such as diabetes, cancer, and chronic obstructive pulmonary disease (COPD), just to name a few health and social economic conditions.

DWIHN recognizes the evolving issues surrounding COVID-19 and the emerging needs of individuals who are experiencing COVID-19 symptoms and have been diagnosed with the virus and their need to continue Substance Use Disorder treatment services that are also co-occurring.

There are several barriers to accessing appropriate SUD services, including: poor insight, stigma, poor accessibility of services, increase in the demand for services, physicians inappropriately prescribing medication that are abused, lack of transportation, inadequate funding, poor quality of services, homelessness, chronic disease and disability, incarceration, victimization by violence

and trauma, child welfare/wellbeing, and immigration and refugee status. Given these issues, it is important that SUD services are designed to address these factors in order to be effective.

Gaps in Services

DWIHN has identified the following gaps in the delivery of substance use disorder services:

- There are a lack of Certified Clinical Supervisors (CCS) who are available in the network.
- There are a low number of MAT providers who have prescribers that are unable to provide all three approved SUD MAT medications.
- The need to increase coordination with primary care and the behavioral health system.

DWIHN continuously evaluates services to its clients to identify resources and additional services that would enhance the probability of a successful treatment outcome: The planned expanded service array during the next three fiscal years would include:

Increasing knowledge, training and education needs for the network workforce, specifically for MAT providers and their prescribers.

Current System

As of June 2020, DWIHN SUD services include forty-two treatment providers, thirty-four prevention providers, fifteen coalitions, eight recovery support providers/programs and two early intervention providers with approximately 199 certified peer recovery coaches working within the DWC area. DWIHN will have eight opiate maintenance treatment (OMT) providers and nine MDHHS designated Women Specialty Services Programs, of which three include living arrangement for women and their children. In addition, DWIHN has eight gender competent providers and three mobile care units.

DWIHN believes it is important that an array of options is available to individuals to support their recovery. DWIHN has a Recovery Oriented System of Care (ROSC). The ROSC is embedded with the principles of disease management and wellness; it is a model that emphasizes providing individuals with the education, skills and supports needed to successfully manage their recovery; and is, based on the individual adults and adolescent's readiness for change. DWIHN services are delivered using evidence-based and/or promising practices that are based on the individual's assessed need as outlined in their master treatment plan, and are matched to their readiness for change. Knowing that recovery is a holistic and fluid process and that no individual follows the same path, a flexible service delivery system is needed to ensure that individuals who enter DWIHN system are able to move in a seamless fashion.

The severity and impact of SUDs on the individual, family and community demonstrates the necessity and value for DWIHN, to make available services that promote recovery and well-being. There is a demand for variations of prevention, treatment and recovery services that are economical yet effective. DWIHN provides the following services: Prevention, Outpatient, Intensive Outpatient, Intensive Outpatient with Domicile, Withdrawal Management, Residential, as well as innovative modes of treatment such as Early Intervention, Medication Assisted Treatment (in various settings), Women Specialty Services, Relapse Recovery, Peer Recovery

Coaches, Case Management, Acupuncture, Home-Based Services, Faith-Based Services, Returning Citizens, Obesity and Health Programs, Drug Courts, Recovery Homes, Recovery Activities, Intensive Wraparound services and mobile care units.

DWIHN services endeavor to:

1. Embrace the benefits to the community that are associated with the treatment of substance use disorders.
2. Improve the quality of life for victims of substance use disorders, their families, communities and work places.
3. Link individuals to treatment resources that will foster long-term recovery.
4. Improve the efficiency of community services such as hospitals, police departments and shelters by reducing their need to commit resources to those with substance use disorders.
5. To promote cost -effective, efficient, safe and welcoming SUD services: prevention, treatment and recovery.

DWIHN acknowledge the critical nature of SUD within our community and understand it is a critical public health issue. Since 2014, DWIHN has advocated “Treatment on Demand” and “No Wrong Door” to treatment services, as a way to improve the accessibility for individuals seeking needed SUD services.

This strategy has made treatment available as soon as a substance abusing person expresses readiness. Timely access is not a trivial matter for persons with SUD, many are already hesitant about seeking treatment and have little tolerance for waiting.

To this end, DWIHN goal is to provide timely treatment entry, 24 hours a day, seven days a week. There are three basic components to “Treatment on Demand”

- Offering service to SUD consumers when and wherever they need them;
- Achieving no waiting lists or time in queues (telephone);
- Making available quality services at minimum cost within a network of 42 treatment providers.

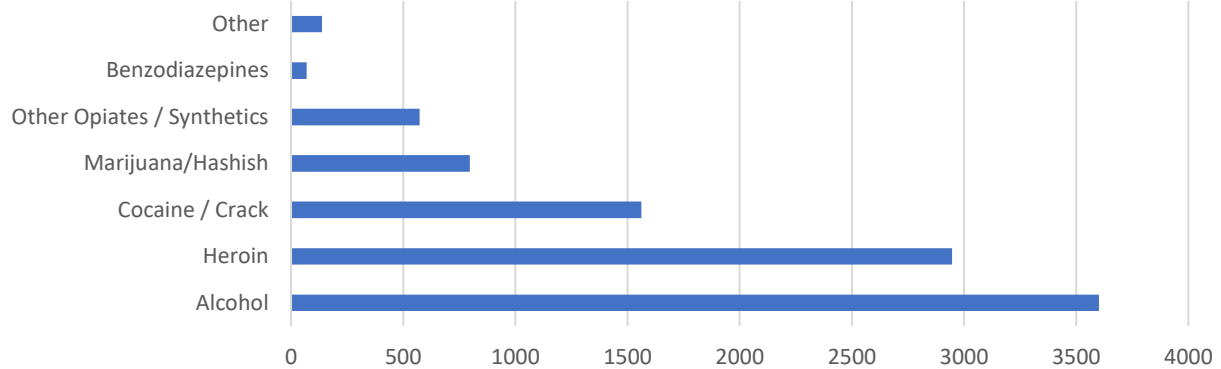
DWIHN treatment capacity is consistently monitored on an ongoing basis to accommodate length of waiting and treatment admissions.

Morbidity and Mortality

The primary drug of choice in Wayne County has shifted from Heroin to Alcohol in FY 19. We attribute this to ease of access and commercialization of alcohol and increase of funding for the opioid epidemic, as well as prescriber rates slowly decreasing.

Also, prevention early efforts to intervene when an individual is seen as being at risk or in the early stages of drug use (not yet indicating a need for treatment) has aided.

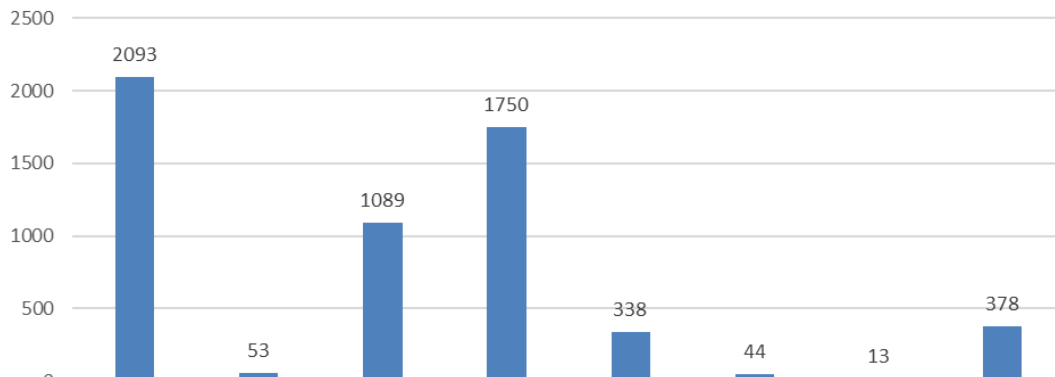
Wayne County Treatment Data for Primary Drug of Choice FY 19



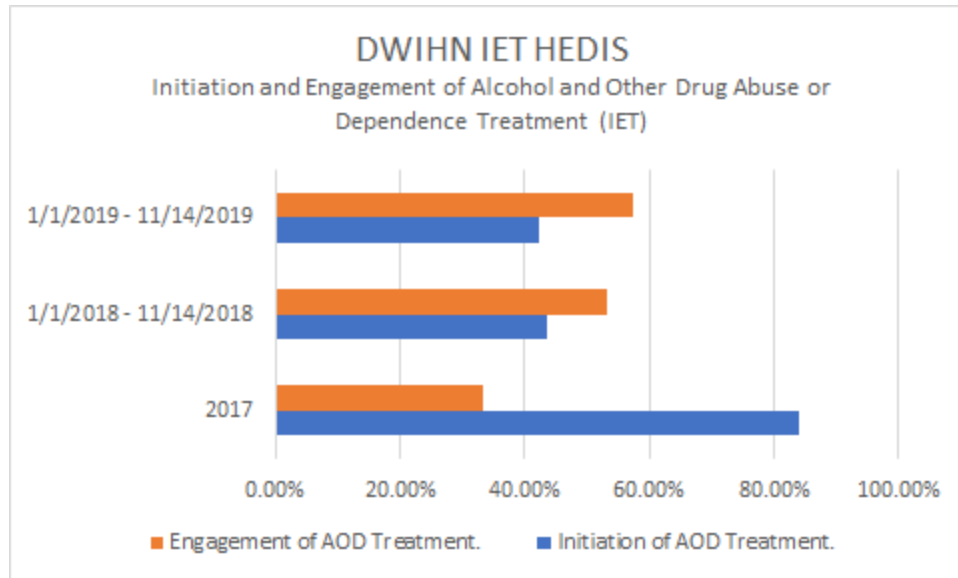
	Alcohol	Heroin	Cocaine / Crack	Marijuana/Hashish	Other Opiates / Synthetics	Benzodiazepines	Other
■ Count	3602	2947	1561	797	573	70	138

■ Count

Co-Occurring Consumers Primary Drug of Choice



	Alcohol	Benzodiazepines	Cocaine	Heroin	Marijuana	Methamphetamine	Other Amphetamines	Other Opiates
■ Number of Clients	2093	53	1089	1750	338	44	13	378



The HEDIS Measures are the percentage of adolescent and adult members with a new episode of AOD dependence who received the following:

- **Initiation of AOD Treatment:** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis, and have a 60-day negative diagnosis history of AOD.
- **Engagement of AOD Treatment:** The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

DWIHN Performance Indicator (PI) Reports FY 18, FY 19, FY 20 (3) - to compare to the HEDIS results to the Performance Indicator Reports. Both the HEDIS and Performance Indicators saw decrease in the initial access/engagement at the first appointment.

There was a significant drop in Initiation from 2017 to 2018. There are two possible interpretations:

- Change in programming/programmers
- Decrease in initiation effectiveness.
-

Engagement has improved over the three-year trend.

Michigan Profile for Healthy Youth (MiPhy) Data
2018 MiPhy Data for Wayne County (SUD Characteristics)

Wayne County	Past 30-Day Use	Perception of risk/harm of use	Perception of parental Disapproval of use	Perception of Peer Disapproval of Use
Alcohol	20%	72.6%	88.1%	67.9%
Tobacco	18.0%	81.9%	94%	77.8%
Marijuana	17.1%	60.0%	91.0%	68.9%
Prescription Drugs	Opioids: 12.9% Stimulants:	NA	NA	NA

According to the MiPHY and YRBS data, needs assessment, epidemiologist, there is a significantly higher number of opioid-related overdose deaths in our community than in other communities in our state.

Assessment data also show that major contributors to overdose deaths include a combination of loss of opioid tolerance with relatively high opioid dosage among individuals released from incarceration, hospitals, and treatment facilities; and individuals mixing opioids with other substances such as alcohol and benzodiazepines.

Partnership for Success target communities implemented plans to leverage and realign resources, fulfilled gaps in service delivery including health disparities.

Substance use disorders touch all walks of life and do not discriminate against any race, religion, age or gender. DWIHN has increased its focus on the development of a ROSC which builds on self-directed approaches that capitalize on the strengths and resilience of the consumer, their family and the community to take responsibility for their sustained health, wellness and recovery from alcohol and other drug problems.

A ROSC approach includes formal and informal services developed and mobilized to sustain long-term recovery for consumers and their families (White & McCloud, 2008). In order to move forward with a transformational approach such as ROSC, there has to be a continued emphasis on changing how SUD recovery services are delivered.

"A recovery-oriented system of care identifies and builds upon each individual's assets, strengths, and areas of health and competence to support achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community" (Kirk, et al, 2005).

DWIHN has a comprehensive array of Opioid Treatment Programs (OTPs) Outpatient providers within reasonable geographic reach, for all persons needing medication assisted treatment as of October 1, 2019.

Summary of 2019 Overdose Data

Wayne County's Medical Examiners provisional data states a total of 837 opioid related deaths in 2019. There was a 5.1% decline in opioid related deaths compared to 2018. The number of African Americans who overdosed and died from opioids in 2019 increased 4% from 2018 to 2019. There was a notable shift over age distribution of deaths overtime to older age groups. 80% of opioid related deaths in Wayne County were caused by fentanyl.

The prevalence of OUD related morbidity and mortality are higher within the Southeastern portion of the state, particularly within Wayne County.

DWIHN participation in Partnership For Success (PFS) expanded Strategic Prevention Framework (SPF) planning and implementing activities, including various community events, such as: an

opioid summits, town hall meetings, health fairs, prescription drug takeback, and social norming campaigns. PFS strengthened partnerships with all sectors including with primary care where screenings processes were established and implemented across the region. Conducted evidence-based training for facilitators of the Strengthening Families Program for individual level intervention and referral. PFS coalitions collaborated and completed SBIRT train the trainer session training. Including training primary care providers on SBIRT techniques and implementation of screening utilizing CRAFFT or NIAAA Screening Tool. School Based Health Clinics hosted coalition meetings and trainings. Several providers are implementing the SBIRT process all over the county. One of DWIHN providers are screening patients using Rapid Assessment for Adolescent Preventive Services (RAAPS) tool, and when appropriate, mental health providers conduct additional screening on patients that are referred. In addition, Botvin Life Skills, Teens in Action, and Active Parenting are the evidence-based models used. Referrals are generated from Beaumont Health System, Henry Ford Health System, St. John's Hospital, local police departments, local courts, social workers and other mental health professionals. Also, DWIHN has several health disparity efforts being implemented with our three PFS coalitions.

According to Prevention with a Purpose: A Strategic Planning Guide for Prevention Drug Misuse among College Students. Heroin use, both snorted and injected, was virtually unreported by college students of both genders (less than 0.5%). Nonmedical use of opioid-based drugs were similarly low, with 1.4% reporting past year use of OxyContin, and 1.6% reporting past year use of Vicodin and rates for OxyContin use were almost equal among college-age men and women (1.9% v. 1.4%) and almost three times as high among men than women for Vicodin (2.3% v. 0.8%).

Communicable Disease

FY 2021-2023 HIV/AIDS Programs Communicable Disease Plan

Goal: The goal of the communicable disease efforts HIV/AIDS Programs is to prevent the further spread of infection in the substance using population.

Program Overview

The primary charge of the communicable disease efforts HIV/AIDS Programs is to provide persons identified with SUD and co-occurring disorders and or at risk for and/or living with HIV/AIDS, sexually transmitted infections (STIs), tuberculosis (TB), hepatitis and other communicable disease from preventing the further spread of infection in the SUD population.

DWIHN approach to development and support of communicable disease services will be implemented in accordance with requirements set forth in MDHHS Policy #02, Communicable Disease. Under this model, the region has a designated provider to function as HIV/AIDS regional training site, provide access to health education risk reduction counseling, screenings and access to testing services as deemed appropriate.

This training is required for all substance user disorder (SUD) professionals in the network. Level I includes basic information on sexually transmitted diseases/infections (STD/I), HIV/AIDS, viral hepatitis, tuberculosis, and pictures of various STD/Is. In keeping with CDC-mandates the program also incorporates education regarding PREP and the importance of client referrals and access to medications.

Level II course focuses on all of the communicable diseases and includes issues such as confidentiality, stigma, how to access services, and how to properly link persons with care and treatment. It is interactive and includes group-level exercises and role plays to address various client scenarios. All participants are provided a certificate to indicate their successful completion. Both the Level I and II trainings are a total of 7 credit hours.

DWIHNs designated provider is well positioned to deliver a wide variety of services and supports to the lesbian, gay, bisexual, transgender (LGBT) clients in the Palmer Park and surrounding areas in Wayne County Michigan. DWIHNs current CD provider's aim is to develop an open line of communication between the transgender community; local AIDS service organizations (ASO); community-based organizations (CBO) and faith-based organizations (FBO); strengthen the linkages among ASO, CBO, FBO and the DWIHN) in HIV prevention, testing, SUD treatment and care for transgender high-risk communities across the Wayne County Area" Services are provided in the form of street and community outreach focused on the target population as described. Services will also include brief health education and risk reduction interactions in field settings, condom distribution and linkage to targeted test for HIV, STI and other communicable diseases and referrals for supportive services.

All SUD providers administer communicable disease screenings for persons with SUD and co-occurring disorders that will include screening for TB, STD, Hepatitis and HIV and AIDS at intake, provide brief education about risk factors and link the client to any necessary follow-up services. The tool also include attention to individuals that are identified as pregnant with high risk behaviors and referral for testing as needed.

All providers must have a Communicable Disease Policy that include counseling and referrals for testing.

The policy requires all SUD staff must complete Communicable Disease Training, Level I within 30 days of hire and at minimum and thereafter all staff must complete Communicable Disease Level II training.

All records will include documentation of the following; referrals, counseling and case management if appropriate. DWIHN monitors provider compliance with the above requirements addressing Communicable Disease issues.

2. Epidemiological Profile

Wayne County is a diverse county with African American majority cities, European American majority cities, and ethnic enclaves of Central Americans, Mexicans, Lebanese, Iraqis, Syrians, Yemeni, and Bangladeshi, some of who are not proficient in English. Use of substances and prevalence of mental illness in the community comes from the National Survey of Drug Use and Health which is conducted in English and Spanish, for the years 2010-2012 and 2014-2016. For Wayne County, most indicators showed no change during the two time periods. Exceptions were underage alcohol use in the past month which dropped to 17.27% and past month cigarette use

among youth and adults which dropped to 22.47%. Any mental illness (as opposed to serious mental illness) also declined in prevalence to 16.31% for youth and adults.

Other sources of community-based information include the National Youth Risk Behavior Survey (YRBS) for Detroit public schools only and the Michigan Profile for Healthy Youth (Mi-PHY) online student health survey. The 2017 YRBS data for Detroit Community Public Schools (DCPS) compared to national data showed Detroit students were less likely to ever tried cigarette smoking, currently smoke cigarettes or ever used an electronic vapor product, smokeless tobacco or smoke cigars. If they did smoke cigarettes, they were more likely to have tried it before age 13 years. They were also less likely to have ever drank alcohol or currently drink or binge drink alcohol. For marijuana, cocaine and inhalants, the DCPS students did not differ from national estimates. However, the DCPS students were more likely to have ever used heroin, methamphetamine, ever took steroids without a doctor's prescription, or injected any illegal drug although the prevalence was very low. Additionally, they were more likely to report that they were offered, sold, or given an illegal drug on school property. Nothing comparable is available for students in Wayne County or from students attending the charter/private/parochial schools.

An additional source of information that does not rely on self-report is from the National Forensic Laboratory Information System (NFLIS). Operated by the United States Drug Enforcement Administration (DEA), the NFLIS found the following among drug items seized by law enforcement during the past 3 calendar years: 1) high levels of heroin, 2) high levels of marijuana, 3) increasing levels of cocaine, 4) increasing levels of fentanyl 4) hydrocodone more likely to be identified than oxycodone, and 6) few synthetic cathinone's or synthetic cannabinoids. Unfortunately, the NFLIS stopped reported by county level in 2018 and now only reports for the state. The latest state report shows the high prevalence of methamphetamine seizures. According to law enforcement authorities, those seizures did not occur in Wayne County.

Another source of drug trend data that does not rely on self-report or drug seizure is drug overdosed deaths. The Wayne County Office of Medical Examiner reported a sharp increase in drug overdose deaths in 2017 that corresponded to an increase in fentanyl and carfentanil in decedents. Since that time the number of deaths has declined but the proportion of deaths caused by fentanyl has increased. Another drug that is increasing as a cause of death is cocaine. However, most deaths (76%) have more than one drug listed as causing the death. Although there is a declining number of drug overdose deaths, there has been an absolute increase in drug overdose deaths among African Americans. There has also been an increase in decedents being found in Detroit as opposed to out-Wayne. The African Americans who died from drug overdose deaths were older on average than White Americans, Latinos, Asian Americans and Arab Americans. The deceased African Americans were also more likely to be found dead in some place other than their home or a hospital. It is not clear if this difference in location is due to companions dumping bodies or African Americans using drugs in more secluded spots where others might not have naloxone to reverse overdoses. Kratom is increasingly being found in the decedents, suggesting a surge in use of the plant. Methamphetamine was a cause of death in 11 decedents.

Wayne County's Poison Control Center has served as another source of information on drug trends in the past. However, they cannot report on cases in the county without a hand count. All their data are for the state only.

The most recent information about drug trends in Wayne County comes from treatment admissions data. Examining treatment data for calendar years 2015 – 2019 (calendar year was chosen to correspond to medical examiner data), shows a decline in admissions from the peak in 2017. Based upon primary drug of abuse, alcohol and heroin are the most common causes of admissions and together account for 74.2% of all admissions in 2019. Cocaine is increasingly a primary drug of abuse for admissions and accounted for 14.9% in 2019 but much less than for alcohol (38.5%) and heroin (35.7%). “Other opiates” account for a small (4.7%) and declining percentage of admissions. Likewise, marijuana is a small (4.6%) and declining percentage of admissions. However, when primary, secondary and tertiary drugs are examined together, 52.6% of admissions had alcohol as a drug of abuse, 45.6% had cocaine and 40.2% had heroin as a drug of abuse. Less common were other opiates (9.7%) or methamphetamines (1.2%).

Treatment admissions is more common among males, especially when alcohol is the primary drug of abuse (71.3%). By race, Non-Hispanic Whites had the highest proportion of benzodiazepine, methamphetamine, other opiates, and heroin admissions. Non-Hispanic Blacks had the highest proportion for marijuana, cocaine and alcohol admissions. For methamphetamine, they accounted for 24.7% of admissions. By age, most admissions by primary drug of abuse occurred in an older age group (45 and older) with the exception of other opiates, methamphetamine and marijuana. Of note, cocaine route of administration among admissions was overwhelmingly smoked (84.8%) and majority inhaled heroin (50.6%).

People of Wayne County can also seek treatment for opioid use disorder from health care providers with buprenorphine in office-based practices. These patients are not reported to Detroit Wayne Integrated Health Network. However, the dispensed buprenorphine prescriptions are reported to the Michigan Automated Prescriptions Service (MAPS). For 2019, there were variations in the number of prescriptions dispensed for residents of Wayne County but no clear trend.

CDC 2017 Youth Risk Behavior Survey – High School Students

Description	Detroit	US
Ever used marijuana	38%	36%
Tried marijuana for the first time before age 13 years	8%	7%
Currently used marijuana (within 30 days before survey)	22%	20%
Ever used heroin	4%	2%
Ever took prescription pain medicine without a doctor’s prescription or differently than how a doctor told them to use it	13%	14%
Ever injected any illegal drug	4%	2%
Were offered, sold, or given an illegal drug on school property (during the year prior to the survey)	31%	20%

Data Driven Goals

Goal 1: To build an accessible effective seamless SUD system (prevention, early intervention, treatment and recovery) services continuum from childhood through adult.

Goal 1a: To build an accessible effective seamless SUD system (prevention, early intervention, treatment and recovery) services continuum from childhood through adult.

Objectives

- Establish an enhanced array of SUD services in the DWC area.
- Increase public awareness of SUD community issues.
- Provide treatment on demand services.
- Have 24 hours/7days availability of services.
- Increase prevention advocacy that represents a broad range of community stakeholders.
- Increase change (public behavior) on ATOD.
- Increase prevention strategies countywide.
- Increase awareness of disseminating SUD information.
- Improve access to timely treatment admissions at all levels of care.
- To develop and implement seamless services for children and families that have or been incarcerated and/or has a criminal background.

Goal 2: To make data-driven decisions about planning and investment with substance use disorders services (Prevention, Treatment and Recovery) in the DWC area.

Objectives:

- To create a quality and performance monitoring process to evaluate the implementation of integrated services.
- To establish baseline data to support Wayne County communities in determining data driven problem statements, analyzing root causes, identifying contributing factors, selecting Evidence Based Practices (EBP) and monitoring impacts.
- To monitor and evaluate the implementation of various elements of the delivery system impacted/changed by integrated services.
- To implement quality performance indicators based on performance outcomes, i.e. National Outcome Measures and monitor HEDIS measures.
- To collect and analyze data that is vital to the delivery of integrated prevention, treatment and recovery services.
- To collect and analyze integrated Substance Use Disorder, Mental health and Primary Care data to determine the scope and extent of co-occurring and behavioral health risk and related problems in the Detroit-Wayne County area.

Goal 3: Reduce substance abuse, to protect the health, safety, and quality of all life for all residents of Wayne County.

Objectives:

- Decrease prescription/over the counter drug abuse.

- Reduce SUD treatment recidivism.
- Reduce impact of excessive alcohol use.
- To ensure that DWIHN provider networks have processes to enable the delivery of substance use disorders, mental health services and use evidenced based practices to facilitate the integration of substance use/co-occurring disorders, mental health and primary care services.
- To reduce drug-induced deaths through outreach efforts and SUD education at all levels in the communities in Wayne County.
- To increase the proportion of persons aware of the economic impact of substance use disorders (i.e. increased health care, insurance costs and increase absenteeism).
- To increase the proportion of persons who know the environment, socioeconomic, and personal factors of substance use (poor nutrition, physical inactivity) associated with overweight, contribute to obesity and obesity-related diseases.

Goal 4: To address the underserved populations who are disparately impacted by tobacco addiction and the disease it causes.

Objective:

- Promote tobacco prevention, cessation, and state regulations.
- Increase advocacy, education, policy changes, collaboration, and increase efforts to raise awareness.
- Continue to participate and implement events that bring awareness to anti-smoking, decrease asthma/emphysema, increase health promotion (health fairs).
- Increase law enforcement support with compliance checks.
- Continue to provide merchant/vendor education and/or training.
- Provide incentives for merchants who are compliant.
- Conduct community education regarding the YATT.
- Utilize the media and DWMHA's website to publish compliance inspection results. Continue community mobilization to increase support for retailer compliance with youth access laws.

3. Strategic Goals and Objectives with Public and Private Entities

Prevention and Treatment's continuum of care includes community engagement for all life span. The plan is to extend and provide resources to everyone - from birth to older adults. DWIHN will continue to address the 8 dimensions of wellness that services the homeless, veterans and promoting prevention across all ages on the life span.

Goal: Build relationships with Faith based and religious organizations to help eliminate, address or prevent drugs in the community.

Objectives:

- Increase youth minister participation monthly and annually.
- Connect coalitions with faith-based organizations, partners and resources.
- Promote a uniformed message to all faiths including language support.

- Conduct outreach by phone, email or socially to the Michigan Christian directories and media pamphlets/outlets.
- Encourage diversity and respect in services to all faiths that are underrepresented.

Goal: Re-assess and survey the clergy to align faith-based needs into SUD and MH services

Objective:

- Provide routine surveys and data updates to the initiatives

Goal: Offer all types of mental health and SUD trainings for all faith-based organizations

Objective:

- DWIHN MH and SUD Initiatives Health and ATOD trainings offered to all religious organizations as a win-win.

Goal: DWIHN's goal is to reduce childhood obesity within underserved communities in Southeastern Michigan.

Objectives:

- To increase the number of students attending in-class, community or virtual sessions
- Implement up to 10 parent sessions per month with at least 2 family members attending each one
Conduct 50 sessions per month per provider, with 45 sessions for students and 10 sessions for families at each school.
- Conduct 5 joint parent/student sessions per provider.
- Provide fitness education and activities that may be done at outside of the program or home in every session of the program.
- To provide pre and post-test surveys and data updates for the life span of individuals.

Goal: Inform educate and empower communities to change the social norms and community conditions that promote alcohol, tobacco and other drug use.

Objectives:

- Prevent the initiation of tobacco use, underage drinking and non-prescription drug misuse.
- Increase community linkages with access to mental health and substance abuse services.
- Expand systems for data collection.
- Promote awareness of emerging behavioral health problems.
- Implement training for recognition of at-risk behavioral health problems.

Goal: Support a broad spectrum of prevention and treatment practices and behavior health promotion strategies that are data-driven, evidence-based and responsive to change.

Objectives:

- Improve services through the use of practices and approaches that are based in research and address emerging trends in the field.

- Establish a system of services that are anchored in the community and improves accessibility for prevention, treatment and recovery services.
- Provide comprehensive services that supports recovery across the life-span.
- Increase integration of services by connecting prevention, treatment and recovery services with mental health and primary care.
- Support programs, practices and strategies that target a wide variety of audiences and populations.

Goal: Increase the capacity of effectively plan, implement, evaluate and sustain comprehensive and culturally relevant individual and environmental prevention, treatment and recovery programs strategies.

Objectives:

- Expand the Strategic Prevention Framework through capacity building opportunities.
- Promote effective collaboration and coordination among public and private stakeholders.

4. DWIHN's SUD Oversight Policy Board's Purpose:

This board meets once a month, the third Monday of the month from 10:00 am to 12:00 pm. It consists up to 12 members from various sectors: epidemiology, law enforcement, business, recovery, providers, education, and others. All meetings are open to the public. Board members bios are posted on DWIHN website.

- To seek to ensure a high quality of SUD services including culturally competent policy and practices.
- To seek to ensure that SUD services made available through the DWIHN Board of Directors, SUD providers are accessible, responsive to regional needs, available to all segments of the community, and are delivered in a comprehensive manner.
- To advise and recommend SUD provider contracts for prevention, treatment and recovery.
- To receive, review and provide recommendations regarding the strategic plan and to address the prevalence of SUD in the service areas from a recovery-oriented system of care (ROSC) perspective and approach.
- To receive, review and provide input regarding the establishment of sustainability plans for ROSC initiatives to include prevention, treatment and recovery supports.
- To provide advice and recommendations to the efforts to expand and coordinate resources and activities with other agencies, community organizations and individuals supporting ROSC.
- To provide the opportunity for public comment, and receive and review comments on matters relevant to SUD prevention, treatment and recovery within the communities serviced by the DWIHN.
- To comment on the annual application for the federal block grant, as well as the renewal and issuance of SUD services licenses.
- To review, comment and advise, on the progress and effectiveness of the delivery

of SUD services in the region.

- To approve local fund sources (PA2) for prevention, treatment and recovery services.
- To advise and recommend SUD budgets for prevention, treatment and recovery providers.
- To provide a forum and opportunity for the consumers of services of Wayne County to comment upon substance use prevention, treatment, and recovery services within the communities that DWIHN serves.
- To review and comment upon the planning, coordination, and implementation of any new and/or special substance use projects developed within Wayne County.
- To inform and educate the residents of Wayne County with respect to:
 - Stimulating greater public awareness of the prevalence, causes, and individual and social effects of substance use and abuse.
 - Communicating with the public about substance use and abuse research, public policy, prevention, treatment, and recovery programs, and services available for individuals and families.
 - The need for unified and consistent community approaches and standards to address the issues of substance use and abuse

5. Narrative on Logic Model for prevention and treatment

Prevention and Treatment Logic Models are located on pages 35-40.

Prevention

Prevention provides evidence-based curricula in the schools across the region and accomplish other group education program services in community-based organizations. Prevention programs are conducted at community sites, in clinics, schools, and other county wide locations upon request.

Botvin Life Skills groups and interactive projects promote an ATOD-free lifestyle including a drug-free pledge drives activity. Programs are interactive, culturally-based alcohol, drug, and suicide prevention program designed for African, Arab, Latino/Hispanic, Native American youth ages 5-18. Participants create digital stories, educational games, and travel on special trips including resources. DWIHN will ensure the healthy living efforts are included by educating communities about obesity and health.

DWIHN provides input and support to the Michigan Older Adult Wellbeing Workgroup. The strategic plan implementation work is focused in the 5 areas of Leadership, Capacity and Effective Processes.

DWIHN SUD Faith Based Initiative connects interfaith leaders with educators, researchers and professionals to address concerns that organizations face within their communities and congregations. Faith Based Initiatives steering committee meets monthly with faith-based leaders and constituents. Representatives in attendance hosts at various religious and faith-based organizations.

Detroit Wayne enhanced its tobacco efforts by initiating an annual awards retailers' breakfast to those retailers who do not sell to minors. The Detroit Wayne Tobacco Free Coalition (DWTFC) is an active partner that provides support to all tobacco initiatives, activities and is involved in MDHHS Statewide Tobacco Plan. Also, anti-vaping campaigns run annually using all social media platforms such as SnapChat throughout Wayne County.

Detroit Wayne providers will continue participation in national, state and local regional health awareness months such as, Prevention Week, Take Back Day and Red Ribbon annually.

Treatment

Over the last several years, SUD department has taken steps to monitor providers to develop recovery-oriented system of care practices. Since FY 2015, Region 7 has been conducting yearly RSA surveys to devise an overall evaluation plan that identifies areas providers can improve once identified in the survey. The providers will continue to receive feedback and updates on any area where scores are in the low range.

ODU continue to pose a special problem for individuals, not only because of stigma associated with the drug use but to their family as well. It is our goal to decrease OUD use and abuse not only for the individual but for their children and grandchildren. DWIHN with other funding sources will increase enrollment and provide services in jails, FQHCs, as well as the emergency room. A redistribution of funds from those less productive to those more productive also contributes to increasing access to OUD services efficiencies.

DWIHNs annual women and girls conference continuously expand each year, targeting women with or without children and presenting in a variety of new venues throughout Wayne County. These workshops include dealing with toxic relationships, OUD, parenting issues and living with HIV/AIDS in recovery. The goal of the conference is to build family relationships and skills. Follow-ups are conducted after the conference by providing surveys and to implement for the upcoming conferences.

DWIHN has developed and implement a comprehensive array of trainings designed to address the educational needs and training goals of our network and the communities we serve. DWIHN's efforts are directed at mental health, substance use disorders within our behavioral health provider network. Collaborations include ATOD, Opioid, Vaping Town Hall meetings, Summits, Constant Connect On-line trainings (limited to stakeholders). Advertising free, Naloxone, Trauma, Suicide Prevention and Mental Health First-Aid Trainings just to name a few. These efforts will help to strengthen staff capacities and assist the community to more effectively respond to social concerns within the community.

DWIHN have trained over 10,000 people this includes a variety of law enforcements officers, providers and people in the communities to date. DWIHN's Naloxone Initiative program has saved 635 lives since its inception. The saved lives are under reported. DWIHN only reports those saves that we have documentation to support this initiative.

6. Allocation Plan

The Substance Use Disorder (SUD) Oversight Policy Board serves as a catalyst for the discussion of and development of policy recommendations to the Detroit Wayne Integrated Health Network (DWIHN) Board of Directors leading to unified, consistent, collaborative, quality, appropriate, and coordinated prevention, treatment, and recovery approaches and norms for the region seven area.

The SUD Oversight Policy Board uses budget criteria that are based on unique needs, priority populations, service delivery, research, planning and evaluation to develop a comprehensive community base network that promotes health and wellness that's at the individual, family and community level. DWIHN uses encounter data, Behavioral Health Treatment Episode Data Set (BH-TEDS), utilization reports, increased utilization of EBPs, global budget consisting of Medicaid, Healthy MI, SAPT Block Grant and PA 2 funds. The funds are allocated appropriately across the service array networks, based upon needs of the community with 80% of Block Grant based in treatment using evidence-based practices and enhancement of its array of services and 20% going to prevention services addressing prevention strategies with an emphasis on environmental change.

DWIHN addresses its priority population and trauma services as stated below.

Priority population clients are defined as:

Pregnant woman who has used injected drugs within the last 30 days prior to request.

Pregnant substance abusers.

Person who has used injected drugs within the last 30 days prior to request.

A parent whose child has been removed from the home or is in danger of being removed from the home under the Child Protection laws of the state because of the parent's substance abuse.

DWIHN's access management systems (AMS) assures timely access within the following minimal standards:

Disposition of emergency referral within three hours or less 95% of the time on a 24-hour basis.

Urgent situations within 24 hours of the referral or presentation 95% of the time on a 24-hour basis including pregnant women and persons injecting drugs.

Non-urgent situations assessed within three days, 95% of the time with admission to treatment within five days of the initial screen.

DWIHN provides Interim Services within 48 hours to: (1) injecting drug users (IDUs) who cannot be admitted to treatment within 14 days; and (2) pregnant women who cannot get into treatment immediately.

Interim services include: For IDUs:

Counseling and education about HIV/AIDS, tuberculosis (TB), and hepatitis

Counseling and education on the risks of needle sharing.

Counseling and education about the risks of transmission to sexual partners and children; and steps that can be taken to ensure that HIV/AIDS transmission does not occur.

Referral for HIV/AIDS and TB treatment services, if necessary.

For pregnant women:
Counseling on the effects of alcohol, tobacco, and other drugs (ATOD) use on the fetus, and referrals for prenatal care.

DWIHN has no waitlist for any level of care due to having an array of services and numerous providers.

DWIHN Provider staff

- Engage clients and develop relationships and an individualized approach to discharge and transition planning issues.
- Facilitate referral process into various community services.
- Review barriers to discharge and research alternative strategic approaches to overcome barriers.

Housing is an integral part of the overall effort of DWIHN to ensure the clients served are safe and linked into a more independent living. Before clients are discharged from services, the goal is to facilitate a seamless transition from treatment to recovery housing, overcoming barriers through recovery support services. These high-quality services include emotional and affiliation needs and are available in this integrated setting. Supported employment and Disability assistance are leading efforts in this type of community setting as well.

Providers have a process to identify and address abuse/violence/trauma issues. Services are delivered in a trauma-informed setting and provided in a safe place from all forms of abuse, stalking by partner's family, other participants, visitors and staff.

DWIHNs women specialty service providers utilized Trauma Informed Care. Care that is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans. These providers utilized EBPs such as Seeking Safety and Trauma Recovery and Empowerment Model (TREM) and others.

The budget supports providers that will aide in reducing the impact of SUD and support families of people with SUD and co-occurring disorders (COD), to build strong and supportive communities, prevent costly behavioral health problems and promote better health for all.

7. Implementation Plan

The primary goal for DWIHN's three-year strategic plan is to have an enhanced array SUD service system. It is imperative that our clients and providers have a seamless transition in having care managed and funded by DWIHN.

The SUD department will monitor the priority population's admission and all levels of care waitlist weekly. The Strategic Plan will be guided and directed by the SUD team at DWIHN which will work closely with the prevention, early intervention, treatment, recovery providers and coalitions on a regular basis, daily.

DWIHN's SUD department encompass the SUD Director, SUD Tx Administrator, SUD Prevention Manager, State Opioid Response (SOR) Coordinator, SOR Individual Placement Worker and administrative assistant. SUD services are integrated in every aspect of the agency such as finance, information technology, credentialing, quality improvement, utilization management, integrated health, legal, customer service, recipient rights and executive administration.

DWIHN's plan is for the SUD team to manage the day-to-day operation of SUD prevention, treatment and recovery services, address COVID, opioid and stimulant initiatives with providers. Monitor and provide technical assistance to our network. Monitor provider allocations based upon performance and accountability of services and designated by DWIHN.

SUD providers are required to have the following criteria in place and are monitored continuously for:

- Licensed to provide prevention and treatment services, on-going.
- Develop, implement and evaluate a comprehensive strategic plan with identified target outcomes based on community needs, quarterly.
- Utilize data to identify prevention and treatment needs, gaps and resources, on-going.
- Implement evidence-based programs and strategies that address identified gaps and needs, on-going.
- Implement the Strategic Prevention Framework, 9-20.
- Evaluate services and progress toward outcomes, quarterly and annually.
- Have formal agreements with multiple community-level partners to collaborate in community planning and implementation, annually.
- Implement prevention and treatment practices that are culturally appropriate, on-going.
- Have a comprehensive package of evidence-based strategies that are likely to have a positive impact on the community and address one or more of the six core strategies, on-going.
- Collect and analyze prevention, treatment and demographic data, quarterly.
- Report National Outcome Data and other information, annually.
- Promote a unified prevention message, on-going.
- Implement tobacco merchant education and compliance checks, on-going.
- Monitor ASAM certification, annually.
- Collect and analyze performance indicators, quarterly.
- Monitor MARR certification, annually.
- Collect and analyze MPDS data, monthly.
- Collect and analyze BH-TEDS data, on-going.
- Collect and analyze Recipient Rights complaints, on-going.
- Collect and analyze Sentinel Events, on-going.
- Monitor providers utilization management of services, allocations, and authorizations.
- Monitor providers prevention service plans, annually.

8. Evaluation Plan

Principles of DWIHNs Strategic Plan

- Leverage all resources in a coordinated, comprehensive approach so as to not duplicate efforts.
- Ensure evidence-based medicine and behavioral health is implemented.
- Coordinate education for responsible prescribing and monitoring practices.
- Increase capacity of communities to prevent and treat prescription opioid abuse through education and public awareness.
- Promote collaboration of all stakeholders including but not limited to consumers, families, prescribers, pharmacists, law enforcement, prevention providers, treatment providers, and recovery supports.
- Target illicit supply and demand.
- Provide education and awareness of the prevalence of synthetic opioid related deaths-fentanyl and carfentanil.
- According to the Michigan Prevention Data System for DWIHN, 93.37% prevention programs and strategies by type of interventions for FY 2019 were reported.

Strategies for Prevention and Early Identification

- Update guidelines for opioid prescribers
- Promote and provide education and training for opiate prescribers
- Raise public awareness about the dangers of prescription opioids, heroin, and fentanyl.
- Increase programming in schools to educate youth on the dangers of opioids.
- Empower community coalitions to grow capacity and reach in Wayne County communities.
- Increase community engagement and access to townhall events, virtual or in person as an innovative response to the COVID-19 crisis and opiate crisis.
- Increase education on the commercialization of legal substances including but not limited to alcohol and marijuana.
- Increase data outcomes reported in MPDS Michigan Prevention Data System that will increase information exchange and assist with sustainability and program efficacy.
- Develop and update guidelines for opioid prescribers / Promote and provide education and training for opiate prescribers.

Strategies for Coalitions and Prevention

- Influences environmental change and ultimately creates a seamless approach to increasing protective factors that contribute to reducing the risk factors, the onset of ATOD use and abuse by offering the following programmatic components:
- Use of evidence-based interventions for which research has demonstrated effectiveness
- Include school-based programming utilizing peer to peer pro-social
- Engage youth in project-based learning that includes media literacy and participatory social change training
- Comprehensive coordination of Screening/Student Assistance Program
- Environmental Change Policy- Laws and Advocacy

- Prevent/Reduce Consequences of Underage and Alcohol related activities
- Reduce Prescription Drug(Rx) Over the Counter Misuse and Abuse including reduction of infant mortality and obesity
- Reduce Illicit Drug Use by Youth
- Eliminate/Reduce Youth Access to Tobacco and Under Age Smoking
- Prevent/Delay use/Reduce Consequences of SUD (emerging local trends)
- Promote Behavioral Health
- Prevent Suicides/Attempted Suicides
- Prevent substance use disorders and enhance resiliency
- Train and provide technical assistance to prevention organizations to develop implementation plans based on identified gaps from community needs assessments and health disparities.
- Identify and fostered development and implementation of effective youth empowerment and leadership programs.

Strategies for Opioid Misuse and Abuse

- Equip community members, retirement communities, hospitals, civic groups, business partners, and other stakeholders with deterred bags to deactivate unwanted and unused prescription drugs.
- Equip community members, faith-based organizations, business leaders, civic groups, first responders, and emergency departments with naloxone and overdose education.
- Increase marketing efforts on available treatment options for Wayne County consumers.
- Enhance collaboration with jails and detention centers in Wayne County to offer MAT and other services to those incarcerated.

Strategies for Reducing Illicit Supply

- Expand drug take-back programs and increase accessibility to ecofriendly disposal options for prescription opioids.
- Increase the coalitions work with law enforcement to further awareness of the dangers of fentanyl.

Strategies for Treatment and Recovery

- Expand access to all three FDA approved medication-assisted treatment options in Wayne County.
- Improve treatment retention and recovery through peer and family support services.
- Increase awareness of treatment options through a multifaceted marketing campaign
- Increase professional competency in opioid use disorder treatment provider's network through trainings like Motivational Interviewing, Cognitive Behavioral Therapy, ASAM, and Dialectical Behavioral Therapy.
- Monitor Performance Indicator (PI) data that is collected quarterly for each substance abuse service. PIs are viewed as starting points for a long-term effort to improve quality of services and enhance accountability of the substance abuse treatment system.
- Improve access to effective treatment providers that offer evidence-based practices and programs

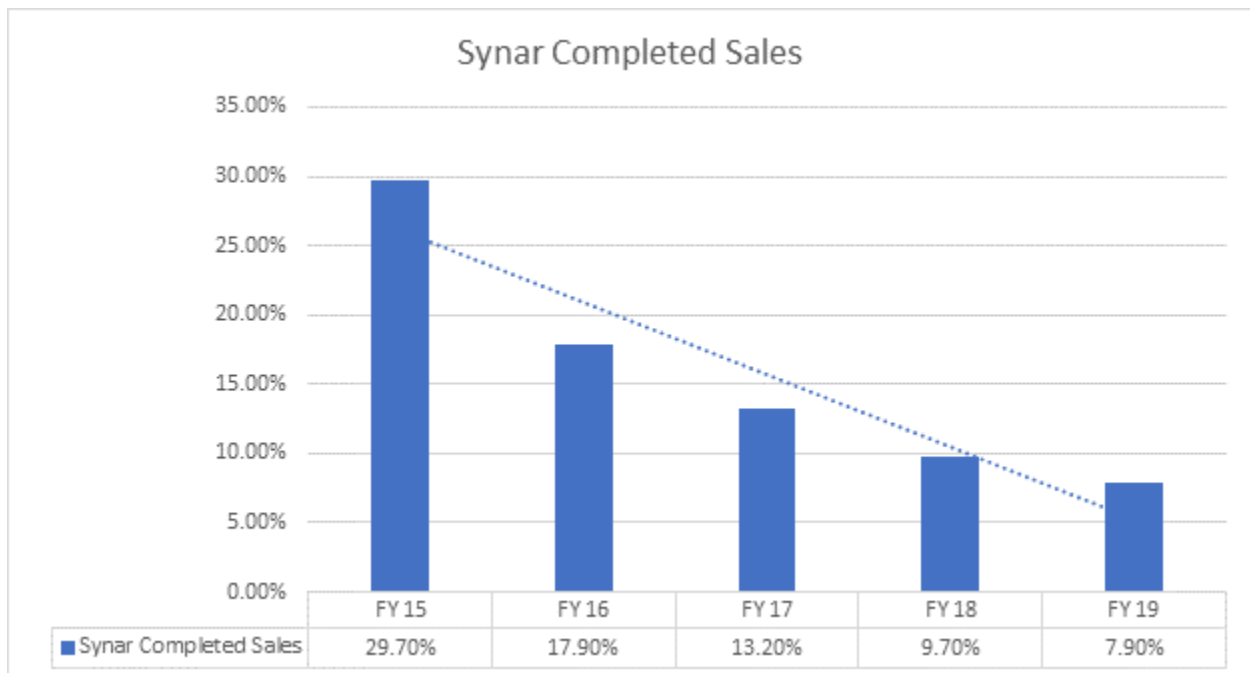
- Expand MAT treatment availability and options, and access to treatment using mobile care and telehealth.
- Improve treatment engagement from enrollment and throughout the treatment continuum.
- Increase SUD workforce to match the demand of clients.
- Provide education to practitioners, hospitals, urgent cares, and primary care settings about substance use disorder.

Prevention Services

YATT

DWIHN’s Youth Access To Tobacco (YATT) process will continue to provide merchant/vendor education and/or training. Provide incentives for merchants who are compliant. Conduct community education regarding the YATT. Utilize the media and DWIHN’s website to publish compliance inspection results. Continue community mobilization to increase support for retailer compliance with youth access laws.

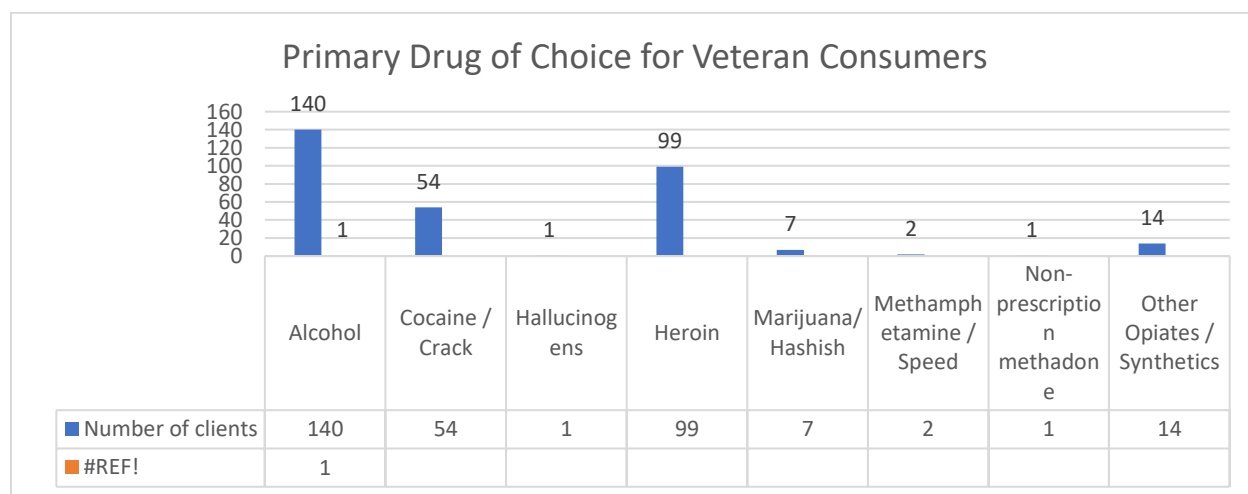
There were many interventions used to decrease the Synar rate in Wayne County throughout several years that DWIHN built on. DWIHNs DYTURs increased their education/training techniques using a PowerPoint while at tobacco retailers’ establishments year long, leaving posters about the legal age to purchase tobacco products to be posted by their cashiers. DWIHN and its providers conducted community education regarding the YATT. DWIHN utilized media and billboards to educate and combat the dangers of underage smoking and reinforce YATT. DWIHNs coalitions aided with community mobilization to increase support for retailer compliance with youth access laws. Vendors would receive educational decals to be posted in their stores, a retailer recognition ceremony where plaques of appreciation for not selling tobacco products to underage youth were awarded.



Baseline and Outcomes

Effective treatment for individuals with co-occurring mental health and substance use disorders requires sharing information across systems and across providers. Data sharing supports integrated services by facilitating communication and collaboration among organizations.

DWIHN has established outcomes measures that are currently in the MH-WIN management information system. The outcomes measures will embody meaningful, real life outcomes for people who are striving to attain and sustain recovery: build resilience; and work, learn, live and participate fully in their communities. DWIHN has adopted data standards that will enhance data captured, based on capacity, collection methods and uniformed definitions.



The primary drug of choice for veterans is alcohol, followed closely by heroin. This is attributed to ease of access to alcohol.

Outcomes-Based Prevention

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the outcomes-based logic models that produce one or more desired outcomes identifies the evaluation instrument with each. DWIHN complies with each evidence-based program administered to the network to collect data to document changes and evaluate prevention outcomes. The prevention outcomes track changes over time by collecting data via survey administration at the start of our prevention programs and after program implementation. DWIHN evaluates the implementation and associated outcomes and develop a plan for sustaining each program/project.

DWIHN providers evidence-based programs and strategies by type of intervention for FY 2019 are as follows:

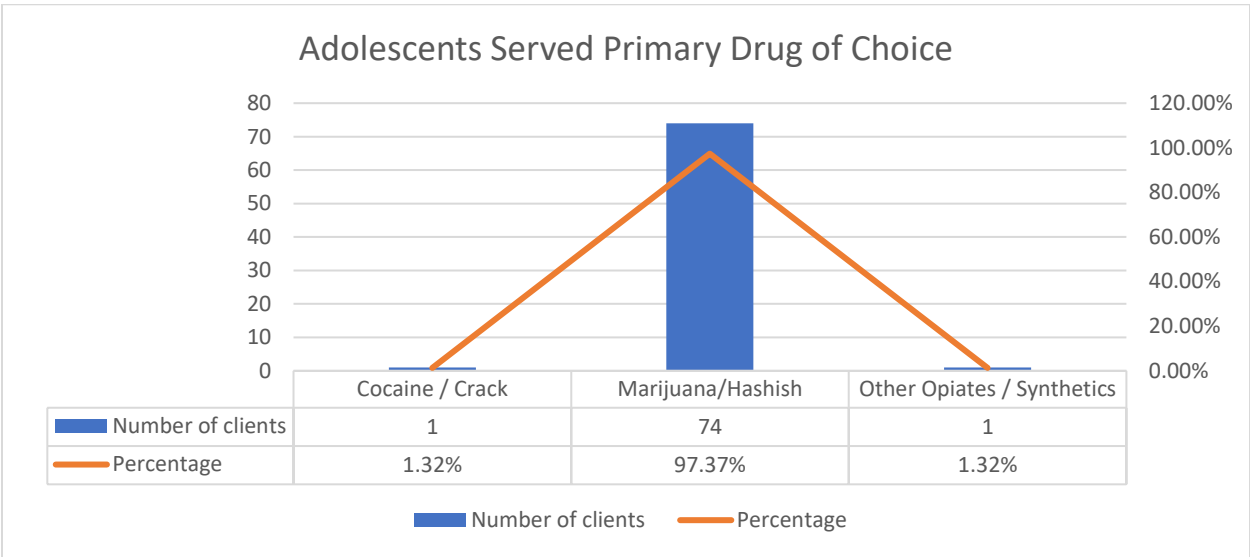
	Number Programs and Strategies By Type of Intervention					
	A. Universal Direct	B. Universal Indirect	C. Universal Total	D. Selective	E. Indicated	F. Total
Number of Evidence- Based Programs and Strategies Funded	451	284	735	698	4	1437
Total Number of Programs and Strategies Funded	494	341	835	700	4	1539

Percentage of Evidence- Based Programs and Strategies Funded	91.30%	83.28%	88.02%	99.71%	100%	93.37%
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In addition to the programs and strategies by type of intervention for FY 2019, DWIHN providers administers the evaluation programs is the Michigan Prevention Data System (MPDS) Participant Survey that will be administered to the following target group.

The prevention outcomes measures will include:

- Perceived risk of use of various substances including cigarette, alcohol, marijuana, prescription drugs, painkillers, and electronic vapor products
- Past 30 day use of various substances



97.37% of adolescents sent to treatment for substance use disorder are presenting with marijuana as the primary drug of choice. This may be attributed to recent legislative changes, changes in perception of harm, and the commercialization and industrialization of marijuana.

Evaluation Mechanisms

DWPHN monitors and review providers sentinel events/critical indicators, performance indicators on a routine basis. The SUD Department track and monitor timeliness in reports, waitlist, Behavioral Health Treatment Episode Data Systems (BH TEDS) data, and utilization review based upon medical necessity criteria, trends, funding streams, the state report cards: on detox services, outpatient continuation, funds spent on services and integrated programs, and funds spent on recovery supports. DWPHN utilize the Legislative Report in evaluating trend patterns. Also, the SUD department will continue to use the Dually Diagnosed Capable Addiction Treatment (DDCAT) tool to monitor and evaluate providers co-occurring capability. Michigan Prevention Data System (MPDS) is utilized to measure outcomes for prevention services and activities, that includes the six core strategies using the strategic prevention framework (SPF). DWPHN conducts annual site visit that monitors clients of services.

DWIHN saw a reduction in two performance indicators (PI) in two fiscal years including the first quarter in 2020 that did not meet the threshold of 95% compliance. Those indicators are #3 Access/1st Services Timeliness and 4b SUD-Detox Discharges Follow -up. These PIs are being closely monitored by SUD and information technology staff. Previously DWIHN was looking only for residential admit within 7 days from detox discharge for compliance. Now DWIHN is looking for paid service units also in residential admits with service date within 7 days from detox discharge. Some providers did not receive authorization approval in residential admit and because of that there is no service in residential admit. Providers can't enter service units in MHWIN without authorization approval. They are unable to mark this as an exception either.

DWIHN conducts annual site reviews for contract compliance and evaluate reasonable progress toward outcome evaluation goals, and including client satisfaction surveys. If there is insufficient progress toward meeting these goals or insufficiencies, providers will be required to submit to DWIHN a corrective action plan.

Fiscal year 19 client satisfaction survey administered to a sample of seven hundred fifty-one consumers who were receiving SUD service in DWIHN programs between the July and September. The purpose was to collect information on consumer satisfaction with treatment in order to assess the extent to which these programs provided high quality service to Wayne County consumers.

Of the total of seven hundred-fifty-one (751) overall scores ranged from 57% to 93% this year as compared to a range of 43% to 84% in the previous year. One major component of satisfaction with which providers struggle is they would recommend the Treatment Provider to a friend and the consumers agreed with the goals in their treatment plan. This review point to the client's perception of the program and could be reviewed as an early indicator of program's performance.

First quarter FY 20 client satisfaction survey was initiated to assist substance use disorder agencies with evaluating the effectiveness of their services. A total of 252 adult client's satisfaction surveys were submitted and analyzed. Overall high levels of satisfaction rates were received. The strongest factor for consumer was that "my counselor cares about me".

DWIHN will continue to educate and improve understanding about substance use disorder, increase access to effective treatment and support recovery. Through working across the criminal justice systems, hospital settings, and other systems within Wayne County, our actions will continue to improve health and achieve excellence in operations.

Sentinel Event

Sentinel events are a measure of how well DWIHN and our providers monitor the care of vulnerable service recipients. All sentinel events are uploaded into our database system. DWIHN strive to maintain one comprehensive IT system that provides speedy data to make regulatory decisions. This is more real time and can assist SUD in learning and measuring the impact of Sentinel events in our network. DWIHN measures all SUD sentinel events quarterly in order to make any necessary adjustments if the data appears to be problematic.

DWIHN must be notified of a client death or sentinel event/critical incident within 48 hours of the incident. DWIHN requires that the provider conduct a root cause analysis or investigation on identification of the sentinel event. The provider will develop and send to DWIHN its plan of action to prevent further occurrence of the sentinel event/critical incident. The plan must identify who is responsible for implementing the plan and how implementation will be monitored.

In the event of a client death, DWIHN requires the provider to do a full investigation of the client death. If the report does not include information DWIHN would consider appropriate for the investigation, DWIHN may also investigate the death if there is reason to do so.

Following event notifications, DWIHN submits written quarterly reports to MDHHS that will include the number of clients served for the reporting time period and the number of sentinel events reported in the network. On an annual basis SUD designated staff will create a Sentinel Event Annual Summary Report.

It is our mantra to provide our funding sources, our two board of directors, complete, accurate, and timely reporting of treatment and prevention data which is necessary for DWIHN operations and to make informed decisions for the appropriate use of public funds for all levels of care, our array of services and the public's safety.

DWIHN reviews its penetration rates quarterly of persons served age 12-17, women of child-bearing age (ages 11-44), African American; Hispanic; Native American, and those person with Opioid Use Disorder who received services that are supported in whole or in part by MDHHS funding. Adolescent penetration rates for treatment services continue to below

Measures

Improving and implementing a recovery-oriented system of care requires working with clients and staff to identify perceptions of an individual recovery.

The Recovery Self-Assessment (RSA) is a nationally recognized instrument developed as an outcome measure to better understand the strengths and weaknesses in the DWIHN recovery-oriented system of care. The tool measures areas of strength as well as point out areas of improvement as agencies move toward recovery-oriented practices. It is a voluntary self-reflective survey completed by staff, administrators and clients. DWIHN requires this tool to be administered annually.

There are six domains included in the survey. Each domain has several individual questions related to the domain topic. Each question in the domain is required to have a response choice of 1 - 5 in order for the domain to be included in the sample.

The domains are as follows:

- Quality and appropriateness (satisfaction with service)
- Access to care
- Family participation in treatment planning

- Outcomes of care
- Cultural sensitivity of staff
- Social connectedness.

There are 5 response choices for each question within the domain, which are assigned a numeric value.

In April 2020, the RSA was implemented for the sixth time to consumers receiving prevention and treatment services. The three surveyed groups were required to rate the degree to which they felt their agencies engaged in recovery-oriented practices using a Likert scale of 1 to 5, 1=strongly disagree to 5= strongly agree. There were a total of 72 staff respondents with an overall satisfaction ratio of 80%. Furthermore, consumers satisfaction rate was a slightly higher with a satisfaction rate of 82%. The results are aggregated and reviewed by the SUD Department to determine if there are any trends; areas of improvement and priority areas that requires reviewing.

Another measure that DWIHN uses is the National Outcomes Measures (NOMS).

The NOMS increases the importance of data completeness, accuracy and timeliness of admission and discharge records. It is important that our providers ensure that the client information reported on these records accurately reflects client status at admission and on the last day of service (discharge).

Women Specialty Services (WSS)

The DWIHN system currently has nine designated women specialty programs in the Detroit-Wayne County area: The levels of care vary from Outpatient, Intensive Outpatient with Domiciles, withdrawal management and residential treatment services and some have components where the mother and child(ren) can be together. Region seven has several gender specific programs.

DWIHN has a collaborative philosophy, driven by the woman and her family by utilizing cross-systems collaboration and the involvement of informal supports to promote a woman's recovery.

A client-centered, goal-oriented approach to accessing and coordinating services across multiple systems by:

- assessing needs, resources and priorities
- planning for how the needs can be met
- establishing linkages to enhance a woman's access to services to meet those identified needs
- coordinating and monitoring service provision through active cross-system communication and coordinated treatment/service plans
- removing barriers to treatment and advocating for services- A woman's needs determine the connections with agencies and systems that impact her life or her family's life, despite the number of agencies or systems involved. Ideally, each woman will have a single, collaborative treatment plan or service plan used across systems. Care coordination or case management is the key to a woman's progress in recovery.

Region 7 WSS providers organize women conferences within their own agencies. The conferences take place within the agency or at different venues. The goal is to educate women on

specific topics such as health, opioids, self-esteem, toxic relationships, self-help/self-care, parenting, and many others. These conferences allow these women to hear from other women that have been in their shoes and to offer guidance and support in these areas.

The greatest strength of DWIHNs women's gender responsive and competent programs is that women are able to access services and opportunities that are responsive to unique needs including pregnancy/physical/sexual and emotional victimization services. These services are provided in a safe and with the most effective care possible. Women are able to discuss issues relating to these subjects including children and child development involving the effect of addiction on children and Fetal Alcohol Spectrum Disorder. Additional strengths include collaboration with providers to enhance WSS programs and continued education. The clinical and support staff realizes the importance to grow responsibly and provide an ancillary of services such as child care, transportation and case management. DWMHA understands the importance of keeping all WSS programs intact and will continue to make efforts towards a seamless transition to research other funding sources to include the youth population by expanding their services to include STDs, relationships, self-esteem, sexuality, peer-pressure, suicide prevention, mental health first-aid and bullying.

Trauma

DWIHN provides trauma focused treatment and are trauma informed both in their environment as well as their practices. Our providers are expected to be sensitive and aware of the population we serve, vulnerability and exposure to multiple traumatizing experiences.

DWIHN recognizes that trauma is an event or ongoing situation that results in extreme stress that overwhelms a person's ability to cope. Trauma impacts people in a variety of ways and may have short- or long-term effects and if trauma is not addressed following can happen. This is one of the reasons DWIHN provides Holistic Services.

Consequences Unaddressed Trauma

Homelessness	Inability to parent
Delinquency	Violence
Criminal behavior	Inter-generational transmission of abuse
Prostitution	Inability to sustain employment/welfare recipient
Long-term use of behavioral health programs	Corrections history
Re-victimization	Rape
	Domestic Violence

Each year the SUD staff sponsors a one-day, Women and Girls Conference. This event hosts a variety of participants, uniting women and girls (ages 13 and older), community members, case-managers, social-workers, and treatment professionals responsible for facilitation of treatment plans for persons of mental health, substance use, and developmental disabilities.

Research indicates that women are twice as likely to develop post-traumatic stress disorder (PTSD), undergo a longer period of post-traumatic symptoms, and display more sensitivity to stimuli that remind them of the experienced trauma.

Although women are at greater risk for negative consequences following traumatic events, many often hesitate to seek mental health treatment. Survivors often wait years to receive help, while others never receive treatment at all.

Untreated post-traumatic symptoms not only have tremendous mental health implications, but they can also lead to adverse effects on physical health. Female survivors may encounter physical symptoms including headaches, gastro-intestinal problems, and sexual dysfunction. We educate and promote and expect providers to have a trauma policy to ensure provider's staff understand the importance of this issue.

DWIHN strives to assist provider to achieve self-sufficiency, independence and health to the maximum extent possible by providing clients with integrated services, promoting prevention and establishing measurable outcomes in partnership with the community at large.

An important tool DWIHN utilizes is MyStrength. DWIHN has used MyStrength since October 2018 to present date. MyStrength is a self-management tool that is an evidence-based application grounded in Cognitive Behavioral Therapy, Mindfulness, Positive Psychology, Motivational Interviewing and other empirically, validated therapeutic approaches. The program is designed to be used independently or in conjunction with other care. DWIHN has over 4,000 members that actively uses this app.

Department of Human Services (DHS) is an integrated service delivery system readily accessible, responsible and available to individuals and families in need. DHS has sought to evolve its service system so that individuals and families in treatment do not have to access different services at multiple, different entry points. DHS has established initiatives with several residential programs to assist with medical and food assistance to help families and get the supports they need to become self-sufficient. In addition, DHS has extended its services to include two navigators from their department that are stationed at the DWIHN location to assist with other essential services including medical, working with client's spenddown and assisting clients to obtain Medicaid insurance.

For Persons with Opioid Use Disorder (OUD)

DWIHN has a comprehensive array of Opioid Treatment Programs (OTPs) Outpatient providers within reasonable geographic reach, for all persons needing medication assisted treatment as of October 1, 2019.

DWIHN is providing leadership in its approach to treating individuals with opioid dependence. This approach involves the expanding of Methadone clinics into OTP programs with the implementation of three approved medications (Vivitrol, Buprenorphine and Methadone). There are some providers who have been slower to embrace the concept of all three medications and this has proven to be a challenge. However, we intend to develop and implement this design for services across the region with willing and competent providers. In addition, the providers offer a variety of treatment models, based on solid research and Evidence Based Practices (EBP). There has been an extensive support in our region over the last several years to increase Motivational Interviewing evidence-based models and this has been met with varying degrees of success.

DWIHN expanded services through MDHHS newly funding source (State Target Response) Medication Assisted Treatment (MAT) funding for OTP providers. OTP providers were able to impact access to MAT services in unprecedented ways. This included the access to MAT services, reduced stigma, increased EBP trainings, psychotropic medication payment and technical assistance efforts to address the needs of individuals with opioid use disorders, including making transportation readily available. The MAT funding presented a series of training, one in particular that was incorporated was Motivational Interviewing (MI) training. DWIHN required all OTP staff to complete training in motivational interviewing techniques. In addition, DWIHN implemented the video assessment of simulated encounters (VASE-R) for assessing motivational interviewing (MI) skills for all OTP providers. The VASE-R measured employee's skills with general principles and techniques when using MI skill sets. DWIHN continue to work with all OTP providers in making sure efficiency is met and address any challenges in this area. Continuous ongoing training opportunities are offered in this area. DWIHN has also made this a part of all OTP providers yearly SUD report card. DWIHN requires all MAT programs to conduct Michigan Automated Prescription Systems (MAPS) every six months on all MAT clients. This will reduce adverse reaction, doctor shopping, etc.

The State Opioid Response (SOR) Project encompasses prevention, treatment, and recovery services and create programs that rapidly and adequately fill gaps in services as a comprehensive response to the opioid epidemic. These programs are designed for improving retention in care, decreasing opioid overdose deaths and preventing the prevalence of opioid use disorder in our region.

DWIHN is working with Southeastern Community Foundation to provide MAT services for inmates at Dickerson Jail, located in Hamtramck and the Women's Wayne County Jail, located in downtown Detroit. DWIHN has two providers along with Wellpath medical staff working to support continuity of care within the community after inmates are released from incarceration. The program at minimum will offer screening, assessment, treatment and recovery services for inmates with OUD and co-occurring disorders while they are incarcerated. The program involves the administration of three approved MAT medications (Methadone, Buprenorphine and Vivitrol) alongside counseling. The goal of the program is to support family, friends and provide knowledge of opioid use and prevent overdose.

9. Cultural Competency

Improving access to quality services requires working with communities to identify culturally sensitive implementation strategies. Understanding culture helps service providers avoid stereotypes and bias that can undermine their effort. It promotes a focus on the positive characteristics of a particular group and reflects an appreciation of cultural differences. Approaches that build on the strengths of minority communities and understand and respect minority cultures result in interventions which can lead to healthy practices and behavior DWIHN annually surveys the community, clients, providers, stakeholders, its staff, and its board of directors in identifying and assessing the cultural needs of potential and active clients based upon population served. All providers shall have mechanisms to assure that sensitivity and accommodations are made for individuals with diverse ethnic cultural backgrounds.

DWIHN's Cultural Competency Policy is culturally sensitive and is applicable to every level of client interaction, whether it is at early intervention, prevention, treatment, case management, and or relapse recovery services. DWIHN and its provider network have DWIHN policies and procedures and must follow them in order to be a part of our network.

DWIHN has a set of Guiding Principles:

- Cultural competence shall be integrated throughout the entire service delivery system
- Program Participant input is essential throughout the process
- Individual differences and abilities are considered and valued across the life span

Program Participants are able to maximize their potential when their:

- Culture is understood and recognized
- Services are culturally and linguistically responsive.
- Spirituality and beliefs are considered.
- Individuality is promoted.

Cultural Competence should foster an environment that:

- Values acceptance.
- Encourages learning.
- Expects respect.
- Accepts language difference and promotes education.

GOAL 1: Develop and implement strategies to recruit, retain, and promote a diverse staff at all levels of the organization and leadership that are representative of the population being served.

GOAL 2: Ensure that staff at all levels and across all disciplines receive ongoing education and training in a culturally, linguistically and gender appropriate service delivery, policy and planning and comply with practices and standards for workers.

GOAL 3: Maintain current demographic, cultural and service delivery profiles of the community being served as well as a needs assessment plan for and implement services that respond to the cultural, linguistic and gender characteristics of the service area.

GOAL 4: Develop participatory, collaborative partnerships with communities and use a variety of formal and informal mechanisms to facilitate community and program participant involvement in designing and implementing services and cultural competency standards.

GOAL 5: To ensure that program participants receive services provided in a manner compatible with their cultural beliefs and practices, preferred language and/or alternate format, physical or cognitive ability, gender and sexual orientation.

GOAL 6: To offer and provide competent language assistance services, including bilingual staff and interpreter services, at no cost to each program participant with limited English proficiency at all points of contact, in a timely manner. Language standards also apply to individuals with speed or hearing difficulties.

DETROIT WAYNE INTEGRATED HEALTH NETWORK

**Logic Model for Prevention Services Plan
FY 2020/2021**

OVERALL PROGRAM GOAL/MISSION					
Goals	Objectives	INPUTS	PERSON(S) RESPONSIBLE	OUTPUTS	Short-Term Intermediate Long-Term
<p>Implement evidence-based models - 12 or more sessions of Botvin’s <i>Life Skills (LST) Program</i> to all grades in the Wayne County Middle and High Schools.</p> <p>Prevention services role in the healthcare landscape</p> <p>Prevention services integrated across SUD, Mental Health and primary care</p> <p>Consolidation of activities related to prevention to create a more unified voice</p> <p>Focus on improved outcomes across prevention services including healthy living</p>	<p>Education</p> <p>Educate, link, and support individuals, families, businesses, and communities affected by family concerns, workplace challenges, mental health conditions, and the misuse of alcohol, tobacco, and other drugs</p>	<p>Wayne county population 1,753,616</p> <p>Youth ages 11-18</p> <p>All races and ethnicities LGBT</p> <p>Parental consent and support</p> <p>Social media promoting and advertising</p>	<p>School administrators and counselors</p> <p>Media – radio, tv and social supports</p>	<p>Botvin <i>LST</i> Pre- Post Test will be used to evaluate program results on all program indicators. A minimum of 5% increase is expected on the indicators of Anti-Drug and Life Skills Knowledge, Pro Smoking and Pro-Drinking Attitudes, and Life Skills assessment.</p> <p>95% of students attend in-class or virtual sessions</p> <p>80,000 youth trained</p>	<p>Short Term Reduce past 30-day use of ATOD</p> <p>Intermediate Link individuals to resources that will foster long-term recovery</p> <p>Long Term Decrease Youth Risk Behavior in Improve Family Relationships</p> <p>Improve prevention services in healthcare and primary care facilities</p> <p>Sustain innovative prevention programs</p>

					Michigan Epidemiological Profile 2019	
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Prevention Logic Model II

Goals	Objectives	Inputs	Partners	Outputs	Short-Term Intermediate Long-Term
Older Adult Services	<p>Support the goals and objectives of the MDHHS Older Adult Well Being Workgroup in the following areas:</p> <p><u>Leadership</u> Vision Mission Conceptual Clarity Strategic Planning Sustainability</p> <p><u>Capacity</u> Organizational Structure Knowledge, Skills, and Abilities Assessment</p>	<p>CSAP Strategies</p> <p>DWIHN staff and providers provide oversight and outreach to the older adult population</p> <p>Assist MDHHS with developing processes to continuously strengthen the capacity of system members to use data and research to select</p>	MDHHS Older Adult serving organizations	<p>Utilize all methods of evaluation and outcome</p> <p>Successful outreach and behavioral change to the general population, youth, high school students, parents, families, business community, civic group, non-profit groups, charter</p>	<p>Short-Term Utilize 13 sectors</p> <p>Intermediate Continue to be an asset to strengthen the engagement and investment as a system member</p> <p>Long-term Engage agency leaders in the work of the system PIHP is willing to allocate agency resources to achieve system outcomes</p>

<p>Faith based initiative</p>	<p><u>Effective Processes</u> Information, Communication, and Marketing Operating Procedures and Processes</p> <p><u>Leadership</u> Political Will Influence Accountability</p> <p><u>Capacity</u> Cultural Competency</p> <p><u>Effective Processes</u> Research and evaluation</p> <p>Provide a holistic approach to care, provides trainings on a variety of substance use and mental health concerns and related topics affecting the faith community.</p> <p>Addressing issues in preventing and treating Heroin, Opioids, Prescription Drugs, and Tobacco: Marijuana/Vaping, Alcohol/Underage Drinking, Stigma, Human Trafficking, Suicide and Gambling. Encourage faith-based organizations and their</p>	<p>culturally appropriate strategies with the best evidence of effectiveness for impacting the factors most correlated with older adult wellbeing.</p> <p>Faith leaders from all denominations, Youth, high school students, parents, families, business community, civic group, non-profit groups, charter school, health care, faith-based organizations</p>	<p>200 plus faith-based organizations</p>	<p>school, health care, faith-based organizations</p> <p>(DWIHN) will host monthly focus groups and meetings</p> <p>Host a region wide annual wellness beyond the walls conference</p>	<p>Short Term Ongoing communication with the clergy and faith leaders</p> <p>Intermediate Conduct trainings respectively and address the needs of the clergy</p> <p>Long Term Strengthen the linkages between the coalitions/organizations and the faith community in order to effectively draw upon the resources within the various faith based organizations.</p>
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	<p>representatives to attend.</p> <p>Create opportunities to engage with and hear from youth and adult leaders and dialogue with interfaith based leaders</p> <p>Offer collaborative resources available to the communities of faith and its members.</p>				
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DWIHN’s Youth Access To Tobacco (YATT) process will continue to provide merchant/vendor education and/or training. Provide incentives for merchants who are compliant. Conduct community education regarding the YATT. Utilize the media and DWIHN’s website to publish compliance inspection results. Continue community mobilization to increase support for retailer compliance with youth access laws.

DWIHN’s Goals for YATT:

Goal 1: Address the underserved populations who are disparately impacted by tobacco addiction and the disease it causes.

Goal 2: Promote tobacco prevention, cessation, and state regulations. Increase advocacy, education, policy changes, collaboration, and increase efforts to raise awareness. To continue to participate and implement events that bring awareness to anti-smoking, decrease asthma/emphysema, increase health promotion (health fairs). Increase law enforcement support with compliance checks.

**Logic Model for Treatment Services
FY 2020/2021**

Primary problem or objective	Inputs/Intervening Variables	Strategies	Activities/Immediate Outcomes	Outputs	Outcome	County
The establishment of a recovery – oriented system of care	Conduct RSA Survey annually Meet with network concerning survey	Administer to all Treatment and Prevention Providers in the network	Increase knowledge on staff and consumers perception of the network	Increase the number of providers that participate in this process Engage in a collaborative process between SUD team and providers	Providers will provide more effective services to the consumers Providers will gain knowledge on what areas are in need of improvement	Wayne
Increase in access to treatment for persons with OUD	Increase array of treatment interventions and alternatives for this population	Sufficient number of treatment interventions, alternatives and recovery support services	Increased number of recovery supports services available to the OUD population	Increase consumer satisfaction	Increase retention Reduction in SUD	Wayne
Increase access to trauma responsive services	Provide Trauma training to all providers	Tracking the use of Trauma activities in consumer’s records	Update Trauma Policy for DWIHN Ensure Providers Trauma policy are updated annually	Improve communication among consumers	Reduce stigma Reduce judgement about unexplained behaviors	Wayne

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