

Submitted to the Office of Recovery Oriented Systems of Care (ROSC)

# OCHN Three-Year Substance Use Disorder Strategic Plan: 2021-23

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*Developmental Disabilities • Mental Health • Substance Recovery*

**Section 1.....**

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

- **Demographic Profile**

Oakland County is one of the largest counties in Michigan with a population of 1,257,584<sup>1</sup>. The 908 square miles that Oakland County covers is situated just north of the City of Detroit and is bordered by Genesee, Lapeer, Livingston, Macomb, Washtenaw, and Wayne counties. The region is socially and economically diverse. Contained within its boundaries are urban areas to its south and rural farmlands to its north. The Oakland County Substance Use Disorder (SUD) Access Center is in Pontiac. A provider network is located throughout the community, as well as out of county, to ensure timely access to treatment.

In 2019, Oakland County's population consisted of 75.2% Caucasian, 13.7% African American, 0.3% Native American, 7.2% Asian, and 4% Hispanic individuals<sup>2</sup>. During the same year, Oakland Community Health Network (OCHN) substance use demographic information indicated 78% of the population served was Caucasian, 17.5% African American, 4% Hispanic/Latino, 0.5% Asian, and 0.3% Native American. 2.3% identified as Other Race and 0.6% as Bi or Multiracial.<sup>3</sup> In reviewing the above information OCHN is committed to remedying any disparities and will focus communication efforts on ensuring Asian residents are aware of the services offered.

Data pulled from OCHN's electronic medical record system indicates that English represents the number one language spoken with 63% of English-speaking individuals seeking SUD services. Thirty-six percent of individuals did not indicate their spoken language, followed by 0.5%, indicating Spanish as their spoken language. The gender breakdown is comprised of 63% male and 37% female. In FY20, OCHN began to collect LGBTQIA+ information in order to better train our network and provide culturally appropriate services. Most individuals served fall within the 26-59-year age range, similarly most of Oakland County's population falls within the same age range<sup>4</sup>. Thirty-two percent of OCHN funded individuals in 2019 reported having 13 years or more of education. This percentage is less than the 46.4% represented by the overall Oakland County population who report having a bachelor's degree or higher<sup>5</sup>.

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<sup>1</sup> U.S. Census Bureau, Population Estimates Program (PEP). Population and Housing Estimates, July 1, 2019, (V2019). Retrieved from

<http://www.census.gov/quickfacts/oaklandcountymichigan>

<sup>2</sup> Oakland County Census Data Profile. Retrieved from

<https://data.census.gov/cedsci/profile?g=0500000US26125&q=Oakland%20County,%20Michigan>

<sup>3</sup> OCHN, Power BI- SUD BH TEDS Demo 2)

<sup>4</sup> U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. Bachelor's degree or higher, percentage of persons age 25+, 2014-2018 Retrieved from <http://census.gov/quickfacts/fact/table/oaklandcountymichigan#>

<sup>5</sup> OCHN Power B.I. SUD Custom Report

- **Relationship of Populations / Disparities**

The target population for SUD treatment includes individuals meeting American Society of Addiction Medicine (ASAM) criteria for Outpatient, Residential, or Medication Assisted Treatment. OCHN will continue to serve those who meet the income criteria, individuals with no insurance or are under-insured, have Medicaid, or a Healthy Michigan Plan.

The population served by OCHN demographically reflects the greater Oakland County population. One exception to this is the higher population of individuals identifying as Asian in comparison to people served by OCHN.

The population served by OCHN in 2019 was significantly more impoverished than the overall population of Oakland County. In 2019, 59.2% percent of the individuals served made less than \$1,000 a year, with the majority falling well below the Federal poverty line <sup>6</sup>. The estimated individual per capita income of Oakland County was \$42,760 <sup>7</sup>. Furthermore, more than 63% of individuals receiving services were unemployed in 2019. The number of individuals who are unemployed has been steadily increasing since 2013. The rate of unemployment during 2018 in Oakland County was 2.6%, which is lower than that of Michigan and the national average <sup>8</sup>.

### **Alcohol Use**

In 2019, alcohol was the most widely reported primary substance used, representing 41% of admissions for substance use treatment in Oakland County <sup>9</sup>. This mirrors the 2016 Annual Treatment Episode Data Set (TEDS) Report findings that show in 2015 the national treatment admission rate was higher for primary alcohol misuse than for illicit drugs. The primary alcohol admission rate was 189 per 100,000 population (the rate for alcohol alone was 107 per 100,000 and the rate for alcohol with secondary drug misuse was 82 per 100,000) <sup>10</sup>. OCHN data shows a 27.3% increase in admissions for primary alcohol use between 2016 and 2019. A review of 2019 OCHN data indicates that of the individuals identifying alcohol as the primary substance for which they sought services, 65.1% reported age of first alcohol use was between the ages of 11-17, with

<sup>6</sup> OCHN, Power BI- SUD TEDS Demo

<sup>7</sup> U.S. Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates. Per capita income in past 12 months (in 2018 dollars), 2014-2018. Retrieved from <http://www.>

<http://www.census.gov/quickfacts/fact/table/oaklandcountymichigan/INC910218#INC910218>

<sup>8</sup> The Economic Outlook for Oakland County in 2019-2020, Prepared by Gabriel M. Ehrlich, Donald R. Grimes, Jacob Burton, Michael R. McWilliams, Research Seminar in Quantitative Economics, Department of Economics, UNIVERSITY OF MICHIGAN, Oakland County Michigan (April 2019) Retrieved from <http://www.>  
[https://www.oakgov.com/Investors/Documents/Oakland\\_County\\_Economic\\_Outlook\\_Final\\_Report\\_2019.pdf](https://www.oakgov.com/Investors/Documents/Oakland_County_Economic_Outlook_Final_Report_2019.pdf)

<sup>9</sup> OCHN, Power BI, Primary, Secondary, Tertiary Drug Count

<sup>10</sup> Substance Abuse and Mental Health Services Administration Center for Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2016 Admissions to and Discharges from Publicly Funded Substance Use Treatment. Rockville MD: Substance Abuse and Mental Health Services Administration, 2018.

the average age of initiation at 16 years old <sup>11</sup>. Early substance use can have severe consequences and increased risky behaviors. Data from the 2017 Michigan Youth Risk Behavior Survey (MiYRBS) shows that 12.6% of the 11th graders surveyed report being in a car within the last 30 days with an individual who had been drinking. In addition, 2.7% reported having driven a car after drinking within the last 30 days <sup>12</sup>. In 2019, 9.6% of alcohol involved crashes occurred amongst 16-20-year-old drivers in Oakland County <sup>13</sup>.

Alcohol use and risky behaviors often continue into adulthood. Unfortunately, the most recent data collected from the Michigan Behavioral Risk Factor Surveillance System (MBRFSS) is from 2010 and therefore, may not indicate current trends. However, MBRFSS showed 2.8% of Oakland County adults surveyed reported driving after drinking too much in the last 30 days. <sup>14</sup> In 2019, 78.1% of Oakland County alcohol involved traffic crashes occurred amongst 25-64-year-old drivers. In addition, 2.9% of the 40,394 crashes in Oakland County occurred after the driver had been drinking; of those incidents 20.6% were fatal <sup>15</sup>.

### Heroin and Opioid Use

Between 2016 and 2019, OCHN data shows 33.3% to 35.5% of individuals reporting heroin as the primary substance for which they sought services. Additionally, there was a reported 20.3% decrease in reported primary use of all other opioids. However, when heroin is combined with other opiates, (43%) this total slightly surpasses reported use of alcohol <sup>16</sup>. Most individuals served in 2019 reporting heroin as their primary substance used were Caucasian (84%) and make less than \$1,000 annually (66%). Data indicates use began much later in life and the majority are 25+ years old (39%)<sup>17</sup>. There are severe complications associated with misuse of opiates as continued use can lead to eventual overdose, hospitalization, or death. According to the 2016 Annual TEDS Report, (for drugs), the highest admissions ratios were for heroin (168 per 100,000 population aged 12 years and older) and marijuana (86 per 100,000 population aged 12 years and older). Heroin and marijuana were the most common primary illicit drugs used among admissions in all Census divisions <sup>18</sup>. Nationally, the rate of emergency room visits in 2011 due to heroin was 83 per

<sup>11</sup> OCHN, Power BI- SUD custom report 7.23.20

<sup>12</sup> Michigan, High School Youth Risk Behavior Survey, 2017. Retrieved from <http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI>

<sup>13</sup> Michigan Office of Highway and Safety Planning (2019) Michigan Traffic Crash Facts, Oakland County, 2019 Traffic Crash Data and 2015-2019 5-Year Trends. Retrieved from <http://www.publications.michigantrafficcrashfacts.org/2019/Oakland+County.pdf>

<sup>14</sup> Michigan Department of Community Health (2011). 2008-2010 Michigan BRFSS Regional and Local Estimates. Retrieved from [http://www.michigan.gov/documents/mdch/2008-2010\\_MiBRFS\\_Reg\\_LHD\\_Tables\\_FINAL\\_351398\\_7.pdf](http://www.michigan.gov/documents/mdch/2008-2010_MiBRFS_Reg_LHD_Tables_FINAL_351398_7.pdf)

<sup>15</sup> Michigan Office of Highway and Safety Planning (2019) Michigan Traffic Crash Facts, Oakland County, 2019 Traffic Crash Data and 2015-2019 5-Year Trends. Retrieved from <http://www.publications.michigantrafficcrashfacts.org/2019/Oakland+County.pdf>

<sup>16</sup> OCHN, Power BI Dashboard, Primary, Sec., Tertiary Drug Count

<sup>17</sup> OCHN, Power Bi Dashboards, Customized Report

<sup>18</sup> Substance Abuse and Mental Health Services Administration Center for Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2016 Admissions to and Discharges from

100,000 population. Amongst 21-24-year-olds, it was three times that, 266.1 per 100,000 population {2011 is the most current Drug Abuse Warning Network (DAWN) survey collected for ED data}<sup>19</sup>. These emergency room visits are most often related to an overdose event. From 2013 to 2018 the rate of opioid overdose deaths in Oakland County has risen from 2.27 per 100,000 population to 5.48 per 100,000 population<sup>20</sup>.

Additionally, long-term use of heroin puts users at risk for contraction of blood-borne illnesses, such as HIV and Hepatitis C Virus (HCV). Within the state of Michigan, from 2000-2014 amongst 18-29-year-olds, the incidence rate of HCV diagnosis increased dramatically from 59 to 1,437 cases. This observed increase is believed to be associated with intravenous drug use, particularly heroin, as 94% of HCV positive individuals admitted to IV drug use (92% of those heroin<sup>21</sup>.) Additionally, there were 179 cases of acute hepatitis C reported in Michigan in 2018 for a rate of 1.80 cases per 100,000 people. This is a decrease from rates reported in Michigan in 2017 (2.36), but still higher than the national acute Hepatitis C Virus (HCV) rate of 1.00 cases per 100,000 reported in 2016. The median age of acute hepatitis C cases, 33 years old, was at least 15 years younger than that of other hepatitis case classifications. Available data indicates injection drug use was reported by 56% of individuals with acute hepatitis C. Injection drug use continues to stand out as the predominant risk for acquiring HCV infection. The number of acute HCV cases in Michigan remained relatively stable from 2012 to 2014 but increased slightly in 2015 before nearly doubling in 2016, increasing rapidly in 2017, and decreasing in 2018.

A Center for Disease Control/Council of State and Territorial Epidemiologists (CDC/CSTE) acute HCV case definition change in January 2016 is at least partially responsible for this sharp increase, along with the concurrent Hepatitis A Virus (HAV) outbreak resulting in an increased ordering of hepatitis panels and, in turn, increased HCV detection. Michigan acute HCV infection rates have closely followed published national benchmarks<sup>22</sup>. Within Oakland County there has been a 50% reduction in acute and chronic HCV cases reported over a three-year span. In 2016, there were 10 cases of acute hepatitis C reported for a rate of 0.80 cases per 100,000 people. This dropped to five reported acute HCV cases for a rate of 0.40 per 100,000 people in 2018. Chronic HCV cases decreased slightly from 1,039 cases with a rate of 83.63 per 100,000 people in 2016 to 1,022 cases

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Publicly Funded Substance Use Treatment. Table 15.2b. Rockville MD: Substance Abuse and Mental Health Services Administration, 2018

<sup>19</sup> SAMHSA (2011). Highlights of the 2011 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Retrieved from <http://samhsa.gov/data/sites/default/files/DAWN127/DAWN127/sr127-DAWN-highlights.pdf>

<sup>20</sup> Michigan Death Certificates, Division for Vital Records and Health Statistics/MDHHS. (1999-2018). Drug Related Poisoning Deaths by County. Retrieved from <http://mi-suddr.com/blog/2018/09/26/opioid-heroin-poisonings/>

<sup>21</sup> The Epidemic of Hepatitis C Virus (HCV) Infections in Young Adults in Michigan. Retrieved from [http://www.michigan.gov/documents/mdhhs/Epidemic\\_of\\_HCV\\_in\\_Young\\_Adults\\_508560\\_7.pdf](http://www.michigan.gov/documents/mdhhs/Epidemic_of_HCV_in_Young_Adults_508560_7.pdf)

<sup>22</sup> Michigan Department of Community Health (2018). Hepatitis B and C Annual Surveillance Report 2018. Table 5.4b. Retrieved from [http://michigan.gov/documents/mdhhs/2018\\_REPORT\\_655667\\_7.pdf](http://michigan.gov/documents/mdhhs/2018_REPORT_655667_7.pdf)

with a rate of 81.71 per 100,000 people in 2018 <sup>23</sup>. It should be noted that while there is a decrease in people diagnosed with HCV in Oakland County, there are cities within Oakland County that continue to have a high rate of infection as identified by the Michigan Department of Health and Human Services Communicable Disease Division (MDHHS CCD) heat maps. <sup>24</sup>Due to the high correlation between injecting drug use and communicable diseases MDHHS/CCD recommends the consideration of safe syringe programming in Oakland County areas with high rates of infection.

### Marijuana Use

In 2019, 4.7% of individuals served through OCHN funded providers reported marijuana as their primary drug of use. By comparison, 10.2% of all individuals served report primary marijuana use in 2016 <sup>25</sup>. This mirrors the 2016 TEDS Data Report, which found 10.1% of all admissions in Michigan reporting primary marijuana use in 2015 <sup>26</sup>. Secondary use of marijuana also showed a slight decline from 14.8% in 2016 to 10.1% in 2019 <sup>27</sup>, which reflects an overall decline in marijuana use as a primary substance. However, the steady percentage of individuals reporting secondary use may be an indication that more individuals continue use of the substance while identifying other drugs as the primary reason for seeking treatment.

In 2019, amongst those served by OCHN's providers where marijuana was the primary diagnosis, 37% reported age of first use to be between the ages of 15-17, representing the highest percentage age of onset relative to first use of marijuana. <sup>28</sup> The Michigan Profile for Healthy Youth (MiPHY) survey indicates that the percentage of Oakland County middle school students who reported trying marijuana before the age of 11 has declined to 0.6% in 2019 from 1.6% in 2016. Similarly, 7<sup>th</sup> graders reporting use of marijuana within the last 30 days declined to 0.9% in 2019 from 4.7% in 2016. Amongst 9<sup>th</sup> graders, the reported use before age 13 declined to 2.9% in 2019 from 7.8% in 2016 and lifetime use dropped from 23.4% to 13.6%. Eleventh graders reported use before age 13 declined from 5% in 2016 to 3.2% in 2019 and lifetime use dropped from 38% to 34.7%. Student perception of smoking marijuana once or twice a week "to be of moderate or great risk" declined from 62.7% amongst Oakland county 7th graders to 51.5% amongst 9th and 37.5% in 11th graders. This illustrates that although there has been an overall decrease in use amongst youth in Oakland County, there also continues to be a decreased perception of risk and increased rate of use of

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<sup>23</sup> ): Michigan Department of Community Health (2016). Hepatitis B and C Annual Surveillance Report 2016. Retrieved from

[http://michigan.gov/documents/mdhhs/Hepatitis\\_B\\_and\\_C\\_AnnualReport\\_2016\\_580095\\_7.pdf](http://michigan.gov/documents/mdhhs/Hepatitis_B_and_C_AnnualReport_2016_580095_7.pdf)

<sup>24</sup> Seth Eckel, Viral Hepatitis Unit Manager MDHHS Communicable Disease Division

<sup>25</sup> OCHN, Power BI Dashboards, BH TEDS Primary, Secondary, Tertiary Drug Count, Oakland County Medical Examiner's Office, 2008-2019 Stats Report

<sup>26</sup> Substance Abuse and Mental Health Services Administration Center for Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2016 Admissions to and Discharges from Publicly Funded Substance Use Treatment. Rockville MD: Substance Abuse and Mental Health Services Administration, 2018.

<sup>27</sup> OCHN, Power BI Dashboards, Primary, Secondary, Tertiary Drug Count

<sup>28</sup> OCHN, Power BI Dashboards, Customized Report

marijuana with age. These statistics support youth marijuana use as a priority issue as identified in the most recent needs assessment process<sup>29</sup>

### Stimulant Use

Historically, stimulants and especially methamphetamines, represent an extremely low percentage of people served through OCHN. Due to the rise in stimulants in other regions of Michigan and across the nation, OCHN continually monitors admission data and primary substance used to determine if any emerging trends arise. For many years, admissions data indicated that requests for treatment of stimulants are so low they have registered as 0%. For the first time, FY19 data indicated admissions for stimulants (more specifically methamphetamines) registered at 0.9%. A three-year trend analysis indicates this is a 102% increase in admissions. Although this percentage is relatively low in comparison to other substances, it is a statistically significant trend.<sup>30</sup>

- Description of System-Treatment and Recovery

The current system in place for treatment services supports a ROSC. OCHN, the designated regional entity, intends on preserving the current system and expanding on the existing services over the next three years. There is a total of 13 providers at 39 service sites. Of these 13 providers, ten are outpatient level of care (including three providing Medication-Assisted Treatment (MAT)), throughout the entire county for ease of access. All outpatient providers are co-occurring capable, providing services to individuals with mental health and substance use disorders. Many outpatient providers deliver enhanced outpatient services and Intensive Outpatient Programming (IOP) to allow for more individualized treatment. Additionally, Peer Recovery Coaches and Case Managers provide services throughout the outpatient system. Six outpatient providers are well versed in servicing adolescents.

There are three MAT providers, all of which offer the three FDA approved medications for opiate use disorders. In addition, Methadone Anonymous groups are offered. All MAT providers also provide acupuncture, an evidenced-based practice in the treatment of opioid use disorders. There are five withdrawal management providers delivering services to individuals in need of withdrawal management. While the number of withdrawal management providers is adequate to meet capacity needs and offer services within 24 hours of request, currently there aren't any providers offering ambulatory withdrawal management. This is an identified gap in services. Six providers offer short-term residential services and one offers long-term residential services. Two providers offer both domiciliary outpatient and IOP services. There is one outpatient women's specialty program (also offers IOP) and one women's specialty residential program. Services to pregnant women or caregivers at risk of their children being removed are of the utmost importance. Therefore, when presenting at the Access Center in person, women are connected to public health resources such as field nursing, nurse on call, Women Infants and Children (WIC) etc. All information is given in the form of a "pregnancy packet" to allow women to reference materials and connect to services if needed. Individuals are able to be referred at the time of screening as the Oakland County Health

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<sup>29</sup> Michigan Department of Education (2019-2020). Michigan Profile for Healthy Youth, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> Grades, Oakland County. Retrieved from <https://mdoe.state.mi.us/school/healthsurveys/ExternalReports/CountyReportGeneration.aspx>

<sup>30</sup> OCHN, POWER BI- SUD Primary, Secondary Tertiary Report

Division is located directly adjacent to the Access Center. Should a woman receive a phone screening, the information and referrals are given by telephone.

Alcohol use disorders were the primary reason individuals sought treatment for many years. A shift began to occur around 2009 in which opiate use disorder admissions began to increase at an alarming rate. Opiate admissions surpassed alcohol as the primary reason individuals sought treatment. Since then, numerous services were added in both treatment and prevention. Additionally, ancillary services to support a person's recovery were also added to the service array. For example, OCHN worked with the 43 law enforcement entities in Oakland County to train and equip officers with the lifesaving drug, NARCAN. OCHN also added transportation, jail-based services, employment services, immediate access to treatment, etc.

Oakland County began to see a decrease in opiate overdose deaths beginning in 2018 by nearly 30% and a continued 0.7% decrease in FY19. At the same time, treatment admissions for opiate use disorders began to decrease. From FY16 to FY19, there has been a decrease in the number of individuals served who have heroin as the primary substance used and reason for seeking treatment. OCHN admission data indicates that alcohol use disorders are again the primary reason individuals are seeking treatment. The steadily increasing trend observed over the last three years indicates a sustained need for interventions aimed at improving treatment and expanding prevention efforts to further address alcohol use disorders. Despite the legislative changes and the approval of medical marijuana increasing social acceptance of the drug, the number of individuals using the substance has significantly decreased <sup>31</sup>.

Oakland County contracted providers deliver services based on ASAM placement criteria to ensure an appropriate level of care. Examples of additional evidenced-based services include:

- Motivational Interviewing
- Stages of Change model
- Cognitive Behavioral Individual and Group Therapy
- Family/caregiver Intervention
- Relapse Prevention Programming
- Early Intervention
- Case Management
- Parenting Programs
- Peer Support Services
- Seeking Safety
- Men's Trauma Recovery Empowerment Model (MTREM)
- Moral Recognition Therapy (MRT)

Due to the consistently high volume of opiate specific admissions over the past five years, the need to maintain and strengthen services addressing this population is apparent. Further, it's important for practitioners to individualize not only the treatment services but, medications as well. Therefore, since the last strategic plan, Vivitrol was added to the array of MAT services to ensure

access to all three FDA approved medications. OCHN will continue to closely monitor the effectiveness of MAT services and adjust services based on data and outcomes.

OCHN implemented a pilot program providing Vivitrol for individuals being released from prison diagnosed with an alcohol use disorder. While there were much fewer referrals than anticipated, local jail-based data indicates the need for increased services for individuals with an alcohol use disorder. In three years, data collected at the Oakland County jail identified 1,017 individuals with alcohol related issues. Therefore, as justice initiatives continue over the next three years, specialty programming for people with alcohol use disorders in the jail will be researched.

Ancillary services include yoga, meditation and recovery coach services are available to further support those in recovery. Based on the positive outcomes of these added supports, OCHN issued a Request for Proposal (RFP) to add these services (including peer recovery coaches) to the Region-8 ROSC / platform. The OCHN substance use disorder team meets with peer recovery coaches regularly to discuss barriers and enhancements to therapeutic and ancillary services provided by Region-8. As a result of the feedback from the peer recovery coaches, OCHN explored options to assist with transportation needs. OCHN was in the process of researching the best way to offer transportation when the State Targeted Response (STR) and State Opioid Response (SOR) grants became available. Therefore, OCHN applied for grant funds and was awarded the resources to provide transportation for individuals with opiate use disorders. MAT providers were awarded the funds to develop relationships with Freedom Road Transportation (a local transportation company), Lyft, and Uber.

OCHN intends on supporting transportation services beyond the grant period in order to continue addressing this long-time barrier to treatment. The provider network was also surveyed regarding gaps and barriers. As a result of provider and recovery community feedback, OCHN had an RFP for Recovery Housing Services and added three recovery housing providers totaling in five homes. Among the recovery homes, two provide no barriers to individuals receiving MAT services. Unfortunately, housing remains a challenge, with all five homes often having wait lists. It is the intent of OCHN to remove this gap by conducting another RFP for recovery housing.

Many individuals served identify barriers in accessing assistance with basic needs such as housing, employment, food, education, applying for benefits etc. Lacking basic needs can make entering treatment or sustaining recovery difficult. To further decrease barriers to treatment and recovery, OCHN incorporated the Recovery Information Support and Education (RISE) Center, located within the Resource and Crisis Center (RCC) where both the Oakland County Crisis Center and the OCHN Access Center reside. The RISE Center connects individuals to free community resources, including dental, education, employment, housing, legal support, mental health services, and transportation. The center is open to the community to help support recovery and early intervention for anyone at risk of a reoccurrence of use or who may simply be seeking resources on treatment. Services are provided by a skilled case manager and certified recovery coach. This team additionally aids individuals in applying for Medicaid, insurance needs, and linkage to a primary care physician.

In August of 2017, OCHN created the Sober Support Unit (SSU), which is also housed at the RCC. The SSU allows for people to access a safe space and formal treatment services twenty-four hours

a day, 365 days a year. The unit is a sobering and monitoring program for people experiencing side effects of drug and alcohol misuse. Trained recovery coaches and Emergency Medical Technicians (EMT) are on staff twenty-four hours a day, seven days a week. People are transferred from the unit to individualized treatment within 24-hours of entrance. Data collected at the SSU in FY19 indicates that of the 1,347 individuals that entered the unit, 96% followed up with treatment. A significantly higher number of males (71%) versus females (28%) presented on the unit. Half of the individuals presented with a primary alcohol use disorder (47%), followed by heroin (29%), and crack/cocaine (13%). Other opiates/synthetics only accounted for 3% of primary substances used. Since the inception of the SSU, a total of 3,224 individuals sought treatment through this support service.

Additional barriers and gaps in service delivery to be addressed over the next three years pertain to residential treatment and withdrawal management for adolescents. OCHN no longer contracts with a long-time adolescent provider and is currently in the process of seeking a provider to fill this gap. In the meantime, should the need arise, OCHN will engage in a single case agreement contract with another agency. OCHN is also working towards adding another opioid treatment program to deliver MAT services. OCHN no longer contracts with a large MAT provider. While treatment is always offered within the required 14 days, OCHN intends on ensuring MAT is offered within 24-72 hours. An existing OCHN contracted provider was in the process of expanding when the COVID-19 pandemic began. The pandemic unfortunately halted these efforts. Expansion plans will resume once it is safe to continue and federal agencies are prepared to make the necessary inspections for approval.

### Description of System-Prevention

The current system in place for the delivery of community-based and environmental strategies is a coalition umbrella organization, the Alliance of Coalitions for Healthy Communities (ACHC). ACHC is funded to foster, mentor, and assist in sustaining 21 local community prevention coalitions. The coalitions cover more than 55 of the 61 Cities, Villages and Townships (CVTs) in Oakland County, with an agency goal of coalition presence in all of the county's communities. Until all 61 CVTs are covered by Coalitions, OCHN considers this an identified gap. Community-based and environmental strategies are aimed at the data driven priority issues (under-age drinking, adult binge-drinking, non-medical use of prescriptions opiates/heroin use, and youth marijuana use) and target the general population in the area covered by the OCHN region. By their very nature, community and environmental strategies may affect all sectors of a community when successfully implemented. This includes youth, parents, educators, schools, community officials and policy makers, law enforcement, businesses, faith communities, hospitals and institutions of higher learning. The ACHC utilizes the evidenced-based framework of Communities Mobilizing for Action on Alcohol (CMCA) to address the priority issues. The populations of focus for all other strategies are primarily high-risk youth and their parents. The evidenced-based prevention programming used by OCHN prevention providers individuals includes:

- Life Skills Training
- Strengthening Families
- Prime for Life
- Guiding Good Choices
- Positive Action, Opening Doors

- Screen, Brief Intervention, Referral to Treatment (SBIRT)
- Mentoring and tutoring services

These programs, services, and activities are funded/delivered by ACHC and through eight additional licensed agencies who deliver the educational/alternative strategies (Attachment I).

- **Morbidity, mortality and prevalence of SUD problems in the PHIP region**

Addiction to tobacco, alcohol, and other drugs impacts our population as a whole and is quantifiable in relation to deaths and illnesses. In 2018, Oakland County totaled 183 in all drug overdose deaths and 1,058 alcohol involved traffic crash deaths<sup>32</sup>. In 2018, 200 people died from opioid related deaths and in 2017, 257 opioid related hospitalizations occurred in Oakland County (mi-suddr). Consequently, addiction has an impact on morbidity by causing multiple illnesses and injuries each year. Adverse effects may occur from drug and alcohol abuse including: Cardiac crises, respiratory depression, liver cirrhosis, nephropathy, cardiac pathology, hepatitis, HIV, tuberculosis, and Injury-associated Disability etc. Morbidity and mortality may be prevalent in the first years of life. The effects may begin while a fetus is still in utero. Complications such as fetal distress, stillbirth, and low birth weight, or being born addicted as a result of maternal drug use during pregnancy may occur. In teenage years, self-inflicted injuries and homicides become more common.

In response to morbidity and mortality, all contracted women's specialty providers address issues related to infant and maternal health in addition to infant mortality. Non-women's specialty providers also address this issue when relevant. OCHN currently sits on the Best Start for Babies and Local Leadership Group county-wide committee in order to address infant mortality in Oakland County. In addition, OCHN sits on the Infant Mortality Review Team in order to study infant deaths in Oakland County and assist in determining ways to reduce infant deaths. OCHN has addressed infant mortality by ensuring that substance use providers are coordinating services with OB/GYN Physicians. Women are screened by the Access Center as the priority population and referred to the appropriate level of care. The purpose of this is to decrease illnesses known to impact this population and improve a person's overall quality of life. Morbidity and mortality may suddenly occur at any age regardless the amount of substances used or the length of use. Examples include vehicular accidents while impaired, overdose, death by overdose, or brain damage from substance use. Oakland County recognized the need to increase SUD outpatient services with juveniles and has worked with an experienced provider of children's services, Oakland Family Services (OFS) to provide youth residing in Oakland County a SUD treatment resource. OCHN continues to work closely with the Juvenile Drug Court to assist youth in finding appropriate SUD treatment. This service has continued since the transition to OCHN.

**Process used to determine the prioritized, consequences and intervening variables**

To determine and prioritize substance use disorder prevention needs, OCHN utilizes the Strategic Prevention Framework (SPF), a prevention planning model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The first step of the process is completion of a formal needs assessment (NA) specific to Oakland County. The objective is to gather available resources and proven interventions to focus on identified problems; with the goal of effecting

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<sup>32</sup> mi-suddr [www.mi-suddr.com](http://www.mi-suddr.com)

change at the population level and promoting positive behavioral health. Following the guidelines of the SPF, OCHN formed a Community Epidemiological Workgroup (CEW) to collect available data on the consequences and consumption patterns that result from substance use in Oakland County. The CEW assessed and analyzed the data to form problem statements and then determined probable intervening variables (driving forces) unique to Oakland County. As a final step, a Prevention Planning Collaborative (PPC) was formed. The PPC includes members of the OCHN Advisory Council, the CEW, and other key community partners. The PPC ranked the problem statements in terms of magnitude, severity, and availability of effective interventions.

The prioritization process resulted in the following priority issues to be addressed: 1) underage drinking (UD) and adult binge drinking, 2) non-medical use of prescription (Rx) drugs by youth and young adults (NMUPD) and 3), the increasing use of marijuana by young people 12-20. 4) Youth access to tobacco (YATT) and Synar compliance remain a local and State-mandated priority. OCHN data from past Synar Inspections and MiPHY data on youth use and access were studied to determine a continuing need to address YATT. Trend data on noncompliance from past Synar Inspections and FDA checks are employed to target specific tobacco vendors, as well as types of vendors most likely to offend for vendor education. The other priority issues outlined in our logic model were added from monitoring MiPHY data on gambling; monitoring ACCESS admission data with older adults in Oakland County; and participating on the Older Adult Wellbeing Workgroup. Please refer to Attachments I & II. Due to the COVID 19 pandemic, the NA planned for spring of 2020 was postponed however, the current priority issues are still relevant. OCHN is hopeful the NA will occur in 2021 to determine additional or new priority issues.

- **Communicable Disease Services**

OCHN will continue to adhere to Prevention Policy #2. Adherence to Level 1 training requirements for all staff in contact with individuals served will be monitored during the program review process. Providers will be encouraged to utilize the web-based program provided by Michigan Department of Community Health (MDCH). In addition, all individuals receiving SUD services will receive TB tests upon entering residential treatment and those infected will be referred for medical services. Pregnant women are granted access to STD/Is, TB, Hepatitis and HIV testing. Screenings for risk of HIV/AIDS, STD/Immunizations, TB and Hepatitis are conducted at both the Oakland County Health Division (directly adjacent to the OCHN Access Center) and provider sites. Information regarding risk is also provided. Available resources will continue to be given to individuals with high risk behaviors via the SUD Access Center and provider sites. All documentation required in Prevention Policy #2 has been adhered to and will continue.

**Section 2.....**

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

Based on the epidemiological profile described in section one of this report, the overall goals are to reduce substance use; increase sustained recovery; protect the health of individuals served; address racial and ethnic disparities; and improve the quality of life for all residents. It has been identified that there are gaps in sustained recovery with the targeted population. In FY 2019, 6,012

individuals were enrolled in SUD treatment with OCHN <sup>33</sup>. According to OCHN data, 3,768 individuals (63%) either completed or stayed in treatment over the span of a year; 26% of individuals chose to leave residential and outpatient treatment prior to completion (left against medical advice); and the remaining 11% ended treatment for other reasons, e.g., incarceration <sup>34</sup>.

SUD affects many aspects in life, including employment, income, education, health, and overall quality of life. The objectives to address this problem are to continue to increase the use of recovery support services and assist individuals with their follow through to the next level of care. This addresses the social determinants of health. Due to the prevalence in alcohol and opiate specific admissions as indicated in narrative one, the need to increase and strengthen services has been identified. Therefore, OCHN will expand upon and monitor its existing services to address alcohol, opiate, and stimulant addiction. This will provide an increased opportunity for sustained recovery and an improvement in quality of life.

**During the Fiscal Years of 2021 - 2023 objectives of OCHN are to implement the following:**

Since the last strategic plan, OCHN took many steps to integrate substance use to ensure the transition was seamless for the people we serve. The past five years have been dedicated to reducing the impact of the opioid epidemic, resulting in significant decreases in opiate overdose deaths in Oakland County as reported to us by the Oakland County Medical Report <sup>35</sup>. OCHN utilizes data to drive decision making relative to initiatives and services. Based on the data, OCHN will focus on the following initiatives:

- Increase Recovery Houses to allow for immediate access and eliminate waiting lists
- Maintain transportation services beyond the opioid specific grant period to improve engagement in services
- Increase the number of individuals that continue to the next level of care by converting SUD services to performance-based contracts
- Add Vivitrol to the array of medication assisted services alcohol use disorders
- Improve the analysis of data specific to SUD via Power BI Dashboards to track trends, review for effectiveness, quality assurance or the need for restructuring services
- Improve healthcare Integration at the provider level
- Increase the use of SBIRT
- Develop an Opioid Health Home
- Increase diversity, equity, and inclusion efforts within OCHN and the provider network
- Maintain access to higher levels of care within 24 hours of request through SSU
- Continue to advocate for the implementation of Project Assert in local emergency rooms
- Research and potentially implement safe syringe programming
- Pilot Ambulatory detox services
- Increase ancillary services such as yoga and meditation to support recovery.

Substance use disorders have a major impact on individuals, families, and communities. The effects of substance use disorders are collective, contributing to costly social, physical, mental, and public health problems. Essentially, the social determinants of health that allow a person to

<sup>33</sup> OCHN, Power BI Dashboards, BH TEDS Demo 3

<sup>34</sup> OCHN, Power BI Dashboards, Customized Report

<sup>35</sup> Oakland County Medical Examiner's Office, 2008-2019 Stats Report

live a happy and healthy life, are necessary to a person's recovery and to decrease the public health issues that result. Examples of the resources needed to ensure a healthy life of recovery include access to:

- Jobs that pay a living wage (socio-economic status)
- A living environment Adequate health care
- Education Other sexually transmitted diseases (STDs)
- Healthy foods
- A healthy social community
- Health care.

When there is no access to the resources necessary to a healthy life, the ability to enter recovery is significantly impacted. Therefore, OCHN is committed to utilizing complex case management nurses to identify individuals with significant issues and need for resources.

### Opioid addiction and Intravenous Drug Use (IDU)

OCHN continually monitors and analyzes treatment and county data to address the region's needs. OCHN pays specific attention to the trends in opiate related use. The data reflects that if left untreated, opiate prescription use often graduates to intravenous drug use. This trend occurs with the young adult age group. Therefore, OCHN places an emphasis on prevention programming geared toward children and adolescents. OCHN also offers MAT, outpatient treatment, withdrawal management, and residential treatment. OCHN continually researches alternative services that are a best practice in SUD treatment. As a result of the growing heroin use problem, Vivitrol was added to the service array as a treatment in FY 2017. It should be noted that all outpatient providers can deliver services to individuals with opioid dependence. However, MAT is often offered, producing better outcomes. While it is always the choice of the person served, OCHN believes in the importance of educating people on the level of care that may provide the best outcome. Oakland County has three Medication Assisted Treatment (MAT) Programs, all of which provide the three FDA approved medications for opiate use disorders.

A total of 2,544 individuals (all races and ethnicities) served by OCHN's providers presented with an opiate use disorder in FY19. Of this total population, 276 identified their race as African American, or 11%<sup>36</sup>. The percentage of African American is not reflective of the true number of individuals who presently reside within Oakland County for opiate misuse only. This illustrates that OCHN needs to improve outreach efforts specifically aimed at targeting these groups to promote positive treatment outcomes and reduce the stigma associated with misuse. OCHN plans to do this by doing the following:

- Hosting the annual Minority Mental Health Awareness event and have a variety of speakers talk about diversity, equity, and inclusion
- Provide direct mailings to specific locations relevant to minority populations
- OCHN started the DEI (Diversity, Equity, Inclusion) workgroup to discuss disparities seen between different groups. An assessment is being sent throughout the network and recommendations from the assessment will then be given to OCHN leadership
- Join community workgroups that focus on diversity

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<sup>36</sup> OCHN Power BI BH TEDS custom report

Specific to the opiate use population served by OCHN in FY19, males comprised the largest percentage (60.1%), with females at (39.9%). In comparison, there were 54.8% male and 45.2% female opiate users in FY16. Of all the contracted MAT providers, Sacred Heart-Madison Heights had the highest number of admissions (373) and discharges (213), with an average length of stay of 81 days. This was followed by Meridian with 304 admissions and 158 discharges and an average length of stay of 88 days. Evidence shows that alternative services such as yoga and meditation assist in the recovery process. OCHN incorporated these ancillary services into the treatment milieu, focusing on the individuals with opiate addiction that have struggled with earlier therapeutic interventions (e.g. withdrawal management, residential, outpatient interventions that accompany medication).

All three MAT providers have peer recovery coaches on staff with goal to expand their outreach efforts. In addition to MAT, OCHN also utilizes withdrawal management and residential treatment to address a person's opiate use disorder. If medication assisted treatment is recommended, an appointment is scheduled during the screening process. The appointment with the MAT provider generally takes place within two business days and often the same day. Unfortunately, due to no longer contracting with a large MAT provider, the wait time can be longer. OCHN is working to increase access to MAT so that appointments are within 48-72 hours by expanding services.

OCHN continues to contract with numerous providers for the use of acupuncture treatment. Auricular Acupuncture offers a way to enhance outcomes and lower costs for SUD treatment services. Acupuncture has been effective in relieving the symptoms of withdrawal, reducing cravings, and potentially eliminating the need for medication assisted treatment while lessening the chances of relapse per MDHHS Treatment Policy #2 and Center for Substance Abuse Treatment (CSAT). Services are particularly beneficial for individuals who have symptoms of anxiety, are interested in a titration plan, and transitioning from MAT to general outpatient services. Auricular Acupuncture is also effective with pregnant women. The effectiveness of acupuncture treatment for people receiving MAT at Sacred Heart-Madison Heights was evaluated using the Beck Anxiety Index (BAI) for the time frame January 1, 2018- March 31, 2018. Individuals served were administered the BAI at sessions one and six of the acupuncture series. Based on the data collected during the acupuncture series it was found that the percentage of people reporting "no anxiety" increased .5 %, those reporting "mild anxiety" decreased 14%, those reporting "moderate anxiety" decreased 3 %, and those reporting "severe anxiety" decreased .4% (See Table 1). Overall, acupuncture outcomes were positive as anxiety levels were decreased or eliminated in four out of four BAI categories when evaluated over a three-month period.

OCHN established partnerships with several entities to provide treatment and supportive recovery services. The following are the Stakeholders and a description of the collaborative relationships established with OCHN. Honor Health (Federal Qualified Health Center) provides services to enhance and address the physical and behavioral health needs of individuals residing in Region 8. OCHN embedded a Prevention Specialist on site to provide screening, brief intervention and referral to treatment (SBIRT) services to individuals identified by medical personnel as showing potential risk of substance misuse.

The Prevention Specialist provides education and information regarding substance misuse, facilitates calls to schedule appointments with Access for Withdrawal Management, Residential

or Medication Assisted Treatment. Linkage to Substance Use Outpatient providers and Case Managers at the Recovery Information Support Education Center is also the role of the Prevention Specialist. OCHN knows, an individual’s basic needs must be met to enhance their recovery.

Goals / Objectives:

- Provide education
- Help identify treatment and prevention needs of individuals in the community
- Supportive services promoting a holistic approach to recovery
- Reduce barriers for screening and access to treatment services
- Increase knowledge of community-based recovery resources and linkage to a case manager
- Improve quality of life

Oakland County Jail (OCJ) and OCHN established MAT Services to individuals diagnosed with an Opioid Use Disorder during incarceration. OCHN Access, Sacred Heart Wellness Center, and jail medical contractor, WellPath, conducts screenings to determine program eligibility. In addition to providing all FDA approved medications, counseling and peer services are a necessary and important component of the program. OCHN Access staff coordinates with jail staff members to admit individuals into the program.

If the individual was receiving services prior to incarceration, Access staff will coordinate with the existing Medication Assisted Treatment provider to ensure a seamless transition to jail MAT services. Prior to release, appointments are coordinated with all parties including the MAT provider to reduce the potential for re-occurrence of use and to monitor engagement in services post release. Follow up calls post release are included in the framework.

Goals / Objectives:

- Provide MAT services to individuals diagnosed with an Opioid Use Disorder who otherwise would have experience withdrawal symptoms
- Overall expansion/availability of MAT services
- Continuation of treatment services for individuals involved in MAT prior to incarceration
- Provide therapeutic services to help support individuals in recovery during incarceration
- Provide Peer support to build a positive relationship during incarceration and post release
- Improve outcomes for long term recovery and reduction in recidivism

**Section 3.....**

***A narrative illustrating goals, objectives, and strategies for coordinating services with public and private service delivery systems. Provide evidence of collaboration or coordination with primary and all other relevant resources as provided in P.A. 500, adult and children’s services, faith based communities, education, housing authorities; agencies serving older adults, agencies serving people who inject drugs/Syringe Service Programs, military and veteran organizations, foundations, and volunteer services.***

OCHN partners with employers and businesses in Oakland County to promote and secure employment opportunities using the Individual Placement and Support Model. The program provides employment support to individuals diagnosed with an Opioid Use Disorder between the ages of 18-30. Substance Use Treatment providers identify individuals who meet criteria and coordinate referrals with OCHN Employment Specialists.

OCHN Employment Specialists have positive working relationships with Human Resource professionals at Salvation Army, Walmart, Meijer, and other retailers / restaurants. Coordination and linkage with Michigan Rehabilitation Services Counselors is beneficial and is necessary for some individuals in the program. OCHN has a positive working relationship with consignment shops to provide professional attire.

Goals / Objectives:

- Establish gainful employment to meet the individual’s basic needs
- Enhance employability and interviewing skills
- Improve outcomes for long term recovery

An excellent addition to the services offered to people diagnosed with a substance use disorder is the Veterans Navigator. The Veterans Navigator works in the Access Center to address veteran’s immediate needs, assists in coordinating treatment services, and helping access benefits. The Navigator works closely with the State Veteran’s Administration, in addition to the local Oakland County Veteran’s Administration staff.

An extension of this role involves providing resources to family members of veterans, coordination, and linkage to the RISE Center. The Navigator is also a liaison between OCHN and other Stakeholders. Participation in outreach events such as “Got Your Six” offers an opportunity to network and address issues specific to this population.

Goals / Objectives:

- Educate and provide information about Substance Use Prevention & Treatment Services
- Advocate for Veterans and coordinate treatment services with Access and Providers
- Recommend services and discuss barriers with the Substance Use Team to help build capacity to meet the needs of Veterans and their families

As a result of feedback about transportation needs from individuals in the recovery community and providers, OCHN coordinates with Freedom Road Transportation, a local transportation company to help bridge the gap. OCHN has liaisons to coordinate transportation needs with Freedom Road. Freedom Road is an agency that provides reimbursement through a voucher program. Reimbursement is provided to the individual enrolled in services or family/friends who provide transportation for the individual. Services are based on insurance, income and area of residency. Providers have also established relationships with Uber, Lyft and LogistiCare. These services are coordinated by the Case Manager or Peer Recovery Coach.

OCHN has a variety of committees that address the behavioral health, treatment, and recovery needs of individuals served. The committees include clinicians, psychiatrists, MAT physicians, quality management professionals, and administrative staff from provider agencies, hospitals, Medicaid Health Plans and persons served. A representative from the Substance Use Service Network Team also participates on the following committees:

- Quality Improvement Committee
- Best Practices Committee
- Outcome Improvement Committee

- ODIN (Electronic Health Record) SUD User Group
- Psychiatric Quarterly
- Improving Practices Leadership Team
- Internal Utilization Management Committee
- Sentinel Event Review Committee
- Peer Advisory Committee
- Health Care Integration Committee

In 2018, the OCHN established a Health Care Integration Committee to address the inequities that exist between physical health and the behavioral health system. This committee is comprised of two nurse case managers, OCHN behavioral health clinicians and SUD clinicians. The goal of the committee is to ensure care coordination within systems, address the comorbid needs of the individual, and support sustained recovery and stability.

The goals for coordinating with community agencies are to assess needs of the population, evaluate current programs, identify gaps in services and expand programming. The following are community stakeholder committees that the Substance Use Service Network Team is presently represented on or collaborates with to improve services in our community:

- Oakland County Best Start for Babies Committee
- Oakland County Senior Isolation Task Force
- Oakland County Fetal and Infant Mortality Review Committee
- Oakland County Homeless Healthcare Collaboration
- Oakland County Hospital Discharge Task Force
- Oakland County Juvenile and Adult Treatment Courts
- PIHP Substance Use Directors Workgroup
- Community Corrections Advisory Board
- Treatment Provider Collaborative
- Prevention Provider Collaborative
- Medical Services Advisory Group
- Veteran Services
- Recovery Community
- Faith based stakeholders
- Department of Human Services
- Community Volunteers
- Residents of Oakland County
- Oakland County Commissioners
- American House Older Adult Living Community
- Law Enforcement Agencies
- Michigan Department of Corrections
- Oakland Livingston Human Service Agency
- Veteran Treatment Court
- Oakland County Homeless Veterans Task Force
- Oakland Suicide Prevention Task Force
- American Legion

The Substance Use Service Network Team meets with Peer Coaches to discuss what works for those engaged in sustained recovery. The Peer Coaches and Provider survey results identified several factors that support the recovery process, as well as some those that hinder the process.

These include the following:

- The need to support the use of community-based programs for families and parents such as AL anon, and Family Anonymous
- The need to for Medication Assisted Treatment support groups
- Linkage to community-based health services post discharge from treatment
- Immediate access to treatment 24/7/365
- Provide better awareness of the ability to assist the underinsured
- Assist individuals in removing barriers to recovery (e.g., employment)
- The need to improve Trauma Informed Care; as high rates of relapse are often due to trauma, self-harm and family history of substance use
- The need to increase access to transportation as this is a barrier to recovery.

OCHN has a long-standing relationship with various community organizations. There has been close collaboration with both the public and private sectors of the community. Presentations on services in the community include hospitals, town hall meetings, churches, etc. Throughout Fiscal Years 2021-2023, it is the goal of OCHN to:

- Collaborate with partners / advocates to improve the quality of life for people we serve
- Community Outreach
- Explore funding to expand services
- Advocate for and provide services to individuals involved in the justice system

While maintaining the above goals the objective will be to achieve the following:

- Increase public education about substance use disorders
- Increase community awareness about access to SUD services
- Continue to provide opportunities for input from Stakeholders, Providers and individuals in the recovery community to help drive services, programming, etc.

While maintaining the above goals the objective will be to achieve the following:

- Increase education to the public about substance use disorders
- Increase information to the community about access to SUD services
- Identify and remove gaps and barriers to treatment
- Reduce stigma
- Reduce homelessness
- Establish Promising Practices
- Improve quality of life
- Improve outcomes
- Continue to provide opportunities for input from stakeholders (e.g. providers, recovery community) to help determine service delivery needs.

**Section 4.....**  
***A summary of key decision-making processes and findings undertaken by the SUD Policy Oversight Board or other regional advisory or oversight board.***

OCHN and Oakland County entered into an inter-local agreement in 2014, outlining the Oakland County Board of Commissioners (BOC) involvement in the Oversight Policy Board (OPB). The agreement allows the BOC to appoint two commissioners to the OPB. One of the two commissioners currently holds the position of board chair. OCHN utilized the technical advisory to develop by-laws and determine the general make-up of the board. The current OPB is represented by the following community members.

- Commissioners
- OCHN Board Member (liaison between OPB and full board)
- Faith Based Community
- Recovery Community
- Veterans Services (currently vacant)
- Department of Human Services
- Treatment Community
- Prevention Community (currently vacant)

Since the inception of the OPB, the board continues to weigh in on key decision making related to SUD services and expenses. Activities OPB members are involved in include, but are not limited to the following.

- Review and comment on all prevention and treatment site review findings
- Invitation to take part in the RFP process including selection of the awarded contracts
- Review and approval of strategic/annual action plans
- Comment and support on key legislative issues
- Review and approval of the budget process
- Review of Pilot Projects
- Review of how PA2 funds are utilized.

The OPB also weighs in on current issues that present themselves and impact individuals with substance use disorders by providing guidance, support and advocacy.

OCHN had the privilege of having a board member from Oakland County Veterans services that served first on the CA Advisory Council and stayed on through the merger with the PIHP. Unfortunately, due to many new projects, our representative from veteran’s services had to step down. While OCHN will always try and recruit individual's representative of the veteran’s community, in the meantime OCHN will focus on working with the veteran’s navigator to ensure this important population's needs aren’t missed.

The OCHN Veterans Navigator’s mission is to help veterans and their families navigate state, federal, and community resources, including disabilities, employment, housing, Re-entry, substance use disorders, transportation, and other resources. Services are available to all veterans regardless or discharge status, veterans who do not meet service eligibility due to time-in-service, veterans who are not eligible for Veterans Administration (VA) services, and Veterans who do not wish to seek traditional support paths.

**Section 5.....**  
***A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes***

***prevention and treatment, as well as all other services in your array necessary to support recovery. The logic model approach should include common risk and protective factors contributing to substance use and mental health disorders and its consequences, as well as opportunities for recovery.***

OCHN’s contracted providers deliver a variety of evidence-based methods and practices to support both the prevention and treatment of Substance Use Disorders. In addition, all state and federal policies on SUD treatment are followed and incorporated into provider contracts.

OCHN providers are trained in utilizing evidence based best practices such as:

- Motivational interviewing
- Trauma informed treatment
- Cognitive Behavioral Therapy for Depression and Anxiety Disorders
- Early Intervention Programs
- Parenting Programs
- Case Management
- Peer Support Services
- Recovery Oriented System of Care (ROSC)
- Relapse prevention programming
- Stage of Change Model
- Family/Caregiver intervention

As a result of the Recovery Community focus group meeting with stake holders and talking with the treatment provider network, the following are the efforts implemented to transform to a ROSC and address the total needs of the people we serve:

- A Recovery Resource Center in the Access Center (RISE Center)
- Oakland Community Health Network sponsored CCAR Training
- OCHN developed a Trauma informed system of care
- Assess level of programming to address co-occurring treatment (DDCAT)
- Transportation for the Statewide Recovery Celebration
- OCHN-Oakland Recovery Celebration
- OCHN opened the Sober support Unit for immediate access to treatment
- OCHN sponsored motivational interview training

**Prevention Logic model Attachment 1**  
**Treatment and Recovery Logic model Attachment 2**

**Section 6.....**  
***Provision of an allocation plan, derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery oriented system of care that includes prevention and treatment, as well as all other services in your array, necessary to support recovery in identified communities of greatest need consistent with a data- driven, needs-based approach and evidence-based practices. The allocation plan for prevention, treatment, and recovery targeted services must include the following:***

**[Commitment to Prevention](#)**

Since substance use merged with the PIHP, OCHN not only allocates a minimum of 20% of funds to prevention, but exceeds it. Due to the identified need for increased prevention services to ensure there are coalitions and/or programming throughout Oakland County, OCHN utilizes PA2 funds, as well as requesting additional block grant funds (when available) to fulfill the needs of this large county. Of the funding set aside for prevention, 38% of grant monies are allocated for community-based and environmental change strategies primarily for the development, funding, and prevention services of 19 community prevention coalitions. OCHN continues current State and SAMHSA prevention initiatives including the promotion of the social determinants of health and prevention prepared communities. The balance of Community Block Grant funding is devoted to evidenced-based prevention programs aimed at high-risk individuals, all of which incorporate health promotion as a protective factor to delay/prevent the use of substances.

The collaboration with primary care occurs at the community coalition level as local physician may serve on the board or a representative from a local hospital may attend meetings or volunteer. In addition, OCHN began providing Screening Brief Intervention and Referral to Treatment (SBIRT) in a local federally qualified health center (FQHC), Honor Community Health, to prevent the onset of a substance use disorder when an individual shows signs of misuse. The SBIRT prevention specialist works with medical staff to identify individuals who are at risk as well as assists individuals with connecting to treatment if the need is identified. Additionally, OCHN has worked tirelessly to bring Project Assert to the hospitals in Oakland County. OCHN will continue to pursue this critical initiative. Further, collaboration with primary care exists within OCHN. An active Health Integration Project including the SUD Service Network Team was incorporated following the merger. SUD data was embedded in a population health management tool (Relias) tool to mine the Care Connect 360 data. OCHN Complex case management nurses utilize the data to identify individuals who have high level physical health and substance use needs and work with Medicaid Health Plans to coordinate care.

Collaboration with tribal entities continues to be problematic because none presently exist in Oakland County. Native Americans who wish to identify with a tribal community and reside in Oakland County (.3% according to the 2010 census) affiliate with the Southeast Michigan Indians, an entity in neighboring Macomb County. Information on how to access services was sent to Southeast Michigan Indians. OCHN will review 2020 census data to determine if there is a higher percentage of Native Americans in Oakland County and if any tribal entities have been established in Oakland County and coordinate to ensure services are identified and available.

Workforce development for both prevention and treatment will remain a priority for OCHN through continuation of in-house provider trainings, making available national and state webinars, and encouraging attendance at the Annual Co-Occurring State Conference. OCHN will continue to work with Oakland County's strong SUD provider network and coalition presence to ensure services are evidenced based and meeting the needs of people served.

#### **Allocation of funds – implement a full continuum of research and evidence-based care**

OCHN considers capacity and access to care of the utmost priority. OCHN currently allocates funding to support a full continuum of care. The current OCHN substance use provider panel and array of services allow for supports to be provided throughout the County, focusing on evidenced based services. To increase positive outcomes and ensure evidence-based programs are delivered

with fidelity, OCHN is moving to outcome-based contracting and service models, replacing traditional fee for services contracts. This allows for OCHN to better monitor and assist providers in delivering services that best meet people's needs. It also allows providers to work towards stretch goals centered around care and outcomes to obtain incentives. All other OCHN service contracts are outcome-based and showing improvement in services and access to services, providing evidence that moving to outcome-based contracting ensures better care and service delivery. Any additional services or providers will be expanded over the next three years.

Currently, OCHN matches funding at approximately 20% per year, exceeding the match requirement in order to meet the needs of the community. For example, the Sober Support Unit (SSU) was established to increase access to services. The SSU is open 24/7/365 for individuals to seek treatment at any time. The unit is supported by recovery coaches and emergency medical technicians who provide support until a person is transferred to treatment within 24 hours or less. Another example is the RISE center. This is a community benefit in which people can walk-in or call to receive case management and recovery support. Additional services will be determined based on community need. The OPB is informed and provides input into how OCHN expends funds for substance use disorder services. It is difficult to determine a specific allocation plan as funding varies however, supports the following method.

- Allocate funding to avoid wait lists
- Dedicate funding to emerging issues
- Provide an increase in both prevention and treatment services when an emerging issue is causing an overwhelming impact on the community (e.g. Opiates)
- Dedicate local funds to services not covered by other State and Federal fund sources
- Dedicate funds to pilot programs and evidenced based practices
- Dedicate funds to the continued development of a ROSC

#### **Evidence of the intent to maintain the provider panel (identified deficits and strategies)**

In order to better understand and have full knowledge of the challenges in Oakland County, OCHN utilizes data within its electronic health record (which includes BH TEDS data). Data is used to monitor service needs, as well as obtain a clear understanding of current trends, service demand service, and capacity issues within the region. This applies to priority populations, as well as all others in need of substance use disorder treatment. OCHN responds to trends by increasing services offered through the procurement process and /or developing pilot projects to respond to immediate needs for services. For example, treatment data in Oakland County showed so few admissions for people with a primary substance use disorder pertaining to methamphetamine that it registered as 0%. Due to the significant increase in methamphetamine use across the nation, OCHN monitors the data. For the first time, treatment admissions for people identifying meth as their primary substance registered at 3% in 2019. While this is low in overall admissions, it is statistically significant. Therefore, OCHN will focus on enhancing awareness to the community via social media, billboards, and other mediums. Contracted treatment providers are aware of this newer trend and are committed to delivering services to address this emerging issue.

Based on current data, alcohol use disorders remain significant and an area in which services should be targeted. Data shows treatment admissions for alcohol use disorders mirror those of opiate use disorders and are the top two reasons for admission to treatment. Services for alcohol use disorders are available, but data shows the need for additional services. One area in which

there is a significant gap in the local jail. OCHN monitored jail data over the last 2.5 years and found over 1,000 people in jail with alcohol use disorders. In addition, a law was passed in 2019 requiring courts to evaluate all individuals convicted of DUI 3<sup>rd</sup> for medication assisted treatment. The Oakland County Circuit Court noted about 400 DUI 3<sup>rd</sup> cases per year on average. While not all people will enter the public system, this statistic indicates the need to expand programming. Currently there is no programming in the jail to address alcohol use disorders. OCHN will work with the Oakland County Jail in hopes of piloting a program that provides supports, services, and Vivitrol for individuals with alcohol use disorders. Jail based services are proven to assist with engagement rates upon release and to decrease recidivism. OCHN is also working with a local outpatient provider to pilot the delivery of treatment and medication for alcohol use disorders both in the jail and community. OCHN is hopeful that adding these services will allow more individuals to enter recovery and away from incarceration.

Services for opiate use disorders are extremely robust due to assistance from the federal STR and SOR grants in addition to traditional treatment services. Services include, transportation, jail and prison-based services (including medication assisted treatment in the jail), employment support and evidence-based prevention services/Narcan training. OCHN is currently in the process of developing sustainability plans for the SOR and STR funded programs, and will continue the programs rendering the highest outcomes once the funding is no longer available.

Also mentioned previously, are the locally funded SSU and RISE center. While open to anyone, having resources that provide an immediate connection to treatment during an epidemic, can be lifesaving. As another community-based support OCHN began equipping the 43 law enforcement organizations (LEOs) in Oakland County with Narcan, beginning with the first LEO to be equipped with Narcan (funded by OCHN) in 2015. To date 700 lives were saved by officers, with Oakland County showing a decline in opiate overdose deaths by nearly 30%<sup>37</sup>.

Oakland County is fortunate to have several prevention and treatment providers committed to assisting the residents of Oakland County in living healthier happier lives. OCHN and its contracted providers have a long history of working together to identify gaps in services and ways to improve. A current need is residential services for adolescents. Although the historical need for this is very low, due to the solid prevention, outpatient, and intensive outpatient services offered, there is still a need. OCHN had a contract for residential services in the past however, this contract is no longer in existence. OCHN is in pursuit of an adolescent provider to meet this gap. Until OCHN can find an adolescent residential provider, a single case agreement will be sought when the need arises.

While OCHN has significantly increased the utilization of peers, case management, and other recovery supports this is also an area in which there needs to be an increase in the utilization of services to support recovery. Moving to outcome-based contracting and establishing benchmarks for utilization of said services will address this issue. In terms of peer services, another identified gap is the addition of peers in hospitals. OCHN is continuing attempts to work with hospitals to allow the evidence-based intervention, Project Assert, to be embedded in emergency rooms. Several meetings occurred with three different hospitals and will continue. The largest barrier with

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<sup>37</sup> Oakland County Medical Examiner's Office, 2008-2019 Stats Report

each hospital pertains to concerns regarding liability. OCHN will not let this be a deterrent and is determined to bring Project Assert to Oakland County.

As mentioned above, there is only .3% representative of tribal communities in Oakland County. OCHN will continue to refer to Southeast Michigan Indians, an entity that provides SUD services for Native Americans if a person prefers. Native Americans can also access any services offered by OCHN as all providers deliver services in a culturally competent manner. If the percentage of tribal communities increases, a focus group will be developed to receive input on how services can be tailored to address the needs for people identifying as Native American.

### **Evidence of intent to ensure that priority populations are served first**

OCHN and its provider network work closely together to ensure treatment is offered within 24 hours for residential treatment and withdrawal management, within in 72 hours or less (on most occasions) for MAT, and within 14 days for everyone. The addition of the SSU and the extreme dedication of providers allowed this to occur. OCHN has not had to place people on a wait-list due to funding constraints or capacity issues. This occurs because of the ability to utilize PA2 funds if block grant is not available and intense utilization review and management to ensure services are based on ASAM criteria, individualized, and medically necessary. This process ensures people receive needed services. OCHN has policies and procedures to ensure priority populations are served timely and interim services are provided when needed. Policies for priority populations and interim services are listed below.

### **Policy: Priorities for admission into Treatment**

Each program will give preference for admission into treatment services to clients, regardless of level of care, in the following order:

1. Pregnant injecting Drug Users (IDUs)
2. Pregnant substance abusers
3. IDUs
4. A parent whose child has been removed from the home under the Child Protection Laws of this state or is in danger of being removed from the home under the Child Protection Laws of this state because of the parent's substance abuse.
5. Individuals under supervision of the Michigan Department of Corrections
6. All others:
  - a. Programs will inquire, at the time of request for appointment, if prospective client is pregnant or a current IDU (within past month).
  - b. Answers to these questions must be documented on Pre-Admission Form and become a part of each client record.
  - c. Admission Timelines for Pregnant Women
  - d. Pregnant women must be admitted to the treatment program within 24 hours. If the program has a waiting list the client must be referred to the SUD Access Center. The SUD Access Center will attempt to locate a treatment program that can enroll the client immediately.
  - e. If pregnant client cannot be admitted within 24 hours into a program, client will be placed on the SUD Access Center - pregnant women waiting list and the SUD Access Center will provide Interim Services within 48 hours.
  - f. No pregnant client should be put on a waiting list at the program level.

If the program cannot admit Injecting Drug (IDU) people on a waiting list within 120 days, the program must notify the Regional Entity staff. (Waitlist requirements do not apply to Medicaid recipients as this is not allowable. The above is in reference to block grant requirements.)

### **Policy: Interim Services**

The SUD Access Center will provide federally mandated Interim Services to:

1. IDUs within 48 hours who cannot be admitted into treatment within 14 days
2. Pregnant women within 48 hours who cannot be admitted into treatment immediately
3. 3) Parent At-Risk of Losing Children

Interim Services minimally consist of the following:

1. IDUs
  - a. Counseling and education about HIV and Hepatitis
  - b. Completion of TB screening history
  - c. Risks of needle-sharing
  - d. Risks of transmission of HIV and other STDs to sexual partners and infants
  - e. Steps that can be taken to ensure that HIV transmission does not occur
  - f. Referral for HIV and TB services if necessary
2. Pregnant Women
  - a. Services listed above
  - b. Counseling on effects of alcohol, tobacco and other drug use on the fetus
  - c. Referral for prenatal care
3. Parent At-Risk of Losing Children
  - a. Early intervention clinical services referral to begin within 48 business hours

The SUD Access Center will provide Interim Services for all eligible clients who are assessed by the SUD Access Center. The SUD Access Center will also provide interim services for pregnant women and IDU clients who present at provider programs who cannot provide the service and cannot admit the client to treatment within the above federal admission requirement.

### **Evidence that there is a problem /services plan consists of evidence-based services**

The provision of evidence-based treatment is of the utmost importance to OCHN. The move to outcome-based contracts and the purchase of specific evidenced based programming will further allow OCHN to not only ensure evidence-based practices are delivered with fidelity, but work towards goals that enhance a person's success in recovery. For example, as the new contract and service model is being built for residential treatment, benchmarks are being developed related to providing individual therapy more frequently to increased individualized care, decreasing people leaving against medical advice, increasing successful treatment completion, and successful follow through to next level of care. It was determined there are individuals that do not follow through with services (leave detox or residential AMA, do not follow through with outpatient services etc...) and eventually relapse (Graph 15). As indicated in the last plan, case management and peer services were heavily increase throughout the system and will be integral in the process moving forward.

As indicated in the previous plan, a comprehensive needs assessment to determine priority problems resulting from the use of substances, as well as geographic “hot spots” was carried out in spring of 2013. The Strategic Prevention Framework (SPF) process was implemented with the formation of a Community Epidemiological Workgroup (CEW), a Community Strategic Prevention Planning Workgroup (CSPPC) with the assistance of a Health Division epidemiologist and Southeast Michigan Health Association’s (SEMHA) Center for Population Studies. The CEW established priority problems from the data as well as the intervening variables. The CSPPC researched and determined the evidenced-based programs designed to impact the intervening variables. All prevention programs, services and activities meet the guidelines outlined in the “Guidance Document: Selecting, Planning and Implementing Evidence-Based Interventions for the Prevention of Substance Use Disorders.”

The identified priority issues included:

- Opiate use both prescription and illicit
- Adult binge drinking
- Youth underage drinking
- Youth marijuana use
- Youth tobacco use/smoking

Prevention providers also began adding electronic nicotine device prevention education due to this startling trend arising. In working with prevention providers and reviewing data, these priority issues have remained relevant to Oakland County and while much work has been completed to address these issues, more work is needed. To ensure priority issues in Oakland County have not changed or need modifying, a new needs assessment will be conducted in FY 21 prior to the next RFP process.

**Trauma informed system of care**

When substance use services merged with the PIHPs, OCHN already completed much work in transforming the organization and mental health and intellectual/developmental disability providers to a trauma informed system of care. Therefore, OCHN felt one of the first priorities was to ensure SUD providers transformed as well. Provider agencies were trained by a SAMHSA trainer and developed agency plans to become trauma informed. Some providers applied and received further technical assistance from SAMHSA for more help in transforming. Provider agency trauma informed plans are monitored annually.

**Section 7.....  
*An implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three (3) year timeline that identifies persons or entities responsible for the completion of strategies and completion dates.***

The merger of substance use services with the PIHP was a successful transition, resulting in the addition of many additional services and supports for people with substance use disorders and the community. In addition, the STR and SOR grants provided for expansion of prevention, treatment, and recovery efforts to combat the opiate epidemic and its impact on Oakland County. It is important that the current programming remains in place for the best success of people served and to improve and maintain a healthy community. Please see below for an outline of the three-year plan implementation plan for prevention, treatment and recovery services.

**Prevention Timeline****FY 2021**

- Continue all opiate grant related projects (SOR and SOR 2), including prevention programming within the local Boys and Girls Club
- RFP for needs assessment consultant will be completed in fall, 2020.
- Consultant will drive the Needs Assessment starting in winter, 2021.
- Convene the community epidemiological workgroup (CEW) in winter, 2021
- Identify new (if data and CEW indicate new priorities) priority issues in Oakland County
- Conduct Prevention RFP summer, 2021
- OCHN Prevention Coordinator will create a prevention provider survey and data tool to gather additional county wide data
- Prevention Coordinator will create an additional survey to further assess provider success in Oakland County

**FY 2022**

- Establish new Prevention Contracts with programming based on the new priority issues
- Implement the survey and data tool to collect county-wide data
- Implement provider success survey
- Finalize sustainability plan for prevention services funded by the SOR grants

**FY 2023**

- Review successes / barriers of prevention work; use to prepare for the next strategic plan
- Implement sustainability plan for services funded by SOR grants

**Treatment Timeline****FY 2021**

- Improve analysis of data specific to SUD via Power BI dashboards to better track trends, review program effectiveness, quality assurance, potential service needs
- Pilot ambulatory withdrawal management services
- Expand MAT capacity
- Expand capacity for adolescent withdrawal management and residential treatment
- Research need and ability to implement safe syringe programming
- Attain the cooperation of at least one hospital to implement Project Assert in local emergency rooms
- Establish outcome-based contracting to improve people's ability to attain / sustain recovery
- Research ability pilot jail-based MAT program for the treatment of alcohol use disorders
- Increase diversity, equity and inclusion efforts within OCHN and the provider network
- Conduct outpatient treatment RFP
- Monitor data pertaining to stimulant use, especially methamphetamines, in Oakland County to determine need for specialize programming

**FY 2022**

- Review outcomes on pilot programs; determine if RFP for continued services is warranted

- Increase Recovery Housing capacity to eliminate waiting lists
- Implement jail-based MAT pilot program to treat alcohol use disorders
- Increase SBIRT services and healthcare integration efforts
- Partner with a local organization / assist in the implementation of safe syringe programming if able
- Increase ancillary services such as yoga and meditation
- Develop outreach programming for populations based on data and need
- Finalize sustainability plan for continuation of treatment services funded by the SOR grants
- Research and begin implementation planning for an opioid health home in Oakland County
- Further develop diversity, equity, and inclusion efforts within OCHN / provider network

### **FY 2023**

- Implement the sustainability plan for services funded by SOR grants
- Implement opioid health home in Oakland County
- Maintain diversity, equity and inclusion efforts within OCHN and the provider network
- Review all opiate grant projects and implement sustainability plan
- Create new strategic plan

### **Section 8.....**

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

**1. For prevention services:** The evaluation plan must include the completion of proposed outcomes, as well as capture the percentage of evidence-based programs. These indicators must be addressed in each region as part of overall statewide efforts. If additional substance abuse issues impacting communities, including the prevention of stimulants and marijuana use, are chosen and planned, indicators should be identified for those as well. The plan should also include compliance with administering the MPDS outcomes survey. The evaluation plan for prevention services (as outlined in Attachment I) includes a variety of levels:

- Evidence Based Practices (EBP): 100% of prevention services meet the guidelines outlined in the “Guidance Document: Selecting, Planning and Implementing Evidence-Based Interventions for the Prevention of Substance Use Disorders” and are monitored for program fidelity in an annual program review as well as a site visit if appropriate
- All prevention providers are required to report immediate outcomes of programming at mid-year and end-of-year to the OCHN
- All prevention service providers are required to document both outcome and process evaluation during an annual review by the Prevention Coordinator
- Michigan Prevention Data System (MPDS) is utilized to monitor service delivery area via zip code, target population reach, and provider performance in terms of outputs
- Population level data for the OCHN region is monitored bi-annually using the data indicators and data bases indicated in Attachment I (The Michigan Profile for Healthy

Youth (MiPHY), National Survey on Drug Use and Health (NSDUH) for sub state regions, annual Synar Inspection results and the ACHC Parent Survey)

**2. For preventing youth access to tobacco:** The evaluation plan must include tools that measure outcomes which include indicators for reducing tobacco sales to minors (Synar compliance). Youth access to tobacco is monitored through the SYNAR inspection process on an annual basis as mandated by the federal government and also through the following:

- US Food and Drug Administration website: Weekly Digest Bulletin identifies vendors selling to minors by FDA inspectors and repeat offender receiving warning letters
- Reports from local law enforcement and community coalitions to the Designated Youth Tobacco Representative (DYTUR) of vendors cited or observed selling to minors
- Examination of the sell patterns by vendor location, type of vendor, history of selling, and vendor and inspector characteristics for more effective targeting of vendors for education. Please refer to Attachment I.

**3. For treatment and other recovery services:** Indicate evaluation mechanisms to track performance in the following indicators:

Domain	Measure(s)/Baseline & Outcome Data	Evaluation Mechanism(s)
Health and Safety	Sentinel Events	OCHN EHR data system reporting and Power BI Dashboards
Administration: Use of Public Funds	On-time reporting	OCHN EHR data system reporting and Power BI Dashboards
	Detox subsequent services	OCHN EHR data system reporting and Power BI Dashboards
	Outpatient continuation	OCHN EHR data system reporting and Power BI Dashboards
	Funds spent on services	OCHN EHR data system reporting (claims and encounters) and Power BI Dashboards
	Funds spent on integrated programs	OCHN EHR data system reporting (claims and encounters) and Power BI Dashboards
	Funds spent on recovery supports	OCHN EHR data system reporting, (claims and encounters) and Power BI Dashboards
Treatment Penetration Rates for Selected Populations	Youth (12-17 years-of-age)	OCHN EHR data system reporting and Power BI Dashboards
	Women of Childbearing Age	OCHN EHR data system reporting and Power BI Dashboards
	African American	OCHN EHR data system reporting and Power BI Dashboards
	Hispanic	OCHN EHR data system reporting and Power BI Dashboards
	Native American	OCHN EHR data system reporting and Power BI Dashboards
	Persons with Opioid Dependence/Addiction	OCHN EHR data system reporting and Power BI Dashboards

***Please include information on evidence-based interventions implemented in the region, and the integration of trauma responsive services across the continuum of care.***

When substance use services merged with the PIHPs, OCHN already completed much work in transforming the organization and mental health and intellectual/developmental disability providers to a trauma informed system of care. Therefore, OCHN felt one of the first priorities was to ensure SUD providers transformed as well. Provider agencies were trained by a SAMHSA trainer and developed agency plans to become trauma informed. Some providers applied and received further technical assistance from SAMHSA for more help in transforming. To ensure provider agencies remain trauma informed, agency plans are monitored annually. Evidence based programming delivered at the provider level includes TREM, MTREM, and Seeking Safety.

Additional evidence-based services provided across the continuum are described below:

- Motivational Interviewing
- Stages of Change model
- Cognitive Behavioral Individual and Group Therapy
- Family/caregiver Intervention
- Relapse Prevention Programming
- Early Intervention
- Case Management
- Parenting Programs
- Peer Support Services
- Moral Reconciliation Therapy (MRT)

Over the next three years OCHN will be transitioning SUD contracts to performance-based contracting that will focus on outcomes for people served and the purchase of evidenced based programming that best meets the needs of people with substance use disorders. Therefore, the number and type of evidence-based services may change if data and outcomes indicate the need.

***For Women’s Specialty Services, the evaluation plans must include a number and type of services currently available to the individuals in the region, including strengths and deficits. Provide a plan that illustrates and measures the effect of the strategies used to address identified women’s issues and expand services, the evidence-based interventions implemented, and the integration of trauma responsive services, including Enhanced Women’s Services.***

OCHN works diligently to meet the Maintenance of Effort (MOE) funding requirements for Women’s Specialty Services (WSS) and has been successful for many years. Services such as case management and peer support have been an integral part of our outpatient WSS services since the movement to a recovery-oriented system of care was implemented. OCHN contracts with two providers, one for outpatient and one for residential women’s specialty services.

### **Services Offered**

#### **Residential Program**

The residential program OCHN contracts with is Sacred Heart Clearview. Individuals are screened through the Access Center prior to authorization for admission to residential treatment. Sacred Heart Clearview understands the federal definition for WSS funding and admit people according to the federal definition. OCHN reviews and authorizes all WSS admissions. In addition, there are several providers throughout the OCHN network that deliver gender responsive programming.

### Outpatient Program

The outpatient program OCHN contracts is Oakland Family Services PRISM Program (OFS PRISM). OFS PRISM WSS program offers both general outpatient and intensive outpatient programming. OFS PRISM understands the federal definition for WSS funding and admits people according to the federal definition. There are also several outpatient providers that deliver gender responsive treatment.

### MAT

While contracted MAT programming often offer gender responsive programming, it is often important for both the WSS and MAT providers to work together to provide the most comprehensive services possible for women who meet the federal definition of eligibility for WSS programming. This is especially important for pregnant women. It is the expectation (and evaluated via the monitoring process) that providers work very closely for the coordination of care.

### Provider Monitoring

The Women's Treatment Coordinator conducts site reviews and ensures providers are adhering to OCHN WSS policies in addition to the state policy. The SUD Access Supervisor and the Contract Manager work closely together so there are no gaps in services or monitoring. Records are reviewed to ensure compliance during WSS Program reviews. Sacred Heart Clearview, and OFS PRISM have separate allocations for women's specialty services in order to monitor spending trends. During the screening process, SUD Access Center staff ensures that only women meeting the criteria receive services from a stated designated WSS provider. Unless, a primary caregiver other than the biological mother meets the state definition (e.g. father, grandparent). If the primary caregiver is a father, treatment is tailored to the father's specific needs.

OCHN has a WSS policy that is in the provider treatment contract developed from the MDHHS Treatment Policy #12 for Women's Specialty Services. Listed below are the core requirements listed in the policy:

- Family Centered Approach
- Family involvement in the process
- Building on Natural and Community Supports
- Strength Based Planning
- Unconditional Care
- Team Approach Across
- Ensuring Safety
- Gender/Age/Culturally Responsive Treatment
- Self Sufficiency
- Education and Work Focus
- Belief in Growth, Learning and Recovery
- Outcome Oriented

### Provider Requirements and Procedure

OCHN WSS Treatment Providers will maintain fundamental principles as the foundation for integrating women specific SUD treatment services and non-gender specific services, while focusing on the effective and comprehensive treatment of women and their families.

### Program Structure

- Treatment must be centered around the role women have in society
- A relational model, based on the psychological growth of women shall be the foundation for recovery
- A collaborative philosophy, driven by the woman and her family shall be used
- A model of empowerment is utilized in treatment and recovery planning
- Employment is recommended as an important component in recovery and serves as an important therapeutic tool
- A culturally aware, multi-system approach shall be employed in the recovery process

### Treatment

Programs that are designed to offer and meet women specific treatment needs shall include the following criteria:

- Accessibility
- Assessment
- Psychological Development
- Abuse/Violence/Trauma
- Family Orientation
- Mental Health Issues
- Physical Health Issues
- Legal Issues
- Sexuality/Intimacy/Exploitation
- Survival Skill
- Continuing Care/Recovery Support

Other recovery support services may also be provided a part of WSS, including ancillary and case management services. OCHN will continue to contract with the existing WSS providers and is committed to ensuring the MOE requirement continues to be met. It is OCHN's goal to continue to increase engagement in WSS for those that meet criteria. The ability to provide effective WSS is also evaluated through the data captured by ODIN, OCHN's EHR. ODIN captures data related to pregnancy, women of childbearing years and women with children and their follow through with services. This is used to determine the additional services that need to be offered to ensure positive outcomes. For several years, OCHN implemented a protocol with St. Joseph Mercy Oakland hospital. All pregnant women are screened for Substance Use Disorders and referred to Oakland Family Services PRISM program or OCHN/Access if a higher level of care is needed. Children of mothers receiving services at OFS PRISM program are also eligible for effective and meaningful therapeutic interventions: All mothers/caregivers entering services with the PRISM Program are screened at intake. Mothers who require early childhood services for their child(ren) are referred to the following programs offered by OFS.

- Fussy Baby Program
- Early On Program

- Parents as Teachers Program

Mothers who are found to have a child(ren) between the ages of 0-3 years are provided with materials to Oakland Family Services' Before Three to Succeed Program. Pregnant and parenting women are encouraged to complete the Ages and Stages Questionnaire to help identify any delays displayed by child(ren). Mothers who need educational services for their child(ren) are referred to the Children's Learning Center/GSRP and the Early Learning Communities. Mothers who have treatment concerns for their youth and adolescent child(ren) may be referred to OFS's Specialized Services for Youth or their Day One Program

### Enhanced Services/Trauma

The PRISM Program received the Enhanced Women's Specialty Service designation for FY 2019. PRISM will be onboarding a peer advocate that will further support pregnant and parenting mothers up to 3 years post-partum in 2020. The PRISM Outreach worker continues to work on reaching out and coordinating with many service providers, as well as resources in the community, to educate about the services that the PRISM Program provides. The last few months of FY 2019 the PRISM program census increased, and it is anticipated that a peer advocate will be hired during FY 2020. The PRISM Case Manager was able to research and gather additional resources that help meet more of the needs identified by individuals served.

OFS PRISM and Sacred Heart are a part of OCHN's trauma informed care efforts. Both have agency trauma plans and understand the extreme importance of addressing trauma in WSS. OCHN providers utilize evidence-based programs and curriculum-based programs such as:

- Seeking Safety
- Beyond Trauma
- Nurturing Parent
- Motivational interviewing

***For persons with Opioid Use Disorder, the evaluation plans must include a number and type of services currently available to the individuals in the region, this should reflect current knowledge and research related to opioid use disorder and the service type based on current standards identified for treatment of opioid use disorder. Provide a plan that illustrates and measures the effect of the research-based strategies and evidence-based services used to address the needs of individuals with opioid use disorder.***

### Number and Type of Services

OCHN currently contracts with three medication assisted treatment programs that offer all three FDA approved medications for the treatment of opiate use disorders. In addition, OCHN also contracts for withdrawal management and residential services and general outpatient treatment providers are well-versed in the treatment of opiate use disorders. Treatment services available in MAT, residential and general outpatient program include but, are not limited to the following.

- Methadone anonymous support groups
- Recovery Coach Services
- Case Management Services
- Individual and Group therapy
- Opiate specific recovery housing
- Trauma based services such as:

- TREM
- MTREM
- Seeking Safety
- EMDR

Additional evidence-based treatment includes the following

- Moral Reconciliation Therapy
- Cognitive behavioral Therapy
- Stage matching interventions

### Evaluation

The move to performance/outcome-based contracting is an effective tool in determining evidence-based treatment effectiveness. OCHN is transforming all contracts to allow for better monitoring of treatment effectiveness and outcomes for people served. This will aid in further determine the interventions that are best for individuals with opiate use disorders. Currently OCHN monitors program’s effectiveness based on:

- Program compliance with all treatment policies
- Assurance that evidence-based services are offered
- Assurance that people receive services in a timely manner
- Treatment engagement
- Treatment follow through after release from jail
- Engagement the full continuum of care
- Successful completion of treatment
- Decrease in use of opiates and ultimately no use of opiates beyond those approved for the treatment of opiate use disorders.
- Assurance services are delivered in a culturally competent manner

### **Section 9.....**

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

Currently all prevention and treatment providers are required contractually to have a written cultural competency plan/policy in place that includes the requirements of the MDHHS Contract. Providers are asked to demonstrate compliance at the Annual Program Reviews. OCHN supports several initiatives including training to ensure culturally competent service delivery system. This includes outreach to and inclusion of underserved populations such as persons who are deaf or under-represented based on the demographic make-up of Oakland County. OCHN currently has contractual services arrangements with the Arab American/Chaldean Council.

Cultural Competence is defined as a set of academic and inter-personal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. All Prevention and Treatment Providers are expected to adhere to the following:

- Commit to diversity will be institutionalized and articulated in policies and procedures and strategic plan of each treatment and prevention provider

- Develop a written cultural competency plan that includes a minimum of three training hours, in diversity and competency training
- Ensure that their management and staff undergo regular, formal training in diversity and competency
- Develop a written strategy to recruit, retain and promote diverse, culturally competent administrative, managerial, clinical and support staff who are trained and qualified to address specific needs of the diverse racial and ethnic communities and persons served
- Review and adjust its policies and procedures to ensure that they reflect their commitment to diversity and competency, including areas such as intake, treatment planning and discharge planning and client satisfaction
- Ensure that all written materials are fully accessible to all persons served, such as forms, rules and regulations and consents for disclosure of information (releases) and bibliotherapeutic materials

OCHN created a five-year Cultural Competency, Diversity, and Inclusion workplan in 2017 to advance diversity throughout the agency, the network of providers, individuals served, and the community at large. One goal within the workplan is a comprehensive training curriculum, not just for OCHN staff, but for provider staff, individuals served, and those who care for them. OCHN's network of providers and individuals served are made up of individuals who reflect differences in sex, gender, nationality, culture, ethnicity, religion, color, race, skill, physical ability, country of origin, migration status, and sexual orientation.

OCHN will be creating a networkwide Diversity Committee to implement trainings, influence policy and procedure, and ensure all services provided are culturally sensitive, diverse, and inclusive. Funding is being sought for evidence and research-based trainings, and to ensure presenters require proper training, instruction, and certification. Having proper and adequate training to create a comprehensive curriculum will help to better equip OCHN staff and network by increasing knowledge about the individuals we serve from different backgrounds, such as socioeconomic, gender, religious, racial, ethnic, and sexual orientation. In the mental health and substance use field, Diversity Equity and Inclusion (DEI) training can help in being more empathetic toward the individuals that we serve and increase the inclusion of minorities into healthcare services, ultimately decreasing health disparities.

Short-term goals include creating a networkwide collaborative of individuals from key providers within OCHN's network to assess and evaluate current DEI initiatives within the network. Individuals from OCHN will be chosen to attend the train-the-trainer sessions and assist in creating a training curriculum that can be utilized by the entire network. Long-term goals include updating strategic and annual plans, policies, and procedures to ensure diversity, equity, and inclusion principles are engrained throughout. Establishing both in-person and online trainings on DEI principles, including implicit bias and microaggressions.

The internal OCHN Diversity Workgroup, comprised of OCHN staff at all levels, is currently conducting an organizational diversity assessment, from the Michigan Department of Civil Rights. This assessment looks internally at OCHN policies, procedures, staff, and hiring practices. In December 2019, the OCHN Cultural Competency, Diversity, and Inclusion committee, along with the OCHN Leadership team, completed a 4-hour DEI training with the Michigan Department of

Civil Rights. This training provided an opportunity for key staff and leadership to learn a common language to effectively create and sustain the long-term goals of achieving equitable practices, policies and procedures; as well as proactive ways to acknowledge the impact of social conditioning and new ways to reshape the experience of cultural diversity.