THREE YEAR STRATEGIC PLAN FOR SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES

Fiscal Years 2024-2026

Southwest Michigan
BEHAVIORAL HEALTH

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Overview of Southwest Michigan Behavioral Health:

Southwest Michigan Behavioral Health (SWMBH) is the Regional Entity designated to function as the Prepaid Inpatient Health Plan performing the benefits management function for members receiving services under the Medicaid Managed Specialty Supports and Services Demonstration 1115 Waiver, 1915 (c) (i) Program(s), the Healthy Michigan Program, the Flint 1115 Waiver, and Substance Use Disorder Community Grant Programs for behavioral health specialty and substance use disorder services for the eight county region of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St Joseph and Van Buren counties. The specialty mental health services are provided by eight Community Mental Health Services Programs (CMHSP's): Barry County Community Mental Health and Substance Abuse Services, Riverwood Center (Berrien County), Pines Behavioral Health (Branch County), Summit Pointe (Calhoun County), Woodlands Behavioral Health (Cass County), Integrated Services of Kalamazoo (Kalamazoo County), Pivotal Health (St. Joseph County), Van Buren Community Mental Health, and their provider networks. SWMBH also serves as a state-designated Community Mental Health Entity as outlined in the Michigan Mental Health Code under Michigan Compiled Law sections 330.1210, 330.1269, 330.1274, 330.1287. The substance use disorder services are managed directly by SWMBH and are provided by a combination of various CMHSP's and other agencies within the SWMBH provider network.

1. Identification and Prioritization of Substance Use Disorder Problems Impacting the Community

1.1 Demographic Profile of the SWMBH Region and of the Populations Served by SWMBH

Per the most recent Population Estimates of the US Census Bureau (Data Source: https://www.census.gov, July 2022), the SWMBH region has a total population of 843,416 persons, and 336,161 households. The SWMBH region averages approximately 270,000 Medicaid eligible individuals per month. Kalamazoo is the most populous county in the region with a population of 261,173) and Branch County, the least, with 44,985 people. The region offers a variety of community settings which range from mid-sized urban (City of Kalamazoo, Battle Creek, St. Joseph/Benton Harbor area), suburban, small towns and villages, and an extensive rural area which are responsible for significant economic activity in the smaller counties and houses a significant part of the population of the region. Approximately 43% of the population in the SWMBH region live in small communities scattered in rural areas with limited access to public transportation. The other estimated 57% of the population live in the mid-sized metropolitan areas of greater Kalamazoo, Battle Creek, and Benton Harbor.

The demographics of the region's population, along the categories of race, ethnicity, age, income and availability to access healthcare resources, reflect a rather significant and complex set of variations. A summary of these variations is listed below and full census data for the region is available in Attachment 1:

Race and Ethnicity:

- Caucasian/White (non-Hispanic): 79.7% (Ranging from 74.7% in Berrien County to 93.2% in Barry County)

- African American/Black: 9.1% (Ranging from 0.8% in Barry County to 14.4% in Berrien County). The African American population is the second in size in three counties: Berrien, Kalamazoo, and Calhoun.
- Hispanic/Latino: 6.3%. The Hispanic/Latino is the regional population group that has undergone the highest rate of growth in the past decade). The Hispanic/Latino population accounts for the second largest race/ethnic group in four of the region's counties: Van Buren (12.3%); St. Joseph (8.8%); Branch (5.8%); Barry (3.5%).
- Other race/ethnic groups present in the region: Asian/Middle Eastern/Other group: 5.2%; Native American Peoples (Hawaiian, Alaskan, American Indian, etc.): 0.8%

Age:

- Ages 18-65: 54%
- Ages 5-18: 22%
- Ages 65/older: 18%
- Ages 5/under: 6%

Income:

The average per capita income for the counties of the SWMBH region is $29,041, which ranges from $25,279 (lowest) in Branch County to $31,975 (highest) in Kalamazoo County.

Language other than English:

Another demographic characteristic that impacts access to public resources for services, healthcare, and other community-based resources is the language barrier. In the SWMBH region, a language other than English is spoken at home by 4.8% of persons aged 5 and older. The counties most affected by this specific demographic characteristic are St. Joseph (9.9%), Van Buren (9.6%), Branch (8.1%), Berrien (7.6%), Kalamazoo (7.3%) and Calhoun (6.4%). The languages, other than English, that are most spoken in the region are estimated to be: Spanish, Arabic, Burmese, and others.

1.2 Population of Focus

Figures 1 and 2 show different perspectives of the demographic characteristics of the population being served (race and ethnicity categories) through the SWMBH SUD treatment system. Figure 1 demonstrates that the demographics of the population receiving SUD services in the SWMBH region largely correlates with the demographic composition of the SWMBH region from the 2020 census data. Figure 2 shows prevalence rates of primary substance of abuse within each racial and ethnic group.

SWMBH, in partnership with its network of providers, has worked diligently to increase service penetration amongst groups affected by health service disparities, which are generally the same communities that tend to disproportionately shoulder the burden of the most severe consequences of alcohol and other drugs of abuse. Figure 2 also indicates additional efforts need to be made to reduce health disparities in the Hispanic/Latin-origin communities. Other groups for which gaps in SUD service access levels need to be increased are the Burmese community in the Battle Creek area, tribal communities in Cass and Calhoun Counties, the Amish community in St. Joseph County and the small African American communities in the more rural counties of the area.

Figure 1:

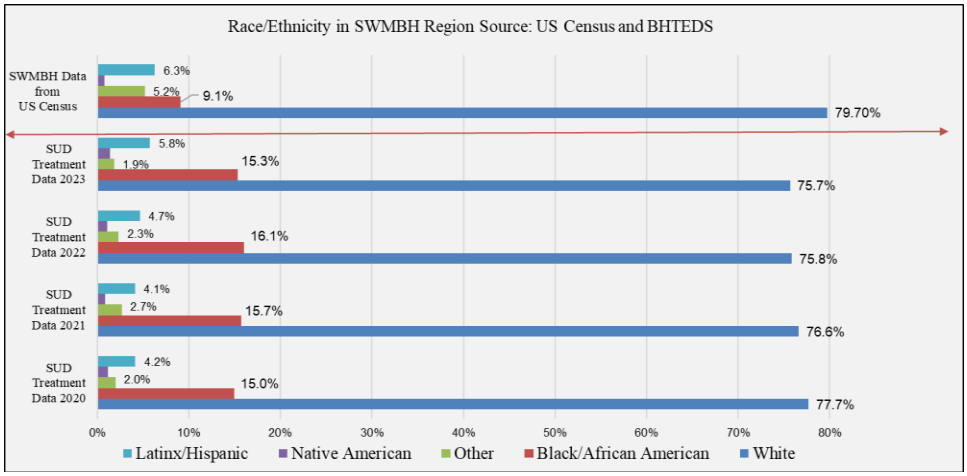
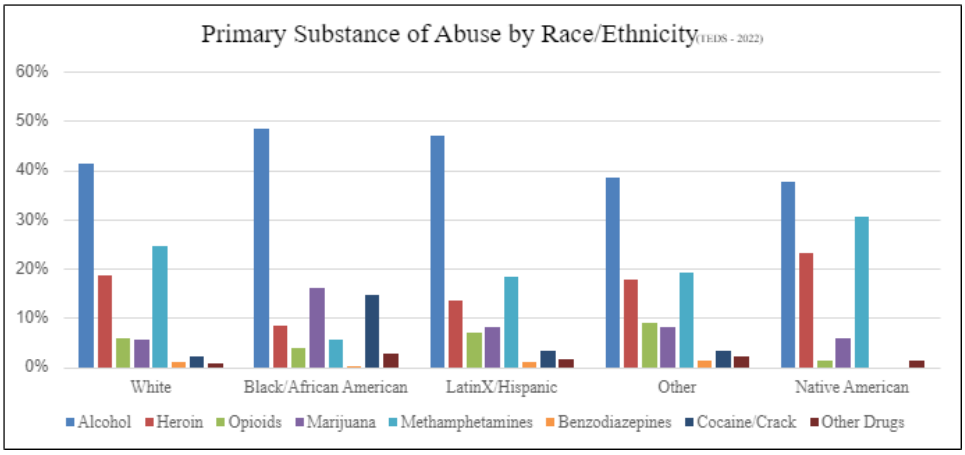


Figure 2:



Because service and census records do not officially account for identification of persons who are part of other recognized minority groups (ex. LGBTQIA, persons with inherent risk factors for SUD such as Adverse Childhood Experiences (ACEs), family history of SUD, persons who refuse to provide complete demographics information or health history, etc.), it is not known exactly what the gap in services is in community groups for which service and census statistics and information are not normally collected or are difficult to access.

1.3 Current System for SUD Prevention, Treatment, and Recovery Services

The integrated service approach of the Recovery Oriented Systems of Care (ROSC) model provides the SWMBH SUD service system an opportunity to deepen its roots in communities across the region by forging unique partnerships and collaborative efforts with multiple disciplines of services, supports, and institutions. This multidisciplinary and integrated approach to SUD services has the potential to redefine the concept of SUD service delivery in the area and ensure those services address the needs of persons in recovery and their families, in multiple and critical domains of life, such as healthcare, employment, finance, housing, legal matters, and family/relationship issues. This multi-focused integrated approach is also expected to help overcome some of the barriers encountered by customers receiving treatment and recovery

services. Historically, these barriers have contributed to a disparity of access and care that have affected certain population subsets/categories in each community of the region (especially minority groups).

The current SWMBH substance use disorder service system includes multiple provider organizations both in and out of the region, and the goal continues to be to enhance and expand the scope of services currently being offered by the provider network. To that effect, SWMBH is consistently pursuing new networks of partnerships. Following the ROSC philosophy, the SWMBH SUD services department has worked diligently to create a service structure that encompasses not only the agencies and organizations that comprise its network of contracted providers, but also to include supports, services, partnerships and organized efforts of analogous sectors that can be effectively integrated in a multidisciplinary approach to care. This ensures persons receiving SUD services, and their families, can be linked and surrounded by a network of services designed to address their needs in the previously identified critical domains of life.

SWMBH relies heavily on partnership efforts represented in a variety of groups it has been able to develop and support to sustain its service structure. These community-based partnership efforts include: nine Substance Abuse Prevention Coalitions in SWMBH's eight counties; three county-wide ROSC groups (Berrien, Calhoun, and Kalamazoo, the three most populous counties of the region), and extensive cross-representation with other local coalitions in the region such as Healthcare Alliances, Suicide Prevention Coalitions (Barry, Berrien, Van Buren, and others), Community Opioid Coalitions (Calhoun and Kalamazoo), Harm Reduction Coalitions and Syringe Exchange Programs (Calhoun and Kalamazoo), Death Review Teams (Barry and Van Buren), Healthcare Epidemiology Groups (Calhoun and Kalamazoo), Opioid Fatality Review (OFR) for Calhoun County, OFR Advisory Group for the State of Michigan, Access to Care and Health Care Disparity Initiatives (Calhoun and Kalamazoo), Tobacco Reduction Initiatives (Barry and Calhoun), Violence Mitigation Community Groups (Kalamazoo), etc.

Collaboration among these partnerships is essential to identify existing barriers that interfere with providing comprehensive service delivery, develop strategic plans to increase service delivery to all community demographics, and implement strategies to improve service delivery and increase capacity to treat individuals utilizing the whole-person approach. Reporting from the multiple sectors represented at the ROSC and Substance Abuse Task force meetings routinely identifies changes in drug use trends, emerging treatment issues, and challenges to service implementation and delivery. These meetings are also an important mechanism for educating stakeholders on new programs and initiatives originating from the various community organizations. Maintaining these relationships and building new alliances within the SWMBH region is vital to meeting the ever-evolving needs of the communities and their stakeholders.

Note on two SWMBH Prevention Initiatives focused on addressing service disparity issues in the region:

1. Diversity, Equity, and Inclusion Regional Coalition: SWMBH has recently been awarded a five-year grant (PFS/MI-PAC SAMHSA Grant) to establish a Regional Coalition focused on Disparity, Equity, and Inclusion (DEI) issues. This Coalition will be charged with developing specific strategies to improve access and effectiveness of SUD Prevention interventions provided to minority populations and groups affected by the dynamics of disparity issues in the region. This regional coalition (named Regional Health Equity Alliance) is expected to comprise membership representing minority and/or underserved groups in the region and advocate for their unique SUD service

needs. Additionally, this coalition is expected also to provide technical assistance and support to the other county-based coalitions (SATFs) of the region, to help them engage and recruit representatives from minority groups of each county.

2. Early Intervention Programs in Spanish Language: During fiscal year 2022, SWMBH, with special funding from MDHHS/SUGE, was able to start offering Early Intervention Programs in Spanish language and virtually (to facilitate access) for persons referred for services by the entire SUD Prevention provider system, schools, and courts, who need an early or restorative intervention, and who are identified as having a higher risk for development of a SUD.

SUD Prevention Services:

SWMBH's SUD Prevention Program has developed a service structure that prioritizes interventions, services, and programs designed to serve persons who carry a higher risk for development of substance use disorders. These are persons that the CSAP language identifies as "Selective" and "Indicated:" persons who have intrinsic vulnerabilities to drug use and addiction on account of environmental and/or biological issues, persons impacted by traumatic and adverse experiences such as persons currently using but who have not yet crossed the threshold of addictive behavior, persons who are not yet ready to engage treatment intervention, etc. The focus on high-risk groups and categories for implementation and provision of education-based strategies ensures that services are provided to groups that represent the demographic diversity of the region. Collectively, a significant number of high-risk categories are being served in the region in active partnership with community-based organizations (school-based SUD education, school restorative programs, court-based service programs, juvenile rehabilitation programs, family court, law enforcement agencies, youth-serving organizations, etc.) who work collaboratively with SUD Prevention providers to identify, screen, and refer participants in need of SUD Prevention interventions. Prevention services are currently conducted by 10 prevention providers in the SWMBH region.

In addition to direct person-based prevention interventions and programs, a carefully planned and systematic utilization of environmental and community-based prevention strategies ensures that prevention services are provided to the community-at-large and to targeted community subsets. Specific groups such as parents, families, family physicians, healthcare workers, education professionals, retailers, and community leaders are targeted by SUD prevention services in the SWMBH region. These groups hold a unique ability to shape the development of new and healthy practices in the home environment and in different settings of the community. The goal is to influence the development of healthier community norms.

To ensure that SUD prevention interventions have a positive impact on identified SUD contributing factors at the local level and achieve the planned outcomes, SWMBH, following MDHHS/SUGE contractual specifications and guidelines, ensures that only programs and interventions whose effectiveness is demonstrated by research (evidence-based programs and practices), are selected and implemented by its provider network. SWMBH closely monitors the compliance level of providers with this technical specification, and the high rates of adherence to this standard for the past three fiscal years (2020: 100%; 2021: 100%; 2022: 100%), attests to how SUD Prevention EBPs have become ingrained in the way that SWMBH and its SUD prevention provider network carefully plan and implement services in the region. Please refer to Attachment 5 and Attachment 9.

SUD Treatment Services:
The SWMBH SUD treatment service network strives to provide clinically appropriate services to customers at the right level of care. SWMBH relies heavily on its provider network to achieve this, ensuring that SUD treatment services and recovery supports will be provided, based on medical necessity, to eligible customers who live within the SWMBH region. There are 15 outpatient SUD providers located within the region at 21 different locations. It is important to note that SWMBH is unique in that all eight of its partner Community Mental Health Service Providers (CMHSP) are also contracted SUD providers. The partnerships with the CMHSPs allow individuals presenting with co-occurring conditions improved coordination between service providers and ensures customers are receiving the correct frequency, intensity, and medically appropriate services.

SWMBH has two withdrawal management and five residential SUD providers in the region. Additionally, SWMBH contracts with eight other providers across the state who provide both withdrawal management and various residential levels of care. As the opioid epidemic swept through the region, the need for residential and withdrawal services became paramount ensuring customers requiring those levels of care had access to timely services. Although not all out-of-region providers are utilized regularly, this demonstrates SWMBH's commitment to providing appropriate level of care services and allowing for customer choice. Finally, SWMBH is exploring contracts with three new withdrawal management and residential providers to help continue to meet customers' needs. These providers are in Kalamazoo, MI, Battle Creek, MI, and South Bend, IN. The addition of these providers will also add partial hospitalization level of care as a viable option for customers.

There are three Opioid Treatment Programs (OTP) within the SWMBH region. SWMBH's shared boundary with Indiana leads to many customers living close to the state line. As a result, SWMBH has arranged courtesy dosing in Indiana for the convenience of those customers, which facilitates better treatment compliance. This arrangement is also made when transportation and distance to an OTP provider presents a barrier to services. Over the past three years, SWMBH has worked hard to establish partnerships with agencies that provide Medications for Opioid Use Disorder (MOUD). This has resulted in contracting with a Federally Qualified Health Center (FQHC) with locations in Van Buren and Berrien Counties. Other partnerships with FQHCs in St. Joseph and Kalamazoo Counties have also been fostered over the past few years by utilizing various grants to help with services such as jail-based services, recovery coaching, and the implementation of contingency management programs. Although separate entities, FQHCs provide critical health services and integrated behavioral services for many customers. SWMBH has strategically developed these relationships with FQHCs to help promote the use of both buprenorphine and naltrexone as the standard of care for opioid use disorder and continues to partner with these agencies as opportunities arise.

There are strong recovery service supports within the SWMBH region that vary county to county. Recovery Institute of Southwest Michigan, based in Kalamazoo, provides many services that persons with both mental illness and substance use disorders can participate in. Recovery Institute continues to provide recovery coaching services and social support groups and has been instrumental in providing technical assistance to other agencies struggling to implement peer services. Recovery Institute has been a willing partner to explore innovative practices for outreach. An example of this innovation is their recovery coach services which are now co-located at the Kalamazoo Library's main location. Recovery Institute has recently become a member of the Michigan Association of Recovery Community Organizations and is working to

become a member of the Alliance for Recovery Centered Organizations. Recovery Institute moved to a new location that allows them to serve a much greater number of customers.

An additional recovery support service that has been added to the continuum of services in the SWMBH region are recovery centers or engagement centers. There are now two recovery centers in the region, in Berrien and Calhoun Counties. Both centers operate 24 hours a day and serve as an alternative support service to individuals who may need recovery support services, to help engage the customer, or link them to a different level of care. These services also provide an alternative to incarceration or emergency department utilization and are often the first step to recovery. Often, customers are ambivalent about recovery and may be pre-contemplative or contemplative about making changes in their continued substance use. Rather than allowing them to continue to use or utilize the resources of other systems which do not offer help for their addiction, recovery centers provide them a safe, clean place to come, should they want to decrease or eliminate use, even for a brief time. Both recovery centers are staffed primarily by Certified Recovery Coaches who are equipped to help those presenting for care make the move into recovery.

Additional formal and informal recovery supports are available throughout the region. Recovery Services Unlimited, based out of Battle Creek, provides a host of recovery supports, including recovery coaching and recovery housing. Recovery coaching is also available through quick response teams that also work in conjunction with emergency departments utilizing the Project ASSERT model. These programs are currently available in Berrien, Calhoun, and Kalamazoo counties and a contract was just established with an agency to provide a similar service in Van Buren County in the near future.

The belief that people with lived experience should be available to assist others wherever they are in their journey is something that SWMBH is committed to ensuring is woven into the fabric of services. The challenge can lie within the smaller counties in that these services may have to be available at the sole treatment provider as the demographics do not support standalone entities for peer services. To help broaden the options of social support groups across the region and to re-affirm there are multiple pathways to recovery, SWMBH partnered with Recovery Institute to develop additional social support meetings across the region and to become a Recovery Community Organization and to provide a telehealth option for members or group attendance. Groups such as SMART Recovery, Alcoholics Anonymous, Narcotics Anonymous, Women for Sobriety, etc. are available in many communities in the region. Leveraging the passion of individuals in recovery to help others is just one of the things that makes the recovering community such a powerful force.

All SWMBH outpatient providers located in the region have recovery coach services codes and care coordination/case management codes within their contracts. There continues to be varying use of these services and consistent offering of recovery coaching and case management/care coordination. Some providers have been slower to embrace the concept of using peers or recovery coaches for service delivery. In counties where there is only one SUD treatment provider, this can prove to be a challenge. The State Opioid Response (SOR) grants have incentivized some providers to implement or expand recovery coaching (Van Buren and Berrien Counties), however, to ensure timely access to recovery coaching, further expansion is needed. Similarly, case management continues to be an area of needed growth within the region. Individuals with an SUD have a plethora of needs which often result in health disparities and social determinants of health needs. Like many industries, hiring and retaining staff continues to

be a challenge. Despite this, implementing and expanding these additional supports will only lead to better outcomes for SWMBH customers.

The lack of sober and stable housing during vulnerable periods is a huge barrier in early recovery. Over the past three years, SWMBH lost three recovery homes; however, in the last year, two recovery homes have joined the SWMBH network. The approval of utilizing Federal Community Grant dollars, supplemented with SOR and the American Rescue Plan Act (ARPA) grants, to fund recovery housing has helped galvanize this valuable addition to the continuum of care for SUD services. SWMBH has 10 recovery homes throughout four counties (Berrien, Calhoun, Kalamazoo, and St. Joseph) all certified by the Michigan Association of Recovery Residences (MARR). Five of these homes provide services for men while the other five are specifically for women. Two of the women's recovery houses allow their residents to bring their children. Recovery housing allows individuals recovering from an SUD an opportunity to stay in a safe and drug free environment, build additional recovery capital, and successfully transition to independent living while maintaining their recovery. SWMBH currently provides funding for staffing assistance at each of these recovery homes by utilizing federal grant funds through ARPA and SOR 3. Overall, there are a total of 70 beds available in the 10 homes. Sustaining and expanding this service will be a focus and ongoing challenge to address in this region.

To ensure treatment and recovery services remain top quality, SWMBH has made substantial investments to equip providers with the knowledge, skills, and abilities needed to meet this standard. To do this, SWMBH implemented trainings in evidence-based and research-based practices. These trainings include, but are not limited to, Matrix Model, Helping Men Recover, Seeking Safety, and training on the American Society of Addiction Medicine (ASAM) Criteria, etc. The COVID-19 pandemic impacted the number of trainings that were available, but virtual trainings of "The Body Keeps the Score," Matrix Model and Matrix supervision," Seeking Safety, and Project Assert were available. To support the value of evidence-based practices (EBPs), it remains a contractual requirement that all outpatient treatment programs integrate and deliver evidence-based programming to fidelity for group treatment. To guarantee adherence to EBPs, providers monitor fidelity through observations and supervision and SWMBH reviews these fidelity monitoring reports during the annual site review.

Despite the SWMBH region having a plethora of treatment and recovery supports, there continues to be additional challenges in providing the right treatment at the right time for customers. Transportation presents numerous challenges in some of the more rural areas of the region. Various attempts to decrease this barrier have been attempted but have yielded little success. Similarly, reliable and accessible internet access has proven to be a challenge in rural areas. The COVID-19 pandemic solidified the importance of telehealth service as a viable effective option for services. However, not everyone has the same access to this technology throughout the region. Staffing challenges at provider agencies have increased significantly over the past three years, both in hiring and retaining employees. These challenges directly impact timely access to treatment, the therapeutic relationships of customers, continuity of services, etc. Finally, implementing MAT services in jails has been a challenge to accomplish. With additional funding from the opioid settlement, SWMBH remains optimistic that all jails will have some form of MAT and on-going SUD support. SWMBH will continue to monitor these challenges and work to find solutions to improve customer's access to care.

1.4 Prevalence of Substance Use Disorder Problems

Based on Behavioral Health Treatment Episode Data Set (BH TEDS) information, over the past three years SWMBH has averaged over 6,000 admissions (Figure 3) to treatment services. As seen in Figure 4, residents of Kalamazoo County seek treatment for an SUD the most, followed by Calhoun, Berrien, St. Joseph, Van Buren, Branch, Cass, and Barry. Treatment admissions by county compared to overall population of the county indicates that the incidence of individuals seeking treatment for an SUD are higher in Calhoun, St. Joseph, and Branch counties.

Figure 3:

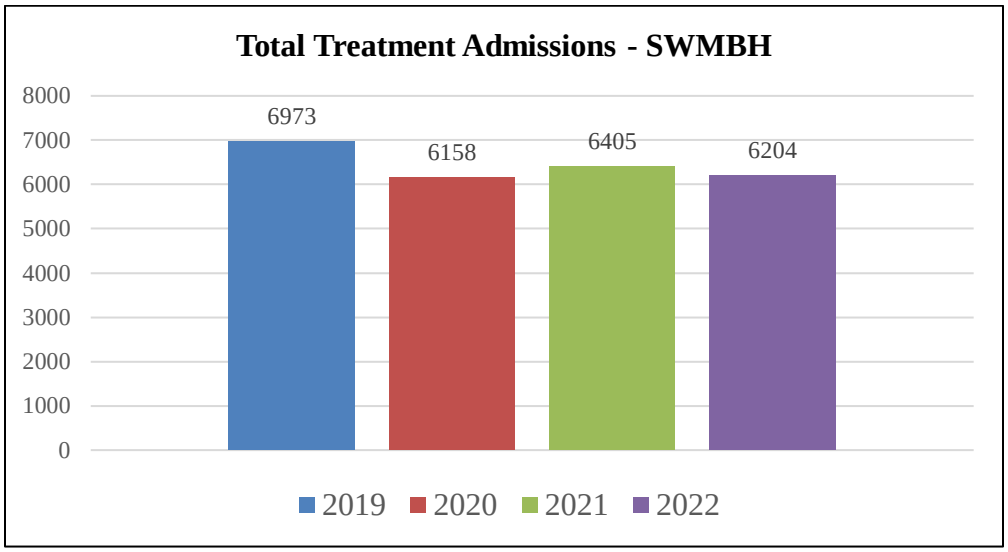
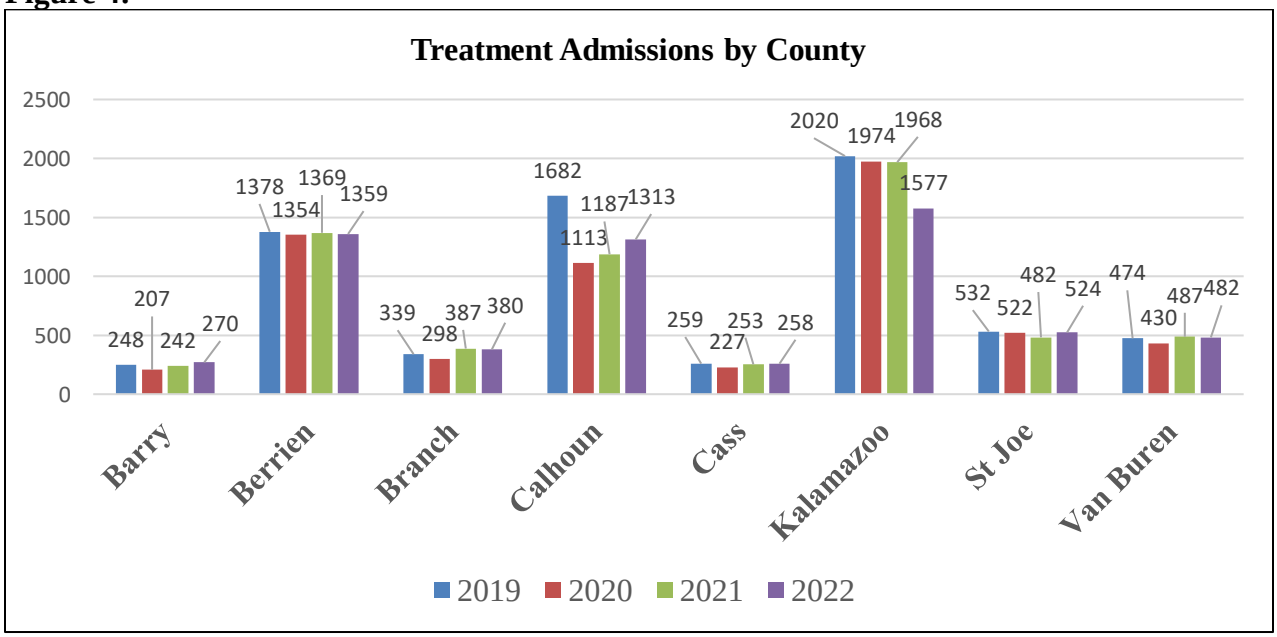


Figure 4:



The SWMBH region epidemiological profile as it relates to primary substance of abuse (PSA) at admission over the past four years reveals fairly predictable trends. Figure 5 reveals the number of individuals seeking treatment for heroin or other opiates has trended down. The heightened

awareness of the dangers of opioids, numerous federal grants to address the opioid epidemic, increased programming, and concurrent legislative changes for safe prescribing practices have all helped impact the opioid epidemic. This is consistent with State of Michigan trends (Figure 6). However, as individuals who are seeking treatment for opioid use disorder have declined, the region has simultaneously seen a significant increase with individuals seeking treatment for a stimulant use disorder, specifically methamphetamine. Finally, alcohol remains the number one PSA individuals seek treatment for in the SWMBH region, like many regions across the state and the nation.

Figure 5:

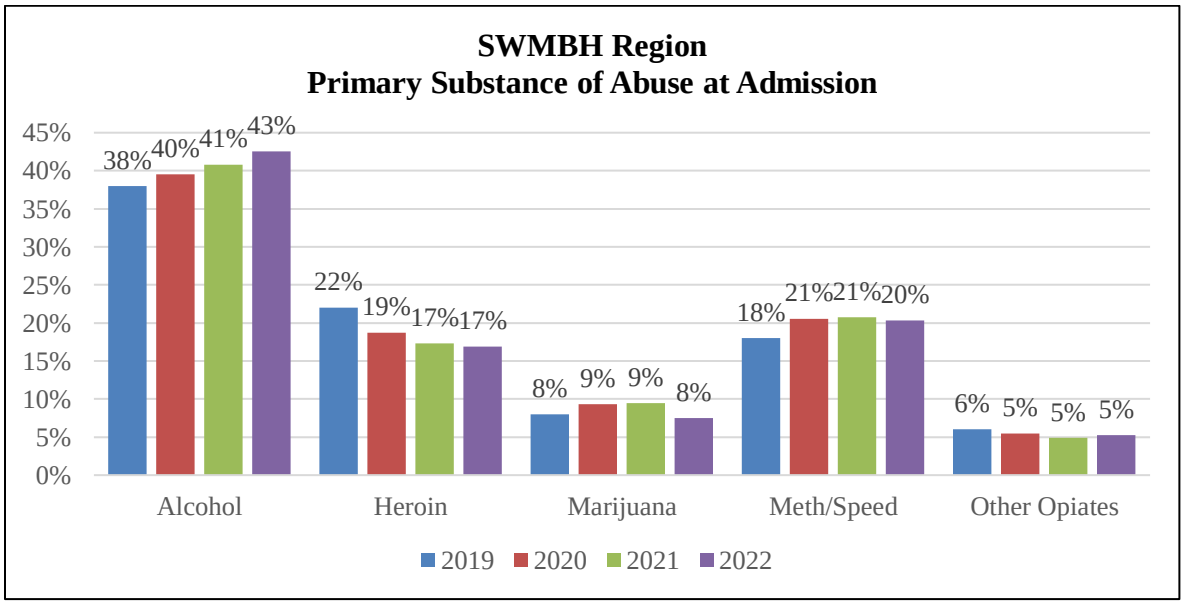
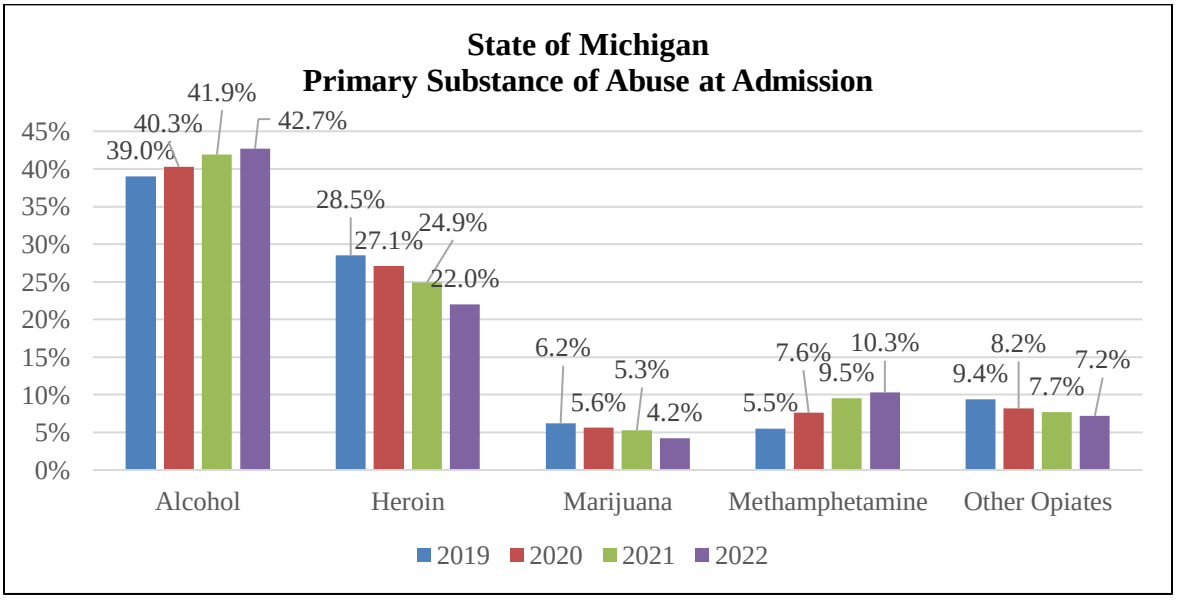


Figure 6:



Alcohol:
The SWMBH region continues to show similarities in alcohol use despite the variety of urban and rural demographics in its counties. Data shows that alcohol continues to be the highest primary substance of abuse for individuals seeking treatment. A review of fiscal year 2022 BH TEDS for the SWMBH region (Figure 5) demonstrates 43% of overall admissions for those receiving SUD treatment reported alcohol to be the primary substance of abuse at admission. It is important to note that alcohol as PSA has continued to trend up over the past four years and, as of 2022, is the highest PSA for six of SWMBH's eight counties. Alcohol is also the one of the three most prevalent substances of abuse for High School youth as identified by the 2011-2022 MiPHY data set (along with vaping and Marijuana). The MiPHY data for the 2022 survey cycle also indicates a 2.9% reduction of past 30-day use of alcohol (compared to 2018). However, despite improvement in these consumption indicators, the current level of alcohol use among High Schools students (for both past 3-day use and binge drinking) is still too high and poses a high-risk level and threat for this age group. The current prevalence levels certainly support efforts to address alcohol use and misuse in the as one of the priority target areas for prevention services targeting school-aged youth and their families.

Opioids:
There has been unprecedented focus on the many aspects of opioid-driven overdoses in the U.S. during the past several years; however, there is much more work still to be done. In recent years, opioid-based addiction ("Heroin" and "Other Opiates" combined) has dropped from the number two PSA at admission to number three, behind alcohol and methamphetamines within the SWMBH region. However, this is not reflected in the number of opioid-related overdoses during the same time (Attachment 4). From 2020 to 2021, national mortality rates for opioid-involved overdoses increased from 25.6 per 100,000 in 2020 to 28.1 in 2021. According to the Michigan Overdose Data to Action Team, the State of Michigan also saw an increase from 24.3 per 100,000 in 2020 to 25.6 in 2021. In the SWMBH region, Calhoun County is a representation of this increase. Opioid-specific overdose deaths in Calhoun County was 38 per 100,000 in 2020. BH TEDS data for Calhoun County reinforces the necessity for ongoing treatment and prevention services with 31% of those seeking treatment for substance use disorders reporting heroin and other opioids as the PSA in FY 21 and FY 22.

According to the CDC, "The age-adjusted rate of overdose deaths rose more than 14% from 2020 (28.3 per 100,000) through 2021 (32.4 per 100,000) in the United States." These numbers can be seen in Calhoun County as well. During the same period, Calhoun County saw an increase in age-adjusted rate of drug overdose deaths from 43.6 to 47.6 deaths per 100,000 for all drug overdoses. With the number of overdoses higher than the national average and the 6th highest rate in all Michigan counties, Calhoun County remains a priority for the continuation of prevention and treatment services delivered by local providers.

According to the Michigan Substance Use Vulnerability Index (MI-SUVI), three of SWMBH's eight counties land in the top 15, Branch (10), Van Buren (11), and Calhoun (14). The MI-SUVI measures the vulnerability to adverse substance use outcomes using a composite score based upon substance use burden, substance use resources, and social vulnerability. Of note, Calhoun County ranks #3 in burden, which encompasses overdose death rate, nonfatal overdose emergency department visit rate, opioid prescribing rate, and drug-related arrest rate, while Branch County ranks #10 in social vulnerability: socioeconomic status, household characteristics, racial and ethnic minority status, and housing and transportation type. Van Buren

County ranks in the top 15 in all three categories. SWMBH will continue to use this information to help shape and prioritize efforts over the next three years.

Methamphetamine:
The increased availability of high-potency and low-cost methamphetamine has continued to negatively impact the SWMBH region. BH TEDS data ranging from 2019-2020 shows that individuals reporting methamphetamine is now the second highest primary substance of abuse in the region. The prevalence rates for treating stimulant use disorders appear to have plateaued for this reporting period. However, in 2022 methamphetamine was the highest PSA in two SWMBH counties (Barry and St. Joseph) and remains in the top three PSA for the remaining six counties. In FY 22, methamphetamine accounted for 40% of Barry County's treatment admissions (up from 32% in FY 21). Similarly for St. Joseph, 39% of their treatment admissions report that methamphetamine was the primary substance of abuse. In addition, anecdotal information provided by treatment providers and other members of the multiple community substance abuse task forces and ROSC groups indicate a growing concern about the increase in methamphetamine use and its effects on their communities. Many withdrawal management and residential providers have reported a need to create new treatment protocols to address the erratic and often violent/aggressive behaviors manifested by the use of this new, high-potency methamphetamine. These trends demonstrate a need to continue and adapt strategies aimed at specific communities. However, unlike the other drug categories, methamphetamine use has been identified primarily among adult members of the SWMBH region communities, which then creates a unique approach for prevention efforts and strategies. It remains imperative for SWMBH to remain diligent in providing both effective treatment and prevention strategies across the region.

Marijuana:
Michigan has experienced an unprecedented rise in the availability of marijuana for recreational use over the past three years. Public attitudes about the use of marijuana have become increasingly favorable to the unregulated use of marijuana. The combination of these factors provides an atmosphere conducive to the rise of marijuana use in Michigan youth in the years to come. These perspectives are not exclusive to the adult population, as evidenced by the 2021-2022 MiPHY report that only 38% of 9th and 11th graders (down three percentage points since the 2018 MiPHY survey) in the SWMBH region identify smoking marijuana once or twice a week to be of moderate or great risk. Additionally, 43.4% of those students believe it is easy or very easy to get marijuana. The MIPHY survey data from 2022 indicates that 13.7% of students surveyed in the SWMBH region reported marijuana use within the past 30 days.

The MiPHY data for the survey cycle of 2021-22 reports a decrease in past 30-day use among 9th and 11th grade students (compared to 2018) in all five substances surveyed (alcohol, prescription medications, marijuana, tobacco and vaping). However, despite this decrease, the data indicates that the prevalence rates for at least three of these substances, vaping (15.2%), marijuana (13.7%) and alcohol (13.3%), are still remarkably high and are a red flag for potentially high health and developmental risks for this age group. Examining these data factors together and identifying the trends that may emerge from them have helped create an overall perspective of today's challenges and future critical priorities areas for SUD Prevention services in the SWMBH region.

From a treatment perspective, marijuana as the primary substance of abuse has accounted for approximately 9% of treatment admissions for the SWMBH region. In FY 22, three counties reported marijuana as the third highest PSA for customers entering treatment (Barry, Cass, and Van Buren). Over the past three years, almost 19% of customers report marijuana as their secondary substance of abuse, resulting in it being the highest secondary substance of abuse reported in the region. Consistent with the challenges faced by prevention services, treating marijuana use in treatment settings will continue to be a focus area.

SUD Prevention Services Priority Focus Areas:
As demonstrated in Attachment 5, epidemiological SUD data (prevalence, consequence, trends, contributing factors, and intervening variables) extracted from local and regional indicators have determined that the priority focus areas for SUD Prevention services for the next few years are:

1. To reduce prescription drug abuse/misuse (with special emphasis on opioid analgesics, Fentanyl, and other opioid-based prescription medications).
2. To reduce underage drinking and other consequences of alcohol abuse (includes also Alcohol Retailer Activity).
3. To reduce youth use and access to tobacco and vaping products (ENDS).
4. To reduce youth use and access to marijuana.
5. To address and impact other drug related emerging issues in local communities such as the resurgence of methamphetamine and Xylazine use.

Contributing Factors to be Addressed Within Each SUD Prevention Priority Focus Area:
Data and detailed information related to this section will be demonstrated in the SUD Prevention Logic Model (Attachment 5):

1. To reduce prescription drug abuse/misuse:
    a. High number of opioid medications prescribed to residents.
    b. Low understanding of risks and dangers of opioid medications.
    c. High availability of opioid medications in households (accumulation of expired/unused medications).
2. To reduce underage drinking and other consequences of alcohol abuse:
    a. Alcohol use norms among adults:
        i. Lack of knowledge of the consequences on health and developmental consequences of underage drinking (UAD) (youth and adults).
        ii. Low perception of risk of UAD behaviors (youth).
        iii. Favorable UAD norms (youth and adults)
    b. High Availability:
        i. Social access.
        ii. Retail access.
    c. Low perception of risk:
        i. Lack of knowledge of the impact of alcohol on brain development.
    d. Lack of ideas to help people drive sober.
3. To reduce youth access to electronic nicotine delivery systems (ENDS) and tobacco products:
    a. Easy access (social and retailer) and availability of tobacco and ENDS.
    b. Perception that ENDS are a safer alternative to tobacco.
    c. Lack of knowledge of health consequences of ENDS.

    d. Lack of knowledge of long-term brain development consequences of ENDS.
4. To reduce youth access to marijuana:
    a. Low perception of risk by parents.
        i. Lack of knowledge of the impact of sustained marijuana use on youth brain development.
    b. Low perception of risk by youth:
        i. Impact of sustained marijuana use on brain development.
        ii. Impact of marijuana use on health.
    c. High availability:
        i. Social access.
        ii. Retail access (projected issue relative to the Michigan Recreational marijuana law).
5. To address and impact other drug-related emerging issues in local communities such as the resurgence of methamphetamine (as needed):
    a. Easy availability and access to methamphetamines.
    b. High addiction impact of methamphetamines.

SWMBH SUD Prevention Plan and Strategies to Reduce Access to Tobacco and ENDS and to Reduce Rates of Consumption:

Reducing access and consumption of tobacco and ENDS products is one of the SUD prevention focus areas, as demonstrated in the SUD Prevention Logic Model (Attachment 5). Programs and activities designed to address youth access to tobacco/ENDS and underage smoking in the SWMBH region have been developed due to the State mandate, because of the Youth Tobacco Act law, and as result of the analysis of epidemiological data demonstrating prevalence, patterns of use, and health consequences of tobacco/ENDS use by youth/others. Review of epidemiological selected data indicators for the SWMBH counties and for the State of Michigan demonstrates the following:

1. The tobacco/ENDS smoking dilemma:
    a. Analysis of the MiPHY data of the most recent complete cycles of the survey (2018 and 2022), indicates a significant shift in smoking patterns among youth. While the rate of past 30-day regular tobacco smoking amongst high school youth in the region has significantly decreased (from the 4.3% to the record low range of 1.3%), the rate of ENDS use has significantly increased, reaching a high of 24.1% (for past 30-day use). The rate of use has decreased to 15.2% in 2022 but it is still extraordinarily high.
2. The enthusiasm for ENDS was brought about by several identifiable factors:
    a. The successful construction of a societal perception of the health risks associated with tobacco smoking was distorted by the perception that ENDS is a safer alternative to tobacco smoking;
    b. the unregulated nature of the ENDS commercialization, which made it incredibly easy for youth to gain access to ENDS;
    c. the successful strategy implemented in many communities to restrict access of youth to regular tobacco;
    d. and the deglamorization of tobacco smoking in the U.S., etc.

The new ENDS development that has befallen the SWMBH region and most of the state requires that the plan to prevent youth access to tobacco also include strategies to address the ENDS

dilemma, an approach confirmed first by the FDA deeming rule, and then by the new federal Tobacco 21 Law, a regulation promulgated in December 2019, which raises the legal age for purchase of tobacco products (including cigarettes, cigars, and e-cigarettes) to 21. The new legislation and the new trends have required SWMBH to develop and implement a comprehensive program to reduce youth access to tobacco and ENDS and to reduce rates of consumption of both types of products by youth.

Please refer to the Tobacco/ENDS section of the SUD Logic Model (Attachment 5) for detailed epidemiological data on contributing factors and identification of information related to strategies and EBPs to be employed by the SWMBH provider network to address this priority focus area.

The SWMBH approach to all of these complex issues is to identify and allocate resources, based on epidemiological data available for the prevalence of each issue. And, based on that, to establish a process for selection of programs and activities with demonstrated ability to address these issues. This process entails meaningful involvement of local partners. SWMBH, in partnership with its local SUD prevention providers and as a collaborative effort with community-based organizations, develops a work plan for each county. Each of these plans are developed separately to implement and evaluate interventions designed to make a measurable impact on the critical contributing factors associated with each of the prevention priority areas identified above. Additional information can also be found within the SUD Prevention Logic Model (Attachment 5).

Responding to Consequences of the Opioid Crisis:
Ongoing analysis of the Automated Prescription System (MAPS) Drug Utilization Report for the SWMBH counties confirms the trend that triggered or contributed to development of the opioid crisis in this country: Significantly high influx of prescribed medication into each of the counties in the region:

1. High availability level of opioid prescription medications in the region. The actual volume of opioid medication in the area has decreased from 2019 (year of the passage of the Michigan Opioid legislation) to 2021 but is still extremely high. In 2021, residents of SWMBH counties filled 549,205 opioid prescriptions for a total volume of 32.8 million opioid units. This high number does not include units for prescriptions filled for residents of border counties who went across the state lines to purchase their medications from Indiana pharmacies.
2. MAPS report indicates that in 2021 the average number of opioid units per household in the SWMBH region was 101 (one unit = one pill).
3. The number of opioid-based substance related deaths in the SWMBH region over the past four years has been extraordinarily high. MDHHS reports indicate that over a 17-year spread, the death toll rose from 8 deaths in 1999 to 173 in 2021 (last year for which data has been reported). The opioid-based substances involved in these reported deaths (overdose and accidental deaths) are opioid medications, heroin, and synthetic opioids (particularly fentanyl). Opioid overdose deaths in 2021 represented 78% of all overdose deaths in the SWMBH region.
4. Please refer to Attachments 2, 3, and 4 to review supporting graphs, data, and information for this section.

SWMBH Overdose Education and Naloxone Distribution (OEND):
In addition to the SUD prevention strategies implemented to address the three most critical factors that contributed to the opioid crisis in this country (refer to section on Prevention Priority areas above), SWMBH has developed and implemented a Naloxone Training and Distribution Program designed to prevent and mitigate opioid overdose fatalities and incidents in the eight-county region. The SWMBH Naloxone program has two components:

1. A first responder component focused on training and providing Naloxone kits to law enforcement agencies and volunteer fire departments in all eight counties.
2. A community-based component focused on distribution and training of community members and organizations (e.g., school, libraries, retailers, etc.).

Figure 7 shows some of the impact that the first responder component has had since its inception on opioid overdose interventions and reversals. Figure 8 shows the community-based component.

Figure 7:

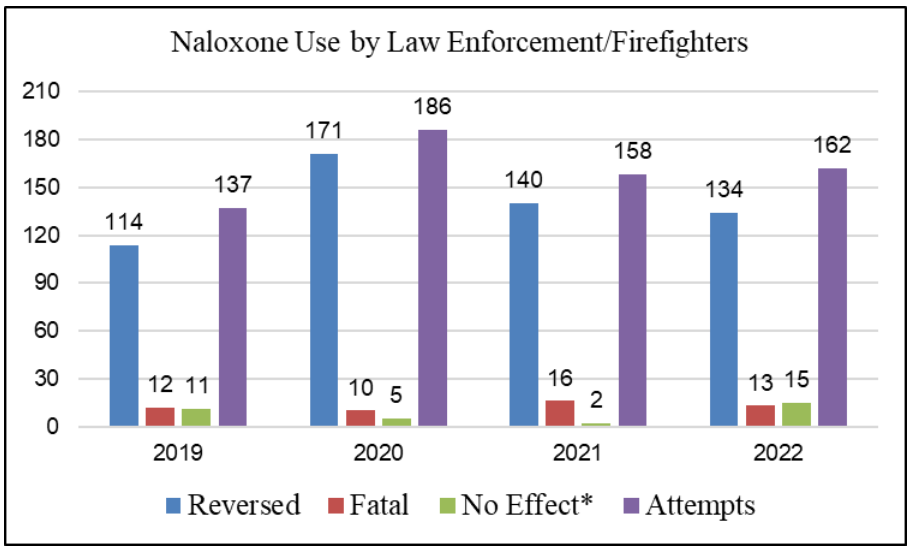
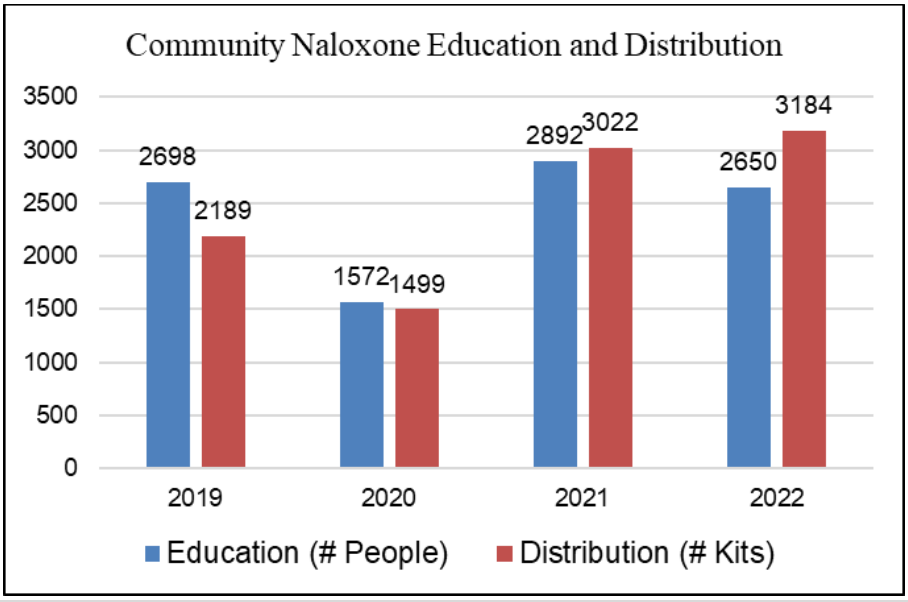


Figure 8:



Another strategy to combat the on-going prevalence of opioid use disorder is the implementation of Opioid Health Home (OHH). OHH is a model of care that coordinates physical health, behavioral health, substance use disorder, and social service needs. It is a partnership between SWMBH and SUD service providers. As of October 2022, all eight SWMBH counties are eligible for and participating in the expansion of OHH. SWMBH added a new Health Home Partner (HHP) in Berrien County in 2022, bringing the total number of HHPs in the SWMBH region to four:

1. Harbortown Treatment Center (Berrien County)
2. Summit Pointe (Calhoun County)
3. Victory Clinical Services (Calhoun County)
4. Victory Clinical Services (Kalamazoo County)

Since its start in October 2020, SWMBH's OHH program has enrolled 898 unique customers. These Medicaid-eligible customers receive intensive care management and care coordination services that are imperative for those struggling with an opioid use disorder. As indicated from the above data regarding opioid use disorder, successful implementation of this program could have a significant impact on improving outcomes for those customers enrolled in OHH. During SWMBH's first performance year (FY 22), two of the three MDHHS metrics were met, including, Initiation and Engagement to Treatment (IET14) and Follow up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD 7). SWMBH has created its own pay for performance measure: "60% of customers at each HHP are enrolled and active six months after enrollment." In FY 22, two of the three HHPs in the SMWBH region met this measure while the third was at 55%.

SWMBH has made progress in standardizing data collection for those enrolled in OHH to be able to better understand their needs and to better tailor the program to support those needs. This includes creating an extensive needs assessment that all OHH customers receive at the beginning of their enrollment in the program and is updated quarterly, creating a care plan document in SWMBH's MCIS for providers to complete with OHH customers upon enrollment and update quarterly, and completing site reviews. During the most recent site review, there were cases reviewed with customers who had disenrolled from OHH due to having met their needs and successfully completing their care plan. SWMBH will continue to look for expansion opportunities for this program due to the promising results from the health home model of care, including exploring a substance use disorder health home.

1.5 Addressing Communicable Disease

Southwest Michigan Behavioral Health has developed and implemented an array of services and practices, through its provider network, to prevent and detect communicable diseases and to refer persons receiving services to local resources and public service programs that address and treat communicable diseases. SWMBH, through its SUD provider network, has instituted the following practices:

1. Screening for HIV/AIDS-STD Communicable Diseases using the SWMBH-developed screening tool titled: Communicable Diseases Screening Tool (SWMBH Policy 11.5)
2. Referral for testing as indicated.
3. Provision of health education to persons that meet certain high-risk categorical definitions.

SWMBH will monitor provider compliance with the requirements and guidelines set forth by the MDHHS OROSC Prevention Policy #2 addressing Communicable Disease issues by:

1. Ensuring that that all treatment providers have a communicable disease policy on file with established procedures and protocols in place that minimally include counseling and referrals for testing.
2. Having providers maintain records on persons served, which include a health assessment that encompasses information on screening for high-risk behavior.
    a. All records will include documentation of: referrals made for testing, counseling provided regarding communicable diseases, other healthcare referrals and referrals made to the regional HIV Case Manager. This information is reviewed annually at site reviews.
    b. Requiring that a Communicable Disease Screening Tool be completed for each new admission to treatment.
    c. Requiring that all direct service staff of provider agencies meet the OROSC and SWMBH defined training requirements for communicable diseases (as stated in SWMBH Policy 11.5 (Communicable Disease Testing and Education).
    d. Additionally, SWMBH, in partnership with the Kalamazoo County Health Department, annually develops and implements a Communicable Disease Plan designed to provide HIV/AIDS education and counseling, testing and referral services (CTRS) services at selected SUD Provider locations in the Kalamazoo Area (See Attachment 14: 2024 CD HIV/CTRS Plan).

In early 2023, MDHHS circulated a draft proposing additional language to the "Prevention Policy #02 - Communicable Disease," focused on screening high-risk practices of persons using drugs by way of needle injection. The proposed change to the policy has not been, to date, officially adopted by MDHHS. SWMBH will adjust its policy and practices in accordance with the new proposed protocols as soon as the new policy is officially approved by MDHHS. SWMBH has already initiated the effort of developing a new Communicable Disease Questionnaire that incorporates the language proposed by the draft of the new MDHHS protocol. Although this specific screening is required for SUD contracted providers, all CMHSPs utilize a comparable health screening which is built into their respective electronic medical records.

2. Data-Driven Goals and Objectives

A review of the above epidemiological information, coupled with consultation and collaboration with a variety of internal and external stakeholders, priority areas for both SUD prevention and treatment services have been developed. Detailed information is included in both logic models for SUD prevention and treatment included in Attachments 5 and 11. A summary of the priority areas is included in Figures 9 and 10 below.

Figure 9:

Prevention		
Goal	**Activity/Immediate Outcome**	**Long-Term Outcome**
Reduce Abuse and Misuse of Prescription Medications	Increase perception of harm/danger associated with non-medical use of Rx drug by youth of school age and adults in the SWMBH area.	Decrease by 0.75% the past 30-day use rate of Rx Drug w/o medical prescription by youth of High School age in the SWMBH area by 2026 (based on MiPHY survey data).
	Hold community campaigns focused on increasing community utilization of med collection boxes available in each community.	Increase the number of unused/expired drug collection sites and events in the SWMBH counties by 2026. Decrease % the # Opioid Rx Units prescribed to SWMBH county residents by 2026.
	Increase # of persons trained on the Narcan Protocol in the SWMBH Counties.	Reduce by 20% the number of fatalities resulting from Opioid OD events.
	Increase access to Narcan in the SWMBH Counties.	
To Reduce Underage Drinking (UAD) and Other Consequences of Alcohol Abuse and Misuse	Increase perception of harm/ danger of UAD by youth of school age in the SWMBH area.	Decrease by 1.0% the past 30-day use rate of alcohol by youth of High School age in the SWMBH area, by 2026 (based on MiPHY survey data).
		Decrease by 0.5% the past 30-day binge drinking rate by youth of HS age in the SWMBH area, by 2026.
	Increase knowledge of parents/adults regarding UAD.	Increase by 2% the rate of parents in the SWMBH area who talk to their children about the dangers of drinking by 2026 (based on MiPHY survey data).
		Obtain Alcohol Retailer compliance rates of at least 90% in every SWMBH county.

Prevention		
Goal	**Activity/Immediate Outcome**	**Long-Term Outcome**
To Reduce Consumption and Access to Tobacco and Vaping Products by Underage Youth	Increase perception of risk, harm/danger associated with use of Vaping & Tobacco products among youth of high school age.	Decrease by 3% the 30-day rate of cigarette/cigar smoking and consumption of tobacco products by youth of High school age in the SWMBH area, by 2026 (based on MiPHY survey data).
	Increase parental/adult and youth (as appropriate) knowledge on health consequences, and potential negative impact of vaping use for brain development of youth.	Decrease by 3.0% the 30-day rate of vaping devices by youth of High school age in the SWMBH area by 2026 (based on MiPHY survey data).
	Increase compliance rates in formal and informal inspections of tobacco and vaping product retailers in the SWMBH area.	Obtain a minimum of 90% compliance rate each year.
To Reduce Use of Marijuana Among Youth of School Age	Increase perception of risk, harm, and danger associated with use of marijuana.	Decrease by 1.5% the 30-day rate of use of marijuana by youth of school age in the SWMBH area (based on MiPHY survey data).
	Increase parental/adult knowledge of the potential harmful impact of marijuana use on the brain development of youth (based on presentation surveys or pre/post test results of family-based curriculum-based programs).	

Figure 10:

SUD Treatment		
Goal	**Activity/Immediate Outcome**	**Long-Term Outcome**
Improve Treatment for Opioid Use Disorder	Improve care coordination for OUD customers through OHH services.	Improve health outcomes of customers.
	Utilize available grants to increase staffing of community health workers and recovery coaches at health home partners.	Decrease SUD related ED visits for OHH customers.
		Increase engagement and length of time in service.
	Complete OHH Needs Assessment and Care Plan in SWMBH MCIS.	Increase NOMS.
Improve Treatment for Stimulant Disorders - Methamphetamine	Review providers for fidelity of Matrix.	Increase % of StUD clients who complete/transfer to other level of care based on PSA of methamphetamine.
	Ensure provider staff are adequately trained in contingency management.	
	Provide training to regional withdrawal management providers.	Decrease % of customers who leave withdrawal management against medical advice.
Improve Engagement and Retention in SUD Treatment Services	Provide TA to providers to ensure services and interventions are customer centric and align with stage of change.	Increase % of clients completing treatment (BH TEDS d/c – completed or transferring).
	Ensure CSM services are being provided at all SUD opt providers.	Increase NOMS outcomes.
	Disseminate baseline data to SUD providers, explore barriers to meeting measures, develop timeliness to treatment report card for providers.	Decrease % of no shows for first service after request.
	As funding allows, increase outreach services (Project ASSERT) to help engagement.	Increase % of customers that receive a SUD service after an ED visit as defined by HEDIS.

SUD Treatment		
Goal	**Activity/Immediate Outcome**	**Long-Term Outcome**
Improve Transitions of Care	Identify best practices/activities for continuation in care	Increase % of customers who continue with treatment after residential
	Maintain/increase available beds for recovery housing.	Decrease re-admission rates to residential.
	Work with residential providers to implement best practices as related to discharge planning and follow up.	Decrease average number of days between discharge from residential and admission to next LOC.
	Monitor length of time to next level of care appointment.	
Expand Jail Based Programming for Medications for Opioid Use Disorder	Implement jail based MOUD programming. .	Decrease of withdrawal symptoms while in jail.
		Decrease of overdose deaths after release.
		Increase in continuation of services post release.
	Funding for staffing, medication, etc.	Increase in customers who are able to continue MOUD while incarcerated.

3. Coordinating Services with Public and Private Service Delivery Systems

As required in P.A. 500, SWMBH ensures collaboration and coordination with public and private service delivery systems, 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. Any initiative SWMBH undertakes is contingent on the strength of the respective partnerships with community stakeholders. These partnerships are represented in a variety of groups developed over the years. As mentioned previously in section 1.3, SWMBH coordinates and collaborates with a sizable number of agencies and businesses. Attachment 7 outlines in detail the variety of stakeholder partnerships established for prevention and treatment services. Attachment 12 details the key partnerships specifically for treatment and recovery services.

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

Advisory Commission (MCL 4.1851) to make recommendations for use of the State's opioid settlement funds.

The Pre-Paid Inpatient Health Plans (PIHPs) will not be direct recipients of opioid settlement funds, but they nonetheless have and will continue to collaborate with the Opioid Advisory Commission (OAC) to ensure alignment with its recommendations as detailed in its 2023 Annual Report and to be guided by shared values like advancing health equity, reducing stigma and cross-system collaboration. SWMBH shares the OAC's recommendation to apply opioid settlement funds to best practice strategies for SUD prevention, treatment and recovery, and to strategies with otherwise limited fund streams, e.g., jail-based services which currently can't be funded by Medicaid. SWMBH will continue to collaborate with the OAC, the Michigan Association of Counties (MAC), and other statewide and local stakeholders, including the local subdivisions in the region involved directly in the receipt and deployment of opioid settlement funds. Our Region is fortunate that the CEO of SWMBH is a Legislative Appointee to the Opioid Advisory Commission and a Gubernatorial Appointee to the Opioids Task Force, the only individual serving on both Groups and the only Regional Entity/Prepaid Inpatient Health Plan/Community Mental Health Entity CEO serving on the Opioids Task Force. This makes SWMBH uniquely positioned to influence and leverage newly emerging federal and state SUD service policy and funding.

Finally, SWMBH's integrated care team consults on a monthly basis with all Medicaid Health Plans who have covered beneficiaries in the region. These meetings focus on those individuals who are presenting to the public behavioral health system with complex care needs. This includes, but is not limited to, individuals with high medical needs, frequent emergency department visits, repeated inpatient psychiatric inpatient stays, and complicated co-occurring conditions. These shared customers are assigned to the integrated care team based on risk stratification to help with care coordination and to make sure all service needs are being met.

4. Decision-Making Processes by the SUD Policy Oversight Board

The SWMBH SUD Oversight Policy Board (OPB) is responsible for approving PA2 funded programming for both prevention and treatment services and is made up of at least one member of the eight SWMBH counties as appointed by the respective county Board of Commissioners. During each year's budget planning process, each board member reviews proposals for their respective counties, provides input and feedback to the proposals, and ultimately votes on each proposal. As part of the budget planning process, board members were provided a draft version of the strategic plan and were offered to provide input into the plan, identify areas of need, potential gaps in services in their respective counties, and a review of the general SWMBH priority areas based on available data sources.

The SWMBH OPB meets six times a year – every other month. In addition, the SWMBH OPB continues to review any Licensing and Regulatory Affairs (LARA) substance use disorder applications for in-region providers and makes recommendations to LARA. The SWMBH SUD OPB is updated on PA2 funded programming throughout the year, including formal review of outcome measures twice a year. Additionally, the SUD OPB is apprised of other various grant funded programming throughout the region, informed of various reporting measures, and are kept informed of key SUD initiatives. Although a separate board from the SWMBH Board, the SWMBH OPB works in collaboration with the SWMBH Board as it relates to policy and programming recommendations.

5. Evidence-Based Programs, Policies and Practices

As indicated above, SWMBH values providing evidence-based practices to customers. This is demonstrated in both prevention and treatment services and includes annual Fidelity Review Reports for all prevention and treatment providers. The detailed logic models in Attachments 5 and 11 outline various evidence-based practices that will be implemented to meet the respective metrics. These plans were developed from the feedback from various stakeholders including, but not limited to, prevention task forces and coalitions, SUD treatment providers, ROSC groups, community consortiums, boards, committees, and regional workgroups.

6. Allocation Plan

SWMBH retains the management, administration, planning, and financial oversight functions for the substance use disorder prevention, treatment, and recovery services. These tasks are cross functional within SWMBH, and all functional areas play an integral role in ensuring that medically necessary services are provided in a cost-effective manner. SWMBH relies on its contracted providers, including the CMHSPs, to provide excellent, evidence-based services for all programs.

6.1 Community Grant Requirements for Prevention

SWMBH's allocation plan for prevention services includes expenses of a minimum of 20% of Community Grant funding for primary prevention services, including an emphasis on increasing environmental change, integration of SUD prevention and health promotion, collaboration with primary care, collaboration with Michigan Tribal entities, and workforce development activity related initiatives. SWMBH has consistently met the federal and MDHHS requirements to expend a minimum of 20% of Substance Abuse Block Grant (SABG) allocations on prevention services. Due to reductions in SABG to the SWMBH region, the expansion of prevention services has been sustained by utilizing other federal and state grants. SWMBH has a designated financial analyst who works directly with the SUD department and has improved the way SWMBH monitors spending for all funding sources.

6.2 Research and Evidence-Based Care Available to Individuals Seeking Treatment and Recovery Support Services

SWMBH SUD treatment providers are now required to not only provide evidence-based practices but also to demonstrate fidelity to the model. To support providers in this effort, significant resources have been spent to purchase materials, help train, provide technical assistance, and on-going coaching for various models. Examples of evidence-based curriculums that are now found throughout SWMBH's treatment provider network include: Seeking Safety, Matrix Model, Motivational Interviewing, Living in Balance, Helping Women Recover, Helping Men Recover, TARGET (Trauma Affect Regulation: Guide for Education & Therapy), TREM (Trauma Recovery Empowerment Model), Women's Way Through 12 Steps, etc.

6.3 Provider Panel for Substance Use Disorder Treatment Services

SWMBH currently meets the MDHHS requirements for an adequate provider network for SUD treatment services. The SMWBH Provider Network Department, in collaboration with the SUD Department, reviews gaps in services and works to identify solutions to meet provider network needs. SWMBH maintains an open panel for SUD providers which allows for the ability to remain flexible and responsive to the local needs of each community. A good example of this flexibility was the ability to add additional withdrawal management and residential levels of care at the height of the opioid crisis to help meet the demand for services. SWMBH remains

committed to providing medically necessary services, while remaining nimble to meeting the ever-changing needs of its communities.

SWMBH has been able to expand the availability of MOUD by supporting the opening of an opioid treatment program in Calhoun County. Despite efforts to expand MOUD availability, SWMBH continues to evaluate the need for MOUD in many rural areas to help increase the availability of this needed service. The emergence of Certified Community Behavioral Health Clinics is reinforcing this important service in all areas of the region. SWMBH has also worked closely with the Michigan Opioid Collaborative over the past three years to help expand MOUD within the region.

A review of encounter data, BH TEDS data, financial reporting, and MDHHS reports indicate that SWMBH is a region that utilizes withdrawal management and residential services at a higher rate than other regions. Currently, ambulatory withdrawal management is an unmet need within the region. Further investigation, program planning, and evaluation of adding this service to the continuum of services offered is needed. SWMBH encounter, MMPBIS, and BH TEDS data suggest that many customers that are admitted to withdrawal management services are subsequently admitted to residential services. This same data also indicates that almost half of the customers discharged from residential services do not follow through with aftercare post discharge. Adding ambulatory withdrawal management, when appropriate, coupled with increasing recovery supports for customers, has the potential to increase the likelihood that customers will stay engaged in services.

SWMBH has three tribal populations within the region, Pokagon Band of Potawatomi, the Nottawaseppi Huron Band of the Potawatomi, and the Gun Lake Tribe. Efforts to include these tribal populations on the SWMBH provider panels have proven unsuccessful. However, SWMBH remains open to on-going partnership and collaboration with the tribes and, continues to participate in the Tribal Partners Consortium, and tribal representation on once substancue abuse coalition. Finally, SWMBH's naloxone distribution program for first responders provides naloxone kits to the Pokagon Band of Potawatomi, the Nottawaseppi Huron Band of the Potawatomi, and the Gun Lake Tribe.

6.4 Evidence of Intent to Ensure that Priority Populations are Served First and Foremost with Community Grant Funding

SWMBH is committed to ensuring Community Grant funding is available for services, including priority population, throughout the fiscal year as outlined in the MDDHS contract. This is done by monitoring community grant expenditures monthly, encounter reporting on a monthly basis, and other oversight strategies. If at some point community grant spending or reductions result in the maintenance of wait lists for priority populations, this will be done as outlined in SWMBH Policy 11.02, Wait List and Capacity Management for Substance Use Disorder Services.

Effective beginning April 1, 2020, under an arrangement between the Michigan Department of Corrections (MDOC) and MDHHS, SWMBH became responsible for medically necessary community-based substance use disorder treatment services (outpatient, withdrawal management, and residential services) for customers who have Medicaid or are uninsured and under the supervision of MDOC once those individuals are no longer incarcerated. Additionally, customers involved with MDOC are now considered a priority population. As a result of these changes, SWMBH now has a designated Care Manager who manages all MDOC referrals from community-based parole agents and MDOC prison staff arranging aftercare services for

individuals leaving incarceration. SWMBH hired a Priority Population Navigator in the fall of 2022 to help ensure all priority populations receive services within the required timeframes, help decrease barriers to treatment, and follow up with those customers as needed. Both new positions at SWMBH have helped improve access to treatment for criminal justice involved customers returning to communities.

6.5 Trauma Informed System of Care

SWMBH spearheaded a plan to create a trauma informed system of care starting in 2015 by engaging an expert, Dr. Laurie Markoff from the Institute of Health and Recovery, to develop, assess, and train providers both at the eight CMHSP's, as well as all SUD providers in the region. The SWMBH initiative began with self-assessments conducted internally with all organizations to determine the areas of priority and the education most needed by their staff at all levels. A trauma informed policy for the region was developed through SWMBH as a model for all providers to follow and develop their own policies and procedures for trauma informed care. To help support this initiative, trauma informed system of care training and trauma informed policies are required and reviewed annually at site reviews.

While the SWMBH Regional Trauma Team planned trainings for all providers on trauma informed systems, it became clear that there was a great need, especially in the SUD realm, for additional evidence-based practices that addressed the treatment of trauma. Subsequently, trainings were held on both Helping Men Recover and Seeking Safety for adults and children. The Seeking Safety curriculum has been implemented in nearly all providers at minimum on an individual basis and many have incorporated it into their IOP programs to help reduce triggers to use. Providers are also encouraged to provide EMDR and CBT as appropriate to their expertise level if the customer is experiencing trauma.

As the opioid crisis raged, SWMBH providers experienced innumerable loss of customers to overdose. In response to this, SWMBH developed many trainings for clinicians, supervisors, and recovery coaches specific to secondary trauma and self-care during this epidemic. SWMBH's prevention providers and those distributing Naloxone integrated trauma information in their trainings and the Adverse Childhood Experiences (ACEs) studies have been very helpful in changing perceptions and opinions in the community about drug addiction and stigma related to SUD.

As its trauma informed care program developed over time, SWMBH has required providers to have at least one trauma focused training per year and to continue to enhance their clinical skills to provide additional EBP trauma services. SWMBH's access staff are also trained to help ensure effective screening for trauma is made at first contact. SWMBH continues to offer trainings and has tools available to ensure a trauma informed and trauma responsive system of care in Southwest Michigan.

7. Implementation Plan for SUD Prevention, Treatment, and Recovery Supports

SWMBH's SUD department, with the support of all functional areas (Finance, Operations, Quality Assurance and Performance Improvement, Clinical Quality, Information Technology, Corporate Compliance, Provider Network, Utilization Management, and Customer Services) are responsible for the implementation of SUD services as defined by respective contractual requirements. As outlined in Attachments 5 and 11, the respective logic models define goals and objectives for SUD prevention and treatment services. A summary is provided below in Figure 11.

Figure 11:

Prevention		
Goal	**Responsible Entity**	**Target Completion Date**
To Reduce Abuse and Misuse of Prescription Medications	SUD Task Forces, SUD Prevention Providers	9/30/26
To Reduce Underage Drinking and Other Consequences of Alcohol Abuse and Misuse	SUD Task Forces, SUD Prevention Providers	9/30/26
To Reduce Consumption and Access to Tobacco and Vaping Products by Underage Youth	SUD Task Forces, SUD Prevention Providers	9/30/26
To Reduce Use of Marijuana Among Youth of School Age	SUD Task Forces, SUD Prevention Providers	9/30/26
SUD Treatment		
Goal	**Responsible Entity**	**Target Completion Date**
Decrease Opioid Use Disorder	SWMBH, Health Home Partners	9/30/26
Provide Effective Treatment for Stimulant Use Disorder	SWMBH, SUD Treatment Providers	9/30/26
Improve Engagement and Retention in SUD Treatment Services	SWMBH, SUD Treatment Providers	9/30/26
Increase Continuation Rate of Customers Discharged from Residential Treatment	SWMBH, SUD Treatment Providers	9/30/26
Expand Recovery Housing Availability	SWMBH, Recovery Service Providers	9/30/26

8. An Evaluation Plan for Implementing a Recovery-Oriented System of Care

8.1 Prevention

SWMBH provides evaluation for prevention services and the SUD prevention logic model (Attachment 5) defines the structure for monitoring outcomes of the strategic plan. The logic model, goals, and objectives will be evaluated annually to determine the effectiveness of interventions. Annual outcome measurement instruments are also developed with all SUD prevention providers and are adjusted as needs change.

8.2 Treatment

SWMBH provides evaluation for treatment services and the SUD treatment logic model (Attachment 11) defines the structure for monitoring outcomes of the strategic plan. Data reporting on identified outcomes, MMPBIS, data trends, and other relevant metrics are reviewed at various regional committees, work groups, and boards. The Substance Use Directors Workgroup is the primary stakeholder group responsible for achieving the aforementioned metrics as this group's membership consists of all SWMBH contracted treatment and recovery services providers. Additional performance metrics for SUD treatment are outlined in Figure 12 below:

Figure 12:

Domain	Measure	Evaluation Mechanism
Health and Safety	Sentinel Event	SWMBH Quality Assurance/Performance Improvement reporting
Administration: Use of Public Funds and Compliance	On-Time Reporting	MDHHS/SUGE Reporting
	Withdrawal Management Subsequent Services	MMPBIS Reporting
	Outpatient Continuation	Claims/Encounter Reporting; HEDIS Engagement Reporting
	Funds spent on Services	SWMBH Financial Reporting/Legislative Report
	Funds spent on Integrated Treatment	SWMBH Financial Reporting
	Funds spent on Recovery Services	SWMBH Financial Reporting/Legislative Report
	Treatment Outcomes/NOMS: • Employment • Housing • Education • Recidivism	BH TEDS A/D/S records

Domain	Measure	Evaluation Mechanism
Penetration Rates for Selected Populations	Youth (12-17)	BH TEDS/SWMBH MCIS
	Young Adults (18-25)	
	Women of Childbearing Age	
	African Americans	
	Native American	
	Hispanic	
	Persons with OUD	

8.3 Women's Specialty Services

Women's Specialty Services (WSS) are available in the SWMBH region. Currently, the SWMBH region has five Designated Women's Programs (DWP): Pines Behavioral Health (Branch County CMH), Community Healing Center (Kalamazoo County), Riverwood Center (Berrien County CMH), Pivotal (St. Joseph County CMH), and Woodlands Behavioral Health (Cass County CMH). Each DWP has been able to implement consistent WSS services and meet criteria for programming as outlined by MDHHS. Services that are being consistently provided to all customers include case management, gender specific treatment services (individual and group therapy), transportation, recovery coaching, prenatal education, and linking to employment services. Additionally, the SWMBH region is fortunate to have two women's recovery house (Bethany House in Kalamazoo and Hope House in Sturgis) that houses women and their children/babies. Although Calhoun County does not have a DWP, WSS funding is used to help support a case management position at a gender specific outpatient program. This particular agency does not contract with SWMBH for Medicaid or Block Grant services. On-going discussions and partnerships with this agency will continue to help fill this need in the county. Unfortunately, the residential treatment center specific to women in Branch County closed its doors and the contract with SWMBH was ended in the spring of 2023. A summary of DWPs and treatment services offered are provided in Figure 13 below.

Figure 13:

Designated Women's Program	County	Treatment Services
Community Healing Center	Kalamazoo	OP, IOP, case management, recovery housing, withdrawal management, residential
Pines Behavioral Health	Branch	OP, IOP, case management
Riverwood	Berrien	OP, IOP, case management
Pivotal	St. Joseph	OP, IOP, case management
Woodlands Behavioral Health	Cass	OP, IOP, case management

SWMBH has emphasized consistency among DWPs. During the initial contact with WSS eligible customers, providers identify unmet needs by utilizing a standardized "needs checklist" that was developed in partnership with all the DWPs. Referrals, if necessary, are made and information on available community resources are given to the parents. Throughout treatment, needs are regularly reassessed to help ensure that both parent and child(ren) have the resources needed. Referrals to qualified treatment facilities and home-based services are available for children, as well as coordination with school counselors, to ensure that care is established and provided between the school and home. The DWPs work diligently to build and maintain good working relationships with hospitals, doctor offices, specialty courts, and Children's Protective Services (CPS). Establishing good working relationships with CPS and specialty courts will not only increase referrals, but most importantly will provide the opportunity to WSS to engage parents in services before they lose custody of their child(ren) and help them navigate parenting and the challenges of early recovery.

The most recent data available for neonatal abstinence syndrome (NAS) from MDHHS (Michigan Resident Live Birth Files Linked with Michigan Hospital Discharge Data, Division for Vital Records and Health Statistics, MDHHS, May 2022) reports on incidence rates of NAS by Prosperity Regions. Prosperity Region 8 includes seven of SWMBH's eight counties (excludes Barry County). This data indicates that the rate of NAS per 100,000 live births and the number of NAS cases has decreased from 2017 to 2020. Despite this improvement, SWMBH continues to support programming to ensure that babies are born substance free. These programs include funding a Healthy Babies Healthy Start (HBHS) care manager position. HBHS is a long-standing community program built to address Kalamazoo's infant mortality disparity. HBHS accomplishes this through community collaborations promoting changing systems that negatively impact families, providing one-on-one support through home visits, and undertaking community health initiatives.

Community Healing Center (CHC), a DWP in Kalamazoo, also has a program focusing on improving and increasing drug free births. CHC works closely with Bronson Health and Ascension Borgess Health hospitals in the following capacity:

1. They provide substance use disorder education to the nursing staff to decrease stigma towards the mothers who use substances while pregnant.
2. They coordinate care to women in the second trimester and advocate for preventative treatment for mental health issues during pregnancy and postpartum.
3. They regularly assess women for postpartum depression and assist women in seeking help by linking, advocating, and transporting the women to treatment.

Additionally, CHC staff coach mothers to care for their infants by teaching them soothing/calming techniques, the importance of establishing routines and following up with medical and dental appointments for infants and young children. The WSS coordinator regularly visits the new mothers and infants at the hospital and at home.

Evidence-based intervention and integration of trauma responsive services have been implemented in all the DWPs. SWMBH ensures that all providers adhere to this standard by performing yearly evaluations as well as offering frequent training. In addition to gender specific programming, the following evidence-based interventions are regularly provided: Motivational Interviewing, Cognitive Behavioral Therapy, Seeking Safety, Helping Women Recover, a

Woman's Way Through the 12 Steps, and Trauma Recovery Empowerment Model for Women (TREM).

In the most recent site review and evaluation, it was found that women specialty services and programing are being consistently provided. While ongoing monitoring is not required, SWMBH is committed to maintaining oversight to ensure the effective and timely delivery of core services. To facilitate this, SWMBH has implemented a quarterly regional meeting focused on women specialty services. Additionally, SWMBH maintains a close relationship with service providers, fostering open and frequent communication, as well as collaboration in generating ideas, problem solving and clarifying the standards for Designated Women's Programs. By adhering to these measures, eligible women, men, and children receive the most appropriate services available to them. Goals and objectives for Women's Specialty programming can be found on Attachment 13.

8.4 Persons with Opioid Use Disorder

All SMWBH SUD treatment providers are prepared to provide evidence-based treatment to customers presenting with an Opioid Use Disorder (OUD). As indicated throughout this document, customers presenting with an OUD continues to be a significant concern for the SWMBH region. For those customers requiring MOUD, SWMBH's contracted providers are listed below in Figure 14.

Figure 14:

County	Provider	MOUD Available
Berrien	Harbortown	Buprenorphine, Naltrexone, Methadone
Berrien	Intercare	Buprenorphine, Naltrexone
Branch	Pines Behavioral Health	Buprenorphine, Naltrexone
Calhoun	Summit Pointe	Buprenorphine, Naltrexone
Calhoun	Victory Clinical Services	Buprenorphine, Naltrexone, Methadone
Kalamazoo	Community Healing Center	Buprenorphine, Naltrexone
Kalamazoo	Integrated Services of Kalamazoo	Buprenorphine
Kalamazoo	Victory Clinical Services	Buprenorphine, Naltrexone, Methadone
Saint Joseph	Pivotal	Buprenorphine
Van Buren	Intercare	Buprenorphine, Naltrexone

In addition to the SWMBH contracted providers for outpatient medications for opioid use disorder (MOUD), Bronson Health and Borgess Ascension Health received funding from the Michigan Opioid Partnership at the Community Foundation for Southeast Michigan. This grant's goal is to increase access to MOUD and transition customers to long-term treatment upon discharge from emergency departments. Induction of buprenorphine at the emergency department has started at Borgess (Kalamazoo) and four Bronson emergency departments (Battle Creek, Kalamazoo, Paw Paw, and South Haven). Although not directly involved in this grant, SWMBH has been involved with partnerships to help facilitate additional recovery supports at these respective emergency departments and coordinate on-going treatment after discharge from the emergency department. This is yet another pathway to services to those individuals with an opioid use disorder.

8.5 Services to Older Adults

Following the strategic initiative led by OROSC to expand the system capacity to provide behavioral health services to older adults, SWMBH will be working closely with MDHHS Older Adult Wellbeing Workgroup (OAWW) to implement programs and services designed to address the specific needs of this demographic subset.

The older adult segment is expanding significantly, and Michigan is, based on census data, a "rapidly aging State." The population aged 65 and older in Michigan has increased significantly in the past 9 years going from 13.8% in 2010 to 17.2% in 2019 and is projected to be as large as 27% of the general population by 2050. Along with a sizeable rise in numbers, there will also be a rapid increase in demand for physical and behavioral healthcare services designed to address the age-specific needs of this population. Current SUD epidemiological data available for this subset of the population already demonstrates an emerging pattern of substance use and consequences that allows SWMBH to predict the behavioral health priority areas of this population in the coming years:

1. Alcohol consumption and consequences: Alcohol is the leading cause of alcohol and other drug related deaths among Michigan residents ages 55+ and alcohol use disorder is a significant cause of admission to publicly funded treatment (TEDS data) services.
2. Opioid-based addiction and opioid overdose incidents: Health conditions associated with aging, leading to chronic pain and the need for pain relief, create an intrinsic vulnerability to opioid use disorders and opioid overdose incidents in this age group. Opioid overdose deaths have increased significantly among Michigan residents ages 55+ since 2013.
3. Also, among the concerns related to substance use and abuse issues, epidemiological data indicates an increase in the use of cocaine in this age group (55+) in Michigan.
4. Current healthcare structure in Michigan does not sufficiently and adequately provide for aging-specific intervention to SUD prevention, SUD treatment, recovery support, and other health-related issues that require an integrated and aging-differentiated approach to care.

SWMBH has reviewed the Older Adult Manual issued by MDHHS in 2021 and will continue to make adjustments to its programs and service structures in order to identify and address planning and service needs specific to this demographic group. In doing so, it is SWMBH's intention to:

1. Address the service priority areas of this group, as outlined in the MDHHS manual and identified by the local communities of the SWMBH region,
2. Include aging-specific interventions and service practices recommended by the MDHHS Older Adult Wellbeing Workgroup (OAWW),

3. Incorporate evaluation benchmarks that allow effectiveness of interventions and programs to be measured, demonstrated, and adjusted, as necessary,
4. Follow the technical specifications, advisories and timelines for services to this population, as established by MDHHS OAWW.

A review of the past three years of BH TEDS Admission data reveals that individuals aged 50+ account for approximately 20% of admissions. Based on this data, it appears that SWMBH has adequate access to treatment for treatment services for older adults. However, as indicated above, SWMBH will continue to monitor this data and adjust programming and provider network capacity as needed. Additionally, it is important to note that most of this population is covered under non-Medicaid health insurance plans. As the PIHP's role is to provide SUD treatment services to Medicaid and un-insured customers, impacting treatment outcomes will be a challenge. However, SWMBH is committed to providing appropriate prevention and recovery services and will partner with various behavioral health providers to ensure individuals receive appropriate services.

9. Cultural Competence for Policies, Programs, and Practices

To provide effective SUD services in the SWMBH region, it is critical that SUD providers develop cultural competency skills that are responsive to the demographic characteristics of its minority communities, that recognizes the dynamics of health disparities affecting the minority populations, and that is sensitive to the dynamics of social integration of these minority groups. Effective SUD services in this area need to overcome language barriers, be prepared to engage persons with distinct world views, and recognize the history of treatment of minorities in the country and in local communities. To accomplish that, it is imperative that the SUD service system embrace cultural and ethnic diversity in its staff composition, choose intervention modalities and evidence-based practices with demonstrated effectiveness to diverse groups, and invest in skill development of its workforce to ensure proper cultural responsiveness. Provision of culturally effective SUD services in the SWMBH region requires that the workforce of SWMBH and its provider network develop at minimum, the following set of cultural competency skills:

1. Ability to constantly conduct a purposeful self-examination intended to increase awareness of own cultural values, implicit bias, and of the history of treatment of minorities. This includes, but is not limited to: Attitudes, unstated beliefs, unconscious/subconscious biases, inherited values from previous generations, upbringing, "white privilege" concepts and other influences (personal or societal) that form our world view, influence judgment, create our social norms and shape our values.
2. Knowledge of engagement techniques and dynamics of communication that will help develop relationships and serve, in a sensitive and effective manner, customers of targeted groups and minority communities (e.g., vocabulary choice, level, topics and dynamics of conversation, gesturing).
3. Knowledge of living characteristics and dynamics of social functioning of communities served and of the various groups and communities that are part of these communities (e.g., role/composition of family, social networks, rural/urban distinctions, age, gender identity issues, economic status, education level, institutions that shape norms of the community/group, etc.).
4. Because of the steady shift in demographics in the region, with an increasingly significant presence of migrant workers and the influx of families from other parts of the world, the demand for bilingual/multilingual resources and skills (especially as it pertains to the use

of Spanish and Arabic languages) for delivery of SUD services in the SWMBH region is on the rise. This will require SWMBH and its provider network to increasingly emphasize the utilization of bilingual/multilingual resources and develop a strategy for hiring and training of its workforce.

SWMBH is engaged in promoting cultural competency throughout its network through the development and implementation of policies, programs, practices, and training specifications that support the workforce of its provider network in advancing the cause of equity and in complying with various federal and state mandates. These vehicles promote, support, and continually expand the concept of inclusion and of a culturally responsive approach to service in all domains of its operational responsibility and control. Oversight and monitoring of cultural competency fall under various SWMBH departments including General Management, Provider Network, Customer Services, and Corporate Compliance.

To build and maintain the highest level possible of cultural competence of its workforce and of its service delivery systems, SWMBH has established standards that emphasize learning and focus on service practices designed to respond effectively to the diverse needs and characteristics of the demographics that SWMBH has the responsibility to serve. These standards and practices are built into the components that regulate communication, contracts, service specifications, and expectations of its provider network.

SWMBH monitors various components and indicators of cultural competence and practice through mechanisms designed to monitor service performance such as site visits, compliance reviews, service outcomes benchmarks, community penetration rates, etc. Technical assistance and training support are provided by SWMBH to increase the cultural competence and responsiveness of its workforce and in response to pertinent developments of the ever-changing socio-political environment. SWMBH also relies on directives and guidance from MDHHS to help reduce health disparities, to increase service access to minorities, to engage excluded communities, to address social determinants of health, and to mitigate the negative consequences that all these factors have on the health and wellbeing of those served.

During FY 23, SWMBH was awarded a five-year SAMSA grant through the MI-PAC (Michigan Partnership to Advance Coalitions) project. The objective of this grant for the SWMBH area is to establish a regional SUD Prevention Health Disparities coalition designed to provide guidance to the local Substance Abuse Task Forces (SATF) and SUD providers in the region, on issues such as:

1. How to assess/identify SUD prevention needs of minority groups at the local level.
2. How to engage minority groups at the local level.
3. How to recruit representatives of minority groups for the local Coalitions.

This Regional Coalition, named Regional Health Equity Alliance (RHEA), will be expected to:

1. Develop, research, and/or identify educational materials focused on minority groups, which can be shared with the local SATFs for their SUD campaigns (e.g., educational materials that are culturally relevant, inclusive, and designed to educate specific minority groups).
2. Identify strategies to increase penetration of campaigns in minority communities, families, neighborhoods, institutions, etc.
3. Identify SUD Prevention practices and programs normed on, and designed for, minority groups.

Additionally, SWMBH has be able to develop and implement (with support and funding from MDHHS SUGE) a program to provide early intervention EBP restorative program (using primarily PFL) in Spanish language online, to persons with language barriers and who are referred by a community partner (e.g., Court Systems, Schools, Human Services Organization) following an occurrence (e.g., Legal consequence, school policy violation) that requires some sort of restorative action. This program has been established to better serve members of the Hispanic Communities in the SWMBH region who are at a higher risk to develop SUDs or are negatively affected by the consequences of alcohol and drug use/misuse.

ATTACHMENTS

Attachment 1: Regional Demographic Data (US Census, 2020)

Demographic Variable	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St. Joseph	Van Buren	SWMBH
Population Estimates, July 1, 2022, (V2022)	63,554	152,900	44,531	133,289	51,403	261,173	60,874	75,692	843,416
Population estimates base, April 1, 2020, (V2022)	62,428	154,320	44,860	134,293	51,591	261,663	60,939	75,593	845,687
Population, percent change	1.8%	-0.9%	-0.7%	-0.7%	-0.4%	-0.2%	-0.1%	0.1%	-0.3%
Agen & Sex									
Persons under 5 years, percent	5%	5%	6%	6%	5%	6%	6%	6%	6%
	3,368	8,257	2,716	7,597	2,467	14,887	3,713	4,390	47,396
Persons under 18 years, percent	22%	22%	23%	23%	21%	22%	24%	23%	22%
	13,855	33,026	10,376	30,257	10,589	56,152	14,853	17,561	186,669
Persons 65 years and over, percent	19%	21%	19%	18%	22%	16%	19%	19%	18%
	12,202	31,803	8,372	24,525	11,360	41,265	11,383	14,533	155,444
	31,332	77,520	21,330	67,578	25,393	132,937	30,194	37,997	424,281
Race & Hispanic Origin									
White alone, percent	96.20%	79.90%	94.30%	81.30%	89.60%	80.90%	93.50%	91.30%	85.02%
	61,139	122,167	41,993	108,364	46,057	211,289	56,917	69,107	717,033
Black or African American alone, percent	0.80%	14.40%	2.50%	11.10%	5.20%	11.80%	2.50%	3.80%	9.05%
	508	22,018	1,113	14,795	2,673	30,818	1,522	2,876	76,324
American Indian and Alaska Native alone, percent	0.60%	0.70%	0.60%	0.80%	1.20%	0.50%	0.60%	1.20%	0.71%
	381	1,070	267	1,066	617	1,306	365	908	5,981
Asian alone, percent	0.60%	2.10%	0.70%	2.80%	0.80%	2.80%	0.70%	0.70%	1.93%
	381	3,211	312	3,732	411	7,313	426	530	16,316
Native Hawaiian and Other Pacific Islander alone, percent	NA	0.10%	NA	0.10%	0.10%	0.10%	Z	0.10%	0.08%
		153		133	51	261		76	674
Two or More Races, percent	1.80%	2.90%	1.90%	3.90%	3.20%	3.90%	2.60%	2.80%	3.22%
	1,144	4,434	846	5,198	1,645	10,186	1,583	2,119	27,155
Hispanic or Latino, percent	3.50%	6.10%	5.80%	5.80%	4.40%	5.60%	8.80%	12.30%	6.33%
	2,224	9,327	2,583	7,731	2,262	14,626	5,357	9,310	53,419
White alone, not Hispanic or Latino, percent	93.20%	74.70%	89.20%	76.70%	85.90%	76.50%	85.50%	80.40%	79.71%
	59,232	114,216	39,722	102,233	44,155	199,797	52,047	60,856	672,259
Population Characteristics									
Veterans	3,808	8,401	2,368	8,771	3,206	12,895	3,694	4,036	47,179
Foreign born persons, percent	2.10%	5.20%	4.40%	4.00%	1.90%	5.40%	3.40%	5.00%	4.45%
	1,335	7,951	1,959	5,332	977	14,103	2,070	3,785	37,511
Housing									
Housing units, July 1, 2022, (V2022)	27,807	77,308	20,854	59,621	25,691	114,838	27,277	37,430	390,826
Owner-occupied housing unit rate,	85.90%	71.90%	75.50%	70.40%	81.90%	63.70%	74.50%	78.90%	71.79%
	54,593	109,935	33,621	93,835	42,099	166,367	45,351	59,721	605,523
Median value of owner-occupied housing units	$187,100	$165,000	$121,400	$119,400	$161,800	$178,100	$134,600	$155,500	$152,863
Median selected monthly owner costs -with a mortgage	$1,383	$1,250	$1,096	$1,132	$1,251	$1,389	$1,118	$1,276	$1,237
Median selected monthly owner costs -without a mortgage, 2017-2021	$493	$475	$434	$477	$451	$560	$441	$483	$477
Median gross rent, 2017-2021	$928	$806	$804	$821	$737	$891	$743	$788	$815
Building permits, 2022	195	287	353	95	153	457	118	173	1831
Families & Living Arrangements									
Households	24,115	63,403	16,625	53,197	20,704	105,299	23,670	29,148	336,161
Persons per household	2.6	2.4	2.6	2.5	2.5	2.4	2.5	2.5	2.5
Living in same house 1 year ago, percent of persons age 1 year+	88.80%	86.80%	88.20%	87.00%	87.60%	81.70%	88.80%	87.50%	85.73%
	56,436	132,717	39,276	115,961	45,029	213,378	54,056	66,231	723,085
Language other than English spoken at home, percent of persons age 5 years+	2.80%	7.30%	9.40%	6.60%	3.50%	7.10%	11.70%	9.80%	7.21%
	1,780	11,162	4,186	8,797	1,799	18,543	7,122	7,418	60,807
Computer & Internet Use									
Households with a computer	90.00%	91.00%	89.40%	90.70%	90.70%	94.20%	88.00%	92.30%	91.67%
	57,199	139,139	39,811	120,893	46,623	246,025	53,569	69,864	773,122
Households with a broadband Internet subscription	82.30%	80.30%	81.80%	85.40%	84.70%	89.40%	82.70%	85.70%	85.08%
	52,305	122,779	36,426	113,829	43,538	233,489	50,343	64,868	717,577
Education									
High school graduate or higher, percent of persons	93.40%	90.80%	88.90%	91.00%	89.10%	94.30%	86.80%	88.30%	91.39%
	59,359	138,833	39,588	121,293	45,800	246,286	52,839	66,836	770,835
Bachelor's degree or higher, percent of persons age 25 years+	24.10%	29.00%	15.40%	21.80%	20.90%	40.40%	16.40%	21.40%	28.22%
	15,317	44,341	6,858	29,057	10,743	105,514	9,983	16,198	238,011
Health									
Persons without health insurance, under age 65 years	6.70%	7.60%	9.30%	6.50%	7.30%	6.80%	10.40%	8.70%	7.48%
	4,258	11,620	4,141	8,664	3,752	17,760	6,331	6,585	63,112

Attachment 1 (cont.): Regional Demographic Data (US Census, 2020)

Demographic Variable	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St. Joseph	Van Buren	SWMBH
Economy									
In civilian labor force, total, percent of population age 16 years+	61.00%	61.70%	57.40%	59.90%	60.30%	66.50%	62.40%	60.40%	62.47%
	38,768	94,339	25,561	79,840	30,996	173,680	37,985	45,718	526,888
In civilian labor force, female, percent of population age 16 years+	56.10%	57.50%	53.00%	57.00%	56.40%	63.00%	55.20%	56.40%	58.45%
	35,654	87,918	23,601	75,975	28,991	164,539	33,602	42,690	492,970
Total accommodation and food services sales ($1,000)	52,081	331,214	63,687	567,123	34,477	622,280	77,426	108,253	1,856,541
Total health care and social assistance receipts/revenue$1,000)	129,977	987,591	136,097	1,138,820	75,798	2,818,164	184,932	197,284	5,668,663
Total transportation and warehousing receipts/revenue, 2017 ($1,000)	11,061	358,461	35,197	346,754	27,575	432,969	51,432	38,573	1,302,022
Total retail sales, 2017 ($1,000)	326,476	1,781,452	508,870	1,855,418	289,666	3,706,657	763,925	752,960	9,985,424
Total retail sales per capita	$5,379	$11,548	$11,740	$13,833	$5,621	$14,073	$12,585	$10,000	$84,779
Transportation									
Mean travel time to work (minutes), workers age 16 years+	28.4	20.7	21.4	20.3	24.9	20.3	21.1	24.1	22.7
Income & Poverty									
Median household income (in 2021 dollars), 2017-2021	$68,779	$55,893	$56,077	$53,286	$60,725	$61,739	$57,080	$61,549	$59,391
Per capita income in past 12 months (in 2021 dollars)	$35,767	$33,434	$27,575	$29,385	$34,900	$34,928	$27,943	$29,399	$31,666
Persons in poverty, percent	8.90%	16.10%	12.50%	13.70%	11.50%	14.10%	12.40%	13.30%	13.57%
	5,656	24,617	5,566	18,261	5,911	36,825	7,548	10,067	114,452
Total employment, 2021	10,645	50,548	11,367	48,080	7,906	108,646	18,994	15,693	271,879

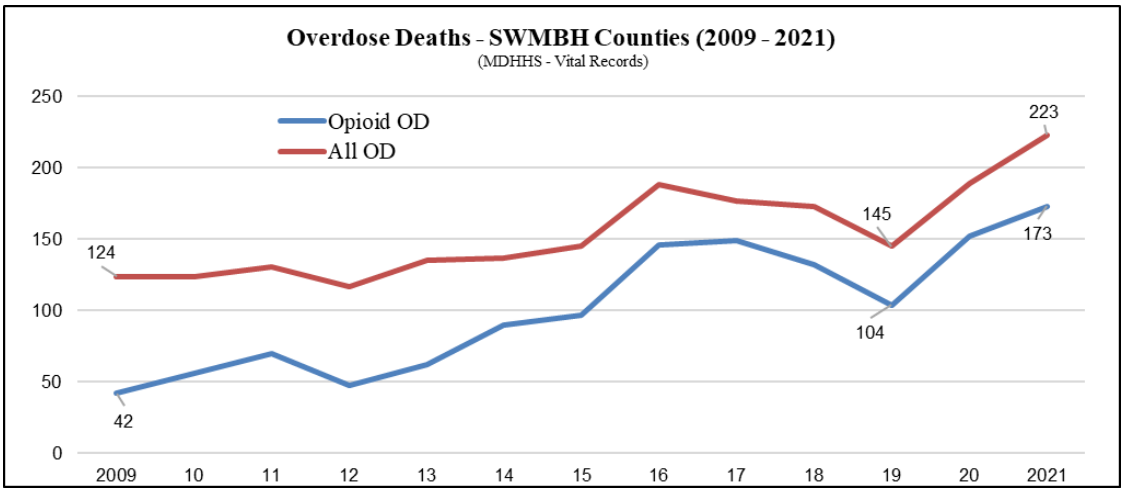
Attachment 2: MAPS Drug Utilization Report (2019-2021) - Volume of Opioid Prescriptions in the SWMBH Region

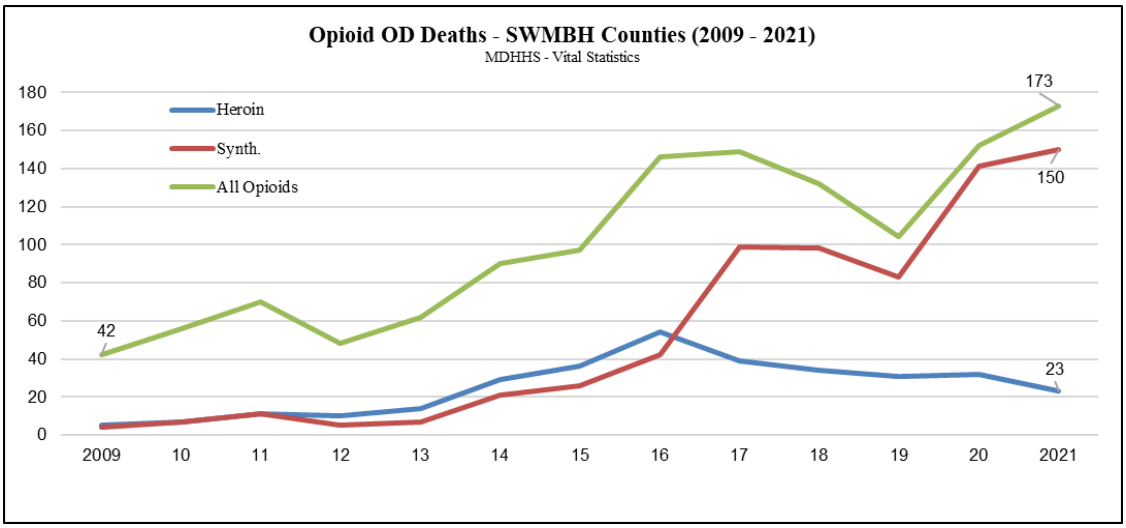
Year	Volume: # Rx Opioid Units (ex. pill)	Difference from prior year	# of SWMBH Population with opioid prescription	% of SWMBH Population with opioid prescription
2019	37,222,153	-15.3%	182,942	21.6%
2020	34,845,526	-6.4%	167,282	19.8%
2021	32,824,216	-5.8%	172,913	20.5%

Attachment 3: Other Prescription Medications with Addiction Potential in the SWMBH Region

Drug	# of Units	# of SWMBH Population with prescription	# of Prescriptions
Amphetamines	8,176,842	41,912	197,227
Benzodiazepines	14,954,551	73,949	293,919

Attachment 4: Overdose Deaths





Attachment 5: SWMBH Logic Model for SUD Prevention

Goal: To Reduce Abuse and Misuse of Rx. Meds - Emphasis on Opioid Analgesic Medications					
Consequence (Primary Problem)	**Intervening Variables**	**Objective**	**Activity/Immediate Outcome**	**Long-Term Outcome**	**County(s) where activity will occur**
a) Elevated rate of past 30-day consumption of prescription medication w/o a Prescription by youth of High school age in the SWMBH region (Regional Avg: 4.7%; MIPHY 2022) **b**) Rx Drug abuse (Heroin/Opioid meds as PSoA) accounted for 21.8% of all BG, Medicaid admissions to SUD TX (TEDS 2023) in the SWMBH area (FYs 2019-20) **c**) High # of Opioid-related deaths in the SWMBH region (S1321 Opioid OD fatalities since from 2009-21 in the area). **d**) National Data: 5 million Americans aged 12 have an OUD (2021 NSDUH); **e**) 8.1 million people reported misusing a RX pain reliever in the past 12 months (NSDHU)	a) Pervasive and prevalent misperception by the public that Rx drugs are "less harmful than illicit drugs" or other addictive chemical substances **(**https://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/what-scope-prescription-drug-misuse**)**	1) Implement curriculum based educational programs (EBPs) targeting youth of school age to increase perception of potential harm, danger & consequences associated with misuse of Rx drug and the addictive potential of Opioids b) Develop multi-media education campaigns in each county of the SWMBH area focused on parents/ adults, designed to increase knowledge of the potential harm and consequences of Rx Drug abuse and the addictive nature of Opioids	EBP curriculum-based programs (education strategy): Immediate outcomes: a) Increase perception of harm/danger associated with non-medical use of Rx drug by youth of school age in the SWMBH area; EBPs to be used: (Youth) PFL, Teen Intervene, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive; (Parents): GGC, SFP • **OM: ≥5%** increase based on pre/post test results	a) Decrease by .75% the past 30-day use rate of Rx Drug w/o medical prescription by youth of High School age in the SWMBH area, by 2026 (based on MiPHY survey data)	• Barry: LST, PFL, GGC • Berrien: TNDA, MMHP • Branch: PFL, TNDA, LST, GGC, SFP • Calhoun: PFL, Teen Intervene, TNDA, LST, AA, Pos. Act., SFP • Cass: PFL, TNDA, GGC • Kazoo: PFL, PA, LST, Drive, GGC, • St. Joe: PFL, TGFD • VB: PFL, LST
	b) High rate of availability of Prescribed meds per household in the SWMBH area: • 98 Opioid Units per household/per year; MI AVG: 101); • 20.5% of the region's population had at least one Rx. Opioid Prescription in 2021) c) Easy access leads to accumulation of household meds, which in turn may create the likely circumstances for negative outcomes (accidental poisoning, pilfering, non-medical use, etc.) https://www.verywellhealth.com/safe-drug-disposal-2615032	2) Develop local and regional resources and initiatives to support healthcare providers/s efforts to train workforce and implement safe opioid prescribing and/or alternative practices for Tx. of acute and chronic pain (Help counter recent medical history of unsafe and excessively high pattern of Opioid prescribing for Tx. of Acute Pain. 3) Develop multi-media educational campaign in each county of the SWMBH area targeting parents/ adults, designed to increase knowledge of strategies/ techniques to safeguard Rx meds being used in the household (increase difficulty of access for non-intended purposes); 4) Develop multi-media campaign to help communities develop the norm of using local med disposal programs (promote local med disposal sites, programs, events)	b) Organize & Support educational forums for healthcare workforce on Opioid-related issues. **OMs:** • # of education Event • Participant Survey results b) Hold community education campaigns targeting parents in each County of the SWMBH area, focused on: - Increasing parental knowledge of the potential harm, danger associated with misuse of Rx meds; - Increasing knowledge of families of strategies & techniques to safeguard Rx meds being used in the household (increase difficulty of access for non-intended purpose); **OMs:** • # persons reached by campaign message/posts; • Event Survey results c) Hold community campaigns focused on increasing community utilization of med collection boxes available in each community; d) Hold at least one Rx take back event in each County of the SWMBH area **OMs:** • # persons reached by campaign message/posts; • # lbs. collected	b) Decrease % the # Opioid Rx Units prescribed to SWMBH county residents by 2023 (based on the MAPS Annual Drug Utililz. Rpt) c) Decrease by 10% the number of deaths and caused by or associated with Rx misuse/ abuse, by 2023 (based on MDHHS vital Records data) d) Increase total amt. of med collection in the SWMBH area by 5% each year for the next three years through year-round med collection programs & events (based on med collection program data from SWMBH counties)	Rx. Drug Abuse Prevent. Campaign (All 8 SWMBH Counties): • Barry • Berrien • Branch • Calhoun • Cass • Kazoo • St. Joe • Van Buren

Attachment 5: SWMBH Logic Model for SUD Prevention (cont.)

Goal: To Reduce Underage Drinking and Other Consequences of Alcohol Abuse and Misuse					
Consequence (Primary Problem)	**Intervening Variables**	**Objective**	**Activity/Immediate Outcome**	**Long-Term Outcome**	**County(s) where activity will occur**
a) Elevated rate of past 30-day consumption of alcohol by youth of High school age in the SWMBH region (Regional Avg: 13.3%; MIPHY '22) **b**) Elevated rate of past 30-day binge-drinking by youth of High school age in the SWMBH region (past 30 days) Regional Avg: 7.3%) **c**) Alcohol addiction (as PSoA) accounted for 39.9% of all BG, Medicaid SUD TX admissions (TEDS '23) d) Consequences of high-risk behaviors directly associated with alcohol impairment in the SWMBH region (2021, increased # of HBD traffic crashes (931) and of HBD fatalities (42)	Social Norms favoring alcohol use by minors: a) Low Perception of risk, harm & consequences of alcohol use by HS youth: "Alcohol: Moderate to great risk?" "Yes!" Regional Avg: 63.4% b) Low Perception of wrongness of alcohol use (HS youth). Regional Avg: 67%	1) Implement curriculum-based educational programs (EBPs) targeting youth of school age in schools and variety of community settings to increase perception of risk, harm, danger, and wrongness associated with drinking behaviors.	EBP curriculum-based programs (education strategy): Immediate outcomes: a) Increase perception of harm/ danger of UAD by youth of school age in the SWMBH area; EBPs to be used: PFL, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive, GGC • **OM: ≥5%** increase based on pre/post test results	a) Decrease by 1.0% the past 30-day use rate of alcohol by youth of High School age in the SWMBH area, by 2026 (MiPHY survey data) b) Decrease by 0.5% the past 30-day binge drinking rate by youth of HS age in the SWMBH area, by 2026 (MiPHY survey data)	• Barry: LST, PFL, GGC • Berrien: TNDA, MMHP • Branch: PFL, TNDA, LST, GGC, SFP • Calhoun: PFL, TNDA, LST, AA, Pos. Act., SFP • Cass: PFL, TNDA, GGC • Kazoo: PFL, TGFD/V, PA, LST, Drive, GGC, SFP • St. Joe: PFL, TGFD • VB: PFL, TNDA, GGC
	Easy access of minors to alcohol: a) Social Access (obtained alcohol from family member, friend or pilfering from home): 96.4% b) Retail Access	2) Develop multi-media campaign and curriculum-based programs targeting parents and caretakers to increase knowledge of neurological impact of alcohol use on the developing brain of use, reducing access to alcohol at home, monitoring risk behaviors 3) Implement curriculum based educat. Program for parents to increase perception of UAD risk b) Alcohol Retailer activities: • Conduct individualized alcohol Retailer educational sessions • Conduct Alcohol Retailer Compliance Checks;	b) Increase knowledge of parents/adults regarding: - Harm, danger of UAD; - Danger/illegality of hosting parties; - Monitoring strategies; - Talking to children about drinking, drugs; - Restricting youth access to alcohol at home **OMs (Campaign):** • # persons reached by campaign message/posts; • Event Survey results b) Implement curriculum based educat. Program for parents to increase perception of UAD risk **OM (Parent/Family EBP):** • **≥5%** increase based on pre/post test results c) Increase rate of compliance of alcohol retailer Inspection Checks.	a) Increase by 2% the rate of parents in the SWMBH area who talk to their children about the dangers of drinking, by 2026 (current Reg. Avg: 78.4%) b) Obtain retailer compliance rates of at least 90% in every SWMBH County for Alcohol Retailer compliance inspection within 3 years (MiPHY survey data)	• UAD Prev. Campaigns & • Retailer Check/Educat: All 8 Counties. • Parent & family EBPs: - Barry: GGC - Branch: SPF - Calhoun: SPF - Cass: GGC - Kazoo: GGC, SPF - VB: GGC

Attachment 5: SWMBH Logic Model for SUD Prevention (cont.)

<table>
<tr><th colspan="6">Goal: To Reduce Consumption and Access to Tobacco & ENDS by Underage Youth</th></tr>
<tr><th>Consequence (Primary Problem)</th><th>Intervening Variables</th><th>Objective</th><th>Activity/Immediate Outcome</th><th>Long-Term Outcome</th><th>County(s) where activity will occur</th></tr>
<tr><td rowspan="3">a) Extremely elevated rate of past 30-day use of Vaping Products in the SWMBH area, which has surpassed by far the rate of past 30-use of tobacco products by youth of High School Age
• Vaping past 30-day use: 15.2% (Regional Avg.)
• Tobacco past 30-day use: 1.3% (Regional Avg.); MIPHY ‘22</td><td rowspan="2">a) Social Norm among youth favors use of tobacco and especially Vaping amongst some groups of minors:
• Perception of risk, harm & consequences of Vaping Products & tobacco use is not high enough amongst youth of HS age

b</b) Lower Percept. Of risk of Vape use compared to Tobacco (youth)
Reasons to vape rather than smoking cigs (Brookings Institute)
• Perception: Less harmful than cigarettes
• Flavors;
• Friends / Family using Vapes;
c) Low perception of Risk for tobacco use: “moderate to great risk?” Yes! Response 80.2% (Reg. Avg., HS)
• Perception of wrongness “friends smoking tobacco”: 81.5% (Reg. Avg., HS); MIPHY’22</td><td>1) Implement curriculum-based prevention interventions targeting youth of school age to increase perception of potential harm, danger associated with UAD</td><td>a) Increase perception of risk, harm/danger associated with use of Vaping & Tobacco products amongst youth of HS Age;
<u>EBPs to be used</u>: (Youth) PFL, Teen Intervene, TNDA, LST,
Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive;
(Parents): GGC, SFP
OM:
• <u>≥</u>5% increase based on pre/post test results</td><td rowspan="3">a) Decrease by .25% the 30-day rate of cigarette/cigar smoking and consumption of tobacco products by youth of High school age in the SWMBH area, by 2026 (based on MiPHY survey data)

b) Decrease by 3.0% the 30-day rate of vaping devices by youth of High school age in the SWMBH area by 2026 (based on MiPHY survey data)</td><td>• <u>Barry</u>: LST, PFL,
• <u>Berrien</u>: TNDA, MMHP
• <u>Branch</u>: PFL, TNDA, LST
• <u>Calhoun</u>: PFL, TNDA, LST, AA, Pos. Act.
• <u>Cass</u>: PFL, TNDA
• <u>Kazoo</u>: PFL, TGFD/V, PA, LST, Drive,
• <u>St. Joe</u>: PFL, TGFD
• <u>VB</u>: PFL, TNDA</td></tr>
<tr><td>2) Develop multi-media campaign in each county of the SWMBH region targeting parents/adults, and youth (as appropriate) focused on health consequences, and potential negative impact of vaping use for brain development of youth;</td><td>b) Increase parental/adult and youth (as appropriate) knowledge on health consequences, and potential negative impact of vaping use for brain development of youth;
OMs:
• # persons reached by campaign message/posts;
• Event Survey results</td><td>Vaping Prevention Campaign:
All 8 Counties -
• Barry
• Berrien
• Branch
• Calhoun
• Cass
• Kazoo
• St. Joe
• Van Buren</td></tr>
<tr><td>d) Easy access to tobacco by youth:
• (Focus): Retail access
“Easy or very easy to get cigarettes?” Yes! Response, range from: 36.5% (Regional Avg.)
• Easier to access Vaping than tobacco (Brookings Institute)</td><td>3) Conduct tobacco and Vaping Product Retailer Inspections:
• Conduct Synar Compliance Inspections (per the YTA protocol)
• Conduct non-Synar Compliance Checks @ a minimum of 15% of all Tobacco and Vaping Retailers in the region (prioritize retailers that failed inspections or have history selling to minors)
• Conduct personal education visits to a minimum of 50% of all Tobacco & ENDS retailers in the region</td><td>c) Increase compliance rates in formal and informal inspections of tobacco and vaping product retailers in the SWMBH area.
OMs:
• Synar Inspections: Obtain a minimum of 85% compliance rate each year, for the next three years
• non-Synar Compliance Checks: Obtain an annual Compliance Check rate of at least 88% each year.
• Conduct a personal visit of a minimum 50% of all Tobacco and Vaping retailers in the region</td><td>Tobacco and Vaping Retailer Compliance Inspections and education:
All 8 Counties -
• Barry
• Berrien
• Branch
• Calhoun
• Cass
• Kazoo
• St. Joe
• Van Buren</td></tr>
</table>

Attachment 5: SWMBH Logic Model for SUD Prevention (cont.)

Goal: To Reduce use of Marijuana Among Youth of School Age					
Consequence (Primary Problem)	**Intervening Variables**	**Objective**	**Activity/Immediate Outcome**	**Long-Term Outcome**	**County(s) where activity will occur**
1) Elevated past 30-day rate of marijuana consumption amongst youth of High School age in counties of the SWMBH (Regional Avg: 13,7%)	**a)** Social norming amongst youth influenced by societal acceptance of MJ use: Current social norms favor the use of MJ amongst students of HS age: • Low Perception of risk, harm and consequence of MJ use is not high enough (MIPHY'22): "MJ: Moderate to great risk?" Yes response (Regional Avg: 31.6% (less than 50% the rate in 2018) • Low Perception of MJ use as being wrong amongst HS (Regional Avg: 54.2 (it was 67% in 2018) NOTE: Perception of risk, harm, consequences, and wrongness of MJ use amongst HS students is lower than that for other drugs (for instance Tobacco); MIPHY'22 **b**) Easy access to MJ by HS aged Youth in the SWMBH area: "Easy or very easy to get cigarettes?" Yes! response (Regional Avg: 48.5%)	1) Implement curriculum based EBPs targeting youth of school age to increase perception of potential harm, danger and consequences of non-medical use of marijuana. 2) Develop multi-media campaign in each county of the SWMBH region targeting parents/adults, focused on risk/harm of marijuana use for brain development of youth; 3) Educate and monitor Recreational MJ retailers to ensure compliance with the MI Recreational MJ Law. Work with local Enforc. agencies to check compliance	a) Increase perception of risk, harm/danger associated with use of marijuana; EBPs to be used: (Youth) PFL, TNDA, LST, Project Alert, MMHP, Across Ages, Positive Action, Peer Power, TGFD&V, Drive; (Parents): GGC, SFP **OM:** • **≥5%** increase based on pre/post test results b) Increase parental/adult knowledge of the potential harmful impact of MJ use on the brain development of youth **OMs:** • # persons reached by campaign message/posts; • Event Survey results c) Provide and educational meetings with every recreational MJ retailer in the region **OMs:** • # Retailers that receive personal educational regarding protocols for verification of Youth ID	a) Decrease by 1.5% the 30-day rate of use of marijuana by youth of school age in the SWMBH area by 2026 (based on MiPHY survey data)	• MJ Prev. Campaigns focused on Youth & • MJ Retailer Educat: All 8 Counties. • Youth EBP: - Barry: LST, PFL 420, - Berrien: TNDA, MMHP - Branch: PFL, TNDA, LST - Calhoun: PFL 420, TNDA, LST, AA, Pos. Act. - Cass: PFL, TNDA - Kazoo: PFL 420, TGFD/V, PA, LST, Drive, - St. Joe: PFL, TGFD - VB: PFL 420, TNDA

Data Sources:

- MiPHY 2022 Survey Cycle
- MAPS 2021Drug Utilization Report
- TEDS Data (FYs 2020 to 2023)
- CDC: Rx Drug and Opioid Use Consequence Reports
- Psychiatric Times (2018) – Rx. Overuse/misuse by the elderly
- Very Well Health
- Brookings Education Institute (Vaping)

Attachment 6: Providers and Coalitions in the SWMBH Region

County	• **SUD Prevention Provider Name** • **SUD Prevention Coalition**
Barry County	Barry County CMH Authority
	Barry County Substance Abuse Taskforce
Berrien County	Berrien County Health Department
	Voice! Change! Hope! Alliance
Branch County	Pines Behavioral Health (CMH)
	Branch County Substance Abuse Taskforce
Calhoun County	SUD Prevention Providers: • Substance Abuse Council • Substance Abuse Prevention Services
	Coalitions: • SA Coalition of the Calhoun Co. • SA Prevention Coalition of Albion and Homer
Cass County	Woodlands Behavioral Healthcare Network (CMH)
	Cass County ATOD Safety Solutions (C.A.S.S.)
Kalamazoo County	SUD Prevention Providers: • Prevention Works • Community Healing Center
	Coalition: Kalamazoo County Substance Abuse Taskforce
St. Joseph County	Pivotal Health (CMH)
	Substance Abuse Taskforce of St. Joseph County
Van Buren County	Van Buren Community Mental Health
	Substance Abuse Taskforce of Van Buren County

Attachment 7: Community-Based Sectors/Organizations Involved in SWMBH Region Coalitions (by County)

Key Sector	Barry Co. SATF	Berrien Co. (VCH Alliance)	Branch Co. SATF	Calhoun -SAC	Calhoun - Albion/ Homer Coalition	Cass Co. SATF	Kalamazoo Co. SATF	St. Joseph County SATF	Van Buren Co. SATF
Health Care Sector	• Health Dpt. • Corewell Health • Cherry Health	• Corewell Pop. Health • InterCare FQHC	• Health Dept. •Pro-Medica • Coldw. Regional Hospital	• Bronson • Oaklawn • Grace Health	• Health Dept • Oaklawn • Grace Health • Albion HC Alliance	Cass Family Clinic (FQHC)	• Bronson, • Health Dpt • + 35 orgs	• Health Dept. • Covered Bridge FQHC	• Health Dept • Bronson • Pharmacy
School Sector	• TK Schools • Hastings Schools • Delton Kellogg • Maple Valley • KCC • ISD	• Berrien RESA	•Bronson School • Branch Careers Ctt • ISD	•Pennfield • Marshall • Harper Creek PS • Battle Creek • Lakeview • Endeavor	• Marshall • Albion College • KCC East • Retired Teachers	Lewis Cass ISD	• KRESA • ISD • Kazoo PS • KVCC • WMU • Portage PS	• St. Joseph Co. ISD	• VB ISD • WMU
Law Enforc. Sector	• Spec. Courts • Adult Prob/Par • Sheriff • Hast/PD • MSP • Prosec.	• MSP • Sheriff	•CWPD • Sheriff	• Battle Creek PD • Albion DPS • CC Sheriff • Marshall PD	• Albion DPS • Marshall PD • Sheriff • Prosecutor • Juvenile Court • Albion College Campus Safety	• MSP • Sheriff	• Kazoo DPS • Portage • MSP • Sheriff • Drug Court	• Sheriff • MSP	• MSP • Sheriff
State, local, and/or tribal govern.	•Co/Trans • C/Aging • DHHS • County Commiss. • PIHP	• County Commiss• PIHP	• PIHP • County Commis • City of Coldwat.	• Tribal - Nottawaseppi • CC Probat • 10th Dist. Court • PIHP	• City Council • Mayor • Homer V. Manager • State Rep.	• County Commiss • Friend of Court • PIHP	• MI Epi • Portage • City Kazoo, • County Commiss • PIHP	State Senator Rep • PIHP • SJ HSC	• County Commiss • PIHP • Court Adm • Prosecutors • Judges
Key Sector	**Barry Co.** SATF	**Berrien Co. (VCH Alliance)**	**Branch Co.** SATF	**Calhoun -SAC**	**Calhoun - Albion/ Homer Coalition**	**Cass Co.** SATF	**Kalamazoo Co.** SATF	**St. Joseph County** SATF	**Van Buren Co.** SATF

Business Sector	• Chamb. Comm. • J-Ad Graphics • Pharm. •H.Howies •Dr School	• Aetna Insurance	Burnside Senior Center	• CPA Firm • Real Estate	• Alb/H UW •Alb. Comm. Found. • HS Bank • Local Restaur • Family Fare • Forks SR Ct	Local Pharmacy	• Pfizer • Comcast • + 8 orgs	• Three Rivers Pharmacy	• Metzger Family Law
Mental Health/ Behav. Health	•BCMHA • DHHS • BCRN • Suicide Awar.	Riverwood CMH • Sacred Heart	• PBH (CMH)	• S. Pointe (CMH) • F&CS • SHARE Ct • RSU	• Summit Pointe (CMH) • MH/SUD Taskforce •Synergy H.C.	WBHC (CMH)	• CHC • Health Dpt • ISK (CMH) • + 11 orgs	• PIVOTAL (Formerly SJCMHSA)	• VBCMH • Suicide Prev. Coalit
Parent Sector	• parents • G. Start Collab.	• 3 Parents	• 2 Parents	• 3 parents	• 25 parents	Various Parents Reps.	•Portage PTO • +16 parents	• PCA (Ad Hoc)	• Great Start Collab.
Media Sector	• J-Ad •WBCH • Adams	• Sabo PR	Missing	• Inspiration • Shopper News • WWMT	• MAC • Alb. Record. • Homer Index • BC Enquirer • City Watch	WFTO 101	• MWC • WWMT • Mlive +4 • Adams	TR Commiss (Ad hoc)	• Missing
Youth Sector	• YLG • YAC • TATU Leaders	• B&G Club/SW • Teen Adv Board	• CHS Youth	• Student Voices for Healthy Choices	• Peer Mentors • Harrington Cheer Team • Alb College Interns	Marcellus Youth Group	• Prevention Work Youth Group (20 members)	Michigan Youth Opport.	• Missing
Youth-serving Org.	• FSC • CASA • YMCA	• Boys & Girls Club (SWMI)	• MSU Ext.	• RISE • David's Hope	• Albion Rec. • Star CW • CTC TF • MSU 4H; • Boy Scouts •Black Stud/Al	• DHS/CPS • Community Officer • Michiana Family Center	• Out Front, • F&CS • Gryphon Place (211, 988 lines)	Michigan Youth Opport.	• DHHS (Assistance Program Director)

Key Sector	Barry Co. SATF	Berrien Co. (VCH Alliance)	Branch Co. SATF	Calhoun-SAC	Calhoun - Albion/ Homer Coalition	Cass Co. SATF	Kalamazoo Co. SATF	St. Joseph County SATF	Van Buren Co. SATF
Faith-based	• Woodg. Parish • Family Promise	• Harbor of Hope • Anchor Church	Missing	• Washingy Height • U/Method. • Woodland •Haven/ Rest • City LinC	• FUMC •Free Method. • Maced. Bpt. • St. Paul Luth. • Bread of Life • Goodrich	St. Paul's Lutheran Church	• New Genesis	• Riverside Church	• Red Arrow Ministries
Fraternal Org., Civic, Volunteer	• Kiwanis •Farm Bur • Rotary	• ΔΣΘ • AKA	Branch Co. CADSV	• Sunrise Rotary •Toastmaster	• NAACP • Albion Rotary Club	Missing	Dental Associat. +6	Missing	• Kiwanis
Military / Veteran	•UW/VA • CMH Vet/Nav/	Missing	Missing	• VAMC	VWF	Missing	Missing	Missing	• VA Advocate
Health Disparity, <u>Minority</u> Group Represent.	• Cherry Health •GSA/ PRIDE yth. •LGBTQIA+ Allies • Serenity	• MI Adol. Pregnant,Parenting Prog. (MI-APPP)	2 Persons in recovery	• Tribal • Urban League	• NAACP • Housing Safety Board • Neighb. INC • Haven/Share •Homeless Coal.	Missing	Missing	• Hispanic Community Reps (2 members)	• Local Hispanic Community Rep.
Other important Local Comm. Sector	•Libraries • Comm. Foundat. • Cares • Res. Net.	• Peer Recovery Coach • Opioid Settl.TF	• Head Start • DHHS	• Recovery Committee • Alano (Recovery) Club	• Alb. Comm Leadsh./Eng. • Albion Neighb. All.	Retired SUD Services Director	• El Concilio • Douglas CA • YWCA • B&G •B.Bro/B. Sis.	• (Court System) Probation office	• Daily Recovery Zone

Attachment 8: SUD Prevention Federal Strategies Listed in the Logic Model

1) Education Strategy (Curriculum-based activities delivered through sequential sessions for the duration specified by each program curriculum, as recommended by program developer). Activities included under this strategy are intended to positively affect critical domains of a person's life, which impact social skill development, decision-making, refusal skills, and systematic judgment abilities
2) NOTE: Requirement applicable to all Prevention Staff that have direct service responsibilities: SWMBH requires submission of documented evidence of annual review of EBP educational source materials (manual, websites, etc.) for each curriculum based EBP they have been trained on or are involved with (aka Fidelity Review Report).\
3) Community-based process: Development and implementation of activities designed to mobilize strategic sectors of the community, facilitate collaboration with institutions and engage partnerships, designed to promote and support prevention action and the recovery process.
4) Environmental Strategy: Activities/services designed to establish or change community standards, conditions, codes, attitudes, and norms that influence the incidence, prevalence and patterns of substance abuse in the general community and access/availability of alcohol, tobacco and other drugs.
5) Problem Identification & Referral Strategy: Activities/services intended identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in need of treatment.
6) Other Strategies (Require Prior Approval from SWMBH SUD Prevention): Information Dissemination, Alternative Strategies

Attachment 9: SWMBH SUD Prevention Evidence-Based Practices

Curriculum-Based Education Programs:

1. Prime-For-Life (PFL) and PFL 420: https://primeforlife.org/
2. Towards No Drug Abuse (TNDA): https://tnd.usc.edu/
3. Project Alert: https://www.projectalert.com/
4. Botvin's Life Skills Trainings (MS, HS): https://www.lifeskillstraining.com/
5. Strengthening Families Program (10-14); Family Program: https://www.extension.iastate.edu/sfp10-14/content/curriculum
6. Guiding Good Choices; Family Program: http://www.sdrg.org/ggc.asp
7. Too Good For Drugs and Violence: https://toogoodprograms.org/
8. MI Model for Health Program: https://www.michigan.gov/mde/0,4615,7-140-74638_72831_72836-362901--,00.html
9. Positive Action Program: https://www.positiveaction.net/introduction#philosophy
10. Teen Intervene: https://www.hazeldenbettyford.org/addiction/teen-intervention

Community Organizing/Mobilizing Program, Coalition Work:

1. Communities Mobilizing for Change on Alcohol (CMCA): https://preventionsolutions.edc.org/services/resources/communities-mobilizing-change-alcohol-cmca
2. ATOD Prevention Campaigns

- Rx Awareness: https://www.cdc.gov/rxawareness/about/index.html; https://www.michigan.gov/opioids
- UAD: https://www.samhsa.gov/underage-drinking
- Marijuana: https://teens.drugabuse.gov/drug-facts/marijuana; https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_89691---,00.html;
- Tobacco and ENDS: https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends; https://www.vape-prevention.com/schools.html

Retailer-Oriented Programs:

1. Synar Compliance Inspections Protocol: https://www.michigan.gov/documents/mdch/Policy_Prevention_01_Synar_10_4_06_175212_7.pdf (plus all supporting documents); http://www.legislature.mi.gov/(S(rcm20njrk3dcptxgnlrngigy))/mileg.aspx?page=GetMCLDocument&objectname=mcl-Act-31-of-1915
2. Non-Synar Compliance Inspections and Tobacco/ENDS Retailer Training: https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-10685.pdf
3. Alcohol Compliance Inspections and Retailer Training/Education: https://preventionsolutions.edc.org/services/resources/compliance-checks
4. TIPS: https://www.tipsalcohol.com/

Attachment 10: SWMBH SUD Prevention Priority Population per County

Barry County:
#3: Youth experiencing repeated school failure (NOT), with blended funding;
#4: Those who exhibit violent or delinquent behavior (Offender-based programs);
#5: Youth involved in the Juvenile system (Offender-based programs: Youth ages 17 through 20; referred by the Court as part of the MIP program;
#10: Persons who are economically disadvantaged (school and community-based programs);
#11: Youth who are beginning to experiment or are occasional drug users (school-based and offender programs);
Other: Youth in Transition Ages/Grades (ex. 3rd through 9th grades).

Berrien County:
1: Children of SA abusers (Not in any specific group: Presence of this high-risk category is frequent enough in a few groups served by the program, particularly in the CI programs);
10: Persons who are economically disadvantaged (Summer Program);
11: Youth who are beginning to experiment or are occasional drug users;
Other: Parents referred by the school and Court system for parenting skills training;
Other: Youth in Transition Ages/Grades (ex. 3rd through 9th grades).

Branch County:
1: Children of SA abusers (Not in any specific group: Presence of this high-risk category is frequent enough in a few groups served by the program, particularly in the CI programs);
4: Those who exhibit violent/delinquent behavior (High School CI program);
6: Persons experiencing MH symptoms (Elementary and HS CI group);
10: Persons who are economically disadvantaged (Summer Program);
11: Youth who are beginning to experiment or are occasional drug users (Brief Screening; Insight Program);
Other: Youth in Transition Ages/Grades (ex. Middle School);

Calhoun County:
#1 Children of SA Abusers;
#3 Youth experiencing repeated school failure;
#4 Those who exhibit Violent or delinquent behavior
#10 Persons who are economically disadvantaged;
#11 Youth who are beginning to experiment or are occasional drug users
Other: Persons in Recovery;
Other: Youth in transition grades/ages (MS, pre-teen);
Other: Families that are at a higher risk for experiencing SA consequences/problems.

Cass County:
#5: Youth involved in the Juvenile system;
#6: Persons experiencing psychiatric symptoms (referrals from CMH Wraparound programs);
#10: Persons who are economically disadvantaged; (school and community-based programs);
#11: Youth who are beginning to experiment or are occasional drug users (school-based and offender programs);
Other: Adults and youth referred by the Court System

Kalamazoo County:
#3 Youth experiencing repeated school failure (Alternative Schools);
#4 Those who exhibit violent and delinquent behavior (referrals from schools);
#5. Youth involved in the Juvenile Justice system;
9. Homeless/runaway individuals;
#10 Persons who are economically disadvantaged (In various areas/communities of the City of Kazoo)
#11 Youth who are beginning to experiment or are occasional drug users (referrals from schools and alternative schools);
#) Other: Children of middle school grades/age (school and after- school programs in Galesburg, Portage, Vicksburg schools);
#) Other: Homeless families (Gospel Mission);
#) Other: Families whose members are at a higher risk to develop SU disorders (Family-focused programs: Celebrate Families and Strengthening Families;
#) Other: Youth referred by schools, DHS, Courts and F&CS
#) Other: Children of middle school grades/age;
#) Other: Families/Friends of persons with SUD.

St. Joseph County:
#3 Youth experiencing repeated school failure;
#4 Minors who exhibit Violent or delinquent behavior;
#5. Youth involved in the Juvenile Justice system;
#10 Persons who are economically disadvantaged;
#11 Youth who are beginning to experiment or are occasional drug users
Other: Adult Females in Jail for drug abuse violation;
Other: Youth in transition grades/ages (MS, pre-teen)
Other: Youth/Adults from local Hispanic Community

Van Buren County:
#1 Children of SA abusers;
#3 Youth experiencing repeated school failure;
#5. Youth involved in the Juvenile Justice system;
#10 Persons who are economically disadvantaged;
#11 Youth who are beginning to experiment or are occasional drug users
Other: Youth in transition grades/ages (MS, pre-teen);
Other: Youth and Adults of the Alcohol Informational Series (AIS) and Victim Impact Program (VIP), which are programs designed for persons referred by the court system, who have been charged with an alcohol-related offense (generally DUI or MIP)
Other: Youth/Adults from local Hispanic Community

Attachment 11: SWMBH Logic Model for SUD Treatment and Recovery Services

<table>
<tr><th colspan="7">Goal: Improve Treatment Options for Opioid Use Disorder</th></tr>
<tr><th>Primary Problem or Objective</th><th>Inputs/Intervening Variables</th><th>Strategies</th><th>Activities/Immediate Outcomes</th><th>Outputs</th><th>Outcomes</th><th>County(s) where this will occur</th></tr>
<tr><td rowspan="4">Continued high # of persons with OUD in Kalamazoo and Calhoun Counties with various social determinants of health</td><td>OUDs are frequently a consequence of chronic health condition treated with opioid meds</td><td>Increase number of Health Home Partners</td><td>Improve care coordination for OUD customers through OHH services</td><td># of customers enrolled in OHH</td><td>Improved health outcomes of customers</td><td rowspan="4">All SWMBH Counties</td></tr>
<tr><td rowspan="2">Poor engagement and follow through treatment services</td><td rowspan="2">Expansion of OHH eligibility (from 2 counties to 8)</td><td rowspan="2">Utilize available grants to increase staffing of community health workers and recovery coaches at health home partners</td><td rowspan="2">Increased staffing at HHPs to allow for increased enrollment</td><td>Decrease SUD related ED visits for OHH customers;</td></tr>
<tr><td>Increase engagement and length of time in service</td></tr>
<tr><td rowspan="2">Lack of coordination and referrals to community-based services</td><td>Increase enrollment of eligible customers</td><td rowspan="2">Complete OHH Needs Assessment and Care Plan in SWMBH MCIS</td><td>% of customers receiving at least one OHH service per month</td><td rowspan="2">Increased NOMS</td></tr>
<tr><td>Formalize and standardize outcome data through SWMBH MCIS</td><td>Standardized data reporting</td></tr>
</table>

Attachment 11: SWMBH Logic Model for SUD Treatment and Recovery (cont.)

<table>
<tr><th colspan="7">Goal: Improve Treatment for Stimulant Use Disorder - Methamphetamine</th></tr>
<tr><th>Primary Problem or Objective</th><th>Inputs/Intervening Variables</th><th>Strategies</th><th>Activities/Immediate Outcomes</th><th>Outputs</th><th>Outcomes</th><th>County(s) where this will occur</th></tr>
<tr><td rowspan="4">Increase in clients with Stimulant Use Disorder</td><td>Increased availability of methamphetamine</td><td>Ensure evidence-based practices (Matrix) are available at all outpatient providers</td><td>Review providers for fidelity of Matrix</td><td># of providers implementing Matrix</td><td rowspan="2">Increase percentage of StUD clients who complete/transfer to other level of care based on PSA of methamphetamine</td><td rowspan="4">All SMWBH Counties</td></tr>
<tr><td>Low retention rate in treatment</td><td>Explore other EBPs to help retention in treatment such as contingency management training (CM).</td><td>Ensure providers are trained in CM</td><td># of providers in high stimulant use counties implementing CM</td></tr>
<tr><td>Lack of medication assisted treatment for StUD</td><td rowspan="2">Identify promising practices for withdrawal management protocol for methamphetamine use</td><td rowspan="2">Provide training to regional withdrawal management providers</td><td rowspan="2"># of providers who are trained in protocol</td><td rowspan="2">decrease % of customers who leave w/m against medical advice</td></tr>
<tr><td>Challenging behavior of StUD leads to lack of appropriate placement (e.g., psychosis, aggressiveness, etc.).</td></tr>
</table>

Attachment 11: SWMBH Logic Model for SUD Treatment and Recovery (cont.)

Goal: Improve Retention in Services						
Primary Problem or Objective	**Inputs/Intervening Variables**	**Strategies**	**Activities/Immediate Outcomes**	**Outputs**	**Outcomes**	**County(s) where this will occur**
Low engagement and retention in services	Customers drop out of treatment before completing treatment	Ensure providers are using stage matched interventions	Provide TA to providers to ensure services and interventions are customer centric and align with stage of change	# of customers completing/transferring at discharge	Increase % of clients completing treatment (BH TEDS d/c – completed or transferring)	All SMWBH Counties
	Other psycho-social and basic needs not being addressed	Increase availability of case management and recovery coach services	Ensure case management services (CSM) are being provided at all SUD opt providers	# of customers receiving CSM	Increased NOMS outcomes	
	Time of request for services/to time of assessment	Monitor and evaluate timelines to treatment; incentivize providers for meeting MMPBIS (2b), HEDIS measures	Disseminate baseline data to SUD providers, explore barriers to meeting measure, develop timeliness to treatment report card for providers	# of clients who meet MMPBIS 2b	Decrease % of no shows for first service after request	
	Poor follow through for customers after ED/OD visits	Evaluate FUA metrics,	As funding allows, increase outreach services such as ASSERT to help engagement	# of customers receiving recovery coaching through ASSERT programming % of customers being seen for first service as defined by current HEDIS standard	Increase % of customers that receive a SUD service after an ED visit as defined by HEDIS	

Attachment 11: SWMBH Logic Model for SUD Treatment and Recovery (cont.)

<table>
<tr><th colspan="7">Goal: Improve Transitions of Care</th></tr>
<tr><th>Primary Problem or Objective</th><th>Inputs/Intervening Variables</th><th>Strategies</th><th>Activities/Immediate Outcomes</th><th>Outputs</th><th>Outcomes</th><th>County(s) where this will occur</th></tr>
<tr><td rowspan="6">Low rates of continuation of services after residential LOC</td><td>Perception that after residential, no additional services are needed</td><td>Ensure discharge planning for residential begins at admission</td><td>Identify best practices/activities for continuation in care</td><td rowspan="2"># of customers receiving a lower LOC service after res DC</td><td>Increase % of customers who continue with treatment after residential</td><td rowspan="6">All SMWBH Counties</td></tr>
<tr><td>Recovery environment is not supportive</td><td>Utilize recovery housing as needed; expand recovery housing</td><td>Maintain/increase available beds for recovery housing</td><td>Decrease re-admission rates to residential</td></tr>
<tr><td>Late discharge planning</td><td rowspan="2">Consult with residential providers to operationalize discharge planning</td><td rowspan="2">Work with residential providers to implement best practices as related to discharge planning and follow up</td><td rowspan="3"># of customers transitioning from residential to recovery housing</td><td rowspan="3">Decrease average number of days between DC from residential and admission to next LOC</td></tr>
<tr><td>Length of time to next appointment</td></tr>
<tr><td>Barriers to accessing aftercare treatment</td><td>Increase use of natural supports during episode of care</td><td>Monitor length of time to next level of care appt.</td></tr>
</table>

Attachment 11: SWMBH Logic Model for SUD Treatment and Recovery (cont.)

<table>
<tr><th colspan="7">Goal: Expand Jail Based Medications for Opioid Use Disorder</th></tr>
<tr><th>Primary Problem or Objective</th><th>Inputs/Intervening Variables</th><th>Strategies</th><th>Activities/Immediate Outcomes</th><th>Outputs</th><th>Outcomes</th><th>County(s) where this will occur</th></tr>
<tr><td rowspan="4">Customers do not receive on-going medications for opioid use disorder (MOUD) while incarcerated</td><td rowspan="4">MOUD not available at all jails, inconsistent discharge planning for community-based services</td><td rowspan="3">Consult with jails on needs, resources, options</td><td rowspan="3">Implement jail based MOUD programming</td><td rowspan="3"># of customers receiving jail MOUD services</td><td>Decrease of withdrawal symptoms while in jail</td><td rowspan="4">All SMWBH Counties</td></tr>
<tr><td>Decrease of overdose deaths after release</td></tr>
<tr><td>Increase in continuation of services post release</td></tr>
<tr><td>Explore funding mechanisms for programming including MDHHS funds and/or Opioid settlement funding</td><td>Funding for staffing, medication, etc.</td><td># of jails providing MOUD services</td><td>Increase in customers who are able to continue MOUD while incarcerated</td></tr>
</table>

Attachment 12: Key Stakeholders Involved in Treatment and Recovery Services in the SWMBH Region, by County

Key Stakeholder	County							
	Barry	**Berrien**	**Branch**	**Calhoun**	**Cass**	**Kalamazoo**	**St Joe**	**Van Buren**
SWMBH SUD Treatment and/or Recovery Provider	Barry County Community Mental Health	Habortown Treatment Center (OTP), Sacred Heart Serenity Hills, Riverwood Center, Community Healing Center, Intercare FQHC	Pines Behavioral Health	Kalamazoo Probation Enhancement Program, Summit Pointe, Recovery Services Unlimited, The Haven of Rest, Victory Clinical Services (OTP), Gracious Homes	Woodlands Behavioral Health	COPE Network, Community Healing Center, Integrated Services of Kalamazoo, Recovery Institute of SW MI, Kalamazoo Probation Enhancement Program, Victory Clinical Services (OTP) Western Michigan University Behavioral Health Services	Pivotal (St. Joseph CMH)	Kalamazoo Probation Enhancement Program, Van Buren Community Mental Health, Intercare (FQHC)
Other Key Stakeholders	Spectrum Pennock, Health, Barry Co Health Dept, Cherry Street Clinic	Corewell Lakeland ED, Berrien Co Health Dept.	Branch Co. Health Dept., Family Medicine Clinic	Bronson Hospital, Oaklawn Hospital	Cass Health Dept, Pharmacists, Cass Family Clinic (FQHC)	WMed, Kalamazoo Health and Community Services, Borgess, Bronson, Family Health Center (FQHC).	Covered Bridge (FQHC)	Bronson

Attachment 13: Women's Specialty Goals

Goal	Objective	Measurement Tool
Ensure that all women enrolled in Women's Specialty Services have the opportunity to receive evidenced-based treatment.	90% of all SUD treatment groups will be evidence or research based.	Annual site reviews, contract compliance, EBP fidelity plan review
Designated Women's Programs will provide levels of care that include care coordination, gender-specific treatment, or access to a referral network that provides gender-specific treatment.	Site reviews will be conducted to ensure that DWP's are providing necessary levels of care and that gender-specific treatment is available.	Annual site reviews
Increase care coordination services to women receiving services from a Designated Women's Specialty Program.	50% of women receiving services from Designated Women's Specialty Program will receive at least one hour of care coordination/case management per week during their episode of treatment.	Encounter reporting, electronic medical record
Ensure women have adequate access to appropriate childcare	All DWPs will either provide or contract with licensed childcare providers.	Site reviews, quarterly DWP meetings
Establish a Designated Women's Specialty Program in Calhoun County	At least one provider in Calhoun County will be identified and designated as DWP.	Classification by SUGE as DWP.

Attachment 14: 2024 CD HIV/CTRS Plan

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN
Michigan Department of Health and Human Services

PIHP Name:	Southwest Michigan Behavioral Health (SWMBH)		
Fiscal Year:	2024	**Date Submitted/Revised:**	Plan developed: Aug/'23
Name(s) of CD Providers under Contract with the PIHP: Kalamazoo County Health and Community Services			
PIHP Contact Person: & E-mail Address:	Achiles Malta (Achiles.Malta@swmbh.org)		
For each intervention listed below and provided in the PIHP's region, complete the following information:			

INTERVENTION NOTE: Those items identified with an *are required to be reported in the HIV Event System (HES).	**Plan** __X__ Original ____ Revised		**Report (Actual #s)** Due Date: 60 days following the end of the fiscal year.	
	Estimated Number of Individuals to Receive Services	**Estimated Number of Sessions to be Provided**	**Number of Individuals who Received Services**	**Number of Sessions that were Provided**
Column A	*Column B*	*Column C*	*Column D*	*Column E*
***HE/RR HIV/AIDS Information Session**	200	15	250	20
***HE/RR Skills Building Workshops** (single session)				
***HIV CTRS at SUD Treatment Provider** (include site type/site number on separate attachment)	200	200	90	90
***HIV CTRS at Other Locations** (include site type/site number on separate attachment)				
***Other/Non-HIV CTRS Outreach Contacts** (include schedule of locations and times on separate attachment)				
TOTALS	400	215	340	110

Site Type/Site Numbers for locations where HIV CTRS will be provided:

CTRS: Counseling, Testing, Referral
1) Jim Gilmore Community Healing Center, Kalamazoo, MI
2) Victory Clinic (Methadone Clinic), Kalamazoo, MI
3) Elizabeth Upjohn Community Healing Center, MI

Locations and Times where non-HIV CTRS Outreach will be provided: Same as above