

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

Region 1
NorthCare Network

Fiscal Years 2024-2026

1. SUBSTANCE USE DISORDER PROBLEMS IMPACTING THE UPPER PENINSULA

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

Introduction

Data for the region – population, race, ethnicity, tribe, language, gender, age, socioeconomic, literacy, sexual identity.

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

According to the Economic Research Service, all fifteen Upper Peninsula counties are classified as either rural or level 1 frontier communities with county populations ranging between 2,180 and 66,661. In the past three years, the population of the region has only varied by approximately 1,000 people. Demographics collected for the 2021 Upper Peninsula Community Health Needs Assessment indicated a primarily English-speaking population with 88.9% White and 5.0% Native American racial/ethnic identification. The Health Needs Assessment found 22.9% of residents in the Upper Peninsula were ages 65 and older, 18% were less than 18 years of age and 4.6% were less than five years of age. The Assessment also found that 14.8% of households in the Upper Peninsula are below the poverty threshold (2019). The Upper Peninsula is home to five federally recognized tribes which include Lac Vieux Desert Band of Lake Superior Chippewa Indians, Keweenaw Bay Indian Community, Hannahville Indian Community, Bay Mills Indian Community, and the Sault Ste. Marie Tribe of Chippewa Indians. The Upper Peninsula Needs Assessment found 5% of residents to be Native American while a NorthCare Network Admission data review found 10% of admissions to be for individuals who are Native American.

Overall, according to the UPCHIPS Responses in the Health Needs Assessment, 3.19% of individuals responding had less than a 12th grade education level, 31.61% had a high school degree, 32.0% had 1-3 years of college, and 33.19% had a 4 year degree or higher. 25.02% of responders made less than \$25,000 a year while 41.01% made greater than \$50,000.

Although over 92.8% of Upper Peninsula residents graduate high school or earn GEDs the percentage of residents with post-secondary degrees falls below 25% in all but one county while Michigan rate is at 29%.

Current Service Availability

Prevention

Universal prevention has been the primary focus of prevention programming in Region 1 for the last several years. According to epidemiologist Geoffrey Rose, most cases of any disease come from those at low to moderate risk while the minority of cases come from the high-risk population.

However, it is important to note that most Upper Peninsula youth are at least at moderate risk due to low perceived risk of harm, poverty and lack of parents communicating about substance use. NorthCare Network’s goal is to ensure primary universal prevention programs are available in each community. Prevention programs currently being funded are:

- Botvin’s Life Skills is a universal evidence-based program for middle- and high-school students. Life Skills has been shown to be effective in preventing early initiation of alcohol use, binge drinking, delinquency, illicit drug, and tobacco use as well as increasing emotional regulation.
- Guiding Good Choices is being used as a universal/selected five-session program for parents of middle school students with one session that youth attend with their parents to work on refusal skills. This program has been shown to positive parent-child interactions and to reduce early initiation of alcohol use, illicit drug use, delinquency, and depression.
- Prime for Life is used across the region primarily as a selected/indicated program for either youth (MIP) or adults (DUI) or with high school or college students that have had an issue with substance use and are referred by their school.
- Communities That Care (CTC) coalition model has been shown to effectively address youth, alcohol use including binge drinking, antisocial-aggressive or delinquent behavior, tobacco, and illicit drug use.
- Social Development Strategy (SDS) is an integral part of the CTC model, it works by helping communities provide opportunities for positive interactions that teach skills needed for success. It also provides for consistent recognition for effort/improvement which allows for bonding/emotional connection to adults who provide clear standards for behavior. The original 5th grade SDS cohort are still being followed 25 years later. Research has shown when compared to the control group, not only are their mental health outcomes better than the control group but the children of those involved in the program have had fewer school related behavior problems, fewer developmental delays, higher academic performance, and lower youth alcohol and drug onset.

Each of the 15 counties have a coalition with 14 being Communities that Care (CTC) coalitions to bring additional programming to their community based on their prioritized risk factors, disparities, and other focused information. UPCTC is a collaborative of the Upper Peninsula CTC coalitions which focuses on collective messaging/media campaigns to enhance the evidence-based services being provided.

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

Provider	Counties Served
Big Brothers Big Sisters	Alger & Marquette Counties
Chippewa County Health Department	Chippewa County
Copper Country Mental Health	Baraga, Gogebic, Houghton, Keweenaw & Ontonagon

Dial Help	Baraga, Gogebic, Houghton, Keweenaw & Ontonagon
Dickinson-Iron Health Department	Dickinson & Iron
Great Lakes Recovery Center	Alger, Delta, Dickinson, Iron, Luce, Mackinac & Schoolcraft
LMAS District Health Department	Alger, Luce, Mackinac & Schoolcraft
Marquette-Alger RESA	Marquette, Alger
Marquette County Health Department	Marquette
Public Health Delta Menominee	Delta & Menominee
Western UP Health Department	Baraga, Gogebic, Houghton, Keweenaw & Ontonagon

Table 1 - Prevention Providers & County Served

Treatment

Per the agreement between Michigan Department of Health and Human Services and NorthCare Network, all treatment providers funded under the agreement are licensed, accredited, and designated for ASAM LOC for the services provided. The region is served by six treatment providers. Five providers have more than one location. Services include medication assisted treatment (MAT) at Office Based Opioid Treatment providers (OBOTs), medication assisted treatment at an Opioid Treatment Provider (OTP), care coordination at Opioid Health Homes (OHH), outpatient services, residential services and social withdrawal management within the region. In addition, although not necessarily directly funded by NorthCare Network, there are at least 19 confirmed pharmacies within the region that fill prescriptions for MAT and at least 48 clinics which offer MAT services, some with multiple providers.

Current programming examples include: Auricular Acupuncture, Cognitive Behavioral Therapy, Life Goals, Living in Balance, Rational Emotive Behavioral Therapy, Seeking Safety, and Smart Recovery.

Treatment Provider	Counties Served	Service Type	Specialty Services (if any)
Catholic Social Services of the UP	Delta, Marquette, Menominee	Outpatient	MAT
Great Lakes Recovery Centers	Chippewa, Delta, Dickinson, Houghton, Gogebic, Mackinac, Marquette	Outpatient	Opioid Health Home Provider
Great Lakes Recovery Centers	All Counties Served Located in Chippewa, Marquette	Residential, Residential Detox	
Great Lakes Recovery Centers	All Counties Served Located in Chippewa, Marquette	Residential, Residential Detox	Women's Specialty
Great Lakes Recovery Centers	All Counties Served Located in Marquette	Residential	Adolescent
Keweenaw Bay Indian Community	Baraga	Outpatient	Native American
Keweenaw Bay Indian Community	All Counties Served Located in Baraga	Residential	Native American
Phoenix House, Inc	Gogebic, Houghton, Keweenaw, Ontonagon	Outpatient	

Phoenix House, Inc.	All Counties Served Located in Houghton	Men's Residential	
Sacred Heart	All Counties Served Located in Mackinac	Outpatient	OTP, Opioid Health Home Provider
Upper Great Lakes Family Health Centers	Gogebic, Houghton, Keweenaw, Marquette, Menominee, Ontonagon	Outpatient	Opioid Health Home Provider
DIAL Help, Inc	Baraga, Gogebic, Houghton, Keweenaw, Ontonagon	Early Intervention	

Table 2 - Treatment Providers by Service Type & County

Recovery Supports

NorthCare Network will continue efforts to strengthen recovery support programming. Maintaining a workforce of trained recovery coaches has been a greater challenge than anticipated despite various grants to offer Project ASSERT, Peers aligned with Treatment Courts, and in Crisis/FQHCs/Outpatient settings. In Fiscal Year 2023, two local CCAR Train the Trainers provided CCAR trainings for peer recovery coaches in the region.

Grant funding has allowed NorthCare Network to support the growth of Recovery Houses in the region as well as the implementation of a Recovery Community Organization.

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

Table 3 – Recovery Supports by Service Type & County

Communicable Disease

Following the requirements outlined in the Prevention Policy #2, all providers are required to document Level 1 training for all employees. Clients are required to be screened for high risk behaviors that would put them at an increased risk of a communicable disease at the time of admission. If a client is identified as having had high risk behaviors based on the screening process, a referral for testing should occur and be documented in the progress notes.

In addition, the region currently has nine syringe service programs with the primary objective of reducing the spread of blood-borne infections. Free or low-cost testing for HIV and STDs is also being offered through the Western Upper Peninsula Health Department, Dickinson-Iron District Health Department, Marquette County Health Department, Luce-Mackinac-Alger-Schoolcraft District Health Department, Public Health of Delta and Menominee Counties, and Chippewa County Health Department.

2. DATA DRIVEN GOALS & OBJECTIVES

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

Based on a review of the data, the following goals and objectives have been selected for the NorthCare Network region.

Goals and Objectives – Prevention

Goal: Reduce Underage Drinking

Underage drinking remains an issue for the Upper Peninsula. In the Communities That Care Youth Survey 2018/2019/2020, 18.09% of students (6TH, 8TH, 10TH, and 12th graders) indicate that they have used alcohol in the past 30 days.

Evaluation: Review of the Communities That Care Youth Survey in Fiscal Year 2026 to determine a decrease in the percent of students (6TH, 8TH, 10TH, and 12th graders) indicating that they have used alcohol in the past 30 days.

Objective: Provide evidence-based school programs, parent programs, and a media campaign to increase knowledge of community knowledge around brain science and youth addiction

Botvin’s LifeSkills will be provided to both elementary students and middle school aged students. Information will be broadcast to support the increase knowledge in the community around brain science and youth addiction highlighting how underage drinking is a risk. Prime for Life will also be utilized for students who may have already begun to use substances.

Objective: Support Communities That Care Coalitions

NorthCare Network will utilize the Communities That Care Coalitions in the region to give communities the tools needed to address adolescent health and behavior problems.

Objective: Support Prosocial Activities

NorthCare Network will support prosocial activities for children to promote substance free activities and develop the skill to find these activities.

Goal: Reduce Marijuana Use In Youth and Young Adults

Marijuana use for youth and young adults remains an issue for the Upper Peninsula. In the Communities That Care Youth Survey 2018/2019/2020, 10.08% of students (6TH, 8TH, 10TH, and 12th graders) indicate that they have used alcohol in the past 30 days.

Evaluation: Review of the Communities That Care Youth Survey in Fiscal Year 2026 to determine a decrease in the percent of students (6TH, 8TH, 10TH, and 12th graders) indicating that they have used marijuana in the past 30 days.

Objective: Provide evidence-based school programs, parent programs and a media campaign to increase knowledge of community knowledge around brain science and youth addiction

Botvin's LifeSkills will be provided to middle school aged students. Information will be broadcast to support the increase knowledge in the community around brain science and youth addiction highlighting how underage marijuana use is a risk.

Objective: Support Communities That Care Coalitions

NorthCare Network will utilize the Communities That Care Coalitions to give communities the tools needed to address adolescent health and behavior problems.

Goal: Reduce stimulant use among youth

Energy drink use among 6th, 8th, 10th and 12th graders has reached an alarming rate. In the Communities That Care Youth Survey 2018/2019/2020, 44.79% of students (6TH, 8TH, 10TH, and 12th graders) indicate that they have drunk an energy drink in the past 30 days.

Evaluation: Review of the Communities That Care Youth Survey in Fiscal Year 2026 to determine a decrease in the percent of students (6TH, 8TH, 10TH, and 12th graders) indicating that they have used energy drinks in the past 30 days.

Objective: Information Dissemination

The Communities That Care Coalitions will disseminate information to parents and youth about the dangers of extreme amounts of stimulants on developing brains. Botvin's LifeSkills will be utilized to address substance use, although energy drink usage is not included specifically.

Goal: Reduce opioid prescription abuse, including non-medical opioid misuse and abuse

Opioid use remains an issue for the Upper Peninsula. In the Communities That Care Youth Survey 2018/2019/2020, 1.92% of students (6TH, 8TH, 10TH, and 12th graders) indicate that they have a lifetime use of pain relievers.

Evaluation: Review of the Communities That Care Youth Survey in Fiscal Year 2026 to determine a decrease in the percent of students (6TH, 8TH, 10TH, and 12th graders) indicating that they have used pain relievers

Objective: Provide education and information dissemination

Many opioid-like substances have been found throughout the Upper Peninsula. NorthCare Network will utilize education and the dissemination of information regarding these opioid-like substances as well as a media campaign to increase knowledge around opioid use.

Objective: Distribution of Lock Boxes

Distribution of lock boxes in the past has proven to be extremely popular. This small act of providing a lock box to lock up prescription medications allows individuals to do something to help decrease the availability of opioids to those not appropriately prescribed them.

Goal: Increase prevention services for adults ages 55 and older

Prevention services for individuals ages 55 and older remains a need in the region. Only 1% of prevention services are provided to individuals ages 45 and older.

Evaluation: Review MPDS data to determine the percentage of prevention services that have been provided to individuals age 55 and older.

Objective: Safe Disposal

Communities That Care Coalitions will work with agencies serving individuals ages 55 and over on safe disposal of medications.

Goal: Reduce Youth Access to Tobacco

Youth access to tobacco is another issue for the Upper Peninsula. In the Communities That Care Youth Survey 2018/2019/2020, 17.33% of students (6TH, 8TH, 10TH, and 12th graders) indicate that they have used e-cigarettes or vape pen in the past 30 days.

Evaluation: Review of the Communities That Care Youth Survey in Fiscal Year 2026 to determine a decrease in the percent of students (6TH, 8TH, 10TH, and 12th graders) indicating that they have used a vape product.

Objective: Provide education and information dissemination

Botvin’s LifeSkills will be provided to middle school aged students. Information will be broadcast to support the increase knowledge in the community around brain science and youth addiction highlighting how vaping is a risk.

Objective: Vendor Education

Vendor education will be provide to 100% of tobacco retailers in the region.

Goals and Objectives - Treatment

Goal: Increase access to Medication Assisted Treatment

Due to the large geographic and rural nature of the Upper Peninsula, access to Medication Assisted Treatment (MAT) services can be a challenge. Individuals may have to drive long distances to access care to reach the limited agencies providing the care. Currently 48 locations offer MAT services with 19 clinics available to fill MAT prescriptions. There is one OTP in the region.

Evaluation: Review the number of prescribers for MAT services and the number of pharmacies willing to fill the prescription will be conducted with the assistance of the Michigan Opioid Collaborative.

Objective: Build Provider Capacity

NorthCare Network will grow the Opioid Health Home programs in the Upper Peninsula. By increasing the number of Opioid Health Homes, Medication Assisted Treatment is better supported and, ideally, grow throughout the region. Thus, offering increased access to Medication Assisted Treatment.

Objective: Increase Access to MAT Medication

Local communities will be educated regarding MAT and best practices to assist in the increase of availability of medications that are medically appropriate for care based on prescriber recommendations. This includes increasing access to methadone services.

Goal: Increase access to behavioral health and primary care services for individuals with a substance use disorder

One of the difficulties with the provision of behavioral health and primary care services in the Upper Peninsula is the large geographic nature of the region. Ensuring that individuals have access to behavioral health services, medical services, and substance use disorder services can be a challenge. One solution is the Opioid Health Home. The care coordination and ability to address any need that an individual has creates a supportive environment for enrollees. They're able to get all their needs met at one provider, even though the actual services may be provided at numerous providers.

Evaluation: A review of Fiscal Year 2022 Admission data shows that 14% of individuals admitted into treatment services have received an OHH service.

Objective: Access to Care

NorthCare Network will grow the Opioid Health Home programs in the Upper Peninsula. By increasing the number of Opioid Health Homes, Medication Assisted Treatment is better supported and, ideally, grow throughout the region. Thus, offering increased access to behavioral health services and primary medical services.

Goal: Individuals living with an Opioid Use Disorder will have access to treatment and harm reduction

NorthCare Network will continue to support Harm Reduction activities. Currently, NorthCare Network supports syringe exchange programming throughout the Upper Peninsula. As requested, and if requested, NorthCare Network will support these programs.

Objective: Coordination of Care

NorthCare Network will hire a Priority Populations Coordinator who will work with providers to establish a process for timely appointments for individuals who are pregnant.

Evaluation: Review the time from initial contact to admission for pregnant individuals

Objective: Service Provision/Access to Care

As identified previously, Region 1 is rural and frontier. Therefore, it is difficult for individuals to get to treatment services. By increasing the availability of transportation codes to providers, providers are able to provide the service and get reimbursed for the service provision.

Evaluation: Run a claims detail report to calculate the number of units available and utilized.

Objective: Harm Reduction

Harm reduction services are being provided in Region 1. Many area health departments have robust and successful syringe exchange programs. NorthCare Network will continue to support these efforts.

Evaluation: Continue or increase current harm reduction initiatives

Objective: Build Provider Capacity/Access to Care

By increasing the number of Opioid Health Homes, Medication Assisted Treatment is better supported and, ideally, grow throughout the region. Thus, offering increased access to treatment services for individuals with an Opioid Use Disorder.

Evaluation: Monitor the number of OHH providers in the region and grow the number by two

Goal: Increase in access to treatment for criminal justice involved population returning to communities.

NorthCare Network admission data for Fiscal Year 2022 shows that 57% of individuals seeking treatment services had some kind of criminal justice involvement. Only 8% of individuals indicated they were on parole at admission and 35% indicated probation.

Evaluation: Review admission data indicating that individuals with criminal justice involvement are receiving treatment services.

Objective: Education and Procedural Updates

The Priority Populations Coordinator will be providing outreach and education to criminal justice staff on the NorthCare Network referral process. Both to provide technical assistance on the process and to obtain feedback to identify if changes to the process are necessary. In addition, the Priority Populations Coordinator will be available to assist with coordination of care for individuals meeting priority population criteria.

Goal: Increase in access to trauma responsive services.

All individuals receiving substance use disorder treatment services will have access to trauma responsive care. Additional efforts are needed across the region to ensure that staff are trained in trauma responsive care, that clients are being screened for trauma, and that providers can offer trauma responsive care. During Fiscal Year 2022 site visits, charts were reviewed had a validated trauma screening conducted.

Evaluation: During annual site visits, the number of charts with a validated trauma screening will be reviewed.

Objective: Evidence Based Training

NorthCare Network will collaborate with the SUD Regional Clinical Provider Work Group to get provider staff trained in trauma responsive delivery of services.

Objective: Trauma Screening

NorthCare Network will work with providers to identify potential trauma screening tools that can be used with clients.

Goal: Pregnant individuals with a substance use disorder have access to specialized services

Within Region 1, continued efforts will be taken to support, sustain, and grow the existing qualified provider network to reduce the percentage of substance exposed births/infants. NorthCare Network will increase the number of Women's Specialty Services. This limited availability of Women's Specialty Services and lack of coordination of care for pregnant individuals are contributing factors to a rate, per 100,000 births of 2691.8 compared to a state rate of 624.1 (2020 rates from the Neonatal abstinence Syndrome Michigan Report, Maternal and Child Epidemiology Section, MDHHS).

Evaluation: The number of substance exposed births will be monitored

Objective: Coordination of Care

The NorthCare Network Priority Populations Coordinator will work with pregnant individuals to ensure appropriate treatment is received. They will work with individuals to get into treatment and stay in treatment.

Objective: Access to Care

Providers eligible to provide Women's Specialty Services will be approached and supported in becoming Women's Specialty Service Providers. This will increase specialty services for pregnant individuals in addition to having providers who will refer and monitor pre-natal care.

Goal: Adults aged 55 and older will have access to care

In an effort to increase access to treatment services for adults 55 and older, NorthCare Network will work to eliminate barriers to treatment services.

Evaluation: Monitor the admission data for SUD services. Based on the admission data for individuals admitted to treatment services, 14% were for individuals ages 50 and older (Fiscal year 2022).

Objective: Access to Care

NorthCare Network will work with providers on providing appropriate and adequate telehealth service for individuals ages 55 and older. This will increase access to care for individuals with transportation issues or mobility issues. In addition, other funding will be allowed on a case-by-case basis for individuals with Medicare as their insurance without a provider taking that insurance within a 60 mile or 60 minute radius.

Goals and Objectives – Recovery Supports

Goal: Enhanced coordination of prevention, follow-up, and continuing care will be part of the recovery process

Coordination of care has been shown to be successful with the Opioid Health Homes (OHH). The OHH services focus on enhanced coordination of any identified areas of need for an individual and then provide support and follow-up for the individual.

Evaluation: Monitor the admission data for SUD services. Based on the admission data for individuals admitted to treatment services, 14% were for OHH services.

Objective: Increase OHH Services

NorthCare Network will work with agencies meeting OHH requirements on implementing the program. Increasing the number of OHH providers will expand effective coordination of care throughout more of the region.

Goal: Treatment services, including ongoing support and multiple coordinated strategies to support recovery, will be implemented

Recovery Support services has been a service with few claims being submitted. Only 4% of claims are for recovery support services, highlighting the need to work to get reimbursement systems in place for recovery support services.

Evaluation: Monitor the claims paid and allowable in the system for the inclusion of peer recovery coach services such as recovery coaching, recovery residences, transportation, and case management.

Objective: Access to Care and Service Implementation

NorthCare Network will work with providers to plan and implement additional peer recovery coach services, increase transportation services and recovery housing services. In addition, case management services will be increased in the region based on recommendations from providers on how to best implement these services.

Goal: Access to recovery services promoting life enhancing recovery and wellness for individuals and families will increase

NorthCare Network will work to increase access to recovery services promote life enhancing recovery and wellness for individuals and families.

Objective: Access to Care

NorthCare Network will work with providers to plan and implement additional peer recovery coach services.

Evaluation: The recidivism rates will be reviewed to determine if the rate goes down from 2.7% recidivism rate for individuals discharged from residential who do not continue in treatment.

Objective: Service Implementation

NorthCare Network will work with providers to plan and implement additional peer recovery coach services, increase transportation services and recovery housing services. In addition, case management services will be increased in the region based on recommendations from providers on how to best implement these services.

Evaluation: Monitor the claims paid and allowable in the system for the inclusion of peer recovery coach services such as recovery coaching, recovery residences, transportation and case management.

Objective: Provider Support

NorthCare Network aims to support the recovery coaches in the region. Part of that support includes regional support meetings to provide technical assistance and support to individuals providing peer recovery coach services.

Evaluation: The number of technical assistance and support groups will continue or increase from the current one group.

Objective: Training Capacity

NorthCare Network will work with current CCAR Trainers to increase training capacity to provide additional trainings for new peer recovery coach staff.

Evaluation: Increase the number of CCAR Trainings in the region to four per year.

Goal: Individuals will have access to support after a substance-based emergency

The region lacks Quick Response Teams and Project ASSERT programming in Emergency Departments across the region.

Evaluation: NorthCare Network will work with interested agencies for the addition of one Quick Response Team or Project ASSERT will be implemented.

Objective: Service Implementation

NorthCare Network will work with providers to implement a Quick Response Teams or Project ASSERT programming in an Emergency Department.

3. COORDINATING SERVICES

A narrative illustrating goals, objectives, and strategies for coordinating services with public and private service delivery systems. Provide evidence of collaboration or coordination with primary care and all other relevant resources as provided in P.A. 500, adult and children's services, faith-based communities, education, housing authorities, agencies serving older adults, agencies

servicing people who inject drugs/Syringe Service Programs, military and veteran organizations, foundations, and volunteer services.

Prevention

Working toward the highest level of collaboration with both prevention partners and key stakeholders is the goal for Region 1. Working with the 11 prevention providers listed in Table 1, NorthCare Network has successfully partnered to access additional resources for the region which has included funding, additional human resources, and coalition support.

Goal: Obtain collaboration with prevention partners and key stakeholders

Monitoring/Evaluation: All objectives will be monitored and evaluated for progress annually.

Objectives:

- Through a partnership with Dial Help and the 14 CTC coalitions NorthCare Network was able, and will continue, to complete the Tri-ethnic Readiness Survey for each county across the region which has made it possible to identify barriers to services that can now be addressed.
- To increase the ability for all partners across the region to be successful in obtaining funding and other resources, NorthCare Network will continue to partner with each of the regional health departments and community mental health agencies to complete a regional health needs assessment.
- In collaboration with Great Lakes Recovery Center, all 14 CTC coalitions and Dial Help, NorthCare Network will continue to bring in funding to expand support and resources for each of the coalitions.
- By partnering with local tribal entities, the NorthCare Network Prevention Coordinator will continue to expand services in several counties in a way that complements the services that are already being delivered.
- NorthCare Network will continue to partner with the Medical Control Authority, Upper Peninsula EMS, Great Lakes Recovery Center, Dial Help and Michigan Rural EMS in a consortium that has brought funding for Opioid prevention and treatment expansion to the region.
- NorthCare Network and the CTC coalitions will continue to team up with Upper Peninsula pharmacies and other local entities which has distributed over 1,500 medication lockboxes already.
- With a partnership between Michigan State University as well as MSU Extension, NorthCare Network, and the CTC coalitions will be working with physicians to accept referrals for non-medical pain management for older adults. In addition, there will be offerings for improving older adults with their aging health issues.
- The CTC coalitions, NorthCare Network, and Michigan Works will be partnering to offer community and employer training on the Social Development Strategy to increase protective factors for young people entering the workforce.
- Incorporate initiatives of the Michigan Opioid Task Force and the Michigan Opioid Advisory Commission into prevention services as appropriate for the region.

Goal: Support coalitions

At the community level, many of the coalitions have been successful in finding opportunities to partner with local agencies.

Monitoring/Evaluation: All objectives will be monitored and evaluated for progress annually.

Objectives:

- Support coalitions in coordinating with local schools to ensure data collection and increased program delivery.
- Support coalitions in coordinating with local media to spread awareness about their work and to diminish stigma around mental health including substance use.
- Support coalitions in coordinating with local businesses for Narcan trainings
- Support coalitions in coordinating with local Tribal entities to ensure culturally appropriate programs are available.
- Support coalitions in coordinating with law enforcement to coordinate on evidence-based prevention program delivery and ensure data driven prevention is understood.
- Continue the focus on increasing some stakeholders that are missing or not fully engaged. Parents/grandparents, youth, religious sector, courts, colleges, hospitals, and other medical professionals and community mental health are sectors still needing engagement.

Treatment

Goal: Increase coordination of care for individuals receiving Substance Use Disorder Treatment Services

Objectives:

- Increase the number of Opioid Health Homes
The additional Opioid Health Homes in Region 1 will provide further opportunities to implement integrated care programming. Health Homes will coordinate care for all identified needs an enrollee has.
- Increase collaboration between NorthCare Network and agencies providing services to priority populations.
With the addition of the Priority Populations Coordinator at NorthCare Network, collaboration will take place between those agencies serving individuals who are part of a priority population and NorthCare Network. All to better serve individuals.
- Increase coordination of care with veterans.
When Veterans are in need of substance use disorder services who are having issues accessing services, a referral will be made to the Veteran Navigator or the Veteran Peer Support Specialist. Veteran referrals are made as appropriate with continued support from the Veteran Navigator.
- Increase coordination of care for pregnant and parenting individuals.
With the addition of the Priority Populations Coordinator at NorthCare Network, collaboration will take place between those agencies serving pregnant and parenting individuals.

NorthCare Network will incorporate initiatives of the Michigan Opioid Task Force and the Michigan Opioid Advisory Commission into treatment services as appropriate for the region.

RECOVERY

Goal: NorthCare Network will collaborate with agencies providing recovery support services.

Monitoring/Evaluation: All objectives will be monitored and evaluated for progress annually

Objectives: With additional collaboration focusing on recovery support services and implementation, NorthCare Network will increase the number of supportive services for individuals in recovery.

NorthCare Network will incorporate initiatives of the Michigan Opioid Task Force and the Michigan Opioid Advisory Commission into recovery support services as appropriate for the region.

4. SUD POLICY OVERSIGHT BOARD & DECISION-MAKING PROCESS

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

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

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

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

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

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

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

5. LOGIC MODELS

A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention, treatment, and recovery services as well as all other services in your array necessary to support recovery. The logic model approach should include common risk and

protective factors contributing to substance use and mental health disorders and its consequences, as well as opportunities for recovery.

Prevention

Between 2018-2020 each of the NorthCare Network funded Communities That Care (CTC) coalitions collected youth survey data for 6th – 12th grade students. Based on this data, NorthCare Network’s prevention efforts for FY24 – FY26 will be to:

- Reduce underage drinking
- Reduce marijuana use in youth & young adults
- Reduce stimulant use among youth
- Reduce opioid prescription abuse including non-medical opioid misuse & abuse
- Reduce youth access to tobacco including decreasing youth vaping
- Increase SUD prevention services for adults 55 & older

Youth in the Upper Peninsula are still using alcohol at a higher rate than marijuana or other drugs. The regional rate for 30-day alcohol use is 18.09% which should be noted includes 6th grade youth. Many counties are seeing near 50% for 12th grade 30-day use rates. Risk factors of low perceived risk of harm and favorable attitudes around substance use are among the risk factors most targeted by the CTC coalitions across the region. These risk factors will also address the region’s 30-day marijuana use rate of 10.08%. There are several programs/strategies that will be used to address these risk factors including Botvin’s Life Skills, Social Development Strategy and Guiding Good Choices as well as focused campaigns around the dangers of use on developing brains.

NorthCare Network will be targeting the use of energy drinks by adolescents with the overall goal to help reduce the rate of stimulant use in young adults. Energy drink use among youth in the region is currently at 44.79%, according to the Communities That Care Youth Survey 2018/2019/2020. In addition to increased rates of substance use, youth are also at risk for numerous other physical health problems. An educational campaign to educate both youth and parents will be implemented to reduce the rate youth consume energy drinks.

The introduction of e-cigarettes/vape products has driven youth use of 17.33% for past 30-day use across the Upper Peninsula. The primary issues with combating e-cigarette/vape product use is the number of youth and adults who do not understand the risk for youth and the ability to hide use. The primary risk factor that will be addressed is the low perceived risk of harm. The use of school-based education in addition to media/community education will be primary strategies used to target youth use of e-cigarettes/vape products. The development of the CTC coalitions and the Upper Peninsula Coalition Network over the last few years has allowed for an increase in prevention services, and will continue to increase the capacity, readiness and educate communities on the strategic prevention framework for decision making.

NorthCare Network, in collaboration with the local coalitions and contracted Designated Youth Tobacco Use Representatives (DYTUR), has been able to reduce the sell rate for Synar compliance checks. Vendor education has been the key in the region. Therefore, continuing to educate 100% of all vendors each year will continue.

Although large numbers of youth in the Upper Peninsula are not misusing/abusing opioid

prescriptions, 1.92% are using pain relievers. In addition, working across the lifespan to change the trajectory of the opioid crisis is important. The primary prevention risk factors being addressed are easy access and low perceived risk of harm. Many of the Region 1 prevention providers have begun implementing Botvin's Life Skills additional lesson regarding opioid use and this risk factor is also addressed during Guiding Good Choices. In addition, NorthCare Network will work to reduce the risk of overdose death. The focus, again across the region will be to provide lockboxes and support safe drug take back to address ease of access, support Narcan availability and Narcan education.

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

Treatment and Recovery

In a review of the treatment data, primary problems for each of the overall goals became evident. Based on this data, NorthCare Network's treatment efforts for FY2024 – FY2026 will be to:

- Increase Access to Medication Assisted Treatment
- Support clients leaving residential services to continue in treatment
- Increase access to treatment services for individuals involved in the criminal justice system returning to home communities
- Ensure there is coordination of care with behavioral health and primary care services for persons at-risk for and with mental health and substance use disorder.
- Increase in access to treatment and harm reduction for persons living with Opioid Use Disorder.
- Increase access to trauma responsive care for individuals receiving substance use disorder treatment services
- Reduce the percentage of substance exposed birth/infants.
- Increase access to care for adults aged 55 and older

NorthCare Network has implemented the Opioid Health Home services in the Upper Peninsula. Currently there are three designated Opioid Health Homes serving a total of just under 300 clients. NorthCare Network is working to expand and grow these services over the next three years. This will bring integrated care services and programming to locations that have been without these services. In addition, NorthCare Network will work in collaboration with the Michigan Opioid Collaborative to support local communities about offering Medication for Opioid Use Disorder treatment services.

State Opioid Response (SOR) funding will support the continued expansion of OTPs (Opioid Treatment Providers) in the Upper Peninsula. Sacred Heart will work on expanding their offices into other counties across the Upper Peninsula with a tentative expansion timeline extending into Fall 2024. SOR funding will also support the expansion of other OTPs inside the Upper Peninsula region.

NorthCare Network continues to focus on identifying clients who have experienced trauma and on

increasing access to trauma responsive services to better support individuals in their treatment and recovery. NorthCare Network will continue to work with providers to identify trauma screening tools to utilize during treatment.

A standing agenda item with SUD Regional Clinical Provider Work Group is to identify, develop, and offer trainings, including Trauma responsive trainings, for staff in the region. NorthCare Network has implemented an internal Trauma Informed Committee (TIC) which meets once per month. The voluntary staff participants perform an agency self-assessment, identifying areas/interventions for creating a Trauma Informed and responsive agency. NorthCare Network also now hosts a Regional Trauma Committee which meets on a quarterly basis. The committee charge is to address trauma in the lives of consumers by ensuring a trauma-informed system that: 1. Understands trauma and its impact on consumers, staff, and community, 2. Promotes agency self-assessment, 3. Provides a safe and understanding environment for consumers and staff, and 4. Provides trauma specific services for all populations served. This committee adopted MDHHS definition of trauma. *“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being”*.

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

In addition to increasing access for consumers to Trauma Responsive services, NorthCare Network will continue to focus efforts on increasing access to SUD treatment for the Criminal Justice involved population returning to the community. The Admission data indicates that 57% of individuals seeking treatment services has some sort of court involvement. Ensuring these individuals continue with care and ensuring those working with the clients (Probation Officers, Parole Officers, etc.) have a good understanding of how to obtain treatment services, NorthCare Network can better support these individuals coming back into the community. NorthCare Network's referral network includes Jail Mental Health professionals, SUD provider agencies, Probation/Parole offices, inpatient psychiatric units, County Jail staff, Prison Re-entry programs/MDOC, the Angel Program through the Michigan State Police, and now County Public Defender offices in screening and referring incarcerated individuals for treatment. One valuable resource for NorthCare Network has been the Michigan Opioid Collaborative (MOC). The MOC Behavioral Health Consultant has assisted potential NorthCare Network clients who are being released from prison, to connect with MAT clinics across the Upper Peninsula.

In the Upper Peninsula, there were 67 out of 2489 of births are of those born with Neonatal Abstinence Syndrome. NorthCare Network will work on obtaining additional Women's Specialty Service providers to better assist pregnant and parenting individuals with specialized care. In addition, the Priority Populations Coordinator will support individuals with coordination of care.

Admissions into treatment services show that 14% of admissions are for individuals ages 50 or more. NorthCare Network will aim to decrease barriers, increasing access to care by supporting telehealth services. In addition, NorthCare Network will work with current providers for Medicare covered individuals. Due to the large distance individuals are required to travel for

Medicare covered treatment services, NorthCare Network will work with providers and determine funding streams to better support individuals with Medicare not able to obtain treatment within 60 miles or 60 minutes from their residence.

Recovery Supports

Enhanced coordination of prevention, follow-up, and continuing care will be part of the recovery process in Region 1. NorthCare Network will use the Opioid Health Homes for the coordination of care to coordinate the prevention, follow-up and continuing care as part of the recovery process. Only 14% of clients admitted to treatment services received care coordination in the form of Opioid Health Home services in Fiscal Year 2022. Increasing providers and the number of clients served with this program will increase the coordination of services.

Only 4% of claims submitted for payment to NorthCare Network were for recovery support services. Increased access for providers to recovery support codes and reimbursement through claims submissions for recovery coaching, recovery housing, transportation, and case management services will take place to support providers in the implementation of these services.

NorthCare Network will also provide access to recovery services promoting life enhancing recovery and wellness for individuals and families. This includes addressing the residential recidivism rate, increasing recovery support services that providers can claim, and increase support for peer recovery coaches, increase training for peer recovery coaches.

In addition, NorthCare Network plans to increase access of Project ASSERT services and Quick Response Team services. There is currently one Quick Response Team providing services in the entire Upper Peninsula. NorthCare Network would like to double this, at least.

6. ALLOCATION PLAN

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

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

- Expending a minimum of twenty percent of Community Grant funding for primary prevention services.
- Continued collaboration with Upper Peninsula Tribal entities: Hannahville Indian Community, Lac View Desert, and Sault Ste. Marie Tribe of Chippewa Indians.
- Continued contracting with Bay Mills and Keweenaw Bay Indian Community.
- Peer Recovery and Women’s Specialty programming will be expanded and strengthened.
- Standards for those clients meeting the priority status definition will be met, including admission and service capacity. Required reports will be submitted on time and reflect compliance.
- The updated Performance Indicator Standards will be monitored. The Quality Management Team will work with providers that do not meet established standards.

- Trauma informed programming will be expanded and will involve NorthCare Network and provider staff.
- The purpose of the SUD Policy Board as outlined in the by-laws is to advocate in the planning, development, and provision of substance abuse services for the 15 counties of the Upper Peninsula. Specific functions and responsibilities include:
 - a. Approval of any portion of NorthCare Network’s budget that contains 1986 PA 2 (MCL 211.24e(11)), funds (“PA 2 Funds”) for the treatment, prevention, and recovery services of substance use disorders which shall be used only for substance use disorder services in the Counties from which the PA 2 Funds originated;
 - b. Advise and make recommendations regarding NorthCare Network’s budgets for substance use disorder services using non-PA 2 Funds; and
 - c. Advise and make recommendations regarding contracts with substance use disorder treatment, prevention or recovery providers.

7. IMPLEMENTATION PLAN

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

Implementation Plan

NorthCare Network will follow the Timeline listed below. Quarterly reviews with staff will take place to ensure progress is made.

Timeline

Task	Date
Present plan to NorthCare Network Staff	By 7/15/2023
Present plan to NorthCare Network Leadership Staff	By 7/15/2023
Present plan to NorthCare Network Interim CEO	By 7/15/2023
Present plan to NorthCare Network SUD Policy Oversight Board	Final Copy – 9/20/2023
Present plan to NorthCare Network Governing Board	6/14/2023
Present plan to NorthCare Network Provider Network	By 7/15/2023
Present plan to NorthCare Network Stakeholders	By 7/15/2023
Begin implementation of plan	10/1/2023
Monitor implementation of plan during quarterly SUD Staff Meetings	Quarterly
Identify any barriers	By 9/30/2026
Identify any progress	By 9/30/2026
Complete annual Strategic Plan Update	By January each year
Complete Strategic Plan	9/30/2026

8. EVALUATION PLAN

An evaluation plan that identifies baseline, process and outcome data for implementing a ROSC

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

NorthCare Network will implement services as indicated in the Logic Model. Based on the identified issues (Primary Problems) indicated in the strategic plan and outcome measures, NorthCare Network will make adjustments to services as needed to best support a Recovery Oriented System of Care. The Logic Model will serve as the guide and identify specific activities, outcomes and goals. Baseline data is indicated as the Consequence/Primary Problem for each Goal with the outcome data indicated in the Long-Term Outcome sections. NorthCare Network will implement each Objective and Activity/Immediate Outcome as the process.

Prevention

- **Prevention services:**
 - Proposed Outcomes - Prevention services across the region are all evidence-based except for the community level campaigns/education. Working with the prevention providers and community coalitions high quality programming will occur while ensuring fidelity to evidence-based programming is taking place.
 - Percent EBP - Besides the Communities That Care coalition model, NorthCare Network funds Botvin's Life Skills, Guiding Good Choices, Prime for Life, Community Based Mentoring, School/Site Based Mentoring, and Project Toward No Drug Abuse.
 - Method for administering outcome surveys - Program level outcomes are monitored through pre/post-test. For the past two years NorthCare Network has been able to review Botvin's program level outcomes by provider, school, county, and region.
- **Preventing youth access to tobacco:**

Measurable outcomes for reducing tobacco sales to minors - Synar work is very important to the region. For the last few years DYTURs, in partnership with the coalitions, have educated 100% of tobacco vendors each year. 100% vendor education will continue as there has been a drastic reduction in sell rate during the annual formal Synar compliance checks.

Treatment

- **Treatment and recovery support services:**
 - **Domain:** Health and Safety, **Measure:** Sentinel Events

NorthCare Network follows the MDHHS contract requirements regarding Sentinel Events with residential providers in the NorthCare Network region. Critical Incident occurrence and reporting is reviewed during annual site reviews. The NorthCare Network Clinical team receives and process reports within two business days to either request additional information or accept the report as final. Provider incident logs are reviewed during annual site reviews to assess the adequacy of incident report activity.

- **Domain:** Administration: Use of Public Funds, **Measures:** On-time reporting; withdrawal management subsequent services; outpatient continuation; qualitative and quantitative outcomes (employment, housing, education, recidivism) funds spent on services; funds spent on integrated programs; funds spent on recovery supports
 - i. On-time reporting:
 - NorthCare Network adheres to contract reporting requirements related to SUD programming. A review is completed on a monthly basis of reporting requirements and submitted reports.
 - ii. Withdrawal Management subsequent services:
 - NorthCare Network completes reporting on a quarterly basis to calculate the percent of individuals continuing treatment services after a Withdrawal Management service. Performance Indicator data is captured and reviewed on a quarterly basis.
 - iii. Outpatient continuation:
 - Staff will review Admission data to determine continuation in outpatient treatment on a minimum of quarterly basis. Reports will be generated from Admission data and monitored.
 - iv. Qualitative and Quantitative outcomes - employment:
 - Staff will review Admission and/or Claims data on a minimum of quarterly basis. Reports will be generated from provider submitted data and monitored by NorthCare Network SUD Staff.
 - v. Qualitative and Quantitative outcomes - housing:
 - Staff will review Admission and/or Claims data on a minimum of quarterly basis. Reports will be generated from provider submitted data and monitored by NorthCare Network SUD Staff.
 - vi. Qualitative and Quantitative outcomes - education:
 - Staff will review Admission and/or Claims data on a minimum of quarterly basis. Reports will be generated from provider submitted data and monitored by NorthCare Network SUD Staff.
 - vii. Qualitative and Quantitative outcomes - recidivism:
 - Staff will review Admission and/or Claims data on a minimum of a quarterly basis. Reports will be generated from provider submitted data and monitored by NorthCare Network SUD Staff.
 - viii. Funds spent on services:
 - Monthly reports will be generated and reviewed to determine the expenditures. The SUD Services Director will meet with Finance staff monthly to discuss funds expended.
 - ix. Funds spent on integrated programs:
 - NorthCare Network has braided funding. The SUD Services Director will meet with Finance staff monthly to discuss funds expended.
 - x. Funds spent on recovery supports:
 - Staff will review Admission and/or Claims data on a minimum of quarterly basis. Reports will be generated from provider submitted data and monitored by NorthCare Network SUD Staff.

- **Domain:** Treatment Penetration Rates for Selected Populations, **Measures:** Youth (12-17 years-of-age) and Young Adults; Women of Childbearing Age; African American; Hispanic; Native American; and Persons with Opioid Use Disorder
 - i. Penetration Rates for Youth (12-17) and Young Adults:

NorthCare Network staff are in the process of developing protocol to implement a monitoring process for selected populations. Monitoring penetration rates for Youth (12-17 years-of-age), Young Adults, and Older Adults will take place using the monthly 820 files. Improvement will be sought for each age category. NorthCare Network staff will develop the report and run it on an annual basis, at a minimum.
 - ii. Penetration Rates for Women of Childbearing Age:

Expansion of Women’s Specialty Program providers will lead to increased services for Women of Childbearing Age. Encounters including the HD modifier will support any additional programming and support services.
 - iii. Penetration Rates for African American:

NorthCare Network Admission/BH TEDS data will be run and monitored on an ongoing basis to determine number of admissions indicating African American as race. NorthCare Network Staff will run the information on a monthly basis at a minimum.
 - iv. Penetration Rates for Hispanic:

NorthCare Network Admission/BH TEDS data will be run and monitored on an ongoing basis to determine number of admissions indicating Hispanic as race. NorthCare Network Staff will run the information on a monthly basis at a minimum.
 - v. Penetration Rates for Native American:

Efforts to support services for Native Americans are on-going within the region. Increased program availability at Keweenaw Bay Indian Community will be reflected by increased treatment admissions at the outpatient and residential treatment levels as well as by recovery support activities. NorthCare Network Staff will monitor admission rates for individuals who are Native American.
 - vi. Penetration Rates for Persons with Opioid Use Disorder:

NorthCare Network Admission/BH TEDS data will be run and monitored on an ongoing basis to determine the number of admissions indicating an Opioid Use Disorder. NorthCare Network Staff will run the information monthly at a minimum.

Trauma Responsive Services

NorthCare Network plans on implementing trauma responsive services throughout the entire Substance Use Disorder treatment service network. In addition, screening will be conducted for all admissions into treatment services. This will better identify individuals with trauma so that it can be included in the treatment process.

Evidence Based Interventions

- **Women’s Specialty Services:**

NorthCare Network contracts with one provider to offer Women’s Specialty Services. This provider has two residential locations and three outpatient locations providing Women’s Specialty Services. These are primarily located around Marquette and Sault Ste. Marie. Although five locations is beneficial for these services, one of the gaps in services is the need for additional providers offering these specialized services. At a minimum, working with providers to become a gender competent provider.

Providers have reported completing the following evidence-based practices for Women’s Specialty Services: Living in Balance, Life Skills, DBT, and Seeking Safety.

- **Persons with Opioid Use Disorder:**

Based on Fiscal Year 2022 Admission information, 26% of admissions had a primary diagnosis as an Opioid Use Disorder. In addition, 16.5% of admissions were for individuals receiving a Medication to treat an Opioid Use Disorder.

NorthCare Network will increase access to treatment services for individuals with an Opioid Use Disorder by increasing access to the Opioid Health Homes, supporting Medication Assisted Treatment, and Harm Reduction.

Currently, North Care Network contracts with three Opioid Health Homes. This service has proven to be extremely effective in supporting individuals with an Opioid Use Disorder. The provision of Medication to support individuals as well as the intense care coordination taking place fully supports individuals. Each need an individual has has a plan on how to address that need. Then a team of experts to support the individual receiving the service.

In addition, NorthCare Network contracts with three providers who offer Medication Assisted Treatment. NorthCare Network will partner with the Michigan Opioid Collaborative to increase the number of prescribers in the Upper Peninsula.

Finally, NorthCare Network will support Harm Reduction initiatives. Currently, nine locations offer harm reduction and syringe exchange programs.

9. CULTURAL COMPETENCE

Evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent and equitable manner.

NorthCare Network supports the provider network in offering services in a culturally competent and equitable manner. This includes reviewing policies and procedures during annual site visits to ensure appropriate policies are in place.

Prevention

Enhancing inclusion and equity into CTC implementation is woven into all 5 phases of the process and is discussed regularly during coordinator calls. In addition, all preventionists throughout the region receive cultural humility training as part of their Substance Abuse Prevention Skills

Training as well as during Prevention Ethics. Cultural Humility suggests that Cultural Competence is a process-oriented approach. It is understood that no one will ever achieve cultural competence but rather continues to learn and grow.

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

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

Treatment

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

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

Agency personnel are required to complete annual training in this area. NorthCare Network endorses the on-line training options available at www.improvingMIPractices.org. Treatment provider staff are required to complete the Cultural Competence: Basic Concepts training within 30 days of hire and annually thereafter.

Recovery Support Services

NorthCare Network follows its Cultural Sensitivity Policy applicable to staff and the provider network providing Recovery Support services. Elements include:

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

Agency personnel are required to complete annual training in this area. NorthCare Network endorses the on-line training options available at www.improvingMIPractices.org. Treatment provider staff are required to complete the Cultural Competence: Basic Concepts training within 30 days of hire and annually thereafter.

10. ATTACHMENT I

Prevention Logic Model

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
Reduce underage drinking	Past 30-day alcohol use for: Students (6th, 8th, 10th & 12th grades) 18.09% average percent Communities That Care Youth Survey (2018/2019/2020)	Low perceived risk of harm	Education/Information Dissemination Provide evidence-based school, parent programs & media campaign to increase knowledge of community knowledge around brain science and youth addiction	Increase perception of harm	Past 30-day alcohol use for: Students (6th, 8th, 10th & 12th grades) 17% Communities That Care Youth Survey 2026	The goal is to make this available to all 15 Counties
			Communities That Care Give communities the tools to address adolescent health and behavior problems through identified risk and protective factors			
		Favorable attitudes towards underage drinking	Education/Information Dissemination Provide parent programs & media campaign to increase community knowledge of brain science and youth addiction	Decrease favorable attitudes towards underage drinking		
			Prosocial Activities Identify providers interested in supporting Prosocial Activities			
			Education Provide evidence-based programs, such as Prime for Life, to students who have used substances			

Reduce marijuana use in youth & young adults	Past 30-day marijuana use: Students (6th, 8th, 10th & 12th grades) 10.08% average percent Communities That Care Youth Survey (2018/2019/2020)	Low perceived risk of harm	Education/Information Dissemination Provide evidence based middle school, parent programs & media campaign to increase community knowledge around brain science and youth addiction	Increase perception of harm	Past 30-day marijuana use for: Students (6th, 8th, 10th & 12th grades) 9% Communities That Care Youth Survey 2026	The goal is to make this available to all 15 Counties
			Communities That Care Give communities the tools to address adolescent health and behavior problems through identified risk and protective factors			
Reduce stimulant use among youth	Past 30-day energy drink use: Students (6th, 8th, 10th & 12th grades) 44.79% average percent Communities That Care Youth Survey (2018/2019/2020)	Low of perceived risk of harm	Education/Information Dissemination Provide information to parents and youth about the dangers of extreme amounts of stimulants on young developing brains Utilize CTC Coalitions for disseminations https://teens.drugabuse.gov/blog/post/energy-drinks-and-drug-use-surprising-connection https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5657439/	Increase perception of harm	Past 30-day energy drink use: Students (6th, 8th, 10th & 12th grades) 43% average percent Communities That Care Youth Survey (2026)	The goal is to make this available to all 15 Counties
			Education Provide evidence-based programs, such as Botvin's LifeSkills that address substance use			
Reduce opioid prescription abuse, including non-medical	Lifetime use of pain relievers: Students (6th, 8th, 10th & 12th grades) 1.92% average percent	Low of perceived risk of harm	Education/Information Dissemination Opioid-like substance risks (kratom)	Increase perception of harm	Lifetime use of pain relievers: Students (6th, 8th, 10th & 12th grades) 1.5% average percent Communities That	The goal is to make this available to all 15 Counties
		Availability of opioids	Distribution of Lock boxes Will include a campaign on safe disposal	Decrease availability of opioids		

opioid misuse & abuse	Communities That Care Youth Survey (2018/2019/2020)		Education/Information Dissemination In addition to prevention programming a media campaign to increase knowledge around opioid addiction will be used		Care Youth Survey (2026)	
Increase SUD prevention services for adults 55 & older	1% of individuals receiving prevention services are ages 45 and older (FY2022 MPDS)	Little access of safe disposal sites for older adults	Disposal CTC Coalitions will work with the community, focusing on agencies serving individuals 55 and older, for safe disposal of opioids.	Increase access for opioid disposal	3% of individuals receiving prevention services are ages 45 and older (MPDS)	The goal is to make this available to all 15 Counties
Reduce youth access to tobacco	Past 30-day e-cigarette/vape pen use: Students (6th, 8th, 10th & 12th grades) 17.33% average percent Communities That Care Youth Survey (2018/2019/2020)	Low of perceived risk of harm	Education/Information Dissemination Provide evidence based middle school, parent programs & media campaign to increase knowledge of community knowledge around opioid addiction	Increase perception of harm	Past 30-day e-cigarette/vape pen use: Students (6th, 8th, 10th & 12th grades) 16% average percent Communities That Care Youth Survey (2026)	The goal is to make this available to all 15 Counties
	Tobacco retailer violation rate 17.9% Synar report 2022	Lack of knowledge around laws pertaining to youth tobacco sales	Vendor Education Continue to provide education to 100% of tobacco vendor in the region	Increase knowledge around laws pertaining to youth tobacco sales	Tobacco retailer violation rate 15% Synar report 2026	

11. ATTACHMENT II

Treatment Logic Model

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
Increase Access to Medication Assisted Treatment	Individuals seeking MAT need to drive long distances to receive services. Insufficient number of Providers Offering MAT (48 based on MOC reports)	Increase number of of Providers Serving Patients	Build Provider Capacity Support Michigan Opioid Collaborative Behavioral Health Consultant efforts Expand Opioid Health Home provider panel	Increase access to care within 60 miles for Individual diagnosed with OUD	Best practice Medication Assisted Treatment Services will be available to individuals seeking services.	The goal is to make this available to all 15 Counties
	Limited Local Pharmacy access (19 pharmacies carrying MAT based on MOC reports)	Increase number of Pharmacies that will fill MAT prescriptions	Increase MAT Prescription Access Educate local communities about best practice MAT programming Support local pharmacies willing to fill MAT Prescriptions	Increase access to care within 60 miles for Individual diagnosed with OUD		Baraga, Delta, Schoolcraft
	Limited Access to OTP Services 1 OTP	Lack of availability of OTP services in the region	Access to Care Increase the number of OTP locations	Increase availability of OTP services in the region		To Be Determined in collaboration with the provider

<p>Individuals involved in the criminal justice system returning to home communities will have access to treatment services</p>	<p>In FY22 57% of individuals seeking treatment services had court involvement with 35% on Probation and 8% on Parole</p>	<p>Issues with understanding of the NorthCare Network Process on how to access services due to staff turnover, changes in process, updated communications, etc.</p>	<p>Education/Update Procedure Provide education to criminal justice staff on the NorthCare Network jail-based referral process</p>	<p>Community corrections staff will have a contact at NorthCare Network with any questions on how individuals can access services</p>	<p>In FY26 there will be a 2% increase in individuals involved in the criminal justice system will receive treatment services</p>	<p>The goal is to make this available to all 15 Counties</p>
		<p>Difficulties accessing MAT when coming back to communities</p>	<p>Education The NorthCare Network Priority Population Coordinator will provide education to criminal justice staff on the referral process and appropriate referral agencies</p> <p>The NorthCare Network Priority Population Coordinator will assist with coordination of care for individuals meeting priority population criteria in additiona to individuals transitioning from MDOC or county jails to treatment services</p>	<p>Increase coordination for individuals receiving MAT in jail/community corrections facility</p>		
<p>Individuals with a substance use disorder will have access to behavioral health and</p>	<p>Only 14% Clients received care coordination in the form of OHH services in FY22 (admissions)</p>	<p>Lack of coordination of care for behavioral health services and primary care services for individuals with</p>	<p>Access to Care NorthCare Network will work with OHH providers in identifying barriers to providing OHH services to increase services in the region</p>	<p>The number of providers offering OHH services will increase by at least 2 providers</p>	<p>In FY26 at least 400 clients will be receiving OHH services</p>	<p>The goal is to make this available to all 15 Counties</p>

primary care services		a substance use disorder				
Individuals living with an Opioid Use Disorder will have access to treatment and harm reduction	Lack of harm reduction in the region 9 syringe exchange programs	Limited funding opportunities for harm reduction services	Harm Reduction Continue to support and grow harm reduction efforts in the region	Continue funding for harm reduction efforts in the region	Harm reduction in the region will stay the same or increase 9 syringe exchange programs	The goal is to make this available to all 15 Counties
	Individuals with an Opioid Use Disorder and are pregnant have a lower percent of admissions within 14 days of initial contacts than total admissions FY2022 - 86% for Pregnant OUD admissions, 89% for all admissions	Lack of availability of appointments within the required timeframes	Coordination of Care The NorthCare Network Priority Populations Coordinator will work with providers to establish best process for timely admissions	Increase access of timely appointments	Individuals with an Opioid Use Disorder and are pregnant have a lower percent of admissions within 14 days of initial contacts than total admissions FY2022 - 90% for Pregnant OUD admissions	
	The Upper Peninsula is over 320 miles in length with primarily rural and frontier areas, resulting in difficulties with transportation to treatment services (582 units in FY22 for transportation services with one code available to use)	Little reimbursement for transportation services is available	Access to Care Increase the availability of transportation services	Increase the ability of individuals to receive treatment services close to their residence	Increase the availability of reimbursable transportation services from 1 code to at least 2.	
	291 Clients received OHH services in FY22	Difficulty growing the OHH program	Access to Care Increase OHH providers	The number of providers offering OHH services will	In FY26 at least 400 clients will be receiving OHH services	

				increase by at least 2 providers		
All individuals receiving substance use disorder treatment services will have access to trauma responsive care	Staff have little training on how to provide trauma responsive care	Staff are undertrained in trauma responsive delivery of services	Provide Evidence-based Training Collaborate with SUD Regional Clinical Provider Work Group	Increase staff trauma responsiveness	Staff have access to training on how to provide trauma responsive care	The goal is to make this available to all 15 Counties
	Clients are not screened for a history of trauma and provided subsequent treatment	Staff are undertrained in trauma responsive delivery of services	Provide Evidence-based Training Collaborate with SUD Regional Clinical Provider Work Group	Increase staff trauma responsiveness	Clients will be screened for a history of trauma and provided subsequent treatment	
		No identification of potential screening tools	Implementation of Trauma Screen Work with providers to identify potential trauma screening tools that may be used and would best support the services	Identification of screening tools		
Pregnant individuals with a substance use disorder have access to specialized services	Infants are born with Neonatal Abstinence Syndrome rate per 100,000 live births of 2691.8 (2020 NAS rates from the Neonatal Abstinence Syndrome Michigan Report)	Lack of regional coordination for pregnant individuals seeking treatment services	Coordination of Care The NorthCare Network Priority Population Coordinator will assist with coordination of care for pregnant individuals seeking treatment services	Increase coordination of care for pregnant individuals seeking, or receiving, treatment services	Infants are born with Neonatal Abstinence Syndrome rate per 100,000 live births of 2500 (2020 NAS rates from the Neonatal Abstinence Syndrome Michigan Report)	The goal is to make this available to all 15 Counties
		Limited availability of Women's Specialty Services in the region	Access to Care NorthCare Network will work with providers to increase the number of Women's Specialty providers in the region	Increase the number of Women's Specialty Service Providers in the region		

Adults aged 55 and older will have access to care	Few Admissions are for individuals age 55 and older 14% of admissions are for individuals aged 50 and older	Older adults have additional barriers to treatment such as mobility issues	Additional Service Access NorthCare Network will contract for telehealth services per allowable services	Older adults have additional access to treatment services	Few Admissions are for individuals age 55 and older 16% of admissions are for individuals aged 50 and older	The goal is to make this available to all 15 Counties
		Few providers offer Medicare substance use disorder services	Access to Care NorthCare Network will identify funding availability for individuals with Medicare funding needing substance use disorder treatment services but live outside of a 60 minute/mile radius of a provider accepting Medicare	Clients will have access to needed substance use disorder treatment services		

Recovery Logic Model

Overall Goal Column 1	Consequence (Primary Problem) Column 2	Intervening Variables Column 3	Objective Column 4	Activity/Immediate Outcome Column 5	Long-Term Outcome (Link to the NOM to be impacted) Column 6	County(s) where this specific activity will occur
Enhanced coordination of prevention, follow-up, and continuing care will be part of the recovery process	Only 14% Clients received care coordination in the form of OHH services in FY22 (admissions)	Lack of coordination of care for behavioral health services and primary care services for individuals with a substance use disorder	Service Implementation NorthCare Network will work with OHH providers in identifying barriers to providing OHH services to increase services in the region	The number of providers offering OHH services will increase by at least 2 providers	In FY26 at least 400 clients will be receiving OHH services	The goal is to make this available to all 15 Counties
Treatment services, including ongoing support and multiple coordinated strategies to support recovery, will be implemented	Few recovery support services are paid for 4% of claims are for recovery support services (transportation and recovery coaching)	Little reimbursement for recovery support services is available	Access to Care Increase peer recovery coach services at providers, transportation, recovery housing	Recovery support services are available	Few recovery support services are paid for 5% of claims are for recovery support services (transportation and recovery coaching)	The goal is to make this available to all 15 Counties
			Service Implementation While in treatment services, provide case management services			
Access to recovery services promoting life enhancing recovery and wellness for individuals and	Residential Recidivism Rate 2.7% for individuals discharged from residential not continuing in treatment	Little to no support services to encourage continuation in treatment after residential	Access to Care Increase peer recovery coach services	Increase the number of support services for individuals discharging from residential treatment	Residential Recidivism Rate 2.0% for individuals discharged from residential not continuing in treatment	The goal is to make this available to all 15 Counties

families will increase	Few recovery support services are paid for 4% of claims are for recovery support services (transportation and recovery coaching)	Little reimbursement for recovery support services is available	Service Implementation Increase peer recovery coach services at providers, transportation, recovery housing	Recovery support services are available	Few recovery support services are paid for 5% of claims are for recovery support services (transportation and recovery coaching)	
			Service Implementation While in treatment services, provide case management services			
	Lack of support for peer recovery coaches 1 recovery support group for recovery coaches	Little support for peer recovery coaches in the field	Provider Support Develop regional support meetings for peer recovery coaches	Peer Recovery Coaches are fully supported in the work they do	Increased support service for recovery coaches 8 attendees	
	Lack of training for peer recovery coaches	Implement regional programming to support training & recruiting	Training Capacity Develop local Train the Trainer capacity & provide quarterly training for new peer recovery coach staff at contracted agencies	Provider capacity will increase	Increased access to recovery services as indicated by recovery encounters	
Lack of provider access	Provider Support Schedule quarterly regional meetings for Peer Recovery Coaches		Recovery support services available in all counties served	Improved outcomes as evidenced by reduced recidivism for those receiving recovery support services		
Individuals will have access to support after a substance-based emergency	No support for individuals following an emergency department visit for a substance related issue or overdose 1 Quick Response Team	The region lacks Quick Response Team and Project ASSERT programming in Emergency Departments	Service Implementation Implement Project ASSERT and Quick Response Teams	Increase the number of Quick Response Team and Project ASSERT programming in Emergency Departments	Support individuals following an emergency department visit for a substance related issue or overdose 2 Quick Response Team	The goal is to make this available to all 15 Counties