

WCHO  
LIVINGSTON – WASHTENAW  
SUBSTANCE ABUSE  
COORDINATING AGENCY

ACTION PLAN

FY 2012 – 2014

**PREVENTION SERVICES  
PLANNING CHART FOR  
PREVENTION PREPARED  
COMMUNITIES (PPCS)**

## PREVENTION SERVICES PLANNING CHART FOR PREVENTION PREPARED COMMUNITIES

CA Name: Livingston/Washtenaw Substance Abuse Coordinating Agency Plan Fiscal Year: FY 2011-12 Contact Person's Name and Email: Therese Doud ([doudt@ewashtenaw.org](mailto:doudt@ewashtenaw.org)) / Jane Goerge ([goergej@ewashtenaw.org](mailto:goergej@ewashtenaw.org))

Prevention Priority: Prescription & Over-the-Counter Drug Abuse – Ypsilanti & Ann Arbor

**NOTE: This section looks at how the CA is working toward community involvement.**

**1. Who are the CA's partners in this prevention priority, and what specific role(s) do the partners play?**

*Funded Providers:* HIV/AIDS Resource Center (HARC), Home of New Vision (HNV)

**2. What partners are missing, and what is the CA's strategy to get additional partners involved?** To be determined upon initial meeting with collaborative.

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related -Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
<p><sup>1</sup>Increase in heroin overdoses</p> <p><sup>2</sup>Increase in substance use related visits to the ER among 18-20 year olds</p>	<p><sup>1</sup>There were 254 opiate-related overdoses reported to police in 2010 – up from 164 in 2009 Source: The Livingston County- Daily Press &amp; Argus, June 2011</p> <p><sup>2</sup>Increase in the number of substance use related visits to the emergency room among 18-20 year olds in 2010. Washtenaw and Livingston Counties have among the highest heroin use among emergency visits for this age group Source: Substance Use &amp; Emergency Room Visits, University of Michigan, C.S. Mott Children's Hospital</p>	Perception of harm of substance use	<p><u>Education</u> -<i>Motivation to Change</i> -<i>HARC's Opiate Awareness and Overdose Prevention Training</i> -<i>HARC's HIV/STD 201 Workshop</i> -<i>Drug Awareness Information Sessions</i></p> <p><u>Information Dissemination</u> -<i>HARC's Opiate Awareness and Overdose Prevention Training</i></p> <p><u>Problem Identification &amp; Referral</u> -<i>Drug Awareness Information Sessions</i></p> <p><u>Community-Based</u> To be further clarified with providers.</p>	Ypsilanti Ann Arbor	Selective Indicated	<p>-Successful completion of cross-training sessions (HARC &amp; HNV staff and/or peers)</p> <p>-Develop, review and pilot a training curriculum for doctors and other medical staff</p> <p>-Healthcare providers -Increase in knowledge, skills and intent as it relates to talking with clients/patients about opiate awareness/ overdose prevention, HIV 201, treatment, recovery and breaking the cycle</p> <p>-Families- Increase in knowledge, awareness of risk related to substance abuse/use, self-efficacy and intent to talk about substance abuse/use with a family member or someone of concern</p> <p>-Individual - movement along stages of change -decreased use of ATOD in past mo. -increase in knowledge as it relates</p>	<p>Decrease proportion of youth and adults who report past month use of ATOD</p> <p>Decrease prescription &amp; over-the-counter drug abuse</p>	<p><b>HIV/AIDS Resource Center</b></p> <p>Home of New Vision</p>	

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related -Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
						to risk and harm reduction			

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Prevention Priority: Childhood and Underage Drinking – Washtenaw

**NOTE: This section looks at how the CA is working toward community involvement.**

**1. Who are the CA's partners in this prevention priority, and what specific role(s) do the partners play?**

*Funded Providers:* The Corner Health Center, COPE, Karen Bergbower & Associates, SOS, U of M - Regional Alliance for Healthy Schools

*Collaborators:* Ann Arbor Community Campus Coalition (A2C3), Ypsilanti Health Coalition, Eastern Michigan University, Washtenaw Community College, City of Ypsilanti, Growing Hope, ROSC Providers (Dawn Farm, Home of New Vision), WCHO, Chelsea School District, SRSly, Chelsea Wellness Foundation, Chelsea Health Coalition, City of Chelsea, Chelsea Library, Michigan AIDS Coalition's Positive Perspective Speakers' Bureau, Dexter Community Schools, Dexter Health Coalition, Manchester Community Schools, Sharon United Methodist Church, Manchester Health Coalition, First United Methodist Church, Manchester Chamber of Commerce, Village of Manchester, Ypsilanti Health Coalition, Ypsilanti Public Schools, Willow Run Community Schools, Churches, Neighborhood Associations, Community Centers, Lincoln Consolidated Schools, Law Enforcement, Ypsilanti Middle School, Parent Teacher Organizations, Local School Districts, Washtenaw Housing Alliance, Family Support Network

**2. What partners are missing, and what is the CA's strategy to get additional partners involved?** To be determined upon initial meeting with collaborative.

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related - Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
<sup>1</sup> Alcohol use increases as grade level increases <sup>2</sup> Early age of first use <sup>3</sup> Low perceived risk of marijuana use <sup>4</sup> High initiation rates	<sup>1</sup> Past 30 day use of alcohol increases dramatically, approx. 400% from 8 <sup>th</sup> -12 <sup>th</sup> grade in Washtenaw County. Source: <i>Underage and Under the Influence: The Alcohol Climate in Livingston and Washtenaw Counties</i> , January 2008, (pg 36-27).  <sup>2</sup> Washtenaw – Youth began using alcohol at	Access to alcohol  Social & community norms  Perceive less peer, parental and school disapproval than youth who do not use  Other multiple risk factors – poverty,	<u>Community-Based Processes</u> - <i>Communities That Care (CTC)</i> - <i>Communities Mobilizing for Change on Alcohol (CMCA)</i> - <i>Project SUCCESS</i>  <u>Environmental</u> - <i>Communities Mobilizing for Change on Alcohol (CMCA)</i> - <i>Project SUCCESS</i>  <u>Information Dissemination</u> - <i>Communities Mobilizing for</i>	<u>Western Washtenaw County:</u> Dexter Chelsea Manchester  <u>Eastern Washtenaw County:</u> Ypsilanti Willow Run	Selective Universal	Reduce access to alcohol and other drugs  Communicate clear social norms  Changes in policies  Provide prevention education including parental education  Individual & group support  Promote healthy alternatives to risky behaviors – LifeSkills	Delay the age of first use of alcohol, tobacco and other drugs (ATOD)  Increase the proportion of youth who perceive parental disapproval of ATOD  Decrease the proportion of youth and adults who report past month use  Decrease prescription and over-the-counter drug abuse	<b>The Corner Health Center</b>  COPE  Karen Bergbower & Associates  SOS  U of M - Regional Alliance for Healthy Schools	

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related - Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
	<p>13.3 years old and marijuana at 14 years old  <u>Source:</u>  SAFE &amp; SOUND Survey, 2009</p> <hr/> <p><sup>3</sup>Washtenaw Co. – Lowest proportion of the population 12 and older (23%) that perceive that smoking marijuana once a month is a ‘great risk’ compared to all other Michigan regions (34%)  <u>Source:</u>  National Survey on Drug Use and Health (2004-2006)</p> <hr/> <p><sup>4</sup>Washtenaw Co. – Highest rate of marijuana initiation during 2006-2008 compared to other Michigan counties and nearly all of the United States  <u>Source:</u>  National Survey on Drug Use and Health</p> <hr/> <p><u>Note:</u> Other specific geographic data is available</p>	<p>substance abuse in the environment, family dysfunction and mental health problems, abuse and neglect, delinquent behaviors, developmental delays, academic failure, low commitment to and sporadic attendance at school, frequent transition of residence and school, poor support systems, frequent crises.</p>	<p><i>Change on Alcohol (CMCA)</i>  -Project SUCCESS  -The Theater Troupe/Peer Education  -Early Risers “Skill for Success”</p> <p><u>Problem Identification &amp; Ref</u>  -Project SUCCESS  -Early Risers “Skill for Success”</p> <p><u>Education</u>  -Communities Mobilizing for Change on Alcohol (CMCA)  -Project SUCCESS  -The Theater Troupe/Peer Education  -Botvin’s LifeSkills Training (LST)  -Early Risers “Skill for Success”</p> <p><u>Alternatives</u>  -Communities Mobilizing for Change on Alcohol (CMCA)  - The Theater Troupe/Peer Education  -Early Risers “Skill for Success”</p>						

## PREVENTION SERVICES PLANNING CHART FOR PREVENTION PREPARED COMMUNITIES

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Prevention Priority: Childhood and Underage Drinking – Livingston County

**NOTE: This section looks at how the CA is working toward community involvement.**

**1. Who are the CA's partners in this prevention priority, and what specific role(s) do the partners play?**

*Funded Providers:* Livingston County Catholic Charities, Family Resource Center, Karen Bergbower & Associates, Key Development Center

*Collaborators:* Livingston County CMH, Treatment Providers, Local Courts, Michigan State Police, DHS, MSU Criminal Justice School, Schools, Churches, Local Businesses, Livingston County Community Alliance (LCCA) members, Beverage Server Training, Alcohol Retailers, Celebrate Recovery, AA/NA (12 Step Programs), ROSC Providers/Community Partners, Public Health, Businesses/Organizations, Hospitals/ERs, Local Media

**2. What partners are missing, and what is the CA's strategy to get additional partners involved?** To be determined upon initial meeting with collaborative.

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related - Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
<sup>1</sup> Alcohol use increases as grade level increases <sup>2</sup> Early age of first use <sup>3</sup> High initiation rates <sup>4</sup> Low perceived risk <sup>5</sup> Perception of parental disapproval	<sup>1</sup> In Livingston County, past 30 day use of alcohol increases nearly 150% between 8 <sup>th</sup> and 10 <sup>th</sup> grade; nearly 300% between 8 <sup>th</sup> and 12 <sup>th</sup> grade Source: <i>Underage and Under the Influence: The Alcohol Climate in Livingston and Washtenaw Counties</i> , January 2008 (pg 36-37)  <sup>2</sup> In Livingston & Washtenaw, youth began using alcohol at 13.3 years old and marijuana at 14 years old Source: SAFE & SOUND Survey, 2009  <sup>3</sup> Livingston & Washtenaw – highest rate of first use of marijuana in 2006-2008	Access to alcohol  Social norms  Perception of harm of substance use  Parental disapproval	<u>Community-Based Processes</u> - <i>Communities Mobilizing for Change on Alcohol (CMCA)</i> - <i>Project SUCCESS</i> - <i>Creating Lasting Family Connections (CLFC)</i> - <i>Parents Who Host, Lost the Most</i>  <u>Environmental</u> - <i>Communities Mobilizing for Change on Alcohol (CMCA)</i> - <i>Project SUCCESS</i> - <i>Creating Lasting Family Connections (CLFC)</i> - <i>Parents Who Host, Lost the Most</i>  <u>Information Dissemination</u> - <i>Communities Mobilizing for Change on Alcohol (CMCA)</i> - <i>Project SUCCESS</i> - <i>Parents Who Host, Lost the Most</i>  <u>Problem Identification &amp; Ref</u> - <i>Project SUCCESS</i>	Livingston County & Other Specific Programming in Hartland & Pinckney	Selective Universal	<u>CMCA</u> -Alcohol compliance checks – refusal to sell alcohol to minors -Adoption or revision of policies, materials, and /or practices to decrease the misuse or abuse of prescription drugs and over-the-counter medications -Coalition sponsored Responsible Beverage Server Training. -Coalition building and action planning.  <u>CLFC</u> -Improved use of parenting strategies  <u>Project SUCCESS</u> -Improvements in areas	Delay the age of first use of alcohol, tobacco and other drugs (ATOD)  Increase the proportion of youth who perceive parental disapproval of ATOD  Decrease the proportion of youth and adults who report past month use of ATOD  Decrease prescription and over-the-counter drug abuse	<b>Livingston County Catholic Charities</b>  Family Resource Center  Karen Bergbower & Associates  Key Development Center  Livingston County Community Alliance	

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related - Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
	<p>(highest rate category for the U.S.)  <u>Source:</u> National Survey on Drug Use and Health</p> <hr/> <p><sup>4</sup>Livingston &amp; Washtenaw – lowest proportion of the population 12 and older (23%) that perceive that smoking marijuana once a month is a ‘great risk’ compared to all other Michigan regions (34%).  <u>Source:</u> National Survey on Drug Use and health (2004-2006)</p> <hr/> <p><sup>5</sup>Livingston &amp; Washtenaw - youth who use alcohol or marijuana perceive less peer, parental, and school disapproval than youth who do not use these substances  <u>Source:</u> <i>Community Focus: Substance Abuse Indicators in Livingston and Washtenaw Counties</i>, January 2011</p>		<p><i>-Creating Lasting Family Connections (CLFC)</i>  <u>Education</u>  <i>-Communities Mobilizing for Change on Alcohol (CMCA)</i>  <i>-Project SUCCESS</i>  <i>-Creating Lasting Family Connections (CLFC)</i>  <i>-Parents Who Host, Lost the Most</i>  <u>Alternatives</u>  <i>-Communities Mobilizing for Change on Alcohol (CMCA)</i>  <i>-Project SUCCESS</i>  <i>-Parents Who Host, Lost the Most</i></p>			<p>such as: peer refusal skills, solving problems, attitude toward school, ATOD risks &amp; Use</p> <p><u>Parents Mobilizing for Change/Parents Who Host</u>            -Increase parental disapproval of harm of ATOD            -Mobilize and develop Parent program            -Form a parent advisory committee</p>			

## PREVENTION SERVICES PLANNING CHART FOR PREVENTION PREPARED COMMUNITIES

CA Name: [Livingston/Washtenaw Substance Abuse Coordinating Agency](#) Plan Fiscal Year: [FY 2011-12](#) Contact Person's Name and Email: Therese Doud ([doudt@ewashtenaw.org](mailto:doudt@ewashtenaw.org)) / Jane Goerge ([goergej@ewashtenaw.org](mailto:goergej@ewashtenaw.org))

Prevention Priority: Prescription & Over-the-Counter Drug Abuse - Older Adults (Washtenaw & Livingston Counties)

**NOTE: This section looks at how the CA is working toward community involvement.**

**1. Who are the CA's partners in this prevention priority, and what specific role(s) do the partners play?**

*Funded Providers:* Catholic Social Services of Washtenaw County, Neighborhood Senior Services, Livingston County Catholic Charities, University of Michigan Health System's Turner Geriatric Clinic

*Collaborators:* ROSC Providers for Livingston and Washtenaw Counties, Senior Centers, Senior High-rises, Community Centers, Neighborhood Clinics, Home Delivered Meal Services, Home Health Care Agencies, Area Agency on Aging, RSVP Volunteers, NSS Medical Access Drivers, Jewish Family Services, Housing Bureau for Seniors, Older Adult Recovery Program – St. Joseph Mercy Hospital, Michigan State Police, Washtenaw County Sheriff's Dept., Pharmacies, Local Media, Medical Clinics

**2. What partners are missing, and what is the CA's strategy to get additional partners involved?** To be determined upon initial meeting with collaborative.

Consequence(s)/ (Primary Problem)	Consequence Support Data (Include data sources)	Associated Intervening Variable(s) to be Targeted	Primary Federal Strategies (specific) and Evidence-based Services/Interventions (specific) for Each Strategy	Geographic Area Served	Population Type/ Service Population (Specify based on CSAP Priority Populations)	Activity Related - Immediate Outcomes	Performance Indicator – Intended Long-term Outcome, including link to National Outcome Measures (NOMS)	Provider Agency or Coalition Responsible for Activity	Training and TA needs of the CA to implement this plan
<p>Heavy drinking among older adults</p> <p>Alcohol can alter the effectiveness of many prescription drugs.</p>	<p><u>Washtenaw</u> 5.7% of older adults aged 55+ are heavy drinkers (Washtenaw County Health Improvement Plan data, 2005)</p> <p><u>Livingston</u> 5% of older adults aged 55+ are heavy drinkers (Livingston County BRFS, 2004)</p>	<p><u>Older Adults at high risk for substance abuse or misuse:</u> Mental health diagnoses or chronic mental health problems, chronic disease or disability, socially or geographically isolated, ethnic or racial minority groups, low-to-marginal incomes.</p> <p>Caregivers of this population (family, formal and informal service providers), other significant persons within their support network, agencies and institutions working with older adults, and the general public.</p>	<p><u>Education</u> <b>-Get Connected! Program</b> <b>-Motivational Interviewing</b></p> <p><u>Community-Based</u> <b>-Get Connected!</b> <b>-Pharmaceutical Take Back Program</b></p> <p><u>Environmental</u> <b>-Do the Right Dose</b> <b>-Pharmaceutical Take Back Program</b></p>	<p>Livingston &amp; Washtenaw Counties</p>	<p>Selective Universal</p>	<p>Demonstrate learning in various key areas (risk of substance abuse, risk of mixing over the counter medication with prescription drugs, protective factors).</p> <p>Assessment/Screenings for alcohol abuse or medication misuse</p> <p>Organizations agree to provide safe collection of unused/expired narcotics and other medications – reduce the risk of poisoning and intentional drug abuse in the community.</p>	<p>Seniors residing in Washtenaw and Livingston Counties will be knowledgeable about the signs and effects of substance abuse in their age group, the community resources available to them, and the value of addressing substance abuse issues early, within a Recovery Oriented System of Care.</p> <p>Decrease prescription and over-the-counter drug abuse</p>	<p><b>Catholic Social Services of Washtenaw County</b></p> <p>Neighborhood Senior Services</p> <p>Livingston County Catholic Charities</p> <p>University of Michigan Health System's Turner Geriatric Clinic</p>	

**YOUTH ACCESS TO  
TOBACCO (YATT) SERVICES  
PLANNING CHART AND  
NARRATIVE**

**YOUTH ACCESS TO TOBACCO SERVICES PLANNING CHART AND NARRATIVE**  
**Fiscal Year 2012**

**Complete in entirety on yearly basis. The federal Annual Synar Report requires this information.**

CA: Washtenaw/Livingston Date: 8/8/2011 Total Retail Outlets: 390  
 Contact Person / E-mail: Therese S.Doud / Doudt@ewashtenaw.org

Formal Retail Violation Rates (RVRs) for last three (3) years:  
 FY 2008: 18% FY 2009: 30% FY 2010: 28.6%

IF RVR EXCEEDED 20% IN 2 OF LAST 3 YEARS, VENDOR EDUCATION AND NON-SYNAR COMPLIANCE CHECKS MUST COVER A MINIMUM OF 25% OF TOTAL RETAIL OUTLETS.

**ENTER CA-LEVEL DATA ONLY**

<b>PLANNED ACTIVITIES</b>	<b>VENDOR EDUCATION</b>		<b>NON-SYNAR COMPLIANCE CHECKS</b>		<b>COMMENTS</b>
<b>A. ACTIVITY TYPE/CONDUCTED BY:</b>					
A-1 # BY LAW ENFORCEMENT			90		
A-2 # BY CIVILIANS	362				DYTUR & Youth
A-3 # BY OTHER (DESCRIBE)					
<b>TOTALS:</b>			90		
<b>B. ACTIVITY WILL OCCUR:</b>					
B-1 OCTOBER - DECEMBER	X				DYTUR provides year-round
B-2 JANUARY - MARCH	X				
B-3 APRIL - JUNE	X				
B-4 JULY	---			---	
B-5 AUGUST - SEPTEMBER	X			X	
<b>C. TARGETING CRITERIA USED:</b>					
C-1 GEOGRAPHIC AREA (LIST)					
C-2 ZIP CODE (LIST)	48103,48104,48118, 130,176,180,189,197, 48843,46,55,		48103,48104,48118, 130,176,180,189,197, 48843,46,55,		Based on most recent RML
C-3 RANDOM SAMPLE (%)	25% (required fy 2012)		25% (required fy 2012)		
C-4 PREVIOUS FAILED CHECKS (X)	9		9		Failed Synar Compliance Check
C-5 SALES COMPLAINT REC'D (X)			x		To be determined
<b>C-6 BY VENDOR TYPE (CODE):</b>	<b>VENDORS PER TYPE</b>		<b>TARGETS PER TYPE</b>		
	#	%	#	%	

C-6a Grocery Stores (1)	40	-	-	40	-		Large chain stores have internal controls.
C-6b Convenience Stores (2)	114	28%	32	114	28%	32	
C-6c Gas Stations (3)	142	22%	31	142	22%	31	
C-6d Restaurants (4)	12	-	0	12	-		
C-6e Bars/Lounges (5)	0	0	0	0	0		
C-6f Description of Other (6)	48	37%	18	48	31%	15	*32 Pharmacies 4 Golf Courses 1 Ski Resort *3 Smoke Specialty (Smoke shops w/be receive Vendor Ed only) 1 Bowling Alley 7 Stores (Walmart, Kmart, Meijer's, etc.,)

**HOW DO YATT PLANNING ACTIVITIES COMPLEMENT RECOVERY ORIENTED SYSTEM OF CARE/PREVENTION PREPARED COMMUNITIES GOALS AND OUTCOMES?**

The Livingston/Washtenaw Substance Abuse Coordinating Agency has embraced the ROSC transformation in integrating prevention and treatment services on the continuum of care with the SA Prevention RFP funded for FY 2012. One of the key components of our RFP was the expectation that prevention providers implement joint prevention activities with one or more of the three ROSC Core Providers namely, the Home of New Vision, Dawn Farm or Livingston CMH. These joint ventures are described in detail via the Prevention Services Planning Charts contained elsewhere in the Annual Action Plan. Our tobacco activities are occurring within the community context using existing coalitions to partner with schools, law enforcement, health care providers, neighborhood community centers and other human service agencies by increasing awareness of the negative health implications of tobacco use by youth and adults. The array of services and involvement of multiple sectors of the community contribute to a prevention prepared community. We respect the unique differences in our respective CA regions and thus the activities vary by county.

In Livingston County, the DYTUR's work is supported by LCCA; the Livingston County Community Alliance has adopted the tobacco activities formerly supported by Tobacco Free Livingston and is an active member of this coalition. LCCA is countywide coalition

implementing CMCA, Communities Mobilizing for Change on Alcohol and uses one on one interviews as a means to assess the community's attitude and interest in reducing alcohol, tobacco and other drug use. These face-to-face interviews done with law enforcement serve as a vehicle to invite them to a tobacco coalition meeting. In addition, a six agency collaborative is working together to provide services in almost all districts in Livingston County through the Project SUCCESS to Middle and High School students. Additional funding was secured from the Livingston County Public Health Department to extend the tobacco prevention projects in Livingston County. This comprehensive plan uses model programs in the schools and community to address a host of initiatives to reduce underage drinking, prescription/over the counter drug use, and opiate use, the latter as a result of a number of opiate-related deaths in Livingston County.

In Washtenaw County, the DYTUR's efforts are engaged in partnering with the Ypsilanti Health Coalition, whose purpose is to educate the community about lifestyle choices to prevent illness and provide information about available health care resources. KBA Inc., the funded provider for the bi-county DYTUR activities is expanding prevention programming efforts and activities within the Ypsilanti area so this move is strategic. The rich diversity of the Ypsilanti Health Coalition membership, a fully developed leadership team and offers a broad representation of individuals from a continuum of human service, government, schools and Washtenaw County Public Health perspectives. The DYTUR will continue to partner with the Tobacco Reduction Coalition as opportunities arise.

We look forward to the coming year to further develop opportunities to enhance our efforts to decrease youth access to tobacco

#### **HOW DID ANALYSIS OF LOCAL SYNAR DATA FROM LAST YEAR IMPACT THE DEVELOPMENT OF THE COMPLIANCE CHECK AND VENDOR EDUCATION PLANS FOR THIS FISCAL YEAR?**

Contracting with a single DYTUR provider, KBA, Inc. allowed a coordination of efforts in vendor education and compliance check activities for the two county CA region. Vendor Education and Non-Synar Compliance Checks will target those stores that sold during the prior year's compliance checks as well as new outlets. For FY 2011, 17 new outlets were reported on the updated Tobacco Retailer Master List. All of these stores were targeted for an educational visit from the DYTUR. Due to Synar rates which did not meet the allowable 20% attempted sell rate, for two of the last three years, (18% in 2008, 30% in 2009 and 28.6% in 2010) our CA region was required to complete 25% Vendor Education and Non-Synar compliance checks. During 2011, 100% of the vendors received vendor education totaling over 300 stores/establishments. This approach was to educate and inform the vendors of the requirements and consequences of selling tobacco to underage youth. Our Synar rate for FY 2011 was at a high of 36% in spite of these efforts. We will look at the data and formulate a concerted approach which will include: Vendor education for all new stores, for repeat violators identified during Synar and Non-Synar compliance checks as well as gas stations. "Mom and Pop" type store owners also receive vendor education as these outlet types are known to sell tobacco to underage youth at higher rates than others. Empowering retailers to know and understand their rights to deny sales if they believe

tobacco will be passed off to a minor or calling in attempted sales to law enforcement will be stressed. Developing positive relationships with law enforcement will continue to be emphasized at each vendor education visit. Large corporate businesses like *Walmart, Meijer, Kroger, Busch's Value Land, Walgreens* and *CVS* will not receive vendor education as they have strict policies in place for tobacco sales.

A truly frustrating aspect of our Synar compliance checks this year was that in 8 out of the 9 attempted buys, the clerk asked for and received the IDs produced by the youth decoys. In some cases the clerks consulted with another worker and they still could not determine that the decoy was too young to purchase tobacco products! Vertical identification did not seem to help. Computerized identification methods would solve this challenge. Cost is the issue for many businesses, but if this strategy could be considered on a broader scale, such as contributing to a good business climate in Michigan, then perhaps it might gain some traction and political support.

We will continue to utilize law enforcement for Non-Synar Compliance checks as this is seen as an important deterrent. Law enforcement officers have written citations for YTA violations during Non-Synar Compliance checks, which have then been forwarded to the MLCC and to local prosecutors. Efforts will be strengthened to work with the MLCC representative for our region in taking action against those establishments who sell tobacco to underage youth and who also hold a liquor license as subsequent tobacco violations can result in the loss of their liquor license which would have a devastating impact on their businesses. We will examine other relevant issues in our attempts to decrease our Synar rates to the allowable threshold of 20% or less.

#### **BRIEFLY DESCRIBE OTHER PLANNED TOBACCO INITIATIVE/ACTIVITIES.**

Since 1995 Washtenaw County Public Health has led a county-wide voluntary partnership of organizations and individuals called the Health Improvement Plan, HIP. Under the umbrella of the Community Health Committee, CHC, HIP partners work to improve the communities' health. Partners include health systems, community agencies, land-use planners, schools, coalitions, funders, government and other interested individuals. HIP collects and analyzes data at 5 year intervals. The data is used to identify needs and develop county-wide, long-range health improvement objectives. The 2010 data will be rolled out in the fall.

*The health objectives targeted for 2020 included several which are substance abuse related specifically, tobacco. These include:*

- *Healthy Kids*-Reduce the proportion of high school students who are current smokers from 17% to 10%.
- *Healthy Adults*- Decrease the proportion of adults who are current smokers from 16% to 5%.  
-Decrease the proportion of Ypsilanti females 128-49 years who are current smokers from 37% to 12%.
- *Healthy Communities* –Increase the proportion of vendors who comply with laws restricting tobacco sales to minors from 62% to 80%.

The latter objective coincides with the Synar Compliance Check process done annually and would enhance the opportunity for the Washtenaw County DYTUR to use HIP data to target specific vendors for education and Non-Synar activity in Washtenaw County. We hope to utilize this data and information from all of our YTA activities to track trends and provide a means of reducing youth access to tobacco. The HIP data is scheduled to be released during fall and this will assist the CA in partnering with the community to strengthen an environmental message of tobacco cessation.

Tobacco education presentations continue in the schools of both counties. During FY 2011 two outreach projects were conducted for "Kick Butts Day": One at Parkridge Community Center in Ypsilanti and the other at Ore Creek Middle School. Reward and reminders are used as incentives for merchants who are in compliance with the Youth Tobacco Act. Letters are sent to the merchants who are in compliance; press releases are shared for those who did not sell. The store names of those stores who did not sell tobacco in 2010 are posted on the KBA website, [www.kbamichiga.com](http://www.kbamichiga.com) providing a way to highlight their compliance with the YTA as well as build positive relationships with the DYTUR and potentially become members of a tobacco coalition. Efforts will continue to develop inroads with school districts through the extensive programming efforts of KBA to secure opportunities for educational presentations about tobacco.

**DESCRIBE ANTICIPATED HURDLES AND PLANS TO OVERCOME THEM.**

Decreasing our Synar rates is a main goal for FY 2011. We believe that we have developed strategies which will be successful given the expertise and passion evident by the efforts of our DYTUR staff.

COMMUNICABLE DISEASE  
PROVIDER INFORMATION  
PLAN/REPORT FORM  
And  
CONTACT INFORMATION  
FORM

**COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT: Fiscal Year 2012**

CA: Washtenaw/Livingston	High Prevalence CA: <input checked="" type="checkbox"/> Yes <b>(If "Yes," also complete Section 2)</b> <input type="checkbox"/> No	Date Submitted/ Revised: 7/18/11
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No. of CD Providers Under Contract with the CA and Name(s): HIV/AIDS Resource Center

CA Contact Person and E-mail Address: Marci Scalera [scaleram@washtenaw.org](mailto:scaleram@washtenaw.org)

For each intervention listed below and provided in the CA's region, complete the following information:

INTERVENTION  <i>NOTE: Only those items identified with an * are required to be reported in the HES.</i>	Plan <input type="checkbox"/> Original <input type="checkbox"/> Revised		Report 1st Six Months--Actual #'s Due Date: April 30, 2012		Report 2nd Six Months--Actual #'s Due Date: Jan. 31, 2013	
	Estimated Number of Individuals to Receive Services	Estimated Number of Sessions to be Provided	Number of Individuals Who Received Services	Number of Sessions Provided	Number of Individuals Who Received Services	Number of Sessions Provided
Column A	Column B	Column C	Column D	Column E	Column F	Column G
Level 1 Provider Network Training	(Deleted as option in FY12 – It is expected all CAs will use on-line Level 1 Provider Training.)					
* Level 2 Provider Network Training	20	2				
* HE/RR HIV/AIDS Information Session	200	20				
* HE/RR Individual Level Prevention Counseling						
* HE/RR Skills Building Workshops (single session)						
In-House Support Group						
<b>TOTALS</b>	<b>220</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SECTION 2: High Prevalence CAs only</b>						
* HIV CTRS at SUD Treatment Provider (include site type/site number on separate attachment)	50	20				
* HIV CTRS at Other Locations (include site type/site number on separate attachment)	25	12				
* Other/Non-HIV CTRS Outreach Contacts (include schedule of locations and times on separate attachment)	1500	150				
<b>TOTALS</b>	<b>1575</b>	<b>182</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>High Prevalence CA Outcomes</b>	Plan <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised	Report Due Date: April 30, 2011	Report Due Date: Jan. 31, 2012
	Estimates	1st Six Months--Actual #'s	2nd Six Months--Actual #'s
Number of Outreach Interventions (non-HIV Tests) that result in referral to substance use disorder (SUD) treatment	25		
Percentage of Outreach Interventions (non-HIV Tests) that result in referral to SUD treatment	1.6%	%	%
Number of Outreach individuals referred that follow-through on referrals	15		
Percentage of Outreach individuals referred that follow-through on referrals	60%	%	%
Number of Total HIV tests (CTRS) to be conducted	75		
Number (percentage) of HIV CTRS anticipated to be positive results	2.7%	%	%

**Site Type/Site Numbers for locations where HIV CTRS is provided:**

<b>The Van – Dept #103</b> (Lab Sheet Dept. #103 & Starlims Code #3083) Cannons Warehouse	1	Public Area	EI, COBO and MAF
Bandy's Market	1		
Willow Run Party Store	1		“ “
Bottle & Basket Market	1		
Superior Party Store (discontinued until further notice)	1		
St. Andrew's Church	2	House of Worship	“ “
<b>Treatment Cntrs-Dept 009</b> Lab Sheet Dept. #009 & Starlims Code #3080			
<b>Dawn Farms – (Ypsilanti)</b>	1	Drug/Alcohol Tx. Clinic	“ “
<b>Dawn Farms -(Ann Arbor)</b>	2	“ “	
<b>Light House</b>	2		
<b>Home of New Vision</b>	2		
<b>(Ironwood and Kingsley)</b>	2		
<b>Greenbrook Recovery Center</b>	2		

**Locations and Times where non-HIV CTRS Outreach will be provided:**

HARC does not have sites where outreach for HIV CTRS is not conducted. HIV CTRS is always a part of all outreach efforts.

**COMMUNICABLE DISEASE PROVIDER CONTACT INFORMATION**  
**Fiscal Year 2012**

Complete the communicable disease (CD) provider contact information below for all funded CD providers in your agency's region. Submit this information as part of the AP process. If there are changes to a CD provider's contact information or if a new CD provider is identified during the fiscal year, submit revised/new information. If questions or assistance is needed regarding this form, contact Brenda Stoneburner, BSAAS Communicable Disease Specialist, at 517-335-0121 or [StoneburnerB@michigan.gov](mailto:StoneburnerB@michigan.gov).

**Coordinating Agency:** Livingston-Washtenaw Substance Abuse Coordinating Agency

**Date Submitted/Revised:** 08/10/11

(If more than two CD Providers attach additional information on a separate sheet).

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**CD Provider's Name:** HIV-AIDS RESOURCE CENTER

**CD Provider's Primary Contact Person:** Jimena Loveluck

**CD Provider's E-mail Address:** loveluck@hivaidsresource.org

**CD Provider's Address:** 3075 Clark Rd., Suite 203  
Ypsilanti, MI 48197

**CD Provider's Phone No.:** (734) 572-9355

**CD Provider's Fax No.:** (734) 572-0554

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**CD Provider's Name:** \_\_\_\_\_

**CD Provider's Primary Contact Person:** \_\_\_\_\_

**CD Provider's E-mail Address:** \_\_\_\_\_

**CD Provider's Address:** \_\_\_\_\_

**CD Provider's Phone No.:** \_\_\_\_\_

**CD Provider's Fax No.:** \_\_\_\_\_

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TREATMENT AND  
RECOVERY SERVICES  
DASHBOARD FORM  
And  
NARRATIVE BY LEVEL OF  
CARE FORMS

## Action Plan 2012 – Treatment and Recovery Services Dashboard

**Coordinating Agency Name:**

Level of Care	Total Number of Providers	ROSC Efforts in Region	Peer Support Services		Specialty Services				Supplemental Support Services					Addressing MDCH Goals					COD Capable	COD Enhanced
		# of Providers	# of Providers		# of Providers				# of Providers					# of Providers					# of Providers	# of Providers
			PC	PS	A	W	OA	V	TA	CC	WT	PH	HS	O	IM	SS	AV	MH		
<b>Outpatient</b>	10	6	5	1	6	3	2	0	5	3	5	3	3	4	2	2	1	3	4	2
<b>Residential</b>	5	2	2	0	1	2	0	0	4	3	3	3	2	1	2	1	2	2	4	4
<b>Detoxification</b>	5	2	2	0	1	2	0	0	3	3	3	2	2	0	0	1	0	0	4	4
<b>Methadone</b>	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3	0
<b>Other Medication Assisted Tx</b>	3	1	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
<b>Case Management</b>	6	6	6	0	1	3	0	0	5	0	5	0	3	0	0	0	1	0	4	0
<b>Recovery Support</b>	5	5	5	0	2	5	0	0	5	1	5	0	3	0	0	0	0	0	4	0
<b>Early Intervention</b>	4	5	5	0	2	4	0	0	5	1	5	1	2	0	0	0	0	1	1	0
<b>Column Totals</b>	41	27	26	1	13	19	2	0	27	11	26	12	15	5	4	4	4	6	24	10

**TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE FORMS**

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Outpatient Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	<p>The WCHO launched a full systems transformation to ROSC in FY 2011. There are three core providers responsible for the entire continuum of care. Outpatient services are managed through Home of New Vision (HNV), Dawn Farm (DF) and Livingston County CMH with Key Development Center (KDC) and Livingston County Catholic Charities (LCCC) as primary contracted providers. Other panel providers are available for consumer choice/clinical need and continued services for individuals already in treatment at the start of the fiscal year. These are Personalized Nursing Lighthouse (PNLH), Greenbrook Recovery Center; and University of Michigan Addiction Treatment Services (UMATS) In an effort to provide services across the continuum of care, HNV began Action Groups designed to Screen individuals for service need, followed by referral to appropriate services. This new approach means not everyone attends an Outpatient level of care, as they may be better served in a less restrictive setting (i.e. Peer Supports or Case Management). Outpatient services are available to any individual involved in ROSC with all core providers. Currently, outpatient services are available on demand, with no waitlist. KDC provides five engagement support groups weekly for those clients living in Livingston County. Personalized, holistic treatment is an essential component of PNLH Outpatient program, which incorporates community connections to resources. LCCC also has engagement groups and outpatient services with peer involvement.</p>
<b>Peer Support services</b>	<p>HNV has two paid Peer coaches trained in C-CAR model. In addition to the employed Peer Coaches, HNV has a trained Peer Support program that provides over 20 volunteer peer coaches to individuals in the program. LCCC has 2 peer coaches, PNLH has 1 paid peer coach and KDC has 1 paid peer coach. LCCMH has the capability of deploying a co-occurring peer support specialist to work with ROSC providers and clients where necessary. Dawn Farm has two peer coaches (recovery support specialists) who provide case management, orientation to services and recovery support services.</p>
<b>Specialty Services</b>	<p>Both the Washtenaw Core Providers have services for pregnant women and/or parenting women and men. HNV is the designated women’s specific specialty provider and has specialized services to pregnant women and women with children. The Women’s specific case manager is based at HNV, but serves the entire region with an outreach based model. The LCCMH core provider also has women’s specific case management for Livingston residents, but does mostly office based work. All providers have adolescent specialized outpatient services with the exception being PNLH. Dawn Farm’s Adolescent OP services also works with Washtenaw County Juvenile Drug Court. Their Adult OP serves adolescents age</p>

	<p>17. They also have Specialty trauma and eating disorder groups for women. LCCC serves older adults and veterans. UMATS serves both adults and adolescents and provides coordination with high risk pregnancy program within University of Michigan health system. Through the Medicaid Match program, the UM researchers have partnered with Home of New Vision to provide post partum substance abuse counseling services with high risk mothers and their children at the primary care clinic. The Mothers are being seen for well baby and post partum follow-up to help with sustaining recovery and assisting them with parenting skills.</p>
<b>Ancillary Support Services</b>	<p>The HNV program provides transportation to women (and their children) enrolled in the Women’s Specialty Program (TA). In addition we work with peer supports and case managers to coordinate transportation arrangements when possible. Both DF and HNV assist with bus passes and use peers to assist with transporting to meetings. All core providers have 24 hour call-in services. Livingston CMH provides emergency services after hours; DF SPERA Center is a multi-level 24 hour facility; HNV provides 24 hour services through their residential program and the Engagement Center.</p>
<b>Addressing MDCH Goals</b>	<p>While outpatient services including the Women’s Specialty Program and outpatient counseling may focus on many of these areas, there are no specific initiatives around these areas. <b>PLAN: The CA will work with providers to identify areas of concern and collaborative initiatives in FY 2012. We will evaluate progress and make adjustments as needed in 2013-2014</b></p>
<b>COD Services - Capable</b>	<p>COD Capable services provided through DF, KDC, LCCC and Greenbrook.</p>
<b>COD Services - Enhanced</b>	<p>All therapists are trained in addressing mental health and substance related disorders within the CORE providers. In addition the HNV agency employs two part-time psychiatrists and facilitates groups for individuals diagnosed with co-occurring disorders. Dawn Farm and PNLH have limited psychiatric coverage for outpatient clients. UMATS is able to manage psychiatric services for their co-occurring clients.</p>
<b>Comments and Other Information</b>	<p>Since 2010, HNV has made strides in implementing the ROSC Approach into daily practice. The goal is to continue providing services based on this approach, while continuing to identify ways to enhance the program’s ability to coordinate with outside providers, including but not limited to medical and housing providers.</p>

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Residential Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	Residential services are available to any individual involved with ROSC that meets ASAM LOC criteria, including recent engagement at a lower LOC. In October 2010, HNV opened the Residential program in order to provide another service level on the continuum of care. In doing so, we were able to provide an opportunity for individuals, who met criteria for this level of care, to enter a program in their community and develop linkages to external resources they could utilize in the future. Sacred Heart Rehab Center (SHRC), Oakdale Recovery Center and Kairos are on panel for clinical/capacity needs. ROSC clients are followed by the core provider while in other services to ensure coordination of care and follow up for aftercare planning. Clients remain members of the core provider throughout the entire course of services. In Livingston county, persons who need residential services are authorized on a fee for service basis, with coordination between the residential provider, Livingston CMH and the assigned outpatient/recovery supports provider. Again, this is to ensure client remains connected to services upon discharge from residential.
<b>Peer Support services</b>	Dawn Farm Recovery Support Specialists (RSS) are available, as needed (PC) for persons receiving residential services. Peers are available at all levels of care throughout the continuum. HNV has hired two Peer Specialists (PS-2). In addition to the employed Peer Specialists; HNV has a Peer Support program that provides volunteer peer coaches to individuals in the program (PC-20). Livingston County peers are also available to work collaboratively while client is in residential.
<b>Specialty Services</b>	Dawn Farm Residential serves adolescents age 17 (A). They also have gender-specific group therapy, specialty trauma and eating disorder groups for women (W). HNV'S program is a co-ed facility that does not specifically offer specialty services. Individuals enrolled in the program may receive specialty services through one of our other programs (i.e. case management).
<b>Ancillary Support Services</b>	Dawn Farm can provide transportation assistance, coordination with medical care, and housing assistance (TA, PH, HS). 24 hour crisis services are available at the SPERA Recovery Center (CC), which is the point of entry for all DF services. Warm transfer between all services, whenever possible (WT). HNV's program provides transportation Assistance (TA) for individuals who enrolled in the program. In addition, the program has a service agreement with a local urgent care to provide physical examinations at a reduced rate that is funded by the agency (PH). The program also develops a plan with the individual for the next level of care, providing introduction to the next level through a warm transfer (WT). For Livingston County residents, ancillary support services are somewhat limited. The CA will be reviewing t services and developing a plan to address these factors for Livingston clients.
<b>Addressing</b>	Tobacco cessation program available to all Dawn Farm clients (SS)

<b>MDCH Goals</b>	Eating disorder group available for women (O). There are no other “organized” services for residential clients. Other MDCH goals may be addressed on an individual basis.
<b>COD Services - Capable</b>	All residential providers can manage COD needs for their clients. All have psychiatric consultation. The CA can assist with medication through our “bridge meds” program funded out of PA2 resources.
<b>COD Services - Enhanced</b>	All program therapists working with ROSC clients trained in addressing mental health and substance related disorders. In addition HNV employs two part-time psychiatrists that can be utilized by the program.
<b>Comments and Other Information</b>	The program has been operating for less than one year. A goal moving forward is to identify ways the program can continue providing quality services, while identifying opportunities for growth. As part of the community work being done through the Health Care Initiative, several psychiatrists who also work with the addictive populations have expressed an interest in looking at a “community based” COD coverage system. Docs would be able to consult and triage service on a rotational basis for the core providers in Washtenaw. The concept that clients seek services at multiple spots, such as the ED’s and other programs, such as the Engagement Center, so the docs This is in early stages of concept development, by may become a reality in the future. <b>PLAN 2012-2014: We will continue to evaluate the impact and effectiveness of ROSC Transformation on residential services throughout the next two years. We will explore integrated health services at core provider sites as well as SA services at primary care sites.</b>

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Detoxification Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	Detox services are available to any individual involved with ROSC, as needed. In Washtenaw County, both core providers have detox services available within their continuum of care. Livingston County residents who need detox services are referred to external providers through SHRC, Oakdale, Kairos (for kids) as well as Dawn Farm. All care is coordinated by the core provider to ensure post discharge return for continued services.
<b>Peer Support services</b>	Active connections with Recovery Support Specialists or Peers (RSS) (PC) are available at the Dawn Farm Detox and Home of New Vision programs.
<b>Specialty Services</b>	Detox serves adolescents age 17 (A) and has Specialty trauma and eating disorder groups for women (W). HNV is the designated Women Specific provider and has some gender specific programming and transitional housing for women (outside of the ROSC program). SHRC has Women's specific residential available for women who have received detox services and need the additional services.
<b>Ancillary Support Services</b>	Dawn Farm can provide transportation assistance, coordination with medical care, and housing assistance (TA, PH, HS); 24 hour crisis services are available at the Spera Recovery Center (CC) and warm transfer between all services, whenever possible (WT). HNV has transportation services and warm transfer.
<b>Addressing MDCH Goals</b>	Tobacco cessation program available to all Dawn Farm clients (SS) and Eating disorder group available for women (O). The CA will work with core providers to develop a plan to address relevant services related to MDCH goals.
<b>COD Services - Capable</b>	All detox providers can serve COD clients.
<b>COD Services - Enhanced</b>	All detox providers can serve COD clients..
<b>Comments and Other Information</b>	HNV is licensed to provide detoxification services and is currently in the process of beginning operations- target date for operations to begin is August 1, 2011. <b>PLAN 2013-2014: The CA is working on improving detox services across the county. We will be evaluating joint initiatives with primary care, emergency department and providers on use of a clinical/triage protocol. The goal is to have a unified protocol that will help steer appropriate referrals in the right direction. Implementation in summer 2012. Evaluate effectiveness in 2013 and make adjustments as needed.</b>

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Methadone Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	As Access and Assessment has been delegated to the core providers, all screenings and methadone assessments have been moved to the ROSC provider. This way, clients seeking methadone services can be oriented to the ROSC model. Clients, who are referred to the methadone providers, are also invited to participate in recovery support services. Coordination between the core provider, the CA and the methadone provider is key. It may be necessary for clients to receive additional clinical services from the core providers while receiving methadone therapy.
<b>Peer Support services</b>	Recovery Support Services and Peers from all core providers are available to methadone clients. For FY12, the CA will be working with Methadone providers to further develop their peer support programs.
<b>Specialty Services</b>	Coordination for women's specialty services is available for women seeking methadone services. Coordination may include working with UM's high risk pregnancy program.
<b>Ancillary Support Services</b>	Methadone providers do not have additional supports available.
<b>Addressing MDCH Goals</b>	Methadone providers are in a unique position to be able to address health related initiatives as they are staffed with medical professionals, such as nurses, physicians and physician assistants. The CA will work with the Methadone clinics to address the MDCH goals within the clinic.
<b>COD Services - Capable</b>	While methadone providers are able to serve COD clients, they do not directly manage mental health medication. This is done with coordination with a primary psychiatrist from the Core Provider, CMH or our integrated health clinics.
<b>COD Services - Enhanced</b>	This is not provided at the methadone clinics.
<b>Comments and Other Information</b>	It has been suggested that management of methadone services be rolled into the ROSC model, with core providers taking a bigger role in coordinating the clinical care and utilization of methadone services. The CA will be looking at the feasibility and value for this type of integration in FY 2012. <b>For FY 2013-2014, the Methadone provider will have active peer services and collaborate with core providers for additional recovery supports. Will use NIA Tx project to facilitate this program.</b>

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Other Medication Assisted Treatment Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	ROSC providers coordinate with Primary Care Physicians prescribing Suboxone and provide necessary treatment/support services. HNV has had one of their psychiatrists complete the training for becoming a certified Buprenorphine prescriber. It has not been finalized that they will provide this service at this time.
<b>Peer Support services</b>	As individuals receive services at the core provider, they are able to have access to peers.
<b>Specialty Services</b>	Since the CA will provide the outpatient services for persons receiving MAT, those individuals who are designated to receive specialty services would be included.
<b>Ancillary Support Services</b>	There are no specific supports for MAT services.
<b>Addressing MDCH Goals</b>	The majority of persons receiving MAT services are connected with primary care. Specifically, Women who are opiate addicted and pregnant are managed by the high risk pregnancy programs at UM and St. Joes. Our women and families case manager coordinates services, which would include post natal follow-up.
<b>COD Services - Capable</b>	As persons who have a COD and receive MAT services are part of the core provider network, they would receive capable or enhanced services, depending on the provider.
<b>COD Services - Enhanced</b>	See above response...
<b>Comments and Other Information</b>	The CA does not specifically fund Buprenorphine for indigent clients. Clients are eligible for patient assistance programs through their prescribing physicians. We have provided support to several physicians in the region, through coordinating the required outpatient services or through case management and/ or the NASPER MAPS grant program. The MAPS program enabled us to assist with required drug testing at the primary care site. <b>During the 2012- 2014 the CA will explore opportunities for individuals using medication assisted treatment.</b>

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Case Management Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	<p>In 2007, the CA began a pilot case management program that focused on recovery based services. In 2008, we were funded with the two year integrated treatment grant through MDCH. This program was managed by PNLH. We were able to sustain the program through this fiscal year, but are now redistributing resources to the core providers to continue case management services. DF Case management (RSS) services are available to any individual involved with ROSC. RSS often act as first contact for ROSC, and help to coordinate additional services, as needed. In 2008, the CA received a SAMHSA ROSC grant for case management and peer supports. Both the SAMHSA and PNLH teams were community based and crossed the entire region. HNV began offering case management services through the SAMHSA grant in January 2009. The program served only those who were homeless or precariously housed. In October 2010, HNV identified the need for similar services for individuals who did not meet SAMHSA criteria. The agency began offering ROSC Case Management services for these individuals. The CA also began funding a .5 FTE case manager position at Livingston County CMH. This position was community based serving Livingston residents. The contracted providers within the Livingston CMH ROSC programs provide case managers for assigned members.</p>
<b>Peer Support services</b>	<p>LCCC has 2 PC's doing case management services. DF Recovery Support Services (RSS) available for any ROSC clients. RSS acts as a peer support and a case manager, depending on client needs and preferences (PC). HNV has hired two Peer Specialists (PS-2). In addition to the employed Peer Specialists; HNV has a Peer Support program that provides volunteer peer coaches to individuals in the program (PC-20).</p>
<b>Specialty Services</b>	<p>Livingston County Catholic Charities services adolescents, women, older adults, and veterans. KDC serves adolescents and has gender specific groups. Dawn Farm RSS serves both adolescents (Daybreak program) and adults (A) Gender-specific RSS support available (W); Specialty trauma and eating disorder groups for women (W). The Women &amp; Family case manager at HNV serves the entire county, regardless of ROSC membership.</p>
<b>Ancillary Support Services</b>	<p>Dawn Farm can provide transportation assistance, coordination with medical care, and housing assistance (TA, PH, HS). 24 hour crisis services are available at the Spera Recovery Center (CC) and warm transfer between all services, whenever possible (WT). The PNLH case management program provides transportation (TA), provides warm transfers to various levels of care (WT), links individuals with medical care and to sources of funding (i.e. Medicaid and hospital supports) (PH) and has ongoing relationships with housing providers to assist with housing, vouchers and covering costs for moving (HS). The SAMHSA team provides intensive case management services countywide. Case managers are trained in SOAR to assist clients in completing the application for entitlements. Case managers also provide the supports for individuals with HARP vouchers through</p>

	housing programs. The target population is homeless/precariously housed. The SAMHSA funding will end in 2011. We have applied for a no cost extension to continue the program for 6 months. The CA intends on funding this community wide program with PA2 funds.
<b>Addressing MDCH Goals</b>	Tobacco cessation program available to all Dawn Farm clients (SS) Eating disorder group available for women (O). Areas can be addressed as needed by client- no specific focus on any of the identified areas. The CA will develop a plan for addressing MDCH goals within all programs in FY 12 - 14
<b>COD Services - Capable</b>	Yes- case managers are trained to recognize symptoms of co-occurring disorders, with specific focus on referring individuals for appropriate services.
<b>COD Services - Enhanced</b>	Core providers have enhanced COD services in some of their levels of care. Case managers provide supports for individuals needing mental health services
<b>Comments and Other Information</b>	We have two peers (one from DF and one from HNV) who have gone through the C-CAR training and are certified trainers. Both HNV and DF trainers will host a peer training in September at Dawn Farm. The CA will provide funding for materials for this training. It will be open to all Washtenaw and Livingston Peers associated with our ROSC programs, as well as the recovery community to enhance recruitment. <b>PLAN: 2012 – 2014 the CA will use our dashboard to review the use of case management services provided by the CORE providers. The CA plans on continued funding of the SAMHSA case management team through PA2 funds. In 2013, the CA will explore expansion of the team though block grant and Medicaid funding. All services will be evaluated as part of ongoing outcomes monitoring.</b>

**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Recovery Support Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<b>ROSC Efforts</b>	Recovery Support Services available at the DF Spera Recovery Center. Daily recovery support drop in groups including morning check-in, Big Book Study, Making AA Easier (MAAEZ), and evening check-in. 12-step meeting available onsite on weekends. Employment support groups and GED classes available at Dawn Farm Outpatient. In October 2008, HNV began offering peer support services. Since implementation of the ROSC Approach began in October 2010, the service has remained consistent. Livingston County CMH along with the ROSC providers host recovery support groups that are scheduled on a daily basis. These are also open to the community to assist with engaging individuals. Clients entering the system are immediately referred and scheduled into the recovery support groups. HNV has ACTION groups three times per week which serve as a beginning orientation to services as well as recovery initiation.
<b>Peer Support services</b>	LCCC has 2 Peer Coaches who provide supports and work with the case managers in group settings. Recovery Support Specialists (RSS) available for any ROSC clients. RSS acts as a peer support and a case manager, depending on client needs and preferences (PC).HNV has hired two Peer Specialists (PS-2). In addition to the employed Peer Specialists; HNV has a Peer Support program that provides volunteer peer coaches to individuals in the program (PC-20). Peers assist with coaching, accompany clients to meetings, court appointments and other needed skill building.
<b>Specialty Services</b>	Recovery services are available to all members of the ROSC programs. Livingston Catholic Charities serves adolescents, veterans, women/gender specific, and older adults. KDC provides gender specific, and adolescent programming. DF RSS serves both adolescents (Daybreak) and adults (A), Specialty trauma and eating disorder groups for women (W). HNV provides women’s specific services;
<b>Ancillary Support Services</b>	Dawn Farm can provide transportation assistance, coordination with medical care, and housing assistance (TA, PH, HS); 24 hour crisis services are available at the Spera Recovery Center (CC); Warm transfer between all services, whenever possible (WT). HNV peer coaches provide transportation (TA), will go to appointments with individuals including new level of care (WT).
<b>Addressing MDCH Goals</b>	Tobacco cessation program available to all Dawn Farm clients (SS) Eating disorder group available for women (O).
<b>COD Services - Capable</b>	Yes- Peer Coaches are trained to recognize symptoms of co-occurring disorders, with specific focus on referring individuals for appropriate services.
<b>COD Services - Enhanced</b>	
<b>Comments and Other Information</b>	The Peer Support program is in the process of training individuals about the ROSC Approach, and is in the early stages of developing a Peer Recovery Resource Center, plans of this Center will continue to develop during 2012. Related to

	<p>MDCH goals regarding health initiatives, Dawn Farm has recently established a community farm, which supplies produce for their programs. They have always operated a working farm, which enables clients to experience the care of animals. HNV has been working with Growing Hope Community Garden and has case managers, peers and clients working together in managing the garden.</p> <p><b>PLAN: 2012-2014 The CA will continue to build recovery supports at all CORE providers. We hope to incorporate specialized recovery supports at our Methadone clinics by 2013.</b></p>
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**ACTION PLAN FY 2012-2014 TREATMENT AND RECOVERY NARRATIVE BY LEVEL OF CARE**

**Early Intervention Services**

**Coordinating Agency Name: Washtenaw-Livingston Substance Abuse Coordinating Agency**

<p><b>ROSC Efforts</b></p>	<p>The Engagement Center was designed to support persons who are actively using substances, who are not yet ready to enter early recovery services or treatment. This population typically frequents the emergency rooms and the detox center, but is not in need of emergent care. These individuals would benefit from early interventions that would lead to engagement in services. The engagement center has become a “hub” for case managers and peers to “connect” with clients entering the program and foster those follow-through connections into the community. The intended length of stay is 23 hours, although there are times that clients are maintained for a longer period in order to allow a “warm” handoff to another program or place to stay opportunity. There were 1720 total admissions, as compared to 1138 in the prior year. 487 unduplicated persons had used the Engagement Center in 2009 and 615 in 2010 year. The average length of stay is 27 hours; however 90% of admissions this year were for 1 day. There were 7 admissions where the client stayed for 5 or more days. 96% of all admissions had a co-occurring mental health and substance use disorder. 86% of admissions were from Washtenaw County. 2% were from Livingston County. 7% were from Wayne County and 1.5 % were from Oakland County. The Referral base for the EC is wide ranging from ER’s, Primary care clinics, law enforcement, CMH, the shelter, community based case managers, probation, recovery community and providers. Hospital utilization for individuals who sought services from the Engagement Center (EC) during the first quarter of 2011 was reviewed. A total of 153 unduplicated individuals sought services from the EC during that period. These consumers signed a consent that allowed us to review the actual number of hospital and emergency room admissions one year prior to and 6 months post admission to the engagement center. Data shows that more persons who sought services (52%) had a reduction in ER/Hospitalizations.</p> <p>Other early intervention services within the ROSC: The Dawn Farm has free educational groups at the SPERA center open to the community.</p>
<p><b>Peer Support services</b></p>	<p>HNV employs persons in recovery as direct care staff as well as has an active volunteer network to help with engaging individuals who attend the program. All core providers have early intervention and educational groups that foster</p>

	engagement and information to individuals and families in their respective communities.
<b>Specialty Services</b>	Early intervention is open to women's specific, older adults, veteran's services. Currently, we do not have specialized early intervention for adolescents. The CA is working with children's services in both counties to develop programming. In Livingston county, we are developing a Juvenile Drug Court. Also we are planning on providing ROSC SA treatment groups at the alternative school that houses the courts' day treatment program to begin in FY 2011. For Washtenaw County, the CA is a member of the Juvenile Drug Court Policy team. We are funding treatment and recovery services to JDC youth.
<b>Ancillary Support Services</b>	The engagement center provides transportation to and from the center. Case managers and peers also assist with transportation; The EC houses a clothes closet; laundry facility and showers for their clients.
<b>Addressing MDCH Goals</b>	We currently have no initiatives linking early intervention services to MDCH goals.
<b>COD Services - Capable</b>	The EC provides COD Capable services.
<b>COD Services - Enhanced</b>	N/A
<b>Comments and Other Information</b>	The CA is involved in many community based initiatives that impact our population served. Many of them blend prevention and treatment programs. <b>PLAN: The CA will be working with Livingston County Community Mental Health to explore replication of the Engagement Center for Livingston County. Goal would be to have a recovery based program in place by 2013.</b>

# QUALITY IMPROVEMENT INITIATIVES

## **INTEGRATION EFFORTS WITHIN THE SUD SERVICE SYSTEM**

### **Identifying and assessing resources available to undertake integration**

The Livingston Washtenaw Substance Abuse Coordinating Agency is fully integrated into the WCHO which is the four county PIHP. Within our specific region, we have been providing integrated services in both counties. Up until October 1, 2010, our access services have been fully integrated. This year, with our new ROSC transformation system, access to services has been moved directly to the core providers. While our central AMS continues to serve persons in the mental health system, they now redirect clients directly to providers. We have awarded Livingston County CMH as our core provider. They are the fiduciary for all substance abuse services for Livingston Residents. They contract directly with providers, have an integrated access, and provide community based case management. The Livingston model allows for better coordination of services for persons with co-occurring disorders. They have also begun working with primary care to develop integrated health programming at the CMH. All contracted providers have psychiatry on staff and can provide mild to moderate mental health services, as they are co-occurring capable. We have a very active human services collaborative body (HSCB) in Livingston County. Through this group, we have come together to address relevant issues identified by the Health department's Behavioral Risk Factor Survey. Substance Abuse was identified as a priority for the county. In partnership with our Substance Abuse Advisory Council, the HSCB designated a workgroup that crosses disciplines and services to address current and future initiatives.

### **Exploring knowledge and/or resource gaps (human and fiscal) and other barriers to integration:**

In Washtenaw County, the WCHO has been providing integrated mental health and primary care services. We have a very extensive partnership with several of the primary care clinics over the last six years that serve our mutual populations. While there are some co-occurring services being offered at the PC clinics, the population is mostly those individuals who need moderate mental health services. Currently we have been looking to expand the involvement of substance abuse at the primary care sites as well as have primary care coordination with our core providers.

### **Convening meetings, defining roles and documenting activities that lead to integration:**

The most recent activity is through the Washtenaw County Healthcare Initiative, where multiple agencies have joined the two healthcare systems (University of Michigan and St. Joseph's Mercy – Trinity Health) to look at capacity for the influx of Medicaid eligible's as a result of healthcare reform. Several workgroups have been charged with looking at integrated health for mental health and substance abuse. Each workgroup began working on current issues/barriers for the community. The CA leads the substance abuse workgroup which has focused on the following:

- Develop and disseminate a county wide protocol for acute assessment, treatment and referral.
- Medically supported detox services available in the community, with triage assessment and referral capabilities located at the primary care sites.
- Utilization of the system wide protocol for determination of need and referral points for follow-up.
- Key stakeholders at PC clinics trained (academic detailing) on use of protocol and substance abuse services. Provide some integrated services at health care sites and some basic primary care at sub abuse provider sites.

In addition to the work we are doing with the health systems, the Hamilton House Engagement Center which is our sobering facility, has volunteer physician and nurses from the recovery community assisting with completing health appraisals. Staff can make arrangements for primary care follow up should there be a need. For individuals who attend the EC, connections to case management and peer recovery services are made. Clients are referred to their core provider as members and services are linked. The EC admits persons from both Livingston and Washtenaw counties, as well as homeless persons. The EC works collaboratively with Hospital ED's and Discharge planning staff. Preliminary studies show the EC has been effective in reducing frequent ED visits for 52% of the population studied. Interestingly, when looking at Medicaid clients in this population, the number increases to 68%. Hamilton House Engagement Center was born out of a collaborative workgroup that originated with the Blueprint to end Homelessness and a workgroup consisting of ED Directors of the two health systems in the county, Huron Valley EMS, the CA, County Health plan and CMH.

Over the years, Livingston County Opiate addiction and overdose deaths had become an increasing problem. The CA worked through prevention efforts (through SPF/SIG) to develop a community based approach to address this issue. This issue was noted as an outlier for the state Board of Pharmacy, in that prescription drug utilization had risen over 500% in a short period of time. As a result, we also have been working with the state on a SAMHSA NASPER grant, related to our automated prescription system. The goal is to identify opiate "doctor shoppers", alert the prescribing physicians and offer case management services to assist those patients who have an identified addiction to engage in treatment. The threshold is three or more physicians or scripts in one month for opiate prescriptions. We have had some success in working with the clients that have agreed to participate in the program. Many of the physicians are reluctant to work with us, or the unscrupulous ones will refuse to meet with us. This was one way we could try to work with primary care and further develop relationships.

**Assessing and addressing readiness issues concerning capacity that may inhibit or facilitate integration (strengths, weaknesses, political will):** As the CA continues to pursue the integration efforts for persons with substance use disorders, we are aware that the primary care community is not as focused on this as a priority. There is more acceptance of addressing mental health issues, rather than substance abuse. We believe there is still significant stigma that surrounds this population.

**Identifying barriers for integration and steps that will be taken to address those barriers:** The Ca is committed to involving persons in recovery to assist with building better relationships within the community. This would be one way to address the stigma. As indicated above, the work we are doing with the Healthcare Initiative enables us to continue to develop relationships necessary for primary care integration. This is through joint workgroups, training, planning initiatives and partnering.

## USING NIATX FOR CAPACITY AND ASSET BUILDING AND ASSOCIATED FACTORS:

The WCHO has reviewed the capacity needs of the region by looking at the demand for services and growing wait lists. In 2008 and 2009, we had to serve priority populations and waitlist most GF clients who sought services. We did make all efforts to connect those individuals with community resources, including case management through our grant funded programs, but the reality was that the demand was greater for persons seeking traditional services. With limited resources, we had to make significant changes in how we provided services that matched the growing trend toward a recovery oriented system of care. Since we were awarded a SAMHSA ROSC grant in 2008, we began our system transformation. We were involved in community planning since 2005 where we determined that incorporating the recovery community, building services that matched individuals' stage of readiness for change and broadened the array of services in our region was necessary to meet the demand. While we have not formally utilized NIATx as our framework, we believe the principles that we adopted are aligned with both ROSC and NIATx initiatives.

In order to create a system transformation, we had to involve multiple stakeholders, internal and external to the CA. We created a committee to examine different aspects of our service delivery system and reviewed data. We looked at other funding methodologies from other CA's and systems, then provided a report to the board. We then used different techniques to obtain stakeholder support, such as survey's, town halls, trainings, focus groups and joint strategic planning. Attached is a timeline that describes events and efforts leading to ROSC transformation. Our most recent input was a community wide survey that received 42 respondents. Our Finance and Outcomes workgroup of our Advisory council will be reviewing results and making recommendations for action items as improvements are identified and addressed. This can be viewed at <http://www.zoomerang.com/Shared/SharedResultsPasswordPage.aspx?ID=L26QQVBBG66Z> .

The CA moved to hosting joint prevention and treatment provider meetings and strategy sessions in order to bring everyone to the table for joint planning and development. We also required our prevention providers to partner on one joint initiative with a ROSC core treatment provider as part of the programming for the next three years.

Within the CA region, we have one provider (Personalized Nursing Light House) that participated in the NIATx training project offered by the state. Recently, Home of New Vision attended the SAAS/NIATx conference in Boston, and has expressed an interest in getting further training and implementing practice changes that will enhance the existing transformational changes made for ROSC.

Beginning October 1, 2011, the CA will now require core providers to submit a plan for implementing NIATx principles within their respective organizations. The CA will arrange for NIATx training for our core providers, as well as invite other external providers. Providers will need to describe how they will complete a self assessment and develop a process improvement plan incorporating results. FY 2012 will be a baseline year. This will be a basis for measuring outcomes in 2013 and 2014.

For Washtenaw County Core providers, all service levels are included in their service array, with the exception of Methadone. Livingston County CMH will need to work with their contracted providers to complete a system wide assessment and develop a joint plan. Currently, Livingston contracts with providers for all service levels with multiple providers, within and external to the county.

The CA has two contracted methadone providers. Each will be required to complete a plan that will address their implementation of NIATx principles. In addition, the CA will work on incorporating ROSC principles at our local methadone program, Ypsilanti Medical and Drug Rehabilitation Clinic, located within Washtenaw County. We would like to see this clinic develop a peer program that would provide assistance to clients who have vocational needs; social connectedness and other relevant skill building needs. We would like to see peer activities develop within this program and linking with recovery support services through their assigned core provider. The CA will also evaluate the rate structure for methadone services as these have not changed in over ten years. The Methadone providers will be responsible for developing a plan for collaboration with primary care, as many of the clients have existing medical issues that would require close collaboration.

Since implementation of ROSC, the CA has developed a dashboard of indicators that will be monitored through our Quality Improvement system and advisory council. The following measures will be reported on a quarterly basis for outcomes:

Number of Clients Screened for Service; Number of Clients Served; Type of services received (utilization); Time spent with client; Length of Stay – engagement (30 day running); Timely Access to Services; Recidivism – Return to same LOC; Coordination with primary care; Budget – Resource Allocation; Stage of change; 30-Day Use; 30-day Arrest; Employment/Education Status; Living Situation; and Social Connectedness

## **NIATx Efforts within the SUD Service System WCHO Plan**

The WCHO contracts with three core providers that provide or arrange for all levels of care. These providers -- Dawn Farm, Home of New Vision and Livingston County Community Mental Health (LCCMH) will be the focus of our efforts to ensure implementation of the NIATx plan. Additionally, the CA approves sub-contracts for Livingston CCMH with Livingston County Catholic Charities (LCCC) and Key Development Corporation (KDC) for the provision of ROSC treatment services within the region. Non-core providers in the region are University of Michigan Addiction Treatment Services, St. Joseph Mercy Greenbrook Recovery Center and Ypsilanti Medical Rehabilitation Center (methadone services). Of these providers, Dawn Farm participated in the NIATx 200 program. The CA also contracts with a number of providers outside the region for other specialty services. For the purpose of this plan, the CA will focus only on those providers *in region*, in order to implement our NIATx quality improvement plan.

**a.** The CA will host a “NIATx 101” training that will be required for all CORE and in-region providers by February 28, 2012. Out of region providers will be invited to attend. For providers who have not participated in the NIATx 200 initiative, individual coaching will be arranged in order for each agency to assist with development of their individual NIATx projects. The CA will use available NIATx coaches to provide the training and consultation. For providers who have participated in NIATx process, the CA will determine whether a “refresher” coaching process will be adequate or does the agency need the repeat the full process or training. **Outcome:** Each agency will have NIATx training and will conduct a self assessment with coaching. Assessments should be completed by May 1, 2012. Improvement and implementation plans submitted to the CA by June 30, 2011

**b.** ROSC implementation has made recovery services readily available for all clients. The CA dashboard will be used to determine areas of “concern” with respect to service delivery. These areas involve adolescent services, engagement, use of peers, provision of services by level of care, reduced 30 day use of alcohol, sustained recovery and continued connection to the program. **Outcome:** Providers will include these data elements when conducting their agency assessments and developing plans for improvement.

**c.** Ypsilanti Medical & Rehab Services, our in-region methadone provider, will be expected to incorporate ROSC principles into their business practices. Improvements in customer relations are needed as the CA has received complaints regarding customer service. This can be embedded in the NIATx process. **Outcome:** improved client relationships; incorporation of peer led activities at the clinic; collaboration with Core Providers for recovery supports, and other improvements as determined by the NIATx review.

# ATTACHMENTS

## A. ROSC Events Timeline

2007	
JANUARY	<ul style="list-style-type: none"> <li>• Final Report to Blueprint to End Homelessness group</li> </ul>
FEBRUARY	<ul style="list-style-type: none"> <li>• Case Management program developed</li> </ul>
2008	
SEPTEMBER	<ul style="list-style-type: none"> <li>• Received integrated MDCH MISA grant - Case Management &amp; Peers PNLH</li> <li>• Received SAMHSA ROSC GRANT</li> </ul>
DECEMBER	<ul style="list-style-type: none"> <li>• Engagement Center Opens</li> </ul>
2009	<ul style="list-style-type: none"> <li>•</li> </ul>
JANUARY	<ul style="list-style-type: none"> <li>• Admit Clients to ROSC SAMHSA program</li> </ul>
FEBRUARY	<ul style="list-style-type: none"> <li>• Presentation to ODCP on ROSC</li> </ul>
MARCH	<ul style="list-style-type: none"> <li>• SA BLOCK GRANT FUND/PHILOSOPHICAL MANAGEMENT GROUP CONCLUSIONS</li> <li>• Presentation to multiple agency community case managers</li> </ul>
MAY	<ul style="list-style-type: none"> <li>• PLAN FOR RESTRUCTURE TO WCHO BOARD</li> </ul>
JUNE	<ul style="list-style-type: none"> <li>• COMMUNITY TOWN HALL COMMUNITY INPUT/INFO ON ROSC TRANSFORMATION WITH MULTIPLE STAKEHOLDERS</li> <li>• Presentation at the MDCH COD Conference</li> <li>• Presentation at the MDCH Communicable Disease Conference</li> </ul>
AUGUST	<ul style="list-style-type: none"> <li>• ISSUED ROSC CONCEPT PAPER</li> <li>• Livingston County Judges Presentation</li> </ul>
SEPTEMBER	<ul style="list-style-type: none"> <li>• LOCAL PROVIDER TRANSFORMATION AL CHANGE PRESENTATION</li> <li>• Present at Substance Abuse Conference</li> </ul>
OCTOBER	<ul style="list-style-type: none"> <li>• CONSULTATION WITH GLATTC ON ROSC TRANSFORMATION</li> </ul>
NOVEMBER	<ul style="list-style-type: none"> <li>• REQUEST FOR INFORMATION – CORE PROVIDER RELEASED</li> <li>• PROVIDER COFFEE’S – PLANNING DISCUSSIONS</li> </ul>
DECEMBER	<ul style="list-style-type: none"> <li>• ROSC SYMPOSIUM</li> <li>• Livingston County Town Hall on ROSC</li> </ul>
2010	<ul style="list-style-type: none"> <li>•</li> </ul>
JANUARY	<ul style="list-style-type: none"> <li>• STRATEGIC PLANNING RETREAT WITH SAAC &amp; STAKEHOLDERS</li> </ul>
APRIL	<ul style="list-style-type: none"> <li>• BOARD APPROVAL FOR CORE PROVIDER PILOT</li> </ul>
JUNE	<ul style="list-style-type: none"> <li>• PILOT FUNDS FOR CORE PROVIDERS TO BEGIN RECOVERY SERVICES</li> </ul>
SEPTEMBER	<ul style="list-style-type: none"> <li>• Presentation at Substance Abuse Conference</li> </ul>
OCTOBER	<ul style="list-style-type: none"> <li>• Launched ROSC transformation system</li> <li>• Town Hall Presentation to enrolled Clients on ROSC</li> <li>• Washtenaw County Judges Presentation</li> <li>• St. Joseph’s Hospital Social Work Staff Presentation</li> </ul>
2011	<ul style="list-style-type: none"> <li>•</li> </ul>
FEBRUARY	<ul style="list-style-type: none"> <li>• Presentation at the CMH Board Association Conference on ROSC</li> </ul>
MARCH	<ul style="list-style-type: none"> <li>• Washtenaw Police Chief’s Meeting</li> </ul>
MAY	<ul style="list-style-type: none"> <li>• Presentation to MADDAC conference</li> </ul>
JUNE	<ul style="list-style-type: none"> <li>• Presentation at SAMHSA Southern Regional ROSC meeting</li> </ul>
JULY	<ul style="list-style-type: none"> <li>•</li> </ul>
AUGUST	<ul style="list-style-type: none"> <li>•</li> </ul>
SEPTEMBER	<ul style="list-style-type: none"> <li>•</li> </ul>
OCTOBER	<ul style="list-style-type: none"> <li>•</li> </ul>

# B. Community Feedback Survey

## Livingston-Washtenaw Coordinating Agency Survey Results Overview



Date: 8/8/2011 1:28 PM PST  
Responses: Completes  
Filter: No filter applied

### 1. Please Indicate the county with which you're associated:

Livingston		6	15%
Washtenaw		30	73%
Both		5	12%
Total		41	100%

### 2. Please identify your level of knowledge of the Recovery Oriented Systems of Care (ROSC) Model.

None		4	10%
Very Little		6	15%
Fairly Good		17	41%
Very Knowledgeable		14	34%
Total		41	100%

### 3. As a result of the ROSC transition:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Yes	No	Don't know
Are services easier to access?	14 33%	16 38%	12 29%
Are service locations welcoming and friendly?	15 36%	12 29%	15 36%
Are clients being connected to prescribed services as needed?	16 39%	14 34%	11 27%
Are clients being connected to peers?	18 43%	6 14%	18 43%
Do services incorporate clients' strengths?	15 36%	5 12%	22 52%
Are services focused on recovery?	24 57%	1 2%	17 40%
Do service providers collaborate with community resources?	17 40%	13 31%	12 29%
Are services culturally responsive?	17 40%	4 10%	21 50%

Is service different from prior years?	26 62%	6 14%	10 24%
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**4.** Please rate the following statements on a scale of 1-5:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The face-to-face screening process seems to work better than prior-year model of telephone screening.	5 12%	10 25%	18 45%	4 10%	3 8%
People are getting what they need from service providers.	3 8%	10 25%	11 28%	8 20%	8 20%
More clients are getting served by providers.	4 10%	8 20%	15 38%	7 18%	6 15%
People are served for a longer period of time.	3 8%	9 22%	19 48%	4 10%	5 12%
Services to adolescents are available.	1 3%	8 21%	21 54%	6 15%	3 8%
People do not have to wait to see a provider.	3 8%	6 15%	11 28%	10 26%	9 23%
Methodone services should be incorporated into the ROSC model.	7 18%	9 22%	14 35%	4 10%	6 15%

**5.** The Bureau of Substance Abuse and Addiction Services has identified 12 community sectors as potential stakeholders/partners to support alcohol and other drug prevention and treatment efforts. Please identify the current level of involvement in PREVENTION efforts from each sector below: Please respond for one or both counties.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Not involved	Somewhat involved	Very involved	Unknown
Healthcare Professionals	4 10%	19 49%	7 18%	9 23%
Schools	4 10%	16 41%	4 10%	15 38%
Law Enforcement	5 13%	14 36%	7 18%	13 33%
State, Local, and/or Tribal Government Agencies	6 16%	12 32%	4 11%	16 42%
Business Community	12 31%	8 21%	2 5%	17 44%

Mental Health	5 13%	12 31%	15 38%	7 18%
Parents	5 13%	10 26%	8 21%	16 41%
Media	9 23%	12 31%	2 5%	16 41%
Youth and Youth-Serving Organizations	3 8%	13 33%	6 15%	17 44%
Faith Community or Fraternal Organizations	6 15%	11 28%	5 13%	17 44%
Civic and Volunteer Groups	8 22%	10 27%	4 11%	15 41%
Other organizations involved in reducing substance abuse	4 11%	9 26%	5 14%	17 49%

# Data

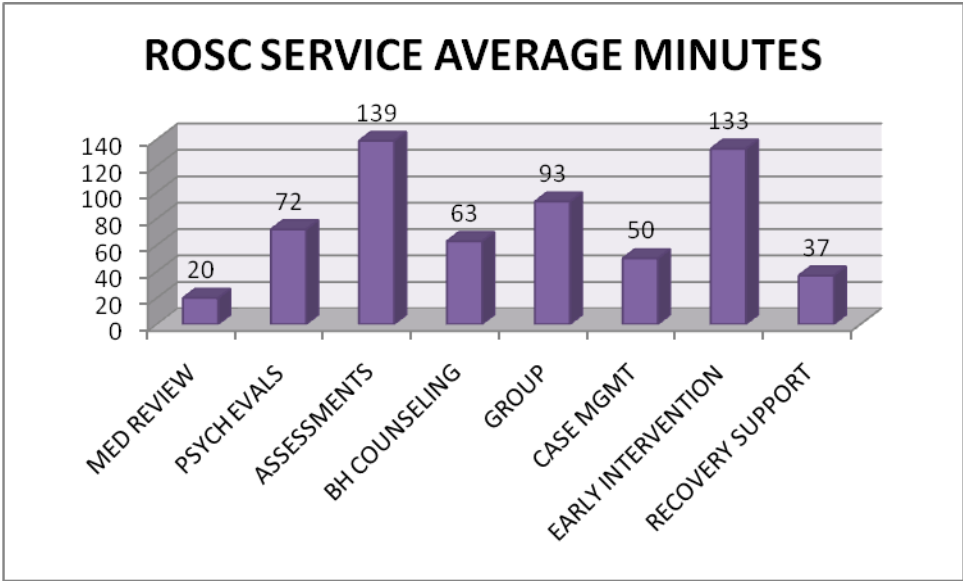


Figure 1 Shows the average time spent per service level across core providers