

ATTACHMENT

II.2

Treatment Logic Model and Other Details for Treatment and Recovery Services

This Logic Model below is the standard model to be used. Data for the specific problem(s) or objective(s) to be addressed and the corresponding inputs or intervening variables should come from your own regional data and be identified in the narrative portion of your submission. **Detailed activities/immediate outcomes are needed in column 4**, with a corresponding link to the identified NOM. (For example, provide case management to improve retention in services).

Primary Problem or Objective Column 1	Inputs/intervening variables Column 2	Strategies Column 3	Activities/Immediate Outcomes Column 4	Outputs Column 5	Outcomes Column 6	County(s) where this specific activity will occur
<p>Low utilization of clinical and recovery services for adolescent (ages 12-17) as evidenced by community perception and low penetration rate of 0.15% based on Average of 35 unique persons served per year</p>	<p>Lack of knowledge of services available: Only 66% of the community agree that SUD services are available to adolescents in the region as indicated in the 2020 regional SUD services survey.</p> <p>Increased use of marijuana as evidenced by 78% of kids under age 17 reported marijuana as primary drug of choice</p>	<p>Inform community of available services through schools, social media, and other community education points. Modify and expand type of services to include more groups and recovery coaching age appropriate peers; Expand provider capacity where possible and</p>	<p>Assess the current workforce for availability of clinical and recovery services; establish a baseline for service availability; request provider expansion of services to include groups and recovery coaching to improve service retention; develop a fact sheet by county with information on access to services.</p>	<p>Baseline data established</p> <p>Disseminate accurate information</p> <p>Increased service capacity</p>	<p>Improved capacity of adolescent treatment and recovery services; Increased number of adolescents in services by 30% (45); Disseminate information throughout the community to improve community response from 66%. To 85%</p>	<p>All: Lenawee Livingston Monroe Washtenaw</p>

ATTACHMENT II

Primary Problem or Objective Column 1	Inputs/intervening variables Column 2	Strategies Column 3	Activities/Immediate Outcomes Column 4	Outputs Column 5	Outcomes Column 6	County(s) where this specific activity will occur
<p>Need for expanded capacity for treatment and recovery Support Services.</p>	<p>Funding methodologies</p> <p>Increase available funding for Recovery Support Services by sustaining programs and initiatives through grants, and local/federal funding</p> <p>65% of the community believe people wait for services. 49% of the community believe screening process does not works well for persons in accessing treatment. 61% of the community believes recovery support services are available.</p> <p>Limited local availability of higher levels of care and recovery housing in some communities.</p>	<p>Recruit and Expand provider panel</p> <p>Work with provider network to improve access services and waitlist management</p> <p>Build upon use of peers and recovery coaches to support individuals in early recovery and supplement recovery support services</p>	<p>Increase coordination within each county for use of regional services to improve access, treatment, engagement and retention.</p> <p>Expand services in primary care and other settings to increase service capacity and integrated care.</p> <p>Implementation of outcomes-based funding methodologies to incentivize providers .</p>	<p>Build Provider relationships</p> <p>Information to community on services</p> <p>Build Innovative funding opportunities</p> <p>Community survey feedback</p>	<p>Improved access to care and local service capacity.</p> <p>Increased positive community feedback on access to care and waitlist from 49% to 75%</p>	<p>All: Lenawee Livingston Monroe Washtenaw</p>

ATTACHMENT II

<p>Primary Problem or Objective</p> <p>Column 1</p>	<p>Inputs/intervening variables</p> <p>Column 2</p>	<p>Strategies</p> <p>Column 3</p>	<p>Activities/Immediate Outcomes</p> <p>Column 4</p>	<p>Outputs</p> <p>Column 5</p>	<p>Outcomes</p> <p>Column 6</p>	<p>County(s) where this specific activity will occur</p>
<p>Continuing high rates of heroin/opiate use and overdose/deaths</p>	<p>50% of ages 25-34 and 33% of ages 35-44 entering treatment regionally identify heroin and other opiates as the primary drug of choice on admission to treatment.</p> <p>Stigma continues to present an issue for persons with OUD</p>	<p>Support local initiatives through prevention and coalitions efforts to educate communities</p> <p>Increase harm reduction strategies such as outreach; syringe support services; naloxone distribution; recovery support services.</p> <p>Expand OUD friendly recovery housing.</p>	<p>Coordinate with region wide prevention efforts.</p> <p>Support opiate work groups or task forces.</p> <p>Partner with law enforcement, emergency services and emergency departments to ensure rapid referral to services and MOUD treatment is maximized.</p> <p>Utilize recovery coaches in community and hospitals to rapidly engage individuals post overdose event and provide support for sustained treatment engagement.</p>	<p>Continue use of drug take back events and/or big red barrel.</p> <p>Continue the opportunity to share knowledge and resources between community stakeholders as well as between treatment, prevention and other professionals.</p> <p>Increase participation and diversity in community representation in opiate work groups.</p> <p>Engage local, regional and social media regarding information dissemination and stigma reduction.</p> <p>Ensure access to MOUD services are available.</p>	<p>Decreased use of prescription opiates.</p> <p>Decrease use of non-medical pain relievers and illicit opiates.</p> <p>Decreased overdose rate and opiate related deaths across the region.</p>	<p>All: Lenawee Livingston Monroe Washtenaw</p>

Check (*) the Key Stakeholders involved in treatment and recovery services in the region, by county, based on the following sectors. Add columns for counties, as needed:

Key Stakeholder	County Lenawee	County Livingston	County Monroe	County Washtenaw	County	County
Health care professionals	*	*	*	*		
MDHHS	*	*	*	*		
Law Enforcement/jail/corrections	*	*	*	*		
Other state, local, and/or tribal government agencies	*	*	*	*		
Business community	*	*	*			
Mental health agencies	*	*	*	*		
Housing agencies	*	*	*	*		
Media	*	*	*	*		
Employment agencies	*	*	*	*		
Schools	*	*	*			
Faith community organizations	*	*	*	*		
Fraternal organizations/civic or volunteer groups	*	*	*	*		
Military/Veteran groups or organizations	*	*	*	*		
Public Health	*	*	*	*		

