

Lenawee County Substance Abuse Prevention Coalition

Strategic Plan

Released December 2019

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Collaboration Across Coalitions

The Lenawee Substance Abuse Prevention Coalition (LSAPC) and Lenawee Health Network (LHN) collaborated in 2018 to align efforts and resources to prevent substance abuse in Lenawee County. This support includes data collection and analysis, information dissemination, community engagement and mobilization, and evidence-based programming. The Lenawee Substance Abuse Prevention Coalition and Lenawee Health Network partners leading this development represent the following community agencies:

Alkermes

Bowling Green State University Center for Assessment and Evaluation

Catholic Charities of Jackson, Lenawee, and Hillsdale

Family Medical Center of Michigan, Inc.

Goodwill Industries of Southeastern Michigan

Lenawee Broadcasting/WLEN

Lenawee Community Mental Health Authority

Lenawee County Health Department

Lenawee County Sherriff Department

Lenawee Intermediate School District

McCullough Vargas & Associates

Parkside Family Counseling LLC,

ProMedica Bixby Hospital

ProMedica Herrick Outpatient Mental Health

Region 2 Area Agency on Aging

YMCA of Lenawee County

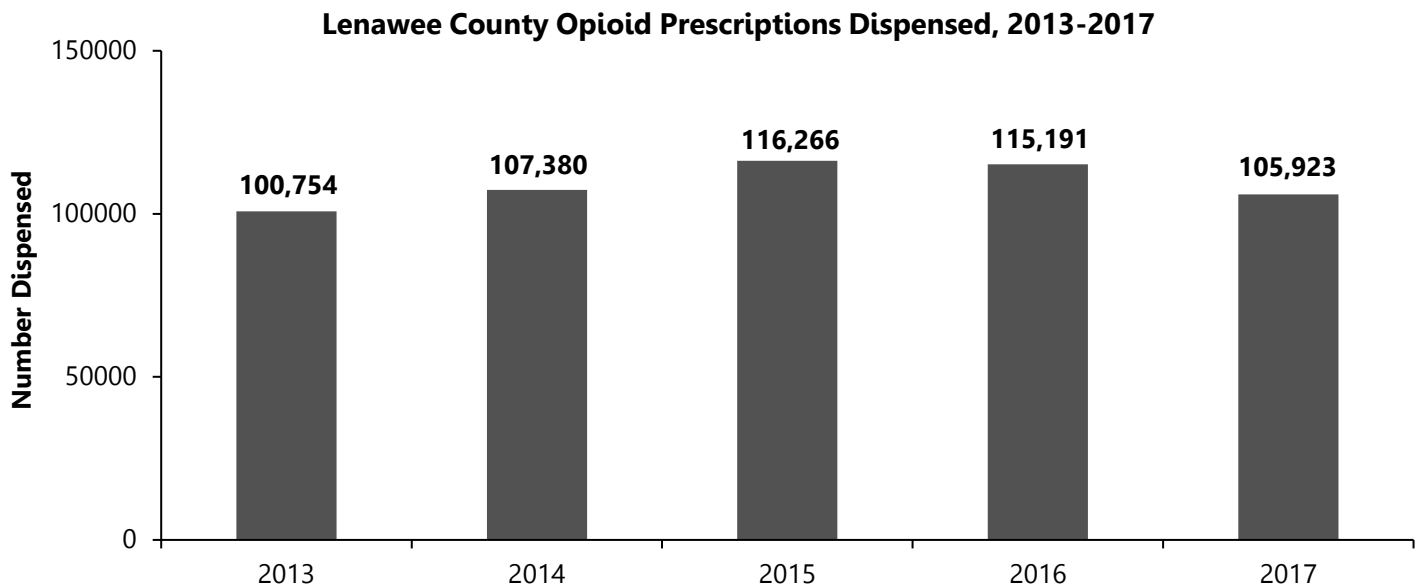
This strategic planning process was facilitated by Britney Ward, MPH, Director of Community Health Improvement and Tessa Elliott, MPH, Community Health Improvement Manager, both from the Hospital Council of Northwest Ohio (HCNO).

Lenawee County Opiate Data

Michigan Automated Prescription System (MAPS) Data

MAPS is used to track controlled substances, schedule 2-5 drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels (Source: Department of Licensing and Regulatory Affairs).

The following graph shows the number of opioid prescriptions dispensed in Lenawee County from 2013 to 2017.



Source: Michigan Automated Prescription System (MAPS), as compiled by The Substance Use Disorder Data Repository, Opioid prescriptions dispensed by county, 2013-2017

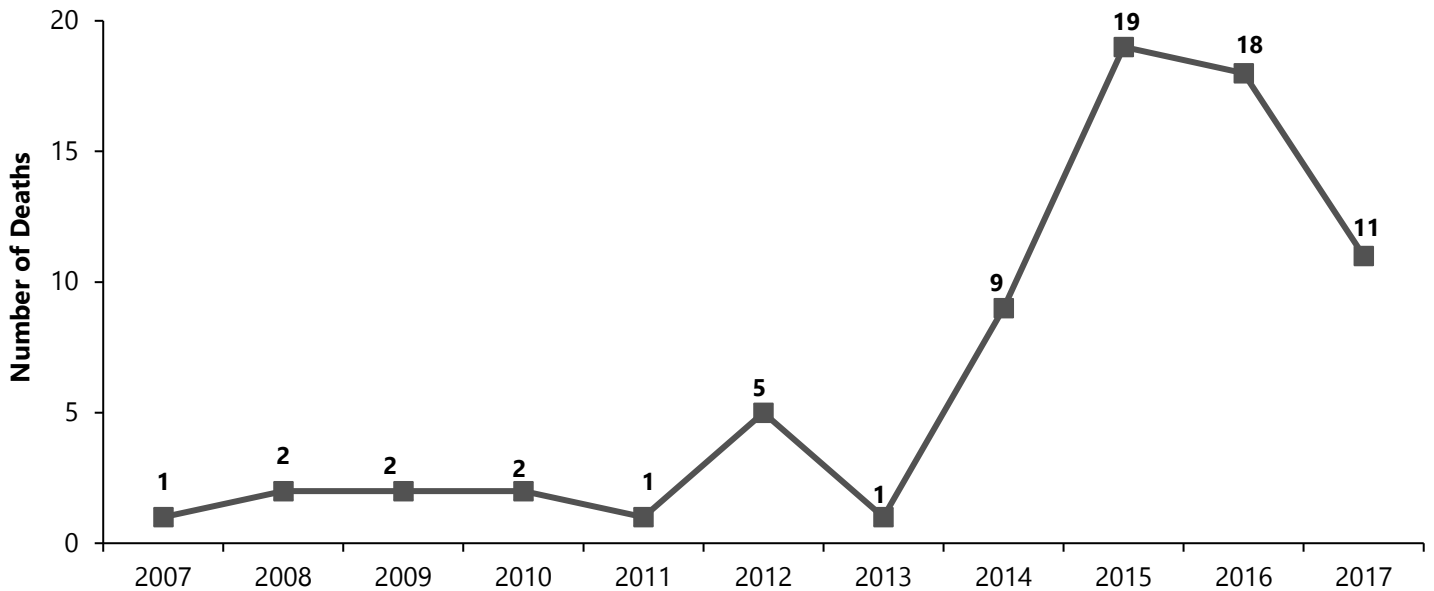
Lenawee County Opiate Data (cont'd)

Michigan Department of Health and Human Services (MDHHS) Data

The graph below shows the number of opioid-related overdose deaths in Lenawee County from 2007-2017.

From 2007 to 2017, there were 71 opioid-related deaths in Lenawee County.

Lenawee County Opioid-Related Overdose Deaths, 2007-2017



(Source: Michigan Death Certificates, Division for Vital Records and Health Statistics/MDHHS, as compiled by The Substance Use Disorder Data Repository, 2007-2017)

Note: Opioid Overdose Deaths Include: Number of people died of a drug overdose and has opioids (including opium, heroin, natural/semi-synthetic opioids, methadone, synthetic opioids other than methadone, or unspecified opioids) as a contributing cause. The ICD-10 codes for opioids are: T40.0 (opium), T40.1 (heroin), T40.2 (natural/semi-synthetic opioids), T40.3 (methadone), T40.4 (synthetic opioids other than methadone), T40.6 (Unspecified opioids).

Lenawee County Opiate Data (cont'd)

Local Data

HCNO facilitated an opiate-related assessment in Lenawee County from September to October 2019. The full report can be found at <http://drugpreventionlenawee.com/>. Below is a summary of county primary data.

Community Awareness and Perceptions

Community Perceptions	Strongly Agree	Agree	Disagree	Strongly Disagree
Drug and alcohol addiction are diseases	48%	31%	16%	5%
An individual can become addicted to prescription pain medications	78%	21%	1%	<1%
It is acceptable to share prescription pain medications with family/friends if they need it	2%	9%	37%	52%
It is acceptable to keep unused prescription medication(s) they no longer use	5%	25%	39%	31%
It is safer to get high on prescription medications than illegal street drugs	2%	11%	29%	58%

- Lenawee County adults reported they knew the following about medications disposal sites in their community:
 - Aware of at least one medication disposal location (54%)
 - Aware that medication disposal sites exist, but were unsure of a specific location (27%)
 - Not aware of any medication disposal sites in their community (17%)
 - Did not know what a medication disposal site is (2%)

Prescription Pain Medication Use

- In the past year, 6% of Lenawee County adults misused prescription pain relievers (used in any way a doctor did not direct them to use it).
- Among adults who had used prescription pain medication in the past year, 4% reported they needed treatment or counseling for their use of prescription pain medications. Five percent (5%) of adults were currently receiving treatment or counseling for their use of prescription pain medications. The last time adults needed treatment, 90% of adults reported they did not receive treatment or counseling for their use of prescription pain medications.
- Adults reported they did the following with unused prescription pain relievers: kept them (22%); took as prescribed (13%); took them to the Medication Collection program (13%); threw them in the trash (8%); took them to the sheriff's office (8%); flushed them down the toilet (7%); kept them in a locked cabinet (6%); took them in on National Drug Take Back Day(s) (5%); their medications were stolen (1%); gave them away (1%); used drug deactivation pouches (i.e., Detera) (1%); traded them (1%); mailed back to the pharmacy (<1%); sold them (<1%); and other methods (3%).

Lenawee County Opiate Data (cont'd)

Local Data

- Lenawee County adults reported they tried the following alternative treatment methods instead of prescription pain relievers for pain management: lotions, rubs, or patches (47%); exercise (45%); chiropractic (41%); physical therapy (39%); massage therapy (35%); herbal or natural supplements (30%); yoga, Pilates, or meditation (20%); medical marijuana (14%); acupuncture (5%); osteopathic manipulation (3%); and other alternative therapies (5%). Sixteen percent (16%) of adults did not use any alternative treatment methods.
- Adults reported the following barriers to trying, using, or continuing alternative therapies: cost (30%), insurance does not cover alternative therapies (28%), cannot get time off from work (6%), do not know much about alternative therapies (5%), taking prescription pain medicine is easier (5%), alternative therapies are not available in my area (4%), too much of a time commitment (4%), lack of transportation (4%), do not believe alternative therapies work (3%), not sure what alternative therapies are available to me (3%), difficult to get an appointment (3%), had not thought of it (1%), and other barriers (8%).

Adult Comparisons	Lenawee County 2019	U.S. NSDUH 2017
Got prescription pain relievers from a friend or relative for free	47%	39%
Got prescription pain relievers from just one doctor	42%	35%
Got prescription pain relievers from more than one doctor	11%	1%
Misused prescription pain relievers in the past 12 months	6%	4%
Bought prescription pain relievers from a drug dealer or other stranger	5%	6%
Got prescription pain relievers some other way	5%	5%
Bought prescription pain relievers from a friend or relative	0%	11%
Stole prescription pain relievers from a doctor's office, clinic, hospital, or pharmacy	0%	1%

Note: NSDUH Data is reported for ages 18 and older.

Note: Misuse of prescription pain relievers is defined as use in any way not directed by a doctor, including without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor.

Lenawee County Opiate Gap Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. The LSAPC were asked to determine gaps in relation to each area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. The following tables indicate the potential strategies that were compiled by the LSAPC.

Medical, Treatment and Recovery

Gaps	Potential Strategies
1. Barriers to alternative therapy (cost, not covered with most insurance,	<ul style="list-style-type: none"> Efficacy of alternative therapies a concern among some physicians. Education physicians.
2. Availability of treatment providers that provide Medication Assisted Treatment (MAT)	<ul style="list-style-type: none"> Increase awareness of existing treatment providers in the county. Location of providers a concern, consider finding ways to improve accessibility.
3. Clinical linkages	<ul style="list-style-type: none"> Assist agencies in developing a program linking medical providers with community resources and alternative therapies. Increase awareness of community resources to medical providers, specifically pain management providers.
4. Infrastructure of services	<ul style="list-style-type: none"> Implement Project Assert. Recruit and train certified peer recovery coaches. Link peer recovery coaches with individuals who have a SUD/ODU.
5. Treatment services (no detox, residential or transitional housing in county)	<ul style="list-style-type: none"> Expand current treatment services including outpatient therapy and Suboxone/Vivitrol. Determine the feasibility of bringing detox and transitional housing in the county.
6. Lack of recovery meetings (recovery meeting primarily available in Adrian; recovery meetings outside Adrian are mostly AA)	<ul style="list-style-type: none"> Expand recovery meetings to outside the city of Adrian with more of a focus on substance/opioid use disorder.
7. Transportation (availability and reliability)	<ul style="list-style-type: none"> Consider a partnership with Bedford Health Van to provide transportation services. Map out routes for treatment needs.

Public Safety

Gaps	Potential Strategies
1. Medication Assisted Treatment (MAT) in the jail	<ul style="list-style-type: none"> • Currently in the process of being done.
2. Peer recovery coaches	<ul style="list-style-type: none"> • None noted
3. No crisis stabilization services available in the county	<ul style="list-style-type: none"> • Emergency room being used as source of crisis care, no “in-between” option available. • Consider implementing the Angel Program (will need a peer recovery coach).
4. Lack of resources for family members affected by opioid/substance use disorders	<ul style="list-style-type: none"> • Research and implement different family treatment models. • Encourage substance use disorder provider agencies to provide resources to family members.

Prevention and Education

Gaps	Potential Strategies
1. Education and awareness on prescription drug use, drug disposal methods and locations, and alternative therapies	<ul style="list-style-type: none"> • Increase Red Barrel disposal use. • Educate the community about not keeping or sharing prescription medications. • Increase awareness of drug disposal locations and methods, making sure to deliver consistent messaging/information in an efficient and effective manner that is accessible to all the community.
2. Education and awareness of opioid addiction and the underlying factors relating to the provision of prevention services in the county	<ul style="list-style-type: none"> • None noted
3. Awareness and education among physicians and other health care providers concerning alternative therapies and drug disposal	<ul style="list-style-type: none"> • Educate physicians and other health care providers about drug disposal methods and alternative therapies. • Encourage physicians to consider other forms of treatment like alternative therapies instead of prescribing prescription pain relievers. • Integrate list of resources (relating to safe drug disposal, alternative therapies) into the EHR. • Encourage physicians to prescribe a drug disposal bag (i.e., Deterra) with prescription.

Strategic Planning Meetings

Meeting 1

HCNO staff facilitated a gap analysis and strategic action identification discussion with members of the LSAPC. The discussions pertained to the three existing subcommittees of the LSAPC: Public Safety; Prevention and Education; and Medical, Treatment and Recovery. The gap analysis focused on determining discrepancies between community needs and viable community resources to address substance and opioid use. The strategic action identification involved identifying potential evidence-based strategies and best practices to address substance and opioid use.

Sub-committee Meetings

HCNO requested the three already established sub-committees of the LSAPC meet to discuss current strategies and any new strategies they would like to add based on the gap analysis and strategic action identification from the first meeting.

Meeting 2

This meeting focused on approving the strategies for the strategic plan from each of sub-committee meetings that occurred between meeting one and two. During this meeting, a representative from each sub-committee reported out on the strategies their respective sub-committees selected to the entire committee. Then the entire committee approved and finalized the strategies that resulted from the sub-committee meetings.

Lenawee County Opiate Strategies

STRATEGIC PLANNING TERMINOLOGY

Goal: broad, major initiatives that need to be undertaken

Key Measure: specific metric used to measure progress and success

Objectives: interim steps that address the goal; should be SMART

Action Steps: specific steps that need to be taken to meet the objective

Timeline: timeframe within activities will take place

Responsible Party: who will be responsible for ensuring the objective is met?

Note: Throughout the report, hyperlinks will be highlighted in **bold, red text**. If using a hard copy of this report, please see Appendix I for links to websites.

PUBLIC SAFETY STRATEGIES

The LSAPC will focus on the following **public safety strategies** to reduce substance use and abuse Lenawee County:

1. Medication Assisted Treatment (MAT) in the jail
2. Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) resources being offered by providers

Strategy 1: Medication Assisted Treatment (MAT) in the jail		
Goal: Reduce overdose deaths.		
Objective: Create a sustainability plan to maintain MAT services in the jail by December 31, 2021.		
Key Measure: Implement a fully integrated MAT program in the jail.		
Action Step	Timeline	Responsible Party
<p>Year 1: Fully integrate Medication Assisted Treatment (MAT) services into the jail.</p> <p>Secure funding through the Michigan Municipal Risk Management Association (MMRMA) or another source to support the implementation of an electronic health record (EHR) in the jail.</p> <p>Integrate peer recovery coaches into the MAT programming. Partner with Community Mental Health (CMH) to ensure peer recovery coaches are placed in the jail.</p>	December 31, 2020	Public Safety Work Group
<p>Year 2: Develop evaluation metrics to measure program success.</p> <p>Create a sustainability plan.</p>	December 31, 2021	
<p>Year 3: Continue efforts from years 1 and 2.</p>	December 31, 2022	

Strategy 2: Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) resources being offered by providers

Goal: Increase provider education and/or awareness of SUD/OUD resources.

Objective: By December 31, 2022, offer at least eight trainings focusing on family-centered treatment best practices and referral sources for SUD/OUD providers and agencies.

Key Measure: Increase in referrals to SUD/OUD providers.

Action Step	Timeline	Responsible Party
<p>Year 1: Work with SUD and OUD providers and agencies to assess what materials and/or information they may be lacking to provide better resources to family members with a loved one affected by SUD/OUD.</p> <p>Research family-centered treatment best practices and/or models.</p> <p>Develop a training focusing on family-centered treatment best practices and referral sources for providers and agencies.</p>	December 31, 2020	Public Safety Work Group
<p>Year 2: Offer trainings to providers and agencies on best practices, as well as referral sources to offer family members affected by SUD/OUD.</p> <p>Offer CME (Continuing Medical Education) and/or CEU (Continuing Education Units) as an incentive for providers to participate.</p> <p>Provide at least four trainings annually.</p>	December 31, 2021	
<p>Year 3: Continue efforts from years 1 and 2.</p>	December 31, 2022	

PREVENTION/EDUCATION STRATEGIES

The LSAPC will focus on the following **prevention and education strategies** to reduce substance use and abuse Lenawee County:

1. Advocate to state policy makers
2. Community awareness and education of safe disposal of prescription drugs
3. Awareness and education among physicians and other health care providers concerning alternative therapies
4. Awareness and education among physicians and other health care providers regarding safe disposal of prescription drugs
5. Unified approach to youth prevention programming

Strategy 1: Advocate to state policy makers		
Goal: Increase advocacy efforts surrounding SUD/ODU.		
Objective: By December 31, 2022, develop and implement a written advocacy plan.		
Key Measure: Creation of written advocacy plan (Baseline: incomplete advocacy plan).		
Action Step	Timeline	Responsible Party
Year 1: Collaborate with local stakeholders to identify the biggest policy needs surrounding mental health and SUD/ODU, such as issues surrounding unreliable access to care, transportation, increase in funding for peer recovery coaches and services, increasing funding for long-term recovery, and increasing capacity for residential and recovery housing.	December 31, 2020	Prevention and Education Work Group
Year 2: Create a written advocacy plan detailing specific activities and follow-up actions for each policy need.	December 31, 2021	
Year 3: Implement the advocacy plan.	December 31, 2022	

Strategy 2: Community awareness and education of safe disposal of prescription drugs

Goal: Increase awareness of prescription drug disposal methods.

Objective: Implement at least two mass-reach communication strategies by December 31, 2022.

Key Measure: Percentage of adults reporting they are aware of at least one medication disposal site (Baseline: 54%, Source: 2019 Lenawee Opiate Assessment)

Action Step	Timeline	Responsible Party
<p>Year 1: Increase awareness of prescription drug use and the different prescription drug disposal methods. Consider implementing the following mass-reach communication strategies:</p> <ul style="list-style-type: none"> • Share messaging and engage audiences on social networking sites like Facebook and Twitter. • Deliver messaging through different websites and stakeholder communications. • Generate free press through public service announcements (PSAs). • Pay to place advertisements on TV, radio, billboards, online platforms, and/or print media. <p>The strategies should focus on the following:</p> <ul style="list-style-type: none"> • Awareness and education about prescription drug use. • Education surrounding the dangers of keeping or sharing prescription medications. • Promoting prescription drug take-back days in collaboration with local law enforcement. • Locations of existing drug collection boxes (i.e., Red Barrel). • Promotion, awareness and use of dissolvable prescription bags (i.e., Deterra). <p>Identify at-risk populations.</p> <p>Ensure all Lenawee County residents are receiving the same messaging and information by utilizing a multi-faceted approach.</p>	December 31, 2020	Prevention and Education Work Group
<p>Year 2: Implement at least two mass-reach communication strategies.</p> <p>Measure effectiveness of the strategy(s) with appropriate evaluation measures. Make changes (if necessary).</p>	December 31, 2021	
<p>Year 3: Continue efforts from years 1 and 2.</p>	December 31, 2022	

Strategy 3: Awareness and education among physicians and other health care providers concerning alternative therapies

Goal: Increase awareness of alternative therapies.

Objective: By December 31, 2022, integrate alternative therapy resources into an EHR.

Key Measure: Adults reporting not using any alternative treatment methods (Baseline: 16%, Source: 2019 Lenawee Opiate Assessment).

Action Step	Timeline	Responsible Party
<p>Year 1: Facilitate an assessment among physicians and other healthcare providers on their awareness and knowledge about alternative therapies.</p> <p>Conduct an environmental scan to determine the types of alternative therapies available in Lenawee County. Collect information regarding location, cost, which types of health insurance are accepted, eligibility requirements, etc.</p> <p>Using the results from the environmental scan, create a 1-page informational guide detailing the types of alternative therapies available.</p> <p>Disseminate the guide to physicians, pain management providers, and other health care providers.</p>	December 31, 2020	Prevention and Education Work Group
<p>Year 2: Continue to educate physicians and other health care providers on benefits and efficacy of alternative therapies. Create and administer a training(s).</p> <p>Encourage physicians to consider other forms of treatment like alternative therapies instead of prescribing prescription pain relievers</p> <p>Determine the cost associated with integrating alternative therapy resources into an EHR.</p> <p>Survey physicians and other health care providers about their current pain management guidelines/policies.</p>	December 31, 2021	
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Integrate list of alternative therapy resources into the EHR.</p> <p>Introduce PAUSE (or similar program) to physician offices or hospital administration. Provide education on the benefits of integration.</p>	December 31, 2022	

Strategy 4: Awareness and education among physicians and other health care providers regarding safe disposal of prescription drugs

Goal: Increase awareness of prescription drug disposal methods.

Objective: By December 31, 2022, recruit at least six locations (physician offices, pharmacies, hospital emergency rooms, urgent cares, etc.) to implement a drug disposal policy.

Key Measure 1: Physician and other health care provider knowledge regarding safe disposal of prescription drugs.

Key Measure 2: Adults reporting they are aware of at least one medication disposal site (Baseline: 54%, Source: 2019 Lenawee Opiate Assessment)

Action Step	Timeline	Responsible Party
<p>Year 1: Collect baseline data on the number of pharmacies providing drug disposal bags (i.e., Deterra) with opiate prescriptions.</p> <p>Educate physicians and other health care providers on the different drug disposal methods and encourage them to prescribe a drug disposal bag (i.e., Deterra) when they prescribe an opioid.</p> <p>Address safe disposal of prescription drugs as part of routine medical visits on an individual and systems-based level.</p>	December 31, 2020	Prevention and Education Work Group
<p>Year 2: Provide local pharmacies with information (i.e., 1-pager) on prescription drug abuse, medication collection locations and other drug disposal methods to give patients with their prescriptions.</p> <p>Create a sample policy requiring a drug disposal bag, pill or other method be prescribed along with an opioid prescription.</p> <p>Provide sample policy to physician offices, pharmacies, hospital emergency rooms, urgent cares, etc.</p> <p>Recruit at least three locations to implement a drug disposal policy.</p>	December 31, 2021	
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Recruit an additional three locations to implement a drug disposal policy.</p>	December 31, 2022	

Strategy 5: Unified approach to youth prevention programming

Goal: Offer prevention programming in Lenawee County school districts.

Objective: Develop a unified approach to market youth prevention programming to local school districts by December 31, 2022.

Key Measure: Number of prevention programs offered to Lenawee County school districts.

Action Step	Timeline	Responsible Party
<p>Year 1: Create an inventory of prevention programming and intervention services that are available to Lenawee County school districts.</p> <p>Include pertinent information (grade levels, time commitment, cost, etc.).</p> <p>Create a similar guide that lists which districts, schools, and grade levels are currently participating in the above programming. Ensure the information is easily accessible to community partners.</p> <p>Schedule a meeting with key stakeholders to determine best ways to approach school districts/superintendents with program and service offerings.</p>	December 31, 2020	
<p>Year 2: Continue efforts of year 1.</p> <p>Meet with local superintendents on an annual basis to continue unified approach.</p>	December 31, 2021	
<p>Year 3: Continue efforts of years 1 and 2.</p>	December 31, 2022	

MEDICAL/TREATMENT/RECOVERY STRATEGIES

The LSAPC will focus on the following **medical, treatment and recovery strategies** to reduce substance use and abuse in Lenawee County:

1. Crisis Intervention Team (CIT)
2. Peer Recovery Services
3. Clinical linkages
4. Medication Assisted Treatment (MAT)
5. Expand recovery meetings
6. Access to transportation
7. Resource mapping

Strategy 1: Crisis Intervention Team (CIT)		
Goal: Increase in SUD/ODD resources being offered by law enforcement officers.		
Objective 1: By December 31, 2021, obtain an MOU with law enforcement for mandatory CIT training.		
Objective 2: Create and distribute "tent cards" for first responders, EMS and others by December 31, 2022.		
Key Measure: Formal CIT training in place (Baseline: no formal CIT training in place).		
Action Step	Timeline	Responsible Party
<p>Year 1: Work with local law enforcement and other stakeholders to create a formal Crisis Intervention Team (CIT) training.</p> <p>Arrange and implement a biannual CIT training for all newly hired law enforcement officers as well as officers that have not previously attended the training.</p>	December 31, 2020	Medical, Treatment and Recovery Work Group
<p>Year 2: Continue efforts from year 1.</p> <p>To ensure continuity, obtain an MOU with law enforcement for all newly hired law enforcement officers to receive mandatory CIT training.</p> <p>Develop "tent cards" to be distributed by first responders, EMS, and other appropriate agencies.</p> <p>List SUD/ODD resources on the card.</p>	December 31, 2021	
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Distribute "tent cards" to first responders, EMS, and other appropriate agencies.</p>	December 31, 2022	

Strategy 2: Peer Recovery Services

Goal: Increase the number of certified peer recovery coaches.

Objective: By December 31, 2022, implement Project Assert and the Angel program.

Key Measure: Implement Project Assert and the Angel program to fidelity.

Action Step	Timeline	Responsible Party
<p>Year 1: Increase efforts to recruit and train certified peer recovery coaches.</p> <p>Research and obtain funding sources to recruit and certify coaches. Ensure all aspects of the certification process are completed.</p> <p>Identify opportunities to further involve peer recovery coaches with the treatment community.</p> <p>Place peer recovery coaches in the emergency room, jail, etc.</p> <p>Advocate for overall support, additional training opportunities, and financial support from the state level.</p>	December 31, 2020	Medical, Treatment and Recovery Work Group
<p>Year 2: Utilizing peer recovery coaches, implement Project Assert and the Angel Program.</p>	December 31, 2021	
<p>Year 3: Continue to identify and train additional peer recovery coaches.</p> <p>Secure funding (if necessary) to recruit and train additional peer recovery coaches.</p>	December 31, 2022	

Strategy 3: Clinical linkages

Goal: Improve care coordination.

Objective: Hire or appoint a full-time care coordinator by December 31, 2022.

Key Measure: Hospital or primary care office utilizing a care coordination model.

Action Step	Timeline	Responsible Party
<p>Year 1: Explore the benefits of implementing a care coordination model or a partnership model with the purpose of connecting medical and pain management providers to SUD/ODU providers and community resources.</p> <p>Determine the need for a full-time care coordinator.</p> <p>Create a guide outlining all available SUD and OUD resources in Lenawee County.</p> <p>Disseminate the guide to medical and pain management providers.</p>	December 31, 2020	Medical, Treatment and Recovery Work Group
<p>Year 2: Pursue funding opportunities to hire a full-time care coordinator.</p> <p>Work to clearly define the role of the care coordinator.</p> <p>Define a typical caseload and set essential functions and responsibilities.</p> <p>Determine the cost associated with integrating SUD and OUD community resources into EHR.</p>	December 31, 2021	
<p>Year 3: Hire or appoint a full-time care coordinator in at least one hospital or primary care office.</p> <p>Secure funding (if necessary) to recruit additional care coordinators.</p> <p>Integrate SUD and OUD community resources into EHR.</p> <p>Ensure resources are updated annually (or as needed).</p>	December 31, 2022	

Strategy 4: Medication Assisted Treatment (MAT)

Goal: Increase the accessibility of treatment services.

Objective 1: By December 31, 2022, implement at least one strategy to increase awareness and accessibility to treatment services.

Objective 2: Determine the feasibility of introducing detox services, residential services and/or transitional housing to Lenawee County by December 31, 2022.

Key Measure: Increase in the number of adults successfully accessing treatment services.

Action Step	Timeline	Responsible Party
<p>Year 1: Expand current treatment services available in Lenawee County including outpatient therapy, suboxone (buprenorphine) and vivitrol (naltrexone).</p> <p>Conduct an environmental scan of all existing treatment providers practicing in Lenawee. Determine their scope of practice, location, etc.</p> <p>Partner with treatment providers to discuss ways to determine what the barriers are and how to improve accessibility to treatment services.</p>	December 31, 2020	Medical, Treatment and Recovery Work Group
<p>Year 2: Determine the feasibility of bringing detox services, residential services, and/or transitional housing into Lenawee County.</p>	December 31, 2021	
<p>Year 3: Secure a location, funding, and provider organization to operate the service. Develop a sustainability plan for funding and personnel to maintain the detox and/or residential treatment facility.</p>	December 31, 2022	

Strategy 5: Expand recovery meetings

Goal: Increase accessibility to recovery meetings.

Objective: By December 31, 2022, at least two new locations for recovery meeting will be introduced to locations outside the city of Adrian.

Key Measure: Increase in SUD and OUD specific recovery meetings.

Action Step	Timeline	Responsible Party
Year 1: Collect baseline data on all existing recovery meetings in Lenawee County. Increase awareness of existing meetings (include locations and times). Determine the feasibility of expanding recovery meetings to outside the city of Adrian with a focus on SUD and OUD.	December 31, 2020	Medical, Treatment and Recovery Work Group
Year 2: Expand recovery services in accordance with the results of feasibility analyses in year one. Secure a location(s) for the additional recovery meetings.	December 31, 2021	
Year 3: Continue raising awareness of recovery meetings in the county.	December 31, 2022	

Strategy 6: Access to transportation

Goal: Increase access to transportation services.

Objective: By December 31, 2022, implement at least one strategy to increase access to transportation.

Key Measure: Creation of a transportation coordination plan.

Action Step	Timeline	Responsible Party
<p>Year 1: Continue working with local transportation and community stakeholders on efforts to improve the availability and reliability of transportation in Lenawee County.</p> <p>Collaborate with neighboring counties or agencies (Health Van) to discuss the plausibility of shared transportation services.</p> <p>Create a survey to gather public input on identifying gaps in transportation services. Increase outreach efforts of the survey to include input from at-risk populations.</p> <p>Conduct an environmental scan of all transportation opportunities, including public, regional, and private. Collect information regarding eligibility of services, cost, and other relevant information.</p>	December 31, 2020	Medical, Treatment and Recovery Work Group
<p>Year 2: Reconvene local transportation and community stakeholders. Analyze the results from the survey. Create a proposed transportation coordination plan.</p> <p>Create an informational brochure or online guide detailing transportation options that are available. Include information on transportation options and which organizations offer free services, a sliding fee scale, and which insurance plans are accepted. Update on a quarterly basis.</p> <p>Disseminate information regarding transportation opportunities. Target businesses and agencies that serve at-risk populations.</p>	December 31, 2021	
<p>Year 3: Utilizing the proposed transportation coordination plan, select strategies to implement. Select strategies that increase the use of public and other transportation sources.</p> <p>Begin implementing the identified strategies.</p> <p>Update the transportation guide on an annual basis.</p>	December 31, 2022	

Strategy 7: Resource mapping

Goal: Increase awareness of resources.

Objective: By December 31, 2022, create and distribute a Lenawee County resource map.

Key Measure: Creation of resource map (Baseline: incomplete resource map)

Action Step	Timeline	Responsible Party
<p>Year 1: Convene local stakeholders including health care providers, religious organizations, businesses, schools and others to develop a resource map.</p> <p>Determine what types of resources to include in the map. Include the following:</p> <ul style="list-style-type: none">• Community agencies (hospitals, schools, churches, libraries, recreation centers, social clubs)• Businesses• Civic clubs and associations• Private, public and non-profit institutions• Etc.	December 31, 2020	Medical, Treatment and Recovery Work Group
<p>Year 2: Compile and list the resources. Make an inventory.</p> <p>Organize resources on a map.</p> <p>Distribute the resource map to stakeholders.</p>	December 31, 2021	
<p>Year 3: Update the map on an annual basis.</p>	December 31, 2022	

COALITION BUILDING STRATEGY

Strategy 1: Evidence-based practices		
Goal: Sustain evidence-based practices using federal, state and local resources.		
Objective: LSAPC will participate in at least one webinar, training or networking opportunity quarterly.		
Key Measure: Increase in the utilization of federal, state and local SUD/ODU resources.		
Action Step	Timeline	Responsible Party
<p>Year 1: Monitor SUD/ODU best practices at the local, state and federal level.</p> <p>Encourage members of the LSAPC to participate in at least one webinar, training or networking opportunity quarterly.</p> <p>Establish a process for members to share the knowledge and information learned with the entire committee.</p> <p>Apply learned best practices to the development, implementation and sustainability of the strategies in the Lenawee County Opiate Strategic Plan.</p> <p>Secure funding (if applicable) for members to participate in webinars, trainings and networking opportunities.</p>	December 31, 2020	Lenawee Substance Abuse Prevention Coalition
Year 2: Continue efforts from year 1.	December 31, 2021	
Year 3: Continue efforts from years 1 and 2.	December 31, 2022	

Evaluation

Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the coalition. As this strategic plan is a living document, edits and revisions will be made accordingly.

Contact Information

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Appendix I: Links to Websites

Care Coordination Model	www.ruralhealthinfo.org/toolkits/services-integration/2/care-coordination
Crisis Intervention Team (CIT)	www.nami.org/get-involved/law-enforcement-and-mental-health
Family Centered Treatment	https://ncsacw.samhsa.gov/resources/family-centered-treatment.aspx
Mass-Reach Health Community Interventions	www.ruralhealthinfo.org/toolkits/tobacco/2/communities/mass-communication
Michigan State Police Angel Program	www.michigan.gov/msp/0,4643,7-123-72297_34040_75044_97040---,00.html
Partnership Model	https://www.ruralhealthinfo.org/toolkits/care-coordination/2/partnerships-model
Peer Recovery Coaches	www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf
Project ASSERT	www.bmc.org/programs/project-assert
Resource mapping	https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf